

**MOUNTAIN COMPREHENSIVE HEALTH CORPORATION
2019 DENTAL CLINIC- SLIDING SCALE**

Changes in Red

TIER I- BASIC DENTAL SERVICES

DENTAL CHARGES			DENTAL SLIDING FEE SCALE					
			Level	100% and below	101-125%	126-150%	151-200%	above 200%
CODE	DESCRIPTION	CHARGE						
D0120	Periodic Exam	\$ 55.00		25.00	33.00	38.50	44.00	55.00
D0140	Focused Exam	\$ 75.00		25.00	45.00	52.50	60.00	75.00
D0145	Eval < 3 years	\$ 60.00		25.00	36.00	42.00	48.00	60.00
D0150	Comprehensive Exam	\$ 75.00		25.00	45.00	52.50	60.00	75.00
D0180	Comprehensive Periodental EVAL	\$ 75.00		25.00	45.00	52.50	60.00	75.00
D0190	Screening	\$ 55.00		25.00	33.00	38.50	44.00	55.00
D0191	Assessment for Referral	\$ 52.00		25.00	31.20	36.40	41.60	52.00
D0210	X-ray Intraoral-Compl Ser Incl Bw	\$ 125.00		25.00	75.00	87.50	100.00	125.00
D0220	X-ray Intraoral Single, First Film	\$ 51.00		25.00	30.60	35.70	40.80	51.00
D0230	X-ray Intraoral each additional film	\$ 51.00		25.00	30.60	35.70	40.80	51.00
D0270	X-Ray Bitewing, Single	\$ 51.00		25.00	30.60	35.70	40.80	51.00
D0272	Bitewing - two films	\$ 60.00		25.00	36.00	42.00	48.00	60.00
D0274	Bitewing - four films	\$ 65.00		25.00	39.00	45.50	52.00	65.00
D0330	X-Ray Panoramic	\$ 110.00		25.00	66.00	77.00	88.00	110.00
D0460	Pulp Test	\$ 55.00		25.00	33.00	38.50	44.00	55.00
D1110	Prophylaxis - Adult	\$ 80.00		25.00	48.00	56.00	64.00	80.00
D1120	Prophylaxis - Child	\$ 60.00		25.00	36.00	42.00	48.00	60.00
D1201	Prophy & Fluoride-child	\$ 80.00		25.00	48.00	56.00	64.00	80.00
D1205	Prophy & Fluoride-adult	\$ 90.00		25.00	54.00	63.00	72.00	90.00
D1206	Flour-Child	\$ 55.00		25.00	33.00	38.50	44.00	55.00
D1206	Flour-Adult	\$ 60.00		25.00	36.00	42.00	48.00	60.00
D1330	Preventive Oral Hygiene Instruc.	\$ 55.00		25.00	33.00	38.50	44.00	55.00
D1351	Sealant - Per tooth	\$ 55.00		25.00	33.00	38.50	44.00	55.00
D1352	PRR's	\$ 55.00		25.00	33.00	38.50	44.00	55.00
D1555	Removal of Fixed Space Maintainer	\$ 75.00		25.00	45.00	52.50	60.00	75.00
D1999	Other	\$ 60.00		25.00	36.00	42.00	48.00	60.00
D2140	Amalgam, 1 Surface	\$ 100.00		25.00	60.00	70.00	80.00	100.00
D2150	Amalgam, 2 Surface	\$ 125.00		25.00	75.00	87.50	100.00	125.00
D2160	Amalgam, 3 Surface	\$ 150.00		25.00	90.00	105.00	120.00	150.00
D2161	Amalgam, 4 or more	\$ 185.00		25.00	111.00	129.50	148.00	185.00
D2330	1 Surf Resin-Ant	\$ 120.00		25.00	72.00	84.00	96.00	120.00
D2331	2 Surf Resin-Ant	\$ 160.00		25.00	96.00	112.00	128.00	160.00
D2332	3 Surf Resin-Ant	\$ 200.00		25.00	120.00	140.00	160.00	200.00
D2335	Resin 4 or more Surfaces	\$ 220.00		25.00	132.00	154.00	176.00	220.00
D2391	Post 1 Surface	\$ 100.00		25.00	60.00	70.00	80.00	100.00
D2392	Post 2 Surface	\$ 150.00		25.00	90.00	105.00	120.00	150.00
D2393	Post 3 Surface	\$ 175.00		25.00	105.00	122.50	140.00	175.00
D2394	Post 4 Surface	\$ 200.00		25.00	120.00	140.00	160.00	200.00
D2799	Provisional Crown	\$ 250.00		25.00	150.00	175.00	200.00	250.00
D2910	Recement Inlay, Onlay, or Partial Cov.	\$ 70.00		25.00	42.00	49.00	56.00	70.00
D2920	Recement Crown	\$ 75.00		25.00	45.00	52.50	60.00	75.00
D2930	Steel Crown-Primary	\$ 250.00		25.00	150.00	175.00	200.00	250.00
D2931	Steel Crown-perm	\$ 300.00		25.00	180.00	210.00	240.00	300.00
D2932	Prefab Resin Crown	\$ 250.00		25.00	150.00	175.00	200.00	250.00
D2940	Fillings Sedative	\$ 95.00		25.00	57.00	66.50	76.00	95.00
D2950	Crown Buildup	\$ 220.00		25.00	132.00	154.00	176.00	220.00
D2951	Pin Retention	\$ 55.00		25.00	33.00	38.50	44.00	55.00
D2954	Prefab post and core	\$ 450.00		25.00	270.00	315.00	360.00	450.00
D2970	Temporary Crown	\$ 200.00		25.00	120.00	140.00	160.00	200.00
D3110	Direct Pulp Cap	\$ 75.00		25.00	45.00	52.50	60.00	75.00
D3120	Indirect Pulp Cap	\$ 70.00		25.00	42.00	49.00	56.00	70.00
D3220	Pulpotomy	\$ 175.00		25.00	105.00	122.50	140.00	175.00
D3230	Pulpal therapy-Ant primary	\$ 230.00		25.00	138.00	161.00	184.00	230.00
D3240	Pulpal therapy-Post primary	\$ 230.00		25.00	138.00	161.00	184.00	230.00
D3950	Canal Prep/Post Fitting	\$ 175.00		25.00	105.00	122.50	140.00	175.00
D3999	Unspecified endodontic procedure	\$ 60.00		25.00	36.00	42.00	48.00	60.00
D4341	Periodontal Scaling	\$ 200.00		25.00	120.00	140.00	160.00	200.00
D4342	Periodontal Scaling and Root Plaining	\$ 100.00		25.00	60.00	70.00	80.00	100.00
D4355	Full Mouth Debridement	\$ 150.00		25.00	90.00	105.00	120.00	150.00
D4910	Periodontal Maintance	\$ 135.00		25.00	81.00	94.50	108.00	135.00

**MOUNTAIN COMPREHENSIVE HEALTH CORPORATION
2019 DENTAL CLINIC- SLIDING SCALE**

Changes in Red

TIER I- BASIC DENTAL SERVICES

DENTAL CHARGES			DENTAL SLIDING FEE SCALE					
			Level	100% and below	101-125%	126-150%	151-200%	above 200%
CODE	DESCRIPTION	CHARGE						
D5410	Denture adj-maxillary	\$ 60.00		25.00	36.00	42.00	48.00	60.00
D5421	Adjust RPD	\$ 65.00		25.00	39.00	45.50	52.00	65.00
D5850	Tissue Cond. Max	\$ 90.00		25.00	54.00	63.00	72.00	90.00
D5851	Tissue Cond. Man.	\$ 90.00		25.00	54.00	63.00	72.00	90.00
D5867	Replacement of Replaceable Part	\$ 160.00		25.00	96.00	112.00	128.00	160.00
D6930	Recement Bridge	\$ 120.00		25.00	72.00	84.00	96.00	120.00
D7111	Extract- Child	\$ 80.00		25.00	48.00	56.00	64.00	80.00
D7140	Extract - Adult	\$ 100.00		25.00	60.00	70.00	80.00	100.00
D7210	Surgical Extraction	\$ 200.00		25.00	120.00	140.00	160.00	200.00
D7250	Remove Residual Root	\$ 300.00		25.00	180.00	210.00	240.00	300.00
D7310	Alveoloplasty in con with extraction	\$ 250.00		25.00	150.00	175.00	200.00	250.00
D7321	Alveoloplasty Not In Conjunction With Extractions	\$ 300.00		25.00	180.00	210.00	240.00	300.00
D7510	I & D	\$ 200.00		25.00	120.00	140.00	160.00	200.00
D7960	Frenulectomy Separate	\$ 400.00		25.00	240.00	280.00	320.00	400.00
D9110	Palliative Treatment(Emergency TM)	\$ 100.00		25.00	60.00	70.00	80.00	100.00
D9215	Local Anesthesia	\$ 30.00		25.00	26.00	27.00	28.00	30.00
D9230	N20	\$ 60.00		25.00	36.00	42.00	48.00	60.00
D9310	Consultation	\$ 100.00		25.00	60.00	70.00	80.00	100.00

Revised 2/19/2019/4/19/2019

**MOUNTAIN COMPREHENSIVE HEALTH CORPORATION
2019 DENTAL CLINIC- SLIDING SCALE**

TIER II- ADDITIONAL DENTAL SERVICES (INCLUDES SEND OUT DENTAL LAB SERVICES)

DENTAL CHARGES			DENTAL SLIDING FEE SCALE						
CODE	DESCRIPTION	CHARGE	100% and below		101-125%	126-150%	151-200%	above 200%	
			NOMINAL FEE	Equipment/ supply cost*	total cost	total cost	total cost	total cost	total cost
D1510	Space Maintainer Fxd Unilateral	\$ 300.00	\$ 50.00	100.00	150.00	180.00	210.00	240.00	300.00
D1515	Space Maintainer Fxd Bilateral	\$ 450.00	\$ 50.00	100.00	150.00	270.00	315.00	360.00	450.00
D1520	Space Maintainer Remov Unilateral	\$ 275.00	\$ 50.00	100.00	150.00	165.00	192.50	220.00	275.00
D1525	Space Maintainer Remov Bilateral	\$ 425.00	\$ 50.00	100.00	150.00	255.00	297.50	340.00	425.00
D2740	Crown-Porcelain/Ceramic	\$ 900.00	\$ 50.00	125.00	175.00	540.00	630.00	720.00	900.00
D2750	Crown/Porcelain fused to high noble metal	\$ 900.00	\$ 50.00	235.00	285.00	540.00	630.00	720.00	900.00
D2751	Crown/Porcelain fused to predeominantly base metal	\$ 800.00	\$ 50.00	100.00	150.00	480.00	560.00	640.00	800.00
D2752	Crown/porc/noble	\$ 850.00	\$ 50.00	210.00	260.00	510.00	595.00	680.00	850.00
D2790	Crown-Full Cast high noble	\$ 950.00	\$ 50.00	265.00	315.00	570.00	665.00	760.00	950.00
D2954	Prefab post and core	\$ 450.00	\$ 50.00	10.00	60.00	270.00	315.00	360.00	450.00
D2982	Labial Veneer- Laboratory, Porcelain	\$ 750.00	\$ 50.00	155.00	205.00	450.00	525.00	600.00	750.00
D3310	Root Canal - Anterior	\$ 700.00	\$ 50.00	30.00	80.00	420.00	490.00	560.00	700.00
D3320	Root Canal Bicuspic	\$ 700.00	\$ 50.00	60.00	110.00	420.00	490.00	560.00	700.00
D3330	Root Canal molar	\$ 850.00	\$ 50.00		50.00	510.00	595.00	680.00	850.00
D4210	Gingivectomy 4 or more teeth	\$ 675.00	\$ 50.00		50.00	405.00	472.50	540.00	675.00
D4249	Crown Lengthening	\$ 700.00	\$ 50.00		50.00	420.00	490.00	560.00	700.00
D5110	Complete Denture maxillary	\$ 1,000.00	\$ 50.00	395.00	445.00	600.00	700.00	800.00	1,000.00
D5120	Complete Denture mandibular	\$ 1,000.00	\$ 50.00	395.00	445.00	600.00	700.00	800.00	1,000.00
D5130	Immediate Denture maxillary	\$ 1,000.00	\$ 50.00	395.00	445.00	600.00	700.00	800.00	1,000.00
D5140	Immediate Denture mandibular	\$ 1,000.00	\$ 50.00	395.00	445.00	600.00	700.00	800.00	1,000.00
D5211	Maxillary Partial Denture(resin base)	\$ 1,000.00	\$ 50.00	270.00	320.00	600.00	700.00	800.00	1,000.00
D5212	Mandibular Partial Denture (resing base)	\$ 1,000.00	\$ 50.00	270.00	320.00	600.00	700.00	800.00	1,000.00
D5213	Maxillary Partial Denture-Cast metal	\$ 1,200.00	\$ 50.00	395.00	445.00	720.00	840.00	960.00	1,200.00
D5214	Mandibular Partial Denture	\$ 1,200.00	\$ 50.00	395.00	445.00	720.00	840.00	960.00	1,200.00
D5225	Maxillary Partial Denture (flexible base)	\$ 1,200.00	\$ 50.00	270.00	320.00	720.00	840.00	960.00	1,200.00
D5226	Mandibular Partial Denture (flexible base)	\$ 1,200.00	\$ 50.00	270.00	320.00	720.00	840.00	960.00	1,200.00
D5510	Repair Denture Base	\$ 175.00	\$ 50.00	75.00	125.00	105.00	122.50	140.00	175.00
D5520	Replace tooth	\$ 175.00	\$ 50.00	100.00	160.00	105.00	122.50	140.00	175.00
D5510	Repair Base	\$ 175.00	\$ 50.00	75.00	125.00	105.00	122.50	140.00	175.00
D5620	Repair Frame	\$ 175.00	\$ 50.00	75.00	125.00	105.00	122.50	140.00	175.00
D5630	Repair Clasp	\$ 175.00	\$ 50.00	75.00	125.00	105.00	122.50	140.00	175.00
D5660	Add Tooth	\$ 175.00	\$ 50.00	100.00	160.00	105.00	122.50	140.00	175.00
D5660	Add Clasp	\$ 175.00	\$ 50.00	75.00	125.00	105.00	122.50	140.00	175.00
D5710	Rebase Complete Maxillary Denture	\$ 275.00	\$ 50.00	130.00	180.00	185.00	192.50	220.00	275.00
D5711	Rebase Complete Mand Denture	\$ 275.00	\$ 50.00	130.00	180.00	185.00	192.50	220.00	275.00
D5720	Rebase Max RPD	\$ 275.00	\$ 50.00	130.00	180.00	185.00	192.50	220.00	275.00
D5721	Rebase MAND RPD	\$ 275.00	\$ 50.00	130.00	180.00	185.00	192.50	220.00	275.00
D5730	Reline Maxillary Denture	\$ 250.00	\$ 50.00		50.00	150.00	175.00	200.00	250.00
D5731	Reline mandibular denture	\$ 250.00	\$ 50.00		50.00	150.00	175.00	200.00	250.00
D5740	Reline Maxillary Partial Denture	\$ 225.00	\$ 50.00		50.00	135.00	157.50	180.00	225.00
D5741	Reline Mandibular Partial Denture	\$ 225.00	\$ 50.00		50.00	135.00	157.50	180.00	225.00
D5750	Reline Maxillary Denture (Lab)	\$ 290.00	\$ 50.00	105.00	155.00	174.00	203.00	232.00	290.00
D5751	Reline Mandibular denture (lab)	\$ 290.00	\$ 50.00	105.00	155.00	174.00	203.00	232.00	290.00
D5760	Reline Maxillary Partial Denture(lab)	\$ 290.00	\$ 50.00	105.00	155.00	174.00	203.00	232.00	290.00
D5761	Reline Mandibular Partial Denture(lab)	\$ 290.00	\$ 50.00	105.00	155.00	174.00	203.00	232.00	290.00
D5810	Interim Comp Denture maxillary	\$ 750.00	\$ 50.00	100.00	150.00	450.00	525.00	600.00	750.00
D5811	Interim Comp Denture mandibular	\$ 750.00	\$ 50.00	100.00	150.00	450.00	525.00	600.00	750.00
D5820	Interim Partial Denture(Maxillary)	\$ 475.00	\$ 50.00	80.00	130.00	285.00	332.50	380.00	475.00
D5821	Interim Partial Denture(Mandibular)	\$ 475.00	\$ 50.00	80.00	130.00	285.00	332.50	380.00	475.00
D6056	Prefabrtiated Abutment	\$ 475.00	\$ 50.00	160.00	210.00	285.00	332.50	380.00	475.00
D6057	Custom Abutment	\$ 750.00	\$ 50.00	315.00	365.00	450.00	525.00	600.00	750.00
D6058	Abutment Supported Crown	\$ 1,100.00	\$ 50.00	200.00	250.00	660.00	770.00	880.00	1,100.00
D6059	Abutment Supported PFM	\$ 1,000.00	\$ 50.00	300.00	350.00	600.00	700.00	800.00	1,000.00
D6065	Implant Support Crown	\$ 1,000.00	\$ 50.00	315.00	365.00	600.00	700.00	800.00	1,000.00
D6066	Implant Support Porcelain	\$ 1,200.00	\$ 50.00	420.00	470.00	720.00	840.00	960.00	1,200.00
D6110	Max Implant Supported Denture	\$ 2,000.00	\$ 50.00	840.00	890.00	1,200.00	1,400.00	1,600.00	2,000.00
D6111	Mand Implant Supported Denture	\$ 2,000.00	\$ 50.00	840.00	890.00	1,200.00	1,400.00	1,600.00	2,000.00
D6242	Pontic-Porc/noble metal	\$ 750.00	\$ 50.00	210.00	260.00	450.00	525.00	600.00	750.00
D6245	Pontic-Porc/Ceramic	\$ 750.00	\$ 50.00	125.00	175.00	450.00	525.00	600.00	750.00
D6740	Crown Porcelain/Ceramic	\$ 775.00	\$ 50.00	125.00	175.00	465.00	542.50	620.00	775.00
D6752	Crown-Porc/Noble metal	\$ 750.00	\$ 50.00	210.00	260.00	450.00	525.00	600.00	750.00
D6792	Crown-Full Cast noble	\$ 750.00	\$ 50.00	285.00	315.00	450.00	525.00	600.00	750.00
D8210	Removal- Appliance Therapy	\$ 750.00	\$ 50.00	125.00	175.00	450.00	525.00	600.00	750.00
D9940	Occlusal Guard	\$ 375.00	\$ 50.00	75.00	125.00	225.00	262.50	300.00	375.00

Revised 02.19.2019/4.19.2019

* Equipment/Supply cost is related to, but not included in, the professional service itself, as part of the prevailing standards of care. There is an additional charge for the Supply/Equipment. The Total cost to the patient for these services are shown above.