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**DENTURIST ASSOCIATION OF BRITISH COLUMBIA
SUGGESTED FEE SCHEDULE**



**THIS GUIDE OF SUGGESTED FEES IS PUBLISHED BY
THE DENTURIST ASSOCIATION OF BRITISH COLUMBIA FOR THE BENEFIT OF
INSURANCE COMPANIES AND THIRD PARTY BILLING**

This guide covers professional services rendered by a Denturist.

**The fees of procedures described are not obligatory; each Denturist is
expected to determine independently the fees that will be charged.**

EXAMINATIONS NOT INCLUDED IN “FEE”

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The DAC Procedure Codes – Master List(s)
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INTRODUCTION

SERVICE

The quality of prosthodontic services offered by a Denturist contributes to the improvement of a patient's oral health.

The value of this service is in its effectiveness in replacing tooth function while preserving the oral tissue supporting the prosthesis.

In manufacturing of removable prosthesis various steps and technical procedures are necessary in order to assure the highest quality of services possible. Many different types of dentures can be fabricated; therefore, the fees will vary according to the technical procedures involved and the degree of skill required.

This fee schedule establishes comparative norms for evaluating different prosthodontic services which enable the Denturist, Patient and Insurance Companies to better compare the value of service provided.

CODES

The codes for all procedures are listed in two main categories:

Complete Dentures & Partial Dentures

Subsequently each main category is further subdivided into specific procedures, ie: relines, rebase, immediate, etc.

The first digit	refers to complete or partial
The second digit	refers to relines, rebase, etc.
The third digit	refers to standard, transitional, overdenture
The fourth digit	refers to maxillary, mandibular
The fifth digit	refers to specialty procedures

GUIDE: Total fee = professional fee + lab fee unless indicated by +L or +P

+L = Laboratory Fees

+P = Parts and components

SC = service charge (independent charge)

The DAC Procedure Codes

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DESCRIPTION of PROCEDURES for STANDARD COMPLETE or PARTIAL DENTURES

NOTE: Suggested Clinical Protocol – Minimum standard of acceptable denture construction. If procedures are modified, then the fees should be adjusted accordingly.

a) Impressions

- preliminary and finals
- finals to be muscle molded

b) Bite Registration

- to include centric and vertical relations
- tooth selection

c) Try-In

- full wax try-in
- check centric occlusion, rest and occlusal dimensions
- check protrusive and lateral movements, aesthetics and phonetics
- fitting of cast framework

d) Insertion

- verify centric movements
- check for denture base extension and pressure spots
- provide oral hygiene instruction and patient denture education
- provide 3 months' post insertion care

DESCRIPTION of PROCEDURES for PRECISION-EQUILIBRATED COMPLETE DENTURES

NOTE: Clinical Protocol is a minimum standard. If procedures and /or materials are modified, then the fees should be adjusted accordingly.

a) Impressions

- preliminary and finals
- final impressions – to include custom tray and muscle molded final impression

b) Bite Registration/Occlusal Records must include:

- face bow transfer
- semi adjustable articulator
- centric relation may be determined by either Pin Tracer technique (Central Bearing device) or Bite Block technique
- protrusive bite relation
- establish vertical relation
- premium quality teeth (tooth form should be of cusp type)
- premium quality acrylic material

c) Try-in

- includes full wax try in
- verify centric and eccentric occlusion
- verify aesthetics and phonetics
- verify vertical relation

d) Insertion

- confirm centric and eccentric relations
- check for pressure spots and denture base extensions
- provide oral hygiene instruction and patient denture education
- provide 3 months post insertion care

DENTURIST ASSOCIATION OF BC

Suggested Fee Schedule – 2021

EXAMINATION	Code	Prof	Lab	Fee
<p>Oral exams are an integral part of denture services provided by Denturists. Patients are assessed through the appropriate examination to determine what services are required prior to developing a treatment plan.</p> <p>An oral examination for new denture patients entails a comprehensive regulatory approved investigation and documentation of the oral cavity.</p>				
General Oral Examination	10010	120		120
<p>All new patient exams must include a detailed prosthetic history including visual and digital examination of the oral structures, TMJ, lips, oral mucosa and tongue.</p>				
Emergency/Specific Nature	10104	84		84
Annual Recall/Recare	10105	73		73
Pre-Authorization/Pre-Determination	10103	73		73
Diagnostic Model - Maxillary	10120	100	45	145
Diagnostic Model - Maxillary - Duplicate	10121	65	40	105
Diagnostic Model - Mandibular	10124	100	45	145
Diagnostic Model - Mandibular - Duplicate	10125	65	40	105
Oral Screening	10015	68		68
Completing a Claim Form	70070	68		68

Examinations are Not Inclusive in the “Fees” and are billed individually.

COMPLETE DENTURES (ONE OR MORE COMPLETELY EDENTULOUS ARCH)	Code	Prof	Lab	Fee
Complete Maxillary - Standard	31310	895	440	1335
Complete Mandibular - Standard	31320	930	455	1385
Complete Maxillary - Precision Equilibrated/Complex	31110	1215	600	1815
Complete Mandibular - Precision Equilibrated/Complex	31120	1250	615	1865
Complete Maxillary - Transitional	31510	805	400	1205
Complete Mandibular - Transitional	31520	840	415	1255

COMPLETE DENTURE(S) - IMPLANT RETAINED	Code	Prof	Lab	Fee
(+L, +P = Impression copings, Impression analogs, O Rings, Locators)				
Complete Maxillary - Implant Retained - Tissue Borne/Supported - with Independent Attachments	31710	1950	980+L+P	2930+L+P
Complete Mandibular - Implant Retained - Tissue Borne/Supported - with Independent Attachments	31720	1815	900+L+P	2715+L+P

COMPLETE DENTURE(S) - IMPLANT BAR OVERDENTURE	Code	Prof	Lab	Fee
(+L, +P = Cast frame if required, Hader Clips & Housings, Ackerman Clips, Dolder Bar Clips, Locators)				
Complete Maxillary - Implant Bar Overdenture - with Independent Attachments	31810	4225	2170+L+P	6395+L+P
Complete Mandibular - Implant Bar Overdenture - with Independent Attachments	31820	3165	1630+L+P	4795+L+P

COMPLETE OVERDENTURE(S)	Code	Prof	Lab	Fee
Complete Maxillary - Standard - Overdenture	31610	1150	565	1715
Complete Mandibular - Standard - Overdenture	31620	1180	585	1765
Complete Maxillary - Precision Equilibrated/Complex - Overdenture	31630	1390	695	2085
Complete Mandibular - Precision Equilibrated/Complex - Overdenture	31640	1425	710	2135

COMPLETE DENTURE(S) - IMMEDIATE/ SURGICAL	Code	Prof	Lab	Fee
Complete Maxillary - Standard - Immediate/Surgical	31311	1150	565	1715
Complete Mandibular - Standard - Immediate/Surgical	31321	1180	585	1765
Complete Maxillary - Precision Equilibrated/Complex - Immediate/Surgical	31111	1390	690	2080
Complete Mandibular - Precision Equilibrated/Complex - Immediate/Surgical	31121	1425	705	2130

COMPLETE IMMEDIATE/SURGICAL DENTURE(S) - ON IMPLANTS	Code	Prof	Lab	Fee
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(+L, +P = Impression copings, Impression analogs, O Rings, Locators)

Complete Maxillary - Immediate/Surgical - On Implants - Tissue Borne/Supported 31711 2260 1120+L+P 3380+L+P

Complete Mandibular - Immediate/Surgical - On Implants - Tissue Borne/Supported 31721 2370 1175+L+P 3545+L+P

Complete Maxillary - Immediate/Surgical - On Implants - Screw Retained Removable Acrylic Transitional 31811 SC SC +L+P SC +L+P

Complete Mandibular - Immediate/Surgical - On Implants - Screw Retained Removable Acrylic Transitional 31821 SC SC +L+P SC +L+P

COMPLETE IMMEDIATE DENTURE(S) OVERDENTURE	Code	Prof	Lab	Fee
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Complete Maxillary - Precision Equilibrated/Complex - Immediate/Surgical - Overdenture 31114 1105 550 1655

Complete Mandibular - Precision Equilibrated/ Complex - Immediate/Surgical - Overdenture 31124 1140 565 1705

RESET(S)	Code	Prof	Lab	Fee
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Note: Can be billed 2 years post immediate denture insertion - only once per arch.

Complete Maxillary - Reset 35210 415 205 620

Complete Mandibular - Reset 35220 415 205 620

PARTIAL DENTURE(S) - CAST FRAMES WITH CLASPS AND/OR RESTS	Code	Prof	Lab	Fee
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Note: +L = Lab Fee Code 98888

Partial Maxillary - Standard - Free-End - Cast with Clasps and/or Rests 41114 1040 520+L 1560+L

Partial Mandibular - Standard - Free-End - Cast with Clasps and/or Rests 41124 1040 520+L 1560+L

Altered cast impression/with above codes 41144 110 50 160

Partial Maxillary - Precision Equilibrated/Complex - Free-End - Cast with Clasps and/or Rests 41110 1220 605+L 1825+L

Partial Mandibular - Precision Equilibrated/Complex - Free-End - Cast with Clasps and/or Rests 41120 1220 605+L 1825+L

Altered Cast Impression with above codes 41140 110 50 160

Partial Maxillary - Standard - Overdenture - Cast with Clasps and/or Rests 41510 1040 520+L 1560+L

Partial Mandibular - Standard - Overdenture - Cast with Clasps and/or Rests 41520 1040 520+L 1560+L

Altered cast impression/with above codes 41540 110 50 160

PARTIAL DENTURE(S) - CAST FRAMES WITH CLASPS AND/OR RESTS - cont'd.	Code	Prof	Lab	Fee
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Note: +L = Lab Fee Code 98888

Partial Maxillary - Standard - Toothborne - Cast with Clasps and/or Rests	41254	1040	520+L	1560+L
Partial Mandibular - Standard - Toothborne - Cast with Clasps and/or Rests	41264	1040	520+L	1560+L
Unilateral - with above codes	41244	110	50	160
Partial Maxillary - Precision Equilibrated/Complex - Toothborne - Cast with Clasps and/or Rests	41216	1220	605+L	1825+L
Partial Mandibular - Precision Equilibrated/Complex - Toothborne - Cast with Clasps and/or Rests	41226	1220	605+L	1825+L

PARTIAL DENTURE(S) - CAST FRAME - ON IMPLANTS WITH INDEPENDENT ATTACHMENTS	Code	Prof	Lab	Fee
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Note: +L = Lab Fee Code 98888

(+L, +P = Impression copings, Impression analogs, O Rings, Locators)

Partial Maxillary - Cast Frame - On Implants - with Independent Attachments	41601	1715	1145+L+P	2860+L+P
Partial Mandibular - Cast Frame - On Implants - with Independent Attachments	41602	1715	1145+L+P	2860+L+P
Altered cast impression/with above codes	41604	260	130	390

PARTIAL DENTURE(S) - IMMEDIATE/SURGICAL - CAST FRAME WITH CLASPS AND/OR RESTS	Code	Prof	Lab	Fee
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Note: +L = Lab Fee Code 98888

Partial Maxillary - Standard - Immediate/Surgical - Free-End - Cast with Clasps and/or Rests	41115	1220	605+L	1825+L
Partial Mandibular - Standard - Immediate/Surgical - Free-End - Cast with Clasps and/or Rests	41125	1220	605+L	1825+L
Partial Maxillary - Standard - Immediate/Surgical - Toothborne - Cast with Clasps and/or Rests	41215	1220	605+L	1825+L
Partial Mandibular - Standard - Immediate/Surgical - Toothborne - Cast with Clasps and/or Rests	41225	1220	605+L	1825+L
Partial Maxillary - Precision Equilibrated/Complex - Immediate/Surgical - Free-End - Cast with Clasps and/or Rests	41111	1465	730+L	2195+L
Partial Mandibular - Precision Equilibrated/Complex - Immediate/Surgical - Free-End - Cast with Clasps and/or Rests	41121	1465	730+L	2195+L

PARTIAL DENTURE(S) - IMMEDIATE/SURGICAL - CAST FRAME WITH CLASPS AND/OR RESTS - cont'd.	Code	Prof	Lab	Fee
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Note: +L = Lab Fee Code 98888

Partial Maxillary - Precision Equilibrated/Complex - Immediate/Surgical - Toothborne - Cast with Clasps and/or Rests 41257 1465 730+L 2195+L

Partial Mandibular - Precision Equilibrated/Complex - Immediate/Surgical - Toothborne Cast with Clasps and/or Rests 41267 1465 730+L 2195+L

PARTIAL DENTURE(S) CAST FRAME - IMMEDIATE/SURGICAL - OVERDENTURE	Code	Prof	Lab	Fee
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Partial Maxillary - Standard - Immediate/Surgical - Overdenture - Cast Frame 41511 1220 605+L 1825+L

Partial Mandibular - Standard - Immediate/Surgical - Overdenture - Cast Frame 41521 1220 605+L 1825+L

PARTIAL DENTURE(S) - IMPLANT BAR OVERDENTURE	Code	Prof	Lab	Fee
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Partial Maxillary - Implant Bar Overdenture - with Independent Attachments 41817 4115 2125+L+P 6240+L+P

Partial Mandibular - Implant Bar Overdenture - with Independent Attachments 41827 3025 1565+L+P 4590+L+P

Altered cast impression/with above codes 41837 110 50 160

RESET(S)	Code	Prof	Lab	Fee
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Note: Can be billed 2 years post immediate denture insertion - only once per arch.

Partial Maxillary - Reset 45210 415 205 620

Partial Mandibular - Reset 45220 415 205 620

PARTIAL DENTURE(S) ACRYLIC BASE WITH CLASPS AND/OR RESTS OR RESILIENT RETAINERS	Code	Prof	Lab	Fee
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Partial Maxillary - Standard - Acrylic Base with Clasps and/or Rests or Resilient Retainers 41610 1040 520 1560

Partial Mandibular - Standard - Acrylic Base with Clasps and/or Rests or Resilient Retainers 41620 1040 520 1560

Partial Maxillary - Transitional - Acrylic Base with Clasps and/or Rests or Resilient Retainers 41710 510 255 765

Partial Mandibular - Transitional - Acrylic Base with Clasps and/or Rests or Resilient Retainers 41720 510 255 765

Partial Maxillary - Overdenture - Acrylic Base with Clasps and/or Rests or Resilient Retainers 41810 730 355 1085

Partial Mandibular - Overdenture - Acrylic Base with Clasps and/or Rests or Resilient Retainers 41820 730 355 1085

PARTIAL DENTURE(S) ACRYLIC BASE - NO CLASPS	Code	Prof	Lab	Fee
Partial Maxillary - Standard - Acrylic Base no Clasps	41612	720	345	1065
Partial Mandibular - Standard - Acrylic Base no Clasps	41622	720	345	1065
Partial Maxillary - Transitional - Acrylic Base no Clasps	41712	450	225	675
Partial Mandibular - Transitional - Acrylic Base no Clasps	41722	450	225	675
Partial Maxillary - Overdenture - Acrylic Base no Clasps	41812	600	295	895
Partial Mandibular - Overdenture - Acrylic Base no Clasps	41822	600	295	895

PARTIAL DENTURE(S) - REINFORCED	Code	Prof	Lab	Fee
Partial Maxillary - Reinforced - Free-end or Toothborne	41145	750	370+L	1120+L
Partial Mandibular - Reinforced - Free-end or Toothborne	41146	750	370+L	1120+L

PARTIAL DENTURE(S) ACRYLIC BASE - IMMEDIATE WITH CLASPS AND/OR RESTS OR RESILIENT RETAINERS	Code	Prof	Lab	Fee
Partial Maxillary - Standard - Immediate/Surgical -Acrylic Base with Clasps and/or Rests or Resilient Retainers	41611	1220	605	1825
Partial Mandibular - Standard - Immediate/Surgical - Acrylic Base with Clasps and/or Rests or Resilient Retainers	41621	1220	605	1825

PARTIAL DENTURE(S) ACRYLIC BASE - IMMEDIATE WITH CLASPS AND/OR RESTS OR RESILIENT RETAINERS	Code	Prof	Lab	Fee
Partial Maxillary - Overdenture - Immediate/Surgical - Acrylic Base with Clasps and/or Rests or Resilient Retainers	41811	1220	605	1825
Partial Mandibular - Overdenture - Immediate/Surgical - Acrylic Base with Clasps and/or Rests or Resilient Retainers	41821	1220	605	1825

PARTIAL DENTURE(S) ACRYLIC BASE - IMMEDIATE/SURGICAL WITHOUT CLASPS	Code	Prof	Lab	Fee
Partial Maxillary - Standard - Immediate/Surgical - Acrylic Base without Clasps	41613	735	360	1095
Partial Mandibular - Standard - Immediate/Surgical - Acrylic Base without Clasps	41623	735	360	1095

PARTIAL DENTURE(S) ACRYLIC BASE - IMMEDIATE/SURGICAL WITHOUT CLASPS - cont'd.	Code	Prof	Lab	Fee
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Partial Maxillary - Overdenture - Immediate/Surgical - Acrylic without Clasps	41813	770	380	1150
Partial Mandibular - Overdenture - Immediate/Surgical - Acrylic without Clasps	41823	770	380	1150

PARTIAL DENTURE(S) - NON-ACRYLIC (THERMO-FLEX NYLON, VALPLAST, ETC.)	Code	Prof	Lab	Fee
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Partial Maxillary - Non-Acrylic	41913	890	445+L	1335+L
Partial Mandibular - Non-Acrylic	41923	890	445+L	1335+L

RELINE(S)	Code	Prof	Lab	Fee
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Complete Maxillary - Reline - Lab Processed - Heat Cured	32110	245	135	380
Complete Mandibular - Reline - Lab Processed- Heat Cured	32120	245	135	380
Partial Maxillary - Reline - Lab Processed - Heat Cured	42116	245	135	380
Partial Mandibular - Reline - Lab Processed - Heat Cured	42126	245	135	380
Complete Maxillary - Reline - Lab Processed - Self-Polymerized	32215	180	85	265
Complete Mandibular - Reline - Lab Processed - Self-Polymerized	32225	180	85	265
Partial Maxillary - Reline - Lab Processed - Self-Polymerized	42210	180	85	265
Partial Mandibular - Reline - Lab Processed - Self-Polymerized	42220	180	85	265
Complete Maxillary - Reline - Chairside - Acrylic	32418	115	50	165
Complete Mandibular - Reline - Chairside - Acrylic	32428	115	50	165
Partial Maxillary - Reline - Chairside - Acrylic	42418	115	50	165
Partial Mandibular - Reline - Chairside - Acrylic	42428	115	50	165
Complete Maxillary - Reline - Chairside - Light Cured	32410	230	120	350
Complete Mandibular - Reline - Chairside - Light Cured	32420	230	120	350
Partial Maxillary - Reline - Chairside - Light Cured	42416	230	120	350
Partial Mandibular - Reline - Chairside - Light Cured	42426	230	120	350

RELINE(S) - cont'd.	Code	Prof	Lab	Fee
Complete Maxillary - Reline - Chairside - Long Term Soft Liner	32318	200	95	295
Complete Mandibular - Reline - Chairside - Long Term Soft Liner	32328	200	95	295
Partial Maxillary - Reline - Chairside - Long Term Soft Liner	42318	200	95	295
Partial Mandibular - Reline - Chairside - Long Term Soft Liner	42328	200	95	295
Complete Maxillary - Reline - On Implants - With Independent Attachments	32610	945	630	1575
Complete Mandibular - Reline - On Implants - With Independent Attachments	32620	630	420	1050
Partial Maxillary - Reline - On Implants - With Independent Attachments	42616	630	420	1050
Partial Mandibular - Reline - On Implants - With Independent Attachments	42626	470	320	790
Complete Maxillary - Reline - On Implants - Over Bar	32611	945	630	1575
Complete Mandibular - Reline - On Implants - Over Bar	32621	630	420	1050
Partial Maxillary - Reline - On Implants - Over Bar	42617	SC	SC +L +P	SC +L +P
Partial Mandibular - Reline - On Implants - Over Bar	42627	SC	SC +L +P	SC +L +P

RELINE(S) - LAB PROCESSED - WITH LONG TERM SOFT LINER	Code	Prof	Lab	Fee
Complete Maxillary - Reline - Lab Processed - Long Term Soft Liner	32510	280	150	430
Complete Mandibular - Reline - Lab Processed - Long Term Soft Liner	32520	280	150	430
Partial Maxillary - Reline - Lab Processed - Long Term Soft Liner	42516	280	150	430
Partial Mandibular - Reline - Lab Processed - Long Term Soft Liner	42526	280	150	430

REBASE(S)	Code	Prof	Lab	Fee
Complete Maxillary - Rebase - Lab Processed - Heat Cured	33117	295	160	455
Complete Mandibular - Rebase - Lab Processed -Heat Cured	33127	295	160	455
Partial Maxillary - Rebase - Lab Processed - Heat Cured	43116	295	160	455
Partial Mandibular - Rebase - Lab Processed - Heat Cured	43126	295	160	455
Complete Maxillary - Rebase - Lab Processed - Self-Polymerized	33217	180	85	265
Complete Mandibular - Rebase - Lab Processed - Self-Polymerized	33227	180	85	265
Partial Maxillary - Rebase - Lab Processed - Self-Polymerized	43217	180	85	265
Partial Mandibular - Rebase - Lab Processed - Self-Polymerized	43227	180	85	265
Complete Maxillary - Rebase - On Implants - With Independent Attachments	33218	1255	815	2070
Complete Mandibular - Rebase - On Implants - With Independent Attachments	33228	945	610	1555
Partial Maxillary - Rebase - On Implants - With Independent Attachments	43218	945	610	1555
Partial Mandibular - Rebase - On Implants - With Independent Attachments	43228	785	505	1290
Complete Maxillary - Rebase - On Implants - Over Bar	33219	1255	815	2070
Complete Mandibular - Rebase - On Implants - Over Bar	33229	1255	815	2070
Partial Maxillary - Rebase - On Implants - Over Bar	43219	SC	SC+L+P	SC+L+P
Partial Mandibular - Rebase - On Implants - Over Bar	43229	SC	SC+L+P	SC+L+P

REMOUNT AND EQUILIBRATION	Code	Prof	Lab	Fee
Complete Maxillary - Remount & Equilibration - With Impression and Reset	35110	260	155	415
Complete Mandibular - Remount & Equilibration - With Impression and Reset	35120	260	155	415
Partial Maxillary - Remount & Equilibration - With Impression and Reset	45110	260	155	415
Partial Mandibular - Remount & Equilibration - With Impression and Reset	45120	260	155	415

DUPLICATE DENTURE(S)	Code	Prof	Lab	Fee
Complete Maxillary - Lab Processed - Reproduction of Existing	34116	575	280	855
Complete Mandibular - Lab Processed - Reproduction of Existing	34126	575	280	855
Partial Maxillary - Lab Processed - Reproduction of Existing	44110	370	195	565
Partial Mandibular - Lab Processed - Reproduction of Existing	44120	370	195	565

ADDITION TO EXISTING PARTIAL- (Note to Denturist - Utilize appropriate 70,000 series codes if additional teeth and/or clasps are required.)	Code	Prof	Lab	Fee
Partial Maxillary - addition of tooth or an addition of one clasp	46310	140	70+L	210+L
Partial Mandibular - addition of tooth or an addition of one clasp	46320	140	70+L	210+L

REPAIR(S)	Code	Prof	Lab	Fee
Note: +L = Lab -apply appropriate codes				
Complete Maxillary - Repair - No Impression	36110	80	60+L	140+L
Complete Mandibular - Repair - No impression	36120	80	60+L	140+L
Partial Maxillary - Repair - No Impression	46110	80	60+L	140+L
Partial Mandibular - Repair - No Impression	46120	80	60+L	140+L
Complete Maxillary - Repair - With Impression	36210	115	60+L	175+L
Complete Mandibular - Repair - With Impression	36220	115	60+L	175+L
Partial Maxillary - Repair - With Impression	46210	115	60+L	175+L
Partial Mandibular - Repair - With Impression	46220	115	60+L	175+L
Complete Maxillary - Repair - On Implants - No Impression	36310	90	60+L	150+L
Complete Mandibular - Repair - On implants - No Impression	36320	90	60+L	150+L
Partial Maxillary - Repair - On Implants - No Impression	46311	90	60+L	150+L
Partial Mandibular - Repair - On Implants - No Impression	46321	90	60+L	150+L
Complete Maxillary - Repair - On Implants - With Impression	36410	125	60+L	185+L
Complete Mandibular - Repair - On implants - With Impression	36420	125	60+L	185+L
Partial Maxillary - Repair - On Implants - With Impression	46411	125	60+L	185+L
Partial Mandibular - Repair - On Implants - With Impression	46421	125	60+L	185+L

ADDITIONAL REPAIR MATERIALS	Code	Prof	Lab	Fee
Note: Submit with Lab Fees – use appropriate codes				
Matrix - lab produced - no impression	71309		32	32
Repair Model - lab produced - no impression	71310		32	32
Opposing Model - impression required	71311		57	57
Addition/Replace Retentive Post - per arch	71312		84	84
New Tooth (each)	71313		42	42
Multiple Fracture - per denture	71314		57	57
Addition - Flange (Buccal, Lingual an/or Labial) - per quadrant	71315		57	57

TISSUE CONDITIONING/TEMPORARY LINER	Code	Prof	Lab	Fee
Complete Maxillary - Tissue Conditioning/Temporary Liner - per visit	37110	160		160
Complete Mandibular - Tissue Conditioning/Temporary Liner - per visit	37120	160		160
Partial Maxillary - Tissue Conditioning/Temporary Liner - per visit	47110	160		160
Partial Mandibular - Tissue Conditioning/Temporary Liner - per visit	47120	160		160

ADJUSTMENT(S) (TO BE BILLED BY 'PER VISIT' OR 'UNIT OF TIME')	Code	Prof	Lab	Fee
Complete Maxillary - Adjustment - per visit or per unit of time	38110	52		52
Complete Mandibular - Adjustment - per visit or per unit of time	38120	52		52
Partial Maxillary - Adjustment - per visit or per unit of time	48110	52		52
Partial Mandibular - Adjustment - per visit or per unit of time	48120	52		52
Complete or Partial - Adjustment - per visit or per unit of time	58110	52		52

ADJUNCTIVE SERVICES/ MATERIALS	Code	Prof	Lab	Fee
*Note: +L = Lab Fee Code 98888				
Treatment not Specified	70001	SC		SC
Personal Protective Equipment Surcharge (PPE) - per visit	70002	31		31
Cancelled Appointment - per unit of time	70010	57		57
Out of Office Call/House Call - per trip	70020	115		115
Traveling Expense - per visit and/or mileage	70030	SC		SC
Emergency Office Visit/After Hours Appointment	70040	57		57
Professional Consultation	70050	57		57
Written Report	70060	57		57
Court Appearance - per appearance	70080	SC		SC

ADJUNCTIVE SERVICES/ MATERIALS cont'd.	Code	Prof	Lab	Fee
Denture Identification (name in denture) - per denture	70150		42	42
Prophylaxis and Polish (one time unit) - per denture	70160		42	42
Surgical Stent - Maxillary	70201	215	110	325
Surgical Stent - Mandibular	70202	215	110	325
Surgical Template - Maxillary	70208	115	50	165
Surgical Template - Mandibular	70209	115	50	165
Mouth Guard - Type 3 - vacuum formed	70210	130	75	205
Mouth Guard - Type 4 - injected or lab processed	70218	255	155	410
Occlusal Plane/Rim-Maxillary or Mandibular (per arch)	70220	80	35	115
Occlusal Treatment Splint on Denture - Maxillary or Mandibular (per arch)	70230	215	110	325
Tooth Whitening (Home Application) - Maxillary - incl. bleaching tray	70260	225	135	360
Tooth Whitening (Home Application) - Mandibular - incl. bleaching tray	70261	225	135	360
Custom Tooth Whitening Tray - per arch	70262	120	140	260
In-Office Tooth Whitening (one unit of time)	70263	70	35	105
In-Office Tooth Whitening (two units of time)	70264	135	65	200
In-Office Tooth Whitening (three units of time)	70265	205	100	305
In-Office Tooth Whitening (additional units of time)	70266	69	23	92
Oral Hygiene Instructions - per visit	70308	68		68
Treatment of TMJ disorders - per session	70310	SC		SC
Pick-up Impression	71004	SC		SC
Partial Maxillary Casting	71006		+L	+L
Partial Mandibular Casting	71007		+L	+L
Clasp - Cast (each)	71008		57+L	57+L
Clasp - Wrought (each)	71010		57	57
Clasp - Gold Cast (each)	71020		57+L	57+L
Clasp - Gold Wrought (each)	71021		91	91
Clasp - Thermal Elastic Friction (each) - partial engagement	71030		94+L	94+L
Clasp - Thermal Elastic Gasket (each) - full engagement	71031		99+L	99+L
Clasp - Acetal - Tooth Coloured (each)	71032		135+L	135+L
Attachment - Precision/Semi-Precision (partials)	71040		265+L	265+L
Attachment - Overdenture (complete or partials)	71050		265+L	265+L
Denture Stabilizer System - Mandibular - Sublingual (myeloc)	71070	215	110	325
Extra or Intra Oral TMJ Tracings	71073	SC		SC
Intraoral Pin Tracing Device	71075	245	135	380
Face-Bow Transfer for Articulation	71076	245	135	380
Free-End Swing Lock Connector	71321		235	235
Impact Resistant Acrylic - per arch	72040		140	140
Injection Processed Acrylic - per arch	72041		205	205
CAD/CAM Production - per arch	72042	SC	SC	SC
Metal Posteriors - per tooth	72050		125+L	125+L
Cutter Bars - per denture	72051		165+L	165+L

ADJUNCTIVE SERVICES/ MATERIALS cont'd.	Code	Prof	Lab	Fee
Backing(s)/Facing(s) - per tooth	72060		68+L	68+L
Long Term Soft Liner - New Denture	73008		430	430
Elastic Gasket - per procedure	73012		57+L	57+L
Long Term Soft Liner - Rebase	73013		565	565
Custom Tray Fabrication - per arch	73019		79	79
Clear Palate - per arch	73020		140	140
Gingival Toning - Maxillary	73030		140	140
Gingival Toning - Mandibular	73031		140	140
Gold Inlays - per surface	73040		115+L	115+L
Amalgam Inlays - per surface	73041		115+L	115+L
Replacing/Changing Components (o-ring, clips, nylon attachment etc.) - per component	74095	51	+P	51+P
Night Guard - per arch (bruxism appliance)	74011	375	265	640
Titanium - per arch	76001		360+L	360+L

REINFORCEMENTS	Code	Prof	Lab	Fee
Wire Mesh Reinforcement - Maxillary	72001		73+L	73+L
Wire Mesh Reinforcement - Mandibular	72032		73+L	73+L
Cast Reinforcement - Maxillary	72008		115+L	115+L
Cast Reinforcement - Mandibular	72009		115+L	115+L
Fiber Material Reinforcement - Maxillary	72010		120+L	120+L
Fiber Material Reinforcement - Mandibular	72011		120+L	120+L
Wire Reinforcement - Maxillary	72021		68+L	68+L
Wire Reinforcement - Mandibular	72022		68+L	68+L
Soldering	71316		125	125
Cast Occlusal Onlay	71317		+L	+L
Resilient Stress Breaker Attachments - cast partial	71318		145	145
One Hinge Stress Breaker Attachments - cast partial	71319		165	165
Laser Welding	71322		84	84

DENTURE SERVICES - IMPLANT RELATED	Code	Prof	Lab	Fee
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Note: +L = Lab Fee - Code 98888 and +P = Plus Parts & Components

Implant Supported Maxillary Framework Attached with Screws and Incorporating Denture Teeth and Acrylic	74024	5985	3080+L+P	9065+L+P
Implant Supported Mandibular Framework Attached with Screws and Incorporating Denture Teeth and Acrylic	74025	6230	3210+L+P	9440+L+P
Implant Supported Maxillary Framework Attached with Screws and Incorporating Porcelain Teeth Bonded to Framework	74026	5985	3080+L+P	9065+L+P
Implant Supported Mandibular Framework Attached with Screws and Incorporating Porcelain Teeth Bonded to Framework	74027	6230	3210+L+P	9440+L+P
Implants/Abutments - new dentures - per abutment	74085	300	115+L+P	415+L+P
Retrofitting - With Independent Attachments - per implant/attachment	74090	300	135+L+P	435+L+P
Retrofitting - With Bar & Clip - per implant/attachment	74091	690	325+L+P	1015+L+P

NON-INSERTED / UNDELIVERABLE - COMPLETE DENTURE	Code	Prof	Lab	Fee
<u>Primary Impression</u>				
Complete Maxillary Denture	93010	84		84
Complete Mandibular Denture	93020	89		89
<u>Opposing Impression</u>				
Complete Denture	93030	52		52
<u>Final Impression</u>				
Complete Maxillary Denture	93040	185		185
Complete Mandibular Denture	93050	190		190
<u>Functional Impression</u>				
Complete Maxillary Denture	93060	305		305
Complete Mandibular Denture	93070	330		330
Bite (Wax Only)	93080	195		195
Bite Block	93090	230		230
Complete Denture Articulated on Facebow or recording or intra-extra "Gothic Bow"	93101	520		520
Complete Denture Tooth Selection	93102	42		42
Complete Denture Mount model on articulator	93103	42		42
Complete Denture Transfer of Facebow	93106	195		195
Transfer of intra-extra recording "gothic arc"	93140	195		195
Teeth Mounting, Aesthetic and Functional	93150	195		195
Try-In	93160	120		120
Insert	93170	185		185
<u>Semi-Precision</u>				
Complete Denture Mount model on articulator	93104	79		79
Teeth Mounting, Aesthetic and Functional	93151	220		220
Try-In	93161	170		170
Insert	93171	220		220
<u>Precision</u>				
Complete Denture Mount model on articulator	93105	115		115
Teeth Mounting, Aesthetic and Functional	93152	330		330
Try-In	93162	220		220
Insert	93172	330		330

NON-INSERTED / UNDELIVERABLE - PARTIAL DENTURE	Code	Prof	Lab	Fee
<u>Primary Impression</u>				
Partial Maxillary Denture	94010	79		79
Partial Mandibular Denture	94020	84		84
<u>Opposing Impression</u>				
Partial Denture	94030	47		47
<u>Final Impression</u>				
Partial Maxillary Denture	94040	190		190
Partial Mandibular Denture	94050	210		210
<u>Functional Impression</u>				
Partial Maxillary Denture	94060	350		350
Partial Mandibular Denture	94070	505		505
Parallel Model Analysis	94180	190		190
Articulation (Wax Only)	94080	145		145
Articulated on plate and rod	94090	265		265
Articulated on facial bow or recording or intra-extra "gothic bow"	94100	535		535
Try-in Metal Framework	94190	160		160
Tooth Selection	94110	42		42
Mount model on articulator	94120	27		27
Transfer of the facial arch	94130	155		155
Transfer of intra-extra recording "gothic arc"	94140	215		215
Teeth Mounting, Aesthetic and Functional	94150	175		175
Try-In	94160	160		160
Insert	94170	160		160