

RESOLUTION NO. 2024-62

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, 2024.

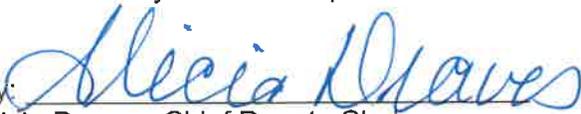
Passed and adopted by the Solano County Board of Supervisors at its regular meeting on April 23, 2024 by the following vote:

AYES:	SUPERVISORS	<u>Hannigan, Brown, Williams, Vasquez, and Chair Mashburn</u>
NOES:	SUPERVISORS	<u>None</u>
EXCUSED:	SUPERVISORS	<u>None</u>



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
FY2024/25**

**HEALTH AND SOCIAL SERVICES
EXHIBIT XI**

Ref. #	Proc #	Service	Estimated No of Units 2024/25	Current Fee Per Unit	Actual Cost per Unit	Recmd Fee/Unit 2024/25	New Fee	Revised Fee	Fee Authority	Description/ Exception
MENTAL HEALTH PROGRAM SERVICES										
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		√		
PUBLIC HEALTH PROGRAMS										
7809-101		Medical Marijuana ID Card (Medi-Cal Client)	Card	\$50.00		\$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				
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										
7580-101	10060	INCISION AND DRAINAGE OF ABSCESS	Procedure	\$425.62	\$0.00	\$453.42		√	Department of Healthcare Services (DHCS)	Usual & Customary Rates
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	\$414.30	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	\$562.75	NO USAGE	\$0.00		DELETE		
7580-113	11421	EXCISION, BENIGN LESION, SCALP, NECK, HANDS, FEET, 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	\$599.79	NO USAGE	\$0.00		DELETE		
7580-115	11760	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		√		

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7580-117	11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Procedure	\$463.80	\$0.00	\$476.32		√	Department of Healthcare Services (DHCS)	Usual & Customary Rates
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		√		
7580-124	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	64704	INSERT BLADDER CATHETER	Procedure	\$227.97	NO USAGE	\$0.00		DELETE		
7580-124	66606	BIOPSY OF VULVA/PERINEUM; 1 LESION	Procedure	\$355.89	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	67462	COLPOSCOPY OF THE CERVIX-INCLUDING UPPER/ADJACENT VAGINA	Procedure	\$453.69	NO USAGE	\$0.00		DELETE		
7580-127	67454	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	67460	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		√		
7580-134	67522	CONIZATION OF CERVIX	Procedure	\$1,360.85	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		√		
7580-143	93005	ELECTROCARDIOGRAM TRACING	Procedure	\$69.63	\$0.00	\$72.14		√		
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 ² <	Procedure	\$208.88	NO USAGE	\$0.00		DELETE		

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7580-148	07600	RMVL DEVITAL TIS ADDL 20CM/4	Procedure	\$408.93	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	Obtainin; 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	\$65.88		√		
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		√		
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 AWW	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				

Department of Healthcare Services (DHCS)

Usual & Customary Rates

**COUNTY OF SOLANO
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7580-188	G0009	PNEUMOCOCCAL VACCINE ADMINISTRATION	Admin Fee	\$31.00	\$34.51	\$35.00			Department of Healthcare Services (DHCS)	Usual & Customary Rates
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, Rotavirus, Varicella)	Admin Fee	\$9.00	\$0.00	\$9.00				
Supplies										
7580-191	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										
7580-192	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
Family Health Services - Dental Clinic										
7580-193	D0120	PERIODIC ORAL EVALUATION - EST PATIENT	Procedure	\$86.00	\$90.41	\$88.00		√	Department of Healthcare Services (DHCS)	Usual & Customary Rates
7580-194	D0145	ORAL EVAL PT UND 3 YR AGE CONSL W/PRIM CAREGIVER	Procedure	\$134.00	\$129.15	\$138.00		√		
7580-195	D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	Procedure	\$152.00	\$129.15	\$156.00		√		
7580-196	D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	X-ray	\$243.00	\$258.31	\$250.00		√		
7580-197	D0220	INTRAORAL-PERAPICAL FIRST RADIOGRAPHIC IMAGE	X-ray	\$49.00	\$64.58	\$50.00		√		
7580-198	D0230	INTRAORAL-PERAPICAL-EACH ADDITIONAL IMAGE	X-ray	\$44.00	\$32.29	\$45.00		√		
7580-199	D0240	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE	X-ray	\$75.00	\$77.49	\$77.00		√		
7580-200	D0270	BITEWING-SINGLE RADIOGRAPHIC IMAGE	X-ray	\$46.00	\$64.58	\$46.00		√		
7580-201	D0272	BITEWINGS-TWO RADIOGRAPHIC IMAGES	X-ray	\$74.00	\$77.49	\$76.00		√		
7580-202	D0274	BITEWINGS-FOUR RADIOGRAPHIC IMAGES	X-ray	\$103.00	\$129.15	\$107.00		√		
7580-203	D0330	PANORAMIC RADIOGRAPHIC IMAGE	X-ray	\$173.00	\$206.64	\$175.00		√		
7580-204	D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	X-ray	\$93.00	\$129.15	\$93.00		√		
7580-205	D1110	PROPHYLAXIS-ADULT	Procedure	\$151.00	\$193.73	\$156.00		√		
7580-206	D1120	PROPHYLAXIS-CHILD	Procedure	\$105.00	\$129.15	\$108.00		√		
7580-207	D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	Procedure	\$87.00	\$77.49	\$84.00		√		
7580-208	D1351	SEALANT-PER TOOTH	Procedure	\$95.00	\$103.32	\$95.00		√		
7580-209	D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	Procedure	\$122.00	\$116.24	\$121.00		√		
7580-210	D1555	REMOVAL OF FIXED SPACE MAINTAINER	Procedure	\$0.00	\$142.07	\$0.00		√		
7580-211	D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	Procedure	\$208.00	\$258.31	\$216.00		√		
7580-212	D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	Procedure	\$269.00	\$284.14	\$280.00		√		
7580-213	D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	Procedure	\$325.00	\$348.71	\$338.00		√		
7580-214	D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	Procedure	\$396.00	\$426.21	\$412.00		√		
7580-215	D2330	RESIN-BASED COMPOSITE-ONE SURFACE ANTERIOR	Procedure	\$237.00	\$258.31	\$242.00		√		
7580-216	D2331	RESIN-BASED COMPOSITE-TWO SURFACES ANTERIOR	Procedure	\$303.00	\$387.46	\$308.00		√		
7580-217	D2332	RESIN-BASED COMPOSITE-THREE SURFACES ANTERIOR	Procedure	\$370.00	\$452.04	\$377.00		√		
7580-218	D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	Procedure	\$438.00	\$516.61	\$446.00		√		

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7580-219	D2391	RESIN-BASED COMPOSITE-ONE SURFACE POSTERIOR	Procedure	\$278.00	\$258.31	\$283.00		√	Department of Healthcare Services (DHCS)	Usual & Customary Rates
7580-220	D2392	RESIN-BASED COMPOSITE-TWO SURFACES POSTERIOR	Procedure	\$364.00	\$516.61	\$370.00		√		
7580-221	D2393	RESIN-BASED COMPOSITE-THREE SURFACES POSTERIOR	Procedure	\$452.00	\$697.43	\$460.00		√		
7580-222	D2394	RESIN COMPOS-FOUR OR MORE SURFACES POSTERIOR	Procedure	\$553.00	\$736.17	\$564.00		√		
7580-223	D2740	Crown - Porcelain/Ceramic Substrate	Procedure	\$1,644.00	No Usage	\$0.00		DELETE		
7580-224	D2751	CROWN-PORCELAIN FUSED PREDOMINANTLY BASE METAL	Procedure	\$1,480.00	\$2,066.45	\$1,518.00		√		
7580-225	D2920	RE-CEMENT OR RE-BOND CROWN	Procedure	\$150.00	\$193.73	\$154.00		√		
7580-226	D2934	PREFABR STAINLESS STEEL CROWN-PERMANENT TOOTH	Procedure	\$462.00	No Usage	\$0.00		DELETE		
7580-227	D2940	PROTECTIVE RESTORATION	Procedure	\$156.00	\$0.00	\$160.00		√		
7580-228	D2951	PIN RETENTION-PER TOOTH ADDITION RESTORATION	Procedure	\$88.00	\$0.00	\$91.00		√		
7580-229	D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	Procedure	\$0.00	\$0.00	\$0.00		√		
7580-230	D3220	TX PULP-REMY PULP-CORONAL-DENTINOCEMENTL JUNG	Procedure	\$308.00	No Usage	\$0.00		DELETE		
7580-231	D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	Procedure	\$338.00	\$516.61	\$353.00		√		
7580-232	D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	Procedure	\$1,085.00	\$1,317.36	\$1,111.00		√		
7580-233	D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	Procedure	\$1,330.00	\$1,485.26	\$1,362.00		√		
7580-234	D3330	ENDODONTIC THERAPY MOLAR	Procedure	\$1,649.00	\$1,808.14	\$1,689.00		√		
7580-235	D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	Procedure	\$0.00	\$387.46	\$0.00		√		
7580-236	D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	Procedure	\$368.00	\$645.77	\$376.00		√		
7580-237	D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	Procedure	\$213.00	\$348.71	\$218.00		√		
7580-238	D4910	PERIODONTAL MAINTENANCE	Procedure	\$226.00	\$258.31	\$231.00		√		
7580-239	D5110	COMPLETE DENTURE-MAXILLARY	Procedure	\$2,328.00	\$3,228.83	\$2,374.00		√		
7580-240	D5120	COMPLETE DENTURE-MANDIBULAR	Procedure	\$2,328.00	\$3,228.83	\$2,374.00		√		
7580-241	D5211	MAXILLARY PARTIAL DENTURE-RESIN BASE	Procedure	\$1,965.00	\$2,195.60	\$2,003.00		√		
7580-242	D5212	MANDIBULAR PARTIAL DENTURE-RESIN BASE	Procedure	\$2,283.00	\$2,286.01	\$2,328.00		√		
7580-243	D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	Procedure	\$2,572.00	\$3,874.59	\$2,623.00		√		
7580-244	D5214	MAND PART DENTUR-CAST METL- FRMEWRK W/RSN BASE	Procedure	\$2,572.00	\$3,874.59	\$2,623.00		√		
7580-245	D5410	ADJUST COMPLETE DENTURE-MAXILLARY	Procedure	\$127.00	\$154.98	\$130.00		√		
7580-246	D5411	ADJUST COMPLETE DENTURE-MANDIBULAR	Procedure	\$127.00	\$0.00	\$130.00		√		
7580-247	D5421	ADJUST PARTIAL DENTURE-MAXILLARY	Procedure	\$127.00	\$154.98	\$130.00		√		
7580-248	D5422	ADJUST PARTIAL DENTURE-MANDIBULAR	Procedure	\$127.00	\$154.98	\$130.00		√		
7580-249	D5520	REPLACE MISSING/BROKEN TEETH-COMplete DENTURE	Procedure	\$212.00	\$258.31	\$217.00		√		
7580-250	D5610	REPAIR RESIN DENTURE BASE	Procedure	\$0.00	\$0.00	\$0.00		√		
7580-251	D5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	Procedure	\$361.00	\$0.00	\$368.00		√		
7580-252	D5640	REPLACE BROKEN TEETH-PER TOOTH	Procedure	\$234.00	\$387.46	\$238.00		√		
7580-253	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	Procedure	\$319.00	\$387.46	\$325.00		√		
7580-254	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	Procedure	\$382.00	\$645.77	\$390.00		√		
7580-266	D6730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	Procedure	\$533.00	No Usage	\$0.00		DELETE		
7580-266	D6760	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	Procedure	\$712.00	No Usage	\$0.00		DELETE		

**COUNTY OF SOLANO
COST AND RECOMMENDED FEE SCHEDULE
FY2024/25**

**HEALTH AND SOCIAL SERVICES
EXHIBIT XI**

Ref. #	Proc #	Service	Estimated No of Units 2024/25	Current Fee Per Unit	Actual Cost per Unit	Recomd Fee/Unit 2024/25	New Fee	Revised Fee	Fee Authority	Description/ Exception
7580-257	D6764	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	Procedure	\$742.00	\$0.00	\$715.00		DELETE		
7580-258	D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	Procedure	\$701.00	\$0.00	\$715.00		√		
7580-259	D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	Procedure	\$701.00	\$0.00	\$715.00		√		
7580-260	D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	Procedure	\$0.00	\$0.00	\$0.00		√		
7580-261	D6930	RECEMENT/REBOND FIXED PARTIAL DENTURE	Procedure	\$253.00	\$0.00	\$252.00		√		
7580-262	D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	Procedure	\$0.00	\$0.00	\$0.00		√		
7580-263	D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	Procedure	\$275.00	\$284.14	\$287.00		√		
7580-264	D7210	EXTRACTION ERUPTED TOOTH REMV BONE ELEV FLAP	Procedure	\$399.00	\$516.61	\$415.00		√		
7580-265	D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	Procedure	\$500.00	\$594.10	\$520.00		√		
7580-266	D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	Procedure	\$665.00	\$774.92	\$692.00			Department of Healthcare Services (DHCS)	Usual & Customary Rates
7580-267	D7240	Removal Of Impacted Tooth – Completely Bony	Procedure	\$781.00	\$0.00	\$812.00		√		
7580-268	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	Procedure	\$421.00	\$516.61	\$438.00		√		
7580-269	D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	Procedure	\$564.00	\$0.00	\$571.00		√		
7580-270	D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	Procedure	\$916.00	\$684.51	\$927.00		√		
7580-271	D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	Procedure	\$606.00	\$348.71	\$613.00		√		
7580-272	D7971	EXCISION OF PERICORONAL GINGIVA	Procedure	\$423.00	\$0.00	\$428.00				
7580-273	D7999	Unspecified Oral Surgery Procedure, By Report	Procedure	\$0.00	\$0.00	\$0.00		√		
7580-274	D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	Procedure	\$233.00	\$258.31	\$242.00		√		
7580-275	D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	Procedure	\$263.00	\$0.00	\$273.00		√		
7580-276	D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	Procedure	\$0.00	\$154.98	\$0.00		√		
7580-277	D9910	APPLICATION OF DESENSITIZING MEDICAMENT	Procedure	\$87.00	\$116.24	\$92.00		√		
7580-278	D9930	TX COMPLICATIONS-UNUSUAL CIRCUMSTANCES REPORT	Procedure	\$0.00	\$219.56	\$0.00		√		
7580-279	D9951	OCCLUSAL ADJUSTMENT-LIMITED	Procedure	\$212.00	\$297.05	\$224.00				
NAPA-SOLANO-YOLO REGIONAL PUBLIC HEALTH LABORATORY										
Bacteriology and Direct Tests										
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, STEC, Campylobacter, and Vibrio)	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		√		

**COUNTY OF SOLANO
COST AND RECOMMENDED FEE SCHEDULE
FY2024/25**

**HEALTH AND SOCIAL SERVICES
EXHIBIT XI**

Ref. #	Proc #	Service	Estimated No of Units 2024/25	Current Fee Per Unit	Actual Cost per Unit	Recomd Fee/Unit 2024/25	New Fee	Revised Fee	Fee Authority	Description/ Exception
Mycobacteriology										
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, per organism	Procedure	\$97.00	\$181	\$103.00		✓		
7807-122	86480	TB Test (IFN γ response) (QFT)	Procedure	\$46.00	\$146	\$49.00				
7807-123	87186 /87188 /87198	Antibiotic sensitivity (sent to a reference lab), TB sendout	Procedure	\$350-\$588	Referred test	\$370-622		✓		
Mycology										
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		✓		
Molecular Testing										
7807-129	87798	PCR (Enterovirus, Influenza, Measles, Mumps, Norovirus, Malaria, pertussis, SARS-CoV-2, Zika Singleplex)	Procedure	\$57.00	\$195	\$61.00		✓		
Serology										
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 \pm Rapid Test)	Procedure	No Charge	Referred test	\$61.00		✓		
Parasitology										
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		✓		
Other										
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				
7807-152	N/A	Duo-Spore test	Procedure	\$25.00	N/A	\$27.00		✓		
Miscellaneous Services										
7807-153	N/A	Water 1:1 Coli-ert Quantitray	Procedure	\$50.00	\$116	\$53.00		✓		
7807-154	N/A	Water 1:10 Coli-ert 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		✓		

CA Dept of Public Health

Usual & Customary Rates

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.