

**MEMORANDUM  
PLACER COUNTY HEALTH AND HUMAN SERVICES  
Community Health and Clinics**

**TO:** Honorable Board of Supervisors

**FROM:** Richard J. Burton, M.D., M.P.H.  
Placer County Health Officer and Director of Health & Human Services  
Bob Dunstan, Director of Administrative Services  
Mark Starr, D.V.M., M.P.V.M., Director of Community Health and Clinics  
Patricia Orme, Assistant Director of Community Health and Clinics

**DATE:** February 5, 2008

**SUBJECT:** Placer County Health and Human Services Fee Changes for Community Health and Clinics

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**ACTION REQUESTED:**

- a. Conduct a public hearing to consider adoption of new fees in State-required programs, as well as adjustments in Community Health and Clinics fees to recover more of the costs of providing the services;
- b. Adopt a resolution containing the fee schedule for services provided by the Health and Human Services Department, Community Health and Clinics.
- c. Introduction of an ordinance deleting and replacing Section 2.116.110 and deleting in its entirety Section 2.116.120 of Chapter 2 of the Placer County Code relating to Health & Human Services Community Health and Clinics Fees.

**BACKGROUND:**

In the 1990s, fees were established for various services offered by the Department of Health and Human Services in ordinances within the County Code. It has been determined that containing fees in resolutions rather than the County Code is more efficient. This Board action will transition fees from the County Code to resolutions, with the new fee amounts to be effective March 1, 2008.

This Board action will adjust or establish fees for the following reasons:

- Existing fees were adjusted annually based on the Consumer Price Index (CPI), however, in many cases these rates adjustments have not kept pace with the cost of providing services.
- Mandated or clinically appropriate services have been added for which fees must now be established.
- To provide a more streamlined mechanism to establish, review and adjust fees, if and when necessary, through subsequent resolutions.

Community Health and Clinics has conducted comprehensive labor and cost studies to determine the appropriate level of adjustment. These fee studies are on file and available for review at the office of the Clerk of the Board.

**Medical and Dental Services**

Placer County Community Health and Clinics Division is requesting fee adjustments for medical and dental clinical services. The proposed medical fees are linked to a standard mechanism used by medical clinics, based on the relative effort to perform each service. Proposed dental fees are based on a percentage over Denti-Cal reimbursement rates, in order to fully draw down Federal reimbursement when possible. These fees may be adjusted annually by the County using the Medical Care CPI.

In addition to serving patients with various forms of health insurance, the County Clinic also serves as a safety net for those without insurance, who account for approximately 25% of patient visits, and is

committed to providing these services in the most cost effective manner, recovering costs whenever possible. Therefore, full cost recovery is targeted, with a sliding fee scale as an option for those with limited ability to pay.

**Community Health Services**

- Public Health Laboratory Fees - Placer County Community Health and Clinics Division is requesting fee adjustments for all Public Health Laboratory Fees.

Below is a comparison survey of some common tests, some of which (such as the water tests) are only done in rural counties (with many wells) such as Placer County.

Laboratory Test	Placer Current	Placer Proposed	Sacramento County	El Dorado County	Contra Costa County	Private/Other Labs
Potable Water with Enumeration	\$20	\$28	Not done	\$28	Not done	\$30
Nonpotable Water Coliform/Fecal Coliform	\$35	\$50	Not done	Not done	Not done	\$50
Ova/Parasite Stool	\$25	\$50	\$50	\$57	\$136	\$53.25
Herpes Virus Isolation	\$45	\$65	\$42	Not done	\$67	\$91.50

- Medical Marijuana Identification Card - In 1996, the voters of California passed Proposition 215 (Compassionate Use Act). Within California, the Act allows for the recommendation by a physician for the medical use of marijuana by a patient, and the cultivation, transportation and use of marijuana for medical purposes by patients and caregivers. The California Department of Public Health (CDPH) facilitates the registration of qualified patients and their caregivers through a statewide identification system. Participation in the program is voluntary for patients and the patient's primary caregiver. Senate Bill 420 requires CDPH to establish application fees for persons seeking to obtain, renew or replace identification cards. The State requires a fee to be collected by the local health department and remitted to them to cover the expenses incurred by CDPH. Likewise, each county program may collect a fee to cover their program expenses. The State portion of the fee is currently set at \$66.00 per card, and requires the total fee to be discounted 50% for Medi-Cal patients. A fee study was conducted as the basis for the proposed amount, as well as a comparison survey of other counties' fees. The following fees are inclusive of both the State and county amounts:

Placer Proposed	Contra Costa County	Alameda County	Butte County	Humboldt County
\$125	\$120	\$103	\$111.15	\$147

- Certificate of Still Birth - Senate Bill 850 (Chapter 661, Statutes of 2007), the Missing Angels Act, requires that beginning on January 1, 2008, each Local Register in which a fetal death is registered issue a Certificate of Still Birth upon request by the father or mother. The maximum allowable cost established by the State for the Still Birth Certificate is \$20.00. This is the fee amount proposed for Placer County, as well as El Dorado, Sonoma, and Alameda Counties.

**FISCAL IMPACT:**

The total estimated annualized increase in fees summarized below will assist in offsetting in part the increasing labor and operating costs.

Medical and Dental \$19,275 - \$25,700  
 Community Health \$31,725 - \$42,300

Attachments:

- Proposed Ordinance
- Proposed Resolution

**Before the Board of Supervisors  
County of Placer, State of California**

In the matter of:

Resolution No: \_\_\_\_\_

**A Resolution adopting fees for certain services provided by the Health and Human Services Department, Community Health and Clinics.**

The following Resolution was duly passed by the Board of Supervisors of the County of Placer at a regular meeting held **February 5, 2008** by the following vote on roll call:

Ayes:

Noes:

Absent:

Signed and approved by me after its passage.

\_\_\_\_\_  
Chairman, Board of Supervisors

Attest: \_\_\_\_\_  
Clerk of said Board

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THE BOARD OF SUPERVISORS OF THE COUNTY OF PLACER, STATE OF CALIFORNIA, DOES HEREBY RESOLVE THAT:

**WHEREAS**, the Health and Human Services Department allocates staff time and other costs for providing various services to the public; and

**WHEREAS**, the Board has previously determined that the costs associated with such services is to be supported, in part, by consumers of those services; and

**WHEREAS**, the Board has authorized the charging of these fees by ordinance, published in Placer County Code 2.116.110 Community Health and Clinics Fees, to ensure cost recovery consistent with the Board's direction and authorized the Health and Human Services Department to annually update the fee schedule based upon the U.S. Department of Labor, Bureau of Labor Statistics, Consumer Price Index (CPI) for All Urban Consumers, West - Size Class B/C, Medical Care; and

**WHEREAS**, State law requires that where a local entity imposes a new fee or increases an existing fee, then it must prepare a study documenting that the amount of the fee does not exceed the estimated reasonable cost of providing the services; and

**WHEREAS**, a fee study to document the estimated costs to substantiate the proposed increases has been prepared and filed with the Clerk of the Board and all notices as required by state law have been given and a public hearing has been held;

**NOW, THEREFORE**, it is hereby resolved that the Board of Supervisors of Placer County adopts the Health and Human Services Community Health and Clinics Fee Schedule as set out in the attached Exhibit A.

## COMMUNITY HEALTH AND CLINICS FEE SCHEDULE

### Section 1 – Community Health Fee Schedule

Placer County Community Health  
Fee Schedule  
Fiscal Year 2007-2008

Description	CPT Billing Code	Fees
<b>General Bacteriology</b>		
Aerobic/Anaerobic	87070	\$ 50.00
Enteric Culture (Salm and Shigella)	87045	50.00
Enteric Culture (Above w/Campy)	87045 , 87046	60.00
Enteric Culture (E. coli)	87046	50.00
Enteric Culture (Vibrio)	87046	75.00
Campylobacter Culture	87081	50.00
Yersinia Culture		75.00
Chlamydia Amplified DNA Probe	87491	57.00
Chlamydia Amplified Urine	87491	57.00
Food Analysis (Bacterial)		200.00
Gonorrhea Amplified DNA Probe	87591	57.00
Gonorrhea Culture	87081	25.00
Gonorrhea Smear		25.00
Gonorrhea Penicillin Resistance (screen+disc)	87081, 87185	25.00
Streptococcus Throat Culture		25.00
Bordatella Pertussis Culture (Whooping Cough)	87070	60.00
PCR Bacterial Identification	87797	95.00
<b>Water Bacteriology</b>		
Total Aerobic Plate Count		25.00
Pseudomonas Count		25.00
Coliform/Fecal Coliform - Potable		50.00
Coliform/E. Coli - Potable		20.00
Coliform/E. Coli - Potable with Enumeration		28.00
Coliform/Fecal Coliform - Nonpotable		50.00
Coliform/E. Coli - Nonpotable		50.00
Water Chemistry for Auburn Ravine Project		160.00
<b>Microscopics</b>		
Gram Stain (Micro GC)	87205	15.00

**Placer County Community Health  
Fee Schedule  
Fiscal Year 2007-2008**

Description	CPT Billing Code	Fees
<b>Mycobacteriology - Tuberculosis</b>		
Primary Culture	87015 , 87116	60.00
Direct Smear	87206	25.00
Culture and Smear	87015-16 , 87206	85.00
Definitive Culture ID Genetic Probe	87149	50.00
Quantiferon Gold TB Blood Screening Test		85.00
<b>Parasitology</b>		
Pinworm Slide (x3)	87172	25.00
Ova - Parasite (Conc & Trichrome)	87177 , 87209	50.00
Series of 3		136.00
Blood Smear for Malaria	85008	38.00
Tick Species Identification	87168	10.00
Tick F.A. - Lyme Disease (includes Tick ID)		30.00
Cryptosporidium Detection	87207	30.00
Trichrome (Parasite Stain)	87209	25.00
Formalin Ether (Concentrate)	87177	25.00
<b>Virology</b>		
HIV(AIDS) - Antibody Detection by EIA	86701	20.00
Rabies - F.R.A. (animal dissection and antigen detection)		130.00
Rabies - F.R.A.		80.00
Herpes Virus Isolation	87252	65.00
Herpes Virus Typing	87253	30.00
Respiratory Virus Panel (includes influenza) (87254x3,87279x3,87280,87275,87276)	Various	135.00
West Nile Virus Antibody Testing - Humans	86790	35.00
PCR Viral Identification	87797	95.00
<b>Hematology</b>		
Blood Lead	83655	20.00
Occult Blood (x3)	82270	15.00
<b>Urinalysis</b>		
Specific Gravity - Dilution Control		6.00
Abused Drug/Assay (Urine) - Per Drug		6.00
Abused Drug/Assay (Oral) - Per Drug		10.00
GC/MS Drug Confirm (outside lab)		actual charges

**Placer County Community Health  
Fee Schedule  
Fiscal Year 2007-2008**

Description	CPT Billing Code	Fees
<b>Other</b>		
Handling Fee		17.50
Shipping, Includes Mailer and Mailing		actual charges
Nondiagnostic General Health Assessment Fee		150.00
Weekend Surcharge – for specimens submitted on Fridays, on weekends or County holidays (e.g. rabies) requiring immediate analysis resulting in staff overtime		Applicable Fee Schedule Charges x 2
Medical Marijuana Identification Card (Medi-Cal client)		62.50
Medical Marijuana Identification Card (Non-Medi-Cal client)		125.00
Certificate of Still Birth		20.00

**Section 2 – Medical and Dental Clinics Fee Schedules and Sliding Fee Scale**

**Placer County Medical Clinic  
Fee Schedule  
FY 2007-2008**

Description	CPT Billing Code	Fees
<b>Office Visit-New</b>		
Minimal	99201	62.00
Expanded/Problem Focused	99202	110.00
Detailed/Low	99203	163.00
Comprehensive/Moderate	99204	231.00
Comprehensive/High	99205	293.00
<b>Office Visit-Established</b>		
Nursing	99211	36.00
Problem Focused	99212	65.00
Expanded/Problem Focused	99213	89.00
Detailed/Moderate	99214	139.00
Comprehensive/High	99215	202.00
Pre-Employment	99202PE	163.00
Driver's Exam	99202DE	163.00
Physical (Type)	99202	114.00
Sports Physical	SPORTPH	45.00

**Placer County Medical Clinic  
Fee Schedule  
FY 2007-2008**

Description	CPT Billing Code	Fees
<b>Office Procedures</b>		
Abscess I & D - Single	10060	159.00
Arthrocentesis (Intermediate Joint)	20605	97.00
Arthrocentesis (Large Joint)	20610	118.00
Arthrocentesis (Small Joint)	20600	89.00
Audiometry (CHDP)	92552	31.00
Dest. Flat Warts	17110	148.00
Dest. Benign/Premalignant	17000	102.00
Dest. Legion #2-14	17003	17.00
15 Each or More	17004	332.00
Ear Irrigation	69210	82.00
Enucleation of Hemorrhoids	46320	250.00
EKG	93000	45.00
Nebulizer Inhalation	94640	20.00
Excision of Benign Lesion - 0.5 cm or Less	11420	185.00
Excision of Benign Lesion - 0.6 to 1.0 cm	11421	231.00
Excision of Benign Lesion - 1.1 to 2.0 cm	11422	258.00
Excision of Benign Lesion; Face, Ears, Etc. - .5 cm or Less	11440	213.00
Excision of Benign Lesion; Face, Ears, Etc. - .6 to 1.0 cm	11441	252.00
Excision of Benign Lesion; Face, Ears, Etc. - 1.1 to 2.0 cm	11442	258.00
Excision of Malignant Lesion- .5 cm or Less	11600	258.00
Excision of Malignant Lesion- .6 to 1.0 cm	11601	295.00
Excision of Malignant Lesion- 1.1 to 2.0 cm	11602	312.00
Excise Mult Tags to 15	11200	118.00
Excise Mult Tags > 15	11204	169.00
Excision - Nail Permanent	11750	271.00
Laceration Repair - Simple	120001	167.00
Pulse Oximetry	94760	4.00
Spirometry	94010	55.00
Tissue-FB Removal	10120	147.00
Trigger Point	20550	99.00
Tympanometry	92567	37.00
Vision Test (CHDP)	99173	35.00
<b>Family Planning</b>		
Wart Tx - Male	54065	232.00
Wart Tx - Female	56501	156.00
IUD Insertion	58300	67.00

**Placer County Medical Clinic  
Fee Schedule  
FY 2007-2008**

Description	CPT Billing Code	Fees
IUD Removal	58301	122.00
Norplant Removal	11976	166.00
Norplant R/R	11977	265.00
Diaphragm Fitting	57170	112.00
Emb	58100	135.00
Colpo Only	57452	132.00
Colpo/Biopsy	57454	190.00
Cryo	57511	177.00
<b>Other Fees</b>		
Injection Administration Fee – Level 1		20.00 *
Injection Administration Fee – Level 2		10.00 **
Form Completion		20.00
Co-Pay - Level 1		4.00
Co-Pay - Level 2		8.00
Co-Pay - Level 3		12.00
Misc. Supplies		Cost + 40%
Injections/Immunizations		Administration fee + misc. supply charge
Unlisted Medical Procedure		Medicare Resource-Based Relative Value Unit x \$63.72
Unlisted Surgical Procedure		Medicare Resource-Based Relative Value Unit x \$63.72
Pharmaceuticals		Cost + 40%
Grant/Other Agency Programs		Per grant/program requirements
Inter Agency/Departmental		Per agency/ departmental agreement
* Patients with incomes over 250% of the Federal Poverty Guidelines		
** Patients with incomes at or below 250% of the Federal Poverty Guidelines		

**Placer County Dental Clinic  
Fee Schedule  
FY 2007-2008**

Description	Diagnostic Code	Fees
<b>General Dentistry</b>		
Exam Initial	010	56.00
Second Annual Exam	015	50.00
Office Visit	020	37.00
Consultation	040	65.00
Sealants to 8 (1st)	045	41.00
Sealants - 14 (2nd)	046	41.00
Sealants - 21 (1,2)	047	36.00
Prophy to 12	049	87.00
Prophy 13+	050	100.00
Prophy w/Fluoride to 5	061	97.00
Prophy w/Fluoride 6-17	062	104.00
Emergency Tx, Palliative	080	104.00
Intraoral Film First (PA)	110	29.00
Intraoral Films Additional (PA'S)	111	14.00
Full Mouth X-Ray (FMX)	112	120.00
Bitewings - 2	116	46.00
Photo/Slide 1st	119	23.00
Photo/Slide Additional	120	7.00
Pano	125	46.00
Biopsy	150	186.00
Gross/Microscopic Hist Report	160	93.00
<b>Oral Surgery</b>		
Simple Extraction	200	114.00
Extraction Each Additional	201	113.00
Surgical Extraction	202	203.00
Removal of Root/Root Tip, Covered	203	186.00
Removal of Root/Root Tip, Exposed	204	79.00
Postoperative Visit	220	28.00
Removal of Impacted Tooth, Soft Tissue	230	284.00
Removal of Impacted Tooth, Partially Bony	231	386.00
Removal of Impacted Tooth, All Bony	232	484.00
Alveoplasty Per Quad, Edentulous	250	186.00
Alveoplasty Per Quad w/Extractions	252	93.00
Vestibuloplasty, Submucosal Resection	255	850.00
Alveoplasty w/Ridge Extension	256	371.00
Removal Palatal Exostosis	257	371.00

**Placer County Dental Clinic  
Fee Schedule  
FY 2007-2008**

Description	Diagnostic Code	Fees
Removal Palatal Exostosis, Per Quad	258	186.00
Excise Hyuperplastic Tissue Per Arch	259	186.00
Incision/Drainage Abscess, Intraoral	260	93.00
Incision/Drainage Abscess, Extraoral	261	139.00
Excision Pericoronal Gigiva	262	93.00
Sialolithotomy - Intraoral	263	436.00
Sialolithotomy - Extraoral	264	631.00
Closure of Salivary Duct	265	236.00
Dilation of Salivary Duct	266	223.00
Reduction of Tuberosity, Unilateral	267	139.00
Excision of Benign Tumor to 1.25 cm	269	186.00
Excision of Benign Tumor over 1.25 cm	270	464.00
Excision of Malignant Tumor	271	604.00
Reimplant/Stabilize Evulsed Tooth	273	379.00
Transplantation of Tooth/Bud	275	1857.00
Removal of Foreign Body from Bone	276	241.00
Resection of Bone (Tumor w/Graft)	277	2456.00
Masillarysiusotomy Rem of Fragment	278	706.00
Oral Antral Fistula Closure	279	557.00
Excision of Cyst to 1.25 cm	280	186.00
Excision of Cyst over 1.25 cm	281	371.00
Sequestrectomy	282	186.00
Condlectomy of Mandible	285	1910.00
Menisectomy of TMJ	289	1910.00
Excision of Foreign Body	290	111.00
Frenectomy of Frenotomy	291	186.00
Suture of Soft Tissue Wound	292	93.00
Injection of Sclerosing Agent	294	139.00
Injection of Trimeginal Nerve Branches	295	371.00
Surgical Exposure, Soft Tissue	296	186.00
Surgical Exposure, Partially Bony	297	251.00
Surgical Exposure, All Bony	298	251.00
<b>Drugs &amp; Anesthesia</b>		
Injectible Drugs	300	28.00
Conscious Sedation	301	46.00
General Sedation	400	186.00

**Placer County Dental Clinic  
Fee Schedule  
FY 2007-2008**

Description	Diagnostic Code	Fees
<b>Periodontics</b>		
Emergency Perio	451	121.00
Subgingival Curettage & Root Planing	452	389.00
Occlusal Adjustment Per Quad	453	67.00
Gingivectomy Per Quad	472	308.00
Osseous & Mucogingival Surgery/Quad	473	650.00
Gingivectomy Treatment Per Tooth (1-6)	474	93.00
<b>Endodontics</b>		
Therapeutic Pulp	501	132.00
Vital Pulp	502	132.00
Recalcification Per Tooth	503	76.00
Root Canal, Anterior	511	529.00
Root Canal, Bicuspids	512	634.00
Root Canal, Molar	513	816.00
Apicoectomy w/Root Canal	530	557.00
Apicoectomy Per Tooth	531	199.00
Apexification Per Treatment	534	186.00
<b>Restorative Dentistry</b>		
Amalgam, One Surface - Primary	600	74.00
H/F Optional Fee Composite		
Amalgam, Two Surface - Primary	601	111.00
H/F Optional Fee Composite		
Amalgam, Three Surface - Primary	602	126.00
H/F Optional Fee Composite		
Amalgam, Four Surface - Primary	603	146.00
H/F Optional Fee Composite		
Amalgam, One Surface - Adult	611	104.00
H/F Optional Fee Composite		
Amalgam, Two Surface - Adult	612	126.00
H/F Optional Fee Composite		
Amalgam, Three Surface - Adult	613	149.00
H/F Optional Fee Composite		
Amalgam, Four Surface - Adult	614	176.00
Silicate Cement Filling	640	114.00
Silicate Restoration, 2+	641	177.00
Composite or Plastic Restoration	645	149.00

**Placer County Dental Clinic  
Fee Schedule  
FY 2007-2008**

Description	Diagnostic Code	Fees
Composite Restoration, 2+ Surfaces	646	209.00
Pin Retention Per Pin, w/Max Tooth	648	149.00
Crown, Plastic (Lab)	650	287.00
Crown, Plastic w/Metal	651	409.00
Crown, Porcelain (PJC)	652	696.00
Crown, Porcelain w/Metal (PFM)	653	983.00
Crown, Cast - Full - Metal	660	959.00
Crown, Cast 3/4	663	696.00
Crown, Stainless Steel, Primary	670	219.00
Crown, Stainless Steel, Adult	671	241.00
Cast Metal Dowel Post	672	246.00
<b>Prosthetics</b>		
Fixed Bridge Pontic, Cast Metal	680	604.00
Fixed Bridge Pontic, Slotted Facing	681	604.00
Fixed Bridge Pontic, Slotted Pontic	682	604.00
Recement Inlay, Facing, Pontic	685	83.00
Recement Crown	686	96.00
Recement Bridge	687	121.00
Fixed Bridge Pontic, Porcelain to Metal	692	604.00
Fixed Bridge Pontic, Plastic to Metal	693	604.00
Repair Broken Tru-Pontic	694	139.00
Repair Broken Facing, Post Intact	695	139.00
Repair Broken Facing, Post Broken	696	139.00
Denture, Complete Maxillary Upper	700	1170.00
Denture, Complete Mandibular Lower	701	1170.00
Partial Upper or Lower, Acrylic Base	702	771.00
Partial Metal w/2 Clasps	703	1159.00
Clasps for 703 for 3 or More	704	116.00
Stress Breakers	705	79.00
Denture, Stayplate	706	366.00
Partial Upper or Lower, All Acrylic	708	511.00
Clasps for 708, 3rd & Each Additional	709	46.00
Clasps for 702	712	47.00
Clasps for 706	716	71.00
Denture Adjustment	720	46.00
Reline - Office	721	130.00
Reline - Lab	722	379.00
Tissue Conditioning	723	97.00
Denture Duplication	724	601.00

**Placer County Dental Clinic  
Fee Schedule  
FY 2007-2008**

Description	Diagnostic Code	Fees
Repair Broken Denture Base	750	141.00
Repair Broken Denture & Tooth	751	169.00
Each Additional Tooth, Proc 751	752	44.00
Replace Tooth Only	753	133.00
Each Additional Tooth, Proc 753	754	44.00
Adding Tooth to Partial	755	123.00
Each Additional Tooth, Proc 755	756	56.00
Add/Replace Clasp Proc 702	757	139.00
Each Additional Clasp, Proc 757	758	139.00
Add/Replace Clasp Proc 708	759	139.00
<b>Space Maintainers</b>		
Each Additional Clasp, Proc 759	760	104.00
Reattach Clasp	761	111.00
Add/Replace Clasp Proc 703 Repair (1)	762	141.00
Each Additional Clasp Proc 762	763	141.00
Fixed Unilateral Band Type w/Band	800	223.00
Removable, Plastic w/2 Stainless Clasps	801	427.00
Each Additional Clasp or Rest Proc 801	802	34.00
Fixed Unilateral Stainless Crown Type	811	221.00
Fixed Bilateral, Lingual/Palatal Bar	812	397.00
Fixed or Removable to Control Habit	832	410.00
Night Splint For TMJ	995	557.00

**Placer County Medical and Dental Clinics  
Sliding Fee Scale  
Private Pay Patients**

Private Pay patients shall be charged for Clinic services based on the following criteria:

Annual Income (Percentage of Federal Poverty Guidelines)	Percentage of Fee Schedule Charges
100% or below	70%
101% to 199%	80%
200% to 250%	90%
over 250%	100%

Patient eligibility shall be determined based on the Federal Poverty Guidelines in effect at the time services are provided.

**Before the Board of Supervisors  
County of Placer, State of California**

In the matter of:

**An Ordinance deleting and replacing Article 2.116.110 and deleting in its entirety Article 2.116.120 of Chapter 2 of the Placer County Code Regarding Health & Human Services Community Health and Clinics Fees.**

Ord. No.: \_\_\_\_\_

First Reading: \_\_\_\_\_

The following Ordinance was duly passed by the Board of Supervisors of the County of Placer at a regular meeting held \_\_\_\_\_ by the following vote on roll call:

Ayes:

Noes:

Absent:

Signed and approved by me after its passage.

\_\_\_\_\_  
Chairman, Board of Supervisors

Attest: \_\_\_\_\_  
Clerk of said Board

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**THE BOARD OF SUPERVISORS OF THE COUNTY OF PLACER, STATE OF CALIFORNIA, DOES HEREBY ORDAIN as follows:**

**Section 1:** That Article 2.116.110 of Chapter 2 of the Placer County Code, Fees for public health nursing and medical clinic, is hereby deleted in its entirety as shown on Exhibit 1. (Exhibit 1 is not a part of this ordinance and not to be published), and replaced with the following:

**2.116.110 Community Health and Clinic Fees**

Notwithstanding any other provisions of this code, the Placer County Department of Health and Human Services, Community Health and Clinics, shall charge and collect fees for services performed, excepting those fees waived by the Director of Health and Human Services or his/her designee, due to participant's financial hardship, or protection of the public's health.

Beginning February 5, 2008, these fees shall be reflected in a resolution of the Board of Supervisors and shall be subject to annual adjustment each July 1, commencing July 1, 2009 at the same rate as the U.S. Department of Labor, Bureau of Labor Statistics, Consumer Price Index (CPI) for All Urban Consumers, West - Size Class B/C, Medical Care, Not Seasonally Adjusted, where the Standard Reference Base Period is December 1997 = 100. Changes in each fee will be measured based on the difference between the April 2008 index and the March index for the most recent calendar year. The percentage change in each fee shall be the same as the percentage change in the CPI. The adjusted fee shall be rounded to the nearest dollar. The Resolution reflecting the current fee schedule shall be on file with the Placer County Department of Health and Human Services, Community Health and Clinics Division.

Ordinance No. \_\_\_\_\_

Date Adopted: \_\_\_\_\_

**Section 2:** That Article 2.116.120 of Chapter 2 of the Placer County Code, Fees for public health laboratory, is hereby deleted in its entirety as shown on Exhibit 2. (Exhibit 2 is not a part of this ordinance and is not to be published.)

**Section 3:** This ordinance shall take effect and be in full force and effect thirty (30) days after its passage. The Clerk is directed to publish this ordinance, or a summary thereof, within fifteen (15) days in accordance with Government Code Section 25124.

Exhibit 1

**2.116.110 Fees for public health nursing and medical clinic.**

Notwithstanding any other provisions of this code, the Placer County department of health and medical services, public health nursing division and medical clinic, shall charge and collect the following fee for services performed, excepting those fees waived by the administrator, health and medical services or his/her designee, due to participant's financial hardship or protection of the public's health. These fees shall be automatically adjusted annually on the first day of July at the same rate as the state of California, Department of Industrial Relations Consumer Price Index - California, for All Urban Consumers. The adjustment shall be calculated on the twelve (12) month period from April 1st through March 31st of each year. Adjusted fees shall be rounded to the nearest dollar, taking into account compounded percentage adjustments over multiple years.

A. Specific Fees.

REF.	CPT CODE	DESCRIPTION	FEES
1	00550	CEFTRIAXONE 250 MG	\$ 13.00
2	080808	PEN G PRO 300,000 IM	20.00
3	00810	PEN G PRO 600,000 IM	22.00
4	010	EXAM INITIAL	28.00
5	015	EXAM PERIODIC	12.00
6	020	OFFICE VISIT	16.00
7	030	VISIT AFTER HOURS	23.00
8	03926	NUBAIN 10 MG IM	73.00
9	040	CONSULTATION	23.00
10	04304	VISTARIL 50 MG IM	13.00
11	04407	COMPAZINE 10 MG	13.00
12	049	PROPHYLAXIS TO AGE 12	43.00
13	050	PROPHYLAXIS 13+	49.00
14	061	PROPHYLAXIS FLORIDE TO 5	47.00
15	062	PROPHYLAXIS FLORIDE 6-17	50.00
16	080	EMERG TX PALLIATIVE	50.00
17	10060	INCISE & DRAIN ABSCESS	50.00
18	110	INTRAORAL FILM 1ST	14.00
19	111	INTRAORAL FILM/ADDNL	7.00
20	11100	BIOPSY SKIN OR TISSUE	92.00
21	112	X RAY BITEWINGS	58.00
22	11200	REMOVE SKIN TAGS	58.00
23	11232	METHYLPREDNISONE 40MG	13.00
24	11234	SOLUMEDROL 40 MG	18.00
25	113	INTRAORAL OCCLUSAL EA	10.00
26	11309	DEPOTESTOSTERONE 100 MG	13.00
27	114	XTRAORALJAW SINGLE HD OR	26.00
28	11400	EXCISE UP TO 0.5 CM	53.00
29	11401	EXCISE 0.5 TO 1.0 CM	78.00
30	11402	EXCISE 1.0 TO 2.0 CM	96.00
31	11403	LESION 2.0 TO 3.0 CM	142.00
32	11404	EXCISE TO 4.0 CM	161.00
33	11405	EXCISE OVER 4.0 CM	180.00
34	11411	ESTRADIOL 1 MG	13.00
35	11414	DEPOESTRADIOL 5 MG	13.00
36	11420	EXCISE UP TO 0.5 CM	62.00
37	11421	EXCISE .5 TO 1 CM	101.00

Exhibit 1

REF.	CPT CODE	DESCRIPTION	FEES
38	11422	EXCISE LESION 1 TO 2CM	\$ 120.00
39	11440	EXCISE UP TO 0.5 CM	88.00
40	11441	EXCISE 0.5 TO 1.0 CM	101.00
41	11442	EXCISION 1.0 TO 2.0	136.00
42	115	EXTRAORAL ADDNL JAW HEAD	2.00
43	116	BITEWINGS 2	23.00
44	11602	MALIGNANT EXCISE 2.0 CM	214.00
45	11641	EXCISE TO 1.0 CM	114.00
46	117	BITEWINGS 4	31.00
47	11730	AVULSION SIMPLE	43.00
48	11750	EXCISE NAIL, MATRIX	150.00
49	118	BITEWINGS ANTERIOR 1	2.00
50	119	PHOTOGRAPH/SLIDE 1ST	10.00
51	11975	NORPLANT INSERT/REMOVAL	57.00
52	120	PHOTOGRAPH/SLIDE ADDNL	2.00
53	12001	REPAIR SIMPLE	49.00
54	12002	REPAIR 2.5 TO 7.5 CM	82.00
55	12005	REPAIR 12.5 TO 20.0 CM	163.00
56	12013	REPAIR 2.5 CM TO 5.0 CM	91.00
57	125	PANOGRAPHIC SINGLE	16.00
58	12602	IMMUNE GLOBULIN HUMAN	13.00
59	12712	DIPHTHERIA/TETANUS SML AD.	19.00
60	12713	DPT	41.00
61	12822	MMR	43.00
62	12827	HIB TITER	37.00
63	14730	VITAMIN B12 IN IM	14.00
64	150	BIOPSY	38.00
65	160	GROSS/MIC HISTOPATHOLOGICAL	31.00
66	17000	HYPHER/CRYO FACE PREM	60.00
67	17100	HYPHER/CRYO OTHER BENIGN	48.00
68	17102	OVER TWO LESIONS	54.00
69	17110	DESTRUCTION UP TO 15	54.00
70	1912051	EXCISE FIBROADENOMA	114.00
71	200	EXTRACTION SIMPLE	55.00
72	201	EXTRACTION I/A ADDITIONAL	54.00
73	202	EXTRACTION SURGICAL	98.00
74	203	REMOVAL ROOT/TI COVERED	54.00
75	204	REMOVAL ROOT/TI COVERED	38.00
76	20550	TRIGGER POINT	41.00
77	220	POSTOPERATIVE VISIT	10.00
78	230	REMOVAL IMPACTED TOOTH SOFT	137.00
79	231	REMOVAL IMPACTED TOOTH PART	188.00
80	232	REMOVAL IMPACT BONY COMPLETE	235.00
81	250	ALVEOPLASTY PER QUADRANT	54.00
82	252	ALVEOPLASTY PER QUADRANT	31.00
83	255	VESTIBULOPLASTY SUBMUCOSAL	413.00
84	256	ALVEOPLASTY W/RIDGE EXTENSION	77.00
85	257	REMOVAL PALATAL EXOSTOSIS	77.00
86	258	REMOVAL PALATAL EXOSTOSIS PER	65.00
87	259	EXCISION HYPERPLASTIC TISSUE	\$ 61.00
88	260	I/D OF ABSCESS INTRAORAL	23.00

Exhibit 1

REF.	CPT CODE	DESCRIPTION	FEES
89	261	W/D ABSCESS EXTRAORAL	38.00
90	262	EXCISION PERICORONAL GINGIVA	23.00
91	263	SIALOLITHOTOMY INTRAORAL	77.00
92	264	SIALOLITHOTOMY EXTRAORAL	308.00
93	265	CLOSURE OF SALIVARY FISTULA	115.00
94	266	DILATION OF SALIVARY DUCT	38.00
95	267	REDUCTION OF TUBEROSITY	38.00
96	269	EXCISE BENIGN TUMOR UP TO 1.25	38.00
97	270	EXCISE BENIGN TUMOR UP TO 1.25CM+	77.00
98	271	EXCISE MALIGNANT TUMOR	154.00
99	273	REIMPLANTATION/STABILIZATION	185.00
100	275	TRANSPLANT OF TOOTH/BUD	154.00
101	276	REMOVAL OF FOREIGN BODY BONE	70.00
102	277	RADICAL RESECTION OF BONE	1,194.00
103	278	MAXILLARY SIUSOTOMY FOR REMOVAL	154.00
104	279	ORAL ANTRAL FISTULA CLOSURE	131.00
105	280	EXCISE CYST UP TO 1.25 CM	54.00
106	281	EXCISE CYST UP TO 1.25 CM+	115.00
107	282	SEQUESTRECTOMY	61.00
108	285	CONDYLECTOMY OF MANDIBLE	929.00
109	289	MENISCECTOMY OF TEMPOROMANDIBUL	929.00
110	290	EXCISION FOREIGN BODY	31.00
111	29065	LONG ARM CAST	71.00
112	29075	SHORT ARM CAST	64.00
113	291	FRENECTOMY/FRENOTOMY	54.00
114	29105	LONG ARM SPLINT	56.00
115	29125	SHORT ARM SPLINT	60.00
116	292	SUTURE SOFT TISSUE WOUND	32.00
117	29355	LONG LEG CAST WITH WALKER	130.00
118	294	SCLEROSING AGENT INJ	47.00
119	29425	SHORT LEG CAST WITH WALKER	96.00
120	295	INJ TRIGEMINAL NERVE BRANCHES	77.00
121	29515	SHORT LEG SPLINT	59.00
122	296	SURGICAL EXPOSURE SOFT TISSUE	31.00
123	297	SURGICAL EXPOSURE PARTICALY	47.00
124	298	SURGICAL EXPOSURE COMPLETELY	70.00
125	300	INJECTABLE DRUGS	7.00
126	301	CONSCIOUS SEDATION	16.00
127	32000	THORACENTESIS	90.00
128	36489	CENTRAL VENOUS CATHETER	120.00
129	400	GENERAL ANESTHESIA	43.00
130	451	EMERGENCY PERIODONTICS	59.00
131	452	SUBGINGIVAL CURETTAGE & ROOT	170.00
132	453	OCCUSAL ADJUSTMENT PER QUAD	31.00
133	46320	ENUCLEATION HEMORRHOID	76.00
134	472	GINGIVECTOMY OR GINGIVOPLASTY	108.00
135	473	OSSEOUS/MUCOGINGIVAL SURG/QUAD	131.00
136	474	GINGIVECTOMY TX PER TOOTH 1-6	23.00
137	4958151	UMBILICAL REPAIR OVER 5	216.00
138	501	THERAPEUTIC PULPOTOMY	23.00
139	502	VITAL PULPOTOMY	23.00

Exhibit 1

REF.	CPT CODE	DESCRIPTION	FEES
140	503	RECALCIFICATION PER TOOTH	22.00
141	511	ROOT CANAL ANTERIOR	256.00
142	512	ROOT CANAL BICUSPID	310.00
143	513	ROOT CANAL MOLAR	397.00
144	530	APICOECTOMY W/ROOT CANAL	178.00
145	531	APICOECTOMY PER TOOTH	96.00
146	534	APEXIFICATION PER TX	18.00
147	57170	DIAPHRAGM FITTING	41.00
148	5728970	PEREYRA PROCEDURE	216.00
149	57452	COLONOSCOPY (W/O BIOPSY)	34.00
150	57454	COLONOSCOPY (W/BIOPSY) + 99214	41.00
151	57511	CRYOSURGERY	34.00
152	58300	IUD INSERTION	68.00
153	58301	IUD REMOVAL	68.00
154	600	AMALGAM REST PRIMARY 1	36.00
155	601	AMALGAM REST PRIMARY 2	53.00
156	602	AMALGAM REST PRIMARY 3	62.00
157	603	AMALGAM REST PRIMARY 4	71.00
158	611	AMALGAM REST PERM 1	50.00
159	612	AMALGAM REST PERM 2	62.00
160	613	AMALGAM REST PERM 3	73.00
161	614	AMALGAM REST PERM 4	85.00
162	645	COMPOSIT/PLASTIC RESTORATION	73.00
163	646	COMPOSIT/PLASTIC REST 2+	102.00
164	648	PIN RETENTION PER PIN 3 MAX/	34.00
165	650	CROWN PLASTIC (LAB PROCESSED)	139.00
166	651	CROWN PLASTIC W/METAL	178.00
167	652	CROWN PORCELAIN	185.00
168	653	CROWN PORCELAIN FUSED TO	478.00
169	660	CROWN CAST FULL	466.00
170	663	CROWN CAST 3/4	154.00
171	670	CROWN STAINLESS STEEL PRIMARY	106.00
172	671	CROWN STAINLES STEEL PERMANENT	116.00
173	672	CAST METAL DOWEL POST	119.00
174	680	FIXED BRIDGE PONTIC CAST METAL	139.00
175	681	FIXED BRIDGE PONTIC SLOTTED	139.00
176	682	FIXED BRIDGE PONTIC SLOTTED	146.00
177	685	RECEMENT INLAY FACING PONIC	41.00
178	686	RECEMENT CROWN	46.00
179	687	RECEMENT BRIDGE	59.00
180	692	FIXED BRIDGE PONTIC PORCELAIN	208.00
181	693	FIXED BRIDGE PONTIC PLASTIC TO	162.00
182	694	REPAIR BROKEN TRUPONTIC	23.00
183	695	REPAIR BROKEN FACING POST	18.00
184	696	REPAIR BROKEN FACING POST	31.00
185	700	DENTURE COMPLETE MAXILLARY	\$ 569.00
186	701	DENTURE COMPLETE MANIBULAR	569.00
187	702	PARTIAL UPPER/LOWER ACRYLIC	252.00
188	703	DENTURE PARTIAL	563.00
189	704	CLASPS FOR PROC 703	56.00
190	705	STRESS BREAKERS	38.00

Exhibit 1

REF.	CPT CODE	DESCRIPTION	FEES
191	706	DENTURE STAYPLATE	210.00
192	708	PARTIAL UPPER/LOWER ALL ACRYLIC	232.00
193	709	CLASPS FOR PROC 708	18.00
194	71010	CHEST SINGLE VIEW	37.00
195	71020	CHEST TWO VIEWS	70.00
196	71021	CHEST THREE VIEWS	82.00
197	712	CLASPS FOR PROC 702	23.00
198	716	CLASPS FOR PROC 706	34.00
199	720	DENTURE ADJUSTMENT	16.00
200	721	RELINE OFFICE	59.00
201	722	RELINE LAB	185.00
202	723	TISSUE	47.00
203	724	DENTURE DUPLICATION	293.00
204	73000	CLAVICLE COMPLETE	39.00
205	7301	OSCAPULA COMPLETE	45.00
206	73020	SHOULDER SINGLE VIEW	32.00
207	73030	SHOULDER TWO VIEWS	45.00
208	73060	HUMERUS TWO VIEWS	32.00
209	73070	ELBOW TWO VIEWS	33.00
210	73080	ELBOW COMPLETE	45.00
211	73090	FOREARM INCLUDING ONE JOINT	40.00
212	73100	WRIST TWO VIEWS	32.00
213	73110	WRIST COMPLETE	45.00
214	73120	HAND TWO VIEWS	32.00
215	73130	HAND COMPLETE	42.00
216	73140	FINGER(S)	29.00
217	73550	FEMUR	45.00
218	73560	KNEE TWO VIEWS	35.00
219	73562	KNEE THREE VIEWS	48.00
220	73590	TIB/FIB	39.00
221	73600	ANKLE TWO VIEWS	35.00
222	73610	ANKLE COMPLETE	42.00
223	73620	FOOT TWO VIEWS	32.00
224	73630	FOOT COMPLETE	39.00
225	73650	CALCANEUS TWO VIEWS	35.00
226	73660	TOE(S) TWO VIEWS	26.00
227	750	REPAIR BROKEN DENTURE BASE	70.00
228	751	REPAIR BROKEN DENTURE/TOOTH	82.00
229	752	REPAIR ADDITIONAL DENTURE/TOOTH	22.00
230	753	REPLACE TOOTH ONLY	65.00
231	754	REPLACE ADDITIONAL TOOTH	22.00
232	755	ADDING TOOTH TO PARTIAL	60.00
233	756	ADDING ADDITIONAL TOOTH	20.00
234	757	ADD/REPLACE CLASP TO 702	\$ 64.00
235	758	ADDITIONAL CLASP PROC 757	64.00
236	759	ADD/REPLACE CLASP TO 708	50.00
237	760	ADDITIONAL CLASP PROC 759	50.00
238	761	REATTACH CLASP	38.00
239	762	ADD/REPLACE CLASP TO 703	70.00
240	763	ADDITIONAL CLASP PROC 762	70.00
241	800	FIXED, UNILATERAL BAND TYPE	77.00

Exhibit 1

REF.	CPT CODE	DESCRIPTION	FEES
242	801	REMOVABLE PLASTIC WITH 2 STAIN	85.00
243	802	ADDITIONAL CLASP/REST FOR 801	16.00
244	81000	URINALYSIS COMP	11.00
245	81002	URINE DIPSTICK	4.00
246	811	FIXED UNILATERAL STAINLESS	108.00
247	812	FIXED BILATERAL LINGUAL/PALATA	193.00
248	82948	BLOOD GLUCOSE	10.00
249	832	FIXED OR REMOVABLE TO CONTROL	92.00
250	84134	PREGNANCY TEST	10.00
251	85014	HEMATOCRIT	8.00
252	85018	HEMOGLOBIN	11.00
253	8631124	HIV ANTIGEN TEST	17.00
254	8631424	HIV ANTIBODY DETECTION	46.00
255	86403	STREP TEST	23.00
256	86490	COCCI SKIN TEST	14.00
257	86510	HISTOPLASMOSIS	13.00
258	86580	PPD	14.00
259	86585	TB TINE	13.00
260	87110	CHLAMYDIA TEST	18.00
261	87210	WET MOUNT	11.00
262	87220	KOH	12.00
263	89205	HEMOCULT	11.00
264	90100	HOUSE CALL	64.00
265	90150	HOME LIMITED SERVICE	62.00
266	90726	RABIES VACCINE	135.00
267	90742	HEP B IMMUNE GLOBULIN	90.00
268	92100	TONOMETRY	22.00
269	92409	VISION TEST, SCREENING	5.00
270	92551	HEARING TEST, SCREENING	11.00
271	92552	AUDIOMETRIC SCREEN	25.00
272	92567	TYMPANOMETRY	42.00
273	92960	CARDIOVERSION	360.00
274	93000	EKG	53.00
275	93005	EKG	43.00
276	94010	PULMONARY FUNCTION TEST	53.00
277	99000	SPECIMEN HANDLING	6.00
278	99022	BLOOD DRAW	11.00
279	99050	AFTER HOURS	18.00
280	9907015	NORPLANT KIT	365.00
281	99201	OFFICE NEW FOCUSED	42.00
282	99202	OFFICE NEW EXPANDED	64.00
283	99203	OFFICE NEW DETAILED	\$ 106.00
284	99204	OFFICE NEW COMPREHENSIVE	114.00
285	99205	OFFICE NEW COMPLEX	149.00
286	99211	OFFICE MINIMAL	18.00
287	99212	OFFICE FOCUSED	31.00
288	99213	OFFICE LOW/MODERATE	43.00
289	99214	OFFICE DETAILED	65.00
290	99215	OFFICE COMPREHENSIVE	113.00
291	99221	HOSP ADMIT LOW	64.00
292	99222	HOSP ADMIT MODERATE	107.00

Exhibit 1

REF.	CPT CODE	DESCRIPTION	FEES
293	99223	HOSP ADMIT HIGH	151.00
294	99231	HOSPITAL FOCUSED	42.00
295	99232	HOSPITAL EXPANDED	62.00
296	99233	HOSPITAL DETAILED	83.00
297	99238	HOSPITAL DISCHARGE	54.00
298	99301	SNF ANNUAL	67.00
299	99311	SNF FOCUSED	43.00
300	99312	SNF EXPANDED	65.00
301	99313	DETAILED FOCUS	86.00
302	99381	CHILD HEALTH EXAM NEWBORN; NEW PT	32.00
303	99382	CHILD HEALTH EXAM 1-4; NEW PT	35.00
304	99383	CHILD HEALTH EXAM 5-11; NEW PT	37.00
305	99384	CHILD HEALTH EXAM 12-17; NEW PT	43.00
306	99385	EXAM, COMPREHENSIVE 18-39	35.00
307	99386	EXAM, COMPREHENSIVE 40-64	35.00
308	99387	EXAM, COMPREHENSIVE 65+	35.00
309	99391	CHILD HEALTH EXAM NEWBORN; EST PT	26.00
310	99392	CHILD HEALTH EXAM 1-4; EST PT	28.00
311	99393	CHILD HEALTH EXAM 5-11; EST PT	31.00
312	99394	CHILD HEALTH EXAM 12-17; EST PT	37.00
313	99395	ANNUAL RE EVALUATION	30.00
314	99396	PERIODIC EXAMINATION (MEN) OR	35.00
315	99397	PERIODIC EXAMINATION 65+	30.00
316	99401	HIV COUNSELING	12.00
317	99402	HIV POST TEST	18.00
318	99431	NEWBORN	67.00
319	99499	MEDICAL HISTORY REVIEW	42.00
320	N10060	I & D ABSCESS	6.00
321	REHABPE	DRIVERS	58.00
322	SSIEXAM	SSIEXAM	144.00
323	X1512	IUD	84.00
324	VAR	INJECTION (ADMIN CHG ONLY)	5.00

B. Other Fees.

- |                                   |   |
|-----------------------------------|---|
| 1. Form completion                | \$19.00   |
| 2. Miscellaneous supplies         | Cost plus 40%   |
| 3. Injections/immunizations       | Administrative fee; and supply cost plus 40%                                |
| 4. Outside laboratory             | Fee billed plus prep and handle   |
| 5. Surgery assists                | 20% of surgeon's fee  |
| 6. Unlisted lab                   | 1.18 times 1974 CRVS unit value   |
| 7. Unlisted medical               | 1.82 times 1969 CRVS unit value   |
| 8. Unlisted surgical              | 143 times 1974 CRVS unit value  |
| 9. Unlisted X-ray                 | 3.74 times 1974 CRVS unit value   |
| 10. Pharmaceuticals               | Average Wholesale Price + Medi-Cal prof fee                                 |
| 11. Grant/other agency programs   | In accordance with grant/program requirements (CHDP, family planning, etc.) |
| 12. Interagency/departmental fees | Per agency/departmental agreement   |

(Ord. 5355-B (part), 2005; Prior code § 2.1201)

Exhibit 2

**2.116.120 Fees for public health laboratory.**

The Placer County health and medical services, public health laboratory division, shall charge and collect the following fees for services performed, excepting those fees waived by the administrator, health and medical services, due to participant's financial hardship. These fees shall be automatically adjusted annually on the first day of July at the same rate as the state of California, Department of Industrial Relations Consumer Price Index—California, for All Urban Consumers. The adjustment shall be calculated on the twelve (12) month period from April 1st through March 31st of each year. Adjusted fees shall be rounded to the nearest dollar. Fees may be modified to reflect volume discounts as approved by the administrator, health and medical services.

	Charge
<b>A. General Bacteriology:</b>	
1. Enteric culture (salmonella and/or shigella)	\$15.00
2. Enteric culture (salmonella, shigella, campylobacter)	25.00
3. Campylobacter culture	15.00
4. Yersinia culture	10.00
5. Gonorrhoea culture and smear	13.50
6. Gonorrhoea culture	6.00
7. Gonorrhoea smear	7.50
8. Gonorrhoea penicillin resistance (screen and disc)	15.00
9. Streptococcus throat culture	7.50
10. Bordetella pertussis (whooping cough) culture	20.00
<b>B. Water Bacteriology:</b>	
1. Total aerobic plate count	12.50
2. Pseudomonas count	12.50
3. Coliform test, potable	10.00
4. Coliform/fecal coliform, potable	12.50
5. Coliform (15 tube), nonpotable	20.00
6. Coliform/fecal coliform, nonpotable	22.50
7. Food analysis (bacterial)	100.00
<b>C. Microscopies:</b>	
1. Darkfield (syphilis)	18.50
2. Gram stain	7.50
3. Wet mount (trichomonas and candida)	15.00
<b>D. Mycobacteriology—Tuberculosis:</b>	
1. Primary culture	20.00
2. Direct smear	8.00
3. Culture and smear	28.00
<b>E. Parasitology:</b>	
1. Wet mount (trichomonas)	7.50
2. Pinworm Slide (x3)	10.50
3. Ova and parasite (concentrate and trichome)	15.00
Series of 3	35.00
4. Blood smear	25.00
5. Tick F.A. Lyme Disease	10.00
6. Cryptosporidium detection	11.00
<b>F. Serology:</b>	
1. RPR	4.00
2. FTA—abs	20.00
3. F.A.D.F. (Fluorescent Antibody Darkfield)	20.00
4. RPR and FTA—abs	22.50

Exhibit 2

	Charge
5. Lyme Disease— I.F.A.	18.00
6. Lyme Disease— E.L.I.S.A.	17.00
<b>G. Mycology:</b>	
1. Fungal primary culture (direct)	12.00
2. Fungal primary culture (processed)	25.00
3. Wet mount (candida)	7.50
<b>H. Virology:</b>	
1. Chlamydia-antigen detection	12.00
2. H.I.V. antibody detection (AIDS)	12.00
3. Rabies— fluorescent rabies antibody (F.R.A.)/brain removal	75.00*
4. Rabies— F.R.A.	40.00*
5. Herpes virus isolation	30.00
6. Herpes virus typing	18.00
<b>I. Hematology:</b>	
1. Hematocrit	5.00
2. Occult blood (x3)	3.00
<b>J. Urinalysis:</b>	
1. Urine culture— total count	12.50
2. Urine microscopic (sediment)	6.00
3. Urine culture and microscopic	18.50
<b>K. Clinical:</b>	
1. UCG (pregnancy)— urine	7.00
2. Specific gravity	3.00
3. Abused drug/assay (urine)— per assay	5.00
Five assay panel	22.50
<b>L. Handling and mailing (fee waived for Placer County residents)</b>	2.95
<b>M. Pre-Marital Testing/Certification:</b>	
1. Phlebotomy (blood draw)	7.00
2. R.P.R. (Refer to subsection (F)(1) of this section)	4.00
3. Rubella antibody (female only)	7.00
4. Certificate issuance	24.00
5. Complete pre-marital certification	
a. Male	35.00
b. Female	42.00

\*—Applied only to exceptional situations as determined by the health officer.

(Prior code § 2.1203)

The following Community Health/Clinic Increase Fee documents:

## **Community Health Fee Study**

- **Medical Clinic Fees Study**
- **Dental Clinic Fees Study**
- **Public Health Laboratory Fees Study**
- **Medical Marijuana Identification Card Program Fees Study**
- **Certificate of Still Birth Fee Study**

is on file with Clerk of the Board

for BOS meeting:

**February 5, 2008**

