

# **ONTARIO WORKS**

## **Dentist Fee Schedule**

### **Adult Emergency Dental Services (Age 18 and over)**

#### **Parry Sound District**

**May 2012**

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# ATTENTION:

## Important Changes to Parry Sound District Ontario Works Adult Emergency Dental Services Dentist Fee Schedule – May 2012

1. **Payment (*Reminder*)** - emergency treatment for Parry Sound District Ontario Works adult clients with valid drug card is subject to an annual limit of **\$425.00** per client. Treatment must be submitted for payment on a Parry Sound Ontario Works Adult Emergency Dental Claim form and signed by the dentist and the client. Please call Parry Sound Ontario Works office for an adult claim form for the client.
2. **Bitewing Films (*New*)** – Codes 02141 and 02142 – Maximum payable for 2 bitewing films, per patient, per dentist, per 9 months is \$16.33 (Specialists -\$19.60).
3. **Panoramic Radiograph (*Change*)** – Code 02601 – One panoramic film per 24 months, per patient, per dentist.
4. **Caries and Trauma Pain Control (*Change*)** – codes 20111, 20119, 20121 and 20129 – final restoration is payable after 7 days have elapsed.
5. **Complicated and Surgical Extractions (*Change*)** – Complicated extraction and surgical removal of impacted teeth codes for each additional tooth in the same quadrant has been set at 50% of the single tooth fee.

**All forms are available on our website at [www.simcoemuskokahealth.org](http://www.simcoemuskokahealth.org) under *Health Professionals – Dental Professionals – OW/ODSP*.**

## REMINDER

### Dentures:

1. Maximum coverage for services involving dentures in the Parry Sound District is **\$500.00 per denture** or **\$1,000.00 per set** of dentures per patient.
2. Ontario Works will cover **one** set of dentures per patient.
3. Relines for immediate dentures will not be covered within **6 months** post insertion
4. Relines for standard dentures will not be covered within **2 years** post insertion
5. Maximum coverage for relines will be **once every two years**
6. Maximum coverage for rebases or remakes will be **once every four years** and four years post insertion.
7. Maximum coverage for repair and additions will be **once per 12 month period** and 1 year post insertion
8. Denture approvals will **not be considered** until all approved restorative, periodontal and endodontic treatments have been completed
  - Not all missing teeth will be approved for replacement by partial dentures. Scientific evidence has demonstrated that only four occluding premolar and/or molar teeth are necessary for proper function. If the patient has at least four occluding back teeth the OW Program will not reimburse for the construction of partial dentures.
  - Missing anterior teeth from the canines forward will be considered for partial denture replacement if there is enough space to place an artificial tooth.
  - Patients should have had a new patient examination within the last 5 years to make sure that there are no hidden problems with the teeth or oral tissues.
  - Construction of dentures will not be approved unless the patient has completed all restorative, endodontic and periodontal treatments, all approved by the dental consultant.

### Documents required for submitting a predetermination for dentures:

1. A standard pre-determination form with procedure codes and fees, (review the Parry Sound District Ontario Works Adult Emergency Dental Services Fee Schedule, May 2012).
2. A copy of the patient's current drug card.
3. A completed Ontario Works – Denture Coverage Form.

### Documents required for submitting a predetermination for dental treatment:

1. A standard predetermination form listing procedure codes and fees, (review the Parry Sound District Ontario Works Adult Emergency Dental Services Fee Schedule, May 2012).
2. A copy of the patient's current drug card.
3. Radiographs along with appropriate forms (for multiple anterior teeth for endodontic treatment and/or extraction of wisdom teeth).

**Documentation required for endodontic cases and third molar extraction cases:**

1. For the predetermination of multiple anterior teeth for endodontic treatment, complete the **Ontario Works - Endodontic Coverage Form** and submit with the predetermination form and radiographs.
2. For the predetermination of multiple wisdom teeth extractions, complete the **Criteria for the Extraction of Third Molars Form** and submit with the predetermination form and radiographs.

**Documents required for submission of a claim:**

1. An Ontario Works Adult Emergency Dental Only dental claim form.
2. A copy of the patient's current drug card.
3. Radiographs when indicated according to the Parry Sound District Ontario Works Adult Emergency Dental Services Fee Schedule, May 2012.

## **Annual Limit**

Payment for emergency treatment for Ontario Works clients is subject to an annual limit of \$425.00 per client in Parry Sound District.

## **Extra or Balance Billing**

Extra or balance billing is not permitted for services covered and paid for under this schedule for adults on the Ontario Disability Support Program or Ontario Works. A dental provider may bill the patient for services not covered and not paid for under this schedule.

## **Restorative Services**

Where at the same sitting in order to conserve tooth structure, separate amalgam/tooth coloured restorations are performed on the same tooth, the fee should be determined by counting the total number of surfaces restored. Maximum allowable for amalgam/tooth coloured restorations is five surfaces per tooth.

No repeat surface will be paid more than once in any 12 month period when the subsequent restoration is placed by the same dentist. The amount paid for the previous restoration will be deducted from the amount claimed for the new restoration if performed by the same dentist for the same patient.

## **Removal of Third Molars**

This plan will cover the removal of one third molar for the emergency relief of pain. Additional removals will require pre-authorization including the submission of appropriate radiographs and criteria form.

## **Surgical Procedures**

For payment of the following surgical procedures (71201 to 72339) the claim must be accompanied by an explanation describing the acute condition necessitating the removal of each tooth and steps taken to remove each tooth. (Please see definition of codes in the 2012 ODA Schedule of Fees). The explanation may take the form of a note written on the "For dentist's use only" section of the claim form.

Complicated extraction and surgical removal of impacted teeth codes for each additional tooth in the same quadrant has been set at 50% of the single tooth fee.

## **Root Canal Therapy**

This service is by exception and prior approval will be required including an appropriate pre-operative radiograph. Limited to teeth in the anterior sextant.

## **Root Planing / Scaling**

Limited for the emergency relief of pain only – requires predetermination including x-ray or screening at the Health Unit.

## **Anaesthesia, General**

**These procedures may only be provided by exception, requiring prior approval.**

Limited to dentists qualified for this sedative/anaesthetic technique under the RCDSO Guidelines for Use of Sedation and General Anaesthesia in Dental Practice or the provision of these procedures by a qualified physician-anaesthetist.

Coverage is limited to Oral & Maxillofacial Surgeons, medical or dental anaesthesiologists.

A physician or the referring dentist must recommend that the patient **requires** general anaesthesia/deep/IV-IM sedation in order to undergo treatment and state this on the referral to the specialist. The oral surgeon or anaesthesia specialist will include this statement along with the request for approval and a short description of the **rationale for the anaesthesia**.

## **Avoiding reimbursement delays**

To ensure that the correct practitioner is reimbursed and that the reimbursement is sent to the correct practice address, the following information is required on all claim forms:

- the treating dentist's name
- the treating dentist's address
- the treating dentist's unique identification number (UIN)

## **Claim Forms**

Parry Sound District Ontario Works Adult Emergency Dental claim forms are to be sent for payment to:

**Simcoe Muskoka District Health Unit**

**Barrie by the Bay**

**403-80 Bradford Street**

**Barrie, ON L4N 6S9**

**705-721-7520 or toll free at 1-877-721-7520, ext. 8810**

Parry Sound District Ontario Works Adult claim forms are issued from the Ontario Works office. To get an Ontario Works Adult claim form sent to your dental office for emergency dental treatment call:

**Parry Sound District**

**705-746-8886**

**800-461-4464 (toll free)**

**Parry Sound - South River Office**

**705-386-2358**

**800-661-3230 (toll free)**

**PARRY SOUND DISTRICT ONTARIO WORKS  
EMERGENCY DENTAL SERVICES (Age 18 and over)**

**Dentist Fee Schedule**

*May 2012*

**Payment for emergency treatment for Ontario Works clients is subject to an annual limit of \$425.00 per client in Parry Sound District.**

Code	Description	GP	Specialist
<b>DIAGNOSTIC</b>			
01205	Emergency examination	19.00	22.81

<b>RADIOGRAPHS</b>			
02111	Single film - periapical	13.35	16.02
02112	Two films - periapical	16.33	19.60
02113	Three films - periapical	20.12	24.14
Maximum payable for 2 bitewing films, per patient, per dentist, per 9 months is \$16.33 (Specialists -\$19.60)			
02141	Single film – bitewing	13.35	16.02
02142	Two films - bitewing	16.33	19.60
1 panoramic film per 24 months, per patient, per dentist			
02601	Panoramic ( <b>requires prior authorization</b> )	31.54	37.85

<b>BIOPSY</b>			
04311	Biopsy of soft tissue - by puncture + lab	38.01	45.61
04312	Biopsy of soft tissue - by incision + lab	38.01	45.61
04321	Biopsy of hard tissue - by puncture + lab	88.69	106.42
04322	Biopsy of hard tissue - by incision + lab	88.69	106.42

<b>CARIES AND TRAUMA PAIN CONTROL – final restoration is payable after 7 days have elapsed.</b>			
20111	First tooth - sedative dressing and pulp caps	31.68	
20119	Each additional tooth in the same quadrant	31.68	
20121	First tooth - sedative dressing, pulp caps requiring retentive band	31.68	
20129	Each additional tooth in the same quadrant	31.68	



Code	Description	GP	Specialist
<b>RESTORATIVE SERVICES</b>			
Where at the same sitting in order to conserve tooth structure, separate amalgam/tooth coloured restorations are performed on the same tooth, the fee should be determined by counting the total number of surfaces restored. Maximum allowable for amalgam/tooth coloured restorations is five surfaces per tooth. No repeat surface will be paid more than once in any 12 month period when the subsequent restoration is placed by the same dentist. The amount paid for the previous restoration will be deducted from the amount claimed for the new restoration if performed by the same dentist for the same patient.			
<b>Amalgam restorations - permanent bicuspid and anterior teeth, non-bonded</b>			
21211	One surface	25.34	
21212	Two surfaces	55.49	
21213	Three surfaces	63.35	
21214	Four surfaces	76.02	
21215	Five surfaces - maximum surfaces per tooth	76.02	
<b>Amalgam restorations - permanent molar teeth, non-bonded</b>			
21221	One surface	31.68	
21222	Two surfaces	63.35	
21223	Three surfaces	79.32	
21224	Four surfaces	79.32	
21225	Five surfaces - maximum surfaces per tooth	79.32	
<b>Amalgam restorations - permanent bicuspid and anterior teeth, bonded</b>			
21231	One surface	25.34	
21232	Two surfaces	55.49	
21233	Three surfaces	63.35	
21234	Four surfaces	76.02	
21235	Five surfaces - maximum surfaces per tooth	76.02	
<b>Amalgam restorations - permanent molar teeth, bonded</b>			
21241	One surface	31.68	
21242	Two surfaces	63.35	
21243	Three surfaces	79.32	
21244	Four surfaces	79.32	
21245	Five surfaces - maximum surfaces per tooth	79.32	

Code	Description	GP	Specialist
<b>Prefabricated metal restorations - permanent teeth</b>			
22311	Permanent posterior tooth	95.02	
<b>Tooth coloured/plastic restorations - permanent anterior teeth, non acid etch</b>			
23101	One surface	44.34	
23102	Two surfaces	57.01	
23103	Three surfaces	87.17	
23104	Four surfaces	87.17	
23105	Five surfaces - maximum surfaces per tooth	97.56	
<b>Tooth coloured/plastic restorations - permanent anterior teeth, acid etch</b>			
23111	One surface	50.68	
23112	Two surfaces	63.35	
23113	Three surfaces	95.02	
23114	Four surfaces	95.02	
23115	Five surfaces - maximum surfaces per tooth	106.42	
<b>Tooth coloured/plastic restorations - permanent bicuspid teeth, non acid etch</b>			
23211	One surface	44.34	
23212	Two surfaces	79.32	
23213	Three surfaces	87.17	
23214	Four surfaces	104.66	
23215	Five surfaces - maximum surfaces per tooth	104.66	
<b>Tooth coloured/plastic restorations - permanent molar teeth, non acid etch</b>			
23221	One surface	50.68	
23222	Two surfaces	87.17	
23223	Three surfaces	95.02	
23224	Four surfaces	114.03	
23225	Five surfaces - maximum surfaces per tooth	114.03	

Code	Description	GP	Specialist
<b>Tooth coloured/plastic restorations - permanent bicuspid teeth, acid etch</b>			
23311	One surface	50.68	
23312	Two surfaces	87.17	
23313	Three surfaces	95.02	
23314	Four surfaces	114.03	
23315	Five surfaces - maximum surfaces per tooth	114.03	
<b>Tooth coloured/plastic restorations - permanent molar teeth, acid etch</b>			
23321	One surface	57.01	
23322	Two surfaces	95.02	
23323	Three surfaces	102.88	
23324	Four surfaces	123.66	
23325	Five surfaces - maximum surfaces per tooth	123.66	
<b>Recementation / Rebonding – Inlays/Onlays/Crowns/Veneers/Posts/Natural Tooth Fragments</b>			
29101	One unit of time	38.20	

### **ROOT CANAL THERAPY**

**This service is by exception and prior approval will be required including an appropriate pre-operative radiograph. Limited to teeth in the anterior sextant.**

#### **Root Canals, Permanent Teeth/ Retained Primary Teeth One Canal**

To include: treatment plan, clinical procedures (ie: pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs, excluding final restoration

33111	One canal ( <b>requires prior authorization</b> )	253.39	304.06
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### **PERIODONTAL SERVICES**

Management of acute periodontal or oral infection (to include lancing, scaling, curettage, surgery or medication)

42831	One unit of time	38.01	45.61
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### **ROOT PLANING / SCALING – (Limited for the emergency relief of pain only – requires predetermination including x-ray or screening at the Health Unit)**

43421	One unit of time ( <b>requires prior authorization</b> )	38.01	45.61
43422	Two units of time ( <b>requires prior authorization</b> )	76.02	91.22

<b>Code</b>	<b>Description</b>	<b>Fee</b>	
<b>PROSTHODONTIC SERVICES - FIXED</b>			
<b>PONTICS</b>			
<b>Pontics, Porcelain</b>			
62501	Pontics, Porcelain Fused to Metal + L	262.70	
<b>REPAIRS, RECEMENTATION</b>			
<b>Repairs, Recementation ( + L where laboratory charges are incurred during the repair of bridge)</b>			
66301	One unit of time + L	53.20	
<b>RETAINERS, METAL</b>			
<b>Retainers, Metal, Onlay (external retention type)</b>			
67341	Retainer, Metal, Onlay, Acid Etch and/or Perforated, Bonded to Abutment Tooth, (Pontic extra) + L	133.00	

Code	Description	GP	Specialist
<b>ORAL AND MAXILLOFACIAL SURGERY</b>			
<i><b>NOTE 1: REMOVAL OF THIRD MOLARS - This plan will cover the removal of one third molar for the emergency relief of pain. Additional removals will require pre-authorization including the submission of appropriate radiographs and criteria form.</b></i>			
<b>REMOVAL, (EXTRACTIONS), ERUPTED TEETH</b>			
Removals, erupted teeth, uncomplicated			
71101	Single tooth	38.01	45.61
71109	Each additional tooth in same quadrant/sextant	19.00	22.81
<i><b>NOTE 2: For payment of the following surgical procedures (71201 to 72339) the claim must be accompanied by an explanation describing the acute condition necessitating the removal of each tooth and steps taken to remove each tooth. (Please see definition of codes in the 2012 ODA Schedule of Fees). The explanation may take the form of a note written on the "For dentist's use only" section of the claim form</b></i>			
Removal, erupted tooth, surgical approach (surgical flap and/or sectioning of tooth)			
71201	Single tooth	88.69	106.42
71209	Each additional tooth in same quadrant/sextant	44.35	53.21
<b>REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE</b>			
Removal, impaction requiring incision of soft tissue			
72111	Single tooth	88.69	106.42
72119	Each additional tooth in same quadrant/sextant	44.35	53.21
<b>REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE</b>			
Removal of impaction requiring soft tissue incision, flap and <b>EITHER</b> removal of bone and tooth <b>OR</b> sectioning and removal of tooth			
72211	Single tooth	133.03	159.64
72219	Each additional tooth in same quadrant/sextant	66.52	79.82
Removal of impaction requiring soft tissue incision, flap, removal of bone <b>AND</b> sectioning of tooth for removal			
72221	Single tooth	177.37	212.84
72229	Each additional tooth in same quadrant/sextant	88.69	106.42

<b>Code</b>	<b>Description</b>	<b>GP</b>	<b>Specialist</b>
<b>Removal of impaction requiring soft tissue incision, flap, removal of bone AND/OR sectioning of the tooth AND/OR presents unusual difficulties and circumstances</b>			
72231	Single tooth	202.71	243.25
72239	Each additional tooth in same quadrant/sextant	101.36	121.63
<b>REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS</b>			
<b>Removal of erupted residual roots</b>			
72311	First tooth	38.01	45.61
72319	Each additional tooth in same quadrant/sextant	19.00	22.81
<b>Removal of unerupted residual roots, soft tissue covered</b>			
72321	First tooth	76.02	91.22
72329	Each additional tooth in same quadrant/sextant	38.01	45.61
<b>Removal of unerupted residual roots, bone coverage</b>			
72331	First tooth	88.69	106.42
72339	Each additional tooth in same quadrant/sextant	44.35	53.21

<b>SURGICAL EXCISION, TUMORS, BENIGN</b>			
<b>Tumors, benign, scar tissue, inflammatory or congenital lesions of soft tissue of the oral cavity</b>			
74111	1 cm and under	133.03	159.64
74112	1 – 2 cm	144.07	172.89
74113	2 – 3 cm	155.11	186.13
74114	3 – 4 cm	166.15	199.38
74115	4 – 6 cm	177.19	212.63
74116	6 – 9 cm	188.23	225.88
74117	9 – 15 cm	188.23	225.88
74118	15 cm and over	199.28	239.13

<b>Code</b>	<b>Description</b>	<b>GP</b>	<b>Specialist</b>
<b>SURGICAL EXCISION, CYSTS/GRANULOMAS (BASED ON CYST SIZE)</b>			
Excision of cyst			
74631	1 cm and under	133.03	159.64
74632	1 – 2 cm	144.07	172.89
74633	2 – 3 cm	155.11	186.13
74634	3 – 4 cm	166.15	199.38
74635	4 – 6 cm	177.19	212.63
74636	6 – 9 cm	188.23	225.88
74637	9 – 15 cm	199.28	239.13
74638	15 cm and over	210.32	252.38
<b>SURGICAL INCISION AND DRAINAGE, SOFT TISSUE</b>			
75111	Surgical incision and drainage, soft tissue	38.01	45.61
<b>FRACTURES, REDUCTIONS, ALVEOLAR</b>			
Replantation, avulsed tooth/teeth (including splinting)			
76941	First tooth	88.69	106.42
76949	Each additional tooth	88.69	106.42

Code	Description		Specialist
<b>ANAESTHESIA, GENERAL</b>			
<p><b>These procedures may only be provided by exception, requiring prior approval.</b></p> <p>Limited to dentists qualified for this sedative/anaesthetic technique under the RCDSO Guidelines for Use of Sedation and General Anaesthesia in Dental Practice or the provision of these procedures by a qualified physician-anaesthetist.</p> <p>Coverage is limited to Oral &amp; Maxillofacial Surgeons, medical or dental anaesthesiologists.</p> <p>A physician or the referring dentist must recommend that the patient requires general anaesthesia/deep/IV-IM sedation in order to undergo treatment and state this on the referral to the specialist. The oral surgeon or anaesthesia specialist will include this statement along with the request for approval and a short description of the rationale for the anaesthesia.</p>			
<p><b>General Anaesthesia (<i>requires prior authorization</i>) limited to 8 units per course of treatment</b></p>			
92212	Two units of time		134.45
92213	Three units of time		171.27
92214	Four units of time		208.08
92215	Five units of time		244.90
92216	Six units of time		281.71
92217	Seven units of time		318.53
92218	Eight units of time		355.34
<p><b>Anaesthesia, Deep Sedation (<i>requires prior authorization</i>) limited to 8 units per course of treatment</b></p>			
92302	Two units of time		124.11
92303	Three units of time		160.93
92304	Four units of time		197.74
92305	Five units of time		234.56
92306	Six units of time		271.38
92307	Seven units of time		308.19
92308	Eight units of time		345.01



Code	Description		Specialist
<b>Parenteral Conscious Sedation (regardless of method – IM or IV) (requires prior authorization)</b> <i>limited to 8 units per course of treatment</i>			
92441	One unit of time		67.23
92442	Two units of time		96.12
92443	Three units of time		125.00
92444	Four units of time		153.89
92445	Five units of time		182.78
92446	Six units of time		211.66
92447	Seven units of time		240.56
92448	Eight units of time		269.44

**PARRY SOUND DISTRICT ONTARIO WORKS  
EMERGENCY DENTURE SERVICES (Age 18 and over)**

**Dentist Fee Schedule**

*May 2012*

Code	Description	Fee	Specialist
<b>Complete examination (01103) and additional x-rays (02114 – 02118) are for a comprehensive treatment plans in preparation for partial dentures. These codes must be preauthorized.</b>			
<b>DIAGNOSTIC</b>			
01103	Complete examination – permanent dentition (1 every 60 months) <b>(requires prior authorization – for partial dentures only)</b>	76.01	91.21

<b>RADIOGRAPHS – (additional codes require prior authorization – for partial dentures only)</b>			
02114	Four films - periapical <b>(requires prior authorization)</b>	22.52	27.02
02115	Five films - periapical <b>(requires prior authorization)</b>	27.02	32.42
02116	Six films - periapical <b>(requires prior authorization)</b>	30.42	36.50
02117	Seven films - periapical <b>(requires prior authorization)</b>	30.42	36.50
02118	Eight films - periapical <b>(requires prior authorization)</b>	30.42	36.50

Code	Description	Fee	Lab	Total
<b>DENTURE SERVICES ** All services require prior authorization **</b> Maximum fees and laboratory charges payable by Ontario Works are as listed in this schedule. Maximum coverage for services involving dentures is \$500.00 per denture or \$1,000.00 per set of dentures per patient				
<b>DENTURES, COMPLETE</b>				
<b>Dentures, Complete, Standard</b>				
51101	Maxillary + L			500.00
51102	Mandibular + L			500.00

<b>Dentures, Surgical, Standard (Immediate) - Relines will not be covered within 6 months of insertion</b> (including tissue conditioner, but does not include hard reline, but does include three months post insertion care)				
51301	Maxillary + L			500.00
51302	Mandibular + L			500.00

<b>PARTIAL DENTURE, ACRYLIC</b>				
<b>Dentures, Partial, Acrylic Base, (Transitional)</b> The terminology - temporary, provisional, thumb plate, flipper, spacer, is often used to describe a transitional partial denture. It is more commonly used to replace anterior teeth.				
52101	Maxillary + L	132.39	169.59	301.98
52102	Mandibular + L	132.39	179.99	312.38

Code	Description	Fee	Lab	Total
<b>PARTIAL DENTURE, ACRYLIC</b>				
<b>Dentures, Partial, Acrylic Base, (Immediate) - Relines will not be covered within 6 months of insertion</b>				
52111	Maxillary + L	152.76	225.77	378.53
52112	Mandibular + L	152.76	236.17	388.93
<b>Dentures, Partial, Acrylic, With Metal Wrought/Cast Clasps and/or Rests</b>				
52301	Maxillary + L	246.32	242.41	488.73
52302	Mandibular + L			500.00
<b>Dentures, Partial, Acrylic, With Metal Wrought/Cast Clasps and/or Rests, (Immediate) - Relines will not be covered within 6 months of insertion</b>				
52311	Maxillary + L			500.00
52312	Mandibular + L			500.00
<b>DENTURES, PARTIAL, FREE END, CAST WITH ACRYLIC BASE</b>				
<b>Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests</b>				
53101	Maxillary + L			500.00
53102	Mandibular + L			500.00
<b>Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests (Immediate) + 1<sup>st</sup> Tissue Conditioner - Relines will not be covered within 6 months of insertion</b>				
53111	Maxillary + L			500.00
53112	Mandibular + L			500.00
<b>DENTURES, PARTIAL, CAST WITH ACRYLIC BASE</b>				
<b>Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests</b>				
53201	Maxillary + L			500.00
53202	Mandibular + L			500.00
<b>Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests, (Immediate) - Relines will not be covered within 6 months of insertion</b>				
53211	Maxillary + L			500.00
53212	Mandibular + L			500.00

Code	Description	Fee	Lab	Total
<b>DENTURE REPAIRS/ADDITIONS (one repair or addition will be covered once per 12 month period, 1 year post insertion)</b>				
<b>Denture, Repair, Complete Denture, No Impression Required</b>				
55101	Maxillary + L	40.12	22.89	63.01
55102	Mandibular + L	40.12	22.89	63.01
<b>Denture, Repair, Complete Denture, Impression Required</b>				
55201	Maxillary + L	61.10	31.21	92.31
55202	Mandibular + L	61.10	31.21	92.31
<b>Denture, Repairs/Additions, Partial Denture, No Impression Required</b>				
55301	Maxillary + L	40.12	22.89	63.01
55302	Mandibular + L	40.12	22.89	63.01
<b>Denture, Repairs/Additions, Partial Denture, Impression Required</b>				
55401	Maxillary + L	122.21	31.21	153.42
55402	Mandibular + L	122.21	31.21	153.42
<b>DENTURE REBASING, RELINING, REMAKE (one reline will be covered every two years and for standard dentures relines will not be covered within 2 years post insertion) (one rebase or remake will be covered every 4 years and will not be covered within 4 years post insertion)</b>				
<b>Denture, Reline, Direct Complete Denture</b>				
56211	Maxillary			101.84
56212	Mandibular			101.84
<b>Denture, Reline, Direct Partial Denture</b>				
56221	Maxillary			101.84
56222	Mandibular			101.84
<b>Denture, Reline, Processed Complete Denture</b>				
56231	Maxillary + L	127.30	70.75	198.05
56232	Mandibular + L	127.30	78.03	205.33
<b>Denture, Reline, Processed Partial Denture</b>				
56241	Maxillary + L	127.30	78.03	205.33
56242	Mandibular + L	127.30	82.19	209.49

<b>Code</b>	<b>Description</b>	<b>Fee</b>	<b>Lab</b>	<b>Total</b>
<b>Denture, Rebase, Complete Denture</b>				
56311	Maxillary + L	132.39	88.43	220.82
56312	Mandibular + L	132.39	94.68	227.07
<b>Denture, Rebase, Partial Denture</b>				
56321	Maxillary + L	132.39	97.80	230.19
56322	Mandibular + L	132.39	105.08	237.47
<b>Denture, Remake, Using Existing Framework, Partial Denture</b>				
56411	Maxillary + L	173.12	97.80	270.92
56412	Mandibular + L	173.12	105.08	278.20