

1 ORDINANCE NO. 734.12

2 AN ORDINANCE OF THE COUNTY OF RIVERSIDE

3 AMENDING ORDINANCE NO. 734 ESTABLISHING FEES, CHARGES AND

4 RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES

5
6 The Board of Supervisors of the County of Riverside does ordain as follows:

7 Section 1. The fees listed on Schedule 1 of Ordinance No. 734 are amended by the
8 replacement of Schedule 1 with the attached Schedule 1, dated May 6, 2009.

9 Section 2. This Ordinance shall take effect 30 days after its adoption.

10 BOARD OF SUPERVISORS OF THE COUNTY
11 OF RIVERSIDE, STATE OF CALIFORNIA

12 By: _____
13 Chairman

14 ATTEST:

15 CLERK OF THE BOARD

16
17 By: _____
18 Deputy

19
20 (SEAL)

21
22 FORM APPROVED COUNTY COUNSEL

23 BY: B.T.M. 5/9/09
24 BEAUFORD T. MILLER, JR DATE

25
26
27 BTM:je
06/30/08

28 G:\Probate\Reso and Ord\Ord 734.12

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 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	\$ 70.00
Injury Prevention Services:		
Special Needs Car Seat - Sliding fee scale based on Income (Price range \$0 - \$50.00)	\$ 50.00	\$ 50.00
Regular Car Seats	\$ 30.00	\$ 30.00
Bicycle Hemets - 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
Non Diagnostic General Health Assessment Consultation	\$ 51.00	\$ 75.00
Miscellaneous Laboratory Fees:		
Routine Water Examination (MPN)	\$ 18.00	\$ 18.00
Special Water Examination	\$ 36.00	\$ 36.00
Rabies FRA	\$ 50.00	\$ 50.00
Norovirus PCR	\$ 39.00	\$ 25.00
WNV EIA	\$ -	\$ 16.00
Syphilis EIA	\$ 15.00	\$ 8.00
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
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 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	\$0 to \$1380	\$0 to \$1380
increments) Note: For incomes over \$99,999, for each subsequent income		
increment of \$5,000 increase the above fees by \$120 Family (3)		
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60	\$0 to \$1320	\$0 to \$1320
increments) Note: For incomes over \$99,999, for each subsequent income		
increment of \$5,000 increase the above fees by \$120 Family (4)		
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60	\$0 to \$1260	\$0 to \$1260
increments) Note: For incomes over \$99,999, for each subsequent income		
increment of \$5,000 increase the above fees by \$120 Family (5)		
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60	\$0 to \$1200	\$0 to \$1200
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)		
Nutrition		
Community Education Presentation (per hr)	\$ 80.00	\$ 80.00
RD (RD/CDE/CLE/IBCLC) (hrly rate)	\$ 80.00	\$ 90.00
Lactation Counseling (per hr)	\$ 65.00	\$ 83.00
Professional Education Presentation by HEA	\$ 65.00	\$ 83.00
Raising Emotionally Healthy Children Group Session (Prenatals/New Mothers/New Fathers)	\$ 20.00	\$ 21.00
Baby Sling	\$ 30.00	\$ 30.00
Maternity/Nursing Bra	\$ 25.00	\$ 26.00
HydroGel Pads (1 pair)	\$ 5.50	\$ 5.85
Lanolin - 1.3 oz	\$ 6.00	\$ 6.50
Breastmilk Storage Bags - 20/pack	\$ 6.00	\$ 6.50
Hands-Free Electric Breast Pump	\$ 320.00	\$ 324.00
Detention Facility Inspection Registered Dietitian (per hr)	\$ -	\$ 95.00
Nursing Camisole	\$ -	\$ 27.00
Staff Training (for non-County providers) (per hr)	\$ 80.00	\$ 80.00
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	\$ 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

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 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	\$ 105.00	\$ 105.00
Industrial Hygiene Consultation - Acoustical	\$ 125.00	\$ 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	\$ 35.00
ATP (New Patient)	\$ -	\$ 50.00
Records by Supoena	\$ 15.00	\$ 15.00
Clinical Services:		
FAMILY FIT COST/SESSION/ATTENDEE	\$ -	\$ 30.00
COST PER CLASS W/8 SESSIONS/ATTENDEE	\$ -	\$ 240.00
1 HR RD INDIVIDUAL	\$ 56.00	\$ 56.00
24 HOUR URINE PROTEIN	\$ 6.00	\$ 6.00
25 HYDROXY VIT D	\$ 42.00	\$ 42.00
30 MIN RD INDIVIDUAL	\$ 30.00	\$ 30.00
4 HOUR GROUP CLASS	\$ 90.00	\$ 90.00
ABDOMEN-1 VIEW	\$ 36.00	\$ 36.00
ABDOMEN-2 VIEWS	\$ 53.00	\$ 53.00
ABSCESS I & D SIMPLE	\$ 60.00	\$ 60.00
ABSCESS 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	\$ 62.00	\$ 62.00
ACUTE ABDOMEN SERIES-3VWS	\$ 71.00	\$ 71.00
ACYCLOVIR CAPS 200MG #30	\$ 11.00	\$ 11.00
ADAPTER MALE W/PORT	\$ 136.00	\$ 136.00
ADMIN FEE- COMVAX	\$ 60.00	\$ 60.00
ADMIN FEE- DT CHILD	\$ 13.00	\$ 13.00
ADMIN FEE- DTAP	\$ 30.00	\$ 30.00
ADMIN FEE- HEPA A CHILD	\$ 33.00	\$ 33.00
ADMIN FEE- HEP B CHILD	\$ 32.00	\$ 32.00
ADMIN FEE- HIB	\$ 29.00	\$ 29.00
ADMIN FEE- POLIO CHILD	\$ 33.00	\$ 33.00
ADMIN FEE- MENACTRA	\$ 117.00	\$ 117.00
ADMIN FEE- MMR	\$ 44.00	\$ 44.00
ADMIN FEE- MMR/VARICELLA	\$ 64.00	\$ 64.00
ADMIN CHARGE PEDIARIX	\$ 174.00	\$ 174.00
ADMIN FEE- PNUMO 7	\$ 89.00	\$ 89.00
ADMIN FEE- ROTOVIRUS	\$ 51.00	\$ 51.00
ADMIN FEE- TD 7 YRS+	\$ 10.00	\$ 10.00
ADMIN FEE- TDAP 10 YRS+	\$ 53.00	\$ 53.00
ADMIN FEE- VARICELA	\$ 56.00	\$ 56.00
ADMIN FEE- HPV	\$ 169.00	\$ 169.00
ADMIN FEE- INFLUENZA	\$ 17.00	\$ 17.00
ADMIN IM BICILLIN	\$ 17.00	\$ 17.00
ADMIN IM ROCEPHIN	\$ 17.00	\$ 17.00
ADMIN IM/SUBQ	\$ 17.00	\$ 17.00
ADMIN CHG RHOGAM	\$ 134.00	\$ 134.00
ADMIN CHG RHOGAM(MINI)	\$ 50.00	\$ 50.00
ADMIN IM ANTIBIOTIC	\$ 17.00	\$ 17.00
ADMIN IM BICILLIN	\$ 17.00	\$ 17.00
ADMIN IM ROCEPHIN	\$ 17.00	\$ 17.00
ADMIN FEE IM/SUBQ	\$ 17.00	\$ 17.00
ADMIN INJECTION COMPAZINE	\$ 15.00	\$ 15.00
AEROCHAMBER SPACER-ADULT	\$ 27.00	\$ 27.00

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 Fee:
AEROCHAMBER SPACER-CHILD	\$ 27.00	\$ 27.00
AEROCHAMBER SPACER-INFANT	\$ 27.00	\$ 27.00
ALBUMIN - SERUM	\$ 7.00	\$ 7.00
ALDARA/IMQUIMAD CREAM	\$ 135.00	\$ 135.00
ALKALINE PHOSPHATASE	\$ 7.00	\$ 7.00
ALLERGEN SPECIFIC IGE	\$ 8.00	\$ 8.00
AMALGAM RESTORATIVE	\$ 63.00	\$ 63.00
AMALGAM RESTORATIVE (LINE 2)	\$ 78.00	\$ 78.00
AMALGAM RESTORATIVE (LINE 3)	\$ 91.00	\$ 91.00
AMALGAM RESTORATIVE (LINE 4)	\$ 119.00	\$ 119.00
AMIKACIN SULF/IM/IV 500 MG	\$ 58.00	\$ 58.00
AMMONIA PLASMA	\$ 22.00	\$ 22.00
AMOXICILLIN 125MG/5ML SUS	\$ 5.00	\$ 5.00
AMOXICILLIN 250MG CAPSULE	\$ 3.00	\$ 3.00
AMOXICILLIN 500MG #30 CAP	\$ 4.00	\$ 4.00
AMOXICILLIN 500MG #42	\$ 6.00	\$ 6.00
AMPICILLIN CAP 500 MG #28	\$ 4.00	\$ 4.00
AMPICILLIN CAP 500 MG #40	\$ 6.00	\$ 6.00
AMPL NUCLEIC ACID	\$ 22.00	\$ 22.00
AMYLASE	\$ 9.00	\$ 9.00
ANAL LESN(S) REMOV-CHEMICAL	\$ 105.00	\$ 105.00
ANAL LESN(S) REMOV-CRYO	\$ 102.00	\$ 102.00
ANKLE-2 VIEWS	\$ 40.00	\$ 40.00
ANKLE-3 VIEWS	\$ 52.00	\$ 52.00
ANOSCOPY DIAG W/WO SPECMN	\$ 27.00	\$ 27.00
ANOSCOPY W/BIOPSY(S)	\$ 35.00	\$ 35.00
ANOSCOPY W/CONTROL BLEED	\$ 144.00	\$ 144.00
ANOSCOPY W/REMV FOREGNBDY	\$ 130.00	\$ 130.00
ANTIBIOTIC SENSITV-DISK	\$ 10.00	\$ 10.00
ANTIBIOTIC SENSITV-REF LAB	\$ 10.00	\$ 10.00
ANTICONVULSANT	\$ 48.00	\$ 48.00
ANTINUCLEAR ANTIBDS (ANA)	\$ 19.00	\$ 19.00
ANTISTREPTOLYSIN O 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	\$ 42.00
ASSAY OF PROLACTIN	\$ 25.00	\$ 25.00
AUDIOMETRY PURETONE	\$ 23.00	\$ 23.00
AZITHROMYCIN 1GM SUSP	\$ 41.00	\$ 41.00
AZITHROMYCIN 250MG CAP #1	\$ 25.00	\$ 25.00
B.C. PILLS (ALL) 1 PKG	\$ 14.00	\$ 14.00
BACITRACIN ONT500U/TB30GM	\$ 5.00	\$ 5.00
BANDAGE ELASTIC 2IN ACE	\$ 1.00	\$ 1.00
BANDAGE ELASTIC 3IN ACE	\$ 1.00	\$ 1.00
BANDAGE ELASTIC 4IN ACE	\$ 2.00	\$ 2.00
BANDAGE ELASTIC 5IN ACE	\$ 2.00	\$ 2.00
BCEDP CASE MGMNT OC =()	\$ 30.00	\$ 30.00
BENADRYL TABS #100	\$ 12.00	\$ 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	\$ 35.00	\$ 35.00
BF VT 6 MIN N/PT	\$ 37.00	\$ 37.00
BICILLIN L.A. 1.2MU	\$ 8.00	\$ 8.00
BICILLIN L.A. 2.4MU	\$ 57.00	\$ 57.00
BILAT HIPS & AP PELVIS	\$ 50.00	\$ 50.00
BILIRUBIN; DIRECT	\$ 5.00	\$ 5.00
BILIRUBIN; TOTAL	\$ 5.00	\$ 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	\$ 112.00
BIOPSY SHOULDER AREA	\$ 102.00	\$ 102.00
BIOPSY, SKIN	\$ 23.00	\$ 23.00
BIOPSY VULVA	\$ 71.00	\$ 71.00

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 Fee:
BLOOD GROUP & RH	\$ 8.00	\$ 8.00
BLOOD SMEAR	\$ 11.00	\$ 11.00
BLOOD TYPING - ABO	\$ 5.00	\$ 5.00
BLOOD TYPING - RH	\$ 8.00	\$ 8.00
BORDETELLA PERTUSSIS (DFA)	\$ 15.00	\$ 15.00
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	\$ 1.00	\$ 1.00
BUTOCONAZOLE NITRATE 2%	\$ 12.00	\$ 12.00
C-REACTIVE PROTEIN	\$ 8.00	\$ 8.00
CA 125 (TUMOR ANTIGEN)	\$ 26.00	\$ 26.00
CALCIUM, TOTAL	\$ 7.00	\$ 7.00
CALCULUS SPECTROSCOPY	\$ 16.00	\$ 16.00
CAMPYLOBACTER ANTIBODY	\$ 18.00	\$ 18.00
CAMPYLOBACTER CULTURE	\$ 14.00	\$ 14.00
CAPREOMYCIN 1 GM INJ	\$ 63.00	\$ 63.00
CAPTOPRIL 25MG TABS #10	\$ 4.00	\$ 4.00
CARBAMAZEPINE TOTAL	\$ 19.00	\$ 19.00
CARBON DIOXIDE (CO2)	\$ 6.00	\$ 6.00
CASE MGMT @TOS	\$ 58.00	\$ 58.00
CASE MGMT F/U TO VISIT	\$ 58.00	\$ 58.00
CAST APPLIC-HAND&FOREARM	\$ 101.00	\$ 101.00
CAST APPLIC-LONG ARM	\$ 112.00	\$ 112.00
CAST APPLIC-SHORT ARM	\$ 100.00	\$ 100.00
CAST APPLIC-SHORT LEG	\$ 103.00	\$ 103.00
CAST APPLIC-SHRT LEG WALK	\$ 101.00	\$ 101.00
CAST MATERIAL	\$ 24.00	\$ 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	\$ 11.00	\$ 11.00
CDP CASE MANAGEMENT	\$ 58.00	\$ 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	\$ 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	\$ 53.00	\$ 53.00
CERVICAL SPINE-4+VIEWS	\$ 87.00	\$ 87.00
CERVICAL SPINE-7 VIEWS	\$ 113.00	\$ 113.00
CHALAZION EXCISION SINGLE	\$ 156.00	\$ 156.00
CHEST 1 VIEW	\$ 36.00	\$ 36.00
CHEST 2VW+APICAL LORDTC	\$ 59.00	\$ 59.00
CHEST-2 VIEW+OBLIQUE	\$ 62.00	\$ 62.00
CHEST-2 VIEWS	\$ 53.00	\$ 53.00
CHEST-4 VIEWS	\$ 71.00	\$ 71.00
CHLAMYDIA CULTURE	\$ 22.00	\$ 22.00
CHLAMYDIA DFA	\$ 16.00	\$ 16.00
CHLAMYDIA-AMPLIF PROBE	\$ 45.00	\$ 39.00
CHLAMYDIA EIA	\$ 17.00	\$ 17.00
CHLORIDE BLOOD	\$ 6.00	\$ 6.00
CHOLESTEROL - HDL	\$ 11.00	\$ 11.00
CHOLESTEROL - TOTAL	\$ 7.00	\$ 7.00
CHOLINESTERASE - PLASMA	\$ 15.00	\$ 15.00
CHOLINESTERASE - RBC	\$ 13.00	\$ 13.00
CHOLINESTERASE - SERUM	\$ 13.00	\$ 13.00
CHOLINESTERASE-PLASMA+RBC	\$ 13.00	\$ 13.00

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 Fee:
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	\$ 44.00	\$ 44.00
CLEOCIN CREAM	\$ 12.00	\$ 12.00
CLINDAMYCIN 300MG/2ML INJ	\$ 14.00	\$ 14.00
CLINDAMYCIN HCl 150MG CAP #30	\$ 27.00	\$ 27.00
CLINDAMYCIN PHOSPHATE 2%	\$ 12.00	\$ 12.00
CLONIDINE .1MG TAB	\$ 1.00	\$ 1.00
CLONIDINE .2MG TAB	\$ 1.00	\$ 1.00
CLOSTRIDIUM DIFFICILE TOXIN	\$ 48.00	\$ 48.00
CLOSURE WND/NK/EX GEN 12.6-20	\$ 266.00	\$ 266.00
CLOTRIMAZOLE VAG CR 45 GM	\$ 20.00	\$ 20.00
CMV ANTIBODY IGG	\$ 20.00	\$ 20.00
CMV ANTIBODY IGM	\$ 21.00	\$ 21.00
COCCIDIODES ANTIBDS	\$ 18.00	\$ 18.00
COMP METABOLIC PANEL (2211)	\$ 13.00	\$ 13.00
COMPAZINE 25MG SUPPOSITORY	\$ 7.00	\$ 7.00
COMPAZINE 5MG SUPPOSITORY	\$ 6.00	\$ 6.00
CONDOMS - THREE (1) DOZEN MALE	\$ 7.00	\$ 7.00
CONTRACEP GEL/CREAM W/APP	\$ 17.00	\$ 17.00
CONTRACEPT EMERG KIT (1PKG)	\$ 22.00	\$ 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	\$ 17.00	\$ 17.00
CONTRACEPTIVE FOAM-1 PKG	\$ 17.00	\$ 17.00
CONTRACEPTIVE GEL	\$ 17.00	\$ 17.00
CONTRACEPTIVE SUPPOS 10/BOX	\$ 17.00	\$ 17.00
CONTRACP DEPOPROVER 150MG	\$ 55.00	\$ 55.00
CPK/CK-CREATINE KINASE	\$ 9.00	\$ 9.00
C-REACTIVE PROTEIN	\$ 8.00	\$ 8.00
CREATINE KINASE, TOTAL	\$ 9.00	\$ 9.00
CREATININE - SERUM	\$ 6.00	\$ 6.00
CREATININE CLEARANCE	\$ 16.00	\$ 16.00
CREATININE, URINE	\$ 9.00	\$ 9.00
CRTPTOSPR/GIAR (SEE PARASITOLOGY FA (CRYPTO/GIARDIA))	\$ 16.00	\$ 16.00
CRUTCHES	\$ 45.00	\$ 45.00
CRUTCHES-ADULT	\$ 43.00	\$ 43.00
CRUTCHES-ADULT TALL	\$ 43.00	\$ 43.00
CRUTCHES-CHILD	\$ 43.00	\$ 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)	\$ 80.00	\$ 80.00
CRYPTOCOCCAL ANTIGEN	\$ 20.00	\$ 20.00
Culture O157 E. coli	\$ -	\$ 4.00
CULTURE BACTERIAL-STOOL	\$ 17.00	\$ 17.00
CULTURE BACT-OTHER SOURCE	\$ 15.00	\$ 9.00
CULTURE BACTERIAL-BLOOD	\$ 15.00	\$ 15.00
CULTURE BACT-THROAT/NOSE (SEE THROAT CULTURE)	\$ 14.00	\$ 11.00
Culture Bordetella pertussis	\$ -	\$ 9.00
CULTURE CAMPYLOBACTER	\$ -	\$ 4.00
CULTURE ENTERIC (SALMONELLA / SHIGELLA)	\$ -	\$ 12.00
CULTURE ISOLATE IDENTIFICATION	\$ -	\$ 11.00
CULTURE ISOLATE TYPING	\$ -	\$ 6.00
CYCLOSERINE 250 MG CAP#28	\$ 9.00	\$ 9.00
CYTOHISTOLOGIC STUDY	\$ 39.00	\$ 39.00
CYTOPATH C/V THIN LAYER	\$ 26.00	\$ 26.00
CYTOPATHOLOGY OTHER STUDY	\$ 37.00	\$ 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	\$ 66.00	\$ 66.00
DERMABOND	\$ 19.00	\$ 19.00

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 Fee:
DIFFERENTL BLD COUNT-MAN	\$ 5.00	\$ 5.00
DIFLUCAN 150MG 1 TAB	\$ 17.00	\$ 17.00
DIGOXIN	\$ 18.00	\$ 18.00
DILANTIN/PHENYTOIN;TOTAL	\$ 17.00	\$ 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	\$ 1.00	\$ 1.00
DRESSING PETRLOATM-SMALL	\$ 1.00	\$ 1.00
DRESSING PETROLATM-LARGE	\$ 1.00	\$ 1.00
DRESSING PETROLATM-MEDIUM	\$ 1.00	\$ 1.00
DRESSING TELFA 8X3	\$ 1.00	\$ 1.00
DRUG SCREEN-URINE #5(5731)	\$ 25.00	\$ 25.00
DTP-DIPHTER/TRTNUS/PERTUS	\$ 8.00	\$ 8.00
DTP/HIB(H.INFLUENZA B)VAC	\$ 8.00	\$ 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	\$ 151.00	\$ 151.00
EKG TELEPHONIC TRANSMISSN	\$ 51.00	\$ 51.00
ELBOW COMPLETE 3+	\$ 53.00	\$ 53.00
ELBOW STRAP	\$ 15.00	\$ 15.00
ELBOW-2 VIEWS	\$ 41.00	\$ 41.00
ELECTROCARDIOGRAM-12 LEAD	\$ 41.00	\$ 41.00
ELECTROCARDIOGRAM-3 LEAD	\$ 15.00	\$ 15.00
ELECTROLYTES PANEL	\$ 9.00	\$ 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)	\$ 27.00	\$ 27.00
ERYTHROMYCIN 250MG #56TAB	\$ 14.00	\$ 14.00
ERYTHROMYCIN 500MG #28TAB	\$ 11.00	\$ 11.00
ESTRADIOL	\$ 36.00	\$ 36.00
ETHAMBUTOL TAB 100MG #100	\$ 31.00	\$ 31.00
ETHAMBUTOL TAB 400 MG #90	\$ 94.00	\$ 94.00
ETHIONAMIDE 250MG #100	\$ 54.00	\$ 54.00
EXC BREAST LESN-EACH ADD	\$ 139.00	\$ 139.00
EXC OF BREAST LESION	\$ 277.00	\$ 277.00
EXCISION BREAST CYST(S)	\$ 242.00	\$ 242.00
EYE PACKET DRESSING	\$ 1.00	\$ 1.00
EYE PAD	\$ 1.00	\$ 1.00
EYE TRAY	\$ 18.00	\$ 18.00
FACIAL BONES/ORBIT COMPLT	\$ 90.00	\$ 90.00
FACIAL BONES <3 VIEWS	\$ 53.00	\$ 53.00
FAMCICLOVAR TABLETS #30	\$ 107.00	\$ 107.00
FAT FECAL QUANTITATIVE	\$ 118.00	\$ 118.00
FB REMOVE-MUSCL/TNDN SIMP	\$ 162.00	\$ 162.00
Fecal Leukocyte	\$ -	\$ 8.00
FEMUR 2 VIEWS	\$ 53.00	\$ 53.00
FENCE SPLINT 2 X 16	\$ 2.00	\$ 2.00
FENCE SPLINT 4 X 16	\$ 3.00	\$ 3.00
FERRITIN	\$ 17.00	\$ 17.00
FERROUS SULFATE	\$ 7.00	\$ 7.00
FERROUS SULFATE 325MG#100	\$ 3.00	\$ 3.00
FINE NEEDLE ASPIR-BREAST	\$ 52.00	\$ 52.00
FINGER(S) 2+VIEWS	\$ 31.00	\$ 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	\$ 14.00	\$ 14.00
FOLIC ACID SERUM	\$ 19.00	\$ 19.00
FOOT COMPLETE 3+VIEWS	\$ 77.00	\$ 77.00
FOOT-2 VIEWS	\$ 36.00	\$ 36.00
FOREARM-2 VIEWS	\$ 44.00	\$ 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

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 Fee:
FP CNSL GROUP M/F	\$ 10.00	\$ 10.00
FSH, SERUM	\$ 24.00	\$ 24.00
FUNGUS CULTURE-DEFINTV ID	\$ 19.00	\$ 23.00
FUNGUS CULTURE-SKIN/HR/NL	\$ 18.00	\$ 18.00
G6PD/GLUCOS-6-PHOSPH DEHY	\$ 16.00	\$ 16.00
GARDASIL (HPV)	\$ 135.00	\$ 135.00
GASTRIC LAVAGE (WASH)	\$ 50.00	\$ 50.00
GAUZE 1 X 8	\$ 1.00	\$ 1.00
GAUZE 2 X 5 YDS	\$ 1.00	\$ 1.00
GAUZE CLING 2X75IN STERIL	\$ 1.00	\$ 1.00
GAUZE CLING 3X57IN STERIL	\$ 43.00	\$ 43.00
GAUZE CLING 4.5X147IN STL	\$ 1.00	\$ 1.00
GAUZE PACKING 1/4 X 5YDS	\$ 1.00	\$ 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	\$ 1.00	\$ 1.00
GAUZE SPONGES 2 X 2 STER	\$ 1.00	\$ 1.00
GAUZE SPONGES 4X4 2PK STL	\$ 1.00	\$ 1.00
GEN HLTH PANEL/CBC (2402)	\$ 6.00	\$ 6.00
GGT-GLUTAMYLTRANSFERASE	\$ 25.00	\$ 25.00
GLUCOSE BY MONT DEVICE	\$ 6.00	\$ 6.00
GLUCOSE QUANTITATIVE	\$ 5.00	\$ 5.00
GLUCOSE TOL BEVERAGE	\$ 1.00	\$ 1.00
GLUCOSE TOL, 1 HR(2 SPEC)	\$ 16.00	\$ 16.00
GLUCOSE STICK/ACCUCHECK	\$ 6.00	\$ 6.00
GLUCOSE-POST GLUCOSE DOSE	\$ 6.00	\$ 6.00
GLYCOHEMOGLOBIN	\$ 12.00	\$ 12.00
GONORRHEA CULTURE	\$ 12.00	\$ 9.00
GONORRHEA-AMPLIF PROBE	\$ 39.00	\$ 39.00
GRAM STAIN	\$ 8.00	\$ 8.00
HAND-2 VIEWS	\$ 36.00	\$ 36.00
HAND-3 VIEWS>	\$ 51.00	\$ 51.00
HANDLING CHARGE/REF LAB	\$ 21.00	\$ 21.00
HCG BETA SUBUNIT/QUANT	\$ 16.00	\$ 16.00
HCG-BETA SUBUNIT/RIA QUAL	\$ 10.00	\$ 10.00
HEEL SPUR PAD-SHOE INSERT	\$ 18.00	\$ 18.00
HEMATOCRIT-OUTSIDE LAB	\$ 4.00	\$ 4.00
HEMOGLOBIN/HEMOCUE	\$ 5.00	\$ 5.00
HEP A ANTIBODY (HAAb)	\$ 18.00	\$ 18.00
HEP B CORE ANTIB (HBcAb)	\$ 18.00	\$ 18.00
HEP B SURF ANTIG (HBsAg)	\$ 13.00	\$ 13.00
HEP B SURFACE ANTIBODY	\$ 15.00	\$ 15.00
HEP-A/HEP-B ADULT	\$ 118.00	\$ 118.00
HEP-B VAC IMMUNSUP/DIALYS	\$ 57.00	\$ 57.00
HEP-B VAC.5MCG SUP/20+YRS	\$ 31.00	\$ 31.00
HEPATIC FUNCTION PANEL	\$ 11.00	\$ 11.00
HEPATITIS ACUTE PANEL	\$ -	\$ 125.00
HEPATITIS A & B PANEL	\$ 32.00	\$ 32.00
HEPATITIS A AB	\$ 18.00	\$ 18.00
HEPATITIS A ANTIBODY-IGM	\$ 15.00	\$ 18.00
HEPATITIS A IGM	\$ 15.00	\$ 15.00
HEPATITIS B CORE TOTAL ANTIBODY	\$ 18.00	\$ 18.00
HEPATITIS B CORE IGM TOTAL ANTIBODY	\$ 18.00	\$ 18.00
HEPATITIS B SURF ANTIBODY	\$ 16.00	\$ 16.00
HEPATITIS B SURF ANTIGEN	\$ 16.00	\$ 16.00
HEPATITIS B SURF ANTIGEN NEUTRA	\$ -	\$ 16.00
HEPATITIS BE ANT (HBeAb)	\$ 17.00	\$ 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	\$ 24.00	\$ 24.00
HEPATITIS DELTA AGENT	\$ 49.00	\$ 49.00
HEPATITIS PANEL (ABC)	\$ 62.00	\$ 62.00
HERPES ANTI-VIRUS IGG	\$ 16.00	\$ 16.00
HERPES ANTI-VIRUS IGM	\$ 19.00	\$ 19.00

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 Fee:
HERPES CULTR 1 VS 2 IDENT	\$ 21.00	\$ 21.00
HERPES CULTURE	\$ 39.00	\$ 25.00
HERPES DFA VIRUS TYPE 1	\$ 16.00	\$ 16.00
HERPES DFA VIRUS TYPE 2	\$ 16.00	\$ 16.00
HERPES SIMP ANTIBODY	\$ 20.00	\$ 20.00
HETEROPHILE ANT (MONO)	\$ 7.00	\$ 7.00
HGB ELECTROPHORESIS	\$ 20.00	\$ 20.00
HHA-MNTHLY EVAL&EXT TRTMN	\$ 17.00	\$ 17.00
HI PYLORI AB,IGG	\$ 22.00	\$ 22.00
HIB VAC/CHILD STATE	\$ 9.00	\$ 9.00
HIP UNILAT 1 VIEW	\$ 45.00	\$ 45.00
HIP UNILAT COMPLETE 2VW>	\$ 62.00	\$ 62.00
HISTOPLASMA ANTIBODY	\$ 18.00	\$ 18.00
HIV ANTIGEN/P-24 ANTIGEN	\$ 24.00	\$ 24.00
HIV GENOTYPE ANALYSIS (REV TRANSCRIPT)	\$ 443.00	\$ 443.00
HIV PANEL I	\$ 15.00	\$ 15.00
HIV PANEL II	\$ 46.00	\$ 46.00
HIV PANEL IIIA	\$ 105.00	\$ 105.00
HIV PANEL IIIB	\$ 18.00	\$ 18.00
HIV PANEL IV	\$ 79.00	\$ 79.00
HIV Genotype Analysis (w/ drug resist)	\$ 788.00	\$ 788.00
HIV-1 ANTIBODY (EIA)	\$ 16.00	\$ 16.00
HIV-1 ANTIGEN/P	\$ 63.00	\$ 63.00
HIV CONFIRMATION (WESTERN BLOT)	\$ 35.00	\$ 35.00
HIV-1 QUANT (7805)	\$ 74.00	\$ 74.00
HTLV/HIV ANTIBODY CONFIRM	\$ 35.00	\$ 35.00
HUMERUS-2 VIEWS>	\$ 44.00	\$ 44.00
I&D BARTHOLIN GLAND	\$ 102.00	\$ 102.00
I&D PILONIDAL CYST	\$ 80.00	\$ 80.00
I&D PILONIDAL CYST 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	\$ 58.00	\$ 58.00
IMMUNE GLOBULIN ISG	\$ 15.00	\$ 15.00
INCIS THROMBOS HEMORRHOID	\$ 220.00	\$ 220.00
INFECTIOUS AGENT AMPLIFIED PROBE	\$ 39.00	\$ 25.00
INFECTIOUS MONO	\$ 13.00	\$ 13.00
INFECTIOUS MONO/AB SCREEN	\$ 7.00	\$ 7.00
INFLUENZA VAC ADMIN	\$ 7.00	\$ 7.00
INFLUENZA VACCINE STATE	\$ 5.00	\$ 5.00
INTR-UTER DEV-LIPPES LOOP	\$ 10.00	\$ 10.00
INJECTION TESTOSTERONE	\$ 13.00	\$ 13.00
INTRA-UTER DEV COPPER-7	\$ 17.00	\$ 17.00
INTRA-UTER DEV SAF-T-COIL	\$ 6.00	\$ 6.00
IRON BINDING CAP	\$ 9.00	\$ 9.00
IRON SERUM TOTAL	\$ 9.00	\$ 9.00
IRRG NORM SALINE 1000ML	\$ 28.00	\$ 28.00
IRRG STERILE WATER 1000ML	\$ 28.00	\$ 28.00
ISONIAZID TAB 100MG #100	\$ 10.00	\$ 10.00
ISONIAZID TAB 100MG #30	\$ 6.00	\$ 6.00
ISONIAZID TAB 300MG #100	\$ 13.00	\$ 13.00
ISONIAZID TAB 300MG #30	\$ 7.00	\$ 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	\$ 8.00	\$ 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	\$ 40.00	\$ 40.00
KNEE-3 VIEWS	\$ 58.00	\$ 58.00
KOH SLIDE SKIN/TISSUE	\$ 8.00	\$ 8.00
L.E. LATEX	\$ 14.00	\$ 14.00
LAC-I FACE/EARS .2.6-5 CM	\$ 177.00	\$ 177.00

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 Fee:
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	\$ 396.00	\$ 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&LEG7.6-12.5	\$ 206.00	\$ 206.00
LAC-S BDY/SCLP/NK >30 CM	\$ 324.00	\$ 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/NK7.6-12.5	\$ 157.00	\$ 157.00
LAC-S BODY/SCLP/NK2.6-7.5	\$ 86.00	\$ 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
LAC-S FACE/EARS 7.6-12.5	\$ 236.00	\$ 236.00
LANCET DEVICE	\$ 14.00	\$ 14.00
LDH ISOENZYMES	\$ 20.00	\$ 20.00
LDH-LACTATE DEHYDROGENASE	\$ 10.00	\$ 10.00
LE CELL PREP	\$ 19.00	\$ 19.00
LE-LATEX	\$ 14.00	\$ 14.00
LEAD	\$ 22.00	\$ 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	\$ 67.00	\$ 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)	\$ 16.00	\$ 16.00
LIQUID NITROGEN	\$ 16.00	\$ 16.00
LITHIUM	\$ 9.00	\$ 9.00
LO/OVRAL 1 PKT	\$ 25.00	\$ 25.00
LUMBAR SPINE 4 VW>	\$ 108.00	\$ 108.00
LUMBAR SPINE BENDING 4>	\$ 69.00	\$ 69.00
LUMBAR SPINE COMP W/BEND	\$ 136.00	\$ 136.00
LUMBOSACRAL SUPP 12-14IN	\$ 159.00	\$ 159.00
LUTENIZING HORMONE (LH)	\$ 24.00	\$ 24.00
LYTREN 8 OZ (PEDIALYTE)	\$ 7.00	\$ 7.00
M. Tb Identification Direct probe	\$ 34.00	\$ 25.00
MACRODANTIN 100MG #28	\$ 30.00	\$ 30.00
MACRODANTIN 50MG #28	\$ 15.00	\$ 15.00
MAMMOGRAPHY BILAT-2 VIEWS	\$ 104.00	\$ 104.00

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 Fee:
MAMMOGRAPHY UNILAT	\$ 86.00	\$ 86.00
M AVIUM ID-DIRECT PROBE (SEE: M. TB Identification Direct Probe)	\$ 34.00	\$ 25.00
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	\$ 25.00
MTD AMP PROBE	\$ 60.00	\$ 60.00
MANDIBLE COMPLETE 4VW>	\$ 86.00	\$ 86.00
MASTOID <3 VW PER SIDE	\$ 30.00	\$ 30.00
MASTOIDS COMPLETE 3VW>	\$ 107.00	\$ 107.00
MDI ALBUTEROL	\$ 8.00	\$ 8.00
MEASLES VACCINE	\$ 54.00	\$ 54.00
MEDICAL SOCIAL SERVICES	\$ 111.00	\$ 111.00
MERCURY QUANTITATIVE TEST	\$ 49.00	\$ 49.00
METROGEL 0.75%	\$ 49.00	\$ 49.00
MICONAZOLE-7 VAG CR	\$ 28.00	\$ 28.00
MICORALBUMEN, QNT, URINE	\$ 7.00	\$ 7.00
MIM SERV ESTB PT	\$ 26.00	\$ 26.00
MIRENA IUD	\$ 432.00	\$ 432.00
MONO TEST	\$ 7.00	\$ 7.00
MONOFILAMENT TEST-FEET	\$ 142.00	\$ 142.00
MR-MEASLES&RUBELLA BOOSTR	\$ 25.00	\$ 25.00
MR-MEASLES/RUBELLA,LIVE	\$ 25.00	\$ 25.00
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>	\$ 54.00	\$ 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/MOUTH P	\$ 38.00	\$ 38.00
NEBULIZER (IPPB)	\$ 36.00	\$ 36.00
NEBULIZER (IPPB) SUBSEQUENT	\$ 25.00	\$ 25.00
NECK SOFT TISSUE	\$ 36.00	\$ 36.00
NEEDLE BIOPSY OF BREAST	\$ 87.00	\$ 87.00
NEUPOGEN 300MCG INJ	\$ 36.00	\$ 36.00
NEWBORN SCREENING-3 TESTS	\$ 40.00	\$ 40.00
NITROFURANTOIN 100MG #14	\$ 23.00	\$ 23.00
NITROFURANTOIN 50MG	\$ 12.00	\$ 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	\$ 63.00	\$ 63.00
NUVA RING	\$ 45.00	\$ 45.00
O & P CONC+ID-DIREC	\$ 17.00	\$ 12.00
O & P TRICHROME STAIN	\$ 47.00	\$ 24.00
OBSTETRIC PANEL (7522)	\$ 44.00	\$ 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>	\$ 40.00	\$ 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	\$ 13.00	\$ 13.00
PARASITOLOGY - BLOOD SMEAR	\$ 11.00	\$ 11.00

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 Fee:
PARASITOLOGY - FA (CRYPTO / GIARDIA)	\$ 16.00	\$ 16.00
PARASITOLOGY - OTHERS	\$ -	\$ 6.00
PARASITOLOGY - PINWORM	\$ 10.00	\$ 10.00
PARASITOLOGY - FA (PNEUMOCYSTIS)	\$ 16.00	\$ 16.00
PARASITOLOGY - TRICHOME STAIN	\$	\$ 24.00
PARTIAL THROMBOPLASTN	\$ 8.00	\$ 8.00
PEAK FLOW METER DISP	\$ 115.00	\$ 115.00
PEDIALYTE 6 OZ	\$ 7.00	\$ 7.00
PEDIARIX, DTAP/HEPB/IPV	\$ 174.00	\$ 174.00
PELVIS 1 OR 2 VIEWS	\$ 54.00	\$ 54.00
PELVIS COMPLETE 3VW>	\$ 71.00	\$ 71.00
PENICILLIN G BENZATHINE	\$ 8.00	\$ 8.00
PENIS LESION REMOV-CHEM	\$ 74.00	\$ 74.00
PENTAMIDINE 300 MG	\$ 248.00	\$ 248.00
PHENOBARBITAL	\$ 16.00	\$ 16.00
PHN-CASE EVAL&INIT TRTMNT	\$ 35.00	\$ 35.00
PHN-MNTHLY EVAL&EXT TRTMN	\$ 17.00	\$ 17.00
PHOSPHOROUS-URINE	\$ 10.00	\$ 10.00
PINWORMS (SEE PARASITOLOGY - PINWORM)	\$ 10.00	\$ 10.00
PIP CHLAMYDIA	\$ 45.00	\$ 45.00
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	\$ 70.00	\$ 70.00
PLATELET COUNT	\$ 6.00	\$ 6.00
PLETHYSMOGRAPHY TOT BODY	\$ 55.00	\$ 55.00
PNEUMOCYST (SEE PARASITOLOGY - FA (PNEUMOCYSTIS))	\$ 16.00	\$ 16.00
PNEUMOCYSTIS CULTURE	\$ 8.00	\$ 8.00
PODOPHYLLIN 25% 1 APP 30 ML	\$ 55.00	\$ 55.00
POLIO - ORAL STATE	\$ 8.00	\$ 8.00
POST RABIES TRTMNT W/RIG	\$ 242.00	\$ 242.00
POTASSIUM SERUM	\$ 7.00	\$ 7.00
PREALBUMEN, SERUM	\$ 25.00	\$ 25.00
PRE NDL PLCMNT-EA AD LESN	\$ 43.00	\$ 43.00
PREGNANCY TEST-URINE	\$ 9.00	\$ 9.00
PRENATAL PANEL	\$ -	\$ 65.00
PRENATAL VITAMINS #100	\$ 9.00	\$ 9.00
PRENATAL VITAMINS #300	\$ 22.00	\$ 22.00
PREOP PLCMNT NDL BRST S&I	\$ 54.00	\$ 54.00
PREOP PLCMNT NDLE BREAST	\$ 115.00	\$ 115.00
PREVIN	\$ 22.00	\$ 22.00
PRIMIDONE/MYSLIN	\$ 21.00	\$ 21.00
PROBENECID TAB 500MG #60	\$ 32.00	\$ 32.00
PROGESTERONE LEVEL	\$ 27.00	\$ 27.00
PROLACTIN - SERUM	\$ 27.00	\$ 27.00
PROMETHAZINE SYRUP 5 ML	\$ 3.00	\$ 3.00
PROTEIN TOTAL A/G RAT PNL	\$ 7.00	\$ 7.00
PROTHROMBIN TIME	\$ 5.00	\$ 5.00
PROVERA 10MG TABS #9	\$ 11.00	\$ 11.00
PSA FREE	\$ 23.00	\$ 23.00
PSA TOTAL	\$ 23.00	\$ 23.00
PSA-PROSTATE SPCIFC ANTGN	\$ 30.00	\$ 30.00
PT-PROTHROMBIN TIME	\$ 5.00	\$ 5.00
PTT-PARTIAL THROMBOPLASTN	\$ 10.00	\$ 10.00
PULSE OXIMETRY MULTIPLE	\$ 38.00	\$ 38.00
PYRAZINAMID TAB 500MG #30	\$ 41.00	\$ 41.00
PYRAZINAMIDE TAB 500MG#100	\$ 147.00	\$ 147.00
QUANTIFERON-TB	\$ 30.00	\$ 70.00
RA LATEX RHUMATOID FACTOR	\$ 8.00	\$ 8.00
RABIES IMMUN GLOB 10 ML	\$ 220.00	\$ 220.00
RABIES IMMUN GLOB 12 ML	\$ 262.00	\$ 262.00
RABIES IMMUN GLOB 2 ML	\$ 49.00	\$ 49.00
RABIES IMMUN GLOB 4 ML	\$ 90.00	\$ 90.00

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 Fee:
RABIES IMMUN GLOB 6 ML	\$ 135.00	\$ 135.00
RABIES IMMUN GLOB 8 ML	\$ 177.00	\$ 177.00
RABIES VACCINE IM-1 ML	\$ 302.00	\$ 302.00
RADIOLOG EXAM BRST SPECMN	\$ 32.00	\$ 32.00
RD MNT Group Class (per 2 hour)	\$ 35.00	\$ 35.00
REM FB CORNEA W/O WDSLAMP	\$ 16.00	\$ 16.00
REM FB CORNEA W/WDSLAMP	\$ 23.00	\$ 23.00
REM FB EMBEDDED SUBCONJ	\$ 135.00	\$ 135.00
REM FP EXT/CONJUNCTIVAL	\$ 8.00	\$ 8.00
RESPIRGUARD II	\$ 8.00	\$ 8.00
RETICULOCYTE	\$ 7.00	\$ 7.00
RETICULOCYTE COUNT	\$ 7.00	\$ 7.00
RH TITER (DIRECT COOMBS)	\$ 10.00	\$ 10.00
RHEUMATOID FACTOR	\$ 8.00	\$ 8.00
RHOGAM IM	\$ 63.00	\$ 63.00
RIB BELT	\$ 18.00	\$ 18.00
RIBS BILATERAL 3VW	\$ 79.00	\$ 79.00
RIBS UNILATERAL 2VW	\$ 66.00	\$ 66.00
RIFAMATE CAPS #60	\$ 35.00	\$ 35.00
RIFAMPIN 150MG CAPS #100	\$ 84.00	\$ 84.00
RIFAMPIN 300 MG CAPS #60	\$ 33.00	\$ 33.00
ROCEPHIN 1 GM	\$ 97.00	\$ 97.00
ROCEPHIN 125 MG	\$ 23.00	\$ 23.00
ROCEPHIN 250 MG INJ	\$ 39.00	\$ 39.00
ROOM & BOARD <24 HOURS	\$ 47.00	\$ 47.00
RSV/FA	\$ 25.00	\$ 25.00
RUBELLA ANTIBODY	\$ 20.00	\$ 20.00
RUBELLA VACCINE	\$ 57.00	\$ 57.00
RUBELLA IGM	\$ 16.00	\$ 16.00
RUBEOLA ANTIBODY	\$ 24.00	\$ 24.00
SACROLIAC JTS 2VW>	\$ 71.00	\$ 71.00
SACRUM & COCCYX 2VW>	\$ 58.00	\$ 58.00
SCAPULA COMPLETE	\$ 53.00	\$ 53.00
SCOLIOSIS/SUPINE & ERECT	\$ 53.00	\$ 53.00
SCREEN MAMMOGRAPHY BILAT	\$ 78.00	\$ 78.00
SCREENING CLINIC	\$ 85.00	\$ 85.00
SEDIMENTATION RATE	\$ 5.00	\$ 5.00
SEPTRA DS #14 TABS	\$ 12.00	\$ 12.00
SENSITIVITIES FOR BACTERIA (10 test @ \$10 each)	\$ -	\$ 100.00
SENSITIVITIES FOR MYCOBACTERIA	\$ 60.00	\$ 10.00
SGOT/AST-ASPART AMINOTRNS	\$ 8.00	\$ 8.00
SGPT/ALT-ALANIN AMINOTRNS	\$ 8.00	\$ 8.00
SHOULDER 2VW>	\$ 53.00	\$ 53.00
SHOULDER IMMOBILIZER	\$ 36.00	\$ 36.00
SICKLE CELL	\$ 7.00	\$ 7.00
SILVADENE CREAM 1% 50GM	\$ 11.00	\$ 11.00
SINUSES PARANASAL <3VIEWS	\$ 45.00	\$ 45.00
SINUSES PARANASAL 3VW>	\$ 79.00	\$ 79.00
SKILLED NURSING SERVICE	\$ 110.00	\$ 110.00
SKIN STAPLER W/STAPLES	\$ 47.00	\$ 47.00
SKIN TEST CANDIDA	\$ 15.00	\$ 15.00
SKIN TEST COCCIDIOMYCOSIS	\$ 12.00	\$ 12.00
SKIN TEST TB/PPD	\$ 15.00	\$ 15.00
SKIN TEST TRICHOPHYTON	\$ 15.00	\$ 15.00
SKINTAG REMOVAL 1-15	\$ 78.00	\$ 78.00
SKTAG REMV EA ADTL 10 LSN	\$ 52.00	\$ 52.00
SKULL <4VW	\$ 53.00	\$ 53.00
SLING MUSLIN TRIANGULAR	\$ 2.00	\$ 2.00
SLING, TEAR	\$ 7.00	\$ 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	\$ 62.00	\$ 62.00
SPLINT APPLIC-FINGER	\$ 30.00	\$ 30.00
SPLINT APPLIC-SHORT ARM	\$ 61.00	\$ 61.00
SPLINT APPLIC-SHORT LEG	\$ 65.00	\$ 65.00
SPLINT FINGER 1 X 18	\$ 3.00	\$ 3.00
SPLINT FINGER 1/2 X 18	\$ 2.00	\$ 2.00
SPLINT FINGER 3/4 X 18	\$ 3.00	\$ 3.00

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 Fee:
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	\$ 17.00	\$ 17.00
SPONGES BIRTH CONTROL #12	\$ 17.00	\$ 17.00
SPONGES, 4X4 10 EACH	\$ 1.00	\$ 1.00
SPUTIM COLLECT CUP-72 HR	\$ 7.00	\$ 7.00
SPUTUM COLLECTION	\$ 20.00	\$ 20.00
SPUTUM COLLECTION-CLINIC	\$ 10.00	\$ 10.00
SPUTUM COLLECTION-HOME	\$ 7.00	\$ 7.00
STAPLE REMOVAL KIT	\$ 5.00	\$ 5.00
STAT SET-UP FEE	\$ 11.00	\$ 11.00
STERI STRIPS	\$ 10.00	\$ 10.00
STERNOCLAV JOINTS 3VW>	\$ 53.00	\$ 53.00
STERNUM 2VW>	\$ 53.00	\$ 53.00
STRAPPING-ANKLE	\$ 32.00	\$ 32.00
STRAPPING-HAND OR FINGER	\$ 60.00	\$ 60.00
STRAPPING-TOES	\$ 30.00	\$ 30.00
STOOL O & P CONC+ID-DIREC	\$ 17.00	\$ 17.00
STOOL O & P CONCENTRATION	\$ 15.00	\$ 15.00
STOOL O & P DIRECT	\$ 10.00	\$ 10.00
STREP CULTURE SCREEN A	\$ -	\$ 9.00
STREP CULTURE SCREEN B	\$ -	\$ 9.00
STREPTOMYCIN INJECT 1 ML	\$ 18.00	\$ 18.00
STRETCH NETTING #1	\$ 1.00	\$ 1.00
STRETCH NETTING #2	\$ 1.00	\$ 1.00
STRETCH NETTING #3	\$ 11.00	\$ 11.00
STRETCH NETTING #4	\$ 19.00	\$ 19.00
SULTRIN CREAM TUBE	\$ 2.00	\$ 2.00
SUPPLIES	\$ 2.00	\$ 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 CONFIRMATION (TPPA)	\$ 24.00	\$ 18.00
SYPHILIS QUANT (RPR) Screening Quant	\$ 8.00	\$ 8.00
SYPHILIS Screening (RPR) Qual	\$ 8.00	\$ 8.00
T-3/T-4 UPTAKE	\$ 8.00	\$ 8.00
T - 3 FREE	\$ 23.00	\$ 23.00
T-3 TOTAL	\$ 20.00	\$ 20.00
T-4 / THYROXINE TOTAL	\$ 9.00	\$ 9.00
T-4/THYROXINE FREE	\$ 17.00	\$ 17.00
TB AFB SENSI-EA DRUG X6	\$ 60.00	\$ 60.00
T-CELL SUBSET	\$ 68.00	\$ 68.00
TB CULTURE-ANY SOURCE (CONCENTRATE)	\$ 36.00	\$ 12.00
TB CULTURE-ISOLATE PRESUM ID		\$ 12.00
TB CULTURE-DEFINITIVE ID		\$ 15.00
TB DIRECT ID-AMPLIF PROBE	\$ 60.00	\$ 60.00
TB PROCESSING - MEDIA	\$ 10.00	\$ 10.00
TB RETEST-RESULT QUESTION	\$ 10.00	\$ 10.00
TB SMEAR-ACID FAST	\$ 10.00	\$ 10.00
T-CELL SUBSET_2	\$ 68.00	\$ 68.00
TEMPORARY CROWN	\$ 48.00	\$ 48.00
TEMPOROMANDIB JNTS BILAT	\$ 78.00	\$ 78.00
TERAZOL VAG SUPPOS 80MGX3	\$ 18.00	\$ 18.00
TERAZOL-7 VAG CREAM	\$ 24.00	\$ 24.00
TESTOSTERONE 1CC/50MG	\$ 17.00	\$ 17.00
TESTOSTERONE TOTAL	\$ 33.00	\$ 33.00
TETRACYCLIN 500MG #14CAPS	\$ 3.00	\$ 3.00
TETRACYCLIN 500MG #28	\$ 6.00	\$ 6.00
TETRACYCLIN 500MG #48CAPS	\$ 9.00	\$ 9.00
THEOPHYLLINE	\$ 20.00	\$ 20.00
THROAT CULT(STREP A SCRIN)	\$ 14.00	\$ 11.00
TIBIA & FIBULA 2 VIEWS	\$ 44.00	\$ 44.00
TIGAN 100MG SUPPOSITORY	\$ 3.00	\$ 3.00
TIGAN 200MG SUPPOSITORY	\$ 3.00	\$ 3.00
TITER PANEL	\$ 15.00	\$ 15.00

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 Fee:
TONOMETRY-INTRAOCULR PRES	\$ 48.00	\$ 48.00
TORADAL INJ 30MG/ML	\$ 31.00	\$ 31.00
TOXOPLASMOSIS ANTIBODY	\$ 18.00	\$ 18.00
TOXOPLASMOSIS IGG	\$ 20.00	\$ 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
TREP SURE	\$ 15.00	\$ 18.00
TRIGGER POINT SPRAY TRTMNT	\$ 53.00	\$ 53.00
TRIGLYCERIDES	\$ 8.00	\$ 8.00
TYMPANOMETRY	\$ 39.00	\$ 39.00
UREA NITROGEN, BUN	\$ 4.85	\$ 4.85
UREA NITROGEN CLEARANCE	\$ 7.00	\$ 7.00
URIC ACID; BLOOD	\$ 6.00	\$ 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	\$ 12.00	\$ 12.00
US BREAST UNI OR BILAT	\$ 59.00	\$ 59.00
US GUID NEEDLE BIOPS S&I	\$ 81.00	\$ 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	\$ 113.00	\$ 113.00
VAG LESN(S) DESTRUC SIMPL	\$ 97.00	\$ 97.00
VAG/RECTAL B STREP SCRIN	\$ 15.00	\$ 15.00
VALTREX CAPS #42	\$ 131.00	\$ 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	\$ 190.00
VISIT INIT COMP PERI W/IN 16/W	\$ 190.00	\$ 190.00
NUTR ANT FOL-UP VISIT	\$ 106.00	\$ 106.00
NUTR ANT VST 10TH & SUBSEQ	\$ 63.00	\$ 63.00
VISIT INIT HLTH ED ASSESS/DEVELOP	\$ 20.00	\$ 20.00
VISIT ESTABLISHED PAT - LEVEL 1	\$ 30.00	\$ 30.00
VISIT ESTABLISHED PAT - LEVEL 2	\$ 37.00	\$ 37.00
VISIT ESTABLISHED PAT - LEVEL 3	\$ 63.00	\$ 63.00
VISIT ESTABLISHED PAT - LEVEL 4	\$ 84.00	\$ 84.00
VISIT ESTABLISHED PAT - LEVEL 5	\$ 135.00	\$ 135.00
VISIT NEW LEVEL 1	\$ 33.00	\$ 33.00
VISIT NEW LEVEL 2	\$ 49.00	\$ 49.00
VISIT NEW LEVEL 3	\$ 80.00	\$ 80.00
VISIT NEW LEVEL 4	\$ 98.00	\$ 98.00
VISIT NEW LEVEL 5	\$ 118.00	\$ 118.00
VISIT POSTPARTUM F/U	\$ 70.00	\$ 70.00
VISUAL FIELD EXAM	\$ 19.00	\$ 19.00
VITAMIN B-12 1000 MCG INJ	\$ 10.00	\$ 10.00
VITAMIN B-6 25MG #100	\$ 8.00	\$ 8.00
VULV LESN(S) DESTRUC SIMP	\$ 107.00	\$ 107.00
VZV (VARICELLA)	\$ 15.00	\$ 15.00
WATER MICRO (ROUTINE)	\$ 18.00	\$ 9.00
WEST NILE VIRUS (EIA IgM)	\$ -	\$ 22.00
West Nile Virus (IFA) (IgG)	\$ 38.00	\$ 18.00
WEST NILE VIRUS (IFA IgM) - CONFIRM	\$ -	\$ 22.00
WET MOUNT	\$ 6.00	\$ 6.00
WET MOUNT/KOH SLIDE	\$ 8.00	\$ 8.00
WHITE BLOOD CELL COUNT	\$ 6.00	\$ 6.00
VITAMIN B12; BLOOD	\$ 19.00	\$ 19.00
WRIST 3WV>	\$ 53.00	\$ 53.00
WRIST-2 VIEWS	\$ 36.00	\$ 36.00
WYCILLIN 600,000 UNITS	\$ 19.00	\$ 19.00
X-RAY MINIFILM	\$ 15.00	\$ 15.00
ZINC	\$ 16.00	\$ 16.00

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

Description of Activity/Service	FY08/09 Fee:	Proposed FY 09/10 Fee:
ZITHROMAX 1GM SUSP	\$ 41.00	\$ 41.00
ZOSTAVAX VACCINE	\$ 170.55	\$ 170.55

FISCAL PROCEDURES APPROVED
 ROBERT E. BYRD, AUDITOR-CONTROLLER
 BY: *Russell Dominicki* 9/21/09
 Russell Dominicki

FORM APPROVED COUNTY COUNSEL
 BY: *T.M. Miller, Jr.* 5/7/09
 BEAUFORD T. MILLER, JR DATE

Dept's Recomm. Consent Policy
 Per Exec. Off. Consent Policy

420

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



FROM: Community Health Agency/Department of Public Health

SUBMITTAL DATE:
 May 1, 2009

SUBJECT: Ordinance No.734.12 Amending Ordinance No. 734.11, 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. 734.12
- 2.) That at the close of the public hearing, the Board of Supervisor adopt Ordinance No. 734.12

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 734.11 on September 02, 2008 with Board adoption on September 30, 2008. 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 734.12 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:	09/10

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

County Executive Office Signature

BY: *Debra Cournoyer*
 Debra Cournoyer

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Buster, 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 is set for public hearing on Tuesday, October 27, 2009 at 9:30 a.m.

Ayes: Buster, Tavaglione, Stone and Ashley
 Nays: None
 Absent: None
 Date: October 6, 2009
 xc: CHA/Public Health, Auditor, COB

Kecia Harper-Ihem
 Clerk of the Board
 BY: *[Signature]*
 Deputy

Prev. Agn. Ref.: Item 9.1, 09/30/08 | **District:** ALL | **Agenda Number:**

3.7

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, the new fees being established are as follows:

- a. **Clinic Management** is adding four new service charges to the FY 09/10 Fee Schedule. The Riverside Fit Families program provides a clinic based, family focused intervention program to impact obesity, where at least one family member is identified by his/her medical care provider as being obese or at risk of obesity. Families contract for activities which will assist them to become more fit and which provide improved nutrition. A \$30 fee will be charged for one session and a \$240 cost fee for 8 sessions. Clinic Management is also adding two ATP charges to the schedule. Patients who do not have health insurance coverage, may qualify for the County of Riverside Ability to Pay Sliding Fee program. To qualify, the patient must present proof of family income in order to receive the Sliding Fee Scale discount. The level of income will determine how much of a discount they will receive. A \$35 charge will be required for all services for returning patients, this fee is for patients who have had a visit within the last three (3) years and a minimum of \$50 will be required for all services for new patients.
- b. **Nutrition Services** is including two new services for FY 09/10. The Nutrition Services Branch and Loving Support Breastfeeding Program offer for sale to clients Nursing Camisoles for a fee of \$27 to ease the mother's ability to nurse her baby in public and in private areas. This will also ensure successful breastfeeding outcomes. Inspections of correctional facilities is a requirement of the Health Department. The local Health Officer is mandated to provide inspections for the jails to ensure they meet Title 15 requirements for Sanitation, Medical and Nutritional standards. A fee of \$95 per hour will be added to the FY 09/10 Fee Schedule for the Registered Dietitians that are required to inspect and evaluate the food service and nutrition component of jail facilities throughout the Riverside County.
- c. **Public Health Laboratory** is adding services to the FY 09/10 Fee Schedule based on new lab equipment allowing for an increase in in-house lab services versus contract lab. In addition to the new fees, lab fees are being changed/added in order to accommodate the installation of our new Laboratory Information System, which provides more accurate billing. Some fees are being adjusted due to new CPT coding in the 2009 Procedural Manual and to more accurately reflect the Medi-Cal reimbursement rate.

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