

BEFORE THE BOARD OF COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO: 13-10-29-02

**IN THE MATTER OF AMENDING
CHAPTER 60 OF THE LANE MANUAL
TO IMPLEMENT, REVISE AND
DELETE FEES TO BE CHARGED BY
THE COUNTY [LM 60.840]**

WHEREAS, the Lane County Board of Commissioners has the authority to approve amendments to the Lane Manual;

WHEREAS, certain changes to Lane Manual Chapter 60 are desired to implement, revise and delete the fee schedule for Lane County Health and Human Services (60.840);

NOW, THEREFORE, IT IS HEREBY ORDERED, that Lane Manual Chapter 60 is amended by removing, substituting and adding the following sections:

REMOVE THESE SECTIONS

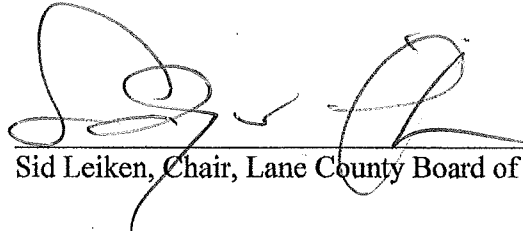
60.840

INSERT THESE SECTIONS

60.840

Amended section 60.840 is attached hereto and incorporated herein by reference.

ADOPTED this 29th day of October, 2013.



Sid Leiken, Chair, Lane County Board of Commissioners

APPROVED AS TO FORM

Date 10-18-13 Lane County



OFFICE OF LEGAL COUNSEL

At left 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.	\$ 100.00
Established Patient–Prevention	\$ 37.00
New Patient–Prevention	\$ 47.00
New Patient–Problem Focused–Minimal	\$ 42.00
New Patient–Problem Focused–Limited	\$ 53.00
New Patient–Problem Focused–Moderate.....	\$ 84.00
New Patient–Problem Focused–Extensive	\$ 116.00
Off-Site Direct Observation Therapy (DOT)	\$ 26.00
(b) Procedures–Communicable Disease	
Chlamydia test.....	\$ 12.00
Genocoeal test.....	\$ 17.00
Gram Stain.....	\$ 12.00
Hepatic Function Study	lab cost plus
	\$ 12.00 specimen
	collection fee
HIV Expedited Testing	
(non-deferrable)	lab cost plus
	\$ 12.00 specimen
	collection fee
Lab Work.....	lab cost plus
	\$ 12.00 specimen
	collection fee
Premarital Assessment (non-deferrable)	\$ 22.00
Sexually Transmitted Disease, lab test-urine	
(non-deferrable)	lab cost plus
	\$ 12.00 specimen
	collection fee
Specimen Collection & Shipping.....	\$ 12.00
Tuberculin Skin Tests.....	\$ 16.00 21.00
VDRL.....	\$ 11.00
Wet Mount/KOH.....	\$ 11.00
(c) Treatment/Medications–Communicable Disease	
Administration of Vaccine/Medication	\$ 21.00
Condom(s), (all types).....	acquisition cost
Gamma Globulin for Hepatitis Close Contact	acquisition cost
	plus \$21.00 admin
	fee plus office visit
Immunizations.....	acquisition cost plus
	\$21.00 admin fee
Nystatin Cream.....	acquisition cost
	plus office visit
Other Medications	acquisition cost
	plus office visit
Vaginal Yeast Cream	acquisition cost
	plus office visit

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

| At left margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.840

Lane Manual

60.840

Management and Targeted Case Management services are set by the state Dept. of Medical Assistance Program (DMAP). Lane County provides the state documentation of the services provided to each client and is reimbursed based on client eligibility and the fee set by the state.

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

(4) Environmental Health Program Fees.

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

Inspection Fees

Correctional Institution Inspections	\$ 168.00
Day Care Inspections	\$ 168.00
Fraternalities/Sororities.....	\$ 168.00
School Inspections.....	\$ 168.00
Group Care Home Inspections	\$ 168.00
Mobile Units Licensed by Another Jurisdiction...	\$ 32.00

Licensing Fees

Food Service Fees

Bed and Breakfast.....	\$ 220.00 ^{1/2}
Benevolent Temporary Restaurant Administrative Fee	\$ 21.00
Food Handler Testing Fee.....	\$ 10.00
Duplicate	\$ 5.00
Food Handler Accessories	
Certificate, Card & Badge	\$ 15.00
Food Handler Certificate	\$ 5.00
Food Handler Laminated Card.....	\$ 7.00
Food Handler ID Badge	\$ 9.00
Framed Certificate.....	\$ 20.00
Temporary Event Restaurant License	
Single Event.....	\$ 111.00
Intermittent Event up to 30 days.....	\$ 111.00
Seasonal Event Up to 90 days.....	\$ 111.00 ³

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 left margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.840

Lane Manual

60.840

Temporary Restaurant Sanitation Kit.....	\$ 15.00
Restaurants	
Full Service	
0-15 Seats	\$ 536.00 ^{4/5}
16-50 Seats	\$ 588.00 ^{6/7}
51-150 Seats	\$ 678.00 ^{8/9}
Over 150 Seats.....	\$ 783.00 ^{10/11}
Limited Service	\$ 263.00 ^{12/13}
Community Kitchen Non-Profit Food Service.....	\$ 116.00 ^{14/15}
Mobile Units.....	\$ 216.00
Warehouse.....	\$ 111.00
Commissary.....	\$ 216.00
Tourists and Travelers	
Motels	
Up to 25 units.....	\$ 211.00 ¹⁶
26 to 50 units	\$ 284.00 ¹⁷
51 to 75 units	\$ 352.00 ¹⁸
76 to 100 units	\$ 420.00 ¹⁹
101 and over	\$ 420.00 ²⁰ plus \$3.00 for each unit over 100

³ Operational Review is Required prior to Intermittent and Seasonal Licenses

⁴ See Footnote #18.

⁵ See Footnote #29.

⁶ See Footnote #18.

⁷ See Footnote #29.

⁸ See Footnote #18.

⁹ See Footnote #29.

¹⁰ See Footnote #18.

¹¹ See Footnote #29.

¹² See Footnote #18.

¹³ See Footnote #29.

¹⁴ See Footnote #18.

¹⁵ See Footnote #29.

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 Footnote #1623.

¹⁸ See Footnote #1623.

¹⁹ See Footnote #1623.

²⁰ See Footnote #1623.

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

**LEGISLATIVE
FORMAT**

60.840

Lane Manual

60.840

RV Parks

Up to 25 units.....	\$ 210.00 plus \$.53 per space ²¹
26 to 50 units	\$ 284.00 plus \$.53 per space ²²
51 to 75 units	\$ 352.00 plus \$.42 per space ²³
76 to 100 units	\$ 420.00 plus \$.42 per space ²⁴
101 and over	\$ 420.00 plus \$3.47 per each space over 100

~~Temporary~~ Short Term Campgrounds (valid for 90 days)

Up to 25 units.....	\$90.00 <u>plus \$1.50</u> <u>per each space over</u> <u>100</u>
26 to 50 units	\$ 126.00
51 to 75 units	\$ 153.00
76 to 100 units	\$ 189.00
101 and over	\$ 189.00 plus \$1.47 for each unit over 100

Bed and Breakfast.....	\$ 74.00 ²⁵
Hostel 1-10 beds	\$ 84.00 ²⁶
11+ beds.....	\$ 147.00 ²⁷

Organizational Camps	\$ 237.00 ²⁸
Picnic Park	\$ 105.00 ²⁹
Public Swimming Pools, Spa Pools	\$ 273.00

Vending Units

1-10	\$ 79.00
11-20	\$ 90.00
21-30	\$ 126.00
31-40	\$ 137.00
41-50	\$ 163.00
51-75	\$ 205.00
76-100.....	\$ 263.00
101-250.....	\$ 462.00
251-500.....	\$ 699.00
501-750.....	\$ 951.00

²¹ See Footnote #1623.

²² See Footnote #1623.

²³ See Footnote #1623.

²⁴ See Footnote #1623.

²⁵ See Footnote #1623.

²⁶ See Footnote #1623.

²⁷ See Footnote #1623.

²⁸ See Footnote #1623.

²⁹ See Footnote #1623.

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

LEGISLATIVE FORMAT

60.840

Lane Manual

60.840

751-1,000.....	\$1,155.00
1,001-1,500.....	\$1,518.00
1,501-2,000.....	\$1,990.00
Nonrefundable Processing Fee.....	\$ 27.00
Plan Review	
Bed and Breakfast Plan Review	\$ 126.00
Food Service Plan Review/Opening Inspection...	\$ 195.00
Temporary Event Restaurant Operational Review	\$ 72.00 ³⁰
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	\$ 189.00
Loan Reviews:	
Rural Water/Sewage Systems	\$ 221.00
Other Inspection/Consultation above and beyond normal inspections.....	\$ 142.00/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	\$ 345.00/hour
Psychiatric Nurse Practitioner	\$ 275.00/hour
Therapist/Nurse	\$ 165.00/hour
Client Requested Court Appearance	\$ 165.00/hour
Client Medical Records Request	\$ 20.00 flat fee plus \$.25 per page copy charge as specified in LM 2.163
Daily Structure & Support	\$ 55.00/hour
Group Screening	\$ 90.00/hour
Group Therapy/Sessions	\$ 90.00/hour
Injections	\$ 25.00 flat fee
Interpretive Services- Oral/Sign	\$ 46.00/hour
Lab Work, All Types	Actual Cost
Money Management Fee	\$ 10.00/month
Personal Assessment by RN Only	\$ 35.00
Personal Care Reassessment by RN Only	\$ 35.00
Personal Care Delegation by RN Only	\$ 35.00
Physician/Psychiatric	
Includes: Individual and Family Counseling, Case Management Professional Consultation, Medication Management, Evaluations and Assessments	
Adult	\$ 345.00/hour
Child	\$ 380.00/hour
Plethysmograph, All Types	Actual Cost

³⁰ Required prior to Intermittent and Seasonal Licenses

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

**LEGISLATIVE
FORMAT**

60.840

Lane Manual

60.840

_____ Polygraph, All Types	Actual Cost
_____ Psychiatric Nurse Practitioner Services	
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
_____ Adult	\$ 275.00/hour
_____ Child	\$ 335.00/hour
_____ Psycho-Educational Services	\$ 69.00/hour
_____ Report Preparation	\$ 69.00
_____ Report Preparation Simple Duplication	\$ 15.00
_____ Self Help/Peer Services	\$ 75.00/hour
_____ Skills Training, Group	\$ 55.00/hour
_____ Skills Training, Individual	\$ 165.00/hour
_____ Therapist or Nursing Services	\$ 165.00/hour
Includes: Individual and Family Counseling, Case Management, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations, Assessments, Child and Family Team Meetings, and Level of Needs Determination	
_____ (b) Methadone and Evaluation Unit Fees	
_____ All missed appointments, unexcused, will be charged for 1 hour of service at the applicable rate:	
_____ Physician/Psychiatrist	\$ 345.00/hour
_____ Psychiatric Nurse Practitioner	\$ 275.00/hour
_____ Therapist/Nurse	\$ 165.00/hour
_____ Client Requested Court Appearance	\$ 165.00/hour
_____ Correction Evaluations	\$ 150.00/session
_____ DUI/Corrections Re Referral	\$ 45.00/case
_____ Group Screening	\$ 90.00/hour
_____ Group Therapy/Sessions	\$ 90.00/hour
_____ Injections/Dose	\$ 20.00 flat fee
_____ Intake	\$ 165.00/hour
_____ Intensive Care Monitoring	\$ 60.00/case
_____ Interpretive Services Oral/Sign	\$ 46.00/hour
_____ Lab Work, Excluding Urinalysis	Actual Lab Fees
_____ Methadone Courtesy Dose	\$ 15.00
_____ Methadone Courtesy Dosing/Set Up	\$ 20.00 flat fee
_____ Oral Medications Supplied, Methadone Only	\$ 8.00/dose
_____ Replacement Bottle, Methadone	\$ 3.00
_____ Physical Exam, Antabuse	\$ 29.00
_____ Physical Exam, Limited	\$ 40.00
_____ Physical Exam, General	\$ 98.00
_____ Physical Exam, with Lab Work	\$ 109.00
_____ Physician/Psychiatrist Services	\$ 345.00
Includes: Individual and Family Counseling, Case Management, Professional Consultation,	

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

**LEGISLATIVE
FORMAT**

60.840

Lane Manual

60.840

Medication Management, Evaluations and Assessments	
Psychiatric Nurse Practitioner Services	\$ 275.00
Includes: Individual and Family Counseling, Case Management, Professional Consultation, Medication Management, Evaluations and Assessments	
Report Preparation-Client Request	\$ 60.00
Report Preparation-Simple Duplication.....	\$ 15.00
Standard Case Monitoring	\$ 30.00/case
Therapist or Nursing Services.....	\$ 165.00/hour
Includes: Individual and Family Counseling, Case Management, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations and Assessments	
Urinalysis	
Testing and Collection and Handling.....	\$ 11.00 plus
actual lab fee	
Collection and Handling Only.....	\$ 11.00

(65) Family Mediation

Parent Education Class \$ 60.00/Attendee

(76) 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.

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

**LEGISLATIVE
FORMAT**

60.840

Lane Manual

60.840

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

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

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

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

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

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

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

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

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

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

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

LEGISLATIVE FORMAT

60.840

Lane Manual

60.840

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

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

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

The Community Health Center uses a conversion factor of ~~\$47.51~~49.41.

The RVU values can be found on the Medicare web-site (July 20143):
<http://www.cms.gov/PhysicianFeeSched/PFSRVF/list.asp?sortByDID=1a&submit=Go&filterType=none&filterByDID=99&sortOrder=ascending&intNumPerPage=10>
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html?redirect=/physicianfeesched>

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

Community Health Fees

(a) Office Visits. Fees for Community Health Centers are determined using the conversion factor of ~~\$47.51~~49.41 x RVU for each procedure as explained above.

(b) Medical Services. Fees for Community Health Centers are determined using the conversion factor of ~~\$47.51~~49.41 x RVU for procedure as explained above.

(c) Immunizations – Community Health Centers

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

(d) Behavioral Health Services. Fees for Behavioral Health Services are determined using the conversion factor of \$49.71 x RVU for each procedure as explained above.

Client Medical Records Request.....	\$ 20.00 flat fee plus
	\$.25 per page copy charge
	as specified in LM 2.163
Money Management Fee.....	\$ 15.00/month
Methadone Courtesy Dose.....	\$ 15.00
Methadone Courtesy Dosing/Set-Up	\$ 20.00 flat fee
MTP Self-Pay monthly Fee	\$ 315
Oral Medications Supplied, Methadone Only.....	\$ 9.00/dose
Replacement Bottle, Methadone	\$ 3.00

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

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

**LEGISLATIVE
FORMAT**

60.840

Lane Manual

60.840

Add tooth to existing partial denture.....	\$ 71.00
Adjust complete denture - mandibular	\$ 40.00
Adjust complete denture - maxillary	\$ 40.00
Adjust partial denture - mandibular.....	\$ 43.00
Adjust partial denture - maxillary	\$ 43.00
Amalgam- three surface, primary or permanent...	\$ 124.00
Amalgam-four or more surfaces, primary or permanent	\$ 141.00
Amalgam-one surface, primary or permanent.....	\$ 81.00
Amalgam-primary-1 surface.	\$ 66.00
Amalgam-primary-2 surfaces.....	\$ 78.00
Amalgam-primary-3 surfaces.....	\$ 93.00
Amalgam-primary-4 or more surfaces.	\$ 115.00
Amalgam-two surface, primary or permanent.....	\$ 102.00
Apexification / recalcification – initial visit	\$ 238.00
Apexification / recalcification – interim medication replacement	\$ 119.00
Apexification/recalcification – final visit	\$ 108.00
Bitewings-four films	\$ 29.00
Bitewing-single film.....	\$ 12.00
Bitewings-two films	\$ 24.00
Child prophy with fluoride	\$ 50.00
Child prophy without fluoride.....	\$ 36.00
Complete denture - mandibular	\$ 774.00
Complete denture - maxillary	\$ 774.00
Composite resin crown-primary-anterior	\$ 205.00
Composite-permanent-posterior - 1 surface.....	\$ 80.00
Composite-permanent-posterior -2 surfaces	\$ 130.00
Composite-permanent-posterior - 3 or more surfaces	\$ 175.00
Composite-primary-posterior - 1 surface	\$ 81.00
Composite-primary-posterior - 2 surfaces.....	\$ 97.00
Composite-primary-posterior - 3 or more surfaces	\$ 154.00
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

| At left margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.840

Lane Manual

60.840

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
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

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

LEGISLATIVE FORMAT

60.840

Lane Manual

60.840

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

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

**LEGISLATIVE
FORMAT**

60.840

Lane Manual

60.840

	Retreatment of previous root canal/Premolar.....	\$ 238.00
	Retreatment of root canal therapy/Anterior.....	\$ 238.00
	Sealant – per tooth.....	\$ 42.00
	Sedative filling	\$ 64.00
	Space maintainer-fixed-bilateral	\$ 214.00
	Space maintainer-fixed-unilateral	\$ 167.00
	Space maintainer-removable-bilateral.....	\$ 193.00
	Space maintainer-removable-unilateral.....	\$ 162.00
	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/ or section of tooth	\$ 190.00
	Surgical removal of residual tooth roots (cutting procedure).....	\$ 256.00
	Suture of recent small wounds up to 5 cm	\$ 139.00
	Temporary crown	\$ 130.00
	Therapeutic pulpotomy (excluding final restoration) – removal of pulp.....	\$ 107.00
	Tissue conditioning, mandibular	\$ 62.00
	Tissue conditioning, maxillary	\$ 62.00
	Topical application of fluoride-ADULT-no prophylaxis.....	\$ 28.00
	Topical application of fluoride only, child.....	\$ 14.00
	Treatment of root canal obstruction; non-surgical access	\$ 578.00
	Trigeminal division block anesthesia.....	\$ 60.00
(f)	Medication & Supplies	
	Activity therapy.....	\$ 15.00
	Drawing blood for specimen	\$ 10.00
	Limited Dental Exam	\$ 23.00
	Midazolam HCL, per 1 mg., injection.....	\$ 18.00
	Training & Education Services	\$ 46.00
	Visit for drug monitoring	\$ 38.00
(g)	Pharmacy	
	Pharmaceutical Company Drug Assistance Program Application Fee	\$ 5.00
	Pharmacy Filing Fee.....	\$ 10.00 + acquisition cost

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

(a)	Dog license/Regular	
	One Year	\$ 35.00
	Two Years	\$ 55.00
	Three Years	\$ 70.00
(b)	Dog license/Neutered	
	One Year	\$ 15.00
	Two Years	\$ 25.00

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

**LEGISLATIVE
FORMAT**

60.840

Lane Manual

60.840

	Three Years	\$ 35.00
(e)	(i) Dog license/Regular/senior citizen (65 or over) owner	
	One Year	\$ 35.00
	Two Years	\$ 55.00
	Three Years	\$ 70.00
	(ii) Dog license/Neutered/senior citizen (65 or over) owner	
	One Year	\$ 10.00
	Two Years	\$ 17.00
	Three Years	\$ 25.00
(d)	(i) Voluntary juvenile (under 6 months of age)	
	dog/cat ID registration	\$ 5.00
	(ii) Voluntary cat registration, One Year	
	Regular	\$ 8.00
	Neutered	\$ 4.00
(e)	Duplicate license	\$ 2.00
(f)	Noncommercial kennel license	\$ 150.00
	(\$50 of this fee to be used for educational, marketing, and spay/neuter purposes)	
(g)	Commercial kennel license	\$ 250.00
	(\$50 of this fee to be used for educational, marketing, and spay/neuter purposes)	
(h)	Commercial breeding kennel	\$ 350.00
	(\$50 of this fee to be used for educational, marketing, and spay/neuter purposes)	
(i)	Impoundment	
	First incident	\$ 25.00
	Second incident	\$ 50.00
	Third and subsequent incidents	\$ 100.00
(j)	Daily care (per day maximum)	\$ 12.00
(k)	Watchdog permits	\$ 25.00
(l)	Dangerous dog additional license and supervision fee	
	(i) Dangerous Behavior Class A Violator	
	First Year	\$ 200.00
	Annual Renewal	\$ 100.00
	(ii) Dangerous Behavior Class B Violator	
	First Year	\$ 100.00
	Annual Renewal	\$ 50.00
	(iii) Dangerous Behavior Class C Violator (annual)	\$ 25.00
(m)	Handling and impound fees for unwanted animals:	
	Single Animal (adult dog/cat)	\$ 40.00
	Litter (under four months of age)	\$ 40.00
	Disposal of deceased animal	\$ 25.00
	Euthanasia requests (dog or cat, does not include disposal)	\$ 50.00
(n)	Adoption Fees (includes cost of spay/neutering animal):	
	Dog, includes one-year license, microchip and registration, collar and lead	\$ 130.00
	Cat, includes ID tag, collar, cardboard carrier, microchip and registration	\$ 95.00
	Pet Supplies	acquisition cost

At left margin indicates changes
Bold indicates material being added
Strikethrough indicates material being deleted

LEGISLATIVE
FORMAT

60.840

Lane Manual

60.840

Post Adoption Behavioral training..... \$60 per hour
(e) 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.

(97) Developmental Disabilities.

Adult Foster Care Training Materials \$ 15.00

(8) Youth Services.

Pursuant to ORS Chapter 419C, this section establishes a fee schedule for the following
services subject to Department Director waiver or reduction for indigency:

(1) Diversion cases \$20.00/referral
(2) 1st Time MIP Class Diversion Cases..... \$30/per class
(3) Formal Accountability Agreements \$25.00/month
(4) Formal probation cases \$30.00/per month (Revised
by Order No. 05-7-27-1, Effective 7.27.05)

(Revised by Order No. 94-6-29-1, Effective 6.29.94; 98-4-1-11, 4.1.98; 98-8-12-2, 8.12.98; 99-9-29-9,
9.29.99; 01-6-13-9, 6.13.01; 01-10-17-2, 10.17.01; 02-5-7-2, 5.7.02; 02-6-26-8, 7.1.02; 02-10-2-13, 10.2.02;
03-6-11-9, 7.1.03; 04-2-4-7, 2.4.04; 04-6-16-8, 6.16.04; 04-6-30-6, 7.1.04; 04-12-1-10, 12.1.04; 05-3-30-14,
4.1.05; 05-6-22-1, 7.1.05; 05-12-14-15, 1.1.06; 06-6-7-4, 7.1.06; 07-6-27-7, 7.1.07; 07-12-12-5, 12.12.07;
08-6-11-2, 7.1.08; 09-6-3-4, 7.1.09; 10-5-5-2, 05.15.10; 10-6-9-5, 07.1.10; 11-8-31-3, 08.31.11; 11-12-14-
10, 1.1.12; 12-08-15-02, 9.1.12)

{LM60.00030.840 LEGVER;1} LM60.00030.840 LEGVER.doc

60-36

LM60

60.840

Lane Manual

60.840

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

{LM60.00030.840 LEGVER;1}

July 2013

60-21

LM60

60.840

Lane Manual

60.840

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

{LM60.00030.840 LEGVER;1}

July 2013

60-35

LM60

~~60.880 Department of Youth Services.~~

~~Pursuant to ORS Chapter 419C, this section establishes a fee schedule for the following services subject to Department Director waiver or reduction for indigency:~~

- | | | |
|-------------------------|---|---------------------------------------|
| ———— (1) ——— | Diversion cases | \$20.00/referral |
| ———— (2) ——— | Formal Accountability Agreements | \$25.00/month |
| ———— (3) ——— | Formal probation cases | \$30.00/per month (Revised |
- ~~by Order No. 05-7-27-1, Effective 7.27.05)~~

{LM60.00030.840 LEGVER;1}

July 2013

60-91

LM60

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.

Research Fees

In accordance with the provisions of LM 2.163 requests for information which, in the judgment of the Department Director or designee, require research by professional or specialized staff, the actual full cost hourly rate of the researcher(s) times 2.5, plus any photocopy charges shall be charged. Charges will be computed on quarter hours. The requestor will be advised, prior to research, of the estimated cost.

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

(a) Office Visits – Communicable Disease

Counseling, HIV (includes initial testing, follow-up visit)	\$ 32.00
Established Patient–Problem Focused-Brief	\$ 32.00
Established Patient–Problem Focused-Minimal...	\$ 37.00
Established Patient–Problem Focused-Limited....	\$ 47.00
Established Patient–Problem Focused-Moderate. \$	74.00
Established Patient–Problem Focused-Extensive. \$	100.00
Established Patient–Prevention	\$ 37.00
New Patient–Prevention	\$ 47.00
New Patient–Problem Focused-Minimal	\$ 42.00

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

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

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

(4) Environmental Health Program Fees.

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

Inspection Fees

Correctional Institution Inspections	\$ 168.00
Day Care Inspections	\$ 168.00

Fraternities/Sororities	\$ 168.00
School Inspections.....	\$ 168.00
Group Care Home Inspections	\$ 168.00
Mobile Units Licensed by Another Jurisdiction...	\$ 32.00
Licensing Fees	
Food Service Fees	
Bed and Breakfast.....	\$ 220.00 ^{1/2}
Benevolent Temporary Restaurant	
Administrative Fee	\$ 21.00
Food Handler Testing Fee.....	\$ 10.00
Duplicate	\$ 5.00
Food Handler Accessories	
Certificate, Card & Badge	\$ 15.00
Food Handler Certificate	\$ 5.00
Food Handler Laminated Card	\$ 7.00
Food Handler ID Badge	\$ 9.00
Framed Certificate.....	\$ 20.00
Temporary Event Restaurant License	
Single Event.....	\$ 111.00
Intermittent Event up to 30 days.....	\$ 111.00
Seasonal Event Up to 90 days.....	\$ 111.00 ³
Temporary Restaurant Sanitation Kit.....	\$ 15.00
Restaurants	
Full Service	
0-15 Seats	\$ 536.00 ^{4/5}
16-50 Seats	\$ 588.00 ^{6/7}
51-150 Seats	\$ 678.00 ^{8/9}
Over 150 Seats.....	\$ 783.00 ^{10/11}
Limited Service	\$ 263.00 ^{12/13}
Community Kitchen Non-Profit Food Service.....	\$ 116.00 ^{14/15}

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 Operational Review is Required prior to Intermittent and Seasonal Licenses

⁴ See Footnote #1.

⁵ See Footnote #2.

⁶ See Footnote #1.

⁷ See Footnote #2.

⁸ See Footnote #1.

⁹ See Footnote #2.

¹⁰ See Footnote #1.

¹¹ See Footnote #2.

¹² See Footnote #1

¹³ See Footnote #2.

Mobile Units.....	\$ 216.00
Warehouse.....	\$ 111.00
Commissary.....	\$ 216.00
Tourists and Travelers	
Motels	
Up to 25 units.....	\$ 211.00 ¹⁶
26 to 50 units	\$ 284.00 ¹⁷
51 to 75 units	\$ 352.00 ¹⁸
76 to 100 units	\$ 420.00 ¹⁹
101 and over	\$ 420.00 ²⁰ plus \$3.00 for each unit over 100
RV Parks	
Up to 25 units.....	\$ 210.00 plus \$.53 per space ²¹
26 to 50 units	\$ 284.00 plus \$.53 per space ²²
51 to 75 units	\$ 352.00 plus \$.42 per space ²³
76 to 100 units	\$ 420.00 plus \$.42 per space ²⁴
101 and over	\$ 420.00 plus \$3.47 per each space over 100
–Short Term Campground (valid for 90 days)	
\$ 90.00 plus \$1.50 per each space over 100	
Bed and Breakfast.....	\$ 74.00 ²⁵
Hostel 1-10 beds.....	\$ 84.00 ²⁶
11+ beds.....	\$ 147.00 ²⁷
Organizational Camps	\$ 237.00 ²⁸

¹⁴ See Footnote #1.

¹⁵ See Footnote #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 Footnote #16.

¹⁸ See Footnote #16.

¹⁹ See Footnote #16.

²⁰ See Footnote #16.

²¹ See Footnote #16.

²² See Footnote #16.

²³ See Footnote #16.

²⁴ See Footnote #16.

²⁵ See Footnote #16.

²⁶ See Footnote #16.

²⁷ See Footnote #16.

Picnic Park	\$ 105.00 ²⁹
Public Swimming Pools, Spa Pools	\$ 273.00
Vending Units	
1-10	\$ 79.00
11-20	\$ 90.00
21-30	\$ 126.00
31-40	\$ 137.00
41-50	\$ 163.00
51-75	\$ 205.00
76-100.....	\$ 263.00
101-250.....	\$ 462.00
251-500.....	\$ 699.00
501-750.....	\$ 951.00
751-1,000.....	\$1,155.00
1,001-1,500.....	\$1,518.00
1,501-2,000.....	\$1,990.00
Nonrefundable Processing Fee.....	\$ 27.00
Plan Review	
Bed and Breakfast Plan Review	\$ 126.00
Food Service Plan Review/Opening Inspection ...	\$ 195.00
Temporary Event Restaurant Operational Review	\$ 72.00 ³⁰
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	\$ 189.00
Loan Reviews:	
Rural Water/Sewage Systems	\$ 221.00
Other Inspection/Consultation above and	
beyond normal inspections.....	\$ 142.00/hour

(5) Family Mediation

Parent Education Class \$ 60.00/Attendee

(6) 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

²⁸ See Footnote #16.

²⁹ See Footnote #16.

³⁰ Required prior to Intermittent and Seasonal Licenses

fee discount. Eligibility is based on total family size and family income using current Federal Poverty Guidelines. Eligible patients will have their covered charges discounted based on the sliding fee schedule. Patients will be required to pay a nominal or minimum fee even if they fall below 100% of the Federal Poverty Level. Patients below 100% of the federal poverty level pay a minimum fee and those between 100% and 200% of the federal poverty level pay a discounted sliding fee. Fees for lab, pharmacy and durable medical equipment and supplies may be added to the minimum fee and/or discounted fee.

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

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

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

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

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

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

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

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

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

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

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

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

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

The Community Health Center uses a conversion factor of \$49.41.

The RVU values can be found on the Medicare web-site (July 2013):

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html?redirect=/physicianfeesched>

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

Community Health Fees

(a) Office Visits. Fees for Community Health Centers are determined using the conversion factor of \$49.41 x RVU for each procedure as explained above.

(b) Medical Services. Fees for Community Health Centers are determined using the conversion factor of \$49.41 x RVU for procedure as explained above.

(c) Immunizations – Community Health Centers

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

(d) Behavioral Health Services. Fees for Behavioral Health Services are determined using the conversion factor of \$49.71 x RVU for each procedure as explained above.

Client Medical Records Request.....	\$ 20.00 flat fee plus \$.25 per page copy charge as specified in LM 2.163
Money Management Fee.....	\$ 15.00/month
Methadone Courtesy Dose.....	\$ 15.00
Methadone Courtesy Dosing/Set-Up	\$ 20.00 flat fee
MTP Self-Pay monthly Fee	\$ 315
Oral Medications Supplied, Methadone Only.....	\$ 9.00/dose
Replacement Bottle, Methadone	\$ 3.00
(e) <u>Dental Services – Community Health Centers</u>	
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 prophyl with fluoride	\$ 50.00
Child prophyl 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
Phophylaxis-ADULT-with fluoride treatment	\$ 82.00
Pin retention-per tooth, in addition to restoration	\$ 48.00
Prefabricated resin crown.....	\$ 133.00
Prefabricated stainless steel crown – permanent tooth.....	\$ 168.00
Prefabricated stainless steel crown – primary tooth	\$ 160.00
Prophylaxis-ADULT-normal or full dentition	\$ 81.00
Pulp cap – direct (excluding final restoration)	\$ 55.00
Pulp cap – indirect (excluding final restoration) ..	\$ 55.00
Pulp vitality tests	\$ 35.00
Pulpal debridement, primary and permanent teeth	\$ 102.00
Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$ 102.00
Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$ 102.00
Rebase complete mandibular denture.....	\$ 379.00
Rebase complete maxillary denture	\$ 379.00
Rebase mandibular partial denture	\$ 379.00
Rebase maxillary partial denture.....	\$ 379.00
Recement crown.....	\$ 59.00
Recement inlay	\$ 60.00
Recementation of space maintainer.....	\$ 60.00

Regional block anesthesia	\$ 60.00
Reline complete mandibular denture (chairside) ..	\$ 71.00
Reline complete mandibular denture (laboratory) ..	\$ 238.00
Reline complete maxillary denture (chairside)	\$ 71.00
Reline complete maxillary denture (laboratory) ...	\$ 238.00
Reline mandibular partial denture (chairside)	\$ 71.00
Reline mandibular partial denture (laboratory)	\$ 238.00
Reline maxillary partial denture (chairside)	\$ 71.00
Reline maxillary partial denture (laboratory)	\$ 238.00
Removable unilateral partial denture – one piece cast metal	\$ 52.00
Removal of impacted tooth – completely bony	\$ 343.00
Removal of impacted tooth – completely bony, with unusual surgical complications	\$ 386.00
Removal of impacted tooth – partially bony	\$ 279.00
Removal of impacted tooth – soft tissue	\$ 206.00
Repair broken complete denture base	\$ 71.00
Repair cast framework	\$ 71.00
Repair or replace broken clasp	\$ 119.00
Repair resin denture base	\$ 71.00
Replace broken teeth-per tooth.....	\$ 71.00
Replace missing or broken teeth-complete denture (each tooth)	\$ 71.00
Resin-based – 4 or more surfaces or involving incisal angel (anterior)	\$ 180.00
Resin based composite – 1 surface, anterior	\$ 86.00
Resin based composite – 2 surfaces, anterior	\$ 116.00
Resin-based composite – 3 surfaces, anterior.....	\$ 149.00
Resin-based composite – 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
(7)	Developmental Disabilities.	
	Adult Foster Care Training Materials	\$ 15.00
(8)	Youth Services.	

Pursuant to ORS Chapter 419C, this section establishes a fee schedule for the following services subject to Department Director waiver or reduction for indigency:

- (1) Diversion cases \$20.00/referral
- (2) 1st Time MIP Class Diversion Cases..... \$30/per class
- (3) Formal Accountability Agreements \$25.00/month
- (4) Formal probation cases \$30.00/per month (Revised

by Order No. 05-7-27-1, Effective 7.27.05)

(Revised by Order No. 94-6-29-1, Effective 6.29.94; 98-4-1-11, 4.1.98; 98-8-12-2, 8.12.98; 99-9-29-9, 9.29.99; 01-6-13-9, 6.13.01; 01-10-17-2, 10.17.01; 02-5-7-2, 5.7.02; 02-6-26-8, 7.1.02; 02-10-2-13, 10.2.02; 03-6-11-9, 7.1.03; 04-2-4-7, 2.4.04; 04-6-16-8, 6.16.04; 04-6-30-6, 7.1.04; 04-12-1-10, 12.1.04; 05-3-30-14, 4.1.05; 05-6-22-1, 7.1.05; 05-12-14-15, 1.1.06; 06-6-7-4, 7.1.06; 07-6-27-7, 7.1.07; 07-12-12-5, 12.12.07; 08-6-11-2, 7.1.08; 09-6-3-4, 7.1.09; 10-5-5-2, 05.15.10; 10-6-9-5, 07.1.10; 11-8-31-3, 08.31.11; 11-12-14-10, 1.1.12; 12-08-15-02, 9.1.12