

Community Health Centers, Inc

Medical & Dental Nominal Charge and Sliding Fee Discount Schedule

L:\Finance_ScheduleofDiscounts\CHC Sliding Scale CoPay Schedule Approved 10-29-2020.xls]Proposed Dec 2021

Effective Date: 12/1/2021

Board Approved: Oct 2021

Federal Poverty Level (FPL)		CPT/CDT	SFA	SFB	SFC	SFD	Full Charges
			0-100%	101-150%	151-175%	176-200%	≥ 201%
Visits - Fees <i>Final Fee After Discount</i> (*SFA = Nominal Charge, patient is not to be denied services if unable to pay)							
(1)	Medical*		\$35	\$45	\$55	\$65	Full Charges
	Telehealth*		\$20	\$25	\$30	\$35	Full Charges
	Dental*		\$55	\$65	\$70	\$75	Full Charges
	Medical Assistant Service*		\$10	\$15	\$20	\$25	Full Charges
	Paragard IUD	J7300	\$35	\$291	\$301	\$312	\$801
	Levonorgestrel Releasing IUD	J7302	\$35	\$318	\$329	\$340	\$875
	Nexplanon Contraceptive Device	J7307	\$35	\$487	\$504	\$521	\$1,340
	Vasectomy	55250	\$35	\$333	\$345	\$356	\$916
(1) Includes general primary care, diagnostic lab, immunizations, in clinic pharmaceuticals, screenings, family planning, well child care, gynecological care, obstetrical care							
Supply Fees (Collect prior to service and Visit fee as applicable)							
Surgical Supply Fees							
	Colposcopy	57452	\$95	\$121	\$151	\$182	\$242
		57454					
	Cryocautery (without Colposcopy)	57511	\$95	\$133	\$166	\$199	\$265
	LEEPs	57460	\$95	\$253	\$316	\$379	\$505
		57461					
	New Born Circumcision	54150	\$95	\$175	\$219	\$263	\$350
	Diagnostic X-ray		\$50	\$55	\$60	\$65	Full Charges
Other Supply Fees							
	Emergency Prescription Per Subscription	VRX	\$5	\$5	\$5	\$5	\$5
	Walk in Flu Shot		\$20	\$25	\$30	\$35	\$40
	Walk in Childhood Vaccine (VFC program)	(Per Child)	\$5	\$5	\$5	\$5	\$5
	Retinal Scan	92250	\$10	\$10	\$10	\$10	\$10
	Depo Provera (Walk In)	J1055	\$35	\$35	\$35	\$35	\$78
Dental Supply Fees							
Endodontics ***							
	Anterior Root Canal Pulp Cap	D3310	\$220	\$250	\$265	\$280	\$499
	Bicuspid Root Canal	D3320	\$260	\$300	\$320	\$340	\$612
	Molar Root Canal	D3330	\$300	\$350	\$375	\$400	\$758
Fixed Prosthodontics ***							
	Single Crown PFM, Noble	D2752	\$260	\$280	\$290	\$300	\$771
	Bridge 3 Unit FDP , Noble PFM	CPFM3	\$780	\$840	\$870	\$900	\$2,280
	Bridge 4 Unit FDP, Noble PFM	CPFM4	\$1,040	\$1,120	\$1,160	\$1,200	\$3,040
	Single Crown FGC, Noble	D2792	\$260	\$280	\$290	\$300	\$752
	3 unit full gold bridge	CFG3	\$780	\$840	\$870	\$900	\$2,249
	4 unit full gold bridge	CFG4	\$1,040	\$1,120	\$1,160	\$1,200	\$3,040
Removable Prosthodontics ***							
	Complete Max Denture	D5110	\$555	\$605	\$630	\$655	\$966
	Complete Man Denture	D5120	\$555	\$605	\$630	\$655	\$966
	IMMEDIATE UPPER CD	D5130	\$555	\$605	\$630	\$655	\$1,054
	Immediate Lower CD	D5140	\$555	\$605	\$630	\$655	\$1,054
	Upper Resin Base RPD	D5211	\$480	\$530	\$555	\$580	\$816
	Lower Resin Base RPD	D5212	\$480	\$530	\$555	\$580	\$948
	Cast Metal Max RPD	D5213	\$625	\$675	\$700	\$725	\$1,068
	Cast Metal Man RPD	D5214	\$625	\$675	\$700	\$725	\$1,068
Repairs/Reline Dentures **							
(Collect these amounts <i>in addition to</i> Service Fee)							
	ADJUST COMPLETE DENTURE-UPPER	D5410	\$50	\$50	\$50	\$50	\$53
	ADJUST COMPLETE DENTURE-LOWER	D5411	\$50	\$50	\$50	\$50	\$53
	ADJUST PARTIAL DENTURE-UPPER	D5421	\$50	\$50	\$50	\$50	\$53
	ADJUST PARTIAL DENTURE - LOWER	D5422	\$50	\$50	\$50	\$50	\$53
	REPAIR BROKEN COMPLETE DENTURE BASE	D5510	\$76	\$76	\$76	\$76	\$106
	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE	D5520	\$56	\$56	\$56	\$56	\$88
	REPAIR RESIN DENTURE BASE - PARTIAL DENTURE	D5610	\$76	\$76	\$76	\$76	\$115
	REPAIR CAST FRAMEWORK	D5620	\$88	\$88	\$88	\$88	\$123
	REPAIR OR REPLACE BROKEN CLASP	D5630	\$88	\$88	\$88	\$88	\$150
	REPLACE BROKEN TEETH - PER TOOTH	D5640	\$76	\$76	\$76	\$76	\$97
	ADD TOOTH TO EXISTING PARTIAL DENTURE	D5650	\$76	\$76	\$76	\$76	\$132
	ADD CLASP TO EXISTING PARTIAL DENTURE	D5660	\$88	\$88	\$88	\$88	\$159
	RELINE COMPLETE UPPER DENTURE (LABORATORY)	D5750	\$118	\$118	\$118	\$118	\$295
	RELINE COMPLETE LOWER DENTURE (LABORATORY)	D5751	\$118	\$118	\$118	\$118	\$295
	RELINE COMPLETE MAXILLARY DENTURE CHAIRSIDE	D5730	\$20	\$20	\$20	\$20	\$221
	RELINE LOWER COMPLETE MANDIBULAR DENTURE	D5731	\$20	\$20	\$20	\$20	\$221
	INTERIM PARTIAL DENTURE (MAX) FLIPPER	D5820	\$230	\$250	\$260	\$270	\$362
	INTERIM PARTIAL DENTURE (MAND) FLIPPER	D5821	\$230	\$250	\$260	\$270	\$384
Space Maintenance ***							
	SP Maint FXD Unilateral	D1510	\$130	\$150	\$160	\$170	\$222
	SP Maint FXD Bilateral	D1515	\$155	\$175	\$185	\$195	\$310
	Night Guard	D9940	\$177	\$190	\$200	\$210	\$224
	Ext Bleaching/ARCH	D9972	\$100	\$100	\$100	\$100	\$155