

Guide for Dental Fees for General Dentists

January 2023

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ALBERTA DENTAL ASSOCIATION

Preamble

The fees listed herein are published to serve merely as a guide. No dentist receiving this list is under any obligation to accept the fees itemized. Any dentist who does not use all or any of these fees will in no way suffer in their relations with the Alberta Dental Association or any other body, group or committee affiliated with or under the control of the Alberta Dental Association.

A genuine suggested fee guide is one which is issued merely for professional information purposes without raising any intention or expectation whatsoever that the membership will adopt the guide for their practices.

Dentists have the right and freedom to use any dental codes that are included in the Alberta Uniform System of Coding and List of Services.

Dentists may use these fees to assist them in determining their own professional fees. A suggested protocol to follow in order to eliminate the possibility of patient misunderstandings regarding the fees for dental treatment is:

- a. Perform a thorough oral examination for the patient.
- b. Explain, carefully, the particular problems encountered in this patient's mouth.

 Describe your treatment plan and prognosis, in a manner, which the patient can fully understand. Assure yourself that the patient has understood the presentation.
- c. Present your fee for treatment, before the commencement of treatment.
- d. Arrange financial commitments in such a manner that the patient understands their obligation.
- e. If there is any question as to why this fee must be charged ... explain at this time.
- f. Describe, explain and note any conditions, which may require an additional fee.
- g. For the patient who requires a removable prosthetic service, two pertinent points must be emphasized:
 - 1. The length of time that adjustments will be provided, at no additional fee; and
 - 2. Whether or not the initial fee includes the cost of necessary relines.
- h. In all areas of treatment, the fee you charge should be based on the skill, judgment and experience, which you have attained, and on the degree to which these are applied in the treatment of your patient.

Message from the Canadian Dental Association

Your fee guide uses codes from the Uniform System of Coding and List of Services (USC&LS) which is published annually by the Canadian Dental Association. The USC&LS is a terminological standard that provides descriptions and codes to represent oral health services. Its two main uses are the production of fee guides and the exchange of information with insurance companies. The USC&LS is intended to remove, to the greatest extent possible, any ambiguity in the description of services. This can only be accomplished if the codes are used in a consistent fashion—by all users, at all times.

As dentists, you will mainly use the USC&LS to describe the services provided on claims you prepare for your insured patients. When you do so, it is important to remember that

The therapeutic value of a service is not a factor in the decision to include a description of a service in the USC&LS. Further, the description of a service in the USC&LS is not an endorsement or a certification of therapeutic value of that service by the Canadian Dental Association.

The descriptor of a service provided in the USC&LS is not intended to determine the standard at which the service should be delivered.

The descriptors of service provided in the USC&LS are not detailed enough to meet the record keeping requirements of provincial dental regulators.

Structure

The Uniform System of Coding and List of Services (USC&LS) is a terminological standard that provides descriptions and codes to represent oral health services. Its two main purposes are to support the production of fee guides and the processing of dental claims. It is intended to be used by dentists in Alberta and its service descriptors should be clear and unambiguous for this audience.

The USC&LS is a classification organized around 10 categories, each of which is subdivided into classes, sub-classes and general service titles to facilitate the identification of the appropriate code to represent a service.

The categories used for the organization of the classification are:

00000	Diagnostic
10000	Prevention
20000	Restoration
30000	Endodontics
40000	Periodontics
50000	Prosthodontics - removable
60000	Prosthodontics - fixed
70000	Oral maxillofacial surgery
80000	Orthodontics
90000	General Services

The fully specified descriptor of a code is made up of the descriptor of the service code plus

those of the general services title, sub-class and class the service is found under. The category of a code is not part of its fully specified descriptor. It is solely intended to guide the search for codes to represent specific services. This means that categories do not constrain the services a code can describe.

Also, the category does not limit the use of codes to certain specialties. For example, if the fully specified descriptor of a code in category 70000 Oral and Maxillofacial surgery matches the service to be described, that code can be used to describe a periodontal or an endodontic service. That code can equally be used by a general dentist, an oral surgeon, a periodontist, an endodontist or any other specialist. Except if specified otherwise all codes may be used by all dentists.

Units of time

Units of time referenced in certain descriptors are periods of 15 minutes or less. A half-unit of time, which is a period of 7 ½ minutes, is the smallest unit of time described by the USC&LS. Half units of time are not available for all services.

+L, +E and +PS

The mentions +L, +E and +PS are added to the descriptors of services whose cost involve an expense component that is too variable to allow for the determination of a usual and customary fee that includes them.

- The mention "+L" in the descriptor of a code means that associated lab costs are to be coded separately from the service itself.
- The mention "+E" in the descriptor of a code means that material expenses not already factored in the fee for that service are to be coded separately from the service itself
- The mention "+PS" in the descriptor of a code means that the professional fees charged to the dentist for the professional services of an additional provider(s) are to be coded separately from the service itself.

Codes for lab costs, material expenses and professional services are found in the 99000 class of codes.

I.C.

The letters "I.C." following a procedure code indicates a designation "Independent Consideration" and is utilized when the procedure involves complexities which are too variable to designate a specific fee.

Standards

Where the description of a service requires the designation of the tooth or teeth involved, the use of ISO 3950 is mandatory.

Oral Cavity								0	0							
Maxillary Area		01														
Quadrant					10							2	.0			
Sextant			03					C)4					05		
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Designation of				55	54	53	52	51	61	62	63	64	65			
teeth*				85	84	83	82	81	71	72	73	74	75			
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Sextant			08					C)7					06		
Quadrant					40							3	0			
Mandibular Area								()2							
	*	* Designation of teeth First digit: Digits 1 to 4 represent the quadrants of the permanent dentition and digits 5 to 8 represent the quadrants of the deciduous dentition, clockwise from the upper right side. Second digit: Teeth in the same quadrant are represented by the second digit from 1 to 8														

Coding Instructions

The USC&LS is intended to remove, to the greatest extent possible, any ambiguity in the description of services. This can only be accomplished if the codes are used in a consistent fashion-by all users, at all times.

Inclusions and exclusions

Codes provided by the USC&LS represent services. When a service is normally comprised of a set of distinct procedures, these procedures are included in the service code and should not be coded separately. For example, consider the use of anesthesia:

- Local anaesthesia is generally required for the provision of a restoration. It is a normal
 component of a restorative service and when administered to support the delivery of a
 restoration, it must not be coded separately.
- General anaesthesia is not generally required for the provision of restorative services. It is not a normal component of a restorative service and to give a full description of the services provided, it must be coded separately.
- Local anaesthesia delivered on its own, not in support of another service, must be represented using the appropriate code from sub-classification 92100 anaesthesia, local.

Selecting the appropriate service code

The codes in the USC&LS are sequences of five digits that indicate the placement of a service within its classification system

- Codes that end with a sequence of four zeros (X0000) are header codes used for the identification of a category of services
- Codes that end with a sequence of three zeros (XX000) are header codes used for the identification of a class within a category of services
- Codes that end with a sequence of two zeros (XXXO0) are header codes used for the identification of a sub-class of a class of services
- Codes that end with one zero (XXXXO) are header codes used for the identification of a general service title within a sub-class of services.
- Codes that end with a numeral other than 0 are service codes.

Codes ending in 0 are used for classification purposes only. They cannot be used for the representation of a service. Only codes ending in a digit other than 0 are service codes that can be used for the representation of services.

The fully specified descriptor of a service code includes the descriptor of the code, plus the descriptors of the general service title, sub-classification and classification the code falls under. For example, the fully specified descriptor of service code 04221 is

04000 Test/analysis/laboratory procedures/interpretation and/or report; 04200 Test/analysis, caries susceptibility/diagnosis; 04220 Non-ionizing scanning procedure to detect caries and capable of quantifying, monitoring and recording changes in enamel, dentin, and cementum, which includes diagnosis and interpretation of findings; 04221 One unit of time

The most important criteria for the identification of which code to use for the representation of a service is **factual accuracy.** Any misalignment between the service provided and the fully specified descriptor of a code means that the code cannot be used.

In cases where more than one code descriptor that accurately matches a service can be identified, the one that provides the best match must be used.

Even when there isn't a code that accurately represents a service, it is not acceptable to use a code where the full descriptor is not a match to the service. Conversely, the absence of a code that accurately describes a service doesn't prevent the billing of that service to the patient or the submission of a claim for its reimbursement by a dental plan. Claims for services that cannot be coded through the USC&LS cannot be sent with CDAnet™. However, they can be submitted on paper, ideally on the Standard Dental Claim Form, using the box labeled "FOR DENTIST USE ONLY - FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATION" to provide a text description of the service.

Any combination of codes is allowable providing it accurately describes the services being coded. The requirement is to use the smallest possible number of combined codes that provides an accurate description of a service.

Coding of restorations

Services that use direct restorative materials or single unit indirect restorations for the improvement of the form, function and aesthetics of teeth, without consideration for the cause of the need for improvement are coded in section 20000. The use of direct restorative materials or single unit indirect restorations for purposes other than those above cannot be represented by codes in Category 20000. For example, the addition of composite to a tooth to facilitate an orthodontic treatment is part of the description of the orthodontic treatment and must not be represented by codes in classification 23000.

The coding for many restorative services is done on a tooth by tooth basis and depends on the number of surfaces restored, with one material, at one appointment, not the number of discrete restorations placed on that tooth.

Units of time

Units of time referenced in the USC&LS are periods of 15 minutes or less. For services where half units of time are coded, a half unit of time is a period of 7 ½ minutes or less.

For services coded in terms of "units of times", the time spent on the provision of a service begins when the practitioner begins preparing themselves and the patient for its delivery and ends either when another service is initiated or when the patient is discharged from the operatory. Treatment time does not include the time spent setting up or breaking down the operatory nor does it include the time spent on administrative tasks such as billing and scheduling the next appointment. Total time units do not equal time on tooth with an instrument as services directly related to the provision of the main service are included.

A unit of time, either half or full as appropriate, is added to the total number of units used as soon as the delivery of the service extends into the next unit of time. For example, a service where a code for half- units of time is not available that takes between 1 and 15 minutes to deliver should be recorded as one unit of time. One that takes between 16 and 30 minutes as two units of time. Services for which a code representing a half-unit of time is available should be recorded as the number of full units used plus one half-unit if the overage is up to 7 ½ minutes or the number of full units used if the overage is more than 7 ½ minutes. For example, if a service, for which for which a code representing a half-unit of time is available, took 17 minutes to deliver, it should be coded as one full unit and one half-unit. If the same service took 24 minutes, it would be coded as two full units.

It is important to recognize that "appointment time" is not the same as "treatment time"." Appointment time" maybe less than the time represented by the total of the units of time reported for that appointment.

+L, +E and +PS

Services whose descriptor involve the mentions +L, +E or +PS separate the dentist fee from an expense component that is passed through to the patient. The representation of these services requires the use of two codes, one for the service itself and one for the expense that is passed through to the patient.

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2023 Uniform System of Coding and List of Services Changed from 2022

Code	Change Type	Code Description	Change Made
32240	New	Pulpotomy, Permanent Teeth, concurrent with restoration (but excluding final restoration)	
32241	New	Anterior and bicuspid teeth	
32242	New	Molar Teeth	
42410	Edit	Flap Approach, with Osteoplasty/Ostectomy	Changed to: Flap Approach with Osteoplasty and/or Ostectomy
42430	Edit	Flap Approach, with Curettage of Osseous Defect and Osteoplasty	Changed to: Flap Approach, with Curettage of Osseous Defect with Osteoplasty and/or Ostectomy
91200	Edit	UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES (Note: If the service affected is anaesthesia, code series 92000, and the unusual time and responsibility is the result of a patient BMI of 35 or above, refer to code series 92900.)	Changed to: UNCLASSIFIED TREATMENTS, UNUSUAL TIME AND RESPONSIBILITIES (Note: If the service affected is anaesthesia, Service Class 92000, and the unusual time and responsibility is the result of a patient BMI of 35 or above, refer to Service Sub-class 92900.)
92210	Edit	General Anaesthesia	Addition of "+ PS"
92300	Edit	ANAESTHESIA, DEEP SEDATION	Addition of "+ PS"
92400	Edit	ANAESTHESIA, CONSCIOUS SEDATION	Addition of "+ PS"
94302	Edit	Office or institutional visit, after regular scheduled office hours (in addition to services performed).	Changed to: Office (of another professional) or institutional visit, outside regular scheduled office hours (in addition to services performed).
96104	New	Prescription, vaccine	
96500	New	Vaccine administration	

	2023 Uniform System of Coding and List of Services Changed from 2022											
96501	New	Vaccine injection +E										
96502	New	Vaccine, administered by other routes (e.g. nasal/oral) +E										
98300	New	Vaccine/Vaccination Consultation, with patient (includes analysis of medical status, indications and contraindications, and the risks and benefits)										
98301	New	One unit of time										
98302	New	Two units of time										
98309	New	Each additional unit of time										

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			Alberta Dental Association	
			Guide for Dental Fees for General Dentists	
			January 2023	
00000			DIAGNOSTIC	
01000			EXAMINATION AND DIAGNOSIS, CLINICAL ORAL	
01010			FIRST DENTAL VISIT/ORIENTATION	
		01011	Oral assessment for patients up to the age of 3 years inclusive. Assessment to include: Medical history, familial dental history; dietary/feeding practices; oral habits; oral hygiene; fluoride exposure. Anticipatory guidance with parent/guardian	81.82
01100			EXAMINATIONS, AND DIAGNOSIS COMPLETE ORAL, to include:	
	(a)		History, Medical and Dental.	
	(b)		Clinical Examination and Diagnosis of Hard and Soft tissues, including the following as necessary: Carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality test/analysis, where necessary and any other pertinent factors;	
	(c)		Radiographs extra, as required.	
		01101	Examination and Diagnosis, Complete, Primary Dentition, to include:	81.82
		(a)	Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	
		01102	Examination and Diagnosis, Complete, Mixed Dentition, to include:	111.51
		(a)	Extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	111.51
		(b)	Eruption sequence, tooth size - jaw size assessment.	
		04400	Survivation and Discountin Countries Describing to include	116.66
		01103 (a)	Examination and Diagnosis, Complete, Permanent Dentition, to include: Extended examination on permanent dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	116.66
01200			EXAMINATIONS AND DIAGNOSIS, LIMITED ORAL	
		01201	Examination and Diagnosis, Limited, Oral, New Patient. Examination and diagnosis of hard and soft tissues, including checking of occlusion and appliances, but not including specific test/ analysis as for 01100. (May include PSR)	86.63
		01202	Examination and diagnosis, Limited oral, Previous Patient (recall). Examination of hard and soft tissues, including checking of occlusion and appliances, but not including specific tests, as for 01100.	73.85
		01204	Examination and Diagnosis, Specific Examination and evaluation of a specific situation in a localized area. Not to be used as a substitute for limited exam codes (01201, 01202)	73.85
			See and an analysis of minimal court of the property of the pr	
		01205	Examination and Diagnosis, Emergency. Examination and Diagnosis for the investigation of discomfort and/or infection in a localized area. Not to be used as a substitute for limited exam codes (01201, 01202).	73.85
	 	01200	Analysis Miyad Dantitian	02.66
		01206	Analysis, Mixed Dentition	92.69
01300			EXAMINATIONS AND DIAGNOSIS, STOMATOGNATHIC, DYSFUNCTIONAL	
		01301	Examination and Diagnosis, Stomatognathic Dysfunctional, Comprehensive, to include:	310.60
			The state of the s	 320.00

	(-)	History Madical Daniel Dair/Dufurstics		
	(a) (b)	History, Medical, Dental, Pain/Dysfunction		
	(D)	Clinical examination to include, general appraisal, examination of head and neck, musculoskeletal		
		system (static and functional); intraoral examination of hard and soft tissues, including occlusal analysis; consultation with other health care professionals, review of previous records, including		
		radiographs, ordering of appropriate test/analysis and consultations.		
		radiographs, ordering or appropriate test/analysis and consultations.		
	01302	Examination and Diagnosis, Stomatognathic Dysfunctional, Limited		94.36
	01302	Examination and Diagnosis, Stomatognatific Dysfunctional, Limited		34.30
01400		EXAMINATIONS AND DIAGNOSIS, ORAL PATHOLOGY		
	01401	Examination and Diagnosis, Oral Pathology, General, to include:		188.71
	(a) (b)	Initial consultation with referring dentist or physician, History, Medical and Dental,		
	(c)	Clinical examination including in-depth analysis of medical status,		
	(d)	Diagnosis, prognosis and formulation of a treatment plan.		
	(u)	biognosis, prognosis and formulation of a decarment plan.		
	01402	Examination and Diagnosis, Oral Pathology, Specific (or repeat examination within 90 days for the		94.36
		same illness).		
01500		EXAMINATION AND DIAGNOSIS, PERIODONTAL		
01500		Environment And Directions, I Enrodottine		
	01501	Examination and Diagnosis, Periodontal, General Recording History, Charting, Treatment Planning and		236.91
		Case Presentation:		
	(a)	History, Medical and Dental		
	(b)	Clinical Examination includes evaluation of topography of the gingiva and related structures; degree of		
		gingival inflammation; location, extent, sulcular depth; furcation involvement, mobility of teeth; tooth		
		contact relationships; evaluation of occlusion; TMJ; examination of oral soft tissue pathosis; evaluation of the existing restorative and/or prosthetic appliances; caries and pulpal vitality.		
		of the existing restorative and/or prostrictic appliances, caries and pulpar vitality.		
	21-22			.=. ==
	01502	Examination and Diagnosis, Periodontal, Limited (previous patient)		171.59
	01503	Examination and Diagnosis, Periodontal, Specific		171.59
01600		EXAMINATIONS AND DIAGNOSIS, SURGICAL		
	01601	Examination and Diagnosis, Surgical, General		188.72
	(a)	History, Medical and Dental		
	(b)	Clinical Examination as above, may include in-depth analysis of medical status, medication, anaesthetic		
		and surgical risk, initial consultation with referring dentist or physician, parent or guardian, evaluation		
		of source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors, TMJ, or where the patient is to be admitted to hospital for dental procedures.		
		where the patient is to be duffitted to hospital for defital procedures.		
	01602	Examination and Diagnosis, Surgical, Specific		113.12
01700		EXAMINATIONS AND DIAGNOSIS, PROSTHODONTIC		
	01701	Examination and Diagnosis, Prosthodontic, Edentulous		128.69
	(a)	Extended Examination of the Edentulous Mouth, including detailed Medical and Dental History (incl.		
		prosthetic history), visual and digital examination of the oral structures, head and neck (incl. TMJ), lips,		
		oral mucosa, tongue, oral pharynx, salivary glands and lymph nodes, and including evaluation for		
		implant-supported or retained prosthesis.		
	01702	Examination and Diagnosis, Prosthodontic, Specific		86.94
	01703	Examination and Diagnosis, Prosthodontic, Fixed Oral Rehabilitation, to include:		353.56
	(a)	History, Medical and Dental		333.30
	(b)	Clinical Examination of Hard and Soft Tissues, including carious lesions, missing teeth, determination	+	
	· \~ /	of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships,		
		occlusion of teeth, TMJ, pulp vitality test/analysis, where necessary and any other pertinent factors.		
	(c)	Evaluation of specific sites for implant-supported or retained prosthesis;		
	(c) (d)			
01800		Evaluation of specific sites for implant-supported or retained prosthesis;		

		01801	Examination and Diagnosis, Endodontic, Complete Endodontic examination and/or complicated diagnosis. Recording history, charting treatment planning and case history. Includes the following:		189.86
		(a)	History, Medical and Dental		
		(b)	Clinical Examination and Diagnosis may include vitality test/analysis, thermal test/analysis, cracked		
		(- ,	tooth test/analysis, occlusal exams, percussion, palpation, transillumination, anaesthetic test/analysis		
			and mobility test/analysis.		
		01802	Examination and Diagnosis, Endodontic, Specific Endodontic examination and evaluation of a specific		118.50
	-	-	situation in a localized area and vitality tests/analysis.		
01900	_		EXAMINATION AND DIAGNOSIS, ORTHODONTIC		
01900			EXAMINATION AND DIAGNOSIS, ORTHODONTIC		
		01901	Examination and Diagnosis, Orthodontic, General. To include:		487.54
		(a)	Diagnostic models, complete intraoral radiograph series, or panoramic film, cephalograms, facial and	+L	407.54
		(α)	intraoral photographs, consultation and case presentation.	. <u></u>	
		01902	Examination and Diagnosis, Orthodontic, Specific		97.81
02000			RADIOGRAPHS (including radiographic examination and diagnosis and interpretation)		
				<u> </u>	
02100			RADIOGRAPHS, REGIONAL/LOCALIZED		
		02101	Radiographs, Complete Series (minimum of 12 images incl. bitewings)		228.54
		02402	De die mande Consolate Cories (acistimum of 4C incores in d. bitantian)		220.54
		02102	Radiographs, Complete Series (minimum of 16 images incl. bitewings)		228.54
	02110		Radiographs, Periapical		
	02110		Radiographs, Periapical		
		02111	Single image		34.26
		02111	Two images		54.60
		02113	Three images		77.48
		02114	Four images		100.36
		02115	Five images		115.38
		02116	Six images		138.16
		02117	Seven images		162.64
		02118	Eight images		184.66
		02119	Nine images		206.68
		02120	Ten images - The assignment to this service of a code ending in 0 is not aligned to the coding rules for the USC&LS. 02120 is nonetheless the appropriate code for the representation of this service		217.77
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	02130		Radiographs, Occlusal		
	-		- Table College		
		02131	Single image		57.04
		02132	Two images		79.92
		02133	Three images		102.80
		02134	Four images		125.67
	02140		Radiographs, Bitewing		
	1				
	1	02141	Single image		34.26
		02142	Two images		54.60
	1	02143	Three images		77.48
	+	02144	Four images		100.36
		02145 02146	Five images		115.38
		02140	Six images		138.16
02300			RADIOGRAPHS, POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE		
		02301	Single image		85.64
		02302	Two images		142.79
		02303	Three images		199.97
		02304	Sinus Examination and Diagnosis - Minimum four images identified as: 1) Waters 2) Caldwell 3) Lateral Skull 4) Basal		257.11
	1	02309	Each additional image over four	I	56.59

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02400			RADIOGRAPHS, SIALOGRAPHY		+
		†		1	+
		02401	Single image		85.66
		02402	Two images		142.79
		02409	Each additional image over two		56.59
	2244			<u> </u>	
	02410		Radiopaque Dyes, Use of, To Demonstrate Lesions	 	_
		02411	One unit of time		I.C.
		02411	Two units of time	1	I.C.
		02419	Each additional unit over two		I.C.
					1
02500			RADIOGRAPHS, TEMPOROMANDIBULAR JOINT		
		02501	Single image		85.64
		02502	Two images		142.79
		02503	Three images		199.97
	-	02504	Four images (minimum examination and diagnosis closed and open each side)	<u> </u>	257.11
		02509	Each additional image over four	 	56.59
	02510		Arthrography of Temporo-mandibular joint	 	+
	02310	+		 	+
		02511	Performing the Arthrographic Procedure	†	283.08
	02520		Interpretation of the Arthrogram		
		02521	One unit of time		85.79
		02529	Each additional unit of time		85.79
					4
02600	-	 	RADIOGRAPHS, PANORAMIC	 	_
		02601	Cinale image		101.53
		02601	Single image		101.53
02700		+	RADIOGRAPHS, CEPHALOMETRIC	1	+
		1		1	1
		02701	Single image		136.65
		02702	Two images		214.26
	02750		Radiographs, Cephalometric, Tracing and Interpretation		_
		02751	One unit of time	ļ	94.36
		02752	Two units	 	188.72
		02759	Each additional unit over two	-	94.36
02800		1	RADIOGRAPHS, COMPUTERIZED AXIAL TOMOGRAMS (CT), POSITRON EMISSION TOMOGRAPHY		+
02000			(P.E.T), MAGNETIC RESONANCE IMAGES (M.R.I) INTERPRETATION (either the radiographs, CT scans,		
			PET scans, MRI scans, or the interpretation must be received from another source)		
					_
				 	1
		02801	One unit of time	+PS	105.01
		02802	Two units	+PS	210.02
	+	02809	Each additional unit over two	+PS	105.01
02900		1	RADIOGRAPHS, OTHER	 	+
32300	+	+		†	+
	02910	1	Radiographs, Duplications	1	1
		02911	Single image		6.51
_		02912	Two images		12.93
		02913	Three images		19.39
		02914	Four images	<u> </u>	25.86
		02915	Five images	<u> </u>	32.32
	1	02916	Six images	<u> </u>	38.78
	-	000	Contract to the contract to th		
		02917 02918	Seven images Eight images		45.27 50.11

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	02020	+	Buddania ka Tanananaka		
	02930		Radiographs, Tomography		ļ
		00004			126.65
		02931	Single view		136.65
		02932	Two views		214.33
		02933	Three views		288.12
		02934	Four views		357.07
		02939	Each additional view over four		56.59
	02940		Radiographs, Hand and Wrist		
		02941	Radiographs, Hand and Wrist (as a diagnostic aid for dental treatment) per case		136.65
	02950		Radiographic Guide,		
			(includes diagnostic wax-up, with radio-opaque markers for pre-surgical assessment of alveolar bone and vital structures as potential osseo-integrated implant site(s))		
		02951	Maxillary Guide	+L +E	I.C.
		02952	Mandibular	+L +E	I.C.
03000			TEMPLATE, SURGICAL (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants)		
		03001	Maxillary Template	+L +E	85.79
		03002	Mandibular Template	+L +E	85.79
04000			TEST/ANALYSIS/LABORATORY PROCEDURES/INTERPRETATION AND/OR REPORTS		
	04100		Test/Analysis, Microbiological (technical procedure only)		
		04101	Microbiological Test/Analysis for the Determination of Pathological Agents	+L	81.50
	04200		Test/Analysis, Caries Susceptibility/Diagnosis		
		04201	Bacteriological Test/Analysis for the Determination of Dental Caries Susceptibility (technical procedure	+L	81.50
			only)		
	04220		Non-ionizing scanning procedure to detect caries and capable of quantifying, monitoring and recording		
			changes in enamel, dentin, and cementum, which includes diagnosis and interpretation of findings.		
	+	+			
	+	04224	One unit of time		24.26
		04221	One half unit of time		34.26
		04227	One hall unit of time		17.13
		-			
04300		-	TEST/ANALYSIS, HISTOPATHOLOGICAL (technical procedure only)		
	04240		Total Annabada Ulatarratha badad Cafe Thomas		
	04310		Test/Analysis, Histopathological, Soft Tissue		
		04244	Rioney Coft Oral Tissue, by Duneture	.1	04.30
		04311	Biopsy, Soft Oral Tissue - by Puncture	+L	94.36
		04312	Biopsy, Soft Oral Tissue - by Incision Biopsy, Soft Oral Tissue - by Aspiration	+L	94.36
		04313	Biopsy, soft Oral rissue - by Aspiration	+L	94.36
	04220		Total Annalysis I Habana albaha stadi Hamil Thomas		
	04320	-	Test/Analysis, Histopathological, Hard Tissue		
	-	04221	Biopsy, Hard Oral Tissue - by Puncture	+L	1.0
	-	04321 04322	Biopsy, Hard Oral Tissue - by Puncture Biopsy, Hard Oral Tissue - by Incision	+L +L	I.C.
		04322	, ,,,		
		U43Z3	Biopsy, Hard Oral Tissue - by Aspiration	+L	I.C.
04400	+	+	TEST/ANALYSIS, CYTOLOGICAL (technical procedure only)		
04400		-	rest/ANALTSIS, CTTOLOGICAL (Lectinical procedure only)		
	+	04401	Cytological Smear from the Oral Cavity	+L+E	01 50
	-	_	. •		81.50
		04402	Vital Staining of Oral Mucosal Tissues	+E	81.50
04500			TECTS / ANALYSIS DIJLD VITALITY AND INTERPRETATION		
04500		+	TESTS/ANALYSIS, PULP VITALITY AND INTERPRETATION		
	+	04504	One with a filter		04.50
		04501	One unit of time		81.50
	-	04509	Each additional unit		81.50
					<u> </u>

		_			
04600			INTERPRETATION AND/OR REPORTS, LABORATORY		
		04601	Interpretation and/or Report, Microbiological by Oral Microbiologist	+L	81.49
				to	244.54
		04602	Interpretation and/or Report, Histopathological by Oral Pathologist or Microbiologist	+L	94.36
				to	283.08
		04603	Interpretation and/or Report, Cytological by Oral Pathologist	+L	81.50
		04604	Reports, Other		I.C.
04700			SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY)		
	04710		Equilibration, Casts Diagnostic (Pilot Equilibration) For Extensive Or Complicated Restorative Dentistry		
		04711	One unit of time	+L	85.80
	1	04712	Two units	+L	171.60
		04713	Three units	+L	257.40
	-	04714	Four units	+L	343.20
		04719	Each additional unit over four	+L	85.80
		04713	Eddin daditional diffe over road		03.00
	04720		Wax-up, Diagnostic (To Evaluate Cosmetic And/Or Preparation Design And/Or Occlusal Considerations) (Gnathological Wax-up)		
	1	04721	One unit of time	+L	85.80
		04722	Two units	+L	171.60
		04723	Three units	+L	257.40
		04724	Four units	+L	343.20
-		04729	Each additional unit over four	+L	85.80
	04720		Sulit Cost Mounting Diagnostic		
	04730		Split Cast Mounting, Diagnostic		
		04731	One unit of time	+L	85.80
		04732	Two units	+L	171.60
		04732	Three units	+L	257.40
		04734	Four units	+L	343.20
		04734	Each additional unit over four	+L	85.80
	04740		Interpretation of Diagnostic Casts		
		04741	One unit of time		82.64
		04749	Each additional unit		82.64
04800			VISUAL IMAGING, DIAGNOSTIC		
	24242				
	04810		Photographs, diagnotic (technical procedure only)		
		04811	Single photograph		19.55
		04812	Two photos		37.05
		04813	Three photos		55.58
		04819	Each additional photo over three		19.55
04900			CASTS, DIAGNOSTIC (technical procedure only)		
	04910	-	Cast, Diagnostic, Unmounted		
		04911	Cast, Diagnostic, Unmounted	+L	91.84
	+	04911	Cast, Diagnostic, Unmounted Cast, Diagnostic, Unmounted, Duplicate	+L	40.75
		04912	Casts, Diagnostic, Unmounted, Duplicate Casts, Diagnostic, Unmounted, Upper and Lower Combined	+L	192.91
		04913	Casts, Diagnostic, Offinounted, Opper and Lower Combined	TL	192.91
	04920		Casts, Diagnostic, Mounted		
		04921	Casts, Diagnostic, Mounted	+L	144.11
		04922	Casts, Diagnostic, Mounted Casts, Diagnostic, Mounted, using face bow transfer	+L	191.76
	1	04923	Casts, Diagnostic, Mounted, using face bow transfer Casts, Diagnostic, Mounted, using face bow and occlusal records	+L	378.69
		04924	Casts, Diagnostic, Mounted, using face bow and occuss records Casts, Diagnostic, Mounted using fully adjustable articulator (used with 04941 and 04942)	+L	1.C.
	I			1	I
	_				

	04930		Casts, Diagnostic, Orthodontic		1
		04931	Casts, Diagnostic, Orthodontic (unmounted, angle trimmed and soaped)	+L	163.02
				<u> </u>	
	04940		Casts, Diagnostic, Miscellaneous Procedures	<u> </u>	
		04041	Transverse Avia Lagation and Transfer used in positive time with 04022 04022 and 04024		1.6
		04941	Transverse Axis Location and Transfer, used in conjunction with 04922, 04923, and 04924	+L	I.C.
		04942	Three Dimensional Recordings of Patient's Dynamic Movements for Programming of Fully Adjustable	+L	I.C.
			Articulators		
		04943	Custom Incisal Guide Table	+L	I.C.
	-			<u> </u>	_
05000			CASE PRESENTATION/TREATMENT PLANNING	 	-
05100			TREATMENT PLANNING		
			(This service is only for extra time spent on unusually complicated cases or where the patient demands		-
			unusual time in explanation or where diagnostic material is received from another source. Usual case		
			presentation time and usual treatment planning time are implicit in the examination fee and diagnosis		
			fee in the radiographic interpretation fee.)		
		05101	One unit of time		85.80
		05102	Two units	<u> </u>	171.60
		05103	Three units		257.40
		05104	Four units		343.20
		05109	Each additional unit over four		85.80
05200			CONSULTATION, with patient	 	-
03200			Consolitation, with patient		
	1	05201	One unit of time	<u> </u>	89.24
		05202	Two units		178.48
		05209	Each additional unit over two		89.24
07000			RADIOGRAPHS, CONE BEAM COMPUTERIZED TOMOGRAPHY (CBCT)		
	07010		Radiographs, CBCT, Acquisition	\vdash	+
	07010		radiographs, edet, Acquistion		
		07011	Small field of view (e.g. sextant or part of; isolated temporomandibular joint)		114.20
		07012	Large field of view (1 arch)		136.65
		07013	Large field of view (2 arches)		214.33
	07020		Radiographs, CBCT, Image Processing	<u> </u>	
	-	07024	One with a faller	<u> </u>	1.6
	+	07021 07022	One unit of time Two units	──	I.C.
	1	07022	One half unit of time	 	I.C.
		07029	Each additional unit over two		I.C.
	07030		Radiographs, CBCT, Interpretation		
	1			Ь——	
	1	07031	One unit of time	 	94.36
	+	07032 07037	Two units of time One half unit of time	├──	188.72 47.18
	+	07037	Each additional unit over two	 	94.36
		07033	Lacii additional dint over two	 	94.30
	07040		Radiographs, CBCT, Acquisition, Processing and Interpretation	t	†
			· ·		
		07041	Small field of view (sextant or part of; isolated temporomandibular joint)		208.56
		07042	Large field of view (1 arch)		231.00
		07043	Large field of view (2 arches)		308.68
	1			├	
08000			REMOTE ASSESSMENT	<u> </u>	

utilining a remote dentistry platform. The code includes verifying patient identity, informed consent, review of medical and chincal history, assessment of the clinical statusion, internif algosoids, remote management (e.g.: calling in a prescription, appropriate referral etc.), appropriate occumentation and subsequent follow up calls. **Use of this code series will only be authorized for the use of remote dentistry during the Cowd-19 Pandemic and State of Public Health Emergency in Alberta, and its use will not be authorized in any other setting or circumstances **Description** **DOUSHING** *		ı		1		1
review of medical and clinical history, sessement of the clinical situation, interim diagnosis, remote management (e.g. calling a perscription, appropriate derivate (h.g. parties) and subsequent folious up calls. **Use of this code series will only be authorized for the use of remote denistry during the Covid-19 Pandemic and State of Public Health imergency in Alberta, and its use will not be authorized in any other setting or crounstances **O6010** **Of chief complaint** **O6010** **Of chief complaint** **O6010** **Of chief complaint** **D6010** **Of chief complaint** **D6010** **Of chief complaint** **D6010** **Of chief complaint** **Incomplaint** **Incomplaint				• Codes in the 08010 series: May be used for consultations with patients exceeding 7.5 minutes,		
management e.g. c. calling in a prescription, appropriate referral rt.C., appropriate documentation and subsequent follow pocalism. - Use of this code series will only be authorized for the use of remote dentistry during the Covid-19 Panderine and State of Public Health Emergency in Alberra, and its use will not be authorized in any other settling or circumstances 08010						
Subsequent follow up calls. - Use of this code series will only be authorized for the use of remote dentistry during the Covid-19 Pandemic and State of Public Resilt Emergency in Alberta, and its use will not be authorized in any other setting or circumstances				<u> </u>		
Second Process Seco						
Pandemic and State of Public Health Emergency in Alberta, and its use will not be authorized in any other setting or circumstances						
Other setting or circumstances				•		
				other setting or circumstances		
		2004.0	-	Of shirt complaint		
		08010	 	Or chief complaint		
			08011	One unit of time		89 24
13101	10000			PREVENTION		
13101						
1102 Two units 37.58 34.40 3	11100			POLISHING		
1102 Two units 37.58 34.40 3			11101	One with of this c		60.70
1110			_			
			_			
1111 One unit of time			1110/	One hall utilit		34.40
1111 One unit of time	11110	+	 	SCALING		
11112 Two units	11110		1	SCALING		
11112 Two units			11111	One unit of time		77 21
11113 Three units			_			
11114 Four units 338.84 11115 Five units 386.85 386.05 386.05 386.05 31116 Six units 463.26 386.05 31117 One half unit 38.61			_			
11115 Five units 386.05 11116 Six units 463.26 11117 One half unit 386.11 11119 Each Additional unit over six 77.21 12100 FLUORIDE TREATMENTS (whole mouth)						
11116 Six units			_			
11117 One half unit 38.61 11119 Each Additional unit over six 77.21 1119 Each Additional unit over six 77.21			_			
11119 Each Additional unit over six 77.21						
12110 Topical, Whole Mouth, in office			11113	Educational and over six		,,.21
12110 Topical, Whole Mouth, in office	12100			FLUORIDE TREATMENTS (whole mouth)		
12111 Rinse 33.33 33.33 12112 Gel or Foam 33.33 33.33 12113 Varnish 33.33 33.33 12114 Self-Administered Brush-In, supervised 33.33 33.33 12114 Self-Administered Brush-In, supervised 33.33 33.33 12114 Self-Administered Brush-In, supervised 33.33 33.33				1, 11, 11, 11, 11, 11, 11, 11, 11, 11,		
12112 Gel or Foam 33.33 3.33 12114 Varnish 33.33 3.33 12114 Self-Administered Brush-In, supervised 33.33 12114 Self-Administered Brush-In, supervised 33.33 12114 Self-Administered Brush-In, supervised 33.33 12100 FLUORIDE, CUSTOM APPLIANCES, (home application)		12110		Topical, Whole Mouth, in office		
12112 Gel or Foam 33.33 3.33 12114 Varnish 33.33 3.33 12114 Self-Administered Brush-In, supervised 33.33 12114 Self-Administered Brush-In, supervised 33.33 12114 Self-Administered Brush-In, supervised 33.33 12100 FLUORIDE, CUSTOM APPLIANCES, (home application)						
12113			12111	Rinse		33.33
12114 Self-Administered Brush-In, supervised 33.33			12112	Gel or Foam		33.33
FLUORIDE, CUSTOM APPLIANCES, (home application)			12113	Varnish		33.33
12601 Fluoride, Custom Appliance - Maxillary Arch +L 81.50 12602 Fluoride, Custom Appliance - Mandibular Arch +L 81.50 12700 MEDICATION, CUSTOM APPLIANCE			12114	Self-Administered Brush-In, supervised		33.33
12601 Fluoride, Custom Appliance - Maxillary Arch +L 81.50 12602 Fluoride, Custom Appliance - Mandibular Arch +L 81.50 12700 MEDICATION, CUSTOM APPLIANCE						
12602 Fluoride, Custom Appliance - Mandibular Arch	12600			FLUORIDE, CUSTOM APPLIANCES, (home application)		
12602 Fluoride, Custom Appliance - Mandibular Arch						
12700 MEDICATION, CUSTOM APPLIANCE 12701 Medication, Custom Appliance - Maxillary Arch 12702 Medication, Custom Appliance - Mandibular Arch 12702 Medication, Custom Appliance - Mandibular Arch 13000 PREVENTIVE SERVICES, OTHER 13100 NUTRITIONAL COUNSELLING Including: recording and analysis of up to seven-day dietary intake and consultation 13101 One unit of time 13102 Two units 13103 Three units 13104 Four units 13105 Sach additional unit over four 13109 Each additional unit over four 13100 Sach additional unit over four			_			
12701 Medication, Custom Appliance - Maxillary Arch +L 81.50 12702 Medication, Custom Appliance - Mandibular Arch +L 81.50 13000 PREVENTIVE SERVICES, OTHER			12602	Huoride, Custom Appliance - Mandibular Arch	+L	81.50
12701 Medication, Custom Appliance - Maxillary Arch +L 81.50 12702 Medication, Custom Appliance - Mandibular Arch +L 81.50 13000 PREVENTIVE SERVICES, OTHER	12700		+	MEDICATION CUSTOM ADDITANCE		
12702 Medication, Custom Appliance - Mandibular Arch	12/00		1	INILDICATION, COSTONIAFFLIANCE		
12702 Medication, Custom Appliance - Mandibular Arch			12701	Medication Custom Appliance - Maxillary Arch	+1	<u>81 5∩</u>
1300 PREVENTIVE SERVICES, OTHER 13100 NUTRITIONAL COUNSELLING Including: recording and analysis of up to seven-day dietary intake and consultation 13101 One unit of time 13102 Two units 13103 Three units 13104 Four units 13109 Each additional unit over four 81.50						
13100 NUTRITIONAL COUNSELLING			12702	Medication, castom Appliance Manaisatal Arch		01.30
13100 NUTRITIONAL COUNSELLING	13000		<u> </u>	PREVENTIVE SERVICES, OTHER		
Including: recording and analysis of up to seven-day dietary intake and consultation						
13101 One unit of time	13100			NUTRITIONAL COUNSELLING		
13102 Two units 163.00 13103 Three units 244.50 13104 Four units 326.00 13109 Each additional unit over four 81.50				Including: recording and analysis of up to seven-day dietary intake and consultation		
13102 Two units 163.00 13103 Three units 244.50 13104 Four units 326.00 13109 Each additional unit over four 81.50			1			
13102 Two units 163.00 13103 Three units 244.50 13104 Four units 326.00 13109 Each additional unit over four 81.50			<u> </u>			
13103 Three units 244.50 13104 Four units 326.00 13109 Each additional unit over four 81.50			_			
13104 Four units 326.00 13109 Each additional unit over four 81.50			_			
13109 Each additional unit over four 81.50						
13200 ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL			13109	Each additional unit over four		81.50
1320U OKAL HYGIENE INSTRUCTION/PLAQUE CONTROL	40000		1	ODAL INCIPAL INCIPAL AND A OUT CONTROL		
	חחרכי	1		OKAL HYGIENE INSTRUCTION/PLAQUE CONTROL		

			To include, househing and for flooring and for anthropy and an inc		1
			To include: brushing and/or flossing and/or embrasure cleaning.		
	13210		Individual Instruction (One Instructor To One Patient) - Excluding Audio-Visual Time		+
	13210		Individual histraction (one histractor to one rations) - Excluding Addio-Visual Time		
		13211	One unit of time		81.50
		13212	Two units		163.00
		13213	Three units		244.50
		13214	Four units		326.00
		13217	One half of unit		40.75
		13219	Each additional unit over four		81.50
	13220		Group Instruction - Excluding Audio-Visual Time		
		13221	One unit of time		81.50
		13222	Two units		163.00
		13223 13224	Three units Four units		244.50 326.00
		13224	Each additional unit over four		81.50
		13229	Lacif additional drift over four		81.30
	13230		Re-Instruction (Within 6 Months) - Excluding Audio-Visual Time		1
			g. and the same an		1
	†	13231	One unit of time		81.50
		13232	Two units		163.00
		13239	Each additional unit over two		81.50
	13240		Oral Hygiene Instruction - Audio-Visual		
		13241	One unit of time		81.50
		13242	Two units		163.00
<u> </u>		13249	Each additional unit over two		81.50
10100					<u> </u>
13400			SEALANTS, PIT AND FISSURE (Mechanical and/or chemical preparation included)		+
 		13401	First tooth		37.51
 		13401	Each additional tooth same quadrant		18.76
		13403	Each additional tooth same quadrant		10.70
	13410		Preventive Restorative Resin (procedure that involves some preparation of the pits and/or fissures in		
			tooth enamel and may extend into dentin in limited areas)		
		13411	First tooth		83.41
		13419	Each additional tooth same quadrant		78.81
13600			TOPICAL APPLICATION TO HARD TISSUE LESION(S) OF AN ANTIMICROBIAL OR REMINERALIZATION		
			AGENT		
-		13601	One unit of time	+E	81.50
		13602	Two units	+E	163.00
		13609	Each additional unit over two		81.50
14000		T .	APPLIANCES		
14100			APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS		
1				I	
	_	_			601.79
		14101	Appliance, Maxillary	+L	
		14101 14102	Appliance, Maxillary Appliance, Mandibular	+L +L	601.79
14200			Appliance, Mandibular		
14200					
14200		14102	Appliance, Mandibular APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS	+L	601.79
14200		14102	Appliance, Mandibular APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS Appliance, Maxillary	+L +L	660.51
14200		14102	Appliance, Mandibular APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS	+L	601.79
		14102	Appliance, Mandibular APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS Appliance, Maxillary Appliance, Mandibular	+L +L	660.51
14200		14102	Appliance, Mandibular APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS Appliance, Maxillary	+L +L	660.51
		14102	Appliance, Mandibular APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS Appliance, Maxillary Appliance, Mandibular	+L +L	660.51
		14102 14201 14202	Appliance, Mandibular APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS Appliance, Maxillary Appliance, Mandibular CONTROL OF ORAL HABITS, MISCELLANEOUS	+L +L +L	660.51 660.51
		14102 14201 14202	Appliance, Mandibular APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS Appliance, Maxillary Appliance, Mandibular CONTROL OF ORAL HABITS, MISCELLANEOUS Motivation of Patient - Psychological Approach (e.g. thumb sucking, lip biting, etc.) - per visit	+L +L +L	601.79 660.51 660.51
	14310	14102 14201 14202	Appliance, Mandibular APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS Appliance, Maxillary Appliance, Mandibular CONTROL OF ORAL HABITS, MISCELLANEOUS	+L +L +L	601.79 660.51 660.51

	1	1	In a second second		
	+	14311	First unit of time per visit	+L	94.36
		14312	Two units Each additional unit over two	+L	188.72
		14319	Each additional unit over two	+L	94.36
14400			APPLIANCES, CONTROL OF ORAL HABITS ADJUSTMENTS, REPAIRS, MAINTENANCE		
		1.1.101	One with of the co	1	04.26
		14401 14402	One unit of time Two units of time	+L +L	94.36 188.72
		14403	Three units of time	+L	283.08
		14409	Each additional unit over three	+L	94.36
4.4500			APPLIANCES, PROTECTIVE MOUTH GUARDS		
14500			APPLIANCES, PROTECTIVE WOUTH GUARDS		
		14501	Appliance, Protected Mouth Guards, Preformed		97.59
		14502	Appliance, Protective Mouth Guards, Processed	+L	106.78
14600			APPLIANCES, PERIODONTAL		
			(see separate code for control of Oral Habits 14000, Protective Mouth Guards 14500, TMJ 14700 and TMJ appliances 78700)		
	14610		Appliances, Periodontal (including bruxism appliance); Includes Impression, Insertion and Insertion		
			Adjustment (no post-insertion adjustments)		
		14611	Maxillary Appliance	+L	481.22
		14612	Mandibular Appliance	+L	481.23
	14620		Appliances, Adjustment, Repair		
	14020		Appliances, Aujustinent, Repuil		
		14621	One unit of time	+L	87.50
		14622	Two units	+L	175.00
		14623	Three units	+L	262.50
		14629	Each additional unit over three	+L	87.50
	14630		Appliances, Reline		
		14631	Reline, Direct		262.53
		14632	Reline, Processed	+L	262.53
14700			APPLIANCES, TEMPOROMANDIBULAR JOINT		
14700			AFFLIANCES, I EMPONOMANDIBULAN JUNI		
	14710		Appliance, TMJ, Diagnostic and/or Therapeutic, includes impression, insertion and insertion adjustment (no post-insertion adjustments)		
		14711	Maxillary Appliance	+L	708.45
		14712	Mandibular Appliance	+L	708.45
	14720		Appliance, TMJ Intraoral Repositioning; includes impression, insertion and insertion adjustment (no post-insertion adjustments)		
		14724			700 45
		14721 14722	Maxillary Appliance Mandibular Appliance	+L +L	708.45 708.45
	14730		Appliance, TMJ, Periodic Maintenance, Adjustments, Repairs		
		14731	One unit of time	+L	91.87
		14732	Two units	+L	183.74
		14733	Three units Each additional unit over three	+L	275.61
		14739	Each additional unit over timee	+L	91.87
	14740		Appliance, TMJ, Reline		
		14741	Reline, Direct		262.53
		14742	Reline, Indirect	+L	262.53
14800			APPLIANCES, MYOFASCIAL PAIN DYSFUNCTION SYNDROME		

	14810		Appliance, Myofascial Pain Dysfunction Syndrome, (to include: models, gnathological determinants) Appliance Construction only, and insertion adjustment (no post-insertion adjustments)		
		14811	Maxillary Appliance	+L	799.53
		14812	Mandibular Appliance	+L	799.53
	14820		Appliance, Myofascial Pain Dysfunction Syndrome, Periodic Maintenance, Adjustment and Repairs		
		14821	One unit of time	+L	91.87
		14822	Two units	+L	183.74
		14823	Three units	+L	275.61
		14829	Each additional unit over three	+L	91.87
14900			APPLIANCES, INTRAORAL, TO TREAT MEDICALLY DIAGNOSED OBSTRUCTIVE SLEEP APNEA, SNORING, UPPER AIRWAY RESISTANCE SYNDROM (UARS) WITH OR WITHOUT APNEA (Includes models, gnathological determinants, appliance construction and insertion adjustment [no post-insertion adjustments])		
		14901	Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Ridge or Tooth Supported	+L	849.26
		14902	Appliance, Tongue Retaining Device, for the Treatment of Obstructive Airway Disorders	+E	481.22
	14910		Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Periodic Maintenance,		
			Adjustment and Repairs		
		14911	One unit of time	+L	94.36
		14912	Two units	+L	188.72
		14919	Each additional unit over two	+L	94.36
	14920		Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Monitoring To include patient to ensure proper use of appliances and evaluation for referrals to other health care professionals for appropriate medical management.		
		14921	One unit of time		85.80
		14922	Two units		171.60
		14929	Each additional unit over two		85.80
15000			SPACE MAINTAINERS		
			(Includes the design, separation, fabrication, insertion, and where applicable initial cementation and removal)		
15100			SPACE MAINTAINERS, BAND TYPE		
		15101	Const Maintainer David Torre Fixed Hailatand		202.00
		15101	Space Maintainer, Band Type, Fixed, Unilateral	+L	283.08
		15102 15103	Space Maintainer, Band Type, Fixed, Unilateral with Intra-alveolar attachment Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch)	+L +L	283.08 377.44
		15104	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch), with Teeth Attached	+L	377.44
		15105	Space Maintainer, Band Type, Fixed, Bilateral Tubes and Locking Wire	+L	377.44
15200			SPACE MAINTAINERS, STAINLESS STEEL CROWN TYPE		
		15304	Space Maintainer Stainless Steel Crown Time Fixed		200.47
		15201 15202	Space Maintainer, Stainless Steel Crown Type, Fixed Space Maintainer, Stainless Steel Crown Type, Fixed, with Intra Alveolar Attachment	+L +L	299.17 283.08
		13202			203.00
15300			SPACE MAINTAINERS, CAST TYPE		
·		15301	Space Maintainer, Cast Type, Fixed	+L	I.C.
	-	15302	Space Maintainer, Cast Type, Fixed, with Intra Alveolar Attachment	+L	I.C.
15400			SPACE MAINTAINERS, ACRYLIC, REMOVABLE		
		15 401	Cases Maintainer Aprolis Damauchla Dilateral Clause Databate 147	1.1	202.25
	I	15401	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires	+L	283.07
		15/02	Isnaco Maintainer Acrylic Demovable Bilateral Clases Betaining Wires with Tooth	11	
		15402 15403	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires with Teeth Space Maintainer, Acrylic Removable, No Clasps	+L +L	283.08 283.08

15500			SPACE MAINTAINERS, BONDED, PONTIC TYPE		
		15501	Space Maintainer, Bonded, Pontic Type	+L	283.08
15000			CDACE MAINTAINIERS MAINTENANCE OF		
15600			SPACE MAINTAINERS, MAINTENANCE OF		+
		15601	Maintenance, Space Maintainer Appliances, to include: adjustment and/or recementation after 30		94.36
		15602	days from insertion Maintenance, Space Maintainer Appliances, addition of clasps and/or activating wires	+L	188.72
		15603	Repairs, Space Maintainer Appliances (including recementation)	+L	188.72
		15604	Removal of Fixed Space Maintainer Appliances by Second Dentist		90.07
16100			FINISHING RESTORATIONS		_
			To include: polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (when restorations were performed by another dentist or restorations are over two years old)		
		16101	One unit of time		85.80
		16102	Two units		171.60
		16103	Three units		257.40
	1	16104	Four units		343.20
	+	16109	Each additional unit over four	1	85.80
16200	_	-	DISKING OF TEETH, Interproximal		+
10200	+	+	Disking of Teetil, like(proximal	1	
		16201	One unit of time		81.49
		16202	Two units		162.98
		16203	Three units		244.47
		16209	Each additional unit over three		81.49
16300			RECONTOURING OF NATURAL TEETH FOR AESTHETIC REASONS		
	_	4.6304	One with of the c		00.07
	_	16301 16309	One unit of time Each additional unit of time		90.07
		10309	Each additional unit of time		90.07
16400			RECONTOURING OF TEETH FOR FUNCTIONAL REASONS		+
			(Not associated with delivery of a single or multiple prosthesis)		
		16401	One unit of time		90.07
		16409	Each additional unit of time		90.07
16500	_	-	OCCLUSION		
	16510		Occlused Adjustment / Equilibration		+
	10310		Occlusal Adjustment/Equilibration: (a) May require several sessions		
			(b) May be used in conjunction with basic restorative treatment only when occlusal		+
			adjustment/equilibration is not required as a result of that restoration.		
			(c) Not to be used in conjunction with the delivery and post-insertion care of: fixed or removable		
			prosthesis (50000 & 60000 code series) by the same dentist for period of three months.		
	1	16511	One unit of time		100.59
	+	16511	Two units	1	201.18
	1	16513	Three units		301.77
	1	16514	Four units	1	402.36
		16519	Each additional unit over four		100.59
20000			DECTORATION		
20000	+	+	RESTORATION	1	
	Note 1:	+	Treatment of dental caries includes pulp protection and local anaesthesia.		
	Note 2:	†	Where, at the same appointment, in order to conserve tooth structure, two separate restorations are		
			performed on the same tooth involving a common surface, when one restoration might have been		
			done; this should be considered as one restoration in assessing the fee.		
	Note 3:		Finishing restorations is a separate procedure done at a separate appointment (See 16100)		

20100	1		CARIFE TRALINA AND DAIN CONTROL		т —
20100			CARIES, TRAUMA AND PAIN CONTROL		-
	20110		Caries/Trauma/Pain Control		+
	20110		(removal of carious lesions or existing restorations or gingivally attached tooth fragment and		+
			placement of sedative/protective dressings, includes pulp caps when necessary, as a separate		
			procedure).		
					1
		20111	First tooth		91.87
				to	183.75
		20119	Each additional tooth same quadrant		91.87
				to	183.75
	20120		Caries/Trauma/Pain Control		
			(removal of carious lesions or existing restorations or gingivally attached tooth fragment and		
			placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band		
			for retention and support, as a separate procedure)		
					_
		20121	First totals		127.02
	+	20121	First tooth	4.0	137.82
	+	20120	Each additional tooth same quadrant	to	229.69
	+	20129	Each additional tooth same quadrant	to	137.82 229.69
				ιο	229.09
	20130	1	Trauma Control, Smoothing of Fractured Surfaces Per Tooth	1	+
	20130		Trauma Control, Smoothing of Tractured Surfaces Fer Tooth		+
		20131	First tooth		49.50
		20131	Each additional tooth same quadrant		44.90
		20133	Edul duditional tooth same quadrant		44.50
21000			RESTORATIONS, AMALGAM		1
					1
21100	†		RESTORATION, AMALGAM, PRIMARY TEETH		1
					1
	21110		Restorations, Amalgam, Non-Bonded, Primary Teeth		1
		21111	One surface		111.84
		21112	Two surfaces		148.07
		21113	Three surfaces		202.66
		21114	Four surfaces		247.71
		21115	Five surfaces or maximum surfaces per tooth		289.79
	21120		Restorations, Amalgam, Bonded, Primary Teeth		
		21121	One surface		147.09
		21122	Two surfaces		195.09
		21123	Three surfaces		234.39
		21124	Four surfaces		275.99
		21125	Five surfaces or maximum surfaces per tooth		320.34
24200			DECTADATIONS ANALOAM DEDMANIFALT TEETU		_
21200			RESTORATIONS, AMALGAM, PERMANENT TEETH		-
	21210	+	Restorations, Amalgam, Non-Bonded, Permanent Bicuspids and Anteriors	1	+
	21210	1	nessorations, Annaigam, Hon-Donaca, Fermanent Dicaspias and Antenois	1	+
	+	21211	One surface		123.34
	+	21212	Two surfaces		154.17
		21213	Three surfaces		216.45
	1	21214	Four surfaces	1	266.10
		21215	Five surfaces or maximum surfaces per tooth		289.79
					1
	21220		Restorations, Amalgam, Non-Bonded, Permanent Molars		<u>T</u>
		21221	One surface		130.24
		21222	Two surfaces		161.81
		21223	Three surfaces		221.05
		21224	Four surfaces		278.75
		21225	Five surfaces or maximum surfaces per tooth		311.63
	21230	1	Restorations, Amalgam, Bonded, Permanent Bicuspids and Anteriors	<u> </u>	
	1	1		<u> </u>	
	1	21231	One surface	<u> </u>	156.29
		21232	Two surfaces		193.95

		21233	Three surfaces		241.29
		21234	Four surfaces		288.64
		21235	Five surfaces or maximum surfaces per tooth		323.79
	21240		Restorations, Amalgam, Bonded, Permanent Molars		
		21241	One surface		168.93
		21242	Two surfaces		208.89
		21243	Three surfaces		249.33
		21244	Four surfaces		296.68
		21245	Five surfaces or maximum surfaces per tooth		358.28
21300			Restorations, Amalgam Cores		
		21301	Restorations, Amalgam Core, Non-Bonded, in Conjunction with Crown or Fixed Bridge Retainer		227.49
		21302	Restorations, Amalgam Core, Bonded, in Conjunction with Crown or Fixed Bridge Retainer		254.61
21400			PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations)		
		2			
		21401 21402	One pin Two pins		37.84
	+	21402	Three pins		54.48 71.11
		21404	Four pins		88.90
		21405	Five pins or more		99.76
21500			RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENTURE CLASP (ADDITIONAL TO RESTORATION)		
		21501	Per restoration		85.45
22000			RESTORATIONS, PREFABRICATED, FULL COVERAGE		
22200			RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH		
		22224			222.22
		22201 22202	Primary Anterior Primary Anterior - open face/acrylic veneer	+L	238.30 293.69
		22202	Primary Posterior Primary Posterior	+L	293.69
		22212	Primary Posterior - open face		315.26
22300			RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH		
		22301	Permanent Anterior		270.24
		22302	Permanent Anterior - open face		345.15
		22311	Permanent Posterior		270.24
		22312	Permanent Posterior - open face		315.26
22400			RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH		
		22401	Primary Anterior		200.99
		22411	Primary Posterior		200.99
22500			RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH		
		22501	Permanent Anterior		267.94
		22511	Permanent Posterior		267.94
22600			RESTORATIONS, PREFABRICATED, PORCELAIN/CERAMIC/POLYMER GLASS, PRIMARY TEETH		
		22601	Primary Posterior		279.97 279.97
		22611	Primary Posterior		2/9.9/
23000			RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS		
23100		1	RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS, NON BONDED TECHNIQUE		
	1	ı			Ī

23123 Tooth Colored Veneer Application 23200 RESTORATIONS, TOOTH COL POSTERIORS NON BONDED	447.02
23104 Four surfaces	147.02
23110 Restorations, Permanent An	206.76
23110 Restorations, Permanent An (not to be used for Veneer A 23111 One surface 23112 Two surfaces 23114 Four surfaces 23115 Five surfaces (maximum surfaces 23120 Restorations, Tooth Coloure 23122 Tooth Colored Veneer Applic 23123 Tooth Colored Veneer Applic 23123 Tooth Colored Veneer Applic 23123 Tooth Colored Veneer Applic 23210 Permanent Bicuspids Permanent Bicuspids 23211 One surface 23212 Two surfaces 23213 Three surfaces 23214 Four surfaces 23215 Five surfaces or maximum surfaces 23220 Permanent Molars 23221 One surface 23222 Two surfaces 23223 Three surfaces 23224 Four surfaces 23225 Five surfaces 23226 Five surfaces 23227 Four surfaces 23228 Five surfaces 23229 Five surfaces 22229 Five surface	225.12
	aces per tooth) 268.75
	toriors Dondad Tashniqua
23111	
23112 Two surfaces 23113 Three surfaces 23114 Four surfaces 23115 Five surfaces (maximum surf 23120 Restorations, Tooth Coloure 23123 Tooth Colored Veneer Applic 23123 Tooth Colored Veneer Applic 23210 Permanent Bicuspids 23211 One surface 23212 Two surfaces 23212 Two surfaces 23213 Three surfaces 23214 Four surfaces 23215 Five surfaces 23216 Permanent Molars 23220 Permanent Molars 23221 Two surfaces 23222 Two surfaces 23223 Three surfaces 23224 Four surfaces 23225 Five surfaces or maximum surfaces 23224 Four surfaces 23225 Five surfaces or maximum surfaces 23226 Five surfaces or maximum surfaces 23226 Five surfaces or maximum surfaces 23226 Five surfaces or maximum surfaces 23310 Permanent Bicuspids 23311 One surface 23312 Two surfaces 23313 Three surfaces 23314 Four surfaces 23315 Five surfaces or maximum surfaces 23316 Five surfaces or maximum surfaces 23320 Permanent Molars 23320 Permanent Molars 23321 One surface 23322 Two surfaces 23323 Three surfaces 23324 Four surfaces 23325 Five surfaces or maximum surfaces 23326 Five surfaces 23327 Two surfaces 23328 Five surfaces 23329 Five	opilications of Diasterna Closures)
23112 Two surfaces 23113 Three surfaces 23114 Four surfaces 23115 Five surfaces (maximum surf 23120 Restorations, Tooth Coloure 23122 Tooth Colored Veneer Applic 23123 Tooth Colored Veneer Applic 23200 RESTORATIONS, TOOTH COL POSTERIORS NON BONDED 23210 Permanent Bicuspids 23211 One surface 23212 Two surfaces 23213 Three surfaces 23214 Four surfaces 23215 Five surfaces 23215 Five surfaces 23222 Two surfaces 23224 Four surfaces 23224 Four surfaces 23225 Five surfaces or maximum surfaces 23224 Four surfaces 23225 Five surfaces or maximum surfaces 23226 Five surfaces or maximum surfaces 23226 Five surfaces or maximum surfaces 23210 Permanent Bicuspids 23310 Permanent Bicuspids 23311 One surface 23312 Two surfaces 23314 Four surfaces 23315 Five surfaces or maximum surfaces 23314 Four surfaces 23315 Five surfaces or maximum surfaces 23320 Permanent Molars 23320 Permanent Molars 23321 One surface 23322 Two surfaces 23323 Three surfaces 23324 Four surfaces 23325 Five surfaces or maximum surfaces 23326 Five surfaces or maximum surfaces 23327 Two surfaces 23328 Five surfaces or maximum surfaces 23329 Five surfaces 23329 F	156.93
23113 Three surfaces 23114 Four surfaces 23115 Five surfaces (maximum surfaces 23120 Restorations, Tooth Coloure 23122 Tooth Colored Veneer Applic 23123 Tooth Colored Veneer Applic 23123 Tooth Colored Veneer Applic 23120 RESTORATIONS, TOOTH COL POSTERIORS NON BONDED 23210 Permanent Bicuspids 23211 One surface 23212 Two surfaces 23213 Three surfaces 23214 Four surfaces 23215 Five surfaces or maximum surfaces 23220 Permanent Molars 23220 Permanent Molars 23221 Two surfaces 23222 Two surfaces 23223 Three surfaces 23224 Four surfaces 23225 Five surfaces or maximum surfaces 23224 Four surfaces 23225 Five surfaces or maximum surfaces 23310 Permanent Bicuspids 23311 One surface 23312 Two surfaces 23313 Three surfaces 23314 Four surfaces 23315 Five surfaces or maximum surfaces 23316 Permanent Molars 23320 Permanent Molars 23320 Permanent Molars 23321 One surface 23322 Two surfaces 23323 Three surfaces 23324 Four surfaces 23325 Five surfaces 23326 Five surfaces 23327 Two surfaces 23328 Five surfaces 23329 Five s	187.84
23114 Four surfaces 23115 Five surfaces (maximum surfaces 23120 Restorations, Tooth Coloure 23122 Tooth Colored Veneer Applic 23123 Tooth Colored Veneer Applic 23123 Tooth Colored Veneer Applic 23220 Permanent Bicuspids 23211 One surface 23212 Two surfaces 23213 Three surfaces 23214 Four surfaces 23215 Five surfaces or maximum surfaces 23220 Permanent Molars 23221 Two surfaces 23222 Two surfaces 23223 Three surfaces 23224 Four surfaces 23225 Five surfaces 23226 Five surfaces 23227 Four surfaces 23228 Four surfaces 23229 Five surfaces 23229 Five surfaces 23229 Five surfaces 23229 Five surfaces 23220 Permanent Bicuspids 23310 Permanent Bicuspids 23310 Permanent Bicuspids 23311 One surface 23312 Two surfaces 23313 Three surfaces 23314 Four surfaces 23315 Five surfaces 23316 Four surfaces 23316 Four surfaces 23317 Four surfaces 23318 Four surfaces 23319 Four surfaces 23320 Permanent Molars 23320 Permanent Molars 23320 Permanent Molars 23321 One surface 23322 Two surfaces 23323 Three surfaces 23324 Four surfaces 23325 Five surfaces or maximum surfaces 23324 Four surfaces 23325 Five surfaces or maximum surfaces 23326 Five surfaces or maximum surfaces 23327 Two surfaces 23328 Five surfaces 23329 Five s	215.63
23120 Restorations, Tooth Coloure	282.20
23120 Restorations, Tooth Colored 23122 Tooth Colored Veneer Applic 23123 Tooth Colored Veneer Applic 23120 RESTORATIONS, TOOTH COL POSTERIORS NON BONDED 23210 Permanent Bicuspids 23211 One surface 23212 Two surfaces 23213 Three surfaces 23214 Four surfaces 23215 Five surfaces or maximum surfaces 23220 Permanent Molars 23220 Permanent Molars 23221 Two surfaces 23222 Two surfaces 23223 Three surfaces 23224 Four surfaces 23225 Five surfaces or maximum surfaces 23224 Four surfaces 23225 Five surfaces or maximum surfaces 23225 Five surfaces or maximum surfaces 23310 Permanent Bicuspids 23311 One surface 23312 Two surfaces 23313 Three surfaces 23314 Four surfaces 23315 Five surfaces or maximum surfaces 23314 Four surfaces 23315 Five surfaces or maximum surfaces 23320 Permanent Molars 23321 One surface 23322 Two surfaces 23323 Three surfaces 23324 Four surfaces 23325 Five surfaces or maximum surfaces 23325 Five surfaces or maximum surfaces 23326 Five surfaces or maximum surfaces 23327 Five surfaces or maximum surfaces 23328 Five surfaces or maximum surfaces 23326 Five surfaces or maximum surfaces 23327 Five surfaces or maximum surfaces 23328 Five surfaces or maximum surfaces 23329 Five surfaces	
23122 Tooth Colored Veneer Application	340.70
23122 Tooth Colored Veneer Application	d Veneer Applications
23123 Tooth Colored Veneer Application 23200 RESTORATIONS, TOOTH COL POSTERIORS NON BONDED	a) veneer Applications
23123 Tooth Colored Veneer Application 23200 RESTORATIONS, TOOTH COLOR	ation - Non Prefabricated Direct Buildup - Bonded 382.84
	ation - Diastema Closure, Interproximal only, Bonded 306.55
POSTERIORS NON BONDED	Substitute of the proximal only political substitute of the substi
23211	OURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT
23211	
23212 Two surfaces	
23212 Two surfaces	
23213 Three surfaces	126.33
23214 Four surfaces	160.78
23215 Five surfaces or maximum surplement 23220 Permanent Molars	202.14
23220	243.52
23221	rface per tooth 256.14
23221	
23222 Two surfaces	
23222 Two surfaces	
23223 Three surfaces	137.82
23224 Four surfaces	180.32
23225 Five surfaces or maximum surfaces	211.34
23310 Permanent Bicuspids	245.81
23310 Permanent Bicuspids	rface per tooth 309.02
23310	
23311	ORED, PERMANENT POSTERIORS - BONDED
23311	
23312 Two surfaces 23313 Three surfaces 23314 Four surfaces 23315 Five surfaces or maximum surfaces 23320 Permanent Molars 23321 One surface 23322 Two surfaces 23323 Three surfaces 23324 Four surfaces 23325 Five surfaces or maximum surfaces 23400 RESTORATIONS, TOOTH COL	
23312 Two surfaces 23313 Three surfaces 23314 Four surfaces 23315 Five surfaces or maximum surfaces 23320 Permanent Molars 23321 One surface 23322 Two surfaces 23323 Three surfaces 23324 Four surfaces 23325 Five surfaces or maximum surfaces 23400 RESTORATIONS, TOOTH COL	
23313 Three surfaces 23314 Four surfaces 23315 Five surfaces or maximum surfaces 23320 Permanent Molars 23321 One surface 23322 Two surfaces 23323 Three surfaces 23324 Four surfaces 23325 Five surfaces or maximum surfaces 23400 RESTORATIONS, TOOTH COL	164.53
23314 Four surfaces	229.20
23315 Five surfaces or maximum surplement Five surfaces or maximum surplement	268.43
23320 Permanent Molars	331.35
23321 One surface 23322 Two surfaces 23323 Three surfaces 23324 Four surfaces 23325 Five surfaces or maximum su 23400 RESTORATIONS, TOOTH COL 23401 One surface 23402 Two surfaces 23403 Three surfaces 23404 Four surfaces 23405 Five surfaces (or maximum su	rface per tooth 376.40
23321 One surface 23322 Two surfaces 23323 Three surfaces 23324 Four surfaces 23325 Five surfaces or maximum su 23400 RESTORATIONS, TOOTH COL 23401 One surface 23402 Two surfaces 23403 Three surfaces 23404 Four surfaces 23405 Five surfaces (or maximum su	
23322 Two surfaces 23323 Three surfaces 23324 Four surfaces 23325 Five surfaces or maximum su 23400 RESTORATIONS, TOOTH COL 23401 One surface 23402 Two surfaces 23403 Three surfaces 23404 Four surfaces 23405 Five surfaces (or maximum su	
23322 Two surfaces 23323 Three surfaces 23324 Four surfaces 23325 Five surfaces or maximum su 23400 RESTORATIONS, TOOTH COL 23401 One surface 23402 Two surfaces 23403 Three surfaces 23404 Four surfaces 23405 Five surfaces (or maximum su	
23323 Three surfaces 23324 Four surfaces 23325 Five surfaces or maximum su 23400 RESTORATIONS, TOOTH COL 23401 One surface 23402 Two surfaces 23403 Three surfaces 23404 Four surfaces 23405 Five surfaces (or maximum su	171.98
23324 Four surfaces 23325 Five surfaces or maximum su 23400 RESTORATIONS, TOOTH COL 23401 One surface 23402 Two surfaces 23403 Three surfaces 23404 Four surfaces 23405 Five surfaces (or maximum su	242.45
23400 RESTORATIONS, TOOTH COL 23401 One surface 23402 Two surfaces 23403 Three surfaces 23404 Four surfaces 23405 Five surfaces (or maximum surfaces)	287.04
23400 RESTORATIONS, TOOTH COL 23401 One surface 23402 Two surfaces 23403 Three surfaces 23404 Four surfaces 23405 Five surfaces (or maximum si	352.05
23401 One surface 23402 Two surfaces 23403 Three surfaces 23404 Four surfaces 23405 Five surfaces (or maximum surfaces)	rface per tooth 407.43
23401 One surface 23402 Two surfaces 23403 Three surfaces 23404 Four surfaces 23405 Five surfaces (or maximum surfaces)	ODED DDIMARY ANTEDIOD MON DOUBE
23402 Two surfaces 23403 Three surfaces 23404 Four surfaces 23405 Five surfaces (or maximum si	ORED, PRIMARY, ANTERIOR, NON BONDED
23402 Two surfaces 23403 Three surfaces 23404 Four surfaces 23405 Five surfaces (or maximum si	
23403 Three surfaces 23404 Four surfaces 23405 Five surfaces (or maximum si	124.03
23404 Four surfaces 23405 Five surfaces (or maximum si	152.77
23405 Five surfaces (or maximum so	179.17
	226.27
23410 Restorations, Tooth Colored	urfaces per tooth) 275.65
Z341U Restorations, Tooth Colored	Duineau, Autorian Dandad Tashuinus
	Primary, Anterior, Bonded Technique
23411 One surface	157.62

		22442	le (1 1	10175
	_	23412	Two surfaces		184.75
	_	23413	Three surfaces		202.66
		23414	Four surfaces		247.71
		23415	Five surfaces (or maximum surfaces per tooth)		323.79
23500			RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED		
		23501	One surface		126.33
		23502	Two surfaces		165.38
		23503	Three surfaces		190.65
		23504	Four surfaces		205.58
		23505	Five surfaces or maximum surface per tooth		251.54
	23510		Restorations, Tooth Colored, Primary, Posterior, Bonded Technique		
		23511	One surface		165.67
		23512	Two surfaces		209.41
		23513	Three surfaces		270.24
		23514	Four surfaces		315.26
		23515	Five surfaces or maximum surface per tooth		360.30
23600			RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, CORES		
		23601	Restoration, Tooth Colored, Non-Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer		241.29
		23602	Restoration, Tooth Colored, Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer		278.29
23700			RESIN INFILTRATION (Placement of an infiltrating resin restoration for the purpose of filling the sub-		
			surface porosity of an incipient, non-cavitated lesion for the purpose of strengthening, stabilizing		
			and/or limiting the progression of the lesion.)		
		23701	One surface		I.C.
		23709	Each additional surface over one		I.C.
24000			RESTORATIONS, FOIL, GOLD		
24100			RESTORATIONS, FOIL, GOLD, ANTERIORS		
		24101	Class I		601.86
		24102	Class III		802.88
		24103	Class V		551.28
		24104	Class IV		946.70
24200			RESTORATIONS, FOIL, GOLD, POSTERIORS		
		24201	Class I		601.86
		24202	Class II		802.88
		24203	Class V		601.70
25000			RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS		
25100			RESTORATIONS INLAYS		
	25110		Inlays, Metal		
		1			
		25111	One surface	+L	523.78
		25112	Two surfaces	+L	696.00
		25113	Three surfaces	+L	748.86
		25114	Three surfaces, modified	+L	904.64
	25120		Inlays, Composite/Compomer, Indirect (Bonded)		
		25121	One surface	+L	541.42
			Two surfaces	1	631.51
		25122	Two surfaces	+L	
		25122 25123	Three surfaces Three surfaces, modified	+L +L +L	737.66 948.91

	1		T		1
	25130		Inlays, Porcelain/Ceramic/Polymer Glass		
	25130	+	imays, Porceiani/Ceramic/Polymer diass		
		25131	One surface	+L	501.94
		25131	Two surfaces	+L	562.78
		25133	Three surfaces	+L	760.41
		25134	Three surfaces, modified	+L	795.43
		2010.	Three surfacesy mounicu		7331.13
	25140		Inlays, Porcelain/Ceramic/Polymer Glass (Bonded)		
		25141	One surface	+L	536.82
		25142	Two surfaces	+L	753.36
		25143	Three surfaces	+L	879.06
		25144	Three surfaces, modified	+L	948.91
25500			RESTORATIONS, ONLAYS (where one or more cusps are restored)		
	25510		Onlays, Cast Metal, Indirect		
		25511	Onlay, Cast Metal, Indirect	+L	748.86
		25512	Onlays, Cast Metal, Indirect (Bonded external retention type)	+L	783.35
	25520		Onlays, Composite/Compomer, Processed (Bonded)		
		25521	Onlays, Composite/Compomer, Indirect (Bonded)	+L	948.91
	25530		Onlays, Porcelain/Ceramic/Polymer glass (Bonded)		
		25524		<u> </u>	040.04
		25531	Onlays, Porcelain/Ceramic/Polymer Glass (Bonded)	+L	948.91
25600			DINC PETENTIVE (for inlaws onlaws and growns now tooth)		
25600			PINS, RETENTIVE (for inlays, onlays and crowns per tooth)		
	+	25601	One pin/tooth	+L	51.27
		25602	Two pins/tooth	+L	97.96
		25603	Three pins/tooth	+L	155.18
		25604	Four pins/tooth	+L	190.07
		25605	Five or more pins/tooth	+L	223.82
		25005	The strateging testing		223.02
25700			POSTS		
	25710		Posts, Cast Metal, (including core) As a Separate Procedure		
		25711	Single section	+L	382.46
		25712	Two sections	+L	459.41
		25713	Three sections	+L	603.01
	25720	1	Posts, Cast Metal (including core) Concurrent with Impression for Crown		
		1			
	4	25721	Single section	+L	218.24
		25722	Two sections	+L	294.04
		25723	Three sections	+L	367.51
}	25-22	1	Deat Profesional Patricks		
	25730	1	Post, Prefabricated Retentive		
		25724	One part		103.00
	+	25731 25732	One post Two posts same tooth	+E +E	182.66
}	+	25732	Three posts same tooth	+E +E	303.24 413.46
		23133	Timee posts same tooth	TL.	+13.40
	25740	1	Posts, Prefabricated, Retentive and Cast Core		
	237.40	1	1 03to) 1 Telasticated, neteritive and east core		
	+	25741	One post and cast core	+L +E	318.18
		25742	Two posts (same tooth) and cast core	+L +E	402.01
		25743	Three posts (same tooth) and cast core	+L +E	501.94
				12.12	302.54
	25770	1	Posts, Provisional		
		•			•

		25771	Per post	+L and/or	99.92
	_			+E	
	25780		Post Removal		
		25781	One unit of time		122.90
		25782	Two units of time		245.80
	_	25783	Three units of time		368.70
		25784	Four units of time		491.60
	+	25789	Each additional unit over four		122.90
26000	+		MESOSTRUCTURES		
	-		(a separate component positioned between the head of an implant and the final restoration, retained		
			by either a cemented post or screw)		
	26100		Mesostructures, Osseo-integrated Implant - Supported		
		26101	Indirect, Angulated or transmucosal pre-fabricated abutment, per implant	+L +E	I.C.
		26102	Indirect, Custom laboratory fabricated, per implant	+L +E	I.C.
	- 	26103	Direct, (with intra-oral preparation), per implant site	+E	I.C.
27000	-	+	CROWNS, SINGLE UNITS ONLY		
27000	+		(includes temporary protection and local anaesthetic, caries removal, and uncomplicated restoration		
			prior to crown preparation). Extensive restoration requiring pins or dowels extra.		
			F		
27100			CROWNS, ACRYLIC/COMPOSITE/COMPOMER,		
			(with or without Cast or Prefabricated Metal Bases)		
	27110		Crowns, Acrylic/Composite/Compomer, Indirect		
		27444			752.20
		27111 27112	Crown, Acrylic/Composite/Compomer, Indirect Crown, Acrylic/Composite/Compomer, Indirect, Complicated (restorative, positional and/or esthetic)	+L +L	752.30
		2/112	crown, Acrylic/Composite/Componier, Indirect, Complicated (restorative, positional and/or estnetic)	†L	1,005.04
		27113	Crown, Acrylic/Composite/Compomer, Provisional [Long Term], Indirect (lab fabricated/relined intra-	+L	294.04
i			orally)		
	27120		Crowns, Acrylic/Composite/Compomer, Direct		
	- 	27121	Crowns, Acrylic/Composite/Compomer, Direct, Provisional (chairside)	+E	227.49
	+	27125	Crowns, Acrylic/Composite/Compomer, Direct, Provisional Implant-supported	+E	227.49
	27130	+	Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect		
	2/130		crown, Act yile, composite, componier, cast Metal base, mullect		
		27131	Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect	+L	801.73
		27135	Crown, Acrylic/Composite/Compomer Cast Metal Base, Implant-supported	+L +E	801.73
		27136	Crown, Acrylic/Composite/Compomer/Cast Metal Base with Cast Post Retention	+L	1,005.04
	27140		Crown, Acrylic/Composite/Compomer/ Prefabricated Metal Base, Provisional, Direct		
		27145	Crown, Acrylic/Composite/Compomer/ Pre-fabricated Metal Base, Provisional, Implant-supported,	+E	227.49
			Direct		
	27150		Custom Associate/Community/Community/Dus Fabricated Matel Dans Dusticional Indicate		
	27150		Crown, Acrylic/Composite/Compomer/ Pre-Fabricated Metal Base, Provisional, Indirect		
		27155	Crown, Acrylic/ Composite/Compomer/Pre-fabricated Metal Base, Provisional, Implant-supported,	+L +E	227.49
		27133	Indirect		227.43
			man-cot		
	T		CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS		
27200					
27200			Charles Barraclain / Caramia / Balleman Class	+L	948.91
27200		27201	Crown, Porcelain/Ceramic/Polymer Glass		
27200		27202	Crown, Porcelain/Ceramic/Polymer Glass, Complicated	+L	1,259.57
27200		27202 27205	Crown, Porcelain/Ceramic/Polymer Glass, Complicated Crown, Porcelain/Ceramic/Polymer Glass, Implant-supported	+L +L +E	948.91
27200		27202	Crown, Porcelain/Ceramic/Polymer Glass, Complicated	+L	-
27200	27240	27202 27205	Crown, Porcelain/Ceramic/Polymer Glass, Complicated Crown, Porcelain/Ceramic/Polymer Glass, Implant-supported Crown, Porcelain/Ceramic/Polymer Glass, with Cast Ceramic Post Retention	+L +L +E	948.91
27200	27210	27202 27205	Crown, Porcelain/Ceramic/Polymer Glass, Complicated Crown, Porcelain/Ceramic/Polymer Glass, Implant-supported	+L +L +E	948.91

		I		Τ.	1
		27212	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated (restorative, positional and/or aesthetic)	+L	1,259.57
		27215	Crown, Porcelain/Ceramic Fused to Metal Base, Implant-supported	+L +E	948.91
		27216	Crown, Porcelain/Ceramic Fused to Metal Base with Cast Metal Post Retention	+L	1,259.57
	27220		Crown, ¾, Porcelain/Ceramic/Polymer Glass		
	-	27221	Crown, ¾, Porcelain/Ceramic/Polymer Glass	11	048.01
		27222	Crown, ¾, Porcelain/Ceramic/Polymer Glass Crown, ¾, Porcelain/Ceramic/Polymer Glass, Complicated	+L +L	948.91 1,259.57
		2,222	crown, M, to rectain performer class, complicated	1.5	1,233.37
27300			CROWNS, CAST METAL		
		27301	Crown, Cast Metal	+L	948.91
		27302 27305	Crown, Cast Metal, Complicated (restorative, positional) Crown, Cast Metal, Implant-supported	+L +L +E	1,259.57 948.91
	+	27306	Crown, Cast Metal, mith Cast Metal Post Retention	+L	1,259.57
		27307	Semi-precision Rest (Interlock) (in addition to Cast Metal Crown)	+L +E	212.29
		27308	Semi-precision or Precision Attachment RPD Retainer (in addition to Cast Metal Crown)	+L +E	524.89
	27310		Crowns, ¾, Cast Metal		
	2/310		CIOWIIS, /4, Cast Metal		
		27311	Crowns, ¾, Cast Metal	+L	948.91
		27312	Crowns, Metal ¾ Cast Metal, Complicated	+L	1,259.57
		27313	Crowns, ¾, Cast Metal, with Direct Tooth Colored Corner	+L	948.91
27400			CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP (additional to crown)		
		27401	One crown	+L	137.18
	-	27409	Each additional crown	+L	90.05
27500	+		COPINGS, METAL/PLASTIC, TRANSFER (thimble type)		+
27300			COTINGS, WILTALFEASTIC, TRANSFER (HIIIIDIE LYPE)		+
	27510		Coping, Metal/Acrylic, Transfer (thimble), as a Separate Procedure		
		27511	Coping, Metal/Acrylic, Transfer (thimble) as a Separate Procedure	+L	400.86
	27520		Coping, Metal/Acrylic, Transfer (thimble) Concurrent with Impression for Crown		
		27521	Coping, Metal/Acrylic, Transfer (thimble) Concurrent with Impression for Crown	+L	99.92
27600			VENEERS, LABORATORY PROCESSED		
		27601	Veneers, Acrylic/Composite/Compomer, Bonded	+L	829.32
		27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded	+L	948.91
27700			REPAIRS, (SINGLE UNIT ONLY, DOES NOT INCLUDE AND RECEMENTATION)		
	27710		Repairs, Inlays, Onlays or Crowns, Acrylic/Composite/Compomer (single units)		
		27744	Description Applied Company to 100 many principles		24.07
	_	27711	Repairs, Acrylic/Composite/Compomer, Direct	to	91.87 275.64
				10	273.04
	27720		Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer		
			Glass/Fused to Metal base (single units)		
		27721	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass,		91.87
		27721	Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Direct		31.07
				to	275.64
		27722	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Indirect	+L	180.39
		1	Olassy i asea to inicial pase, malifect	1	
27800			RECONTOURING OF EXISTING CROWNS per tooth		
					<u> </u>
		27801	One unit of time		97.62
	+	27809	Each additional unit of time		97.62
	+		RESTORATIVE PROCEDURES, OVERDENTURES	1	

		1	1		
28100			RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT		
		28101	Natural Tooth Preparation, Placement of Pulp Chamber Restoration		251.54
	-	20402	(amalgam or composite) and Fluoride Application Endodontically Treated Tooth		200.04
	+	28102 28103	Natural Tooth Preparation and Fluoride Application, Vital Tooth Pre-fabricated Attachment, as an Internal/External Overdenture Retentive Device, Direct to a Natural	+L +E	300.94 300.94
		26103	Tooth (used with the appropriate denture code) per tooth	+L+E	300.94
		28105	Implant-supported Prefabricated Attachment as an Overdenture Retentive Device, Direct	+E	150.47
28200		1	RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT		
	28210		Coping Crowns, Cast Metal, No Attachments, Indirect		
		20244	Coning Course Cont Matel No Attack words to direct		402.04
		28211 28215	Coping Crown, Cast Metal, No Attachments, Indirect	+L +L +E	402.01 402.01
		28216	Coping Crown, Cast Metal, No Attachments, Implant-supported, Indirect Coping Crown, Cast Metal with Cast Metal Retentive Post, No Attachments	+L +E +L +E	603.01
		20210	Coping Crown, Cast Metal With Cast Metal Neterlive Post, No Attachments	16.16	003.01
	28220		Coping Crown, Cast Metal, with Attachments, Indirect		
		20224	Coming Crayus Mattel Cost with Attentionant Indivent		F01 04
}	1	28221 28225	Coping Crown, Metal Cast, with Attachment, Indirect Coping Crown, Cast Metal, Implant-supported with Attachment	+L +E +L +E	501.94 501.94
		28226	Coping Crown, Cast Metal, Implant-supported with Attachment Coping Crown, Cast Metal with Cast Metal Retentive Post, with Attachment	+L +E	738.81
29000			RESTORATIVE SERVICES, OTHER		
20100	-	-	DECEMBER TATION (DEPONDENCE IN LAVE (ONLY AVE (OROUNDS (VENETRES (DOCTE / NATURAL TOOTH)		
29100			RECEMENTATION/REBONDING, INLAYS/ONLAYS/CROWNS/VENEERS/POSTS/ NATURAL TOOTH FRAGMENTS (single units only) (+ L and/or +E where laboratory charges or expenses are incurred during repair of the unit)		
		29101	One unit of time	+L +E	98.77
		29102	Two units	+L +E	197.54
		29103 29104	Three units Four units	+L +E +L +E	296.31 395.08
		23104	Tour units	1.5.15	333.00
29300			REMOVAL, INLAYS/ONLAYS/ CROWNS/ VENEERS (single units only)		
		20201	One unit of time		07.63
		29301 29302	Two units		97.63 195.26
		29303	Three units		292.89
		29304	Four units		390.52
30000		1	ENDODONTICS		
		+	General Endodontic Procedures		
			There are certain Endodontic cases, which, as a result of a previous treatment, tooth position, anatomy and/or stage of development, require additional time and care. Such situations could merit an additional fee. Conservative root canal therapy includes treatment plan, clinical procedures with appropriate follow up care. Excludes final restoration.		
			Note: If Endodontic therapy is not completed it would be deemed reasonable to charge a portion of the suggested fee in relation to time expended in the procedure.		
31100			PULP CAPPING (refer to code 20100)		
22000		1	DUID CHAMPED TOPATAFAIT OF (v. 1. " C. 1		
32000	1	+	PULP CHAMBER, TREATMENT OF, (excluding final restoration)		
32200			PULPOTOMY		
	32220		Pulpotomy, Permanent Teeth (as a separate Emergency Procedure)		
	32220	1	. a.potomy . o maneric recent fas a separate Emergency r roccaure)		
		32221	Anterior and Bicuspid Teeth		183.75
		32222	Molar Teeth		183.75
	22222	 	Dulaskamu, Dulman, Taskk		
	32230	+	Pulpotomy, Primary Teeth		

		122221	Drives v. Toeth and Consusts Dressed v.v.	т т	175.02
		32231 32232	Primary Tooth, as a Separate Procedure Primary Tooth, Concurrent with Restorations (but excluding final restoration)	-	175.02 90.64
		32232	Primary Tooth, Concurrent with Restorations (but excluding final restoration)	-	90.04
	32240		Pulpotomy, Permanent Teeth, concurrent with restoration (but excluding final restoration)	1	
	522.10		rapotoni,, remainine recail, containent man restoration (out enclaum, man restoration,		
		32241	Anterior and bicuspid teeth		95.55
		32242	Molar Teeth		95.55
32300			PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)		
			Tool canal system for obtaining	1	
	32310		Pulpectomy, Permanent Teeth/Retained Primary Teeth	1	
		32311	One Canal		166.56
		32312	Two Canals		213.64
		32313	Three Canals		288.33
		32314	Four Canals or more		315.88
	32320		Pulpectomy, Primary Teeth		
	-	22224		 	444.07
		32321	Anterior Tooth Posterior Tooth	 	141.27
		32322	Posterior Tooth Posterior Tooth	╁──┤	254.99
33000			ROOT CANAL THERAPY		
33000	+		To include: treatment plan, clinical procedures (ie. pulpectomy, biomechanical preparation,	1	
			chemotherapeutic treatment and obturation), with appropriate radiographs, excluding final		
			restoration.		
33100			ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH (Includes: Clinical procedures with		
			appropriate radiographs, excluding final restoration.)	ļ	
			D. California		
			Definitions:	 	
			Uncomplicated - Virtually straight canal penetrated by size #15 file Difficult Access - Limited jaw opening, unfavourable tooth inclination, through complex restorations		
			eg. Post/core buildups.		
			Exceptional Anatomy - Canal size same as uncomplicated, but made complicated by dens-in-dente or		
			partially developed roots, internal/external resorption.		
			Calcified Canals - Unable to penetrate with size #10 file and not clearly dicernable on a radiograph		
	-	-	Re-treatment - Re-treatment of previously completed therapy	 	
	33110		Post Canala Daymanaut Tooth/Datained Driman, Tooth, One Canal	 	
	33110		Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal	 	
		33111	One canal	+ +	761.19
		33112	Difficult Access	1	1,010.60
		33113	Exceptional Anatomy	1	1,033.60
		33114	Calcified Canal		1,062.34
		33115	Re-treatment of Previously Completed Therapy		1,028.59
	33120		Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals		
·					
		33121	Two canals		1,108.48
		33122	Difficult Access	 	1,419.66
		33123	Exceptional Anatomy	↓	1,419.66
		33124	Calcified Canal Retreatment of Previously Completed Therapy	├──	1,419.66
	-	33125	netreatment of Freviously Completed Hierapy	┼──┤	1,458.75
	33130		Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals	+	
	22130		noon same by terminate recent negative trimery recent times canals	†	
		33131	Three canals	† 1	1,296.32
		33132	Difficult Access		1,608.71
		33133	Exceptional Anatomy		1,684.65
		33134	Calcified Canal		1,598.43
		33135	Retreatment of Previously Completed Therapy		1,586.94
	33140		Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals		

	1	33141	Four or more canals	1,636.20
		33142	Difficult Access	1,876.83
		33143	Exceptional Anatomy	1,876.83
		33144	Calcified Canal	1,876.83
		33145	Retreatment of Previously Completed Therapy	1,964.20
		33143	ned cutilities of the total of	1,504.20
33500			PULPAL REVASCULARIZATION	
		33501	One canal	288.73
		33502	Two canals	433.10
		33503	Three canals or more	577.48
33600			APEXIFICATION/APEXOGENESIS/INDUCTION OF HARD TISSUE REPAIR	
			(to include biomechanical preparation and placement of dentogenic media)	
		33601	One canal	300.22
		33602	Two canals	433.10
		33603	Three canals	577.48
		33604	Four canals or more	769.97
	33610		Re-Insertion of Dentogenic Media Per Visit	
		33611	One canal	144.35
		33612	Two canals	195.95
		33613	Three canals	293.66
		33614	Four canals or more	393.03
34000			PERIAPICAL SERVICES	
34100			APICOECTOMY/APICAL CURETTAGE	
	34110		Maxillary Anterior	
		34111	One root	607.67
		34112	Two roots	749.79
	34120		Maxillary Bicuspid	
		34121	One root	749.42
		34122	Two roots	872.02
		34123	Three roots	1,071.61
	34130		Maxillary Molar	
		34131	One root	728.73
		34132	Two roots	853.63
		34133	Three roots	1,287.32
	34140		Mandibular Anterior	
		2		
		34141	One root	631.27
		34142	Two or more roots	857.08
	0.000	-	As a diluda Diagonida	
	34150	+	Mandibular Bicuspid	
		2447	10	27
		34151	One root	930.27
		34152	Two roots	965.51
		34153	Three or more roots	1,178.89
	24466	1	Manudihular Malar	
	34160	-	Mandibular Molar	
		24464	One most	7/7 /0
		34161	One root	747.49
		34162	Two roots	944.81
		34163	Three roots	1,287.32
	1		<u> </u>	
34200			RETROFILLING	

	34210		Maxillary Anterior	
		34211	One canal	114.39
		34212	Two or more canals	203.52
	34220		Maxillary Bicuspid	
		34221	One canal	114.39
		34222	Two canals Three canals	203.52
		34223 34224	Four or more canals	307.58 409.33
		34224	Tour of more canais	409.55
	34230		Maxillary Molar	
		34231	One canal	127.04
		34232	Two canals	203.52
		34233	Three canals	307.58
		34234	Four or more canals	409.33
	34240		Mandibular Anterior	
		2 - 2		
		34241	One canal	129.34
		34242	Two or more canals	203.52
	34250	+	Mandibular Bicuspid	
	34230		International Discopiu	
		34251	One canal	101.75
		34252	Two canals	203.52
		34253	Three canals	307.58
		34254	Four or more canals	409.33
	34260		Mandibular Molar	
		34261	One canal	101.75
		34262	Two canals	203.52
		34263	Three canals	307.58
		34264	Four or more canals	409.33
34300			RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE	
34300			RE-TREATMENT, AFTEOLETOWN/AFTEAL CORETTAGE	
	34310		Maxillary Anterior	
		34311	One root	615.17
		34312	Two roots	857.08
	34320		Maxillary Bicuspid	
		34321	One root	749.79
		34322	Two roots	1,017.99
		34323	Three roots	1,287.32
	34330	24224	Maxillary Molar	740 ==
		34331 34332	One root	749.79
		34332	Two roots Three roots	1,017.99 1,500.74
		34333	Titlee Tools	1,500.74
	34340		Mandibular Anterior	
	34340	34341	One root	770.70
		34342	Two or more roots	1,071.61
				,
	34350		Mandibular Bicuspid	
		34351	One root	857.08
		34352	Two roots	1,178.89
		34353	Three roots	1,393.45
	34360		Mandibular Molar	
		34361	One root	857.08
		34362	Two roots	1,126.08
		34363	Three roots	1,500.74

	1	1		
34400			SURGICAL SERVICES, MISCELLANEOUS	
	34410		Amputations, Root (includes recontouring tooth and furca)	
		34411	One root	421.39
		34412	Two roots	513.40
	34420		Hemisection	
	34420		Hemsection	
		34421	Maxillary Bicuspid	307.58
		34422	Maxillary Molar	300.68
		34423	Mandibular Molar	300.68
	34430		Decompression, Perio-Radicular Lesion	
		34431	First visit	409.33
	+	34432	Each Additional visit	203.52
	34440		Surgery, Endodontic, Exploratory	
	5			
	1	34441	Maxillary Anterior	307.58
		34442	Maxillary Bicuspid	409.33
		34443	Maxillary Molar	513.40
		34444	Mandibular Anterior	307.58
		34445	Mandibular Bicuspid	409.33
		34446	Mandibular Molar	513.40
	24450		Description of the state of the	
	34450		Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional)	
		34451	Single rooted tooth	427.95
	+	34452	Two rooted tooth	643.66
		34453	Three rooted tooth or more	857.08
34500			PERFORATIONS	
	34510		Perforation/Resorptive Defect(s), Pulp Chamber Repair, or Root Repair, Non-Surgical	
	-	24544		02.02
	_	34511	per tooth	93.02
	34520		Perforation/Resorptive Defect(s), Pulp Chamber Repair, or Root Repair, Surgical	
	34320		i criotation, resorptive percet(s), i aip citamber repair, or repair, surgical	
	1	34521	Anterior Tooth	101.75
		34522	Bicuspid Tooth	204.06
		34523	Molar Tooth	305.28
34600			ENLARGEMENT, CANAL AND/OR PULP CHAMBER (Preparation of Post Space)	
	<u> </u>	34601	In Previously Filled Tooth when Root Canal Treatment Done by Another Practitioner In Calcified Canals	97.38
	+	34602	in Calcined Canals	293.33
39000			ENDODONTIC, PROCEDURES, MISCELLANEOUS	
33000			ENDODONINO, FROCEDORES, MISCELLARECOS	
39100			ISOLATION OF ENDODONTIC TOOTH/TEETH FOR ASEPSIS	
		39101	Banding and/or Coronal Buildup of Tooth/Teeth and/or Contouring of Tissue Surrounding Tooth/Teeth	183.75
			to Maintain Aseptic Operating Field (per tooth)	
20200	-	-	ODENI AND DRAIN (Caracata Emarcary 2000 and 1000	
39200		-	OPEN AND DRAIN (Separate Emergency Procedures)	
	+	39201	Anteriors and Bicuspids	87.53
	1	39201	Molars	87.53
		33202	1	07.33
	39210		Opening Through Artificial Crown (In addition to Procedures)	
		39211	Anteriors and Bicuspids	96.71
		39212	Molars	96.71

	1		T	
39300			BLEACHING, NON VITAL	
	39310		Bleaching Endodontically Treated Tooth/Teeth	
		39311	One unit of time	93.03
		39312	Two units	186.06
		39313	Three units	279.09
		39319	Each additional unit over three	93.03
39400			EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY TREATED TOOTH	
	39410		Exploratory Access	
		39411	Anterior	83.15
		39412	Bicuspid	83.15
		39413	Molar	174.64
40000			PERIODONTICS	
			In the treatment of periodontal diseases, variables such as the severity of the patient's periodontal condition and the distribution (i.e. extent) of the condition may require a relatively wide selection of therapeutic procedures and involve considerable variation in time and expense. In most instances the time required to perform a certain procedure could, and usually does, vary from one quadrant to another and therefore the amounts of time as outlined in the following guide could vary in the management of a particular case.	
41000			PERIODONTAL SERVICES, NON SURGICAL	
41200			ORAL DISEASE, Management of	
	41210		Oral Manifestations, Oral Mucosal Disorders, Mucocutaneous disorders and diseases of localized mucosal conditions, e.g. lichen planus, aphthous stomatitis, benign mucous membrane pemphigoid, pemphigus, salivary gland tumours, leukoplakia with and without dysphasia, neoplasms, hairy leukoplakia, polyps, verrucae, fibroma etc.	
		41211	One unit of time	91.87
		41212	Two units	183.74
		41213	Three units	275.61
		41214	Four units	367.48
		41219	Each additional unit over four	91.87
	41220		Nervous and Muscular Disorders, Disorders of facial sensation and motor dysfunction at the jaw, e.g. trigeminal neuralgia, atypical facial pain, atypical odontologia, burning mouth syndrome, dyskenesia, post injection trismus, muscular and joint pain syndrome	
		41221	One unit of time	91.87
-	+	41222	Two units	183.74
	+	41223	Three units	275.61
	+	41224	Four units	367.48
	-	41229	Each additional unit over four	91.87
	41230		Oral Manifestations of Systemic Disease or complications of medical therapy e.g. complications of chemotherapy, radiation therapy, post operative neuropathics, post surgical or radiation therapy, dysfunction, oral manifestations of lupus erythematosis and systemic disease including leukemia, diabetes and bleeding disorders (e.g. haemophilia)	
	_			
		41231	One unit of time	91.87
		41232	Two units	183.74
		41233	Three units	275.61
		41234	Four units	367.48
		41239	Each additional unit over four	91.87
41300			DESENSITIZATION	

	1	1	(This continues on the state of	•
			(This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than one appointment may be necessary.)	
		41301	One unit of time	91.87
-		41302	Two units	183.74
		41309	Each additional unit over two	91.87
42000			PERIODONTAL SERVICES, SURGICAL	
			(Includes local anaesthetic, suturing and the placement and removal of initial surgical dressing. A	
			surgical site is an area that lends itself to one or more procedures. It is considered to include a full	
			quadrant, sextant or group of teeth or in some cases a single tooth.)	
42100			PERIODONTAL SURGERY, GINGIVAL CURETTAGE	
42100			PENIODONIAE SONGENI, GINGIVAE CONETTAGE	
	42110		Surgical Curettage, To Include Definitive Root Planing	
		42111	Per sextant Per sextant	240.61
42200			PERIODONTAL SURGERY, GINGIVOPLASTY (Does not include limited re-contouring to facilitate restorative services)	
		42201	Per sextant Per sextant	288.73
		42201	rei sextant	200.73
42300			PERIODONTAL SURGERY, GINGIVECTOMY	
			(The procedure by which gingival deformities are reshaped and reduced to create normal and	
			functional form, when the pocket is uncomplicated by extension into the underlying bone; does not	
			include limited re-contouring to facilitate restorative services).	
	42240		Charles Assess Harrow Harrow	
	42310		Gingivectomy, Uncomplicated	
		42311	Per sextant Per sextant	328.03
		72311	1 Cl Schalle	320.03
	42320		Gingivectomy, Complicated	
		42321	Per sextant Per sextant	484.51
	42330		Gingival Fiber Incision (supra crestal fibrotomy)	
		42224	First tooth	93.50
		42331 42339	Each additional tooth	83.15
	+	42333	Each additional tooth	03.13
42400			PERIODONTAL SURGERY, FLAP APPROACH	
	42410		Flap Approach, With Osteoplasty and/or Ostectomy	
		42411	Per sextant	1,181.58
	42.00		Flor Assessed With Country of Occ. 2011	
	42420		Flap Approach, With Curettage of Osseous Defect	
		42421	Per sextant Per sextant	782.01
		42421	rei sextant	782.01
	42430		Flap Approach, With Curettage of Osseous Defect with Osteoplasty and/or Ostectomy	
		42431	Per sextant Per sextant	1,114.13
	42440		Flap Approach, Exploratory (for diagnosis)	
		40.441	Don't le	22.5
		42441	Per site	601.39
42500		+	PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE	
72300			I ENIODORIAE JONGENI, I EAF J, GNAFI J, JUFI 11330E	
	42510		Grafts, Soft Tissue, Pedicle (including apically or lateral sliding and rotated flaps.)	<u> </u>
		1	, , , , , , , , , , , , , , , , , , ,	
	1	1	Per site	724.65
		42511	r et site	734.65

	1				
	42520		Grafts, Soft Tissue, Pedicle (Coronally Positioned)		
		42521	Per site		734.65
		42522	Periosteal stimulation in addition to 42521		87.51
	42530		Grafts Free Soft Tissue		
	42550		draits Free Soft Tissue		
		42531	Adjacent to teeth or edentulous area, per site.		1,109.41
	42540		Grafts, Soft Tissue, Pedicle, With Free Graft Placed In Pedicle Donor Site		
		425.44			4 244 25
		42541	Per site		1,341.05
	42550		Grafts, For Root or Implant Coverage		
			, , , , , , , , , , , , , , , , , , ,		
		42551	Autograft (subepithelial connective tissue or epithelialized gingival graft), for root		1,053.66
			coverage, includes harvesting from donor site - Per site	_	
		42552	Allograft, for root coverage – per site	+E	I.C.
		42556	Autograft (subepithelial connective tissue or epithelialized gingival graft), adjacent to an implant, includes harvesting from donor site – per site		I.C.
		42557	Allograft, adjacent to an implant – per site	+E	I.C.
	42560		Grafts, For Ridge Augmentation		
		42561 42562	Autograft (free connective tissue), includes harvesting from donor site – per site.	+E	1,299.39
		42562	Allograft – per site	+E	I.C.
	42570		Grafts, Connective Tissue, Pedicle with Free Graft for Root Coverage		
		42571	Per site		1,005.97
	42580		Grafts, Gingival Onlay (for ridge augmentation)		
		42581	Per site		1,040.73
		42361	rei site		1,040.73
	42590		Grafts, Dermal, Onlay, for Ridge Augmentation		
		42591	Autograft – per site		1,040.73
		42592	Allograft – per site	+E	1,040.74
42600			PERIODONTAL SURGERY, FLAPS, GRAFTS, OSSEOUS TISSUE		
42000			PERIODONIAL SUNGENT, PLAFS, GRAFTS, USSECUS TISSUE		
	42610		Grafts, Osseous, Autograft (Including Flap Entry, Closure and Donor Site)		
		42611	Per site		1,224.41
	42620		Grafts, Osseous, Allograft (Including Flap Entry and Closure)		
		42621	Per site	+E	1,224.41
	†	1			_,1
	42630		Grafts, Osseous, Xenograft (Including Flap Entry and Closure)		
		42631	Per Site	+E	1,224.41
42700		+	GUIDED TISSUE REGENERATION		
72,00	1	+	GODED 11330E REGENERATION		
	1	42701	Guided Tissue Regeneration – Non-resorbable Membrane – per site	+E	1,858.84
		42702	Guided Tissue Regeneration – Resorbable Membrane	+E	1,858.84
		42703	Guided Tissue Regeneration – Non-resorbable Membrane, Surgical Re-entry for Removal	+E	1,858.84
	<u> </u>				
	42720	+	Biological Materials to Aid in Soft and Osseous Tissue Regeneration (not including surgical entry and		
	72/20		closure)		
		<u> </u>			
		42721	Per site	+E	I.C.
42800			PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES		

		1		1	T 1
	42810	+	Proximal Wedge Procedure (as a separate procedure)		+
	72010	+	Troninar weage Procedure (as a separate procedure)		+
		42811	With Flap Curettage, per site		557.67
		42819	With Flap Curettage and Ostectomy/Osteoplasty, per site		673.42
					1
	42820		Post Surgical Periodontal Treatment Visit Per Dressing Change		1
			(by dentist other than operating dentist)		
		42821	One unit of time		87.51
		42822	Two units		175.02
		42823	Three units		262.53
		42829	Each additional unit over three		87.51
					4
	42830		Periodontal Abscess or Pericoronitis, May Include Any of The Following Procedures: Lancing, Scaling,		
-		+	Curettage, Surgery or Medication		+
		42831	One unit of time		91.87
		42832	Two units		183.74
		42833	Three units		275.61
		42834	Four units		367.48
		42839	Each additional unit over four		91.87
				1	1
	42840		Flap Approach for Creation of Interdental Papillae		
			·	Ī	1
		42841	Per Site		I.C.
	42850		Flapless Approach, with Osteoplasty/Ostectomy for Crown Lengthening		
		42851	Per site		183.75
43000			PERIODONTAL PROCEDURES, ADJUNCTIVE		
			(when per joint is designated, the corresponding tooth code is represented by the mesial of the tooth involved, except at the midline, where the tooth to the right of the joint is utilized)		
43100			PERIODONTAL SPLINTING OR LIGATION, INTRA CORONAL Note: This procedure is in addition to the		
			usual code for the tooth preparation on either side		_
-	43110	+	"A" Splint (restorative material plus wire, fibre ribbon or rope)		+
	43110		A Spilit (restorative material plus wire, hibre hibbon of rope)		+
		43111	Per joint Per joint	+E	177.32
		.0111	, or joint		177.02
43200			PERIODONTAL SPLINTING OR LIGATION, EXTRA CORONAL		1
			,		1
	43220		Bonded, Interproximal Enamel Splint		
		43221	Per joint		87.51
	43230		Wire Ligation		<u> </u>
		43231	Per joint Per joint		87.51
	42246		Wire Lieution Destaurative Metaviel Communication	-	+
-	43240	+	Wire Ligation, Restorative Material Covered		+
-		43241	Per joint Per joint		87.51
		43241	rei joint		87.51
-	43260	+	Orthodontic Band Splint		+
	1.5_00			<u> </u>	+
		43261	Per band	+E	87.51
		1		i e	† <u>-</u>
	43270	1	Cast/Soldered/Ceramic/Polymer Glass/Wire/Fibre Ribbon, Splint Bonded	i i	†
		43271	Indirect, Per abutment	+L	87.51
		43272	Direct, Per abutment	+E	87.51
	43280		Removal of Fixed Periodontal Splints		

43281 Cone unit of time 43400 ROOT PLANING, PERIODONTAL 43420 ROOT PLANING, PERIODONTAL 43420 ROOT PLANING, PERIODONTAL 43421 One unit of time 43422 Tiwe units of time 43422 Tiwe units of time 43424 Four units of time 43424 Four units of time 43424 Four units of time 43425 Six units of time 43427 Four units of time 43520 Chemotherapeutic and/or Antimicrobial Agents, Topical Application 43521 One unit of time 43522 Each additional unit of time 43523 Each additional unit of time 43524 Chemotherapeutic and/or Antimicrobial Therapy, intra-Sukular Application 43520 Chemotherapeutic and/or Antimicrobial Therapy, intra-Sukular Application 43521 One unit of time 43522 Each additional unit of time 43523 Four units of time 43524 Chemotherapeutic and/or antimicrobial and four events of the process of the proce	07.54
### AND PERIODONTAL ### AND P	87.51
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### ### ### ### ### ### ### ### ### ##	
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43421 One unit of time 43422 Two units of time 43423 Three units of time 43423 To unit of time 43424 Serve units of time 43425 Few units of time 43427 1/2 unit of time 43427 1/2 unit of time 43427 1/2 unit of time 43429 Cheart additional unit over six 43500 Chemotherapeutic and/or Antimicrobial Agents, Topical Application 43510 Chemotherapeutic and/or Antimicrobial Agents, Topical Application 43510 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43521 One unit of time 43529 Each additional unit of time 4520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 45200 PERIODONTAL SERVICES, MISCELLANEOUS 45200 PERIODONTAL SERVICES, MISCELLANEOUS 45100 PERIODONTAL RE-EVALUATION/EVALUATION Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post- surgical re-evaluation performed more than one (1) month after surgery, or if performed by another oracitioner 45100 One unit of time 45100 Chemotherapeutic and increase over the basic fee 45100 Chemotherapeutic and increase over the basic fee 45100 Chemotherapeutic and increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	
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49427 Two units of time 49424 Five units of time 49425 Five units of time 49426 Five units of time 49427 49427 Five units of time 49427 49427 12/2 unit of time 49427 13/2 unit of time 49429 Each additional unit over six 49500 Chemotherapeutic and/or Antimicrobial Agents, Topical Application 49511 One unit of time 49519 Each additional unit of time 49529 Each additional unit over two 49529 Each ad	
49423 Three units of time 49425 Five units of time 49426 Six units of time 49426 Six units of time 49426 Six units of time 49427 49427 Six units of time 49427 49427 Six units of time 49427 Six units of time 49429 Each additional unit over six 49429 Each additional unit over six 49500 Chemotherapeutic and/or Antimicrobial Agents, Topical Application 49510 Chemotherapeutic and/or Antimicrobial Agents, Topical Application 49511 One unit of time 49519 Each additional unit of time 49529 Each additional unit of time 49520 Each additional unit of time 49520 PERIODONTAL SERVICES, MISCELLANEOUS 49500 PERIODON	83.55
49424 Four units of time 49426 Six units of time 49427 1/2 unit of time 49429 Gach additional unit over six 49500 CHEMOTHERAPEUTIC and/or ANTIMICROBIAL AGENTS 49510 Chemotherapeutic and/or Antimicrobial Agents, Topical Application 49511 One unit of time 49519 Each additional unit of time 49519 Each additional unit of time 49520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 49521 One unit of time 49520 Gach additional unit of time 49520 Each additional unit of time 49520 Each additional unit of time 49520 Each additional unit of time 49520 PERIODONTAL SERVICES, MISCELLANEOUS 49500 PERIODONTAL RE-EVALUATION/EVALUATION Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner 49101 One unit of time 49102 Two units 49101 One unit of time 49102 Two units 49101 One unit of time 49102 Two units 49101 One unit of time 49102 SoFT TISSUE PROSTHESIS Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxilifolacial surgery see sub-classification 57300 Prosthesis Maxiliofacial, other, code 57372 Gingival Prosthesis) PROSTHODONTICS - REMOVABLE Special aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. EXAMINATION, DIAGNOSI	167.10
49425 Five units of time 49427 1/2 unit of time 49429 Each additional unit over six 49429 Each additional unit over six 49500 CHEMOTHERAPEUTIC and/or ANTIMICROBIAL AGENTS 49510 Chemotherapeutic and/or Antimicrobial Agents, Topical Application 49511 One unit of time 49519 Each additional unit of time 49520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 49521 One unit of time 49529 Each additional unit over two 49529 Each	250.65
34326 Six units of time 43427 1/2 unit of time 43429 Each additional unit over six 43490 Each additional unit over six 43500 CHEMOTHERAPEUTIC and/or ANTIMICROBIAL AGENTS 43510 Chemotherapeutic and/or Antimicrobial Agents, Topical Application 43511 One unit of time 43519 Each additional unit of time 43519 Each additional unit of time 43520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43521 One unit of time +E 43529 Each additional unit of time +E 43520 The proposition +E 43520 The proposition +E 43520 Each additional unit of time +E 43520 Each additional unit over two +E 43520 Each additional	334.20
1/2 unit of time	417.75
43429 Each additional unit over six	501.30
43500 CHEMOTHERAPEUTIC and/or ANTIMICROBIAL AGENTS 43510 Chemotherapeutic and/or Antimicrobial Agents, Topical Application 43511 One unit of time 43519 Each additional unit of time 43520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43521 One unit of time 43521 One unit of time 43521 Each additional unit of time 45600 PERIODONTAL SERVICES, MISCELLANEOUS 49000 PERIODONTAL SERVICES, MISCELLANEOUS 49100 PERIODONTAL RE-EVALUATION/EVALUATION Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner 49101 One unit of time 49101 Two units 49109 Each additional unit over two 49300 SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	41.78
43510 Chemotherapeutic and/or Antimicrobial Agents, Topical Application 43511 One unit of time 43519 Each additional unit of time 43520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43521 One unit of time 43522 Each additional unit of time 43529 Each additional unit of time 49000 PERIODONTAL SERVICES, MISCELLANEOUS 49100 PERIODONTAL RE-EVALUATION/EVALUATION Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner 49101 One unit of time 49102 Two units 49109 Each additional unit over two 39300 SOFT TISSUE PROSTHESIS 49301 Gingval Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	83.55
43510 Chemotherapeutic and/or Antimicrobial Agents, Topical Application 43511 One unit of time 43519 Each additional unit of time 43520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43521 One unit of time 43522 Each additional unit of time 43529 Each additional unit of time 49000 PERIODONTAL SERVICES, MISCELLANEOUS 49100 PERIODONTAL RE-EVALUATION/EVALUATION Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner 49101 One unit of time 49102 Two units 49109 Each additional unit over two 39300 SOFT TISSUE PROSTHESIS 49301 Gingval Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	
43519 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43521 One unit of time +E 43529 Each additional unit of time +E 43529 Each additional unit of time +E 43529 Each additional unit of time +E 43520 PERIODONTAL SERVICES, MISCELLANEOUS 49100 PERIODONTAL SERVICES, MISCELLANEOUS 49100 PERIODONTAL RE-EVALUATION/EVALUATION Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner 49101 One unit of time 49102 Two units 49302 Two units 49300 SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	
43510 One unit of time 43520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43521 One unit of time 4529 Each additional unit of time 4520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 4520 Chemotherapeutic and/or Antimicrobial Chemotherapeutic and/or Antimicrobial Chemotherapeutic and Intra-Sulcular Application 4520 Chemotherapeutic and Intra-Sulcular Application Application 4520 Chemotherapeutic and Intra-Sulcular Application 4520 Chemotherapeutic and Intra-Sulcular Application 4520 Chemotherapeutic and Intra-Sulcular Application 4520 Chemotherapeutic Application 4520 Chemotherapeu	
43520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43521 One unit of time 43529 Each additional unit of time +E 43529 Each additional unit of time +E 43529 PERIODONTAL SERVICES, MISCELLANEOUS 49100 PERIODONTAL SERVICES, MISCELLANEOUS 49100 PERIODONTAL RE-EVALUATION Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner 49101 One unit of time 49102 Two units 49109 Each additional unit over two 49300 SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	
43520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43521 One unit of time 43529 Each additional unit of time +E 43529 Each additional unit of time +E 43529 PERIODONTAL SERVICES, MISCELLANEOUS 49100 PERIODONTAL SERVICES, MISCELLANEOUS 49100 PERIODONTAL RE-EVALUATION Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner 49101 One unit of time 49102 Two units 49109 Each additional unit over two 49300 SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	
43520 Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application 43521 One unit of time +E 43529 Each additional unit of time +E 43529 Each additional unit of time +E 49000 PERIODONTAL SERVICES, MISCELLANEOUS 49100 PERIODONTAL SERVICES, MISCELLANEOUS 49100 PERIODONTAL RE-EVALUATION/EVALUATION Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner 49101 One unit of time 49102 Two units 49109 Each additional unit over two 49300 SOFT TISSUE PROSTHESIS 49301 Gingwal Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	87.51
43521 One unit of time	87.51
43521 One unit of time	
43529 Each additional unit of time	
43529 Each additional unit of time	
49100 PERIODONTAL SERVICES, MISCELLANEOUS PERIODONTAL RE-EVALUATION/EVALUATION Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post- surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner 49101 One unit of time 49102 Two units 49109 Each additional unit over two SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	91.87
A9100 PERIODONTAL RE-EVALUATION/EVALUATION	91.87
A9100 PERIODONTAL RE-EVALUATION/EVALUATION	
A9100 PERIODONTAL RE-EVALUATION/EVALUATION	
Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post- surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner 49101 One unit of time 49102 Two units 49109 Each additional unit over two SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	
Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post- surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner 49101 One unit of time 49102 Two units 49109 Each additional unit over two SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	
surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner 49101 One unit of time 49102 Two units 49109 Each additional unit over two SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	
practitioner 49101 One unit of time 49102 Two units 49109 Each additional unit over two 49300 SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	
49101 One unit of time 49102 Two units 49109 Each additional unit over two 49300 SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	
49102 Two units 49109 Each additional unit over two SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	
49102 Two units 49109 Each additional unit over two SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	
49300 SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	87.51
49300 SOFT TISSUE PROSTHESIS 49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. 51000 DENTURE COMPLETE	175.02
49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. 51000 DENTURE COMPLETE	87.51
49301 Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. 51000 DENTURE COMPLETE	
(Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. DENTURE COMPLETE	
(Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) 50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. DENTURE COMPLETE	
required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis) PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. DENTURE COMPLETE	I.C.
57372 Gingival Prosthesis) PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. DENTURE COMPLETE	
50000 PROSTHODONTICS - REMOVABLE Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee. Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. DENTURE COMPLETE	
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increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. DENTURE COMPLETE	
increase over the basic fee. EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. DENTURE COMPLETE	
EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee. DENTURE COMPLETE	
51000 DENTURE COMPLETE	
51000 DENTURE COMPLETE	
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insertion and adjustments, including three month post insertion care)	
51100 DENTURE COMPLETE, STANDARD	
51101 Maxillary +L	931.16

		F4402	Advantage of the state of the s	I.,	024.46
		51102	Mandibular	+L	931.16
		51104	Liners, Processed, Resilient, in addition to above		LAB
51200			DENTURES, COMPLETE, COMPLEX		
31200			DENTORES, COMPLETE, COMPLEX		
		51201	Maxillary	+L	1,924.96
		51201	Mandibular	+L	1,924.96
		51202	Liners, Processed, Resilient in addition to above		1,324.30 LAB
		31204	Energy Processed, Resilient in addition to above		LAD
51300			DENTURES, SURGICAL, STANDARD, (IMMEDIATE)		
31300			(includes first tissue conditioner, but not a processed reline)		
		+	(metades hist dissac conditioner, but not a processed reline)		_
		51301	Maxillary	+L	931.16
		51302	Mandibular	+L	931.16
51400			DENTURES, SURGICAL, COMPLEX (IMMEDIATE)		
			(includes first tissue conditioner, but not a processed reline)		
			(modules hist dissectionalistic) such occurs processed reline)		
		51401	Maxillary	+L	1,317.07
		51402	Mandibular	+L	1,317.07
51500			DENTURES, COMPLETE, GNATHOLOGICAL (CAST BASE AND METAL OCCLUSALS)		
			, , , , , , , , , , , , , , , , , , , ,		1
		51501	Maxillary		I.C.
		51502	Mandibular		I.C.
					-
51600			DENTURES, COMPLETE, PROVISIONAL		
		51601	Maxillary	+L	643.22
		51602	Mandibular	+L	643.22
51700			DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR		
			IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
	51710		Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth with or without Coping		
			Crowns, no Attachments		
		51711	Maxillary	+L	1,215.77
		51712	Mandibular	+L	1,215.77
	51720		Dentures, Complete, Overdentures, Tissue Borne, Supported by Implants with or without Coping		
			Crowns, no Attachments		
		51721	Maxillary	+L	1,215.77
		51722	Mandibular	+L	1,215.77
	51730		Dentures, Complete, Overdentures Tissue Borne, Supported by a Combination of Natural Teeth and		
		-	Implants with or without Coping Crowns, no Attachments		
		51731	Mavillanu	+L	1 215 77
		51731	Maxillary Mandibular	+L +L	1,215.77
		51/32	Manabular	+L	1,215.77
51800			DENTITIES COMPLETE OVERDENTINES (IMMEDIATE) TISSUE DORNE SURPORTED DV MATURAL		
STRUU			DENTURES, COMPLETE, OVERDENTURES, (IMMEDIATE), TISSUE BORNE, SUPPORTED BY NATURAL		
			TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
	E1910		Dentures Complete Overdentures (Immediate) Tissue Borne Supported by Natural Teeth with or		
	51810		Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by Natural Teeth with or without Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner		
	51810		without Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner,		
	51810				
	51810	51811	without Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner,	+L	1,102.59
	51810	51811 51812	without Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline) Maxillary	+L +L	
	51810	51811 51812	without Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline)	+L +L	
51900	51810	_	without Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline) Maxillary Mandibular		
	51810	_	without Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline) Maxillary Mandibular DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SECURED BY ATTACHMENTS TO NATURAL		
	51810	_	without Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline) Maxillary Mandibular		
	51810	_	without Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline) Maxillary Mandibular DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SECURED BY ATTACHMENTS TO NATURAL		1,102.59 1,102.59
		_	without Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline) Maxillary Mandibular DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS		

	1	51911	Maxillary	+L	1,102.59
		51912	Mandibular	+L	1,102.59
		31312	Manusulai	'L	1,102.55
	51920		Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to		
			Implants with or without Coping Crowns		
		51921	Maxillary	+L	I.C.
		51922	Mandibular	+L	I.C.
	51930		Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to a		
			Combination of Natural Teeth and Implants with or without Coping Crowns		
		51931	Maxillary	+L	I.C.
		51932	Mandibular	+L	I.C.
	51950		Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to		
			Coping Crowns Supported by Implants		
		51951	Maxillary	+L	I.C.
		51952	Mandibular	+L	I.C.
	=1000				
	51960		Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of a Natural Teeth and Implants (see 62105 for Retentive		
			Bar)		
			Daij		
	1	51961	Maxillary	+L	I.C.
		51962	Mandibular	+L	I.C.
52000			DENTURES, PARTIAL, ACRYLIC		
	52100		Dentures, Partial, Acrylic Base (Provisional) (With or Without Clasps)		
		52101	Maxillary	+L	268.07
		52102	Mandibular	+L	268.07
_					
	52110	_	Dentures, Partial, Acrylic Base (Immediate)		
	52110	+	(includes first tissue conditioner, but not a processed reline)		
			(includes first tissue conditioner, but not a processed reinie)		
		52111	Maxillary	+L	268.07
		52112	Mandibular	+L	268.07
52200			DENTURES, PARTIAL, POLYMER, RESILIENT RETAINER		
		52201	Maxillary	+L	268.07
		52202	Mandibular	+L	268.07
	52210		Dentures, Partial, Polymer, Resilient Retainer, (Immediate)		
	1	-	(includes first tissue conditioner, but not a processed reline)		
	+	E2244	Maxillan		300.07
	+	52211 52212	Maxillary Mandibular	+L +L	268.07 268.07
	+	JEETE	prioritional		200.07
52300	†	+	DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS		
			,,		
		52301	Maxillary	+L	901.40
		52302	Mandibular	+L	901.40
	<u> </u>	<u> </u>			
	52310		Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests,		
			(Immediate) (includes first tissue conditioner, but not a processed reline)		
	1	52311	Maxillary	+L	901.40
	1	52312	Mandibular	+L	901.40
52400			DENTURES, PARTIAL, ACRYLIC, WITH METAL/WROUGHT PALATAL/LINGUAL BAR AND CLASPS		
	+	+	AND/OR RESTS		
	+	52401	Maxillary	+L	901.40
		22701	Processor, 1		JU1.40

		52402	Mandibular	+L	901.40
	52410		Dentures, Partial, Acrylic, with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)		
			(inimediate) (includes first tissue conditioner, but not a processed refine)		
		52411	Maxillary	+L	901.40
		52412	Mandibular	+L	901.40
	52510		Dentures, Partial (Flexible, Non Metal, Non Acrylic)		
		52511	Maxillary	+L	661.19
		52511	Mandibular	+L +L	661.19
		32312	Manusulai		001.19
52700			DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
	52710		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests supported by Natural Teeth with or without Coping Crowns, no attachments		
		E2711	Maxillary	11	1 105 40
	+	52711 52712	Mandibular	+L +L	1,105.48 1,105.48
		32/12	manasad		1,103.40
	52720		Dentures, Partial, Overdentures, Acrylic, with Cast/ Wrought Clasps and/or Rests, Supported by Implants with or without Coping Crowns, no attachments		
		F070:	AA.::llan.	ļ.,	4.46= :-
	-	52721	Maxillary	+L	1,105.48
		52722	Mandibular	+L	1,105.48
	52730		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no attachments		
		52731	Maxillary	+L	1,105.48
		52732	Mandibular	+L	1,105.48
52800			DENTURES, PARTIAL, OVERDENTURES (IMMEDIATE), ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
	52810		Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Natural Teeth with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline)		
		52811	Maxillary	+L	1,105.48
		52812	Mandibular	+L	1,105.48
	52820	32012	Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Implants with or without Coping Crowns, no Attachments (includes first tissue		1,103.40
			conditioner, but not a processed reline)		
	-	E2024	Maxillan	<u> </u>	1 105 40
		52821 52822	Maxillary Mandibular	+L +L	1,105.48 1,105.48
		32022	International	, r	1,105.48
	52830		Dentures, Partial, Overdentures (Immediate), Acrylic with Cast/Wrought Clasps and/or Rests Secured by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline)		
		1			1
	-	52831	Maxillary	+L	1,105.48
	-	52832	Mandibular	+L	1,105.48
52900			DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SECURED BY NATURAL TEETH OR IMPLANTS		
	52910		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests with Independent Attachments Secured by Attachments to Natural Teeth with or without Coping Crowns		
		52911	Maxillary	+L	1,105.48
		22311	product y	· -	1,103.40

		52912	Mandibular	+L	1,105.48
	52920		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent		
	32920		Attachments Secured to Implants with or without Coping Crowns		
		52921	Maxillary	+L	1,105.48
		52922	Mandibular	+L	1,105.48
	52930		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns [used with 26101, 26103 (Mesostructures); or 28221, 28225, 28226 (Cast Metal Coping Crowns) with or without Attachments]		
		52931	Maxillary	+L	1,105.48
		52932	Mandibular	+L	1,105.48
	52940		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar)		
		F2041	Maxillan	. 1	1 105 40
		52941 52942	Maxillary Mandibular	+L +L	1,105.48 1,105.48
		J2J42	International	, L	1,103.46
	52950		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)		
		F20F1	Marillan		1 105 40
		52951 52952	Maxillary Mandibular	+L +L	1,105.48 1,105.48
		32332	Manuibulai	TL	1,103.48
	52960		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a combination of Natural Teeth and Implants (see 62105 for Retentive Bar)		
		52961	Maxillary	+L	1,105.48
		52962	Mandibular	+L	1,105.48
53000			DENTURES, PARTIAL, CAST WITH ACRYLIC BASE		
53100			DENTURES, PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS		
33100			SENTINES, FARMAS, TREE END, GROTTHAINE, CONTECTION, CENSIONAL RESIS		
		53101	Maxillary	+L	930.12
		53102	Mandibular	+L	930.12
		53104	Altered Cast Impression technique in conjunction with 53101 and 53102	+L	98.77
	53110		Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)		
		53111	Maxillary	+L	1,102.59
		53111	Mandibular	+L	1,102.60
					1
	53120		Dentures, Partial Free End, Swing Lock/Connector		
		53121	Maxillary Mandibular	+L	1,154.98
		53122	Ivialiuluudi	+L	1,154.98
	53130		Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests (Equilibrated)		+
					<u> </u>
		53131	Maxillary	+L	2,213.70
-		53132	Mandibular	+L	2,213.70
F2265			DENTURES DARTIAL TOOTH DORNE CAST FRAME CONTRACTOR OF ACCUSE		
53200			DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS		+
		53201	Maxillary	+L	1,102.59
		53201	Mandibular	+L	1,102.59
		53205	Unilateral, one piece casting, clasps and pontics	+L	643.16

	I52240		Denture Bestiel Teeth Bown Cost France/Companies Classes and Bosts (Insurediate) (includes first	T	1
	53210		Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)		
		53211	Maxillary	+L	1,102.59
		53212	Mandibular	+L +L	1,102.59
		53215	Unilateral, one piece casting, clasps and pontics	TL.	643.15
	53220		Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests (Equilibrated)		
	+	53221	Maxillary	+L	2,213.70
		53222	Mandibular	+L	2,213.70
53400			DENTURES, PARTIAL, CAST, PRECISION ATTACHMENTS		
		52404	Macillana		
		53401 53402	Maxillary Mandibular	+L +L	I.C.
		53404	Altered Cast Impression Technique done in conjunction with the above mentioned codes	+L	I.C.
53500			DENTURES, PARTIAL, CAST, SEMI-PRECISION ATTACHMENTS		
33300			DENIONES, FANTIAE, CASI, SEMIFFREGISION ATTACHMENTS		
		53501	Maxillary	+L	I.C.
		53502	Mandibular	+L	I.C.
		53504	Altered Cast Impression Technique done in conjunction with the above mentioned codes		I.C.
53600			DENTURES, PARTIAL, CAST, STRESS BREAKER ATTACHMENTS		
	53610		Doubles Cost Double Marrillow Charac Duraling Attachments		
	23010		Denture, Cast Partial, Maxillary, Stress Breaker Attachments		+
		53611	Maxillary (resilient)	+L	1,102.59
		53612	Maxillary (one hinge)	+L	1,102.59
	+	53613 53614	Maxillary (two hinges) Altered Cast Impression Technique done in conjunction with the above mentioned codes	+L	1,102.59 98.77
			, , ,		
	53620		Dentures, Cast Partial, Mandibular, Stress Breaker Attachments		
		53621	Mandibular (resilient)	+L	1,102.59
		53622	Mandibular (one hinge)	+L	1,102.59
		53623	Mandibular (two hinges)	+L	1,102.59
		53624	Altered Cast Impression Technique done in conjunction with the above mentioned codes		98.77
53700			DENTURES, PARTIAL, CAST, OVERDENTURES, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
	53710		Dentures, Partial, Cast, Overdentures, Supported by Natural Teeth with or without Coping Crowns, no Attachments		
	+	53711	Maxillary	+L	1,102.59
		53712	Mandibular	+L	1,102.59
		53714	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
	53720		Dentures, Partial, Casts, Overdentures, Supported by Implants with or without Coping Crowns, No		
		-	Attachments	-	
		53721	Maxillary	+L	1,102.60
		53722 53724	Mandibular Altered Cast Impression technique done in conjunction with the above mentioned codes	+L	1,102.60 98.77
				1	
	53730		Dentures, Partial, Casts, Overdentures, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments		
	+	53731	Maxillary	+L	1,102.60
		53732	Mandibular	+L	1,102.60

Dentures, Partial, Cast, Overdentures (Immediate), Supported by Natural Teeth with or without Coping Crowns, No Attachments (Includes first tissue conditioner, but not a processed relina) 1, 1,102						
MMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS			53734	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
Dentures, Partial, Cast, Overdentures (Immediate), Supported by Natural Teeth with or without Coping Growns, No Attachments (Includes first tissue conditioner, but not a processed reline) 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	53800					
Coping Crowns, No Attachments (Includes first tissue conditioner, but not a processed reline) 53831						
S3822 Altered Cast Impression technique done in conjunction with the above mentioned codes 98.7		53810				
S3820 Dentures, Partial, Cast, Overdentures (immediate), Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) 1,102.6			53811	Maxillary	+L	1,102.60
Salazo			53812	Mandibular	+L	1,102.60
Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) 1 1,102.6			53814	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
Sa822 Mandibular		53820				
S3820 Dentures, Partial, Cast, Overdentures (immediate), Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)			53821	Maxillary	+L	1,102.60
Dentures, Partial, Cast, Overdentures (Immediate), Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (Includes first tissue conditioner, but not a processed reline) 1			53822	Mandibular	+L	1,102.60
Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) S3831			53824	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
S3832 Mandibular		53830		Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a		
S3832 Mandibular			F2021	Mavillan		1 102 60
S3834 Altered Cast Impression technique done in conjunction with the above mentioned codes 98.7			- 1			
IMPLANTS Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Natural Teeth, with or without Coping Crowns			_		+L	98.77
IMPLANTS Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Natural Teeth, with or without Coping Crowns						
or without Coping Crowns 53911 Maxillary	53900					
Say Mandibular Altered Cast Impression technique done in conjunction with the above mentioned codes 98.7		53910		The state of the s		
Say Mandibular Altered Cast Impression technique done in conjunction with the above mentioned codes 98.7			F2011	Marillan		1 104 56
S3920 Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants, with or without Coping Crowns						
without Coping Crowns S3921 Maxillary						98.77
Say Mandibular		53920				
Say Mandibular			53921	Maxillary	+1	1.194.56
S3930 Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns				· · · · · · · · · · · · · · · · · · ·		1,194.56
Natural Teeth and Implants, with or without Coping Crowns			53924	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
53932 Mandibular		53930		The state of the s		
53932 Mandibular			50651			4
53934 Altered Cast Impression technique done in conjunction with the above mentioned codes 98.7 53940 Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar) 53941 Maxillary +L 1,194.5 53942 Mandibular +L 1,194.5 53950 Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)		-	_			1,194.56
Crowns Supported by Natural Teeth (see 62104 for Retentive Bar) 53941 Maxillary					+L	98.77
53941 Maxillary +L 1,194.5 53942 Mandibular +L 1,194.5 53950 Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)		53940		The state of the s		
53942 Mandibular +L 1,194.5 53950 Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)						
53950 Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)			- 1			1,194.56
Crowns Supported by Implants (see 62105 for Retentive Bar)			53942	Mandibular	+L	1,194.56
53051 Mavillary +1 1104.5		53950		The state of the s		
		+	53951	Maxillary	+L	1,194.56

		53952	Mandibular	+L	1,194.56
		53954	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
	53960		Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar)		
		F2061	Maxillan	+L	1 104 56
		53961 53962	Maxillary Mandibular	+L +L	1,194.56 1,194.56
		53964	Altered Cast Impression technique done in conjunction with the above mentioned codes	1.	98.77
54000			DENTURES, ADJUSTMENTS		
			(after three months insertion or by other than the dentist providing prosthesis)		
54200			DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, MINOR		
		54201	One unit of time	+L	80.24
		54202	Two units	+L	160.48
		54209	Each additional unit over two		80.24
54300			DENTURE ADJUSTMENTS, PARTIAL, OR COMPLETE DENTURE, REMOUNT AND OCCLUSAL EQUILIBRATION		
		54301	Maxillary	+L	795.98
		54302	Mandibular	+L	795.98
54400			DENTURE ADJUSTMENTS, COMPLETE DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION		
		54401	Maxillary	+L	795.98
		54402	Mandibular	+L	795.98
54500			DENTURE, ADJUSTMENTS, PARTIAL DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION		
		54501	Maxillary	+L	795.98
		54502	Mandibular	+L	795.98
55000			DENTURES, REPAIRS/ADDITIONS		
55100			DENTURE, REPAIRS, COMPLETE DENTURE, NO IMPRESSION REQUIRED		
		55101 55102	Maxillary Mandibular	+L +L	88.66 88.66
		33102			00.00
55200	+		DENTURE, REPAIRS, COMPLETE DENTURE, IMPRESSION REQUIRED		
		55201	Maxillary	+L	162.16
		55202	Mandibular	+L	162.16
55300			DENTURE, REPAIRS/ADDITIONS, PARTIAL DENTURE, NO IMPRESSION REQUIRED		
		55301	Maxillary	+L	90.95
	+	55302	Mandibular	+L	90.95
55400			DENTURES, REPAIRS/ADDITIONS, PARTIAL DENTURE, IMPRESSION REQUIRED		
	+	55401	Maxillary	+L	179.62
		55402	Mandibular	+L	179.62
55500			DENTURES/IMPLANT RETAINED PROSTHESIS PROPHYLAXIS AND POLISHING		
		55501	One unit of time	+L	90.05
		55509	Each additional unit of time	 	90.05

	56320	1	Denture, Rebase Partial Denture		Ī
		- 3012			
	1	56311 56312	Maxillary Mandibular	+L +L	262.53 262.53
		5651			
	56310	+	Denture, Rebase Complete Denture		
56300			DENTURES, REBASING (Where the vestibular tissue-contacting surfaces are modified)		
		- 7272			.57.50
	1	56261 56262	Maxillary Mandibular	+L +L	437.58 437.58
		56001	A4 - 111		
	56260		Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Partial Denture		
		1			137.130
	1	56251 56252	Maxillary Mandibular	+L +L	437.58 437.58
		56251	Maxillary	_ 1	A27 E0
	56250		Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Complete Denture		
	FC2FC	1	Doubles Deline December Functional Investigation Theory		
	1	56242	Mandibular	+L +L	262.53
		56241	Maxillary	+L	262.53
	56240		Denture, Reline, Processed, Partial Denture		
	1	56232	Mandibular	+L	262.53
		56231	Maxillary	+L	262.53
	30230	1	pentare, reme, rrocesseu, complete pentare		
	56230		Denture, Reline, Processed, Complete Denture		
		56222	Mandibular		262.53
		56221	Maxillary		262.53
	56220		Denture, Reline, Direct, Partial Denture		
	1	56212	Mandibular		242.19
		56211	Maxillary		242.19
	30210	<u> </u>	Dentare, reinie, Direct Complete Dentare		
	56210	-	Denture, Reline, Direct Complete Denture		
56200			DENTURES, RELINING (Does not include Remount - see 54000 series)		
	-	56122	Mandibular	+L	188.82
		56121	Maxillary	+L	188.82
	56120		Dentures, Replication, Partial Denture (Provisional) (No Intra-oral Impression Required)		
	1	56111 56112	Maxillary Mandibular	+L +L	188.82 188.82
		EC111	Maxillan	+L	100.00
	56110		Dentures, Replication, Complete Denture, Provisional (No Intra-oral Impression Required)		
56100			DENTURES, REPLICATION, PROVISIONAL		
30000			DENTONES, REFERENCE, RECEIVING AND REDASING		
56000			DENTURES, REPLICATION, RELINING AND REBASING		
		55709	Each addition unit of time		98.77
		55701	One unit of time		98.77
55700			DENTURES, CUSTOM STAINED (PIGMENTED) DENTURE BASES (DIRECT CHAIRSIDE)		
		55609	Each addition unit of time		91.87
		55601	One unit of time		91.87
			COLOURED WIATERIALS		
			DENTURES, REBUILDING WORN ACRYLIC DENTURE TEETH (DIRECT CHAIRSIDE) WITH TOOTH COLOURED MATERIALS		

		1	Transition of the state of the		1
		56321	Maxillary	+L	262.53
	+	56322	Mandibular	+L	262.53
	56330		Darker Balance Consider Books Brown of Earth and Earth a		
	56330		Denture, Rebase, Complete Denture, Processed, Functional Impression Requiring Three Appointments		
		56331	Maxillary	+L	437.58
		56332	Mandibular	+L	437.58
	56340		Denture, Rebase, Partial Denture, Processed, Functional Impression, Requiring Three Appointments		
	-	56341	Maxillary	+L	437.58
		56342	Mandibular	+L	437.58
56400			DENTURES, REMAKE		
	56410		Dentures, Remake, Using Existing Framework, Partial Denture (equilibration)		
		56411	Maxillary	+L	350.07
				to	569.47
		56412	Mandibular	+L	350.07
56500			DENTURES, THERAPEUTIC TISSUE CONDITIONING	to	569.47
	56510		Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture		
		56544	A. 31		175.00
		56511	Maxillary		175.02
		56512	Mandibular		175.02
	56520		Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture		
		56521	Maxillary		175.02
		56522	Mandibular		175.02
	56530		Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Supported by Natural Teeth		
		FCF34	Maxillary		100.03
	1	56531 56532	Mandibular		188.82 188.82
		30332	Manubulai		100.02
	56540		Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Implant Supported		
			3 , p , p , p , p		
		56541	Maxillary		188.82
		56542	Mandibular		188.82
	56550		Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Supported by Natural Teeth		
	+	56551	Maxillary		188.82
		56552	Mandibular		188.82
	56560		Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Implant Supported		
		I		 	100.03
		ECEC4			188.82
		56561	Maxillary Mandibular		
		56561 56562	Maxillary Mandibular		188.82
56600		_			
56600		_	Mandibular	+L	
56600		56562 56601	Mandibular DENTURES, MISCELLANEOUS SERVICES Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase of denture)		188.82
56600		56562 56601 56602	Mandibular DENTURES, MISCELLANEOUS SERVICES Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase of denture) Resetting of Teeth (not including reline or rebase of denture)	+L	188.82 LAB
56600		56562 56601	Mandibular DENTURES, MISCELLANEOUS SERVICES Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase of denture)		188.82
56600 57000		56562 56601 56602	Mandibular DENTURES, MISCELLANEOUS SERVICES Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase of denture) Resetting of Teeth (not including reline or rebase of denture)	+L	188.82 LAB
		56562 56601 56602	Mandibular DENTURES, MISCELLANEOUS SERVICES Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase of denture) Resetting of Teeth (not including reline or rebase of denture) Cast occlusal surfaces (includes remount and equilibration)	+L	188.82 LAB

	57101	Orbital	+L	2,715.74
			to	6,398.11
	57102	Nose	+L	2,125.35
	F7103	Fag.	to	4,350.25
+	57103	Ear	+L to	2,125.35 4,350.25
	57104	Patch	+L	638.65
	57105	Facial, Complex	+L	2,715.74
	37103	Tubility Complex	to	5,245.75
	57106	Facial Moulage Impression, Complete		417.17
	57107	Facial Moulage Impression, Sectional		312.87
	57108	Ocular Conformer Prosthesis (temporary post-surgical)	+L	638.65
	57109	Ocular Prosthesis	+L	826.52
			to	3,453.59
57200		PROSTHESIS, MAXILLOFACIAL, OBTURATORS		
	57201	Obturator, Cleft Palate (prosthesis extra)	+L	118.07
			to	511.38
	57202	Obturator, Palatal (prosthesis extra)	+L	118.07
			to	511.38
	57203	Obturator, Post-Maxillectomy (prosthesis extra)	+L	118.07
			to	1,278.46
	57204	Obturator, Temporary Palatal (prosthesis extra)	+L	118.07
			to	1,278.46
	57205	Obturator, Resilient (prosthesis extra)	+L	118.07
			to	1,278.46
	57206	Obturator, Hollow Bulb (prosthesis extra)	+L	118.07
			to	1,278.46
	57207	Obturator, Inflatable (prosthesis extra)	+L	472.29
			to	1,535.31
	57208	Obturator Prosthesis, Modification (relines or repairs)	+L	472.29
			to	895.50
	57209	Speech Aid Prosthesis	+L	826.52
			to	1,662.58
57300		PROSTHESIS, MAXILLOFACIAL, OTHER		
37300		PROSTRESIS, WANIELOFACIAL, OTHER		
	57301	Velar Bulb (prosthesis and obturator extra)	+L	118.07
	37301	Total Balls (prostricts and obtained)	to	1,278.46
	57302	Velar Lift Button, Mechanical (prosthesis and obturator extra)	+L	118.07
		(production of the control of the co	to	1,278.46
	57303	Retention, Spiral Spring (prosthesis extra)	+L	767.08
	57304	Retention, Magnetic (prosthesis extra)	+L	381.82
	57305	Guide Plane, Condylar (prosthesis extra)	+L	118.07
İ			to	768.27
	57306	Implant, Silastic Chin	+L	I.C.
	57307	Mesh Prosthesis, Chrome Cobalt Mandibular Mesh	+L	I.C.
	57308	Skull Plate, Customized	+L	I.C.
	57309	Akerman, Pseudotemporomandibular Joint (prosthesis extra)	+L	I.C.
	57311	Feeding Appliance (for infants with cleft palate)	+L	590.36
			to	1,278.46
	57321	Lingual Prosthesis	+L	1,889.20
			to	3,838.85
	57341	Mandibular Resection Prosthesis with Guide Flange	+L	1,180.74
			to	2,047.84
	57342	Mandibular Resection Prosthesis without Guide Flange	+L	708.45
			to	1,534.16
	57351	Prosthesis, Maxillofacial, Fixed	+L	I.C.
	57361	Palatal Augmentation Prosthesis	+L	826.52
			to	1,919.43
	57371	Palatal Life Prosthesis, Modification (relines or repairs)	+L	236.14
	57372	Gingival Prosthesis	to	895.50
		TOTHERVALET OSCITESIS	+L	417.17

57400			PROSTHESIS, TEMPOROMANDIBULAR JOINT		
		57401	Exercisers, Trismus, Therapy	+L	944.59
				to	1,534.16
		57402	Splints, Permanent Cast Occlusal	+L	2,361.51
				to	3,838.85
57500			PROSTHESIS, SPLINTS		
		57504			4 407 44
		57501 57502	Stout Cast Capped	+L +L	1,137.14 1,592.71
	+	57503	Gunning (upper and lower)	+L	1,592.71
		57504	Bar Splint, Cast, Labial and Lingual	+L	1,592.71
		57505	Scaffolding, Rhinoplastic	+L	1,592.71
		57506	Cast, Adjustable	+L	1,592.71
		57508	Commissure Splint	+L	354.23
				to	1,663.73
57600			PROSTHESIS, STENTS		
	1	57601	Ridge Extension	+L	1,137.14
		57602	Palatal Side Confer	+L	1,137.14
		57603	Skin Grafts	+L	1,137.14
	+	57604	Mucous Membrane Grafts	+L	1,137.14
	57650		Prosthesis, Radiation Appliances		
	37030		1103thesis, Radiation Appliances		
		57651	Radiation Vehicle Carrier	+L	1,049.77
				to	3,413.77
		57652	Radiation Protection Shield (extra-oral)	+L	1,137.14
		57653	Radiation Protection Shield (intra-oral)	+L	1,137.14
		57654	Radiation Cone Locator	+L	354.23
				to	2,047.84
	57660		Prosthesis, Stents, Decompression		1
		F7CC1	Decompression Stent, Localized	. 1	1 127 14
	+	57661 57662	Decompression Stent, (prosthesis extra)	+L +L	1,137.14 682.75
	+	37002	becompression stems, (prostness extra)		002.75
57700			PROSTHESIS, ORTHOPEDIC		
		57701	Orthopedic Prosthesis (extraoral)	+L	590.36
		57701	Orthopedic Prosthesis (extraoral)	+L to	-
		57701 57702	Orthopedic Prosthesis (extraoral) Orthopedic Prosthesis (intraoral)		-
				to	1,278.46
50055			Orthopedic Prosthesis (intraoral)	to +L	1,278.46 708.45
60000				to +L	1,278.46 708.45
60000			Orthopedic Prosthesis (intraoral) PROSTHODONTICS - FIXED	to +L	1,278.46 708.45
60000			Orthopedic Prosthesis (intraoral) PROSTHODONTICS - FIXED Initial description:	to +L	1,278.46 708.45
60000			Orthopedic Prosthesis (intraoral) PROSTHODONTICS - FIXED Initial description: Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures	to +L	1,278.46 708.45
60000			Orthopedic Prosthesis (intraoral) PROSTHODONTICS - FIXED Initial description: Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures depending on the nature of the problems presented in each individual case. The range of these	to +L	1,278.46 708.45
60000			Orthopedic Prosthesis (intraoral) PROSTHODONTICS - FIXED Initial description: Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures	to +L	1,278.46 708.45
60000			Orthopedic Prosthesis (intraoral) PROSTHODONTICS - FIXED Initial description: Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures depending on the nature of the problems presented in each individual case. The range of these procedures extends into many areas of treatment in order to provide comprehensive therapy for the	to +L	1,278.46 708.45
60000			Orthopedic Prosthesis (intraoral) PROSTHODONTICS - FIXED Initial description: Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures depending on the nature of the problems presented in each individual case. The range of these procedures extends into many areas of treatment in order to provide comprehensive therapy for the patient. Many of the procedures used vary considerably in their difficulty, time, involvement and expense. The amount of time involved in a procedure may vary considerably from those outlined in the following guide. The individual components (abutment, retianer and pontic) of a multi-unit fixed	to +L	1,278.46 708.45
60000			Orthopedic Prosthesis (intraoral) PROSTHODONTICS - FIXED Initial description: Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures depending on the nature of the problems presented in each individual case. The range of these procedures extends into many areas of treatment in order to provide comprehensive therapy for the patient. Many of the procedures used vary considerably in their difficulty, time, involvement and expense. The amount of time involved in a procedure may vary considerably from those outlined in	to +L	1,278.46 708.45
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			Orthopedic Prosthesis (intraoral) PROSTHODONTICS - FIXED Initial description: Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures depending on the nature of the problems presented in each individual case. The range of these procedures extends into many areas of treatment in order to provide comprehensive therapy for the patient. Many of the procedures used vary considerably in their difficulty, time, involvement and expense. The amount of time involved in a procedure may vary considerably from those outlined in the following guide. The individual components (abutment, retianer and pontic) of a multi-unit fixed prosthesis each constitute seperate units of that restoration and must be coded individually.	to +L	1,278.46 708.45
62000			Orthopedic Prosthesis (intraoral) PROSTHODONTICS - FIXED Initial description: Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures depending on the nature of the problems presented in each individual case. The range of these procedures extends into many areas of treatment in order to provide comprehensive therapy for the patient. Many of the procedures used vary considerably in their difficulty, time, involvement and expense. The amount of time involved in a procedure may vary considerably from those outlined in the following guide. The individual components (abutment, retianer and pontic) of a multi-unit fixed prosthesis each constitute seperate units of that restoration and must be coded individually. PONTICS, BRIDGE	to +L to	1,278.46 708.45
62000		57702 57702 62101	Orthopedic Prosthesis (intraoral) PROSTHODONTICS - FIXED Initial description: Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures depending on the nature of the problems presented in each individual case. The range of these procedures extends into many areas of treatment in order to provide comprehensive therapy for the patient. Many of the procedures used vary considerably in their difficulty, time, involvement and expense. The amount of time involved in a procedure may vary considerably from those outlined in the following guide. The individual components (abutment, retianer and pontic) of a multi-unit fixed prosthesis each constitute seperate units of that restoration and must be coded individually. PONTICS, BRIDGE PONTICS, CAST METAL Pontics, Cast Metal	to +L to	1,278.46 708.45 1,534.16
62000		57702	Orthopedic Prosthesis (intraoral) PROSTHODONTICS - FIXED Initial description: Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures depending on the nature of the problems presented in each individual case. The range of these procedures extends into many areas of treatment in order to provide comprehensive therapy for the patient. Many of the procedures used vary considerably in their difficulty, time, involvement and expense. The amount of time involved in a procedure may vary considerably from those outlined in the following guide. The individual components (abutment, retianer and pontic) of a multi-unit fixed prosthesis each constitute seperate units of that restoration and must be coded individually. PONTICS, BRIDGE PONTICS, CAST METAL	to +L to	1,278.46 708.45 1,534.16

66100		-	REPAIRS, REPLACEMENT		
				i	1
66000			REPAIRS		
		64309	Each additional unit of time	+L	I.C.
		64301	One unit of time	+L	I.C.
64300		+	MASTER CAST GNATHOLOGICAL WAX-UP		
		64231 64239	One unit of time Each additional unit of time	+L +L	1.C. 1.C.
		C4331	One unit of time		
	64230		Master Cast Mounting with Kinematic Facebow Transfer		
		64229	Each additional unit of time	+L	87.75
		64221	One unit of time	+L	87.75
	64220		Master Cast Mounting with Arbitrary Facebow Transfer		
	C 422C				
64200			MASTER CAST MOUNTING TECHNIQUES		
		64149	Each additional unit of time	+L	I.C.
		64141	One unit of time	+L	I.C.
	64140		Master Cast Techniques, Three Dimensional Recordings of Mandibular Movement (Pantograph or Stereograph)		
	64140	64139	Each additional unit of time Master Cast Techniques Three Dimensional Recordings of Mandibular Movement (Pantagraph or	+L	87.75
		64131	One unit of time	+L	87.75
	64130		Master Cast Techniques, Centric Registration Recording		
				_	57.75
		64121 64129	One unit of time Each additional unit of time	+L +L	87.75 87.75
		6446			
-	64120		Master Cast Techniques, True Hinge Axis Registration and Transfer		
64100	1	1	MASTER CAST, TECHNIQUES, MAXILLO-MANDIBULAR REGISTRATIONS		
64000		1	MASTER CAST TECHNIQUES		
		63009	Each additional unit of time		91.87
		63001	One unit of time		91.87
63000			RECONTOURING OF RETAINER/PONTICS, (of existing bridgework)		
		62801	Pontics, Natural Tooth Crown, Direct, Bonded to Adjacent Teeth (Provisional)		195.24
02000		1			
62800		02.04	PONTICS, NATURAL TOOTH	_	113.54
		62704	Pontics, Acrylic/Composite/Compomer	+L	115.54
		62702 62703	Pontics, Acrylic/Composite/Compomer, Indirect (Provisional) Pontics, Acrylic/Composite/Compomer, Bonded to adjacent Teeth Direct (Provisional)	+L +E	115.54 115.54
		62701	Pontics, Acrylic/Composite/Compomer, Processed to Metal	+L	392.72
62700			PONTICS, ACRYLIC/COMPOSITE /COMPOMER		
		62501 62502	Pontics, Porcelain/Ceramic/Polymer Glass, Fused to Metal Pontics, Porcelain/Ceramic/Polymer Glass, Aluminous	+L +L	504.55 504.55
		52504			504.55
62500			PONTICS, PORCELAIN/CERAMIC/POLYMER GLASS		
		02103	Retainer to Retain Removable Prosthesis, Each Bar		1.0.
		62105	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Implant-supported	+1 +F	I.C.

		_		<u></u>	
	66110		Replace Broken Prefabricated Attachable Facings		
		66111	One unit of time	+L	91.87
		66112	Two units	+L	183.74
		66113	Three units	+L	275.61
		66114	Four units	+L	367.48
		66119	Each additional unit over four		91.87
66200			REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE/PROSTHESIS		
	66210		Repairs, Removal, Fixed Bridge/Prosthesis - To be re-cemented		
	-				
		66211	One unit of time	+L	101.75
	-	66212	Two units	+L	203.50
	-	66213	Three units	+L	305.25
		66214	Four units	+L	407.00
		66219	Each additional unit over four	+L	101.75
	66220		Repairs, Removal Fixed Bridge/Prosthesis- To Be Replaced by a new Prosthesis		
		66221	One unit of time		94.17
		66222	Two units		188.34
		66223	Three units		282.51
		66224	Four units		376.68
		66229	Each additional unit over four		94.17
66300			REPAIRS, REINSERTION/RECEMENTATION		
			(+L where laboratory charges are incurred during repair of bridge)		
		66301	One unit of time	+L	94.17
		66302	Two units	+L	188.34
		66303	Three units	+L	282.51
		66304	Four units	+L	376.68
		66309	Each additional unit over four	+L	94.17
66700			REPAIRS, FIXED BRIDGE/PROSTHESIS		
	66710		Repairs, Fixed Bridge/Prosthesis, Porcelain/Ceramic/Polymer Glass/Acrylic/Composite/Compomer,		
			Direct		
	-	66711	First tooth		192.49
		66719	Each additional tooth		192.49
	66720		Repairs, Solder Indexing to Repair Broken Solder Joint		
		66721	One unit of time	+L	97.62
		66729	Each additional unit of time		97.62
	66730		Repair Fractured Porcelain/Metal Pontic With Telescoping Type Crown (pontic prepared, impression		
			made and processed crown seated over metal)		
		66731	First pontic	+L	514.94
		66739	Each additional pontic		503.45
67000			FIXED BRIDGE RETAINERS		
			It is appropriate to use Fixed Bridge Retainer codes, rather than codes for single tooth restorations,		
			where two, or more single tooth inlays/onlays or crowns are joined (Splinted) together and do not		
		1	support a pontic		
67100		1	DETAINIEDS ACRYLIC/COMPOSITE/ COMPONER MUTIL OR MUTILOUT CAST OR RESEARCH		
67100			RETAINERS, ACRYLIC/COMPOSITE/ COMPOMER WITH, OR WITHOUT CAST OR PREFABRICATED		
		1	METAL BASES		
		1	Retainers, Acrylic, Composite/Compomer, Indirect		
	67110		restance, res just composite, composite, manest	-	
	67110				
	67110	67111	Retainers, Acrylic, Composite/Compomer, Indirect	+L	751 42
	67110	67111 67112	Retainers, Acrylic, Composite/Compomer, Indirect Retainers. Acrylic, Composite/Compomer, Complicated, Indirect	+L +L	751.43 966.45
	67110	67111 67112 67113	Retainers, Acrylic, Composite/Compomer, Indirect Retainers, Acrylic, Composite/Compomer, Complicated, Indirect Retainers, Acrylic, Composite/Compomer, Provisional, Indirect (lab fabricated/relined intra-orally)	+L +L +L	751.43 966.45 321.39

		67115	Retainers, Acrylic, Composite/Compomer, Implant-supported Indirect	+L	751.43
	67120		Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chair-side)		
	+	67121	Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chair-side)	+E	211.57
		67125	Retainers, Acrylic, Composite/Compomer, (provisional during healing, done at chair-side), Implant-supported, Direct	+E	212.72
	67130		Retainers, Acrylic, Composite/Compomer, Cast Metal Base, Indirect		
		67131	Retainer, Compomer/Composite Resin/Acrylic, Processed to Cast Metal, Indirect	+L	734.86
		67135	Retainer, Compomer/Composite Resin/Acrylic, Processed to Metal, Indirect, Implant-supported	+L +E	783.14
	67160		Retainers, Acrylic/Composite/Compomer, Two surface Inlay, Indirect Bonded		
		67161	Retainers, Acrylic/Composite/Compomer, Two surface Inlay, Bonded, Indirect	+L	672.41
	67170		Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Bonded, Indirect		
	07170		recurrers, Actific composite, componer, times surface may, bonded, maneet		
		67171	Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Bonded, Indirect	+L	828.79
	67180		Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect		
		67181	Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect	+L	986.20
67200			RETAINER, PORCELAIN/CERAMIC/POLYMER GLASS		
		67201	Retainer, Porcelain/Ceramic/Polymer Glass	+L	1,135.65
		67202	Retainer, Porcelain/Ceramic/Polymer Glass, Complicated	+L	1,154.77
		67205	Retainer, Porcelain/Ceramic/Polymer Glass, Implant-supported	+L +E	1,135.65
	67210		Retainers, Porcelain/Ceramic/Polymer Glass, Fused To Metal Base		
		67211	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	+L	1,037.49
		67212	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated	+L	1,154.77
		67215	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Implant-supported	+L +E	1,037.49
	67220		Retainers, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge")		
	67220	67221		+L	629.88
	67220	67221	"Maryland Bridge") Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g.	+L	629.88
		67221	"Maryland Bridge") Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge")	+L	629.88
			"Maryland Bridge") Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge") Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded		
	67230		"Maryland Bridge") Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge") Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded		
	67230	67231	"Maryland Bridge") Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge") Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded	+L	727.20
	67230 67240	67231	"Maryland Bridge") Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge") Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded	+L	727.20
	67230 67240	67231	"Maryland Bridge") Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge") Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded	+L	727.20
67300	67230 67240	67231	"Maryland Bridge") Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge") Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded (where one or more cusps are restored)	+L	727.20
67300	67230 67240	67231	"Maryland Bridge") Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge") Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded (where one or more cusps are restored) Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded	+L	727.20
67300	67230 67240	67231 67241 67251	"Maryland Bridge") Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge") Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded (where one or more cusps are restored) Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded	+L	727.20 896.17 1,063.98
67300	67230 67240	67231 67241 67251 67301	"Maryland Bridge") Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge") Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded (where one or more cusps are restored) Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded	+L	727.20 896.17 1,063.98

	T	C7211	Datainage 3/ Cost Matel	Li	1 002 00
		67311 67312	Retainers, %, Cast Metal	+L +L	1,082.90
		6/312	Retainers, ¾, Cast Metal, Complicated	+L	1,154.77
	67320		Retainers, Cast Metal Inlay (used with broken stress technique)		1
	07320		Retainers, Cast Metal Illay (used with bloken stress technique)		
		67321	Retainer,Cast Metal Inlay, Two Surfaces	+L	782.76
		67322	Retainer, Cast Metal Inlay, Three or More Surfaces	+L	1,035.63
			.,		,
	67330		Retainers, Cast Metal Onlay (internal retention type)		
		67331	Retainers, Cast Metal, Onlay	+L	1,082.90
	67340		Retainers, Cast Metal, Onlay (bonded external retention/partial coverage - e.g. Maryland Bridge)		
					1
		67244	Detained Cost Matel Color with a without Deviagations Devided to Abutarout Teeth (Deutic autus)	. 1	524.00
		67341	Retainer, Cast Metal, Onlay, with or without Perforations, Bonded to Abutment Tooth, (Pontic extra)	+L	524.90
67400			RETAINERS, OVERDENTURES, CUSTOM CAST OR PRE-FABRICATED WITH NO OCCLUSAL COMPONENT		
			,		
		67415	Retainer, Metal, Pre-fabricated or Custom Cast, Implant-supported, with or without Mesostructure	+L +E	I.C.
			with no Occlusal Component (see 62105 for retentive bar)		
67500			FIXED PROSTHETICS, ABUTMENTS/RETAINERS, MISCELLANEOUS SERVICES		
		67501	Retainer Made to an Existing Partial Denture Clasp (additional to retainer, per retainer)	+L	87.75
		67502	Telescoping Crown Unit	+L	391.66
		07302	releasedping crown onic		331.00
69000			FIXED PROSTHETICS, OTHER SERVICES		
69100			FIXED PROSTHETICS, MISCELLANEOUS SERVICES		
		69101	Fixed Prosthesis, Porcelain, to Replace a Substantial Portion of the Alveolar Process (in addition to	+L	1,119.23
			retainer and pontics)		
69200			FIXED PROSTHETICS, SPLINTING		
		60204	Collection for Extraction on Complicated Destruction Doubleton (annual to the		1.0
		69201	Splinting, for Extensive or Complicated Restorative Dentistry (per tooth)		I.C.
69300			FIXED PROSTHETICS, RETENTIVE PINS		
09300			(for retainers in addition to restoration)		
			(10) Tetaliters in addition to restoration)		
		69301	One pin/restoration	+L	51.27
		69302	Two pins/restoration	+L	97.96
		69303	Three pins/restoration	+L	155.18
		69304	Four pins/restoration	+L	190.07
		69305	Five pins or more/restoration	+L	223.82
69600			FIXED PROSTHODONTICS, WHERE AN ENTIRE ARCH IS RECONSTRUCTED (used in extensive or		
			complicated fixed restorative dentistry)		
	60646		Descriptional immediate implest supported assessment and national section 4.	ļ	
	69610		Provisional, immediate, implant-supported, screw retained, polymer base with denture teeth, without a reinforcing framework.		
			without a reinforcing framework.		
		69611	Maxillary	+L	I.C.
		69612	Mandibular	+L	I.C.
	69620		Final prosthesis, full arch, denture teeth and acrylic (also known as "hybrid prosthesis"), with		
			reinforcing framework, implant-supported, screw retained.		
		69621	Maxillary	+L	I.C.
		69622	Mandibular	+L	I.C.
			FIXED PROSTHETICS, PROVISIONAL COVERAGE (in extensive or complicated restorative dentistry)	I	I
69700			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

		69701	Abutment Tooth	+L	321.38
		69702	Pontic	+L	106.35
	+	09702	rontic	TL	100.55
69800	+		FIXED PROSTHODONTIC FRAMEWORKS, OSSEO-INTEGRATED IMPLANT-SUPPORTED	+	+
03800			TIALD PROSTITUDONITIC TRANSLEWORKS, USSEC-INTEGRATED INFEANT-SUPPORTED	-	
	69820		Fixed Prosthodontic Framework, Osseo-Integrated, Attached with Screws Or Cement and	1	
	03020		Incorporating Teeth (Porcelain/Ceramic/Polymer Glass Bonded to Metal,		
			Acrylic/Composite/Compomer Processed to Metal or Full Metal Crowns)		
			The year position of the second secon	†	
		69821	Maxillary	+L	I.C.
		69822	Mandibular	+L	I.C.
70000			ORAL MAXILLOFACIAL SURGERY		
			The following surgical services include necessary local anaesthetic, removal of excess gingival tissue, suturing and one post-operative treatment, when required. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or a group of teeth or in some cases a single tooth.		
71000			REMOVALS, (EXTRACTIONS), ERUPTED TEETH		
71100			REMOVALS, ERUPTED TEETH, UNCOMPLICATED	<u> </u>	
				<u> </u>	
		71101	Single tooth, Uncomplicated	<u> </u>	154.42
		71109	Each additional tooth, same quadrant, same appointment	<u> </u>	154.42
				<u> </u>	
71200			REMOVALS, ERUPTED TEETH, COMPLICATED	<u> </u>	
				<u> </u>	
		71201	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or		278.49
			Sectioning of Tooth		
		71209	Each additional tooth, same quadrant		278.49
				<u> </u>	
	71210		Requiring elevation of a Flap, Removal of Bone and may include Sectioning of Tooth for Removal of		
	+	71211	Tooth Single Tooth	 	303.64
	+	71211	Each Additional tooth, same quadrant	├	303.64
		71219	Lacii Additional tootii, saine quadrant	 	303.04
72000			REMOVALS, (EXTRACTIONS), SURGICAL	 	+
72000			REMOVALS, (EXTRACTIONS), SORGICAL	1	
72100			REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE	† 	
				† 	
	72110		Removals, Impaction, Requiring Incision of Overlying Soft Tissue and Removal of The Tooth	†	
				†	
		72111	Single tooth		278.49
		72119	Each additional tooth, same quadrant		278.49
72200			REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE		
	72210		Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of A Flap and Either Removal of Bone and Tooth or Sectioning and Removal of Tooth (Partial Bone Impaction)		
		72211	Single tooth	<u> </u>	412.97
		72211	Each additional tooth, same quadrant	 	412.97
		12219	Lauri auditional tootii, saine quadrant	 	412.97
	72220	+	Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of A Flap, Removal of	 	
	7220		Bone and Sectioning of Tooth For Removal (Complete Bone Impaction)		
	-	72224	Circle Aceth	 	550.61
	-	72221	Single tooth	 	550.64
	-	72229	Each additional tooth, same quadrant	 	550.64
	72220	+	Demovals Impostions Descriving Insistent of Quartering Coft Tienes Florestion of A Flore Provent of	+	_
	72230		Removals, Impactions, Requiring Incision of Overlaying Soft Tissue, Elevation of A Flap, Removal of Bone, And/Or Sectioning of the Tooth for Removal And/Or Presemts Unusual Difficulties and Circumstances		
		72231	Single tooth	<u> </u>	750.74
		72239	Each additional tooth, same quadrant	<u> </u>	750.74

72240 Coronectomy (Deliberate Vital Root Retention) 72241 Coronectomy (Deliberate Vital Root Retention of Unerupted Mandibular Molar) 72242 Coronectomy (Deliberate Vital Root Retention to Prevent Complications Associated with Extraction) 72240 REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS 722310 Removals, Residual Roots, Enypted 722311 Pirst tooth 722312 Removals, Residual Roots, Enypted 722320 Removals, Residual Roots, Soft Tissue Coverage 722320 Removals, Residual Roots, Soft Tissue Coverage 722320 Removals, Residual Roots, Soft Tissue Coverage 722321 First tooth 722320 Removals, Residual Roots, Soft Tissue Coverage 722321 Pirst tooth 722320 Removals, Residual Roots, Soft Tissue Coverage 722321 Pirst tooth 722322 Saft Additional tooth, same quadrant 722420 Abveolar Bone Preservation — Autograft 722421 First tooth 722420 Saft Tist tooth 722421 Saft Tist tooth 722421 Saft Tist tooth 722422 Saft Tist tooth 72243 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (Includes operculectomy) 722520 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 722520 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 722520 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72520 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72520 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72521 Single tooth 72522 Surgical Exposures, Unerupted Tooth, Nard Tissue Coverage With Positioning of Attached Ginglivae	
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72310 Removals, Residuals Roots, Soft Tissue Coverage	
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72320 Removals, Residuals Roots, Soft Tissue Coverage 72321 First tooth 72329 Each additional tooth, same quadrant 72330 Removals, Residual Roots, Bone Tissue Coverage 72331 First tooth 72339 Each additional tooth, same quadrant 72400 AlveOlar Bone Preservation - Autograft 72410 Abveolar Bone Preservation - Autograft 72411 First tooth 72412 Each additional tooth 72419 Each additional tooth 72419 Each additional tooth 72410 Alveolar Bone Preservation - Allograft 72410 Alveolar Bone Preservation - Allograft 72410 Alveolar Bone Preservation - Allograft 72410 Each additional tooth 72411 First tooth 72420 Each additional tooth 72431 First tooth 72530 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (Includes operculectomy) 72530 Surgical Exposures, Complex, Hard Tissue Coverage 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72530 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae	127.47
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72329 Each additional tooth, same quadrant	187.75
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72410 Alveolar Bone Preservation — Autograft First tooth	275.32
72410 Alveolar Bone Preservation – Autograft 72411 First tooth 72419 Each additional tooth 72420 Alveolar Bone Preservation - Allograft 72421 First tooth 72429 Each additional tooth 4E 72429 Each additional tooth 4E 72430 Alveolar Bone Preservation - Allograft 72431 First tooth 4E 72430 First tooth 72431 First tooth 4E 72430 Surgical Exposures, Omplex, Hard Tissue Coverage (includes operculectomy) 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72530 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae	275.32
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72420 Alveolar Bone Preservation - Allograft 72421 First tooth 72429 Each additional tooth 4E 72430 Alveolar Bone Preservation - Xenograft 72431 First tooth 72431 First tooth 72432 Each additional tooth 4E 72500 SURGICAL EXPOSURES OF TEETH 72510 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy) 72510 Single tooth 72511 Single tooth 72520 Surgical Exposures, Complex, Hard Tissue Coverage 72520 Surgical Exposures, Complex, Hard Tissue Coverage 72521 Single tooth 72522 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72530 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae	350.25
72421 First tooth +E 72429 Each additional tooth +E 72430 Alveolar Bone Preservation – Xenograft 72431 First tooth +E 72432 Each additional tooth +E 72432 Each additional tooth +E 72530 SURGICAL EXPOSURES OF TEETH 72510 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy) 72510 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy) 72511 Single tooth 72512 Single tooth 72520 Surgical Exposures, Complex, Hard Tissue Coverage 72520 Surgical Exposures, Complex, Hard Tissue Coverage 72520 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72529 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72532 Each additional tooth, same quadrant 72533 Single tooth 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae	330.23
72421 First tooth +E 72429 Each additional tooth +E 72430 Alveolar Bone Preservation – Xenograft 72431 First tooth +E 72439 Each additional tooth +E 72500 SURGICAL EXPOSURES OF TEETH 72510 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy) 72510 Single tooth 72511 Single tooth 72520 Surgical Exposures, Complex, Hard Tissue Coverage 72520 Surgical Exposures, Complex, Hard Tissue Coverage 72520 Surgical Exposures, Complex, Hard Tissue Coverage 72520 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72529 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72532 Each additional tooth, same quadrant 72533 Single tooth 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae	
72430 Alveolar Bone Preservation – Xenograft 72431 First tooth +E 72439 Each additional tooth +E 72500 SURGICAL EXPOSURES OF TEETH 72510 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy) 72511 Single tooth 72519 Each additional tooth, same quadrant 72520 Surgical Exposures, Complex, Hard Tissue Coverage 72521 Single tooth 72522 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72532 Each additional tooth, same quadrant 72533 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72534 Single tooth 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae	350.25
72431 First tooth +E 72439 Each additional tooth +E 72500 SURGICAL EXPOSURES OF TEETH 72510 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy) 72511 Single tooth 72512 Each additional tooth, same quadrant 72520 Surgical Exposures, Complex, Hard Tissue Coverage 72521 Single tooth 72529 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72532 Each additional tooth, same quadrant 72533 Each additional tooth, same quadrant 72534 Single tooth 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae	350.25
72431 First tooth +E 72439 Each additional tooth +E 72500 SURGICAL EXPOSURES OF TEETH 72510 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy) 72511 Single tooth 72512 Each additional tooth, same quadrant 72520 Surgical Exposures, Complex, Hard Tissue Coverage 72521 Single tooth 72529 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72532 Each additional tooth, same quadrant 72533 Each additional tooth, same quadrant 72534 Single tooth 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae	
72439 Each additional tooth +E	
72500 SURGICAL EXPOSURES OF TEETH 72510 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy) 72511 Single tooth 72519 Each additional tooth, same quadrant 72520 Surgical Exposures, Complex, Hard Tissue Coverage 72521 Single tooth 72522 Each additional tooth, same quadrant 72523 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72532 Each additional tooth, same quadrant 72533 Single tooth 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	350.25
72510 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy) 72510 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy) 72511 Single tooth 72512 Each additional tooth, same quadrant 72520 Surgical Exposures, Complex, Hard Tissue Coverage 72521 Single tooth 72529 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72532 Each additional tooth, same quadrant 72533 Single tooth 72534 Single tooth 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	350.25
72510 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy) 72510 Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy) 72511 Single tooth 72512 Each additional tooth, same quadrant 72520 Surgical Exposures, Complex, Hard Tissue Coverage 72521 Single tooth 72529 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72532 Each additional tooth, same quadrant 72533 Single tooth 72534 Single tooth 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	
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72520 Surgical Exposures, Complex, Hard Tissue Coverage 72521 Single tooth 72529 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72532 Each additional tooth, same quadrant 72533 Single tooth 72534 Single tooth 72535 Each additional tooth, same quadrant 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	250.00
72520 Surgical Exposures, Complex, Hard Tissue Coverage 72521 Single tooth 72529 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72539 Each additional tooth, same quadrant 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	250.33 250.33
72521 Single tooth 72529 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72539 Each additional tooth, same quadrant +E 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	250.33
72521 Single tooth 72529 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72539 Each additional tooth, same quadrant +E 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	+
72529 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72539 Each additional tooth, same quadrant +E 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	
72529 Each additional tooth, same quadrant 72530 Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment 72531 Single tooth 72539 Each additional tooth, same quadrant +E 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	450.43
72531 Single tooth +E 72539 Each additional tooth, same quadrant +E 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	450.43
72531 Single tooth +E 72539 Each additional tooth, same quadrant +E 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	
72540 Each additional tooth, same quadrant +E 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	
72540 Each additional tooth, same quadrant +E 72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	
72540 Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae 72541 Single tooth	600.59
72541 Single tooth	600.59
72550 Surgical Evanguage Unarrunted Tooth Hard Tiesus Coverage With Resitioning of Attached Cincinna	375.50
177550	
Jourgical Exposures, Otterupted Tooth, naturessue Coverage with Positioning of Attached Gingivae	
72551 Single tooth	500.70
72560 Rigid Osseous Anchorage For Orthodontics	

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		72564	Discount of an decreased with set along the of a flow		1.0
	-	72561	Placement of anchorage device without elevation of a flap	+E	I.C.
		72562	Placement of anchorage device with elevation of a flap	+E	I.C.
		72563	Removal of anchorage device without elevation of a flap		I.C.
		72564	Removal of anchorage device with elevation of a flap		I.C.
72600			SURGICAL MOVEMENT OF TEETH		
	72610		Transplantation of Erupted Tooth		
		72611	First tooth		750.74
		72619	Each additional tooth, same quadrant		750.74
	72620		Transplantation of Unerupted Tooth		
	7-0-0				
		72621	First tooth		900.90
		72629	Each additional tooth, same quadrant		900.90
	72630		Repositioning, Surgical		
		72631	First tooth		550.64
		72639	Each additional tooth, same quadrant		550.64
72700			ENLICITATION CURCICAL		
72700		+	ENUCLEATION, SURGICAL		
	72710		Unerupted Tooth Follicle		
	72710	+	oncrupted room onicie		
		72711	First tooth		550.64
		72719	Each additional tooth, same quadrant		550.64
72800			REMOVAL OF FRACTURED CUSP AS A SEPARATE PROCEDURE, NOT IN CONJUCTION WITH SURGICAL		
			OR RESTORATIVE PROCEDURES ON THE SAME TOOTH		
		72801	First tooth		92.81
		72809	Each Additional Tooth		92.81
73000		+	REMODELLING AND RECONTOURING ORAL TISSUES IN PREPARATION FOR REMOVABLE PROSTHESES		
73000			(To include codes 73110, 73120, 73140, 73150, 73160, 73170, 73180)		
			(10 million could relief) relief relief relief relief		†
73100			ALVEOLOPLASTY		
			(Bone remodelling of ridge with soft tissue revisions)		
	73110		Alveoloplasty, In Conjunction with Extractions		
	-	73111	Per sextant	ļ	128.61
	73120		Alvadaniasty, Not in Conjunction with Extractions		
	73120		Alveoloplasty, Not In Conjunction with Extractions		
		73121	Per sextant Per sextant		250.33
					1
	73140		Remodelling of Bone		
		73141	Mylohyoid Ridge Remodelling		487.90
		73142	Genial Tubercle Remodelling		469.18
	73150		Excision of Bone		
	+	73151	Nasal Spine, Excision	—	469.18
	+	73151	Torus Palatinus, Excision		550.64
	+	73153	Torus Mandibularis, Unilateral, Excision		412.97
	1	73154	Torus Mandibularis, Bilateral, Excision		688.29
	†	 	, ,		1
	73160	1	Removal of Bone, Exostosis, Multiple		
		73161	Per quadrant		412.97
				to	825.97
	73170		Reduction of Bone, Tuberosity	<u> </u>	

			1		1	I
73100 Augmentation of Bone			73171	Unilateral, Reduction		250.33
						500.70
173182 Bilateral, Perryagnaxillary Tuberosity, Augmentation E 600.30 173183 Uniteral, Mandibular (Rigo, Augmentation E 600.30 173184 Bilateral, Mandibular (Rigo, Augmentation E 1.000.50 173185 Colleges Coll		73180		Augmentation of Bone		
173182 Bilateral, Perryagnaxillary Tuberosity, Augmentation E 600.30 173183 Uniteral, Mandibular (Rigo, Augmentation E 600.30 173184 Bilateral, Mandibular (Rigo, Augmentation E 1.000.50 173185 Colleges Coll						
17338			_			487.90
10 10 10 10 10 10 10 10						i e
2184 Bilateral, Mandibular Ridge, Augmentation +E 1,200.59		-	73183	Unilateral, Mandibular Ridge, Augmentation		<u> </u>
			72101	Pilatoral Mandibular Pidgo Augmontation		
SinglivOpLaSTY AND/OR STOMATOPLASTY, ORAL SURGERY			73164	bilateral, Manubulai Muge, Augmentation	_	•
73210 Independent Procedure 73211 Per sextant 73220 Miscellaneous Procedures 73221 Ginglyoplisty, in Conjunction with Tooth Removal 73222 Excision of Vestibular Hyperplasia (per sextant) 73222 Excision of Vestibular Hyperplasia (per sextant) 73223 Surgical Shawing of Papillary Hyperplasia (per sextant) 73224 Excision of Vestibular Hyperplasia (per sextant) 73226 Removals, Tissue, Hyperplasit (includes the incision of the mucous membrane, the dissection and removal of hyperplastic tissue, the replacing and adapting of the mucous membrane (per sextant) 73230 Removal, Mucosa, Excess (complete removal without dissection) 73240 Per sextant 72450 Per sextant 72460 Vestibuloplasty, Sub-Mucous 73400 Vestibuloplasty, Sub-Mucous 73440 Vestibuloplasty, Sub-Mucous 73440 Vestibuloplasty, with Secondary Epithelization 73440 Vestibuloplasty, with Secondary Epithelization 73440 Vestibuloplasty, with Labial Inverted Flap 73440 Vestibuloplasty, with Skin Graft 73450 Vestibuloplasty, with Skin Graft 73460 Vestibuloplasty, with Skin Graft					10	1,000.02
73211 Per sextant 275.32 73220 Miscellaneous Procedures 73221 Grighopolasty, in Conjunction with Tooth Removal 275.32 73222 Ecision of Vestibular Hyperplasia (per sextant) 275.32 73223 Surgical Shaving of Papillary Hyperplasia (per sextant) 275.32 73224 Cacision of Pericoronal Gingiva for relatine tooth/implant) per tooth/implant 137.64 73230 Removals, Tissue, Hyperplasit (includes the incision of the mucous membrane, the dissection and removal of Hyperplasits (includes the incision of the mucous membrane) 275.32 73240 Removal, Mucosa, Excess (complete removal without dissection) 275.32 73240 Removal, Mucosa, Excess (complete removal without dissection) 275.32 73240 Removal, Mucosa, Excess (complete removal without dissection) 275.32 73240 Removal, Mucosa, Excess (complete removal without dissection) 275.32 73240 Removal, Mucosa, Excess (complete removal without dissection) 275.32 73240 Removal, Mucosa, Excess (complete removal without dissection) 275.32 73240 Partial Arch Lowering of the Floor of the Mouth 22,401.22 73300 Partial Arch Lowering of the Floor of the Mouth 22,401.22 73300 Partial Arch Lowering of the Floor of the Mouth 1,200.59 73300 Partial Arch Lowering of the Floor of the Mouth 1,200.59 73300 Vestibuloplasty, Sub-Mucous 262.75 73410 Vestibuloplasty, Sub-Mucous 262.75 73420 Sulcus Deepening and Ridge Reconstruction 27431 Per sextant 262.75 73430 Vestibuloplasty, with Labial Inverted Flap 27440 Vestibuloplasty, with Labial Inverted Flap 27450 Vestibuloplasty, with Skin Graft 27460 Vestibuloplasty, with Skin Graft 27460 Vestibuloplasty, with Mucosal Graft 27460 Vest	73200			GINGIVOPLASTY AND/OR STOMATOPLASTY, ORAL SURGERY		
73211 Per sextant 275.32 73220 Miscellaneous Procedures 73221 Grighopolasty, in Conjunction with Tooth Removal 275.32 73222 Ecision of Vestibular Hyperplasia (per sextant) 275.32 73222 Surgical Shaving of Papillary Hyperplasia (per sextant) 275.32 73223 Surgical Shaving of Papillary Hyperplasia (per sextant) 275.32 73224 Cacision of Pericoronal Ginglya (for related tooth/implant) per tooth/implant 137.64 73230 Removals, Tissue, Hyperplasitc (includes the incision of the mucous membrane, the dissection and removal of Hyperplasitc tissue, the replacing and adapting of the mucous membrane) 73231 Per sextant 275.32 73240 Removal, Mucosa, Excess (complete removal without dissection) 73241 Per sextant 275.32 73300 REMODELING, FLOOR OF THE MOUTH 73301 Full Arch Lowering of the Floor of the Mouth 2,401.22 73302 Partial Arch Lowering of the Floor of the Mouth 1,200.59 73303 Remisertion of the Mylohylof Muscle 1,000.49 73410 Vestibuloplasty, Sub-Mucous 73410 Vestibuloplasty, Sub-Mucous 73420 Sulcus Deepening and Ridge Reconstruction 73420 Vestibuloplasty, with Secondary Epithelization 73420 Vestibuloplasty, with Labial Inverted Flap 73440 Per sextant 467.90 73450 Vestibuloplasty, with Skin Graft 73460 Vestibuloplasty, with Skin Graft	73200					
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73224 Excision of Pericoronal Gingiva (for retained tooth/implant) per tooth/implant 137.64						
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73241 Per sextant 275.32 275.32 273300 REMODELING, FLOOR OF THE MOUTH 2,401.22 2,40			73231	1 CT SCALUTE	1	273.32
73241 Per sextant 275.32 275.32 273300 REMODELING, FLOOR OF THE MOUTH 2,401.22 2,40		73240		Removal, Mucosa, Excess (complete removal without dissection)	1	
7301 Full Arch Lowering of the Floor of the Mouth 2,401.22 73302 Partial Arch Lowering of the Floor of the Mouth 1,200.59 73303 Reinsertion of the Mylohyoid Muscle 1,000.49 1,000			73241	Per sextant		275.32
7301 Full Arch Lowering of the Floor of the Mouth 2,401.22 73302 Partial Arch Lowering of the Floor of the Mouth 1,200.59 73303 Reinsertion of the Mylohyoid Muscle 1,000.49 1,000						
73302 Partial Arch Lowering of the Floor of the Mouth 1,200.59 73303 Reinsertion of the Mylohyoid Muscle 1,000.49 1,00	73300			REMODELING, FLOOR OF THE MOUTH		
73302 Partial Arch Lowering of the Floor of the Mouth 1,200.59 73303 Reinsertion of the Mylohyoid Muscle 1,000.49 1,00						
73400 VESTIBULOPLASTY 73410 Vestibuloplasty, Sub-Mucous 73411 Per sextant 73420 Sulcus Deepening and Ridge Reconstruction 73421 Per sextant 73430 Vestibuloplasty, with Secondary Epithelization 73431 Per sextant 73431 Per sextant 73440 Vestibuloplasty, with Labial Inverted Flap 73440 Vestibuloplasty, with Skin Graft 73450 Vestibuloplasty, with Skin Graft 73450 Vestibuloplasty, with Skin Graft 73460 Vestibuloplasty, with Mucosal Graft			_		<u> </u>	· · · · · · · · · · · · · · · · · · ·
73410 Vestibuloplasty, Sub-Mucous 73411 Per sextant 73420 Sulcus Deepening and Ridge Reconstruction 73421 Per sextant 73430 Vestibuloplasty, with Secondary Epithelization 73440 Vestibuloplasty, with Labial Inverted Flap 73440 Vestibuloplasty, with Labial Inverted Flap 73441 Per sextant 73450 Vestibuloplasty, with Skin Graft 73460 Vestibuloplasty, with Mucosal Graft				, and the second		
73410 Vestibuloplasty, Sub-Mucous 73411 Per sextant 262.75 73420 Sulcus Deepening and Ridge Reconstruction 73421 Per sextant 211.09 73430 Vestibuloplasty, with Secondary Epithelization 73431 Per sextant 325.27 73440 Vestibuloplasty, with Labial Inverted Flap 73441 Per sextant 487.90 73450 Vestibuloplasty, with Skin Graft 73450 Vestibuloplasty, with Skin Graft 73460 Vestibuloplasty, with Mucosal Graft			73303	Remodition of the mylonyold musele	1	1,000.49
73420 Sulcus Deepening and Ridge Reconstruction 73421 Per sextant 211.09 73430 Vestibuloplasty, with Secondary Epithelization 73431 Per sextant 325.27 73440 Vestibuloplasty, with Labial Inverted Flap 73441 Per sextant 487.90 73450 Vestibuloplasty, with Skin Graft 73450 Vestibuloplasty, with Skin Graft 73460 Vestibuloplasty, with Mucosal Graft	73400			VESTIBULOPLASTY	1	
73420 Sulcus Deepening and Ridge Reconstruction 73421 Per sextant 211.09 73430 Vestibuloplasty, with Secondary Epithelization 73431 Per sextant 325.27 73440 Vestibuloplasty, with Labial Inverted Flap 73441 Per sextant 487.90 73450 Vestibuloplasty, with Skin Graft 73450 Vestibuloplasty, with Skin Graft 73460 Vestibuloplasty, with Mucosal Graft						
73420 Sulcus Deepening and Ridge Reconstruction 73421 Per sextant 211.09 73430 Vestibuloplasty, with Secondary Epithelization 73431 Per sextant 325.27 73440 Vestibuloplasty, with Labial Inverted Flap 73441 Per sextant 487.90 73450 Vestibuloplasty, with Skin Graft 73450 Vestibuloplasty, with Mucosal Graft		73410		Vestibuloplasty, Sub-Mucous		
73420 Sulcus Deepening and Ridge Reconstruction 73421 Per sextant 211.09 73430 Vestibuloplasty, with Secondary Epithelization 73431 Per sextant 325.27 73440 Vestibuloplasty, with Labial Inverted Flap 73441 Per sextant 487.90 73450 Vestibuloplasty, with Skin Graft 73450 Vestibuloplasty, with Mucosal Graft						
73421 Per sextant 211.09 73430 Vestibuloplasty, with Secondary Epithelization 73431 Per sextant 325.27 73440 Vestibuloplasty, with Labial Inverted Flap 73441 Per sextant 487.90 73450 Vestibuloplasty, with Skin Graft 73460 Vestibuloplasty, with Mucosal Graft			73411	Per sextant Per sextant		262.75
73421 Per sextant 211.09 73430 Vestibuloplasty, with Secondary Epithelization 73431 Per sextant 325.27 73440 Vestibuloplasty, with Labial Inverted Flap 73441 Per sextant 487.90 73450 Vestibuloplasty, with Skin Graft 73460 Vestibuloplasty, with Mucosal Graft						
73430 Vestibuloplasty, with Secondary Epithelization 73431 Per sextant 73440 Vestibuloplasty, with Labial Inverted Flap 73441 Per sextant 73450 Vestibuloplasty, with Skin Graft 73451 Per sextant 73460 Vestibuloplasty, with Mucosal Graft		/3420	+	Suicus Deepening and Ridge Reconstruction	1	1
73430 Vestibuloplasty, with Secondary Epithelization 73431 Per sextant 73440 Vestibuloplasty, with Labial Inverted Flap 73441 Per sextant 73450 Vestibuloplasty, with Skin Graft 73451 Per sextant 73460 Vestibuloplasty, with Mucosal Graft		+	73/121	Per sextant	+	211.00
73431 Per sextant 325.27 73440 Vestibuloplasty, with Labial Inverted Flap 73441 Per sextant 487.90 73450 Vestibuloplasty, with Skin Graft 73451 Per sextant 600.30 73460 Vestibuloplasty, with Mucosal Graft		+	73421	i oi sertuite	+	211.09
73431 Per sextant 325.27 73440 Vestibuloplasty, with Labial Inverted Flap 73441 Per sextant 487.90 73450 Vestibuloplasty, with Skin Graft 73451 Per sextant 600.30 73460 Vestibuloplasty, with Mucosal Graft		73430	+	Vestibuloplasty, with Secondary Epithelization	1	
73440 Vestibuloplasty, with Labial Inverted Flap 73441 Per sextant 487.90 73450 Vestibuloplasty, with Skin Graft 73451 Per sextant 600.30 73460 Vestibuloplasty, with Mucosal Graft						
73441 Per sextant 487.90 73450 Vestibuloplasty, with Skin Graft 73451 Per sextant 600.30 73460 Vestibuloplasty, with Mucosal Graft			73431	Per sextant Per sextant		325.27
73441 Per sextant 487.90 73450 Vestibuloplasty, with Skin Graft 73451 Per sextant 600.30 73460 Vestibuloplasty, with Mucosal Graft						
73450 Vestibuloplasty, with Skin Graft 73451 Per sextant 600.30 73460 Vestibuloplasty, with Mucosal Graft		73440		Vestibuloplasty, with Labial Inverted Flap	ļ	
73450 Vestibuloplasty, with Skin Graft 73451 Per sextant 600.30 73460 Vestibuloplasty, with Mucosal Graft			70.441	Description	 	407.00
73451 Per sextant 600.30 73460 Vestibuloplasty, with Mucosal Graft		-	/3441	rer sextant	 	487.90
73451 Per sextant 600.30 73460 Vestibuloplasty, with Mucosal Graft		73450	+	Vestibulonlasty, with Skin Graft	+	
73460 Vestibuloplasty, with Mucosal Graft		, 3430	+		+	+
73460 Vestibuloplasty, with Mucosal Graft			73451	Per sextant Per sextant	<u> </u>	600.30
		1			1	
73461 Per sextant 600.30		73460		Vestibuloplasty, with Mucosal Graft		
73461 Per sextant 600.30						
			73461	Per sextant		600.30

	1	1		1	
	73470		Vestibuloplasty – with Dermal Graft - Autograft		
			, ,		
		73471	Per Sextant	+E	211.09
					-
	73480	+	Vestibuloplasty – with Dermal Graft - Allograft		+
		73481	Per Sextant		211.09
	73490		Vestibuloplasty – with Connective Tissue for Ridge Augmentation		
		72404	Downstant.		211.00
		73491	Per sextant		211.09
73500			RECONSTRUCTION, ALVEOLAR RIDGE		
	73510		Reconstruction, Alveolar Ridge, with Autogenous Bone		
				_	
		73511	Per sextant Per sextant	+E	800.40
	73520	+	Reconstruction, Alveolar Ridge, with Alloplastic Material		
	1	†	6 -7		
		73521	Per sextant	+E	800.40
73600		-	EXTENSIONS, MUCOUS FOLDS		
	73610		Extensions, Mucous Folds with Secondary Epithelization		
	73010		Extensions, macous rous with secondary Epithenzation		
		73611	Per sextant		581.55
	73620		Extensions, Mucous Folds, with Skin Grafts		
		72624	Describes		F01 FF
		73621	Per sextant		581.55
	73630		Extensions, Mucous Folds, with Mucous Graft		
		73631	Per sextant		581.55
74000			SURGICAL EXCISIONS (not in conjunction with tooth removal, including biopsy)		
74100			SURGICAL EXCISIONS, TUMORS, BENIGN		
7 1200					
	74110		Tumors, Benign, Scar Tissue, Inflammatory or Congenital Lesions of Soft Tissue of the Oral Cavity		
		74111	1 cm. and under		275 27
		74111	1-2 cm.		375.37 487.90
		74113	2-3 cm.		591.08
		74114	3-4 cm.		675.52
		74115	4-6 cm.		816.17
		74116	6-9 cm.	+	906.85
	+	74117 74118	9-15 cm. 15 cm. and over		1,031.88 1,163.13
		74116	15 cm. and over		1,103.13
	74120		Tumors, Benign, Bone Tissue		
		74121	1 cm. and under		450.43
		74122	1-2 cm.	+	625.58
		74123 74124	2-3 cm. 3-4 cm.	+	813.20 1,013.30
		74125	4-6 cm.	1	1,182.17
		74126	6-9 cm.		1,401.02
_		74127	9-15 cm.		1,576.13
		74128	15 cm. and over		1,813.69
74200		1	SUPCICAL EXCISION THMODS MALICHANT	+	
74200		+	SURGICAL EXCISION, TUMORS, MALIGNANT	+	+
	74210	+	Tumors, Malignant, Soft Tissue, Oral Cavity	1	+

	1	T		1	1
		74244	A contract of the contract of		250.25
		74211	1 cm. and under		350.25
		74212	1-2 cm.		525.36
	_	74213 74214	2-3 cm.		725.46 906.85
		74214	3-4 cm.		_
	-	74215	4-6 cm. 6-9 cm.	+	1,125.66 1,313.28
		74216	9-15 cm.		1,513.28
		74217	15 cm. and over		
		74216	13 cm. and over		1,744.71
	74220		Tumors, Malignant, Bone Tissue		
	, 4220		Turnors, Wanghant, Sone 13346		
		74221	1 cm. and under		525.36
		74222	1-2 cm.		700.51
		74223	2-3 cm.		906.85
		74224	3-4 cm.		1,088.23
		74225	4-6 cm.		1,313.28
		74226	6-9 cm.		1,500.90
		74227	9-15 cm.		1,744.71
		74228	15 cm. and over		2,001.02
	74230	1	Selective neck dissection	†	1
	1	1		1	1
	†	74231	Unilateral	†	I.C.
		74232	Bilateral		I.C.
	74240		Radical neck dissection		
		74241	Unilateral		I.C.
		74242	Bilateral		I.C.
74300			SURGICAL EXCISIONS, MAXILLOFACIAL COMPLEX, TRAUMA, TUMORS, BENIGN, MALIGNANT		
	74310		Lips, Throat, Face, Skull		
		74311	Cheiloplasty, Partial (Lip Shave)		700.51
		74312	Cheiloplasty, Total (Lip Shave)		1,050.76
				to	1,401.02
74400			HARD TISSUE GRAFTS TO THE JAW		
				+ _	
		74401	Autograft – per site – Maxilla or Mandible	+E	800.40
		74402	Allograft – per site – Maxilla or Mandible	+E	800.40
		74403	Xenograft – per site – Maxilla or Mandible	+E	800.40
74500			ALICAMPATATIONIC PROCTUFTIC OF THE LAW		
74500			AUGMENTATIONS, PROSTHETIC, OF THE JAW		
	74520		Augmentation, Synthetic, of the Jaw		
	74520		Augmentation, Synthetic, or the Jaw		
		74521	Augus and adian and the Chin		1.6
	-	74521	Augmentation, of the Chin	+	I.C.
74600			SURGICAL EXCISION, CYSTS/GRANULOMAS		
74000			SURGICAL EXCISION, C1313/ GRANUCLOWIAS		
	74610		Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of		
	74610		Bony Tissue and Subsequent Suture(s)		
			bony made and addacquent sucure(3)		
	+	74611	1 cm. and under	1	431.72
	†	74612	1-2 cm.	†	600.59
	†	74613	2-3 cm.	†	781.97
	1	74614	3-4 cm.	1	975.83
	†	74615	4-6 cm.	†	1,182.17
	1	74616	6-9 cm.	1	1,401.02
	+	74617	9-15 cm.	1	1,632.34
	+	74618	15 cm. and over	1	1,876.15
	+	1		1	,
	74620		Marsupialization		
	74620		Marsupialization		

		1			
	74630		Excision of Cyst		
		74631	1 cm. and under		431.72
		74632	1-2 cm.		600.59
		74633	2-3 cm.		781.97
		74634	3-4 cm.		975.83
		74635	4-6 cm.		1,182.17
		74636	6-9 cm.		1,401.02
		74637	9-15 cm.		1,632.34
		74638	15 cm. and over		1,876.15
75000		<u> </u>	CURCION INCICIONO		
75000		+	SURGICAL INCISIONS		
75100			SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL		
73100			SONGICAL INCISION AND DIVAMAGE AND/ON EXILEGIZATION, INTRACIAL		
	75110		Surgical Incision and Drainage and/or Exploration, Intraoral Soft Tissue		
		75111	Intraoral, Surgical Exploration, Soft Tissue		275.32
		75112	Intraoral, Abscess, Soft Tissue		275.32
		75113	Intraoral, Abscess, In Major Anatomical area with Drain		469.18
-	75120		Surgical Incision and Drainage and/or Exploration, Intraoral Hard Tissue		
		75121	Intraoral, Abscess, Hard Tissue, Trephination and Drainage		287.80
		75122	Intraoral, Surgical Exploration, Hard Tissue		450.43
		75123	Intraoral, Abscess, Hard Tissue, Trephination and Drainage in a Major Anatomical Area		625.58
75200			SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, EXTRAORAL		
	75210		Surgical Incision and Drainage and/or Exploration, Extraoral, Soft Tissue		
		75244	Extraoral, Abscess, Superficial		650.53
		75211 75212	Extraoral, Abscess, Deep		650.53 813.20
		73212	Lixtraorai, Abscess, Deep		813.20
	75220		Surgical Incision and Drainage and/or Exploration, Extraoral Hard Tissue		
		75221	Extraoral, Surgical Exploration, Hard Tissue		650.53
75300			SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES		
75500		+	SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES		
	1	75301	Removal, from Skin or Subcutaneous Alveolar Tissue		875.62
		1.000		to	1,751.27
		75302	Removal, of Reaction Producing Foreign Bodies		875.62
				to	1,751.27
		75303	Removal, of Needle from Musculo-skeletal System		875.62
				to	1,751.27
75400			SEQUESTRECTOMY (FOR OSTEOMYELITIS)		
		 			
		75401	Intraoral Sequestrectomy		600.59
		75402	Saucerization		1,050.76
		75403	Osteomyelitis, Non Surgical Treatment of		225.22
	75410		Extraoral Sequestrectomy		
		75411	3 cm. and less		600.59
		75412	3-4 cm.		750.74
		75413 75414	4-6 cm. 6-9 cm.		938.36
		75414	9 cm. and over		1,094.76 1,301.10
		, ,,,,,,	S and and over		1,301.10
75500			MANDIBULECTOMY		
	75510		Mandibulectomy		
		 			
		75511	3 cm. or less		525.36

		75512	3-4 cm.		700.51
		75513	4-6 cm.		906.85
		75514	6-9 cm.		1,125.66
		75515	9-12 cm.		1,356.99
		75516	12-15 cm.		1,600.82
		75517	15 cm. and over		1,800.92
		75518	Total Mandibulectomy		2,201.12
			,	to	2,851.46
					_,
75600			MAXILLECTOMY		
73000	+		INAXILLECTORY		
	75610		Manifile shares	-	
	75610		Maxillectomy		
	_	75611	3 cm. or less		875.62
		75612	3-4 cm.		1,050.76
		75613	4-6 cm.		1,269.58
		75614	6-9 cm.		1,500.90
		75615	9-12 cm.		1,744.71
		75616	12-15 cm.		2,001.02
		75617	15 cm. and over		2,301.17
		75618	Total Maxillectomy		2,551.31
	1			to	3,401.75
					3, 152.75
76000			FRACTURES, TREATMENT OF		
. 5555	+			 	
76100			INTERMAXILLARY FIXATION (WIRING)		
70100	+		INTERIVIANILLARY FINATION (WIKING)	-	
	76110		Splints Per Arch, One or More Per Jaw		
		76111	Wiring of Dentures or Arch Bar		450.43
		76112	Acrylic Prosthesis or Cap Splint		450.43
		76113	Circumzygomatic Wiring, Unilateral		150.12
		76114	Perialveolar or Transpalatal Wiring		150.12
		76115	Intra or Periosseous Splinting for Pericranial Suspension		150.12
		76116	Intermaxillary Fixation		450.43
	76120		Intra Maxillary Suspension (Wiring)		
					i
ı					
		76121	Nasal Spine Wiring		150.12
			Nasal Spine Wiring Piriform Apertures Suspension		
		76122	Piriform Apertures Suspension		150.12
		76122 76123	Piriform Apertures Suspension Frontal Suspension		150.12 650.53
		76122 76123 76124	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral		150.12 650.53 650.53
		76122 76123	Piriform Apertures Suspension Frontal Suspension		150.12 650.53
	76120	76122 76123 76124	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension		150.12 650.53 650.53
	76130	76122 76123 76124	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral		150.12 650.53 650.53
	76130	76122 76123 76124 76125	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring		150.12 650.53 650.53 1,050.76
	76130	76122 76123 76124 76125 76131	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one		150.12 650.53 650.53 1,050.76
	76130	76122 76123 76124 76125 76131 76132	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two		150.12 650.53 650.53 1,050.76
	76130	76122 76123 76124 76125 76131	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one		150.12 650.53 650.53 1,050.76
		76122 76123 76124 76125 76131 76132	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over		150.12 650.53 650.53 1,050.76
	76130	76122 76123 76124 76125 76131 76132	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two		150.12 650.53 650.53 1,050.76
		76122 76123 76124 76125 76131 76132	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over		150.12 650.53 650.53 1,050.76
		76122 76123 76124 76125 76131 76132	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Wire		150.12 650.53 650.53 1,050.76
		76122 76123 76124 76125 76131 76132 76133	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of		150.12 650.53 650.53 1,050.76 150.12 300.28 450.43
		76122 76123 76124 76125 76131 76132 76133 76133	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Wire		150.12 650.53 650.53 1,050.76 150.12 300.28 450.43
		76122 76123 76124 76125 76131 76132 76133 76141 76141	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Wire Removal of Arch Splint (one or more per jaw) Removal of Interosseous Ligature or Bone Plate		150.12 650.53 650.53 1,050.76 150.12 300.28 450.43
		76122 76123 76124 76125 76131 76132 76133 76141 76142 76143	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Wire Removal of Arch Splint (one or more per jaw)		150.12 650.53 1,050.76 150.12 300.28 450.43 250.33 600.59
		76122 76123 76124 76125 76131 76132 76133 76141 76142 76143	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Arch Splint (one or more per jaw) Removal of Interosseous Ligature or Bone Plate Removal of Intra or Periosseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus		150.12 650.53 1,050.76 150.12 300.28 450.43 250.33 600.59
		76122 76123 76124 76125 76131 76132 76133 76141 76142 76143 76144	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Wire Removal of Arch Splint (one or more per jaw) Removal of Interosseous Ligature or Bone Plate		150.12 650.53 650.53 1,050.76 150.12 300.28 450.43 250.33 250.33 600.59
		76122 76123 76124 76125 76131 76132 76133 76141 76142 76143 76144	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Arch Splint (one or more per jaw) Removal of Interosseous Ligature or Bone Plate Removal of Intra or Periosseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus		150.12 650.53 650.53 1,050.76 150.12 300.28 450.43 250.33 250.33 600.59
		76122 76123 76124 76125 76131 76132 76133 76141 76142 76143 76144	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Arch Splint (one or more per jaw) Removal of Interosseous Ligature or Bone Plate Removal of Intra or Periosseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw)		150.12 650.53 650.53 1,050.76 150.12 300.28 450.43 250.33 250.33 600.59 469.18
		76122 76123 76124 76125 76131 76132 76133 76141 76142 76143 76144	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Arch Splint (one or more per jaw) Removal of Interosseous Ligature or Bone Plate Removal of Intra or Periosseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw)		150.12 650.53 650.53 1,050.76 150.12 300.28 450.43 250.33 250.33 600.59 469.18
76200		76122 76123 76124 76125 76131 76132 76133 76141 76142 76143 76144	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Arch Splint (one or more per jaw) Removal of Interosseous Ligature or Bone Plate Removal of Intra or Periosseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw)		150.12 650.53 650.53 1,050.76 150.12 300.28 450.43 250.33 250.33 600.59 469.18
76200		76122 76123 76124 76125 76131 76132 76133 76141 76142 76143 76144	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Arch Splint (one or more per jaw) Removal of Interosseous Ligature or Bone Plate Removal of Intra or Periosseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw) Removal of Wire Plate or Screw used in Osteosynthesis (one or more at the same site)		150.12 650.53 650.53 1,050.76 150.12 300.28 450.43 250.33 250.33 600.59 469.18
76200		76122 76123 76124 76125 76131 76132 76133 76141 76142 76144 76145 76146	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Wire Removal of Arch Splint (one or more per jaw) Removal of Interosseous Ligature or Bone Plate Removal of Intra or Periosseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw) Removal of Wire Plate or Screw used in Osteosynthesis (one or more at the same site) FRACTURES, REDUCTIONS, MANDIBULAR		150.12 650.53 650.53 1,050.76 150.12 300.28 450.43 250.33 250.33 600.59 469.18 600.59
76200		76122 76123 76124 76125 76131 76132 76133 76141 76142 76143 76144	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Arch Splint (one or more per jaw) Removal of Interosseous Ligature or Bone Plate Removal of Intra or Periosseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw) Removal of Wire Plate or Screw used in Osteosynthesis (one or more at the same site)	to	150.12 650.53 1,050.76 150.12 300.28 450.43 250.33 600.59 600.59
76200		76122 76123 76124 76125 76131 76132 76133 76141 76142 76144 76145 76146	Piriform Apertures Suspension Frontal Suspension Orbital Rim Suspension, Bilateral Head Frame Suspension Circummandibular Wiring Wiring, one Wiring, two Wiring, three or over Splints/Wires, Removal of Removal of Wire Removal of Arch Splint (one or more per jaw) Removal of Interosseous Ligature or Bone Plate Removal of Intra or Periosseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw) Removal of Wire Plate or Screw used in Osteosynthesis (one or more at the same site) FRACTURES, REDUCTIONS, MANDIBULAR	to	150.12 650.53 650.53 1,050.76 150.12 300.28 450.43 250.33 250.33 600.59 469.18 600.59

		76204	Reduction, Mandibular, Open, Multiple		2,326.29
	1	70204	neadedon, Manabalar, Open, Maltiple		2,320.23
76300		1	FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I		
		76301	Reduction, Maxillary, Closed		1,201.21
		76302	Reduction, Maxillary, Open, Single		1,751.27
		76303	Reduction, Maxillary, Open, Double		2,101.52
		76304	Reduction, Maxillary, Open, Multiple		2,401.22
				to	3,201.65
		76305	Reduction, Compound Fracture of Maxilla (requiring reduction and soft tissue repair)		3,401.75
				to	4,252.18
76400			FRACTURES, REDUCTIONS, MAXILLARY, PYRAMIDAL LE FORT'S II		
		76401	Reduction, Maxillary, Closed		1,401.02
		76402	Reduction, Maxillary, Open, Unilateral		1,401.02
		76403	Reduction, Maxillary, Open, Bilateral		2,101.52
			TRANSPORT DEPUNCTIONS AND ORDER		
76500		1	FRACTURES, REDUCTIONS, NASO-ORBITAL		
		70501	Dadustian Classel Heilatorel		1 000 22
	+	76501 76502	Reduction, Closed Unilateral Reduction, Closed Bilateral	 	1,088.23 2,176.46
		76503	Reduction, Naso-orbital, Open, External Approach		1,938.57
		76504	Reduction, Naso-orbital, Open, Sinusal Approach		1,938.57
		76505	Reduction, Naso-orbital, Open, Orbital Approach with Insertion of Subperiosteal Implant		2,132.43
		70303			2,132.43
		76506	Exploration, of Orbital Blowout Fracture		1,401.02
		76507	Exploration, of Orbital Blowout Fracture and Reconstruction with Insertion of a Subperiosteal Implant		2,326.29
76600					
76600			FRACTURES, REDUCTIONS, MALAR BONE		
		76601	Reduction, Malar Bone, Closed		600.59
		76602	Reduction, Malar Bone, Open, by Simple Elevation		900.90
		76603	Reduction, Malar Bone, Open, by Osteosynthesis		1,600.82
		76604	Reduction, Malar Bone, Open, by Sinus Approach		1,313.28
		76605	Reduction, Malar Bone, Simple Fracture, (open reduction with antrostomy and packing)		1,313.28
76700		1	FRACTURES, REDUCTIONS, ZYGOMATIC ARCH		
		7.6701	Dadistica 7. garantia Augh Interpret Annuagh		C00 F0
		76701	Reduction, Zygomatic Arch, Intraoral Approach		600.59 1,401.02
	+	76702 76703	Reduction, Zygomatic Arch, Temporal Approach Reduction, Zygomatico-Maxillary Fracture Dislocation, Complex, Closed Reduction		900.90
		76704	Reduction, Zygomatico-Maxillary Fracture Dislocation, Complex, Closed Reduction Reduction, Zygomatico-Maxillary Fracture Dislocation, Open Reduction		1,751.27
		70704	reduction, 2ygoniatico waxinary reacture dislocation, open reduction		1,731.27
76800			FRACTURES, REDUCTIONS, CRANIOFACIAL OTHER (specify type of procedure according to previous code used for fracture)		
	1			1	
	1	76801	Reduction, Craniofacial Dysjunction, Closed		2,401.22
		76802	Reduction, Craniofacial Dysjunction, Open		3,401.75
70000		1	FRACTURES REDUCTIONS ALVEOLAR		
76900			FRACTURES, REDUCTIONS, ALVEOLAR		
	76910		Fracture, Alveolar, Debridement, Teeth Removed		
	+	76911	3 cm. or less		750.74
		70911	5 CITI. OF 1855	to	1,501.49
		76912	3-6 cm.	10	750.74
	+	, 0312		to	1,501.49
		76913	6 cm. and over		781.97
	1			to	1,563.94
	1	1		1	,
	76920		Reduction, Alveolar, Closed, with Teeth		
	İ				
		76921	3 cm. and less	+E	750.74

	T				1
		76922	3-6 cm.	+E	750.74
				to	1,501.49
		76923	6-9 cm.	+E	781.97
				to	1,563.94
		76924	9 cm. and over	+E	781.97
				to	1,563.94
	76930		Reduction, Alveolar, Open, with Teeth		
		76931	3 cm. and less	+E	750.74
				to	1,501.49
		76932	3-6 cm.	+E	750.74
				to	1,501.49
		76933	6-9 cm.	+E	781.97
				to	1,563.94
		76934	9 cm. and over	+E	813.20
				to	1,626.39
					_,======
	76940		Replantation, Avulsed Tooth/Teeth (including splinting)		
	700.0		3-p6)		
		76941	Replantation, first tooth		469.18
		76949	Each additional tooth		469.18
		70343	Lacif additional tooth		409.18
-	76950	-	Repositioning of Traumatically Displaced Teeth	 	
	76950		Repositioning of Traumatically Displaced Teeth		
		76054	One unit of time		142.00
		76951			143.88
		76952	Two units of time		287.76
		76959	Each additional unit over two		143.88
	76960		Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral		
		76961	2 cm. or less		300.28
		76962	2-4 cm.		337.84
		76963	4-6 cm.		375.37
		76964	6-9 cm.		412.90
		76965	9-12 cm.		469.18
		76966	12-16 cm.		508.26
		76967	16-20 cm.		547.38
		76968	20-25 cm.		609.90
		76969	25 cm. and over		650.53
	76970		Repairs, Lacerations, Through and Through		
		76971	2 cm. or less		325.27
		76972	2-4 cm.		365.93
		76973	4-6 cm.		406.60
	1	76974	6-9 cm.		447.23
	1	76975	9-12 cm.	†	506.65
	1	76976	12-16 cm.		548.87
		76977	16-20 cm.		591.08
		76978	20-25 cm.		656.71
	1	76978	25 cm. and over		700.51
	1	10313	23 cm. ana Ovci		700.51
	70000	-	Repairs, Lacerations, Complicated (local tissue shifts)		
	76980		Repairs, Lacerations, Complicated (local tissue shirts)		
<u> </u>	+	70001	2 cm or loss		250.25
<u> </u>	+	76981	2 cm. or less		350.25
ļ	1	76982	2-4 cm.	ļ	394.02
		76983	4-6 cm.		437.79
		76984	6-9 cm.		481.60
		76985	9-12 cm.	ļ	544.11
		76986	12-16 cm.	ļ	589.44
		76987	16-20 cm.		634.79
		76988	20-25 cm.		703.55
		76989	25 cm. and over		750.45
77000			MAXILLOFACIAL DEFORMITIES, TREATMENT OF		
		· · · · · · · · · · · · · · · · · · ·		-	-

77100			OSTEOTOMY/OSTECTOMY, RAMUS OF THE MANDIBLE	
77100			GSTEOTOMITY GSTEOTOMITY NAMIOUS OF THE MININGSEE	
		77101	Osteotomy, Subcondylar, Closed	5,352.76
		77102	Osteotomy, Subcondylar, Open	5,352.76
		77103	Osteotomy, Ramus of the Mandible, Oblique, Extraoral	5,352.76
		77104	Osteotomy, Ramus of the Mandible, Oblique, Intraoral	5,352.76
		77105	Osteotomy/Ostectomy, Body of the Mandible	5,352.76
		77106	Osteotomy, Coronoidectomy	2,551.31
		77107	Osteotomy, Condylar Neck	2,551.31
		77108	Osteotomy, Sagittal Split	5,352.76
77200			OSTEOTOMY, MISCELLANEOUS	
		77201	Osteotomy, Oblique with Bone Graft	5,002.57
		77202	Osteotomy, Inverted "L"	5,002.57
		77203	Osteotomy, "C"	5,002.57
		77204	Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis – Unilateral	5,002.57
		77205	Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis – Bilateral	5,002.57
		77206	Activation of Distraction Device - Unilateral	5,002.57
		77207	Activation of Distraction Device - Bilateral	5,002.57
		77208	Removal of Distraction Device - Unilateral	5,002.57
		77209	Removal of Distraction Device - Bilateral	5,002.57
77300			OSTEOTOMY, MAXILLARY	
		77301	Osteotomy, Maxillary, Le Fort l	5,352.76
		77302	Osteotomy, Maxillary, Le Fort II	5,652.91
		77303	Osteotomy, Maxillary, Le Fort III	6,753.48
		77304	Additional to the Above Osteotomy Requiring Two Segments	700.35
		77305	Additional to the Above Osteotomy Requiring Three Segments	900.44
		77306	Additional to the Above Osteotomy Requiring Four Segments	1,150.58
		77307	Additional to the Above Osteotomy Requiring a Cranial Flap	900.44
		77308	Closure of Cleft Fistula (Alveolar)	850.44
		77309	Closure of Cleft Fistula (Palatal)	850.44
		77311	Pharyngoplasty	1,350.68
		77312	Submuccous Resection	850.44
		77313	Osteotomy, Maxillary, Le Fort I – for Distraction Osteogenesis	I.C.
		77314 77315	Osteotomy, Maxillary, Le Fort II – for Distraction Osteogenesis	I.C.
		77316	Osteogenesis, Maxillary, Le Fort III – for Distraction Osteogenesis Activation of Distraction Device – Le Fort I Level	I.C.
		77310	Activation of Distraction Device – Le Fort I Level	I.C.
		77317	Activation of Distraction Device – Le Fort II Level	I.C.
		77319	Removal of Maxillary Distraction Device	I.C.
77400			OSTEOTOMY, MAXILLARY/MANDIBULAR, SEGMENTAL	
	77410		Osteotomy, Segmental, Maxillary	
		77411	Osteotomy, Segmental, Anterior	2,401.22
	1	77412	Osteotomy, Segmental, Anterior	2,401.22
	1	77413	Osteotomy, Mid-palatal Split, Anterior	1,600.82
	1	77414	Osteotomy, Mid-palatal Split, Anterior	2,401.22
		77415	Osteotomy, Segmental, Anterior – for Distraction Osteogenesis	I.C.
		77416	Osteotomy, Segmental, Posterior – for Distraction Osteogenesis	I.C.
	1	77417	Activation of Distraction Device	I.C.
		77418	Removal of Segmentation Maxillary Distraction Device	I.C.
	77420		Osteotomy, Segmental, Mandible	+ +
		77421	Osteotomy, Segmental, Anterior with Transfer of Mental Eminence	2,401.22
		77422	Osteotomy, Segmental, Anterior, without the Transfer of Mental Eminence	2,401.22
		77423	Osteotomy, Segmental, Posterior	2,176.46
		77424	Osteotomy, Lower Border, Mandible	2,401.22
		77425	Osteotomy, Total Dento-Alveolar, Mandible	5,002.57
			Octobromy Cogmontal Antorios for Distraction Octobrogonasis	1
		77426 77427	Osteotomy, Segmental, Anterior – for Distraction Osteogenesis Osteotomy, Segmental, Posterior – for Distraction Osteogenesis	I.C.

77430		Ī	77429	Removal of Cognestal Mandibular Distraction Davice	1	1.0
77431 Using Bone			77429	Removal of Segmental Mandibular Distraction Device		I.C.
77431 Using Bone		77430		Ostentomy When "Internositional Graft" Is Required		
77433 Using Allophotal FE 5678.88		17.00		- Control of the Cont		1
77742 Using Allophest 15 552.83 17733 Using Cardiage 16 1703.00 177440 177440 177440 177441 17			77431	Using Bone		600.30
			77432		+E	562.83
177441 Using Allopiost			77433	Using Cartilage		600.30
177441 Using Allopiost						
77443		77440		Osteotomy When "Onlay Graft" Is Required For Osteotomy, Trauma or Reconstructive Procedures		
77443						
77443			77//1	Lising Pono		400.20
77443					+F	1
					1.5	
77501 Genioplasty, Silding, Reduction or Augmentation 2,401.22 77502 Genioplasty, Reduction (vertical) 2,401.22 77503 Genioplasty, Augmentation with Graft (see grafting codes) 2,401.22 77504 Alterophysical 600.59 77504 Alterophysical 600.59 77504 Alterophysical 600.59 77504 Alterophysical 77505 77604 77607 Corticotomy 700.51 77607 776			77110	only out that		.00.20
77502 Genioplasty, Reduction (vertical) 2,401.22 77503 6 77504 Myotomy, Suprahyoid 600.59 600.59 600.59 77504 Myotomy, Suprahyoid 600.59	77500			GENIOPLASTY		1
77502 Genioplasty, Reduction (vertical) 2,401.22 77503 6 77504 Myotomy, Suprahyoid 600.59 600.59 600.59 77504 Myotomy, Suprahyoid 600.59						
17503 Genicolasty, Augmentation with Graft (see grafting codes) 2,010.12 17504 Nylotomy, Suprahyold 600.59 17600 MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES 700.51 17600 Trivitolomy 700.51 177601 Interdential Septotomy 700.51 177602 Interdential Septotomy 700.51 177603 Surgical Expansion of the Palate 1,200.59 177604 Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Maxilla – per Sextant 1.C. 17605 Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Mandible – per Sextant 1.C. 17700 PALATORRHAPHY			77501	Genioplasty, Sliding, Reduction or Augmentation		2,401.22
			77502	Genioplasty, Reduction (vertical)		2,401.22
						2,401.22
77601 Corticotomy 700.51 77602 Interdential Septotomy 700.51 77603 Surgical Expansion of the Palate 77604 77604 77604 77604 77604 77604 77605 77604 77606			77504	Myotomy, Suprahyoid		600.59
77601 Corticotomy 700.51 77602 Interdential Septotomy 700.51 77603 Surgical Expansion of the Palate 77604 77604 77604 77604 77604 77604 77605 77604 77606						
77602 Interdental Septotomy 700.51 77603 Surgical Expansion of the Palate 1,200.59 77604 77605 Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Maxilla – per Sextant 1,200.59 77605 Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Mandible – per Sextant 1,C. 77605 Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Mandible – per Sextant 1,C. 77606 PALATORRHAPHY 77701 Palatorrhaphy, Anterior (closure of palatine fissure) 2,401.22 77702 Palatorrhaphy, Posterior 2,401.22 77703 Palatorrhaphy, Posterior 2,401.22 77704 Palatorrhaphy, Posterior 3,001.55 77704 Palatorrhaphy, With Bone Graft 4,002.04 77705 77800 78806	77600		1	MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES		-
77602 Interdental Septotomy 700.51 77603 Surgical Expansion of the Palate 1,200.59 77604 77605 Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Maxilla – per Sextant 1,200.59 77605 Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Mandible – per Sextant 1,C. 77605 Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Mandible – per Sextant 1,C. 77606 PALATORRHAPHY 77701 Palatorrhaphy, Anterior (closure of palatine fissure) 2,401.22 77702 Palatorrhaphy, Posterior 2,401.22 77703 Palatorrhaphy, Posterior 2,401.22 77704 Palatorrhaphy, Posterior 3,001.55 77704 Palatorrhaphy, With Bone Graft 4,002.04 77705 77800 78806			77001	Corticotomy		700 51
1,200.59			_	· · · · · · · · · · · · · · · · · · ·		
77604 Surgical Expansion of Alveolar Ridge — Ridge Splitting Technique, Maxilla — per Sextant 1.C.						-
17605 Surgical Expansion of Alveolar Ridge - Ridge Splitting Technique, Mandible - per Sextant 1.C.						<u> </u>
77701 Palatorrhaphy, Anterior (closure of palatine fissure) 2,401.22 77702 Palatorrhaphy, Posterior 2,401.22 77703 Palatorrhaphy, Posterior 3,001.55 77704 Palatorrhaphy, Notal 3,001.55 77704 Palatorrhaphy, With Bone Graft 4,002.04 77705 Palatorrhaphy, With Bone Graft 4,002.04 77705 Palatorrhaphy, Bone Graft to Anterior Alveolar Ridge 2,601.32 77800 77801 77802 77802 77802 77802 77802 77803 77804 77803 77804 77804 77804 77804 77804 77804 77805 77806 7			77605	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Mandible – per Sextant		I.C.
77701 Palatorrhaphy, Anterior (closure of palatine fissure) 2,401.22 77702 Palatorrhaphy, Posterior 2,401.22 77703 Palatorrhaphy, Posterior 3,001.55 77704 Palatorrhaphy, Notal 3,001.55 77704 Palatorrhaphy, With Bone Graft 4,002.04 77705 Palatorrhaphy, With Bone Graft 4,002.04 77705 Palatorrhaphy, Bone Graft to Anterior Alveolar Ridge 2,601.32 77800 77801 77802 77802 77802 77802 77802 77803 77804 77803 77804 77804 77804 77804 77804 77804 77805 77806 7						
77701 Palatorrhaphy, Anterior (closure of palatine fissure) 2,401.22 77702 Palatorrhaphy, Posterior 2,401.22 77703 Palatorrhaphy, Posterior 3,001.55 77704 Palatorrhaphy, Notal 3,001.55 77704 Palatorrhaphy, With Bone Graft 4,002.04 77705 Palatorrhaphy, With Bone Graft 4,002.04 77705 Palatorrhaphy, Bone Graft to Anterior Alveolar Ridge 2,601.32 77800 77801 77802 77802 77802 77802 77802 77803 77804 77803 77804 77804 77804 77804 77804 77804 77805 77806 7				244 4702244244		
77702	///00			PALATORKHAPHY		
77702			77701	Palatorrhanhy, Anterior (closure of palatine fissure)		2 401 22
77703 Palatorrhaphy, Total 3,001.55			_			
77704			_			
77705						4,002.04
77801 Frenectomy, Upper Labial 262.81 77802 Frenectomy, Lower Labial 262.81 77803 Frenectomy, Lower Lingual or "Z" Plasty 262.81 77804 Frenectomy, Lower Lingual or "Z" Plasty with Myotomy of Genioglossus 450.43 77805 Frenoplasty, Upper "Z" 394.25 77806 Frenoplasty, Lower "Z" 394.25 77806 Frenoplasty, Lower "Z" 394.25 77800 GLOSSECTOMY 77901 Glossectomy, Partial, Anterior Wedge 700.51 77902 Glossectomy, Partial, Anterior Wedge 700.51 77903 Glossectomy, Partial, For Orthodontic Purposes 700.51 77903 Glossectomy, Pull Postero-Anterior Wedge 1,300.64 77910 Cleft Surgery 77911 Primary Unilateral Cleft Lip Repair 1,350.68 77912 Secondary Unilateral Cleft Lip Repair 1,350.68 77913 Primary Bilateral Cleft Lip Repair 1,800.92 77914 Secondary Bilateral Cleft Lip Repair 1,800.92 77915 Reconstruction of Cleft Lip With Lip Switch Flap 1,800.92 77916 Complex Reconstruction or Revision of Cleft Lip 7,251.16 77917 Closure of Alveolar Cleft (see grafting Codes) 2,251.16 77920 Oral Nasal Fistula 77920 Oral Nasal Fistula			77705			2,601.32
77801 Frenectomy, Upper Labial 262.81 77802 Frenectomy, Lower Labial 262.81 77803 Frenectomy, Lower Lingual or "Z" Plasty 262.81 77804 Frenectomy, Lower Lingual or "Z" Plasty with Myotomy of Genioglossus 450.43 77805 Frenoplasty, Upper "Z" 394.25 77806 Frenoplasty, Lower "Z" 394.25 77806 Frenoplasty, Lower "Z" 394.25 77800 GLOSSECTOMY 77901 Glossectomy, Partial, Anterior Wedge 700.51 77902 Glossectomy, Partial, Anterior Wedge 700.51 77903 Glossectomy, Partial, For Orthodontic Purposes 700.51 77903 Glossectomy, Pull Postero-Anterior Wedge 1,300.64 77910 Cleft Surgery 77911 Primary Unilateral Cleft Lip Repair 1,350.68 77912 Secondary Unilateral Cleft Lip Repair 1,350.68 77913 Primary Bilateral Cleft Lip Repair 1,800.92 77914 Secondary Bilateral Cleft Lip Repair 1,800.92 77915 Reconstruction of Cleft Lip With Lip Switch Flap 1,800.92 77916 Complex Reconstruction or Revision of Cleft Lip 7,251.16 77917 Closure of Alveolar Cleft (see grafting Codes) 2,251.16 77920 Oral Nasal Fistula 77920 Oral Nasal Fistula						
77802 Frenectomy, Lower Labial 262.81 77803 Frenectomy, Lower Lingual or "Z" Plasty 262.81 77804 Frenectomy, Lower Lingual or "Z" Plasty with Myotomy of Genioglossus 450.43 77805 Frenoplasty, Upper "Z" 394.25 77806 Frenoplasty, Lower "Z" 394.25 77900 GLOSSECTOMY	77800			FRENECTOMY/FRENOPLASTY		
77802 Frenectomy, Lower Labial 262.81 77803 Frenectomy, Lower Lingual or "Z" Plasty 262.81 77804 Frenectomy, Lower Lingual or "Z" Plasty with Myotomy of Genioglossus 450.43 77805 Frenoplasty, Upper "Z" 394.25 77806 Frenoplasty, Lower "Z" 394.25 77900 GLOSSECTOMY						
77803 Frenectomy, Lower Lingual or "Z" Plasty 262.81 77804 Frenectomy, Lower Lingual or "Z" Plasty with Myotomy of Genioglossus 450.43 77805 Frenoplasty, Upper "Z" 394.25 77806 Frenoplasty, Lower "Z" 394.25 77900 GLOSSECTOMY 7901 77901 Glossectomy, Partial, Anterior Wedge 700.51 77902 Glossectomy, Partial, for Orthodontic Purposes 700.51 77903 Glossectomy, Full Postero-Anterior Wedge 1,300.64 77910 Cleft Surgery 1,300.64 77911 Primary Unilateral Cleft Lip Repair 1,350.68 77912 Secondary Unilateral Cleft Lip Repair 1,350.68 77913 Primary Bilateral Cleft Lip Repair 1,800.92 77914 Secondary Bilateral Cleft Lip Repair 1,800.92 77915 Reconstruction of Cleft Lip with Lip Switch Flap 1,800.92 77916 Complex Reconstruction or Revision of Cleft Lip 2,251.16 77920 Oral Nasal Fistula						
77804 Frenectomy, Lower Lingual or "Z" Plasty with Myotomy of Genioglossus 450.43 77805 Frenoplasty, Upper "Z" 394.25 77806 Frenoplasty, Lower "Z" 394.25 77800 Frenoplasty, Lower "Z" 394.25 77800 Frenoplasty, Lower "Z" 394.25 77800 77801 Glossectomy, Partial, Anterior Wedge 700.51 77802 Glossectomy, Partial, For Orthodontic Purposes 700.51 77803 Glossectomy, Full Postero-Anterior Wedge 1,300.64 77810 Frimary Unilateral Cleft Lip Repair 1,350.68 77812 Frimary Unilateral Cleft Lip Repair 1,350.68 77812 Frimary Unilateral Cleft Lip Repair 1,800.92 77813 Primary Bilateral Cleft Lip Repair 1,800.92 77814 Secondary Bilateral Cleft Lip Repair 1,800.92 77815 Reconstruction of Cleft Lip with Lip Switch Flap 1,800.92 77816 Complex Reconstruction or Revision of Cleft Lip 2,251.16 77817 Closure of Alveolar Cleft (see grafting Codes) 2,251.16 77820 Oral Nasal Fistula						
77805 Frenoplasty, Upper "2" 394.25 394.25 394.25 394.25 394.25 394.25 394.25 394.25 394.25 394.25 394.25 394.25 394.25 394.25 394.25 394.25 394.25 3994.25			_			
77806 Frenoplasty, Lower "Z" 394.25						-
GLOSSECTOMY						-
77901 Glossectomy, Partial, Anterior Wedge 700.51 77902 Glossectomy, Partial, for Orthodontic Purposes 700.51 77903 Glossectomy, Full Postero-Anterior Wedge 1,300.64 77910 Cleft Surgery 1,350.68 77911 Primary Unilateral Cleft Lip Repair 1,350.68 77912 Secondary Unilateral Cleft Lip Repair 1,350.68 77913 Primary Bilateral Cleft Lip Repair 1,800.92 77914 Secondary Bilateral Cleft Lip Repair 1,800.92 77915 Reconstruction of Cleft Lip Repair 1,800.92 77916 Complex Reconstruction or Revision of Cleft Lip Tep 1,800.92 77917 Closure of Alveolar Cleft (see grafting Codes) 2,251.16			77000	renopiasty, cower 2		334.23
77901 Glossectomy, Partial, Anterior Wedge 700.51 77902 Glossectomy, Partial, for Orthodontic Purposes 700.51 77903 Glossectomy, Full Postero-Anterior Wedge 1,300.64 77910 Cleft Surgery 1,350.68 77911 Primary Unilateral Cleft Lip Repair 1,350.68 77912 Secondary Unilateral Cleft Lip Repair 1,350.68 77913 Primary Bilateral Cleft Lip Repair 1,800.92 77914 Secondary Bilateral Cleft Lip Repair 1,800.92 77915 Reconstruction of Cleft Lip Repair 1,800.92 77916 Complex Reconstruction or Revision of Cleft Lip Tep 1,800.92 77917 Closure of Alveolar Cleft (see grafting Codes) 2,251.16	77900			GLOSSECTOMY		1
77902 Glossectomy, Partial, for Orthodontic Purposes 700.51 77903 Glossectomy, Full Postero-Anterior Wedge 1,300.64 77910 Cleft Surgery 1,350.68 77911 Primary Unilateral Cleft Lip Repair 1,350.68 77912 Secondary Unilateral Cleft Lip Repair 1,350.68 77913 Primary Bilateral Cleft Lip Repair 1,800.92 77914 Secondary Bilateral Cleft Lip Repair 1,800.92 77915 Reconstruction of Cleft Lip Repair 1,800.92 77916 Complex Reconstruction or Revision of Cleft Lip 77917 Closure of Alveolar Cleft (see grafting Codes) 2,251.16			İ			
77910 Cleft Surgery 77911 Primary Unilateral Cleft Lip Repair 77912 Secondary Unilateral Cleft Lip Repair 77913 Primary Bilateral Cleft Lip Repair 77914 Secondary Bilateral Cleft Lip Repair 77915 Reconstruction of Cleft Lip with Lip Switch Flap 77916 Complex Reconstruction or Revision of Cleft Lip 77917 Closure of Alveolar Cleft (see grafting Codes) 77920 Oral Nasal Fistula			77901	Glossectomy, Partial, Anterior Wedge		700.51
77910 Cleft Surgery 77911 Primary Unilateral Cleft Lip Repair 77912 Secondary Unilateral Cleft Lip Repair 77913 Primary Bilateral Cleft Lip Repair 77914 Secondary Bilateral Cleft Lip Repair 77915 Reconstruction of Cleft Lip with Lip Switch Flap 77916 Complex Reconstruction or Revision of Cleft Lip 77917 Closure of Alveolar Cleft (see grafting Codes) 77920 Oral Nasal Fistula						700.51
1,350.68 1,350.68			77903	Glossectomy, Full Postero-Anterior Wedge		1,300.64
1,350.68 1,350.68						
77912 Secondary Unilateral Cleft Lip Repair 1,350.68 77913 Primary Bilateral Cleft Lip Repair 1,800.92 77914 Secondary Bilateral Cleft Lip Repair 1,800.92 77915 Reconstruction of Cleft Lip with Lip Switch Flap 1,800.92 77916 Complex Reconstruction or Revision of Cleft Lip 2,251.16 77917 Closure of Alveolar Cleft (see grafting Codes) 2,251.16 77920 Oral Nasal Fistula		77910		Cleft Surgery	-	
77912 Secondary Unilateral Cleft Lip Repair 1,350.68 77913 Primary Bilateral Cleft Lip Repair 1,800.92 77914 Secondary Bilateral Cleft Lip Repair 1,800.92 77915 Reconstruction of Cleft Lip with Lip Switch Flap 1,800.92 77916 Complex Reconstruction or Revision of Cleft Lip 2,251.16 77917 Closure of Alveolar Cleft (see grafting Codes) 2,251.16 77920 Oral Nasal Fistula		+	77011	Primary Unilatoral Cleft Lin Renair		1 250 60
77913 Primary Bilateral Cleft Lip Repair 1,800.92 77914 Secondary Bilateral Cleft Lip Repair 1,800.92 77915 Reconstruction of Cleft Lip with Lip Switch Flap 1,800.92 77916 Complex Reconstruction or Revision of Cleft Lip 2,251.16 77917 Closure of Alveolar Cleft (see grafting Codes) 2,251.16 77920 Oral Nasal Fistula					1	
77914 Secondary Bilateral Cleft Lip Repair 1,800.92 77915 Reconstruction of Cleft Lip with Lip Switch Flap 1,800.92 77916 Complex Reconstruction or Revision of Cleft Lip 2,251.16 77917 Closure of Alveolar Cleft (see grafting Codes) 2,251.16 77920 Oral Nasal Fistula					1	
77915 Reconstruction of Cleft Lip with Lip Switch Flap 1,800.92 77916 Complex Reconstruction or Revision of Cleft Lip 2,251.16 77917 Closure of Alveolar Cleft (see grafting Codes) 2,251.16 77920 Oral Nasal Fistula					1	
77916 Complex Reconstruction or Revision of Cleft Lip 2,251.16 77917 Closure of Alveolar Cleft (see grafting Codes) 2,251.16 77920 Oral Nasal Fistula						1,800.92
77917 Closure of Alveolar Cleft (see grafting Codes) 2,251.16 77920 Oral Nasal Fistula					1	2,251.16
			_			2,251.16
77921 Primary Closure at Time of Initial Surgery 800.40	·	77920		Oral Nasal Fistula		
77921 Primary Closure at Time of Initial Surgery 800.40					ļ	
			77921	Primary Closure at Time of Initial Surgery		800.40

		I		1	
		77922	Secondary Closure with Palatal Flap		1,200.59
	_	77923	Secondary Closure with Pharyngeal Flap		1,200.59
	_	77924	Secondary Closure with Tongue Flap		1,350.68
		77925	Secondary Closure with Buccal Flap		1,200.59
	77930		Divid Fination	_	
	77930		Rigid Fixation		+
		77931	Rigid Internal Fixation		Add
		77932	Rigid Internal Fixation Using Bone		25% to
		77933	Rigid Internal Fixation Using Alloplast	+E	Surgical
		77934	Rigid Internal Fixation Using Cartilage	TL	fee
		77334	Migla Internal Fixation oshig carthage		icc
78000			TEMPOROMANDIBULAR JOINT DYSFUNCTIONS, TREATMENT OF		
70000					
78100			TEMPOROMANDIBULAR JOINT, DISLOCATION MANAGEMENT OF (Sedation and general anaesthesia services to be coded separately with appropriate 90000 series codes)		
		78101	TMJ, Dislocation, Open Reduction		1,300.64
		78102	TMJ, Dislocation, Closed Reduction, Uncomplicated		118.92
				to	237.86
		78103	TMJ, Dislocation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)		250.33
	+	78104	TMJ, Subluxation, Closed Reduction, Uncomplicated	+	237.86
		78104	TMJ, Subluxation, Closed Reduction, Oncomplicated TMJ, Subluxation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)		250.33
		10102	Tivis, Sublanation, Closed Reduction, Complicated (Requiring Sedation of General Anaestnesia)		250.33
		78106	TMJ, Manipulation, under Sedation or General Anaesthesia		375.50
		78107	TMJ, Fixation (Application of devices to prevent recurrent dislocation in the short term (arch bars,		375.50
		70107	MMF screws, Ivy Loops)		373.30
78200			TEMPOROMANDIBULAR JOINT, OPEN PROCEDURES (ARTHROTOMY)		
		78201	Condyloplasty		2,001.02
		78202	Condylotomy		1,200.59
		78203	Condylectomy		2,151.11
		78204	Eminoplasty		2,151.11
		78205	Re-contour of Glenoid Fossa		2,151.11
		78206	Menisectomy		2,001.02
		78207	Plication of Meniscus		2,151.11
		78208	Repair of Meniscus		2,151.11
		78209	Replacement of Meniscus (see grafting codes)		2,151.11
78300			TEMPOROMANDIBULAR JOINT, ARTHROTOMY FOR MAJOR RECONSTRUCTION		
		78301	Fossa Replacement (see grafting codes)		2,151.11
		78302	Condylar Replacement (see grafting codes)		2,151.11
		78303	Gap, Arthroplasty for Ankylosis (see grafting codes)		3,401.75
78400			ARTHROSCOPY OF TEMPOROMANDIBULAR JOINT		_
		70404	TAU Anthonomy is Formation and Disputation	_	600.55
		78401	TMJ Arthroscopic Examination and Diagnosis		600.30
		78402	Biopsy Particle 1 and Particle 1	-	850.44
		78403	Removal of Loose Bodies	-	850.44
		78404	Lavage	-	600.30
		78405	Lysis of Adhesions	-	850.44
		78406	Synovectomy	-	1,300.64
		78407	Condyloplasty	+	1,300.64
	-	78408 78409	Eminoplasty Re-contour of Glenoid Fossa	-	1,300.64
	-		Menisectomy	-	1,300.64
		78411 78412	Plication of Meniscus	+	1,500.77
	+			+	1,500.77
	+	78413	Repair of Meniscus	+	1,500.77
			TEMPOROMANDIBULAR JOINT, ARTHROCENTESIS (puncture and aspiration)	+	+
78500			Term of official policy and information (puncture and aspiration)	1	
78500					
78500		78501	One unit of time		143 88
78500		78501 78502	One unit of time Two units		143.88 287.76

		1		т —	
78600			TEMPOROMANDIBULAR JOINT, MANAGEMENT BY INJECTIONS	 	_
70000			TENI OROMANDIDOLAR JOHN , MANAGEMENT DI INDECTIONS	+	-
		78601	Injection, therapeutic drug with or without local anaesthetic drug, "per site",	+E	150.12
		78602	Injection, with Sclerosing Agent	1	150.12
		70002	injection, with order owing right.		130:12
78700			TEMPOROMANDIBULAR JOINT, APPLIANCE SPLINTS, ORTHOPEDIC REHABILITATION (post operative)		
		70704		<u> </u>	4.040.00
		78701 78702	Appliance Splint, Maxillary	+L +L	1,013.30
		78702	Appliance Splint, Mandibular	+L	1,013.30
79000			MAXILLOFACIAL SURGERY PROCEDURES, OTHER		+
			·		1
79100			SALIVARY GLANDS, TREATMENT OF		
		79101	Salivary Duct, Dilation of		206.47
		79102	Salivary Duct, Insertion of Polyethylene Tube	<u> </u>	275.32
		79103	Salivary Duct, Sialodochoplasty	 	600.59
		79104	Salivary Duct, Reconstruction of	<u> </u>	900.90
	79110		Salivary Duct, Sialolithotomy	-	
	79110		Salivary Duct, Stationthiotomy	+	
		79111	Sialolithotomy, Anterior 1/3 of Canal		550.64
		79112	Sialolithotomy, Posterior 2/3 of Canal	1	1,501.49
		79113	Sialolithotomy, External Approach	† 	2,326.29
				1	
	79120		Salivary Gland, Excisions		
		79121	Excision of Submaxillary Gland		1,500.90
		79122	Excision of Sublingual Gland	<u> </u>	1,876.15
		79123	Excision of Mucocele	 	187.75
		79124	Excision of Ranula	<u> </u>	600.59
		79125	Marsupialization of Ranula	-	550.64
	79130		Salivary Gland, Removal	+	_
	73130		Sulful y States, Nethovar		_
		79131	Salivary Gland, Removal, Parotid (sub total)	1	2,001.02
		79132	Salivary Gland, Removal, Parotid (radical, including facial nerve)		3,201.65
79200			NEUROLOGICAL DISTURBANCES, TREATMENT OF		
	79210		Neurological Disturbances, Trigeminal Nerve	<u> </u>	
			7	 	
		79211 79212	Trigeminal Nerve, Injection for Destruction Trigeminal Nerve, Avulsion at Periphery	+	300.28 625.58
		79212	Trigeminal Nerve, Avuision at Periphery Trigeminal Nerve, Total Avulsion of a Branch	+	1,138.46
		79214	Trigeminal Nerve, Alcoholization of a Branch	+	300.28
		79215	Trigeminal Nerve, Infiltration of a Branch for Diagnosis	1	143.88
		79216	Trigeminal Nerve, Intraoperative, diagnostic or physiologic monitoring	† 	275.32
			(stimulation with recording evoked potentials, ultrasound, or impedance)	1	
		79217	Trigeminal Nerve, Neurolysis or tumor excision of trigeminal nerve branch in soft tissue		900.90
	+	79218	Trigeminal Nerve, Neurolysis or tumor excision of trigeminal nerve branch in bone (mandible, maxilla	 	1,751.27
		75225	or orbit) (not to include osteotomy)		2,732.27
	79220		Neurological Disturbances, Mental Nerve		
				<u> </u>	
		79221	Mental Nerve, Transportation of	—	1,050.76
	+	79222	Mental Nerve, Decompression in Canal	 	1,050.76
	79230	-	Neurological Disturbances, Inferior Dental Nerve	+	+
	73230	-	incurological pistal palices, illicitor pelital recive	 	+
		79231	Inferior Dental Nerve, Complete Avulsion	 	1,050.76
		79232	Inferior Dental Nerve, Decompression in the Canal	t	1,088.23
	79240		Neurological Disturbances, Surgery	I	

		79241	Injured Narya Panair Primary		1,401.02
		79241	Injured Nerve Repair, Primary Injured Nerve Repair, Secondary		3,551.84
		79243	Injured Nerve Repair, Secondary Injured Nerve Repair, Secondary, (when repair delayed more than four weeks)		4,002.04
		79244	Neural Transposition and Decompression		1,050.76
		79245	Implantation of Electrode for Peripheral Nerve Stimulation		1,401.02
		79246	Excision of Tumor or Neuroma		1,500.90
		79247	Nerve Repair with Graft	+E	5,002.57
		79248	Harvesting of Nerve Graft		1,751.27
		79251	Epineurial Suture of Trigeminal Nerve Branch per Anastomosis		1,088.23
		79252	Fascicular Suture of Trigeminal Nerve Branch per Anastomosis		1,088.23
		79253	Conduit Implant for Repair of Nerve Gap up to 3 cm.		2,801.45
		79254	Conduit Implant for Repair of Nerve Gap greater than 3 cm.		4,002.04
		79255	Fibrin adhesive per nerve anastomosis		700.51
		79256	Laser coagulation per verve anastomosis		750.45
		79258	In addition to above procedures, when using operating microscopes		150.12
70200			ANTRALCURCERY		+
79300		+	ANTRAL SURGERY		+
	79310		Antral Surgery, Recovery, Foreign Bodies		
	79310		Alitial Surgery, Necovery, Foreign Bodies		
		79311	Antral Surgery, Immediate Recovery of a Dental Root or Foreign Body from the Antrum		625.58
		75511	Antitul Surgery, miniculate Recovery of a Bental Root of Foreign Body from the Antitum		023.30
	1	1		to	938.36
		79312	Antral Surgery, Immediate Closure of Antrum by Another Dental Surgeon		625.58
				to	938.36
		79313	Antral Surgery, Delayed Recovery of a Dental Root with Oral Antrostomy		625.58
				to	938.36
		79314	Antral Surgery with Nasal Antrostomy		625.58
				to	938.36
	79320		Antral Surgery, Lavage		
		79321	Lavage, Oral Approach		131.41
		79322	Lavage, Nasal Approach		131.41
	79330		Antral Surgery, Oro-Antral Fistula Closure, (same session)		
	79330	+	Afficial Surgery, Oro-Afficial Fistula Closure, (same session)		
		79331	Oro-Antral Fistula Closure with Buccal Flap		600.59
		73331	OTO AIRI di l'Istala Ciosare With Baccar Hap	to	900.90
		79332	Oro-Antral Fistula Closure with Gold Plate	+L	600.59
		1		to	900.90
		79333	Oro-Antral Fistula Closure with Palatal Flap		600.59
				to	900.90
	79340		Antral Surgery, Oro-Antral Fistula Closure, (subsequent session)		
		79341	Oro-Antral Fistula Closure with Buccal Flap		600.59
				to	900.90
		79342	Oro-Antral Fistula Closure with Gold Plate		600.59
		760:-		to	900.90
	-	79343	Oro-Antral Fistula Closure with Palatal Flap		600.59
	-	-		to	900.90
	79350	+	Sinus Osseous Augmentation		+
	79350	+	Sinus Osseous Augmentation		+
		79351	Sinus Osseous Augmentation, Open Lateral Approach - Autograft	+E	I.C.
	1	79352	Sinus Osseous Augmentation, Open Lateral Approach – Allograft	+E	I.C.
		79353	Sinus Osseous Augmentation, Open Lateral Approach – Xenograft	+E	I.C.
		79354	Sinus Osseous Augmentation, Indirect Inferior Approach – Autograft	+E	I.C.
	1	79355	Sinus Osseous Augmentation, Indirect Inferior Approach – Allograft	+E	I.C.
			Sinus Osseous Augmentation, Indirect Inferior Approach – Xenograft	+E	I.C.
		79356	Sinds Osseods Adginentation, maneet interior Approach. Achogrant	' -	
		79356	Sinds ossedds ragineriadion, maneet interior ripprodeir - renograte		
79400		79356	HEMORRHAGE, CONTROL OF		
79400		79356			
79400		79356		7.2	150.12
79400			HEMORRHAGE, CONTROL OF	to	150.12 600.59 175.11

		_	T		
				to	1,751.27
		79403	Hemorrhage Control, using Compression and Hemostatic Agent		175.11
				to	1,751.27
		79404	Hemorrhage Control, using Hemostatic Substance and Suture (including		175.11
			removal of bony tissue, if necessary)	to	1,751.27
79500			GRAFTS AND RECONSTRUCTION, SURGICAL		
	79510		Harvesting of Intraoral Tissue For Grafting To Operative Site		
		79511	Bone		506.65
		79512	Cartilage		506.65
		79513	Skin		506.65
		79514	Mucosa		506.65
		79515	Fascia		506.65
		79516	Muscle		506.65
		79517	Dermis		506.65
	79520		Harvesting of Extraoral Tissue For Grafting To Operative Site (To Include Ilium, Rib, Etc.)		
		79521	Bone		700.51
		79522	Cartilage		700.51
		79523	Costochondral		700.51
		79524	Skin		700.51
		79525	Fat		700.51
		79526	Fascia		700.51
		79527	Muscle		700.51
		79528	Dermis	_	700.51
		79529	Nerve		I.C.
		10000			
	79530	+	Vascularized Tissue Flaps, Extraoral	-	
	75555	+		-	
		79531	Elevation Free Soft Tissue Flap	-	I.C.
		79532	Elevation Free Hard Tissue Flap	-	I.C.
	+	79539	Artery/Vein/Nerve Graft/Patch, Autogenous/Allograft/Alloplastic	+E	I.C.
		79339	Artery, verifice or arty rateri, Autogenous/Anogrand/Anopiastic		1.0.
	79540	+	Harvesting and Preparation of Platelet Rich Plasma	-	
	73340	+	Trainesting and Treparation of Flatelet Men Flashia	-	
		79541	Harvesting and Preparation of Platelet Rich Plasma	+E	I.C.
		73341	Train vesting and the eparation of that electrical masma	- 	1.0.
	79550		Delivery of Growth Factors	-	
	73330		Delivery of Growth Factors	_	
		79551	Delivery of Growth Factors – Autologous – per site	+E	I.C.
		79552	Delivery of Growth Factors – Autologous – per site	+E	I.C.
			Delivery of Growth Factors – Human Recombinant – per site		
		79553	Delivery of Growth Factors – numan Recombinant – per site	+E	I.C.
70600		_	DOCT CURCICAL CARE (Described by complications and unusual singularity page 45 across and	_	
79600			POST SURGICAL CARE (Required by complications and unusual circumstances, refer to comment		
			under section heading 70000)	_	
		79601	Post Surgical Care, Subsequent to Initial Post Surgical Treatment, Minor, by Treating Dentist		125.17
		75001	Post Surgical Care, Subsequent to mittal Post Surgical Treatment, Minor, by Treating Dentist		123.17
		79602	Post Surgical Care, Minor, by Other Than Treating Dentist	-	131.41
		79603	Post Surgical Care, Major, by Treating Dentist	-	131.41
		73003	1 ost surficer cure, major, by recum period	to	1,314.19
		79604	Post Surgical Care, Major, by Other Than Treating Dentist		131.41
		73004	Post Surgical Care, Major, by Other Than Treating Dentist	to	1,314.19
		79605	Post Surgical Care, Alveolitis, Treatment of (without Anaesthesia)		1,314.19
		_			_
		79606	Post Surgical Care, Alveolitis, Treatment of (with Anaesthesia)	_	131.41
70700	-		AIDWAY DDOCEDI IDES	+	_
79700		-	AIRWAY PROCEDURES	_	-
	+	70704	Treation	_	202.42
	+	79701	Tracheotomy	+	800.40
	_	79702	Crico-Thyroidotomy		800.40
	1				
79800			MUSCULAR DISORDERS, TREATMENT OF		
		79801	Treatment of Muscular Dysfunctions		I.C.
	Ī	79802	Myotomy		I.C.

79900	1		IMPLANTOLOGY (Includes placement of implant, post-surgical care, uncovering and placement of		
			attachment but not prosthesis)		
	79910		Implants, Blade		
		79911	Maxillary per implant	+E	I.C.
		79912	Mandibular per implant	+E	I.C.
	79920		Implants, Subperiosteal		
		79921	Maxillary	+L	I.C.
		79922	Mandibular	+L	I.C.
	79930		Implants, Ossenointegrated, Root Form, More than one component		
		79931	Surgical Installation of Implant with Cover Screw – per Implant	+E	I.C.
		79932	Surgical Installation of Implant with Healing Transmucosal Element – per Implant	+E	I.C.
		79933	Surgical Installation of Implant with Final Transmucusal Element – per Implant	+E	I.C.
		79934	Surgical Re-entry, Removal of Healing Screw and Placement of Healing Transmucosal Element – per	+E	I.C.
			Implant		
		79935		+E	I.C.
			per Implant		
		79936	Surgical Re-entry, Removal of Healing Screw and Placement of Final Custom Transmucosal Element –	+L +E	I.C.
			per Implant		
	79940		Implants Osseointegrated, Root Form, Single Component		
		79941	Surgical Installation of Implant – per Implant	+E	I.C.
	79950		Implants, Osseointegrated, Provisional		
		79951	Installation of Provisional Implant – per Implant	+E	I.C.
		79952	Removal of Provisional Implant – per Implant	+E	I.C.
	79960		Implants, Removal of		
		79961	Per implant, Uncomplicated		I.C.
		79962	Per implant, Complicated		I.C.
		75502			
80000	1		ORTHODONTICS		
	 		ONNIOSONNOS		
80600			ORTHODONTIC, OBSERVATIONS AND ADJUSTMENTS		
50000			OKTIODONTIC, OBSERVATIONS AND ADJOSTINENTS		
		80601	Orthodontic Observation - for Tooth Guidance (i.e. tooth position, eruption sequence, serial extraction		88.84
		80001	supervision, etc.) per appointment		00.04
	 	80602	Orthodontic Observation and adjustment - to Orthodontic Appliances and/or the Reduction of		88.84
		80002	Proximal Surfaces of Teeth per appointment		88.84
			Trommar dan according to appointment		
	80630		Repairs to Removable or Fixed Appliances (not including removal and recementation)		
	-		Topas to removable of risear ppisarios (rise including removal and resonance)		
		80631	One unit of time	+L	96.24
		80632	Two units	+L	192.48
		80639	Each additional unit over two	-	96.24
	1	00033			30.24
	80640		Alterations to Removable or Fixed Appliances		
	300-70		. The second to the morable of the arpphineses		
		80641	One unit of time	+L	96.24
	1	80642	Two units	+L +L	192.48
	1	80642	Each additional unit over two	. L	96.24
	1	00049	Lacii addidollal dilit Ovel two		50.24
	90650		Peramentation of Fixed Appliances		
	80650		Recementation of Fixed Appliances		
		00051	One unit of time		00.00
	1	80651	One unit of time		96.24
	+	80659	Each additional unit of time		96.24
	00000	-	Constitution for the first of t		
	80660	1	Separation (except where included in the fabrication of an appliance)	l	Ī
		-			_

80661 80669 80670 80670 80671 80679 81000 81100 81110 81111 81112 81112 81113 81114 81114 81112 81112 81113 81114 81114 81121 81130 81130 81141 81141 81141 81150 81150 81150 81150 81150 81150 81150 81151 81152 81152 81150 81152 81150 81151 81152 81152 81150 81151 81152 81150 81151 81152 81151 81152 81150 81151 81152 81150 81151 81152 81152 81150 81151 81152 81152 81150 81151 81152 81152	One unit of time Each addition unit of time		96.24
80670 80671 80679 81000 81100 81110 81111 81112 81113 81114 81120 81120 81130 81131 81131 81141 81142 81150	Each addition unit of time		_
81100 81110 81110 81111 81112 81113 81114 81120 81130 81130 81131 81131 81132 81140 81141 81142 81150 81150 81150 81150 81150 81151 81152 81200 81211 8122		-	96.24
81100 81110 81110 81111 81112 81113 81114 81120 81130 81130 81131 81131 81132 81140 81141 81142 81150 81150 81150 81150 81150 81151 81152 81200 81211 8122	Bound of Find Oak double Andless (Double Bouth) and Oak a Though a Colored Treatment	+	
81100 81110 81110 81111 81112 81113 81114 81120 81130 81130 81131 81141 81142 81150 81150 81150 81150 81150 81151 81152 81200 81211 81221 81221 81221 81221	Removal of Fixed Orthodontic Appliances (By a Practitioner Other Than The Original Treatment Practice Or Practitioner)		
81100 81110 81110 81111 81112 81113 81114 81120 81130 81130 81130 81140 81141 81142 81150 81150 81150 81150 81150 81151 81152 81200 81211 8122	Fractice of Fractitioner)		
81100 81110 81110 81111 81112 81113 81114 81120 81130 81130 81131 81141 81142 81150 81150 81150 81150 81150 81151 81152 81200 81211 81221 81221 81221 81221	One unit of time		96.23
81100 81110 81110 81111 81112 81113 81114 81120 81130 81130 81130 81131 81141 81142 81150 81150 81150 81150 81151 81152 81200 81211 81221 81221 81221 81221 81221	Each additional unit of time	1	96.23
81100 81110 81111 81112 81113 81114 81120 81120 81130 81131 81131 81132 81140 81141 81150 81150 81151 81152 81200 81210 81221 81221 81221 81221 81221 81230			
81110 81111 81112 81113 81114 81114 81120 81120 81130 81131 81131 81132 81140 81141 81142 81150 81150 81150 81151 81152 81200 81210 81211 81221 81221 81221 81221	APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT		
81110 81111 81112 81113 81114 81114 81120 81120 81130 81131 81131 81132 81140 81141 81142 81150 81150 81151 81152 81200 81210 81221 81220 81221 81221 81221			
Silition Silition	APPLIANCES, REMOVABLE		
Simple S	A maximum of eight observations or adjustment appointments may be charged for these appliances.		
Since Sinc			
Simple S			
S1112 S1113 S1114 S1114 S1112 S1120 S1130 S1131 S1132 S1140 S1140 S1150 S1150 S1150 S1150 S1152 S1200 S1210 S1210 S1221 S1220 S1220 S1220 S1220 S1220 S1221 S1222 S1230 S1231 S1232 S123	Appliances, Removable, Space Regaining		
S1112 S1113 S1114 S1114 S1112 S1120 S1130 S1131 S1132 S1140 S1140 S1150 S1150 S1150 S1150 S1152 S1200 S1210 S1210 S1221 S1220 S1220 S1220 S1220 S1220 S1221 S1222 S1230 S1231 S1232 S123			
S1113 S1114 S1114 S1120 S1120 S1130 S1140 S1141 S1142 S1150 S1150 S1150 S1150 S1150 S1150 S1152 S1200 S1210 S1220 S122	Appliance, Maxillary, Unilateral	+L	384.71
S1120 S1121 S1122 S1130 S1140 S1132 S1140 S1141 S1142 S1150 S1150 S1150 S1150 S1150 S1150 S1152 S1200 S1211 S1220 S1220 S1220 S1220 S1220 S1220 S1221 S1222 S1230 S1231 S1232 S1231 S1232 S123	Appliance, Mandibular, Unilateral	+L	384.71
S1120 S1121 S1122 S1130 S1131 S1140 S1140 S1141 S1142 S1150 S1150 S1150 S1150 S1150 S1150 S1152 S1200 S1210 S1210 S1221 S1220 S1220 S1220 S1220 S1220 S1221 S1222 S1230 S1231 S1232 S123	Appliance, Maxillary, Bilateral	+L	384.71
81130 81130 81130 81131 81132 81140 81141 81142 81150 81150 81150 81151 81152 81200 81210 81210 81221 81220 81220 81221 81220 81230 81231	Appliance, Mandibular, Bilateral	+L	384.71
81130 81130 81130 81131 81132 81140 81141 81142 81150 81150 81150 81151 81152 81200 81210 81210 81221 81220 81220 81221 81220 81230 81231			
81130 81130 81131 81132 81140 81140 81141 81142 81150 81150 81151 81152 81200 81210 81210 81221 81220 81220 81221 81222 81230 81231	Appliances, Removable, Cross-Bite Correction		1
81130 81130 81131 81132 81140 81140 81141 81142 81150 81150 81151 81152 81200 81210 81211 81222 81220 81220 81221 81222 81230 81231	Applicant Marillan, Circula	1	204.00
81130 81131 81132 81140 81141 81142 81150 81150 81150 81151 81152 81200 81210 81211 81220 81220 81221 81220 81221 81221 81230	Appliance, Maxillary, Simple	+L	364.88
81140 81140 81141 81142 81150 81150 81150 81151 81152 81200 81210 81210 81220 81220 81220 81220 81230 81231	Appliance, Mandibular, Simple	+L	364.88
81140 81140 81141 81142 81150 81150 81150 81151 81152 81210 81210 81221 81220 81221 81220 81230 81231	Appliances Demouable Dental Arch Eugensian		
81140 81140 81141 81142 81150 81150 81151 81152 81200 81210 81221 81220 81220 81221 81222 81230 81231	Appliances, Removable, Dental Arch Expansion		
81140 81140 81141 81142 81150 81150 81150 81151 81152 81200 81210 81211 81220 81220 81220 81230 81231 81231	Appliance, Maxillary, Simple	+L	384.71
81140 81141 81142 81150 81150 81151 81152 81200 81210 81211 81220 81220 81221 81230 81231 81232	Appliances, Mandibular, Simple	+L	384.71
81150 81150 81150 81150 81151 81152 81200 81210 81210 81221 81220 81220 81221 81222 81230 81231	Appliances, Manubular, Simple	1.	364.71
81150 81150 81150 81150 81151 81152 81200 81210 81210 81221 81220 81220 81221 81222 81230 81231	Appliances, Removable, Closure of Diastemas		
81150 81150 81150 81151 81152 81200 81210 81210 81221 81220 81220 81221 81222 81230 81231 81232	17,55		
81150 81150 81150 81151 81152 81200 81210 81210 81221 81220 81220 81221 81222 81230 81231 81232	Appliance, Maxillary, Simple	+L	384.71
81150 81150 81151 81152 81200 81210 81211 81220 81221 81222 81230 81231 81231	Appliance, Mandibular, Simple	+L	384.71
81210 81220 81220 81220 81220 81220 81221 81222 81230 81231 81232			
81210 81210 81210 81211 81212 81220 81221 81222 81230 81231 81232	Appliances, Removable, Alignment of Anterior Teeth		
81210 81210 81210 81211 81212 81220 81221 81222 81230 81231 81232			
81200 81210 81211 81212 81220 81221 81222 81230 81231 81232	Appliance, Maxillary, Simple	+L	384.71
81210 81211 81212 81220 81221 81222 81230 81231 81231	Appliance, Mandibular, Simple	+L	384.71
81210 81211 81212 81220 81221 81222 81230 81231 81231			
81220 81220 81220 81221 81222 81230 81231 81232	APPLIANCES, FIXED OR CEMENTED		
81220 81220 81220 81221 81222 81230 81231 81232	A maximum of eight observations or adjustment appointments may be charged for these appliances.		
81220 81220 81220 81221 81222 81230 81231 81232			
81220 81220 81220 81221 81222 81230 81231 81232			
81220 81220 81221 81222 81230 81231 81232	Appliance, Fixed, Space Regaining (e.g. lingual or labial arch with molar bands, tubes, locks)		
81220 81220 81221 81222 81230 81231 81232			
81220 81221 81222 81230 81231 81232	Appliance, Maxillary	+L	384.71
81221 81222 81230 81231 81232	Appliance, Mandibular	+L	384.71
81221 81222 81230 81231 81232	Applicate Florid Control Describes Hell-Appl		
81230 81231 81232	Appliance, Fixed, Spaces Regaining, Unilateral	-	+
81230 81231 81232	Appliance, Maxillary	+L	288.73
81230 81231 81231 81232	Appliance, Mandibular	+L	288.73
81231 81232	ryphonee, manabalai	1'-	200.73
81231 81232	Appliance, Fixed, Cross-Bite Correction - Anterior		+
81232	FF		1
81232	Appliance, Maxillary	+L	384.71
	Appliance, Mandibular	+L	384.71
91240		1-	5571
01240	Appliance, Fixed, Cross-Bite Correction - Posterior		1
81241	Appliance, Maxillary	+L	384.71
81242	Appliance, Mandibular	+L	384.71
81243	Appliance, Two-Molar Band, Hooked and Elastics	+L	308.27

			T		-
		01251	Appliance Marillane		401.22
		81251 81252	Appliance, Maxillary Appliance, Mandibular	+L +L	481.23 481.23
		81253	Appliance, Marillary, Rapid Expansion	+L	384.71
	+	01255	Аррнансе, Махшагу, Карій Ехранзіон	+L	304.71
	81260		Appliance, Fixed, Closure of Diastemas		
	01200		Appliance, rived, closure of Diasternas		
		81261	Appliance, Maxillary, Simple	+L	384.71
		81262	Appliance, Mandibular, Simple	+L	384.71
	81270		Appliance, Fixed, Alignment of Incisor Teeth		
		81271	Appliance, Maxillary, Simple	+L	481.23
		81272	Appliance, Mandibular, Simple	+L	481.22
	81280		Appliances, Fixed, Ligatures		
		81281	Grassline or Elastic Ligatures per visit	+L	96.24
	81290		Appliances, Fixed, Mechanical Eruption of Tooth/Teeth		
		04004		+	204.74
		81291	Appliance, Maxillary, Impaction	+L	384.71
		81292 81293	Appliance, Mandibular, Impaction Appliance, Maxillary, Erupted	+L +L	384.71 384.71
		81293	Appliance, Maxillary, Erupted Appliance, Mandibular, Erupted	+L +L	384.71
		01234	Appliance, Manufoular, Erupteu	TL	364.71
83000			APPLIANCES, RETENTION, ORTHODONTIC RETAINING APPLIANCES		
-					
83100			APPLIANCES, REMOVABLE, RETENTION		
		83101	Appliance, Maxillary	+L	288.73
		83102	Appliance, Mandibular	+L	288.73
		83103	Appliance, Tooth Positioner	+L	288.73
83200			APPLIANCES, FIXED/CEMENTED, RETENTION		
		83201	Appliance, Maxillary	+L	384.71
		83202	Appliance, Mandibular	+L	384.71
	-		COMPREHENCIAL OPTHODONITIC TREATMENT		
			COMPREHENSIVE ORTHODONTIC TREATMENT		
	+		CASE TYPE - Fixed Appliance (includes formal full banded treatment and retention)	+	
			CASE TIFE - Fixed Appliance (includes formal full banded treatment and retention)	+	
	+		The range of fees with these procedure codes reflects such variables as length of time required to		_
			complete the treatment, degree of difficulty, co-operation of the patient, etc. and the fee charged		
			should be determined accordingly.		
84000			PERMANENT DENTITION		
		84101	Class Malocclusion	+L	3,849.92
				to	11,549.77
		84201	Class II Malocclusion	+L	5,774.87
	-	0.4224	Class III Andreas II selections	to	15,399.71
		84301	Class III Malocclusions	+L	5,774.87
		04404	Malacelucions Not Paguiring Complete Panding	to	15,399.71
		84401	Malocclusions Not Requiring Complete Banding	+L to	1,924.95 4,812.41
				10	4,012.41
85000			MIXED DENTITION		
		85101	Class Malocclusion	+L	3,849.92
				to	11,549.77
		85201	Class II Malocclusion	+L	5,774.87
				to	15,399.71
		85301	Class III Malocclusion	+L	5,774.87
				to	15,399.71
87000	1		PERMANENT DENTITION		

CASE TYPE - Removable Appliances (includes removable appliance therapy and retention; e.g. functional appliance) 87301 Class I Malocclusion	 	
	ice therapy and retention; e.g.	
87201 Class Malocclusion + 87301 Class Malocclusion + 87301 Class Malocclusion + 88000		
87201 Class Malocclusion + 87301 Class Malocclusion + 87301 Class Malocclusion + 88000		+L I.C.
87301 Class III Malocclusion		
MIXED DENTITION	-	
		,
88301 Class III Malocclusion		
88301 Class III Malocclusion 1. to NEONATAL DENTO-FACIAL ORTHOPEDICS (Comprehensive treatment for first six months of life) (1) Diagnostic procedures (includes radiographs and/or photographs); (2) Parent consultation; (3) Impression and appliance construction; (4) Insertion and parent instruction; (5) Post treatment evaluation; (6) Adjustment of appliances (includes soft relines); (7) Reconstruction and/or reevaluation (may include up to two remakes). (8) Septiment evaluation; (9) Expansion Appliance for Infants with Cleft Palate 1. to 10 Septiment evaluation; 11 Septiment evaluation; 12 Septiment evaluation; 13 Septiment evaluation; 14 Septiment evaluation; 15 Septiment evaluation; 16 Adjustment evaluation; 17 Reconstruction and/or reevaluation (may include up to two remakes). 18 Septiment evaluation; 19 Septiment evaluation; 10 Septiment evaluation; 10 Septiment evaluation; 10 Septiment evaluation; 10 Septiment evaluation; 10 Septiment evaluation; 10 Septiment evaluation; 11 Septiment evaluation; 12 Septiment evaluation; 13 Septiment evaluation; 14 Septiment evaluation; 15 Septiment evaluation; 16 Septiment evaluation; 16 Septiment evaluation; 17 Septiment evaluation; 18 Septiment evaluation; 18 Septiment evaluation; 18 Septiment evaluation; 19 Septiment evaluation; 19 Septiment evaluation; 19 Septiment evaluation; 19 Septiment evaluation; 10 Septiment evaluation; 10 Septiment evaluation; 10 Septiment evaluation; 10 Septiment evaluation; 11 Septiment evaluation; 12 Septiment evaluation; 13 Septiment evaluation; 14 Septiment evaluation; 15 Septiment evaluation; 16 Septiment evaluation; 17 Septiment evaluation; 18 Septiment evaluation; 18 Septiment evaluation; 18 Septiment evaluation; 18 Septiment evaluation; 18 Septiment evaluation; 18 Septiment evaluation; 18 Septiment evaluation; 18 Septiment evaluation; 18 Septiment evaluation; 18 Septiment evaluation; 18 Septiment evaluation; 19 Septiment evaluation; 19 Septiment evaluation; 19 Septiment evaluation; 10 Septiment evaluation; 10 Septiment evaluation; 10		
NEONATAL DENTO-FACIAL ORTHOPEDICS		
(comprehensive treatment for first six months of life) (1) Diagnostic procedures (includes radiographs and/or photographs); (2) Parent consultation; (3) Impression and appliance construction; (4) Insertion and parent instruction; (5) Post treatment evaluation; (6) Adjustment of appliances (includes soft relines); (7) Reconstruction and/or reevaluation (may include up to two remakes). 89501 Expansion Appliance for Infants with Cleft Palate 10 89502 Extraoral Retraction Appliance for Infants with Cleft Palate 10 89503 Stage II - Initial Expansion 10 89504 Stage II - Anterior Alignment 10 89505 Stage III - Final Alignment 11 89506 Stage III - Where Stage I and II were not provided for 10 89506 Stage III - Where Stage I and II were not provided for 10 90000 GENERAL SERVICES 91000 UNCLASSIFIED TREATMENTS 91100 Palliative (emergency) Treatment of Dental Pain, Minor Procedure 91111 One unit of time 191112 Two units 191113 Three units 191120 Emergency Services Not Otherwise Specified in Guide 191121 One unit of time 191121 One unit of time 191121 Treatments		
Comprehensive treatment for first six months of life)		
(1) Diagnostic procedures (includes radiographs and/or photographs); (2) Parent consultation; (3) Impression and appliance construction; (4) Insertion and parent instruction; (5) Post treatment evaluation; (6) Adjustment of appliances (includes soft relines); (7) Reconstruction and/or revaluation (may include up to two remakes). 89501 Expansion Appliance for Infants with Cleft Palate (10) Expansion Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retraction Appliance for Infants with Cleft Palate (10) Estraoral Retr		
(2) Parent consultation; (3) Impression and appliance construction; (4) Insertion and parent instruction; (5) Post treatment evaluation; (6) Adjustment of appliances (includes soft relines); (7) Reconstruction and/or reevaluation (may include up to two remakes). (7) Reconstruction and/or reevaluation (may include up to two remakes). (8) S9501 Expansion Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate (10) Extraoral Retraction Appliance for Infants with Cleft Palate		
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89502 Extraoral Retraction Appliance for Infants with Cleft Palate		
10		
89503 Stage I - Initial Expansion		
Stage II - Anterior Alignment	-	
Section		
Sepons Stage III - Final Alignment (complete banding)		+L 1,443.71
March Marc		to 2,887.44
September Stage Stage III - Where Stage and II were not provided for H.		+L 2,887.44
to Column		
90000 GENERAL SERVICES 91000 UNCLASSIFIED TREATMENTS 91100 UNCLASSIFIED TREATMENT, DENTAL PAIN 91110 Palliative (emergency) Treatment of Dental Pain, Minor Procedure 91111 One unit of time 91112 Two units 91113 Three units 91119 Each additional unit over three 91120 Emergency Services Not Otherwise Specified In Guide 91121 One unit of time 91121 One unit of time 91120 Two units 91121 One unit of time 91121 Two units 91120 Two units of time 91121 One unit of time 91121 One unit of time		
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91112 Two units 91113 Three units 91119 Each additional unit over three 91120 Emergency Services Not Otherwise Specified In Guide 91121 One unit of time 91122 Two units 91123 Three units		
91113 Three units 91119 Each additional unit over three 91120 Emergency Services Not Otherwise Specified In Guide 91121 One unit of time 91122 Two units 91123 Three units		118.93
9119 Each additional unit over three 91120 Emergency Services Not Otherwise Specified In Guide 91121 One unit of time 91122 Two units 91123 Three units		237.86
91120 Emergency Services Not Otherwise Specified In Guide 91121 One unit of time 91122 Two units 91123 Three units		356.79 118.93
91121 One unit of time 91122 Two units 91123 Three units		110.53
91122 Two units 91123 Three units		
91122 Two units 91123 Three units		
91123 Three units		125.16
		250.32
71127 Lacti additional unit over tillee		375.48
		125.16
91200 UNCLASSIFIED TREATMENTS, UNUSUAL TIME AND RESPONSIBILITIES (Note: If the service affected is	ILITIES (Note: If the service affe	is
anaesthesia, Service Class 92000, and the unusual time and responsibility is the result of a patient		
BMI of 35 or above, refer to code series 92900)		
91210 Unusual Time and Responsibility Requirement, in Addition to Usual Procedures in Guide	Jsual Procedures in Guide	
04344 One with of time		
91211 One unit of time		137.64

	ı	04040	I=		275 20
		91212	Two units		275.28
		91213	Three units		412.92
		91219	Each additional unit over three		137.64
	91220		Second Surgeon (team approach)		
	+	91221	One unit of time		118.93
		91222	Two units		237.86
	+	91223	Three units		356.79
		91224	Four units		475.72
	+	91225	Five units		594.65
	+	91226	Six units		713.58
		91227	Seven units		832.51
	+	91228	Eight units		951.44
	+	91229	Each additional unit over eight		118.93
	91230		Management of Exceptional Patient		
		91231	One unit of time		137.64
		91232	Two units		275.28
	1	91233	Three units		412.92
		91234	Four units		550.56
	1	91239	Each additional unit over four		137.64
92000			ANAESTHESIA		
92100			ANAESTHESIA, LOCAL		
			(not in conjunction with operative or surgical procedures, includes pre-anaesthetic evaluation and post-		
	+		anaesthetic evaluation and post-anaesthetic follow-up)		
	+	00404			105.17
		92101	Regional Block Anaesthesia (not in conjunction with operative or surgical procedures)		125.17
	+	02102	Trigeminal Division Block (not in conjunction with operative or surgical procedures)		125 17
		92102	Trigerillian Division Block (not in conjunction with operative or surgical procedures)		125.17
92200			ANAESTHESIA, GENERAL		
32200			(includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)		
			(includes pre undestricte evaluation and post undestricte evaluation and post undestrictle follow up)		
	92210		General Anaesthesia	+PS	
	-			., 0	
		92212	Two units of time		262.82
	+	92213	Three units		394.23
	+	92214	Four units		525.64
	+	92215	Five units		657.05
	+	92216	Six units		788.46
	+	92217	Seven units		919.87
	+	92217	Eight units		1,051.28
	+	92218	Each additional unit over eight		131.41
	+	32213	Lacit additional diffe Over eight		131.41
	92220	+	Provision of facilities, equipment and support services for general anaesthesia when provided by a		
	32220		separate practitioner		
	+	+	ocpurate practitioner		
	+	92222	Two units of time		262.82
	+	92223	Three units		394.23
	+	92224	Four units		525.64
	+	92225	Five units		657.05
	+	92226	Six units		788.46
	+	92227	Seven units		919.87
	+	92227	Eight units		1,051.28
	+	92228	Each additional unit over eight		131.41
	+	32223	Lacii additional dilit over eigni		131.41
	92300	+	ANAESTHESIA, DEEP SEDATION	+PS	
	32300		ANALSTILLSIA, DEEF SEDATION	ירט	

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			Anaesthesia, Deep Sedation - a controlled state of depressed consciousness accompanied by partial		
			loss of protective reflexes, including inability to respond purposefully to verbal command. These states		
			apply to any technique that has depressed the patient beyond conscious sedation except general		
			anaesthesia. Any intravenous technique leading to these conditions in a patient including		
			neuroleptanalgesia or anaesthesia, regardless of route of administration, would fall within this		
			category of service. (includes pre-anaesthetic evaluation and post anaesthetic follow-up)		
			tategory of service. (includes pre-anaestrietic evaluation and post anaestrietic follow-up)		
		92302	Two units of time		237.86
		92303	Three units		356.79
		92304	Four units		475.72
		92305	Five units		594.65
		92306	Six units		713.58
		92307	Seven units		832.51
		92308	Eight units		951.44
		92309	Each additional unit over eight		118.93
	92320		Provision of facilities, equipment and support services for deep sedation when provided by a		
			separate practitioner		
	1	92322	Two units		237.86
		92323	Three units		356.79
		92324	Four units		475.72
		92325	Five units		594.65
		92326	Six units		713.58
		92327	Seven units		832.51
		92328	Eight units		951.44
		92329	Each additional unit over eight		118.93
92400			ANAESTHESIA, CONSCIOUS SEDATION	+PS	
			Anaesthesia, Conscious Sedation - a medically controlled state of depressed consciousness that allows		
			protective reflexes to be maintained, retains the patient's ability to maintain a patent airway		
			independently and continuously and permits appropriate response by the patient to physical		
			stimulation or verbal command, e.g., "open your eyes". (includes pre-anaesthetic evaluation and post		
			anaesthetic follow-up)		
			and some to home up/		
			Any technique leading to these conditions in a patient would fall within this category of service.		
			Conscious sedation is a varied technique which can require different levels of monitoring, in		
			accordance with the Regulatory Authority Guidelines for the Use of Sedation and General Anaesthesia		
			in Dental Practice. The Guidelines should be consulted and observed.		
			 		
	92410		Nitrous Oxide Time is measured from the placement of the inhalation device and terminates with the		
	32420		removal of the inhalation device		
		92411	One unit of time		62.87
		92412	Two units of time		94.32
		92413	Three units		125.78
		92414	Four units		157.24
		_	Five units		188.69
		92415		i	220.14
		92415 92416	Six units		
		92416	Six units Seven units		1
		92416 92417	Seven units		251.60
		92416 92417 92418	Seven units Eight units		251.60 283.05
		92416 92417	Seven units		251.60
	92420	92416 92417 92418	Seven units Eight units Each additional unit over eight		251.60 283.05
	92420	92416 92417 92418	Seven units Eight units Each additional unit over eight Oral Sedation, Sedation sufficient to require monitored care. Time is measured from the start of		251.60 283.05
	92420	92416 92417 92418	Seven units Eight units Each additional unit over eight		251.60 283.05
	92420	92416 92417 92418 92419	Seven units Eight units Each additional unit over eight Oral Sedation, Sedation sufficient to require monitored care. Time is measured from the start of		251.60 283.05 31.45
	92420	92416 92417 92418 92419 92421	Seven units Eight units Each additional unit over eight Oral Sedation, Sedation sufficient to require monitored care. Time is measured from the start of patient monitoring to release from the treatment/recovery room One unit of time		251.60 283.05 31.45
	92420	92416 92417 92418 92419 92421 92421 92422	Seven units Eight units Each additional unit over eight Oral Sedation, Sedation sufficient to require monitored care. Time is measured from the start of patient monitoring to release from the treatment/recovery room One unit of time Two units of time		251.60 283.05 31.45 56.79 63.88
	92420	92416 92417 92418 92419 92421 92421 92422 92423	Seven units Eight units Each additional unit over eight Oral Sedation, Sedation sufficient to require monitored care. Time is measured from the start of patient monitoring to release from the treatment/recovery room One unit of time Two units of time Three units of time		251.60 283.05 31.45 56.79 63.88 82.50
	92420	92416 92417 92418 92419 92421 92421 92422 92423 92424	Seven units Eight units Each additional unit over eight Oral Sedation, Sedation sufficient to require monitored care. Time is measured from the start of patient monitoring to release from the treatment/recovery room One unit of time Two units of time Three units of time Four units of time		251.60 283.05 31.45 56.79 63.88 82.50
	92420	92416 92417 92418 92419 92421 92421 92422 92423 92424 92425	Seven units Eight units Each additional unit over eight Oral Sedation, Sedation sufficient to require monitored care. Time is measured from the start of patient monitoring to release from the treatment/recovery room One unit of time Two units of time Three units of time Four units of time Five units of time		251.60 283.05 31.45 56.79 63.88 82.50 101.08
	92420	92416 92417 92418 92419 92421 92421 92422 92423 92424 92425 92426	Seven units Eight units Each additional unit over eight Oral Sedation, Sedation sufficient to require monitored care. Time is measured from the start of patient monitoring to release from the treatment/recovery room One unit of time Two units of time Three units of time Four units of time Five units of time Six units of time		251.60 283.05 31.45 56.79 63.88 82.50 101.08 119.70
	92420	92416 92417 92418 92419 92421 92421 92422 92423 92424 92425 92426 92427	Seven units Eight units Each additional unit over eight Oral Sedation, Sedation sufficient to require monitored care. Time is measured from the start of patient monitoring to release from the treatment/recovery room One unit of time Two units of time Three units of time Four units of time Five units of time Six units of time Seven units of time		251.60 283.05 31.45 56.79 63.88 82.50 101.08 119.70 138.29
	92420	92416 92417 92418 92419 92421 92421 92422 92423 92424 92425 92426	Seven units Eight units Each additional unit over eight Oral Sedation, Sedation sufficient to require monitored care. Time is measured from the start of patient monitoring to release from the treatment/recovery room One unit of time Two units of time Three units of time Four units of time Five units of time Six units of time		251.60 283.05 31.45 56.79 63.88 82.50 101.08 119.70

		ı		1	
	92440		Parenteral Conscious Sedation (regardless of method -IM or IV)		
	32440		Tarenteral constitues seaution (regardless of method introl 14)		
		92441	One unit		77.81
		92442	Two units		155.62
		92443	Three units		233.43
		92444	Four units		311.24
		92445	Five units		389.05
		92446	Six units		466.86
		92447	Seven units		544.67
		92448	Eight units		622.48
		92449	Each additional unit over eight		77.81
92500			NON PHARAMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT		
					1
	92510		Hypnosis		
		00544	One with a fatigue		62.07
		92511	One unit of time Two units		62.87
		92512 92513	Three units		94.32 125.78
		92514	Four units		157.24
		92514	Each additional unit over four		31.45
		32313	Lacin additional unit over rout		31.43
	92520		Acupuncture	1	
	5_5_5				
		92521	One unit of time		62.87
		92522	Two units		94.32
		92523	Three units		125.78
		92524	Four units		157.24
		92529	Each additional unit over four		31.45
	92530		Electronic Dental Anaesthesia		
		92531	One Unit of Time		62.87
		92532	Two units		94.32
		92533	Three units		125.78
		92534	Four units		157.24
		92539	Each additional unit over four		31.45
	92900		Anaesthesia – General Anaesthesia Or Deep Sedation, Unusual Time and Responsibility		
		02001	Management of retient with DMI 25 or shows in addition to end series 02200 or 02200		1.6
		92901	Management of patient with BMI 35 or above, in addition to code series 92200 or 92300		I.C.
93000			PROFESSIONAL CONSULTATIONS		
55555			(diagnostic services provided by dentist other than practitioner providing treatment)		
93100			PROFESSIONAL COMMUNICATIONS		
	93110		Consultation with Member of the Profession or other Healthcare Providers, in or out of the office		
	_	93111	One unit of time	+E	101.70
		93112	Two units	+E	203.40
		93119	Each additional unit over two	+E	101.70
	00:07	_			
	93120		Dental Legal Letters, Reports and Opinions	1	1
		02121	A dental logal conert, a short factually written or yearly language size to any language and a second size of the second size o		02.15
		93121	A dental-legal report - a short factually written or verbal communication given to any lay person (e.g. lawyer, insurance representative, local, municipal or government agency, etc.) in relation the patient		83.15
			with prior patient approval.		
		1	γιται μποι ματιστιά αμφισταί.	to	166.30
		1			100.00
	1	93122	A dental-legal report - a comprehensive written report with patient approval, on systems, history and	1	166.30
			records giving diagnosis, treatment, results and present condition. The report is a factual summary of		
			all information available on the case and could contain prognostic information regarding patient		
			response.		
				to	332.60

	1	1		1	
		93123	A dental-legal opinion - a comprehensive written report primarily in the field of expert opinion. The report may be an opinion regarding the possible course of events (when these cannot be determined factually), with possible long term consequences and complications in the development of the conditions. The report will require expert knowledge and judgment with respect to the facts leading to a detailed prognosis.		I.C.
	93130		Consultation and/or Participation During Autopsy (other than forensic)		
		93131	One unit of time	+E	109.35
		93132	Two units	+E	218.70
		93139	Each additional unit over two		109.35
93300			CLAIM FORMS AND TREATMENT FORMS		
		93301	Completing CDA "Blank" Approved Standard Claim Forms.		NO FEE
		93302	Upon request, Providing a Written Treatment Plan/Outline for a Patient, Similar to the Example in the		NO FEE
		93303	CDA Policy Manual on Claim Form Completion. Completing Prepaid Claim Forms which do not conform with Code 93301		29.45
		93303	Completing Frepaid Claim Forms which do not comorni with code 35501		29.43
	93310		For Extraordinary Time Spent in Relation to Claim Forms/Treatment Plan Forms, the Claim Problem of the Patient or Processing of Payments		
	_	0224	One with of this c		
		93311 93312	One unit of time Two units	+E +E	96.71 193.42
		93319	Each additional unit over two	+=	96.71
		93319	Lacif additional drift over two		90.71
	93320		For Extraordinary office Time Spent, In Forwarding Predetermination Records, In Predeterminations Situations, To Third Parties Plus Expenses (i.e. registration, postage, etc.)		
		93321	One unit of time	+E	25.68
		93322	Two units	+E	51.36
		93329	Each additional unit over two		25.68
	93330		Payment for Orthodontic Treatment In Progress		
		93331	Payment/Installment for treatment in progress		I.C.
		93332	Monthly payment/Instalments for treatment in progress		I.C.
		93333 93334	Quarterly payment/installment for treatment in progress One time appliance		1.C.
		33334	One time appliance		1.C.
	93340		Predetermination of available benefit. NO FEE		
					-
		93341	Orthodontic Treatment (fee entered is the value of the treatment plan being predetermined)		NO FEE
94000			PROFESSIONAL VISITS		
					1
94100			HOUSE CALLS		
		94101	House Call, Non Emergency Visit (in addition to procedures performed)		105.39
		94102	House Call, Emergency Visit, when one must immediately leave home, office or hospital (in addition to procedures performed)		210.82
94300	+		OFFICE OR INSTITUTIONAL VISITS		+
		94301	Office (of another professional) or Institutional Visit, During Regular Scheduled Office Hours (in addition to services performed)		87.31
		94302	Office (of another professional) or Institutional Visit Unscheduled, After Regular Scheduled Office Hours (in addition to services performed)		108.07
		94303	Missed or Canceled Appointment, with Insufficient Notice, During Regular Scheduled Office Hours		55.34
		94304	Missed or Canceled Appointment with insufficient Notice, being a Special Appointment Outside Regular Scheduled Office Hours		91.87
ļ	+	0.4225	Travelier Susanes	to	385.90
-	+	94305 94306	Traveling Expenses Professional Visits Out of Office, plus actual services performed + E, (out of pocket expenses, etc.)	+E	I.C. 163.50
		J+300		<u> </u>	103.30

	1		1		
94400			COURT APPEARANCE AND/OR PREPARATION		
	94410		Preparation as an Expert Witness		
		94411	One unit of time		I.C.
		94412	Two units		I.C.
		94413	Three units		I.C.
		94414	Four units		I.C.
		94419	Each additional unit over four		I.C.
	94420		Court Appearance as an Expert Witness		
	34420		Court Appearance as an expert witness		
		94421	One half day		I.C.
		94422	Full day		I.C.
95000			FORENSIC DENTAL SERVICES		
95100			FORENSIC SERVICES, MISCELLANEOUS		
95100			FORENSIC SERVICES, IMISCELLANEOUS		
		95101	Identification - opinion as an expert assisting in civil or criminal cases	+E	483.40
					per hour
		95102	Full or Part Time Participation in Civil Disaster	+E	2,657.66
		05404			per diem
		95104	Written Odontology Report	+E to	51.78 557.74
		95105	Post Mortem Examination of Tissues in Forensic Cases (non-identification)	ιο	337.74 I.C.
		95106	Management of Oral Disease or Abnormality		91.87
				to	192.93
95200			IDENTIFICATION SYSTEMS		
		95201	Identification Disk System, Acid Etch/Bonded	+L	87.31
		93201	identification bisk system, Acid Etchyborided	'-	67.51
96000			DRUGS/MEDICATION, DISPENSING		
96100			PRESCRIPTIONS		
		96101	Prescription, Emergency		39.78
		96101	Emergency Dispensing of One or Two Doses of a Therapeutic Drug, plus Giving a Written Prescription	+E	54.15
		30101		-	525
		96103	Dispensing, Non Emergency (e.g. fluorides, vitamins, other drugs/medications)	+E	43.59
		96104	Prescription, vaccine		39.78
96200			INJECTIONS, THERAPEUTIC		
96200			INJECTIONS, THERAPEUTIC		
		96201	Intramuscular Drug Injection	+E	58.47
		96202	Intravenous Drug Injection	+E	58.47
		96203	Intralesional Delivery (Intra-articular Injections - see 78600)	+E	58.47
06300			INVESTIGATE A STATUSTIC ADMINISTRATION OF A STAUSTIC AND UNDER A STAUST AND UNDER A STAUST AND UNDER A STAUST AND UNDER A STAUST AND UN		
96300			INJECTIONS AESTHETIC – ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) (Note "units" refers to a drug dosage)		
			TOWN THE PAY (Note: Williss Telefo to a wind, woods, e)		
		96301	Injections of neuromodulator, aesthetic 1 to 5 units	+E	I.C.
		96302	Injections of neuromodulator, aesthetic 6 to 10 units	+E	I.C.
		96303	Injections of neuromodulator, aesthetic 11 to 20 units	+E	I.C.
		96304 96305	Injections of neuromodulator, aesthetic 21 to 30 units Injections of neuromodulator, aesthetic 31 to 40 units	+E +E	1.C. 1.C.
		96306	Injections of neuromodulator, aesthetic 51 to 40 units	+E	I.C.
		96307	Injections of neuromodulator, aesthetic 51 to 60 units	+E	I.C.
		96308	Injections of neuromodulator, aesthetic 61 to 70 units	+E	I.C.
		96309	Injections of neuromodulator, aesthetic more than 70 units	+E	I.C.
00400			INVESTIGATE A POPULATION OF A		
96400			INJECTIONS AESTHETIC – ADMINISTRATION OF AESTHETIC DERMAL FILLERS		
		96401	Aesthetic dermal filler first syringe	+E	I.C.
		96409	Aesthetic dermal filler subsequent syringe (use once for each syringe)	+E	I.C.

	1	1	I		
96500		_	VACCINE ADMINISTRATION		
		00504		-	50.47
	_	96501	Vaccine injection	+E	58.47
	_	96502	Vaccine, administered by other routes (e.g. nasal/oral)	+E	58.47
97000		+	DIFACHING WITH		
97000	+	+	BLEACHING, VITAL		
	97110	+	Bleaching, Vital, In Office		
	9/110	+	bleaching, vical, in Office		
		97111	One unit of time		96.47
		97111	Two units		192.94
		97113	Three units		289.41
		97119	Each additional unit over three		96.47
		3/113	Lacii additional dilit over tillee		30.47
	97120	+	Bleaching, Vital Home (Includes the Fabrication of Bleaching Trays, Dispensing the System and Follow-		
	37120		up Care)		
		97121	Maxillary Arch	+L and/or	275.66
				+E	
		97122	Mandibular Arch	+L and/or	275.66
				+E	
	97130		Micro-Abrasion		
		97131	One unit of time		87.30
		97132	Two units of time		174.60
		97133	Three units of time		261.90
		97134	Four units of time		349.20
		97139	Each additional unit over four		87.30
98000			COUNSELLING		
	98100		TOBACCO OR CANNABIS-USE CESSATION SERVICES To include: identifying patients who use tobacco or cannabis, informing patients of oral health consequences associated with tobacco or cannabis; advising tobacco or cannabis users to quit; provide appropriate self-help material; and discuss treatment options.		
		98101	One unit of time	+E	87.30
		98102	Two units of time	+E	174.60
		98109	Each additional unit of time	+E	87.30
	98300		Vaccine/Vaccination Consultation, with patient (includes analysis of medical status, indications and contraindications, and the risks and benefits)		
	+	98301	One unit of time		87.30
		98302	Two units of time		174.60
	+	98309	Each additional unit of time		87.30
		30303			07.50
99000			LABORATORY, EXPENSE AND PROFESSIONAL SERVICE PROCEDURES		
			, , , , , , , , , , , , , , , , , , , ,		
			(This code is used in conjunction with the "+L" and "+E" and "+P.S." designation following specific		
			codes in the guide. The addition of these codes are to facilitate computer or manual input for third		
			party claims processing, personal records and statistics, providing one description for a specific		
			procedure code.)		
			When filling out the third party claim forms, these codes must follow immediately after the		
			corresponding dental procedure code carried out by the dentist, so as to correlate the lab expenses with the correct procedures.		
	+	00111	High Common contribution of the Common Commo		
		99111	"+L" Commercial Laboratory Procedures (A commercial laboratory is defined as an independent	+L	
			business which performs laboratory services and bills the dental practices for these services on a case		
	+	1	by case basis)		
		00222			
		99222	"+L" For oral pathology biopsy services when provided in relation to surgical services from the 30000,	+L	
		99222	40000, or 70000 code services.	+L	
			40000, or 70000 code services.		
		99222		+L +L	

	99555	"+E" Additional Expense of Materials	+E	
	99777	"+PS" Charges for professional services billed to the dentist and passed through to the patient.	+PS	