



Fee Guide Development & Negotiation Committee

Effective January 1, 2021

Recommended Professional Fee and Laboratory Fee Guide

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The DAC Procedure Codes – Master List(s)

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DENTURIST ASSOCIATION OF ALBERTA **Fee Guide Development & Negotiation Committee**

2021 Recommended Fee Guide

THIS GUIDE OF SUGGESTED FEES IS PUBLISHED BY THE DENTURIST ASSOCIATION OF ALBERTA FOR THE BENEFIT OF INSURANCE COMPANIES AND THIRD-PARTY BILLING.

This guide covers professional services rendered by a Denturist.

SERVICE

The quality of 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 providing a removable oral prosthesis various steps and technical procedures are necessary in order to assure the highest quality of service possible. Many different types of removable oral prosthesis can be fabricated; therefore, the fees will vary according to the technical and clinical procedures involved and the degree of skill required.

DESCRIPTION of PROCEDURES for STANDARD COMPLETE or PARTIAL DENTURES

- a) Impressions
- b) Bite Registration
 - to include centric and vertical relations
 - tooth selection
- c) Try-In
 - wax try-in
 - check centric occlusion, rest and occlusal dimensions
 - check aesthetics and phonetics
 - fitting of cast framework (if necessary)
- d) Insertion
 - verify centric movement
 - check for denture base extension and pressure spots
 - provide patient denture education

DESCRIPTION of PROCEDURES for PRECISION EQUILIBRATED/COMPLEX COMPLETE or PARTIAL DENTURES

- a) Impressions
 - preliminary and finals
- b) Bite Registration/Occlusal Records
 - face bow transfer or equivalent
 - semi/fully adjustable articulator
 - centric relation may be determined by either Pin Tracer technique (Central Bearing device) or Bite Block technique
 - establish vertical relation
 - tooth selection of premium quality teeth

- c) Try-In
 - includes wax try in
 - verify centric and eccentric occlusion
 - verify aesthetics and phonetics
 - verify vertical relation

- d) Insertion
 - verify centric and eccentric relations
 - check for denture base extension and pressure spots
 - provide patient denture education

Note: Clinical protocol above is a minimum standard if procedures and or materials are modified then the fees should be adjusted accordingly

FEES CHARGED

The fees for procedures described are not obligatory; Each Denturist is expected to determine independently, the fees that will be charged.

This Recommended Fee Guide is submitted as a guide only and not as a minimum or maximum tariff. The fees listed herein are intended as suggestions of appropriate fees for routine situations and where the services provided are easier or greater, or less or more time is required than routine, it is suggested that the fees should be adjusted accordingly.

THE DAC PROCEDURE CODES

Alberta is licensed by The Denturist Association of Canada (The DAC) to reproduce, use, display and distribute The DAC Procedure Codes in this Fee Guide. The DAC Procedure Codes master list, as provided to Alberta, has been developed and maintained and is owned by The DAC, including any and all intellectual property rights therein (©1990 – 2021 The Denturist Association of Canada, All Rights Reserved). As a member of the Denturist Association of Alberta, you are authorized and licensed to use this Fee Guide for your denturist services.

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

- Complete Dentures and Partial Dentures

Subsequently, each main category is further subdivided into different types of dentures and specific procedures, i.e.; relines, rebases, immediate, etc.

- The first digit refers to complete or partial dentures
- The second digit refers to procedure – new dentures, relines, rebases, etc.
- The third digit refers to type of denture – standard, precision equilibrated/complex, transitional etc.

- The fourth digit refers to maxillary, mandibular
- The fifth digit refers to specialty procedures

DENTURIST UNIQUE IDENTIFICATION NUMBER (UIN)

THE UIN IS A NUMBER THAT IS ASSIGNED TO EACH DENTURIST IN CANADA. THIS UIN IS ALWAYS 8 DIGITS LONG - PLEASE FIND BELOW AN OUTLINE OF THE STRUCTURE OF THE UIN.

<i>Position</i>	<i>Description</i>
1	always starts with the number 8 meaning dentist
2 and 3	Province: 01 (NFLD) 02 (NS) 03(NB) 04(PEI) 05(QC) 06(ON) 07(MB) 08(SK) 09(AB) 10(BC) 11(NWT) 12(YK) 13(NV)
4	Will either be a 1 (meaning they are licensed for only complete dentures) or a 2 (meaning they are licensed for complete dentures and partial dentures)
5/6/7 and 8	Are personal and unique to each dentist

SUBMITTING ESTIMATES

It is recommended that a treatment plan should be provided to the patient in advance of treatment being rendered and the patient should receive written confirmation of carrier liability before treatment begins.

Please keep the following points in mind when submitting estimates (pre-determinations):

- do not enter a date of service on estimates, it leads the insurer to believe that a service has been completed
- do not sign an estimate form
- do not submit a claim and an estimate on the same form (ex. If you are submitting a claim for a new patient exam and an estimate for new dentures, submit the claim for the exam on one form and the estimate for new dentures on a second form)
- clearly indicate on the form for pre-determination or estimate only
- if you receive a cheque in reply to a pre-determination, do not cash the cheque and immediately advise the insurance company about the mistake

*****Important Note: Claims cannot be submitted until after a service has been provided*****

ABBREVIATIONS

G: Gold **L:** Lab Disbursement/Lab Fee

E: Extra Expense **B.R.:** Best Rate **P:** Parts and components

S.C.: Service Charge/Independent Charge

ARM: Additional Repair Materials to be used in conjunction with repairs as required.

LLLT: Low Level Laser Therapy in conjunction with adjustment

Mouthguard type 3: vacuum formed

Mouthguard type 4: pressure laminate or injectable elastic acrylic resin

Charge fair and reasonable fees to patients which are reflective of the treatment(s) provided and with consideration of the Denturist Association of Alberta Recommended Fee Guide

LABORATORY DISBURSEMENTS

When completing dental insurance claim forms, this code correlates to either commercial (third party) or in-house lab fees that are not otherwise listed in the Fee Guide.

Laboratory Procedures: **98888 (DAC Code)**

(Fees submitted using this code are required to be Lab Fee only. There is not a Professional Fee component to this code)

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
EXAMINATIONS					
<i>All Examinations Require Appropriate Charting of Findings</i>					
01701	10010	General Oral Examination	128.00		128.00
01702	10104	Emergency/Specific Nature	73.00		73.00
01201	10020	Limited Examination - new patient	76.00		76.00
01202	10030	Limited Examination - previous patient	76.00		76.00
58007	70000	Treatment not Specified	70.00 + E		70.00 + E
04911	10120	Diagnostic Model - Maxillary	59.00	37.00	96.00
04912	10121	Diagnostic Model - Maxillary - Duplicate	28.00	18.00	46.00
	10124	Diagnostic Model - Mandibular	59.00	37.00	96.00
	10125	Diagnostic Model - Mandibular - Duplicate	28.00	18.00	46.00
02801	10115	Radiographic Interpretation (one unit of time)	88.00 + E		88.00 + E
02802	10116	Radiographic Interpretation (two units of time)	175.00 + E		175.00 + E
02803	10119	Radiographic Interpretation (each additional time unit)	88.00 + E		88.00 + E
02951	10122	Radiographic Guide - Maxillary	65.00 + E	B.R.	65.00+ E+BR
02952	10123	Radiographic Guide - Mandibular	65.00 + E	B.R.	65.00+ E+BR
N/A	70050	Professional Consultation	60.00		60.00
	10126	Interpretation of Computerized Axial Tomograms (CT)	B.R.		
RADIOGRAPHS – INTRAORAL					
02111	10130	Periapical - single film	B.R.		B.R.
02112	10131	Periapical - two films	B.R.		B.R.
02113	10132	Periapical - three films	B.R.		B.R.
02114	10133	Periapical - four films	B.R.		B.R.
02115	10134	Periapical - five films	B.R.		B.R.
02116	10135	Periapical - six films	B.R.		B.R.
02141	10140	Bitewing - single film	B.R.		B.R.
02142	10141	Bitewing - two films	B.R.		B.R.
02601	10150	Panoramic - single film	B.R.		B.R.

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
COMPLETE DENTURES (one or more completely edentulous arch)					
51101	31310	Complete Maxillary - Standard	890.00	581.00	1,471.00
51102	31320	Complete Mandibular - Standard	890.00	581.00	1,471.00
51104	73008	Long Term Soft Liner - New Denture		259.00	259.00
51201	31110	Complete Maxillary – Precision Equilibrated/Complex	1,547.00	1029.00	2,576.00
51202	31120	Complete Mandibular – Precision Equilibrated/Complex	1,547.00	1029.00	2,576.00
51204	73008	Long Term Soft Liner - New Denture		259.00	259.00
51501	31410	Maxillary – Gnathological – Cast Base and Occlusal Surfaces	B.R.	B.R.	B.R.
51502	31420	Maxillary – Gnathological – Cast Base and Occlusal Surfaces	B.R.	B.R.	B.R.
COMPLETE OVERDENTURE(S)					
51701	31610	Complete Maxillary - Standard - Overdenture	890.00	581.00	1,471.00
51702	31620	Complete Mandibular - Standard - Overdenture	890.00	581.00	1,471.00
51711	31630	Complete Maxillary - Precision Equilibrated/Complex - Overdenture	1,547.00	1029.00	2,576.00
51712	31640	Complete Mandibular - Precision Equilibrated/Complex - Overdenture	1,547.00	1029.00	2,576.00
COMPLETE DENTURE(S) - IMMEDIATE/SURGICAL					
51301	31311	Complete Maxillary – Standard – Immediate/Surgical	1,051.00	672.00	1,723.00
51302	31321	Complete Mandibular – Standard– Immediate/Surgical	1,051.00	672.00	1,723.00
51401	31111	Complete Maxillary – Precision Equilibrated/Complex – Immediate/Surgical	1,663.00	1,083.00	2,746.00
51402	31121	Complete Mandibular – Precision Equilibrated/Complex – Immediate/Surgical	1,663.00	1,083.00	2,746.00
51601	31511	Complete Maxillary – Transitional – Immediate/Surgical	B.R.	B.R.	B.R.
51602	31521	Complete Mandibular – Transitional – Immediate/Surgical	B.R.	B.R.	B.R.

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
COMPLETE IMMEDIATE DENTURE(S) OVERDENTURE					
51801	31611	Complete Maxillary - Standard - Immediate/Surgical - Overdenture	1,051.00	672.00	1,723.00
51802	31621	Complete Mandibular - Standard - Immediate/Surgical - Overdenture	1,051.00	672.00	1,723.00
N/A	31114	Complete Maxillary - Precision Equilibrated/Complex - Immediate/Surgical - Overdenture	1,663.00	1,083.00	2,746.00
N/A	31124	Complete Mandibular - Precision Equilibrated/Complex - Immediate/Surgical - Overdenture	1,663.00	1,083.00	2,746.00
COMPLETE DENTURE(S) - IMPLANT RETAINED					
51911	31710	Complete Maxillary - Implant Retained - Tissue Borne/Supported - with Independent Attachments	B.R.	B.R.	B.R.
51912	31720	Complete Mandibular - Implant Retained - Tissue Borne/Supported - with Independent Attachments	B.R.	B.R.	B.R.
COMPLETE DENTURE(S) - IMPLANT BAR OVERDENTURE					
51921	31810	Complete Maxillary – Implant Bar Overdenture – with Independent Attachments	B.R.	B.R.	B.R.
51922	31820	Complete Mandibular –Implant Bar Overdenture – with Independent Attachments	B.R.	B.R.	B.R.
DENTURE SERVICES - IMPLANT RELATED					
69811	74024	Implant Supported Maxillary Framework Attached with Screws and Incorporating Denture Teeth and Acrylic	B.R.	B.R.	B.R.
69812	74025	Implant Supported Mandibular Framework Attached with Screws and Incorporating Denture Teeth and Acrylic	B.R.	B.R.	B.R.
69821	74026	Implant Supported Maxillary Framework Attached with Screws and Incorporating Porcelain Teeth Bonded to Framework	B.R.	B.R.	B.R.
69822	74027	Implant Supported Mandibular Framework Attached with Screws and Incorporating Porcelain Teeth Bonded to Framework	B.R.	B.R.	B.R.
69831	74028	Implant Supported Maxillary Removal of Screw – Retained Prosthesis for Prophylaxis	66.00	46.00	112.00
69832	74029	Implant Supported Mandibular Removal of Screw – Retained Prosthesis for Prophylaxis	66.00	46.00	112.00

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
DENTURE SERVICES - IMPLANT RELATED (Cont.)					
69841	74033	Implant Supported Maxillary Reinsertion of Screw - Retained Prosthesis	66.00	42.00 + E	108.00 + E
69842	74034	Implant Supported Mandibular Reinsertion of Screw - Retained Prosthesis	66.00	42.00 + E	108.00 + E
N/A	74090	Retrofitting - With Independent Attachments - per implant/attachment	B.R.	B.R.	B.R.
N/A	74091	Retrofitting - With Bar & Clip - per implant/attachment	B.R.	B.R.	B.R.
PARTIAL DENTURE(S) ACRYLIC BASE - NO CLASPS					
N/A	41612	Partial Maxillary - Standard - Acrylic Base no clasps	436.00	288.00	724.00
N/A	41622	Partial Mandibular - Standard - Acrylic Base no clasps	436.00	288.00	724.00
N/A	41812	Partial Maxillary - Overdenture - Acrylic Base no clasps	725.00	475.00	1,200.00
N/A	41822	Partial Mandibular - Overdenture - Acrylic Base no clasps	725.00	475.00	1,200.00
PARTIAL DENTURE(S) ACRYLIC BASE WITH CLASPS AND/OR RESTS OR RESILIENT RETAINERS					
52301	41610	Partial Maxillary – Standard – Acrylic Base with Clasps and/or Rests or Resilient Retainers	725.00	475.00	1,200.00
52302	41620	Partial Mandibular – Standard – Acrylic Base with Clasps and/or Rests or Resilient Retainers	725.00	475.00	1,200.00
99111	98888	Laboratory Fee		B.R.	B.R.
52501	41810	Partial Maxillary – Overdenture – Acrylic Base with Clasps and/or Rests or Resilient Retainers	874.00	560.00	1,434.00
52502	41820	Partial Mandibular – Overdenture – Acrylic Base with Clasps and/or Rests or Resilient Retainers	874.00	560.00	1,434.00
99111	98888	Laboratory Fee		B.R.	B.R.
PARTIAL DENTURE(S) - NON-ACRYLIC (Thermo-Flex Nylon, Valplast, etc.)					
N/A	41913	Partial Maxillary - Non-Acrylic	B.R.	B.R.	B.R.
N/A	41923	Partial Mandibular - Non-Acrylic	B.R.	B.R.	B.R.

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
PARTIAL DENTURE(S) ACRYLIC BASE - IMMEDIATE/SURGICAL WITHOUT CLASPS					
52111	41613	Partial Maxillary - Standard - Immediate/Surgical - Acrylic Base without Clasps	487.00	318.00	805.00
52112	41623	Partial Mandibular - Standard - Immediate/Surgical - Acrylic Base without Clasps	487.00	318.00	805.00
N/A	41813	Partial Maxillary - Overdenture - Immediate/Surgical - Acrylic Base without Clasps	789.00	507.00	1,296.00
N/A	41823	Partial Mandibular - Overdenture - Immediate/Surgical - Acrylic Base without Clasps	789.00	507.00	1,296.00
PARTIAL DENTURE(S) ACRYLIC BASE - IMMEDIATE WITH CLASPS AND/OR RESTS OR RESILIENT RETAINERS					
52311	41611	Partial Maxillary - Standard - Immediate/Surgical - Acrylic Base with Clasps and/or Rests or Resilient Retainers	789.00	507.00	1,296.00
52312	41621	Partial Mandibular - Standard - Immediate/Surgical - Acrylic Base with Clasps and/or Rests or Resilient Retainers	789.00	507.00	1,296.00
52511	41811	Partial Maxillary - Overdenture - Immediate/Surgical - Acrylic Base with Clasps and/or Rests or Resilient Retainers	965.00	613.00	1,578.00
52512	41821	Partial Mandibular - Overdenture - Immediate/Surgical - Acrylic Base with Clasps and/or Rests or Resilient Retainers	965.00	613.00	1,578.00
99111	98888	Laboratory Fee		B.R.	B.R.
PARTIAL DENTURE(S) - CAST FRAMES with Clasps and/or Rests					
53101	41114	Partial Maxillary – Standard - Free End - Cast with Clasps and/or Rests	965.00	629.00	1,594.00
53102	41124	Partial Mandibular – Standard - Free End - Cast with Clasps and/or Rests	965.00	629.00	1,594.00
53104	41144	Altered cast impression with above codes	147.00	98.00	245.00
53131	41110	Partial Maxillary - Precision Equilibrated/Complex - Free End - Cast with Clasps and/or Rests	1,675.00	1,098.00	2,773.00
53132	41120	Partial Mandibular - Precision Equilibrated/Complex - Free End - Cast with Clasps and/or Rests	1,675.00	1,098.00	2,773.00
53104	41140	Altered cast impression with above codes	147.00	98.00	245.00

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
PARTIAL DENTURE(S) - CAST FRAMES with Clasps and/or Rests (Cont.)					
53201	41254	Partial Maxillary - Standard - Toothborne - Cast with Clasps and/or Rests	965.00	629.00	1,594.00
53202	41264	Partial Mandibular - Standard - Toothborne - Cast with Clasps and/or Rests	965.00	629.00	1,594.00
53221	41216	Partial Maxillary - Precision Equilibrated/Complex - Toothborne - Cast with Clasps and/or Rests	1,675.00	1,098.00	2,773.00
53222	41226	Partial Mandibular - Precision Equilibrated/Complex - Toothborne - Cast with Clasps and/or Rests	1,675.00	1,098.00	2,773.00
53401	41310	Partial Maxillary - Precision Attachments - Cast with Clasps and/or Rests	B.R.	B.R.	B.R.
53402	41320	Partial Mandibular - Precision Attachments - Cast with Clasps and/or Rests	B.R.	B.R.	B.R.
99555	74085	Implant/Abutments - New Denture - per abutment	B.R.	B.R.	B.R.
53501	41410	Partial Maxillary - Semi-Precision Attachments - Cast with Clasps and/or Rests	B.R.	B.R.	B.R.
53502	41420	Partial Mandibular - Semi-Precision Attachments - Cast with Clasps and/or Rests	B.R.	B.R.	B.R.
53504	41440	Altered Cast Impression/with above codes	B.R.	B.R.	B.R.
53701	41510	Partial Maxillary - Standard - Overdenture - Cast with Clasps and/or Rests	965.00	629.00	1,594.00
53702	41520	Partial Mandibular - Standard - Overdenture - Cast with Clasps and/or Rests	965.00	629.00	1,594.00
53704	41540	Altered Cast Impression/with above codes	147.00	98.00	245.00
PARTIAL DENTURE(S) – REINFORCED					
	41145	Partial Maxillary - Reinforced - Free-end or Toothborne	965.00	629.00	1,594.00
	41146	Partial Mandibular - Reinforced - Free-end or Toothborne	965.00	629.00	1,594.00
PARTIAL DENTURE(S) - CAST FRAME - ON IMPLANTS WITH INDEPENDENT ATTACHMENTS					
N/A	41601	Partial Maxillary - Cast Frame - On Implants - with Independent Attachments	B.R.	B.R.	B.R.
N/A	41602	Partial Mandibular - Cast Frame - On Implants - with Independent Attachments	B.R.	B.R.	B.R.

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
PARTIAL DENTURE(S) - IMPLANT BAR OVERDENTURE					
N/A	41817	Partial Maxillary – Implant Bar Overdenture – with Independent Attachments	B.R.	B.R.	B.R.
N/A	41827	Partial Mandibular – Implant Bar Overdenture – with Independent Attachments	B.R.	B.R.	B.R.
N/A	41837	Altered cast impression	B.R.	B.R.	B.R.
99111	98888	Laboratory Fee		B.R.	B.R.
PARTIAL DENTURE(S) - IMMEDIATE/SURGICAL - CAST FRAME with Clasps and/or Rests					
53111	41115	Partial Maxillary – Standard – Immediate/Surgical – Free-End – Cast with Clasps and/or Rests	1,051.00	672.00	1,723.00
53112	41125	Partial Mandibular – Standard – Immediate/Surgical – Free-End – Cast with Clasps and/or Rests	1,051.00	672.00	1,723.00
N/A	41111	Partial Maxillary – Precision Equilibrated/Complex – Immediate/Surgical – Free-End – Cast with Clasps and/or Rests	1,707.00	1,120.00	2,827.00
N/A	41121	Partial Mandibular – Precision Equilibrated/Complex – Immediate/Surgical – Free-End – Cast with Clasps and/or Rests	1,707.00	1,120.00	2,827.00
53211	41215	Partial Maxillary – Standard – Immediate/Surgical – Toothborne – Cast with Clasps and/or Rests	1,051.00	672.00	1,723.00
53212	41225	Partial Mandibular – Standard – Immediate/Surgical – Toothborne – Cast with Clasps and/or Rests	1,051.00	672.00	1,723.00
N/A	41257	Partial Maxillary – Precision Equilibrated/Complex – Immediate/Surgical – Toothborne – Cast with Clasps and/or Rests	1,707.00	1,120.00	2,827.00
N/A	41267	Partial Mandibular – Precision Equilibrated/Complex – Immediate/Surgical – Toothborne – Cast with Clasps and/or Rests	1,707.00	1,120.00	2,827.00
99111	98888	Laboratory Fee		B.R.	B.R.
PARTIAL DENTURE(S) CAST FRAME - IMMEDIATE/SURGICAL - OVERDENTURE					
53711	41511	Partial Maxillary – Standard – Immediate/Surgical – Overdenture – Cast Frame	1,051.00	672.00	1,723.00
53712	41521	Partial Mandibular – Standard – Immediate/Surgical – Overdenture – Cast Frame	1,051.00	672.00	1,723.00
99111	98888	Laboratory Fee		B.R.	B.R.

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
ADJUSTMENT(S) (to be billed by 'per visit' OR 'unit of time')					
N/A	38110	Complete Maxillary - Adjustment - per visit or per unit of time	70.00		70.00
N/A	38120	Complete Mandibular - Adjustment - per visit or per unit of time	70.00		70.00
N/A	48110	Partial Maxillary - Adjustment - per visit or per unit of time	70.00		70.00
N/A	48120	Partial Mandibular - Adjustment - per visit or per unit of time	70.00		70.00
54201	58110	Complete or Partial – Adjustment – per visit or per unit of time	70.00		70.00
54202	58120	Complete or Partial – Adjustment – per visit or per two units of time	140.00		140.00
54209	58130	Complete or Partial – Adjustment – additional units of time	70.00		70.00
REMOUNT AND EQUILIBRATION					
N/A	35110	Complete Maxillary – Remount and Equilibration – With Impression and Reset	368.00	171.00	539.00
N/A	35120	Complete Mandibular – Remount and Equilibration – With Impression and Reset	368.00	171.00	539.00
N/A	45110	Partial Maxillary – Remount and Equilibration – With Impression and Reset	368.00	171.00	539.00
N/A	45120	Partial Mandibular – Remount and Equilibration – With Impression and Reset	368.00	171.00	539.00
DUPLICATE DENTURE(S)					
56111	34116	Complete Maxillary – Lab Processed – Reproduction of Existing	144.00	96.00	240.00
56112	34126	Complete Mandibular – Lab Processed – Reproduction of Existing	144.00	96.00	240.00
56121	44110	Partial Maxillary – Lab Processed – Reproduction of Existing	144.00	96.00	240.00
56122	44120	Partial Mandibular – Lab Processed – Reproduction of Existing	144.00	96.00	240.00
REPAIR(S)					
55101	36110	Complete Maxillary – Repair – No Impression	77.00	55.00	132.00
55102	36120	Complete Mandibular – Repair – No Impression	77.00	55.00	132.00

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
REPAIR(S) (cont.)					
55201	36210	Complete Maxillary – Repair – With Impression	133.00	91.00	224.00
55202	36220	Complete Mandibular – Repair – With Impression	133.00	91.00	224.00
	36310	Complete Maxillary - Repair - On Implants - No Impression	100.00	71.00	171.00
	36320	Complete Mandibular - Repair - On implants - No Impression	100.00	71.00	171.00
	36410	Complete Maxillary - Repair - On Implants - With Impression	173.00	118.00	291.00
	36420	Complete Mandibular - Repair - On Implants - With Impression	173.00	118.00	291.00
55301	46110	Partial Maxillary – Repair – No Impression	77.00	55.00	132.00
55302	46120	Partial Mandibular – Repair – No Impression	77.00	55.00	132.00
55401	46210	Partial Maxillary – Repair – With Impression	161.00	106.00	267.00
55402	46220	Partial Mandibular – Repair – With Impression	161.00	106.00	267.00
	46311	Partial Maxillary - Repair - On Implants - No Impression	100.00	71.00	171.00
	46321	Partial Mandibular - Repair - On Implants - No Impression	100.00	71.00	171.00
	46411	Partial Maxillary - Repair - On Implants - With Impression	209.00	138.00	347.00
	46421	Partial Mandibular - Repair - On Implants - With Impression	209.00	138.00	347.00
RELINE(S)					
56211	32418	Complete Maxillary – Reline – Chairside – Acrylic	139.00	90.00	229.00
56212	32428	Complete Mandibular – Reline – Chairside – Acrylic	139.00	90.00	229.00
56231	32215	Complete Maxillary – Reline – Lab Processed – Self-Polymerized	282.00	181.00	463.00
56232	32225	Complete Mandibular – Reline – Lab Processed – Self-Polymerized	282.00	181.00	463.00
56251	32110	Complete Maxillary – Reline – Lab Processed – Heat Cured	421.00	181.00	602.00
56252	32120	Complete Mandibular – Reline – Lab Processed – Heat Cured	421.00	181.00	602.00

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
RELINE(S) (Cont.)					
N/A	32610	Complete Maxillary – Reline – On Implants – With Independent Attachments	B.R.	B.R.	B.R.
N/A	32620	Complete Mandibular – Reline – On Implants – With Independent Attachments	B.R.	B.R.	B.R.
N/A	36211	Complete Maxillary – Reline – On Implants – Over Bar	B.R.	B.R.	B.R.
N/A	32621	Complete Mandibular – Reline – On Implants – Over Bar	B.R.	B.R.	B.R.
56221	42418	Complete Maxillary – Reline – Chairside – Acrylic	139.00	90.00	229.00
56222	42428	Complete Mandibular – Reline – Chairside – Acrylic	139.00	90.00	229.00
56241	42210	Partial Maxillary – Reline – Lab Processed – Self Polymerized	282.00	181.00	463.00
56242	42220	Partial Mandibular – Reline – Lab Processed – Self Polymerized	282.00	181.00	463.00
56261	42116	Partial Maxillary – Reline – Lab Processed – Heat Cured	421.00	181.00	602.00
56262	42126	Partial Mandibular – Reline – Lab Processed – Heat Cured	421.00	181.00	602.00
N/A	42616	Partial Maxillary – Reline- On Implants – With Independent Attachments	B.R.	B.R.	B.R.
N/A	42626	Partial Mandibular – Reline- On Implants – With Independent Attachments	B.R.	B.R.	B.R.
RELINE(S) - LAB PROCESSED - WITH LONG TERM SOFT LINER					
	32510	Complete Maxillary - Reline - Lab Processed - Long Term Soft Liner	505.00	310.00	815.00
	32520	Complete Mandibular - Reline - Lab Processed - Long Term Soft Liner	505.00	310.00	815.00
	42516	Partial Maxillary - Reline - Lab Processed - Long Term Soft Liner	505.00	310.00	815.00
	42526	Partial Mandibular - Reline - Lab Processed - Long Term Soft Liner	505.00	310.00	815.00

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
REBASE(S)					
56311	33217	Complete Maxillary – Rebase – Lab Processed – Self Polymerized	314.00	208.00	522.00
56312	33227	Complete Mandibular – Rebase – Lab Processed – Self Polymerized	314.00	208.00	522.00
56331	33117	Complete Maxillary Rebase – Lab Processed – Heat Cured	458.00	208.00	666.00
56332	33127	Complete Mandibular Rebase – Lab Processed – Heat Cured	458.00	208.00	666.00
N/A	33218	Complete Maxillary – Rebase – On Implants – With Independent Attachments	B.R.	B.R.	B.R.
N/A	33228	Complete Mandibular – Rebase – On Implants – With Independent Attachments	B.R.	B.R.	B.R.
N/A	33219	Complete Maxillary – Rebase – On Implants – Over Bar	B.R.	B.R.	B.R.
N/A	33229	Complete Mandibular – Rebase – On Implants – Over Bar	B.R.	B.R.	B.R.
56321	43217	Partial Maxillary – Rebase – Lab Processed – Self Polymerized	314.00	208.00	522.00
56322	43227	Partial Mandibular – Rebase – Lab Processed – Self Polymerized	314.00	208.00	522.00
56341	43116	Partial Maxillary – Rebase – Lab Processed – Heat Cured	458.00	208.00	666.00
56342	43126	Partial Mandibular – Rebase – Lab Processed – Heat Cured	458.00	208.00	666.00
N/A	43218	Partial Maxillary – Rebase – On Implants – With Independent Attachments	B.R.	B.R.	B.R.
N/A	43228	Partial Mandibular – Rebase – On Implants – With Independent Attachments	B.R.	B.R.	B.R.
N/A	43219	Partial Maxillary – Rebase – On Implants – Over Bar	B.R.	B.R.	B.R.
N/A	43229	Partial Mandibular – Rebase – On Implants – Over Bar	B.R.	B.R.	B.R.
RESET(S)					
N/A	35210	Complete Maxillary - Reset	384.00	256.00	640.00
N/A	35220	Complete Mandibular - Reset	384.00	256.00	640.00
N/A	45210	Partial Maxillary - Reset	384.00	256.00	640.00
N/A	45220	Partial Mandibular - Reset	373.00	249.00	622.00

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
REMAKE(S)					
56411	46410	Partial Maxillary – Remake – Using Existing Framework	384.00	256.00 + E	640.00 + E
56412	46420	Partial Mandibular – Remake- Using Existing Framework	384.00	256.00 + E	640.00 + E
TISSUE CONDITIONING/TEMPORARY LINER					
56511	37110	Complete Maxillary – Tissue Conditioning/Temporary Liner – per visit	149.00		149.00
56512	37120	Complete Mandibular – Tissue Conditioning/Temporary Liner – per visit	149.00		149.00
56521	47110	Partial Maxillary – Tissue Conditioning/Temporary Liner – per visit	149.00		149.00
56522	47120	Partial Mandibular – Tissue Conditioning/Temporary Liner – per visit	149.00		149.00

IMPLANT SUPPORTED FIXED PROSTHODONTICS

Section 14 of the *Denturists Profession Regulation* indicates that regulated members may perform any or all of the following restricted activities in the practice of denturism:

(a) prescribe or fit

(i) a removable partial or complete denture, or

(ii) a fixed or removable implant supported prosthesis that replaces 2 or more teeth.

Implant supported fixed bridges (each abutment, each retainer and each pontic, constitutes a separate unit in the bridge, with a separate code number).

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
DENTURE SERVICES - IMPLANT RELATED					
62101	74012	Implant Supported Cast Metal Pontic	B.R.	B.R. + L	B.R. + L
62102	74013	Implant Supported Cast Metal Pontic, w/separate porcelain/ceramic/polymer glass jacket	B.R.	B.R. + L	B.R. + L
62103	74014	Implant Supported Cast Metal Pontic – prefabricated attachable facing	B.R.	B.R. + L	B.R. + L
62104	74015	Implant Supported Cast Metal Pontic – retentive bar prefab. Or custom bar attached	B.R.	B.R. + L	B.R. + L
62105	74016	Implant Supported Cast Metal Pontic – retentive bar prefab (milled bar) or custom bar attached to implant supported retainer to retain removable prosthesis, each bar *pontics continued with code 74050	B.R.	B.R. + L	B.R. + L

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
DENTURE SERVICES - IMPLANT RELATED (cont.)					
62501	74050	Pontics, Porcelain/Ceramic/Polymer Glass – fused to metal	B.R.	B.R. + L	B.R. + L
62502	74150	Pontics, Porcelain/Ceramic/Polymer Glass – Aluminous	B.R.	B.R. + L	B.R. + L
62701	74051	Pontics, Acrylic/Composite/Compomer – Processed to Metal	B.R.	B.R. + L	B.R. + L
62702	74151	Acrylic/Composite/Compomer – Indirect (provisional)	B.R.	B.R. + L	B.R. + L
63001	74052	One unit of time	99.00		99.00
63009	74152	Recontouring of Retainers/Pontics (of existing bridgework) – additional unit of time	99.00		99.00
66111	74053	Replace Broken Prefabricated Attachable Facings – one unit of time	77.00	B.R. + L	77.00 + L + B.R.
66112	74153	Replace Broken Prefabricated Attachable Facings – two units of time	156.00	B.R. + L	156.00 + L + B.R.
66113	74253	Replace Broken Prefabricated Attachable Facings – three units of time	234.00	B.R. + L	234.00 + L + B.R.
66114	74353	Replace Broken Prefabricated Attachable Facings – four units of time	311.00	B.R. + L	311.00 + L + B.R.
66119	74453	Replace Broken Prefabricated Attachable Facings – each additional time unit over four	77.00	B.R. + L	77.00 + L + B.R.
66211	74054	Repairs, Removal: Fixed Bridge/Prosthesis – to be reinserted - One unit of time	77.00		77.00
66212	74154	Repairs, Removal: Fixed Bridge/Prosthesis – to be reinserted - two units of time	156.00		156.00
66213	74254	Repairs, Removal: Fixed Bridge/Prosthesis – to be reinserted - three units of time	234.00		234.00
66214	74354	Repairs, Removal: Fixed Bridge/Prosthesis – to be reinserted - four units of time	311.00		311.00
66219	74454	Repairs, Removal: Fixed Bridge/Prosthesis – to be reinserted - each additional unit of time over four	77.00		77.00
66221	74055	Repairs, Removal: Fixed Bridge/Prosthesis – to be replaced by a new prosthesis- One unit of time	77.00	B.R. + L	77.00 + L + B.R.
66222	74155	Repairs, Removal: Fixed Bridge/Prosthesis – to be replaced by a new prosthesis- two units of time	156.00	B.R. + L	156.00 + L + B.R.
66223	74255	Repairs, Removal: Fixed Bridge/Prosthesis – to be replaced by a new prosthesis- three units of time	234.00	B.R. + L	234.00 + L + B.R.

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
DENTURE SERVICES - IMPLANT RELATED (Cont.)					
66224	74355	Repairs, Removal: Fixed Bridge/Prosthesis – to be replaced by a new prosthesis- four units of time	311.00	B.R. + L	311.00 + L + B.R.
66229	74455	Repairs, Removal: Fixed Bridge/Prosthesis – to be replaced by a new prosthesis - Each additional unit of time over four	77.00	B.R. + L	77.00 + L + B.R.
66301	74056	Repairs, Reinsertion/Recementation (+L where lab charges are incurred during repairs of bridge) One unit of time	77.00	B.R. + L	77.00 + L + B.R.
66302	74156	Repairs, Reinsertion/Recementation (+L where lab charges are incurred during repairs of bridge) two units of time	156.00	B.R. + L	156.00 + L + B.R.
66303	74256	Repairs, Reinsertion/Recementation (+L where lab charges are incurred during repairs of bridge) three units of time	234.00	B.R. + L	234.00 + L + B.R.
66304	74356	Repairs, Reinsertion/Recementation (+L where lab charges are incurred during repairs of bridge) four units of time	311.00	B.R. + L	311.00 + L + B.R.
66309	74456	Repairs, Reinsertion/Recementation (+L where lab charges are incurred during repairs of bridge) four units of time - Each additional unit of time over four	77.00	B.R. + L	77.00 + L + B.R.
67113	74017	Implant Supported Retainers Acrylic/Composite/Compomer –w/wo cast or prefabricated metal bases – provisional, indirect (lab fabricated/relined intra-orally)	187.00	B.R. + L	187.00 + L + B.R.
67115	74117	Implant Supported Retainers Acrylic/Composite/Compomer – implant supported, indirect – w/wo cast or prefabricated metal bases	629.00	B.R. + L	629.00 + L + B.R.
67125	74018	Implant Supported Retainers Acrylic/Composite/Compomer – provisional during healing, chairside - direct	187.00	B.R. + L	187.00 + L + B.R.
67135	74019	Implant Supported Retainers Acrylic/Composite/Compomer – cast metal base - indirect	629.00	B.R. + L	629.00 + L + B.R.
67205	74020	Implant Supported Retainers Porcelain/Ceramic/Polymer Glass – Fused Full Coverage	800.00	B.R. + L	800.00 + L + B.R.
67215	74021	Implant Supported Retainers Porcelain/Ceramic/Polymer Glass – Fused Metal	800.00	B.R. + L	800.00 + L + B.R.

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
DENTURE SERVICES - IMPLANT RELATED (Cont.)					
67305	74022	Implant Supported Retainers Full Cast metal	800.00	B.R. + L	800.00 + L + B.R.
67415	74023	Implant Supported Retainers Overdentures. Custom Cast or Prefabricated with No Occlusal Component	B.R.	B.R. + L	B.R. + L
69811	74024	Implant Supported Maxillary Framework Attached with Screws and Incorporating Denture Teeth and Acrylic	B.R.	B.R.	B.R.
69812	74025	Implant Supported Mandibular Framework Attached with Screws and Incorporating Denture Teeth and Acrylic	B.R.	B.R.	B.R.
69821	74026	Implant Supported Maxillary Framework Attached with Screws and Incorporating Denture Teeth Bonded to Framework	B.R.		B.R.
69822	74027	Implant Supported Mandibular Framework Attached with Screws and Incorporating Denture Teeth Bonded to Framework	B.R.		B.R.
ADJUNCTIVE SERVICES/MATERIALS					
58007	70001	Treatment not Specified	70.00 + E		70.00 + E
99901 /99902	70002	Personal Protective Equipment Surcharge (PPE) - per visit	31.00		31.00
94303	70010	Cancelled Appointment -per unit of time	60.00		60.00
N/A	70020	Out of Office Call/House Call – per trip	107.00		107.00
N/A	70060	Written Report	126.00		126.00
N/A	70150	Denture Identification (name in denture) - Per Denture		94.00	94.00
55501	70160	Prophylaxis and Polish (one unit of time) – per denture		70.00	70.00
55509	70161	Prophylaxis and Polish (additional time unit) – per denture		70.00	70.00
55601	70171	Occlusal Surface Repair – chairside (one-time unit)	60.00	39.00	99.00
55609	70172	Occlusal Surface Repair – chairside (additional time unit)	60.00	39.00	99.00
03001	70201	Surgical Stent - Maxillary	96.00 + E	B.R.	96.00 + E + B.R.
03002	70202	Surgical Stent - Mandibular	96.00 + E	B.R.	96.00 + E + B.R.

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
ADJUNCTIVE SERVICES/MATERIALS (cont.)					
57507	70208	Surgical Template - Maxillary	64.00	42.00	106.00
57508	70209	Surgical Template - Mandibular	64.00	42.00	106.00
N/A	70210	Mouth Guard – Type 3 – vacuum formed	84.00	60.00	144.00
N/A	70218	Mouth Guard – Type 4 – injected or lab processed	B.R.	B.R.	B.R.
N/A	70230	Occlusal Treatment Splint on Denture – Maxillary or Mandibular (per arch)	B.R.	B.R.	B.R.
58003	70320	Electro-Myography Initial Exam	145.00	95.00	240.00
58004	70330	Electro-Myography Subsequent Examination – per electrode	B.R.	B.R.	B.R.
58005	70340	T.E.N.S -Transcutaneous Electrical Neurostriper Application	B.R.	B.R.	B.R.
58017	70350	Mandibular Kinesiograph – complete (photos #1-8) (ex Arcus Digma)	B.R.	B.R.	B.R.
58006	70360	Mandibular Kinesiograph - each photo (ex Arcus Digma)	B.R.	B.R.	B.R.
N/A	71004	Pick-Up Impression	B.R.	B.R.	B.R.
N/A	71006	Partial Maxillary Casting	B.R.	B.R.	B.R.
N/A	71007	Partial Mandibular Casting	B.R.	B.R.	B.R.
58010	71008	Clasp – Cast (each)		181.00	181.00
58011	71010	Clasp – Wrought (each)		65.00	65.00
N/A	71075	Intraoral Pin Tracing Device	B.R.	B.R.	B.R.
N/A	71076	Face-bow Transfer for Articulation	B.R.	B.R.	B.R.
58013	72001	Wire Mesh Reinforcement - Maxillary		59.00	59.00
N/A	72021	Wire Reinforcement - Maxillary		59.00	59.00
N/A	72032	Wire Mesh Reinforcement - Mandibular		59.00	59.00
N/A	72040	Impact Resistant Acrylic - per arch		B.R.	B.R.
N/A	72041	Injection Processed Acrylic - per arch		B.R.	B.R.
N/A	72042	CAD/CAM Production - per arch	B.R.	B.R.	B.R.
13521	70250	Anti-Snoring Device	B.R.	B.R.	B.R.

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
ADJUNCTIVE SERVICES/MATERIALS (Cont.)					
97121	70260	Tooth Whitening (Home Application) Maxillary - incl. bleaching tray	184.00	125.00 + E	309.00 + E
97122	70261	Tooth Whitening (Home Application) Mandibular - incl. bleaching tray	184.00	125.00 + E	309.00 + E
97111	70263	In-Office Tooth Whitening (one unit of time)	B.R.	B.R.	B.R.
97112	70264	In-Office Tooth Whitening (two units of time)	B.R.	B.R.	B.R.
97113	70265	In-Office Tooth Whitening (three units of time)	B.R.	B.R.	B.R.
97119	70266	In-Office Tooth Whitening (additional units of time)	B.R.	B.R.	B.R.
N/A	73008	Long Term Soft Liner - New Denture		259.00	259.00
N/A	73010	Long Term Soft Liner - Reline		259.00	259.00
N/A	73012	Elastic Gasket – per procedure		B.R.	B.R.
N/A	73013	Long Term Soft Liner - Rebase		259.00	259.00
N/A	73019	Custom Tray Fabrication per arch		B.R.	B.R.
55701	73021	Custom Pigmented/Stained Denture Base - Maxillary	60.00	39.00	99.00
55709	73022	Custom Pigmented/Stained Denture Base - Mandibular	60.00	39.00	99.00
N/A	73030	Gingival Toning - Maxillary		B.R.	B.R.
N/A	73031	Gingival Toning - Mandibular		B.R.	B.R.
N/A	73040	Gold Inlay – per surface		B.R.	B.R.
N/A	73041	Amalgam Inlay – per surface		B.R.	B.R.
13511	74011	Night Guard – per arch (bruxism appliance)	342.00	237.00	579.00
N/A	74095	Replacing/Changing Components (O-ring, clips, nylon attachment etc.) - per component	B.R.	B.R.	B.R.
	76001	Titanium - per arch		B.R.	B.R.
REINFORCEMENTS					
N/A	71318	Resilient Stress Breaker Attachments – cast partial		B.R.	B.R.
N/A	71320	Two Hinges Stress Breaker Attachments – cast partial		B.R.	B.R.
	72008	Cast Reinforcement - Maxillary		B.R.	B.R.
	72009	Cast Reinforcement - Mandibular		B.R.	B.R.

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
REINFORCEMENTS (cont.)					
70010	72010	Fiber Material Reinforcement - Maxillary		B.R.	B.R.
	72011	Fiber Material Reinforcement - Mandibular		B.R.	B.R.
99111	98888	Laboratory Fee		B.R.	B.R.
ADDITIONAL REPAIR MATERIALS					
58008	71310	Model without impression		31.00	31.00
58018	71311	Opposing Model – Impression Required		89.00	89.00
N/A	71312	Addition/Replace Retentive Post – per arch		B.R.	B.R.
58009	71313	New Tooth (each)		37.00	37.00
58012	71314	Multiple Fracture– per denture		65.00	65.00
N/A	71315	Addition - Flange (Buccal, Lingual and/or Labial) - per quadrant		65.00	65.00
NON-INSERTED/UNDELIVERABLE					
	93010	Complete Maxillary Denture – Primary Impression			80.00
	93020	Complete Mandibular Denture - Primary Impression			85.00
	93030	Complete Denture - Opposing Impression			47.00
	93040	Complete Maxillary Denture - Final Impression			176.00
	93050	Complete Mandibular Denture - Final Impression			182.00
	93060	Complete Maxillary Denture - Functional Impression			298.00
	93070	Complete Mandibular Denture - Functional Impression			320.00
	93080	Complete Denture - Bite (Wax Only)			187.00
	93090	Complete Denture - Bite Block			222.00
	93101	Complete Denture - Articulated on facebow or recording or intra-extra "gothic bow"			506.00
	93102	Complete Denture - Tooth Selection			40.00
	93103	Complete Denture - Mount Model on articulator			39.00
	93104	Semi-Precision - Complete Denture - Mount model on articulator			75.00

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
NON-INSERTED/UNDELIVERABLE (Cont.)					
	93105	Precision - Complete Denture - Mount model on articulator			107.00
	93106	Complete Denture - Transfer of the facebow			186.00
	93140	Complete Denture - Transfer of intra-extra recording "gothic arc"			186.00
	93150	Complete Denture - Teeth Mounting, Aesthetic and Functional			186.00
	93151	Semi-Precision - Complete Denture - Teeth Mounting, Aesthetic and Functional			213.00
	93152	Precision - Complete Denture - Teeth Mounting, Aesthetic and Functional			320.00
	93160	Complete Denture - Try-In			113.00
	93161	Semi-Precision - Complete Denture - Try-In			161.00
	93162	Precision - Complete Denture - Try-In			213.00
	93170	Complete Denture - Insert			178.00
	93171	Semi-Precision - Complete Denture - Insert			213.00
	93172	Precision - Complete Denture - Insert			320.00
	94010	Partial Maxillary Denture - Primary Impression			73.00
	94020	Partial Mandibular Denture - Primary Impression			90.00
	94030	Partial Denture - Opposing Impression			42.00
	94040	Partial Maxillary Denture - Final Impression			182.00
	94050	Partial Mandibular Denture - Final Impression			202.00
	94060	Partial Maxillary Denture - Functional Impression			343.00
	94070	Partial Mandibular Denture - Functional Impression			500.00
	94080	Partial Denture - Articulation (Wax Only)			184.00
	94090	Partial Denture - Articulated on plate and rod			138.00
	94100	Partial Denture - Articulated on facial bow or recording or intra-extra "gothic bow"			259.00
	94110	Partial Denture - Tooth Selection			523.00

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	PROFESSIONAL FEE	LAB FEE	TOTAL FEE 2021
NON-INSERTED/UNDELIVERABLE (Cont.)					
	94120	Partial Denture - Mount model on articulator			150.00
	94130	Partial Denture - Transfer of the facebow			37.00
	94140	Partial Denture - Transfer of intra-extra recording "gothic arc"			24.00
	94150	Partial Denture - Teeth Mounting, Aesthetic and Functional			145.00
	94160	Partial Denture - Try-In			209.00
	94170	Partial Denture - Insert			167.00
	94180	Partial Denture - Parallel Model Analysis			150.00
	94190	Partial Denture - Try-in Metal Framework			150.00