

**DOC Denture Services Fee Schedule**

**Effective July 1, 2023**

CDT	Description -	Allowed Amount
D5110	Complete denture - maxillary	\$ 1,160.64
D5120	Complete denture - mandibular	\$ 1,170.61
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) up to 4**	\$ 926.79
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) up to 4**	\$ 916.82
D5213	Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	\$ 1,195.09
D5214	Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	\$ 1,195.09
D5225	Maxillary partial denture; flexible	\$ 1,012.45
D5226	Mandibular partial denture; flexible	\$ 1,015.17
D5511	Repair broken complete denture base, mandibular	\$ 154.54
D5512	Repair broken complete denture base, maxillary	\$ 153.64
D5520	Replace missing/broken teeth - complete denture (each tooth)	\$ 128.25
D5611	Repair resin partial denture base, mandibular	\$ 145.48
D5612	Repair resin partial denture base, maxillary	\$ 145.02
D5630	Repair/replace broken clasp - per tooth	\$ 171.77
D5640	Replace broken teeth - per tooth	\$ 129.16
D5650	Add tooth to existing partial denture	\$ 146.38
D5660	Add clasp to existing partial denture - per tooth	\$ 171.31
D5710	Rebase complete maxillary denture	\$ 388.39
D5711	Rebase complete mandibular denture	\$ 382.95
D5750	Reline complete maxillary denture (laboaratory)	\$ 305.00
D5751	Reline complete mandibular denture (laboaratory)	\$ 305.46
D5760	Reline maxillary partial denture (laboratory)	\$ 300.02
D5761	Reline mandibular partial denture (laboratory)	\$ 300.02
D5820	Flipper-Denture partial maxillary	\$ 463.17
D5821	Flipper-Denture partial Mandibular	\$ 461.81
D5850	Tissue conditioning, maxillary	\$ 145.02
D5851	Tissue conditioning, mandibular	\$ 144.12
D7999	Unspecified oral surgery procedure, by report	BR
D9941	Fabrication of athletic mouthguard	\$ 175.39
D9942	Repair and/or reline of occlusal guard	\$ 157.71
D9944	occlusal guard - hard appliance (full arch)	\$ 371.62
D9945	occlusal guard - soft appliance (full arch)	\$ 340.81

*This fee schedules allowable amount is derived from calculating 55% of the published L&I rate in effect as of 1/1/2023.*

*Any CDT codes not on this schedule, are not authorized for payment*

\*By Report By report codes billed must be accompanied by additional documentation such as chart notes and/or vendors/manufacturers invoices

\*\*D7999 May be used to bill for the following:

\*\*Additional clasps (over 4) for resin dentures. A maximum of up to two additional clasps will be paid for without prior authorization.

\$35.00 per clasp

To receive payment for more than two additional clasps, you must obtain prior authorization from the Department and attach documentation of the number of clasps placed with your submitted claim.

\*Specialty soft re-line material. You must obtain a prior authorization for utilization of the specialty material and must attach documentation of the material used with your submitted claim.

\$100.00 Partial

DOC required onsite provider training must be invoiced separately

If you are unable to complete a denture due to unforeseen correctional circumstances; you may bill using the appropriate denture code and will be reimbursed for the percentage of completion of your work. You must provide documenataion as to the percentage of completion of the work and the correctional reason for the work not being able to be completed attached to your submitted claim