

*Based on the 2023 Federal Poverty Guidelines, see 85 Fed. Reg. 3060

**Add \$5,140 for each person over 10.

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty									
Category of SSD Slide	A-5		B-4		C-3		D-2		G-1
% of Poverty Level*	<=100%		>100% - 133.33%		>133.33%-166.675%		>166.675%-200%		>200%
Amount Patient Pays									
Medical Visit	\$10 Nominal Charge		\$15		\$20		\$25		FULL CHARGE - NO DISCOUNT
Medications	25%		50%		50%		75%		
Household Size**	From	To	From	To	From	To	From	To	
1	\$0	\$14,580	\$14,581	\$19,439	\$19,440	\$24,300	\$24,301	\$29,160	
2	\$0	\$19,720	\$19,721	\$26,292	\$26,293	\$32,867	\$32,868	\$39,440	
3	\$0	\$24,860	\$24,861	\$33,144	\$33,145	\$41,434	\$41,435	\$49,720	
4	\$0	\$30,000	\$30,001	\$39,997	\$39,998	\$50,001	\$50,002	\$60,000	
5	\$0	\$35,140	\$35,141	\$46,850	\$46,851	\$58,568	\$58,569	\$70,280	
6	\$0	\$40,280	\$40,281	\$53,702	\$53,703	\$67,135	\$67,136	\$80,560	
7	\$0	\$45,420	\$45,421	\$60,555	\$60,556	\$75,702	\$75,703	\$90,840	
8	\$0	\$50,560	\$50,561	\$67,408	\$67,409	\$84,268	\$84,269	\$101,120	
9	\$0	\$55,700	\$55,701	\$74,260	\$74,261	\$92,835	\$92,836	\$111,400	
10	\$0	\$60,840	\$60,841	\$81,113	\$81,114	\$101,402	\$101,403	\$121,680	

Pharmacy Benefits	
Slide Level	Patient Pays
A-5	25% of dispense fee + 340B cost of drug
B-4	35% of dispense fee + 340B cost of drug
C-3	50% of dispense fee + 340B cost of drug

Family Planning Program - Medical Services									
Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty									
Category of SSD Slide	A-5		B-4		C-3		D-2		G-1
% of Poverty Level*	<=100%		>100% - 133.33%		>133.33%-166.675%		>166.675%-200%		>200%
Amount Patient Pays									
Medical Visit	\$10 Nominal Charge		\$15		\$20		\$25		FULL CHARGE - NO DISCOUNT
Medications	25%		50%		50%		75%		
Household Size**	From	To	From	To	From	To	From	To	
1	\$0	\$ 14,580	\$ 14,581	\$ 19,439	\$ 19,440	\$ 24,300	\$ 24,301	\$ 29,160	
2	\$0	\$ 19,720	\$ 19,721	\$ 26,292	\$ 26,293	\$ 32,867	\$ 32,868	\$ 39,440	
3	\$0	\$ 24,860	\$ 24,861	\$ 33,144	\$ 33,145	\$ 41,434	\$ 41,435	\$ 49,720	
4	\$0	\$ 30,000	\$ 30,001	\$ 39,997	\$ 39,998	\$ 50,001	\$ 50,002	\$ 60,000	
5	\$0	\$ 35,140	\$ 35,141	\$ 46,850	\$ 46,851	\$ 58,568	\$ 58,569	\$ 70,280	
6	\$0	\$ 40,280	\$ 40,281	\$ 53,702	\$ 53,703	\$ 67,135	\$ 67,136	\$ 80,560	
7	\$0	\$ 45,420	\$ 45,421	\$ 60,555	\$ 60,556	\$ 75,702	\$ 75,703	\$ 90,840	
8	\$0	\$ 50,560	\$ 50,561	\$ 67,408	\$ 67,409	\$ 84,268	\$ 84,269	\$ 101,120	
9	\$0	\$ 55,700	\$ 55,701	\$ 74,260	\$ 74,261	\$ 92,835	\$ 92,836	\$ 111,400	
10	\$0	\$ 60,840	\$ 60,841	\$ 81,113	\$ 81,114	\$ 101,402	\$ 101,403	\$ 121,680	

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Family Planning Program - Pharmacy Benefits	
Slide Level^	Patient Pays
A5	25%
B4	50%
C3	50%
D2	75%
FP1	75%
FP2	75%
Family Planning Rx	0%

These Family Planning services should include but are not limited to:

1. **Services:** well-woman exams, annual gynecological exams, pregnancy testing & full options counseling, HIV testing & counseling, STI testing & treatment, basic infertility services, as well as complex gynecological care (e.g., colposcopy, cryosurgery, LEEP, etc.)
2. **Supplies:** contraceptive options including a variety of oral contraceptive pills, injectable, ring, patch, diaphragms, cervical caps, spermicides, and condoms; antibiotics/antifungals commonly used to treat STI and/or GYN infections, and other medications/drugs associated with the provision of sexual health services.
3. **Devices:** IUDs (including hormonal and non-hormonal options) and implants.

DETERMINING SFDP CATEGORY AND PAYMENT RATES

Preventative and Restorative Dental Services						
Based on the 2023 Federal Poverty Guidelines, see 85 Fed. Reg. 3060		SSD Category & Pricing (See Attachment E for SSD Category Definitions)				
CPT Code	Description	Standard Price	A5	B4 40%	C3 50%	D2 60%
D0110	INITIAL ORAL EXAM	\$ 35.00	\$10.00	\$ 14.00	\$ 17.50	\$ 21.00
D0120	PERIODIC ORAL EXAM	\$ 30.00	\$10.00	\$ 12.00	\$ 15.00	\$ 18.00
D0140	EMERGENCY ORAL EXAMINAT	\$ 35.00	\$10.00	\$ 14.00	\$ 17.50	\$ 21.00
D0145	ORAL EVALUATION FOR PATIENT < 3 YEARS	\$ 50.00	\$15.00	\$ 20.00	\$ 25.00	\$ 30.00
D0150	Comprehensive Oral Exam	\$ 45.00	\$15.00	\$ 18.00	\$ 22.50	\$ 27.00
D0210	XRAY INTRAORAL COMPLETE	\$ 115.00	\$20.00	\$ 46.00	\$ 57.50	\$ 69.00
D0220	PERIAPICAL FIRST FILM	\$ 20.00	\$5.00	\$ 8.00	\$ 10.00	\$ 12.00
D0230	PERIAPICAL EACH ADDL FI	\$ 15.00	\$5.00	\$ 6.00	\$ 7.50	\$ 9.00
D0240	XRAY INTRAORAL OCCL FILM	\$ 30.00	\$10.00	\$ 12.00	\$ 15.00	\$ 18.00
D0270	XRAY BITEWING 1ST FILM	\$ 20.00	\$5.00	\$ 8.00	\$ 10.00	\$ 12.00
D0272	XRAY BITEWING 2 FILMS	\$ 31.00	\$10.00	\$ 12.40	\$ 15.50	\$ 18.60
D0273	BITEWINGS - THREE FILMS	\$ 48.00	\$15.00	\$ 19.20	\$ 24.00	\$ 28.80
D0274	XRAY BITEWING 4 FILMS	\$ 60.00	\$20.00	\$ 24.00	\$ 30.00	\$ 36.00
D0990	FOLLOW UP VISIT	\$ 118.00	\$20.00	\$ 47.20	\$ 59.00	\$ 70.80
D1110	PROPHY ADULT	\$ 69.00	\$20.00	\$ 27.60	\$ 34.50	\$ 41.40
D1120	PROPHYLAXIS CHILD	\$ 50.00	\$15.00	\$ 20.00	\$ 25.00	\$ 30.00
D1206	TOPICAL FLUORIDE VARVISH	\$ 45.00	\$15.00	\$ 18.00	\$ 22.50	\$ 27.00
D1208	TOPICAL APPLICATION OF FLUORIDE	\$ 30.00	\$10.00	\$ 12.00	\$ 15.00	\$ 18.00
D1351	SEALANT PER TOOTH	\$ 45.00	\$15.00	\$ 18.00	\$ 22.50	\$ 27.00
D1510	SPACE MAINTFIXED UNILAT	\$ 179.00	\$20.00	\$ 71.60	\$ 89.50	\$ 107.40
D1515	SPACE MAINTFIXED BILAT	\$ 302.00	\$20.00	\$ 120.80	\$ 151.00	\$ 181.20
D1550	SPACE MAINT RECEMENT	\$ 65.00	\$20.00	\$ 26.00	\$ 32.50	\$ 39.00
D2110	AMALGAM 1 SURF PRIMARY	\$ 67.00	\$20.00	\$ 26.80	\$ 33.50	\$ 40.20
D2120	AMALGAM 2 SURF PRIMARY	\$ 106.00	\$20.00	\$ 42.40	\$ 53.00	\$ 63.60
D2130	AMALGAM 3 SURF PRIMARY	\$ 134.00	\$20.00	\$ 53.60	\$ 67.00	\$ 80.40
D2131	AMALGAM 4 SURF PRIMARY	\$ 134.00	\$20.00	\$ 53.60	\$ 67.00	\$ 80.40
D2140	AMALGAM 1 SURF PERMANENT	\$ 87.00	\$20.00	\$ 34.80	\$ 43.50	\$ 52.20
D2150	AMALGAN 2 SURF PERMANENT	\$ 106.00	\$20.00	\$ 42.40	\$ 53.00	\$ 63.60
D2160	AMALGAM 3 SURF PERMANENT	\$ 134.00	\$20.00	\$ 53.60	\$ 67.00	\$ 80.40
D2161	AMALGAM 4 SURF PERM	\$ 143.00	\$20.00	\$ 57.20	\$ 71.50	\$ 85.80
D2330	COMPOSITE RESIN 1 SURF	\$ 86.00	\$20.00	\$ 34.40	\$ 43.00	\$ 51.60
D2331	COMPOSITE RESIN 2 SURF	\$ 124.00	\$20.00	\$ 49.60	\$ 62.00	\$ 74.40
D2332	COMPOSITE RESIN 3 SURF	\$ 152.00	\$20.00	\$ 60.80	\$ 76.00	\$ 91.20
D2335	COMP RESIN 4 WINC ANGL	\$ 186.00	\$20.00	\$ 74.40	\$ 93.00	\$ 111.60
D2336	COMPOSITE CROWN ANTE PRI	\$ 66.00	\$20.00	\$ 26.40	\$ 33.00	\$ 39.60
D2380	COMPOSITE 1 SURF POST PR	\$ 44.00	\$15.00	\$ 17.60	\$ 22.00	\$ 26.40
D2381	RESIN POSTERIOR 2 SURF	\$ 59.00	\$20.00	\$ 23.60	\$ 29.50	\$ 35.40
D2382	RESIN POSTERIOR 3 SURF	\$ 73.00	\$20.00	\$ 29.20	\$ 36.50	\$ 43.80
D2385	RESIN POSTERIOR PERM 1	\$ 75.00	\$20.00	\$ 30.00	\$ 37.50	\$ 45.00
D2386	RESIN POSTERIOR PERM 2	\$ 90.00	\$20.00	\$ 36.00	\$ 45.00	\$ 54.00

Preventative and Restorative Dental Services

Based on the 2023 Federal Poverty Guidelines, see 85 Fed. Reg. 3060

SSD Category & Pricing (See Attachment E for SSD Category Definitions)

CPT Code	Description	Standard Price	A5	B4 40%	C3 50%	D2 60%
D2387	RESIN POSTERIOR PERM 3	\$ 107.00	\$20.00	\$ 42.80	\$ 53.50	\$ 64.20
D2388	RESIN POSTERIOR PERM 4	\$ 143.00	\$20.00	\$ 57.20	\$ 71.50	\$ 85.80
D2390	CROWN COMPOSITE	\$ 180.00	\$20.00	\$ 72.00	\$ 90.00	\$ 108.00
D2391	RESIN POSTERIOR 1 SURF	\$ 84.00	\$20.00	\$ 33.60	\$ 42.00	\$ 50.40
D2392	RESIN POSTERIOR 2 SURF	\$ 166.00	\$20.00	\$ 66.40	\$ 83.00	\$ 99.60
D2393	RESIN POSTERIOR 3 SURF	\$ 193.00	\$20.00	\$ 77.20	\$ 96.50	\$ 115.80
D2394	RESIN POSTERIOR 4 SURF	\$ 193.00	\$20.00	\$ 77.20	\$ 96.50	\$ 115.80
D2920	RECEMENT CROWNS	\$ 69.00	\$20.00	\$ 27.60	\$ 34.50	\$ 41.40
D2940	FILLINGSSEDATIVE	\$ 50.00	\$15.00	\$ 20.00	\$ 25.00	\$ 30.00
D2950	CROWN BUILD UP	\$ 155.00	\$20.00	\$ 62.00	\$ 77.50	\$ 93.00
D2951	PIN RETENTION	\$ 30.00	\$10.00	\$ 12.00	\$ 15.00	\$ 18.00
D2952	CAST POST CORE	\$ 222.00	\$20.00	\$ 88.80	\$ 111.00	\$ 133.20
D2954	PREFAB POSTCORE BUILDUP	\$ 181.00	\$20.00	\$ 72.40	\$ 90.50	\$ 108.60
D2999	UNSPEC RESTORATIVE PROCEDURE REPORT	\$ 50.00	\$15.00	\$ 20.00	\$ 25.00	\$ 30.00
D3110	PULP CAP DIRECT	\$ 30.00	\$10.00	\$ 12.00	\$ 15.00	\$ 18.00
D3220	VITAL PULPOTOMY	\$ 88.00	\$20.00	\$ 35.20	\$ 44.00	\$ 52.80
D3230	PUPAL RES FILL PRIM ANT	\$ 175.00	\$20.00	\$ 70.00	\$ 87.50	\$ 105.00
D3240	PULPAT RES FILL PRIM POS	\$ 250.00	\$20.00	\$ 100.00	\$ 125.00	\$ 150.00
D3310	ANTERIOR 1 CANAL	\$ 559.00	\$20.00	\$ 223.60	\$ 279.50	\$ 335.40
D3320	ROOT CANAL 2 CANALS	\$ 814.00	\$20.00	\$ 325.60	\$ 407.00	\$ 488.40
D3330	MOLAR 3 CANALS	\$ 1,000.00	\$20.00	\$ 400.00	\$ 500.00	\$ 600.00
D3346	RETREAT ANTERIOR	\$ 450.00	\$20.00	\$ 180.00	\$ 225.00	\$ 270.00
D3347	RETREAT BICUSPID	\$ 500.00	\$20.00	\$ 200.00	\$ 250.00	\$ 300.00
D3348	RETREAT MOLAR	\$ 700.00	\$20.00	\$ 280.00	\$ 350.00	\$ 420.00
D3351	INITIAL APEXRECAL	\$ 87.00	\$20.00	\$ 34.80	\$ 43.50	\$ 52.20
D3352	INTERIM APEXRECALC	\$ 87.00	\$20.00	\$ 34.80	\$ 43.50	\$ 52.20
D3353	FINAL APEXRECAL VISIT	\$ 116.00	\$20.00	\$ 46.40	\$ 58.00	\$ 69.60
D3410	APICOECTOMYANTERIOR	\$ 400.00	\$20.00	\$ 160.00	\$ 200.00	\$ 240.00
D3410	APICOECTOMY-ANTERIOR	\$ 400.00	\$20.00	\$ 160.00	\$ 200.00	\$ 240.00
D3421	APICOECTOMY BICUSPID	\$ 500.00	\$20.00	\$ 200.00	\$ 250.00	\$ 300.00
D3425	APICPERI SURG MOLAR	\$ 232.00	\$20.00	\$ 92.80	\$ 116.00	\$ 139.20
D3426	APICPERI SURG AADDL	\$ 72.00	\$20.00	\$ 28.80	\$ 36.00	\$ 43.20
D3430	RETROGADE FILLING	\$ 380.00	\$20.00	\$ 152.00	\$ 190.00	\$ 228.00
D3450	ROOT AMPUTATION PER ROOT	\$ 239.00	\$20.00	\$ 95.60	\$ 119.50	\$ 143.40
D3920	HEMISECTION	\$ 239.00	\$20.00	\$ 95.60	\$ 119.50	\$ 143.40
D4210	GINGIVECGINGIVOP QUAD	\$ 504.00	\$20.00	\$ 201.60	\$ 252.00	\$ 302.40
D4211	GINGIVECGINGIVOP PR TTH	\$ 120.00	\$20.00	\$ 48.00	\$ 60.00	\$ 72.00
D4320	PROVISIONAL SPLINTINTRA	\$ 140.00	\$20.00	\$ 56.00	\$ 70.00	\$ 84.00
D4321	PROVISIONAL SPLINT EXTRA	\$ 140.00	\$20.00	\$ 56.00	\$ 70.00	\$ 84.00
D4341	PERIOSCL CASE TYPE IIII	\$ 131.00	\$20.00	\$ 52.40	\$ 65.50	\$ 78.60
D4342	Periondotal scaling and root planing- one to three teeth per quadrant	\$ 51.00	\$15.00	\$ 20.40	\$ 25.50	\$ 30.60
D4345	PERIO SCALG WGING INFL	\$ 60.00	\$20.00	\$ 24.00	\$ 30.00	\$ 36.00
D4910	PERIO MAINT PROCEDURE	\$ 90.00	\$20.00	\$ 36.00	\$ 45.00	\$ 54.00
D4910	PERIO MAINT PROCEDURE	\$ 90.00	\$20.00	\$ 36.00	\$ 45.00	\$ 54.00

Preventative and Restorative Dental Services

Based on the 2023 Federal Poverty Guidelines, see 85 Fed. Reg. 3060

SSD Category & Pricing (See Attachment E for SSD Category Definitions)

CPT Code	Description	Standard Price	A5	B4 40%	C3 50%	D2 60%
D5421	ADJUST PARTIAL DENTURE MAX lower	\$ 60.00	\$20.00	\$ 24.00	\$ 30.00	\$ 36.00
D5422	ADJUST PARTIAL DENTURE MAX UPPER	\$ 60.00	\$20.00	\$ 24.00	\$ 30.00	\$ 36.00
D5710	REBASE UPR COMPL DENTURE	\$ 302.00	\$20.00	\$ 120.80	\$ 151.00	\$ 181.20
D5711	REBASE LWR COMPL DENTURE	\$ 302.00	\$20.00	\$ 120.80	\$ 151.00	\$ 181.20
D5720	REBASE UPR PARTL DENTURE	\$ 302.00	\$20.00	\$ 120.80	\$ 151.00	\$ 181.20
D5721	REBASE LWR PARTL DENTURE	\$ 302.00	\$20.00	\$ 120.80	\$ 151.00	\$ 181.20
D5730	RELINE UPR COMPL DENTOF	\$ 276.00	\$20.00	\$ 110.40	\$ 138.00	\$ 165.60
D5731	RELINE LWR COMPL DENTOF	\$ 276.00	\$20.00	\$ 110.40	\$ 138.00	\$ 165.60
D5740	RELINE UPR PARTL DENTOF	\$ 145.00	\$20.00	\$ 58.00	\$ 72.50	\$ 87.00
D5741	RELINE LWR PARTL DENTOF	\$ 116.00	\$20.00	\$ 46.40	\$ 58.00	\$ 69.60
D5850	TISS CONDITIONG PR ARCH	\$ 30.00	\$10.00	\$ 12.00	\$ 15.00	\$ 18.00
D5851	TISSUE COND MANDIBULAR	\$ 30.00	\$10.00	\$ 12.00	\$ 15.00	\$ 18.00
D5861	OVERDENTURE PARTIAL UPR	\$ 151.00	\$20.00	\$ 60.40	\$ 75.50	\$ 90.60
D5911	FACIAL MOULAGE SECTION	\$ 116.00	\$20.00	\$ 46.40	\$ 58.00	\$ 69.60
D5912	FACIAL MOULAGE COMPLETE	\$ 174.00	\$20.00	\$ 69.60	\$ 87.00	\$ 104.40
D7110	EXTRACTION SINGLE TOOTH	\$ 65.00	\$20.00	\$ 26.00	\$ 32.50	\$ 39.00
D7111	CORONAL REMNANTSDED TH	\$ 91.00	\$20.00	\$ 36.40	\$ 45.50	\$ 54.60
D7120	EXTRACTION EA ADDL TOOTH	\$ 60.00	\$20.00	\$ 24.00	\$ 30.00	\$ 36.00
D7130	ROOT REMOVAL EXPOSED	\$ 60.00	\$20.00	\$ 24.00	\$ 30.00	\$ 36.00
D7140	EXTRACTION SINGLE TOOTH	\$ 122.00	\$20.00	\$ 48.80	\$ 61.00	\$ 73.20
D7210	SURG EXTRACT ERUPTED TTH	\$ 214.00	\$20.00	\$ 85.60	\$ 107.00	\$ 128.40
D7220	SRG EXTRACT SFT TISIMPC	\$ 268.00	\$20.00	\$ 107.20	\$ 134.00	\$ 160.80
D7230	SRG EXT PARTL BONY IMPAC	\$ 287.00	\$20.00	\$ 114.80	\$ 143.50	\$ 172.20
D7240	SURG EXT COMPL BONY IMPC	\$ 381.00	\$20.00	\$ 152.40	\$ 190.50	\$ 228.60
D7241	SURG EXT COMPL BONY IMPC	\$ 305.00	\$20.00	\$ 122.00	\$ 152.50	\$ 183.00
D7250	SRG RMVLRRESID TTH ROOTS	\$ 152.00	\$20.00	\$ 60.80	\$ 76.00	\$ 91.20
D7260	ORAL ANTRAL FISTULA CLSR	\$ 348.00	\$20.00	\$ 139.20	\$ 174.00	\$ 208.80
D7270	TOOTH REIMPLANTSTABILIZ	\$ 145.00	\$20.00	\$ 58.00	\$ 72.50	\$ 87.00
D7272	TOOTH TRANSPLANT	\$ 174.00	\$20.00	\$ 69.60	\$ 87.00	\$ 104.40
D7280	SURG EXP IMPUNERUPT TTH	\$ 345.00	\$20.00	\$ 138.00	\$ 172.50	\$ 207.00
D7281	SURG EXP IMPUNERPT TTH	\$ 116.00	\$20.00	\$ 46.40	\$ 58.00	\$ 69.60
D7285	BIOPSY ORAL TISSUEHARD	\$ 116.00	\$20.00	\$ 46.40	\$ 58.00	\$ 69.60
D7286	BIOPSY ORAL TISSUESOFT	\$ 192.00	\$20.00	\$ 76.80	\$ 96.00	\$ 115.20
D7310	ALVEO PER QECONJ WEXTR	\$ 136.00	\$20.00	\$ 54.40	\$ 68.00	\$ 81.60
D7320	ALVEOQD NOT CONJWEXTR	\$ 145.00	\$20.00	\$ 58.00	\$ 72.50	\$ 87.00
D7340	VESTIBULOPLASTY	\$ 435.00	\$20.00	\$ 174.00	\$ 217.50	\$ 261.00
D7350	VESTIBULOPLASTYRIDGE	\$ 870.00	\$20.00	\$ 348.00	\$ 435.00	\$ 522.00
D7410	RADICAL EXCISION 125CM	\$ 100.00	\$20.00	\$ 40.00	\$ 50.00	\$ 60.00
D7450	REM ODON TUMORCYST	\$ 87.00	\$20.00	\$ 34.80	\$ 43.50	\$ 52.20
D7460	REM NONODON 125	\$ 190.00	\$20.00	\$ 76.00	\$ 95.00	\$ 114.00
D7461	REM NONODON 125CM	\$ 264.00	\$20.00	\$ 105.60	\$ 132.00	\$ 158.40
D7471	REM OF EXCSLOSIA PER SIT	\$ 178.00	\$20.00	\$ 71.20	\$ 89.00	\$ 106.80

Preventative and Restorative Dental Services

Based on the 2023 Federal Poverty Guidelines, see 85 Fed. Reg. 3060

SSD Category & Pricing (See Attachment E for SSD Category Definitions)

CPT Code	Description	Standard Price	A5	B4 40%	C3 50%	D2 60%
D7498	BONE GRAF OF MANDIBLE	\$ 580.00	\$20.00	\$ 232.00	\$ 290.00	\$ 348.00
D7510	ID ABSCESS INTRAORAL	\$ 115.00	\$20.00	\$ 46.00	\$ 57.50	\$ 69.00
D7520	ID ABSCESS EXTRAONAL	\$ 174.00	\$20.00	\$ 69.60	\$ 87.00	\$ 104.40
D7540	REMOVAL REACTIONFOREIGN	\$ 435.00	\$20.00	\$ 174.00	\$ 217.50	\$ 261.00
D7550	SEGUESTRECIOMY	\$ 290.00	\$20.00	\$ 116.00	\$ 145.00	\$ 174.00
D7560	REMOVAL OF TOOTH FRAG	\$ 435.00	\$20.00	\$ 174.00	\$ 217.50	\$ 261.00
D7610	FX MAXOPEN REDUC IMMOB	\$ 1,160.00	\$20.00	\$ 464.00	\$ 580.00	\$ 696.00
D7620	FX MAXCLSD REDUCT IMMOB	\$ 435.00	\$20.00	\$ 174.00	\$ 217.50	\$ 261.00
D7630	FX MANOPEN REDUC IMMOB	\$ 1,305.00	\$20.00	\$ 522.00	\$ 652.50	\$ 783.00
D7640	FX MANDCLSD REDUCIMMOB	\$ 435.00	\$20.00	\$ 174.00	\$ 217.50	\$ 261.00
D7720	FX CMPNDMAX CLOSED RED	\$ 580.00	\$20.00	\$ 232.00	\$ 290.00	\$ 348.00
D7740	FX CMPNDMANDCLOSED RED	\$ 580.00	\$20.00	\$ 232.00	\$ 290.00	\$ 348.00
D7820	CLSD REDUC OF DISLOCATN	\$ 174.00	\$20.00	\$ 69.60	\$ 87.00	\$ 104.40
D7910	SUTURE RECENT WOUND 5CM	\$ 116.00	\$20.00	\$ 46.40	\$ 58.00	\$ 69.60
D7941	OSTEOTOMYMANDIBULAR	\$ 1,450.00	\$20.00	\$ 580.00	\$ 725.00	\$ 870.00
D7943	OSTEOTOMY MAND WGRAFT	\$ 2,175.00	\$20.00	\$ 870.00	\$ 1,087.50	\$ 1,305.00
D7944	OSTEOTOMY MAND SEGSUB	\$ 1,160.00	\$20.00	\$ 464.00	\$ 580.00	\$ 696.00
D7960	FRENULECTOMYOTOMY	\$ 203.00	\$20.00	\$ 81.20	\$ 101.50	\$ 121.80
D7970	EXCIS HYPERPLASTIC TISS	\$ 232.00	\$20.00	\$ 92.80	\$ 116.00	\$ 139.20
D7971	SRG EXC PERICORONAL GING	\$ 72.00	\$20.00	\$ 28.80	\$ 36.00	\$ 43.20
D7990	EMERGENCY TRACHEOTOMY	\$ 725.00	\$20.00	\$ 290.00	\$ 362.50	\$ 435.00
D7999	UNS ORAL SURG PROC BY REPORT	\$ 84.00	\$20.00	\$ 33.60	\$ 42.00	\$ 50.40
D9110	PALLIATIVE TREATMENT	\$ 45.00	\$15.00	\$ 18.00	\$ 22.50	\$ 27.00

Non-Preventative and Non-Restorative Dental Services

CPT Code	Description	Standard Price	SSD Price
D2710	crown - resin (indirect)	\$ 300	\$ 150
D2750	crown - porcelain fused to high noble metal	\$ 871	\$ 435
D2751	crown - porcelain fused to predominantly base metal	\$ 871	\$ 435
D2752	crown - porcelain fused to noble metal	\$ 600	\$ 600
D2790	crown - full cast high noble metal	\$ 970	\$ 970
D2791	crown - full cast predominantly base metal	\$ 435	\$ 218
D2792	crown - full cast noble metal	\$ 435	\$ 218
D5110	complete denture - maxillary	\$ 1,242	\$ 621
D5120	complete denture - mandibular	\$ 1,242	\$ 621
D5130	immediate denture - maxillary	\$ 1,073	\$ 537
D5140	immediate denture - mandibular	\$ 1,073	\$ 537
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 805	\$ 400
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 805	\$ 400
D213	maxillary partial denture (upper)- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 1,261	\$ 630
D5214	mandibular partial denture (lower) - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 1,261	\$ 630
D5510	repair broken complete denture base	\$ 138	\$ 100
D5520	replace missing or broken teeth - complete denture (each tooth)	\$ 138	\$ 100
D5610	repair resin denture base	\$ 90	\$ 90
D5620	repair cast framework	\$ 175	\$ 175
D5630	repair or replace broken clasp	\$ 175	\$ 175
D5640	replace broken teeth - per tooth	\$ 125	\$ 125
D5650	add tooth to existing partial denture	\$ 152	\$ 152
D5660	add clasp to existing partial denture	\$ 152	\$ 152
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$ 274	\$ 274
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$ 274	\$ 274
D5750	reline complete maxillary denture (laboratory)	\$ 414	\$ 300
D5751	reline complete mandibular denture (laboratory)	\$ 414	\$ 300
D5760	reline maxillary partial denture (laboratory)	\$ 240	\$ 240
D5761	reline mandibular partial denture (laboratory)	\$ 240	\$ 240
D5820	interim partial denture (maxillary) FLIPPER	\$ 300	\$ 300
D5821	interim partial denture (mandibular) FLIPPER	\$ 300	\$ 300
D6212	pontic - cast noble metal	\$ 290	\$ 290
D6240	pontic - porcelain fused to high noble metal	\$ 690	\$ 500
D6241	pontic - porcelain fused to predominantly base metal	\$ 435	\$ 435
D6242	pontic - porcelain fused to noble metal	\$ 435	\$ 435
D6750	crown - porcelain fused to high noble metal	\$ 665	\$ 435
D6751	crown - porcelain fused to predominantly base metal	\$ 580	\$ 435

DETERMINING SFDP CATEGORY AND PAYMENT RATES

Non-Preventative and Non-Restorative Dental Services			
CPT Code	Description	Standard Price	SSD Price
D6790	crown - full cast high noble metal	\$ 690	\$ 485
D6791	crown - full cast predominantly base metal	\$ 435	\$ 435
D6930	remanent fixed partial denture	\$ 58	\$ 58
D9940	occlusal guard, by report	\$ 280	\$ 280
D9941	fabrication of athletic mouthguard	\$ 100	\$ 100