
Pricing for Community Health Connection's (CHC's) most common health care services

In compliance with Oklahoma HB 1006 below is a listing of Community Health Connection's (CHC's) most common health care services.

Explanation of the Sliding Fee Scale

As a Federally Qualified Health Center, CHC may provide services to uninsured and underinsured individuals on a sliding basis. The charts listed below demonstrate the various fee schedules CHC offers. Where an individual may fall within the slide is based on the current Federal Poverty Guidelines, the individual's household income, and the number of people living in the household with the individual.

To qualify for CHC's sliding fee scale you must provide a photo ID, a list of members in the household with the individual, and proof of your household income. Examples of proof of income include:

- ▶ Most Recent W2
- ▶ Gross wages from most current prior two pay stubs (within 30 days)
- ▶ Proof of any type of government assistance (e.g., food stamp award letter, veteran's military benefits, Social Security benefits, SSI, SSA)
- ▶ Proof of child support
- ▶ Letter from employer (on company letterhead) indicating gross income and frequency. If not available, a notarized letter from employer indicating gross income and frequency may be provided.

The Federal Poverty Guidelines are updated annually and can be found here:

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

If you have any questions or concerns regarding billing, please contact our billing office at 918.710.4434.



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PRIMARY CARE PRICING

CPT Code	Service	Slide A ¹	Slide B	Slide C	Slide D	Slide E	Slide F ²
36415	Venipuncture	\$5	\$7	\$10	\$13	\$17	\$20
36416	Finger Stick	\$5	\$7	\$10	\$13	\$17	\$20
90471	Immunization Administration	\$10	\$16	\$23	\$31	\$39	\$47
99000	Specimen Handling Fee	\$5	\$7	\$10	\$13	\$17	\$20
99202	Office or other outpatient visit for the evaluation and management of a new patient (15 - 29 Minutes)	\$30	\$49	\$73	\$97	\$122	\$146
99203	Office or other outpatient visit for the evaluation and management of a new patient (30 - 44 Minutes)	\$30	\$71	\$106	\$142	\$177	\$213
99213	Office or other outpatient visit for the evaluation and management of an established patient (20 - 29 Minutes)	\$30	\$48	\$72	\$96	\$120	\$144
99214	Office or other outpatient visit for the evaluation and management of an established patient (30 - 39 Minutes)	\$30	\$70	\$105	\$141	\$176	\$211
99391	Periodic comprehensive medicine reevaluation and management of an infant aged younger than 1 year	\$30	\$65	\$97	\$130	\$162	\$195
99392	Periodic comprehensive medicine reevaluation and management of early childhood (age 1 through 4 years)	\$30	\$70	\$104	\$139	\$174	\$209
99393	Periodic comprehensive medicine reevaluation and management of late childhood (age 5 through 11 years)	\$30	\$70	\$104	\$139	\$174	\$209
99394	Periodic comprehensive medicine reevaluation and management of adolescent (age 12 through 17 years)	\$30	\$76	\$114	\$152	\$190	\$228

¹Where an individual falls within the fee schedule is based on the Federal Poverty Guidelines, the individual's household income, and the number of people living within the individual's household. Those individuals eligible for Slide A fall at the Federal Poverty Guidelines or below and will only be assigned at most the nominal fee associated with the service(s) rendered. Those individuals who are assessed at 200% of the Federal Poverty Guidelines or above fall within Slide F and will be assigned the full price of service(s) rendered.

²Those individuals who are unable to provide proof of income at time of service will be automatically assessed at Slide F.



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IMMUNIZATION PRICING

Immunizations are not eligible for CHC's sliding fee scale. CHC charges for immunizations based on our cost of purchasing the vaccine. Patients eligible for the Vaccines for Children (VFC) program will not be required to pay a fee in association with the cost of the vaccine if the vaccine is provided to CHC through the VFC program. However, CHC may bill separately for the administration of a vaccine, which is not included in the costs listed below. To be eligible to receive a vaccine through VFC, the patient must be under the age of 18 and be uninsured or have third-party healthcare coverage through Medicaid.

CPT Code	Service	Pricing
0011A	Moderna COVID-19 Vaccine Administration – First Dose	\$0 ³
0012A	Moderna COVID-19 Vaccine Administration – Second Dose	\$0
90273	DTAP – Hep B – IPV Vaccine Administration	\$76
90634	Hepatitis A Vaccine Administration	\$33
90670	Pneumococcal Conjugate Vaccine	\$231
90688	Influenza Virus Vaccine, Quadrivalent	\$58

³CHC is currently providing all doses of the Moderna COVID-19 Vaccine at no cost due to receiving doses directly from the federal government at no cost. If/when CHC is unable to obtain these doses for free, a cost will be assessed in association with CHC's cost of the vaccine.



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DENTAL PRICING

CPT Code	Service	Slide A ⁴	Slide B	Slide C	Slide D	Slide E	Slide F ⁵
D0120	Periodic Oral Evaluation	\$30	\$31	\$38	\$46	\$53	\$60
D0140	Limited Evaluation – Problem Focused (Emergency Exam)	\$30	\$33	\$41	\$49	\$56	\$64
D0150	Comprehensive Exam	\$30	\$39	\$48	\$57	\$66	\$75
D0210	Intraoral – Complete Series of Radiographic Images	\$25	\$58	\$71	\$84	\$98	\$111
D0220	Intraoral Periapical, Single Film	\$25	\$26	\$32	\$38	\$44	\$50
D0274	Bitewings, Four Films	\$30	\$71	\$106	\$142	\$177	\$213
D1110	Adult Prophylaxis	\$40	\$42	\$51	\$61	\$70	\$80
D1120	Child Prophylaxis	\$40	\$42	\$51	\$61	\$70	\$80
D1351	Sealant (per tooth)	\$40	\$42	\$51	\$61	\$70	\$80
D2330	Restorative Dentistry – Composite Resin, One Surface, Anterior Tooth	\$65	\$73	\$90	\$106	\$123	\$140
D2331	Restorative Dentistry – Composite Resin, Two Surfaces, Anterior Tooth	\$110	\$112	\$138	\$163	\$189	\$215
D2332	Restorative Dentistry – Composite Resin, Three Surfaces, Anterior Tooth	\$110	\$111	\$136	\$162	\$187	\$213
D2391	Restorative Dentistry – Composite Resin, One Surface - Posterior, Permanent, or Primary Tooth	\$65	\$80	\$98	\$116	\$135	\$153
D2392	Restorative Dentistry – Composite Resin, Two Surfaces - Posterior, Permanent, or Primary Tooth	\$110	\$112	\$138	\$163	\$189	\$215
D2393	Restorative Dentistry – Composite Resin, Three Surfaces - Posterior, Permanent, or Primary Tooth	\$110	\$127	\$156	\$185	\$215	\$244
D2752	Crown – Porcelain Fused to Noble Metal	\$400	\$557	\$685	\$813	\$942	\$1,070
D4341	Periodontal Scaling and Root Planing (per quadrant)	\$75	\$113	\$140	\$166	\$192	\$218
D4910	Periodontal Maintenance After Therapy	\$75	\$76	\$93	\$110	\$128	\$146
D7140	Extraction (Erupted Tooth or Exposed Root)	\$70	\$78	\$96	\$114	\$132	\$150

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BEHAVIORAL HEALTH PRICING

CPT Code	Service	Slide A ⁶	Slide B	Slide C	Slide D	Slide E	Slide F ⁷
90832	Psychotherapy (Thirty Minutes)	\$10	\$26	\$52	\$78	\$104	\$130
96156	Health and Behavior Assessment (Initial Assessment and Reassessment) (15 Minutes)	\$5	\$9	\$18	\$27	\$36	\$45
96158	Health and Behavior Intervention (Individual) (30 Minutes)	\$10	\$26	\$52	\$78	\$104	\$130
96159	Health and Behavior Intervention (Individual – Each Additional 15 Minute Increment)	\$5	\$9	\$18	\$27	\$36	\$45

⁶Where an individual falls within the fee schedule is based on the Federal Poverty Guidelines, the individual's household income, and the number of people living within the individual's household. Those individuals eligible for Slide A fall at the Federal Poverty Guidelines or below and will only be assigned at most the nominal fee associated with the service(s) rendered. Those individuals who are assessed at 200% of the Federal Poverty Guidelines or above fall within Slide F and will be assigned the full price of service(s) rendered.

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