



Yukon Dental Program

Schedule 2: Denturist Schedule



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Denturist Schedule

Within its limits, this service schedule aims to provide emergency and basic denturist services to eligible clients. These services are those required to relieve pain and infection, prevent disease, and restore chewing and social function.

Service Code	Description	Limit
Examinations		
10010	General Oral Examination	One in any 60 months
10104	Emergency/Specific Nature	One in any 12 months
Removable Prosthodontic Services		
<ul style="list-style-type: none"> For partial dentures, all basic treatment must be completed, including control of caries and periodontal disease for all teeth and restoration of major structural defects in the abutment teeth; abutment teeth should have adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1); the space to be replaced is greater than or equal to the corresponding natural teeth (vertically and horizontally). 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. 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 three months prior to the request. 		
Complete dentures (one or more completely edentulous arch)		
31310	Complete Maxillary - Standard	One per arch in any 96 months
31320	Complete Mandibular - Standard	
Complete denture(s) - immediate/surgical		
31311	Complete Maxillary - Standard - Immediate/Surgical	One per arch in any 96 months
31321	Complete Mandibular - Standard - Immediate/Surgical	
Partial denture(s) - cast frames with clasps and/or rests		
41114	Partial Maxillary - Standard - Free-End - Cast with Clasps and/or Rests	One per arch in any 96 months
41124	Partial Mandibular - Standard - Free-End - Cast with Clasps and/or Rests	
41254	Partial Maxillary - Standard - Toothborne - Cast with Clasps and/or Rests	
41264	Partial Mandibular - Standard - Toothborne - Cast with Clasps and/or Rests	
Partial denture(s) - reinforced		
41145	Partial Maxillary - Reinforced - Free-end or Toothborne	One per arch in any 96 months

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Service Code	Description	Limit
41146	Partial Mandibular - Reinforced - Free-end or Toothborne	
Partial denture(s) acrylic base with clasps and/or rests or resilient retainers		
41610	Partial Maxillary - Standard - Acrylic Base with Clasps and/or Rests or Resilient Retainers	One per arch in any 60 months
41620	Partial Mandibular - Standard - Acrylic Base with Clasps and/or Rests or Resilient Retainers	
41710	Partial Maxillary - Transitional - Acrylic Base with Clasps and/or Rests or Resilient Retainers	
41720	Partial Mandibular - Transitional - Acrylic Base with Clasps and/or Rests or Resilient Retainers	
Partial denture(s) acrylic base - no clasps		
41612	Partial Maxillary - Standard - Acrylic Base no Clasps	One per arch in any 60 months
41622	Partial Mandibular - Standard - Acrylic Base no Clasps	
41712	Partial Maxillary - Transitional - Acrylic Base no Clasps	
41722	Partial Mandibular - Transitional - Acrylic Base no Clasps	
Reline(s)		
32110	Complete Maxillary - Reline - Lab Processed - Heat Cured	One per prosthesis in any 24 months
32120	Complete Mandibular - Reline - Lab Processed - Heat Cured	
32215	Complete Maxillary - Reline - Lab Processed - Self-Polymerized	
32225	Complete Mandibular - Reline - Lab Processed - Self-Polymerized	
32410	Complete Maxillary - Reline - Chairside - Light Cured	
32420	Complete Mandibular - Reline - Chairside - Light Cured	
32418	Complete Maxillary - Reline - Chairside - Acrylic	
32428	Complete Mandibular - Reline - Chairside - Acrylic	
42116	Partial Maxillary - Reline - Lab Processed - Heat Cured	
42126	Partial Mandibular - Reline - Lab Processed - Heat Cured	
42210	Partial Maxillary - Reline - Lab Processed - Self-Polymerized	
42220	Partial Mandibular - Reline - Lab Processed - Heat Cured	
42416	Partial Maxillary - Reline - Chairside - Light Cured	
42426	Partial Mandibular - Reline - Chairside - Light Cured	
42418	Partial Maxillary - Reline - Chairside - Acrylic	
42428	Partial Mandibular - Reline - Chairside - Acrylic	
Rebase(s)		
33117	Complete Maxillary - Rebase - Lab Processed - Heat Cured	One per prosthesis in any 24 months
33127	Complete Mandibular - Rebase - Lab Processed - Heat Cured	



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Service Code	Description	Limit
33217	Complete Maxillary - Rebase - Lab Processed - Self-Polymerized	
33227	Complete Mandibular - Rebase - Lab Processed - Self-Polymerized	
43116	Partial Maxillary - Rebase - Lab Processed - Heat Cured	
43126	Partial Mandibular - Rebase - Lab Processed - Heat Cured	
43217	Partial Maxillary - Rebase - Lab Processed - Self-Polymerized	
43227	Partial Mandibular - Rebase - Lab Processed - Self-Polymerized	
Repair(s)		
36110	Complete Maxillary - Repair - No Impression	<ul style="list-style-type: none"> • One per prosthesis in any 12 months. • The fee for a complete denture repair solely to add teeth includes the cost of the first tooth.
36120	Complete Mandibular - Repair - No impression	
36210	Complete Maxillary - Repair - With Impression	
36220	Complete Mandibular - Repair - With Impression	
46110	Partial Maxillary - Repair - No Impression	
46120	Partial Mandibular - Repair - No Impression	
46210	Partial Maxillary - Repair - With Impression	
46220	Partial Mandibular - Repair - With Impression	
Addition to existing partial- (note to dentist - utilize appropriate 70,000 series codes if additional teeth and/or clasps are required)		
46310	Partial Maxillary - addition of tooth or an addition of one clasp	
46320	Partial Mandibular - addition of tooth or an addition of one clasp	
Tissue conditioning/temporary liner		
37110	Complete Maxillary - Tissue Conditioning/Temporary Liner - per visit	One per prosthesis in any 24 months
37120	Complete Mandibular - Tissue Conditioning/Temporary Liner - per visit	
47110	Partial Maxillary - Tissue Conditioning/Temporary Liner - per visit	
47120	Partial Mandibular - Tissue Conditioning/Temporary Liner - per visit	
Adjustment(s) (to be billed by 'per visit' or 'unit of time')		
38110	Complete Maxillary - Adjustment - per visit or per unit of time	
38120	Complete Mandibular - Adjustment - per visit or per unit of time	
48110	Partial Maxillary - Adjustment - per visit or per unit of time	
48120	Partial Mandibular - Adjustment - per visit or per unit of time	
Adjunctive services/ materials		
71010	Clasp - Wrought (each)	

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Service Code	Description	Limit
98888	Laboratory Fee	
Additional repair materials		
71309	Matrix - lab produced - no impression	
71310	Repair Model - lab produced - no impression	
71311	Opposing Model - impression required	
71313	New Tooth (each)	
71314	Multiple Fracture - per denture	
71315	Addition - Flange - per denture	
Reinforcements		
72021	Wire Reinforcement – Maxillary	
72022	Wire Reinforcement – Mandibular	

