

**ORDINANCE NO. 734  
(AS AMENDED THROUGH 734.16)  
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 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.

**Section 2. Fees and Charges**

Department of Public Health fees and charges shall be listed on Schedule 1. Riverside Community Action Partnership (CAP) 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. Repeal of Ordinance 731**

This Ordinance repeals Ordinance 731 in its entirety.

**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)
- 734.16 Item 19.2 of 09/17/2019 (Eff: 10/17/2019)

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

**COUNTY OF RIVERSIDE**  
**RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES**

**Ordinance 734-16 Schedule 1**

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
<b>Business Services:</b>			
Returned Checks	each	\$ 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	per hour	\$ 70.00	\$ 100.00
<b>Injury Prevention Services:</b>			
Bicycle Helmets*	each	\$ 3.00 - \$10.00	\$ 3.00 - \$10.00

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
Regular Car Seats*	each	\$ 20.00 - \$45.00	\$ 20.00 - \$45.00
Special Needs Car Seat*	each	\$00.00- \$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	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
Records Processing Fee		\$ 15.00	\$ 15.00
Records Copying Fee	per page	\$ 1.00	\$ 1.00
Certified Mail	per item	\$ 3.45	\$ 3.45
Certified Mail (Registered)	per item	\$ 12.20	\$ 12.20
Certified Mail (Receipt requested)	per item	\$ 2.80	\$ 2.80
Instrument Sterilization	per instrument		\$ 2.53
Saline and KOH	per reagent		\$ 6.60
Spore Test (at 28 weeks)			\$ 18.86
<b>PH Laboratory Miscellaneous Fees:</b>			
Acid Fast Smear (Auramine)	CPT 87206	\$ 11.00	\$ 11.00
Amplication Probe - Chlamydia	CPT 87491	\$ 72.00	\$ 72.00
Amplication Probe - Gonorrhea	CPT 87491	\$ 72.00	\$ 72.00
Blood Lead Screen ( <i>assay of lead</i> )	CPT 83655	\$ 25.00	\$ 25.00
Concentrate	CPT 87015	\$ 14.00	\$ 14.00
Culture Aerobic ( <i>culture bacteria - other</i> )	CPT 87070	\$ 18.00	\$ 18.00
Culture Bordetella pertussis ( <i>culture screen only</i> )	CPT 87081	\$ 15.00	\$ 15.00
Culture Campylobacter ( <i>stool cultr bacteria each</i> )	CPT 87046	\$ 19.00	\$ 19.00
Culture Enteric ( <i>feces culture bacteria</i> )	CPT 87045	\$ 19.00	\$ 19.00
Culture for Identification	CPT 87077	\$ 17.00	\$ 17.00
Culture Fungus ( <i>Fungus ID Yeast</i> )	CPT 87101		\$ 50.00
Culture Gonorrhea (GC) ( <i>culture screen only</i> )	CPT 87081	\$ 15.00	\$ 15.00
Culture Group A strep (Throat) ( <i>culture screen only</i> )	CPT 87081	\$ 15.00	\$ 15.00
Culture Group B strep (vaginal/rectal) ( <i>culture screen only</i> )	CPT 87081	\$ 15.00	\$ 15.00

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
Culture 0157 E. coli ( <i>stool cultr bacteria each</i> ) <i>/STEC</i>	CPT 87046	\$ 19.00	\$ 19.00
Culture Salmonella/Shigella ( <i>feces culture</i> <i>bacteria</i> )	CPT 87045	\$ 19.00	\$ 19.00
Culture TB	CPT 87116	\$ 20.00	\$ 20.00
Culture Virus (Herpes) ( <i>virus inoculation tissue</i> )	CPT 87252	\$ 53.00	\$ 53.00
FA Bordetella pertussis	CPT 87265	\$ 19.00	\$ -
FA Cryptosporidium/Giardia ( <i>AG IF</i> )	CPT 87269 & CPT 87272	\$ 38.00	\$ 38.00
FA Herpes Simplex Virus (HSV1)	CPT 87274	\$ 19.00	\$ 19.00
FA Herpes Simplex Virus (HSV2)	CPT 87273	\$ 19.00	\$ 19.00
FA Pneumocystis carinii ( <i>AG IF</i> )	CPT 87281	\$ 19.00	\$ 19.00
FA Rabies	CPT N/A	\$ 50.00	\$ 50.00
Fecal Leukocyte ( <i>smear gram stain</i> )	CPT 89055	\$ 9.00	\$ 9.00
Fungus for Identification (culture - Fungal)	CPT 87102	\$ 30.00	\$ -
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	\$ 75.00
Gram Stain ( <i>smear</i> )	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 Antigen ( <i>AG EIA</i> )	CPT 87340	\$ 21.00	\$ 21.00
Hepatitis B Surface Antibody	CPT 86706	\$ 22.00	\$ 22.00
Hepatitis B Surface Antibody - Quantitative	CPT 86317	\$ -	\$ 18.00
Hepatitis B Surface Antigen PLUS (Confirmatory) ( <i>AG EIA</i> )	CPT 87341	\$ 21.00	\$ 21.00
Hepatitis C Antibody	CPT 86803	\$ 29.00	\$ 29.00
HIV 1 and HIV 2 Multispot (antibody)	CPT 86701 & CPT86702	\$ 46.00	\$ -
HIV Geenius Confirmation (HIV 1/2 confirmation)	CPT 86701 / CPT 86702	\$ -	\$ 46.00
HIV Antibody (EIA) Screen (Oral) ( <i>HIV-1/HIV-2</i> <i>single assay</i> )	CPT 86703	\$ 28.00	\$ 28.00
HIV Antibody Confirmation (Westernblot) ( <i>HTLVI confirm test</i> )	CPT 86689	\$ 40.00	\$ -
HIV Antibody (EIA) Screen (Oral) (W - Confirmation Test)	CPT 86689	\$ 65.00	\$ -
HIV (Oral) Confirmation Test	CPT 86703		\$ 35.00
HIV Antigen/Antibody Screen ( <i>HIV-1/HIV-2</i> <i>single assay</i> )	CPT 87389 / CPT 87806	\$ 28.00	\$ 28.00
HSV 1/2 PCR ( <i>DNA amp probe</i> )	CPT 87529	\$ 72.00	\$ 72.00

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
ID of Parasite	CPT 87169	\$ 9.00	\$ 9.00
M. TB identification - ( <i>DNA direct probe</i> )	CPT 87149	\$ 41.00	\$ 41.00
Mycobacteria Antibiotic sensitivities ( <i>TB AFB Sensi-EA drug X6</i> )	CPT 87190	\$ 60.00	\$ 60.00
Ova & Parasite - Concentration ( <i>smears</i> )	CPT 87177	\$ 18.00	\$ 18.00
Ova & Parasite - Trichrome ( <i>smear complex stain</i> )	CPT 87209	\$ 37.00	\$ 37.00
PCR - B Pertussis	<i>CPT 87798</i>	\$ 72.00	\$ 72.00
PCR - Enterovirus	<i>CPT 87797</i>	\$ 41.00	\$ 41.00
PCR - Influenza A/B	CPT 87797	\$ 41.00	\$ 41.00
PCR - Measles/Mumps	<i>CPT 87797</i>	\$ 41.00	\$ 41.00
PCR - Norovirus	CPT 87797	\$ 41.00	\$ 41.00
PCR - Shiga-toxin	<i>CPT 87797</i>	\$ 41.00	\$ 41.00
PCR - Zika	<i>CPT 87798</i>	\$ 72.00	\$ 72.00
Pinworm	CPT 87172	\$ 9.00	\$ 9.00
QuantiFERON-TB	CPT 86480	\$ 40.00	\$ 40.00
Rubella IgG Antibody	CPT 86762	\$ 29.00	\$ 29.00
Shiga-toxin 1 EIA	CPT 87427	\$ 19.00	\$ 19.00
Shiga-toxin 2 EIA	CPT 87427	\$ 19.00	\$ 19.00
Syphilis (RPR) - Qualitative	CPT 86592	\$ 9.00	\$ 9.00
Syphilis (RPR) - Quantitative	CPT 86593	\$ 9.00	\$ 9.00
Syphilis (TPPA) Confirmation ( <i>treponema pallidum</i> )	CPT 86780	\$ 27.00	\$ 27.00
Syphilis Serum EIA Screen ( <i>non-trep qual</i> )	CPT 86592	\$ 9.00	\$ 9.00
VDRLQuantitative	CPT 86592		\$ 9.00
VDRL Quanlitative	CPT 86593		\$ 9.00
Systemic Fungus Probe	CPT 87797		\$ 100.00
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86788	\$ 34.00	\$ 34.00
West Nile Virus IgG Confirmation	CPT 86789	\$ 29.00	\$ 29.00
West Nile Virus IgM Confirmation	CPT 86788	\$ 34.00	\$ 34.00
Zika IgM Serology	CPT 86790	\$ 26.00	\$ 26.00
<b>Disease Control:</b>			
Fee for provision of TB Skin Testing Group:			
Class Fee		\$ 500.00	\$ 500.00
Per Capita Student Fee			\$ 9.40
Turbeculosis (TB) Clearance			\$ 43.00

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
<b>Nursing:</b>			
Denver Developmental Screening Test (DDST)	per hour	\$ 79.00	\$ 79.00
Detention Facility Inspection (Site visit, analysis of menu, report issuance)	per hour	\$ 115.82	\$ 116.00
Nursing Faculty Service	per hour	\$ 66.00	\$ 66.00
Student Nursing Coordinator	per hour	\$ 66.00	\$ 66.00
HELPS Self Management Education Workshop	per workshop	\$ 487.00	\$ 487.00
<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
Therapeutic Med ID program (MMIC)		\$ 153.00	\$ 87.00
Therapeutic Med ID program (MMIC) - Medi-Cal patients		\$ 76.50	\$ 43.50
<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 <b>(1 or 2)</b>		\$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 <b>(3)</b>		\$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 <b>(4)</b>		\$0 to \$1320	\$0 to \$1320

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
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 <b>(5)</b>		\$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 <b>(6 or more)</b>		\$0 to \$1200	\$0 to \$1200
Records Processing Fee (Subpoena/Records Request Clerical Fee)		\$ 15.00	\$ 15.00
Records Copying Fee	per page	\$ 1.00	\$ 1.00
<b>Nutrition</b>			
Baby Sling	each	\$ 30.00	\$ -
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	\$ 86.00	\$ 86.00
Raising Emotionally Healthy Children Group Session (Prenatal/New Mothers/New Fathers)	per session	\$ 25.00	\$ 25.00
Registered Dietitian / Certified Diebetic 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	\$ 80.00
Birth and Beyond Training (16 hour course taught by an IBCLC)	per participant	\$ 300.00	\$ 300.00
Lactation Counselor Training (20 hour course for health professionals taught by an IBCLC)*	per participant	\$ 380.00	\$ 380.00
Lactation Consultant Course (9 mos college course for IBCLC Exam)*	per participant	\$ 1,600.00	\$ 1,700.00
Asthma Group Education Class	per participant	\$ 121.00	\$ 121.00
Professional Education Presentation by Registered Dietitian (RD)	per hour	\$ 115.00	\$ 115.00



Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
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	\$ 40.00	\$ 64.00
CPR (Cardiopulmonary Resuscitation) class - blended	per participant	\$ -	\$ 66.00
Adult and Pediatric First Aid class	per participant	\$ -	\$ 77.00
General Population Shelter class	per participant	\$ -	\$ 40.00
Stop the Bleed class	per participant	\$ -	\$ 25.00
Aerosol Transmissible Disease & Bloodborne Pathogens class	per participant	\$ -	\$ 38.00
Fit Testing class	per participant	\$ -	\$ 40.00
<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	\$ 19.00
Birth - General Public	each	\$ 28.00	\$ 28.00
Birth Certified copies, searches & certification	each	\$ 28.00	\$ 28.00
Death Certificate -Government agency & General Public	each	\$ 21.00	\$ 21.00
Death Certified copies, searches & certification	each	\$ 21.00	\$ 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	\$ 18.00	\$ 18.00
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

COUNTY OF RIVERSIDE  
RIVERSIDE UNIVERSITY HEALTH SYSTEM – PUBLIC HEALTH  
COMMUNITY ACTION PARTNERSHIP  
Ordinance 734-16 Schedule 2

Community Action Fee Schedule for Mediation Program

Description	Fee Amount
Community Mediation Cases	\$25.00 per participant
Conflict Resolution Workshops	\$350.00 per workshop
Basic Mediation Certification Training	\$350.00 per workshop
Peer Mediation Training	\$500.00 per 10 hours training
Child Support Services Mediation Session	\$150.00 per family

Community Action Fee Schedule for Training & Learning Center

Description	Fee Amount
Half Day (4 Hours)	\$200.00 per room
Full Day (8 Hours)	\$400.00 per room
Saturday Half Day (4 Hours)	\$400.00 per room
Saturday Full Day (8 Hours)	\$800.00 per room

\*Rates M-F from 8am to 5pm

Community Action Fee Schedule for Notary

Description	Fee Amount
Low Income & Senior	\$1.00
General Public	\$5.00