

**ORDINANCE NO. 734**  
(AS AMENDED THROUGH 734.15)  
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

The Board of Supervisors of the County of Riverside, State of California, do ordain as follows:

**Section 1. Purpose and Scope**

The purpose of this Ordinance is to establish fees for certain services and supplies furnished by the County of Riverside in the field of health through the Department of Public Health.

**Section 2. Fees and Charges**

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

**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. Listing Not Comprehensive**

This Ordinance is not intended to contain all fees that are or may be charged for services and supplies furnished by the County in the field of health and to the extent that other fees are customarily charged or are established elsewhere and are not listed in the schedules below, all such fees, charges, and rates shall remain in full force and effect.

**Section 5. Effective Date**

This Ordinance shall become effective 30 days after its adoption.

**Adopted: 734 Item 11.1 of 04/26/1994 (Eff: 05/26/1994)**

**Amended:**

- 734.1 Item 7.5 of 03/04/1997 (Eff: 04/03/1997)
- 734.2 Item 7.1 of 03/11/1997 (Eff: 04/10/1997)
- 734.3 Item 7.2 of 06/24/1997 (Eff: 07/24/1997)
- 734.4 Item 7.1 of 07/22/1997 (Eff: 08/21/1997)
- 734.5 Item 7.2 of 01/12/1999 (Eff: 02/11/1999)
- 734.6 Item 7.3 of 01/26/1999 (Eff: 02/25/1999)
- 734.7 Item 7.3 of 03/26/2002 (Eff: 04/25/2002)
- 734.8 Item 9.1 of 11/22/2005 (Eff: 12/22/2005) (revised fee schedule dated 09/26/2005)
- 734.9 Item 9.1 of 10/17/2006 (Eff: 11/16/2006) (revised fee schedule dated May 31, 2006)
- 734.10 Item 9.1 of 09/18/2007 (Eff: 10/18/2007) (revised fee schedule dated July 3, 2007)
- 734.11 Item 9.1 of 09/30/2008 (Eff: 10/30/2008) (revised fee schedule dated June 16, 2008)
- 734.12 Item 9.2 of 10/27/2009 (Eff: 11/26/2009) (revised fee schedule dated May 6, 2009)
- 734.13 Item 9-2 of 08/20/2013 (Eff: 09/19/2013)
- 734.14 Item 3-35 of 12/10/2013 (Eff: 01/09/2014) (revised schedule 1)
- 734.15 Item 9.5 of 07/11/2017 (Eff: 08/10/2017) (revised schedule 1)

**(FOLLOWING IS THE DEPARTMENT OF PUBLIC HEALTH'S FEE SCHEDULE)**

COUNTY OF RIVERSIDE  
**RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES**  
 Ordinance 734-15 Schedule 1

Description of Activity/Service	Approved FY 13/14 Fee:	Proposed FY 16/17 Fee:
<b>Business Services:</b>		
Returned Checks	\$ 20.00	\$ 20.00
<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
Educational Programs per instructor hr	\$ 50.00	\$ 50.00
EMS Dispatcher Certification every 2yrs	\$ 15.00	\$ 15.00
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.		
First Responder Certification every 2yrs	\$ 15.00	\$ 15.00
Initial Certification (MICN Challenge) Recertification: every 2yrs	\$ 75.00	\$ 75.00
Lost Card Replacement	\$ 10.00	\$ 10.00
Policies & Procedure manual on CD	\$ 10.00	\$ 10.00
Mobile Intensive Care Nurse (MICN) Recertification every 2yrs	\$ 50.00	\$ 50.00
Photocopying per page	\$ 0.05	\$ 0.05
Protocol Manual Update Subscriptions:		
Complete Manual every 2yrs	\$ 5.00	\$ 5.00
Protocol Manuals:		
Complete Manual	\$ 50.00	\$ 50.00
Each Section	\$ 5.00	\$ 5.00
<b>Epidemiology</b>		
Special Data Request Fee	\$ 70.00	\$ 70.00
<b>Injury Prevention Services:</b>		
Bicycle Helmets*	\$ 10.00	\$ 3.00 - \$10.00
Regular Car Seats*	\$ 45.00	\$ 20.00 - \$45.00
Special Needs Car Seat*	\$ 50.00	\$00.00- \$50.00
*Sliding fee scale based on Income		
<b>Non Clinical Laboratory:</b>		
Fees for Registration of Non-Diagnostic General Health Assessment Program:		
Annual Operator/Organization Registration	\$ 100.00	\$ 100.00
Additional Dates	\$ 12.00	\$ 12.00
Additional Program	\$ 43.00	\$ 43.00
Additional Site	\$ 20.00	\$ 20.00
Personnel Addition	\$ 12.00	\$ 12.00
Record Changes	\$ 12.00	\$ 12.00
Review Procedural Changes	\$ 20.00	\$ 20.00
Non Diagnostic General Health Assessment Consultation	\$ 75.00	\$ 75.00
Records Processing Fee		\$ 15.00
Records Copying Fee, per page		\$ 1.00
Certified Mail, per item		\$ 3.45
Certified Mail (Registered) per item		\$ 12.20

Description of Activity/Service	Approved FY 13/14 Fee:	Proposed FY 16/17 Fee:
Certified Mail (Receipt requested) per item		\$ 2.80

**PH Laboratory Miscellaneous Fees:**

Acid Fast Smear (Auramine)	CPT 87206		\$ 11.00
Amplication Probe - Chlamydia	CPT 87491	\$ 58.00	\$ 72.00
Amplication Probe - Gonorrhea	CPT 87491	\$ 58.00	\$ 72.00
Blood Lead Screen (assay of lead)	CPT 83655	\$ 22.00	\$ 25.00
Concentrate	CPT 87015		\$ 14.00
Culture 0157 E. coli (stool cultr bacteria each)	CPT 87046	\$ 14.00	\$ 19.00
Culture Aerobic (culture bacteria - other)	CPT 87070	\$ 15.00	\$ 18.00
Culture Bordetella pertussis (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Campylobacter (stool cultr bacteria each)	CPT 87046	\$ 14.00	\$ 19.00
Culture Enteric (feces culture bacteria)	CPT 87045	\$ 16.00	\$ 19.00
Culture for Identification	CPT 87077	\$ 13.00	\$ 17.00
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	\$ 16.00	\$ 19.00
Culture TB	CPT 87116		\$ 20.00
Culture Virus (Herpes) (virus inoculation tissue)	CPT 87252	\$ 39.00	\$ 53.00
FA Bordetella pertussis	CPT 87265		\$ 19.00
FA Cryptosporidium/Giardia (AG IF)	CPT 87269 & CPT 87272	\$ 16.00	\$ 38.00
FA Herpes Simplex Virus (HSV1)	CPT 87274		\$ 19.00
FA Herpes Simplex Virus (HSV2)	CPT 87273		\$ 19.00
FA Pneumocystis carinii (AG IF)	CPT 87281	\$ 16.00	\$ 19.00
FA Rabies	CPT N/A	\$ 50.00	\$ 50.00
Fecal Leukocyte (smear gram stain)	CPT 87205	\$ 7.00	\$ 9.00
Fungus for Identification (culture - Fungal)	CPT 87102		\$ 30.00
Fungus ID Mold	CPT 87107		\$ 50.00
Fungus ID Yeast	CPT 87106	\$ 19.00	\$ 50.00
GeneXpert Assay	CPT 87556		\$ 75.00
Gram Stain (smear)	CPT 87205	\$ 7.00	\$ 9.00
Hepatitis A IgM Antibody	CPT 86709	\$ 18.00	\$ 23.00
Hepatitis A Total Antibody	CPT 86708		\$ 25.00
Hepatitis B Core IgM Antibody	CPT 86705	\$ 20.00	\$ 24.00
Hepatitis B Core Total Antibody	CPT 86704	\$ 20.00	\$ 25.00
Hepatitis B Surface Antibody	CPT 86706	\$ 18.00	\$ 22.00
Hepatitis B Surface Antigen (AG EIA)	CPT 87340	\$ 17.00	\$ 21.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87341	\$ 17.00	\$ 21.00
Hepatitis C Antibody	CPT 86803	\$ 24.00	\$ 29.00
HIV 1 and HIV 2 Multispot (antibody)	CPT 86701 & CPT 86702		\$ 46.00
HIV Antibody (EIA) Screen (Serum or Oral) (HIV-1/HIV-2 single assay)	CPT 86703	\$ 19.00	\$ 28.00
HIV Antibody (EIA) Screen (Serum or Oral) (W - Confirmation Test)			\$ 65.00
HIV Antibody Confirmation (Westernblot) (HTLVI confirm test)	CPT 86689	\$ 35.00	\$ 40.00
HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)	CPT 87389 / CPT 87806	\$ 19.00	\$ 28.00
HSV 1/2 PCR (DNA amp probe)	CPT 87529		\$ 72.00
ID of Parasite	CPT 87169		\$ 9.00
M. TB identification - (DNA direct probe)	CPT 87149		\$ 41.00
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6)	CPT 87190	\$ 60.00	\$ 60.00
Ova & Parasite - Concentration (smears)	CPT 87177	\$ 17.00	\$ 18.00
Ova & Parasite - Trichrome (smear complex stain)	CPT 87209	\$ 30.00	\$ 37.00
PCR - Influenza A/B	CPT 87797		\$ 41.00
PCR - Norovirus	CPT 87797	\$ 25.00	\$ 41.00
PCR - Enterovirus	CPT 87797		\$ 41.00
PCR - B Pertussis	CPT 87798		\$ 72.00
PCR - Shiga-toxin	CPT 87797		\$ 41.00

Description of Activity/Service		Approved FY 13/14 Fee:	Proposed FY 16/17 Fee:
PCR - Measles	CPT 87797		\$ 41.00
PCR - Zika	CPT 87798		\$ 72.00
Pinworm	CPT 87172	\$ 7.00	\$ 9.00
QuantIFERON-TB	CPT 86480		\$ 40.00
Routine Water Examination (MPN)		\$ 18.00	-
Rubella IgG Antibody	CPT 86762	\$ 23.00	\$ 29.00
Shiga-toxin 1 EIA	CPT 87427		\$ 19.00
Shiga-toxin 2 EIA	CPT 87427		\$ 19.00
Special Water Examination		\$ 36.00	-
Syphilis (RPR) - Qualitative	CPT 86592	\$ 8.00	\$ 9.00
Syphilis (RPR) - Quantitative	CPT 86593	\$ 8.00	\$ 9.00
Syphilis (TPPA) Confirmation ( <i>treponema pallidum</i> )	CPT 86780	\$ 24.00	\$ 27.00
Syphilis Serum EIA Screen ( <i>non-trep qual</i> )	CPT 86592	\$ 8.00	\$ 9.00
West Nile Virus Antibody Screen (prev. WNV EIA)	CPT 86788	\$ 16.00	\$ 34.00
West Nile Virus IgG Confirmation	CPT 86789		\$ 29.00
West Nile Virus IgM Confirmation	CPT 86788		\$ 34.00
Zika IgM Serology	CPT 86790		\$ 26.00

#### Disease Control:

Fee for provision of TB Skin Testing Group:			
Class Fee		\$ 354.90	\$ 500.00
Per Capita Student Fee		\$ 9.40	-

#### Nursing:

Denver Developmental Screening Test (DDST)	per hour	\$ 65.60	\$ 79.00
Detention Facility Inspection	per hour	\$ 115.82	\$ 115.82
Nursing Faculty Service	per hour		\$ 66.00
Student Nursing Coordinator	per hour		\$ 66.00
HELPS Self Management Education Workshop	per workshop		\$ 487.00

#### HIV/AIDS

Court-Ordered HIV Testing		\$ 77.00	\$ 123.00
Education Classes for sex and drug offenders (set by Judge)		\$70.00-\$300.00	\$70.00-\$300.00
Therapeutic Med ID program (MMIC)		\$ 153.00	\$ 153.00
Therapeutic Med ID program (MMIC) discount		\$ 76.50	\$ 76.50

#### California Children's Services (CCS):

CCS Assessment Fee: (Depends on family size & adjusted gross income)		\$0 or \$20	\$0 or \$20
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2)		\$0 to \$1440	\$0 to \$1440
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3)		\$0 to \$1380	\$0 to \$1380
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4)		\$0 to \$1320	\$0 to \$1320
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5)		\$0 to \$1260	\$0 to \$1260
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more)		\$0 to \$1200	\$0 to \$1200
Records Processing Fee (Subpoena/Records Request Clerical Fee)			\$ 15.00
Records Copying Fee, per page			\$ 1.00

Description of Activity/Service	Approved FY 13/14 Fee:	Proposed FY 16/17 Fee:
<b>Nutrition</b>		
Baby Sling	each \$ 30.00	\$ 30.00
Community Education Presentation	per hour \$ 80.00	\$ 88.00

Description of Activity/Service		Approved FY 13/14 Fee:	Proposed FY 16/17 Fee:
Detention Facility Inspection Registered Dietitian	per hour	\$ 116.00	\$ 116.00
Lactation Counseling	per hour	\$ 90.00	\$ 113.00
Professional Education Presentation by HEA		\$ 86.00	\$ 86.00
Raising Emotionally Healthy Children Group Session (Prenatal/New Mothers/New Fathers)	per session	\$ 25.00	\$ 25.00
Registered Dietician, International Board Certified Licensed Counselor (RD/CDE/CLE/IBCLC)	hourly rate	\$ 116.00	\$ 116.00
Staff Training (for non-County providers)	per hour	\$ 80.00	\$ 80.00
Birth and Beyond Training (16 hour course taught by an IBCLC)	per participant	\$ 244.00	\$ 300.00
Lactation Counselor Training (20 hour course for health professionals taught by an IBCLC)	per participant	\$ 300.00	\$ 380.00
Lactation Consultant Course (9 mos college course for IBCLC Exam)	per participant	\$ 1,600.00	\$ 1,600.00
Asthma Group Education Class	per participant		\$ 121.00
Professional Education Presentation by Registered Dietician (RD)	per hour		\$ 115.00
Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef	per class		\$ 665.00

### Staff Development

CPR (Cardiopulmonary Resuscitation) class	per class		\$ 40.00
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### 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	\$ 14.00	\$ 19.00
Birth - General Public	each	\$ 20.00	\$ 28.00
Birth Certified copies, searches & certification	each	\$ 20.00	\$ 28.00
Death Certificate -Government agency & General Public	each	\$ 16.00	\$ 21.00
Death Certified copies, searches & certification	each	\$ 16.00	\$ 21.00
Death listings - sent to mortuaries	each	\$ 5.00	\$ 5.00
Fax Filing Fee- Per authorization number	each	\$ 1.00	\$ 1.00
Fetal Death Certificate -Government Agency & GeneralPublic	each	\$ 13.00	\$ 18.00
Still Birth Certified Copies	each	\$ 20.00	\$ 20.00

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

Regular Permit	each	\$ 11.00	\$ 12.00
After Hours Permit	each	\$ 11.00	\$ 12.00

#### III. Other Services

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

#### Amendment Fees (Issued by State Registrar Only)

Acknowledgment of Paternity		\$ 20.00	-
Adjudication of Facts of Parentage		\$ 20.00	-
Affidavit to Amend a Marriage Record*		\$ 20.00	-
Affidavit to Amend a Record*		\$ 20.00	-
Amendment of Birth Record to Reflect Court Order Change of Name		\$ 20.00	-
Amendment of Medical and Health Section Data - Death*		\$ 20.00	-
Court Order of Adoption		\$ 20.00	-
Court Ordered Delayed - Birth		\$ 20.00	-
Court Ordered Delayed - Death		\$ 20.00	-
Court Ordered Delayed - Marriage		\$ 20.00	-
Delayed Registration of Birth		\$ 20.00	-
Physician/Coroner's Amendment*		\$ 20.00	-
Supplemental Name Report (No fee is charged if amendment is applied within one year of event.)		\$ 20.00	-