

# **The Alberta Blue Cross Dental Schedule<sup>®</sup>**

***Effective January 01, 2012***

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# Preamble

1. The Alberta Blue Cross Dental Schedule (ABCDS) was prepared and published by Alberta Blue Cross. This schedule is for Alberta Blue Cross dental plans that have incorporated the ABCDS. It is not a list of covered services but a schedule that forms the basis of the plans' payments. Plan provisions, limitations, exclusions and co-insurance will apply.
2. For consistency within Alberta, the Alberta Blue Cross Dental Schedule utilizes the exact procedure codes of the previously-published Alberta Dental Association Suggested Fee Guide.

The numbers assigned accurately describe the services provided and are divided into various disciplines of dentistry.

The classification is as follows:

00000- 09999	Diagnostic
10000- 19999	Preventive
20000- 29999	Restorative
30000- 39999	Endodontics
40000- 49999	Periodontics
50000- 59999	Prosthodontics - Removable
60000- 69999	Prosthodontics - Fixed
70000- 79999	Oral and Maxillofacial Surgery
80000- 89999	Orthodontics
90000- 99999	Adjunctive General Services

The **Units of Time** and/or the **Letters** following procedures must conform to the following principles:

Where the:

**Letter "L"** follows a procedure code, the designation is that of "**Laboratory Procedures Extra**".

**Units of Time** follows a procedure code, the designation is that of "**Fifteen Minute Intervals**".

**Letter "E"** follows a procedure code, the designation is that of "**Expenses Extra**".

**BR** follows a procedure code, the designation is that of "**By Report**".

Identification of treatment sites must be identified thus:

- (a) Where individual teeth/sites are designated, the International Tooth Codes are the recognized system of coding.
- (b) Where grouping of treatment by teeth/sites are indicated, the following codes are used:

<b>00</b>	Designates <b>Full Mouth</b>
<b>01</b>	Designates <b>Maxillary Arch</b>
<b>02</b>	Designates <b>Mandibular Arch</b>

**For Quadrants:**

- 10** Designates the **Upper Right Quadrant**
- 20** Designates the **Upper Left Quadrant**
- 30** Designates the **Lower Left Quadrant**
- 40** Designates the **Lower Right Quadrant**

**For Sextants:**

- 03** Designates from **18 - 14**
- 04** Designates from **13 - 23**
- 05** Designates from **24 - 28**
- 06** Designates from **38 - 34**
- 07** Designates from **33 - 43**
- 08** Designates from **44 - 48**

3. If you have any questions or comments regarding this schedule, please call us at:

Edmonton: 780-498-8889  
Calgary: 403-294-4043  
Toll free: 1-888-258-5465

# 2012 Alberta Blue Cross Dental Schedule For General Practitioners

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**DIAGNOSTIC****00001 EXAMINATIONS AND DIAGNOSIS: CLINICAL ORAL****00010 FIRST DENTAL VISIT/ORIENTATION**

00011 Oral assessment for patients up to the age of 3 years inclusive. Assessment to include: family dental history; dietary/feeding practices; oral habits; oral hygiene; fluoride exposure. Anticipatory guidance with parent/guardian to be conducted by dentist and/or staff. 48.00

**01100 EXAMINATIONS AND DIAGNOSIS: COMPLETE, ORAL, TO INCLUDE:**

- (a) History, Medical and Dental.
- (b) Clinical Examination and diagnosis 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 tests/analysis where necessary, and any other pertinent factors.
- (c) Radiographs extra, as required.

01101 Examination and Diagnosis: Complete, Primary Dentition, to include  
 (a) Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100 68.20

01102 Examination and Diagnosis: Complete, Mixed Dentition, to include  
 (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 95.80

01103 Examination and Diagnosis: Complete, Permanent Dentition, to include  
 (a) Extended examination and diagnosis on permanent dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100 100.00

**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 tests/analysis, as for 01100 (*May include PSR*) 48.00

01202 Examination and Diagnosis: Limited, Oral, Previous Patient (*recall*)  
 Examination of hard and soft tissues, including checking occlusion and appliances, but not including specific tests/analysis, as for 01100 48.00

01204 Examination and Diagnosis: Specific  
 Examination and evaluation of a specific situation 48.00

01205 Examination and Diagnosis: Emergency  
 Examination and diagnosis for the investigation of discomfort and/or infection in a localized area 48.00

01206 Analysis, Mixed Dentition 48.00

**01300 EXAMINATIONS AND DIAGNOSIS: STOMATOGNATHIC, DYSFUNCTIONAL**

01301	Examination and Diagnosis: Stomatognathic, Dysfunctional, Comprehensive, to include:	
(a)	History, Medical, Dental, Pain/Dysfunction	
(b)	Clinical Examination to include: general appraisal, examination of head and neck, musculoskeletal system ( <i>static and functional</i> ); 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 tests/analysis and consultations.	174.50
01302	Examination and Diagnosis, Stomatognathic, Dysfunctional, Limited	60.50

**01400 EXAMINATIONS AND DIAGNOSIS: ORAL PATHOLOGY**

01401	Examination and Diagnosis: Oral Pathology, General, to include	
(a)	History, Medical and Dental	
(b)	Clinical Examination including: in-depth analysis of medical status, initial consultation, with referring dentist or physician, evaluation of the diagnosis and prognosis and formulation of a treatment plan.	114.80
01402	Examination and Diagnosis: Oral Pathology, Specific ( <i>or repeat examination within 90 days for the same illness</i> )	60.50

**01500 EXAMINATIONS AND DIAGNOSIS: PERIODONTAL**

01501	Examination and Diagnosis: Periodontal, General Recording History, Charting, Treatment Planning and Case Presentation:	
(a)	History, Medical and Dental	
(b)	Clinical Examination includes evaluation of topography of the gingiva and related structures; degree of gingival inflammation; location, extent, sulcular depth; furcation involvement, mobility of teeth; tooth contact relationships; evaluation of occlusion; TMJ; examination of oral soft tissue pathosis; evaluation of existing restorative and/or prosthetic appliances; caries and pulpal vitality.	174.50
01502	Examination and Diagnosis: Periodontal, Limited ( <i>previous patient</i> )	48.00
01503	Examination and Diagnosis: Periodontal, Specific	48.00

**01600 EXAMINATIONS AND DIAGNOSIS: SURGICAL**

01601	Examination and Diagnosis: Surgical, General	
(a)	History, Medical and Dental	
(b)	Clinical Examination as above, may include in-depth analysis of medical status, medication, anesthetic 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.	114.80
01602	Examination and Diagnosis: Surgical, Specific	60.50

**01700 EXAMINATIONS AND DIAGNOSIS: PROSTHODONTIC**

01701	Examination and Diagnosis, Prosthodontic, Edentulous	
(a)	Extended Examination of the Edentulous Mouth, including detailed Medical and Dental History ( <i>incl. prosthetic history</i> ) visual and digital examination of the oral structures, head and neck ( <i>include TMJ</i> ), lips, oral mucosa, tongue, oral pharynx, salivary glands and lymph nodes, and including evaluation for implant-supported or retained prosthesis.	68.60
01702	Examination and Diagnosis: Prosthodontic, Specific	48.00
01703	Examination and Diagnosis: Prosthodontic, Fixed Oral Rehabilitation, to include	
(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 tests/analysis where necessary and any other pertinent factors.	
(c)	Evaluation of specific sites for implant-supported or retained prosthesis.	
(d)	Radiographs extra, as required.	114.80

**01800 EXAMINATION AND DIAGNOSIS: ENDODONTIC**

01801	Examination and Diagnosis: Endodontic, Complete Endodontic examination and diagnosis and/or complicated diagnosis. Recording history, charting treatment planning and case history. Includes the following:	
(a)	History, Medical and Dental	
(b)	Clinical Examination and Diagnosis may include: vitality tests/analysis, thermal tests/analysis, cracked tooth tests/analysis, occlusal exams, percussion, palpation, transillumination, anesthetic tests/analysis and mobility tests/analysis	114.80
01802	Examination and Diagnosis: Endodontic, Specific Endodontic examination and evaluation of a specific situation in a localized area and vitality tests/analysis	60.50

**01900 EXAMINATIONS AND DIAGNOSIS: ORTHODONTIC**

01901	Examination and Diagnosis: Orthodontic, General. To include:	
(a)	Diagnostic models, complete intraoral radiograph series, or panoramic film, cephalograms, facial and intraoral photographs, consultation and case presentation	319.70 +L
01902	Examination and Diagnosis: Orthodontic, Specific	60.50

**02000 RADIOGRAPHS (INCLUDING RADIOGRAPHIC EXAMINATION AND DIAGNOSIS AND INTERPRETATION)****02100 RADIOGRAPHS: REGIONAL/LOCALIZED**

02101	Radiographs, Complete Series ( <i>minimum of 12 images incl. bitewings</i> )	94.60
02102	Radiographs, Complete Series ( <i>minimum of 16 images incl. bitewings</i> )	101.80

**02110 RADIOGRAPHS: PERIAPICAL**

02111	Single Image	18.50
02112	Two Images	26.80
02113	Three Images	35.10
02114	Four Images	43.40
02115	Five Images	51.70
02116	Six Images	60.00
02117	Seven Images	68.30
02118	Eight Images	76.60
02119	Nine Images	84.90
02120	Ten Images	93.20

**02130 RADIOGRAPHS: INTRAORAL, OCCLUSAL**

02131	Single Film	27.30
02132	Two Films	47.70
02133	Three Films	68.10
02134	Four Films	88.50

**02140 RADIOGRAPHS: INTRAORAL, BITEWING**

02141	Single Film	18.50
02142	Two Films	26.80
02143	Three Films	35.10
02144	Four Films	43.40
02145	Five Films	51.70
02146	Six Films	60.00

**02200 RADIOGRAPHS: EXTRAORAL**

02201	Single Film	45.00
02202	Two Films	65.40
02203	Three Films	85.80
02204	Four Films	106.20
02209	Each Additional Film Over Four	20.40

**02300 RADIOGRAPHS: POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE**

02301	Single Film	45.00
02302	Two Films	65.40
02303	Three Films	85.80
02304	Sinus Examination and diagnosis - Minimum four films identified as: 1) Waters 2) Caldwell 3) Lateral Skull 4) Basal	106.20
02309	Each Additional Film Over Four	20.40

**02400 RADIOGRAPHS: SIALOGRAPHY**

02401	Single Film	45.00
02402	Two Films	65.40
02409	Each Additional Film Over Two	20.40

**02410 RADIOPAQUE DYES: USE OF, TO DEMONSTRATE LESIONS**

02411	One Unit of Time	BR
02412	Two Units of Time	BR
02419	Each Additional Unit Over Two	BR

**02500 RADIOGRAPHS: TEMPOROMANDIBULAR JOINT**

02501	Single Film	47.50
02502	Two Films	76.40
02503	Three Films	105.30
02504	Four Films ( <i>Minimum Examination Closed &amp; Open Each Side</i> )	134.20
02509	Each Additional Film Over Four	28.90

**02510 ANTHROGRAPHY OF TEMPOROMANDIBULAR JOINT**

02511	Performing the Anthrographic Procedure	174.50
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**02520 INTERPRETATION OF THE ANTHROGRAM**

02521	One unit of Time	51.10
02529	Each additional Unit of Time	51.10

**02600 RADIOGRAPHS: PANORAMIC**

02601	Single Film	68.50
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**02700 RADIOGRAPHS: CEPHALOMETRIC**

02701	Single Film	69.70
02702	Two Films	100.60
02703	Three Films	131.50
02704	Four Films	162.40
02709	Each Additional Film Over Four	30.90

**02750 RADIOGRAPHS: CEPHALOMETRIC, TRACING AND INTERPRETATION**

02751	One Unit of Time	51.70
02752	Two Units of Time	103.40
02759	Each Additional Unit Over Two	51.70

**02800 RADIOGRAPHS: COMPUTERIZED AXIAL TOMOGRAMS (C.A.T.), POSITRON EMISSION TOMOGRAPHY (P.E.T.), MAGNETIC RESONANCE IMAGES (M.R.I.), INTERPRETATION (EITHER THE RADIOGRAPHS, CAT SCANS, PET SCANS, MRI SCANS OR THE INTERPRETATION MUST BE RECEIVED FROM ANOTHER SOURCE)**

02801	One Unit of Time	51.10 +E
02802	Two Units of Time	102.20 +E
02809	Each Additional Unit Over Two	51.10 +E

**02900 RADIOGRAPHS: OTHER**

02910	RADIOGRAPHS: DUPLICATE	
02911	Single Film	16.80
02912	Two Films	19.90
02913	Three Films	23.00
02914	Four Films	26.10
02915	Five Films	29.20
02916	Six Films	32.30
02917	Seven Films	35.40
02918	Eight Films	38.50
02919	Each Additional Film Over Eight	3.10
02930	RADIOGRAPHS: TOMOGRAPHY	
02931	Single View	61.00
02932	Two Views	84.00
02933	Three Views	107.00
02934	Four Views	130.00
02939	Each Additional View Over Four	23.00
02940	RADIOGRAPHS: HAND AND WRIST	
02941	Radiographs: Hand and Wrist ( <i>as a diagnostic aid for dental treatment</i> ) per case	BR
02950	RADIOGRAPHIC GUIDE ( <i>Includes diagnostic wax-up, with radio-opaque markers for pre-surgical assessment of alveolar bone and vital structures as potential osseointegrated implant site(s)</i> )	
02951	Maxillary Guide	BR+L+E
02952	Mandibular Guide	BR+L+E

**03000 TEMPLATE SURGICAL***(Includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants).*

03001	Maxillary Template	57.50+L+E
03002	Mandibular Template	57.50+L+E

**04000 TESTS/ANALYSIS/ LABORATORY PROCEDURES/INTERPRETATION AND/OR REPORTS****04100 TESTS/ANALYSIS: MICROBIOLOGICAL (TECHNICAL PROCEDURE ONLY)**

04101	Microbiological Test/Analysis for the Determination of Pathological Agents	47.50 +L
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**04200 TESTS/ANALYSIS: CARIES SUSCEPTIBILITY (TECHNICAL PROCEDURE ONLY)**

04201	Bacteriological Test/Analysis for the Determination of Dental Caries Susceptibility	47.50 +L
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**04300 TESTS/ANALYSIS: HISTOPATHOLOGICAL (TECHNICAL PROCEDURE ONLY)**

## 04310 TESTS/ANALYSIS: HISTOPATHOLOGICAL, SOFT TISSUE

04311	Biopsy: Soft Oral Tissue - By Puncture	88.70 +L
04312	Biopsy: Soft Oral Tissue - By Incision	143.50 +L
04313	Biopsy: Soft Oral Tissue - By Aspiration	88.70 +L

## 04320 TESTS/ANALYSIS: HISTOPATHOLOGICAL, HARD TISSUE

04321	Biopsy: Hard Oral Tissue - By Puncture	BR
04322	Biopsy: Hard Oral Tissue - By Incision	BR
04323	Biopsy: Hard Oral Tissue - By Aspiration	BR

**04400 TESTS/ANALYSIS: CYTOLOGICAL (TECHNICAL PROCEDURE ONLY)**

04401	Cytological Smear From the Oral Cavity + E	51.90 +L
04402	Vital Staining of Oral Mucosal Tissues	51.90 +E

**04500 TESTS/ANALYSIS: PULP VITALITY AND INTERPRETATION**

04501	One Unit of Time	57.60
04509	Each Additional Unit of Time	57.60

**04600 INTERPRETATION AND/OR REPORTS LABORATORY**

04601	Interpretation and/or Report: Microbiological By Oral Microbiologist	53.80 to 160.10 +L
04602	Interpretation and/or Report: Histopathological By Oral Pathologist or Microbiologist	63.10 to 185.10 +L
04603	Interpretation and/or Report: Cytological By Oral Pathologist	53.50 +L
04604	Reports, Other	BR

**04700 SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY)**

## 04710 EQUILIBRATION, CASTS, DIAGNOSTIC (PILOT EQUILIBRATION) FOR EXTENSIVE OR COMPLICATED RESTORATIVE DENTISTRY

04711	One Unit of Time	55.60 +L
04712	Two Units of Time	111.20 +L
04713	Three Units of Time	166.80 +L
04714	Four Units of Time	222.40 +L
04719	Each Additional Unit Over Four	55.60 +L

04720	WAX-UP, DIAGNOSTIC (TO EVALUATE COSMETIC AND/OR PREPARATION DESIGN AND/OR OCCLUSAL CONSIDERATIONS) (GNATHOLOGICAL WAX-UP)	
04721	One Unit of Time	56.30 +L
04722	Two Units of Time	112.60 +L
04723	Three Units of Time	168.90 +L
04724	Four Units of Time	225.20 +L
04729	Each Additional Unit Over Four	56.30 +L
04730	SPLIT CAST MOUNTING: DIAGNOSTIC	
04731	One Unit of Time	56.30 +L
04732	Two Units of Time	112.60 +L
04733	Three Units of Time	168.90 +L
04734	Four Units of Time	225.20 +L
04739	Each Additional Unit Over Four	56.30 +L
04740	INTERPRETATION OF DIAGNOSTIC CASTS	
04741	First Unit of Time	53.30
04749	Each Additional Unit of Time	53.30
<b>04800</b>	<b>PHOTOGRAPHS: DIAGNOSTIC (TECHNICAL PROCEDURE ONLY)</b>	
04801	Single Photograph	32.00
04802	Two Photographs	64.00
04803	Three Photographs	96.00
04809	Each Additional Photograph Over Three	32.00
<b>04900</b>	<b>CASTS: DIAGNOSTIC (TECHNICAL PROCEDURE ONLY)</b>	
04910	CASTS: DIAGNOSTIC, UNMOUNTED	
04911	Casts: Diagnostic, Unmounted	69.10 +L
04912	Casts: Diagnostic, Unmounted, Duplicate	34.50 +L
04913	Casts: Diagnostic, Unmounted, Upper and Lower Combined	69.10 +L
04920	CASTS: DIAGNOSTIC, MOUNTED	
04921	Casts: Diagnostic, Mounted	88.50 +L
04922	Casts: Diagnostic, Mounted, Using Face Bow Transfer	158.20 +L
04923	Casts: Diagnostic, Mounted, Using Face Bow and Occlusal Records	318.00 +L
04924	Casts: Diagnostic, Mounted, Using Fully Adjustable Articulator ( <i>used with 04941 and 04942</i> )	BR
04930	CASTS: DIAGNOSTIC, ORTHODONTIC	
04931	Casts: Diagnostic, Orthodontic ( <i>Unmounted, Angle Trimmed &amp; Soaped</i> )	110.90 +L
04940	CASTS: DIAGNOSTIC, MISCELLANEOUS PROCEDURES	
04941	Transverse Axis Location and Transfer, used in conjunction with 04922, 04923, and 04942	BR
04942	Three Dimensional Recordings of Patient's Dynamic Movements for Programming of Fully Adjustable Articulators	BR
04943	Custom Incisal Guide	BR +L

**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 and diagnosis fee and in the radiographic interpretation fee.)*

05101	One Unit of Time	52.80
05102	Two Units of Time	105.60
05103	Three Units of Time	158.40
05104	Four Units of Time	211.20
05109	Each Additional Unit Over Four	52.80

**05200 CONSULTATION: WITH PATIENT**

05201	One Unit of Time	52.80
05202	Two Units of Time	105.60
05209	Each Additional Unit Over Two	52.80

**06800 RADIOGRAPHS, COMPUTERIZED AXIAL TOMOGRAMS (CAT), POSITRON EMISSION TOMOGRAPHY (PET) , MAGNETIC RESONANCE IMAGES**

**(MRI) INTERPRETATION** *(includes the production of a radiographic report and may include image processing and measurements)*

06180	Radiographs, Computerized Axial Tomograms, Positron Emission Tomograms Magnetic Resonance Images, Intrepretation, Oral Radiologist	BR
06820	Radiographs, Computerized Axial Tomograms, Positron Emission Tomograms, Magnetic Resonance Images, Interpretation, Specialist Other than Oral Radiologist	BR
06830	Radiographs, Computerized Axial Tomograms, Positron Emission Tomograms, Magnetic Resonance Images, Interpretation (when either the radiograph, CAT scan, PET scan, MRI scan, or the interpretation is received from another source)	BR



**PREVENTIVE****11100 POLISHING**

11101	One Unit of Time	40.80
11102	Two Units of Time	81.60
11107	1/2 Unit of Time	20.40

**11110 SCALING**

11111	One Unit of Time	48.60
11112	Two Units of Time	97.20
11113	Three Units of Time	145.80
11114	Four Units of Time	194.40
11115	Five Units of Time	243.00
11116	Six Units of Time	291.60
11117	1/2 Unit of Time	24.30
11119	Each Additional Unit Over Six	48.60

**12100 FLUORIDE TREATMENTS**

12101	Fluoride Treatment: Topical Application	18.10
12102	Fluoride Treatment: Supervised, Self-Administered Brush-In	18.10

**12600 FLUORIDE: CUSTOM APPLIANCES, (HOME APPLICATIONS)**

12601	Fluoride: Custom Appliance - Maxillary Arch	69.00	+L
12602	Fluoride: Custom Appliance - Mandibular Arch	69.00	+L

**12700 MEDICATION: CUSTOM APPLIANCE**

12701	Medication: Custom Appliance - Maxillary Arch	69.00	+L
12702	Medication: Custom Appliance - Mandibular Arch	69.00	+L

**13000 PREVENTIVE SERVICES: OTHER****13100 NUTRITIONAL COUNSELING**

Including: recording and analysis of up to seven day dietary intake and consultation

13101	One Unit of Time	38.60
13102	Two Units of Time	77.20
13103	Three Units of Time	115.80
13104	Four Units of Time	154.40
13109	Each Additional Unit Over Four	38.60

**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	38.60
13212	Two Units of Time	77.20
13213	Three Units of Time	115.80
13214	Four Units of Time	154.40
13217	1/2 Unit of Time	19.30
13219	Each Additional Unit Over Four	38.60

13220	GROUP INSTRUCTION - EXCLUDING AUDIO-VISUAL TIME	
13221	One Unit of Time	38.60
13222	Two Units of Time	77.20
13223	Three Units of Time	115.80
13224	Four Units of Time	154.40
13229	Each Additional Unit Over Four	38.60
13230	RE-INSTRUCTION ( <i>WITHIN 6 MONTHS</i> ) - EXCLUDING AUDIO-VISUAL TIME	
13231	One Unit of Time	38.60
13232	Two Units of Time	77.20
13239	Each Additional Unit Over Two	38.60
13240	ORAL HYGIENE INSTRUCTION - AUDIO-VISUAL	
13241	One Unit of Time	38.60
13242	Two Units of Time	77.20
13249	Each Additional Unit Over Two	38.60
<b>13400</b>	<b>SEALANTS: PIT AND FISSURE (<i>MECHANICAL AND/OR CHEMICAL PREPARATION INCLUDED</i>)</b>	
13401	First Tooth	27.40
13409	Each Additional Tooth, Same Quadrant	13.70
13410	PREVENTIVE RESTORATIVE RESIN ( <i>procedure that involves some preparation of the pits and/or fissures in tooth enamel and may extend into dentin in limited areas</i> )	
13411	First Tooth	52.20
13419	Each Additional Tooth Same Quadrant	52.20
<b>13600</b>	<b>TOPICAL APPLICATION TO HARD TISSUE OF AN ANTIMICROBIAL OR REMINERALIZATION AGENT</b>	
13601	One Unit of Time	44.20 +E
13602	Two Units of Time	88.40 +E
13609	Each Additional Unit Over Two	44.20
<b>14000</b>	<b>APPLIANCES</b>	
<b>14100</b>	<b>APPLIANCES: REMOVABLE, CONTROL OF ORAL HABITS</b>	
14101	Appliance: Maxillary	377.20 +L
14102	Appliance: Mandibular	377.20 +L
14103	Appliances, Maxillary & Mandibular	754.40 +L
<b>14200</b>	<b>APPLIANCES: FIXED/CEMENTED, CONTROL OF ORAL HABITS</b>	
14201	Appliance: Maxillary	440.30 +L
14202	Appliance: Mandibular	440.30 +L
<b>14300</b>	<b>CONTROL OF ORAL HABITS: MISCELLANEOUS</b>	
14301	Motivation of Patient - Psychological Approach ( <i>e.g. thumb sucking, lip biting, etc.</i> ), Per Visit	62.70 +L
14310	MYOFUNCTIONAL THERAPY ( <i>e.g. to correct mouth breathing, abnormal swallowing, tongue thrust, etc.</i> )	
14311	First Unit of Time Per Visit	62.70 +L
14312	Two Units of Time	125.40 +L
14319	Each Additional Unit Over Two	62.70

**14400 APPLIANCES: CONTROL OF ORAL HABITS; ADJUSTMENTS, REPAIRS, MAINTENANCE**

14401	One Unit of Time	57.20 +L
14402	Two Units of Time	114.40 +L
14403	Three Units of Time	171.60 +L
14409	Each Additional Unit Over Three	57.20

**14500 APPLIANCES, PROTECTIVE MOUTH GUARDS**

14501	Appliance, Protective Mouth Guards, Preformed	49.30
14502	Appliance Protective Mouth Guards, Processed	99.20 +L

**14600 APPLIANCES: PERIODONTAL (SEE SEPARATE CODES FOR CONTROL OF ORAL HABITS 14000, PROTECTIVE MOUTH GUARDS 14500, TMJ 14700 + TMJ APPLIANCES 78700)**

14610	APPLIANCES: PERIODONTAL (INCLUDING BRUXISM APPLIANCES); INCLUDES IMPRESSION, INSERTION AND INSERTION ADJUSTMENT (NO POST-INSERTION ADJUSTMENTS)	
14611	Maxillary Appliance	250.50 +L
14612	Mandibular Appliance	250.50 +L
14620	APPLIANCES: ADJUSTMENTS, REPAIR	
14621	One Unit of Time	61.30 +L
14622	Two Units of Time	122.60 +L
14623	Three Units of Time	183.90 +L
14629	Each Additional Unit Over Three	61.30
14630	APPLIANCES, RELINE	
14631	Reline: Direct	151.40
14632	Reline: Processed	151.40 +L

**14700 APPLIANCES: TEMPOROMANDIBULAR JOINT**

14710	APPLIANCES: TMJ, DIAGNOSTIC AND OR THERAPEUTIC, INCLUDES IMPRESSION, INSERTION AND INSERTION ADJUSTMENT (NO POST-INSERTION ADJUSTMENTS)	
14711	Maxillary Appliance	357.70 +L
14712	Mandibular Appliance	357.70 +L
14720	APPLIANCES: TMJ, INTRAORAL REPOSITIONING, INCLUDES IMPRESSION, INSERTION AND INSERTION ADJUSTMENT (NO POST-INSERTION ADJUSTMENTS)	
14721	Maxillary Appliance	666.40 +L
14722	Mandibular Appliance	666.40 +L
14730	APPLIANCES: TMJ, PERIODIC MAINTENANCE, ADJUSTMENTS, REPAIRS	
14731	One Unit of Time	61.10 +L
14732	Two Units of Time	122.20 +L
14733	Three Units of Time	183.30 +L
14739	Each Additional Unit Over Three	61.10
14740	APPLIANCES: TMJ, RELINES	
14741	Reline: Direct	151.40
14742	Reline: Processed	151.40 +L

<b>14800</b>	<b>APPLIANCES: MYOFACIAL PAIN DYSFUNCTION SYNDROME (CONDITIONS THAT ORIGINATE OUTSIDE THE TEMPOROMANDIBULAR JOINT)</b>	
<b>14810</b>	<b>APPLIANCE, MYOFACIAL PAIN DYSFUNCTION SYNDROME, (TO INCLUDE: MODELS, GNATHOLOGICAL DETERMINANTS)</b> Appliance construction only, and insertion adjustment (no post-insertion adjustment)	
14811	Maxillary Appliance	666.40 +L
14812	Mandibular Appliance	666.40 +L
<b>14820</b>	<b>APPLIANCES: MYOFACIAL PAIN DYSFUNCTION SYNDROME, PERIODIC MAINTENANCE, ADJUSTMENT AND REPAIRS</b>	
14821	One Unit of Time	61.10 +L
14822	Two Units of Time	122.20 +L
14823	Three Units of Time	183.30 +L
14829	Each Additional Unit Over Three	61.10
<b>15000</b>	<b>SPACE MAINTAINERS (INCLUDES THE DESIGN, SEPARATION, FABRICATION, INSERTION, AND WHERE APPLICABLE INITIAL CEMENTATION AND REMOVAL)</b>	
<b>15100</b>	<b>SPACE MAINTAINERS: BAND TYPE</b>	
15101	Space Maintainer: Band Type, Fixed, Unilateral	164.50 +L
15102	Space Maintainer: Band Type, Fixed, Unilateral With Intra-Alveolar Attachment	187.40 +L
15103	Space Maintainer: Band Type, Fixed, Bilateral (Soldered Lingual Arch)	219.30 +L
15104	Space Maintainer: Band Type, Fixed, Bilateral (Soldered Lingual Arch) With Teeth Attached	246.60 +L
15105	Space Maintainer: Band Type, Fixed, Bilateral Tubes And Locking Wire	246.60 +L
<b>15200</b>	<b>SPACE MAINTAINERS: STAINLESS STEEL CROWN TYPE</b>	
15201	Space Maintainer: Stainless Steel Crown Type, Fixed	171.80 +L
15202	Space Maintainer: Stainless Steel Crown Type, Fixed, With Intra-Alveolar Attachment	219.30 +L
<b>15300</b>	<b>SPACE MAINTAINERS: CAST TYPE</b>	
15301	Space Maintainer: Cast Type, Fixed	152.40 +L
15302	Space Maintainer: Cast Type, Fixed, With Intra-Alveolar Attachment	220.60 +L
<b>15400</b>	<b>SPACE MAINTAINERS: ACRYLIC, REMOVABLE</b>	
15401	Space Maintainer: Acrylic, Removable, Bilateral Clasps, Retaining Wires	192.80 +L
15402	Space Maintainer: Acrylic, Removable, Bilateral Clasps, Retaining Wires With Teeth	211.10 +L
15403	Space Maintainer: Acrylic, Removable, No Clasps	157.20 +L
<b>15500</b>	<b>SPACE MAINTAINERS: BONDED, PONTIC TYPE</b>	
15501	Space Maintainer: Bonded, Pontic Type	164.50 +L
<b>15600</b>	<b>SPACE MAINTAINERS: MAINTENANCE OF</b>	
15601	Maintenance: Space Maintainer Appliance, to include: adjustment and/or recementation after 30 days from insertion	55.10
15602	Maintenance: Space Maintainer Appliance, addition of clasps and/or activating wires	55.10 +L
15603	Repairs: Space Maintainer Appliance (including recementation)	55.10 +L
15604	Removal of Fixed Space Maintainer Appliance By Second Dentist	55.10

**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	48.10
16102	Two Units of Time	96.20
16103	Three Units of Time	144.30
16104	Four Units of Time	192.40
16109	Each Additional Unit Over Four	48.10

**16200 DISKING OF TEETH: INTERPROXIMAL**

16201	One Unit of Time	55.40
16202	Two Units of Time	110.80
16203	Three Units of Time	166.20
16209	Each Additional Unit Over Three	55.40

**16300 RECONTOURING OF NATURAL TEETH FOR AESTHETIC REASONS**

16301	One Unit of Time	58.80
16309	Each Additional Unit of Time	58.80

**16400 RECONTOURING OF TEETH FOR FUNCTIONAL REASON (NOT ASSOCIATED WITH DELIVERY OF A SINGLE OR MULTIPLE PROSTHESIS)**

16401	One Unit of Time	58.80
16409	Each Additional Unit of Time	58.80

**16500 OCCLUSION**

## 16510 OCCLUSAL ADJUSTMENTS/EQUILIBRATION

- a) May require several sessions
- b) May be used in conjunction with basic restorative treatment only when occlusal adjustments/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:
  - 1) fixed or removable prosthesis (50000 and 60000 code series) by the same dentist for a period of three months.

16511	One Unit of Time	63.30
16512	Two Units of Time	126.60
16513	Three Units of Time	189.90
16514	Four Units of Time	253.20
16519	Each Additional Unit Over Four	63.30



## RESTORATIVE SERVICES

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 FRAGMENTS AND PLACEMENT OF SEDATIVE/PROTECTIVE DRESSINGS, INCLUDES PULP CAPS WHEN NECESSARY, AS A SEPARATE PROCEDURE)	
20111	First Tooth	101.00
20119	Each Additional Tooth, Same Quadrant	55.60
20120	CARIES/TRAUMA/PAIN CONTROL (REMOVAL OF CARIOUS LESIONS OR EXISTING RESTORATIONS OR GINGIVALLY ATTACHED TOOTH FRAGMENTS 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	154.90
20129	Each Additional Tooth, Same Quadrant	85.20
20130	TRAUMA CONTROL: SMOOTHING OF FRACTURED SURFACES PER TOOTH	
20131	First Tooth	47.80
20139	Each Additional Tooth, Same Quadrant	26.30

### 21000 RESTORATIONS: AMALGAM

#### 21100 RESTORATIONS: AMALGAM, PRIMARY TEETH

21110	RESTORATIONS: AMALGAM, NON-BONDED, PRIMARY TEETH	
21111	One Surface	83.70
21112	Two Surfaces	105.70
21113	Three Surfaces	122.10
21114	Four Surfaces	136.60
21115	Five Surfaces or Maximum Surfaces Per Tooth	166.00
21120	RESTORATIONS: AMALGAM, BONDED, PRIMARY TEETH	
21121	One Surface	97.70
21122	Two Surfaces	125.30
21123	Three Surfaces	135.50
21124	Four Surfaces	148.70
21125	Five Surfaces or Maximum Surfaces Per Tooth	183.00

**21200 RESTORATIONS: AMALGAM, PERMANENT TEETH**

21210	RESTORATIONS: AMALGAM, NON-BONDED, PERMANENT BICUSPIDS AND ANTERIORS	
21211	One Surface	91.50
21212	Two Surfaces	119.20
21213	Three Surfaces	144.10
21214	Four Surfaces	160.60
21215	Five Surfaces or Maximum Surfaces Per Tooth	192.60

21220	RESTORATIONS: AMALGAM, NON-BONDED, PERMANENT MOLARS	
21221	One Surface	101.70
21222	Two Surfaces	140.10
21223	Three Surfaces	157.10
21224	Four Surfaces	196.20
21225	Five Surfaces or Maximum Surfaces Per Tooth	235.70

21230	RESTORATIONS: AMALGAM, BONDED, PERMANENT BICUSPIDS AND ANTERIORS	
21231	One Surface	105.50
21232	Two Surfaces	135.00
21233	Three Surfaces	151.20
21234	Four Surfaces	186.90
21235	Five Surfaces or Maximum Surfaces Per Tooth	211.90

21240	RESTORATIONS: AMALGAM, BONDED, PERMANENT MOLARS	
21241	One Surface	116.80
21242	Two Surfaces	154.10
21243	Three Surfaces	177.30
21244	Four Surfaces	221.10
21245	Five Surfaces or Maximum Surfaces per Tooth	252.30

**21300 RESTORATIONS: AMALGAM CORES**

21301	Restoration: Amalgam Core, Non-Bonded, In Conjunction With Crown or Fixed Bridge Retainer	145.70
21302	Restoration: Amalgam Core, Bonded, In Conjunction With Crown or Fixed Bridge Retainer	158.70

**21400 PINS: RETENTIVE PER RESTORATION (FOR AMALGAM AND TOOTH COLOURED RESTORATIONS)**

21401	One Pin	28.20
21402	Two Pins	39.00
21403	Three Pins	49.80
21404	Four Pins	60.60
21405	Five Pins or More	71.40

**21500 RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENTURE CLASP (ADDITIONAL TO RESTORATION)**

21501	Per Restoration	52.30
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**22000 RESTORATIONS: PREFABRICATED, FULL COVERAGE****22200 RESTORATIONS: PREFABRICATED, METAL, PRIMARY TEETH**

22201	Primary Anterior	182.50
22202	Primary Anterior - Open Face/Acrylic Veneer	210.10
22211	Primary Posterior	182.50
22212	Primary Posterior - Open Face	210.10

**22300 RESTORATIONS: PREFABRICATED, METAL, PERMANENT TEETH**

22301	Permanent Anterior	182.50
22302	Permanent Anterior - Open Face	210.10
22311	Permanent Posterior	182.50
22312	Permanent Posterior - Open Face	210.10

**22400 RESTORATIONS: PREFABRICATED, PLASTIC, PRIMARY TEETH**

22401	Primary Anterior	182.50
22411	Primary Posterior	182.50

**22500 RESTORATIONS: PREFABRICATED, PLASTIC, PERMANENT TEETH**

22501	Permanent Anterior	210.10
22511	Permanent Posterior	210.10

**23000 RESTORATIONS: TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS****23100 RESTORATIONS: TOOTH COLOURED, PERMANENT ANTERIORS, NON BONDED TECHNIQUE**

23101	One Surface	95.40
23102	Two Surfaces ( <i>Continuous</i> )	111.40
23103	Three Surfaces ( <i>Continuous</i> )	133.70
23104	Four Surfaces ( <i>Continuous</i> )	158.00
23105	Five Surfaces ( <i>Continuous or Maximum Surfaces Per Tooth</i> )	179.90

**23110 RESTORATIONS: PERMANENT ANTERIORS, BONDED TECHNIQUE (NOT TO BE USED FOR VENEER APPLICATIONS OR DIASTEMA CLOSURES)**

23111	One Surface	114.00
23112	Two Surfaces ( <i>Continuous</i> )	136.70
23113	Three Surfaces ( <i>Continuous</i> )	168.20
23114	Four Surfaces ( <i>Continuous</i> )	207.30
23115	Five Surfaces ( <i>Continuous or Maximum Surfaces Per Tooth</i> )	256.70

**23120 RESTORATIONS: TOOTH COLOURED, VENEER APPLICATIONS**

23122	Tooth Coloured Veneer Application - Non Prefabricated Direct Buildup - Bonded	261.90
23123	Tooth Coloured Veneer Application - Diastema Closure, Interproximal Only, Bonded	241.90

**23200 RESTORATIONS: TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOBS NON BONDED**

23210	PERMANENT BICUSPIDS	
23211	One Surface	95.90
23212	Two Surfaces	112.40
23213	Three Surfaces	132.70
23214	Four Surfaces	156.60
23215	Five Surfaces or Maximum Surfaces Per Tooth	184.10
23220	PERMANENT MOLARS	
23221	One Surface	96.50
23222	Two Surfaces	124.10
23223	Three Surfaces	146.40
23224	Four Surfaces	178.70
23225	Five Surfaces or Maximum Surfaces Per Tooth	221.00

**23300 RESTORATIONS: TOOTH COLOURED, PERMANENT POSTERIOBS, BONDED**

23310	PERMANENT BICUSPIDS	
23311	One Surface	127.60
23312	Two Surfaces	179.10
23313	Three Surfaces	201.90
23314	Four Surfaces	241.80
23315	Five Surfaces or Maximum Surfaces Per Tooth	269.20
23320	PERMANENT MOLARS	
23321	One Surface	137.40
23322	Two Surfaces	194.60
23323	Three Surfaces	240.10
23324	Four Surfaces	262.10
23325	Five Surfaces or Maximum Surfaces Per Tooth	307.70

**23400 RESTORATIONS: TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED**

23401	One Surface	87.70
23402	Two Surfaces ( <i>Continuous</i> )	103.20
23403	Three Surfaces ( <i>Continuous</i> )	127.10
23404	Four Surfaces ( <i>Continuous</i> )	144.20
23405	Five Surfaces ( <i>Continuous or Maximum Surfaces Per Tooth</i> )	170.60

**23410 RESTORATIONS: TOOTH COLOURED, PRIMARY, ANTERIOR, BONDED TECHNIQUE**

23411	One Surface	101.90
23412	Two Surfaces ( <i>Continuous</i> )	126.20
23413	Three Surfaces ( <i>Continuous</i> )	146.40
23414	Four Surfaces ( <i>Continuous</i> )	171.90
23415	Five Surfaces ( <i>Continuous or Maximum Surfaces Per Tooth</i> )	204.10

**23500 RESTORATIONS: TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED**

23501	One Surface	89.60
23502	Two Surfaces	107.10
23503	Three Surfaces	128.10
23504	Four Surfaces	147.60
23505	Five Surfaces or Maximum Surfaces Per Tooth	170.50

**23510 RESTORATIONS: TOOTH COLOURED, PRIMARY, POSTERIOR, BONDED TECHNIQUE**

23511	One Surface	113.00
23512	Two Surfaces	151.20
23513	Three Surfaces	171.20
23514	Four Surfaces	199.90
23515	Five Surfaces or Maximum Surfaces Per Tooth	241.60

**23600 RESTORATIONS: TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, CORES**

23601	Restoration: Tooth Coloured, Non Bonded Core, In Conjunction With Crown or Fixed Bridge Retainer	145.10
23602	Restoration, Tooth Coloured, Bonded, Core, In Conjunction With Crown or Fixed Bridge Retainer	159.90

**24000 RESTORATIONS: FOIL, GOLD****24100 RESTORATIONS: FOIL, GOLD, ANTERIORS**

24101	Class I	440.30
24102	Class III	639.70
24103	Class V	511.90
24104	Class IV	639.70

**24200 RESTORATIONS: FOIL, GOLD, POSTERIOR**

24201	Class I	639.70
24202	Class II	639.70
24203	Class V	511.90

**25000 RESTORATIONS: INLAYS, ONLAYS, PINS AND POSTS****25100 RESTORATIONS: INLAYS**

## 25110 INLAYS: METAL

25111	One Surface	361.20 +L
25112	Two Surfaces	545.80 +L
25113	Three Surfaces	574.30 +L
25114	Three Surfaces, Modified	616.70 +L

25120 INLAYS: COMPOSITE/COMPOMER, INDIRECT (*BONDED*)

25121	One Surface	402.00 +L
25122	Two Surfaces	540.80 +L
25123	Three Surfaces	569.40 +L
25124	Three Surfaces, Modified	611.30 +L

## 25130 INLAYS: PORCELAIN/CERAMIC/POLYMER GLASS

25131	One Surface	361.20 +L
25132	Two Surfaces	545.80 +L
25133	Three Surfaces	574.30 +L
25134	Three Surfaces, Modified	616.70 +L

25140 INLAYS: PORCELAIN/CERAMIC/POLYMER GLASS (*BONDED*)

25141	One Surface	402.00 +L
25142	Two Surfaces	540.80 +L
25143	Three Surfaces	569.40 +L
25144	Three Surfaces, Modified	611.30 +L

**25500 RESTORATIONS: ONLAYS (WHERE ONE OR MORE CUSPS ARE RESTORED)**

25510	ONLAYS: CAST METAL; INDIRECT	
25511	Onlay, Cast Metal, Indirect	690.80 +L
25520	ONLAYS: COMPOSITE/COMPOMER, PROCESSED (BONDED)	
25521	Onlay, Composite/Compomer, Indirect (Bonded)	637.20 +L
25530	ONLAYS: PORCELAIN/CERAMIC/POLYMER GLASS (BONDED)	
25531	Onlay, Porcelain/Ceramic/Polymer Glass (Bonded)	701.50 +L

**25600 PINS: RETENTIVE (FOR INLAYS, ONLAYS AND CROWNS PER TOOTH)**

25601	One Pin/Tooth	47.90 +L
25602	Two Pins/Tooth	63.80 +L
25603	Three Pins/Tooth	79.70 +L
25604	Four Pins/Tooth	95.60 +L
25605	Five or More Pins/Tooth	111.50 +L

**25700 POSTS**

25710	POSTS: CAST METAL, (INCLUDING CORE) AS A SEPARATE PROCEDURE	
25711	Single Section	313.90 +L
25712	Two Sections	380.20 +L
25713	Three Sections	436.50 +L
25720	POSTS: CAST METAL, (INCLUDING CORE) CONCURRENT WITH IMPRESSIONS FOR CROWN	
25721	Single Section	149.50 +L
25722	Two Sections	193.00 +L
25723	Three Sections	257.10 +L
25730	POSTS: PREFABRICATED RETENTIVE	
25731	One Post	173.40 +E
25732	Two Posts Same Tooth	245.60 +E
25733	Three Posts Same Tooth	307.50 +E
25740	POSTS: PREFABRICATED, RETENTIVE AND CAST CORE	
25741	One Post And Cast Core	264.40 +L+E
25742	Two Posts (Same Tooth) And Cast Core	332.50 +L+E
25743	Three Posts (Same Tooth) And Cast Core	399.40 +L+E
25770	POSTS: PROVISIONAL	
25771	Per Post	72.20 +E and/or +L
25780	POSTS: REMOVAL	
25781	One Unit of Time	73.70
25782	Two Units of Time	147.40
25783	Three Units of Time	221.10
25784	Four Units of Time	294.80
25789	Each Additional Unit Over Four	73.70

**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 Prefabricated Abutment, Per Implant	BR +L+E
26102	Indirect, Custom Laboratory Fabricated, Per Implant	BR +L+E
26103	Direct, ( <i>With Intra-Oral Preparation</i> ) Per Implant Site	BR +E

**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	558.40 +L
27112	Crown: Acrylic/Composite/Compomer, Indirect- Complicated ( <i>Restorative, Positional and/or Aesthetic</i> )	669.90 +L
27113	Crown: Acrylic/Composite/Compomer Provisional [Long Term],Indirect ( <i>lab fabricated/relined intra-orally</i> )	136.40 +L
27120	CROWNS: ACRYLIC/COMPOSITE/COMPOMER, DIRECT	
27121	Crown: Acrylic/Composite/Compomer, Direct, Provisional ( <i>Chairside</i> )	175.10 +E
27125	Crown: Acrylic/Composite/Compomer, Direct, Provisional, Implant-Supported	BR +E
27130	CROWNS: ACRYLIC/COMPOSITE/COMPOMER/CAST METAL BASE, INDIRECT	
27131	Crown: Acrylic/Composite/Compomer/Cast Metal Base, Indirect	578.40 +L
27135	Crown: Acrylic/Composite/Compomer/Cast Metal Base, Implant-Supported	578.40 +L+E
27136	Crown: Acrylic/Composite/Compomer/Cast Metal Base, with Cast Post Retention	707.50 +L

**27200 CROWNS: PORCELAIN/CERAMIC/POLYMER GLASS**

27201	Crown: Porcelain/Ceramic/Polymer Glass	696.20 +L
27202	Crown: Porcelain/Ceramic/Polymer Glass, Complicated	835.10 +L
27205	Crown: Porcelain/Ceramic/Polymer Glass, Implant-Supported	696.20 +L+E
27206	Crown: Porcelain/Ceramic/Polymer Glass, with Cast Ceramic Post Retention	845.40 +L
27210	CROWNS: PORCELAIN/CERAMIC/POLYMER GLASS FUSED TO METAL BASE	
27211	Crown: Porcelain/Ceramic/Polymer Glass Fused To Metal Base	696.20 +L
27212	Crown: Porcelain/Ceramic/Polymer Glass Fused To Metal Base, Complicated ( <i>Restorative, Positional and/or Aesthetic</i> )	835.10 +L
27215	Crown: Porcelain/Ceramic/Polymer Glass Fused To Metal, Implant-Supported	696.20 +L+E
27216	Crown: Porcelain/Ceramic/Polymer Glass Fused To Metal, with Cast Metal Post Retention	845.40 +L
27220	CROWNS, 3/4, PORCELAIN/CERAMIC/POLYMER GLASS	
27221	Crown, 3/4, Porcelain/Ceramic/Polymer Glass	696.20 +L
27222	Crown, 3/4, Porcelain/Ceramic/Polymer Glass, complicated	835.10 +L

**27300 CROWNS: FULL CAST METAL**

27301	Crown: Full Cast Metal	696.20 +L
27302	Crown: Full Cast Metal, Complicated ( <i>Restorative, Positional</i> )	835.10 +L
27305	Crown: Full Cast Metal, Implant-Supported	696.20 +L+E
27306	Crown: Full Cast Metal, with Cast Metal Post Retention	845.40 +L

**27310 CROWNS: 3/4 CAST METAL**

27311	Crown: 3/4 Cast Metal	696.20 +L
27312	Crown: 3/4 Cast Metal, Complicated	BR
27313	Crown: 3/4 Cast Metal, With Direct Tooth Coloured Corner	740.50 +L

**27400 CROWNS: MADE TO AN EXISTING PARTIAL DENTURE CLASP  
(ADDITIONAL TO CROWN)**

27401	One Crown	109.50
27409	Each Additional Crown	109.50

**27500 COPINGS: METAL/ACRYLIC, TRANSFER (THIMBLE TYPE)****27510 COPINGS: METAL/ACRYLIC, TRANSFER (THIMBLE) AS A SEPARATE PROCEDURE**

27511	Coping, Metal/Acrylic, Transfer ( <i>Thimble</i> ) as a Separate Procedure	241.50 +L
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**27520 COPINGS: METAL/ACRYLIC, TRANSFER (THIMBLE) CONCURRENT WITH  
IMPRESSION FOR CROWN**

27521	Coping, Metal/Acrylic, Transfer ( <i>Thimble</i> ) Concurrent with Impression for Crown	62.30 +L
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**27600 VENEERS: LABORATORY PROCESSED**

27601	Veneers: Acrylic/Composite/Compomer, Bonded	456.00 +L
27602	Veneers: Porcelain/Ceramic/Polymer Glass, Bonded	506.90 +L

**27700 REPAIRS: (SINGLE UNITS ONLY, DOES NOT INCLUDE REMOVAL AND RECEMENTATION)****27710 REPAIRS: INLAYS, ONLAYS OR CROWNS,  
ACRYLIC/COMPOSITE/COMPOMER (SINGLE UNITS)**

27711	Repairs: Acrylic/Composite/Compomer, Direct	124.40
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**27720 REPAIRS: INLAYS, ONLAYS OR CROWNS, PORCELAIN/CERAMIC/POLYMER  
GLASS/FUSED TO METAL BASE (SINGLE UNITS)**

27721	Repairs: Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Direct	124.40
27722	Repairs: Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Indirect	124.40 +L

**27800 RECONTOURING OF EXISTING CROWNS PER TOOTH**

27801	One Unit of Time	70.50
27809	Each Additional Unit of Time	70.50

**28000 RESTORATIVE PROCEDURES: OVERDENTURES****28100 RESTORATIVE PROCEDURES: OVERDENTURES, DIRECT**

28101	Natural Tooth Preparation, Placement of Pulp Chamber Restoration ( <i>Amalgam or Composite</i> ) and Fluoride Application, Endodontically Treated Tooth	94.40
28102	Natural Tooth Preparation and Fluoride Application, Vital Tooth	122.80

28103	Prefabricated Attachment, as an Internal/External Overdenture Retentive Device, Direct to a Natural Tooth <i>(Used with the Appropriate Denture Code)</i> Per Tooth	279.30 +L+E
28105	Implant-Supported Prefabricated Attachment as an Overdenture Retentive Device, Direct	279.30 +L+E

**28200 RESTORATIVE PROCEDURES: OVERDENTURES, INDIRECT**

28210	COPING CROWNS: CAST METAL, NO ATTACHMENTS, INDIRECT	
28211	Coping Crown: Cast Metal - No Attachment, Indirect	335.80 +L
28215	Coping Crown: Cast Metal - No Attachment, Implant-Supported, Indirect	335.80 +L+E
28216	Coping Crown: Cast Metal, With Cast Metal Retentive Post, No Attachments	485.10 +L+E
28220	COPING CROWNS: CAST METAL, WITH ATTACHMENT, INDIRECT	
28221	Coping Crown: Cast Metal, With Attachment, Indirect	392.60 +L and/or +E
28225	Coping Crown: Cast Metal, Implant-Supported with Attachment	392.60 +L+E
28226	Coping Crown: Cast Metal, With Cast Metal Retentive Post, With Attachment	541.90 +L+E

**29000 RESTORATIVE SERVICES: OTHER****29100 RECEMENTATION/REBONDING: INLAYS/ONLAYS/CROWNS/VENEERS/POSTS/NATURAL TOOTH FRAGMENTS (SINGLE UNITS ONLY) (+L WHERE LABORATORY CHARGES ARE INCURRED DURING REPAIR OF THE UNIT)**

29101	One Unit of Time	66.60 +L
29102	Two Units of Time	133.20 +L
29103	Three Units of Time	199.80 +L
29104	Four Units of Time	266.40 +L

**29300 REMOVAL: INLAYS/ONLAYS, CROWNS, VENEERS (SINGLE UNITS ONLY)**

29301	One Unit of Time	66.60
29302	Two Units of Time	133.20
29303	Three Units of Time	199.80
29304	Four Units of Time	266.40

**29400 STAINING: PORCELAIN (CHAIRSIDE)**

29401	One Unit of Time	66.60 +L
29402	Two Units of Time	133.20 +L
29403	Three Units of Time	199.80 +L
29404	Four Units of Time	266.40 +L



## 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	106.40
32222	Molar Teeth	118.00
32230	PULPOTOMY: PRIMARY TEETH	
32231	Primary Tooth, as a separate procedure	79.50
32232	Primary Tooth, concurrent with restoration ( <i>but excluding final restoration</i> )	67.60

#### 32300 PULPECTOMY (AN EMERGENCY PROCEDURE AND/OR AS A PRE-EMTIVE PHASE TO THE PREPARATION OF THE ROOT CANAL SYSTEM FOR OBTURATION)

32310	PULPECTOMY: PERMANENT TEETH/RETAINED PRIMARY TEETH	
32311	One Canal	133.10
32312	Two Canals	160.60
32313	Three Canals	260.00
32314	Four or More Canals	262.70
32320	PULPECTOMY: PRIMARY TEETH	
32321	Anterior Tooth	133.10
32322	Posterior Tooth	211.00

#### 33000 ROOT CANAL THERAPY

To include: treatment plan, clinical procedures (*i.e. 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 fifteen file

Difficult Access - Limited jaw opening, unfavourable tooth inclination, through complex restorations e.g. crowns, post/core build-ups

Exceptional Anatomy - Canal size same as uncomplicated, but made complicated by virtue of shape and anatomy e.g. dilacerated, s-shaped, arborized, taurodont, dens-in-dente or partially developed roots, internal/external resorption

Calcified Canals - Unable to penetrate with size ten 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	468.20
33112	Difficult Access	529.90
33113	Exceptional Anatomy	529.90
33114	Calcified Canal	529.90
33115	Retreatment of Previously Completed Therapy	529.90
33120	ROOT CANALS: PERMANENT TEETH/RETAINED PRIMARY TEETH, TWO CANALS	
33121	Two Canals	626.70
33122	Difficult Access	773.00
33123	Exceptional Anatomy	773.00
33124	Calcified Canals	773.00
33125	Retreatment of Previously Completed Therapy	773.00
33130	ROOT CANALS: PERMANENT TEETH/RETAINED PRIMARY TEETH, THREE CANALS	
33131	Three Canals	775.30
33132	Difficult Access	905.70
33133	Exceptional Anatomy	905.70
33134	Calcified Canals	905.70
33135	Retreatment of Previously Completed Therapy	905.70
33140	ROOT CANALS: PERMANENT TEETH/RETAINED PRIMARY TEETH, FOUR OR MORE CANALS	
33141	Four or More Canals	892.10
33142	Difficult Access	994.10
33143	Exceptional Anatomy	994.10
33144	Calcified Canals	994.10
33145	Retreatment of Previously Completed Therapy	994.10
<b>33600</b>	<b>APEXIFICATION/APEXOGENESIS/INDUCTION OF HARD TISSUE REPAIR</b>	
	<i>(to include biomechanical preparation and placement of dentogenic media)</i>	
33601	One Canal	174.30
33602	Two Canals	248.00
33603	Three Canals	325.90
33604	Four or More Canals	392.20
33610	RE-INSERTION OF DENTOGENIC MEDIA PER VISIT	
33611	One Canal	76.80
33612	Two Canals	84.90
33613	Three Canals	98.50
33614	Four or More Canals	111.10

**34000 PERIAPICAL SERVICES****34100 APICOECTOMY/APICAL CURETTAGE**

34110	MAXILLARY ANTERIOR	
34111	One Root	352.70
34112	Two Roots	429.30
34120	MAXILLARY BICUSPID	
34121	One Root	370.90
34122	Two Roots	471.40
34123	Three Roots	543.30
34130	MAXILLARY MOLAR	
34131	One Root	418.60
34132	Two Roots	494.70
34133	Three or More Roots	690.20
34140	MANDIBULAR ANTERIOR	
34141	One Root	361.00
34142	Two or More Roots	468.10
34150	MANDIBULAR BICUSPID	
34151	One Root	390.30
34152	Two Roots	501.80
34153	Three or More Roots	558.40
34160	MANDIBULAR MOLAR	
34161	One Root	431.10
34162	Two Roots	542.40
34163	Three or More Roots	702.10

**34200 RETROFILLING**

34210	MAXILLARY ANTERIOR	
34211	One Canal	74.50
34212	Two or More Canals	111.10
34220	MAXILLARY BICUSPID	
34221	One Canal	74.50
34222	Two Canals	111.10
34223	Three Canals	161.30
34224	Four or More Canals	211.40
34230	MAXILLARY MOLAR	
34231	One Canal	74.50
34232	Two Canals	111.10
34233	Three Canals	161.30
34234	Four or More Canals	211.40
34240	MANDIBULAR ANTERIOR	
34241	One Canal	74.50
34242	Two or More Canals	111.10

34250	MANDIBULAR BICUSPID	
34251	One Canal	74.50
34252	Two Canals	111.10
34253	Three Canals	161.30
34254	Four or More Canals	211.40

34260	MANDIBULAR MOLAR	
34261	One Canal	74.50
34262	Two Canals	111.10
34263	Three Canals	161.30
34264	Four or More Canals	211.40

**34300 RETREATMENT: APICOECTOMY/APICAL CURETTAGE**

34310	MAXILLARY ANTERIOR	
34311	One Root	386.90
34312	Two Roots	487.10

34320	MAXILLARY BICUSPID	
34321	One Root	406.40
34322	Two Roots	505.10
34323	Three Roots	579.70

34330	MAXILLARY MOLAR	
34331	One Root	448.20
34332	Two Roots	557.20
34333	Three Roots	735.60

34340	MANDIBULAR ANTERIOR	
34341	One Root	416.30
34342	Two Or More Roots	510.40

34350	MANDIBULAR BICUSPID	
34351	One Root	416.30
34352	Two Roots	546.70
34353	Three Roots	609.00

34360	MANDIBULAR MOLAR	
34361	One Root	471.20
34362	Two Roots	578.50
34363	Three Roots	748.40

**34400 SURGICAL SERVICES: MISCELLANEOUS**

34410	AMPUTATIONS: ROOT ( <i>INCLUDES RECONTOURING TOOTH AND FURCA</i> )	
34411	One Root	312.60
34412	Two Roots	374.90

34420	HEMISECTION	
34421	Maxillary Bicuspid	182.40
34422	Maxillary Molar	182.40
34423	Mandibular Molar	182.40

34430	DECOMPRESSION: PERIO-RADICULAR LESION	
34431	First Visit	264.10
34432	Each Additional Visit	132.00
34440	SURGERY: ENDODONTIC, EXPLORATORY	
34441	Maxillary Anterior	145.90
34442	Maxillary Bicuspid	171.60
34443	Maxillary Molar	199.40
34444	Mandibular Anterior	145.90
34445	Mandibular Bicuspid	171.60
34446	Mandibular Molar	199.40
34450	REMOVAL: INTENTIONAL, OF TOOTH, APICAL FILLING AND REPLANTATION ( <i>SPLINTING ADDITIONAL</i> )	
34451	Single Rooted Tooth	251.70
34452	Two Rooted Tooth	377.40
34453	Three Rooted Tooth or More	455.70
<b>34500</b>	<b>PERFORATIONS</b>	
34510	PERFORATIONS/RESORPTIVE DEFECT(S): PULP CHAMBER REPAIR, OR ROOT REPAIR, NON-SURGICAL	
34511	Per Tooth	180.00
34520	PERFORATIONS/RESORPTIVE DEFECT(S): PULP CHAMBER REPAIR, OR ROOT REPAIR, SURGICAL	
34521	Anterior Tooth	263.10
34522	Bicuspid Tooth	367.20
34523	Molar Tooth	420.20
<b>34600</b>	<b>ENLARGEMENT: CANAL AND/OR PULP CHAMBER (<i>PREPARATION OF POST SPACE</i>)</b>	
34601	In Previously Filled Tooth when Root Canal Treatment Done by Another Practitioner	63.30
34602	In Calcified Canals	189.50
<b>39000</b>	<b>ENDODONTIC: PROCEDURES, MISCELLANEOUS</b>	
<b>39100</b>	<b>ISOLATION OF ENDODONTIC TOOTH/TEETH FOR ASEPSIS</b>	
39101	Banding and/or Coronal Buildup of Tooth/Teeth and/or Contouring of Tissue Surrounding Tooth/Teeth to Maintain Aseptic Operating Field ( <i>Per Tooth</i> )	113.40
<b>39200</b>	<b>OPEN AND DRAIN (<i>SEPARATE EMERGENCY PROCEDURES</i>)</b>	
39201	Anteriors and Bicuspid	71.90
39202	Molars	71.90
39210	OPENING THROUGH ARTIFICIAL CROWN ( <i>IN ADDITION TO PROCEDURES</i> )	
39211	Anteriors and Bicuspid	87.10
39212	Molars	87.10

**39300 BLEACHING: NON VITAL**

39310	BLEACHING: ENDODONTICALLY TREATED TOOTH/TEETH	
39311	One Unit of Time	54.00
39312	Two Units of Time	108.00
39313	Three Units of Time	162.00
39319	Each Additional Unit Over Three	54.00

**39400 EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY TREATED TOOTH**

39410	EXPLORATORY ACCESS	
39411	Anterior	74.30
39412	Bicuspid	74.30
39413	Molar	74.30

## 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 and gland tumours, leukoplakia with and without dysphasia, neoplasms, hairy leukoplakia, polyps, verrucae, fibroma, etc.	
41211	One Time Unit	63.00
41212	Two Units of Time	126.00
41213	Three Units of Time	189.00
41214	Four Units of Time	252.00
41219	Each Additional Unit Over Four	63.00
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 Time Unit	63.00
41222	Two Units of Time	126.00
41223	Three Units of Time	189.00
41224	Four Units of Time	252.00
41229	Each Additional Unit Over Four	63.00
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	71.60
41232	Two Units of Time	143.20
41233	Three Units of Time	214.80
41234	Four Units of Time	286.40
41239	Each Additional Unit Over Four	71.60
41300	<b>DESENSITIZATION (THIS MAY INVOLVE APPLICATION AND BURNISHING OF MEDICINAL AIDS ON ROOT OR THE USE OF A VARIETY OF THERAPEUTIC PROCEDURES. MORE THAN ONE APPOINTMENT MAY BE NECESSARY.)</b>	
41301	One Unit of Time	53.30
41302	Two Units of Time	106.60
41309	Each Additional Unit Over Two	53.30

<b>42000</b>	<b>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.)</b>	
<b>42100</b>	<b>PERIODONTAL SURGERY: GINGIVAL CURETTAGE</b>	
42110	SURGICAL CURETTAGE: TO INCLUDE DEFINITIVE ROOT PLANING	
42111	Per Sextant	230.70
<b>42200</b>	<b>PERIODONTAL SURGERY: GINGIVOPLASTY</b>	
42201	Per Sextant	232.80
<b>42300</b>	<b>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.)</b>	
42310	GINGIVECTOMY: UNCOMPLICATED	
42311	Per Sextant	242.60
42320	GINGIVECTOMY: WITH CURETTAGE	
42321	Per Sextant	289.50
42330	GINGIVAL FIBER INCISION (SUPRA CRESTAL FIBROTOMY)	
42331	First Tooth	115.40
42339	Each Additional Tooth	40.30
<b>42400</b>	<b>PERIODONTAL SURGERY: FLAP APPROACH</b>	
42410	FLAP APPROACH: WITH OSTEOPLASTY/OSTECTOMY	
42411	Per Sextant	827.70
42420	FLAP APPROACH: WITH CURETTAGE OF OSSEOUS DEFECT	
42421	Per Sextant	641.40
42430	FLAP APPROACH: WITH CURETTAGE OF OSSEOUS DEFECT AND OSTEOPLASTY	
42431	Per Sextant	724.40
42440	FLAP APPROACH: EXPLORATORY (FOR DIAGNOSIS)	
42441	Per Site	398.30
<b>42500</b>	<b>PERIODONTAL SURGERY: FLAPS, GRAFTS, SOFT TISSUE</b>	
42510	GRAFTS: SOFT TISSUE, PEDICLE (INCLUDING APICALLY OR LATERAL SLIDING AND ROTATED FLAPS)	
42511	Per Site	487.40
42512	Periosteal Stimulation in addition to 42511	58.30

42520	GRAFTS: SOFT TISSUE, PEDICLE ( <i>CORONALLY POSITIONED</i> )	
42521	Per Site	533.40
42522	Periosteal Stimulation in addition to 42521	58.30
42530	GRAFTS: FREE SOFT TISSUE	
42531	Per Site	533.40
42540	GRAFTS: SOFT TISSUE, PEDICLE, WITH FREE GRAFT PLACED IN PEDICLE DONOR SITE	
42541	Per Site	567.80
42550	GRAFTS: FREE CONNECTIVE TISSUE ( <i>FOR ROOT COVERAGE</i> )	
42551	Per Site	567.80
42560	GRAFTS: FREE CONNECTIVE TISSUE ( <i>FOR RIDGE AUGMENTATION</i> )	
42561	Per Site	786.20
42570	GRAFTS: CONNECTIVE TISSUE, PEDICLE WITH FREE GRAFT FOR ROOT COVERAGE	
42571	Per Site	786.20
42580	GRAFTS: GINGIVAL ONLAY ( <i>FOR RIDGE AUGMENTATION</i> )	
42581	Per Site	536.00
42590	GRAFTS: DERMAL, ONLAY ( <i>FOR RIDGE AUGMENTATION</i> )	
42591	Autograft – Per Site	536.00
42592	Allograft – Per Site	536.00 +E
<b>42600 PERIODONTAL SURGERY: FLAPS, GRAFTS, OSSEOUS TISSUE</b>		
42610	GRAFTS, OSSEOUS, AUTOGRAFT ( <i>INCLUDING FLAP ENTRY, CLOSURE AND DONOR SITE</i> )	
42611	Per Site	723.20
42620	GRAFTS, OSSEOUS, ALLOGRAFT ( <i>INCLUDING FLAP ENTRY AND CLOSURE</i> )	
42621	Per Site	723.20 +E
42630	GRAFTS, OSSEOUS, ZENOGRAFT ( <i>INCLUDING FLAP ENTRY AND CLOSURE</i> )	
42631	Per Site	723.20 +E
<b>42700 GUIDED TISSUE REGENERATION</b>		
42701	Guided Tissue Regeneration – Non-resorbable Membrane, Per Site	1163.70 +E
42702	Guided Tissue Regeneration – Resorbable Membrane, Per Site	1163.70 +E
42703	Guided Tissue Regeneration – Non-resorbable Membrane, Surgical Re-entry for Removal	1163.70
42720	BIOLOGICAL MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION ( <i>NOT INCLUDING SURGICAL ENTRY AND CLOSURE</i> )	
42721	Per Site	+E

**42800 PERIODONTAL SURGERY: MISCELLANEOUS PROCEDURES**

42810	PROXIMAL WEDGE PROCEDURE (AS A SEPARATE PROCEDURE)	
42811	With Flap Curettage, Per Site	366.00
42819	With Flap Curettage and Osteotomy/Osteoplasty, Per Site	446.10
42820	POST SURGICAL PERIODONTAL TREATMENT VISIT PER DRESSING CHANGE	
42821	One Unit of Time	57.70
42822	Two Units of Time	115.40
42823	Three Units of Time	173.10
42829	Each Additional Unit Over Three	57.70
42830	PERIODONTAL ABSCESS OR PERICORONITIS, MAY INCLUDE ANY ONE OF THE FOLLOWING PROCEDURES: LANCING, SCALING, CURETTAGE, SURGERY OR MEDICATION	
42831	One Unit of Time	61.50
42832	Two Units of Time	123.00
42833	Three Units of Time	184.50
42834	Four Units of Time	246.00
42839	Each Additional Unit Over Four	61.50
42840	FLAP APPROACH FOR CREATION OF INTERDENTAL PAPILLAE	
42841	Per Site	487.40

**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 SPLINT OR LIGATION: PROVISIONAL, INTRA CORONAL**

*Note:* This procedure is in addition to the usual code for the tooth restoration on either side.

43110	"A" SPLINT (RESTORATIVE MATERIAL PLUS WIRE, FIBRE RIBBON OR ROPE)	
43111	Per Joint	56.90 +E

**43200 PERIODONTAL SPLINT OR LIGATION: PROVISIONAL, EXTRA CORONAL**

43220	BONDED, INTERPROXIMAL ENAMEL SPLINT	
43221	Per Joint	63.30
43230	WIRE LIGATION	
43231	Per Joint	51.40
43240	WIRE LIGATION, RESTORATIVE MATERIAL COVERED	
43241	Per Joint	58.90
43260	ORTHODONTIC BAND SPLINT	
43261	Per Band	58.90 +E
43270	CAST/SOLDERED/CERAMIC/POLYMER GLASS SPLINT BONDED	
43271	Per Abutment	82.80 +L

43280	REMOVAL OF FIXED PERIODONTAL SPLINTS	
43281	One Unit of Time	58.90
43289	Each Additional Unit of Time	58.90

**43400 ROOT PLANING: PERIODONTAL**

43420	ROOT PLANING	
43421	One Unit of Time	48.60
43422	Two Units of Time	97.20
43423	Three Units of Time	145.80
43424	Four Units of Time	194.40
43425	Five Units of Time	243.00
43426	Six Units of Time	291.60
43427	1/2 Unit of Time	24.30
43429	Each Additional Unit Over Six	48.60

**43500 CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS**

43510	CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS: TOPICAL APPLICATION	
43511	One Unit of Time	52.70
43519	Each Additional Unit of Time	52.70
43520	CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL THERAPY: INTRA-SULCULAR APPLICATION	
43521	One Unit of Time	61.80 +E
43529	Each Additional Unit of Time	61.80 +E

**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	52.70
49102	Two Units of Time	105.40
49109	Each Additional Unit Over Two	52.70

**49200 PERIODONTAL IRRIGATION: SUBGINGIVAL**

49210	PERIODONTAL IRRIGATION: SUBGINGIVAL	
49211	One Unit of Time	56.70 +E
49219	Each Additional Unit of Time	56.70 +E



## 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 fees

### **51000 DENTURES COMPLETE (INCLUDES: IMPRESSIONS, INITIAL AND FINAL JAW RELATION RECORDS, TRY-IN EVALUATION AND CHECK RECORDS, INSERTION AND ADJUSTMENTS, INCLUDING THREE MONTHS POST INSERTION CARE)**

#### **51100 DENTURES: COMPLETE, STANDARD**

51101	Maxillary	656.20 +L
51102	Mandibular	656.20 +L
51104	Liners: Processed, Resilient, in addition to above	LAB

#### **51200 DENTURES: COMPLETE, COMPLEX**

51201	Maxillary	899.90 +L
51202	Mandibular	899.90 +L
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	656.20 +L
51302	Mandibular	656.20 +L

#### **51400 DENTURES: SURGICAL, COMPLEX, (IMMEDIATE) (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE)**

51401	Maxillary	899.90 +L
51402	Mandibular	899.90 +L

#### **51500 DENTURES: COMPLETE, GNATHOLOGICAL (CAST BASE AND METAL OCCLUSALS)**

51501	Maxillary	BR
51502	Mandibular	BR

#### **51600 DENTURES: COMPLETE, PROVISIONAL**

51601	Maxillary	414.30 +L
51602	Mandibular	414.30 +L

**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	656.20 +L
51712	Mandibular	656.20 +L
51720	DENTURES: COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS	
51721	Maxillary	656.20 +L
51722	Mandibular	656.20 +L
51730	DENTURES: COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY A COMBINATION OF NATURAL TEETH AND IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS	
51731	Maxillary	656.20 +L
51732	Mandibular	656.20 +L

**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 COPING CROWNS, NO ATTACHMENTS (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE)	
51811	Maxillary	656.20 +L
51812	Mandibular	656.20 +L

**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	656.20 +L
51912	Mandibular	656.20 +L
51920	DENTURES: COMPLETE, OVERDENTURES, TISSUE BORNE, WITH INDEPENDENT ATTACHMENTS SECURED TO IMPLANTS WITH OR WITHOUT COPING CROWNS	
51921	Maxillary	BR +L
51922	Mandibular	BR +L
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	BR +L
51932	Mandibular	BR +L

51950	DENTURES: COMPLETE, OVERDENTURES, TISSUE BORNE, WITH RETENTION FROM A RETENTIVE BAR, SECURED TO COPING CROWNS SUPPORTED BY IMPLANTS	
51951	Maxillary	BR +L
51952	Mandibular	BR +L
51960	DENTURES: COMPLETE, OVERDENTURES, TISSUE BORNE, WITH RETENTION FROM A RETENTIVE BAR, SECURED TO COPING CROWNS SUPPORTED BY A COMBINATION OF NATURAL TEETH AND IMPLANTS (SEE 62105 FOR RETENTIVE BAR)	
51961	Maxillary	BR +L
51962	Mandibular	BR +L
<b>52000 DENTURES: PARTIAL, ACRYLIC</b>		
<b>52100 DENTURES: PARTIAL, ACRYLIC BASE, WITH OR WITHOUT CLASPS (PROVISIONAL)</b>		
52101	Maxillary	231.90 +L
52102	Mandibular	231.90 +L
52110	DENTURES: PARTIAL, ACRYLIC BASE, (IMMEDIATE) (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE)	
52111	Maxillary	231.90 +L
52112	Mandibular	231.90 +L
<b>52200 DENTURES: PARTIAL, ACRYLIC, RESILIENT RETAINER</b>		
52201	Maxillary	335.90 +L
52202	Mandibular	335.90 +L
52210	DENTURES: PARTIAL, ACRYLIC, RESILIENT RETAINER, (IMMEDIATE) (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE)	
52211	Maxillary	335.90 +L
52212	Mandibular	335.90 +L
<b>52300 DENTURES: PARTIAL, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS</b>		
52301	Maxillary	440.20 +L
52302	Mandibular	440.20 +L
52310	DENTURES: PARTIALS, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS, (IMMEDIATE) (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE)	
52311	Maxillary	440.20 +L
52312	Mandibular	440.20 +L
<b>52400 DENTURES: PARTIAL, ACRYLIC, WITH METAL WROUGHT PALATAL/LINGUAL BAR AND CLASPS AND/OR RESTS</b>		
52401	Maxillary	440.20 +L
52402	Mandibular	440.20 +L

52410	DENTURES: PARTIAL, ACRYLIC, WITH METAL WROUGHT PALATAL/LINGUAL BAR AND CLASPS AND/OR RESTS, <i>(IMMEDIATE)</i> <i>(INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE)</i>	
52411	Maxillary	440.20 +L
52412	Mandibular	440.20 +L
52510	DENTURES: PARTIAL, <i>(FLEXIBLE, NON METAL, NON ACRYLIC)</i>	
52511	Maxillary	231.90 +L
52512	Mandibular	231.90 +L
52513	Maxillary plus Mandibular	464.00 +L
<b>52700</b>	<b>DENTURES: PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>	
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	584.50 +L
52712	Mandibular	584.50 +L
52720	DENTURES: PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS	
52721	Maxillary	584.50 +L
52722	Mandibular	584.50 +L
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	584.50 +L
52732	Mandibular	584.50 +L
<b>52800</b>	<b>DENTURES: PARTIAL, OVERDENTURES <i>(IMMEDIATE)</i>, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>	
52810	DENTURES: PARTIAL, OVERDENTURES <i>(IMMEDIATE)</i> , ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS <i>(INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE)</i>	
52811	Maxillary	584.50 +L
52812	Mandibular	584.50 +L
52820	DENTURES: PARTIAL, OVERDENTURES <i>(IMMEDIATE)</i> , ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS <i>(INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE)</i>	
52821	Maxillary	584.50 +L
52822	Mandibular	584.50 +L

52830	DENTURES: PARTIAL, OVERDENTURES ( <i>IMMEDIATE</i> ), ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY A COMBINATION OF NATURAL TEETH AND IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS ( <i>INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE</i> )	
52831	Maxillary	BR +L
52832	Mandibular	BR +L

**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	584.50 +L
52912	Mandibular	584.50 +L
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	584.50 +L
52922	Mandibular	584.50 +L
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 ( <i>USED WITH 26101, 26103 (MESOSTRUCTURES), OR 28221, 28225, 28226 (CAST METAL COPING CROWNS) WITH OR WITHOUT ATACHMENTS</i> )	
52931	Maxillary	584.50 +L
52932	Mandibular	584.50 +L
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 ( <i>SEE 62105 FOR RETENTIVE BAR</i> )	
52941	Maxillary	584.50 +L
52942	Mandibular	584.50 +L
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 ( <i>SEE 62105 FOR RETENTIVE BAR</i> )	
52951	Maxillary	584.50 +L
52952	Mandibular	584.50 +L
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 ( <i>SEE 62105 FOR RETENTIVE BAR</i> )	
52961	Maxillary	584.50 +L
52962	Mandibular	584.50 +L

**53000 DENTURES: PARTIAL, CAST WITH ACRYLIC BASE****53100 DENTURES: PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS**

53101	Maxillary	756.80 +L
53102	Mandibular	756.80 +L
53104	Altered Cast Impression Technique in conjunction with 53101 and 53102	185.90 +L

53110 DENTURES: PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS, *(IMMEDIATE) (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE)*

53111	Maxillary	726.60 +L
53112	Mandibular	726.60 +L

53120 DENTURES: PARTIAL, FREE END, SWING LOCK/CONNECTOR

53121	Maxillary	757.10 +L
53122	Mandibular	757.10 +L

53130 DENTURES: PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS, *(EQUILIBRATED)*

53131	Maxillary	1164.50 +L
53132	Mandibular	1164.50 +L

**53200 DENTURES: PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND REST**

53201	Maxillary	677.40 +L
53202	Mandibular	677.40 +L
53205	Unilateral, One Piece Casting, Clasps and Pontics	278.20 +L

53210 DENTURES: PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND REST, *(IMMEDIATE) (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE)*

53211	Maxillary	726.60 +L
53212	Mandibular	726.60 +L
53215	Unilateral, One Piece Casting, Clasps and Pontics	277.40 +L

53220 DENTURES: PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND REST, *(EQUILIBRATED)*

53221	Maxillary	1164.50 +L
53222	Mandibular	1164.50 +L

**53400 DENTURES: PARTIAL, CAST, PRECISION ATTACHMENTS**

53401	Maxillary	BR
53402	Mandibular	BR
53404	Altered Cast Impression Technique done in conjunction with above mentioned codes	BR

**53500 DENTURES: PARTIAL, CAST, SEMI-PRECISION ATTACHMENTS**

53501	Maxillary	BR
53502	Mandibular	BR
53504	Altered Cast Impression Technique done in conjunction with above mentioned codes	BR

**53600 DENTURES: PARTIAL, CAST, STRESS BREAKER ATTACHMENTS**

53610	DENTURES, CAST PARTIAL, MAXILLARY, STRESS BREAKER ATTACHMENTS	
53611	Maxillary ( <i>Resilient</i> )	BR
53612	Maxillary ( <i>One Hinge</i> )	BR
53613	Maxillary ( <i>Two Hinges</i> )	BR
53614	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.90
53620	DENTURES, CAST PARTIAL, MANDIBULAR, STRESS BREAKER ATTACHMENTS	
53621	Mandibular ( <i>Resilient</i> )	BR
53622	Mandibular ( <i>One Hinge</i> )	BR
53623	Mandibular ( <i>Two Hinges</i> )	BR
53624	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.90

**53700 DENTURES: PARTIAL, CAST, OVERDENTURE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS**

53710	DENTURES: PARTIAL, CAST, OVERDENTURE, SUPPORTED BY NATURAL TEETH WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS	
53711	Maxillary	843.80 +L
53712	Mandibular	843.80 +L
53714	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.90
53720	DENTURES: PARTIAL, CAST, OVERDENTURE, SUPPORTED BY IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS	
53721	Maxillary	843.80 +L
53722	Mandibular	843.80 +L
53724	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.90
53730	DENTURES: PARTIAL, CAST, OVERDENTURE, SUPPORTED BY A COMBINATION OF NATURAL TEETH AND IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS	
53731	Maxillary	843.80 +L
53732	Mandibular	843.80 +L
53734	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.90

**53800 DENTURES: PARTIAL, CAST, OVERDENTURE (*IMMEDIATE*), SUPPORTED BY NATURAL TEETH WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS**

53810	DENTURES: PARTIAL, CAST, OVERDENTURE ( <i>IMMEDIATE</i> ), SUPPORTED BY NATURAL TEETH WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS ( <i>INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE</i> )	
53811	Maxillary	843.80 +L
53812	Mandibular	843.80 +L
53814	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.90
53820	DENTURES: PARTIAL, CAST, OVERDENTURE ( <i>IMMEDIATE</i> ), SUPPORTED BY IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS ( <i>INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE</i> )	
53821	Maxillary	843.80 +L
53822	Mandibular	843.80 +L
53824	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.90

53830	DENTURES: PARTIAL, CAST, OVERDENTURE ( <i>IMMEDIATE</i> ), SUPPORTED BY A COMBINATION OF NATURAL TEETH AND IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS ( <i>INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE</i> )	
53831	Maxillary	843.80 +L
53832	Mandibular	843.80 +L
53834	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.90

**53900 DENTURES: PARTIAL, CAST, OVERDENTURE, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS**

53910	DENTURES: PARTIAL, CAST, OVERDENTURE, WITH INDEPENDENT ATTACHMENTS SECURED TO NATURAL TEETH, WITH OR WITHOUT COPING CROWNS	
53911	Maxillary	843.80 +L
53912	Mandibular	843.80 +L
53914	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.90
53920	DENTURES: PARTIAL, CAST, OVERDENTURE, WITH INDEPENDENT ATTACHMENTS SECURED TO IMPLANTS, WITH OR WITHOUT COPING CROWNS	
53921	Maxillary	843.80 +L
53922	Mandibular	843.80 +L
53924	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.90
53930	DENTURES: PARTIAL, CAST, OVERDENTURE, WITH INDEPENDENT ATTACHMENTS SECURED TO A COMBINATION OF NATURAL TEETH AND IMPLANTS, WITH OR WITHOUT COPING CROWNS	
53931	Maxillary	843.80 +L
53932	Mandibular	843.80 +L
53934	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.90
53940	DENTURES: PARTIAL, CAST, OVERDENTURE, WITH RETENTION FROM A RETENTIVE BAR, SECURED TO COPING CROWNS SUPPORTED BY NATURAL TEETH ( <i>SEE 62105 FOR RETENTIVE BAR</i> )	
53941	Maxillary	843.80 +L
53942	Mandibular	843.80 +L

53950	DENTURES: PARTIAL, CAST, OVERDENTURE, WITH RETENTION FROM A RETENTIVE BAR, SECURED TO COPING CROWNS SUPPORTED BY IMPLANTS ( <i>SEE 62105 FOR RETENTIVE BAR</i> )	
53951	Maxillary	843.80 +L
53952	Mandibular	843.80 +L
53954	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.90
53960	DENTURES: PARTIAL, CAST, OVERDENTURE, WITH RETENTION FROM A RETENTIVE BAR, SECURED TO COPING CROWNS SUPPORTED BY A COMBINATION OF NATURAL TEETH AND IMPLANTS ( <i>SEE 62105 FOR RETENTIVE BAR</i> )	
53961	Maxillary	843.80 +L
53962	Mandibular	843.80 +L
53964	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.90
<b>54000</b>	<b>DENTURES: ADJUSTMENTS (<i>AFTER THREE MONTHS INSERTION OR BY OTHER THAN THE DENTIST PROVIDING PROSTHESIS</i>)</b>	
<b>54200</b>	<b>DENTURE ADJUSTMENTS: PARTIAL OR COMPLETE DENTURE, MINOR</b>	
54201	One Unit of Time	58.20 +L
54202	Two Units of Time	116.40 +L
54209	Each Additional Unit Over Two	58.20
<b>54300</b>	<b>DENTURE ADJUSTMENTS: PARTIAL OR COMPLETE DENTURE, REMOUNT AND OCCLUSAL EQUILIBRATION</b>	
54301	Maxillary	391.60 +L
54302	Mandibular	391.60 +L
<b>54400</b>	<b>DENTURE ADJUSTMENTS: COMPLETE DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION</b>	
54401	Maxillary	391.60 +L
54402	Mandibular	391.60 +L
<b>54500</b>	<b>DENTURE ADJUSTMENTS: PARTIAL DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION</b>	
54501	Maxillary	391.60 +L
54502	Mandibular	391.60 +L
<b>55000</b>	<b>DENTURES: REPAIRS/ADDITIONS</b>	
<b>55100</b>	<b>DENTURES: REPAIR: COMPLETE DENTURE, NO IMPRESSION REQUIRED</b>	
55101	Maxillary	63.70 +L
55102	Mandibular	63.70 +L
<b>55200</b>	<b>DENTURES: REPAIR: COMPLETE DENTURE, IMPRESSION REQUIRED</b>	
55201	Maxillary	127.10 +L
55202	Mandibular	127.10 +L
<b>55300</b>	<b>DENTURES: REPAIRS/ADDITIONS: PARTIAL DENTURE, NO IMPRESSION REQUIRED</b>	
55301	Maxillary	63.70 +L
55302	Mandibular	63.70 +L

<b>55400</b>	<b>DENTURES: REPAIRS/ADDITIONS: PARTIAL DENTURE, IMPRESSION REQUIRED</b>	
55401	Maxillary	127.10 +L
55402	Mandibular	127.10 +L
<b>55500</b>	<b>DENTURES/IMPLANT RETAINED PROSTHESIS: PROPHYLAXIS AND POLISHING</b>	
55501	One Unit of Time	60.20 +L
55509	Each Additional Unit of Time	60.20
<b>55600</b>	<b>DENTURES: REBUILDING WORN ACRYLIC DENTURE TEETH (DIRECT CHAIRSIDE) WITH TOOTH COLOURED MATERIALS</b>	
55601	One Unit of Time	66.00
55609	Each Additional Unit of Time	66.00
<b>55700</b>	<b>DENTURES: CUSTOM STAINED (PIGMENTED) DENTURE BASES (DIRECT CHAIRSIDE)</b>	
55701	One Unit of Time	66.00
55709	Each Additional Unit of Time	66.00
<b>56000</b>	<b>DENTURES: REPLICATION, RELINING AND REBASING</b>	
<b>56100</b>	<b>DENTURES: REPLICATION, PROVISIONAL</b>	
56110	DENTURES: REPLICATION, COMPLETE DENTURE, PROVISIONAL, (NO INTRA-ORAL IMPRESSION REQUIRED)	
56111	Maxillary	254.70 +L
56112	Mandibular	254.70 +L
56120	DENTURES: REPLICATION, PARTIAL DENTURE, PROVISIONAL (NO INTRA-ORAL IMPRESSION REQUIRED)	
56121	Maxillary	254.70 +L
56122	Mandibular	254.70 +L
<b>56200</b>	<b>DENTURES: RELINING (DOES NOT INCLUDE REMOUNT - SEE 54000 SERIES)</b>	
56210	DENTURE: RELINE, DIRECT, COMPLETE DENTURE	
56211	Maxillary	159.50
56212	Mandibular	159.50
56220	DENTURE: RELINE, DIRECT, PARTIAL DENTURE	
56221	Maxillary	147.30
56222	Mandibular	147.30
56230	DENTURE: RELINE, PROCESSED, COMPLETE DENTURE	
56231	Maxillary	209.20 +L
56232	Mandibular	209.20 +L
56240	DENTURE: RELINE, PROCESSED, PARTIAL DENTURE	
56241	Maxillary	171.50 +L
56242	Mandibular	171.50 +L
56250	DENTURE: RELINE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS, COMPLETE DENTURE	
56251	Maxillary	284.40 +L
56252	Mandibular	284.40 +L

56260	DENTURE: RELINE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS, PARTIAL DENTURE	
56261	Maxillary	232.80 +L
56262	Mandibular	232.80 +L
<b>56300</b>	<b>DENTURES: REBASING (WHERE THE VESTIBULAR TISSUE-CONTACTING SURFACES ARE MODIFIED)</b>	
56310	DENTURE: REBASE, COMPLETE DENTURE	
56311	Maxillary	208.30 +L
56312	Mandibular	208.30 +L
56320	DENTURE: REBASE, PARTIAL DENTURE	
56321	Maxillary	172.10 +L
56322	Mandibular	172.10 +L
56330	DENTURE: REBASE, COMPLETE DENTURE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS	
56331	Maxillary	282.60 +L
56332	Mandibular	282.60 +L
56340	DENTURE: REBASE, PARTIAL DENTURE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS	
56341	Maxillary	231.60 +L
56342	Mandibular	231.60 +L
<b>56400</b>	<b>DENTURES: REMAKE</b>	
56410	DENTURE: REMAKE, USING EXISTING FRAMEWORK, PARTIAL DENTURE (EQUILIBRATION)	
56411	Maxillary	253.80 to 343.40 +L
56412	Mandibular	253.80 to 343.40 +L
<b>56500</b>	<b>DENTURES: THERAPEUTIC TISSUE CONDITIONING</b>	
56510	DENTURE: THERAPEUTIC TISSUE CONDITIONING, PER APPOINTMENT, COMPLETE DENTURE	
56511	Maxillary	92.00 +L
56512	Mandibular	92.00 +L
56520	DENTURE: THERAPEUTIC TISSUE CONDITIONING, PER APPOINTMENT, PARTIAL DENTURE	
56521	Maxillary	92.00 +L
56522	Mandibular	92.00 +L
56530	DENTURE: TISSUE CONDITIONING, PER APPOINTMENT, COMPLETE OVERDENTURE, SUPPORTED BY NATURAL TEETH	
56531	Maxillary	92.00
56532	Mandibular	92.00
56540	DENTURE: TISSUE CONDITIONING, PER APPOINTMENT, COMPLETE OVERDENTURE, IMPLANT SUPPORTED	
56541	Maxillary	92.00
56542	Mandibular	92.00

56550	DENTURE: TISSUE CONDITIONING, PER APPOINTMENT, PARTIAL OVERDENTURE, SUPPORTED BY NATURAL TEETH	
56551	Maxillary	92.00
56552	Mandibular	92.00
56560	DENTURE: TISSUE CONDITIONING, PER APPOINTMENT, PARTIAL OVERDENTURE, IMPLANT SUPPORTED	
56561	Maxillary	92.00
56562	Mandibular	92.00
<b>56600</b>	<b>DENTURES: MISCELLANEOUS SERVICES</b>	
56601	Resilient Liner: in Relined or Rebased Denture ( <i>in Addition to Reline or Rebase of Denture</i> )	LAB
56602	Resetting of Teeth ( <i>Not including Reline or Rebase of Denture</i> )	196.70 +L
56603	Cast Occlusal Surfaces ( <i>includes remount and equilibration</i> )	BR
<b>57000</b>	<b>PROSTHESIS: MAXILLOFACIAL</b>	
<b>57100</b>	<b>PROSTHESIS: FACIAL</b>	
57101	Orbital	1,965.70 to 4,148.90 +L
57102	Nose	1,538.60 to 2,821.00 +L
57103	Ear	1,538.60 to 2,821.00 +L
57104	Patch	415.00 +L
57105	Facial, Complex	1,965.70 to 3,402.00 +L
57106	Facial Moulage Impression, Complete	270.60
57107	Facial Moulage Impression, Sectional	202.80
57108	Ocular Conformer Prosthesis ( <i>Temporary Post-Surgical</i> )	415.10 +L
57109	Ocular Prosthesis	598.50 to 2,240.20 +L
<b>57200</b>	<b>PROSTHESIS: MAXILLOFACIAL, OBTURATORS</b>	
57201	Obturator: Cleft Palate ( <i>Prosthesis Extra</i> )	85.70 to 332.10 +L
57202	Obturator: Palatal ( <i>Prosthesis Extra</i> )	85.70 to 332.10 +L
57203	Obturator: Post-Maxillectomy ( <i>Prosthesis Extra</i> )	85.70 to 830.00 +L
57204	Obturator: Temporary Palatal ( <i>Prosthesis Extra</i> )	85.70 to 830.00 +L
57205	Obturator: Resilient ( <i>Prosthesis Extra</i> )	85.70 to 830.00 +L
57206	Obturator: Hollow Bulb ( <i>Prosthesis Extra</i> )	85.70 to 830.00 +L
57207	Obturator: Inflatable ( <i>Prosthesis Extra</i> )	332.10 to 995.90 +L
57208	Obturator Prosthesis: Modification ( <i>Relines Or Repairs</i> )	332.10 to 581.20 +L
57209	Speech Aid Prosthesis	581.30 to 1,078.90 +L

**57300 PROsthESIS: MAXILLOFACIAL , OTHER**

57301	Velar Bulb ( <i>Prosthesis and Obturator Extra</i> )	85.70 to 830.00 +L
57302	Velar Lift Button: Mechanical ( <i>Prosthesis and Obturator Extra</i> )	85.70 to 830.00 +L
57303	Retention: Spiral Spring ( <i>Prosthesis Extra</i> )	497.90 +L
57304	Retention: Magnetic ( <i>Prosthesis Extra</i> )	249.20 +L
57305	Guide Plane: Condylar ( <i>Prosthesis Extra</i> )	85.70 to 497.90 +L
57306	Implant: Silastic Chin	BR
57307	Mesh Prosthesis: Chrome Cobalt Mandibular Mesh	BR
57308	Skull Plate: Customized	BR
57309	Akerman: Pseudotemporomandibular Joint ( <i>Prosthesis Extra</i> )	BR
57311	Feeding Appliance ( <i>for Infants with Cleft Palate</i> )	424.70 to 830.00 +L
57321	Lingual Prosthesis	1,367.40 to 2,489.20 +L
57341	Mandibular Resection Prosthesis with Guide Flange	854.80 to 1,327.90 +L
57342	Mandibular Resection Prosthesis without Guide Flange	598.50 to 995.90 +L
57351	Prosthesis: Maxillofacial, Fixed	BR
57361	Palatal Augmentation Prosthesis	598.50 to 1,244.70 +L
57371	Palatal Lift Prosthesis, Modification ( <i>relines or repairs</i> )	171.00 to 581.20 +L
57372	Gingival Prosthesis	270.60 +L

**57400 PROsthESIS: TEMPOROMANDIBULAR JOINT**

57401	Exerciser: Trismus, Therapy	679.10 to 995.90 +L
57402	Splint: Permanent Cast Occlusal	1,709.30 to 2,489.20 +L

**57500 PROsthESIS: SPLINTS**

57501	Stout	737.70 +L
57502	Cast Capped	1,032.90 +L
57503	Gunning ( <i>upper and lower</i> )	1,032.90 +L
57504	Bar Splint: Cast, Labial and Lingual	1,032.90 +L
57505	Scaffolding: Rhinoplastic	1,032.90 +L
57506	Cast: Adjustable	1,032.90 +L
57508	Commisssure Splint	256.70 to 1,078.90 +L

**57600 PROsthESIS: STENTS**

57601	Ridge Extension	737.70 +L
57602	Palatal	737.70 +L
57603	Skin Grafts	737.70 +L
57604	Mucous Membrane Grafts	737.70 +L

**57650 PROsthESIS: RADIATION APPLIANCES**

57651	Radiation Vehicle Carrier	760.00 to 2,213.20 +L
57652	Radiation Protection Shield ( <i>Extraoral</i> )	737.70 +L
57653	Radiation Protection Shield ( <i>Intraoral</i> )	737.70 +L
57654	Radiation Cone Locator	256.70 to 1,327.90 +L

**57660 PROsthESIS: STENTS, DECOMPRESSION**

57661	Decompression Stent: Localized	737.70 +L
57662	Decompression Stent ( <i>Prosthesis Extra</i> )	442.80 +L

**57700 PROsthESIS: ORTHOPEDIC**

57701	Orthopedic Prosthesis: Extraoral	428.80 to 832.40 +L
57702	Orthopedic Prosthesis: Intraoral	471.00 to 995.90 +L



## PROSTHODONTICS - FIXED

### Initial description:

Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures depending on the nature of the problem 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 schedule.

Fixed bridges (each abutment, each retainer and each pontic, constitutes a separate unit in the bridge, with a separate code number)

### 62000 PONTICS: BRIDGE

#### 62100 PONTICS: CAST METAL

62101	Pontic: Cast Metal	308.20 +L
62102	Pontic: Cast Metal Framework With Separate Porcelain/Ceramic/Polymer Glass Jacket Pontic	308.20 +L
62103	Pontic: Prefabricated Attachable Facing	308.20 +L
62104	Pontic: Retentive Bar Prefabricated or custom ( <i>Dolder or Hader</i> ) Bar Attached To Retainer	308.20 +L
62105	Pontic: Retentive Bar Prefabricated or custom ( <i>Dolder or Hader</i> ) Bar Attached To Implant Supported Retainer to Retain Removable Prosthesis, Each Bar	BR +L +E

#### 62500 PONTICS, PORCELAIN/CERAMIC/POLYMER GLASS

62501	Pontic: Porcelain/Ceramic/Polymer Glass Fused To Metal	309.80 +L
62502	Pontic: Porcelain/Ceramic/Polymer Glass, Aluminous	309.80 +L

#### 62700 PONTICS: ACRYLIC/COMPOSITE/COMPOMER

62701	Pontic: Acrylic/Composite/Compomer, Processed To Metal	309.80 +L
62702	Pontic: Acrylic/Composite/Compomer, Indirect, ( <i>Provisional</i> )	212.80 +L
62703	Pontic: Acrylic/Composite/Compomer, Bonded to adjacent teeth Direct ( <i>Provisional</i> )	212.80 +E
62704	Pontic: Acrylic/Composite/Compomer	254.40 +L

#### 62800 PONTICS: NATURAL TOOTH

62801	Pontic: Natural Tooth Crown, Direct, Bonded To Adjacent Teeth ( <i>Provisional</i> )	212.80
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#### 63000 RECONTOURING OF RETAINERS/PONTICS (*OF EXISTING BRIDGEWORK*)

63001	One Unit of Time	69.50
63009	Each Additional Unit of Time	69.50

### 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	112.50 +L
64129	Each Additional Unit of Time	112.50 +L

64130	MASTER CAST TECHNIQUES, CENTRIC REGISTRATION RECORDING	
64131	One Unit of Time	112.50 +L
64139	Each Additional Unit of Time	112.50 +L

64140	MASTER CAST TECHNIQUES, THREE DIMENSIONAL RECORDINGS OF MANDIBULAR MOVEMENT ( <i>PANTOGRAPH OR STEREOGRAPH</i> )	
64141	One Unit of Time	BR +L
64149	Each Additional Unit of Time	BR +L

**64200 MASTER CAST MOUNTING TECHNIQUES**

64220	MASTER CAST MOUNTING WITH ARBITRARY FACEBOW TRANSFER	
64221	One Unit of Time	112.50 +L
64229	Each Additional Unit of Time	112.50 +L

64230	MASTER CAST MOUNTING WITH KINEMATIC FACEBOW TRANSFER	
64231	One Unit of Time	112.50 +L
64239	Each Additional Unit of Time	112.50 +L

**64300 MASTER CAST GNATHOLOGICAL WAX-UP**

64301	One Unit of Time	BR +L
64309	Each Additional Unit of Time	BR

**66000 REPAIRS****66100 REPAIRS: REPLACEMENT**

66110	REPLACE BROKEN PREFABRICATED ATTACHABLE FACINGS	
66111	One Unit of Time	65.30 +L
66112	Two Units of Time	130.60 +L
66113	Three Units of Time	195.90 +L
66114	Four Units of Time	261.20 +L
66119	Each Additional Unit Over Four	65.30

**66200 REPAIRS: REMOVAL OF EXISTING FIXED BRIDGE/PROSTHESIS**

66210	REPAIRS, REMOVAL: FIXED BRIDGE/PROSTHESIS - TO BE RECEMENTED	
66211	One Unit of Time	69.60
66212	Two Units of Time	139.20
66213	Three Units of Time	208.80
66214	Four Units of Time	278.40
66219	Each Additional Unit Over Four	69.60
66220	REPAIRS, REMOVAL: FIXED BRIDGE/PROSTHESIS - TO BE REPLACED BY A NEW PROSTHESIS	
66221	One Unit of Time	65.30
66222	Two Units of Time	130.60 +L
66223	Three Units of Time	195.90 +L
66224	Four Units of Time	261.20 +L
66229	Each Additional Unit of Time	65.30

**66300 REPAIRS: REINSERTION/RECEMENTATION (+L WHERE LABORATORY CHARGES ARE INCURRED DURING REPAIR OF BRIDGE)**

66301	One Unit of Time	66.00 +L
66302	Two Units of Time	132.00 +L
66303	Three Units of Time	198.00 +L
66304	Four Units of Time	264.00 +L
66309	Each Additional Unit Over Four	66.00

**66700 REPAIRS: FIXED BRIDGE/PROSTHESIS**

66710	REPAIRS:FIXED BRIDGE/PROSTHESIS, PORCELAIN/CERAMIC/POLYMER GLASS/ACRYLIC/COMPOSITE/COMPOMER, DIRECT	
66711	First Tooth	106.10
66719	Each Additional Tooth	106.10
66720	REPAIRS: SOLDER INDEXING TO REPAIR BROKEN SOLDER JOINT	
66721	One Unit of Time	52.70 +L
66729	Each Additional Unit of Time	52.70
66730	REPAIR FRACTURED PORCELAIN/METAL PONTIC WITH TELESCOPING TYPE CROWN (PONTIC PREPARED, IMPRESSION MADE AND PROCESSED CROWN SEATED OVER METAL)	
66731	First Pontic	293.70 +L
66739	Each Additional Pontic	293.70 +L

**67000 FIXED BRIDGE RETAINERS**

It is appropriate to use fixed bridge retainer codes, rather than codes for single tooth major 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	Retainer: Acrylic/Composite/Compomer, Indirect	562.60 +L
67112	Retainer: Acrylic/Composite/Compomer, Complicated, Indirect	675.30 +L
67113	Retainer: Acrylic/Composite/Compomer, Provisional, Indirect (Lab Fabricated/ Relined Intra-Orally)	169.40 +L
67115	Retainer: Acrylic/Composite/Compomer, Implant-Supported, Indirect	562.60 +L
67120	RETAINERS: ACRYLIC/ COMPOSITE/COMPOMER, DIRECT (PROVISIONAL DURING HEALING, DONE AT CHAIR-SIDE)	
67121	Retainer: Acrylic/Composite/Compomer, Direct (Provisional During Healing, Done at Chair-side)	169.40 +E
67125	Retainer: Acrylic/Composite/Compomer, (Provisional During Healing, Done at Chair-side) Implant-Supported, Direct	169.40 +E
67130	RETAINERS: ACRYLIC/ COMPOSITE/ COMPOMER, CAST METAL BASE, INDIRECT	
67131	Retainer: Compomer/Composite Resin/Acrylic, Processed to Cast Metal, Indirect	551.60 +L
67135	Retainer: Compomer/Composite Resin/Acrylic, Processed to Metal, Indirect, Implant-supported	551.60 +L+E

67160	RETAINERS: ACRYLIC/COMPOSITE/COMPOMER, TWO SURFACE INLAY, INDIRECT, BONDED	
67161	Retainers: Acrylic/Composite/Compomer, Two Surface Inlay, Indirect	540.70 +L
67170	RETAINERS: ACRYLIC/COMPOSITE/COMPOMER, THREE SURFACE INLAY, INDIRECT, BONDED	
67171	Retainers: Acrylic/Composite/Compomer, Three Surface Inlay, Indirect	569.00 +L
67180	RETAINERS: ACRYLIC/COMPOSITE/COMPOMER, ONLAY, INDIRECT, BONDED	
67181	Retainers: Acrylic/Composite/Compomer, Onlay, Indirect	628.30 +L
<b>67200</b>	<b>RETAINERS, PORCELAIN/CERAMIC/POLYMER GLASS, FULL COVERAGE</b>	
67201	Retainer: Porcelain/Ceramic/ Polymer Glass, Full Coverage	691.80 +L
67202	Retainer: Porcelain/Ceramic/ Polymer Glass, Full Coverage, Complicated	664.90 +L
67205	Retainer: Porcelain/Ceramic/ Polymer Glass, Full Coverage, Implant-Supported	712.80 +L
67210	RETAINERS: PORCELAIN/CERAMIC/POLYMER GLASS FUSED TO METAL BASE	
67211	Retainer: Porcelain/Ceramic/Polymer Glass Fused To Metal Base	691.80 +L
67212	Retainer: Porcelain/Ceramic/Polymer Glass Fused To Metal Base, Complicated	805.70 +L
67215	Retainer: Porcelain/Ceramic/Polymer Glass Fused To Metal Base, Implant-Supported	691.80 +L
67220	RETAINERS: PORCELAIN/CERAMIC/POLYMER GLASS, PARTIAL COVERAGE, BONDED ( <i>EXTERNAL RETENTION - E.G. "MARYLAND BRIDGE"</i> )	
67221	Retainers: Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded ( <i>External Retention - e.g. "Maryland Bridge"</i> )	BR +L
67230	RETAINERS: PORCELAIN/CERAMIC/POLYMER GLASS, TWO SURFACE INLAY, BONDED	
67231	Retainers: Porcelain/Ceramic/Polymer Glass, Two Surface Inlay, Bonded	540.70 +L
67240	RETAINERS: PORCELAIN/CERAMIC/POLYMER GLASS, THREE SURFACE INLAY, BONDED	
67241	Retainers: Porcelain/Ceramic/Polymer Glass, Three Surface Inlay, Bonded	569.00 +L
67250	RETAINERS: PORCELAIN/CERAMIC/POLYMER GLASS, ONLAY, BONDED ( <i>Where One Or More Cusps Are Restored</i> )	
67251	Retainers: Porcelain/Ceramic/Polymer Glass, Onlay, Bonded	628.30 +L
<b>67300</b>	<b>RETAINERS: FULL, CAST METAL</b>	
67301	Retainer: Full, Cast Metal	691.80 +L
67302	Retainer: Full, Cast Metal, Complicated	805.70 +L
67305	Retainer: Full, Cast Metal, Implant Supported	691.80 +L
67310	RETAINERS: ¾ CAST METAL	
67311	Retainer: ¾ Cast Metal	691.80 +L
67312	Retainer: ¾ Cast Metal, Complicated	137.00 +L
67320	RETAINERS: CAST METAL, INLAY ( <i>USED WITH BROKEN STRESS TECHNIQUE</i> )	
67321	Retainer: Cast Metal, Inlay, Two Surfaces	660.70 +L
67322	Retainer: Cast Metal, Inlay, Three or More Surfaces	691.80 +L

67330	RETAINERS: CAST METAL ONLAY ( <i>INTERNAL RETENTION TYPE</i> )	
67331	Retainer: Cast Metal, Onlay	725.90 +L
67340	RETAINERS: CAST METAL ONLAY ( <i>BONDED EXTERNAL RETENTION/PARTIAL COVERAGE E.G. MARYLAND BRIDGE</i> )	
67341	Retainer: Cast Metal, Onlay, With or Without Perforations, Bonded To Abutment Tooth, ( <i>Pontic Extra</i> )	411.00 +L
<b>67400</b>	<b>RETAINERS, OVERDENTURES, CUSTOM CAST OR PREFABRICATED WITH NO OCCLUSAL COMPONENT.</b>	
67415	Retainer, Metal, Prefabricated or Custom Cast, Implant-Supported, With or Without Mesostructure With No Occlusal Component ( <i>See 62105 for retentive bar</i> )	BR +L+E
<b>67500</b>	<b>FIXED PROSTHETICS: ABUTMENTS/RETAINERS, MISCELLANEOUS SERVICES</b>	
67501	Abutments Preparation Under Existing Partial Denture Clasp, in addition to retainer codes	112.50 +L
67502	Telescoping Crown Unit	641.30 +L
<b>69000</b>	<b>FIXED PROSTHETICS: OTHER SERVICES</b>	
<b>69100</b>	<b>FIXED PROSTHETICS: MISCELLANEOUS SERVICES</b>	
69101	Fixed Prosthesis, Porcelain, to Replace a Substantial Portion of the Alveolar Process ( <i>In Addition To Retainer and Pontics</i> )	BR
<b>69200</b>	<b>FIXED PROSTHETICS: SPLINTING</b>	
69201	Splinting, for Extensive or Complicated Restorative Dentistry ( <i>Per Tooth</i> )	BR
<b>69300</b>	<b>FIXED PROSTHETICS: RETENTIVE PINS (<i>FOR RETAINERS IN ADDITION TO RESTORATION</i>)</b>	
69301	One Pin/Restoration	47.10 +L
69302	Two Pins/Restoration	62.80 +L
69303	Three Pins/Restoration	78.50 +L
69304	Four Pins/Restoration	94.20 +L
69305	Five Pins or More/Restoration	109.90 +L
<b>69700</b>	<b>FIXED PROSTHETICS: PROVISIONAL COVERAGE (<i>IN EXTENSIVE OR COMPLICATED RESTORATIVE DENTISTRY</i>)</b>	
69701	Abutment Tooth	98.50 +L
69702	Pontic	48.20 +L
<b>69800</b>	<b>FIXED PROSTHODONTIC FRAMEWORK: OSSEO-INTEGRATED IMPLANT-SUPPORTED</b>	
69810	FIXED PROSTHODONTIC FRAMEWORK, OSSIO-INTEGRATED, ATTACHED WITH SCREWS AND INCORPORATING TEETH ( <i>DENTURE TEETH AND ACRYLIC</i> )	
69811	Maxillary	BR
69812	Mandibular	BR

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

BR

69822 Mandibular

BR

## ORAL AND 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 group of teeth or in some cases a single tooth.

### 71000 REMOVALS (*EXTRACTIONS*): ERUPTED TEETH

#### 71100 REMOVALS: ERUPTED TEETH, UNCOMPLICATED

71101	Single Tooth, Uncomplicated	114.50
71109	Each Additional Tooth, Same Quadrant, Same Appointment	68.70

#### 71200 REMOVALS: ERUPTED TEETH, COMPLICATED

71201	Odontectomy, ( <i>extraction</i> ), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth	194.30
71209	Each Additional Tooth, Same Quadrant	116.60
71210	REQUIRING ELEVATION OF A FLAP, REMOVAL OF BONE AND/OR SECTIONING OF TOOTH FOR REMOVAL OF TOOTH	
71211	Single Tooth	194.30
71219	Each Additional Tooth, Same Quadrant	116.60

### 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	194.30
72119	Each Additional Tooth, Same Quadrant	116.60

#### 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 ( <i>PARTIAL BONE IMPACTION</i> )	
72211	Single Tooth	235.10
72219	Each Additional Tooth, Same Quadrant	141.10
72220	REMOVALS: IMPACTION, REQUIRING INCISION OF OVERLYING SOFT TISSUE, ELEVATION OF A FLAP, REMOVAL OF BONE AND/OR SECTIONING OF TOOTH FOR REMOVAL ( <i>COMPLETE BONE IMPACTION</i> )	
72221	Single Tooth	336.10
72229	Each Additional Tooth, Same Quadrant	201.70
72230	REMOVALS: IMPACTION, REQUIRING INCISION OF OVERLYING SOFT TISSUE, ELEVATION OF A FLAP, REMOVAL OF BONE, AND/OR SECTIONING OF TOOTH FOR REMOVAL AND/OR PRESENTS UNUSUAL DIFFICULTIES AND CIRCUMSTANCES	
72231	Single Tooth	355.10
72239	Each Additional Tooth, Same Quadrant	213.10

**72300 REMOVALS (EXTRACTIONS): RESIDUAL ROOTS**

72310	REMOVALS: RESIDUAL ROOTS, ERUPTED	
72311	First Tooth	97.30
72319	Each Additional Tooth, Same Quadrant	58.40
72320	REMOVALS: RESIDUAL ROOTS, SOFT TISSUE COVERAGE	
72321	First Tooth	188.20
72329	Each Additional Tooth, Same Quadrant	112.90
72330	REMOVALS: RESIDUAL ROOTS, BONE TISSUE COVERAGE	
72331	First Tooth	217.30
72339	Each Additional Tooth, Same Quadrant	130.40

**72400 ALVEOLAR BONE PRESERVATION**

72410	ALVEOLAR BONE PRESERVATION - AUTOGRAFT	
72411	First Tooth	135.00 +E
72419	Each Additional Tooth	81.00 +E
72420	ALVEOLAR BONE PRESERVATION – ALLOGRAFT	
72421	First Tooth	135.00 +E
72429	Each Additional Tooth	81.00 +E
72430	ALVEOLAR BONE PRESERVATION – ZENOGRAFT	
72431	First Tooth	135.00 +E
72439	Each Additional Tooth	81.00 +E

**72500 SURGICAL EXPOSURE OF TEETH**

72510	SURGICAL EXPOSURE: UNERUPTED, UNCOMPLICATED, SOFT TISSUE COVERAGE ( <i>INCLUDES OPERCULECTOMY</i> )	
72511	Single Tooth	184.70
72519	Each Additional Tooth, Same Quadrant	110.80
72520	SURGICAL EXPOSURE: COMPLEX, HARD TISSUE COVERAGE	
72521	Single Tooth	271.60
72529	Each Additional Tooth, Same Quadrant	162.90
72530	SURGICAL EXPOSURE: UNERUPTED TOOTH, WITH ORTHODONTIC ATTACHMENT	
72531	Single Tooth	290.40
72539	Each Additional Tooth, Same Quadrant	174.30
72540	SURGICAL EXPOSURE: UNERUPTED TOOTH, SOFT TISSUE COVERAGE WITH POSITIONING OF ATTACHED GINGIVAE	
72541	Single Tooth	168.60
72550	SURGICAL EXPOSURE: UNERUPTED TOOTH, HARD TISSUE COVERAGE WITH POSITIONING OF ATTACHED GINGIVAE	
72551	Single Tooth	223.20

**72600 SURGICAL MOVEMENT OF TEETH**

72610	TRANSPLANTATION OF ERUPTED TOOTH	
72611	First Tooth	456.60
72619	Each Additional Tooth, Same Quadrant	274.00
72620	TRANSPLANTATION OF UNERUPTED TOOTH	
72621	First Tooth	456.60
72629	Each Additional Tooth, Same Quadrant	274.00
72630	REPOSITIONING: SURGICAL	
72631	First Tooth	244.30
72639	Each Additional Tooth, Same Quadrant	146.60

**72700 ENUCLEATION: SURGICAL**

72710	UNERUPTED TOOTH AND FOLLICLE	
72711	First Tooth	288.80
72719	Each Additional Tooth, Same Quadrant	173.30

**72800 REMOVAL OF A FRACTURED CUSP AS A SEPARATE PROCEDURE, NOT IN CONJUNCTION WITH SURGICAL OR RESTORATIVE PROCEDURES ON THE SAME TOOTH**

72801	First Tooth	72.80
72809	Each Additional Tooth	43.70

**73000 REMODELING AND RECONTOURING ORAL TISSUES IN PREPARATION FOR REMOVABLE PROSTHESES (TO INCLUDE CODES 73110, 73120, 73140, 73150, 73160, 73170, 73180)****73100 ALVEOLOPLASTY (BONE REMODELING OF RIDGE WITH SOFT TISSUE REVISIONS)**

73110	ALVEOLOPLASTY: IN CONJUNCTION WITH EXTRACTIONS	
73111	Per Sextant	99.70
73120	ALVEOLOPLASTY: NOT IN CONJUNCTION WITH EXTRACTIONS	
73121	Per Sextant	121.00
73140	REMODELING OF BONE	
73141	Mylohyoid Ridge Remodeling	219.20
73142	Genial Tubercle Remodeling	210.80
73150	EXCISION OF BONE	
73151	Nasal Spine: Excision	210.80
73152	Torus Palatinus: Excision	336.60
73153	Torus Mandibularis: Unilateral, Excision	216.50
73154	Torus Mandibularis: Bilateral, Excision	351.70
73160	REMOVAL OF BONE: EXOSTOSIS, MULTIPLE	
73161	Per Quadrant	190.20 to 371.20
73170	REDUCTION OF BONE: TUBEROSITY	
73171	Unilateral, Reduction	275.50
73172	Bilateral, Reduction	550.50
73180	AUGMENTATION OF BONE	

73181	Unilateral, Pterygomaxillary Tuberosity, Augmentation	219.20 +E
73182	Bilateral, Pterygomaxillary Tuberosity, Augmentation	420.90 +E
73183	Unilateral, Mandibular Ridge, Augmentation	267.00 to 345.60 +E
73184	Bilateral, Mandibular Ridge, Augmentation	533.90 to 690.90 +E

**73200 GINGIVOPLASTY AND/OR STOMATOPLASTY: ORAL SURGERY**

73210	INDEPENDENT PROCEDURE	
73211	Per Sextant	108.50
73220	MISCELLANEOUS PROCEDURES	
73221	Gingivoplasty: in Conjunction With Tooth Removal	108.50
73222	Excision of Vestibular Hyperplasia, Per Sextant	108.50
73223	Surgical Shaving of Papillary Hyperplasia of the Palate	242.90
73224	Excision of Pericoronal Gingival ( <i>for retained tooth/implant</i> ), per tooth/implant	55.40
73230	REMOVAL: TISSUE, HYPERPLASTIC ( <i>INCLUDES THE INCISION OF THE MUCOUS MEMBRANE, THE DISSECTION AND REMOVAL OF HYPERPLASTIC TISSUE, THE REPLACING AND ADAPTING OF THE MUCOUS MEMBRANE</i> )	
73231	Per Sextant	108.50
73240	REMOVALS: MUCOSA, EXCESS ( <i>COMPLETE REMOVAL WITHOUT DISSECTION</i> )	
73241	Per Sextant	108.50

**73300 REMODELING: FLOOR OF THE MOUTH**

73301	Full Arch Lowering of the Floor of the Mouth	1,077.60
73302	Partial Arch Lowering of the Floor of the Mouth	539.10
73303	Reinsertion of the Mylohyoid Muscle	449.00

**73400 VESTIBULOPLASTY**

73410	VESTIBULOPLASTY: SUB-MUCOUS	
73411	Per Sextant	358.60
73420	SULCUS DEEPENING AND RIDGE RECONSTRUCTION	
73421	Per Sextant	167.90
73430	VESTIBULOPLASTY: WITH SECONDARY EPITHELIZATION	
73431	Per Sextant	146.30
73440	VESTIBULOPLASTY: WITH LABIAL INVERTED FLAP	
73441	Per Sextant	219.20
73450	VESTIBULOPLASTY: WITH SKIN GRAFT	
73451	Per Sextant	269.50
73460	VESTIBULOPLASTY: WITH MUCOSAL GRAFT	
73461	Per Sextant	269.50
73470	VESTIBULOPLASTY: WITH DERMAL GRAFT, AUTOGRAFT	
73471	Per Sextant	269.50 +E
73480	VESTIBULOPLASTY: WITH DERMAL GRAFT, ALLOGRAFT	

73481	Per Sextant	269.50
73490	VESTIBULOPLASTY: WITH CONNECTIVE TISSUE FOR RIDGE AUGMENTATION	
73491	Per Sextant	269.50
<b>73500 RECONSTRUCTION: ALVEOLAR RIDGE</b>		
73510	RECONSTRUCTION: ALVEOLAR RIDGE, WITH AUTOGENOUS BONE	
73511	Per Sextant	359.50 +E
73520	RECONSTRUCTION: ALVEOLAR RIDGE, WITH ALLOPLASTIC MATERIAL	
73521	Per Sextant	359.50 +E
<b>73600 EXTENSIONS: MUCOUS FOLDS</b>		
73610	EXTENSIONS: MUCOUS FOLDS, WITH SECONDARY EPITHELIZATION	
73611	Per Sextant	261.00
73620	EXTENSIONS: MUCOUS FOLDS, WITH SKIN GRAFTS	
73621	Per Sextant	261.00
73630	EXTENSIONS: MUCOUS FOLDS, WITH MUCOUS GRAFT	
73631	Per Sextant	261.00
<b>74000 SURGICAL EXCISION (NOT IN CONJUNCTION WITH TOOTH REMOVAL, INCLUDING BIOPSY)</b>		
<b>74100 SURGICAL EXCISION: TUMORS, BENIGN</b>		
74110	TUMORS, BENIGN, SCAR TISSUE, INFLAMMATORY OR CONGENITAL LESIONS OF SOFT TISSUE OF THE ORAL CAVITY	
74111	1cm and under	168.60
74112	1-2 cm	219.20
74113	2-3 cm	265.50
74114	3-4 cm	303.30
74115	4-6 cm	366.50
74116	6-9 cm	407.20
74117	9-15 cm	463.20
74118	15 cm and over	522.10
74120	TUMORS, BENIGN, BONE TISSUE	
74121	1cm and under	202.40
74122	1-2 cm	280.90
74123	2-3 cm	365.00
74124	3-4 cm	454.90
74125	4-6 cm	530.70
74126	6-9 cm	628.90
74127	9-15 cm	707.40
74128	15 cm and over	814.20

**74200 SURGICAL EXCISION: TUMORS, MALIGNANT**

## 74210 TUMORS, MALIGNANT, SOFT TISSUE, ORAL CAVITY

74211	1cm and under	157.30
74212	1-2 cm	235.70
74213	2-3 cm	325.80
74214	3-4 cm	407.20
74215	4-6 cm	505.30
74216	6-9 cm	589.60
74217	9-15 cm	695.80
74218	15 cm and over	783.00

## 74220 TUMORS, MALIGNANT, BONE TISSUE

74221	1cm and under	235.70
74222	1-2 cm	314.40
74223	2-3 cm	407.20
74224	3-4 cm	488.60
74225	4-6 cm	589.60
74226	6-9 cm	673.90
74227	9-15 cm	783.00
74228	15 cm and over	898.00

**74300 CHEILOPLASTY (LIP SHAVE)**

74301	Cheiloplasty, Partial	314.40
74302	Cheiloplasty, Total	483.70 to 628.90

**74400 HARD TISSUE GRAFTS TO THE JAW**

74401	Autograft - Per Site – Maxilla or Mandible	359.50 +E
74402	Allograft – Per Site – Maxilla or Mandible	359.50 +E
74403	Xenograft – Per Site – Maxilla or Mandible	359.50 +E

**74500 AUGMENTATIONS: PROSTHETIC, OF THE JAW**

74520	AUGMENTATIONS: SYNTHETIC, OF THE JAW	
74521	Augmentation: of the Chin	BR

**74600 SURGICAL EXCISION: CYSTS/GRANULOMAS (BASED ON CYST SIZE)**

## 74610 ENUCLEATION OF CYST/GRANULOMA: ODONTOGENIC AND NON-ODONTOGENIC, REQUIRING PRIOR REMOVAL OF BONY TISSUE AND SUBSEQUENT SUTURE(S)

74611	1cm and under	194.00
74612	1-2 cm	269.60
74613	2-3 cm	351.10
74614	3-4 cm	437.80
74615	4-6 cm	530.70
74616	6-9 cm	628.90
74617	9-15 cm	732.60
74618	15 cm and over	842.20

## 74620 MARSUPIALIZATION

74621	Cyst, Marsupialization	275.20
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74630	EXCISION OF CYST	
74631	1cm and under	194.00
74632	1-2 cm	269.60
74633	2-3 cm	351.10
74634	3-4 cm	437.80
74635	4-6 cm	530.70
74636	6-9 cm	628.90
74637	9-15 cm	732.60
74638	15 cm and over	842.20
<b>75000 SURGICAL INCISIONS</b>		
<b>75100 SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION: INTRAORAL</b>		
75110	SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION: INTRAORAL SOFT TISSUE	
75111	Intraoral, Surgical Exploration, Soft Tissue	123.90
75112	Intraoral, Abscess, Soft Tissue	123.90
75113	Intraoral, Abscess, In Major Anatomical Area with Drain	210.80
75120	SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION: INTRAORAL HARD TISSUE	
75121	Intraoral, Abscess, Hard Tissue, Trephination and Drainage	131.90
75122	Intraoral, Surgical Exploration, Hard Tissue	202.40
75123	Intraoral, Abscess, Hard Tissue, Trephination and Drainage in a Major Anatomical Area	280.90
<b>75200 SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION: EXTRAORAL</b>		
75210	SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION: EXTRAORAL SOFT TISSUE	
75211	Extraoral, Abscess, Superficial	292.30
75212	Extraoral, Abscess, Deep	365.00
75220	SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION: EXTRAORAL HARD TISSUE	
75221	Extraoral, Surgical Exploration, Hard Tissue	292.30
<b>75300 SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES</b>		
75301	Removal: From Skin or Subcutaneous Alveolar Tissue	402.80 to 786.30
75302	Removal: of Reaction Producing Foreign Bodies	402.80 to 786.30
75303	Removal: of Needle From Musculoskeletal System	402.80 to 786.30
<b>75400 SEQUESTRECTOMY (FOR OSTEOMYELITIS)</b>		
75401	Intraoral Sequestrectomy	269.60
75402	Saucerization	472.00
75403	Osteomyelitis: Non Surgical Treatment of	101.10
75410	EXTRAORAL SEQUESTRECTOMY	
75411	3 cm and less	269.60
75412	3-4 cm	337.00
75413	4-6 cm	421.50
75414	6-9 cm	491.40
75415	9 cm and over	584.10

**75500 MANDIBULECTOMY**

75510	MANDIBULECTOMY	
75511	3 cm and less	235.70
75512	3-4 cm	314.40
75513	4-6 cm	407.20
75514	6-9 cm	505.30
75515	9-12 cm	609.00
75516	12-15 cm	718.60
75517	15 cm and over	808.40
75518	Total Mandibulectomy	1,012.70 to 1,279.70

**75600 MAXILLECTOMY**

75610	MAXILLECTOMY	
75611	3 cm and less	393.20
75612	3-4 cm	472.00
75613	4-6 cm	570.00
75614	6-9 cm	673.90
75615	9-12 cm	783.00
75616	12-15 cm	898.00
75617	15 cm and over	1,032.90
75618	Total Maxillectomy	1,179.50 to 1,526.80

**76000 FRACTURES: TREATMENT OF****76100 INTERMAXILLARY FIXATION (*WIRING*)**

76110	SPLINTS PER ARCH, ONE OR MORE PER JAW	
76111	Wiring of Dentures or Arch Bar	202.40
76112	Acrylic Prosthesis or Cap Splint	202.40
76113	Circumzygomatic Wiring: Unilateral	67.70
76114	Perialveolar or Transpalatal Wiring	67.70
76115	Intra or Periosseous Splinting for Pericranial Suspension	67.70
76116	Intermaxillary Fixation	204.80
76120	INTRA MAXILLARY SUSPENSION ( <i>WIRING</i> )	
76121	Nasal Spine Wiring	67.70
76122	Piriform Apertures Suspension	67.70
76123	Frontal Suspension	292.30
76124	Orbital Rim Suspension: Bilateral	292.30
76125	Head Frame Suspension	472.00
76130	CIRCUMMANDIBULAR WIRING	
76131	Wiring, One	67.70
76132	Wiring, Two	135.30
76133	Wiring, Three or Over	203.10

76140	SPLINTS/WIRES: REMOVAL OF	
76141	Removal of Wire	112.50
76142	Removal of Arch Splint (One or More Per Jaw)	112.50
76143	Removal of Interosseous Ligature or Bone Plate	269.60
76144	Removal of Intra or Periosteous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus	269.60
76145	Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth ( <i>One or More Per Jaw</i> )	210.80
76146	Removal of Wire Plate or Screw Used In Osteosynthesis ( <i>One or More at the Same Site</i> )	269.60
<b>76200</b>	<b>FRACTURES: REDUCTIONS, MANDIBULAR</b>	
76201	Reduction: Mandibular, Closed	553.00 to 674.00
76202	Reduction: Mandibular, Open, Single	786.30
76203	Reduction: Mandibular, Open, Double	943.20
76204	Reduction: Mandibular, Open, Multiple	1,043.80
<b>76300</b>	<b>FRACTURES: REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I</b>	
76301	Reduction: Maxillary, Closed	539.20
76302	Reduction: Maxillary, Open, Single	786.30
76303	Reduction: Maxillary, Open, Double	943.20
76304	Reduction: Maxillary, Open, Multiple	1,104.70 to 1,437.00
76305	Reduction: Compound Fracture of Maxilla ( <i>Requiring Reduction and Soft Tissue Repair</i> )	1,564.90 to 1,908.50
<b>76400</b>	<b>FRACTURES: REDUCTIONS, MAXILLARY, PYRAMIDAL LE FORT'S II</b>	
76401	Reduction, Maxillary, Closed	628.90
76402	Reduction, Maxillary, Open, Unilateral	628.90
76403	Reduction, Maxillary, Open, Bilateral	943.20
<b>76500</b>	<b>FRACTURES: REDUCTIONS, NASO-ORBITAL</b>	
76501	Reduction, Closed, Unilateral	488.60
76502	Reduction, Closed, Bilateral	976.80
76503	Reduction, Naso-orbital, Open, External Approach	870.10
76504	Reduction, Naso-orbital, Open, Sinusal Approach	870.10
76505	Reduction, Naso-orbital, Open, Orbital Approach With Insertion of Subperiosteal Implant	957.10
76506	Exploration: of Orbital Blowout Fracture	628.90
76507	Exploration: of Orbital Blowout Fracture and Reconstruction With Insertion of a Subperiosteal Implant	1,043.80
<b>76600</b>	<b>FRACTURES: REDUCTIONS, MALAR BONE</b>	
76601	Reduction, Malar Bone, Closed	269.60
76602	Reduction, Malar Bone, Open, By Simple Elevation	404.30
76603	Reduction, Malar Bone, Open, By Osteosynthesis	718.60
76604	Reduction, Malar Bone, Open, By Sinus Approach	589.60
76605	Reduction, Malar Bone, Simple Fracture ( <i>Open Reduction With Antrostomy and Packing</i> )	589.60
<b>76700</b>	<b>FRACTURES: REDUCTIONS, ZYGOMATIC ARCH</b>	
76701	Reduction, Zygomatic Arch, Intraoral Approach	269.60
76702	Reduction, Zygomatic Arch, Temporal Approach	628.90
76703	Reduction, Zygomatico-Maxillary Fracture Dislocation, Complex, Closed	404.30
76704	Reduction, Zygomatico-Maxillary Fracture Dislocation, Open Reduction	786.30

**76800 FRACTURES: REDUCTIONS, CRANIOFACIAL DISJUNCTION, LE FORT'S III  
TRANSVERSE (SPECIFY TYPE OF PROCEDURE ACCORDING TO PREVIOUS CODE  
USED FOR FRACTURE)**

76801	Reduction, Craniofacial Disjunction, Closed	1,077.60
76802	Reduction, Craniofacial Disjunction, Open	1,526.80

**76900 FRACTURES: REDUCTIONS, ALVEOLAR**

76910	FRACTURES: ALVEOLAR, DEBRIDEMENT, TEETH REMOVED	
76911	3 cm or less	674.00
76912	3-6 cm	674.00
76913	6 cm and over	702.20
76920	REDUCTION, ALVEOLAR, CLOSED, WITH TEETH (FIXATION EXTRA)	
76921	3 cm or less	345.90 to 674.00
76922	3-6 cm	345.90 to 708.70
76923	6-9 cm	360.00 to 702.20
76924	9 cm and over	360.00 to 702.20
76930	REDUCTION, ALVEOLAR, OPEN, WITH TEETH (FIXATION EXTRA)	
76931	3 cm or less	345.90 to 674.00
76932	3-6 cm	345.90 to 674.00
76933	6-9 cm	360.10 to 702.20
76934	9 cm and over	360.00 to 730.10
76940	REPLANTATION: AVULSED TOOTH/TEETH (INCLUDING SPLINTING)	
76941	Replantation, First Tooth	330.40
76949	Each Additional Tooth	198.20
76950	REPOSITIONING OF TRAUMATICALLY DISPLACED TEETH	
76951	One Unit of Time	64.70
76952	Two Units of Time	129.40
76959	Each Additional Unit Over Two	64.70
76960	REPAIRS: LACERATIONS, UNCOMPLICATED, INTRAORAL OR EXTRAORAL	
76961	2 cm and less	134.70
76962	2-4 cm	151.70
76963	4-6 cm	168.60
76964	6-9 cm	185.40
76965	9-12 cm	210.80
76966	12-16 cm	228.40
76967	16-20 cm	245.90
76968	20-25 cm	273.80
76969	25 cm and over	292.30
76970	REPAIRS: LACERATIONS, THROUGH AND THROUGH	
76971	2 cm and less	146.30
76972	2-4 cm	164.40
76973	4-6 cm	182.60
76974	6-9 cm	201.00
76975	9-12 cm	227.40
76976	12-16 cm	246.50
76977	16-20 cm	265.50
76978	20-25 cm	295.00
76979	25 cm and over	314.40

76980	REPAIRS: LACERATIONS, COMPLICATED (LOCAL TISSUE SHIFTS)	
76981	2 cm and less	157.30
76982	2-4 cm	177.00
76983	4-6 cm	196.70
76984	6-9 cm	216.40
76985	9-12 cm	244.40
76986	12-16 cm	264.90
76987	16-20 cm	285.10
76988	20-25 cm	316.20
76989	25 cm and over	336.90
<b>77000</b>	<b>MAXILLOFACIAL DEFORMITIES: TREATMENT OF</b>	
<b>77100</b>	<b>OSTEOTOMY/OSTECTOMY: RAMUS OF THE MANDIBULAR</b>	
77101	Osteotomy: Subcondylar, Closed	2,402.00
77102	Osteotomy: Subcondylar, Open	2,402.00
77103	Osteotomy: Ramus of the Mandible, Oblique, Extraoral	2,402.00
77104	Osteotomy: Ramus of the Mandible, Oblique, Intraoral	2,402.00
77105	Osteotomy/Ostectomy: Body of the Mandible	2,402.00
77106	Osteotomy: Coronoidectomy	1,145.00
77107	Osteotomy: Condylar Neck	1,145.00
77108	Osteotomy: Sagittal Split	2,402.00
<b>77200</b>	<b>OSTEOTOMY: MISCELLANEOUS</b>	
77201	Osteotomy: Oblique With Bone Graft	2,244.90
77202	Osteotomy: Inverted "L"	2,244.90
77203	Osteotomy:"C"	2,244.90
77204	Osteotomy: of the Ramus of the Mandible for Distraction Osteogenesis, Unilateral	2,244.90
77205	Osteotomy: of the Ramus of the Mandible for Distraction Osteogenesis, Bilateral	2,244.90
77206	Activation of Distraction Device, Unilateral	BR
77207	Activation of Distraction Device, Bilateral	BR
77208	Removal of Distraction Device, Unilateral	BR
77209	Removal of Distraction Device, Bilateral	BR
<b>77300</b>	<b>OSTEOTOMY: MAXILLA</b>	
77301	Osteotomy: Maxilla, Le Forte I	2,402.00
77302	Osteotomy: Maxilla, Le Forte II	2,536.60
77303	Osteotomy: Maxilla, Le Forte III	3,030.80
77304	Additional to the Above Osteotomy Requiring Two Segments	314.40
77305	Additional to the Above Osteotomy Requiring Three Segments	404.10
77306	Additional to the Above Osteotomy Requiring Four Segments	516.30
77307	Additional to the Above Osteotomy Requiring a Cranial Flap	404.10
77308	Closure of Cleft Fistula (Alveolar)	381.70
77309	Closure of Cleft Fistula (Palatal)	381.70
77311	Pharyngoplasty	606.40
77312	Submucous Resection	381.70
77313	Osteotomy: Maxillary, LeFort I, for Distraction Osteogenesis	2,402.00
77314	Osteotomy: Maxillary, LeFort II, for Distraction Osteogenesis	2,536.60
77315	Osteogenesis: Maxillary, LeFort III, for Distraction Osteogenesis	3,030.80
77316	Activation of Distraction Device, LeFort I Level	BR
77317	Activation of Distraction Device, LeFort II Level	BR
77318	Activation of Distraction Device, LeFort III Level	BR
77319	Removal of Maxillary Distraction Device	BR

**77400 OSTEOTOMY: MAXILLARY/MANDIBULAR, SEGMENTAL****77410 OSTEOTOMY: SEGMENTAL, MAXILLA**

77411	Osteotomy: Segmental, Anterior	1,077.60
77412	Osteotomy: Segmental, Posterior	1,077.60
77413	Osteotomy: Midpalatal Split, Anterior	718.60
77414	Osteotomy: Midpalatal Split, Complete	1,077.60
77415	Osteotomy: Segmental, Anterior – for Distraction Osteogenesis	1,077.60
77416	Osteotomy: Segmental, Posterior – for Distraction Osteogenesis	1,077.60
77417	Activation of Distraction Device	BR
77418	Removal of Segmentation Maxillary Distraction Device	BR

**77420 OSTEOTOMY: SEGMENTAL, MANDIBLE**

77421	Osteotomy: Segmental, Anterior, With Transfer of Mental Eminence	1,077.60
77422	Osteotomy: Segmental, Anterior, Without the Transfer of Mental Eminence	1,077.60
77423	Osteotomy: Segmental, Posterior	976.80
77424	Osteotomy: Lower Border, Mandible	1,077.60
77425	Osteotomy: Total Dento-Alveolar, Mandible	2,244.90
77426	Osteotomy: Segmental, Anterior – for Distraction Osteogenesis	1,077.60
77427	Osteotomy: Segmental, Posterior – for Distraction Osteogenesis	976.80
77428	Activation of Distraction Device	BR
77429	Removal of Segmental Mandibular Distraction Device	BR

**77430 OSTEOTOMY: WHEN “INTERPOSITIONAL GRAFT” IS REQUIRED**

77431	Using Bone	269.50
77432	Using Alloplast	252.70 +E
77433	Using Cartilage	269.50

**77440 OSTEOTOMY: WHEN “ONLAY GRAFT” IS REQUIRED FOR OSTEOTOMY, TRAUMA OR RECONSTRUCTIVE PROCEDURES**

77441	Using Bone	179.70
77442	Using Alloplast	168.60 +E
77443	Using Cartilage	179.70

**77500 GENIOPLASTY**

77501	Genioplasty: Sliding, Reduction Or Augmentation	1,077.60
77502	Genioplasty: Reduction (Vertical)	1,077.60
77503	Genioplasty: Augmentation With Graft ( <i>See Grafting Codes</i> )	1,077.60
77504	Myotomy: Suprahyoid	269.60

**77600 MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES**

77601	Corticotomy	314.40
77602	Interdental Septotomy	314.40
77603	Surgical Expansion of the Palate	539.10
77604	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Maxilla, Per Sextant	314.40
77605	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Mandible, Per Sextant	314.40

<b>77700 PALATORRHAPHY</b>		
77701	Palatorrhaphy: Anterior ( <i>Closure of Palatine Fissure</i> )	1,077.60
77702	Palatorrhaphy: Posterior	1,077.60
77703	Palatorrhaphy: Total	1,347.00
77704	Palatorrhaphy: With Bone Graft	1,796.10
77705	Palatorrhaphy: Bone Graft to Anterior Alveolar Ridge	1,167.50
<b>77800 FRENECTOMY/FRENOPLASTY</b>		
77801	Frenectomy: Upper Labial	219.70
77802	Frenectomy: Lower Labial	219.70
77803	Frenectomy: Lower Lingual or "Z" Plasty	321.60
77804	Frenectomy: Lower Lingual or "Z" Plasty With Myotomy of Genioglossus	321.60
77805	Frenectomy: Upper "Z"	177.10
77806	Frenectomy: Lower "Z"	177.10
<b>77900 GLOSSECTOMY</b>		
77901	Glossectomy: Partial, Anterior Wedge	314.40
77902	Glossectomy: Partial, for Orthodontic Purposes	314.40
77903	Glossectomy: Full Postero-Anterior Wedge	583.90
77910	<b>CLEFT SURGERY</b>	
77911	Primary Unilateral Cleft Lip Repair	606.40
77912	Secondary Unilateral Cleft Lip Repair	606.40
77913	Primary Bilateral Cleft Lip Repair	808.40
77914	Secondary Bilateral Cleft Lip Repair	808.40
77915	Reconstruction of Cleft Lip with Lip Switch Flap	808.40
77916	Complex Reconstruction or Revision of Cleft Lip	1,010.60
77917	Closure of Alveolar Cleft ( <i>See Grafting Codes</i> )	1,010.60
77920	<b>ORAL NASAL FISTULA</b>	
77921	Primary Closure at Time of Initial Surgery	359.50
77922	Secondary Closure with Palatal Flap	539.10
77923	Secondary Closure with Pharyngeal Flap	539.10
77924	Secondary Closure with Tongue Flap	606.40
77925	Secondary Closure with Buccal Flap	539.10
77930	<b>RIGID FIXATION</b>	
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
<b>78000 TEMPOROMANDIBULAR JOINT DYSFUNCTION: TREATMENT OF</b>		
<b>78100 TEMPOROMANDIBULAR JOINT: DISLOCATION MANAGEMENT OF</b>		
78101	TMJ, Dislocation, Open Reduction	583.90
78102	TMJ, Dislocation, Closed Reduction, Uncomplicated	147.20
78103	TMJ, Dislocation, Closed Reduction, Under General Anesthetic	147.20
78104	TMJ, Luxation, Reduction Without Anesthesia	147.20
78105	TMJ, Luxation, Reduction Under Anesthesia	147.20
78106	TMJ, Manipulation Under Anesthesia	168.60
78107	TMJ, Fixation	168.60

<b>78200</b>	<b>TEMPOROMANDIBULAR JOINT: OPEN PROCEDURES (ARTHROTOMY)</b>	
78201	Condyloplasty	898.00
78202	Condylotomy	539.10
78203	Condylectomy	965.40
78204	Eminoplasty	965.40
78205	Re-Contour of Glenoid Fossa	965.40
78206	Menisectomy	898.00
78207	Plication of Meniscus	965.40
78208	Repair of Meniscus	965.40
78209	Replacement of Meniscus ( <i>see grafting codes</i> )	965.40
<b>78300</b>	<b>TEMPOROMANDIBULAR JOINT: ARTHROTOMY FOR MAJOR RECONSTRUCTION</b>	
78301	Fossa Replacement ( <i>see grafting codes</i> )	965.40
78302	Condylar Replacement ( <i>see grafting codes</i> )	965.40
78303	Gap, Arthroplasty For Ankylosis ( <i>see grafting codes</i> )	1,526.80
<b>78400</b>	<b>TEMPOROMANDIBULAR JOINT: ARTHROSCOPY OF TEMPOROMANDIBULAR JOINT</b>	
78401	TMJ Arthroscopic Examination	269.50
78402	Biopsy	381.70
78403	Removal of Loose Bodies	381.70
78404	Lavage	269.50
78405	Lysis of Adhesions	381.70
78406	Synovectomy	583.90
78407	Condyloplasty	583.90
78408	Eminoplasty	583.90
78409	Re-Contour of Glenoid Fossa	583.90
78411	Menisectomy	673.70
78412	Plication of Meniscus	673.70
78413	Repair of Meniscus	673.70
<b>78500</b>	<b>TEMPOROMANDIBULAR JOINT: ARTHROCENTESIS (PUNCTURE AND ASPIRATION)</b>	
78501	One Unit of Time	64.70
78502	Two Units of Time	129.40
78509	Each Additional Unit Over Two	64.70
<b>78600</b>	<b>TEMPOROMANDIBULAR JOINT: MANAGEMENT BY INJECTIONS</b>	
78601	Injection: With Anti-Inflammatory Drugs	148.40
78602	Injection: With Sclerosing Agent	148.40
<b>78700</b>	<b>TEMPOROMANDIBULAR JOINT: APPLIANCE SPLINTS, ORTHOPEDIC REHABILITATION (POST OPERATIVE)</b>	
78701	Appliance Splint: Maxillary	375.80 +L
78702	Appliance Splint: Mandibular	375.80 +L
<b>79000</b>	<b>ORAL SURGERY PROCEDURES: OTHER</b>	
<b>79100</b>	<b>SALIVARY GLANDS: TREATMENT OF</b>	
79101	Salivary Duct: Dilation of	52.10
79102	Salivary Duct: Insertion of Polyethylene Tube	126.60
79103	Salivary Duct: Sialodochoplasty	269.60
79104	Salivary Duct: Reconstruction of	404.30

79110	SALIVARY DUCT: SIALOLITHOTOMY	
79111	Sialolithotomy: Anterior 1/3 of Canal	247.30
79112	Sialolithotomy: Posterior 2/3 of Canal	674.00
79113	Sialolithotomy: External Approach	1,043.80
79120	SALIVARY GLANDS: EXCISIONS	
79121	Excision of Submaxillary Gland	673.90
79122	Excision of Sublingual Gland	842.20
79123	Excision of Mucocele	84.10
79124	Excision of Ranula	269.60
79125	Marsupialization of Ranula	247.30
79130	SALIVARY GLANDS: REMOVAL	
79131	Salivary Gland: Removal, Parotid ( <i>sub total</i> )	898.00
79132	Salivary Gland: Removal, Parotid ( <i>radical, including facial nerve</i> )	1,437.00
<b>79200</b>	<b>NEUROLOGICAL DISTURBANCES: TREATMENT OF</b>	
79210	NEUROLOGICAL DISTURBANCES: TRIGEMINAL NERVE	
79211	Trigeminal Nerve: Injection for Destruction	134.70
79212	Trigeminal Nerve: Avulsion at Periphery	280.90
79213	Trigeminal Nerve: Total Avulsion of a Branch	511.00
79214	Trigeminal Nerve: Alcoholization of a Branch	134.70
79215	Trigeminal Nerve: Infiltration of a Branch for Diagnosis	64.70
79216	Trigeminal Nerve: Intraoperative, Diagnostic or Physiologic Monitoring ( <i>Stimulation with Recording Evoked Potentials, Ultrasound, or Impedence</i> )	123.90
79217	Trigeminal Nerve: Neurolysis or Tumor Excision of Trigeminal Nerve Branch in Soft Tissue	404.30
79218	Trigeminal Nerve: Neurolysis or Tumor Excision of Trigeminal Nerve Branch in Bone ( <i>Mandible, Maxilla or Orbit</i> ) ( <i>Not to Include: Osteotomy</i> )	786.30
79220	NEUROLOGICAL DISTURBANCES: MENTAL NERVE	
79221	Mental Nerve: Transportation of	472.00
79222	Mental Nerve: Decompression in the Canal	472.00
79230	NEUROLOGICAL DISTURBANCES: INFERIOR DENTAL NERVE	
79231	Inferior Dental Nerve: Complete Avulsion	472.00
79232	Inferior Dental Nerve: Decompression in the Canal	488.60
79240 - 79250	NEUROLOGICAL DISTURBANCES: SURGERY	
79241	Injured Nerve Repair: Primary	628.90
79242	Injured Nerve Repair: Secondary	1,593.90
79243	Injured Nerve Repair: Secondary ( <i>When Repair Delayed More Than Four Weeks</i> )	1,796.10
79244	Neural Transposition and Decompression	472.00
79245	Implantation of Electrode for Peripheral Nerve Stimulation	628.90
79246	Excision of Tumor or Neuroma	673.90
79247	Nerve Repair with Graft	2,244.90 +E
79248	Harvesting of Nerve Graft	786.30
79251	Epineurial Suture of Trigeminal Nerve Branch Per Anastomosis	488.60
79252	Fascicular Suture of Trigeminal Nerve Branch Per Anastomosis	488.60
79253	Conduit Implant for Repair of Nerve Gap Up to 3 cm	1,257.40
79254	Conduit Implant for Repair of Nerve Gap Greater than 3 cm	1,796.10
79255	Fibrin Adhesive Per Nerve Anastomosis	314.40
79256	Laser Coagulation Per Nerve Anastomosis	336.60
79258	In Addition to Above Procedures, when Using Operating Microscopes	67.70

**79300 ANTRAL SURGERY**

79310	ANTRAL SURGERY: RECOVERY, FOREIGN BODIES	
79311	Antral Surgery: Immediate Recovery of a Dental Root or Foreign Body from the Antrum	287.90 to 465.80
79312	Antral Surgery: Immediate Closure of Antrum By Another Dental Surgeon	287.90 to 448.80
79313	Antral Surgery: Delayed Recovery of a Dental Root with Oral Antrostomy	287.90 to 421.50
79314	Antral Surgery: With Nasal Antrostomy	287.90 to 421.50
79320	ANTRAL SURGERY: LAVAGE	
79321	Lavage: Oral Approach	59.10
79322	Lavage: Nasal Approach	59.10
79330	ANTRAL SURGERY: ORO-ANTRAL FISTULA CLOSURE ( <i>SAME SESSION</i> )	
79331	Oro-Antral Fistula Closure With Buccal Flap	269.70 to 404.30
79332	Oro-Antral Fistula Closure With Gold Plate	269.70 to 404.30+E
79333	Oro-Antral Fistula Closure With Palatal Flap	269.70 to 404.30
79340	ANTRAL SURGERY: ORO-ANTRAL FISTULA CLOSURE ( <i>SUBSEQUENT SESSION</i> )	
79341	Oro-Antral Fistula Closure With Buccal Flap	276.40 to 404.30
79342	Oro-Antral Fistula Closure With Gold Plate	276.40 to 404.30+E
79343	Oro-Antral Fistula Closure With Palatal Flap	276.40 to 404.30
79350	SINUS OSSEOUS AUGMENTATION	
79351	Sinus Osseous Augmentation, Open Lateral Approach – Autograft	276.40 to 404.30+E
79352	Sinus Osseous Augmentation, Open Lateral Approach – Allograft	276.40 to 404.30+E
79353	Sinus Osseous Augmentation, Open Lateral Approach – Xenograft	276.40 to 404.30+E
79354	Sinus Osseous Augmentation, Indirect Inferior Approach – Autograft	276.40 to 404.30+E
79355	Sinus Osseous Augmentation, Indirect Inferior Approach – Allograft	276.40 to 404.30+E
79356	Sinus Osseous Augmentation, Indirect Inferior Approach – Xenograft	276.40 to 404.30+E
<b>79400</b>	<b>HEMORRHAGE: CONTROL OF</b>	
79401	Primary Hemorrhage: Control	69.30 to 269.60
79402	Secondary Hemorrhage: Control	80.70 to 786.30
79403	Hemorrhage Control: Using Compression and Hemostatic Agent	80.70 to 786.30
79404	Hemorrhage Control: Using Hemostatic Substance and Sutures ( <i>includes removal of bony tissue, if necessary</i> )	80.70 to 786.30

**79500 GRAFTS: SURGICAL**

79510	HARVESTING OF INTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE	
79511	Bone	227.40
79512	Cartilage	227.40
79513	Skin	227.40
79514	Mucosa	227.40
79515	Fascia	227.40
79516	Muscle	227.40
79517	Dermis	227.40

79520	HARVESTING OF EXTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE (TO INCLUDE ILIUM, RIB, ETC.)	
79521	Bone	314.40
79522	Cartilage	314.40
79523	Costochondral	314.40
79524	Skin	314.40
79525	Mucosa	314.40
79526	Fascia	314.40
79527	Muscle	314.40
79528	Dermis	314.40
79529	Nerve	BR
79530	VASCULARIZED TISSUE FLAPS	
79531	Free	BR
79532	Attached	BR
79540	HARVESTING AND PREPARATION OF PLATELET RICH PLASMA	
79541	Harvesting and Preparation of Platelet Rich Plasma	BR +E
79550	DELIVERY OF GROWTH FACTORS	
79551	Delivery of Growth Factors – Autologous – Per Site	BR +E
79552	Delivery of Growth Factors – Allogenic – Per Site	BR +E
79553	Delivery of Growth Factors – Human Recombinant – Per Site	BR +E
<b>79600</b>	<b>POST SURGICAL CARE (REQUIRED BY COMPLICATIONS AND UNUSUAL CIRCUMSTANCES, REFER TO COMMENT UNDER SECTION HEADING 70000)</b>	
79601	Post Surgical Care: Subsequent to Initial Post Surgical Care, Minor, By Treating Dentist	56.20
79602	Post Surgical Care: Minor, By Other Than Treating Dentist	59.00
79603	Post Surgical Care: Major, By Treating Dentist	60.50 to 590.00
79604	Post Surgical Care: Major, By Other Than Treating Dentist	60.50 to 590.00
79605	Post Surgical Care: Alveolitis, Treatment of ( <i>Without Anaesthesia</i> )	59.00
79606	Post Surgical Care: Alveolitis, Treatment of ( <i>With Anaesthesia</i> )	59.00
<b>79700</b>	<b>EMERGENCY OFFICE PROCEDURES</b>	
79701	Emergency Procedures: Tracheotomy	359.50
79702	Emergency Procedures: Crico-Thyroidotomy	359.50
<b>79800</b>	<b>MUSCULAR DISORDERS: TREATMENT OF</b>	
79801	Treatment of Muscular Dysfunctions	BR
79802	Myotomy	BR
<b>79900</b>	<b>IMPLANTOLOGY (INCLUDES PLACEMENT OF IMPLANT, POST-SURGICAL CARE, UNCOVERING AND PLACEMENT OF ATTACHMENT BUT NOT PROSTHESIS)</b>	
79910	IMPLANTS: BLADE	
79911	Maxillary Per Implant	BR
79912	Mandibular Per Implant	BR
79920	IMPLANTS: SUBPERIOSTEAL	
79921	Maxillary	BR +L
79922	Mandibular	BR +L

79930	IMPLANTS: OSSEOINTEGRATED, ROOT FORM, MORE THAN ONE COMPONENT	
79931	Surgical Installation of Implant with Cover Screw, Per Implant	BR +E
79932	Surgical Installation of Implant with Healing Transmucosal Element, Per Implant	BR +E
79933	Surgical Installation of Implant with Final Transmucosal Element, Per Implant	BR +E
79934	Surgical Re-entry, Removal of Healing Screw and Placement of Healing Transmucosal Element , Per Implant	BR +E
79935	Surgical Re-entry, Removal of Healing Screw and Placement of Final Standard Transmucosal Element, Per Implant	BR +E
79936	Surgical Re-entry, Removal of Healing Screw and Placement of Final Custom Transmucosal Element, Per Implant	BR +E +L
79940	IMPLANTS: OSSEOINTEGRATED, ROOT FORM, SINGLE COMPONENT	
79941	Surgical Installation of Implant, Per Implant	BR
79950	IMPLANTS, OSSEOINTEGRATED, PROVISIONAL	
79951	Installation of Provisional Implant – per Implant	BR
79952	Removal of Provisional Implant	BR
79960	IMPLANTS: REMOVAL OF	
79961	Per Implant, Uncomplicated	BR
79962	Per Implant, Complicated	BR

**ORTHODONTICS****80000 ORTHODONTIC SERVICES: MISCELLANEOUS****80600 ORTHODONTIC: OBSERVATIONS AND ADJUSTMENTS**

80601	Orthodontic Observation - for Tooth Guidance ( <i>i.e. tooth position, eruption sequence, serial extraction supervision, etc.</i> ), per appointment	59.10
80602	Orthodontic Observation and Adjustment - To Orthodontic Appliances and/or the Reduction of Proximal Surfaces of Teeth, per appointment	64.80
80630	REPAIRS TO REMOVABLE OR FIXED APPLIANCES ( <i>NOT INCLUDING REMOVAL AND RECEMENTATION</i> )	
80631	One Unit of Time	68.10 +L
80632	Two Units of Time	136.20 +L
80639	Each Additional Unit Over Two	68.10
80640	ALTERATIONS TO REMOVABLE OR FIXED APPLIANCES	
80641	One Unit of Time	68.10 +L
80642	Two Units of Time	136.20 +L
80649	Each Additional Unit Over Two	68.10
80650	RECEMENTATION OF FIXED APPLIANCES	
80651	One Unit of Time	68.10
80659	Each Additional Unit of Time	68.10
80660	SEPARATION ( <i>EXCEPT WHERE INCLUDED IN THE FABRICATION OF AN APPLIANCE</i> )	
80661	One Unit of Time	68.10
80669	Each Additional Unit of Time	68.10
80670	REMOVAL OF FIXED ORTHODONTIC APPLIANCES ( <i>BY A PRACTITIONER OTHER THAN THE ORIGINAL TREATING PRACTICE OR PRACTITIONER</i> )	
80671	One Unit of Time	68.10
80679	Each Additional Unit of Time	68.10

**81000 APPLIANCES: ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT****81100 APPLIANCES: REMOVABLE**

A maximum of eight observation or adjustment appointments may be charged for these appliances.

81110	APPLIANCES: REMOVABLE, SPACE REGAINING	
81111	Appliance: Maxillary, Unilateral	299.90 +L
81112	Appliance: Mandibular, Unilateral	299.90 +L
81113	Appliance: Maxillary, Bilateral	299.90 +L
81114	Appliance: Mandibular, Bilateral	299.90 +L
81120	APPLIANCES: REMOVABLE, CROSS-BITE CORRECTION	
81121	Appliance: Maxillary, Simple	299.90 +L
81122	Appliance: Mandibular, Simple	299.90 +L

81130	APPLIANCES: REMOVABLE, DENTAL ARCH EXPANSION	
81131	Appliance: Maxillary, Simple	299.90 +L
81132	Appliance: Mandibular, Simple	299.90 +L
81140	APPLIANCES: REMOVABLE, CLOSURE OF DIASTEMAS	
81141	Appliance: Maxillary, Simple	299.90 +L
81142	Appliance: Mandibular, Simple	299.90 +L
81150	APPLIANCES: REMOVABLE, ALIGNMENT OF ANTERIOR TEETH	
81151	Appliance: Maxillary, Simple	299.90 +L
81152	Appliance: Mandibular, Simple	299.90 +L

**81200 APPLIANCES: FIXED OR CEMENTED**

A maximum of eight observation or adjustment appointments may be charged for these appliances.

81210	APPLIANCES: FIXED, SPACE REGAINING ( <i>E.G. LINGUAL OR LABIAL ARCH WITH MOLAR BANDS, TUBES, LOCKS</i> )	
81211	Appliance: Maxillary	299.90 +L
81212	Appliance: Mandibular	299.90 +L
81220	APPLIANCES: FIXED, SPACE REGAINING, UNILATERAL	
81221	Appliance: Maxillary	225.10 +L
81222	Appliance: Mandibular	225.10 +L
81230	APPLIANCES: FIXED, CROSS-BITE CORRECTION - ANTERIOR	
81231	Appliance: Maxillary	299.90 +L
81232	Appliance: Mandibular	299.90 +L
81240	APPLIANCES: FIXED, CROSS-BITE CORRECTION - POSTERIOR	
81241	Appliance: Maxillary	299.90 +L
81242	Appliance: Mandibular	299.90 +L
81243	Appliance: Two-Molar Band, Hooked and Elastics	225.10 +L
81250	APPLIANCES: FIXED, DENTAL ARCH EXPANSION	
81251	Appliance: Maxillary	439.10 +L
81252	Appliance: Mandibular	439.10 +L
81253	Appliance: Maxillary, Rapid Expansion	439.10 +L
81260	APPLIANCES: FIXED, CLOSURE OF DIASTEMAS	
81261	Appliance: Maxillary, Simple	299.90 +L
81262	Appliance: Mandibular, Simple	299.90 +L
81270	APPLIANCES: FIXED, ALIGNMENT OF INCISOR TEETH	
81271	Appliance: Maxillary, Simple	439.10 +L
81272	Appliance: Mandibular, Simple	439.10 +L
81280	APPLIANCES: FIXED, LIGATURES	
81281	Grassline or Elastic Ligatures, Per Visit	64.80 +L
81290	APPLIANCES: FIXED, MECHANICAL ERUPTION OF TOOTH/TEETH	
81291	Appliance: Maxillary, Impaction	348.60 +L
81292	Appliance: Mandibular, Impaction	348.60 +L
81293	Appliance: Maxillary, Erupted	299.90 +L
81294	Appliance: Mandibular, Erupted	299.90 +L

**83000 APPLIANCES: RETENTION, ORTHODONTIC RETAINING APPLIANCES****83100 APPLIANCES: REMOVABLE, RETENTION**

83101	Appliance: Maxillary	225.10 +L
83102	Appliance: Mandibular	225.10 +L
83103	Appliance: Tooth Positioner	225.10 +L

**83200 APPLIANCES: FIXED/CEMENTED, RETENTION**

83201	Appliance: Maxillary	299.90 +L
83202	Appliance: Mandibular	299.90 +L

**COMPREHENSIVE ORTHODONTIC TREATMENT**

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.

**Case Type:** Fixed Appliance (*includes formal full banding treatment and retention*)

**84000 PERMANENT DENTITION**

84101	Class I Malocclusion	BR
84201	Class II Malocclusion	BR
84301	Class III Malocclusion	BR
84401	Malocclusions Not Requiring Complete Banding	BR

**85000 MIXED DENTITION**

85101	Class I Malocclusion	BR
85201	Class II Malocclusion	BR
85301	Class III Malocclusion	BR

**Case Type:** Removable Appliance (*includes removable appliance therapy and retention; e.g. functional appliances*)

**87000 PERMANENT DENTITION**

87101	Class I Malocclusion	BR
87201	Class II Malocclusion	BR
87301	Class III Malocclusion	BR

**88000 MIXED DENTITION**

88101	Class I Malocclusion	BR
88201	Class II Malocclusion	BR
88301	Class III Malocclusion	BR

**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	BR
89502	Extraoral Retraction Appliance for Infants With Cleft Palate	BR
89503	Stage I - Initial Expansion	BR
89504	Stage II - Anterior Alignment	BR
89505	Stage III - Final Alignment (Complete Banding)	BR
89506	Stage III - Where Stage I and II Were Not Provided for	BR

## ADJUNCTIVE GENERAL SERVICES

### 91000 UNCLASSIFIED TREATMENTS

#### 91100 UNCLASSIFIED TREATMENT: DENTAL PAIN

91110	PALLIATIVE ( <i>EMERGENCY</i> ) TREATMENT OF DENTAL PAIN: MINOR PROCEDURE	
91111	One Unit of Time	47.50
91112	Two Units of Time	95.00
91113	Three Units of Time	142.50
91119	Each Additional Unit Over Three	47.50
91120	EMERGENCY SERVICES: NOT OTHERWISE SPECIFIED IN GUIDE	
91121	One Unit of Time	47.50
91122	Two Units of Time	95.00
91123	Three Units of Time	142.50
91129	Each Additional Unit Over Three	47.50

#### 91200 UNCLASSIFIED TREATMENT: UNUSUAL TIME AND RESPONSIBILITIES

91210	UNUSUAL TIME AND RESPONSIBILITY REQUIREMENT: IN ADDITION TO USUAL PROCEDURES IN GUIDE	
91211	One Unit of Time	52.80
91212	Two Units of Time	105.60
91213	Three Units of Time	158.40
91219	Each Additional Unit Over Three	52.80
91220	SECOND SURGEON ( <i>TEAM APPROACH</i> )	
91221	One Unit of Time	54.70
91222	Two Units of Time	109.40
91223	Three Units of Time	164.10
91224	Four Units of Time	218.80
91225	Five Units of Time	273.50
91226	Six Units of Time	328.20
91227	Seven Units of Time	382.90
91228	Eight Units of Time	437.60
91229	Each Additional Unit Over Eight	54.70
91230	MANAGEMENT OF EXCEPTIONAL PATIENT	
91231	One Unit of Time	52.80
91232	Two Units of Time	105.60
91233	Three Units of Time	158.40
91234	Four Units of Time	211.20
91239	Each Additional Unit Over Four	52.80

### 92000 ANAESTHESIA

#### 92100 ANAESTHESIA: LOCAL (*NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES, INCLUDES PRE-ANAESTHETIC EVALUATION AND POST-ANAESTHETIC FOLLOW-UP*)

92101	Regional Block Anaesthesia	55.10
92102	Trigeminal Division Block	55.10

92200 Anaesthesia: General (*includes pre-anaesthetic evaluation and post-anaesthetic follow-up*)

92210 GENERAL ANAESTHESIA

92212	Two Units of Time	117.40
92213	Three Units of Time	176.10
92214	Four Units of Time	234.80
92215	Five Units of Time	293.50
92216	Six Units of Time	352.20
92217	Seven Units of Time	410.90
92218	Eight Units of Time	469.60
92219	Each Additional Unit Over Eight	58.70

92220 PROVISION OF FACILITIES, EQUIPMENT AND SUPPORT SERVICES FOR GENERAL ANAESTHESIA WHEN PROVIDED BY A SEPARATE PRACTITIONER

92222	Two Units of Time	117.40
92223	Three Units of Time	176.10
92224	Four Units of Time	234.80
92225	Five Units of Time	293.50
92226	Six Units of Time	352.20
92227	Seven Units of Time	410.90
92228	Eight Units of Time	469.60
92229	Each Additional Unit Over Eight	58.70

**92300 ANAESTHESIA: DEEP SEDATION**

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	106.00
92303	Three Units of Time	159.00
92304	Four Units of Time	212.00
92305	Five Units of Time	265.00
92306	Six Units of Time	318.00
92307	Seven Units of Time	371.00
92308	Eight Units of Time	424.00
92309	Each Additional Unit Over Eight	53.00

92320 PROVISION OF FACILITIES, EQUIPMENT AND SUPPORT SERVICES FOR DEEP SEDATION WHEN PROVIDED BY A SEPARATE PRACTITIONER

92322	Two Units of Time	106.00
92323	Three Units of Time	159.00
92324	Four Units of Time	212.00
92325	Five Units of Time	265.00
92326	Six Units of Time	318.00
92327	Seven Units of Time	371.00
92328	Eight Units of Time	424.00
92329	Each Additional Unit Over Eight	53.00

**92400 ANAESTHESIA: CONSCIOUS SEDATION**

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	<i>NITROUS OXIDE</i> - Time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device.	
92411	One Unit of Time	44.60
92412	Two Units of Time	89.20
92413	Three Units of Time	133.80
92414	Four Units of Time	178.40
92415	Five Units of Time	223.00
92416	Six Units of Time	267.60
92417	Seven Units of Time	312.20
92418	Eight Units of Time	356.80
92419	Each Additional Unit Over Eight	44.60
92420	ORAL SEDATION - Sedation sufficient to require monitored care. Time is measured from the start of patient monitoring to release from treatment/recovery room.	
92421	One Unit of Time	20.60
92440	PARENTERAL CONSCIOUS SEDATION <i>(regardless of method - IM or IV)</i>	
92441	One Unit of Time	47.80
92442	Two Units of Time	95.60
92443	Three Units of Time	143.40
92444	Four Units of Time	191.20
92445	Five Units of Time	239.00
92446	Six Units of Time	286.80
92447	Seven Units of Time	334.60
92448	Eight Units of Time	382.40
92449	Each Additional Unit Over Eight	47.80

**92500 NON PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT**

92510	HYPNOSIS	
92511	One Unit of Time	67.30
92512	Two Units of Time	134.60
92513	Three Units of Time	201.90
92514	Four Units of Time	269.20
92519	Each Additional Unit Over Four	67.30
92520	ACUPUNCTURE	
92521	One Unit of Time	28.20
92522	Two Units of Time	56.40
92523	Three Units of Time	84.60
92524	Four Units of Time	112.80
92529	Each Additional Unit Over Four	28.20

92530	ELECTRONIC DENTAL ANAESTHESIA	
92531	One Unit of Time	38.70
92532	Two Units of Time	77.40
92533	Three Units of Time	116.10
92534	Four Units of Time	154.80
92539	Each Additional Unit Over Four	38.70

**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	52.00 +E
93112	Two Units of Time	104.00 +E
93119	Each Additional Unit Over Two	52.00 +E
93120	DENTAL LEGAL LETTERS, REPORTS AND OPINIONS	
93121	Dental-Legal Report - a short factually written or verbal communication given to any lay person ( <i>e.g. lawyer, insurance representative, local, municipal or government agency, etc.</i> ) in relation to the patient with prior patient approval.	54.70 to 111.10
93122	Dental-Legal Report - a comprehensive written report with patient approval, on symptoms, history and records giving diagnosis, treatment, results and present condition. The report is factual summary of all information available on the case and could contain prognostic information regarding patient response.	BR
93123	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 judgement with respect to the facts leading to a detailed prognosis.	BR
93130	CONSULTATION AND/OR PARTICIPATION DURING AUTOPSY ( <i>OTHER THAN FORENSIC</i> )	
93131	One Unit of Time	117.10 +E
93132	Two Units of Time	234.20 +E
93139	Each Additional Unit Over Two	117.10

**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	58.90
93310	FOR EXTRAORDINARY TIME SPENT, ON THE TELEPHONE WITH THIRD PARTY ADMINISTRATORS OR THEIR AGENTS, IN RELATION TO CLAIM/TREATMENT PLAN FORMS OR THE CLAIM PROBLEM OF THE PATIENT ( <i>PLUS LONG DISTANCE CHARGES</i> )	
93311	One Unit of Time	58.90 +E
93312	Two Units of Time	117.80 +E
93319	Each Additional Unit Over Two	58.90

93320	FOR EXTRAORDINARY OFFICE TIME SPENT, IN FORWARDING PREDETERMINATION RECORDS, IN PREDETERMINATION SITUATIONS, TO THIRD PARTIES PLUS EXPENSES ( <i>I.E. REGISTRATION, POSTAGE, ETC.</i> )	
93321	One Unit of Time	61.40 +E
93322	Two Units	122.80 +E
93329	Each Additional Unit Over Two	61.40
<b>94000 PROFESSIONAL VISITS</b>		
<b>94100 HOUSE CALLS</b>		
94101	House Call: Non Emergency Visit ( <i>In Addition To Procedures Performed</i> )	64.20
94102	House Call: Emergency Visit, When One Must Immediately Leave Home, Office or Hospital ( <i>In Addition To Procedures Performed</i> )	117.70
<b>94300 OFFICE OR INSTITUTIONAL VISITS</b>		
94301	Office (of another professional) or Institutional Visit, During Regular Scheduled Office Hours (in addition to services performed)	64.20
94302	Office or Institutional Visit Unscheduled, After Regular Scheduled Office Hours ( <i>In Addition to Services Performed</i> )	72.20
94303	Missed or Cancelled Appointment, With Insufficient Notice, During Regular Scheduled Office Hours	63.50
94304	Missed or Cancelled Appointment, With Insufficient Notice, Being a Special Appointment Outside Regular Scheduled Office Hours	63.50
94305	Traveling Expenses	BR
94306	Professional Visits Out of Office, Plus Actual Services Performed, Out of Pocket Expenses, etc.	225.90 +E
<b>94400 COURT APPEARANCES AND/OR PREPARATION</b>		
94410	PREPARATION AS AN EXPERT WITNESS	
94411	One Unit of Time	BR
94412	Two Units of Time	BR
94413	Three Units of Time	BR
94414	Four Units of Time	BR
94419	Each Additional Unit Over Four	BR
94420	COURT APPEARANCE AS AN EXPERT WITNESS	
94421	One Half Day	BR
94422	Full Day	BR
<b>95000 FORENSIC DENTAL SERVICES</b>		
<b>95100 FORENSIC SERVICES: MISCELLANEOUS</b>		
95101	Identification - Opinion as an Expert Assisting in Civil or Criminal Cases	225.90 +E
95102	Full or Part Time Participation in Civil Disaster	BR
95104	Written Odontology Report	BR
95105	Post Mortem Examination of Tissues In Forensic Cases ( <i>non-identification</i> )	BR
95106	Management of Oral Disease or Abnormality	59.30 to 118.00
<b>95200 IDENTIFICATION SYSTEMS</b>		
95201	Identification Disk System: Acid Etch/Bonded	82.70 +L

**96000 DRUGS/MEDICATION: DISPENSING****96100 PRESCRIPTIONS**

96101	Prescription: Emergency	30.00
96102	Emergency Dispensing of One or Two Doses of a Therapeutic Drug, Plus Giving a Written Prescription	34.70 +E
96103	Dispensing : Non Emergency (e.g. Fluorides, Vitamins, Other Drugs/Medications)	17.10 +E

**96200 INJECTIONS: THERAPEUTIC**

96201	Intramuscular Drug Injection	47.90 +E
96202	Intravenous Drug Injection	47.90 +E
96203	Intralesional Delivery - Intra-articular Injections - see 78600	28.80 +E

**97000 BLEACHING: VITAL**

97110	BLEACHING: VITAL, IN OFFICE	
97111	One Unit of Time	62.80
97112	Two Units of Time	125.60
97113	Three Units of Time	188.40
97119	Each Additional Unit Over Three	62.80
97120	BLEACHING: VITAL, HOME (INCLUDES THE FABRICATION OF BLEACHING TRAYS, DISPENSING THE SYSTEM AND FOLLOW-UP CARE)	
97121	Maxillary Arch	241.90 +E and/or +L
97122	Mandibular Arch	241.90 +E and/or +L
97130	MICRO-ABRASION	
97131	One Unit of Time	53.00
97132	Two Units of Time	106.00
97133	Three Units of Time	159.00
97134	Four Units of Time	212.00
97139	Each Additional Unit Over Four	53.00

**98000 COUNSELING**

98100	TOBACCO-USE CESSATION SERVICES - To include: Identifying patients who use tobacco, informing patients of oral health consequences associated with tobacco; advising tobacco users to quit; provide appropriate self-help material; and discuss treatment options.	
98101	One Unit of Time	66.90 +E
98102	Two Units of Time	133.80 +E
98109	Each additional Unit Over Two	66.90 +E

**99000 LABORATORY AND EXPENSE PROCEDURES**

(This code is used in conjunction with the "+L" and "+E" 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 ( <i>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</i> )	BR
99222	"L" For Oral Pathology Biopsy Services When Provided In Relation To Surgical Services From The 30000, 40000, Or 70000 Code Services	BR
99333	"L" In-Office Laboratory Procedures ( <i>An in-office laboratory is defined as a laboratory service(s) performed within the same business entity.</i> )	BR
99555	"E" Additional Expenses of Materials	BR

