

DOC Denture Services Fee Schedule
Effective January 1, 2024

CDT	Description -	Allowed Amount
D5110	Complete denture - maxillary	1183.6
D5120	Complete denture - mandibular	1193.28
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) up to 4**	935.44
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) up to 4**	931.48
D5213	Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	1219.68
D5214	Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	1213.52
D5225	Maxillary partial denture; flexible	1034.44
D5226	Mandibular partial denture; flexible	1041.04
D5511	Repair broken complete denture base, mandibular	156.64
D5512	Repair broken complete denture base, maxillary	154.88
D5520	Replace missing/broken teeth - complete denture (each tooth)	132
D5611	Repair resin partial denture base, mandibular	143.88
D5612	Repair resin partial denture base, maxillary	147.4
D5630	Repair/replace broken clasp - per tooth	177.76
D5640	Replace broken teeth - per tooth	135.08
D5650	Add tooth to existing partial denture	155.76
D5660	Add clasp to existing partial denture - per tooth	179.52
D5710	Rebase complete maxillary denture	400.4
D5711	Rebase complete mandibular denture	394.68
D5750	Reline complete maxillary denture (laboaratory)	313.28
D5751	Reline complete mandibular denture (laboaratory)	315.48
D5760	Reline maxillary partial denture (laboratory)	308.44
D5761	Reline mandibular partial denture (laboratory)	308.44
D5820	Flipper-Denture partial maxillary	473.88
D5821	Flipper-Denture partial Mandibular	473.44
D5850	Tissue conditioning, maxillary	145.64

D5851	Tissue conditioning, mandibular	145.2
D7999	Unspecified oral surgery procedure, by report	402.6
D9941	Fabrication of athletic mouthguard	172.04
D9942	Repair and/or reline of occlusal guard	161.04
D9944	occlusal guard - hard appliance (full arch)	375.76
D9945	occlusal guard - soft appliance (full arch)	326.92

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

By report codes billed must be accompanied by additional documentation such

*By Report as chart notes and/or

vendors/manufacturers invoices

*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 documentation 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