

## Discount & Fee Schedule

Effective March 1, 2021

**Discount Rates are based on Federal Poverty Guidelines** (Income is Gross Family Income)

	<100%	101-125%	126-150%	151-200%	>200%
Family Size	\$10.00	\$30.00	\$40.00	\$60.00	<b>Full Fee</b>
1	\$12,880	\$12,881 - \$16,100	\$16,101 - \$19,320	\$19,321 - \$25,760	<b>&gt;\$25,760</b>
2	\$17,420	\$17,421 - \$21,775	\$21,776 - \$26,130	\$26,131 - \$34,840	<b>&gt;\$34,840</b>
3	\$21,960	\$21,961 - \$27,450	\$27,451 - \$32,940	\$32,941 - \$43,920	<b>&gt;\$43,920</b>
4	\$26,500	\$26,501 - \$33,125	\$33,126 - \$39,750	\$39,751 - \$53,000	<b>&gt;\$53,000</b>
5	\$31,040	\$31,041 - \$38,800	\$38,801 - \$46,560	\$46,561 - \$62,080	<b>&gt;\$62,080</b>
6	\$35,580	\$35,581 - \$44,475	\$44,476 - \$53,370	\$53,371 - \$71,160	<b>&gt;\$71,160</b>
7	\$40,120	\$40,121 - \$50,150	\$50,151 - \$60,180	\$60,181 - \$80,240	<b>&gt;\$80,240</b>
8	\$44,660	\$44,661 - \$55,825	\$55,826 - \$66,990	\$66,991 - \$89,320	<b>&gt;\$89,320</b>

For each additional family member add \$4,540

### Office Visits

Event	Code	<100%	101-125%	126-150%	151-200%	>200%
New Visit - Level 2	99202	10.00	30.00	40.00	60.00	<b>126.00</b>
New Visit - Level 3	99203	10.00	30.00	40.00	60.00	<b>164.00</b>
New Visit - Level 4	99204	10.00	30.00	40.00	60.00	<b>234.00</b>
New Visit - Level 5	99205	10.00	30.00	40.00	60.00	<b>316.00</b>
Office Visit – Level 2	99212	10.00	30.00	40.00	60.00	<b>79.00</b>
Office Visit – Level 3	99213	10.00	30.00	40.00	60.00	<b>101.00</b>
Office Visit – Level 4	99214	10.00	30.00	40.00	60.00	<b>147.00</b>
Office Visit – Level 5	99215	10.00	30.00	40.00	60.00	<b>235.00</b>
Nursing Visit	99211	10.00	30.00	40.00	56.00	<b>56.00</b>
Urine Drug Screen	80305	10.00	30.00	40.00	60.00	<b>140.00</b>
Vaccine Admin – 1	90471	10.00	30.00	30.00	30.00	<b>30.00</b>
Vaccine Admin – Each addl.	90472	10.00	28.00	28.00	28.00	<b>28.00</b>

### Behavioral Health Services

Service	Code	<100%	101-125%	126-150%	151-200%	>200%
Medication Evaluation	90792	10.00	30.00	40.00	60.00	<b>202.00</b>
Therapy Evaluation	90791	10.00	30.00	40.00	60.00	<b>192.00</b>
Individual Therapy 16 to 37 minutes	90832	10.00	30.00	40.00	60.00	<b>79.00</b>
Individual Therapy 38 to 52 minutes	90834	10.00	30.00	40.00	60.00	<b>109.00</b>
Individual Therapy 53 or more minutes	90837	10.00	30.00	40.00	60.00	<b>162.00</b>
Family Therapy without patient	90846	10.00	30.00	40.00	60.00	<b>113.00</b>
Family Therapy with patient	90847	10.00	30.00	40.00	60.00	<b>120.00</b>

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1	\$12,880	\$12,881 - \$16,100	\$16,101 - \$19,320	\$19,321 - \$25,760	<b>&gt;\$25,760</b>
2	\$17,420	\$17,421 - \$21,775	\$21,776 - \$26,130	\$26,131 - \$34,840	<b>&gt;\$34,840</b>
3	\$21,960	\$21,961 - \$27,450	\$27,451 - \$32,940	\$32,941 - \$43,920	<b>&gt;\$43,920</b>
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6	\$35,580	\$35,581 - \$44,475	\$44,476 - \$53,370	\$53,371 - \$71,160	<b>&gt;\$71,160</b>
7	\$40,120	\$40,121 - \$50,150	\$50,151 - \$60,180	\$60,181 - \$80,240	<b>&gt;\$80,240</b>
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### Chiropractic Services

Service	Code	<100%	101-125%	126-150%	151-200%	>200%
Manipulation 1-2 Regions	98940	10.00	30.00	40.00	43.00	<b>43.00</b>
Manipulation 3-4 Regions	98941	10.00	30.00	40.00	55.00	<b>55.00</b>
Manipulation 5 Regions	98942	10.00	30.00	40.00	60.00	<b>72.00</b>
Manipulation Extrapinal	98943	10.00	30.00	37.00	37.00	<b>37.00</b>
Therapeutic Exercises	97110	10.00	30.00	40.00	60.00	<b>65.00</b>

### OB/GYN Services

Service	Code	<100%	101-125%	126-150%	151-200%	>200%
Insert Intrauterine Device	58300	10.00	30.00	40.00	60.00	<b>258.00</b>
Remove Intrauterine Device	58301	10.00	30.00	40.00	60.00	<b>206.00</b>
Prenatal Care, Visit 4-6	59425	10.00	30.00	40.00	60.00	<b>193.00</b>
Prenatal Care, Visit 7+	59426	10.00	30.00	40.00	60.00	<b>575.00</b>
Urinalysis	81002	10.00	21.00	21.00	21.00	<b>21.00</b>
Urine Pregnancy Test	81025	10.00	30.00	30.00	30.00	<b>30.00</b>
Pap Smear	87210	10.00	16.00	16.00	16.00	<b>16.00</b>
Biopsy Cervix	57500	10.00	30.00	40.00	60.00	<b>281.00</b>
Biopsy Uterus	58100	10.00	30.00	40.00	60.00	<b>250.00</b>

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### DENTAL SERVICES ONLY

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### **Dental Services**

Event	Code	<100%	101-125%	126-150%	151-200%	>200%
Periodic Oral Evaluation	D0120	20.00	30.00	40.00	48.00	<b>48.00</b>
Limited Oral Evaluation	D0140	20.00	30.00	40.00	60.00	<b>80.00</b>
Comprehensive Oral Eval	D0150	20.00	30.00	40.00	60.00	<b>84.00</b>
Oral Eval < 3 years old	D0145	20.00	30.00	40.00	60.00	<b>74.00</b>
Periodontal Scaling and Root Planing 4(per quad)	D4341	20.00	30.00	40.00	60.00	<b>226.00</b>
Periodontal Scaling and Root Planing 1-3(per quad)	D4342	20.00	30.00	40.00	60.00	<b>131.00</b>
Extraction – Surgical	D7210	20.00	30.00	40.00	60.00	<b>268.00</b>
Extraction – Simple	D7140	20.00	30.00	40.00	60.00	<b>162.00</b>
Extraction – Coronal Remnant	D7111	20.00	30.00	40.00	60.00	<b>121.00</b>
X-ray – Intraoral Complete Series	D0210	20.00	30.00	40.00	60.00	<b>133.00</b>
X-ray – Intraoral periapical – 1 <sup>st</sup> Film	D0220	20.00	27.00	27.00	27.00	<b>27.00</b>
X-ray – Intraoral Periapical – each add'l film	D0230	20.00	24.00	24.00	24.00	<b>24.00</b>
X-ray – Bitewings – single film	D0270	20.00	28.00	28.00	28.00	<b>28.00</b>
X-ray – Bitewings – 2 films	D0272	20.00	30.00	40.00	44.00	<b>44.00</b>
X-ray – Bitewings – 4 films	D0274	20.00	30.00	40.00	60.00	<b>62.00</b>
X-ray – Panoramic	D0330	20.00	30.00	40.00	60.00	<b>110.00</b>
Sealant – per tooth	D1351	20.00	30.00	40.00	51.00	<b>51.00</b>
Cleaning – Adult	D1110	20.00	30.00	40.00	60.00	<b>88.00</b>
Cleaning - Child	D1120	20.00	30.00	40.00	60.00	<b>61.00</b>
Topical Fluoride Varnish	D1206	20.00	30.00	40.00	51.00	<b>51.00</b>
Topical Fluoride, no Varnish	D1208	20.00	30.00	34.00	34.00	<b>34.00</b>

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### **Dental Services** cont...

Event	Code	<100%	101-125%	126-150%	151-200%	>200%
Filling – 1 Surface Anterior	D2330	20.00	30.00	40.00	60.00	<b>141.00</b>
Filling – 2 Surfaces Anterior	D2331	20.00	30.00	40.00	60.00	<b>181.00</b>
Filling – 3 Surfaces Anterior	D2332	20.00	30.00	40.00	60.00	<b>221.00</b>
Filling – 4+ Surfaces Anterior	D2335	20.00	30.00	40.00	60.00	<b>261.00</b>
Filling – 1 Surface Posterior	D2391	20.00	30.00	40.00	60.00	<b>166.00</b>
Filling – 2 Surfaces Posterior	D2392	20.00	30.00	40.00	60.00	<b>217.00</b>
Filling – 3 Surfaces Posterior	D2393	20.00	30.00	40.00	60.00	<b>269.00</b>
Filling – 4+ Surfaces	D2394	20.00	30.00	40.00	60.00	<b>330.00</b>
Re-cement or bond crown	D2920	20.00	30.00	40.00	60.00	<b>107.00</b>
Protective Restoration	D2940	20.00	30.00	40.00	60.00	<b>103.00</b>
Scaling – Moderate to Severe Gingival Inflammation	D4346	20.00	30.00	40.00	60.00	<b>144.00</b>
Full Mouth Debridement Eval/Diagnosis	D4355	20.00	30.00	40.00	60.00	<b>155.00</b>
Periodontal Maintenance	D4910	20.00	30.00	40.00	60.00	<b>153.00</b>

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