

BEFORE THE BOARD OF COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO: 19-12-10-03

In the Matter of Amending Lane Manual Chapter 60 to Revise Certain Health & Human Services Fees Effective January 1, 2020, with a Mandatory Review of Fees to be Completed No Later than October 31, 2020.

Effective January 1, 2020, Lane Manual Chapter 60 is amended by making the deletions and additions depicted in Exhibit A to this Order, which is attached and incorporated by this reference, to:

LM 60.840

LM 60.840

If any section, subsection, sentence, clause, phrase or portion of this Order or the referenced Lane Manual provisions is for any reason held invalid or unconstitutional by any court or administrative agency of competent jurisdiction, such portion is deemed a separate, distinct, and independent provision, and such holding does not affect the validity of the remaining portions.

The purpose of this addition is to revise certain Health and Human Services fees, **effective January 1, 2020** (LM 60.840).

**NOW, THEREFORE**, the Board of County Commissioners of Lane County **ORDERS** as follows:

1. Lane Manual Chapter 60 is amended, effective January 1, 2020
2. A Mandatory Review of Lane Manual Chapter 60 fees will be completed no later than October 31, 2020.

**ADOPTED** this 10th day of December 2019.



Pete Sorenson, Chair  
Lane County Board of Commissioners

APPROVED AS TO FORM

Date 12-2-19



LANE COUNTY OFFICE OF LEGAL COUNSEL

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- (j) Storage and Towing fee: Will be charged and the current vendor's rates.
- (k) Returned Check or Stop Payment Fee..... \$ 35.00
- (l) Certificate of Sale (Bidder) = \$25.00 + Certified mail and current USPS rate
- (m) Sheriff's Deed ..... \$ 50.00
- (n) Notarization of Court Process-Related Documents \$ 10.00
- (o) Redemption (includes mailing, folio and time)... \$ 50.00
- (9) Used Merchandise Reporting Fees (LC 3.615) – Annual Fee.
 

Number of annual transactions	Fee
(a) 1-199 .....	\$ 200.00
(b) 200-999.....	\$ 400.00
(c) 1,000-2,999.....	\$ 550.00
(d) 3,000 up .....	\$ 700.00

*(Revised by Order No. 01-10-17-9, Effective 1.1.02; 06-8-2-6, 8.2.06; 08-11-12-4, 12.1.08; 08-12-16-4, 12.22.08; 09-12-15-9, 12.15.09; 13-02-26-07, 03.01.13; 14-09-09-01, 9.9.14; 15-09-15-06, 9.15.15; 17-11-28-06, 11.28.17; 18-01-23-05, 1.23.18; 18-02-13-03, 2.13.18; 19-01-08-14, 1.8.19)*

**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
  - Lab Work..... lab cost plus  
 \$ 12.00 specimen collection fee
  - Rapid HIV ..... \$ 11.00
  - Rapid Syphilis test..... \$ 15.00
  - Sexually Transmitted Disease, lab test-urine  
 (non-deferrable) ..... lab cost plus  
 \$ 12.00 specimen collection fee
  - Specimen Collection & Shipping ..... \$ 12.00
  - Tuberculin Skin Tests..... \$ 21.00
  - Urine Dip Stick..... \$ 26.00
  - Venipuncture..... \$ 16.00
  - Wet Mount..... \$ 11.00
- (c) Treatment/Medications-Communicable Disease
  - Administration of Vaccine/Medication ..... \$ 30.00
  - Condom(s), (all types)..... acquisition cost
  - Gamma Globulin for Hepatitis Close Contact.... acquisition cost plus \$30.00 admin  
 fee plus office visit
  - Immunizations ..... acquisition cost plus \$30.00 admin fee
  - Other Medications ..... 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).

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Inspection Fees	
Correctional Institution Inspections .....	<del>\$200168.00</del>
Day Care Inspections.....	<del>\$19068.00</del>
Fraternities/Sororities .....	<del>\$200168.00</del>
School Inspections.....	<del>\$19068.00</del>
Group Care Home Inspections .....	<del>\$19068.00</del>
Mobile Units Licensed by Another Jurisdiction..	\$ 25.00
Licensing Fees	
Food Service Fees	
Bed and Breakfast.....	<del>\$208220.00</del> <sup>8/9</sup>
Benevolent Temporary Restaurant Administrative Fee .....	<del>\$4521.00</del>
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.....	<del>\$ 210111.00</del>
Intermittent Event up to 30 days.....	<del>\$ 210111.00</del>
School Concession 90 day license.....	<del>\$ 9555.00</del>
Seasonal Event Up to 90 days.....	<del>\$ 210111.00</del> <sup>10</sup>
Temporary Restaurant Sanitation Kit.....	\$ 15.00
Restaurants	
Full Service	
0-15 Seats .....	<del>\$684536.00</del> <sup>11/12</sup>
16-50 Seats .....	<del>\$779588.00</del> <sup>13/14</sup>

<sup>8</sup> Delinquency Penalty provided per ORS 446.323 as follows:

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

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

<sup>9</sup> January 1 - September 30, Full Fee, October 1-December 31, 50% Fee.

<sup>10</sup> Operational Review is Required prior to Intermittent and Seasonal Licenses

<sup>11</sup> See Footnote #8.

<sup>12</sup> See Footnote #9.

<sup>13</sup> See Footnote #8.

<sup>14</sup> See Footnote #9.

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51-150 Seats .....	<del>\$874678</del> .00 <sup>15/16</sup>
Over 150 Seats.....	<del>\$1,064783</del> .00 <sup>17/18</sup>
Limited Service .....	<del>\$494263</del> .00 <sup>19/20</sup>
Mobile Units.....	<del>\$310216</del> .00
Warehouse.....	<del>\$285111</del> .00
Commissary.....	<del>\$437216</del> .00
Tobacco Retailer License.....	\$ 200.00
Tourists and Travelers	
Motels	
Up to 25 units.....	\$ 211.00 <sup>21</sup>
26 to 50 units .....	\$ 284.00 <sup>22</sup>
51 to 75 units .....	\$ 352.00 <sup>23</sup>
76 to 100 units .....	\$ 420.00 <sup>24</sup>
101 and over .....	\$ 420.00 <sup>25</sup> plus \$3.00 for each unit over 100
RV Parks	
Up to 25 units.....	<del>\$380210</del> .00 plus \$.53 per space <sup>26</sup>
26 to 50 units .....	<del>\$475284</del> .00 plus \$.53 per space <sup>27</sup>
51 to 75 units .....	<del>\$570352</del> .00 plus \$.42 per space <sup>28</sup>
76 to 100 units .....	<del>\$665420</del> .00 plus \$.42 per space <sup>29</sup>
101 and over .....	<del>\$665420</del> .00 plus \$3. <del>7547</del> per each space over 100
Short Term Campground.....	\$ <del>28590</del> .00 plus \$1. <del>8850</del> per each space over 100

<sup>15</sup> See Footnote #8.

<sup>16</sup> See Footnote #9.

<sup>17</sup> See Footnote #8.

<sup>18</sup> See Footnote #9.

<sup>19</sup> See Footnote #8

<sup>20</sup> See Footnote #9.

<sup>21</sup> Delinquency Penalty provided per ORS 446.323 as follows:

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

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

<sup>22</sup> See Footnote #21.

<sup>23</sup> See Footnote #21

<sup>24</sup> See Footnote #21.

<sup>25</sup> See Footnote #21.

<sup>26</sup> See Footnote #21.

<sup>27</sup> See Footnote #21.

<sup>28</sup> See Footnote #21.

<sup>29</sup> See Footnote #21.

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Bed and Breakfast.....	\$ <del>9574</del> .00 <sup>30</sup>
Hostel 1-10 beds.....	\$ <del>14384</del> .00 <sup>31</sup>
11+ beds.....	\$ <del>143147</del> .00 <sup>32</sup>
Organizational Camps.....	\$ <del>570237</del> .00 <sup>33</sup>
Picnic Park .....	\$ <del>190105</del> .00 <sup>34</sup>
Public Swimming Pools, Spa Pools .....	\$ <del>409305</del> .00
Vending Units	
1-10 .....	\$ <del>19079</del> .00
11-20 .....	\$ <del>22890</del> .00
21-30 .....	\$ <del>266126</del> .00
31-40 .....	\$ <del>304137</del> .00
41-50 .....	\$ <del>342163</del> .00
51-75 .....	\$ <del>437205</del> .00
76-100.....	\$ <del>494263</del> .00
101-250.....	\$ <del>950462</del> .00
251-500.....	\$ <del>1,330699</del> .00
501-750.....	\$ <del>1,710951</del> .00
751-1,000.....	\$ <del>2,0901,155</del> .00
1,001-1,500.....	\$ <del>2,6601,518</del> .00
1,501-2,000.....	\$ <del>3,0401,990</del> .00
Nonrefundable Processing Fee.....	\$ 27.00
Plan Review	
Bed and Breakfast Plan Review .....	\$ <del>285126</del> .00
Food Service Plan Review/Opening Inspection..	\$ <del>380195</del> .00
Temporary Event Restaurant Operational Review	\$ <del>9572</del> .00 <sup>35</sup>
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 .....	\$ <del>19089</del> .00
Loan Reviews:	
Rural Water/Sewage Systems .....	\$ 221.00
Other Inspection/Consultation above and beyond normal inspections.....	\$ <del>19042</del> .00/hour

(5) **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

<sup>30</sup> See Footnote #21.  
<sup>31</sup> See Footnote #21.  
<sup>32</sup> See Footnote #21.  
<sup>33</sup> See Footnote #21.  
<sup>34</sup> See Footnote #21.  
<sup>35</sup> Required prior to Intermittent and Seasonal Licenses

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 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.

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:

$$\begin{aligned} &\text{Charge for Procedure A with a 1.5 RVU would be:} \\ &1.5 \text{ RVU} \times \$50.00 \text{ Conversion Factor} = \$75.00 \text{ charge} \end{aligned}$$

$$\begin{aligned} &\text{Charge for Procedure B with a 2.0 RVU would be:} \\ &2.0 \text{ RVU} \times \$50.00 \text{ Conversion Factor} = \$100.00 \text{ charge} \end{aligned}$$

The Community Health Center uses a conversion factor of \$53.15.

The RVU values can be found on the Medicare website:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>

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 up to the nearest whole dollar amount.

Community Health Fees

(a) Office Visits. Fees for Community Health Centers are determined using the conversion factor of \$53.15 x RVU for each procedure as explained above.

(b) Medical Services. Fees for Community Health Centers are determined using the conversion factor of \$53.15 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 \$53.15 x RVU for each procedure as explained above.

Client Medical Records Request .....	\$ 20.00 flat fee plus
.....	\$ 0.25 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 .....	\$315.00
Oral Medications Supplied, Methadone Only.....	\$ 9.00/dose
Replacement Bottle, Methadone.....	\$ 3.00

(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



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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

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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

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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 plus acquisition cost

(6) Developmental Disabilities.

Adult Foster Care Training Materials.....	\$ 15.00
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(7) Youth Services.

This section establishes a fee schedule for the following services subject to Division Manager waiver or reduction for indigency:

Custody Evaluation Expert Testimony (up to 4 hours) .....	\$ 250.00
Custody Evaluation Expert Testimony (4-8 hours) .....	\$ 500.00
Custody Evaluations .....	\$ 1,500.00 per case
Diversion Case .....	\$ 30.00/referral
Diversion Class .....	\$ 30.00/class
Formal Accountability Agreement .....	\$ 25.00/month
Mediation .....	\$ 150.00 per 90 minute session
Parent Education Class .....	\$ 60.00/attendee

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

**LEGISLATIVE  
 FORMAT**

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Lane Manual

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Probation (pursuant to ORS Chapter 419C) .....	\$ 30.00/month
Supervised Parenting Time .....	\$ 50.00/Initial
Orientation	
Supervised Parenting Time .....	\$ 50.00/hour
Youth Diversion Fee .....	\$
30.00/participant	

*(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; 14-07-29-03, 08.04.14; 14-10-28-02, 08.26.15; 15-01-27-06, 1.27.15; 15-10-27-04, 11.1.15; 16-10-18-03, 11.1.16; 18-06-12-05, 7.1.18)*

**60.842 Fees for Real Property Compensation Claim Application.**

Pursuant to Lane County Charter, Chapter II, Section 5, and LC 2.700 through 2.770, a fee is established to cover County costs of processing an application filed to seek compensation under the procedures in LC 2.700 through 2.770. Unless waived by the County Administrator, an application for a claim of compensation from Lane County pursuant to the provisions added to ORS Chapter 197 by Ballot Measure 37 (November 2, 2004) and LC 2.700 through 2.770 shall include an application fee of \$750.00 for the initial costs incurred by the County in processing the application. In addition, the applicant shall pay to the county \$100.00 for notice costs as required by the County Administrator. In the event the initial application fee or notice cost payments are not sufficient to cover all of the County costs as determined by the County Administrator, the applicant shall pay the balance of the actual county costs upon receipt of an appropriate billing statement from the County. The County shall refund the application fee and costs paid by the applicant if it is determined by the County or by a court or other reviewing body that the applicant is entitled to compensation under the provisions added to ORS Chapter 197 by Ballot Measure 37 (November 2, 2004) and the County compensates the applicant. *(Revised by Order No. 00-12-6-8, Effective 12.6.00; 01-6-13-9, 7.1.01; 04-12-1-12, 12.1.04; 11-12-14-10, 1.1.12)*

**60.845 Assessment and Taxation Fees.**

The following fees shall be charged by the Department of Assessment and Taxation. Taxing districts will not be charged for routine requests for information.

- (1) Computation of the Deferred Tax Liability on Specially Assessed Property When No Formal Action Is Being Taken to Change the Status or Use of the Property. .... \$ 100.00
- (2) Assessment Roll Data on Microfiche/Microfilm ..... \$ 2.50 per sheet
- (3) Assessment Roll Data on CD ..... \$ 10.00 per year
- (4) Tax Statements on CD ..... \$ 10.00 per year
- (5) Maps.  
 All Quantities ..... \$ 5.00 each  
 Full set of Tiff or PDF Images on CD ..... \$ 50.00 per set
- (6) Miscellaneous Products.  
 Plat/Subdivision Book ..... \$ 2.50 per page  
 Donation Land Claim Book ..... \$ 2.50 per page
- (7) Appraisal Cards, Description Cards and Account Information Retrieval.  
 Appraisal Cards..... \$ 2.00 each  
 Description Cards..... \$ 2.00 each  
 Computer Printout of Account..... \$ .25 per page

- (e) Mailed documents
  - (i) Standard 9x6 envelope = current USPS rate + 1 ounce + .25 mailing supplies
  - (ii) Return Receipt Requested for Standard 9x6 envelope = current USPS rate + .25 mailing supplies
- (f) Personal Seizures and Sale. Post notices of sale in three public places in County \$45.00/posting or OSSA Website posting at current rate
- (g) Real Property Seizures and Sale. Publish notice consistent with state law requirements at current rate and post notice in the OSSA at current rate.
- (h) For services involving travel in excess of 75 miles roundtrip, an additional \$45.00 fee shall be imposed
- (i) Bill of Sale (\$15.00 + \$10.00 Notary)..... \$ 25.00
- (j) Storage and Towing fee: Will be charged and the current vendor's rates.
- (k) Returned Check or Stop Payment Fee..... \$ 35.00
- (l) Certificate of Sale (Bidder) = \$25.00 + Certified mail and current USPS rate
- (m) Sheriff's Deed ..... \$ 50.00
- (n) Notarization of Court Process-Related Documents \$ 10.00
- (o) Redemption (includes mailing, folio and time)... \$ 50.00
- (9) Used Merchandise Reporting Fees (LC 3.615) – Annual Fee.
 

Number of annual transactions	Fee
(a) 1-199 .....	\$ 200.00
(b) 200-999.....	\$ 400.00
(c) 1,000-2,999.....	\$ 550.00
(d) 3,000 up .....	\$ 700.00

*(Revised by Order No. 01-10-17-9, Effective 1.1.02; 06-8-2-6, 8.2.06; 08-11-12-4, 12.1.08; 08-12-16-4, 12.22.08; 09-12-15-9, 12.15.09; 13-02-26-07, 03.01.13; 14-09-09-01, 9.9.14; 15-09-15-06, 9.15.15; 17-11-28-06, 11.28.17; 18-01-23-05, 1.23.18; 18-02-13-03, 2.13.18; 19-01-08-14, 1.8.19)*

**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
  - Lab Work..... lab cost plus
    - \$ 12.00 specimen collection fee
  - Rapid HIV ..... \$ 11.00
  - Rapid Syphilis test..... \$ 15.00
  - Sexually Transmitted Disease, lab test-urine (non-deferrable) ..... lab cost plus
    - \$ 12.00 specimen collection fee
  - Specimen Collection & Shipping..... \$ 12.00
  - Tuberculin Skin Tests..... \$ 21.00
  - Urine Dip Stick..... \$ 26.00
  - Venipuncture.....\$ 16.00
  - Wet Mount..... \$ 11.00
- (c) Treatment/Medications-Communicable Disease
  - Administration of Vaccine/Medication ..... \$ 30.00
  - Condom(s), (all types)..... acquisition cost
  - Gamma Globulin for Hepatitis Close Contact..... acquisition cost plus \$30.00 admin fee plus office visit
  - Immunizations..... acquisition cost plus \$30.00 admin fee
  - Other Medications ..... 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 .....	\$ 200.00
Day Care Inspections.....	\$ 190.00
Fraternities/Sororities .....	\$ 200.00
School Inspections.....	\$ 190.00
Group Care Home Inspections .....	\$ 190.00
Mobile Units Licensed by Another Jurisdiction..	\$ 25.00

Licensing Fees

Food Service Fees

Bed and Breakfast.....	\$ 208.00 <sup>8/ 9</sup>
Benevolent Temporary Restaurant Administrative Fee .....	\$ 45.00
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.....	\$ 210.00
Intermittent Event up to 30 days.....	\$ 210.00
School Concession 90 day license.....	\$ 95.00
Seasonal Event Up to 90 days.....	\$ 210.00 <sup>10</sup>
Temporary Restaurant Sanitation Kit.....	\$ 15.00

Restaurants

Full Service

<sup>8</sup> Delinquency Penalty provided per ORS 446.323 as follows:

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

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

<sup>9</sup> January 1 - September 30, Full Fee, October 1-December 31, 50% Fee.

<sup>10</sup> Operational Review is Required prior to Intermittent and Seasonal Licenses

0-15 Seats .....	\$ 684.00 <sup>11/12</sup>
16-50 Seats .....	\$ 779.00 <sup>13/14</sup>
51-150 Seats .....	\$ 874.00 <sup>15/16</sup>
Over 150 Seats.....	\$1,064.00 <sup>17/18</sup>
Limited Service .....	\$ 494.00 <sup>19/20</sup>
Mobile Units.....	\$ 310.00
Warehouse.....	\$ 285.00
Commissary.....	\$ 437.00
Tobacco Retailer License.....	\$ 200.00
Tourists and Travelers	
Motels	
Up to 25 units.....	\$ 211.00 <sup>21</sup>
26 to 50 units .....	\$ 284.00 <sup>22</sup>
51 to 75 units .....	\$ 352.00 <sup>23</sup>
76 to 100 units .....	\$ 420.00 <sup>24</sup>
101 and over .....	\$ 420.00 <sup>25</sup> plus \$3.00 for each unit over 100
RV Parks	
Up to 25 units.....	\$ 380.00 plus \$.53 per space <sup>26</sup>
26 to 50 units .....	\$ 475.00 plus \$.53 per space <sup>27</sup>
51 to 75 units .....	\$ 570.00 plus \$.42 per space <sup>28</sup>
76 to 100 units .....	\$ 665.00 plus \$.42 per space <sup>29</sup>
101 and over .....	\$ 665.00 plus \$3.75 per each space over 100

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<sup>11</sup> See Footnote #8.

<sup>12</sup> See Footnote #9.

<sup>13</sup> See Footnote #8.

<sup>14</sup> See Footnote #9.

<sup>15</sup> See Footnote #8.

<sup>16</sup> See Footnote #9.

<sup>17</sup> See Footnote #8.

<sup>18</sup> See Footnote #9.

<sup>19</sup> See Footnote #8

<sup>20</sup> See Footnote #9.

<sup>21</sup> Delinquency Penalty provided per ORS 446.323 as follows:

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

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

<sup>22</sup> See Footnote #21.

<sup>23</sup> See Footnote #21

<sup>24</sup> See Footnote #21.

<sup>25</sup> See Footnote #21.

<sup>26</sup> See Footnote #21.

<sup>27</sup> See Footnote #21.

<sup>28</sup> See Footnote #21.

<sup>29</sup> See Footnote #21.



Short Term Campground.....	\$ 285.00 plus \$1.88 per each space over 100
Bed and Breakfast.....	\$ 95.00 <sup>30</sup>
Hostel 1-10 beds.....	\$ 143.00 <sup>31</sup>
11+ beds.....	\$ 143.00 <sup>32</sup>
Organizational Camps.....	\$ 570.00 <sup>33</sup>
Picnic Park.....	\$ 190.00 <sup>34</sup>
Public Swimming Pools, Spa Pools.....	\$ 409.00
Vending Units	
1-10.....	\$ 190.00
11-20.....	\$ 228.00
21-30.....	\$ 266.00
31-40.....	\$ 304.00
41-50.....	\$ 342.00
51-75.....	\$ 437.00
76-100.....	\$ 494.00
101-250.....	\$ 950.00
251-500.....	\$1,330.00
501-750.....	\$1,710.00
751-1,000.....	\$2,090.00
1,001-1,500.....	\$2,660.00
1,501-2,000.....	\$3,040.00
Nonrefundable Processing Fee.....	\$ 27.00
Plan Review	
Bed and Breakfast Plan Review.....	\$ 285.00
Food Service Plan Review/Opening Inspection..	\$ 380.00
Temporary Event Restaurant Operational Review	\$ 95.00 <sup>35</sup>
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.....	\$ 190.00
Loan Reviews:	
Rural Water/Sewage Systems.....	\$ 221.00
Other Inspection/Consultation above and beyond normal inspections.....	\$ 190.00/hour

(5) **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.

<sup>30</sup> See Footnote #21.

<sup>31</sup> See Footnote #21.

<sup>32</sup> See Footnote #21.

<sup>33</sup> See Footnote #21.

<sup>34</sup> See Footnote #21.

<sup>35</sup> Required prior to Intermittent and Seasonal Licenses

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 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.

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:

$$\begin{aligned} &\text{Charge for Procedure A with a 1.5 RVU would be:} \\ &1.5 \text{ RVU} \times \$50.00 \text{ Conversion Factor} = \$75.00 \text{ charge} \end{aligned}$$

$$\begin{aligned} &\text{Charge for Procedure B with a 2.0 RVU would be:} \\ &2.0 \text{ RVU} \times \$50.00 \text{ Conversion Factor} = \$100.00 \text{ charge} \end{aligned}$$

The Community Health Center uses a conversion factor of \$53.15.

The RVU values can be found on the Medicare website:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>

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 up to the nearest whole dollar amount.

#### Community Health Fees

(a) Office Visits. Fees for Community Health Centers are determined using the conversion factor of \$53.15 x RVU for each procedure as explained above.

(b) Medical Services. Fees for Community Health Centers are determined using the conversion factor of \$53.15 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 \$53.15 x RVU for each procedure as explained above.

Client Medical Records Request .....	\$ 20.00 flat fee plus
.....	\$ 0.25 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 .....	\$315.00
Oral Medications Supplied, Methadone Only.....	\$ 9.00/dose
Replacement Bottle, Methadone.....	\$ 3.00

(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 prophy with fluoride .....	\$ 50.00
Child prophy without fluoride .....	\$ 36.00
Complete denture - mandibular .....	\$774.00
Complete denture - maxillary .....	\$774.00
Composite resin crown-primary-anterior .....	\$205.00
Composite-permanent-posterior - 1 surface.....	\$ 80.00
Composite-permanent-posterior -2 surfaces .....	\$130.00
Composite-permanent-posterior - 3 or more surfaces .....	\$175.00
Composite-primary-posterior - 1 surface .....	\$ 81.00
Composite-primary-posterior - 2 surfaces.....	\$ 97.00
Composite-primary-posterior - 3 or more surfaces.....	\$154.00
Crown buildup, including any pins .....	\$107.00
Crown buildup-with retentive post.....	\$143.00

Endonic Therapy- Anterior (excluding final restoration) .....	\$ 321.00
Endonic Therapy- Bicuspid (excluding final restoration) .....	\$ 369.00
Endonic Therapy- Molar (excluding final restoration).....	\$ 464.00
Excision of pericoronal gingiva.....	\$ 175.00
Extraction of Roots/Per Tooth.....	\$ 125.00
Extraction/Per Additional Tooth .....	\$ 85.00
Extraction/Single Tooth.....	\$ 90.00
Extraoral-each additional film .....	\$ 31.00
Extraoral-first film .....	\$ 40.00
Full mouth debridement to enable perio evaluation.....	\$ 107.00
I.V. Sedation.....	\$ 240.00
Immediate denture - mandibular.....	\$ 774.00
Immediate denture - maxillary .....	\$ 774.00
Incision and drainage of abscess-extraoral soft tissue .....	\$ 90.00
Incision and drainage of abscess-intraoral soft tissue.....	\$ 149.00
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 plus acquisition cost
(6)	Developmental Disabilities.	
	Adult Foster Care Training Materials.....	\$ 15.00
(7)	Youth Services.	

This section establishes a fee schedule for the following services subject to Division Manager waiver or reduction for indigency:

	Custody Evaluation Expert Testimony (up to 4 hours) .....	\$250.00
	Custody Evaluation Expert Testimony (4-8 hours) .....	\$500.00
	Custody Evaluations .....	\$1,500.00 per case
	Diversion Case .....	\$ 30.00/referral
	Diversion Class .....	\$ 30.00/class
	Formal Accountability Agreement .....	\$ 25.00/month
	Mediation .....	\$150.00 per 90 minute session
	Parent Education Class .....	\$ 60.00/attendee
	Probation (pursuant to ORS Chapter 419C) .....	\$ 30.00/month
	Supervised Parenting Time.....	\$ 50.00/Initial Orientation
	Supervised Parenting Time.....	\$ 50.00/hour
	Youth Diversion Fee .....	\$ 30.00/participant

*(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; 14-07-29-03, 08.04.14; 14-10-28-02, 08.26.15; 15-01-27-06, 1.27.15; 15-10-27-04, 11.1.15; 16-10-18-03, 11.1.16; 18-06-12-05, 7.1.18)*

**60.842 Fees for Real Property Compensation Claim Application.**

Pursuant to Lane County Charter, Chapter II, Section 5, and LC 2.700 through 2.770, a fee is established to cover County costs of processing an application filed to seek compensation under the procedures in LC 2.700 through 2.770. Unless waived by the County Administrator, an application for a claim of compensation from Lane County pursuant to the provisions added to ORS Chapter 197 by Ballot Measure