



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: Wednesday, March 4, 2026 9:00am

Department: Health & Human Services

Title: HHS Fee Schedule Update

Management Update/Work Session Date: 1/20/26 Audio/Visual aids []

Time Required: 5 Contact: Samantha Andress Phone: x4903

Requested Action: Approve the updated fee schedule for services provided by Marion County's Outpatient Behavioral Health Services, Addiction Treatment Services and Public Health Programs.

Issue, Description & Background: Health and Human Services presented the proposed updates to billing fees associated with Behavioral Health, Addiction Treatment, and Public Health services during a work session on December 3rd, 2025. The discussion included a comparison of current and proposed rates, along with an overview of the methodology used to determine the updates. Various fees for Behavioral Health, Addiction Treatment, and Public Health services were last updated in Fiscal Years 2019–20 and 2022–23. Periodic review and adjustment ensure that fees remain aligned with current service costs and funding requirements. Per ORS 431.415, the Health Department is required to receive Board of Commissioners (BOC) approval for the setting of all fees.

Financial Impacts: Outlined in Exhibit A

Impacts to Department & External Agencies:

List of attachments: Fee updates, Exhibit A, Board Order

Presenter: Rhett Martin

Department Head Signature: Katrina Griffith Digitally signed by Katrina Griffith Date: 2026.01.30 12:02:01 -08'00'

Fee Updates

Marion County Health & Human Services

January 2026



Introduction

Per ORS 431.415, the Board of Commissioners' approval is required to update fees associated with services provided by Marion County Health and Human Services (MCHHS). This update reflects a detailed cost assessment to ensure fees remain aligned with the true cost of service delivery and current healthcare reimbursement rates. Updated fee schedules are presented for Outpatient Mental Health, Addiction Treatment, and Public Health programs.

These proposed charges were established using a cost-based methodology designed to ensure charges accurately reflect the cost of delivering services, comply with billing requirements, and are applied consistently across programs.

Methodology Overview

Step 1: Identified Services and Billing Codes

- A Budget Analyst compiled a complete list of all active services and associated billing codes currently used in the Electronic Health Record (EHR) system.
- New billing codes requiring rate development and services no longer provided were identified for addition or removal, as appropriate.

Step 2: Analyzed Service Data from the EHR

- Historical EHR data were analyzed to determine:
 - The average length of service for each billing code;
 - The credentialed provider types delivering each service; and
 - Service frequency and volume, as needed for validation.

Step 3: Validated Billing Assumptions

- MCHHS worked with the Medical Billing team to confirm:
 - Allowable provider credentials for each billing code;
 - Minimum, maximum, or standard service time thresholds;
 - Billing units, rounding rules, and applicable adjustment factors (e.g., assessment, group, or out-of-clinic services).
- Service assumptions were adjusted as needed to ensure compliance with payer and regulatory requirements.

Step 4: Established Cost per Unit of Time

- A Budget Analyst then calculated a fully loaded cost per unit of time (e.g., hourly rate) for each provider classification using current budget data.
- Costs included, as applicable:
 - Salary or contract costs;
 - Fringe benefits;
 - Allocated support staff and management costs;
 - Allocated materials and services; and
 - Internal and county administrative charges.
- Certain medications and large supply costs directly tied to specific services were excluded from general allocations and added separately where appropriate.

Step 5: Calculated Proposed Billing Charges

- Provider costs were combined with any applicable medication or large material costs to calculate proposed billing charges for each billing code.
- Charges were rounded in accordance with established financial and billing standards.

| OMAP PROCEDURE CODE | MODIFIER | OUTPATIENT MENTAL HEALTH SERVICE | DR CLOUD CURRENT MCHHS CHARGE | FY 25-26 PROPOSED MCHHS CHARGE | AMOUNT OF INCREASE | CURRENT DMAP RATE | CURRENT PACIFICSOURCE REIMBURSEMENT |
|---------------------|----------|---|-------------------------------|--------------------------------|--------------------|-------------------|-------------------------------------|
| 90791 | | Psychiatric Diagnosis Evaluation | \$473.00 | \$677.00 | \$204.00 | \$169.78 | \$278.44 |
| 90791 | HK | Psychiatric Diagnosis Evaluation | \$473.00 | \$677.00 | \$204.00 | \$212.23 | \$348.05 |
| 90792 | | Assessment with medical services | \$881.00 | \$968.00 | \$87.00 | \$203.73 | \$334.12 |
| 90792 | HK | Assessment with medical services | \$881.00 | \$968.00 | \$87.00 | \$254.66 | \$417.65 |
| 90832 | | Psychotherapy, 30 Minutes with Patient | \$166.00 | \$170.00 | \$4.00 | \$101.87 | \$134.47 |
| 90832 | HK | Psychotherapy, 30 Minutes with Patient | \$166.00 | \$170.00 | \$4.00 | \$127.34 | \$168.08 |
| 90834 | | Psychotherapy, 45 Minutes with Patient | \$249.00 | \$254.00 | \$5.00 | \$152.72 | \$201.59 |
| 90834 | HK | Psychotherapy, 45 Minutes with Patient | \$249.00 | \$254.00 | \$5.00 | \$190.90 | \$251.98 |
| 90837 | | Psychotherapy, 60 Minutes with Patient | \$332.00 | \$339.00 | \$7.00 | \$184.66 | \$243.75 |
| 90837 | HK | Psychotherapy, 60 Minutes with Patient | \$332.00 | \$339.00 | \$7.00 | \$230.84 | \$304.71 |
| 90846 | | Family psychotherapy w/o patient, 50 min | \$237.00 | \$294.00 | \$57.00 | \$175.21 | \$231.28 |
| 90846 | HK | Family psychotherapy w/o patient, 50 min | \$237.00 | \$294.00 | \$57.00 | \$219.01 | \$289.10 |
| 90847 | | Family psychotherapy with patient, 50 min | \$237.00 | \$340.00 | \$103.00 | \$205.47 | \$271.22 |
| 90847 | HK | Family psychotherapy with patient, 50 min | \$237.00 | \$340.00 | \$103.00 | \$256.84 | \$339.02 |
| 90849 | | Multiple family group psychotherapy | \$81.00 | \$182.00 | \$101.00 | \$62.35 | \$82.30 |
| 90849 | HK | Multiple family group psychotherapy | \$81.00 | \$182.00 | \$101.00 | \$72.74 | \$96.02 |
| 90853 | | Group Therapy | \$81.00 | \$121.00 | \$40.00 | \$58.60 | \$77.35 |
| 90853 | HK | Group Therapy | \$81.00 | \$121.00 | \$40.00 | \$73.25 | \$96.69 |
| 90882 | | Environmental intervention | \$441.00 | \$376.00 | -\$65.00 | \$80.14 | \$105.78 |
| 90882 | HK | Environmental intervention | \$441.00 | \$376.00 | -\$65.00 | \$100.24 | \$132.31 |
| 90887 | | Consultation with family | \$441.00 | \$339.00 | -\$102.00 | \$99.92 | \$131.89 |
| 90887 | HK | Consultation with family | \$441.00 | \$339.00 | -\$102.00 | \$121.02 | \$159.75 |
| 99202 | | E/M Office O/P New Straightforward | \$118.00 | \$129.00 | \$11.00 | \$36.76 | \$60.29 |
| 99203 | | E/M Office O/P New Patient Low | \$150.00 | \$258.00 | \$108.00 | \$63.99 | \$104.94 |
| 99204 | | E/M Office O/P New Patient Moderate | \$150.00 | \$387.00 | \$237.00 | \$104.41 | \$171.23 |
| 99205 | | E/M Office O/P New Patient High | \$238.00 | \$516.00 | \$278.00 | \$141.98 | \$232.85 |
| 99211 | | E/M Office O/P Registered Nurse | \$76.00 | \$45.00 | -\$31.00 | \$6.85 | \$11.23 |
| 99212 | | E/M Office O/P Established straightforward | \$90.00 | \$129.00 | \$39.00 | \$27.59 | \$45.25 |
| 99213 | | E/M Office O/P Established Low | \$90.00 | \$214.00 | \$124.00 | \$51.72 | \$84.82 |
| 99214 | | E/M Office O/P Established Moderate | \$147.00 | \$300.00 | \$153.00 | \$76.10 | \$124.80 |
| 99215 | | E/M Office O/P Established High | \$202.00 | \$403.00 | \$201.00 | \$112.71 | \$184.84 |
| H0004 | | Individual Therapy, per 15 minutes | \$60.00 | \$85.00 | \$25.00 | \$39.67 | \$52.37 |
| H0004 | HK | Individual Therapy, per 15 minutes | \$60.00 | \$85.00 | \$25.00 | \$49.60 | \$65.47 |
| H0031 | | Mental Health Assessment, non-physician | \$473.00 | \$677.00 | \$204.00 | \$127.34 | \$208.83 |
| H0031 | HK | Mental Health Assessment, non-physician | \$473.00 | \$677.00 | \$204.00 | \$159.17 | \$261.05 |
| H0032 | | MH Service Plan Development, non-phys. | \$355.00 | \$339.00 | -\$16.00 | \$157.13 | \$207.41 |
| H0032 | HK | MH Service Plan Development, non-phys. | \$355.00 | \$339.00 | -\$16.00 | \$196.41 | \$259.26 |
| H0034 | | Medication Training & Support, per 15 min | \$55.00 | \$80.00 | \$25.00 | \$24.41 | Capitated |
| H0034 | HK | Medication Training & Support, per 15 min | \$55.00 | \$80.00 | \$25.00 | \$30.50 | Capitated |
| H0038 | | Self-help/peer services, per 15 minutes | \$51.00 | \$74.00 | \$23.00 | \$26.49 | \$26.49 |
| H0038 | HK | Self-help/peer services, per 15 minutes | \$51.00 | \$74.00 | \$23.00 | \$33.12 | \$33.12 |
| H0039 | | ACT, face to face, per 15 minutes | \$67.00 | \$86.00 | \$19.00 | \$37.88 | Capitated |
| H0039 | HK | ACT, face to face, per 15 minutes | \$67.00 | \$86.00 | \$19.00 | \$47.35 | Capitated |
| H2000 | | Comprehensive multidisciplinary eval CANS | \$394.00 | \$377.00 | -\$17.00 | \$137.33 | \$225.21 |
| H2000 | TG | Comp multidisciplinary eval CANS+Assmt | \$490.00 | \$677.00 | \$187.00 | \$155.67 | \$255.30 |
| H2010 | | Comprehensive medication svcs, 15 min | \$60.00 | \$96.00 | \$36.00 | \$34.48 | Capitated |
| H2010 | HK | Comprehensive medication svcs, 15 min | \$60.00 | \$96.00 | \$36.00 | \$43.11 | Capitated |
| H2014 | | Skills training & development, per 15 min | \$55.00 | \$80.00 | \$25.00 | \$26.63 | \$26.63 |
| H2014 | HK | Skills training & development, per 15 min | \$55.00 | \$80.00 | \$25.00 | \$33.28 | \$33.28 |
| H2021 | | Community-based wraparound, 15 min | \$55.00 | \$80.00 | \$25.00 | \$29.21 | Capitated |
| H2023 | | Supported employment, per 15 minutes | \$55.00 | \$80.00 | \$25.00 | \$24.41 | Capitated |
| H2023 | HK | Supported employment, per 15 minutes | \$55.00 | \$80.00 | \$25.00 | \$30.51 | Capitated |
| H2032 | | Activity therapy, per 15 minutes | \$55.00 | \$80.00 | \$25.00 | \$10.52 | Capitated |
| H2032 | HK | Activity therapy, per 15 minutes | \$55.00 | \$80.00 | \$25.00 | \$13.14 | Capitated |
| T1013 | | Sign language/oral interpreter, 15 min | \$63.00 | \$80.00 | \$17.00 | \$67.35 | \$67.35 |
| T1016 | | Case management, per 15 min (QMHP) | \$60.00 | \$85.00 | \$25.00 | \$31.36 | \$31.36 |
| T1016 | HN | Case management, per 15 min (QMHA) | \$60.00 | \$80.00 | \$20.00 | \$31.36 | \$31.36 |
| T1016 | HK | Case management, per 15 min | \$60.00 | \$81.00 | \$21.00 | \$39.20 | \$39.20 |
| T1023 | | Screening / Level of Determination | \$749.00 | \$411.00 | -\$338.00 | \$106.11 | \$140.06 |
| T2010 | | PASSR Level I Identification Screening | \$352.00 | \$508.00 | \$156.00 | \$183.93 | \$242.79 |
| T2011 | | PASSR Level II Evaluation | \$664.00 | \$875.00 | \$211.00 | \$643.76 | \$849.76 |
| 90785 | | Interactive Complexity (add-on) | \$28.00 | \$39.00 | \$11.00 | \$14.46 | \$19.08 |
| 90785 | HK | Interactive Complexity (add-on) | \$28.00 | \$39.00 | \$11.00 | \$18.06 | \$23.84 |
| 90839 | | Psychotherapy for Crisis, first 60 min | \$237.00 | \$339.00 | \$102.00 | \$172.36 | \$227.51 |
| 90840 | | Psychotherapy for Crisis, 30 min (add-on) | \$119.00 | \$170.00 | \$51.00 | \$78.36 | \$103.43 |
| H2011 | | Crisis intervention service, per 15 minutes | \$42.00 | \$84.00 | \$42.00 | \$41.70 | Capitated |
| H2011 | HE | Mobile crisis intervention service, 15 min | \$42.00 | \$215.00 | \$173.00 | \$112.87 | Capitated |

| OMAP PROCEDURE CODE | MODIFIER | A & D SERVICE | CURRENT MCHHS CHARGE | FY 25-26 PROPOSED MCHHS CHARGE | AMOUNT OF INCREASE | CURRENT DMAP RATE | CURRENT PACIFICSOURCE REIMBURSEMENT |
|---------------------|----------|--|----------------------|--------------------------------|--------------------|-------------------|-------------------------------------|
| 80305 | | Urinalysis - Direct Observation | \$39.00 | \$78.00 | \$39.00 | \$0.00 | N/A |
| 90887 | HG | Consultation with family Methadone | \$441.00 | \$156.00 | -\$285.00 | \$96.37 | \$127.21 |
| CD | | Courtesy Dosing - administrative fee | \$15.00 | \$15.00 | \$0.00 | N/A | N/A |
| CD | | Courtesy Dosing - methadone | \$16.00 | \$16.00 | \$0.00 | N/A | N/A |
| CD | | Courtesy Dosing - suboxone | \$21.00 | \$21.00 | \$0.00 | N/A | N/A |
| CD | | Courtesy Dosing - UA | \$39.00 | \$39.00 | \$0.00 | N/A | N/A |
| H0001 | HF, HG | Alcohol and/or Drug Assessment | \$375.00 | \$828.00 | \$453.00 | \$229.13 | \$375.78 |
| H0002 | HF, HG | A&D Screening | \$79.00 | \$233.00 | \$154.00 | \$46.44 | \$61.30 |
| H0004 | HF, HG | Counseling and therapy, per 15 minutes | \$60.00 | \$78.00 | \$18.00 | \$39.67 | \$52.37 |
| H0005 | HF, HG | A&D Group Counseling by a Clinician | \$81.00 | \$107.00 | \$26.00 | \$58.55 | \$77.28 |
| H0006 | HF, HG | A&D Case Management | \$54.00 | \$78.00 | \$24.00 | \$24.12 | \$31.84 |
| H0016 | HF, HG | A&D Pretreatment Physical | \$221.00 | \$427.00 | \$206.00 | \$102.45 | \$102.45 |
| H0020 | HF, HG | Methadone Administration and/or Service | \$16.00 | \$23.00 | \$7.00 | \$12.50 | \$16.50 |
| H0023 | HF, HG | A&D Outreach Service | \$78.00 | \$238.00 | \$160.00 | \$62.97 | \$62.97 |
| H0032 | HF, HG | MH Service Plan Development, non-phys. | \$355.00 | \$233.00 | -\$122.00 | \$157.13 | \$207.41 |
| H0033 | HF, HG | Oral medication admin, direct observation | \$82.00 | \$30.00 | -\$52.00 | \$14.16 | \$18.69 |
| H0038 | HF, HG | Self-help/peer services, per 15 minutes | \$51.00 | \$72.00 | \$21.00 | \$26.49 | \$26.49 |
| H0048 | HF, HG | A&D Collection for Testing U/A | \$39.00 | \$78.00 | \$39.00 | \$18.90 | \$18.90 |
| T1006 | HF, HG | A&D Family/Couple Counseling | \$185.00 | \$311.00 | \$126.00 | \$123.57 | \$163.12 |
| T1016 | HF, HG | Case management, each 15 minutes | \$60.00 | \$78.00 | \$18.00 | \$31.36 | \$31.36 |
| T1502 | HF, HG | Administration of medication | \$9.00 | \$18.00 | \$9.00 | \$7.76 | \$7.76 |
| 90832 | HF, HG | Individual Therapy, 30 minutes | \$166.00 | \$156.00 | -\$10.00 | \$101.87 | \$134.47 |
| 90834 | HF, HG | Individual Therapy, 45 minutes | \$249.00 | \$233.00 | -\$16.00 | \$152.72 | \$152.72 |
| 90837 | HF, HG | Individual Therapy, 60 minutes | \$332.00 | \$311.00 | -\$21.00 | \$184.66 | \$243.75 |
| 90849 | HF, HG | Multiple-family group psychotherapy | \$81.00 | \$83.00 | \$2.00 | \$62.67 | \$82.73 |
| J0571 | | Buprenorphine, oral, 1mg | \$3.00 | \$3.00 | \$0.00 | \$1.24 | \$1.24 |
| J0572 | | Buprenorphine/naloxone, oral, ≤ 3 mg | \$3.00 | \$5.00 | \$2.00 | \$4.66 | \$4.66 |
| J0573 | | Buprenorphine/naloxone, oral, > 3, ≤ 6 mg | \$9.00 | \$9.00 | \$0.00 | \$8.30 | \$8.30 |
| J0574 | | Buprenorphine/naloxone, oral, > 6, ≤ 10 mg | \$5.00 | \$13.00 | \$8.00 | \$6.77 | \$6.77 |
| J0575 | | Buprenorphine/naloxone, oral, > 10 mg | \$9.00 | \$21.00 | \$12.00 | \$16.61 | \$16.61 |
| S0109 | | Methadone, 5 mg | N/A | \$1.00 | \$1.00 | \$0.18 | \$0.18 |
| | | MEDICARE CODES A & D | | | | | MEDICARE REIMBURSEMENT |
| G2067 | | MAT Methadone weekly bundle | \$215.67 | \$406.00 | \$190.33 | | \$268.89 |
| G2068 | | MAT Buprenorphine weekly bundle | \$257.08 | \$479.00 | \$221.92 | | \$295.87 |
| G2074 | | MAT Weekly bundle without medication | \$214.54 | \$215.00 | \$0.46 | | \$214.54 |
| G2076 | | Intake activities | \$185.79 | \$795.00 | \$609.21 | | \$228.42 |
| G2077 | | Periodic assessment | \$114.17 | \$369.00 | \$254.83 | | \$147.93 |
| G2078 | | Take home supply of methadone | \$37.38 | \$214.00 | \$176.62 | | \$42.13 |
| G2079 | | Take home supply of buprenorphine (oral) | \$78.79 | \$286.00 | \$207.21 | | \$69.11 |
| G2080 | | Counseling, each additional 30 min | \$32.03 | \$156.00 | \$123.97 | | \$36.00 |

| OMAP PROCEDURE CODE | MODIFIER | PER DIEM SERVICE | DR CLOUD CURRENT MCHHS CHARGE | FY 25-26 PROPOSED MCHHS CHARGE | AMOUNT OF INCREASE | CURRENT DMAP RATE | CURRENT PACIFICSOURCE REIMBURSEMENT |
|---------------------------|----------|---|--|---|-----------------------|----------------------|---|
| H2018 | | Psychosocial rehabilitation svcs, per diem | \$259.82 | \$259.82 | \$0.00 | \$207.87 | Capitated |
| H2018 | HK | Psychosocial rehabilitation svcs, per diem | \$259.82 | \$259.82 | \$0.00 | \$259.82 | Capitated |
| S9125 | | Respite care, in the home, per diem | \$286.00 | \$286.00 | \$0.00 | \$0.00 | Capitated |
| T1020 | Tier 1 | Personal care svc, per diem (Horizon House) | \$186.22 | \$186.22 | \$0.00 | \$186.22 | N/A |
| T1020 | Tier 2 | Personal care svc, per diem (Horizon House) | \$186.22 | \$310.36 | \$124.14 | \$310.36 | N/A |
| T1020 | Tier 3 | Personal care svc, per diem (Horizon House) | \$186.22 | \$413.96 | \$227.74 | \$413.96 | N/A |
| T1020 | Tier 4 | Personal care svc, per diem (Horizon House) | \$186.22 | \$517.55 | \$331.33 | \$517.55 | N/A |
| T1020 | Tier 5 | Personal care svc, per diem (Horizon House) | \$186.22 | \$676.64 | \$490.42 | \$676.64 | N/A |
| H2036 | HF, HG | A&D treatment program, per diem | \$247.87 | \$336.18 | \$88.31 | \$247.87 | \$247.87 |

| OMAP PROCEDURE CODE | MODIFIER | PH SERVICE | CURRENT MCHHS CHARGE | FY 25-26 PROPOSED MCHHS CHARGE | AMOUNT OF INCREASE | CURRENT DMAP RATE | CURRENT PACIFICSOURCE REIMBURSEMENT |
|---------------------|----------|---|----------------------|--------------------------------|--------------------|-------------------|-------------------------------------|
| 86580 | | TB test (PPD) | \$28.00 | \$34.00 | \$6.00 | \$8.01 | \$8.01 |
| 36415 | | Collection of blood by venipuncture | \$28.00 | \$34.00 | \$6.00 | \$7.27 | \$7.27 |
| 96372 | | Medication Injection | \$83.00 | \$126.00 | \$43.00 | \$11.45 | \$11.45 |
| 99341 | | New, focused strtrfwd - low compl | \$85.00 | \$143.00 | \$58.00 | \$38.91 | \$38.91 |
| 99342 | | New, exp moderate compl | \$142.00 | \$238.00 | \$96.00 | \$61.85 | \$61.85 |
| 99347 | | HV - est focused - strtrfwd | \$100.00 | \$143.00 | \$43.00 | \$35.71 | \$35.71 |
| 99348 | | HV - est focused - mod plex | \$166.00 | \$238.00 | \$72.00 | \$60.47 | \$60.47 |
| 99349 | | HV - est - detailed - hi plex | \$266.00 | \$380.00 | \$114.00 | \$99.83 | \$99.83 |
| 99344 | | NW - HV: C, C, MOD | \$339.00 | \$570.00 | \$231.00 | \$111.54 | \$111.54 |
| 99345 | | NW - HV: C, C, HIGH | N/A | \$713.00 | \$713.00 | \$157.80 | \$157.80 |
| 99350 | | EST - HV: C, C, HIGH | \$398.00 | \$665.00 | \$267.00 | \$144.87 | \$144.87 |
| H0033 | 95 | Oral meds admin, video direct observation | \$82.00 | \$85.00 | \$3.00 | \$20.00 | \$20.00 |
| H0033 | | Oral medication admin, direct observation | \$82.00 | \$109.00 | \$27.00 | \$82.00 | \$82.00 |
| 90471 | | Admin Fee (added to vaccine) First | \$28.00 | \$35.00 | \$7.00 | \$16.58 | \$35.00 |
| 90472 | | Admin Fee (added to vaccine) Each add. | \$28.00 | \$35.00 | \$7.00 | \$11.73 | \$35.00 |
| 90473 | | Admin Fee (oral/nasal vaccine) First | \$28.00 | \$35.00 | \$7.00 | \$13.34 | \$35.00 |
| 90474 | | Admin Fee (oral/nasal vaccine) Each add. | \$28.00 | \$35.00 | \$7.00 | \$10.06 | \$35.00 |
| 90480 | | Admin fee (added to vaccine) COVID 19 | \$28.00 | \$35.00 | \$7.00 | \$45.15 | \$28.00 |
| | | Admin Fee (Free Vaccine) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 99202 | | E/M New-expnd-strtrfwr | \$118.00 | \$129.00 | \$11.00 | \$36.76 | \$36.76 |
| 99203 | | E/M New-detailed-low plex | \$150.00 | \$258.00 | \$108.00 | \$63.99 | \$63.99 |
| 99204 | | E/M New-comp-mod plex | \$150.00 | \$387.00 | \$237.00 | \$104.41 | \$104.41 |
| 99205 | | E/M New-comp-hi plex | \$238.00 | \$516.00 | \$278.00 | \$141.98 | \$141.98 |
| 99211 | | E/M Est-minimal | \$76.00 | \$45.00 | -\$31.00 | \$6.85 | \$6.85 |
| 99212 | | E/M Est-focused-strtrfwr | \$90.00 | \$129.00 | \$39.00 | \$27.59 | \$27.59 |
| 99213 | | E/M Est-focused-low plex | \$90.00 | \$214.00 | \$124.00 | \$51.72 | \$51.72 |
| 99214 | | E/M Est-detailed-mod plex | \$147.00 | \$300.00 | \$153.00 | \$76.10 | \$76.10 |
| 99215 | | E/M Est-comp-hi plex | \$202.00 | \$403.00 | \$201.00 | \$112.71 | \$112.71 |
| T1017 | | Targeted case mgmt Babies First | \$678.00 | \$956.00 | \$278.00 | \$460.36 | N/A |
| T1017 | HD | Targ case mgmt preg. mom, mom of BFF | \$678.00 | \$956.00 | \$278.00 | \$460.36 | N/A |
| T1017 | HR | Targ case mgmt Mom of BFFT/CACN 2-5 y | \$678.00 | \$956.00 | \$278.00 | \$460.36 | N/A |
| T1017 | HA | Targeted case mgmt CACN client 0-17 yrs | \$678.00 | \$956.00 | \$278.00 | \$460.36 | N/A |
| T1017 | HB | Targeted case mgmt CACN client 18-20 yrs | \$678.00 | \$956.00 | \$278.00 | \$460.36 | N/A |
| T1017 | TT | Targ case mgmt Babies First, multiples | \$678.00 | \$1,025.00 | \$347.00 | \$460.36 | N/A |
| T1017 | HD TT | Targ case mgmt preg, mom of BFF, mult. | \$678.00 | \$1,025.00 | \$347.00 | \$460.36 | N/A |
| T1017 | HR TT | T. case mgmt mom of BFFT/CACN 2-5 mult. | \$678.00 | \$1,025.00 | \$347.00 | \$460.36 | N/A |
| T1017 | HA TT | Targ case mgmt CACN client 0-17, mult. | \$678.00 | \$1,025.00 | \$347.00 | \$460.36 | N/A |
| T1017 | HB TT | Targ case mgmt CACN client 18-20, mult. | \$678.00 | \$1,025.00 | \$347.00 | \$460.36 | N/A |
| 99401 | | Preventive Medicine counseling 15 min | \$80.00 | \$90.00 | \$10.00 | \$18.42 | \$18.42 |
| 99402 | | Preventive Medicine counseling 30 min | \$159.00 | \$179.00 | \$20.00 | \$37.20 | \$37.20 |
| 99403 | | Preventive Medicine counseling 45 min | \$238.00 | \$268.00 | \$30.00 | \$55.62 | \$55.62 |
| 99404 | | Preventive Medicine counseling 60 min | \$317.00 | \$358.00 | \$41.00 | \$74.93 | \$74.93 |
| 81025 | | Pregnancy test | \$28.00 | \$35.00 | \$7.00 | \$6.89 | \$6.89 |

The following section lists charges for vaccines.

All vaccines are billed at cost per State Guidelines.

Prices update every six months. The below prices are current as of November 12, 2025.

| OMAP PROCEDURE CODE | MODIFIER | VACCINE | CURRENT MCHD CHARGE | FY 25-26 PROPOSED MCHHS CHARGE | AMOUNT OF INCREASE | CURRENT DMAP RATE | CURRENT PACIFICSOURCE REIMBURSEMENT |
|---------------------|------------------------|--|---------------------|--------------------------------|--------------------|-------------------|-------------------------------------|
| 90714 | | Td Adult Special | \$38.84 | \$38.84 | \$0.00 | \$36.37 | \$38.84 |
| 90714 | | Td Adult | \$38.84 | \$38.84 | \$0.00 | \$36.37 | \$38.84 |
| 90707 | | MMR | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90707 | MMR II | MMR Non VFC | \$95.20 | \$95.20 | \$0.00 | \$95.20 | \$95.20 |
| 90713 | | IPV | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90713 | | IPV Non VFC | \$42.48 | \$42.48 | \$0.00 | \$42.48 | \$42.48 |
| 90658 | Fluzone | Flu | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| G0008 | | Admin of flu vaccine - G0008 | \$28.00 | \$28.00 | \$0.00 | N/A | \$28.00 |
| 90473 | | Flu Mist Administration | \$28.00 | \$28.00 | \$0.00 | \$13.34 | \$28.00 |
| 90732 | | Pneumovax 23 | \$117.08 | \$117.08 | \$0.00 | \$133.47 | \$117.08 |
| G0009 | | Admin of Pneumonia - G0009 | \$28.00 | \$28.00 | \$0.00 | N/A | \$28.00 |
| 90744 | Recombivax HB Pedi | Hep B Recombivax B Peds | \$27.90 | \$27.90 | \$0.00 | \$27.90 | \$27.90 |
| 90744 | Engerix-B | Hep B Engerix Pedi | \$19.64 | \$19.64 | \$0.00 | \$31.67 | \$19.64 |
| 90700 | | DTaP VFC | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90700 | Infanrix | DTaP-Infarix | \$25.13 | \$25.13 | \$0.00 | \$28.73 | \$25.13 |
| 90700 | Daptacel | DtaP-Daptacel | \$28.73 | \$28.73 | \$0.00 | \$28.73 | \$28.73 |
| 90746 | | Hep B Special | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90746 | Engerix-B Adult | Hep B Energix Adult | \$51.64 | \$51.64 | \$0.00 | \$70.38 | \$51.64 |
| 90746 | Recombivax HB | Hep B | \$56.90 | \$56.90 | \$0.00 | \$70.38 | \$56.90 |
| 90739 | | Heplisav-B (Adult 2 dose) | \$119.12 | \$119.12 | \$0.00 | \$177.56 | \$119.12 |
| 90716 | | Varicella | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90716 | Varivax | Varicella Non VFC Eligible | \$0.00 | \$169.80 | \$169.80 | \$159.99 | \$0.00 |
| 90716 | Private Supply Varivax | Varicella Non VFC Eligible | \$197.80 | \$197.80 | \$0.00 | \$159.99 | \$197.80 |
| 90632 | | Hep A Adult Special | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90632 | | Hep A Adult - Havrix | \$74.43 | \$74.43 | \$0.00 | \$74.43 | \$74.43 |
| 90633 | | Hep A vaccine- Vaqta Pedi | \$35.18 | \$35.18 | \$0.00 | \$38.84 | \$35.18 |
| 90633 | | Hep A vaccine- Havrix-Pedi | \$32.52 | \$32.52 | \$0.00 | \$38.84 | \$32.52 |
| 90647 | | Hib (Ped Vax) | \$30.57 | \$30.57 | \$0.00 | \$30.57 | \$30.57 |
| 90648 | ActHIB | Hib (Act hib) | \$13.16 | \$13.16 | \$0.00 | \$13.16 | \$13.16 |
| 90648 | Hiberix | Hib (Hiberix) | \$12.64 | \$12.64 | \$0.00 | \$12.64 | \$12.64 |
| 90677 | | Prevnar 20 | \$263.65 | \$263.65 | \$0.00 | \$312.90 | \$263.65 |
| 90677 | | Prevnar 20 | \$263.65 | \$263.65 | \$0.00 | \$312.90 | \$263.65 |
| 90723 | | DPT/HepB/IPV Combo | \$77.17 | \$77.17 | \$0.00 | \$77.17 | \$77.17 |
| 90636 | | Hep A/Hep B Combo | \$114.89 | \$114.89 | \$0.00 | \$114.89 | \$114.89 |
| 90636 | | Twinrix Adult | \$114.89 | \$114.89 | \$0.00 | \$114.89 | \$114.89 |
| 90657 | | Flu for child -3 yrs | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90715 | | Tdap Adult Special | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90715 | Boostrix | Tdap Adult | \$42.64 | \$42.64 | \$0.00 | \$47.36 | \$42.64 |
| 90715 | Adacel | Tdap Adult | \$47.36 | \$47.36 | \$0.00 | \$47.36 | \$47.36 |
| 90710 | | MMRV VFC | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90681 | | Rotovirus VFC | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90681 | | Rotovirus Non VFC | \$138.74 | \$138.74 | \$0.00 | \$138.74 | \$138.74 |
| 90651 | | HPV VFC | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90651 | | HPV NON VFC | \$304.54 | \$304.54 | \$0.00 | \$307.61 | \$304.54 |
| 90619 | | Meningococcal ACWY- MenquadFi | \$154.00 | \$154.00 | \$0.00 | \$154.00 | \$154.00 |
| 90696 | | Kinrix (DtaP/IPV) | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90696 | Kinrix | Kinrix (DtaP/IPV) Non VFC | \$57.83 | \$57.83 | \$0.00 | \$60.93 | \$57.83 |
| 90698 | | Pentacel (DTaP/IPV/Hib) | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90698 | | Pentacel (DTaP/IPV/Hib) Non VFC | \$114.78 | \$114.78 | \$0.00 | \$114.78 | \$114.78 |
| 90697 | | Dtap/IPV/Hib/HepB-Vaxelis | \$143.78 | \$143.78 | \$0.00 | \$143.78 | \$143.78 |
| 90656 | | Influenza vaccine trivalent intramuscular | \$18.80 | \$18.80 | \$0.00 | \$22.35 | \$18.80 |
| 90660 | | Influenza virus vaccine trivalent intranasal | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90680 | | Rotavirus vaccine for oral use | \$21.96 | \$21.96 | \$0.00 | \$21.96 | \$21.96 |
| 90686 | | Influenza quadrivalent intramuscular | \$188.00 | \$188.00 | \$0.00 | \$22.35 | \$188.00 |
| 91321 | | COVID 19 mRNA 6 mo. to 11 years old | \$115.28 | \$115.28 | \$0.00 | \$147.06 | \$115.28 |
| 91322 | | COVID 19 mRNA 12+ years old | \$126.72 | \$126.72 | \$0.00 | \$161.65 | \$126.72 |
| 91304 | | COVID Novavax | \$0.00 | \$0.00 | \$0.00 | \$161.54 | \$0.00 |

BEFORE THE BOARD OF COMMISSIONERS

FOR MARION COUNTY, OREGON

In the matter of approving the updated fee schedule)
for services provided in Marion County’s)
Outpatient Behavioral Health Services, Addiction)
Treatment and Public Health programs)

ORDER NO. _____

This matter came before the Board of Commissioners at its regularly scheduled public meeting on March 4, 2026, to consider updates to Health Services Fee schedule, as previously presented in work session on December 2, 2025.

WHEREAS the Board finds it appropriate to approve the fee schedule as stated in Attachment A and incorporates the fee schedule by reference.

IT IS HEREBY ORDERED the fee schedule in Attachment A is approved.

DATED this 4th day of March, 2026.

MARION COUNY BOARD OF COMMISSIONERS

Chair

Commissioner

Commissioner