

BRITISH COLUMBIA

Canadian Dental Care Plan (CDCP)

2024 Dental Benefit Grid

Denturists

- The coverage of dental services provided through the CDCP will be reimbursed in accordance with the terms and conditions of the Plan.
- Preauthorization is required for specific procedures identified in this document with a “P”, or procedures that are identified with Independent Consideration (I.C.). These services can be requested beginning in November 2024. Please review carefully before providing treatment.
- The CDCP will not consider a client’s existing complete denture (obtained outside of the CDCP) when determining frequency limits. This means that a new CDCP client could be eligible for a new complete denture even if they have an existing complete denture that was made and paid for outside the CDCP.
- The initial placement of a partial denture requires preauthorization; the replacement of a CDCP paid partial denture does not require preauthorization as long as it meets frequency limits. For further clarity, the initial placement of a partial denture must have been covered under the CDCP for a replacement to be covered without preauthorization.
- Please refer to the [CDCP Dental Benefits Guide](#) for further information on policies, guidelines and criteria of dental services eligible under the CDCP.

Laboratory Fees

- CDCP Dental Benefit Grid:

“L” designation under the Commercial Laboratory Fee column corresponds to laboratory fee expenses allowed for certain procedure codes (variable laboratory fees).

- Claiming:

When submitting claims for procedure codes which have laboratory fees eligible under the Plan, denturists must submit using procedure code (98888) – Laboratory Fee (excluding 71309, 71310, 71311, 71313, 71314, 71315, 71010, 72021 and 72022).

Reminder: Additional Repair Materials (ARM) procedure codes

- The additional repair materials (ARM) procedure codes (71309, 71310, 71311, 71313, 71314, 71315, 71010, 72021 and 72022) are assigned a fixed lab fee only and no professional fee.

They are to be used only in conjunction with, and in addition to, eligible regular repair procedure codes when appropriate.

- The regular repair procedure codes (36110, 36120, 46110, 46120, 36210, 36220, 46210, 46220, 46310 and 46320) have a frequency limitation of one (1) per prosthesis in any 12 month period. In situations where a repair code is not eligible due to frequency limitation being reached or the repair code being ineligible, the ARM code(s) is also not eligible.
- In order to avoid a claim rejection or delays in processing, please refer to the submission guidelines below when submitting a claim for ARM procedure codes:
 - a) All submissions for eligible repair codes associated with ARM code(s) that have only one (1) claim line per specific ARM code must be sent directly to Sun Life for payment, as they do not require a preauthorization (PA). The amount to be claimed must be submitted as a lab fee, not as a professional fee.
 - b) All submissions for eligible repair codes associated with ARM code(s) that have multiple claim lines for the same ARM code require preauthorization (PA).

Should you have any questions, please contact the Sun Life's CDCP Contact Centre at 1-888-888-8110 or consult the [CDCP Dental Benefits Guide](#) on the Government of Canada website for more information.

All procedures marked “P” have a preauthorization requirement and can be requested beginning in November 2024.

Examinations

- Denturists examinations will not count against the eligible maximum examinations allowable for a client.

General Oral Examination

- 1 in any 60 months

Code	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
10010	\$91.06			

Emergency/Specific Nature

- 1 in any 12 months

Code	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
10104	\$50.58			

Removable Prosthodontic Services

- The CDCP Removable Prosthodontic Policy must be met. Please refer to the [oral health provider](#) page on the Sun Life CDCP website or consult the [CDCP Dental Benefits Guide](#) on the Government of Canada website for more information on the CDCP dental policies.
- The fee for complete and partial dentures may include, if required, impressions, models and opposing models, bite registration, articulation, try-in, and insertion. The fee also includes a 3 month period of post-insertion care. Post-insertion care services may include denture additions, adjustments, modifications, repairs/repair materials, relines, rebases, reinforcements and tissue conditioning, depending on the type of denture.
- The fee for immediate dentures includes the tissue conditioner, but not the processed reline/rebase.
- Denture adjustments done on the same date of service and in conjunction with the delivery of new dentures, denture repairs, relines, rebases and/or tissue conditioning, are included in the fees billed and paid for these services.
- The overall cost of replacement for a denture may be adjusted in situations where claims for reline/rebase were paid within 3 months prior to the request.

Complete Dentures

- 1 per arch in any 96 months

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
31310	Standard - complete maxillary	\$858.50		\$425.00	
31320	Standard - complete mandibular	\$892.50		\$437.75	
31610	Overdenture - complete maxillary	\$1,109.25		\$548.25	P
31620	Overdenture - complete mandibular	\$1,134.75		\$565.25	P

Complete Dentures - Transitional

- 1 per arch per lifetime

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
31510	Transitional - complete maxillary	\$777.75		\$382.50	
31520	Transitional - complete mandibular	\$807.50		\$399.50	

Complete Dentures with Long Term Soft Liner

- 1 per arch in any 96 months

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
31112	Complete maxillary	\$1,134.75		\$565.25	P
31122	Complete mandibular	\$1,160.25		\$586.50	P

Complete Dentures, Immediate

- 1 per arch in any 96 months

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
31311	Standard - complete maxillary	\$1,109.25		\$544.00	P
31321	Standard - complete mandibular	\$1,134.75		\$561.00	P
31611	Overdenture - complete maxillary	\$1,130.50		\$565.25	P
31621	Overdenture - complete mandibular	\$1,160.25		\$579.52	P

Partial Dentures Cast Frame

- 1 per arch in any 96 months
- Preauthorization is required for the initial placement of a removable partial denture.
- Preauthorization is not required for the replacement of a removable partial denture, provided that the existing partial denture was covered by the CDCP and meets its frequency eligibility.

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
41114	Free End - Standard - partial maxillary	\$998.75	L	\$501.50	P
41124	Free End - Standard - partial mandibular	\$998.75	L	\$501.50	P
41254	Tooth Borne - Standard - partial maxillary	\$998.75	L	\$501.50	P
41264	Tooth Borne - Standard - partial mandibular	\$998.75	L	\$501.50	P
41145	Free End or Tooth Borne – Standard - partial maxillary	\$726.75	L	\$360.83	P
41146	Free End or Tooth Borne – Standard - partial mandibular	\$726.75	L	\$360.83	P

Partial Dentures Acrylic Base with Clasps

- 1 per arch in any 60 months
- Preauthorization is required for the initial placement of a removable partial denture.
- Preauthorization is not required for the replacement of a removable partial denture, provided that the existing partial denture was covered by the CDCP and meets its frequency eligibility.

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
41610	Standard - partial maxillary	\$998.75		\$501.50	P
41620	Standard - partial mandibular	\$998.75		\$501.50	P

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
41611	Immediate - partial maxillary	\$1,177.25		\$578.00	P
41621	Immediate - partial mandibular	\$1,177.25		\$578.00	P
41810	Overdenture - partial maxillary	\$705.50		\$340.00	P
41820	Overdenture - partial mandibular	\$705.50		\$340.00	P

Partial Dentures Acrylic Base without Clasps

- 1 per arch in any 60 months
- Preauthorization is required for the initial placement of a removable partial denture.
- Preauthorization is not required for the replacement of a removable partial denture, provided that the existing partial denture was covered by the CDCP and meets its frequency eligibility.

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
41612	Standard - partial maxillary	\$692.75		\$331.50	P
41622	Standard - partial mandibular	\$692.75		\$331.50	P
41613	Immediate - partial maxillary	\$709.75		\$344.25	P
41623	Immediate - partial mandibular	\$709.75		\$344.25	P

Partial Dentures, Transitional w/ and w/out Clasps

- 1 per arch in any 60 months
- Preauthorization is required for the initial placement of a removable partial denture.
- Preauthorization is not required for the replacement of a removable partial denture, provided that the existing partial denture was covered by the CDCP and meets its frequency eligibility.

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
41710	Transitional - partial maxillary	\$493.00		\$246.50	P
41720	Transitional - partial mandibular	\$493.00		\$246.50	P
41712	Transitional - partial maxillary	\$433.50		\$216.75	P
41722	Transitional - partial mandibular	\$433.50		\$216.75	P
41711	Transitional - partial maxillary	\$1,007.25		\$493.00	P
41721	Transitional - partial mandibular	\$1,007.25		\$493.00	P
41713	Transitional - partial maxillary	\$531.25		\$267.75	P
41723	Transitional - partial mandibular	\$531.25		\$267.75	P

Partial Dentures with Long Term Soft Liner

- 1 per arch in any 60 months
- Preauthorization is required for the initial placement of a removable partial denture.
- Preauthorization is not required for the replacement of a removable partial denture, provided that the existing partial denture was covered by the CDCP and meets its frequency eligibility.

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
41914	Partial maxillary	\$1,275.00		\$641.75	P
41924	Partial mandibular	\$1,275.00		\$641.75	P

Reline or Rebase

- 1 per prosthesis in any 24 months

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
32110	Lab Processed/Functional Impression - complete maxillary	\$244.08		\$131.75	
32120	Lab Processed/Functional Impression - complete mandibular	\$244.08		\$131.75	
42116	Lab Processed/Functional Impression - partial maxillary	\$244.08		\$131.75	
42126	Lab Processed/Functional Impression - partial mandibular	\$244.08		\$131.75	
32215	Self-polymerized/Lab Processed - complete maxillary	\$188.86		\$93.42	
32225	Self-polymerized/Lab Processed - complete mandibular	\$188.86		\$93.42	
42210	Self-polymerized/Lab Processed - partial maxillary	\$188.86		\$93.42	
42220	Self-polymerized/Lab Processed - partial mandibular	\$188.86		\$93.42	
32418	Chairside - complete maxillary	\$110.98		\$51.90	
32428	Chairside - complete mandibular	\$110.98		\$51.90	
42418	Chairside - partial maxillary	\$110.98		\$51.90	
42428	Chairside - partial mandibular	\$110.98		\$51.90	
32410	Light/Cured - complete maxillary	\$243.93		\$129.75	
32420	Light/Cured - complete mandibular	\$243.93		\$129.75	
42416	Light/Cured - partial maxillary	\$243.93		\$127.64	
42426	Light/Cured - partial mandibular	\$243.93		\$127.64	
33117	Lab Processed/Functional Impression - complete maxillary	\$297.15		\$153.87	
33127	Lab Processed/Functional Impression - complete mandibular	\$297.15		\$153.87	
43116	Lab Processed/Functional Impression - partial maxillary	\$297.15		\$153.87	
43126	Lab Processed/Functional Impression - partial mandibular	\$297.15		\$153.87	
33217	Self-polymerized/Lab Processed - complete maxillary	\$188.86		\$93.42	
33227	Self-polymerized/Lab Processed - complete mandibular	\$188.86		\$93.42	
43217	Self-polymerized/Lab Processed - partial maxillary	\$188.86		\$93.42	
43227	Self-polymerized/Lab Processed - partial mandibular	\$188.86		\$93.42	

Repairs and Additions

- 1 per prosthesis in any 12 months
- The fee for a complete denture repair solely to add teeth includes the cost of the first tooth.
- "L" is considered only for addition of a cast clasp.

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
36110	Without Impression - complete maxillary	\$80.75		\$62.28	
36120	Without Impression - complete mandibular	\$80.75		\$62.28	
46110	Without Impression - partial maxillary	\$80.75		\$62.28	
46120	Without Impression - partial mandibular	\$80.75		\$62.28	
36210	With Impression - complete maxillary	\$110.98		\$62.28	

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
36220	With Impression - complete mandibular	\$110.98		\$62.28	
46210	With Impression - partial maxillary	\$110.98		\$62.28	
46220	With Impression - partial mandibular	\$110.98		\$62.28	
46310	Addition of tooth or Clasp - partial maxillary	\$136.00	L	\$75.37	
46320	Addition of tooth or Clasp - partial mandibular	\$136.00	L	\$75.37	

Additional Repair Materials (ARM)

- To be used, when appropriate, only in addition to eligible regular repair procedure codes.
- All submissions for eligible repair codes associated with ARM code(s) that have multiple claim lines for the same ARM code require preauthorization (PA).

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
71010	Clasp – wrought (each)			\$60.94	
71309	Matrix – lab produced, no impression			\$30.86	
71310	Repair Model – lab produced, no impression			\$30.86	
71311	Opposing Model – impression required			\$60.94	
71313	New Tooth (each)			\$40.21	
71314	Multiple Fracture (per denture)			\$60.94	
71315	Addition – flange (per denture)			\$60.94	
72021	Wire Reinforcement - maxillary			\$72.70	
72022	Wire Reinforcement - mandibular			\$72.70	

Tissue Conditioning

- 1 per prosthesis in any 24 months

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
37110	Complete maxillary	\$153.00			
37120	Complete mandibular	\$153.00			
47110	Partial maxillary	\$153.00			
47120	Partial mandibular	\$153.00			

Adjustments

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
38110	Complete maxillary (per visit or unit of time)	\$50.26			
38120	Complete mandibular (per visit or unit of time)	\$50.26			
48110	Partial maxillary (per visit or unit of time)	\$50.26			
48120	Partial mandibular (per visit or unit of time)	\$50.26			

Adjunctive Services

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	PA
70150	Denture Identification			\$40.21	P
98888	Laboratory Fee	I.C.			P