

W.3.C.1-

AGENDA COVER MEMO

AGENDA DATE: June 11, 2008
TO: Board of County Commissioners
DEPARTMENT: Health & Human Services
PRESENTED BY: Lynise Kjolberg, Administrative Manager



AGENDA TITLE: ORDER _____ / IN THE MATTER OF AMENDING CHAPTER 60 OF LANE MANUAL TO REVISE CERTAIN HEALTH & HUMAN SERVICES FEES (LM 60.840) EFFECTIVE JULY 1, 2008

I. MOTION

ORDER _____ / In The Matter of Amending Chapter 60 of Lane Manual to Revise Certain Health & Human Services Fees (LM 60.840) Effective July 1, 2008

II. AGENDA ITEM SUMMARY

The Board is being asked to approve the Department of Health & Human Services annual Lane Manual fee revision. In this revision, new fees have been added, existing fees have been deleted, renamed, or increased to reflect current service costs and to maximize revenue collection; section names have been updated to clarify current services and division names.

III. BACKGROUND/IMPLICATIONS OF ACTION

A. Board Action and Other History

The last annual fee schedule revision for the Department of Health & Human Services was completed in June 2007. There have not been any interim revisions.

B. Policy Issues

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

C. Board Goals

The request for annual revisions of department fees aligns with the adopted strategic plan of Lane County. Section D2, identify and recover user fees and

directs Lane County to establish and collect fair and reasonable fees for our services. Fees will be based on cost, including reasonable allocations of overhead. In addition, sliding-fee scales based on income will be established for essential services. Health & Human Services annually reviews the fees listed in the Lane Manual. Staff have calculated the cost of providing the services and adjusted fees accordingly. Additions or deletions of fees are done as provided services change.

D. Financial and/or Resource Considerations

Generally, fees charged and collected by this department are determined by different jurisdictions or other outside factors. In some cases, fees are set by state statute or administrative rule. Fees are also set by the Oregon Health Plan reimbursement schedule, federally supported sliding-fee scales, and state required reduction 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 & Human Services staff have reviewed fees and request that selected fees should be increased to match the cost of providing services and to maximize reimbursements from the state and other sources, other fees have been added or deleted to reflect the services currently provided.

The Finance and Audit Committee reviewed the proposed fee schedule on May 22, 2008.

E. Analysis

Environmental Health is supported primarily by fees collected (97%). They receive roughly 3% from state per-capita funding and zero County General Fund. Personnel expense makes up 78% of the Environmental Health budget. Benefits and services will increase by 6.2% in FY 08/09. Due to cost savings in the Environmental Health materials and services budget, licensing fees have been evaluated and an incremental increase of 4-5% across the board is proposed to balance program costs. Limited Service restaurant fee should be decreased based on the time required to complete. Pool & Spa fee is increasing an additional \$30 above the incremental increase to cover the increased state surcharge cost. Additionally, Lane County is the fourth largest county in the state, yet in comparison, some of our proposed fees are among the lowest in the state. See attachment A.

Environmental Health maintains it's NO FEE policy for benevolent food service organizations. The Environmental Health hourly field rate has also been adjusted and is charged for inspection or consultation time above and beyond the services normally included in the standard fee list.

Proposed Fee Changes

Description	Current Fee	Proposed Fee
Day Care, School, and Group Home Inspections	\$150	\$160
Bed and Breakfast License	\$200	\$209
Temporary Restaurant	\$100 event/month not to exceed \$715 per year (state statute)	\$105 event/month not to exceed \$750 per year (state statute)
Restaurants		
0-15 seats	\$485	\$510
16-50 seats	\$535	\$560
51-150 seats	\$615	\$645
Over 150 seats	\$715	\$745
Limited Service	\$485	\$250
Community Kitchen Non-Profit Food Service	\$105	\$110
Mobile Units	\$195	\$205
Warehouse	\$100	\$105
Commissary	\$195	\$205
Tourists and Travelers		
Motels		
Up to 25 Units	\$190	\$200
26 to 50 Units	\$260	\$270
51 to 75 Units	\$320	\$335
76 to 100 Units	\$385	\$400
101 and over	\$385 plus \$2.85 for each unit over 100	\$400 plus \$2.98 for each unit over 100
RV Parks		
Up to 25 units	\$190 + \$.45 per space	\$200 + \$.50 per space
26 to 50 units	\$260 + \$.45 per space	\$270 + \$.50 per space
51 to 75 units	\$320 + \$.35 per space	\$335 + \$.40 per space
76 to 100 units	\$385 + \$.35 per space	\$400 + \$.40 per space
101 and over	\$385 + \$3.15 per each space over 100	\$400 + \$3.30 per each space over 100
Temporary Campgrounds		
Up to 25 units	\$80	\$85
26 to 50 units	\$115	\$120
51 to 75 units	\$140	\$145
76 to 100 units	\$170	\$180
101 and over	\$170 + \$1.35 for each unit over 100	\$180 + \$1.40 for each unit over 100
Bed and Breakfast Lodging	\$65	\$70

Description	Current Fee	Proposed Fee
Hostel		
1 – 10 beds	\$75	\$80
11 + beds	\$135	\$140
Organizational Camps	\$215	\$225
Picnic Parks	\$95	\$100
Public Swimming Pools	\$250	\$290
Vending Units		
1-10	\$70	\$75
11-20	\$80	\$85
21-30	\$115	\$120
31-40	\$125	\$130
41-50	\$150	\$155
51-75	\$185	\$195
76-100	\$240	\$250
101-250	\$420	\$440
251-500	\$635	\$665
501-750	\$865	\$905
751-1,000	\$1,055	\$1,100
1,001-1,500	\$1,385	\$1,445
1,501-2,000	\$1,815	\$1,895
Non-refundable Processing Fee	\$25	\$25
Plan Review		
Bed & Breakfast	\$115	\$120
Food Service	\$175	\$185
Swimming Pool		
1 st two construction	\$450	\$470
Addt'l construction	\$115	\$120
Tourist Accommodations	\$170	\$180
Loan Review: Rural Water/Sewage systems	\$200	\$210
Inspection/Consultation beyond normal inspections	\$128/hour field rate	\$135/hour field rate

Mental Health and Alcohol, Drug, and Offenders programs propose to increase existing fees shared between the programs to cover increased costs, including indirect charges. Personnel and materials & services expenses have increased 17%. The request fee increase is 15%, which would cover most of the increased cost. Mental Health charges their clients on a sliding-fee scale based on income and Alcohol, Drug, and Offenders charge their clients a flat monthly fee. As a result, this fee increase will have minimal impact on self-pay clients. The following services are no longer provided and can be deleted: Intake, Oral Medications supplied, and Physical Exam fees under Mental Health.

Proposed Fee Changes

Description	Current Fee	Proposed Fee
Physician/Psychiatrist – Adult	\$250	\$288
Physician/Psychiatrist – Child	\$275	\$316
Psychiatric Nurse Practitioner - Adult	\$200	\$230
Psychiatric Nurse Practitioner – Child	\$220	\$253
Therapist/Nurse	\$120	\$138
Daily Structure & Support	\$40	\$46
Group Screening/Therapy	\$50	\$58
Injections	\$18	\$20
Intake	\$120	\$138
Interpretive Services – Oral/Sign	\$40	\$46
Methadone Courtesy Dose	\$10	\$15
Methadone Courtesy Dose/Set-up	\$15	\$20
Personal Assessment, Care, Delegation by RN only	\$30	\$35
Plethysmograph, All Types	\$80 - \$200	Actual Cost
Psycho-Educational Services	\$60	\$69
Report Preparation	\$60	\$69
Self-Help Peer Services	\$60	\$69
Skills Training, Group	\$40	\$46
Skills Training, Individual	\$120	\$138
Oral Medications Supplied, Methadone Each dose	\$7	\$8
Physical Exam, Antabuse	\$25	\$29
Physical Exam, Limited	\$35	\$40
Physical Exam, General	\$85	\$98
Physical Exam, with Lab Work	\$95	\$109

Developmental Disabilities requests to add an **Adult Foster Training Materials** fee of **\$15**. The state provides the initial copies of the required training manual. The Developmental Disabilities office may provide additional copies and

requests to charge a fee to cover the cost of the materials. The materials include a two-hundred page notebook and a set of four DVD's.

F. Alternative / Options

1. To approve the proposed fee adjustment and appropriate 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.

IV. TIMING/IMPLEMENTATION

Fees would become effective July 1, 2008. Budget adjustments for FY 2008/2009 would be processed during the first supplemental process in FY 2008/2009.

V. RECOMMENDATION

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

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

VI. FOLLOW-UP

Health & Human Services staff will work with program staff to implement the approved fee changes and add the proposed increased revenue to the next supplemental budget process.

VII. ATTACHMENT

Board Order
Attachment A
Lane Manual

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, 2008

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

INSERT THIS SECTION

60.840
as located on pages 60-21 through 60-45
(a total of 25 pages)

60.840
as located on pages 60-21 through 60-44
(a total of 25 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, 2008.

Adopted this _____ day of _____ 2008.

Chair, Lane County Board of Commissioners

APPROVED AS TO FORM

Date 5/19/08 Lane County

[Handwritten Signature]

OFFICE OF LEGAL COUNSEL

Food Program-Licensing Fees

County	Full Service Restaurants				Other Food Service			
	0-15 seats	16-50 seats	51-150 seats	151+ seats	Limited Service	B&B	Commissary	Warehouse
Baker	\$367.50	\$414.75	\$472.50	\$525.00	\$210.00	\$157.50	\$262.50	\$105.00
Benton	*	*	*	*	*	*	*	*
Clackamas	\$395.00	\$455.00	\$525.00	\$595.00	\$235.00	\$175.00	\$300.00	\$100.00
Clatsop	\$395.00	\$440.00	\$510.00	\$555.00	\$225.00	\$170.00	\$280.00	\$115.00
Columbia	\$374.00	\$425.00	\$491.00	\$546.00	\$231.00	\$165.00	\$241.00	\$118.00
Coos	\$411.00	\$509.00	\$586.00	\$631.00	\$262.00	\$263.00	\$290.00	\$109.00
Crook	\$375.00	\$425.00	\$475.00	\$525.00	\$210.00	\$160.00	\$265.00	\$105.00
Curry	\$645.00	\$760.00	\$875.00	\$875+\$4.5/seat	\$440.00	\$250.00	\$385.00	\$260.00
Deschutes	\$540.00	\$565.00	\$690.00	\$770.00	\$440.00	\$310.00	\$305.00	\$160.00
Douglas	\$385.00	\$413.00	\$450.00	\$500.00	\$220.00	\$220.00	\$250.00	\$100.00
Gilliam	*	*	*	*	*	*	*	*
Grant**	\$367.50	\$414.75	\$472.50	\$525.00	\$210.00	\$157.50	\$262.50	\$105.00
Harney**	\$367.50	\$414.75	\$472.50	\$525.00	\$210.00	\$157.50	\$262.50	\$105.00
Hood River	\$350.00	\$395.00	\$450.00	\$500.00	\$200.00	\$150.00	\$225.00	\$100.00
Jackson	\$450.00	\$500.00	\$550.00	\$600.00	\$275.00	\$180.00	\$275.00	\$200.00
Jefferson	*	*	*	*	*	*	*	*
Josephine	\$441.00	\$498.00	\$567.00	\$600.00	*	\$189.00	\$315.00	\$126.00
Klamath**	\$391.00	\$440.00	\$502.00	\$559.00	\$222.00	\$167.00	\$278.00	\$111.00
Lake	\$367.50	\$414.75	\$472.50	\$525.00	\$210.00	\$157.50	*	*
Lane	\$510.00	\$560.00	\$645.00	\$745.00	\$250.00	\$210.00	\$205.00	\$105.00
Lincoln	*	*	*	*	*	*	*	*
Linn	\$375.00	\$450.00	\$500.00	\$550.00	\$160.00	\$160.00	\$330.00	\$80-\$160
Malheur	\$367.50	\$414.75	\$472.50	\$525.00	\$210.00	\$157.50	\$262.50	\$105.00
Marion	*	*	*	*	*	*	*	*
Morrow	\$405.00	\$455.00	\$520.00	\$575.00	\$230.00	\$175.00	\$290.00	\$115.00
Multnomah	\$350.00	\$465.00	\$555.00	\$650.00	\$220.00	\$170.00	\$335.00	\$190.00
Polk	\$345.00	\$375.00	\$440.00	\$500.00	\$200.00	\$155.00	\$250.00	\$120.00
Sherman	*	*	*	*	*	*	*	*
Tillamook	\$367.50	\$414.75	\$472.50	\$525.00	*	\$345.00	\$180.00	\$125.00
Umatilla	\$405.00	\$455.00	\$520.00	\$575.00	\$230.00	\$175.00	\$290.00	\$115.00
Union**	\$422.63	\$476.96	\$543.38	\$603.75	\$241.50	\$181.13	\$301.88	\$120.75
Wallowa	\$367.50	\$414.75	\$472.50	\$525.00	\$210.00	\$157.50	\$262.50	\$105.00
Wasco	*	*	*	*	*	*	*	*
Washington	\$450.00	\$507.00	\$564.00	\$677.00	\$337.00	\$285.00	\$398.00	\$288.00
Wheeler	*	*	*	*	*	*	*	*
Yamhill	\$415.00	\$468.00	\$533.00	\$592.00	\$237.00	\$176.00	\$237.00	\$108.00

Food Program-Licensing Fees

County	Mobile Food Unit				Temporary Restaurant		
	Class I	Class II	Class III	Class IV	Benevolent (Admin. Fee)	For Profit	Two + Day Event
Baker	\$131.50	\$131.50	\$131.50	\$131.50	\$0.00	\$36.75	\$52.50
Benton	*	*	*	*	*	*	*
Clackamas	\$155.00	\$210.00	\$220.00	\$230.00	*	\$99.00	-
Clatsop	\$140.00	\$140.00	\$140.00	\$140.00	\$45.00	\$55.00	\$55.00
Columbia	\$144.00	\$147.00	\$159.00	\$176.00	\$29.00	\$69.00	\$77.00
Coos	\$165.00	\$165.00	\$219.00	\$219.00	\$0.00	\$118.00	\$118.00
Crook	\$135.00	\$135.00	\$135.00	\$135.00	\$5.00	\$40.00	\$55.00
Curry	\$300.00	\$300.00	\$300.00	\$645.00	\$50.00	\$175.00	-
Deschutes	\$170.00	\$195.00	\$250.00	\$280.00	\$15.00	\$120.00	\$120.00
Douglas	\$165.00	\$165.00	\$165.00	\$165.00	*	\$66.00	\$66.00
Gilliam	*	*	*	*	*	*	*
Grant**	\$131.50	\$131.50	\$131.50	\$131.50	\$0.00	\$36.75	\$52.50
Harney**	\$131.50	\$131.50	\$131.50	\$131.50	\$0.00	\$36.75	\$52.50
Hood River	\$125.00	\$125.00	\$125.00	\$125.00	\$10.00	\$65.00	\$65.00
Jackson	\$245.00	\$245.00	\$290.00	\$290.00	\$11.00	\$100.00	\$100.00
Jefferson	*	*	*	*	*	*	*
Josephine	\$158.00	\$158.00	\$158.00	\$158.00	\$0.00	\$60.00	\$60.00
Klamath**	\$140.00	\$140.00	\$140.00	\$140.00	*	\$79.00	\$79.00
Lake	\$131.50	\$131.50	\$131.50	\$131.50	*	\$36.75	\$52.50
Lane	\$205.00	\$205.00	\$205.00	\$205.00	\$20.00	\$105.00	\$105.00
Lincoln	\$250.00	\$250.00	\$250.00	\$250.00	*	\$105.00	\$160.00
Linn	\$160.00	\$160.00	\$265.00	\$375.00	\$10.00	\$90-\$130	*
Malheur	\$131.50	\$131.50	\$131.50	\$131.50	\$0.00	\$36.75	\$52.50
Marion	*	*	*	*	*	*	*
Morrow	\$145.00	\$145.00	\$145.00	\$145.00	\$40.00	\$55.00	\$55.00
Multnomah	\$250.00	\$250.00	\$250.00	\$250.00	\$50.00	\$105.00	\$160.00
Polk	\$145.00	\$145.00	\$145.00	\$145.00	\$15.00	\$100.00	\$100.00
Sherman	*	*	*	*	*	*	*
Tillamook	\$131.50	\$131.50	\$131.50	\$131.50	\$0.00	\$95.00	\$95.00
Umatilla	\$145.00	\$145.00	\$145.00	\$145.00	\$40.00	\$55.00	\$55.00
Union**	\$151.23	\$151.23	\$151.23	\$151.23	*	\$42.26	\$60.38
Wallowa	\$131.50	\$131.50	\$131.50	\$131.50	*	\$36.75	\$52.50
Wasco	*	*	*	*	*	*	*
Washington	\$333.00	\$333.00	\$388.00	\$443.00	\$33.00	\$152.00	\$152.00
Wheeler	*	*	*	*	*	*	*
Yamhill	\$173.00	\$173.00	\$200.00	\$220.00	\$30.00	\$118.00	*

Food Program-Licensing Fees

Vending

County	1-10 units	11-20 units	21-30 units	31-40 units	41-50 units	51-75 units	76-100 units	101-250 units	251-500 units	501-750 units	751-1000 units	1001-1500 units
Baker	\$26.25	-	-	-	-	-	-	-	-	-	-	-
Benton	*	*	*	*	*	*	*	*	*	*	*	*
Clackamas	\$31.00	\$63.00	\$94.00	\$125.00	\$150.00	\$188.00	\$252.00	\$441.00	\$693.00	\$920.00	\$1,159.00	\$1,500.00
Clatsop	\$26.25	\$52.50	\$78.75	\$105.00	\$131.25	\$157.50	\$210.00	\$367.50	\$577.50	\$787.50	-	-
Columbia	\$60.00	\$101.00	-	-	-	-	-	-	-	-	-	-
Coos	*	*	*	*	*	*	*	*	*	*	*	*
Crook	\$25.00	\$50.00	\$75.00	\$100.00	\$125.00	-	-	-	-	-	-	-
Curry	\$128.00	\$225.00	\$260.00	\$327.00	\$456.00	\$620.00	\$1,050.00	-	-	-	-	-
Deschutes	\$100.00	\$130.00	\$160.00	\$200.00	\$230.00	-	-	-	-	-	-	-
Douglas	\$110.00	\$110.00	\$110.00	\$110.00	\$220.00	\$220.00	\$275.00	\$375.00	\$575.00	-	-	-
Gilliam	*	*	*	*	*	*	*	*	*	*	*	*
Grant**	\$26.25	\$52.50	\$78.75	\$105.00	\$131.25	\$157.50	\$210.00	\$367.50	\$577.50	\$787.50	-	-
Harney**	\$26.25	\$52.50	\$78.75	\$105.00	\$131.25	\$157.50	\$210.00	\$367.50	\$577.50	\$787.50	-	-
Hood River	\$25.00	\$50.00	\$75.00	\$100.00	\$125.00	\$150.00	\$200.00	\$350.00	\$550.00	\$750.00	-	-
Jackson	\$200.00	\$200.00	\$200.00	\$200.00	\$305.00	\$305.00	\$375.00	\$375.00	\$375.00	\$375.00	\$375.00	\$375.00
Jefferson	*	*	*	*	*	*	*	*	*	*	*	*
Josephine	\$32.00	\$63.00	-	-	-	-	-	-	-	-	-	-
Klamath**	\$91.00	\$179.00	\$270.00	\$361.00	\$450.00	\$540.00	\$722.00	\$1,266.00	\$1,701.00	\$1,926.00	-	-
Lake	\$26.50	\$52.50	\$78.31	\$105.00	\$131.25	-	-	-	-	-	-	-
Lane	\$75.00	\$85.00	\$120.00	\$130.00	\$155.00	\$195.00	\$250.00	\$440.00	\$665.00	\$905.00	\$1,100.00	\$1,445.00
Lincoln	*	*	*	*	*	*	*	*	*	*	*	*
Linn	\$125.00	\$180.00	\$220.00	\$265.00	\$315.00	\$375.00	\$420.00	-	-	-	-	-
Malheur	\$26.25	-	-	-	-	-	-	-	-	-	-	-
Marion	*	*	*	*	*	*	*	*	*	*	*	*
Morrow	\$30.00	\$60.00	\$85.00	\$115.00	\$140.00	\$170.00	\$230.00	\$400.00	\$635.00	\$865.00	-	-
Multnomah	\$45.00	\$90.00	\$135.00	\$180.00	\$220.00	\$265.00	\$355.00	\$620.00	\$970.00	\$1,325.00	\$1,680.00	\$2,295.00
Polk	\$30.00	\$57.00	\$86.00	\$115.00	\$145.00	\$170.00	-	-	-	-	-	-
Sherman	*	*	*	*	*	*	*	*	*	*	*	*
Tillamook	*	*	*	*	*	*	*	*	*	*	*	*
Umatilla	\$30.00	\$60.00	\$85.00	\$115.00	\$140.00	\$170.00	\$230.00	\$400.00	\$635.00	\$865.00	-	-
Union**	\$52.50	\$78.75	\$105.00	\$131.25	\$157.50	\$210.00	\$367.50	\$577.50	\$787.50	-	-	-
Wallowa	\$26.25	\$52.50	\$78.75	\$105.00	\$131.25	\$157.50	\$210.00	\$367.50	\$577.50	\$787.50	-	-
Wasco	*	*	*	*	*	*	*	*	*	*	*	*
Washington	\$288.00	\$398.00	\$509.00	\$619.00	\$730.00	\$840.00	\$951.00	\$1,062.00	\$1,172.00	\$1,283.00	\$1,393.00	\$1,504.00
Wheeler	*	*	*	*	*	*	*	*	*	*	*	*
Yamhill	\$185.00	*	*	*	*	\$275.00	*	*	*	*	*	*

Food Program-Plan Review Fees

County	Full Service	Limited Service	Remodel	Mobile Unit	Commissary	Warehouse
Baker	\$250	\$75	\$100	\$75	\$125	\$50
Benton	*	*	*	*	*	*
Clackamas	\$250-\$450	\$250	\$250	\$150-\$250	\$150	\$99
Clatsop	\$270	\$85	\$110	\$85	\$135	\$60
Columbia	\$268	\$114	\$137	\$132	\$171	\$84
Coos	\$260	\$150	\$195	\$179	\$200	\$50
Crook	\$275	\$100	\$125	\$100	\$125	\$50
Curry	\$450.00	\$450.00	\$450.00	\$450.00	\$450.00	\$450.00
Deschutes	\$410	*	\$240	\$175-\$240	*	*
Douglas	\$60	\$75	\$100	\$75	\$75	\$75
Gilliam	*	*	*	*	*	*
Grant**	\$250	\$75	\$100	\$75	\$125	\$50
Harney**	\$250	\$75	\$100	\$75	\$125	\$50
Hood River	\$225	\$100	\$100	\$100	\$100	\$50
Jackson	\$250	*	\$95	\$250	\$250	\$250
Jefferson	*	*	*	*	*	*
Josephine	\$300	*	*	\$90	\$150	\$60
Klamath**	\$287	\$120	\$160	\$120	\$145	\$80
Lake	\$250.00	\$75.00	\$100.00	\$75.00	\$125.00	\$50.00
Lane	\$165	\$165	\$165	\$205	\$205	\$105.00
Lincoln	*	*	*	*	*	*
Linn	\$265	\$130	\$75-\$130	\$265	\$265	\$75
Malheur	\$250	\$75	\$100	\$75	\$125	\$50
Marion	*	*	*	*	*	*
Morrow	\$275	\$80	\$110	\$80	\$135	\$55
Multnomah	\$375	*	\$310	\$290	\$375	*
Polk	\$210	\$75	\$80	\$75	\$125	\$50
Sherman	*	*	*	*	*	*
Tillamook	\$250	\$250	\$100	\$130	\$130	\$130
Umatilla	\$275	\$80	\$110	\$80	\$135	\$55
Union**	\$287.50	\$86.25	\$115.00	\$86.25	\$143.75	\$57.50
Wallowa	\$250	\$75	\$100	\$75	\$125	\$50
Wasco	*	*	*	*	*	*
Washington	\$449-\$576	\$298	\$270-\$298	\$298-\$383	\$449	\$298
Wheeler	*	*	*	*	*	*
Yamhill	\$300	*	\$120	\$120	\$300	*

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	\$ 11.00
Gonococcal test.....	\$ 16.00
Gram Stain	\$ 11.00
Hepatic Function Study	lab cost plus \$ 11.00 specimen collection fee
HIV Expedited Testing (non-deferrable).....	lab cost plus \$ 11.00 specimen collection fee
Premarital Assessment (non-deferrable).....	\$ 21.00
Sexually Transmitted Disease, lab test-urine (non-deferrable).....	lab cost plus \$ 11.00 specimen collection fee
Specimen Collection & Shipping	\$ 11.00
Tuberculin Skin Tests.....	\$ 15.00
VDRL	\$ 10.00
Wet Mount/KOH	\$ 10.00
(c) Treatment/Medications-Communicable Disease	
Administration of Vaccine/Medication	\$ 15.00
Condom(s), (all types).....	acquisition cost
Gamma Globulin for Hepatitis Close Contact.....	acquisition cost plus \$15.00 admin fee plus office visit
Immunizations	acquisition cost plus \$15.00 admin fee
Nystatin Cream.....	acquisition cost plus office visit
Other Medications	acquisition cost plus office visit
Vaginal Yeast Cream.....	acquisition cost plus office visit

(3) Maternal Child Health Fees. Maternal Child Health (MCH) promotes optimal health of pregnant women, infants, and children. Fees for 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
Flouride Only.....	\$ 14.00
Home Visit.....	\$ 150.00
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
(4) <u>Environmental Health Program Fees.</u>	
Fees are collected by Lane County, and are collected at the time of licensing, a portion of which is forwarded to the Department of Human Services/Health Services per ORS 624.510(2), ORS 446.425(2) and ORS 448.100(2).	
Inspection Fees	
Correctional Institution Inspections.....	\$ 160.00
Day Care Inspections.....	\$ 160.00
Fraternities/Sororities	\$ 160.00
School Inspections.....	\$ 160.00
Group Care Home Inspections.....	\$ 160.00
Mobile Units Licensed by Another Jurisdiction..	\$ 30.00
Licensing Fees	
Food Service Fees	
Bed and Breakfast.....	\$ 209.00 ^{1/2}
Benevolent Temporary Restaurant	
Administrative Fee.....	\$ 20.00
Food Handler Testing Fee	\$ 10.00
Duplicate.....	\$ 5.00
Temporary Restaurant	\$ 105.00/event ³
Grouping of Six or More, Recurring	\$ 105.00/month,not to exceed \$750.00 per year

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 \$100 per month for each month of delinquency beyond the 30-day period noted above.

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 25 percent of the license fee in addition to the license fee.

Restaurants

Full Service

0-15 Seats.....	\$ 510.00 ^{4/5}
16-50 Seats.....	\$ 560.00 ^{6/7}
51-150 Seats.....	\$ 645.00 ^{8/9}
Over 150 Seats.....	\$ 745.00 ^{10/11}
Limited Service.....	\$ 250.00 ^{12/13}
Community Kitchen Non-Profit Food Service	\$ 110.00 ^{14/15}
Mobile Units.....	\$ 205.00
Warehouse	\$ 105.00
Commissary	\$ 205.00

Tourists and Travelers

Motels

Up to 25 units.....	\$ 200.00 ¹⁶
26 to 50 units.....	\$ 270.00 ¹⁷
51 to 75 units.....	\$ 335.00 ¹⁸
76 to 100 units.....	\$ 400.00 ¹⁹
101 and over.....	\$ 400.00 ²⁰ plus \$2.98 for each unit over 100

RV Parks

Up to 25 units.....	\$ 200.00 plus \$.50 per space ²¹
26 to 50 units.....	\$ 270.00 plus \$.50 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.

51 to 75 units.....	\$ 335.00 plus \$.40 per space ²³
76 to 100 units.....	\$ 400.00 plus \$.40 per space ²⁴
101 and over.....	\$ 400.00 plus \$3.30 per each space over 100
Temporary - Campgrounds	
Up to 25 units.....	\$ 85.00
26 to 50 units.....	\$ 120.00
51 to 75 units.....	\$ 145.00
76 to 100 units.....	\$ 180.00
101 and over.....	\$ 180.00 plus \$1.40 for each unit over 100
Bed and Breakfast.....	\$ 70.00 ²⁵
Hostel 1-10 beds	\$ 80.00 ²⁶
11+ beds.....	\$ 140.00 ²⁷
Organizational Camps	\$ 225.00 ²⁸
Picnic Park	\$ 100.00 ²⁹
Public Swimming Pools, Spa Pools.....	\$ 290.00
Vending Units	
1-10	\$ 75.00
11-20	\$ 85.00
21-30	\$ 120.00
31-40	\$ 130.00
41-50	\$ 155.00
51-75	\$ 195.00
76-100	\$ 250.00
101-250	\$ 440.00
251-500	\$ 665.00
501-750	\$ 905.00
751-1,000	\$1,100.00
1,001-1,500	\$1,445.00
1,501-2,000	\$1,895.00
Nonrefundable Processing Fee	\$ 25.00
Plan Review	
Bed and Breakfast Plan Review	\$ 120.00
Food Service Plan Review/Opening Inspection ..	\$ 185.00
Swimming Pools, Wading Pools and Spa Pools (Construction Permit and Plan Review)	
Includes first two construction Inspections	\$ 470.00
Additional Construction Inspections (each)	\$ 120.00
Tourist Accommodations Plan Review	\$ 180.00

²² See #16.

²³ See #16.

²⁴ See #16.

²⁵ See #16.

²⁶ See #16.

²⁷ See #16.

²⁸ See #16.

²⁹ See #16.

(b) Methadone and Evaluation Unit Fees

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

Physician/Psychiatrist.....	\$ 288.00/hour
Psychiatric Nurse Practitioner.....	\$ 230.00/hour
Therapist/Nurse.....	\$ 138.00/hour
Client Requested Court Appearance.....	\$ 120.00/hour
Correction Evaluations.....	\$ 150.00/session
DUII/Corrections Re-Referral.....	\$ 45.00/case
Group Screening.....	\$ 58.00/hour
Group Therapy/Sessions.....	\$ 58.00/hour
Injections/Dose.....	\$ 18.00 flat fee
Intake.....	\$ 138.00/hour
Intensive Care Monitoring.....	\$ 60.00/case
Interpretive Services-Oral/Sign.....	\$ 46.00/hour
Lab Work, Excluding Urinalysis.....	Actual Lab Fees
Methadone Courtesy Dose.....	\$ 15.00
Methadone Courtesy Dosing/Set-Up.....	\$ 20.00 flat fee
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.....	\$ 8.00/dose
Replacement Bottle, Methadone.....	\$ 3.00
Physical Exam, Antabuse.....	\$ 29.00
Physical Exam, Limited.....	\$ 40.00
Physical Exam, General.....	\$ 98.00
Physical Exam, with Lab Work.....	\$ 109.00
Physician/Psychiatrist Services.....	\$ 288.00
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
Psychiatric Nurse Practitioner Services.....	\$ 230.00
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
Report Preparation-Client Request.....	\$ 60.00
Report Preparation-Simple Duplication.....	\$ 15.00
Standard Case Monitoring.....	\$ 30.00/case
Therapist or Nursing Services.....	\$ 138.00/hour
Includes: Individual and Family Counseling, Case Management, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations and Assessments	
Urinalysis	
Testing and Collection and Handling.....	\$ 11.00 plus actual lab fee
Collection and Handling Only.....	\$ 11.00

Loan Reviews:

Rural Water/Sewage Systems.....	\$ 210.00
Other Inspection/Consultation above and beyond normal inspections.....	\$ 135.00/hour

(5) Behavioral Health Services.

(a) General Mental Health Fees.

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

Physician/Psychiatrist.....	\$ 288.00/hour
Psychiatric Nurse Practitioner.....	\$ 230.00/hour
Therapist/Nurse.....	\$ 138.00/hour
Client Requested Court Appearance.....	\$ 138.00/hour
Client Medical Records Request.....	\$ 20.00 flat fee plus \$.25 per page copy charge as specified in LM 60.830

Daily Structure & Support.....	\$ 46.00/hour
Group Screening.....	\$ 58.00/hour
Group Therapy/Sessions.....	\$ 58.00/hour
Injections.....	\$ 20.00 flat fee
Interpretive Services-Oral/Sign.....	\$ 46.00/hour
Lab Work, All Types.....	Actual Cost
Money Management Fee.....	\$ 10.00/month
Personal Assessment by RN Only.....	\$ 35.00
Personal Care Reassessment by RN Only.....	\$ 35.00
Personal Care Delegation by RN Only.....	\$ 35.00

Physician/Psychiatric

Includes: Individual and Family Counseling, Case Management Professional Consultation, Medication Management, Evaluations and Assessments

Adult.....	\$ 288.00/hour
Child.....	\$ 316.00/hour

Plethysmograph, All Types.....	Actual Cost
Polygraph, All Types.....	Actual Cost

Psychiatric Nurse Practitioner Services

Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments

Adult.....	\$ 230.00/hour
Child.....	\$ 253.00/hour

Psycho-Educational Services.....	\$ 69.00/hour
Report Preparation.....	\$ 69.00
Report Preparation-Simple Duplication.....	\$ 15.00
Self-Help/Peer Services.....	\$ 69.00/hour
Skills Training, Group.....	\$ 46.00/hour
Skills Training, Individual.....	\$ 138.00/hour
Therapist or Nursing Services.....	\$ 138.00/hour

Includes: Individual and Family Counseling, Case Management, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations, Assessments, Child and Family Team Meetings, and Level of Needs Determination

(b) Methadone and Evaluation Unit Fees

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

Physician/Psychiatrist.....	\$ 288.00/hour
Psychiatric Nurse Practitioner.....	\$ 230.00/hour
Therapist/Nurse.....	\$ 138.00/hour
Client Requested Court Appearance.....	\$ 120.00/hour
Correction Evaluations.....	\$ 150.00/session
DUII/Corrections Re-Referral.....	\$ 45.00/case
Group Screening.....	\$ 58.00/hour
Group Therapy/Sessions.....	\$ 58.00/hour
Injections/Dose.....	\$ 18.00 flat fee
Intake.....	\$ 138.00/hour
Intensive Care Monitoring.....	\$ 60.00/case
Interpretive Services-Oral/Sign.....	\$ 46.00/hour
Lab Work, Excluding Urinalysis.....	Actual Lab Fees
Methadone Courtesy Dose.....	\$ 15.00
Methadone Courtesy Dosing/Set-Up.....	\$ 20.00 flat fee
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.....	\$ 8.00/dose
Replacement Bottle, Methadone.....	\$ 3.00
Physical Exam, Antabuse.....	\$ 29.00
Physical Exam, Limited.....	\$ 40.00
Physical Exam, General.....	\$ 98.00
Physical Exam, with Lab Work.....	\$ 109.00
Physician/Psychiatrist Services.....	\$ 288.00
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
Psychiatric Nurse Practitioner Services.....	\$ 230.00
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
Report Preparation-Client Request.....	\$ 60.00
Report Preparation-Simple Duplication.....	\$ 15.00
Standard Case Monitoring.....	\$ 30.00/case
Therapist or Nursing Services.....	\$ 138.00/hour
Includes: Individual and Family Counseling, Case Management, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations and Assessments	
Urinalysis	
Testing and Collection and Handling.....	\$ 11.00 plus actual lab fee
Collection and Handling Only.....	\$ 11.00

- (6) **Parole & Probation Fees**
 - 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

- (7) **Family Mediation**
 - Parent Education Class..... \$ 45.00/Attendee

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

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

Community Health Centers Sliding Scale (“flat fee”) Fee Discount Scale

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

No patient will be denied access to services simply due to an inability to pay for services. However patients “unwilling-to-pay,” may be denied services. Willingness to pay is defined as taking appropriate steps to ensure payment for services rendered.

Patients will be expected to comply with the efforts of registration staff members to ascertain the existence of any third-party insurance coverage a patient may possess, or otherwise appropriately document said patient's inability to pay for services.

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, 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
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) Immunizations – Community Health Centers See LM 60.840(2)(c), Communicable Disease Fees	
(d) Mental Health – Community Health Centers See LM 60.840(5a), General Mental Health Fees	
(e) Dental Services – Community Health Centers	
Add clasp to existing partial denture	\$ 107.00
Add tooth to existing partial denture	\$ 71.00
Adjust complete denture - mandibular	\$ 40.00
Adjust complete denture - maxillary	\$ 40.00
Adjust partial denture - mandibular.....	\$ 43.00
Adjust partial denture - maxillary.....	\$ 43.00
Amalgam- three surface, primary or permanent..	\$ 124.00
Amalgam-four or more surfaces, primary or permanent.....	\$ 141.00
Amalgam-one surface, primary or permanent.....	\$ 81.00
Amalgam-primary-1 surface.....	\$ 66.00
Amalgam-primary-2 surfaces.	\$ 78.00
Amalgam-primary-3 surfaces.	\$ 93.00
Amalgam-primary-4 or more surfaces.....	\$ 115.00
Amalgam-two surface, primary or permanent.....	\$ 102.00
Apexification / recalcification – initial visit	\$ 238.00
Apexification / recalcification – interim medication replacement	\$ 119.00

Apexification/recalcification – final visit	\$ 108.00
Bitewings-four films.....	\$ 29.00
Bitewing-single film.....	\$ 12.00
Bitewings-two films	\$ 24.00
Child prophylaxis with fluoride	\$ 50.00
Child prophylaxis without fluoride	\$ 36.00
Complete denture - mandibular	\$ 774.00
Complete denture - maxillary	\$ 774.00
Composite resin crown-primary-anterior	\$ 205.00
Composite-permanent-posterior - 1 surface	\$ 80.00
Composite-permanent-posterior -2 surfaces.....	\$ 130.00
Composite-permanent-posterior - 3 or more surfaces	\$ 175.00
Composite-primary-posterior - 1 surface.....	\$ 81.00
Composite-primary-posterior - 2 surfaces.....	\$ 97.00
Composite-primary-posterior - 3 or more surfaces	\$ 154.00
Crown buildup, including any pins.....	\$ 107.00
Crown buildup-with retentive post	\$ 143.00
Endonic Therapy- Anterior (excluding final restoration)	\$ 321.00
Endonic Therapy- Bicuspid (excluding final restoration)	\$ 369.00
Endonic Therapy- Molar (excluding final restoration)	\$ 464.00
Excision of pericoronal gingiva.....	\$ 175.00
Extraction of Roots/Per Tooth.....	\$ 125.00
Extraction/Per Additional Tooth.....	\$ 85.00
Extraction/Single Tooth.....	\$ 90.00
Extraoral-each additional film.....	\$ 31.00
Extraoral-first film.....	\$ 40.00
Full mouth debridement to enable perio evaluation	\$ 107.00
I.V. Sedation.....	\$ 240.00
Immediate denture - mandibular.....	\$ 774.00
Immediate denture - maxillary.....	\$ 774.00
Incision and drainage of abscess-extraoral soft tissue.....	\$ 90.00
Incision and drainage of abscess-intraoral soft tissue.....	\$ 149.00
Incomplete endodontic therapy; inoperable or fractured tooth.....	\$ 228.00
Interim complete denture (mandibular).....	\$ 238.00
Interim complete denture (maxillary).....	\$ 238.00
Interim partial denture (mandibular)	\$ 351.00
Interim partial denture (maxillary)	\$ 338.00
Intraoral-complete series (including bitewings) ..	\$ 67.00
Intraoral-occlusal film	\$ 10.00
Intraoral-periapical-each additional film	\$ 12.00
Intraoral-periapical-first film	\$ 21.00
Labial veneer-composite-chairside.....	\$ 250.00
Local anesthesia.....	\$ 111.00
Local anesthesia not in conjunction with	

operative or surgical procedures.....	\$ 111.00
Mandibular partial denture - cast metal framework with resin denture bases	\$ 774.00
Mandibular partial denture - resin base	\$ 774.00
Maxillary partial denture - cast metal framework with resin denture bases	\$ 774.00
Maxillary partial denture - resin base	\$ 774.00
Nitrous Oxide Anesthesia/Per Time Unit Charge	\$ 19.00
Oral Evaluation (limited).....	\$ 31.00
Oral Evaluation (comprehensive).....	\$ 80.00
Palliative (emergency) treatment of dental pain – minor procedure.....	\$ 98.00
Panoramic film	\$ 50.00
Periodontal maintenance procedures	\$ 71.00
Periodontal scaling + root planing-per quadrant..	\$ 138.00
Prophylaxis-ADULT-with fluoride treatment.....	\$ 82.00
Pin retention-per tooth, in addition to restoration	\$ 48.00
Prefabricated resin crown	\$ 133.00
Prefabricated stainless steel crown – permanent tooth.....	\$ 168.00
Prefabricated stainless steel crown – primary tooth	\$ 160.00
Prophylaxis-ADULT-normal or full dentition.....	\$ 81.00
Pulp cap – direct (excluding final restoration).....	\$ 55.00
Pulp cap – indirect (excluding final restoration) .	\$ 55.00
Pulp vitality tests	\$ 35.00
Pulpal debridement, primary and permanent teeth	\$ 102.00
Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$ 102.00
Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$ 102.00
Rebase complete mandibular denture.....	\$ 379.00
Rebase complete maxillary denture.....	\$ 379.00
Rebase mandibular partial denture	\$ 379.00
Rebase maxillary partial denture	\$ 379.00
Recement crown	\$ 59.00
Recement inlay	\$ 60.00
Recementation of space maintainer	\$ 60.00
Regional block anesthesia.....	\$ 60.00
Reline complete mandibular denture (chairside) .	\$ 71.00
Reline complete mandibular denture (laboratory)	\$ 238.00
Reline complete maxillary denture (chairside)....	\$ 71.00
Reline complete maxillary denture (laboratory)..	\$ 238.00
Reline mandibular partial denture (chairside)	\$ 71.00
Reline mandibular partial denture (laboratory) ...	\$ 238.00
Reline maxillary partial denture (chairside)	\$ 71.00
Reline maxillary partial denture (laboratory)	\$ 238.00
Removable unilateral partial denture – one piece cast metal.....	\$ 52.00
Removal of impacted tooth – completely bony ...	\$ 343.00

Removal of impacted tooth – completely bony, with unusual surgical complications	\$ 386.00
Removal of impacted tooth – partially bony	\$ 279.00
Removal of impacted tooth – soft tissue.....	\$ 206.00
Repair broken complete denture base.....	\$ 71.00
Repair cast framework.....	\$ 71.00
Repair or replace broken clasp	\$ 119.00
Repair resin denture base.....	\$ 71.00
Replace broken teeth-per tooth.....	\$ 71.00
Replace missing or broken teeth-complete denture (each tooth).....	\$ 71.00
Resin-based – 4 or more surfaces or involving incisal angel (anterior)	\$ 180.00
Resin based composite – 1 surface, anterior.....	\$ 86.00
Resin based composite – 2 surfaces, anterior	\$ 116.00
Resin-based composite – 3 surfaces, anterior	\$ 149.00
Resin-based composite – 4 or more surfaces, posterior.....	\$ 183.00
Resin-based composite – 1 surface, posterior.....	\$ 86.00
Resin-based composite – 2 surfaces, posterior	\$ 116.00
Resin-based composite crown, anterior	\$ 162.00
Retreatment of previous root canal/Molar	\$ 238.00
Retreatment of previous root canal/Premolar	\$ 238.00
Retreatment of root canal therapy/Anterior	\$ 238.00
Sealant – per tooth	\$ 42.00
Sedative filling.....	\$ 64.00
Space maintainer-fixed-bilateral.....	\$ 214.00
Space maintainer-fixed-unilateral.....	\$ 167.00
Space maintainer-removable-bilateral	\$ 193.00
Space maintainer-removable-unilateral	\$ 162.00
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/ or section of tooth.....	\$ 190.00
Surgical removal of residual tooth roots (cutting procedure).....	\$ 256.00
Suture of recent small wounds up to 5 cm.....	\$ 139.00
Temporary crown	\$ 130.00
Therapeutic pulpotomy (excluding final restoration) – removal of pulp	\$ 107.00
Tissue conditioning, mandibular	\$ 62.00
Tissue conditioning, maxillary	\$ 62.00
Topical application of fluoride-ADULT-no prophylaxis	\$ 28.00
Topical application of fluoride only, child	\$ 14.00
Treatment of root canal obstruction; non-surgical access.....	\$ 578.00
Trigeminal division block anesthesia	\$ 60.00
(f) Medication & Supplies	
Activity therapy	\$ 15.00
Drawing blood for specimen	\$ 10.00
Limited Dental Exam.....	\$ 23.00

	Midazolam HCL, per 1 mg., injection.....	\$ 18.00
	Training & Education Services.....	\$ 46.00
	Visit for drug monitoring.....	\$ 38.00
(g)	Pharmacy	
	Pharmaceutical Company Drug Assistance	
	Program Application Fee.....	\$ 5.00
	Pharmacy Filing Fee.....	\$ 10.00 + acquisition cost

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

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

- Annual Renewal..... \$ 50.00
- (iii) Dangerous Behavior Class C Violator (annual) \$ 25.00
- (m) Handling and impound fees for unwanted animals:
 - Single Animal (adult dog/cat)..... \$ 40.00
 - Litter (under four months of age)..... \$ 40.00
 - Disposal for unwanted animals \$ 20.00
 - Euthanasia requests (dog or cat, including disposal)..... \$ 50.00
 - Feral cat euthanasia and disposal \$ 20.00
- (n) Adoption Fees (does not include cost of neutering animal):
 - Dog, includes one-year license, microchip and registration, collar and lead \$ 35.00
 - Cat, includes ID tag, collar, cardboard carrier, microchip and registration..... \$ 35.00
- (o) Late Fee for failing to renew dog license before it becomes delinquent \$ 10.00
- (p) Review Hearing Fee \$ 50.00
- (q) The Lane County Animal Services Manager or designee shall have

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

(10) Developmental Disabilities.

Adult Foster Care Training Materials \$ 15.00

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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
 FORMAT**

60.840

Lane Manual

60.840

	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.....	\$ 11.00
	Gonococcal test.....	\$ 16.00
	Gram Stain.....	\$ 11.00
	Hepatic Function Study	lab cost plus \$ 11.00 specimen collection fee
	HIV Expedited Testing (non-deferrable).....	lab cost plus \$ 11.00 specimen collection fee
	Premarital Assessment (non-deferrable).....	\$ 21.00
	Sexually Transmitted Disease, lab test-urine (non-deferrable).....	lab cost plus \$ 11.00 specimen collection fee
	Specimen Collection & Shipping	\$ 11.00
	Tuberculin Skin Tests.....	\$ 15.00
	VDRL	\$ 10.00
	Wet Mount/KOH.....	\$ 10.00
(c)	Treatment/Medications-Communicable Disease	
	Administration of Vaccine/Medication	\$ 15.00
	Condom(s), (all types)	acquisition cost
	Gamma Globulin for Hepatitis Close Contact.....	acquisition cost plus \$15.00 admin fee plus office visit
	Immunizations	acquisition cost plus \$15.00 admin fee
	Nystatin Cream.....	acquisition cost plus office visit
	Other Medications	acquisition cost plus office visit
	Vaginal Yeast Cream.....	acquisition cost plus office visit

(3) Maternal Child Health Fees. Maternal Child Health (MCH) promotes optimal health of pregnant women, infants, and children. Fees for 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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

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
Flouride Only.....	\$ 14.00
Home Visit.....	\$ 150.00
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

(4) Environmental Health Program Fees.

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

Inspection Fees

Correctional Institution Inspections.....	\$ 160.00
Day Care Inspections.....	\$150 160.00
Fraternities/Sororities	\$ 160.00
School Inspections.....	\$150 160.00
Group Care Home Inspections.....	\$150 160.00
Mobile Units Licensed by Another Jurisdiction..	\$ 30.00

Licensing Fees

Food Service Fees

Bed and Breakfast.....	\$200 209.00 ^{1/2}
Benevolent Temporary Restaurant	
Administrative Fee.....	\$ 20.00
Food Service Workers Permit Handler Testing Fee	\$ 10.00
Duplicate.....	\$ 5.00

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 \$100 per month for each month of delinquency beyond the 30-day period noted above.

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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840 Lane Manual

**LEGISLATIVE
FORMAT**

60.840

to	Temporary Restaurant..... \$100105.00/event ³ Grouping of Six or More, Recurring \$100105.00/month,not exceed \$715750.00 per year Restaurants Full Service 0-15 Seats..... \$485 510.00 ^{4/5} 16-50 Seats..... \$535 560.00 ^{6/7} 51-150 Seats..... \$615 645.00 ^{8/9} Over 150 Seats..... \$715 745.00 ^{10/11} Limited Service..... \$485 250.00 ^{12/13} Community Kitchen Non-Profit Food Service \$105 110.00 ^{14/15} Mobile Units..... \$195 205.00 Warehouse \$100 105.00 Commissary \$195 205.00 Tourists and Travelers Motels Up to 25 units..... \$190 200.00 ¹⁶ 26 to 50 units..... \$260 270.00 ¹⁷ 51 to 75 units..... \$320 335.00 ¹⁸ 76 to 100 units..... \$385 400.00 ¹⁹
----	--

³ Any person failing to apply for a temporary restaurant permit prior to the day of the event shall pay a penalty fee of ~~50-25~~ percent of the license fee in addition to the license fee.

⁴ See #11.
⁵ See #22.
⁶ See #11.
⁷ See #22.
⁸ See #11.
⁹ See #22.
¹⁰ See #11.
¹¹ See #22.
¹² See #11.
¹³ See #22.
¹⁴ See #11.
¹⁵ See #22.

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 #1616.
¹⁸ See #1616.
¹⁹ See #1616.

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

101 and over.....	\$385 400.00 ²⁰	plus
	\$2.85 98	for each unit over 100
RV Parks		
Up to 25 units.....	\$190 200.00	plus
	\$.45 50	per space ²¹
26 to 50 units.....	\$260 270.00	plus
	\$.45 50	per space ²²
51 to 75 units.....	\$320 335.00	plus
	\$.35 40	per space ²³
76 to 100 units.....	\$ 385.00 400	plus
	\$.35 40	per space ²⁴
101 and over.....	\$385 400.00	plus \$3.15
	30 30	per each space over 100
Temporary - Campgrounds		
Up to 25 units.....	\$80 85.00	
26 to 50 units.....	\$115 120.00	
51 to 75 units.....	\$140 145.00	
76 to 100 units.....	\$170 180.00	
101 and over.....	\$170 180.00	plus \$1.35
	40 40	for each unit over 100
Bed and Breakfast.....	\$65 70.00 ²⁵	
Hostel 1-10 beds	\$75 80.00 ²⁶	
11+ beds.....	\$135 140.00 ²⁷	
Organizational Camps	\$215 225.00 ²⁸	
Picnic Park	\$95 100.00 ²⁹	
Public Swimming Pools, Spa Pools.....	\$250 290.00	
Vending Units		
1-10	\$70 75.00	
11-20.....	\$80 85.00	
21-30.....	\$115 120.00	
31-40.....	\$125 130.00	

²⁰ See #1623.
²¹ See #1623.
²² See #1623.
²³ See #1623.
²⁴ See #1623.
²⁵ See #1623.
²⁶ See #1623.
²⁷ See #1623.
²⁸ See #1623.
²⁹ See #1623.

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.840

Lane Manual

60.840

41-50	\$150155.00
51-75	\$185195.00
76-100	\$240250.00
101-250	\$420440.00
251-500	\$635665.00
501-750	\$865905.00
751-1,000	\$1,0551,100.00
1,001-1,500	\$1,3851,445.00
1,501-2,000	\$1,8151,895.00
Nonrefundable Processing Fee	\$ 25.00

Plan Review

Bed and Breakfast Plan Review	\$115120.00
Food Service Plan Review/Opening Inspection ..	\$175185.00
Swimming Pools, Wading Pools and Spa Pools (Construction Permit and Plan Review)	
Includes first two construction Inspections	\$450470.00
Additional Construction Inspections (each)	\$115120.00
Tourist Accommodations Plan Review	\$170180.00

Loan Reviews:

Rural Water/Sewage Systems	\$200210.00
Other Inspection/Consultation above and beyond normal inspections	\$128135.00/hour

(5) ~~General Mental Health Fees~~ **Behavioral Health Services.**

(a) **General Mental Health Fees.**

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

Physician/Psychiatrist.....	\$250288.00/hour
Psychiatric Nurse Practitioner	\$200230.00/hour
Therapist/Nurse	\$120138.00/hour
Client Requested Court Appearance	\$120138.00/hour
Client Medical Records Request	\$ 20.00 flat fee plus \$.25 per page copy charge as specified in LM 60.830
Daily Structure & Support.....	\$ 4046.00/hour
Group Screening	\$ 5058.00/hour
Group Therapy/Sessions	\$ 5058.00/hour
Injections/Dose.....	\$1820.00 flat fee
Intake.....	\$ 110.00/hour
Interpretive Services-Oral/Sign.....	\$4046.00/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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60,840

Personal Assessment by RN Only.....	\$3035.00	
Personal Care Reassessment by RN Only.....	\$3035.00	
Personal Care Delegation by RN Only.....	\$3035.00	
Physical Exam Limited.....	\$ 35.00	
Physical Exam General.....	\$ 45.00	
Physician/Psychiatric		
Includes: Individual and Family Counseling, Case Management Professional Consultation, Medication Management, Evaluations and Assessments		
Adult	\$250 288.00 /hour	
Child	\$275 316.00 /hour	
Plethysmograph, Full Assessment All Types	Actual	Cost\$
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, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments		
Adult	\$200 230.00 /hour	
Child	\$220 253.00 /hour	
Psycho-Educational Services	\$6069.00/hour	
Report Preparation.....	\$6069.00	
Report Preparation-Simple Duplication	\$ 15.00	
Self-Help/Peer Services.....	\$6069.00/hour	
Skills Training, Group.....	\$4046.00/hour	
Skills Training, Individual.....	\$120138.00/hour	
Therapist or Nursing Services	\$120138.00/hour	
Includes: Individual and Family Counseling, Case Management, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations, Assessments, Child and Family Team Meetings, and Level of Needs Determination		

(6) ~~Alcohol and Drug Fees.~~ (b) **Methadone and Evaluation Unit**

Fees

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

Physician/Psychiatrist.....	\$250 288.00 /hour
Psychiatric Nurse Practitioner	\$200 230.00 /hour
Therapist/Nurse	\$120 138.00 /hour
Client Requested Court Appearance	\$ 120.00/hour
Correction Evaluations	\$ 150.00/session
DUII/Corrections Re-Referral.....	\$ 45.00/case
Group Screening.....	\$50 58.00 /hour
Group Therapy/Sessions	\$50 58.00 /hour
Injections/Dose.....	\$ 18.00 flat fee
Intake.....	\$120 138.00 /hour

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.840

Lane Manual

60.840

Intensive Care Monitoring	\$ 60.00/case
Interpretive Services-Oral/Sign	\$40 46.00 /hour
Lab Work, Excluding Urinalysis	Actual Lab Fees
Methadone Courtesy Dose	\$10 15.00
Methadone Courtesy Dosing/Set-Up	\$15 20.00 flat fee
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	\$ 8.00 /dose
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 29.00
Physical Exam, Limited	\$35 40.00
Physical Exam, General	\$85 98.00
Physical Exam, with Lab Work	\$95 109.00
Physician/Psychiatrist Services	\$250 288.00
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
Psychiatric Nurse Practitioner Services	\$200 230.00
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
Report Preparation-Client Request	\$ 60.00
Report Preparation-Simple Duplication	\$ 15.00
Standard Case Monitoring	\$ 30.00/case
Therapist or Nursing Services	\$120 138.00 /hour
Includes: Individual and Family Counseling, Case Management, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations and Assessments	
Urinalysis	
Testing and Collection and Handling	\$ 11.00 plus actual lab fee
Collection and Handling Only	\$ 11.00
(76) <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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

Positive Urinalysis	\$ 30.00/flat fee
Program Participation	\$ 5.00/session
Supervision Fees	\$ 35.00/monthly

(87) Family Mediation

Parent Education Class.....	\$ 45.00/Attendee
-----------------------------	-------------------

(98) 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 based on the sliding fee schedule. Patients will be required to pay a nominal or minimum fee even if they fall below 100% of the Federal Poverty Level. Patients below 100% of the federal poverty level pay a minimum fee and those between 100% and 200% of the federal poverty level pay a discounted sliding fee. Fees for lab, pharmacy and durable medical equipment and supplies may be added to the minimum fee and/or discounted fee.

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

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

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

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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

	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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

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

At right margin indicates changes
Bold indicates material being added
~~Strike through~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

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.....	\$ 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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

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

At right margin indicates changes
Bold indicates material being added
~~Strike through~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

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) Immunizations – Community Health Centers See LM 60.840(2)(c), Communicable Disease Fees	
(d) Mental Health – Community Health Centers See LM 60.840(65a), General Mental Health Fees	
(e) Dental Services – Community Health Centers	
Add clasp to existing partial denture	\$ 107.00
Add tooth to existing partial denture	\$ 71.00
Adjust complete denture - mandibular	\$ 40.00
Adjust complete denture - maxillary	\$ 40.00
Adjust partial denture - mandibular.....	\$ 43.00

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

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
Crown buildup, including any pins.....	\$ 107.00
Crown buildup-with retentive post.....	\$ 143.00
Endonic Therapy- Anterior (excluding final restoration)	\$ 321.00
Endonic Therapy- Bicuspid (excluding final restoration)	\$ 369.00
Endonic Therapy- Molar (excluding final restoration)	\$ 464.00
Excision of pericoronal gingiva.....	\$ 175.00
Extraction of Roots/Per Tooth.....	\$ 125.00
Extraction/Per Additional Tooth.....	\$ 85.00
Extraction/Single Tooth.....	\$ 90.00
Extraoral-each additional film	\$ 31.00
Extraoral-first film.....	\$ 40.00
Full mouth debridement to enable perio evaluation	\$ 107.00
I.V. Sedation.....	\$ 240.00
Immediate denture - mandibular.....	\$ 774.00
Immediate denture - maxillary.....	\$ 774.00
Incision and drainage of abscess-extraoral soft tissue	\$ 90.00

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

Incision and drainage of abscess-intraoral soft tissue	\$ 149.00
Incomplete endodontic therapy; inoperable or fractured tooth	\$ 228.00
Interim complete denture (mandibular)	\$ 238.00
Interim complete denture (maxillary)	\$ 238.00
Interim partial denture (mandibular)	\$ 351.00
Interim partial denture (maxillary)	\$ 338.00
Intraoral-complete series (including bitewings) ..	\$ 67.00
Intraoral-occlusal film	\$ 10.00
Intraoral-periapical-each additional film	\$ 12.00
Intraoral-periapical-first film	\$ 21.00
Labial veneer-composite-chairside	\$ 250.00
Local anesthesia.....	\$ 111.00
Local anesthesia not in conjunction with operative or surgical procedures.....	\$ 111.00
Mandibular partial denture - cast metal framework with resin denture bases	\$ 774.00
Mandibular partial denture - resin base	\$ 774.00
Maxillary partial denture - cast metal framework with resin denture bases	\$ 774.00
Maxillary partial denture - resin base	\$ 774.00
Nitrous Oxide Anesthesia/Per Time Unit Charge	\$ 19.00
Oral Evaluation (limited).....	\$ 31.00
Oral Evaluation (comprehensive).....	\$ 80.00
Palliative (emergency) treatment of dental pain – minor procedure	\$ 98.00
Panoramic film	\$ 50.00
Periodontal maintenance procedures	\$ 71.00
Periodontal scaling + root planing-per quadrant..	\$ 138.00
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

At right margin indicates changes
Bold indicates material being added
~~Strike through~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

Rebase mandibular partial denture	\$ 379.00
Rebase maxillary partial denture	\$ 379.00
Recement crown	\$ 59.00
Recement inlay	\$ 60.00
Recementation of space maintainer	\$ 60.00
Regional block anesthesia.....	\$ 60.00
Reline complete mandibular denture (chairside).	\$ 71.00
Reline complete mandibular denture (laboratory)	\$ 238.00
Reline complete maxillary denture (chairside)....	\$ 71.00
Reline complete maxillary denture (laboratory)..	\$ 238.00
Reline mandibular partial denture (chairside)	\$ 71.00
Reline mandibular partial denture (laboratory) ...	\$ 238.00
Reline maxillary partial denture (chairside)	\$ 71.00
Reline maxillary partial denture (laboratory)	\$ 238.00
Removable unilateral partial denture – one piece cast metal.....	\$ 52.00
Removal of impacted tooth – completely bony ...	\$ 343.00
Removal of impacted tooth – completely bony, with unusual surgical complications.....	\$ 386.00
Removal of impacted tooth – partially bony	\$ 279.00
Removal of impacted tooth – soft tissue.....	\$ 206.00
Repair broken complete denture base.....	\$ 71.00
Repair cast framework.....	\$ 71.00
Repair or replace broken clasp	\$ 119.00
Repair resin denture base.....	\$ 71.00
Replace broken teeth-per tooth.....	\$ 71.00
Replace missing or broken teeth-complete denture (each tooth).....	\$ 71.00
Resin-based – 4 or more surfaces or involving incisal angel (anterior).....	\$ 180.00
Resin based composite – 1 surface, anterior.....	\$ 86.00
Resin based composite – 2 surfaces, anterior	\$ 116.00
Resin-based composite – 3 surfaces, anterior	\$ 149.00
Resin-based composite – 4 or more surfaces, posterior.....	\$ 183.00
Resin-based composite – 1 surface, posterior.....	\$ 86.00
Resin-based composite – 2 surfaces, posterior	\$ 116.00
Resin-based composite crown, anterior	\$ 162.00
Retreatment of previous root canal/Molar	\$ 238.00
Retreatment of previous root canal/Premolar	\$ 238.00
Retreatment of root canal therapy/Anterior	\$ 238.00
Sealant – per tooth	\$ 42.00
Sedative filling.....	\$ 64.00
Space maintainer-fixed-bilateral.....	\$ 214.00
Space maintainer-fixed-unilateral.....	\$ 167.00
Space maintainer-removable-bilateral	\$ 193.00
Space maintainer-removable-unilateral	\$ 162.00
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of	

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840

**LEGISLATIVE
FORMAT**

Lane Manual

60.840

	bone and/ or section of tooth	\$ 190.00
	Surgical removal of residual tooth roots (cutting procedure)	\$ 256.00
	Suture of recent small wounds up to 5 cm.....	\$ 139.00
	Temporary crown	\$ 130.00
	Therapeutic pulpotomy (excluding final restoration) – removal of pulp	\$ 107.00
	Tissue conditioning, mandibular	\$ 62.00
	Tissue conditioning, maxillary	\$ 62.00
	Topical application of fluoride-ADULT-no prophylaxis	\$ 28.00
	Topical application of fluoride only, child	\$ 14.00
	Treatment of root canal obstruction; non-surgical access	\$ 578.00
	Trigeminal division block anesthesia	\$ 60.00
(f)	Medication & Supplies	
	Activity therapy	\$ 15.00
	Drawing blood for specimen	\$ 10.00
	Limited Dental Exam.....	\$ 23.00
	Midazolam HCL, per 1 mg., injection.....	\$ 18.00
	Training & Education Services.....	\$ 46.00
	Visit for drug monitoring.....	\$ 38.00
(g)	Pharmacy	
	Pharmaceutical Company Drug Assistance Program Application Fee.....	\$ 5.00
	Pharmacy Filing Fee.....	\$ 10.00 + acquisition cost

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

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

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted
60.840 Lane Manual

**LEGISLATIVE
FORMAT**

60.840

- (ii) Voluntary cat registration, One Year
 - Regular..... \$ 8.00
 - Neutered..... \$ 4.00
- (e) Duplicate license..... \$ 2.00
- (f) Noncommercial kennel license..... \$ 150.00
(\$50 of this fee to be used for educational, marketing, and spay/neuter purposes)
- (g) Commercial kennel license..... \$ 250.00
(\$50 of this fee to be used for educational, marketing, and spay/neuter purposes)
- (h) Commercial breeding kennel \$ 350.00
(\$50 of this fee to be used for educational, marketing, and spay/neuter purposes)
- (i) Impoundment
 - First incident..... \$ 25.00
 - Second incident..... \$ 50.00
 - Third and subsequent incidents \$ 100.00
- (j) Daily care (per day maximum) \$ 10.00
- (k) Watchdog permits..... \$ 25.00
- (l) Dangerous dog additional license and supervision fee
 - (i) Dangerous Behavior Class A Violator
 - First Year..... \$ 200.00
 - Annual Renewal \$ 100.00
 - (ii) Dangerous Behavior Class B Violator
 - First Year..... \$ 100.00
 - Annual Renewal \$ 50.00
 - (iii) Dangerous Behavior Class C Violator (annual) \$ 25.00
- (m) Handling and impound fees for unwanted animals:
 - Single Animal (adult dog/cat)..... \$ 40.00
 - Litter (under four months of age) \$ 40.00
 - Disposal for unwanted animals..... \$ 20.00
 - Euthanasia requests (dog or cat, including disposal) \$ 50.00
 - Feral cat euthanasia and disposal..... \$ 20.00
- (n) Adoption Fees (does not include cost of neutering animal):
 - Dog, includes one-year license, microchip and registration, collar and lead..... \$ 35.00
 - Cat, includes ID tag, collar, cardboard carrier, microchip and registration \$ 35.00
- (o) Late Fee for failing to renew dog license before it becomes delinquent \$ 10.00
- (p) Review Hearing Fee \$ 50.00
- (q) The Lane County Animal Services Manager or designee shall have

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

(10) Developmental Disabilities.

Adult Foster Care Training Materials \$ 15.00

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