

ONTARIO

Canadian Dental Care Plan (CDCP)

2026 Dental Benefit Grid

Denturists

- To be eligible for payment of services rendered, oral health providers must adhere to the [CDCP Claims Processing and Payment Terms](#).
- Preauthorization is required for specific procedures identified in this document with a “P”, or procedures that are identified with Independent Consideration (I.C.). 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, including criteria, guidelines, and limitations, under which the CDCP covers oral health care services for CDCP clients.

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 arch 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 preauthorization. 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.

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.

Examinations

- Examinations performed by denturists do not count against the maximum number of eligible annual examinations.

General Oral Examination

- 1 in any 60 months

Code	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
10010	\$139.94			

Emergency/Specific Nature

- 1 in any 12 months

Code	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
10104	\$68.90			

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 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 CDCP will not cover a new denture within 24 months of a reline or rebase.

Complete Dentures

- 1 per arch in any 96 months

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
31310	Standard - complete maxillary	\$736.63		\$429.16	
31320	Standard - complete mandibular	\$899.81		\$510.19	
31610	Overdenture - complete maxillary	\$778.40		\$467.20	P
31620	Overdenture - complete mandibular	\$900.80		\$540.00	P

Complete Dentures - Transitional

- 1 per arch per lifetime in combination with complete dentures, immediate

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
31510	Transitional - complete maxillary	\$331.08		\$220.43	
31520	Transitional - complete mandibular	\$404.56		\$270.57	

Complete Dentures with Long Term Soft Liner

- 1 per arch in any 96 months

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
31112	Complete maxillary	\$865.17		\$524.96	P
31122	Complete mandibular	\$989.80		\$597.05	P

Complete Dentures, Immediate

- 1 per arch per lifetime in combination with complete dentures, transitional

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
31311	Standard - complete maxillary	\$912.80		\$547.20	
31321	Standard - complete mandibular	\$1,034.40		\$620.80	
31511	Transitional - complete maxillary	\$683.40		\$410.55	
31521	Transitional - complete mandibular	\$704.65		\$422.45	
31611	Overdenture - complete maxillary	\$1,046.40		\$628.00	P
31621	Overdenture - complete mandibular	\$1,168.80		\$700.80	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 where the initial placement was paid for by the CDCP and meets its frequency eligibility.

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
41114	Free End - Standard - partial maxillary	\$835.91	L	\$482.74	P
41124	Free End - Standard - partial mandibular	\$876.77	L	\$505.86	P
41254	Tooth Borne - Standard - partial maxillary	\$805.54	L	\$463.06	P
41264	Tooth Borne - Standard - partial mandibular	\$844.29	L	\$485.56	P
41145	Free End or Tooth Borne – Standard - partial maxillary	\$600.29	L	\$400.20	P
41146	Free End or Tooth Borne – Standard - partial mandibular	\$633.64	L	\$422.43	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 where the initial placement was paid for by the CDCP and meets its frequency eligibility.

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
41610	Standard - partial maxillary	\$673.55		\$381.98	P
41620	Standard - partial mandibular	\$723.54		\$421.15	P
41611	Immediate - partial maxillary	\$842.40		\$504.80	P
41621	Immediate - partial mandibular	\$902.40		\$540.80	P
41810	Overdenture - partial maxillary	\$708.80		\$424.80	P
41820	Overdenture - partial mandibular	\$768.00		\$460.80	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 where the initial placement was paid for by the CDCP and meets its frequency eligibility.

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
41612	Standard - partial maxillary	\$563.56		\$319.64	P
41622	Standard - partial mandibular	\$592.89		\$335.67	P
41613	Immediate - partial maxillary	\$748.00		\$448.80	P
41623	Immediate - partial mandibular	\$772.80		\$464.00	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 where the initial placement was paid for by the CDCP and meets its frequency eligibility.

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
41710	Transitional - partial maxillary	\$439.95		\$250.62	P
41720	Transitional - partial mandibular	\$464.05		\$266.75	P
41712	Transitional - partial maxillary	\$368.72		\$208.35	P
41722	Transitional - partial mandibular	\$388.63		\$219.93	P
41711	Transitional - partial maxillary	\$643.20		\$386.40	P
41721	Transitional - partial mandibular	\$663.20		\$397.60	P
41713	Transitional - partial maxillary	\$581.60		\$348.80	P
41723	Transitional - partial mandibular	\$599.20		\$359.20	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 where the initial placement was paid for by the CDCP and meets its frequency eligibility.

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
41914	Partial maxillary	\$848.80		\$484.09	P
41924	Partial mandibular	\$883.20		\$501.89	P

Reline or Rebase

- 1 per arch in any 24 months

Reline, Lab Processed – Heat Cured

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
32110	Complete maxillary	\$202.17		\$118.42	
32120	Complete mandibular	\$217.24		\$127.33	
42116	Partial maxillary	\$217.24		\$127.33	
42126	Partial mandibular	\$234.07		\$136.23	

Reline, Lab Processed – Self-polymerized

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
32215	Complete maxillary	\$179.66		\$104.17	
32225	Complete mandibular	\$197.74		\$113.97	
42210	Partial maxillary	\$192.17		\$111.30	
42220	Partial mandibular	\$208.88		\$123.76	

Reline, Chairside - Acrylic

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
32418	Complete maxillary	\$156.08		\$95.70	
32428	Complete mandibular	\$165.51		\$100.44	
42418	Partial maxillary	\$163.41		\$99.03	
42428	Partial mandibular	\$172.84		\$107.27	

Reline, Chairside – Light Cured

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
32410	Complete maxillary	\$156.08		\$95.70	
32420	Complete mandibular	\$165.51		\$100.44	
42416	Partial maxillary	\$163.41		\$99.03	
42426	Partial mandibular	\$172.84		\$107.27	

Reline, Chairside – Long Term Soft Liner

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
32318	Complete maxillary	\$178.08		\$118.43	
32328	Complete mandibular	\$187.59		\$126.21	
42318	Partial maxillary	\$183.26		\$124.48	
42328	Partial mandibular	\$197.09		\$132.26	

Reline, Lab Processed – Long Term Soft Liner

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
32510	Complete maxillary	\$276.62		\$184.99	
32520	Complete mandibular	\$288.73		\$193.64	
42516	Partial maxillary	\$288.73		\$193.64	
42526	Partial mandibular	\$301.69		\$199.69	

Reline, Long Term Soft Liner

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
73008				\$196.23	

Rebase, Lab Processed – Heat Cured

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
33117	Complete maxillary	\$253.50		\$142.46	
33127	Complete mandibular	\$270.26		\$154.03	
43116	Partial maxillary	\$273.40		\$155.81	
43126	Partial mandibular	\$298.03		\$169.18	

Rebase, Lab Processed – Self-polymerized

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
33217	Complete maxillary	\$271.56		\$140.71	
33227	Complete mandibular	\$271.56		\$140.71	
43217	Partial maxillary	\$288.22		\$148.01	
43227	Partial mandibular	\$288.22		\$148.01	

Repairs and Additions

- 1 per arch 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	Preauthorization
36110	Without Impression - complete maxillary	\$60.80		\$40.07	
36120	Without Impression - complete mandibular	\$60.80		\$40.07	
46110	Without Impression - partial maxillary	\$60.80		\$40.07	
46120	Without Impression - partial mandibular	\$60.80		\$40.07	
36210	With Impression - complete maxillary	\$91.20		\$60.54	
36220	With Impression - complete mandibular	\$91.20		\$60.54	
46210	With Impression - partial maxillary	\$91.20		\$60.54	
46220	With Impression - partial mandibular	\$91.20		\$60.54	
46310	Addition of tooth or Clasp - partial maxillary	\$111.20	L	\$73.91	
46320	Addition of tooth or Clasp - partial mandibular	\$111.20	L	\$73.91	

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.

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
71010	Clasp – wrought (each)			\$54.47	
71309	Matrix – lab produced, no impression			\$27.18	
71310	Repair Model – lab produced, no impression			\$27.18	
71311	Opposing Model – impression required			\$79.24	
71313	New Tooth (each)			\$27.18	
71314	Multiple Fracture (per denture)			\$39.17	
71315	Addition – flange (per denture)			\$43.63	
72021	Wire Reinforcement - maxillary			\$76.47	
72022	Wire Reinforcement - mandibular			\$76.47	

Tissue Conditioning

- 1 per arch in any 24 months

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
37110	Complete maxillary	\$71.03			
37120	Complete mandibular	\$76.60			
47110	Partial maxillary	\$76.60			

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
47120	Partial mandibular	\$84.94			

Adjustments

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
38110	Complete maxillary (per visit or unit of time)	\$64.00			
38120	Complete mandibular (per visit or unit of time)	\$67.11			
48110	Partial maxillary (per visit or unit of time)	\$66.06			
48120	Partial mandibular (per visit or unit of time)	\$70.20			

Adjunctive Services

Code	Service	Fee	Commercial Laboratory Fee	In-house Laboratory Fee	Preauthorization
70150	Denture Identification			\$56.10	P
98888	Laboratory Fee	I.C.			P