

Dental Fee Schedules - Full Fee for Self Pays and Sliding Fees Effective 2.25.21

Any patient who has a financial hardship for medical or dental office visits, should speak with our Financial Counselor. As part of being an FQHC, SIU Center for Family Medicine will help you determine if you are eligible for our sliding fee program.

Local specialist and hospitals are also capable of extending financial assistance for their services. Please contact them individually prior to or at the time of service.

Depending on the Family Size and the annual income, patient(s) will be placed into five categories of discounted care as listed below.

Type of service	Procedure Code	Description	Full Fee	Minimum Slide 0 100% or Less	Slide 1 101- 138%	Slide 2 139%- 150%	Slide 3 151%- 175%	Slide 4 176%- 200%
	D0120	Periodic oral evaluation	\$60	\$15	\$18	\$27	\$36	\$45
S	D0140	Limited oral evaluation	\$60	\$15	\$18	\$27	\$36	\$45
<u> </u>	D0150	Comp oral eval-new/estab pat	\$65	\$15	\$20	\$29	\$39	\$49
SERVICES	D0210	Intraoral-complete series (bw)	\$100	\$15	\$30	\$45	\$60	\$75
	D0220	Intraoral-periapical-1st film	\$29	\$5	\$9	\$13	\$17	\$22
U	D0230	Intraoral-periapical-each add'l	\$26	\$5	\$8	\$12	\$16	\$20
E	D0270	Bitewing-single film	\$33	\$5	\$10	\$15	\$20	\$25
<u>ŏ</u>	D0272	Bitewings-two films	\$42	\$5	\$13	\$19	\$25	\$32
<u>ک</u> ق	D0273*	Bitewings-three films	\$58	\$5	\$17	\$26	\$35	\$44
DIAGNOSTIC	D0274	Bitewings-four films	\$66	\$5	\$20	\$30	\$40	\$50
	D0330	Panoramic film	\$120	\$15	\$36	\$54	\$72	\$90
	D0412	Blood glucose level test - in-office using a glucose meter	\$0	\$0	\$0	\$0	\$0	\$0

### \*No price in Lincoln

	D1110	Prophylaxis - Adult	\$68	\$15	\$24	\$25	\$48	\$60
	D1120	Prophylaxis-child (0-18)	\$60	\$15	\$18	\$25	\$36	\$45
ι <b>Λ</b>	D1203	Flouride w/o Prohylaxis - Child	\$55	\$15	\$17	\$25	\$33	\$41
SERVICES	D1206	Topical fluoride varnish (0-18)	\$55	\$15	\$17	\$25	\$33	\$41
Š	D1206	Topical flouride varnish (19-20)	\$55	\$15	\$17	\$25	\$33	\$41
E R	D1208	Topical Appl of Flour Excel Varn (0-18)	\$55	\$15	\$17	\$25	\$33	\$41
S	D1208	Topical Appl of Four Exclud Propy (19-20)	\$55	\$15	\$17	\$25	\$33	\$41
<b>8</b>	D1351	Sealant-per tooth	\$60	\$15	\$18	\$27	\$36	\$45
É	D1510	Space maint-fixed-unilateral	\$250	\$125	\$130	\$140	\$150	\$188
₽	D1516	Space maint-fixed-bilateral,maxillary	\$500	\$250	\$255	\$275	\$300	\$375
Z	D1517	Space maint-fixed-bilateral,mandibular	\$500	\$250	\$225	\$275	\$300	\$375
$\geq$	D1520	Space Maintainer Removable Unilateral	\$250	\$125	\$130	\$140	\$150	\$188
PREVENTATIVE	D1526	Space maint-removeable-bilat,maxillary	\$500	\$250	\$255	\$275	\$300	\$375
	D1527	Space maint-removeable bilat,madibular	\$500	\$250	\$255	\$275	\$300	\$375
	D1550	Re-cement/bnd space maint	\$125	\$15	\$38	\$56	\$75	\$94
	D1555	Removal of fixed space maint	\$125	\$15	\$38	\$56	\$75	\$94

Type of service	Procedure Code	Description	Full Fee	Minimum Slide 0 100% or Less	Slide 1 101- 138%	Slide 2 139%- 150%	Slide 3 151%- 175%	Slide 4 176%- 200%
	D2140	Amalgam-1 surf. prim/perm	\$150	\$30	\$45	\$68	\$90	\$113
	D2150	Amalgam-2 surf. prim/perm	\$175	\$35	\$53	\$79	\$105	\$131
	D2160	Amalgam-3 surf. prim/perm	\$225	\$45	\$68	\$101	\$135	\$159
	D2161	Amalgam-4+ surf. prim/perm	\$275	\$45	\$83	\$124	\$165	\$206
	D2330	Resin-one surface, anterior	\$150	\$30	\$45	\$68	\$90	\$113
	D2331	Resin-two surfaces, anterior	\$175	\$35	\$53	\$79	\$105	\$131
	D2332	Resin-three surfaces, anterior	\$225	\$40	\$68	\$101	\$135	\$169
DENISTRY	D2335	Resin-4+ w/incis angle-anterior	\$275	\$45	\$83	\$124	\$165	\$206
S	D2391	Resin composite-1s, posterior	\$150	\$30	\$45	\$68	\$90	\$113
Z	D2392	Resin composite-2s, posterior	\$175	\$35	\$53	\$79	\$105	\$131
Δ	D2393	Resin composite-3s, posterior	\$225	\$40	\$68	\$101	\$135	\$169
ш	D2394	Resin composite-4+s, posterior	\$275	\$45	\$83	\$124	\$165	\$206
RESTORATIVE	D2610	Inlay-porcel/ceramic-1 surface	\$0	\$0	\$0	\$0	\$0	\$0
A	D2620	Inlay-porcel/ceramic-2 surface	\$0	\$0	\$0	\$0	\$0	\$0
OR	D2630	Inlay-porcel/ceramic-3+ surface	\$0	\$0	\$0	\$0	\$0	\$0
ST	D2750	Crown - porc fuse high noble mtl	\$1,800	\$900	\$1,000	\$1,040	\$1,080	\$1,350
<b>8</b>	D2751	Crown-porc fused to base metal	\$1,200	\$600	\$610	\$665	\$720	\$900
	D2752	Crown - porc fused noble metal	\$1,500	\$750	\$800	\$850	\$900	\$1,125
	D2791	Crown - full cast base metal	\$1,200	\$600	\$610	\$665	\$720	\$900
	D2792	Crown-full cast noble metal	\$1,800	\$900	\$1,000	\$1,040	\$1,080	\$1,350
	D2920	Re-cement or re-bond crown	\$125	\$15	\$38	\$56	\$75	\$94
	D2930	Prefab stain steel crn-primary tooth	\$400	\$85	\$120	\$180	\$240	\$300
	D2940	Protective Restoration	\$85	\$15	\$26	\$38	\$51	\$64
	D2950	Core buildup, include any pins	\$225	\$40	\$68	\$101	\$135	\$169

ENDODONTICS	D3220	Therapeutic pulpotomy(exc rest)	\$150	\$15	\$45	\$68	\$90	\$113
	D3310	Root canal therapy - anterior	\$900	\$450	\$500	\$520	\$540	\$675
	D3320	Root canal therapy - bicuspid	\$1,200	\$600	\$610	\$665	\$720	\$900
	D3330	Root canal therapy - molar	\$1,500	\$750	\$800	\$850	\$900	\$1,125
	D3346	Retreat, prev RCT - anterior	\$0	\$0	\$0	\$0	\$0	\$0
	D3347	Retreat, prev RCT - bicuspid	\$0	\$0	\$0	\$0	\$0	\$0
	D3348	Retreat, prev RCT - molar	\$0	\$0	\$0	\$0	\$0	\$0

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				Minimum	Slide 1	Slide 2	Slide 3	Slide 4
Type of	Procedure			Slide 0 100%	101-	139%-	151%-	176%-
service	Code	Description	Full Fee	or Less	138%	150%	175%	200%
	D4321	Provisional splinting-extracor	\$175	\$35	\$53	\$79	\$105	\$131
	D4341	Perio scale&root pln-4+per quad	\$130	\$50	\$90	\$105	\$110	\$120
	D4342	Perio scale & root pln-1-3th quad	\$100	\$40	\$60	\$80	\$90	\$95
	D4346	Scale, Gingival Inflam-Full Mth	\$75	\$45	\$60	\$80	\$90	\$95
	D4355	Full mouth debridemnt, eval/diag	\$100	\$45	\$60	\$80	\$90	\$95
	D4910	Periodontal maintenance	\$150	\$45	\$50	\$55	\$60	\$65
	D5110	Complete denture - maxillary	\$1,500	\$500	\$600	\$900	\$900	\$1,400
	D5120	Complete denture - mandibular	\$1,500	\$500	\$600	\$900	\$900	\$1,400
	D5130	Immediate Denture - maxillary	\$1,500	\$500	\$600	\$900	\$900	\$1,400
	D5140	Immediate denture - mandibular	\$1,500	\$500	\$600	\$900	\$900	\$1,400
	FLIPPER	Flipper for 3 or less teeth	\$600	\$300	\$360	\$400	\$450	\$500
	D5211	Maxillary partial - resin base	\$860	\$375	\$450	\$675	\$750	\$800
	D5212	Mandibular partial - resin base	\$860	\$375	\$450	\$675	\$750	\$800
	D5213	Maxil partial-metal base W/sdls	\$1,800	\$500	\$590	\$860		\$1,400
	D5214	Mand partial-metal base w/sdls	\$1,800	\$500	\$590	\$860		\$1,400
~	D5225	Maxil partial-flex base incl cl	\$1,500	\$450	\$525	\$850		\$1,200
<u> </u>	D5226	Mand partial-flex base incl cl	\$1,500	\$450	\$525	\$850		\$1,200
OTHER	D5282	Removable unilat part denture 1 pc cast metal,mandibar	41,500	\$200	4525	4000	4373	41,200
0	D5283	Removable unilat part denture 1 pc cast metal, mandibular		\$200				
9	D5410	Adjust complete denture-maxil	\$50	\$15	\$30	\$35	\$40	\$45
AND	D5411	Adjust complete denture-mand	\$50	\$15	\$30	\$35	\$40	\$45
	D5421	Adjust partial denture-maxil	\$50	\$15	\$30	\$35	\$40	\$45
ŭ	D5422	Adjust partial denture-mand	\$50	\$15	\$15	\$35	\$40	\$45
	D5510	Repair complete denture base	\$120	\$100	\$103	\$106	\$109	\$112
ERIODONTICS	D5511	Repair lwr full denture base	\$120	\$100	\$103	\$106	\$109	\$112
Ö	D5512	Repair Broken complete denture base - Maxillary	\$120	\$100	\$103	\$106	\$109	\$112
~	D5520	Replace teeth-comp dent (ea th)	\$85	\$65	\$75	\$78	\$80	\$82
4	D5610	Repair resin denture base	\$120	\$100	\$103	\$106	\$109	\$112
	D5611	Repair Resin Partial Denture Base, Mandibular	\$120	\$100	\$103	\$106	\$109	\$112
	D5612	Repair Broken Complete Denture Base, Maxillary	\$120	\$100	\$103	\$106	\$109	\$112
	D5621	Repair Cast Partial Framework, Mandibular	\$150	\$100	\$110	\$120	\$130	\$140
	D5622	Repair Cast Partial Framework, Maxillary	\$150	\$100	\$110	\$120	\$130	\$140
	D5630	Rpr or rpice brkn clasp, per th	\$135	\$100	\$105	\$110	\$115	\$120
	D5640	Replace broken teeth-per tooth	\$135	\$100	\$105	\$110	\$115	\$120
	D5650	Add tooth to exist part denture	\$35	\$100	\$103	\$20	\$25	\$30
	tooth add	Additional Tooth beyond 1st	\$35	\$12	\$15	\$20	\$25	\$30
	D5710	Rebase complete maxil denture*	\$350	\$175	\$250	\$300	\$325	\$350
	D5710	Rebase complete mand denture*	\$350 \$350	\$175	\$250	\$300	\$325	\$350
	D5711	•						
	D5720 D5721	Rebase maxil partial denture* Rebase mand partial denture*	\$350 \$350	\$175 \$175	\$250 \$250	\$300 \$300	\$325 \$325	\$350 \$350
	D5721 D5730	Reline Complete Maxillary Denture, Chairside	\$250	\$175 \$100	\$130	\$300 \$160	\$325 \$190	\$350 \$220
	D5730 D5731	Reline complete man-chairside	\$250	\$100	\$130	\$160	\$190	\$220
		Reline Maxillary Parital Denture, Chairside						
	D5740	Neime maximaly familial Deliture, Cliditside	\$250	\$100	\$130	\$160	\$190	\$220

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				Minimum Slide 0	Slide 1	Slide 2	Slide 3	Slide 4
Type of	Procedure	<b>_</b>		100%	101-	139%-	151%-	176%-
service	Code	Description	Full Fee	or Less	138%	150%	175%	200%
	D5741	Reline Mandibular Partial Denture, Chairside	\$250	\$100	\$130	\$160	\$190	\$220
	D5750	Reline complete maxillary (lab)	\$250	\$100	\$130	\$160	\$190	\$220
	D5751	Reline complete mand (lab)	\$250	\$100	\$130	\$160	\$190	\$220
	D5760	Reline Maxillary Partial Denture, Laboratory	\$250	\$100	\$130	\$160	\$190	\$220
	D5761	Reline Mandibular Partial Denture, Laboratory	\$2500	\$100	\$130	\$160	\$190	\$220
	D5876	Add metal substructure to acrylic full denture (per arch)		\$215				
	D6210	Pontic-cast high noble metal	\$1,200	\$600	\$610	\$665	\$720	\$900
	D6211	Pontic-cast predominantly base	\$1,000	\$500	\$510	\$555	\$600	\$750
	D6212	Pontic-cast noble metal	\$1,200	\$600	\$610	\$665	\$720	\$900
	D6752	Retainer cm-porc fuse base met	\$1,200	\$600	\$610	\$665	\$720	\$900
	D6790	Retainer cm-porc fused nob met	\$1,200	\$600	\$610	\$665	\$720	\$900
OTHER CONTINUED	D6791	Retainer cm-full cast hi nob	\$1,200	\$600	\$610	\$665	\$720	\$900
$\exists$	D6792	Retainer cm- full cast base	\$1,000	\$500	\$510	\$555	\$600	\$750
Ē	D5213	Retainer cm-full cast nob met	\$1,200	\$600	\$610	\$865	\$720	\$900
Z	D7140	Extract, erupted th/exposed rt	\$175	\$35	\$53	\$79	\$105	\$131
$\mathcal{E}$	D7210	Extract, erupted th, rem oth	\$250	\$45	\$75	\$113	\$150	\$188
<b>X</b>	D7220	Extraction-impacted/soft tis	\$600	\$90	\$180	\$270	\$360	\$450
픈	D7230	Extraction-impacted/part bony	\$800	\$110	\$240	\$360	\$480	\$600
[ [o	D7240	Extraction-impacted/compl bony	\$1,000	\$180	\$300	\$450	\$600	\$750
۵	D7250	Removal residual tooth roots	\$250	\$45	\$75	\$113	\$150	\$188
AND	D7286	Incisional biop oral tiss-soft	\$250	\$45	\$75	\$113	\$150	\$188
	D7291	T/SC Fiberotomy, B/R	\$250	\$45	\$75	\$113	\$150	\$188
RIODONTICS	D7310	Alveoloplasty w/ext 4+ /quad	\$400	\$50	\$120	\$180	\$240	\$300
Ę	D7471	Removal of exostosis-per site	\$400	\$50	\$120	\$180	\$240	\$300
ō	D7510	Incis&drain abscess-intra soft	\$250	\$45	\$75	\$113	\$150	\$188
QC	D8210	Removable appliance therapy	\$0	\$0	\$0	\$0	\$0	\$0
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	D9110	Emerg treatment, palliative	\$125	\$15	\$38	\$56	\$75	\$94
PE	D9130	temporomandibular joint dysfunction-non- invasive PT	\$0	\$0	\$0	\$0	\$0	\$0
	D9230	Analgesia/Nitrous Guide	\$250	\$15	\$75	\$113	\$150	\$188
	D9310	Consultation-per session	\$125	\$15	\$38	\$56	\$75	\$94
	D9613	infiltration of sustaine rls therap. drug-single/multi sites Partial Framework, Mandibular	\$0	\$0	\$0	\$0	\$0	\$0
	D9630	Drugs/,edicaments for home use	\$0	\$0	\$0	\$0	\$0	\$0
	D9944	Occlusal guards-hard appliance, full arch	\$500	\$125	\$150	\$225	\$300	\$375
	D9945	Occlusal guards-soft appliance, full arch	\$500	\$125	\$150	\$225	\$300	\$375
	D9946	Occlusal guards-hard appliance,partial arch	\$500	\$125	\$150	\$225	\$300	\$375
	D9961	Duplicate/copy patient's records	\$0	\$0	\$0	\$0	\$0	\$0
	D9990	Certified translation/sign language services per visit	\$0	\$0	\$0	\$0	\$0	\$0
	D9995	Teledentisty - Real time	\$60	\$15	\$18	\$27	\$36	\$45
	D9996	Teledentisty - Information forwarded	\$60	\$15	\$18	\$27	\$36	\$45