



HRSA Sliding Fee Discount Schedule
Based on 2024 Federal Poverty Guidelines*

Poverty Level	Annual Income					
	At or Below 100%	101-133%	134-150%	151-175%	176-200%	Above 200%
Family Size	A	B	C	D	E	F
1	\$0 - \$15,060	\$15,061 - \$20,030	\$20,031 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120	\$30,121 - UP
2	\$0 - \$20,440	\$20,441 - \$27,185	\$27,186 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880	\$40,881 - UP
3	\$0 - \$25,820	\$25,821 - \$34,341	\$34,342 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640	\$51,641 - UP
4	\$0 - \$31,200	\$31,201 - \$41,496	\$41,497 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400	\$62,401 - UP
5	\$0 - \$36,580	\$36,581 - \$48,651	\$48,652 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160	\$73,161 - UP
6	\$0 - \$41,960	\$41,961 - \$55,807	\$55,808 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920	\$83,921 - UP
7	\$0 - \$47,340	\$47,341 - \$62,962	\$62,963 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680	\$94,681 - UP
8	\$0 - \$52,720	\$52,721 - \$70,118	\$70,119 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440	\$105,441 - UP
For Family units with more than 8 persons, add \$5,380 for each additional member						
Podiatry Durable Medical Equipment (DME) Sliding Fee Schedule						
	DISCOUNT					
DME Code and Description	50%	60%	70%	80%	90%	
Diabetic fitting, preparation, and supply of off the shelf depth inlay (A5500)	\$65	\$78	\$91	\$104	\$117	Full Fee, if does not qualify for Uncompensated Care
Diabetic multiple density insert, direct formed molded to foot (A5512)	\$28	\$33	\$39	\$44	\$50	Full Fee, if does not qualify for Uncompensated Care
Diabetic multiple density insert, direct formed molded to foot, includes archfiller and other shaping (A5513)/(A5514)	\$35	\$42	\$49	\$56	\$63	Full Fee, if does not qualify for Uncompensated Care
Foam dressing, wound cover, each (A6212)	\$13	\$15	\$18	\$20	\$23	Full Fee, if does not qualify for Uncompensated Care
Hydrogel dressing, wound filler per fluid ounce (A6248)	\$14	\$17	\$20	\$22	\$25	Full Fee, if does not qualify for Uncompensated Care
Ankle foot orthosis inc fitting and adjustment (L1902)	\$65	\$78	\$91	\$104	\$117	Full Fee, if does not qualify for Uncompensated Care
Ankle foot orthosis, multigamentous support, inc fitting and adjustment (L1906)	\$75	\$90	\$105	\$120	\$135	Full Fee, if does not qualify for Uncompensated Care

Ankle foot orthosis, supramalleolar (L1907)	\$400	\$480	\$560	\$640	\$720	Full Fee, if does not qualify for Uncompensated Care
Ankle foot orthosis, plastic or other material, inc fitting and adj (L1930)	\$154	\$184	\$215	\$246	\$276	Full Fee, if does not qualify for Uncompensated Care
Ankle foot orthosis, rigid ant/tibial section, carbon fiber, inc fitting and adjustment (L1932)	\$602	\$722	\$843	\$963	\$1,084	Full Fee, if does not qualify for Uncompensated Care
Ankle foot orthosis, plastic or other material, custom fabricated (L1940)	\$375	\$450	\$525	\$600	\$675	Full Fee, if does not qualify for Uncompensated Care
Ankle foot orthosis, spiral flexion resist, each joint (L1951)	\$648	\$777	\$907	\$1,036	\$1,166	Full Fee, if does not qualify for Uncompensated Care
Addition to lower extremity, lacer molded to patient custom fabricated orthosis only (L2330)	\$305	\$366	\$427	\$488	\$549	Full Fee, if does not qualify for Uncompensated Care
Addition to lower extremity orthosis, soft interface for molded plastic below knee section (L2820)	\$141	\$169	\$197	\$226	\$254	Full Fee, if does not qualify for Uncompensated Care
Custom molded orthotic (UCB-berkeley type) (L3000)	\$170	\$204	\$238	\$272	\$306	Full Fee, if does not qualify for Uncompensated Care
Foot insert, removable longitudinal arch support, each (L3010)	\$125	\$150	\$175	\$200	\$225	Full Fee, if does not qualify for Uncompensated Care
Foot insert, removable longitudinal/metatarsal arch support, each (L3020)	\$150	\$180	\$210	\$240	\$270	Full Fee, if does not qualify for Uncompensated Care
Foot insert, removable, formed to patient foot, each (L3030)	\$150	\$180	\$210	\$240	\$270	Full Fee, if does not qualify for Uncompensated Care
Orthopedic footwear, ladies shoe, each (L3216)	\$75	\$90	\$105	\$120	\$135	Full Fee, if does not qualify for Uncompensated Care
Orthopedic footwear, mens shoe, each (L3221)	\$125	\$150	\$175	\$200	\$225	Full Fee, if does not qualify for Uncompensated Care
Surgical boot/shoe each (L3260)	\$40	\$48	\$56	\$64	\$72	Full Fee, if does not qualify for Uncompensated Care
Adjustable heel lift (L3332)	\$52	\$62	\$73	\$83	\$94	Full Fee, if does not qualify for Uncompensated Care
Walking boot, pneumatic and/or vacuum, off the shelf (L4361)	\$185	\$222	\$259	\$296	\$333	Full Fee, if does not qualify for Uncompensated Care
Static or dynamic ankle foot orthosis, prefabricated, off the shelf (L4397)	\$120	\$144	\$168	\$192	\$216	Full Fee, if does not qualify for Uncompensated Care

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