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

Description of Activity/Service		I	Proposed
	Approved Fee		Fee:
	1		4.35
			16.80
per item	1		3.55
	1		15.00
per page			1.00
each	\$ 20.00	*	20.00
per request		*	25.00
	\$ 87.00	\$	87.00
	\$ 43.50	\$	43.50
each	\$-	\$	26.00
per year (1)	\$ 6,000.00	\$	6,000.00
per yr (2)	\$ 3,000.00	\$	3,000.00
			250.00
			25.00
, ,			10.00
			75.00
everv 2vrs			50.00
0.0.9 _9.0			25.00
	φ 20.00	Ψ	20.00
every 2vrs	\$ 75.00	\$	75.00
every 2918			10.00
every 2yrs	\$ 50.00	\$	50.00
per hour	\$ 100.00	¢	100.00
per nour	\$ 100.00	φ	100.00
CPT 90686	\$-	\$	20.00
CPT 90715	\$-	\$	50.00
CPT 91318	\$-	\$	130.00
CPT 91319	\$-	\$	130.00
CPT 91320	\$-	\$	130.00
CPT 91321	\$-	\$	130.00
CPT 91322	\$-	\$	130.00
CPT 90707	\$-	\$	103.00
CPT 90716	\$-	\$	140.00
			199.00
CPT 90651	\$-		330.00
CPT 90619	\$-	\$	198.00
5	т		
CPT 90734	\$ -	S	198.00
CPT 90734 CPT 90734	<u>\$</u> - \$-	\$ \$	<u>198.00</u> 198.00
	per item per item per page each per request each per request each per year (1) per yr (2) per yr every 2yrs every 2yrs every 2yrs every 2yrs per hour per hour per hour CPT 90686 CPT 90715 CPT 91318 CPT 91320 CPT 91321 CPT 91322 CPT 90716 CPT 90750	\$ 15.00 per page \$ 1.00 each \$ 20.00 per request \$ 87.00 \$ 43.50 \$ each \$ - per year (1) \$ 6,000.00 per year (1) \$ 6,000.00 per yr (2) \$ 3,000.00 per yr \$ \$ 250.00 every 2yrs \$ 50.00 \$ 10.00 \$ every 2yrs \$ 75.00 \$ 10.00 \$ every 2yrs \$ 50.00 per hour \$ 100.00 every 2yrs \$ 50.00 per hour \$ 100.00 per hour \$ 100.00 CPT 907666	Per item \$ 3.45 \$ per item \$ 12.20 \$ per item \$ 2.80 \$ per page \$ 1.00 \$ per request \$ \$ \$ \$ 87.00 \$ \$ each \$ - \$ each \$ - \$ per request \$ - \$ per year (1) \$ 6,000.00 \$ per yr (2) \$ 3,000.00 \$ per yr (2) \$ 50.00 \$ per yr (2) \$ 50.00 \$ every 2yr

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
*Cliding for coole based on largence			

*Sliding fee scale based on Income

Description of Activity/Service Non Clinical Laboratory:	Current Approved Fee	Proposed Fee:
Fees for Registration of Non-Diagnostic General Health Assessment Program:		
Annual Operator/Organization Registration ea	ch \$ 100.00	\$ 100.00
Additional Dates ea	ch \$ 12.00	\$ 12.00
Additional Program ea	ch \$ 43.00	\$ 43.00
Additional Site ea	ch \$ 20.00	\$ 20.00
Personnel Addition ea	ch \$ 12.00	\$ 12.00
Record Changes ea	ch \$ 12.00	\$ 12.00
Review Procedural Changes ea	ch \$ 20.00	\$ 20.00
Non Diagnostic General Health Assessment Consultation per ho	ur \$ 75.00	\$ 75.00
Spore Test - Instrument Sterilzation (at 28 weeks)	\$ 18.86	\$ 18.86
PH Laboratory Fees:		
Acid Fast Smear (Auramine) CPT 872	06 \$ 11.00	\$ 11.00
Amplication Probe - Chlamydia CPT 874	91 \$ 72.00	\$ 52.64
Amplication Probe - Gonorrhea CPT 875	91 \$ 72.00	\$ 52.64
Concentrate CPT 870	15 \$ 14.00	\$ 14.00
Culture 0157 E. coli (stool cultr bacteria each) /STEC CPT 870		\$ 19.00
Culture Aerobic (culture bacteria - other) CPT 870	70 \$ 18.00	\$ 18.00
Culture Bordetella pertussis (culture screen only) CPT 870	81 \$ 15.00	\$ 15.00
Culture Campylobacter CPT 870	1	\$ 19.00
Culture Enteric (feces culture bacteria) CPT 870	· •	\$ 19.00
Culture for Identification CPT 870		\$ 50.00
Culture Fungus CPT 871		\$ 30.00
Culture Gonorrhea (GC) (culture screen only) CPT 870	1	\$ 15.00
Culture Group A strep (Throat) (culture screen only) CPT 870		\$ 15.00
Culture Group B strep (vaginal/rectal) (culture screen only) CPT 870	,	\$ 15.00
Culture Salmonella/Shigella (feces culture bacteria) CPT 870		\$ 19.00
Culture TB CPT 871		\$ 50.00
FA Cryptosporidium (AG IF) CPT 872	1	\$ 38.00
FA Giardia (AG IF) CPT 872 FA Pneumocystis carinii (AG IF) CPT 872	1	\$ 38.00
	• • • •	\$ 19.00
FA Rabies CPT N Fecal Leukocyte (smear gram stain) CPT 890	1	\$ 50.00
		\$ 9.00
		\$ 50.00
		\$ 50.00 \$ 100.00
GeneXpert Assay (MTB /RIF) CPT 875 Gram Stain (smear) CPT 872		· · · · · ·
Hepatitis A IgM Antibody CPT 867		1
Hepatitis A Total Antibody CPT 867		
Hepatitis B Core IgM Antibody CPT 867		\$ 23.00
Hepatitis B Core Total Antibody CPT 867		\$ 25.00
Hepatitis B Detection Test by Nucleic Acid (Quantification) CPT 875		\$ 64.26
Hepatitis B Surface Antibody CPT 867	*	\$ 22.00
Hepatitis B Surface Antigen (AG EIA) CPT 873	1	
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA) CPT 873		\$ 21.00
Hepatitis C Antibody CPT 868		\$ 29.00
Hepatitis C Detection Test by Nucleic Acid (Quantification) CPT 875		\$ 64.26
Herpes Simplex Virus, Amplified Probe CPT 875		\$ 52.64
HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay) CPT 873		\$ 36.12
HIV-1 and HIV-2 Geenuis Confirmation (2 shots total) CPT 866		\$ 58.06
HIV-1 Detection Test by Nucleic Acid (Amplified Probe Technique) CPT 875		\$ 52.64
HIV-1 Detection Test by Nucleic Acid (Quantification) CPT 875		\$ 127.65
ID of Parasite CPT 871		\$ 6.47
Influenza SARS-CoV-2 Multiplex rRT-PCR CPT 876		\$ 213.95
Kinyoun staining for TB ID CPT 872		\$ 8.09
Mass spectrometry (laboratory testing method) CPT 837		\$ 36.17
Measles Antibody IgG CPT 867	65 \$ -	\$ 19.32

		Current		Proposed
Description of Activity/Service		Approved Fee		Fee:
Mumps Antibody IgG CPT 8		\$ -	\$	19.58
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6) CPT 8		\$ 60.00	\$	25.00
Mycobacterium Species Identification CPT 8		<u>\$</u> -	\$	75.00
Mycoplasma genitalium CPT 8		<u>\$</u> -	\$	52.64
Ova & Parasite - Concentration (smears) CPT 8' Ova & Parasite - Trichrome (smear complex stain) CPT 8'		\$ 18.00	\$	18.00
		\$ 37.00	\$	37.00
PCR - Influenza A/B CPT 8		\$ 41.00	\$	143.70
PCR - Measles and Mumps CPT 8		\$ 41.00	\$	52.64
PCR - Norovirus CPT 8		\$ 41.00	\$	105.30
Pinworm CPT 8		\$ <u>9.00</u>	\$	6.41
QuantiFERON-TB CPT 8		\$ 40.00	\$	92.97
Respiratory Panel 2.1 CPT 8 Rubella IgG Antibody CPT 8		<u>\$</u> -	\$	625.17
		\$ 29.00	\$	21.59
Salmonella serogrouping CPT 8		<u>\$</u> -	\$	7.77
Shiga-toxin 1 EIA CPT 8		\$ 19.00	\$	17.97
Shiga-toxin 2 EIA CPT 8		\$ 19.00	\$	17.97
Syphilis (RPR) - Qualitative CPT 8		\$ 9.00	\$	9.00
Syphilis (RPR) - Quantitative CPT 8		\$ 9.00	\$	9.00
Syphilis (TPPA) Confirmation (treponema pallidum) CPT 8		\$ 27.00	\$	27.00
Syphilis Serum EIA Screen (non-trep qual) CPT 8		\$ 9.00	\$	9.00
Systemic Fungus Probe CPT 8		\$ 100.00	\$	140.00
Trichomonas vaginalis amplif CPT 8		\$ -	\$	52.64
VZV (Varicella) IgG Antibody CPT 8		\$-	\$	19.32
West Nile Virus IgM Antibody Screen (prev. WNV EIA) CPT 8		\$ 34.00	\$	21.59
West Nile Virus IgM Confirmation CPT 8	788	\$ 34.00	\$	25.28
Disease Control: Fee for Provision of TB Skin Testing Group: Class Fee		¢ 500.00	¢	500.00
Per Capita Student Fee		\$500.00 \$9.40	\$ \$	500.00 9.40
Turbeculosis (TB) Clearance		\$ 9.40 \$ 43.00	ֆ \$	43.00
		φ 40.00	Ψ	43.00
Nursing:				
Detention Facility Inspection (Site visit, analysis of many, report issuance) per h	our	\$ 116.00	\$	116.00
(Site visit, analysis of menu, report issuance)	Jui	φ 110.00	Ψ	110.00
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
		\$10.00 \$000.00	ψı	0.00 0000.00
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		φ0 01 φ20		φυ οι φ <u>ε</u> υ
increments) Note: For incomes over \$99,999, for each subsequent income		\$0 to \$1440		\$0 to \$1440
increment of \$5,000 increase the above fees by \$120 Family (1 or 2)		+ +		····
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60				
increments) Note: For incomes over \$99,999, for each subsequent income		\$0 to \$1380		\$0 to \$1380
increment of \$5,000 increase the above fees by \$120 Family (3)		<i>Q</i> U Q U U U U U U U U U U		φυ ιο φτοσο
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60				
increments) Note: For incomes over \$99,999, for each subsequent income		\$0 to \$1320		\$0 to \$1320
increment of \$5,000 increase the above fees by \$120 Family (4)				
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60				
increments) Note: For incomes over \$99,999, for each subsequent income		\$0 to \$1260		\$0 to \$1260
increment of \$5,000 increase the above fees by \$120 Family (5)				
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
increment of \$5,000 increase the above fees by \$120 Family (6 or more)				

Community Health Workers

Description of Activity/Service		Curre Approved		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)		¢	110.00	¢	440.00
(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 Diebetic Educator (RD/CDE)		¢	110.00	¢	440.00
(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		¢	200.00	¢	100.00
(20-hour course for health professionals taught by an IBCLC)	per participant	\$	380.00	\$	469.00
Lactation Counselor Course		۴		¢	020.00
(40-hour course for health professionals taught by an IBCLC)	per participant	Ф	-	\$	930.00
Grow Our Own Lactation Consultant Course		¢	1 700 00	¢	4 700 00
(105-hour IBCLC Prep Course)	per participant	Ф	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	-				

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	φ	12.00	ን	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