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## AGENDA COVER MEMO

**AGENDA DATE:** December 1, 2004

**TO:** Board of County Commissioners

**DEPT:** Health & Human Services

**PRESENTED BY:** Steve Manela, Intergovernmental Human Services Program Manager

**AGENDA ITEM TITLE:** ORDER \_\_\_\_\_ / IN THE MATTER OF AMENDING CHAPTER 60 OF LANE MANUAL TO REVISE CERTAIN HEALTH & HUMAN SERVICES FEES (LM 60.840) EFFECTIVE DECEMBER 1, 2004



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### I. MOTION

Order \_\_\_\_\_ / in the Matter of Amending Chapter 60 of Lane Manual to Revise Certain Health & Human Services Fees (LM 60.840) Effective December 1, 2004

### II. ISSUE OR PROBLEM

To establish additional fees in the Lane Manual to establish a more complete list of services provided by Community Health Centers of Lane County (CHCLC). The initial fees for the Community Health Centers were added in February 2004. The Department of Health & Human Services completed an annual fee revision in June 2004. During the annual revision, Community Health Center fees were not changed nor were any additional fees added. After seven months of operation, it has been determined that additional fees are needed for CHCLC.

### III. DISCUSSION

#### A. Background/Analysis

- The last annual fee schedule revision for the Department of Health & Human Services was completed in June 2004, with an effective date of July 1, 2004. Prior to the annual revision, an interim revision was completed February 4, 2004. The interim revision was done for the sole purpose of establishing the Community Health Centers of Lane County's (CHCLC) fees prior to the opening of the main clinic.

The main clinic has been in operation for seven months and now has a better idea as to which types of services and fees need to be added to cover the procedures that

have been or could potentially be provided. This change allows the CHCLC to collect for all services provided, maximizing revenue and increasing financial stability.

The finance and Audit Committee reviewed the proposed fee schedule on November 30, 2004.

**B. Analysis**

**Community Health Centers**

Following seven months of operation the Community Health Centers of Lane County (CHCLC) has found the need to expand its current fee schedule to include additional procedure codes.

The methodology used to determine the initial fees in February 2004, was also used to determine the additional fees for this revision.

Fees were determined using the Relative Value Unit (RVU) and conversion factor as recommended by the reference book *ADP Context Physician Fees – 2003*. This reference tool compiles fees based on national fee data (consisting of more than 400 million provider charges) that had been adjusted geographically to reflect charges being submitted by providers in this area of Oregon. ADP Context's fees are organized into individual payments areas represented by the first three (3) digits of the ZIP Code, in this case, "974", which includes all of the census tracts being provided services by the CHCLC sites.

This tool is designed to assist clinics in establishing and assessing fees for services based on individual Physicians' Current Procedural Terminology or CPT® (CPT is a registered trademark of the American Medical Association) codes and descriptions.

To create the additional fee list for the CHCLC, staff listed the services and procedures that have been, or could be, provided. Each procedure is assigned a Relative Value Unit or RVU. The RVU measures the skill, intensity, time, and knowledge required to perform the service provided. For example, a basic office visit for an existing patient has an RVU of .55, which indicated a low intensity, short time frame, and lower skill procedure. A surgical procedure can have an RVU of 18.67. This suggests that the surgical procedure requires 34 times more effort, in terms of time, skill, and resources than a basic office visit.

The conversion factor for the "974" zip area determined by the ADP market survey is \$46.75 per RVU, however the conversion factor was reduced to 80% for office visits and consults, and 60% for procedures to better reflect the charges that other Federally Qualified Health Center's use in this region and to be more affordable for patients. These fees will be reviewed annually and adjusted as needed to best match the cost of

providing the service. This pricing approach should provide charges that are appropriate to cover expenses while making services more affordable and competitive in the market place.

**C. Alternative/Options**

1. To approve the proposed new fees and appropriate increased fees in the next supplemental as needed.
2. To not approve the proposed new fees. To do so would limit the ability of Community Health Center to generate revenue and remain financially viable.

**D. Recommendation**

It is recommended the Board amend Lane Manual to revise the Health & Human Services fee schedule to include the additional fees.

**IV. IMPLEMENTATION/TIMING**

Fees would become effective December 1, 2004. Budget adjustments for FY 2004/2005 would be processed during the first supplemental process in FY 2004/2005.

**V. ATTACHMENTS**

Board Order  
Proposed Lane Manual Pages

IN THE BOARD OF COUNTY COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO.

IN THE MATTER OF AMENDING CHAPTER 60 OF  
LANE MANUAL TO REVISE CERTAIN HEALTH AND  
HUMAN SERVICES FEES (LM 60.840)  
EFFECTIVE DECEMBER 1, 2004

The Board of County Commissioners of Lane County orders as follows:

Lane Manual Chapter 60 is hereby amended by removing, substituting and adding the following section:

**REMOVE THIS SECTION**

60.840  
as located on pages 60-12 through 60-25  
(a total of 14 pages)

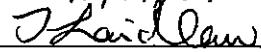
**INSERT THIS SECTION**

60.840  
as located on pages 60-12 through 60-34  
(a total of 23 pages)

Said section is attached hereto and incorporated herein by reference. The purpose of this substitution and addition is to revise certain Health and Human Services fees, effective December 1, 2004 (LM 60.840).

Adopted this \_\_\_\_\_ day of \_\_\_\_\_ 2004.

\_\_\_\_\_  
Chair, Lane County Board of Commissioners

APPROVED AS TO FORM  
Date 11/17/04 Lane County  
  
\_\_\_\_\_  
OFFICE OF LEGAL COUNSEL

- (b) The Sheriff is authorized to collect the following set up fee from those persons eligible and accepted for the Electronic Surveillance Program (ESP) pretrial house arrest ..... \$ 35.00
- (c) The Sheriff may approve fee reductions based upon verified financial hardship ..... \$ 15.50
- (6) Community Service Fees.
- (a) The Sheriff is authorized to collect the following offender fees:
- |                      |          |
|----------------------|----------|
| Referral Fee .....   | \$ 40.00 |
| Re-Referral Fee..... | \$ 15.00 |
- (b) The Sheriff may approve reduction of the referral fee to \$15.00 when an offender presents an Oregon Trail Card. (*Revised by Order No. 01-10-17-9, Effective 1.1.02*)

#### **60.840 Department of Health and Human Services Fees.**

In order to ensure the efficiency of human services in Lane County, the Department of Health and Human Services is authorized to collect fees for services.

When the fee is listed at actual cost or acquisition cost, this is to mean the actual cost of purchasing the service or product, rounded to the nearest dollar.

The Department Director, or designated program managers within the Department have authority to waive any fee in part or in whole for good cause shown or in circumstances where it is apparent that the client could not accept the services if a fee was required. Written documentation on these extenuating circumstances are to be kept on file. Fiscal records should reflect charges as per fee schedule, with balances shown for bad debts and for fees waived. Those fees for which a sliding fee scale is appropriate, will be discounted according to the annual Service Discount Schedule approved by the United States Department of Health and Human Services, Region X.

Pursuant to the authorization of ORS 431.415 and the authority of the Lane County Home Rule Charter, the following fees shall be charged by the Department of Health and Human Services and paid to Lane County for the following services. Any fee that is designated "Actual," or "Acquisition Cost" will be set at the beginning of each fiscal year, or as directed by the state. Lane County collects additional fees, which are not listed, for services to clients billed directly to various state agencies. These fees are set by the state agency and are not charged directly to clients. Examples of such fees are: Family Planning Expansion Project and Mental Health Residential daily rate.

(1) General Fees.

Professional Services

Contracted Professional Services will be provided at cost as specified by the contract. Services shall include, but not be limited to polygraph, plethysmograph and psychiatric testing.

Public Speaking

(recommended donation only) ..... \$ 50.00/hour

Record Search

Search plus copies of first 5 pages..... \$ 3.50

Additional pages ..... \$.25/each

Research Fees

In accordance with the provisions of LM 60.838 requests for information which, in the judgment of the Department Director or designee, require research by professional or specialized staff, the actual salary hourly rate of the researcher(s) times 2.42 shall be charged. Charges will be computed on quarter hours. The requestor will be advised, prior to research, of the estimated cost.

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

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

Immunizations .....	acquisition cost plus \$12.00 admin fee
Nystatin Cream .....	acquisition cost plus office visit
Other Medications.....	acquisition cost plus office visit
Vaginal Yeast Cream.....	acquisition cost plus office visit

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

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

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

(4) Maternal Child Health Fees. Maternal Child Health (MCH) promotes optimal health of pregnant women, infants, and children. Fees for service are based on cost and Oregon Medical Assistance Program (OMAP) guidelines. The Maternity Case

Management Program reimburses Lane County MCH for services provided for eligible pregnant women and the Targeted Case Management Program reimburses Lane County MCH for services provided high risk infants and children.

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

(5) Environmental Health Program Fees.

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

Inspection Fees

Correctional Institution Inspections.....	\$ 75.00
Day Care Inspections.....	\$ 75.00
School Inspections .....	\$ 75.00
Group Care Home Inspections.....	\$ 75.00
Mobile Units Licensed by Another Jurisdiction..	\$ 25.00

Licensing Fees

Food Service Fees	
Bed and Breakfast.....	\$ 127.00 <sup>1/2</sup>

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

<sup>2</sup> January 1 - August 31, Full Fee, September 1-December 31, 50% Fee.

Benevolent Temporary Restaurant	
Administrative Fee.....	\$ 20.00
Food Service Workers Permit .....	\$ 10.00
Duplicate.....	\$ 5.00
Temporary Restaurant .....	\$ 60.00/event <sup>3</sup>
Grouping of Six or More, Recurring.....	\$ 60.00/month, not to exceed \$400 per year
<b>Restaurants</b>	
<b>Full Service</b>	
0-15 Seats.....	\$ 428.00 <sup>4/5</sup>
16-50 Seats.....	\$ 474.00 <sup>6/7</sup>
51-150 Seats.....	\$ 544.00 <sup>8/9</sup>
Over 150 Seats .....	\$ 636.00 <sup>10/11</sup>
Limited Service.....	\$ 428.00 <sup>12/13</sup>
Mobile Units .....	\$ 173.00
Warehouse .....	\$ 87.00
Commissary .....	\$ 173.00
Tourists and Travelers	
<b>Motels</b>	
Up to 25 units .....	\$ 164.00 <sup>14</sup>
26 to 50 units .....	\$ 229.00 <sup>15</sup>
51 to 75 units.....	\$ 284.00 <sup>16</sup>
76 to 100 units.....	\$ 339.00 <sup>17</sup>
101 and over.....	\$ 339.00 <sup>18</sup>

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

<sup>4</sup> See #1.

<sup>5</sup> See #2.

<sup>6</sup> See #1.

<sup>7</sup> See #2.

<sup>8</sup> See #1.

<sup>9</sup> See #2.

<sup>10</sup> See #1.

<sup>11</sup> See #2.

<sup>12</sup> See #1.

<sup>13</sup> See #2.

<sup>14</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>15</sup> See #14.

<sup>16</sup> See #14.

<sup>17</sup> See #14.

<sup>18</sup> See #14.

plus \$2.50 for  
each unit over 100

#### RV Parks

Up to 25 units .....	\$ 164.00 plus \$.30 per space <sup>19</sup>
26 to 50 units.....	\$229.00 plus \$.30 per space <sup>20</sup>
51 to 75 units.....	\$284.00 plus \$.22 per space <sup>21</sup>
76 to 100 units.....	\$339.00 plus \$.22 per space <sup>22</sup>
101 and over.....	\$339.00 plus \$.15 per each space over 100

#### Temporary - Campgrounds

Up to 25 units .....	\$ 70.00
26 to 50 units.....	\$ 100.00
51 to 75 units.....	\$ 125.00
76 to 100 units.....	\$ 150.00
101 and over.....	\$ 150.00

plus \$1.25 for  
each unit over 100

Bed and Breakfast .....	\$ 55.00 <sup>23</sup>
Hostel 1-10 beds.....	\$ 64.00 <sup>24</sup>
11+ beds .....	\$ 119.00 <sup>25</sup>

Organizational Camps.....	\$ 189.00 <sup>26</sup>
Picnic Park .....	\$ 84.00 <sup>27</sup>

Public Swimming Pools, Spa Pools .....	\$ 220.00
Vending Units	

1-10 .....	\$ 60.00
11-20 .....	\$ 70.00
21-30 .....	\$ 100.00
31-40 .....	\$ 110.00
41-50 .....	\$ 135.00
51-75 .....	\$ 160.00
76-100 .....	\$ 210.00
101-250 .....	\$ 360.00
251-500 .....	\$ 560.00
501-750 .....	\$ 760.00
751-1,000 .....	\$ 930.00
1,001-1,500 .....	\$1,220.00

<sup>19</sup> See #14.

<sup>20</sup> See #14.

<sup>21</sup> See #14.

<sup>22</sup> See #14.

<sup>23</sup> See #14.

<sup>24</sup> See #14.

<sup>25</sup> See #14.

<sup>26</sup> See #14.

<sup>27</sup> See #14.

1,501-2,000 ..... \$1,600.00

Nonrefundable Processing Fee ..... \$ 22.00

**Plan Review**

Bed and Breakfast Plan Review..... \$ 100.00

Food Service Plan Review/Opening Inspection .. \$ 150.00

Swimming Pools, Wading Pools and Spa Pools

(Construction Permit and Plan Review)

Includes first two construction Inspections \$ 400.00

Additional Construction Inspections (each) \$ 100.00

**Loan Reviews:**

Sewage and Water System Combination..... \$ 100.00

Sewage System Only ..... \$ 75.00

Water System Only (includes Bacteria Test) ..... \$ 80.00

Note: If Lab tests, in addition to Bacteria are requested, add the appropriate Lab fee found in LM 60.840(5) Domestic Water Samples

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

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

Physician/Psychiatrist.....	\$ 205.00/hour
Psychiatric Nurse Practitioner .....	\$ 170.00/hour
Therapist/Nurse .....	\$ 100.00/hour
Client Requested Court Appearance .....	\$ 100.00/hour
Client Medical Records Request .....	\$20.00 flat fee plus \$.25 per page copy charge as specified in LM 60.830
Daily Structure & Support.....	\$ 35.00/hour
Group Screening .....	\$ 33.00/hour
Group Therapy/Sessions.....	\$ 33.00/hour
Injections/Dose .....	\$ 15.00 flat fee
Intake .....	\$ 100.00/hour
Interpretive Services-Oral/Sign .....	\$ 40.00/hour
Lab Work, All Types .....	Actual Cost
Money Management Fee .....	\$ 10.00/month
<b>Oral Medications Supplied</b>	
One Prescription .....	\$ 7.00
Two Prescriptions .....	\$ 10.00
Three Prescriptions .....	\$ 12.00
Four Prescriptions .....	\$ 16.00
Five Prescriptions .....	\$ 20.00
Personal Assessment by RN Only .....	\$ 30.00
Personal Care Reassessment by RN Only .....	\$ 30.00
Personal Care Delegation by RN Only.....	\$ 30.00
Physical Exam-Limited .....	\$ 35.00
Physical Exam-General .....	\$ 45.00
<b>Physician/Psychiatric</b>	
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Adult .....	\$ 205.00/hour
Child .....	\$ 225.00/hour

Plethysmograph, Full Assessment.....	\$ 200.00
Plethysmograph, Maintenance .....	\$ 150.00
Plethysmograph, Treatment.....	\$ 80.00
Plethysmograph, No Show, Unexcused .....	\$ 80.00
Polygraph, All Types.....	Actual Cost

**Psychiatric Nurse Practitioner Services**

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

Adult .....	\$ 170.00/hour
Child .....	\$ 190.00/hour
Report Preparation.....	\$ 60.00
Report Preparation-Simple Duplication .....	\$ 15.00
Skills Training, Group .....	\$ 33.00/hour
Skills Training, Individual.....	\$ 100.00/hour
Therapist or Nursing Services .....	\$ 100.00/hour

Includes: Individual and Family Counseling,  
Family Support Services, Collateral Treatment,  
Professional Consultation, Medication Management,  
Referral Screening, Evaluations and Assessments

**(7) Alcohol and Drug Fees.**

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

Physician/Psychiatrist.....	\$ 205.00/hour
Psychiatric Nurse Practitioner .....	\$ 170.00/hour
Therapist/Nurse .....	\$ 100.00/hour
Client Requested Court Appearance .....	\$ 100.00/hour
Correction Evaluations .....	\$ 120.00/session
Courtesy Dosing/Set-Up.....	\$ 15.00 flat fee
DUII/Corrections Re-Referral .....	\$ 45.00/case
Group Screening.....	\$ 33.00/hour
Group Therapy/Sessions.....	\$ 33.00/hour
Injections/Dose .....	\$ 15.00 flat fee
Intake .....	\$ 100.00/hour
Intensive Care Monitoring.....	\$ 60.00/case
Interpretive Services-Oral/Sign .....	\$ 40.00/hour
Lab Work, Excluding Urinalysis.....	Actual Lab Fees
Methadone Courtesy Dose .....	\$ 10.00
ODL Evaluation/Recommendation .....	\$ 75.00
ODL Group Session .....	N/C
ODL Makeup Session.....	\$ 50.00
ODL Monthly Contact.....	\$ 35.00
<b>Oral Medications Supplied, Methadone Only</b>	
One Prescription .....	\$ 7.00
Two Prescriptions .....	\$ 14.00
Three Prescriptions .....	\$ 21.00
Four Prescriptions .....	\$ 28.00
Five Prescriptions .....	\$ 35.00
Replacement Bottle, Methadone.....	\$ 3.00
Physical Exam, Antabuse .....	\$ 25.00
Physical Exam, Limited.....	\$ 35.00

	Physical Exam, General .....	\$ 85.00
	Physical Exam, with Lab Work .....	\$ 95.00
	Physician/Psychiatrist Services .....	\$ 205.00
	Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
	Psychiatric Nurse Practitioner Services.....	\$ 170.00
	Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
	Report Preparation-Client Request.....	\$ 60.00
	Report Preparation-Simple Duplication .....	\$ 15.00
	Standard Case Monitoring.....	\$ 30.00/case
	Therapist or Nursing Services .....	\$ 100.00/hour
	Includes: Individual and Family Counseling, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations and Assessments	
	<b>Urinalysis</b>	
	Testing and Collection and Handling .....	\$ 11.00 plus actual lab fee
	Collection and Handling Only .....	\$ 11.00
(8)	<b><u>Parole &amp; Probation Fees</u></b>	
	DNA Sample Fee .....	\$ 10.00
	Electronic Supervision.....	up to \$35.00/day
	Daily fee charged based on hourly wage:	
	Hourly Wage	Electronic Supervision Fee
	\$ 0.00-\$ 7.00	\$ 8.00
	\$ 7.01-\$ 8.50	\$ 10.00
	\$ 8.51-\$ 10.00	\$ 12.00
	\$ 10.01-\$ 11.50	\$ 14.00
	\$ 11.51-\$ 13.00	\$ 16.00
	\$ 13.01-\$ 14.50	\$ 18.00
	\$ 14.51-\$ 16.00	\$ 20.00
	\$ 16.01-\$ 17.50	\$ 22.00
	\$ 17.51-\$ 19.00	\$ 24.00
	\$ 19.01-\$ 20.50	\$ 26.00
	\$ 20.51-\$ 22.00	\$ 28.00
	\$ 22.01-\$ 23.50	\$ 30.00
	\$ 23.51-\$ 25.00	\$ 32.00
	\$ 25.01-+	\$ 35.00
	Interstate Compact Transfer Fee .....	\$ 150.00
	Missed, Unexcused, Polygraph Test.....	Actual Cost
	Polygraph Test .....	Actual Cost
	Positive Urinalysis .....	\$ 30.00/flat fee
	Program Participation .....	\$ 5.00/session
	Supervision Fees .....	\$ 35.00/monthly
(9)	<b><u>Family Mediation</u></b>	
	Parent Education Class.....	\$ 45.00/Attendee
(10)	<b><u>Community Health Centers (FQHC)</u></b>	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. The minimum fee and discounted sliding fee schedule is reviewed, revised as necessary, and approved on an annual basis by the Board of County Commissioners.

**Community Health Centers ("sliding") Fee Discount Scale  
Based on Family Size and Income**

<100% FPL	- minimum fee medical \$20, dental \$35
100-125% FPL	- 20% of the cost/charge of the service
125-150% FPL	- 40% of the cost/charge of the service
150-175% FPL	- 60% of the cost/charge of the service
175-200% FPL	- 80% of the cost/charge of the service
>200% FPL	- 100% of the cost/charge of the service

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

**Community Health Fees**

(a) Office Visits - Community Health Centers	
Annual/preventive care age 18-39	
Established .....	\$ 168.00
Annual/preventive care age 18-39 New.....	\$ 203.00
Annual/preventive care age 40-64	
Established .....	\$ 182.00
Annual/preventive care age 40-64 New.....	\$ 222.00
Annual/preventive care age >65 Established.....	\$ 203.00
Annual/preventive care age >65 New.....	\$ 235.00
Basic life/disability examination.....	\$ 109.00
Behavioral Health Assessment	
each 15 minutes, initial .....	\$ 44.00
Behavioral Health Re-Assessment.....	\$ 52.00

Behavioral Health Intervention	
each 15 minutes, individual .....	\$ 24.00
Behavioral Health Intervention	
each 15 minutes, group .....	\$ 11.00
Behavioral Health Intervention	
each 15 minutes, family with patient .....	\$ 49.00
Behavioral Health Intervention	
each 15 minutes, family without patient ....	\$ 47.00
Group health education.....	\$ 40.00
Health risk assessment test .....	\$ 221.00
Initial surgical evaluation.....	\$ 57.00
Office consultation, high.....	\$ 381.00
Office consultation, low.....	\$ 169.00
Office consultation, minor .....	\$ 121.00
Office consultation, moderate.....	\$ 220.00
Office consultation, moderate-high .....	\$ 292.00
Office emergency care .....	\$ 36.00
Office/outpatient visit, established, high .....	\$ 209.00
Special reports/insurance forms.....	\$ 109.00
Unlisted Evaluation & Management.....	\$ 151.00
Work/medical disability	
examination/established .....	\$ 61.00
Work/medical disability examination/new .....	\$ 109.00
Office visit Level 1 Established (nursing) .....	\$ 44.00
Office visit Level 1 New.....	\$ 79.00
Office visit Level 2 Established.....	\$ 67.00
Office visit Level 2 New.....	\$ 109.00
Office visit Level 3 Established.....	\$ 89.00
Office visit Level 3 New.....	\$ 152.00
Office visit Level 4 Established.....	\$ 133.00
Office visit Level 4 New.....	\$ 219.00
Office visit Level 5 Established.....	\$ 205.00
Office visit Level 5 New.....	\$ 280.00
Preventive counseling/risk factor	
reduction 15min .....	\$ 60.00
Preventive counseling/risk factor	
reduction 30min .....	\$ 97.00
Preventive counseling/risk factor	
reduction 45min .....	\$ 132.00
Preventive counseling/risk factor	
reduction 60min .....	\$ 179.00
Preventive counseling group 60 min .....	\$ 51.00
Well child care <1 year Established .....	\$ 111.00
Well child care < 1 year New .....	\$ 138.00
Well child care age 1-4 Established.....	\$ 122.00
Well child care age 1-4 New.....	\$ 149.00
Well child care age 5-11 Established.....	\$ 130.00
Well child care age 5-11 New.....	\$ 155.00
Well child care age 12-17 Established.....	\$ 141.00
Well child care age 12-17 New.....	\$ 173.00

(b) Medical Services - Community Health Centers

Acne surgery .....	\$ 98.00
Addition of walker to cast.....	\$ 93.00
Aerosol/vapor inhalations, initial.....	\$ 37.00
Agglutinins, febrile, each antigen .....	\$ 27.00
Airway inhalation treatment .....	\$ 34.00
Allergen immunotherapy, 2+ inject .....	\$ 24.00
Allergen immunotherapy, one inject.....	\$ 17.00
Anoscopy, Diagnostic.....	\$ 97.00
Anoscopy, remove lesion.....	\$ 198.00
Anoscopy, remove lesion, w/snare .....	\$ 247.00
Anoscopy, w/biopsy.....	\$ 130.00
Antibody, hepatitis C.....	\$ 92.00
Antibody, HIV-1 .....	\$ 86.00
Application of forearm cast .....	\$ 155.00
Application of hand/wrist cast.....	\$ 148.00
Application of leg cast, clubfoot.....	\$ 161.00
Application of long arm cast.....	\$ 188.00
Application of long arm splint .....	\$ 128.00
Application of long leg cast.....	\$ 257.00
Application of long leg cast, walker .....	\$ 275.00
Application of long leg splint .....	\$ 122.00
Application of lower leg splint .....	\$ 106.00
Application of paste boot.....	\$ 91.00
Apply finger splint, dynamic .....	\$ 59.00
Apply finger splint, static.....	\$ 74.00
Apply foot splint (Denis-Browne) .....	\$ 64.00
Apply forearm splint, dynamic .....	\$ 87.00
Apply long leg cast brace.....	\$ 282.00
Apply long leg cast, cylinder .....	\$ 232.00
Apply short leg cast .....	\$ 187.00
Apply short leg cast (Patellar Tendon Bearing)...	\$ 286.00
Apply short leg cast, walker .....	\$ 221.00
Apply splint (forearm to hand) .....	\$ 114.00
Aspiration/injection intermediate joint, elbow or ankle.....	\$ 130.00
Aspiration/injection large joint, knee, shoulder, or hip .....	\$ 154.00
Aspiration/injection small joint, bursa or ganglion cyst.....	\$ 117.00
Assay thyroid activity (TBG) .....	\$ 39.00
Assay thyroid stimulating hormone .....	\$ 49.00
Assay, blood PKU.....	\$ 15.00
Audiometry, air & bone .....	\$ 51.00
Automated hemogram (CBC) .....	\$ 30.00
Avulsion of nail plate, partial or complete, simple or single .....	\$ 142.00
Bile duct endoscopy.....	\$ 404.00
Biopsy of external ear .....	\$ 149.00
Biopsy of nail unit.....	\$ 167.00
Biopsy of uterus lining.....	\$ 137.00
Biopsy skin, single lesion .....	\$ 142.00

Biopsy, second lesion .....	\$ 84.00
Blood count; hemoglobin (Hgb) .....	\$ 19.00
Blood occult, by peroxidase activity; stool.....	\$ 19.00
Blood occult, qualitative feces	
1-3 determinations.....	\$ 15.00
Breathing capacity test.....	\$ 69.00
Burn treatment w/anesthesia, med/large .....	\$ 369.00
Burn treatment w/anesthesia, small .....	\$ 112.00
Burn treatment w/o anesthesia, large .....	\$ 259.00
Burn treatment w/o anesthesia, medium.....	\$ 173.00
Burn treatment w/o anesthesia, small .....	\$ 96.00
Catheterize for urine specimen .....	\$ 87.00
Cauterize inner nose, intramural.....	\$ 328.00
Cauterize inner nose, superficial.....	\$ 219.00
Cautery of cervix; cryocautery, initial or repeat.....	\$ 318.00
Chemical cautery, granulated tissue .....	\$ 81.00
Chemical destruction condyloma of anus, simple.....	\$ 294.00
Chemical destruction condyloma penis; simple.....	\$ 219.00
Chorionic gonadotropin assay .....	\$ 26.00
Circumcision.....	\$ 110.00
Circumcision, not newborn.....	\$ 286.00
Circumcision, surgical, not newborn .....	\$ 432.00
Closure of split wound, simple .....	\$ 297.00
Closure of split wound, w/packing .....	\$ 267.00
Collect capillary blood specimen.....	\$ 29.00
Colposcopy of cervix, including upper/ adjacent vagina.....	\$ 292.00
Colposcopy with biopsy of cervix and endocervical curettage.....	\$ 422.00
Colposcopy, entire vagina w/cervix.....	\$ 233.00
Colposcopy, entire vagina w/cervix w/biopsy .....	\$ 282.00
Colposcopy, cervix w/biopsy of cervix .....	\$ 260.00
Colposcopy, cervix w/endocervical curettage .....	\$ 246.00
Colposcopy, cervix w/loop conization.....	\$ 579.00
Cryocautery, cervix.....	\$ 166.00
Cryosurgery removal of anal lesion(s).....	\$ 209.00
Cryosurgery, penis lesion(s) .....	\$ 157.00
Culture specimen, bacterial, non urine/blood/stool .....	\$ 39.00
Culture, bacterial, quantitative colony count, urine.....	\$ 22.00
Culture, pathogenic organism, screen.....	\$ 34.00
Cytopathology, cervical/vaginal, manual screen.....	\$ 24.00
Cytopathology, cervical/vaginal, physician interpretation .....	\$ 39.00
Debride 1-5 nails, any method .....	\$ 44.00
Debride 6+ nails, any method .....	\$ 61.00

Debride skin/muscle, Fx .....	\$ 1,133.00
Debride skin/muscle/bone, Fx .....	\$ 1,631.00
Debride skin/tissue, Fx .....	\$ 873.00
Destruction benign/premalignant lesion 15+ .....	\$ 365.00
Destruction benign or premalignant lesions	
other than skin tags, 1st lesion .....	\$ 105.00
Destruction flat/molluscum, 15+ .....	\$ 164.00
Destruction flat warts, molluscum, up to 14.....	\$ 129.00
Destruction lesion(s), anus; simple,	
cryosurgery .....	\$ 285.00
Destruction lesion(s), penis; simple,	
cryosurgery .....	\$ 237.00
Destruction lesion, 2-14 .....	\$ 35.00
Destruction penis lesion(s), extensive.....	\$ 462.00
Destruction, vulva lesion(s); simple,	
any method.....	\$ 232.00
Destruction vaginal lesion(s), extensive .....	\$ 591.00
Destruction vaginal lesion(s); simple,	
any method.....	\$ 248.00
Destruction vascular skin lesions 10-50 cm.....	\$ 914.00
Destruction vascular skin lesions over 50 cm.....	\$1,530.00
Destruction vascular skin lesions up to 10 cm....	\$ 497.00
Destruction vulva lesion(s), extensive .....	\$ 479.00
Drain arm/elbow abscess/hematoma.....	\$ 463.00
Drain blood from under nail .....	\$ 77.00
Drain complex postoperative	
wound infection.....	\$ 361.00
Drain external ear lesion, simple .....	\$ 197.00
Drain infected arm/elbow bursa.....	\$ 334.00
Drain lower leg abscess/hematoma.....	\$ 711.00
Drain neck/chest abscess/hematoma.....	\$ 554.00
Drain skin abscess, complicated or multiple.....	\$ 239.00
Drainage of anal abscess .....	\$ 192.00
Drainage of finger abscess, complicated .....	\$ 507.00
Drainage of finger abscess, simple .....	\$ 260.00
Drainage of forearm/wrist lesion .....	\$1,076.00
Drainage of pilonidal cyst, complicated .....	\$ 361.00
Drainage of pilonidal cyst, simple .....	\$ 178.00
Drainage of rectal abscess under anesthesia .....	\$ 452.00
Drainage of rectal abscess,	
separate procedure.....	\$ 573.00
Drainage of skin lesion .....	\$ 154.00
Drainage of thigh/knee lesion .....	\$ 811.00
Drainage of tonsil abscess.....	\$ 246.00
Drainage of vulva gland abscess.....	\$ 182.00
Drainage of vulva/perineum abscess .....	\$ 196.00
Drug screen, qualitative, multiple	
classes, chromatographic .....	\$ 60.00
Destroy malignant lesion	
face/ear/nose 0.5 cm or less .....	\$ 233.00
face/ear/nose 0.6-1.0 cm .....	\$ 281.00

face/ear/nose 1.1-2.0 cm .....	\$ 349.00
face/ear/nose 2.1-3.0 cm .....	\$ 423.00
face/ear/nose 3.1-4.0 cm .....	\$ 396.00
face/ear/nose >4.0 cm .....	\$ 418.00
neck/hand/foot/genital 0.5 cm or less.....	\$ 212.00
neck/hand/foot/genital 0.6-1.0 cm .....	\$ 247.00
neck/hand/foot/genital 1.1-2.0 cm .....	\$ 297.00
neck/hand/foot/genital 2.1-3.0 cm .....	\$ 376.00
neck/hand/foot/genital 3.1-4.0 cm .....	\$ 331.00
neck/hand/foot/genital >4.0 cm.....	\$ 396.00
trunk/arm/leg 0.5 cm or less.....	\$ 186.00
trunk/arm/leg 0.6-1.0 cm.....	\$ 219.00
trunk/arm/leg 1.1-2.0 cm.....	\$ 272.00
trunk/arm/leg 2.1-3.0 cm.....	\$ 342.00
trunk/arm/leg 3.1-4.0 cm.....	\$ 392.00
trunk/arm/leg >4.0 cm.....	\$ 332.00
Developmental testing, limited .....	\$ 74.00
Ear piercing.....	\$ 56.00
Electrocardiogram, routine ECG, with at least 12 leads; interpret & report.....	\$ 90.00
Electrolyte panel .....	\$ 20.00
Endometrial sampling (biopsy) .....	\$ 262.00
Evaluation of wheezing .....	\$ 65.00
Evaluation, athletic training.....	\$ 50.00
Exhaled carbon dioxide test.....	\$ 88.00
Eye service or procedure NEC.....	\$ 43.00
Excise skin wedge, ingrown toenail.....	\$ 126.00
Excision of nail and nail matrix, partial or complete, permanent .....	\$ 446.00
Explore/treat finger joint removal of foreign body.....	\$ 566.00
Gastric intubation/treatment .....	\$ 110.00
General health panel .....	\$ 124.00
Glucose blood test.....	\$ 11.00
Glucose; quantitative, blood, reagent strip .....	\$ 20.00
Glycosylated hemoglobin assay.....	\$ 41.00
Hearing screening .....	\$ 22.00
Hemoglobin count, colorimetric .....	\$ 13.00
Hepatic function panel .....	\$ 32.00
Hepatitis A antibody, total .....	\$ 71.00
Hepatitis panel, acute .....	\$ 44.00
Heterophile antibody screen .....	\$ 23.00
Hysteroscopy w/biopsy endometrium and/or polypectomy.....	\$ 792.00
Incise/drain eyelid lining cyst .....	\$ 349.00
Incision and drainage abscess or cyst, simple or single .....	\$ 149.00
Incision and removal foreign body, simple.....	\$ 173.00
Incision and drainage of rectal abscess .....	\$ 383.00
Incision of breast lesion, deep.....	\$ 527.00
Incision of external hemorrhoid.....	\$ 244.00

Infectious antigen, chlamydia trachomatis .....	\$ 39.00
Infectious antigen, HBsAg.....	\$ 45.00
Infectious antigen, streptococcus group A.....	\$ 26.00
Infectious antigen, HIV-1, direct probe .....	\$ 62.00
Infectious antigen, neisseria gonorrhoeae, direct probe .....	\$ 57.00
Infectious antigen, neisseria gonorrhoeae, quantification .....	\$ 131.00
Infectious antigen, streptococcus A, direct probe .....	\$ 57.00
Initial treatment, 1st degree burn .....	\$ 116.00
Inject skin lesions, 7 max.....	\$ 70.00
Inject skin lesions, 8 or more .....	\$ 107.00
Injection single/multiple trigger points 1-2 muscles .....	\$ 146.00
Inject single/multiple trigger points 3+ muscles .....	\$ 145.00
Injection single tendon, ligament.....	\$ 132.00
Insert contraceptive capsules .....	\$ 278.00
Insert non-biodegradable drug delivery implant.....	\$ 194.00
Insert non-indwelling bladder catheter .....	\$ 87.00
Interphalangeal joint, each.....	\$ 717.00
Intramuscular injection of antibiotic .....	\$ 22.00
IV infusion therapy, up to 1 hour.....	\$ 127.00
IV injection .....	\$ 56.00
Late closure of wound, extensive .....	\$1,204.00
Layer closure of wounds face/ears 2.5 cm or less .....	\$ 337.00
face/ears 2.6-5.0 cm .....	\$ 398.00
face/ears 5.1-7.5 cm .....	\$ 422.00
face/ears 7.6-12.5 cm .....	\$ 493.00
face/ears 12.6-20.0 cm .....	\$ 634.00
face/ears 20.1-30.0 cm .....	\$ 805.00
face/ears >30.0 cm .....	\$ 913.00
hands/feet 2.5 cm or less .....	\$ 280.00
hands/feet 2.6-7.5 cm .....	\$ 341.00
hands/feet 7.6-12.5 cm .....	\$ 453.00
hands/feet 12.6-20.0 cm .....	\$ 466.00
hands/feet 20.1-30.0 cm .....	\$ 601.00
hands/feet >30.0 cm .....	\$ 693.00
trunk 2.5 cm or less .....	\$ 249.00
trunk 2.6-7.5 cm .....	\$ 310.00
trunk 7.6-12.5 cm .....	\$ 423.00
trunk 12.6-20.0 cm .....	\$ 554.00
trunk 20.1 -30.0 cm .....	\$ 562.00
trunk >30.0 cm.....	\$ 664.00
Ligation of hemorrhoid(s).....	\$ 210.00
Lipid profile.....	\$ 42.00
Manual therapy 1+ regions, each 15 minutes .....	\$ 26.00
Massage therapy .....	\$ 39.00

Maximum breathing capacity, maximal voluntary ventilation .....	\$ 49.00
Measure airflow resistance .....	\$ 88.00
Measure airway closing volume .....	\$ 86.00
Medical nutrition therapy, Group 2+ individuals, ea. 30 mins.....	\$ 44.00
Medical nutrition therapy, re-assessment and intervention, 15 mins.....	\$ 29.00
Medical nutrition therapy, initial assessment and intervention, 15 mins.....	\$ 34.00
Metabolic panel, basic .....	\$ 31.00
Metabolic panel, comprehensive .....	\$ 39.00
Metacarpophalangeal joint(s), each .....	\$ 606.00
Microscopic examination of urine .....	\$ 17.00
Motion analysis, comprehensive, video-taping kinematics/3D .....	\$ 188.00
Nailbed reconstruction w/graft .....	\$ 521.00
Nasopharyngoscopy w/endoscopy.....	\$ 172.00
Neuromuscular re-education, each 15 minutes.....	\$ 39.00
Noninvasive ear or pulse oximetry for O2 saturation; single .....	\$ 37.00
Obstetric profile .....	\$ 119.00
Papillectomy or excision of single tag, anus.....	\$ 189.00
Paring/cut benign skin lesion, 1 .....	\$ 54.00
Paring/cut benign skin lesion, 2-4.....	\$ 60.00
Paring/cut benign skin lesion, 4+.....	\$ 66.00
Peakflow .....	\$ 4.00
Pelvic examination w/anesthesia .....	\$ 256.00
Physical therapy exercises, each 15 minutes .....	\$ 29.00
Proctosigmoidoscopy/diagnostic .....	\$ 124.00
Puncture drainage of breast cyst .....	\$ 137.00
Puncture drainage of skin lesion .....	\$ 104.00
Puncture aspiration of abscess, hematoma, bulla or cyst.....	\$ 146.00
Pure tone audiometry; air only.....	\$ 41.00
Pure tone hearing screen, air.....	\$ 28.00
RBC sedimentation rate, automated .....	\$ 24.00
Re-evaluation, athletic training.....	\$ 50.00
Removal of anal tags.....	\$ 251.00
Removal of cervix cone .....	\$ 701.00
Removal of devitalized tissue from wounds nonselective debridement .....	\$ 44.00
Removal of devitalized tissue from wounds selective debridement .....	\$ 120.00
Removal of foreign body external eye conjunctival embedded .....	\$ 153.00
conjunctival superficial .....	\$ 103.00
corneal w/slit lamp .....	\$ 166.00
corneal w/o slit lamp .....	\$ 353.00
Removal of foreign body intraocular	

from anterior chamber.....	\$ 1,337.00
Removal of foreign body; cornea with lamp .....	\$ 222.00
Removal of impacted cerumen,	
one or both ears.....	\$ 86.00
Removal of nail bed/finger tip .....	\$ 418.00
Removal of nail plate partial/complete,	
each additional .....	\$ 58.00
Removal of penis lesion(s) .....	\$ 290.00
Removal of skin tags, up to 15 lesions .....	\$ 126.00
Removal of skin tags, each additional 10 .....	\$ 57.00
Removal/abrasion of skin of nose.....	\$ 976.00
Remove burn scab, initial incision.....	\$ 480.00
Remove cervix cone w/loop electrode.....	\$ 624.00
Remove contraceptive capsules.....	\$ 271.00
Remove deep thigh/knee foreign body .....	\$ 698.00
Remove extensor tendon w/rod implantation	
of synthetic rod, each rod.....	\$ 1,155.00
Remove hemorrhoid clot .....	\$ 211.00
Remove impacted ear wax.....	\$ 104.00
Remove lesion	
scalp/neck/hand/foot 0.5 cm or less .....	\$ 137.00
scalp/neck/hand/foot 0.6-1.0 cm .....	\$ 155.00
scalp/neck/hand/foot 1.1-2.0 cm .....	\$ 214.00
scalp/neck/hand/foot 2.1-3.0 cm .....	\$ 324.00
scalp/neck/hand/foot 3.1-4.0 cm .....	\$ 468.00
scalp/neck/hand/foot >4.0 cm .....	\$ 665.00
trunk/arm/leg 0.5 cm or less.....	\$ 118.00
trunk/arm/leg 0.6-1.0 cm.....	\$ 145.00
trunk/arm/leg 1.1-2.0 cm.....	\$ 204.00
trunk/arm/leg 2.1-3.0 cm.....	\$ 270.00
trunk/arm/leg 3.1-4.0 cm.....	\$ 359.00
trunk/arm/leg >4.0 cm.....	\$ 424.00
face/lid/ear/nose/lip 0.5 cm or less.....	\$ 214.00
face/lid/ear/nose/lip 0.6-1.0cm.....	\$ 272.00
face/lid/ear/nose/lip 1.1-2.0 cm.....	\$ 342.00
face/lid/ear/nose/lip 2.1-3.0 cm.....	\$ 443.00
face/lid/ear/nose/lip 3.1-4.0 cm.....	\$ 589.00
face/lid/ear/nose/lip >4.0cm.....	\$ 753.00
Remove malignant lesion	
face/nose/lips 0.5 cm or less .....	\$ 333.00
face/nose/lips 0.6-1.0 cm .....	\$ 420.00
face/nose/lips 1.1-2.0 cm .....	\$ 505.00
face/nose/lips 2.1-3.0 cm .....	\$ 609.00
face/nose/lips 3.1-4.0 cm .....	\$ 684.00
face/nose/lips >4.0 cm.....	\$ 914.00
head/hand/foot 0.5 cm or less .....	\$ 265.00
head/hand/foot 0.6-1.0 cm .....	\$ 336.00
head/hand/foot 1.1-2.0 cm .....	\$ 409.00
head/hand/foot 2.1-3.0 cm .....	\$ 491.00
head/hand/foot 3.1-4.0 cm .....	\$ 571.00
head/hand/foot >4.0 cm.....	\$ 826.00

trunk/arm/leg 0.5 cm or less.....	\$ 230.00
trunk/arm/leg 0.6-1.0 cm.....	\$ 281.00
trunk/arm/leg 1.1-2.0 cm.....	\$ 335.00
trunk/arm/leg 2.1-3.0cm.....	\$ 408.00
trunk/arm/leg 3.1-4.0 cm.....	\$ 490.00
trunk/arm/leg >4.0 cm.....	\$ 664.00
Remove non-biodegradable drug delivery implant .....	\$ 221.00
Remove object from foot, deep.....	\$ 471.00
Remove object from foot, subcutaneous.....	\$ 279.00
Remove object from foot, complicated.....	\$ 894.00
Remove object from nose .....	\$ 134.00
Remove object from outer ear canal .....	\$ 135.00
Remove object from outer ear canal w/anesthesia .....	\$ 410.00
Remove object, muscle/tendon, deep.....	\$ 618.00
Remove object, muscle/tendon, simple .....	\$ 293.00
Remove pilonidal cyst, complex.....	\$1,330.00
Remove pilonidal cyst, extensive .....	\$1,065.00
Remove pilonidal cyst, simple.....	\$ 636.00
Remove skin foreign body, complicated .....	\$ 311.00
Remove sweat gland lesion, axillary .....	\$ 872.00
Remove sweat gland lesion, axillary complex....	\$ 919.00
Remove sweat gland lesion, inguinal.....	\$ 674.00
Remove sweat gland lesion, perianal .....	\$ 630.00
Remove sweat gland lesion, perianal complex ....	\$ 790.00
Remove tendon lesion, toe(s).....	\$ 466.00
Remove tissue expander(s) .....	\$ 447.00
Remove vulva gland/lesion.....	\$ 662.00
Remove/reinsert contraceptive caps .....	\$ 357.00
Remove/reinsert non-biodegradable drug delivery implant.....	\$ 357.00
Remove/revise cast, boot/body .....	\$ 78.00
Remove/revise cast, full arm/leg .....	\$ 108.00
Renal function panel .....	\$ 32.00
Repair complex wound, lid/nose/ear/lip each 1.0 cm .....	\$ 540.00
each 1.1-2.5 cm .....	\$ 682.00
each > 2.5 cm.....	\$1,063.00
each additional 5.0 cm or less .....	\$ 396.00
Repair complex wound, face/hand/foot each 1.1-2.5 cm.....	\$ 570.00
each >2.5 cm.....	\$ 848.00
each additional 5.0 cm or less .....	\$ 322.00
Repair complex wound, scalp/arm/leg each 1.1-2.5 cm.....	\$ 449.00
each > 2.5 cm.....	\$ 633.00
each additional 5.0 cm/less .....	\$ 237.00
Repair complex wound, trunk.....	\$ 365.00
additional 5.0 cm/less.....	\$ 229.00
Repair complex wound, trunk complex .....	\$ 503.00

Repair eyelid wound, partial .....	\$ 1,044.00
Repair finger tendon, closed .....	\$ 622.00
Repair finger tendon, w/o free graft, ea .....	\$ 839.00
Repair lip vermillion .....	\$ 532.00
Repair mouth laceration.....	\$ 202.00
Repair of nail bed.....	\$ 319.00
Repair vagina/perineum injury .....	\$ 570.00
Respiratory flow volume loop .....	\$ 67.00
Sample stomach contents.....	\$ 494.00
Sample stomach contents after stimulation.....	\$ 297.00
Sample stomach contents, 1 hour.....	\$ 618.00
Sample stomach contents, 2 hours.....	\$ 419.00
Sample stomach contents, 2 hours including gastric stimulation.....	\$ 635.00
Sample stomach contents, 3 hours .....	\$ 741.00
Sensorineural acuity test .....	\$ 33.00
Serial tonometry evaluation(s).....	\$ 66.00
Shave lesion	
face/lid/ear/nose/lip 0.5 cm or less .....	\$ 144.00
face/lid/ear/nose/lip 0.6-1.0 cm.....	\$ 172.00
face/lid/ear/nose/lip 1.1 -2.0 cm.....	\$ 209.00
face/lid/ear/nose/lip >2.0 cm.....	\$ 272.00
scalp/neck/hand/foot 0.5 cm or less .....	\$ 121.00
scalp/neck/hand/foot 0.6-1.0 cm .....	\$ 157.00
scalp/neck/hand/foot 1.1-2.0 cm .....	\$ 192.00
scalp/neck/hand/foot >2.0 cm .....	\$ 257.00
Shave skin lesion	
trunk/arm/leg 0.5 cm or less.....	\$ 115.00
trunk/arm/leg 0.6-1.0 cm.....	\$ 145.00
trunk/arm/leg 1.1-2.0 cm.....	\$ 179.00
trunk/arm/leg >2.0 cm.....	\$ 241.00
Simple repair superficial wounds	
face 7.6-12.5 cm.....	\$ 451.00
face 12.6-20.0 cm.....	\$ 433.00
face 20.1-30.0 cm.....	\$ 864.00
face over 30 cm.....	\$ 776.00
trunk 12.6-20.0 cm.....	\$ 390.00
trunk 20.1-30.0 cm.....	\$ 412.00
Simple repair superficial wounds,	
2.5 cm or less .....	\$ 235.00
Simple repair, superficial wounds,	
2.6 cm – 7.5 cm.....	\$ 287.00
Simple repair superficial wounds, trunk	
7.6 -12.5 cm .....	\$ 309.00
> 30.0 cm .....	\$ 540.00
Skin test; tuberculosis, intradermal.....	\$ 28.00
Smear, primary source with interpret.....	\$ 25.00
Special supplies.....	\$ 13.00
Spun microhematocrit blood count.....	\$ 11.00
Strapping of ankle.....	\$ 54.00
Strapping of chest .....	\$ 104.00

	Strapping of elbow/wrist.....	\$ 59.00
	Strapping of hand/finger .....	\$ 60.00
	Strapping of hip .....	\$ 82.00
	Strapping of knee.....	\$ 71.00
	Strapping of low back.....	\$ 109.00
	Strapping of shoulder.....	\$ 71.00
	Strapping of toes .....	\$ 52.00
	Subcutaneous hormone pellet implant.....	\$ 193.00
	Subcutaneous/Intramuscle injection .....	\$ 16.00
	Supplies .....	acquisition cost
	Surgical cleansing, tissue/muscle/bone.....	\$ 852.00
	Surgical biopsy of breast, open.....	\$ 691.00
	Surgical cleansing of abrasion .....	\$ 93.00
	Surgical cleansing of skin .....	\$ 132.00
	Surgical cleansing of skin/tissue.....	\$ 225.00
	Surgical cleansing of tissue/muscle .....	\$ 590.00
	Syphilis test.....	\$ 19.00
	Therapeutic activities (one on one).....	\$ 49.00
	Therapeutic, prophylactic injection (subcutaneous or intramuscular) .....	\$ 21.00
	Tissue exam by KOH slide samples .....	\$ 28.00
	Treat shoulder dislocation w/anesthesia .....	\$ 557.00
	Treat shoulder dislocation.....	\$ 382.00
	Trim nondystrophic nail, any number.....	\$ 31.00
	Tympanogram.....	\$ 48.00
	Urinalysis, non-automated, with scope.....	\$ 18.00
	Urinalysis, non-automated, without microscopy .....	\$ 17.00
	Urinalysis, routine.....	\$ 22.00
	Vaginoscopy .....	\$ 196.00
	Vaginoscopy w/cervical biopsy .....	\$ 283.00
	Vaginoscopy with LEEP.....	\$ 678.00
	Vasectomy .....	\$ 498.00
	Venipuncture finger/heel/ear stick routine.....	\$ 16.00
	Visual field exam(s), limited .....	\$ 103.00
	Virus isolation for test, tissue .....	\$ 70.00
(c)	Family Planning – Community Health Centers See LM 60.840(3), Family Planning Fees	
(d)	Immunizations – Community Health Centers See LM 60.840(2)(c), Communicable Disease Fees	
(e)	Mental Health – Community Health Centers See LM 60.840(6), General Mental Health Fees	
(f)	Dental Services – Community Health Centers Child proph with fluoride .....	\$ 50.00
	Child proph without fluoride .....	\$ 36.00
	Fluoride only, child.....	\$ 14.00
	Periodic Oral Evaluation.....	\$ 23.00
(g)	Medication & Supplies Activity therapy .....	\$ 15.00
	Drawing blood for specimen.....	\$ 10.00
	Limited Dental Exam.....	\$ 23.00

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Training & Education Services..... \$ 46.00  
Visit for drug monitoring..... \$ 38.00

*(Revised by Order No. 98-8-12-2, Effective 8.12.98; 99-9-29-9, 9.29.99; 01-6-13-9, 6.13.01; 01-10-17-2, 10.17.01; 02-5-7-2, 5.7.02; 02-6-26-8, 7.1.02; 02-10-2-13, 10.2.02; 03-6-11-9, 7.1.03; 04-2-4-7, 2.4.04; 04-6-30-6, 7.1.04)*

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- (b) The Sheriff is authorized to collect the following set up fee from those persons eligible and accepted for the Electronic Surveillance Program (ESP) pretrial house arrest ..... \$ 35.00
- (c) The Sheriff may approve fee reductions based upon verified financial hardship ..... \$ 15.50
- (6) Community Service Fees.
- (a) The Sheriff is authorized to collect the following offender fees:
- |                      |          |
|----------------------|----------|
| Referral Fee .....   | \$ 40.00 |
| Re-Referral Fee..... | \$ 15.00 |
- (b) The Sheriff may approve reduction of the referral fee to \$15.00 when an offender presents an Oregon Trail Card. (*Revised by Order No. 01-10-17-9, Effective 1.1.02*)

#### **60.840 Department of Health and Human Services Fees.**

In order to ensure the efficiency of human services in Lane County, the Department of Health and Human Services is authorized to collect fees for services.

When the fee is listed at actual cost or acquisition cost, this is to mean the actual cost of purchasing the service or product, rounded to the nearest dollar.

The Department Director, or designated program managers within the Department have authority to waive any fee in part or in whole for good cause shown or in circumstances where it is apparent that the client could not accept the services if a fee was required. Written documentation on these extenuating circumstances are to be kept on file. Fiscal records should reflect charges as per fee schedule, with balances shown for bad debts and for fees waived. Those fees for which a sliding fee scale is appropriate, will be discounted according to the annual Service Discount Schedule approved by the United States Department of Health and Human Services, Region X.

Pursuant to the authorization of ORS 431.415 and the authority of the Lane County Home Rule Charter, the following fees shall be charged by the Department of Health and Human Services and paid to Lane County for the following services. Any fee that is designated "Actual," or "Acquisition Cost" will be set at the beginning of each fiscal year, or as directed by the state. Lane County collects additional fees, which are not listed, for services to clients billed directly to various state agencies. These fees are set by the state agency and are not charged directly to clients. Examples of such fees are: Family Planning Expansion Project and Mental Health Residential daily rate.

(1) General Fees.

Professional Services

Contracted Professional Services will be provided at cost as specified by the contract. Services shall include, but not be limited to polygraph, plethysmograph and psychiatric testing.

Public Speaking

(recommended donation only) ..... \$ 50.00/hour

Record Search

Search plus copies of first 5 pages ..... \$ 3.50

Additional pages ..... \$.25/each

Research Fees

In accordance with the provisions of LM 60.838 requests for information which, in the judgment of the Department Director or designee, require research by professional or specialized staff, the actual salary hourly rate of the researcher(s) times 2.42 shall be charged. Charges will be computed on quarter hours. The requestor will be advised, prior to research, of the estimated cost.

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

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

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Immunizations .....	acquisition cost plus \$12.00 admin fee
Nystatin Cream .....	acquisition cost plus office visit
Other Medications.....	acquisition cost plus office visit
Vaginal Yeast Cream.....	acquisition cost plus office visit

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

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

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

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

(a) Maternity Case Management

Case Management Visit.....	\$ 44.00
High Risk Maternity Case Management (Full) .....	\$ 132.00
High Risk Maternity Case Management (Partial) .....	\$ 66.00
Home Environment Assessment.....	\$ 44.00
Initial Assessment.....	\$ 26.00
Maternity Case Management (Full) .....	\$ 77.00
Maternity Case Management (Partial) .....	\$ 39.00
Nutritional Case Management .....	\$ 51.00
Telephone Contact Visit .....	\$ 11.00

(b) Other Maternal Child Health (MCH) Services

Developmental Screening.....	\$ 60.00
Developmental Reporting/Consultation.....	\$ 45.00
Home Visit.....	\$ 120.00
Office Visit New-Prevention.....	\$ 40.00
Established-Prevention.....	\$ 30.00
PKU .....	\$ 10.00
Rh and Type.....	lab cost plus \$10.00

(c) Child Safety Seat ..... acquisition cost

(5) Environmental Health Program Fees.

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

Inspection Fees

Correctional Institution Inspections.....	\$ 75.00
Day Care Inspections .....	\$ 75.00
School Inspections .....	\$ 75.00
Group Care Home Inspections.....	\$ 75.00
Mobile Units Licensed by Another Jurisdiction ..	\$ 25.00

Licensing Fees

Food Service Fees

Bed and Breakfast .....	\$ 127.00 <sup>1/2</sup>
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<sup>1</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.

Benevolent Temporary Restaurant		
Administrative Fee.....	\$ 20.00	
Food Service Workers Permit .....	\$ 10.00	
Duplicate.....	\$ 5.00	
Temporary Restaurant .....	\$ 60.00/event <sup>3</sup>	
Grouping of Six or More, Recurring.....	\$ 60.00/month, not to exceed \$400 per year	
Restaurants		
Full Service		
0-15 Seats.....	\$ 428.00 <sup>4/5</sup>	
16-50 Seats.....	\$ 474.00 <sup>6/7</sup>	
51-150 Seats.....	\$ 544.00 <sup>8/9</sup>	
Over 150 Seats.....	\$ 636.00 <sup>10/11</sup>	
Limited Service.....	\$ 428.00 <sup>12/13</sup>	
Mobile Units .....	\$ 173.00	
Warehouse .....	\$ 87.00	
Commissary .....	\$ 173.00	
Tourists and Travelers		
Motels		
Up to 25 units .....	\$ 164.00 <sup>14</sup>	
26 to 50 units .....	\$ 229.00 <sup>15</sup>	

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(2) A license issued under ORS 624.010 to 624.120 that is not renewed on or before the expiration date of the license (December 31 of each year) is delinquent. If the delinquency extends 30 days or more past the expiration date, the licensee shall pay a delinquency fee in addition to the renewal fee required in subsection (4) of this section. The delinquency fee shall be equal to 50 percent of the license renewal fee and shall be increased by 50 percent of the license renewal fee on the first day of each succeeding month in which the license is not renewed.

<sup>2</sup> January 1 - August 31, Full Fee, September 1-December 31, 50% Fee.

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

<sup>4</sup> See #1.

<sup>5</sup> See #2.

<sup>6</sup> See #1.

<sup>7</sup> See #2.

<sup>8</sup> See #1.

<sup>9</sup> See #2.

<sup>10</sup> See #1.

<sup>11</sup> See #2.

<sup>12</sup> See #1.

<sup>13</sup> See #2.

<sup>14</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.

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51 to 75 units.....	\$ 284.00 <sup>16</sup>
76 to 100 units.....	\$ 339.00 <sup>17</sup>
101 and over.....	\$ 339.00 <sup>18</sup> plus \$2.50 for each unit over 100

**RV Parks**

Up to 25 units .....	\$164.00 plus \$.30 per space <sup>19</sup>
26 to 50 units.....	\$229.00 plus \$.30 per space <sup>20</sup>
51 to 75 units.....	\$284.00 plus \$.22 per space <sup>21</sup>
76 to 100 units.....	\$339.00 plus \$.22 per space <sup>22</sup>
101 and over.....	\$339.00 plus \$.15 per each space over 100

**Temporary - Campgrounds**

Up to 25 units .....	\$ 70.00
26 to 50 units.....	\$ 100.00
51 to 75 units.....	\$ 125.00
76 to 100 units.....	\$ 150.00
101 and over.....	\$ 150.00 plus \$1.25 for each unit over 100

Bed and Breakfast.....	\$ 55.00 <sup>23</sup>
Hostel 1-10 beds.....	\$ 64.00 <sup>24</sup>

11+ beds .....	\$ 119.00 <sup>25</sup>
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Organizational Camps.....	\$ 189.00 <sup>26</sup>
---------------------------	-------------------------

Picnic Park .....	\$ 84.00 <sup>27</sup>
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Public Swimming Pools, Spa Pools.....	\$ 220.00
---------------------------------------	-----------

**Vending Units**

1-10 .....	\$ 60.00
11-20 .....	\$ 70.00
21-30 .....	\$ 100.00
31-40 .....	\$ 110.00
41-50 .....	\$ 135.00

<sup>15</sup> See #14.

<sup>16</sup> See #14.

<sup>17</sup> See #14.

<sup>18</sup> See #14.

<sup>19</sup> See #14.

<sup>20</sup> See #14.

<sup>21</sup> See #14.

<sup>22</sup> See #14.

<sup>23</sup> See #14.

<sup>24</sup> See #14.

<sup>25</sup> See #14.

<sup>26</sup> See #14.

<sup>27</sup> See #14.

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51-75 .....	\$ 160.00
76-100 .....	\$ 210.00
101-250 .....	\$ 360.00
251-500 .....	\$ 560.00
501-750 .....	\$ 760.00
751-1,000 .....	\$ 930.00
1,001-1,500 .....	\$1,220.00
1,501-2,000 .....	\$1,600.00
Nonrefundable Processing Fee .....	\$ 22.00

Plan Review

Bed and Breakfast Plan Review..... \$ 100.00

Food Service Plan Review/Opening Inspection .. \$ 150.00

Swimming Pools, Wading Pools and Spa Pools

(Construction Permit and Plan Review)

Includes first two construction Inspections \$ 400.00

Additional Construction Inspections (each) \$ 100.00

Loan Reviews:

Sewage and Water System Combination..... \$ 100.00

Sewage System Only ..... \$ 75.00

Water System Only (includes Bacteria Test) ..... \$ 80.00

Note: If Lab tests, in addition to Bacteria are requested, add the appropriate Lab fee found in LM 60.840(5) Domestic Water Samples

(6) General Mental Health Fees.

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

Physician/Psychiatrist..... \$ 205.00/hour

Psychiatric Nurse Practitioner ..... \$ 170.00/hour

Therapist/Nurse ..... \$ 100.00/hour

Client Requested Court Appearance ..... \$ 100.00/hour

Client Medical Records Request ..... \$20.00 flat fee plus  
\$ .25 per page copy  
charge as specified  
in LM 60.830

Daily Structure & Support..... \$ 35.00/hour

Group Screening ..... \$ 33.00/hour

Group Therapy/Sessions..... \$ 33.00/hour

Injections/Dose ..... \$ 15.00 flat fee

Intake ..... \$ 100.00/hour

Interpretive Services-Oral/Sign..... \$ 40.00/hour

Lab Work, All Types..... Actual Cost

Money Management Fee ..... \$ 10.00/month

Oral Medications Supplied

One Prescription ..... \$ 7.00

Two Prescriptions ..... \$ 10.00

Three Prescriptions ..... \$ 12.00

Four Prescriptions ..... \$ 16.00

Five Prescriptions ..... \$ 20.00

Personal Assessment by RN Only ..... \$ 30.00

Personal Care Reassessment by RN Only ..... \$ 30.00

Personal Care Delegation by RN Only ..... \$ 30.00

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Physical Exam-Limited .....	\$ 35.00
Physical Exam-General .....	\$ 45.00
Physician/Psychiatric	
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Adult .....	\$ 205.00/hour
Child .....	\$ 225.00/hour
Plethysmograph, Full Assessment.....	\$ 200.00
Plethysmograph, Maintenance .....	\$ 150.00
Plethysmograph, Treatment.....	\$ 80.00
Plethysmograph, No Show, Unexcused .....	\$ 80.00
Polygraph, All Types.....	Actual Cost
Psychiatric Nurse Practitioner Services	
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Adult .....	\$ 170.00/hour
Child .....	\$ 190.00/hour
Report Preparation.....	\$ 60.00
Report Preparation-Simple Duplication .....	\$ 15.00
Skills Training, Group .....	\$ 33.00/hour
Skills Training, Individual.....	\$ 100.00/hour
Therapist or Nursing Services .....	\$ 100.00/hour
Includes: Individual and Family Counseling, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations and Assessments	

(7) Alcohol and Drug Fees.

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

Physician/Psychiatrist.....	\$ 205.00/hour
Psychiatric Nurse Practitioner .....	\$ 170.00/hour
Therapist/Nurse .....	\$ 100.00/hour
Client Requested Court Appearance .....	\$ 100.00/hour
Correction Evaluations .....	\$ 120.00/session
Courtesy Dosing/Set-Up.....	\$ 15.00 flat fee
DUI/Corrections Re-Referral .....	\$ 45.00/case
Group Screening.....	\$ 33.00/hour
Group Therapy/Sessions.....	\$ 33.00/hour
Injections/Dose .....	\$ 15.00 flat fee
Intake .....	\$ 100.00/hour
Intensive Care Monitoring.....	\$ 60.00/case
Interpretive Services-Oral/Sign .....	\$ 40.00/hour
Lab Work, Excluding Urinalysis.....	Actual Lab Fees
Methadone Courtesy Dose .....	\$ 10.00
ODL Evaluation/Recommendation .....	\$ 75.00
ODL Group Session .....	N/C
ODL Makeup Session.....	\$ 50.00
ODL Monthly Contact.....	\$ 35.00

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Oral Medications Supplied, Methadone Only

One Prescription .....	\$ 7.00
Two Prescriptions .....	\$ 14.00
Three Prescriptions .....	\$ 21.00
Four Prescriptions .....	\$ 28.00
Five Prescriptions .....	\$ 35.00
Replacement Bottle, Methadone .....	\$ 3.00
Physical Exam, Antabuse .....	\$ 25.00
Physical Exam, Limited.....	\$ 35.00
Physical Exam, General.....	\$ 85.00
Physical Exam, with Lab Work .....	\$ 95.00
Physician/Psychiatrist Services .....	\$ 205.00
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Psychiatric Nurse Practitioner Services.....	\$ 170.00
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Report Preparation-Client Request.....	\$ 60.00
Report Preparation-Simple Duplication .....	\$ 15.00
Standard Case Monitoring.....	\$ 30.00/case
Therapist or Nursing Services .....	\$ 100.00/hour
Includes: Individual and Family Counseling, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations and Assessments	

Urinalysis

Testing and Collection and Handling .....	\$ 11.00 plus actual lab fee
Collection and Handling Only .....	\$ 11.00

(8) Parole & Probation Fees

DNA Sample Fee .....	\$ 10.00
Electronic Supervision.....	up to \$35.00/day

Daily fee charged based on hourly wage:

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

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Interstate Compact Transfer Fee .....	\$ 150.00
Missed, Unexcused, Polygraph Test.....	Actual Cost
Polygraph Test .....	Actual Cost
Positive Urinalysis .....	\$ 30.00/flat fee
Program Participation .....	\$ 5.00/session
Supervision Fees .....	\$ 35.00/monthly

(9) Family Mediation

Parent Education Class.....	\$ 45.00/Attendee
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(10) 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. The minimum fee and discounted sliding fee schedule is reviewed, revised as necessary, and approved on an annual basis by the Board of County Commissioners.

**Community Health Centers ("sliding") Fee Discount Scale**

Based on Family Size and Income

<100% FPL	- minimum fee medical \$20, dental \$35
100-125% FPL	- 20% of the cost/charge of the service
125-150% FPL	- 40% of the cost/charge of the service
150-175% FPL	- 60% of the cost/charge of the service
175-200% FPL	- 80% of the cost/charge of the service
>200% FPL	- 100% of the cost/charge of the service

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

**Community Health Fees**

- (a) Office Visits - Community Health Centers  
Annual/preventive care age 18-39

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Established .....	\$ 168.00
Annual/preventive care age 18-39 New.....	\$ 203.00
Annual/preventive care age 40-64	
Established .....	\$ 182.00
Annual/preventive care age 40-64 New.....	\$ 222.00
Annual/preventive care age >65 Established.....	\$ 203.00
Annual/preventive care age >65 New.....	\$ 235.00
<b>Basic life/disability examination</b> .....	\$ 109.00
<b>Behavioral Health Assessment</b>	
each 15 minutes, initial .....	\$ 44.00
<b>Behavioral Health Re-Assessment</b> .....	\$ 52.00
<b>Behavioral Health Intervention</b>	
each 15 minutes, individual.....	\$ 24.00
<b>Behavioral Health Intervention</b>	
each 15 minutes, group .....	\$ 11.00
<b>Behavioral Health Intervention</b>	
each 15 minutes, family with patient.....	\$ 49.00
<b>Behavioral Health Intervention</b>	
each 15 minutes, family without patient	\$ 47.00
<b>Group health education</b> .....	\$ 40.00
<b>Health risk assessment test</b> .....	\$ 221.00
<b>Initial surgical evaluation</b> .....	\$ 57.00
<b>Office consultation, high</b> .....	\$ 381.00
<b>Office consultation, low</b> .....	\$ 169.00
<b>Office consultation, minor</b> .....	\$ 121.00
<b>Office consultation, moderate</b> .....	\$ 220.00
<b>Office consultation, moderate-high</b> .....	\$ 292.00
<b>Office emergency care</b> .....	\$ 36.00
<b>Office/outpatient visit, established, high</b> .....	\$ 209.00
<b>Special reports/insurance forms</b> .....	\$ 109.00
<b>Unlisted Evaluation &amp; Management</b> .....	\$ 151.00
<b>Work/medical disability</b>	
<b>examination/established</b> .....	\$ 61.00
<b>Work/medical disability examination/new</b> .....	\$ 109.00
Office visit Level 1 Established (nursing) .....	\$ 44.00
Office visit Level 1 New.....	\$ 79.00
Office visit Level 2 Established.....	\$ 67.00
Office visit Level 2 New.....	\$ 109.00
Office visit Level 3 Established.....	\$ 89.00
Office visit Level 3 New.....	\$ 152.00
Office visit Level 4 Established.....	\$ 133.00
Office visit Level 4 New.....	\$ 219.00
Office visit Level 5 Established.....	\$ 205.00
Office visit Level 5 New.....	\$ 280.00
<b>Preventive counseling/risk factor</b>	
<b>reduction 15min</b> .....	\$ 60.00
<b>Preventive counseling/risk factor</b>	
<b>reduction 30min</b> .....	\$ 97.00
<b>Preventive counseling/risk factor</b>	
<b>reduction 45min</b> .....	\$ 132.00

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Preventive counseling/risk factor

reduction 60min .....	\$ 179.00
Preventive counseling group 60 min .....	\$ 51.00
Well child care <1 year Established .....	\$ 111.00
Well child care < 1 year New .....	\$ 138.00
Well child care age 1-4 Established.....	\$ 122.00
Well child care age 1-4 New.....	\$ 149.00
Well child care age 5-11 Established.....	\$ 130.00
Well child care age 5-11 New.....	\$ 155.00
Well child care age 12-17 Established.....	\$ 141.00
Well child care age 12-17 New.....	\$ 173.00

(b) Medical Services - Community Health Centers

Acne surgery.....	\$ 98.00
Addition of walker to cast .....	\$ 93.00
Aerosol/vapor inhalations, initial .....	\$ 37.00
Agglutinins, febrile, each antigen .....	\$ 27.00
Airway inhalation treatment.....	\$ 34.00
Allergen immunotherapy, 2+ inject .....	\$ 24.00
Allergen immunotherapy, one inject.....	\$ 17.00
Anoscopy, Diagnostic.....	\$ 97.00
Anoscopy, remove lesion .....	\$ 198.00
Anoscopy, remove lesion, w/snare .....	\$ 247.00
Anoscopy, w/biopsy.....	\$ 130.00
Antibody, hepatitis C.....	\$ 92.00
Antibody, HIV-1.....	\$ 86.00
Application of forearm cast .....	\$ 155.00
Application of hand/wrist cast.....	\$ 148.00
Application of leg cast, clubfoot.....	\$ 161.00
Application of long arm cast .....	\$ 188.00
Application of long arm splint .....	\$ 128.00
Application of long leg cast .....	\$ 257.00
Application of long leg cast, walker.....	\$ 275.00
Application of long leg splint .....	\$ 122.00
Application of lower leg splint.....	\$ 106.00
Application of paste boot.....	\$ 91.00
Apply finger splint, dynamic.....	\$ 59.00
Apply finger splint, static.....	\$ 74.00
Apply foot splint (Denis-Browne) .....	\$ 64.00
Apply forearm splint, dynamic.....	\$ 87.00
Apply long leg cast brace.....	\$ 282.00
Apply long leg cast, cylinder .....	\$ 232.00
Apply short leg cast.....	\$ 187.00
Apply short leg cast (Patellar Tendon Bearing)	\$ 286.00
Apply short leg cast, walker.....	\$ 221.00
Apply splint (forearm to hand) .....	\$ 114.00
Aspiration/injection intermediate joint, elbow or ankle.....	\$ 130.00
Aspiration/injection large joint, knee, shoulder, or hip .....	\$ 154.00
Aspiration/injection small joint, bursa	

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or ganglion cyst.....	\$ 117.00
<b>Assay thyroid activity (TBG).....</b>	\$ 39.00
Assay thyroid stimulating hormone .....	\$ 49.00
Assay, blood PKU .....	\$ 15.00
Audiometry, air & bone .....	\$ 51.00
Automated hemogram (CBC).....	\$ 30.00
Avulsion of nail plate, partial or complete,	
simple or single .....	\$ 142.00
Bile duct endoscopy .....	\$ 404.00
Biopsy of external ear .....	\$ 149.00
Biopsy of nail unit .....	\$ 167.00
Biopsy of uterus lining.....	\$ 137.00
Biopsy skin, single lesion .....	\$ 142.00
Biopsy, second lesion .....	\$ 84.00
Blood count; hemoglobin (Hgb).....	\$ 19.00
Blood, occult, by peroxidase activity; stool.....	\$ 19.00
Blood occult, qualitative feces	
1-3 determinations.....	\$ 15.00
Breathing capacity test.....	\$ 69.00
Burn treatment w/anesthesia, med/large .....	\$ 369.00
Burn treatment w/anesthesia, small .....	\$ 112.00
Burn treatment w/o anesthesia, large.....	\$ 259.00
Burn treatment w/o anesthesia, medium .....	\$ 173.00
Burn treatment w/o anesthesia, small .....	\$ 96.00
Catheterize for urine specimen.....	\$ 87.00
Cauterize inner nose, intramural .....	\$ 328.00
Cauterize inner nose, superficial .....	\$ 219.00
Cautery of cervix; cryocautery, initial or	
repeat.....	\$ 318.00
<b>Chemical cautery, granulated tissue .....</b>	\$ 81.00
Chemical destruction condyloma of anus,	
simple.....	\$ 294.00
Chemical destruction condyloma penis;	
simple.....	\$ 219.00
Chorionic gonadotropin assay .....	\$ 26.00
Circumcision .....	\$ 110.00
Circumcision, not newborn .....	\$ 286.00
Circumcision, surgical, not newborn .....	\$ 432.00
Closure of split wound, simple.....	\$ 297.00
Closure of split wound, w/packing .....	\$ 267.00
Collect capillary blood specimen .....	\$ 29.00
Colposcopy of cervix, including upper/	
adjacent vagina.....	\$ 292.00
Colposcopy with biopsy of cervix and	
endocervical curettage.....	\$ 422.00
Colposcopy, entire vagina w/cervix.....	\$ 233.00
Colposcopy, entire vagina w/cervix w/biopsy..	\$ 282.00
Colposcopy, cervix w/biopsy of cervix .....	\$ 260.00
Colposcopy, cervix w/endocervical curettage..	\$ 246.00
Colposcopy, cervix w/loop conization .....	\$ 579.00

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Cryocautery, cervix .....	\$ 166.00
Cryosurgery removal of anal lesion(s) .....	\$ 209.00
Cryosurgery, penis lesion(s).....	\$ 157.00
Culture specimen, bacterial, non urine/blood/stool .....	\$ 39.00
Culture, bacterial, quantitative colony count, urine.....	\$ 22.00
Culture, pathogenic organism, screen.....	\$ 34.00
Cytopathology, cervical/vaginal, manual screen.....	\$ 24.00
Cytopathology, cervical/vaginal, physician interpretation.....	\$ 39.00
Debride 1-5 nails, any method .....	\$ 44.00
Debride 6+ nails, any method .....	\$ 61.00
Debride skin/muscle, Fx .....	\$1,133.00
Debride skin/muscle/bone, Fx.....	\$1,631.00
Debride skin/tissue, Fx .....	\$ 873.00
Destruction benign/premalignant lesion 15+...	\$ 365.00
Destruction benign or premalignant lesions other than skin tags, 1st lesion .....	\$ 105.00
Destruction flat/molluscum, 15+ .....	\$ 164.00
Destruction flat warts, molluscum, up to 14.....	\$ 129.00
Destruction lesion(s), anus; simple, cryosurgery .....	\$ 285.00
Destruction lesion(s), penis; simple, cryosurgery .....	\$ 237.00
Destruction lesion, 2-14 .....	\$ 35.00
Destruction penis lesion(s), extensive .....	\$ 462.00
Destruction-of, vulva lesion(s)-vulva; simple, any method.....	\$ 232.00
Destruction vaginal lesion(s), extensive.....	\$ 591.00
Destruction-of vaginal lesion(s); simple, any method.....	\$ 248.00
Destruction vascular skin lesions 10-50 cm ....	\$ 914.00
Destruction vascular skin lesions over 50 cm..	\$1,530.00
Destruction vascular skin lesions up to 10 cm. \$	497.00
Destruction vulva lesion(s), extensive.....	\$ 479.00
Drain arm/elbow abscess/hematoma.....	\$ 463.00
Drain blood from under nail.....	\$ 77.00
Drain complex postoperative wound infection .....	\$ 361.00
Drain external ear lesion, simple .....	\$ 197.00
Drain infected arm/elbow bursa .....	\$ 334.00
Drain lower leg abscess/hematoma.....	\$ 711.00
Drain neck/chest abscess/hematoma .....	\$ 554.00
Drain skin abscess, complicated or multiple ...	\$ 239.00
Drainage of anal abscess.....	\$ 192.00
Drainage of finger abscess, complicated .....	\$ 507.00
Drainage of finger abscess, simple.....	\$ 260.00
Drainage of forearm/wrist lesion.....	\$1,076.00

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Drainage of pilonidal cyst, complicated.....	\$ 361.00
Drainage of pilonidal cyst, simple.....	\$ 178.00
Drainage of rectal abscess under anesthesia ...	\$ 452.00
Drainage of rectal abscess, separate procedure.....	\$ 573.00
Drainage of skin lesion .....	\$ 154.00
Drainage of thigh/knee lesion.....	\$ 811.00
Drainage of tonsil abscess.....	\$ 246.00
Drainage of vulva gland abscess .....	\$ 182.00
Drainage of vulva/perineum abscess .....	\$ 196.00
Drug screen, qualitative, multiple classes, chromatographic.....	\$ 60.00
Destroy malignant lesion	
face/ear/nose 0.5 cm or less .....	\$ 233.00
face/ear/nose 0.6-1.0 cm.....	\$ 281.00
face/ear/nose 1.1-2.0 cm.....	\$ 349.00
face/ear/nose 2.1-3.0 cm.....	\$ 423.00
face/ear/nose 3.1-4.0 cm.....	\$ 396.00
face/ear/nose >4.0 cm.....	\$ 418.00
neck/hand/foot/genital 0.5 cm or less.....	\$ 212.00
neck/hand/foot/genital 0.6-1.0 cm.....	\$ 247.00
neck/hand/foot/genital 1.1-2.0 cm.....	\$ 297.00
neck/hand/foot/genital 2.1-3.0 cm.....	\$ 376.00
neck/hand/foot/genital 3.1-4.0 cm .....	\$ 331.00
neck/hand/foot/genital >4.0 cm .....	\$ 396.00
trunk/arm/leg 0.5 cm or less.....	\$ 186.00
trunk/arm/leg 0.6-1.0 cm .....	\$ 219.00
trunk/arm/leg 1.1-2.0 cm .....	\$ 272.00
trunk/arm/leg 2.1-3.0 cm .....	\$ 342.00
trunk/arm/leg 3.1-4.0 cm .....	\$ 392.00
trunk/arm/leg >4.0 cm .....	\$ 332.00
Developmental testing, limited.....	\$ 74.00
Ear piercing.....	\$ 56.00
Electrocardiogram, routine ECG, with at least 12 leads; interpret & report.....	\$ 90.00
Electrolyte panel .....	\$ 20.00
Endometrial sampling (biopsy) .....	\$ 262.00
Evaluation of wheezing.....	\$ 65.00
Evaluation, athletic training .....	\$ 50.00
Exhaled carbon dioxide test.....	\$ 88.00
Eye service or procedure NEC .....	\$ 43.00
Excise skin wedge, ingrown toenail.....	\$ 126.00
Excision of nail and nail matrix, partial or complete, permanent .....	\$ 446.00
Explore/treat finger joint removal of foreign body.....	\$ 566.00
Gastric intubation/treatment.....	\$ 110.00
General health panel.....	\$ 124.00
Glucose blood test .....	\$ 11.00
Glucose; quantitative, blood, reagent strip .....	\$ 20.00

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Glycosylated hemoglobin assay .....	\$ 41.00
Hearing screening .....	\$ 22.00
Hemoglobin count, colorimetric .....	\$ 13.00
Hepatic function panel.....	\$ 32.00
Hepatitis A antibody, total .....	\$ 71.00
Hepatitis panel, acute .....	\$ 44.00
Heterophile antibody screen .....	\$ 23.00
Hysteroscopy w/biopsy endometrium and/or polypectomy.....	\$ 792.00
Incise/drain eyelid lining cyst.....	\$ 349.00
Incision &and drainage abscess or cyst, simple or single.....	\$ 149.00
Incision &and removal foreign body, simple.....	\$ 173.00
Incision and drainage of rectal abscess.....	\$ 383.00
Incision of breast lesion, deep .....	\$ 527.00
Incision of external hemorrhoid .....	\$ 244.00
Infectious antigen, chlamydia trachomatis.....	\$ 39.00
Infectious antigen, HBsAg.....	\$ 45.00
Infectious antigen, streptococcus group A.....	\$ 26.00
Infectious antigen, HIV-1, direct probe .....	\$ 62.00
Infectious antigen, neisseria gonorrhoeae, direct probe.....	\$ 57.00
Infectious antigen, neisseria gonorrhoeae, quantification.....	\$ 131.00
Infectious antigen, streptococcus A, direct probe.....	\$ 57.00
Initial treatment, 1st degree burn .....	\$ 116.00
Inject skin lesions, 7 max.....	\$ 70.00
Inject skin lesions, 8 or more .....	\$ 107.00
Injection single/multiple trigger points /1-2 muscles .....	\$ 146.00
Inject single/multiple trigger points 3+ muscles .....	\$ 145.00
Injection single tendon, ligament.....	\$ 132.00
Insert contraceptive capsules .....	\$ 278.00
Insert non-biodegradable drug delivery implant .....	\$ 194.00
Insert non-indwelling bladder catheter .....	\$ 87.00
Interphalangeal joint, each .....	\$ 717.00
Intramuscular injection of antibiotic .....	\$ 22.00
IV infusion therapy, up to 1 hour .....	\$ 127.00
IV injection .....	\$ 56.00
Late closure of wound, extensive .....	\$1,204.00
Layer closure of wounds face/ears 2.5 cm or less.....	\$ 337.00
face/ears 2.6-5.0 cm .....	\$ 398.00
face/ears 5.1-7.5 cm .....	\$ 422.00
face/ears 7.6-12.5 cm .....	\$ 493.00
face/ears 12.6-20.0 cm .....	\$ 634.00
face/ears 20.1-30.0 cm .....	\$ 805.00

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face/ears >30.0 cm .....	\$ 913.00
hands/feet 2.5 cm or less .....	\$ 280.00
hands/feet 2.6-7.5 cm.....	\$ 341.00
hands/feet 7.6-12.5 cm.....	\$ 453.00
hands/feet 12.6-20.0 cm.....	\$ 466.00
hands/feet 20.1-30.0 cm.....	\$ 601.00
hands/feet >30.0 cm.....	\$ 693.00
trunk 2.5 cm or less .....	\$ 249.00
trunk 2.6-7.5 cm .....	\$ 310.00
trunk 7.6-12.5 cm .....	\$ 423.00
trunk 12.6-20.0 cm .....	\$ 554.00
trunk 20.1 -30.0 cm .....	\$ 562.00
trunk >30.0 cm .....	\$ 664.00
<b>Ligation of hemorrhoid(s)</b> .....	\$ 210.00
<b>Lipid profile</b> .....	\$ 42.00
<b>Manual therapy 1+ regions, each 15 minutes..</b>	\$ 26.00
<b>Massage therapy</b> .....	\$ 39.00
Maximum breathing capacity, maximal voluntary ventilation .....	\$ 49.00
<b>Measure airflow resistance</b> .....	\$ 88.00
<b>Measure airway closing volume</b> .....	\$ 86.00
Medical nutrition therapy, Group 2+ individuals, ea. 30 mins.....	\$ 44.00
Medical nutrition therapy, re-assessment and intervention,15 mins.....	\$ 29.00
Medical nutrition therapy, initial assessment and intervention, 15 mins.....	\$ 34.00
<b>Metabolic panel, basic</b> .....	\$ 31.00
<b>Metabolic panel, comprehensive</b> .....	\$ 39.00
<b>Metacarpophalangeal joint(s), each</b> .....	\$ 606.00
<b>Microscopic examination of urine</b> .....	\$ 17.00
<b>Motion analysis, comprehensive,</b> <b>video-taping kinematics/3D</b> .....	\$ 188.00
<b>Nailbed reconstruction w/graft</b> .....	\$ 521.00
<b>Nasopharyngoscopy w/endoscopy</b> .....	\$ 172.00
<b>Neuromuscular re-education,</b> <b>each 15 minutes</b> .....	\$ 39.00
Noninvasive ear or pulse oximetry for O2 saturation; single .....	\$ 37.00
<b>Obstetric profile</b> .....	\$ 119.00
<b>Papillectomy or excision of single tag, anus</b> ....	\$ 189.00
<b>Paring/cut benign skin lesion, 1</b> .....	\$ 54.00
<b>Paring/cut benign skin lesion, 2-4</b> .....	\$ 60.00
<b>Paring/cut benign skin lesion, 4+</b> .....	\$ 66.00
Peakflow .....	\$ 4.00
<b>Pelvic examination w/anesthesia</b> .....	\$ 256.00
<b>Physical therapy exercises, each 15 minutes....</b>	\$ 29.00
<b>Proctosigmoidoscopy/diagnostic</b> .....	\$ 124.00
<b>Puncture drainage of breast cyst</b> .....	\$ 137.00
<b>Puncture drainage of skin lesion</b> .....	\$ 104.00

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Puncture aspiration of abscess, hematoma, bulla or cyst.....	\$ 146.00
Pure tone audiometry; air only.....	\$ 41.00
Pure tone hearing screen, air .....	\$ 28.00
RBC sedimentation rate, automated .....	\$ 24.00
Re-evaluation, athletic training .....	\$ 50.00
<del>Removal impacted cerumen, one or both ears</del> .....	<del>\$ 86.00</del>
Removal of anal tags.....	\$ 251.00
Removal of cervix cone.....	\$ 701.00
Removal of devitalized tissue from wounds nonselective debridement .....	\$ 44.00
Removal of devitalized tissue from wounds selective debridement.....	\$ 120.00
Removal of foreign body external eye conjunctival embedded .....	\$ 153.00
conjunctival superficial.....	\$ 103.00
corneal w/slit lamp .....	\$ 166.00
corneal w/o slit lamp .....	\$ 353.00
Removal of foreign body intraocular from anterior chamber .....	\$1,337.00
Removal of foreign body; cornea with lamp .....	\$ 222.00
Removal of impacted cerumen, one or both ears.....	\$ 86.00
Removal of nail bed/finger tip .....	\$ 418.00
Removal of nail plate partial/complete, each additional.....	\$ 58.00
Removal of penis lesion(s) .....	\$ 290.00
Removal of skin tags, up to 15 lesions .....	\$ 126.00
Removal of skin tags, each additional 10 .....	\$ 57.00
Removal/abrasion of skin of nose .....	\$ 976.00
Remove burn scab, initial incision.....	\$ 480.00
Remove cervix cone w/loop electrode.....	\$ 624.00
Remove contraceptive capsules .....	\$ 271.00
Remove deep thigh/knee foreign body .....	\$ 698.00
Remove extensor tendon w/rod implantation of synthetic rod, each rod .....	\$1,155.00
Remove hemorrhoid clot .....	\$ 211.00
Remove impacted ear wax .....	\$ 104.00
Remove lesion scalp/neck/hand/foot 0.5 cm or less .....	\$ 137.00
scalp/neck/hand/foot 0.6-1.0 cm.....	\$ 155.00
scalp/neck/hand/foot 1.1-2.0 cm.....	\$ 214.00
scalp/neck/hand/foot 2.1-3.0 cm.....	\$ 324.00
scalp/neck/hand/foot 3.1-4.0 cm.....	\$ 468.00
scalp/neck/hand/foot >4.0 cm.....	\$ 665.00
trunk/arm/leg 0.5 cm or less.....	\$ 118.00
trunk/arm/leg 0.6-1.0 cm .....	\$ 145.00
trunk/arm/leg 1.1-2.0 cm .....	\$ 204.00
trunk/arm/leg 2.1-3.0 cm .....	\$ 270.00
trunk/arm/leg 3.1-4.0 cm .....	\$ 359.00

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trunk/arm/leg >4.0 cm .....	\$ 424.00
face/lid/ear/nose/lip 0.5 cm or less.....	\$ 214.00
face/lid/ear/nose/lip 0.6-1.0cm.....	\$ 272.00
face/lid/ear/nose/lip 1.1-2.0 cm.....	\$ 342.00
face/lid/ear/nose/lip 2.1-3.0 cm.....	\$ 443.00
face/lid/ear/nose/lip 3.1-4.0 cm.....	\$ 589.00
face/lid/ear/nose/lip >4.0cm.....	\$ 753.00

**Remove malignant lesion**

face/nose/lips 0.5 cm or less .....	\$ 333.00
face/nose/lips 0.6-1.0 cm.....	\$ 420.00
face/nose/lips 1.1-2.0 cm.....	\$ 505.00
face/nose/lips 2.1-3.0 cm.....	\$ 609.00
face/nose/lips 3.1-4.0 cm.....	\$ 684.00
face/nose/lips >4.0 cm.....	\$ 914.00
head/hand/foot 0.5 cm or less.....	\$ 265.00
head/hand/foot 0.6-1.0 cm .....	\$ 336.00
head/hand/foot 1.1-2.0 cm .....	\$ 409.00
head/hand/foot 2.1-3.0 cm .....	\$ 491.00
head/hand/foot 3.1-4.0 cm .....	\$ 571.00
head/hand/foot >4.0 cm .....	\$ 826.00
trunk/arm/leg 0.5 cm or less.....	\$ 230.00
trunk/arm/leg 0.6-1.0 cm .....	\$ 281.00
trunk/arm/leg 1.1-2.0 cm .....	\$ 335.00
trunk/arm/leg 2.1-3.0cm .....	\$ 408.00
trunk/arm/leg 3.1-4.0 cm .....	\$ 490.00
trunk/arm/leg >4.0 cm .....	\$ 664.00

**Remove non-biodegradable drug**

delivery implant.....	\$ 221.00
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Remove object from foot, deep .....	\$ 471.00
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Remove object from foot, subcutaneous .....	\$ 279.00
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Remove object from foot, complicated.....	\$ 894.00
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Remove object from nose .....	\$ 134.00
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Remove object from outer ear canal .....	\$ 135.00
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Remove object from outer ear canal	
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w/anesthesia .....	\$ 410.00
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Remove object, muscle/tendon, deep.....	\$ 618.00
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Remove object, muscle/tendon, simple.....	\$ 293.00
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Remove pilonidal cyst, complex.....	\$1,330.00
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Remove pilonidal cyst, extensive .....	\$1,065.00
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Remove pilonidal cyst, simple.....	\$ 636.00
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Remove skin foreign body, complicated .....	\$ 311.00
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Remove sweat gland lesion, axillary.....	\$ 872.00
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Remove sweat gland lesion, axillary complex..	\$ 919.00
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Remove sweat gland lesion, inguinal.....	\$ 674.00
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Remove sweat gland lesion, perianal .....	\$ 630.00
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Remove sweat gland lesion, perianal complex	\$ 790.00
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Remove tendon lesion, toe(s).....	\$ 466.00
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Remove tissue expander(s).....	\$ 447.00
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Remove vulva gland/lesion .....	\$ 662.00
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Remove/reinsert contraceptive caps.....	\$ 357.00
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<b>Remove/reinsert non-biodegradable drug delivery implant .....</b>	\$ 357.00
<b>Remove/revise cast, boot/body.....</b>	\$ 78.00
<b>Remove/revise cast, full arm/leg.....</b>	\$ 108.00
<b>Renal function panel.....</b>	\$ 32.00
<b>Repair complex wound, lid/nose/ear/lip</b>	
each 1.0 cm.....	\$ 540.00
each 1.1-2.5 cm .....	\$ 682.00
each > 2.5 cm .....	\$1,063.00
each additional 5.0 cm or less.....	\$ 396.00
<b>Repair complex wound, face/hand/foot</b>	
each 1.1-2.5 cm .....	\$ 570.00
each >2.5 cm .....	\$ 848.00
each additional 5.0 cm or less.....	\$ 322.00
<b>Repair complex wound, scalp/arm/leg</b>	
each 1.1-2.5 cm .....	\$ 449.00
each > 2.5 cm .....	\$ 633.00
each additional 5.0 cm/less .....	\$ 237.00
<b>Repair complex wound, trunk .....</b>	\$ 365.00
additional 5.0 cm/less .....	\$ 229.00
<b>Repair complex wound, trunk complex.....</b>	\$ 503.00
<b>Repair eyelid wound, partial.....</b>	\$1,044.00
<b>Repair finger tendon, closed .....</b>	\$ 622.00
<b>Repair finger tendon, w/o free graft, ea .....</b>	\$ 839.00
<b>Repair lip vermillion.....</b>	\$ 532.00
<b>Repair mouth laceration .....</b>	\$ 202.00
<b>Repair of nail bed.....</b>	\$ 319.00
<b>Repair vagina/perineum injury .....</b>	\$ 570.00
<b>Respiratory flow volume loop .....</b>	\$ 67.00
<b>Sample stomach contents .....</b>	\$ 494.00
<b>Sample stomach contents after stimulation.....</b>	\$ 297.00
<b>Sample stomach contents, 1 hour .....</b>	\$ 618.00
<b>Sample stomach contents, 2 hours.....</b>	\$ 419.00
<b>Sample stomach contents, 2 hours</b>	
including gastric stimulation.....	\$ 635.00
<b>Sample stomach contents, 3 hours.....</b>	\$ 741.00
<b>Sensorineural acuity test .....</b>	\$ 33.00
<b>Serial tonometry evaluation(s).....</b>	\$ 66.00
<b>Shave lesion</b>	
face/lid/ear/nose/lip 0.5 cm or less .....	\$ 144.00
face/lid/ear/nose/lip 0.6-1.0 cm.....	\$ 172.00
face/lid/ear/nose/lip 1.1 -2.0 cm.....	\$ 209.00
face/lid/ear/nose/lip >2.0 cm .....	\$ 272.00
scalp/neck/hand/foot 0.5 cm or less .....	\$ 121.00
scalp/neck/hand/foot 0.6-1.0 cm.....	\$ 157.00
scalp/neck/hand/foot 1.1-2.0 cm.....	\$ 192.00
scalp/neck/hand/foot >2.0 cm .....	\$ 257.00
<b>Shave skin lesion</b>	
trunk/arm/leg 0.5 cm or less.....	\$ 115.00
trunk/arm/leg 0.6-1.0 cm .....	\$ 145.00

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trunk/arm/leg 1.1-2.0 cm .....	\$ 179.00
trunk/arm/leg >2.0 cm .....	\$ 241.00
<b>Simple repair superficial wounds</b>	
face 7.6-12.5 cm .....	\$ 451.00
face 12.6-20.0 cm .....	\$ 433.00
face 20.1-30.0 cm .....	\$ 864.00
face over 30 cm.....	\$ 776.00
trunk 12.6-20.0 cm .....	\$ 390.00
trunk 20.1-30.0 cm .....	\$ 412.00
Simple repair superficial wounds,	
2.5 cm or less .....	\$ 235.00
Simple repair, superficial wounds,	
2.6 cm - 7.5 cm.....	\$ 287.00
<b>Simple repair superficial wounds, trunk</b>	
7.6 -12.5 cm .....	\$ 309.00
> 30.0 cm .....	\$ 540.00
Skin test; tuberculosis, intradermal.....	\$ 28.00
Smear, primary source with interpret.....	\$ 25.00
Special supplies .....	\$ 13.00
Spun microhematocrit blood count.....	\$ 11.00
Strapping of ankle.....	\$ 54.00
Strapping of chest .....	\$ 104.00
Strapping of elbow/wrist .....	\$ 59.00
Strapping of hand/finger .....	\$ 60.00
Strapping of hip .....	\$ 82.00
Strapping of knee .....	\$ 71.00
Strapping of low back.....	\$ 109.00
Strapping of shoulder .....	\$ 71.00
Strapping of toes .....	\$ 52.00
Subcutaneous hormone pellet implant.....	\$ 193.00
Subcutaneous/Intramuscle injection .....	\$ 16.00
Supplies .....	acquisition cost
Surgical cleansing, tissue/muscle/bone.....	\$ 852.00
Surgical biopsy of breast, open.....	\$ 691.00
Surgical cleansing of abrasion .....	\$ 93.00
Surgical cleansing of skin .....	\$ 132.00
Surgical cleansing of skin/tissue .....	\$ 225.00
Surgical cleansing of tissue/muscle.....	\$ 590.00
Syphilis test.....	\$ 19.00
Therapeutic activities (one on one).....	\$ 49.00
Therapeutic, prophylactic injection	
(subcutaneous or intramuscular) .....	\$ 21.00
Tissue exam by KOH slide samples .....	\$ 28.00
Treat shoulder dislocation w/anesthesia .....	\$ 557.00
Treat shoulder dislocation.....	\$ 382.00
Trim nondystrophic nail, any number.....	\$ 31.00
Tympanogram.....	\$ 48.00
Urinalysis, non-automated, with scope .....	\$ 18.00
Urinalysis, non-automated, without microscopy.....	\$ 17.00

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Urinalysis, routine.....	\$ 22.00
<b>Vaginoscopy.....</b>	<b>\$ 196.00</b>
Vaginoscopy w/cervical biopsy .....	\$ 283.00
Vaginoscopy with LEEP.....	\$ 678.00
Vasectomy .....	\$ 498.00
Venipuncture finger/heel/ear stick routine.....	\$ 16.00
<b>Visual field exam(s), limited.....</b>	<b>\$ 103.00</b>
Virus isolation for test, tissue.....	\$ 70.00
(c) Family Planning – Community Health Centers See LM 60.840(3), Family Planning Fees	
(d) Immunizations – Community Health Centers See LM 60.840(2)(c), Communicable Disease Fees	
(e) Mental Health – Community Health Centers See LM 60.840(6), General Mental Health Fees	
(f) Dental Services – Community Health Centers Child prophy with fluoride .....	\$ 50.00
Child prophy without fluoride .....	\$ 36.00
Fluoride only, child.....	\$ 14.00
Periodic Oral Evaluation.....	\$ 23.00
(g) Medication & Supplies Activity therapy.....	\$ 15.00
Drawing blood for specimen .....	\$ 10.00
<b>Limited Dental Exam.....</b>	<b>\$ 23.00</b>
<b>Training &amp; Education Services.....</b>	<b>\$ 46.00</b>
Visit for drug monitoring.....	\$ 38.00

*(Revised by Order No. 98-8-12-2, Effective 8.12.98; 99-9-29-9, 9.29.99; 01-6-13-9, 6.13.01; 01-10-17-2, 10.17.01; 02-5-7-2, 5.7.02; 02-6-26-8, 7.1.02; 02-10-2-13, 10.2.02; 03-6-11-9, 7.1.03; 04-2-4-7, 2.4.04; 04-6-30-6, 7.1.04)*