

BEFORE THE BOARD OF COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO: 14-07-29-03

**IN THE MATTER OF AMENDING
CHAPTER 60 OF LANE MANUAL**

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

WHEREAS, certain changes to Lane Manual Chapter 60 are desired to accommodate recent legislative changes;

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 is attached hereto and incorporated herein by reference.

ADOPTED this 29th day of July, 2014.



Pat Farr, Chair, Lane County Board of Commissioners

APPROVED AS TO FORM

Date 7/22/14 Lane County


OFFICE OF LEGAL COUNSEL

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Bold indicates material being added
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**LEGISLATIVE
FORMAT**

60.840

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.

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

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 FORMAT**

60.840 Lane Manual 60.840

(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
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Restaurants

Full Service

0-15 Seats	\$ 536.00 ^{4/5}
16-50 Seats	\$ 588.00 ^{6/7}

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.

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**LEGISLATIVE
 FORMAT**

60.840	Lane Manual	60.840
	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
	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:	

²³ See Footnote #16.
²⁴ See Footnote #16.
²⁵ See Footnote #16.
²⁶ See Footnote #16.
²⁷ See Footnote #16.
²⁸ See Footnote #16.
²⁹ See Footnote #16.
³⁰ Required prior to Intermittent and Seasonal Licenses

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FORMAT**

60.840

Lane Manual

60.840

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 \text{ RVU} \times \$50.00 \text{ Conversion Factor} = \75.00 charge

Charge for Procedure B with a 2.0 RVU would be:
 $2.0 \text{ RVU} \times \$50.00 \text{ 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-ServicePayment/PhysicianFeeSched/index.html?redirect=/physicianfeesched>

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**LEGISLATIVE
FORMAT**

60.840

Lane Manual

60.840

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	

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 FORMAT**

60.840

Lane Manual

60.840

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

60.840 Department of Health and Human Services Fees.

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(1) General Fees.

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(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

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.

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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.

¹⁴ See Footnote #1.

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) <u>Family Mediation</u>	
Parent Education Class	\$ 60.00/Attendee
Supervised Parenting Time	\$ 50/Initial Orientation
Supervised Parenting Time	\$50/hour
(6) <u>Community Health Centers (FOHC)</u> . 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

²⁸ See Footnote #16.

²⁹ See Footnote #16.

³⁰ Required prior to Intermittent and Seasonal Licenses

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-ServicePayment/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

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

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

(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; 13-10-29-02, 11.07.13, 13-10-29-03, 11.07.13)