

ANNUAL INCOME

Family Size	A		B		C		D		E		F
	From	To	From	To	From	To	From	To	From	To	Over
1	\$0	\$13,590	\$13,591	\$18,754	\$18,755	\$20,385	\$20,386	\$27,180	\$27,181	\$33,975	\$33,976
2	\$0	\$18,310	\$18,311	\$25,268	\$25,269	\$27,465	\$27,466	\$36,620	\$36,621	\$45,775	\$45,776
3	\$0	\$23,030	\$23,031	\$31,781	\$31,782	\$34,545	\$34,546	\$46,060	\$46,061	\$57,575	\$57,576
4	\$0	\$27,750	\$27,751	\$38,295	\$38,296	\$41,625	\$41,626	\$55,500	\$55,501	\$69,375	\$69,376
5	\$0	\$32,470	\$32,471	\$44,809	\$44,810	\$48,705	\$48,706	\$64,940	\$64,941	\$81,175	\$81,176
6	\$0	\$37,190	\$37,191	\$51,322	\$51,323	\$55,785	\$55,786	\$74,380	\$74,381	\$92,975	\$92,976
7	\$0	\$41,910	\$41,911	\$57,836	\$57,837	\$62,865	\$62,866	\$83,820	\$83,821	\$104,775	\$104,776
8	\$0	\$46,630	\$46,631	\$64,349	\$64,350	\$69,945	\$69,946	\$93,260	\$93,261	\$116,575	\$116,576
9	\$0	\$51,350	\$51,351	\$70,863	\$70,864	\$77,025	\$77,026	\$102,700	\$102,701	\$128,375	\$128,376
10	\$0	\$56,070	\$56,071	\$77,377	\$77,378	\$84,105	\$84,106	\$112,140	\$112,141	\$140,175	\$140,176
Each Additional Person	\$4,720		6,514		\$7,080		\$9,440		\$11,800		\$11,800
Poverty Level	Below 100% Poverty		101% to 138% Poverty		139% to 150% Poverty		151% to 200% Poverty		201% to 250% Poverty		Over 250% Poverty
Percentage of Charges to be Billed to Patient	0% - Emergency Exam 25% or \$40.00, whichever is less for Red 25% for Yellow 30% for Green 35% for All Others <small>(NOTE: The \$40 minimum excludes procedures requiring the utilization of a dental laboratory vendor.)</small>		0% - Emergency Exam 30% or \$40.00, whichever is less for Red 30% for Yellow 35% for Green 40% for All Others <small>(NOTE: The \$40 minimum excludes procedures requiring the utilization of a dental laboratory vendor.)</small>		0% - Emergency Exam 40% or \$40.00, whichever is less for Red 40% for Yellow 50% for Green 55% for All Others <small>(NOTE: The \$40 minimum excludes procedures requiring the utilization of a dental laboratory vendor.)</small>		\$40.00 - Emergency Exam 50% for Red 50% for Yellow 60% for Green 65% for All Others		60% for Red 70% for Yellow 80% for Green 95% for All Others		100% for All
See attached Dental Fee Schedule for various procedures.											

❖ Sliding Fee Scale:	<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.
❖ Medi-Cal Patients:	<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.
❖ MHLA: <i>(Must show proof of LA County residency)</i>	<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.
❖ MAI:	<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