

ORDINANCE NO. _____ (N.S.)

AN ORDINANCE AMENDING ARTICLE XV-B OF THE SAN DIEGO COUNTY ADMINISTRATIVE CODE, RELATING TO HEALTH AND HUMAN SERVICES CHARGES AND FEES
The Board of Supervisors of the County of San Diego ordains as follows:

SEC. 239. RATES OF CHARGE IN ACCORDANCE WITH THE PUBLISHED MEDI-CAL SCHEDULE.

Except as otherwise specified in Section 240 through Section 255 of this Administrative Code, the rates of charge for health care to be rendered by public health and behavioral health programs listed in Section 233 of this Administrative Code shall be set in accordance with the current published Medi-Cal schedule and shall be revised by the Agency Director of the Health and Human Services Agency, referred to hereafter in this Article as Agency Director, as the published Medi-Cal schedule changes. At least once each twenty-four (24) months, the rates shall be reviewed by the Health and Human Services Agency to assure that such charges do not exceed the County's actual costs. In the event the review determines that any specific charge(s) exceed actual costs, the Agency Director shall revise the rates of charge to reduce the applicable charge(s) to the level of actual costs. Specified services subject this section include:

- (a) public health services:
 - (1) Trichomonas test
 - (2) GC Culture (Negative) test
 - (3) GC Culture (Positive) test
 - (4) Acid fast smear exam (Ziehl- Neelson) test
 - (5) Norovirus by PCR test
 - (6) Confirmatory HIV-1/2 (Genius) test
 - (7) Aerobic Bacterial Culture (Negative) test
 - (8) Aerobic Bacterial Culture (Positive) test
 - (9) Mycobacteria culture (includes concentration, smear and MGIT culture) and identification test
 - (10) Drug susceptibility, per drug test
 - (11) Direct specimen PCR for TB/ Rifampin resistance test
 - (12) Quantiferon Gold (TB test, cell immune measure) test
 - (13) Darkfield exam test
 - (14) RPR - quantitative test

- (15) Confirmatory TP-PA with both RPR above test
 - (16) Syphilis Antibody CIA test
 - (17) Virus Identification by PCR, Influenza test
 - (18) Immunizations provided
 - (19) Enterovirus
 - (20) Zika IgM (Manual)
 - (21) Hepatitis A PCR Screening (Thermocycler)
 - (22) GC Gram Stain
 - (23) Measles PCR
 - (24) Mumps PCR
 - (25) Herpes NAAT
 - (26) Measles CIA IgG
 - (27) Hepatitis A Prep Sequencing
 - (28) SARS-CoV-2 Assay - Alinity m
 - (29) Hepatitis B CORE Antibody (Total)
 - (30) Hepatitis C Antibody
 - (31) Hep C RNA
 - (32) Hepatitis B surface antibody (HbsAg) Quantitative
 - (33) Hepatitis B surface antigen (HbsAb) Qualitative
 - (34) HIV-1/2 Antigen/Antibody CIA test
 - (35) ~~HIV-1 viral load test~~ Norovirus by PCR (QIAcube extraction)
 - (36) Carbapenem-Resistant A. baumannii (CRAB) – Negative
 - (37) Carbapenem-Resistant A. baumannii (CRAB) - Positive
 - (368) Other related health services that are included in the Medi-Cal schedule
- (b) behavioral health services:
- (1) Hospital Inpatient
 - (2) Hospital Administrative Day
 - (3) Crisis Stabilization - Urgent Care/ ER

- (4) Day Rehabilitation - Full Day
- (5) Outpatient Services - Case Management, Brokerage
- (6) Outpatient Services - Mental Health Services
- (7) Outpatient Services - Medication Support
- (8) Outpatient Services - Crisis Intervention
- (9) Other related behavioral health services that are included in the Medi-Cal schedule

~~(Added by Ord. No. 8835 (N.S.), effective 11-6-97; amended by Ord. No. 9475 (N.S.), effective 7-18-02; amended by Ord. No. 9558 (N.S.), effective 6-20-03; amended by Ord. No. 10477 (N.S.), effective 5-25-17; amended by Ord. No. 10532 (N.S.), effective 5-24-18; amended by Ord. No. 10600 (N.S.), effective 5-30-19; amended by Ord. No. 10722 (N.S.), effective 6-3-21; amended by Ord. No. 10797 (N.S.), effective 7-14-22)~~

SEC. 244. FEES FOR LABORATORY SERVICES.

The Agency Director shall charge and collect the following fees for the following laboratory services:

ENVIRONMENTAL TESTING FEES

~~Total coliforms and E. coli (presence/absence) — potable water~~ Colilert for Total Coliforms & E. coli (Drinking Water) \$39.64~~25.23~~

~~Enterococcus count (chromogenic method) — other water~~ Enterolert for Enterococcus - 0.1 Dilution (Marine Water) \$20.03~~23.78~~

~~Total and fecal coliforms by MPN method (15 tubes) — other water~~ MTF for Total & Fecal Coliforms (Marine Water) \$39.44~~78.53~~

~~Total and fecal coliforms by MPN method (15 tubes) — sewage~~ MTF for Total & Fecal Coliforms (Wastewater) \$129.64~~337.99~~

Food borne examination (Negative) ~~\$114.95~~123.79

Food borne examination (Positive) ~~\$232.73~~250.90

Rabies ~~\$75.46~~133.61

Enterolert for Enterococcus - Additional Dilution (Marine Water) \$11.01

Enterolert for Enterococcus - Undiluted (Marine Water) \$9.65

Membrane Filtration for Enterococcus - Undiluted and 0.1 Dilution \$144.20

Membrane Filtration for Enterococcus - Additional Dilution \$40.68

Colilert-18 for Total Coliforms & E. coli - Additional Dilution (Marine Water) \$12.65

Colilert-18 for Total Coliforms & E. coli - Undiluted (Marine Water) \$11.43

Membrane Filtration for Total Coliforms - Undiluted and 0.1 Dilution \$96.49

Membrane Filtration for Fecal Coliforms - Undiluted and 0.1 Dilution \$48.95

Membrane Filtration for Total Coliforms - Additional Dilution \$20.69

Membrane Filtration for Fecal Coliforms - Additional Dilution \$21.76

Colilert-18 for Total Coliforms & E. coli - 0.1 Dilution (Marine Water) \$33.33

ddPCRfor Enterococcus \$101.39

ddPCR for Enterococcus (Overtime Rate) \$130.00

OTHER CLINICAL FEES

~~Chlamydia / Gonorrhea \$18.58~~18.99

~~Enterococcus by Enzyme Substrate—Additional dilutions—\$12.32~~

~~Enterococcus by Enzyme Substrate—Undiluted—\$8.26~~

~~Enterococcus by Membrane Filtration—Undiluted and 0.1 dilution~~

~~(default)—\$59.70Enterococcus by Membrane Filtration—Additional dilutions—\$25.76~~

~~Total Coliforms and E.coli by Enzyme Substrate—0.1 dilution—\$26.38~~

~~Total Coliforms and E.coli by Enzyme Substrate—Additional dilutions—\$20.79~~

~~Total Coliforms and E.coli by Enzyme Substrate—Undiluted—\$16.93Total Coliforms by~~

~~Membrane Filtration—Undiluted and 0.1 dilution (default)—\$70.55Fecal Coliforms by~~

~~Membrane Filtration—Undiluted and 0.1 dilution (default)—\$40.53Total Coliforms Membrane~~

~~Filtration—Additional dilutions—\$39.49Fecal Coliforms Membrane Filtration—Additional~~

~~dilutions—\$23.69SARS-CoV-2 Assay - Panther Fusion \$23.46~~24.34

~~SARS-CoV-2 Assay - Perkin Elmer \$12.74~~14.03

~~SARS-CoV IgG - Alinity I \$20.14~~22.03

~~SARS-CoV-2 Assay - Panther Aptima \$35.92~~36.99

~~Abbott 4 plex test (SARS, Influenza A&B and RSV) \$53.76~~54.45

~~Perkin Elmer 4 plex test (SARS, Influenza A&B and RSV) \$48.00~~48.18

~~Biofire Respiratory Panel PCR \$188.76~~189.77

~~Biofire GI Panel PCR \$199.93~~225.45

~~Enterococcus (ddPCR)—\$112.72Enterococcus (ddPCR)—expedite fee—\$144.05HIV-1 Viral~~
Load \$58.42

Hep C RNA \$12.70

SARS-CoV-2 Assay – GeneXpert \$43.71

GeneXpert - 4plex test (SARS, Influenza A&B and RSV) \$46.02

NON-DIAGNOSTIC GENERAL HEALTH ASSESSMENT

Semi-annual general filing fee \$117.00

Semi-annual fee for additional tests \$26.00

Semi-annual fee for additional location \$80.00

Annual Maximum Charge per Agency \$1,043.00

SEC. 255. EDGEMOOR DISTINCT PART SKILLED NURSING FACILITY.

The Agency Director shall charge and collect the following fees for the following inpatient health services at Edgemoor Distinct Part Skilled Nursing Facility:

Private Pay Rate ~~\$775.00~~\$908.00

SEC. 256. TOBACCO RETAIL LICENSING PROGRAM.

The Agency Director shall charge and collect the following fees for Tobacco Retail Licensing Program: \$730.00

Approved as to Form and Legality

CLAUDIA SILVA, County Counsel

By Kyle Sand, Senior Deputy