

Section 330

POVERTY LEVEL (FED. REGISTER 01/12/2022)

Under 100%	101% to 133%	134% to 166%	167% to 200%	201% to 250%	251 to 1000%
A	B	C	D	E	F

FAMILY SIZE - MIEMBROS EN LA FAMILIA

DENT1 Routine Fee = \$30
DENT2 Adv. Rehab = \$75
DENT3 Endodontics = \$100
DENT4 Adv. Surg = \$100
DENT 0 = \$0

1	2	3	4	5	6	7	8
\$ 0 to \$ 13,590	\$ 0 to \$ 18,310	\$ 0 to \$ 23,030	\$ 0 to \$ 27,750	\$ 0 to \$ 32,470	\$ 0 to \$ 37,190	\$ 0 to \$ 41,910	\$ 0 to \$ 46,630
to \$ 18,075	to \$ 24,352	to \$ 30,630	to \$ 36,908	to \$ 43,185	to \$ 49,463	to \$ 55,740	to \$ 62,018
to \$ 22,695	to \$ 30,578	to \$ 38,460	to \$ 46,343	to \$ 54,225	to \$ 62,107	to \$ 69,990	to \$ 77,872
to \$ 27,180	to \$ 36,620	to \$ 46,060	to \$ 55,500	to \$ 64,940	to \$ 74,380	to \$ 83,820	to \$ 93,260
to \$ 33,975	to \$ 45,775	to \$ 57,575	to \$ 69,375	to \$ 81,175	to \$ 92,975	to \$ 104,775	to \$ 116,575
above \$ 33,976	above \$ 45,776	above \$ 57,576	above \$ 69,376	above \$ 81,176	above \$ 92,976	above \$ 104,776	above \$ 116,576

DNT2C = \$75 per crown or pontic
DNT2D = \$75 per denture or prosthesis

For families/households with more than 8 persons, add \$4,720 for each additional person.

Srv. Code Description	Standard Fee	Nominal Fee	101% to 133%	134% to 166%	167% to 200%	201% to 250%	251 to 1000%	Lab Fee
(Patient Responsibility is discounted based on a percent of charge and income level)								
	Approximate Discount Percent:		60%	40%	20%	No Discount	No Discount	

DIAGNOSTIC TREATMENT (including lab) (Lab Fees Need To Be Added to the Fees Below)

Srv. Code Description	Standard Fee	Included in \$30 Routine Fee (DENT1)	101% to 133%	134% to 166%	167% to 200%	201% to 250%	251 to 1000%	Lab Fee
D0120 PERIODIC RECLL EXAM	\$ 70.00		\$ 28.00	\$ 42.00	\$ 56.00	\$ 70.00	\$ 70.00	
D0140 EMERGENCY ORAL EXAM	\$ 60.00		\$ 24.00	\$ 36.00	\$ 48.00	\$ 60.00	\$ 60.00	
D0145 INFANT/TODDLER EVALUATION	\$ 50.00		\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00	\$ 50.00	
D0150 INITIAL ORAL EXAM	\$ 80.00		\$ 32.00	\$ 48.00	\$ 64.00	\$ 80.00	\$ 80.00	
D0170 RE-EVAL- LIMITED, PROB FOCUSED(EST PT; NO	\$ 60.00		\$ 24.00	\$ 36.00	\$ 48.00	\$ 60.00	\$ 60.00	
D0210 COMPLETE INTRAORAL SERIES	\$ 150.00		\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00	\$ 150.00	
D0220 INTRAOR PERIAPICAL RADIO 1ST	\$ 20.00		\$ 8.00	\$ 8.00	\$ 11.00	\$ 20.00	\$ 20.00	
D0230 INTRAORAL PERIAP-EA ADDL FILM	\$ 15.00		\$ 6.00	\$ 6.00	\$ 8.00	\$ 15.00	\$ 15.00	
D0240 INTRAORAL OCCLUSAL FILM	\$ 30.00		\$ 12.00	\$ 18.00	\$ 24.00	\$ 30.00	\$ 30.00	
D0270 BITEWING RADIOGRAPH 1ST	\$ 20.00		\$ 8.00	\$ 12.00	\$ 16.00	\$ 20.00	\$ 20.00	
D0272 BITEWINGS 2 FILMS	\$ 40.00		\$ 16.00	\$ 24.00	\$ 32.00	\$ 40.00	\$ 40.00	
D0274 BITEWING 4 FILMS	\$ 80.00		\$ 32.00	\$ 32.00	\$ 43.00	\$ 80.00	\$ 80.00	
D0330 PANORAMIC FILM	\$ 100.00		\$ 40.00	\$ 60.00	\$ 80.00	\$ 100.00	\$ 100.00	
D0460 PULP VITALITY TEST	\$ 30.00		\$ 12.00	\$ 18.00	\$ 24.00	\$ 30.00	\$ 30.00	
D0470 DIAGNOSTIC CASTS	\$ 80.00		\$ 32.00	\$ 48.00	\$ 64.00	\$ 80.00	\$ 80.00	

PREVENTIVE TREATMENT

Srv. Code Description	Standard Fee	Included in \$30 Routine Fee (DENT1) - Plus additional lab fee	101% to 133%	134% to 166%	167% to 200%	201% to 250%	251 to 1000%	Lab Fee
D1110 PROPHYLAXIS-ADULT	\$ 80.00		\$ 32.00	\$ 48.00	\$ 64.00	\$ 80.00	\$ 80.00	
D1120 PROPHYLAXIS - CHILD	\$ 60.00		\$ 24.00	\$ 36.00	\$ 48.00	\$ 60.00	\$ 60.00	
D1203 ACID FLUORIDE TX-CHILD	\$ 50.00		\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00	\$ 50.00	
D1204 TOPICAL APPL. FLUORIDE ADULT	\$ 50.00		\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00	\$ 50.00	
D1206 FLUORIDE VARNISH	\$ 50.00		\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00	\$ 50.00	
D1310 NUTRITIONAL COUNSELING	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	
D1330 ORAL HYGIENE INSTRUCTION	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	
D1351 SEALANTS-PER TOOTH	\$ 50.00		\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00	\$ 50.00	
D1510 SPACE MAINT. FX-UNILATERAL	\$ 250.00		\$ 40.00	\$ 90.00	\$ 140.00	\$ 190.00	\$ 190.00	\$ 60.00
D1515 SPACE MAINT F BILATERAL	\$ 300.00		\$ 40.00	\$ 100.00	\$ 160.00	\$ 220.00	\$ 220.00	\$ 80.00

RESTORATIVE TREATMENT

Srv. Code Description	Standard Fee	Included in \$30 Routine Fee (DENT1)	101% to 133%	134% to 166%	167% to 200%	201% to 250%	251 to 1000%	Lab Fee
D2140 AMALGAM 1 SURFACE	\$ 80.00		\$ 32.00	\$ 48.00	\$ 64.00	\$ 80.00	\$ 80.00	
D2150 AMALGAM 2 SURFACE	\$ 110.00		\$ 44.00	\$ 66.00	\$ 88.00	\$ 110.00	\$ 110.00	
D2160 AMALGAM 3 SURFACE	\$ 150.00		\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00	\$ 150.00	
D2161 AMALGAM 4 OR MORE SURF	\$ 170.00		\$ 68.00	\$ 102.00	\$ 136.00	\$ 170.00	\$ 170.00	
D2330 RESIN 1/SURFACE ANTEIOR	\$ 110.00		\$ 44.00	\$ 66.00	\$ 88.00	\$ 110.00	\$ 110.00	
D2331 RESIN 2 SURFACES ANTERIOR	\$ 150.00		\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00	\$ 150.00	
D2332 RESIN 3 SURFACES ANTERIOR	\$ 180.00		\$ 72.00	\$ 108.00	\$ 144.00	\$ 180.00	\$ 180.00	
D2335 RESIN:4+ SURFS.OR INVOLV.INCIS.ANG	\$ 200.00		\$ 80.00	\$ 120.00	\$ 160.00	\$ 200.00	\$ 200.00	
D2390 RESIN-BASED COMPOSITE CROWN ANTERIO	\$ 250.00		\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00	\$ 250.00	
D2391 RESIN-1 SURFACE POSTERIOR	\$ 150.00		\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00	\$ 150.00	
D2392 RESIN-2 SURFACE, POSTERIOR	\$ 180.00		\$ 72.00	\$ 108.00	\$ 144.00	\$ 180.00	\$ 180.00	
D2393 RESIN-3 SURFACE, POSTERIOR	\$ 200.00		\$ 80.00	\$ 120.00	\$ 160.00	\$ 200.00	\$ 200.00	
D2394 RESIN-4 OR MORE SURFACES, POSTERIOR	\$ 250.00		\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00	\$ 250.00	
D2542** 2 Surface Gold Onlay	\$ 800.00		\$ 500.00	\$ 550.00	\$ 600.00	\$ 650.00	\$ 650.00	\$ 150.00
D2543** 3 Surface Gold Onlay	\$ 900.00		\$ 575.00	\$ 625.00	\$ 675.00	\$ 725.00	\$ 725.00	\$ 175.00
D2544** 4 Surface Gold Onlay	\$ 1,000.00		\$ 600.00	\$ 650.00	\$ 725.00	\$ 800.00	\$ 800.00	\$ 200.00
D2740**T CROWN-PORC/CERAMIC SUBSTRATE	\$ 1,000.00		\$ 650.00	\$ 750.00	\$ 800.00	\$ 850.00	\$ 850.00	\$ 150.00
D2750**T CROWN-PORC FUSED HIGH NOBLE METAL	\$ 1,200.00		\$ 650.00	\$ 750.00	\$ 850.00	\$ 1,000.00	\$ 1,000.00	\$ 200.00
D2752**T CROWN-PORC FUSED/NOBLE METAL	\$ 1,000.00		\$ 650.00	\$ 750.00	\$ 800.00	\$ 850.00	\$ 850.00	\$ 150.00
D2790**T CROWN/FULL CAST HIGH NOBLE METAL	\$ 1,200.00		\$ 650.00	\$ 750.00	\$ 850.00	\$ 1,000.00	\$ 1,000.00	\$ 200.00
D2792**T CROWN/FULL CAST NOBLE METAL	\$ 1,100.00		\$ 650.00	\$ 750.00	\$ 850.00	\$ 950.00	\$ 950.00	\$ 150.00
D2920 RECEMENT CROWN	\$ 75.00	\$30 Routine (DENT1)	\$ 30.00	\$ 45.00	\$ 60.00	\$ 75.00	\$ 75.00	
D2930 STAINLESS STEEL CROWN	\$ 200.00	\$75 Adv Rehab (DENT2)	\$ 80.00	\$ 120.00	\$ 160.00	\$ 200.00	\$ 200.00	
D2940 SEDATIVE FILLING	\$ 75.00	\$30 Routine (DENT1)	\$ 30.00	\$ 45.00	\$ 60.00	\$ 75.00	\$ 75.00	
D2950 CROWN BUILD/UP (AMALG.OR COMPOSITE)	\$ 250.00		\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00	\$ 250.00	
D2951 CROWN BUILD-UP (COMPOSITE)	\$ 250.00		\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00	\$ 250.00	
D2952** POST AND CORE CAST	\$ 350.00	\$75 Adv Rehab (DENT2) - Plus additional lab fee	\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00	\$ 250.00	\$ 100.00
D2954 PREFAB POST&CORE IN ADD CROWN	\$ 250.00		\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00	\$ 250.00	
D2961** LABIAL VENEER/RESIN/LAB	\$ 700.00		\$ 300.00	\$ 400.00	\$ 500.00	\$ 600.00	\$ 600.00	\$ 100.00
D2962** PORCELAIN VENEER LAMINATE	\$ 700.00		\$ 275.00	\$ 375.00	\$ 475.00	\$ 550.00	\$ 550.00	\$ 150.00
D2970 TEMP/CROWN FRACTURE TOOTH	\$ 250.00		\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00	\$ 250.00	

ENDODONTICS

Srv. Code Description	Standard Fee	\$30 Routine (DENT1)	101% to 133%	134% to 166%	167% to 200%	201% to 250%	251 to 1000%	Lab Fee
D3110 PULP CAP DIRECT	\$ 75.00		\$ 30.00	\$ 45.00	\$ 60.00	\$ 75.00	\$ 75.00	
D3120 PULP CAP INDIRECT	\$ 75.00		\$ 30.00	\$ 45.00	\$ 60.00	\$ 75.00	\$ 75.00	
D3220 VITAL PULPOTOMY	\$ 150.00		\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00	\$ 150.00	
D3310 Endodontic therapy,ANTERIOR tooth-excl final resto	\$ 600.00		\$ 240.00	\$ 360.00	\$ 480.00	\$ 600.00	\$ 600.00	
D3320 Endodontic therapy,PREMOLAR tooth-excl final resto	\$ 700.00		\$ 280.00	\$ 420.00	\$ 560.00	\$ 700.00	\$ 700.00	
D3330 Endodontic therapy,MOLAR tooth-excl final restor	\$ 900.00		\$ 360.00	\$ 540.00	\$ 720.00	\$ 900.00	\$ 900.00	
D3351 APEXIFICATION-INITIAL VISIT	\$ 100.00		\$ 40.00	\$ 60.00	\$ 80.00	\$ 100.00	\$ 100.00	
D3352 APEXIFICATION/RECALCIFICATION-INTER	\$ 80.00		\$ 32.00	\$ 48.00	\$ 64.00	\$ 80.00	\$ 80.00	
D3353 APEXIFICATION/RECALCIF FINAL VISIT	\$ 13.00		\$ 8.00	\$ 8.00	\$ 10.40	\$ 13.00	\$ 13.00	
D3410 APICOECTOMY(PER TOOTH) 1 ROOT	\$ 300.00	\$100 Endodontics (DENT3)	\$ 120.00	\$ 180.00	\$ 240.00	\$ 300.00	\$ 300.00	
D3421 APICOECTOMY (BICUSPID)	\$ 500.00		\$ 200.00	\$ 300.00	\$ 400.00	\$ 500.00	\$ 500.00	
D3425 APICOECTOMY (MOLAR)	\$ 700.00		\$ 280.00	\$ 420.00	\$ 560.00	\$ 700.00	\$ 700.00	
D3430 RETROGRADE FILLING	\$ 150.00		\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00	\$ 150.00	
D3450 ROOT AMPUTATION-PER ROOT	\$ 150.00		\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00	\$ 150.00	
D3920 HEMISECTION	\$ 300.00		\$ 120.00	\$ 180.00	\$ 240.00	\$ 300.00	\$ 300.00	

Section 330

POVERTY LEVEL (FED. REGISTER 01/12/2022)

**Under 100%
A**

**101% to 133%
B**

**134% to 166%
C**

**167% to 200%
D**

**201% to 250%
E**

**251 to 1000%
F**

FAMILY SIZE - MIEMBROS EN LA FAMILIA

DENT1 Routine Fee = \$30	
DENT2 Adv. Rehab = \$75	
DENT3 Endodontics = \$100	
DENT4 Adv. Surg = \$100	
DENT 0 = \$0	
DNT2C = \$75 per crown or pontic	
DNT2D = \$75 per denture or prosthesis	

1	\$ 0 to \$	13,590	to \$	18,075	to \$	22,695	to \$	27,180	to \$	33,975	above \$	33,976
2	\$ 0 to \$	18,310	to \$	24,352	to \$	30,578	to \$	36,620	to \$	45,775	above \$	45,776
3	\$ 0 to \$	23,030	to \$	30,630	to \$	38,460	to \$	46,060	to \$	57,575	above \$	57,576
4	\$ 0 to \$	27,750	to \$	36,908	to \$	46,343	to \$	55,500	to \$	69,375	above \$	69,376
5	\$ 0 to \$	32,470	to \$	43,185	to \$	54,225	to \$	64,940	to \$	81,175	above \$	81,176
6	\$ 0 to \$	37,190	to \$	49,463	to \$	62,107	to \$	74,380	to \$	92,975	above \$	92,976
7	\$ 0 to \$	41,910	to \$	55,740	to \$	69,990	to \$	83,820	to \$	104,775	above \$	104,776
8	\$ 0 to \$	46,630	to \$	62,018	to \$	77,872	to \$	93,260	to \$	116,575	above \$	116,576

For families/households with more than 8 persons, add \$4,720 for each additional person.

Srv. Code	Description	Standard Fee	Nominal Fee	101% to 133%	134% to 166%	167% to 200%	201% to 250%	251 to 1000%	Lab Fee
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(Patient Responsibility is discounted based on a percent of charge and income level)

Approximate Discount Percent: 60% 40% 20% No Discount No Discount

PERIODONTICS

D4210	GINGIVECTOMY QUAD	\$ 450.00	\$100 Adv Surgical (DENT4)	\$ 180.00	\$ 270.00	\$ 360.00	\$ 450.00	\$ 450.00	
D4211	GINGIVECTOMY PER TOOTH	\$ 150.00		\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00	\$ 150.00	
D4240	GINGIVAL FLAP PROC PER QUAD	\$ 700.00		\$ 280.00	\$ 420.00	\$ 560.00	\$ 700.00	\$ 700.00	
D4249	CROWN LENGTHENING	\$ 500.00		\$ 200.00	\$ 300.00	\$ 400.00	\$ 500.00	\$ 500.00	
D4260	OSSEOUS SQ	\$ 500.00		\$ 200.00	\$ 300.00	\$ 400.00	\$ 500.00	\$ 500.00	
D4270	PEDICLE GRAFT	\$ 350.00		\$ 140.00	\$ 210.00	\$ 280.00	\$ 350.00	\$ 350.00	
D4271	FREE GINGIVAL GRAFT	\$ 400.00	\$ 160.00	\$ 240.00	\$ 320.00	\$ 400.00	\$ 400.00		
D4341	PERI.SCALING & ROOT PLANING.PER QUAD	\$ 150.00	\$30 Routine (DENT1)	\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00	\$ 150.00	
D4342	PERI.SCAL.&ROOT 1 TO 3 TEETH	\$ 100.00		\$ 40.00	\$ 60.00	\$ 80.00	\$ 100.00	\$ 100.00	
D4355	FULL MOUTH DEBRIDEMENT	\$ 80.00		\$ 32.00	\$ 48.00	\$ 64.00	\$ 80.00	\$ 80.00	
D4910	PERIO PROPHYLAXIS	\$ 80.00		\$ 32.00	\$ 48.00	\$ 64.00	\$ 80.00	\$ 80.00	

PROSTHODONTICS (REMOVABLE)

D5110**D	COMPLETE MAX DENTURE	\$ 1,200.00	\$75 Adv Rehab (DENT2) - Plus additional lab fee	\$ 550.00	\$ 650.00	\$ 850.00	\$ 950.00	\$ 950.00	\$ 250.00	
D5120**D	COMPLETE MAND DENTURE	\$ 1,200.00		\$ 550.00	\$ 650.00	\$ 850.00	\$ 950.00	\$ 950.00	\$ 250.00	
D5130**D	COMPLETE IMM. UPPER DENTURE	\$ 1,300.00		\$ 700.00	\$ 800.00	\$ 900.00	\$ 1,000.00	\$ 1,000.00	\$ 300.00	
D5140**D	COMPLETE IMM. LOWER DENTURE	\$ 1,300.00		\$ 700.00	\$ 800.00	\$ 900.00	\$ 1,000.00	\$ 1,000.00	\$ 300.00	
D5211**D	MAX PARTIAL DENTURE - RESIN BASE	\$ 1,100.00		\$ 250.00	\$ 410.00	\$ 520.00	\$ 630.00	\$ 850.00	\$ 250.00	
D5212**D	MAND PARTIAL DENTURE - RESIN BASE	\$ 1,100.00		\$ 250.00	\$ 410.00	\$ 520.00	\$ 630.00	\$ 850.00	\$ 250.00	
D5213**D	PARTIAL MAX DENTURE CAST BASE	\$ 1,500.00		\$ 800.00	\$ 900.00	\$ 1,000.00	\$ 1,200.00	\$ 1,200.00	\$ 300.00	
D5214**D	PARTIAL MAND DENTURE CAST BASE	\$ 1,500.00		\$ 800.00	\$ 900.00	\$ 1,000.00	\$ 1,200.00	\$ 1,200.00	\$ 300.00	
D5410*	ADJUST COMPLETE DENTURE UPPER	\$ 80.00		\$30 Routine (DENT1)	\$ 32.00	\$ 48.00	\$ 64.00	\$ 80.00	\$ 80.00	
D5411*	ADJUST COMPLETE DENTURE LOWER	\$ 80.00			\$ 32.00	\$ 48.00	\$ 64.00	\$ 80.00	\$ 80.00	
D5421*	DENTURE ADJ PART/UPPPER	\$ 80.00	\$ 32.00		\$ 48.00	\$ 64.00	\$ 80.00	\$ 80.00		
D5422*	DENTURE ADJ PART/LOWER	\$ 80.00	\$ 32.00	\$ 48.00	\$ 64.00	\$ 80.00	\$ 80.00			
D5225**D	MAXILLARY PARTIAL DENTURE FLEX BA	\$ 1,500.00	\$75 Adv Rehab (DENT2) - Plus additional lab fee	\$ 800.00	\$ 900.00	\$ 1,000.00	\$ 1,200.00	\$ 1,200.00	\$ 300.00	
D5226**D	MANDIBULAR PART DENTURE FLEX BASE	\$ 1,500.00		\$ 800.00	\$ 900.00	\$ 1,000.00	\$ 1,200.00	\$ 1,200.00	\$ 300.00	
D5511**D	REPAIR BROKEN COMPL DENT BASE, MAND	\$ 200.00		\$ 85.00	\$ 95.00	\$ 105.00	\$ 125.00	\$ 125.00	\$ 75.00	
D5512**D	REPAIR BROKEN COMPL DENT BASE, MAX	\$ 200.00		\$ 85.00	\$ 95.00	\$ 105.00	\$ 125.00	\$ 125.00	\$ 75.00	
D5611**D	REPAIR RESIN PD BASE, MANDIBULAR	\$ 200.00		\$ 85.00	\$ 95.00	\$ 105.00	\$ 125.00	\$ 125.00	\$ 75.00	
D5612**D	REPAIR RESIN PD BASE, MAXILLARY	\$ 200.00		\$ 85.00	\$ 95.00	\$ 105.00	\$ 125.00	\$ 125.00	\$ 75.00	
D5621**D	REPAIR CAST PART FRAMEWORK, MAND	\$ 200.00		\$ 85.00	\$ 95.00	\$ 105.00	\$ 125.00	\$ 125.00	\$ 75.00	
D5622**D	REPAIR CAST PART FRAMEWORK, MAX	\$ 200.00		\$ 85.00	\$ 95.00	\$ 105.00	\$ 125.00	\$ 125.00	\$ 75.00	
D5630**T	REPAIR PARTIAL BROKEN CLASP	\$ 200.00		\$ 85.00	\$ 95.00	\$ 105.00	\$ 125.00	\$ 125.00	\$ 75.00	
D5650**T	ADD TOOTH-EXSTNG PART.DENT	\$ 200.00		\$ 85.00	\$ 95.00	\$ 105.00	\$ 125.00	\$ 125.00	\$ 75.00	
D5730*D	RELIN COMPP UPPER DENT/CHAIR	\$ 150.00		\$30 Routine (DENT1)	\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00	\$ 150.00	
D5731*D	RELIN/COMPL.LOWR DENT/CHAIR	\$ 150.00			\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00	\$ 150.00	
D5740*D	RELIN UPPER PART DENT-CHAIR	\$ 100.00	\$ 40.00		\$ 60.00	\$ 80.00	\$ 100.00	\$ 100.00		
D5741*D	RELIN/LOWER PART/DENT CHAIR	\$ 100.00	\$ 40.00	\$ 60.00	\$ 80.00	\$ 100.00	\$ 100.00			
D5750**D	RELIN COMPLETE UPPER DENT-LAB	\$ 400.00	\$75 Adv Rehab (DENT2) - Plus additional lab fee	\$ 125.00	\$ 175.00	\$ 225.00	\$ 275.00	\$ 275.00	\$ 125.00	
D5751**D	RELIN COMPLETE LOWER DENT-LAB	\$ 400.00		\$ 125.00	\$ 175.00	\$ 225.00	\$ 275.00	\$ 275.00	\$ 125.00	
D5760**D	RELIN UPPER PARTIAL DENT-LAB	\$ 400.00		\$ 125.00	\$ 175.00	\$ 225.00	\$ 275.00	\$ 275.00	\$ 125.00	
D5761**D	RELIN LOWER PART DENT-LAB	\$ 400.00		\$ 125.00	\$ 175.00	\$ 225.00	\$ 275.00	\$ 275.00	\$ 125.00	
D5820**	TEMP/PART STAYPLATE UPPER-DENT	\$ 400.00		\$ 125.00	\$ 175.00	\$ 225.00	\$ 275.00	\$ 275.00	\$ 125.00	
D5821**	TEMP/PARTIAL LOWER-DENT	\$ 400.00	\$ 125.00	\$ 175.00	\$ 225.00	\$ 275.00	\$ 275.00	\$ 125.00		

PROSTHODONTICS FIXED

D6065**T	Implant Supported Porcelain/Ceramic Crown	\$ 1,300.00	\$75 Adv Rehab (DENT2)	\$ 650.00	\$ 750.00	\$ 850.00	\$ 1,000.00	\$ 1,000.00	\$ 300.00
D6066**T	Implant Supported Porcelain Fused to Metal Crown (t	\$ 1,300.00		\$ 650.00	\$ 750.00	\$ 850.00	\$ 1,000.00	\$ 1,000.00	\$ 300.00
D6067**T	Implant Supported Metal Crown (titanium, titanium all	\$ 1,300.00		\$ 650.00	\$ 750.00	\$ 850.00	\$ 1,000.00	\$ 1,000.00	\$ 300.00
D6211**	MARYLAND BR PONTIC	\$ 300.00		\$ 90.00	\$ 110.00	\$ 125.00	\$ 150.00	\$ 150.00	\$ 150.00
D6242**	PONTIC PORC/FUSE NOBLE-METAL	\$ 1,000.00		\$ 650.00	\$ 750.00	\$ 800.00	\$ 850.00	\$ 850.00	\$ 150.00
D6545**	MARYLAND BR. RET	\$ 300.00		\$ 90.00	\$ 110.00	\$ 125.00	\$ 150.00	\$ 150.00	\$ 150.00
D6752**T	PORCL/FSE SEMI/PRECS ABTMT	\$ 1,000.00		\$ 650.00	\$ 750.00	\$ 800.00	\$ 850.00	\$ 850.00	\$ 150.00
D6792**T	CROWN FULL CAST NOBLE METAL	\$ 1,000.00		\$ 650.00	\$ 750.00	\$ 800.00	\$ 850.00	\$ 850.00	\$ 150.00
D6930	RECEMENT BRIDGE			\$30 Routine (DENT1)			\$ -		

ORAL AND MAXILLOFACIAL SURGERY

D7111	CORONAL REMNANTS-DECIDUOUS TOOTH	\$ 100.00	\$30 Routine (DENT1)	\$ 40.00	\$ 60.00	\$ 80.00	\$ 100.00	\$ 100.00	
D7140	EXTRACTION-ERUPT TOOTH/EXPOSED ROOT	\$ 150.00		\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00	\$ 150.00	
D7210	SURG EXTRACT ERUPT TOOTH	\$ 200.00		\$ 110.00	\$ 120.00	\$ 160.00	\$ 200.00	\$ 200.00	
D7220	RMVL/IMPCTED TOOTH-S TISSUE	\$ 350.00	\$100 Adv Surgical (DENT4)	\$ 140.00	\$ 210.00	\$ 280.00	\$ 350.00	\$ 350.00	
D7230	PARTIAL BONY IMPACTION	\$ 400.00		\$ 160.00	\$ 240.00	\$ 320.00	\$ 400.00	\$ 400.00	
D7240	COMPLETE BONY IMPACTION	\$ 500.00		\$ 200.00	\$ 300.00	\$ 400.00	\$ 500.00	\$ 500.00	
D7250	SRG RMVL RESDL TOOTH ROOTS	\$ 200.00		\$ 110.00	\$ 120.00	\$ 160.00	\$ 200.00	\$ 200.00	
D7260	OROANTRAL FISTULA CLOSURE	\$ 300.00		\$ 120.00	\$ 180.00	\$ 240.00	\$ 300.00	\$ 300.00	
D7270	TOOTH REIMPLANT/STABLELIZE	\$ 200.00		\$ 110.00	\$ 120.00	\$ 160.00	\$ 200.00	\$ 200.00	
D7272	TOOTH TRANSPLANTATION	\$ 200.00		\$ 110.00	\$ 120.00	\$ 160.00	\$ 200.00	\$ 200.00	
D7280	SURGICAL EXPOSURE FOR ERUP	\$ 200.00		\$ 110.00	\$ 120.00	\$ 160.00	\$ 200.00	\$ 200.00	
D7286	BIOPSY ORAL TISSUE-SOFT	\$ 150.00		\$ 100.00	\$ 110.00	\$ 120.00	\$ 150.00	\$ 150.00	
D7310	ALVEOLOPLASTY/PER QUAD W/EXT	\$ 150.00		\$ 100.00	\$ 110.00	\$ 120.00	\$ 150.00	\$ 150.00	
D7320	ALVEOLOPLASTY NOT IN CONJUNC W EXT	\$ 200.00		\$ 110.00	\$ 120.00	\$ 160.00	\$ 200.00	\$ 200.00	
D7340	VESTIBULOPLASTY	\$ 250.00		\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00	\$ 250.00	
D7350	VESTIBULOPLASTY-INCL.SOFT TISS GRAF	\$ 300.00		\$ 120.00	\$ 180.00	\$ 240.00	\$ 300.00	\$ 300.00	
D7471	REMOVAL OF LATERAL EXOSTOSIS	\$ 300.00		\$ 120.00	\$ 180.00	\$ 240.00	\$ 300.00	\$ 300.00	
D7510	I&D INTRAORAL SOFT TISSUE	\$ 150.00		\$ 100.00	\$ 110.00	\$ 120.00	\$ 150.00	\$ 150.00	
D7520	I&D ABSCESS-EXTRAORAL	\$ 250.00		\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00	\$ 250.00	
D7530	REMOVAL F/B: SKIN/SUBCUT. TISSUE	\$ 250.00		\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00	\$ 250.00	
D7560	MAXILLARY SINUSOSTOMY	\$ 250.00		\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00	\$ 250.00	

Section 330

POVERTY LEVEL (FED. REGISTER 01/12/2022)

Under 100%
A

101% to 133%
B

134% to 166%
C

167% to 200%
D

201% to 250%
E

251 to 1000%
F

FAMILY SIZE - MIEMBROS EN LA FAMILIA

DENT1 Routine Fee = \$30	
DENT2 Adv. Rehab = \$75	
DENT3 Endodontics = \$100	
DENT4 Adv. Surg = \$100	
DENT 0 = \$0	
DNT2C = \$75 per crown or pontic	
DNT2D = \$75 per denture or prosthesis	

Family Size	Under 100% (A)	101% to 133% (B)	134% to 166% (C)	167% to 200% (D)	201% to 250% (E)	251 to 1000% (F)
1	\$ 0 to \$ 13,590	to \$ 18,075	to \$ 22,695	to \$ 27,180	to \$ 33,975	above \$ 33,976
2	\$ 0 to \$ 18,310	to \$ 24,352	to \$ 30,578	to \$ 36,620	to \$ 45,775	above \$ 45,776
3	\$ 0 to \$ 23,030	to \$ 30,630	to \$ 38,460	to \$ 46,060	to \$ 57,575	above \$ 57,576
4	\$ 0 to \$ 27,750	to \$ 36,908	to \$ 46,343	to \$ 55,500	to \$ 69,375	above \$ 69,376
5	\$ 0 to \$ 32,470	to \$ 43,185	to \$ 54,225	to \$ 64,940	to \$ 81,175	above \$ 81,176
6	\$ 0 to \$ 37,190	to \$ 49,463	to \$ 62,107	to \$ 74,380	to \$ 92,975	above \$ 92,976
7	\$ 0 to \$ 41,910	to \$ 55,740	to \$ 69,990	to \$ 83,820	to \$ 104,775	above \$ 104,776
8	\$ 0 to \$ 46,630	to \$ 62,018	to \$ 77,872	to \$ 93,260	to \$ 116,575	above \$ 116,576

For families/households with more than 8 persons, add \$4,720 for each additional person.

Srv. Code	Description	Standard Fee	Nominal Fee	101% to 133%	134% to 166%	167% to 200%	201% to 250%	251 to 1000%	Lab Fee
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(Patient Responsibility is discounted based on a percent of charge and income level)

		Approximate Discount Percent:		60%	40%	20%	No Discount	No Discount	
D7880**	OCCLUSAL APPLIANCE	\$ 425.00	\$75 Adv Rehab (DENT2) - Plus additional lab fee	\$ 150.00	\$ 200.00	\$ 250.00	\$ 300.00	\$ 300.00	\$ 125.00
D7960	FRENULLECTOMY	\$ 300.00	\$100 Adv Surgical (DENT4)	\$ 120.00	\$ 180.00	\$ 240.00	\$ 300.00	\$ 300.00	\$ 300.00
D7970	EXCISION HYPERPLASTIC TISSUE	\$ 100.00	\$30 Routine (DENT1)	\$ 40.00	\$ 60.00	\$ 80.00	\$ 100.00	\$ 100.00	\$ 100.00
D7971	EXCISION PERICORONAL GINGIVA	\$ 100.00		\$ 40.00	\$ 60.00	\$ 80.00	\$ 100.00	\$ 100.00	\$ 100.00

OTHER

D9110	PALLIATIVE TX (EMERGENCY)	\$ 70.00	\$30 Routine (DENT1)	\$ 32.00	\$ 42.00	\$ 56.00	\$ 70.00	\$ 70.00	
D9910	APPLICATION OF DESEN. MEDICATION	\$ 40.00		\$ 16.00	\$ 24.00	\$ 32.00	\$ 40.00	\$ 40.00	\$ 40.00
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	\$ 425.00	\$75 Adv Rehab (DENT2) -	\$ 150.00	\$ 200.00	\$ 250.00	\$ 300.00	\$ 300.00	\$ 125.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$ 150.00	\$30 Routine (DENT1)	\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00	\$ 150.00	\$ 150.00
D9943	OCCLUSAL GUARD ADJUSTMENT	\$ 80.00		\$ 32.00	\$ 48.00	\$ 64.00	\$ 80.00	\$ 80.00	\$ 80.00
D9944	OCCLUSAL GUARD – HARD APPL, FULL ARCH	\$ 425.00	\$75 Adv Rehab (DENT2) - Plus additional lab fee	\$ 150.00	\$ 200.00	\$ 250.00	\$ 300.00	\$ 300.00	\$ 125.00
D9945	OCCLUSAL GUARD – SOFT APPL, FULL ARCH	\$ 425.00		\$ 150.00	\$ 200.00	\$ 250.00	\$ 300.00	\$ 300.00	\$ 125.00
D9946	OCCLUSAL GUARD – HARD APPL, PARTIAL ARCH	\$ 425.00		\$ 150.00	\$ 200.00	\$ 250.00	\$ 300.00	\$ 300.00	\$ 125.00
D9951	OCCLUSAL ADJUST-LTD	\$ 50.00	\$30 Routine (DENT1)	\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00	\$ 50.00	\$ 50.00
D9952	OCCLUSAL ADJUSTMENT-COMPLETE	\$ 50.00	\$30 Routine (DENT1)	\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00	\$ 50.00	\$ 50.00
D9975**	EXTERNAL BLEACHING FOR HOME APPLIC	\$ 300.00	\$75 Adv Rehab (DENT2)	\$ 150.00	\$ 175.00	\$ 200.00	\$ 250.00	\$ 250.00	\$ 50.00
D9974	INTERNAL BLEACHING-PER TOOTH	\$ 200.00	\$30 Routine (DENT1)	\$ 80.00	\$ 120.00	\$ 160.00	\$ 200.00	\$ 200.00	\$ 200.00

KEY

DESCRIPTION

- ** Professional fee does not include lab fee
- * Adjustments included for first 6 months at no extra cost
- D The Dental Lab Fee is PER DENTURE and the Dental Visit Fee for Slide A/Nominal Fee patients also applies PER DENTURE.
- T The Dental Lab Fee is PER TOOTH, including any missing teeth, AND the Dental Visit fee for slide A/Nominal Fee patients also applies PER TOOTH.
Example: Patient A has two porcelain to noble crowns constructed at the same time. Two visits are needed to complete the procedures.
Their lab fee is \$150 x 2 crowns = \$300.
Their total Sliding Fee Scale A/Nominal Fee would be \$75/visit x 2 visits x 2 crowns = \$300
Their Slide A/Nominal Fee Dummy Code would be DNT2C entered once per tooth per visit (Example: Tooth # 8 x DNT2C + Tooth #9 x DNT2C)
Their total fee would be their dental lab fee + their visit fees = \$300 + \$300 = \$600

If 2 dentures are being constructed at the same time,
the Slide A/Nominal Fee Dummy Code would be DNT2D entered once per arch per visit (Example: Maxillary Complete Denture x DNT2D + Mandibular Complete x DNT2D)

- If 1 crown or 1 denture is being constructed per visit for a Slide A/Nominal Fee patient, then use DUMMY CODE DENT2 (\$75)
- If 1 crown and 1 denture are both being constructed together per visit for a Slide A/Nominal Fee patient, then use DUMMY CODES DNT2C (\$75) + DENT2 (\$75)
- If 1 crown and 2 dentures are being constructed per visit for a Slide A/Nominal Fee patient, then use DUMMY CODES DNT2C (\$75) + DNT2D [Maxillary] (\$75) + DNT2D [Mandibular] (\$75)
- If 2 crowns and 2 dentures are being constructed per visit for a Slide A/Nominal Fee patient, then use DUMMY CODES DNT2C (\$75) + DNT2C (\$75) + DNT2D [Maxillary] (\$75) + DNT2D [Mandibular] (\$75)

There may be additional fees and charges for lab / supply costs in addition to your nominal fee charge. Please refer to the Lab/Supply Fee Schedule.
If you need additional assistance in paying for services, please ask the staff about Care Solutions