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**ADULT DENTURE PROGRAM FEE SCHEDULE**

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**ISSUE DATE**

**January 1, 1995**

**REVISION DATE**

**January 21, 2001**

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**ADULT DENTURE PROCEDURE CODES**

Provided in the tables on the following pages are the procedure codes for adult denture services.

All procedure codes designated as non-specific are meant to cover procedures not specifically assigned an individual procedure code. The provider must furnish detailed information as to the nature of the procedure, justification for the provision of the procedure, and the provider's usual and customary fee.

All services marked with an asterisk (\*) require authorization.

All services marked with a number sign (#) require a tooth number, quadrant designator, or an arch designator.

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**DIAGNOSTIC AND PREVENTIVE DENTAL PROCEDURE CODES**

| <b>CODE</b> | <b>DESCRIPTION</b>              | <b>FEE</b> |
|-------------|---------------------------------|------------|
| *00110      | Exam. W/Comp. Mouth Radiographs | 40.00      |

**PROSTHETICS DENTAL PROCEDURE CODES**

| <b>CODE</b> | <b>DESCRIPTION</b>                            | <b>FEE</b> |
|-------------|---|------------|
| *05110      | Full Upper Denture                            | 470.00     |
| *05120      | Full Lower Denture                            | 470.00     |
| *05130      | Immediate Full Upper Denture                  | 470.00     |
| *05140      | Immediate Full Lower Denture                  | 470.00     |
| *05211      | Upper Acrylic Partial/Clasp                   | 425.00     |
| *05212      | Lower Acrylic Partial/Clasp                   | 425.00     |
| *05213      | Upper Cast Partial/Acrylic                    | 550.00     |
| *05214      | Lower Cast Partial/Acrylic                    | 550.00     |
| #05510      | Repair Full Denture Base                      | 72.00      |
| #05520      | Replace 1 Tooth On Denture or Partial         | 46.00      |
| #05521      | Replace 2 Teeth On Denture or Partial         | 58.00      |
| #05522      | Replace 3 Teeth On Denture or Partial         | 70.00      |
| #05523      | Replace 4 Teeth On Denture or Partial         | 82.00      |
| #05610      | Repair Partial Base                           | 72.00      |
| #05630      | Repair/Add Clasp (Cast)                       | 118.00     |
| #05635      | Repair/Add Clasp (Wire)                       | 85.00      |
| *05750      | Reline Full Upper Denture - Laboratory Reline | 200.00     |
| *05751      | Reline Full Lower Denture - Laboratory Reline | 200.00     |
| *05760      | Reline Upper Partial - Laboratory Reline      | 175.00     |
| *05761      | Reline Lower Partial - Laboratory Reline      | 175.00     |
| #*05999     | Non-Specific Prosthetics (With Report)        | *****      |

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