

MINUTES OF THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



9-2

9:30 a.m. being the time set for public hearing on the Adoption of Ordinance 734.13, an Ordinance of the County of Riverside amending Ordinance 734.12 Relating to Establishing Fees, Charges, and rates for County Public Health Program Services and Supplies, the chairman called the matter for hearing.

The chairman closed the public hearing.

On motion of Supervisor Stone, seconded by Supervisor Ashley and duly carried by unanimous vote, IT WAS ORDERED the reading being waived, that an Ordinance bearing the following title, is adopted.

ORDINANCE 734.13

AN ORDINANCE OF THE COUNTY OF RIVERSIDE
AMENDING ORDINANCE NO. 734.12 RELATING TO ESTABLISHING FEES,
CHARGES AND RATES FOR COUNTY PUBLIC HEALTH SERVICES AND
SUPPLIES

I hereby certify that the foregoing is a full true, and correct copy of an order made and entered on August 20, 2013 of Supervisors Minutes.

WITNESS my hand and the seal of the Board of Supervisors
Dated: August 20, 2013
Kecia Harper-Ihem, Clerk of the Board of Supervisors, in
and for the County of Riverside, State of California.

(seal)

By: [Signature] Deputy

AGENDA NO.

9-2

xc: Public Health, MC, COB

1 ORDINANCE NO. 734.13

2
3 AN ORDINANCE OF THE COUNTY OF RIVERSIDE AMENDING
4 ORDINANCE NO. 734.12 RELATING TO ESTABLISHING FEES, CHARGES
5 AND RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES
6

7 The Board of Supervisors of the County of Riverside ordains as follows:

8 Section 1. Section 2. of Ordinance No. 734.12 is amended to read as follows:

9 "Section 2. Fees and Charges.

10 Department of Public Health fees and charges shall be listed on
11 Schedule 1. Riverside Community Health System fees and charges shall
12 be listed on Schedule 2."

13 Section 2. Section 2. Fees and Charges. of Ordinance No. 734.12 shall be amended by
14 deleting Schedule 1 and substituting therefore a new Schedule 1 and adding Schedule 2, each of which are
15 attached hereto and incorporated herein as Schedule 1 and Schedule 2 of Section 2. Fees and Charges.

16 Section 3. This ordinance shall take effect thirty (30) days after its adoption.

17 BOARD OF SUPERVISORS OF THE COUNTY
18 OF RIVERSIDE, STATE OF CALIFORNIA

19 By: 

Chairman
John J. Benoit

20 ATTEST: Kecia Harper-Ihem

21 CLERK OF THE BOARD:

22 By: 

23 Deputy

24 (SEAL)

25 APPROVED AS TO FORM

26 By: 

27 ANITA C. WILLIS, Asst. County Counsel
28

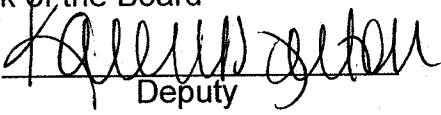
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STATE OF CALIFORNIA)
)
COUNTY OF RIVERSIDE) ss

I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said county held on August 20, 2013, the foregoing ordinance consisting of 3 Sections was adopted by the following vote:

AYES: Jeffries, Tavaglione, Stone, Benoit and Ashley
NAYS: None
ABSENT: None

DATE: August 20, 2013

KECIA HARPER-IHEM
Clerk of the Board
BY: 
Deputy

SEAL

SCHEDULE 1

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC HEALTH FEES
Ordinance 734-13 Schedule 1

Description of Activity/Service	Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
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Business Services:

Returned Checks	\$ 20.00	\$ 20.00
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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 Re-verification (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
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Injury Prevention Services:

Bicycle Helmets - sliding fee scale (price range - \$3.00 - \$10.00)	\$ 10.00	\$ 10.00
Regular Car Seats	\$ 30.00	\$ 45.00
Special Needs Car Seat - Sliding fee scale based on Income (Price range \$0 - \$50.00)	\$ 50.00	\$ 50.00

Non Clinical Laboratory:

Fees for Registration of Non-Diagnostic General Health Assessment Program:		
Annual Operator/Organization Registration	\$ 100.00	\$ 100.00
Additional Dates	\$ 12.00	\$ 12.00
Additional Program	\$ 43.00	\$ 43.00
Additional Site	\$ 20.00	\$ 20.00
Personnel Addition	\$ 12.00	\$ 12.00
Record Changes	\$ 12.00	\$ 12.00
Review Procedural Changes	\$ 20.00	\$ 20.00
Non Diagnostic General Health Assessment Consultation	\$ 75.00	\$ 75.00

PH Laboratory Miscellaneous Fees:

Norovirus PCR	\$ 25.00	\$ 25.00
Rabies FRA	\$ 50.00	\$ 50.00
Routine Water Examination (MPN)	\$ 18.00	\$ 18.00
Special Water Examination	\$ 36.00	\$ 36.00
Syphilis EIA	\$ 15.00	\$ 8.00
WNV EIA	\$ 16.00	\$ 16.00

Disease Control:

Fee for provision of TB Skin Testing Group:		
Class Fee	\$ 354.90	\$ 354.90
Per Capita Student Fee	\$ 9.40	\$ 9.40

Nursing:

**COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC HEALTH FEES
Ordinance 734-13 Schedule 1**

Description of Activity/Service	Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
Denver Develop (DDST)	\$ 65.60	\$ 65.60
Detention Facility Inspection (per hr)	\$ 115.82	\$ 115.82

HIV/AIDS

Court-Ordered HIV Testing	\$ -	\$ 77.00
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 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2)	\$0 to \$1440	\$0 to \$1440
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3)	\$0 to \$1380	\$0 to \$1380
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4)	\$0 to \$1320	\$0 to \$1320
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5)	\$0 to \$1260	\$0 to \$1260
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more)	\$0 to \$1200	\$0 to \$1200

Nutrition

Baby Sling	\$ 30.00	\$ 30.00
Community Education Presentation (per hr)	\$ 80.00	\$ 80.00
Detention Facility Inspection Registered Dietitian (per hr)	\$ 95.00	\$ 116.00
Lactation Counseling (per hr)	\$ 83.00	\$ 90.00
Professional Education Presentation by HEA	\$ 83.00	\$ 86.00
Raising Emotionally Healthy Children Group Session (Prenatal/New Mothers/New Fathers)	\$ 21.00	\$ 25.00
RD (RD/CDE/CLE/IBCLC) (hrly rate)	\$ 90.00	\$ 116.00
Staff Training (for non-County providers) (per hr)	\$ 80.00	\$ 80.00
Birth and Beyond Training (16 hour course taught by an IBCLC) (cost per student entire course)		\$ 244.00
Lactation Counselor Training (20 hour course for health professionals taught by an IBCLC)		\$ 300.00
Lactation Consultant Course (9 mos college course for IBCLC Exam) per student		\$ 1,600.00

Vital Records:

AVSS Technical Support per hr	\$ 95.00	\$ 95.00
Birth - for government agencies	\$ 10.00	\$ 14.00
Birth - for the general public	\$ 17.00	\$ 20.00
Birth Certified copies, searches & certification of no record	\$ 17.00	\$ 20.00
Death Certificate - government agency & general public	\$ 12.00	\$ 16.00
Death Certified copies, searches & certification of no record	\$ 12.00	\$ 16.00
Death listings - sent to mortuaries	\$ 5.00	\$ 5.00
Fax Filing Fee- Per authorization number	\$ 1.00	\$ 1.00
Fetal Death Certificate -government agency & general public	\$ 9.00	\$ 13.00
Regular Permit - disposition of human remains (after hrs.)	\$ 11.00	\$ 11.00
Regular Permit- disposition of human remains	\$ 11.00	\$ 11.00
Stillbirth Certified Copies	\$ 20.00	\$ 20.00

Amendment Fees (Issued by State Registrar Only)

Acknowledgment of Paternity	\$ 20.00	\$ 20.00
Adjudication of Facts of Parentage	\$ 20.00	\$ 20.00
Affidavit to Amend a Marriage Record	\$ 20.00	\$ 20.00
Affidavit to Amend a Record*	\$ 20.00	\$ 20.00
Amendment of Birth Record to Reflect Court Order Change of Name	\$ 20.00	\$ 20.00
Amendment of Medical and Health Section Data - Death*	\$ 20.00	\$ 20.00
Court Order of Adoption	\$ 20.00	\$ 20.00
Court Ordered Delayed - Birth	\$ 20.00	\$ 20.00

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC HEALTH FEES
Ordinance 734-13 Schedule 1

Description of Activity/Service	Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
Court Ordered Delayed - Death	\$ 20.00	\$ 20.00
Court Ordered Delayed - Marriage	\$ 20.00	\$ 20.00
Delayed Registration of Birth	\$ 20.00	\$ 20.00
Physician/Coroner's Amendment*	\$ 20.00	\$ 20.00
Supplemental Name Report*	\$ 20.00	\$ 20.00

SCHEDULE 2

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
Ambulatory Care			
Copying Fee (1-50 pages-per page)		\$ 0	\$ 0
(51+ pages-per page)		\$ 0	\$ 0
MISP Co-pay (per visit)		\$ 5	\$ 5
Immunization Record		\$ 3	\$ 3
Medical Records Research		\$ 7	\$ 7
Minimum ATP Charge		\$ 30	\$ 35
ATP (New Patient)		\$ -	\$ 50
Records by Supoena		\$ 15	\$ 15
Clinical Services:		Approved FY09/10	Proposed FY 12/13
		Fee	Fee
00001 NO CHG PROVIDER VISIT	-		\$ -
00002 NO CHG VISIT NEW LVL 2	-		\$ -
00003 NO CHG PROVIDER VISIT	-		\$ -
00004 NO CHG PROVIDER VISIT	-		\$ -
00005 NO CHG PROVIDER VISIT	-		\$ -
1 HR RD INDIVIDUAL	INTERVENE HLTH/BEHAVE INDIV	\$ 56	\$ 56
24 HOUR URINE PROTEIN	ASSAY OF PROTEIN URINE	\$ 6	\$ 6
25 HYDROXY VIT D	VIT D 1 25-DIHYDROXY	\$ 42	\$ 54
30 MIN RD INDIVIDUAL	ASSESS HLTH/BEHAVE SUBSEQ	\$ 30	\$ 30
4 HOUR GROUP CLASS	ASSESS HLTH/BEHAVE INIT	\$ 90	\$ 90
ABDOMEN-1 VIEW	XRAY EXAM OF ABDOMEN	\$ 36	\$ 40
ABDOMEN-2 VIEWS	X-RAY EXAM OF ABDOMEN	\$ 53	\$ 62
ABDUCT RESTRAINER CANVAS&WEB	ABDUCT RESTRAINER CANVAS&WEB		\$ 99
ABSCESS I & D SIMPLE	INCISION/DRAINAGE OF ABSCESS	\$ 60	\$ 177
ABSCESS I&D COMPL OR MULT	INCISION/DRAINAGE OF ABCESS	\$ 185	\$ 306
ACETAMINOPHEN 15ML BOTTLE	-	\$ 4	\$ 4
ACETAMINOPHEN 5ML ELIXIR	-	\$ 3	\$ 3
ACETAMINOPHEN 80MG/0.8ML	-	\$ 3	\$ 3
ACNE INTRALESION INJECT (CORTICOSTEROIDAL)	-	\$ 32	\$ 32
ACROMIOCLAVICULAR JOINTS	XRAY EXAM OF SHOULDERS	\$ 62	\$ 65
ACUTE ABDOMEN SERIES-3VWS	X-RAY EXAM OF ABDOMEN	\$ 71	\$ 71
ACYCLOVIR CAPS 200MG #30	-	\$ 11	\$ 11
ADMIN FEE IM/SUBQSERUM	-	\$ 17	\$ 9
ADMIN FEE INJECTION COMPAZINESERUM ONLY FEE COMPAZINE	-	\$ 15	\$ 15
AEROCHAMBER SPACER-ADULT	-	\$ 27	\$ 27
AEROCHAMBER SPACER-CHILD	-	\$ 27	\$ 27
AEROCHAMBER SPACER-INFANT	-	\$ 27	\$ 14
AFO ANKLE GAUNTLET	AFO ANKLE GAUNTLET		\$ 59
ALBUMIN - SERUM	ASSAY OF SERUM ALBUMIN	\$ 7	\$ 8
ALDARA/IMIQUIMAD CREAM	-	\$ 135	\$ 135
ALLERGEN SPECIFIC IGE	ALLERGEN SPEC IGE; QUANTIT/S	\$ 8	\$ 9
ALPHA 1 ANTITRYPSIN	ALPHA-1-ANTITRYPSIN TOTAL		\$ 22
ALPHA FETAPROTEIN SERUM	ALPHA-FETOPROTEIN SERUM		\$ 18
AMALGAM RESTORATIVE	-	\$ 63	\$ 63
AMALGAM RESTORATIVE (LINE 2)	-	\$ 78	\$ 78
AMALGAM RESTORATIVE (LINE 3)	-	\$ 91	\$ 91
AMALGAM RESTORATIVE (LINE 4)	-	\$ 119	\$ 119
AMIKACIN SULF/IM/IV 500 MG	-	\$ 58	\$ 58
AMMONIA PLASMA	ASSAY OF BLOOD AMMONIA	\$ 22	\$ 23
AMOXICILLIN 125MG/5ML SUS	-	\$ 5	\$ 5
AMOXICILLIN 250MG CAPSULE	-	\$ 3	\$ 3
AMOXICILLIN 500MG #30 CAP	-	\$ 4	\$ 4
AMOXICILLIN 500MG #42	-	\$ 6	\$ 6
AMPICILLIN CAP 500 MG #28	-	\$ 4	\$ 4
AMPICILLIN CAP 500 MG #40	-	\$ 6	\$ 6
AMPL NUCLEIC ACID	MOLECULE NUCLEIC AMPLI EACH	\$ 22	\$ 28
AMYLASE	ASSAY OF SERUM AMYLASE	\$ 9	\$ 11
ANCEF 1GM REDI VIAL	-		\$ 14
ANKLE-2 VIEWS	XRAY EXAM OF ANKLE	\$ 40	\$ 47
ANKLE-3 VIEWS	XRAY EXAM OF ANKLE	\$ 52	\$ 54

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
ANOSCOPY DIAG W/WO SPECMN	DIAGNOSTIC ANOSCOPY	\$ 27	\$ 138
ANOSCOPY W/BIOPSY(S)	ANOSCOPY AND BIOPSY	\$ 35	\$ 356
ANOSCOPY W/CONTROL BLEED	ANOSCOPY CONTROL BLEEDING	\$ 144	\$ 201
ANOSCOPY W/REMV FOREGNBDY	ANOSCOPY REMOVE FOR BODY	\$ 130	\$ 368
ANTIBIOTIC SENSITIV-DISK	MICROBE SUSCEPTIBLE DISK	\$ 10	\$ 23
ANTIBODY	ANTIBODY		\$ 26
ANTIBODY (DNA)	DNA ANTIBODY		\$ 23
ANTI-CENTROMERE ANTIBODY	IMMUNOASSAY QUANT NOS NONAB		\$ 21
ANTINUCLEAR ANTIBODIES TITER	ANTINUCLEAR ANTIBODIES TITER		\$ 19
ANTINUCLEAR ANTIBODIES, RIA	ANTINUCLEAR ANTIBODIES, RIA		\$ 20
ANTISTREPTOLYSIN O TITER	ANTISTREPTOLYSIN O TITER	\$ 12	\$ 12
ANTITHROBIN ACTIVITY	ANTITHROMBIN III TEST		\$ 20
ANTITHROBIN ANTIGEN (IMMUNOLOGIC)	ANTITHROMBIN III TEST		\$ 18
ARTHRITIS PANEL	-		\$ 26
ASPIR/INJ FINGER/TOE	DRAIN/INJECT JOINT/BURSA	\$ 50	\$ 84
ASPIR/INJ GANGLION CYST	ASPIRATE/INJ GANGLION CYST		\$ 91
ASPIR/INJ SHLDR/HIP/KNEE	DRAIN/INJECT JOINT/BURSA	\$ 60	\$ 108
ASPIR/INJ WRST/ELBW/ANKL	DRAIN/INJECT JOINT/BURSA	\$ 55	\$ 89
ASPIRATION BULLA/CYST	PUNCTURE DRAINAGE OF LESIO	\$ 75	\$ 200
ASPIRIN SUPPOSIT 120MG EA	-	\$ 1	\$ 1
ASPIRIN SUPPOSIT 300MG EA	-	\$ 1	\$ 1
ASSAY OF ACTH	ASSAY OF ACTH		\$ 64
ASSAY OF ALDOSTERONE	ASSAY OF ALDOSTERONE		\$ 68
ASSAY OF BLOOD ALDOLASE	ASSAY OF BLOOD ALDOLASE		\$ 16
ASSAY OF BLOOD LIPOPROTEIN	ASSAY OF BLOOD LIPOPROTEIN		\$ 27
ASSAY OF CALCIUM	ASSAY OF CALCIUM		\$ 23
ASSAY OF CALCIUM IN URINE-24 HR	ASSAY OF CALCIUM IN URINE		\$ 10
ASSAY OF ESTRIOL	ASSAY OF ESTRIOL		\$ 40
ASSAY OF ESTROGEN	ASSAY OF ESTROGEN		\$ 69
ASSAY OF ESTRONE	ASSAY OF ESTRONE		\$ 41
ASSAY OF ETHANOL (ALCOHOL/URINE)	ASSAY OF ETHANOL		\$ 18
ASSAY OF GAMMAGLOBULIN IGE	ASSAY OF IGE		\$ 27
ASSAY OF GGT - ENZYME	ASSAY OF GGT ENZYME	\$ 25	\$ 25
ASSAY OF LACTIC ACID	ASSAY OF LACTIC ACID		\$ 18
ASSAY OF LITHIUM	ASSAY OF LITHIUM	\$ 9	\$ 11
ASSAY OF MAGNESIUM	ASSAY OF MAGNESIUM		\$ 11
ASSAY OF METANEPHRINES	ASSAY OF METANEPHRINES		\$ 28
ASSAY OF PHOSPHORUS	ASSAY OF PHOSPHORUS		\$ 8
ASSAY OF PROGESTERONE	RIA ASSAY OF PROGESTERONE		\$ 45
ASSAY OF PROLACTIN	ASSAY OF PROLACTIN	\$ 27	\$ 32
ASSAY OF SEX HORMONE GLOBUL	ASSAY OF SEX HORMONE GLOBUL		\$ 138
ASSAY OF TESTOSTERONE	ASSAY OF TESTOSTERONE		\$ 42
ASSAY OF THYROGLOBULIN	ASSAY OF THYROGLOBULIN		\$ 27
ASSAY OF TSI	ASSAY OF TSI		\$ 84
ASSAY OF URINE SODIUM	ASSAY OF URINE SODIUM		\$ 8
ASSAY OF URINE VMA	ASSAY OF URINE VMA		\$ 26
ASSAY OF VITAMIN B-6	ASSAY OF VITAMIN B-6		\$ 202
ASSAY SYNOVIAL FLUID MUCIN	ASSAY SYNOVIAL FLUID MUCIN		\$ 8
ASSAY TEST FOR BLOOD, FECAL	ASSAY TEST FOR BLOOD FECAL		\$ 7
ASSAY, BLD/SERUM CHOLESTEROL	ASSAY BLD/SERUM CHOLESTEROL		\$ 6
ASSAY, THREE CATECHOLAMINES	ASSAY THREE CATECHOLAMINES		\$ 95
AUDIOMETRY PURETONE	PURE TONE AUDIOMETRY AIR	\$ 23	\$ 48
AUTOMATED HEMOGRAM	COMPLETE CBC AUTOMATED		\$ 11
AZITHROMYCIN 1GM SUSP	-	\$ 41	\$ 41
AZITHROMYCIN 250MG CAP #1	ZITHROMAX, 250 MGM	\$ 25	\$ 25
AZITHROMYCIN 500MG INJ	-		\$ 11
BACITRACIN ONT500U/TB30GM	-	\$ 5	\$ 5
BANDAGE ELASTIC 2IN ACE	-	\$ 1	\$ 1
BANDAGE ELASTIC 3IN ACE	-	\$ 1	\$ 1
BANDAGE ELASTIC 4IN ACE	-	\$ 2	\$ 2
BANDAGE ELASTIC 5IN ACE	-	\$ 2	\$ 2
BASIC METABOLIC PANEL	METABOLIC PANEL TOTAL CA		\$ 14
BENADRYL TABS #100	-	\$ 12	\$ 12
BENADRYL/DIPHEN 50MG INJ	-	\$ 13	\$ 13

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
BENADRYL/DIPHEN ELIXR 5ML	-	\$ 3	\$ 3
BENDRYL/DIPHN 25MG CAP EA	-	\$ 4	\$ 4
BENZATHINE PENICILLIN 1.2 MILL UNIT	-		\$ 12
BETA-2 MICROGLOBULIN	ASSAY OF BETA-2 PROTEIN	\$ 35	\$ 35
BF VT 6 MIN N/PT	-	\$ 37	\$ 37
BICILLIN 300000 U/CC	-		\$ 108
BICILLIN OR WYCILLIN 2.4 MU	PENICILLIN G BENZATHINE INJ		\$ 57
BILAT HIPS & AP PELVIS	X-RAY EXAM OF HIPS	\$ 50	\$ 67
BILIRUBIN - INDIRECT (NO CPT)	-		\$ 6
BILIRUBIN, TOTAL	BILIRUBIN TOTAL	\$ 5	\$ 8
BILIRUBIN, DIRECT	BILIRUBIN DIRECT	\$ 5	\$ 8
BIO OCCLUSIVE DRESSING	-		\$ 2
BIOPSY BACK/FLANK	BIOPSY SOFT TISSUE OF BACK	\$ 123	\$ 409
BIOPSY ELBOW/UPPER ARM	BIOPSY ARM/ELBOW SOFT TISSU	\$ 169	\$ 403
BIOPSY FOREARM/WRIST	BIOPSY FOREARM SOFT TISSUE	\$ 157	\$ 401
BIOPSY OF PENIS	BIOPSY OF PENIS	\$ 112	\$ 313
BIOPSY PELVIS/HIP	BIOPSY OF SOFT TISSUES	\$ 225	\$ 533
BIOPSY SHOULDER AREA	BIOPSY SHOULDER TISSUES	\$ 102	\$ 340
BIOPSY VULVA	BIOPSY OF VULVA / PERINEUM	\$ 71	\$ 128
BIOPSY, SKIN	BIOPSY SKIN ADD-ON	\$ 23	\$ 51
BIOPSY, SKIN LESION	BIOPSY SKIN LESION		\$ 163
BITEWING - FOUR (4) FILMS	-		\$ 31
BITEWING - SINGLE(1) FILM	-		\$ 13
BITEWING - TWO (2) FILMS	-		\$ 21
BLOOD CLOT FACTOR VII	BLOOD CLOT FACTOR VIII TEST		\$ 30
BLOOD CLOT FACTOR VIII TEST	BLOOD CLOT FACTOR VIII TEST		\$ 38
BLOOD COLLECT SET 21-25GA	-		\$ 195
BLOOD DRAW - VENIPUNCTURE	-		\$ 9
BLOOD DRAW (VEINIPUNCTION) W/ EXAM	-		\$ 0
BLOOD GROUP & RH	-	\$ 8	\$ 8
BLOOD SMEAR	BLOOD SMEAR INTERPRETATION	\$ 11	\$ 35
BLOOD SPECIMEN HANDLING FEE	SPECIMEN HANDLING		\$ 9
BLOOD TYPING - ABO	BLOOD TYPING ABO	\$ 5	\$ 5
BLOOD TYPING - RH	BLOOD TYPING RH (D)	\$ 8	\$ 8
BOBY FLUID CELL COUNT	BODY FLUID CELL COUNT		\$ 9
BONE AGE STUDIES	-		\$ 53
BREAST EXAM W/ NO GYN EXAM	-		\$ 21
B-TYPE NATRIURETIC PEPTIDE (BNP)	*03 NATRIURETIC PEPTIDE		\$ 57
BURN 1ST DEGREE TREATMENT	INITIAL TREATMENT OF BURN(S)	\$ 55	\$ 106
BURN DRESSING SIZE SMALL	-	\$ 26	\$ 26
BURN DRESSING SIZED MEDM	-	\$ 42	\$ 42
BURN DRESSING SZ LARGE	-	\$ 63	\$ 63
BURN NET - 30 YRDS	-	\$ 1	\$ 1
BUTOCONAZOLE NITRATE 2%	-	\$ 12	\$ 37
CA 125 (TUMOR ANTIGEN)	IMMUNOASSAY TUMOR OTHER	\$ 26	\$ 35
CALCIUM, TOTAL	ASSAY OF CALCIUM	\$ 7	\$ 9
CALCULUS SPECTROSCOPY	CALCULUS SPECTROSCOPY	\$ 16	\$ 21
CAMPYLOBACTER ANTIBODY	CAMPYLOBACTER ANTIBODY	\$ 18	\$ 22
CAMPYLOBACTER CULTURE	STOOL CULTR BACTERIA EACH	\$ 14	\$ 14
CANE WITH TIP	CANES OF ALL MATRLSADJUST OR FIX W/TIP		\$ 25
CAPREOMYCIN 1 GM INJ	-	\$ 63	\$ 63
CAPTOPRIL 25MG TABS #10	-	\$ 4	\$ 4
CARBAMAZEPINE TOTAL	ASSAY CARBAMAZEPINE TOTAL	\$ 19	\$ 24
CARBON DIOXIDE (C02)	ASSAY BLOOD CARBON DIOXIDE	\$ 6	\$ 8
CAST/SPLINT PROCEDURE	CASTING/STRAPPING PROCEDURE		\$ 47
CATHETER URIN KIT FEMALE	-	\$ 100	\$ 100
CATHETER URIN KIT PEDS 5F	-	\$ 64	\$ 64
CATHETER URIN ROBINSON 16F	-	\$ 48	\$ 48
CAUTERY W/SILVER NITRATE	CHEMICAL CAUTERY TISSUE	\$ 38	\$ 123
CBC-COMPL BLD COUNT W/DIF	AUTOMATED HEMOGRAM	\$ 11	\$ 13
CCP ANTIBODY	CCP ANTIBODY		\$ 11
CDP CASE MGMT OR OTH CASE MGT	PROLONG SERV W/O CONTACT	\$ 58	\$ 75
CEA CARCINOEMBRYONIC ANTIGEN	CARCINOEMBRYONIC ANTIGEN	\$ 29	\$ 31
CEFAZOLIN 500 MG/1GM INJ	CEFAZOLIN SODIUM INJECTION	\$ 28	\$ 28

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees				
FY 13/14				
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14	
		Fee:	Fee:	
CEPHALEXIN/KEFLEX 500MG #40	-	\$ 12	\$	12
CERULOPLASMIN	ASSAY OF CERULOPLASMIN	\$ 14	\$	18
CERVICAL BIOPSY(S)	BIOPSY OF CERVIX	\$ 70	\$	204
CERVICAL CAP	-	\$ 40	\$	40
CERVICAL COLLAR SOFT	FLEXIBLE, NONADJUSTABLE	\$ 28	\$	32
CERVICAL SPINE-3 VIEWS	XRAY EXAM OF NECK SPINE	\$ 53	\$	64
CERVICAL SPINE-4+VIEWS	XRAY EXAM OF NECK SPINE	\$ 87	\$	87
CERVICAL SPINE-7 VIEWS	XRAY EXAM OF NECK SPINE	\$ 113	\$	113
CHALAZION EXCISION SINGLE	REMOVE EYELID LESION	\$ 156	\$	196
CHEST 1 VIEW	XRAY EXAM OF CHEST	\$ 36	\$	38
CHEST 2VW+APICAL LORDTC	XRAY EXAM OF CHEST	\$ 59	\$	61
CHEST-2 VIEW+OBLIQUE	XRAY EXAM OF CHEST	\$ 62	\$	77
CHEST-2 VIEWS	XRAY EXAM OF CHEST	\$ 53	\$	53
CHEST-4 VIEWS	XRAY EXAM OF CHEST	\$ 71	\$	75
CHLAMYDIA CULTURE	CHLAMYDIA CULTURE	\$ 22	\$	29
CHLAMYDIA EIA	CHYLMD TRACH AG EIA	\$ 17	\$	17
CHLAMYDIA-AMPLIF PROBE	CHYLMD TRACH DNA AMP PROB	\$ 39	\$	58
CHLORIDE BLOOD	ASSAY OF BLOOD CHLORIDE	\$ 6	\$	8
CHOLESTEROL- HDL	ASSAY OF LIPOPROTEIN	\$ 11	\$	14
CHOLINESTERASE - SERUM	ASSAY SERUM CHOLINESTERAS	\$ 13	\$	13
CHOLINESTERASE-PLASMA+RBC	ASSAY RBC CHOLINESTERASE	\$ 13	\$	13
CHROMOTOGRAPHY, QUANT, SING	CHROMOTOGRAPHY QUANT SING		\$	30
CIPROFLOXACIN 250MG 1TAB	-	\$ 5	\$	5
CIPROFLOXACIN 500MG #20	-	\$ 78	\$	78
CIPROFLOXACIN 750 MG 1TAB	-	\$ 11	\$	11
CIPROFLOXACIN 750MG #20	-		\$	41
CLAVICAL STRAP/SPLINT-ADULT	SHLDER FIG 8 ABDUCT RESTRAIN	\$ 43	\$	54
CLAVICLE COMPLETE	XRAY EXAM OF COLLAR BONE	\$ 44	\$	47
CLEOCIN CREAM	-	\$ 12	\$	12
CLINDAMYCIN 300MG/2ML INJ	-	\$ 14	\$	14
CLINDAMYCIN HCl 150MG CAP #30	-	\$ 27	\$	27
CLINDAMYCIN PHOSPHATE 2%	-	\$ 12	\$	12
CLONIDINE .1MG TAB	CLONIDINE HYDROCHLORIDE, 1	\$ 1	\$	77
CLONIDINE .2MG TAB	-	\$ 1	\$	1
CLOSTRIDIUM DIFFICILE TOXIN	ASSAY TOXIN OR ANTITOXIN	\$ 48	\$	48
CLOSURE WND/NK/EX GEN 12.6-20	INTMD WND REPAIR N-HG/GENIT	\$ 266	\$	608
CLOTIMAZOLE VAG CR 45 GM	-	\$ 20	\$	20
CMV ANTIBODY IGG	ANTIBODY, CMV	\$ 20	\$	23
CMV ANTIBODY IGM	CMV ANTIBODY IGM	\$ 21	\$	28
COCCIDIOIDES ANTIBDS	COCCIDIOIDES ANTIBODY	\$ 18	\$	19
COCCIDIOMYCOSIS SKIN TEST	COCCIDIOIDOMYCOSIS SKIN TES	\$ 12	\$	13
COLD HEMAGGLUTININS TITER	COLD AGGLUTININ TITER		\$	13
COLOR VISION EXAMINATION	COLOR VISION EXAMINATION		\$	103
COLPO W/BIOPSY	BIOPSY OF CERVIX W/SCOPE		\$	221
COLPO W/ECC	ENDOCERV CURETTAGE W/SCOPE		\$	209
COLPOSCOPY	EXAM OF CERVIX W/SCOPE		\$	168
COLPOSCOPY W/BIOPSY & ECC	BX/CURETT OF CERVIX W/SCOPE		\$	235
COMP METABOLIC PANEL (2211)	*00 COMPREHENSIVE METABOLI	\$ 13	\$	18
COMPAZINE 25MG SUPPOSITORY	-	\$ 7	\$	7
COMPAZINE 5MG SUPPOSITORY	-	\$ 6	\$	6
COMPAZINE 5MG/ML	-		\$	47
COMPLEMENT ANTIGEN	COMPLEMENT ANTIGEN		\$	34
COMPLEMENT TOTAL	-		\$	26
CONDOMS - DOZEN FEMALE	-		\$	25
CONDOMS - DOZEN MALE	-	\$ 7	\$	7
CONTRACEP B.C. PILLS 1 PKG	ORAL CONTRACEPTIVE MEDICATIONS		\$	18
CONTRACEP B.C. PILLS 10 PKG	-		\$	120
CONTRACEP B.C. PILLS 13 PKG	-		\$	156
CONTRACEP B.C. PILLS 3 PKG	-		\$	36
CONTRACEP B.C. PILLS 9 PKG	-		\$	108
CONTRACEPTIVE-PARAGARD IUD	-	\$ 345	\$	345
CONTRACP DEPOPROVER 150MG	INJEC MEDROXPROGESTRONE ACETATE CONTRACE		\$	91
CORTISOL LEVEL	RIA ASSAY PLASMA CORTISOL		\$	27
C-REACTIVE PROTEIN	C-REACTIVE PROTEIN	\$ 8	\$	9

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HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
C-REACTIVE PROTEIN, HS	C-REACTIVE PROTEIN HS		\$ 56
CREATINE KINASE, TOTAL	ASSAY OF CK (CPK)	\$ 9	\$ 11
CREATININE SERUM	ASSAY OF CREATININE	\$ 6	\$ 8
CREATININE, OTHER SOURCE	ASSAY OF URINE CREATININE		\$ 9
CRTPTOSPR/GIAR	CRYPTOSPORIDIUM AG IF	\$ 16	\$ 16
CRYO VULVAR LESN(S) EXTEN	DESTROY VULVA LESION/S COM	\$ 181	\$ 347
CRYOSURGERY ANAL LESION(S)	CRYOSURGERY ANAL LESION(S)		\$ 366
CRYOSURGERY OF CERVIX	CRYOCAUTERY OF CERVIX	\$ 136	\$ 225
CRYOTHERAPY PENIS LESION(S)	CRYOSURGERY PENIS LESION(S)	\$ 80	\$ 222
CRYPTOCOCCAL ANTIGEN	AG DETECT NOS EIA MULT	\$ 20	\$ 20
CULTURE AEROBIC IDENTIFY	CULTURE AEROBIC IDENTIFY		\$ 13
CULTURE BACTERIAL-STOOL	FECES CULTURE BACTERIA	\$ -	\$ 16
CULTURE BACT-OTHER SOURCE	CULTURE BACTERIA OTHER	\$ 15	\$ 15
CULTURE BACT-THROAT/NOSE	-		\$ 14
CULTURE TYPE, IMMUNOLOGIC	CULTURE TYPE IMMUNOLOGIC		\$ 7
CYCLOSERINE 250 MG CAP#28	-	\$ 9	\$ 9
CYSTIC FIBROSIS CARRIER	MOLECULE ISOLATE NUCLEIC		\$ 12
CYTOLOGY, URINE	CYTOPATH FL NONGYN FILTER		\$ 117
CYTOPATH C/V THIN LAYER	CYTOPATH C/V THIN LAYER	\$ 26	\$ 34
CYTOPATH, CELL ENHANCE TECH	CYTOPATH CELL ENHANCE TECH		\$ 162
CYTOPATHOLOGY OTHER STUDY	CYTOPATH SMEAR OTHER SOUR	\$ 37	\$ 89
CYTOPATHOLOGY SLIDE (PAP)	CYTOPATH C/V MANUAL	\$ 15	\$ 18
DEBRIDEMENT WOUND	DEB SUBQ TISSUE 20 SQ CM/<	\$ 71	\$ 169
DECADRON 8MG/ML	-		\$ 9
DECADRON ELIXIR 0.5MG/5ML	-	\$ 21	\$ 21
DENVER DEVELOP SCREENING	DEVELOPMENTAL TEST LIM	\$ 150	\$ 150
DEPAKOTE/ALPORIC ACID	ASSAY DIPROPYLACETIC ACID		\$ 22
DEPO-MEDROL 40 MG (METHYLPREDNISLNE	INJECTION, METHYLPREDNISOLONE ACET		\$ 16
DERMA PAK/ITS	-		\$ 5
DERMABOND	-	\$ 19	\$ 19
DESTRC/ANAL LESN(S)-CHEMICAL	DESTRUCTION ANAL LESION(S)	\$ 105	\$ 373
DESTRUCT 2-14 LESIONS	DESTRUCT PREMALG LES 2-14		\$ 36
DESTRUCT FIRST LESION	DESTRUCT PREMALG LESION		\$ 128
DESTRUCT WART 1-14 LESION	DESTRUCT B9 LESION 1-14		\$ 176
DESTRUCT WART 15+ LSEIONS	DESTRUCT LESION 15 OR MORE		\$ 208
DEXAMETHASONE 4MG/ML INJ	-		\$ 8
DHEA	DEHYDROEPIANDROSTERONE, RIA		\$ 42
DHEA -S	DEHYDROEPIANDROSTERONE		\$ 37
DIAPHRAGM	-		\$ 55
DIAPHRAGM FIT & INSTRUCT	FITTING OF DIAPHRAGM		\$ 96
DIFFERENTL BLD COUNT-MAN	DIFFERENTIAL WBC COUNT	\$ 5	\$ 6
DIFLUCAN 150MG 1 TAB	-	\$ 17	\$ 17
DIGOXIN LEVEL	ASSAY OF DIGOXIN	\$ 18	\$ 22
DIRECT PULP CAP	-		\$ 46
DISOPYRAMIDE, SERUM	QUANTITATIVE ASSAY DRUG		\$ 23
DONATION	-		\$ 0
DOXYCYCLINE 100MG #14	-	\$ 11	\$ 11
DOXYCYCLINE 100MG 2 CAPS	-	\$ 6	\$ 6
DRESS/DEBRID MED/LG ANES	-	\$ 245	\$ 245
DRESSING A-B-D 5X9IN STER	-	\$ 1	\$ 1
DRESSING PETRLOATM-SMALL	-		\$ 1
DRESSING PETROLATM-MED OR LARGE	-	\$ 1	\$ 1
DRESSING TELFA 8X3	-	\$ 1	\$ 1
DRUG SCREEN QUALITATIVE/DRUG SCREEN QUALITATIVE	-	\$ 25	\$ 25
DRUG SCREEN, SINGLE	-		\$ 17
E0430 OXYGEN PER 1/2 HR	PORTABLE GAS OXYGEN SYSTEM - PURCHASE		\$ 21
EAR DRAIN EXTERN SIMPLE	DRAIN EXTERNAL EAR LESION	\$ 84	\$ 298
EAR FOREIGN BODY REMOVAL	CLEAR OUTER EAR CANAL		\$ 202
EAR WAX REMOVAL 1 OR BOTH	REMOVE IMPACTED EAR WAX	\$ 49	\$ 80
EIP PANEL #1	IMMUNOELECTROPHORESIS ASS	\$ 151	\$ 151
EKG PHYSICIAN STANDBY/30MIN	PHYSICIAN STANDBY SERV, REQ PROL ATTENDA		\$ 155
EKG TELEPHONIC TRANSMISSN	-	\$ 51	\$ 51
ELBOW COMPLETE 3+	XRAY EXAM OF ELBOW	\$ 53	\$ 55
ELBOW STRAP	ELBOW ELASTIC WITH METAL JC	\$ 15	\$ 87

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HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
ELBOW-2 VIEWS	XRAY EXAM OF ELBOW	\$ 41	\$ 47
ELECTROCARDIOGRAM-12 LEAD	ELECTROCARDIOGRAM TRACING	\$ 41	\$ 41
ELECTROCARDIOGRAM-3 LEAD	RHYTHM ECG TRACING	\$ 15	\$ 15
ELECTROLYTES PANEL	ELECTROLYTE PANEL	\$ 9	\$ 12
ENDOMETR BIOPS W/WO EC BX	ENDOMET SAMPL W/WO ENDOC	\$ 125	\$ 169
ENDOMETRIAL CURETTE	-	\$ 23	\$ 23
EOSINOPHIL CT (NASAL)	NASAL SMEAR FOR EOSINOPHIL	\$ 7	\$ 8
EPINEPHRINE 1MG/ML INJ	-	\$ 12	\$ 12
EPSTN B VIR IGG/IGM (5607)	EPSTEIN-BARR ANTIBODY	\$ 27	\$ 29
ERYTHROMYCIN 250MG #56TAB	-	\$ 14	\$ 14
ERYTHROMYCIN 500MG #28TAB	-	\$ 11	\$ 11
ESTABLISHED EYE EXAM TREATMENT	EYE EXAM ESTABLISHED PAT		\$ 130
ESTRADIOL	ASSAY OF ESTRADIOL	\$ 36	\$ 46
ETHAMBUTOL TAB 100MG #100	-	\$ 31	\$ 31
ETHAMBUTOL TAB 400 MG #90	-	\$ 94	\$ 94
ETHIONAMIDE 250MG #100	-	\$ 54	\$ 54
ETONOGESTREL IMPLANT SYSTEM	ETONOGESTREL IMPLANT SYSTEM		\$ 1,322
EYE PACKET DRESSING	-	\$ 1	\$ 1
EYE PAD	-	\$ 1	\$ 1
EYE TRAY	-	\$ 18	\$ 18
F/U HEALTH ED ASSES ANTPRT GP 15	FOLLOW-UP ANTEPARTUM HEALTH ED EA 15MIN		\$ 29
F/U HEALTH ED ASSES ANTPRT EA 15 M	FOLLOW-UP ANTEPARTUM HEALTH/ED EA 15MIN		\$ 29
F/U NUTRIT ASSES ANTPRT GP 15 M	FOLLOW-UP ANTEPARTUM PER PATIENT EA 15M		\$ 29
F/U NUTRITION ASSES ANTPRT EA 15 M	FOLLOW-UP ANTEPARTUM INDIVIDUAL EA 15MIN		\$ 29
F/U PSYCHO ASSES ANTPRT GRP 15	FOLLOW-UP ANTEPARTUM PSYCHSOCIAL EA 15MI		\$ 29
F/U PSYCHO ASSES ANTPRT EA 15 MIN	FOLLOW-UP ANTEPARTUM PSYCHSOCIAL EA 15M		\$ 29
FACIAL BONES <3 VIEWS	X-RAY EXAM OF FACIAL BONES	\$ 53	\$ 53
FACIAL BONES COMPLETE <3	X-RAY EXAM OF FACIAL BONES	\$ 90	\$ 90
FAMCICLOVAR TABLETS #30	-	\$ 107	\$ 107
FAT FECAL QUANTITATIVE	FATS/LIPIDS FECES QUANT	\$ 118	\$ 118
FB REMOVE-MUSCL/TNDN SIMP	REMOVAL OF FOREIGN BODY	\$ 162	\$ 312
FECAL LEUKOCYTE STN	LEUKOCYTE ASSESSMENT FECA	\$ -	\$ 7
FEMUR 2 VIEWS	XRAY EXAM OF THIGH	\$ 53	\$ 53
FERRITIN	ASSAY OF FERRITIN	\$ 17	\$ 23
FERROUS SULFATE	-	\$ 7	\$ 7
FERROUS SULFATE 325MG#100	-	\$ 3	\$ 3
FIBRIN DEGRADATION	FIBRIN DEGRADATION QUANT		\$ 17
FINE NEEDLE ASPIR-BREAST	CYTOPATH EVAL FNA REPORT	\$ 52	\$ 220
FINGER(S) 2+VIEWS	XRAY EXAM OF FINGER(S)	\$ 31	\$ 54
FLAGYL 250MG CAPS #21	-	\$ 9	\$ 9
FLAGYL 500MG CAPS #14	-	\$ 7	\$ 7
FLAGYL 500MG CAPS #4	-	\$ 5	\$ 5
FLOURESCENT NONINFEC AB	FLUORESCENT ANTIBODY SCRE	\$ 14	\$ 18
FLOURIDE VARNISH	-		\$ 37
FOLIC ACID SERUM	BLOOD FOLIC ACID RIA	\$ 19	\$ 24
FOOT COMPLETE 3+VIEWS	XRAY EXAM OF FOOT	\$ 77	\$ 77
FOOT-2 VIEWS	XRAY EXAM OF FOOT	\$ 36	\$ 44
FOREARM-2 VIEWS	XRAY EXAM OF FOREARM	\$ 44	\$ 45
FP CNSL 10 MIN INDIV M/F	-	\$ 12	\$ 12
FP CNSL 15 MIN MALE/FEMAL	-	\$ 15	\$ 15
FP CNSL 30 MIN FEMALE	-	\$ 25	\$ 25
FP CNSL 45 MIN FEMALE	-	\$ 35	\$ 35
FP CNSL GROUP M/F	-	\$ 10	\$ 10
FSH, SERUM	PITUITARY GONADOTROPIN RIA	\$ 24	\$ 31
FULL MOUTH DEBRIDEMENT	-		\$ 136
FULL MOUTH X-RAY SERIES	-		\$ 25
FUNDUS PHTO W/ INTERPRETATION	FUNDUS PHOTOGRAPHY WITH INTERPRETATION		\$ 109
FUNGUS CULTURE-DEFINTV ID	FUNGI IDENTIFICATION YEAST	\$ 19	\$ 19
FUNGUS CULTURE-SKIN/HR/NL	SKIN FUNGI CULTURE	\$ 18	\$ 18
GAMMAGLOBULIN PANEL	ASSAY IGA/IGD/IGG/IGM EACH		\$ 58
GAUZE 1 X 8	-	\$ 1	\$ 1
GAUZE 2 X 5 YDS	-	\$ 1	\$ 1
GAUZE CLING 2X75IN STERIL	-	\$ 1	\$ 1
GAUZE CLING 3X57IN STERIL	-	\$ 43	\$ 1

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HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
GAUZE CLING 4.5X147IN STL	-	\$ 1	\$ 1
GAUZE PACKING 1/4 X 5YDS	-	\$ 1	\$ 1
GAUZE PACKING-1 IN	-	\$ 33	\$ 33
GAUZE PACKING-1 IN IDOFRM	-	\$ 44	\$ 44
GAUZE PACKING-1/2 IN	-	\$ 29	\$ 29
GAUZE PACKING1/2IN IDOFRM	-	\$ 35	\$ 35
GAUZE PACKING-1/4 IN	-	\$ 18	\$ 18
GAUZE PACKING1/4IN IDOFRM	-	\$ 32	\$ 32
GAUZE SPGS 4X4 16PKSTERIL	-	\$ 41	\$ 41
GAUZE SPONG COVER 4X3 STL	-	\$ 1	\$ 1
GAUZE SPONGES 2 X 2 STER	-	\$ 1	\$ 1
GAUZE SPONGES 4X4 2PK STL	-	\$ 1	\$ 1
GEN HLTH PANEL/CBC (2402)	-	\$ 6	\$ 6
GENETIC EXAMINATION	GENETIC EXAMINATION		\$ 56
GLUCOSE BY MONT DEVICE	GLUCOSE BLOOD TEST	\$ 6	\$ 6
GLUCOSE QUANTITATIVE BLOOD	ASSAY GLUCOSE BLOOD QUANT	\$ 5	\$ 7
GLUCOSE STICK/ACCUCHECK	STICK ASSAY OF BLOOD GLUCO	\$ 6	\$ 6
GLUCOSE TOL BEVERAGE	-	\$ 1	\$ 1
GLUCOSE TOLL TEST	GLUCOSE TOLERANCE TEST (GT	\$ 16	\$ 21
GLUCOSE-6-PHOSPHATE D	ASSAY OF G6PD ENZYME	\$ 16	\$ 16
GLUCOSE-POST GLUCOSE DOSE	GLUCOSE TEST	\$ 6	\$ 8
GLUTAMIC ACID DECARBOXYLASE	RIA NONANTIBODY		\$ 22
GLYCOHEMOGLOBIN	GLYCOSYLATED HEMOGLOBIN T	\$ 12	\$ 16
GLYCOHEMOGLOBIN (A1C) (CLINIC)	-		\$ 12
GONADOTROPIN/QUAN	CHORIONIC GONADOTROPIN TES	\$ 16	\$ 21
GONORRHEA-AMPLIF PROBE	N.GONORRHOEAE DNA AMP PRO	\$ 39	\$ 58
GRAM STAIN	SMEAR GRAM STAIN	\$ 8	\$ 7
GROUP 2 OR MORE EA 30 MN	-		\$ 45
H PYLORI (C13), BREATH	H PYLORI (C-13) BREATH		\$ 184
HAND-2 VIEWS	XRAY EXAM OF HAND	\$ 36	\$ 45
HAND-3 VIEWS>	XRAY EXAM OF HAND	\$ 51	\$ 53
HANDLING CHARGE/REF LAB	-	\$ 21	\$ 21
HEALTH ED ORIENT EA 15 MIN	NEW CLIENT ORIENTATION EA 15MIN		\$ 29
HEALTH EDUCATOR EST VISIT	-		\$ 0
HEALTH EDUCATOR INI VISIT	-		\$ 0
HEEL SPUR PAD-SHOE INSERT	HEEL, PAD AND DEPRESSION FO	\$ 18	\$ 23
HEMATOCRIT	HEMATOCRIT	\$ 4	\$ 4
HEMOGLOBIN/HEMOCUE	HEMOGLOBIN, COLORIMETRIC	\$ 5	\$ 5
HEP B SURF ANTIG (HBSAG)	HEPATITIS B SURFACE AG EIA	\$ 13	\$ 17
HEP B SURFACE ANTIBODY	HEP B SURFACE ANTIBODY	\$ 15	\$ 18
HEP C GENOTYPE	GENOTYPE DNA HEPATITIS C		\$ 427
HEPATIC FUNCTION PANEL	HEPATIC FUNCTION PANEL	\$ 11	\$ 14
HEPATITIS A ANTIBODY-IGM	-	\$ 18	\$ 18
HEPATITIS A IGM	HEP A ANTIBODY IGM	\$ 15	\$ 19
HEPATITIS B CORE ANTIBODYHEPATITIS B CORE ANTIBODY	HEP B CORE ANTIBODY TOTAL	\$ 18	\$ 20
HEPATITIS B CORE IGM	HEP B CORE ANTIBODY IGM	\$ 18	\$ 20
HEPATITIS B SURF ANTIGEN	HEPATITIS B SURFACE AG EIA	\$ 16	\$ 17
HEPATITIS B VIRUS, QUANTIFICATION	HEPATITIS B DNA QUANT		\$ 71
HEPATITIS BE ANT (HBEAB)	HEP BE ANTIBODY	\$ 17	\$ 19
HEPATITIS BE ANTIGEN (HBEAG)	HEPATITIS BE AG EIA		\$ 19
HEPATITIS C AMPLIF PROBE	HEPATITIS C RNA AMP PROBE	\$ 69	\$ 69
HEPATITIS C ANTIBODY	HEPATITIS C ANTIBODY	\$ 21	\$ 24
HEPATITIS C VIRUS RNA (QUANT)	HEPATITIS C RNA QUANT	\$ 99	\$ 99
HEPATITIS D ANTIBODY	HEPATITIS DELTA AGENT	\$ 24	\$ 28
HEPATITIS DELTA AGENT	HEPATITIS DELTA AG EIA	\$ 49	\$ 49
HEPATITIS PANEL(ABC) 6825	ACUTE HEPATITIS PANEL	\$ 62	\$ 79
HERPES 1 IGG IGM	ANTIBODY, HERPES SIMPLEX	\$ 16	\$ 22
HERPES 2 IGG IGM	HERPES SIMPLEX TYPE 2	\$ 16	\$ 32
HERPES ANTI-VIRUS IGG	HEMAGGLUTINATION INHIBITION	\$ 16	\$ 16
HERPES CULTR 1 VS 2 IDENT	VIRUS INOCULATE TISSUE ADDL	\$ 21	\$ 24
HERPES CULTURE	VIRUS INOCULATION TISSUE	\$ 25	\$ 39
HERPES SIMP ANTIBODY	ANTIBODY, HERPES SIMPLEX	\$ 20	\$ 23
HETEROPHILE ANT (MONO)	HETEROPHILE ANTIBODIES SCR	\$ 7	\$ 9
HGB ELECTROPHORESIS	HEMOGLOBIN ELECTROPHORES	\$ 20	\$ 26

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HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
HHA-MNTHLY EVAL&EXT TRTMN	-	\$ 17	\$ 17
HI PYLORI AB, IGM	-		\$ 24
HI PYLORI AB,IGG	ANTIBODY, HELICOBACTER PYLO	\$ 22	\$ 24
HIP UNILAT 1 VIEW	XRAY EXAM OF HIP	\$ 45	\$ 45
HIP UNILAT COMPLETE 2VW>	X-RAY EXAM OF HIP	\$ 62	\$ 64
HISTOPLASMA ANTIBODY	ANTIBODY HISTOPLASMA	\$ 18	\$ 21
HIV GENOTYPE ANALYSIS	GENOTYPE DNA HIV REVERSE T	\$ 788	\$ 427
HIV PANEL I	HIV-1/HIV-2 SINGLE ASSAY	\$ 15	\$ 19
HIV PANEL II	-	\$ 46	\$ 46
HIV PANEL IIIA	-	\$ 105	\$ 105
HIV PANEL IV	-	\$ 79	\$ 79
HIV-1 ANTIBODY	ANTIBODY, HIV - 1	\$ 16	\$ 16
HIV-1 ANTIGEN/P	HIV-1 AG EIA	\$ 63	\$ 63
HIV-1 QUANT (7805)	HIV-1 DNA QUANT	\$ 74	\$ 141
HPV-THIN PREP	HPV DNA AMP PROBE		\$ 58
HPYLORI, STOOL, EIA	HPYLORI STOOL EIA		\$ 24
HTLV/HIV ANTIBODY CONFIRM	HTLVI CONFIRM TEST	\$ 35	\$ 35
HUMERUS-2 VIEWS>	XRAY EXAM OF HUMERUS	\$ 44	\$ 48
I&D BARTHOLIN GLAND	INCIS DRAIN OF BARTHOLIN'S GL	\$ 102	\$ 191
I&D PILONIDAL CYST	DRAINAGE OF PILONIDAL CYST	\$ 80	\$ 274
IBUPROPHEN ELXIR 5MG/KG	-	\$ 32	\$ 32
ICE PACK DISPOSABLE	SPECIAL SUPPLIES	\$ 8	\$ 8
IGA ENDOMYSIAL ANTIBODY TITER PANEL	FLUORESCENT ANTIBODY TITER		\$ 20
IMMOBILIZER KNEE	KO IMMOBILIZER CANVAS LONGIT		\$ 105
IMMUNE GLOBULIN ISG	-	\$ 15	\$ 15
IMMUNOASSAY, NONANTIBODY	IMMUNOASSAY NONANTIBODY	\$ 22	\$ 22
IMMUNOFIXATION SERUM	IMMUNOFIX E-PHORESIS SERUM		\$ 31
INCSN & DRAINAGE-ABSCS INTRA SFT TIS	-		\$ 130
INDIRECT PULP CAP	-		\$ 97
INFECTIOUS MONO	PARTICLE AGGLUTINATION	\$ 13	\$ 17
INGESTION CHALLENGE TEST-ALRGY	INGESTION CHALLENGE TEST		\$ 98
INIT NUTRIT ASSES/DEV EA SUB 15 MIN	3UB HEALTH EDUCATION ASSESS/DEVELOP 15MI		\$ 43
INIT NUTRIT ASSES/DV EA SUB 15 M	SUB NUTRITION ASSESS/DEVELOP EA SUB 15MN		\$ 43
INIT PM E/M, NEW PAT 1-4 YRS	-		\$ 55
INIT PM E/M, NEW PAT, INF	INIT PM E/M NEW PAT INF		\$ 68
INIT PSYCHO ASSES/DEV EA SUB 15 M	SUB PSYCHOSOCIAL ASSESS/DEVELOP EA 15MIN		\$ 43
INITIAL COMP EVAL ADULT PHYS 40-64	-		\$ 25
INITIAL NUTRI/PSY/HLTH ED ASSESMEN	INITIAL COMP FIRST 30 MIN/INC CASE COORD		\$ 204
INJ INTRALESIONAL/UP-7LES	INJECTION INTO SKIN LESIONS		\$ 87
INJ PHENERGAN	-		\$ 25
INJECT TRIG PT/GANGLION	INJ TENDON SHEATH/LIGAMENT		\$ 89
INJECTION TESTOSTERONE	-	\$ 13	\$ 13
INJECT-THERAPY SUB OR IM	THER/PROPH/DIAG INJ SC/IM		\$ 39
INSULIN C-PEPTIDE	ASSAY OF C-PEPTIDE		\$ 32
INSULIN FASTING	RIA ASSAY OF INSULIN		\$ 19
INTRAORAL OCCLUSAL FILM	-		\$ 18
IRON BINDING CAP	SERUM IRON BINDING TEST	\$ 9	\$ 12
IRON SERUM TOTAL	ASSAY OF IRON	\$ 9	\$ 11
IRRIG NORM SALINE/ WATER 1000ML	-	\$ 28	\$ 28
IRRIG STERILE WATER /1000ML	-		\$ 28
ISONIAZID TAB 100MG #100	-	\$ 10	\$ 10
ISONIAZID TAB 100MG #30	-	\$ 6	\$ 6
ISONIAZID TAB 300MG #100	-	\$ 13	\$ 13
ISONIAZID TAB 300MG #30	-	\$ 7	\$ 7
IUD INSERTION	INSERT INTRAUTERINE DEVICE	\$ 75	\$ 176
IUD REMOVAL	REMOVE INTRAUTERINE DEVICE	\$ 75	\$ 148
KANAMYCIN 500 MG INJ	INJECTION, KANAMYCIN SULFAT	\$ 34	\$ 34
KENALOG INJ 40MG	-		\$ 25
KETOROLAC - 15 MG	-		\$ 15
KETOROLAC INJ 60 MG	-	\$ 33	\$ 33
KNEE ONE OR TWO VIEWS	X-RAY EXAM OF KNEE 1 OR 2	\$ 40	\$ 50
KNEE SUPPORT W/ PATELLA LOT	-		\$ 21
KNEE-3 VIEWS	X-RAY EXAM OF KNEE 3	\$ 58	\$ 60
KOH SLIDE SKIN/TISSUE	TISSUE EXAM FOR FUNGI	\$ 8	\$ 8

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
LAC-1 NK/HND/FT/GEN<2.6CM	INTMD WND REPAIR N-HF/GENIT		\$ 375
LACI FACE/EAR/MUC 7.6-12.5CM	INTMD WND REPAIR FACE/MM	\$ 263	\$ 567
LACI FACE/EAR/MUCM12.6-20.0CM	INTMD WND REPAIR FACE/MM	\$ 338	\$ 720
LACI FACE/EAR/MUCM5.1-7.5 CM	INTMD WND REPAIR FACE/MM	\$ 223	\$ 535
LACI FACE/EAR/MUCMEM <2.5	INTMD WND REPAIR FACE/MM	\$ 159	\$ 405
LACI FACE/EAR/MUCMEM2.6-5.0CM	INTMD WND REPAIR FACE/MM	\$ 177	\$ 463
LAC-I FACE/EARS >30 CM	INTMD WND REPAIR FACE/MM	\$ 499	\$ 966
LAC-I FACE/EARS 20.1-30	INTMD WND REPAIR FACE/MM	\$ 431	\$ 843
LAC-I H&F/NK/GEN >30 CM	INTMD WND REPAIR N-HG/GENIT	\$ 396	\$ 797
LAC-I H&F/NK/GEN 2.6-7.5	INTMD WND REPAIR N-HG/GENIT	\$ 173	\$ 450
LAC-I H&F/NK/GEN 20.1-30	INTMD WND REPAIR N-HG/GENIT	\$ 326	\$ 693
LAC-I NK/HND/FT/GEN7.6-12.5	INTMD WND REPAIR N-HG/GENIT		\$ 550
LAC-I SCLP/TRK/LMB7.6-12.5	INTMD WND REPAIR S/TR/EXT		\$ 480
LAC-I TRK/ARM&LEG <2.5 CM OR LESS	REPAIR SUPERFICIAL WOUND(S)	\$ 136	\$ 174
LAC-I TRK/ARM&LEG >30 CM	INTMD WND REPAIR S/TR/EXT	\$ 362	\$ 725
LAC-I TRK/ARM&LEG 12.6-20	INTMD WND REPAIR S/TR/EXT	\$ 247	\$ 587
LAC-I TRK/ARM&LEG 2.6-7	INTMD WND REPAIR S/TR/EXT	\$ 156	\$ 478
LAC-I TRK/ARM&LEG 20.1-30	INTMD WND REPAIR S/TR/EXT	\$ 303	\$ 648
LAC-I TRK/ARM&LEG7.6-12.5	INTMD WND REPAIR S/TR/EXT	\$ 206	\$ 480
LAC-S BDY/SCLP/NK >30 CM	REPAIR SUPERFICIAL WOUND(S)	\$ 324	\$ 422
LAC-S BDY/SCLP/NK 12.6-20	REPAIR SUPERFICIAL WOUND(S)	\$ 200	\$ 262
LAC-S BDY/SCLP/NK 20.1-30	REPAIR SUPERFICIAL WOUND(S)	\$ 261	\$ 315
LAC-S BDY/SCLP/NK7.6-12.5	REPAIR SUPERFICIAL WOUND(S)	\$ 157	\$ 203
LAC-S BODY/SCLP/INK <2.6CM	REPAIR SUPERFICIAL WOUND(S)		\$ 146
LAC-S BODY/SCLP/INK2.6-7.5	REPAIR SUPERFICIAL WOUND(S)	\$ 86	\$ 173
LAC-S FACE/EARS >30 CM	REPAIR SUPERFICIAL WOUND(S)	\$ 448	\$ 570
LAC-S FACE/EARS 12.6-20	REPAIR SUPERFICIAL WOUND(S)	\$ 370	\$ 370
LAC-S FACE/EARS 2.6-5 CM	REPAIR SUPERFICIAL WOUND(S)	\$ 134	\$ 191
LAC-S FACE/EARS 20.1-30	REPAIR SUPERFICIAL WOUND(S)	\$ 359	\$ 489
LAC-S FACE/EARS 5.1-7.5	REPAIR SUPERFICIAL WOUND(S)	\$ 185	\$ 223
LAC-S FACE/EARS 7.6-12.5	REPAIR SUPERFICIAL WOUND(S)	\$ 236	\$ 274
LAC-SCLP/TRK/LMB<2.6CM	INTMD WND REPAIR S/TR/EXT		\$ 368
LACTATE DEHYROGENASE	UV-ASSAY BLOOD LDH ENZYME		\$ 10
LANCET DEVICE	-	\$ 14	\$ 14
LEAD COUNSELING AND BLOOD DRAW	-		\$ 22
LEAD-LEVEL	ASSAY OF LEAD		\$ 22
LEEP	BOX OF CERVIX W/SCOPE LEEP		\$ 453
LESN FACE/MUC MEMB <5CM	EXC FACE-MM B9+MARG 0.5 < CM	\$ 84	\$ 209
LESN FACE/MUC MEMB 1.1-2.0CM	EXC FACE-MM B9+MARG 1.1-2 CM	\$ 129	\$ 292
LESN FACE/MUC MEMB 2.1-3.0CM	EXC FACE-MM B9+MARG 2.1-3 CM	\$ 169	\$ 346
LESN FACE/MUC MEMB 3.1-4.0CM	EXC FACE-MM B9+MARG 3.1-4 CM	\$ 222	\$ 431
LESN FACE/MUC MUMB .6-1.0CM	EXC FACE-MM B9+MARG 0.6-1 CM	\$ 111	\$ 260
LESN HEAD/HD&FT/GEN <.5CM	EXC H-F-NK-SP B9+MARG 0.5 <	\$ 74	\$ 190
LESN HEAD/HD&FT/GEN 1.1-2	EXC H-F-NK-SP B9+MARG 1.1-2	\$ 117	\$ 270
LESN HEAD/HD&FT/GEN 2.1-3	EXC HFNKSP B9+MARG 2.13	\$ 146	\$ 311
LESN HEAD/HD&FT/GEN 3.1-4	EXC HFNKSP B9+MARG 3.14	\$ 172	\$ 357
LESN HEAD/HD&FT/GEN.6-1CM	EXC H-F-NK-SP B9+MARG 0.6-1	\$ 103	\$ 243
LESN TRK/ARM/LEG .6-1CM	EXC TR-EXT B9+MARG 0.6-1 CM	\$ 90	\$ 230
LESN TRK/ARM/LEG <.6CM	EXC TR-EXT B9+MARG 0.5 < CM	\$ 67	\$ 192
LESN TRK/ARM/LEG 1.1-2CM	EXC TR-EXT B9+MARG 1.1-2 CM	\$ 108	\$ 256
LESN TRK/ARM/LEG 2.1-3CM	EXC TREXT B9+MARG 2.13 CM	\$ 130	\$ 293
LESN TRK/ARM/LEG 3.1-4CM	EXC TREXT B9+MARG 3.14 CM	\$ 147	\$ 333
LEUK CELL PREPLEUK CELL PREP	WBC ALKALINE PHOSPHATASE	\$ 19	\$ 19
LIDOCAINE HCL 1%	-	\$ 12	\$ 12
LIDOCAINE HCL 2%	UNCLASSIFIED DRUGS	\$ 12	\$ 12
LIDOCAINE HCL W/EPI 1%	-	\$ 39	\$ 39
LIDOCAINE HCL W/EPI 2%	-	\$ 41	\$ 41
LINDANE/KWELL 60ML LOTION	-	\$ 7	\$ 7
LINDANE/KWELL 60ML SHMPOO	-	\$ 7	\$ 7
LIPASE	ASSAY OF LIPASE		\$ 11
LIPID PANEL	LIPID PROFILE	\$ 16	\$ 21
LIQUID NITROGEN	-	\$ 16	\$ 16
LUMBAR SPINE 2-3 VIEWS	XRAY EXAM OF LOWER SPINE		\$ 62
LUMBAR SPINE BENDING 4>	XRAY EXAM OF LOWER SPINE		\$ 71

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
LUMBAR SPINE COMP WBEND	XRAY EXAM OF LOWER SPINE	\$ 136	\$ 136
LUMBAR SPINE/ PELVIS W/4 VIEWS	XRAY EXAM OF LOWER SPINE		\$ 108
LUMBOSACRAL SUPP 12-14IN	-	\$ 159	\$ 159
LUNELLE INJ	-		\$ 35
LUTENIZING HORMONE (LH)	PITUITARY GONADOTROPINS RIA	\$ 24	\$ 31
LYTREN 8 OZ (PEDIALYTE)	-	\$ 7	\$ 7
M TB IDENT-DIRECT PROBE	M.TUBERCULO DNA DIR PROBE	\$ 34	\$ 34
MACRODANTIN 100MG #28	-		\$ 30
MACRODANTIN 50MG #28	-	\$ 15	\$ 15
MANDIBLE COMPLETE 4VW>	XRAY EXAM OF JAW		\$ 86
MASTOID <3 VW PER SIDE	X-RAY EXAM OF MASTOIDS	\$ 30	\$ 59
MASTOIDS COMPLETE 3VW>	X-RAY EXAM OF MASTOIDS	\$ 107	\$ 107
MDI ALBUTEROL	-	\$ 8	\$ 8
MEASLES VACCINE	MEASLES VACCINE SC	\$ 54	\$ 54
MEDICAL SOCIAL SERVICES	MEDICAL SOCIAL SERVICES	\$ 111	\$ 144
MERCURY QUANTITATIVE TEST	ASSAY OF MERCURY	\$ 49	\$ 49
METROGEL 0.75%	-	\$ 49	\$ 49
MICONAZOLE-7 VAG CR	-	\$ 28	\$ 28
MICORALBUMEN, QNT, URINE	MICROALBUMIN QUANTITATIVE	\$ 7	\$ 10
MICROBE SUSCEPTIBLE, MLC	MICROBE SUSCEPTIBLE MIC		\$ 14
MICROSOMAL ANTIBODY, R/A	MICROSOMAL ANTIBODY, RIA		\$ 23
MIM SERV ESTB PT	-	\$ 26	\$ 26
MIRENA IUD	MIRENA INTRAUTERINE SYSTEM	\$ 432	\$ 1,050
MONOFILAMENT TEST-FEET	SHLATENCY SOMATOSENSORY I	\$ 142	\$ 260
MUMPS ANTIBODY - IGG	MUMPS ANTIBODY	\$ 30	\$ 30
MUTATION IDENT OLA/SBCE/ASPE	MUTATION IDENT OLA/SBCE/ASPE		\$ 56
MYCOLOG CREAM 15GM TUBE	-	\$ 6	\$ 6
MYCOLOG OINT 30 GM TUBE	-	\$ 11	\$ 11
N20 SEDATION	-		\$ 46
NAIL AVULSION 1	REMOVAL OF NAIL PLATE	\$ 78	\$ 151
NAIL AVULSION EA ADD NAIL	REMOVE NAIL PLATE ADD-ON	\$ 35	\$ 56
NAIL DEBRIDEMENT 1-5	DEBRIDE NAIL 1-5	\$ 25	\$ 49
NAIL DEBRIDEMENT 6+	DEBRIDE NAIL 6 OR MORE	\$ 40	\$ 68
NAIL INGROWN WEDGE EXCISN	EXCISION OF NAIL FOLD TOE	\$ 100	\$ 254
NAIL TRIMMING-ANY NUMBER	-	\$ 25	\$ 35
NASAL BONES 3VW>	X-RAY EXAM OF NASAL BONES	\$ 54	\$ 54
NEB AEROSOL TB	EVALUATE PT USE OF INHALER	\$ 17	\$ 27
NEB-ALBUTEROL SULFAT.083%	INTERRUPTION OF INFERIOR VE	\$ 6	\$ 894
NEB-ALUPENT/METAPROTR .6%	-		\$ 7
NEB-NORMAL SALINE 5CC	-	\$ 5	\$ 5
NEB-OXYGN TUBING W/MOUTHPT	-	\$ 38	\$ 38
NEBULIZER (IPPB)	-	\$ 36	\$ 36
NEBULIZER(IPPB)SUBSEQUENT	-	\$ 25	\$ 0
NECK SOFT TISSUE	X-RAY EXAM OF NECK	\$ 36	\$ 44
NEUPOGEN 300MCG INJ	INJECTION, FILGRASTIM (G-CSF)	\$ 36	\$ 384
NEUTRALIZATION TEST, VIRAL	NEUTRALIZATION TEST VIRAL		\$ 28
NEXT CHOICE	PLAN B EMERGENCY CONTRACEPTIVE		\$ 31
NITROFURANTOIN 100MG #14	-		\$ 23
NITROPATCH .2MG EACH	-	\$ 43	\$ 43
NITROSTAT .4MG SUBLING	-	\$ 1	\$ 1
NO CHARGE OFF VIS-EST PT	-		\$ 0
NORFLOX/NOROXIN 400MG TABS	-	\$ 15	\$ 15
NOSE ALLERGY TEST	NOSE ALLERGY TEST		\$ 41
NOSEBLEED ANT SIMPLE	CONTROL NASAL HEMORRAGE,	\$ 63	\$ 151
NUBULIZER/IPPB/DEMO/EVAL/DIAGN	-		\$ 25
NUCLEAR ANTIGEN ANTIBODY	NUCLEAR ANTIGEN ANTIBODY		\$ 23
NUCLEIC ACID, HIGH RESOLUTE	NUCLEIC ACID HIGH RESOLUTE		\$ 56
NUTR ANT FOL-UP VISIT	ANTEPARTUM FOLLOW-UP OFFIC	\$ 106	\$ 106
NUTR ANT VST 10TH & SUBSE	TENTH ANTEPARTUM VISIT	\$ 63	\$ 170
NUTRITION PRENATAL ED PER 15 MIN	PERINATAL EDUCATION INDIVIDUAL EA 15MIN		\$ 29
NUTRITIONIST BIA TESTING	-		\$ 42
NUTRITIONIST INI VISIT	-		\$ 90
NUTRTION ASSESS POST PART EA 15 MIN	POSTPARTUM NUTR ASSE/TREAT/INTER IND 15M		\$ 29
NUVA RING	-	\$ 45	\$ 45

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HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
O & P TRICHROME STAIN	SPECIAL STAINS GROUP 2	\$ 24	\$ 106
OB ULTRASOUND>OR=14 WKS-0DAYS	OB US >= 14 WKS SNGL FETUS		\$ 231
OBSTETRIC PANEL	OBSTETRIC PANEL	\$ 44	\$ 57
OB-TRANSVAGINAL ULTRASOUND	TRANSVAGINAL US OBSTETRIC		\$ 159
OCCULT BLOOD - FECES PEROXID	OCCULT BLOOD FECES	\$ 5	\$ 5
OFFICE CONSULT- LEVEL 4	OFFICE CONSULTATION		\$ 122
OFFICE VISIT FOR OBSERVATION	-		\$ 67
OFFICE VISIT, NEW, LEVEL 1	OFFICE/OUTPATIENT VISIT NEW	\$ 33	\$ 67
OFFICE VISIT, NEW, LEVEL 2	OFFICE/OUTPATIENT VISIT NEW	\$ 49	\$ 113
OFFICE VISIT, NEW, LEVEL 3	OFFICE/OUTPATIENT VISIT NEW	\$ 80	\$ 163
OFFICE VISIT, NEW, LEVEL 4	OFFICE/OUTPATIENT VISIT NEW	\$ 98	\$ 248
OFFICE VISIT, NEW, LEVEL 5	OFFICE/OUTPATIENT VISIT NEW	\$ 118	\$ 307
OFLOXACIN 200MG 1 TAB	-	\$ 5	\$ 5
OFLOXACIN 400MG 1 TAB	-	\$ 10	\$ 10
ORAL HYGIENE INSTRUCTION	-		\$ 15
ORTHO EVRA PATCH	-	\$ 15	\$ 15
OS CALCIS 2VW>	XRAY EXAM OF HEEL	\$ 40	\$ 46
OSMOLALITY (SERUM)	ASSAY OF BLOOD OSMOLALITY		\$ 11
OSMOLALITY (URINE)	ASSAY OF URINE OSMOLALITY		\$ 11
OVA AND PARISTIE	SMEAR COMPLEX STAIN		\$ 30
OXYGEN - NASAL CANNULA	CANNULA NASAL		\$ 34
PA X-RAYS (1ST FILM)	-		\$ 13
PA X-RAYS (ADDTL)	-		\$ 9
PALLIATIVE / EMERGENCY TREATMENT	-		\$ 38
PARA THYROID (ASSAY)	RIA ASSAY OF PARATHORMONE		\$ 68
PARAGUARD	PARAGARD INTRAUTERINE DEVICE		\$ 893
PATHOLOGY G & M 1SP LEVEL IV	TISSUE EXAM BY PATHOLOGIST		\$ 169
PATHOLOGY G & M 1SP LEVEL III	TISSUE EXAM BY PATHOLOGIST		\$ 120
PEAK FLOW METER DISP	-	\$ 115	\$ 115
PEDIALYTE 6 OZ	-	\$ 7	\$ 7
PELVIS 1 OR 2 VIEWS	XRAY EXAM OF PELVIS		\$ 54
PELVIS COMPLETE 3VW>	XRAY EXAM OF PELVIS	\$ 71	\$ 71
PENIS LESION REMOV-CHEM	DESTRUCTION PENIS LESION(S)	\$ 74	\$ 205
PENTAMIDINE 300 MG	-	\$ 248	\$ 248
PERINATAL EDUCATION GROUP-15MIN	PERINATAL EDUCATION GROUP PER PAT EA 15M		\$ 29
PHENOBARBITAL LEVEL	ASSAY OF PHENOBARBITAL	\$ 16	\$ 19
PHENYTOIN, FREE	-		\$ 13
PHENYTOIN-TOTAL	ASSAY OF PHENYTOIN TOTAL	\$ 17	\$ 22
PHN-CASE EVAL&INIT TRTMNT	CASE EVALUATION & INITIAL TRT	\$ 35	\$ 45
PHOSPHATASE ALKALINE	ASSAY ALKALINE PHOSPHATASE	\$ 7	\$ 9
PINWORMS	PINWORM EXAM	\$ 10	\$ 7
PIP PAP	CYTOPATH CV INTERPRET	\$ 25	\$ 46
PIP PREGNANCY 1ST TRI	INITIAL ANTEPARTUM OFFICE VIS	\$ 400	\$ 189
PIP PREGNANCY 2ND TRI	INITIAL ANTEPARTUM OFFICE VIS	\$ 300	\$ 189
PIP PREGNANCY 3RD TRI	INITIAL ANTEPARTUM OFFICE VIS	\$ 200	\$ 189
PLATELET COUNT	AUTOMATED PLATELET COUNT	\$ 6	\$ 8
PLCMNT NDL BRST GUIDANCE	-		\$ 54
PNEUMOCYST	PNEUMOCYSTIS CARINII AG IF	\$ 16	\$ 16
PODOPHYLLIN 25% 1 APP 30 ML	-		\$ 55
POST OP SHOE	-		\$ 33
POST RABIES TRTMNT W/RIG	IMMUNOFLUORESCENT STUDY	\$ 242	\$ 242
POSTERIOR SPLINT APPL	-		\$ 101
POTASSIUM SERUM	ASSAY OF SERUM POTASSIUM	\$ 7	\$ 8
PREALBUMEN, SERUM	ASSAY OF PREALBUMIN	\$ 25	\$ 25
PREGNANCY TEST QUAL	CHORIONIC GONADOTROPIN AS	\$ 10	\$ 12
PREGNANCY TEST-URINE	URINE PREGNANCY TEST	\$ 9	\$ 9
PRENATAL VITAMINS #100	-	\$ 9	\$ 9
PRIMIDONE	ASSAY OF PRIMIDONE		\$ 28
PROBENECID TAB 500MG #60	-	\$ 32	\$ 32
PROGESTERONE LEVEL	ASSAY OF PROGESTERONE	\$ 27	\$ 35
PROMETHAZINE SYRUP 5 ML	-	\$ 3	\$ 3
PROPHYLAXIS - ADULT	-		\$ 46
PROPHYLAXIS - CHILD	-		\$ 34
PROTEIN C, FUNCTIONAL	BLOOD CLOT INHIBITOR TEST		\$ 23

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HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
PROTEIN E-PHORESIS, SERUM	PROTEIN E-PHORESIS SERUM		\$ 18
PROTEIN E-PHORESIS/ URINE/ CSF	PROTEIN E-PHORESIS/URINE/CSF		\$ 30
PROTEIN S, ANTIGEN	BLOOD CLOT INHIBITOR TEST		\$ 25
PROTEIN TOTAL A/G RAT PNL	ASSAY OF PROTEIN SERUM	\$ 7	\$ 7
PROTHROMBIN TIME	PROTHROMBIN TIME	\$ 5	\$ 7
PROTOPORPHYRIN RBC QUQNTIT	ASSAY RBC PROTOPORPHYRIN		\$ 48
PROVERA 10MG TABS #9	-	\$ 11	\$ 11
PSA FREE	ASSAY OF PSA FREE	\$ 23	\$ 31
PSA TOTAL	ASSAY OF PSA TOTAL	\$ 23	\$ 31
PSYCHO ASSESS POST PART EA 15 MIN	POSTPARTUM PSYCHOSOCIAL ASSESS EA 15MIN		\$ 29
PTT-PARTIAL THROMBOPLASTN	THROMBOPLASTIN TIME PARTIA	\$ 10	\$ 10
PULSE OXIMETRY MULTIPLE	-	\$ 38	\$ 38
PULSE OXIMETRY SPOT CHECK	MEASURE BLOOD OXYGEN LEVEL		\$ 8
PYRAZINAMID TAB 500MG #30	-	\$ 41	\$ 41
PYRAZINAMIDE TAB 500MG#100	-	\$ 147	\$ 147
RABIES ANTIBODY	VIRUS ANTIBODY NOS		\$ 21
RABIES IMMUN GLOB 10 ML	-	\$ 220	\$ 220
RABIES IMMUN GLOB 12 ML	-	\$ 262	\$ 263
RABIES IMMUN GLOB 2 ML	-	\$ 49	\$ 50
RABIES IMMUN GLOB 4 ML	-	\$ 90	\$ 90
RABIES IMMUN GLOB 6 ML	-	\$ 135	\$ 135
RABIES IMMUN GLOB 8 ML	-	\$ 177	\$ 177
RABIES VACCINE IM-1 ML	RABIES VACCINE IM	\$ 302	\$ 302
RADIOLOG EXAM BRST SPECMN	X-RAY EXAM BREAST SPECIMEN	\$ 32	\$ 42
RE CEMENTATION OF SPACE	-		\$ 95
REASSES & INTRV EA 15 MN	-		\$ 46
RECEMENT CROWN	-		\$ 25
REM FP EXT/CONJUNCTIVAL	REMOVE FOREIGN BODY FROM I	\$ 8	\$ 167
RESIN RESTORATIVE (LINE 1)	-		\$ 73
RESIN RESTORATIVE (LINE 2)	-		\$ 90
RESIN RESTORATIVE (LINE 3)	-		\$ 108
RESIN RESTORATIVE (LINE 4)	-		\$ 119
RESPIRGUARD II	-	\$ 8	\$ 8
RETICULOCYTE COUNT	RETICUTOCYTE COUNT	\$ 7	\$ 7
RH TITER (DIRECT COOMBS)	COOMBS TEST DIRECT	\$ 10	\$ 10
RHEUMATOID FACTOR	RHEUMATOID FACTOR TEST	\$ 8	\$ 9
RIA ASSAY OF PROINSULIN	RIA ASSAY OF PROINSULIN		\$ 93
RIA ASSAY OF RENIN	RIA ASSAY OF RENIN		\$ 104
RIB BELT	-	\$ 18	\$ 18
RIBS BILATERAL 3VW	XRAY EXAM OF RIBS	\$ 79	\$ 79
RIBS UNILATERAL 2VW	XRAY EXAM OF RIBS	\$ 66	\$ 66
RIFAMATE CAPS #60	-	\$ 35	\$ 35
RIFAMPIN 150MG CAPS #100	-	\$ 84	\$ 84
RIFAMPIN 300 MG CAPS #60	-	\$ 33	\$ 33
ROCEPHIN 1 GM	-	\$ 97	\$ 97
ROCEPHIN 250 MG INJ	INJECTION, CEFTRIAXONE SODIUM	\$ 39	\$ 39
ROOM & BOARD <24 HOURS	PAY FOR RM AND BOARD AND G	\$ 47	\$ 61
RSV/FA	RESPIRATORY SYNCYTIAL AG IF	\$ 25	\$ 25
RUBELLA ANTIBODY	RUBELLA ANTIBODY	\$ 20	\$ 23
RUBEOLA ANTIBODY	RUBEOLA ANTIBODY	\$ 24	\$ 24
RUSSELL VIPER VENOM, DILUTED	RUSSELL VIPER VENOM DILUTED		\$ 16
SACROILIAC JTS 2VW>	XRAY EXAM SACROILIAC JOINTS	\$ 71	\$ 71
SACRUM & COCCYX 2VW>	XRAY EXAM OF TAILBONE	\$ 58	\$ 58
SAME DAY - 2ND SERVICE	-		\$ 0
SCALING AND ROOT PLANING	-		\$ 222
SCAPULA COMPLETE	XRAY EXAM OF SHOULDER BLAD	\$ 53	\$ 53
SCOLIOSIS/SUPINE & ERECT	XRAY EXAM OF TRUNK SPINE	\$ 53	\$ 82
SCREEN MAMMOGRAPHY BILAT	-	\$ 78	\$ 78
SEALANT (# OF)	-		\$ 28
SEDATIVE FILLING	-		\$ 18
SEDIMENTATION RATE	RBC SED RATE NONAUTOMATED		\$ 6
SEMEN ANALYSIS	-		\$ 100
SEPTRA DS #14 TABS	-	\$ 12	\$ 12
SGOT/AST-ASPART AMINOTRNS	UV-ASSAY TRANSAMINASE (SGOT)		\$ 9

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HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
SGPT/ALT-ALANIN AMINOTRNS	UV-ASSAY TRANSAMINASE (SGP	\$ 8	\$ 9
SHAVE LSN TRK ARM LEG<0.5	SHAVE SKIN LESION		\$ 110
SHOULDER 1 VIEW	XRAY EXAM OF SHOULDER		\$ 39
SHOULDER 2VW>	XRAY EXAM OF SHOULDER	\$ 53	\$ 53
SHOULDER IMMOBILIZER	-	\$ 36	\$ 36
SICKLE CELL	RBC SICKLE CELL TEST	\$ 7	\$ 9
SILVADENE CREAM 1% 50GM	-	\$ 11	\$ 11
SINGLE, SIMPLE	-		\$ 46
SINUSES PARANASAL <3VIEWS	X-RAY EXAM OF SINUSES	\$ 45	\$ 51
SINUSES PARANASAL 3VW>	X-RAY EXAM OF SINUSES	\$ 79	\$ 79
SIROLIMUS (RAPAMYCIN)	ASSAY OF SIROLIMUS		\$ 23
SKIN STAPLER W/STAPLES	-	\$ 47	\$ 47
SKIN TEST CANDIDA	SKIN TEST CANDIDA	\$ 15	\$ 30
SKIN TEST TB/PPD	TB INTRADERMAL TEST	\$ 15	\$ 15
SKINTAG REMOVAL 1-15	REMOVAL OF SKIN TAGS	\$ 78	\$ 135
SKTAG REMV EA ADTL 10 LSN	REMOVE SKIN TAGS ADD-ON	\$ 52	\$ 52
SKULL <4VW	XRAY EXAM OF SKULL	\$ 53	\$ 60
SLING MUSLIN TRIANGULAR	-	\$ 2	\$ 2
SLING, TEAR	-	\$ 7	\$ 7
SMALL (13IN - 14IN) KNEE SUPPORT	-		\$ 35
SODIUM SERUM	ASSAY OF SERUM SODIUM	\$ 7	\$ 8
SOLUCORTEF/STEROID 50MG	-	\$ 25	\$ 25
SOLUMEDROL 125MG	INJECTION, METHYLPREDNISOLONE SODI		\$ 25
SOLUMEDROL 40MG	-		\$ 11
SPACE MAINTAINER	-		\$ 274
SPECTINOMYCIN INJECT 2GM	-	\$ 50	\$ 50
SPINE THORASIC-3 VIEWS	XRAY EXAM OF THORACIC SPINE	\$ 62	\$ 62
SPIROMETRY / PULM FUNC TEST	BREATHING CAPACITY TEST		\$ 58
SPLINT APPLIC-FINGER	APPLICATION OF FINGER SPLINT	\$ 30	\$ 62
SPLINT APPLIC-SHORT ARM	APPLY FOREARM SPLINT	\$ 61	\$ 100
SPLINT APPLIC-SHORT LEG	APPLICATION LOWER LEG SPLIN	\$ 65	\$ 110
SPLINT FINGER 1 X 18	-	\$ 3	\$ 3
SPLINT FINGER 1/2 X 18	-	\$ 2	\$ 2
SPLINT FINGER 3/4 X 18	-	\$ 3	\$ 3
SPLINT FINGER GUARD	-	\$ 6	\$ 6
SPLINT WRIST LARGE LEFT	-	\$ 24	\$ 24
SPLINT WRIST SMALL LEFT	-	\$ 24	\$ 24
SPLINT WRIST SMALL RIGHT	-	\$ 24	\$ 24
SPONGES, 4X4 10 EACH	-	\$ 1	\$ 1
SPORTS PHYSICAL	-		\$ 20
SPUTUM COLLECTION-CLINIC	-	\$ 20	\$ 20
SPUTUM COLLECTION-HOME	-	\$ 7	\$ 7
SSC (PRIMARY)	-		\$ 154
STAPLE REMOVAL KIT	-	\$ 5	\$ 5
STAT SET-UP FEE	-	\$ 11	\$ 11
STERI STRIPS	-	\$ 10	\$ 10
STERNOCLAV JOINTS 3VW>	XRAY EXAM OF BREASTBONE	\$ 53	\$ 61
STERNUM 2VW>	XRAY EXAM OF BREASTBONE	\$ 53	\$ 53
STOOL O & P CONC+HD-DIREC	OVA AND PARASITES SMEARS	\$ 17	\$ 17
STRAPPING-ANKLE/FOOT	STRAPPING OF ANKLE AND/OR F	\$ 32	\$ 57
STRAPPING-HAND OR FINGER	STRAPPING OF HAND OR FINGER	\$ 60	\$ 78
STRAPPING-TOES	STRAPPING OF TOES	\$ 30	\$ 49
STREP A CULTURE	INFECT AGT DET BY IMMUNO WITH DIR OPTICA		\$ 15
STREP CULTURE	-	\$ 9	\$ 11
STREPTOMYCIN INJECT 1 ML	-	\$ 18	\$ 18
STRETCH NETTING #1	-	\$ 1	\$ 1
STRETCH NETTING #2	-	\$ 1	\$ 1
STRETCH NETTING #3	-	\$ 11	\$ 11
STRETCH NETTING #4	-	\$ 19	\$ 19
SUBUNEVAC. SUBUNGUL HEMATOMASUBUNEVAC. SUBUNGUL HEMATOMA	DRAIN BLOOD FROM UNDER NAI		\$ 76
SULTRIN CREAM TUBE	-	\$ 2	\$ 2
SURGICAL, ERUPTED	-		\$ 97
SUT VIC 4-0 PC5 18IN UND	-	\$ 63	\$ 63
SUT VIC 5-0 PC1 18IN UND	-	\$ 61	\$ 61

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
SUTURE ETHILON 5-0PC518IN	-	\$ 154	\$ 154
SUTURE ETHILON 6-0PC118IN	-	\$ 63	\$ 63
SUTURE REMOVAL KIT	-	\$ 5	\$ 5
SYNAGIS 100MG VIAL (PALIVIZUMAB)	RSV MAB IM 50MG		\$ 1,792
SYNOVIAL FLUID CRYSTALS	EXAM SYNOVIAL FLUID CRYSTALS		\$ 12
SYPHILIS QUANT (RPR) Screening Quant	SYPHILIS TEST NON-TREP QUAN	\$ 8	\$ 8
SYPHILIS VDRL, QUAL	SYPHILIS TEST NON-TREP QUAL	\$ 8	\$ 8
T - 3 FREE	RIA ASSAY (FT-3)	\$ 23	\$ 27
T-3 TOTAL	ASSAY TRIIODOTHYRONINE (T3)	\$ 20	\$ 24
T-3/T-4 UPTAKE	ASSAY OF THYROID (T3 OR T4)	\$ 8	\$ 11
T-4 / THYROXINE TOTAL	ASSAY OF TOTAL THYROXINE	\$ 9	\$ 11
T-4/THYROXINE FREE	ASSAY OF FREE THYROXINE	\$ 17	\$ 17
TACROLIMUS	ASSAY OF TACROLIMUS		\$ 23
TB AFB SENSI-EA DRUG X6	MICROBE SUSCEPT MYCOBACTE	\$ 60	\$ 60
TB RETEST-RESULT QUESTION	-		\$ 10
T-CELL SUBSET	T CELLS TOTAL COUNT	\$ 68	\$ 63
TEMPORARY CROWN	-		\$ 48
TEMPOROMANDIB JNTS BILAT	XRAY EXAM OF JAW JOINTS	\$ 78	\$ 80
TERAZOL VAG SUPPOS 80MGX3	-	\$ 18	\$ 18
TERAZOL-7 VAG CREAM	-	\$ 24	\$ 24
TESTOSTERONE 1CC/50MG	-	\$ 17	\$ 17
TESTOSTERONE TOTAL	ASSAY OF TOTAL TESTOSTERON	\$ 33	\$ 43
TETRACYCLIN 500MG #14CAPS	-	\$ 3	\$ 3
TETRACYCLIN 500MG #28	-	\$ 6	\$ 6
TETRACYCLIN 500MG #48CAPS	-	\$ 9	\$ 9
THYROGLOBULIN ANTIBODY, RIA	THYROGLOBULIN ANTIBODY, RIA		\$ 22
TIBIA & FIBULA 2 VIEWS	XRAY EXAM OF LOWER LEG	\$ 44	\$ 45
TIGAN 100MG SUPPOSITORY	-	\$ 3	\$ 3
TIGAN 200 MG INJECTION	-		\$ 53
TIGAN 200MG SUPPOSITORY	-	\$ 3	\$ 12
T-LYMPHOCYTE PANEL	T CELL ABSOLUTE COUNT		\$ 44
TOE(S) 2VW>	XRAY EXAM OF TOE(S)		\$ 49
TOPICAL FLUORIDE W/ PROPHY - ADULT	-		\$ 16
TOPICAL FLUORIDE W/ PROPHY - CHILD	-		\$ 16
TOXOPLASMOSIS ANTIBODY	TOXOPLASMA ANTIBODY IGM	\$ 18	\$ 23
TRANSFERRIN	ASSAY OF TRANSFERRIN		\$ 21
TRAY - I & D	-		\$ 79
TRAY - MAYO	-	\$ 20	\$ 20
TRAY - MINOR SURGERY	-	\$ 45	\$ 45
TRAY IRRIGATION W/ SYRINGE	-		\$ 19
TRAY-GEN PURPOSE INSTRU	-	\$ 45	\$ 45
TREPONEMA PALLIDUM/TREPONEMA PALLIDUM	TREPONEMA PALLIDUM	\$ -	\$ 24
TRICHOPHYTON SKIN TEST	-	\$ 15	\$ 15
TROPICAL FLUORID W/O PROPHY-CHILD	TOPICAL APPLICATION OF FLUORIDE (E		\$ 33
TSH-THYROID STIM HORMONE	ASSAY THYROID STIM HORMONE		\$ 28
TYMPANOMETRY	-	\$ 39	\$ 39
UREA NITROGEN, BUN	ASSAY OF UREA NITROGEN	\$ 5	\$ 7
URIC ACID, BLOOD	ASSAY OF BLOOD/URIC ACID		\$ 8
URINALYSIS CHEM DIPSTICK	URINALYSIS, NONAUTO W/O SCOPE		\$ 6
URINALYSIS COMPLETE	URINALYSIS NONAUTO W/SCOPE	\$ 5	\$ 5
URINALYSIS DIP W/MICRO	URINALYSIS AUTO W/SCOPE	\$ 6	\$ 6
URINE BACTERIA CULTURE	URINE BACTERIA CULTURE	\$ 11	\$ 9
URINE CULTURE	URINE CULTURE/COLONY COUNT	\$ 11	\$ 11
VAC ADMIN FEE DTAP/HEPB/IPV (PEDIARIX)	-	\$ 174	\$ 0
VAC ADMIN FEE (1ST NON-INTRANASAL)	IMMUNIZATION ADMIN		\$ 39
VAC ADMIN FEE (2ND OR MORE)	-		\$ 19
VAC ADMIN FEE- DT CHILD	-	\$ 13	\$ 13
VAC ADMIN FEE- DTAP	DTAP VACCINE < 7 YRS IM	\$ 30	\$ 39
VAC ADMIN FEE DTAP/HIB/IPV (PENTACEL)	-		\$ 0
VAC ADMIN FEE DTP/HIB(H.INFLUENZA B)	-	\$ 8	\$ 8
VAC ADMIN FEE HEP A CHILD	-	\$ 33	\$ 33
VAC ADMIN FEE- HEP B CHILD	-	\$ 32	\$ 32
VAC ADMIN FEE HEP B/HIB (COMVAX)	-	\$ 60	\$ 60
VAC ADMIN FEE HEP PROJECT	-		\$ 10

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
VAC ADMIN FEE HEP-B IMMUNSUP/DIALYS	-	\$ 57	\$ 57
VAC ADMIN FEE- HIB	-	\$ 29	\$ 29
VAC ADMIN FEE HPV (GARDASIL) ADULT	-	\$ 169	\$ 169
VAC ADMIN FEE IPV POLIO CHILD	-	\$ 33	\$ 33
VAC ADMIN FEE MENINGOCOCCAL (MENACTRA -MCV4) (IM)	MENINGOCOCCAL VACCINE SC	\$ 117	\$ 140
VAC ADMIN FEE- MMR	-	\$ 44	\$ 44
VAC ADMIN FEE MMR/VARICELLA (PROQUAD)	-	\$ 64	\$ 64
VAC ADMIN FEE ORAL ROTOVIR-2 DOSE	-		\$ 0
VAC ADMIN FEE ORAL ROTOVIR-3 DOSE	-		\$ 0
VAC ADMIN FEE PNEUMO (PREVNAR)<7YRS	-	\$ 89	\$ 0
VAC ADMIN FEE RHOGAM	-	\$ 134	\$ 0
VAC ADMIN FEE RHOGAM(MINI)	-	\$ 50	\$ 0
VAC ADMIN FEE ROTOVIR-2 DOSE (VFC)	ROTOVIRUS VACCINE, ATTENUATED		\$ 189
VAC ADMIN FEE VARICELLA (VARIVAX)	-	\$ 56	\$ 0
VAC ADMIN FEE ZOSTAVAX	-		\$ 0
VAC ADMIN IM/SUBQ	-	\$ 17	\$ 0
VAC ADMIN INFLUENZA	-	\$ 17	\$ 0
VAC ADMIN ORAL ROTAVIRUS	-	\$ 51	\$ 0
VAC ADMIN PNEUMO CONJ 13	-		\$ 0
VAC ADMIN PNEUMO STATE	-		\$ 9
VAC ADMIN PNEUMOCOCCAL	-		\$ 0
VAC ADMIN- TDAP 10 YRS+	-	\$ 53	\$ 0
VAC ADMIN TDAP 7 + YEARS	-	\$ 10	\$ 0
VAC CHOLERA .5ML	CHOLERA VACCINE INJECTABLE		\$ 25
VAC DTAP	-		\$ 30
VAC HEP A ADULT	HEP A VACCINE ADULT IM		\$ 105
VAC HEP A CHILD SERUM ONLY	HEP A VACC PED/ADOL 2 DOSE		\$ 43
VAC HEP A CHILD SERUM ONLY (VFC)	-		\$ 0
VAC HEP B 1ML ADULT	HEP B VACCINE ADULT IM		\$ 102
VAC HEP-A/HEP-B ADULT	HEP A/HEP B VACC ADULT IM	\$ 118	\$ 153
VAC HEPATITIS B, ADOLESCENT, 2 DOSE	HEP B VACC ADOL 2 DOSE IM		\$ 42
VAC HIB	HIB VACCINE HBOC IM		\$ 35
VAC IPV POLIO VFC	POLIOVIRUS IPV SC/IM		\$ 89
VAC KINRIX DTAP/ IPV	DTAPIPV, INACTIVATED		\$ 91
VAC MR-MEASLES/RUBELLA,LIVE	MEASLES-RUBELLA VACCINE SC	\$ 25	\$ 46
VAC PNEUMOCOCCAL	PNEUMOCOCCAL VACCINE		\$ 85
VAC POLIOVIRUS	-		\$ 69
VAC SERUM ONLY ORAL ROTOVIR-2 DOSE (VFC)	-		\$ 0
VAC SERUM ONLY ORAL ROTOVIR-3 DOSE (VFC)	ROTOVIRUS VACC 3 DOSE ORAL		\$ 66
VAC SERUM ONLY DTAP/HEPB/IPV (PEDIARIX)	DTAP-HEP B-IPV VACCINE IM		\$ 126
VAC SERUM ONLY DTAP/HEPB/IPV (PEDIARIX) (VFC)	-		\$ 0
VAC SERUM ONLY DTAP/HIB/IPV (PENTACEL)	DTAP-HIB-IP VACCINE IM		\$ 135
VAC SERUM ONLY DTAP/HIB/IPV (PENTACEL) (VFC)	-		\$ 0
VAC SERUM ONLY DTP/HIB(H.INFLUENZA B)	-		\$ 0
VAC SERUM ONLY DTP/HIB(H.INFLUENZA B) (VFC)	-		\$ 0
VAC SERUM ONLY FEE ANTIBIOTIC;SEE SPECIFIC VACCINES	-	\$ 17	\$ 0
VAC SERUM ONLY FEE BICILLIN;SEE SPECIFIC VACCINES	-	\$ 17	\$ 0
VAC SERUM ONLY FEE HIB	HIB VACCINE PRP-T IM		\$ 38
VAC SERUM ONLY FEE HIB (VFC)	-	\$ 9	\$ 0
VAC SERUM ONLY FEE ROCEPHIN	-	\$ 17	\$ 0
VAC SERUM ONLY FEE RUBELLA	RUBELLA VACCINE SC	\$ 57	\$ 57
VAC SERUM ONLY FEE RUBELLA (VFC)	-		\$ 0
VAC SERUM ONLY HEP B CHILD	HEPB VACC PED/ADOL 3 DOSE IM		\$ 42
VAC SERUM ONLY HEP B CHILD VFC	-		\$ 0
VAC SERUM ONLY HEP B-HIB (COMVAX)	HEP B/HIB VACCINE IM		\$ 78
VAC SERUM ONLY HEP B-HIB (COMVAX) (VFC)	-		\$ 0
VAC SERUM ONLY HEP-B IMMUNSUP/DIALYS	HEPB VACC ILL PAT 4 DOSE IM	\$ 57	\$ 189
VAC SERUM ONLY HEP-B IMMUNSUP/DIALYS (VFC)	-		\$ 0
VAC SERUM ONLY HPV (GARDASIL) ADULT	HPV VACCINE 4 VALENT IM	\$ 135	\$ 220
VAC SERUM ONLY HPV (GARDASIL) ADULT (VFC)	-		\$ 0
VAC SERUM ONLY INFLUENZA	-		\$ 0
VAC SERUM ONLY INFLUENZA (VFC)	-		\$ 0
VAC SERUM ONLY IPV POLIO CHILD	POLIOVIRUS IPV SC/IM		\$ 89
VAC SERUM ONLY IPV POLIO CHILD (VFC)	-		\$ 0

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10 Fee:	Proposed FY 13/14 Fee:
VAC SERUM ONLY MENINGOCOCCAL (MENACTRA -MCV4) (IM)	MENINGOCOCCAL VACCINE SC		\$ 140
VAC SERUM ONLY MENINGOCOCCAL (MENACTRA -MCV4) (IM) (VFC)	-		\$ 0
VAC SERUM ONLY MMR	MMRV VACCINE SC		\$ 84
VAC SERUM ONLY MMR(VFC)	-		\$ 0
VAC SERUM ONLY MMR/VARICELLA (PROQUAD)	MMRV VACCINE SC		\$ 84
VAC SERUM ONLY MMR/VARICELLA (PROQUAD) (VFC)	-		\$ 0
VAC SERUM ONLY MUMPS	MUMPS VACCINE SC	\$ 62	\$ 62
VAC SERUM ONLY MUMPS (VFC)	-		\$ 0
VAC SERUM ONLY ORAL ROTAVIRUS	-		\$ 0
VAC SERUM ONLY ORAL ROTAVIRUS (VFC)	-		\$ 0
VAC SERUM ONLY ORAL ROTAVIRUS - 3 DOSE	ROTOVIRUS VACC 3 DOSE ORAL		\$ 66
VAC SERUM ONLY PNEUMO (PREVNAR) <5YRS	PNEUMOCOCCAL VACC 7 VAL IM		\$ 116
VAC SERUM ONLY PNEUMO (PREVNAR)<7YRS (VFC)	-		\$ 0
VAC SERUM ONLY PNEUMO CONJ 13	PNEUMOCOCCAL VACC 13 VAL IM		\$ 191
VAC SERUM ONLY PNEUMO CONJ 13(VFC)	-		\$ 0
VAC SERUM ONLY PNEUMO STATE	-		\$ 0
VAC SERUM ONLY PNEUMO STATE (VFC)	-		\$ 0
VAC SERUM ONLY PNEUMOCOCCAL (ADULT)	-		\$ 9
VAC SERUM ONLY PNEUMOCOCCAL (VFC)	-		\$ 0
VAC SERUM ONLY RHOGAM IM	RH IG FULL-DOSE IM	\$ 63	\$ 164
VAC SERUM ONLY RHOGAM IM (MINI)	RH IG MINIDOSE IM		\$ 63
VAC SERUM ONLY TDAP (10 YRS+)	TDAP VACCINE >7 IM		\$ 73
VAC SERUM ONLY TDAP (10 YRS+) (VFC)	State Supplied		\$ 0
VAC SERUM ONLY TDAP 7 + YEARS	-		\$ 53
VAC SERUM ONLY TDAP 7 + YEARS (VFC)	State Supplied		\$ 0
VAC SERUM ONLY VARICELLA (VARIVAX)	CHICKEN POX VACCINE SC		\$ 149
VAC SERUM ONLY VARICELLA (VARIVAX) (VFC)	State Supplied		\$ 0
VAC SERUM ONLY ZOSTAVAX	ZOSTER VACC SC	\$ 171	\$ 290
VAC SERUM ONLY ZOSTAVAX (VFC)	-		\$ 0
VAC TD TET/DIPHTH 7	TD VACCINE > 7 IM		\$ 21
VAC TDAP (10 YRS+) VFC	TDAP VACCINE >7 IM		\$ 73
VAC VARICELLA / ADULT	-		\$ 56
VAG APPLIC/IRRIG MEDICATN	TREAT VAGINA INFECTION	\$ 33	\$ 73
VAG LESN(S) DESTRUC EXTEN	DESTROY VAG LESIONS COMPLE	\$ 113	\$ 297
VAG LESN(S) DESTRUC SIMPL	DESTROY VAG LESIONS SIMPLE	\$ 97	\$ 178
VAG/RECTAL B STREP SCRNI	CULTURE SCREEN ONLY	\$ 15	\$ 15
VALTREX CAPS #42	-	\$ 131	\$ 131
VARICELLA ANTIBODY, IGG / VZV	VARICELLA-ZOSTER ANTIBODY		\$ 24
VIRAL - ISOLATION	GENET VIRUS ISOLATE HSV	\$ 107	\$ 107
VISION SNELLEN	VISUAL ACUITY SCREEN	\$ 4	\$ 4
VISIT ESTABLISHED PAT - LEVEL 1	OFFICE/OUTPATIENT VISIT EST	\$ 30	\$ 31
VISIT ESTABLISHED PAT - LEVEL 2	OFFICE/OUTPATIENT VISIT EST	\$ 37	\$ 67
VISIT ESTABLISHED PAT - LEVEL 3	OFFICE/OUTPATIENT VISIT EST	\$ 63	\$ 110
VISIT ESTABLISHED PAT - LEVEL 4	OFFICE/OUTPATIENT VISIT EST	\$ 84	\$ 162
VISIT ESTABLISHED PAT - LEVEL 5	OFFICE/OUTPATIENT VISIT EST	\$ 135	\$ 217
VISIT INIT COMP PERI W/IN 16/WKS	INITIAL ANTEPARTUM OFFICE VIS	\$ 190	\$ 189
VISIT INIT HLTH ED ASSESS/DEVELOP	INITIAL HEALTH ED ASSESS/DEVI	\$ 20	\$ 106
VISIT INIT NUTRITION ASSES/DEVELOP	INITIAL NUTRIT ASSESSMENT/DEVELOP 30 MIN		\$ 106
VISIT INIT PSYHO ASSES/DEVELOP	INIT PSYCHOSOCIAL ASSESS/DEVEL FIRST 30		\$ 106
VISIT INITIAL COMP PERI-16 WKS -MW	-		\$ 62
VISIT POSTPARTUM F/U	POSTPARTUM FOLLOW-UP OFFICE	\$ 70	\$ 91
VISUAL FIELD EXAM	VISUAL FIELD EXAM, UNILAT OR	\$ 19	\$ 78
VITAMIN B-12 1000 MCG INJ	-	\$ 10	\$ 10
VITAMIN B12; BLOOD	RIA ASSAY FOR VITAMIN B-12	\$ 19	\$ 25
VITAMIN B-3	ASSAY OF NOS VITAMIN		\$ 36
VITAMIN B-6 25MG #100	-	\$ 8	\$ 8
VITAMIN D INJECTION	-		\$ 41
VITAMIN D3, 25 HYDROXY	VITAMIN D 25 HYDROXY		\$ 49
VULV LESN(S) DESTRUC SIMP	DESTROY VULVA LESIONS SIM	\$ 107	\$ 204
WBC ANTIBODY IDENTIFICATION	WBC ANTIBODY IDENTIFICATION		\$ 59
WET MOUNT	WET MOUNTS, INCL PREP VAGIN	\$ 6	\$ 7
WET MOUNT/KOH SLIDE	SMEAR WET MOUNT SALINE/INK	\$ 8	\$ 8
WRIST 3VV->	XRAY EXAM OF WRIST	\$ 53	\$ 61
WRIST-2 VIEWS	XRAY EXAM OF WRIST	\$ 36	\$ 52

Ordinance 734-13 Schedule 2

HealthCare System - Ambulatory Fees			
FY 13/14			
Description of Activity/Service		Approved FY09/10	Proposed FY 13/14
		Fee:	Fee:
WYICILLIN 600,000 UNITS	-	\$ 19	\$ 19
X-RAY MINIFILM	-	\$ 15	\$ 15
ZITHROMAX 1 GM SUSP	AZITHROMYCIN FOR ORAL SUSP, 1000 MG		\$ 41

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

264



FROM: Department of Public Health
Riverside County Health System

SUBMITTAL DATE:
March 28, 2013

SUBJECT: Ordinance No. 734.13 Amending Ordinance No. 734.12, an Ordinance of the County of Riverside Establishing Fees, Charges, and Rates for County Public Health Program Services and Supplies.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1.) Introduce and set for a public hearing adoption of Ordinance No. 734.13; and
- 2.) At the close of the public hearing, the Board of Supervisor adopt Ordinance No. 734.13

BACKGROUND: (Continued on Page 2)

Douglas Bagley

Douglas Bagley, Hospital Director
Riverside County Health System

Susan D. Harrington

Susan D. Harrington, Director
Department of Public Health

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	\$ 0	For Fiscal Year:	13/14

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

C.E.O. RECOMMENDATION:

APPROVE

BY: *Lani Sioson*

Lani Sioson

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, seconded by Supervisor Benoit and duly carried by unanimous vote, IT WAS ORDERED that the above ordinance is approved as introduced with waiver of reading and is set for public hearing August 20, 2013 at 9:30 a.m.

Ayes: Jeffries, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: July 16, 2013
xc: Public Health, Auditor, RCRMC, COB

Kecia Harper-Ihem
Clerk of the Board
By: *Kecia Harper-Ihem*

Deputy

3-45

Prev. Agn. Ref.: Item 9.2, 10/27/09

District: ALL

Agenda Number:

FISCAL PROCEDURES APPROVED
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER
 BY: *[Signature]*
 RUSSELL S. DOMINSKI 6-26-13
 DATE: 4/23/13
 ANITA C. WILLIS
 FORM APPROVED COUNTY COUNSEL
 BY: *[Signature]*
 Policy Consent
 Policy Consent
 Dept' Recomm.:
 Per Exec. Ofc.:

BACKGROUND: In March 1994, the Board adopted Ordinance 734.12, Public Health Services and Supplies Fee and Charges, establishing County Public Health fees, charges and rates. The last update was Ordinance 734.12 on May 1, 2009 with Board adoption on October 27, 2009. 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 734.13 to reflect the commensurate and applicable changes to the Department of Public Health fee schedule.

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. Many of the fees in the ordinance have not changed; however, the new fees being established are as follows:

Department of Public Health

HIV/AIDS: The HIV/STD program is including one new service for FY 13/14. An HIV testing fee of \$77.00 for court-ordered HIV tests.

Nutrition Services:

- The 16-Hour course is designed to provide healthcare workers, including physicians, nurses, lactation educators, and others in routine contact with mothers, with the knowledge and skills to support a mother's decision to breastfeed. It includes videos and activities for staff participants before they practice parent-infant attachment. This leads to increased competence to support newborn breastfeeding and consequently, increased patient satisfaction. This course is taught by an IBCLC and satisfies the requirement for Baby Friendly USA. This is a 2 day course with up to 10 students with a fee of \$244.00 per participant.
- This 20-Hour course is designed to provide lactation counselor training to healthcare workers, including physicians, nurses, lactation educators, and others. This course is taught by an IBCLC and will consist of four 5-hour sessions. Each course will allow for up to 10 students. The fee is \$300 per participant.
- A lactation educational course designed to prepare students to sit for IBCLC (International Board Certified Lactation Consultant examination. This is a nine (9) month college-level course designed by WIC (Women Infant Children) IBCLC educators to train WIC employees throughout the State of California and their professional partners in order to better serve the needs of breastfeeding women. The fee is \$1,600 per course.

Riverside County Health System

Ambulatory Care is adding new and deleting service charges to the FY 13/14 Fee Schedule. There are new procedures added due to Physician's request. The cost of the new procedures and the increase in proposed FY 13/14 fees were established/amended to be in alignment with Medicare and Medi-cal percentages plus 150% which is consistent with standard pricing and strategy recommended by NACHC (National Association of Community Health Center). Other fees were deleted for obsolete procedures and have been replaced with alternatives recommended by Clinic doctors and nurses.

This Ordinance amendment has been approved as to form by County Counsel.



OFFICE OF
CLERK OF THE BOARD OF SUPERVISORS
1st FLOOR, COUNTY ADMINISTRATIVE CENTER
P.O. BOX 1147, 4080 LEMON STREET
RIVERSIDE, CA 92502-1147
PHONE: (951) 955-1060
FAX: (951) 955-1071

KECIA HARPER-IHEM
Clerk of the Board of Supervisors

KIMBERLY A. RECTOR
Assistant Clerk of the Board

July 31, 2013

THE PRESS ENTERPRISE
ATTN: LEGALS
P.O. BOX 792
RIVERSIDE, CA 92501

E-MAIL: legals@pe.com
FAX: (951) 368-9018

RE: INTRODUCTION OF: ORDINANCE NO. 734.13 AMENDING ORD. NO. 734.12

To Whom It May Concern:

Attached is a copy for publication in your newspaper for **ONE (1) TIME** on **Friday: August 2, 2013**.

We require your affidavit of publication immediately upon completion of the last publication.

Your invoice must be submitted to this office in duplicate, **WITH TWO CLIPPINGS OF THE PUBLICATION**.

NOTE: PLEASE COMPOSE THIS PUBLICATION INTO A SINGLE COLUMN FORMAT.

Thank you in advance for your assistance and expertise.

Sincerely,

Cecilia Gil

Board Assistant to:
KECIA HARPER-IHEM, CLERK OF THE BOARD

Gil, Cecilia

From: mtinajero@pe.com on behalf of Master, PEC Legals <legalsmaster@pe.com>
Sent: Wednesday, July 31, 2013 11:54 AM
To: Gil, Cecilia
Subject: Re: [Legals] FOR PUBLICATION: Intro of Ord. No. 734.13

Received for publication on Aug 2. Proof with cost to follow.

Thank You!



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On Wed, Jul 31, 2013 at 11:46 AM, Gil, Cecilia <CCGIL@rcbos.org> wrote:

One more..For publication on Friday, August 2, 2013. Please confirm. THANK YOU!

Cecilia Gil

Board Assistant

Clerk of the Board

951-955-8464

MS# 1010



OFFICE OF
CLERK OF THE BOARD OF SUPERVISORS
1st FLOOR, COUNTY ADMINISTRATIVE CENTER
P.O. BOX 1147, 4080 LEMON STREET
RIVERSIDE, CA 92502-1147
PHONE: (951) 955-1060
FAX: (951) 955-1071

KECIA HARPER-IHEM
Clerk of the Board of Supervisors

KIMBERLY A. RECTOR
Assistant Clerk of the Board

July 31, 2013

THE DESERT SUN
ATTN: LEGALS
P.O. BOX 2734
PALM SPRINGS, CA 92263

E-MAIL: legals@thedesertsun.com
FAX: (760) 778-4731

RE: INTRODUCTION OF: ORDINANCE NO. 734.13 AMENDING ORD. NO. 734.12

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Sincerely,

Cecilia Gil

Board Assistant to:
KECIA HARPER-IHEM, CLERK OF THE BOARD

Gil, Cecilia

From: Moeller, Charlene <CMOELLER@palmspri.gannett.com>
Sent: Wednesday, July 31, 2013 11:54 AM
To: Gil, Cecilia
Subject: RE: FOR PUBLICATION: Intro of Ord. No. 734.13

Ad received and will publish on date(s) requested.

Charlene Moeller | Media Sales Legal Notice Coordinator

The Desert Sun Media Group
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From: Gil, Cecilia [<mailto:CCGIL@rcbos.org>]
Sent: Wednesday, July 31, 2013 11:47 AM
To: tds-legals
Subject: FOR PUBLICATION: Intro of Ord. No. 734.13

One more...for publication on Friday, August 2, 2013. Please confirm. THANK YOU!

Cecilia Gil
Board Assistant
Clerk of the Board
951-955-8464
MS# 1010

NOTICE OF PUBLIC HEARING BEFORE THE BOARD OF SUPERVISORS OF THE COUNTY OF RIVERSIDE

NOTICE IS HEREBY GIVEN that a public hearing at which all interested persons will be heard, will be held before the Board of Supervisors of Riverside County, California, on the 1st Floor Board Chambers, County Administrative Center, 4080 Lemon Street, Riverside, on **Tuesday, August 20, 2013 at 9:30 a.m.** to consider adoption of the following ordinance:

SUMMARY OF ORDINANCE NO. 734.13

AN ORDINANCE OF THE COUNTY OF RIVERSIDE AMENDING ORDINANCE NO. 734.12 RELATING TO ESTABLISHING FEES, CHARGES AND RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES

This summary is prepared pursuant to California Government Code Section 25124 (b). A certified copy of the full text of ordinance No. 734.13 including Schedules 1 and 2 may be examined at the Office of the Clerk of the Board of Supervisors of the County of Riverside, located at 4080 Lemon Street, 1st Floor, Riverside, California.

Ordinance 734.13 amends Ordinance No. 734.12 which establishes fees, charges and rates for County Public Health Services and Supplies. This ordinance replaces the prior fee schedule with a new Public Health Fee Schedule (Schedule 1) and a Riverside County Health System (Schedule 2). The new schedules contain new fees, revised fees and some fees have been deleted.

The Department of Public Health is adding an HIV testing fee of \$77.00 for court ordered HIV tests. The fee schedule also sets fees for Nutrition Services training courses which include the following new courses: 16-Hour course to train healthcare workers with the knowledge and skill to support a mother's decision to breastfeed at \$244 per participant; a 20-Hour course designed to provide lactation counselor training at \$300 per participant; and a lactation educational course designed to prepare students to obtain certification at \$1,600 per person.

The Riverside County Health System – Ambulatory Care is adding new and deleting service charges to the FY 13/14 Fee Schedule. New procedures have been added based upon Physician requests. The costs of the new procedures and increases in the proposed FY 13/14 fees were established/amended to align with Medicare and Medi-cal percentages plus 150% consistent with the National Association of Community Health Care centers. Other fees were deleted for obsolete procedures and have been replaced with alternate procedures as recommended by clinic doctors and nurses. The complete list of actual fees is included in Schedules 1 and 2 to the Ordinance Amendment on file with the Clerk of the Board of Supervisors. The fee schedules are also available online at www.rivcocob.org, by clicking on Agendas and Item 3-45 of 07/16/13.

The Board of Supervisors introduced Ordinance No. 734.13 at its meeting of July 16, 2013 as agenda item 3-45. Adoption of this ordinance is scheduled to take place during the regularly scheduled meeting of the Board of Supervisors on August 20, 2013. Ordinance No. 734.13 shall become effective 30 days after its adoption.

Any person affected by the above matter(s) may submit written comments to the Clerk of the Board before the hearing or may appear and be heard in support or opposition to the project at the time of the hearing. If you challenge the above item(s) in court, you may be limited to raising only those issues you or someone else raised at the public hearing described in this notice, or in written correspondence, to the Board of Supervisors at, or prior to, the public hearing.

Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147

Dated: July 31, 2013

Kecia Harper-Ihem, Clerk of the Board
By: Cecilia Gil, Board Assistant



OFFICE OF
CLERK OF THE BOARD OF SUPERVISORS
1st FLOOR, COUNTY ADMINISTRATIVE CENTER
P.O. BOX 1147, 4080 LEMON STREET
RIVERSIDE, CA 92502-1147
PHONE: (951) 955-1060
FAX: (951) 955-1071

KECIA HARPER-IHEM
Clerk of the Board of Supervisors

KIMBERLY A. RECTOR
Assistant Clerk of the Board

August 26, 2013

THE PRESS ENTERPRISE
ATTN: LEGALS
P.O. BOX 792
RIVERSIDE, CA 92501

FAX: (951) 368-9018
E-MAIL: legals@pe.com

RE: ADOPTION OF ORDINANCE NO. 734.13

To Whom It May Concern:

Attached is a copy for publication in your newspaper for **ONE (1) TIME** on **Wednesday, August 28, 2013**.

We require your affidavit of publication immediately upon completion of the last publication.

Your invoice must be submitted to this office in duplicate, **WITH TWO CLIPPINGS OF THE PUBLICATION**.

NOTE: PLEASE COMPOSE THIS PUBLICATION INTO A SINGLE COLUMN FORMAT.

Thank you in advance for your assistance and expertise.

Sincerely,

Cecilia Gil

Board Assistant to:
KECIA HARPER-IHEM, CLERK OF THE BOARD

Printed at: 10:32 am
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Client: BOARD OF SUPERVISORS
Prepared By: Cecilia Gil
Fax #: 9519551071

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

SUMMARY OF ORDINANCE NO. 734.13

**AN ORDINANCE OF THE COUNTY
OF RIVERSIDE AMENDING
ORDINANCE NO. 734.12 RELATING TO
ESTABLISHING FEES, CHARGES
AND RATES FOR COUNTY PUBLIC HEALTH
SERVICES AND SUPPLIES**

This summary is prepared pursuant to California Government Code Section 25124 (b). A certified copy of the full text of ordinance No. 734.13 including Schedules 1 and 2 may be examined at the Office of the Clerk of the Board of Supervisors of the County of Riverside, located at 4080 Lemon Street, 1st Floor, Riverside, California.

Ordinance 734.13 amends Ordinance No. 734.12 which establishes fees, charges and rates for County Public Health Services and Supplies. This ordinance replaces the prior fee schedule with a new Public Health Fee Schedule (Schedule 1) and a Riverside County Health System (Schedule 2). The new schedules contain new fees, revised fees and some fees have been deleted.

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The Board of Supervisors introduced Ordinance No. 734.13 at its meeting of July 16, 2013 as agenda item 3-45. Adoption of this ordinance is scheduled to take place during the regularly scheduled meeting of the Board of Supervisors on August 20, 2013. Ordinance No. 734.13 shall become effective 30 days after its adoption.

John J. Benoit, Chairman of the Board

I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said County, held on August 20, 2013, the foregoing Ordinance consisting of three (3) sections was adopted by said Board by the following vote:

AYES: Jeffries, Tavaglione, Stone, Benoit, and Ashley
NAYS: None
ABSENT: None

Kecia Harper-Ihem, Clerk of the Board
By: Cecilia Gil, Board Assistant

8/28



OFFICE OF
CLERK OF THE BOARD OF SUPERVISORS
1st FLOOR, COUNTY ADMINISTRATIVE CENTER
P.O. BOX 1147, 4080 LEMON STREET
RIVERSIDE, CA 92502-1147
PHONE: (951) 955-1060
FAX: (951) 955-1071

KECIA HARPER-IHEM
Clerk of the Board of Supervisors

KIMBERLY A. RECTOR
Assistant Clerk of the Board

August 26, 2013

THE DESERT SUN
ATTN: LEGALS
P.O. BOX 2734
PALM SPRINGS, CA 92263

FAX: (760) 778-4731
E-MAIL: legals@thedesertsun.com

RE: ADOPTION OF ORDINANCE NO. 734.13

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NOTE: PLEASE COMPOSE THIS PUBLICATION INTO A SINGLE COLUMN FORMAT.

Thank you in advance for your assistance and expertise.

Sincerely,

Cecilia Gil

Board Assistant to:
KECIA HARPER-IHEM, CLERK OF THE BOARD

Gil, Cecilia

From: Moeller, Charlene <CMOELLER@palmspri.gannett.com>
Sent: Monday, August 26, 2013 8:52 AM
To: Gil, Cecilia
Subject: RE: FOR PUBLICATION: Adoption of Ord. No. 734.13

Ad received and will publish on date(s) requested.

Charlene Moeller | Media Sales Legal Notice Coordinator

The Desert Sun Media Group
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From: Gil, Cecilia [<mailto:CCGIL@rcbos.org>]
Sent: Monday, August 26, 2013 8:07 AM
To: tds-legals
Subject: FOR PUBLICATION: Adoption of Ord. No. 734.13

Good Morning! Adoption of Ordinance for publication on Wednesday, Aug. 28, 2013. Please confirm.
THANK YOU!

Cecilia Gil
Board Assistant
Clerk of the Board
951-955-8464
MS# 1010

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

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NAYS: None
ABSENT: None

Kecia Harper-Ihem, Clerk of the Board
By: Cecilia Gil, Board Assistant