

**MEMORANDUM
PLACER COUNTY HEALTH AND HUMAN SERVICES
Administration**

TO: Honorable Board of Supervisors
FROM: Richard J. Burton, M.D., M.P.H.
Placer County Health Officer and Director of Health & Human Services
Graham Knaus, Assistant Director of Health & Human Services
DATE: October 8, 2013
SUBJECT: Annual Adjustment of Various Health and Human Services Fees

ACTION REQUESTED:

1. Adopt a resolution ratifying the current fee schedule for services provided by various divisions and programs of the Health and Human Services (HHS) Department.

BACKGROUND:

Fees have been established for various services within HHS according to Placer County Code (PCC). PCC authorizes such fees to increase annually based on actual costs or on a specified Consumer Price Index (CPI) formula.

Public Health and Medical Clinics – Pursuant to PCC Article 2.116.110 fees are charged for various services including primary medical care, vaccines and immunizations for children and adults, and public health laboratory testing services. PCC requires fees be subject to an annual adjustment each July 1st at the same rate as the U.S. Department of Labor, CPI California – for All Urban Consumers, Western Region, for Medical Care. Adjustments are to be calculated based on the difference between the April 2008 Index and the March Index for the most recent calendar year. The data required to calculate these adjustments was used to increase fees effective as of July 1, 2013 by 3.3 percent. The Board is requested to ratify these annual fee increases which are calculated based on the CPI as prescribed. The fee schedules are included in Exhibit A.

Targeted Case Management – Pursuant to PCC Article 2.116.115 fees for Targeted Case Management (TCM) encounter services are charged to clients who are not eligible for Medi-Cal based on a sliding fee scale, as required by the California Department of Health Care Services. The sliding fee schedule is calculated annually based on the prior fiscal year's actual cost, established by the annual TCM cost report, and the prior year's federal poverty guidelines. The Board is requested to ratify this sliding fee schedule, calculated using the State-mandated TCM criteria. The sliding fee schedule is included in Exhibit B.

Animal Services – Pursuant to PCC Article 2.116.130 fees are charged for various services including adoptions, impounds, quarantines, licenses, permits, penalties, and field services. PCC requires fees be subject to an annual adjustment each July 1st, commencing July 1, 2009, at the same rate as the California Department of Industrial Relations, CPI California – for All Urban Consumers. Adjustments are to be calculated based on the 12-month difference from April 1st through March 31st of the most recent calendar year. The data required to calculate these adjustments was used to increase fees effective as of July 1, 2013 by 1.3 percent. The Board is requested to ratify these annual fee increases which are calculated based on the CPI as prescribed. The fee schedule is included in Exhibit A.

FISCAL IMPACT:

All fees are rounded to the nearest dollar, and are included in the Department's FY 2013-14 Final Budget.

The revised FY 2013-14 Fee Schedules are attached as Exhibits to the accompanying Resolution.

Attachments:

Resolution: Ratification of Health & Human Services Fees
Exhibit A: Public Health Laboratory, Primary Care, Immunizations, and Animal Services Fee Schedule FY 2013-14
Exhibit B: Targeted Case Management Sliding Fee Schedule FY 2013-14

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

In the matter of:

Resolution No: _____

**A Resolution ratifying revised fee schedules for
services provided by the Health and Human Services
Department**

The following Resolution 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.

Chair, Board of Supervisors

Attest: _____
Clerk of said Board

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 are to be supported, in part, by the recipients of such services; and

WHEREAS, the Board has adopted certain ordinances specifying annual cost adjustment mechanisms as described in Placer County Code to ensure cost recovery consistent with the Board's direction;

WHEREAS, in accordance with article 2.116.110 which requires Public Health and Medical Clinic fees be subject to an annual adjustment each July 1st at the same rate as the U.S. Department of Labor, CPI California – for All Urban Consumers, Western Region, for Medical Care, such fees have incurred an increase of 3.3 percent, and

WHEREAS, in accordance with article 2.116.115, Targeted Case Management (TCM) services will include a sliding fee schedule to be calculated each fiscal year by Placer County Health and Human Services Administrative staff, based on the prior fiscal year's encounter rate (actual costs established by the TCM cost report for each fiscal year), and the prior year's poverty guidelines, and

WHEREAS, in accordance with article 2.116.130 which requires Animal Services fees be subject to an annual adjustment each July 1st, commencing July 1, 2009, at the same rate as the California Department of Industrial Relations, CPI California – for All Urban Consumers, such fees have incurred an increase of 1.3 percent,

NOW, THEREFORE, it is hereby resolved that the Board of Supervisors of Placer County ratifies the Health and Human Services Department Fee Schedules as set out in the attached Exhibits A and B. These fees shall be effective July 1, 2013.

**PLACER COUNTY PUBLIC HEALTH LABORATORY
LAB FEE SCHEDULE
FISCAL YEAR 2013-14**

General Bacteriology	FY 2012-13	FY 2013-14
Aerobic/Anaerobic	56.00	\$58.00
Enteric Culture (Salmonella and Shigella)	56.00	58.00
Enteric Culture (Above w/Campy)	70.00	72.00
Enteric Culture (E. coli)	56.00	58.00
Enteric Culture (Vibrio)	86.00	89.00
Campylobacter Culture	56.00	58.00
Yersinia Culture	86.00	89.00
Chlamydia Amplified RNA Probe	66.00	68.00
Chlamydia Amplified Urine	66.00	68.00
Food Analysis (Bacterial)	230.00	237.00
Gonorrhea Amplified RNA Probe	66.00	68.00
Gonorrhea Culture	29.00	30.00
Gonorrhea Smear	29.00	30.00
Gonorrhea Penicillin Resistance (screen+disc)	29.00	30.00
Streptococcus Throat Culture	29.00	30.00
Bordatella Pertussis/Parapertussis Culture (Whooping Cough)	36.00	38.00
Bordatella Pertussis/Parapertussis DFA	34.00	35.00
PCR Bacterial Identification	110.00	114.00
Water Bacteriology		
Coliform/E. Coli - Potable	24.00	\$25.00
Coliform/E. Coli - Potable with Enumeration	32.00	33.00
Total Aerobic Plate Count	29.00	30.00
Pseudomonas Count	29.00	30.00
Coliform/E. Coli - Nonpotable	56.00	58.00
Coliform/Fecal Coliform - Potable	56.00	58.00
Coliform/Fecal Coliform - Nonpotable	56.00	58.00
Water Chemistry for Auburn Ravine Project	185.00	191.00
Mycobacteriology - Tuberculosis		
Primary Culture	70.00	\$72.00
Direct Smear	29.00	30.00
Culture and Smear	99.00	102.00
Definitive Culture ID Genetic Probe	56.00	58.00
Mycology		
Fungal Primary Culture (Direct)	\$24.00	\$25.00
Microscopics		
Gram Stain (Micro GC)	\$17.00	\$18.00

Parasitology		
Pinworm Slide (x3)	29.00	\$30.00
Ova - Parasite (Conc & Trichrome)	56.00	58.00
Series of 3	157.00	162.00
Blood Smear for Malaria	44.00	45.00
Cryptosporidium Detection	34.00	35.00
Trichrome (Parasite Stain)	29.00	30.00
Formalin Ether (Concentrate)	29.00	30.00
Tick Species Identification	12.00	12.00
Tick F.A. - Lyme Disease	24.00	25.00
Tick F.A. - Lyme Disease (includes Tick ID)	36.00	37.00
Virology		
HIV(AIDS) - Antibody Detection by EIA	24.00	\$25.00
Rabies - F.R.A. (animal dissection & antigen detection)	149.00	154.00
Rabies - F.R.A. (bat dissection & antigen detection)	91.00	94.00
Herpes Virus Isolation	75.00	77.00
Herpes Virus Typing	34.00	35.00
Respiratory Virus Panel (includes influenza), (87254x3,87279x3,87280,87275,87276)	156.00	161.00
West Nile Virus Antibody Testing - Humans	40.00	41.00
PCR Viral Identification	110.00	114.00
Hematology		
Blood Lead	29.00	\$30.00
Occult Blood (x3)	17.00	18.00
Urinalysis		
Urine Culture - Total Count	24.00	\$25.00
Urine Microscopic (Sediment)	9.00	10.00
Urine Culture and Microscopic	33.00	34.00
Drug Screening		
Specific Gravity - Dilution Control	7.00	\$7.00
Abused Drug/Assay (Urine) - Per Drug	7.00	7.00
Abused Drug/Assay (Oral) - Per Drug	12.00	12.00
GC/MS Drug Confirm (outside lab)	Actual Charges + S&H	Actual Charges + S&H
OTHER		
Handling Fee	21.00	\$22.00
Shipping, Includes Mailer and Mailing	Actual Charges	Actual Charges
Nondiagnostic General Health Assessment Fee	171.00	\$177.00
Weekend Surcharge: For specimens submitted on Fridays, weekends, or County holidays (e.g. rabies) requiring immediate analysis resulting in staff overtime.	Applicable Fee Schedule Charges x 2	Applicable Fee Schedule Charges x 2

**PLACER COUNTY MEDICAL CLINICS
MEDICAL FEE SCHEDULE
FY 2013-14**

PROCEDURE DESCRIPTION	FY 2012-13	FY 2013-14
RPR	\$5.00	\$5.00
PROSTATE SPECIFIC AG, SERUM	\$11.00	\$12.00
HIV	\$11.00	\$12.00
DRAINAGE OF SKIN ABSCESS	\$177.00	\$182.00
REMOVE FOREIGN BODY SKIN, SIMPLE	\$162.00	\$168.00
BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	\$157.00	\$162.00
REMOVAL OF SKIN TAGS	\$130.00	\$135.00
SHAVE SKIN LESION	\$39.00	\$40.00
SHAVE SKIN LESION	\$63.00	\$65.00
SHAVE SKIN LESION	\$39.00	\$40.00
SHAVE SKIN LESION	\$58.00	\$59.00
EXC TR EXT B9 PULS MARG 0.5 LESS THAN CM	\$87.00	\$90.00
EXC TR EXT B9 PLUS MARG 0.6 TO 1 CM	\$106.00	\$109.00
EXC TR EXT B9 PLUS MARG 1.1 TO 2 CM	\$121.00	\$125.00
EXC TR EXT B9 PLUS MARG 2.1 TO 3 CM	\$189.00	\$195.00
EXC H F NK SP B9 PLUS MARG 0.6 TO 1	\$261.00	\$269.00
EXC H F NK SP B9 PLUS MARG 1.1 TO 2	\$286.00	\$295.00
EXC H F NK SP B9 PLUS MARG 3.1 TO 4	\$296.00	\$306.00
EXC H F NK SP B9 PLUS MARG GREATER THAN 4 CM	\$304.00	\$314.00
EXC FACE MM B9 PLUS MARG 0.6 TO 1 CM	\$278.00	\$288.00
EXC TR EXT MLG PLUS MARG 0.5 LESS THAN CM	\$286.00	\$295.00
EXC TR EXT MLG PLUS MARG 0.6 TO 1 CM	\$326.00	\$336.00
EXC TR EXT MLG PLUS MARG 1.1 TO 2 CM	\$345.00	\$356.00
EXC TR EXT MLG PLUS MARG 2.1 TO 3 CM	\$178.00	\$184.00
EXC TR EXT MLG PLUS MARG 3.1 TO 4 CM	\$604.00	\$624.00
EXC FACE MM MALIG PLUS MARG 0.6 TO 1	\$141.00	\$145.00
REMOVAL OF NAIL BED	\$300.00	\$310.00
INSERT CONTRACEPTIVE CAP	\$148.00	\$153.00
REMOVAL OF CONTRACEPTIVE CAPSULE	\$184.00	\$190.00
REMOVAL OF CONTRACEPTIVE CAPSULE	\$5.00	\$5.00
REMOVAL/REINSERT CONTRA CAP	\$138.00	\$142.00
INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$148.00	\$153.00
INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$5.00	\$5.00
REPAIR SUPERFICIAL WOUND,S	\$185.00	\$191.00
CLOSURE OF SPLIT WOUND	\$47.00	\$49.00
DESTROY BENIGN/PREMLG LESION	\$113.00	\$117.00
DESTROY LESIONS, 2 14	\$18.00	\$19.00
DESTRUCT LESION, 1 14	\$163.00	\$169.00
HEALTHY FAMILIES DIFFERENTIAL RATE	\$0.00	\$0.00
THER INJECTION, CARP TUNNEL	\$18.00	\$19.00
INJECTION S SINGLE TENDON SHEATH, LIGAMENT, APONEUROSIS	\$110.00	\$114.00
DRAIN/INJECT, JOINT/BURSA SMALL	\$99.00	\$102.00
DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	\$108.00	\$111.00
DRAIN/INJECT, JOINT/BURSA; MAJOR	\$130.00	\$135.00
UNLISTED PROC, HANDS/FINGERS	\$0.00	\$0.00
BX, SOFT TISSUE, THIGH/KNEE AREA; SUPERFICIAL	\$63.00	\$65.00
APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)	\$108.00	\$111.00
APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	\$97.00	\$100.00

APPLICATION, LONG ARM SPLINT (SHOULDER TO HAND)	\$85.00	\$88.00
APPLICATION, SHORT ARM SPLINT (FOREARM TO HAND); STATIC	\$90.00	\$93.00
APPLICATION, SHORT LEG CAST (BELOW KNEE TO TOES);	\$146.00	\$151.00
APPLICATION, SHORT LEG SPLINT (CALF TO FOOT)	\$89.00	\$92.00
HB LEVEL LESS THAN 11 G/DL	\$0.00	\$0.00
COLLECTION, VENOUS BLOOD, VENIPUNCTURE	\$5.00	\$5.00
BIOPSY OF TONGUE	\$276.00	\$285.00
REPOSITIONING, GASTRIC FEEDING TUBE, ANY METHOD, DUODENUM	\$274.00	\$283.00
INCISION, THROMBOSED HEMORRHOID, EXT	\$281.00	\$291.00
HEMORRHOIDECTOMY, EXT, COMPLETE	\$491.00	\$507.00
REMOVAL OF HEMORRHOID CLOT	\$276.00	\$285.00
DIAGNOSTIC ANOSCOPY	\$94.00	\$98.00
INTRODUCTION, INTRACATHETER/CATHETER, RENAL PELVIS, DRAINAGE/INJECTION, PERCUTANEOUS	\$47.00	\$49.00
INSERT TEMP BLADDER CATH	\$0.00	\$0.00
DESTRUCTION, PENIS LESION,S	\$89.00	\$92.00
DESTRUCTION, PENIS LESION,S	\$5.00	\$5.00
CRYOSURGERY, PENIS LESION,S	\$103.00	\$106.00
CRYOSURGERY, PENIS LESION,S	\$5.00	\$5.00
BX OF PENIS; (SEP PROC)	\$118.00	\$122.00
BX OF PENIS; (SEP PROC)	\$5.00	\$5.00
DESTROY, VULVA LESIONS, SIM	\$174.00	\$179.00
DESTROY, VULVA LESIONS, SIM	\$5.00	\$5.00
BIOPSY OF VULVA/PERINEUM	\$86.00	\$89.00
BIOPSY OF VULVA/PERINEUM	\$5.00	\$5.00
DESTROY VAG LESIONS, SIMPLE	\$86.00	\$89.00
INSERT PESSARY/OTHER DEVICE	\$128.00	\$133.00
INSERT PESSARY/OTHER DEVICE	\$5.00	\$5.00
FITTING OF DIAPHRAGM/CAP	\$123.00	\$127.00
EXAM OF CERVIX W/SCOPE	\$146.00	\$151.00
EXAM OF CERVIX W/SCOPE	\$5.00	\$5.00
BX/CURETT OF CERVIX W/SCOPE	\$210.00	\$216.00
BX/CURETT OF CERVIX W/SCOPE	\$5.00	\$5.00
BIOPSY OF CERVIX W/SCOPE	\$267.00	\$276.00
BIOPSY OF CERVIX W/SCOPE	\$5.00	\$5.00
ENDOCERV CURETTAGE W/SCOPE	\$111.00	\$115.00
BX OF CERVIX W/SCOPE, LEEP	\$610.00	\$630.00
BX OF CERVIX W/SCOPE, LEEP	\$5.00	\$5.00
CRYOCAUTERY OF CERVIX	\$196.00	\$203.00
CRYOCAUTERY OF CERVIX	\$5.00	\$5.00
BIOPSY OF UTERUS LINING	\$150.00	\$155.00
BIOPSY OF UTERUS LINING	\$5.00	\$5.00
INSERT INTRAUTERINE DEVICE	\$74.00	\$76.00
INSERT INTRAUTERINE DEVICE	\$5.00	\$5.00
REMOVE INTRAUTERINE DEVICE	\$135.00	\$139.00
REMOVE INTRAUTERINE DEVICE	\$5.00	\$5.00
REMOVE IMPACTED EAR WAX	\$90.00	\$93.00
CPTR-AID DETCJ (CPTR ALGORITHM ANALYSIS OF DIGITAL IMG DATA FOR LESION DETCJ) W/FURTHER PHSY REVIEW FOR INTERPJ W/OR W/OUT DIGITIZATION OF FLM RADIOGRAPHIC IMGS; SCREENNG MAMMO	\$0.00	\$0.00
SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BREAST)	\$0.00	\$0.00
COMPRE METAB PANEL	\$4.00	\$4.00

LIPID PANEL	\$5.00	\$5.00
HEPATIC FUNCTION PANEL	\$4.00	\$4.00
URINALYSIS, DIPSTICK NON-AUTO W/MICROSCOPY	\$27.00	\$28.00
URINALYSIS, AUTOMATED W/ MICROSCOPY	\$3.00	\$3.00
URINALYSIS, DIPSTICK, NONAUTO, W/O MICRO	\$6.00	\$6.00
URINALYSIS, ROUTINE	\$3.00	\$3.00
URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	\$14.00	\$15.00
BLOOD, OCCULT, BY PEROX ACTIVITY, 1-3 SPEC	\$18.00	\$19.00
GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	\$2.00	\$2.00
GLUCOSE TOLERANCE (GTT), 3 SPEC (75G)	\$18.00	\$19.00
GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY FDA SPECIFICALLY FOR HOME USE	\$17.00	\$18.00
HEMOGLOBIN, GLYCOSYLATED (A1C)	\$9.00	\$10.00
PH, BODY FLUID, EXCEPT BLOOD	\$15.00	\$16.00
THYROID STIMULATING HORMONE (TSH)	\$6.00	\$6.00
GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE,	\$23.00	\$23.00
SPUN MICROHEMATOCRIT	\$6.00	\$6.00
BLOOD COUNT; HEMATOCRIT	\$9.00	\$10.00
BLOOD COUNT; HEMOGLOBIN	\$18.00	\$19.00
CBC WITH AUTO DIFF	\$0.00	\$0.00
SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	\$0.00	\$0.00
SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	\$0.00	\$0.00
SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	\$0.00	\$0.00
C-REACTIVE PROTEIN	\$7.00	\$7.00
SKIN TEST; TUBERCULOSIS, INTRADERMAL	\$19.00	\$20.00
SYPHILIS TEST; QUALITATIVE	\$0.00	\$0.00
SYPHILIS TEST; QUANTITATIVE	\$0.00	\$0.00
ANTIBODY; HIV-1	\$0.00	\$0.00
HIV-2 ANTIBODY	\$0.00	\$0.00
HEPATITIS C ANTIBODY	\$13.00	\$14.00
CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ON	\$0.00	\$0.00
URINE CULTURE/COLONY COUNT	\$0.00	\$0.00
KOH, SMEAR, VAGINAL W/INTERP; WET MOUNT	\$12.00	\$13.00
TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAILS, FUNGI/ECTOPARASITE OVA/MITES	\$20.00	\$20.00
VIRUS ISOLATION, TISSUE	\$0.00	\$0.00
HSV CULTURE WITHOUT TYPING	\$0.00	\$0.00
HERPES SIMPLEX 2, AG, IF	\$0.00	\$0.00
HEPATITIS B SURFACE AG, EIA	\$22.00	\$22.00
STREP A AG, EIA	\$27.00	\$28.00
CHLMYD TRACH, DNA, AMP PROBE	\$0.00	\$0.00
N.GONORRHOEAE, DNA, AMP PROB	\$0.00	\$0.00
HPV, DNA, AMP PROBE	\$0.00	\$0.00
CYTOPATH, C/V, INTERPRET	\$0.00	\$0.00
CYTOPATH, C/V, FLUID, THIN LAYER	\$0.00	\$0.00
CYTOPATH, C/V, AUTOMATED	\$0.00	\$0.00
CYTOPATH, C/V, AUTOMATED	\$0.00	\$0.00
PAP SMEAR	\$0.00	\$0.00
CYTOPATH TBS, C/V, SELECT	\$0.00	\$0.00
CYTOPATH, C/V AUTO, IN FLUID	\$0.00	\$0.00
CYTOPATH C/V LIQUID-BASED	\$0.00	\$0.00
TISSUE EXAM BY PATHOLOGIST (PATH LEVEL III)	\$0.00	\$0.00
TISSUE EXAM BY PATHOLOGIST (PATH LEVEL IV)	\$0.00	\$0.00
TISSUE EXAM BY PATHOLOGIST (PATH LEVEL V)	\$0.00	\$0.00

HUMAN IG, IM	\$40.00	\$41.00
ANTHRAX	\$9.00	\$10.00
HEP A VACCINE, ADULT IM	\$26.00	\$27.00
HEP A VACC, PED/ADOL, 2 DOSE	\$9.00	\$9.00
HEP A/HEP B VACC, ADULT IM	\$53.00	\$55.00
HIB VACCINE, HBOC, 4 DOSE IM	\$9.00	\$9.00
HIB PRP-D, BOOSTER	\$9.00	\$9.00
HIB PRP-OMP, 3 DOSE	\$9.00	\$9.00
HIB PRP-T, 4 DOSE	\$9.00	\$9.00
HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	\$168.00	\$174.00
HPV VACCINE 2 VALENT IM	\$168.00	\$174.00
INFLUENZA, SPLIT, 6-35MO, PRESERVATIVE FREE	\$20.00	\$21.00
INFLUENZA, SPLIT, 3+YRS, PRESERVATIVE FREE	\$20.00	\$21.00
INFLUENZA VIRUS VACCINE, 6 35 MONTHS, IM USE	\$9.00	\$9.00
INFLUENZA VIRUS VACCINE, 3+ YEARS , IM USE	\$20.00	\$21.00
FLU VACCINE, NASAL	\$20.00	\$21.00
FLU VACC PANDEMIC H1N1	\$0.00	\$0.00
PNEUMOCOCCAL VACC, PED LESS THAN 5	\$9.00	\$9.00
PNEUMOCOCCAL VACC 13 VAL IM	\$9.00	\$9.00
RABIES VACCINE, IM	\$260.00	\$269.00
ROTAVIRUS PENTAVALENT, LIVE	\$9.00	\$9.00
ROTAVIRUS VACCINE, HUMAN, ATTENUATED,2 DOSE	\$9.00	\$9.00
TYPHOID, LIVE	\$43.00	\$44.00
TYPHOID, VICPS	\$59.00	\$61.00
DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND POLIO VIRUS VACCINE, INACTIVATED (DTAP-IPV), WHEN ADMINISTERED TO CHILDREN 4 YEARS THRU 6 YEARS OF AGE, FOR INTRAMUSCULAR USE	\$9.00	\$9.00
DTAP/IPV/HIB	\$9.00	\$9.00
DTAP VACCINE, IM	\$9.00	\$9.00
DT (<7 YEARS)	\$9.00	\$9.00
MEASLES, MUMPS AND RUBELLA VIRUS VACCINE MMR , LIVE, SUB Q	\$16.00	\$17.00
MMRV, LIVE	\$9.00	\$9.00
POLIOVIRUS, IPV, SC OR IM	\$16.00	\$17.00
TDAP (7 + YEARS)	\$16.00	\$17.00
CHICKEN POX VACCINE, SC	\$113.00	\$117.00
YELLOW FEVER VACCINE, SC	\$118.00	\$122.00
TETANUS DIPHTHERIA TOXOIDS, TD ADSORBED, 7+	\$16.00	\$17.00
DTAP HEP B IPV VACCINE, IM	\$9.00	\$9.00
PNEUMOCOCCAL VACCINE	\$79.00	\$82.00
MENINGOCOCCAL POLYSACCHARIDE VACCINE ANY GROUP S , SUB	\$140.00	\$145.00
MENINGOCOCCAL VACCINE, CONJUGATE	\$111.00	\$115.00
ENCEPHALITIS VACCINE, SC	\$303.00	\$312.00
ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	\$214.00	\$221.00
HEPB VACC PED/ADOL 3 DOSE IM	\$9.00	\$9.00
HEP B VACCINE, ADULT, IM	\$36.00	\$37.00
HEP B/HIB VACCINE, IM	\$9.00	\$9.00
PSYCHIATRIC DIAGNOSTIC INTERVIEW/MH ASSESSMENT	\$113.00	\$117.00
INDIVIDUAL PSYCHOTHERAPY & MED MNGMT 20-30 MIN	\$127.00	\$132.00
INDIVIDUAL PSYCHOTHERAPY & MED MNGMT 45-50 MIN	\$187.00	\$193.00
MEDICATION MANAGEMENT	\$91.00	\$94.00
UNLISTED OPHTHALMOLOGICAL SERVICE/PROC	\$5.00	\$5.00

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PURE TONE AUDIOMETRY, AIR	\$35.00	\$36.00
TYMPANOMETRY (IMPEDANCE TESTING)	\$41.00	\$42.00
ELECTROCARDIOGRAM, COMPLETE	\$49.00	\$51.00
BREATHING CAPACITY TEST	\$62.00	\$64.00
AIRWAY INHALATION TREATMENT	\$23.00	\$23.00
MEASURE BLOOD OXYGEN LEVEL	\$4.00	\$4.00
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	\$5.00	\$5.00
HANDLING &/OR CONVEYANCE, SPECIMEN TRANSFER, PHYSICIAN'S OFFICE TO LAB	\$8.00	\$8.00
HANDLING &/OR CONVEYANCE, SPECIMEN TRANSFER, NON-PHYSICIAN OFFICE TO LAB	\$8.00	\$8.00
SUPPLIES PROVIDED BY PHYSICIAN OVER & ABOVE THOSE INCLUDED IN THE SERVICE	\$47.00	\$49.00
VISUAL ACUITY	\$39.00	\$40.00
OFFICE VISIT, PROBLEM FOCUSED- NEW	\$69.00	\$71.00
OFFICE VISIT, EXPANDED PROB FOC- NEW	\$121.00	\$125.00
OFFICE VISIT, DETAILED- NEW	\$181.00	\$187.00
OFFICE VISIT, COMPREHENSIVE/MOD- NEW	\$256.00	\$264.00
INCIDENT TO/MINIMAL	\$40.00	\$41.00
OFFICE VISIT, PROBLEM FOCUSED- ESTAB	\$72.00	\$74.00
OFFICE VISIT, EXPANDED PROB FOC- ESTAB	\$99.00	\$102.00
OFFICE VISIT, DETAILED- ESTAB	\$154.00	\$159.00
1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	\$50.00	\$51.00
1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	\$53.00	\$55.00
1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	\$56.00	\$58.00
1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	\$64.00	\$66.00
1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	\$64.00	\$66.00
1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	\$47.00	\$49.00
1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	\$38.00	\$39.00
PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	\$37.00	\$38.00
PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	\$40.00	\$41.00
PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	\$43.00	\$45.00
PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	\$51.00	\$53.00
PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	\$51.00	\$53.00
BASIC LIFE/DISABILITY EVAL	\$181.00	\$187.00
CERVICAL CAP FOR CONTRACEPTIVE USE	\$0.00	\$0.00
DIAPHRAGM FOR CONTRACEPTIVE USE	\$0.00	\$0.00
GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE	\$10.00	\$11.00
SLINGS	\$5.00	\$5.00
SPLINT	\$50.00	\$52.00
MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	\$0.00	\$0.00
SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	\$0.00	\$0.00
INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	\$12.00	\$12.00
INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	\$48.00	\$50.00
INJECTION, CEFOXITIN SODIUM, 1 GM	\$5.00	\$5.00
INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	\$47.00	\$49.00
INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	\$23.00	\$24.00
INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)	\$0.00	\$0.00
INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	\$44.00	\$45.00
INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	\$38.00	\$39.00

INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	\$11.00	\$11.00
INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	\$12.00	\$12.00
INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	\$12.00	\$12.00
INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	\$22.00	\$23.00
INJECTION, HALOPERIDOL, UP TO 5 MG	\$0.00	\$0.00
INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	\$18.00	\$19.00
INJECTION, INSULIN, PER 5 UNITS	\$17.00	\$18.00
INSULIN INJECTION	\$18.00	\$19.00
INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	\$18.00	\$19.00
INJECTION, LORAZEPAM, 2 MG	\$0.00	\$0.00
INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	\$8.00	\$8.00
INJECTION, PROMETHAZINE HCL, UP TO 50 MG	\$17.00	\$18.00
INJ PROGESTERONE PER 50 MG	\$13.00	\$13.00
INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	\$0.00	\$0.00
INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 M	\$25.00	\$26.00
INJECTION, SUMATRIPTAN SUCCINATE, 6 MG	\$91.00	\$94.00
INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	\$15.00	\$15.00
INJECTION, TORSEMIDE, 10 MG/ML	\$10.00	\$10.00
INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	\$16.00	\$17.00
INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	\$18.00	\$19.00
LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	\$374.00	\$386.00
ETONOGESTREL CONTRACEPTIVE IMPLANT SYSTEM INCLUDING IMPLANT AND SUPPLIES	\$621.00	\$641.00
PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	\$0.00	\$0.00
CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	\$5.00	\$5.00
CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)	\$7.00	\$7.00
THORACIC, RIB BELT	\$16.00	\$17.00
KNEE ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCL FITTING AND ADJUSTMENT	\$35.00	\$36.00
KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCL FITTING AND ADJUSTMENT	\$38.00	\$39.00
KNEE ORTHOSIS, ELASTIC KNEE CAP, PREFABRICATED, INCL FITTING AND ADJUSTMENT	\$10.00	\$11.00
KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCL FITTING AND ADJUSTMENT	\$32.00	\$33.00
ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCL FITTING AND ADJUSTMENT	\$27.00	\$28.00
ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCL FITTING AND ADJUSTMENT	\$26.00	\$27.00
ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, INCL FITTING AND ADJSUTMENT	\$0.00	\$0.00
FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH	\$9.00	\$10.00
PLASTAZOTE SANDAL, EACH	\$10.00	\$10.00
HEEL WEDGE	\$5.00	\$5.00
SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED,	\$7.00	\$7.00
ELBOW ORTHOSIS, ELASTIC, PREFABRICATED, INCL FITTING AND ADJUSTMENT (E.G.	\$8.00	\$8.00
WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED,	\$14.00	\$14.00
HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS,	\$6.00	\$6.00
UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	\$13.00	\$13.00

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ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCL ANY TYPE INTERFACE	\$24.00	\$25.00
WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE	\$35.00	\$36.00
AFLURIA VACC, 3 YRS & >, IM	\$20.00	\$21.00
FLULAVAL VACC, 3 YRS & >, IM	\$20.00	\$21.00
FLUVIRIN VACC, 3 YRS & >, IM	\$20.00	\$21.00
FLUZONE VACC, 3 YRS & >, IM	\$20.00	\$21.00
NOS FLU VACC, 3 YRS & >, IM	\$20.00	\$21.00
INJECTION, OFLOXACIN, 400 MG	\$125.00	\$129.00
NO CHARGE VISIT	\$0.00	\$0.00
EMPLOYMENT EXAM	\$181.00	\$187.00
ADMINISTRATION FEE	\$0.00	\$0.00
PHOTO RECORDS	\$0.00	\$0.00
PHOTOCOPIES KB	\$8.00	\$8.00
INTERIM BILLING	\$0.00	\$0.00
TREATMENT AUTHORIZATION	\$0.00	\$0.00
TRAVEL OFFICE FEE	\$48.00	\$50.00
DEPOSITION FEE	\$686.00	\$709.00
DISPENSED - CEPHALEXIN 250MG CAPS 30	\$0.00	\$0.00
DISPENSED - CLOTRIMAZOLE 1 PERCENT CREA 45	\$9.00	\$9.00
DISPENSED - ACYCLOVIR 800 MG X10	\$8.00	\$8.00
DISPENSED - BUTOCONAZOLE 2% TUBE	\$31.00	\$32.00
DISPENSED - CEFIXIME 400 TAB	\$11.00	\$11.00
DISPENSED - CLIDAMYCIN 150MG X28	\$28.00	\$29.00
DISPENSED - CLIDAMYCIN 100MG 3PKTL	\$32.00	\$33.00
DISPENSED - CLIDAMYCIN 2% TUBE	\$38.00	\$39.00
DISPENSED - CLOTRIMAZOLE 2% TUBE	\$9.00	\$9.00
DISPENSED - CLOTRIMAZOLE 100 MG PACT	\$8.00	\$8.00
DISPENSED - ESTRADIOL (SDC REQUIRED 626.6) 2MG X14	\$7.00	\$7.00
DISPENSED - IMIQUIMOD 5% PACT	\$0.00	\$0.00
DISPENSED - METRONIDAZOLE 0.75 GEL TUBE	\$0.00	\$0.00
DISPENSED - OFLOXACIN*PID ONLY* 200MG X50	\$125.00	\$129.00
DISPENSED - PRODOFILOX 0.50 PACT	\$79.00	\$82.00
DISPENSED - PROBENECID 500MG X2	\$0.00	\$0.00
DISPENSED - SMX/TMP 400/80 X2	\$4.00	\$4.00
DISPENSED - TERCONAZOLE 80MG PACT	\$37.00	\$38.00
DISPENSED - TINIDAZOLE 250MG X8	\$14.00	\$14.00
DISPENSED - TINIDAZOLE 500MGX4	\$14.00	\$14.00
INJECTION, CEFTRIAXONE 1 GRAM IV SOLUTION	\$28.00	\$29.00
INJECTION, CEFTRIAXONE 2 GRAM IV PIGGY BACK	\$30.00	\$31.00
INJECTION, HALDOL DECANOATE 100 MG/ML IM	\$0.00	\$0.00
CHARGE FOR DIAPHRAGM GEL	\$9.00	\$9.00
CHARGE FOR VCF VAGINAL CONTRACEPTIVE FILM	\$0.00	\$0.00
CHARGE FOR CONTRAC SEMICID INSERT	\$0.00	\$0.00
INJECTION, BICILLIN LA 2.4 ML IM	\$0.00	\$0.00
CHARGE FOR CEFPODOXIME PROXETIL 200MG TAB	\$11.00	\$11.00
CHARGE FOR DOXYCYCLINE 100 MG TAB	\$0.00	\$0.00
CHARGE FOR AMOXICILLIN 250MG 30CT	\$9.00	\$9.00
CHARGE FOR CEPHALEXIN 250 MG-#40	\$10.00	\$10.00
CHARGE FOR OCP ORTHO - CYCLEN	\$0.00	\$0.00
CHARGE FOR OCP ORTHO TRICYCLEN	\$0.00	\$0.00
CHARGE FOR ZITHROMAX 1000 MG #1	\$1.00	\$1.00
CHARGE FOR FLUCONAZOLE 150MG TAB, PER TAB	\$12.00	\$12.00

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CHARGE FOR PARAGARD IUD	\$232.00	\$239.00
CHARGE FOR ACYCLOVIR 200MG #50	\$0.00	\$0.00
CHARGE FOR ACYCLOVIR 400MG #30	\$0.00	\$0.00
CHARGE FOR SEASONIQUE 1PK	\$14.00	\$15.00
CHARGE FOR YAZ (BIRTH CONTROL PILL)	\$0.00	\$0.00
CHARGE FOR AZITHROMYCIN 250MG TAB	\$0.00	\$0.00
CHARGE FOR AZITHROMYCIN, 500 MG #3	\$0.00	\$0.00
CHARGE FOR MIRENA IUD	\$374.00	\$386.00
INJECTION, CEFTRIAZONE IM 250MG STD	\$28.00	\$29.00
CHARGE FOR METRONIDAZOLE 500MG TAB	\$1.00	\$1.00
CHARGE FOR NITROFURANTOIN 100MG UD	\$0.00	\$0.00
CHARGE FOR TERCONAZOLE VAG CR	\$45.00	\$46.00
CHARGE FOR TERCONAZOLE (TERAZOL 3) 80MG VAGINAL SUPPOSIT	\$42.00	\$43.00
CHARGE FOR PLAN B1 1CT PK (NOW)	\$21.00	\$22.00
CHARGE FOR ORTHO EVRA	\$19.00	\$20.00
CHARGE FOR CIPROFLOXIN 250MG UD	\$0.00	\$0.00
CHARGE FOR METRONIDAZOLE 250MG 28CT	\$0.00	\$0.00
INJECTION, PENICILLIN G BENZATHINE IM 1.2/1	\$30.00	\$31.00
CHARGE FOR SMZ/TMP DS 800MG/160MG	\$4.00	\$4.00
CHARGE FOR NUVARING	\$36.00	\$37.00
CHARGE FOR CONTRACEPTIVE FILM	\$0.00	\$0.00
CHARGE FOR CONTRACEPTIVE FOAM LG, 40MG	\$0.00	\$0.00
CHARGE FOR CONTRACEPTIVE GEL GYNOLL II 2 PERCENTAGE, 3.8 C	\$0.00	\$0.00
CHARGE FOR ESTRADIOL 0.5MG TABS	\$14.00	\$14.00
CHARGE FOR ESTRADIOL 1.0MG TABS	\$9.00	\$9.00
CHARGE FOR METRONIDAZOLE 250MG (56 COUNT)	\$7.00	\$7.00
PRESCRIPTION DISPENSED	\$0.00	\$0.00
THERMOMETER	\$0.00	\$0.00
CONTRACEPTIVE FOAM	\$9.00	\$9.00
ACE BANDAGE 2	\$5.00	\$5.00
SHARPS CONTAINER SMALL	\$5.00	\$5.00
SHARPS CONTAINER LARGE	\$6.00	\$6.00
DRESSING CHANGE	\$47.00	\$49.00
CONDOMS LATEX	\$0.00	\$0.00
CONDOMS NON LATEX	\$0.00	\$0.00
LUBRICANT GLIDE	\$0.00	\$0.00
LUBRICANT SMALL	\$0.00	\$0.00
SPLINT-FINGER	\$6.00	\$6.00
CRUTCHES, COMPLETE	\$41.00	\$42.00
CANE W/TIPS	\$24.00	\$24.00
CAST SHOE, EA	\$190.00	\$196.00
RIB BELT	\$9.00	\$10.00
HEEL CUP/PROTECTOR	\$5.00	\$5.00
TRAY - INSERTION OF IUD	\$5.00	\$5.00
TRAY - REMOVAL OF IUD	\$5.00	\$5.00
TRAY - COLPO W/ BIOPSY	\$5.00	\$5.00
TRAY - CRYOCAUTERY OF CERVIX	\$5.00	\$5.00
TRAY - ENDOMETRIAL BIOPSY	\$5.00	\$5.00
TRAY - DESTR OF PENILE LESION: CHEMICAL	\$5.00	\$5.00
TRAY - DESTR OF PENILE LESION: CRYO	\$5.00	\$5.00
TRAY - DESTR OF VULVAR LESION	\$5.00	\$5.00
TRAY - BIOPSY, VULVA	\$5.00	\$5.00
SPLINT THUMB	\$5.00	\$5.00

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IMMUNIZATION ONLY VISIT	\$0.00	\$0.00
TB PARTIAL CHEST XRAY AND EVAL	\$117.00	\$121.00
CAMP, SPORTS & SCHOOL PHYSICAL	\$49.00	\$51.00
DMV EXAM - SHORT	\$181.00	\$187.00
DMV EXAM - LONG	\$181.00	\$187.00
PRE-EMPLOYMENT PHYSICAL	\$181.00	\$187.00
SPORT/CAMP PHYSICAL 5-11Y	\$49.00	\$51.00
SPORT/CAMP PHYSICAL 12-17Y	\$49.00	\$51.00
SPORT/CAMP PHYSICAL 18-39Y	\$49.00	\$51.00
SNELLEN EYE TEST 3 - 6 YRS OF AGE	\$5.00	\$5.00
SNELLEN EYE TEST 7 YRS AND OLDER	\$3.00	\$3.00
OTHER CONTREP SUPPLIES	\$0.00	\$0.00
ZITHROMAX (AZITHROMYCIN) 1G,PO	\$20.00	\$20.00
COUNSELING INDIVIDUAL 10 MIN	\$13.00	\$13.00
COUNSELING INDIVIDUAL 15 MIN	\$20.00	\$20.00
COUNSELING INDIVIDUAL 30 MIN	\$33.00	\$34.00
COUNSELING INDIVIDUAL 45 MIN	\$46.00	\$47.00

**PLACER COUNTY MEDICAL CLINICS
IMMUNIZATION FEES
EFFECTIVE 7-1-2013**

VACCINE/TEST	FY 2012-13	FY 2013-14
<i>CHILDHOOD Immunizations (IZs) – Vaccines for Children (VFC) up through 18 years of age only</i>		
CPV (Chicken Pox Vaccine) 90716	\$9.00	\$9.00
DTAP (DTaP – diphtheria, tetanus, acellular pertussis) 90700	\$9.00	\$9.00
FLU (Influenza), 6 – 35 months of age <i>and all private pay</i>	\$9.00	\$9.00
FLU (Influenza), 36 months of age and older	\$9.00	\$9.00
FLM (FluMist), 2 -18 yrs of age	\$9.00	\$9.00
HEP A (peds)	\$9.00	\$9.00
HEP B (peds)	\$9.00	\$9.00
HIB (haemophilus influenza type B)	\$9.00	\$9.00
HPV (Human Papillomavirus), 9 – 18 years-Series of 3/0, 2 mos , 6 mos after 1st dose	\$9.00	\$9.00
KINRIX (Diphtheria, tetanus, pertussis, and polio), 4 yrs to 6 yrs 11 months – 1 dose	\$9.00	\$9.00
MMR (Measles, mumps, rubella)	\$9.00	\$9.00
MMRV (Measles, mumps, rubella/Varicella)	\$9.00	\$9.00
MCV (Meningococcal Conjugate/Menactra), 11 – 18 years of age (OK for travel ages 2 yrs - 18 yrs)	\$9.00	\$9.00
PENTACEL (Diphtheria, tetanus, acellular pertussis/polio/Hib), 6 weeks thru 4 yrs 11 months	\$9.00	\$9.00
PEDIARIX (Dtap/IPV/Hep B)	\$9.00	\$9.00
PREVNAR (Pneumococcal-Conjugate)	\$9.00	\$9.00
IPV (Polio Injection)	\$9.00	\$9.00
ROTARIX, 2 months and 4 months	\$9.00	\$9.00
ROTATEQ (Rotavirus), 2 months, 4 months, and 6 months	\$9.00	\$9.00
TDAP (Tetanus, diphtheria, acellular pertussis), Adacel 11-64 yrs/Boostrix 10-64 yrs	\$9.00	\$9.00
TD (Tetanus & diphtheria)	\$9.00	\$9.00
<i>ADULT IZs (19 years of age and older)</i>		
CPV (Chicken Pox Vaccine/per shot)	\$113.00 each	\$117.00 each
FLU (Influenza)	\$20.00	\$21.00
FLM (FluMist), 19 – 49 years	\$20.00	\$21.00
HAV (Hep A/Havrix/per shot), series of 2/6 months apart	\$26.00 each	\$27.00 each
HBV (Hep B vaccine/per shot), series of 3/0, 30 days, 4-6 months from 1st dose	\$36.00 each	\$37.00 each
HAB (Hep A/B combo/per shot), series of 3/0, 30 days, 6 months from 1st dose	\$53.00 each	\$55.00 each
HPV (Human Papillomavirus), series of 3/0, 2 months after 1st, 6 months after 1st (13-26 yrs)	\$168.00 each	\$174.00 each
MMR (Measles, mumps, rubella), 1st dose \$17 – second dose according to ACIP	\$16.00	\$17.00
MCV (Meningococcal Conjugate/Menveo), 11-55 years of age	\$111.00	\$115.00
MEN (Meningococcal-polysaccharide/Menomune), 2 years and up	\$140.00	\$145.00
PNE (Pneumonia), before 65 need another one in 5 yrs/after 65 just one	\$79.00	\$82.00
IPV (Injectable Polio vaccine), according to ACIP guidelines	\$16.00	\$17.00
RBI (Rabies /per shot), series of 3//0,7,21, or 28 (pre)//if exposed - 0,3,7,14,28	\$260.00 each	\$269.00 each
PPD (TB skin test)	\$19.00	\$20.00
TD (Tetanus & diptheria), good for 5 – 10 years	\$16.00	\$17.00
TDA (Tetanus, diptheria, acellular pertussis), good for 5 – 10 years	\$16.00	\$17.00
ZOS (Zostavax), 60 +	\$234.00	\$242.00

<u>TRAVEL IZs (All ages)</u>		
<u>VACCINE/TEST</u>	<u>FY 2012-13</u>	<u>FY 2013-14</u>
MINIMAL VISIT, Info: (Malaria pills – start 2 days before leaving)	\$48.00	\$50.00
JEV (Japanese Encephalitis vaccine), series of 2 (0/28 DAYS) – must pay \$637 BEFORE ORDER VACCINE	\$605.00 total	\$637.00 total
TVI (Injectable Typhoid) (2 weeks before leaving-(ideally)), single dose - good for 2 years	\$59.00	\$61.00
TPO (Oral Typhoid) (15 days before leaving), per packet of 4 tab (1 packet per client), good 5 years	\$43.00	\$44.00
YFV (Yellow fever) (10 days before leaving), good for 10 years	\$118.00	\$122.00
MMR, 1st dose \$17 – second dose according to ACIP	\$16.00	\$17.00
Polio, according to ACIP guidelines (Africa & India = \$17)	\$16.00	\$17.00

**PLACER COUNTY ANIMAL SERVICES
2013-14 FEE SCHEDULE
EFFECTIVE JULY 1, 2013**

	FY 2012-13	FY 2013-14
IMPOUND FEES (Placer County Code Sec. 6.20)		
(1) BOARD FEES - Food and ordinary care		
(A) Dog, cat or other small animal (per day)	\$ 22.00	\$ 22.00
(B) Livestock (per day)	\$ 28.00	\$ 28.00
* Extra fees may be charged for specialized care at the discretion of An	Cost +25%	Cost +25%
(2) REDEMPTION FEES - Dogs, cats, fowl, other small animals or livestock		
(A) Altered		
(1) Penalty for first impound within 12 month period	\$ 56.00	\$ 57.00
(2) Penalty for second impound within 24 month period	\$ 113.00	\$ 114.00
(3) Penalty for third impound within 24 month period	\$ 169.00	\$ 171.00
(B) Unaltered		
(1) Penalty for first impound within 12 month period	\$ 93.00	\$ 95.00
(2) Penalty for second impound within 24 month period	\$ 166.00	\$ 168.00
(3) Penalty for third impound within 24 month period	\$ 275.00	\$ 279.00
QUARANTINE FEE at owner's residence (Placer County Code Sec. 6.16)	\$ 97.00	\$ 98.00
(If quarantined at Animal Care Center ("Center"), charge regular daily board fee)		
DISPOSAL FEE for dead animals		
(1) Under 100 pounds, disposed of at the Center	\$ 19.00	\$ 19.00
(2) Over 100 pounds, refer to rendering services		
LICENSE FEES - Annual (Placer County Code Sec. 6.12)		
(1) Dog License		
(A) Altered - 1 year	\$ 19.00	\$ 19.00
(A) Altered - 2 years	\$ 38.00	\$ 38.00
(A) Altered - 3 years	\$ 57.00	\$ 57.00
(B) Unaltered - 1 year	\$ 38.00	\$ 39.00
(B) Unaltered - 2 years	\$ 76.00	\$ 78.00
(B) Unaltered - 3 years	\$ 115.00	\$ 116.00
(2) Cat License (Voluntary - requires rabies vaccination)		
(A) Altered	\$ 5.00	\$ 5.00
(B) Unaltered	\$ 11.00	\$ 11.00
(3) Vicious or dangerous animal license		
(A) Application Fee	\$ 212.00	\$ 215.00
(B) Annual Permit / License Fee	\$ 117.00	\$ 118.00
(4) Replacement of lost license tag	\$ 6.00	\$ 6.00
(5) Reimbursement fee to Veterinarians/SPCA who sell licenses (per licens	\$ 3.00	\$ 3.00
KENNEL PERMIT/LICENSE (Placer County Code Sec. 6.12)		
<i>Kennel Permit covers zoning, environmental health and site inspections. Each owned dog in kennel is required to have a license as specified by code.</i>		
(1) Annual License and Inspection Fee		
5-10 dogs - 2 tags	\$ 170.00	\$ 172.00
11-15 dogs - 4 tags	\$ 186.00	\$ 188.00
16 or more dogs - 6 tags	\$ 203.00	\$ 206.00
Each additional Dog License Tag	\$ 1.00	\$ 1.00
(2) Re-inspection Fee (per hour)	\$ 97.00	\$ 98.00

	FY 2012-13	FY 2013-14
PENALTIES		
<i>Penalty for failure to procure a license within 30 days of moving to the county or acquiring a new dog or dogs over 4 months of age / failure to renew license</i>		
(1) Penalty for failure to renew		
(A) Altered	\$ 11.00	\$ 11.00
(B) Unaltered	\$ 11.00	\$ 11.00
(2) Penalty for failure to procure a license within 30 days		
(A) Altered	\$ 11.00	\$ 11.00
(B) Unaltered	\$ 11.00	\$ 11.00
(3) Penalty for failure to renew vicious or dangerous animal license / permit	\$ 117.00	\$ 118.00
(4) Penalty for failure to renew kennel license	\$ 11.00	\$ 11.00
FIELD SERVICES FEES (Placer County Code Sec. 6.08)		
(1) Animal Control Officer, including vehicle (per hour)	\$ 97.00	\$ 98.00
(2) Owner request PCAS pick up at residence (live or dead animals)	\$ 97.00	\$ 98.00
(3) Any After Hour Service for Animal Control Officer, including vehicle, weekdays after 5:00 p.m., weekends, and holidays (per hour)	\$ 110.00	\$ 112.00
(4) Service trailer (per hour)	\$ 31.00	\$ 31.00
OWNER RELEASE at the Center (Animals over 4 months old. Fee is per animal)	\$ 47.00	\$ 47.00
EUTHANASIA REQUEST	\$ 52.00	\$ 53.00
(1) Rabies Testing - Fluorescent Rabies Antibody test w/Decapitation	\$ 164.00	\$ 166.00
OTHER FEES		
(1) Cat carrier containers, per container	Cost + 25%	Cost + 25%
(2) Leashes, per leash	Cost + 25%	Cost + 25%
(3) Ordering, purchasing, handling, or other fees	Cost + 25%	Cost + 25%
(4) Microchip	\$ 27.00	\$ 27.00
(5) FELV/FIV	\$ 21.00	\$ 22.00
(6) Heartworm Test	\$ 21.00	\$ 22.00
(7) Vaccine - DA2PP	\$ 9.00	\$ 9.00
(8) Vaccine - FVRCP	\$ 9.00	\$ 9.00
(9) Vaccine - Rabies	\$ 12.00	\$ 12.00
ADOPTION FEES		
(1) Cat (flat rate that includes spay/neuter & rabies vaccination, etc.)	\$ 93.00	\$ 95.00
(2) Dog (flat rate that includes spay/neuter & rabies vaccination, etc.)	\$ 114.00	\$ 115.00
(3) Mini Livestock or Other (rabbit, chicken, etc.)	\$ 16.00	\$ 16.00
(4) Rats, mice, other rodents (hold 5 days)	\$ 4.00	\$ 4.00
(5) Small livestock (goat, sheep, etc.) (Hold 14 business days)	\$ 42.00	\$ 43.00
(6) Large livestock (horse, cattle) (Hold 14 business days)	Sealed Bid	Sealed Bid
(7) Potbelly Pig	\$ 43.00	\$ 43.00
(8) Pig	\$ 43.00	\$ 43.00
(9) Iguana	\$ 53.00	\$ 54.00
(10) Turtle	\$ 15.00	\$ 15.00
(11) Python/Boa	\$ 79.00	\$ 80.00
(12) Cockatiel	\$ 21.00	\$ 22.00
(13) Parakeet	\$ 21.00	\$ 22.00
(14) Amazon Parrot	\$ 79.00	\$ 80.00
(15) Ostrich/Rhea/Emu	Sealed Bid	Sealed Bid

**Placer County Targeted Case Management (TCM) Sliding Fee Scale
Effective July 1, 2013**

EXHIBIT B

2013 HHS Poverty Guidelines	
Size of Family Unit	48 Contiguous States and D.C.
1	\$11,490
2	15,510
3	19,530
4	23,550
5	27,570
6	31,590
7	35,610
8	39,630
For each additional person, add	3,960
http://www.aspe.hhs.gov/poverty/	
SOURCE: Federal Register, Vol. 78, No. 16, January 24, 2013, pp. 5182-5183.	

- Instructions for departments using this fee schedule:**
1. All non-Medi-Cal clients receiving TCM encounters will be assessed a fee as prescribed by the chart below.
 2. Documentation in the client record will include the family size.
 3. Documentation in the client record will include the family's AGI amount from the most recent tax return.
 4. Based on the AGI and family size, determine the percentage of the fee to be charged.
These are the upper limits (ceilings) for each 10% step of the chart.
 5. Based on the program, record the appropriate fee to be assessed.
 6. If the waiver policy is applied, documentation substantiating the waiver will be recorded in the client's record.

Family size>	Annual Adjusted Gross Income Amounts for fees (ceilings)											
		1	2	3	4	5	6	7	8	9	10	
	Public Health Client Fee	Percentage of the Poverty Level	Ceiling amount of AGI for a family of 1	Ceiling amount of AGI for a family of 2	Ceiling amount of AGI for a family of 3	Ceiling amount of AGI for a family of 4	Ceiling amount of AGI for a family of 5	Ceiling amount of AGI for a family of 6	Ceiling amount of AGI for a family of 7	Ceiling amount of AGI for a family of 8	Ceiling amount of AGI for a family of 9	Ceiling amount of AGI for a family of 10
0%	\$0.00	300%	34,470	46,530	58,590	70,650	82,710	94,770	106,830	118,890	130,770	142,650
10%	\$70.01	310%	35,619	48,081	60,543	73,005	85,467	97,929	110,391	122,853	135,129	147,405
20%	\$140.02	320%	36,768	49,632	62,496	75,360	88,224	101,088	113,952	126,816	139,488	152,160
30%	\$210.02	330%	37,917	51,183	64,449	77,715	90,981	104,247	117,513	130,779	143,847	156,915
40%	\$280.03	340%	39,066	52,734	66,402	80,070	93,738	107,406	121,074	134,742	148,206	161,670
50%	\$350.04	350%	40,215	54,285	68,355	82,425	96,495	110,565	124,635	138,705	152,565	166,425
60%	\$420.05	360%	41,364	55,836	70,308	84,780	99,252	113,724	128,196	142,668	156,924	171,180
70%	\$490.06	370%	42,513	57,387	72,261	87,135	102,009	116,883	131,757	146,631	161,283	175,935
80%	\$560.06	380%	43,662	58,938	74,214	89,490	104,766	120,042	135,318	150,594	165,642	180,690
90%	\$630.07	390%	44,811	60,489	76,167	91,845	107,523	123,201	138,879	154,557	170,001	185,445
100%	\$700.08		n/a									
Prior Year's Encounter Rate	\$700.08											

Waiver Policy - Placer County Directors may authorize or delegate their authority to a designated representative (case manager) to waive required fees in those cases where the health and well being of the client or public are deemed to be at risk. Disclosure of said fees may also be waived at the discretion of the Director or the Director's designated representative in circumstances that such disclosure, in the case manager's discretion, may result in non-delivery of service.

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