

**Baltimore Medical System
Sliding Fee Schedule
Based on 2024 Federal Poverty Level Guidelines
Effective 02/01/2024**

Federal Register Publication Date: January 17, 2024

FAMILY SIZE	A	
	Poverty Level 0 to 100%	
	Nominal Charge	\$5.00
	From	To
1	0	15,060
2	0	20,440
3	0	25,820
4	0	31,200
5	0	36,580
6	0	41,960
7	0	47,340
8	0	52,720
For each additional person, add	\$5,380	

B	
Poverty Level 101-125%	
Discounted Fee	\$15.00
From	To
15,061	18,825
20,441	25,550
25,821	32,275
31,201	39,000
36,581	45,725
41,961	52,450
47,341	59,175
52,721	65,900
\$6,725	

C	
Poverty Level 126-150%	
Discounted Fee	\$25.00
From	To
18,826	22,590
25,551	30,660
32,276	38,730
39,001	46,800
45,726	54,870
52,451	62,940
59,176	71,010
65,901	79,080
\$8,070	

D	
Poverty Level 151-175%	
Discounted Fee	\$35.00
From	To
22,591	26,355
30,661	35,770
38,731	45,185
46,801	54,600
54,871	64,015
62,941	73,430
71,011	82,845
79,081	92,260
\$9,415	

FAMILY SIZE	E	
	Poverty Level 176- 200%	
	Discounted Fee	\$45.00
	From	To
1	26,356	30,120
2	35,771	40,880
3	45,186	51,640
4	54,601	62,400
5	64,016	73,160
6	73,431	83,920
7	82,846	94,680
8	92,261	105,440
For each additional person, add	\$10,760	

SELF PAY NO DISCOUNT	
Poverty Level Over 200%	
New PT-Deposit	\$85.00
Est PT- Deposit	\$65.00
From	To
30,121	N/A
40,881	N/A
51,641	N/A
62,401	N/A
73,161	N/A
83,921	N/A
94,681	N/A
105,441	N/A
\$10,760	

SELF PAY NURSE FEE

\$73.00

SELF PAY
Over 200% Poverty Level

**FQHC MEDICARE
COINSURANCE FEE:
NEW PT \$52.80
ESTABLISHED PT \$39.35
ZERO FEE IF PT HAS
SECONDARY**

FQHC Medicare Co-Insurance Fee
Updated 1-1-24

Source: 175% of the CMS allowable for Locality 1230201. <https://www.cms.gov/apps/physician-fee-schedule>

2024 Self Pay Rates for Deliveries: In-patient & Out-patient Services: E/M In/Outpatient Services

Procedure Description	Procedure Code	SFS A 90%	SFS B 85%	SFS C 80%	SFS D 70%	SFS E 60%	Self-Pay 0% Full Charge Amount
		Pt Cost/Adj	Pt Cost/Adj	Pt Cost/Adj	Pt Cost/Adj	Pt Cost/Adj	
Vaginal Delivery Only	59409	\$200.00	\$292.00	\$390.00	\$585.00	\$780.00	\$1,950.00
		-----	\$1,658.00	\$1,560.00	\$1,365.00	\$1,170.00	
Cesarean Delivery Only	59514	\$200.00	\$329.00	\$439.00	\$659.00	\$879.00	\$2,199.00
		-----	\$1,870.00	\$1,760.00	\$1,540.00	\$1,320.00	
Vaginal Delivery after previous section	C-59612	\$200.00	\$330.00	\$440.00	\$661.00	\$881.00	\$2,204.00
		-----	\$1,874.00	\$1,764.00	\$1,543.00	\$1,323.00	
Cesarean Delivery; following vaginal attempt; previous cesarean delivery	59620	\$200.00	\$336.00	\$448.00	\$672.00	\$897.00	\$2,243.00
		-----	\$1,907.00	\$1,795.00	\$1,571.00	\$1,346.00	

**In-Patient E&M service will be under SFS Flat Schedules

SFS A \$5.00	SFS B \$15.00	SFS C \$25.00	SFS D \$35.00	SFS E \$45	Self pay Full Charge NP Deposit/\$85.00 EP Deposit/\$65.00
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** All in-patient and out-patient procedures/surgeries will be under SFS Percentage of Full Charge Amount:

Adjustment = Full charge * SFS%
PT Cost = Full Charge - (Full Charge * SFS%)

**Title X Only
Baltimore Medical System
Sliding Fee Schedule**

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FAMILY SIZE	A	
	Poverty Level 0 to 100%	
	Nominal Charge	\$0.00
	From	To
1	0	15,060
2	0	20,440
3	0	25,820
4	0	31,200
5	0	36,580
6	0	41,960
7	0	47,340
8	0	52,720
For each additional person, add	\$5,380	

B	
Poverty Level 101-125%	
Discounted Fee	\$15.00
From	To
15,061	18,825
20,441	25,550
25,821	32,275
31,201	39,000
36,581	45,725
41,961	52,450
47,341	59,175
52,721	65,900
\$6,725	

C	
Poverty Level 126-150%	
Discounted Fee	\$25.00
From	To
18,826	22,590
25,551	30,660
32,276	38,730
39,001	46,800
45,726	54,870
52,451	62,940
59,176	71,010
65,901	79,080
\$8,070	

D	
Poverty Level 151-175%	
Discounted Fee	\$35.00
From	To
22,591	26,355
30,661	35,770
38,731	45,185
46,801	54,600
54,871	64,015
62,941	73,430
71,011	82,845
79,081	92,260
\$9,415	

FAMILY SIZE	E	
	Poverty Level 176- 250%	
	Discounted Fee	\$45.00
	From	To
1	26,356	37,650
2	35,771	51,100
3	45,186	64,550
4	54,601	78,000
5	64,016	91,450
6	73,431	104,900
7	82,846	118,350
8	92,261	131,800
For each additional person, add	\$13,450	

SELF PAY NO DISCOUNT	
Poverty Level Over 250%	
New PT- Deposit	\$85.00
Est PT- Deposit	\$65.00
From	To
37,651	N/A
51,101	N/A
64,551	N/A
78,001	N/A
91,451	N/A
104,901	N/A
118,351	N/A
131,801	N/A
\$13,450	

Applicable Title X location:
Highlandtown
Belair Edison

Source: 175% of the CMS allowable for Locality 1230201. <https://www.cms.gov/apps/physician-fee-schedule>

**Baltimore Medical System
Dental Sliding Fee Schedule
Effective 8/20/24
Federal Registry Publication Date January 17, 2024**

Dental (Preventive)	A**		B*		C*		D*		E*	
	Federal Poverty Level 0 to 100%		Level 101 to 125%		Federal Poverty Level 126 to 150%		Federal Poverty Level 151 to 175%		Level 176 to 200%	
	General	RW	General	RW	General	RW	General	RW	General	RW
	\$50.00		40% of Charge		50% of Charge		60% of Charge		70% of Charge	
Dental (Basic)	\$50.00		40% of Charge		50% of Charge		60% of Charge		70% of Charge	
Dental (Major)	\$100 + lab costs		40% of Charge		50% of Charge		60% of Charge		70% of Charge	

Family Size	Income Measure	A**		B*		C*		D*		E*	
1	Annual	\$0	- \$15,060	\$15,061	- \$18,825	\$18,826	- \$22,590	\$22,591	- \$26,355	\$26,356	- \$30,120
2	Annual	\$0	- \$20,440	\$20,441	- \$25,550	\$25,551	- \$30,660	\$30,661	- \$35,770	\$35,771	- \$40,880
3	Annual	\$0	- \$25,820	\$25,821	- \$32,275	\$32,276	- \$38,730	\$38,731	- \$45,185	\$45,186	- \$51,640
4	Annual	\$0	- \$31,200	\$31,201	- \$39,000	\$39,001	- \$46,800	\$46,801	- \$54,600	\$54,601	- \$62,400
5	Annual	\$0	- \$36,580	\$36,581	- \$45,725	\$45,726	- \$54,870	\$54,871	- \$64,015	\$64,016	- \$73,160
6	Annual	\$0	- \$41,960	\$41,961	- \$52,450	\$52,451	- \$62,940	\$62,941	- \$73,430	\$73,431	- \$83,920
7	Annual	\$0	- \$47,340	\$47,341	- \$59,175	\$59,176	- \$71,010	\$71,011	- \$82,845	\$82,846	- \$94,680
8	Annual	\$0	- \$52,720	\$52,721	- \$65,900	\$65,901	- \$79,080	\$79,081	- \$92,260	\$92,261	- \$101,120
Additional person		\$5,380		\$6,725		\$8,070		\$9,415		\$10,760	

Footnote:

- * Dental (all) - Category B-E Professional fee varies based on % procedure code fee. Lab fee included in percentage.
- ** Dental (Major)- Category A -Actual lab/appliance cost billed at cost in addition to flat visit fee.