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## AGENDA COVER MEMO

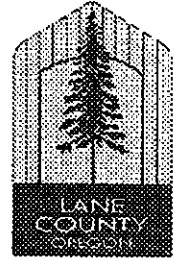
**AGENDA DATE:** February 4, 2004

**TO:** Board of County Commissioners

**DEPT:** Health & Human Services

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

**AGENDA ITEM TITLE:** In the Matter of Amending Chapter 60 of Lane Manual to Revise Certain Health & Human Services Fees to Establish a Fee Schedule for Federally Qualified Health Centers (LM 60.840(10)) Effective February 4, 2004



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### I. MOTION

TO AMEND CHAPTER 60 OF LANE MANUAL TO REVISE CERTAIN HEALTH & HUMAN SERVICES FEES TO ESTABLISH A FEE SCHEDULE FOR FEDERALLY QUALIFIED HEALTH CENTERS (LM 60.840 (10)) EFFECTIVE FEBRUARY 4, 2004

### II. ISSUE OR PROBLEM

To establish a fee schedule in the Lane Manual for services provided by Community Health Centers of Lane County as a federally qualified health center "new start" site in compliance with federal statutes (Section 330 of the Public Health Service Act).

### III. DISCUSSION

#### A. Background / Analysis

On August 26, 2003, the U.S. Department of Health and Human Services announced that Lane County, under the auspices of the Human Services Commission (HSC), had been awarded grant funding and designated as a federally qualified health center site. In order to implement the federal Community Health Centers of Lane County (CHCLC) grant, a fee schedule must be adopted that sets charges for services to be provided.

The last annual fee schedule revision for the Department of Health & Human Services was completed in June 2003. This proposed revision will be the first since the last annual update. The fees updated in the annual revision will not be changed in this revision.

The Finance and Audit Committee reviewed the proposed fee schedule on January 20, 2004.

## **B. Analysis**

### **Federally Qualified Health Centers (FQHCs)**

Fees were determined using the Relative Value Unit (RVU) and conversion factor as recommend 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 has been adjusted geographically to reflect charges being submitted by providers in this area of Oregon. ADP Context's fees are organized into individual payment areas as represented by the first three (3) digits of the ZIP Code (ZIP 3), 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 (CPT®) (CPT is a registered trademark of the American Medical Association) codes and descriptions.

To create the fee list for the CHCLC, staff listed the possible services and procedures that would be provided. Each procedure is assigned a Relative Value Unit or RVU. The RVU measures the intensity of the service provided. An RVU scale assigns numerical values to the intensity of procedures. For example, a basic office visit for an existing patient has an RVU of .55, which indicates a low intensity procedure. A surgical procedure can have an RVU of 18.67. This suggest 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 we reduced the amount per RVU to \$35.96 to better reflect the charges that other County safety net clinics use in the region. These charges reflect 120% of the Medicare allowable fee schedule. In comparison the ADP market survey is approximately 130% of the Medicare allowable fee schedule. Using this information, each service was assigned a fee based on the RVU listed in the ADP Context reference book multiplied by the conversion factor for this area. These fees will be reviewed annually and adjusted as needed to match the cost of providing the service. This pricing approach should provide charges that are appropriate for cover our expenses while making our services more affordable and competitive in the marketplace.

Similar services that are provided at either Public Health or Mental Health Clinic will be charged at the rate currently established.

Services provided by Community Health Centers of Lane County will be available to the people in our communities. With certain exceptions, clients will be charged for services on a sliding fee scale, based on their gross monthly family income and family size. Federal Poverty Level guidelines are used to establish the fee scale as displayed below.

**Schedule of Income Thresholds Based on 2003 Federal Poverty Guidelines  
Six Discounted/Sliding Fee Pay Classes**

<b>Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty</b>						
<b>Family Unit Size</b>	<b>Minimum Fee</b>	<b>20% pay</b>	<b>40% pay</b>	<b>60% pay</b>	<b>80% pay</b>	<b>100% pay</b>
<b>Poverty</b>	<b>100%</b>	<b>125%</b>	<b>150%</b>	<b>175%</b>	<b>200%</b>	<b>201%</b>
1	8,980	11,225	13,470	15,715	17,960	17,961
2	12,120	15,150	18,180	21,210	24,240	24,241
3	15,260	19,075	22,890	26,705	30,520	30,521
4	18,400	23,000	27,600	32,200	36,800	36,801
5	21,540	26,925	32,310	37,695	43,080	43,081
6	24,680	30,850	37,020	43,190	49,360	49,361
7	27,820	34,755	41,730	48,685	55,640	55,641
8	30,960	37,700	46,440	54,180	61,920	61,921

Note: The income ceiling for the minimum fee pay class is equal to the federal poverty level.

The 2003 federal poverty guideline increases by \$3,140 for each family member.

<b>Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty</b>						
<b>Family Unit Size</b>	<b>Minimum Fee</b>	<b>20% pay</b>	<b>40% pay</b>	<b>60% pay</b>	<b>80% pay</b>	<b>100% pay</b>
<b>Poverty</b>	<b>100%</b>	<b>125%</b>	<b>150%</b>	<b>175%</b>	<b>200%</b>	<b>201%</b>
1	748	935	1,123	1,310	1,497	1,498
2	1,010	1,263	1,515	1,768	2,020	2,021
3	1,272	1,590	1,908	2,225	2,430	2,544
4	1,533	1,917	2,300	2,683	3,067	3,068
5	1,795	2,244	2,693	3,141	3,590	3,591
6	2,057	2,571	3,085	3,599	4,113	4,114
7	2,318	2,898	3,478	4,057	4,637	4,638
8	2,580	3,225	3,870	4,515	5,160	5,161

Note: The monthly schedule is equal to the annual schedule divided by 12 months.

No patient will be declined service simply because of 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

<u>Office Visits</u>	
Office visit Level 1 New	\$ 79
Office visit Level 2 New	109
Office visit Level 3 New	152
Office visit Level 4 New	219
Office visit Level 5 New	280
Office visit Level 1 Established (Nurse)	44
Office visit Level 2 Established	67
Office visit Level 3 Established	89
Office visit Level 4 Established	133
Office visit Level 5 Established	205
Well child care < 1 year New	138
Well child care age 1 - 4 New	149
Well child care age 5 - 11 New	155
Well child care age 12 - 17 New	173
Annual / preventive care age 18 - 39 New	203
Annual / preventive care age 40 - 64 New	222
Annual / preventive care age >65 New	235
Well child care <1 year Established	111
Well child care age 1 - 4 Established	122
Well child care age 5 - 11 Established	130
Well child care age 12 - 17 Established	141
Annual / preventive care age 18 - 39 Established	168
Annual / preventive care age 40 - 64 Established	182
Annual / preventive care age >65 Established	203
Preventive counseling / risk factor reduction 15 min	60
Preventive counseling / risk factor reduction 30 min	97
Preventive counseling / risk factor reduction 45 min	132
Preventive counseling / risk factor reduction 60 min	179
Preventive counseling group 60 min	51

<u>Medical Services</u>	
Incision & drainage abscess or cyst, simple or single	\$ 149
Incision & removal foreign body, simple	173
Puncture aspiration of abscess, hematoma, bulla or cyst	146
Biopsy skin, single lesion	142
Biopsy, second lesion	84
Removal skin tags, up to 15 lesions	126
Avulsion of nail plate, partial or complete, simple or single	142
Excision of nail and nail matrix, partial or complete, permanent	446
Simple repair superficial wounds, 2.5 cm or less	235

<u>Medical Services Continued</u>	
Simple repair superficial wounds, 2.6 cm – 7.5 cm	\$ 287
Initial treatment, 1 <sup>st</sup> degree burn	116
Destruction benign or premalignant lesions other than skin tags, 1 <sup>st</sup> lesion	105
Destruction lesion, 2 - 14	35
Destruction flat warts, molluscum, up to 14	129
Destruction flat / molluscum, 15+	164
Injection single tendon, ligament	132
Injection single / multiple trigger points/1-2 muscles	146
Aspiration / injection small joint, bursa or ganglion cyst	117
Aspiration / injection intermediate joint, elbow or ankle	130
Aspiration / injection large joint, knee, shoulder, or hip	154
Apply splint (forearm to hand)	114
Apply finger splint, static	74
Venipuncture finger / heel / ear stick routine	16
Anoscopy, Diagnostic	97
Chemical destruction condyloma of anus, simple	294
Destruction lesion(s), anus; simple, cryosurgery	285
Chemical destruction condyloma penis; simple	219
Destruction lesion(s), penis; simple, cryosurgery	237
Destruction of lesion(s) vulva; simple, any method	232
Destruction of vaginal lesion(s); simple, any method	248
Colposcopy of cervix, including upper / adjacent vagina	292
Colposcopy with biopsy of cervix & endocervical curettage	422
Cautery of cervix; cryocautery, initial or repeat	318
Endometrial sampling (biopsy)	262
Removal of foreign body; cornea with lamp	222
Removal impacted cerumen, one or both ears	86
Urinalysis, non-automated, without microscopy	17
Urinalysis, routine	22
Blood, occult, by peroxidase activity; stool	19
Glucose; quantitative, blood, reagent strip	20
Blood count; hemoglobin (Hgb)	19
Skin test; tuberculosis, intradermal	28
Smear, primary source with interpret	25
Tissue exam by KOH slide samples	28
Therapeutic, prophylactic injection (subcutaneous or intramuscular)	21
Intramuscular injection of antibiotic	22
Pure tone audiometry; air only	41
Tympanogram	48

<u>Medical Services Continued</u>	
Electrocardiogram, routine ECG, with @ least 12 leads; interpret & report	90
Maximum breathing capacity, maximal voluntary ventilation	49
Noninvasive ear or pulse oximetry for O2 saturation; single	\$ 37
Peakflow	4
Medical nutrition therapy, initial assess. & intervention, 15 mins	34
Medical nutrition therapy, re-assess & intervention, 15 mins	29
Medical nutrition therapy, Group 2+ individuals, ea. 30 mins	44
Supplies	Acquisition Cost

<u>Dental Fees</u>	
Periodic Oral Evaluation	\$ 23
Child prophylaxis without fluoride	36
Child prophylaxis with fluoride	50
Fluoride only, child	14

**C. Alternative / Options**

1. To approve the proposed fees.
2. To not approve the proposed fees. To do so would limit the ability of the Community Health Centers of Lane County (CHCLC) program to generate revenue to cover costs, and would also limit the flexibility of the program to charge client fees which most closely matches the level of service provided.

**D. Recommendation**

It is recommended the Board amend Lane Manual to revise the Health & Human Services fee schedule to include the proposed federally qualified health center fees.

**IV. IMPLEMENTATION / TIMING**

Fees would become effective February 4, 2004.

**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 &  
HUMAN SERVICES FEES TO ESTABLISH A FEE  
SCHEDULE FOR FEDERALLY QUALIFIED HEALTH  
CENTERS (LM 60.840(10)) Effective February 4, 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 sections:

**REMOVE THESE SECTIONS**

60.840

as located on pages 60-11 through 60-21  
(a total of 11 pages)

**INSERT THESE SECTIONS**

60.840

as located on pages 60-11 through 60-24  
(a total of 14 pages)

Said section is attached hereto and incorporated herein by reference. The purpose of this substitution is to add a fee schedule for federally qualified health centers (LM 60.840(10)).

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

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

APPROVED AS TO FORM

Date 1/26/04 Lane County

*J. J. Law*

OFFICE OF LEGAL COUNSEL

(3) Real Property Seizures and Sale. The Sheriff shall collect the following fees per ORS 21.410 and 23.460:

- (a) Prepare and file certificate of levy ..... \$ 15.50
- (b) Prepare, mail and publish notices of sale..... \$ 15.50
- (c) Conduct sale (including postponements),  
prepare return (1 hour minimum) ..... \$ 31.00/hr.
- (d) Prepare and post after-sale notice ..... \$ 32.50

(4) Background Checks for Transfer of Handguns.

The Sheriff shall collect per ORS 166.420..... \$ 15.00

(5) Community Corrections Center (Center) and Electronic Supervision Program (ESP):

(a) The Sheriff is authorized to collect the following offender fees:

	Hourly Wage	Center Fee/Day	ESP Fee/Day
1.	6.50 - 7.00	10.50	9.00
2.	7.01 - 8.50	12.50	11.00
3.	8.51 - 10.00	15.50	14.00
4.	10.01 - 11.50	17.50	16.00
5.	11.51 - 13.00	19.50	18.00
6.	13.01 - 14.50	21.50	20.00
7.	14.51 - 16.00	23.50	22.00
8.	16.01 - 17.50	26.50	25.00
9.	17.51 - 19.00	28.50	27.00
10.	19.01 - 20.50	30.50	29.00
11.	20.51 - 22.00	32.50	31.00
12.	22.01 - 23.50	35.50	34.00
13.	23.51 - 25.00	37.50	36.00
14.	25.01 +	39.50	38.00

(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," "Acquisition Cost," or "Supply Cost" will be set at the beginning of each fiscal year, or as directed by the state.

(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 .....	\$ 15.00
HIV Expedited Testing (private lab, non-deferrable).....	\$ 55.00
Premarital Assessment (non-deferrable).....	\$ 20.00
Sexually Transmitted Disease, lab test-urine (non-deferrable).....	\$ 24.00
Specimen Collection & Shipping .....	\$ 10.00
Tuberculin Skin Tests .....	\$ 10.00
VDRL .....	\$ 10.00
Wet Mount/KOH .....	\$ 10.00
(c) Treatment/Medications-Communicable Disease	
Administration of Vaccine/Medication.....	\$ 10.00
Condom, Lubricant (1) .....	\$ 1.00
Condoms (6) .....	\$ 1.00
Condoms, Female .....	\$ 3.00
Gamma Globulin for Hepatitis Close Contact.....	acquisition cost plus \$10.00 admin fee
Immunizations .....	acquisition cost plus \$10.00 admin fee
Nystatin Cream .....	\$ 4.00 plus office visit
Other Medications.....	acquisition cost plus \$10.00 admin fee
Vaginal Yeast Cream.....	\$ 10.00

(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
Family Planning Expansion Project (FPEP)/ Oregon Health Plan (OHP) Bundled Services	
Annual Visit .....	\$ 195.00
Contraceptive Management Visit.....	\$ 76.00
Contraceptive Management Visit, Off-Site...	\$ 113.00
Infection/Disease Visit .....	\$ 157.00
Pap Smear Visit.....	\$ 122.00
Pregnancy Testing Visit .....	\$ 98.00
(b) Procedures-Family Planning	
Chlamydia Test.....	\$ 10.00
Chlamydia/Gonococcal Test (private lab, non-deferrable) .....	\$ 24.00
Gonococcal test.....	\$ 15.00
Glucose test.....	\$ 10.00
Gram Stain .....	\$ 10.00
Hematocrit .....	\$ 10.00
HIV Expedited Testing (private lab, non-deferrable).....	\$ 55.00
Pap Smear .....	\$ 25.00
Pregnancy Test Serum (non-deferrable).....	\$ 26.00
Pregnancy Test, Urine (as part of problem focused or prevention visit).....	\$ 10.00
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 .....	\$ 10.00
Cervical Cap and Fitting .....	supply cost plus office visit
Condom, Lubricant (1) .....	\$ 1.00
Condoms (6) .....	\$ 1.00
Condoms, Female .....	\$ 3.00
Contraceptive Foams/Jellies/Creams .....	\$ 6.00
Contraceptive Injectable .....	supply cost plus \$10.00 admin fee
Diaphragm and Fitting .....	supply cost plus office visit
Emergency Contraceptive.....	supply cost plus office visit
Intrauterine Device (IUD) Insertion.....	supply cost plus \$40.00 and office visit

IUD Removal.....	\$20.00 and office visit
Nystatin Cream .....	\$4.00 plus office visit
Oral Contraceptives .....	supply cost plus office visit
Other Contraceptive Methods .....	supply cost plus office visit
Supply Pickup Only (No RN Visit) .....	supply cost
Vaginal Film .....	supply cost plus office visit
Vaginal Ring.....	supply cost plus office visit
Vaginal Yeast Cream.....	\$10.00 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 Prenatal
  - 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) Targeted Case Management (TCM)
  - Home Visit..... \$ 120.00
- (c) 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..... \$10.00 plus lab cost
- (d) Child Safety Seat ..... acquisition cost

(5) Environmental Health Program Fees.

Surcharge/State Consultation and Maintenance Fee. In order to offset a portion of the statewide Environmental Health Program cost, a fee for activities in Pools and Spas, Food Services and Tourist and Travelers is levied at rates as specified in Oregon Revised Statutes. The fee is collected by Lane County, in addition to the fee

collected at the time of licensing, and is forwarded to the Oregon State Health Division 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 .....	\$ 110.00 <sup>8/9</sup>
Benevolent Temporary Restaurant	
Administrative Fee.....	\$ 20.00
Food Service Workers Permit .....	\$ 10.00
Duplicate.....	\$ 5.00
Temporary Restaurant .....	\$ 60.00/event <sup>10</sup>
Grouping of Six or More, Recurring.....	\$ 60.00/month, not to exceed \$400 per year

#### Restaurants

##### Full Service

0-15 Seats.....	\$ 370.00 <sup>11/12</sup>
16-50 Seats.....	\$ 410.00 <sup>13/14</sup>
51-150 Seats.....	\$ 470.00 <sup>15/16</sup>
Over 150 Seats .....	\$ 550.00 <sup>17/18</sup>
Limited Service .....	\$ 370.00 <sup>19/20</sup>
Mobile Units .....	\$ 150.00
Warehouse .....	\$ 75.00

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

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

(2) A license issued under ORS 624.010 to 624.120 that is not renewed on or before the expiration date of the license (December 31 of each year) is delinquent. If the delinquency extends 30 days or more past the expiration date, the licensee shall pay a delinquency fee in addition to the renewal fee required in subsection (4) of this section. The delinquency fee shall be 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>9</sup> January 1 - August 31, Full Fee, September 1-December 31, 50% Fee.

<sup>10</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>11</sup> See #8.

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

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

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

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

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

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

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

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

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

Commissary .....	\$ 150.00
Tourists and Travelers	
Permanent	
Up to 25 units .....	\$ 155.00 <sup>21</sup>
26 to 50 units .....	\$ 220.00 <sup>22</sup>
51 to 75 units .....	\$ 275.00 <sup>23</sup>
76 to 100 units .....	\$ 330.00 <sup>24</sup>
101 and over .....	\$ 330.00 <sup>25</sup>
	plus \$2.50 for
	each unit over 100
Temporary	
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>26</sup>
Hostel 1-10 beds .....	\$ 55.00 <sup>27</sup>
11+ beds .....	\$ 110.00 <sup>28</sup>
Organizational Camps .....	\$ 180.00 <sup>29</sup>
Picnic Park .....	\$ 75.00 <sup>30</sup>
Public Swimming Pools, Spa Pools .....	\$ 195.00
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

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

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

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

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

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

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

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

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

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

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

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

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

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
<b>Plan Review</b>	
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
<b>Loan Reviews:</b>	
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) <u>General Mental Health Fees.</u>	
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 + \$.25 per page copy charge as specified in LM 60.830
Daily Structure & Support.....	\$ 35.00/hour
Enhanced Care Facility.....	\$ 80.00/day
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

**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
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
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 + actual lab fee
Collection and Handling Only .....	\$ 11.00
(8) <u>Parole &amp; Probation Fees</u>	
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) 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

Established .....	\$ 168.00
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Annual/preventive care age 18-39 New .....	\$ 203.00
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## Annual/preventive care age 40-64

Established .....	\$ 182.00
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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
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	
Anoscopy, Diagnostic.....	\$ 97.00
Apply finger splint, static.....	\$ 74.00
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
Avulsion of nail plate, partial or complete, simple or single .....	\$ 142.00
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
Cautery of cervix; cryocautery, initial or repeat.....	\$ 318.00
Chemical destruction condyloma of anus, simple .....	\$ 294.00
Chemical destruction condyloma penis;	

simple.....	\$ 219.00
Colposcopy of cervix, including upper/ adjacent vagina.....	\$ 292.00
Colposcopy with biopsy of cervix and endocervical curettage.....	\$ 422.00
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 of lesion(s) vulva; simple, any method.....	\$ 232.00
Destruction of vaginal lesion(s); simple, any method.....	\$ 248.00
Electrocardiogram, routine ECG, with at least 12 leads; interpret & report.....	\$ 90.00
Endometrial sampling (biopsy) .....	\$ 262.00
Excision of nail and nail matrix, partial or complete, permanent .....	\$ 446.00
Glucose; quantitative, blood, reagent strip .....	\$ 20.00
Incision & drainage abscess or cyst, simple or single .....	\$ 149.00
Incision & removal foreign body, simple .....	\$ 173.00
Initial treatment, 1st degree burn .....	\$ 116.00
Injection single/multiple trigger points /1-2 muscles .....	\$ 146.00
Injection single tendon, ligament.....	\$ 132.00
Intramuscular injection of antibiotic .....	\$ 22.00
Maximum breathing capacity, maximal voluntary ventilation .....	\$ 49.00
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
Noninvasive ear or pulse oximetry for O2 saturation; single .....	\$ 37.00
Peakflow .....	\$ 4.00
Puncture aspiration of abscess, hematoma, bulla or cyst.....	\$ 146.00
Pure tone audiometry; air only.....	\$ 41.00
Removal impacted cerumen, one or both ears .....	\$ 86.00
Removal of foreign body; cornea with lamp .....	\$ 222.00
Removal skin tags, up to 15 lesions.....	\$ 126.00
Simple repair superficial wounds, 2.5cm or less .....	\$ 235.00

Simple repair, superficial wounds, 2.6cm – 7.5 cm.....	\$ 287.00
Skin test; tuberculosis, intradermal.....	\$ 28.00
Smear, primary source with interpret.....	\$ 25.00
Supplies .....	acquisition cost
Therapeutic, prophylactic injection (subcutaneous or intramuscular) .....	\$ 21.00
Tissue exam by KOH slide samples .....	\$ 28.00
Tympanogram.....	\$ 48.00
Urinalysis, non-automated, without microscopy .....	\$ 17.00
Urinalysis, routine.....	\$ 22.00
Venipuncture finger/heel/ear stick routine.....	\$ 16.00
(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

*(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)*

	Hourly Wage	Center Fee/Day	ESP Fee/Day
14.	25.01 +	39.50	38.00
(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," "Acquisition Cost," or "Supply Cost" will be set at the beginning of each fiscal year, or as directed by the state.

(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 .....	\$ 15.00
HIV Expedited Testing	
(private lab, non-deferrable).....	\$ 55.00
Premarital Assessment (non-deferrable).....	\$ 20.00
Sexually Transmitted Disease, lab test-urine	
(non-deferrable).....	\$ 24.00
Specimen Collection & Shipping .....	\$ 10.00
Tuberculin Skin Tests .....	\$ 10.00
VDRL .....	\$ 10.00
Wet Mount/KOH .....	\$ 10.00
(c) Treatment/Medications-Communicable Disease	
Administration of Vaccine/Medication.....	\$ 10.00
Condom, Lubricant (1) .....	\$ 1.00
Condoms (6) .....	\$ 1.00
Condoms, Female .....	\$ 3.00
Gamma Globulin for Hepatitis Close Contact.....	acquisition cost plus \$10.00 admin fee
Immunizations .....	acquisition cost plus \$10.00 admin fee
Nystatin Cream .....	\$ 4.00 plus office visit
Other Medications.....	acquisition cost plus \$10.00 admin fee
Vaginal Yeast Cream.....	\$ 10.00

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(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
  - Family Planning Expansion Project (FPEP)/  
Oregon Health Plan (OHP) Bundled Services
    - Annual Visit ..... \$ 195.00
    - Contraceptive Management Visit..... \$ 76.00
    - Contraceptive Management Visit, Off-Site... \$ 113.00
    - Infection/Disease Visit ..... \$ 157.00
    - Pap Smear Visit..... \$ 122.00
    - Pregnancy Testing Visit ..... \$ 98.00
- (b) Procedures–Family Planning
  - Chlamydia Test..... \$ 10.00
  - Chlamydia/Gonococcal Test (private lab, non-deferrable)..... \$ 24.00
  - Gonococcal test..... \$ 15.00
  - Glucose test..... \$ 10.00
  - Gram Stain..... \$ 10.00
  - Hematocrit ..... \$ 10.00
  - HIV Expedited Testing (private lab, non-deferrable)..... \$ 55.00
  - Pap Smear ..... \$ 25.00
  - Pregnancy Test Serum (non-deferrable) ..... \$ 26.00
  - Pregnancy Test, Urine (as part of problem focused or prevention visit)..... \$ 10.00
  - Urinalysis - Dip Stick ..... \$ 3.00
  - Urinalysis - Microscopic..... \$ 10.00



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60.84060.840 Lane Manual

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60.84060.840**

	Wet Mount/KOH .....	\$ 10.00
	VDRL and/or Rubella Titer .....	\$ 10.00
(c)	Treatment/Medications-Family Planning	
	Administration of Contraceptive Injectables .....	\$ 10.00
	Cervical Cap and Fitting .....	supply cost plus office visit
	Condom, Lubricant (1) .....	\$ 1.00
	Condoms (6) .....	\$ 1.00
	Condoms, Female .....	\$ 3.00
	Contraceptive Foams/Jellies/Creams .....	\$ 6.00
	Contraceptive Injectable .....	supply cost plus \$10.00 admin fee
	Diaphragm and Fitting .....	supply cost plus office visit
	Emergency Contraceptive .....	supply cost plus office visit
	Intrauterine Device (IUD) Insertion .....	supply cost plus \$40.00 and office visit
	IUD Removal .....	\$20.00 and office visit
	Nystatin Cream .....	\$4.00 plus office visit
	Oral Contraceptives .....	supply cost plus office visit
	Other Contraceptive Methods .....	supply cost plus office visit
	Supply Pickup Only (No RN Visit) .....	supply cost
	Vaginal Film .....	supply cost plus office visit
	Vaginal Ring .....	supply cost plus office visit
	Vaginal Yeast Cream .....	\$10.00 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 Prenatal	
	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)	Targeted Case Management (TCM)	

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	Home Visit.....	\$ 120.00
(c)	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.....	\$10.00 plus lab cost
(d)	Child Safety Seat .....	acquisition cost
(5)	<u>Environmental Health Program Fees.</u>	
	Surcharge/State Consultation and Maintenance Fee. In order to offset a portion of the statewide Environmental Health Program cost, a fee for activities in Pools and Spas, Food Services and Tourist and Travelers is levied at rates as specified in Oregon Revised Statutes. The fee is collected by Lane County, in addition to the fee collected at the time of licensing, and is forwarded to the Oregon State Health Division 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.....	\$ 110.00 <sup>8/9</sup>
	Benevolent Temporary Restaurant	
	Administrative Fee.....	\$ 20.00
	Food Service Workers Permit .....	\$ 10.00
	Duplicate.....	\$ 5.00
	Temporary Restaurant .....	\$ 60.00/event <sup>10</sup>
	Grouping of Six or More, Recurring.....	\$ 60.00/month, not to exceed \$400 per year
	Restaurants	
	Full Service	
	0-15 Seats.....	\$ 370.00 <sup>11/12</sup>

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

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

(2) A license issued under ORS 624.010 to 624.120 that is not renewed on or before the expiration date of the license (December 31 of each year) is delinquent. If the delinquency extends 30 days or more past the expiration date, the licensee shall pay a delinquency fee in addition to the renewal fee required in subsection (4) of this section. The delinquency fee shall be 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>9</sup> January 1 - August 31, Full Fee, September 1-December 31, 50% Fee.

<sup>10</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>11</sup> See #8.

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~~60.84060.840~~ Lane Manual

**LEGISLATIVE  
FORMAT**  
~~60.84060.840~~

16-50 Seats.....	\$ 410.00 <sup>13/14</sup>
51-150 Seats.....	\$ 470.00 <sup>15/16</sup>
Over 150 Seats.....	\$ 550.00 <sup>17/18</sup>
Limited Service.....	\$ 370.00 <sup>19/20</sup>
Mobile Units.....	\$ 150.00
Warehouse.....	\$ 75.00
Commissary.....	\$ 150.00
Tourists and Travelers	
Permanent	
Up to 25 units.....	\$ 155.00 <sup>21</sup>
26 to 50 units.....	\$ 220.00 <sup>22</sup>
51 to 75 units.....	\$ 275.00 <sup>23</sup>
76 to 100 units.....	\$ 330.00 <sup>24</sup>
101 and over.....	\$ 330.00 <sup>25</sup>
	plus \$2.50 for each unit over 100
Temporary	
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>26</sup>
Hostel 1-10 beds.....	\$ 55.00 <sup>27</sup>
11+ beds.....	\$ 110.00 <sup>28</sup>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**60.84060.840** Lane Manual

**LEGISLATIVE  
 FORMAT  
 60.84060.840** |

Organizational Camps.....	\$ 180.00 <sup>29</sup>
Picnic Park .....	\$ 75.00 <sup>30</sup>
Public Swimming Pools, Spa Pools.....	\$ 195.00
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
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) <u>General Mental Health Fees.</u>	
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 + \$.25 per page copy charge as specified in LM 60.830
Daily Structure & Support.....	\$ 35.00/hour
Enhanced Care Facility.....	\$ 80.00/day
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

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

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

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60.84060.840 Lane Manual

**LEGISLATIVE  
FORMAT  
60.84060.840**

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
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
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

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60.84060-840 Lane Manual

**LEGISLATIVE  
FORMAT  
60.84060-840**

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
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 + actual lab fee
Collection and Handling Only .....	\$ 11.00
(8) <u>Parole &amp; Probation Fees</u>	
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

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60.84060.840 Lane Manual

**LEGISLATIVE  
FORMAT  
60.84060.840**

\$ 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) Family Mediation

Parent Education Class .....	\$ 45.00/Attendee
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(10) Community Health Centers (FOHC). Community Health Centers provide access to primary and preventive healthcare services for medically uninsured, underserved and homeless populations in Lane County, in accordance with federal requirements under Section 330 of the Public Health Service Act. The Community Health Center has a Board approved fee schedule for all billable services. The fee schedule is established and implemented to ensure that all patients receive fair and equitable treatment for any and all services provided by the Community Health Center. The fee schedule approximates reimbursable costs for those services and is comparable to prevailing local rates. The billing for third party coverage, i.e. Medicare, Medicaid, private insurance carriers, etc., is set at the usual and customary full charge.

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

<b>(a) Office Visits - Community Health Centers</b>	
<b>Annual/preventive care age 18-39</b>	
Established.....	\$ 168.00
Annual/preventive care age 18-39 New.....	\$ 203.00
<b>Annual/preventive care age 40-64</b>	
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
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>	
reduction 15min.....	\$ 60.00
<b>Preventive counseling/risk factor</b>	
reduction 30min.....	\$ 97.00
<b>Preventive counseling/risk factor</b>	
reduction 45min.....	\$ 132.00
<b>Preventive counseling/risk factor</b>	
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>(b) Medical Services - Community Health Centers</b>	
Anoscopy, Diagnostic.....	\$ 97.00
Apply finger splint, static .....	\$ 74.00
Apply splint (forearm to hand).....	\$ 114.00
<b>Aspiration/injection intermediate joint,</b>	
elbow or ankle .....	\$ 130.00
<b>Aspiration/injection large joint, knee,</b>	
shoulder, or hip .....	\$ 154.00
<b>Aspiration/injection small joint, bursa</b>	
or ganglion cyst.....	\$ 117.00
<b>Avulsion of nail plate, partial or complete,</b>	
simple or single.....	\$ 142.00
Biopsy skin, single lesion .....	\$ 142.00
Biopsy, second lesion.....	\$ 84.00



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60.84060.840 Lane Manual

**LEGISLATIVE  
FORMAT  
60.84060.840**

Blood count; hemoglobin (Hgb).....	\$ 19.00
Blood, occult, by peroxidase activity; stool.....	\$ 19.00
Cautery of cervix; cryocautery, initial or repeat.....	\$ 318.00
Chemical destruction condyloma of anus, simple .....	\$ 294.00
Chemical destruction condyloma penis; simple .....	\$ 219.00
Colposcopy of cervix, including upper/ adjacent vagina.....	\$ 292.00
Colposcopy with biopsy of cervix and endocervical curettage .....	\$ 422.00
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 of lesion(s) vulva; simple, any method .....	\$ 232.00
Destruction of vaginal lesion(s); simple, any method .....	\$ 248.00
Electrocardiogram, routine ECG, with at least 12 leads; interpret & report .....	\$ 90.00
Endometrial sampling (biopsy) .....	\$ 262.00
Excision of nail and nail matrix, partial or complete, permanent.....	\$ 446.00
Glucose; quantitative, blood, reagent strip.....	\$ 20.00
Incision & drainage abscess or cyst, simple or single.....	\$ 149.00
Incision & removal foreign body, simple.....	\$ 173.00
Initial treatment, 1st degree burn.....	\$ 116.00
Injection single/multiple trigger points /1-2 muscles.....	\$ 146.00
Injection single tendon, ligament.....	\$ 132.00
Intramuscular injection of antibiotic .....	\$ 22.00
Maximum breathing capacity, maximal voluntary ventilation.....	\$ 49.00
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
Noninvasive ear or pulse oximetry for O2 saturation; single.....	\$ 37.00
Peakflow .....	\$ 4.00
Puncture aspiration of abscess, hematoma, bulla or cyst .....	\$ 146.00
Pure tone audiometry; air only.....	\$ 41.00

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60.84060.840

Lane Manual

**LEGISLATIVE**

**FORMAT**

60.84060.840

Removal impacted cerumen, one or both ears	\$ 86.00
Removal of foreign body; cornea with lamp ...	\$ 222.00
Removal skin tags, up to 15 lesions .....	\$ 126.00
Simple repair superficial wounds, 2.5 cm or less.....	\$ 235.00
Simple repair superficial wounds, 2.6cm – 7.5 cm .....	\$ 287.00
Skin test; tuberculosis, intradermal .....	\$ 28.00
Smear, primary source with interpret .....	\$ 25.00
Supplies .....	acquisition cost
Therapeutic, prophylactic injection (subcutaneous or intramuscular).....	\$ 21.00
Tissue exam by KOH slide samples .....	\$ 28.00
Tympanogram.....	\$ 48.00
Urinalysis, non-automated, without microscopy .....	\$ 17.00
Urinalysis, routine.....	\$ 22.00
Venipuncture finger/heel/ear stick routine.....	\$ 16.00
(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

(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)