



Guide for Dental Fees for General Dentists

January 2018

ALBERTA DENTAL ASSOCIATION AND COLLEGE

PREAMBLE

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

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

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

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

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

Guide Structure

1. The numbers assigned accurately describe the procedures provided and are divided into various categories of services. The inclusion of a code in a category does not restrict that procedure to a specific specialty. The classification is as follows:

01000-09999	Diagnosis
10000-19999	Prevention
20000-29999	Restoration
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

2. The numbers used to describe a service must accurately conform to the following principles, where the:

first digit	designates the	Category of service
second digit	designates the	Classification of service
third digit	designates the	Sub-classification of service
fourth digit	designates the	General service title only (when applicable)
fifth digit	designates the	Specific service

example: 21221

"2"	1221	represents the category "restorative"
2"1"	221	represents the classification "amalgam restorations"
21"2"	21	represents the sub-classification "amalgams permanent
212"2"	1	dentition" represents the service title "permanent molars"
2122"1"		represents the specific service "permanent molars one surface"

3. The **units of time** and/or the **letters** following procedures conform to the following principles:

Where: **Units of time** follow a procedure code, the designation is that of "fifteen minute intervals"

The letter "L" follows a procedure code, the designation is that of "**laboratory procedures extra**"

The letter "E" follows a procedure code, the designation is that of "**expenses extra**" (not intended to cover expenses already factored into the fee for the procedure)

The letters "I.C." follows a procedure code, the designation is "**Independent Consideration**" and is utilized where the procedure involves complexities which are too variable to designate a specific fee.

4. Where individual teeth/sites are designated use the FDI 2-digit notation and ISO 3950 Designation system for teeth and areas of the oral cavity:

Oral cavity	00															
Maxillary area	01															
Quadrant	10								20							
Sextant	03				04				05							
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Designation of teeth*	55 54 53 52 51 61 62 63 64 65				85 84 83 82 81 71 72 73 74 75											
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Sextant	08				07				06							
Quadrant	40								30							
Mandibular area	02															

* Designation of teeth
 First digit: Digits 1 to 4 represent permanent dentition and digits 5 to 8 represent deciduous dentition, clockwise from the upper right side.
 Second digit: Teeth in the same quadrant are represented by the second digit from 1 to 8, from the median line in a distal direction.

Conversion for anterior tooth coloured restorations from the G.V. Black classification to the surface classification system:

Class I	One surface restoration
Class III	One surface restoration, if not extended beyond the line angle. Two continuous surface restoration, if extended beyond the line angle.
Class IV	Three continuous surface restoration, (such as MIL, MIV or DIL, DIV), if not extended beyond the remaining line angle. Four continuous surface restoration (e.g. MILV or DILV), if extended beyond the remaining line angles.
Class IV Double	Four surface restoration (e.g. MIDL or MIL plus DIL), if not extended beyond the remaining line angles. Five surface restoration (e.g. MIDLV or MILV plus DIV), if extended beyond the remaining line angles.
Class V	One surface restoration
Class VI	One surface restoration (incisal), if not extended beyond the line angles

Posterior Teeth Classification:

A one surface posterior restoration is one in which the restoration involves only one of the five surface classifications (mesial, distal, occlusal, lingual, or facial, including buccal and labial).

A two surface posterior restoration is one in which the restoration extends to two of the five surface classifications.

A three surface posterior restoration is one in which the restoration extends to three of the five surface classifications.

A four surface posterior restoration is one in which the restoration extends to four of the five surface classifications.

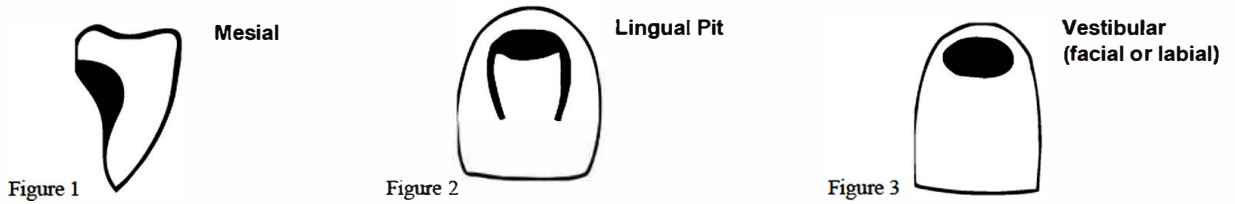
A five surface or more posterior restoration is one in which both the lingual and facial margins extend beyond the line angle.

1. **One Surface Restoration, see figures 1, 2, and 3**

CLASS I

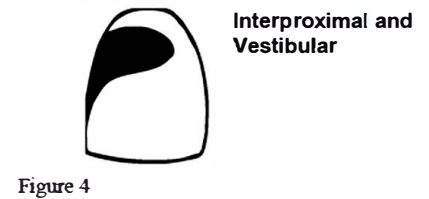
CLASS III (if not extended beyond the line angle)

CLASS V Vestibular or Lingual **CLASS VI** Incisal



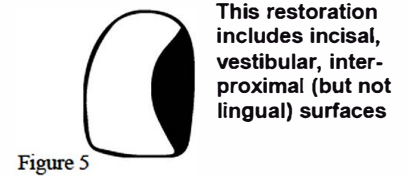
2. **Two Surface Continuous Restoration, see figure 4**

CLASS III (if extended beyond the line angle due to caries, vestibular or lingual in a continuous fashion)



3. **Three Surface Continuous Restoration, see figure 5**

Three continuous surfaces such as MIL, MIV, DIL, or DIV, where the restoration does not extend past the remaining line angle.



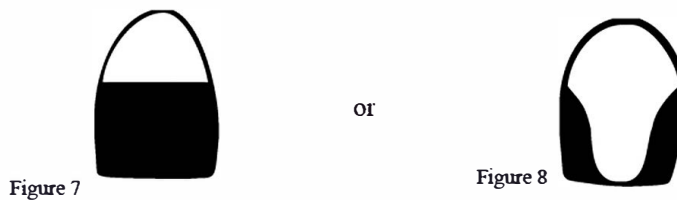
4. **Four Surface Continuous Restoration (Typical Class IV), see figure 6**

Four continuous surfaces, such as: MILV, or DILV, line angle.



5. **Five Surface Continuous Restoration or Maximum Surfaces per Tooth, see figures 7 and 8**

Five continuous surfaces such as: MIDLV or a combination of MILV and DILV together on the same tooth



2018 Uniform System of Coding and List of Services

- Changes from 2017

Suggested Change	Code	Description	Change made
New/deleted/edited codes			
Edit	04200	TEST/ ANALYSIS, CARIES SUSCEPTIBILITY / DIAGNOSIS	Addition of: "/DIAGNOSIS"
Edit	04201	Bacteriological Test/ Analysis for the Determination of Dental Caries Susceptibility (technical procedure only) +L	Addition of: "(technical procedure only)"
New	04220	Non-ionizing scanning procedure to detect caries and capable of quantifying, monitoring and recording changes in enamel, dent in, and cementum, which includes diagnosis and interpretation of findings.	
New	04221	One unit of time	
New	04227	One half unit of time	
Edit	12100	FLUORIDE TREATMENTS (whole mouth)	Addition of: "(whole mouth)"
Edit	12101	Fluoride Treatment, Foam, Gel or Rinse	"Topical Application" changed to "Foam, Gel or Rinse"
New	12103	Fluoride Treatment, Varnish	
Edit	23200	RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIORES NON BONDED	"FILLINGS" changed to "FILINGS"
Edit	23500	RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED	"FILLINGS" changed to "FILINGS"
Edit	23600	RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, CORES	"FILLINGS" changed to "FILINGS"
Edit	27720	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base (single units)	"inlays/onlays" changed to "Inlays, Onlays"
Edit	27721	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Direct	"Inlays Onlays" changed to " Inlays, Onlays"
Edit	27722	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Indirect + L	"Inlays Onlays" changed to " Inlays, Onlays"

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				Fee
			DIAGNOSTIC	
01001			EXAMINATION AND DIAGNOSIS, CLINICAL ORAL	
01010			FIRST DENTAL VISIT/ORIENTATION	
		01011	Oral assessment for patients up to the age of 3 years inclusive. Assessment to include: Medical history, familial dental history; dietary/feeding practices; oral habits; oral hygiene; fluoride exposure. Anticipatory guidance with parent/guardian	71.17
01100			EXAMINATIONS, AND DIAGNOSIS COMPLETE ORAL, to include:	
		(a)	History, Medical and Dental.	
		(b)	Clinical Examination and Diagnosis of Hard and Soft tissues, including the following as necessary: Carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality test/analysis, where necessary and any other pertinent factors:	
		(c)	Radiographs extra, as required.	
		01101	Examination and Diagnosis, Complete, Primary Dentition, to include:	71.17
		(a)	Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	
		01102	Examination and Diagnosis, Complete, Mixed Dentition, to include:	97.00
		(a)	Extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	
		(b)	Eruption sequence, tooth size - jaw size assessment.	
		01103	Examination and Diagnosis, Complete, Permanent Dentition, to include:	101.48
		(a)	Extended examination on permanent dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	
01200			EXAMINATIONS AND DIAGNOSIS, LIMITED ORAL	
		01201	Examination and Diagnosis, Limited, Oral, New Patient.	75.36
			Examination and diagnosis of hard and soft tissues, including checking of occlusion and appliances, but not including specific test/ analysis as for 01100. (May include PSR)	
		01202	Examination and diagnosis, Limited oral, Previous Patient (recall).	64.19
			Examination of hard and soft tissues, including checking of occlusion and appliances, but not including specific tests, as for 01100.	
		01204	Examination and Diagnosis, Specific Examination and evaluation of a specific situation in a localized area. Not to be used as a substitute for limited exam codes (01201, 01202)	64.24
		01205	Examination and Diagnosis, Emergency. Examination and Diagnosis for the investigation of discomfort and/or infection in a localized area. Not to be used as a substitute for limited exam codes (01201, 01202).	64.24
		01206	Analysis, Mixed Dentition	80.63
01300			EXAMINATIONS AND DIAGNOSIS, STOMATOGNATHIC, DYSFUNCTIONAL	
		01301	Examination and Diagnosis, Stomatognathic Dysfunctional, Comprehensive, to include:	270.19
		(a)	History, Medical, Dental, Pain/Dysfunction	
		(b)	clinical examination to include, general appraisal, examination of head and neck, musculoskeletal system (static and functional); intraoral examination of hard and soft tissues, including occlusal analysis; consultation with other health care professionals, review of previous records, including radiographs, ordering of appropriate test/analysis and consultations.	
		01302	Examination and Diagnosis, Stomatognathic Dysfunctional, Limited	82.08
01400			EXAMINATIONS AND DIAGNOSIS, ORAL PATHOLOGY	

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				Fee
	01401	Examination and Diagnosis, Oral Pathology, General, to include:		
	(a)	Initial consultation with referring dentist or physician,		
	(b)	History, Medical and Dental		164.16
	(c)	Clinical examination including in-depth analysis of medical status,		
	(d)	Diagnosis, prognosis and formulation of a treatment plan.		
	01402	Examination and Diagnosis, Oral Pathology, Specific (or repeat examination within 90 days for the same illness).		82.08
01500		EXAMINATION AND DIAGNOSIS, PERIODONTAL		
	01501	Examination and Diagnosis, Periodontal, General Recording History, Charting, Treatment Planning and Case Presentation:		206.08
	(a)	History, Medical and Dental		
	(b)	Clinical Examination includes evaluation of topography of the gingiva and related structures; degree of gingival inflammation; location, extent, sulcular depth; furcation involvement, mobility of teeth; tooth contact relationships; evaluation of occlusion; TMJ; examination of oral soft tissue pathosis; evaluation of the existing restorative and/or prosthetic appliances; caries and pulpal vitality.		
	01502	Examination and Diagnosis, Periodontal, Limited (previous patient)		149.26
	01503	Examination and Diagnosis, Periodontal, Specific		149.26
01600		EXAMINATIONS AND DIAGNOSIS, SURGICAL		
	01601	Examination and Diagnosis, Surgical, General		164.16
	(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.		
	01602	Examination and Diagnosis, Surgical, Specific		98.40
01700		EXAMINATIONS AND DIAGNOSIS, PROSTHODONTIC		
	01701	Examination and Diagnosis, Prosthodontic, Edentulous		111.95
	(a)	Extended Examination of the Edentulous Mouth, including detailed Medical and Dental History (incl. prosthetic history), visual and digital examination of the oral structures, head and neck (incl. TMJ), lips, oral mucosa, tongue, oral pharynx, salivary glands and lymph nodes, and including evaluation for implant-supported or retained prosthesis.		
	01702	Examination and Diagnosis, Prosthodontic, Specific		75.63
	01703	Examination and Diagnosis, Prosthodontic, Fixed Oral Rehabilitation, to include:		307.56
	(a)	History, Medical and Dental		
	(b)	Clinical Examination of Hard and Soft Tissues, including carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality test/analysis, where necessary and any other pertinent factors.		
	(c)	Evaluation of specific sites for implant-supported or retained prosthesis;		
	(d)	Radiographs extra, as required		
01800		EXAMINATION AND DIAGNOSIS, ENDODONTIC		
	01801	Examination and Diagnosis, Endodontic, Complete Endodontic examination and/or complicated diagnosis. Recording history, charting treatment planning and case history. Includes the following:		165.16
	(a)	History, Medical and Dental		
	(b)	Clinical Examination and Diagnosis may include vitality test/analysis, thermal test/analysis, cracked tooth test/analysis, occlusal exams, percussion, palpation, transillumination, anesthetic test/analysis and mobility test/analysis.		

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				Fee
	01802	Examination and Diagnosis, Endodontic, Specific Endodontic examination and evaluation of a specific situation in a localized area and vitality tests/analysis.		103.08
01900		EXAMINATION AND DIAGNOSIS, ORTHODONTIC		
	01901	Examination and Diagnosis, Orthodontic, General. To include:		424.10
	(a)	Diagnostic models, complete intraoral radiograph series, or panoramic film, cephalograms, facial and intraoral photographs, consultation and case presentation.	+L	
	01902	Examination and Diagnosis, Orthodontic, Specific		85.08
02000		RADIOGRAPHS (including radiographic examination and diagnosis and interpretation)		
02100		RADIOGRAPHS, REGIONAL/LOCALIZED		
	02101	Radiographs, Complete Series (minimum of 12 images incl. bitewings)		198.80
	02102	Radiographs, Complete Series (minimum of 16 images incl. bitewings)		198.80
02110		RADIOGRAPHS, PERIAPICAL		
	02111	Single image		27.60
	02112	Two images		47.50
	02113	Three images		67.40
	02114	Four images		87.30
	02115	Five images		107.20
	02116	Six images		127.10
	02117	Seven images		147.00
	02118	Eight images		166.90
	02119	Nine images		186.80
	02120	Ten images		196.82
02130		RADIOGRAPHS, INTRAORAL, OCCLUSAL		
	02131	Single film		49.62
	02132	Two films		69.52
	02133	Three films		89.42
	02134	Four films		109.32
02140		RADIOGRAPHS, INTRAORAL, BITEWING		
	02141	Single image		29.80
	02142	Two images		45.08
	02143	Three images		62.36
	02144	Four images		78.37
	02145	Five images		100.37
	02146	Six images		120.19
02300		RADIOGRAPHS, POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE		
	02301	Single image		74.49
	02302	Two images		124.21
	02303	Three images		173.95
	02304	Sinus Examination and Diagnosis - Minimum four images identified as: 1) Waters 2) Caldwell 3) Lateral Skull 4) Basal		223.66
	02309	Each additional image over four		49.23
02400		RADIOGRAPHS, SIALOGRAPHY		
	02401	Single image		74.51
	02402	Two images		124.21
	02409	Each additional image over two		49.23
02410		RADIOPAQUE DYES, USE OF, TO DEMONSTRATE LESIONS		

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				Fee
	02411	One unit of time		I.C.
	02412	Two units of time		I.C.
	02419	Each additional unit over two		I.C.
02500		RADIOGRAPHS, TEMPOROMANDIBULAR JOINT		
	02501	Single image		74.49
	02502	Two images		124.21
	02503	Three images		173.95
	02504	Four images (minimum examination and diagnosis closed and open each side)		223.66
	02509	Each additional image over four		49.23
02510		Arthrography of Temporo-mandibular joint		
	02511	Performing the Arthrographic Procedure		246.24
02520		Interpretation of the Arthrogram		
	02521	One unit of time		74.63
	02529	Each additional unit of time		74.63
02600		RADIOGRAPHS, PANORAMIC		
	02601	Single image		88.32
02700		RADIOGRAPHS, CEPHALOMETRIC		
	02701	Single image		118.87
	02702	Two images		186.38
	02703	Three images		250.63
	02704	Four images		310.61
	02709	Each additional image over four		36.96
02750		RADIOGRAPHS, CEPHALOMETRIC, TRACING AND INTERPRETATION		
	02751	One unit of time		82.08
	02752	Two units		164.16
	02759	Each additional unit over two		82.08
02800		RADIOGRAPHS, COMPUTERIZED AXIAL TOMOGRAMS (CT), POSITION EMISSION TOMOGRAPHY (PET), MAGNETIC RESONANCE IMAGES (MRI) INTERPRETATION (either the radiographs, CT scans, PET scans, MRI scans, or the interpretation must be received from another source)		
	02801	One unit of time	+E	91.35
	02802	Two units	+E	182.51
	02809	Each additional unit over two	+E	91.35
02900		RADIOGRAPHS, OTHER		
02910		RADIOGRAPHS, DUPLICATIONS		
	02911	Single image		5.66
	02912	Two images		11.25
	02913	Three images		16.87
	02914	Four images		22.49
	02915	Five images		28.11
	02916	Six images		33.74
	02917	Seven images		39.38
	02918	Eight images		43.59
	02919	Each additional images over eight		5.66
02930		RADIOGRAPHS, TOMOGRAPHY		
	02931	Single view		118.87

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				Fee
	02932	Two views		186.44
	02933	Three views		250.63
	02934	Four views		310.61
	02939	Each additional view over four		49.23
02940		RADIOGRAPHS, HAND AND WRIST		
	02941	Radiographs, Hand and Wrist (as a diagnostic aid for dental treatment) per case		118.87
02950		Radiographic Guide,		
		(includes diagnostic wax-up, with radio-opaque markers for pre-surgical assessment of alveolar bone and vital structures as potential osseointegrated implant site(s))		
	02951	Maxillary Guide	+L +E	I.C.
	02952	Mandibular	+L +E	I.C.
03000		TEMPLATE, SURGICAL (includes diagnostic wax-up. Also used to locate and orient osseointegrated implants)		
	03001	Maxillary Template	+L +E	74.63
	03002	Mandibular Template	+L +E	74.63
04000		TEST/ANALYSIS/LABORATORY PROCEDURES/INTERPRETATION AND/OR REPORTS		
04100		TEST/ANALYSIS, MICROBIOLOGICAL (technical procedure only)		
	04101	Microbiological Test/Analysis for the Determination of Pathological Agents	+L	70.89
04200		TEST/ANALYSIS, CARIES SUSCEPTIBILITY/DIAGNOSIS		
	04201	Bacteriological Test/ Analysis for the Determination of Dental Caries Susceptibility (technical procedure only)	+L	70.89
04220		Non-ionizing scanning procedure to detect caries and capable of quantifying, monitoring and recording changes in enamel, dentin, and cementum, which includes diagnosis and interpretation of findings.		
	04221	One unit of time		29.80
	04227	One half unit of time		14.90
04300		TEST/ANALYSIS, HISTOPATHOLOGICAL (technical procedure only)		
04310		Test/Analysis, Histopathological, Soft Tissue		
	04311	Biopsy, Soft Oral Tissue - by Puncture	+L	82.08
	04312	Biopsy, Soft Oral Tissue - by Incision	+L	82.08
	04313	Biopsy, Soft Oral Tissue - by Aspiration	+L	82.08
04320		Test/Analysis, Histopathological, Hard Tissue		
	04321	Biopsy, Hard Oral Tissue - by Puncture	+L	I.C.
	04322	Biopsy, Hard Oral Tissue - by Incision	+L	I.C.
	04323	Biopsy, Hard Oral Tissue - by Aspiration	+L	I.C.
04400		TEST/ANALYSIS, CYTOLOGICAL(technical procedure only)		
	04401	Cytological Smear from the Oral Cavity	+L+E	70.89
	04402	Vital Staining of Oral Mucosal Tissues	+E	70.89
04500		TESTS/ANALYSIS, PULP VITALITY AND INTERPRETATION		
	04501	One unit of time		70.89
	04509	Each additional unit		70.89
04600		INTERPRETATION AND/OR REPORTS, LABORATORY		

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				Fee
	04601	Interpretation and/or Report, Microbiological by Oral Microbiologist	+L	70.89
			to	212.72
	04602	Interpretation and/or Report, Histopathological by Oral Pathologist or Microbiologist	+L	82.08
			to	246.24
	04603	Interpretation and/or Report, Cytological by Oral Pathologist	+L	70.89
	04604	Reports, Other		I.C.
04700		SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY)		
04710		EQUILIBRATION, CASTS DIAGNOSTIC (PILOT EQUILIBRATION) FOR EXTENSIVE OR COMPLICATED RESTORATIVE DENTISTRY		
	04711	One unit of time	+L	74.63
	04712	Two units	+L	149.26
	04713	Three units	+L	223.91
	04714	Four units	+L	298.54
	04719	Each additional unit over four	+L	74.63
04720		WAX-UP, DIAGNOSTIC (TO EVALUATE COSMETIC AND/OR PREPARATION DESIGN AND/OR OCCLUSAL CONSIDERATIONS) (GNATHOLOGICAL WAX-UP)		
	04721	One unit of time	+L	74.63
	04722	Two units	+L	149.26
	04723	Three units	+L	223.91
	04724	Four units	+L	298.54
	04729	Each additional unit over four	+L	74.63
04730		SPLIT CAST MOUNTING, DIAGNOSTIC		
	04731	One unit of time	+L	74.63
	04732	Two units	+L	149.26
	04733	Three units	+L	223.91
	04734	Four units	+L	298.54
	04739	Each additional unit over four	+L	74.63
04740		INTERPRETATION OF DIAGNOSTIC CASTS		
	04741	One unit of time		71.89
	04749	Each additional unit over one		71.89
04800		PHOTOGRAPHS, DIAGNOSTIC (technical procedure only)		
	04801	Single photograph		18.71
	04802	Two photos		35.45
	04803	Three photos		53.18
	04809	Each additional photo over three		18.71
04900		CASTS, DIAGNOSTIC (technical procedure only)		
04910		CAST DIAGNOSTIC, UNMOUNTED		
	04911	Cast, Diagnostic, Unmounted	+L	79.89
	04912	Cast, Diagnostic, Unmounted, Duplicate	+L	35.45
	04913	Casts, Diagnostic, Unmounted, Upper and Lower Combined	+L	167.81
04920		CASTS DIAGNOSTIC MOUNTED		
	04921	Casts, Diagnostic, Mounted	+L	125.36
	04922	Casts, Diagnostic, Mounted, using face bow transfer	+L	166.81
	04923	Casts, Diagnostic, Mounted, using face bow and occlusal records	+L	329.42
	04924	Casts, Diagnostic, Mounted using fully adjustable articulator (used with 04941 and 04942)	+L	I.C.
04930		CASTS DIAGNOSTIC ORTHODONTIC		

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				Fee
	04931	Casts, Diagnostic, Orthodontic (unmounted, angle trimmed and soaped)	+L	141.81
04940		CASTS, DIAGNOSTIC, MISCELLANEOUS PROCEDURES		
	04941	Transverse Axis Location and Transfer, used in conjunction with 04922, 04923, and 04924	+L	I.C.
	04942	Three Dimensional Recordings of Patient's Dynamic Movements for Programming of Fully Adjustable Articulators	+L	I.C.
	04943	Custom Incisal Guide Table	+L	I.C.
05000		CASE PRESENTATION/TREATMENT PLANNING		
05100		TREATMENT PLANNING		
		(This service is only for extra time spent on unusually complicated cases or where the patient demands unusual time in explanation or where diagnostic material is received from another source. Usual case presentation time and usual treatment planning time are implicit in the examination fee and in the radiographic interpretation fee.)		
	05101	One unit of time		74.63
	05102	Two units		149.26
	05103	Three units		223.91
	05104	Four units		298.54
	05109	Each additional unit over four		74.63
05200		CONSULTATION, with patient		
	05201	One unit of time		77.63
	05202	Two units		155.26
	05209	Each additional unit over two		77.63
06800		RADIOGRAPHS, COMPUTERIZED AXIAL TOMOGRAMS (CT), POSITRON EMISSION TOMOGRAPHY (PET), MAGNETIC RESONANCE IMAGES (MRI) INTERPRETATION (includes the production of a radiographic report and may include image processing and measurements)		
	06810	Radiographs, Computerized Axial Tomograms, Position Emission Tomograms, Magnetic Resonance Images, Interpretation, Oral Radiologist		I.C.
	06820	Radiographs, Computerized Axial Tomograms, Positron Emission Tomograms, Magnetic Resonance Images, Interpretation, Specialist Other than Oral Radiologist		I.C.
	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)		I.C.
07000		RADIOGRAPHS, CONE BEAM COMPUTERIZED TOMOGRAPHY (CBCT)		
	07010	Radiographs, CBCT, Acquisition		
	07011	Small field of view (e.g. sextant or part of; isolated temporomandibular joint)		99.34
	07012	Large field of view (1 arch)		118.87
	07013	Large field of view (2 arches)		186.44
	07020	Radiographs, CBCT, Image Processing		
	07021	One unit of time		I.C.
	07022	Two units of time		I.C.
	07027	One half unit of time		I.C.
	07029	Each additional unit over two		I.C.
	07030	Radiographs, CBCT, Interpretation		
	07031	One unit of time		82.08

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	07032	Two units of time		164.16
	07037	One half unit of time		41.03
	07039	Each additional unit over two		82.08
07040		Radiographs, CBCT, Acquisition, Processing and Interpretation		
	07041	Small field of view (sextant or part of; isolated temporomandibular joint)		181.42
	07042	Large field of view (1 arch)		200.95
	07043	Large field of view (2 arches)		268.52
PREVENTION				
11100		POLISHING		
	11101	One Unit of Time		59.84
	11102	Two Units of Time		119.68
	11107	1/2 Unit of Time		29.92
11110		SCALING		
	11111	One Unit of Time		67.16
	11112	Two Units of Time		134.32
	11113	Three Units of Time		201.48
	11114	Four Units of Time		268.64
	11115	Five Units of Time		335.80
	11116	Six Units of Time		402.96
	11117	1/2 Unit of Time		33.58
	11119	Each Additional Unit over Six		67.16
12100		FLUORIDE TREATMENTS (whole mouth)		
	12101	Fluoride Treatment, Foam, Gel or Rinse		28.99
	12102	Fluoride Treatment, Supervised, Self-Administered Brush-In		28.99
	12103	Fluoride Treatment, Varnish		28.99
12600		FLUORIDE, CUSTOM APPLIANCES, (home application)		
	12601	Fluoride, Custom Appliance - Maxillary Arch	+L	70.89
	12602	Fluoride, Custom Appliance - Mandibular Arch	+L	70.89
12700		MEDICATION, CUSTOM APPLIANCE		
	12701	Medication, Custom Appliance - Maxillary Arch	+L	70.89
	12702	Medication, Custom Appliance - Mandibular Arch	+L	70.89
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		70.89
	13102	Two units		141.81
	13103	Three units		212.72
	13104	Four units		283.64
	13109	Each additional unit over four		70.89
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		70.89
	13212	Two units		141.81
	13213	Three units		212.72
	13214	Four units		283.64
	13217	1/2 Unit of Time		35.45

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				Fee
	13219	Each additional unit over four		70.89
13220		GROUP INSTRUCTION - EXCLUDING AUDIO-VISUAL TIME		
	13221	One unit of time		70.89
	13222	Two units		141.81
	13223	Three units		212.72
	13224	Four units		283.64
	13229	Each additional unit over four		70.89
13230		RE-INSTRUCTION (WITHIN 6 MONTHS) - EXCLUDING AUDIO-VISUAL TIME		
	13231	One unit of time		70.89
	13232	Two units		141.81
	13239	Each additional unit of two		70.89
13240		ORAL HYGIENE INSTRUCTION - AUDIO-VISUAL		
	13241	One unit of time		70.89
	13242	Two units		141.81
	13249	Each additional unit over two		70.89
13400		SEALANTS, PIT AND FISSURE (Mechanical and/or chemical preparation included)		
	13401	First tooth		32.63
	13409	Each additional tooth same quadrant		16.32
13410		Preventive Restorative Resin (procedure that involves some preparation of the pits and/or fissures in tooth enamel and may extend into dentin in limited areas)		
	13411	First tooth		72.56
	13419	Each additional tooth same quadrant		68.56
13600		TOPICAL APPLICATION TO HARD TISSUE LESION(S) OF AN ANTIMICROBIAL OR REMINERALIZATION AGENT		
	13601	One unit of time	+E	70.89
	13602	Two units of time	+E	141.81
	13609	Each additional unit over two		70.89
14000		APPLIANCES		
14100		APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS		
	14101	Appliance, Maxillary	+L	523.49
	14102	Appliance, Mandibular	+L	523.49
14200		APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS		
	14201	Appliance, Maxillary	+L	574.57
	14202	Appliance, Mandibular	+L	574.57
14300		CONTROL OF ORAL HABITS, MISCELLANEOUS		
	14301	Motivation of Patient - Psychological Approach (e.g. thumb sucking, lip biting, etc.) - per visit	+L	82.08
14310		MYOFUNCTIONAL THERAPY (e.g. to correct mouth breathing, abnormal swallowing, tongue thrust, etc.)		
	14311	First unit of time per visit	+L	82.08
	14312	Two units	+L	164.16
	14319	Each additional unit over two	+L	82.08

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					Fee
14400			APPLIANCES, CONTROL OF ORAL HABITS ADJUSTMENTS, REPAIRS, MAINTENANCE		
		14401	One unit of time	+L	82.08
		14402	Two units of time	+L	164.16
		14403	Three units of time	+L	246.24
		14409	Each additional unit over three	+L	82.08
14500			APPLIANCES, PROTECTIVE MOUTH GUARDS		
		14501	Appliance, Protected Mouth Guards, Preformed		84.89
		14502	Appliance, Protective Mouth Guards, Processed	+L	92.89
14600			APPLIANCES, PERIODONTAL		
			(see separate code for control of Oral Habits 14000, Protective Mouth Guards 14500, TMJ 14700 and TMJ appliances 78700)		
	14610		APPLIANCES, PERIODONTAL (including bruxism appliance); INCLUDES IMPRESSION, INSERTION AND INSERTION ADJUSTMENT (no post-insertion adjustments)		
		14611	Maxillary Appliance	+L	418.61
		14612	Mandibular Appliance	+L	418.61
	14620		APPLIANCES, ADJUSTMENTS, REPAIRS		
		14621	One unit of time	+L	76.12
		14622	Two units	+L	152.25
		14623	Three units	+L	228.37
		14629	Each additional unit over three	+L	76.12
	14630		APPLIANCES, RELINE		
		14631	Reline, Direct		228.37
		14632	Reline, Processed	+L	228.37
14700			APPLIANCES, TEMPOROMANDIBULAR JOINT		
	14710		Appliance, TMJ, Diagnostic and/or Therapeutic, includes impression, insertion and insertion adjustment (no post-insertion adjustments)		
		14711	Maxillary Appliance	+L	616.27
		14712	Mandibular Appliance	+L	616.27
	14720		Appliance, TMJ Intraoral Repositioning; includes impression, insertion and insertion adjustment (no post-insertion adjustments)		
		14721	Maxillary Appliance	+L	616.27
		14722	Mandibular Appliance	+L	616.27
	14730		APPLIANCE, TMJ, PERIODIC MAINTENANCE, ADJUSTMENTS, REPAIRS		
		14731	One unit of time	+L	79.92
		14732	Two units	+L	159.84
		14733	Three units	+L	239.78
		14739	Each additional unit over three	+L	79.92
	14740		APPLIANCE, TMJ, RELINE		
		14741	Reline, Direct		228.37
		14742	Reline, Indirect	+L	228.37
14800			APPLIANCES, MYOFACIAL PAIN DYSFUNCTION SYNDROME		
			(conditions that originate outside the temporomandibular joint)		

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14810		Appliance, Myofascial Pain Dysfunction Syndrome, (to include: models, gnathological determinants) Appliance Construction only, and insertion adjustment (no post-insertion adjustments)		
	14811	Maxillary Appliance	+L	695.50
	14812	Mandibular Appliance	+L	695.50
14820		APPLIANCE, MYOFACIAL PAIN DYSFUNCTION SYNDROME, PERIODIC MAINTENANCE, ADJUSTMENT AND REPAIRS		
	14821	One unit of time	+L	79.92
	14822	Two units	+L	159.84
	14823	Three units	+L	239.78
	14829	Each additional unit over three	+L	79.92
14900		APPLIANCES, INTRAORAL, TO TREAT MEDICALLY DIAGNOSED OBSTRUCTIVE SLEEP APNEA, SNORING, UPPER AIRWAY RESISTANCE SYNDROM (UARS) WITH OR WITHOUT APNEA (Includes models, gnathological determinants, appliance construction and insertion adjustment (no post-insertion adjustments))		
	14901	Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Ridge or Tooth Supported	+L	738.75
	14902	Appliance, Tongue Retaining Device, for the Treatment of Obstructive Airway Disorders	+E	418.61
14910		Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Periodic Maintenance, Adjustment and Repairs		
	14911	One unit of time	+L	82.08
	14912	Two units	+L	164.16
	14919	Each additional unit over two	+L	82.08
14920		Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Monitoring To include patient to ensure proper use of appliances and evaluation for referrals to other health care professionals for appropriate medical management.		
	14921	One unit of time		74.63
	14922	Two units		149.26
	14929	Each additional unit over two		74.63
15000		SPACE MAINTAINERS		
		(Includes the design, separation, fabrication, insertion, and where applicable initial cementation and removal)		
15100		SPACE MAINTAINERS, BAND TYPE		
	15101	Space Maintainer, Band Type, Fixed, Unilateral	+L	246.24
	15102	Space Maintainer, Band Type, Fixed, Unilateral with Intra-alveolar attachment	+L	246.24
	15103	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch)	+L	328.33
	15104	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch), with Teeth Attached	+L	328.33
	15105	Space Maintainer, Band Type, Fixed, Bilateral Tubes and Locking Wire	+L	328.33
15200		SPACE MAINTAINERS, STAINLESS STEEL CROWN TYPE		
	15201	Space Maintainer, Stainless Steel Crown Type, Fixed	+L	260.24
	15202	Space Maintainer, Stainless Steel Crown Type, Fixed, with intra Alveolar Attachment	+L	246.24
15300		SPACE MAINTAINERS, CAST TYPE		
	15301	Space Maintainer, Cast Type, Fixed		I.C.
	15302	Space Maintainer, Cast Type, Fixed, with Intra Alveolar Attachment		I.C.

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				Fee
15400			SPACE MAINTAINERS, ACRYLIC, REMOVABLE	
	15401	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires	+L	246.24
	15402	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires with Teeth	+L	246.24
	15403	Space Maintainer, Acrylic Removable, No Clasps	+L	246.24
15500			SPACE MAINTAINERS, BONDED, PONTIC TYPE	
	15501	Space Maintainer, Bonded, Pontic Type + L	+L	246.24
15600			SPACE MAINTAINERS, MAINTENANCE OF	
	15601	Maintenance, Space Maintainer Appliances, to include: adjustment and/or recementation after 30 days from insertion		82.08
	15602	Maintenance, Space Maintainer Appliances, addition of clasps and/or activating wires	+L	164.16
	15603	Repairs, Space Maintainer Appliances (including recementation)	+L	164.16
	15604	Removal of Fixed Space Maintainer Appliances by Second Dentist		78.35
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		74.63
	16102	Two units		149.26
	16103	Three units		223.91
	16104	Four units		298.54
	16109	Each additional unit over four		74.63
16200			DISKING OF TEETH, Interproximal	
	16201	One unit of time		70.89
	16202	Two units		141.81
	16203	Three units		212.72
	16209	Each additional unit over three		70.89
16300			RECONTOURING OF NATURAL TEETH FOR AESTHETIC REASONS	
	16301	One unit of time		78.35
	16309	Each additional unit of time		78.35
16400			RECONTOURING OF TEETH FOR FUNCTIONAL REASONS	
		(Not associated with delivery of a single or multiple prosthesis)		
	16401	One unit of time		78.35
	16409	Each additional unit of time		78.35
16500			OCLUSION	
	16510	OCCUSAL ADJUSTMENT/EQUILIBRATION:		
		(a) May require several sessions		
		(b) May be used in conjunction with basic restorative treatment only when occlusal adjustment/equilibration is not required as a result of that restoration.		
		(c) Not to be used in conjunction with the delivery and post-insertion care of: fixed or removable prosthesis (50000 & 60000 code series) by the same dentist for period of three months.		
	16511	One unit of time		87.51
	16512	Two units		175.04
	16513	Three units		262.56
	16514	Four units		350.07
	16519	Each additional unit over four		87.51
			RESTORATION	
Note 1:		Treatment of dental caries includes pulp protection and local anaesthesia.		

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	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		79.92
			to	159.84
	20119	Each additional tooth same quadrant		79.92
			to	159.84
	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		119.89
			to	199.81
	20129	Each additional tooth same quadrant		119.89
			to	199.81
	20130	TRAUMA CONTROL, SMOOTHING OF FRACTURED SURFACES PER TOOTH		
	20131	First tooth		43.06
	20139	Each additional tooth same quadrant		39.06
21000		RESTORATIONS, AMALGAM		
21100		RESTORATION, AMALGAM, PRIMARY TEETH		
	21110	RESTORATIONS, AMALGAM, NON-BONDED, PRIMARY TEETH		
	21111	One surface		97.29
	21112	Two surfaces		128.80
	21113	Three surfaces		176.29
	21114	Four surfaces		215.48
	21115	Five surfaces or maximum surfaces per tooth		252.08
	21120	RESTORATIONS, AMALGAM, BONDED, PRIMARY TEETH		
	21121	One surface		127.95
	21122	Two surfaces		169.71
	21123	Three surfaces		203.89
	21124	Four surfaces		240.08
	21125	Five surfaces or maximum surfaces per tooth		278.66
21200		RESTORATIONS, AMALGAM, PERMANENT TEETH		
	21210	RESTORATIONS, AMALGAM, NON-BONDED, PERMANENT BICUSPIDS AND ANTERIORS		
	21211	One surface		107.29
	21212	Two surfaces		148.11
	21213	Three surfaces		188.29
	21214	Four surfaces		231.48
	21215	Five surfaces or maximum surfaces per tooth		252.08
	21220	RESTORATIONS, AMALGAM, NON-BONDED, PERMANENT MOLARS		

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				Fee
	21221	One surface		113.29
	21222	Two surfaces		140.76
	21223	Three surfaces		192.29
	21224	Four surfaces		242.48
	21225	Five surfaces or maximum surfaces per tooth		271.08
21230		RESTORATIONS, AMALGAM, BONDED, PERMANENT BICUSPIDS AND ANTERIORS		
	21231	One surface		135.95
	21232	Two surfaces		168.71
	21233	Three surfaces		209.89
	21234	Four surfaces		251.08
	21235	Five surfaces or maximum surfaces per tooth		281.66
21240		RESTORATIONS, AMALGAM, BONDED, PERMANENT MOLARS		
	21241	One surface		146.95
	21242	Two surfaces		181.71
	21243	Three surfaces		216.89
	21244	Four surfaces		258.08
	21245	Five surfaces or maximum surfaces per tooth		311.66
21300		RESTORATIONS, AMALGAM CORES		
	21301	Restoration, Amalgam Core, Non-Bonded, in Conjunction with Crown or Fixed Bridge Retainer		197.89
	21302	Restoration, Amalgam Core, Bonded, in Conjunction with Crown or Fixed Bridge Retainer		221.48
21400		PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations)		
	21401	One pin		32.92
	21402	Two pins		47.39
	21403	Three pins		61.86
	21404	Four pins		77.33
	21405	Five pins or more		86.78
21500		RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENURE CLASP (ADDITIONAL TO RESTORATION)		
	21501	Per restoration		74.33
22000		RESTORATIONS, PREFABRICATED, FULL COVERAGE		
22200		RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH		
	22201	Primary Anterior		207.29
	22202	Primary Anterior - open face/acrylic veneer	+L	255.48
	22211	Primary Posterior		203.00
	22212	Primary Posterior - open face		274.24
22300		RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH		
	22301	Permanent Anterior		235.08
	22302	Permanent Anterior - open face		300.24
	22311	Permanent Posterior		235.08
	22312	Permanent Posterior - open face		274.24
22400		RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH		
	22401	Primary Anterior		174.84
	22411	Primary Posterior		174.84
22500		RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH		

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				Fee
	22501	Permanent Anterior		233.08
	22511	Permanent Posterior		233.08
22600		RESTORATIONS, PREFABRICATED, PORCELAIN/CERAMIC/POLYMER GLASS, PRIMARY TEETH		
	22601	Primary Anterior		243.54
	22611	Primary Posterior		243.54
23000		RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS		
23100		RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS, NON BONDED TECHNIQUE		
	23101	One surface		112.89
	23102	Two surfaces (continuous)		127.89
	23103	Three surfaces (continuous)		179.86
	23104	Four surfaces (continuous)		195.83
	23105	Five surfaces (continuous, or maximum surfaces per tooth)		233.78
23110		RESTORATIONS, PERMANENT ANTERIORS, BONDED TECHNIQUE (not to be used for Veneer Applications or Diastema Closures)		
	23111	One surface		136.51
	23112	Two surfaces (continuous)		163.40
	23113	Three surfaces (continuous)		187.57
	23114	Four surfaces (continuous)		245.48
	23115	Five surfaces (continuous, or maximum surfaces per tooth)		301.66
23120		RESTORATIONS, TOOTH COLOURED, VENEER APPLICATIONS		
	23122	Tooth Colored Veneer Application - Non Prefabricated Direct Buildup - Bonded		333.02
	23123	Tooth Colored Veneer Application - Diastema Closure, Interproximal only, Bonded		266.66
23200		RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIORES NON BONDED		
23210		PERMANENT BICUSPIDS		
	23211	One surface		109.89
	23212	Two surfaces		139.86
	23213	Three surfaces		175.84
	23214	Four surfaces		211.83
	23215	Five surfaces or maximum surface per tooth		222.81
23220		PERMANENT MOLARS		
	23221	One surface		119.89
	23222	Two surfaces		156.86
	23223	Three surfaces		183.84
	23224	Four surfaces		213.83
	23225	Five surfaces or maximum surface per tooth		268.81
23300		RESTORATIONS, TOOTH COLORED, PERMANENT POSTERIORES - BONDED		
23310		PERMANENT BICUSPIDS		
	23311	One surface		143.12
	23312	Two surfaces		199.38
	23313	Three surfaces		233.50
	23314	Four surfaces		288.24
	23315	Five surfaces or maximum surface per tooth		327.42
23320		PERMANENT MOLARS		

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	23321	One surface		149.60
	23322	Two surfaces		210.90
	23323	Three surfaces		249.69
	23324	Four surfaces		306.24
	23325	Five surfaces or maximum surface per tooth		354.42
23400		RESTORATIONS, TOOTH COLORED, PRIMARY, ANTERIOR, NON BONDED		
	23401	One surface		107.89
	23402	Two surfaces (continuous)		132.89
	23403	Three surfaces (continuous)		155.86
	23404	Four surfaces (continuous)		196.83
	23405	Five surfaces (continuous, or maximum surfaces per tooth)		239.78
23410		RESTORATIONS, TOOTH COLORED, PRIMARY, ANTERIOR, BONDED TECHNIQUE		
	23411	One surface		137.11
	23412	Two surfaces (continuous)		160.71
	23413	Three surfaces (continuous)		176.29
	23414	Four surfaces (continuous)		215.48
	23415	Five surfaces (continuous, or maximum surfaces per tooth)		281.66
23500		RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED		
	23501	One surface		109.89
	23502	Two surfaces		143.86
	23503	Three surfaces		165.84
	23504	Four surfaces		178.83
	23505	Five surfaces or maximum surface per tooth		218.81
23510		RESTORATIONS, TOOTH COLORED, PRIMARY, POSTERIOR, BONDED TECHNIQUE		
	23511	One surface		144.11
	23512	Two surfaces		182.16
	23513	Three surfaces		235.08
	23514	Four surfaces		274.24
	23515	Five surfaces or maximum surface per tooth		313.42
23600		RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, CORES		
	23601	Restoration, Tooth Colored, Non-Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer		209.89
	23602	Restoration, Tooth Colored, Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer		242.08
23700		RESIN INFILTRATION (Placement of an infiltrating resin restoration for the purpose of filling the sub- surface porosity of an incipient, non-cavitated lesion for the purpose of strengthening, stabilizing and/or limiting the progression of the lesion.)		
	23701	One surface		I.C.
	23709	Each addition surface over one		I.C.
24000		RESTORATIONS, FOIL, GOLD		
24100		RESTORATIONS, FOIL, GOLD, ANTERIORS		
	24101	Class I		523.55
	24102	Class III		698.41
	24103	Class V		479.55
	24104	Class IV		823.52

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24200			RESTORATIONS, FOIL, GOLD, POSTERIOBS	
	24201	Class I		523.55
	24202	Class II		698.41
	24203	Class V		523.41
25000			RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS	
25100			RESTORATIONS INLAYS	
	25110		INLAYS, METAL	
	25111	One surface	+L	455.63
	25112	Two surface	+L	605.44
	25113	Three surface	+L	651.42
	25114	Three surface, modified	+L	786.93
	25120		Inlays, Composite/Compomer, Indirect (Bonded)	
	25121	One surface	+L	470.97
	25122	Two surface	+L	549.34
	25123	Three surface	+L	641.68
	25124	Three surface, modified	+L	825.44
	25130		Inlays, Porcelain/Ceramic/Polymer Glass	
	25131	One surface	+L	436.63
	25132	Two surface	+L	489.55
	25133	Three surface	+L	661.47
	25134	Three surface, modified	+L	691.93
	25140		Inlays, Porcelain/Ceramic/Polymer Glass (Bonded)	
	25141	One surface	+L	466.97
	25142	Two surface	+L	655.34
	25143	Three surface	+L	764.68
	25144	Three surface, modified	+L	825.44
25500			RESTORATIONS, ONLAYS (where one or more cusps are restored)	
	25510		Onlays, Cast Metal, Indirect	
	25511	Onlay, Cast Metal, Indirect	+L	651.42
	25512	Onlays, Cast Metal, Indirect (Bonded external retention type)	+L	681.42
	25520		Onlays, Composite/Compomer, Processed (Bonded)	
	25521	Onlays, Composite/Compomer, Indirect (Bonded)	+L	825.44
	25530		Onlays, Porcelain/Ceramic/ Polymer glass (Bonded)	
	25531	Onlays, Porcelain/Ceramic/Polymer Glass (Bonded)	+L	825.44
25600			PINS, RETENTIVE (for inlays, onlays and crowns per tooth)	
	25601	One pin/tooth	+L	44.60
	25602	Two pins/tooth	+L	85.21
	25603	Three pins/tooth	+L	134.99
	25604	Four pins/tooth	+L	165.34
	25605	Five or more pins/tooth	+L	194.70
25700			POSTS	
	25710		POSTS, CAST METAL, (including core) AS A SEPARATE PROCEDURE	
	25711	Single section	+L	332.70

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	25712	Two sections	+L	399.63
	25713	Three sections	+L	524.55
25720	Posts, Cast Metal (including core) Concurrent with Impression for Crown			
	25721	Single section	+L	189.84
	25722	Two sections	+L	255.78
	25723	Three sections	+L	319.70
25730	POST, PREFABRICATED RETENTIVE			
	25731	One post	+E	158.89
	25732	Two posts same tooth	+E	263.78
	25733	Three posts same tooth	+E	359.66
25740	POSTS, PREFABRICATED, RETENTIVE AND CAST CORE			
	25741	One post and cast core	+L +E	276.78
	25742	Two posts (same tooth) and cast core	+L +E	349.70
	25743	Three posts (same tooth) and cast core	+L +E	436.63
25770	Posts, Provisional			
	25771	Per post	+L and/or +E	86.92
25780	POST REMOVAL			
	25781	One unit of time		106.91
	25782	Two units of time		213.45
	25783	Three units of time		320.16
	25784	Four units of time		427.89
	25789	Each additional unit over four		106.71
26000	MESOSTRUCTURES			
	(a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw)			
26100	Mesostructures, Osseo-integrated Implant Supported			
	26101	Indirect, Angulated or transmucosal pre-fabricated abutment, per implant	+L +E	I.C.
	26102	Indirect, Custom laboratory fabricated, per implant	+L +E	I.C.
	26103	Direct, (with intra-oral preparation), per implant site	+E	I.C.
27000	CROWNS, SINGLE UNITS ONLY			
	(includes temporary protection and local anesthetic, caries removal, and uncomplicated restoration prior to crown preparation). Extensive restoration requiring pins or dowels extra.			
27100	CROWNS, ACRYLIC/COMPOSITE/ COMPOMER,			
	(with or without Cast or Prefabricated Metal Bases)			
27110	Crowns, Acrylic/Composite/Compomer, Indirect			
	27111	Crown, Acrylic/Composite/Compomer, Indirect	+L	654.41
	27112	Crown, Acrylic/Composite/Compomer, Indirect, Complicated (restorative, positional and/or esthetic)	+L	874.27
	27113	Crown, Acrylic/Composite/Compomer, Provisional [Long Term], Indirect (lab fabricated/relined intra-orally)	+L	255.78
27120	CROWNS, PLASTIC, DIRECT			
	27121	Crowns, Acrylic/Composite/Compomer, Direct, Provisional (chairside)	+E	197.89
	27125	Crowns, Acrylic/Composite/Compomer, Direct, Provisional Implant-supported	+E	197.89

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27130		Crown, Acrylic/Composite/Compomer/ Cast Metal Base, Indirect		
	27131	Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect	+L	697.41
	27135	Crown, Acrylic/Composite/Compomer Cast Metal Base, Implant-supported	+L +E	697.41
	27136	Crown, Acrylic/Composite/Compomer/Cast Metal Base with Cast Post Retention	+L	874.27
27140		CROWN, ACRYLIC/COMPOSITE/COMPOMER/ PREFABRICATED METAL BASE, PROVISIONAL. DIRECT		
	27145	Crown, Acrylic/Composite/Compomer/ Pre-fabricated Metal Base, Provisional, Implant-supported, Direct	+E	197.89
27150		CROWN, ACRYLIC/COMPOSITE/COMPOMER PRE-FABRICATED METAL BASE, PROVISIONAL, INDIRECT		
	27155	Crown, Acrylic/ Composite/Compomer/Pre-fabricated Metal Base, Provisional, Implant-supported, Indirect	+L +E	197.89
27200		CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS		
	27201	Crown, Porcelain/Ceramic/Polymer Glass	+L	825.44
	27202	Crown, Porcelain/Ceramic/Polymer Glass, Complicated	+L	1,095.68
	27205	Crown, Porcelain/Ceramic/Polymer Glass, Implant-supported	+L +E	825.44
	27206	Crown, Porcelain/Ceramic/Polymer Glass, with Cast Ceramic Post Retention	+L	1,095.68
27210		Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base		
	27211	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	+L	825.44
	27212	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated (restorative, positional and/or aesthetic)	+L	1,095.68
	27215	Crown, Porcelain/Ceramic Fused to Metal Base, Implant-supported	+L +E	825.44
	27216	Crown, Porcelain/Ceramic Fused to Metal Base with Cast Metal Post Retention	+L	1,095.68
27220		Crown, ¾, Porcelain/Ceramic/Polymer Glass		
	27221	Crown, ¾, Porcelain/Ceramic/Polymer Glass	+L	825.44
	27222	Crown, ¾, Porcelain/Ceramic/Polymer Glass, Complicated	+L	1,095.68
27300		CROWNS, CAST METAL		
	27301	Crown, Cast Metal	+L	825.44
	27302	Crown, Cast Metal, Complicated (restorative, positional)	+L	1,095.68
	27305	Crown, Cast Metal, Implant-supported	+L +E	825.44
	27306	Crown, Cast Metal, with Cast Metal Post Retention	+L	1,095.68
	27307	Semi-precision Rest (Interlock) (in addition to Cast Medal Crown)	+L +E	184.67
	27308	Semi-precision or Precision Attachment RPD Retainer (in addition to Cast Medal Crown)	+L +E	456.59
27310		Crowns, ¾, Cast Metal		
	27311	Crowns, ¾, Cast Metal	+L	825.44
	27312	Crowns, Metal ¾ Cast Metal, Complicated	+L	1,095.68
	27313	Crowns, ¾, Cast Metal, with Direct Tooth Colored Corner	+L	825.44
27400		CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP (additional to crown)		
	27401	One crown		119.33
	27409	Each additional crown		78.33
27500		COPINGS, METAL/PLASTIC, TRANSFER (thimble type)		
27510		Coping, Metal/Acrylic, Transfer (thimble), as a separate procedure		
	27511	Coping, Metal/Acrylic, Transfer (thimble) as a Separate Procedure	+L	348.70

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27520		Coping, Metal/Acrylic, Transfer (thimble) Concurrent with Impression for Crown		
	27521	Coping, Metal/Acrylic, Transfer (thimble) Concurrent with Impression for Crown	+L	86.92
27600		VENEERS, LABORATORY PROCESSED		
	27601	Veneers, Acrylic/Composite/Compomer, Bonded	+L	721.41
	27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded	+L	825.44
27700				
27710		REPAIRS, (single units only, does not include removal and recementation)		
	27711	Repairs, Acrylic/Composite/Compomer, Direct		79.92
			to	239.78
27720		Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base (single units)		
	27721	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Direct		79.92
			to	239.78
	27722	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Indirect	+L	156.92
27800		RECONTOURING OF EXISTING CROWNS per tooth		
	27801	One unit of time		84.92
	27809	Each additional unit of time		84.92
28000		RESTORATIVE PROCEDURES, OVERDENTURES		
28100		RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT		
	28101	Natural Tooth Preparation, Placement of Pulp Chamber Restoration (amalgam or composite) and Fluoride Application Endodontically Treated Tooth		218.81
	28102	Natural Tooth Preparation and Fluoride Application, Vital Tooth		261.78
	28103	Pre-fabricated Attachment, as an Internal/External Overdenture Retentive Device, Direct to a Natural Tooth (used with the appropriate denture code) per tooth	+L +E	261.78
	28105	Implant-supported Prefabricated Attachment as an Overdenture Retentive Device, Direct	+E	130.89
28200		RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT		
28210		Coping Crowns, Cast Metal, No Attachments, Indirect		
	28211	Coping Crown, Cast Metal, No Attachments, Indirect	+L	349.70
	28215	Coping Crown, Cast Metal, No Attachments, Implant-supported, Indirect	+L +E	349.70
	28216	Coping Crown, Cast Metal with Cast Metal Retentive Post, No Attachments	+L +E	524.55
28220		Coping Crown, Cast Metal, with Attachments, Indirect		
	28221	Coping Crown, Metal Cast, with Attachment, Indirect	+L +E	436.63
	28225	Coping Crown, Cast Metal, Implant-supported with Attachment	+L +E	436.63
	28226	Coping Crown, Cast Metal with Cast Metal Retentive Post, with Attachment	+L +E	642.68
29000		RESTORATIVE SERVICES, OTHER		
29100		RECEMENTATION/REBONDING, INLAYS/ONLAYS/ CROWNS/VENEERS/POSTS/ NATURAL TOOTH FRAGMENTS (single units only) (+ L and/or +E where laboratory charges or expenses are incurred during repair of the unit)		
	29101	One unit of time	+L +E	85.92
	29102	Two units	+L +E	171.84
	29103	Three units	+L +E	257.78

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	29104	Four units	+L +E	343.70
29300		REMOVAL, INLAYS/ONLAYS, CROWNS, VENEERS (single units only)		
	29301	One unit of time		84.92
	29302	Two units		169.84
	29303	Three units		254.78
	29304	Four units		339.70
29400		STAINING PORCELAIN (chairside)		
	29401	One unit of time	+L	86.92
	29402	Two units	+L	174.84
	29403	Three units	+L	261.78
	29404	Four units	+L	349.70
		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		159.84
	32222	Molar Teeth		159.84
	32230	PULPOTOMY, PRIMARY TEETH		
	32231	Primary Tooth, as a Separate Procedure		152.25
	32232	Primary Tooth, Concurrent with Restoration (but excluding final restoration)		78.85
32300		PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)		
	32310	PULPECTOMY, PERMANENT TEETH/RETAINED PRIMARY TEETH		
	32311	One Canal		144.89
	32312	Two Canals		185.84
	32313	Three Canals		250.81
	32314	Four Canals or more		274.78
	32320	PULPECTOMY, PRIMARY TEETH		
	32321	Anterior Tooth		122.89
	32322	Posterior Tooth		221.81
33000		ROOT CANAL THERAPY		
		To include: treatment plan, clinical procedures (ie. pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs, excluding final restoration.		
33100		ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH (Includes: Clinical procedures with appropriate radiographs, excluding final restoration.)		

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				Fee
Definitions:				
Uncomplicated - Virtually straight canal penetrated by size #15 file				
Difficult Access - Limited jaw opening, unfavourable tooth inclination, through complex restorations eg. Post/core buildups.				
Exceptional Anatomy - Canal size same as uncomplicated, but made complicated by dens-in-dente or partially developed roots, internal/external resorption.				
Calcified Canals - Unable to penetrate with size #10 file and not clearly discernible on a radiograph				
Retreatment - Retreatment of previously completed therapy				
33110	ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, ONE CANAL			
	33111	One canal		662.15
	33112	Difficult Access		879.11
	33113	Exceptional Anatomy		899.11
	33114	Calcified Canal		924.11
	33115	Retreatment of Previously Completed Therapy		894.75
33120	ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, TWO CANALS			
	33121	Two canals		964.25
	33122	Difficult Access		1,234.94
	33123	Exceptional Anatomy		1,234.94
	33124	Calcified Canal		1,234.94
	33125	Retreatment of Previously Completed Therapy		1,268.94
33130	ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, THREE CANALS			
	33131	Three canals		1,127.65
	33132	Difficult Access		1,399.39
	33133	Exceptional Anatomy		1,465.45
	33134	Calcified Canal		1,390.45
	33135	Retreatment of Previously Completed Therapy		1,380.45
33140	ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, FOUR OR MORE CANALS			
	33141	Four or more canals		1,423.30
	33142	Difficult Access		1,632.63
	33143	Exceptional Anatomy		1,632.63
	33144	Calcified Canal		1,632.63
	33145	Retreatment of Previously Completed Therapy		1,708.63
33500	PULPAL REVASCULARIZATION			
	33501	One canal		251.16
	33502	Two canals		376.75
	33503	Three canals or more		502.34
33600	APEXIFICATION/APEXOGENESIS/ INDUCTION OF HARD TISSUE REPAIR (to include biomechanical preparation and placement of dentogenic media)			
	33601	One canal		261.16
	33602	Two canals		376.75
	33603	Three canals		502.34
	33604	Four canals or more		669.79
33610	RE-INSERTION OF DENTOGENIC MEDIA PER VISIT			
	33611	One canal		125.57
	33612	Two canals		170.45

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				Fee
	33613	Three canals		255.45
	33614	Four canals or more		341.89
34000		PERIAPICAL SERVICES		
34100		APICOECTOMY/APICAL CURETTAGE		
34110		MAXILLARY ANTERIOR		
	34111	One root		528.60
	34112	Two roots		652.23
34120		MAXILLARY BICUSPID		
	34121	One root		651.91
	34122	Two roots		758.56
	34123	Three roots		932.18
34130		MAXILLARY MOLAR		
	34131	One root		633.91
	34132	Two roots		742.56
	34133	Three roots		1,119.82
34140		MANDIBULAR ANTERIOR		
	34141	One root		549.13
	34142	Two or more roots		745.56
34150		MANDIBULAR BICUSPID		
	34151	One root		809.23
	34152	Two roots		839.88
	34153	Three or more roots		1,025.50
34160		MANDIBULAR MOLAR		
	34161	One root		650.23
	34162	Two roots		821.88
	34163	Three roots		1,119.82
34200		RETROFILLING		
34210		MAXILLARY ANTERIOR		
	34211	One canal		99.51
	34212	Two or more canals		177.04
34220		MAXILLARY BICUSPID		
	34221	One canal		99.51
	34222	Two canals		177.04
	34223	Three canals		267.56
	34224	Four or more canals		356.07
34230		MAXILLARY MOLAR		
	34231	One canal		110.51
	34232	Two canals		177.04
	34233	Three canals		267.56
	34234	Four or more canals		356.07
34240		MANDIBULAR ANTERIOR		

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	34241	One canal		112.51
	34242	Two or more canals		177.04
34250		MANDIBULAR BICUSPID		
	34251	One canal		88.51
	34252	Two canals		177.04
	34253	Three canals		267.56
	34254	Four or more canals		356.07
34260		MANDIBULAR MOLAR		
	34261	One canal		88.51
	34262	Two canals		177.04
	34263	Three canals		267.56
	34264	Four or more canals		356.07
34300		RETREATMENT, APICOECTOMY/APICAL CURETTAGE		
34310		Maxillary Anterior		
	34311	one root		535.13
	34312	two roots		745.56
34320		Maxillary Bicuspid		
	34321	one root		652.23
	34322	two roots		885.53
	34323	three roots		1,119.82
34330		Maxillary Molar		
	34331	one root		652.23
	34332	two roots		885.53
	34333	three roots		1,305.47
34340		Mandibular Anterior		
	34341	one root		670.42
	34342	Two or more roots		932.18
34350		Manibular Bicuspid		
	34351	one root		745.56
	34352	two roots		1,025.50
	34353	three roots		1,212.14
34360		Mandibular Molar		
	34361	one root		745.56
	34362	two roots		979.56
	34363	three roots		1,305.47
34400		SURGICAL SERVICES, MISCELLANEOUS		
34410		AMPUTATIONS, ROOT (includes recontouring tooth and furca)		
	34411	One root		366.56
	34412	Two roots		446.60
34420		HEMISECTION		
	34421	Maxillary Bicuspid		267.56
	34422	Maxillary Molar		261.56
	34423	Mandibular Molar		261.56
34430		DECOMPRESSION, PERIO-RADICULAR LESION		
	34431	First visit		356.07
	34432	Each Additional visit		177.04

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34440		SURGERY, ENDODONTIC, EXPLORATORY		
	34441	Maxillary Anterior		267.56
	34442	Maxillary Bicuspid		356.07
	34443	Maxillary Molar		446.60
	34444	Mandibular Anterior		267.56
	34445	Mandibular Bicuspid		356.07
	34446	Mandibular Molar		446.60
34450		REMOVAL, INTENTIONAL, OF TOOTH, APICAL FILLING AND REPLANTATION (splinting additional)		
	34451	Single rooted tooth		372.27
	34452	Two rooted tooth		559.91
	34453	Three rooted tooth or more		745.56
34500		PERFORATIONS		
34510		PERFORATION/RESORPTIVE DEFECT(S), PULP CHAMBER REPAIR, OR ROOT REPAIR, NON-SURGICAL		
	34511	per tooth		80.92
34520		PERFORATION/RESORPTIVE DEFECT(S), PULP CHAMBER REPAIR, OR ROOT REPAIR, SURGICAL		
	34521	Anterior Tooth		88.51
	34522	Bicuspid Tooth		177.51
	34523	Molar Tooth		265.56
34600		ENLARGEMENT, CANAL AND/OR PULP CHAMBER (Preparation of Post Space)		
	34601	In Previously Filled Tooth when Root Canal Treatment Done by Another Practitioner		84.71
	34602	In Calcified Canals		255.16
39000		ENDODONTIC, PROCEDURES, MISCELLANEOUS		
39100		ISOLATION OF ENDODONTIC TOOTH/TEETH FOR ASEPSIS		
	39101	Banding and/or Coronal Buildup of Tooth/Teeth and/or Contouring of Tissue Surrounding Tooth/Teeth to Maintain Aseptic Operating Field (per tooth)		159.84
39200		OPEN AND DRAIN (Separate Emergency Procedures)		
	39201	Anteriors and Bicuspid		76.14
	39202	Molars		76.14
39210		OPENING THROUGH ARTIFICIAL CROWN (In addition to Procedures)		
	39211	Anteriors and Bicuspid		84.13
	39212	Molars		84.13
39300		BLEACHING, NON VITAL		
39310		BLEACHING ENDODONTICALLY TREATED TOOTH/TEETH		
	39311	One unit of time		80.92
	39312	Two units		162.84
	39313	Three units		244.78
	39319	Each additional unit over three		80.92
39400		EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY TREATED TOOTH		

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39410		EXPLORATORY ACCESS		
	39411	Anterior		72.33
	39412	Bicuspid		72.33
	39413	Molar		151.92
		PERIODONTICS		
		In the treatment of periodontal diseases, variables such as the severity of the patient's periodontal condition and the distribution (i.e. extent) of the condition may require a relatively wide selection of therapeutic procedures and involve considerable variation in time and expense. In most instances the time required to perform a certain procedure could, and usually does, vary from one quadrant to another and therefore the amounts of time as outlined in the following guide could vary in the management of a particular case.		
41000		PERIODONTAL SERVICES, NON SURGICAL		
41200		ORAL DISEASE, Management of		
41210		Oral Manifestations, Oral Mucosal Disorders , Mucocutaneous disorders and diseases of localized mucosal conditions, e.g. lichen planus, aphthous stomatitis, benign mucous membrane pemphigoid, pemphigus, salivary gland tumours, leukoplakia with and without dysphasia, neoplasms, hairy leukoplakia, polyps, verrucae, fibroma etc.		
	41211	One unit of time		79.92
	41212	Two units		159.84
	41213	Three units		239.78
	41214	Four units		319.70
	41219	Each additional unit over four		79.92
41220		Nervous and Muscular Disorders , Disorders of facial sensation and motor dysfunction at the jaw, e.g. trigeminal neuralgia, atypical facial pain, atypical odontologia, burning mouth syndrome, dyskenesia, post injection trismus, muscular and joint pain syndrome		
	41221	One unit of time		79.92
	41222	Two units		159.84
	41223	Three units		239.78
	41224	Four units		319.70
	41229	Each additional unit over four		79.92
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		79.92
	41232	Two units		159.84
	41233	Three units		239.78
	41234	Four units		319.70
	41239	Each additional unit over four		79.92
41300		DESENSITIZATION (This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than one appointment may be necessary.)		
	41301	One unit of time		79.92
	41302	Two units		159.84
	41309	Each additional unit over two		79.92
42000		PERIODONTAL SERVICES, SURGICAL		

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			(Includes local anaesthetic, suturing and the placement and removal of initial surgical dressing. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or group of teeth or in some cases a single tooth.)	
42100			PERIODONTAL SURGERY, GINGIVAL CURETTAGE	
	42110		SURGICAL CURETTAGE, TO INCLUDE DEFINITIVE ROOT PLANING	
		42111	Per sextant	209.30
42200			PERIODONTAL SURGERY, GINGIVOPLASTY (Does not include limited re-contouring to facilitate restorative services)	
		42201	Per sextant	251.16
42300			PERIODONTAL SURGERY, GINGIVECTOMY (The procedure by which gingival deformities are reshaped and reduced to create normal and functional form, when the pocket is uncomplicated by extension into the underlying bone; does not include limited re-contouring to facilitate restorative services).	
	42310		GINGIVECTOMY, UNCOMPLICATED	
		42311	Per sextant	285.35
	42320		GINGIVECTOMY, WITH CURETTAGE	
		42321	Per sextant	421.47
	42330		GINGIVAL FIBER INCISION (supra crestal fibrotomy)	
		42331	First tooth	81.33
		42339	Each additional tooth	72.33
42400			PERIODONTAL SURGERY, FLAP APPROACH	
	42410		FLAP APPROACH, WITH OSTEOPLASTY/OSTECTOMY	
		42411	Per sextant	1,027.84
	42420		FLAP APPROACH, WITH CURETTAGE OF OSSEOUS DEFECT	
		42421	Per sextant	680.26
	42430		FLAP APPROACH, WITH CURETTAGE OF OSSEOUS DEFECT AND OSTEOPLASTY	
		42431	Per sextant	969.16
	42440		FLAP APPROACH, EXPLORATORY (for diagnosis)	
		42441	Per site	523.14
42500			PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE	
	42510		GRAFTS, SOFT TISSUE, PEDICLE (including apically or lateral sliding and rotated flaps.)	
		42511	Per site	639.06
		42512	Periostial stimulation in addition to 42511	76.12
	42520		GRAFTS, SOFT TISSUE, PEDICLE (Coronally Positioned)	
		42521	Per site	639.06
		42522	Periostial stimulation in addition to 42521	76.12

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42530		GRAFTS FREE SOFT TISSUE		
	42531	Per site		965.06
42540		GRAFTS, SOFT TISSUE, PEDICLE, WITH FREE GRAFT PLACED IN PEDICLE DONOR SITE		
	42541	Per site		1,166.56
42550		GRAFTS, For root or implant coverage		
	42551	Autograft (free connective tissue), for root coverage, includes harvesting from donor site - Per site		916.56
	42552	Allograft, for root coverage – per site	+E	I.C.
	42557	Allograft, adjacent to an implant – per site	+E	I.C.
42560		GRAFTS, FOR RIDGE AUGMENTATION		
	42561	Autograft (free connective tissue), includes harvesting from donor site – per site.		1,130.32
	42562	Allograft – per site	+E	I.C.
42570		GRAFTS, CONNECTIVE TISSUE, PEDICLE WITH FREE GRAFT FOR ROOT COVERAGE		
	42571	Per site		875.08
42580		GRAFTS, GINGIVAL ONLAY (for ridge augmentation)		
	42581	Per site		905.32
42590		Grafts, Dermal, Onlay, for Ridge Augmentation		
	42591	Autograft – per site		905.32
	42592	Allograft – per site	+E	905.32
42600		PERIODONTAL SURGERY, FLAPS, GRAFTS, OSSEOUS TISSUE		
42610		GRAFTS, OSSEOUS, AUTOGRAFT (Including flap entry, closure and donor site)		
	42611	Per site		1,065.09
42620		GRAFTS, OSSEOUS, ALLOGRAFT (Including flap entry and closure)		
	42621	Per site	+E	1,065.09
42630		Grafts, Osseous, Xenograft (Including Flap Entry and Closure)		
	42631	Per Site	+E	1,065.09
42700		GUIDED TISSUE REGENERATION		
	42701	Guided Tissue Regeneration – Non-resorbable Membrane – per site	+E	1,616.98
	42702	Guided Tissue Regeneration – Resorbable Membrane	+E	1,616.98
	42703	Guided Tissue Regeneration – Non-resorbable Membrane, Surgical Re-entry for Removal	+E	1,616.98
42720		Biological materials to aid in soft and osseous tissue regeneration (not including surgical entry and closure)		
	42721	Per site	+E	I.C.
42800		PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES		
42810		PROXIMAL WEDGE PROCEDURE (as a separate procedure)		

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	42811	With Flap Curettage, per site		485.11
	42819	With Flap Curettage and Osectomy/Osteoplasty, per site		585.80
42820		POST SURGICAL PERIODONTAL TREATMENT VISIT PER DRESSING CHANGE (by dentist other than operating dentist)		
	42821	One unit of time		76.12
	42822	Two units		152.25
	42823	Three units		228.37
	42829	Each additional unit over three		76.12
42830		PERIODONTAL ABSCESS OR PERICORONITIS, MAY INCLUDE ANY OF THE FOLLOWING PROCEDURES: LANCING, SCALING, CURETTAGE, SURGERY OR MEDICATION		
	42831	One unit of time		79.92
	42832	Two units		159.84
	42833	Three units		239.78
	42834	Four units		319.70
	42839	Each additional unit over four		79.92
42840		Flap Approach for Creation of Interdental Papillae		
	42841	Per Site		I.C.
43000		PERIODONTAL PROCEDURES, ADJUNCTIVE (when per joint is designated, the corresponding tooth code is represented by the mesial of the tooth involved, except at the midline, where the tooth to the right of the joint is utilized)		
43100		PERIODONTAL SPLINTING OR LIGATION, PROVISIONAL, INTRA CORONAL Periodontal Splint or ligation, provisional, intra coronal. Note: This procedure is in addition to the usual code for the tooth restoration of either side.		
43110		"A" SPLINT (restorative material plus wire, fibre ribbon or rope)		
	43111	Per joint	+E	154.25
43200		PERIODONTAL SPLINTING OR LIGATION, PROVISIONAL, EXTRA CORONAL		
43220		Bonded, Interproximal Enamel Splint		
	43221	Per joint		76.12
43230		WIRE LIGATION		
	43231	Per joint		76.12
43240		WIRE LIGATION, RESTORATIVE MATERIAL COVERED		
	43241	Per joint		76.12
43260		ORTHODONTIC BAND SPLINT		
	43261	Per band	+E	76.12
43270		Cast/Soldered/Ceramic/Polymer Glass, Splint Bonded		
	43271	Per abutment	+L	76.12
43280		REMOVAL OF FIXED PERIODONTAL SPLINTS		
	43281	One unit of time		76.12
	43289	Each additional unit of time		76.12

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				Fee
43400		ROOT PLANING, PERIODONTAL		
	43420	Root Planing		
	43421	One unit of time		72.68
	43422	Two units of time		145.36
	43423	Three units of time		218.04
	43424	Four units of time		290.72
	43425	Five units of time		363.40
	43426	Six units of time		436.08
	43427	1/2 unit of time		36.34
	43429	Each additional unit over six		72.68
43500		CHEMOTHERAPEUTIC and/or ANTIMICROBIAL AGENTS		
	43510	CHEMOTHERAPEUTIC and/or ANTIMICROBIAL AGENTS, TOPICAL APPLICATION		
	43511	One unit of time		76.12
	43519	Each additional unit of time		76.12
	43520	Chemotherapeutic and/or antimicrobial therapy, intra-sulcular application		
	43521	One unit of time	+E	79.92
	43529	Each additional unit of time	+E	79.92
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		76.12
	49102	Two units		152.25
	49109	Each additional unit over two		76.12
49300		SOFT TISSUE PROSTHESIS		
	49301	Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxilla facial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis)	+L	I.C.
		PROSTHODONTICS - REMOVABLE		
		Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee.		
		Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee.		
		EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.		
51000		DENTURE COMPLETE		
		(includes: impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including three month post insertion care)		
51100		DENTURE COMPLETE, STANDARD		
	51101	Maxillary	+L	810.00
	51102	Mandibular	+L	810.00

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	51104	Liners, Processed, Resilient, in addition to above		LAB
51200		DENTURES, COMPLETE, COMPLEX		
	51201	Maxillary	+L	1,674.49
	51202	Mandibular	+L	1,674.49
	51204	Liners, Processed, Resilient in addition to above		LAB
51300		DENTURES, SURGICAL, STANDARD, (IMMEDIATE)		
		includes first tissue conditioner, but not a processed reline		
	51301	Maxillary	+L	810.00
	51302	Mandibular	+L	810.00
51400		DENTURES, SURGICAL, COMPLEX (IMMEDIATE)		
		includes first tissue conditioner, but not a processed reline		
	51401	Maxillary	+L	1,145.70
	51402	Mandibular	+L	1,145.70
51500		DENTURES, COMPLETE, GNATHOLOGICAL (CAST BASE AND METAL OCCLUSALS)		
	51501	Maxillary		I.C.
	51502	Mandibular		I.C.
51600		DENTURES, COMPLETE, PROVISIONAL		
	51601	Maxillary	+L	559.53
	51602	Mandibular	+L	559.53
51700		DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
	51710	Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, no Attachments		
	51711	Maxillary	+L	1,057.58
	51712	Mandibular	+L	1,057.58
	51720	Dentures, Complete, Overdentures, Tissue Borne, Supported by Implants with or without Coping Crowns, no Attachments		
	51721	Maxillary	+L	1,057.58
	51722	Mandibular	+L	1,057.58
	51730	Dentures, Complete, Overdentures Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments		
	51731	Maxillary	+L	1,057.58
	51732	Mandibular	+L	1,057.58
51800		DENTURES, COMPLETE, OVERDENTURES, (IMMEDIATE), TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS. NO ATTACHMENTS		
	51810	Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by Natural Teeth with or without Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline)		
	51811	Maxillary	+L	959.13
	51812	Mandibular	+L	959.13

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51900			DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS	
	51910		Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Natural Teeth with or without Coping Crowns	
	51911	Maxillary	+L	959.13
	51912	Mandibular	+L	959.13
	51920		Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns	
	51921	Maxillary	+L	I.C.
	51922	Mandibular	+L	I.C.
	51930		Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns	
	51931	Maxillary	+L	I.C.
	51932	Mandibular	+L	I.C.
	51950		Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants	
	51951	Maxillary	+L	I.C.
	51952	Mandibular	+L	I.C.
	51960		Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of a Natural Teeth and Implants (see 62105 for Retentive Bar)	
	51961	Maxillary	+L	I.C.
	51962	Mandibular	+L	I.C.
52000			DENTURES, PARTIAL, ACRYLIC	
	52100		DENTURES, PARTIAL, ACRYLIC BASE (PROVISIONAL) (With or Without Clasps)	
	52101	Maxillary	+L	233.19
	52102	Mandibular	+L	233.19
	52110		Dentures, Partial, Acrylic Base (Immediate) (includes first tissue conditioner, but not a processed reline)	
	52111	Maxillary	+L	233.19
	52112	Mandibular	+L	233.19
52200			DENTURES, PARTIAL, ACRYLIC, RESILIENT RETAINER	
	52201	Maxillary	+L	233.19
	52202	Mandibular	+L	233.19
	52210		Dentures, Partial, Acrylic, Resilient Retainer, (Immediate) (includes first tissue conditioner, but not a processed reline)	
	52211	Maxillary	+L	233.19
	52212	Mandibular	+L	233.19
52300			DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS	

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				Fee
	52301	Maxillary	+L	784.11
	52302	Mandibular	+L	784.11
52310		Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)		
	52311	Maxillary	+L	784.11
	52312	Mandibular	+L	784.11
52400		DENTURES, PARTIAL, ACRYLIC, WITH METAL/WROUGHT PALATAL/LINGUAL BAR AND CLASPS AND/OR RESTS		
	52401	Maxillary	+L	784.11
	52402	Mandibular	+L	784.11
52410		Dentures, Partial, Acrylic, with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)		
	52411	Maxillary	+L	784.11
	52412	Mandibular	+L	784.11
52510		Dentures, Partial (Flexible, Non Metal, Non Acrylic)		
	52511	Maxillary	+L	240.41
	52512	Mandibular	+L	240.41
52700		DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
52710		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests supported by Natural Teeth with or without Coping Crowns, no attachments		
	52711	Maxillary	+L	961.64
	52712	Mandibular	+L	961.64
52720		Dentures, Partial, Overdentures, Acrylic, with Cast/ Wrought Clasps and/or Rests, Supported by Implants with or without Coping Crowns, No Attachments		
	52721	Maxillary	+L	961.64
	52722	Mandibular	+L	961.64
52730		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments		
	52731	Maxillary	+L	961.64
	52732	Mandibular	+L	961.64
52800		DENTURES, PARTIAL, OVERDENTURES (IMMEDIATE), ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
52810		Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Natural Teeth with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)		
	52811	Maxillary	+L	961.64
	52812	Mandibular	+L	961.64

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				Fee
52820			Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)	
	52821	Maxillary	+L	961.64
	52822	Mandibular	+L	961.64
52830			Dentures, Partial, Overdentures (Immediate), Acrylic with Cast/Wrought Clasps and/or Rests Secured by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)	
	52831	Maxillary	+L	961.64
	52832	Mandibular	+L	961.64
52900			Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests Secured by Natural Teeth or Implants	
52910			Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests with Independent Attachments Secured by Attachments to Natural Teeth with or without Coping Crowns	
	52911	Maxillary	+L	961.64
	52912	Mandibular	+L	961.64
52920			Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to Implants with or without Coping Crowns	
	52921	Maxillary	+L	961.64
	52922	Mandibular	+L	961.64
52930			Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns [used with 26101, 26103 (Mesostuctures); or 28221, 28225, 28226 (Cast Metal Coping Crowns) with or without Attachments]	
	52931	Maxillary	+L	961.64
	52932	Mandibular	+L	961.64
52940			Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar)	
	52941	Maxillary	+L	961.64
	52942	Mandibular	+L	961.64
52950			Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)	
	52951	Maxillary	+L	961.64
	52952	Mandibular	+L	961.64
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 or Implants (see 62105 for Retentive Bar)	

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	52961	Maxillary	+L	961.64
	52962	Mandibular	+L	961.64
53000		DENTURES, PARTIAL, CAST WITH ACRYLIC BASE		
53100		DENTURES, PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS		
	53101	Maxillary	+L	809.10
	53102	Mandibular	+L	809.10
	53104	Altered Cast Impression technique in conjunction with 53101 and 53102	+L	85.92
53110		Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)		
	53111	Maxillary	+L	959.13
	53112	Mandibular	+L	959.13
53120		DENTURES, PARTIAL FREE END, SWING LOCK/CONNECTOR		
	53121	Maxillary	+L	1,004.70
	53122	Mandibular	+L	1,004.70
53130		DENTURES, PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS (EQUILIBRATED)		
	53131	Maxillary	+L	1,925.66
	53132	Mandibular	+L	1,925.66
53200		DENTURES, PARTIAL, TOOTH-BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS		
	53201	Maxillary	+L	959.13
	53202	Mandibular	+L	959.13
	53205	Unilateral, one piece casting, clasps and pontics	+L	559.47
53210		Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)		
	53211	Maxillary	+L	959.13
	53212	Mandibular	+L	959.13
	53215	Unilateral, one piece casting, clasps and pontics	+L	559.47
53220		DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS (EQUILIBRATED)		
	53221	Maxillary	+L	1,925.66
	53222	Mandibular	+L	1,925.66
53400		DENTURES, PARTIAL, CAST, PRECISION ATTACHMENTS		
	53401	Maxillary	+L	I.C.
	53402	Mandibular	+L	I.C.
	53404	Altered Cast Impression Technique done in conjunction with the above mentioned codes	+L	I.C.
53500		DENTURES, PARTIAL, CAST, SEMI-PRECISION ATTACHMENTS		
	53501	Maxillary	+L	I.C.
	53502	Mandibular	+L	I.C.
	53504	Altered Cast Impression Technique done in conjunction with the above mentioned codes		I.C.
53600		DENTURES, PARTIAL, CAST, STRESS BREAKER ATTACHMENTS		
53610		Denture, Cast Partial, Maxillary, Stress Breaker Attachments		

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	53611	Maxillary (resilient)	+L	959.13
	53612	Maxillary (one hinge)	+L	959.13
	53613	Maxillary (two hinges)	+L	959.13
	53614	Altered Cast Impression Technique done in conjunction with the above mentioned codes		85.92
53620		Dentures, Cast Partial, Mandibular, Stress Breaker Attachments		
	53621	Mandibular (resilient)	+L	959.13
	53622	Mandibular (one hinge)	+L	959.13
	53623	Mandibular (two hinges)	+L	959.13
	53624	Altered Cast Impression Technique done in conjunction with the above mentioned codes		85.92
53700		DENTURES, PARTIAL, CAST, OVERDENTURES, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
53710		Dentures, Partial, Cast, Overdentures, Supported by Natural Teeth with or without Coping Crowns, no Attachments		
	53711	Maxillary	+L	959.13
	53712	Mandibular	+L	959.13
	53714	Altered Cast Impression technique done in conjunction with the above mentioned codes		85.92
53720		Dentures, Partial, Casts, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments		
	53721	Maxillary	+L	959.13
	53722	Mandibular	+L	959.13
	53724	Altered Cast Impression technique done in conjunction with the above mentioned codes		85.92
53730		Dentures, Partial, Casts, Overdentures, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments		
	53731	Maxillary	+L	959.13
	53732	Mandibular	+L	959.13
	53734	Altered Cast Impression technique done in conjunction with the above mentioned codes		85.92
53800		DENTURES, PARTIAL, CAST, OVERDENTURES (IMMEDIATE), SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
53810		Dentures, Partial, Cast, Overdentures (Immediate), Supported by Natural Teeth with or without Coping Crowns, No Attachments (includes first tissue conditioner but not a processed reline)		
	53811	Maxillary	+L	959.13
	53812	Mandibular	+L	959.13
	53814	Altered Cast Impression technique done in conjunction with the above mentioned codes		85.92
53820		Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner but not a processed reline)		
	53821	Maxillary	+L	959.13
	53822	Mandibular	+L	959.13
	53824	Altered Cast Impression technique done in conjunction with the above mentioned codes		85.92
53830		Dentures, Partial, Cast, Overdentures (Immediate), Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)		
	53831	Maxillary	+L	959.13
	53832	Mandibular	+L	959.13
	53834	Altered Cast Impression technique done in conjunction with the above mentioned codes		85.92

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				Fee
53900			DENTURES, PARTIAL, CAST, OVERDENTURES, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS	
	53910		Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Natural Teeth, with or without Coping Crowns	
		53911	Maxillary	+L 1,039.13
		53912	Mandibular	+L 1,039.13
		53914	Altered Cast Impression technique done in conjunction with the above mentioned codes	85.92
	53920		Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants, with or without Coping Crowns	
		53921	Maxillary	+L 1,039.13
		53922	Mandibular	+L 1,039.13
		53924	Altered Cast Impression technique done in conjunction with the above mentioned codes	85.92
	53930		Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns	
		53931	Maxillary	+L 1,039.13
		53932	Mandibular	+L 1,039.13
		53934	Altered Cast Impression technique done in conjunction with the above mentioned codes	85.92
	53940		Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar)	
		53941	Maxillary	+L 1,039.13
		53942	Mandibular	+L 1,039.13
	53950		Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)	
		53951	Maxillary	+L 1,039.13
		53952	Mandibular	+L 1,039.13
		53954	Altered Cast Impression technique done in conjunction with the above mentioned codes	85.92
	53960		Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar)	
		53961	Maxillary	+L 1,039.13
		53962	Mandibular	+L 1,039.13
		53964	Altered Cast Impression technique done in conjunction with the above mentioned codes	85.92
54000			DENTURES, ADJUSTMENT	
			(after three month's insertion or by other than the dentist providing prosthesis)	
54200			DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, MINOR	
		54201	One unit of time	+L 69.80
		54202	Two units	+L 139.60
		54209	Each additional unit over two	69.80
54300			DENTURE ADJUSTMENTS, PARTIAL, OR COMPLETE DENTURE, REMOUNT AND OCCLUSAL EQUILIBRATION	
		54301	Maxillary	+L 692.41
		54302	Mandibular	+L 692.41
54400			DENTURE ADJUSTMENTS, COMPLETE DENTURE, WITH CAST METAL OCCLUSAL SURFACES. REMOUNT AND OCCLUSAL EQUILIBRATION	

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					Fee
	54401	Maxillary		+L	692.41
	54402	Mandibular		+L	692.41
54500		DENTURE, ADJUSTMENT, PARTIAL DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION			
	54501	Maxillary		+L	692.41
	54502	Mandibular		+L	692.41
55000		DENTURES, REPAIRS/ADDITIONS			
55100		DENTURE, REPAIR, COMPLETE DENTURE, NO IMPRESSION REQUIRED			
	55101	Maxillary		+L	77.12
	55102	Mandibular		+L	77.12
55200		DENTURE, REPAIR, COMPLETE DENTURE, IMPRESSION REQUIRED			
	55201	Maxillary		+L	141.06
	55202	Mandibular		+L	141.06
55300		DENTURE, REPAIRS/ADDITIONS, PARTIAL DENTURE, NO IMPRESSION REQUIRED			
	55301	Maxillary		+L	79.12
	55302	Mandibular		+L	79.12
55400		DENTURE, REPAIRS/ADDITIONS, PARTIAL DENTURE, IMPRESSION REQUIRED			
	55401	Maxillary		+L	156.25
	55402	Mandibular		+L	156.25
55500		DENTURES/IMPLANT RETAINED PROSTHESIS PROPHYLAXIS AND POLISHING			
	55501	One unit of time		+L	78.33
	55509	Each additional unit of time			78.33
55600		DENTURES, REBUILDING WORN ACRYLIC DENTURE TEETH (DIRECT CHAIRSIDE) WITH TOOTH COLOURED MATERIALS			
	55601	One unit of time			79.92
	55609	Each addition unit of time			79.92
55700		DENTURES, CUSTOM STAINED (PIGMENTED) DENTURE BASES (DIRECT CHAIRSIDE)			
	55701	One unit of time			85.92
	55709	Each addition unit of time			85.92
56000		DENTURES, REPLICATION, RELINING AND REBASING			
56100		DENTURES, REPLICATION, PROVISIONAL			
	56110	Dentures, Replication, Complete Denture, Provisional (No Intra-oral Impression Required)			
	56111	Maxillary		+L	164.25
	56112	Mandibular		+L	164.25
	56120	Dentures, Replication, Partial Denture (Provisional) (No Intra-oral Impression Required)			
	56121	Maxillary		+L	164.25
	56122	Mandibular		+L	164.25
56200		DENTURES, RELINING (Does not include Remount - see 54000 series)			

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				Fee
56210		DENTURE, RELINE, DIRECT COMPLETE DENTURE		
	56211	Maxillary		210.68
	56212	Mandibular		210.68
56220		DENTURE, RELINE, DIRECT, PARTIAL DENTURE		
	56221	Maxillary		228.37
	56222	Mandibular		228.37
56230		DENTURE, RELINE, PROCESSED, COMPLETE DENTURE		
	56231	Maxillary	+L	228.37
	56232	Mandibular	+L	228.37
56240		DENTURE, RELINE, PROCESSED, PARTIAL DENTURE		
	56241	Maxillary	+L	228.37
	56242	Mandibular	+L	228.37
56250		DENTURE, RELINE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS, COMPLETE DENTURE		
	56251	Maxillary	+L	380.64
	56252	Mandibular	+L	380.64
56260		DENTURE, RELINE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS, PARTIAL DENTURE		
	56261	Maxillary	+L	380.64
	56262	Mandibular	+L	380.64
56300		DENTURES, REBASING (Where the vestibular tissue-contacting surfaces are modified)		
56310		DENTURE, REBASE COMPLETE DENTURE		
	56311	Maxillary	+L	228.37
	56312	Mandibular	+L	228.37
56320		DENTURE, REBASE PARTIAL DENTURE		
	56321	Maxillary	+L	228.37
	56322	Mandibular	+L	228.37
56330		DENTURE, REBASE, COMPLETE DENTURE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENT		
	56331	Maxillary	+L	380.64
	56332	Mandibular	+L	380.64
56340		DENTURE, REBASE, PARTIAL DENTURE, PROCESSED, FUNCTIONAL IMPRESSION, REQUIRING THREE APPOINTMENTS		
	56341	Maxillary	+L	380.64
	56342	Mandibular	+L	380.64
56400		DENTURES, REMAKE		
56410		Dentures, Remake, Using Existing Framework, Partial Denture (equilibration)		
	56411	Maxillary	+L	304.52
			to	495.37
	56412	Mandibular	+L	304.52

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				Fee
			to	495.37
56500		DENTURES, THERAPEUTIC TISSUE CONDITIONING		
	56510	Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture		
	56511	Maxillary		152.25
	56512	Mandibular		152.25
	56520	Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture		
	56521	Maxillary		152.25
	56522	Mandibular		152.25
	56530	Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Supported by Natural Teeth		
	56531	Maxillary		164.25
	56532	Mandibular		164.25
	56540	Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Implant Supported		
	56541	Maxillary		164.25
	56542	Mandibular		164.25
	56550	Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Supported by Natural Teeth		
	56551	Maxillary		164.25
	56552	Mandibular		164.25
	56560	Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Implant Supported		
	56561	Maxillary		164.25
	56562	Mandibular		164.25
56600		DENTURES, MISCELLANEOUS SERVICES		
	56601	Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase of denture)		LAB
	56602	Resetting of Teeth (not including reline or rebase of denture)	+L	319.70
	56603	Cast occlusal surfaces (includes remount and equilibration)	+L	673.06
57000		PROSTHESIS, MAXILLOFACIAL		
57100		PROSTHESIS, FACIAL		
	57101	Orbital	+L	2,362.38
			to	5,565.61
	57102	Nose	+L	1,848.81
			to	3,784.21
	57103	Ear	+L	1,848.81
			to	3,784.21
	57104	Patch	+L	555.55
	57105	Facial, Complex	+L	2,362.38
			to	4,563.19
	57106	Facial Moulage Impression, Complete		362.89
	57107	Facial Moulage Impression, Sectional		272.16
	57108	Ocular Conformer Prosthesis (temporary post-surgical)	+L	555.55
	57109	Ocular Prosthesis	+L	718.98
			to	3,004.22
57200		PROSTHESIS, MAXILLOFACIAL, OBTURATORS		

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					Fee
	57201	Obturator, Cleft Palate (prosthesis extra)	+L		102.71
			to		444.84
	57202	Obturator, Palatal (prosthesis extra)	+L		102.71
			to		444.84
	57203	Obturator, Post-Maxillectomy (prosthesis extra)	+L		102.71
			to		1,112.11
	57204	Obturator, Temporary Palatal (prosthesis extra)	+L		102.71
			to		1,112.11
	57205	Obturator, Resilient (prosthesis extra)	+L		102.71
			to		1,112.11
	57206	Obturator, Hollow Bulb (prosthesis extra)	+L		102.71
			to		1,112.11
	57207	Obturator, Inflatable (prosthesis extra)	+L		410.84
			to		1,335.54
	57208	Obturator Prosthesis, Modification (relines or repairs)	+L		410.84
			to		778.98
	57209	Speech Aid Prosthesis	+L		718.98
			to		1,446.25
57300		PROSTHESIS, MAXILLOFACIAL, OTHER			
	57301	Velar Bulb (prosthesis and obturator extra)	+L		102.71
			to		1,112.11
	57302	Velar Lift Button, Mechanical (prosthesis and obturator extra)	+L		102.71
			to		1,112.11
	57303	Retention, Spiral Spring (prosthesis extra)	+L		667.27
	57304	Retention, Magnetic (prosthesis extra)	+L		332.14
	57305	Guide Plane, Condylar (prosthesis extra)	+L		102.71
			to		668.31
	57306	Implant, Silastic Chin	+L		I.C.
	57307	Mesh Prosthesis, Chrome Cobalt Mandibular Mesh	+L		I.C.
	57308	Skull Plate, Customized	+L		I.C.
	57309	Akerman, Pseudotemporomandibular Joint (prosthesis extra)	+L		I.C.
	57311	Feeding Appliance (for infants with cleft palate)	+L		513.55
			to		1,112.11
	57321	Lingual Prosthesis	+L		1,643.38
			to		3,339.35
	57341	Mandibular Resection Prosthesis with Guide Flange	+L		1,027.11
			to		1,781.38
	57342	Mandibular Resection Prosthesis without Guide Flange	+L		616.27
			to		1,334.54
	57351	Prosthesis, Maxillofacial, Fixed	+L		I.C.
	57361	Palatal Augmentation Prosthesis	+L		718.98
			to		1,669.68
	57371	Palatal Life Prosthesis, Modification (relines or repairs)	+L		205.41
			to		778.98
	57372	Gingival Prosthesis Note: For removable appliance used to mask unaesthetic embrasures see sub-classification 49300soft tissue prosthesis, code 49301 Gingival Mask	+L		362.89
57400		PROSTHESIS, TEMPOROMANDIBULAR JOINT			
	57401	Exerciser, Trismus, Therapy	+L		821.68
			to		1,334.54
	57402	Splint, Permanent Cast Occlusal	+L		2,054.24
			to		3,339.35
57500		PROSTHESIS, SPLINTS			
	57501	Stout	+L		989.18
	57502	Cast Capped	+L		1,385.47
	57503	Gunning (upper and lower)	+L		1,385.47
	57504	Bar Splint, Cast, Labial and Lingual	+L		1,385.47
	57505	Scaffolding, Rhinoplastic	+L		1,385.47
	57506	Cast, Adjustable	+L		1,385.47

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				Fee
	57508	Commisure Splint	+L	308.14
			to	1,447.25
57600		PROSTHESIS, STENTS		
	57601	Ridge Extension	+L	989.18
	57602	Palatal	+L	989.18
	57603	Skin Grafts	+L	989.18
	57604	Mucous Membrane Grafts	+L	989.18
57650		PROSTHESIS, RADIATION APPLIANCES		
	57651	Radiation Vehicle Carrier	+L	913.18
			to	2,969.58
	57652	Radiation Protection Shield (extraoral)	+L	989.18
	57653	Radiation Protection Shield (intraoral)	+L	989.18
	57654	Radiation Cone Locator	+L	308.14
			to	1,781.38
57660		PROSTHESIS, STENTS, DECOMPRESSION		
	57661	Decompression Stent, Localized	+L	989.18
	57662	Decompression Stent, (prosthesis extra)	+L	593.91
57700		PROSTHESIS, ORTHOPEDIC		
	57701	Orthopedic Prosthesis (extraoral)	+L	513.55
			to	1,112.11
	57702	Orthopedic Prosthesis (intraoral)	+L	616.27
			to	1,334.54
		PROSTHODONTICS - FIXED		
		Initial description:		
		Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures depending on the nature of the problems presented in each individual case. The range of these procedures extends into many areas of treatment in order to provide comprehensive therapy for the patient. Many of the procedures used vary considerably in their difficulty, time, involvement and expense. The amount of time involved in a procedure may vary considerably from those outlined in the following guide. 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	Pontics, Cast Metal	+L	437.94
	62102	Pontics, Cast Metal Framework with Separate Porcelain/Ceramic/Polymer Glass Jacket Pontic	+L	437.94
	62103	Pontics, Prefabricated Attachable Facing	+L	340.62
	62104	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar Attached to Retainer	+L +E	437.94
	62105	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Implant-supported Retainer to Retain Removable Prosthesis, Each Bar	+L +E	I.C.
62500		PONTICS, PORCELAIN/CERAMIC/POLYMER GLASS		
	62501	Pontics, Porcelain/Ceramic/Polymer Glass, Fused to Metal	+L	438.90
	62502	Pontics, Porcelain/Ceramic/Polymer Glass, Aluminous	+L	438.90
62700		PONTICS, ACRYLIC/COMPOSITE /COMPOMER		
	62701	Pontics, Acrylic/Composite/Compomer, Processed to Metal	+L	341.62
	62702	Pontics, Acrylic/Composite/Compomer, Indirect (Provisional)	+L	100.51
	62703	Pontics, Acrylic/Composite/Compomer, Bonded to adjacent Teeth Direct (Provisional)	+E	100.51

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				Fee
	62704	Pontics, Acrylic/Composite/Compomer	+L	100.51
62800		PONTICS, NATURAL TOOTH		
	62801	Pontics, Natural Tooth Crown, Direct, Bonded to Adjacent Teeth (Provisional)		169.84
63000		RECONTOURING OF RETAINER/PONTICS, (of existing bridgework)		
	63001	One unit of time		79.92
	63009	Each additional unit of time		79.92
64000		MASTER CAST TECHNIQUES		
64100		MASTER CAST, TECHNIQUES, MAXILLO-MANDIBULAR REGISTRATIONS		
	64120	Master Cast Techniques, True Hinge Axis Registration and Transfer		
	64121	One unit of time	+L	76.33
	64129	Each additional unit of time	+L	76.33
	64130	Master Cast Techniques, Centric Registration Recording		
	64131	One unit of time	+L	76.33
	64139	Each additional unit of time	+L	76.33
	64140	Master Cast Techniques, Three Dimensional Recordings of Mandibular Movement (Pantograph or Stereograph)		
	64141	One unit of time	+L	I.C.
	64149	Each additional unit of time	+L	I.C.
64200		MASTER CAST MOUNTING TECHNIQUES		
	64220	Master Cast Mounting with Arbitrary Facebow Transfer		
	64221	One unit of time	+L	76.33
	64229	Each additional unit of time	+L	76.33
	64230	Master Cast Mounting with Kinematic Facebow Transfer		
	64231	One unit of time	+L	I.C.
	64239	Each additional unit of time	+L	I.C.
64300		Master Cast Gnathological Wax-Up		
	64301	One unit of time	+L	I.C.
	64309	Each additional unit of time	+L	I.C.
66000		REPAIRS		
66100		REPAIRS, REPLACEMENT		
	66110	REPLACE BROKEN PREFABRICATED ATTACHABLE FACINGS		
	66111	One unit of time	+L	79.92
	66112	Two units	+L	159.84
	66113	Three units	+L	239.78
	66114	Four units	+L	319.71
	66119	Each additional unit over four		79.92
66200		REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE/PROSTHESIS		
	66210	Repairs, Removal, Fixed Bridge/Prosthesis - To be re-cemented		
	66211	One unit of time	+L	88.51
	66212	Two units	+L	177.04

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				Fee
	66213	Three units	+L	266.56
	66214	Four units	+L	355.09
	66219	Each additional unit over four	+L	88.51
66220		Repairs, Removal Fixed Bridge/Prosthesis- To Be Replaced by a new Prosthesis		
	66221	One unit of time		81.92
	66222	Two units		163.84
	66223	Three units		245.78
	66224	Four units		327.71
	66229	Each additional unit over four		81.92
66300		REPAIRS, Reinsertion/Recementation		
		(+L where laboratory charges are incurred during repair of bridge)		
	66301	One unit of time	+L	81.92
	66302	Two units	+L	163.84
	66303	Three units	+L	245.78
	66304	Four units	+L	327.71
	66309	Each additional unit over four	+L	81.92
66700		REPAIRS, FIXED BRIDGE/PROSTHESIS		
66710		Repairs, Fixed Bridge/Prosthesis, Porcelain/Ceramic/Polymer Glass/Acrylic/Composite/Compomer, Direct		
	66711	First tooth		167.45
	66719	Each additional tooth		167.45
66720		REPAIRS, SOLDER INDEXING TO REPAIR BROKEN SOLDER JOINT		
	66721	One unit of time	+L	84.92
	66729	Each additional unit of time		84.92
66730		REPAIR FRACTURED PORCELAIN/METAL PONTIC WITH TELESCOPING TYPE CROWN (pontic prepared, impression made and processed crown seated over metal)		
	66731	First pontic	+L	447.94
	66739	Each additional pontic		437.94
67000		FIXED BRIDGE RETAINERS		
		It is appropriate to use Fixed Bridge Retainer codes, rather than codes for single tooth restorations, where two, or more single tooth inlays/onlays or crowns are joined (Splinted) together and do not support a pontic		
67100		RETAINERS, ACRYLIC/COMPOSITE/ COMPOMER WITH, OR WITHOUT CAST OR PREFABRICATED METAL BASES		
67110		Retainers, Acrylic, Composite/Compomer, Indirect		
	67111	Retainers, Acrylic, Composite/Compomer, Indirect	+L	653.66
	67112	Retainers, Acrylic, Composite/Compomer, Complicated, Indirect	+L	840.70
	67113	Retainers, Acrylic, Composite/Compomer, Provisional, Indirect (lab fabricated/relined intra-orally)	+L	279.57
	67115	Retainers, Acrylic, Composite/Compomer, Implant-supported Indirect	+L	653.66
67120		Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chair-side)		
	67121	Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chair-side)	+E	184.04
	67125	Retainers, Acrylic, Composite/Compomer, (provisional during healing,done at chair-side), Implant-supported, Direct	+E	185.04
67130		RETAINERS, Acrylic, Composite/Compomer, Cast Metal Base, Indirect		

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				Fee
	67131	Retainer, Compomer/Composite Resin/Acrylic, Processed to Cast Metal, Indirect	+L	639.24
	67135	Retainer, Compomer/Composite Resin/Acrylic, Processed to Metal, Indirect, Implant-supported	+L +E	681.24
67160		Retainers, Acrylic/Composite/Compomer, Two surface Inlay, indirect bonded		
	67161	Retainers, Acrylic/Composite/Compomer, Two surface Inlay, bonded, Indirect	+L	584.92
67170		Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Indirect, bonded		
	67171	Retainers, Acrylic/Composite/Compomer, Three surface Inlay, bonded, Indirect	+L	720.95
67180		Retainers, Acrylic/Composite/Compomer, Onlay, Indirect, bonded		
	67181	Retainers, Acrylic/Composite/Compomer, Onlay, bonded, Indirect	+L	857.88
67200		RETAINER, PORCELAIN/CERAMIC/POLYMER GLASS		
	67201	Retainer, Porcelain/Ceramic/Polymer Glass	+L	987.88
	67202	Retainer, Porcelain/Ceramic/Polymer Glass, Complicated	+L	1,004.52
	67205	Retainer, Porcelain/Ceramic/Polymer Glass, Implant-supported	+L +E	987.88
67210		Retainers, Porcelain/Ceramic/Polymer Glass, Fused To Metal Base		
	67211	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	+L	902.50
	67212	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated	+L	1,004.52
	67215	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Implant-supported	+L +E	902.50
67220		Retainers, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge")		
	67221	Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge")	+L	547.92
67230		Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded		
	67231	Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded	+L	632.58
67240		Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded		
	67241	Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded	+L	779.56
67250		Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded (where one or more cusps are restored)		
	67251	Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded	+L	925.54
67300		RETAINERS, CAST METAL		
	67301	Retainers, Cast Metal	+L	942.00
	67302	Retainers, Cast Metal, Complicated	+L	1,004.52
	67305	Retainers, Cast Metal, Implant-Supported	+L +E	942.00
67310		Retainer, ¾ Cast Metal		
	67311	Retainers, ¾, Cast Metal	+L	942.00
	67312	Retainers, ¾, Cast Metal, Complicated	+L	1,004.52
67320		RETAINERS, METAL INLAY (used with broken stress technique)		
	67321	Retainer, Metal Inlay, Two Surfaces	+L	680.91
	67322	Retainer, Metal Inlay, Three or More Surfaces	+L	900.88

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67330		Retainers, Cast Metal Onlay (internal retention type)		
	67331	Retainers, Cast Metal, Onlay	+L	942.00
67340		Retainers, Cast Metal, Onlay (bonded external retention/partial coverage - - e.g. Maryland Bridge)		
	67341	Retainer, Cast Metal, Onlay, with or without Perforations, Bonded to Abutment Tooth, (Pontic extra)	+L	456.60
67400		RETAINERS, OVERDENTURES, CUSTOM CAST OR PRE-FABRICATED WITH NO OCCLUSAL COMPONENT		
	67415	Retainer, Metal, Pre-fabricated or Custom Cast, Implant-supported, with or without Mesostructure with no Occlusal Component (see 62105 for retentive bar)	+L +E	I.C.
67500		FIXED PROSTHETICS, ABUTMENTS/RETAINERS, MISCELLANEOUS SERVICES		
	67501	Abutment Preparation Under Existing Partial Denture Clasp, in addition to retainer codes	+L	76.33
	67502	Telescoping Crown Unit	+L	340.70
69000		FIXED PROSTHETICS, OTHER SERVICES		
69100		FIXED PROSTHETICS, MISCELLANEOUS SERVICES		
	69101	Fixed Prosthesis, Porcelain, to Replace a Substantial Portion of the Alveolar Process (in addition to retainer and pontics)	+L	973.60
69200		FIXED PROSTHETICS, SPLINTING		
	69201	Splinting, for Extensive or Complicated Restorative Dentistry (per tooth)		I.C.
69300		FIXED PROSTHETICS, RETENTIVE PINS (for retainers in addition to restoration)		
	69301	One pin/restoration	+L	44.60
	69302	Two pins/restoration	+L	85.21
	69303	Three pins/restoration	+L	134.99
	69304	Four pins/restoration	+L	165.34
	69305	Five pins or more/restoration	+L	194.70
69700		FIXED PROSTHETICS, PROVISIONAL COVERAGE (in extensive or complicated restorative dentistry)		
	69701	Abutment Tooth	+L	279.56
	69702	Pontic	+L	92.51
69800		FIXED PROSTHODONTIC FRAMEWORKS, OSSEO-INTEGRATED IMPLANT-SUPPORTED		
69810		Fixed Prosthodontic Frameworks, Osseo-Integrated, Attached with Screws and Incorporating Teeth (denture teeth and acrylic)		
	69811	Maxillary	+L	I.C.
	69812	Mandibular	+L	I.C.
69820		Fixed Prosthodontic Framework, Osseo-Integrated, Attached with Screws Or Cement and Incorporating Teeth (Porcelain/Ceramic/Polymer Glass Bonded to Metal, Acrylic/Composite/Compomer Processed to Metal or Full Metal Crowns)		
	69821	Maxillary	+L	I.C.
	69822	Mandibular	+L	I.C.
ORAL AND MAXILLOFACIAL SURGERY				

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			The following surgical services include necessary local anesthetic, removal of excess gingival tissue, suturing and one post-operative treatment, when required. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or a group of teeth or in some cases a single tooth.	
71000			REMOVALS, (EXTRACTIONS), ERUPTED TEETH	
71100			REMOVALS, ERUPTED TEETH, UNCOMPLICATED	
		71101	Single tooth, Uncomplicated	134.33
		71109	Each additional tooth, same quadrant, same appointment	134.33
71200			REMOVALS, ERUPTED TEETH, COMPLICATED	
		71201	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth	242.25
		71209	Each additional tooth, same quadrant	242.25
	71210		Requiring elevation of a Flap, Removal of Bone and may include Sectioning of Tooth for Removal of Tooth	
		71211	Single Tooth	264.13
		71219	Each Additional tooth, same quadrant	264.13
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	242.25
		72119	Each additional tooth, same quadrant	242.25
72200			REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE	
	72210		REMOVALS, IMPACTION, REQUIRING INCISION OF OVERLYING SOFT TISSUE, ELEVATION OF A FLAP AND EITHER REMOVAL OF BONE AND TOOTH OR SECTIONING AND REMOVAL OF TOOTH (Partial Bone Impaction)	
		72211	Single tooth	359.23
		72219	Each additional tooth, same quadrant	359.23
	72220		REMOVALS, IMPACTION, REQUIRING INCISION OF OVERLYING SOFT TISSUE, ELEVATION OF A FLAP, REMOVAL OF BONE AND/OR SECTIONING OF TOOTH FOR REMOVAL (Complete Bone Impaction)	
		72221	Single tooth	479.00
		72229	Each additional tooth, same quadrant	479.00
	72230		REMOVALS, IMPACTION, REQUIRING INCISION OF OVERLYING SOFT TISSUE, ELEVATION OF A FLAP, REMOVAL OF BONE, AND/OR SECTIONING OF THE TOOTH FOR REMOVAL AND/OR PRESENTS UNUSUAL DIFFICULTIES AND CIRCUMSTANCES	
		72231	Single tooth	653.06
		72239	Each additional tooth, same quadrant	653.06
	72240		CORONECTOMY (DELIBERATE VITAL ROOT RETENTION)	
		72241	Coronectomy (Deliberate Vital Root Retention of Unerupted Mandibular Molar)	I.C.
		72242	Coronectomy (Deliberate Vital Root Retention to prevent Complications Associated with Extraction)	I.C.
72300			REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS	

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				Fee
72310		REMOVALS, RESIDUAL ROOTS, ERUPTED		
	72311	First tooth		110.88
	72319	Each additional tooth, same quadrant		110.88
72320		REMOVALS, RESIDUAL ROOTS, SOFT TISSUE COVERAGE		
	72321	First tooth		163.32
	72329	Each additional tooth, same quadrant		163.32
72330		REMOVALS, RESIDUAL ROOTS, BONE TISSUE COVERAGE		
	72331	First tooth		239.50
	72339	Each additional tooth, same quadrant		239.50
72400		ALVEOLAR BONE PRESERVATION		
72410		Alveolar Bone Preservation - Autograft		
	72411	First tooth	+E	304.68
	72419	Each additional tooth	+E	304.68
72420		Alveolar Bone Preservation - Allograft		
	72421	First tooth	+E	304.68
	72429	Each additional tooth	+E	304.68
72430		Alveolar Bone Preservation - Xenograft		
	72431	First tooth	+E	304.68
	72439	Each additional tooth	+E	304.68
72500		SURGICAL EXPOSURES OF TEETH		
72510		SURGICAL EXPOSURES, UNERUPTED, UNCOMPLICATED, SOFT TISSUE COVERAGE (includes operculectomy)		
	72511	Single tooth		217.76
	72519	Each additional tooth, same quadrant		217.76
72520		SURGICAL EXPOSURES, COMPLEX, HARD TISSUE COVERAGE		
	72521	Single tooth		391.82
	72529	Each additional tooth, same quadrant		391.82
72530		SURGICAL EXPOSURES, UNERUPTED TOOTH, WITH ORTHODONTIC ATTACHMENT		
	72531	Single tooth	+E	522.44
	72539	Each additional tooth, same quadrant	+E	522.44
72540		SURGICAL EXPOSURES, UNERUPTED TOOTH, SOFT TISSUE COVERAGE WITH POSITIONING OF ATTACHED GINGIVAE		
	72541	Single tooth		326.64
72550		SURGICAL EXPOSURES, UNERUPTED TOOTH, HARD TISSUE COVERAGE WITH POSITIONING OF ATTACHED GINGIVAE		
	72551	Single tooth		435.55
72560		RIGID OSSEOUS ANCHORAGE FOR ORTHODONTICS		
	72561	Placement of anchorage device without elevation of a flap	+E	I.C.
	72562	Placement of anchorage device with elevation of a flap	+E	I.C.
	72563	Removal of anchorage device without elevation of a flap		I.C.
	72564	Removal of anchorage device with elevation of a flap		I.C.

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				Fee
72600			SURGICAL MOVEMENT OF TEETH	
	72610		TRANSPLANTATION OF ERUPTED TOOTH	
		72611	First tooth	653.06
		72619	Each additional tooth, same quadrant	653.06
	72620		TRANSPLANTATION OF UNERUPTED TOOTH	
		72621	First tooth	783.68
		72629	Each additional tooth, same quadrant	783.68
	72630		REPOSITIONING, SURGICAL	
		72631	First tooth	479.00
		72639	Each additional tooth, same quadrant	479.00
72700			ENUCLEATION, SURGICAL	
	72710		UNERUPTED TOOTH FOLLICLE	
		72711	First tooth	479.00
		72719	Each additional tooth, same quadrant	479.00
72800			REMOVAL OF FRACTURED CUSP AS A SEPARATE PROCEDURE, NOT IN CONJUNCTION WITH SURGICAL OR RESTORATIVE PROCEDURE ON THE SAME TOOTH	
		72801	First tooth	80.73
		72802	Each Additional Tooth	80.73
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	111.88
	73120		ALVEOLOPLASTY, NOT IN CONJUNCTION WITH EXTRACTIONS	
		73121	Per sextant	217.76
	73140		REMODELING OF BONE	
		73141	Mylohyoid Ridge Remodeling	424.42
		73142	Genial Tubercle Remodeling	408.13
	73150		EXCISION OF BONE	
		73151	Nasal Spine, Excision	408.13
		73152	Torus Palatinus, Excision	479.00
		73153	Torus Mandibularis, Unilateral, Excision	359.23
		73154	Torus Mandibularis, Bilateral, Excision	598.73
	73160		REMOVAL OF BONE, EXOSTOSIS, MULTIPLE	
		73161	Per quadrant	359.23
				to 718.49
	73170		REDUCTION OF BONE, TUBEROSITY	

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				Fee
	73171	Unilateral, Reduction		217.76
	73172	Bilateral, Reduction		435.55
73180		AUGMENTATION OF BONE		
	73181	Unilateral, Pterygomaxillary Tuberosity, Augmentation	+E	424.42
	73182	Bilateral, Pterygomaxillary Tuberosity, Augmentation	+E	848.86
	73183	Unilateral, Mandibular Ridge, Augmentation	+E	522.19
			to	696.25
	73184	Bilateral, Mandibular Ridge, Augmentation	+E	1,044.38
			to	1,392.53
73200		GINGIVOPLASTY AND/OR STOMATOPLASTY, ORAL SURGERY		
73210		INDEPENDENT PROCEDURE		
	73211	Per sextant		239.50
73220		MISCELLANEOUS PROCEDURES		
	73221	Gingivoplasty, in Conjunction with Tooth Removal		239.50
	73222	Excision of Vestibular Hyperplasia (per sextant)		239.50
	73223	Surgical Shaving of Papillary Hyperplasia of the Palate		424.42
	73224	Excision of Pericoronal Gingiva (for retained tooth/implant) per tooth/implant		119.73
73230		REMOVALS, TISSUE, HYPERPLASTIC (includes the incision of the mucous membrane, the dissection and removal of hyperplastic tissue, the replacing and adapting of the mucous membrane)		
	73231	Per sextant		239.50
73240		REMOVAL, MUCOSA, EXCESS (complete removal without dissection)		
	73241	Per sextant		239.50
73300		REMODELING, FLOOR OF THE MOUTH		
	73301	Full Arch Lowering of the Floor of the Mouth		2,088.78
	73302	Partial Arch Lowering of the Floor of the Mouth		1,044.38
	73303	Reinsertion of the Mylohyoid Muscle		870.31
73400		VESTIBULOPLASTY		
73410		VESTIBULOPLASTY, SUB-MUCOUS		
	73411	Per sextant		228.56
73420		SULCUS DEEPENING AND RIDGE RECONSTRUCTION		
	73421	Per sextant		183.62
73430		VESTIBULOPLASTY, WITH SECONDARY EPITHELIZATION		
	73431	Per sextant		282.94
73440		VESTIBULOPLASTY, WITH LABIAL INVERTED FLAP		
	73441	Per sextant		424.42
73450		VESTIBULOPLASTY, WITH SKIN GRAFT		
	73451	Per sextant		522.19
73460		VESTIBULOPLASTY, WITH MUCOSAL GRAFT		
	73461	Per sextant		522.19

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				Fee
73470		Vestibuloplasty – with Dermal Graft - Autograft		
	73471	Per Sextant	+E	183.62
73480		Vestibuloplasty – with Dermal Graft - Allograft		
	73481	Per Sextant		183.62
73490		Vestibuloplasty – with Connective Tissue for Ridge Augmentation		
	73491	Per sextant		183.62
73500		RECONSTRUCTION, ALVEOLAR RIDGE		
73510		RECONSTRUCTION, ALVEOLAR RIDGE, WITH AUTOGENOUS BONE		
	73511	Per sextant	+E	696.25
73520		RECONSTRUCTION, ALVEOLAR RIDGE, WITH ALLOPLASTIC MATERIAL		
	73521	Per sextant	+E	696.25
73600		EXTENSIONS, MUCOUS FOLDS		
73610		EXTENSIONS, MUCOUS FOLDS WITH SECONDARY EPITHELIZATION		
	73611	Per sextant		505.88
73620		EXTENSIONS, MUCOUS FOLDS, WITH SKIN GRAFTS		
	73621	Per sextant		505.88
73630		EXTENSIONS, MUCOUS FOLDS, WITH MUCOUS GRAFT		
	73631	Per sextant		505.88
74000		SURGICAL EXCISION (not in conjunction with tooth removal, including biopsy)		
74100		SURGICAL EXCISION, TUMORS, BENIGN		
74110		TUMORS, BENIGN, SCAR TISSUE, INFLAMMATORY OR CONGENITAL LESIONS OF SOFT TISSUE OF THE ORAL CAVITY		
	74111	1 cm. and under		326.53
	74112	1-2 cm.		424.42
	74113	2-3 cm.		514.17
	74114	3-4 cm.		587.62
	74115	4-6 cm.		709.97
	74116	6-9 cm.		788.85
	74117	9-15 cm.		897.62
	74118	15 cm. and over		1,011.79
74120		TUMORS, BENIGN, BONE TISSUE		
	74121	1 cm. and under		391.82
	74122	1-2 cm.		544.18
	74123	2-3 cm.		707.39
	74124	3-4 cm.		881.45
	74125	4-6 cm.		1,028.35
	74126	6-9 cm.		1,218.72
	74127	9-15 cm.		1,371.05
	74128	15 cm. and over		1,577.70
74200		SURGICAL EXCISION, TUMORS, MALIGNANT		

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				Fee
74210		TUMORS, MALIGNANT, SOFT TISSUE, ORAL CAVITY		
	74211	1 cm. and under		304.68
	74212	1-2 cm.		457.01
	74213	2-3 cm.		631.07
	74214	3-4 cm.		788.85
	74215	4-6 cm.		979.19
	74216	6-9 cm.		1,142.40
	74217	9-15 cm.		1,349.06
	74218	15 cm. and over		1,517.69
74220		TUMORS, MALIGNANT BONE TISSUE		
	74221	1 cm. and under		457.01
	74222	1-2 cm.		609.36
	74223	2-3 cm.		788.85
	74224	3-4 cm.		946.63
	74225	4-6 cm.		1,142.40
	74226	6-9 cm.		1,305.61
	74227	9-15 cm.		1,517.69
	74228	15 cm. and over		1,740.66
74230		Selective neck dissection		
	74231	Unilateral		I.C.
	74232	Bilateral		I.C.
74240		Radical neck dissection		
	74241	Unilateral		I.C.
	74242	Bilateral		I.C.
74300		CHEILOPLASTY (LIP SHAVE)		
	74301	Cheiloplasty, Partial		609.36
	74302	Cheiloplasty, Total		914.04
			to	1,218.72
74400		HARD TISSUE GRAFTS TO THE JAW		
	74401	Autograft – per site – Maxilla or Mandible	+E	696.25
	74402	Allograft – per site – Maxilla or Mandible	+E	696.25
	74403	Xenograft – per site – Maxilla or Mandible	+E	696.25
74500		AUGMENTATIONS, PROSTHETIC, OF THE JAW		
74520		AUGMENTATION, SYNTHETIC, OF THE JAW		
	74521	Augmentation, of the Chin		I.C.
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	1 cm. and under		375.54
	74612	1-2 cm.		522.44
	74613	2-3 cm.		680.22
	74614	3-4 cm.		848.86
	74615	4-6 cm.		1,028.35
	74616	6-9 cm.		1,218.72
	74617	9-15 cm.		1,419.95
	74618	15 cm. and over		1,632.03

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				Fee
74620		MARSUPIALIZATION		
	74621	Cyst, Marsupialization		479.00
74630		EXCISION OF CYST		
	74631	1 cm. and under		375.54
	74632	1-2 cm.		522.44
	74633	2-3 cm.		680.22
	74634	3-4 cm.		848.86
	74635	4-6 cm.		1,028.35
	74636	6-9 cm.		1,218.72
	74637	9-15 cm.		1,419.95
	74638	15 cm. and over		1,632.03
75000		SURGICAL INCISIONS		
75100		SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL		
75110		SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL SOFT TISSUE		
	75111	Intraoral, Surgical Exploration, Soft Tissue		239.50
	75112	Intraoral, Abscess, Soft Tissue		239.50
	75113	Intraoral, Abscess, In Major Anatomical area with Drain		408.13
75120		SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL HARD TISSUE		
	75121	Intraoral, Abscess, Hard Tissue, Trephination and Drainage		250.35
	75122	Intraoral, Surgical Exploration, Hard Tissue		391.82
	75123	Intraoral, Abscess, Hard Tissue, Trephination and Drainage in a Major Anatomical Area		544.18
75200		SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, EXTRAORAL		
75210		SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, EXTRAORAL, SOFT TISSUE		
	75211	Extraoral, Abscess, Superficial		565.89
	75212	Extraoral, Abscess, Deep		707.39
75220		SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, EXTRAORAL HARD TISSUE		
	75221	Extraoral, Surgical Exploration, Hard Tissue		565.89
75300		SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES		
	75301	Removal, from Skin or Subcutaneous Alveolar Tissue		761.69
			to	1,523.40
	75302	Removal, of Reaction Producing Foreign Bodies		761.69
			to	1,523.40
	75303	Removal, of Needle from Musculo-skeletal System		761.69
			to	1,523.40
75400		SEQUESTRECTOMY (FOR OSTEOMYELITIS)		
	75401	Intraoral Sequestrectomy		522.44
	75402	Saucerization		914.04
	75403	Osteomyelitis, Non Surgical Treatment of		195.91
75410		EXTRAORAL SEQUESTRECTOMY		
	75411	3 cm. and less		522.44
	75412	3-4 cm.		653.06
	75413	4-6 cm.		816.27

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					Fee
		75414	6-9 cm.		952.31
		75415	9 cm. and over		1,131.80
75500			MANDIBULECTOMY		
	75510		MANDIBULECTOMY		
		75511	3 cm. or less		457.01
		75512	3-4 cm.		609.36
		75513	4-6 cm.		788.85
		75514	6-9 cm.		979.19
		75515	9-12 cm.		1,180.42
		75516	12-15 cm.		1,392.53
		75517	15 cm. and over		1,566.59
		75518	Total Mandibulectomy		1,914.72
				to	2,480.44
75600			MAXILLECTOMY		
	75610		MAXILLECTOMY		
		75611	3 cm. or less		761.69
		75612	3-4 cm.		914.04
		75613	4-6 cm.		1,104.38
		75614	6-9 cm.		1,305.61
		75615	9-12 cm.		1,517.69
		75616	12-15 cm.		1,740.66
		75617	15 cm. and over		2,001.75
		75618	Total Maxillectomy		2,219.34
				to	2,959.12
76000			FRACTURES, TREATMENT OF		
76100			INTERMAXILLARY FIXATION (WIRING)		
	76110		SPLINTS PER ARCH, ONE OR MORE PER JAW		
		76111	Wiring of Dentures or Arch Bar		391.82
		76112	Acrylic Prosthesis or Cap Splint		391.82
		76113	Circumzygomatic Wiring Unilateral		130.59
		76114	Perialveolar or Transpalatal Wiring		130.59
		76115	Intra or Periosteous Splinting for Pericranial Suspension		130.59
		76116	Intermaxillary Fixation		391.82
	76120		INTRA MAXILLARY SUSPENSION (Wiring)		
		76121	Nasal Spine Wiring		130.59
		76122	Piriform Apertures Suspension		130.59
		76123	Frontal Suspension		565.89
		76124	Orbital Rim Suspension, Bilateral		565.89
		76125	Head Frame Suspension		914.04
	76130		CIRCUMMANDIBULAR WIRING		
		76131	Wiring, one		130.59
		76132	Wiring, two		261.21
		76133	Wiring, three or over		391.82
	76140		SPLINTS/WIRES, REMOVAL OF,		
		76141	Removal of Wire		217.76
		76142	Removal of Arch Splint (one or more per jaw)		217.76
		76143	Removal of Interosseous Ligature or Bone Plate		522.44
		76144	Removal of Intra or Peri Osseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus		522.44

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				Fee
	76145	Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw)		408.13
	76146	Removal of Wire Plate or Screw used in Osteosynthesis (one or more at the same site)		522.44
76200	FRACTURES, REDUCTIONS, MANDIBULAR			
	76201	Reduction, Mandibular, Closed		1,044.91
			to	1,306.12
	76202	Reduction, Mandibular, Open, Single		1,523.40
	76203	Reduction, Mandibular, Open, Double		1,828.08
	76204	Reduction, Mandibular, Open, Multiple		2,023.60
76300	FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I			
	76301	Reduction, Maxillary, Closed		1,044.91
	76302	Reduction, Maxillary, Open, Single		1,523.40
	76303	Reduction, Maxillary, Open, Double		1,828.08
	76304	Reduction, Maxillary, Open, Multiple		2,088.78
			to	2,785.06
	76305	Reduction, Compound Fracture of Maxilla (requiring reduction and soft tissue repair)		2,959.12
			to	3,698.90
76400	FRACTURES, REDUCTIONS, MAXILLA, PYRAMIDAL LE FORT'S II			
	76401	Reduction, Maxillary, Closed		1,218.72
	76402	Reduction, Maxillary, Open, Unilateral		1,218.72
	76403	Reduction, Maxillary, Open, Bilateral		1,828.08
76500	FRACTURES, REDUCTIONS, NASO-ORBITAL			
	76501	Reduction, Closed Unilateral		946.63
	76502	Reduction, Closed Bilateral		1,893.26
	76503	Reduction, Naso-orbital, Open, External Approach		1,686.33
	76504	Reduction, Naso-orbital, Open, Sinusal Approach		1,686.33
	76505	Reduction, Naso-orbital, Open, Orbital Approach with Insertion of Subperiosteal Implant		1,854.96
	76506	Exploration, of Orbital Blowout Fracture		1,218.72
	76507	Exploration, of Orbital Blowout Fracture and Reconstruction with Insertion of a Subperiosteal Implant		2,023.60
76600	FRACTURES, REDUCTION, MALAR BONE			
	76601	Reduction, Malar Bone, Closed		522.44
	76602	Reduction, Malar Bone, Open, by Simple Elevation		783.68
	76603	Reduction, Malar Bone, Open, by Osteosynthesis		1,392.53
	76604	Reduction, Malar Bone, Open, by Sinus Approach		1,142.40
	76605	Reduction, Malar Bone, Simple Fracture, (open reduction with antrostomy and packing)		1,142.40
76700	FRACTURES, REDUCTION, ZYGOMATIC ARCH			
	76701	Reduction, Zygomatic Arch, IntraOral Approach		522.44
	76702	Reduction, Zygomatic Arch, Temporal Approach		1,218.72
	76703	Reduction, Zygomatico-Maxillary Fracture Dislocation, Complex, Closed Reduction		783.68
	76704	Reduction, Zygomatico-Maxillary Fracture Dislocation, Open Reduction		1,523.40
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		2,088.78
	76802	Reduction, Craniofacial Disjunction, Open		2,959.12
76900	FRACTURES, REDUCTIONS, ALVEOLAR			

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				Fee
76910		FRACTURE, ALVEOLAR, DEBRIDEMENT, TEETH REMOVED		
	76911	3 cm. or less		653.06
			to	1,306.12
	76912	3-6 cm.		653.06
			to	1,306.12
	76913	6 cm. and over		680.22
			to	1,360.45
76920		REDUCTION, ALVEOLAR, CLOSED, WITH TEETH		
	76921	3 cm. and less	+E	653.06
			to	1,306.12
	76922	3-6 cm.	+E	653.06
			to	1,306.12
	76923	6-9 cm.	+E	680.22
			to	1,360.45
	76924	9 cm. and over	+E	680.22
			to	1,360.45
76930		REDUCTION, ALVEOLAR, OPEN WITH TEETH		
	76931	3 cm. and less	+E	653.06
			to	1,306.12
	76932	3-6 cm.	+E	653.06
			to	1,306.12
	76933	6-9 cm.	+E	680.22
			to	1,360.45
	76934	9 cm. and over	+E	707.39
			to	1,414.77
76940		REPLANATION, AVULSED TOOTH/TEETH (including splinting)		
	76941	Replantation, first tooth		408.13
	76949	Each additional tooth		408.13
76950		REPOSITIONING OF TRAUMATICALLY DISPLACED TEETH		
	76951	One unit of time		125.16
	76952	Two units of time		250.35
	76959	Each additional unit over two		125.16
76960		REPAIRS, LACERATIONS, UNCOMPLICATED, INTRAORAL OR EXTRAORAL		
	76961	2 cm. or less		261.21
	76962	2-4 cm.		293.88
	76963	4-6 cm.		326.53
	76964	6-9 cm.		359.18
	76965	9-12 cm.		408.13
	76966	12-16 cm.		442.13
	76967	16-20 cm.		476.16
	76968	20-25 cm.		530.54
	76969	25 cm. and over		565.89
76970		REPAIRS, LACERATIONS, THROUGH AND THROUGH		
	76971	2 cm. or less		282.94
	76972	2-4 cm.		318.32
	76973	4-6 cm.		353.69
	76974	6-9 cm.		389.04
	76975	9-12 cm.		440.72
	76976	12-16 cm.		477.45
	76977	16-20 cm.		514.17
	76978	20-25 cm.		571.26
	76979	25 cm. and over		609.36

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				Fee
76980		REPAIRS, LACERATIONS, COMPLICATED (local tissue shifts)		
	76981	2 cm. or less		304.68
	76982	2-4 cm.		342.75
	76983	4-6 cm.		380.83
	76984	6-9 cm.		418.93
	76985	9-12 cm.		473.32
	76986	12-16 cm.		512.74
	76987	16-20 cm.		552.19
	76988	20-25 cm.		612.00
	76989	25 cm. and over		652.81
77000		MAXILLOFACIAL DEFORMITIES, TREATMENT OF		
77100		OSTEOTOMY/OSTECTOMY, RAMUS OF THE MANDIBLE		
	77101	Osteotomy, Subcondylar, Closed		4,656.28
	77102	Osteotomy, Subcondylar, Open		4,656.28
	77103	Osteotomy, Ramus of the Mandible, Oblique, Extraoral		4,656.28
	77104	Osteotomy, Ramus of the Mandible, Oblique, Intraoral		4,656.28
	77105	Osteotomy/Ostectomy, Body of the Mandible		4,656.28
	77106	Osteotomy, Coronoidectomy		2,219.34
	77107	Osteotomy, Condylar Neck		2,219.34
	77108	Osteotomy, Sagittal Split		4,656.28
77200		OSTEOTOMY, MISCELLANEOUS		
	77201	Osteotomy, Oblique with Bone Graft		4,351.65
	77202	Osteotomy, Inverted "L"		4,351.65
	77203	Osteotomy, "C"		4,351.65
	77204	Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis – Unilateral		4,351.65
	77205	Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis – Bilateral		4,351.65
	77206	Activation of Distraction Device - Unilateral		4,351.65
	77207	Activation of Distraction Device - Bilateral		4,351.65
	77208	Removal of Distraction Device - Unilateral		4,351.65
	77209	Removal of Distraction Device - Bilateral		4,351.65
77300		OSTEOTOMY, MAXILLARY		
	77301	Osteotomy, Maxilla, Le Fort I		4,656.28
	77302	Osteotomy, Maxilla, Le Fort II		4,917.37
	77303	Osteotomy, Maxilla, Le Fort III		5,874.75
	77304	Additional to the Above Osteotomy Requiring Two Segments		609.22
	77305	Additional to the Above Osteotomy Requiring Three Segments		783.28
	77306	Additional to the Above Osteotomy Requiring Four Segments		1,000.88
	77307	Additional to the Above Osteotomy Requiring a Cranial Flap		783.28
	77308	Closure of Cleft Fistula (Alveolar)		739.78
	77309	Closure of Cleft Fistula (Palatal)		739.78
	77311	Pharyngoplasty		1,174.94
	77312	Submucous Resection		739.78
	77313	Osteotomy, Maxillary, Le Fort I – for Distraction Osteogenesis		I.C.
	77314	Osteotomy, Maxillary, Le Fort II – for Distraction Osteogenesis		I.C.
	77315	Osteogenesis, Maxillary, Le Fort III – for Distraction Osteogenesis		I.C.
	77316	Activation of Distraction Device – Le Fort I Level		I.C.
	77317	Activation of Distraction Device – Le Fort II Level		I.C.
	77318	Activation of Distraction Device – Le Fort III Level		I.C.
	77319	Removal of Maxillary Distraction Device		I.C.
77400		OSTEOTOMY, MAXILLARY/MANDIBULAR, SEGMENTAL		
77410		OSTEOTOMY, SEGMENTAL, MAXILLA		
	77411	Osteotomy, Segmental, Anterior		2,088.78
	77412	Osteotomy, Segmental, Posterior		2,088.78
	77413	Osteotomy, Midpalatal Split, Anterior		1,392.53
	77414	Osteotomy, Midpalatal Split, Complete		2,088.78

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				Fee
	77415	Osteotomy, Segmental, Anterior – for Distraction Osteogenesis		I.C.
	77416	Osteotomy, Segmental, Posterior – for Distraction Osteogenesis		I.C.
	77417	Activation of Distraction Device		I.C.
	77418	Removal of Segmentation Maxillary Distraction Device		I.C.
77420		OSTEOTOMY, SEGMENTAL, MANDIBLE		
	77421	Osteotomy, Segmental, Anterior with Transfer of Mental Eminence		2,088.78
	77422	Osteotomy, Segmental, Anterior, without the Transfer of Mental Eminence		2,088.78
	77423	Osteotomy, Segmental, Posterior		1,893.26
	77424	Osteotomy, Lower Border, Mandible		2,088.78
	77425	Osteotomy, Total Dento-Alveolar, Mandible		4,351.65
	77426	Ostetotomy, Segmental, Anterior – for Distraction Osteogenesis		I.C.
	77427	Ostetotomy, Segmental, Posterior – for Distraction Osteogenesis		I.C.
	77428	Activation of Distraction Device		I.C.
	77429	Removal of Segmental Mandibular Distraction Device		I.C.
77430		OSTEOTOMY WHEN "INTERPOSITIONAL GRAFT" IS REQUIRED		
	77431	Using Bone		522.19
	77432	Using Alloplast	+E	489.60
	77433	Using Cartilage		522.19
77440		OSTEOTOMY WHEN "ONLAY GRAFT" IS REQUIRED FOR OSTEOTOMY, TRAUMA OR RECONSTRUCTIVE PROCEDURES		
	77441	Using Bone		348.13
	77442	Using Alloplast	+E	326.39
	77443	Using Cartilage		348.13
77500		GENIOPLASTY		
	77501	Genioplasty, Sliding, Reduction or Augmentation		2,088.78
	77502	Genioplasty, Reduction (vertical)		2,088.78
	77503	Genioplasty, Augmentation with Graft (see grafting codes)		2,088.78
	77504	Myotomy, Suprahyoid		522.44
77600		MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES		
	77601	Corticotomy		609.36
	77602	Interdental Septotomy		609.36
	77603	Surgical Expansion of the Palate		1,044.38
	77604	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Maxilla – per sextant		I.C.
	77605	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Mandible – per sextant		I.C.
77700		PALATORRHAPHY		
	77701	Palatorrhaphy, Anterior (closure of palatine fissure)		2,088.78
	77702	Palatorrhaphy, Posterior		2,088.78
	77703	Palatorrhaphy, Total		2,611.00
	77704	Palatorrhaphy, with Bone Graft		3,481.31
	77705	Palatorrhaphy, Bone Graft to Anterior Alveolar Ridge		2,262.84
77800		FRENECTOMY/FRENOPLASTY		
	77801	Frenectomy, Upper Labial		228.62
	77802	Frenectomy, Lower Labial		228.62
	77803	Frenectomy, Lower Lingual or "Z" Plasty		228.62
	77804	Frenectomy, Lower Lingual or "Z" Plasty with Myotomy of Genioglossus		391.82
	77805	Frenoplasty, Upper "Z"		342.95
	77806	Frenoplasty, Lower "Z"		342.95
77900		GLOSSECTOMY		
	77901	Glossectomy, Partial, Anterior Wedge		609.36

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				Fee
	77902	Glossectomy, Partial, for Orthodontic Purposes		609.36
	77903	Glossectomy, Full Postero-Anterior Wedge		1,131.41
77910		CLEFT SURGERY		
	77911	Primary Unilateral Cleft Lip Repair		1,174.94
	77912	Secondary Unilateral Cleft Lip Repair		1,174.94
	77913	Primary Bilateral Cleft Lip Repair		1,566.59
	77914	Secondary Bilateral Cleft Lip Repair		1,566.59
	77915	Reconstruction of Cleft Lip with Lip Switch Flap		1,566.59
	77916	Complex Reconstruction or Revision of Cleft Lip		1,958.25
	77917	Closure of Alveolar Cleft (see grafting Codes)		1,958.25
77920		ORAL NASAL FISTULA		
	77921	Primary Closure at Time of Initial Surgery		696.25
	77922	Secondary Closure with Palatal Flap		1,044.38
	77923	Secondary Closure with Pharyngeal Flap		1,044.38
	77924	Secondary Closure with Tongue Flap		1,174.94
	77925	Secondary Closure with Buccal Flap		1,044.38
77930		RIGID FIXATION		
	77931	Rigid Internal Fixation		Add
	77932	Rigid Internal Fixation using Bone		25% to
	77933	Rigid Internal Fixation using Alloplast	+E	Surgical
	77934	Rigid Internal Fixation using Cartilage		Fee
78000		TEMPOROMANDIBULAR JOINT DYSFUNCTIONS, TREATMENT OF		
78100		TEMPOROMANDIBULAR JOINT, DISLOCATION MANAGEMENT OF (Sedation and general anaesthesia services to be coded separately with appropriate 90000 series codes)		
	78101	TMJ, Dislocation, Open Reduction		1,131.41
	78102	TMJ, Dislocation, Closed Reduction, Uncomplicated		103.45
			to	206.91
	78103	TMJ, Dislocation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)		217.76
	78104	TMJ, Subluxation, Closed Reduction, Uncomplicated		206.91
	78105	TMJ, Subluxation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)		217.76
	78106	TMJ, Manipulation, under Sedation or General Anaesthesia		326.64
	78107	TMJ, Fixation (Application of devices to prevent recurrent dislocation in the short term (arch bars, MMF screws, Ivy Loops)		326.64
78200		TEMPOROMANDIBULAR JOINT, OPEN PROCEDURES (ARTHROTOMY)		
	78201	Condyloplasty		1,740.66
	78202	Condylotomy		1,044.38
	78203	Condylectomy		1,871.22
	78204	Eminoplasty		1,871.22
	78205	Re-contour of Glenoid Fossa		1,871.22
	78206	Menisectomy		1,740.66
	78207	Plication of Meniscus		1,871.22
	78208	Repair of Meniscus		1,871.22
	78209	Replacement of Meniscus (see grafting codes)		1,871.22
78300		TEMPOROMANDIBULAR JOINT, ARTHROTOMY FOR MAJOR RECONSTRUCTION		
	78301	Fossa Replacement (see grafting codes)		1,871.22
	78302	Condylar Replacement (see grafting codes)		1,871.22
	78303	Gap, Arthroplasty for Ankylosis (see grafting codes)		2,959.12

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				Fee
78400		TEMPOROMANDIBULAR JOINT, ARTHROSCOPY OF TEMPOROMANDIBULAR JOINT		
	78401	TMJ Arthroscopic Examination		522.19
	78402	Biopsy		739.78
	78403	Removal of Loose Bodies		739.78
	78404	Lavage		522.19
	78405	Lysis of Adhesions		739.78
	78406	Synovectomy		1,131.41
	78407	Condyloplasty		1,131.41
	78408	Eminoplasty		1,131.41
	78409	Re-contour of Glenoid Fossa		1,131.41
	78411	Meniscectomy		1,305.50
	78412	Plication of Meniscus		1,305.50
	78413	Repair of Meniscus		1,305.50
78500		TEMPOROMANDIBULAR JOINT, ARTHROCENTESIS (puncture and aspiration)		
	78501	One unit of time		125.16
	78502	Two units		250.35
	78509	Each additional unit over two		125.16
78600		TEMPOROMANDIBULAR JOINT, MANAGEMENT BY INJECTIONS		
	78601	Injection, therapeutic drug with or without local anaesthetic drug, "per site",	+E	130.59
	78602	Injection, with Sclerosing Agent		130.59
78700		TEMPOROMANDIBULAR JOINT, APPLIANCE SPLINTS, ORTHOPEDIC REHABILITATION (post operative)		
	78701	Appliance Splint, Maxillary	+L	881.45
	78702	Appliance Splint, Mandibular	+L	881.45
79000		ORAL SURGERY PROCEDURES, OTHER		
79100		SALIVARY GLANDS, TREATMENT OF		
	79101	Salivary Duct, Dilatation of		179.60
	79102	Salivary Duct, Insertion of Polyethylene Tube		239.50
	79103	Salivary Duct, Sialodochoplasty		522.44
	79104	Salivary Duct, Reconstruction of		783.68
79110		SALIVARY DUCT, SIALOLITHOTOMY		
	79111	Sialolithotomy, Anterior 1/3 of Canal		479.00
	79112	Sialolithotomy, Posterior 2/3 of Canal		1,306.12
	79113	Sialolithotomy, External Approach		2,023.60
79120		SALIVARY GLAND, EXCISIONS		
	79121	Excision of Submaxillary Gland		1,305.61
	79122	Excision of Sublingual Gland		1,632.03
	79123	Excision of Mucocele		163.32
	79124	Excision of Ranula		522.44
	79125	Marsupialization of Ranula		479.00
79130		SALIVARY GLAND, REMOVAL		
	79131	Salivary Gland, Removal, Parotid (sub total)		1,740.66
	79132	Salivary Gland, Removal, Parotid (radical, including facial nerve)		2,785.06
79200		NEUROLOGICAL DISTURBANCES, TREATMENT OF		
79210		NEUROLOGICAL DISTURBANCES, TRIGEMINAL NERVE		
	79211	Trigeminal Nerve, Injection for Destruction		261.21

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				Fee
	79212	Trigeminal Nerve, Avulsion at Periphery		544.18
	79213	Trigeminal Nerve, Total Avulsion of a Branch		990.33
	79214	Trigeminal Nerve, Alcoholization of a Branch		261.21
	79215	Trigeminal Nerve, Infiltration of a Branch for Diagnosis		125.16
	79216	Trigeminal Nerve, Intraoperative, diagnostic or physiologic monitoring (stimulation with recording evoked potentials, ultrasound, or impedance)		239.50
	79217	Trigeminal Nerve, Neurolysis or tumor excision of trigeminal nerve branch in soft tissue		783.68
	79218	Trigeminal Nerve, Neurolysis or tumor excision of trigeminal nerve branch in bone (mandible, maxilla or orbit) (not to include osteotomy)		1,523.40
79220		NEUROLOGICAL DISTURBANCES, MENTAL NERVE		
	79221	Mental Nerve, Transportation of		914.04
	79222	Mental Nerve, Decompression in Canal		914.04
79230		NEUROLOGICAL DISTURBANCES, INFERIOR DENTAL NERVE		
	79231	Inferior Dental Nerve, Complete Avulsion		914.04
	79232	Inferior Dental Nerve, Decompression in the Canal		946.63
79240		NEUROLOGICAL DISTURBANCES, SURGERY		
	79241	Injured Nerve Repair, Primary		1,218.72
	79242	Injured Nerve Repair, Secondary		3,089.69
	79243	Injured Nerve Repair, Secondary, (when repair delayed more than four weeks)		3,481.31
	79244	Neural Transposition and Decompression		914.04
	79245	Implantation of Electrode for Peripheral Nerve Stimulation		1,218.72
	79246	Excision of Tumor or Neuroma		1,305.61
	79247	Nerve Repair with Graft	+E	4,351.65
	79248	Harvesting of Nerve Graft		1,523.40
	79251	Epineurial Suture of Trigeminal Nerve Branch per Anastomosis		946.63
	79252	Fascicular Suture of Trigeminal Nerve Branch per Anastomosis		946.63
	79253	Conduit Implant for Repair of Nerve Gap up to 3 cm.		2,436.94
	79254	Conduit Implant for Repair of Nerve Gap greater than 3 cm.		3,481.31
	79255	Fibrin adhesive per nerve anastomosis		609.36
	79256	Laser coagulation per nerve anastomosis		652.81
	79258	In addition to above procedures, when using operating microscopes		130.59
79300		ANTRAL SURGERY		
79310		ANTRAL SURGERY, RECOVERY, FOREIGN BODIES		
	79311	Antral Surgery, Immediate Recovery of a Dental Root or Foreign Body from the Antrum		544.18
			to	816.27
	79312	Antral Surgery, Immediate Closure of Antrum by Another Dental Surgeon		544.18
			to	816.27
	79313	Antral Surgery, Delayed Recovery of a Dental Root with Oral Anrostomy		544.18
			to	816.27
	79314	Antral Surgery with Nasal Anrostomy		544.18
			to	816.27
79320		ANTRAL SURGERY, LAVAGE		
	79321	Lavage, Oral Approach		114.31
	79322	Lavage, Nasal Approach		114.31
79330		ANTRAL SURGERY, ORO-ANTRAL FISTULA CLOSURE, (same session)		
	79331	Oro-Antral Fistula Closure with Buccal Flap		522.44
			to	783.68
	79332	Oro-Antral Fistula Closure with Gold Plate	+L	522.44
			to	783.68
	79333	Oro-Antral Fistula Closure with Palatal Flap		522.44
			to	783.68
79340		ANTRAL SURGERY, ORO-ANTRAL FISTULA CLOSURE, (subsequent session)		

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				Fee
	79341	Oro-Antral Fistula Closure with Buccal Flap		522.44
			to	783.68
	79342	Oro-Antral Fistula Closure with Gold Plate		522.44
			to	783.68
	79343	Oro-Antral Fistula Closure with Palatal Flap		522.44
			to	783.68
79350		Sinus Osseous Augmentation		
	79351	Sinus Osseous Augmentation, Open Lateral Approach - Autograft	+E	I.C.
	79352	Sinus Osseous Augmentation, Open Lateral Approach – Allograft	+E	I.C.
	79353	Sinus Osseous Augmentation, Open Lateral Approach – Xenograft	+E	I.C.
	79354	Sinus Osseous Augmentation, Indirect Inferior Approach – Autograft	+E	I.C.
	79355	Sinus Osseous Augmentation, Indirect Inferior Approach – Allograft	+E	I.C.
	79356	Sinus Osseous Augmentation, Indirect Inferior Approach – Xenograft	+E	I.C.
79400		HEMORRHAGE, CONTROL OF		
	79401	Primary Hemorrhage, Control		130.59
			to	522.44
	79402	Secondary Hemorrhage, Control		152.33
			to	1,523.40
	79403	Hemorrhage Control, using Compression and Hemostatic Agent		152.33
			to	1,523.40
	79404	Hemorrhage Control, using Hemostatic Substance and Suture (including removal of bony tissue, if necessary)		152.33
			to	1,523.40
79500		GRAFTS, SURGICAL		
79510		HARVESTING OF INTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE		
	79511	Bone		440.72
	79512	Cartilage		440.72
	79513	Skin		440.72
	79514	Mucosa		440.72
	79515	Fascia		440.72
	79516	Muscle		440.72
	79517	Dermis		440.72
79520		HARVESTING OF EXTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE (TO INCLUDE ILIUM, RIB, ETC.)		
	79521	Bone		609.36
	79522	Cartilage		609.36
	79523	Costochondral		609.36
	79524	Skin		609.36
	79525	Mucosa		609.36
	79526	Fascia		609.36
	79527	Muscle		609.36
	79528	Dermis		609.36
	79529	Nerve		I.C.
79530		VASCULARIZED TISSUE FLAPS		
	79531	Free		I.C.
	79532	Attached		I.C.
	79539	Micro-anastomosis of tissue flap (arterial and venous)		I.C.
79540		Harvesting and Preparation of Platelet Rich Plasma		
	79541	Harvesting and Preparation of Platelet Rich Plasma	+E	I.C.
79550		Delivery of Growth Factors		

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	79551	Delivery of Growth Factors – Autologous – per site	+E	I.C.
	79552	Delivery of Growth Factors – Allogenic – per site	+E	I.C.
	97553	Delivery of Growth Factors – Human Recombinant – per site	+E	I.C.
79600		POST SURGICAL CARE (Required by complications and unusual circumstances, refer to comment under section heading 70000)		
	79601	Post Surgical Care, Subsequent to Initial Post Surgical Treatment, Minor, by Treating Dentist		108.88
	79602	Post Surgical Care, Minor, by Other Than Treating Dentist		114.31
	79603	Post Surgical Care, Major, by Treating Dentist		114.31
			to	1,143.19
	79604	Post Surgical Care, Major, by Other Than Treating Dentist		114.31
			to	1,143.19
	79605	Post Surgical Care, Alveolitis, Treatment of (without anesthesia)		114.31
	79606	Post Surgical Care, Alveolitis, Treatment of (with anesthesia)		114.31
79700		EMERGENCY OFFICE PROCEDURES		
	79701	Emergency Procedure, Tracheotomy		696.25
	79702	Emergency Procedure, Crico-Thyroidotomy		696.25
79800		MUSCULAR DISORDERS, TREATMENT OF		
	79801	Treatment of Muscular Dysfunctions		I.C.
	79802	Myotomy		I.C.
79900		IMPLANTOLOGY (Includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)		
79910		IMPLANTS, BLADE		
	79911	Maxillary per implant	+E	I.C.
	79912	Mandibular per implant	+E	I.C.
79920		Implants, Subperiosteal		
	79921	Maxillary	+L	I.C.
	79922	Mandibular	+L	I.C.
79930		Implants, Osseointegrated, Root Form, More than one component		
	79931	Surgical Installation of Implant with Cover Screw – per Implant	+E	I.C.
	79932	Surgical Installation of Implant with Healing Transmucosal Element – per Implant	+E	I.C.
	79933	Surgical Installation of Implant with Final Transmucosal Element – per Implant	+E	I.C.
	79934	Surgical Re-entry, Removal of Healing Screw and Placement of Healing Transmucosal Element – per Implant	+E	I.C.
	79935	Surgical Re-entry, Removal of Healing Screw and Placement of Final Standard Transmucosal Element – per Implant	+E	I.C.
	79936	Surgical Re-entry, Removal of Healing Screw and Placement of Final Custom Transmucosal Element – per Implant	+L +E	I.C.
79940		Implants Osseointegrated, Root Form, Single Component		
	79941	Surgical Installation of Implant – per Implant	+E	I.C.
79950		Implants, Osseointegrated, Provisional		
	79951	Installation of Provisional Implant – per Implant	+E	I.C.
	79952	Removal of Provisional Implant – per Implant	+E	I.C.
79960		Implants, Removal of		
	79961	Per implant, Uncomplicated		I.C.
	79962	Per implant, Complicated		I.C.

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				Fee
			ORTHODONTICS	
80000			ORTHODONTIC SERVICES, MISCELLANEOUS	
80600			ORTHODONTIC, OBSERVATIONS AND ADJUSTMENTS	
	80601	Orthodontic Observation - for Tooth Guidance (i.e. tooth position, eruption sequence, serial extraction supervision, etc.) per appointment		77.28
	80602	Orthodontic Observation and adjustment - to Orthodontic Appliances and/or the Reduction of Proximal Surfaces of Teeth per appointment		77.28
	80630	REPAIRS TO REMOVABLE OR FIXED APPLIANCES (not including removal and recementation)		
	80631	One unit of time	+L	83.71
	80632	Two units	+L	167.45
	80639	Each additional unit over two		83.71
	80640	ALTERATIONS TO REMOVABLE OR FIXED APPLIANCES		
	80641	One unit of time	+L	83.71
	80642	Two units	+L	167.45
	80649	Each additional unit over two		83.71
	80650	RECEMENTATION OF FIXED APPLIANCES		
	80651	One unit of time		83.71
	80659	Each additional unit of time		83.71
	80660	SEPARATION (except where included in the fabrication of an appliance)		
	80661	One unit of time		83.71
	80669	Each addition unit of time		83.71
	80670	REMOVAL OF FIXED ORTHODONTIC APPLIANCES (BY A PRACTITIONER OTHER THAN THE ORIGINAL TREATMENT PRACTICE OR PRACTITIONER)		
	80671	One unit of time		83.71
	80679	Each additional unit of time		83.71
81000		APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT		
81100		APPLIANCES, REMOVABLE		
		A maximum of eight observations or adjustment appointments may be charged for these appliances.		
	81110	APPLIANCES, REMOVABLE, SPACE REGAINING		
	81111	Appliance, Maxillary, Unilateral	+L	334.65
	81112	Appliance, Mandibular, Unilateral	+L	334.65
	81113	Appliance, Maxillary, Bilateral	+L	334.65
	81114	Appliance, Mandibular, Bilateral	+L	334.65
	81120	APPLIANCES, REMOVABLE, CROSS-BITE CORRECTION		
	81121	Appliance, Maxillary, Simple	+L	317.40
	81122	Appliance, Mandibular, Simple	+L	317.40
	81130	APPLIANCES, REMOVABLE, DENTAL ARCH EXPANSION		
	81131	Appliance, Maxillary, Simple	+L	334.65
	81132	Appliances, Mandibular, Simple	+L	334.65
	81140	APPLIANCES, REMOVABLE, CLOSURE OF DIASTEMAS		

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				Fee
	81141	Appliance, Maxillary, Simple	+L	334.65
	81142	Appliance, Mandibular, Simple	+L	334.65
81150	APPLIANCES, REMOVABLE, ALIGNMENT OF ANTERIOR TEETH			
	81151	Appliance, Maxillary, Simple	+L	334.65
	81152	Appliance, Mandibular, Simple	+L	334.65
81200	APPLIANCES, FIXED OR CEMENTED			
	A maximum of eight observations or adjustment appointments may be charged for these appliances.			
81210	APPLIANCE, FIXED, SPACE REGAINING (e.g. lingual or labial arch with molar bands, tubes, locks)			
	81211	Appliance, Maxillary	+L	334.65
	81212	Appliance, Mandibular	+L	334.65
81220	APPLIANCE, FIXED, SPACE REGAINING, UNILATERAL			
	81221	Appliance, Maxillary	+L	251.16
	81222	Appliance, Mandibular	+L	251.16
81230	APPLIANCE, FIXED, CROSS-BITE CORRECTION - ANTERIOR			
	81231	Appliance, Maxillary	+L	334.65
	81232	Appliance, Mandibular	+L	334.65
81240	APPLIANCE, FIXED, CROSS-BITE CORRECTION - POSTERIOR			
	81241	Appliance, Maxillary	+L	334.65
	81242	Appliance, Mandibular	+L	334.65
	81243	Appliance, Two-Molar Band, Hooked and Elastics	+L	268.16
81250	APPLIANCE, FIXED, DENTAL ARCH EXPANSION			
	81251	Appliance, Maxillary	+L	418.61
	81252	Appliance, Mandibular	+L	418.61
	81253	Appliance, Maxillary, Rapid Expansion	+L	334.65
81260	APPLIANCE, FIXED, CLOSURE OF DIASTEMAS			
	81261	Appliance, Maxillary, Simple	+L	334.65
	81262	Appliance, Mandibular, Simple	+L	334.65
81270	APPLIANCE, FIXED, ALIGNMENT OF INCISOR TEETH			
	81271	Appliance, Maxillary, Simple	+L	418.61
	81272	Appliance, Mandibular, Simple	+L	418.61
81280	APPLIANCES, FIXED, LIGATURES			
	81281	Grassline or Elastic Ligatures per visit	+L	83.71
81290	APPLIANCES, FIXED, MECHANICAL ERUPTION OF TOOTH/TEETH			
	81291	Appliance, Maxillary, Impaction	+L	334.65
	81292	Appliance, Mandibular, Impaction	+L	334.65
	81293	Appliance, Maxillary, Erupted	+L	334.65
	81294	Appliance, Mandibular, Erupted	+L	334.65
83000	APPLIANCES, RETENTION, ORTHODONTIC RETAINING APPLIANCES			
83100	APPLIANCES, REMOVABLE, RETENTION			

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				Fee
	83101	Appliance, Maxillary	+L	251.16
	83102	Appliance, Mandibular	+L	251.16
	83103	Appliance, Tooth Positioner	+L	251.16
83200		APPLIANCES, FIXED/CEMENTED, RETENTION		
	83201	Appliance, Maxillary	+L	334.65
	83202	Appliance, Mandibular	+L	334.65
		COMPREHENSIVE ORTHODONTIC TREATMENT		
		CASE TYPE - Fixed Appliance (includes formal full banded treatment and retention)		
		The range of fees with these procedure codes reflects such variables as length of time required to complete the treatment, degree of difficulty, co-operation of the patient, etc. and the fee charged should be determined accordingly.		
84000		PERMANENT DENTITION		
	84101	Class I Malocclusion	+L	3,348.99
			to	10,046.96
	84201	Class II Malocclusion	+L	5,023.47
			to	13,395.96
	84301	Class III Malocclusions	+L	5,023.47
			to	13,395.96
	84401	Malocclusions Not Requiring Complete Banding	+L	1,674.48
			to	4,186.24
85000		MIXED DENTITION		
	85101	Class I Malocclusion	+L	3,348.99
			to	10,046.96
	85201	Class II Malocclusion	+L	5,023.47
			to	13,395.96
	85301	Class III Malocclusion	+L	5,023.47
			to	13,395.96
87000		PERMANENT DENTITION		
		CASE TYPE - Removable Appliances (includes removable appliance therapy and retention; e.g. functional appliances)		
	87101	Class I Malocclusion	+L	I.C.
	87201	Class II Malocclusion	+L	I.C.
	87301	Class III Malocclusion	+L	I.C.
88000		MIXED DENTITION		
	88101	Class I Malocclusion	+L	1,674.48
			to	5,023.47
	88201	Class II Malocclusion	+L	2,511.73
			to	6,697.97
	88301	Class III Malocclusion	+L	2,511.73
			to	6,697.97
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 relin		
		(7) Reconstruction and/or reevaluation (may include up to two remakes).		
	89501	Expansion Appliance for Infants with Cleft Palate	+L	334.89
			to	3,014.07

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				Fee
	89502	Extra Oral Retraction Appliance for Infants with Cleft Palate	+L	334.89
			to	3,014.07
	89503	Stage I - Initial Expansion	+L	1,255.86
			to	2,511.73
	89504	Stage II - Anterior Alignment	+L	1,255.86
			to	2,511.73
	89505	Stage III - Final Alignment (complete banding)	+L	2,511.73
			to	6,697.97
	89506	Stage III - Where Stage I and II were not provided for	+L	5,023.47
			to	13,395.96
ADJUNCTIVE GENERAL SERVICES				
91000	UNCLASSIFIED TREATMENTS			
91100	UNCLASSIFIED TREATMENT, DENTAL PAIN			
91110	PALLIATIVE (emergency) TREATMENT OF DENTAL PAIN, MINOR PROCEDURE			
	91111	One unit of time		103.45
	91112	Two units		206.91
	91113	Three units		310.36
	91119	Each additional unit over three		103.45
91120	EMERGENCY SERVICES NOT OTHERWISE SPECIFIED IN GUIDE			
	91121	One unit of time		108.88
	91122	Two units		217.76
	91123	Three units		326.64
	91129	Each additional unit over three		108.88
91200	UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES (Note: If the service affected is anaesthesia, code series 92000, and the unusual time and responsibility is the result of a patient BMI of 35 or above, refer to code series 92900)			
91210	UNUSUAL TIME AND RESPONSIBILITY REQUIREMENT, IN ADDITION TO USUAL PROCEDURES IN GUIDE			
	91211	One unit of time		119.73
	91212	Two units		239.50
	91213	Three units		359.23
	91219	Each additional unit over three		119.73
91220	SECOND SURGEON (team approach)			
	91221	One unit of time		103.45
	91222	Two units		206.91
	91223	Three units		310.36
	91224	Four units		413.81
	91225	Five units		517.27
	91226	Six units		620.72
	91227	Seven units		724.17
	91228	Eight units		827.63
	91229	Each additional unit over eight		103.45
91230	MANAGEMENT OF EXCEPTIONAL PATIENT			
	91231	One unit of time		119.73
	91232	Two units		239.50
	91233	Three units		359.23
	91234	Four units		479.00
	91239	Each additional unit over four		119.73
92000	ANESTHESIA			

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				Fee
92100		ANAESTHESIA, LOCAL		
		(not in conjunction with operative or surgical procedures, includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)		
	92101	Regional Block Anesthesia (not in conjunction with operative or surgical procedures)		108.88
	92102	Trigeminal Division Block (not in conjunction with operative or surgical procedures)		108.88
92200		ANAESTHESIA, GENERAL		
		(includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)		
	92210	GENERAL ANESTHESIA		
	92212	Two units of time		228.62
	92213	Three units		342.95
	92214	Four units		457.26
	92215	Five units		571.60
	92216	Six units		685.90
	92217	Seven units		800.21
	92218	Eight units		914.55
	92219	Each additional unit over eight		114.31
	92220	Provision of facilities, equipment and support services for general anaesthesia		
	92222	Two units of time		228.62
	92223	Three units		342.95
	92224	Four units		457.26
	92225	Five units		571.60
	92226	Six units		685.90
	92227	Seven units		800.21
	92228	Eight units		914.55
	92229	Each additional unit over eight		114.31
	92300	Anesthesia, 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 anesthesia. Any 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-		
	92302	Two units of time		206.91
	92303	Three units		310.36
	92304	Four units		413.81
	92305	Five units		517.27
	92306	Six units		620.72
	92307	Seven units		724.17
	92308	Eight units		827.63
	92309	Each additional unit over eight		103.45
	92320	Provision of facilities, equipment and support services for deep sedation when provided by a separate practitioner		
	92322	Two units		206.91
	92323	Three units		310.36
	92324	Four units		413.81
	92325	Five units		517.27
	92326	Six units		620.72
	92327	Seven units		724.17
	92328	Eight units		827.63
	92329	Each additional unit over eight		103.45
92400		ANESTHESIA, CONSCIOUS SEDATION		

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			Anaesthesia, Conscious Sedation - a medically controlled state of depressed consciousness that allows protective reflexes to be maintained, retains the patient's ability to maintain a patent airway independently and continuously and permits appropriate response by the patient to physical stimulation or verbal command, e.g., "open your eyes". (includes pre-anaesthetic evaluation and post anaesthetic follow-up)	
			Any technique leading to these conditions in a patient would fall within this category of service. Conscious sedation is a varied technique which can require different levels of monitoring, in accordance with the Regulatory Authority Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice. The Guidelines should be consulted and observed.	
92410			Nitrous Oxide Time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device	
	92411	One unit of time		54.69
	92412	Two units of time		82.05
	92413	Three units		109.41
	92414	Four units		136.78
	92415	Five units		164.14
	92416	Six units		191.50
	92417	Seven units		218.86
	92418	Eight units		246.22
	92419	Each additional unit over eight		27.36
92420			Oral Sedation Sedation sufficient to require monitored care.	
	92421	One unit of time		39.40
	92422	Two units of time		55.57
	92423	Three units of time		71.76
	92424	Four units of time		87.93
	92425	Five units of time		104.13
	92426	Six units of time		120.30
	92427	Seven units of time		136.49
	92428	Eight units of time		152.66
	92429	Each addition unit over eight		19.01
92440			Parenteral Conscious Sedation (regardless of method -IM or IV)	
	92441	One unit		54.69
	92442	Two units		82.05
	92443	Three units		109.41
	92444	Four units		136.78
	92445	Five units		164.14
	92446	Six units		191.50
	92447	Seven units		218.86
	92448	Eight units		246.22
	92449	Each additional unit over eight		27.36
92500			NON PHARAMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT	
92510			HYPNOSIS	
	92511	One unit of time		54.69
	92512	Two units		82.05
	92513	Three units		109.41
	92514	Four units		136.78
	92519	Each additional unit over four		27.36
92520			ACUPUNCTURE	
	92521	One unit of time		54.69
	92522	Two units		82.05
	92523	Three units		109.41
	92524	Four units		136.78
	92529	Each additional unit over four		27.36

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				Fee
92530		Electronic Dental Anesthesia		
	92531	One Unit of Time		54.69
	92532	Two units		82.05
	92533	Three units		109.41
	92534	Four units		136.78
	92539	Each additional unit over four		27.36
92900		ANAESTHESIA – GENERAL ANAESTHESIA OR DEEP SEDATION, UNUSUAL TIME AND RESPONSIBILITY		
	92901	Management of patient with BMI 35 or above, in addition to code series 92200 or 92300		I.C.
93000		PROFESSIONAL CONSULTATIONS (diagnostic services provided by dentist other than practitioner providing treatment)		
93100		PROFESSIONAL COMMUNICATIONS		
93110		Consultation with Member of the Profession or other Healthcare Providers, in or out of the office		
	93111	One unit of time	+E	88.46
	93112	Two units	+E	176.94
	93119	Each additional unit over two	+E	88.46
93120		DENTAL LEGAL LETTERS, REPORTS AND OPINIONS		
	93121	A dental-legal report - a short factually written or verbal communication given to any lay person (e.g. lawyer, insurance representative, local, municipal or government agency, etc.) in relation to the patient with prior patient approval.		72.33
			to	144.66
	93122	A dental-legal report - a comprehensive written report with patient approval, on systems, history and records giving diagnosis, treatment, results and present condition. The report is a factual summary of all information available on the case and could contain prognostic information regarding patient response.		144.66
			to	289.32
	93123	A dental-legal opinion - a comprehensive written report primarily in the field of expert opinion. The report may be an opinion regarding the possible course of events (when these cannot be determined factually), with possible long term consequences and complications in the development of the conditions. The report will require expert knowledge and judgment with respect to the facts leading to a detailed prognosis.		I.C.
93130		CONSULTATION AND/OR PARTICIPATION DURING AUTOPSY (other than forensic)		
	93131	One unit of time	+E	95.12
	93132	Two units	+E	190.23
	93139	Each additional unit over two		95.12
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		25.62
93310		FOR EXTRAORDINARY TIME SPENT IN RELATION TO CLAIM FORMS/TREATMENT PLAN FORMS, THE CLAIM PROBLEM OF THE PATIENT OR PROCESSING OF PAYMENTS		

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					Fee
	93311	One unit of time		+E	84.13
	93312	Two units		+E	168.26
	93318	Zero units		+E	NO FEE
	93319	Each additional unit over two			84.13
93320		FOR EXTRAORDINARY OFFICE TIME SPENT, IN FORWARDING PREDETERMINATION RECORDS, IN PREDETERMINATION SITUATIONS, TO THIRD PARTIES PLUS EXPENSES (i.e. registration, postage, etc.)			
	93321	One unit of time		+E	22.34
	93322	Two units		+E	44.68
	93329	Each additional unit over two			22.34
93330		PAYMENT FOR ORTHODONTIC TREATMENT IN PROGRESS			
	93331	Payment/Installment for treatment in progress			I.C.
	93332	Monthly payment/Instalments for treatment in progress			I.C.
	93333	Quarterly payment/installment for treatment in progress			I.C.
	93334	One time appliance			I.C.
94000		PROFESSIONAL VISITS			
94100		HOUSE CALLS			
	94101	House Call, Non Emergency Visit (in addition to procedures performed)			91.68
	94102	House Call, Emergency Visit, when one must immediately leave home, office or hospital (in addition to procedures performed)			183.39
94300		OFFICE OR INSTITUTIONAL VISITS			
	94301	Office (of another professional) or Institutional Visit, During Regular Scheduled Office Hours (in addition to services performed)			75.95
	94302	Office or Institutional Visit Unscheduled, After Regular Scheduled Office Hours (in addition to services performed)			94.01
	94303	Missed or Canceled Appointment, with Insufficient Notice, During Regular Scheduled Office Hours			48.14
	94304	Missed or Canceled Appointment with insufficient Notice, being a Special Appointment Outside Regular Scheduled Office Hours			79.92
				to	335.69
	94305	Traveling Expenses			I.C.
	94306	Professional Visits Out of Office, plus actual services performed, out of pocket expenses, etc.		+E	142.23
94400		COURT APPEARANCE AND/OR PREPARATION			
94410		PREPARATION AS AN EXPERT WITNESS			
	94411	One unit of time			I.C.
	94412	Two units			I.C.
	94413	Three units			I.C.
	94414	Four units			I.C.
	94419	Each additional unit over four			I.C.
94420		COURT APPEARANCE AS AN EXPERT WITNESS			
	94421	One half day			I.C.
	94422	Full day			I.C.
95000		FORENSIC DENTAL SERVICES			
95100		FORENSIC SERVICES, MISCELLANEOUS			
	95101	Identification - opinion as an expert assisting in civil or criminal cases		+E	420.50 per hour
	95102	Full or Part Time Participation in Civil Disaster		+E	2,311.86 per diem

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				Fee
	95104	Written Odontology Report	+E	45.04
			to	485.17
	95105	Post Mortem Examination of Tissues in Forensic Cases (non-identification)		I.C.
	95106	Management of Oral Disease or Abnormality		79.92
			to	167.83
95200		IDENTIFICATION SYSTEMS		
	95201	Identification Disk System, Acid Etch/Bonded	+L	75.95
96000		DRUGS/MEDICATION, DISPENSING		
96100		PRESCRIPTIONS		
	96101	Prescription, Emergency		34.60
	96102	Emergency Dispensing of One or Two Doses of a Therapeutic Drug, plus Giving a Written Prescription	+E	47.11
	96103	Dispensing, Non Emergency (e.g. fluorides, vitamins, other drugs/medications)	+E	37.92
96200		INJECTIONS, THERAPEUTIC		
	96201	Intramuscular Drug Injection	+E	50.86
	96202	Intravenous Drug Injection	+E	50.86
	96203	Intralesional Delivery (Intra-articular Injections - see 78600)	+E	50.86
96300		INJECTIONS AESTHETIC – ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) (Note “units” refers to a drug dosage)		
	96301	Injections of neuromodulator, aesthetic 1 to 5 units	+E	I.C.
	96302	Injections of neuromodulator, aesthetic 6 to 10 units	+E	I.C.
	96303	Injections of neuromodulator, aesthetic 11 to 20 units	+E	I.C.
	96304	Injections of neuromodulator, aesthetic 21 to 30 units	+E	I.C.
	96305	Injections of neuromodulator, aesthetic 31 to 40 units	+E	I.C.
	96306	Injections of neuromodulator, aesthetic 41 to 50 units	+E	I.C.
	96307	Injections of neuromodulator, aesthetic 51 to 60 units	+E	I.C.
	96308	Injections of neuromodulator, aesthetic 61 to 70 units	+E	I.C.
	96309	Injections of neuromodulator, aesthetic more than 70 units	+E	I.C.
96400		INJECTIONS AESTHETIC – ADMINISTRATION OF AESTHETIC DERMAL FILLERS		
	96401	Aesthetic dermal filler first syringe	+E	I.C.
	96409	Aesthetic dermal filler subsequent syringe (use once for each syringe)	+E	I.C.
97000		BLEACHING, VITAL		
97110		BLEACHING, VITAL, IN OFFICE		
	97111	One unit of time		83.92
	97112	Two units		167.83
	97113	Three units		251.77
	97119	Each additional unit over three		83.92
97120		BLEACHING, VITAL HOME (INCLUDES THE FABRICATION OF BLEACHING TRAYS, DISPENSING THE SYSTEM AND FOLLOW-UP CARE)		
	97121	Maxillary Arch	+L and/or +E	239.79
	97122	Mandibular Arch	+L and/or +E	239.79
97130		MICRO-ABRASION		
	97131	One unit of time		75.94

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					Fee
		97132	Two units of time		151.89
		97133	Three units of time		227.84
		97134	Four units of time		303.77
		97139	Each additional unit over four		75.94
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	+E	75.94
		98102	Two units of time	+E	151.89
		98109	Each additional unit of time	+E	75.94
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 (A commercial laboratory is defined as an independent business which performs laboratory services and bills the dental practices for these services on a case by case basis)	+L	
		99222	"L" For oral pathology biopsy services when provided in relation to surgical services from the 30000, 40000, or 70000 code services.	+L	
		99333	"L" In-Office Laboratory Procedures (An in-office laboratory is defined as a laboratory service(s) performed within the same business entity).	+L	
		99555	"E" Additional Expense of Materials	+E	