

# **JOINT EXERCISE OF POWERS AGREEMENT NAPA-SOLANO-YOLO-MARIN COUNTY REGIONAL PUBLIC HEALTH LABORATORY**

**THIS JOINT EXERCISE OF POWERS AGREEMENT (JEPA)** is made and entered into as of this 1st day of July 2024 by and among the COUNTY OF NAPA, a political subdivision of the State of California, hereinafter referred to as "Napa County", the COUNTY OF YOLO, a political subdivision of the State of California, hereinafter referred to as "Yolo County", the COUNTY OF SOLANO, a political subdivision of the State of California, hereinafter referred to as "Solano County", and the COUNTY OF MARIN, a political subdivision of the State of California, hereinafter referred to as "Marin County" All four named counties are hereinafter referred collectively as "the Parties";

## **RECITALS**

**WHEREAS**, Napa County, Solano County, Yolo County and Marin County have agreed to join this JEPA in order to continue to operate the joint public health laboratory beginning July 1, 2024, with the terms and conditions set forth below.

## **TERMS**

### **1. DESIGNATION AND FUNCTION OF JOINT LABORATORY.**

- A. **Name.** During the term of this Agreement, the Parties shall operate the joint public health testing laboratory created on July 1, 2024, which shall now be known as Napa-Solano-Yolo-Marin County Regional Public Health Laboratory (“NSYM PHL”).
- B. **Address.** Testing shall occur at the NSYM PHL site (the existing Solano County Public Health Laboratory site) located at 2201 Courage Drive, Fairfield, California 94553 or at such other location as mutually agreed to by the Parties in writing.
- C. **Submission and delivery of specimens.** Napa County specimens submitted for testing shall be received at the Napa County Health Department, a division of the Napa County Health and Human Services Agency, 2751 Napa Valley Corporate Drive., Bldg. B, Napa, California 94558, unless the parties mutually agree to a different location. Yolo County specimens submitted for testing shall be received at Yolo County Health and Human Services Agency, 137 N. Cottonwood Street, Woodland, CA 95695, and at Yolo County Department of Community Services, Division of Environmental Health, 292 West Beamer Street, Woodland, CA 95695, unless the parties mutually agree to a different location. Marin County specimens submitted for testing shall be received at Marin County Department of Health and Human Services HHS Health Clinics, 3260 Kerner Boulevard, San Rafael, California 94901, unless the parties mutually agree to a different location. Solano County specimens submitted for testing shall be received at the NSYM PHL and/or at any existing or future intake locations designated by the Director of the NSYM PHL (“Director”). Solano County shall be responsible for providing courier services to pick up and deliver to the NSYM PHL all Napa County specimens submitted to the Napa County Public Health Department, all Yolo County specimens submitted to the Yolo County Public Health Department, all Marin County specimens submitted to Marin County Public Health, and any other mutually agreed upon designated locations in Napa, Yolo or Marin County, as well as any Solano

County specimens submitted at designated intake locations in Solano County other than the NSYM PHL

2. **TERM OF AGREEMENT.** The term of this Agreement shall expire on June 30, 2027 and, unless any party gives written notice to the contrary at least 60 days prior to June 30, 2027, will automatically renew for an additional two-year period to June 30, 2029.
3. **TERMINATION.** Notwithstanding Section 2 above, any party may terminate this Agreement at any time for the convenience of that party upon giving the other three parties no less than six months prior written notice.
4. **GOVERNANCE.** Each County shall have one JEPA representative who is the County Health Officer or other representative as designated by the County. The JEPA representative shall be responsible for attending JEPA meetings, participating in periodic reviews and voting on items that require a JEPA representative vote. Approval may be by electronic communication.
5. **PERIODIC REVIEWS.**

**A. Quarterly statistical reports.**

During the term of this Agreement, the NSYM PHL shall prepare quarterly statistical reports of the services provided in relation to specimens originating in Solano County, Napa County, Yolo County and Marin County

**B. Annual performance evaluations.**

Evaluation of the performance of the services provided and other obligations required of the Parties under this Agreement shall be conducted annually (by September 30<sup>th</sup> each year), during the Agreement. The annual evaluations shall include, but not be limited to, evaluation of the following: quality of performance, turnaround time and reporting of tests; timely submission of tests and patient information to and from each county; collections results; and satisfaction level of the respective Health Officers of Solano, Napa, Yolo and Marin counties with the services provided by the NSYM PHL.

**C. Annual Fiscal review.**

Fiscal review of this Agreement shall be performed annually. Such review shall include review and recommendations for update of the third-party testing fee schedules adopted by the governing boards of each party to this Agreement.

**D. Renewal review.**

All aspects of the Agreement shall be reviewed for purposes of negotiating renewal beginning during the 18th month of the Agreement, with the results included in the performance evaluation completed during the 24th month.

**6. FISCAL ASPECTS.**

As consideration for the benefits conferred on each party by this Agreement, the Parties agree to share responsibility for the costs of operation of and to allocate any revenues collected by the NSYM PHL, as follows:

**A. Compensation.**

Napa County shall provide Solano County \$155,394.28 annually to support the general operational costs of the NSYM PHL. Yolo County shall provide Solano County \$198,989.44 annually to support the general operational costs of the NSYMM PHL. Marin County shall provide Solano County \$402,931.74 , In each subsequent year of the Agreement, the annual compensation from Napa, Yolo and Marin, Counties to support the general operational costs of the NSYM PHL will increase by an amount equal to the Consumer Price Index (CPI). The CPI data used for the purpose of this agreement will be the 12-month percentage change, using the February-to-February data (typically published each March), set to the geographic area of West Urban-West Size Class B/C (population under 1,500,000), and including all item categories. Solano County shall send each county a quarterly invoice representing 25% of their respective share of the general operation costs of the NSYM PHL.

**B. Cost of facilities supplies and support services.**

Solano County shall be solely responsible for all costs of providing and maintaining the facilities (including utility costs), supplies, and support services (including specimen courier services ) necessary to operate the NSYM PHL for the benefit of all member counties in a manner which does not reduce in scope, timeliness, or quality the public health testing services separately provided by each county prior to the original creation of the NSYM PHL. The Parties agree to enter into discussions if, at any time during the term of this Agreement, it becomes necessary to re-evaluate the facilities used by the NSYM PHL.

**C. New capital equipment purchase.**

For the purposes of replacing laboratory equipment, if determined necessary by the majority of JEPA members, Napa, Solano, Yolo and Marin Counties agree to pay each fiscal year in addition to the compensation described in Section 4.A., a percentage in proportion to their most recent county population numbers as published by the California Department of Finance, up to a combined fiscal year total of \$100,000. (Napa 13.11%, Solano 41.60%, Yolo 20.91%, Marin 24.38%. The intention of this provision is to ensure that the NSYM PHL equipment is replaced once it has reached the end of its useful life or has become significantly obsolete due to changes in technology, or purchase a new equipment that is urgently needed to respond to a public health emergency. A vote of at least three of the four County Health Officers or their designees is required to approve a purchase(s) supported by these funds. Counties will be invoiced for their proportional amounts after the approved item(s) has been received, invoiced, and paid for by Solano County. The costs will be included on the quarterly invoice following the date of payment and will be listed as a separate line item on the invoice. A County's maximum fiscal year contribution under this provision will be its proportional share of \$100,000. The County of Solano will diligently seek all other avenues of funding, including grants and loans of equipment, prior to requesting funds from JEPA members.

**D. Capital equipment maintenance cost.**

The intention of this provision is to ensure that the NSYM PHL equipment is regularly maintained. Under this provision, the counties agree to cover proportionally the annual maintenance cost (total: \$75,000) of newly acquired instruments for COVID-19 and general lab testing. The fees/county are Napa 13.11% (\$9,821), Solano 41.60% (\$31,250) Yolo 20.91% (\$15,666), Marin 24.38% (\$18,263).

**Billing for tests requested by Health Officers of Solano, Napa, Yolo and Marin Counties.**

Solano County shall be responsible for the costs of all testing by the NSYM PHL when such tests are requested by the Solano County Health Officer, the Napa County Health Officer, the Yolo County Health Officer, or Marin County Health Officer.

**Billing for tests requested by third parties, fee schedules.** Solano County shall be responsible for billing third parties (public or private) for the costs of the NSYM PHL conducting tests requested by such third parties. The Parties shall each be responsible for ascertaining and forwarding to the NSYM PHL at the time of specimen submission all information necessary to bill such third parties and for providing any necessary follow-up information upon request by the NSYM PHL. There shall be one fee schedule for the NSYM PHL which shall be updated annually to reflect the operational costs of the facility as a whole as well as any specific expenses unique to the particular test billed (**Attachment A**). The respective governing boards of the Parties may set forth a policy or fee schedule that collects fees lower than that of the NSYM PHL fee schedule provided that the county electing to do so compensates the NSYM PHL for its costs. All amounts received by the Parties for laboratory fees from third party users shall be deposited in the treasury of Solano County for the support of the operations of the NSYM PHL.

**7. TESTING PROCEDURES.** Testing shall include services outlined in Attachment A of this Agreement. Removal or addition of services shall be done in consultation with the Health Officers of Napa, Solano, Yolo and Marin Counties. All testing is to be performed in accordance with methods approved by the following agencies:

- A. State of California, Health and Human Services Agency, Department of Public Health, Laboratory Field Services, State of California approved Public Health Laboratory # 1349
- B. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Health Care Financing Administration, Clinical Laboratory Improvement Amendments (CLIA), CLIA ID#: 05D0601176
- C. State of California, Environmental Laboratory Accreditation Program Branch Department of Health and Human Services Agency, Environmental Laboratory Certification (ELAP), Certificate #2396

**8. LIABILITY.**

- A. **Hold harmless/Indemnification by Napa County.** Napa County shall hold harmless and indemnify Solano County, Yolo County and Marin County, and their officers, agents, and employees for any claim, loss or liability including, without limitation, those for personal injury (including death) or damage to property, arising from any acts or omissions of any employee of Napa County involved with preparation or handling of specimens of Napa County origin at the intake location, prior to collection by the courier, unless such acts or omissions are in accordance and compliance with specific instructions from the Director of the NSYM PHL, in which circumstance Solano County shall defend, indemnify and hold Napa County harmless.
- B. **Hold harmless/Indemnification by Yolo County.** Yolo County shall hold harmless and indemnify Napa County, Solano County and Marin County, and their officers,

agents, and employees for any claim, loss or liability including, without limitation, those for personal injury (including death) or damage to property, arising from any acts or omissions of any employee of Yolo County involved with preparation or handling of specimens of Yolo County origin at the intake location, prior to collection by the courier, unless such acts or omissions are in accordance and compliance with specific instructions from the Director of the NSYM PHL, in which circumstance Solano County shall defend, indemnify and hold Yolo County harmless.

C. **Hold harmless/Indemnification by Marin County.** Marin County shall hold harmless and indemnify Solano County, Yolo County and Napa County, and their officers, agents and employees for any claim, loss or liability including, without limitation, those for personal injury (including death) or damage to property, arising from any acts or omissions of any employee of Marin County involved with preparation or handling of specimens of Marin County origin at the intake location, prior to collection by the courier, unless such acts or omissions are in accordance and compliance with specific instructions from the Director of the NSYM PHL, in which circumstances Solano County shall defend, indemnify and hold Marin County harmless.

D. **Hold harmless/Indemnification by Solano County.** Solano County shall hold harmless and indemnify Napa County, Yolo County and Marin County for any liability arising from the acts or omissions of the personnel of the NSYM PHL, any employee of Solano County involved with preparation or handling of specimens of Solano County origin at the intake location, or any courier employed or retained by Solano County to transport specimens from any county to the NSYM PHL, or from any defects in the facilities, equipment and supplies provided by Solano County under this Agreement. It is expressly acknowledged by the Parties that any property transferred by Napa County, Yolo County and Marin County to Solano County pursuant to this Agreement for use in the NSYM PHL is conveyed "as is", and Solano County shall be solely responsible and defend, indemnify, and hold harmless Napa County, Yolo County, and Marin County for any liability arising subsequent to the conveyance from defects in or use of such property. In support of this obligation of Solano County, Napa County, Yolo County and Marin County hereby transfer to Solano County any warranties or guarantees acquired by Napa County, Yolo County and Marin County in connection with such transferred property.

E. **Responsibility for test result follow-up activity.** Nothing in this Agreement shall be construed to require the Health Officers of Solano County, Napa County, Yolo County, or Marin County, to provide follow-up services relating to information regarding communicable diseases and public health conditions reported to such Health Officers by the NSYM PHL except for information relating to specimens originating in each Health Officer's employing county.

9. **PROCEDURE MANUALS.** The Laboratory Director shall maintain, in accordance with standards agreed to by the Health Officers of Napa County, Yolo County, Solano County and Marin County, written Procedure Manuals to govern the operations of the NSYM PHL. The Procedure Manuals shall prescribe the laboratory testing methodologies and schedules, test turnaround times, reporting procedures, courier schedules, requirements for designated off-site specimen intake locations, requisition forms, billing instructions, contact phone numbers, and the most current testing fee schedules adopted by the governing boards of Napa, Yolo, Solano and Marin Counties.

**10. ACCESS TO AND RETENTION OF RECORDS.** The Parties or their duly authorized representatives, including their respective Health Officers, shall have access to the records of the NSYM PHL for the purpose of audit and review. In exercising such access rights, the Parties shall comply with all applicable laws and regulations pertaining to confidentiality of specific health records and individual privacy rights, including the Health Insurance Portability and Accountability Act ("HIPAA"). The NSYM PHL shall maintain all patient records for the time required to be in compliance with all state and federal laws.

**11. INSURANCE.** The Parties shall each obtain and maintain in full force and effect throughout the term of this Agreement, and thereafter as to matters occurring during the term of this Agreement, the following insurance coverage or equivalent self-insurance, satisfactory evidence of which shall be provided to each party upon request by the other party:

A. **Workers' Compensation Insurance.** To the extent required by law, workers' compensation insurance covering the respective performance of the obligations of each party and its employees under this Agreement, including but not limited to, workers' compensation and disability.

B. **Liability Insurance.**

1. **General Liability.** Commercial or comprehensive general liability insurance (or self-insurance) coverage (bodily injury and property damage) of not less than Five Million Dollars (\$5,000,000) combined single limit per occurrence, covering liability for any personal injury, including death, to any person and/or damage to the property of any person for which that party is obligated to defend, indemnify and hold the other party harmless under Paragraph 8 of this Agreement.

2. **Professional Liability.** Professional liability insurance (or self-insurance) coverage for all activities of each party's employees who are providing services under this Agreement as licensed professionals, in an amount not less than One Million Dollars (\$1,000,000) combined single limit per claim.

3. **Comprehensive Automobile Liability Insurance.** Comprehensive automobile liability insurance (or self-insurance) coverage (Bodily Injury and Property Damage) on owned, hired, leased and non-owned vehicles used by the party's employees in conjunction with the performance of that party's obligations under this Agreement, in an amount not less than One Million Dollars (\$1,000,000) combined single limit per occurrence.

C. **Certificates of insurance.** Where the foregoing obligations are satisfied with insurance rather than self-insurance the insured party shall obtain, maintain in its files, and provide to the other party upon request, certificate(s) of insurance which shall name the other party, its officers, employees, and agents as additional insureds; provide that the other party shall be given no less than thirty (30) days prior written notice of any non-renewal, cancellation, other termination, or material change; provide that the insurance provided is primary coverage to the other party with respect to any insurance or self-insurance programs maintained by the other party, and provide that the inclusion of more than one insured shall not operate to impair the rights of one insured against another insured the

coverage afforded applying as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.

12. **NO WAIVER.** Waiver by either party of any breach or violation of any requirement of this Agreement shall not be deemed to be a waiver of any such breach in the future, or of the breach of any other requirement of this Agreement.
13. **NOTICES.** Except where otherwise specified in this Agreement, all notices to any party required or authorized by this Agreement shall be in writing and shall be delivered in person or by deposit in the United States mail, by certified mail, postage prepaid, return receipt requested. Any mailed notice, demand, request, consent, approval or communication that any party desires to give another party shall be addressed to the other party at the address set forth below. Any party may change its address by notifying the other parties of the change of address. Any notice sent by mail in the manner prescribed by this paragraph shall be deemed to have been received on the date noted on the return receipt or five days following the date of deposit, whichever is earlier.

#### **SOLANO COUNTY**

Solano County  
Health & Social Services Department  
275 Beck Avenue, MS 5-240  
Fairfield, CA 94533

#### **NAPA COUNTY**

Napa County  
Health & Human Services Agency  
2751 Napa Valley Corporate Drive, Building B, 2<sup>nd</sup> Floor,  
Napa, CA 94558

#### **YOLO COUNTY**

Yolo County  
Health & Human Services Agency  
137 N. Cottonwood Street, Suite 2100  
Woodland, CA 95695

#### **MARIN COUNTY**

Marin County  
Health & Human Services Department  
20 North San Pedro Rd, Suite 2028  
San Rafael, CA 94903

14. **AMENDMENT/MODIFICATION.** Except as otherwise provided herein, this Agreement may be modified or amended only in writing with the prior written consent of the governing boards of the Parties.
15. **INTERPRETATION.** The headings used herein are for reference. The terms of the Agreement are set out in the text under the headings. This Agreement shall be governed by the laws of the State of California. The venue for any legal action filed by either side in state court to enforce any provision of this Agreement shall be the County of Solano,

California. The venue for any legal action filed by either side in federal court to enforce any provision of this Agreement lying within the jurisdiction of the federal courts shall be the Eastern District of California.

- 16. SEVERABILITY.** If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.
- 17. AUTHORITY TO CONTRACT.** The Parties each warrant to the other that they are legally permitted and otherwise have the authority to enter into and perform this Agreement.
- 18. THIRD PARTY BENEFICIARIES.** Nothing contained in this Agreement shall be construed to create any rights in third parties and the parties do not intend to create such rights.
- 19. ATTORNEY'S FEES.** In the event of legal action by any party to enforce the provisions of this Agreement or to obtain damages for breach thereof, each party shall be responsible for its own costs and attorney's fees incurred in connection with such action.
- 20. ENTIRETY OF CONTRACT.** This Agreement constitutes the entire agreement among the Parties relating to the subject of this Agreement and supersedes all previous agreements, promises, representations, understandings and negotiations, whether written or oral, among the Parties with respect to the subject matter hereof.

This Agreement was executed by the Parties hereto as of the date first above written.

This JEPA may be executed in two or more counterparts, all of which shall be considered one and the same agreement.

**COUNTY OF NAPA**, a political subdivision of the State of California

**By**  
Joelle Gallagher,  
Chair of the Napa County Board of Supervisors

Attest: Neha Hoskins, Clerk of the Napa County Board of Supervisors  
**By**

APPROVED AS TO FORM:  
Jeffrey M. Brax,  
Napa County Counsel  
**By** Corey S. Utsurogi

**COUNTY OF MARIN**, a political subdivision of the State of California

**By**  
Dennis Rodoni, President of the Marin County Board of Supervisors

Attest: Joyce Evans,  
Assistant Clerk of the Marin County Board of Supervisors  
**By**

APPROVED AS TO FORM:  
Brian Washington,  
Marin County Counsel  
**By**

**COUNTY OF YOLO**, a political subdivision of the State of California


**By**  
Lucas Frerichs,  
Chair of the Yolo County Board of Supervisors


Attest: Julie Dachtler, Clerk of the Yolo County Board of Supervisors  
**By**

APPROVED AS TO FORM:  
Phil Pogledich,  
Yolo County Counsel  
**By** Hope P. Welton

**COUNTY OF SOLANO**, a political subdivision of the State of California

**By** Bill Emlen  05/09/2024 02:17 PM EDT  
Bill Emlen,  
Solano County Administrator

APPROVED AS TO FORM:  
Megan Callaway  
Solano County Deputy Counsel  
**By** Megan Callaway  04/23/2024 05:07 PM EDT

APPROVED AS TO CONTENT:  
Gerald R. Huber, Director  
Solano County Health and Social Services  
**By** Gerald Huber  04/23/2024 04:46 PM EDT

**COUNTY OF SOLANO  
COST AND RECOMMENDED FEE SCHEDULE  
FY2023/24**

**HEALTH AND SOCIAL SERVICES  
EXHIBIT XI**

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2024/25	New Fee	Revised Fee	Fee Authority	Description/ Exception
<b>MENTAL HEALTH PROGRAM SERVICES</b>										
7700-101	341	MH Outpatient Services	1 min	\$6.93	TBD	TBD		√	Department of Healthcare Services (DHCS)	TBD - The Department of Health Care Services (DHCS) implemented CalAIM payment reform effective July 1, 2023. Payment reform changes reimbursement from an interim cost per minute to reimbursement based on CPT and HCPCS codes by provider type. Details on the impact to the county fees schedule are still pending.
7700-102	320	MH Medication	1 min	\$12.81	TBD	TBD		√		
7700-103	371	MH Crisis Intervention	1 min	\$10.31	TBD	TBD		√		
7700-104	303	MH Case Management	1 min	\$5.36	TBD	TBD		√		
<b>PUBLIC HEALTH PROGRAMS</b>										
7809-101		Medical Marijuana ID Card (Medi-Cal Client)	Card	\$50.00	N/A	\$50.00			CA Dept of Public Health	Fees based on fee schedule published by the State effective 01.01.2024 for CY 2024
7809-102		Medical Marijuana ID Card (non-Medi-Cal Client)	Card	\$100.00		\$100.00				
7809-103		Medi-Cal Marijuana ID Card (County Medical Services Program (CMSP))	Card	\$0.00		\$0.00				
7809-104		Death Certificate		\$26.00		\$26.00				
7809-105		Death Certificate Fetal Death		\$23.00		\$23.00				
7809-106		Standard birth certificate fee		\$34.00		\$34.00				
7809-107		Government birth certificate		\$24.00		\$24.00				
7809-108		Regular Permit		\$12.00		\$12.00				
7809-109		Transit letter for non-contagious diseases		\$25.00		\$25.00				
7809-110		Late payment fee for disposition of human remains permit		\$5.00		\$5.00				
7809-111		Emergency death certificate filing for religious or cultural needs		\$100.00		\$100.00				
7809-112		Expedited service for birth certificate		\$20.00		\$20.00				
7809-113		Shipping for online orders		\$7.00		\$7.00				
<b>California Children Services (CCS)</b>										
7853-101		Assessment Fee	per family	\$0 - \$20	N/A	\$0 - \$20			DHCS / CCS	Sliding scale based on State AGI and/or Federal Poverty Guidelines
7853-102		Enrollment Fee	per family	\$0 - \$1,440	N/A	\$0 - \$1,440				
<b>FAMILY HEALTH SERVICES</b>										
<b>Family Health Services - Primary Care Clinic</b>										
7580-101	10060	INCISION AND DRAINAGE OF ABSCESS	Procedure	\$425.62	\$0.00	\$453.42		√		
7580-102	10120	INCISION AND REMOVAL OF FOREIGN BODY	Procedure	\$598.56	\$0.00	\$634.33		√		
7580-103	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE, FIRST 20 SQ CM/<	Procedure	\$358.24	NO USAGE	\$0.00		DELETE		
7580-104	11104	PUNCH BX SKIN SINGLE LESION	Procedure	\$370.59	NO USAGE	\$0.00		DELETE		
7580-105	11200	REMOVAL OF SKIN TAGS <W/15	Procedure	\$257.17	\$0.00	\$272.51		√		
7580-106	11300	SHAVE SKIN LESION 0.5 CM/<	Procedure	\$0.00	\$0.00	\$290.83	√			
7580-107	11302	SHAVE SKIN LESION 1.1-2.0 CM	Procedure	\$0.00	\$0.00	\$383.58	√			
7580-108	11306	SHAVE SKIN LESION 0.6-1.0 CM	Procedure	\$289.73	NO USAGE	\$0.00		DELETE		
7580-109	11310	SHAVE SKIN LESION 0.5 CM/>	Procedure	\$0.00	\$0.00	\$326.33	√			
7580-110	11401	EXCISION, BENIGN LESION, TRUNK, ARMS OR LEGS, 0.6-1.0CM	Procedure	\$414.39	NO USAGE	\$0.00		DELETE		
7580-111	11402	EXC TR-EXT B9+MARG 1.1-2 CM	Procedure	\$0.00	\$0.00	\$498.08	√			
7580-112	11403	EXCISION, BENIGN LESION, TRUNK, ARMS OR LEGS, 2.1-3CM	Procedure	\$563.75	NO USAGE	\$0.00		DELETE		
7580-113	11421	EXCISION, BENIGN LESION, SCALP, NECK, HANDS, FEE, GENITALIA, 0.6-1.0CM	Procedure	\$437.97	NO USAGE	\$0.00		DELETE		
7580-114	11423	EXC H-F-NK-SP B9+MARG 2.1-3	Procedure	\$590.70	NO USAGE	\$0.00		DELETE		

**COUNTY OF SOLANO  
COST AND RECOMMENDED FEE SCHEDULE  
FY2023/24**

**HEALTH AND SOCIAL SERVICES  
EXHIBIT XI**

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2024/25	New Fee	Revised Fee	Fee Authority	Description/Exception
7580-115	11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, FOR PERMANENT REMOVAL	Procedure	\$562.62	NO USAGE	\$0.00		DELETE		
7580-116	11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	Procedure	\$413.26	\$0.00	\$380.14		√		
7580-117	11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Procedure	\$463.80	\$0.00	\$476.32		√		
7580-118	11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Procedure	\$486.26	\$0.00	\$501.51		√		
7580-119	11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Procedure	\$736.69	\$0.00	\$755.70		√		
7580-120	17110	DESTRUCTION OF BENIGN LESIONS, UP TO 14 LESIONS	Procedure	\$318.93	\$0.00	\$341.21		√		
7580-121	20552	INJ TRIGGER POINT 1/2 MUSCL	Procedure	\$230.22	NO USAGE	\$0.00		DELETE		
7580-122	20610	DRAIN/INJ JOINT/BURSA W/O US	Procedure	\$295.35	\$0.00	\$305.72		√		
7580-123	51701	INSERT BLADDER CATHETER	Procedure	\$227.97	NO USAGE	\$0.00		DELETE		
7580-124	56605	BIOPSY OF VULVA/PERINEUM; 1 LESION	Procedure	\$355.99	NO USAGE	\$0.00		DELETE		
7580-125	57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	Procedure	\$266.15	\$0.00	\$272.51		√		
7580-126	57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA	Procedure	\$453.69	NO USAGE	\$0.00		DELETE		
7580-127	57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE	Procedure	\$655.83	NO USAGE	\$0.00		DELETE		
7580-128	57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	Procedure	\$1,173.54	NO USAGE	\$0.00		DELETE		
7580-129	57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION	Procedure	\$543.53	\$0.00	\$566.78		√		
7580-130	57505	ENDOCERVICAL CURETTAGE	Procedure	\$469.41	\$0.00	\$491.21		√		
7580-131	57522	CONIZATION OF CERVIX	Procedure	\$1,359.95	NO USAGE	\$0.00		DELETE		
7580-132	58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION	Procedure	\$449.20	\$0.00	\$462.58		√		
7580-133	58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	Procedure	\$372.84	\$0.00	\$391.59		√		
7580-134	58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	Procedure	\$375.08	\$0.00	\$389.30		√		
7580-135	69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	Procedure	\$61.77	\$0.00	\$62.98		√		
7580-136	69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL	Procedure	\$175.19	\$0.00	\$179.77		√		
7580-137	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Procedure	\$298.72	\$0.00	\$324.04		√		
7580-138	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	Procedure	\$152.73	\$0.00	\$168.32		√		
7580-139	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Procedure	\$207.76	\$0.00	\$219.84		√		
7580-140	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Procedure	\$236.95	\$0.00	\$254.19		√		
7580-141	92551	SCREENING TEST, PURE TONE, AIR ONLY	Procedure	\$47.17	\$0.00	\$49.24		√		
7580-142	92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	Procedure	\$77.49	\$0.00	\$79.01		√		

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**HEALTH AND SOCIAL SERVICES  
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Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2024/25	New Fee	Revised Fee	Fee Authority	Description/Exception
7580-143	93005	ELECTROCARDIOGRAM TRACING	Procedure	\$69.63	\$0.00	\$72.14		√	Department of Healthcare Services (DHCS)	Usual & Customary Rates
7580-144	93010	ELECTROCARDIOGRAM INTERPRETATION AND REPORT	Procedure	\$80.86	\$0.00	\$80.15		√		
7580-145	94640	AIRWAY INHALATION TREATMENT	Procedure	\$76.36	\$0.00	\$80.15		√		
7580-146	96110	DEVELOPMENTAL SCREENING WITH SCORING AND DOCUMENTATION	Procedure	\$56.15	\$0.00	\$59.54		√		
7580-147	97597	DEBRIDEMENT, OPEN WOUND, INCLUDING TOPICAL APPLICATIONS(S), WOUND ASSESSMENT, WOUND(S) SURFACE AREA 20 CM/<	Procedure	\$208.88	NO USAGE	\$0.00		DELETE		
7580-148	97598	RMVL DEVITAL TIS ADDL 20CM/<	Procedure	\$108.93	NO USAGE	\$0.00		DELETE		
7580-149	98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED	Procedure	\$104.44	\$0.00	\$112.21		√		
7580-150	98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	Procedure	\$132.51	\$0.00	\$130.53		√		
7580-151	98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED	Procedure	\$170.70	\$0.00	\$178.62		√		
7580-152	98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 7-8 BODY REGIONS INVOLVED	Procedure	\$201.02	\$0.00	\$212.97		√		
7580-153	98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 9-10 BODY REGIONS INVOLVED	Procedure	\$222.35	\$0.00	\$229.00		√		
7580-154	Q0091	Obtaining screen pap smear	Procedure	\$39.31	\$0.00	\$42.37		√		
7580-155	99202	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$221.23	\$0.00	\$224.42		√		
7580-156	99203	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$322.30	\$0.00	\$341.21		√		
7580-157	99204	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$493.00	\$0.00	\$522.12		√		
7580-158	99205	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$646.85	\$0.00	\$689.29		√		
7580-159	99211	OFFICE/OUTPATIENT VISIT EST	Procedure	\$76.36	\$0.00	\$85.88		√		
7580-160	99212	OFFICE/OUTPATIENT VISIT EST	Procedure	\$144.87	\$0.00	\$156.87		√		
7580-161	99213	OFFICE/OUTPATIENT VISIT EST	Procedure	\$222.35	\$0.00	\$237.02		√		
7580-162	99214	OFFICE/OUTPATIENT VISIT EST	Procedure	\$322.30	\$0.00	\$348.08		√		
7580-163	99215	OFFICE/OUTPATIENT VISIT EST	Procedure	\$461.55	\$0.00	\$508.38		√		
7580-164	99381	PREVENTIVE VISIT NEW, AGE YOUNGER THAN 1 YEAR	Procedure	\$297.60	\$0.00	\$310.30		√		
7580-165	99382	PREVENTIVE VISIT NEW, AGE 1-4 YEARS	Procedure	\$304.33	\$0.00	\$324.04		√		
7580-166	99383	PREVENTIVE VISIT NEW, AGE 5-11 YEARS	Procedure	\$311.07	\$0.00	\$328.62		√		
7580-167	99384	PREVENTIVE VISIT NEW, AGE 12-17 YEARS	Procedure	\$344.76	\$0.00	\$365.26		√		
7580-168	99385	PREVENTIVE VISIT NEW, AGE 18-39 YEARS	Procedure	\$389.68	\$0.00	\$413.35		√		
7580-169	99386	PREVENTIVE VISIT NEW, AGE 40-64 YEARS	Procedure	\$0.00	\$0.00	\$455.71	√			
7580-170	99387	PREVENTIVE VISIT NEW, AGE 65 YEARS AND OLDER	Procedure	\$0.00	\$0.00	\$462.58	√			
7580-171	99391	PREVENTIVE VISIT EST, AGE YOUNGER THAN 1 YEAR	Procedure	\$266.15	\$0.00	\$282.82		√		
7580-172	99392	PREVENTIVE VISIT EST, AGE 1-4 YEARS	Procedure	\$284.12	\$0.00	\$298.85		√		
7580-173	99393	PREVENTIVE VISIT EST, AGE 5-11 YEARS	Procedure	\$279.63	\$0.00	\$296.56		√		
7580-174	99394	PREVENTIVE VISIT EST, AGE 12-17 YEARS	Procedure	\$299.84	\$0.00	\$316.02		√		
7580-175	99395	PREVENTIVE VISIT EST, AGE 18-39 YEARS	Procedure	\$336.90	\$0.00	\$353.81		√		
7580-176	99396	PREVENTIVE VISIT EST, AGE 40-64 YEARS	Procedure	\$359.36	\$0.00	\$373.27		√		

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Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'd. Fee Per Unit FY2024/25	New Fee	Revised Fee	Fee Authority	Description/Exception
7580-177	99397	PREVENTIVE VISIT EST, AGE 65 YEARS AND OLDER	Procedure	\$0.00	\$0.00	\$387.01	√			
7580-178	99406	BEHAV CHNG SMOKING 3-10 MIN	Procedure	\$43.80	\$0.00	\$44.66				
7580-179	G0466	FQHC PPS: VISIT, NEW PATIENT	Procedure	\$329.73	\$0.00	\$342.59		√		
7580-180	G0467	FQHC PPS: VISIT, ESTABLISHED PATIENT	Procedure	\$331.91	\$0.00	\$344.85		√		
7580-181	G0468	FQHC PPS: VISIT, IPPE OR AWV	Procedure	\$331.91	\$0.00	\$344.85		√		
7580-182	G0469	FQHC PPS: VISIT, MENTAL HEALTH, NEW PATIENT	Procedure	\$517.52	\$0.00	\$537.70		√		
7580-183	G0470	FQHC PPS: VISIT, MENTAL HEALTH, EST PATIENT	Procedure	\$517.52	\$0.00	\$537.70		√		
7580-184	STD	STD Test	Procedure	\$40.00	\$0.00	\$43.00		√		
7580-185	90471	IMMUNIZATION ADMINISTRATION, FIRST OR ONLY COMPONENT	Admin Fee	\$31.00	\$0.00	\$31.00				
7580-186	96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION, INTRAARTERIAL	Admin Fee	\$73.00	\$0.00	\$72.14				
7580-187	G0008	INFLUENZA VIRUS VACCINE ADMINISTRATION	Admin Fee	\$31.00	\$34.51	\$35.00				
7580-188	G0009	PNEUMOCOCCAL VACCINE ADMINISTRATION	Admin Fee	\$31.00	\$34.51	\$35.00				
7580-189	G0010	HEPATITIS B VACCINE ADMINISTRATION	Admin Fee	\$31.00	\$34.51	\$35.00		√		
7580-190	Various VFC Admin Fees	Various VFC Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumococcal, Poliovirus, Rotovirus, Varicella)	Admin Fee	\$9.00	\$0.00	\$9.00				
<b>Supplies</b>										
7580-191	Various Vaccines Drugs & Supplies	Various Vaccines, Drugs & Supplies	Item	Actual Cost	Varies	Actual Cost			Department of Healthcare Services (DHCS)	Actual Cost
<b>Family Health Services - Laboratory</b>										
7580-192	Various Labs	Various laboratory procedures (organ or disease-oriented panels, drug testing, therapeutic drug assays, urinalysis, chemistry, hematology & coagulation, immunology, microbiology, include routine venipuncture & capillary blood draw)	Lab	Contract Rate	Varies	Contract Rate			Department of Healthcare Services (DHCS)	Contract Rate
<b>Family Health Services - Dental Clinic</b>										
7580-193	D0120	PERIODIC ORAL EVALUATION - EST PATIENT	Procedure	\$86.00	\$0.00	\$0.00		√		
7580-194	D0145	ORAL EVAL PT UND 3 YR AGE CONSL W/PRIM CAREGIVER	Procedure	\$134.00	\$0.00	\$88.00		√		
7580-195	D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	Procedure	\$152.00	\$0.00	\$138.00		√		
7580-196	D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	X-ray	\$243.00	\$0.00	\$156.00		√		
7580-197	D0220	INTRAORAL-PERAPICAL FIRST RADIOGRAPHIC IMAGE	X-ray	\$49.00	\$0.00	\$250.00		√		
7580-198	D0230	INTRAORAL-PERAPICAL-EACH ADDITIONAL IMAGE	X-ray	\$44.00	\$0.00	\$50.00		√		
7580-199	D0240	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE	X-ray	\$75.00	\$0.00	\$45.00		√		
7580-200	D0270	BITEWING-SINGLE RADIOGRAPHIC IMAGE	X-ray	\$46.00	\$0.00	\$77.00		√		
7580-201	D0272	BITEWINGS-TWO RADIOGRAPHIC IMAGES	X-ray	\$74.00	\$0.00	\$48.00		√		
7580-202	D0274	BITEWINGS-FOUR RADIOGRAPHIC IMAGES	X-ray	\$103.00	\$0.00	\$76.00		√		
7580-203	D0330	PANORAMIC RADIOGRAPHIC IMAGE	X-ray	\$173.00	\$0.00	\$107.00		√		
7580-204	D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	X-ray	\$93.00	\$0.00	\$175.00		√		
7580-205	D1110	PROPHYLAXIS-ADULT	Procedure	\$151.00	\$0.00	\$93.00		√		

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7580-206	D1120	PROPHYLAXIS-CHILD	Procedure	\$105.00	\$0.00	\$156.00		√		
7580-207	D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	Procedure	\$87.00	\$0.00	\$108.00		√		
7580-208	D1351	SEALANT-PER TOOTH	Procedure	\$95.00	\$0.00	\$84.00		√		
7580-209	D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	Procedure	\$122.00	\$0.00	\$95.00		√		
7580-210	D1555	REMOVAL OF FIXED SPACE MAINTAINER	Procedure	\$0.00	\$0.00	\$121.00		√		
7580-211	D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	Procedure	\$208.00	\$0.00	\$0.00		√		
7580-212	D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	Procedure	\$269.00	\$0.00	\$216.00		√		
7580-213	D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	Procedure	\$325.00	\$0.00	\$280.00		√		
7580-214	D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	Procedure	\$396.00	\$0.00	\$338.00		√		
7580-215	D2330	RESIN-BASED COMPOSITE-ONE SURFACE ANTERIOR	Procedure	\$237.00	\$0.00	\$412.00		√		
7580-216	D2331	RESIN-BASED COMPOSITE-TWO SURFACES ANTERIOR	Procedure	\$303.00	\$0.00	\$242.00		√		
7580-217	D2332	RESIN-BASED COMPOSITE-THREE SURFACES ANTERIOR	Procedure	\$370.00	\$0.00	\$308.00		√		
7580-218	D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	Procedure	\$438.00	\$0.00	\$377.00		√		
7580-219	D2391	RESIN-BASED COMPOSITE-ONE SURFACE POSTERIOR	Procedure	\$278.00	\$0.00	\$446.00		√		
7580-220	D2392	RESIN-BASED COMPOSITE-TWO SURFACES POSTERIOR	Procedure	\$364.00	\$0.00	\$283.00		√		
7580-221	D2393	RESIN-BASED COMPOSITE-THREE SURFACES POSTERIOR	Procedure	\$452.00	\$0.00	\$370.00		√		
7580-222	D2394	RESIN COMPOS-FOUR OR MORE SURFACES POSTERIOR	Procedure	\$553.00	\$0.00	\$460.00		√		
7580-223	D2740	Crown – Porcelain/Ceramic Substrate	Procedure	\$1,611.00	\$0.00	\$564.00				
7580-224	D2751	CROWN-PORCELAIN FUSED PREDOMINANTLY BASE METAL	Procedure	\$1,480.00	NO USAGE	\$0.00		DELETE		
7580-225	D2920	RE-CEMENT OR RE-BOND CROWN	Procedure	\$150.00	\$0.00	\$1,518.00		√		
7580-226	D2931	PREFABR STAINLESS STEEL CROWN-PERMANENT TOOTH	Procedure	\$462.00	\$0.00	\$154.00		√		
7580-227	D2940	PROTECTIVE RESTORATION	Procedure	\$156.00	NO USAGE	\$0.00		DELETE		
7580-228	D2951	PIN RETENTION-PER TOOTH ADDITION RESTORATION	Procedure	\$88.00	\$0.00	\$160.00		√		
7580-229	D2952	Post And Core In Addition To Crown, Indirectly Fab	Procedure	\$0.00	\$0.00	\$91.00	√			
7580-230	D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	Procedure	\$0.00	\$0.00	\$632.00		√		
7580-231	D3220	TX PUPL-REMV PULP CORONAL DENTINOCEMENTL JUNC	Procedure	\$308.00	\$0.00	\$0.00		√		
7580-232	D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	Procedure	\$338.00	NO USAGE	\$0.00		DELETE		
7580-233	D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	Procedure	\$1,085.00	\$0.00	\$353.00		√		
7580-234	D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	Procedure	\$1,330.00	\$0.00	\$1,111.00		√		
7580-235	D3330	ENDODONTIC THERAPY MOLAR	Procedure	\$1,649.00	\$0.00	\$1,362.00		√		
7580-236	D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	Procedure	\$0.00	\$0.00	\$1,689.00		√		
7580-237	D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	Procedure	\$368.00	\$0.00	\$0.00		√	Department of Healthcare Services (DHCS)	Usual & Customary Rates
7580-238	D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	Procedure	\$213.00	\$0.00	\$376.00		√		
7580-239	D4910	PERIODONTAL MAINTENANCE	Procedure	\$226.00	\$0.00	\$218.00		√		
7580-240	D5110	COMPLETE DENTURE-MAXILLARY	Procedure	\$2,328.00	\$0.00	\$231.00		√		
7580-241	D5120	COMPLETE DENTURE-MANDIBULAR	Procedure	\$2,328.00	\$0.00	\$2,374.00		√		
7580-242	D5211	MAXILLARY PARTIAL DENTURE-RESIN BASE	Procedure	\$1,965.00	\$0.00	\$2,374.00		√		
7580-243	D5212	MANDIBULAR PARTIAL DENTURE-RESIN BASE	Procedure	\$2,283.00	\$0.00	\$2,003.00		√		

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7580-244	D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	Procedure	\$2,572.00	\$0.00	\$2,328.00		√		
7580-245	D5214	MAND PART DENTUR-CAST METL-FRMEWRK W/RSN BASE	Procedure	\$2,572.00	\$0.00	\$2,623.00		√		
7580-246	D5410	ADJUST COMPLETE DENTURE-MAXILLARY	Procedure	\$127.00	\$0.00	\$2,623.00		√		
7580-247	D5411	ADJUST COMPLETE DENTURE-MANDIBULAR	Procedure	\$127.00	\$0.00	\$130.00		√		
7580-248	D5421	ADJUST PARTIAL DENTURE-MAXILLARY	Procedure	\$127.00	\$0.00	\$130.00		√		
7580-249	D5422	ADJUST PARTIAL DENTURE-MANDIBULAR	Procedure	\$127.00	\$0.00	\$130.00		√		
7580-250	D5520	REPLACE MISSING/BROKEN TEETH-COMplete DENTURE	Procedure	\$212.00	\$0.00	\$130.00		√		
7580-251	D5610	REPAIR RESIN DENTURE BASE	Procedure	\$0.00	\$0.00	\$217.00		√		
7580-252	D5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	Procedure	\$361.00	\$0.00	\$0.00		√		
7580-253	D5640	REPLACE BROKEN TEETH-PER TOOTH	Procedure	\$234.00	\$0.00	\$368.00		√		
7580-254	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	Procedure	\$319.00	\$0.00	\$238.00		√		
7580-255	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	Procedure	\$382.00	\$0.00	\$325.00		√		
7580-256	D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	Procedure	\$533.00	\$0.00	\$390.00		√		
7580-257	D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	Procedure	\$712.00	NO USAGE	\$0.00		DELETE		
7580-258	D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	Procedure	\$712.00	NO USAGE	\$0.00		DELETE		
7580-259	D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	Procedure	\$701.00	NO USAGE	\$0.00		DELETE		
7580-260	D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	Procedure	\$701.00	\$0.00	\$715.00		√		
7580-261	D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	Procedure	\$0.00	\$0.00	\$715.00		√		
7580-262	D6930	RECEMENT/REBOND FIXED PARTIAL DENTURE	Procedure	\$253.00	\$0.00	\$0.00		√		
7580-263	D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	Procedure	\$0.00	\$0.00	\$252.00		√		
7580-264	D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	Procedure	\$275.00	\$0.00	\$0.00		√		
7580-265	D7210	EXTRACTION ERUPTED TOOTH REMV BONE ELEV FLAP	Procedure	\$399.00	\$0.00	\$287.00		√		
7580-266	D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	Procedure	\$500.00	\$0.00	\$415.00		√		
7580-267	D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	Procedure	\$665.00	\$0.00	\$520.00		√		
7580-268	D7240	Removal Of Impacted Tooth – Completely Bony	Procedure	\$781.00	\$0.00	\$692.00				
7580-269	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	Procedure	\$421.00	\$0.00	\$812.00		√		
7580-270	D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	Procedure	\$564.00	\$0.00	\$438.00		√		
7580-271	D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	Procedure	\$916.00	\$0.00	\$571.00		√		
7580-272	D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	Procedure	\$606.00	\$0.00	\$927.00		√		
7580-273	D7971	EXCISION OF PERICORONAL GINGIVA	Procedure	\$423.00	\$0.00	\$613.00		√		
7580-274	D7999	Unspecified Oral Surgery Procedure, By Report	Procedure	\$0.00	\$0.00	\$428.00				
7580-275	D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	Procedure	\$233.00	\$0.00	\$0.00		√		
7580-276	D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	Procedure	\$263.00	\$0.00	\$242.00		√		
7580-277	D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	Procedure	\$0.00	\$0.00	\$273.00		√		
7580-278	D9910	APPLICATION OF DESENSITIZING MEDICAMENT	Procedure	\$87.00	\$0.00	\$0.00		√		

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7580-279	D9930	TX COMPLICATIONS-UNUSUAL CIRCUMSTANCES REPORT	Procedure	\$0.00	\$0.00	\$92.00		√		
7580-280	D9951	OCCLUSAL ADJUSTMENT-LIMITED	Procedure	\$212.00	\$0.00	\$0.00		√		

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EXHIBIT XI**

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2024/25	New Fee	Revised Fee	Fee Authority	Description/ Exception		
<b>NAPA-SOLANO-YOLO REGIONAL PUBLIC HEALTH LABORATORY</b>												
<b>Bacteriology and Direct Tests</b>												
7807-101	87045	Stool Culture (Salmonella, Shigella) per organism	Procedure	\$28.00	\$163	\$30.00		√	CA Dept of Public Health	Usual & Customary Rates		
7807-102	87046	Stool Culture (Not Salmonella, Shigella) per organism	Procedure	\$28.00	\$163	\$30.00		√				
7807-103	87045/46	Stool culture, complete workup (Salmonella, Shigella)	Procedure	\$64.00	\$163	\$30.00		√				
7807-104	87077	Title 17 isolate workup	Procedure	\$0.00	\$163	\$0.00		√				
7807-105	87798	STEC PCR	Procedure	\$57.00	\$195	\$61.00		√				
7807-106	87899	Shiga toxin detection by immunoassay	Procedure	\$48.00	\$276	\$51.00		√				
7807-107	87076/77	Isolate ID/rule out, biochemical tests per organism	Procedure	\$25.00	\$163	\$27.00		√				
7807-108	87081	CRE confirmation	Procedure	\$70.00	\$195	\$74.00		√				
7807-109	87081	Throat culture for streptococci (set-up)	Procedure	\$28.00	\$163	\$30.00		√				
7807-110	87070	Miscellaneous/ Wound Culture	Procedure	\$28.00	\$163	\$30.00		√				
7807-111	87086	Urine culture with colony count (set up)	Procedure	\$24.00	\$163	\$26.00		√				
7807-112	87186	Antibiotic sensitivity for bacteriology cultures	Procedure	\$46.00	\$163	\$49.00		√				
7807-113	87205	Gram stain	Procedure	\$13.00	\$139	\$14.00		√				
<b>Mycobacteriology</b>												
7807-114	87015 /206	Acid fast smear: non tissue	Procedure	\$37.00	\$181	\$40.00		√				
7807-115	87176 /206	Acid fast smear: Tissue	Procedure	\$37.00	\$181	\$40.00		√				
7807-116	87116	Acid fast culture	Procedure	\$31.00	\$269	\$33.00		√				
7807-117	87116	Acid fast blood cultures	Procedure	\$100.00	Referred test	\$106.00		√				
7807-118	87070	Nocardia (partially acid fast) culture	Procedure	\$28.00	\$927	\$30.00		√				
7807-119	87206	Nocardia (partially acid fast) smear	Procedure	\$37.00	\$927	\$40.00		√				
7807-120	87556	MTB/RIF Gene Xpert	Procedure	\$115.00	\$195	\$122.00		√				
7807-121	87118	Mycobacterium identification by MALDI-TOF	Procedure	\$97.00	\$181	\$103.00		√				
7807-122	86480	TB Test IFNg response (QFT)	Procedure	\$46.00	\$146	\$49.00		√				
7807-123	87186 /87188 /87798	Antibiotic sensitivity (sent to a reference lab)	Procedure	\$350-\$588	Referred test	\$370-622		√				
<b>Mycology</b>												
7807-124	87101	Fungal culture – skin, hair, or nails	Procedure	\$30.00	\$430	\$32.00		√				
7807-125	87102	Fungal culture – other	Procedure	\$30.00	\$430	\$32.00		√				
7807-126	87176	Tissue homogenization, mycology (added as appropriate)	Procedure	\$13.00	\$927	\$14.00		√				
7807-127	87106/7	Fungal identification, per organism	Procedure	\$30.00	\$430	\$32.00		√				
7807-128	87220 /10	KOH Preparation	Procedure	\$13.00	\$124	\$14.00		√				
<b>Molecular Testing</b>												
7807-129	87798	PCR (Enterovirus, Influenza, Measles, Mumps, Norovirus, Malaria, pertussis, SARS-CoV-2, Zika Singleplex)	Procedure	\$57.00	\$195	\$61.00		√				
<b>Serology</b>												
7807-130	86703	HIV screening – serum	Procedure	\$39.00	Referred test	\$42.00		√				
7807-131	86689	HIV antibody confirmation – serum	Procedure	\$55.00	Referred test	\$59.00		√				
7807-132	86592	RPR or VDRL syphilis screening	Procedure	\$13.00	\$192	\$14.00		√				
7807-133	86593	PRP or VDRL syphilis titer/prozone	Procedure	\$13.00	\$192	\$14.00		√				
7807-134	86780	TP-PA syphilis confirmation	Procedure	\$23.00	\$192	\$25.00		√				
7807-135	86709	Hepatitis A IgM antibody testing	Procedure	\$41.00	Referred test	\$44.00		√				
7807-136	87340	Hepatitis B surface antigen screening	Procedure	\$41.00	Referred test	\$44.00		√				
7807-137	86803	Hepatitis C antibody screening	Procedure	\$35.00	Referred test	\$37.00		√				
7807-138	86794	Zika IgM serology (ELISA ± Rapid Test)	Procedure	No Charge	Referred test	\$61.00		√				
<b>Parasitology</b>												
7807-139	87177	Stool: Ova (concentration method)	Procedure	\$26.00	\$927	\$28.00		√				
7807-140	87209	Stool: Parasites (trichrome method)	Procedure	\$37.00	\$927	\$40.00		√				
7807-141	87206	Stool: Cryptosporidium + Giardia	Procedure	\$46.00	\$927	\$49.00		√				
7807-142	87168	Ectoparasite identification (Scabies)	Procedure	\$25.00	\$927	\$27.00		√				
7807-143	87169	Parasite identification – worm	Procedure	\$13.00	\$927	\$14.00		√				
7807-144	87172	Pinworm test – up to 3 paddles	Procedure	\$28.00	\$927	\$30.00		√				
7807-145	87207	Blood parasite stain, Giemsa	Procedure	\$0.00	\$927	\$0.00		√				
<b>Other</b>												
7807-146	83665	Pediatric capillary blood lead level	Procedure	\$8.00	\$114	\$9.00		√				
7807-147	N/A	Rabies Immunofluorescence (brain extracted)	Procedure	\$54.00	\$199	\$57.00	√					
7807-148	N/A	Rabies Immunofluorescence (brain not extracted)	Procedure	\$68.00	\$199	\$72.00		√				
7807-149	87168	Tick/arthropod identification only	Procedure	\$39.00	\$116	\$42.00		√				
7807-150	87168	Tick identification & Borrelia test	Procedure	\$39.00	\$116	\$42.00		√				
7807-151	N/A	Autoclave service	Procedure	\$13.00	N/A	\$14.00		√				

**COUNTY OF SOLANO  
COST AND RECOMMENDED FEE SCHEDULE  
FY2023/24**

**HEALTH AND SOCIAL SERVICES  
EXHIBIT XI**

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2024/25	New Fee	Revised Fee	Fee Authority	Description/ Exception
7807-152	N/A	Duo-Spore test	Procedure	\$25.00	N/A	\$27.00		√		
<b>Miscellaneous Services</b>										
7807-153	N/A	Water 1:1 Colilert Quantitray	Procedure	\$50.00	\$116	\$53.00		√		
7807-154	N/A	Water 1:10 Colilert Quantitray	Procedure	\$50.00	\$116	\$53.00		√		
7807-155	N/A	Water 1:10 Enterolert Quantitray	Procedure	\$50.00	\$116	\$53.00		√		
7807-156	N/A	Water 18 Hour Presence	Procedure	\$35.00	\$116	\$37.00		√		
7807-157	N/A	Water 24 Hour Presence	Procedure	\$35.00	\$116	\$37.00		√		
7807-158	N/A	Water Quantitray Enumeration	Procedure	\$45.00	\$116	\$48.00		√		
7807-159	N/A	Water Enterolert	Procedure	\$50.00	\$116	\$53.00		√		
7807-160	N/A	Nitrate and Nitrite combined test	Procedure	\$62.00	\$116	\$62.00		√		
7807-161	N/A	Anion panel - (Chloride, Nitrate, Sulfate)	Procedure	\$65.00	\$116	\$65.00		√		

Health and Social Services may need to adjust its fees charged to clients during the year as reimbursement rates from Medi-Cal, Medicare or other third party payers change, actual