

RESOLUTION NO. 2025-94

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS ADOPTING REVISED FEE SCHEDULE FOR HEALTH AND SOCIAL SERVICES DEPARTMENT

Whereas, the laws of the State of California and the provisions of the Solano County Code authorize the Solano County Board of Supervisors to establish and adjust fees that the Health and Social Services Department proposes.

Resolved, the Solano County Board of Supervisors adopts the fees set forth in attached Exhibit XI to Solano County Code section 11-110.12, to be effective on July 1, 2025.

Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 22, 2025 by the following vote:

AYES: SUPERVISORS James, Brown, Williams, Vasquez, and Chair Mashburn

NOES: SUPERVISORS None

EXCUSED: SUPERVISORS None



MITCH H. MASHBURN, Chair
Solano County Board of Supervisors

ATTEST:
BILL EMLLEN, Clerk
Solano County Board of Supervisors

By: 
Alicia Draves, Chief Deputy Clerk

**COUNTY OF SOLANO
COST AND RECOMMENDED FEE SCHEDULE
FY2025/26**

**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 FY2025/26	New Fee	Revised Fee	Fee Authority	Description/ Exception
MENTAL HEALTH PROGRAM SERVICES										
7700-101	341	MH Outpatient Services	1-min	\$6.93	TBD	REMOVE		DELETE	Department of Healthcare Services (DHCS)	The California Advancing and Innovating Medi-Cal (Cal AIM) payment reform implemented on July 1, 2024 significantly changed the way county behavioral health plans claim reimbursement for specialty mental health services. Reimbursement under payment reform uses Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) by provider types for reimbursement. Medi-Cal Behavioral Health Fee Schedules by county are located in Department of Health Care Services (DHCS) County Claims Customer Services Library website - https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library .
7700-102	320	MH Medication	1-min	\$12.81	TBD	REMOVE		DELETE		
7700-103	371	MH Crisis Intervention	1-min	\$10.31	TBD	REMOVE		DELETE		
7700-104	303	MH Case Management	1-min	\$5.36	TBD	REMOVE		DELETE		
PUBLIC HEALTH PROGRAMS										
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 01.01.2025 for CY 2025
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					
California Children Services (CCS)										
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				
FAMILY HEALTH SERVICES										
Family Health Services - Primary Care Clinic									Department of Healthcare Services (DHCS)	Usual & Customary Rates
7580-101	10060	INCISION AND DRAINAGE OF ABSCESS	Procedure	\$453.42	\$690.09	\$475.10		✓		
7580-102	10120	INCISION AND REMOVAL OF FOREIGN BODY	Procedure	\$634.33	\$826.20	\$667.97		✓		
7580-103	11200	REMOVAL OF SKIN TAGS <W/15	Procedure	\$272.51	\$504.39	\$296.35		✓		
7580-104	11300	SHAVE SKIN LESION 0.5 CM/<	Procedure	\$290.83	\$0.00	\$311.64		✓		
7580-105	11302	SHAVE SKIN LESION 1.1-2.0 CM	Procedure	\$383.58	\$0.00	\$401.02		✓		

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7580-106	11310	SHAVE SKIN LESION 0.5 CM/>	Procedure	\$326.33	\$0.00	\$351.62		✓	Department of Healthcare Services (DHCS)	Usual & Customary Rates
7580-107	11402	EXC TR-EXT B9+MARG 1.1-2 CM	Procedure	\$498.08	\$0.00	\$536.26		✓		
7580-108	11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	Procedure	\$380.14	\$0.00	\$390.43		✓		
7580-109	11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Procedure	\$476.32	\$533.97	\$497.45		✓		
7580-110	11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Procedure	\$501.51	\$579.78	\$515.09		✓		
7580-111	11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Procedure	\$755.70	\$735.75	\$772.63		✓		
7580-112	17110	DESTRUCTION OF BENIGN LESIONS, UP TO 14 LESIONS	Procedure	\$341.21	\$627.16	\$363.38		✓		
7580-113	20610	DRAIN/INJ JOINT/BURSA W/O US	Procedure	\$305.72	\$343.67	\$315.17		✓		
7580-114	57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	Procedure	\$272.51	\$391.26	\$283.42		✓		
7580-115	57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION	Procedure	\$566.78	\$819.30	\$604.46		✓		
7580-116	57505	ENDOCERVICAL CURETTAGE	Procedure	\$491.21	\$833.17	\$524.50		✓		
7580-117	58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION	Procedure	\$462.58	\$527.89	\$483.34		✓		
7580-118	58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	Procedure	\$391.59	\$585.27	\$429.24		✓		
7580-119	58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	Procedure	\$389.30	\$577.33	\$409.25		✓		
7580-120	69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	Procedure	\$62.98	\$90.22	\$64.68		✓		
7580-121	69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL	Procedure	\$179.77	\$252.34	\$188.16		✓		
7580-122	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Procedure	\$324.04	\$848.48	\$356.33		✓		
7580-123	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	Procedure	\$168.32	\$0.00	\$183.46		✓		
7580-124	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Procedure	\$219.84	\$0.00	\$232.85		✓		
7580-125	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Procedure	\$254.19	\$0.00	\$272.83		✓		
7580-126	92551	SCREENING TEST, PURE TONE, AIR ONLY	Procedure	\$49.24	\$72.87	\$50.57		✓		
7580-127	92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	Procedure	\$79.01	\$230.92	\$79.97		✓		
7580-128	93005	ELECTROCARDIOGRAM TRACING	Procedure	\$72.14	\$36.25	\$74.09		✓		
7580-129	93010	ELECTROCARDIOGRAM INTERPRETATION AND REPORT	Procedure	\$80.15	\$39.59	\$78.79		✓		
7580-130	94640	AIRWAY INHALATION TREATMENT	Procedure	\$80.15	\$45.89	\$79.97		✓		
7580-131	96110	DEVELOPMENTAL SCREENING WITH SCORING AND DOCUMENTATION	Procedure	\$59.54	\$67.09	\$63.50		✓		
7580-132	98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED	Procedure	\$112.21	\$163.01	\$130.54		✓		
7580-133	98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	Procedure	\$130.53	\$234.33	\$139.94		✓		
7580-134	98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED	Procedure	\$178.62	\$303.71	\$192.86		✓		
7580-135	98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 7-8 BODY REGIONS INVOLVED	Procedure	\$212.97	\$367.32	\$234.02		✓		

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7580-136	98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 9-10 BODY REGIONS INVOLVED	Procedure	\$229.00	\$430.92	\$252.84		✓	Department of Healthcare Services (DHCS)	Usual & Customary Rates
7580-137	98940	CHIROPRACTIC MANIPULATE TREATMENT FOR ONE TO TWO SPINAL REGIONS	Procedure	\$75.57	\$0.00	\$78.79	✓			
7580-138	98941	CHIROPRACTIC MANIPULATE TREATMENT FOR THREE TO FOUR SPINAL REGIONS	Procedure	\$89.31	\$0.00	\$94.08	✓			
7580-139	98942	CHIROPRACTIC MANIPULATE TREATMENT FOR FIVE SPINAL REGIONS	Procedure	\$103.05	\$0.00	\$109.37	✓			
7580-140	Q0091	OBTAINING SCREEN PAP SMEAR	Procedure	\$42.37	\$0.00	\$57.88		✓		
7580-141	99202	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$224.42	\$379.25	\$224.62		✓		
7580-142	99203	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$341.21	\$584.30	\$361.03		✓		
7580-143	99204	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$522.12	\$868.07	\$551.54		✓		
7580-144	99205	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$689.29	\$1,143.24	\$729.12		✓		
7580-145	99211	OFFICE/OUTPATIENT VISIT EST	Procedure	\$85.88	\$127.88	\$85.85		✓		
7580-146	99212	OFFICE/OUTPATIENT VISIT EST	Procedure	\$156.87	\$299.86	\$163.46		✓		
7580-147	99213	OFFICE/OUTPATIENT VISIT EST	Procedure	\$237.02	\$478.14	\$254.02		✓		
7580-148	99214	OFFICE/OUTPATIENT VISIT EST	Procedure	\$348.08	\$669.18	\$370.44		✓		
7580-149	99215	OFFICE/OUTPATIENT VISIT EST	Procedure	\$508.38	\$935.01	\$545.66		✓		
7580-150	99381	PREVENTIVE VISIT NEW, AGE YOUNGER THAN 1 YEAR	Procedure	\$310.30	\$573.62	\$335.16		✓		
7580-151	99382	PREVENTIVE VISIT NEW, AGE 1-4 YEARS	Procedure	\$324.04	\$600.01	\$351.62		✓		
7580-152	99383	PREVENTIVE VISIT NEW, AGE 5-11 YEARS	Procedure	\$328.62	\$621.36	\$357.50		✓		
7580-153	99384	PREVENTIVE VISIT NEW, AGE 12-17 YEARS	Procedure	\$365.26	\$693.94	\$392.78		✓		
7580-154	99385	PREVENTIVE VISIT NEW, AGE 18-39 YEARS	Procedure	\$413.35	\$675.70	\$446.88		✓		
7580-155	99386	PREVENTIVE VISIT NEW, AGE 40-64 YEARS	Procedure	\$455.71	\$773.48	\$490.39		✓		
7580-156	99387	PREVENTIVE VISIT NEW, AGE 65 YEARS AND OLDER	Procedure	\$462.58	\$841.97	\$497.45		✓		
7580-157	99391	PREVENTIVE VISIT EST, AGE YOUNGER THAN 1 YEAR	Procedure	\$282.82	\$513.28	\$306.94		✓		
7580-158	99392	PREVENTIVE VISIT EST, AGE 1-4 YEARS	Procedure	\$298.85	\$544.71	\$319.87		✓		
7580-159	99393	PREVENTIVE VISIT EST, AGE 5-11 YEARS	Procedure	\$296.56	\$544.71	\$316.34		✓		
7580-160	99394	PREVENTIVE VISIT EST, AGE 12-17 YEARS	Procedure	\$316.02	\$592.45	\$343.39		✓		
7580-161	99395	PREVENTIVE VISIT EST, AGE 18-39 YEARS	Procedure	\$353.81	\$609.13	\$382.20		✓		
7580-162	99396	PREVENTIVE VISIT EST, AGE 40-64 YEARS	Procedure	\$373.27	\$645.60	\$399.84		✓		
7580-163	99397	PREVENTIVE VISIT EST, AGE 65 YEARS AND OLDER	Procedure	\$387.01	\$697.79	\$419.83		✓		
7580-164	99406	BEHAV CHNG SMOKING 3-10 MIN	Procedure	\$44.66	\$66.00	\$48.22		✓		
7580-165	G0466	FQHC PPS: VISIT, NEW PATIENT	Procedure	\$342.59	\$700.56	\$355.95		✓		
7580-166	G0467	FQHC PPS: VISIT, ESTABLISHED PATIENT	Procedure	\$344.85	\$700.56	\$358.30		✓		
7580-167	G0468	FQHC PPS: VISIT, IPPE OR AWV	Procedure	\$344.85	\$0.00	\$358.30		✓		
7580-168	G0469	FQHC PPS: VISIT, MENTAL HEALTH, NEW PATIENT	Procedure	\$537.70	\$710.30	\$558.67		✓		
7580-169	G0470	FQHC PPS: VISIT, MENTAL HEALTH, EST PATIENT	Procedure	\$537.70	\$710.30	\$558.67		✓		
7580-170	STD	STD Test	Procedure	\$43.00	\$42.39	\$43.00				
7580-171	90471	IMMUNIZATION ADMINISTRATION, FIRST OR ONLY COMPONENT	Admin Fee	\$35.00	\$39.55	\$40.00		✓		
7580-172	96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION, INTRAARTERIAL	Admin Fee	\$72.14	\$76.21	\$74.09		✓		
7580-173	G0008	INFLUENZA VIRUS VACCINE ADMINISTRATION	Admin Fee	\$35.00	\$39.55	\$40.00		✓		
7580-174	G0009	PNEUMOCOCCAL VACCINE ADMINISTRATION	Admin Fee	\$35.00	\$39.55	\$40.00		✓		
7580-175	G0010	HEPATITIS B VACCINE ADMINISTRATION	Admin Fee	\$35.00	\$39.55	\$40.00		✓		
7580-176	Various VFC Admin Fees	Various VFC Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumococcal, Poliovirus, Rotavirus, Varicella)	Admin Fee	\$9.00	\$0.00	\$9.00				

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Supplies										
7580-177	Various Vaccines Drugs & Supplies	Various Vaccines, Drugs & Supplies	Item	Actual Cost	Varies	Actual Cost			Department of Healthcare Services (DHCS)	Actual Cost
Family Health Services - Laboratory										
7580-178	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
Family Health Services - Dental Clinic										
7580-179	D0120	PERIODIC ORAL EVALUATION - EST PATIENT	Procedure	\$88.00	\$102.99	\$92.00		✓	Department of Healthcare Services (DHCS)	Usual & Customary Rates
7580-180	D0145	ORAL EVAL PT UND 3 YR AGE CONSL W/PRIM CAREGIVER	Procedure	\$138.00	\$147.13	\$144.00		✓		
7580-181	D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	Procedure	\$156.00	\$147.13	\$163.00		✓		
7580-182	D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	X-ray	\$250.00	\$294.27	\$254.00		✓		
7580-183	D0220	INTRAORAL-PERAPICAL FIRST RADIOGRAPHIC IMAGE	X-ray	\$50.00	\$73.57	\$51.00		✓		
7580-184	D0230	INTRAORAL-PERAPICAL-EACH ADDITIONAL IMAGE	X-ray	\$45.00	\$36.78	\$46.00		✓		
7580-185	D0240	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE	X-ray	\$77.00	\$88.28	\$79.00		✓		
7580-186	D0270	BITEWING-SINGLE RADIOGRAPHIC IMAGE	X-ray	\$48.00	\$73.57	\$49.00		✓		
7580-187	D0272	BITEWINGS-TWO RADIOGRAPHIC IMAGES	X-ray	\$76.00	\$88.28	\$78.00		✓		
7580-188	D0274	BITEWINGS-FOUR RADIOGRAPHIC IMAGES	X-ray	\$107.00	\$147.13	\$109.00		✓		
7580-189	D0330	PANORAMIC RADIOGRAPHIC IMAGE	X-ray	\$175.00	\$235.42	\$176.00		✓		
7580-190	D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	X-ray	\$93.00	\$147.13	\$96.00		✓		
7580-191	D1110	PROPHYLAXIS-ADULT	Procedure	\$156.00	\$220.70	\$162.00		✓		
7580-192	D1120	PROPHYLAXIS-CHILD	Procedure	\$108.00	\$147.13	\$112.00		✓		
7580-193	D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	Procedure	\$84.00	\$88.28	\$85.00		✓		
7580-194	D1351	SEALANT-PER TOOTH	Procedure	\$95.00	\$117.71	\$99.00		✓		
7580-195	D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	Procedure	\$121.00	\$132.42	\$128.00		✓		
7580-196	D1555	REMOVAL OF FIXED SPACE MAINTAINER	Procedure	\$73.00	\$161.85	\$75.00		✓		
7580-197	D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	Procedure	\$216.00	\$294.27	\$225.00		✓		
7580-198	D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	Procedure	\$280.00	\$323.70	\$291.00		✓		
7580-199	D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	Procedure	\$338.00	\$397.26	\$352.00		✓		
7580-200	D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	Procedure	\$412.00	\$485.54	\$428.00		✓		
7580-201	D2330	RESIN-BASED COMPOSITE-ONE SURFACE ANTERIOR	Procedure	\$242.00	\$294.27	\$249.00		✓		
7580-202	D2331	RESIN-BASED COMPOSITE-TWO SURFACES ANTERIOR	Procedure	\$308.00	\$441.40	\$318.00		✓		
7580-203	D2332	RESIN-BASED COMPOSITE-THREE SURFACES ANTERIOR	Procedure	\$377.00	\$514.97	\$389.00		✓		
7580-204	D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	Procedure	\$446.00	\$588.54	\$460.00		✓		
7580-205	D2391	RESIN-BASED COMPOSITE-ONE SURFACE POSTERIOR	Procedure	\$283.00	\$294.27	\$292.00		✓		
7580-206	D2392	RESIN-BASED COMPOSITE-TWO SURFACES POSTERIOR	Procedure	\$370.00	\$588.54	\$382.00		✓		
7580-207	D2393	RESIN-BASED COMPOSITE-THREE SURFACES POSTERIOR	Procedure	\$460.00	\$794.53	\$474.00		✓		

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7580-208	D2394	RESIN COMPOS-FOUR OR MORE SURFACES POSTERIOR	Procedure	\$564.00	\$838.67	\$581.00		✓	Department of Healthcare Services (DHCS)	Usual & Customary Rates
7580-209	D2751	CROWN-PORCELAIN FUSED PREDOMINANTLY BASE METAL	Procedure	\$1,518.00	\$2,354.15	\$1,568.00		✓		
7580-210	D2920	RE-CEMENT OR RE-BOND CROWN	Procedure	\$154.00	\$220.70	\$156.00		✓		
7580-211	D2940	PROTECTIVE RESTORATION	Procedure	\$160.00	\$220.70	\$163.00		✓		
7580-212	D2951	PIN RETENTION-PER TOOTH ADDITION RESTORATION	Procedure	\$91.00	\$0.00	\$92.00		✓		
7580-213	D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FAB	Procedure	\$632.00	\$0.00	\$643.00		✓		
7580-214	D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	Procedure	\$102.00	\$0.00	\$105.00		✓		
7580-215	D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	Procedure	\$353.00	\$588.54	\$364.00		✓		
7580-216	D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	Procedure	\$1,111.00	\$1,500.77	\$1,138.00		✓		
7580-217	D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	Procedure	\$1,362.00	\$1,692.05	\$1,394.00		✓		
7580-218	D3330	ENDODONTIC THERAPY MOLAR	Procedure	\$1,689.00	\$2,059.88	\$1,729.00		✓		
7580-219	D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	Procedure	\$71.00	\$441.40	\$73.00				
7580-220	D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	Procedure	\$376.00	\$735.67	\$384.00		✓		
7580-221	D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	Procedure	\$218.00	\$397.26	\$222.00		✓		
7580-222	D4910	PERIODONTAL MAINTENANCE	Procedure	\$231.00	\$294.27	\$237.00		✓		
7580-223	D5110	COMPLETE DENTURE-MAXILLARY	Procedure	\$2,374.00	\$0.00	\$2,482.00		✓		
7580-224	D5120	COMPLETE DENTURE-MANDIBULAR	Procedure	\$2,374.00	\$0.00	\$2,482.00		✓		
7580-225	D5211	MAXILLARY PARTIAL DENTURE-RESIN BASE	Procedure	\$2,003.00	\$2,501.29	\$2,095.00		✓		
7580-226	D5212	MANDIBULAR PARTIAL DENTURE-RESIN BASE	Procedure	\$2,328.00	\$2,604.28	\$2,435.00		✓		
7580-227	D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	Procedure	\$2,623.00	\$0.00	\$2,743.00		✓		
7580-228	D5214	MAND PART DENTUR-CAST METL-FRMEWRK W/RSN BASE	Procedure	\$2,623.00	\$0.00	\$2,743.00		✓		
7580-229	D5410	ADJUST COMPLETE DENTURE-MAXILLARY	Procedure	\$130.00	\$176.56	\$136.00		✓		
7580-230	D5411	ADJUST COMPLETE DENTURE-MANDIBULAR	Procedure	\$130.00	\$0.00	\$136.00		✓		
7580-231	D5421	ADJUST PARTIAL DENTURE-MAXILLARY	Procedure	\$130.00	\$176.56	\$136.00		✓		
7580-232	D5422	ADJUST PARTIAL DENTURE-MANDIBULAR	Procedure	\$130.00	\$176.56	\$136.00		✓		
7580-233	D5520	REPLACE MISSING/BROKEN TEETH-COMplete DENTURE	Procedure	\$217.00	\$294.27	\$226.00		✓		
7580-234	D5610	REPAIR RESIN DENTURE BASE	Procedure	\$171.00	\$0.00	\$175.00		✓		
7580-235	D5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	Procedure	\$368.00	\$0.00	\$385.00		✓		
7580-236	D5640	REPLACE BROKEN TEETH-PER TOOTH	Procedure	\$238.00	\$441.40	\$249.00		✓		
7580-237	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	Procedure	\$325.00	\$441.40	\$340.00		✓		
7580-238	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	Procedure	\$390.00	\$735.67	\$408.00		✓		
7580-239	D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	Procedure	\$715.00	\$0.00	\$747.00		✓		
7580-240	D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	Procedure	\$715.00	\$0.00	REMOVE		✗		
7580-241	D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	Procedure	\$184.00	\$0.00	\$187.00		✓		
7580-242	D6930	RECEMENT/REBOND FIXED PARTIAL DENTURE	Procedure	\$252.00	\$0.00	\$282.00		✓		

**COUNTY OF SOLANO
COST AND RECOMMENDED FEE SCHEDULE
FY2025/26**

**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 FY2025/26	New Fee	Revised Fee	Fee Authority	Description/ Exception		
7580-243	D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	Procedure	\$86.00	\$0.00	\$88.00		✓	Department of Healthcare Services (DHCS)	Usual & Customary Rates		
7580-244	D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	Procedure	\$287.00	\$323.70	\$302.00		✓				
7580-245	D7210	EXTRACTION ERUPTED TOOTH REMV BONE ELEV FLAP	Procedure	\$415.00	\$588.54	\$428.00		✓				
7580-246	D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	Procedure	\$520.00	\$0.00	\$537.00		✓				
7580-247	D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	Procedure	\$692.00	\$882.81	\$715.00		✓				
7580-248	D7240	REMOVAL OF IMPACTED TOOTH -- COMPLETELY BONY	Procedure	\$812.00	\$0.00	REMOVE						
7580-249	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	Procedure	\$438.00	\$588.54	\$453.00		✓				
7580-250	D7340	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	Procedure	\$571.00	\$0.00	REMOVE		DELETE				
7580-251	D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	Procedure	\$927.00	\$0.00	\$986.00		✓				
7580-252	D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	Procedure	\$613.00	\$0.00	\$652.00		✓				
7580-253	D7971	EXCISION OF PERICORONAL GINGIVA	Procedure	\$428.00	\$0.00	\$455.00		✓				
7580-254	D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	Procedure	\$0.00	\$0.00	\$0.00						
7580-255	D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	Procedure	\$242.00	\$294.27	\$248.00		✓				
7580-256	D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	Procedure	\$273.00	\$0.00	REMOVE						
7580-257	D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	Procedure	\$43.00	\$176.56	\$45.00		✓				
7580-258	D9910	APPLICATION OF DESENSITIZING MEDICAMENT	Procedure	\$92.00	\$132.42	\$91.00		✓				
7580-259	D9930	TX COMPLICATIONS-UNUSUAL CIRCUMSTANCES REPORT	Procedure	\$55.00	\$250.13	\$57.00		✓				
7580-260	D9951	OCCUSAL ADJUSTMENT-LIMITED	Procedure	\$224.00	\$0.00	\$220.00		✓				
NAPA-SOLANO-YOLO REGIONAL PUBLIC HEALTH LABORATORY												
Bacteriology and Direct Tests												
7807-101	87045	Stool Culture (Salmonella, Shigella) per organism	Procedure	\$30.00	\$163	\$31.00		✓	California Department of Public Health	Usual & Customary Rates		
7807-102	87046	Stool Culture (Not Salmonella, Shigella) per organism	Procedure	\$30.00	\$163	\$31.00		✓				
7807-103	87045/46	Stool culture, complete workup (Salmonella, Shigella, STEC, Campylobacter, and Vibrio)	Procedure	\$30.00	\$163	\$31.00		✓				
7807-104	87077	Title 17 isolate workup	Procedure	\$0.00	\$163	\$0.00						
7807-105	87798	STEC PCR	Procedure	\$61.00	\$195	\$62.00		✓				
7807-106	87899	Shiga toxin detection by immunoassay	Procedure	\$51.00	\$195	\$52.00		✓				
7807-107	87076/77	Isolate ID/rule out, biochemical tests per organism	Procedure	\$27.00	\$163	\$28.00		✓				
7807-108	87081	CRE confirmation	Procedure	\$74.00	\$195	\$76.00		✓				
7807-109	87081	Throat culture for streptococci (set-up)	Procedure	\$30.00	\$163	\$31.00		✓				
7807-110	87070	Miscellaneous/ Wound Culture	Procedure	\$30.00	\$163	\$31.00		✓				
7807-111	87086	Urine culture with colony count (set up)	Procedure	\$26.00	\$163	\$27.00		✓				
7807-112	87186	Antibiotic sensitivity for bacteriology cultures	Procedure	\$49.00	\$163	\$50.00		✓				
7807-113	87205	Gram stain	Procedure	\$14.00	\$139	\$14.00		✓				
Mycobacteriology												
7807-114	87015 /206	Acid fast smear: non tissue	Procedure	\$40.00	\$181.00	\$41.00		✓				
7807-115	87176 /206	Acid fast smear:Tissue	Procedure	\$40.00	\$181.00	\$41.00		✓				
7807-116	87116	Acid fast culture	Procedure	\$33.00	\$268.75	\$34.00		✓				
7807-117	87116	Acid fast blood cultures	Procedure	\$106.00	Referred test	\$108.00		✓				
7807-118	87070	Nocardia (partially acid fast) culture	Procedure	\$30.00	\$927.00	\$31.00		✓				
7807-119	87206	Nocardia (partially acid fast) smear	Procedure	\$40.00	\$927.46	\$41.00		✓				
7807-120	87556	MTB/RIF Gene Xpert	Procedure	\$122.00	\$194.62	\$125.00		✓				

**COUNTY OF SOLANO
COST AND RECOMMENDED FEE SCHEDULE
FY2025/26**

**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 FY2025/26	New Fee	Revised Fee	Fee Authority	Description/ Exception
7807-121	87556	Mycobacterium identification by MALDI-TOF, per organism	Procedure	\$103.00	\$180.74	\$105.00		√	California Department of Public Health	Usual & Customary Rates
7807-122	86480	TB Test IFN γ response (QFT)	Procedure	\$49.00	\$146.00	\$50.00		√		
7807-123	87186 /87188 /87798	Antibiotic sensitivity (sent to a reference lab), TB sendout	Procedure	\$370-622	Referred test	\$370-622		√		
Mycology										
7807-124	87101	Fungal culture – skin, hair, or nails	Procedure	\$32.00	\$430.11	\$33.00		√		
7807-125	87102	Fungal culture – other	Procedure	\$32.00	\$430.11	\$33.00		√		
7807-126	87176	Tissue homogenization, mycology (added as appropriate)	Procedure	\$14.00	N/A	\$15.00		√		
7807-127	87106/7	Fungal identification, per organism	Procedure	\$32.00	\$430.11	\$33.00		√		
7807-128	87220 /10	KOH Preparation	Procedure	\$14.00	\$124.38	\$15.00		√		
Molecular Testing										
7807-129	87798	PCR (Enterovirus, Influenza, Measles, Mumps, Norovirus, Malaria, pertussis, SARS-CoV-2, Zika Singleplex)	Procedure	\$61.00	\$194.62	\$62.00		√		
Serology										
7807-130	86703	HIV screening – serum	Procedure	\$42.00	Referred test	\$43.00		√		
7807-131	86689	HIV antibody confirmation – serum	Procedure	\$59.00	Referred test	\$60.00		√		
7807-132	86592	RPR or VDRL syphilis screening	Procedure	\$14.00	\$192	\$14.00		√		
7807-133	86593	PRP or VDRL syphilis titer/prozone	Procedure	\$14.00	\$192	\$14.00		√		
7807-134	86780	TP-PA syphilis confirmation	Procedure	\$25.00	\$192	\$26.00		√		
7807-135	86709	Hepatitis A IgM antibody testing	Procedure	\$44.00	Referred test	\$45.00		√		
7807-136	87340	Hepatitis B surface antigen screening	Procedure	\$44.00	Referred test	\$45.00		√		
7807-137	86803	Hepatitis C antibody screening	Procedure	\$37.00	Referred test	\$38.00		√		
7807-138	86794	Zika IgM serology (ELISA \pm Rapid Test)	Procedure	\$61.00	Referred test	\$62.00		√		
Parasitology										
7807-139	87177	Stool: Ova (concentration method)	Procedure	\$28.00	\$927	\$29.00		√		
7807-140	87209	Stool: Parasites (trichrome method)	Procedure	\$40.00	\$927	\$41.00		√		
7807-141	87206	Stool: Cryptosporidium + Giardia	Procedure	\$49.00	\$927	\$50.00		√		
7807-142	87168	Ectoparasite identification (Scabies)	Procedure	\$27.00	\$927	\$28.00		√		
7807-143	87169	Parasite identification – worm	Procedure	\$14.00	\$927	\$14.00		√		
7807-144	87172	Pinworm test – up to 3 paddles	Procedure	\$30.00	\$927	\$31.00		√		
7807-145	87207	Blood parasite stain, Giemsa	Procedure	\$0.00	\$927	\$0.00		√		
Other										
7807-146	83665	Pediatric capillary blood lead level	Procedure	\$9.00	\$114	\$9.00		√		
7807-147	N/A	Rabies Immunofluorescence (brain extracted)	Procedure	\$57.00	\$199	\$58.00		√		
7807-148	N/A	Rabies Immunofluorescence (brain not extracted)	Procedure	\$72.00	\$199	\$74.00		√		
7807-149	87168	Tick/arthropod identification only	Procedure	\$42.00	\$116	\$43.00		√		
7807-150	87168	Tick identification & Borrelia test	Procedure	\$42.00	\$116	\$43.00		√		
7807-151	N/A	Autoclave service	Procedure	\$14.00	N/A	\$14.00		√		
7807-152	N/A	Duo-Spore test	Procedure	\$27.00	N/A	\$28.00		√		
Miscellaneous Services										
7807-153	N/A	Water 1:1 Colilert Quantitray	Procedure	\$53.00	\$116	\$54.00		√		
7807-154	N/A	Water 1:10 Colilert Quantitray	Procedure	\$53.00	\$116	\$54.00		√		
7807-155	N/A	Water 1:10 Enterolert Quantitray	Procedure	\$53.00	\$116	\$54.00		√		
7807-156	N/A	Water 18 Hour Presence	Procedure	\$37.00	\$116	\$38.00		√		
7807-157	N/A	Water 24 Hour Presence	Procedure	\$37.00	\$116	\$38.00		√		
7807-158	N/A	Water Quantitray Enumeration	Procedure	\$48.00	\$116	\$49.00		√		
7807-159	N/A	Water Enterolert	Procedure	\$53.00	\$116	\$54.00		√		
7807-160	N/A	Nitrate and Nitrite combined test	Procedure	\$62.00	N/A	\$62.00		√		
7807-161	N/A	Anion panel - (Chloride, Nitrate, Sulfate)	Procedure	\$65.00	N/A	\$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 cost per unit information becomes available, or as the volume of services rendered changes to allow us to recover more of our actual costs. Any new procedures added during the fiscal year will be based on existing or established methodologies for setting rates. If actual costs for services, procedures or supply items increase, H&SS may elect to pass the increased cost on to the client.