
ADULT DENTURE PROGRAM FEE SCHEDULE

ISSUE DATE

January 1, 1995

REVISION DATE

July 6, 2002

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 for the claim to be processed.

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DIAGNOSTIC AND PREVENTIVE DENTAL PROCEDURE CODES

CODE	DESCRIPTION	FEE
*00110	Exam. W/Comp. Mouth Radiographs	40.00

PROSTHETICS DENTAL PROCEDURE CODES

CODE	DESCRIPTION	FEE
*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)	*****