

Denturist Fee Guide January 2012
PROSTHODONTIC EXAMINATIONS

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
01701	10010	<u>GENERAL EXAM</u> Extended examination of the pre-prosthetic, edentulous, or partially edentulous mouth, including detailed medical, Dental and Prosthetic history, visual, digital and mirror examination of the oral structures, and head and neck, to include the TMJ, oral mucosa, lips, tongue, oral pharynx, salivary glands, lymph nodes, musculature, and other associated stomatognathic structures.	100.00		90.00
01702	10104	<u>SPECIFIC EXAM</u> Examination and evaluation of a specific situation in a localized area.	50.00		45.00
01201	10020	<u>NEW PATIENT LIMITED EXAM</u> Examination with mirror of hard and soft tissues including checking of occlusion and appliances.	60.00		54.00
01202	10030	<u>PREVIOUS PATIENT LIMITED EXAM</u> Recall examination with mirror of hard and soft tissues, including checking of occlusion and appliances.	60.00		54.00
04911	10120	<u>DIAGNOSTIC CAST</u>	45.00	30.00	67.50
04912	10121	<u>DIAGNOSTIC CAST-DUPLICATE</u>	20.00	14.00	30.60
N/A	70050	<u>PROFESSIONAL CONSULTATION (per unit of Time)</u>	45.00		40.50

RADIOGRAPHS

USC Code	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
<u>Radiographs: Interpretation</u>					
<u>(Radiographs or Interpretation Received From Another Source)</u>					
02801	10115	One unit of time	74.00		66.60 + E
02802	10116	Two Units of Time	148.00		133.20 + E
02803	10119	Each Additional Unit over Two	74.00		66.60 + E
<u>Radiographic Guide</u>					
(Includes diagnostic wax-up, with radio-opaque markers for pre-surgical assessment of alveolar bone and vital structures as potential osseo-integrated implant site(s))					
02951	10122	Maxillary Guide	55.00 + E	B.R.	B.R.
02952	10123	Mandibular Guide	55.00 + E	B.R.	B.R.
<u>Template Surgical/Surgical Stent</u>					
<u>(Includes diagnostic wax-up. Also used to locate and orient osseo-integrated implant(s))</u>					
03001	70201	Maxillary Template	75.00 + E	B.R.	B.R.
03002	70202	Mandibular Template	75.00 + E	B.R.	B.R.
<u>Radiographs, Intraoral</u>					

Periapical

02111	10130	Periapical, Single film	29.00	26.10
02112	10131	Periapical, Two films	43.00	38.70
02113	10132	Periapical, Three films	60.00	54.00
02114	10133	Periapical, Four films	78.00	70.20
02115	10134	Periapical, Five films	91.00	81.90
02116	10135	Periapical, Six films	107.00	96.30

Bitewing

02141	10140	Single Film	22.00	19.80
02142	10141	Two Films	37.00	33.30

Radiographs. Panoramic

02601	10150	Single film	84.00	75.60
-------	--------------	-------------	-------	-------

COMPLETE DENTURES

Complete Denture Services include impressions, occlusal registration, try-in evaluation (where applicable), insertion and adjustment, including three months post insertion care.

USC Code	DAC Code	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
<u>STANDARD</u>					
51101	31310	Maxillary	690.00	460.00	1,035.00
51102	31320	Mandibular	690.00	460.00	1,035.00
51104	73008	Resilient Liner, Addition to Above		200.00	180.00

EQUILIBRATED

Equilibrated includes remount on a semi-adjustable articulator and equilibration of occlusion.

51201	31110	Maxillary	1210.00	798.00	1,807.20
51202	31120	Mandibular	1210.00	798.00	1,807.20
51204	73008	Resilient Liner, Addition to Above		200.00	180.00

OVERDENTURE

51701	31610	Maxillary	733.00	488.00	1,098.90
51702	31620	Mandibular	733.00	488.00	1,098.90

OVERDENTURE - EQUILIBRATED

Includes remount on semi-adjustable articulator and equilibration.

51711	31113	Maxillary	1210.00	798.00	1,807.20
51712	31123	Mandibular	1210.00	798.00	1,807.20

GNATHOLOGICAL- CAST BASE AND METAL OCCLUSAL SURFACES

51501	31410	Maxillary	B.R.	B.R.	B.R.
51502	31420	Mandibular	B.R.	B.R.	B.R.

SURGICAL COMPLETE DENTURES

Post insertion care does not include tissue conditioners or permanent relines.

USC CODE	DAC Code	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
<u>STANDARD SURGICAL</u>					
51301	31311	Complete Maxillary	767.00	510.00	1,149.30
51302	31321	Complete Mandibular	767.00	510.00	1,149.30

EQUILIBRATED SURGICAL

51401	31111	Complete Maxillary	1210.00	798.00	1,807.20
51402	31121	Complete Mandibular	1210.00	798.00	1,807.20

OVERDENTURE SURGICAL

51801	31611	Maxillary	767.00	510.00	1,149.30
51802	31621	Mandibular	767.00	510.00	1,149.30

EQUILIBRATED OVERDENTURE - SURGICAL

Equilibrated requires use of a facebow transfer and post-insertion remount on a semi-adjustable articulator and equilibration of occlusion.

N/A	31114	Maxillary	1210.00	798.00	1,807.20
N/A	31124	Mandibular	1210.00	798.00	1,807.20

TRANSITIONAL - TEMPORARY

51601	31511	Complete Maxillary	B.R.	B.R.	B.R.
51602	31521	Complete Mandibular	B.R.	B.R.	B.R.

COMPLETE DENTURES ATTACHED TO IMPLANTS

USC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
-------------	------------------------	---------------------	---------	-------------------------------

REMOVABLE TISSUE BORNE IMPLANT RETAINED WITH INDEPENDENT ATTACHMENTS

51911	31710	Maxillary	B.R.	B.R.	B.R.
51912	31720	Mandibular	B.R.	B.R.	B.R.

REMOVABLE IMPLANT BORNE WITH SCREW RETAINED BAR ATTACHED TO IMPLANTS

51921	31810	Maxillary	B.R.	B.R.	B.R.
51922	31820	Mandibular	B.R.	B.R.	B.R.

FRAMEWORK ATTACHED WITH SCREWS AND INCORPORATING TEETH-DENTURE

TEETH AND ACRYLIC

69811	74024	Maxillary	B.R.	B.R.	B.R.
69812	74025	Mandibular	B.R.	B.R.	B.R.

FRAMEWORK ATTACHED WITH SCREWS AND INCORPORATING TEETH-PORCELAIN

TEETH BONDED TO FRAMEWORK

69821	74026	Maxillary	B.R.	B.R.	B.R.
69822	74027	Mandibular	B.R.	B.R.	B.R.

REMOVAL OF SCREW-RETAINED PROSTHESIS FOR PROPHYLAXIS

69831	74028	Maxillary	52.00		46.80
69832	74029	Mandibular	52.00		46.80

REINSERTION OF SCREW-RETAINED PROSTHESIS

69841	74033	Maxillary	52.00	35.00	78.30 +E
69842	74034	Mandibular	52.00	35.00	78.30 +E

ACRYLIC PARTIAL DENTURES

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
<u>WITHOUT CLASPS - STANDARD</u>					
N/A	41612	Maxillary	329.00	221.00	495.00
N/A	41622	Mandibular	329.00	221.00	495.00
<u>RESILIENT RETAINER</u>					
N/A	73012	Elastic/Resilient Gasket (per retainer)	B.R.	B.R.	B.R.
<u>WITH WROUGHT/CAST CLASPS AND/OR RESTS</u>					
52301	41610	Maxillary	551.00	369.00	828.00
52302	41620	Mandibular	551.00	369.00	828.00
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.
<u>WITH WROUGHT PALATAL/LINGUAL BAR CLASPS AND/OR RESTS</u>					
N/A	70240	Palatal/Lingual Bar (per bar)	B.R.	B.R.	B.R.
<u>OVERDENTURE WITH WROUGHT/CAST CLASPS AND OR RESTS</u>					
52501	41810	Maxillary	670.00	445.00	1,003.50
52502	41820	Mandibular	670.00	445.00	1,003.50
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.
<u>OVERDENTURE - WITHOUT CLASPS</u>					
N/A	41812	Maxillary	551.00	369.00	828.00
N/A	41822	Mandibular	551.00	369.00	828.00
<u>PARTIAL DENTURE - NON-ACRYLIC</u>					
N/A	41913	Maxillary	B.R.	B.R.	B.R.
N/A	41923	Mandibular	B.R.	B.R.	B.R.

SURGICAL ACRYLIC PARTIAL DENTURES

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
<u>WITHOUT CLASPS</u>					
52111	41613	Maxillary	329.00	221.00	495.00
52112	41623	Mandibular	329.00	221.00	495.00
<u>RESILIENT RETAINER</u>					
N/A	73012	Elastic/resilient Gasket (per retainer)		B.R.	B.R.
<u>WITH WROUGHT/CAST CLASPS AND/OR RESTS</u>					
52311	41611	Maxillary	551.00	369.00	828.00
52312	41621	Mandibular	551.00	369.00	828.00
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.
<u>WITH WROUGHT LINGUAL/PALATAL BAR CLASPS AND/OR RESTS</u>					
N/A	70240	Palatal/Lingual Bar (per bar)		B.R.	B.R.
<u>OVERDENTURE WITHOUT CLASPS</u>					
N/A	41813	Maxillary	551.00	369.00	828.00
N/A	41823	Mandibular	551.00	369.00	828.00

OVERDENTURE WITH WROUGHT/CAST CLASPS AND/OR RESTS

52511	41811	Maxillary	670.00	445.00	1,003.50
52512	41821	Mandibular	670.00	445.00	1,003.50
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

CAST PARTIAL DENTURE WITH ACRYLIC BASE

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
<u>FREE END WITH CLASPS AND RESTS</u>					
53101	41114	Maxillary	735.00	490.00	1,102.50
53102	41124	Mandibular	735.00	490.00	1,102.50
53104	41144	Altered cast impression technique, addition to above	125.00	84.00	188.10
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

FREE END WITH CLASPS AND RESTS EQUILIBRATED

Includes remount onto semi adjustable articulator and equilibration

53131	41110	Maxillary	1,333.00	887.00	1,998.00
53132	41120	Mandibular	1,333.00	887.00	1,998.00
53104	41140	Altered cast impression technique, addition to above	125.00	84.00	188.10
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

TOOTH BORNE WITH CLASPS AND RESTS

53201	41254	Maxillary	735.00	490.00	1,102.50
53202	41264	Mandibular	735.00	490.00	1,102.50
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

TOOTH BORNE WITH CLASPS AND RESTS - EQUILIBRATED

Includes remount onto semi adjustable articulator and equilibration

53221	41216	Maxillary	1,333.00	887.00	1,998.00
53222	41226	Mandibular	1,333.00	887.00	1,998.00
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

PRECISION ATTACHMENTS

53401	41310	Maxillary	B.R.	B.R.	B.R.
53402	41320	Mandibular	B.R.	B.R.	B.R.
99555 +E	N/A	ERA Ackerman Clips Locator Attachments Etc.	B.R.	B.R.	B.R.

CAST PARTIAL DENTURE WITH ACRYLIC BASE CONTINUED

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
<u>SEMI-PRECISION ATTACHMENTS</u>					
53501	41410	Maxillary	B.R.	B.R.	B.R.
53502	41420	Mandibular	B.R.	B.R.	B.R.
53504	41440	Altered Cast Impression Technique - addition to above	B.R.	B.R.	B.R.
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

STRESS BREAKER ATTCHMENTS (MAXILLARY OR MANDIBULAR)

N/A	71318	Resilient	B.R.	B.R.	B.R.
N/A	71319	One Hinge	B.R.	B.R.	B.R.
N/A	71320	Two Hinges	B.R.	B.R.	B.R.
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

FREE END SWING LOCK CONNECTOR

N/A	71312	Per Arch	B.R.	B.R.	B.R.
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

OVERDENTURE

53701	41510	Maxillary	690.00	460.00	1,035.00
53702	41520	Mandibular	690.00	460.00	1,035.00
53704	41540	Altered cast impression technique, addition to above	129.00	86.00	193.50
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

OVER IMPLANTS

N/A	41601	Maxillary	B.R.	B.R.	B.R.
N/A	41602	Mandibular	B.R.	B.R.	B.R.
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

SURGICAL CAST PARTIAL DENTURE

FRAMEWORK COSTS CAN BE BILLED IN ADDITION TO LAB FEE USING 98889 CODE

FREE END

53111	41115	Maxillary	767.00	510.00	1,149.30
53112	41125	Mandibular	767.00	510.00	1,149.30
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

FREE END WITH CLASPS AND RESTS - EQUILIBRATED

N/A	41111	Maxillary	1,333.00	887.00	1,998.00
N/A	41121	Mandibular	1,333.00	887.00	1,998.00
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

TOOTH BORNE WITH CLASPS AND RESTS

53211	41215	Maxillary	735.00	490.00	1,102.50
53212	41225	Mandibular	735.00	490.00	1,102.50
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

TOOTH BORNE WITH CLASPS AND RESTS - EQUILIBRATED

(Includes remount onto semi adjustable articulator and equilibration)

N/A	41216	Maxillary	1,333.00	887.00	1,998.00
N/A	41226	Mandibular	1,333.00	887.00	1,998.00
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

OVERDENTURE

53711	41511	Maxillary	690.00	460.00	1,035.00
53712	41521	Mandibular	690.00	460.00	1,035.00
99111	98889	Framework Costs (invoices need to be included)		B.R.	B.R.

ADJUSTMENTS AND REMOUNT WITH EQUILIBRATION

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
COMPLETE OR PARTIAL DENTURE - MINOR					
54201	58110	One unit of time	52.00		46.80
54202	58120	Two units of time	104.00		93.60
54209	58130	Each additional unit of time	52.00		46.80

IMPLANT ATTACHMENTS

N/A	74095	Changing Attachment Component (ie. Nylon insert)	B.R.		B.R.
-----	-------	--	------	--	------

COMPLETE DENTURE REMOUNT AND EQUILIBRATION

N/A	35110	Maxillary	425.00		382.50
N/A	35120	Mandibular	425.00		382.50

COMPLETE OR PARTIAL DENTURE REMOUNT AND EQUILIBRATION

N/A	45110	Maxillary	425.00		382.50
N/A	45120	Mandibular	425.00		382.50

REPAIRS AND ADDITIONS

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
<u>COMPLETE DENTURE - NO IMPRESSION REQUIRED</u>					
55101	36110	Maxillary	60.00	40.00	90.00
55102	36120	Mandibular	60.00	40.00	90.00
<u>COMPLETE DENTURE - IMPRESSION REQUIRED</u>					
55201	36210	Maxillary	105.00	71.00	158.40
55202	36220	Mandibular	105.00	71.00	158.40
<u>PARTIAL DENTURE - NO IMPRESSION REQUIRED</u>					
55301	46110	Maxillary	60.00	40.00	90.00
55302	46120	Mandibular	60.00	40.00	90.00
<u>PARTIAL DENTURE - IMPRESSION REQUIRED</u>					
55401	46210	Maxillary	125.00	82.00	186.30
55402	46220	Mandibular	125.00	82.00	186.30
<u>PROSTHESIS PROPHYLAXIS AND POLISHING</u>					
55501	70160	One unit of time	50.00		45.00
55509	70161	Each additional unit of time	50.00		45.00
<u>DENTURE OCCLUSAL SURFACE REBUILD USING TOOTH COLOURED MATERIALS - DIRECT CHAIRSIDE</u>					
55501	70171	One unit of time	80.00		72.00
55509	70172	Each additional unit of time	80.00		72.00
<u>CUSTOM PIGMENTED/STAINED DENTURE BASE - DIRECT CHAIRSIDE</u>					
55701	73020	One unit of time	80.00		72.00
55709	73021	Each additional unit of time	80.00		72.00
<u>OCCLUSAL TREATMENT SPLINT ON DENTURE</u>					
N/A	70230	Per Arch	B.R.	B.R.	B.R.
<u>GINGIVAL TONING</u>					
N/A	73030	Per Arch	B.R.	B.R.	B.R.
<u>IMPLANT ATTACHMENTS</u>					
N/A	74090	Independent Attachments (per attachment)	B.R.	B.R.	B.R.
N/A	74091	Bar Attachment (per attachment)	B.R.	B.R.	B.R.

ADDITIONAL FEES FOR REPAIRS AND ADDITIONS

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
58008	71310	Model without impression	20.00		18.00
58009	71313	New denture tooth - per tooth	25.00		22.50
58010	71008	Cast Clasp - per clasp	40.00	105.00	130.50
58011	71010	Wrought clasp - per clasp	50.00		45.00
58012	71314	Multiple Fractures	50.00		45.00
58013	72001	Strengthening wire/mesh	40.00		36.00
58018	71311	Opposing Model	45.00	25.00	63.00

DENTURE DUPLICATION

COMPLETE DENTURE

56111	34116	Maxillary	111.00	75.00	167.40
56112	34126	Mandibular	111.00	75.00	167.40

PARTIAL DENTURE

56121	44110	Maxillary	111.00	75.00	167.40
56122	44120	Mandibular	111.00	75.00	167.40

DENTURE RELINES

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
<u>COMPLETE DENTURE - DIRECT</u>					
56211	32418	Maxillary	177.00		159.30
56212	32428	Mandibular	177.00		159.30
<u>COMPLETE DENTURE - PROCESSED</u>					
56231	32215	Maxillary	215.00	142.00	321.30
56232	32225	Mandibular	215.00	142.00	321.30
<u>COMPLETE DENTURE - PROCESSED WITH FUNCTIONAL IMPRESSION</u>					
56251	32110	Maxillary	335.00	142.00	429.30
56252	32120	Mandibular	335.00	142.00	429.30

PARTIAL DENTURE - DIRECT

56221	42418	Maxillary	177.00		159.30
56222	42428	Mandibular	177.00		159.30

PARTIAL DENTURE - PROCESSED

56241	42210	Maxillary	215.00	142.00	321.30
56242	42220	Mandibular	215.00	142.00	321.30

PARTIAL DENTURE PROCESSED WITH FUNCTIONAL IMPRESSION

56261	42116	Maxillary	335.00	142.00	429.30
56262	42126	Mandibular	335.00	142.00	429.30

DENTURE REBASES

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
-------------	-------------	------------------------	---------------------	---------	-------------------------------

COMPLETE DENTURE

56311	33217	Maxillary	245.00	161.00	365.40
56312	33227	Mandibular	245.00	161.00	365.40

COMPLETE DENTURE WITH FUNCTIONAL IMPRESSION

56331	33117	Maxillary	361.00	161.00	469.80
56332	33127	Mandibular	361.00	161.00	469.80

PARTIAL DENTURE

56321	43217	Maxillary	245.00	161.00	365.40
56322	43227	Mandibular	245.00	161.00	365.40

PARTIAL DENTURE WITH FUNCTIONAL IMPRESSION

56341	43116	Maxillary	361.00	161.00	469.80
56342	43126	Mandibular	361.00	161.00	469.80

ADDITIONS TO RELINES AND REBASES

RESILIENT LINER

N/A	73010	(reline)		200.00	180.00	
N/A	73013	(rebase)		200.00	180.00	

RESET

N/A	35210	Complete Maxillary		300.00	200.00	450.00
N/A	35220	Complete Mandibular		300.00	200.00	450.00
N/A	45210	Partial Maxillary		300.00	200.00	450.00
N/A	45220	Partial Mandibular		300.00	200.00	450.00

IMPLANT ATTACHMENTS

N/A	74090	Independent Attachment (per attachment)		B.R.	B.R.	B.R.
N/A	74091	Bar attachment (per attachment)		B.R.	B.R.	B.R.

DENTURE REMAKE

PARTIAL DENTURE USING EXISTING FRAMEWORK

56411	46410	Maxillary		300.00	200.00	450.00	+E
56412	46420	Mandibular		300.00	200.00	450.00	+E

TISSUE CONDITIONING

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)	
-------------	-------------	------------------------	---------------------	---------	-------------------------------	--

COMPLETE DENTURE

56511	37110	Maxillary	105.00		94.50	
56512	37120	Mandibular	105.00		94.50	

PARTIAL DENTURE

56521	47110	Maxillary	105.00		94.50	
56522	47120	Mandibular	105.00		94.50	

VITAL BLEACHING

HOME VITAL BLEACHING

97121	70260	Maxillary	155.00	105.00	234.00	+E
97122	70261	Mandibular	155.00	105.00	234.00	+E

VITAL BLEACHING

97111	70263	One Unit of Time		B.R.	B.R.	
97112	70264	Two Units of Times		B.R.	B.R.	
97113	70265	Three Units of Time		B.R.	B.R.	
97119	70266	Each Additional Unit of Time		B.R.	B.R.	

PROTECTIVE MOUTH GUARDS

N/A	70210	Vacuum Formed (per arch)		65.00	40.00	94.50
N/A	70218	Processed (per arch)		B.R.	B.R.	B.R.

NIGHT GUARD

13511	74011	Night Guard		273.00	184.00	411.30
-------	--------------	-------------	--	--------	--------	--------

AIRWAY DILATOR

13521	70250	Upper Airway Dilator		B.R.	B.R.	B.R.
-------	--------------	----------------------	--	------	------	------

IMPLANT SUPPORTED FIXED PROSTHODONTICS

The Denturist Regulation indicates in Section 14, that Regulated Members may perform any or all of the following restricted activities in the practice of denturism:

- (a) prescribe and fit
 - (i) a removable partial or complete denture; and
 - (ii) a fixed or removable implant supported prosthesis that replaces two 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).

PONTICS: BRIDGE

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
<u>PONTICS: CAST METAL</u>					
62101	74012	Cast Metal	B.R.		B.R. +L
62102	74013	Cast Metal Framework with separate Porcelain/Ceramic/Polymer Glass Jacket Pontic	B.R.		B.R. +L
62103	74014	Prefabricated Attachable Facing	B.R.		B.R. +L
62104	74015	Retentive Bar - Prefabricated or Custom Attached to Retainer	B.R.		B.R. +L
62105	74016	Retentive Bar: Prefabricated or Custom, Attached to Implant Supported Retainer to Retain Removable Prosthesis	B.R.		B.R. +L
<u>PONTICS: PORCELAIN/CERAMIC/POLYMER GLASS</u>					
62501	74050	Porcelain/Ceramic/Polymer Glass - Fused to Metal	B.R.		B.R. +L
62502	74150	Porcelain/Ceramic/Polymer Glass - Aluminous	B.R.		B.R. +L
<u>PONTICS: ACRYLIC/COMPOSITE/COMPOMER</u>					
62701	74051	Acrylic/Composite/Compomer - Processed to Metal	B.R.		B.R. +L
62702	74151	Acrylic/Composite/Compomer - Indirect	B.R.		B.R. +L
<u>RECONTOURING OF RETAINERS/PONTICS - EXISTING BRIDGEWORK</u>					
63001	74052	One unit of time	66.00		59.40
63009	74152	Each additional unit of time	66.00		59.40

IMPLANT SUPPORTED FIXED PROSTHODONTICS - REPAIRS

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
<u>REPLACEMENT</u>					
Replace Broken Prefabricated Attachable Facings					
66111	74053	One unit of time	66.00		59.40 +L
66112	74153	Two units of time	132.00		118.80 +L
66113	74253	Three units of time	188.00		169.20 +L
66114	74353	Four units of time	250.00		225.00 +L
66119	74453	Each additional unit of time over four	66.00		59.40 +L
<u>REMOVAL OF EXISTING FIXED PROSTHESIS</u>					
Removal of Fixed Prosthesis - to be reinserted					
66211	74054	One unit of time	66.00		59.40
66212	74154	Two units of time	131.00		117.90
66213	74254	Three units of time	197.00		177.30
66214	74354	Four units of time	262.00		235.80
66219	74454	Each additional unit of time over four	66.00		59.40
<u>REMOVAL OF FIXED PROSTHESIS - TO BE REPLACED BY NEW PROSTHESIS</u>					
66221	74055	One unit of time	66.00		59.40 +L
66222	74155	Two units of time	132.00		118.80 +L
66223	74255	Three units of time	188.00		169.20 +L
66224	74355	Four units of time	250.00		225.00 +L
66229	74455	Each additional unit of time over four	66.00		59.40 +L
<u>REINSERTION</u>					
66301	74056	One unit of time	66.00		59.40 +L
66302	74156	Two units of time	132.00		118.80 +L
66303	74256	Three units of time	188.00		169.20 +L
66304	74356	Four units of time	250.00		225.00 +L
66309	74456	Each additional unit of time over four	66.00		59.40 +L

IMPLANT SUPPORTED FIXED PROSTHODONTICS - RETAINERS

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
<u>ACRYLIC/COMPOSITE/COMPOMER - WITH OR WITHOUT CAST OR PREFABRICATED METAL BASES</u>					
67113	74017	Acrylic/Composite/Compomer - Indirect	160.00		144.00 +L
67115	74117	Acrylic/Composite/Compomer - Provisional	534.00		480.60 +L
67125	74018	Acrylic/Composite/Compomer - Implant Supported	160.00		144.00 +L
67135	74019	Acrylic/Composite/Compomer - Cast Metal Base, Indirect	525.00		472.50 +L
<u>PORCELAIN/CERAMIC/POLYMER GLASS - FULL COVERAGE</u>					
67205	74020	Porcelain/Ceramic/Polymer Glass - Implant Supported	676.00		608.40 +L
67215	74021	<u>PORCELAIN/CERAMIC/POLYMER GLASS - FUSED TO METAL</u> Porcelain/Ceramic/Polymer Glass - Implant Supported	676.00		608.40 +L
<u>FULLCAST METAL RETAINERS</u>					
67305	74022	Full Cast metal Retainers - Implant Supported	676.00		608.40 +L
<u>OVERDENTURE CUSTOM CAST OR PREFABRICATED WITH NO OCCLUSAL COMPONENT</u>					
67415	74023	Metal Retainer, Prefabricated or Custom Cast, Implant Supported, with or without mesostructure, no occlusal component	B. R + L		B.R. +L
<u>FIXED PROSTHODONTIC FRAMEWORK - OSSEO-INTEGRATED IMPLANT-SUPPORTED</u>					
69811	74024	Framework Attached with Screws and Incorporating Teeth - Denture Teeth and Acrylic Maxillary	B.R.		B.R.
69812	74025	Mandibular	B.R.		B.R.
69821	74026	Framework Attached with Screws and Incorporating Teeth - Porcelain Teeth Bonded to Frame Maxillary	B.R.		B.R.
69822	74027	Mandibular	B.R.		B.R.

MISCELLANEOUS SERVICES

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
N/A	73019	Custom Tray (per arch)	B.R.	B.R.	B.R.
N/A	71075	Intraoral Pin Tracing	B.R.	B.R.	B.R.
N/A	71076	Facebow Transfer	B.R.	B.R.	B.R.
53208	71317	Cast Occlusal Onlay - per unit		78.00	70.20
N/A	35210	Resetting of Teeth - Complete Maxillary	300.00	200.00	450.00
N/A	35220	Resetting of Teeth - Complete Mandibular	300.00	200.00	450.00
56603	72050	Cast Occlusal Surface	431.00	290.00	648.90
N/A	45210	Resetting of Teeth - Partial Maxillary	300.00	200.00	265.50
N/A	45220	Resetting of Teeth - Partial Mandibular	300.00	200.00	265.50
N/A	73008	Resilient Liner Per Arch in Conjunction with New Denture		200.00	180.00
57507	70208	Surgical Template - Maxillary	45.00	30.00	67.50
57508	70209	Surgical Template - Mandibular	45.00	30.00	67.50
70010	72010	Cast Mesh/or Cast Full Palate	141.00	182.00	290.70 +Gold
70011	72030	Cast Mandibular Base	141.00	182.00	290.70 +Gold
N/A	70150	Denture Identification - Per Denture	45.00	30.00	67.50
58003	70320	Electro-Myography Initial Exam	193.00		173.70
58004	70330	Electro-Myography Subsequent Examination- per electrode	52.00		46.80
58005	70340	Transcutaneous Electrical Neurostimulation (TENS)	B.R.		B.R.
58006	70360	Mandibular Kinesiograph - per photo	B.R.		B.R.
58017	70350	Mandibular Kinesiograph - complete (photos #1-8)	B.R.		B.R.
58007	70000	Nonspecified Diagnosis and Treatment	45.00		45.00 +E
N/A	70020	Out of Office Call	83.00		74.70

LABORATORY AND EXPENSE PROCEDURES

USC CODE	DAC CODE	DESCRIPTION OF SERVICE	Professional Fee	Lab Fee	Total Fee Payable (90%)
N/A	99111	+L Commercial Laboratory Procedures	B.R.		B.R.
N/A	99222	+L For Oral Pathology Biopsy Services When Provided in Relation to Surgical Services from the 30000, 40000, or 70000 Service Codes	B.R.		B.R.
N/A	99333	+L In-Office Laboratory Procedures (<i>An in-office laboratory is defined as a laboratory service(s) performed within the same business entity</i>)	B.R.		B.R.
N/A	99555	+E Additional Expenses of Materials	B.R.		B.R.
N/A	99999	Miscellaneous Services Not Included in Fee Schedule but Authorized by Dental Consultant/Case Manager	B.R.		B.R.

Revised January 6, 2012