

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



**ITEM: 3.26  
(ID # 27008)**

**MEETING DATE:**  
Tuesday, March 11, 2025

**FROM :** RUHS-PUBLIC HEALTH

**SUBJECT:** RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Introduce and Waive further reading of proposed Ordinance 734.17, an Ordinance of the County of Riverside, Amending Ordinance 734.16, Establishing Fees, Charges, and Rates for Riverside University Health System – Public Health. All Districts. [\$0]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Introduce and waive further reading of proposed Ordinance 734.17, an ordinance of the County of Riverside amending Ordinance 734.16 establishing fees, charges, and rates for Riverside University Health System - Public Health;
2. Direct the Clerk of the Board to set for public hearing for the proposed ordinance to be heard on April 1, 2025; and
3. Direct the Clerk of the Board to provide notice of the public hearing in accordance with Section 54986 of the Government Code for Adoption of Ordinance No. 734.17, Amending Ordinance No. 734.16.

**ACTION:**Policy, Set for Hearing

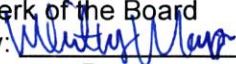
  
Kim Saruwatari, Director of Public Health 2/19/2025

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Gutierrez, seconded by Supervisor Spiegel and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended; the above Ordinance is approved as introduced with a waiver of reading; and is set for public hearing on Tuesday, April 1, 2025, at 9:30 a.m. or as soon as possible thereafter.

Ayes: Medina, Spiegel, Washington, Perez and Gutierrez  
Nays: None  
Absent: None  
Date: March 11, 2025  
xc: RUHS-PH, COB/NS

Kimberly A. Rector  
Clerk of the Board  
By:   
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$0	\$0	\$0	\$0
<b>NET COUNTY COST</b>	\$0	\$0	\$0	\$0
<b>SOURCE OF FUNDS: Departmental funds</b>			<b>Budget Adjustment: No</b>	
			<b>For Fiscal Year: 24/25</b>	

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

In March 1994, the Board of Supervisors adopted Ordinance 734, Public Health Services and Supplies Fee and Charges, establishing County Public Health Fees, charges, and rates. The last update to the Ordinance was 734.16, which was made on August 27, 2019, with Board adoption on September 17, 2019. As a result of updates to state fees and new program initiatives, Riverside University Health System - Public Health (RUHS-PH) is submitting Ordinance 734.17 to reflect the commensurate and applicable changes to the RUHS-PH fee schedule.

Riverside County's Auditor-Controller's Office (ACO) has completed the review of the FY24/25 RUHS-PH Cost Rate Fee submitted by RUHS-PH. During their review, they performed the following:

- Review of Ordinance 734.16 (FY18/19) to compare proposed services fees for 734.17 (FY24/25).
- Check calculations performed in the rate template for consistency and accuracy.
- Reviewed services rate increases and decreases.
- Assessed the methodology for FY17/18 to current proposed fees and calculated the variances for all services.

Based on the ACO's review, they found that RUHS-PH rates for FY24/25 are equitable and reasonable to recover the cost of providing services.

At this time, Riverside County's Emergency Management Department (EMD) is also included in the RUHS-PH fee ordinance. Once EMD's fees are updated, a revised fee ordinance for RUHS-PH excluding EMD fees will be submitted to the Board.

**Impact on Residents and Businesses**

The new and revised RUHS-PH program fees are necessary for the ongoing operational and maintenance costs in providing Public Health program services to Riverside County residents.

**Additional Fiscal Information**

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

The following RUHS-PH Branches have new or revised fees:

- Business Services
- Immunizations
- Nursing
- Nutrition
- Staff Development
- Vital Records
- Laboratory

**ATTACHMENTS:**

**ATTACHMENT A.** Ordinance 734.17 Riverside University Health System – Public Health Fees

**ATTACHMENT B.** Schedule 1 Riverside University Health System - Public Health Fees

  
Douglas Ordóñez Jr. 2/20/2025

  
Gregg Gu, Chief of Deputy County Counsel 2/20/2025

**ORDINANCE NO. 734.17**  
**AN ORDINANCE OF THE COUNTY OF RIVERSIDE**  
**AMENDING ORDINANCE 734 RELATING TO ESTABLISHING FEES, CHARGES, AND**  
**RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES**

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

**Section 1. Purpose**

The purpose of this Ordinance is to revise fees for certain services and supplies furnished by the County of Riverside in the field of health through Riverside University Health System – Public Health (RUHS-PH) in accordance with Centers for Medicare and Medicaid Services standards FY 24/25. RUHS-PH provides lab testing services to other local government agencies, such as Animal Control entities, as well as other Riverside County departments, including Riverside University Health System – Medical Center and Riverside University Health System – Community Health Centers. Additionally, RUHS-PH provides lab testing services to local area hospitals.

## **Section 2. Fees and Charges**

Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows:

“Riverside University Health System – Public Health fees and charges shall be listed on Schedule 1”

### **Section 3. Severability**

Should any fee herein established be held to be invalid or otherwise unenforceable, such determination shall not affect the validity of all remaining fee provisions.

#### **Section 4. Repeal of Ordinance 734.16**

This Ordinance repeals Ordinance 734.16 in its entirety.

## Section 5. Effective Date

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

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

By: \_\_\_\_\_  
Chairman

ATTEST:

CLERK OF THE BOARD:

By: \_\_\_\_\_  
Deputy  
(SEAL)



COUNTY OF RIVERSIDE  
**RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES**  
**Ordinance 734.17 Schedule 1**

Description of Activity/Service		Current Approved Fee	Proposed Fee:
<b>Business Services:</b>			
Certified Mail	per item	\$ 3.45	\$ 4.35
Certified Mail (Registered)	per item	\$ 12.20	\$ 16.80
Certified Mail (Receipt Requested)	per item	\$ 2.80	\$ 3.55
Records Processing Fee (Subpoena/Records Request Clerical Fee)		\$ 15.00	\$ 15.00
Records Copying Fee	per page	\$ 1.00	\$ 1.00
Returned Checks	each	\$ 20.00	\$ 20.00
Medical Documents, X-Rays & Images (CD included)	per request		\$ 25.00
Therapeutic Med ID Program (MMIC)		\$ 87.00	\$ 87.00
Therapeutic Med ID Program (MMIC) - Medi-Cal patients		\$ 43.50	\$ 43.50
Dog Importation Health Certificate Administration Fee	each	\$ -	\$ 26.00

**Emergency Medical Services:**

<b>Advanced Life Support (ALS):</b>			
Ambulance Service Permit	per year (1)	\$ 6,000.00	\$ 6,000.00
<b>Basic Life Support (BLS):</b>			
Ambulance Service Permit	per yr (2)	\$ 3,000.00	\$ 3,000.00
Each ambulance	per yr	\$ 250.00	\$ 250.00
EMT-I Certification and Recertification	every 2yrs	\$ 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 2yrs	\$ 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.			
Initial Certification (MICN Challenge) Recertification:	every 2yrs	\$ 75.00	\$ 75.00
Lost Card Replacement		\$ 10.00	\$ 10.00
Mobile Intensive Care Nurse (MICN) Recertification	every 2yrs	\$ 50.00	\$ 50.00

**Epidemiology**

Special Data Request Fee	per hour	\$ 100.00	\$ 100.00
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**Immunizations**

<b>Mobile Team Vaccines</b>			
Fluarix - Flu Vaccine	CPT 90686	\$ -	\$ 20.00
Boostrix - TDAP Vaccine	CPT 90715	\$ -	\$ 50.00
Covid Vaccine (Pfizer) 6 mos-4 yrs	CPT 91318	\$ -	\$ 130.00
Covid Vaccine (Pfizer) 5-11 yrs	CPT 91319	\$ -	\$ 130.00
Covid Vaccine (Pfizer) 12+	CPT 91320	\$ -	\$ 130.00
Covid Vaccine (Moderna) 6 mos-11 yrs	CPT 91321	\$ -	\$ 130.00
Covid Vaccine (Moderna) 12+	CPT 91322	\$ -	\$ 130.00
Priorix - MMR (Pediatric & Adult)	CPT 90707	\$ -	\$ 103.00
Varivax - Varicella (Pediatric & Adult)	CPT 90716	\$ -	\$ 140.00
Shingrix - Zoster Vaccine	CPT 90750	\$ -	\$ 199.00
Gardasil - HPV Human Papillomavirus 9-Valent	CPT 90651	\$ -	\$ 330.00
MenQuadfi - Meningococcal Conjugate (Groups A,C,W and Y)	CPT 90619	\$ -	\$ 198.00
Menveo - Meningococcal Conjugate one-vial (Groups A,C,Y and W-135)	CPT 90734	\$ -	\$ 198.00
Menveo - Meningococcal Conjugate two-vial	CPT 90734	\$ -	\$ 198.00
Vaccination Administration Fee*		\$ -	\$2.00 - \$90.00

\*Sliding fee scale based on funding source and program used

**Injury Prevention Services:**

Bicycle Helmets*	each	\$3.00 - \$10.00	\$3.00 - \$10.00
Regular Car Seats*	each	\$20.00 - \$45.00	\$20.00 - \$45.00
Special Needs Car Seat*	each	\$0.00 - \$50.00	\$0.00 - \$50.00

\*Sliding fee scale based on Income



Description of Activity/Service	Current Approved Fee	Proposed Fee:
<b>Non Clinical Laboratory:</b>		
Fees for Registration of Non-Diagnostic General Health Assessment Program:		
Annual Operator/Organization Registration	each \$ 100.00	\$ 100.00
Additional Dates	each \$ 12.00	\$ 12.00
Additional Program	each \$ 43.00	\$ 43.00
Additional Site	each \$ 20.00	\$ 20.00
Personnel Addition	each \$ 12.00	\$ 12.00
Record Changes	each \$ 12.00	\$ 12.00
Review Procedural Changes	each \$ 20.00	\$ 20.00
Non Diagnostic General Health Assessment Consultation	per hour \$ 75.00	\$ 75.00
Spore Test - Instrument Sterilization (at 28 weeks)	\$ 18.86	\$ 18.86

#### PH Laboratory Fees:

Acid Fast Smear (Auramine)	CPT 87206	\$ 11.00	\$ 11.00
Amplication Probe - Chlamydia	CPT 87491	\$ 72.00	\$ 52.64
Amplication Probe - Gonorrhea	CPT 87591	\$ 72.00	\$ 52.64
Concentrate	CPT 87015	\$ 14.00	\$ 14.00
Culture 0157 E. coli (stool cultr bacteria each) /STEC	CPT 87046	\$ 19.00	\$ 19.00
Culture Aerobic (culture bacteria - other)	CPT 87070	\$ 18.00	\$ 18.00
Culture Bordetella pertussis (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Campylobacter	CPT 87046	\$ 19.00	\$ 19.00
Culture Enteric (feces culture bacteria)	CPT 87045	\$ 19.00	\$ 19.00
Culture for Identification	CPT 87077	\$ 17.00	\$ 50.00
Culture Fungus	CPT 87102	\$ -	\$ 30.00
Culture Gonorrhea (GC) (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Group A strep (Throat) (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Group B strep (vaginal/rectal) (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Salmonella/Shigella (feces culture bacteria)	CPT 87045	\$ 19.00	\$ 19.00
Culture TB	CPT 87116	\$ 20.00	\$ 50.00
FA Cryptosporidium (AG IF)	CPT 87272	\$ 38.00	\$ 38.00
FA Giardia (AG IF)	CPT 87269	\$ 38.00	\$ 38.00
FA Pneumocystis carinii (AG IF)	CPT 87281	\$ 19.00	\$ 19.00
FA Rabies	CPT N/A	\$ 50.00	\$ 50.00
Fecal Leukocyte (smear gram stain)	CPT 89055	\$ 9.00	\$ 9.00
Fungus ID Mold	CPT 87107	\$ 50.00	\$ 50.00
Fungus ID Yeast	CPT 87106	\$ 50.00	\$ 50.00
GeneXpert Assay (MTB /RIF)	CPT 87556	\$ 75.00	\$ 100.00
Gram Stain (smear)	CPT 87205	\$ 9.00	\$ 9.00
Hepatitis A IgM Antibody	CPT 86709	\$ 23.00	\$ 23.00
Hepatitis A Total Antibody	CPT 86708	\$ 25.00	\$ 25.00
Hepatitis B Core IgM Antibody	CPT 86705	\$ 24.00	\$ 24.00
Hepatitis B Core Total Antibody	CPT 86704	\$ 25.00	\$ 25.00
Hepatitis B Detection Test by Nucleic Acid (Quantification)	CPT 87517	\$ -	\$ 64.26
Hepatitis B Surface Antibody	CPT 86706	\$ 22.00	\$ 22.00
Hepatitis B Surface Antigen (AG EIA)	CPT 87340	\$ 21.00	\$ 21.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87341	\$ 21.00	\$ 21.00
Hepatitis C Antibody	CPT 86803	\$ 29.00	\$ 29.00
Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87522	\$ -	\$ 64.26
Herpes Simplex Virus, Amplified Probe	CPT 87529	\$ -	\$ 52.64
HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)	CPT 87389	\$ 28.00	\$ 36.12
HIV-1 and HIV-2 Geenius Confirmation (2 shots total)	CPT 86689	\$ 46.00	\$ 58.06
HIV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535	\$ -	\$ 52.64
HIV-1 Detection Test by Nucleic Acid (Quantification)	CPT 87536	\$ -	\$ 127.65
ID of Parasite	CPT 87169	\$ 9.00	\$ 6.47
Influenza SARS-CoV-2 Multiplex rRT-PCR	CPT 87636	\$ -	\$ 213.95
Kinyoun staining for TB ID	CPT 87206	\$ -	\$ 8.09
Mass spectrometry (laboratory testing method)	CPT 83789	\$ -	\$ 36.17
Measles Antibody IgG	CPT 86765	\$ -	\$ 19.32
MonkeyPox	CPT 87593	\$ -	\$ 35.09



Description of Activity/Service		Current Approved Fee	Proposed Fee:
Mumps Antibody IgG	CPT 86735	\$ -	\$ 19.58
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6)	CPT 87188	\$ 60.00	\$ 25.00
Mycobacterium Species Identification	CPT 87118	\$ -	\$ 75.00
Mycoplasma genitalium	CPT 87563	\$ -	\$ 52.64
Ova & Parasite - Concentration (smears)	CPT 87177	\$ 18.00	\$ 18.00
Ova & Parasite - Trichrome (smear complex stain)	CPT 87209	\$ 37.00	\$ 37.00
PCR - Influenza A/B	CPT 87502	\$ 41.00	\$ 143.70
PCR - Measles and Mumps	CPT 87798	\$ 41.00	\$ 52.64
PCR - Norovirus	CPT 87801	\$ 41.00	\$ 105.30
Pinworm	CPT 87172	\$ 9.00	\$ 6.41
QuantiFERON-TB	CPT 86480	\$ 40.00	\$ 92.97
Respiratory Panel 2.1	CPT 87633	\$ -	\$ 625.17
Rubella IgG Antibody	CPT 86762	\$ 29.00	\$ 21.59
Salmonella serogrouping	CPT 87147	\$ -	\$ 7.77
Shiga-toxin 1 EIA	CPT 87427	\$ 19.00	\$ 17.97
Shiga-toxin 2 EIA	CPT 87427	\$ 19.00	\$ 17.97
Syphilis (RPR) - Qualitative	CPT 86592	\$ 9.00	\$ 9.00
Syphilis (RPR) - Quantitative	CPT 86593	\$ 9.00	\$ 9.00
Syphilis (TPPA) Confirmation (treponema pallidum)	CPT 86780	\$ 27.00	\$ 27.00
Syphilis Serum EIA Screen (non-trep qual)	CPT 86592	\$ 9.00	\$ 9.00
Systemic Fungus Probe	CPT 87797	\$ 100.00	\$ 140.00
Trichomonas vaginalis amplif	CPT 87661	\$ -	\$ 52.64
VZV (Varicella) IgG Antibody	CPT 86787	\$ -	\$ 19.32
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86789	\$ 34.00	\$ 21.59
West Nile Virus IgM Confirmation	CPT 86788	\$ 34.00	\$ 25.28

#### Disease Control:

Fee for Provision of TB Skin Testing Group:		
Class Fee	\$ 500.00	\$ 500.00
Per Capita Student Fee	\$ 9.40	\$ 9.40
Tuberculosis (TB) Clearance	\$ 43.00	\$ 43.00

#### Nursing:

Detention Facility Inspection (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00	\$ 116.00
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#### HIV/STD

Court-Ordered HIV Testing	\$ 123.00	\$ 123.00
Education Classes for Sex and Drug Offenders (set by Judge)	\$70.00 - \$300.00	\$70.00 - \$300.00

#### 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

#### Community Health Workers



Description of Activity/Service		Current Approved Fee	Proposed Fee:
Self-management education and training, face-to-face, 30 minutes (1 patient)	CPT 98960	\$ -	\$26.66
Self-management education and training, face-to-face, 30 minutes (2-4 patients)	CPT 98961	\$ -	\$12.66 per patient
Self-management education and training, face-to-face, 30 minutes (5-8 patients)	CPT 98962	\$ -	\$9.46 per patient

#### Nutrition

Community Education Presentation	per hour	\$ 88.00	\$ 88.00
Detention Facility Inspection (Registered Dietitian) (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00	\$ 116.00
Lactation Counseling (Certified Lactation Educators - CLE)	per hour	\$ 113.00	\$ 113.00
Professional Education Presentation by HEA	per hour	\$ -	\$ 88.00
Registered Dietitian / Certified Diabetic Educator (RD/CDE) (consultation or presentation)	per hour	\$ 116.00	\$ 116.00
International Board Certified Lactation Consultant (IBCLC)	per hour	\$ 116.00	\$ 116.00
Staff Training (for non-County providers)	per hour	\$ 80.00	\$ 88.00
Lactation Educator Course (20-hour course for health professionals taught by an IBCLC)	per participant	\$ 380.00	\$ 469.00
Lactation Counselor Course (40-hour course for health professionals taught by an IBCLC)	per participant	\$ -	\$ 930.00
Grow Our Own Lactation Consultant Course (105-hour IBCLC Prep Course)	per participant	\$ 1,700.00	\$ 1,700.00
Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef	per class	\$ 665.00	\$ 665.00

\* travel expenses charged separately for out of Riverside County classes

#### Staff Development

CPR (Cardiopulmonary Resuscitation) Class	per participant	\$ 64.00	\$ 74.00
CPR (Cardiopulmonary Resuscitation) Class - Blended	per participant	\$ 66.00	\$ 77.00
Adult and Pediatric First Aid Class	per participant	\$ 77.00	\$ 91.00
General Population Shelter Class	per participant	\$ 40.00	\$ 47.00
Stop the Bleed Class	per participant	\$ 25.00	\$ 26.00
Aerosol Transmissible Disease & Blood Borne Pathogens Class	per participant	\$ 38.00	\$ 58.00
Fit Testing Class	per participant	\$ 40.00	\$ 53.00

#### Vital Records:

##### I. Certified Copies, Search, and Certification of No Public Record:

AVSS Technical Support	per hour	\$ 95.00	\$ 95.00
Birth - Government Agencies	each	\$ 19.00	\$ 22.00
Birth - General Public	each	\$ 28.00	\$ 29.00
Birth Certified Copies, Searches & Certification	each	\$ 28.00	\$ 29.00
Death Certificate - Government Agency & General Public	each	\$ 21.00	\$ 24.00
Death Certified Copies, Searches & Certification	each	\$ 21.00	\$ 24.00
Death Listings - sent to mortuaries	each	\$ 5.00	\$ 5.00
Admin Fee - Per Authorization Number	each	\$ 1.00	\$ 1.00
Fetal Death Certificate - Government Agency & General Public	each	\$ 18.00	\$ 21.00
Still Birth Certified Copies	each	\$ 20.00	\$ 20.00

##### II. Permit for Disposition of Human Remains

Regular Permit	each	\$ 12.00	\$ 12.00
After Hours Permit	each	\$ 12.00	\$ 12.00

##### III. Other Services

Letter of Non-Contagious Disease	each - max 2	\$ 10.00	\$ 10.00
Letter of Authentication	each	\$ 10.00	\$ 10.00
Paternity Declaration (to DCSS only)	each	\$ 10.00	\$ 10.00

**The Press-Enterprise**

3512 14th Street  
Riverside, CA 92501  
Willoughby, OH 44096  
951-368-9222  
951-368-9018 FAX

BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE  
PO BOX 1147  
RIVERSIDE, CA 92502

*Account Number:* 5209148

*Ad Order Number:* 0011719809

*Customer's Reference*  
*/ PO Number:*

*Publication:* The Press-Enterprise

*Publication Dates:* 02/14/2025

*Amount:* \$3,146.40

*Payment Amount:* \$0.00

*Invoice Text:*

Alternative formats available upon request to individuals with disabilities. If you require reasonable accommodation, please contact Clerk of the Board at (951) 955-1069.

Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147 or email [cob@rivco.org](mailto:cob@rivco.org)

Dated: February 11, 2025 Kimberly A. Rector, Clerk of the Board  
By: Naomy Sicra, Clerk of the Board Assistant

Published The Press-Enterprise Feb. 14, 2025

RUHS-PH  
2/25/25  
3.26

# The Press-Enterprise

3512 14th Street  
Riverside, CA 92501  
Willoughby, OH 44096  
951-368-9222  
951-368-9018 FAX

5209148

BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE  
PO BOX 1147  
RIVERSIDE, CA 92502

Publication: The Press-Enterprise

PROOF OF PUBLICATION OF

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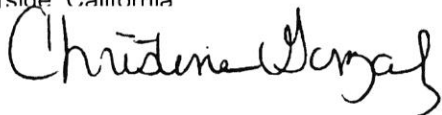
## PROOF OF PUBLICATION

I am a citizen of the United States. I am over the age of eighteen years and not a party to or interested in the above entitled matter. I am an authorized representative of THE PRESS-ENTERPRISE, a newspaper in general circulation, printed and published daily in the County of Riverside, and which newspaper has been adjudicated a newspaper of general circulation by the Superior Court of the County of Riverside, State of California, under date of April 25, 1952, Case Number 54446, under date of March 29, 1957, Case Number 65673, under date of August 25, 1995, Case Number 267864, and under date of September 16, 2013, Case Number RIC 1309013; that the notice, of which the annexed is a printed copy, has been published in said newspaper in accordance with the instructions of the person(s) requesting publication, and not in any supplement thereof on the following dates, to wit:

**02/14/2025**

I certify (or declare) under penalty of perjury that the foregoing is true and correct:

Date: February 14, 2025.  
At: Riverside, California



Legal Advertising Representative, The Press-Enterprise



**NOTICE OF PUBLIC HEARING BEFORE THE BOARD OF SUPERVISORS OF  
RIVERSIDE COUNTY ON AN ORDINANCE, ALL SUPERVISORIAL DISTRICTS**

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, February 25, 2025 at 9:30 A.M.** or as soon as possible thereafter, to consider the following: Introduction of Ordinance No. 734.17, An Ordinance of the County of Riverside Amending Ordinance No. 734 relating to establishing fees, charges, and rates for County Public Health services and supplies.

**ORDINANCE NO. 734.17  
AN ORDINANCE OF THE COUNTY OF RIVERSIDE  
AMENDING ORDINANCE 734 RELATING TO ESTABLISHING  
FEES, CHARGES, AND  
RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES**

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

**Section 1. Purpose**

The purpose of this Ordinance is to revise fees for certain services and supplies furnished by the County of Riverside in the field of health through Riverside University Health System – Public Health (RUHS-PH) in accordance with Centers for Medicare and Medicaid Services standards FY 24/25. RUHS-PH provides lab testing services to other local government agencies, such as Animal Control entities, as well as other Riverside County departments, including Riverside University Health System – Medical Center and Riverside University Health System – Community Health Centers. Additionally, RUHS-PH provides lab testing services to local area hospitals.

**Section 2. Fees and Charges**

Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows:  
"Riverside University Health System – Public Health fees and charges shall be listed on Schedule 1"

**Section 3. Severability**

Should any fee herein established be held to be invalid or otherwise unenforceable, such determination shall not affect the validity of all remaining fee provisions.

**Section 4. Repeal of Ordinance 734.16**

This Ordinance repeals Ordinance 734.16 in its entirety.

**Section 5. Effective Date**

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

**COUNTY OF RIVERSIDE  
RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES  
Ordinance 734.17 Schedule 1**

Description of Activity/Service	Current Approved Fee	Proposed Fee:
<b>Non Clinical Laboratory:</b>		
Fees for Registration of Non-Diagnostic General Health Assessment Program		
Annual Operator/Organization Registration	each \$ 100.00	\$ 100.00
Additional Dates	each \$ 12.00	\$ 12.00
Additional Program	each \$ 43.00	\$ 43.00
Additional Site	each \$ 20.00	\$ 20.00
Personnel Addition	each \$ 12.00	\$ 12.00
Record Changes	each \$ 12.00	\$ 12.00
Review Procedural Changes	each \$ 20.00	\$ 20.00
Non Diagnostic General Health Assessment Consultation	per hour \$ 75.00	\$ 75.00
Score Test - Instrument Sterilization (at 28 weeks)	\$ 18.86	\$ 18.86

**PH Laboratory Fees:**

Acid Fast Smear (Auramine)	CPT 87206	\$ 11.00	\$ 11.00
Amplification Probe - Chlamydia	CPT 87491	\$ 72.00	\$ 52.64
Amplification Probe - Gonorrhea	CPT 87591	\$ 72.00	\$ 52.64
Concentrate	CPT 87010	\$ 14.00	\$ 14.00
Culture 0157 E. coli (stool cult. bacteria each) /STEC	CPT 87049	\$ 19.00	\$ 19.00
Culture Aerobic (culture bacteria - other)	CPT 87070	\$ 18.00	\$ 18.00
Culture Bordetella pertussis (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Campylobacter	CPT 87049	\$ 19.00	\$ 19.00
Culture Enteric (feces culture bacteria)	CPT 87049	\$ 19.00	\$ 19.00
Culture for Identification	CPT 87077	\$ 17.00	\$ 50.00
Culture Fungus	CPT 87102	- \$	\$ 30.00
Culture Gonorrhea (GC) (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Group A strep (Throat) (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Group B strep (vaginal/rectal) (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Salmonella/Shigella (feces culture bacteria)	CPT 87049	\$ 19.00	\$ 19.00
Culture TB	CPT 87110	\$ 20.00	\$ 50.00
FA Cryptosporidium (AG IF)	CPT 87272	\$ 38.00	\$ 38.00
FA Giardia (AG IF)	CPT 87209	\$ 38.00	\$ 38.00
FA Pneumocystis carinii (AG IF)	CPT 87281	\$ 19.00	\$ 19.00
FA Rabies	CPT N/A	\$ 50.00	\$ 50.00
Fecal Leukocyte (smear gram stain)	CPT 86659	\$ 9.00	\$ 9.00
Fungus ID Mold	CPT 87107	\$ 50.00	\$ 50.00
Fungus ID Yeast	CPT 87106	\$ 50.00	\$ 50.00
GeneXpert Assay (MTB RIF)	CPT 87590	\$ 75.00	\$ 100.00
Gram Stain (smear)	CPT 87204	\$ 9.00	\$ 9.00
Hepatitis A IgM Antibody	CPT 86704	\$ 23.00	\$ 23.00
Hepatitis A Total Antibody	CPT 86706	\$ 25.00	\$ 25.00
Hepatitis B Core IgM Antibody	CPT 86705	\$ 24.00	\$ 24.00
Hepatitis B Core Total Antibody	CPT 86704	\$ 25.00	\$ 25.00
Hepatitis B Detection Test by Nucleic Acid (Quantification)	CPT 87517	- \$	\$ 64.26
Hepatitis B Surface Antibody	CPT 86706	\$ 22.00	\$ 22.00
Hepatitis B Surface Antigen (AG EIA)	CPT 87340	\$ 21.00	\$ 21.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87341	\$ 21.00	\$ 21.00
Hepatitis C Antibody	CPT 86803	\$ 29.00	\$ 29.00
Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87523	- \$	\$ 64.26
Herpes Simplex Virus, Amplified Probe	CPT 87529	- \$	\$ 52.64
HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)	CPT 87389	\$ 28.00	\$ 35.12
HIV-1 and HIV-2 Genus Confirmation (2 shots total)	CPT 86899	\$ 46.00	\$ 58.06
HIV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535	- \$	\$ 52.64
HIV-1 Detection Test by Nucleic Acid (Quantification)	CPT 87536	- \$	\$ 127.65
ID of Parasite	CPT 87109	\$ 9.00	\$ 6.47
Influenza SARS-CoV-2 Multiplex rRT-PCR	CPT 87630	- \$	\$ 213.95
Kinyoun staining for TB ID	CPT 87206	- \$	\$ 8.09
Mass spectrometry (laboratory testing method)	CPT 83780	- \$	\$ 36.17
Measles Antibody IgG	CPT 86760	- \$	\$ 19.32
MonkeyPox	CPT 87593	- \$	\$ 35.09
Description of Activity/Service		Current Approved Fee	Proposed Fee:
Mumps Antibody IgG	CPT 86735	- \$	\$ 19.58

Description of Activity/Service	Current Approved Fee	Proposed Fee:
<b>Business Services:</b>		
Certified Mail	per item \$ 3.45	\$ 4.35
Certified Mail (Registered)	per item \$ 12.20	\$ 16.80
Certified Mail (Receipt Requested)	per item \$ 2.80	\$ 3.55
Records Processing Fee (Subpoena/Records Request Clerical Fee)	\$ 15.00	\$ 15.00
Records Copying Fee	per page \$ 1.00	\$ 1.00
Returned Checks	each \$ 20.00	\$ 20.00
Medical Documents: X-Rays & Images (CD included)	per request	\$ 25.00
Therapeutic Med ID Program (MMIC)	\$ 87.00	\$ 87.00
Therapeutic Med ID Program (MMIC) - Medi-Cal patients	\$ 43.50	\$ 43.50
Dog Importation Health Certificate Administration Fee	each \$ -	\$ 25.00

#### Emergency Medical Services:

<b>Advanced Life Support (ALS):</b>		
Ambulance Service Permit	per year (1) \$ 6,000.00	\$ 6,000.00
<b>Basic Life Support (BLS):</b>		
Ambulance Service Permit	per yr (2) \$ 3,000.00	\$ 3,000.00
Each ambulance	per yr \$ 250.00	\$ 250.00
EMT-I Certification and Recertification	every 2yrs \$ 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 2yrs \$ 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.		
Initial Certification (MICN Challenge) Recertification	every 2yrs \$ 75.00	\$ 75.00
Lost Card Replacement	\$ 10.00	\$ 10.00
Mobile Intensive Care Nurse (MICN) Recertification	every 2yrs \$ 50.00	\$ 50.00

#### Epidemiology

Special Data Request Fee	per hour \$ 100.00	\$ 100.00
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#### Immunizations

<b>Mobile Team Vaccines</b>		
Fluarix - Flu Vaccine	CPT 90686 \$ -	\$ 20.00
Boostrix - TDAP Vaccine	CPT 90715 \$ -	\$ 50.00
Covid Vaccine (Pfizer) 6 mos-4 yrs	CPT 91318 \$ -	\$ 130.00
Covid Vaccine (Pfizer) 5-11 yrs	CPT 91319 \$ -	\$ 130.00
Covid Vaccine (Pfizer) 12+	CPT 91320 \$ -	\$ 130.00
Covid Vaccine (Moderna) 6 mos-11 yrs	CPT 91321 \$ -	\$ 130.00
Covid Vaccine (Moderna) 12+	CPT 91322 \$ -	\$ 130.00
Prorix - MMR (Pediatric & Adult)	CPT 90707 \$ -	\$ 103.00
Varivax - Varicella (Pediatric & Adult)	CPT 90716 \$ -	\$ 140.00
Shingrix - Zoster Vaccine	CPT 90750 \$ -	\$ 199.00
Gardasil - HPV Human Papillomavirus 9-Valent	CPT 90651 \$ -	\$ 330.00
MenQuadfi - Meningococcal Conjugate (Groups A,C,W and Y)	CPT 90619 \$ -	\$ 198.00
Menveo - Meningococcal Conjugate one-vial (Groups A,C,Y and W-135)	CPT 90734 \$ -	\$ 198.00
Menveo - Meningococcal Conjugate two-vial	CPT 90734 \$ -	\$ 198.00
Vaccination Administration Fee*	\$ -	\$ 2.00 - \$90.00

\*Sliding fee scale based on funding source and program used

#### Injury Prevention Services:

Bicycle Helmets*	each \$3.00 - \$10.00	\$3.00 - \$10.00
Regular Car Seats*	each \$20.00 - \$45.00	\$20.00 - \$45.00
Special Needs Car Seat*	each \$0.00 - \$50.00	\$0.00 - \$50.00

\*Sliding fee scale based on income



Mycobacteria Antibiotic sensitivities (TB AFB Sensi EA drug X9)	CPT 87186	\$ 60.00	\$ 25.00
Mycobacterium Species Identification	CPT 87118	\$ -	\$ 75.00
Mycoplasma genitalium	CPT 87563	\$ -	\$ 52.64
Ova & Parasite - Concentration (smears)	CPT 87177	\$ 18.00	\$ 18.00
Ova & Parasite - Trichrome (smear complex stain)	CPT 87209	\$ 37.00	\$ 37.00
PCR - Influenza A/B	CPT 87502	\$ 41.00	\$ 143.70
PCR - Measles and Mumps	CPT 87798	\$ 41.00	\$ 52.64
PCR - Norovirus	CPT 87801	\$ 41.00	\$ 105.30
P. pinworm	CPT 87172	\$ 9.00	\$ 6.41
Quantiferon-TB	CPT 86480	\$ 40.00	\$ 92.97
Respiratory Panel 2.1	CPT 87633	\$ -	\$ 625.17
Rubella IgG Antibody	CPT 86702	\$ 29.00	\$ 21.59
Salmonella serotyping	CPT 87147	\$ -	\$ 7.77
Shiga-toxin 1 EIA	CPT 87427	\$ 19.00	\$ 17.97
Shiga-toxin 2 EIA	CPT 87427	\$ 19.00	\$ 17.97
Syphilis (RPR) - Qualitative	CPT 86592	\$ 9.00	\$ 9.00
Syphilis (RPR) - Quantitative	CPT 86593	\$ 9.00	\$ 9.00
Syphilis (TPPA) Confirmation (treponema pallidum)	CPT 86780	\$ 27.00	\$ 27.00
Syphilis Serum EIA Screen (non-trep qual)	CPT 86592	\$ 9.00	\$ 9.00
Systemic Fungal Probe	CPT 87797	\$ 100.00	\$ 140.00
Trichomonas vaginalis amplif	CPT 87661	\$ -	\$ 52.64
VZV (Varicella) IgG Antibody	CPT 86787	\$ -	\$ 19.32
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86789	\$ 34.00	\$ 21.59
West Nile Virus IgM Confirmation	CPT 86788	\$ 34.00	\$ 25.28

#### Disease Control:

Fee for Provision of TB Skin Testing Group:			
Class Fee	\$ 500.00	\$ 500.00	
Per Capita Student Fee	\$ 9.40	\$ 9.40	
Tuberculosis (TB) Clearance	\$ 43.00	\$ 43.00	

#### Nursing:

Detention Facility Inspection (See visit, analysis of menu, report issuance)	per hour	\$ 116.00	\$ 116.00
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#### HIV/STD

Court-Ordered HIV Testing	\$ 123.00	\$ 123.00	
Education Classes for Sex and Drug Offenders (set by Judge)	\$70.00 - \$300.00	\$70.00 - \$300.00	

#### 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	

#### Community Health Workers

Description of Activity/Service		Current Approved Fee	Proposed Fee
Self-management education and training, face-to-face, 30 minutes (1 patient)	CPT 98960	\$ -	\$26.66
Self-management education and training, face-to-face, 30 minutes (2-4 patients)	CPT 98961	\$ -	\$12.66 per patient
Self-management education and training, face-to-face, 30 minutes (5-8 patients)	CPT 98962	\$ -	\$9.46 per patient

#### Nutrition

Community Education Presentation	per hour	\$ 88.00	\$ 88.00
Detention Facility Inspection (Registered Dietitian) (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00	\$ 116.00
Lactation Counseling (Certified Lactation Educators - CLE)	per hour	\$ 113.00	\$ 113.00
Professional Education Presentation by HEA Registered Dietitian / Certified Diabetic Educator (RD/CDE) (consultation or presentation)	per hour	\$ 116.00	\$ 116.00
International Board Certified Lactation Consultant (IBCLC)	per hour	\$ 116.00	\$ 116.00
Staff Training (for non-County providers)	per hour	\$ 80.00	\$ 88.00
Lactation Educator Course (20-hour course for health professionals taught by an IBCLC)	per participant	\$ 380.00	\$ 469.00
Lactation Counselor Course (40-hour course for health professionals taught by an IBCLC)	per participant	\$ -	\$ 930.00
Grow Our Own Lactation Consultant Course (105-hour IBCLC Prep Course)	per participant	\$ 1,700.00	\$ 1,700.00
Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef	per class	\$ 665.00	\$ 665.00

\* travel expenses charged separately for out of Riverside County classes

#### Staff Development

CPR (Cardiopulmonary Resuscitation) Class	per participant	\$ 64.00	\$ 74.00
CPR (Cardiopulmonary Resuscitation) Class - Blended	per participant	\$ 66.00	\$ 77.00
Adult and Pediatric First Aid Class	per participant	\$ 77.00	\$ 91.00
General Population Shelter Class	per participant	\$ 40.00	\$ 47.00
Stop the Bleed Class	per participant	\$ 25.00	\$ 26.00
Aerosol Transmissible Disease & Blood Borne Pathogens Class	per participant	\$ 38.00	\$ 58.00
Fit Testing Class	per participant	\$ 40.00	\$ 53.00

#### Vital Records:

##### I. Certified Copies, Search, and Certification of No Public Record:

AVSS Technical Support	per hour	\$ 95.00	\$ 95.00
Birth - Government Agencies	each	\$ 19.00	\$ 22.00
Birth - General Public	each	\$ 26.00	\$ 29.00
Birth Certified Copies, Searches & Certification	each	\$ 28.00	\$ 29.00
Death Certificate - Government Agency & General Public	each	\$ 21.00	\$ 24.00
Death Certified Copies, Searches & Certification	each	\$ 21.00	\$ 24.00
Death Listings - sent to mortuaries	each	\$ 5.00	\$ 5.00
Admin Fee - Per Authorization Number	each	\$ 1.00	\$ 1.00
Fetal Death Certificate - Government Agency & General Public	each	\$ 18.00	\$ 21.00
Still Birth Certified Copies	each	\$ 20.00	\$ 20.00

##### II. Permit for Disposition of Human Remains

Regular Permit	each	\$ 12.00	\$ 12.00
After Hours Permit	each	\$ 12.00	\$ 12.00

##### III. Other Services

Letter of Non-Contagious Disease	each - max 2	\$ 10.00	\$ 10.00
Letter of Authentication	each	\$ 10.00	\$ 10.00
Paternity Declaration (to DCSS only)	each	\$ 10.00	\$ 10.00

Alternative formats available upon request to individuals with disabilities. If you require reasonable accommodation, please contact Clerk of the Board at (951) 955-1069.

Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147 or email [cob@rivco.org](mailto:cob@rivco.org)

Dated: February 11, 2025

Kimberly A. Rector, Clerk of the Board  
By: Naomi Sicra, Clerk of the Board Assistant

Published The Press-Enterprise Feb. 14, 2025

**AFFIDAVIT OF PUBLICATION**


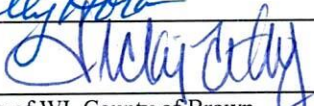
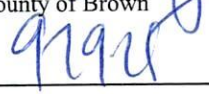
Cindy Fernandez  
Riverside County-Board Of Sup.  
Po Box 1147  
Riverside CA 92502-1147

STATE OF WISCONSIN, COUNTY OF BROWN

The Desert Sun, a newspaper published in the city of Palm Springs, Riverside County, State of California, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue:

02/16/2025

and that the fees charged are legal.  
Sworn to and subscribed before on 02/16/2025

  
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Legal Clerk  
  
\_\_\_\_\_  
Notary, State of WI, County of Brown  
  
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VICKY FELTY  
Notary Public  
State of Wisconsin



# **NOTICE OF PUBLIC HEARING BEFORE THE BOARD OF SUPERVISORS OF RIVERSIDE COUNTY ON AN ORDINANCE, ALL SUPERVISORIAL DISTRICTS**

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, February 25, 2025 at 9:30 A.M.**, or as soon as possible thereafter, to consider the following: Introduction of Ordinance No. 734.17, An Ordinance of the County of Riverside Amending Ordinance No. 734 relating to establishing fees, charges, and rates for County Public Health services and supplies.

## **ORDINANCE NO. 734.17 AN ORDINANCE OF THE COUNTY OF RIVERSIDE AMENDING ORDINANCE 734 RELATING TO ESTABLISHING FEES, CHARGES, AND RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES**

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

### **Section 1. Purpose**

The purpose of this Ordinance is to revise fees for certain services and supplies furnished by the County of Riverside in the field of health through Riverside University Health System – Public Health (RUHS-PH) in accordance with Centers for Medicare and Medicaid Services standards FY 24-25. RUHS-PH provides lab testing services to other local government agencies, such as Animal Control entities, as well as other Riverside County departments including Riverside University Health System – Medical Center and Riverside University Health System – Community Health Centers. Additionally, RUHS-PH provides lab testing services to local area hospitals.

### **Section 2. Fees and Charges**

Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows:  
“Riverside University Health System – Public Health fees and charges shall be listed on

### **Section 3. Severability**

Should any fee herein established be held to be invalid or otherwise unenforceable, such determination shall not affect the validity of all remaining fee provisions.

### **Section 4. Repeal of Ordinance 734.16**

This Ordinance repeals Ordinance 734.16 in its entirety

### **Section 5. Effective Date**

This ordinance shall take effect thirty (30) days after its adoption

## **COUNTY OF RIVERSIDE RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES Ordinance 734.17 Schedule 1**

Description of Activity/Service	Current Approved Fee	Proposed Fee:
Certified Mail	per item \$ 3.45	\$ 4.35
Certified Mail (Registered)	per item \$ 2.20	\$ 16.80
Certified Mail (Receipt Requested)	per item \$ 2.80	\$ 3.55
Records Processing Fee (Subpoena/Records Request Clerical Fee)	\$ 15.00	\$ 15.00
Records Copying Fee	per page \$ 1.00	\$ 1.00
Returned Checks	each \$ 20.00	\$ 20.00
Medical Documents, X-Rays & Images (CD included)	per request \$ 87.00	\$ 87.00
Therapeutic Med ID Program (MMIC)	\$ 43.50	\$ 43.50
Therapeutic Med ID Program (MMIC) - Medi-Cal patients	\$ -	\$ 26.00
Dog Importation Health Certificate Administration Fee	each \$ -	\$ 26.00
<b>Emergency Medical Services</b>		
Advanced Life Support (ALS)		
Ambulance Service Permit	per year (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
EMT-I Certification and Recertification	every 2yrs \$ 10.00	\$ 10.00
EMT-I Certification and Recertification - Late Fee	\$ 75.00	\$ 75.00
EMT-P Initial Accreditation	\$ 50.00	\$ 50.00
EMT-P Re-verification	every 2yrs \$ 25.00	\$ 25.00
EMPT-P (Paramedic) and MICN (Mobile Intensive Care Nurse) Late Fee	\$ 75.00	\$ 75.00
Fees for medical services and most laboratory - See clinical services.		
Initial Certification (MICN Challenge) Recertification	every 2yrs \$ 10.00	\$ 10.00
Lost Card Replacement	every 2yrs \$ 50.00	\$ 50.00
Mobile Intensive Care Nurse (MICN) Recertification	every 2yrs \$ 50.00	\$ 50.00
<b>Epidemiology</b>		
Special Data Request Fee	per hour \$ 100.00	\$ 100.00
<b>Immunizations</b>		
Mobile Team Vaccines		
Fluax - H1N1 Vaccine	CPT 90686 \$ -	\$ 20.00
Boostrix - Tdap Vaccine	CPT 90715 \$ -	\$ 20.00
Covid Vaccine (Pfizer 6 mos-4 yrs)	CPT 91318 \$ -	\$ 130.00
Covid Vaccine (Pfizer 5-11 yrs)	CPT 91319 \$ -	\$ 130.00
Covid Vaccine (Pfizer 12+)	CPT 91320 \$ -	\$ 130.00
Covid Vaccine (Moderna 6 mos-11 yrs)	CPT 91321 \$ -	\$ 130.00
Covid Vaccine (Moderna 12+)	CPT 91322 \$ -	\$ 130.00
Pfizer - mRNA (Pfizer 6 mos-4 yrs)	CPT 91323 \$ -	\$ 130.00
Pfizer - mRNA (Pfizer 5-11 yrs)	CPT 91324 \$ -	\$ 130.00
Pfizer - mRNA (Pfizer 12+)	CPT 91325 \$ -	\$ 130.00
Shingrix - Zoster Vaccine	CPT 90705 \$ -	\$ 199.00
Gardasil - HPV Human Papillomavirus 9-Valent	CPT 90651 \$ -	\$ 330.00
MenQuadri - Meningococcal Conjugate (Groups A,C,W and Y)	CPT 90619 \$ -	\$ 198.00
Menveo - Meningococcal Conjugate one-val (Groups A,C,Y and W-135)	CPT 90734 \$ -	\$ 198.00
Menveo - Meningococcal Conjugate two-val	CPT 90734 \$ -	\$ 198.00
Vaccination Administration Fee*	\$ -	\$ 2.00 - \$90.00

\*Sliding fee scale based on funding source and program used

### **Injury Prevention Services:**

Bicycle Helmet*	each \$3.00 - \$10.00	\$3.00 - \$10.00
Regular Car Seats*	each \$20.00 - \$45.00	\$20.00 - \$45.00
Special Needs Car Seat*	each \$0.00 - \$50.00	\$0.00 - \$50.00

\*Sliding fee scale based on income

Description of Activity/Service	Current Approved Fee	Proposed Fee:
<b>Non Clinical Laboratory:</b>		
Fees for Registration of Non-Diagnostic General Health Assessment Program:		
Annual Registration/ Organization Registration	each \$ 100.00	\$ 100.00
Additional Juries	each \$ 12.00	\$ 12.00
Additional Program	each \$ 43.00	\$ 43.00
Additional Site	each \$ 20.00	\$ 20.00
Personnel Addition	each \$ 12.00	\$ 12.00
Record Addition	each \$ 12.00	\$ 12.00
Review Procedural Changes	each \$ 20.00	\$ 20.00
Non Diagnostic General Health Assessment Consultation	per hour \$ 75.00	\$ 75.00
Score Test - Instrument Sanitization (at 28 weeks)	\$ 18.86	\$ 18.86
<b>PH Laboratory Fees:</b>		
Acid Fast Smear (Auramine)	CPT 87206 \$ 11.00	\$ 11.00
Amplification Probe - Chlamydia	CPT 87491 \$ 72.00	\$ 52.64
Amplification Probe - Gonorrhea	CPT 87491 \$ 72.00	\$ 52.64
Chlamydia	CPT 87015 \$ 14.00	\$ 14.00
Culture (1157 E. coli (stool cult bacteria each) /STEC	CPT 87046 \$ 19.00	\$ 19.00
Culture Aerobic (culture bacteria - other)	CPT 87070 \$ 18.00	\$ 18.00
Culture Bordetella pertussis (culture screen only)	CPT 87081 \$ 15.00	\$ 15.00
Culture Campylobacter	CPT 87046 \$ 19.00	\$ 19.00
Culture Enteric (fecal culture bacteria)	CPT 87045 \$ 19.00	\$ 19.00
Culture for Identification	CPT 87077 \$ 17.00	\$ 50.00
Culture Fungus	CPT 87102 \$ -	\$ 30.00
Culture Gonorrhea (GIC) (culture screen only)	CPT 87081 \$ 15.00	\$ 15.00
Culture Group A strep (throat) (culture screen only)	CPT 87081 \$ 15.00	\$ 15.00
Culture Group B strep (gonorrhea) (culture screen only)	CPT 87081 \$ 15.00	\$ 15.00
Culture Salmonella/Shigella (feces culture bacteria)	CPT 87116 \$ 19.00	\$ 50.00
Culture TB	CPT 87116 \$ 19.00	\$ 50.00
FA Cryptosporidium (AG IF)	CPT 87272 \$ 38.00	\$ 38.00
FA Giardia (AG IF)	CPT 87269 \$ 38.00	\$ 38.00
FA Pneumocystis carinii (AG IF)	CPT 87281 \$ 19.00	\$ 19.00
FA Tuberc	CPT 87074 \$ 30.00	\$ 50.00
Fecal Leukocyte (fecal gram stain)	CPT 89055 \$ 9.00	\$ 9.00
Fungus ID Mold	CPT 87107 \$ 50.00	\$ 50.00
Fungus ID Yeast	CPT 87108 \$ 50.00	\$ 50.00
Gram Stain Assay (MTA /RIF)	CPT 87256 \$ 75.00	\$ 100.00
Gram Stain (smear)	CPT 87205 \$ 9.00	\$ 9.00
Hepatitis A IgM Antibody	CPT 86709 \$ 23.00	\$ 23.00
Hepatitis A Total Antibody	CPT 86708 \$ 25.00	\$ 25.00
Hepatitis B Core IgM Antibody	CPT 86705 \$ 24.00	\$ 24.00
Hepatitis B Core Total Antibody	CPT 86704 \$ 25.00	\$ 25.00
Hepatitis B Surface Antibody	CPT 86706 \$ 22.00	\$ 22.00
Hepatitis B Surface Antigen (AG EIA)	CPT 87340 \$ 21.00	\$ 21.00

Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87341 \$ 21.00	\$ 21.00
Hepatitis C Antibody	CPT 86803 \$ 29.00	\$ 29.00
Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87522 \$ -	\$ 64.26
Hepes Simplex Virus Amplified Probe	CPT 87529 \$ -	\$ 52.64
HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)	CPT 87389 \$ 28.00	\$ 36.12
HIV-1 and HIV-2 Genus Confirmation (2 shots total)	CPT 86689 \$ 46.00	\$ 58.06
HIV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535 \$ -	\$ 52.65
HIV-1 Detection Test by Nucleic Acid (Quantification)	CPT 87536 \$ -	\$ 127.65
ID of Parasite	CPT 87168 \$ 9.00	\$ 6.47
Influenza SARS-CoV-2 Multiplex rRT-PCR	CPT 87536 \$ -	\$ 213.95
Kinova staining for TB ID	CPT 87206 \$ -	\$ 8.09
Mass spectrometry (laboratory testing method)	CPT 83789 \$ -	\$ 36.17
Measles Antibody IgG	CPT 86765 \$ -	\$ 19.32
MonkeyPox	CPT 87493 \$ -	\$ 35.99

Description of Activity/Service	Current Approved Fee	Proposed Fee:
<b>Non Clinical Laboratory:</b>		
Mumps Antibody IgG	CPT 86735 \$ -	\$ 19.25
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug Xh)	CPT 87188 \$ -	\$ 25.00
Mycobacterium Species Identification	CPT 87118 \$ -	\$ 75.00
Mycoplasma genitalium	CPT 87563 \$ -	\$ 52.64
Ova & Parasite - Concentration (smears)	CPT 87171 \$ 18.00	\$ 37.00
Ova & Parasite - Trichrome (smear complex stain)	CPT 87209 \$ 37.00	\$ 37.00
PCR - Influenza A/B	CPT 87502 \$ 41.00	\$ 143.00
PCR - Measles and Mumps	CPT 87798 \$ 41.00	\$ 52.64
PCR - Norovirus	CPT 87801 \$ 41.00	\$ 105.30
Pinkworm	CPT 87122 \$ 9.00	\$ 6.41
Quantiferon-TB	CPT 86480 \$ 40.00	\$ 82.92
Respiratory Panel 2.1	CPT 87633 \$ -	\$ 625.17
Rubella IgG Antibody	CPT 86762 \$ 29.00	\$ 21.59
Salmonella serogrouping	CPT 87147 \$ -	\$ 7.77
Shiga-toxin 1 EIA	CPT 87427 \$ 19.00	\$ 17.97
Shiga-toxin 2 EIA	CPT 87427 \$ 19.00	\$ 17.97
Syphilis (RPR) - Qualitative	CPT 86592 \$ 9.00	\$ 9.00
Syphilis (RPR) - Quantitative	CPT 86593 \$ 9.00	\$ 9.00
Syphilis (TPPA) Confirmation (treponema pallidum)	CPT 86780 \$ 27.00	\$ 27.00
Syphilis Serum EIA Screen (non-trep qual)	CPT 86592 \$ 9.00	\$ 9.00
Systemic Lupus Probe	CPT 87297 \$ 100.00	\$ 140.00
Trichomonas vaginalis amplif	CPT 87651 \$ -	\$ 59.64
VZV (Varicella) IgG Antibody	CPT 86787 \$ -	\$ 19.32
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86789 \$ 34.00	\$ 21.59
West Nile Virus IgM Confirmation	CPT 86788 \$ 34.00	\$ 25.28

### **Disease Control:**

Fee for Provision of TB Skin Testing Group		\$ 500.00	\$ 500.00
Class Fee		\$ 9.40	\$ 9.40
Per Capita Student Fee		\$ 43.00	\$ 43.00
Tuberculosis (TB) Clearance		\$ -	\$ -

### **Nursing:**

Detention Facility Inspection		\$ 116.00	\$ 116.00
(Site visit, analysis of menu, report issuance)			

### **HIV/STD**

Court-Ordered HIV Testing	\$ 123.00	\$ 123.00
Education Classes for Sex and Drug Offenders (set by Judge)	\$70.00 - \$300.00	\$70.00 - \$300.00

### **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 \$6 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

### **Community Health Workers**

Description of Activity/Service	Current Approved Fee	Proposed Fee:
Self-management education and training, face-to-face, 30 minutes (1 patient)	CPT 98960 \$ -	\$ 26.66
Self-management education and training, face-to-face, 30 minutes (2-4 patients)	CPT 98961 \$ -	\$ 12.66 per patient
Self-management education and training, face-to-face, 30 minutes (5-8 patients)	CPT 98962 \$ -	\$ 9.46 per patient

### **Nutrition**

Community Education Presentation	per hour \$ 88.00	\$ 88.00
Detention Facility Inspection (Registered Dietitian)	per hour \$ 116.00	\$ 116.00
(Site visit, analysis of menu, report issuance)		
Lactation Counseling (Certified Lactation Educators - CLE)	per hour \$ 113.00	\$ 113.00
Professional Education Presentation by HEA	per hour \$ -	\$ 88.00
Registered Dietitian / Certified Diabetic Educator (RD/CDE) (consultation or presentation)	per hour \$ 116.00	\$ 116.00
International Board Certified Lactation Consultant (IBCLC)	per hour \$ 116.00	\$ 116.00
Staff Training (for non-County providers)	per hour \$ 80	\$ 88.00
Lactation Educator Course (20-hour course for health professionals taught by an IBCLC)	per participant \$ 380.00	\$ 468.00
Lactation Counselor Course (40-hour course for health professionals taught by an IBCLC)	per participant \$ -	\$ 930.00
Grow Our Own Lactation Consultant Course	per participant \$ 1,700.00	\$ 1,700.00
(105-hour IBCLC Prep Course)		
Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef	per class \$ 665.00	\$ 665.00

\* travel expenses charged separately for out of Riverside County classes

### **Staff Development**

OPR (Cardiopulmonary Resuscitation) Class	per participant \$ 64.00	\$ 74.00
OPR (Cardiopulmonary Resuscitation) Class - Blended	per participant \$ 66.00	\$ 77.00
Adult and Pediatric First Aid Class	per participant \$ 77.00	\$ 91.00
General Population Shelter Class	per participant \$ 40.00	\$ 47.00
Stop the Bleed Class	per participant \$ 25.00	\$ 26.00
Aerosol Transmissible Disease & Blood Borne Pathogens Class	per participant \$ 38.00	\$ 58.00
Fit Testing Class	per participant \$ 40.00	\$ 53.00

### **Vital Records:**

#### **I. Certified Copies, Search, and Certification of No Public Record:**

AVSS Technical Support	per hour \$ 95.00	\$ 95.00
Birth - Government Agencies	each \$ 19.00	\$ 22.00
Birth - General Public	each \$ 28.00	\$ 29.00
Birth Certified Copies, Searches & Certification	each \$ 28.00	\$ 29.00
Death Certificate - Government Agency & General Public	each \$ 21.00	\$ 24.00
Death Certified Copies, Searches & Certification	each \$ 21.00	\$ 24.00
Death Listings - sent to mortuaries	each \$ 5.00	\$ 5.00
Admin Fee - Per Authorization Number	each \$ 1.00	\$ 1.00
Fetal Death Certificate - Government Agency & General Public	each \$ 18.00	\$ 21.00
Still Birth Certified Copies	each \$ 20.00	\$ 20.00

#### **II. Permit for Disposition of Human Remains**

Regular Permit	each \$ 12.00	\$ 12.00
After Hours Permit	each \$ 12.00	\$ 12.00

### **III. Other Services**

Letter of Non-Contagious Disease	each - max 2 \$ 10.00	\$ 10.00
Letter of Authentication	each \$ 10.00	\$ 10.00
Paternity Declaration to DCS only	each \$ 10.00	\$ 10.00

Alternative formats available upon request to individuals with disabilities. If you require reasonable accommodation, please contact Clerk of the Board at (951) 955-1069.

Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147 or email [rob@rhvco.org](mailto:rob@rhvco.org)

Dated: February 11, 2025

Kimberly A. Rector, Clerk of the Board  
By: Naomy Sora, Clerk of the Board Assistant

**The Press-Enterprise**

3512 14th Street  
Riverside, CA 92501  
Willoughby, OH 44096  
951-368-9222  
951-368-9018 FAX

BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE  
PO BOX 1147  
RIVERSIDE, CA 92502

Account Number: 5209148

Ad Order Number: 0011725257

Customer's Reference Notice of Adoption:  
/ PO Number: / Ordinance No. 734.17

Publication: The Press-Enterprise

Publication Dates: 03/21/2025

Amount: \$3,030.80

Payment Amount: \$0.00

Invoice Text:

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Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147 or email [cob@rivco.org](mailto:cob@rivco.org)

Dated: March 18, 2025 Kimberly Rector, Clerk of the Board  
By: Naomi Sicra, Clerk of the Board Assistant

Published The Press-Enterprise March 21, 2025



# The Press-Enterprise

3512 14th Street  
Riverside, CA 92501  
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5209148

BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE  
PO BOX 1147  
RIVERSIDE, CA 92502

Publication: The Press-Enterprise

PROOF OF PUBLICATION OF

Ad Desc: Notice of Adoption: / Ordinance No. 734.17

**FILE NO. Ordinance No. 734.17**

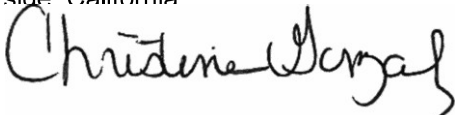
## PROOF OF PUBLICATION

I am a citizen of the United States. I am over the age of eighteen years and not a party to or interested in the above entitled matter. I am an authorized representative of THE PRESS-ENTERPRISE, a newspaper in general circulation, printed and published daily in the County of Riverside, and which newspaper has been adjudicated a newspaper of general circulation by the Superior Court of the County of Riverside, State of California, under date of April 25, 1952, Case Number 54446, under date of March 29, 1957, Case Number 65673, under date of August 25, 1995, Case Number 267864, and under date of September 16, 2013, Case Number RIC 1309013; that the notice, of which the annexed is a printed copy, has been published in said newspaper in accordance with the instructions of the person(s) requesting publication, and not in any supplement thereof on the following dates, to wit:

**03/21/2025**

I certify (or declare) under penalty of perjury that the foregoing is true and correct:

Date: March 21, 2025.  
At: Riverside, California



Legal Advertising Representative, The Press-Enterprise

Legal No. **0011725257**

**Ad Copy:**



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

NOTICE IS HEREBY GIVEN that a public meeting 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, April 1, 2025 at 9:30 A.M.** or as soon as possible thereafter, to consider adoption of the following Ordinance:

**ORDINANCE NO. 734.17  
AN ORDINANCE OF THE COUNTY OF RIVERSIDE  
AMENDING ORDINANCE 734 RELATING  
TO ESTABLISHING FEES, CHARGES, AND  
RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES**

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

**Section 1. Purpose**

The purpose of this Ordinance is to revise fees for certain services and supplies furnished by the County of Riverside in the field of health through Riverside University Health System – Public Health (RUHS-PH) in accordance with Centers for Medicare and Medicaid Services standards FY 24/25. RUHS-PH provides lab testing services to other local government agencies, such as Animal Control entities, as well as other Riverside County departments, including Riverside University Health System – Medical Center and Riverside University Health System – Community Health Centers. Additionally, RUHS-PH provides lab testing services to local area hospitals.

**Section 2. Fees and Charges**

Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows:  
"Riverside University Health System – Public Health fees and charges shall be listed on Schedule 1"

**Section 3. Severability**

Should any fee herein established be held to be invalid or otherwise unenforceable, such determination shall not affect the validity of all remaining fee provisions.

**Section 4. Repeal of Ordinance 734.16**

This Ordinance repeals Ordinance 734.16 in its entirety.

**Section 5. Effective Date**

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

**COUNTY OF RIVERSIDE  
RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES  
Ordinance 734.17 Schedule 1**

Description of Activity/Service		Current Approved Fee	Proposed Fee:
<b>Business Services:</b>			
Certified Mail	per item	\$ 3.45	\$ 4.35
Certified Mail (Registered)	per item	\$ 12.20	\$ 16.80
Certified Mail (Receipt Requested)	per item	\$ 2.80	\$ 3.55
Records Processing Fee (Subpoena/Records Request Clerical Fee)		\$ 15.00	\$ 15.00
Records Copying Fee	per page	\$ 1.00	\$ 1.00
Returned Checks	each	\$ 20.00	\$ 20.00
Medical Documents, X-Rays & Images (CD included)	per request		\$ 25.00
Therapeutic Med ID Program (MMIC)		\$ 87.00	\$ 87.00
Therapeutic Med ID Program (MMIC) - Medi-Cal patients		\$ 43.50	\$ 43.50
Dog Importation Health Certificate Administration Fee	each	\$ -	\$ 26.00

#### Emergency Medical Services:

<b>Advanced Life Support (ALS):</b>			
Ambulance Service Permit	per year (1)	\$ 6,000.00	\$ 6,000.00
<b>Basic Life Support (BLS):</b>			
Ambulance Service Permit	per yr (2)	\$ 3,000.00	\$ 3,000.00
Each ambulance	per yr	\$ 250.00	\$ 250.00
EMT-I Certification and Recertification	every 2yrs	\$ 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 2yrs	\$ 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.			
Initial Certification (MICN Challenge) Recertification:	every 2yrs	\$ 75.00	\$ 75.00
Lost Card Replacement		\$ 10.00	\$ 10.00
Mobile Intensive Care Nurse (MICN) Recertification	every 2yrs	\$ 50.00	\$ 50.00

#### Epidemiology

Special Data Request Fee	per hour	\$ 100.00	\$ 100.00
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#### Immunizations

<b>Mobile Team Vaccines</b>			
Fluarix - Flu Vaccine	CPT 90666	\$ -	\$ 20.00
Boostrix - TDAP Vaccine	CPT 90715	\$ -	\$ 50.00
Covid Vaccine (Pfizer) 6 mos-4 yrs	CPT 91318	\$ -	\$ 130.00
Covid Vaccine (Pfizer) 5-11 yrs	CPT 91319	\$ -	\$ 130.00
Covid Vaccine (Pfizer) 12+	CPT 91320	\$ -	\$ 130.00
Covid Vaccine (Moderna) 6 mos-11 yrs	CPT 91321	\$ -	\$ 130.00
Covid Vaccine (Moderna) 12+	CPT 91322	\$ -	\$ 130.00
Prionix - MMR (Pediatric & Adult)	CPT 90707	\$ -	\$ 103.00
Varivax - Varicella (Pediatric & Adult)	CPT 90716	\$ -	\$ 140.00
Shingrix - Zoster Vaccine	CPT 90750	\$ -	\$ 199.00
Gardasil - HPV Human Papillomavirus 9-Valent	CPT 90651	\$ -	\$ 330.00
MenQuadfi - Meningococcal Conjugate (Groups A,C,W and Y)	CPT 90619	\$ -	\$ 198.00
Menveo - Meningococcal Conjugate one-vial (Groups A,C,Y and W-135)	CPT 90734	\$ -	\$ 198.00
Menveo - Meningococcal Conjugate two-vial	CPT 90734	\$ -	\$ 198.00
Vaccination Administration Fee*		\$ -	\$2.00 - \$90.00

\*Sliding fee scale based on funding source and program used

#### Injury Prevention Services:

Bicycle Helmets*	each	\$3.00 - \$10.00	\$3.00 - \$10.00
Regular Car Seats*	each	\$20.00 - \$45.00	\$20.00 - \$45.00
Special Needs Car Seat*	each	\$0.00 - \$50.00	\$0.00 - \$50.00

\*Sliding fee scale based on Income

Description of Activity/Service	Current Approved Fee	Proposed Fee:
<b>Non Clinical Laboratory:</b>		
Fees for Registration of Non-Diagnostic General Health Assessment Program:		
Annual Operator/Organization Registration	each \$ 100.00	\$ 100.00
Additional Dates	each \$ 12.00	\$ 12.00
Additional Program	each \$ 43.00	\$ 43.00
Additional Site	each \$ 20.00	\$ 20.00
Personnel Addition	each \$ 12.00	\$ 12.00
Record Changes	each \$ 12.00	\$ 12.00
Review Procedural Changes	each \$ 20.00	\$ 20.00
Non Diagnostic General Health Assessment Consultation	per hour \$ 75.00	\$ 75.00
Spore Test - Instrument Sterilization (at 28 weeks)	\$ 18.86	\$ 18.86

**PH Laboratory Fees:**

Acid Fast Smear (Auramine)	CPT 87206	\$ 11.00	\$ 11.00
Amplification Probe - Chlamydia	CPT 87491	\$ 72.00	\$ 52.64
Amplification Probe - Gonorrhea	CPT 87591	\$ 72.00	\$ 52.64
Concentrate	CPT 87015	\$ 14.00	\$ 14.00
Culture 0157 E. coli (stool cult bacteria each) /STEC	CPT 87046	\$ 19.00	\$ 19.00
Culture Aerobic (culture bacteria - other)	CPT 87070	\$ 18.00	\$ 18.00
Culture Bordetella pertussis (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Campylobacter	CPT 87046	\$ 19.00	\$ 19.00
Culture Enteric (feces culture bacteria)	CPT 87045	\$ 19.00	\$ 19.00
Culture for Identification	CPT 87077	\$ 17.00	\$ 50.00
Culture Fungus	CPT 87102	\$ -	\$ 30.00
Culture Gonorrhea (GC) (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Group A strep (Throat) (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Group B strep (vaginal/rectal) (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Salmonella/Shigella (feces culture bacteria)	CPT 87045	\$ 19.00	\$ 19.00
Culture TB	CPT 87116	\$ 20.00	\$ 50.00
FA Cryptosporidium (AG IF)	CPT 87272	\$ 38.00	\$ 38.00
FA Giardia (AG IF)	CPT 87269	\$ 38.00	\$ 38.00
FA Pneumocystis carinii (AG IF)	CPT 87281	\$ 19.00	\$ 19.00
FA Rabies	CPT N/A	\$ 50.00	\$ 50.00
Fecal Leukocyte (smear gram stain)	CPT 89055	\$ 9.00	\$ 9.00
Fungus ID Mold	CPT 87107	\$ 50.00	\$ 50.00
Fungus ID Yeast	CPT 87106	\$ 50.00	\$ 50.00
GeneXpert Assay (MTB /RIF)	CPT 87556	\$ 75.00	\$ 100.00
Gram Stain (smear)	CPT 87205	\$ 9.00	\$ 9.00
Hepatitis A IgM Antibody	CPT 86709	\$ 23.00	\$ 23.00
Hepatitis A Total Antibody	CPT 86706	\$ 25.00	\$ 25.00
Hepatitis B Core IgM Antibody	CPT 86705	\$ 24.00	\$ 24.00
Hepatitis B Core Total Antibody	CPT 86704	\$ 25.00	\$ 25.00
Hepatitis B Detection Test by Nucleic Acid (Quantification)	CPT 87517	\$ -	\$ 64.26
Hepatitis B Surface Antibody	CPT 86706	\$ 22.00	\$ 22.00
Hepatitis B Surface Antigen (AG EIA)	CPT 87340	\$ 21.00	\$ 21.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87341	\$ 21.00	\$ 21.00
Hepatitis C Antibody	CPT 86803	\$ 29.00	\$ 29.00
Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87522	\$ -	\$ 64.26
Herpes Simplex Virus, Amplified Probe	CPT 87529	\$ -	\$ 52.64
HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)	CPT 87389	\$ 28.00	\$ 36.12
HIV-1 and HIV-2 Geenius Confirmation (2 shots total)	CPT 86689	\$ 46.00	\$ 58.06
HIV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535	\$ -	\$ 52.64
HIV-1 Detection Test by Nucleic Acid (Quantification)	CPT 87536	\$ -	\$ 127.65
ID of Parasite	CPT 87169	\$ 9.00	\$ 6.47
Influenza SARS-CoV-2 Multiplex rRT-PCR	CPT 87636	\$ -	\$ 213.95
Kinyoun staining for TB ID	CPT 87206	\$ -	\$ 8.09
Mass spectrometry (laboratory testing method)	CPT 83789	\$ -	\$ 36.17
Measles Antibody IgG	CPT 86765	\$ -	\$ 19.32
MonkeyPox	CPT 87593	\$ -	\$ 35.09



Description of Activity/Service		Current Approved Fee	Proposed Fee:
Mumps Antibody IgG	CPT 86735	\$ -	\$ 19.58
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6)	CPT 87188	\$ 60.00	\$ 25.00
Mycobacterium Species Identification	CPT 87118	\$ -	\$ 75.00
Mycoplasma genitalium	CPT 87563	\$ -	\$ 52.64
Ova & Parasite - Concentration (smears)	CPT 87177	\$ 18.00	\$ 18.00
Ova & Parasite - Trichrome (smear complex stain)	CPT 87209	\$ 37.00	\$ 37.00
PCR - Influenza A/B	CPT 87502	\$ 41.00	\$ 143.70
PCR - Measles and Mumps	CPT 87798	\$ 41.00	\$ 52.64
PCR - Norovirus	CPT 87801	\$ 41.00	\$ 105.30
Pinworm	CPT 87172	\$ 9.00	\$ 6.41
QuantIFERON-TB	CPT 88480	\$ 40.00	\$ 92.97
Respiratory Panel 2.1	CPT 87633	\$ -	\$ 625.17
Rubella IgG Antibody	CPT 86762	\$ 29.00	\$ 21.59
Salmonella serogrouping	CPT 87147	\$ -	\$ 7.77
Shiga-toxin 1 EIA	CPT 87427	\$ 19.00	\$ 17.97
Shiga-toxin 2 EIA	CPT 87427	\$ 19.00	\$ 17.97
Syphilis (RPR) - Qualitative	CPT 86592	\$ 9.00	\$ 9.00
Syphilis (RPR) - Quantitative	CPT 86593	\$ 9.00	\$ 9.00
Syphilis (TPPA) Confirmation (treponema pallidum)	CPT 86780	\$ 27.00	\$ 27.00
Syphilis Serum EIA Screen (non-trep qual)	CPT 86592	\$ 9.00	\$ 9.00
Systemic Fungus Probe	CPT 87797	\$ 100.00	\$ 140.00
Trichomonas vaginalis amplif	CPT 87661	\$ -	\$ 52.64
VZV (Varicella) IgG Antibody	CPT 86787	\$ -	\$ 19.32
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86789	\$ 34.00	\$ 21.59
West Nile Virus IgM Confirmation	CPT 86788	\$ 34.00	\$ 25.28

#### Disease Control:

Fee for Provision of TB Skin Testing Group:		
Class Fee	\$ 500.00	\$ 500.00
Per Capita Student Fee	\$ 9.40	\$ 9.40
Tuberculosis (TB) Clearance	\$ 43.00	\$ 43.00

#### Nursing:

Detention Facility Inspection (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00	\$ 116.00
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#### HIV/STD

Court-Ordered HIV Testing	\$ 123.00	\$ 123.00
Education Classes for Sex and Drug Offenders (set by Judge)	\$70.00 - \$300.00	\$70.00 - \$300.00

#### 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

#### Community Health Workers

Description of Activity/Service		Current Approved Fee	Proposed Fee:
Self-management education and training, face-to-face, 30 minutes (1 patient)	CPT 98960	\$ -	\$26.66
Self-management education and training, face-to-face, 30 minutes (2-4 patients)	CPT 98961	\$ -	\$12.66 per patient
Self-management education and training, face-to-face, 30 minutes (5-8 patients)	CPT 98962	\$ -	\$9.46 per patient

#### Nutrition

Community Education Presentation	per hour	\$ 88.00	\$ 88.00
Detention Facility Inspection (Registered Dietitian) (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00	\$ 116.00
Lactation Counseling (Certified Lactation Educators - CLE)	per hour	\$ 113.00	\$ 113.00
Professional Education Presentation by HEA	per hour	\$ -	\$ 88.00
Registered Dietitian / Certified Diabetic Educator (RD/CDE) (consultation or presentation)	per hour	\$ 116.00	\$ 116.00
International Board Certified Lactation Consultant (IBCLC)	per hour	\$ 116.00	\$ 116.00
Staff Training (for non-County providers)	per hour	\$ 80.00	\$ 88.00
Lactation Educator Course (20-hour course for health professionals taught by an IBCLC)	per participant	\$ 380.00	\$ 469.00
Lactation Counselor Course (40-hour course for health professionals taught by an IBCLC)	per participant	\$ -	\$ 930.00
Grow Our Own Lactation Consultant Course (105-hour IBCLC Prep Course)	per participant	\$ 1,700.00	\$ 1,700.00
Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef	per class	\$ 665.00	\$ 665.00

\* travel expenses charged separately for out of Riverside County classes

#### Staff Development

CPR (Cardiopulmonary Resuscitation) Class	per participant	\$ 64.00	\$ 74.00
CPR (Cardiopulmonary Resuscitation) Class - Blended	per participant	\$ 66.00	\$ 77.00
Adult and Pediatric First Aid Class	per participant	\$ 77.00	\$ 91.00
General Population Shelter Class	per participant	\$ 40.00	\$ 47.00
Stop the Bleed Class	per participant	\$ 25.00	\$ 26.00
Aerosol Transmissible Disease & Blood Borne Pathogens Class	per participant	\$ 38.00	\$ 58.00
Fit Testing Class	per participant	\$ 40.00	\$ 53.00

#### Vital Records:

##### I. Certified Copies, Search, and Certification of No Public Record:

AVSS Technical Support	per hour	\$ 95.00	\$ 95.00
Birth - Government Agencies	each	\$ 19.00	\$ 22.00
Birth - General Public	each	\$ 28.00	\$ 29.00
Birth Certified Copies, Searches & Certification	each	\$ 28.00	\$ 29.00
Death Certificate - Government Agency & General Public	each	\$ 21.00	\$ 24.00
Death Certified Copies, Searches & Certification	each	\$ 21.00	\$ 24.00
Death Listings - sent to mortuaries	each	\$ 5.00	\$ 5.00
Admin Fee - Per Authorization Number	each	\$ 1.00	\$ 1.00
Fetal Death Certificate - Government Agency & General Public	each	\$ 18.00	\$ 21.00
Still Birth Certified Copies	each	\$ 20.00	\$ 20.00

##### II. Permit for Disposition of Human Remains

Regular Permit	each	\$ 12.00	\$ 12.00
After Hours Permit	each	\$ 12.00	\$ 12.00

##### III. Other Services

Letter of Non-Contagious Disease	each - max 2	\$ 10.00	\$ 10.00
Letter of Authentication	each	\$ 10.00	\$ 10.00
Paternity Declaration (to DCSS only)	each	\$ 10.00	\$ 10.00

Alternative formats available upon request to individuals with disabilities. If you require reasonable accommodation, please contact Clerk of the Board at (951) 955-1069.

Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147 or email cob@rivco.org

Dated: March 18, 2025

By: Kimberly Rector, Clerk of the Board  
Naomy Sicra, Clerk of the Board Assistant

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