

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

903



**FROM:** Community Health Agency/Department of Public Health

**SUBMITTAL DATE:**  
July 19, 2007

**SUBJECT:** Ordinance No. 734.10 Amending Ordinance No. 734.9, an Ordinance of the County of Riverside Establishing Fees, Charges, and Rates for County Public Health Services and Supplies.

**RECOMMENDED MOTION:**

- 1.) That the Board of Supervisors introduce and set for a public hearing adoption of Ordinance No. 734.10
- 2.) That at the close of the public hearing, the Board of Supervisor adopt Ordinance No. 734.10

**BACKGROUND:** In March, 1994 the Board adopted Ordinance 734, Public Health Services and Supplies Fee and Charges, establishing County Public Health fees, charges and rates. The last update to Ordinance 734.8 was in September 2006 with Board adoption of Ordinance 734.9. As a result of budget actions at the state level, increases in employee salaries/benefits, increased pricing due to the Consumer Price Index (CPI), changes in contracts, the addition/deletion of services and changes in allowable reimbursement rates from third party payers, we are submitting Ordinance 734.10 to reflect the commensurate and applicable changes to the Department of Public Health fee schedule.

(Continued)

SH:ms

*Susan D. Harrington*  
Susan Harrington, Director  
Department of Public Health

<b>FINANCIAL DATA</b>	<b>Current F.Y. Total Cost:</b>	<b>In Current Year Budget:</b>	Yes
	<b>Current F.Y. Net County Cost:</b>	<b>Budget Adjustment:</b>	No
	<b>Annual Net County Cost:</b>	<b>For Fiscal Year:</b>	07/08

<b>SOURCE OF FUNDS:</b> Fees paid for services by public and third party payers.	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:** APPROVE

BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

Consent  
 Policy  
 Per Exec.  
 Policy  
 Ofc.

Prev. Agn. Ref.: Item 3.21, 08/31/06    District: ALL    Agenda Number:

3.24

FISCAL PROCEDURES APPROVED  
 ROBERT E. BYRD, AUDITOR-CONTROLLER  
 BY: *[Signature]* 7/24/07  
 MICHAEL G. ALEXANDER

FORM APPROVED  
 COUNTY COUNSEL  
 JUL 23 2007  
 BY: *[Signature]*

This update includes new, revised, and deleted fees. New fees have been calculated to offset the actual cost of providing the service/product, or set at a rate used in the healthcare industry as a factor of the Medi-Cal maximum allowable charge. Many of the fees in the ordinance have not changed; however, further explanation of those that did change is provided as follows:

a. HIV/AIDS is proposing to increase its fee based on the Notice of Medical Marijuana Identification Card (MMIC) Change of Fee Increase effective April 1, 2007 from the California Department of Health Services (CDHS). CDHS increased the state Therapeutic Med ID Program (MMPIC) fee from \$13.00 to \$66.00 and the Therapeutic Med ID Program (MMPIC) discount fee from \$6.50 to \$33.00 resulting in the Department of Public Health fees increasing to \$153.00 and \$76.50 respectively. This fee increase was necessary to comply with Health and Safety Code 11362.755(a) Senate Bill 420 (Vasconcellos, Chapter 875, Statutes of 2003), which requires the Program to be fully fee supported.

b. Clinic Management is including in their services two new vaccines Zostavax and Gardasil. Zostavax is recommended for patients over age 60 to prevent shingles. Shingles are painful and very debilitating for the patient. The vaccine is very effective. Gardasil is a series of three shots recommended for young women from ages 9-26 to prevent cervical cancer. The vaccine is effective in preventing two strains of the wart virus that are responsible for 70% of cervical cancers and two strains of the virus that are responsible for 90% of genital warts.

This update has been approved as to form by County Counsel.



**RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
Schedule 1**

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
<b>Business Services:</b>		
Returned Checks	\$20.00	\$20.00
<b>Emergency Medical Services:</b>		
Advanced Life Support (ALS):		
Ambulance Service Permit (per yr)(1)	\$6,000.00	\$6,000.00
Basic Life Support (BLS):		
Ambulance Service Permit (per yr)(2)	\$3,000.00	\$3,000.00
Each ambulance (per yr)	\$250.00	\$250.00
Educational Programs (per instructor hr)	\$50.00	\$50.00
EMS Dispatcher Certification (every two yrs)	\$15.00	\$15.00
EMT-I Certification and recertification (every two yrs)	\$25.00	\$25.00
EMT-I Certification and recertification - Late fee	\$10.00	\$10.00
EMT-P Initial Accreditation	\$75.00	\$75.00
EMT-P Reverification (every two yrs)	\$50.00	\$50.00
EMPT-P (paramedic) and MICN (Mobile Intensive Care Nurse) Late fee	\$25.00	\$25.00
Fees for medical services and most laboratory - See clinical services.		
First Responder Certification (every two yrs)	\$15.00	\$15.00
Initial Certification (MICN Challenge) Recertification: (every two yrs)	\$75.00	\$75.00
Lost Card Replacement	\$10.00	\$10.00
Policies & Procedure manual on CD	\$10.00	\$10.00
Mobile Intensive Care Nurse (MICN) Recertification (every two yrs)	\$50.00	\$50.00
Photocopying (per page)	\$0.05	\$0.05
Protocol Manual Update Subscriptions:		
Complete Manual (every two yrs)	\$5.00	\$5.00
Protocol Manuals:		
Complete Manual	\$50.00	\$50.00
Each Section	\$5.00	\$5.00
<b>Injury Prevention Services:</b>		
Car Seat - Sliding fee scale based on Income (Price range \$0 - \$40.00)	\$40.00	\$40.00
Bicycle Hemets - sliding fee scale (price range - \$3.00 - \$10.00)	\$10.00	\$10.00
<b>Non Clinical Laboratory:</b>		
Fees for Registration of Nondiagnostic General Health Assessment Program:		
Annual Operator/Organization Registration	\$100.00	\$100.00
Additional Program	\$43.00	\$43.00
Additional Site	\$20.00	\$20.00
Additional Dates	\$12.00	\$12.00
Personnel Addition	\$12.00	\$12.00
Review Procedural Changes	\$20.00	\$20.00
Record Changes	\$12.00	\$12.00
Consultation Fee (per hr)	\$51.00	\$51.00
<b>Miscellaneous Laboratory Fees:</b>		
Routine Water Examination (MPN)	\$18.00	\$18.00
Special Water Examination	\$36.00	\$36.00
Rabies FRA	\$50.00	\$50.00
<b>Disease Control:</b>		
Fee for processing alien waiver	\$67.00	\$67.00
Fee for provision of TB Skin Testing Group:		
Class Fee	\$354.90	\$354.90
Per Capita Student Fee	\$9.40	\$9.40
<b>Nursing:</b>		
Denver Develop (DDST)	\$65.60	\$65.60
Detention Facility Inspection (per hr)	\$91.00	\$115.82
<b>HIV/AIDS</b>		
Education Classes for sex and drug offenders (set by Judge)	\$70.00-\$300.00	\$70.00-\$300.00
Therapeutic Med ID program (MMIC)	\$100.00	\$153.00
Therapeutic Med ID program (MMIC) discount	\$50.00	\$76.50

**RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
Schedule 1**

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
<b>Media Production Unit</b>		
Field Production Services:		
Production crew ( 1 Producer/Director)	\$60 / hr.	\$60 / hr.
Production Crew ( 1 Production Coordinator)	\$50 / hr.	\$50 / hr.
Production Crew ( 1 Production Assistant)	\$30 to \$40/ hr.	\$30 to \$40/ hr.
Talent: Narrator	\$75 to \$150 per hr	\$75 to \$150 per hr
Talent: On Camera	\$40 to \$90 per hr	\$40 to \$90 per hr
Video Marketing Range:		
Low	\$25.00	\$25.00
High	\$150.00	\$150.00
Field Video Production		
DVCAM ENG EQUIPMENT PACKAGE	\$65/hr	\$65/hr
DVCAM ENG EQUIPMENT PACKAGE	\$585/day	\$585/day
DVCAM EFP EQUIPMENT PACKAGE	\$75/hr	\$75/hr
DVCAM EFP EQUIPMENT PACKAGE	\$675/day	\$675/day
Betacam ENG Equipment package	\$50/ hr.	\$50/ hr.
Betacam ENG Equipment package	\$450 / day	\$450 / day
Betacam EFP Equipment package	\$60 / hr.	\$60 / hr.
Betacam EFP Equipment package	\$540 / day	\$540 / day
Teleprompter up to four hrs	\$80 / hr.	\$80 / hr.
Teleprompter over four hrs	\$480 / day	\$480 / day
Hi-8 documentation/Conference taping equipment package	\$45 / hr.	\$45 / hr.
Hi-8 documentation/Conference taping equipment package	\$405 / day	\$405 / day
Fujix DS-300 digital still camera	\$30 / hr.	\$30 / hr.
Video Tape: Sony DV184N DVCAM 184-minute videocassette	\$32 each	\$32 each
Video Tape: Sony DV64ME DVCAM 64-minute videocassette	\$23each	\$23each
Video Tape: Sony BCT-30 Betacam	\$25.75 each	\$25.75 each
Video Tape: Sony Hi-8 P6-60	\$7.75 each	\$7.75 each
Video Tape: Sony Hi-8 P6-120	\$9.75 each	\$9.75 each
Studio Facilities		
DPS Velocity non-linear Video editing system	\$120 / hr.	\$120 / hr.
Narration recording studio	\$50 / hr.	\$50 / hr.
Dubbing: DVCAM, Beta, Hi-8 or 3/4" to DVD (including DVD Stock):		
30 min. or less	\$15.00	\$15.00
30 to 60 min	\$20.00	\$20.00
60 to 120 min	\$25.00	\$25.00
<b>California Children's Services (CCS):</b>		
CCS Assessment Fee: (Depends on family size & adjusted gross income)	\$0 or \$20	\$0 or \$20
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2)	\$0 to \$1440	\$0 to \$1440
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3)	\$0 to \$1380	\$0 to \$1380
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4)	\$0 to \$1320	\$0 to \$1320
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5)	\$0 to \$1260	\$0 to \$1260
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more)	\$0 to \$1200	\$0 to \$1200

**RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
Schedule 1**

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
<b>Nutrition</b>		
Healthy You and ME Programs (per series, four(4) 1-hour sessions)	\$140.00	\$140.00
Community Education Presentation (per hr)	\$80.00	\$80.00
RD Nutrition Services (per hr)	\$80.00	\$80.00
RD Medical Nutrition Therapy (MNT) Visit Initial (per hour)	\$95.00	\$95.00
RD MNT Visit Follow Up (per 1/2 hour)	\$45.00	\$45.00
RD MNT Group Class (per 2 hour)	\$35.00	\$35.00
Staff Training (for non-County providers) (per hr)	\$80.00	\$80.00
RD Home Visit Initial ( per hr)	\$95.00	\$95.00
RD Home Visit Follow up ( per hr)	\$69.00	\$69.00
RD Detention Facility Inspection (per hr)	\$70.00	\$70.00
<b>Vital Records:</b>		
Certified copies, searches & certification of no record (the fees are the same)		
Birth (for government agencies)	\$10.00	\$10.00
Birth (for the general public)	\$17.00	\$17.00
Birth Search	\$17.00	\$17.00
Death Certificate (government agency & general public)	\$12.00	\$12.00
Fetal Death Certificate (government agency & general public)	\$9.00	\$9.00
Marriage (for the general public)	\$13.00	\$13.00
Marriage (for government agencies)	\$9.00	\$9.00
Death Search	\$12.00	\$12.00
Death listings (sent to mortuaries)	\$5.00	\$5.00
Fax Filing Fee- Per authorization number	\$1.00	\$1.00
Permit Issued by Crossfiling (in County)	\$11.00	\$11.00
Permit Issued by Crossfiling (Out of County)	\$3.00	\$3.00
Regular Permit (after hrs)	\$11.00	\$11.00
Regular Permit	\$11.00	\$11.00
Cross-File Permit	\$14.00	\$14.00
AVSS Technical Support per hr	\$95.00	\$95.00
Marriage License (Public, Declared, and non-clergy)	\$34.00	\$34.00
Confidential Marriage License	\$37.00	\$37.00
Petitions for Dissolution of Marriage, Legal Seraration or Nullity	\$4.00	\$4.00
<b>AMENDMENT FEES (Issued by State Registrar Only)</b>		
Adjudication of Facts of Parentage	\$20.00	\$20.00
Acknowledgment of Paternity	\$20.00	\$20.00
Amendment of Birth Record to Reflect Court Order Change of Name	\$20.00	\$20.00
Affidavit to Amend a Record*	\$20.00	\$20.00
Physician/Coroner's Amendment*	\$20.00	\$20.00
Amendment of Medical and Health Section Data - Death*	\$20.00	\$20.00
Affidavit to Amend a Marriage Record	\$20.00	\$20.00
Court Order of Adoption	\$20.00	\$20.00
Delayed Registration of Birth	\$20.00	\$20.00
Supplemental Name Report*	\$20.00	\$20.00
Court Ordered Delayed - Death	\$20.00	\$20.00
Court Ordered Delayed - Birth	\$20.00	\$20.00
Court Ordered Delayed - Marriage	\$20.00	\$20.00
<b>Health Promotion and Professional Development</b>		
License to Retail Tobacco	\$350.00	\$350.00
<b>Office of Industrial Hygiene</b>		
Industrial Hygiene Consultation - Non Acoustical	\$90.00	\$90.00
Industrial Hygiene Consultation - Acoustical	\$115.00	\$115.00
* Additional charges for meals, travel, lodging, laboratory and Postage		
<b>Clinic Management:</b>		
Copying Fee (1-50 pages-per page)	\$0.25	\$0.25
(51+ pages-per page)	\$0.10	\$0.10
MISP Co-pay (per visit)	\$5.00	\$5.00
Immunization Record	\$3.00	\$3.00
Medical Records Research	\$7.00	\$7.00
Minimum ATP Charge	\$30.00	\$30.00
Records by Supoena	\$15.00	\$15.00

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<b>Clinical Services:</b>		
1 HR RD INDIVIDUAL	\$56.00	\$56.00
30 MIN RD INDIVIDUAL	\$29.00	\$29.00
4 HOUR GROUP CLASS	\$90.00	\$90.00
ABDOMEN-1 VIEW	\$35.65	\$35.65
ABDOMEN-2 VIEWS	\$52.90	\$52.90
ABSCCESS I & D SIMPLE	\$60.00	\$60.00
ABSCCESS I&D COMPL OR MULT	\$185.00	\$185.00
ACE BANDAGE	\$6.00	\$6.00
ACETAMINOPHEN 15ML BOTTLE	\$4.00	\$4.00
ACETAMINOPHEN 80MG/0.8ML	\$3.00	\$3.00
ACNE INTRALESION INJECT	\$32.00	\$32.00
ACROMIOCLAVICULAR JOINTS	\$62.10	\$62.10
ACUTE ABDOMEN SERIES-3VWS	\$71.30	\$71.30
ACYCLOVIR CAPS 200MG #30	\$10.50	\$10.50
ADAPTER MALE W/PORT	\$136.00	\$136.00
ADMIN CHARGE PEDIARIX	\$9.00	\$9.00
ADMIN CHG RHOGAM	\$9.00	\$9.00
ADMIN IM ANTIBIOTIC	\$9.00	\$9.00
ADMIN IM BICILLIN	\$9.00	\$9.00
ADMIN IM ROCEPHIN	\$9.00	\$9.00
ADMIN IM/SUBQ	\$9.00	\$9.00
ADMIN INJECTION COMPAZINE	\$19.00	\$19.00
AEROCHAMBER SPACER-ADULT	\$18.00	\$18.00
AEROCHAMBER SPACER-CHILD	\$16.00	\$16.00
AEROCHAMBER SPACER-INFANT	\$14.00	\$14.00
ALBUMIN - SERUM	\$6.83	\$6.83
ALDARA/IMIQUIMAD CREAM	\$135.00	\$135.00
ALKALINE PHOSPHATASE	\$6.58	\$6.58
AMIKACIN SULF/IM/IV 500 MG	\$58.00	\$58.00
AMMONIA PLASMA	\$21.95	\$21.95
AMOXICILLIN 125MG/5ML SUS	\$5.00	\$5.00
AMOXICILLIN 250MG CAPSULE	\$3.00	\$3.00
AMOXICILLIN 500MG #30 CAP	\$3.00	\$3.00
AMOXICILLIN 500MG #42	\$7.56	\$7.56
AMPICILLIN CAP 500 MG #28	\$6.00	\$6.00
AMPICILLIN CAP 500 MG #40	\$3.95	\$3.95
AMYLASE	\$9.00	\$9.00
ANAL LESN(S) REMOV-CHEMICAL	\$105.00	\$105.00
ANAL LESN(S) REMOV-CRYO	\$102.33	\$102.33
ANKLE-2 VIEWS	\$40.25	\$40.25
ANKLE-3 VIEWS	\$51.75	\$51.75
ANOSCOPY DIAG W/WO SPECMN	\$50.00	\$50.00
ANOSCOPY W/BIOPSY(S)	\$50.00	\$50.00
ANOSCOPY W/CONTROL BLEED	\$137.44	\$137.44
ANOSCOPY W/REMV FOREGNBDY	\$124.17	\$124.17
ANTIBIOTIC SENSITIV-REF LAB	\$9.63	\$9.63
ANTICONVULSANT	\$47.75	\$47.75
ANTINUCLEAR ANTIBDS (ANA)	\$18.75	\$18.75
ANTISTREPTOLYSIN 0 TITER	\$12.00	\$12.00
ASPIR/INJ FINGER/TOE	\$50.00	\$50.00
ASPIR/INJ SHLDR/HIP/KNEE	\$60.00	\$60.00
ASPIR/INJ WRST/ELBW/ANKL	\$55.00	\$55.00
ASPIRATION BULLA/CYST	\$75.00	\$75.00
ASPIRIN SUPPOSIT 120MG EA	\$1.00	\$1.00
ASPIRIN SUPPOSIT 300MG EA	\$1.00	\$1.00
AUDIOMETRY PURETONE	\$17.60	\$17.60
AZITHROMYCIN 1GM SUSP	\$41.00	\$41.00
AZITHROMYCIN 250MG CAP #1	\$25.00	\$25.00
B.C. PILLS (ALL) 1 PKG	\$13.80	\$13.80
B.C. PILLS (ALL) 10 PKG	\$13.80	\$13.80

RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
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Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
B.C. PILLS (ALL) 13 PKG	\$13.80	\$13.80
B.C. PILLS (ALL) 3 PKG	\$13.80	\$13.80
B.C. PILLS (ALL) 9 PKG	\$13.80	\$13.80
BACITRACIN ONT500U/TB30GM	\$5.00	\$5.00
BANDAGE ELASTIC 2IN ACE	\$0.95	\$0.95
BANDAGE ELASTIC 3IN ACE	\$1.10	\$1.10
BANDAGE ELASTIC 4IN ACE	\$1.50	\$1.50
BANDAGE ELASTIC 5IN ACE	\$2.05	\$2.05
BASAL THERMOMETER	\$17.24	\$17.24
BCEDP CASE MGMNT OC =( )	\$30.00	\$30.00
BENADRYL TABS #100	\$11.99	\$11.99
BENADRYL/DIPHEN 50MG INJ	\$13.00	\$13.00
BENADRYL/DIPHEN ELIXR 5ML	\$3.00	\$3.00
BENDRYL/DIPHN 25MG CAP EA	\$4.00	\$4.00
BETA-2 MICROGLOBULIN	\$34.66	\$34.66
BF VT 6 MIN N/PT	\$36.80	\$36.80
BICILLIN L.A. 2.4MU	\$57.00	\$57.00
BILAT HIPS & AP PELVIS	\$85.10	\$85.10
BILIRUBIN; DIRECT	\$5.36	\$5.36
BILIRUBIN; TOTAL	\$5.36	\$5.36
BIOPSY BACK/FLANK	\$123.00	\$123.00
BIOPSY ELBOW/UPPER ARM	\$169.00	\$169.00
BIOPSY FOREARM/WRIST	\$157.00	\$157.00
BIOPSY PELVIS/HIP	\$225.00	\$225.00
BIOPSY SHOULDER AREA	\$151.00	\$151.00
BIOPSY VULVA	\$67.60	\$67.60
BLOOD COLLECT SET 21-25GA	\$195.00	\$195.00
BLOOD CULTURE	\$16.53	\$16.53
BLOOD GROUP & RH	\$7.55	\$7.55
BLOOD SMEAR	\$11.00	\$11.00
BLOOD TYPING - ABO	\$5.13	\$5.13
BLOOD TYPING - RH	\$7.85	\$7.85
BONE AGE (HAND & WRISTS)	\$52.90	\$52.90
BREAST ABSCESS DRAIN DEEP	\$220.00	\$220.00
BREAST CYST ASPIR EA ADDL	\$30.00	\$30.00
BREAST CYST ASPIRATION	\$55.00	\$55.00
BURETTE W/FILTER	\$37.00	\$37.00
BURN 1ST DEGREE TREATMENT	\$55.00	\$55.00
BURN DRESS/DEBRIDE-LARGE	\$131.00	\$131.00
BURN DRESS/DEBRIDE-MEDIUM	\$108.00	\$108.00
BURN DRESS/DEBRIDE-SMALL	\$47.00	\$47.00
BURN DRESSING SIZE SMALL	\$26.00	\$26.00
BURN DRESSING SIZED MEDM	\$42.00	\$42.00
BURN DRESSING SZ LARGE	\$63.00	\$63.00
BURN NET - 30 YRDS	\$0.65	\$0.65
BUTOCONAZOLE NITRATE 2%	\$11.99	\$11.99
CA 125 (TUMOR ANTIGEN)	\$26.46	\$26.46
CALCIUM, TOTAL	\$6.56	\$6.56
CAMPYLOBACTER ANTIBODY	\$18.20	\$18.20
CAMPYLOBACTER CULTURE	\$13.80	\$13.80
CAPREOMYCIN 1 GM INJ	\$63.00	\$63.00
CAPTOPRIL 25MG TABS #10	\$4.00	\$4.00
CARBAMAZEPINE TOTAL	\$18.52	\$18.52
CARBON DIOXIDE (C02)	\$6.25	\$6.25
CASE MGMT @TOS	\$57.50	\$57.50
CASE MGMT F/U TO VISIT	\$57.50	\$57.50
CAST APPLIC-HAND&FOREARM	\$95.91	\$95.91
CAST APPLIC-LONG ARM	\$106.61	\$106.61
CAST APPLIC-SHORT ARM	\$95.05	\$95.05
CAST APPLIC-SHORT LEG	\$98.05	\$98.05
CAST APPLIC-SHRT LEG WALK	\$96.34	\$96.34

RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
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Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
CAST WINDOWING	\$46.00	\$46.00
CATHETER URIN KIT FEMALE	\$100.00	\$100.00
CATHETER URIN KIT PEDS 5F	\$64.00	\$64.00
CATHETER URIN ROBINSON 16F	\$48.00	\$48.00
CAUERY W/SILVER NITRATE	\$38.00	\$38.00
CBC-COMPL BLD COUNT W/DIF	\$10.75	\$10.75
CDP CASE MANAGEMENT	\$57.50	\$57.50
CEA-CARCINOEMBRYONIC ANTG	\$29.00	\$29.00
CEFAZOLIN 500 MG/1GM INJ	\$28.00	\$28.00
CEPHALEXIN/KEFLEX 500MG #40	\$12.00	\$12.00
CERVICAL BIOPSY(S)	\$70.00	\$70.00
CERVICAL CAP	\$40.00	\$40.00
CERVICAL COLLAR SOFT	\$28.00	\$28.00
CERVICAL SPINE-3 VIEWS	\$52.90	\$52.90
CERVICAL SPINE-4+VIEWS	\$87.40	\$87.40
CERVICAL SPINE-7 VIEWS	\$112.70	\$112.70
CHALAZION EXCISION SINGLE	\$148.14	\$148.14
CHEST 1 VIEW	\$35.65	\$35.65
CHEST 2VW+APICAL LORDTC	\$58.65	\$58.65
CHEST-2 VIEW+OBLIQUE	\$62.10	\$62.10
CHEST-2 VIEWS	\$52.90	\$52.90
CHEST-4 VIEWS	\$71.30	\$71.30
CHLAMYDIA CULTURE	\$22.15	\$22.15
CHLAMYDIA DFA	\$16.00	\$16.00
CHLAMYDIA DIRECT DFA	\$16.00	\$16.00
CHLAMYDIA-AMPLIF PROBE	\$39.00	\$39.00
CHLAMYDIA EIA	\$16.75	\$16.75
CHLORIDE BLOOD	\$5.84	\$5.84
CHOLESTEROL - HDL	\$11.35	\$11.35
CHOLESTEROL - TOTAL	\$7.00	\$7.00
CHOLINESTERASE - PLASMA	\$14.89	\$14.89
CHOLINESTERASE - RBC	\$12.92	\$12.92
CHOLINESTERASE - SERUM	\$12.92	\$12.92
CHOLINESTERASE-PLASMA+RBC	\$12.92	\$12.92
CIPROFLOXACIN 250MG 1TAB	\$5.00	\$5.00
CIPROFLOXACIN 500MG #20	\$78.00	\$78.00
CIPROFLOXACIN 750 MG 1TAB	\$11.00	\$11.00
CIPROFLOXACIN 750MG #20	\$41.00	\$41.00
CLAVICAL STRAP/SPLINT-ADULT	\$43.00	\$43.00
CLAVICLE COMPLETE	\$43.70	\$43.70
CLEOCIN CREAM	\$11.75	\$11.75
CLINDAMYCIN 300MG/2ML INJ	\$14.00	\$14.00
CLINDAMYCIN HCI 150MG CAP #30	\$27.00	\$27.00
CLINDAMYCIN PHOSPHATE 2%	\$11.75	\$11.75
CLONIDINE .1MG TAB	\$1.00	\$1.00
CLONIDINE .2MG TAB	\$1.00	\$1.00
CLOSTRIDIUM DIFFICILE TOXIN	\$47.75	\$47.75
CLOTTRIMAZOLE VAG CR 45 GM	\$20.00	\$20.00
CMI SKIN TEST	\$56.35	\$56.35
CMV ANTIBODY IGG	\$19.85	\$19.85
CMV ANTIBODY IGM	\$21.41	\$21.41
CMV IFA (IGM/IGG)	\$18.59	\$18.59
COCCIDIOIDES ANTIBDS	\$17.63	\$17.63
COLPOSCOPY	\$75.00	\$75.00
COMP METABOLIC PANEL (2211)	\$13.44	\$13.44
COMPAZINE 25MG SUPPOSITORY	\$7.00	\$7.00
COMPAZINE 5MG SUPPOSITORY	\$6.00	\$6.00
COMPAZINE 5MG/ML	\$47.00	\$47.00
CONDOMS - THREE (3) DOZEN FEMALE	\$25.50	\$25.50
CONDOMS - THREE (1) DOZEN MALE	\$6.90	\$6.90
CONTRACEP B.C. PILLS 1 PKG	\$138.00	\$138.00

**RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
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Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
CONTRACEP B.C. PILLS 10 PKG	\$120.00	\$120.00
CONTRACEP B.C. PILLS 13 PKG	\$156.00	\$156.00
CONTRACEP B.C. PILLS 3 PKG	\$36.00	\$36.00
CONTRACEP B.C. PILLS 9 PKG	\$108.00	\$108.00
CONTRACEP FOAM & 12 CONDOMS	\$17.24	\$17.24
CONTRACEP GEL/CREAM W/APP	\$17.24	\$17.24
CONTRACEP NORPLANT KIT	\$1,520.00	\$1,520.00
CONTRACEPT EMERG KIT	\$21.78	\$21.78
CONTRACEPTIVE JELLY TUBE	\$25.00	\$25.00
CONTRACEPTIVE-PARAGARD IUD	\$345.00	\$345.00
CONTRACEPTIVE-DIAPHRAGM	\$58.00	\$58.00
CONTRACEPTIVE FILM-DOZEN	\$17.24	\$17.24
CONTRACEPTIVE FOAM-1 PKG	\$17.24	\$17.24
CONTRACEPTIVE GEL	\$17.24	\$17.24
CONTRACEPTIVE SUPPOS 10/BOX	\$17.24	\$17.24
CONTRACP DEPOPROVER 150MG	\$55.00	\$55.00
CPK/CK-CREATINE KINASE	\$9.10	\$9.10
C-REACTIVE PROTEIN	\$8.35	\$8.35
CREATINE KINASE, TOTAL	\$9.35	\$9.35
CREATININE - SERUM	\$6.12	\$6.12
CREATININE CLEARANCE	\$16.00	\$16.00
CREATININE, URINE	\$8.72	\$8.72
CRTPTOSPR/GIAR	\$16.00	\$16.00
CRUTCHES	\$45.00	\$45.00
CRUTCHES-ADULT	\$43.41	\$43.41
CRUTCHES-ADULT TALL	\$43.41	\$43.41
CRUTCHES-CHILD	\$43.41	\$43.41
CRYO (NONACNE)-1ST LESION	\$39.00	\$39.00
CRYO VULVAR LESN(S) EXTEN	\$181.00	\$181.00
CRYOSURGERY OF CERVIX	\$136.00	\$136.00
CRYOTHERAPY PENIS LESION(S)	\$80.06	\$80.06
CRYPTOCOCCAL ANTIGEN	\$20.35	\$20.35
CULTURE BACTERIAL-STOOL	\$17.00	\$17.00
CULTURE BACT-OTHER SOURCE	\$15.00	\$15.00
CULTURE BACTERIAL-BLOOD	\$14.50	\$14.50
CULTURE BACT-THROAT/NOSE	\$14.00	\$14.00
CYCLOSERINE 250 MG CAP#28	\$9.00	\$9.00
CYTOHISTOLOGIC STUDY	\$38.74	\$38.74
CYTOPATH C/V THIN LAYER	\$25.76	\$25.76
CYTOPATHOLOGY OTHER STUDY	\$36.74	\$36.74
CYTOPATHOLOGY SLIDE (PAP)	\$15.00	\$15.00
DEBRID SKIN FULL THICKNESS	\$190.00	\$190.00
DEBRID SKN-SUBQ-MUSCL-BONE	\$257.00	\$257.00
DEBRIDE SKIN-SUBQ-MUSCL	\$190.00	\$190.00
DEBRIDEMENT WOUND	\$71.00	\$71.00
DECADRON ELIXIR 0.5MG/5ML	\$21.00	\$21.00
DENVER DEVELOP SCREENING	\$150.00	\$150.00
DEPO PROVERA-150 MG	\$66.42	\$66.42
DERMABOND	\$19.00	\$19.00
DIAPHRAGM	\$55.00	\$55.00
DIAPHRAGM FIT & INSTRUCT	\$55.00	\$55.00
DIFFERENTL BLD COUNT-MAN	\$5.25	\$5.25
DIFLUCAN 150MG 1 TAB	\$16.50	\$16.50
DIGOXIN	\$18.35	\$18.35
DILANTIN/PHENYTOIN;TOTAL	\$16.86	\$16.86
DOXYCYCLINE 100MG #14	\$11.00	\$11.00
DOXYCYCLINE 100MG 2 CAPS	\$6.00	\$6.00
DRESS/DEBRID MED/LG ANES	\$245.00	\$245.00
DRESSING A-B-D 5X9IN STER	\$0.65	\$0.65
DRESSING PETRLOATM-SMALL	\$0.50	\$0.50
DRESSING PETROLATM-LARGE	\$0.65	\$0.65

**RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
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Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
DRESSING PETROLATM-MEDIUM	\$0.65	\$0.65
DRESSING TELFA 8X3	\$0.65	\$0.65
DRUG SCREEN-URINE #5(5731)	\$25.00	\$25.00
DTP-DIPHTER/TRTNUS/PERTUS	\$7.50	\$7.50
DTP/HIB(H.INFLUENZA B)VAC	\$7.50	\$7.50
EAR DRAIN EXTERN SIMPLE	\$84.00	\$84.00
EAR IRRIGATION 1 OR BOTH	\$49.00	\$49.00
EAR WAX REMOVAL-CURRETTE	\$49.00	\$49.00
EIP PANEL #1	\$151.45	\$151.45
EKG TELEPHONIC TRANSMISSN	\$50.86	\$50.86
ELBOW COMPLETE 3+	\$52.90	\$52.90
ELBOW STRAP	\$15.00	\$15.00
ELBOW-2 VIEWS	\$41.40	\$41.40
ELECTROCARDIOGRAM-12 LEAD	\$41.05	\$41.05
ELECTROCARDIOGRAM-3 LEAD	\$15.00	\$15.00
ELECTROLYTES PANEL	\$8.91	\$8.91
ENDOCERV CURET/BIOPS-PATH	\$70.00	\$70.00
ENDOMETR BIOPS W/WO EC BX	\$125.00	\$125.00
ENDOMETRIAL CURETTE	\$23.00	\$23.00
EOSINOPHIL CT (NASAL)	\$7.00	\$7.00
EPINEPHRINE 1MG/ML INJ	\$12.00	\$12.00
EPSTN B VIR IGG/IGM (5607)	\$26.50	\$26.50
ERYTHROMYCIN 250MG #56TAB	\$13.85	\$13.85
ERYTHROMYCIN 500MG #28TAB	\$11.25	\$11.25
ESTRADIOL	\$35.54	\$35.54
ETHAMBUTOL TAB 100MG #100	\$31.05	\$31.05
ETHAMBUTOL TAB 400 MG #90	\$94.30	\$94.30
ETHIONAMIDE 250MG #100	\$54.05	\$54.05
EXC BREAST LESN-EACH ADD	\$138.72	\$138.72
EXC OF BREAST LESION	\$276.59	\$276.59
EXCISION BREAST CYST(S)	\$242.33	\$242.33
EYE PACKET DRESSING	\$1.20	\$1.20
EYE PAD	\$0.65	\$0.65
EYE TRAY	\$18.00	\$18.00
FACIAL BONES/ORBIT COMPLT	\$89.70	\$89.70
FACIAL BONES <3 VIEWS	\$52.90	\$52.90
FAMCICLOVAR TABLETS #30	\$106.53	\$106.53
FAT FECAL QUANTITATIVE	\$118.00	\$118.00
FB REMOVE-MUSCL/TNDN SIMP	\$162.00	\$162.00
FEMUR 2 VIEWS	\$52.90	\$52.90
FENCE SPLINT 2 X 16	\$2.25	\$2.25
FENCE SPLINT 4 X 16	\$2.70	\$2.70
FERRITIN	\$17.32	\$17.32
FERROUS SULFATE	\$6.90	\$6.90
FERROUS SULFATE 325MG#100	\$3.00	\$3.00
FINE NEEDLE ASPIR-BREAST	\$52.00	\$52.00
FINGER(S) 2+VIEWS	\$31.05	\$31.05
FLAGYL 250MG CAPS #21	\$9.00	\$9.00
FLAGYL 500MG CAPS #14	\$7.00	\$7.00
FLAGYL 500MG CAPS #4	\$5.00	\$5.00
FLOURESCENT NONINFEC AB	\$13.98	\$13.98
FOLIC ACID SERUM	\$18.70	\$18.70
FOOT COMPLETE 3+VIEWS	\$77.05	\$77.05
FOOT-2 VIEWS	\$35.65	\$35.65
FOREARM-2 VIEWS	\$43.70	\$43.70
FP CNSL 10 MIN INDIV M/F	\$12.00	\$12.00
FP CNSL 15 MIN MALE/FEMAL	\$15.00	\$15.00
FP CNSL 30 MIN FEMALE	\$25.00	\$25.00
FP CNSL 45 MIN FEMALE	\$35.00	\$35.00
FP CNSL GROUP M/F	\$10.00	\$10.00
FSH, SERUM	\$23.63	\$23.63

RIVERSIDE COUNTY  
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Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
FUNGUS CULTURE-DEFINTV ID	\$18.50	\$18.50
FUNGUS CULTURE-SKIN/HR/NL	\$18.40	\$18.40
G6PD/GLUCOS-6-PHOSPH DEHY	\$16.00	\$16.00
GARDASIL (HPV)		<b>\$135.05</b>
GASTRIC LAVAGE (WASH)	\$49.57	\$49.57
GAUZE 1 X 8	\$0.65	\$0.65
GAUZE 2 X 5 YDS	\$0.65	\$0.65
GAUZE CLING 2X75IN STERIL	\$0.65	\$0.65
GAUZE CLING 3X57IN STERIL	\$43.00	\$43.00
GAUZE CLING 4.5X147IN STL	\$0.65	\$0.65
GAUZE PACKING 1/4 X 5YDS	\$0.65	\$0.65
GAUZE PACKING-1 IN	\$33.00	\$33.00
GAUZE PACKING-1 IN IDOFRM	\$44.00	\$44.00
GAUZE PACKING-1/2 IN	\$29.00	\$29.00
GAUZE PACKING1/2IN IDOFRM	\$35.00	\$35.00
GAUZE PACKING-1/4 IN	\$18.00	\$18.00
GAUZE PACKING1/4IN IDOFRM	\$32.00	\$32.00
GAUZE SPGS 4X4 16PKSTERIL	\$41.00	\$41.00
GAUZE SPONG COVER 4X3 STL	\$0.65	\$0.65
GAUZE SPONGES 2 X 2 STER	\$0.65	\$0.65
GAUZE SPONGES 4X4 2PK STL	\$0.65	\$0.65
GEN HLTH PANEL/CBC (2402)	\$5.75	\$5.75
GGT-GLUTAMYLTRANSFERASE	\$24.69	\$24.69
GLUCOSE BY MONT DEVICE	\$5.75	\$5.75
GLUCOSE QUANTITATIVE	\$4.99	\$4.99
GLUCOSE TOL BEVERAGE	\$0.80	\$0.80
GLUCOSE TOL, 1 HR(2 SPEC)	\$16.38	\$16.38
GLUCOSE STICK/ACCUCHECK	\$6.00	\$6.00
GLUCOSE-POST GLUCOSE DOSE	\$5.82	\$5.82
GLYCOHEMOGLOBIN	\$12.35	\$12.35
GONORRHEA CULTURE	\$12.00	\$12.00
GONORRHEA-AMPLIF PROBE	\$39.00	\$39.00
GRAM STAIN	\$8.00	\$8.00
HAND-2 VIEWS	\$35.65	\$35.65
HAND-3 VIEWS>	\$50.60	\$50.60
HANDLING CHARGE/REF LAB	\$20.54	\$20.54
HCG BETA SUBUNIT/QUANT	\$16.18	\$16.18
HCG-BETA SUBUNIT/RIA QUAL	\$9.55	\$9.55
HEEL SPUR PAD-SHOE INSERT	\$18.01	\$18.01
HEMATOCRIT-OUTSIDE LAB	\$4.31	\$4.31
HEMOGLOBIN/HEMOCUE	\$4.50	\$4.50
HEP A ANTIBODY (HAAb)	\$17.58	\$17.58
HEP B CORE ANTIB (HBcAb)	\$17.50	\$17.50
HEP B SURF ANTIG (HBsAg)	\$13.13	\$13.13
HEP B SURFACE ANTIBODY	\$15.00	\$15.00
HEP-A/HEP-B ADULT	\$117.58	\$117.58
HEP-B VAC IMMUNSUP/DIALYS	\$57.48	\$57.48
HEP-B VAC.5MCG SUP/20+YRS	\$30.71	\$30.71
HEPATITIS A & B PANEL	\$32.00	\$32.00
HEPATIC FUNCTION PANEL	\$10.85	\$10.85
HEPATITIS A AB	\$18.00	\$18.00
HEPATITIS A ANTIBODY-IGM	\$15.60	\$15.60
HEPATITIS A IGM	\$15.00	\$15.00
HEPATITIS B CORE ANTIBODY	\$18.00	\$18.00
HEPATITIS B CORE IGM	\$18.00	\$18.00
HEPATITIS B SURF ANTIBODY	\$16.00	\$16.00
HEPATITIS B SURF ANTIGEN	\$16.00	\$16.00
HEPATITIS BE ANT (HBeAb)	\$16.80	\$16.80
HEPATITIS C AMPLIF PROBE	\$69.00	\$69.00
HEPATITIS C ANTIBODY	\$21.00	\$21.00
HEPATITIS C RNA QUANT	\$99.00	\$99.00

RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
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Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
HEPATITIS D ANTIBODY	\$23.75	\$23.75
HEPATITIS DELTA AGENT	\$48.76	\$48.76
HEPATITIS PANEL (ABC) 6825	\$62.00	\$62.00
HERPES ANTI-VIRUS IGG	\$15.76	\$15.76
HERPES ANTI-VIRUS IGM	\$19.41	\$19.41
HERPES CULTR 1 VS 2 IDENT	\$21.00	\$21.00
HERPES CULTURE	\$39.00	\$39.00
HERPES DFA VIRUS TYPE 1	\$16.00	\$16.00
HERPES DFA VIRUS TYPE 2	\$16.00	\$16.00
HERPES SIMP ANTIBODY	\$20.16	\$20.16
HETEROPHILE ANT (MONO)	\$6.58	\$6.58
HGB ELECTROPHORESIS	\$19.75	\$19.75
HHA-MNTHLY EVAL&EXT TRTMN	\$17.47	\$17.47
HI PYLORI AB,IGG	\$22.00	\$22.00
HIB VAC/CHILD STATE	\$9.00	\$9.00
HIP UNILAT 1 VIEW	\$44.85	\$44.85
HIP UNILAT COMPLETE 2VW>	\$62.10	\$62.10
HISTOPLASMA ANTIBODY	\$18.40	\$18.40
HIV ANTIGEN/P-24 ANTIGEN	\$24.40	\$24.40
HIV GENOTYPE ANALYSIS (REV TRANSCRIPT)	\$442.98	\$442.98
HIV PANEL I	\$14.55	\$14.55
HIV PANEL II	\$46.22	\$46.22
HIV PANEL IIIA	\$104.65	\$104.65
HIV PANEL IIIB	\$17.72	\$17.72
HIV PANEL IV	\$79.39	\$79.39
HIV Genotype Analysis (w/ drug resist)	\$787.60	\$787.60
HIV-1 ANTIBODY	\$16.00	\$16.00
HIV-1 ANTIGEN/P	\$62.50	\$62.50
HIV CONFIRMATION (WESTERN BLOT)	\$34.50	\$34.50
HIV-1 QUANT (7805)	\$74.00	\$74.00
HTLV/HIV ANTIBODY CONFIRM	\$34.50	\$34.50
HUMERUS-2 VIEWS>	\$43.70	\$43.70
I&D BARTHOLIN GLAND	\$102.00	\$102.00
I&D PILONIDAL CYST	\$80.00	\$80.00
I&D PILONIDALCYST W/DRAIN	\$90.00	\$90.00
I&D SUBUNGUAL HEMATOMA	\$26.00	\$26.00
IBUPROPHEN ELXIR 5MG/KG	\$32.00	\$32.00
ICE PACK DISPOSABLE	\$8.00	\$8.00
IMMUNOASSAY INFECTIOUS AB	\$22.00	\$22.00
IMMUNOCOMPETENCY PANEL	\$57.51	\$57.51
IMMUNE GLOBULIN ISG	\$14.95	\$14.95
INCIS THROMBOS HEMORRHOID	\$219.64	\$219.64
INFECTIOUS MONO	\$12.95	\$12.95
INFECTIOUS MONO/AB SCREEN	\$7.15	\$7.15
INFLUENZA VAC ADMIN	\$6.60	\$6.60
INFLUENZA VACCINE STATE	\$5.00	\$5.00
INTR-UTER DEV-LIPPES LOOP	\$9.60	\$9.60
INJECTION TESTOSTERONE	\$13.00	\$13.00
INTRA-UTER DEV COPPER-7	\$16.65	\$16.65
INTRA-UTER DEV SAF-T-COIL	\$6.05	\$6.05
IRON BINDING CAP	\$9.15	\$9.15
IRON SERUM TOTAL	\$8.95	\$8.95
IRRG NORM SALINE 1000ML	\$28.00	\$28.00
IRRG STERILE WATER 1000ML	\$28.00	\$28.00
ISONIAZID TAB 100MG #100	\$9.70	\$9.70
ISONIAZID TAB 100MG #30	\$5.75	\$5.75
ISONIAZID TAB 300MG #100	\$12.65	\$12.65
ISONIAZID TAB 300MG #30	\$6.65	\$6.65
IUD INSERTION	\$75.00	\$75.00
IUD REMOVAL	\$75.00	\$75.00
IV CATH 16-24CM PROTECATH	\$8.00	\$8.00

RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
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Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
IV SET BUTTERFLY 21-25 GA	\$5.00	\$5.00
IV SOLUTION-1ST 1000CC	\$28.00	\$28.00
IV SOLUTN-EACH ADD 1000CC	\$8.05	\$8.05
IV START KIT	\$45.00	\$45.00
IV TUBING	\$28.00	\$28.00
IV TUBING SECONDARY	\$9.00	\$9.00
KANAMYCIN 500 MG INJ	\$34.00	\$34.00
KETOROLAC INJ 60 MG	\$33.00	\$33.00
KNEE ONE OR TWO VIEWS	\$40.25	\$40.25
KNEE-3 VIEWS	\$57.50	\$57.50
KOH SLIDE SKIN/TISSUE	\$8.00	\$8.00
L.E. LATEX	\$14.10	\$14.10
LAC-I FACE/EARS ,2.6-5 CM	\$177.00	\$177.00
LAC-I FACE/EARS <.2.6 CM	\$159.00	\$159.00
LAC-I FACE/EARS >30 CM	\$499.00	\$499.00
LAC-I FACE/EARS 12.6-20	\$338.00	\$338.00
LAC-I FACE/EARS 20.1-30	\$431.00	\$431.00
LAC-I FACE/EARS 5.1-7.5	\$223.00	\$223.00
LAC-I FACE/EARS 7.6-12.5	\$263.00	\$263.00
LAC-I H&F/NK/GEN >30 CM	\$395.61	\$395.61
LAC-I H&F/NK/GEN 12.6-20	\$266.00	\$266.00
LAC-I H&F/NK/GEN 2.6-7.5	\$173.00	\$173.00
LAC-I H&F/NK/GEN 20.1-30	\$326.00	\$326.00
LAC-I H&F/NK/GEN 7.6-12.5	\$223.00	\$223.00
LAC-I TRK/ARM&LEG <2.6 CM	\$136.00	\$136.00
LAC-I TRK/ARM&LEG >30 CM	\$362.00	\$362.00
LAC-I TRK/ARM&LEG 12.6-20	\$247.00	\$247.00
LAC-I TRK/ARM&LEG 2.6-7	\$156.00	\$156.00
LAC-I TRK/ARM&LEG 20.1-30	\$303.00	\$303.00
LAC-I TRK/ARM&LEG7.6-12.5	\$206.00	\$206.00
LAC-S BDY/SCLP/NK >30 CM	\$323.68	\$323.68
LAC-S BDY/SCLP/NK 12.6-20	\$200.00	\$200.00
LAC-S BDY/SCLP/NK 20.1-30	\$261.00	\$261.00
LAC-S BDY/SCLP/NK7.6-12.5	\$157.00	\$157.00
LAC-S BODY/SCLP/NK2.6-7.5	\$85.63	\$85.63
LAC-S FACE/EARS <2.6 CM	\$100.00	\$100.00
LAC-S FACE/EARS >30 CM	\$448.00	\$448.00
LAC-S FACE/EARS 12.6-20	\$370.00	\$370.00
LAC-S FACE/EARS 2.6-5 CM	\$134.00	\$134.00
LAC-S FACE/EARS 20.1-30	\$359.00	\$359.00
LAC-S FACE/EARS 5.1-7.5	\$185.00	\$185.00
LAC-S FACE/EARS 7.6-12.5	\$236.00	\$236.00
LANCET DEVICE	\$14.25	\$14.25
LDH ISOENZYMES	\$20.00	\$20.00
LDH-LACTATE DEHYDROGENASE	\$10.00	\$10.00
LE CELL PREP	\$18.90	\$18.90
LE-LATEX	\$12.95	\$14.10
LEAD	\$22.45	\$22.45
LESN FACE/MUC MEMB <.6CM	\$84.00	\$84.00
LESN FACE/MUC MEMB 1.1-2	\$129.00	\$129.00
LESN FACE/MUC MEMB 2.1-3	\$169.00	\$169.00
LESN FACE/MUC MEMB 3.1-4	\$222.00	\$222.00
LESN FACE/MUC MUMB .6-1CM	\$111.00	\$111.00
LESN HEAD/HD&FT/GEN <.6CM	\$74.00	\$74.00
LESN HEAD/HD&FT/GEN 1.1-2	\$117.00	\$117.00
LESN HEAD/HD&FT/GEN 2.1-3	\$146.00	\$146.00
LESN HEAD/HD&FT/GEN 3.1-4	\$172.00	\$172.00
LESN HEAD/HD&FT/GEN.6-1CM	\$103.00	\$103.00
LESN TRK/ARM/LEG .6-1CM	\$90.00	\$90.00
LESN TRK/ARM/LEG <.6CM	\$66.79	\$66.79
LESN TRK/ARM/LEG 1.1-2CM	\$108.00	\$108.00

**RIVERSIDE COUNTY  
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Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
LESN TRK/ARM/LEG 2.1-3CM	\$130.00	\$130.00
LESN TRK/ARM/LEG 3.1-4CM	\$147.00	\$147.00
LIDOCAINE HCL 1%	\$12.00	\$12.00
LIDOCAINE HCL 2%	\$12.00	\$12.00
LIDOCAINE HCL W/EPI 1%	\$39.00	\$39.00
LIDOCAINE HCL W/EPI 2%	\$41.00	\$41.00
LIDANE/KWELL 60ML LOTION	\$7.00	\$7.00
LINDANE/KWELL 60ML SHMPOO	\$7.00	\$7.00
LIPID PANEL (5050)	\$15.96	\$15.96
LIQUID NITROGEN	\$16.00	\$16.00
LITHIUM	\$9.20	\$9.20
LO/OVRAL 1 PKT	\$25.00	\$25.00
LUMBAR SPINE 4 VW>	\$108.10	\$108.10
LUMBAR SPINE BENDING 4>	\$69.00	\$69.00
LUMBAR SPINE COMP W/BEND	\$135.70	\$135.70
LUMBOSACRAL SUPP 12-14IN	\$159.00	\$159.00
LUNELLE INJ	\$34.62	\$34.62
LUTENIZING HORMONE (LH)	\$23.55	\$23.55
LYTREN 8 OZ (PEDIALYTE)	\$7.00	\$7.00
MACRODANTIN 100MG #28	\$30.25	\$30.25
MACRODANTIN 50MG #28	\$15.40	\$15.40
MAMMOGRAPHY BILAT-2 VIEWS	\$104.29	\$104.29
MAMMOGRAPHY UNILAT	\$85.54	\$85.54
M AVIUM ID-DIRECT PROBE	\$34.00	\$34.00
M GORDONI ID-DIRECT PROBE	\$34.00	\$34.00
M KANSASI ID-DIRECT PROBE	\$34.00	\$34.00
M TB IDENT-DIRECT PROBE	\$34.00	\$34.00
MANDIBLE COMPLETE 4VW>	\$86.25	\$86.25
MASTOID <3 VW PER SIDE	\$29.88	\$29.88
MASTOIDS COMPLETE 3VW>	\$107.00	\$107.00
MDI ALBUTEROL	\$8.00	\$8.00
MEASLES VACCINE	\$54.00	\$54.00
MEDICAL SOCIAL SERVICES	\$110.65	\$110.65
MERCURY QUANTITATIVE TEST	\$48.50	\$48.50
METROGEL 0.75%	\$48.65	\$48.65
MICONAZOLE-7 VAG CR	\$28.00	\$28.00
MICORALBUMEN, QNT, URINE	\$7.36	\$7.36
MIM SERV ESTB PT	\$26.45	\$26.45
MIRENA IUD	\$431.54	\$431.54
MONO TEST	\$6.58	\$6.58
MONOFILAMENT TEST- FEET	\$141.62	\$141.62
MR-MEASLES&RUBELLA BOOSTR	\$25.44	\$25.44
MR-MEASLES/RUBELLA,LIVE	\$25.44	\$25.44
MUMPS ANTIBODY - IGG	\$30.00	\$30.00
MUMPS VACCINE	\$62.00	\$62.00
MYCOLOG CREAM 15GM TUBE	\$6.00	\$6.00
MYCOLOG OINT 30 GM TUBE	\$11.00	\$11.00
NAIL AVULSION 1	\$78.00	\$78.00
NAIL AVULSION EA ADD NAIL	\$35.00	\$35.00
NAIL DEBRIDEMENT 1-5	\$25.00	\$25.00
NAIL DEBRIDEMENT 6+	\$40.00	\$40.00
NAIL INGROWN WEDGE EXCISN	\$100.00	\$100.00
NAIL TRIMMING-ANY NUMBER	\$25.00	\$25.00
NASAL BONES 3VW>	\$54.05	\$54.05
NEB AEROSOL TB	\$17.00	\$17.00
NEB-ALBUTEROL SULFAT.083%	\$6.00	\$6.00
NEB-NORMAL SALINE 5CC	\$5.00	\$5.00
NEB-OXYGN TUBING W/MOUTH P	\$38.00	\$38.00
NEBULIZER (IPPB)	\$36.00	\$36.00
NEBULIZER (IPPB) SUBSEQUENT	\$25.00	\$25.00
NECK SOFT TISSUE	\$35.65	\$35.65

**RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
Schedule 1**

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
NEEDLE BIOPSY OF BREAST	\$87.34	\$87.34
NEUPOGEN 300MCG INJ	\$36.00	\$36.00
NEWBORN SCREENING-3 TESTS	\$40.00	\$40.00
NITROFURANTOIN 100MG #14	\$23.45	\$23.45
NITROFURANTOIN 50MG	\$12.20	\$12.20
NITROPATCH .2MG EACH	\$43.00	\$43.00
NITROSTAT .4MG SUBLING	\$1.00	\$1.00
NORFLOX/NOROXIN 400MG TABS	\$15.00	\$15.00
NORPLANT INSERTION	\$75.00	\$75.00
NORPLANT KIT	\$472.00	\$472.00
NORPLANT REMOV W/REINSERT	\$160.00	\$160.00
NORPLANT REMOVAL ONLY	\$140.00	\$140.00
NOSEBLEED ANT SIMPLE	\$62.94	\$62.94
NUVA RING	\$45.00	\$45.00
O & P CONC+ID-DIREC	\$17.25	\$17.25
O & P TRICHROME STAIN	\$46.97	\$46.97
OBSTETRIC PANEL (7522)	\$43.69	\$43.69
OCCIPITAL NERVE BLOCK	\$100.00	\$100.00
OCCULT BLOOD	\$5.00	\$5.00
OCCULT BLOOD - FECES	\$5.00	\$5.00
OFLOXACIN 200MG 1 TAB	\$5.00	\$5.00
OFLOXACIN 400MG 1 TAB	\$10.00	\$10.00
ORTHO EVRA PATCH	\$15.00	\$15.00
OS CALCIS 2VW>	\$40.25	\$40.25
OVA & PARASITE DIRECT	\$10.00	\$10.00
OXYGEN - NASAL CANNULA	\$34.00	\$34.00
OXYGEN MASK - TUBING	\$46.00	\$46.00
OXYGEN PER 1/2 hr	\$21.00	\$21.00
PAP SMEAR	\$13.43	\$13.43
PARAGARD CONTRCEPTIVE	\$301.07	\$301.07
PARTIAL THROMBOPLASTN	\$7.64	\$7.64
PEAK FLOW METER DISP	\$115.00	\$115.00
PEDIALYTE 6 OZ	\$7.00	\$7.00
PEDIARIX, DTAP/HEPB/IPV	\$173.90	\$173.90
PELVIS 1 OR 2 VIEWS	\$54.05	\$54.05
PELVIS COMPLETE 3VW>	\$71.30	\$71.30
PENICILLIN G BENZATHINE	\$7.94	\$7.94
PENIS LESION REMOV-CHEM	\$74.00	\$74.00
PENTAMIDINE 300 MG	\$248.00	\$248.00
PHENOBARBITAL	\$15.80	\$15.80
PHN-CASE EVAL&INIT TRTMNT	\$34.65	\$34.65
PHN-MNTHLY EVAL&EXT TRTMN	\$17.47	\$17.47
PHOSPHOROUS-URINE	\$10.27	\$10.27
PINWORMS	\$10.00	\$10.00
PIP CHLAMYDIA	\$44.62	\$44.62
PIP EST ADULT PHYS 19-39	\$25.00	\$25.00
PIP EST ADULT PHYS 40-64	\$25.00	\$25.00
PIP EST ADULT PHYS 65+	\$25.00	\$25.00
PIP NEW ADULT PHYS 19-39	\$25.00	\$25.00
PIP NEW ADULT PHYS 40-64	\$25.00	\$25.00
PIP NEW ADULT PHYS 65+	\$25.00	\$25.00
PIP PAP	\$25.00	\$25.00
PIP PREGNANCY 1ST TRI	\$400.00	\$400.00
PIP PREGNANCY 2ND TRI	\$300.00	\$300.00
PIP PREGNANCY 3RD TRI	\$200.00	\$200.00
PIP PREGNANCY POSTPART	\$69.55	\$69.55
PLATELET COUNT	\$6.00	\$6.00
PLETHYSMOGRAPHY TOT BODY	\$55.00	\$55.00
PNEUMOCYST	\$16.00	\$16.00
PNEUMOCYSTIS CULTURE	\$8.00	\$8.00
PODOPHYLLIN 25% 1 APP 30 ML	\$55.00	\$55.00

RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
Schedule 1

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
POLIO - ORAL STATE	\$7.50	\$7.50
POST RABIES TRTMNT W/RIG	\$241.50	\$241.50
POTASSIUM SERUM	\$7.00	\$7.00
PREALBUMEN, SERUM	\$24.84	\$24.84
PRE NDL PLCMNT-EA AD LESN	\$43.24	\$43.24
PREGNANCY TEST-URINE	\$9.00	\$9.00
PRENATAL VITAMINS #100	\$9.00	\$9.00
PRENATAL VITAMINS #300	\$21.60	\$21.60
PREOP PLCMNT NDL BRST S&I	\$54.00	\$54.00
PREOP PLCMNT NDLE BREAST	\$114.75	\$114.75
PREVIN	\$21.78	\$21.78
PRIMIDONE/MYSLIN	\$21.09	\$21.09
PROBENECID TAB 500MG #60	\$31.99	\$31.99
PROGESTERONE LEVEL	\$26.52	\$26.52
PROLACTIN - SERUM	\$26.80	\$26.80
PROMETHAZINE SYRUP 5 ML	\$3.00	\$3.00
PROTEIN TOTAL A/G RAT PNL	\$6.65	\$6.65
PROTHROMBIN TIME	\$4.99	\$4.99
PROVERA 10MG TABS #9	\$11.00	\$11.00
PSA FREE	\$23.39	\$23.39
PSA TOTAL	\$23.39	\$23.39
PSA-PROSTATE SPCIFC ANTGN	\$30.00	\$30.00
PT-PROTHROMBIN TIME	\$5.45	\$5.45
PTT-PARTIAL THROMBOPLASTN	\$10.00	\$10.00
PULSE OXIMETRY MULTIPLE	\$38.00	\$38.00
PYRAZINAMID TAB 500MG #30	\$41.40	\$41.40
PYRAZINAMIDE TAB 500MG#100	\$147.00	\$147.00
QUANTIFERON-TB	\$30.00	\$30.00
RA LATEX RHUMATOID FACTOR	\$7.75	\$7.75
RABIES IMMUN GLOB 10 ML	\$219.65	\$219.65
RABIES IMMUN GLOB 12 ML	\$262.20	\$262.20
RABIES IMMUN GLOB 2 ML	\$49.45	\$49.45
RABIES IMMUN GLOB 4 ML	\$90.00	\$90.00
RABIES IMMUN GLOB 6 ML	\$134.55	\$134.55
RABIES IMMUN GLOB 8 ML	\$177.10	\$177.10
RABIES VACCINE IM-1 ML	\$302.00	\$302.00
RADIOLOG EXAM BRST SPECMN	\$32.07	\$32.07
REM FB CORNEA W/O WDSLAMP	\$46.00	\$165.70
REM FB CORNEA W/WDSLAMP	\$62.00	\$135.30
REM FB EMBEDDED SUBCONJ	\$134.86	\$134.86
REM FP EXT/CONJUNCTIVAL	\$42.00	\$128.02
RESPIRGUARD II	\$8.05	\$8.05
RETICULOCYTE	\$6.50	\$6.50
RETICULOCYTE COUNT	\$6.50	\$6.50
RH TITER (DIRECT COOMBS)	\$10.13	\$10.13
RHEUMATOID FACTOR	\$8.19	\$8.19
RHOGAM IM	\$63.00	\$63.00
RIB BELT	\$18.00	\$18.00
RIBS BILATERAL 3VV	\$79.35	\$79.35
RIBS UNILATERAL 2VV	\$65.55	\$65.55
RIFAMATE CAPS #60	\$34.50	\$34.50
RIFAMPIN 150MG CAPS #100	\$84.00	\$84.00
RIFAMPIN 300 MG CAPS #60	\$33.35	\$33.35
ROCEPHIN 1 GM	\$97.00	\$97.00
ROCEPHIN 125 MG	\$23.14	\$23.14
ROCEPHIN 250 MG INJ	\$39.00	\$39.00
ROOM & BOARD <24 HOURS	\$46.87	\$46.87
RSV/FA	\$24.84	\$24.84
RUBELLA ANTIBODY	\$19.85	\$19.85
RUBELLA VACCINE	\$57.00	\$57.00
RUBELLA IGM	\$17.66	\$17.66

**RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
Schedule 1**

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
RUBEOLA ANTIBODY	\$23.94	\$23.94
SACROLIAC JTS 2VW>	\$71.30	\$71.30
SACRUM & COCCYX 2VW>	\$57.50	\$57.50
SCAPULA COMPLETE	\$52.90	\$52.90
SCOLIOSIS/SUPINE & ERECT	\$52.90	\$52.90
SCREEN MAMMOGRAPHY BILAT	\$77.63	\$77.63
SCREENING CLINIC	\$85.00	\$85.00
SEDIMENTATION RATE	\$4.95	\$4.95
SEPTRA DS #14 TABS	\$12.00	\$12.00
SGOT/AST-ASPART AMINOTRNS	\$8.00	\$8.00
SGPT/ALT-ALANIN AMINOTRNS	\$8.00	\$8.00
SHOULDER 2VW>	\$52.90	\$52.90
SHOULDER IMMOBILIZER	\$36.00	\$36.00
SICKLE CELL	\$6.67	\$6.67
SILVADENE CREAM 1% 50GM	\$11.00	\$11.00
SINUSES PARANASAL <3VIEWS	\$44.85	\$44.85
SINUSES PARANASAL 3VW>	\$79.35	\$79.35
SKILLED NURSING SERVICE	\$110.00	\$110.00
SKIN STAPLER W/STAPLES	\$47.00	\$47.00
SKIN TEST CANDIDA	\$15.35	\$15.35
SKIN TEST COCCIDIOMYCOSIS	\$11.70	\$11.70
SKIN TEST TB/PPD	\$15.00	\$15.00
SKIN TEST TRICHOPHYTON	\$15.35	\$15.35
SKINTAG REMOVAL 1-15	\$78.00	\$78.00
SKTAG REMV EA ADTL 10 LSN	\$52.00	\$52.00
SKULL <4VW	\$52.90	\$52.90
SLING MUSLIN TRIANGULAR	\$1.85	\$1.85
SLING, TEAR	\$7.45	\$7.45
SODIUM SERUM	\$7.00	\$7.00
SOLUCORTEF/STEROID 50MG	\$25.00	\$25.00
SPECTINOMYCIN INJECT 2GM	\$50.00	\$50.00
SPHENOPALATINE GANGL BLK	\$90.00	\$90.00
SPINE THORASIC-3 VIEWS	\$62.10	\$62.10
SPLINT APPLIC-FINGER	\$30.00	\$30.00
SPLINT APPLIC-SHORT ARM	\$60.80	\$60.80
SPLINT APPLIC-SHORT LEG	\$65.08	\$65.08
SPLINT FINGER 1 X 18	\$3.05	\$3.05
SPLINT FINGER 1/2 X 18	\$2.15	\$2.15
SPLINT FINGER 3/4 X 18	\$2.55	\$2.55
SPLINT FINGER GUARD	\$6.00	\$6.00
SPLINT WRIST LARGE LEFT	\$24.00	\$24.00
SPLINT WRIST SMALL LEFT	\$24.00	\$24.00
SPLINT WRIST SMALL RIGHT	\$24.00	\$24.00
SPONGR-BIRTH CONTROL	\$17.24	\$17.24
SPONGES BIRTH CONTROL #12	\$17.24	\$17.24
SPONGES, 4X4 10 EACH	\$0.65	\$0.65
SPUTIM COLLECT CUP-72 HR	\$7.00	\$7.00
SPUTUM COLLECTION	\$20.00	\$20.00
SPUTUM COLLECTION-CLINIC	\$10.03	\$10.03
SPUTUM COLLECTION-HOME	\$6.90	\$6.90
STAPLE REMOVAL KIT	\$5.00	\$5.00
STAT SET-UP FEE	\$10.93	\$10.93
STERI STRIPS	\$10.00	\$10.00
STERNOCLAV JOINTS 3VW>	\$52.90	\$52.90
STERNUM 2VW>	\$52.90	\$52.90
STRAPPING-ANKLE	\$32.00	\$32.00
STRAPPING-HAND OR FINGER	\$59.94	\$59.94
STRAPPING-TOES	\$30.00	\$30.00
STOOL O & P CONC+ID-DIREC	\$17.25	\$17.25
STOOL O & P CONCENTRATION	\$15.00	\$15.00
STOOL O & P DIRECT	\$10.00	\$10.00

**RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
Schedule 1**

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
STREPTOMYCIN INJECT 1 ML	\$18.00	\$18.00
STRETCH NETTING #1	\$0.65	\$0.65
STRETCH NETTING #2	\$0.65	\$0.65
STRETCH NETTING #3	\$11.00	\$11.00
STRETCH NETTING #4	\$19.00	\$19.00
SULTRIN CREAM TUBE	\$1.70	\$1.70
SUPPLIES	\$1.75	\$1.75
SUPRAX INJ 1GM	\$57.00	\$57.00
SUT VIC 4-0 PC5 18IN UND	\$63.00	\$63.00
SUT VIC 5-0 PC1 18IN UND	\$61.00	\$61.00
SUTURE ETHILON 5-0PC518IN	\$154.00	\$154.00
SUTURE ETHILON 6-0PC118IN	\$63.00	\$63.00
SUTURE REMOVAL KIT	\$5.00	\$5.00
SYPHILIS FA SMEAR	\$20.00	\$20.00
SYPHILLIS TPPA	\$24.00	\$24.00
SYPHILIS VDRL, GUAL	\$8.00	\$8.00
SYPHILIS VDRL, QUAN	\$8.00	\$8.00
T - 3 FREE	\$23.45	\$23.45
T-3 TOTAL	\$19.60	\$19.60
T-3 RESIN UPTAKE	\$8.95	\$8.95
T-3/T-4 UPTAKE	\$8.23	\$8.23
T-4 (THYROXINE) TOTAL	\$9.50	\$9.50
T-4/THYROXINE FREE	\$16.82	\$16.82
TB AFB SENSI-EA DRUG X6	\$60.00	\$60.00
TB CULTURE-ANY SOURCE	\$36.00	\$36.00
TB DIRECT ID-AMPLIF PROBE	\$60.00	\$60.00
TB RETEST-RESULT QUESTION	\$10.00	\$10.00
TB SMEAR-ACID FAST	\$10.00	\$10.00
T-CELL SUBSET	\$67.75	\$67.75
TEMPOROMANDIB JNTS BILAT	\$78.20	\$78.20
TERAZOL VAG SUPPOS 80MGX3	\$18.15	\$18.15
TERAZOL-7 VAG CREAM	\$24.00	\$24.00
TESTOSTERONE 1CC/50MG	\$17.00	\$17.00
TESTOSTERONE TOTAL	\$32.82	\$32.82
TETRACYCLIN 500MG #14CAPS	\$3.00	\$3.00
TETRACYCLIN 500MG #28	\$6.00	\$6.00
TETRACYCLIN 500MG #48CAPS	\$9.10	\$9.10
THEOPHYLLINE SERUM	\$19.60	\$19.60
THROAT CULT(STREP A SCRNI)	\$14.00	\$14.00
TIBIA & FIBULA 2 VIEWS	\$43.70	\$43.70
TITER SINGLE	\$29.00	\$29.00
TOE(S) 2VW>	\$31.05	\$31.05
TONOMETRY-INTRAOCULR PRES	\$48.00	\$48.00
TORADAL INJ 30MG/ML	\$31.00	\$31.00
TOXOPLASMOSIS ANTIBODY	\$18.00	\$18.00
TOXOPLASMOSIS IGG	\$19.85	\$19.85
TOXOPLASMOSIS IGM	\$27.00	\$27.00
TOXOPLASMOSIS TITER IGM	\$21.00	\$21.00
TRAY - I & D	\$79.00	\$79.00
TRAY - MAYO	\$20.00	\$20.00
TRAY - MINOR SURGERY	\$45.00	\$45.00
TRAY-GEN PURPOSE INSTRU	\$45.00	\$45.00
TRIGGER POINT SPRAY TRTMNT	\$52.66	\$52.66
TRIGLYCERIDES	\$8.00	\$8.00
TYMPANOMETRY	\$39.00	\$39.00
UREA NITROGEN, BUN	\$4.85	\$4.85
UREA NITROGEN CLEARANCE	\$9.15	\$9.15
URIC ACID; BLOOD	\$5.75	\$5.75
URINALYSIS DIP W/MICRO	\$6.00	\$6.00
URINE - PROTEIN	\$14.90	\$14.90
URINE CULTURE	\$11.00	\$11.00

**RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
Schedule 1**

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
URINE CULTURE ID	\$11.00	\$11.00
URINE SENSITIVITY-MIC	\$11.95	\$11.95
US BREAST UNI OR BILAT	\$56.75	\$56.75
US GUID NEEDLE BIOPS S&I	\$76.97	\$76.97
VAC ADMIN CHOLERA	\$9.00	\$9.00
VAC ADMIN COMVAX VFC	\$9.00	\$9.00
VAC ADMIN DT CHILD VFC	\$9.00	\$9.00
VAC ADMIN DTAP VFC	\$9.00	\$9.00
VAC ADMIN HEP A ADULT	\$9.00	\$9.00
VAC ADMIN HEP A CHILD VFC	\$9.00	\$9.00
VAC ADMIN HEP B ADULT	\$9.00	\$9.00
VAC ADMIN HEP B CHILD VFC	\$9.00	\$9.00
VAC ADMIN HEP-A	\$9.00	\$9.00
VAC ADMIN HEP-B	\$9.00	\$9.00
VAC ADMIN HIB VFC	\$9.00	\$9.00
VAC ADMIN IPV POLIO	\$9.00	\$9.00
VAC ADMIN IPV POLIO VFC	\$9.00	\$9.00
VAC ADMIN MENINGOCOCCAL	\$9.00	\$9.00
VAC ADMIN MMR	\$9.00	\$9.00
VAC ADMIN MMR VFC	\$9.00	\$9.00
VAC ADMIN PNEUMO STATE	\$9.00	\$9.00
VAC ADMIN PNEUMOCOCCAL	\$9.00	\$9.00
VAC ADMIN RABIES	\$9.00	\$9.00
VAC ADMIN RABIES IG	\$15.00	\$15.00
VAC ADMIN RHOGAM	\$9.00	\$9.00
VAC ADMIN TD 7+ VFC	\$9.00	\$9.00
VAC ADMIN TD ADULT	\$9.00	\$9.00
VAC ADMIN TYPHOID	\$9.00	\$9.00
VAC ADMIN VARICELLA	\$9.00	\$9.00
VAC ADMIN VARICELLA VFC	\$9.00	\$9.00
VAC ADMIN YELLOW FEVER	\$12.29	\$12.29
VAC CHOLERA .5ML	\$25.00	\$25.00
VAC COMVAX HIB/HEP B VFC	\$60.12	\$60.12
VAC CONJUGATE PNEUMO 7	\$9.00	\$9.00
VAC DT DIP/TET CHILD VFC	\$7.50	\$7.50
VAC DTAP VFC	\$9.00	\$9.00
VAC HEP A ADULT	\$70.00	\$70.00
VAC HEP A CHILD	\$32.00	\$32.00
VAC HEP B ADULT 1ML ENRG	\$65.00	\$65.00
VAC HEP B ADULT 1ML RECMB	\$65.00	\$65.00
VAC HEP B CHILD VFC	\$7.50	\$7.50
VAC HEP-B 5MCG SUP/20+YRS	\$30.71	\$30.71
VAC HEP-B ADULT ENGERIX	\$65.00	\$65.00
VAC HIB VFC	\$7.50	\$7.50
VAC IPV POLIO VFC	\$9.00	\$9.00
VAC MEINGOCOCCAL .5ML	\$65.00	\$65.00
VAC MMR	\$40.00	\$40.00
VAC MMR VFC	\$99.00	\$99.00
VAC PNEUMOCOCCAL STATE	\$7.50	\$7.50
VAC POLIO INJECTION	\$53.00	\$53.00
VAC RABIES IG 10 ML	\$220.00	\$220.00
VAC RABIES IG 12 ML	\$263.00	\$263.00
VAC RABIES IG 2 ML	\$50.00	\$50.00
VAC RABIES IG 4 ML	\$90.00	\$90.00
VAC RABIES IG 6 ML	\$135.00	\$135.00
VAC RABIES IG 8 ML	\$177.00	\$177.00
VAC RABIES IM 1ML	\$302.00	\$302.00
VAC RHOGAM IM	\$63.00	\$63.00
VAC TD TET/DIPHTH 7+ VFC	\$7.50	\$7.50
VAC TD TET/DIPHTH ADULT	\$17.00	\$17.00
VAC TYPHOID INJECTION	\$18.00	\$18.00

RIVERSIDE COUNTY  
DEPARTMENT OF PUBLIC HEALTH FEES  
Schedule 1

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
VAC TYPHOID ORAL	\$60.00	\$60.00
VAC VARICELLA	\$130.00	\$130.00
VAC VARICELLA VFC	\$7.50	\$7.50
VAC YELLOW FEVER	\$70.00	\$70.00
VACCINE 23 PNEUMOCOCCAL	\$41.00	\$41.00
VAG APPLIC/IRRIG MEDICATN	\$33.00	\$33.00
VAG LESN(S) DESTRUC EXTEN	\$242.00	\$242.00
VAG LESN(S) DESTRUC SIMPL	\$97.00	\$97.00
VAG/RECTAL B STREP SCRIN	\$15.00	\$15.00
VALTREX CAPS #42	\$130.85	\$130.85
VARICELLA ANTIBODY, IgG	\$24.00	\$24.00
VENIPUNCTURE W/EXAM	\$8.00	\$8.00
VENIPUNCTURE-NO EXAM	\$8.00	\$8.00
VIRAL - ISOLATION	\$107.00	\$107.00
VISION SNELLEN	\$4.00	\$4.00
VISIT-LEV 1-ESTAB PATIENT	\$29.00	\$29.00
VISIT-LEV 1-NEW PATIENT	\$37.00	\$37.00
VISIT-LEV 2-ESTAB PATIENT	\$63.00	\$63.00
VISIT-LEV 2-NEW PATIENT	\$84.00	\$84.00
VISIT-LEV 3-ESTAB PATIENT	\$135.00	\$135.00
VISIT-LEV 3-NEW PATIENT	\$43.00	\$43.00
VISIT-LEV 4-ESTAB PATIENT	\$67.00	\$67.00
VISIT-LEV 4-NEW PATIENT	\$106.00	\$106.00
VISIT-LEV 5-ESTAB PATIENT	\$129.00	\$129.00
VISIT-LEV 5-NEW PATIENT	\$155.00	\$155.00
VISUAL FIELD EXAM	\$18.86	\$18.86
VITAMIN B-12 1000 MCG INJ	\$10.00	\$10.00
VITAMIN B-12 1000MSG INJ	\$10.00	\$10.00
VITAMIN B-6 25MG #100	\$7.50	\$7.50
VULV LESN(S) DESTRUC SIMP	\$107.00	\$107.00
WART FLAT/MILIA/MOLUS 15+	\$79.21	\$79.21
WART FLAT/MILIA/MOLUS<15	\$58.00	\$58.00
WART REMOV EA ADDL TO 14	\$36.00	\$36.00
WET MOUNT	\$6.00	\$6.00
WET MOUNT/KOH SLIDE	\$8.00	\$8.00
WHITE BLOOD CELL COUNT	\$5.70	\$5.70
WRIST 3VW>	\$52.90	\$52.90
WRIST-2 VIEWS	\$35.65	\$35.65
WYCILLIN 2.4 MIL UNITS	\$37.00	\$37.00
WYCILLIN 600,000 UNITS	\$19.00	\$19.00
X-RAY MINIFILM	\$15.00	\$15.00
ZINC	\$15.75	\$15.75
ZITHROMAX 1GM SUSP	\$41.00	\$41.00
ZOSTAVAX		<b>\$170.56</b>