

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



**ITEM: 21.1  
(ID # 27473)**

**MEETING DATE:**  
Tuesday, April 01, 2025

**FROM :** RUHS-PUBLIC HEALTH

**SUBJECT:** RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Adoption of an Amendment to Riverside County Ordinance No. 734, Establishing Fees, Charges, and Rates for Riverside University Health System - Public Health Program Services and Supplies. All Districts. [Total cost \$0].

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

1. Hold a public hearing and waive further reading of proposed Ordinance No. 734.17, an amendment to Ordinance 734, establishing fees, charges, and rates for Riverside University Health System – Public Health program services and supplies;
2. At the close of the public hearing, adopt Ordinance 734.17, an amendment to Ordinance 734, establishing fees, charges, and rates for Riverside University Health System – Public Health program services and supplies; and
3. Direct the Clerk of the Board to publish and post a copy of Ordinance 734.17 pursuant to Government Code Section 25124.

**ACTION:**Policy


  
Kim Saruwatari, Director of Public Health 3/24/2025

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Spiegel, seconded by Supervisor Medina and duly carried, IT WAS ORDERED that the above matter is approved as recommended, and Ordinance 734.17 is adopted with waiver of the reading.

Ayes: Medina, Spiegel, and Perez  
Nays: None  
Absent: Washington and Gutierrez  
Date: April 1, 2025  
xc: RUHS-PH, MC/COB/DL/NS/AB

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:</b> Departmental Fees			<b>Budget Adjustment:</b> No	
			<b>For Fiscal Year:</b> 24/25	

**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.
- 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.

On March 11, 2025, Minute Order 3.26, the Board of Supervisors approved the introduction of Ordinance 734.17. Today's Form 11 requests the convening of a public hearing and the subsequent adoption of the updated RUHS-Public Health fee schedule.

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

**Impact on Residents and Businesses**

These new and revised RUHS-Public Health program fees are necessary to meet the on-going operational and maintenance of costs of providing Public Health program services to Riverside County residents.

**Additional Fiscal Information**

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

  
Jacqueline Ruiz, Principal Analyst 3/25/2025

  
Gregg Gu, Chief of Deputy County Counsel 3/24/2025



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

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.

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

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.

This Ordinance repeals Ordinance 734.16 in its entirety.

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

By: V. Manuel Pérez  
Chairman  
V. Manuel Pérez

ATTEST:

FORM APPROVED COUNTY COUNSEL  
BY Wesley 4/2/25  
ESEN E SAINZ DATE

Kimberly A. Rector  
CLERK OF THE BOARD:

By:   
Deputy  
(SEAL)

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13 STATE OF CALIFORNIA        )  
14 COUNTY OF RIVERSIDE        )       ss  
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16 I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said county  
17 held on April 1, 2025, the foregoing ordinance consisting of 5 Sections was adopted by the  
18 following vote:

19       AYES:       Medina, Spiegel, and Perez

20       NAYS:       None

21       ABSENT:    Washington and Gutierrez

22       DATE:       April 1, 2025

23                   KIMBERLY A. RECTOR  
24                   Clerk of the Board

25       BY:  Deputy

26                   SEAL

27  
28 04/01/2025 21.1

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 Geenuis 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

**AFFIDAVIT OF PUBLICATION**


Naomy Sicra  
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:

04/10/2025

and that the fees charged are legal.  
Sworn to and subscribed before on 04/10/2025

  
\_\_\_\_\_  
Legal Clerk

  
\_\_\_\_\_  
Notary, State of WI, County of Brown

8-25-26

My commission expires

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*Please do not use this form for payment remittance.*

MARIAH VERHAGEN  
Notary Public  
State of Wisconsin

**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 Clinical 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) - Med-Cal patients	\$ 43.50	\$ 43.50
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-4 Certification and Recertification	every 2yrs \$ 25.00	\$ 25.00
EMT-4 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 MCN (Mobile Intensive Care Nurse) Late Fee	\$ 25.00	\$ 25.00
Fees for medical services and most laboratory - See clinical services.		
Initial Certification (MCN Challenge) Recertification:	every 2yrs \$ 75.00	\$ 75.00
Lost Card Replacement	\$ 10.00	\$ 10.00
Mobile Intensive Care Nurse (MCN) 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		
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
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		
<b>Injury Prevention Services:</b>		
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
<b>PH Laboratory Fees:</b>		
Acid Fast Smear (Auramine)	CPT 87206 \$ 1.00	\$ 11.00
Amplification Probe - Chlamydia	CPT 87491 \$ 2.00	\$ 52.64
Amplification Probe - Gonorrhea	CPT 87591 \$ 2.00	\$ 52.64
Concentrate	CPT 87015 \$ 4.00	\$ 14.00
Culture 0157 E. coli (stool/culture bacteria each) /STEC	CPT 87046 \$ 19.00	\$ 19.00
Culture Aerobic (culture bacteria - other)	CPT 87070 \$ 8.00	\$ 18.00
Culture Bordetella pertussis (culture screen only)	CPT 87081 \$ 5.00	\$ 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 carini (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 86701 \$ 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	\$ 35.12
HIV-1 and HIV-2 Genuals 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
Mycobacterium Species Identification	CPT 87118 \$	\$ -
Mycoplasma genitalium	CPT 87563 \$	\$ -
Ova & Parasite - Concentration (smears)	CPT 87177 \$	\$ 18.00
Ova & Parasite - Trichrome (smear complex stain)	CPT 87209 \$	\$ 37.00
PCR - Influenza A/B	CPT 87502 \$	\$ 41.00
PCR - Measles and Mumps	CPT 87798 \$	\$ 41.00
PCR - Norovirus	CPT 87801 \$	\$ 41.00
Pinworm	CPT 87172 \$	\$ 9.00
Quantiferon-TB	CPT 86480 \$	\$ 40.00
Respiratory Panel 2.1	CPT 87633 \$	\$ -
Rubella IgG Antibody	CPT 86762 \$	\$ 28.00
Salmonella serogrouping	CPT 87147 \$	\$ -
Shiga-toxin 1 BA	CPT 87427 \$	\$ 18.00
Shiga-toxin 2 BA	CPT 87427 \$	\$ 18.00
Syphilis (RPR) - Qualitative	CPT 86592 \$	\$ 9.00
Syphilis (RPR) - Quantitative	CPT 86593 \$	\$ 9.00
Syphilis (TPPA) Confirmation (treponema pallidum)	CPT 86780 \$	\$ 27.00
Syphilis Serum BA Screen (non-trep qual)	CPT 86592 \$	\$ 9.00
Systemic Fungus Probe	CPT 87797 \$	\$ 100.00
Trichomonas vaginalis amplif	CPT 87661 \$	\$ -
VZV (Varicella) IgG Antibody	CPT 86787 \$	\$ -
West Nile Virus IgM Antibody Screen (prev. WNV BA)	CPT 86789 \$	\$ 34.00
West Nile Virus IgM Confirmation	CPT 86788 \$	\$ 34.00

**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 c: \$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 c: \$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 c: \$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 \$	\$ 11.00	\$ 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

V. Manuel Perez, Chair of the Board

ALL HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said County, held on April 1, 2025, the foregoing Ordinance was adopted by said Board by the following vote:

AYES: Medina, Spiegel, and Perez

NAYS: None

ABSENT: Washington and Gutierrez

Kimberly A. Reck, Clerk of the Board

By: Naomi Sica, 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

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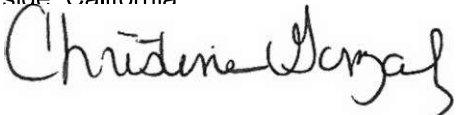
I am a citizen of the United States. I am over the age of eighteen years and not a party to or interested in the above entitled matter. I am an authorized representative of THE PRESS-ENTERPRISE, a newspaper in general circulation, printed and published daily in the County of Riverside, and which newspaper 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:

**04/10/2025**

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

Date: April 11, 2025.

At: Riverside, California



Legal Advertising Representative, The Press-Enterprise



Legal Notice	Legal Notice	Legal Notice	Legal Notice	Legal Notice
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**BOARD OF SUPERVISORS OF THE COUNTY OF RIVERSIDE,  
STATE OF CALIFORNIA**

**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.

V. Manuel Perez, Chair of the Board

I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said County, held on **April 1, 2025**, the foregoing Ordinance was adopted by said Board by the following vote:

AYES: Medina, Spiegel, and Perez

NAYS: None

ABSENT: Washington and Gutierrez

Kimberly A. Rector, Clerk of the Board

By: Naomi Sicra, Clerk of the Board Assistant

**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
<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 \$ 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
<b>Epidemiology</b>		
Special Data Request Fee	per hour \$ 100.00	\$ 100.00
<b>Immunizations</b>		
Mobile Team Vaccines		
Fluarix - Flu Vaccine	CPT 90056 \$ -	\$ 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 \$ -	\$ 100.00
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		
<b>Injury Prevention Services:</b>		
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>		
<b>Fees for Registration of Non-Diagnostic General Health Assessment Program:</b>		
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
<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 87591 \$ 72.00	\$ 52.64
Concentrate	CPT 87015 \$ 14.00	\$ 14.00
Culture 0157 E. coli (stool cult'r 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 87048 \$ 19.00	\$ 19.00
Culture Enteric (feces culture bacteria)	CPT 87046 \$ 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 88056 \$ 9.00	\$ 9.00
Fungus ID Mold	CPT 87107 \$ 50.00	\$ 50.00
Fungus ID Yeast	CPT 87108 \$ 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 87096 \$ 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 \$ -	\$ 127.85
ID of Parasite	CPT 87169 \$ 9.00	\$ 6.47
Influenza SARS-CoV-2 Multiplex RT-PCR	CPT 87636 \$ -	\$ 213.95
Kinyoun staining for TB ID	CPT 87206 \$ -	\$ 8.09
Mass spectrometry (laboratory testing method)	CPT 83769 \$ -	\$ 36.17
Measles Antibody IgG	CPT 86765 \$ -	\$ 19.32
MonkeyPox	CPT 87593 \$ -	\$ 35.09

Description of Activity/Service	Current Approved Fee	Proposed Fee:
Mumps Antihcrry 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 \$ 16.00	\$ 17.00
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 87786 \$ 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 86760 \$ 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 86786 \$ 34.00	\$ 21.59
West Nile Virus IgM Confirmation	CPT 86786 \$ 34.00	\$ 25.28
<b>Disease Control:</b>		
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
<b>Nursing:</b>		
Detention Facility Inspection (Site visit, analysis of menu, report issuance)	per hour \$ 116.00	\$ 116.00

Legal Notice	Legal Notice	Legal Notice	Legal Notice	Legal Notice
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<b>HIV/STD</b>			
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	
<b>California Children's Services (CCS):</b>			
CCS Assessment Fee: (Depends on family size & adjusted gross income)	\$0 or \$20	\$0 or \$20	
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2)	\$0 to \$1440	\$0 to \$1440	
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3)	\$0 to \$1380	\$0 to \$1380	
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4)	\$0 to \$1320	\$0 to \$1320	
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5)	\$0 to \$1260	\$0 to \$1260	
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more)	\$0 to \$1200	\$0 to \$1200	
<b>Community Health Workers</b>			
<b>Description of Activity/Service</b>		<b>Current Approved Fee</b>	<b>Proposed Fee:</b>
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 (5-9 patients)	CPT 98962	\$ -	\$9.46 per patient
<b>Nutrition</b>			
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 H&A	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			
<b>Staff Development</b>			
CPR (Cardiopulmonary Resuscitation) Class	per participant	\$ 84.00	\$ 74.00
OPR (Cardiopulmonary Resuscitation) Class - Blended	per participant	\$ 66.00	\$ 66.00
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	\$ 68.00
Fit Testing Class	per participant	\$ 40.00	\$ 53.00
<b>Vital Records:</b>			
<b>I. Certified Copies, Search, and Certification of No Public Record:</b>			
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
<b>II. Permit for Disposition of Human Remains</b>			
Regular Permit	each	\$ 12.00	\$ 12.00
After Hours Permit	each	\$ 12.00	\$ 12.00
<b>III. Other Services</b>			
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

**NOTICE OF PETITION  
TO ADMINISTER ESTATE OF:  
Valerie Elaine Chavez  
CASE NO. PRR12500985**

To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise be interested in the will or estate, or both, of Valerie Elaine Chavez  
**A PETITION FOR PROBATE** has been filed by Robin Unruh in the Superior Court of California, County of Riverside

**THE PETITION FOR PROBATE** requests that Robin Unruh be appointed as personal representative to administer the estate of the decedent. **THE PETITION** requests authority to administer the estate under the Independent Administration of Estates Act. (This authority will allow the personal representative to take many actions without obtaining court approval. Before taking certain very important actions, however, the personal representative will be required to give notice to interested persons unless they have waived notice or consented to the proposed action.) The independent administration authority will be granted unless an interested person files an objection to the petition and shows good cause why the court should not grant the authority.

**A hearing on the petition will be held in this court as follows:**

Date: May 12, 2025

Time: 8:30 AM Dept.:12

Address of the Court: 4050 Main Street, Riverside, CA 92501.

**If you object** to the granting of the petition, you should appear at the hearing and state your objections or file written objections with the court before the hearing. Your appearance may be in person or by your attorney.

**If you are a creditor or a contingent creditor of the decedent,** you must file your claim with the court and mail a copy to the personal representative appointed by the court within the later of either (1) four months from the date of first issuance of letters to a general personal representative, as defined in section 58(b) of the California Probate Code, or (2) 60 days from the date of mailing or personal delivery to you of a notice under section 9052 of the California Probate Code.

**Other California statutes and legal authority may affect your rights as a creditor. You may want to consult with an attorney knowledgeable in California law.**

You may examine the file kept by the court. **If you are a person interested in the estate,** you may file with the court a **Request for Special Notice** (form DE-154) of the filing of an inventory and appraisal of estate assets or of any petition or account as provided in Probate Code Section 1250. **A Request for Special Notice** form is available from the court clerk.

**Attorney for Petitioner**  
Ryan Michael Darling - SBN 268706  
3697 Arlington Ave.  
Riverside, CA 92506  
(951) 788-2889

**The Press-Enterprise**  
Published: 4/10, 4/17, 4/24/25

**NOTICE OF PETITION  
TO ADMINISTER ESTATE OF:  
FLORENCIO GARCIA  
CASE NO. PRMC2500273**

To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise be interested in the will or estate, or both, of FLORENCIO GARCIA  
**A PETITION FOR PROBATE** has been filed by NELLIE CORTEZ in the Superior Court of California, County of Riverside

**THE PETITION FOR PROBATE** requests that NELLIE CORTEZ be appointed as personal representative to administer the estate of the decedent. **THE PETITION** requests authority to administer the estate under the Independent Administration of Estates Act. (This authority will allow the personal representative to take many actions without obtaining court approval. Before taking certain very important actions, however, the personal representative will be required to give notice to interested persons unless they have waived notice or consented to the proposed action.) The independent administration authority will be granted unless an interested person files an objection to the petition and shows good cause why the court should not grant the authority.

**A hearing on the petition will be held in this court as follows:**

Date: MAY 13, 2025

Time: 8:30 AM Dept.:S101