

CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS

Sitting/Acting as (if applicable)
Policy Session Worksheet

Presentation Date: May 22, 2018 **Approx Start Time:** 10:30 am **Approx Length:** 30 minutes

Presentation Title: Health Centers Proposed Fee Schedule Changes

Department: H3S – Health Centers

Presenters: Ed Johnson, Administration & Financial Services Manager

Other Invitees: Sarah Jacobson, Billing Manager & Douglas Maresh, Billing Analyst

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

Review and approve the changes to the Health Centers fee schedule.

EXECUTIVE SUMMARY:

The Health Centers Division is proposing to adjust its medical and dental fees to the current market rates to capture the cost of care. An analysis was conducted of Health Centers' visits, fees, and payments data to examine the impact on revenue streams to ensure a full reimbursement at the Medicaid, Medicare, and private insurance rates. Adjusting the medical and dental fee schedule will ensure the financial sustainability of the clinics' operations.

FINANCIAL IMPLICATIONS (current year and ongoing):

Is this item in your current budget? YES NO

What is the cost? N/A

What is the funding source? N/A

Fee changes respond to market demands and cost of care as part of industry best practices. The budget will not be adjusted as reimbursement is determined by contractual arrangements.

STRATEGIC PLAN ALIGNMENT:

1. Provide patient-centered health center services to vulnerable populations so they can experience improved health.
2. Ensure safe, healthy, and secure communities.

LEGAL/POLICY REQUIREMENTS:

Unless otherwise delegated, the Board of County Commissioners establishes fees and fines as part of the annual budget adoption process.

PUBLIC/GOVERNMENTAL PARTICIPATION:

Health Centers Division Community Health Council has discussed the proposed fee changes and has made a recommendation of approval at its March 2018 Community Health Council meeting.

OPTIONS:

1. Approve the proposed fee changes for integration into the Health Centers Fee Schedule.

2. Provide further direction to Health Centers regarding proposed fee adjustments.

RECOMMENDATION:

Health Centers leadership respectfully recommends approval of Option 1 and directs Health Centers staff to incorporate the proposed fee schedule changes.

ATTACHMENTS:

CCHC Fee Schedule Change List

SUBMITTED BY:

Division Director/Head Approval _____
Department Director/Head Approval _____
County Administrator Approval _____



For information on this issue or copies of attachments, please contact Ed Johnson @ 503-742-5325

Clackamas County Health Centers Proposed Fee Schedule Changes				
CPT - Procedure Code	Description of Service	Current Fee	Updated Fee	Change
10060	DRAINAGE OF SKIN ABSCESS	\$215	\$260	\$45
10061	DRAINAGE OF SKIN ABSCESS	\$418	\$587	\$169
10080	DRAINAGE OF PILONIDAL CYST, SIMPLE	\$302	\$485	\$183
10120	REMOVE FOREIGN BODY SKIN, SIMPLE	\$245	\$338	\$93
10121	REMOVE FOREIGN BODY, COMPLICATED	\$569	\$656	\$87
10140	DRAINAGE OF HEMATOMA/FLUID	\$280	\$374	\$94
10160	PUNCTURE DRAINAGE OF LESION	\$218	\$323	\$105
11055	PARING/CUTTING, BENIGN HYPERKERATOTIC LESION; SINGLE LESION	\$80	\$61	(\$19)
11056	PARING/CUTTING, BENIGN HYPERKERATOTIC LESION; 2-4 LESIONS	\$93	\$76	(\$17)
11057	PARING/CUTTING, BENIGN HYPERKERATOTIC LESION; > 4 LESIONS	\$102	\$82	(\$20)
11100	BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	\$174	\$228	\$54
11101	BIOPSY, SKIN ADD-ON	\$100	\$95	(\$5)
11200	REMOVAL OF SKIN TAGS	\$158	\$213	\$55
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	\$77	\$70	(\$7)
11300	SHAVE SKIN LESION	\$156	\$172	\$16
11301	SHAVE SKIN LESION	\$195	\$215	\$20
11302	SHAVE SKIN LESION	\$230	\$246	\$16
11305	SHAVE SKIN LESION	\$150	\$162	\$12
11306	SHAVE SKIN LESION	\$205	\$199	(\$6)
11311	SHAVE SKIN LESION	\$229	\$230	\$1
11312	SHAVE SKIN LESION	\$268	\$276	\$8
11400	EXC TR EXT B9 PULS MARG 0.5 LESS THAN CM	\$240	\$268	\$28
11401	EXC TR EXT B9 PLUS MARG 0.6 TO 1 CM	\$287	\$325	\$38
11402	EXC TR EXT B9 PLUS MARG 1.1TO 2 CM	\$345	\$372	\$27
11403	EXC TR EXT B9 PLUS MARG 2.1 TO 3 CM	\$445	\$456	\$11
11404	EXC TR EXT B9 PLUS MARG 3.1 TO 4 CM	\$553	\$551	(\$2)
11406	EXC TR EXT B9 PLUS MARG GREATER THAN 4.0 CM	\$764	\$822	\$58
11420	EXC H F NK SP B9 PLUS MARG 0.5 LESS THAN	\$247	\$268	\$21
11421	EXC H F NK SP B9 PLUS MARG 0.6 TO 1	\$319	\$335	\$16
11422	EXC H F NK SP B9 PLUS MARG 1.1 TO 2	\$391	\$401	\$10
11423	EXC H F NK SP B9 PLUS MARG 2.1 TO 3	\$512	\$499	(\$13)
11440	EXC FACE MM B9 PLUS MARG 0.5 LESS THAN CM	\$297	\$300	\$3
11441	EXC FACE MM B9 PLUS MARG 0.6 TO 1 CM	\$374	\$391	\$17
11443	EXC FACE MM B9 PLUS MARG 2.1 TO 3 CM	\$597	\$568	(\$29)
11601	EXC TR EXT MLG PLUS MARG 0.6 TO 1 CM	\$425	\$473	\$48
11720	DEBRIDE NAIL, 1 TO 5	\$58	\$38	(\$20)
11721	DEBRIDE NAIL, 6 OR MORE	\$93	\$57	(\$36)
11730	REMOVAL OF NAIL PLATE	\$196	\$140	(\$56)
11732	REMOVE NAIL PLATE, ADDON	\$102	\$71	(\$31)
11740	DRAIN BLOOD FROM UNDER NAIL	\$129	\$95	(\$34)
11750	REMOVAL OF NAIL BED	\$551	\$333	(\$218)
11900	INJECTION INTO SKIN LESIONS	\$112	\$124	\$12
11976	REMOVAL OF CONTRACEPTIVE CAPSULE	\$415	\$351	(\$64)
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$369	\$330	(\$39)
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$406	\$370	(\$36)
11983	REMOVAL W/REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$634	\$572	(\$62)
12001	REPAIR SUPERFICIAL WOUND,S	\$290	\$307	\$17
12002	REPAIR SUPERFICIAL WOUND,S	\$345	\$379	\$34
12011	REPAIR SUPERFICIAL WOUND,S	\$335	\$372	\$37
12021	CLOSURE OF SPLIT WOUND	\$347	\$351	\$4
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	\$388	\$501	\$113
17000	DESTROY BENIGN/PREMLG LESION	\$131	\$99	(\$32)
17003	DESTROY LESIONS, 2-14	\$38	\$16	(\$22)
17004	DESTROY LESIONS, 15 OR MORE	\$465	\$251	(\$214)
17106	DESTRUCTION OF SKIN LESIONS	\$705	\$635	(\$70)
17110	DESTRUCT LESION, 1 14	\$156	\$142	(\$14)
17111	DESTRUCT LESION, 15 OR MORE	\$204	\$185	(\$19)

Clackamas County Health Centers Proposed Fee Schedule Changes				
19081	BX BREAST W DEVICE 1ST LESION STEREOTACTIC GUIDE	\$730	\$1,086	\$356
20103	EXPLORE WOUND, EXTREMITY	\$1,435	\$1,436	\$1
20526	THER INJECTION, CARP TUNNEL	\$206	\$190	(\$16)
20550	INJECTION S SINGLE TENDON SHEATH, LIGAMENT, APONEUROSIS	\$183	\$136	(\$47)
20551	INJECTION S SINGLE TENDON ORIGIN INSERTION	\$181	\$151	(\$30)
20552	INJECTION S SINGLE MULTIPLE TRIGGER POINT S , 1 2 MUSCLES	\$185	\$140	(\$45)
20553	INJECT TRIGGER POINTS, EQUAL TO OR GREATER THAN 3	\$215	\$178	(\$37)
20600	DRAIN/INJECT, JOINT/BURSA SMALL	\$159	\$124	(\$35)
20605	DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	\$177	\$140	(\$37)
20610	DRAIN/INJECT, JOINT/BURSA; MAJOR	\$216	\$179	(\$37)
20612	ASPIRATION &/OR INJECTION, GANGLION CYST(S) ANY LOCATION	\$185	\$151	(\$34)
21555	REMOVE LESION, NECK/CHEST	\$1,065	\$982	(\$83)
23930	INCISION & DRAINAGE, UPPER ARM/ELBOW AREA; DEEP ABSCESS/HEMATOMA	\$978	\$815	(\$163)
27604	INCISION & DRAINAGE, LEG/ANKLE; INFECTED BURSA	\$1,578	\$1,477	(\$101)
28190	REMOVAL, FB, FOOT; SUBQ	\$510	\$560	\$50
29125	APPLICATION, SHORT ARM SPLINT (FOREARM TO HAND); STATIC	\$165	\$183	\$18
36416	COLLECTION, CAPILLARY BLOOD SPECIMEN	\$19	\$15	(\$4)
40800	DRAINAGE OF MOUTH LESION	\$329	\$483	\$154
46083	INCISION, THROMBOSED HEMORRHOID, EXT	\$420	\$403	(\$17)
46600	DIAGNOSTIC ANOSCOPY	\$152	\$203	\$51
51701	INSERT BLADDER CATHETER	\$178	\$154	(\$24)
51702	INSERT TEMP BLADDER CATH	\$245	\$198	(\$47)
54056	CRYOSURGERY, PENIS LESION,S	\$343	\$275	(\$68)
56420	DRAINAGE OF GLAND ABSCESS	\$402	\$358	(\$44)
56501	DESTROY, VULVA LESIONS, SIM	\$336	\$306	(\$30)
57061	DESTROY VAG LESIONS, SIMPLE	\$349	\$286	(\$63)
57065	DESTROY VAG LESIONS, COMPLEX	\$1,098	\$553	(\$545)
57170	FITTING OF DIAPHRAGM/CAP	\$185	\$164	(\$21)
57452	EXAM OF CERVIX W/SCOPE	\$370	\$287	(\$83)
57454	BX/CURETT OF CERVIX W/SCOPE	\$535	\$410	(\$125)
57455	BIOPSY OF CERVIX W/SCOPE	\$467	\$363	(\$104)
57456	ENDOCERV CURETTAGE W/SCOPE	\$456	\$358	(\$98)
57500	BIOPSY OF CERVIX	\$351	\$305	(\$46)
57511	CRYOCAUTERY OF CERVIX	\$452	\$331	(\$121)
58100	BIOPSY OF UTERUS LINING	\$368	\$265	(\$103)
58300	INSERT INTRAUTERINE DEVICE	\$348	\$228	(\$120)
58301	REMOVE INTRAUTERINE DEVICE	\$266	\$211	(\$55)
59025	FETAL NON STRESS TEST	\$194	\$159	(\$35)
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	\$335	\$270	(\$65)
69000	DRAINAGE EXT EAR, ABSCESS/HEMATOMA; SIMPLE	\$292	\$492	\$200
69210	REMOVE IMPACTED EAR WAX	\$113	\$128	\$15
71010	RADIOLOGIC EXAM, CHEST; SINGLE VIEW, FRONTAL	\$112	\$50	(\$62)
71020	RADIOLOGIC EXAM, CHEST, 2 VIEWS, FRONTAL & LATERAL	\$140	\$77	(\$63)
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	\$5	\$27	\$23
80051	ELECTROLYTE PANEL	\$4	\$23	\$19
80053	COMPRE METAB PANEL	\$5	\$37	\$32
80055	OBSTETRIC PANEL	\$60	\$168	\$108
80061	LIPID PANEL	\$7	\$47	\$41
80069	RENAL FUNCTION PANEL	\$6	\$28	\$22
80074	ACUTE HEPATITIS PANEL	\$42	\$210	\$168
80076	HEPATIC FUNCTION PANEL	\$5	\$29	\$25
80156	ASSAY OF CARBAMAZEPINE (TEGRETOL)	\$17	\$59	\$42
80162	ASSAY OF DIGOXIN	\$14	\$48	\$34
80164	ASSAY OF DIPROPYLACETIC ACID (VALPROIC ACID)	\$17	\$55	\$38
80178	ASSAY OF LITHIUM	\$9	\$37	\$28
80184	ASSAY OF PHENOBARBITAL	\$20	\$16	(\$4)
80185	PHENYTOIN	\$15	\$55	\$40
80186	ASSAY OF PHENYTOIN; FREE	\$33	\$54	\$21
81001	URINALYSIS, AUTOMATED W/ MICROSCOPY	\$6	\$21	\$15
81002	URINALYSIS, DIPSTICK, NONAUTO, W/O MICRO	\$5	\$6	\$1
81003	URINALYSIS, ROUTINE	\$6	\$11	\$6

Clackamas County Health Centers Proposed Fee Schedule Changes				
81025	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	\$22	\$21	(\$1)
82024	ASSAY OF ACTH	\$30	\$116	\$87
82043	MICROALBUMIN, RANDOM URINE, QUANT (W/O CREAT)	\$8	\$40	\$32
82085	ASSAY OF ALDOLASE	\$12	\$54	\$42
82088	ASSAY OF ALDOSTERONE, SERUM	\$38	\$118	\$81
82103	ALPHA 1 ANTITRYPSIN, TOTAL	\$17	\$65	\$48
82105	ALPHA-FETOPROTEIN; SERUM	\$22	\$66	\$45
82140	ASSAY OF AMMONIA	\$33	\$43	\$10
82150	AMYLASE, SERUM	\$7	\$25	\$18
82239	BILE ACIDS, TOTAL	\$20	\$43	\$23
82247	BILIRUBIN, TOTAL	\$5	\$13	\$9
82270	OCCULT BLOOD BY PEROX ACTIVITY, 1-3 SPEC (82270)	\$6	\$11	\$5
82274	FECAL GLOBIN BY IMMUNOCHEMISTRY (FIT)	\$29	\$33	\$5
82306	VITAMIN D; 25 HYDROXY	\$28	\$137	\$109
82310	CALCIUM	\$5	\$15	\$11
82330	CALCIUM; IONIZED	\$30	\$43	\$14
82360	CALCULUS ASSAY, QUANT	\$21	\$43	\$23
82384	CATECHOLAMINES 24 HR URINE FRACTIONATED	\$27	\$114	\$87
82390	ASSAY OF CERULOPLASMIN	\$14	\$52	\$38
82436	CHLORIDE, URINE RANDOM	\$15	\$15	(\$0)
82465	CHOLESTEROL	\$4	\$12	\$8
82525	COPPER, BLOOD OR SERUM	\$26	\$61	\$36
82530	CORTISOL; FREE	\$27	\$43	\$16
82533	TOTAL CORTISOL	\$14	\$86	\$72
82550	CREATINE KINASE (CK), (CPK); TOTAL	\$7	\$22	\$15
82553	CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	\$15	\$31	\$17
82570	URINE CREATININE, RANDOM	\$16	\$15	(\$1)
82595	ASSAY OF CRYOGLOBULIN	\$11	\$33	\$23
82607	CYANOCOBALAMIN (VITAMIN B-12)	\$21	\$62	\$42
82626	DEHYDROEPIANDROSTERONE (DHEA)	\$33	\$91	\$58
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	\$21	\$75	\$55
82652	VITAMIN D; 1, 25 DIHYDROXY (CALCITRIOL)	\$35	\$129	\$94
82670	ESTRADIOL	\$21	\$76	\$56
82705	FAT/LIPIDS, FECES; QUALITATIVE	\$15	\$44	\$29
82728	ASSAY OF FERRITIN	\$7	\$49	\$42
82746	FOLIC ACID; SERUM	\$14	\$53	\$39
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	\$4	\$12	\$8
82948	GLUCOSE; BLOOD, REAGENT STRIP	\$6	\$9	\$3
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	\$7	\$18	\$11
82951	GLUCOSE TOLERANCE (GTT), 3 SPEC (75G)	\$7	\$39	\$32
82977	GGT: GLUTAMYL TRANSFERASE	\$4	\$12	\$8
83001	FSH - GONADOTROPIN; FOLLICLE STIMULATING HORMONE	\$14	\$65	\$51
83002	LUTEINIZING HORMONE (LH)	\$17	\$59	\$42
83036	HEMOGLOBIN, GLYCOSYLATED (A1C)	\$6	\$36	\$30
83090	HOMOCYSTEINE	\$66	\$61	(\$5)
83525	ASSAY OF INSULIN, FASTING	\$24	\$88	\$64
83615	LACTATE DEHYDROGENASE (LD), (LDH)	\$4	\$18	\$14
83655	LEAD, BLOOD	\$10	\$35	\$25
83690	ASSAY OF LIPASE	\$11	\$32	\$22
83695	LIPOPROTEIN (A)	\$22	\$66	\$44
83718	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHO*	\$5	\$26	\$21
83721	LIPOPROTEIN, DIRECT MEASUREMENT	\$11	\$35	\$25
83735	ASSAY OF MAGNESIUM (SERUM)	\$7	\$27	\$21
83880	B-TYPE NATRIURETIC PEPTIDE (BNP)	\$54	\$113	\$59
83930	OSMOLALITY; BLOOD	\$14	\$37	\$23
83935	OSMOLALITY; URINE	\$14	\$38	\$24
83970	PTH (PARATHYROID HORMONE) INTACT	\$17	\$147	\$130
84030	PHENYLALANINE (PKU), BLOOD	\$5	\$17	\$12
84075	PHOSPHATASE, ALKALINE	\$5	\$12	\$8
84100	ASSAY OF PHOSPHORUS	\$4	\$13	\$9
84132	POTASSIUM, SERUM/PLASMA	\$4	\$16	\$12

Clackamas County Health Centers Proposed Fee Schedule Changes				
84134	ASSAY OF PREALBUMIN	\$33	\$53	\$20
84144	ASSAY OF PROGESTERONE	\$28	\$77	\$49
84146	ASSAY OF PROLACTIN	\$17	\$108	\$91
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	\$12	\$73	\$62
84165	PROTEIN; ELECTROPHORETIC FRACTIONATION & QUANTITA*	\$18	\$32	\$14
84207	ASSAY OF VITAMIN B 6	\$33	\$121	\$88
84244	ASSAY OF RENIN	\$23	\$98	\$76
84270	ASSAY OF SEX HORMONE GLOBUL	\$28	\$67	\$39
84300	SODIUM, URINE, RANDOM	\$10	\$12	\$2
84315	SPECIFIC GRAVITY (EXCEPT URINE)	\$8	\$9	\$1
84402	TESTOSTERONE, FREE	\$40	\$83	\$43
84403	TESTOSTERONE; TOTAL	\$17	\$78	\$61
84432	ASSAY OF THYROGLOBULIN	\$21	\$62	\$41
84439	FREE T4 (THYROXINE; FREE)	\$7	\$41	\$34
84443	THYROID STIMULATING HORMONE (TSH)	\$6	\$52	\$46
84460	ALT (SGPT)	\$4	\$12	\$8
84478	ASSAY OF TRIGLYCERIDES	\$4	\$19	\$15
84480	TRIODOOTHYRONINE T3; TOTAL (TT-3)	\$17	\$54	\$37
84481	TRIODOOTHYRONINE T3; FREE	\$28	\$100	\$72
84550	ASSAY OF BLOOD/URIC ACID	\$4	\$13	\$9
84590	ASSAY OF VITAMIN A	\$23	\$45	\$22
84630	ASSAY OF ZINC	\$18	\$36	\$19
84702	HCG, CHORIONIC GONADOTROPIN QUANT	\$9	\$52	\$43
84703	HCG, CHORIONIC GONADOTROPIN ASSAY, QUAL, SERUM	\$11	\$22	\$12
85008	PERIPHERAL SMEAR W/O DIFF WBC COUNT	\$26	\$19	(\$7)
85025	CBC WITH AUTO DIFF	\$4	\$26	\$22
85027	BLOOD COUNT; COMPLT CBC, AUTO (HGB,HCT,RBC,WBC,PLT)	\$4	\$25	\$22
85045	AUTOMATED RETICULOCYTE COUNT	\$5	\$21	\$16
85060	PATHOLOGY REVIEW OF PERIPHERAL SMEAR	\$26	\$55	\$29
85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	\$102	\$179	\$77
85610	PROTHROMBIN TIME	\$5	\$13	\$8
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	\$5	\$20	\$15
85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA/WHOLE *	\$11	\$25	\$15
86003	ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	\$25	\$19	(\$6)
86038	ANTINUCLEAR ANTIBODIES (ANA)	\$11	\$62	\$52
86060	ANTISTREPTOLYSIN 0; TITER	\$10	\$39	\$29
86140	C-REACTIVE PROTEIN	\$11	\$33	\$23
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRP)	\$21	\$67	\$47
86200	CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	\$27	\$103	\$76
86226	ANTI-DNA ANTIBODY; SINGLE STRANDED	\$38	\$45	\$8
86235	SM/NUCLEAR ANTIGEN AB	\$22	\$64	\$42
86304	CA125	\$27	\$83	\$56
86308	MONONUCLEOSIS (HETEROPHILE) AB SCREEN	\$9	\$21	\$12
86337	INSULIN ANTIBODIES	\$50	\$146	\$97
86340	INTRINSIC FACTOR ANTIBODY	\$18	\$92	\$74
86341	ISLET CELL ANTIBODY	\$38	\$74	\$37
86361	T CELL, ABSOLUTE CD4 COUNT	\$21	\$114	\$94
86431	RHEUMATOID FACTOR; QUANTITATIVE	\$8	\$29	\$21
86480	TB TEST CELL IMMUN MEASURE	\$73	\$189	\$116
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	\$14	\$20	\$6
86592	SYPHILIS TEST; QUALITATIVE	\$6	\$26	\$20
86618	LYME DISEASE ANTIBODY	\$38	\$61	\$24
86677	HELICOBACTER PYLORI ANTIBODY	\$66	\$34	(\$32)
86694	HERPES SIMPLEX AB, NON-SPECIFIC TYPE TEST	\$53	\$69	\$16
86695	HSV TYPE 1 IGG	\$20	\$55	\$36
86696	HSV TYPE 2 IGG	\$30	\$53	\$24
86704	HEPATITIS B CORE ANTIBODY (HBCAB); TOTAL	\$12	\$43	\$32
86705	HEP B CORE ANTIBODY, IGM	\$15	\$53	\$38
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB) QUAL	\$12	\$38	\$26
86708	HEPATITIS A ANTIBODY (HAAB); TOTAL	\$14	\$50	\$36
86709	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	\$15	\$37	\$23

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86765	RUBEOLA ANTIBODY	\$15	\$62	\$47
86778	TOXOPLASMA ANTIBODY IGM	\$30	\$49	\$20
86800	THYROGLOBULIN ANTIBODY	\$16	\$52	\$36
86803	HEPATITIS C ANTIBODY	\$14	\$44	\$30
86850	ANTIBODY SCREEN	\$6	\$21	\$15
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PAN	\$14	\$60	\$46
86901	BLOOD TYPING, RH D	\$12	\$14	\$3
87070	CULTURE, BACTERIAL; EXCEPT URINE/BLOOD	\$18	\$33	\$15
87075	CULTURE, BACTERIAL ANY SOURCE EXPT BLOOD, ANAEROB W/ISOLAT PRESUMPTIVE ID, ISOLATES	\$25	\$35	\$11
87077	CULTURE, BACTERIAL AEROBIC (ISOLATE ONLY)	\$11	\$21	\$11
87086	URINE CULTURE/COLONY COUNT	\$8	\$37	\$29
87101	CULTURE, FUNGI (MOLD/YEAST) ISOLATION, W/PRESUMPTIVE ID OF ISOLATES; SKIN/HAIR/NAIL	\$26	\$25	(\$1)
87177	OVA & PARASITES, DIRECT SMEARS, CONCENTRATION & IDENTIFICATION	\$4	\$33	\$30
87186	MICROBE SUSCEPTIBLE, MIC	\$8	\$25	\$17
87207	SMEAR, PRIMARY SOURCE W/INTERP, SPECIAL STA	\$12	\$18	\$7
87220	TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAILS, FUNGI/ECTOPARASITE OVA/MITES	\$7	\$17	\$10
87255	HSV CULTURE WITHOUT TYPING	\$23	\$103	\$80
87324	CLOSTRIDIUM AG, EIA, STOOL	\$14	\$74	\$60
87338	H PYLORI, STOOL; ENZYME IMMUNOASSAY (EIA)	\$66	\$83	\$18
87340	HEPATITIS B SURFACE AG, EIA	\$12	\$43	\$31
87350	HEPATITIS BE ANTIGEN	\$15	\$42	\$28
87430	STREP A AG, EIA	\$5	\$25	\$20
87491	CHLMYD TRACH, DNA, AMP PROBE	\$27	\$104	\$77
87517	HEP B DNA PCR QUANTITATIVE	\$203	\$288	\$86
87521	HEP C RNA PCR QUAL/CONFIRMATORY	\$146	\$244	\$98
87529	HSV, DNA, AMP PROBE	\$33	\$122	\$89
87536	HIV 1, QUANT, REAL-TIME PCR (NONGRAPHICAL)	\$130	\$276	\$146
87591	N. GONORROEAE, DNA, AMP PROBE	\$27	\$104	\$77
87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	\$64	\$122	\$58
87902	HEP C VIRAL RNA GENOTYPE	\$431	\$474	\$43
88141	CYTOPATH, C/V, INTERPRET	\$22	\$81	\$60
88175	CYTOPATH GYN IG LIQ-BASED PAP	\$32	\$110	\$78
88300	SURGICAL PATH, GROSS (PATH LEVEL I)	\$76	\$63	(\$13)
88304	TISSUE EXAM BY PATHOLOGIST (PATH LEVEL III)	\$53	\$163	\$110
90281	HUMAN IG, IM	\$57	\$68	\$11
90471	IMMUNIZATION ADMIN	\$41	\$43	\$2
90472	IMMUNIZATION ADMIN, EACH ADD	\$24	\$27	\$3
90473	IMADM INTRANSL/ORAL 1 VACC	\$24	\$37	\$13
92015	DETERMINATION, REFRACTIVE STATE	\$125	\$45	(\$80)
92551	PURE TONE HEARING TEST, AIR	\$40	\$29	(\$11)
92552	PURE TONE AUDIOMETRY, AIR	\$47	\$44	(\$3)
92567	TYMPANOMETRY (IMPEDANCE TESTING)	\$59	\$44	(\$15)
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	\$103	\$72	(\$31)
93016	CARDIOVASCULAR STRESS TEST W/ECG MONITOR; PHYSICIAN SUPERVISION ONLY, W/O INTPRETATION & REPORT	\$126	\$81	(\$45)
93040	RHYTHM ECG WITH REPORT	\$61	\$48	(\$13)
94010	BREATHING CAPACITY TEST	\$139	\$75	(\$64)
94060	EVALUATION OF WHEEZING	\$227	\$121	(\$106)
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$78	\$38	(\$40)
94640	AIRWAY INHALATION TREATMENT	\$72	\$39	(\$33)
96110	DEVELOPMENTAL TEST, LIM	\$25	\$27	\$2
96150	HLTH/BEHAV ASSESS/INTERVENTION, INITIAL ASSESS	\$88	\$42	(\$46)
96151	HLTH/BEHAV ASSESS/INTERVENTION, RE-ASSESS	\$64	\$27	(\$37)
96152	HLTH/BEHAV ASSESS/INTERVENTION, INDIVIDUAL	\$77	\$21	(\$56)
96153	HLTH/BEHAV ASSESS/INTERVENTION, GROUP (2+)	\$45	\$5	(\$40)
96154	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY & PATIENT	\$60	\$22	(\$38)
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	\$62	\$63	\$1
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	\$71	\$85	\$14

Clackamas County Health Centers Proposed Fee Schedule Changes				
97802	MEDICAL NUTRITION, INDIV, IN	\$60	\$56	(\$4)
97803	MED NUTRITION, INDIV, SUBSEQ	\$55	\$51	(\$4)
97804	MEDICAL NUTRITION, GROUP	\$45	\$35	(\$10)
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED	\$69	\$87	\$18
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED	\$115	\$11	(\$104)
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 7-8 BODY REGIONS INVOLVED	\$150	\$134	(\$16)
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 9-10 BODY REGIONS INVOLVED	\$161	\$168	\$7
99024	POSTOPERATIVE FOLLOW UP VISIT	\$134	\$49	(\$85)
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	\$41	\$30	(\$11)
99201	OFFICE VISIT, PROBLEM FOCUSED- NEW	\$91	\$107	\$16
99202	OFFICE VISIT, EXPANDED PROB FOC- NEW	\$131	\$176	\$45
99203	OFFICE VISIT, DETAILED- NEW	\$187	\$256	\$69
99204	OFFICE VISIT, COMPREHENSIVE/MOD- NEW	\$262	\$384	\$122
99205	OFFICE VISIT, COMPREHENSIVE/HIGH- NEW	\$333	\$492	\$159
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	\$55	\$62	\$7
99212	OFFICE VISIT, PROBLEM FOCUSED- ESTAB	\$77	\$110	\$33
99213	OFFICE VISIT, EXPANDED PROB FOC- ESTAB	\$103	\$166	\$63
99214	OFFICE VISIT, DETAILED- ESTAB	\$158	\$245	\$87
99215	OFFICE VISIT, COMPREHENSIVE/MOD- ESTAB	\$234	\$346	\$112
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	\$174	\$249	\$75
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	\$188	\$264	\$76
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	\$191	\$266	\$75
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	\$210	\$294	\$84
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	\$239	\$337	\$98
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	\$267	\$375	\$108
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	\$263	\$384	\$121
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	\$141	\$216	\$75
99392	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	\$157	\$229	\$72
99393	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	\$161	\$231	\$70
99394	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	\$178	\$253	\$75
99395	PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	\$200	\$289	\$89
99396	PERIODIC PREVENTIVE MED EST PATIENT AGE 40-64YRS	\$218	\$310	\$92
99397	PERIODIC PREVENTIVE MED EST PATIENT AGE 65YRS&>	\$222	\$327	\$105
99401	PREV MED CNSL INDIV SPX 15 MIN	\$64	\$66	\$2
99402	PREVENTIVE COUNSELING, IND 30 MIN	\$167	\$112	(\$55)
99403	PREVENTIVE COUNSELING, IND 45 MIN	\$203	\$151	(\$52)
99404	PREVENTIVE COUNSELING, IND 60 MIN	\$224	\$126	(\$98)
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIATE > THAN 3 MINUTES UP TO 10 MINUTES	\$45	\$30	(\$15)
99408	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES 15 TO 30 MINUTES	\$53	\$55	\$3
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	\$25	\$42	\$17
A4466	GARMENT, BELT, SLEEVE OR OTHER COVERING,ELASTIC OR SIMILAR STRETCHABLE	\$32	\$31	(\$1)
A4550	SURGICAL TRAYS	\$20	\$45	\$25
A4565	SLINGS	\$5	\$18	\$13
A6451	MOD COMP BANDAGE, ELASTIC, KNIT/WOVEN, LOAD RESIST 1.25 - 1.34 FT LB AT 50% MAX STRETCH, >= 3 IN < 5 IN PER YARD	\$2	\$6	\$4
D0120	PERIODIC ORAL EVALUATION	\$52	\$64	\$12
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$76	\$96	\$20
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$45	\$91	\$46
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$82	\$105	\$23
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	\$123	\$168	\$45

Clackamas County Health Centers Proposed Fee Schedule Changes				
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE	\$73	\$89	\$16
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$90	\$124	\$34
D0191	ASSESSMENT OF A PATIENT	\$48	\$39	(\$9)
D0210	INTRAORAL-COMPLETE SERIES (INCL BITEWINGS)	\$133	\$146	\$13
D0220	INTRAORAL-PERiapICAL-FIRST FILM	\$28	\$31	\$3
D0230	INTRAORAL-PERiapICAL-EACH ADDITIONAL FILM	\$20	\$25	\$5
D0240	INTRAORAL-OCCLUSAL FILM	\$41	\$42	\$1
D0250	EXTRAORAL-FIRST FILM	\$54	\$57	\$3
D0270	BITEWING-SINGLE FILM	\$28	\$31	\$3
D0272	BITEWINGS-TWO FILMS	\$42	\$47	\$5
D0273	BITEWINGS - THREE FILMS	\$54	\$57	\$3
D0274	BITEWINGS-FOUR FILMS	\$62	\$68	\$6
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$95	\$101	\$6
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	\$211	\$166	(\$45)
D0330	PANORAMIC FILM	\$108	\$120	\$12
D0460	PULP VITALITY TESTS	\$61	\$69	\$8
D0470	DIAGNOSTIC CASTS	\$123	\$146	\$23
D1110	PROPHYLAXIS-ADULT	\$90	\$99	\$9
D1120	PROPHYLAXIS-CHILD	\$65	\$74	\$9
D1201	TOPICAL APPLICATION OF FLUORIDE (INCL PROPHY*	\$95	\$98	\$3
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$41	\$50	\$9
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$40	\$43	\$3
D1351	SEALANT-PER TOOTH	\$55	\$58	\$3
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH*	\$59	\$93	\$34
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION	\$57	\$64	\$7
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$338	\$338	\$0
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$476	\$497	\$21
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$439	\$338	(\$101)
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	\$542	\$483	(\$59)
D1550	RECEMENTATION OF SPACE MAINTAINER	\$68	\$77	\$9
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$120	\$81	(\$39)
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$114	\$149	\$35
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$148	\$183	\$35
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$181	\$218	\$37
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PE*	\$216	\$256	\$40
D2330	RESIN-ONE SURFACE, ANTERIOR	\$131	\$166	\$35
D2331	RESIN-TWO SURFACES, ANTERIOR	\$165	\$200	\$35
D2332	RESIN-THREE SURFACES, ANTERIOR	\$201	\$240	\$39
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$239	\$290	\$51
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$255	\$365	\$110
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$151	\$183	\$32
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$202	\$234	\$32
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$251	\$284	\$33
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$286	\$327	\$41
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$1,116	\$1,088	(\$28)
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,107	\$1,036	(\$71)
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE *	\$950	\$902	(\$48)
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$996	\$972	(\$24)
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$1,083	\$110	(\$973)
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$703	\$1,035	\$332
D2782	CROWN - 3/4 CAST NOBLE METAL	\$810	\$1,084	\$274
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$1,053	\$1,172	\$119
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$1,015	\$1,072	\$57
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$905	\$919	\$14
D2792	CROWN-FULL CAST NOBLE METAL	\$944	\$971	\$27
D2910	RECEMENT INLAY, ONLAY OR PARTIAL COVERAGE RE*	\$112	\$104	(\$8)
D2920	RECEMENT CROWN	\$112	\$99	(\$13)
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$265	\$262	(\$3)

Clackamas County Health Centers Proposed Fee Schedule Changes				
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$308	\$298	(\$10)
D2932	PREFABRICATED RESIN CROWN	\$423	\$314	(\$109)
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$312	\$328	\$16
D2940	PROTECTIVE RESTORATION	\$127	\$103	(\$24)
D2941	INT THERAPEUTIC RESTORATION	\$63	\$65	\$2
D2950	CORE BUILD-UP, INCL ANY PINS	\$300	\$270	(\$30)
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO REST*	\$66	\$48	(\$18)
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$405	\$362	(\$43)
D2953	EACH ADDITIONAL CAST POST - SAME TOOTH	\$468	\$191	(\$277)
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$366	\$311	(\$55)
D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	\$288	\$262	(\$26)
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$252	\$134	(\$118)
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$80	\$73	(\$7)
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORAT*	\$80	\$69	(\$11)
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTO*	\$179	\$182	\$3
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$201	\$192	(\$9)
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS	\$234	\$295	\$61
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION	\$269	\$240	(\$29)
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION	\$202	\$259	\$57
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	\$722	\$752	\$30
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	\$864	\$880	\$16
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$1,094	\$1,117	\$23
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE*	\$340	\$203	(\$137)
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	\$1,077	\$673	(\$404)
D4320	PROVISIONAL SPLINTING - INTRACORONAL	\$351	\$322	(\$29)
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR *	\$261	\$307	\$46
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	\$159	\$219	\$60
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	\$192	\$200	\$8
D4910	PERIODONTAL MAINTENANCE	\$179	\$194	\$15
D5110	COMPLETE DENTURE - MAXILLARY	\$1,387	\$1,277	(\$110)
D5120	COMPLETE DENTURE - MANDIBULAR	\$1,376	\$1,241	(\$135)
D5130	IMMEDIATE DENTURE - MAXILLARY	\$1,605	\$1,329	(\$276)
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$1,594	\$1,251	(\$343)
D5211	UPPER PARTIAL-RESIN BASE (INCL ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$1,171	\$860	(\$311)
D5212	LOWER PARTIAL-RESIN BASE (INCL ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$1,136	\$868	(\$268)
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAME*	\$1,620	\$1,497	(\$123)
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAM*	\$1,598	\$1,489	(\$109)
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCL CLASPS AND	\$1,011	\$757	(\$254)
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$104	\$90	(\$14)
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$104	\$89	(\$15)
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$108	\$93	(\$15)
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$104	\$91	(\$13)
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$196	\$184	(\$12)
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	\$155	\$157	\$2
D5610	REPAIR RESIN DENTURE BASE	\$200	\$185	(\$15)
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$200	\$185	(\$15)
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$200	\$185	(\$15)
D5620	REPAIR CAST FRAMEWORK	\$285	\$230	(\$55)
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$285	\$230	(\$55)
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$285	\$230	(\$55)
D5630	REPAIR OR REPLACE BROKEN CLASP	\$272	\$227	(\$45)
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$173	\$171	(\$2)
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$254	\$202	(\$52)
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$310	\$228	(\$82)

Clackamas County Health Centers Proposed Fee Schedule Changes				
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	\$1,092	\$655	(\$437)
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	\$1,092	\$627	(\$465)
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$596	\$521	(\$75)
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$570	\$502	(\$68)
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$456	\$539	\$83
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$456	\$541	\$85
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATOR*)	\$446	\$464	\$18
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATO*)	\$442	\$459	\$17
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$428	\$465	\$37
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATOR*)	\$429	\$470	\$41
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$772	\$693	(\$79)
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$757	\$720	(\$37)
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$616	\$515	(\$101)
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$623	\$543	(\$80)
D5850	TISSUE CONDITIONING, MAXILLARY	\$171	\$151	(\$20)
D5851	TISSUE CONDITIONING, MANDIBULAR	\$176	\$151	(\$25)
D6210	PONTIC-CAST HIGH NOBLE METAL	\$999	\$957	(\$42)
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	\$1,034	\$882	(\$152)
D6212	PONTIC-CAST NOBLE METAL	\$963	\$901	(\$62)
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,060	\$987	(\$73)
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE*	\$943	\$869	(\$74)
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$983	\$940	(\$43)
D6245	PONTIC - PORCELAIN/CERAMIC	\$1,027	\$1,042	\$15
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,070	\$1,042	(\$28)
D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE *	\$940	\$924	(\$16)
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$997	\$996	(\$1)
D6790	CROWN-FULL CAST HIGH NOBLE METAL	\$1,005	\$1,042	\$37
D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$989	\$919	(\$70)
D6792	CROWN-FULL CAST NOBLE METAL	\$847	\$981	\$134
D6930	RECEMENT BRIDGE	\$181	\$162	(\$19)
D7110	ORAL SURGERY SINGLE TOOTH	\$90	\$92	\$2
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$117	\$123	\$6
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (E*	\$133	\$165	\$32
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE*	\$241	\$292	\$51
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$298	\$348	\$50
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$404	\$443	\$39
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	\$479	\$513	\$34
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$572	\$606	\$34
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CU*	\$269	\$311	\$42
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$191	\$230	\$39
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$176	\$227	\$51
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	\$3,242	\$3,518	\$277
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL P*	\$128	\$170	\$42
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$95	\$38	(\$57)
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURG*	\$36	\$45	\$9
D9230	INHALATION OF NITROUS OXIDE / ANXIOLYSIS, ANALGESIA	\$69	\$68	(\$1)
D9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY*	\$103	\$152	\$49
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULAR*	\$63	\$82	\$19
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - *	\$75	\$77	\$2
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$116	\$107	(\$9)
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$41	\$43	\$2
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	\$41	\$43	\$2
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	\$41	\$43	\$2
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A	\$92	\$80	(\$12)
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME	\$92	\$103	\$11

Clackamas County Health Centers Proposed Fee Schedule Changes				
G0181	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERED SERVICES PROVIDED	\$92	\$134	\$42
G0396	ALCOHOL AND/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED ASSESSMENT E.G. AUDIT DAST AND BRIEF INTERVENTION 15 TO 30 MINUTES	\$53	\$51	(\$2)
G0397	ALCOHOL AND/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED ASSESSMENT E.G. AUDIT DAST AND INTERVENTION GREATER THAN 30 MINUTES	\$102	\$134	\$32
G0438	PR MEDICARE ANNUAL WELLNESS INITIAL VISIT	\$245	\$248	\$3
G0439	PR MEDICARE ANNUAL WELLNESS SUBSEQUENT VISIT	\$162	\$187	\$25
G9001	COORDINATED CARE FEE, INITIAL RATE	\$236	\$101	(\$135)
G9005	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE	\$236	\$51	(\$185)
G9006	COORDINATED CARE FEE, HOME MONITORING	\$236	\$218	(\$18)
G9011	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 5	\$236	\$22	(\$214)
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NOT ELSEWHERE CLASSIFIED	\$236	\$218	(\$18)
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	\$68	\$25	(\$43)
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	\$1	\$10	\$9
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	\$1	\$7	\$6
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	\$30	\$33	\$3
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	\$231	\$41	(\$190)