

W.5.D.1

**AGENDA COVER MEMO**

AGENDA DATE: August 31, 2011  
TO: Board of County Commissioners  
DEPARTMENT: Health & Human Services  
PRESENTED BY: Lynise Kjolberg, Administrative Manager



AGENDA TITLE: ORDER \_\_\_\_\_ / IN THE MATTER OF AMENDING CHAPTER 60 OF LANE MANUAL TO REVISE CERTAIN HEALTH & HUMAN SERVICES FEES (LM 60.840) EFFECTIVE SEPTEMBER 1, 2011

**I. MOTION**

In the Matter of Amending Chapter 60 of Lane Manual to Revise Certain Health & Human Services Fees (LM 60.840) Effective September 1, 2011.

**II. AGENDA ITEM SUMMARY**

The Board is being asked to approve the Department of Health & Human Services annual Lane Manual fee revision. In this revision, existing fees have increased to reflect current service cost, to maximize revenue collection, and to better describe the service provided. We request that the Board approve a change in the methodology for establishing and maintaining fees for primary care services under the Community Health Centers division.

**III. BACKGROUND/IMPLICATIONS OF ACTION**

A. Board Action and Other History

The last fee revision for the Department of Health & Human Services was completed in June 2010. The last fee revision for Community Health Centers was July 2007.

B. Policy Issues

Fees are set and collected to support programs as much as possible, with consideration given to keeping service attainable to clients with limited income. Most department programs use a sliding-fee scale to minimize barriers and encourage utilization of services.

C. Board Goals

The request for revisions of department fees aligns with the adopted strategic plan of Lane County. Section D2, identify and recover user fees and directs Lane County to establish and collect fair and reasonable fees for our services. Fees are based on cost, including reasonable allocations of overhead. In addition, sliding-fee scales based on income are established for essential services.

D. Financial and/or Resource Considerations

Generally, fees charges by this department are determined by different jurisdictions or other outside factors. In some cases, fees are set by state statute or administrative rule. The department complies with required outside fee determinants: and, at the same time, strives to maximize revenue collections from fees while attempting to minimize barriers and encourage utilization of services. Health & Human Services staff have reviewed fees and request that selected fees should be increased to match the cost of providing services and to maximize reimbursement from the state and other sources and added new fees to allow us to collect for services provided.

The Community Health Centers are proposing to change the methodology used to establish and modify fees for primary care services to adopt a Resource-Based Relative Value (RBRVS) methodology. In addition, we propose to discontinue the practice of listing out each procedure that could be performed and instead explain the methodology. The sliding fee scale would continue to be included.

The recommended conversion factor is consistent with the County's current Board-approved fee schedule. It results in no net change in expected patient payments.

The recommended conversion factor will not result in any substantial fee increases for any of our most commonly performed procedures. It will result in a significant decrease in fees for a limited number of procedures – bringing our charges for these services in line with national and community standards.

The Finance & Audit committee reviewed the proposed changes on August 18, 2011.

E. Analysis

**Behavioral Health Services** is supported by state and federal grant funds and fee for service billings to Oregon Health plan. Additionally, Behavioral Health is able to collect the wrap-around payment since they are under the FQHC umbrella. Behavioral Health lost 100% of County General Fund in the last

budget process, yet is able to able to maintain the same level of service by increasing productivity of existing staff. Request is to increase one fee **Self-Help/Peer Services** from \$69 to \$75/hour.

**Animal Services** proposes to change the names of the **Disposal for unwanted animals** fee to **Disposal of deceased animal** and increase the fee from \$20 to \$25 to cover the cost. The fee for **Euthanasia requests** to be changed to no longer include the disposal of the animal. Two proposed fees: **Pet supplies** at acquisition cost to allow the program to have on hand various leashes, collars, and harnesses; **Post Adoption Behavioral Training** for \$60 per hour. Training is currently provided to behaviorally challenged dogs. Adding this fee would allow us to charge for this service.

### **Community Health Centers**

The Resource-Based Relative Value (RBRVS) methodology is the industry-standard by which providers and payors establish, modify, and maintain provider fee schedules. The RBRVS methodology was established by Medicare, in conjunction with the American Medical Association (AMA) and the Specialty Practice Boards, in 1992.

The methodology consists of two components – relative value units (RVUs), and conversion factors. The charge of for specific service is calculated as follows:

Relative Value Units (RVUs) are established annually by the AMA for every medical/surgical procedure. The unit values assigned to each service reflects the relative value of the resources required to provide that specific service in comparison to all other services. Resources consist of physician time, practice expense, and malpractice costs. For example, a procedure that has a RVU value of 2.0 would typically require twice the resources of a different procedure that has a RVU value of 1.0. The RVU values are adjusted annually by the AMA based on annual reviews and recommendations of experts in each medical specialty.

Conversion Factors are decided upon by each provider agency based on its specific cost structure. Medicare annually announces the conversion factor that it will use to calculate the amount it will pay for services. Commercial insurance payors typically use the conversion factor as the basis of negotiating with medical groups for determining contractual payment terms.

The RVUs and conversion factor are used as follows to determine the specific charges for each procedure:

Charge for a Procedure = (# of RVUs for that procedure) x (Conversion Factor)

For example, if the conversion factor chosen by a medical provider is \$50.00, the charges for procedures would be calculated as follows:

Charge for Procedure A with a 1.5 RVU would be:

1.5 RVU x \$50.00 Conversion Factor = \$75.00 charge

Charge for Procedure B with a 2.0 RVU would be:

2.0 RVU x \$50.00 Conversion Factor = \$100.00 charge

### **Benefits of Adopting a RBRVS Methodology**

- Adopting the RBRVS methodology will put the CHC on par with industry standards for establishing and maintaining fees.

Our fee schedule was originally developed many years ago. We have historically adjusted all fees on a percentage basis, without altering the relative amounts charged for specific services. Over time our fees for some services have become out of synch with the amount allowed by Medicare or other key payors. In other instances, our current charges do not accurately reflect the costs of providing each service, and are somewhat arbitrary.

- Adopting the RBRVS methodology will significantly reduce staff time required to analyze and maintain the fee schedule.

RVU adjustments are announced annually by Medicare based on nationally-recognized changes in the relative costs of providing services. The use of RVU process enables the County to use these national standards and will eliminate staff time required to evaluate changes to costs and charges on a service-by-service basis. The only adjustment that needs to be evaluated annually is the conversion factor.

- Adopting the RBRVS methodology will more easily allow us to evaluate provider productivity and identify areas for improving efficiency/productivity.

The RBRVS system enables organizations to capture provider productivity in terms of RVUs, which are a nationally recognized standard of the relative amount of time that a provider would expend in providing each specific service. This provides a method for more accurately and efficiently measuring provider productivity than is otherwise available. This methodology is an industry standard used by medical groups across the country to measure provider productivity, and to then compare productivity internally across different providers within the organization, and externally to similar sized medical practices/specialties.

The conversion factor for Community Health Centers is \$47.51. This is based on the cost of providing services. See Attachment A for a list of services most

frequently provided, the 2011 Relative Value Units (RVU) for each service is multiplied by the conversion factor of \$47.51 to determine the fee for each procedure.

The top ten most common procedures account for 90.7% of charges for services provided by the CHC. The recommended change will not increase fees for any of these services by more than 8.0%, and will decrease the fee for one of these procedures by 13.0%.

F. Alternative / Options

1. To approve the proposed fee changes and appropriate additional fee revenue in the next supplemental, as needed.
2. To not approve the proposed fee changes. To do so would, in some cases, limit the ability of the programs to generate revenue to cover increased costs.

**IV. TIMING/IMPLEMENTATION**

Fees would become effective September 1, 2011. Budget adjustments for FY11/12 would be processed in the first supplemental process in FY11/12.

**V. RECOMMENDATION**

The recommendation supported by the Department of Health & Human Services is as follows:

The Board to amend Lane Manual to revise the Health & Human Services fee schedule.

**VI. FOLLOW-UP**

Health & Human Services staff will work with program staff to implement the approved fee changes.

**VII. ATTACHMENT**

Board Order  
Attachment A  
Lane Manual

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO.

IN THE MATTER OF AMENDING CHAPTER 60 OF  
LANE MANUAL TO REVISE CERTAIN HEALTH &  
HUMAN SERVICES FEES (LM 60.840) EFFECTIVE  
SEPTEMBER 1, 2011

The Board of County Commissioners of Lane County orders as follows:

Lane Manual Chapter 60 is hereby amended by removing, substituting and adding the following sections:

**REMOVE THESE SECTIONS**

60.840  
as located on pages 60-21 through 60-43  
(a total of 23 pages)

**INSERT THESE SECTIONS**

60.840  
as located on pages 60-21 through 60-34  
(a total of 14 pages)

Said section is attached hereto and incorporated herein by reference. The purpose of this substitution is to revise the fee schedule for certain Health and Human Services fees (LM 60.840), effective September 1, 2011.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_ 2011.

\_\_\_\_\_  
Chair, Lane County Board of Commissioners

APPROVED AS TO FORM

Date 5/17/11 Lane County

\_\_\_\_\_  
OFFICE OF LEGAL COUNSEL

## 2011 National Physician Fee Schedule Relative Value File

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Dental codes (D codes) are copyright 2011/12 American Dental Association. All Rights Reserved.

RELEASED 05/16/2011

\$ 47.51 New Conversion Factor

C/F = Conversion Factor

CPT	DESCRIPTION	Tans Non			TOTAL RVU	fee with new C/F	Our current fee	difference in fee's	New Fee Rounded up or down to Nearest Dollar
		Work RVU	Fac PE RVU	MP RVU					
10060	Drainage of skin abscess	1.22	1.50	0.09	2.81	\$ 133.50	\$ 149.00	\$ (15.50)	\$ 134.00
10061	Drainage of skin abscess	2.45	2.10	0.22	4.77	\$ 226.62	\$ 239.00	\$ (12.38)	\$ 227.00
10160	Puncture drainage of lesion	1.25	1.85	0.12	3.22	\$ 152.98	\$ 104.00	\$ 48.98	\$ 153.00
11100	Biopsy, skin lesion	0.81	1.74	0.08	2.63	\$ 124.95	\$ 142.00	\$ (17.05)	\$ 125.00
11101	Biopsy, skin add-on	0.41	0.41	0.04	0.86	\$ 40.86	\$ 84.00	\$ (43.14)	\$ 41.00
11200	Removal of skin tags	0.82	1.24	0.08	2.14	\$ 101.67	\$ 126.00	\$ (24.33)	\$ 102.00
11401	Exc tr-ext b9+marg 0.6-1 cm	1.28	2.23	0.15	3.66	\$ 173.89	\$ 145.00	\$ 28.89	\$ 174.00
11402	Exc tr-ext b9+marg 1.1-2 cm	1.45	2.45	0.18	4.08	\$ 193.84	\$ 204.00	\$ (10.16)	\$ 194.00
11420	Exc h-f-nk-sp b9+marg 0.5 <	1.03	1.87	0.09	2.99	\$ 142.05	\$ 137.00	\$ 5.05	\$ 142.00
11421	Exc h-f-nk-sp b9+marg 0.6-1	1.47	2.26	0.16	3.89	\$ 184.81	\$ 155.00	\$ 29.81	\$ 185.00
11440	Exc face-mm b9+marg 0.5 < cm	1.05	2.12	0.12	3.29	\$ 156.31	\$ 214.00	\$ (57.69)	\$ 156.00
11640	Exc face-mm malig+marg 0.5 <	1.67	3.06	0.19	4.92	\$ 233.75	\$ 333.00	\$ (99.25)	\$ 234.00
11719	Trim nail(s)	0.17	0.36	0.01	0.54	\$ 25.66	\$ 31.00	\$ (5.34)	\$ 26.00
11720	Debride nail, 1-5	0.32	0.44	0.02	0.78	\$ 37.06	\$ 44.00	\$ (6.94)	\$ 37.00
11721	Debride nail, 6 or more	0.54	0.53	0.03	1.10	\$ 52.26	\$ 61.00	\$ (8.74)	\$ 52.00
11730	Removal of nail plate	1.10	1.29	0.06	2.45	\$ 116.40	\$ 142.00	\$ (25.60)	\$ 116.00
11732	Remove nail plate, add-on	0.57	0.53	0.03	1.13	\$ 53.69	\$ 58.29	\$ (4.60)	\$ 54.00
11750	Removal of nail bed	2.50	2.85	0.16	5.51	\$ 261.78	\$ 446.00	\$ (184.22)	\$ 262.00
12002	Repair superficial wound(s)	1.91	1.95	0.23	4.09	\$ 194.32	\$ 278.00	\$ (83.68)	\$ 194.00
17000	Destruct premalg lesion	0.65	1.33	0.06	2.04	\$ 96.92	\$ 105.00	\$ (8.08)	\$ 97.00
17003	Destruct premalg les, 2-14	0.07	0.11	0.01	0.19	\$ 9.03	\$ 35.00	\$ (25.97)	\$ 9.00
17110	Destruct b9 lesion, 1-14	0.70	2.01	0.06	2.77	\$ 131.60	\$ 129.00	\$ 2.60	\$ 132.00
17250	Chemical cautery, tissue	0.50	1.33	0.05	1.88	\$ 89.32	\$ 81.00	\$ 8.32	\$ 89.00
20552	Inj trigger point, 1/2 muscl	0.66	0.65	0.05	1.36	\$ 64.61	\$ 146.00	\$ (81.39)	\$ 65.00
20600	Drain/inject, joint/bursa	0.66	0.68	0.05	1.39	\$ 66.04	\$ 117.00	\$ (50.96)	\$ 66.00
20605	Drain/inject, joint/bursa	0.68	0.77	0.06	1.51	\$ 71.74	\$ 130.00	\$ (58.26)	\$ 72.00

CPT	DESCRIPTION	Tans Non			TOTAL RVU	fee with new C/F	Our current fee	difference in fee's	New Fee Rounded up or down to Nearest Dollar
		Work RVU	Fac PE RVU	MP RVU					
20610	Drain/inject, joint/bursa	0.79	1.10	0.09	1.98	\$ 94.07	\$ 154.00	\$ (59.93)	\$ 94.00
26070	Explore/treat hand joint	3.81	3.42	0.48	7.71	\$ 366.30	\$ 566.00	\$ (199.70)	\$ 366.00
46083	Incise external hemorrhoid	1.45	2.77	0.18	4.40	\$ 209.04	\$ 244.00	\$ (34.96)	\$ 209.00
46600	Diagnostic anoscopy	0.55	1.47	0.06	2.08	\$ 98.82	\$ 97.00	\$ 1.82	\$ 99.00
54056	Cryosurgery, penis lesion(s)	1.29	2.22	0.13	3.64	\$ 172.94	\$ 157.00	\$ 15.94	\$ 173.00
56501	Destroy, vulva lesions, sim	1.58	1.70	0.20	3.48	\$ 165.33	\$ 232.00	\$ (66.67)	\$ 165.00
57454	Bx/curett of cervix w/scope	2.33	1.52	0.28	4.13	\$ 196.22	\$ 283.20	\$ (86.98)	\$ 196.00
58100	Biopsy of uterus lining	1.53	1.22	0.19	2.94	\$ 139.68	\$ 137.00	\$ 2.68	\$ 140.00
58301	Remove intrauterine device	1.27	1.14	0.16	2.57	\$ 122.10	\$ 155.00	\$ (32.90)	\$ 122.00
69210	Remove impacted ear wax	0.61	0.63	0.05	1.29	\$ 61.29	\$ 104.00	\$ (42.71)	\$ 61.00
93000	EKG, complete	0.17	0.39	0.02	0.58	\$ 100.85	\$ 30.63	\$ 70.22	\$ 31.00
96000	Motion analysis, video/3d	1.80	0.55	0.08	2.43	\$ 115.45	\$ 188.00	\$ (72.55)	\$ 115.00
96110	Developmental test, lim	0.00	0.19	0.01	0.20	\$ 9.50	\$ 74.00	\$ (64.50)	\$ 10.00
96150	Assess hlth/behave, init	0.50	0.11	0.01	0.62	\$ 29.46	\$ 43.89	\$ (14.43)	\$ 29.00
96151	Assess hlth/behave, subseq	0.48	0.11	0.01	0.60	\$ 28.51	\$ 52.44	\$ (23.93)	\$ 29.00
96152	Intervene hlth/behave, indiv	0.46	0.10	0.01	0.57	\$ 27.08	\$ 24.22	\$ 2.86	\$ 27.00
99201	Office/outpatient visit, new	0.48	0.69	0.04	1.21	\$ 57.49	\$ 79.00	\$ (21.51)	\$ 57.00
99202	Office/outpatient visit, new	0.93	1.09	0.07	2.09	\$ 99.30	\$ 109.00	\$ (9.70)	\$ 99.00
99203	Office/outpatient visit, new	1.42	1.47	0.14	3.03	\$ 143.96	\$ 152.00	\$ (8.04)	\$ 144.00
99204	Office/outpatient visit, new	2.43	2.00	0.23	4.66	\$ 221.40	\$ 219.00	\$ 2.40	\$ 221.00
99205	Office/outpatient visit, new	3.17	2.36	0.27	5.80	\$ 275.56	\$ 280.00	\$ (4.44)	\$ 276.00
99211	Office/outpatient visit, est	0.18	0.39	0.01	0.58	\$ 27.56	\$ 44.00	\$ (16.44)	\$ 28.00
99212	Office/outpatient visit, est	0.48	0.70	0.04	1.22	\$ 57.96	\$ 67.00	\$ (9.04)	\$ 58.00
99213	Office/outpatient visit, est	0.97	0.99	0.07	2.03	\$ 96.45	\$ 89.00	\$ 7.45	\$ 96.00
99214	Office/outpatient visit, est	1.50	1.41	0.10	3.01	\$ 143.01	\$ 133.00	\$ 10.01	\$ 143.00
99215	Office/outpatient visit, est	2.11	1.80	0.14	4.05	\$ 192.42	\$ 209.00	\$ (16.58)	\$ 192.00
99238	Hospital Discharge	1.28	0.68	0.07	2.03	\$ 96.45	\$ 160.00	\$ (63.55)	\$ 96.00
99381	Init pm e/m, new pat, inf	1.19	1.49	0.08	2.76	\$ 131.13	\$ 138.00	\$ (6.87)	\$ 131.00
99382	Init pm e/m, new pat 1-4 yrs	1.36	1.55	0.08	2.99	\$ 142.05	\$ 149.00	\$ (6.95)	\$ 142.00
99383	Prev visit, new, age 5-11	1.36	1.54	0.08	2.98	\$ 141.58	\$ 155.00	\$ (13.42)	\$ 142.00
99384	Prev visit, new, age 12-17	1.53	1.61	0.10	3.24	\$ 153.93	\$ 173.00	\$ (19.07)	\$ 154.00
99385	Prev visit, new, age 18-39	1.53	1.61	0.10	3.24	\$ 153.93	\$ 203.00	\$ (49.07)	\$ 154.00
99386	Prev visit, new, age 40-64	1.88	1.77	0.12	3.77	\$ 179.11	\$ 222.00	\$ (42.89)	\$ 179.00
99387	Init pm e/m, new pat 65+ yrs	2.06	1.96	0.14	4.16	\$ 197.64	\$ 235.00	\$ (37.36)	\$ 198.00
99391	Per pm reeval, est pat, inf	1.02	1.24	0.07	2.33	\$ 110.70	\$ 111.00	\$ (0.30)	\$ 111.00
99392	Prev visit, est, age 1-4	1.19	1.32	0.08	2.59	\$ 123.05	\$ 122.00	\$ 1.05	\$ 123.00
99393	Prev visit, est, age 5-11	1.19	1.31	0.08	2.58	\$ 122.58	\$ 130.00	\$ (7.42)	\$ 123.00



CPT	DESCRIPTION	Tans Non			TOTAL RVU	fee with new C/F	Our current fee	difference in fee's	New Fee Rounded up or down to Nearest Dollar
		Work RVU	Fac PE RVU	MP RVU					
99394	Prev visit, est, age 12-17	1.36	1.38	0.08	2.82	\$ 133.98	\$ 141.00	\$ (7.02)	\$ 134.00
99395	Prev visit, est, age 18-39	1.36	1.39	0.08	2.83	\$ 134.45	\$ 168.00	\$ (33.55)	\$ 134.00
99396	Prev visit, est, age 40-64	1.53	1.46	0.10	3.09	\$ 146.81	\$ 182.00	\$ (35.19)	\$ 147.00
99397	Per pm reeval est pat 65+ yr	1.71	1.66	0.11	3.48	\$ 165.33	\$ 182.00	\$ (16.67)	\$ 165.00
99401	Preventive counseling, indiv	0.48	0.55	0.03	1.06	\$ 50.36	\$ 60.00	\$ (9.64)	\$ 50.00
99402	Preventive counseling, indiv	1.46	0.99	0.10	2.55	\$ 121.15	\$ 97.00	\$ 24.15	\$ 121.00
99420	Health risk assessment test	0.00	0.29	0.01	0.30	\$ 14.25	\$ 30.00	\$ (15.75)	\$ 14.00
99460	Init nb em per day, hosp	1.17	0.48	0.05	1.70	\$ 80.77	\$ 135.00	\$ (54.23)	\$ 81.00
99462	5bsq nb em per day, hosp	0.62	0.26	0.04	0.92	\$ 43.71	\$ 73.00	\$ (29.29)	\$ 44.00
G0402	Annual Wellness; Medicare-IPPE, once life	2.43	1.80	0.12	4.35	\$ 206.67	\$ 229.72	\$ (23.05)	\$ 207.00
G0403	EKG; screening, complete, one time	0.17	0.39	0.02	0.58	\$ 159.82	\$ 30.63	\$ 129.19	\$ 160.00
G0404	EKG; screening, tracing only	0.00	0.31	0.01	0.32	\$ 88.18	\$ 16.90	\$ 71.28	\$ 88.00
G0405	EKG; screening, Interp only	0.17	0.08	0.01	0.26	\$ 71.65	\$ 13.73	\$ 57.92	\$ 170.00
G0438	Annual Wellness; Medicare-PPP5, subsequ	2.43	2.19	0.12	4.74	\$ 225.20	\$ 250.32	\$ (25.12)	\$ 225.00
G0439	Annual Wellness; Medicare-PPP5, initial	1.50	1.63	0.03	3.16	\$ 150.13	\$ 166.88	\$ (16.75)	\$ 150.00

**60.840 Department of Health and Human Services Fees.**

In order to ensure the efficiency of human services in Lane County, the Department of Health and Human Services is authorized to collect fees for services.

When the fee is listed at actual cost or acquisition cost, this is to mean the actual cost of purchasing the service or product, rounded to the nearest dollar.

The Department Director, or designated program managers within the Department have authority to waive any fee in part or in whole for good cause shown or in circumstances where it is apparent that the client could not accept the services if a fee was required. Written documentation on these extenuating circumstances are to be kept on file. Fiscal records should reflect charges as per fee schedule, with balances shown for bad debts and for fees waived. Those fees for which a sliding fee scale is appropriate, will be discounted according to the annual Service Discount Schedule approved by the United States Department of Health and Human Services, Region X.

Pursuant to the authorization of ORS 431.415 and the authority of the Lane County Home Rule Charter, the following fees shall be charged by the Department of Health and Human Services and paid to Lane County for the following services. Any fee that is designated "Actual," or "Acquisition Cost" will be set at the beginning of each fiscal year, or as directed by the state. Lane County collects additional fees, which are not listed, for services to clients billed directly to various state agencies. These fees are set by the state agency and are not charged directly to clients. Examples of such fees are: Family Planning Expansion Project and Mental Health Residential daily rate.

(1) General Fees.

Professional Services

Contracted Professional Services will be provided at cost as specified by the contract. Services shall include, but not be limited to polygraph, plethysmograph and psychiatric testing.

Record Search

Search plus copies of first 5 pages .....	\$ 3.50
Additional pages.....	\$ .25/each

Research Fees

In accordance with the provisions of LM 60.838 requests for information which, in the judgment of the Department Director or designee, require research by professional or specialized staff, the actual salary hourly rate of the researcher(s) times 2.42 shall be charged. Charges will be computed on quarter hours. The requestor will be advised, prior to research, of the estimated cost.

(2) Communicable Disease Fees.

The Communicable Disease Program promotes the health of the community through communicable disease investigation, prevention, and education, and is a core function of Public Health. Fees for service are based on costs and are designed to minimize barriers and encourage utilization of services. Clients are not refused service due to inability to pay.

(a) Office Visits – Communicable Disease

Counseling, HIV (includes initial testing, follow-up visit) .....	\$ 32.00
Established Patient–Problem Focused-Brief.....	\$ 32.00
Established Patient–Problem Focused-Minimal....	\$ 37.00
Established Patient–Problem Focused-Limited....	\$ 47.00
Established Patient–Problem Focused-Moderate. \$	74.00
Established Patient–Problem Focused-Extensive. \$	100.00
Established Patient–Prevention .....	\$ 37.00
New Patient–Prevention .....	\$ 47.00

	New Patient–Problem Focused-Minimal .....	\$ 42.00
	New Patient–Problem Focused-Limited .....	\$ 53.00
	New Patient–Problem Focused-Moderate .....	\$ 84.00
	New Patient–Problem Focused-Extensive .....	\$ 116.00
	Off-Site Direct Observation Therapy (DOT) .....	\$ 26.00
(b)	Procedures-Communicable Disease	
	Chlamydia test.....	\$ 12.00
	Gonococcal test .....	\$ 17.00
	Gram Stain.....	\$ 12.00
	Hepatic Function Study .....	lab cost plus \$ 12.00 specimen collection fee
	HIV Expedited Testing (non-deferrable) .....	lab cost plus \$ 12.00 specimen collection fee
	Premarital Assessment (non-deferrable) .....	\$ 22.00
	Sexually Transmitted Disease, lab test-urine (non-deferrable) .....	lab cost plus \$ 12.00 specimen collection fee
	Specimen Collection & Shipping .....	\$ 12.00
	Tuberculin Skin Tests.....	\$ 16.00
	VDRL.....	\$ 11.00
	Wet Mount/KOH.....	\$ 11.00
(c)	Treatment/Medications-Communicable Disease	
	Administration of Vaccine/Medication .....	\$ 21.00
	Condom(s). (all types).....	acquisition cost
	Gamma Globulin for Hepatitis Close Contact .....	acquisition cost plus \$21.00 admin fee plus office visit
	Immunizations.....	acquisition cost plus \$21.00 admin fee
	Nystatin Cream.....	acquisition cost plus office visit
	Other Medications .....	acquisition cost plus office visit
	Vaginal Yeast Cream .....	acquisition cost plus office visit

(3) Maternal Child Health Fees. Maternal Child Health (MCH) promotes optimal health of pregnant women, infants, and children. Fees for Maternity Case Management and Targeted Case Management services are set by the state Dept. of Medical Assistance Program (DMAP). Lane County provides the state documentation of the services provided to each client and is reimbursed based on client eligibility and the fee set by the state.

Lane County provides the following services: Case Management Visit, High Risk Maternity Case Management (Full & Partial), Home Environment Assessment, Initial Assessment, Nutritional Case Management, Telephone Contact Visit, and Targeted Case Management Nurse Visit.

(4) Environmental Health Program Fees.

Fees are collected by Lane County, and are collected at the time of licensing, a portion of which is forwarded to the Department of Human Services/Health Services per ORS 624.510(2), ORS 446.425(2) and ORS 448.100(2).

## Inspection Fees

Correctional Institution Inspections .....	\$ 160.00
Day Care Inspections .....	\$ 160.00
Fraternal/Sororities .....	\$ 160.00
School Inspections.....	\$ 160.00
Group Care Home Inspections .....	\$ 160.00
Mobile Units Licensed by Another Jurisdiction...	\$ 30.00

## Licensing Fees

## Food Service Fees

Bed and Breakfast.....	\$ 209.00 <sup>1/2</sup>
Benevolent Temporary Restaurant Administrative Fee .....	\$ 20.00
Food Handler Testing Fee.....	\$ 10.00
Duplicate .....	\$ 5.00
Temporary Restaurant.....	\$ 105.00/event <sup>3</sup>
Grouping of Six or More, Recurring.....	\$ 105.00/month, not to exceed \$750.00 per year
Temporary Restaurant Sanitation Kit.....	\$ 10.00

## Restaurants

## Full Service

0-15 Seats .....	\$ 510.00 <sup>4/5</sup>
16-50 Seats .....	\$ 560.00 <sup>6/7</sup>
51-150 Seats .....	\$ 645.00 <sup>8/9</sup>
Over 150 Seats.....	\$ 745.00 <sup>10/11</sup>
Limited Service .....	\$ 250.00 <sup>12/13</sup>

<sup>1</sup> Delinquency Penalty provided per ORS 446.323 as follows:

(1) No person shall operate a restaurant or bed and breakfast facility without a license to do so from the Health Division. The license shall be posted in a conspicuous place on the premises of the licensee.

(2) A license issued under ORS 624.010 to 624.120 that is not renewed on or before the expiration date of the license (December 31) of each year is delinquent. If the delinquency extends 30 days or more past the expiration date, the licensee shall pay a delinquency fee in addition to the renewal fee required in subsection (4) of this section. The delinquency fee shall be \$100 per month for each month of delinquency beyond the 30-day period noted above.

<sup>2</sup> January 1 - September 30, Full Fee, October 1-December 31, 50% Fee.

<sup>3</sup> Any person failing to apply for a temporary restaurant permit prior to the day of the event shall pay a penalty fee of 25 percent of the license fee in addition to the license fee.

<sup>4</sup> See Footnote #1.

<sup>5</sup> See Footnote #2.

<sup>6</sup> See Footnote #1.

<sup>7</sup> See Footnote #2.

<sup>8</sup> See Footnote #1.

<sup>9</sup> See Footnote #2.

<sup>10</sup> See Footnote #1.

<sup>11</sup> See Footnote #2.

<sup>12</sup> See Footnote #1

<sup>13</sup> See Footnote #2.

Community Kitchen Non-Profit Food Service.....	\$ 110.00 <sup>14/15</sup>
Mobile Units.....	\$ 205.00
Warehouse.....	\$ 105.00
Commissary.....	\$ 205.00
Tourists and Travelers	
Motels	
Up to 25 units.....	\$ 200.00 <sup>16</sup>
26 to 50 units.....	\$ 270.00 <sup>17</sup>
51 to 75 units.....	\$ 335.00 <sup>18</sup>
76 to 100 units.....	\$ 400.00 <sup>19</sup>
101 and over.....	\$ 400.00 <sup>20</sup> plus \$2.98 for each unit over 100
RV Parks	
Up to 25 units.....	\$ 200.00 plus \$.50 per space <sup>21</sup>
26 to 50 units.....	\$ 270.00 plus \$.50 per space <sup>22</sup>
51 to 75 units.....	\$ 335.00 plus \$.40 per space <sup>23</sup>
76 to 100 units.....	\$ 400.00 plus \$.40 per space <sup>24</sup>
101 and over.....	\$ 400.00 plus \$3.30 per each space over 100
Temporary - Campgrounds	
Up to 25 units.....	\$ 85.00
26 to 50 units.....	\$ 120.00
51 to 75 units.....	\$ 145.00
76 to 100 units.....	\$ 180.00
101 and over.....	\$ 180.00 plus \$1.40 for each unit over 100
Bed and Breakfast.....	\$ 70.00 <sup>25</sup>

<sup>14</sup> See Footnote #1.

<sup>15</sup> See Footnote #2.

<sup>16</sup> Delinquency Penalty provided per ORS 446.323 as follows:

(1) Any person failing to apply for licensing within 30 days after engaging in the recreation park or travelers' accommodation business is delinquent and shall pay a penalty fee equal to the license fee plus the fee provided in ORS 446.321.

(2) Any person, initially licensed under ORS 446.310 to 446.350 for engaging in the recreation park or travelers' accommodation business who has failed to renew a license on or before the expiration date is delinquent. If delinquency extends 15 days past the expiration date, a penalty fee of 50 percent of the annual license fee shall be added. The penalty fee shall be increased by 50 percent of the license fee on the first day of each succeeding month of delinquency.

<sup>17</sup> See Footnote #16.

<sup>18</sup> See Footnote #16.

<sup>19</sup> See Footnote #16.

<sup>20</sup> See Footnote #16.

<sup>21</sup> See Footnote #16.

<sup>22</sup> See Footnote #16.

<sup>23</sup> See Footnote #16.

<sup>24</sup> See Footnote #16.

Hostel 1-10 beds .....	\$ 80.00 <sup>26</sup>
11+ beds .....	\$ 140.00 <sup>27</sup>
Organizational Camps .....	\$ 225.00 <sup>28</sup>
Picnic Park .....	\$ 100.00 <sup>29</sup>
Public Swimming Pools, Spa Pools .....	\$ 290.00
Vending Units	
1-10 .....	\$ 75.00
11-20 .....	\$ 85.00
21-30 .....	\$ 120.00
31-40 .....	\$ 130.00
41-50 .....	\$ 155.00
51-75 .....	\$ 195.00
76-100 .....	\$ 250.00
101-250 .....	\$ 440.00
251-500 .....	\$ 665.00
501-750 .....	\$ 905.00
751-1,000 .....	\$1,100.00
1,001-1,500 .....	\$1,445.00
1,501-2,000 .....	\$1,895.00
Nonrefundable Processing Fee .....	\$ 25.00
Plan Review	
Bed and Breakfast Plan Review .....	\$ 120.00
Food Service Plan Review/Opening Inspection ...	\$ 185.00
Swimming Pools, Wading Pools and Spa Pools (Construction Permit and Plan Review)	
Includes first two construction inspections	\$ 470.00
Additional Construction Inspections (each)	\$ 120.00
Tourist Accommodations Plan Review .....	\$ 180.00
Loan Reviews:	
Rural Water/Sewage Systems .....	\$ 210.00
Other Inspection/Consultation above and beyond normal inspections .....	\$ 135.00/hour
(5) <u>Behavioral Health Services.</u>	
(a) General Mental Health Fees.	
All missed appointments, unexcused, may be charged for 1 hour of service at the applicable rate.	
Physician/Psychiatrist .....	\$ 345.00/hour
Psychiatric Nurse Practitioner .....	\$ 275.00/hour
Therapist/Nurse .....	\$ 165.00/hour
Client Requested Court Appearance .....	\$ 165.00/hour
Client Medical Records Request .....	\$ 20.00 flat fee plus \$ .25 per page copy charge as specified in LM 60.830
Daily Structure & Support .....	\$ 55.00/hour
Group Screening .....	\$ 90.00/hour

<sup>25</sup> See Footnote #16.<sup>26</sup> See Footnote #16.<sup>27</sup> See Footnote #16.<sup>28</sup> See Footnote #16.<sup>29</sup> See Footnote #16.

Group Therapy/Sessions .....	\$ 90.00/hour
Injections .....	\$ 25.00 flat fee
Interpretive Services-Oral/Sign.....	\$ 46.00/hour
Lab Work, All Types .....	Actual Cost
Money Management Fee.....	\$ 10.00/month
Personal Assessment by RN Only .....	\$ 35.00
Personal Care Reassessment by RN Only.....	\$ 35.00
Personal Care Delegation by RN Only .....	\$ 35.00
Physician/Psychiatric	
Includes: Individual and Family Counseling, Case Management Professional Consultation, Medication Management, Evaluations and Assessments	
Adult .....	\$ 345.00/hour
Child .....	\$ 380.00/hour
Plethysmograph, All Types.....	Actual Cost
Polygraph, All Types .....	Actual Cost
Psychiatric Nurse Practitioner Services	
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
Adult .....	\$ 275.00/hour
Child .....	\$ 335.00/hour
Psycho-Educational Services .....	\$ 69.00/hour
Report Preparation .....	\$ 69.00
Report Preparation-Simple Duplication.....	\$ 15.00
Self-Help/Peer Services .....	\$ 75.00/hour
Skills Training, Group .....	\$ 55.00/hour
Skills Training, Individual .....	\$ 165.00/hour
Therapist or Nursing Services.....	\$ 165.00/hour
Includes: Individual and Family Counseling, Case Management, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations, Assessments, Child and Family Team Meetings, and Level of Needs Determination	
(b) Methadone and Evaluation Unit Fees	
All missed appointments, unexcused, will be charged for 1 hour of service at the applicable rate.	
Physician/Psychiatrist .....	\$ 345.00/hour
Psychiatric Nurse Practitioner.....	\$ 275.00/hour
Therapist/Nurse.....	\$ 165.00/hour
Client Requested Court Appearance.....	\$ 165.00/hour
Correction Evaluations.....	\$ 150.00/session
DUII/Corrections Re-Referral .....	\$ 45.00/case
Group Screening .....	\$ 90.00/hour
Group Therapy/Sessions .....	\$ 90.00/hour
Injections/Dose .....	\$ 20.00 flat fee
Intake .....	\$ 165.00/hour
Intensive Care Monitoring .....	\$ 60.00/case
Interpretive Services-Oral/Sign.....	\$ 46.00/hour
Lab Work, Excluding Urinalysis .....	Actual Lab Fees
Methadone Courtesy Dose.....	\$ 15.00

Methadone Courtesy Dosing/Set-Up .....	\$ 20.00 flat fee
Oral Medications Supplied, Methadone Only.....	\$ 8.00/dose
Replacement Bottle, Methadone .....	\$ 3.00
Physical Exam, Antabuse.....	\$ 29.00
Physical Exam, Limited .....	\$ 40.00
Physical Exam, General .....	\$ 98.00
Physical Exam, with Lab Work .....	\$ 109.00
Physician/Psychiatrist Services.....	\$ 345.00
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
Psychiatric Nurse Practitioner Services .....	\$ 275.00
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
Report Preparation-Client Request .....	\$ 60.00
Report Preparation-Simple Duplication.....	\$ 15.00
Standard Case Monitoring .....	\$ 30.00/case
Therapist or Nursing Services.....	\$ 165.00/hour
Includes: Individual and Family Counseling, Case Management, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations and Assessments	
Urinalysis	
Testing and Collection and Handling .....	\$ 11.00 plus actual lab fee
Collection and Handling Only.....	\$ 11.00

(6) Family Mediation

Parent Education Class .....

\$ 45.00/Attendee
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(7) Community Health Centers (FQHC).

Community Health Centers provide access to primary and preventive healthcare services for medically uninsured, underserved and homeless populations in Lane County, in accordance with federal requirements under Section 330 of the Public Health Service Act. The Community Health Center has a Board approved fee schedule for all billable services. The fee schedule is established and implemented to ensure that all patients receive fair and equitable treatment for any and all services provided by the Community Health Center. The fee schedule approximates reimbursable costs for those services and is comparable to prevailing local rates. The billing for third party coverage, i.e. Medicare, Medicaid, private insurance carriers, etc., is set at the usual and customary full charge.

Patients with restricted, limited, or no third-party insurance coverage will be expected to provide appropriate information for a determination of eligibility in order to receive a sliding fee discount. Based on proof of income presented and/or social verification recorded, patients will be informed of eligibility for a sliding fee discount from the usual and customary full charge. All patients are eligible to apply for the sliding fee discount. Eligibility is based on total family size and family income using current Federal Poverty Guidelines. Eligible patients will have their covered charges discounted based on the sliding fee schedule. Patients will be required to pay a nominal or minimum fee even if they fall below 100% of the Federal Poverty Level. Patients below 100% of



the federal poverty level pay a minimum fee and those between 100% and 200% of the federal poverty level pay a discounted sliding fee. Fees for lab, pharmacy and durable medical equipment and supplies may be added to the minimum fee and/or discounted fee.

Community Health Centers Sliding Scale ("flat fee") Fee Discount Scale

	<u>Flat Fee</u>	<u>Fee for Additional Procedures</u>
<100% FPL	\$20	+15
100-125% FPL	\$25	+20
125-150% FPL	\$40	+25
150-175% FPL	\$50	+30
175-200% FPL	\$60	+35
>200% FPL	Full Fee	Full Fee

No patient will be denied access to services simply due to an inability to pay for services. However patients "unwilling-to-pay," may be denied services. Willingness to pay is defined as taking appropriate steps to ensure payment for services rendered. Patients will be expected to comply with the efforts of registration staff members to ascertain the existence of any third-party insurance coverage a patient may possess, or otherwise appropriately document said patient's inability to pay for services.

The Community Health Centers establishes its fees based on a Resource-Based Relative Value (RBRVS) methodology.

The RBRVS methodology is the industry standard by which providers and payors establish, modify, and maintain provider fee schedules. The RBRVS methodology was established by Medicare, in conjunction with the American Medical Association (AMA) and the Specialty Practice Boards, in 1992.

The methodology consists of two components – relative value units (RVUs), and conversion factors. The charge for specific service is calculated as follows:

Relative Value Units (RVUs) are established annually by the AMA for every medical/surgical procedure. The unit values assigned to each service reflects the relative value of the resources required to provide that specific service in comparison to all other services. Resources consist of physician time, practice expense, and malpractice costs. For example, a procedure that has a RVU value of 2.0 would typically require twice the resources of a different procedure that has a RVU value of 1.0. The RVU values are adjusted annually by the AMA based on annual reviews and recommendations of experts in each medical specialty.

Conversion Factors are decided upon by each provider agency based on its specific cost structure. Medicare annually announces the conversion factor that it will use to calculate the amount it will pay for services. Commercial insurance payors typically use the conversion factor as the basis of negotiating with medical groups for determining contractual payment terms.

The RVUs and conversion factor are used as follows to determine the specific charges for each procedure:

$$\text{Charge for a Procedure} = (\# \text{ of RVUs for that procedure}) \times (\text{Conversion Factor})$$

For example, if the conversion factor chosen by a medical provider is \$50.00, the charges for procedures would be calculated as follows:

Charge for Procedure A with a 1.5 RVU would be:  
 1.5 RVU x \$50.00 Conversion Factor = \$75.00 charge

Charge for Procedure B with a 2.0 RVU would be:  
 2.0 RVU x \$50.00 Conversion Factor = \$100.00 charge

The Community Health Center uses a conversion factor of \$47.51.

The RVU values can be found on the Medicare web-site (July 2011):  
<http://www.cms.gov/PhysicianFeeSched/PFSRVF/list.asp?sortByDID=1a&submit=Go&filterType=none&filterByDID=99&sortOrder=ascending&intNumPerPage=10>

The CHC uses the above noted conversion factor and the then-current RVU factors to establish the fee for each specific procedure. Fees are rounded to the nearest whole dollar amount.

#### Community Health Fees

(a) Office Visits. Fees for Community Health Centers are determined using the conversion factor of \$47.51 x RVU for each procedure as explained above.

(b) Medical Services. Fees for Community Health Centers are determined using the conversion factor of \$47.51 x RVU for procedure as explained above.

(c) Immunizations – Community Health Centers

See LM 60.840(2)(c), Communicable Disease Fees

(d) Mental Health – Community Health Centers

See LM 60.840(5a), General Mental Health Fees

(e) Dental Services – Community Health Centers

Add clasp to existing partial denture.....	\$ 107.00
Add tooth to existing partial denture.....	\$ 71.00
Adjust complete denture - mandibular.....	\$ 40.00
Adjust complete denture - maxillary.....	\$ 40.00
Adjust partial denture - mandibular.....	\$ 43.00
Adjust partial denture - maxillary.....	\$ 43.00
Amalgam- three surface, primary or permanent...	\$ 124.00
Amalgam-four or more surfaces, primary or permanent.....	\$ 141.00
Amalgam-one surface, primary or permanent.....	\$ 81.00
Amalgam-primary-1 surface.....	\$ 66.00
Amalgam-primary-2 surfaces.....	\$ 78.00
Amalgam-primary-3 surfaces.....	\$ 93.00
Amalgam-primary-4 or more surfaces.....	\$ 115.00
Amalgam-two surface, primary or permanent.....	\$ 102.00
Apexification / recalcification – initial visit.....	\$ 238.00
Apexification / recalcification – interim medication replacement.....	\$ 119.00
Apexification/recalcification – final visit.....	\$ 108.00
Bitewings-four films.....	\$ 29.00

Bitewing-single film.....	\$ 12.00
Bitewings-two films.....	\$ 24.00
Child prophylaxis with fluoride.....	\$ 50.00
Child prophylaxis without fluoride.....	\$ 36.00
Complete denture - mandibular.....	\$ 774.00
Complete denture - maxillary.....	\$ 774.00
Composite resin crown-primary-anterior.....	\$ 205.00
Composite-permanent-posterior - 1 surface.....	\$ 80.00
Composite-permanent-posterior -2 surfaces.....	\$ 130.00
Composite-permanent-posterior - 3 or more surfaces.....	\$ 175.00
Composite-primary-posterior - 1 surface.....	\$ 81.00
Composite-primary-posterior - 2 surfaces.....	\$ 97.00
Composite-primary-posterior - 3 or more surfaces.....	\$ 154.00
Crown buildup, including any pins.....	\$ 107.00
Crown buildup-with retentive post.....	\$ 143.00
Endodontic Therapy- Anterior (excluding final restoration).....	\$ 321.00
Endodontic Therapy- Bicuspid (excluding final restoration).....	\$ 369.00
Endodontic Therapy- Molar (excluding final restoration).....	\$ 464.00
Excision of pericoronal gingiva.....	\$ 175.00
Extraction of Roots/Per Tooth.....	\$ 125.00
Extraction/Per Additional Tooth.....	\$ 85.00
Extraction/Single Tooth.....	\$ 90.00
Extraoral-each additional film.....	\$ 31.00
Extraoral-first film.....	\$ 40.00
Full mouth debridement to enable perio evaluation.....	\$ 107.00
I.V. Sedation.....	\$ 240.00
Immediate denture - mandibular.....	\$ 774.00
Immediate denture - maxillary.....	\$ 774.00
Incision and drainage of abscess-extraoral soft tissue.....	\$ 90.00
Incision and drainage of abscess-intraoral soft tissue.....	\$ 149.00
Incomplete endodontic therapy; inoperable or fractured tooth.....	\$ 228.00
Interim complete denture (mandibular).....	\$ 238.00
Interim complete denture (maxillary).....	\$ 238.00
Interim partial denture (mandibular).....	\$ 351.00
Interim partial denture (maxillary).....	\$ 338.00
Intraoral-complete series (including bitewings).....	\$ 67.00
Intraoral-occlusal film.....	\$ 10.00
Intraoral-periapical-each additional film.....	\$ 12.00
Intraoral-periapical-first film.....	\$ 21.00
Labial veneer-composite-chairside.....	\$ 250.00
Local anesthesia.....	\$ 111.00
Local anesthesia not in conjunction with operative or surgical procedures.....	\$ 111.00
Mandibular partial denture - cast metal	

framework with resin denture bases.....	\$ 774.00
Mandibular partial denture - resin base.....	\$ 774.00
Maxillary partial denture - cast metal framework with resin denture bases.....	\$ 774.00
Maxillary partial denture - resin base.....	\$ 774.00
Nitrous Oxide Anesthesia/Per Time Unit Charge	\$ 19.00
Oral Evaluation (limited) .....	\$ 31.00
Oral Evaluation (comprehensive).....	\$ 80.00
Palliative (emergency) treatment of dental pain – minor procedure .....	\$ 98.00
Panoramic film .....	\$ 50.00
Periodontal maintenance procedures.....	\$ 71.00
Periodontal scaling + root planing-per quadrant..	\$ 138.00
Prophylaxis-ADULT-with fluoride treatment .....	\$ 82.00
Pin retention-per tooth, in addition to restoration	\$ 48.00
Prefabricated resin crown.....	\$ 133.00
Prefabricated stainless steel crown – permanent tooth.....	\$ 168.00
Prefabricated stainless steel crown – primary tooth .....	\$ 160.00
Prophylaxis-ADULT-normal or full dentition .....	\$ 81.00
Pulp cap – direct (excluding final restoration) .....	\$ 55.00
Pulp cap – indirect (excluding final restoration)..	\$ 55.00
Pulp vitality tests .....	\$ 35.00
Pulpal debridement, primary and permanent teeth .....	\$ 102.00
Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) .....	\$ 102.00
Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) .....	\$ 102.00
Rebase complete mandibular denture.....	\$ 379.00
Rebase complete maxillary denture .....	\$ 379.00
Rebase mandibular partial denture.....	\$ 379.00
Rebase maxillary partial denture.....	\$ 379.00
Recement crown .....	\$ 59.00
Recement inlay .....	\$ 60.00
Recementation of space maintainer.....	\$ 60.00
Regional block anesthesia .....	\$ 60.00
Reline complete mandibular denture (chairside)..	\$ 71.00
Reline complete mandibular denture (laboratory)	\$ 238.00
Reline complete maxillary denture (chairside).....	\$ 71.00
Reline complete maxillary denture (laboratory)...	\$ 238.00
Reline mandibular partial denture (chairside).....	\$ 71.00
Reline mandibular partial denture (laboratory)....	\$ 238.00
Reline maxillary partial denture (chairside).....	\$ 71.00
Reline maxillary partial denture (laboratory).....	\$ 238.00
Removable unilateral partial denture – one piece cast metal .....	\$ 52.00
Removal of impacted tooth – completely bony....	\$ 343.00
Removal of impacted tooth – completely bony, with unusual surgical complications .....	\$ 386.00

Removal of impacted tooth – partially bony .....	\$ 279.00
Removal of impacted tooth – soft tissue .....	\$ 206.00
Repair broken complete denture base .....	\$ 71.00
Repair cast framework .....	\$ 71.00
Repair or replace broken clasp .....	\$ 119.00
Repair resin denture base .....	\$ 71.00
Replace broken teeth-per tooth.....	\$ 71.00
Replace missing or broken teeth-complete denture (each tooth) .....	\$ 71.00
Resin-based – 4 or more surfaces or involving incisal angel (anterior) .....	\$ 180.00
Resin based composite – 1 surface, anterior .....	\$ 86.00
Resin based composite – 2 surfaces, anterior.....	\$ 116.00
Resin-based composite – 3 surfaces, anterior.....	\$ 149.00
Resin-based composite – 4 or more surfaces, posterior .....	\$ 183.00
Resin-based composite – 1 surface, posterior .....	\$ 86.00
Resin-based composite – 2 surfaces, posterior.....	\$ 116.00
Resin-based composite crown, anterior.....	\$ 162.00
Retreatment of previous root canal/Molar.....	\$ 238.00
Retreatment of previous root canal/Premolar.....	\$ 238.00
Retreatment of root canal therapy/Anterior.....	\$ 238.00
Sealant – per tooth.....	\$ 42.00
Sedative filling .....	\$ 64.00
Space maintainer-fixed-bilateral .....	\$ 214.00
Space maintainer-fixed-unilateral .....	\$ 167.00
Space maintainer-removable-bilateral.....	\$ 193.00
Space maintainer-removable-unilateral.....	\$ 162.00
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/ or section of tooth .....	\$ 190.00
Surgical removal of residual tooth roots (cutting procedure).....	\$ 256.00
Suture of recent small wounds up to 5 cm .....	\$ 139.00
Temporary crown .....	\$ 130.00
Therapeutic pulpotomy (excluding final restoration) – removal of pulp.....	\$ 107.00
Tissue conditioning, mandibular .....	\$ 62.00
Tissue conditioning, maxillary .....	\$ 62.00
Topical application of fluoride-ADULT-no prophylaxis.....	\$ 28.00
Topical application of fluoride only, child.....	\$ 14.00
Treatment of root canal obstruction; non-surgical access .....	\$ 578.00
Trigeminal division block anesthesia.....	\$ 60.00
(f) Medication & Supplies	
Activity therapy.....	\$ 15.00
Drawing blood for specimen .....	\$ 10.00
Limited Dental Exam .....	\$ 23.00
Midazolam HCL, per 1 mg., injection.....	\$ 18.00
Training & Education Services .....	\$ 46.00

	Visit for drug monitoring .....	\$ 38.00
(g)	Pharmacy Pharmaceutical Company Drug Assistance Program Application Fee .....	\$ 5.00
	Pharmacy Filing Fee.....	\$ 10.00 + acquisition cost

(8) Animal Services Fees. Animal Services strives to ensure public and animal health, safety, and quality of life. Revenue generated by Animal Services fees stays within the Animal Services program. The following fees shall be charged by Animal Services:

(a)	Dog license/Regular	
	One Year .....	\$ 35.00
	Two Years .....	\$ 55.00
	Three Years .....	\$ 70.00
(b)	Dog license/Neutered	
	One Year .....	\$ 15.00
	Two Years .....	\$ 25.00
	Three Years .....	\$ 35.00
(c)	(i) Dog license/Regular/senior citizen (65 or over) owner	
	One Year .....	\$ 35.00
	Two Years.....	\$ 55.00
	Three Years.....	\$ 70.00
	(ii) Dog license/Neutered/senior citizen (65 or over) owner	
	One Year .....	\$ 10.00
	Two Years.....	\$ 17.00
	Three Years.....	\$ 25.00
(d)	(i) Voluntary juvenile (under 6 months of age) dog/cat ID registration .....	\$ 5.00
	(ii) Voluntary cat registration, One Year	
	Regular .....	\$ 8.00
	Neutered .....	\$ 4.00
(e)	Duplicate license .....	\$ 2.00
(f)	Noncommercial kennel license .....	\$ 150.00
	(\$50 of this fee to be used for educational, marketing, and spay/neuter purposes)	
(g)	Commercial kennel license .....	\$ 250.00
	(\$50 of this fee to be used for educational, marketing, and spay/neuter purposes)	
(h)	Commercial breeding kennel.....	\$ 350.00
	(\$50 of this fee to be used for educational, marketing, and spay/neuter purposes)	
(i)	Impoundment	
	First incident.....	\$ 25.00
	Second incident .....	\$ 50.00
	Third and subsequent incidents .....	\$ 100.00
(j)	Daily care (per day maximum).....	\$ 12.00
(k)	Watchdog permits .....	\$ 25.00
(l)	Dangerous dog additional license and supervision fee	
	(i) Dangerous Behavior Class A Violator	
	First Year .....	\$ 200.00
	Annual Renewal.....	\$ 100.00
	(ii) Dangerous Behavior Class B Violator	
	First Year .....	\$ 100.00
	Annual Renewal.....	\$ 50.00
	(iii) Dangerous Behavior Class C Violator (annual)	\$ 25.00

- (m) Handling and impound fees for unwanted animals:
- |  |          |
|--|----------|
| Single Animal (adult dog/cat).....                                   | \$ 40.00 |
| Litter (under four months of age) .....                              | \$ 40.00 |
| Disposal of deceased animal .....                                    | \$ 25.00 |
| Euthanasia requests (dog or cat,<br>does not include disposal) ..... | \$ 50.00 |
- (n) Adoption Fees (includes cost of spay/neutering animal):
- |  |                  |
|--|------------------|
| Dog, includes one-year license, microchip<br>and registration, collar and lead ..... | \$ 130.00        |
| Cat, includes ID tag, collar, cardboard carrier,<br>microchip and registration ..... | \$ 95.00         |
| Pet Supplies .....   | acquisition cost |
| Post Adoption Behavioral training.....   | \$60 per hour    |
- (o) Late Fee for failing to renew dog license before it  
becomes delinquent..... \$ 10.00
- (p) Review Hearing Fee..... \$ 50.00
- (q) The Lane County Animal Services Manager or designee shall have

the authority to offer temporary license fee reductions and/or license/tag combination fee specials for the purpose of increasing licensing compliance and/or animal adoptions.

(9) Developmental Disabilities.

Adult Foster Care Training Materials..... \$ 15.00

*(Revised by Order No. 94-6-29-1, Effective 6.29.94; 98-4-1-11, 4.1.98; 98-8-12-2, 8.12.98; 99-9-29-9, 9.29.99; 01-6-13-9, 6.13.01; 01-10-17-2, 10.17.01; 02-5-7-2, 5.7.02; 02-6-26-8, 7.1.02; 02-10-2-13, 10.2.02; 03-6-11-9, 7.1.03; 04-2-4-7, 2.4.04; 04-6-16-8, 6.16.04; 04-6-30-6, 7.1.04; 04-12-1-10, 12.1.04; 05-3-30-14, 4.1.05; 05-6-22-1, 7.1.05; 05-12-14-15, 1.1.06; 06-6-7-1, 7.1.06; 07-6-27-7, 7.1.07; 07-12-13-5, 12.12.07; 08-6-11-2, 7.1.08; 09-6-3-4, 7.1.09; 10-5-5-2, 05.15.10; 10-6-9-5, 07.1.10)*

PAGES 60-35 THROUGH 60-59  
ARE RESERVED FOR FUTURE EXPANSION



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**60.840 Department of Health and Human Services Fees.**

In order to ensure the efficiency of human services in Lane County, the Department of Health and Human Services is authorized to collect fees for services.

When the fee is listed at actual cost or acquisition cost, this is to mean the actual cost of purchasing the service or product, rounded to the nearest dollar.

The Department Director, or designated program managers within the Department have authority to waive any fee in part or in whole for good cause shown or in circumstances where it is apparent that the client could not accept the services if a fee was required. Written documentation on these extenuating circumstances are to be kept on file. Fiscal records should reflect charges as per fee schedule, with balances shown for bad debts and for fees waived. Those fees for which a sliding fee scale is appropriate, will be discounted according to the annual Service Discount Schedule approved by the United States Department of Health and Human Services, Region X.

Pursuant to the authorization of ORS 431.415 and the authority of the Lane County Home Rule Charter, the following fees shall be charged by the Department of Health and Human Services and paid to Lane County for the following services. Any fee that is designated "Actual," or "Acquisition Cost" will be set at the beginning of each fiscal year, or as directed by the state. Lane County collects additional fees, which are not listed, for services to clients billed directly to various state agencies. These fees are set by the state agency and are not charged directly to clients. Examples of such fees are: Family Planning Expansion Project and Mental Health Residential daily rate.

(1) General Fees.

Professional Services

Contracted Professional Services will be provided at cost as specified by the contract. Services shall include, but not be limited to polygraph, plethysmograph and psychiatric testing.

Record Search

Search plus copies of first 5 pages ..... \$ 3.50  
Additional pages..... \$ .25/each

Research Fees

In accordance with the provisions of LM 60.838 requests for information which, in the judgment of the Department Director or designee, require research by professional or specialized staff, the actual salary hourly rate of the researcher(s) times 2.42 shall be charged. Charges will be computed on quarter hours. The requestor will be advised, prior to research, of the estimated cost.

(2) Communicable Disease Fees. The Communicable Disease Program promotes the health of the community through communicable disease investigation, prevention, and education, and is a core function of Public Health. Fees for service are based on costs and are designed to minimize barriers and encourage utilization of services. Clients are not refused service due to inability to pay.

(a) Office Visits – Communicable Disease

Counseling, HIV (includes initial testing,  
follow-up visit) ..... \$ 32.00  
Established Patient–Problem Focused–Brief..... \$ 32.00  
Established Patient–Problem Focused–Minimal... \$ 37.00  
Established Patient–Problem Focused–Limited.... \$ 47.00  
Established Patient–Problem Focused–Moderate. \$ 74.00  
Established Patient–Problem Focused–Extensive. \$ 100.00

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	Established Patient–Prevention .....	\$ 37.00
	New Patient–Prevention .....	\$ 47.00
	New Patient–Problem Focused-Minimal .....	\$ 42.00
	New Patient–Problem Focused-Limited .....	\$ 53.00
	New Patient–Problem Focused-Moderate.....	\$ 84.00
	New Patient–Problem Focused-Extensive .....	\$ 116.00
	Off-Site Direct Observation Therapy (DOT) .....	\$ 26.00
(b)	Procedures-Communicable Disease	
	Chlamydia test.....	\$ 12.00
	Gonococcal test .....	\$ 17.00
	Gram Stain.....	\$ 12.00
	Hepatic Function Study .....	lab cost plus \$ 12.00 specimen collection fee
	HIV Expedited Testing (non-deferrable) .....	lab cost plus \$ 12.00 specimen collection fee
	Premarital Assessment (non-deferrable) .....	\$ 22.00
	Sexually Transmitted Disease, lab test-urine (non-deferrable) .....	lab cost plus \$ 12.00 specimen collection fee
	Specimen Collection & Shipping.....	\$ 12.00
	Tuberculin Skin Tests.....	\$ 16.00
	VDRL .....	\$ 11.00
	Wet Mount/KOH.....	\$ 11.00
(c)	Treatment/Medications-Communicable Disease	
	Administration of Vaccine/Medication .....	\$ 21.00
	Condom(s), (all types).....	acquisition cost
	Gamma Globulin for Hepatitis Close Contact .....	acquisition cost plus \$21.00 admin fee plus office visit
	Immunizations.....	acquisition cost plus \$21.00 admin fee
	Nystatin Cream.....	acquisition cost plus office visit
	Other Medications .....	acquisition cost plus office visit
	Vaginal Yeast Cream .....	acquisition cost plus office visit

(3) Maternal Child Health Fees. Maternal Child Health (MCH) promotes optimal health of pregnant women, infants, and children. Fees for Maternity Case Management and Targeted Case Management services are set by the state Dept. of Medical Assistance Program (DMAP). Lane County provides the state documentation of the services provided to each client and is reimbursed based on client eligibility and the fee set by the state.

Lane County provides the following services: Case Management Visit, High Risk Maternity Case Management (Full & Partial), Home Environment Assessment, Initial

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Assessment, Nutritional Case Management, Telephone Contact Visit, and Targeted Case Management Nurse Visit.

(4) Environmental Health Program Fees.

Fees are collected by Lane County, and are collected at the time of licensing, a portion of which is forwarded to the Department of Human Services/Health Services per ORS 624.510(2), ORS 446.425(2) and ORS 448.100(2).

Inspection Fees

Correctional Institution Inspections .....	\$ 160.00
Day Care Inspections .....	\$ 160.00
Fraternal/Sororities .....	\$ 160.00
School Inspections.....	\$ 160.00
Group Care Home Inspections .....	\$ 160.00
Mobile Units Licensed by Another Jurisdiction...	\$ 30.00

Licensing Fees

Food Service Fees

Bed and Breakfast.....	\$ 209.00 <sup>1/2</sup>
Benevolent Temporary Restaurant Administrative Fee .....	\$ 20.00
Food Handler Testing Fee.....	\$ 10.00
Duplicate .....	\$ 5.00
Temporary Restaurant.....	\$ 105.00/event <sup>3</sup>
Grouping of Six or More, Recurring.....	\$ 105.00/month, not to exceed \$750.00 per year
Temporary Restaurant Sanitation Kit.....	\$ 10.00

Restaurants

Full Service

0-15 Seats .....	\$ 510.00 <sup>4/5</sup>
16-50 Seats .....	\$ 560.00 <sup>6/7</sup>
51-150 Seats .....	\$ 645.00 <sup>8/9</sup>

<sup>1</sup> Delinquency Penalty provided per ORS 446.323 as follows:

(1) No person shall operate a restaurant or bed and breakfast facility without a license to do so from the Health Division. The license shall be posted in a conspicuous place on the premises of the licensee.

(2) A license issued under ORS 624.010 to 624.120 that is not renewed on or before the expiration date of the license (December 31 of each year) is delinquent. If the delinquency extends 30 days or more past the expiration date, the licensee shall pay a delinquency fee in addition to the renewal fee required in subsection (4) of this section. The delinquency fee shall be \$100 per month for each month of delinquency beyond the 30-day period noted above.

<sup>2</sup> January 1 - September 30, Full Fee. October 1-December 31, 50% Fee.

<sup>3</sup> Any person failing to apply for a temporary restaurant permit prior to the day of the event shall pay a penalty fee of 25 percent of the license fee in addition to the license fee.

<sup>4</sup> See Footnote #1.

<sup>5</sup> See Footnote #2.

<sup>6</sup> See Footnote #1.

<sup>7</sup> See Footnote #2.

<sup>8</sup> See Footnote #1.

<sup>9</sup> See Footnote #2.

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Over 150 Seats.....	\$ 745.00 <sup>10/11</sup>
Limited Service .....	\$ 250.00 <sup>12/17</sup>
Community Kitchen Non-Profit Food Service.....	\$ 110.00 <sup>14/15</sup>
Mobile Units.....	\$ 205.00
Warehouse.....	\$ 105.00
Commissary.....	\$ 205.00
Tourists and Travelers	
Motels	
Up to 25 units.....	\$ 200.00 <sup>16</sup>
26 to 50 units .....	\$ 270.00 <sup>17</sup>
51 to 75 units .....	\$ 335.00 <sup>18</sup>
76 to 100 units .....	\$ 400.00 <sup>19</sup>
101 and over .....	\$ 400.00 <sup>20</sup> plus \$2.98 for each unit over 100
RV Parks	
Up to 25 units.....	\$ 200.00 plus \$ .50 per space <sup>21</sup>
26 to 50 units .....	\$ 270.00 plus \$ .50 per space <sup>22</sup>
51 to 75 units .....	\$ 335.00 plus \$ .40 per space <sup>23</sup>
76 to 100 units .....	\$ 400.00 plus \$ .40 per space <sup>24</sup>
101 and over .....	\$ 400.00 plus \$3.30 per each space over 100

<sup>10</sup> See Footnote #1.

<sup>11</sup> See Footnote #2.

<sup>12</sup> See Footnote #1

<sup>13</sup> See Footnote #2.

<sup>14</sup> See Footnote #1.

<sup>15</sup> See Footnote #2.

<sup>16</sup> Delinquency Penalty provided per ORS 446.323 as follows:

(1) Any person failing to apply for licensing within 30 days after engaging in the recreation park or travelers' accommodation business is delinquent and shall pay a penalty fee equal to the license fee plus the fee provided in ORS 446.321.

(2) Any person, initially licensed under ORS 446.310 to 446.350 for engaging in the recreation park or travelers' accommodation business who has failed to renew a license on or before the expiration date is delinquent. If delinquency extends 15 days past the expiration date, a penalty fee of 50 percent of the annual license fee shall be added. The penalty fee shall be increased by 50 percent of the license fee on the first day of each succeeding month of delinquency.

<sup>17</sup> See Footnote #16.

<sup>18</sup> See Footnote #16

<sup>19</sup> See Footnote #16.

<sup>20</sup> See Footnote #16.

<sup>21</sup> See Footnote #16.

<sup>22</sup> See Footnote #16.

<sup>23</sup> See Footnote #16.

<sup>24</sup> See Footnote #16.

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Temporary - Campgrounds

Up to 25 units.....	\$ 85.00
26 to 50 units.....	\$ 120.00
51 to 75 units.....	\$ 145.00
76 to 100 units.....	\$ 180.00
101 and over.....	\$ 180.00 plus \$1.40 for each unit over 100
Bed and Breakfast.....	\$ 70.00 <sup>25</sup>
Hostel 1-10 beds.....	\$ 80.00 <sup>26</sup>
11+ beds.....	\$ 140.00 <sup>27</sup>
Organizational Camps.....	\$ 225.00 <sup>28</sup>
Picnic Park.....	\$ 100.00 <sup>29</sup>
Public Swimming Pools, Spa Pools.....	\$ 290.00
Vending Units	
1-10.....	\$ 75.00
11-20.....	\$ 85.00
21-30.....	\$ 120.00
31-40.....	\$ 130.00
41-50.....	\$ 155.00
51-75.....	\$ 195.00
76-100.....	\$ 250.00
101-250.....	\$ 440.00
251-500.....	\$ 665.00
501-750.....	\$ 905.00
751-1,000.....	\$1,100.00
1,001-1,500.....	\$1,445.00
1,501-2,000.....	\$1,895.00
Nonrefundable Processing Fee.....	\$ 25.00
Plan Review	
Bed and Breakfast Plan Review.....	\$ 120.00
Food Service Plan Review/Opening Inspection...	\$ 185.00
Swimming Pools, Wading Pools and Spa Pools (Construction Permit and Plan Review)	
Includes first two construction inspections	\$ 470.00
Additional Construction Inspections (each)	\$ 120.00
Tourist Accommodations Plan Review.....	\$ 180.00
Loan Reviews:	
Rural Water/Sewage Systems.....	\$ 210.00
Other Inspection/Consultation above and beyond normal inspections.....	\$ 135.00/hour

- (5) Behavioral Health Services.  
 (a) General Mental Health Fees.

<sup>25</sup> See Footnote #16.  
<sup>26</sup> See Footnote #16.  
<sup>27</sup> See Footnote #16.  
<sup>28</sup> See Footnote #16.  
<sup>29</sup> See Footnote #16.

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All missed appointments, unexcused, may be charged for 1 hour of service at the applicable rate.

Physician/Psychiatrist .....	\$ 345.00/hour
Psychiatric Nurse Practitioner.....	\$ 275.00/hour
Therapist/Nurse.....	\$ 165.00/hour
Client Requested Court Appearance.....	\$ 165.00/hour
Client Medical Records Request.....	\$ 20.00 flat fee plus \$.25 per page copy charge as specified in LM 60.830
Daily Structure & Support .....	\$ 55.00/hour
Group Screening .....	\$ 90.00/hour
Group Therapy/Sessions .....	\$ 90.00/hour
Injections .....	\$ 25.00 flat fee
Interpretive Services-Oral/Sign.....	\$ 46.00/hour
Lab Work, All Types .....	Actual Cost
Money Management Fee.....	\$ 10.00/month
Personal Assessment by RN Only .....	\$ 35.00
Personal Care Reassessment by RN Only.....	\$ 35.00
Personal Care Delegation by RN Only .....	\$ 35.00
Physician/Psychiatric	
Includes: Individual and Family Counseling, Case Management Professional Consultation, Medication Management, Evaluations and Assessments	
Adult .....	\$ 345.00/hour
Child .....	\$ 380.00/hour
Plethysmograph, All Types.....	Actual Cost
Polygraph, All Types .....	Actual Cost
Psychiatric Nurse Practitioner Services	
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
Adult .....	\$ 275.00/hour
Child .....	\$ 335.00/hour
Psycho-Educational Services.....	\$ 69.00/hour
Report Preparation .....	\$ 69.00
Report Preparation-Simple Duplication.....	\$ 15.00
Self-Help/Peer Services .....	\$ 75.00/hour
Skills Training, Group .....	\$ 55.00/hour
Skills Training, Individual .....	\$ 165.00/hour
Therapist or Nursing Services.....	\$ 165.00/hour
Includes: Individual and Family Counseling, Case Management, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations, Assessments, Child and Family Team Meetings, and Level of Needs Determination	
(b) Methadone and Evaluation Unit Fees	
All missed appointments, unexcused, will be charged for 1 hour of service at the applicable rate.	
Physician/Psychiatrist .....	\$ 345.00/hour

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Psychiatric Nurse Practitioner.....	\$ 275.00/hour
Therapist/Nurse.....	\$ 165.00/hour
Client Requested Court Appearance.....	\$ 165.00/hour
Correction Evaluations.....	\$ 150.00/session
DUII/Corrections Re-Referral .....	\$ 45.00/case
Group Screening .....	\$ 90.00/hour
Group Therapy/Sessions .....	\$ 90.00/hour
Injections/Dose .....	\$ 20.00 flat fee
Intake .....	\$ 165.00/hour
Intensive Care Monitoring .....	\$ 60.00/case
Interpretive Services-Oral/Sign.....	\$ 46.00/hour
Lab Work, Excluding Urinalysis .....	Actual Lab Fees
Methadone Courtesy Dose.....	\$ 15.00
Methadone Courtesy Dosing/Set-Up .....	\$ 20.00 flat fee
Oral Medications Supplied, Methadone Only.....	\$ 8.00/dose
Replacement Bottle, Methadone .....	\$ 3.00
Physical Exam, Antabuse.....	\$ 29.00
Physical Exam, Limited .....	\$ 40.00
Physical Exam, General .....	\$ 98.00
Physical Exam, with Lab Work .....	\$ 109.00
Physician/Psychiatrist Services.....	\$ 345.00
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
Psychiatric Nurse Practitioner Services .....	\$ 275.00
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
Report Preparation-Client Request .....	\$ 60.00
Report Preparation-Simple Duplication.....	\$ 15.00
Standard Case Monitoring .....	\$ 30.00/case
Therapist or Nursing Services.....	\$ 165.00/hour
Includes: Individual and Family Counseling, Case Management, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations and Assessments	
Urinalysis	
Testing and Collection and Handling.....	\$ 11.00 plus actual lab fee
Collection and Handling Only.....	\$ 11.00

(6) Family Mediation

Parent Education Class .....

\$ 45.00/Attendee
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(7) Community Health Centers (FOHC).

Community Health Centers provide access to primary and preventive healthcare services for medically uninsured, underserved and homeless populations in Lane County, in accordance with federal requirements under Section 330 of the Public Health Service Act. The Community Health

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Center has a Board approved fee schedule for all billable services. The fee schedule is established and implemented to ensure that all patients receive fair and equitable treatment for any and all services provided by the Community Health Center. The fee schedule approximates reimbursable costs for those services and is comparable to prevailing local rates. The billing for third party coverage, i.e. Medicare, Medicaid, private insurance carriers, etc., is set at the usual and customary full charge.

Patients with restricted, limited, or no third-party insurance coverage will be expected to provide appropriate information for a determination of eligibility in order to receive a sliding fee discount. Based on proof of income presented and/or social verification recorded, patients will be informed of eligibility for a sliding fee discount from the usual and customary full charge. All patients are eligible to apply for the sliding fee discount. Eligibility is based on total family size and family income using current Federal Poverty Guidelines. Eligible patients will have their covered charges discounted based on the sliding fee schedule. Patients will be required to pay a nominal or minimum fee even if they fall below 100% of the Federal Poverty Level. Patients below 100% of the federal poverty level pay a minimum fee and those between 100% and 200% of the federal poverty level pay a discounted sliding fee. Fees for lab, pharmacy and durable medical equipment and supplies may be added to the minimum fee and/or discounted fee.

Community Health Centers Sliding Scale ("flat fee") Fee Discount Scale

	<u>Flat Fee</u>	<u>Fee for Additional Procedures</u>
<100% FPL	\$20	+15
100-125% FPL	\$25	+20
125-150% FPL	\$40	+25
150-175% FPL	\$50	+30
175-200% FPL	\$60	+35
>200% FPL	Full Fee	Full Fee

No patient will be denied access to services simply due to an inability to pay for services. However patients "unwilling-to-pay," may be denied services. Willingness to pay is defined as taking appropriate steps to ensure payment for services rendered. Patients will be expected to comply with the efforts of registration staff members to ascertain the existence of any third-party insurance coverage a patient may possess, or otherwise appropriately document said patient's inability to pay for services.

**The Community Health Centers establishes its fees based on a Resource-Based Relative Value (RBRVS) methodology.**

**The RBRVS methodology is the industry standard by which providers and payors establish, modify, and maintain provider fee schedules. The RBRVS methodology was established by Medicare, in conjunction with the American Medical Association (AMA) and the Specialty Practice Boards, in 1992.**

**The methodology consists of two components – relative value units (RVUs), and conversion factors. The charge for specific service is calculated as follows:**

**Relative Value Units (RVUs) are established annually by the AMA for every medical/surgical procedure. The unit values assigned to each service reflects the**



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relative value of the resources required to provide that specific service in comparison to all other services. Resources consist of physician time, practice expense, and malpractice costs. For example, a procedure that has a RVU value of 2.0 would typically require twice the resources of a different procedure that has a RVU value of 1.0. The RVU values are adjusted annually by the AMA based on annual reviews and recommendations of experts in each medical specialty.

Conversion Factors are decided upon by each provider agency based on its specific cost structure. Medicare annually announces the conversion factor that it will use to calculate the amount it will pay for services. Commercial insurance payors typically use the conversion factor as the basis of negotiating with medical groups for determining contractual payment terms.

The RVUs and conversion factor are used as follows to determine the specific charges for each procedure:

Charge for a Procedure = (# of RVUs for that procedure) x (Conversion Factor)

For example, if the conversion factor chosen by a medical provider is \$50.00, the charges for procedures would be calculated as follows:

Charge for Procedure A with a 1.5 RVU would be:  
1.5 RVU x \$50.00 Conversion Factor = \$75.00 charge

Charge for Procedure B with a 2.0 RVU would be:  
2.0 RVU x \$50.00 Conversion Factor = \$100.00 charge

The Community Health Center uses a conversion factor of \$47.51.

The RVU values can be found on the Medicare web-site (July 2011):  
<http://www.cms.gov/PhysicianFeeSched/PFSRVF/list.asp?sortBvDID=1a&submit=Go&filterType=none&filterBvDID=99&sortOrder=ascending&intNumPerPage=10>

The CHC uses the above noted conversion factor and the then-current RVU factors to establish the fee for each specific procedure. Fees are rounded to the nearest whole dollar amount.

#### Community Health Fees

(a) Office Visits. -Fees for Community Health Centers are determined using the conversion factor of \$47.51 x RVU for each procedure as explained above.

Annual/preventive care age 18-39 Established	\$ 168.00
Annual/preventive care age 18-39 New	\$ 203.00
Annual/preventive care age 40-64 Established	\$ 182.00
Annual/preventive care age 40-64 New	\$ 222.00
Annual/preventive care age >65 Established	\$ 203.00
Annual/preventive care age >65 New	\$ 235.00
Basic life/disability examination	\$ 109.00

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<del>Behavioral Health Assessment</del>	
<del>    each 15 minutes, initial</del>	<del>    \$ 44.00</del>
<del>Behavioral Health Re-Assessment</del>	<del>    \$ 52.00</del>
<del>Behavioral Health Intervention</del>	
<del>    each 15 minutes, individual</del>	<del>    \$ 24.00</del>
<del>Behavioral Health Intervention</del>	
<del>    each 15 minutes, group</del>	<del>    \$ 11.00</del>
<del>Behavioral Health Intervention</del>	
<del>    each 15 minutes, family with patient</del>	<del>    \$ 49.00</del>
<del>Behavioral Health Intervention</del>	
<del>    each 15 minutes, family without patient</del>	<del>    \$ 47.00</del>
<del>Group health education</del>	<del>    \$ 40.00</del>
<del>Health risk assessment test</del>	<del>    \$ 221.00</del>
<del>Initial hospital care, low</del>	<del>    \$ 165.00</del>
<del>Initial hospital care, moderate</del>	<del>    \$ 220.00</del>
<del>Initial hospital care, high</del>	<del>    \$ 285.00</del>
<del>Initial surgical evaluation</del>	<del>    \$ 57.00</del>
<del>Office consultation, high</del>	<del>    \$ 381.00</del>
<del>Office consultation, low</del>	<del>    \$ 169.00</del>
<del>Office consultation, minor</del>	<del>    \$ 121.00</del>
<del>Office consultation, moderate</del>	<del>    \$ 220.00</del>
<del>Office consultation, moderate-high</del>	<del>    \$ 292.00</del>
<del>Office emergency care</del>	<del>    \$ 36.00</del>
<del>Office/outpatient visit, established, high</del>	<del>    \$ 209.00</del>
<del>Special reports/insurance forms</del>	<del>    \$ 109.00</del>
<del>Unlisted Evaluation &amp; Management</del>	<del>    \$ 151.00</del>
<del>Work/medical disability examination/established</del>	<del>    \$ 61.00</del>
<del>Work/medical disability examination/new</del>	<del>    \$ 109.00</del>
<del>Office visit Level 1 Established (nursing)</del>	<del>    \$ 44.00</del>
<del>Office visit Level 1 New</del>	<del>    \$ 79.00</del>
<del>Office visit Level 2 Established</del>	<del>    \$ 67.00</del>
<del>Office visit Level 2 New</del>	<del>    \$ 109.00</del>
<del>Office visit Level 3 Established</del>	<del>    \$ 89.00</del>
<del>Office visit Level 3 New</del>	<del>    \$ 152.00</del>
<del>Office visit Level 4 Established</del>	<del>    \$ 133.00</del>
<del>Office visit Level 4 New</del>	<del>    \$ 219.00</del>
<del>Office visit Level 5 Established</del>	<del>    \$ 205.00</del>
<del>Office visit Level 5 New</del>	<del>    \$ 280.00</del>
<del>Preventive counseling/risk factor reduction 15min</del>	<del>    \$ 60.00</del>
<del>Preventive counseling/risk factor reduction 30min</del>	<del>    \$ 97.00</del>
<del>Preventive counseling/risk factor reduction 45min</del>	<del>    \$ 132.00</del>
<del>Preventive counseling/risk factor reduction 60min</del>	<del>    \$ 179.00</del>
<del>Preventive counseling-group 60-min</del>	<del>    \$ 51.00</del>
<del>Well child care &lt;1 year Established</del>	<del>    \$ 111.00</del>
<del>Well child care &lt;1 year New</del>	<del>    \$ 138.00</del>
<del>Well child care age 1-4 Established</del>	<del>    \$ 122.00</del>
<del>Well child care age 1-4 New</del>	<del>    \$ 149.00</del>
<del>Well child care age 5-11 Established</del>	<del>    \$ 130.00</del>
<del>Well child care age 5-11 New</del>	<del>    \$ 155.00</del>

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Well child care age 12-17 Established .....	\$ 141.00
Well child care age 12-17 New .....	\$ 173.00

(b) Medical Services. —Fees for Community Health Centers are determined using the conversion factor of \$47.51 x RVU for procedure as explained above.

Aene surgery .....	\$ 98.00
Addition of walker to cast .....	\$ 93.00
Aerosol/vapor inhalations, initial .....	\$ 37.00
Agglutinins, febrile, each antigen .....	\$ 27.00
Airway inhalation treatment .....	\$ 34.00
Allergen immunotherapy, 2+ inject .....	\$ 24.00
Allergen immunotherapy, one inject .....	\$ 17.00
Anoscopy, Diagnostic .....	\$ 97.00
Anoscopy, remove lesion .....	\$ 198.00
Anoscopy, remove lesion, w/snare .....	\$ 247.00
Anoscopy, w/biopsy .....	\$ 130.00
Antibody, hepatitis C .....	\$ 92.00
Antibody, HIV-1 .....	\$ 86.00
Application of forearm cast .....	\$ 155.00
Application of hand/wrist cast .....	\$ 148.00
Application of leg cast, clubfoot .....	\$ 161.00
Application of long arm cast .....	\$ 188.00
Application of long arm splint .....	\$ 128.00
Application of long leg cast .....	\$ 257.00
Application of long leg cast, walker .....	\$ 275.00
Application of long leg splint .....	\$ 122.00
Application of lower leg splint .....	\$ 106.00
Application of paste boot .....	\$ 91.00
Apply finger splint, dynamic .....	\$ 59.00
Apply finger splint, static .....	\$ 74.00
Apply foot splint (Denis Browne) .....	\$ 64.00
Apply forearm splint, dynamic .....	\$ 87.00
Apply long leg cast brace .....	\$ 282.00
Apply long leg cast, cylinder .....	\$ 232.00
Apply short leg cast .....	\$ 187.00
Apply short leg cast (Patellar Tendon Bearing) .....	\$ 286.00
Apply short leg cast, walker .....	\$ 221.00
Apply splint (forearm to hand) .....	\$ 114.00
Aspiration/injection intermediate joint, elbow or ankle .....	\$ 130.00
Aspiration/injection large joint, knee, shoulder, or hip .....	\$ 154.00
Aspiration/injection small joint, bursa or ganglion cyst .....	\$ 117.00
Assay, calcium in urine, timed .....	\$ 25.00
Assay thyroid activity (T <sub>4</sub> BG) .....	\$ 39.00
Assay thyroid stimulating hormone .....	\$ 49.00
Assay, blood PKU .....	\$ 15.00
Audiometry, air & bone .....	\$ 51.00

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<del>Automated hemogram (CBC)</del>	<del>\$ 30.00</del>
<del>Avulsion of nail plate, partial or complete:</del>	
<del>    simple or single</del>	<del>\$ 142.00</del>
<del>Bile duct endoscopy</del>	<del>\$ 404.00</del>
<del>Biopsy of external ear</del>	<del>\$ 149.00</del>
<del>Biopsy of nail unit</del>	<del>\$ 167.00</del>
<del>Biopsy of uterus lining</del>	<del>\$ 137.00</del>
<del>Biopsy-skin, single lesion</del>	<del>\$ 142.00</del>
<del>Biopsy, second lesion</del>	<del>\$ 81.00</del>
<del>Blood count: hemoglobin (Hgb)</del>	<del>\$ 19.00</del>
<del>Blood occult, by peroxidase activity: stool</del>	<del>\$ 19.00</del>
<del>Blood occult, qualitative feces, 1-3 determinations</del>	<del>\$ 15.00</del>
<del>Breathing capacity test</del>	<del>\$ 69.00</del>
<del>Burn treatment w/anesthesia, med/large</del>	<del>\$ 369.00</del>
<del>Burn treatment w/anesthesia, small</del>	<del>\$ 112.00</del>
<del>Burn treatment w/o anesthesia, large</del>	<del>\$ 259.00</del>
<del>Burn treatment w/o anesthesia, medium</del>	<del>\$ 173.00</del>
<del>Burn treatment w/o anesthesia, small</del>	<del>\$ 96.00</del>
<del>Catheterize for urine specimen</del>	<del>\$ 87.00</del>
<del>Cauterize inner nose, intramural</del>	<del>\$ 328.00</del>
<del>Cauterize inner nose, superficial</del>	<del>\$ 219.00</del>
<del>Cautery of cervix; cryocautery, initial or repeat</del>	<del>\$ 318.00</del>
<del>Chemical cautery, granulated tissue</del>	<del>\$ 81.00</del>
<del>Chemical destruction condyloma of anus, simple</del>	<del>\$ 294.00</del>
<del>Chemical destruction condyloma penis; simple</del>	<del>\$ 219.00</del>
<del>Chorionic gonadotropin assay</del>	<del>\$ 26.00</del>
<del>Circumcision</del>	<del>\$ 110.00</del>
<del>Circumcision, not newborn</del>	<del>\$ 286.00</del>
<del>Circumcision, surgical, not newborn</del>	<del>\$ 432.00</del>
<del>Closure of split wound, simple</del>	<del>\$ 297.00</del>
<del>Closure of split wound, w/packing</del>	<del>\$ 267.00</del>
<del>Collect capillary blood specimen</del>	<del>\$ 29.00</del>
<del>Colposcopy of cervix, including upper/     adjacent vagina</del>	<del>\$ 292.00</del>
<del>Colposcopy with biopsy of cervix and     endocervical curettage</del>	<del>\$ 422.00</del>
<del>Colposcopy, entire vagina w/cervix</del>	<del>\$ 233.00</del>
<del>Colposcopy, entire vagina w/cervix w/biopsy</del>	<del>\$ 282.00</del>
<del>Colposcopy, cervix w/biopsy of cervix</del>	<del>\$ 260.00</del>
<del>Colposcopy, cervix w/endocervical curettage</del>	<del>\$ 246.00</del>
<del>Colposcopy, cervix w/loop conization</del>	<del>\$ 579.00</del>
<del>Cryocautery, cervix</del>	<del>\$ 166.00</del>
<del>Cryosurgery-removal of anal lesion(s)</del>	<del>\$ 209.00</del>
<del>Cryosurgery, penis lesion(s)</del>	<del>\$ 157.00</del>
<del>Culture specimen, bacterial, non urine/blood/stool</del>	<del>\$ 39.00</del>
<del>Culture, bacterial, quantitative colony count, urine</del>	<del>\$ 22.00</del>
<del>Culture, pathogenic organism, screen</del>	<del>\$ 34.00</del>
<del>Cytopathology, cervical/vaginal, manual screen</del>	<del>\$ 24.00</del>
<del>Cytopathology, cervical/vaginal, physician</del>	

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<del>interpretation</del> .....	<del>\$ 39.00</del>
<del>Debride 1-5 nails, any method</del> .....	<del>\$ 44.00</del>
<del>Debride 6+ nails, any method</del> .....	<del>\$ 61.00</del>
<del>Debride skin/muscle, Fx</del> .....	<del>\$1,133.00</del>
<del>Debride skin/muscle/bone, Fx</del> .....	<del>\$1,631.00</del>
<del>Debride skin/tissue, Fx</del> .....	<del>\$ 873.00</del>
<del>Destruction benign/premalignant lesion 15+</del> .....	<del>\$ 365.00</del>
<del>Destruction benign or premalignant lesions</del>	
<del>  other than skin tags, 1st lesion</del> .....	<del>\$ 105.00</del>
<del>Destruction flat/molluscum, 15+</del> .....	<del>\$ 164.00</del>
<del>Destruction flat warts, molluscum, up to 11</del> .....	<del>\$ 129.00</del>
<del>Destruction lesion(s), anus; simple, cryosurgery</del> .....	<del>\$ 285.00</del>
<del>Destruction lesion(s), penis; simple, cryosurgery</del> .....	<del>\$ 237.00</del>
<del>Destruction lesion, 2-14</del> .....	<del>\$ 35.00</del>
<del>Destruction penis lesion(s), extensive</del> .....	<del>\$ 462.00</del>
<del>Destruction, vulva lesion(s); simple, any method</del> .....	<del>\$ 232.00</del>
<del>Destruction vaginal lesion(s), extensive</del> .....	<del>\$ 591.00</del>
<del>Destruction vaginal lesion(s); simple, any method</del> .....	<del>\$ 248.00</del>
<del>Destruction vascular skin lesions 10-50 cm</del> .....	<del>\$ 914.00</del>
<del>Destruction vascular skin lesions over 50 cm</del> .....	<del>\$1,530.00</del>
<del>Destruction vascular skin lesions up to 10 cm</del> .....	<del>\$ 497.00</del>
<del>Destruction vulva lesion(s), extensive</del> .....	<del>\$ 479.00</del>
<del>Drain arm/elbow abscess/hematoma</del> .....	<del>\$ 463.00</del>
<del>Drain blood from under nail</del> .....	<del>\$ 77.00</del>
<del>Drain complex postoperative wound infection</del> .....	<del>\$ 361.00</del>
<del>Drain external ear lesion, simple</del> .....	<del>\$ 197.00</del>
<del>Drain infected arm/elbow bursa</del> .....	<del>\$ 334.00</del>
<del>Drain lower leg abscess/hematoma</del> .....	<del>\$ 711.00</del>
<del>Drain neck/chest abscess/hematoma</del> .....	<del>\$ 554.00</del>
<del>Drain skin abscess, complicated or multiple</del> .....	<del>\$ 239.00</del>
<del>Drainage of anal abscess</del> .....	<del>\$ 192.00</del>
<del>Drainage of finger abscess, complicated</del> .....	<del>\$ 507.00</del>
<del>Drainage of finger abscess, simple</del> .....	<del>\$ 260.00</del>
<del>Drainage of forearm/wrist lesion</del> .....	<del>\$1,076.00</del>
<del>Drainage of pilonidal cyst, complicated</del> .....	<del>\$ 361.00</del>
<del>Drainage of pilonidal cyst, simple</del> .....	<del>\$ 178.00</del>
<del>Drainage of rectal abscess under anesthesia</del> .....	<del>\$ 452.00</del>
<del>Drainage of rectal abscess, separate procedure</del> .....	<del>\$ 573.00</del>
<del>Drainage of skin lesion</del> .....	<del>\$ 154.00</del>
<del>Drainage of thigh/knee lesion</del> .....	<del>\$ 811.00</del>
<del>Drainage of tonsil abscess</del> .....	<del>\$ 246.00</del>
<del>Drainage of vulva gland abscess</del> .....	<del>\$ 182.00</del>
<del>Drainage of vulva/perineum abscess</del> .....	<del>\$ 196.00</del>
<del>Drug screen, qualitative, multiple</del>	
<del>  classes, chromatographic</del> .....	<del>\$ 60.00</del>
<del>Destroy malignant lesion</del>	
<del>  face/ear/nose 0.5 cm or less</del> .....	<del>\$ 233.00</del>
<del>  face/ear/nose 0.6-1.0 cm</del> .....	<del>\$ 281.00</del>
<del>  face/ear/nose 1.1-2.0 cm</del> .....	<del>\$ 349.00</del>

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<del>face/ear/nose 2.1-3.0 cm</del> .....	\$ 423.00
<del>face/ear/nose 3.1-4.0 cm</del> .....	\$ 396.00
<del>face/ear/nose &gt;4.0 cm</del> .....	\$ 418.00
<del>neck/hand/foot/genital 0.5 cm or less</del> .....	\$ 212.00
<del>neck/hand/foot/genital 0.6-1.0 cm</del> .....	\$ 247.00
<del>neck/hand/foot/genital 1.1-2.0 cm</del> .....	\$ 297.00
<del>neck/hand/foot/genital 2.1-3.0 cm</del> .....	\$ 376.00
<del>neck/hand/foot/genital 3.1-4.0 cm</del> .....	\$ 331.00
<del>neck/hand/foot/genital &gt;4.0 cm</del> .....	\$ 396.00
<del>trunk/arm/leg 0.5 cm or less</del> .....	\$ 186.00
<del>trunk/arm/leg 0.6-1.0 cm</del> .....	\$ 219.00
<del>trunk/arm/leg 1.1-2.0 cm</del> .....	\$ 272.00
<del>trunk/arm/leg 2.1-3.0 cm</del> .....	\$ 342.00
<del>trunk/arm/leg 3.1-4.0 cm</del> .....	\$ 392.00
<del>trunk/arm/leg &gt;4.0 cm</del> .....	\$ 332.00
<del>Developmental testing, limited</del> .....	\$ 74.00
<del>Ear piercing</del> .....	\$ 56.00
<del>Electrocardiogram, routine ECG, with at least 12 leads: interpret &amp; report</del> .....	\$ 90.00
<del>Electrolyte panel</del> .....	\$ 20.00
<del>Endometrial sampling (biopsy)</del> .....	\$ 262.00
<del>Evaluation of wheezing</del> .....	\$ 65.00
<del>Evaluation, athletic training</del> .....	\$ 50.00
<del>Exhaled carbon dioxide test</del> .....	\$ 88.00
<del>Eye service or procedure NEC</del> .....	\$ 43.00
<del>Excise skin wedge, ingrown toenail</del> .....	\$ 126.00
<del>Excision of nail and nail matrix, partial or complete, permanent</del> .....	\$ 446.00
<del>Explore/treat finger joint removal of foreign body</del> .....	\$ 566.00
<del>Gastric intubation/treatment</del> .....	\$ 110.00
<del>General health panel</del> .....	\$ 124.00
<del>Glucose blood test</del> .....	\$ 11.00
<del>Glucose; quantitative, blood, reagent strip</del> .....	\$ 20.00
<del>Glycosylated hemoglobin assay</del> .....	\$ 41.00
<del>Hearing screening</del> .....	\$ 22.00
<del>Hemoglobin count, colorimetric</del> .....	\$ 13.00
<del>Hepatic function panel</del> .....	\$ 32.00
<del>Hepatitis A antibody, total</del> .....	\$ 71.00
<del>Hepatitis panel, acute</del> .....	\$ 44.00
<del>Heterophile antibody screen</del> .....	\$ 23.00
<del>Hysteroscopy w/biopsy endometrium and/or polypectomy</del> .....	\$ 792.00
<del>Incise/drain eyelid lining cyst</del> .....	\$ 349.00
<del>Incision and drainage abscess or cyst; simple or single</del> .....	\$ 149.00
<del>Incision and removal foreign body, simple</del> .....	\$ 173.00
<del>Incision and drainage of rectal abscess</del> .....	\$ 383.00
<del>Incision of breast lesion, deep</del> .....	\$ 527.00
<del>Incision of external hemorrhoid</del> .....	\$ 244.00

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<del>Infectious antigen, chlamydia trachomatis.....</del>	<del>\$ 39.00</del>
<del>Infectious antigen, HBsAg.....</del>	<del>\$ 45.00</del>
<del>Infectious antigen, streptococcus group A.....</del>	<del>\$ 26.00</del>
<del>Infectious antigen, HIV-1, direct probe.....</del>	<del>\$ 62.00</del>
<del>Infectious antigen, neisseria gonorrhoeae, direct probe.....</del>	<del>\$ 57.00</del>
<del>Infectious antigen, neisseria gonorrhoeae, quantification.....</del>	<del>\$ 131.00</del>
<del>Infectious antigen, streptococcus A, direct probe.....</del>	<del>\$ 57.00</del>
<del>Initial treatment, 1st degree burn.....</del>	<del>\$ 116.00</del>
<del>Inject skin lesions, 7 max.....</del>	<del>\$ 70.00</del>
<del>Inject skin lesions, 8 or more.....</del>	<del>\$ 107.00</del>
<del>Injection single/multiple trigger points 1-2 muscles.....</del>	<del>\$ 146.00</del>
<del>Inject single/multiple trigger points 3+ muscles.....</del>	<del>\$ 145.00</del>
<del>Injection single tendon, ligament.....</del>	<del>\$ 132.00</del>
<del>Insert contraceptive capsules.....</del>	<del>\$ 278.00</del>
<del>Insert non-biodegradable drug delivery implant.....</del>	<del>\$ 194.00</del>
<del>Insert non-indwelling bladder catheter.....</del>	<del>\$ 87.00</del>
<del>Interphalangeal joint, each.....</del>	<del>\$ 717.00</del>
<del>Intramuscular injection of antibiotic.....</del>	<del>\$ 22.00</del>
<del>IV infusion therapy, up to 1 hour.....</del>	<del>\$ 127.00</del>
<del>IV injection.....</del>	<del>\$ 56.00</del>
<del>Late closure of wound, extensive.....</del>	<del>\$1,204.00</del>
<del>Layer closure of wounds</del>	
<del>    face/ears 2.5 cm or less.....</del>	<del>\$ 337.00</del>
<del>    face/ears 2.6-5.0 cm.....</del>	<del>\$ 398.00</del>
<del>    face/ears 5.1-7.5 cm.....</del>	<del>\$ 422.00</del>
<del>    face/ears 7.6-12.5 cm.....</del>	<del>\$ 493.00</del>
<del>    face/ears 12.6-20.0 cm.....</del>	<del>\$ 634.00</del>
<del>    face/ears 20.1-30.0 cm.....</del>	<del>\$ 805.00</del>
<del>    face/ears &gt;30.0 cm.....</del>	<del>\$ 913.00</del>
<del>    hands/feet 2.5 cm or less.....</del>	<del>\$ 280.00</del>
<del>    hands/feet 2.6-7.5 cm.....</del>	<del>\$ 341.00</del>
<del>    hands/feet 7.6-12.5 cm.....</del>	<del>\$ 453.00</del>
<del>    hands/feet 12.6-20.0 cm.....</del>	<del>\$ 466.00</del>
<del>    hands/feet 20.1-30.0 cm.....</del>	<del>\$ 601.00</del>
<del>    hands/feet &gt;30.0 cm.....</del>	<del>\$ 693.00</del>
<del>    trunk 2.5 cm or less.....</del>	<del>\$ 249.00</del>
<del>    trunk 2.6-7.5 cm.....</del>	<del>\$ 310.00</del>
<del>    trunk 7.6-12.5 cm.....</del>	<del>\$ 423.00</del>
<del>    trunk 12.6-20.0 cm.....</del>	<del>\$ 554.00</del>
<del>    trunk 20.1-30.0 cm.....</del>	<del>\$ 562.00</del>
<del>    trunk &gt;30.0 cm.....</del>	<del>\$ 664.00</del>
<del>Ligation of hemorrhoid(s).....</del>	<del>\$ 210.00</del>
<del>Lipid profile.....</del>	<del>\$ 42.00</del>
<del>Manual therapy 1+ regions, each 15 minutes.....</del>	<del>\$ 26.00</del>
<del>Massage therapy.....</del>	<del>\$ 39.00</del>
<del>Maximum breathing capacity, maximal voluntary ventilation.....</del>	<del>\$ 49.00</del>

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<del>Measure airflow resistance.....</del>	<del>\$ 88.00</del>
<del>Measure airway closing volume.....</del>	<del>\$ 86.00</del>
<del>Medical nutrition therapy, Group 2+</del>	
<del>  individuals, ea. 30 mins.....</del>	<del>\$ 44.00</del>
<del>Medical nutrition therapy, re assessment</del>	
<del>  and intervention, 15 mins.....</del>	<del>\$ 29.00</del>
<del>Medical nutrition therapy, initial assessment</del>	
<del>  and intervention, 15 mins.....</del>	<del>\$ 34.00</del>
<del>Metabolic panel, basic.....</del>	<del>\$ 31.00</del>
<del>Metabolic panel, comprehensive.....</del>	<del>\$ 39.00</del>
<del>Metacarpophalangeal joint(s), each.....</del>	<del>\$ 606.00</del>
<del>Microscopic examination of urine.....</del>	<del>\$ 17.00</del>
<del>Motion analysis, comprehensive:</del>	
<del>  video taping kinematics/3D.....</del>	<del>\$ 188.00</del>
<del>Nailbed reconstruction w/graft.....</del>	<del>\$ 521.00</del>
<del>Nasopharyngoscopy w/endoscopy.....</del>	<del>\$ 172.00</del>
<del>Neuromuscular re education, each 15 minutes ....</del>	<del>\$ 39.00</del>
<del>Noninvasive ear or pulse oximetry for O2</del>	
<del>  saturation, single.....</del>	<del>\$ 37.00</del>
<del>Obstetric profile.....</del>	<del>\$ 119.00</del>
<del>Papillectomy or excision of single tag, anus.....</del>	<del>\$ 189.00</del>
<del>Paring/cut benign skin lesion, 1.....</del>	<del>\$ 54.00</del>
<del>Paring/cut benign skin lesion, 2-4.....</del>	<del>\$ 60.00</del>
<del>Paring/cut benign skin lesion, 4+.....</del>	<del>\$ 66.00</del>
<del>Peakflow.....</del>	<del>\$ 4.00</del>
<del>Pelvic examination w/anesthesia.....</del>	<del>\$ 256.00</del>
<del>Physical therapy exercises, each 15 minutes.....</del>	<del>\$ 29.00</del>
<del>Proctosigmoidoscopy/diagnostic.....</del>	<del>\$ 124.00</del>
<del>Puncture drainage of breast cyst.....</del>	<del>\$ 137.00</del>
<del>Puncture drainage of skin lesion.....</del>	<del>\$ 104.00</del>
<del>Puncture aspiration of abscess, hematoma,</del>	
<del>  bullae or cyst.....</del>	<del>\$ 146.00</del>
<del>Pure tone audiometry: air only.....</del>	<del>\$ 41.00</del>
<del>Pure tone hearing screen, air.....</del>	<del>\$ 28.00</del>
<del>RBC sedimentation rate, automated.....</del>	<del>\$ 24.00</del>
<del>Re evaluation, athletic training.....</del>	<del>\$ 50.00</del>
<del>Removal of anal tags.....</del>	<del>\$ 251.00</del>
<del>Removal of cervix cone.....</del>	<del>\$ 701.00</del>
<del>Removal of devitalized tissue from</del>	
<del>  wounds nonselective debridement.....</del>	<del>\$ 44.00</del>
<del>Removal of devitalized tissue from</del>	
<del>  wounds selective debridement.....</del>	<del>\$ 120.00</del>
<del>Removal of foreign body external eye</del>	
<del>  conjunctival embedded.....</del>	<del>\$ 153.00</del>
<del>  conjunctival superficial.....</del>	<del>\$ 103.00</del>
<del>  corneal w/slit lamp.....</del>	<del>\$ 166.00</del>
<del>  corneal w/o slit lamp.....</del>	<del>\$ 353.00</del>
<del>Removal of foreign body intraocular</del>	
<del>  from anterior chamber.....</del>	<del>\$1,337.00</del>



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Removal of foreign body; cornea with lamp.....	\$ 222.00
Removal of impacted cerumen, one or both ears.....	\$ 86.00
Removal of nail bed/finger tip.....	\$ 418.00
Removal of nail plate-partial/complete: each additional.....	\$ 58.00
Removal of penis lesion(s).....	\$ 290.00
Removal of skin tags, up to 15 lesions.....	\$ 126.00
Removal of skin tags, each additional 10.....	\$ 57.00
Removal/abrasion of skin of nose.....	\$ 976.00
Remove burn seab, initial incision.....	\$ 480.00
Remove cervix cone w/loop electrode.....	\$ 624.00
Remove contraceptive capsules.....	\$ 271.00
Remove deep thigh/knee foreign body.....	\$ 698.00
Remove extensor tendon w/rod implantation of synthetic rod, each rod.....	\$1,155.00
Remove hemorrhoid clot.....	\$ 211.00
Remove impacted ear wax.....	\$ 104.00
Remove lesion	
scalp/neck/hand/foot 0.5 cm or less.....	\$ 137.00
scalp/neck/hand/foot 0.6 1.0 cm.....	\$ 155.00
scalp/neck/hand/foot 1.1 2.0 cm.....	\$ 214.00
scalp/neck/hand/foot 2.1 3.0 cm.....	\$ 324.00
scalp/neck/hand/foot 3.1 4.0 cm.....	\$ 468.00
scalp/neck/hand/foot >4.0 cm.....	\$ 665.00
trunk/arm/leg 0.5 cm or less.....	\$ 118.00
trunk/arm/leg 0.6 1.0 cm.....	\$ 145.00
trunk/arm/leg 1.1 2.0 cm.....	\$ 204.00
trunk/arm/leg 2.1 3.0 cm.....	\$ 270.00
trunk/arm/leg 3.1 4.0 cm.....	\$ 359.00
trunk/arm/leg >4.0 cm.....	\$ 424.00
face/lid/ear/nose/lip 0.5 cm or less.....	\$ 214.00
face/lid/ear/nose/lip 0.6 1.0cm.....	\$ 272.00
face/lid/ear/nose/lip 1.1 2.0 cm.....	\$ 342.00
face/lid/ear/nose/lip 2.1 3.0 cm.....	\$ 443.00
face/lid/ear/nose/lip 3.1 4.0 cm.....	\$ 589.00
face/lid/ear/nose/lip >4.0cm.....	\$ 753.00
Remove malignant lesion	
face/nose/lips 0.5 cm or less.....	\$ 333.00
face/nose/lips 0.6 1.0 cm.....	\$ 420.00
face/nose/lips 1.1 2.0 cm.....	\$ 505.00
face/nose/lips 2.1 3.0 cm.....	\$ 609.00
face/nose/lips 3.1 4.0 cm.....	\$ 684.00
face/nose/lips >4.0 cm.....	\$ 914.00
head/hand/foot 0.5 cm or less.....	\$ 265.00
head/hand/foot 0.6 1.0 cm.....	\$ 336.00
head/hand/foot 1.1 2.0 cm.....	\$ 409.00
head/hand/foot 2.1 3.0 cm.....	\$ 491.00
head/hand/foot 3.1 4.0 cm.....	\$ 571.00
head/hand/foot >4.0 cm.....	\$ 826.00

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trunk/arm/leg 0.5 cm or less .....	\$ 230.00
trunk/arm/leg 0.6-1.0 cm .....	\$ 281.00
trunk/arm/leg 1.1-2.0 cm .....	\$ 335.00
trunk/arm/leg 2.1-3.0cm .....	\$ 408.00
trunk/arm/leg 3.1-4.0 cm .....	\$ 490.00
trunk/arm/leg >4.0 cm .....	\$ 664.00
Remove non-biodegradable drug delivery implant	\$ 221.00
Remove object from foot, deep .....	\$ 471.00
Remove object from foot, subcutaneous .....	\$ 279.00
Remove object from foot, complicated .....	\$ 894.00
Remove object from nose .....	\$ 134.00
Remove object from outer ear canal .....	\$ 135.00
Remove object from outer ear canal w/anesthesia	\$ 410.00
Remove object, muscle/tendon, deep .....	\$ 618.00
Remove object, muscle/tendon, simple .....	\$ 293.00
Remove pilonidal cyst, complex .....	\$1,330.00
Remove pilonidal cyst, extensive .....	\$1,065.00
Remove pilonidal cyst, simple .....	\$ 636.00
Remove skin foreign body, complicated .....	\$ 311.00
Remove sweat gland lesion, axillary .....	\$ 872.00
Remove sweat gland lesion, axillary complex .....	\$ 919.00
Remove sweat gland lesion, inguinal .....	\$ 674.00
Remove sweat gland lesion, perianal .....	\$ 630.00
Remove sweat gland lesion, perianal complex .....	\$ 790.00
Remove tendon lesion, toe(s) .....	\$ 466.00
Remove tissue expander(s) .....	\$ 447.00
Remove vulva gland/lesion .....	\$ 662.00
Remove/reinsert contraceptive caps .....	\$ 357.00
Remove/reinsert non-biodegradable drug delivery implant .....	\$ 357.00
Remove/revise cast, boot/body .....	\$ 78.00
Remove/revise cast, full arm/leg .....	\$ 108.00
Renal function panel .....	\$ 32.00
Repair complex wound, lid/nose/ear/lip	
each 1.0 cm .....	\$ 510.00
each 1.1-2.5 cm .....	\$ 682.00
each > 2.5 cm .....	\$1,063.00
each additional 5.0 cm or less .....	\$ 396.00
Repair complex wound, face/hand/foot	
each 1.1-2.5 cm .....	\$ 570.00
each >2.5 cm .....	\$ 848.00
each additional 5.0 cm or less .....	\$ 322.00
Repair complex wound, scalp/arm/leg	
each 1.1-2.5 cm .....	\$ 449.00
each > 2.5 cm .....	\$ 633.00
each additional 5.0 cm/less .....	\$ 237.00
Repair complex wound, trunk .....	\$ 365.00
additional 5.0 cm/less .....	\$ 229.00
Repair complex wound, trunk-complex .....	\$ 503.00

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Repair eyelid wound, partial .....	\$1,044.00
Repair finger tendon, closed .....	\$ 622.00
Repair finger tendon, w/o free graft, ea.....	\$ 839.00
Repair lip vermillion .....	\$ 532.00
Repair mouth laceration .....	\$ 202.00
Repair of nail bed .....	\$ 319.00
Repair vagina/perineum injury .....	\$ 570.00
Respiratory flow volume loop .....	\$ 67.00
Sample stomach contents .....	\$ 494.00
Sample stomach contents after stimulation .....	\$ 297.00
Sample stomach contents, 1 hour .....	\$ 618.00
Sample stomach contents, 2 hours .....	\$ 419.00
Sample stomach contents, 2 hours including gastric stimulation .....	\$ 635.00
Sample stomach contents, 3 hours .....	\$ 741.00
Sensorineural acuity test .....	\$ 33.00
Serial tonometry evaluation(s) .....	\$ 66.00
Shave lesion	
face/lid/ear/nose/lip 0.5 cm or less .....	\$ 144.00
face/lid/ear/nose/lip 0.6-1.0 cm .....	\$ 172.00
face/lid/ear/nose/lip 1.1-2.0 cm .....	\$ 209.00
face/lid/ear/nose/lip >2.0 cm .....	\$ 272.00
scalp/neck/hand/foot 0.5 cm or less .....	\$ 121.00
scalp/neck/hand/foot 0.6-1.0 cm .....	\$ 157.00
scalp/neck/hand/foot 1.1-2.0 cm .....	\$ 192.00
scalp/neck/hand/foot >2.0 cm .....	\$ 257.00
Shave skin lesion	
trunk/arm/leg 0.5 cm or less .....	\$ 115.00
trunk/arm/leg 0.6-1.0 cm .....	\$ 145.00
trunk/arm/leg 1.1-2.0 cm .....	\$ 179.00
trunk/arm/leg >2.0 cm .....	\$ 241.00
Simple repair superficial wounds	
face 7.6-12.5 cm .....	\$ 451.00
face 12.6-20.0 cm .....	\$ 433.00
face 20.1-30.0 cm .....	\$ 864.00
face over 30 cm .....	\$ 776.00
trunk 12.6-20.0 cm .....	\$ 390.00
trunk 20.1-30.0 cm .....	\$ 412.00
Simple repair superficial wounds, 2.5 cm or less .....	\$ 235.00
Simple repair, superficial wounds, 2.6 cm-7.5 cm .....	\$ 287.00
Simple repair superficial wounds, trunk 7.6-12.5 cm .....	\$ 309.00
> 30.0 cm .....	\$ 540.00
Skin test: tuberculosis, intradermal .....	\$ 28.00
Smear, primary source with interpret .....	\$ 25.00
Special supplies .....	\$ 13.00
Spun microhematocrit blood count .....	\$ 11.00

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<del>Strapping of ankle</del>	<del>\$ 54.00</del>
<del>Strapping of chest</del>	<del>\$ 104.00</del>
<del>Strapping of elbow/wrist</del>	<del>\$ 59.00</del>
<del>Strapping of hand/finger</del>	<del>\$ 60.00</del>
<del>Strapping of hip</del>	<del>\$ 82.00</del>
<del>Strapping of knee</del>	<del>\$ 71.00</del>
<del>Strapping of low back</del>	<del>\$ 109.00</del>
<del>Strapping of shoulder</del>	<del>\$ 71.00</del>
<del>Strapping of toes</del>	<del>\$ 52.00</del>
<del>Subcutaneous hormone pellet implant</del>	<del>\$ 193.00</del>
<del>Subcutaneous/Intramuscle injection</del>	<del>\$ 16.00</del>
<del>Supplies</del>	<del>acquisition cost</del>
<del>Surgical cleansing, tissue/muscle/bone</del>	<del>\$ 852.00</del>
<del>Surgical biopsy of breast, open</del>	<del>\$ 691.00</del>
<del>Surgical cleansing of abrasion</del>	<del>\$ 93.00</del>
<del>Surgical cleansing of skin</del>	<del>\$ 132.00</del>
<del>Surgical cleansing of skin/tissue</del>	<del>\$ 225.00</del>
<del>Surgical cleansing of tissue/muscle</del>	<del>\$ 590.00</del>
<del>Syphilis test</del>	<del>\$ 19.00</del>
<del>Therapeutic activities (one on one)</del>	<del>\$ 49.00</del>
<del>Therapeutic, prophylactic injection (subcutaneous or intramuscular)</del>	<del>\$ 21.00</del>
<del>Tissue exam by KOH slide samples</del>	<del>\$ 28.00</del>
<del>Treat shoulder dislocation w/anesthesia</del>	<del>\$ 557.00</del>
<del>Treat shoulder dislocation</del>	<del>\$ 382.00</del>
<del>Trim nondystrophic nail, any number</del>	<del>\$ 31.00</del>
<del>Tympanogram</del>	<del>\$ 48.00</del>
<del>Urinalysis, non-automated, with scope</del>	<del>\$ 18.00</del>
<del>Urinalysis, non-automated, without microscopy</del>	<del>\$ 17.00</del>
<del>Urinalysis, routine</del>	<del>\$ 22.00</del>
<del>Vaginoscopy</del>	<del>\$ 196.00</del>
<del>Vaginoscopy w/cervical biopsy</del>	<del>\$ 283.00</del>
<del>Vaginoscopy with LEEP</del>	<del>\$ 678.00</del>
<del>Vasectomy</del>	<del>\$ 498.00</del>
<del>Venipuncture finger/heel/ear stick routine</del>	<del>\$ 16.00</del>
<del>Visual field exam(s), limited</del>	<del>\$ 103.00</del>
<del>Virus isolation for test, tissue</del>	<del>\$ 70.00</del>

- (c) Immunizations – Community Health Centers  
See LM 60.840(2)(c), Communicable Disease Fees
- (d) Mental Health – Community Health Centers  
See LM 60.840(5a), General Mental Health Fees
- (e) Dental Services – Community Health Centers
  - Add clasp to existing partial denture..... \$ 107.00
  - Add tooth to existing partial denture..... \$ 71.00
  - Adjust complete denture - mandibular..... \$ 40.00
  - Adjust complete denture - maxillary..... \$ 40.00
  - Adjust partial denture - mandibular..... \$ 43.00
  - Adjust partial denture - maxillary..... \$ 43.00
  - Amalgam- three surface, primary or permanent... \$ 124.00

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Amalgam-four or more surfaces, primary or permanent .....	\$ 141.00
Amalgam-one surface, primary or permanent.....	\$ 81.00
Amalgam-primary-1 surface .....	\$ 66.00
Amalgam-primary-2 surfaces.....	\$ 78.00
Amalgam-primary-3 surfaces.....	\$ 93.00
Amalgam-primary-4 or more surfaces. ....	\$ 115.00
Amalgam-two surface, primary or permanent.....	\$ 102.00
Apexification / recalcification – initial visit .....	\$ 238.00
Apexification / recalcification – interim medication replacement .....	\$ 119.00
Apexification/recalcification – final visit .....	\$ 108.00
Bitewings-four films .....	\$ 29.00
Bitewing-single film.....	\$ 12.00
Bitewings-two films .....	\$ 24.00
Child prophy with fluoride.....	\$ 50.00
Child prophy without fluoride.....	\$ 36.00
Complete denture - mandibular.....	\$ 774.00
Complete denture - maxillary.....	\$ 774.00
Composite resin crown-primary-anterior .....	\$ 205.00
Composite-permanent-posterior - 1 surface .....	\$ 80.00
Composite-permanent-posterior -2 surfaces .....	\$ 130.00
Composite-permanent-posterior - 3 or more surfaces .....	\$ 175.00
Composite-primary-posterior - 1 surface .....	\$ 81.00
Composite-primary-posterior - 2 surfaces.....	\$ 97.00
Composite-primary-posterior - 3 or more surfaces	\$ 154.00
Crown buildup, including any pins .....	\$ 107.00
Crown buildup-with retentive post.....	\$ 143.00
Endonic Therapy- Anterior (excluding final restoration) .....	\$ 321.00
Endonic Therapy- Bicuspid (excluding final restoration) .....	\$ 369.00
Endonic Therapy- Molar (excluding final restoration) .....	\$ 464.00
Excision of pericoronal gingiva .....	\$ 175.00
Extraction of Roots/Per Tooth.....	\$ 125.00
Extraction/Per Additional Tooth .....	\$ 85.00
Extraction/Single Tooth .....	\$ 90.00
Extraoral-each additional film.....	\$ 31.00
Extraoral-first film.....	\$ 40.00
Full mouth debridement to enable perio evaluation	\$ 107.00
I. V. Sedation.....	\$ 240.00
Immediate denture - mandibular .....	\$ 774.00
Immediate denture - maxillary .....	\$ 774.00
Incision and drainage of abscess-extraoral soft tissue .....	\$ 90.00
Incision and drainage of abscess-intraoral soft tissue .....	\$ 149.00

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Incomplete endodontic therapy; inoperable or fractured tooth.....	\$ 228.00
Interim complete denture (mandibular).....	\$ 238.00
Interim complete denture (maxillary).....	\$ 238.00
Interim partial denture (mandibular).....	\$ 351.00
Interim partial denture (maxillary).....	\$ 338.00
Intraoral-complete series (including bitewings)...	\$ 67.00
Intraoral-occlusal film.....	\$ 10.00
Intraoral-periapical-each additional film.....	\$ 12.00
Intraoral-periapical-first film.....	\$ 21.00
Labial veneer-composite-chairside.....	\$ 250.00
Local anesthesia .....	\$ 111.00
Local anesthesia not in conjunction with operative or surgical procedures .....	\$ 111.00
Mandibular partial denture - cast metal framework with resin denture bases.....	\$ 774.00
Mandibular partial denture - resin base.....	\$ 774.00
Maxillary partial denture - cast metal framework with resin denture bases.....	\$ 774.00
Maxillary partial denture - resin base.....	\$ 774.00
Nitrous Oxide Anesthesia/Per Time Unit Charge	\$ 19.00
Oral Evaluation (limited) .....	\$ 31.00
Oral Evaluation (comprehensive).....	\$ 80.00
Palliative (emergency) treatment of dental pain – minor procedure .....	\$ 98.00
Panoramic film .....	\$ 50.00
Periodontal maintenance procedures.....	\$ 71.00
Periodontal scaling + root planing-per quadrant ..	\$ 138.00
Phophylaxis-ADULT-with fluoride treatment.....	\$ 82.00
Pin retention-per tooth. in addition to restoration	\$ 48.00
Prefabricated resin crown.....	\$ 133.00
Prefabricated stainless steel crown – permanent tooth.....	\$ 168.00
Prefabricated stainless steel crown – primary tooth .....	\$ 160.00
Prophylaxis-ADULT-normal or full dentition .....	\$ 81.00
Pulp cap – direct (excluding final restoration) .....	\$ 55.00
Pulp cap – indirect (excluding final restoration) ..	\$ 55.00
Pulp vitality tests .....	\$ 35.00
Pulpal debridement, primary and permanent teeth .....	\$ 102.00
Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) .....	\$ 102.00
Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) .....	\$ 102.00
Rebase complete mandibular denture.....	\$ 379.00
Rebase complete maxillary denture .....	\$ 379.00
Rebase mandibular partial denture .....	\$ 379.00
Rebase maxillary partial denture.....	\$ 379.00

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Recement crown.....	\$ 59.00
Recement inlay.....	\$ 60.00
Recementation of space maintainer.....	\$ 60.00
Regional block anesthesia.....	\$ 60.00
Reline complete mandibular denture (chairside)..	\$ 71.00
Reline complete mandibular denture (laboratory)	\$ 238.00
Reline complete maxillary denture (chairside)....	\$ 71.00
Reline complete maxillary denture (laboratory)...	\$ 238.00
Reline mandibular partial denture (chairside).....	\$ 71.00
Reline mandibular partial denture (laboratory)....	\$ 238.00
Reline maxillary partial denture (chairside).....	\$ 71.00
Reline maxillary partial denture (laboratory).....	\$ 238.00
Removable unilateral partial denture – one piece cast metal .....	\$ 52.00
Removal of impacted tooth – completely bony....	\$ 343.00
Removal of impacted tooth – completely bony, with unusual surgical complications .....	\$ 386.00
Removal of impacted tooth – partially bony .....	\$ 279.00
Removal of impacted tooth – soft tissue .....	\$ 206.00
Repair broken complete denture base .....	\$ 71.00
Repair cast framework .....	\$ 71.00
Repair or replace broken clasp .....	\$ 119.00
Repair resin denture base .....	\$ 71.00
Replace broken teeth-per tooth.....	\$ 71.00
Replace missing or broken teeth-complete denture (each tooth) .....	\$ 71.00
Resin-based – 4 or more surfaces or involving incisal angel (anterior) .....	\$ 180.00
Resin based composite – 1 surface, anterior .....	\$ 86.00
Resin based composite – 2 surfaces, anterior.....	\$ 116.00
Resin-based composite – 3 surfaces, anterior.....	\$ 149.00
Resin-based composite – 4 or more surfaces, posterior .....	\$ 183.00
Resin-based composite – 1 surface, posterior .....	\$ 86.00
Resin-based composite – 2 surfaces, posterior.....	\$ 116.00
Resin-based composite crown, anterior.....	\$ 162.00
Retreatment of previous root canal/Molar.....	\$ 238.00
Retreatment of previous root canal/Premolar.....	\$ 238.00
Retreatment of root canal therapy/Anterior.....	\$ 238.00
Sealant – per tooth.....	\$ 42.00
Sedative filling .....	\$ 64.00
Space maintainer-fixed-bilateral .....	\$ 214.00
Space maintainer-fixed-unilateral .....	\$ 167.00
Space maintainer-removable-bilateral.....	\$ 193.00
Space maintainer-removable-unilateral.....	\$ 162.00
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/ or section of tooth .....	\$ 190.00
Surgical removal of residual tooth roots	

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	(cutting procedure).....	\$ 256.00
	Suture of recent small wounds up to 5 cm .....	\$ 139.00
	Temporary crown .....	\$ 130.00
	Therapeutic pulpotomy (excluding final restoration) – removal of pulp.....	\$ 107.00
	Tissue conditioning, mandibular .....	\$ 62.00
	Tissue conditioning, maxillary .....	\$ 62.00
	Topical application of fluoride-ADULT-no prophylaxis.....	\$ 28.00
	Topical application of fluoride only, child.....	\$ 14.00
	Treatment of root canal obstruction; non-surgical access .....	\$ 578.00
	Trigeminal division block anesthesia .....	\$ 60.00
(f)	Medication & Supplies	
	Activity therapy.....	\$ 15.00
	Drawing blood for specimen .....	\$ 10.00
	Limited Dental Exam .....	\$ 23.00
	Midazolam HCL, per 1 mg., injection.....	\$ 18.00
	Training & Education Services .....	\$ 46.00
	Visit for drug monitoring .....	\$ 38.00
(g)	Pharmacy	
	Pharmaceutical Company Drug Assistance Program Application Fee .....	\$ 5.00
	Pharmacy Filing Fee.....	\$ 10.00 + acquisition cost

(8) Animal Services Fees. Animal Services strives to ensure public and animal health, safety, and quality of life. Revenue generated by Animal Services fees stays within the Animal Services program. The following fees shall be charged by Animal Services:

(a)	Dog license/Regular	
	One Year .....	\$ 35.00
	Two Years .....	\$ 55.00
	Three Years .....	\$ 70.00
(b)	Dog license/Neutered	
	One Year .....	\$ 15.00
	Two Years .....	\$ 25.00
	Three Years .....	\$ 35.00
(c)	(i) Dog license/Regular/senior citizen (65 or over) owner	
	One Year .....	\$ 35.00
	Two Years.....	\$ 55.00
	Three Years.....	\$ 70.00
	(ii) Dog license/Neutered/senior citizen (65 or over) owner	
	One Year .....	\$ 10.00
	Two Years.....	\$ 17.00
	Three Years.....	\$ 25.00
(d)	(i) Voluntary juvenile (under 6 months of age) dog/cat ID registration .....	\$ 5.00
	(ii) Voluntary cat registration, One Year	
	Regular .....	\$ 8.00
	Neutered .....	\$ 4.00



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- (e) Duplicate license ..... \$ 2.00
- (f) Noncommercial kennel license ..... \$ 150.00  
 (\$50 of this fee to be used for educational, marketing, and spay/neuter purposes)
- (g) Commercial kennel license ..... \$ 250.00  
 (\$50 of this fee to be used for educational, marketing, and spay/neuter purposes)
- (h) Commercial breeding kennel..... \$ 350.00  
 (\$50 of this fee to be used for educational, marketing, and spay/neuter purposes)
- (i) Impoundment
  - First incident..... \$ 25.00
  - Second incident ..... \$ 50.00
  - Third and subsequent incidents ..... \$ 100.00
- (j) Daily care (per day maximum)..... \$ 12.00
- (k) Watchdog permits ..... \$ 25.00
- (l) Dangerous dog additional license and supervision fee
  - (i) Dangerous Behavior Class A Violator
    - First Year ..... \$ 200.00
    - Annual Renewal..... \$ 100.00
  - (ii) Dangerous Behavior Class B Violator
    - First Year ..... \$ 100.00
    - Annual Renewal..... \$ 50.00
  - (iii) Dangerous Behavior Class C Violator (annual) \$ 25.00
- (m) Handling and impound fees for unwanted animals:
  - Single Animal (adult dog/cat)..... \$ 40.00
  - Litter (under four months of age) ..... \$ 40.00
  - Disposal for ~~unwanted~~ **deceased** animals .. ~~\$20~~**25.00**
  - Euthanasia requests (dog or cat,  
~~including~~ **does not include** disposal) ..... \$ 50.00
- (n) Adoption Fees (includes cost of spay/neutering animal):
  - Dog, includes one-year license, microchip  
 and registration, collar and lead ..... \$ 130.00
  - Cat, includes ID tag, collar, cardboard carrier,  
 microchip and registration ..... \$ 95.00
  - Pet Supplies..... acquisition cost**
  - Post Adoption Behavioral training ..... \$60 per hour**
- (o) Late Fee for failing to renew dog license before it  
 becomes delinquent..... \$ 10.00
- (p) Review Hearing Fee ..... \$ 50.00
- (q) The Lane County Animal Services Manager or designee shall have

the authority to offer temporary license fee reductions and/or license/tag combination fee specials for the purpose of increasing licensing compliance and/or animal adoptions.

(9) Developmental Disabilities.

Adult Foster Care Training Materials ..... \$ 15.00

*(Revised by Order No. 94-6-29-1, Effective 6.29.94; 98-4-1-11, 4.1.98; 98-8-12-2, 8.12.98; 99-9-29-9, 9.29.99; 01-6-13-9, 6.13.01; 01-10-17-2, 10.17.01; 02-5-7-2, 5.7.02; 02-6-26-8, 7.1.02; 02-10-2-13, 10.2.02; 03-6-11-9, 7.1.03; 04-2-4-7, 2.4.04; 04-6-16-8, 6.16.04; 04-6-30-6, 7.1.04, 04-12-1-10, 12.1.04; 05-3-30-14, 4.1.05, 05-6-22-1, 7.1.05; 05-12-14-15, 1.1.06; 06-6-7-4, 7.1.06; 07-6-27-7, 7.1.07; 07-12-12-5, 12.12.07, 08-6-11-2, 7.1.08, 09-6-3-4, 7.1.09; 10-5-5-2, 05.15.10; 10-6-9-5, 07.1.10)*

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