

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



SUBMITTAL DATE:
June 25, 2008

FROM: Community Health Agency/Department of Public Health

SUBJECT: Ordinance No.734.11 Amending Ordinance No. 734.10, 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. 734.11
- 2.) That at the close of the public hearing, the Board of Supervisor adopt Ordinance No. 734.11

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 was Ordinance 734.10 on August 28, 2007 with Board adoption on September 18, 2007. 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 734.11 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

FINANCIAL DATA	Current F.Y. Total Cost:	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	Budget Adjustment:	No
	Annual Net County Cost:	For Fiscal Year:	08/09

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

C.E.O. RECOMMENDATION: APPROVE

BY: *Debra Courmoyer*
Debra Courmoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, seconded by Supervisor Ashley and duly carried by unanimous vote, IT WAS ORDERED that the above ordinance is approved as introduced with waiver of the reading, and set for public hearing on Tuesday, September 30, 2008, at 9:30 a.m.

Ayes: Buster, Tavaglione, Stone, Wilson, and Ashley
 Nays: None
 Absent: None
 Date: September 2, 2008
 xc: CHA/Public Health, COB(2)

Nancy Romero
Clerk of the Board
By: *[Signature]*
Deputy

Prev. Agn. Ref.: Item 3.24, 08/28/07 | **District:** ALL | **Agenda Number:**

FISCAL PROCEDURES APPROVED
ROBERT E. BYRD, Auditor-Controller
BY: *Henry Johnson* 6/19/08
HENRY JOHNSON Deputy

FORM APPROVED COUNTY COUNSEL
BY: *[Signature]* 7/1/08
DATE
BEAUFORD T. MILLER, JR

Dept Recomm.: Consent Policy Policy

Per Exec. Ofc.: Consent Policy

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. **Injury Prevention Services** is proposing an increase on Car Seat fees for Special Needs children from \$40.00 to \$50.00 and regular car seats to \$30. These fees are based on income of low income families. Injury Prevention believes that parents will pay the increased cost for the car seats, which is still cost effective in comparison to paying retail price of \$119.99.
- b. **Clinic Management** is including various new services for FY 08/09. These new services are being recommended by the Family Care Centers in order to meet their patient care needs. The fees suggested are aligned to either meet cost or reflect Medi-Cal reimbursement fees plus fifteen percent (15%) of the price listed by the Department of Health Care Services (Medi-Cal).
- c. **Nutrition Services** is including ten new services for FY 08/09. The Nutrition Services Branch offers lactation services both to families and professionals serving families. New mothers experiencing difficulties and are at-risk for lactation failure are referred for in-person lactation counseling at Regional Loving Support Lactation Centers. Families of infants and toddlers experiencing feelings of being overwhelmed or experiencing stress that interferes with parenting are referred to a "Raising Emotionally Healthy Children Group Session". Baby slings and other lactation supplies are available for purchase at the Lactation Centers providing ease of purchase and immediate individualized assistance for appropriate use. Lactation Educators provide continuing lactation education to health professionals working in hospitals and private physicians' offices in order to gain and maintain skills necessary to appropriately educate and support breastfeeding women.
- d. **Vital Records** is including in their services a \$20 charge for a new Certificate of Still Birth. This charge is effective on January 1, 2008 created pursuant to Senate Bill 850 (Chapter 661, Statutes of 2007). The local registrars of births and deaths may charge an appropriate fee for processing and issuing a Certificate of Still Birth, not to exceed the entity's full cost of providing the certificate.
- e. **Epidemiology** is adding a "Special Data Request Fee" of \$70.00 per hour to the FY 08/09 Fee Schedule. The Epidemiology and Program Evaluation Branch (EPE) receives approximately 150 public data requests per year. When data is not available in a published report or table, staff spend currently unfunded time processing these requests. The EPE charge rate is updated annually and is based on EPE Branch expenses and allotted staff time.

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 FY07/08 Fee:	Proposed FY08/09 Fee:
Business Services:		
Returned Checks	\$ 20.00	\$ 20.00
Emergency Medical Services:		
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
Epidemiology		
Special Data Request Fee	\$ -	\$ 70.00
Injury Prevention Services:		
Special Needs Car Seat - Sliding fee scale based on Income (Price range \$0 - \$50.00)	\$ 40.00	\$ 50.00
Regular Car Seats	\$ -	\$ 30.00
Bicycle Helmets - sliding fee scale (price range - \$3.00 - \$10.00)	\$ 10.00	\$ 10.00
Non Clinical Laboratory:		
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
Miscellaneous Laboratory Fees:		
Routine Water Examination (MPN)	\$ 18.00	\$ 18.00
Special Water Examination	\$ 36.00	\$ 36.00
Rabies FRA	\$ 50.00	\$ 50.00
Disease Control:		
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
Nursing:		
Denver Develop (DDST)	\$ 65.60	\$ 65.60
Detention Facility Inspection (per hr)	\$ 115.82	\$ 115.82
HIV/AIDS		
Education Classes for sex and drug offenders (set by Judge)	\$70.00-\$300.00	\$70.00-\$300.00
Therapeutic Med ID program (MMIC)	\$ 153.00	\$ 153.00
Therapeutic Med ID program (MMIC) discount	\$ 76.50	\$ 76.50
California Children's Services (CCS):		
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)	\$0 to \$1440	\$0 to \$1440

**RIVERSIDE COUNTY
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Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
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)		
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
Nutrition		
Community Education Presentation (per hr)	\$ 80.00	\$ 80.00
RD (RD/CDE/CLE/IBCLC) (hrly rate)	\$ -	\$ 80.00
Lactation Counseling (per hr)	\$ -	\$ 65.00
Professional Education Presentation by HEA	\$ -	\$ 65.00
Raising Emotionally Healthy Children Group Session (Prenatals/New Mothers/New Fathers)	\$ -	\$ 20.00
Baby Sling	\$ -	\$ 30.00
Maternity/Nursing Bra	\$ -	\$ 25.00
HydroGel Pads (1 pair)	\$ -	\$ 5.50
Lanolin - 1.3 oz	\$ -	\$ 6.00
Breastmilk Storage Bags - 20/pack	\$ -	\$ 6.00
Hands-Free Electric Breast Pump	\$ -	\$ 320.00
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
Vital Records:		
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
Stillbirth Certified Copies	\$ -	\$ 20.00
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
AMENDMENT FEES (Issued by State Registrar Only)		
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

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Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
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
Health Promotion and Professional Development		
License to Retail Tobacco	\$ 350.00	\$ 350.00
Office of Industrial Hygiene		
Industrial Hygiene Consultation - Non Acoustical	\$ 90.00	\$ 105.00
Industrial Hygiene Consultation - Acoustical	\$ 115.00	\$ 125.00
* Additional charges for meals, travel, lodging, laboratory and Postage		
Clinic Management:		
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
Clinical Services:		
1 HR RD INDIVIDUAL	\$ 56.00	\$ 56.00
24 HOUR URINE PROTEIN	\$ -	\$ 6.00
25 HYDROXY VIT D	\$ -	\$ 42.00
30 MIN RD INDIVIDUAL	\$ 29.00	\$ 30.00
4 HOUR GROUP CLASS	\$ 90.00	\$ 90.00
ABDOMEN-1 VIEW	\$ 35.65	\$ 36.00
ABDOMEN-2 VIEWS	\$ 52.90	\$ 53.00
ABSCSS I & D SIMPLE	\$ 60.00	\$ 60.00
ABSCSS I&D COMPL OR MULT	\$ 185.00	\$ 185.00
ACE BANDAGE	\$ 6.00	\$ 6.00
ACETAMINOPHEN 15ML BOTTLE	\$ 4.00	\$ 4.00
ACETAMINOPHEN 5ML ELIXIR	\$ 3.00	\$ 3.00
ACETAMINOPHEN 80MG/0.8ML	\$ 3.00	\$ 3.00
ACNE INTRALESION INJECT	\$ 32.00	\$ 32.00
ACROMIOCLAVICULAR JOINTS	\$ 62.10	\$ 62.00
ACUTE ABDOMEN SERIES-3VWS	\$ 71.30	\$ 71.00
ACYCLOVIR CAPS 200MG #30	\$ 10.50	\$ 11.00
ADAPTER MALE W/PORT	\$ 136.00	\$ 136.00
ADMIN FEE- COMVAX	\$ -	\$ 60.00
ADMIN FEE- DT CHILD	\$ -	\$ 13.00
ADMIN FEE- DTAP	\$ -	\$ 30.00
ADMIN FEE- HEPA A CHILD	\$ -	\$ 33.00
ADMIN FEE- HEP B CHILD	\$ -	\$ 32.00
ADMIN FEE- HIB	\$ -	\$ 29.00
ADMIN FEE- POLIO CHILD	\$ -	\$ 33.00
ADMIN FEE- MENACTRA	\$ -	\$ 117.00
ADMIN FEE- MMR	\$ -	\$ 44.00
ADMIN FEE- MMR/VARICELLA	\$ -	\$ 64.00
ADMIN CHARGE PEDIARIX	\$ 9.00	\$ 174.00
ADMIN FEE- PNUMO 7	\$ -	\$ 89.00
ADMIN FEE- ROTOVIRUS	\$ -	\$ 51.00
ADMIN FEE- TD 7 YRS+	\$ -	\$ 10.00
ADMIN FEE- TDAP 10 YRS+	\$ -	\$ 53.00
ADMIN FEE- VARICELA	\$ -	\$ 56.00
ADMIN FEE- HPV	\$ -	\$ 169.00
ADMIN FEE- INFLUENZA	\$ -	\$ 17.00
ADMIN IM BICILLIN	\$ 9.00	\$ 17.00
ADMIN IM ROCEPHIN	\$ 9.00	\$ 17.00
ADMIN IM/SUBQ	\$ 9.00	\$ 17.00
ADMIN CHG RHOGAM	\$ 9.00	\$ 134.00
ADMIN CHG RHOGAM(MINI)	\$ -	\$ 50.00
ADMIN IM ANTIBIOTIC	\$ 9.00	\$ 17.00
ADMIN IM BICILLIN	\$ 9.00	\$ 17.00

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

Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
ADMIN IM ROCEPHIN	\$ 9.00	\$ 17.00
ADMIN FEE IM/SUBQ	\$ -	\$ 17.00
ADMIN INJECTION COMPAZINE	\$ 19.00	\$ 15.00
AEROCHAMBER SPACER-ADULT	\$ 18.00	\$ 27.00
AEROCHAMBER SPACER-CHILD	\$ 16.00	\$ 27.00
AEROCHAMBER SPACER-INFANT	\$ 14.00	\$ 27.00
ALBUMIN - SERUM	\$ 6.83	\$ 7.00
ALDARA/IMIQUIMAD CREAM	\$ 135.00	\$ 135.00
ALKALINE PHOSPHATASE	\$ 6.58	\$ 7.00
ALLERGEN SPECIFIC IGE	\$ -	\$ 8.00
AMALGAM RESTORATIVE	\$ -	\$ 63.00
AMALGAM RESTORATIVE (LINE 2)	\$ -	\$ 78.00
AMALGAM RESTORATIVE (LINE 3)	\$ -	\$ 91.00
AMALGAM RESTORATIVE (LINE 4)	\$ -	\$ 119.00
AMIKACIN SULF/IM/IV 500 MG	\$ 58.00	\$ 58.00
AMMONIA PLASMA	\$ 21.95	\$ 22.00
AMOXICILLIN 125MG/5ML SUS	\$ 5.00	\$ 5.00
AMOXICILLIN 250MG CAPSULE	\$ 3.00	\$ 3.00
AMOXICILLIN 500MG #30 CAP	\$ 3.00	\$ 4.00
AMOXICILLIN 500MG #42	\$ 7.56	\$ 6.00
AMPICILLIN CAP 500 MG #28	\$ 6.00	\$ 4.00
AMPICILLIN CAP 500 MG #40	\$ 3.95	\$ 6.00
AMPL NUCLEIC ACID	\$ -	\$ 22.00
AMYLASE	\$ 9.00	\$ 9.00
ANAL LESN(S) REMOV-CHEMICAL	\$ 105.00	\$ 105.00
ANAL LESN(S) REMOV-CRYO	\$ 102.33	\$ 102.00
ANKLE-2 VIEWS	\$ 40.25	\$ 40.00
ANKLE-3 VIEWS	\$ 51.75	\$ 52.00
ANOSCOPY DIAG W/WO SPECMN	\$ 50.00	\$ 27.00
ANOSCOPY W/BIOPSY(S)	\$ 50.00	\$ 35.00
ANOSCOPY W/CONTROL BLEED	\$ 137.44	\$ 144.00
ANOSCOPY W/REMOV FOREGNBDY	\$ 124.17	\$ 130.00
ANTIBIOTIC SENSITIV-DISK	\$ 9.63	\$ 10.00
ANTIBIOTIC SENSITIV-REF LAB	\$ 9.63	\$ 10.00
ANTICONVULSANT	\$ 47.75	\$ 48.00
ANTINUCLEAR ANTIBDS (ANA)	\$ 18.75	\$ 19.00
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
ASSAY OF DIHYDROXY VITAMIN D	\$ -	\$ 42.00
ASSAY OF PROLACTIN	\$ -	\$ 25.00
AUDIOMETRY PURETONE	\$ 17.60	\$ 23.00
AZITHROMYCIN 1GM SUSP	\$ 41.00	\$ 41.00
AZITHROMYCIN 250MG CAP #1	\$ 25.00	\$ 25.00
B.C. PILLS (ALL) 1 PKG	\$ 13.80	\$ 14.00
BACITRACIN ONT500U/TB30GM	\$ 5.00	\$ 5.00
BANDAGE ELASTIC 2IN ACE	\$ 0.95	\$ 1.00
BANDAGE ELASTIC 3IN ACE	\$ 1.10	\$ 1.00
BANDAGE ELASTIC 4IN ACE	\$ 1.50	\$ 2.00
BANDAGE ELASTIC 5IN ACE	\$ 2.05	\$ 2.00
BCEDP CASE MGMNT OC =()	\$ 30.00	\$ 30.00
BENADRYL TABS #100	\$ 11.99	\$ 12.00
BENADRYL/DIPHEN 50MG INJ	\$ 13.00	\$ 13.00
BENADRYL/DIPHEN ELIXR 5ML	\$ 3.00	\$ 3.00
BENDRYL/DIPHEN 25MG CAP EA	\$ 4.00	\$ 4.00
BETA-2 MICROGLOBULIN	\$ 34.66	\$ 35.00
BF VT 6 MIN N/PT	\$ 36.80	\$ 37.00
BICILLIN L.A. 1.2MU	\$ 43.00	\$ 8.00
BICILLIN L.A. 2.4MU	\$ 57.00	\$ 57.00

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

Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
BILAT HIPS & AP PELVIS	\$ 85.10	\$ 50.00
BILIRUBIN; DIRECT	\$ 5.36	\$ 5.00
BILIRUBIN; TOTAL	\$ 5.36	\$ 5.00
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 OF PENIS	\$ -	\$ 112.00
BIOPSY SHOULDER AREA	\$ 151.00	\$ 102.00
BIOPSY, SKIN	\$ -	\$ 23.00
BIOPSY VULVA	\$ 67.60	\$ 71.00
BLOOD GROUP & RH	\$ 7.55	\$ 8.00
BLOOD SMEAR	\$ 11.00	\$ 11.00
BLOOD TYPING - ABO	\$ 5.13	\$ 5.00
BLOOD TYPING - RH	\$ 7.85	\$ 8.00
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	\$ 1.00
BUTOCONAZOLE NITRATE 2%	\$ 11.99	\$ 12.00
C-REACTIVE PROTEIN	\$ 8.35	\$ 8.00
CA 125 (TUMOR ANTIGEN)	\$ 26.46	\$ 26.00
CALCIUM, TOTAL	\$ 6.56	\$ 7.00
CALCULUS SPECTROSCOPY	\$ -	\$ 16.00
CAMPYLOBACTER ANTIBODY	\$ 18.20	\$ 18.00
CAMPYLOBACTER CULTURE	\$ 13.80	\$ 14.00
CAPREOMYCIN 1 GM INJ	\$ 63.00	\$ 63.00
CAPTOPRIL 25MG TABS #10	\$ 4.00	\$ 4.00
CARBAMAZEPINE TOTAL	\$ 18.52	\$ 19.00
CARBON DIOXIDE (CO2)	\$ 6.25	\$ 6.00
CASE MGMT @TOS	\$ 57.50	\$ 58.00
CASE MGMT F/U TO VISIT	\$ 57.50	\$ 58.00
CAST APPLIC-HAND&FOREARM	\$ 95.91	\$ 101.00
CAST APPLIC-LONG ARM	\$ 106.61	\$ 112.00
CAST APPLIC-SHORT ARM	\$ 95.05	\$ 100.00
CAST APPLIC-SHORT LEG	\$ 98.05	\$ 103.00
CAST APPLIC-SHRT LEG WALK	\$ 96.34	\$ 101.00
CAST MATERIAL	\$ -	\$ 24.00
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
CAUTERY W/SILVER NITRATE	\$ 38.00	\$ 38.00
CBC-COMPL BLD COUNT W/DIF	\$ 10.75	\$ 11.00
CDP CASE MANAGEMENT	\$ 57.50	\$ 58.00
CEA-CARCINOEMBRYONIC ANTG	\$ 29.00	\$ 29.00
CEFAZOLIN 500 MG/1GM INJ	\$ 28.00	\$ 28.00
CEPHALEXIN/KEFLEX 500MG #40	\$ 12.00	\$ 12.00
CERULOPLASMIN	\$ -	\$ 14.00
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	\$ 53.00
CERVICAL SPINE-4+VIEWS	\$ 87.40	\$ 87.00
CERVICAL SPINE-7 VIEWS	\$ 112.70	\$ 113.00

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

Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
CHALAZION EXCISION SINGLE	\$ 148.14	\$ 156.00
CHEST 1 VIEW	\$ 35.65	\$ 36.00
CHEST 2VW+APICAL LORDTC	\$ 58.65	\$ 59.00
CHEST-2 VIEW+OBLIQUE	\$ 62.10	\$ 62.00
CHEST-2 VIEWS	\$ 52.90	\$ 53.00
CHEST-4 VIEWS	\$ 71.30	\$ 71.00
CHLAMYDIA CULTURE	\$ 22.15	\$ 22.00
CHLAMYDIA DFA	\$ 16.00	\$ 16.00
CHLAMYDIA-AMPLIF PROBE	\$ 39.00	\$ 45.00
CHLAMYDIA EIA	\$ 16.75	\$ 17.00
CHLORIDE BLOOD	\$ 5.84	\$ 6.00
CHOLESTEROL - HDL	\$ 11.35	\$ 11.00
CHOLESTEROL - TOTAL	\$ 7.00	\$ 7.00
CHOLINESTERASE - PLASMA	\$ 14.89	\$ 15.00
CHOLINESTERASE - RBC	\$ 12.92	\$ 13.00
CHOLINESTERASE - SERUM	\$ 12.92	\$ 13.00
CHOLINESTERASE-PLASMA+RBC	\$ 12.92	\$ 13.00
CIPROFLOXACIN 250MG 1TAB	\$ 5.00	\$ 5.00
CIPROFLOXACIN 500MG #20	\$ 78.00	\$ 78.00
CIPROFLOXACIN 750 MG 1TAB	\$ 11.00	\$ 11.00
CLAVICAL STRAP/SPLINT-ADULT	\$ 43.00	\$ 43.00
CLAVICLE COMPLETE	\$ 43.70	\$ 44.00
CLEOCIN CREAM	\$ 11.75	\$ 12.00
CLINDAMYCIN 300MG/2ML INJ	\$ 14.00	\$ 14.00
CLINDAMYCIN HCl 150MG CAP #30	\$ 27.00	\$ 27.00
CLINDAMYCIN PHOSPHATE 2%	\$ 11.75	\$ 12.00
CLONIDINE .1MG TAB	\$ 1.00	\$ 1.00
CLONIDINE .2MG TAB	\$ 1.00	\$ 1.00
CLOSTRIDIUM DIFFICILE TOXIN	\$ 47.75	\$ 48.00
CLOSURE WND/NK/EX GEN 12.6-20	\$ -	\$ 266.00
CLOTRIMAZOLE VAG CR 45 GM	\$ 20.00	\$ 20.00
CMV ANTIBODY IGG	\$ 19.85	\$ 20.00
CMV ANTIBODY IGM	\$ 21.41	\$ 21.00
COCCIDIOIDES ANTIBDS	\$ 17.63	\$ 18.00
COMP METABOLIC PANEL (2211)	\$ 13.44	\$ 13.00
COMPAZINE 25MG SUPPOSITORY	\$ 7.00	\$ 7.00
COMPAZINE 5MG SUPPOSITORY	\$ 6.00	\$ 6.00
CONDOMS - THREE (1) DOZEN MALE	\$ 6.90	\$ 7.00
CONTRACEP GEL/CREAM W/APP	\$ 17.24	\$ 17.00
CONTRACEPT EMERG KIT (1PKG)	\$ 21.78	\$ 22.00
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	\$ 17.00
CONTRACEPTIVE FOAM-1 PKG	\$ 17.24	\$ 17.00
CONTRACEPTIVE GEL	\$ 17.24	\$ 17.00
CONTRACEPTIVE SUPPOS 10/BOX	\$ 17.24	\$ 17.00
CONTRACP DEPOPROVER 150MG	\$ 55.00	\$ 55.00
CPK/CK-CREATINE KINASE	\$ 9.10	\$ 9.00
C-REACTIVE PROTEIN	\$ 8.35	\$ 8.00
CREATINE KINASE, TOTAL	\$ 9.35	\$ 9.00
CREATININE - SERUM	\$ 6.12	\$ 6.00
CREATININE CLEARANCE	\$ 16.00	\$ 16.00
CREATININE, URINE	\$ 8.72	\$ 9.00
CRPTOSPR/GIAR	\$ 16.00	\$ 16.00
CRUTCHES	\$ 45.00	\$ 45.00
CRUTCHES-ADULT	\$ 43.41	\$ 43.00
CRUTCHES-ADULT TALL	\$ 43.41	\$ 43.00
CRUTCHES-CHILD	\$ 43.41	\$ 43.00
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	\$ 80.00

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

Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
CRYPTOCOCCAL ANTIGEN	\$ 20.35	\$ 20.00
CULTURE BACTERIAL-STOOL	\$ 17.00	\$ 17.00
CULTURE BACT-OTHER SOURCE	\$ 15.00	\$ 15.00
CULTURE BACTERIAL-BLOOD	\$ 14.50	\$ 15.00
CULTURE BACT-THROAT/NOSE	\$ 14.00	\$ 14.00
CYCLOSERINE 250 MG CAP#28	\$ 9.00	\$ 9.00
CYTOHISTOLOGIC STUDY	\$ 38.74	\$ 39.00
CYTOPATH CV THIN LAYER	\$ 25.76	\$ 26.00
CYTOPATHOLOGY OTHER STUDY	\$ 36.74	\$ 37.00
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	\$ 66.00
DERMABOND	\$ 19.00	\$ 19.00
DIFFERENTL BLD COUNT-MAN	\$ 5.25	\$ 5.00
DIFLUCAN 150MG 1 TAB	\$ 16.50	\$ 17.00
DIGOXIN	\$ 18.35	\$ 18.00
DILANTIN/PHENYTOIN;TOTAL	\$ 16.86	\$ 17.00
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	\$ 1.00
DRESSING PETRLOATM-SMALL	\$ 0.50	\$ 1.00
DRESSING PETROLATM-LARGE	\$ 0.65	\$ 1.00
DRESSING PETROLATM-MEDIUM	\$ 0.65	\$ 1.00
DRESSING TELFA 8X3	\$ 0.65	\$ 1.00
DRUG SCREEN-URINE #5(5731)	\$ 25.00	\$ 25.00
DTP-DIPHTER/TRTNUS/PERTUS	\$ 7.50	\$ 8.00
DTP/HIB(H.INFLUENZA B)VAC	\$ 7.50	\$ 8.00
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	\$ 151.00
EKG TELEPHONIC TRANSMISSN	\$ 50.86	\$ 51.00
ELBOW COMPLETE 3+	\$ 52.90	\$ 53.00
ELBOW STRAP	\$ 15.00	\$ 15.00
ELBOW-2 VIEWS	\$ 41.40	\$ 41.00
ELECTROCARDIOGRAM-12 LEAD	\$ 41.05	\$ 41.00
ELECTROCARDIOGRAM-3 LEAD	\$ 15.00	\$ 15.00
ELECTROLYTES PANEL	\$ 8.91	\$ 9.00
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	\$ 27.00
ERYTHROMYCIN 250MG #56TAB	\$ 13.85	\$ 14.00
ERYTHROMYCIN 500MG #28TAB	\$ 11.25	\$ 11.00
ESTRADIOL	\$ 35.54	\$ 36.00
ETHAMBUTOL TAB 100MG #100	\$ 31.05	\$ 31.00
ETHAMBUTOL TAB 400 MG #90	\$ 94.30	\$ 94.00
ETHIONAMIDE 250MG #100	\$ 54.05	\$ 54.00
EXC BREAST LESN-EACH ADD	\$ 138.72	\$ 139.00
EXC OF BREAST LESION	\$ 276.59	\$ 277.00
EXCISION BREAST CYST(S)	\$ 242.33	\$ 242.00
EYE PACKET DRESSING	\$ 1.20	\$ 1.00
EYE PAD	\$ 0.65	\$ 1.00
EYE TRAY	\$ 18.00	\$ 18.00
FACIAL BONES/ORBIT COMPLT	\$ 89.70	\$ 90.00

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

Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
FACIAL BONES <3 VIEWS	\$ 52.90	\$ 53.00
FAMCICLOVAR TABLETS #30	\$ 106.53	\$ 107.00
FAT FECAL QUANTITATIVE	\$ 118.00	\$ 118.00
FB REMOVE-MUSCL/TNDN SIMP	\$ 162.00	\$ 162.00
FEMUR 2 VIEWS	\$ 52.90	\$ 53.00
FENCE SPLINT 2 X 16	\$ 2.25	\$ 2.00
FENCE SPLINT 4 X 16	\$ 2.70	\$ 3.00
FERRITIN	\$ 17.32	\$ 17.00
FERROUS SULFATE	\$ 6.90	\$ 7.00
FERROUS SULFATE 325MG#100	\$ 3.00	\$ 3.00
FINE NEEDLE ASPIR-BREAST	\$ 52.00	\$ 52.00
FINGER(S) 2+VIEWS	\$ 31.05	\$ 31.00
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	\$ 14.00
FOLIC ACID SERUM	\$ 18.70	\$ 19.00
FOOT COMPLETE 3+VIEWS	\$ 77.05	\$ 77.00
FOOT-2 VIEWS	\$ 35.65	\$ 36.00
FOREARM-2 VIEWS	\$ 43.70	\$ 44.00
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	\$ 24.00
FUNGUS CULTURE-DEFINTV ID	\$ 18.50	\$ 19.00
FUNGUS CULTURE-SKIN/HR/NL	\$ 18.40	\$ 18.00
G6PD/GLUCOS-6-PHOSPH DEHY	\$ 16.00	\$ 16.00
GARDASIL (HPV)	\$ 135.05	\$ 135.00
GASTRIC LAVAGE (WASH)	\$ 49.57	\$ 50.00
GAUZE 1 X 8	\$ 0.65	\$ 1.00
GAUZE 2 X 5 YDS	\$ 0.65	\$ 1.00
GAUZE CLING 2X75IN STERIL	\$ 0.65	\$ 1.00
GAUZE CLING 3X57IN STERIL	\$ 43.00	\$ 43.00
GAUZE CLING 4.5X147IN STL	\$ 0.65	\$ 1.00
GAUZE PACKING 1/4 X 5YDS	\$ 0.65	\$ 1.00
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	\$ 1.00
GAUZE SPONGES 2 X 2 STER	\$ 0.65	\$ 1.00
GAUZE SPONGES 4X4 2PK STL	\$ 0.65	\$ 1.00
GEN HLTH PANEL/CBC (2402)	\$ 5.75	\$ 6.00
GGT-GLUTAMYLTRANSFERASE	\$ 24.69	\$ 25.00
GLUCOSE BY MONT DEVICE	\$ 5.75	\$ 6.00
GLUCOSE QUANTITATIVE	\$ 4.99	\$ 5.00
GLUCOSE TOL BEVERAGE	\$ 0.80	\$ 1.00
GLUCOSE TOL, 1 HR(2 SPEC)	\$ 16.38	\$ 16.00
GLUCOSE STICK/ACCUCHECK	\$ 6.00	\$ 6.00
GLUCOSE-POST GLUCOSE DOSE	\$ 5.82	\$ 6.00
GLYCOHEMOGLOBIN	\$ 12.35	\$ 12.00
GONORRHEA CULTURE	\$ 12.00	\$ 12.00
GONORRHEA-AMPLIF PROBE	\$ 39.00	\$ 39.00
GRAM STAIN	\$ 8.00	\$ 8.00
HAND-2 VIEWS	\$ 35.65	\$ 36.00
HAND-3 VIEWS>	\$ 50.60	\$ 51.00
HANDLING CHARGE/REF LAB	\$ 20.54	\$ 21.00
HCG BETA SUBUNIT/QUANT	\$ 16.18	\$ 16.00

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

Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
HCG-BETA SUBUNIT/RIA QUAL	\$ 9.55	\$ 10.00
HEEL SPUR PAD-SHOE INSERT	\$ 18.01	\$ 18.00
HEMATOCRIT-OUTSIDE LAB	\$ 4.31	\$ 4.00
HEMOGLOBIN/HEMOCUE	\$ 4.50	\$ 5.00
HEP A ANTIBODY (HAAb)	\$ 17.58	\$ 18.00
HEP B CORE ANTIB (HBcAb)	\$ 17.50	\$ 18.00
HEP B SURF ANTIG (HBsAg)	\$ 13.13	\$ 13.00
HEP B SURFACE ANTIBODY	\$ 15.00	\$ 15.00
HEP-A/HEP-B ADULT	\$ 117.58	\$ 118.00
HEP-B VAC IMMUNSUP/DIALYS	\$ 57.48	\$ 57.00
HEP-B VAC.5MCG SUP/20+YRS	\$ 30.71	\$ 31.00
HEPATITIS A & B PANEL	\$ 32.00	\$ 32.00
HEPATIC FUNCTION PANEL	\$ 10.85	\$ 11.00
HEPATITIS A AB	\$ 18.00	\$ 18.00
HEPATITIS A ANTIBODY-IGM	\$ 15.60	\$ 16.00
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 (HBsAb)	\$ 16.80	\$ 17.00
HEPATITIS C AMPLIF PROBE	\$ 69.00	\$ 69.00
HEPATITIS C ANTIBODY	\$ 21.00	\$ 21.00
HEPATITIS C RNA QUANT	\$ 99.00	\$ 99.00
HEPATITIS D ANTIBODY	\$ 23.75	\$ 24.00
HEPATITIS DELTA AGENT	\$ 48.76	\$ 49.00
HEPATITIS PANEL (ABC) 6825	\$ 62.00	\$ 62.00
HERPES ANTI-VIRUS IGG	\$ 15.76	\$ 16.00
HERPES ANTI-VIRUS IGM	\$ 19.41	\$ 19.00
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	\$ 20.00
HETEROPHILE ANT (MONO)	\$ 6.58	\$ 7.00
HGB ELECTROPHORESIS	\$ 19.75	\$ 20.00
HHA-MNTHLY EVAL&EXT TRTMN	\$ 17.47	\$ 17.00
HI PYLORI AB,IGG	\$ 22.00	\$ 22.00
HIB VAC/CHILD STATE	\$ 9.00	\$ 9.00
HIP UNILAT 1 VIEW	\$ 44.85	\$ 45.00
HIP UNILAT COMPLETE 2VW>	\$ 62.10	\$ 62.00
HISTOPLASMA ANTIBODY	\$ 18.40	\$ 18.00
HIV ANTIGEN/P-24 ANTIGEN	\$ 24.40	\$ 24.00
HIV GENOTYPE ANALYSIS (REV TRANSCRIPT)	\$ 442.98	\$ 443.00
HIV PANEL I	\$ 14.55	\$ 15.00
HIV PANEL II	\$ 46.22	\$ 46.00
HIV PANEL IIIA	\$ 104.65	\$ 105.00
HIV PANEL IIIB	\$ 17.72	\$ 18.00
HIV PANEL IV	\$ 79.39	\$ 79.00
HIV Genotype Analysis (w/ drug resist)	\$ 787.60	\$ 788.00
HIV-1 ANTIBODY	\$ 16.00	\$ 16.00
HIV-1 ANTIGEN/P	\$ 62.50	\$ 63.00
HIV CONFIRMATION (WESTERN BLOT)	\$ 34.50	\$ 35.00
HIV-1 QUANT (7805)	\$ 74.00	\$ 74.00
HTLV/HIV ANTIBODY CONFIRM	\$ 34.50	\$ 35.00
HUMERUS-2 VIEWS>	\$ 43.70	\$ 44.00
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

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

Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
IMMUNOCOMPETENCY PANEL	\$ 57.51	\$ 58.00
IMMUNE GLOBULIN ISG	\$ 14.95	\$ 15.00
INCIS THROMBOS HEMORRHOID	\$ 219.64	\$ 220.00
INFECTIOUS MONO	\$ 12.95	\$ 13.00
INFECTIOUS MONO/AB SCREEN	\$ 7.15	\$ 7.00
INFLUENZA VAC ADMIN	\$ 6.60	\$ 7.00
INFLUENZA VACCINE STATE	\$ 5.00	\$ 5.00
INTR-UTER DEV-LIPPES LOOP	\$ 9.60	\$ 10.00
INJECTION TESTOSTERONE	\$ 13.00	\$ 13.00
INTRA-UTER DEV COPPER-7	\$ 16.65	\$ 17.00
INTRA-UTER DEV SAF-T-COIL	\$ 6.05	\$ 6.00
IRON BINDING CAP	\$ 9.15	\$ 9.00
IRON SERUM TOTAL	\$ 8.95	\$ 9.00
IRRG NORM SALINE 1000ML	\$ 28.00	\$ 28.00
IRRIG STERILE WATER 1000ML	\$ 28.00	\$ 28.00
ISONIAZID TAB 100MG #100	\$ 9.70	\$ 10.00
ISONIAZID TAB 100MG #30	\$ 5.75	\$ 6.00
ISONIAZID TAB 300MG #100	\$ 12.65	\$ 13.00
ISONIAZID TAB 300MG #30	\$ 6.65	\$ 7.00
IUD INSERTION	\$ 75.00	\$ 75.00
IUD REMOVAL	\$ 75.00	\$ 75.00
IV CATH 16-24CM PROTECATH	\$ 8.00	\$ 8.00
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	\$ 8.00
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	\$ 40.00
KNEE-3 VIEWS	\$ 57.50	\$ 58.00
KOH SLIDE SKIN/TISSUE	\$ 8.00	\$ 8.00
L.E. LATEX	\$ 14.10	\$ 14.00
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	\$ 396.00
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&LEG 7.6-12.5	\$ 206.00	\$ 206.00
LAC-S BDY/SCLP/NK >30 CM	\$ 323.68	\$ 324.00
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/NK 7.6-12.5	\$ 157.00	\$ 157.00
LAC-S BODY/SCLP/NK 2.6-7.5	\$ 85.63	\$ 86.00
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

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

Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
LAC-S FACE/EARS 7.6-12.5	\$ 236.00	\$ 236.00
LANCET DEVICE	\$ 14.25	\$ 14.00
LDH ISOENZYMES	\$ 20.00	\$ 20.00
LDH-LACTATE DEHYDROGENASE	\$ 10.00	\$ 10.00
LE CELL PREP	\$ 18.90	\$ 19.00
LE-LATEX	\$ 14.10	\$ 14.00
LEAD	\$ 22.45	\$ 22.00
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	\$ 67.00
LESN TRK/ARM/LEG 1.1-2CM	\$ 108.00	\$ 108.00
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	\$ 16.00
LIQUID NITROGEN	\$ 16.00	\$ 16.00
LITHIUM	\$ 9.20	\$ 9.00
LO/OVRAL 1 PKT	\$ 25.00	\$ 25.00
LUMBAR SPINE 4 VW>	\$ 108.10	\$ 108.00
LUMBAR SPINE BENDING 4>	\$ 69.00	\$ 69.00
LUMBAR SPINE COMP W/BEND	\$ 135.70	\$ 136.00
LUMBOSACRAL SUPP 12-14IN	\$ 159.00	\$ 159.00
LUTENIZING HORMONE (LH)	\$ 23.55	\$ 24.00
LYTREN 8 OZ (PEDIALYTE)	\$ 7.00	\$ 7.00
MACRODANTIN 100MG #28	\$ 30.25	\$ 30.00
MACRODANTIN 50MG #28	\$ 15.40	\$ 15.00
MAMMOGRAPHY BILAT-2 VIEWS	\$ 104.29	\$ 104.00
MAMMOGRAPHY UNILAT	\$ 85.54	\$ 86.00
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	\$ 86.00
MASTOID <3 VW PER SIDE	\$ 29.88	\$ 30.00
MASTOIDS COMPLETE 3VW>	\$ 107.00	\$ 107.00
MDI ALBUTEROL	\$ 8.00	\$ 8.00
MEASLES VACCINE	\$ 54.00	\$ 54.00
MEDICAL SOCIAL SERVICES	\$ 110.65	\$ 111.00
MERCURY QUANTITATIVE TEST	\$ 48.50	\$ 49.00
METROGEL 0.75%	\$ 48.65	\$ 49.00
MICONAZOLE-7 VAG CR	\$ 28.00	\$ 28.00
MICORALBUMEN, QNT, URINE	\$ 7.36	\$ 7.00
MIM SERV ESTB PT	\$ 26.45	\$ 26.00
MIRENA IUD	\$ 431.54	\$ 432.00
MONO TEST	\$ 6.58	\$ 7.00
MONOFILAMENT TEST-FEET	\$ 141.62	\$ 142.00
MR-MEASLES&RUBELLA BOOSTR	\$ 25.44	\$ 25.00
MR-MEASLES/RUBELLA, LIVE	\$ 25.44	\$ 25.00
MUMPS ANTIBODY - IGG	\$ 30.00	\$ 30.00

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

Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
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	\$ 54.00
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/MOUTHPI	\$ 38.00	\$ 38.00
NEBULIZER (IPPB)	\$ 36.00	\$ 36.00
NEBULIZER (IPPB) SUBSEQUENT	\$ 25.00	\$ 25.00
NECK SOFT TISSUE	\$ 35.65	\$ 36.00
NEEDLE BIOPSY OF BREAST	\$ 87.34	\$ 87.00
NEUPOGEN 300MCG INJ	\$ 36.00	\$ 36.00
NEWBORN SCREENING-3 TESTS	\$ 40.00	\$ 40.00
NITROFURANTOIN 100MG #14	\$ 23.45	\$ 23.00
NITROFURANTOIN 50MG	\$ 12.20	\$ 12.00
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	\$ 63.00
NUVA RING	\$ 45.00	\$ 45.00
O & P CONC+ID-DIREC	\$ 17.25	\$ 17.00
O & P TRICHROME STAIN	\$ 46.97	\$ 47.00
OBSTETRIC PANEL (7522)	\$ 43.69	\$ 44.00
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	\$ 40.00
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	\$ 13.00
PARTIAL THROMBOPLASTIN	\$ 7.64	\$ 8.00
PEAK FLOW METER DISP	\$ 115.00	\$ 115.00
PEDIAYTE 6 OZ	\$ 7.00	\$ 7.00
PEDIARIX, DTAP/HEPB/IPV	\$ 173.90	\$ 174.00
PELVIS 1 OR 2 VIEWS	\$ 54.05	\$ 54.00
PELVIS COMPLETE 3VW>	\$ 71.30	\$ 71.00
PENICILLIN G BENZATHINE	\$ 7.94	\$ 8.00
PENIS LESION REMOV-CHEM	\$ 74.00	\$ 74.00
PENTAMIDINE 300 MG	\$ 248.00	\$ 248.00
PHENOBARBITAL	\$ 15.80	\$ 16.00
PHN-CASE EVAL&INIT TRTMNT	\$ 34.65	\$ 35.00
PHN-MNTHLY EVAL&EXT TRTMN	\$ 17.47	\$ 17.00
PHOSPHOROUS-URINE	\$ 10.27	\$ 10.00
PIWORMS	\$ 10.00	\$ 10.00
PIP CHLAMYDIA	\$ 44.62	\$ 45.00
PIP EST ADULT PHYS 19-39	\$ 25.00	\$ 25.00
PIP EST ADULT PHYS 40-64	\$ 25.00	\$ 25.00

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

Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
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	\$ 70.00
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
POLIO - ORAL STATE	\$ 7.50	\$ 8.00
POST RABIES TRTMNT W/RIG	\$ 241.50	\$ 242.00
POTASSIUM SERUM	\$ 7.00	\$ 7.00
PREALBUMEN, SERUM	\$ 24.84	\$ 25.00
PRE NDL PLCMNT-EA AD LESN	\$ 43.24	\$ 43.00
PREGNANCY TEST-URINE	\$ 9.00	\$ 9.00
PRENATAL VITAMINS #100	\$ 9.00	\$ 9.00
PRENATAL VITAMINS #300	\$ 21.60	\$ 22.00
PREOP PLCMNT NDL BRST S&I	\$ 54.00	\$ 54.00
PREOP PLCMNT NDLE BREAST	\$ 114.75	\$ 115.00
PREVIN	\$ 21.78	\$ 22.00
PRIMIDONE/MYSLIN	\$ 21.09	\$ 21.00
PROBENECID TAB 500MG #60	\$ 31.99	\$ 32.00
PROGESTERONE LEVEL	\$ 26.52	\$ 27.00
PROLACTIN - SERUM	\$ 26.80	\$ 27.00
PROMETHAZINE SYRUP 5 ML	\$ 3.00	\$ 3.00
PROTEIN TOTAL A/G RAT PNL	\$ 6.65	\$ 7.00
PROTHROMBIN TIME	\$ 4.99	\$ 5.00
PROVERA 10MG TABS #9	\$ 11.00	\$ 11.00
PSA FREE	\$ 23.39	\$ 23.00
PSA TOTAL	\$ 23.39	\$ 23.00
PSA-PROSTATE SPECIFIC ANTGN	\$ 30.00	\$ 30.00
PT-PROTHROMBIN TIME	\$ 5.45	\$ 5.00
PTT-PARTIAL THROMBOPLASTN	\$ 10.00	\$ 10.00
PULSE OXIMETRY MULTIPLE	\$ 38.00	\$ 38.00
PYRAZINAMID TAB 500MG #30	\$ 41.40	\$ 41.00
PYRAZINAMIDE TAB 500MG#100	\$ 147.00	\$ 147.00
QUANTIFERON-TB	\$ 30.00	\$ 30.00
RA LATEX RHUMATOID FACTOR	\$ 7.75	\$ 8.00
RABIES IMMUN GLOB 10 ML	\$ 219.65	\$ 220.00
RABIES IMMUN GLOB 12 ML	\$ 262.20	\$ 262.00
RABIES IMMUN GLOB 2 ML	\$ 49.45	\$ 49.00
RABIES IMMUN GLOB 4 ML	\$ 90.00	\$ 90.00
RABIES IMMUN GLOB 6 ML	\$ 134.55	\$ 135.00
RABIES IMMUN GLOB 8 ML	\$ 177.10	\$ 177.00
RABIES VACCINE IM-1 ML	\$ 302.00	\$ 302.00
RADIOLOG EXAM BRST SPECMN	\$ 32.07	\$ 32.00
REM FB CORNEA W/O WDSLAMP	\$ 15.50	\$ 16.00
REM FB CORNEA W/WDSLAMP	\$ 23.24	\$ 23.00
REM FB EMBEDDED SUBCONJ	\$ 134.86	\$ 135.00
REM FP EXT/CONJUNCTIVAL	\$ 7.75	\$ 8.00
RESPIRGUARD II	\$ 8.05	\$ 8.00
RETICULOCYTE	\$ 6.50	\$ 7.00
RETICULOCYTE COUNT	\$ 6.50	\$ 7.00
RH TITER (DIRECT COOMBS)	\$ 10.13	\$ 10.00
RHEUMATOID FACTOR	\$ 8.19	\$ 8.00
RHOGAM IM	\$ 63.00	\$ 63.00
RIB BELT	\$ 18.00	\$ 18.00
RIBS BILATERAL 3WW	\$ 79.35	\$ 79.00

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

Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
RIBS UNILATERAL 2VW	\$ 65.55	\$ 66.00
RIFAMATE CAPS #60	\$ 34.50	\$ 35.00
RIFAMPIN 150MG CAPS #100	\$ 84.00	\$ 84.00
RIFAMPIN 300 MG CAPS #60	\$ 33.35	\$ 33.00
ROCEPHIN 1 GM	\$ 97.00	\$ 97.00
ROCEPHIN 125 MG	\$ 23.14	\$ 23.00
ROCEPHIN 250 MG INJ	\$ 39.00	\$ 39.00
ROOM & BOARD <24 HOURS	\$ 46.87	\$ 47.00
RSV/FA	\$ 24.84	\$ 25.00
RUBELLA ANTIBODY	\$ 19.85	\$ 20.00
RUBELLA VACCINE	\$ 57.00	\$ 57.00
RUBELLA IGM	\$ 17.66	\$ 16.00
RUBEOLA ANTIBODY	\$ 23.94	\$ 24.00
SACROLIAC JTS 2VW>	\$ 71.30	\$ 71.00
SACRUM & COCCYX 2VW>	\$ 57.50	\$ 58.00
SCAPULA COMPLETE	\$ 52.90	\$ 53.00
SCOLIOSIS/SUPINE & ERECT	\$ 52.90	\$ 53.00
SCREEN MAMMOGRAPHY BILAT	\$ 77.63	\$ 78.00
SCREENING CLINIC	\$ 85.00	\$ 85.00
SEDIMENTATION RATE	\$ 4.95	\$ 5.00
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	\$ 53.00
SHOULDER IMMOBILIZER	\$ 36.00	\$ 36.00
SICKLE CELL	\$ 6.67	\$ 7.00
SILVADENE CREAM 1% 50GM	\$ 11.00	\$ 11.00
SINUSES PARANASAL <3VIEWS	\$ 44.85	\$ 45.00
SINUSES PARANASAL 3VW>	\$ 79.35	\$ 79.00
SKILLED NURSING SERVICE	\$ 110.00	\$ 110.00
SKIN STAPLER W/STAPLES	\$ 47.00	\$ 47.00
SKIN TEST CANDIDA	\$ 15.35	\$ 15.00
SKIN TEST COCCIDIOMYCOSIS	\$ 11.70	\$ 12.00
SKIN TEST TB/PPD	\$ 15.00	\$ 15.00
SKIN TEST TRICHOPHYTON	\$ 15.35	\$ 15.00
SKINTAG REMOVAL 1-15	\$ 78.00	\$ 78.00
SKTAG REMV EA ADTL 10 LSN	\$ 52.00	\$ 52.00
SKULL <4VW	\$ 52.90	\$ 53.00
SLING MUSLIN TRIANGULAR	\$ 1.85	\$ 2.00
SLING, TEAR	\$ 7.45	\$ 7.00
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	\$ 62.00
SPLINT APPLIC-FINGER	\$ 30.00	\$ 30.00
SPLINT APPLIC-SHORT ARM	\$ 60.80	\$ 61.00
SPLINT APPLIC-SHORT LEG	\$ 65.08	\$ 65.00
SPLINT FINGER 1 X 18	\$ 3.05	\$ 3.00
SPLINT FINGER 1/2 X 18	\$ 2.15	\$ 2.00
SPLINT FINGER 3/4 X 18	\$ 2.55	\$ 3.00
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	\$ 17.00
SPONGES BIRTH CONTROL #12	\$ 17.24	\$ 17.00
SPONGES, 4X4 10 EACH	\$ 0.65	\$ 1.00
SPUTIM COLLECT CUP-72 HR	\$ 7.00	\$ 7.00
SPUTUM COLLECTION	\$ 20.00	\$ 20.00
SPUTUM COLLECTION-CLINIC	\$ 10.03	\$ 10.00
SPUTUM COLLECTION-HOME	\$ 6.90	\$ 7.00
STAPLE REMOVAL KIT	\$ 5.00	\$ 5.00

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

Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
STAT SET-UP FEE	\$ 10.93	\$ 11.00
STERI STRIPS	\$ 10.00	\$ 10.00
STERNOCLAV JOINTS 3VW>	\$ 52.90	\$ 53.00
STERNUM 2VW>	\$ 52.90	\$ 53.00
STRAPPING-ANKLE	\$ 32.00	\$ 32.00
STRAPPING-HAND OR FINGER	\$ 59.94	\$ 60.00
STRAPPING-TOES	\$ 30.00	\$ 30.00
STOOL O & P CONC+ID-DIREC	\$ 17.25	\$ 17.00
STOOL O & P CONCENTRATION	\$ 15.00	\$ 15.00
STOOL O & P DIRECT	\$ 10.00	\$ 10.00
STREPTOMYCIN INJECT 1 ML	\$ 18.00	\$ 18.00
STRETCH NETTING #1	\$ 0.65	\$ 1.00
STRETCH NETTING #2	\$ 0.65	\$ 1.00
STRETCH NETTING #3	\$ 11.00	\$ 11.00
STRETCH NETTING #4	\$ 19.00	\$ 19.00
SULTRIN CREAM TUBE	\$ 1.70	\$ 2.00
SUPPLIES	\$ 1.75	\$ 2.00
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 Screening Qual	\$ 20.00	\$ 20.00
SYPHILIS QUANT Screening Quant	\$ -	\$ 24.00
T-3/T-4 UPTAKE	\$ 8.23	\$ 8.00
T - 3 FREE	\$ 23.45	\$ 23.00
T-3 TOTAL	\$ 19.60	\$ 20.00
T-4 / THYROXINE TOTAL	\$ -	\$ 9.00
T-4/THYROXINE FREE	\$ 16.82	\$ 17.00
TB AFB SENSI-EA DRUG X6	\$ 60.00	\$ 60.00
T-CELL SUBSET	\$ 67.75	\$ 68.00
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_2	\$ 67.75	\$ 68.00
TEMPORARY CROWN	\$ -	\$ 48.00
TEMPOROMANDIB JNTS BILAT	\$ 78.20	\$ 78.00
TERAZOL VAG SUPPOS 80MGX3	\$ 18.15	\$ 18.00
TERAZOL-7 VAG CREAM	\$ 24.00	\$ 24.00
TESTOSTERONE 1CC/50MG	\$ 17.00	\$ 17.00
TESTOSTERONE TOTAL	\$ 32.82	\$ 33.00
TETRACYCLIN 500MG #14CAPS	\$ 3.00	\$ 3.00
TETRACYCLIN 500MG #28	\$ 6.00	\$ 6.00
TETRACYCLIN 500MG #48CAPS	\$ 9.10	\$ 9.00
THEOPHYLLINE	\$ 19.60	\$ 20.00
THROAT CULT(STREP A SCRIN)	\$ 14.00	\$ 14.00
TIBIA & FIBULA 2 VIEWS	\$ 43.70	\$ 44.00
TIGAN 100MG SUPPOSITORY	\$ 3.00	\$ 3.00
TIGAN 200MG SUPPOSITORY	\$ 3.00	\$ 3.00
TITER PANEL	\$ 29.00	\$ 15.00
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	\$ 20.00
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	\$ 53.00

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

Description of Activity/Service	Current FY07/08 Fee:	Proposed FY08/09 Fee:
TRIGLYCERIDES	\$ 8.00	\$ 8.00
TYMPANOMETRY	\$ 39.00	\$ 39.00
UREA NITROGEN, BUN	\$ 4.85	\$ 4.85
UREA NITROGEN CLEARANCE	\$ 9.15	\$ 7.00
URIC ACID; BLOOD	\$ 5.75	\$ 6.00
URINALYSIS DIP W/MICRO	\$ 6.00	\$ 6.00
URINALYSIS DIP W/MICRO	\$ 6.00	\$ 6.00
URINALYSIS COMPLETE	\$ 5.00	\$ 5.00
URINE CULTURE	\$ 11.00	\$ 11.00
URINE CULTURE ID	\$ 11.00	\$ 11.00
URINE SENSITIVITY-MIC	\$ 11.95	\$ 12.00
US BREAST UNI OR BILAT	\$ 56.75	\$ 59.00
US GUID NEEDLE BIOPS S&I	\$ 76.97	\$ 81.00
*** VACCINATIONS: SEE ADMIN FEE SECTION		
*** VACCINATIONS: SEE ADMIN FEE SECTION		
VAG APPLIC/IRRIG MEDICATN	\$ 33.00	\$ 33.00
VAG LESN(S) DESTRUC EXTEN	\$ 242.00	\$ 113.00
VAG LESN(S) DESTRUC SIMPL	\$ 97.00	\$ 97.00
VAG/RECTAL B STREP SCRIN	\$ 15.00	\$ 15.00
VALTREX CAPS #42	\$ 130.85	\$ 131.00
VENIPUNCTURE-NO 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 INIT COMP PERI W/IN 16 W	\$ -	\$ 190.00
VISIT INIT COMP PERI W/IN 16W	\$ -	\$ 190.00
NUTR ANT FOL-UP VISIT	\$ 106.00	\$ 106.00
NUTR ANT VST 10TH & SUBSEQ	\$ 130.25	\$ 63.00
VISIT INIT HLTH ED ASSESS/DEVELOP	\$ 106.00	\$ 20.00
VISIT ESTABLISHED PAT - LEVEL 1	\$ -	\$ 30.00
VISIT ESTABLISHED PAT - LEVEL 2	\$ -	\$ 37.00
VISIT ESTABLISHED PAT - LEVEL 3	\$ -	\$ 63.00
VISIT ESTABLISHED PAT - LEVEL 4	\$ -	\$ 84.00
VISIT ESTABLISHED PAT - LEVEL 5	\$ -	\$ 135.00
VISIT NEW LEVEL 1	\$ 43.00	\$ 33.00
VISIT NEW LEVEL 2	\$ 67.00	\$ 49.00
VISIT NEW LEVEL 3	\$ 106.00	\$ 80.00
VISIT NEW LEVEL 4	\$ 129.00	\$ 98.00
VISIT NEW LEVEL 5	\$ 155.00	\$ 118.00
VISIT POSTPARTUM F/U	\$ -	\$ 70.00
VISUAL FIELD EXAM	\$ 18.86	\$ 19.00
VITAMIN B-12 1000 MCG INJ	\$ 10.00	\$ 10.00
VITAMIN B-6 25MG #100	\$ 7.50	\$ 8.00
VULV LESN(S) DESTRUC SIMP	\$ 107.00	\$ 107.00
WET MOUNT	\$ 6.00	\$ 6.00
WET MOUNT/KOH SLIDE	\$ 8.00	\$ 8.00
WHITE BLOOD CELL COUNT	\$ 5.70	\$ 6.00
VITAMIN B12; BLOOD	\$ 19.16	\$ 19.00
WRIST 3VW>	\$ 52.90	\$ 53.00
WRIST-2 VIEWS	\$ 35.65	\$ 36.00
WYCILLIN 600,000 UNITS	\$ 19.00	\$ 19.00
X-RAY MINIFILM	\$ 15.00	\$ 15.00
ZINC	\$ 15.75	\$ 16.00
ZITHROMAX 1GM SUSP	\$ 41.00	\$ 41.00
ZOSTAVAX VACCINE	\$ -	\$ 170.55