

SLIDING FEE DISCOUNT SCALE - DENTAL SERVICES									
FEDERAL POVERTY GUIDELINES 2024									
DISCOUNT COLUMN	A		B		C		D		E
Family Size	From	To	From	To	From	To	From	To	Over
1	\$0	\$15,060	\$15,061	\$20,783	\$20,784	\$22,590	\$22,591	\$30,120	\$30,121
2	\$0	\$20,440	\$20,441	\$28,207	\$28,208	\$30,660	\$30,661	\$40,880	\$40,881
3	\$0	\$25,820	\$25,821	\$35,632	\$35,633	\$38,730	\$38,731	\$51,640	\$51,641
4	\$0	\$31,200	\$31,201	\$43,056	\$43,057	\$46,800	\$46,801	\$62,400	\$62,401
5	\$0	\$36,580	\$36,581	\$50,480	\$50,481	\$54,870	\$54,871	\$73,160	\$73,161
6	\$0	\$41,960	\$41,961	\$57,905	\$57,906	\$62,940	\$62,941	\$83,920	\$83,921
7	\$0	\$47,340	\$47,341	\$65,329	\$65,330	\$71,010	\$71,011	\$94,680	\$94,681
8	\$0	\$52,720	\$52,721	\$72,754	\$72,755	\$79,080	\$79,081	\$105,440	\$105,441
9	\$0	\$58,100	\$58,101	\$80,178	\$80,179	\$87,150	\$87,151	\$116,200	\$116,201
10	\$0	\$63,480	\$63,481	\$87,602	\$87,603	\$95,220	\$95,221	\$126,960	\$126,961
Each Additional Person	\$5,380		\$7,424		\$8,070		\$10,760		\$10,760
Poverty Level	0 to 100% Poverty		101% to 138% Poverty		139% to 150% Poverty		151% to 200% Poverty		Over 200%
Percentage of Discount to be Billed to Patient Charges (or Flat Rates)	\$30.00 Flat Nominal Fee for Yellow 75% Discount for Red 70% Discount for Green 65% Discount for White *100% Discount for Emergency Exam		50% Discount for Yellow 70% Discount for Red 65% Discount for Green 60% Discount for White *100% Discount for Emergency Exam		40% Discount for Yellow 60% Discount for Red 50% Discount for Green 45% Discount for White *100% Discount for Emergency Exam		30% Discount for Yellow 50% Discount for Red 40% Discount for Green 40% Discount for White *\$40 Flat Rate for Emergency Exam		Pay 100% of Visit Cost

<p>❖ Sliding Fee Scale:</p>	<ul style="list-style-type: none"> • Patients are assigned to appropriate Sliding Fee Scale Level. • Patients are expected to pay according to their Sliding Fee Scale where each procedure will be charged with the appropriate Sliding Fee Discounts. • Patients classified under Column A will only be charged a total the Flat Nominal Fee for all YELLOW procedures, any additional procedures will be charged additionally according to the Sliding Fee Scale. * Patients seen for an Emergency Exam will receive distinct rates according to the Sliding Fee Scale for procedures identified as Emergency Procedures, any additional non-Emergency Procedures will be charged additionally according to the Sliding Fee Scale.
<p>❖ Medi-Cal Patients:</p>	<ul style="list-style-type: none"> • For those with full-scope dental coverage, procedures covered are listed in the Medi-Cal manual. • For those with emergency/pregnancy coverage, follow list of limited services. • Need to refer to Medi-Cal Guidelines to determine whether patient meets the requirement for procedure to be covered by Medi-Cal. • Patients are assigned to the Sliding Fee Scale for procedures that are not covered.
<p>❖ MHLA: (Must show proof of LA County residency)</p>	<ul style="list-style-type: none"> • No charge for MHLA covered procedures. • Follow partially restored Medi-Cal list of services for covered procedures. • Need to refer to Medi-Cal guidelines to determine whether patient meets the requirement for procedure to be covered by MHLA. • For non-MHLA covered procedures, refer to the Dental Sliding Fee Scale for fees.
<p>❖ MAI:</p>	<ul style="list-style-type: none"> • Need to meet income, residency, and medical status requirements. • Check eligibility in Case Watch. • Can cover services not covered by Medi-Cal.

Diagnostic		
Periodic Exam	D0120	\$63
Emerg/Limited Exam	D0140	\$94
Oral Eval for patient under 3 years old	D0145	\$84
Initial Oral Exam	D0150	\$108
Oral Evaluation	D0160	\$194
Re-evaluation, limited	D0170	\$92
Re-evaluation - post-op office visit	D0171	\$92
Screening of a Patient	D0190	\$102
Assessment of a Patient	D0191	\$100

X-rays		
Complete Series (FMX)	D0210	\$163
Periapical, First Film	D0220	\$38
Periapical, Each Additional	D0230	\$31
Occlusal Film	D0240	\$51
Bitewing, Single Film	D0270	\$36
Bitewings, Two Films	D0272	\$36
Bitewings, Four Films	D0274	\$81

Preventive		
Adult Prophylaxis	D1110	\$113
Child Prophylaxis	D1120	\$85
Topical App of Fluoride varnish	D1206	\$54
Topical App of Fluoride exc varnish	D1208	\$47
Sealant, per tooth	D1351	\$69
Preventive Resin Restoration	D1352	\$138
Space Maintainer, fix, unil	D1510	\$387
Space Maintainer, fix, bil	D1515	\$513
Space Maintainer, remov, unil	D1520	\$473
Space Maintainer, remov, bil	D1525	\$582
Re-cement Space Maintainer	D1550	\$105
Removal of Fixed Space Maintainer	D1555	\$102

Adjunctive Services		
Palliative Treatment	D9110	\$161
Office Visit for Observation	D9430	\$97
Appl of Desen, resin adhes, per th	D9911	\$97
Tx of Complications Post Sx	D9930	\$157
Occlusal Guard	D9940	\$741

Periodontics		
Perio Scaling 4+th/quad	D4341	\$317
Perio Scaling 1-3th/quad	D4342	\$233
Full mouth debridement	D4355	\$221
Perio Maintenance	D4910	\$169

Restorative		
Amalgam - 1 surf	D2140	\$182
Amalgam - 2 surf	D2150	\$227
Amalgam - 3 surf	D2160	\$277
Amalgam - 4 or more surf	D2161	\$333
Composite, anterior, 1 surf	D2330	\$210
Composite - anterior, 2 surf	D2331	\$253
Composite - anterior, 3 surf	D2332	\$312
Composite - anterior, 4+/incis	D2335	\$388
Composite, crown, anterior	D2390	\$582
Composite, posterior, 1 surf	D2391	\$225
Composite, posterior, 2 surf	D2392	\$289
Composite, posterior, 3 surf	D2393	\$356
Composite, posterior, 4+ surf	D2394	\$425
PFM (high noble metal)	D2750	\$1,402
PFM (predom base metal)	D2751	\$1,313
PFM (noble metal)	D2752	\$1,348
Crown - Full Cast High Noble Metal	D2790	\$1,462
Crown - Full Cast Predominantly Base	D2791	\$1,267
Crown - Full Cast Noble Metal	D2792	\$1,355
Temporary Crown	D2799	\$549
Re-cement Crown	D2920	\$141
SS Crown, Primary	D2930	\$326
SS Crown, Permanent	D2931	\$392
Prefab Resin Crown	D2932	\$431
Sedative Filling	D2940	\$156
Core Buildup, including pins	D2950	\$334
Pin Retention	D2951	\$98
Prefab Post/Core	D2954	\$423
Cast Post/Core	D2952	\$513
Crown Repair	D2980	\$371
Recement Bridge	D6930	\$215

Endodontics		
Direct Pulp Cap	D3110	\$105
Indirect Pulp Cap	D3120	\$103
Therapeutic Pulpotomy	D3220	\$253
Anterior RCT, excl rest	D3310	\$923
Bicuspid/Premolar RCT, excl rest	D3320	\$1,051
Molar RCT, exc rest	D3330	\$1,294
Apexification, Initial	D3351	\$455
Apexification, Interim	D3352	\$323
Apexification, Final	D3353	\$648
Pulpal Therapy, Primary Post	D3240	\$376
Pulpal Therapy, Primary Anterior	D3230	\$341
Pulpal Debridement	D3221	\$284
Inoperable Endo	D3332	\$550

Orthodontics		
Removable Appliance Therapy	D8210	\$1,078
Fixed Appliance Therapy	D8220	\$1,196

Removable Prosthodontics		
Complete Denture, Maxillary	D5110	\$2,180
Complete Denture, Mandibular	D5120	\$2,183
Immediate Denture, Maxillary	D5130	\$2,318
Immediate Denture, Mandibular	D5140	\$2,344
Resin/Acrylic Partial, Maxillary	D5211	\$1,759
Resin/Acrylic Partial, Mandibular	D5212	\$1,698
Cast/Metal Partial, Maxillary	D5213	\$2,234
Cast/metal Partial, Mandibular	D5214	\$2,241
Partial Denture, Maxillary	D5225	\$1,953
Partial Denture, Mandibular	D5226	\$1,940
Adjust Complete Denture - Maxillary	D5410	\$113
Adjust Complete Denture - Mandibular	D5411	\$111
Adjust Partial Denture - Maxillary	D5421	\$110
Adjust Partial Denture - Mandibular	D5422	\$110
Repair Complete Denture Base	D5510	\$273
Replace Th, Complete Denture	D5520	\$237
Repair Resin/Acrylic Partial Base	D5610	\$264
Repair Cast/Metal Framework	D5620	\$365
Repair/Replace Broken Clasp	D5630	\$335
Replace Th, Partial Denture	D5640	\$244
Add Th to existing Partial	D5650	\$287
Add Clasp to Partial Denture	D5660	\$334
Rebase Complete Denture, Max	D5710	\$727
Rebase Complete Denture, Mand	D5711	\$725
Rebase Partial Denture, Max	D5720	\$701
Rebase Partial Denture, Mand	D5721	\$700
Reline Compl Max Denture, chrside	D5730	\$475
Reline Compl Mand Denture, chrside	D5731	\$471
Reline Partial Max, chrside	D5740	\$458
Reline Partial Mand, chrside	D5741	\$461
Reline Complete Max Denture, lab	D5750	\$588
Reline Complete Mand Denture, lab	D5751	\$592
Reline Max Partial, lab	D5760	\$582
Reline Mand Partial, lab	D5761	\$580
Tissue Conditioning, Max	D5850	\$267
Tissue Conditioning, Mand	D5851	\$259

Oral Surgery		
Extraction, remnants, deciduous	D7111	\$167
Extraction, exposed tooth	D7140	\$221
Surgical Removal of Erupted Th	D7210	\$345
Surg Rmvl of Impacted Th, soft tissue	D7220	\$384
Surgical Removal of Roots	D7250	\$382
Alveoplasty w/extraction, per quad	D7310	\$372
Alveoplasty w/o extraction, per quad	D7320	\$544
Incise & Drain (I & D), intraoral	D7510	\$301

\$40.75

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