



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	00															
Maxillary Area	01															
Quadrant	10								20							
Sextant	03				04				05							
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Designation of teeth*	55				54	53	52	51	61	62	63	64	65			
	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				07				06							
Quadrant	40								30							
Mandibular Area	02															
<p>* 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</p>																

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 (XXX00) are header codes used for the identification of a sub-class of a class of services
- Codes that end with one zero (XXXX0) 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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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.	
		(b)	Eruption sequence, tooth size - jaw size assessment.	
		01103	Examination and Diagnosis, Complete, Permanent Dentition, to include:	116.66
		(a)	Extended examination on permanent dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	
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
		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
		01206	Analysis, Mixed Dentition	92.69
01300			EXAMINATIONS AND DIAGNOSIS, STOMATOGNATHIC, DYSFUNCTIONAL	
		01301	Examination and Diagnosis, Stomatognathic Dysfunctional, Comprehensive, to include:	310.60

	(a)	History, Medical, Dental, Pain/Dysfunction		
	(b)	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.		
	01302	Examination and Diagnosis, Stomatognathic Dysfunctional, Limited		94.36
01400		EXAMINATIONS AND DIAGNOSIS, ORAL PATHOLOGY		
	01401	Examination and Diagnosis, Oral Pathology, General, to include:		188.71
	(a)	Initial consultation with referring dentist or physician,		
	(b)	History, Medical and Dental,		
	(c)	Clinical examination including in-depth analysis of medical status,		
	(d)	Diagnosis, prognosis and formulation of a treatment plan.		
	01402	Examination and Diagnosis, Oral Pathology, Specific (or repeat examination within 90 days for the same illness).		94.36
01500		EXAMINATION AND DIAGNOSIS, PERIODONTAL		
	01501	Examination and Diagnosis, Periodontal, General Recording History, Charting, Treatment Planning and Case Presentation:		236.91
	(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.		
	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.		
	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		
	(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;		
	(d)	Radiographs extra, as required		
01800		EXAMINATION AND DIAGNOSIS, ENDODONTIC		

		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 situation in a localized area and vitality tests/analysis.		118.50
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 intraoral photographs, consultation and case presentation.	+L	
		01902	Examination and Diagnosis, Orthodontic, Specific		97.81
02000			RADIOGRAPHS (including radiographic examination and diagnosis and interpretation)		
02100			RADIOGRAPHS, REGIONAL/LOCALIZED		
		02101	Radiographs, Complete Series (minimum of 12 images incl. bitewings)		228.54
		02102	Radiographs, Complete Series (minimum of 16 images incl. bitewings)		228.54
		02110	Radiographs, Periapical		
		02111	Single image		34.26
		02112	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
		02130	Radiographs, Occlusal		
		02131	Single image		57.04
		02132	Two images		79.92
		02133	Three images		102.80
		02134	Four images		125.67
		02140	Radiographs, Bitewing		
		02141	Single image		34.26
		02142	Two images		54.60
		02143	Three images		77.48
		02144	Four images		100.36
		02145	Five images		115.38
		02146	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
		02309	Each additional image over four		56.59

02400			RADIOGRAPHS, SIALOGRAPHY		
		02401	Single image		85.66
		02402	Two images		142.79
		02409	Each additional image over two		56.59
	02410		Radiopaque Dyes, Use of, To Demonstrate Lesions		
		02411	One unit of time		I.C.
		02412	Two units of time		I.C.
		02419	Each additional unit over two		I.C.
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)		257.11
		02509	Each additional image over four		56.59
	02510		Arthrography of Temporo-mandibular joint		
		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
02600			RADIOGRAPHS, PANORAMIC		
		02601	Single image		101.53
02700			RADIOGRAPHS, CEPHALOMETRIC		
		02701	Single image		136.65
		02702	Two images		214.26
	02750		Radiographs, Cephalometric, Tracing and Interpretation		
		02751	One unit of time		94.36
		02752	Two units		188.72
		02759	Each additional unit over two		94.36
02800			RADIOGRAPHS, COMPUTERIZED AXIAL TOMOGRAMS (CT), POSITRON EMISSION TOMOGRAPHY (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)		
		02801	One unit of time	+PS	105.01
		02802	Two units	+PS	210.02
		02809	Each additional unit over two	+PS	105.01
02900			RADIOGRAPHS, OTHER		
	02910		Radiographs, Duplications		
		02911	Single image		6.51
		02912	Two images		12.93
		02913	Three images		19.39
		02914	Four images		25.86
		02915	Five images		32.32
		02916	Six images		38.78
		02917	Seven images		45.27
		02918	Eight images		50.11
		02919	Each additional image over eight		6.51

	02930		Radiographs, Tomography		
		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 only)	+L	81.50
	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		34.26
		04227	One half unit of time		17.13
04300			TEST/ANALYSIS, HISTOPATHOLOGICAL (technical procedure only)		
	04310		Test/Analysis, Histopathological, Soft Tissue		
		04311	Biopsy, Soft Oral Tissue - by Puncture	+L	94.36
		04312	Biopsy, Soft Oral Tissue - by Incision	+L	94.36
		04313	Biopsy, Soft Oral Tissue - by Aspiration	+L	94.36
	04320		Test/Analysis, Histopathological, Hard Tissue		
		04321	Biopsy, Hard Oral Tissue - by Puncture	+L	I.C.
		04322	Biopsy, Hard Oral Tissue - by Incision	+L	I.C.
		04323	Biopsy, Hard Oral Tissue - by Aspiration	+L	I.C.
04400			TEST/ANALYSIS, CYTOLOGICAL (technical procedure only)		
		04401	Cytological Smear from the Oral Cavity	+L+E	81.50
		04402	Vital Staining of Oral Mucosal Tissues	+E	81.50
04500			TESTS/ANALYSIS, PULP VITALITY AND INTERPRETATION		
		04501	One unit of time		81.50
		04509	Each additional unit		81.50

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
		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
		04720	Wax-up, Diagnostic (To Evaluate Cosmetic And/Or Preparation Design And/Or Occlusal Considerations) (Gnathological Wax-up)		
		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
		04730	Split Cast Mounting, Diagnostic		
		04731	One unit of time	+L	85.80
		04732	Two units	+L	171.60
		04733	Three units	+L	257.40
		04734	Four units	+L	343.20
		04739	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		
		04810	Photographs, diagnostic (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
		04912	Cast, Diagnostic, Unmounted, Duplicate	+L	40.75
		04913	Casts, Diagnostic, Unmounted, Upper and Lower Combined	+L	192.91
		04920	Casts, Diagnostic, Mounted		
		04921	Casts, Diagnostic, Mounted	+L	144.11
		04922	Casts, Diagnostic, Mounted, using face bow transfer	+L	191.76
		04923	Casts, Diagnostic, Mounted, using face bow and occlusal records	+L	378.69
		04924	Casts, Diagnostic, Mounted using fully adjustable articulator (used with 04941 and 04942)	+L	I.C.

	04930		Casts, Diagnostic, Orthodontic		
		04931	Casts, Diagnostic, Orthodontic (unmounted, angle trimmed and soaped)	+L	163.02
	04940		Casts, Diagnostic, Miscellaneous Procedures		
		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 Articulators	+L	I.C.
		04943	Custom Incisal Guide Table	+L	I.C.
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		171.60
		05103	Three units		257.40
		05104	Four units		343.20
		05109	Each additional unit over four		85.80
05200			CONSULTATION, with patient		
		05201	One unit of time		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		
		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		
		07021	One unit of time		I.C.
		07022	Two units		I.C.
		07027	One half unit of time		I.C.
		07029	Each additional unit over two		I.C.
	07030		Radiographs, CBCT, Interpretation		
		07031	One unit of time		94.36
		07032	Two units of time		188.72
		07037	One half unit of time		47.18
		07039	Each additional unit over two		94.36
	07040		Radiographs, CBCT, Acquisition, Processing and Interpretation		
		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
08000			REMOTE ASSESSMENT		

		<ul style="list-style-type: none"> Codes in the 08010 series: May be used for consultations with patients exceeding 7.5 minutes, utilizing a remote dentistry platform. The code includes verifying patient identity, informed consent, review of medical and clinical history, assessment of the clinical situation, interim diagnosis, remote management (e.g.: calling in a prescription, appropriate referral etc.), appropriate documentation and 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 Health Emergency in Alberta, and its use will not be authorized in any other setting or circumstances 		
	08010	Of chief complaint		
		08011 One unit of time		89.24
		08012 Two units of time		178.48
		08019 Each additional unit over two		89.24
10000		PREVENTION		
11100		POLISHING		
		11101 One unit of time		68.79
		11102 Two units		137.58
		11107 One half unit		34.40
11110		SCALING		
		11111 One unit of time		77.21
		11112 Two units		154.42
		11113 Three units		231.63
		11114 Four units		308.84
		11115 Five units		386.05
		11116 Six units		463.26
		11117 One half unit		38.61
		11119 Each Additional unit over six		77.21
12100		FLUORIDE TREATMENTS (whole mouth)		
	12110	Topical, Whole Mouth, in office		
		12111 Rinse		33.33
		12112 Gel or Foam		33.33
		12113 Varnish		33.33
		12114 Self-Administered Brush-In, supervised		33.33
12600		FLUORIDE, CUSTOM APPLIANCES, (home application)		
		12601 Fluoride, Custom Appliance - Maxillary Arch	+L	81.50
		12602 Fluoride, Custom Appliance - Mandibular Arch	+L	81.50
12700		MEDICATION, CUSTOM APPLIANCE		
		12701 Medication, Custom Appliance - Maxillary Arch	+L	81.50
		12702 Medication, Custom Appliance - Mandibular Arch	+L	81.50
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		81.50
		13102 Two units		163.00
		13103 Three units		244.50
		13104 Four units		326.00
		13109 Each additional unit over four		81.50
13200		ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL		

			To include: brushing and/or flossing and/or embrasure cleaning.		
	13210		Individual Instruction (One Instructor To One Patient) - Excluding Audio-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	Three units		244.50
		13224	Four units		326.00
		13229	Each additional unit over four		81.50
	13230		Re-Instruction (Within 6 Months) - Excluding Audio-Visual Time		
		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
		13249	Each additional unit over two		81.50
13400			SEALANTS, PIT AND FISSURE (Mechanical and/or chemical preparation included)		
		13401	First tooth		37.51
		13409	Each additional tooth same quadrant		18.76
	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			APPLIANCES		
14100			APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS		
		14101	Appliance, Maxillary	+L	601.79
		14102	Appliance, Mandibular	+L	601.79
14200			APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS		
		14201	Appliance, Maxillary	+L	660.51
		14202	Appliance, Mandibular	+L	660.51
14300			CONTROL OF ORAL HABITS, MISCELLANEOUS		
		14301	Motivation of Patient - Psychological Approach (e.g. thumb sucking, lip biting, etc.) - per visit	+L	94.36
	14310		Myofunctional Therapy		
			(e.g. to correct mouth breathing, abnormal swallowing, tongue thrust, etc.)		

	14311	First unit of time per visit	+L	94.36
	14312	Two units	+L	188.72
	14319	Each additional unit over two	+L	94.36
14400		APPLIANCES, CONTROL OF ORAL HABITS ADJUSTMENTS, REPAIRS, MAINTENANCE		
	14401	One unit of time	+L	94.36
	14402	Two units of time	+L	188.72
	14403	Three units of time	+L	283.08
	14409	Each additional unit over three	+L	94.36
14500		APPLIANCES, PROTECTIVE MOUTH 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		
	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		
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)		
	14721	Maxillary Appliance	+L	708.45
	14722	Mandibular Appliance	+L	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	+L	275.61
	14739	Each additional unit over three	+L	91.87
14740		Appliance, TMJ, Reline		
	14741	Reline, Direct		262.53
	14742	Reline, Indirect	+L	262.53
14800		APPLIANCES, MYOFASCIAL PAIN DYSFUNCTION SYNDROME		
		(conditions that originate outside the temporomandibular joint)		

	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	Space Maintainer, Band Type, Fixed, Unilateral	+L	283.08
		15102	Space Maintainer, Band Type, Fixed, Unilateral with Intra-alveolar attachment	+L	283.08
		15103	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch)	+L	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		
		15201	Space Maintainer, Stainless Steel Crown Type, Fixed	+L	299.17
		15202	Space Maintainer, Stainless Steel Crown Type, Fixed, with Intra Alveolar Attachment	+L	283.08
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		
		15401	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires	+L	283.07
		15402	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires with Teeth	+L	283.08
		15403	Space Maintainer, Acrylic Removable, No Clasps	+L	283.08

15500			SPACE MAINTAINERS, BONDED, PONTIC TYPE		
		15501	Space Maintainer, Bonded, Pontic Type	+L	283.08
15600			SPACE MAINTAINERS, MAINTENANCE OF		
		15601	Maintenance, Space Maintainer Appliances, to include: adjustment and/or recementation after 30 days from insertion		94.36
		15602	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
		16104	Four units		343.20
		16109	Each additional unit over four		85.80
16200			DISKING OF TEETH, Interproximal		
		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		
		16301	One unit of time		90.07
		16309	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			OCLUSION		
	16510		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.		
		16511	One unit of time		100.59
		16512	Two units		201.18
		16513	Three units		301.77
		16514	Four units		402.36
		16519	Each additional unit over four		100.59
20000			RESTORATION		
	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			CARIES, TRAUMA AND PAIN CONTROL		
	20110		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, as a separate procedure).		
		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 tooth		137.82
				to	229.69
		20129	Each additional tooth same quadrant		137.82
				to	229.69
	20130		Trauma Control, Smoothing of Fractured Surfaces Per Tooth		
		20131	First tooth		49.50
		20139	Each additional tooth same quadrant		44.90
21000			RESTORATIONS, AMALGAM		
21100			RESTORATION, AMALGAM, PRIMARY TEETH		
	21110		Restorations, Amalgam, Non-Bonded, Primary Teeth		
		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
21200			RESTORATIONS, AMALGAM, PERMANENT TEETH		
	21210		Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors		
		21211	One surface		123.34
		21212	Two surfaces		154.17
		21213	Three surfaces		216.45
		21214	Four surfaces		266.10
		21215	Five surfaces or maximum surfaces per tooth		289.79
	21220		Restorations, Amalgam, Non-Bonded, Permanent Molars		
		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		Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors		
		21231	One surface		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)		
	21401	One pin		37.84
	21402	Two pins		54.48
	21403	Three pins		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		
	22201	Primary Anterior		238.30
	22202	Primary Anterior - open face/acrylic veneer	+L	293.69
	22211	Primary Posterior		233.36
	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 Anterior		279.97
	22611	Primary Posterior		279.97
23000		RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS		
23100		RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS, NON BONDED TECHNIQUE		
	23101	One surface		129.78

	23102	Two surfaces		147.02
	23103	Three surfaces		206.76
	23104	Four surfaces		225.12
	23105	Five surfaces (maximum surfaces per tooth)		268.75
23110		Restorations, Permanent Anteriors, Bonded Technique		
		(not to be used for Veneer Applications or Diastema Closures)		
	23111	One surface		156.93
	23112	Two surfaces		187.84
	23113	Three surfaces		215.63
	23114	Four surfaces		282.20
	23115	Five surfaces (maximum surfaces per tooth)		346.78
23120		Restorations, Tooth Coloured, Veneer Applications		
	23122	Tooth Colored Veneer Application - Non Prefabricated Direct Buildup - Bonded		382.84
	23123	Tooth Colored Veneer Application - Diastema Closure, Interproximal only, Bonded		306.55
23200		RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIORES NON BONDED		
23210		Permanent Bicuspids		
	23211	One surface		126.33
	23212	Two surfaces		160.78
	23213	Three surfaces		202.14
	23214	Four surfaces		243.52
	23215	Five surfaces or maximum surface per tooth		256.14
23220		Permanent Molars		
	23221	One surface		137.82
	23222	Two surfaces		180.32
	23223	Three surfaces		211.34
	23224	Four surfaces		245.81
	23225	Five surfaces or maximum surface per tooth		309.02
23300		RESTORATIONS, TOOTH COLORED, PERMANENT POSTERIORES - BONDED		
23310		Permanent Bicuspids		
	23311	One surface		164.53
	23312	Two surfaces		229.20
	23313	Three surfaces		268.43
	23314	Four surfaces		331.35
	23315	Five surfaces or maximum surface per tooth		376.40
23320		Permanent Molars		
	23321	One surface		171.98
	23322	Two surfaces		242.45
	23323	Three surfaces		287.04
	23324	Four surfaces		352.05
	23325	Five surfaces or maximum surface per tooth		407.43
23400		RESTORATIONS, TOOTH COLORED, PRIMARY, ANTERIOR, NON BONDED		
	23401	One surface		124.03
	23402	Two surfaces		152.77
	23403	Three surfaces		179.17
	23404	Four surfaces		226.27
	23405	Five surfaces (or maximum surfaces per tooth)		275.65
23410		Restorations, Tooth Colored, Primary, Anterior, Bonded Technique		
	23411	One surface		157.62

		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		
		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
		25122	Two surfaces	+L	631.51
		25123	Three surfaces	+L	737.66
		25124	Three surfaces, modified	+L	948.91

	25130		Inlays, Porcelain/Ceramic/Polymer Glass		
		25131	One surface	+L	501.94
		25132	Two surfaces	+L	562.78
		25133	Three surfaces	+L	760.41
		25134	Three surfaces, modified	+L	795.43
	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)		
		25531	Onlays, Porcelain/Ceramic/Polymer Glass (Bonded)	+L	948.91
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
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		Posts, Cast Metal (including core) Concurrent with Impression for Crown		
		25721	Single section	+L	218.24
		25722	Two sections	+L	294.04
		25723	Three sections	+L	367.51
	25730		Post, Prefabricated Retentive		
		25731	One post	+E	182.66
		25732	Two posts same tooth	+E	303.24
		25733	Three posts same tooth	+E	413.46
	25740		Posts, Prefabricated, Retentive and Cast 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
	25770		Posts, Provisional		

		25771	Per post	+L and/or +E	99.92
		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		
			(includes temporary protection and local anaesthetic, caries removal, and uncomplicated restoration prior to crown preparation). Extensive restoration requiring pins or dowels extra.		
27100			CROWNS, ACRYLIC/COMPOSITE/COMPOMER,		
			(with or without Cast or Prefabricated Metal Bases)		
		27110	Crowns, Acrylic/Composite/Compomer, Indirect		
		27111	Crown, Acrylic/Composite/Compomer, Indirect	+L	752.30
		27112	Crown, Acrylic/Composite/Compomer, Indirect, Complicated (restorative, positional and/or esthetic)	+L	1,005.04
		27113	Crown, Acrylic/Composite/Compomer, Provisional [Long Term], Indirect (lab fabricated/relined intra-orally)	+L	294.04
		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		
		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, Direct	+E	227.49
		27150	Crown, Acrylic/Composite/Compomer/ Pre-Fabricated Metal Base, Provisional, Indirect		
		27155	Crown, Acrylic/ Composite/Compomer/Pre-fabricated Metal Base, Provisional, Implant-supported, Indirect	+L +E	227.49
27200			CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS		
		27201	Crown, Porcelain/Ceramic/Polymer Glass	+L	948.91
		27202	Crown, Porcelain/Ceramic/Polymer Glass, Complicated	+L	1,259.57
		27205	Crown, Porcelain/Ceramic/Polymer Glass, Implant-supported	+L +E	948.91
		27206	Crown, Porcelain/Ceramic/Polymer Glass, with Cast Ceramic Post Retention	+L	1,259.57
		27210	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base		
		27211	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	+L	948.91

	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	+L	948.91
	27222	Crown, ¾, Porcelain/Ceramic/Polymer Glass, Complicated	+L	1,259.57
27300		CROWNS, CAST METAL		
	27301	Crown, Cast Metal	+L	948.91
	27302	Crown, Cast Metal, Complicated (restorative, positional)	+L	1,259.57
	27305	Crown, Cast Metal, Implant-supported	+L +E	948.91
	27306	Crown, Cast Metal, with 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		
	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)		
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)		
	27711	Repairs, Acrylic/Composite/Compomer, Direct		91.87
			to	275.64
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, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Direct		91.87
			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
27800		RECONTOURING OF EXISTING CROWNS per tooth		
	27801	One unit of time		97.62
	27809	Each additional unit of time		97.62
28000		RESTORATIVE PROCEDURES, OVERDENTURES		

28100			RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT		
		28101	Natural Tooth Preparation, Placement of Pulp Chamber Restoration (amalgam or composite) and Fluoride Application Endodontically Treated Tooth		251.54
		28102	Natural Tooth Preparation and Fluoride Application, Vital Tooth		300.94
		28103	Pre-fabricated Attachment, as an Internal/External Overdenture Retentive Device, Direct to a Natural 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			RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT		
		28210	Coping Crowns, Cast Metal, No Attachments, Indirect		
		28211	Coping Crown, Cast Metal, No Attachments, Indirect	+L	402.01
		28215	Coping Crown, Cast Metal, No Attachments, Implant-supported, Indirect	+L +E	402.01
		28216	Coping Crown, Cast Metal with Cast Metal Retentive Post, No Attachments	+L +E	603.01
		28220	Coping Crown, Cast Metal, with Attachments, Indirect		
		28221	Coping Crown, Metal Cast, with Attachment, Indirect	+L +E	501.94
		28225	Coping Crown, Cast Metal, Implant-supported with Attachment	+L +E	501.94
		28226	Coping Crown, Cast Metal with Cast Metal Retentive Post, with Attachment	+L +E	738.81
29000			RESTORATIVE SERVICES, OTHER		
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	Three units	+L +E	296.31
		29104	Four units	+L +E	395.08
29300			REMOVAL, INLAYS/ONLAYS/ CROWNS/ VENEERS (single units only)		
		29301	One unit of time		97.63
		29302	Two units		195.26
		29303	Three units		292.89
		29304	Four units		390.52
30000			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)		
32000			PULP CHAMBER, TREATMENT OF, (excluding final restoration)		
32200			PULPOTOMY		
		32220	Pulpotomy, Permanent Teeth (as a separate Emergency Procedure)		
		32221	Anterior and Bicuspid Teeth		183.75
		32222	Molar Teeth		183.75
		32230	Pulpotomy, Primary Teeth		

	32231	Primary Tooth, as a Separate Procedure		175.02
	32232	Primary Tooth, Concurrent with Restorations (but excluding final restoration)		90.64
	32240	Pulpotomy, Permanent Teeth, concurrent with restoration (but excluding final 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)		
	32310	Pulpectomy, Permanent Teeth/Retained Primary Teeth		
	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		
	32321	Anterior Tooth		141.27
	32322	Posterior Tooth		254.99
33000		ROOT CANAL THERAPY		
		To include: treatment plan, clinical procedures (ie. pulpectomy, biomechanical preparation, 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.)		
		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 discernable on a radiograph		
		Re-treatment - Re-treatment of previously completed therapy		
	33110	Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal		
	33111	One canal		761.19
	33112	Difficult Access		1,010.60
	33113	Exceptional Anatomy		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		1,419.66
	33125	Retreatment of Previously Completed Therapy		1,458.75
	33130	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals		
	33131	Three canals		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		

	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
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		
	34141	One root		631.27
	34142	Two or more roots		857.08
34150		Mandibular Bicuspid		
	34151	One root		930.27
	34152	Two roots		965.51
	34153	Three or more roots		1,178.89
34160		Mandibular Molar		
	34161	One root		747.49
	34162	Two roots		944.81
	34163	Three roots		1,287.32
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		203.52
	34223	Three canals		307.58
	34224	Four or more canals		409.33
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		
	34241	One canal		129.34
	34242	Two or more canals		203.52
34250		Mandibular Bicuspid		
	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		
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		Maxillary Molar		
	34331	One root		749.79
	34332	Two roots		1,017.99
	34333	Three roots		1,500.74
34340		Mandibular Anterior		
	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

34400			SURGICAL SERVICES, MISCELLANEOUS		
	34410		Amputations, Root (includes recontouring tooth and furca)		
		34411	One root		421.39
		34412	Two roots		513.40
	34420		Hemisection		
		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		
		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
	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		
		34511	per tooth		93.02
	34520		Perforation/Resorptive Defect(s), Pulp Chamber Repair, or Root Repair, Surgical		
		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)		
		34601	In Previously Filled Tooth when Root Canal Treatment Done by Another Practitioner		97.38
		34602	In Calcified Canals		293.33
39000			ENDODONTIC, PROCEDURES, MISCELLANEOUS		
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 to Maintain Aseptic Operating Field (per tooth)		183.75
39200			OPEN AND DRAIN (Separate Emergency Procedures)		
		39201	Anteriors and Bicuspids		87.53
		39202	Molars		87.53
	39210		Opening Through Artificial Crown (In addition to Procedures)		
		39211	Anteriors and Bicuspids		96.71
		39212	Molars		96.71

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 erythematosus 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		

			(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		
		42110	Surgical Curettage, To Include Definitive Root Planing		
		42111	Per sextant		240.61
42200			PERIODONTAL SURGERY, GINGIVOPLASTY (Does not include limited re-contouring to facilitate restorative services)		
		42201	Per sextant		288.73
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).		
		42310	Gingivectomy, Uncomplicated		
		42311	Per sextant		328.03
		42320	Gingivectomy, Complicated		
		42321	Per sextant		484.51
		42330	Gingival Fiber Incision (supra crestal fibrotomy)		
		42331	First tooth		93.50
		42339	Each additional tooth		83.15
42400			PERIODONTAL SURGERY, FLAP APPROACH		
		42410	Flap Approach, With Osteoplasty and/or Ostectomy		
		42411	Per sextant		1,181.58
		42420	Flap Approach, With Curettage of Osseous Defect		
		42421	Per sextant		782.01
		42430	Flap Approach, With Curettage of Osseous Defect with Osteoplasty and/or Ostectomy		
		42431	Per sextant		1,114.13
		42440	Flap Approach, Exploratory (for diagnosis)		
		42441	Per site		601.39
42500			PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE		
		42510	Grafts, Soft Tissue, Pedicle (including apically or lateral sliding and rotated flaps.)		
		42511	Per site		734.65
		42512	Periosteal stimulation in addition to 42511		87.51

	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		
		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		
		42541	Per site		1,341.05
	42550		Grafts, For Root or Implant Coverage		
		42551	Autograft (subepithelial connective tissue or epithelialized gingival graft), for root coverage, includes harvesting from donor site - Per site		1,053.66
		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	Autograft (free connective tissue), includes harvesting from donor site – per site.		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
	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		
	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
	42630		Grafts, Osseous, Xenograft (Including Flap Entry and Closure)		
		42631	Per Site	+E	1,224.41
42700			GUIDED TISSUE REGENERATION		
		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
	42720		Biological Materials to Aid in Soft and Osseous Tissue Regeneration (not including surgical entry and closure)		
		42721	Per site	+E	I.C.
42800			PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES		

	42810		Proximal Wedge Procedure (as a separate procedure)		
		42811	With Flap Curettage, per site		557.67
		42819	With Flap Curettage and Ostectomy/Osteoplasty, per site		673.42
	42820		Post Surgical Periodontal Treatment Visit Per Dressing Change (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
	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
	42840		Flap Approach for Creation of Interdental Papillae		
		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)		
		43111	Per joint	+E	177.32
43200			PERIODONTAL SPLINTING OR LIGATION, EXTRA CORONAL		
		43220	Bonded, Interproximal Enamel Splint		
		43221	Per joint		87.51
		43230	Wire Ligation		
		43231	Per joint		87.51
		43240	Wire Ligation, Restorative Material Covered		
		43241	Per joint		87.51
		43260	Orthodontic Band Splint		
		43261	Per band	+E	87.51
		43270	Cast/Soldered/Ceramic/Polymer Glass/Wire/Fibre Ribbon, Splint Bonded		
		43271	Indirect, Per abutment	+L	87.51
		43272	Direct, Per abutment	+E	87.51
		43280	Removal of Fixed Periodontal Splints		

	43281	One unit of time		87.51
	43289	Each additional unit of time		87.51
43400		ROOT PLANING, PERIODONTAL		
	43420	Root Planing		
	43421	One unit of time		83.55
	43422	Two units of time		167.10
	43423	Three units of time		250.65
	43424	Four units of time		334.20
	43425	Five units of time		417.75
	43426	Six units of time		501.30
	43427	1/2 unit of time		41.78
	43429	Each additional unit over six		83.55
43500		CHEMOTHERAPEUTIC and/or ANTIMICROBIAL AGENTS		
	43510	Chemotherapeutic and/or Antimicrobial Agents, Topical Application		
	43511	One unit of time		87.51
	43519	Each additional unit of time		87.51
	43520	Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application		
	43521	One unit of time	+E	91.87
	43529	Each additional unit of time	+E	91.87
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		87.51
	49102	Two units		175.02
	49109	Each additional unit over two		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)	+L	I.C.
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		
		(includes: impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including three month post insertion care)		
51100		DENTURE COMPLETE, STANDARD		
	51101	Maxillary	+L	931.16

	51102	Mandibular	+L	931.16
	51104	Liners, Processed, Resilient, in addition to above		LAB
51200		DENTURES, COMPLETE, COMPLEX		
	51201	Maxillary	+L	1,924.96
	51202	Mandibular	+L	1,924.96
	51204	Liners, Processed, Resilient in addition to above		LAB
51300		DENTURES, SURGICAL, STANDARD, (IMMEDIATE) (includes first tissue 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)		
	51401	Maxillary	+L	1,317.07
	51402	Mandibular	+L	1,317.07
51500		DENTURES, COMPLETE, GNATHOLOGICAL (CAST BASE AND METAL OCCLUSALS)		
	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	Maxillary	+L	1,215.77
	51732	Mandibular	+L	1,215.77
51800		DENTURES, COMPLETE, OVERDENTURES, (IMMEDIATE), TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
	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, but not a processed reline)		
	51811	Maxillary	+L	1,102.59
	51812	Mandibular	+L	1,102.59
51900		DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS		
	51910	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Natural Teeth with or without Coping Crowns		

	51911	Maxillary	+L	1,102.59
	51912	Mandibular	+L	1,102.59
	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.
	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)		
	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) (includes first tissue conditioner, but not a processed reline)		
	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) (includes first tissue conditioner, but not a processed reline)		
	52211	Maxillary	+L	268.07
	52212	Mandibular	+L	268.07
52300		DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS		
	52301	Maxillary	+L	901.40
	52302	Mandibular	+L	901.40
	52310	Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)		
	52311	Maxillary	+L	901.40
	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

	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)		
	52411	Maxillary	+L	901.40
	52412	Mandibular	+L	901.40
52510		Dentures, Partial (Flexible, Non Metal, Non Acrylic)		
	52511	Maxillary	+L	661.19
	52512	Mandibular	+L	661.19
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		
	52711	Maxillary	+L	1,105.48
	52712	Mandibular	+L	1,105.48
52720		Dentures, Partial, Overdentures, Acrylic, with Cast/ Wrought Clasps and/or Rests, Supported by Implants with or without Coping Crowns, no attachments		
	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		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 conditioner, but not a processed reline)		
	52821	Maxillary	+L	1,105.48
	52822	Mandibular	+L	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)		
	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

	52912	Mandibular	+L	1,105.48
52920		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent 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)		
	52941	Maxillary	+L	1,105.48
	52942	Mandibular	+L	1,105.48
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)		
	52951	Maxillary	+L	1,105.48
	52952	Mandibular	+L	1,105.48
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		
	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
	53112	Mandibular	+L	1,102.60
53120		Dentures, Partial Free End, Swing Lock/Connector		
	53121	Maxillary	+L	1,154.98
	53122	Mandibular	+L	1,154.98
53130		Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests (Equilibrated)		
	53131	Maxillary	+L	2,213.70
	53132	Mandibular	+L	2,213.70
53200		DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS		
	53201	Maxillary	+L	1,102.59
	53202	Mandibular	+L	1,102.59
	53205	Unilateral, one piece casting, clasps and pontics	+L	643.16

	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	1,102.59
		53215	Unilateral, one piece casting, clasps and pontics	+L	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		
		53401	Maxillary	+L	I.C.
		53402	Mandibular	+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		
		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		Denture, Cast Partial, Maxillary, Stress Breaker Attachments		
		53611	Maxillary (resilient)	+L	1,102.59
		53612	Maxillary (one hinge)	+L	1,102.59
		53613	Maxillary (two hinges)	+L	1,102.59
		53614	Altered Cast Impression Technique done in conjunction with the above mentioned codes		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	Mandibular	+L	1,102.60
		53724	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
	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

	53734	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
53800		DENTURES, PARTIAL, CAST, OVERDENTURES (IMMEDIATE), SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
53810		Dentures, Partial, Cast, Overdentures (Immediate), Supported by Natural Teeth with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)		
	53811	Maxillary	+L	1,102.60
	53812	Mandibular	+L	1,102.60
	53814	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
53820		Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)		
	53821	Maxillary	+L	1,102.60
	53822	Mandibular	+L	1,102.60
	53824	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
53830		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)		
	53831	Maxillary	+L	1,102.60
	53832	Mandibular	+L	1,102.60
	53834	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
53900		DENTURES, PARTIAL, CAST, OVERDENTURES, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS		
53910		Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Natural Teeth, with or without Coping Crowns		
	53911	Maxillary	+L	1,194.56
	53912	Mandibular	+L	1,194.56
	53914	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
53920		Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants, with or without Coping Crowns		
	53921	Maxillary	+L	1,194.56
	53922	Mandibular	+L	1,194.56
	53924	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
53930		Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns		
	53931	Maxillary	+L	1,194.56
	53932	Mandibular	+L	1,194.56
	53934	Altered Cast Impression technique done in conjunction with the above mentioned codes		98.77
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	1,194.56
	53942	Mandibular	+L	1,194.56
53950		Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)		
	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)		
	53961	Maxillary	+L	1,194.56
	53962	Mandibular	+L	1,194.56
	53964	Altered Cast Impression technique done in conjunction with the above mentioned codes		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	Maxillary	+L	88.66
	55102	Mandibular	+L	88.66
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

55600			DENTURES, REBUILDING WORN ACRYLIC DENTURE TEETH (DIRECT CHAIRSIDE) WITH TOOTH COLOURED MATERIALS		
		55601	One unit of time		91.87
		55609	Each addition unit of time		91.87
55700			DENTURES, CUSTOM STAINED (PIGMENTED) DENTURE BASES (DIRECT CHAIRSIDE)		
		55701	One unit of time		98.77
		55709	Each addition unit of time		98.77
56000			DENTURES, REPLICATION, RELINING AND REBASING		
56100			DENTURES, REPLICATION, PROVISIONAL		
	56110		Dentures, Replication, Complete Denture, Provisional (No Intra-oral Impression Required)		
		56111	Maxillary	+L	188.82
		56112	Mandibular	+L	188.82
	56120		Dentures, Replication, Partial Denture (Provisional) (No Intra-oral Impression Required)		
		56121	Maxillary	+L	188.82
		56122	Mandibular	+L	188.82
56200			DENTURES, RELINING (Does not include Remount - see 54000 series)		
	56210		Denture, Reline, Direct Complete Denture		
		56211	Maxillary		242.19
		56212	Mandibular		242.19
	56220		Denture, Reline, Direct, Partial Denture		
		56221	Maxillary		262.53
		56222	Mandibular		262.53
	56230		Denture, Reline, Processed, Complete Denture		
		56231	Maxillary	+L	262.53
		56232	Mandibular	+L	262.53
	56240		Denture, Reline, Processed, Partial Denture		
		56241	Maxillary	+L	262.53
		56242	Mandibular	+L	262.53
	56250		Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Complete Denture		
		56251	Maxillary	+L	437.58
		56252	Mandibular	+L	437.58
	56260		Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Partial Denture		
		56261	Maxillary	+L	437.58
		56262	Mandibular	+L	437.58
56300			DENTURES, REBASING (Where the vestibular tissue-contacting surfaces are modified)		
	56310		Denture, Rebase Complete Denture		
		56311	Maxillary	+L	262.53
		56312	Mandibular	+L	262.53
	56320		Denture, Rebase Partial Denture		

	56321	Maxillary	+L	262.53
	56322	Mandibular	+L	262.53
	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
			to	569.47
56500		DENTURES, THERAPEUTIC TISSUE CONDITIONING		
	56510	Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture		
	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		
	56531	Maxillary		188.82
	56532	Mandibular		188.82
	56540	Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Implant Supported		
	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		
	56561	Maxillary		188.82
	56562	Mandibular		188.82
56600		DENTURES, MISCELLANEOUS SERVICES		
	56601	Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase of denture)	+L	LAB
	56602	Resetting of Teeth (not including reline or rebase of denture)	+L	367.51
	56603	Cast occlusal surfaces (includes remount and equilibration)	+L	773.74
57000		PROSTHESIS, MAXILLOFACIAL		
57100		PROSTHESIS, FACIAL		

	57101	Orbital	+L	2,715.74
			to	6,398.11
	57102	Nose	+L	2,125.35
			to	4,350.25
	57103	Ear	+L	2,125.35
			to	4,350.25
	57104	Patch	+L	638.65
	57105	Facial, Complex	+L	2,715.74
			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		
	57301	Velar Bulb (prosthesis and obturator extra)	+L	118.07
			to	1,278.46
	57302	Velar Lift Button, Mechanical (prosthesis and obturator extra)	+L	118.07
			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
			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
			to	895.50
	57372	Gingival Prosthesis Note: For removable appliance used to mask unaesthetic embrasures see sub-classification 49300 soft tissue prosthesis, code 49301 Gingival Mask	+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		
	57501	Stout	+L	1,137.14
	57502	Cast Capped	+L	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		
	57601	Ridge Extension	+L	1,137.14
	57602	Palatal	+L	1,137.14
	57603	Skin Grafts	+L	1,137.14
	57604	Mucous Membrane Grafts	+L	1,137.14
57650		Prosthesis, 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		
	57661	Decompression Stent, Localized	+L	1,137.14
	57662	Decompression Stent, (prosthesis extra)	+L	682.75
57700		PROSTHESIS, ORTHOPEDIC		
	57701	Orthopedic Prosthesis (extraoral)	+L	590.36
			to	1,278.46
	57702	Orthopedic Prosthesis (intraoral)	+L	708.45
			to	1,534.16
60000		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, retainer and pontic) of a multi-unit fixed prosthesis each constitute separate units of that restoration and must be coded individually.		
62000		PONTICS, BRIDGE		
62100		PONTICS, CAST METAL		
	62101	Pontics, Cast Metal	+L	503.45
	62102	Pontics, Cast Metal Framework with Separate Porcelain/Ceramic/Polymer Glass Jacket Pontic	+L	503.45
	62103	Pontics, Prefabricated Attachable Facing	+L	391.57

	62104	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Retainer	+L +E	503.45
	62105	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Implant-supported Retainer to Retain Removable Prosthesis, Each Bar	+L +E	I.C.
62500		PONTICS, PORCELAIN/CERAMIC/POLYMER GLASS		
	62501	Pontics, Porcelain/Ceramic/Polymer Glass, Fused to Metal	+L	504.55
	62502	Pontics, Porcelain/Ceramic/Polymer Glass, Aluminous	+L	504.55
62700		PONTICS, ACRYLIC/COMPOSITE /COMPOMER		
	62701	Pontics, Acrylic/Composite/Compomer, Processed to Metal	+L	392.72
	62702	Pontics, Acrylic/Composite/Compomer, Indirect (Provisional)	+L	115.54
	62703	Pontics, Acrylic/Composite/Compomer, Bonded to adjacent Teeth Direct (Provisional)	+E	115.54
	62704	Pontics, Acrylic/Composite/Compomer	+L	115.54
62800		PONTICS, NATURAL TOOTH		
	62801	Pontics, Natural Tooth Crown, Direct, Bonded to Adjacent Teeth (Provisional)		195.24
63000		RECONTOURING OF RETAINER/PONTICS, (of existing bridgework)		
	63001	One unit of time		91.87
	63009	Each additional unit of time		91.87
64000		MASTER CAST TECHNIQUES		
64100		MASTER CAST, TECHNIQUES, MAXILLO-MANDIBULAR REGISTRATIONS		
	64120	Master Cast Techniques, True Hinge Axis Registration and Transfer		
	64121	One unit of time	+L	87.75
	64129	Each additional unit of time	+L	87.75
	64130	Master Cast Techniques, Centric Registration Recording		
	64131	One unit of time	+L	87.75
	64139	Each additional unit of time	+L	87.75
	64140	Master Cast Techniques, Three Dimensional Recordings of Mandibular Movement (Pantograph or Stereograph)		
	64141	One unit of time	+L	I.C.
	64149	Each additional unit of time	+L	I.C.
64200		MASTER CAST MOUNTING TECHNIQUES		
	64220	Master Cast Mounting with Arbitrary Facebow Transfer		
	64221	One unit of time	+L	87.75
	64229	Each additional unit of time	+L	87.75
	64230	Master Cast Mounting with Kinematic Facebow Transfer		
	64231	One unit of time	+L	I.C.
	64239	Each additional unit of time	+L	I.C.
64300		MASTER CAST GNATHOLOGICAL WAX-UP		
	64301	One unit of time	+L	I.C.
	64309	Each additional unit of time	+L	I.C.
66000		REPAIRS		
66100		REPAIRS, REPLACEMENT		

	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 support a pontic		
67100			RETAINERS, ACRYLIC/COMPOSITE/ COMPOMER WITH, OR WITHOUT CAST OR PREFABRICATED METAL BASES		
	67110		Retainers, Acrylic, Composite/Compomer, Indirect		
		67111	Retainers, Acrylic, Composite/Compomer, Indirect	+L	751.43
		67112	Retainers, Acrylic, Composite/Compomer, Complicated, Indirect	+L	966.45
		67113	Retainers, Acrylic, Composite/Compomer, Provisional, Indirect (lab fabricated/relined intra-orally)	+L	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		
	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")		
	67221	Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge")	+L	629.88
67230		Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded		
	67231	Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded	+L	727.20
67240		Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded		
	67241	Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded	+L	896.17
67250		Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded (where one or more cusps are restored)		
	67251	Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded	+L	1,063.98
67300		RETAINERS, CAST METAL		
	67301	Retainers, Cast Metal	+L	1,082.90
	67302	Retainers, Cast Metal, Complicated	+L	1,154.77
	67305	Retainers, Cast Metal, Implant-Supported	+L +E	1,082.90
67310		Retainer, ¾ Cast Metal		

	67311	Retainers, ¾, Cast Metal	+L	1,082.90
	67312	Retainers, ¾, Cast Metal, Complicated	+L	1,154.77
67320		Retainers, Cast Metal Inlay (used with broken 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)		
	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 with no Occlusal Component (see 62105 for retentive bar)	+L +E	I.C.
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
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 retainer and pontics)	+L	1,119.23
69200		FIXED PROSTHETICS, SPLINTING		
	69201	Splinting, for Extensive or Complicated Restorative Dentistry (per tooth)		I.C.
69300		FIXED PROSTHETICS, RETENTIVE PINS (for retainers 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)		
69610		Provisional, immediate, implant-supported, screw retained, polymer base with denture teeth, 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.
69700		FIXED PROSTHETICS, PROVISIONAL COVERAGE (in extensive or complicated restorative dentistry)		

	69701	Abutment Tooth	+L	321.38
	69702	Pontic	+L	106.35
69800		FIXED PROSTHODONTIC FRAMEWORKS, OSSEO-INTEGRATED IMPLANT-SUPPORTED		
69820		Fixed Prosthodontic Framework, Osseo-Integrated, Attached with Screws Or Cement and Incorporating Teeth (Porcelain/Ceramic/Polymer Glass Bonded to Metal, Acrylic/Composite/Compomer Processed to Metal or Full Metal Crowns)		
	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		
	71101	Single tooth, Uncomplicated		154.42
	71109	Each additional tooth, same quadrant, same appointment		154.42
71200		REMOVALS, ERUPTED TEETH, COMPLICATED		
	71201	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth		278.49
	71209	Each additional tooth, same quadrant		278.49
	71210	Requiring elevation of a Flap, Removal of Bone and may include Sectioning of Tooth for Removal of Tooth		
	71211	Single Tooth		303.64
	71219	Each Additional tooth, same quadrant		303.64
72000		REMOVALS, (EXTRACTIONS), SURGICAL		
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		412.97
	72219	Each additional tooth, same quadrant		412.97
	72220	Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of A Flap, Removal of Bone and Sectioning of Tooth For Removal (Complete Bone Impaction)		
	72221	Single tooth		550.64
	72229	Each additional tooth, same quadrant		550.64
	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 Presentms Unusual Difficulties and Circumstances		
	72231	Single tooth		750.74
	72239	Each additional tooth, same quadrant		750.74

	72240		Coronectomy (Deliberate Vital Root Retention)		
		72241	Coronectomy (Deliberate Vital Root Retention of Unerupted Mandibular Molar)		I.C.
		72242	Coronectomy (Deliberate Vital Root Retention to Prevent Complications Associated with Extraction)		I.C.
72300			REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS		
	72310		Removals, Residual Roots, Erupted		
		72311	First tooth		127.47
		72319	Each additional tooth, same quadrant		127.47
	72320		Removals, Residuals Roots, Soft Tissue Coverage		
		72321	First tooth		187.75
		72329	Each additional tooth, same quadrant		187.75
	72330		Removals, Residual Roots, Bone Tissue Coverage		
		72331	First tooth		275.32
		72339	Each additional tooth, same quadrant		275.32
72400			ALVEOLAR BONE PRESERVATION		
	72410		Alveolar Bone Preservation – Autograft		
		72411	First tooth	+E	350.25
		72419	Each additional tooth	+E	350.25
	72420		Alveolar Bone Preservation - Allograft		
		72421	First tooth	+E	350.25
		72429	Each additional tooth	+E	350.25
	72430		Alveolar Bone Preservation – Xenograft		
		72431	First tooth	+E	350.25
		72439	Each additional tooth	+E	350.25
72500			SURGICAL EXPOSURES OF TEETH		
	72510		Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy)		
		72511	Single tooth		250.33
		72519	Each additional tooth, same quadrant		250.33
	72520		Surgical Exposures, Complex, Hard Tissue Coverage		
		72521	Single tooth		450.43
		72529	Each additional tooth, same quadrant		450.43
	72530		Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment		
		72531	Single tooth	+E	600.59
		72539	Each additional tooth, same quadrant	+E	600.59
	72540		Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae		
		72541	Single tooth		375.50
	72550		Surgical Exposures, Unerupted Tooth, Hard Tissue Coverage With Positioning of Attached Gingivae		
		72551	Single tooth		500.70
	72560		Rigid Osseous Anchorage For Orthodontics		

		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		
		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			ENUCLEATION, SURGICAL		
	72710		Unerupted Tooth Follicle		
		72711	First tooth		550.64
		72719	Each additional tooth, same quadrant		550.64
72800			REMOVAL OF FRACTURED CUSP AS A SEPARATE PROCEDURE, NOT IN CONJUNCTION 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 (To include codes 73110, 73120, 73140, 73150, 73160, 73170, 73180)		
73100			ALVEOLOPLASTY		
			(Bone remodelling of ridge with soft tissue revisions)		
	73110		Alveoplasty, In Conjunction with Extractions		
		73111	Per sextant		128.61
	73120		Alveoplasty, Not In Conjunction with Extractions		
		73121	Per sextant		250.33
	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
		73152	Torus Palatinus, Excision		550.64
		73153	Torus Mandibularis, Unilateral, Excision		412.97
		73154	Torus Mandibularis, Bilateral, Excision		688.29
	73160		Removal of Bone, Exostosis, Multiple		
		73161	Per quadrant		412.97
				to	825.97
	73170		Reduction of Bone, Tuberosity		

		73171	Unilateral, Reduction		250.33
		73172	Bilateral, Reduction		500.70
	73180		Augmentation of Bone		
		73181	Unilateral, Pterygomaxillary Tuberosity, Augmentation	+E	487.90
		73182	Bilateral, Pterygomaxillary Tuberosity, Augmentation	+E	975.83
		73183	Unilateral, Mandibular Ridge, Augmentation	+E	600.30
				to	800.40
		73184	Bilateral, Mandibular Ridge, Augmentation	+E	1,200.59
				to	1,600.82
73200			GINGIVOPLASTY AND/OR STOMATOPLASTY, ORAL SURGERY		
	73210		Independent Procedure		
		73211	Per sextant		275.32
	73220		Miscellaneous Procedures		
		73221	Gingivoplasty, in Conjunction with Tooth Removal		275.32
		73222	Excision of Vestibular Hyperplasia (per sextant)		275.32
		73223	Surgical Shaving of Papillary Hyperplasia of the Palate		487.90
		73224	Excision of Pericoronal Gingiva (for retained tooth/implant) per tooth/implant		137.64
	73230		Removals, Tissue, Hyperplastic (includes the incision of the mucous membrane, the dissection and removal of hyperplastic 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	Reinsertion of the Mylohyoid Muscle		1,000.49
73400			VESTIBULOPLASTY		
	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		
		73451	Per sextant		600.30
	73460		Vestibuloplasty, with Mucosal Graft		
		73461	Per sextant		600.30

	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		
		73491	Per sextant		211.09
73500			RECONSTRUCTION, ALVEOLAR RIDGE		
	73510		Reconstruction, Alveolar Ridge, with Autogenous Bone		
		73511	Per sextant	+E	800.40
	73520		Reconstruction, Alveolar Ridge, with Alloplastic Material		
		73521	Per sextant	+E	800.40
73600			EXTENSIONS, MUCOUS FOLDS		
	73610		Extensions, Mucous Folds with Secondary Epithelization		
		73611	Per sextant		581.55
	73620		Extensions, Mucous Folds, with Skin Grafts		
		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		
	74110		Tumors, Benign, Scar Tissue, Inflammatory or Congenital Lesions of Soft Tissue of the Oral Cavity		
		74111	1 cm. and under		375.37
		74112	1-2 cm.		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	9-15 cm.		1,031.88
		74118	15 cm. and over		1,163.13
	74120		Tumors, Benign, Bone Tissue		
		74121	1 cm. and under		450.43
		74122	1-2 cm.		625.58
		74123	2-3 cm.		813.20
		74124	3-4 cm.		1,013.30
		74125	4-6 cm.		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			SURGICAL EXCISION, TUMORS, MALIGNANT		
	74210		Tumors, Malignant, Soft Tissue, Oral Cavity		

		74211	1 cm. and under		350.25
		74212	1-2 cm.		525.36
		74213	2-3 cm.		725.46
		74214	3-4 cm.		906.85
		74215	4-6 cm.		1,125.66
		74216	6-9 cm.		1,313.28
		74217	9-15 cm.		1,550.85
		74218	15 cm. and over		1,744.71
	74220		Tumors, Malignant, Bone Tissue		
		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		Selective neck dissection		
		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			AUGMENTATIONS, PROSTHETIC, OF THE JAW		
	74520		Augmentation, Synthetic, of the Jaw		
		74521	Augmentation, of the Chin		I.C.
74600			SURGICAL EXCISION, CYSTS/GRANULOMAS		
	74610		Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s)		
		74611	1 cm. and under		431.72
		74612	1-2 cm.		600.59
		74613	2-3 cm.		781.97
		74614	3-4 cm.		975.83
		74615	4-6 cm.		1,182.17
		74616	6-9 cm.		1,401.02
		74617	9-15 cm.		1,632.34
		74618	15 cm. and over		1,876.15
	74620		Marsupialization		
		74621	Cyst, Marsupialization		550.64

	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		SURGICAL INCISIONS		
	75100		SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL		
	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		
		75211	Extraoral, Abscess, Superficial		650.53
		75212	Extraoral, 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		
		75301	Removal, from Skin or Subcutaneous Alveolar Tissue		875.62
				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	4-6 cm.		938.36
		75414	6-9 cm.		1,094.76
		75415	9 cm. 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		
	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
			to	3,401.75
76000		FRACTURES, TREATMENT OF		
76100		INTERMAXILLARY FIXATION (WIRING)		
	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)		
	76121	Nasal Spine Wiring		150.12
	76122	Piriform Apertures Suspension		150.12
	76123	Frontal Suspension		650.53
	76124	Orbital Rim Suspension, Bilateral		650.53
	76125	Head Frame Suspension		1,050.76
	76130	Circummandibular Wiring		
	76131	Wiring, one		150.12
	76132	Wiring, two		300.28
	76133	Wiring, three or over		450.43
	76140	Splints/Wires, Removal of		
	76141	Removal of Wire		250.33
	76142	Removal of Arch Splint (one or more per jaw)		250.33
	76143	Removal of Interosseous Ligature or Bone Plate		600.59
	76144	Removal of Intra or Periosseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus		600.59
	76145	Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw)		469.18
	76146	Removal of Wire Plate or Screw used in Osteosynthesis (one or more at the same site)		600.59
76200		FRACTURES, REDUCTIONS, MANDIBULAR		
	76201	Reduction, Mandibular, Closed		1,201.21
			to	1,501.49
	76202	Reduction, Mandibular, Open, Single		1,751.27
	76203	Reduction, Mandibular, Open, Double		2,101.52

	76204	Reduction, Mandibular, Open, Multiple		2,326.29
76300		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
76500		FRACTURES, REDUCTIONS, NASO-ORBITAL		
	76501	Reduction, Closed Unilateral		1,088.23
	76502	Reduction, Closed Bilateral		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
	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		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		FRACTURES, REDUCTIONS, ZYGOMATIC ARCH		
	76701	Reduction, Zygomatic Arch, Intraoral Approach		600.59
	76702	Reduction, Zygomatic Arch, Temporal Approach		1,401.02
	76703	Reduction, Zygomatico-Maxillary Fracture Dislocation, Complex, Closed Reduction		900.90
	76704	Reduction, Zygomatico-Maxillary Fracture Dislocation, Open Reduction		1,751.27
76800		FRACTURES, REDUCTIONS, CRANIOFACIAL OTHER (specify type of procedure according to previous code used for fracture)		
	76801	Reduction, Craniofacial Dysjunction, Closed		2,401.22
	76802	Reduction, Craniofacial Dysjunction, Open		3,401.75
76900		FRACTURES, REDUCTIONS, ALVEOLAR		
	76910	Fracture, Alveolar, Debridement, Teeth Removed		
	76911	3 cm. or less		750.74
			to	1,501.49
	76912	3-6 cm.		750.74
			to	1,501.49
	76913	6 cm. and over		781.97
			to	1,563.94
	76920	Reduction, Alveolar, Closed, with Teeth		
	76921	3 cm. and less	+E	750.74
			to	1,501.49

	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)		
	76941	Replantation, first tooth		469.18
	76949	Each additional tooth		469.18
76950		Repositioning of Traumatically Displaced Teeth		
	76951	One unit of time		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
	76974	6-9 cm.		447.23
	76975	9-12 cm.		506.65
	76976	12-16 cm.		548.87
	76977	16-20 cm.		591.08
	76978	20-25 cm.		656.71
	76979	25 cm. and over		700.51
76980		Repairs, Lacerations, Complicated (local tissue shifts)		
	76981	2 cm. or less		350.25
	76982	2-4 cm.		394.02
	76983	4-6 cm.		437.79
	76984	6-9 cm.		481.60
	76985	9-12 cm.		544.11
	76986	12-16 cm.		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	
	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 I	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	Submucous Resection	850.44
	77313	Osteotomy, Maxillary, Le Fort I – for Distraction Osteogenesis	I.C.
	77314	Osteotomy, Maxillary, Le Fort II – for Distraction Osteogenesis	I.C.
	77315	Osteogenesis, Maxillary, Le Fort III – for Distraction Osteogenesis	I.C.
	77316	Activation of Distraction Device – Le Fort I Level	I.C.
	77317	Activation of Distraction Device – Le Fort II Level	I.C.
	77318	Activation of Distraction Device – Le Fort III 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
	77412	Osteotomy, Segmental, Posterior	2,401.22
	77413	Osteotomy, Mid-palatal Split, Anterior	1,600.82
	77414	Osteotomy, Mid-palatal Split, Complete	2,401.22
	77415	Osteotomy, Segmental, Anterior – for Distraction Osteogenesis	I.C.
	77416	Osteotomy, Segmental, Posterior – for Distraction Osteogenesis	I.C.
	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
	77426	Osteotomy, Segmental, Anterior – for Distraction Osteogenesis	I.C.
	77427	Osteotomy, Segmental, Posterior – for Distraction Osteogenesis	I.C.
	77428	Activation of Distraction Device	I.C.

	77429	Removal of Segmental Mandibular Distraction Device		I.C.
77430		Osteotomy When "Interpositional Graft" Is Required		
	77431	Using Bone		600.30
	77432	Using Alloplast	+E	562.83
	77433	Using Cartilage		600.30
77440		Osteotomy When "Onlay Graft" Is Required For Osteotomy, Trauma or Reconstructive Procedures		
	77441	Using Bone		400.20
	77442	Using Alloplast	+E	375.21
	77443	Using Cartilage		400.20
77500		GENIOPLASTY		
	77501	Genioplasty, Sliding, 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	Myotomy, Suprahyoid		600.59
77600		MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES		
	77601	Corticotomy		700.51
	77602	Interdental Septotomy		700.51
	77603	Surgical Expansion of the Palate		1,200.59
	77604	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Maxilla – per Sextant		I.C.
	77605	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Mandible – per Sextant		I.C.
77700		PALATORRHAPHY		
	77701	Palatorrhaphy, Anterior (closure of palatine fissure)		2,401.22
	77702	Palatorrhaphy, Posterior		2,401.22
	77703	Palatorrhaphy, Total		3,001.55
	77704	Palatorrhaphy, with Bone Graft		4,002.04
	77705	Palatorrhaphy, Bone Graft to Anterior Alveolar Ridge		2,601.32
77800		FRENECTOMY/FRENOPLASTY		
	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
77900		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		
	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
	77917	Closure of Alveolar Cleft (see grafting Codes)		2,251.16
77920		Oral Nasal Fistula		
	77921	Primary Closure at Time of Initial Surgery		800.40

	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	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		fee
78000		TEMPOROMANDIBULAR JOINT DYSFUNCTIONS, TREATMENT OF		
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
	78105	TMJ, Subluxation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)		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, MMF screws, Ivy Loops)		375.50
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	Meniscectomy		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		
	78401	TMJ Arthroscopic Examination and Diagnosis		600.30
	78402	Biopsy		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	Eminoplasty		1,300.64
	78409	Re-contour of Glenoid Fossa		1,300.64
	78411	Meniscectomy		1,500.77
	78412	Plication of Meniscus		1,500.77
	78413	Repair of Meniscus		1,500.77
78500		TEMPOROMANDIBULAR JOINT, ARTHROCENTESIS (puncture and aspiration)		
	78501	One unit of time		143.88
	78502	Two units		287.76
	78509	Each additional unit over two		143.88

78600			TEMPOROMANDIBULAR JOINT, MANAGEMENT BY INJECTIONS		
		78601	Injection, therapeutic drug with or without local anaesthetic drug, "per site",	+E	150.12
		78602	Injection, with Sclerosing Agent		150.12
78700			TEMPOROMANDIBULAR JOINT, APPLIANCE SPLINTS, ORTHOPEDIC REHABILITATION (post operative)		
		78701	Appliance Splint, Maxillary	+L	1,013.30
		78702	Appliance Splint, Mandibular	+L	1,013.30
79000			MAXILLOFACIAL SURGERY PROCEDURES, OTHER		
79100			SALIVARY GLANDS, TREATMENT OF		
		79101	Salivary Duct, Dilation of		206.47
		79102	Salivary Duct, Insertion of Polyethylene Tube		275.32
		79103	Salivary Duct, Sialodochoplasty		600.59
		79104	Salivary Duct, Reconstruction of		900.90
	79110		Salivary Duct, Sialolithotomy		
		79111	Sialolithotomy, Anterior 1/3 of Canal		550.64
		79112	Sialolithotomy, Posterior 2/3 of Canal		1,501.49
		79113	Sialolithotomy, External Approach		2,326.29
	79120		Salivary Gland, Excisions		
		79121	Excision of Submaxillary Gland		1,500.90
		79122	Excision of Sublingual Gland		1,876.15
		79123	Excision of Mucocele		187.75
		79124	Excision of Ranula		600.59
		79125	Marsupialization of Ranula		550.64
	79130		Salivary Gland, Removal		
		79131	Salivary Gland, Removal, Parotid (sub total)		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		
		79211	Trigeminal Nerve, Injection for Destruction		300.28
		79212	Trigeminal Nerve, Avulsion at Periphery		625.58
		79213	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		143.88
		79216	Trigeminal Nerve, Intraoperative, diagnostic or physiologic monitoring (stimulation with recording evoked potentials, ultrasound, or impedance)		275.32
		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 or orbit) (not to include osteotomy)		1,751.27
	79220		Neurological Disturbances, Mental Nerve		
		79221	Mental Nerve, Transportation of		1,050.76
		79222	Mental Nerve, Decompression in Canal		1,050.76
	79230		Neurological Disturbances, Inferior Dental Nerve		
		79231	Inferior Dental Nerve, Complete Avulsion		1,050.76
		79232	Inferior Dental Nerve, Decompression in the Canal		1,088.23
	79240		Neurological Disturbances, Surgery		

	79241	Injured Nerve Repair, Primary		1,401.02
	79242	Injured Nerve Repair, Secondary		3,551.84
	79243	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
79300		ANTRAL SURGERY		
	79310	Antral Surgery, Recovery, Foreign Bodies		
	79311	Antral Surgery, Immediate Recovery of a Dental Root or Foreign Body from the Antrum		625.58
			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)		
	79331	Oro-Antral Fistula Closure with Buccal Flap		600.59
			to	900.90
	79332	Oro-Antral Fistula Closure with Gold Plate	+L	600.59
			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
			to	900.90
	79343	Oro-Antral Fistula Closure with Palatal Flap		600.59
			to	900.90
	79350	Sinus Osseous Augmentation		
	79351	Sinus Osseous Augmentation, Open Lateral Approach - Autograft	+E	I.C.
	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.
	79355	Sinus Osseous Augmentation, Indirect Inferior Approach - Allograft	+E	I.C.
	79356	Sinus Osseous Augmentation, Indirect Inferior Approach - Xenograft	+E	I.C.
79400		HEMORRHAGE, CONTROL OF		
	79401	Primary Hemorrhage, Control		150.12
			to	600.59
	79402	Secondary Hemorrhage, Control		175.11

				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 removal of bony tissue, if necessary)			175.11
				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.
	79530	Vascularized Tissue Flaps, Extraoral			
	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.
	79540	Harvesting and Preparation of Platelet Rich Plasma			
	79541	Harvesting and Preparation of Platelet Rich Plasma		+E	I.C.
	79550	Delivery of Growth Factors			
	79551	Delivery of Growth Factors – Autologous – per site		+E	I.C.
	79552	Delivery of Growth Factors – Allogenic – per site		+E	I.C.
	79553	Delivery of Growth Factors – Human Recombinant – per site		+E	I.C.
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
	79602	Post Surgical Care, Minor, by Other Than Treating Dentist			131.41
	79603	Post Surgical Care, Major, by Treating Dentist			131.41
				to	1,314.19
	79604	Post Surgical Care, Major, by Other Than Treating Dentist			131.41
				to	1,314.19
	79605	Post Surgical Care, Alveolitis, Treatment of (without Anaesthesia)			131.41
	79606	Post Surgical Care, Alveolitis, Treatment of (with Anaesthesia)			131.41
79700		AIRWAY PROCEDURES			
	79701	Tracheotomy			800.40
	79702	Crico-Thyroidotomy			800.40
79800		MUSCULAR DISORDERS, TREATMENT OF			
	79801	Treatment of Muscular Dysfunctions			I.C.
	79802	Myotomy			I.C.

79900		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, Osseointegrated, 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 Transmucosal Element – per Implant	+E	I.C.
	79934	Surgical Re-entry, Removal of Healing Screw and Placement of Healing Transmucosal Element – per Implant	+E	I.C.
	79935	Surgical Re-entry, Removal of Healing Screw and Placement of Final Standard Transmucosal Element – per Implant	+E	I.C.
	79936	Surgical Re-entry, Removal of Healing Screw and Placement of Final Custom Transmucosal Element – per Implant	+L +E	I.C.
	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.
80000		ORTHODONTICS		
80600		ORTHODONTIC, OBSERVATIONS AND ADJUSTMENTS		
	80601	Orthodontic Observation - for Tooth Guidance (i.e. tooth position, eruption sequence, serial extraction supervision, etc.) per appointment		88.84
	80602	Orthodontic Observation and adjustment - to Orthodontic Appliances and/or the Reduction of Proximal Surfaces of Teeth per appointment		88.84
	80630	Repairs to Removable or Fixed Appliances (not including removal and recementation)		
	80631	One unit of time	+L	96.24
	80632	Two units	+L	192.48
	80639	Each additional unit over two		96.24
	80640	Alterations to Removable or Fixed Appliances		
	80641	One unit of time	+L	96.24
	80642	Two units	+L	192.48
	80649	Each additional unit over two		96.24
	80650	Recementation of Fixed Appliances		
	80651	One unit of time		96.24
	80659	Each additional unit of time		96.24
	80660	Separation (except where included in the fabrication of an appliance)		

	80661	One unit of time		96.24
	80669	Each addition unit of time		96.24
	80670	Removal of Fixed Orthodontic Appliances (By a Practitioner Other Than The Original Treatment Practice Or Practitioner)		
	80671	One unit of time		96.23
	80679	Each additional unit of time		96.23
81000		APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT		
81100		APPLIANCES, REMOVABLE		
		A maximum of eight observations or adjustment appointments may be charged for these appliances.		
	81110	Appliances, Removable, Space Regaining		
	81111	Appliance, Maxillary, Unilateral	+L	384.71
	81112	Appliance, Mandibular, Unilateral	+L	384.71
	81113	Appliance, Maxillary, Bilateral	+L	384.71
	81114	Appliance, Mandibular, Bilateral	+L	384.71
	81120	Appliances, Removable, Cross-Bite Correction		
	81121	Appliance, Maxillary, Simple	+L	364.88
	81122	Appliance, Mandibular, Simple	+L	364.88
	81130	Appliances, Removable, Dental Arch Expansion		
	81131	Appliance, Maxillary, Simple	+L	384.71
	81132	Appliances, Mandibular, Simple	+L	384.71
	81140	Appliances, Removable, Closure of Diastemas		
	81141	Appliance, Maxillary, Simple	+L	384.71
	81142	Appliance, Mandibular, Simple	+L	384.71
	81150	Appliances, Removable, Alignment of Anterior Teeth		
	81151	Appliance, Maxillary, Simple	+L	384.71
	81152	Appliance, Mandibular, Simple	+L	384.71
81200		APPLIANCES, FIXED OR CEMENTED		
		A maximum of eight observations or adjustment appointments may be charged for these appliances.		
	81210	Appliance, Fixed, Space Regaining (e.g. lingual or labial arch with molar bands, tubes, locks)		
	81211	Appliance, Maxillary	+L	384.71
	81212	Appliance, Mandibular	+L	384.71
	81220	Appliance, Fixed, Spaces Regaining, Unilateral		
	81221	Appliance, Maxillary	+L	288.73
	81222	Appliance, Mandibular	+L	288.73
	81230	Appliance, Fixed, Cross-Bite Correction - Anterior		
	81231	Appliance, Maxillary	+L	384.71
	81232	Appliance, Mandibular	+L	384.71
	81240	Appliance, Fixed, Cross-Bite Correction - Posterior		
	81241	Appliance, Maxillary	+L	384.71
	81242	Appliance, Mandibular	+L	384.71
	81243	Appliance, Two-Molar Band, Hooked and Elastics	+L	308.27
	81250	Appliance, Fixed, Dental Arch Expansion		

		81251	Appliance, Maxillary	+L	481.23
		81252	Appliance, Mandibular	+L	481.23
		81253	Appliance, Maxillary, Rapid Expansion	+L	384.71
	81260		Appliance, Fixed, Closure of Diastemas		
		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		
		81291	Appliance, Maxillary, Impaction	+L	384.71
		81292	Appliance, Mandibular, Impaction	+L	384.71
		81293	Appliance, Maxillary, Erupted	+L	384.71
		81294	Appliance, Mandibular, Erupted	+L	384.71
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
			COMPREHENSIVE ORTHODONTIC TREATMENT		
			CASE TYPE - 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 I Malocclusion	+L	3,849.92
				to	11,549.77
		84201	Class II Malocclusion	+L	5,774.87
				to	15,399.71
		84301	Class III Malocclusions	+L	5,774.87
				to	15,399.71
		84401	Malocclusions Not Requiring Complete Banding	+L	1,924.95
				to	4,812.41
85000			MIXED DENTITION		
		85101	Class I 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			PERMANENT DENTITION		

		CASE TYPE - Removable Appliances (includes removable appliance therapy and retention; e.g. functional appliances)		
	87101	Class I Malocclusion	+L	I.C.
	87201	Class II Malocclusion	+L	I.C.
	87301	Class III Malocclusion	+L	I.C.
88000		MIXED DENTITION		
	88101	Class I Malocclusion	+L	1,924.95
			to	5,774.87
	88201	Class II Malocclusion	+L	2,887.44
			to	7,699.85
	88301	Class III Malocclusion	+L	2,887.44
			to	7,699.85
89500		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	+L	384.99
			to	3,464.91
	89502	Extraoral Retraction Appliance for Infants with Cleft Palate	+L	384.99
			to	3,464.91
	89503	Stage I - Initial Expansion	+L	1,443.71
			to	2,887.44
	89504	Stage II - Anterior Alignment	+L	1,443.71
			to	2,887.44
	89505	Stage III - Final Alignment (complete banding)	+L	2,887.44
			to	7,699.85
	89506	Stage III - Where Stage I and II were not provided for	+L	5,774.87
			to	15,399.71
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		118.93
	91112	Two units		237.86
	91113	Three units		356.79
	91119	Each additional unit over three		118.93
	91120	Emergency Services Not Otherwise Specified In Guide		
	91121	One unit of time		125.16
	91122	Two units		250.32
	91123	Three units		375.48
	91129	Each additional unit over three		125.16
91200		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 code series 92900)		
	91210	Unusual Time and Responsibility Requirement, in Addition to Usual Procedures in Guide		
	91211	One unit of time		137.64

	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
	91233	Three units		412.92
	91234	Four units		550.56
	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)		
	92101	Regional Block Anaesthesia (not in conjunction with operative or surgical procedures)		125.17
	92102	Trigeminal Division Block (not in conjunction with operative or surgical procedures)		125.17
92200		ANAESTHESIA, GENERAL		
		(includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)		
92210		General Anaesthesia	+PS	
	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
	92218	Eight units		1,051.28
	92219	Each additional unit over eight		131.41
92220		Provision of facilities, equipment and support services for general anaesthesia when provided by a separate 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
	92228	Eight units		1,051.28
	92229	Each additional unit over eight		131.41
92300		ANAESTHESIA, DEEP SEDATION	+PS	

			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)		
		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		
		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)		
			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 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
		92415	Five units		188.69
		92416	Six units		220.14
		92417	Seven units		251.60
		92418	Eight units		283.05
		92419	Each additional unit over eight		31.45
	92420		Oral Sedation, Sedation sufficient to require monitored care. Time is measured from the start of patient monitoring to release from the treatment/recovery room		
		92421	One unit of time		56.79
		92422	Two units of time		63.88
		92423	Three units of time		82.50
		92424	Four units of time		101.08
		92425	Five units of time		119.70
		92426	Six units of time		138.29
		92427	Seven units of time		156.91
		92428	Eight units of time		175.50
		92429	Each addition unit over eight		21.85

	92440		Parenteral Conscious Sedation (regardless of method -IM or IV)		
		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		
	92510		Hypnosis		
		92511	One unit of time		62.87
		92512	Two units		94.32
		92513	Three units		125.78
		92514	Four units		157.24
		92519	Each additional unit over four		31.45
	92520		Acupuncture		
		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		
		92901	Management of patient with BMI 35 or above, in addition to code series 92200 or 92300		I.C.
93000			PROFESSIONAL CONSULTATIONS		
			(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
	93120		Dental Legal Letters, Reports and Opinions		
		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 with prior patient approval.		83.15
				to	166.30
		93122	A dental-legal report - a comprehensive written report with patient approval, on systems, history and 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.		166.30
				to	332.60

	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 CDA Policy Manual on Claim Form Completion.		NO FEE
	93303	Completing Prepaid Claim Forms which do not conform with Code 93301		29.45
93310		For Extraordinary Time Spent in Relation to Claim Forms/Treatment Plan Forms, the Claim Problem of the Patient or Processing of Payments		
	93311	One unit of time	+E	96.71
	93312	Two units	+E	193.42
	93319	Each additional unit over two		96.71
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	Quarterly payment/installment for treatment in progress		I.C.
	93334	One time appliance		I.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		
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
			to	385.90
	94305	Traveling Expenses		I.C.
	94306	Professional Visits Out of Office, plus actual services performed + E, (out of pocket expenses, etc.)	+E	163.50

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		
	94421	One half day		I.C.
	94422	Full day		I.C.
95000		FORENSIC DENTAL SERVICES		
95100		FORENSIC SERVICES, MISCELLANEOUS		
	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 per diem
	95104	Written Odontology Report	+E	51.78
	95105	Post Mortem Examination of Tissues in Forensic Cases (non-identification)		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
96000		DRUGS/MEDICATION, DISPENSING		
96100		PRESCRIPTIONS		
	96101	Prescription, Emergency		39.78
	96102	Emergency Dispensing of One or Two Doses of a Therapeutic Drug, plus Giving a Written Prescription	+E	54.15
	96103	Dispensing, Non Emergency (e.g. fluorides, vitamins, other drugs/medications)	+E	43.59
	96104	Prescription, vaccine		39.78
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
96300		INJECTIONS AESTHETIC – ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) (Note “units” refers to a drug dosage)		
	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	Injections of neuromodulator, aesthetic 21 to 30 units	+E	I.C.
	96305	Injections of neuromodulator, aesthetic 31 to 40 units	+E	I.C.
	96306	Injections of neuromodulator, aesthetic 41 to 50 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.
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.

96500			VACCINE ADMINISTRATION		
		96501	Vaccine injection	+E	58.47
		96502	Vaccine, administered by other routes (e.g. nasal/oral)	+E	58.47
97000			BLEACHING, VITAL		
		97110	Bleaching, Vital, In Office		
		97111	One unit of time		96.47
		97112	Two units		192.94
		97113	Three units		289.41
		97119	Each additional unit over three		96.47
		97120	Bleaching, Vital Home (Includes the Fabrication of Bleaching Trays, Dispensing the System and Follow-up Care)		
		97121	Maxillary Arch	+L and/or +E	275.66
		97122	Mandibular Arch	+L and/or +E	275.66
		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
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.		
		99111	"+L" Commercial Laboratory Procedures (A commercial laboratory is defined as an independent business which performs laboratory services and bills the dental practices for these services on a case by case basis)	+L	
		99222	"+L" For oral pathology biopsy services when provided in relation to surgical services from the 30000, 40000, or 70000 code services.	+L	
		99333	"+L" In-Office Laboratory Procedures (An in-office laboratory is defined as a laboratory service(s) performed within the same business entity).	+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	