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Clackamas County
www.clackamas.us



Billy Williams
County Counsel

June 17, 2026

Board of County Commissioners
Clackamas County

BCC Agenda Date/Item: _____

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Jeffrey D. Munns
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**APPROVAL OF A RESOLUTION ADOPTING CHANGED FEES AND FINES
FOR CLACKAMAS COUNTY FOR FISCAL YEAR 2026-2027
No County General Funds are involved.**

Previous Board Action/Review	2/17/26: Fees and Fines review policy session Assessment and Taxation, CCSO, DTD, H3S. 4/9/2026: Public Land Corner Fee: setting a fee for recording all documents per the Public Land Corner Preservation Ordinance 4/21/26 Cost recovery for fines, fees, and revenue agreements		
Performance Clackamas	Building public trust through good government.		
Counsel Review	Yes	Procurement Review	No
Contact Person	Jeffrey D. Munns	Contact Phone	503-742-5984

EXECUTIVE SUMMARY: All fees and fines are reviewed annually by county departments. After review, departments propose new or changed fees or fines for consideration by the Board in policy session. The attached resolution reflects the new or changed fees and fines for the Fiscal Year 2026-2027. These fees and fines have been previously reviewed by the Board and tentatively approved for adoption on February 17, 2026, Assessment and Taxation, CCSO, DTD, and H3S fee and fine modifications. On April 9, 2026, the Board approved Ordinance 02-2026 amending Ordinance 2-97, to allow the Board to set the protected land corner fee by resolution following a public hearing pursuant to ORS 203.148. On April 21, 2026, the Board approved and amended cost recovery policy for fines, fees, and revenue agreements.

RECOMMENDATION: Staff recommends the Board of County Commissioners approve and sign the attached resolution adopting changed fees and fines for Clackamas County Fiscal Year 2026-2027.

Respectfully submitted,

Jeffrey D. Munns
Sr. Assistant County Counsel

For Filing Use Only

BEFORE THE BOARD OF COUNTY COMMISSIONERS

OF CLACKAMAS COUNTY, STATE OF OREGON

A RESOLUTION OF THE CLACKAMAS
COUNTY BOARD OF COUNTY
COMMISSIONERS ADOPTING
CHANGED COUNTY FEES AND FINES
FOR FISCAL YEAR 2026-2027



Resolution No.

Page 1 of 2

This matter comes before the Board of County Commissioners of Clackamas County, Oregon, (the “Board”).

WHEREAS, the Board as part of the annual budget creation process reviews fees and adjusts them to achieve cost recovery. The proposed fees for the period of July 1, 2026, through June 30, 2027, inclusive, are attached as Appendix A to the County Code as shown in Exhibit A; and

WHEREAS, the Board as part of the annual budget creation process reviews fines and adjusts them to achieve cost recovery. The proposed fines for the period of July 1, 2026, through June 30, 2027, inclusive, are attached as Appendix B to the County Code as shown in Exhibit B; and

WHEREAS, in accordance with the Clackamas County Code section 1.01.090 fees and fines are updated by Resolution for all County departments.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS THAT:

Section 1: Pursuant to Section 1.01.090 of the Clackamas County Code, the Board adopts the fees shown on Exhibit A which are incorporated by this reference.

Section 2: Pursuant to Section 1.01.090 of the Clackamas County Code, the Board adopts the fines shown on Exhibit B which are incorporated by this reference.

Section 3: The Board hereby directs that the changes to fees shown on attached Exhibit A shall be included in Appendix A of the Clackamas County Code.

Section 4: The Board hereby directs that the changes to fines shown on attached Exhibit B shall be included in Appendix B of the Clackamas County Code.

BEFORE THE BOARD OF COUNTY COMMISSIONERS

OF CLACKAMAS COUNTY, STATE OF OREGON

A RESOLUTION OF THE CLACKAMAS
COUNTY BOARD OF COUNTY
COMMISSIONERS ADOPTING
CHANGED COUNTY FEES AND FINES
FOR FISCAL YEAR 2026-2027



Resolution No.

Page 2 of 2

Section 5: The County shall charge all fees and fines set by state or federal law. If such a fee or fine is changed the County shall charge the new amount when it becomes effective.

Section 6: Pursuant to ORS 310.145, the Board classifies the fees and fines adopted by this resolution as fees and fines not subject to the limits of section 11b, Article XI of the Oregon Constitution.

Section 5: Effective Date. The changes to fees and fines authorized by Section 1 and Section 2 of this resolution and shown on Exhibit A and Exhibit B shall become effective on July 1, 2026.

DATED this 17th day of June, 2026.

CLACKAMAS COUNTY BOARD OF COMMISSIONERS

Chair

Recording Secretary

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE	
ASSESSMENT & TAXATION							
Aerial Maps	ORS 192.324(4)(a)		x			\$10.00	each
Appraisal Jacket Copies	ORS 192.324(4)(a)		x			\$2.00	per page
Computer Printouts	ORS 192.324(4)(a)		x			\$2.00	per page
Printing Self-Service	ORS 192.324(4)(a)		x			\$0.50	per page
Declass from Farm/Forest & other special uses	ORS 192.324(4)(a)		x			\$200.00	per request
Tax Estimates for Income Producing Property	ORS 192.324(4)(a)		x			\$200.00	per request
Exemption Late Filing Fee	ORS 307.162		x				
Electronic Data Requests	ORS 192.324(4)(a)		x			\$130.00	1-1,000 accounts
						\$140.00	1,001-2,500 accounts
						\$150.00	2,501-5,000 accounts
						\$160.00	5,001-7,500 accounts
						\$170.00	7,501-10,000 accounts
						\$180.00	10,001-12,500 accounts
						\$190.00	12,501-15,000 accounts
						\$200.00	>15,000 accounts
Entire County Data File	ORS 192.324(4)(a)		x			\$257.00	per request
MHODS Tax Certification	ORS 192.324(4)(a)		x				
Plat Maps (Section Maps)	ORS 192.324(4)(a)		x			\$10.00	per map
Returned Check Fee	ORS 192.324(4)(a)		x				
Research Fee	ORS 192.324(4)(a)		x			\$51.00	per hour
Sales Data Listing	ORS 192.324(4)(a)		x			\$40.00	regular data requests
Sales Ratio Study	ORS 192.324(4)(a)		x			\$40.00	each
Veteran Late Filing Fee	ORS 307.260		x			\$10.00	each
Senior Deferral Late Filing Fee	ORS 311.672		x				10% of last year's assessed tax but no greater than \$150 and no lesser than \$20
Fees	ORS 192.324(4)(a)		x				Public Body may establish fees reasonably calculated to reimburse for actual cost for compiling
Warrant fees	ORS 311.633	x actual cost				\$92.00	
BCC - COUNTY ADMINISTRATION							
Public records request	ORS 192.440(3)		x			\$ 1.00	for first page and

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
						\$ 0.10 for all subsequent pages. Also, when more than nominal staff time is necessary to research, redact, copy or compile records: the actual cost of staff time, calculated at the hourly rate of the employee who performs the work. See public records policy and procedure.
Delivery of public records	ORS 192.440(4)(a)		x			
Postage and mailing						actual cost
Express mail						actual cost
Courier						actual cost
Other modes of delivery						actual cost
Packaging materials						actual cost
COMMUNICATIONS						
Audio Recording (includes printout)	ORS 192.440		x			\$ 55.00 / hour
CAD Event Research Printout	ORS 192.440		x			\$ 10.00 / copy
Public records	ORS 192.440		x			\$ 55.00 / hour
COUNTY CLERK						
Plat recording fee	ORS 92.070(5)					\$ 45.00 (additional fee(s) apply)
San Francisco Plat Map	Code §1.01.090					
- Each copy		x				\$ 0.50
- Certification			x	x		\$ 3.75
- Mailing tube				x		\$ 2.75
- Postage, if mailed						\$ 3.00
- Total – if certified and mailed						\$ 10.00
GIS Technology Fee	Code §1.01.090					\$ 5.00
Assessment and Taxation fee	ORS 205.323					\$ 16.00
Per side of each page recording fee	ORS 205.320(4)(b)			x		\$ 5.00
For each add'l release, assignment or satisfaction embodied in one document, an add'l	ORS 205.320(12)			x		\$ 5.00
For each add'l transaction embodied in one document, an add'l	ORS 205.320(13)		x			\$ 5.00
Nonstandard document fee for noncompliance of first page requirements and/or page/print size - an additional	ORS 205.234 & ORS 205.232		x			\$ 20.00
Oregon Land Info System fee	ORS 205.323		x			\$ 1.00
Low Income Housing	ORS 205.320(2)(e)		x			\$ 60.00
Affordable housing collection	ORS 205.320		x			\$ 2.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Copies of recorded records	ORS 205.320(4)(c)		x			\$ 3.75 first page + fee for each add'l page (does not include Marriage Records)
						\$ 0.25 each add'l page
- Search			x			\$ 3.75
first page copy and each additional page						\$ 0.25
Certification of copies	ORS 205.320		x			\$ 3.75
Images of Recorded Documents	Code §1.01.090					\$ 0.25 / image
OLCC Licensing	ORS 471.166 (8)					
- Original application			x	x		\$ 100.00
- Change of ownership, location or privilege						\$ 75.00
- Renewal or temporary			x			\$ 35.00
Passport service fees	22 CFR §22.1		x			
- application acceptance fee	22 CFR §22.1		x			\$ 35.00
- adult passport book	22 CFR §22.1		x			\$ 75.00
- adult passport card	22 CFR §22.1		x			\$ 20.00
- child (15 yrs & younger) passport book	22 CFR §22.1		x			\$ 60.00
- child (15 yrs & younger) passport card	22 CFR §22.1		x			\$ 10.00
- expedited service (3 week delivery)	22 CFR §22.1		x			\$ 60.00
- postage for overnight delivery of applic.	Code §1.01.090			x		\$ 14.85
Passport photo services	Code §1.01.090			x		\$ 15.00 general
						\$ 10.00 veterans & seniors
Social gambling license application	Code §8.05.040					\$ 25.00 \$25
Marriage License or Declaration of Domestic Partnership	ORS 107.615(1) and ORS 205.320(5)					\$ 60.00 (cash only)
Waiving the three-day waiting period for marriage license	Code §1.01.090					\$ 15.00 general
						\$ - veterans
Duplicate marriage license	Code §1.01.090					\$ 15.00
Amendment of marriage license	Code §1.01.090	x	x			\$ 20.00
Passport photo services	Code §1.01.090	x				\$ 15.00 general
						\$ 10.00 veterans & seniors
DTD - TRANSPORTATION & DEVELOPMENT						
DTD - ADMINISTRATION						

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Fee Appendix A - Annual CPI Adjustment [Applies to all DTD Division Fees, unless otherwise noted.]	Code §1.01.090			x		Annual adjustment; change in Consumer Price Index for the Western United States (CPI) up to 3%. - Fee ≤\$10: EXEMPT from annual CPI adjustment - Fee \$10.01-\$50.00: Round DOWN to nearest \$0.25 - Fee >\$50.01: Round DOWN to nearest \$1.00
Total Receipt Adjustment -- to the nearest nickel. [Applies to all DTD Division receipts.]	Code §1.01.090			x	x	Round total fees due UP or DOWN to the nearest nickel after compiling all calculated fees due on that receipt/payment
Research/Consultation fee	Code §1.01.090		x			\$ 126.00 / hour - 1 hour minimum
Paper copies						
8 1/2" x 11" or 14"	ORS 209.070 (3); Code §1.01.090		x	x	x	\$ 2.00 / page
11" x 17"	ORS 209.070 (3); Code §1.01.090		x	x	x	\$ 2.50 / page
18" x 24"	ORS 209.070 (3); Code §1.01.090		x	x	x	\$ 3.50 / page
Large Format	ORS 209.070 (3); Code §1.01.090		x	x	x	\$ 0.75 / sq ft (\$5.00 minimum)
Service fee	Not a COUNTY fee -- service fee is charged by Bank on applicable transactions.		x		x	Actual cost
Returned check fee	Code §1.01.090			x		\$ 26.00
Vehicle registration fee	Code §7.07.040			x	x	
- Motorcycles/mopeds				x	x	\$ 15.00 per year
- Utility/Light Trailer				x	x	\$ 5.00 per year
- All other vehicles not otherwise exempt				x	x	\$ 30.00 per year
Technology Fee	Code §1.01.090			x	x	3% of permit fee; maximum \$5/permit
DTD - BUILDING CODES DIVISION						
All Collected Fees	ORS 455	x	x			12% are returned to the State
Inspections outside normal business hours (minimum charge 4 hours)	ORS 455		x			\$ 123.00 / hr + OT
Reinspection fees	ORS 455		x			\$ 123.00
Inspections for which no fee is specifically indicated (min. ½ hour)	ORS 455		x			\$ 123.00 / hr

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Add'l plan review required by change, additions, or revisions to approve plans (min. charge 1 hour)	ORS 455		x			\$ 123.00 / hr
Residential Certificate of Occupancy (charged at time of permit issuance)	ORS 455		x			\$ 43.50
Temporary Certificate of Occupancy (commercial)	ORS 455		x			\$ 123.00 /hr with min. 2 hr chrg.
Certificate of Occupancy (commercial)	ORS 455		x			\$ 123.00 /hr with min. 2 hr chrg.
1 & 2 Family Mechanical Minimum permit fee & reinspection fee	ORS 455		x			\$ 123.00
For each supplemental permit	ORS 455		x			\$ 21.50
Minor Label Re-inspection	OAR 918-100-0060.2.a	x	x		x	\$ 75.00
Phased Project Fee	ORS 455		x			\$ 257.00 + 10% of the total project building permit fee.
Deferred Submittal	ORS 455		x			\$ 1,543.00 (Not to exceed value for each phase) \$ 257.00 Minimum fee; 65% of the permit fee according to OAR 918-050-0110 (2)(3) using the value of the particular deferred portion or portions of the project. This fee is in addition to the project plan review fee based on the total project value.
Hourly rate for any plumbing, electrical, building or manufactured dwelling permit regardless of type	ORS 455 & 447		x			\$ 123.00 / hr
DTD - BUILDING CODES - HVAC						
Air Conditioner	ORS 455		x			\$ 18.50
Fire/Smoke Dampers/duct smoke detectors	ORS 455		x			\$ 12.25
Heat Pump	ORS 455		x			\$ 18.50
Install/replace/relocate heaters-suspended, wall or floor mounted	ORS 455		x			\$ 18.50
Environmental exhaust & ventilation:						
Appliance vent	ORS 455		x			\$ 12.25
Exhaust fan	ORS 455		x		x	\$ 9.00
Dryer Exhaust	ORS 455		x		x	\$ 9.00
Kitchen Exhaust	ORS 455		x			\$ 12.25
Other appliance/equipment:						
Decorative fireplace	ORS 455		x			\$ 18.50
Insert-type	ORS 455		x			\$ 18.50
Woodstove/Pellet Stove	ORS 455		x			\$ 18.50
HVAC Air Handling Unit						
0-10K CFM	ORS 455		x			\$ 12.25
over 10K CFM	ORS 455		x			\$ 23.50
Boiler/Compressor						

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Boiler not to exceed 1.5 cubic feet	ORS 455		x			\$ 18.50
Furnace						
to 100K BTU	ORS 455		x			\$ 18.50
>100K BTU	ORS 455		x			\$ 23.50
Fuel Piping	ORS 455		x			
0 – 4 outlets	ORS 455		x		x	\$ 5.00
each additional (4 or more outlets requires a schematic)	ORS 455		x		x	\$ 2.00
Other						
Cooktop	ORS 455		x			\$ 12.25
Gas logs	ORS 455		x			\$ 12.25
Fuel Gas Regulators	ORS 455		x			\$ 12.25
Mechanical Commercial	ORS 455		x			\$ 123.00 Minimum + fee based on valuations listed below
Based on Valuation Minimum						
\$1 - \$5,000	ORS 455		x			\$ 123.00
\$5,001 - \$10,000	ORS 455		x			\$ 123.00 + \$1.66 per \$100 over \$5,000
\$10,001 to \$100,000	ORS 455		x			\$ 208.00 + \$12.34 per \$1,000 over \$10,000
\$100,000 +	ORS 455		x			\$ 1,352.00 + \$8.47 per \$1,000 over \$100,000
Commercial Plan Review	ORS 455		x		x	25% of permit fee
DTD - BUILDING CODES - Manufactured Dwellings, Park Trailers, Cabana Fees						
Site installation/set up fee for manufactured dwelling, park trailer or cabana	ORS 455 & 446		x			\$ 418.00
Earthquake Resistant Bracing system installation fee. In addition to site installation fee described above.	ORS 455 & 446		x			\$ 105.00
Reinspection fee per each inspection. Fee must be paid prior to next inspection	ORS 455 & 446		x			\$ 123.00
Installations w/o permits	ORS 455 & 446		x		x	Actual cost of investigation
Inspections outside normal business hours. Min. of four hours OT rate	ORS 455 & 446		x			\$ 123.00 / hr + OT
Oregon Mfg. Dwelling Standard Publication. Required when no installer is involved.	ORS 455 & 446		x		x	\$ 12.25
Mobile Home Park construction & recreational park development	ORS 446		x		x	Varies w/ number of spaces
DTD - BUILDING CODES - Electrical Fees						
Fee includes a prescribed number of inspections. See Electrical Permit application for quantities.						
Electrical plan review is required for new construction and alterations in the following locations per OAR 918-311-0040:	ORS 455 & 479		x		x	25% of Permit fee
A. Service or feeder beginning at 400 amps with available fault current greater than 10,000 amps at 150 volts or less to ground or any system greater than 14,000 volts						

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
B. Installation of a 150 KVA or larger separately derived system per Article 100 of the NEC						
C. Addition of a new motor load greater than 100 HP or more						
D. Fire pump installations as defined in Article 695 of the NEC						
E. Emergency systems installations as defined in Article 700 of the NEC						
F. 6 or more residential units in one structure or any A, E, 1-2 or 1-3 occupancies as defined in the Oregon Structural Speciality Code						
G. Service or feeder rated at 60 amps or over						
H. System over 600 supply volts nominal						
I. Building more than 3 stories in height						
J. Building over 10,000 sq. ft.						
K. Occupant load over 99 persons						
L. Manufactured Structures Park or Recreational Vehicle Park; new addition or alterations						
M. Classified area or structure containing special occupancy as described in NEC Chapter 5						
Residential single-or multi-family dwelling units including attached garages and covered areas not more than 1,000 sq. ft.	ORS 455 & 479		x			\$ 277.00
Each additional 500 Sq. ft.	ORS 455 & 479		x			\$ 56.00
Limited energy: up to two inspections only	ORS 455 & 479		x			\$ 112.00
Limited Energy, Residential	ORS 455 & 479		x			\$ 112.00
Limited Energy, Multi-family	ORS 455 & 479		x			\$ 112.00
Note: This fee covers all limited energy systems in residential occupancies when installed at the same time by the permittee. Installations such as antenna wire, computer wire, and alarm wire done by other contractors require separate permits and fees. No limited energy permit is required if the original permittee installs wire for doorbells, garage door openers, and heating & air conditioning controls						
Manufactured Home Service or feeder	ORS 455 & 479		x			\$ 112.00
Temp. Const. Service, Feeder						
Less than 200 amps	ORS 455 & 479		x			\$ 96.00
201-400 amps	ORS 455 & 479		x			\$ 205.00
401-600 amps	ORS 455 & 479		x			\$ 277.00
601-1000 amps	ORS 455 & 479		x			\$ 495.00
>1000 amps	ORS 455 & 479		x			\$ 907.00
Permanent Service, Feeder						
<200 amps	ORS 455 & 479		x			\$ 165.00
201-400 amps	ORS 455 & 479		x			\$ 219.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
401-600 amps	ORS 455 & 479		x			\$ 330.00
601-1000 amps	ORS 455 & 479		x			\$ 495.00
>1000 amps	ORS 455 & 479		x			\$ 907.00
Service Reconnect only	ORS 455 & 479		x			\$ 112.00
Branch Circuits-new, alteration, extension per panel						
With purchase service or feeder	ORS 455 & 479		x			\$ 12.25
Without purchase service or feeder:						
First circuit	ORS 455 & 479		x			\$ 92.00
Each additional	ORS 455 & 479		x			\$ 12.25
Renewable Electrical Energy						
5 kva or less (2)	ORS 455 & 479		x			\$ 148.00
5.01 to 15 kva (2)	ORS 455 & 479		x			\$ 173.00
15.01 to 25 kva (2)	ORS 455 & 479		x			\$ 288.00
Misc. fees, hourly rate	ORS 455 & 479		x			\$ 123.00
Each additional inspection	ORS 455 & 479		x			\$ 123.00
Special Fees						
Water/sewer pump; Septic circuit	ORS 455 & 479		x			\$ 112.00
Sign/Outline Lighting	ORS 455 & 479		x			\$ 112.00
Signal Circuit/Limited Energy panel, alteration or extension	ORS 455 & 479		x			\$ 112.00
Minimum permit fee and reinspection fee	ORS 455 & 479		x			\$ 123.00
Master Permit Fee per hour (aka Electrical in-plant inspections)	ORS 455 & 479		x			\$ 123.00 /hour
DTD - BUILDING CODES - Structural Codes (Commercial/Industrial)						
Fire & life safety plan review	ORS 455		x		x	65% of building permit fee
In conjunction with regular plan review	ORS 455		x		x	35% of building permit fee
Independently	ORS 455		x		x	40% of building permit fee
\$1.00 - \$2,000	ORS 455		x			\$ 123.00
\$2,001 - \$25,000	ORS 455		x			\$ 123.00 + \$7.40 per \$1,000 over \$2,000
\$25,001 - \$50,000	ORS 455		x			\$ 298.00 + \$6.72 per \$1,000 over \$25,000
\$50,001 to \$100,000	ORS 455		x			\$ 471.00 + \$4.48 per \$1,000 over \$50,000
\$100,001 +	ORS 455		x			\$ 701.00 + \$3.75 per \$1,000 over \$100,000
DTD - BUILDING CODES - Structural Codes (1&2 Family)						
New Construction, Additions, Remodels, Alterations						
Regular plan review	ORS 455		x		x	65% of building permit fee
\$1.00 - \$500.00	ORS 455		x			\$ 123.00
\$501 - \$2,000	ORS 455		x			\$ 123.00
\$2,001 - \$25,000	ORS 455		x			\$ 123.00 + \$7.40 per \$1,000 over \$2,000
\$25,001 - \$50,000	ORS 455		x			\$ 298.00 + \$6.72 per \$1,000 over \$25,000

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
\$50,001 to \$100,000	ORS 455		x			\$ 471.00 + \$4.48 per \$1,000 over \$50,000
\$100,000.00 +	ORS 455		x			\$ 701.00 + \$3.75 per \$1,000 over \$100,000
DTD - BUILDING CODES - Plumbing						
Minimum Permit Fee	ORS 455 & 447			x		\$ 123.00
Plumbing plan review is required for new construction and alterations in the following locations per OAR 918-780-0040: Medical gas and vacuum systems in health care facilities; Chemical drain, waste, and vent systems; Sewer waste water pretreatment systems; Vacuum drainage, waste and vent systems; Reclaimed waste water systems; Commercial potable water pressure booster pumps for water supplied by a municipality; Building water service lines with an interior diameter of 2 inches or larger (2 inch water service stamped by professional engineer is exempt); Residential multi-purpose fire sprinkler systems.	ORS 455 & 447				x	25%
1 & 2 family dwellings						
1 bath	ORS 455 & 447		x			\$ 783.00
2 baths	ORS 455 & 447		x			\$ 889.00
3 baths	ORS 455 & 447		x			\$ 983.00
each additional bathroom or half	ORS 455 & 447		x			\$ 89.00
each additional kitchen	ORS 455 & 447		x			\$ 89.00
Note: These fees include rainwater disposal system, including leaders & drains to approved disposal area, plumbing fixtures or waste discharging devices, including drain, waste & vent piping, water piping, hot water heaters, the first 100 ft of water service & sanitary sewer line & under floor low point drain.						
Water closet	ORS 455 & 447		x			\$ 31.75
Shower bath	ORS 455 & 447		x			\$ 31.75
Bathtub	ORS 455 & 447		x			\$ 31.75
Basin, Lav.	ORS 455 & 447		x			\$ 31.75
Sink, kitchen	ORS 455 & 447		x			\$ 31.75
Dishwasher	ORS 455 & 447		x			\$ 31.75
Disposal	ORS 455 & 447		x			\$ 31.75
Clothes Washer	ORS 455 & 447		x			\$ 31.75
Water Heater	ORS 455 & 447		x			\$ 31.75
Laundry Tray or Service Sink	ORS 455 & 447		x			\$ 31.75
Floor Drains	ORS 455 & 447		x			\$ 31.75
Bar Sinks	ORS 455 & 447		x			\$ 31.75
Ice Maker	ORS 455 & 447		x			\$ 31.75
House moves (not including storm, sanitary sewer or water service inspection	ORS 455 & 447		x			\$ 93.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Prefabricated Commercial Structures (not including storm or sanitary sewer, or water service inspection)	ORS 455 & 447		x			\$ 187.00
Hub/Case Drain	ORS 455 & 447		x			\$ 31.75
Floor sinks	ORS 455 & 447		x			\$ 31.75
Drinking Fountain	ORS 455 & 447		x			\$ 31.75
Urinals/Toilets	ORS 455 & 447		x			\$ 31.75
Water System; Interior Water Re-Pipe; Building Drain Replacement						
- First 100 ft.	ORS 455 & 447		x			\$ 102.00
- Additional 100 ft. between 101 ft and 200 ft in length	ORS 455 & 447		x			\$ 102.00
- Each additional 100 ft. above 200 ft in length	ORS 455 & 447		x			\$ 25.50
Storm Sewer						
- First 100 ft or less	ORS 455 & 447		x			\$ 113.00
- Each additional 100 ft.	ORS 455 & 447		x			\$ 76.00
Sanitary Sewer						
- 150 ft or less total length	ORS 455 & 447		x			\$ 149.00
- Over 150 ft. total length:						
- First 50 ft.	ORS 455 & 447		x			\$ 113.00
- Each additional	ORS 455 & 447		x			\$ 76.00
Septic tank connection						
- First 50 ft. or less	ORS 455 & 447		x			\$ 113.00
- Additional 100 ft.	ORS 455 & 447		x			\$ 76.00
Roof Drains – (Commercial leader or conductor)	ORS 455 & 447		x			\$ 19.50
Roof Drain Package – Residential & Duplex	ORS 455 & 447		x			\$ 187.00
1/2 Roof Drain Package	ORS 455 & 447		x			\$ 93.00
Trap Primers (1-5)	ORS 455 & 447		x			\$ 31.75
Trap Primers (over 5, each additional)	ORS 455 & 447		x		x	\$ 5.00 each
Catch Basins (area drains)	ORS 455 & 447		x			\$ 31.75
Interceptors, grease, etc.	ORS 455 & 447		X			\$ 31.75
Miscellaneous	ORS 455 & 447		x			\$ 31.75
Drywells/leach line/trench drain	ORS 455 & 447		x			\$ 31.75
Manufactured home utilities	ORS 455 & 447		x			\$ 129.00
Manholes	ORS 455 & 447		x			\$ 31.75
Absorption valves	ORS 455 & 447		x			\$ 31.75
Backflow preventer	ORS 455 & 447		x			\$ 31.75
Backwater valve	ORS 455 & 447		x			\$ 31.75
Ejectors/sump	ORS 455 & 447		x			\$ 31.75
Expansion tanks (devices)	ORS 455 & 447		x			\$ 31.75
Fixture/sewer cap	ORS 455 & 447		x			\$ 31.75

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Floor drains/floor sinks/hub	ORS 455 & 447		x			\$ 31.75
Hose bib	ORS 455 & 447		x			\$ 31.75
Sump	ORS 455 & 447		x			\$ 31.75
Plumbing Medical Gas Installation	ORS 455 & 447		x			\$ 124.00 plus a fee based on installation costs listed below
Fees shall be determined based on the value of the medical gas equipment & installation costs						
\$1 to \$5,000	ORS 455 & 447		x			\$ 124.00 minimum fee
\$5,001 - \$10,000	ORS 455 & 447		x			\$ 124.00 + \$1.87 each add'l \$100 over \$5,000
\$10,001 to \$100,000	ORS 455 & 447		x			\$ 218.00 + \$12.7 for each additional \$1,000 over \$10,000
\$100,001 and above	ORS 455 & 447		x			\$ 1,360.00 + \$8.72 each additional \$1,000 over \$100,000
Plan Review	ORS 455 & 447		x		x	50% of the installation permit fee
Residential Fire Suppression Systems						
Multi-purpose or continuous loop systems						
0 - 2,000 sq. ft.	ORS 455 & 447		x			\$ 108.00
2,001 - 3,600 sq. ft.	ORS 455 & 447					\$ 160.00
3,601 – 7,200 sq. ft.	ORS 455 & 447					\$ 203.00
> 7,201 sq. ft (includes Plan Review fee)	ORS 455 & 447		x			\$ 249.00
Stand Alone Systems						
0 – 2,000 sq. ft	ORS 455 & 447		x			\$ 203.00
2,001 - 3,600 sq. ft.	ORS 455 & 447		x			\$ 291.00
3,601 - 7,200 sq. ft	ORS 455 & 447					\$ 336.00
> 7,201 sq. ft & greater (includes Plan Review fee)	ORS 455 & 447		x			\$ 378.00
Fees for partial installations shall be based on the square footage of the area in which the fire suppression is to be installed. Fees for stand-alone systems do not include required backflow prevention device. A separate fee is required for this installation.						
DTD - BUILDING CODES - Erosion Control						
Residential	Code §9.04.100			x		\$ 310.00
Commercial	Code §9.04.100			x		\$ 460.00 Up to one acre
ERCO Reinspection Fee	Code §9.04.100			x		\$ 126.00
DTD - CODE ENFORCEMENT						
Enforcement Hearings Officer -						
Administrative Compliance Fee	Code §2.07.090.A.7			x		\$ 102.00 per month or a portion thereof. Fee to be charged on the date that Code Enforcement first verifies a violation.

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
DTD - DOG SERVICES						
Licensing						
Fertile Valid 0-12 months	Code §5.01.030			x		\$ 53.00
Altered Valid 0-12 months	Code §5.01.030			x		\$ 32.75
Licensing Late Fee	Code §5.01.030			x	x	\$ 10.00 /month not to exceed the price of a one year license.
Tag Fee (replacement)	Code §5.01.030.D			x	x	\$ 5.00 / tag
Impound/Intake Fee						
1st Impound	Code §5.01.060.C			x		\$ 67.00
Subsequent impounds in the same year:						
2nd Impound	Code §5.01.060.C			x		\$ 131.00
3rd Impound	Code §5.01.060.C			x		\$ 210.00
Note: Waive fee for first-time strays picked up with license and vaccination.						
Daily Board	Code §5.01.060.C			x		\$ 31.75 / day-no max
Adoption Fee - Fee includes spay/neuter if needed, rabies vaccination, base vaccinations (DHPP & Bordetella), microchip, in-house veterinary exam and first year license						
Dogs over 6 years	Code §5.01.060.F			x		\$ 158.00
Dogs under 6 years, including puppies	Code §5.01.060.F			x		\$ 210.00
Spay/Neuter	Code §1.01.090			x		\$ 104.00
Rabies Vaccination	Code §1.01.090			x		\$ 25.50
Multiple Dog license - 1 year	Code §5.01.030.A.2			x		\$ 237.00
Multiple Dog Licensing Late Fee	Code §1.01.090			x		\$ 77.00 /month not to exceed the price of a one year license.
Dangerous dog registration	Code §5.01.050.C.4			x		\$ 158.00 annually
Owner surrender fee	Code §1.01.090			x		\$ 131.00
Dead animal disposal	Code §1.01.090			x		\$ 102.00
Outside license sales - retention, flat fee per license sale	Code §1.01.090			x		\$ 5.00
Microchipping	Code §1.01.090			x		\$ 30.75
Medical services and procedures	Code §1.01.090			x		\$ 104.00 minimum; actual cost
DTD - ENGINEERING - Development Permits						
Commercial, Multifamily, & Industrial (includes apartments & condominiums); Permit and Inspection	Code §1.01.090			x		\$ 2,572.00 min. or 8.83% of public improvements & 5% of onsite transportation improvements
Structured Parking: (Fee calculated using the average number of spaces per level, not total spaces in garage)	Code §1.01.090			x		\$ 128.00 per number of spaces/level or min. fee whichever is greater
						\$ 2,572.00 Min. fee

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Residential subdivision/partition/non-land use related permit & inspection	Code §1.01.090					\$ 2,572.00 min. or 8.83% of public and private road improvements, whichever is greater.
Non DTD public agency work (capital projects) in existing road right-of-way	Code §1.01.090			x	x	Actual cost; deposit based upon County estimate
Development permit time extension	Code §1.01.090			x		\$ 422.00
Erosion Control Review - Residential	Code §1.01.090			x		\$ 310.00
Erosion Control Review - Commercial	Code §1.01.090			x		\$ 460.00 Up to one acre
Erosion Control Inspection Fee	Code §1.01.090			x		\$ 126.00 Up to one acre
Plan Review (beyond three reviews)	Code §1.01.090			x	x	Actual Cost.
Reinspection	Code §1.01.090			x	x	Actual Cost.
DTD - ENGINEERING - Entrance Permits						
Existing entrance; surface, resurface, minor upgrade and/or extend exiting driveway	Code §1.01.090					\$ 316.00
New entrance; permit & inspection, subdivision w/in UGB	Code §1.01.090			x		\$ 264.00
New entrance; permit & inspection	Code §1.01.090			x		\$ 565.00
DTD - ENGINEERING - Right-of-Way Permits						
Road right-of-way improvements (not requiring a development permit)						
Ditches, culverts, or drainage, minor surfacing (under 5000 sf) or other minor work	Code §1.01.090			x		\$ 411.00
Non-maintained local access road paving (5000 sf or more)	Code §1.01.090					\$ 528.00
Work in the right-of-way; work completed by DTD, DTD contractors or railroads	Code §1.01.090					\$ -
Design Modification Review Type 1	Code §1.01.090			x		\$ 528.00
Design Modification Review Type 2	Code §1.01.090			x		\$ 422.00
Gates on public roads: preliminary feasibility study	Code §1.01.090; 7.03.090			x		\$ 264.00
Gates on public roads: review and permitting	Code §1.01.090; 7.03.090			x	x	Actual costs (50% deposit of estimated costs)
Road Vacation - Preliminary feasibility study	Code §1.01.090			x		\$ 264.00
Road Vacation	Code §1.01.090			x	x	Actual costs (50% deposit of estimated costs)
Bike, run, walk, parade and race event w/ traffic control review	Code §1.01.090			x		\$ 316.00
Filming with traffic control review	Code §1.01.090			x		\$ 158.00
Revocable Encroachment (Individual)	Code §1.01.090			x		\$ 793.00
Revocable Encroachment (Entity)	Code §1.01.090			x		\$ 1,057.00
Temporary Road Closures	Code §1.01.090			x		\$ 617.00
Traffic control plan review (if not associated with another Engineering permit)	Code §1.01.090					\$ 316.00
Traffic impact study scoping & review	Code §1.01.090			x		\$ 514.00
Guide & Tourist-Oriented Directional sign:				x		

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Installation	Code §1.01.090			x		\$ 528.00 / each
Replacement/reinstallation	Code §1.01.090			x		\$ 316.00 / each
Hamlet or Village Sign:						
Manufacture/installation/repair/replacement	Code §1.01.090			x	x	Actual cost
DTD - ENGINEERING - Other Fees						
ADA Exception Review per Permit	Code §1.01.090			x		\$ 898.00
Fee in lieu of (sidewalks)	§1.01.090			x	x	Actual construction costs (based on engineer or county estimate)
Refund, permit application withdrawn	Code §1.01.090			x		\$ 210.00 Application or appeal fee refunded, less this fee.
Reimbursement District Application (Zone of Benefit)	Code §1.01.090; §4.03.030(B)(6)			x	x	Actual costs/\$10,000 deposit
Surface Water Plan Review	Code §1.01.090			x		\$ 750.00
Time Extension	Code §1.01.090			x		\$ 158.00
DTD - GRADING						
Grading Plan Check	Code §1.01.090			x	x	65% of the permit fee for all quantities
Additional Grading Plan Review	Code §1.01.090					\$ 123.00 / hr (min. 1/2 hour)
Grading permits						
less than or equal to 50 cu. yds.	Code §1.01.090			x		\$ 123.00 minimum fee (1 inspection)
51-100 cu. Yds	Code §1.01.090			x		\$ 123.00 minimum fee (1 inspection)
101-1,000 cu. yds.	Code §1.01.090			x		\$ 123.00 minimum fee
						\$ 53.00 + for each 100 cu. yds. (2 inspections)
1,001-10,000 cu. yds.	Code §1.01.090			x		\$ 596.00 minimum fee
						\$ 53.00 + for each 1,000 cu. yds. (3 inspections)
10,001-100,000 cu. yds.	Code §1.01.090			x		\$ 1,070.00 minimum fee
						\$ 173.00 + for each 10,000 cu. yds. (4 inspections)
100,001+ cu. yds.	Code §1.01.090			x		\$ 2,631.00 minimum fee
						\$ 124.00 + for each 10,000 cu. yds. (5 inspections)
Additional grading permits beyond number indicated						\$ 123.00 per inspection
DTD - LIBRARY (GLADSTONE / OAK LODGE)						
Printing charges for reference and online material	Code §1.01.090			x	x	\$0.50 printing credit per cardholder per day
						\$ 0.10 cost per page; BLACK & WHITE copies.
						\$ 0.50 cost per page; COLOR copies.

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
DTD - LIBRARY NETWORK						
Out of district library cards	Code §1.01.090			x	x	\$ 95.00 / year
DTD - PARKS						
Day-Use Shelters						
Covered shelter 20 persons	Code §1.01.090			x		\$ 61.00
Covered shelter 75 persons	Code §1.01.090			x		\$ 149.00
Covered shelter 100 persons	Code §1.01.090			x		\$ 159.00
Covered shelter 150 persons	Code §1.01.090			x		\$ 185.00
Covered shelter 300 persons	Code §1.01.090			x		\$ 221.00
Covered shelter - Eagle Fern Area 2 - A frame	Code §1.01.090			x		\$ 668.00
Covered shelter - Barton Area 6 - Pavilion	Code §1.01.090			x		\$ 735.00
Day-Use Picnic Areas						
Picnic Area 75 persons	Code §1.01.090			x		\$ 66.00
Picnic Area 100 persons	Code §1.01.090			x		\$ 87.00
Picnic Area 150 persons	Code §1.01.090			x		\$ 97.00
Picnic Area 200 persons	Code §1.01.090			x		\$ 118.00
Picnic Area - Barton Area 6 - Event Area	Code §1.01.090			x		\$ 226.00
Camp Area Shelters						
Covered shelter 100 persons	Code §1.01.090			x		\$ 123.00
Amphitheater						
Feyrer Amphitheater	Code §1.01.090			x		\$ 100.00 /day
Each picnic area - refundable cleanup deposit	Code §1.01.090			x		\$ 102.00
Routson pavilion (Barton Area #6) and A-frame (EF Area #2) - refundable cleanup deposit	Code §1.01.090			x		\$ 257.00
Camping - Hammock site	Code §1.01.090			x		\$ 20.50 / night
Camping – primitive sites	Code §1.01.090			x		\$ 25.50 / night
Camping - standard sites (no utilities)	Code §1.01.090			x		\$ 31.75 / night
Camping – partial utility (H20/elec.) sites	Code §1.01.090			x		\$ 42.00 / night
Camping - fully utility (H20/elec./sewer) sites	Code §1.01.090			x		\$ 48.25 / night
Camping - partial utility, Non-Oregon resident	Code §1.01.090			x		\$ 52.00 / night
Camping - full utility, Non-Oregon resident	Code §1.01.090			x		\$ 60.00 / night
Camping - Bunk House Rustic	Code §1.01.090			x		\$ 46.25 / night
Camping - Bunk House , Standard	Code §1.01.090			x		\$ 75.00 / night
Group camping - Barton Group Camp	Code §1.01.090			x		\$ 92.00 / night
Reservation fee – nonrefundable	Code §1.01.090			x		\$ 12.25 / site
Change in Reservation	Code §1.01.090			x		\$ 12.25 / site
Cancellation in Reservation	Code §1.01.090			x		\$ 12.25 / site

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Pet fee for overnight lodgings (applies to cabins, bunkhouses, and lodge.)						\$ 15.00 / night
Extra Vehicle Fee	Code §1.01.090			x	x	\$ 10.00 / night
Extra tent fee per tent	Code §1.01.090			x	x	\$ 10.00 / night
Day Use Parking Fee	Code §1.01.090			x	x	\$ 10.00 / day
Day Use Parking Fee, Boring Station Trailhead Park	Code §1.01.090			x	x	\$ 1.00 / hour
Day Use Parking Fee - Limited Service park					x	\$ 5.00 / day
Day Use Parking Fee - 1 year vehicle pass	Code §1.01.090			x		\$ 61.00
Day Use Parking Fee - 2 year vehicle pass						\$ 102.00
Commercial Day Use Parking Fee	Code §1.01.090			x		\$ 30.75
Commercial Day Use Season Pass Parking Fee	Code §1.01.090			x		\$ 154.00
OSMB Licensed Boat Parking Fee	Code §1.01.090			x	x	\$ 2.00
Replacement charge for lost/stolen parking pass	Code §1.01.090			x		\$ 12.25
Firewood Full box	Code §1.01.090			x		\$ 12.25
Firewood Bundle	Code §1.01.090			x	x	\$ 7.00
Fire starter	Code §1.01.090			x	x	\$ 3.00
Ice, Bagged	Code §1.01.090			x	x	\$ 4.00
Sportsfield rental - baseball/softball/volleyball field - per 2 hour block	Code §1.01.090			x		\$ 20.50
Sportsbag Rentals - per day	Code §1.01.090			x		\$ 15.25 / day with refundable deposit
						\$ 20.00 refundable deposit
Dump station	Code §1.01.090			x		\$ 25.50
Activities permit for amplified sound/bouncy house/other inflatable - nonrefundable fee	Code §1.01.090			x		\$ 25.50 / item
Activities permit for caterer	Code §1.01.090					\$ 92.00
Commercial Photography site use fee - daily	Code §1.01.090			x		\$ 51.25
Commercial Photography site use fee - annual	Code §1.01.090			x		\$ 257.00
Witness deposit for park rule violation hearing	Code §6.06.060.E			x		\$ 30.75 per witness
Special Use Permit Fees (For non-reserved park areas)						
- up to 100 people - per day						\$ 308.00
- over 100 people - per day						\$ 617.00
- over 250 people - per day						\$ 926.00
- over 500 people - per day						\$ 1,131.00
Film Fees - all per day unless otherwise noted						
County Parks - Property Use Fee						
Motion picture, television or video	Code §1.01.090			x		
1-25 people	Code §1.01.090			x		\$ 617.00 Min.
						\$ 1,234.00 Max.

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
26-50 people	Code §1.01.090			x		\$ 926.00 Min. \$ 1,543.00 Max.
51+ people	Code §1.01.090			x		\$ 1,234.00 Min. \$ 1,852.00 Max.
Commercial advertisement	Code §1.01.090			x		
1-25 people	Code §1.01.090			x		\$ 370.00
26-50 people	Code §1.01.090			x		\$ 555.00
51+ people	Code §1.01.090			x		\$ 740.00
Cost recovery	Code §1.01.090			x		
Refundable deposit	Code §1.01.090			x		\$ 617.00 Min. \$ 1,234.00 Max.
Park Staff (\$/hour/person)	Code §1.01.090			x		\$ 77.00
Utilities	Code §1.01.090			x		\$ 61.00
Traffic/police/other	Code §1.01.090			x		\$ 257.00 Minimum, actual costs. Deposit required.
DTD - PLANNING – Land Use Applications						
Accessory Historic Dwelling	ZDO §1307.15			x		\$ 475.00
Agriculture Land Dwellings - Type II	ZDO §1307.15			x		\$ 1,765.00
Agriculture Land Dwellings - Type III	ZDO §1307.15					\$ 2,897.00
Agriculture Land Lot Division	ZDO §1307.15					\$ 1,014.00
Appeal	ZDO §1307.15	x				\$ 250.00
Appeals – Expedited/MHLD	ORS 197.375	x				\$ 308.00 deposit; actual costs, not to exceed 500.
Application or appeal withdrawn (no public notice sent, staff report issued or decision issued)	Code §1.01.090			x	x	Retain 25% of original application fee or a minimum fee, whichever is more. \$ 264.00 Minimum
Application or appeal withdrawn (public notice sent)	Code §1.01.090			x	x	Retain 50% of original application fee or a minimum fee, whichever is more. \$ 528.00 Minimum
Application or appeal withdrawn (staff report or decision issued)	Code §1.01.090			x	x	No refund
Comprehensive Plan Map Amendment	ZDO §1307.15			x		\$ 13,126.00
Comprehensive Plan Amendment to the inventory of mineral and aggregate resource sites	ZDO §1307.15			x		\$ 13,222.00
Conditional Use	ZDO §1307.15			x		\$ 4,130.00
Conditional Use – Mining	ZDO §1307.15			x		\$ 11,001.00
Design Review	ZDO §1307.15			x	x	.384% of construction cost \$ 1,416.00 Minimum \$ 38,964.00 Maximum

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Design Review - Signs	ZDO §1307.15			x		\$ 559.00
Floodplain Development Permit - Type I	ZDO §1307.15			x		\$ 829.00
Floodplain Development Permit - Type II	ZDO §1307.15			x		\$ 1,744.00
Forest Land Dwelling	ZDO §1307.15			x		\$ 1,821.00
Forest Land Lot Division	ZDO §1307.15			x		\$ 1,125.00
Groundwater Hydrogeologic Review	ZDO §1307.15			x		\$ 559.00 permit fee
Groundwater Hydrogeologic Supplemental Review by a Qualified Professional						\$ 3,702.00 hydrogeologist review fee
Refund of Groundwater Hydrogeologic Supplemental Review fee	ZDO §1307.15			x	x	Refund if hydrogeologist has not performed any work on the file
Habitat Conservation Area – Map Verification	ZDO §1307.15			x		\$ 1,004.00
Habitat Conservation Area – Development Permit – Pursuant to Subsection 706.10(A)	ZDO §1307.15			x		\$ 1,395.00
Habitat Conservation Area – Development Permit – Pursuant to Subsection 706.10(B)	ZDO §1307.15			x		\$ 1,782.00
Hearings Officer Review	ZDO §1307.15			x		\$ 4,051.00
Refund of Hearings Officer Review fee	ZDO §1307.15			x	x	Refund if the hearing has not occurred.
Home Occupation	ZDO §1307.15			x		\$ 1,125.00
Home Occupation Exception	ZDO §1307.15			x		\$ 2,380.00
Interpretation; Comprehensive Plan or Zoning & Development Ordinance	ZDO §1307.15			x		\$ 1,374.00
Land Use Permit - Type I, Not otherwise listed	ZDO §1307.15			x		\$ 468.00
Land Use Permit - Type II, Not otherwise listed	ZDO §1307.15			x		\$ 1,125.00
Marijuana Land Use Application - Type I	ZDO §1307.15			x		\$ 1,057.00
Marijuana Land Use Application - Type II (Natural Resource District; Public Notification Requirement)	ZDO §1307.15			x		\$ 1,591.00
Middle Housing Land Division	ZDO §1307.15			x		\$ 2,783.00
Mineral and Aggregate Overlay District, Impact Area Permit	ZDO §1307.15			x		\$ 332.00
Mineral and Aggregate Overlay District, Site Plan Review	ZDO §1307.15			x		\$ 3,347.00
Modification	ZDO §1307.15			x		\$ 2,311.00
Mobile Home Park Conversion	ZDO §1307.15			x		\$ 2,749.00
Mobile Vending Unit Level Two	ZDO §1307.15			x		\$ 994.00
Mobile Vending Unit Level Three	ZDO §1307.15			x		\$ 2,993.00
Nonconforming Use - Alteration or Verification	ZDO §1307.15			x		\$ 2,006.00
Open Space Review	ZDO §1307.15			x		\$ 1,125.00
Open Space Review - Conflict Resolution	ZDO §1307.15			x		\$ 1,125.00
Partition	ZDO §1307.15			x		\$ 2,860.00
Plat Vacations	ZDO §1307.15			x		\$ 893.00
Principal River Conservation Area Permit	ZDO §1307.15			x		\$ 1,728.00
Private use airport and Safety Overlay Zone, New use	ZDO §1307.15			x		\$ 2,897.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Private use airport and Safety Overlay Zone, Expansion of existing use	ZDO §1307.15			x		\$ 1,125.00
Property Line Adjustment - Type I	ZDO §1307.15			x		\$ 1,188.00
Property Line Adjustment - Type II	ZDO §1307.15			x		\$ 1,569.00
Public use airport and Safety Overlay Zone, Use Permitted Subject to Review	ZDO §1307.15			x		\$ 2,897.00
Replacement Dwelling - Type II	ZDO §1307.15			x		\$ 1,051.00
Replat - Type I	ZDO §1307.15			x		\$ 1,188.00
Replat - Type II	ZDO §1307.15			x		\$ 2,860.00
Sensitive bird habitat district, alteration or development	ZDO §1307.15			x		\$ 1,125.00
Steep Slope Review - Type I	ZDO §1307.15			x		\$ 480.00
Steep Slope Review - Type II	ZDO §1307.15			x		\$ 1,125.00
Stream Conservation Area Permit	ZDO §1307.15			x		\$ 1,014.00
Subdivision Major (11 or more lots)	ZDO §1307.15			x		\$ 4,273.00 Base fee
						\$ 47.50 per lot
Subdivision Minor (4 – 10 lots)	ZDO §1307.15			x		\$ 2,860.00
Temporary Dwelling for Care Permit - New and Renewal	ZDO §1307.15			x		\$ 882.00
Temporary Use Otherwise Prohibited	ZDO §1307.15			x		\$ 1,125.00
Temporary Dwelling While Building	ZDO §1307.15			x		\$ 528.00
Temporary Structure of Emergency Shelter	ZDO §1307.15			x		\$ 528.00
Time Extension - Type I	ZDO §1307.15			x		\$ 591.00
Time Extension - Type II	ZDO §1307.15			x		\$ 1,125.00
Variance	ZDO §1307.15			x		\$ 1,184.00
Vested Right Determination	ZDO §1307.15			x		\$ 5,399.00
Water Quality Resource Area District – Boundary Verification	ZDO §1307.15			x		\$ 829.00
Water Quality Resource Area District – Development Permit	ZDO §1307.15			x		\$ 1,782.00
Willamette River Greenway Permit	ZDO §1307.15					\$ 1,554.00
Wireless telecommunication – Type I	ZDO §1307.15			x		\$ 618.00
Wireless telecommunication facility - Type II	ZDO §1307.15			x		\$ 1,004.00
Wireless telecommunication facility - Type III (with an adjustment)	ZDO §1307.15			x		\$ 2,897.00
Zone Change	ZDO §1307.15			x		\$ 3,236.00
Zone Change - filed concurrently with another land use application for the same property	ZDO §1307.15			x		\$ 2,654.00
DTD - PLANNING – Other Fees						
Addressing Fee	Code §1.01.090			x		\$ 102.00 each for the first five (5) addresses
						\$ 51.25 for each additional address under the same application.
Change of Address	Code §1.01.090			x		\$ 257.00 per address
Bike Map	Code §1.01.090			x	x	\$ 6.00
Building or Placement Permit	ZDO §1307.15					\$ 332.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Clackamas County Comprehensive Plan	Code §1.01.090			x		\$ 79.00
Clackamas County Zoning and Development Ordinance	Code §1.01.090			x		\$ 131.00
Claim for Just Compensation for Land Use Regulation ("Measure 49" Claim)	Code §1.01.090			x		\$ 893.00
Comprehensive Plan Map	Code §1.01.090			x		\$ 42.00
GIS/AutoCAD mapping and drafting	Code §1.01.090			x		\$ 126.00 / hour - 1 hour minimum
Land Use Compatibility Statement (LUCS)	ZDO §1307.15			x		\$ 285.00
Notification surcharge, Expanded notification area (Pursuant to ZDO §1307)	ZDO §1307.15			x		\$ 158.00
Pre-Application Conference	ZDO §1307.15			x		\$ 1,184.00
Pre-Application Meeting - Minor, as determined by the Planning Director	ZDO §1307.15			x		\$ 514.00
Road Naming Application	Code §1.01.090			x		\$ 295.00
Renotification Fee	ZDO §1307.15			x		\$ 210.00
Signs – No Design Review	ZDO §1307.15			x		\$ 142.00
Zoning Map	Code §1.01.090			x		\$ 42.00
DTD - SEPTIC & ONSITE WASTEWATER PROGRAM						
Site Evaluations						
Single Family Dwelling - per lot	ORS 454.725		x			\$ 1,616.00
Commercial Facility or Community System - first 1,000 gallons	ORS 454.725					\$ 1,616.00
Commercial Facility or Community System - each additional 500 gallons	ORS 454.725		x			\$ 236.00
Construction Permits						
Standard system	ORS 454.725		x			\$ 1,749.00
Pressure Distribution	ORS 454.725		x			\$ 2,058.00
Alternative Treatment Technology	ORS 454.725		x			\$ 2,058.00
Redundant System	ORS 454.725		x			\$ 1,749.00
Steep Slope	ORS 454.725		x			\$ 1,749.00
Tile Dewatering	ORS 454.725		x			\$ 2,366.00
Seepage Trench	ORS 454.725		x			\$ 1,749.00
Gray Water Disposal Sump or other Nonwater-Carried System	ORS 454.725		x			\$ 956.00
Capping Fill	ORS 454.725		x			\$ 2,058.00
Sand Filter	ORS 454.725		x			\$ 2,366.00
Saprolite	ORS 454.725		x			\$ 1,749.00
Commercial Holding Tank	ORS 454.725		x			\$ 1,749.00
Pump System (in addition to permit fee)	ORS 454.725		x			\$ 102.00
Commercial Plan Review	ORS 454.725		x			\$ 771.00
Permit Renewal - No Field Visit	ORS 454.725		x			\$ 308.00
Permit Renewal - Field Visit	ORS 454.725		x			\$ 720.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Residential Repair						
Minor Repair Residential	ORS 454.725		x			\$ 514.00
Major Repair Residential	ORS 454.725		x			\$ 926.00
Major Repair Residential - non- Standard system	ORS 454.725		x	x		\$ 1,183.00
Commercial Repair						
Minor Repair Commercial	ORS 454.725		x			\$ 617.00
Major Repair Commercial	ORS 454.725		x			\$ 1,337.00
Commercial Repair Review fee (601-2,500 GPD) in addition to repair permits	ORS 454.725		x			\$ 411.00
Alteration Permits						
Minor Alteration	ORS 454.725		x			\$ 617.00
Major Alteration	ORS 454.725		x			\$ 1,029.00
Major Alteration Residential - non-standard system	ORS 454.725		x			\$ 1,286.00
Commercial Major Alteration Review (>600 GPD) in addition to alteration permit	ORS 454.725		x			\$ 411.00
Authorization Notice						
Authorization Notice without field visit	ORS 454.725		x			\$ 360.00
Authorization Notice with field visit	ORS 454.725		x			\$ 874.00
Additional Services						
Compliance recovery fee	OAR 340-071-0140(7)	x	x		x	Equal to permit fee
Existing System Report (no water, requires staff site visit)	ORS 454.725		x			\$ 926.00
Existing System Report (no site visit)	ORS 454.725		x			\$ 123.00
Pumper Truck Inspection - First truck	ORS 454.725		x			\$ 308.00
Pumper Truck Inspection - additional truck	ORS 454.725		x			\$ 133.00
Annual/Biennial Inspection of Alternative System	ORS 454.725		x			\$ 694.00
Annual Report Evaluation for a Holding Tank	ORS 454.725		x			\$ 126.00
Annual Report Evaluation, O&M Systems	ORS 454.725		x			\$ 126.00
Plot Plan Check (Building permits)	ORS 454.725; Code §1.01.090		x	x		\$ 257.00
Reinspection Fee/Additional Field Visit	ORS 454.725; Code §1.01.090		x	x		\$ 133.00 / hour
Oregon DEQ Surcharge	ORS 454.725	x			x	\$ 120.00 Charged on permits above as required by ORS.
DTD - PROPERTY DISPOSITION						
ANNUAL MANAGEMENT COST ALLOCATION	ORS 275 & 312; Code §1.01.090		x	x	x	Actual Cost; Prior year Annual Management Cost / Active Properties

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
DIRECT COST REIMBURSEMENT	ORS 275 & 312; Code §1.01.090		x	x	x	Actual costs; Cost of the service will be withheld from the auction proceeds of the managed property that received the service(s)
AUCTION FEE	ORS 275 & 312; Code §1.01.090		x	x		\$ 2,000.00 per property, per auction (Non-Active Properties only.)
PRIVATE SALE FEE	ORS 275 & 312; Code §1.01.090		x	x		\$ 2,500.00 per property, per sale
OUTSIDE BROKER LISTING FEE	ORS 275 & 312; Code §1.01.090		x	x		\$ 5,000.00 per property, per listing
URGENT / HAZARDOUS CONDITION RESPONSE FEE	ORS 275 & 312; Code §1.01.090		x	x		\$ 1,500.00 per property, per response
SITE VISIT/INSPECTION FEE	ORS 275 & 312; Code §1.01.090		x	x		\$ 550.00 per property, per site visit/inspection (Non-Active Properties only.)
DTD - PUBLIC LAND CORNER (PLC)						
Public Land Corner Preservation Fund (collected by Clerk)	ORS 203.148(2); Ordinance 2-97		x	x		\$ 30.00
DTD - SURVEYOR						
GIS Technology Fee	Code §1.01.090			x		\$ 5.00 /lot, parcel, tract, unit; charged at plat submittal Non-refundable.
Affidavit of correction (collected by Clerk)	ORS 92.170(6), 110.115(7), 209.255(6), 205.320(1)(i)		x	x		\$ 175.00 plus recording fee(s)
Affidavit of plat monumentation (Collected by Clerk)	ORS 92.070 (5), 209.255(6)		x	x		\$ 175.00 plus recording fee(s)
Affadavit of Remaining Monumentation (collected by Surveyor)	ORS 92.070 (5)		x	x		\$ 100.00 plus recording fee(s)
Mailing fee	ORS 209.070 (3)		x		x	\$ 25.00 plus postage
Certified copies of public records (On-Site-Surveyor's Office)						
First Page	ORS 192.440 & ORS 209.090(2)		x			\$ 25.00
Additional Pages	ORS 192.440 & ORS 209.090(2)			x	x	\$ 3.50 / page, after 1st page
Certified copies of public records (Offsite - retrieved from Recorder.)						
First Page	ORS 192.440 & ORS 209.090(2)		x			\$ 150.00
Additional Pages				x	x	\$ 3.50 / page, after 1st page
Survey/Plat Filing Fee	ORS 209.260; Code §1.01.090		x			\$ 488.00 for up to 3 pages
						\$ 52.00 per page after first 3 pages
Record of Survey Review	ORS 209.260		x	x		\$ 488.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Property line adjustment survey review	ORS 209.260; Code §1.01.090; Code §11.01.040		x			\$ 514.00
Lot consolidation survey review	ORS 209.260; Code §1.01.090		x	x		\$ 488.00
Pre-construction, post-construction survey review	ORS 209.260; Code §1.01.090		x	x		\$ 514.00
Plat & Street Vacation (collected by Clerk)	ORS 271.230 (2)		x			\$ 180.00 plus recording fee(s)
Termination of condominium plat (collected by Clerk)	ORS 100.105(2)(b) or (7)(d), 100.600, 100.115		x			\$ 180.00 plus recording fee(s)
Condominium plat amendment review	ORS 100.116		x			\$ 4,116.00 minimum. Deposit required; actual cost when costs exceed minimum. Does not include filing fee.
Correction amendment to condominium plat review	ORS 100.118		x		x	Deposit required. Actual cost plus filing fee
Supplemental condominium plat review	ORS 100.120		x		x	Deposit required. Actual cost plus filing fee
Partition Plat Review	Code §1.01.090; Code §11.01			x		\$ 2,572.00 minimum. Deposit required; actual cost when costs exceed minimum. Does not include filing fee.
Subdivision Plat Review	ORS 100.116		x		x	\$ 3,140.00 minimum. Deposit required; actual cost when costs exceed minimum. Does not include filing fee.
PLA/Boundary Survey (Outbounds) review	Code §11.01.020					\$ 1,550.00 Does not include filing fee.
DTD - TRANSPORTATION MAINTENANCE						
Canby Ferry Ridership Fees						

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Promotions			x		x	The Department of Transportation and Development, may, as part of standard Canby Ferry operations, advertise and offer a discounted fare and/or modified operational hours as a promotion during key community events (such as the County Fair). The advertisements may be publicised through the #ClackCo newsletter, on the #ClackCo website and through other county information outlets, including social medial, as well as outside materials advertising the community event, depending on the timeline in relation to the advertised event. Confirmation of event attendance may be required to take advantage of the discount, but any terms and conditions will be included in the advertisement.
Motorcycles, bicycles and pedestrians	Code §1.01.090		x		x	\$ 3.00
Punch Pass 20 crossings - Motorcycles, bicycles and pedestrians	Code §1.01.090			x		\$ 55.00
1 space vehicle (car/pickup/trailer - up to 22 feet in length)	Code §1.01.090				x	\$ 5.00
2 space vehicle (car/pickup/trailer - more than 22 and less than 44 feet in length)	Code §1.01.090				x	\$ 10.00
3 space vehicle (large oversize - more than 44 feet in length)	Code §1.01.090			x	x	\$ 15.00
6 space vehicle (large oversize - using whole ferry)	Code §1.01.090			x	x	\$ 30.00
Punch Pass 20 crossings (1 space vehicle)	Code §1.01.090			x	x	\$ 80.00
DTD - TRANSPORTATION SYSTEM DEVELOPMENT CHARGE (TSDC)						
Transportation SDC - installment payment application	Code §11.03.040.D.1		x			\$ 528.00
Transportation SDC - appeal fee	Code §11.03.080.B		x			\$ 1,110.00 Deposit plus actual costs
Transportation SDC - Annual CPI Adjustment	Code §11.03.030.J			x	x	Annual adjustment change in Engineering News Record (ENR) Northwest (Seattle, Washington) Construction Cost Index from January to January
Refund	Code §11.03.060.B			x		\$ 158.00
Credit Voucher/Private Party Transfer(s)	Code §11.03.060.B			x		\$ 73.00
Alternate Trip Generation/Staff Review	Code §11.03.050.F.2			x		\$ 104.00
Development agreement	Code §11.03.030.E			x		\$ 264.00 Deposit plus actual costs
DTD - WEIGHMASTER						
Extraordinary Move Permits	Code §1.01.090			x		\$ 153.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Motor Carrier Permit Refunds	Code §1.01.090			x	x	No refund provided for permits voided after issuance.
RESOLUTION SERVICES						
Marriage License Fee	ORS 107.615					\$ 10.00
Resolution Services - general program services of counseling, facilitation and mediation	Code §1.01.090			x		\$ 175.00 per hour
Family Law Education Programs - Parent education program	ORS 3.425					\$ 75.00 per class, no discount
Family law clinic	ORS 3.425			x		\$ 175.00 per hour
Advanced Internship Training	Code §1.01.090		x			\$ 2,000.00 per academic year
Training	Code §1.01.090		x			
- Trainer fee				x		\$ 175.00 per hour
Small claims mediation	Code §1.01.090					
- Claim is \$2500 or less						\$ 50.00 per side
- Claim is \$2500 to \$10,000				x		\$ 90.00 per side
FINANCE - Facilities						
Non-refundable Public Usage Fee for County Owned Facilities	Code §1.01.090					\$ 50.00
Refundable Public Usage Fee for County Owned Facilities	Code §1.01.090					\$ 500.00
HEALTH, HOUSING & HUMAN SERVICES						
COMMUNITY HEALTH – Administration						
NSF Check Charge	Code §1.01.090			x		\$ 25.00
File Copies	Code §1.01.090					\$ 0.25 per page
Copies of Births Lists	Code §1.01.090					\$ 5.00 per page
HEALTH CENTERS						
Primary Care Office Visit Codes						
99202 OFFICE VIST MDM 15 MINUTES	Code §1.01.090			x	x	\$ 202.00
99203 OFFICE VISIT NEW PATIENT LOW MDM 30 MINUTES	Code §1.01.090			x	x	\$ 335.00
99204 OFFICE VISIT NEW PATIENT MODERATE MDM 45 MINUTES	Code §1.01.090			x	x	\$ 548.00
99205 OFFICE VISIT NEW PATIENT HIGH MDM 60 MINUTES	Code §1.01.090			x	x	\$ 687.00
99211 OFFICE VISIT ESTABLISHED PATIENT MAY NON-PHYSICIAN	Code §1.01.090			x	x	\$ 67.00
99212 OFFICE VISIT ESTABLISHED PATIENT SF MDM 10 MIN	Code §1.01.090			x	x	\$ 152.00
99213 OFFICE VISIT ESTABLISHED PATIENT LOW MDM 20 MIN	Code §1.01.090			x	x	\$ 276.00
99214 OFFICE VISIT ESTABLISHED PATIENT MOD MDM 30 MIN	Code §1.01.090			x	x	\$ 431.00
99215 OFFICE VISIT ESTABLISHED PATIENT HIGH MDM 40 MIN	Code §1.01.090			x	x	\$ 490.00
Behavioral Health Services						
90791 PSYCHIATRIC DIAGNOSTIC EVALUATION	Code §1.01.090			x	x	\$ 351.00
90792 PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	Code §1.01.090					\$ 492.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
90832 PSYCHOTHERAPY W/PATIENT 30 MINUTES	Code §1.01.090			x	x	\$ 231.22
90834 PSYCHOTHERAPY W/PATIENT 45 MINUTES	Code §1.01.090			x	x	\$ 305.01
90837 PSYCHOTHERAPY W/PATIENT 60 MINUTES	Code §1.01.090			x	x	\$ 449.44
90846 FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	Code §1.01.090			x	x	\$ 288.31
90847 FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	Code §1.01.090			x	x	\$ 302.03
90849 MULTIPLE FAMILY GROUP PSYCHOTHERAPY	Code §1.01.090			x	x	\$ 81.00
90853 GROUP PSYCHOTHERAPY	Code §1.01.090			x	x	\$ 88.00
H0001 ALCOHOL AND/OR DRUG ASSESSMENT	Code §1.01.090			x	x	\$ 292.42
H0004 BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	Code §1.01.090			x	x	\$ 81.67
H0005 GROUP COUNSELING BY A CLINICIAN	Code §1.01.090			x	x	\$ 111.24
H0006 CASE MANAGEMENT	Code §1.01.090			x	x	\$ 81.67
H0031 MH HEALTH ASSESSMENT BY NON-MD	Code §1.01.090			x	x	\$ 292.42
H0038 SELF-HELP/PEER SVC PER 15MIN	Code §1.01.090			x	x	\$ 81.67
H2000 CHILD AND ADOLESCER NEEDS SURVEY (CANS)	Code §1.01.090			x	x	\$ 292.42
H2010 COMPREHENSIVE MEDICATION SERVICE 15 MIN	Code §1.01.090			x	x	\$ 78.00
H2011 CRISIS INTERVENTION 15 MIN	Code §1.01.090			x	x	\$ 81.67
H2014 SKILLS TRAINING AND DEVELOPMENT, 15 MIN	Code §1.01.090			x	x	\$ 81.67
H2023 SUPPORTED EMPLOYMENT, PER 15 MIN	Code §1.01.090			x	x	\$ 81.67
T1016 CASE MANAGEMENT	Code §1.01.090			x	x	\$ 81.67
Dental Services						
D1206 TOPICAL APPLICATION OF FLUORIDE VARNISH	Code §1.01.090			x	x	\$ 73.00
D0220 INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	Code §1.01.090			x	x	\$ 41.00
D0140 LIMITED ORAL EVALUATION - PROBLEM FOCUSED	Code §1.01.090			x	x	\$ 152.00
D0120 PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	Code §1.01.090			x	x	\$ 90.00
D0150 COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT	Code §1.01.090			x	x	\$ 160.00
D1354 APPLICATION CARIES ARREST MEDICAMENT-PER TOOTH	Code §1.01.090			x	x	\$ 76.00
D0274 BITEWINGS - FOUR RADIOGRAPHIC IMAGES	Code §1.01.090			x	x	\$ 99.00
D1120 PROPHYLAXIS - CHILD	Code §1.01.090			x	x	\$ 96.00
D2392 RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	Code §1.01.090			x	x	\$ 339.00
D1351 SEALANT - PER TOOTH	Code §1.01.090			x	x	\$ 76.00
D2391 RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	Code §1.01.090			x	x	\$ 259.00
Other Services/Supplies						
10060 INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	Code §1.01.090			x	x	\$ 377.00
10061 INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	Code §1.01.091			x	x	\$ 835.00
10080 INCISION & DRAINAGE PILONIDAL CYST SIMPLE	Code §1.01.092			x	x	\$ 689.00
10120 INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	Code §1.01.093			x	x	\$ 452.00
10121 INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	Code §1.01.094			x	x	\$ 803.00
10140 I&D HEMATOMA SEROMA/FLUID COLLECTION	Code §1.01.095			x	x	\$ 591.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
10160 PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	Code §1.01.096			x	x	\$ 398.00
11055 PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	Code §1.01.097			x	x	\$ 211.00
11056 PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	Code §1.01.098			x	x	\$ 180.00
11057 PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	Code §1.01.099			x	x	\$ 196.00
11102 TANGENTIAL BIOPSY SKIN SINGLE LESION	Code §1.01.102			x	x	\$ 298.00
11103 TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	Code §1.01.103			x	x	\$ 176.00
11104 PUNCH BIOPSY SKIN SINGLE LESION	Code §1.01.104			x	x	\$ 370.00
11105 PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	Code §1.01.105			x	x	\$ 176.00
11106 INCISIONAL BIOPSY SKIN SINGLE LESION	Code §1.01.106			x	x	\$ 499.00
11107 INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	Code §1.01.107			x	x	\$ 273.00
11200 RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	Code §1.01.108			x	x	\$ 206.00
11201 RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	Code §1.01.109			x	x	\$ 94.00
11300 SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	Code §1.01.110			x	x	\$ 297.00
11301 SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	Code §1.01.111			x	x	\$ 359.00
11302 SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	Code §1.01.112			x	x	\$ 406.00
11305 SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	Code §1.01.113			x	x	\$ 311.00
11306 SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	Code §1.01.114			x	x	\$ 362.00
11307 SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	Code §1.01.115			x	x	\$ 291.00
11310 SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	Code §1.01.116			x	x	\$ 343.00
11311 SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	Code §1.01.117			x	x	\$ 383.00
11312 SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	Code §1.01.118			x	x	\$ 325.00
11313 SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	Code §1.01.119			x	x	\$ 536.00
11400 EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	Code §1.01.120			x	x	\$ 381.00
11401 EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	Code §1.01.121			x	x	\$ 464.00
11402 EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	Code §1.01.122			x	x	\$ 511.00
11403 EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	Code §1.01.123			x	x	\$ 589.00
11404 EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	Code §1.01.124			x	x	\$ 667.00
11406 EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	Code §1.01.125			x	x	\$ 1,110.00
11420 EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	Code §1.01.126			x	x	\$ 349.00
11421 EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	Code §1.01.127			x	x	\$ 429.00
11422 EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	Code §1.01.128			x	x	\$ 479.00
11423 EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	Code §1.01.129			x	x	\$ 547.00
11440 EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	Code §1.01.130			x	x	\$ 394.00
11441 EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	Code §1.01.131			x	x	\$ 472.00
11442 EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	Code §1.01.132			x	x	\$ 517.00
11443 EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	Code §1.01.133			x	x	\$ 737.00
11601 EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	Code §1.01.134			x	x	\$ 566.00
11603 EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	Code §1.01.135			x	x	\$ 758.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
11719 TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	Code §1.01.136			x	x	\$ 75.00
11720 DEBRIDEMENT NAIL ANY METHOD 1-5	Code §1.01.137			x	x	\$ 90.00
11721 DEBRIDEMENT NAIL ANY METHOD 6/>	Code §1.01.138			x	x	\$ 118.00
11730 AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	Code §1.01.139			x	x	\$ 341.00
11732 AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	Code §1.01.140			x	x	\$ 135.00
11740 EVACUATION SUBUNGUAL HEMATOMA	Code §1.01.141			x	x	\$ 197.00
11750 EXCISION NAIL MATRIX PERMANENT REMOVAL	Code §1.01.142			x	x	\$ 476.00
11900 INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	Code §1.01.143			x	x	\$ 170.00
11976 REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	Code §1.01.145			x	x	\$ 493.00
11981 INSERTION DRUG DELIVERY IMPLANT	Code §1.01.147			x	x	\$ 298.00
11982 REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Code §1.01.148			x	x	\$ 329.00
11983 RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	Code §1.01.149			x	x	\$ 420.00
12001 SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	Code §1.01.150			x	x	\$ 315.00
12002 SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	Code §1.01.151			x	x	\$ 388.00
12011 SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	Code §1.01.152			x	x	\$ 369.00
12021 TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	Code §1.01.153			x	x	\$ 568.00
12031 REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	Code §1.01.154			x	x	\$ 663.00
15853 REMOVAL SUTURES/STAPLES NOT REQUIRING ANESTHESIA	Code §1.01.155			x	x	\$ 34.00
17000 DESTRUCTION PREMALIGNANT LESION 1ST	Code §1.01.156			x	x	\$ 201.00
17003 DESTRUCTION PREMALIGNANT LESION 2-14 EA	Code §1.01.157			x	x	\$ 20.00
17004 DESTRUCTION PREMALIGNANT LESION 15/>	Code §1.01.158			x	x	\$ 449.00
17106 DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM	Code §1.01.159			x	x	\$ 1,143.00
17110 DESTRUCTION BENIGN LESIONS UP TO 14	Code §1.01.160			x	x	\$ 338.00
17111 DESTRUCTION BENIGN LESIONS 15/>	Code §1.01.161			x	x	\$ 358.00
19000 PUNCTURE ASPIRATION CYST OF BREAST	Code §1.01.162			x	x	\$ 373.00
19001 PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	Code §1.01.163			x	x	\$ 154.00
19081 BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	Code §1.01.164			x	x	\$ 568.00
20103 EXPLORATION PENETRATING WOUND SPX EXTREMITY	Code §1.01.165			x	x	\$ 1,949.00
20526 INJECTION THERAPEUTIC CARPAL TUNNEL	Code §1.01.166			x	x	\$ 244.00
20550 INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	Code §1.01.167			x	x	\$ 171.00
20551 INJECTION SINGLE TENDON ORIGIN/INSERTION	Code §1.01.168			x	x	\$ 170.00
20552 INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	Code §1.01.169			x	x	\$ 156.00
20553 INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	Code §1.01.170			x	x	\$ 179.00
20600 ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	Code §1.01.171			x	x	\$ 159.00
20605 ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	Code §1.01.172			x	x	\$ 163.00
20610 ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	Code §1.01.173			x	x	\$ 193.00
20612 ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	Code §1.01.174			x	x	\$ 193.00
21012 EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>	Code §1.01.175			x	x	\$ 1,264.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
21085 IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	Code §1.01.176			x	x	\$ 1,775.00
21555 EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	Code §1.01.177			x	x	\$ 1,238.00
23930 I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	Code §1.01.178			x	x	\$ 1,399.00
27604 INCISION & DRAINAGE LEG/ANKLE INFECTED BURSA	Code §1.01.179			x	x	\$ 1,447.00
28190 REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	Code §1.01.180			x	x	\$ 697.00
29125 APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	Code §1.01.181			x	x	\$ 232.00
36415 COLLECTION VENOUS BLOOD VENIPUNCTURE	Code §1.01.182			x	x	\$ 21.00
36416 COLLECTION CAPILLARY BLOOD SPECIMEN	Code §1.01.183			x	x	\$ 16.00
40800 DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	Code §1.01.184			x	x	\$ 450.00
41010 INCISION LINGUAL FRENUM FRENOTOMY	Code §1.01.185			x	x	\$ 763.00
46083 INCISION THROMBOSED HEMORRHOID EXTERNAL	Code §1.01.186			x	x	\$ 495.00
46600 ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	Code §1.01.187			x	x	\$ 370.00
51701 INSJ NON-NDWELLG BLADDER CATHETER	Code §1.01.188			x	x	\$ 166.00
51702 INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	Code §1.01.189			x	x	\$ 215.00
54056 DSTRJ LESION PENIS SIMPLE CRYOSURGERY	Code §1.01.190			x	x	\$ 431.00
54700 I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	Code §1.01.191			x	x	\$ 849.00
56405 I&D VULVA/PERINEAL ABSCESS	Code §1.01.192			x	x	\$ 704.00
56420 I&D OF BARTHOLINS GLAND ABSCESS	Code §1.01.193			x	x	\$ 554.00
56501 DESTRUCTION LESIONS VULVA SIMPLE	Code §1.01.194			x	x	\$ 573.00
57061 DESTRUCTION VAGINAL LESIONS SIMPLE	Code §1.01.195			x	x	\$ 605.00
57065 DESTRUCTION VAGINAL LESIONS EXTENSIVE	Code §1.01.196			x	x	\$ 1,253.00
57170 DIAPHRAGM/CERVICAL CAP FITTING W/INSTRUCTIONS	Code §1.01.197			x	x	\$ 346.00
57452 COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	Code §1.01.198			x	x	\$ 594.00
57454 COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	Code §1.01.199			x	x	\$ 502.00
57455 COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	Code §1.01.200			x	x	\$ 763.00
57456 COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	Code §1.01.201			x	x	\$ 717.00
57500 BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	Code §1.01.202			x	x	\$ 703.00
57511 CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	Code §1.01.203			x	x	\$ 700.00
58100 ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	Code §1.01.204			x	x	\$ 301.00
58300 INSERTION INTRAUTERINE DEVICE IUD	Code §1.01.205			x	x	\$ 326.00
58301 REMOVAL INTRAUTERINE DEVICE IUD	Code §1.01.206			x	x	\$ 326.00
59025 FETAL NONSTRESS TEST	Code §1.01.207			x	x	\$ 225.00
59430 POSTPARTUM CARE ONLY SEPARATE PROCEDURE	Code §1.01.208			x	x	\$ 935.00
62270 DIAGNOSTIC LUMBAR SPINAL PUNCTURE	Code §1.01.209			x	x	\$ 416.00
62328 DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	Code §1.01.210			x	x	\$ 646.00
64435 INJECTION AA&/STRD PARACERVICAL NERVE	Code §1.01.212			x	x	\$ 343.00
64450 INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	Code §1.01.213			x	x	\$ 223.00
64455 NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	Code §1.01.214			x	x	\$ 148.00

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69000 DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	Code §1.01.215			x	x	\$ 436.00
69209 REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	Code §1.01.216			x	x	\$ 47.00
69210 REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	Code §1.01.217			x	x	\$ 142.00
72080 RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	Code §1.01.220			x	x	\$ 158.00
73502 RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	Code §1.01.221			x	x	\$ 139.00
73522 RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	Code §1.01.222			x	x	\$ 170.00
73525 RADEX HIP ARTHROGRAPHY RS&I	Code §1.01.223			x	x	\$ 405.00
76641 US BREAST UNI REAL TIME WITH IMAGE COMPLETE	Code §1.01.224			x	x	\$ 278.00
76801 US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	Code §1.01.225			x	x	\$ 643.00
76815 US PREGNANT UTERUS LIMITED 1/> FETUSES	Code §1.01.226			x	x	\$ 278.00
80048 BASIC METABOLIC PANEL CALCIUM TOTAL	Code §1.01.227			x	x	\$ 20.00
80051 ELECTROLYTE PANEL	Code §1.01.228			x	x	\$ 26.00
80053 COMPREHENSIVE METABOLIC PANEL	Code §1.01.229			x	x	\$ 62.00
80055 OBSTETRIC PANEL	Code §1.01.230			x	x	\$ 299.00
80061 LIPID PANEL	Code §1.01.231			x	x	\$ 76.00
80069 RENAL FUNCTION PANEL	Code §1.01.232			x	x	\$ 28.00
80074 ACUTE HEPATITIS PANEL	Code §1.01.233			x	x	\$ 479.00
80076 HEPATIC FUNCTION PANEL	Code §1.01.234			x	x	\$ 25.00
80100 DRUG SCREEN MULT CLASSES	Code §1.01.235			x	x	-
80156 DRUG ASSAY CARBAMAZEPINE TOTAL	Code §1.01.237			x	x	\$ 103.00
80162 DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	Code §1.01.238			x	x	\$ 85.00
80164 DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	Code §1.01.239			x	x	\$ 105.00
80178 DRUG SCREEN QUANTITATIVE LITHIUM	Code §1.01.241			x	x	\$ 63.00
80184 DRUG SCREEN QUANTITATIVE PHENOBARBITAL	Code §1.01.242			x	x	\$ 70.00
80185 DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	Code §1.01.243			x	x	\$ 94.00
80186 DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	Code §1.01.244			x	x	\$ 100.00
81001 URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	Code §1.01.245			x	x	\$ 29.00
81002 URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	Code §1.01.246			x	x	\$ 30.00
81003 URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	Code §1.01.247			x	x	\$ 25.00
81025 URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	Code §1.01.248			x	x	\$ 25.00
81490 AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	Code §1.01.249			x	x	\$ 1,323.00
82024 ADRENOCORTICOTROPIC HORMONE ACTH	Code §1.01.251			x	x	\$ 219.00
82043 URINE ALBUMIN QUANTITATIVE	Code §1.01.252			x	x	\$ 22.00
82085 ASSAY OF ALDOLASE	Code §1.01.254			x	x	\$ 74.00
82088 ASSAY OF ALDOSTERONE	Code §1.01.255			x	x	\$ 181.00
82103 ALPHA-1-ANTITRYPSIN TOTAL	Code §1.01.256			x	x	\$ 94.00
82105 ALPHA-FETOPROTEIN SERUM	Code §1.01.257			x	x	\$ 107.00
82140 ASSAY OF AMMONIA	Code §1.01.258			x	x	\$ 84.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
82150 ASSAY OF AMYLASE	Code §1.01.259			x	x	\$ 27.00
82239 BILE ACIDS TOTAL	Code §1.01.260			x	x	\$ 91.00
82247 BILIRUBIN TOTAL	Code §1.01.261			x	x	\$ 17.00
82270 BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	Code §1.01.262			x	x	\$ 17.00
82274 FECAL GLOBIN BY IMMUNOCHEMISTRY (FIT)	Code §1.01.263			x	x	\$ 58.00
82306 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	Code §1.01.264			x	x	\$ 83.00
82310 CALCIUM TOTAL	Code §1.01.265			x	x	\$ 24.00
82330 CALCIUM IONIZED	Code §1.01.266			x	x	\$ 84.00
82360 CALCULUS QUANTITATIVE CHEMICAL	Code §1.01.267			x	x	\$ 81.00
82384 CATECHOLAMINES FRACTIONATED	Code §1.01.268			x	x	\$ 140.00
82390 CERULOPLASMIN	Code §1.01.269			x	x	\$ 82.00
82436 CHLORIDE URINE	Code §1.01.270			x	x	\$ 22.00
82465 CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	Code §1.01.271			x	x	\$ 20.00
82525 ASSAY OF COPPER	Code §1.01.272			x	x	\$ 104.00
82530 CORTISOL FREE	Code §1.01.273			x	x	\$ 26.00
82533 CORTISOL TOTAL	Code §1.01.274			x	x	\$ 42.00
82550 CREATINE KINASE TOTAL	Code §1.01.275			x	x	\$ 24.00
82553 CREATINE KINASE MB FRACTION ONLY	Code §1.01.276			x	x	\$ 57.00
82570 CREATININE OTHER SOURCE	Code §1.01.277			x	x	\$ 20.00
82595 CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	Code §1.01.278			x	x	\$ 60.00
82607 CYANOCOBALAMIN VITAMIN B-12	Code §1.01.279			x	x	\$ 62.00
82626 DEHYDROEPIANDROSTERONE	Code §1.01.280			x	x	\$ 40.00
82627 DEHYDROEPIANDROSTERONE-SULFATE	Code §1.01.281			x	x	\$ 52.00
82652 1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	Code §1.01.282			x	x	\$ 129.00
82670 ASSAY OF TOTAL ESTRADIOL	Code §1.01.283			x	x	\$ 63.00
82705 FAT/LIPIDS FECES QUALITATIVE	Code §1.01.284			x	x	\$ 57.00
82728 ASSAY OF FERRITIN	Code §1.01.285			x	x	\$ 39.00
82746 ASSAY OF FOLIC ACID SERUM	Code §1.01.286			x	x	\$ 53.00
82947 GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	Code §1.01.287			x	x	\$ 20.00
82948 GLUCOSE BLOOD REAGENT STRIP	Code §1.01.288			x	x	\$ 13.00
82950 GLUCOSE POST GLUCOSE DOSE	Code §1.01.289			x	x	\$ 16.00
82951 GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	Code §1.01.290			x	x	\$ 38.00
82977 ASSAY OF GLUTAMYLTRASE GAMMA	Code §1.01.291			x	x	\$ 27.00
83001 GONADOTROPIN FOLLICLE STIMULATING HORMONE	Code §1.01.292			x	x	\$ 59.00
83002 GONADOTROPIN LUTEINIZING HORMONE	Code §1.01.293			x	x	\$ 127.00
83036 HEMOGLOBIN GLYCOSYLATED A1C	Code §1.01.294			x	x	\$ 55.00
83090 ASSAY OF HOMOCYSTEINE	Code §1.01.295			x	x	\$ 198.00
83525 ASSAY OF INSULIN TOTAL	Code §1.01.296			x	x	\$ 27.00

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83540 ASSAY OF IRON	Code §1.01.297			x	x	\$ 6.74
83550 IRON BINDING CAPACITY	Code §1.01.298			x	x	\$ 8.74
83615 LACTATE DEHYDROGENASE LDH	Code §1.01.299			x	x	\$ 29.00
83655 ASSAY OF LEAD	Code §1.01.300			x	x	\$ 18.00
83690 ASSAY OF LIPASE	Code §1.01.301			x	x	\$ 20.00
83695 LIPOPROTEIN (A)	Code §1.01.302			x	x	\$ 162.00
83718 LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	Code §1.01.303			x	x	\$ 25.00
83721 LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	Code §1.01.304			x	x	\$ 53.00
83735 ASSAY OF MAGNESIUM	Code §1.01.305			x	x	\$ 34.00
83880 NATRIURETIC PEPTIDE	Code §1.01.307			x	x	\$ 201.00
83930 ASSAY OF OSMOLALITY BLOOD	Code §1.01.308			x	x	\$ 60.00
83935 ASSAY OF OSMOLALITY URINE	Code §1.01.309			x	x	\$ 64.00
83970 ASSAY OF PARATHORMONE	Code §1.01.310			x	x	\$ 126.00
84030 ASSAY OF PHENYLALANINE BLOOD	Code §1.01.311			x	x	\$ 39.00
84075 ASSAY OF PHOSPHATASE ALKALINE	Code §1.01.312			x	x	\$ 9.00
84100 ASSAY OF PHOSPHORUS INORGANIC	Code §1.01.313			x	x	\$ 18.00
84132 POTASSIUM SERUM PLASMA/WHOLE BLOOD	Code §1.01.314			x	x	\$ 18.00
84134 PREALBUMIN	Code §1.01.315			x	x	\$ 96.00
84144 ASSAY OF PROGESTERONE	Code §1.01.316			x	x	\$ 49.00
84146 ASSAY OF PROLACTIN	Code §1.01.317			x	x	\$ 61.00
84153 ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	Code §1.01.318			x	x	\$ 78.00
84165 PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	Code §1.01.319			x	x	\$ 67.00
84207 ASSAY OF PYRIDOXAL PHOSPHATE	Code §1.01.320			x	x	\$ 177.00
84244 ASSAY OF RENIN	Code §1.01.321			x	x	\$ 128.00
84270 ASSAY OF SEX HORMONE BINDING GLOBULIN	Code §1.01.322			x	x	\$ 49.00
84300 ASSAY OF URINE SODIUM	Code §1.01.323			x	x	\$ 27.00
84315 SPECIFIC GRAVITY EXCEPT URINE	Code §1.01.324			x	x	\$ 27.00
84402 ASSAY OF TESTOSTERONE FREE	Code §1.01.325			x	x	\$ 48.00
84403 ASSAY OF TESTOSTERONE TOTAL	Code §1.01.326			x	x	\$ 48.00
84432 ASSAY OF THYROGLOBULIN	Code §1.01.327			x	x	\$ 109.00
84439 ASSAY OF FREE THYROXINE	Code §1.01.328			x	x	\$ 33.00
84443 ASSAY OF THYROID STIMULATING HORMONE TSH	Code §1.01.329			x	x	\$ 90.00
84460 TRANSFERASE ALANINE AMINO ALT SGPT	Code §1.01.330			x	x	\$ 15.00
84466 ASSAY OF TRANSFERRIN	Code §1.01.331			x	x	\$ 12.76
84478 ASSAY OF TRIGLYCERIDES	Code §1.01.332			x	x	\$ 28.00
84480 ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	Code §1.01.333			x	x	\$ 128.00
84481 ASSAY OF TRIIODOTHYRONINE T3 FREE	Code §1.01.334			x	x	\$ 44.00
84550 ASSAY OF BLOOD/URIC ACID	Code §1.01.335			x	x	\$ 29.00

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84590 ASSAY OF VITAMIN A	Code §1.01.336			x	x	\$ 109.00
84630 ASSAY OF ZINC	Code §1.01.337			x	x	\$ 98.00
84702 GONADOTROPIN CHORIONIC QUANTITATIVE	Code §1.01.338			x	x	\$ 49.00
84703 GONADOTROPIN CHORIONIC QUALITATIVE	Code §1.01.339			x	x	\$ 34.00
85008 BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	Code §1.01.340			x	x	\$ 20.00
85025 BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	Code §1.01.341			x	x	\$ 36.00
85027 BLOOD COUNT COMPLETE AUTOMATED	Code §1.01.342			x	x	\$ 34.00
85045 BLOOD COUNT RETICULOCYTE AUTOMATED	Code §1.01.343			x	x	\$ 25.00
85060 BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	Code §1.01.344			x	x	\$ 67.00
85246 CLOTTING FACTOR VIII VW FACTOR ANTIGEN	Code §1.01.345			x	x	\$ 209.00
85610 PROTHROMBIN TIME	Code §1.01.346			x	x	\$ 24.00
85652 SEDIMENTATION RATE RBC AUTOMATED	Code §1.01.347			x	x	\$ 20.00
85730 THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	Code §1.01.348			x	x	\$ 57.00
86003 ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	Code §1.01.349			x	x	\$ 27.00
86038 ANTINUCLEAR ANTIBODIES ANA	Code §1.01.350			x	x	\$ 94.00
86060 ANTISTREPTOLYSIN O TITER	Code §1.01.351			x	x	\$ 59.00
86140 C-REACTIVE PROTEIN	Code §1.01.352			x	x	\$ 29.00
86141 C-REACTIVE PROTEIN HIGH SENSITIVITY	Code §1.01.353			x	x	\$ 38.00
86200 CYCLIC CITRULLINATED PEPTIDE ANTIBODY	Code §1.01.354			x	x	\$ 117.00
86226 DNA ANTIBODY SINGLE STRANDED	Code §1.01.355			x	x	\$ 87.00
86235 EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	Code §1.01.356			x	x	\$ 142.00
86304 IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	Code §1.01.357			x	x	\$ 120.00
86308 HETEROPHILE ANTIBODIES SCREEN	Code §1.01.358			x	x	\$ 40.00
86317 IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	Code §1.01.359			x	x	\$ 99.00
86337 INSULIN ANTIBODIES	Code §1.01.360			x	x	\$ 191.00
86340 INTRINSIC FACTOR ANTIBODIES	Code §1.01.361			x	x	\$ 135.00
86341 ISLET CELL ANTIBODY	Code §1.01.362			x	x	\$ 184.00
86361 T CELLS ABSOLUTE CD4 COUNT	Code §1.01.363			x	x	\$ 159.00
86376 MICROSOMAL ANTIBODIES EACH	Code §1.01.364			x	x	\$ 43.00
86431 RHEUMATOID FACTOR QUANTITATIVE	Code §1.01.365			x	x	\$ 52.00
86480 TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	Code §1.01.366			x	x	\$ 370.00
86580 SKIN TEST TUBERCULOSIS INTRADERMAL	Code §1.01.367			x	x	\$ 30.00
86592 SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	Code §1.01.368			x	x	\$ 28.00
86618 ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	Code §1.01.369			x	x	\$ 138.00
86658 ANTIBODY ENTEROVIRUS	Code §1.01.370			x	x	\$ 39.00
86677 ANTIBODY HELICOBACTER PYLORI	Code §1.01.371			x	x	\$ 112.00
86682 ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	Code §1.01.372			x	x	\$ 138.00
86694 ANTIBODY HERPES SMLPX NON-SPECIFIC TYPE TEST	Code §1.01.373			x	x	\$ 99.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
86695 ANTIBODY HERPES SMPLX TYPE 1	Code §1.01.374			x	x	\$ 93.00
86696 ANTIBODY HERPES SMPLX TYPE 2	Code §1.01.375			x	x	\$ 70.00
86701 ANTIBODY HIV-1	Code §1.01.376			x	x	\$ 66.00
86702 ANTIBODY HIV-2	Code §1.01.377			x	x	\$ 109.00
86703 ANTIBODY HIV-1&HIV-2 SINGLE RESULT	Code §1.01.378			x	x	\$ 25.00
86704 HEPATITIS B CORE ANTIBODY HBCAB TOTAL	Code §1.01.379			x	x	\$ 105.00
86705 HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	Code §1.01.380			x	x	\$ 106.00
86706 HEPATITIS B SURF ANTIBODY HBSAB	Code §1.01.381			x	x	\$ 44.00
86708 HEPATITIS A ANTIBODY HAAB	Code §1.01.382			x	x	\$ 97.00
86709 HEPATITIS ANTIBODY HAAB IGM ANTIBODY	Code §1.01.383			x	x	\$ 92.00
86765 ANTIBODY RUBEOLA	Code §1.01.384			x	x	\$ 113.00
86778 ANTIBODY TOXOPLASMA IGM	Code §1.01.385			x	x	\$ 114.00
86800 THYROGLOBULIN ANTIBODY	Code §1.01.386			x	x	\$ 107.00
86803 HEPATITIS C ANTIBODY	Code §1.01.387			x	x	\$ 49.00
86850 ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	Code §1.01.388			x	x	\$ 56.00
86870 ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	Code §1.01.389			x	x	\$ 96.00
86900 BLOOD TYPING SEROLOGIC ABO	Code §1.01.390			x	x	\$ 13.00
86901 BLOOD TYPING SEROLOGIC RH (D)	Code §1.01.391			x	x	\$ 13.00
87070 CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	Code §1.01.392			x	x	\$ 37.00
87075 CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	Code §1.01.393			x	x	\$ 82.00
87077 CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	Code §1.01.394			x	x	\$ 30.00
87086 CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	Code §1.01.395			x	x	\$ 54.00
87101 CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	Code §1.01.396			x	x	\$ 54.00
87177 OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	Code §1.01.397			x	x	\$ 30.00
87186 SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	Code §1.01.398			x	x	\$ 34.00
87207 SMR PRIM SRC SPEC STAIN BODIES/PARASITS	Code §1.01.399			x	x	\$ 56.00
87220 TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	Code §1.01.400			x	x	\$ 35.00
87255 VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	Code §1.01.401			x	x	\$ 140.00
87324 IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	Code §1.01.402			x	x	\$ 89.00
87338 IAAD IA HPYLORI STOOL	Code §1.01.403			x	x	\$ 242.00
87340 IAAD IA HEPATITIS B SURFACE ANTIGEN	Code §1.01.404			x	x	\$ 35.00
87350 IAAD IA HEPATITIS BE ANTIGEN	Code §1.01.405			x	x	\$ 85.00
87426 IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	Code §1.01.406			x	x	\$ 148.00
87430 IAAD IA STREPTOCOCCUS GROUP A	Code §1.01.407			x	x	\$ 51.00
87480 IADNA CANDIDA SPECIES DIRECT PROBE TQ	Code §1.01.408			x	x	\$ 118.00
87491 IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	Code §1.01.409			x	x	\$ 116.00
87510 IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	Code §1.01.410			x	x	\$ 118.00
87517 IADNA HEPATITIS B VIRUS QUANTIFICATION	Code §1.01.411			x	x	\$ 288.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
87521 IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	Code §1.01.412			x	x	\$ 197.00
87522 IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	Code §1.01.413			x	x	\$ 371.00
87529 IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	Code §1.01.414			x	x	\$ 203.00
87536 HIV 1, QUANT, REAL-TIME PCR	Code §1.01.415			x	x	\$ 433.00
87591 IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	Code §1.01.416			x	x	\$ 119.00
87635 IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	Code §1.01.417			x	x	-
87660 IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	Code §1.01.418			x	x	\$ 118.00
87661 IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	Code §1.01.419			x	x	\$ 102.00
87798 IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Code §1.01.420			x	x	\$ 61.00
87801 IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	Code §1.01.421			x	x	\$ 152.00
87804 IAADIADOO INFLUENZA	Code §1.01.422			x	x	\$ 50.00
87880 IAADIADOO STREPTOCOCCUS GROUP A	Code §1.01.423			x	x	\$ 40.00
87902 NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	Code §1.01.424			x	x	\$ 738.00
88141 CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN	Code §1.01.425			x	x	\$ 79.00
88175 CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	Code §1.01.426			x	x	\$ 64.00
88300 LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	Code §1.01.427			x	x	\$ 63.00
88304 LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	Code §1.01.428			x	x	\$ 176.00
90281 IMMUNE GLOBULIN IG HUMAN IM USE	Code §1.01.429			x	x	\$ 234.00
90371 HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	Code §1.01.430			x	x	\$ 546.00
90378 RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	Code §1.01.431			x	x	\$ 3,535.00
90380 RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	Code §1.01.432			x	x	\$ 545.01
90381 RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	Code §1.01.433			x	x	\$ 545.01
90471 IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	Code §1.01.434			x	x	\$ 61.00
90472 IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	Code §1.01.435			x	x	\$ 43.00
90473 IM ADM INTRANSL/ORAL 1 VACCINE	Code §1.01.436			x	x	\$ 49.00
90474 IM ADM INTRANSL/ORAL EA VACCINE	Code §1.01.437			x	x	\$ 35.00
90480 IMM ADMN SARSCOV2 VACCINE SINGLE DOSE	Code §1.01.438			x	x	\$ 76.00
90611 SMALLPOX&MONKEYPOX VACC 0.5ML DOS FOR SUBQ USE	Code §1.01.439			x	x	\$ 259.20
90619 MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	Code §1.01.440			x	x	\$ 154.00
90620 MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	Code §1.01.441			x	x	\$ 209.87
90621 MENB-FHBP RECOMBNT LIPOPROTEIN VACC 2/3 DOSE IM	Code §1.01.442			x	x	\$ 184.60
90623 PR MENIGCCAL PNTVLNT MENACWY TT MENB FHBP VACC IM	Code §1.01.443			x	x	\$ 219.10
90632 HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	Code §1.01.444			x	x	\$ 74.43
90633 HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	Code §1.01.445			x	x	\$ 36.21
90636 HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM	Code §1.01.446			x	x	\$ 114.89
90647 HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	Code §1.01.447			x	x	\$ 31.47
90648 HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	Code §1.01.448			x	x	\$ 13.16
90649 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	Code §1.01.449			x	x	\$ 348.00

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90651 9VHPV VACC 2/3 DOSE SCHED IM USE	Code §1.01.450			x	x	\$ 325.81
90653 IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE	Code §1.01.451			x	x	\$ 125.00
90654 INFLUENZA VACC IIV3 SPLIT VIRUS PRSRV FREE ID	Code §1.01.452			x	x	\$ 18.45
90655 IIV3 VACC PRESRV FREE 0.25 ML DOSAGE IM USE	Code §1.01.453			x	x	\$ 50.00
90656 IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	Code §1.01.454			x	x	\$ 40.00
90657 IIV3 VACCINE SPLIT VIRUS 0.25 ML DOSAGE IM USE	Code §1.01.455			x	x	\$ 42.00
90658 IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	Code §1.01.456			x	x	\$ 44.00
90661 CCIIV3 VACCINE ABX FREE 0.5 ML FOR IM USE	Code §1.01.457			x	x	\$ 55.00
90662 IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	Code §1.01.458			x	x	\$ 94.00
90670 PCV13 VACCINE FOR INTRAMUSCULAR USE	Code §1.01.459			x	x	\$ 354.00
90671 PCV15 VACCINE FOR INTRAMUSCULAR USE	Code §1.01.460			x	x	\$ 228.63
90672 LAIV4 VACCINE FOR INTRANASAL USE	Code §1.01.461			x	x	\$ 42.00
90674 CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	Code §1.01.462			x	x	\$ 30.00
90677 PCV20 VACCINE FOR INTRAMUSCULAR USE	Code §1.01.463			x	x	\$ 263.65
90678 RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	Code §1.01.464			x	x	\$ 294.53
90679 RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	Code §1.01.465			x	x	\$ 300.22
90680 RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	Code §1.01.466			x	x	\$ 102.74
90681 RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	Code §1.01.467			x	x	\$ 138.74
90684 PR PCV21 VACCINE FOR INTRAMUSCULAR USE	Code §1.01.468			x	x	\$ 241.83
90685 IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	Code §1.01.469			x	x	\$ 63.00
90686 IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	Code §1.01.470			x	x	\$ 16.56
90687 IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	Code §1.01.471			x	x	\$ 25.00
90688 IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	Code §1.01.472			x	x	\$ 63.56
90694 AIIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE	Code §1.01.473			x	x	\$ 156.00
90696 DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	Code §1.01.474			x	x	\$ 60.93
90697 DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	Code §1.01.475			x	x	\$ 143.78
90698 DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	Code §1.01.476			x	x	\$ 114.78
90700 DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	Code §1.01.477			x	x	\$ 28.73
90702 DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	Code §1.01.478			x	x	\$ 70.00
90707 MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	Code §1.01.479			x	x	\$ 93.20
90710 MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	Code §1.01.480			x	x	\$ 262.36
90713 POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	Code §1.01.481			x	x	\$ 44.56
90714 TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	Code §1.01.482			x	x	\$ 38.84
90715 TDAP VACCINE 7 YRS/> IM	Code §1.01.483			x	x	\$ 47.36
90716 VAR VACCINE LIVE FOR SUBCUTANEOUS USE	Code §1.01.484			x	x	\$ 159.99
90723 DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	Code §1.01.485			x	x	\$ 77.17
90732 PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	Code §1.01.486			x	x	\$ 113.57
90733 MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	Code §1.01.487			x	x	\$ 260.00

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90734 MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	Code §1.01.488			x	x	\$ 138.73
90739 HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	Code §1.01.489			x	x	\$ 119.12
90743 HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	Code §1.01.490			x	x	\$ 138.00
90744 HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	Code §1.01.491			x	x	\$ 26.13
90746 HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	Code §1.01.492			x	x	\$ 51.92
90750 HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE	Code §1.01.493			x	x	\$ 215.29
90756 CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	Code §1.01.494			x	x	\$ 56.00
90759 HEP B VACC 3 AG 10 MCG 3 DOSE SCHED FOR IM USE	Code §1.01.495			x	x	\$ 210.00
90785 PSYCHOTHERAPY COMPLEX INTERACTIVE	Code §1.01.496			x	x	\$ 40.00
90839 PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	Code §1.01.507			x	x	\$ 331.00
90840 PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	Code §1.01.508			x	x	\$ 152.00
90882 ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT	Code §1.01.510			x	x	\$ 205.00
90887 INTERPJ/EXPLNAJ RESULTS PSYCHIATRIC EXAM FAMILY	Code §1.01.511			x	x	\$ 216.00
90899 UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	Code §1.01.512			x	x	-
91020 GASTRIC MOTILITY MANOMETRIC STUDIES	Code §1.01.513			x	x	\$ 734.00
91300 PFIZER-BIONTECH COVID-19 VACCINE	Code §1.01.514			x	x	\$ 0.01
91301 MODERNA COVID-19 100MCG/0.5ML IM VACCINE	Code §1.01.515			x	x	\$ 0.01
91303 JANSSEN SARS-COV-2 (COVID-19) VACCINE, AD26, PRESERVATIVE FREE, 0.5 ML	Code §1.01.516			x	x	\$ 0.01
91304 SARSCOV2 VACC SAPONIN-BSD ADJT 5MCG/0.5ML IM USE	Code §1.01.517			x	x	\$ 245.00
91305 SARSCOV2 VACCINE 30MCG/0.3ML TRIS-SUCROSE IM USE	Code §1.01.518			x	x	\$ 0.01
91306 SARSCOV2 VACCINE 50 MCG/0.25 ML IM USE	Code §1.01.519			x	x	\$ 0.01
91307 SARSCOV2 VACCINE 10MCG/0.2ML TRIS-SUCROSE IM USE	Code §1.01.520			x	x	\$ 0.01
91308 SARSCOV2 VACCINE 3MCG/0.2ML TRIS-SUCROSE IM USE	Code §1.01.521			x	x	\$ 0.01
91309 SARSCOV2 VACCINE 50 MCG/0.5 ML IM USE	Code §1.01.522			x	x	\$ 0.01
91311 SARSCOV2 VACCINE 25 MCG/0.25 ML IM USE	Code §1.01.523			x	x	\$ 0.01
91312 PFIZER (COVID-19) SARSCOV2 VACCINE BIVALENT 30 MCG/0.3 ML IM USE	Code §1.01.524			x	x	\$ 0.01
91313 MODERNA (COVID-19) SARSCOV2 VACCINE BIVALENT 50 MCG/0.5 ML IM USE	Code §1.01.525			x	x	\$ 0.01
91314 MODERNA (COVID-19) SARSCOV2 VACCINE BIVALENT 25 MCG/0.25 ML IM USE	Code §1.01.526			x	x	\$ 0.01
91315 PFIZER (COVID-19) SARSCOV2 VACCINE BIVALENT 10 MCG/0.2 ML IM USE	Code §1.01.527			x	x	\$ 0.01
91317 PFIZER (COVID-19) SARSCOV2 VACCINE BIVALENT 3 MCG/0.2 ML IM USE	Code §1.01.528			x	x	\$ 0.01
91318 SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	Code §1.01.529			x	x	\$ 87.00
91319 SARSCOV2 VACC 10MCG/0.3ML TRIS-SUCROSE IM USE	Code §1.01.530			x	x	\$ 126.00
91320 SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	Code §1.01.531			x	x	\$ 147.00
91321 SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	Code §1.01.532			x	x	\$ 115.28

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91322 SARSICOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	Code §1.01.533			x	x	\$ 126.72
92015 DETERMINATION REFRACTIVE STATE	Code §1.01.534			x	x	\$ 56.00
92551 SCREENING TEST PURE TONE AIR ONLY	Code §1.01.535			x	x	\$ 35.00
92552 PURE TONE AUDIOMETRY AIR ONLY	Code §1.01.536			x	x	\$ 80.00
92567 TYMPANOMETRY	Code §1.01.537			x	x	\$ 57.00
93000 ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	Code §1.01.538			x	x	\$ 50.00
93016 CV STRS TST XERS&/OR RX CONT ECG W/O I&R	Code §1.01.539			x	x	\$ 76.00
93040 RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	Code §1.01.540			x	x	\$ 72.00
93041 RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R	Code §1.01.541			x	x	\$ 85.00
94010 SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	Code §1.01.542			x	x	\$ 99.00
94060 BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	Code §1.01.543			x	x	\$ 152.00
94200 MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	Code §1.01.544			x	x	\$ 74.00
94640 PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	Code §1.01.545			x	x	\$ 40.00
94760 NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	Code §1.01.546			x	x	-
95933 ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	Code §1.01.547			x	x	\$ 442.00
96110 DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	Code §1.01.549			x	x	\$ 32.00
96127 BEHAV ASSMT W/SCORE & DOC/STAND INSTRUMENT	Code §1.01.550			x	x	\$ 19.00
96136 PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	Code §1.01.551			x	x	\$ 131.00
96137 PSYL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	Code §1.01.552			x	x	\$ 150.00
96138 PSYL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	Code §1.01.553			x	x	\$ 150.00
96139 PSYL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	Code §1.01.554			x	x	\$ 100.00
96156 HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT	Code §1.01.560			x	x	\$ 202.00
96158 HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	Code §1.01.561			x	x	\$ 174.00
96159 HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	Code §1.01.562			x	x	\$ 75.00
96160 PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	Code §1.01.563			x	x	\$ 20.00
96164 HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	Code §1.01.564			x	x	\$ 35.00
96165 HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	Code §1.01.565			x	x	\$ 16.00
96167 HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	Code §1.01.566			x	x	\$ 181.00
96168 HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN	Code §1.01.567			x	x	\$ 62.00
96170 HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN	Code §1.01.568			x	x	\$ 331.00
96171 HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15	Code §1.01.569			x	x	\$ 135.00
96372 THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Code §1.01.570			x	x	\$ 57.00
97163 PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Code §1.01.571			x	x	\$ 254.00
97602 RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	Code §1.01.572			x	x	\$ 142.00
97802 MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	Code §1.01.573			x	x	\$ 123.00
97803 MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	Code §1.01.574			x	x	\$ 75.00
97804 MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	Code §1.01.575			x	x	\$ 60.00
98925 OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	Code §1.01.576			x	x	\$ 92.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
98926 OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	Code §1.01.577			x	x	\$ 133.00
98927 OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	Code §1.01.578			x	x	\$ 168.00
98928 OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	Code §1.01.579			x	x	\$ 165.00
98929 OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	Code §1.01.580			x	x	\$ 176.00
98966 TELEPHONE ASSMT&MGMT SVC NQHP EST PT 5-10 MIN	Code §1.01.581			x	x	\$ 44.00
98967 TELEPHONE ASSMT&MGMT SVC NQHP EST PT 11-20 MIN	Code §1.01.582			x	x	\$ 85.00
98968 TELEPHONE ASSMT&MGMT SVC NQHP EST PT 21-30 MIN	Code §1.01.583			x	x	\$ 116.00
99024 POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	Code §1.01.585			x	x	\$ 98.00
99173 SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	Code §1.01.586			x	x	\$ 11.00
99188 APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	Code §1.01.587			x	x	\$ 33.00
99347 HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	Code §1.01.589			x	x	\$ 136.00
99348 HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	Code §1.01.590			x	x	\$ 352.00
99349 HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	Code §1.01.591			x	x	\$ 304.00
99350 HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	Code §1.01.592			x	x	\$ 387.00
99381 INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	Code §1.01.593			x	x	\$ 324.00
99382 INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	Code §1.01.594			x	x	\$ 311.00
99383 INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	Code §1.01.595			x	x	\$ 339.00
99384 INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	Code §1.01.596			x	x	\$ 382.00
99385 INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	Code §1.01.597			x	x	\$ 411.00
99386 INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	Code §1.01.598			x	x	\$ 490.00
99387 INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	Code §1.01.599			x	x	\$ 466.00
99391 PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	Code §1.01.600			x	x	\$ 282.00
99392 PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	Code §1.01.601			x	x	\$ 312.00
99393 PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	Code §1.01.602			x	x	\$ 312.00
99394 PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	Code §1.01.603			x	x	\$ 344.00
99395 PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	Code §1.01.604			x	x	\$ 395.00
99396 PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	Code §1.01.605			x	x	\$ 420.00
99397 PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	Code §1.01.606			x	x	\$ 435.00
99401 PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 15 MIN	Code §1.01.607			x	x	\$ 104.00
99402 PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 30 MIN	Code §1.01.608			x	x	\$ 211.00
99403 PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 45 MIN	Code §1.01.609			x	x	\$ 291.00
99404 PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 60 MIN	Code §1.01.610			x	x	\$ 370.00
99406 TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	Code §1.01.611			x	x	\$ 40.00
99407 TOBACCO USE CESSATION INTENSIVE >10 MINUTES	Code §1.01.612			x	x	\$ 94.00
99408 ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	Code §1.01.613			x	x	\$ 76.00
99409 ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	Code §1.01.614			x	x	\$ 285.00
99411 PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 30 M	Code §1.01.615			x	x	\$ 147.00
99412 PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 60 M	Code §1.01.616			x	x	\$ 97.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
99421 ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES	Code §1.01.617			x	x	\$ 43.00
99422 ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES	Code §1.01.618			x	x	\$ 85.00
99423 ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES	Code §1.01.619			x	x	\$ 126.00
99437 CHRONIC CARE MGMT SVC PHYS EA ADDL 30 MIN CAL MO	Code §1.01.620			x	x	\$ 291.00
99439 CHRONIC CARE MGMT SVC STAF EA ADDL 20 MIN CAL MO	Code §1.01.621			x	x	\$ 101.00
99452 NTRPROF PHONE/NTRNET/EHR REFERRAL SVC 30 MIN	Code §1.01.626			x	x	\$ 188.00
99459 PR PELVIC EXAMINATION	Code §1.01.627			x	x	\$ 66.00
99490 CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	Code §1.01.628			x	x	\$ 110.00
99491 CHRONIC CARE MGMT SVC PHYS 1ST 30 MIN CAL MONTH	Code §1.01.629			x	x	\$ 121.00
99492 1ST PSYCHIATRIC COLLAB CARE MGMT 1ST 70 MINS	Code §1.01.630			x	x	\$ 402.00
99495 TRANSJ CARE MGMT MOD MDM F2F 14 CAL D DISCHARGE	Code §1.01.631			x	x	\$ 703.00
99496 TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	Code §1.01.632			x	x	\$ 768.00
99497 ADVANCE CARE PLANNING FIRST 30 MINS	Code §1.01.633			x	x	\$ 222.00
99498 ADVANCE CARE PLANNING EA ADDL 30 MINS	Code §1.01.634			x	x	\$ 321.00
99600 UNLISTED HOME VISIT SERVICE/PROCEDURE	Code §1.01.635			x	x	-
99605 MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT	Code §1.01.636			x	x	\$ 109.00
99606 MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT	Code §1.01.637			x	x	\$ 68.00
99607 MEDICATION THERAPY EACH ADDITIONAL 15 MIN	Code §1.01.638			x	x	\$ 78.00
182192 TOBACCO QUITLINE REFERRAL	Code §1.01.639			x	x	-
0001A IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST DOSE	Code §1.01.640			x	x	\$ 40.00
0002A IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND DOSE	Code §1.01.641			x	x	\$ 40.00
0003A IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 3RD DOSE	Code §1.01.642			x	x	\$ 40.00
0004A IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON BST DOSE	Code §1.01.643			x	x	\$ 40.00
0011A IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST DOSE	Code §1.01.644			x	x	\$ 40.00
0012A IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND DOSE	Code §1.01.645			x	x	\$ 40.00
0013A IMM ADMN SARSCOV2 100 MCG/0.5 ML 3RD DOSE	Code §1.01.646			x	x	\$ 40.00
0031A IMM ADMN SARSCOV2 AD26 5X1010VP/0.5 ML 1 DOSE	Code §1.01.647			x	x	\$ 40.00
0034A IMM ADMN SARSCOV2 AD26 5X1010 VP/0.5 ML BST DOSE	Code §1.01.648			x	x	\$ 40.00
0051A IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 1ST	Code §1.01.649			x	x	\$ 40.00
0052A IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 2ND	Code §1.01.650			x	x	\$ 40.00
0053A IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 3RD	Code §1.01.651			x	x	\$ 40.00
0054A IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE BST	Code §1.01.652			x	x	\$ 40.00
0064A IMM ADMN SARSCOV2 50 MCG/0.25 ML BOOSTER DOSE	Code §1.01.653			x	x	\$ 40.00
0071A IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 1ST	Code §1.01.654			x	x	\$ 40.00
0072A IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 2ND	Code §1.01.655			x	x	\$ 40.00
0073A IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 3RD	Code §1.01.656			x	x	\$ 40.00
0074A IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE BST	Code §1.01.657			x	x	\$ 40.00
0081A IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 1ST	Code §1.01.658			x	x	\$ 40.00

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0082A IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 2ND	Code §1.01.659			x	x	\$ 40.00
0083A IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 3RD	Code §1.01.660			x	x	\$ 40.00
0111A IMM ADMN SARSCOV2 25 MCG/0.25 ML 1ST DOSE	Code §1.01.661			x	x	\$ 40.00
0121A IMM ADMIN PFIZER BIVALENT 30 MCG/.3ML AGE 12+ (1ST/SINGLE DOSE)	Code §1.01.662			x	x	\$ 40.00
0124A IMM ADMIN PFIZER BIVALENT 30 MCG/.3ML AGE 12+ (ADDITIONAL DOSE)	Code §1.01.663			x	x	\$ 40.00
0134A IMM ADMIN MODERNA BIVALENT 50MCG/.5ML AGE 12+	Code §1.01.664			x	x	\$ 40.00
0144A IMM ADMIN MODERNA BIVALENT 25MCG/.25 ML AGE 6M-11Y (ADDITIONAL DOSE)	Code §1.01.665			x	x	\$ 40.00
0151A IMM ADMIN PFIZER BIVALENT 10MCG/.2ML AGES 5-11 (1ST/SINGLE DOSE)	Code §1.01.666			x	x	\$ 40.00
0154A IMM ADMIN PFIZER BIVALENT 10MCG/.2ML AGES 5-11 (ADDITIONAL DOSE)	Code §1.01.667			x	x	\$ 40.00
0171A IMM ADMIN PFIZER BIVALENT 3MCG/.2ML 6MO-4Y (1ST DOSE)	Code §1.01.668			x	x	\$ 40.00
1159F MEDICATION LIST DOCUMENTED IN MEDICAL RECORD	Code §1.01.669			x	x	-
1160F RVW ALL MEDS BY RXNG PRCTIONR OR CLIN RPH DOCD	Code §1.01.670			x	x	-
A4253 BLOOD GLUCOSE/REAGENT STRIPS	Code §1.01.671			x	x	\$ 25.71
A4269 SPERMICIDE	Code §1.01.672			x	x	\$ 9.63
A4466 ELASTIC GARMENT/COVERING	Code §1.01.673			x	x	\$ 31.79
A4550 SURGICAL TRAYS	Code §1.01.674			x	x	\$ 45.00
A4565 SLINGS	Code §1.01.675			x	x	\$ 2.58
A6451 MOD COMPRES BAND W>=3"<5"/YD	Code §1.01.676			x	x	\$ 6.00
A9150 MISC/EXPER NON-PRESCRIPT DRU	Code §1.01.677			x	x	\$ 0.03
A9270 NON-COVERED ITEM OR SERVICE	Code §1.01.678			x	x	\$ 13.00
C9290 INJ, BUPIVACAINE LIPOSOME	Code §1.01.679			x	x	\$ 10.47
D0145 ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	Code §1.01.680			x	x	\$ 141.00
D0160 DETAILED AND EXT ORAL EVAL PROB FOCUS BY REPORT	Code §1.01.681			x	x	\$ 319.00
D0170 RE-EVALUATION - LIMITED PROBLEM FOCUSED	Code §1.01.682			x	x	\$ 106.00
D0171 RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	Code §1.01.683			x	x	\$ 106.00
D0180 COMP PERIODONTAL EVALUATION - NEW/EST PATIENT	Code §1.01.684			x	x	\$ 173.00
D0191 ASSESSMENT OF A PATIENT	Code §1.01.685			x	x	\$ 64.00
D0210 INTRAORAL - COMP SERIES OF RADIOGRAPHIC IMAGES	Code §1.01.686			x	x	\$ 207.00
D0230 INTRAORAL - PERIAPICAL EACH ADD RADIOGRAPH IMAGE	Code §1.01.687			x	x	\$ 37.00
D0240 INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	Code §1.01.688			x	x	\$ 64.00
D0250 EXTRA-ORAL - 2D PROJECTION X-RAY	Code §1.01.689			x	x	\$ 79.00
D0270 BITEWING - SINGLE RADIOGRAPHIC IMAGE	Code §1.01.690			x	x	\$ 44.00
D0272 BITEWINGS - TWO RADIOGRAPHIC IMAGES	Code §1.01.691			x	x	\$ 70.00
D0273 BITEWINGS - THREE RADIOGRAPHIC IMAGES	Code §1.01.692			x	x	\$ 85.00

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D0277 VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	Code §1.01.693			x	x	\$ 149.00
D0321 OTHER TMJ RADIOGRAPHIC IMAGES BY REPORT	Code §1.01.694			x	x	-
D0330 PANORAMIC RADIOGRAPHIC IMAGE	Code §1.01.695			x	x	\$ 171.00
D0411 HBA1C IN-OFFICE POINT OF SERVICE TESTING	Code §1.01.696			x	x	\$ 55.00
D0460 PULP VITALITY TESTS	Code §1.01.697			x	x	\$ 94.00
D0470 DIAGNOSTIC CASTS	Code §1.01.698			x	x	\$ 206.00
D0601 CARIES RISK ASSESSMENT & DOC FINDING LOW RISK	Code §1.01.699			x	x	\$ 32.00
D0602 CARIES RISK ASSESSMENT & DOC FINDING MOD RISK	Code §1.01.700			x	x	\$ 32.00
D0603 CARIES RISK ASSESSMENT & DOC FINDING HIGH RISK	Code §1.01.701			x	x	\$ 32.00
D0999 UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT	Code §1.01.702			x	x	-
D1110 PROPHYLAXIS - ADULT	Code §1.01.703			x	x	\$ 140.00
D1111 NO CHARGE DENTAL VISIT	Code §1.01.704			x	x	-
D1208 TOPICAL APPLICATION OF FLUORIDE	Code §1.01.706			x	x	\$ 49.00
D1310 NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE	Code §1.01.707			x	x	\$ 69.00
D1320 TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE	Code §1.01.708			x	x	\$ 74.00
D1330 ORAL HYGIENE INSTRUCTIONS	Code §1.01.709			x	x	\$ 94.00
D1352 PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	Code §1.01.710			x	x	\$ 98.00
D1353 SEALANT REPAIR - PER TOOTH	Code §1.01.711			x	x	\$ 98.00
D1510 SPACE MAINTAINER - FIXED UNILATERAL - PER QUAD	Code §1.01.712			x	x	\$ 466.00
D1516 SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY""	Code §1.01.714			x	x	\$ 653.00
D1517 SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR""	Code §1.01.715			x	x	\$ 653.00
D1520 SPACE MAINTAINER - REMOVABLE UNI - PER QUADRANT	Code §1.01.716			x	x	\$ 513.00
D1526 SPACE MAINTAIN- REMOVABLE- BILATERAL, MAXILLARY""	Code §1.01.718			x	x	\$ 793.00
D1527 SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIB""	Code §1.01.719			x	x	\$ 793.00
D1553 RE-CEMENT/RE-BOND UNI SPACE MAINTAINR - PER QUAD	Code §1.01.721			x	x	\$ 67.00
D1556 REMOVAL OF FIXED UNI SPACE MAINTAINER - PER QUAD	Code §1.01.722			x	x	\$ 65.00
D1557 REMOVAL OF FIXED BILATERAL SPACE MNTNR - MAX	Code §1.01.723			x	x	\$ 97.00
D1558 REMOVAL FIXED BILATERAL SPACE MAINTAINER - MAND	Code §1.01.724			x	x	\$ 97.00
D1575 DISTAL SHOE SPACE MNTNR - FIXED UNI - PER QUAD	Code §1.01.725			x	x	\$ 513.00
D1999 UNSPECIFIED PREVENTIVE PROCEDURE BY REPORT	Code §1.01.726			x	x	-
D2140 AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	Code §1.01.727			x	x	\$ 221.00
D2150 AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	Code §1.01.728			x	x	\$ 285.00
D2160 AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	Code §1.01.729			x	x	\$ 345.00
D2161 AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	Code §1.01.730			x	x	\$ 420.00
D2330 RESIN-BASED COMPOSITE ONE SURFACE ANTERIOR	Code §1.01.731			x	x	\$ 221.00
D2331 RESIN-BASED COMPOSITE TWO SURFACES ANTERIOR	Code §1.01.732			x	x	\$ 282.00
D2332 RESIN-BASED COMPOSITE THREE SURFACES ANTERIOR	Code §1.01.733			x	x	\$ 346.00
D2335 RESIN-BASED COMPOSITE-4/> SURFACES ANTERIOR	Code §1.01.734			x	x	\$ 409.00

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D2390 RESIN-BASED COMPOSITE CROWN ANTERIOR	Code §1.01.735			x	x	\$ 453.00
D2393 RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	Code §1.01.736			x	x	\$ 422.00
D2394 RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	Code §1.01.737			x	x	\$ 516.00
D2650 INLAY RESIN BASED COMPOSITE ONE SURFACE	Code §1.01.738			x	x	\$ 869.00
D2740 CROWN - PORCELAIN/CERAMIC	Code §1.01.739			x	x	\$ 1,576.00
D2750 CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	Code §1.01.740			x	x	\$ 1,555.00
D2751 CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	Code §1.01.741			x	x	\$ 1,448.00
D2752 CROWN - PORCELAIN FUSED TO NOBLE METAL	Code §1.01.742			x	x	\$ 1,483.00
D2780 CROWN - 3/4 CAST HIGH NOBLE METAL	Code §1.01.743			x	x	\$ 1,492.00
D2781 CROWN - 3/4 CAST PREDOMINATELY BASE METAL	Code §1.01.744			x	x	\$ 1,404.00
D2782 CROWN - 3/4 CAST NOBLE METAL	Code §1.01.745			x	x	\$ 1,450.00
D2783 CROWN - 3/4 PORCELAIN/CERAMIC	Code §1.01.746			x	x	\$ 1,534.00
D2790 CROWN - FULL CAST HIGH NOBLE METAL	Code §1.01.747			x	x	\$ 1,501.00
D2791 CROWN - FULL CAST PREDOMINANTLY BASE METAL	Code §1.01.748			x	x	\$ 1,422.00
D2792 CROWN - FULL CAST NOBLE METAL	Code §1.01.749			x	x	\$ 1,448.00
D2910 RECEMENT INLAY ONLAY/PART COVERAGE RESTORATION	Code §1.01.750			x	x	\$ 144.00
D2920 RECEMENT CROWN	Code §1.01.751			x	x	\$ 146.00
D2929 PREFAB PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	Code §1.01.752			x	x	\$ 580.00
D2930 PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	Code §1.01.753			x	x	\$ 399.00
D2931 PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	Code §1.01.754			x	x	\$ 451.00
D2932 PREFABRICATED RESIN CROWN	Code §1.01.755			x	x	\$ 482.00
D2933 PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	Code §1.01.756			x	x	\$ 552.00
D2940 PLACEMENT OF INTERIM DIRECT RESTORATION	Code §1.01.757			x	x	\$ 152.00
D2950 CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	Code §1.01.759			x	x	\$ 381.00
D2951 PIN RETENTION - PER TOOTH ADDITION RESTORATION	Code §1.01.760			x	x	\$ 86.00
D2952 POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	Code §1.01.761			x	x	\$ 602.00
D2953 EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	Code §1.01.762			x	x	\$ 301.00
D2954 PREFABRICATED POST AND CORE IN ADDITION TO CROWN	Code §1.01.763			x	x	\$ 482.00
D2955 POST REMOVAL	Code §1.01.764			x	x	\$ 371.00
D2957 EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	Code §1.01.765			x	x	\$ 241.00
D2999 UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	Code §1.01.766			x	x	-
D3110 PULP CAP - DIRECT	Code §1.01.767			x	x	\$ 148.00
D3120 PULP CAP - INDIRECT	Code §1.01.768			x	x	\$ 118.00
D3220 TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	Code §1.01.769			x	x	\$ 303.00
D3221 PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	Code §1.01.770			x	x	\$ 333.00
D3222 PART PULPOTOMY FOR APEXOGENEIS PERM TOOTH	Code §1.01.771			x	x	\$ 308.00
D3230 PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	Code §1.01.772			x	x	\$ 270.00
D3240 PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	Code §1.01.773			x	x	\$ 332.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
D3310 ENDODONTIC THERAPY ANTERIOR TOOTH	Code §1.01.774			x	x	\$ 1,058.00
D3320 ENDODONTIC THERAPY PREMOLAR TOOTH	Code §1.01.775			x	x	\$ 1,297.00
D3330 ENDODONTIC THERAPY MOLAR TOOTH	Code §1.01.776			x	x	\$ 1,608.00
D3331 TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	Code §1.01.777			x	x	\$ 415.00
D3999 UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	Code §1.01.778			x	x	-
D4211 GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	Code §1.01.779			x	x	\$ 487.00
D4240 GING FLAP PROC-4/>CONTIG TH/TOOTH BND SPS/QUAD	Code §1.01.780			x	x	\$ 1,387.00
D4249 CLINICAL CROWN LENGTHENING - HARD TISSUE	Code §1.01.781			x	x	\$ 1,521.00
D4341 PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	Code §1.01.783			x	x	\$ 414.00
D4342 PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	Code §1.01.784			x	x	\$ 240.00
D4355 FULL MOUTH DEB ENABLE COMP PDL EVAL & DX SUBS V	Code §1.01.785			x	x	\$ 284.00
D4910 PERIODONTAL MAINTENANCE	Code §1.01.786			x	x	\$ 255.00
D4999 UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT	Code §1.01.787			x	x	-
D5110 COMPLETE DENTURE - MAXILLARY	Code §1.01.788			x	x	\$ 2,401.00
D5120 COMPLETE DENTURE - MANDIBULAR	Code §1.01.789			x	x	\$ 2,401.00
D5130 IMMEDIATE DENTURE - MAXILLARY	Code §1.01.790			x	x	\$ 2,618.00
D5140 IMMEDIATE DENTURE - MANDIBULAR	Code §1.01.791			x	x	\$ 2,618.00
D5211 MAXILLARY PARTIAL DENTURE - RESIN BASE	Code §1.01.792			x	x	\$ 2,027.00
D5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE	Code §1.01.793			x	x	\$ 2,355.00
D5213 MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK	Code §1.01.794			x	x	\$ 2,653.00
D5214 MANDIBULAR PRTL DENTURE - CAST METAL FRAMEWORK	Code §1.01.795			x	x	\$ 2,653.00
D5410 ADJUST COMPLETE DENTURE - MAXILLARY	Code §1.01.797			x	x	\$ 131.00
D5411 ADJUST COMPLETE DENTURE - MANDIBULAR	Code §1.01.798			x	x	\$ 131.00
D5421 ADJUST PARTIAL DENTURE - MAXILLARY	Code §1.01.799			x	x	\$ 131.00
D5422 ADJUST PARTIAL DENTURE - MANDIBULAR	Code §1.01.800			x	x	\$ 131.00
D5520 REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	Code §1.01.802			x	x	\$ 219.00
D5611 REPAIR RESIN PARTIAL DENTURE BASE MANDIBULAR	Code §1.01.804			x	x	\$ 285.00
D5612 REPAIR RESIN PARTIAL DENTURE BASE MAXILLARY	Code §1.01.805			x	x	\$ 285.00
D5621 REPAIR CAST PARTIAL FRAMEWORK MANDIBULAR	Code §1.01.807			x	x	\$ 307.00
D5622 REPAIR CAST PARTIAL FRAMEWORK MAXILLARY	Code §1.01.808			x	x	\$ 307.00
D5630 REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	Code §1.01.809			x	x	\$ 372.00
D5640 REPLACE BROKEN TEETH PARTIAL DENTURE PER TOOTH	Code §1.01.810			x	x	\$ 241.00
D5650 ADD TOOTH TO EXISTING PARTIAL DENTURE	Code §1.01.811			x	x	\$ 329.00
D5660 ADD CLASP TO EXISTING PARTIAL DENTURE-PER TOOTH	Code §1.01.812			x	x	\$ 394.00
D5670 REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX	Code §1.01.813			x	x	\$ 964.00
D5671 REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND	Code §1.01.814			x	x	\$ 964.00
D5710 REBASE COMPLETE MAXILLARY DENTURE	Code §1.01.815			x	x	\$ 975.00
D5711 REBASE COMPLETE MANDIBULAR DENTURE	Code §1.01.816			x	x	\$ 931.00

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D5720 REBASE MAXILLARY PARTIAL DENTURE	Code §1.01.817			x	x	\$ 920.00
D5721 REBASE MANDIBULAR PARTIAL DENTURE	Code §1.01.818			x	x	\$ 920.00
D5750 RELINE COMPLETE MAXILLARY DENTURE INDIRECT	Code §1.01.819			x	x	\$ 734.00
D5751 RELINE COMPLETE MANDIBULAR DENTURE INDIRECT	Code §1.01.820			x	x	\$ 734.00
D5760 RELINE MAXILLARY PARTIAL DENTURE INDIRECT	Code §1.01.821			x	x	\$ 723.00
D5761 RELINE MANDIBULAR PARTIAL DENTURE INDIRECT	Code §1.01.822			x	x	\$ 723.00
D5810 INTERIM COMPLETE DENTURE MAXILLARY	Code §1.01.823			x	x	\$ 1,161.00
D5811 INTERIM COMPLETE DENTURE MANDIBULAR	Code §1.01.824			x	x	\$ 1,249.00
D5820 INTERIM PARTIAL DENTURE MAXILLARY	Code §1.01.825			x	x	\$ 898.00
D5821 INTERIM PARTIAL DENTURE MANDIBULAR	Code §1.01.826			x	x	\$ 953.00
D5850 TISSUE CONDITIONING MAXILLARY	Code §1.01.827			x	x	\$ 230.00
D5851 TISSUE CONDITIONING MANDIBULAR	Code §1.01.828			x	x	\$ 230.00
D5899 UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	Code §1.01.829			x	x	-
D5999 UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT	Code §1.01.830			x	x	-
D6210 PONTIC - CAST HIGH NOBLE METAL	Code §1.01.831			x	x	\$ 1,474.00
D6211 PONTIC - CAST PREDOMINANTLY BASE METAL	Code §1.01.832			x	x	\$ 1,381.00
D6212 PONTIC - CAST NOBLE METAL	Code §1.01.833			x	x	\$ 1,437.00
D6240 PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	Code §1.01.834			x	x	\$ 1,456.00
D6241 PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	Code §1.01.835			x	x	\$ 1,344.00
D6242 PONTIC - PORCELAIN FUSED TO NOBLE METAL	Code §1.01.836			x	x	\$ 1,419.00
D6245 PONTIC - PORCELAIN/CERAMIC	Code §1.01.837			x	x	\$ 1,502.00
D6740 RETAINER CROWN - PORCELAIN/CERAMIC	Code §1.01.838			x	x	\$ 1,538.00
D6750 RETAINER CROWN - PORCELAIN FUSED HI NOBLE METAL	Code §1.01.839			x	x	\$ 1,498.00
D6751 RETAINER CROWN-PORCELAIN FUSED PDMT BASE METAL	Code §1.01.840			x	x	\$ 1,398.00
D6752 RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	Code §1.01.841			x	x	\$ 1,431.00
D6790 RETAINER CROWN - FULL CAST HIGH NOBLE METAL	Code §1.01.842			x	x	\$ 1,446.00
D6791 RETAINER CROWN-FULL CAST PREDOMINANTLY BASE METL	Code §1.01.843			x	x	\$ 1,371.00
D6792 RETAINER CROWN - FULL CAST NOBLE METAL	Code §1.01.844			x	x	\$ 1,421.00
D6930 RECEMENT FIXED PARTIAL DENTURE	Code §1.01.845			x	x	\$ 228.00
D6999 UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	Code §1.01.847			x	x	-
D7111 EXTRACTION CORONAL REMNANTS-PRIMARY TOOTH	Code §1.01.849			x	x	\$ 203.00
D7140 EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	Code §1.01.850			x	x	\$ 269.00
D7210 EXTRACTION ERU TOOTH RQR REMV BONE &/SECTN TOOTH	Code §1.01.851			x	x	\$ 389.00
D7220 REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	Code §1.01.852			x	x	\$ 488.00
D7230 REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	Code §1.01.853			x	x	\$ 649.00
D7240 REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	Code §1.01.854			x	x	\$ 762.00
D7241 REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	Code §1.01.855			x	x	\$ 957.00
D7250 REMOVAL OF RESIDUAL TOOTH ROOTS	Code §1.01.856			x	x	\$ 411.00

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D7310 ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	Code §1.01.857			x	x	\$ 546.00
D7311 ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	Code §1.01.858			x	x	\$ 478.00
D7320 ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	Code §1.01.859			x	x	\$ 888.00
D7321 ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	Code §1.01.860			x	x	\$ 751.00
D7510 INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	Code §1.01.861			x	x	\$ 587.00
D7511 I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	Code §1.01.862			x	x	\$ 888.00
D7521 I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED	Code §1.01.863			x	x	\$ 3,073.00
D7999 UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT	Code §1.01.865			x	x	-
D8660 PREORTHODONTIC TREATMENT VISIT	Code §1.01.866			x	x	\$ 318.00
D8695 REMV FIX ORTHODONT APPLINC RSN OTH THAN CMPL TX	Code §1.01.867			x	x	-
D9110 PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT	Code §1.01.868			x	x	\$ 257.00
D9120 FIXED PARTIAL DENTURE SECTIONING	Code §1.01.869			x	x	\$ 291.00
D9210 LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	Code §1.01.870			x	x	\$ 78.00
D9215 LOCAL ANESTHESIA CONJUNCTION OPERATIVE/SURG PROC	Code §1.01.871			x	x	\$ 65.00
D9230 INHALATION OF NITROUS OXIDE/ANALGESIA ANXIOLYSIS	Code §1.01.872			x	x	\$ 129.00
D9310 CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	Code §1.01.873			x	x	\$ 249.00
D9430 OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	Code §1.01.874			x	x	-
D9920 BEHAVIOR MANAGEMENT BY REPORT	Code §1.01.875			x	x	-
D9930 TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT	Code §1.01.876			x	x	\$ 169.00
D9951 OCCLUSAL ADJUSTMENT - LIMITED	Code §1.01.877			x	x	\$ 214.00
D9952 OCCLUSAL ADJUSTMENT - COMPLETE	Code §1.01.878			x	x	\$ 1,009.00
D9971 ODONTOPLASTY - PER TOOTH	Code §1.01.879			x	x	\$ 146.00
D9992 DENTAL CASE MANAGEMENT - CARE COORDINATION	Code §1.01.880			x	x	\$ 88.00
D9993 DENTAL CASE MANAGEMENT - MOTIVATIONAL INTV	Code §1.01.881			x	x	\$ 88.00
D9995 TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	Code §1.01.882			x	x	\$ 404.00
D9999 UNSPECIFIED ADJUNCTIVE PROCEDURE BY REPORT	Code §1.01.883			x	x	-
DEN15 READY TO START PERIO MAINTENANCE HM	Code §1.01.884			x	x	-
EA150 CHRONIC COND - IND TEACHING	Code §1.01.885			x	x	-
EA151 CHRONIC COND - CASE MGMT	Code §1.01.886			x	x	-
EX021 FLUORIDE VARNISH	Code §1.01.887			x	x	\$ 73.00
G0008 ADMIN INFLUENZA VIRUS VAC	Code §1.01.888			x	x	\$ 61.00
G0009 ADMIN PNEUMOCOCCAL VACCINE	Code §1.01.889			x	x	\$ 61.00
G0010 ADMIN HEPATITIS B VACCINE	Code §1.01.890			x	x	\$ 61.00
G0101 CA SCREEN;PELVIC/BREAST EXAM	Code §1.01.891			x	x	\$ 420.00
G0102 PROSTATE CA SCREENING; DRE	Code §1.01.892			x	x	\$ 420.00
G0176 OPPTS/PHP/IOP; ACTIVITY THRPY	Code §1.01.893			x	x	\$ 305.00
G0177 OPPTS/PHP/IOP; TRAIN & EDUC	Code §1.01.894			x	x	\$ 113.00
G0179 MD RECERTIFICATION HHA PT	Code §1.01.895			x	x	-

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G0180 MD CERTIFICATION HHA PATIENT	Code §1.01.896			x	x	-
G0181 HOME HEALTH CARE SUPERVISION	Code §1.01.897			x	x	-
G0247 ROUTINE FOOTCARE PT W LOPS	Code §1.01.898			x	x	\$ 84.93
G0333 DISPENSE FEE INITIAL 30 DAY	Code §1.01.899			x	x	\$ 10.00
G0396 ALCOHOL/SUBS INTERV 15-30MN	Code §1.01.900			x	x	\$ 104.00
G0397 ALCOHOL/SUBS INTERV >30 MIN	Code §1.01.901			x	x	\$ 211.00
G0402 INITIAL PREVENTIVE EXAM	Code §1.01.902			x	x	\$ 490.00
G0438 PPPS, INITIAL VISIT	Code §1.01.903			x	x	\$ 489.00
G0439 PPPS, SUBSEQ VISIT	Code §1.01.904			x	x	\$ 385.00
G0442 ANNUAL ALCOHOL SCREEN 15 MIN	Code §1.01.905			x	x	-
G0444 DEPRESSION SCREEN ANNUAL	Code §1.01.906			x	x	\$ 19.00
G0447 BEHAVIOR COUNSEL OBESITY 15M	Code §1.01.907			x	x	\$ 104.00
G0466 FQHC VISIT NEW PATIENT	Code §1.01.908			x	x	-
G0467 FQHC VISIT, ESTAB PT	Code §1.01.909			x	x	-
G0468 FQHC VISIT, IPPE OR AWW	Code §1.01.910			x	x	-
G0469 FQHC VISIT, MH NEW PT	Code §1.01.911			x	x	-
G0470 FQHC VISIT, MH ESTAB PT	Code §1.01.912			x	x	-
G8431 POS CLIN DEPRES SCRIN F/U DOC	Code §1.01.913			x	x	-
G9001 MCCD, INITIAL RATE	Code §1.01.914			x	x	\$ 489.45
G9002 MCCD, MAINTENANCE RATE	Code §1.01.915			x	x	\$ 489.45
G9005 MCCD, RISK ADJ, MAINTENANCE	Code §1.01.916			x	x	\$ 489.45
G9006 MCCD, HOME MONITORING	Code §1.01.917			x	x	\$ 489.45
G9011 MCCD, RISK ADJ, LEVEL 5	Code §1.01.918			x	x	\$ 489.45
G9012 OTHER SPECIFIED CASE MGMT	Code §1.01.919			x	x	-
H0002 BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM	Code §1.01.920			x	x	\$ 109.58
H0023 BEHAVIORAL HEALTH OUTREACH SERVICE	Code §1.01.921			x	x	\$ 109.58
H0032 MH SVC PLAN DEV BY NON-MD	Code §1.01.922			x	x	-
H0034 MED TRNG & SUPPORT PER 15MIN	Code §1.01.923			x	x	\$ 78.00
H0036 COMM PSY FACE-FACE PER 15MIN	Code §1.01.924			x	x	-
H0048 SPEC COLL NON-BLOOD:A/D TEST	Code §1.01.925			x	x	-
H2021 COM WRAP-AROUND SV, 15 MIN	Code §1.01.926			x	x	-
H2027 PSYCHOED SVC, PER 15 MIN	Code §1.01.927			x	x	\$ 109.58
H2032 ACTIVITY THERAPY, PER 15 MIN	Code §1.01.928			x	x	\$ 109.58
J0558 PENG BENZATHINE/PROCAINE INJ	Code §1.01.929			x	x	\$ 0.02
J0561 PENICILLIN G BENZATHINE INJ	Code §1.01.930			x	x	\$ 0.02
J0578 PR INJ BRIXADI, MORE THAN 7 DAY	Code §1.01.931			x	x	\$ 1,213.81
J0696 CEFTRIAXONE SODIUM INJECTION	Code §1.01.932			x	x	\$ 7.65

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J0885 EPOETIN ALFA, NON-ESRD	Code §1.01.933			x	x	\$ 4.47
J1050 PR MEDROXYPROGESTERONE ACETATE	Code §1.01.934			x	x	\$ 9.01
J1071 INJ TESTOSTERONE CYPIONATE	Code §1.01.935			x	x	\$ 5.85
J1100 DEXAMETHASONE SODIUM PHOS	Code §1.01.936			x	x	\$ 1.80
J1110 INJ DIHYDROERGOTAMINE MESYLT	Code §1.01.937			x	x	\$ 32.10
J1380 ESTRADIOL VALERATE 10 MG INJ	Code §1.01.938			x	x	\$ 18.09
J1631 HALOPERIDOL DECANOATE INJ	Code §1.01.939			x	x	\$ 4.53
J1885 KETOROLAC TROMETHAMINE INJ	Code §1.01.940			x	x	\$ 0.83
J2001 LIDOCAINE INJECTION	Code §1.01.941			x	x	\$ 0.58
J2315 NALTREXONE, DEPOT FORM	Code §1.01.942			x	x	\$ 676.81
J2788 RHO D IMMUNE GLOBULIN 50 MCG	Code §1.01.943			x	x	\$ 52.94
J2790 RHO D IMMUNE GLOBULIN INJ	Code §1.01.944			x	x	\$ 52.94
J2794 INJ RISPERDAL CONSTA, 0.5 MG	Code §1.01.945			x	x	\$ 2.04
J2796 ROMIPLOSTIM INJECTION	Code §1.01.946			x	x	\$ 873.29
J2802 PR INJ, ROMIPLOSTIM 1 MICROGRAM	Code §1.01.947			x	x	\$ 873.29
J3301 TRIAMCINOLONE ACET INJ NOS	Code §1.01.948			x	x	\$ 1.94
J3420 VITAMIN B12 INJECTION	Code §1.01.949			x	x	\$ 4.64
J3490 DRUGS UNCLASSIFIED INJECTION	Code §1.01.950			x	x	-
J7295 ETH ESTR AND ETON MONTHLY	Code §1.01.951			x	x	\$ 151.80
J7298 MIRENA, 52 MG	Code §1.01.952			x	x	\$ 248.96
J7300 INTRAUT COPPER CONTRACEPTIVE	Code §1.01.953			x	x	\$ 250.00
J7301 SKYLA, 13.5 MG	Code §1.01.954			x	x	\$ 568.44
J7303 CONTRACEPTIVE VAGINAL RING	Code §1.01.955			x	x	\$ 151.80
J7304 CONTRACEPTIVE HORMONE PATCH	Code §1.01.956			x	x	\$ 23.63
J7307 ETONOGESTREL IMPLANT SYSTEM	Code §1.01.957			x	x	\$ 151.80
J7613 PR ALBUTEROL NON-COMP UNIT	Code §1.01.958			x	x	\$ 6.22
J7620 ALBUTEROL IPRATROP NON-COMP	Code §1.01.959			x	x	\$ 0.09
J7644 IPRATROPIUM BROMIDE NON-COMP	Code §1.01.960			x	x	\$ 4.20
J8499 ORAL PRESCRIP DRUG NON CHEMO	Code §1.01.961			x	x	-
J9260 INJ METHOTREXATE SODIUM 50MG	Code §1.01.962			x	x	\$ 2.95
L1812 KO ELASTIC W/JOINTS PRE OTS	Code §1.01.963			x	x	\$ 14.50
L1902 AFO ANKLE GAUNTLET PRE OTS	Code §1.01.964			x	x	\$ 16.17
L1906 AFO MULTILIG ANK SUP PRE OTS	Code §1.01.965			x	x	\$ 55.38
L3710 EO ELAS W/METAL JNTS PRE OTS	Code §1.01.966			x	x	\$ 139.80
L3908 WHO COCK-UP NONMOLDE PRE OTS	Code §1.01.967			x	x	\$ 10.69
LAS279 COVID BINAX NOW POCT	Code §1.01.968			x	x	\$ 5.02
LBS842 HGBA1C FINGERSTICK, POCT [D0411]	Code §1.01.969			x	x	\$ 55.00
LES010 COVID-19, ID NOW, ABBOTT (POCT)	Code §1.01.970			x	x	\$ 70.00

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LES225 QUICKVUE® SARS RAPID ANTIGEN POCT	Code §1.01.971			x	x	\$ 6.62
LP008 OVA AND PARASITES	Code §1.01.972			x	x	\$ 11.50
LP019 CULTURE, AEROBIC AND ANAEROBIC W/GRAM STAIN	Code §1.01.973			x	x	\$ 68.25
LP030 EPSTEIN-BARR VIRUS PANEL	Code §1.01.974			x	x	\$ 72.25
LP038 GTT, GESTATIONAL, 3 HR,4 SPEC (100G)	Code §1.01.975			x	x	\$ 11.50
LP040 VITAMIN B12 & FOLATE	Code §1.01.976			x	x	\$ 24.00
LP042 THYROID AUTOANTIBODIES (TBG, TPO)	Code §1.01.977			x	x	\$ 27.00
LP044 IRON PANEL W TOTAL IRON BINDING CAPACITY	Code §1.01.978			x	x	\$ 11.00
LP047 ABO GROUP & RH TYPE	Code §1.01.979			x	x	\$ 11.00
LP053 PTH, INTACT AND CALCIUM	Code §1.01.980			x	x	\$ 57.30
LP067 HIV 1 VIRTUALPHENOTYPE (TM) FOR DRUG RESISTANCE T*	Code §1.01.981			x	x	\$ 476.25
LP075 TISSUE TRANSGLUTAMINASE (TTG) IGG/IGA	Code §1.01.982			x	x	\$ 98.50
LP078 HEP C RNA QT, RT PCR W/RFLX GENO LIPA	Code §1.01.983			x	x	\$ 139.50
LP079 CHLAMYDIA/GONORRHOEAE NAA URINE/SWAB	Code §1.01.984			x	x	\$ 53.50
LP082 HEPATITIS C VIRAL RNA, QUALITATIVE PCR WITH REFLE*	Code §1.01.985			x	x	\$ 146.25
LP086 DRUG SCREENING PANEL 10 + ETHANOL, URINE	Code §1.01.986			x	x	\$ 190.00
LP087 DRUG SCREEN PANEL 10, URINE	Code §1.01.987			x	x	\$ 39.25
LP093 MATERNAL SERUM SCREEN 4	Code §1.01.988			x	x	\$ 97.75
LP1058 OVA AND PARASITES W/ GIARDIA	Code §1.01.989			x	x	\$ 39.75
LP1059 GC/CT BY NUCLEIC ACID AMPLIFICATION	Code §1.01.990			x	x	\$ 53.50
LP1067 ANCA PROFILE WITH MPO AND PR3	Code §1.01.991			x	x	\$ 62.00
LP1093 CHLAMYDIA + GONORRHOEAE + TRICH, NAA	Code §1.01.992			x	x	\$ 98.75
LP1095 PAIN MGMT SCR PROFILE (14 DRUGS), URINE	Code §1.01.993			x	x	\$ 205.00
LP1102 TESTICULAR FUNCTION PROFILE 1	Code §1.01.994			x	x	\$ 141.23
LP1116 ALLERGEN FOOD PROFILE BASIC (10)	Code §1.01.995			x	x	\$ 60.25
LP114 TESTOSTERONE, FREE AND TOTAL	Code §1.01.996			x	x	\$ 65.50
LP1143 CMV ABS, IGG/IGM	Code §1.01.997			x	x	\$ 24.50
LP1179 1ST TRIMESTER SCREEN WITH NUCHAL TRANSLUCENCY	Code §1.01.998			x	x	\$ 257.00
LP1184 TESTOSTERONE, FREE-MASS SPECTRMTRY/EQUILIBRIUM DIALYSIS	Code §1.01.999			x	x	\$ 99.00
LP1219 PAIN MGMT PROFILE (13 DRUGS), URINE	Code §1.01.1000			x	x	\$ 93.75
LP1224 CELIAC DISEASE COMPLETE PANEL	Code §1.01.1001			x	x	\$ 140.75
LP1225 URINE SODIUM, CHLORIDE, POTASSIUM	Code §1.01.1002			x	x	\$ 22.57
LP1255 CHLAMYDIA/GONOCOCCUS, NAA WITH CONFIRM	Code §1.01.1003			x	x	\$ 13.55
LP1261 NMR LIPOPROFILE	Code §1.01.1004			x	x	\$ 59.50
LP1273 PAP LIQ BASED, HPV W/ RFX HPV 16/18	Code §1.01.1005			x	x	\$ 128.25
LP1285 BACTERIAL VAGINOSIS (SIALIDASE), TV(NAA) VAG YEAST CULT	Code §1.01.1006			x	x	\$ 261.25
LP1297 CELIAC DISEASE ANTIBODY SCREEN	Code §1.01.1007			x	x	\$ 67.50
LP1301 CMP + LIPID PANEL	Code §1.01.1008			x	x	\$ 26.75

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LP1302 PRENATAL PANEL	Code §1.01.1009			x	x	\$ 59.75
LP1304 UDS 5 DRUG BUND (L789297)	Code §1.01.1010			x	x	\$ 60.00
LP1305 AFP WITH AFP-L3%	Code §1.01.1011			x	x	\$ 257.25
LP1306 CT/GC NAA RECTAL OR PHARYNGEAL	Code §1.01.1012			x	x	\$ 225.00
LP1307 ANEMIA, MEGALOBLASTIC, SERUM	Code §1.01.1013			x	x	\$ 277.25
LP1376 MICRALBUMIN/CREATININE RATIO, TIMED, URINE	Code §1.01.1014			x	x	\$ 20.50
LP1389 PAP,LIQ BASED, + CT/NG NAA + HPV HR DNA	Code §1.01.1015			x	x	\$ 170.25
LP1400 CMP (12)	Code §1.01.1016			x	x	\$ 5.50
LP1412 BOWEL DISORDER CASCADE	Code §1.01.1017			x	x	\$ 153.00
LP144 GLUCOSE, FASTING AND 2 HR	Code §1.01.1018			x	x	\$ 10.75
LP1477 VAGINITIS, NUSWAB	Code §1.01.1019			x	x	\$ 246.00
LP1478 VAGINITIS PLUS, NUSWAB	Code §1.01.1020			x	x	\$ 192.00
LP1479 ANTIBODY SCREEN + ANTIBODY TITER (BB)	Code §1.01.1021			x	x	-
LP1491 HEMOGLOBINOPATHY FRACTIONATE PROFILE	Code §1.01.1022			x	x	\$ 21.50
LP1628 IRON + TIBC + FER + RETIC	Code §1.01.1023			x	x	\$ 40.35
LP1642 GTT 2 HR (2 SPEC, WHO PROTOCOL)	Code §1.01.1024			x	x	\$ 16.20
LP1645 HIV 1 GENOTYPE W/VIRCOTYPE	Code §1.01.1025			x	x	\$ 110.00
LP1647 CYSTIC FIBROSIS PROFILE, 32 MUTATIONS	Code §1.01.1026			x	x	\$ 217.25
LP1654 H PYLORI AB IGA/IGM	Code §1.01.1027			x	x	\$ 61.57
LP1745 ACID FAST SMEAR+CULTURE W/RFLX	Code §1.01.1028			x	x	\$ 30.75
LP1765 CHLAMYDIA + GONORRHEAE + HSV 1/2	Code §1.01.1029			x	x	\$ 157.00
LP1845 I-CUP 12 DRUG TEST (POCT)	Code §1.01.1030			x	x	\$ 20.00
LP1953 PROTEIN ELECTROPHORESIS W/INTERP, W/RFLX IFE, URINE 24HR	Code §1.01.1031			x	x	\$ 139.00
LP2022 DRUG PANEL 11 W/CONF, SERUM OR PLASMA	Code §1.01.1032			x	x	\$ 134.25
LP2030 RPR+FTA+TP-PA+VDRL	Code §1.01.1033			x	x	-
LP2036 METHYPHENIDATE & METABOLITE, URINE (RITALIN)	Code §1.01.1034			x	x	\$ 148.79
LP2336 GROUP B STREP COLONIZATION DETECTION (BROTH/DNA)	Code §1.01.1035			x	x	\$ 14.50
LP2347 HPV GENO 16/18 + 45	Code §1.01.1036			x	x	\$ 80.00
LP2406 GROUP B STREP COLONIZATION DETECTION, NAA, W/RFLX/SUSCEPT	Code §1.01.1037			x	x	\$ 40.53
LP2412 GROUP B STREP COLONIZATION DETECTION, NAA	Code §1.01.1038			x	x	\$ 40.53
LP2437 17-OH PROGESTERONE/CREAT RATIO, RANDOM URINE	Code §1.01.1039			x	x	\$ 252.25
LP2454 DRUG SCREEN 11 W/MEPERIDINE + TRAMADOL, SERUM/PLASMA	Code §1.01.1040			x	x	\$ 272.18
LP2563 HEAVY METALS PROFILE I, BLOOD	Code §1.01.1041			x	x	\$ 125.00
LP2564 CHLAMYDIA, GONORRHOEAE, AND TRICHOMONAS VAGINALIS, NAA	Code §1.01.1042			x	x	\$ 77.00
LP2584 CALCIUM, URINE 24 HR W/CREATININE	Code §1.01.1043			x	x	\$ 23.47
LP2785 EPSTEIN BARR VIRUS (EBV) ACUTE INFECTION AB PROFILE	Code §1.01.1044			x	x	\$ 207.50

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LP304 CBC W/DIFF, NO PLT	Code §1.01.1045			x	x	\$ 3.50
LP305 MICROALBUMIN/CREATININE RATIO, URINE, RANDOM	Code §1.01.1046			x	x	\$ 20.50
LP3070 CLONAZEPAM AND LORAZEPAM CONFIRM, URINE	Code §1.01.1047			x	x	\$ 449.00
LP309 GLUCOSE TOLERANCE(GTT)3 HR, 4 SPEC (75G)	Code §1.01.1048			x	x	\$ 11.50
LP311 AFP PANEL (AFP, ESTRIOL, BHCG)	Code §1.01.1049			x	x	\$ 46.50
LP316 HEMOGLOBINOPATHY EVALUATION, BLOOD	Code §1.01.1050			x	x	\$ 20.50
LP317 LEAD STANDARD PROFILE (W/ ZINC PROTOPORPHYRIN)	Code §1.01.1051			x	x	\$ 27.00
LP322 ANAEROBIC AND AEROBIC CULTURE	Code §1.01.1052			x	x	\$ 36.75
LP326 CELIAC DISEASE AB PROFILE	Code §1.01.1053			x	x	\$ 81.80
LP327 CELL COUNT W/CRYSTALS, SYNOVIAL FLUID	Code §1.01.1054			x	x	\$ 12.50
LP331 FUNGUS CULTURE WITH STAIN	Code §1.01.1055			x	x	\$ 76.56
LP334 HCV FIBROSURE	Code §1.01.1056			x	x	\$ 200.50
LP340 HLA B 27 DISEASE ASSOCIATION	Code §1.01.1057			x	x	\$ 37.50
LP344 PAP, LIQUID BASED, W/RFLX HPV ASCUS	Code §1.01.1058			x	x	\$ 27.00
LP347 MEASLES/MUMPS/RUBELLA IMMUNITY	Code §1.01.1059			x	x	\$ 46.50
LP349 PAP SMEAR (LIQUID BASED) + HPV	Code §1.01.1060			x	x	\$ 123.00
LP353 PT AND PTT	Code §1.01.1061			x	x	\$ 9.00
LP354 RENIN ACTIVITY AND ALDOSTERONE	Code §1.01.1062			x	x	\$ 39.75
LP369 ANTINEUTROPHIL CYTOPLASMIC AB, EIA	Code §1.01.1063			x	x	\$ 36.25
LP370 HERPES SIMPLEX AB 1 AND 2 IGG	Code §1.01.1064			x	x	\$ 142.75
LP371 HEREDITARY HEMOCHROMATOSIS DNA ANALYSIS	Code §1.01.1065			x	x	\$ 202.75
LP398 LYME DISEASE ANTIBODIES, INC.RFLX TO WESTERN BLOT*	Code §1.01.1066			x	x	\$ 43.25
LP402 CELIAC DISEASE COMPREHENSIVE ANTIBODY PROFILE	Code §1.01.1067			x	x	\$ 207.00
LP468 BORDETELLA PERTUSSIS/PARAPERTUSSIS, PCR (SWAB)	Code §1.01.1068			x	x	\$ 244.50
LP481 CHLAMYDIA/GC AMPLIFIED PROBE, URINE/SWAB	Code §1.01.1069			x	x	\$ 53.50
LP525 HERPES SIMPLEX (HSV) 1/2 IGG, SERUM	Code §1.01.1070			x	x	\$ 48.50
LP557 DRUG SCREEN 5 URINE	Code §1.01.1071			x	x	\$ 65.50
LP565 POLIOVIRUS AB 1/2/3 (IMMUNE STATUS)	Code §1.01.1072			x	x	\$ 292.75
LP606 TRANSFERRIN, SATURATION, SERUM/PLASMA (INCLUDES I*	Code §1.01.1073			x	x	\$ 95.75
LP621 ALKALINE PHOSPHATASE ISOENZYMES, SERUM	Code §1.01.1074			x	x	\$ 22.50
LP670 FACTOR V (LEIDEN) MUTATION ANALYSIS	Code §1.01.1075			x	x	\$ 165.75
LP699 ALLERGEN PROFILE REGIONAL ALLERGEN ZONE 13	Code §1.01.1076			x	x	\$ 630.50
LP701 STOOL CULTURE	Code §1.01.1077			x	x	\$ 22.00
LP702 HERPES SIMPLEX VIRUS (HSV) TYPES I/II, DNA PCR	Code §1.01.1078			x	x	\$ 232.00
LP712 ALLERGEN PROFILE FOOD BASIC (6)	Code §1.01.1079			x	x	\$ 145.50
LP718 PREGNANCY INDUCED HYPERTENSION	Code §1.01.1080			x	x	\$ 10.00
LP723 FRAGILE X SYN CHROM/DNA ANALYSIS	Code §1.01.1081			x	x	\$ 671.00
LP841 KIDNEY STONE, URINE W SATURATION CALCULATION	Code §1.01.1082			x	x	\$ 851.50

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LP849 PROTEIN ELECTROPHORESIS, RANDOM URINE	Code §1.01.1083			x	x	\$ 36.25
LP872 CYCLOSPORA SMEAR, STOOL	Code §1.01.1084			x	x	\$ 81.25
LP881 DRUGS SCRIN, 10 SERUM	Code §1.01.1085			x	x	\$ 134.25
LP886 UDS7-URINE DRUG SCREEN 7 DRUGS	Code §1.01.1086			x	x	\$ 78.50
LP892 HPV DETECTION AND TYPING	Code §1.01.1087			x	x	\$ 97.75
LP908 HEPATITIS B PROFILE VI	Code §1.01.1088			x	x	\$ 59.00
LP917 THYROID PANEL WITH TSH	Code §1.01.1089			x	x	\$ 12.50
LP919 TSH + FREE T4	Code §1.01.1090			x	x	\$ 14.25
LP923 PAP LB,NAA, CT-NG, RFLX HPV ASCU	Code §1.01.1091			x	x	\$ 80.50
LP924 PAP LIQUID-BASED WITH HPV, HIGH AND LOW RISK	Code §1.01.1092			x	x	\$ 124.75
LP925 PROTEIN & CREATININE, URINE RANDOM	Code §1.01.1093			x	x	\$ 11.00
LP935 ANEMIA PROFILE B	Code §1.01.1094			x	x	\$ 59.00
LP956 VITAMIN A AND CAROTENE	Code §1.01.1095			x	x	\$ 194.75
LP966 VITAMIN A, E, BETA CAROTENE PROFILE	Code §1.01.1096			x	x	\$ 293.50
LP971 PAP, IMAGE GUIDED + HPV, HIGH RISK DNA	Code §1.01.1097			x	x	\$ 122.75
LP985 VAGINITIS/VAGINOSIS, DNA PROBE	Code §1.01.1098			x	x	\$ 98.50
LP988 URINE DRUG SCREEN 13+ALC+BUND	Code §1.01.1099			x	x	\$ 99.75
LP997 IMMUNOFIXATN/PROT ELECTROPHORESIS, SERUM	Code §1.01.1100			x	x	\$ 48.50
LR1009 RFLX-LAB COMMENT - SPEC ID MISSING 2ND ID	Code §1.01.1101			x	x	-
LR1042 METHDONE GC/MS CONF	Code §1.01.1102			x	x	-
LR1048 RFLX-LAB COMMENT-TEST CHG RESP	Code §1.01.1103			x	x	-
LR1049 RFLX-LAB COMMENT-TEST CHGE GEN	Code §1.01.1104			x	x	-
LR1051 RFLX - NOT AVAILABLE	Code §1.01.1105			x	x	\$ 25.50
LR1056 RFLX-HSV 1/2 TYPE SPECIFIC	Code §1.01.1106			x	x	\$ 52.75
LR1059 RFLX - TRAMADOL GC/MS, URINE	Code §1.01.1107			x	x	\$ 119.50
LR1078 RFLX-ADD ON TESTS	Code §1.01.1108			x	x	-
LR1088 RFLX-LAB COMMENT - 2ND SPEC ID REQ'D	Code §1.01.1109			x	x	-
LR1102 URINE OPIATES CONF	Code §1.01.1110			x	x	\$ 119.50
LR1142 RFLX-LAB COMMENT - 2ND SPEC HANDLING	Code §1.01.1111			x	x	-
LR1143 RFLX - HCV AB VERIFICATION	Code §1.01.1112			x	x	\$ 182.75
LR1269 MISC COMBINATION PANEL (LABCORP)	Code §1.01.1113			x	x	\$ 1,106.00
LR1304 RFLX - OXYCODONE/OXYMORPHONE GC/MS, URINE	Code §1.01.1114			x	x	-
LR1417 RFLX - HIV 1/2 SUPPLEMENTAL AB TEST	Code §1.01.1115			x	x	\$ 50.50
LR503 RFLX - N GONORRHEA CONFIRMATION	Code §1.01.1116			x	x	\$ 18.00
LR505 RFLX - PROPOXYPHENE CONFIRMATION BY GC/MS	Code §1.01.1117			x	x	-
LR523 RFLX - HBSAG CONFIRMATION	Code §1.01.1118			x	x	-
LR533 RFLX - CHLAMYDIA COMPETITION RFLX NB	Code §1.01.1119			x	x	\$ 18.00
LR537 RFLX - ENA, DNA/DS, ANTI-H CENTRO NB	Code §1.01.1120			x	x	\$ 231.00

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LR563 RFLX - FANA STAIN PATTERN	Code §1.01.1121			x	x	-
LR565 RFLX - URINE DRUG	Code §1.01.1122			x	x	-
LR573 RFLX - URINE DRUG SCRIN	Code §1.01.1123			x	x	-
LR574 RFLX - BENZODIAZEPENES CONF, GC/MS	Code §1.01.1124			x	x	-
LR575 RFLX - HCV RNA INTERNATIONAL UNITS	Code §1.01.1125			x	x	-
LR577 RFLX - OPIATES BY GC/MS	Code §1.01.1126			x	x	\$ 55.00
LR591 RFLX - CALCIUM, RANDOM URINE	Code §1.01.1127			x	x	\$ 10.95
LR592 RFLX - DRUG PROFILE	Code §1.01.1128			x	x	-
LR595 RFLX - BENZODIAZEPENES	Code §1.01.1129			x	x	-
LR608 RFLX - FENTANYL	Code §1.01.1130			x	x	\$ 183.75
LR611 RFLX - ANTIBODY SCRIN AND IDENTIFICATION	Code §1.01.1131			x	x	-
LR617 RFLX - SPUTUM CULTURE	Code §1.01.1132			x	x	\$ 65.25
LR618 RFLX - HPV ASR	Code §1.01.1133			x	x	\$ 91.00
LR620 RFLX - PANEL	Code §1.01.1134			x	x	\$ 46.50
LR633 RFLX - OXYCODONE/MORPHONE, GC/MS	Code §1.01.1135			x	x	-
LR640 RFLX - MANUAL REFLEX TO TITER	Code §1.01.1136			x	x	-
LR664 RFLX - URINE AMPHETAMINE CONF	Code §1.01.1137			x	x	-
LR666 URINE OPIATES CONF	Code §1.01.1138			x	x	\$ 119.50
LR673 RFLX - ALKALINE PHOSPHATASE FRACTION	Code §1.01.1139			x	x	-
LR677 RFLX - PATHOLOGY REVIEW	Code §1.01.1140			x	x	-
LR684 RFLX - OXYCODONE, OXYMORPHONE	Code §1.01.1141			x	x	\$ 111.00
LR703 RFLX - NORPROPOXYPHENE CONFIRMATION, URINE	Code §1.01.1142			x	x	\$ 119.50
LS077 AEROBIC SUSCEPTIBILITY	Code §1.01.1143			x	x	\$ 24.83
LS125 PSA W/RFLX FREE PSA	Code §1.01.1144			x	x	\$ 36.25
LS135 URINALYSIS, COMPLETE W/REFLEX TO CULTURE	Code §1.01.1145			x	x	\$ 6.50
LS139 TSH W/REFLEX TO FT4	Code §1.01.1146			x	x	\$ 6.75
LS144 CULTURE, THROAT	Code §1.01.1147			x	x	\$ 89.75
LS151 HERPES SIMPLEX VIRUS 1 AND 2 PCR	Code §1.01.1148			x	x	\$ 80.00
LS152 SUREPATH FGPS PAP W/RFLX E6/E7 HPV MRNA	Code §1.01.1149			x	x	\$ 31.75
LS153 HEMOGLOBIN FINGERSTICK (85018)	Code §1.01.1150			x	x	\$ 15.00
LS199 UA MICROSCOPIC ONLY	Code §1.01.1151			x	x	\$ 7.50
LS221 BILIRUBIN, TOTAL AND FRACTIONATED	Code §1.01.1152			x	x	\$ 7.50
LS225 STONE ANALYSIS, RENAL	Code §1.01.1153			x	x	\$ 98.25
LS231 PTH-RELATED PEPTIDE, PLASMA	Code §1.01.1154			x	x	\$ 36.25
LS275 MITOCHONDRIAL ANTIBODY, M2, SERUM	Code §1.01.1155			x	x	\$ 28.25
LS285 THYROTROPIN RECEPTOR ANTIBODY	Code §1.01.1156			x	x	\$ 34.75
LS315 METANEPHRINES, FRACT, 24 HR URINE	Code §1.01.1157			x	x	\$ 38.75
LS459 ANTI-HCV BY RIBA	Code §1.01.1158			x	x	\$ 175.50

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LS513 QUANTIFERON TB GOLD	Code §1.01.1159			x	x	\$ 55.00
LS521 OPIATE (4 DRUGS) CONFIRMATION, URINE	Code §1.01.1160			x	x	\$ 41.25
LS522 SPECIFIC GRAVITY, URINE	Code §1.01.1161			x	x	-
LS524 CANNABOID CONF, URINE	Code §1.01.1162			x	x	\$ 50.50
LS527 BENZODIAZEPINE CONFIRMATION, URINE	Code §1.01.1163			x	x	\$ 37.50
LS528 BARBITURATE CONF, URINE	Code §1.01.1164			x	x	\$ 50.50
LS529 AMPHETAMINES CONFIRMATION, URINE	Code §1.01.1165			x	x	\$ 50.50
LS530 CANNABINOID CONFIRM, URINE	Code §1.01.1166			x	x	\$ 116.75
LS532 OXYCODONE CONFIRMATION, URINE	Code §1.01.1167			x	x	\$ 47.00
LS575 ALCOHOL (ETHANOL), URINE	Code §1.01.1168			x	x	\$ 18.25
LS645 FENTANYL, URINE	Code §1.01.1169			x	x	\$ 58.00
LS653 ANA IFA	Code §1.01.1170			x	x	\$ 10.50
LS654 CREATINE KINASE W RFLX TO CK ISOENZYMES	Code §1.01.1171			x	x	\$ 9.52
LS659 METHYLPHENIDATE,QUANT, URINE, RANDOM	Code §1.01.1172			x	x	\$ 112.50
LS663 HBV QUANTASURE BY REAL-TIME PCR W/REFLEX, I	Code §1.01.1173			x	x	\$ 520.75
LS669 MDMA CONFIRMATION, URINE	Code §1.01.1174			x	x	\$ 119.50
LS670 PHENCYCLIDINE (PCP) CONFIRMATION, URINE	Code §1.01.1175			x	x	\$ 36.50
LS671 COCAINE METABOLITE CONFIRMATION, URINE	Code §1.01.1176			x	x	\$ 50.50
LS672 OVA AND PARASITES EXAM, FORMALIN ONLY	Code §1.01.1177			x	x	\$ 45.00
LS680 CALCIUM, URINE 24 HR	Code §1.01.1178			x	x	\$ 23.47
LS685 URINE CULTURE, COMPREHENSIVE	Code §1.01.1179			x	x	\$ 82.50
LS686 LYME IGG/IGM AB	Code §1.01.1180			x	x	\$ 37.50
LS688 VANILLYLMADELIC ACID (VMA), URINE 24 HR	Code §1.01.1181			x	x	\$ 22.50
LS689 HSV I/II IGG RFLX I-II TYPE SP	Code §1.01.1182			x	x	\$ 57.50
LS691 HEP C, QUANTITATIVE, PCR (NON-GRAPH)	Code §1.01.1183			x	x	\$ 185.50
LS696 C1 ESTERASE INHIBITOR, SERUM	Code §1.01.1184			x	x	\$ 22.50
LS698 WHEAT F 4 IGE	Code §1.01.1185			x	x	\$ 8.25
LS712 IA-2 AUTOANTIBODY	Code §1.01.1186			x	x	\$ 140.00
LS716 ZONISAMIDE (ZONEGRAN) SERUM	Code §1.01.1187			x	x	\$ 87.75
LS717 PROTEIN ELECTROPHORESIS, SERUM	Code §1.01.1188			x	x	\$ 23.45
LS719 C. DIFFICILE CULTURE, STOOL	Code §1.01.1189			x	x	\$ 24.50
LS721 CLONAZEPAM AND 7 AMINO CLONAZEPAM, URINE	Code §1.01.1190			x	x	\$ 168.00
LS728 CHLAMYDIA/GONOCOCCUS DNA PROBE	Code §1.01.1191			x	x	\$ 14.75
LS743 HGB FRACTIONATION W/O SOLUBILITY	Code §1.01.1192			x	x	\$ 30.75
LS745 CULTURE(NASOPHARYNG), BORDETELLA PERTUSSIS (87070)	Code §1.01.1193			x	x	\$ 41.50
LS755 GLOMERULAR FILTRATION RATE,SERUM	Code §1.01.1194			x	x	\$ 9.52
LS756 GRAM STAIN, SPUTUM, W SPUTUM CULTURE REFLEX	Code §1.01.1195			x	x	\$ 37.25
LS764 URIC ACID, BODY FLUID	Code §1.01.1196			x	x	\$ 7.50

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LS770 LEAD, BLOOD	Code §1.01.1197			x	x	\$ 15.75
LS783 HCV, RNA PCR, QN (GRAPH), RFLX TO GENOTYPE	Code §1.01.1198			x	x	\$ 202.50
LS786 NICOTINIC ACID (VITAMIN B-3)	Code §1.01.1199			x	x	\$ 207.00
LS787 OPIATES CONFIRMATION, BLOOD	Code §1.01.1200			x	x	\$ 314.50
LS791 CALCULI, URINARY, WITH PHOTO	Code §1.01.1201			x	x	\$ 20.50
LS805 NICOTINE AND METABOLITE, SERUM/PLASMA	Code §1.01.1202			x	x	\$ 80.00
LS819 IMAGE-GUIDED PAP W/RFLX HR DNA HPV	Code §1.01.1203			x	x	\$ 31.75
LS821 GYN CYTOLOGY REPORT	Code §1.01.1204			x	x	-
LS842 RAPID FLU A&B, 2 NASAL SWABS	Code §1.01.1205			x	x	\$ 20.00
LS843 TSH, REFLEXIVE	Code §1.01.1206			x	x	\$ 25.50
LS847 PAP, LIQ-BASED W RFLX HPV HR DNA ON ASCUS	Code §1.01.1207			x	x	\$ 27.00
LS857 CMP W/ EGFR	Code §1.01.1208			x	x	\$ 11.47
LS871 BILIRUBIN TOTAL AND DIRECT, NEONATAL	Code §1.01.1209			x	x	\$ 21.75
LS873 CULTURE YEAST W/ID	Code §1.01.1210			x	x	\$ 67.50
LS907 HEPATIC FUNCTION PANEL 6	Code §1.01.1211			x	x	\$ 5.00
LS924 FUNGUS CULTURE W RFLX TO RAPID IDENTIFICATI	Code §1.01.1212			x	x	\$ 82.50
LT001 NEG URINE PREGNANCY TEST FP	Code §1.01.1213			x	x	\$ 22.00
LT003 POS URINE PREGNANCY TEST FP	Code §1.01.1214			x	x	\$ 22.00
LT011 CLOMIPRAMINE (ANAFRANIL) ASSAY	Code §1.01.1215			x	x	\$ 116.75
LT017 ALPHA-FETOPROTEIN, TUMOR MARKER	Code §1.01.1216			x	x	\$ 32.25
LT033 BARBITURATES BY GC/MS	Code §1.01.1217			x	x	-
LT051 CORTISOL, A.M.	Code §1.01.1218			x	x	\$ 13.75
LT055 ESTROGENS, FRACTIONATED, SERUM	Code §1.01.1219			x	x	\$ 277.50
LT062 GLUCOSE, GESTATIONAL SCREEN (50G)	Code §1.01.1220			x	x	\$ 7.00
LT065 LH (LUTEINIZING HORMONE)	Code §1.01.1221			x	x	\$ 26.00
LT101 TITANIUM, SERUM/PLASMA	Code §1.01.1222			x	x	\$ 44.00
LT112 ACTIN (SMOOTH MUSCLE) ANTIBODY (IGG)	Code §1.01.1223			x	x	\$ 20.50
LT114 GAD-65 AUTO ANTIBODY	Code §1.01.1224			x	x	\$ 178.50
LT142 PROTEIN, TOTAL, 24 HOUR URINE	Code §1.01.1225			x	x	\$ 7.00
LT150 SEROTONIN, SERUM	Code §1.01.1226			x	x	\$ 27.00
LT151 SODIUM, 24 HOUR URINE (W/ CREATININE)	Code §1.01.1227			x	x	\$ 8.00
LT156 TROPONIN I	Code §1.01.1228			x	x	\$ 16.75
LT195 EOSINOPHIL COUNT (BLOOD)	Code §1.01.1229			x	x	\$ 9.07
LT200 FACTOR X, CHROMOGENIC	Code §1.01.1230			x	x	\$ 185.00
LT224 ANA SCREEN EIA W/REFL SM AND SM/RNP ANTIBODIES	Code §1.01.1231			x	x	\$ 10.50
LT234 COMPLEMENT COMPONENT C3C	Code §1.01.1232			x	x	\$ 13.75
LT235 COMPLEMENT COMPONENT C3C & C4C	Code §1.01.1233			x	x	\$ 22.50
LT256 IMMUNOFIXATION, SERUM	Code §1.01.1234			x	x	\$ 39.75

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LT261 RPR (MONITOR) W/REFL TITER	Code §1.01.1235			x	x	\$ 4.50
LT264 RPR W/RFLX TITER+FTA+CONF	Code §1.01.1236			x	x	-
LT307 MUMPS VIRUS ANTIBODY IGG	Code §1.01.1237			x	x	\$ 20.50
LT309 MUMPS VIRUS ANTIBODY (IGM)	Code §1.01.1238			x	x	\$ 16.75
LT321 RUBELLA ANTIBODY IGG	Code §1.01.1239			x	x	\$ 7.00
LT322 RUBELLA AB IGM	Code §1.01.1240			x	x	\$ 42.25
LT325 RUBEOLA (MEASLES) ANTIBODY, IGM	Code §1.01.1241			x	x	\$ 20.50
LT326 TOXOPLASMA ANTIBODY IGG	Code §1.01.1242			x	x	\$ 20.50
LT328 FTA-ABS, SERUM	Code §1.01.1243			x	x	\$ 27.00
LT330 VARICELLA-ZOSTER VIRUS AB IGM	Code §1.01.1244			x	x	\$ 33.25
LT331 VARICELLA ZOSTER VIRUS ANTIBODIES	Code §1.01.1245			x	x	\$ 27.00
LT348 YERSINIA CULTURE	Code §1.01.1246			x	x	\$ 15.75
LT351 MYCOPLASMA/UREAPLASMA CULTURE	Code §1.01.1247			x	x	\$ 36.25
LT366 HERPES SIMPLEX VIRUS CULTURE W TYPING	Code §1.01.1248			x	x	\$ 36.75
LT371 HEPATITIS C VIRAL RNA QUANTITATIVE TMA	Code §1.01.1249			x	x	\$ 431.25
LT393 TRICHOMONAS VAGINALIS CULTURE	Code §1.01.1250			x	x	\$ 13.75
LT394 CULTURE, BORDETELLA PERTUSSIS	Code §1.01.1251			x	x	-
LT396 STOOL WBC	Code §1.01.1252			x	x	\$ 9.00
LT419 DRUG SCREEN PANEL 10 50 + ETHANOL RFLX/CONF, URINE	Code §1.01.1253			x	x	\$ 146.00
LT422 TISSUE PATHOLOGY REPORT	Code §1.01.1254			x	x	\$ 50.00
LT428 CREATININE, 24-HOUR URINE	Code §1.01.1255			x	x	\$ 15.50
LT429 HEPATITIS C ANTIBODY W/REFLEX TO HCV RIBA	Code §1.01.1256			x	x	\$ 12.75
LT448 CYCLIC CITRULLINATED PEPTIDE IGG ANTIBODIES, ELISA	Code §1.01.1257			x	x	\$ 27.00
LT450 URINE DRUG SCREEN 7 DRUGS + ETOH	Code §1.01.1258			x	x	\$ 28.25
LT454 GENITAL CULTURE, ROUTINE	Code §1.01.1259			x	x	\$ 11.50
LT456 GLUCOSE, FASTING, BLOOD/PLASMA	Code §1.01.1260			x	x	\$ 4.00
LT457 H. PYLORI IGG ANTIBODIES	Code §1.01.1261			x	x	\$ 23.00
LT458 HEP C, QUANTITATIVE, PCR (GRAPH)	Code §1.01.1262			x	x	\$ 217.25
LT465 HPV DNA HIGH RISK	Code §1.01.1263			x	x	\$ 91.00
LT466 HSV, TYPES I/II, IGM	Code §1.01.1264			x	x	\$ 27.00
LT468 LOWER RESPIRATORY CULTURE, SPUTUM/WASH	Code §1.01.1265			x	x	\$ 15.25
LT469 METHADONE CONFIRMATION, URINE	Code §1.01.1266			x	x	\$ 41.25
LT473 THYROID CASCADE PROFILE	Code §1.01.1267			x	x	\$ 7.00
LT474 UPPER RESPIRATORY CULTURE	Code §1.01.1268			x	x	\$ 10.50
LT475 URINE CYTOLOGY	Code §1.01.1269			x	x	\$ 59.25
LT514 CANNABINOID GC/MS, URINE	Code §1.01.1270			x	x	\$ 36.50
LT521 COCAINE AND METABOLITES	Code §1.01.1271			x	x	\$ 119.50
LT534 RAPID PLASMA REAGIN (RPR) QUANTITATION	Code §1.01.1272			x	x	\$ 12.00

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LT559 RFLX - METHADONE CONFIRM	Code §1.01.1273			x	x	-
LT575 PROPOXYPHENE & METBOLITE CONF	Code §1.01.1274			x	x	\$ 36.00
LT585 RFLX - MICROSCOPIC EXAM URINE	Code §1.01.1275			x	x	-
LT587 HEPATITIS C GENOTYPE	Code §1.01.1276			x	x	\$ 431.25
LT593 CANNABINOID (GC/MS) CONF	Code §1.01.1277			x	x	-
LT595 OPIATES CONF (GC/MS)	Code §1.01.1278			x	x	\$ 57.25
LT597 RFLX - OPIATES CONF (GC/MS)	Code §1.01.1279			x	x	-
LT599 RFLX - DRUG PROFILE	Code §1.01.1280			x	x	-
LT605 PATH REVIEW	Code §1.01.1281			x	x	-
LT612 OXCARBAZEPINE/TRILEPTAL	Code §1.01.1282			x	x	\$ 122.75
LT613 METHYLPHENIDATE, SERUM	Code §1.01.1283			x	x	\$ 160.75
LT624 BILIRUBIN DIRECT & TOTAL	Code §1.01.1284			x	x	\$ 7.00
LT641 METHADONE BY GC/MS, URINE	Code §1.01.1285			x	x	\$ 37.50
LT650 IGF-1 (SOMATOMEDIN-C)	Code §1.01.1286			x	x	\$ 34.75
LT651 HCG BETA SUBUNIT, QUANTITATIVE (SERIAL MONITOR)	Code §1.01.1287			x	x	\$ 29.50
LT652 D-DIMER	Code §1.01.1288			x	x	\$ 34.75
LT661 COMPLEMENT COMPONENT 4	Code §1.01.1289			x	x	\$ 13.75
LT664 JO-1 ANTIBODY IGG	Code §1.01.1290			x	x	\$ 27.75
LT672 HEPATITIS B SURFACE AB QUANTITATIVE	Code §1.01.1291			x	x	\$ 16.75
LT701 PARASITE IDENTIFICATION	Code §1.01.1292			x	x	\$ 7.00
LT702 BENZODIAZEPINE CONFIRMATION, URINE	Code §1.01.1293			x	x	\$ 50.50
LT703 LIVER-KIDNEY MICROSOMAL (LKM) ANTIBODIES	Code §1.01.1294			x	x	\$ 96.00
LT704 METHYLMALONIC ACID, SERUM	Code §1.01.1295			x	x	\$ 59.00
LT710 MYCOBACTERIA SMEAR/ACID FAST STAIN	Code §1.01.1296			x	x	\$ 20.00
LT802 DNA PROBE, GC/CHLAM, SWAB	Code §1.01.1297			x	x	\$ 14.75
LT817 FREE VALPROIC ACID	Code §1.01.1298			x	x	\$ 29.50
LT864 LAMOTRIGINE, SERUM	Code §1.01.1299			x	x	\$ 46.50
LT869 LEVETIRACETAM (KEPPRA)	Code §1.01.1300			x	x	\$ 43.50
LT877 METHOTREXATE, SERUM	Code §1.01.1301			x	x	\$ 36.25
LT907 BENZODIAZEPINE SCREEN, URINE	Code §1.01.1302			x	x	\$ 24.00
LT920 ETHANOL (ALCOHOL) SCR, URINE	Code §1.01.1303			x	x	\$ 119.25
LT921 ETHANOL (ALCOHOL) CONF, URINE	Code §1.01.1304			x	x	-
LT935 CULTURE, BODY FLUID, STERILE, ROUTINE	Code §1.01.1305			x	x	\$ 22.50
LT955 THYROID PEROXIDASE ANTIBODY	Code §1.01.1306			x	x	\$ 11.00
LV054 GLIADIN PEPTIDE ANTIBODY IGG	Code §1.01.1307			x	x	\$ 110.00
LV113 IGF1 INSULIN-LIKE GROWTH FACTOR	Code §1.01.1308			x	x	\$ 33.25
LV119 T4 FREE	Code §1.01.1309			x	x	\$ 7.75
LV1226 C DIFF, NAA	Code §1.01.1310			x	x	\$ 125.00

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LV1427 HCV AB W/RFLX HCV AB VERIF	Code §1.01.1311			x	x	\$ 13.50
LV1516 THYROXINE	Code §1.01.1312			x	x	\$ 5.75
LV1644 C DIFF TOXIGENIC CULTURE	Code §1.01.1313			x	x	\$ 25.50
LV173 ALLERGEN FOOD MILK (COW)	Code §1.01.1314			x	x	\$ 24.25
LV1777 CLONAZEPAM METABOLITE, URINE	Code §1.01.1315			x	x	-
LV1823 D/L METHAMPHETAMINE, URINE	Code §1.01.1316			x	x	\$ 136.50
LV1857 FENTANYL AND ANALOGUES	Code §1.01.1317			x	x	\$ 36.50
LV1864 FENTANYL/NORFENTANYL CONF, URINE	Code §1.01.1318			x	x	\$ 119.50
LV1961 C. TRACHOMATIS, NAA, CONFIRMATION	Code §1.01.1319			x	x	\$ 160.00
LV1987 OPIATES CONF, URINE	Code §1.01.1320			x	x	-
LV2067 HEPATITIS B (HBV) DRUG RESISTANCE	Code §1.01.1321			x	x	\$ 300.00
LV2156 HSV TYPE SPECIFIC IMMUNOBLOT	Code §1.01.1322			x	x	\$ 68.50
LV2182 HIV 1/0/2 AG/AB W/CASCADE RFLX SUPPLEMENTAL TESTING	Code §1.01.1323			x	x	\$ 52.50
LV2187 LORAZEPAM CONF, QT, URINE	Code §1.01.1324			x	x	\$ 138.50
LV2188 QUETIAPINE, SERUM/PLASMA	Code §1.01.1325			x	x	\$ 113.25
LV282 POLIOVIRUS ANTIBODIES	Code §1.01.1326			x	x	\$ 18.00
LV2832 HPV DNA W/RFLX GENO 16, 18, 45	Code §1.01.1327			x	x	\$ 98.75
LV2833 FACTOR 5 LEIDEN W/RFLX F2	Code §1.01.1328			x	x	\$ 275.00
LV3811 CHLAMYDIA/GONORRHEA SCREEN (OR STATE)	Code §1.01.1329			x	x	\$ 53.50
LV383 FE+TIBC+FER	Code §1.01.1330			x	x	\$ 17.50
LV3832 HIV SCREEN WITH CONFIRMATION (OR STATE)	Code §1.01.1331			x	x	\$ 52.50
LV3878 FUNGUS CULTURE, YEAST CULTURE FOR VAGINITIS	Code §1.01.1332			x	x	\$ 83.00
LV3879 FUNGUS (MYCOLOGY) CULTURE	Code §1.01.1333			x	x	\$ 56.25
LV389 TETANUS/DIPHThERIA AB	Code §1.01.1334			x	x	\$ 31.00
LV3903 TRICHOMONAS VAGINALIS, NAA	Code §1.01.1335			x	x	\$ 35.00
LV3910 LEAD, WHOLE BLOOD (PEDIATRIC) LABCORP	Code §1.01.1336			x	x	\$ 15.75
LV407 BORDETELLA PERTUSSIS, BLOOD	Code §1.01.1337			x	x	-
LV412 VARICELLA-ZOSTER VIRUS CULTURE	Code §1.01.1338			x	x	\$ 50.75
LV413 TRICHOMONAS VAGINALIS NAA	Code §1.01.1339			x	x	\$ 45.25
LV4222 SEMEN ANALYSIS, BASIC	Code §1.01.1340			x	x	\$ 284.00
LV424 ANTI-DSDNA (DOUBLE-STRANDED) ANTIBODIES	Code §1.01.1341			x	x	\$ 20.50
LV425 IMMUNOGLOBULIN A	Code §1.01.1342			x	x	\$ 18.60
LV426 URINE DRUG 8 SMART CUP	Code §1.01.1343			x	x	\$ 11.00
LV437 HGBA1C FINGERSTICK, POCT (83036)	Code §1.01.1344			x	x	\$ 6.00
LV446 BENZODIAZEPINES CONFIRMATION GC/MS	Code §1.01.1345			x	x	\$ 46.50
LV458 2 HR GLUCOSE TOLERANCE, MATERNAL	Code §1.01.1346			x	x	\$ 28.57
LV4667 CORTISONE, LC/MS-MS	Code §1.01.1347			x	x	\$ 177.00
LV4692 SYPHILIS (RPR) (OR STATE)	Code §1.01.1348			x	x	\$ 13.24

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LV474 TREPONEMA PALLIDUM ANTIBODIES	Code §1.01.1349			x	x	\$ 21.50
LV484 LIPID PANEL W/TOT CHOL/HDL RATIO	Code §1.01.1350			x	x	\$ 6.25
LV489 CMP14+LP+1AC+CBC/D/PLT+T4+T3+UA/MICROSCOPIC (332083)	Code §1.01.1351			x	x	\$ 93.75
LV4891 INFLUENZA A & B BINAXNOW (87804)	Code §1.01.1352			x	x	\$ 14.00
LV4917 TOXCUP DRUG SCREEN CUP (POCT)	Code §1.01.1353			x	x	\$ 8.20
LV5029 KRATOM (MITRAGYNINE), SCREEN AND CONFIRMATION, URINE	Code §1.01.1354			x	x	\$ 30.00
LV505 WET MOUNT (CHC IN-HOUSE)	Code §1.01.1355			x	x	\$ 5.00
LV513 RISPERIDONE, SERUM	Code §1.01.1356			x	x	\$ 178.25
LV515 VITAMIN D 25-HYDROXY, D2 + D3	Code §1.01.1357			x	x	\$ 294.00
LV535 URINE SPECIF GRAVITY	Code §1.01.1358			x	x	\$ 13.75
LV575 FENTANYL W/RFLX CONF, URINE	Code §1.01.1359			x	x	\$ 21.75
LV5940 MONO, CONSULT (POCT)	Code §1.01.1360			x	x	\$ 12.00
LV597 DIFFERENTIAL AND TOTAL WBC COUNT	Code §1.01.1361			x	x	\$ 9.15
LV598 HCT FINGERSTICK, IN-HOUSE (85013)	Code §1.01.1362			x	x	\$ 6.00
LV611 URINALYSIS (CAREOREGON IN-HOUSE)	Code §1.01.1363			x	x	\$ 5.00
LV612 RAPID STREP, IN-HOUSE TEST	Code §1.01.1364			x	x	\$ 5.00
LV632 17-OH-PROGESTERONE, LC/MS/MS	Code §1.01.1365			x	x	\$ 28.25
LV661 RFLX-LAB COMMENT - AMBIG ABBREV LIPID	Code §1.01.1366			x	x	-
LV662 RFLX-LAB COMMENT - AMBIG ABBREV CMP 14	Code §1.01.1367			x	x	-
LV663 CHAIN-OF-CUSTODY PROTOCOL	Code §1.01.1368			x	x	\$ 4.25
LV745 PAP, LIQUID BASED	Code §1.01.1369			x	x	\$ 27.00
LV746 QUANTIFERON, TB GOLD	Code §1.01.1370			x	x	\$ 40.00
LV752 TESTOSTERONE TOTAL FEMALE/CHILD	Code §1.01.1371			x	x	\$ 16.75
LV785 PARTIAL THROMBOPLASTIN TIME (PTT)-LUPUS COAGULANT	Code §1.01.1372			x	x	\$ 89.75
LV786 DERMATOPHYTE CULTURE, HAIR/SKIN/NAIL	Code §1.01.1373			x	x	\$ 28.25
LV787 STACHYBOTRYS CHATARUM IGE AKA BLACK MOLD	Code §1.01.1374			x	x	\$ 24.25
LV788 URINE DIP (POCT)	Code §1.01.1375			x	x	\$ 5.00
LV789 WET MOUNT, (POCT) 87210	Code §1.01.1376			x	x	\$ 5.00
LV792 IMMUNOHISTOCHEM; 1ST ANTIBODY	Code §1.01.1377			x	x	\$ 219.00
LV793 IMMUNOHISTOCHEM; 2ND ANTIBODY	Code §1.01.1378			x	x	\$ 219.00
LV794 FIBRINOGEN ANTIGEN	Code §1.01.1379			x	x	\$ 158.75
LV795 LYME (B BURGDORFERI) PCR	Code §1.01.1380			x	x	\$ 464.00
LV799 AMPHETAMINE GC/MS RETEST	Code §1.01.1381			x	x	\$ 175.00
LV801 VENIPUNCTURE, LABCORP	Code §1.01.1382			x	x	\$ 5.25
LV806 OXYCODONE/OXYMORPHONE SCREEN W/CONF	Code §1.01.1383			x	x	\$ 58.00
LV847 INR & PROTINE FINGERSTICK POCT (85610)	Code §1.01.1384			x	x	\$ 6.50
LV849 BNP, NT PRO BNP	Code §1.01.1385			x	x	\$ 75.75
LV850 HEMOGLOBIN FINGERSTICK, IN-HOUSE (85018)	Code §1.01.1386			x	x	\$ 15.00

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LV853 CT, PHAYRNGEAL SWAB, NAA	Code §1.01.1387			x	x	\$ 26.75
LV873 GROWTH HORMONE AB	Code §1.01.1388			x	x	\$ 102.00
LV950 GLUTEN SENSITIVITY SCR W/RFLX	Code §1.01.1389			x	x	\$ 220.00
LX074 SERUM FREE LIGHT CHAINS	Code §1.01.1390			x	x	\$ 295.00
M0243 CASIRIVI AND IMDEVI INJ	Code §1.01.1391			x	x	\$ 450.00
Q0091 OBTAINING SCREEN PAP SMEAR	Code §1.01.1392			x	x	\$ 46.91
Q0144 AZITHROMYCIN DIHYDRATE, ORAL	Code §1.01.1393			x	x	\$ 0.12
Q0162 ONDANSETRON ORAL	Code §1.01.1394			x	x	\$ 0.05
Q2036 FLULAVAL VACC, 3 YRS & >, IM	Code §1.01.1395			x	x	\$ 21.08
Q2037 FLUVIRIN VACC, 3 YRS & >, IM	Code §1.01.1396			x	x	\$ 10.00
Q2039 INFLUENZA VIRUS VACCINE, NOS	Code §1.01.1397			x	x	\$ 26.95
Q4081 EPOETIN ALFA, 100 UNITS ESRD	Code §1.01.1398			x	x	\$ 4.47
Q9991 BUPRENORPH XR 100 MG OR LESS	Code §1.01.1399			x	x	\$ 1,468.27
Q9992 BUPRENORPHINE XR OVER 100 MG	Code §1.01.1400			x	x	\$ 1,490.74
S0630 REMOVAL OF SUTURES	Code §1.01.1401			x	x	\$ 25.25
S4993 CONTRACEPTIVE PILLS FOR BC	Code §1.01.1402			x	x	\$ 40.00
S9453 SMOKING CESSATION CLASS	Code §1.01.1403			x	x	\$ 20.00
S9470 NUTRITIONAL COUNSELING, DIET	Code §1.01.1404			x	x	\$ 41.00
SUP103 TOOTHBURSH PROPHY	Code §1.01.1405			x	x	-
T1006 FAMILY/COUPLE COUNSELING	Code §1.01.1406			x	x	-
T1023 PROGRAM INTAKE ASSESSMENT	Code §1.01.1407			x	x	\$ 351.00
TA007 NO CHARGE VISIT	Code §1.01.1408			x	x	-
TA059 PATIENT ASSISTANCE PROGRAM	Code §1.01.1409			x	x	-
TC005 CLIENT EDUCATION INDIVIDUAL	Code §1.01.1410			x	x	-
TC011 TOBACCO ADVISE QUIT	Code §1.01.1411			x	x	-
TC208 ASQ DEVELOPMENTAL SCREEN	Code §1.01.1412			x	x	\$ 32.00
TC210 MCHAT DEVELOPMENTAL SCREEN	Code §1.01.1413			x	x	\$ 32.00
TC230 DENTAL TREATMENT PLAN COMPLETED	Code §1.01.1414			x	x	-
TC247 TRANSPORTATION ASSIST	Code §1.01.1415			x	x	-
TF218 REFERRAL FROM HOME HEALTH	Code §1.01.1416			x	x	-
TI775 EXCISION OF CYST	Code §1.01.1417			x	x	\$ 1,549.10
TM018 MENINGOCOCCAL (GRP A,C,Y,W-135) OLIGOSACCHARIDE DIPHTHERIA CRM197 CONJ	Code §1.01.1418			x	x	\$ 154.00
TM108 PNEUMOCOCCAL VACCINE	Code §1.01.1419			x	x	\$ 113.57
TM120 DEPO PROVERA 150 MG	Code §1.01.1420			x	x	\$ 9.01
TM992 ADMINISTRATION OF 2 IMMUNIZATIONS	Code §1.01.1421			x	x	\$ 68.00
TM993 ADMINISTRATION OF 3 IMMUNIZATIONS	Code §1.01.1422			x	x	\$ 112.00
TM994 ADMINISTRATION OF 4 IMMUNIZATIONS	Code §1.01.1423			x	x	\$ 156.00

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TM995 ADMINISTRATION OF 5 IMMUNIZATIONS	Code §1.01.1424			x	x	\$ 200.00
TM996 ADMINISTRATION OF 6 IMMUNIZATIONS	Code §1.01.1425			x	x	\$ 244.00
TN204 INJECTION, PALIPERIDONE PALMITATE (3-MONTH) 273 MG/0.875 ML	Code §1.01.1426			x	x	\$ 216.09
TO021 OB WORKUP (INITIAL PRENATAL VISIT, GLOBAL)	Code §1.01.1427			x	x	-
TO023 OB VISIT (SUBSEQUENT PRENATAL VISIT, GLOBAL)	Code §1.01.1428			x	x	-
TO029 POSTPARTUM VISIT (GLOBAL)	Code §1.01.1429			x	x	-
TO031 PREOPERATIVE VISIT (GLOBAL)	Code §1.01.1430			x	x	-
TO033 POSTOPERATIVE VISIT (GLOBAL)	Code §1.01.1431			x	x	-
TP011 CHARGE FOR VCF VAGINAL CONTRACEPTIVE FILM	Code §1.01.1432			x	x	\$ 1.34
TP021 CHARGE FOR FLUORIDE TAB/LIQ	Code §1.01.1433			x	x	\$ 0.09
TP048 CHARGE FOR ALBUTEROL 2.5 MG/3ML, NEBULIZER	Code §1.01.1434			x	x	\$ 6.22
TP082 CHARGE FOR METRONIDAZOLE 250MG (8 COUNT)	Code §1.01.1435			x	x	\$ 1.27
TP1021 CHARGE FOR MICONAZOLE 2% CRM 45GM	Code §1.01.1436			x	x	\$ 3.43
TP1129 TORADOL 60 MG INJ	Code §1.01.1437			x	x	\$ 0.44
TP1210 CHARGE FOR ACETAMINOPHEN 160 MG/5 ML, PER 160MG (5ML)	Code §1.01.1438			x	x	\$ 1.61
TP126 CHARGE FOR LIDOCAINE HCL INJ 2 %	Code §1.01.1439			x	x	\$ 4.97
TP130 INJECTION, XYLOCAINE 2% W / EPINEPHRINE, INTRADERMAL	Code §1.01.1440			x	x	\$ 0.19
TP1322 CHARGE FOR (MY WAY) LEVONORGESTREL 1.5 MG	Code §1.01.1441			x	x	\$ 5.15
TP134 INJECTION, TRIAMCINOLONE ACE 40MG/ML,PER 10	Code §1.01.1442			x	x	\$ 41.49
TP148 CHARGE FOR DOXYCYCLINE 100MG 14CT	Code §1.01.1443			x	x	\$ 8.24
TP1591 CHARGE FOR NORETHINDRONE (LUPIN,ERRIN) 0.35 MG TAB (28)	Code §1.01.1446			x	x	\$ 3.39
TP1594 CHARGE FOR XULANE CONTRACEPTIVE PATCH	Code §1.01.1448			x	x	\$ 23.63
TP193 CHARGE FOR CONDOMS	Code §1.01.1449			x	x	-
TP2150 CHARGE FOR LYZA (NORETHINDRONE) 0.35 MG TAB (28)	Code §1.01.1450			x	x	\$ 1.91
TP2378 CHARGE FOR VIENVA	Code §1.01.1451			x	x	\$ 3.03
TP23800 WRIST BRACE ELASTIC BLK XS-2XL	Code §1.01.1452			x	x	\$ 6.08
TP272 CHARGE FOR AVIANE ORAL CONTRACEPTIVE	Code §1.01.1453			x	x	\$ 1.22
TP337 CHARGE FOR INJECTION, KETOROLAC 30 MG/ML 1 ML, PER 15 MG	Code §1.01.1454			x	x	\$ 0.83
TP373 CHARGE FOR METRONIDAZOLE 250MG 21CT	Code §1.01.1455			x	x	\$ 0.29
TP457 INJECTION, PENICILLIN G BENZ IM BICILLIN LA 1.2M	Code §1.01.1456			x	x	\$ 0.02
TP495 INJECTION, PROMETHAZINE 25MG/ML 1ML	Code §1.01.1457			x	x	\$ 1.08
TP549 CHARGE FOR TERCONAZOLE VAG CR	Code §1.01.1458			x	x	\$ 4.14
TP595 CHARGE FOR NORINYL 1/35 OR EQUIVALENT 28 DAY 1PK	Code §1.01.1459			x	x	\$ 3.30
TP5956 ROAR-REACH OUT & READ	Code §1.01.1460			x	x	-
TP599 CHARGE FOR ORTHO-CYCLEN (28) 0.25 MG-35 MCG TABLET	Code §1.01.1461			x	x	\$ 4.43
TP621 CHARGE FOR PLAN B ONE-STEP 1.5 MG 1CT PK (FUTURE)	Code §1.01.1463			x	x	\$ 30.34
TP622 CHARGE FOR PLAN B ONE-STEP 1.5 MG 1CT PK (NOW)	Code §1.01.1464			x	x	\$ 30.34

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
TP625 CHARGE FOR MICRONOR 35 28 DAY 1PK	Code §1.01.1465			x	x	\$ 3.30
TP692 CHARGE FOR PREVIFEM 28 DAY	Code §1.01.1466			x	x	\$ 1.81
TP694 CHARGE FOR DESOGESTREL 0.15 MG-ETHINYL ESTRADIOL 0.03 MG TABLET	Code §1.01.1467			x	x	\$ 4.43
TP702 CHARGE FOR LUTERA	Code §1.01.1468			x	x	\$ 4.43
TP772 CHARGE FOR METRONIDAZOLE 250MG (40 COUNT)	Code §1.01.1470			x	x	\$ 0.55
TP809 CHARGE FOR METRONIDAZOLE 250MG 28CT	Code §1.01.1471			x	x	\$ 0.39
TP909 CHARGE FOR NUVARING	Code §1.01.1475			x	x	\$ 151.80
TP913 CHARGE FOR CONTRACEPTIVE FOAM LG, 40MG	Code §1.01.1476			x	x	\$ 1.35
TP972 CHARGE FOR SRONYX 0.1 MG-20 MCG TAB	Code §1.01.1477			x	x	\$ 4.43
TP973 CHARGE FOR DESOGEN 0.15 MG-30 MCG TAB	Code §1.01.1478			x	x	\$ 4.43
TP982 CHARGE FOR LEVONORGESTREL-ETHINYL ESTRADIOL 0.1 MG-20 MCG TABLET	Code §1.01.1479			x	x	\$ 4.43
TP991 MEDICINE DISPENSE	Code §1.01.1480			x	x	-
TP992 CHARGE FOR METRONIDAZOLE 250MG (56 COUNT)	Code §1.01.1481			x	x	\$ 0.77
TRO50 FLUORIDE VARNISH TREATMENT W/O PROPHY	Code §1.01.1482			x	x	\$ 73.00
TS005 LIQUID NITROGEN	Code §1.01.1483			x	x	\$ 5.00
TS045 AEROCHAMBER WITH MASK CHILD	Code §1.01.1484			x	x	\$ 7.22
TS100 CANE W/TIPS	Code §1.01.1485			x	x	\$ 7.33
TS174 CHARGE FOR NORTREL 1/35 (28) 1 MG-35 MCG TABLET	Code §1.01.1486			x	x	\$ 4.66
TS178 CHARGE FOR SPRINTec 0.25 -0.035 MG (28)	Code §1.01.1487			x	x	\$ 1.25
TS216 TRAY - CONTRACEPTIVE IMPLANT REMOVAL	Code §1.01.1488			x	x	-
TS284 CHARGE FOR ELLA	Code §1.01.1489			x	x	\$ 20.07
TT005 ROUTINE CASE COMPLETE	Code §1.01.1490			x	x	-
TT010 BH WARM HANDOFF	Code §1.01.1491			x	x	-
TT023 DENTAL RECALL 6 MONTHS	Code §1.01.1492			x	x	-
TT043 BABY DAY VISIT	Code §1.01.1493			x	x	-
TT048 POST OP CHECK	Code §1.01.1494			x	x	-
TT051 DIABETIC PATIENT	Code §1.01.1495			x	x	-
TT1010 INTERNAL BILLING	Code §1.01.1496			x	x	-
TT1011 FIT AND FUN	Code §1.01.1497			x	x	-
TT1012 PREGNANCY	Code §1.01.1498			x	x	-
TT1013 PILOT PROGRAM ONE	Code §1.01.1499			x	x	-
TT1014 PILOT PROGRAM TWO	Code §1.01.1500			x	x	-
TX001 NURSE ONLY VISIT	Code §1.01.1501			x	x	-
TX016 NP NON-BILLABLE VISIT	Code §1.01.1502			x	x	-
TX021 PPD READING	Code §1.01.1503			x	x	-
TX023 LAB ONLY	Code §1.01.1504			x	x	-

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
TX035 HIGH RISK INFANT TCM	Code §1.01.1505			x	x	-
TX036 LEFT WITHOUT SEEN	Code §1.01.1506			x	x	-
TX0463 POST OPERATIVE TREATMENT	Code §1.01.1507			x	x	-
TX092 HEALTHY HOMES NON-BILLABLE TCM SERVICES	Code §1.01.1508			x	x	-
TX093 DENTAL FOLLOW-UP VISIT	Code §1.01.1509			x	x	-
TX0998 DASR BH SCHEDULED	Code §1.01.1510			x	x	-
TX1019 REMOVAL OF FIXED SPACER (KC)	Code §1.01.1511			x	x	-
TX1068 TX DRY SOCKET (KC) OR OTHER OSURG COMPLICATIONS	Code §1.01.1512			x	x	-
TX1069 PALLIATIVE TX (KC) WITH LIMITED ORAL EVAL ONLY	Code §1.01.1513			x	x	-
TX1139 DELIVER APPLIANCE	Code §1.01.1514			x	x	-
TX1145 CLIENT RELATED COORDINATION	Code §1.01.1515			x	x	-
TX117 IMMUNIZATION ONLY VISIT	Code §1.01.1516			x	x	-
TX119 PROCEDURE ONLY VISIT	Code §1.01.1517			x	x	-
TX1222 IMPRESSION FOR SPACE MAINTAINER	Code §1.01.1518			x	x	\$ 653.00
TX1450 CLIENT RELATED TRAVEL	Code §1.01.1519			x	x	-
TX1451 CLIENT COORDINATION W/MULTIPLE PROVIDER	Code §1.01.1520			x	x	-
TX1452 CLIENT RELATED TRAVEL - NO SHOW	Code §1.01.1521			x	x	-
TX1463 SPACE MAINTAINER DELIVERY	Code §1.01.1522			x	x	-
TX1481 ZS CASE MANAGEMENT	Code §1.01.1523			x	x	-
TX153 SUTURE REMOVAL	Code §1.01.1524			x	x	-
TX1550 DIABETES INTEGRATION - NON BILLABLE	Code §1.01.1525			x	x	-
TX195 TRACKING DIAB COUNSELING NO CHARGE	Code §1.01.1526			x	x	-
TX216 DENTAL TREATMENT COMPLETE	Code §1.01.1527			x	x	-
TX2220 PROS O EVALUATION	Code §1.01.1528			x	x	-
TX235 DIABETIC FOOT EXAM	Code §1.01.1529			x	x	-
TX259 SEAT DENTURE	Code §1.01.1530			x	x	-
TX452 DENTAL CONSULTATION	Code §1.01.1531			x	x	-
TX5012 DENTAL ENDO COMPLETE	Code §1.01.1532			x	x	-
TX590 DENTAL NO OBVIOUS PROBLEMS	Code §1.01.1533			x	x	-
TX592 EARLY DENTAL CARE NEEDED	Code §1.01.1534			x	x	-
TX594 URGENT DENTAL CARE NEEDED	Code §1.01.1535			x	x	-
TX610 JAW RELATIONS	Code §1.01.1536			x	x	-
TX693 PERIO CHARTING	Code §1.01.1537			x	x	-
TXCO TXCOMPLETE	Code §1.01.1538			x	x	-
TY009 SPORTS/CAMP PHYSICAL < 18 YEARS OF AGE	Code §1.01.1539			x	x	-
TY588 UNABLE TO SEAL ALL FIRST PERMANENT MOLARS	Code §1.01.1540			x	x	-

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
COMMUNITY HEALTH - Behavioral Health	ORS 471.432, 430.375, 813.270, OAR 309-014-0030			x		
Court Programs						
One-time Participant Fee						\$ 500.00
Full Fee						\$ 200.00
Indigent	ORS 471.432, 430.375, 813.270, OAR 309-014-0030					
DUII Service Billing Rates						
DUII Information Education Session only						\$ 90.00 / session
Full Fee			x			\$ 45.00 / session
Indigent – 50%						
Intake Evaluation						\$ 160.00
Full Fee						\$ 85.00
Indigent						
Individual Treatment Service						\$ 167.00 / hour
Full Fee						\$ 83.00 / hour
Indigent – 50%						
Group Treatment Service (Active)						\$ 90.00 / group
Full Fee						\$ 45.00 / group
Indigent - 50%						
Group Treatment Service (Monitoring)						\$ 90.00 / group
Full Fee						\$ 45.00 / group
Indigent	ORS 471.432, 430.375, 813.270, OAR 309-014-0030					\$ 12.00 Minimum
						\$ 45.00 Maximum
Urinalysis and Handling Fees	ORS 430.630(10)(b), (d)(H), OAR 309-014-0030					
General Billing Rates for all Behavioral Health Division Treatment Services						
Assessment Fees						\$ 258.00 / hr
Psychiatrist			x			\$ 258.00 / hr
Psychologist						\$ 258.00 / hr
Psychiatric Nurse Practitioner						\$ 258.00 / hr
Mental Health Professional – Masters Level						
Individual Treatment Service						\$ 221.00 / hr
Psychiatrist						\$ 195.00 / hr

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Psychologist						\$ 195.00 / hr
Psychiatric Nurse Practitioner						\$ 167.00 / hr
Mental Health Qualified Professional – Masters Level						\$ 167.00 / hr
Registered Nurse						\$ 107.00 / hr
Mental Health Qualified Associate – Bachelors Level						\$ 167.00 / hr
Interns – Masters Level						\$ 60.00 / hr
Group Treatment Service						\$ 45.00 / hr
Daily Structure and Support	ORS 430.630(10)(g)(K), OAR 309-014-0030, Code §1.01.090					Established fees, as set forth in Code are discounted according to the client's sliding scale eligibility according to the current division sliding fee scale per annual Federal Poverty Guidelines.
Mental Health Division Sliding Fee Scale						
COMMUNITY HEALTH - Dental	Code §1.01.090		x			\$ 40.00
Minimum Dental Visit Charge - Patient Fee	Code §1.01.090					Established fees, as set forth in Code are discounted according to the client's sliding scale eligibility according to the current division sliding fee scale per annual Federal Poverty Guidelines.
Dental Fees	Code §1.01.090					Established fees, as set forth above, are discounted according to the client's ability to pay according to the current division sliding fee scale.
Dental Services Sliding Fee Scale				x		
COMMUNITY HEALTH - Primary Care Services						
Minimum Medical Visit Charge – Patient Fee	Code §1.01.090					\$ 20.00
Minimum Surgical Visit Charge - Patient Fee	Code §1.01.090					\$ 15.00
Tuberculin Skin Test - Patient Fee	Code §1.01.090			x		Medical Fees are established at 90% of the usual and customary fee from a copyrighted fee study performed by Captiva Software Corporation for 2007. This study was specific to the local area and included fees for over 4,800 medical service codes. Specific charges for individual service codes are available

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Medical Procedure Fee per RVU* – Patient Fee	Code §1.01.090			x		Medical Fees are established at 90% of the usual and customary fee from a copyrighted fee study performed by Captiva Software Corporation for 2007. This study was specific to the local area and included fees for over 4,800 medical service codes. Specific charges for individual service codes are available
Surgical Procedure Fee per RVU* – Patient Fee	Code §1.01.090			x		Cost + 25%
Durable Good, purchased vaccines, and Supplies				x		Established fees, as set forth in Code are discounted according to the client's sliding scale eligibility according to the current division sliding fee scale per annual Federal Poverty Guidelines.
Primary Care Services Sliding Fee Scale				x		
ENVIRONMENTAL HEALTH - Public Health						
Food Service/Restaurant Licenses						
Full Service Restaurants	ORS 624.490(1)					
0-15 seats			x			\$ 990.00
16-50 seats			x			\$ 1,096.00
51-150 seats			x			\$ 1,203.00
151+ seats			x			\$ 1,419.00
Limited Restaurants	ORS 624.490(1)		x			\$ 680.00
License reinstatement fee	ORS 624.490(2)	x				\$ 100.00 per month
Benevolent Kitchen	ORS 624.490(3)		x			\$ 50.00 admin fee
Bed & Breakfasts	ORS 624.490(1)					
Breakfast only			x			\$ 667.00
Temporary Restaurants	ORS 624.490(1)					
Single event			x			\$ 286.00
Intermittent			x			\$ 286.00
Seasonal			x			\$ 286.00
Discounted Rate (for receipt 7+ days before event)				x		\$ 236.00
Benevolent	ORS 624.106, ORS 624.490(3)					
1 day event			x			\$ 50.00 admin fee
2 day event			x			\$ 50.00 admin fee
3-4 day event			x			\$ 50.00 admin fee
5-30 day event			x			\$ 50.00 admin fee

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
90 day event			x			\$ 50.00 admin fee
Exempt Foods Agreement review	OAR 333-150-0000			x		\$ 50.00 admin fee
Mobil Units & Pushcarts	ORS 624.490(1)					
Class I			x			\$ 690.00
Class II			x			\$ 690.00
Class III			x			\$ 794.00
Class IV			x			\$ 814.00
Commissaries	ORS 624.490(1)		x			\$ 811.00
Comb. commissaries			x			\$ 535.00
Warehouses	ORS 624.490(1)		x			\$ 449.00
Food Worker Certificate	ORS 624.570(5)	x				\$ 10.00
Duplicate		x				\$ 5.00
Pool/Spa	ORS 448.035(2)					
Year round primary			x			\$ 1,203.00
Year round secondary			x			\$ 721.00
Seasonal primary			x			\$ 667.00
Seasonal secondary			x			\$ 400.00
Child Care	Code §1.01.090					
Family home (15 children max)				x		\$ 375.00
School care facility				x		\$ 375.00
Child care centers (1-40 children)				x		\$ 483.00
Child care centers (41+ children)				x		\$ 591.00
Certificates of Sanitation Well	Code §1.01.090					
Well Inspections				x		\$ 525.00
Wells, second revisit				x		\$ 187.00
Duplicate Copy				x		\$ 5.00
Record Search				x		\$ 10.00
Schools (USDA and non-USDA)	Code §1.01.090					
Full kitchen				x		\$ 618.00
Satellite kitchen				x		\$ 483.00
Miscellaneous Fees - Hourly Rate				x		\$ 3,255.00 1st hour
				x		\$ 218.00 each add'l hour
Reinspection Fee	ORS 624.073(7), OAR 333-012-0053(6)(a)		x			\$ 218.00
Non-County MU inspection	ORS 624.650	x				\$ 25.00
Minimum Application Processing Fee	Code §1.01.090			x		\$ 50.00 admin fee

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Tourist Accommodations	ORS 446.321(1)					
1-10 units			x			\$ 429.00
11-25 units			x			\$ 483.00
26-50 units			x			\$ 645.00
51-75 units			x			\$ 697.00
76-100 units			x			\$ 753.00
101+ units			x			\$ 805.00 plus per unit
Plus, \$3 per unit over 100			x			\$ 3.00 per unit over 100
Recreation vehicle parks	ORS 446.321(1)					
1-10 spaces			x			\$ 817.00
11-25 spaces			x			\$ 860.00
26-50 spaces			x			\$ 967.00
51-75 spaces			x			\$ 1,075.00
76-100 spaces			x			\$ 1,182.00
101+ spaces			x			\$ 1,182.00 plus per unit
Plus \$1 per unit over 100			x			\$ 1.00 per unit over 100
Organizational camps	ORS 446.321(1)					
no food service			x			\$ 860.00
with food service			x			\$ 1,182.00
Picnic Parks	ORS 446.321(1)		x			\$ 645.00
Vending	ORS 624.490(1)					
1-10 units			x			\$ 538.00
11-20 units			x			\$ 572.00
21-30 units			x			\$ 611.00
31-40 units			x			\$ 645.00
41-50 units			x			\$ 679.00
51-75 units			x			\$ 718.00
76-100 units			x			\$ 782.00
101-250 units			x			\$ 1,125.00
251-500 units			x			\$ 1,583.00
501-750 units			x			\$ 2,042.00
751-1000 units			x			\$ 2,506.00
Plan Review Fees						
Restaurants	ORS 624.630					
0-50 seats			x			\$ 914.00
51-150 seats			x			\$ 1,020.00
151+ seats			x			\$ 1,128.00
Temporary restaurant	ORS 624.091(2)		x			\$ 107.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Schools	Code §1.01.090			x		\$ 914.00
Bed & Breakfasts	ORS 624.630		x			\$ 697.00
Mobile Units & Pushcarts	ORS 624.630					
Class I			x			\$ 591.00
Class II			x			\$ 591.00
Class III			x			\$ 697.00
Class IV			x			\$ 805.00
Commisary	ORS 624.630		x			\$ 697.00
Warehouses	ORS 624.630		x			\$ 375.00
Pools						
Per pool or spa						\$ -
Add'l inspection - construction revisit	ORS 448.030(4)		x			\$ 222.00
Organization camps	ORS 446.330		x			\$ 646.00
Day care centers	Code §1.01.090			x		\$ 336.00
SOCIAL SERVICES						
Lapsed Adult Foster Home License fee	Code §8.08.030.B11 & §8.08.050					\$ 50.00 per resident bed
Adult Foster Home Application Fee (initial and renewal)	Code §8.08.030.B11& §8.08.050			x		\$ 30.00 per resident bed
Adult Foster Home Reclassification Fee	Code §8.08.030.B11& §8.08.050					\$ 25.00 per application
Annual Provider Re-qualification	Code §8.08.030.B11& §8.08.050			x		\$ 10.00 per applicant
Change in Resident Manager Fee						\$ 10.00 per change
	Code §8.08.030.B11& §8.08.050					
Adult Day Care Facility Application (initial and renewal)	Code §8.08.030.B11& §8.08.050					\$ 10.00 per participant
Lapsed Adult Day Care Facility License	Code §8.08.030.B11& §8.08.050			x		\$ 20.00 per participant
Adult Foster Home Orientation – Current Class Fee	ORS 192.440(4)			x		\$ 30.00 per participant
Public Records Request	Code §8.08.030.B					\$ 1.00 for first page
						\$ 0.10 for all subsequent pages

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
						Also, when more than nominal staff time is necessary to research, review, redact, copy, or compile records: the actual cost of staff time, calculated at the hourly rate of the employee(s) who performs the work. See Public Records Policy and Procedure
Criminal history check						\$ 15.00 per caregiver application
JUVENILE						
Urinary Analysis retest when first test tampered with	Code §1.01.090			x		\$ 5.50 per person
IMPACT – 40 hr a week course	Code §1.01.090					\$ 20.00 per person
DHS fingerprinting	Code §1.01.090			x		\$ 15.00
Drug Court fee				x		\$ 30.00 per month per youth for 8 months
LAW LIBRARY						
Copies				x		
Photocopy						\$ 0.25 per copy
Laser Printer				x		\$ 0.25 per copy
Microfilm						\$ 0.50 per copy
Color photocopy						\$ 0.50 per copy
Color printer copy						\$ 0.50 per copy
Microfilm copies made by staff						\$ 0.50 per page plus postage
Copies made by staff and mailed						\$ 0.50 per page plus postage
Copies/scans/prints made by staff and emailed						\$ 5.00 per page
Legal document request						\$ 1.00 per citation, case number or results list faxed or emailed
PACER search/retrieval	Code §1.01.090					\$ 0.25 per page
Overdue material	Code §1.01.090					\$ 1.00 per day, replacement cost after 120 days
Processing fee for billing copy charges						\$ 5.00
Processing fee for late payment (over 60 days)						\$ 5.00
Processing fee for replacing lost or damaged materials	Code §1.01.090			x		\$ 25.00
Lost or damaged material						actual cost
Notary Services by appointment	Code §1.01.090			x		
- court related documents						\$ 5.00 per signature, notarian may waive fee
- non-court related documents						\$ 10.00 per signature, notarian may waive fee
Stevens Ness Legal Forms by appointment	Code §1.01.090			x		
- individual form						\$ 5.00
- form kit						\$ 10.00
- non-individual/non-kit forms						Actual cost

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
SHERIFF						
Police Reports	ORS 192.440(4)			x		\$ 15.25 All reports \$15.25; up to 30 pages
						\$ 0.25 per page after 30 pages.
						\$ - *When more than nominal staff time is necessary to research, review, redact, copy, or compile records: the actual cost of staff time, calculated at the hourly rate of the employee(s) who performs the work. See Public Records Policy and Procedure
Body Worn Camera/Vehicle Video	ORS 192.440 (4)		x			\$ 51.25 1st hour
						\$ 36.00 / hr for each hour after 1st hour
Address/Name History	ORS 192.440 (4)		x			\$ 15.25
Electronic Documents	ORS 192.440 (4)					\$ 1.00 per printed page*
Photographs	ORS 192.440 (4)					\$ 15.25 to be paid at the time of request, plus any add'l cost.*
Mugshots	ORS 192.440 (4)		x			\$ 5.00
Visa Letters, Passport letters, Adoption letters, Background letters	ORS 192.440 (4)		x			\$ 15.25
Radar Certificates	ORS 192.324		x			\$ 10.00
Traffic Diagrams	ORS 192.440 (4)		x			\$ 25.50
Complete Copy Policy/Procedure Manual	Code §1.01.090	x				\$ 51.25
Officer Notes	Code §1.01.090	x				\$ 10.00
Photo CD's (traffic cases)	ORS 192.440 (4)		x			\$ 51.25 1 st CD
						\$ 36.00 add'l CD
CHL application fee			x			
with fingerprinting			x			\$ 66.00
without fingerprinting	Code §1.01.090		x			\$ 51.25
CHL address change	Code §1.01.090					\$ 15.25
CHL online application administrative fee	Code §1.01.090					\$ 4.00
Fingerprints	Code §1.01.090			x		\$ 15.25 / card
Alcohol Tobacco & Firearm Forms	Code §8.07.030.A			x		\$ 10.00 / application
Alarm User Permits			x			
Residence				x		\$ 20.50 / year
Business	ORS 179.505(10)			x		\$ 51.25 / year
Jail Medical Records	ORS 179.505(10)					\$ 6.00 1-10 pages
						\$ 0.50 11+ pages; cost per page
Jail Reports or Summaries	ORS 169.166					\$ 30.75
Intoxilyzer logs and records	ORS 169.166		x			\$ 10.00
Jail video footage	ORS 179.505(10)		x			\$ 51.25 1st hour

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
						\$ 3.00 / hr for each hour after 1st hour
Attending physician's statement to insurance company, Welfare, or Worker's Compensations	ORS 169.076 Oregon Jail Stds & Federal Law		x			\$ 20.50
Hospital/Emergency room	ORS 169.076 Oregon Jail Stds & Federal Law		x			Actual cost
Law library legal material and forms printing from Library computers	Fed Cons Arguello v. Clack. Cty.		x			1-10 pages \$1.00 min fee; \$0.10 each additional page
Bus passes	Oregon Jail Stds & Federal Law		x			Actual cost
Restitution, repair or replacement cost	ORS 179.505(10)		x			Actual cost of repair or replacement of damage or item
Fee to review file on premises	ORS 192.440 (4)		x			\$ 20.50 / hour
Verification or documentation of dates incarcerated	ORS 192.440 (4)		x			\$ 10.00
Verification or documentation of Time Served	ORS 192.440 (4)		x			\$ 10.00
Computer Printouts of Crime Activity	Code §7.01.220.F		x			\$ 30.75
Vehicle Administration Fee for release of towed vehicle	Code §7.01.220.E		x			\$ 77.00
Vehicle Administration Fee for release of vehicle towed from traffic crime scene	Code §7.01.220(B)(6)		x	x		\$ 154.00
Boot Fee	Code §7.01.070(B)			x		\$ 10.00
Witness deposit fee	Code §8.05.040			x		\$ 15.25 per witness
Social gaming license application	Code §8.03.060			x		\$ 25.50 nonrefundable
Secondhand dealer permit application	Code §8.03.060			x		\$ 406.00
Secondhand dealer permit renewal	Presiding Judge Selander Gen. Order 98-6			x		\$ 154.00 per year nonrefundable
Courthouse Security Bypass card				x		\$ 51.25
Application fee				x		\$ 25.50
Replacement card						\$ 25.50
Sheriff - Civil						
Writ of Garnishment	ORS 18.652(5)	x			x	\$ 25.00
Summons, Petition						
Up to two persons at same address	ORS 21.300(1)(a)	x			x	\$ 45.00
Three or more at the same address	ORS 21.300(1)(a)	x			x	\$ 25.00 per party
Notice with Enforcement Process - plus costs	ORS 21.300(1)(b)	x			x	\$ 80.00
Security and inventory services (after first hour)	ORS 21.300(1)(b)	x			x	Actual cost
Reasonable amount for Keeper's fee	ORS 21.300(1)(b)	x			x	Actual cost
Sale of property	ORS 18.930(5)	x			x	
Advertising, posting, sale preparation, conducting the sale, and mailings	ORS 21.300(1)(a)	x			x	Actual cost

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
Post sale administration	ORS 21.300(1)(a)	x			x	Actual cost
Posting of sale notices	ORS 21.300(1)(a)	x			x	\$ 45.00
Copy of any process, order, notice or other instrument in writing, when necessary to complete service	ORS 21.300(1)(d)	x			x	\$ 3.00 / per 100 words
Creating Sheriff's Deed, Certificate of Redemption or conveyance of real proeprty sold on any process	ORS 21.300(1)(c)	x			x	\$ 50.00
Mileage for process service (involving travel in excess of 75 miles round trip)	ORS 21.300(4)	x			x	\$ 45.00
		x				
Sheriff - Public Safety Training Center	Code §1.01.090	x				
Rooms for rent		x				
Room 110						\$ 51.25 / hour
Room 111				x		\$ 51.25 / hour
Room 214						\$ 51.25 / hour
Defensive tactics						\$ 41.00 / hour
MILO						\$ 77.00 / hour
Armory classroom						\$ 41.00 / hour
Computer lab						\$ 51.25 / hour
Courses/Classes Offered						
Public Safety Training 100 OR/UT	Code §1.01.090			x		\$ 89.00 /per person
Milo - Private Simulator Lesson	Code §1.01.090			x		\$ 79.00 /per person
Public Safety Training 101	Code §1.01.090			x		\$ 189.00 /per person
Public Safety Training 101A	Code §1.01.090			x		\$ 189.00 /per person
Public Safety Training 102	Code §1.01.090			x		\$ 299.00 /per person
Public Safety Training 103	Code §1.01.090			x		\$ 299.00 /per person
Public Safety Training 198	Code §1.01.090			x		\$ 189.00 /per person
Public Safety Training 199	Code §1.01.090			x		\$ 189.00 /per person
Womens Self Defense 101	Code §1.01.090			x		\$ 89.00 /per person
Womens Self Defense 102	Code §1.01.090			x		\$ 89.00 /per person
Womens Self Defense 103	Code §1.01.090			x		\$ 89.00 /per person
Wilderness Survival 101	Code §1.01.090			x		\$ 119.00 /per person
Range						
without ammo						\$ 87.00 / hour
membership						\$ 225.00 / year
Range Fees and Memberships						
Lane Fee						\$ 18.50
Gun rentals						\$ 12.25
						\$ 10.00 members
Targets						\$ 1.00

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	EXEMPT FROM CPI	2026/2027 FEE
						\$ 2.00 zombie targets
General membership						\$ 225.00
Renewal						\$ 194.00
2 person membership						\$ 328.00
Renewal						\$ 297.00
3 person membership						\$ 431.00
Renewal						\$ 400.00
Each additional member after 3 people						\$ 51.25 / member
Passport photo (set of 2)						\$ 15.25
TECHNOLOGY SERVICES - GIS						
Labor Costs						
Media Costs	Code §1.01.090					
Maps without photography (dimensions in inches)				x		\$ 1.00
8 1/2 x 11						\$ 4.00
11 x 17				x		\$ 15.00
24 x 36						\$ 25.00
36 x 42						\$ 30.00
> 36 x48						\$ 35.00
> 36 x more than 56 to a max of 60	Code §1.01.090					
Maps with photography (dimensions in inches)						\$ 15.00
Small standard storefront						\$ 35.00
Large standard storefront				x		Add 30% to the cost of maps without photography prices
For custom maps that include photography						Actual cost of individual panel
For paneled maps	Code §1.01.090					
Mailing costs (to be added to cost of project)						\$ 3.75
Small tube						\$ 5.00
Large tube				x		\$ 0.75
Single road map						\$ 1.50
2-5 road maps	ORS 190.050					
Digital Vector Data						
Note: All data supplied in shapefile format. DXF is surcharged \$10 per section per layer. These documents require a signed data licensing agreement.						\$ 20.00 per layer

DEPARTMENT/DIVISION	AUTHORIZING LEGISLATION	Fine set by ORS	ORS auth. fine	Code auth. fine	EXEMPT FROM CPI	FINE AMOUNT
DTD - TRANSPORTATION & DEVELOPMENT						
Fine Appendix B - Annual CPI Adjustment [Applies to all DTD Division Fines, unless otherwise noted.]	Code §1.01.090			x		Annual adjustment; change in Consumer Price Index for the Western United States (CPI) up to 3%. - Fine ≤\$10: EXEMPT from annual CPI adjustment - Fine \$10.01-\$50.00: Round DOWN to nearest \$0.25 - Fine >\$50.01: Round DOWN to nearest \$1.00
DTD - CODE ENFORCEMENT						
Civil Penalties - DTD/Community Environment Compliance Hearings Officer - Covering the Zoning & Development Ordinance, and the following chapters; 6.08, Chronic Nuisance; 6.11, Graffiti; 7.03, Road Use; 9.01, Abatement of Dangerous Buildings and Structures; 9.02 Application and Enforcement of the Clackamas County Building Code; 9.03, Excavation & Grading; 10.03, Solid Waste & Waste Management; and 10.04, Recycling License	Code §2.07.120			x		
Violation Classification 1						\$ 1,029.00 Min. - \$ 3,601.00 Max.
Violation Classification 2						\$ 771.00 Min. - \$ 2,572.00 Max.
Violation Classification 3						\$ 514.00 Min. - \$ 1,543.00 Max.
Violation Classification 4						\$ 257.00 Min. - \$ 1,029.00 Max.
Civil Penalties - 9.02, Building Code	ORS Chapter 455.895(2)		x			
Violation Classification 1					X	\$ 750.00 Min. - \$ 1,000.00 Max.

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DEPARTMENT/DIVISION	AUTHORIZING LEGISLATION	Fine set by ORS	ORS auth. fine	Code auth. fine	EXEMPT FROM CPI	FINE AMOUNT
Forfeitures - Standard Citation Policy	Code §2.07.030.D			x		
Violation Classification 1						\$ 528.00
Violation Classification 2						\$ 422.00
Violation Classification 3						\$ 316.00
Violation Classification 4						\$ 210.00
DTD - DOG SERVICES						
Dog as Public Nuisance	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Failure to comply w/ dangerous dog requirements	Code §5.01.040.C			x		\$ 264.00 Min. - \$ 528.00 Max.
Failure to keep quarantined	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Interfering with County employee or peace officer	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Providing false information to County employee or peace officer	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Confining dog inside motor vehicle under conditions which may endanger the dog	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.

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DEPARTMENT/DIVISION	AUTHORIZING LEGISLATION	Fine set by ORS	ORS auth. fine	Code auth. fine	EXEMPT FROM CPI	FINE AMOUNT
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Failure to restrain dog in open portion of vehicle	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Failure to reclaim an impounded dog	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Failure to comply with any fine, fee, cost, expense, condition or restriction or other order imposed by a Hearing Officer	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Failure to surrender dog	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Failure to license a dog or renew a dog license	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Failure of owner to notify Dog Services when dog has bitten person or domestic animal	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Failure to comply with minimum care standards	Code §5.01.040.C			x		

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DEPARTMENT/DIVISION	AUTHORIZING LEGISLATION	Fine set by ORS	ORS auth. fine	Code auth. fine	EXEMPT FROM CPI	FINE AMOUNT
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Failure to have a current rabies vaccination	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Failure of a person bitten by a dog or parent/guardian of a bitten minor to immediately notify Dog Services	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Failure to follow any condition of release pending final disposition	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Continuous Annoyance						
Mediation Fee (Dog owner)	Code §5.01.040.C			x		\$ 52.00
Mediation Fee (Complainant)						\$ 52.00
1st offense						\$ 264.00 Min. - \$ 369.00 Max.
2nd offense						\$ 369.00 Min. - \$ 475.00 Max.
3rd offense						\$ 528.00 Min. - \$ 1,057.00 Max.
Improper tethering of a dog	Code §5.01.040.C			x		
1st offense						\$ 104.00 Min. - \$ 264.00 Max.
2nd offense						\$ 264.00 Min. - \$ 422.00 Max.
3rd offense						\$ 528.00
Failure to comply with requirements of animal rescue entity						

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DEPARTMENT/DIVISION	AUTHORIZING LEGISLATION	Fine set by ORS	ORS auth. fine	Code auth. fine	EXEMPT FROM CPI	FINE AMOUNT	
1st offense						\$ 104.00 Min.	\$ 264.00 Max.
2nd offense						\$ 264.00 Min.	\$ 422.00 Max.
3rd offense						\$ 528.00	
Failure to report canine rabies vaccination	Code §5.01.040.C			x			
1st offense						\$ 104.00 Min.	\$ 264.00 Max.
2nd offense						\$ 264.00 Min.	\$ 422.00 Max.
3rd offense						\$ 528.00	
DTD - LIBRARY							
Library Fines for Overdue Materials							
Children's Materials	Code §1.01.090			x	x	\$ 0.10 / day	\$ 1.00 Max.
Adult Materials	Code §1.01.090			x	x	\$ 0.10 / day	\$ 1.00 Max.
Adult DVD and games	Code §1.01.090			x	x	\$ 0.10 / day	\$ 1.00 Max.
Library of Things / Equipment	Code §1.01.090			x	x	\$ 1.00 / day	Not to exceed replacement costs.
Damages (fine)	Code §1.01.090			x	x	The cost of repairing or replacing the damaged item	
Lost Material (fine)	Code §1.01.090			x	x	The retail price of the material	
DTD - PARKS							
Entering, using park area or facilities without first paying the required fee	Code §6.06.030.D.1			x		\$ 97.00	
Failure to properly display parking permit	Code §6.06.030.D.2			x		\$ 97.00	
Remaining in or returning to a park area after being ordered to leave	Code §6.06.030.G			x		\$ 140.00	

DEPARTMENT/DIVISION	AUTHORIZING LEGISLATION	Fine set by ORS	ORS auth. fine	Code auth. fine	EXEMPT FROM CPI	FINE AMOUNT
Entering, remaining in park or leaving vehicle in a park between posted closing/opening time, except when overnight camping permitted	Code §6.06.030.J			x		\$ 140.00
Failure to maintain campsite in clean, sanitary and safe manner	Code §6.06.050.M.8			x		\$ 97.00
Occupying a campsite assigned to another person	Code §6.06.030.M			x		\$ 97.00
More than two vehicles in a campsite	Code §6.06.050.M.9			x		\$ 97.00
Entering the campground in unauthorized vehicle	Code §6.06.030.N			x		\$ 97.00
Occupying a trailer campsite in a shelter other than a trailer/camper	Code §6.06.030.O			x		\$ 97.00
Occupying campsite by more than 1 family without permission	Code §6.06.030.P			x		\$ 97.00
Exceeding site capacity for RVs/Tents;	Code §6.06.030.P.1			x		\$ 97.00
Exceeding site capacity for number of people	Code §6.06.030.P.2			x		\$ 97.00
Camping overnight under the age of 18, unless accompanied by an adult	Code §6.06.030.P.3			x		\$ 97.00
Occupying an ADA site without appropriate placard or license plate	Code §6.06.030.P.4			x		\$ 97.00
Failure to vacate campsite by checkout time	Code §6.06.040.E			x		\$ 97.00
Entering, remaining in park after hours	Code §6.06.050.A			x		\$ 140.00
Possession of glass beverage containers without permit	Code §6.06.050.B			x		\$ 97.00
Exposing genitalia in public	Code §6.06.050.D.1			x		\$ 183.00
Performing sexual intercourse in public	Code §6.06.050.D.2			x		\$ 183.00
Obstruct, Harass, or interfere with park employee or peace officer	Code §6.06.050.D.3			x		\$ 367.00
Building fires outside park camp stoves, fireplaces, portable stoves or permitted areas	Code §6.06.050.E.2			x		\$ 97.00
Leaving a fire unattended or failing to extinguish fire before leaving the park area	Code §6.06.050.E.3			x		\$ 97.00

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DEPARTMENT/DIVISION	AUTHORIZING LEGISLATION	Fine set by ORS	ORS auth. fine	Code auth. fine	EXEMPT FROM CPI	FINE AMOUNT
Building a fire that constitutes a hazard to any pile of wood, grass, tree, underbrush, or other flammable material	Code §6.06.050.E.4			x		\$ 367.00
Moving a camp stove or fireplace	Code §6.06.050.E.5			x		\$ 140.00
Hunting, etc., any bird or animal	Code §6.06.050.F.1			x		\$ 367.00
Discharging any firearms, pellet gun, bow & arrow, slingshot, paintball gun, or other weapon capable of injury	Code §6.06.050.F.2			x		\$ 367.00
Possessing a pellet gun, bow & arrow, slingshot, other weapon capable of injury or a loaded firearm	Code §6.06.050.F.3			x		\$ 367.00
Possessing or using fireworks or other explosives	Code §6.06.040.F.4			x		\$ 367.00
Possessing alcohol in prohibited areas without permit	Code §6.06.050.G			x		\$ 183.00
Mutilate, deface, etc., any structure, facility or sign in park area	Code §6.06.050.H.1			x		
Less than \$100 damage	Code §6.06.050.H.1			x		\$ 140.00
More than \$100 damage	Code §6.06.050.H.1			x		\$ 367.00
Dig up, deface, etc., any dirt, stone, rock or other substance in park area	Code §6.06.050.H.2			x		\$ 140.00
Lay/set off blast in park area	Code §6.06.050.H.2			x		\$ 367.00
Roll any stones, etc.	Code §6.06.050.H.2			x		\$ 367.00
Release any animal into a park area without permission	Code §6.06.050.H.3			x		\$ 140.00
Erecting temporary signs, markers, or inscriptions in park area without permission from a County Park employee	Code §6.06.050.C			x		\$ 97.00
Set up, use public address system without permission from Park Administrator	Code §6.06.050.D.4			x		\$ 97.00
Washing clothing or cleaning fish in lake, stream, river or pond	Code §6.06.050.H.4			x		\$ 97.00
Using abusive/threatening language or gestures, creating public disturbances, riotous behavior	Code §6.06.050.D.5			x		\$ 140.00

DEPARTMENT/DIVISION	AUTHORIZING LEGISLATION	Fine set by ORS	ORS auth. fine	Code auth. fine	EXEMPT FROM CPI	FINE AMOUNT
Operating, using any noise producing machine, vehicle, etc. in a manner that is disturbing to other park visitors	Code §6.06.050.D.6			x		\$ 140.00
Operating a remote control device or drone	Code §6.06.050.D.7			x		\$ 97.00
Having a prohibited fire during a burn ban	Code §6.06.050.E.1			x		\$ 97.00
Picking, cutting, etc. any flowers, shrubs, trees, etc.	Code §6.06.050.H.5			x		\$ 140.00
Damage a tree by driving anything into it, using as target or backstop	Code §6.06.050.H.6			x		\$ 140.00
Set up hammock except where designated, damage tree/structure with hammock	Code §6.06.050.H.7			x		\$ 97.00
Unreasonable or excessive use of park electrical system	Code §6.06.050.H.8			x		\$ 97.00
Unreasonable or excessive use of park water system, filling pools/dunk tanks without permission	Code §6.06.050.H.9			x		\$ 97.00
Operating a concession in park area without written consent	Code §6.06.050.I.1			x		\$ 140.00
Solicitation or offering for sale any goods without consent from Park Administrator	Code §6.06.050.I.2			x		\$ 140.00
Advertising any goods or services without written consent	Code §6.06.050.I.3			x		\$ 140.00
Distributing any circulars, notices, etc. on property without permission	Code §6.06.050.I.4			x		\$ 140.00
Riding, driving, leading, or keeping a horse in any park without written consent	Code §6.06.050.J.1			x		\$ 140.00
Bringing in or keeping any animal in park area unless controlled on a maximum 6 foot leash or allowing animals other than seeing eye dogs in park area buildings	Code §6.06.050.J.2			x		\$ 97.00
Allowing any animal to annoy, molest, attack, or injure any person or animal in park area	Code §6.06.050.J.3			x		\$ 140.00
Tying up an animal and leaving them unattended	Code §6.06.050.J.4			x		\$ 140.00
Failure of owner to contain/remove animal wastes	Code §6.06.050.J.5			x		\$ 140.00

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DEPARTMENT/DIVISION	AUTHORIZING LEGISLATION	Fine set by ORS	ORS auth. fine	Code auth. fine	EXEMPT FROM CPI	FINE AMOUNT
No person shall allow more than 2 domestic pets in any campsite	Code §6.06.050.J.6			x		\$ 97.00
Operating any vehicle in violation of Oregon Vehicle Code or other laws	Code §6.06.050.K.1			x		\$ 140.00
Violation of maximum speed limit or traveling in excess of reasonable and prudent speed:	Code §6.06.050.K.2			x		
1-10 mph in excess of limit	Code §6.06.050.K.2			x		\$ 118.00
11-20 mph in excess of limit	Code §6.06.050.K.2			x		\$ 169.00
21-30 mph in excess of limit	Code §6.06.050.K.2			x		\$ 272.00
30+ mph in excess of limit	Code §6.06.050.K.2			x		\$ 452.00
Parking a vehicle any place other than areas designated as parking, or in violation of signs	Code §6.06.050.K.3			x		\$ 97.00
Parking in an emergency access area or travel lane	Code §6.06.050.K.4			x		\$ 140.00
Operating a motor vehicle in area not designated for motor vehicle use	Code §6.06.050.K.5			x		\$ 140.00
Operating any OHV or ATV or any other vehicle not legal for street riding	Code §6.06.050.K.6			x		\$ 140.00
Leaving bottles, cans, ashes, waste, etc. in non-designated locations	Code §6.06.050.L.1			x		\$ 140.00
Bringing into a park area any trash, etc. for the purpose of leaving it there	Code §6.06.050.L.2			x		\$ 367.00
Kitchen or toilet waste violation	Code §6.06.050.L.3			x		\$ 367.00
Public urination or defecation	Code §6.06.050.L.4			x		\$ 140.00
Camping in a non-designated area	Code §6.06.050.M.1			x		\$ 140.00
Camping in any one park area for more than 10 days in a 14-day period, or in the park system for more than 20 days total from 5/1 to 9/30	Code §6.06.050.M.2			x		\$ 97.00
Making excessive noise between the hours of 10:00 pm. & 7:00 am	Code §6.06.050.M.4			x		\$ 140.00
Camping overnight without an approved shelter	Code §6.06.050.M.5			x		\$ 97.00

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DEPARTMENT/DIVISION	AUTHORIZING LEGISLATION	Fine set by ORS	ORS auth. fine	Code auth. fine	EXEMPT FROM CPI	FINE AMOUNT
Washing vehicle or trailer in campsite	Code §6.06.050.M.6			x		\$ 97.00
Use lighting devices to cause unreasonable glare or light pollution	Code §6.06.050.M.7			x		\$ 97.00
COMMUNITY HEALTH DIVISION - Public Health						
Expired food license - After 12/31 expiration, to reinstate	ORS 624.490(2), Code §8.04.030		x	x		\$ 100.00 plus license fee
Expired tourist facility license - In compliance with ORS446.323(2): a facility licensed under ORS 446.310-350 that fails to renew by 12/31 is delinquent.	ORS 446.323(2), Code §8.04.010(B)		x	x		If delinquent after 1/15, penalty is 50% of annual license fee added. Penalty increases 50% of license fee at beginning of each month for each month delinquent.
Penalty for operating a restaurant, bed and breakfast, vending machine, mobile food unit, commissary, warehouse without a license, imposed in the manner provided by ORS 183.745	ORS 624.992, OAR 333-157-0045, OAR 333-162-1005, Code §8.04.030(C)		x	x		\$ 500.00 per day, per occurrence
Penalty for operating a public swimming pool, public spa pool, public wading pool, or other public aquatic facility without a license	ORS 448.990, Code §8.04.020(A)(7)		x	x		\$ 500.00 per day, per occurrence
Penalty for operating a tourist facility without a license	ORS 446.347 - 446.348, Code §8.04.010(B)		x	x		\$ 500.00 per day, per occurrence
Failure to cease operation of a food facility that has been closed due to violations identified as creating an imminent or present danger to public health and defined in OAR 333-150-0000	ORS 624.992, OAR 333-157-0045, OAR 333-162-1005, Code §8.04.030(C)		x	x		\$ 500.00 per day, per occurrence
FINANCE						
Transient room tax violation	Code §8.02.180			x		\$ - Min. - \$ 500.00 Max.

APPENDIX B - FINES
FY 2026/2027

DEPARTMENT/DIVISION	AUTHORIZING LEGISLATION	Fine set by ORS	ORS auth. fine	Code auth. fine	EXEMPT FROM CPI	FINE AMOUNT
PGR						
Cable TV franchise violations	Code §10.02.090.A			x		
non-continuing offense						\$ 500.00 not to exceed
continuing offense						\$ 1,000.00 not to exceed
SHERIFF						
Prohibited touching, nudity and massage	Code §6.02.060			x		\$ 257.00 per violation
Emergency regulations violation	Code §6.03.080.A			x		\$ 514.00 per offense
Noise control violation	Code §6.05			x		
- 1st Offense				x		\$ 154.00
- 2nd Offense				x		\$ 308.00
- 3rd Offense and every offense thereafter				x		\$ 514.00
Chronic nuisance civil penalty	Code §6.08.040.D			x		\$ 102.00 each day
Parking Cite for Unattached Trailers	Code §7.01.050.A			x		\$ 46.25
Parking Cite for Handicapped Parking	Code §7.01.050.A			x		\$ 154.00
All Other Parking Citations	Code §7.01.050.A			x		\$ 82.00
Off-road vehicle violation	Code §7.02.050.C			x		\$ 257.00
Secondhand dealer violation	Code §8.03.110.B			x		\$ 514.00 1st Offense; not more than
						\$ 1,029.00 Continuing the same
Failure to obtain burglar alarm permit	Code §8.07			x		\$ 77.00
False Alarm	Code §8.07					
1st False Alarm						No charge
2nd False Alarm						\$ 102.00
3rd False Alarm						\$ 154.00
4th False Alarm						\$ 205.00
Past due fine						\$ 25.50
Alarm company fine						\$ 102.00
SOCIAL SERVICES						

APPENDIX B - FINES
FY 2026/2027

DEPARTMENT/DIVISION	AUTHORIZING LEGISLATION	Fine set by ORS	ORS auth. fine	Code auth. fine	EXEMPT FROM CPI	FINE AMOUNT
Falsifying resident or facility records or causing another to do so	Code §8.08.030.B12 & §8.08.100			x		\$ 500.00 plus license fee
Failure to have a qualified caregiver on duty 24 hours per day	Code §8.08.030.B12 & §8.08.100			x		\$ 250.00 plus license fee
Dismantling or removing battery from any required smoke detector	Code §8.08.030.B12 & §8.08.100			x		\$ 250.00 plus license fee
Occurrence of substantiated abuse	Code §8.08.030.B12 & §8.08.100			x		\$ 500.00 plus license fee
						\$ 500.00 /day \$ 1,000.00 Max.
Admitting a resident knowing that the resident’s care needs exceed the license classification of the provider if the admission places the resident or other residents at risk of harm.	Code §8.08.030.B12 & §8.08.100			x		\$ 250.00 Min. & \$ 500.00 Max.
All other violations including but not limited to the following:	Code §8.08.030.B12 & §8.08.100					
1. Operating the home without a license;				x		\$ 250.00 plus license fee
2. Number of residents exceed the licensed capacity;				x		\$ 250.00 plus license fee
3. Licensee fails to achieve satisfactory compliance within the time specified, or fails to maintain satisfactory compliance;				x		\$ 250.00 plus license fee
4. Licensee is unable to provide adequate care to insure health, safety and welfare of residents;						\$ 250.00 plus license fee
5. Retaliation or discrimination against a resident, family member, employee, or any other person for making a complaint against the licensee or home;						\$ 250.00 plus license fee
6. Licensee fails to cooperate with the Division, physician, registered nurse, or other health care professional in carrying out resident’s care plan;						\$ 250.00 plus license fee

APPENDIX B - FINES
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DEPARTMENT/DIVISION	AUTHORIZING LEGISLATION	Fine set by ORS	ORS auth. fine	Code auth. fine	EXEMPT FROM CPI	FINE AMOUNT
7. Licensee fails to obtain a criminal record clearance from the division prior to employing a caregiver in the home.						\$ 250.00 plus license fee