

W. 8.C.3.

AGENDA COVER MEMO



AGENDA DATE: June 7, 2006
TO: Board of County Commissioners
DEPT: Health & Human Services
PRESENTED BY: Lynise Kjolberg, Administrative Manager
AGENDA ITEM TITLE: ORDER _____ / IN THE MATTER OF AMENDING CHAPTER 60 OF LANE MANUAL TO REVISE CERTAIN HEALTH AND HUMAN SERVICES FEES (LM 60.840) EFFECTIVE JULY 1, 2006

I. MOTION

Order _____ / in the matter of Amending Chapter 60 of Lane Manual to Revise Certain Health and Human Services Fees (LM 60.840) Effective July 1, 2006

II. ISSUE OR PROBLEM

The last annual fee schedule revision for the Department of Health and Human Services was completed in June 2005. In the 2006 revision, fees have been added or increased to reflect current service costs and to maximize revenue collection; language has been deleted to clarify current practice.

III. DISCUSSION

A. Background

Since the last annual fee revision, the Department of Health & Human Services has made one interim revision. This revision was completed December 2005 to change the Community Health Center's sliding fee scale to a flat fee based on income level. The changes made in the interim revision are not being changed with this request.

Generally, fees charged and collected by this department are determined by a different jurisdiction or other outside factors. In some case, fees are set by state statute or administrative rule. Fees are also set by the Oregon Health Plan reimbursement schedule, federally supported sliding-fees scales, and state required reductions and waivers. 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 and Human Services staff have conducted a review of fees. Staff proposed that some fees should be increased to match the cost of providing the services and to

maximize reimbursements from the state and other sources, others fees have been added to reflect the services currently provided.

The finance and Audit Committee reviewed the proposed fee schedule on May 23, 2006.

B. Analysis

Environmental Health

Environmental Health management has evaluated current fees and recalculated the field labor rate to determine which fees should be increased and the revised amount. In the last three years, the program budget has experienced an average annual increase of 11%. The major portion of that increase, 14% per year, results from personnel and benefit cost increases, while M&S has actually decreased an average of over 3% per year.

Licensing fees are calculated based upon a fully burdened hourly rate for time actually spent by health inspectors in the field. Field time is the hours available for work after an adjustment is made for holidays, sick leave, vacation, administrative time, and training. The field hourly rate for Lane County Environmental Health Specialists is \$128 per hour.

Fee increases are being proposed for the following categories:

Food Service Fees

- Bed & Breakfast (kitchens)
- Restaurants (all classes)
- Mobile Units
- Warehouse
- Commissary

Tourists & Travel

- Motels
- RV Parks
- Temporary Campgrounds
- Bed & Breakfast
- Hostel
- Organization Camps
- Picnic Park

Other

- Swimming Pools, Spa Pools
- Vending Units
- Plan Reviews
- Loan Reviews

The fees proposed for increase have not been adjusted since 2003. The environmental health program has been successful at maintaining a small contingency. Although increases to the budget are approximately 11% per year, the program proposes this year's fee increase to be 9% in order to maintain the budget contingency

In addition, request to add two new fees: A license fee for **Community Kitchen Non-Profit Food Service** - \$100 and a tourist and travel fee for **Tourist Accommodations Plan Review** - \$ 165.

Environmental Health Fee Changes

Food Service Licensed Facilities	Current Fee	Est. Cost	Proposed Fee
Bed & Breakfast <i>License fee based on 1 inspection/yr at 1 hour/inspection. Calculated based on OAR 333-012-0050(2)(b)(B)(i)(I).[assume 25% .5 hour re-inspect on this class] (\$128*1*1hr)+(\$128*1*.5hr*25%)</i>	\$127	\$144	\$140
Full Service Restaurant (0-15 seats) <i>License fee based on 2 inspections at 1.75 hour/inspection. Calculated based on OAR 333-012-0050(2)(b)(B)(i)(I).[assume 25% .5hour re-inspect on this class] (\$128*2*1.75hr)+(\$128*2*.5hr*25%)</i>	\$428	\$480	\$465
Full Service Restaurant (16-50 seats) <i>License fee based on 2 inspections at 1.75 hour/inspection. Calculated based on OAR 333-012-0050(2)(b)(B)(i)(I).[assume 25% 1 hour re-inspect on this class] (\$128*2*1.75hr)+(\$128*2* 1hr*25%)</i>	\$474	\$512	\$515
Full Service Restaurant (51-150 seats) <i>License fee based on 2 inspections at 2.5 hour/inspection. Calculated based on OAR 333-012-0050(2)(b)(B)(i)(I).[assume 25% .75 hour re-inspect on this class] (\$128*2*2.25hr)+(\$128*2*.5hr*25%)</i>	\$428	\$608	\$590
Full Service Restaurant >(150 seats) <i>License fee based on 2 inspections at 2.5 hour/inspection. Calculated based on OAR 333-012-0050(2)(b)(B)(i)(I).[assume 25% .75 hour re-inspect on this class] (\$128*2*2.5hr)+(\$128*2*.75hr*25%)</i>	\$636	\$688	\$690
Mobile Units <i>License fee based on 2 inspections at 2.5 hour/inspection. Calculated based on OAR 333-012-0050(2)(b)(B)(i)(I).[assume 25% .25 hour re-inspect on this class] (\$128*2*.75hr)+(\$128*2*.25hr*25%)</i>	\$173	\$208	\$190
Warehouse <i>License fee based on current fee plus 9%</i>	\$87	N/A	\$95
Commissary <i>License fee based on current fee plus 9%</i>	\$173	N/A	\$190

Community Kitchen Non-Profit Food Service <i>New License Fee</i>	N/A	N/A	\$100
Tourists and Travel			
Motels <i>License fee based on current fee plus 9%</i> 1 to 25 units 26 to 50 units 51 to 75 units 76 to 100 units 101 and over units	\$164 \$229 \$284 \$339 \$339 +\$2.50/ unit over 100	N/A N/A N/A N/A N/A	\$180 \$250 \$310 \$370 \$370 +\$2.75/unit over 100
RV Parks <i>License fee based on current fee plus 9%</i> Up to 25 units (plus \$.40/ space) 26 to 50 units (plus \$.40/space) 51 to 75 units (plus \$.40/space) 76 to 100 units (plus \$.40/space) 101 and over (plus \$.40/space)	\$164 \$229 \$284 \$339 \$339	N/A N/A N/A N/A N/A	\$180+\$.40/ sp \$250+\$.40/ sp \$310+\$.30/ sp \$370+\$.30/ sp \$370+\$.3/sp
Temporary - Campgrounds <i>License fee based current fee plus 9%</i> 1 to 25 units 26 to 50 units 51 to 75 units 76 to 100 units	\$70 \$100 \$125 \$150	N/A N/A N/A N/A	\$75 \$110 \$135 \$165
Bed and Breakfast <i>License fee based current fee plus 9%</i>	\$55	N/A	\$60
Hostel 1-10 beds 11+ beds <i>License fee based current fee plus 9%</i>	\$64 \$119	N/A N/A	\$70 \$130
Organizational Camps <i>License fee based current fee plus 9%</i>	\$189	N/A	\$205
Picnic Park <i>License fee based current fee plus 9%</i>	\$84	N/A	\$90
Public Swimming Pools, Spa Pools <i>License fee based current fee plus 9%</i>	\$220	N/A	\$240

Vending Machine Units <i>License fee based current fee plus 9%</i> 1 to 10 units 11 to 20 units 21 to 30 units 31 to 40 units 41 to 50 units 51 to 750 units 76 to 100 units 101 to 250 units 251 to 500 units 501 to 750 units 751 to 1,000 units 1,001 to 1,500 units 1,501 to 2,000 units Non refundable Processing Fee	\$60 \$70 \$100 \$110 \$135 \$160 \$210 \$360 \$560 \$760 \$930 \$1,220 \$1,600 \$22	N/A	\$65 \$75 \$110 \$120 \$145 \$175 \$230 \$400 \$610 \$830 \$1,015 \$1,330 \$1,745 \$24
Plan Reviews <i>License fee based current fee plus 9%</i> <i>Bed & Breakfast Plan Review</i> <i>Food Service Plan Review/Opening Inspections</i> <i>New Fee – Tourist Accommodations Plan Review</i>	\$100 \$150 N/A	N/A N/A N/A	\$110 \$165 \$165
Swimming Pools, Wading Pools and Spa Pools <i>(Construction Permit and Plan Review)</i> <i>Includes first two construction Inspections</i> <i>Additional Construction Inspections (each)</i>	\$400 \$100	N/A N/A	\$435 \$110
Loan Reviews <i>Rural Water/Sewage Systems)</i>	\$175	N/A	\$190

See attached spreadsheet for comparison of Lane County's Environmental Health fees to other counties in Oregon.

Mental Health

Mental Health will now be reimbursed for providing additional services to children under the Intensive Treatment Services (ITS) and Intensive Community Based Treatment Services (ICTS) programs. The proposed changes will allow Mental Health staff to provide and be reimbursed for **Child and Family Team Meetings** and **Level of Needs Determination**. These services will be billed at the existing rate of \$110 per hour for Mental Health Specialist.

In addition, two new fees are requested which allow lower level staff to provide billable services to LaneCare clients. These fees are for **Self-Help/Peer Services** at \$60/hour and **Psycho-Educational Services** at \$50/hour.

Alcohol and Drug

Alcohol & Drug staff requests to increase the **Correction Evaluations** fee from \$120/session to **\$150/session**. This increase is necessary to cover the full cost of both the Mental Health Specialist and Office Assistant time needed to provide this service.

Parole & Probation

Parole and Probation staff requests to change to the **Electronic Supervision Fee** from \$35 per day to **\$38 per day** and remove the existing sliding fee scale table. The **Electronic Supervision Fee** will be charged on the same sliding scale that Public Safety uses. This will eliminate confusion between the two county departments and keep the fee charged consistent based on income. In addition, Parole & Probation would like to add a new fee, **Electronic Supervision set-up** for **\$35** to cover the cost of staff time for new set-ups.

Community Health Centers (FQHC)

The language in the Community Health Centers introduction section, which describes the review process for the minimum fee and discounted sliding fee schedule review, should be removed to better reflect actual practice.

In addition, Community Health Centers of Lane County has been accepted into the 340B pharmacy program. The pharmacy is an added service, which will be provided to the clients of the clinic by Wellpartner, Inc. The proposed **Pharmacy Filling Fee of \$10/plus acquisition cost** will cover the contractor's fee to fill a prescription plus the acquisition cost of the medication. Acquisition cost includes the actual cost for the medication, handling, storage, and dispensing costs associated with the medication.

C. Alternative/Options

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

D. Recommendation

It is recommended the Board amend Lane Manual to revise the Health and Human Services fee schedule.

E. Timing

Fees would become effective July 1, 2006. Budget adjustments for FY 2006/2007 would be processed during the first supplemental process in FY 2006/2007.

IV. ATTACHMENTS

Board Order

Lane Manual

Attachment A – Environmental Health Fee Comparison

IN THE BOARD OF COUNTY COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO.

IN THE MATTER OF AMENDING CHAPTER 60 OF
THE LANE MANUAL TO REVISE CERTAIN HEALTH
AND HUMAN SERVICES FEES (LM 60.840)
EFFECTIVE JULY 1, 2006

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 section:

DELETE THIS SECTION

60.840
as located on pages 60-12 through 60-37
(a total of 26 pages)

INSERT THIS SECTION

60.840
as located on pages 60-12 through 60-37
(a total of 26 pages)

Said section is attached hereto and incorporated herein by reference. The purpose of this substitution and addition is to revise certain Health and Human Services fees (LM 60.840), effective July 1, 2006.

Adopted this _____ day of _____ 2006.

Chair, Lane County Board of Commissioners

APPROVED AS TO FORM

Date 5/18/06 Lane County

Richard Law

OFFICE OF LEGAL COUNSEL

**Attachment A
Environmental Health Fee Comparison by County**

Facility Type	Benton FEES	Curry FEES	Deschutes FEES	Douglas FEES	Jackson FEES	Jefferson FEES	Washington FEES	Average FEES	Lane FEES	Marion FEES
Food Service										
Restaurants 0-15	\$431	\$586	\$505	\$385	\$450	\$400	\$432	\$456	\$465	\$294
Restaurants 16-50	\$490	\$691	\$530	\$413	\$500	\$460	\$486	\$510	\$515	\$332
Restaurants 51-150	\$550	\$797	\$645	\$450	\$550	\$520	\$540	\$579	\$590	\$472
Restaurants Over 150	\$670	\$797 + \$4.50	\$720	\$500	\$600	\$575	\$647	\$619	\$690	\$525
Limited Restaurant	\$359	\$414	\$410	\$220	\$275	\$230	\$324	\$319	\$465	\$210
NEW FEE										
Benevolent Tax-Exempt Restaurants	\$233				\$100		\$64	\$132	\$100	
Bed & Breakfast Food Commissary	\$263	\$223	\$290	\$220	\$180	\$175	\$274	\$227	\$140	\$157
Warehouse	\$179	\$235	\$285	\$250	\$275	\$290	\$379	\$299	\$190	\$262
Mobile Unit I	\$179	\$235	\$150	\$100	\$200	\$115	\$274	\$179	\$95	\$126
Mobile Unit II	\$179	\$235	\$160	\$165	\$245	\$125	\$320	\$204	\$190	\$157
Mobile Unit III	\$179	\$235	\$185	\$165	\$245	\$125	\$320	\$208	\$190	\$157
Mobile Unit IV	\$197	\$351	\$235	\$165	\$290	\$125	\$372	\$229	\$190	\$157
Vending 1-10	\$120	\$116	\$90	\$110	\$200	\$60	\$274	\$139	\$65	\$26
Vending 11-20	\$144	\$181	\$120	\$110	\$200	\$70	\$379	\$172	\$75	\$52
Vending 21-30	\$179	\$235	\$150	\$110	\$200	\$85	\$484	\$206	\$110	\$79
Vending 31-40	\$239	\$297	\$185	\$110	\$200		\$590	\$270	\$120	\$105
Vending 41-50	\$287	\$351	\$220	\$220	\$305		\$695	\$346	\$145	\$131
Vending 51-75		\$414		\$220	\$305		\$800	\$435	\$175	\$157
Vending 76-100		\$564		\$275	\$375		\$905	\$530	\$230	\$210
Vending 101-250		\$944		\$375			\$1,011	\$777	\$400	\$367
Plan Reviews										
PR - Restaurant Full Service	\$299	\$551	\$385	\$250	\$250	\$300	\$367	\$343	\$155	\$100
PR - Restaurant Limited Service				\$75		\$100	\$283	\$153		
PR - Restaurant Remodel	\$179		\$225	\$100	\$95	\$150	\$283	\$172	\$165	\$250
PR - Mobile Unit	\$120		\$165-\$300	\$75	\$250	\$100	\$364	\$182	\$165	\$225
PR - Commissary	\$120			\$125		\$150	\$427	\$206	NA	\$980
PR - Warehouse	\$120			\$50		\$100	\$283	\$138	NA	\$185
PR - Tourist Accom	\$162	\$351			\$115				\$165	\$150
PR - Bed & Breakfast	\$179			\$75	\$115	\$125		\$124	\$110	\$160

Facility Type	Benton FEES	Curry FEES	Deschutes FEES	Douglas FEES	Jackson FEES	Jefferson FEES	Washington FEES	Average FEES	Lane FEES	Marion FEES
PR - Restaurant Full Service	\$299	\$551	\$385	\$250	\$250	\$300	\$367	\$343	\$155	\$100
PR - Restaurant Limited Service				\$75		\$100	\$283	\$153		
PR - Restaurant Remodel	\$179		\$225	\$100	\$95	\$150	\$283	\$172	\$165	\$250
PR - Mobile Unit	\$120		\$165-\$300	\$75	\$250	\$100	\$364	\$182	\$165	\$225
PR - Commissary	\$120			\$125		\$150	\$427	\$206	NA	\$980
PR - Warehouse	\$120			\$50		\$100	\$283	\$138	NA	\$185
PR - Tourist Accom	\$162	\$351			\$115				\$165	\$150
PR - Bed & Breakfast	\$179			\$75	\$115	\$125		\$124	\$110	\$160

**Attachment A
Environmental Health Fee Comparison by County**

Facility Type	Benton	Curry	Deschutes	Douglas	Jackson	Jefferson	Washington	Average	Lane	Marion
PR - Pool/Spa Plan Review	\$239	\$744	\$330		\$500		\$1,039	\$570	\$435	\$400
PR - Travelers' Accommodation		\$351			\$115			\$233		\$150
Pools and Spas										
Pool/Spa Year Round	\$347	\$467	\$450	\$200	\$320		\$342	\$354	\$240	\$250
Pool/Spa Addit'l Pool/Spa	\$246	\$286	\$235	\$110		\$150	\$260	\$215	\$240	
Pool/Spa Seasonal	\$245	\$467	\$450		\$225		\$184	\$314	\$240	\$250
Hotels and Motels										
Hotel/Motel 0-10	\$227	\$297	\$100	\$110	\$105	\$125	\$102	\$152	\$180	\$135
Hotel/Motel 11-25	\$239	\$351	\$100	\$110	\$125	\$125	\$102	\$165	\$180	\$180
Hotel/Motel 26-50	\$275	\$414	\$100	\$110	\$195	\$125	\$102	\$189	\$250	\$225
Hotel/Motel 51-75	\$311	\$467	\$100	\$110	\$195	\$125	\$153	\$209	\$310	\$325
Hotel/Motel 76-100	\$335	\$586	\$100	\$110	\$260	\$125	\$205	\$246	\$370	\$450
Hotel/Motel 101+ add \$ per room	\$3.35	\$586 + \$4.5			\$300 + \$1.80	\$125	\$256 + \$2.00		\$275	\$500
Bed & Breakfast	\$227	\$235	\$100		\$105			\$167	\$140	
Org Camps	\$239	\$181	\$100	\$110	\$290	\$174	\$409	\$215	\$205	\$280
RV Park 1-10	\$227	\$297	\$100	\$110	\$165	\$125	\$102	\$161	\$180	\$165
RV Park 11-25	\$239	\$351	\$100	\$110	\$165	\$125	\$102	\$170	\$180	\$180
RV Park 26-50	\$275	\$414	\$100	\$160	\$190	\$125	\$102	\$195	\$250	\$225
RV Park 51-75	\$311	\$467	\$100	\$210	\$220	\$125	\$153	\$227	\$310	\$325
RV Park 76-100	\$335	\$586	\$100	\$210	\$260	\$125	\$205	\$260	\$370	\$450
RV Park 101 + add \$ per space	\$3.35 plus \$3.35	\$586 + \$4.5	\$100 + \$1-\$3	\$260	\$300 + \$1.80	\$125	\$256 + \$2.00		\$370.00 plus \$3.00	\$500
Re-inspection (after first 2)	\$90						\$82	\$86		
Picnic parks	\$120	\$181	\$100		\$65		\$205	\$134	\$90	\$280
Temp Camp 1-25									\$75	
Temp Camp 26-50									\$110	
Temp Camp 51-75									\$135	
Temp Camp 76-100									\$165	
Temp Camp 101 + add \$ per space									\$1.30	

60.838 Requests for Information Fee.

When it is appropriate as determined by the Department Head or Custodian of Records for each Department, a minimum fee, equivalent to the hourly rate of the position A006, Secretary 2, Step 1 to include fringe benefits and the indirect cost rate as approved by the United States Department of Health and Human Services, shall be charged for research and time spent copying and/or collating requested information. When requests for information require, in the judgment of the Department Head, the excising of nonpublic information and for research necessitating the use of staff with specialized or professional expertise, then the Department Head and/or Custodian of Records may charge the actual hourly rate, as adjusted to include fringe benefits and indirect costs, of the staff personnel assigned to obtain and furnish the requested information. Charges will be computed on the quarter-hours and the requestor will be provided with the hourly rate to be charged at the initiation of the request. *(Revised by Order No. 83-11-30-24, Effective 11.30.83)*

60.839 Department of Public Safety Fees.

Under the authority of the Lane County Home Rule Charter and consistent with state law, the following fees are established:

(1) **Fingerprinting Service Fee.** Subject to the availability of personnel, the Department of Public Safety is authorized to offer fingerprinting as a public service on a request basis. The fee of \$10.00 for each initial fingerprint card and \$10.00 for each and every card thereafter so prepared is hereby established to defray expenses in connection with offering such service. The fees shall be waived for fingerprinting necessary in conducting County business.

(2) **Personal Property Seizures and Sale.** The Sheriff shall collect the following fees per ORS 21.410 and 23.460:

- (a) Levy upon and inventory of seized property
(1 hour minimum) \$ 34.00/hr.
- (b) Prepare and mail notices of sale and exemption.. \$ 15.50
- (c) Post notices of sale in three public places..... \$ 34.00
- (d) Conduct sale, collect monies, prepare certificates
and return (1 hour minimum)..... \$ 31.00/hr.

(3) **Real Property Seizures and Sale.** The Sheriff shall collect the following fees per ORS 21.410 and 23.460:

- (a) Prepare and file certificate of levy \$ 15.50
- (b) Prepare, mail and publish notices of sale..... \$ 15.50
- (c) Conduct sale (including postponements),
prepare return (1 hour minimum)..... \$ 31.00/hr.
- (d) Prepare and post after-sale notice \$ 32.50

(4) **Background Checks for Transfer of Handguns.**
The Sheriff shall collect per ORS 166.420..... \$ 15.00

(5) **Community Corrections Center (Center) and Electronic Supervision Program (ESP):**

(a) The Sheriff is authorized to collect the following offender fees:

	Hourly Wage	Center Fee/Day	ESP Fee/Day
1.	6.50 - 7.00	10.50	9.00
2.	7.01 - 8.50	12.50	11.00
3.	8.51 - 10.00	15.50	14.00
4.	10.01 - 11.50	17.50	16.00
5.	11.51 - 13.00	19.50	18.00
6.	13.01 - 14.50	21.50	20.00
7.	14.51 - 16.00	23.50	22.00
8.	16.01 - 17.50	26.50	25.00
9.	17.51 - 19.00	28.50	27.00

	Hourly Wage	Center Fee/Day	ESP Fee/Day
10.	19.01 - 20.50	30.50	29.00
11.	20.51 - 22.00	32.50	31.00
12.	22.01 - 23.50	35.50	34.00
13.	23.51 - 25.00	37.50	36.00
14.	25.01 +	39.50	38.00

(b) The Sheriff is authorized to collect the following set up fee from those persons eligible and accepted for the Electronic Surveillance Program (ESP) pretrial house arrest \$ 35.00

(c) The Sheriff may approve fee reductions based upon verified financial hardship. \$ 15.50

(6) Community Service Fees.

(a) The Sheriff is authorized to collect the following offender fees:

Referral Fee \$ 40.00

Re-Referral Fee..... \$ 15.00

(b) The Sheriff may approve reduction of the referral fee to \$15.00 when an offender presents an Oregon Trail Card. *(Revised by Order No. 01-10-17-9, Effective 1.1.02)*

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.

Public Speaking

(recommended donation only) \$ 50.00/hour

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) | \$ 30.00 |
| Established Patient–Problem Focused-Brief..... | \$ 30.00 |
| Established Patient–Problem Focused | |
| -Minimal..... | \$ 35.00 |
| Established Patient–Problem Focused | |
| -Limited | \$ 45.00 |
| Established Patient–Problem Focused | |
| -Moderate | \$ 70.00 |
| Established Patient–Problem Focused | |
| -Extensive..... | \$ 95.00 |
| Established Patient–Prevention..... | \$ 30.00 |
| New Patient–Prevention | \$ 40.00 |
| New Patient–Problem Focused-Minimal | \$ 40.00 |
| New Patient–Problem Focused-Limited | \$ 50.00 |
| New Patient–Problem Focused-Moderate | \$ 80.00 |
| New Patient–Problem Focused-Extensive..... | \$ 110.00 |
| Off-Site Direct Observation Therapy (DOT)..... | \$ 25.00 |
- (b) Procedures-Communicable Disease
- | | |
|--|--|
| Chlamydia test | \$ 10.00 |
| Gonococcal test..... | \$ 15.00 |
| Gram Stain..... | \$ 10.00 |
| Hepatic Function Study | lab cost plus
\$ 10.00 specimen
collection fee |
| HIV Expedited Testing
(non-deferrable) | lab cost plus
\$ 10.00 specimen
collection fee |
| Premarital Assessment (non-deferrable)..... | \$ 20.00 |
| Sexually Transmitted Disease, lab test-urine
(non-deferrable) | lab cost plus
\$ 10.00 specimen
collection fee |
| Specimen Collection & Shipping | \$ 10.00 |
| Tuberculin Skin Tests | \$ 12.00 |
| VDRL | \$ 10.00 |
| Wet Mount/KOH | \$ 10.00 |
- (c) Treatment/Medications-Communicable Disease
- | | |
|---|---|
| Administration of Vaccine/Medication..... | \$ 12.00 |
| Condom(s), (all types) | acquisition cost |
| Gamma Globulin for Hepatitis Close Contact..... | acquisition cost
plus \$12.00 admin
fee plus office visit |

Immunizations	acquisition cost plus \$12.00 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) Family Planning Fees. The Family Planning Program promotes the well being of children and families by reducing unintended pregnancies and supporting reproductive health. Fees for service are based on costs and are designed to minimize barriers and encourage utilization of services. Sliding scale fees are set by Title X guidelines based on semi-annual federal poverty updates. Family Planning Expansion Project (FPEP) and Oregon Health Plan (OHP) reimbursements are set by Oregon Medical Assistance Program (OMAP). When applicable, third party (insurance) is billed prior to OHP, FPEP, or private payment. Clients are not refused service due to inability to pay.

(a) Office Visits – Family Planning	
Counseling, HIV (includes initial testing, follow-up visit)	\$ 30.00
Counseling, Pregnancy (includes urine pregnancy test).....	\$ 30.00
Established Patient–Problem Focused-Brief.....	\$ 30.00
Established Patient–Problem Focused -Minimal.....	\$ 35.00
Established Patient–Problem Focused -Limited.....	\$ 45.00
Established Patient–Problem Focused -Moderate.....	\$ 70.00
Established Patient–Problem Focused -Extensive.....	\$ 95.00
Established Patient–Prevention.....	\$ 30.00
New Patient–Prevention	\$ 40.00
New Patient–Problem Focused-Minimal.....	\$ 40.00
New Patient–Problem Focused-Limited.....	\$ 50.00
New Patient–Problem Focused-Moderate	\$ 80.00
New Patient–Problem Focused-Extensive.....	\$ 110.00
(b) Procedures-Family Planning	
Chlamydia Test.....	lab cost plus \$ 10.00 specimen collection fee
Chlamydia/Gonococcal Test (private lab, non-deferrable).....	lab cost plus \$ 10.00 specimen collection fee
Gonococcal test.....	\$ 15.00
Glucose test.....	\$ 10.00
Gram Stain	\$ 10.00
Hematocrit	\$ 10.00
HIV Expedited Testing (non-deferrable)	lab cost plus

	\$ 10.00 specimen collection fee
Pap Smear	\$ 25.00
Pregnancy Test Serum (non-deferrable)	lab cost plus \$ 10.00 specimen collection fee
Pregnancy Test, Urine.....	\$ 10.00 plus office visit
Urinalysis - Dip Stick	\$ 3.00
Urinalysis - Microscopic.....	\$ 10.00
Wet Mount/KOH	\$ 10.00
VDRL and/or Rubella Titer	\$ 10.00
(c) Treatment/Medications-Family Planning	
Administration of Contraceptive Injectables	\$ 12.00
Cervical Cap and Fitting	acquisition cost plus office visit
Condom, (all types)	acquisition cost
Contraceptive Foams/Jellies/Creams	acquisition cost
Contraceptive Injectable	acquisition cost plus \$12.00 admin fee and office visit
Contraceptive Supply Pickup Only (No RN Visit)	acquisition cost
Contraceptive Vaginal Film.....	acquisition cost plus office visit
Diaphragm and Fitting	acquisition cost plus office visit
Emergency Contraceptive.....	acquisition cost plus office visit
Intrauterine Device (IUD) Insertion.....	acquisition cost plus \$40.00 procedure cost and office visit
IUD Removal.....	\$20.00 procedure cost and office visit
Nystatin Cream	acquisition cost plus office visit
Oral Contraceptives	acquisition cost plus office visit
Other Contraceptive Methods.....	acquisition cost plus office visit
Transdermal Patch	acquisition cost plus office visit
Vaginal Ring.....	acquisition cost plus office visit
Vaginal Yeast Cream.....	acquisition cost plus office visit

(4) Maternal Child Health Fees. Maternal Child Health (MCH) promotes optimal health of pregnant women, infants, and children. Fees for service are based on cost and Oregon Medical Assistance Program (OMAP) guidelines. The Maternity Case Management Program reimburses Lane County MCH for services provided for eligible pregnant women and the Targeted Case Management Program reimburses Lane County MCH for services provided high risk infants and children.

(a) Maternity Case Management	
Case Management Visit	\$ 44.00
High Risk Maternity Case Management (Full)	\$ 132.00
High Risk Maternity Case Management (Partial)	\$ 66.00
Home Environment Assessment	\$ 44.00
Initial Assessment	\$ 26.00
Maternity Case Management (Full)	\$ 77.00
Maternity Case Management (Partial)	\$ 39.00
Nutritional Case Management	\$ 51.00
Telephone Contact Visit	\$ 11.00
(b) Other Maternal Child Health (MCH) Services	
Developmental Screening	\$ 60.00
Developmental Reporting/Consultation.....	\$ 45.00
Home Visit.....	\$ 120.00
Office Visit	
New-Prevention.....	\$ 40.00
Established-Prevention.....	\$ 30.00
PKU	\$ 10.00
Rh and Type.....	lab cost plus \$ 10.00
(c) Child Safety Seat	acquisition cost

(5) 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.....	\$ 150.00
Day Care Inspections	\$ 150.00
Fraternalities/Sororities.....	\$ 150.00
School Inspections	\$ 150.00
Group Care Home Inspections.....	\$ 150.00
Mobile Units Licensed by Another Jurisdiction..	\$ 25.00

Licensing Fees

Food Service Fees

Bed and Breakfast	\$ 140.00 ^{1/2}
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¹ 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.

Benevolent Temporary Restaurant	
Administrative Fee.....	\$ 20.00
Food Service Workers Permit	\$ 10.00
Duplicate.....	\$ 5.00
Temporary Restaurant	\$ 75.00/event ³
Grouping of Six or More, Recurring.....	\$ 75.00/month, not to exceed \$400 per year
 Restaurants	
Full Service	
0-15 Seats.....	\$ 465.00 ^{4/5}
16-50 Seats.....	\$ 515.00 ^{6/7}
51-150 Seats.....	\$ 590.00 ^{8/9}
Over 150 Seats	\$ 690.00 ^{10/11}
Limited Service.....	\$ 465.00 ^{12/13}
Community Kitchen Non-Profit Food Service	\$ 100.00 ^{14/15}
Mobile Units	\$ 190.00
Warehouse	\$ 95.00
Commissary	\$ 190.00
Tourists and Travelers	
Motels	
Up to 25 units	\$ 180.00 ¹⁶
26 to 50 units	\$ 250.00 ¹⁷

(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 equal to 50 percent of the license renewal fee and shall be increased by 50 percent of the license renewal fee on the first day of each succeeding month in which the license is not renewed.

² January 1 - September 30, Full Fee, October 1-December 31, 50% Fee.

³ Any person failing to apply for a temporary restaurant permit prior to the day of the event shall pay a penalty fee of 50 percent of the license fee in addition to the license fee.

⁴ See #1.

⁵ See #2.

⁶ See #1.

⁷ See #2.

⁸ See #1.

⁹ See #2.

¹⁰ See #1.

¹¹ See #2.

¹² See #1.

¹³ See #2.

¹⁴ See #1.

¹⁵ See #2.

¹⁶ 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

51 to 75 units.....	\$ 310.00 ¹⁸
76 to 100 units.....	\$ 370.00 ¹⁹
101 and over.....	\$ 370.00 ²⁰
	plus \$2.75 for each unit over 100
RV Parks	
Up to 25 units.....	\$ 180.00 plus \$.40 per space ²¹
26 to 50 units.....	\$ 250.00 plus \$.40 per space ²²
51 to 75 units.....	\$ 310.00 plus \$.30 per space ²³
76 to 100 units.....	\$ 370.00 plus \$.30 per space ²⁴
101 and over.....	\$ 370.00 plus \$3.00 per each space over 100
Temporary - Campgrounds	
Up to 25 units.....	\$ 75.00
26 to 50 units.....	\$ 110.00
51 to 75 units.....	\$ 135.00
76 to 100 units.....	\$ 165.00
101 and over.....	\$ 165.00
	plus \$1.30 for each unit over 100
Bed and Breakfast.....	\$ 60.00 ²⁵
Hostel 1-10 beds.....	\$ 70.00 ²⁶
11+ beds.....	\$ 130.00 ²⁷
Organizational Camps.....	\$ 205.00 ²⁸
Picnic Park.....	\$ 90.00 ²⁹
Public Swimming Pools, Spa Pools.....	\$ 240.00
Vending Units	
1-10.....	\$ 65.00
11-20.....	\$ 75.00
21-30.....	\$ 110.00
31-40.....	\$ 120.00
41-50.....	\$ 145.00

increased by 50 percent of the license fee on the first day of each succeeding month of delinquency.

¹⁷ See #16.

¹⁸ See #16.

¹⁹ See #16.

²⁰ See #16.

²¹ See #16.

²² See #16.

²³ See #16.

²⁴ See #16.

²⁵ See #16.

²⁶ See #16.

²⁷ See #16.

²⁸ See #16.

²⁹ See #16.

51-75	\$ 175.00
76-100	\$ 230.00
101-250	\$ 400.00
251-500	\$ 610.00
501-750	\$ 830.00
751-1,000	\$1,015.00
1,001-1,500	\$1,330.00
1,501-2,000	\$1,745.00
Nonrefundable Processing Fee	\$ 24.00
Plan Review	
Bed and Breakfast Plan Review.....	\$ 110.00
Food Service Plan Review/Opening Inspection ..	\$ 165.00
Swimming Pools, Wading Pools and Spa Pools (Construction Permit and Plan Review)	
Includes first two construction Inspections	\$ 435.00
Additional Construction Inspections (each)	\$ 110.00
Tourist Accommodations Plan Review.....	\$ 165.00
Loan Reviews:	
Rural Water/Sewage Systems.....	\$ 190.00
(6) <u>General Mental Health Fees.</u>	
All missed appointments, unexcused, may be charged for 1 hour of service at the applicable rate.	
Physician/Psychiatrist.....	\$ 220.00/hour
Psychiatric Nurse Practitioner	\$ 185.00/hour
Therapist/Nurse	\$ 110.00/hour
Client Requested Court Appearance	\$ 110.00/hour
Client Medical Records Request	\$ 20.00 flat fee plus \$.25 per page copy charge as specified in LM 60.830
Daily Structure & Support.....	\$ 40.00/hour
Group Screening	\$ 40.00/hour
Group Therapy/Sessions.....	\$ 40.00/hour
Injections/Dose.....	\$ 18.00 flat fee
Intake.....	\$ 110.00/hour
Interpretive Services-Oral/Sign.....	\$ 40.00/hour
Lab Work, All Types.....	Actual Cost
Money Management Fee.....	\$ 10.00/month
Oral Medications Supplied	
One Prescription	\$ 7.00
Two Prescriptions	\$ 10.00
Three Prescriptions	\$ 12.00
Four Prescriptions.....	\$ 16.00
Five Prescriptions	\$ 20.00
Personal Assessment by RN Only.....	\$ 30.00
Personal Care Reassessment by RN Only	\$ 30.00
Personal Care Delegation by RN Only.....	\$ 30.00
Physical Exam-Limited	\$ 35.00
Physical Exam-General	\$ 45.00
Physician/Psychiatric	
Includes: Individual and Family Counseling, Professional Consultation, Medication Management,	

Evaluations and Assessments	
Adult	\$ 220.00/hour
Child	\$ 245.00/hour
Plethysmograph, Full Assessment.....	\$ 200.00
Plethysmograph, Maintenance	\$ 150.00
Plethysmograph, Treatment.....	\$ 80.00
Plethysmograph, No Show, Unexcused	\$ 80.00
Polygraph, All Types.....	Actual Cost
Psychiatric Nurse Practitioner Services	
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Adult	\$ 185.00/hour
Child	\$ 205.00/hour
Psycho-Educational Services.....	\$ 50.00/hour
Report Preparation.....	\$ 60.00
Report Preparation-Simple Duplication	\$ 15.00
Self-Help/Peer Services.....	\$ 60.00/hour
Skills Training, Group.....	\$ 40.00/hour
Skills Training, Individual.....	\$ 110.00/hour
Therapist or Nursing Services	\$ 110.00/hour
Includes: Individual and Family Counseling, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations, Assessments, Child and Family Team Meetings, and Level of Needs Determination	

(7) Alcohol and Drug Fees.

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

Physician/Psychiatrist.....	\$ 220.00/hour
Psychiatric Nurse Practitioner	\$ 185.00/hour
Therapist/Nurse	\$ 110.00/hour
Client Requested Court Appearance	\$ 110.00/hour
Correction Evaluations	\$ 150.00/session
Courtesy Dosing/Set-Up.....	\$ 15.00 flat fee
DUII/Corrections Re-Referral	\$ 45.00/case
Group Screening.....	\$ 40.00/hour
Group Therapy/Sessions.....	\$ 40.00/hour
Injections/Dose	\$ 18.00 flat fee
Intake	\$ 110.00/hour
Intensive Care Monitoring.....	\$ 60.00/case
Interpretive Services-Oral/Sign	\$ 40.00/hour
Lab Work, Excluding Urinalysis.....	Actual Lab Fees
Methadone Courtesy Dose	\$ 10.00
ODL Evaluation/Recommendation	\$ 75.00
ODL Group Session	N/C
ODL Makeup Session.....	\$ 50.00
ODL Monthly Contact.....	\$ 35.00
Oral Medications Supplied, Methadone Only	
One Prescription	\$ 7.00
Two Prescriptions	\$ 14.00
Three Prescriptions	\$ 21.00

Four Prescriptions	\$ 28.00
Five Prescriptions	\$ 35.00
Replacement Bottle, Methadone.....	\$ 3.00
Physical Exam, Antabuse	\$ 25.00
Physical Exam, Limited.....	\$ 35.00
Physical Exam, General.....	\$ 85.00
Physical Exam, with Lab Work	\$ 95.00
Physician/Psychiatrist Services	\$ 220.00
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Psychiatric Nurse Practitioner Services.....	\$ 185.00
Includes: Individual and Family Counseling, 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	\$ 110.00/hour
Includes: Individual and Family Counseling, 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
(8) <u>Parole & Probation Fees</u>	
DNA Sample Fee	\$ 10.00
Electronic Supervision.....	\$38.00/day
(Fee subject to reduction based on fee schedule in LM 60.839(5), Electronic Supervision Program)	
Electronic Supervision Set-Up Fee.....	\$ 35.00
Interstate Compact Transfer Fee	\$ 150.00
Missed, Unexcused, Polygraph Test.....	Actual Cost
Polygraph Test	Actual Cost
Positive Urinalysis	\$ 30.00/flat fee
Program Participation	\$ 5.00/session
Supervision Fees	\$ 35.00/monthly
(9) <u>Family Mediation</u>	
Parent Education Class	\$ 45.00/Attendee

(10) 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 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
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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

	Flat Fee	Fee for Additional Procedures
<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.

Community Health Fees

(a) Office Visits - Community Health Centers

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
Behavioral Health Assessment	
each 15 minutes, initial	\$ 44.00
Behavioral Health Re-Assessment	\$ 52.00
Behavioral Health Intervention	
each 15 minutes, individual	\$ 24.00
Behavioral Health Intervention	
each 15 minutes, group	\$ 11.00
Behavioral Health Intervention	
each 15 minutes, family with patient	\$ 49.00
Behavioral Health Intervention	
each 15 minutes, family without patient	\$ 47.00
Group health education	\$ 40.00
Health risk assessment test	\$ 221.00
Initial hospital care, low	\$ 165.00
Initial hospital care, moderate	\$ 220.00

Initial hospital care, high	\$ 285.00
Initial surgical evaluation.....	\$ 57.00
Office consultation, high.....	\$ 381.00
Office consultation, low.....	\$ 169.00
Office consultation, minor	\$ 121.00
Office consultation, moderate.....	\$ 220.00
Office consultation, moderate-high	\$ 292.00
Office emergency care.....	\$ 36.00
Office/outpatient visit, established, high	\$ 209.00
Special reports/insurance forms.....	\$ 109.00
Unlisted Evaluation & Management.....	\$ 151.00
Work/medical disability	
examination/established	\$ 61.00
Work/medical disability examination/new	\$ 109.00
Office visit Level 1 Established (nursing).....	\$ 44.00
Office visit Level 1 New.....	\$ 79.00
Office visit Level 2 Established.....	\$ 67.00
Office visit Level 2 New.....	\$ 109.00
Office visit Level 3 Established.....	\$ 89.00
Office visit Level 3 New.....	\$ 152.00
Office visit Level 4 Established.....	\$ 133.00
Office visit Level 4 New.....	\$ 219.00
Office visit Level 5 Established.....	\$ 205.00
Office visit Level 5 New.....	\$ 280.00
Preventive counseling/risk factor	
reduction 15min	\$ 60.00
Preventive counseling/risk factor	
reduction 30min	\$ 97.00
Preventive counseling/risk factor	
reduction 45min	\$ 132.00
Preventive counseling/risk factor	
reduction 60min	\$ 179.00
Preventive counseling group 60 min	\$ 51.00
Well child care <1 year Established	\$ 111.00
Well child care < 1 year New	\$ 138.00
Well child care age 1-4 Established.....	\$ 122.00
Well child care age 1-4 New.....	\$ 149.00
Well child care age 5-11 Established.....	\$ 130.00
Well child care age 5-11 New.....	\$ 155.00
Well child care age 12-17 Established.....	\$ 141.00
Well child care age 12-17 New.....	\$ 173.00
(b) Medical Services - Community Health Centers	
Acne 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 (TBG)	\$ 39.00
Assay thyroid stimulating hormone.....	\$ 49.00
Assay, blood PKU.....	\$ 15.00
Audiometry, air & bone	\$ 51.00
Automated hemogram (CBC).....	\$ 30.00
Avulsion of nail plate, partial or complete, simple or single	\$ 142.00
Bile duct endoscopy.....	\$ 404.00
Biopsy of external ear	\$ 149.00
Biopsy of nail unit.....	\$ 167.00
Biopsy of uterus lining.....	\$ 137.00
Biopsy skin, single lesion	\$ 142.00
Biopsy, second lesion	\$ 84.00
Blood count; hemoglobin (Hgb).....	\$ 19.00
Blood occult, by peroxidase activity; stool.....	\$ 19.00
Blood occult, qualitative feces 1-3 determinations.....	\$ 15.00
Breathing capacity test.....	\$ 69.00
Burn treatment w/anesthesia, med/large	\$ 369.00
Burn treatment w/anesthesia, small	\$ 112.00
Burn treatment w/o anesthesia, large	\$ 259.00
Burn treatment w/o anesthesia, medium.....	\$ 173.00
Burn treatment w/o anesthesia, small	\$ 96.00
Catheterize for urine specimen	\$ 87.00

Cauterize inner nose, intramural	\$ 328.00
Cauterize inner nose, superficial.....	\$ 219.00
Cautery of cervix; cryocautery, initial or repeat.....	\$ 318.00
Chemical cautery, granulated tissue	\$ 81.00
Chemical destruction condyloma of anus, simple.....	\$ 294.00
Chemical destruction condyloma penis; simple.....	\$ 219.00
Chorionic gonadotropin assay	\$ 26.00
Circumcision.....	\$ 110.00
Circumcision, not newborn.....	\$ 286.00
Circumcision, surgical, not newborn	\$ 432.00
Closure of split wound, simple	\$ 297.00
Closure of split wound, w/packing	\$ 267.00
Collect capillary blood specimen.....	\$ 29.00
Colposcopy of cervix, including upper/ adjacent vagina.....	\$ 292.00
Colposcopy with biopsy of cervix and endocervical curettage.....	\$ 422.00
Colposcopy, entire vagina w/cervix.....	\$ 233.00
Colposcopy, entire vagina w/cervix w/biopsy	\$ 282.00
Colposcopy, cervix w/biopsy of cervix	\$ 260.00
Colposcopy, cervix w/endocervical curettage	\$ 246.00
Colposcopy, cervix w/loop conization.....	\$ 579.00
Cryocautery, cervix.....	\$ 166.00
Cryosurgery removal of anal lesion(s).....	\$ 209.00
Cryosurgery, penis lesion(s)	\$ 157.00
Culture specimen, bacterial, non urine/blood/stool	\$ 39.00
Culture, bacterial, quantitative colony count, urine.....	\$ 22.00
Culture, pathogenic organism, screen.....	\$ 34.00
Cytopathology, cervical/vaginal, manual screen.....	\$ 24.00
Cytopathology, cervical/vaginal, physician interpretation	\$ 39.00
Debride 1-5 nails, any method	\$ 44.00
Debride 6+ nails, any method	\$ 61.00
Debride skin/muscle, Fx	\$1,133.00
Debride skin/muscle/bone, Fx	\$1,631.00
Debride skin/tissue, Fx	\$ 873.00
Destruction benign/premalignant lesion 15+	\$ 365.00
Destruction benign or premalignant lesions other than skin tags, 1st lesion	\$ 105.00
Destruction flat/molluscum, 15+	\$ 164.00
Destruction flat warts, molluscum, up to 14.....	\$ 129.00
Destruction lesion(s), anus; simple, cryosurgery	\$ 285.00
Destruction lesion(s), penis; simple, cryosurgery	\$ 237.00
Destruction lesion, 2-14.....	\$ 35.00
Destruction penis lesion(s), extensive.....	\$ 462.00

Destruction, vulva lesion(s); simple, any method.....	\$ 232.00
Destruction vaginal lesion(s), extensive	\$ 591.00
Destruction vaginal lesion(s); simple, any method.....	\$ 248.00
Destruction vascular skin lesions 10-50 cm.....	\$ 914.00
Destruction vascular skin lesions over 50 cm.....	\$1,530.00
Destruction vascular skin lesions up to 10 cm.....	\$ 497.00
Destruction vulva lesion(s), extensive	\$ 479.00
Drain arm/elbow abscess/hematoma.....	\$ 463.00
Drain blood from under nail	\$ 77.00
Drain complex postoperative wound infection.....	\$ 361.00
Drain external ear lesion, simple	\$ 197.00
Drain infected arm/elbow bursa.....	\$ 334.00
Drain lower leg abscess/hematoma.....	\$ 711.00
Drain neck/chest abscess/hematoma	\$ 554.00
Drain skin abscess, complicated or multiple.....	\$ 239.00
Drainage of anal abscess.....	\$ 192.00
Drainage of finger abscess, complicated	\$ 507.00
Drainage of finger abscess, simple	\$ 260.00
Drainage of forearm/wrist lesion	\$1,076.00
Drainage of pilonidal cyst, complicated	\$ 361.00
Drainage of pilonidal cyst, simple	\$ 178.00
Drainage of rectal abscess under anesthesia	\$ 452.00
Drainage of rectal abscess, separate procedure.....	\$ 573.00
Drainage of skin lesion	\$ 154.00
Drainage of thigh/knee lesion	\$ 811.00
Drainage of tonsil abscess.....	\$ 246.00
Drainage of vulva gland abscess.....	\$ 182.00
Drainage of vulva/perineum abscess	\$ 196.00
Drug screen, qualitative, multiple classes, chromatographic	\$ 60.00
Destroy malignant lesion	
face/ear/nose 0.5 cm or less	\$ 233.00
face/ear/nose 0.6-1.0 cm	\$ 281.00
face/ear/nose 1.1-2.0 cm	\$ 349.00
face/ear/nose 2.1-3.0 cm	\$ 423.00
face/ear/nose 3.1-4.0 cm	\$ 396.00
face/ear/nose >4.0 cm	\$ 418.00
neck/hand/foot/genital 0.5 cm or less.....	\$ 212.00
neck/hand/foot/genital 0.6-1.0 cm	\$ 247.00
neck/hand/foot/genital 1.1-2.0 cm	\$ 297.00
neck/hand/foot/genital 2.1-3.0 cm	\$ 376.00
neck/hand/foot/genital 3.1-4.0 cm	\$ 331.00
neck/hand/foot/genital >4.0 cm.....	\$ 396.00
trunk/arm/leg 0.5 cm or less.....	\$ 186.00
trunk/arm/leg 0.6-1.0 cm.....	\$ 219.00
trunk/arm/leg 1.1-2.0 cm.....	\$ 272.00
trunk/arm/leg 2.1-3.0 cm.....	\$ 342.00
trunk/arm/leg 3.1-4.0 cm.....	\$ 392.00
trunk/arm/leg >4.0 cm.....	\$ 332.00

Developmental testing, limited	\$ 74.00
Ear piercing.....	\$ 56.00
Electrocardiogram, routine ECG, with at least 12 leads; interpret & report.....	\$ 90.00
Electrolyte panel	\$ 20.00
Endometrial sampling (biopsy)	\$ 262.00
Evaluation of wheezing	\$ 65.00
Evaluation, athletic training.....	\$ 50.00
Exhaled carbon dioxide test.....	\$ 88.00
Eye service or procedure NEC.....	\$ 43.00
Excise skin wedge, ingrown toenail.....	\$ 126.00
Excision of nail and nail matrix, partial or complete, permanent	\$ 446.00
Explore/treat finger joint removal of foreign body.....	\$ 566.00
Gastric intubation/treatment	\$ 110.00
General health panel	\$ 124.00
Glucose blood test.....	\$ 11.00
Glucose; quantitative, blood, reagent strip	\$ 20.00
Glycosylated hemoglobin assay.....	\$ 41.00
Hearing screening	\$ 22.00
Hemoglobin count, colorimetric.....	\$ 13.00
Hepatic function panel	\$ 32.00
Hepatitis A antibody, total.....	\$ 71.00
Hepatitis panel, acute.....	\$ 44.00
Heterophile antibody screen	\$ 23.00
Hysteroscopy w/biopsy endometrium and/or polypectomy.....	\$ 792.00
Incise/drain eyelid lining cyst.....	\$ 349.00
Incision and drainage abscess or cyst, simple or single	\$ 149.00
Incision and removal foreign body, simple.....	\$ 173.00
Incision and drainage of rectal abscess	\$ 383.00
Incision of breast lesion, deep.....	\$ 527.00
Incision of external hemorrhoid.....	\$ 244.00
Infectious antigen, chlamydia trachomatis	\$ 39.00
Infectious antigen, HBsAg.....	\$ 45.00
Infectious antigen, streptococcus group A.....	\$ 26.00
Infectious antigen, HIV-1, direct probe	\$ 62.00
Infectious antigen, neisseria gonorrhoeae, direct probe	\$ 57.00
Infectious antigen, neisseria gonorrhoeae, quantification	\$ 131.00
Infectious antigen, streptococcus A, direct probe	\$ 57.00
Initial treatment, 1st degree burn	\$ 116.00
Inject skin lesions, 7 max.....	\$ 70.00
Inject skin lesions, 8 or more	\$ 107.00
Injection single/multiple trigger points 1-2 muscles	\$ 146.00
Inject single/multiple trigger points 3+ muscles	\$ 145.00
Injection single tendon, ligament.....	\$ 132.00

Insert contraceptive capsules	\$ 278.00
Insert non-biodegradable drug delivery implant	\$ 194.00
Insert non-indwelling bladder catheter	\$ 87.00
Interphalangeal joint, each	\$ 717.00
Intramuscular injection of antibiotic	\$ 22.00
IV infusion therapy, up to 1 hour.....	\$ 127.00
IV injection	\$ 56.00
Late closure of wound, extensive	\$1,204.00
Layer closure of wounds	
face/ears 2.5 cm or less	\$ 337.00
face/ears 2.6-5.0 cm	\$ 398.00
face/ears 5.1-7.5 cm	\$ 422.00
face/ears 7.6-12.5 cm	\$ 493.00
face/ears 12.6-20.0 cm	\$ 634.00
face/ears 20.1-30.0 cm	\$ 805.00
face/ears >30.0 cm	\$ 913.00
hands/feet 2.5 cm or less	\$ 280.00
hands/feet 2.6-7.5 cm	\$ 341.00
hands/feet 7.6-12.5 cm	\$ 453.00
hands/feet 12.6-20.0 cm	\$ 466.00
hands/feet 20.1-30.0 cm	\$ 601.00
hands/feet >30.0 cm	\$ 693.00
trunk 2.5 cm or less	\$ 249.00
trunk 2.6-7.5 cm	\$ 310.00
trunk 7.6-12.5 cm	\$ 423.00
trunk 12.6-20.0 cm	\$ 554.00
trunk 20.1 -30.0 cm	\$ 562.00
trunk >30.0 cm	\$ 664.00
Ligation of hemorrhoid(s).....	\$ 210.00
Lipid profile	\$ 42.00
Manual therapy 1+ regions, each 15 minutes	\$ 26.00
Massage therapy	\$ 39.00
Maximum breathing capacity, maximal voluntary ventilation	\$ 49.00
Measure airflow resistance	\$ 88.00
Measure airway closing volume	\$ 86.00
Medical nutrition therapy, Group 2+ individuals, ea. 30 mins.....	\$ 44.00
Medical nutrition therapy, re-assessment and intervention, 15 mins.....	\$ 29.00
Medical nutrition therapy, initial assessment and intervention, 15 mins.....	\$ 34.00
Metabolic panel, basic	\$ 31.00
Metabolic panel, comprehensive	\$ 39.00
Metacarpophalangeal joint(s), each	\$ 606.00
Microscopic examination of urine	\$ 17.00
Motion analysis, comprehensive, video-taping kinematics/3D	\$ 188.00
Nailbed reconstruction w/graft	\$ 521.00
Nasopharyngoscopy w/endoscopy.....	\$ 172.00
Neuromuscular re-education, each 15 minutes.....	\$ 39.00

Noninvasive ear or pulse oximetry for O2 saturation; single	\$ 37.00
Obstetric profile	\$ 119.00
Papillectomy or excision of single tag, anus.....	\$ 189.00
Paring/cut benign skin lesion, 1	\$ 54.00
Paring/cut benign skin lesion, 2-4.....	\$ 60.00
Paring/cut benign skin lesion, 4+	\$ 66.00
Peakflow	\$ 4.00
Pelvic examination w/anesthesia	\$ 256.00
Physical therapy exercises, each 15 minutes	\$ 29.00
Proctosigmoidoscopy/diagnostic	\$ 124.00
Puncture drainage of breast cyst	\$ 137.00
Puncture drainage of skin lesion.....	\$ 104.00
Puncture aspiration of abscess, hematoma, bulla or cyst.....	\$ 146.00
Pure tone audiometry; air only.....	\$ 41.00
Pure tone hearing screen, air.....	\$ 28.00
RBC sedimentation rate, automated	\$ 24.00
Re-evaluation, athletic training.....	\$ 50.00
Removal of anal tags.....	\$ 251.00
Removal of cervix cone	\$ 701.00
Removal of devitalized tissue from wounds nonselective debridement	\$ 44.00
Removal of devitalized tissue from wounds selective debridement	\$ 120.00
Removal of foreign body external eye conjunctival embedded	\$ 153.00
conjunctival superficial	\$ 103.00
corneal w/slit lamp	\$ 166.00
corneal w/o slit lamp.....	\$ 353.00
Removal of foreign body intraocular from anterior chamber.....	\$1,337.00
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 scab, 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
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	\$ 540.00
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
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 vermilion	\$ 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
Strapping of ankle.....	\$ 54.00
Strapping of chest	\$ 104.00
Strapping of elbow/wrist.....	\$ 59.00
Strapping of hand/finger	\$ 60.00
Strapping of hip	\$ 82.00
Strapping of knee.....	\$ 71.00
Strapping of low back.....	\$ 109.00
Strapping of shoulder.....	\$ 71.00
Strapping of toes	\$ 52.00
Subcutaneous hormone pellet implant.....	\$ 193.00
Subcutaneous/Intramuscle injection	\$ 16.00
Supplies	acquisition cost
Surgical cleansing, tissue/muscle/bone.....	\$ 852.00
Surgical biopsy of breast, open.....	\$ 691.00
Surgical cleansing of abrasion	\$ 93.00
Surgical cleansing of skin.....	\$ 132.00
Surgical cleansing of skin/tissue.....	\$ 225.00
Surgical cleansing of tissue/muscle	\$ 590.00
Syphilis test.....	\$ 19.00
Therapeutic activities (one on one).....	\$ 49.00
Therapeutic, prophylactic injection	
(subcutaneous or intramuscular)	\$ 21.00
Tissue exam by KOH slide samples	\$ 28.00
Treat shoulder dislocation w/anesthesia	\$ 557.00
Treat shoulder dislocation.....	\$ 382.00
Trim nondystrophic nail, any number.....	\$ 31.00
Tympanogram.....	\$ 48.00
Urinalysis, non-automated, with scope.....	\$ 18.00
Urinalysis, non-automated, without microscopy.....	\$ 17.00

Urinalysis, routine.....	\$ 22.00
Vaginoscopy	\$ 196.00
Vaginoscopy w/cervical biopsy	\$ 283.00
Vaginoscopy with LEEP.....	\$ 678.00
Vasectomy	\$ 498.00
Venipuncture finger/heel/ear stick routine.....	\$ 16.00
Visual field exam(s), limited	\$ 103.00
Virus isolation for test, tissue	\$ 70.00
(c) Family Planning – Community Health Centers See LM 60.840(3), Family Planning Fees	
(d) Immunizations – Community Health Centers See LM 60.840(2)(c), Communicable Disease Fees	
(e) Mental Health – Community Health Centers See LM 60.840(6), General Mental Health Fees	
(f) 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 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

Comprehensive oral evaluation	\$ 80.00
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
Fluoride only, child.....	\$ 14.00
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
Palliative (emergency) treatment of dental pain – minor procedure.....	\$ 98.00
Panoramic film.....	\$ 50.00
Periodic Oral Evaluation.....	\$ 23.00
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
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 – four or more surfaces, posterior.....	\$ 183.00
Resin-based composite – one surface, posterior.....	\$ 86.00
Resin-based composite – two 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
Treatment of root canal obstruction; non-surgical access.....	\$ 578.00
Trigeminal division block anesthesia.....	\$ 60.00
(g) 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
(h) Pharmacy	

Pharmacy Filling Fee..... \$ 10.00 +
acquisition cost

(Revised by Order No. 98-8-12-2, Effective 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; 04-6-30-6, 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)

||At right margin indicates changes

LEGISLATIVE

Bold indicates material being added

FORMAT

Strikethrough indicates material being deleted

FORMAT

60.83860.840

Lane Manual

60.840

60.838 Requests for Information Fee.

When it is appropriate as determined by the Department Head or Custodian of Records for each Department, a minimum fee, equivalent to the hourly rate of the position A006, Secretary 2, Step 1 to include fringe benefits and the indirect cost rate as approved by the United States Department of Health and Human Services, shall be charged for research and time spent copying and/or collating requested information. When requests for information require, in the judgment of the Department Head, the excising of nonpublic information and for research necessitating the use of staff with specialized or professional expertise, then the Department Head and/or Custodian of Records may charge the actual hourly rate, as adjusted to include fringe benefits and indirect costs, of the staff personnel assigned to obtain and furnish the requested information. Charges will be computed on the quarter-hours and the requestor will be provided with the hourly rate to be charged at the initiation of the request. *(Revised by Order No. 83-11-30-24, Effective 11.30.83)*

60.839 Department of Public Safety Fees.

Under the authority of the Lane County Home Rule Charter and consistent with state law, the following fees are established:

(1) **Fingerprinting Service Fee.** Subject to the availability of personnel, the Department of Public Safety is authorized to offer fingerprinting as a public service on a request basis. The fee of \$10.00 for each initial fingerprint card and \$10.00 for each and every card thereafter so prepared is hereby established to defray expenses in connection with offering such service. The fees shall be waived for fingerprinting necessary in conducting County business.

(2) **Personal Property Seizures and Sale.** The Sheriff shall collect the following fees per ORS 21.410 and 23.460:

- (a) Levy upon and inventory of seized property
(1 hour minimum) \$ 34.00/hr.
- (b) Prepare and mail notices of sale and exemption.. \$ 15.50
- (c) Post notices of sale in three public places..... \$ 34.00
- (d) Conduct sale, collect monies, prepare certificates
and return (1 hour minimum)..... \$ 31.00/hr.

(3) **Real Property Seizures and Sale.** The Sheriff shall collect the following fees per ORS 21.410 and 23.460:

- (a) Prepare and file certificate of levy \$ 15.50
- (b) Prepare, mail and publish notices of sale..... \$ 15.50
- (c) Conduct sale (including postponements),
prepare return (1 hour minimum) \$ 31.00/hr.
- (d) Prepare and post after-sale notice \$ 32.50

(4) **Background Checks for Transfer of Handguns.**
The Sheriff shall collect per ORS 166.420..... \$ 15.00

(5) **Community Corrections Center (Center) and Electronic Supervision Program (ESP):**

(a) The Sheriff is authorized to collect the following offender fees:

	Hourly Wage	Center Fee/Day	ESP Fee/Day
1.	6.50 - 7.00	10.50	9.00
2.	7.01 - 8.50	12.50	11.00
3.	8.51 - 10.00	15.50	14.00
4.	10.01 - 11.50	17.50	16.00
5.	11.51 - 13.00	19.50	18.00
6.	13.01 - 14.50	21.50	20.00
7.	14.51 - 16.00	23.50	22.00
8.	16.01 - 17.50	26.50	25.00
9.	17.51 - 19.00	28.50	27.00

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	Hourly Wage	Center Fee/Day	ESP Fee/Day
10.	19.01 - 20.50	30.50	29.00
11.	20.51 - 22.00	32.50	31.00
12.	22.01 - 23.50	35.50	34.00
13.	23.51 - 25.00	37.50	36.00
14.	25.01 +	39.50	38.00

(b) The Sheriff is authorized to collect the following set up fee from those persons eligible and accepted for the Electronic Surveillance Program (ESP) pretrial house arrest \$ 35.00

(c) The Sheriff may approve fee reductions based upon verified financial hardship. \$ 15.50

(6) Community Service Fees.

(a) The Sheriff is authorized to collect the following offender fees:

Referral Fee \$ 40.00

Re-Referral Fee..... \$ 15.00

(b) The Sheriff may approve reduction of the referral fee to \$15.00 when an offender presents an Oregon Trail Card. (Revised by Order No. 01-10-17-9, Effective 1.1.02)

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.

Public Speaking

(recommended donation only) \$ 50.00/hour

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

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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) \$ 30.00
 - Established Patient–Problem Focused-Brief..... \$ 30.00
 - Established Patient–Problem Focused
 - Minimal..... \$ 35.00
 - Established Patient–Problem Focused
 - Limited..... \$ 45.00
 - Established Patient–Problem Focused
 - Moderate \$ 70.00
 - Established Patient–Problem Focused
 - Extensive..... \$ 95.00
 - Established Patient–Prevention..... \$ 30.00
 - New Patient–Prevention \$ 40.00
 - New Patient–Problem Focused-Minimal..... \$ 40.00
 - New Patient–Problem Focused-Limited..... \$ 50.00
 - New Patient–Problem Focused-Moderate \$ 80.00
 - New Patient–Problem Focused-Extensive..... \$ 110.00
 - Off-Site Direct Observation Therapy (DOT)..... \$ 25.00
 - (b) Procedures–Communicable Disease
 - Chlamydia test \$ 10.00
 - Gonococcal test..... \$ 15.00
 - Gram Stain..... \$ 10.00
 - Hepatic Function Study lab cost plus \$ 10.00 specimen collection fee
 - HIV Expedited Testing (non-deferrable)..... lab cost plus \$ 10.00 specimen collection fee
 - Premarital Assessment (non-deferrable)..... \$ 20.00
 - Sexually Transmitted Disease, lab test-urine (non-deferrable)..... lab cost plus \$ 10.00 specimen collection fee
 - Specimen Collection & Shipping \$ 10.00
 - Tuberculin Skin Tests \$ 12.00
 - VDRL \$ 10.00
 - Wet Mount/KOH \$ 10.00
 - (c) Treatment/Medications–Communicable Disease
 - Administration of Vaccine/Medication..... \$ 12.00
 - Condom(s), (all types) acquisition cost
 - Gamma Globulin for Hepatitis Close Contact..... acquisition cost plus \$12.00 admin fee plus office visit

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Immunizations	acquisition cost plus \$12.00 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) Family Planning Fees. The Family Planning Program promotes the well being of children and families by reducing unintended pregnancies and supporting reproductive health. Fees for service are based on costs and are designed to minimize barriers and encourage utilization of services. Sliding scale fees are set by Title X guidelines based on semi-annual federal poverty updates. Family Planning Expansion Project (FPEP) and Oregon Health Plan (OHP) reimbursements are set by Oregon Medical Assistance Program (OMAP). When applicable, third party (insurance) is billed prior to OHP, FPEP, or private payment. Clients are not refused service due to inability to pay.

(a) Office Visits – Family Planning	
Counseling, HIV (includes initial testing, follow-up visit)	\$ 30.00
Counseling, Pregnancy (includes urine pregnancy test).....	\$ 30.00
Established Patient–Problem Focused-Brief.....	\$ 30.00
Established Patient–Problem Focused -Minimal.....	\$ 35.00
Established Patient–Problem Focused -Limited.....	\$ 45.00
Established Patient–Problem Focused -Moderate	\$ 70.00
Established Patient–Problem Focused -Extensive.....	\$ 95.00
Established Patient–Prevention.....	\$ 30.00
New Patient–Prevention	\$ 40.00
New Patient–Problem Focused-Minimal.....	\$ 40.00
New Patient–Problem Focused-Limited	\$ 50.00
New Patient–Problem Focused-Moderate	\$ 80.00
New Patient–Problem Focused-Extensive.....	\$ 110.00
(b) Procedures-Family Planning	
Chlamydia Test.....	lab cost plus \$ 10.00 specimen collection fee
Chlamydia/Gonococcal Test (private lab, non-deferrable).....	lab cost plus \$ 10.00 specimen collection fee
Gonococcal test.....	\$ 15.00
Glucose test.....	\$ 10.00
Gram Stain	\$ 10.00
Hematocrit	\$ 10.00
HIV Expedited Testing (non-deferrable)	lab cost plus \$ 10.00 specimen collection fee

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Pap Smear	\$ 25.00
Pregnancy Test Serum (non-deferrable)	lab cost plus \$ 10.00 specimen collection fee
Pregnancy Test, Urine	\$ 10.00 plus office visit
Urinalysis - Dip Stick	\$ 3.00
Urinalysis - Microscopic	\$ 10.00
Wet Mount/KOH	\$ 10.00
VDRL and/or Rubella Titer	\$ 10.00
(c) Treatment/Medications-Family Planning	
Administration of Contraceptive Injectables	\$ 12.00
Cervical Cap and Fitting	acquisition cost plus office visit
Condom, (all types)	acquisition cost
Contraceptive Foams/Jellies/Creams	acquisition cost
Contraceptive Injectable	acquisition cost plus \$12.00 admin fee and office visit
Contraceptive Supply Pickup Only (No RN Visit)	acquisition cost
Contraceptive Vaginal Film	acquisition cost plus office visit
Diaphragm and Fitting	acquisition cost plus office visit
Emergency Contraceptive	acquisition cost plus office visit
Intrauterine Device (IUD) Insertion	acquisition cost plus \$40.00 procedure cost and office visit
IUD Removal	\$20.00 procedure cost and office visit
Nystatin Cream	acquisition cost plus office visit
Oral Contraceptives	acquisition cost plus office visit
Other Contraceptive Methods	acquisition cost plus office visit
Transdermal Patch	acquisition cost plus office visit
Vaginal Ring	acquisition cost plus office visit
Vaginal Yeast Cream	acquisition cost plus office visit

(4) Maternal Child Health Fees. Maternal Child Health (MCH) promotes optimal health of pregnant women, infants, and children. Fees for service are based on cost and Oregon Medical Assistance Program (OMAP) guidelines. The Maternity Case Management Program reimburses Lane County MCH for services provided for eligible pregnant women and the Targeted Case Management Program reimburses Lane County MCH for services provided high risk infants and children.

(a) Maternity Case Management

Case Management Visit

\$ 44.00

High Risk Maternity Case

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	Management (Full)	\$ 132.00
	High Risk Maternity Case Management (Partial)	\$ 66.00
	Home Environment Assessment.....	\$ 44.00
	Initial Assessment.....	\$ 26.00
	Maternity Case Management (Full)	\$ 77.00
	Maternity Case Management (Partial)	\$ 39.00
	Nutritional Case Management	\$ 51.00
	Telephone Contact Visit	\$ 11.00
(b)	Other Maternal Child Health (MCH) Services	
	Developmental Screening.....	\$ 60.00
	Developmental Reporting/Consultation.....	\$ 45.00
	Home Visit.....	\$ 120.00
	Office Visit	
	New-Prevention.....	\$ 40.00
	Established-Prevention.....	\$ 30.00
	PKU	\$ 10.00
	Rh and Type.....	lab cost plus \$ 10.00
(c)	Child Safety Seat	acquisition cost

(5) 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.....	\$ 150.00
Day Care Inspections	\$ 150.00
Fraternalities/Sororities.....	\$ 150.00
School Inspections	\$ 150.00
Group Care Home Inspections.....	\$ 150.00
Mobile Units Licensed by Another Jurisdiction..	\$ 25.00

Licensing Fees

Food Service Fees

Bed and Breakfast	\$12740.00 ^{1/2}
Benevolent Temporary Restaurant Administrative Fee.....	\$ 20.00
Food Service Workers Permit	\$ 10.00
Duplicate.....	\$ 5.00
Temporary Restaurant	\$ 75.00/event ³
Grouping of Six or More, Recurring.....	\$ 75.00/month,

¹ 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 equal to 50 percent of the license renewal fee and shall be increased by 50 percent of the license renewal fee on the first day of each succeeding month in which the license is not renewed.

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

³ Any person failing to apply for a temporary restaurant permit prior to the day of the event shall pay a penalty fee of 50 percent of the license fee in addition to the license fee.

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not to exceed \$400
per year

Restaurants

Full Service

0-15 Seats.....	\$42865.00 ^{4/5}
16-50 Seats.....	\$474515.00 ^{6/7}
51-150 Seats.....	\$54490.00 ^{8/9}
Over 150 Seats.....	\$63690.00 ^{10/11}
Limited Service.....	\$42865.00 ^{12/13}

Community Kitchen Non-Profit Food Service \$ 100.00^{14/15}

Mobile Units.....	\$17390.00
Warehouse.....	\$8795.00
Commissary.....	\$17390.00

Tourists and Travelers

Motels

Up to 25 units.....	\$16480.00 ¹⁶
26 to 50 units.....	\$22950.00 ¹⁷
51 to 75 units.....	\$284310.00 ¹⁸
76 to 100 units.....	\$33970.00 ¹⁹
101 and over.....	\$33970.00 ²⁰
	plus \$2.750 for each unit over 100

RV Parks

Up to 25 units.....	\$16480.00 plus \$.340 per space ²¹
26 to 50 units.....	\$22950.00 plus \$.340 per space ²²

⁴ See #1.

⁵ See #2.

⁶ See #1.

⁷ See #2.

⁸ See #1.

⁹ See #2.

¹⁰ See #1.

¹¹ See #2.

¹² See #1.

¹³ See #2.

¹⁴ See #1.

¹⁵ See #2.

¹⁶ 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.

¹⁷ See #16.

¹⁸ See #16.

¹⁹ See #16.

²⁰ See #16.

²¹ See #16.

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51 to 75 units.....	\$284310.00 plus \$.2230 per space ²³
76 to 100 units.....	\$33970.00 plus \$.2230 per space ²⁴
101 and over.....	\$33970.00 plus \$.153.00 per each space over 100
Temporary - Campgrounds	
Up to 25 units.....	\$ 705.00
26 to 50 units.....	\$ 1010.00
51 to 75 units.....	\$ 1235.00
76 to 100 units.....	\$15065.00
101 and over.....	\$15065.00 plus \$1.2530 for each unit over 100
Bed and Breakfast.....	\$5560.00 ²⁵
Hostel 1-10 beds.....	\$6470.00 ²⁶
11+ beds.....	\$14930.00 ²⁷
Organizational Camps.....	\$189205.00 ²⁸
Picnic Park.....	\$8490.00 ²⁹
Public Swimming Pools, Spa Pools.....	\$2240.00
Vending Units	
1-10.....	\$ 605.00
11-20.....	\$ 705.00
21-30.....	\$ 1010.00
31-40.....	\$ 1420.00
41-50.....	\$ 1345.00
51-75.....	\$16075.00
76-100.....	\$2430.00
101-250.....	\$36400.00
251-500.....	\$56610.00
501-750.....	\$76830.00
751-1,000.....	\$9301,015.00
1,001-1,500.....	\$1,22330.00
1,501-2,000.....	\$1,600745.00
Nonrefundable Processing Fee.....	\$ 224.00
Plan Review	
Bed and Breakfast Plan Review.....	\$ 1010.00
Food Service Plan Review/Opening Inspection ..	\$15065.00
Swimming Pools, Wading Pools and Spa Pools (Construction Permit and Plan Review)	
Includes first two construction Inspections	\$40035.00
Additional Construction Inspections (each)	\$ 1010.00
Tourist Accommodations Plan Review ..	\$ 165.00
Loan Reviews:	

²² See #16.

²³ See #16.

²⁴ See #16.

²⁵ See #16.

²⁶ See #16.

²⁷ See #16.

²⁸ See #16.

²⁹ See #16.

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Rural Water/Sewage Systems \$17590.00

(6) General Mental Health Fees.

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

Physician/Psychiatrist.....	\$ 220.00/hour
Psychiatric Nurse Practitioner	\$ 185.00/hour
Therapist/Nurse	\$ 110.00/hour
Client Requested Court Appearance	\$ 110.00/hour
Client Medical Records Request	\$ 20.00 flat fee plus \$.25 per page copy charge as specified in LM 60.830
Daily Structure & Support.....	\$ 40.00/hour
Group Screening	\$ 40.00/hour
Group Therapy/Sessions.....	\$ 40.00/hour
Injections/Dose.....	\$ 18.00 flat fee
Intake	\$ 110.00/hour
Interpretive Services-Oral/Sign	\$ 40.00/hour
Lab Work, All Types.....	Actual Cost
Money Management Fee.....	\$ 10.00/month
Oral Medications Supplied	
One Prescription	\$ 7.00
Two Prescriptions	\$ 10.00
Three Prescriptions	\$ 12.00
Four Prescriptions.....	\$ 16.00
Five Prescriptions	\$ 20.00
Personal Assessment by RN Only.....	\$ 30.00
Personal Care Reassessment by RN Only	\$ 30.00
Personal Care Delegation by RN Only	\$ 30.00
Physical Exam-Limited	\$ 35.00
Physical Exam-General	\$ 45.00
Physician/Psychiatric	
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Adult	\$ 220.00/hour
Child	\$ 245.00/hour
Plethysmograph, Full Assessment.....	\$ 200.00
Plethysmograph, Maintenance	\$ 150.00
Plethysmograph, Treatment.....	\$ 80.00
Plethysmograph, No Show, Unexcused	\$ 80.00
Polygraph, All Types.....	Actual Cost
Psychiatric Nurse Practitioner Services	
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Adult	\$ 185.00/hour
Child	\$ 205.00/hour
Psycho-Educational Services	\$ 50.00/hour
Report Preparation.....	\$ 60.00
Report Preparation-Simple Duplication	\$ 15.00
Self-Help/Peer Services	\$ 60.00/hour
Skills Training, Group.....	\$ 40.00/hour

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Skills Training, Individual.....	\$ 110.00/hour
Therapist or Nursing Services	\$ 110.00/hour
Includes: Individual and Family Counseling, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations, and Assessments, Child and Family Team Meetings, and Level of Needs Determination	

(7) Alcohol and Drug Fees.

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

Physician/Psychiatrist.....	\$ 220.00/hour
Psychiatric Nurse Practitioner	\$ 185.00/hour
Therapist/Nurse	\$ 110.00/hour
Client Requested Court Appearance	\$ 110.00/hour
Correction Evaluations	\$ 1250.00/session
Courtesy Dosing/Set-Up.....	\$ 15.00 flat fee
DUI/Corrections Re-Referral	\$ 45.00/case
Group Screening.....	\$ 40.00/hour
Group Therapy/Sessions.....	\$ 40.00/hour
Injections/Dose	\$ 18.00 flat fee
Intake	\$ 110.00/hour
Intensive Care Monitoring.....	\$ 60.00/case
Interpretive Services-Oral/Sign	\$ 40.00/hour
Lab Work, Excluding Urinalysis.....	Actual Lab Fees
Methadone Courtesy Dose	\$ 10.00
ODL Evaluation/Recommendation	\$ 75.00
ODL Group Session	N/C
ODL Makeup Session.....	\$ 50.00
ODL Monthly Contact.....	\$ 35.00
Oral Medications Supplied, Methadone Only	
One Prescription	\$ 7.00
Two Prescriptions	\$ 14.00
Three Prescriptions	\$ 21.00
Four Prescriptions.....	\$ 28.00
Five Prescriptions	\$ 35.00
Replacement Bottle, Methadone.....	\$ 3.00
Physical Exam, Antabuse	\$ 25.00
Physical Exam, Limited.....	\$ 35.00
Physical Exam, General.....	\$ 85.00
Physical Exam, with Lab Work	\$ 95.00
Physician/Psychiatrist Services	\$ 220.00
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Psychiatric Nurse Practitioner Services.....	\$ 185.00
Includes: Individual and Family Counseling, 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	\$ 110.00/hour
Includes: Individual and Family Counseling,	

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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

(8) Parole & Probation Fees

DNA Sample Fee \$ 10.00

Electronic Supervision up to \$358.00/day

Daily fee charged based on hourly wage. (Fee subject to reduction based on fee schedule in LM 60.839(5), Electronic Supervision Program)

Hourly Wage	Electronic Supervision Fee
\$ 0.00 - \$ 7.00	\$ 8.00
\$ 7.01 - \$ 8.50	\$ 10.00
\$ 8.51 - \$ 10.00	\$ 12.00
\$ 10.01 - \$ 11.50	\$ 14.00
\$ 11.51 - \$ 13.00	\$ 16.00
\$ 13.01 - \$ 14.50	\$ 18.00
\$ 14.51 - \$ 16.00	\$ 20.00
\$ 16.01 - \$ 17.50	\$ 22.00
\$ 17.51 - \$ 19.00	\$ 24.00
\$ 19.01 - \$ 20.50	\$ 26.00
\$ 20.51 - \$ 22.00	\$ 28.00
\$ 22.01 - \$ 23.50	\$ 30.00
\$ 23.51 - \$ 25.00	\$ 32.00
\$ 25.01 +	\$ 35.00

Electronic Supervision Set-Up Fee \$ 35.00

Interstate Compact Transfer Fee \$ 150.00

Missed, Unexcused, Polygraph Test Actual Cost

Polygraph Test Actual Cost

Positive Urinalysis \$ 30.00/flat fee

Program Participation \$ 5.00/session

Supervision Fees \$ 35.00/monthly

(9) Family Mediation

Parent Education Class \$ 45.00/Attendee

(10) 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 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

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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. ~~The minimum fee and discounted sliding fee schedule is reviewed, revised as necessary, and approved on an annual basis by the Board of County Commissioners.~~

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

	Flat Fee	Fee for Additional Procedures
<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.

Community Health Fees

(a) Office Visits - Community Health Centers

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
Behavioral Health Assessment	
each 15 minutes, initial	\$ 44.00
Behavioral Health Re-Assessment.....	\$ 52.00
Behavioral Health Intervention	
each 15 minutes, individual	\$ 24.00
Behavioral Health Intervention	
each 15 minutes, group	\$ 11.00
Behavioral Health Intervention	
each 15 minutes, family with patient	\$ 49.00
Behavioral Health Intervention	
each 15 minutes, family without patient ...	\$ 47.00
Group health education	\$ 40.00
Health risk assessment test	\$ 221.00
Initial hospital care, low.....	\$ 165.00
Initial hospital care, moderate.....	\$ 220.00
Initial hospital care, high	\$ 285.00
Initial surgical evaluation.....	\$ 57.00
Office consultation, high.....	\$ 381.00

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Office consultation, low.....	\$ 169.00
Office consultation, minor.....	\$ 121.00
Office consultation, moderate.....	\$ 220.00
Office consultation, moderate-high.....	\$ 292.00
Office emergency care.....	\$ 36.00
Office/outpatient visit, established, high.....	\$ 209.00
Special reports/insurance forms.....	\$ 109.00
Unlisted Evaluation & Management.....	\$ 151.00
Work/medical disability	
examination/established.....	\$ 61.00
Work/medical disability examination/new.....	\$ 109.00
Office visit Level 1 Established (nursing).....	\$ 44.00
Office visit Level 1 New.....	\$ 79.00
Office visit Level 2 Established.....	\$ 67.00
Office visit Level 2 New.....	\$ 109.00
Office visit Level 3 Established.....	\$ 89.00
Office visit Level 3 New.....	\$ 152.00
Office visit Level 4 Established.....	\$ 133.00
Office visit Level 4 New.....	\$ 219.00
Office visit Level 5 Established.....	\$ 205.00
Office visit Level 5 New.....	\$ 280.00
Preventive counseling/risk factor	
reduction 15min.....	\$ 60.00
Preventive counseling/risk factor	
reduction 30min.....	\$ 97.00
Preventive counseling/risk factor	
reduction 45min.....	\$ 132.00
Preventive counseling/risk factor	
reduction 60min.....	\$ 179.00
Preventive counseling group 60 min.....	\$ 51.00
Well child care <1 year Established.....	\$ 111.00
Well child care < 1 year New.....	\$ 138.00
Well child care age 1-4 Established.....	\$ 122.00
Well child care age 1-4 New.....	\$ 149.00
Well child care age 5-11 Established.....	\$ 130.00
Well child care age 5-11 New.....	\$ 155.00
Well child care age 12-17 Established.....	\$ 141.00
Well child care age 12-17 New.....	\$ 173.00
(b) Medical Services - Community Health Centers	
Acne 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

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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 (TBG).....	\$ 39.00
Assay thyroid stimulating hormone.....	\$ 49.00
Assay, blood PKU.....	\$ 15.00
Audiometry, air & bone.....	\$ 51.00
Automated hemogram (CBC).....	\$ 30.00
Avulsion of nail plate, partial or complete, simple or single.....	\$ 142.00
Bile duct endoscopy.....	\$ 404.00
Biopsy of external ear.....	\$ 149.00
Biopsy of nail unit.....	\$ 167.00
Biopsy of uterus lining.....	\$ 137.00
Biopsy skin, single lesion.....	\$ 142.00
Biopsy, second lesion.....	\$ 84.00
Blood count; hemoglobin (Hgb).....	\$ 19.00
Blood occult, by peroxidase activity; stool.....	\$ 19.00
Blood occult, qualitative feces 1-3 determinations.....	\$ 15.00
Breathing capacity test.....	\$ 69.00
Burn treatment w/anesthesia, med/large.....	\$ 369.00
Burn treatment w/anesthesia, small.....	\$ 112.00
Burn treatment w/o anesthesia, large.....	\$ 259.00
Burn treatment w/o anesthesia, medium.....	\$ 173.00
Burn treatment w/o anesthesia, small.....	\$ 96.00
Catheterize for urine specimen.....	\$ 87.00
Cauterize inner nose, intramural.....	\$ 328.00
Cauterize inner nose, superficial.....	\$ 219.00
Cautery of cervix; cryocautery, initial or repeat.....	\$ 318.00
Chemical cautery, granulated tissue.....	\$ 81.00

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Chemical destruction condyloma of anus, simple.....	\$ 294.00
Chemical destruction condyloma penis; simple.....	\$ 219.00
Chorionic gonadotropin assay	\$ 26.00
Circumcision.....	\$ 110.00
Circumcision, not newborn.....	\$ 286.00
Circumcision, surgical, not newborn	\$ 432.00
Closure of split wound, simple	\$ 297.00
Closure of split wound, w/packing	\$ 267.00
Collect capillary blood specimen.....	\$ 29.00
Colposcopy of cervix, including upper/ adjacent vagina.....	\$ 292.00
Colposcopy with biopsy of cervix and endocervical curettage.....	\$ 422.00
Colposcopy, entire vagina w/cervix.....	\$ 233.00
Colposcopy, entire vagina w/cervix w/biopsy	\$ 282.00
Colposcopy, cervix w/biopsy of cervix	\$ 260.00
Colposcopy, cervix w/endocervical curettage	\$ 246.00
Colposcopy, cervix w/loop conization.....	\$ 579.00
Cryocautery, cervix.....	\$ 166.00
Cryosurgery removal of anal lesion(s).....	\$ 209.00
Cryosurgery, penis lesion(s)	\$ 157.00
Culture specimen, bacterial, non urine/blood/stool	\$ 39.00
Culture, bacterial, quantitative colony count, urine.....	\$ 22.00
Culture, pathogenic organism, screen.....	\$ 34.00
Cytopathology, cervical/vaginal, manual screen.....	\$ 24.00
Cytopathology, cervical/vaginal, physician interpretation	\$ 39.00
Debride 1-5 nails, any method.....	\$ 44.00
Debride 6+ nails, any method	\$ 61.00
Debride skin/muscle, Fx	\$1,133.00
Debride skin/muscle/bone, Fx	\$1,631.00
Debride skin/tissue, Fx	\$ 873.00
Destruction benign/premalignant lesion 15+	\$ 365.00
Destruction benign or premalignant lesions other than skin tags, 1st lesion	\$ 105.00
Destruction flat/molluscum, 15+	\$ 164.00
Destruction flat warts, molluscum, up to 14	\$ 129.00
Destruction lesion(s), anus; simple, cryosurgery	\$ 285.00
Destruction lesion(s), penis; simple, cryosurgery	\$ 237.00
Destruction lesion, 2-14	\$ 35.00
Destruction penis lesion(s), extensive.....	\$ 462.00
Destruction, vulva lesion(s); simple, any method.....	\$ 232.00
Destruction vaginal lesion(s), extensive	\$ 591.00
Destruction vaginal lesion(s); simple, any method.....	\$ 248.00
Destruction vascular skin lesions 10-50 cm.....	\$ 914.00

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Destruction vascular skin lesions over 50 cm.....	\$1,530.00
Destruction vascular skin lesions up to 10 cm.....	\$ 497.00
Destruction vulva lesion(s), extensive	\$ 479.00
Drain arm/elbow abscess/hematoma.....	\$ 463.00
Drain blood from under nail	\$ 77.00
Drain complex postoperative wound infection.....	\$ 361.00
Drain external ear lesion, simple	\$ 197.00
Drain infected arm/elbow bursa.....	\$ 334.00
Drain lower leg abscess/hematoma.....	\$ 711.00
Drain neck/chest abscess/hematoma.....	\$ 554.00
Drain skin abscess, complicated or multiple.....	\$ 239.00
Drainage of anal abscess.....	\$ 192.00
Drainage of finger abscess, complicated	\$ 507.00
Drainage of finger abscess, simple	\$ 260.00
Drainage of forearm/wrist lesion	\$1,076.00
Drainage of pilonidal cyst, complicated	\$ 361.00
Drainage of pilonidal cyst, simple	\$ 178.00
Drainage of rectal abscess under anesthesia	\$ 452.00
Drainage of rectal abscess, separate procedure.....	\$ 573.00
Drainage of skin lesion	\$ 154.00
Drainage of thigh/knee lesion	\$ 811.00
Drainage of tonsil abscess.....	\$ 246.00
Drainage of vulva gland abscess.....	\$ 182.00
Drainage of vulva/perineum abscess	\$ 196.00
Drug screen, qualitative, multiple classes, chromatographic	\$ 60.00
Destroy malignant lesion face/ear/nose 0.5 cm or less	\$ 233.00
face/ear/nose 0.6-1.0 cm	\$ 281.00
face/ear/nose 1.1-2.0 cm	\$ 349.00
face/ear/nose 2.1-3.0 cm	\$ 423.00
face/ear/nose 3.1-4.0 cm	\$ 396.00
face/ear/nose >4.0 cm	\$ 418.00
neck/hand/foot/genital 0.5 cm or less.....	\$ 212.00
neck/hand/foot/genital 0.6-1.0 cm	\$ 247.00
neck/hand/foot/genital 1.1-2.0 cm	\$ 297.00
neck/hand/foot/genital 2.1-3.0 cm	\$ 376.00
neck/hand/foot/genital 3.1-4.0 cm	\$ 331.00
neck/hand/foot/genital >4.0 cm.....	\$ 396.00
trunk/arm/leg 0.5 cm or less.....	\$ 186.00
trunk/arm/leg 0.6-1.0 cm.....	\$ 219.00
trunk/arm/leg 1.1-2.0 cm.....	\$ 272.00
trunk/arm/leg 2.1-3.0 cm.....	\$ 342.00
trunk/arm/leg 3.1-4.0 cm.....	\$ 392.00
trunk/arm/leg >4.0 cm.....	\$ 332.00
Developmental testing, limited	\$ 74.00
Ear piercing.....	\$ 56.00
Electrocardiogram, routine ECG, with at least 12 leads; interpret & report.....	\$ 90.00
Electrolyte panel	\$ 20.00
Endometrial sampling (biopsy)	\$ 262.00
Evaluation of wheezing	\$ 65.00

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Evaluation, athletic training.....	\$ 50.00
Exhaled carbon dioxide test.....	\$ 88.00
Eye service or procedure NEC.....	\$ 43.00
Excise skin wedge, ingrown toenail.....	\$ 126.00
Excision of nail and nail matrix, partial or complete, permanent.....	\$ 446.00
Explore/treat finger joint removal of foreign body.....	\$ 566.00
Gastric intubation/treatment	\$ 110.00
General health panel	\$ 124.00
Glucose blood test.....	\$ 11.00
Glucose; quantitative, blood, reagent strip	\$ 20.00
Glycosylated hemoglobin assay.....	\$ 41.00
Hearing screening	\$ 22.00
Hemoglobin count, colorimetric	\$ 13.00
Hepatic function panel	\$ 32.00
Hepatitis A antibody, total	\$ 71.00
Hepatitis panel, acute.....	\$ 44.00
Heterophile antibody screen	\$ 23.00
Hysteroscopy w/biopsy endometrium and/or polypectomy.....	\$ 792.00
Incise/drain eyelid lining cyst.....	\$ 349.00
Incision and drainage abscess or cyst, simple or single	\$ 149.00
Incision and removal foreign body, simple.....	\$ 173.00
Incision and drainage of rectal abscess.....	\$ 383.00
Incision of breast lesion, deep.....	\$ 527.00
Incision of external hemorrhoid.....	\$ 244.00
Infectious antigen, chlamydia trachomatis	\$ 39.00
Infectious antigen, HBsAg.....	\$ 45.00
Infectious antigen, streptococcus group A.....	\$ 26.00
Infectious antigen, HIV-1, direct probe	\$ 62.00
Infectious antigen, neisseria gonorrhoeae, direct probe	\$ 57.00
Infectious antigen, neisseria gonorrhoeae, quantification	\$ 131.00
Infectious antigen, streptococcus A, direct probe	\$ 57.00
Initial treatment, 1st degree burn	\$ 116.00
Inject skin lesions, 7 max.....	\$ 70.00
Inject skin lesions, 8 or more	\$ 107.00
Injection single/multiple trigger points 1-2 muscles	\$ 146.00
Inject single/multiple trigger points 3+ muscles	\$ 145.00
Injection single tendon, ligament.....	\$ 132.00
Insert contraceptive capsules	\$ 278.00
Insert non-biodegradable drug delivery implant.....	\$ 194.00
Insert non-indwelling bladder catheter	\$ 87.00
Interphalangeal joint, each.....	\$ 717.00
Intramuscular injection of antibiotic	\$ 22.00
IV infusion therapy, up to 1 hour.....	\$ 127.00
IV injection	\$ 56.00

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Late closure of wound, extensive	\$1,204.00
Layer closure of wounds	
face/ears 2.5 cm or less	\$ 337.00
face/ears 2.6-5.0 cm	\$ 398.00
face/ears 5.1-7.5 cm	\$ 422.00
face/ears 7.6-12.5 cm	\$ 493.00
face/ears 12.6-20.0 cm	\$ 634.00
face/ears 20.1-30.0 cm	\$ 805.00
face/ears >30.0 cm	\$ 913.00
hands/feet 2.5 cm or less	\$ 280.00
hands/feet 2.6-7.5 cm.....	\$ 341.00
hands/feet 7.6-12.5 cm.....	\$ 453.00
hands/feet 12.6-20.0 cm.....	\$ 466.00
hands/feet 20.1-30.0 cm.....	\$ 601.00
hands/feet >30.0 cm.....	\$ 693.00
trunk 2.5 cm or less	\$ 249.00
trunk 2.6-7.5 cm.....	\$ 310.00
trunk 7.6-12.5 cm.....	\$ 423.00
trunk 12.6-20.0 cm.....	\$ 554.00
trunk 20.1 -30.0 cm.....	\$ 562.00
trunk >30.0 cm.....	\$ 664.00
Ligation of hemorrhoid(s).....	\$ 210.00
Lipid profile	\$ 42.00
Manual therapy 1+ regions, each 15 minutes	\$ 26.00
Massage therapy	\$ 39.00
Maximum breathing capacity, maximal voluntary ventilation	\$ 49.00
Measure airflow resistance	\$ 88.00
Measure airway closing volume	\$ 86.00
Medical nutrition therapy, Group 2+ individuals, ea. 30 mins.....	\$ 44.00
Medical nutrition therapy, re-assessment and intervention,15 mins.....	\$ 29.00
Medical nutrition therapy, initial assessment and intervention, 15 mins.....	\$ 34.00
Metabolic panel, basic	\$ 31.00
Metabolic panel, comprehensive	\$ 39.00
Metacarpophalangeal joint(s), each.....	\$ 606.00
Microscopic examination of urine	\$ 17.00
Motion analysis, comprehensive, video-taping kinematics/3D.....	\$ 188.00
Nailbed reconstruction w/graft	\$ 521.00
Nasopharyngoscopy w/endoscopy.....	\$ 172.00
Neuromuscular re-education, each 15 minutes.....	\$ 39.00
Noninvasive ear or pulse oximetry for O2 saturation; single	\$ 37.00
Obstetric profile	\$ 119.00
Papillectomy or excision of single tag, anus.....	\$ 189.00
Paring/cut benign skin lesion, 1	\$ 54.00
Paring/cut benign skin lesion, 2-4.....	\$ 60.00
Paring/cut benign skin lesion, 4+.....	\$ 66.00
Peakflow	\$ 4.00
Pelvic examination w/anesthesia	\$ 256.00

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Physical therapy exercises, each 15 minutes	\$ 29.00
Proctosigmoidoscopy/diagnostic	\$ 124.00
Puncture drainage of breast cyst	\$ 137.00
Puncture drainage of skin lesion	\$ 104.00
Puncture aspiration of abscess, hematoma, bullae or cyst	\$ 146.00
Pure tone audiometry; air only	\$ 41.00
Pure tone hearing screen, air	\$ 28.00
RBC sedimentation rate, automated	\$ 24.00
Re-evaluation, athletic training	\$ 50.00
Removal of anal tags	\$ 251.00
Removal of cervix cone	\$ 701.00
Removal of devitalized tissue from wounds nonselective debridement	\$ 44.00
Removal of devitalized tissue from wounds selective debridement	\$ 120.00
Removal of foreign body external eye conjunctival embedded	\$ 153.00
conjunctival superficial	\$ 103.00
corneal w/slit lamp	\$ 166.00
corneal w/o slit lamp	\$ 353.00
Removal of foreign body intraocular from anterior chamber	\$1,337.00
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 scab, 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

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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
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

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Repair complex wound, lid/nose/ear/lip	
each 1.0 cm	\$ 540.00
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
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 vermilion.....	\$ 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

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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
Strapping of ankle.....	\$ 54.00
Strapping of chest	\$ 104.00
Strapping of elbow/wrist.....	\$ 59.00
Strapping of hand/finger	\$ 60.00
Strapping of hip	\$ 82.00
Strapping of knee.....	\$ 71.00
Strapping of low back.....	\$ 109.00
Strapping of shoulder.....	\$ 71.00
Strapping of toes	\$ 52.00
Subcutaneous hormone pellet implant.....	\$ 193.00
Subcutaneous/Intramuscle injection	\$ 16.00
Supplies	acquisition cost
Surgical cleansing, tissue/muscle/bone.....	\$ 852.00
Surgical biopsy of breast, open.....	\$ 691.00
Surgical cleansing of abrasion	\$ 93.00
Surgical cleansing of skin	\$ 132.00
Surgical cleansing of skin/tissue.....	\$ 225.00
Surgical cleansing of tissue/muscle	\$ 590.00
Syphilis test.....	\$ 19.00
Therapeutic activities (one on one).....	\$ 49.00
Therapeutic, prophylactic injection (subcutaneous or intramuscular)	\$ 21.00
Tissue exam by KOH slide samples	\$ 28.00
Treat shoulder dislocation w/anesthesia	\$ 557.00
Treat shoulder dislocation.....	\$ 382.00
Trim nondystrophic nail, any number.....	\$ 31.00
Tympanogram.....	\$ 48.00
Urinalysis, non-automated, with scope.....	\$ 18.00
Urinalysis, non-automated, without microscopy.....	\$ 17.00
Urinalysis, routine.....	\$ 22.00
Vaginoscopy	\$ 196.00
Vaginoscopy w/cervical biopsy	\$ 283.00
Vaginoscopy with LEEP.....	\$ 678.00
Vasectomy	\$ 498.00
Venipuncture finger/heel/ear stick routine.....	\$ 16.00
Visual field exam(s), limited	\$ 103.00
Virus isolation for test, tissue	\$ 70.00
(c) Family Planning – Community Health Centers See LM 60.840(3), Family Planning Fees	
(d) Immunizations – Community Health Centers See LM 60.840(2)(c), Communicable Disease Fees	
(e) Mental Health – Community Health Centers	

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See LM 60.840(6), General Mental Health Fees

(f)	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 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
	Comprehensive oral evaluation	\$ 80.00
	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

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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 – four or more surfaces, posterior.....	\$ 183.00
Resin-based composite – one surface,	

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	posterior	\$ 86.00
	Resin-based composite – two 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
	Treatment of root canal obstruction; non-surgical access.....	\$ 578.00
	Trigeminal division block anesthesia	\$ 60.00
(g)	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
(h)	Pharmacy	
	Pharmacy Filling Fee.....	\$ 10.00 + acquisition cost

(Revised by Order No. 98-8-12-2, Effective 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; 04-6-30-6, 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)