

# Delaware Valley Community Health, Inc.

## SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2023 DENTAL

Income Level	Number of People in Family										Fee Per Procedure	Fee per Rx	Sliding Fee Type
	1	2	3	4	5	6	7	8	9	10			
100%	up to \$14,580	up to \$19,720	up to \$24,860	up to \$30,000	up to \$35,140	up to \$40,280	up to \$45,420	up to \$50,560	up to \$55,700	up to \$60,840	\$35	340b cost plus dispensing fee (30% discount)	A
101% to 125%	up to \$18,225	up to \$24,650	up to \$31,075	up to \$37,500	up to \$43,925	up to \$50,350	up to \$56,775	up to \$63,200	up to \$69,625	up to \$76,050	\$45	340b cost plus dispensing fee (25% discount)	B
126% To 150%	up to \$21,870	up to \$29,580	up to \$37,290	up to \$45,000	up to \$52,710	up to \$60,420	up to \$68,130	up to \$75,840	up to \$83,550	up to \$91,260	\$50	340b cost plus dispensing fee (20% discount)	C
151%	up to	up to	up to	up to	up to	up to	up to	up to	up to	up to	\$55	340b cost plus dispensing fee (15% discount)	D

To 175%	\$25,515	\$34,510	\$43,505	\$52,500	\$61,495	\$70,490	\$79,485	\$88,480	\$97,475	\$106,470			
176% To 200%	up to \$29,160	up to \$39,440	up to \$49,720	up to \$60,000	up to \$70,280	up to \$80,560	up to \$90,840	up to \$101,120	up to \$111,400	up to \$121,680	\$60	340b cost plus dispensing fee (10% discount)	E
over 200%	over \$29,161	over \$39,441	over \$49,721	over \$60,001	over \$70,281	over \$80,561	over \$90,841	over \$101,121	over \$111,401	over \$121,681	Full fee (maximum of \$80 per procedure)	340b cost plus dispensing fee (0% discount)	F

03/01/2023 updated

### 2023 Dental Fee Schedule Adult

#### DIAGNOSTIC AND PREVENTIVE PROCEDURES

PROCEDURE	Dental Code	DVCH Charge	100% of Poverty and Below	101% - 125%	126% -150%	151% -175%	176% - 200%	Over 200% of Poverty
			Slide A	Slide B	Slide C	Slide D	Slide E	Slide F
Exam-comprehensive (NPA)	D0150	\$59	\$40	\$45	\$50	\$55	\$59	\$59
Exam – periodic (6 mos.)	D0120	\$59	\$40	\$45	\$50	\$55	\$59	\$59
Emergency Exam	D0140 D9110	\$59	\$40	\$45	\$50	\$55	\$59	\$59

Full Mouth Series	D0210	\$107	\$55	\$60	\$65	\$70	\$75	\$80
Periapical First Film	D0220	\$21	\$21	\$21	\$21	\$21	\$21	\$21
Periapical Additional Film	D0230	\$10	\$10	\$10	\$10	\$10	\$10	\$10
B.W. Two Films	D0272	\$33	\$20	\$25	\$30	\$33	\$33	\$33
B.W. Four Films	D0274	\$54	\$30	\$35	\$40	\$45	\$50	\$54
Dental Prophylaxis Adult	D1110	\$81	\$40	\$45	\$50	\$55	\$60	\$65

*\*Emergency Exam includes two free X-Rays\**

### 2023 Dental Fee Schedule Adult

#### FILLINGS, EXTRACTIONS, and PALLIATIVE TREATMENT

PROCEDURE	Dental Code	DVCH Charge	100% of Poverty and Below	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Over 200%
			Slide A	Slide B	Slide C	Slide D	Slide E	Slide F
Amalg. One Surface Permanent	D2140	\$82	\$40	\$45	\$50	\$55	\$60	\$65
Amalg. Two Surface Permanent	D2150	\$90	\$50	\$55	\$60	\$65	\$70	\$75
Amalg. Three Surface Permanent	D2160	\$111	\$60	\$65	\$70	\$75	\$80	\$85
Amalg. Four Surface Permanent	D2161	\$135	\$70	\$75	\$80	\$85	\$90	\$95
Resin One Surface	D2391	\$82	\$40	\$45	\$50	\$55	\$60	\$65
Resin Two Surfaces	D2392	\$123	\$50	\$60	\$65	\$70	\$75	\$80
Resin Three Surfaces	D2393	\$144	\$60	\$65	\$70	\$75	\$80	\$85

Resin Four Surface, Ant	D2394	\$168	\$70	\$75	\$80	\$85	\$90	\$95
Resin- base composite crown, anterior	D2390	\$207	\$150	\$155	\$160	\$165	\$170	\$175
Resin One Surface, Post	D2330	\$82	\$40	\$45	\$50	\$55	\$60	\$65
Resin Two Surface, Post	D2331	\$124	\$50	\$55	\$60	\$65	\$70	\$75
Resin Three Surface, Post	D2332	\$165	\$60	\$65	\$70	\$75	\$80	\$85
Resin Four Surface, Post	D2335	\$198	\$70	\$75	\$80	\$85	\$90	\$95
Pulp Cap Direct	D3110	\$51	\$40	\$45	\$50	\$51	\$51	\$51
Pulp Cap Indirect	D3120	\$41	\$40	\$41	\$41	\$41	\$41	\$41
Extraction, Coronal Remnants	D7111	\$82	\$25	\$30	\$35	\$40	\$45	\$50
Extraction-Erupted Tooth	D7140	\$164	\$55	\$60	\$65	\$70	\$75	\$80
Alveoloplasty with Extraction	D7310	\$218	\$160	\$165	\$170	\$175	\$180	\$185
Alveoloplasty without Extraction	D7320	\$218	\$160	\$165	\$170	\$175	\$180	\$185
Emergency Palliative Treatment	D9110	\$82	\$45	\$50	\$55	\$65	\$70	\$75
Apply Desensitizing Medicament	D9910	\$82	\$60	\$65	\$70	\$75	\$80	\$85
Occlusal guard	D9940	\$390	\$293	\$295	\$300	\$305	\$310	\$315

## ***2023 Dental Fee Schedule Pediatric (Age 0-21)***

### **DIAGNOSTIC AND PREVENTIVE PROCEDURES**

PROCEDURE	Dental Code	DVCH Charge	100% of Poverty and Below	101% - 125%	126% -150%	151% - 175%	176% -200%	Over 200% of Poverty
			Slide A	Slide B	Slide C	Slide D	Slide E	Slide F
Exam – comprehensive (NPA)	D0150	\$59	\$10	\$15	\$20	\$25	\$30	\$35
Exam – periodic (6 mos.)	D0120	\$59	\$10	\$15	\$20	\$25	\$30	\$35
Emergency Exam	D0140 D9110	\$59	\$10	\$15	\$20	\$25	\$30	\$35
Full Mouth Series	D0210	\$107	\$15	\$20	\$25	\$30	\$35	\$40
Periapical First Film	D0220	\$21	\$10	\$15	\$20	\$21	\$21	\$21
Periapical Additional Film	D0230	\$10	\$10	\$10	\$10	\$10	\$10	\$10
B.W. Two Films (Children under age 12)	D0272	\$33	\$10	\$15	\$20	\$25	\$30	\$33
B.W. Four Films (Age 12 and older)	D0274	\$54	\$10	\$15	\$20	\$25	\$30	\$35
Dental Prophylaxis Secondary Teeth (Age 12 and older)	D1110	\$81	\$20	\$25	\$30	\$35	\$40	\$45
Dental Prophylaxis Primary Teeth	D1120	\$59	\$15	\$20	\$25	\$30	\$35	\$40
Fluoride Treatment	D1206	\$59	\$10	\$10	\$10	\$10	\$10	\$10

Pit & Fissure Sealant	D1351	\$43	\$5	\$5	\$5	\$5	\$5	\$5
-----------------------	-------	------	-----	-----	-----	-----	-----	-----

\*Exam and Emergency Exam include no charge for x-ray\*

### 2023 Dental Fee Schedule Pediatric (Age 0-21)

#### FILLINGS, EXTRACTIONS, and PALLIATIVE TREATMENT

PROCEDURE	Dental Code	DVCH Charge	100% of Poverty and Below	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Over 200% of Poverty
			Slide A	Slide B	Slide C	Slide D	Slide E	Slide F
Amalg. One Surface Permanent	D2140	\$82	\$20	\$25	\$30	\$35	\$40	\$45
Amalg. Two Surface Permanent	D2150	\$90	\$30	\$35	\$40	\$45	\$50	\$55
Amalg. Three Surface Permanent	D2160	\$111	\$40	\$45	\$50	\$55	\$60	\$65
Amalg. Four Surface Permanent	D2161	\$135	\$50	\$55	\$60	\$65	\$70	\$75
Resin One Surface, Ant	D2391	\$82	\$20	\$25	\$30	\$35	\$40	\$45
Resin Two Surfaces, Ant	D2392	\$123	\$30	\$35	\$40	\$45	\$50	\$50
Resin Three Surfaces, Ant	D2393	\$144	\$40	\$45	\$50	\$55	\$60	\$60
Resin Four Surface, Ant	D2394	\$168	\$50	\$55	\$60	\$65	\$70	\$75
Resin- base composite crown, anterior	D2390	\$207	\$155	\$160	\$165	\$170	\$175	\$180
Resin One Surface, Post	D2330	\$82	\$20	\$25	\$30	\$35	\$40	\$45
Resin Two Surface, Post	D2331	\$124	\$30	\$35	\$40	\$45	\$55	\$60
Resin Three Surface, Post	D2332	\$165	\$40	\$45	\$50	\$55	\$60	\$65
Resin Four Surface, Post	D2335	\$198	\$50	\$55	\$60	\$65	\$70	\$75

Pulp Cap Direct	D3110	\$51	\$45	\$50	\$51	\$51	\$51	\$51
Pulp Cap Indirect	D3120	\$41	\$40	\$41	\$41	\$41	\$41	\$41
Extraction-Coronal Remnants	D7111	\$82	\$25	\$30	\$35	\$40	\$45	\$50
Surgical Removal Residual Roots	D7140	\$164	\$55	\$60	\$65	\$70	\$75	\$80
Alveoplasty with Extraction	D7310	\$218	\$165	\$170	\$175	\$180	\$185	\$190
Alveoplasty without Extraction	D7320	\$218	\$165	\$170	\$175	\$180	\$185	\$190
Incision & Drainage Abscess-Intraoral	D7510	\$111	\$85	\$90	\$95	\$100	\$105	\$111
Incision & Drainage abscess- Extraoral	D7520	\$246	\$185	\$190	\$195	\$200	\$205	\$210
Emergency Palliative Treatment	D9110	\$82	\$10	\$15	\$20	\$25	\$30	\$35
Apply Desensitizing Medicament	D9910	\$82	\$10	\$15	\$20	\$25	\$30	\$35
Treatment of Complications	D9930	\$70	\$55	\$60	\$65	\$70	\$70	\$75
Occlusal guard	D9940	\$390	\$295	\$300	\$305	\$310	\$315	\$320

Delaware Valley  
Community Health, Inc.

**SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2023**

**ADULT/GYN MEDICINE**

Income Level	Number of People in Family										Discount Rate on Procedures	Fee for Visits	Fee per Rx	Discount on Labs	Sliding Fee Type
	1	2	3	4	5	6	7	8	9	10					
100%	up to \$14,580	up to \$19,720	up to \$24,860	up to \$30,000	up to \$35,140	up to \$40,280	up to \$45,420	up to \$50,560	up to \$55,700	up to \$60,840	100%	\$25	340b cost plus dispensing fee (30% discount)	Lab Cost minus 30% discount	A
101% to 125%	up to \$18,225	up to \$24,650	up to \$31,075	up to \$37,500	up to \$43,925	up to \$50,350	up to \$56,775	up to \$63,200	up to \$69,625	up to \$76,050	85%	\$30	340b cost plus dispensing fee (25% discount)	Lab Cost minus 25% discount	B
126% To 150%	up to \$21,870	up to \$29,580	up to \$37,290	up to \$45,000	up to \$52,710	up to \$60,420	up to \$68,130	up to \$75,840	up to \$83,550	up to \$91,260	75%	\$35	340b cost plus dispensing fee (20% discount)	Lab Cost minus 20% discount	C
151% To 175%	up to \$25,515	up to \$34,510	up to \$43,505	up to \$52,500	up to \$61,495	up to \$70,490	up to \$79,485	up to \$88,480	up to \$97,475	up to \$106,470	75%	\$40	340b cost plus dispensing fee (15% discount)	Lab Cost minus 15% discount	D
176% To 200%	up to \$29,160	up to \$39,440	up to \$49,720	up to \$60,000	up to \$70,280	up to \$80,560	up to \$90,840	up to \$101,120	up to \$111,400	up to \$121,680	50%	\$45	340b cost plus dispensing fee (10% discount)	Lab Cost minus 10% discount	E



over 200%	over \$29,161	over \$39,441	over \$49,721	over \$60,001	over \$70,281	over \$80,561	over \$90,841	over \$101,121	over \$111,401	over \$121,681	Full Fee (Max of \$50 per procedure)	\$50	340b cost plus dispensin g fee (0% discount)	Lab Cost minus 0% discount	F
--------------	------------------	------------------	------------------	------------------	------------------	------------------	------------------	-------------------	-------------------	-------------------	---	------	--	----------------------------------	---

# Delaware Valley Community Health, Inc.

## SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2023

### Optometry

Income Level	Number of People in Family										Discount Rate on Procedures	Fee for Visits	Fee per Rx	Discount on Labs	Sliding Fee Type
	1	2	3	4	5	6	7	8	9	10					
100%	up to \$14,580	up to \$19,720	up to \$24,860	up to \$30,000	up to \$35,140	up to \$40,280	up to \$45,420	up to \$50,560	up to \$55,700	up to \$60,840	100%	\$25	340b cost plus dispensin g fee (30% discount)	Lab Cost minus 30% discount	A
101% to 125%	up to \$18,225	up to \$24,650	up to \$31,075	up to \$37,500	up to \$43,925	up to \$50,350	up to \$56,775	up to \$63,200	up to \$69,625	up to \$76,050	85%	\$30	340b cost plus dispensin g fee (25% discount)	Lab Cost minus 25% discount	B

126%	up to	up to	up to	up to	up to	up to	up to	up to	up to	up to	75%	\$35	340b cost plus dispensing fee (20% discount)	Lab Cost minus 20% discount	C
To	\$21,870	\$29,580	\$37,290	\$45,000	\$52,710	\$60,420	\$68,130	\$75,840	\$83,550	\$91,260					
150%															
151%	up to	up to	up to	up to	up to	up to	up to	up to	up to	up to	75%	\$40	340b cost plus dispensing fee (15% discount)	Lab Cost minus 15% discount	D
To	\$25,515	\$34,510	\$43,505	\$52,500	\$61,495	\$70,490	\$79,485	\$88,480	\$97,475	\$106,470					
175%															
176%	up to	up to	up to	up to	up to	up to	up to	up to	up to	up to	50%	\$45	340b cost plus dispensing fee (10% discount)	Lab Cost minus 10% discount	E
To	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$111,400	\$121,680					
200%															
over	over	over	over	over	over	over	over	over	over	over	Full Fee (Max of \$50 per procedure)	\$50	340b cost plus dispensing fee (0% discount)	Lab Cost minus 0% discount	F
200%	\$29,161	\$39,441	\$49,721	\$60,001	\$70,281	\$80,561	\$90,841	\$101,121	\$111,401	\$121,681					

# Delaware Valley Community Health, Inc.

**SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2023  
PEDIATRIC AND OB MEDICINE**

Income Level	Number of People in Family										Discount Rate on Procedures	Fee for Visits	Fee per Rx	Discount on Labs	Sliding Fee Type
	1	2	3	4	5	6	7	8	9	10					
100%	up to \$14,580	up to \$19,720	up to \$24,860	up to \$30,000	up to \$35,140	up to \$40,280	up to \$45,420	up to \$50,560	up to \$55,700	up to \$60,840	100%	\$20	340b cost plus dispensing fee (30% discount)	Lab Cost minus 30% discount	A
101% to 125%	up to \$18,225	up to \$24,650	up to \$31,075	up to \$37,500	up to \$43,925	up to \$50,350	up to \$56,775	up to \$63,200	up to \$69,625	up to \$76,050	OB-85% Peds-No Charge	\$25	340b cost plus dispensing fee (25% discount)	Lab Cost minus 25% discount	B
126% To 150%	up to \$21,870	up to \$29,580	up to \$37,290	up to \$45,000	up to \$52,710	up to \$60,420	up to \$68,130	up to \$75,840	up to \$83,550	up to \$91,260	OB-75% Peds No Charge	\$30	340b cost plus dispensing fee (20% discount)	Lab Cost minus 20% discount	C
151% To 175%	up to \$25,515	up to \$34,510	up to \$43,505	up to \$52,500	up to \$61,495	up to \$70,490	up to \$79,485	up to \$88,480	up to \$99,475	up to \$106,470	OB-75% Peds No Charge	\$35	340b cost plus dispensing fee (15% discount)	Lab Cost minus 15% discount	D
176% To 200%	up to \$29,160	up to \$39,440	up to \$49,720	up to \$60,000	up to \$70,280	up to \$80,560	up to \$90,840	up to \$101,120	up to \$111,400	up to \$121,680	OB-50% Peds No Charge	\$40	340b cost plus dispensing fee (10% discount)	Lab Cost minus 10% discount	E

over 200%	over \$29,161	over \$39,441	over \$49,721	over \$60,001	over \$70,281	over \$80,561	over \$90,841	over \$101,121	over \$111,401	over \$121,681	Full Fee (Max of \$50 per procedure)	\$45	340b cost plus dispensing fee (0% discount)	Lab Cost minus 10% discount	F
--------------	------------------	------------------	------------------	------------------	------------------	------------------	------------------	-------------------	-------------------	-------------------	---	------	---	-----------------------------------	---

Updated 3/1/2023

# Delaware Valley Community Health, Inc.

## SLIDING FEE SCALE FEES BASED ON FEDERAL POVERTY GUIDELINES 2023

### PODIATRY

Income Level	Number of People in Family										Discount Rate on Procedures	Fee for Visits	Fee per Rx	Discount on Labs	Sliding Fee Type
	1	2	3	4	5	6	7	8	9	10					
100%	up to \$14,580	up to \$19,720	up to \$24,860	up to \$30,000	up to \$35,140	up to \$40,280	up to \$45,420	up to \$50,560	up to \$55,700	up to \$60,840	100%	\$25	340b cost plus dispensing fee (30% discount)	Lab Cost minus 30% discount	A
101% to 125%	up to \$18,225	up to \$24,650	up to \$31,075	up to \$37,500	up to \$43,925	up to \$50,350	up to \$56,775	up to \$63,200	up to \$69,625	up to \$76,050	85%	\$30	340b cost plus dispensing fee (25% discount)	Lab Cost minus 25% discount	B

126% To 150%	up to \$21,870	up to \$29,580	up to \$37,290	up to \$45,000	up to \$52,710	up to \$60,420	up to \$68,130	up to \$75,840	up to \$83,550	up to \$91,260	75%	\$35	340b cost plus dispensing fee (20% discount)	Lab Cost minus 20% discount	C
151% To 175%	up to \$25,515	up to \$34,510	up to \$43,505	up to \$52,500	up to \$61,495	up to \$70,490	up to \$79,485	up to \$88,480	up to \$97,475	up to \$106,470	75%	\$40	340b cost plus dispensing fee (15% discount)	Lab Cost minus 15% discount	D
176% To 200%	up to \$29,160	up to \$39,440	up to \$49,720	up to \$60,000	up to \$70,280	up to \$80,560	up to \$90,840	up to \$101,120	up to \$111,400	up to \$121,680	50%	\$45	340b cost plus dispensing fee (10% discount)	Lab Cost minus 10% discount	E
over 200%	over \$29,161	over \$39,441	over \$49,721	over \$60,001	over \$70,281	over \$80,561	over \$90,841	over \$101,121	over \$111,401	over \$121,681	Full Fee (Max of \$50 per procedure)	\$50	340b cost plus dispensing fee (0% discount)	Lab Cost minus 0% discount	F