

To/À: ALL NBDS MEMBERS & PROVIDERS
TOUS LES MEMBRES DE LA SDNB & FOURNISSEURS

From/De: Dr. Andrew Rowe, Chair, Economic Committee
Président, Comité des affaires économiques

Re/Objet: GP Fee Guide - 2021 - Guide des tarifs PG

Date : January 4 janvier 2021

The annual increase applied to the 2021 Suggested Fee Guide is an **overall increase of 2.52%**, based on the advice of our economic consultants and review by the NBDS Economic Committee of the results of member procedure frequency surveys undertaken by the consultants on our behalf. Costs associated with additional Personal Protective Equipment also factor into the overall increase, and for this reason, the new fees for PPE are set at \$0.

La hausse annuelle appliquée au Guide des honoraires suggérés de 2021 consiste en une **augmentation générale de 2,52 %**. Elle est fondée sur l'avis des conseillers économiques et l'examen du comité des affaires économiques de la SDNB, lequel s'est penché sur les résultats des sondages que les consultants ont réalisés en notre nom auprès des membres. Les sondages portaient sur la fréquence des procédures de ces derniers. Les frais associés pour Équipement de Protection Individuelle (ÉPI) sont inclus dans cette augmentation. Pour cette raison, les frais associés aux codes pour ÉPI sont \$0.

The **average** increases in each section, based on the advice of our economist, are as follows:

À la lumière des conseils de notre économiste, les hausses **moyennes** dans chaque section sont comme suit :

Diagnostic	3.59%	Diagnostic	3,59 %
Prevention	0.82%	Prévention	0,82 %
Amalgams	3.57%	Restaurations Amalgames	3,57 %
Composites	1.68%	Restaurations (composites)	1,68 %
Crowns	6.87%	Couronnes	6,87 %
Endodontics	5.07%	Endodontie	5,07 %
Periodontics	5.36%	Parodontie	5,36 %
Prosthodontics removable	8.60%	Prosthodontie - amovible	8,60 %
Prosthodontics fixed	5.90%	Prosthodontie - fixe	5,90 %
Oral Maxillofacial Surgery	4.40%	Chirurgie buccale et maxillofaciale	4,40 %
Orthodontics	2.42%	Orthodontie	2,42 %
Adjunctive General Services	5.88%	Services généraux supplémentaires	5,88 %

Please find below the changes to the suggested fee guide for 2021.

Vous trouverez ici-bas les changements effectués au Guide de tarifs suggérés pour l'année 2021.

New Codes to the GP and SP Fee Guides:	Nouveaux codes ajoutés aux guides de tarifs pour PG et SP:
<p><i>99901 – Personal Protective Equipment for Non-Aerosol Generating Procedures</i></p> <p><i>99902 – Personal Protective Equipment for Aerosol Generating Procedures</i></p>	<p><i>99901 – Équipement de Protection Individuelle pour les traitements ne produisant pas d'aérosols</i></p> <p><i>99902 – Équipement de Protection Individuelle pour les traitements produisant des aérosols</i></p>

Revisions to code descriptions in the GP Fee Guide:	Révisions de descriptions de codes aux Guides de tarifs pour PG
<p>23000 - Removal of "Continuous" appearing in 23000 class descriptors</p>	<p><i>23000 - Supression de "Continu" dans les descripteurs des codes de la classe 23000</i></p>

2021
NEW BRUNSWICK DENTAL SOCIETY
ABBREVIATED GUIDE

<u>Code</u>		<u>Fee</u>	<u>Code</u>		<u>Fee</u>
<u>DIAGNOSTIC</u>			<u>RESTORATION</u>		
Complete Oral Examinations			Amalgam, Non-Bonded, Primary Teeth		
01101	Primary dentition	67.80	21111	One surface	122.80
01102	Mixed dentition	88.70	21112	Two surfaces	155.90
01103	Permanent dentition	119.70	21113	Three surfaces	189.10
01201	Limited oral, new patient	43.40	21114	Four surfaces	209.90
01202	Limited oral, previous patient, recall	42.10	Amalgams, Non-Bonded, Bicuspid and Anteriors		
01204	Specific Exam and diagnosis	57.50	21211	One surface	128.50
01205	Emergency	57.50	21212	Two surfaces	170.50
Radiographs			21213	Three surfaces	205.20
02111	Periapical, single image	24.80	21214	Four surfaces	239.80
02112	Periapical, two images	33.80	Amalgam, Non-Bonded, Permanent Molars		
02141	Bitewing, single image	24.80	21221	One surface	133.50
02142	Bitewing, two images	33.80	21222	Two surfaces	185.70
02144	Bitewing, four images	48.50	21223	Three surfaces	224.60
02601	Panoramic, single image	72.40	21224	Four surfaces	264.10
<u>PREVENTION</u>			Pins, Retentive		
Polishing			21401	One pin	29.70
11101	One unit of time	35.90	21402	Two pins	48.70
11102	Two units	71.80	Restorations, Pre-fabricated, Metal, Primary Teeth		
11107	One half unit	18.00	22211	Primary posterior	192.90
11109	Each additional unit over two	35.90	Permanent Anteriors, Tooth Coloured, Bonded		
Scaling			23111	One surface	145.00
11111	One unit of time	59.50	23112	Two surfaces (continuous)	184.20
11112	Two units	119.00	23113	Three surfaces (continuous)	223.40
11113	Three units	178.50	23114	Four surfaces (continuous)	262.50
11117	One half unit	29.70	23115	Five surfaces (continuous)	345.20
12111	Fluoride - Rinse	25.70	23121	Veneer application, bonded	310.10
12112	Fluoride - Gel or Foam	26.70	23122	Veneer application, bonded, Non pre-fabricated	313.90
12113	Fluoride Varnish	28.80	Permanent Bicuspid, Tooth Coloured, Bonded		
Sealants, Pit and Fissure			23311	One surface	142.80
13401	First tooth	31.20	23312	Two surfaces	189.40
13409	Each additional tooth, same quadrant	18.60	23313	Three surfaces	227.90
Appliances, Periodontal			23314	Four surfaces	282.10
14611	Maxillary	335.60 +L	23315	Five surfaces	363.50
14612	Mandibular	335.60 +L	Permanent Molars, Tooth Coloured, Bonded		
Appliances, Temporomandibular Joint (TMJ)			23321	One surface	148.30
14711	Maxillary	402.70 +L	23322	Two surfaces	206.30
14712	Mandibular	402.70 +L	23323	Three surfaces	249.50
			23324	Four surfaces	310.70

23325 Five surfaces 395.20

<u>Code</u>		<u>Fee</u>
Restorations, Tooth Coloured, Primary, Anterior, Bonded Technique		
23411	One surface	136.40
23412	Two surfaces (continuous)	173.20
23413	Three surfaces (continuous)	210.10
23414	Four surfaces (continuous)	246.90
23415	Five surfaces (continuous or maximum surfaces per tooth)	324.60

<u>Code</u>		<u>Fee</u>
Restorations, Tooth Coloured, Primary, Posterior, Bonded Technique		
23511	One surface	138.40
23512	Two surfaces	178.20
23513	Three surfaces	215.60
23514	Four surfaces	259.40
23515	Five surfaces or maximum surfaces per tooth	338.30

<u>Code</u>		<u>Fee</u>
Crown & Bridge		
25531	Onlays, Porcelain/Ceramic/ Polymer Glass (Bonded)	810.20 +L
25711	Posts, Cast Metal (incl.core)	399.50 +L
27201	Crown, Porcelain/Ceramic/Polymer Glass	838.40 +L
27211	Crown, Porcelain/Ceramic/Polymer Glass - fused to metal base	838.40 +L
27301	Crown, full, cast metal	838.40 +L
62101	Pontic, Cast Metal	358.70 +L
62501	Pontic, Porcelain/Ceramic/Polymer Glass, fused to metal	391.90 +L
62502	Pontic, Porcelain/Ceramic/Polymer Glass, Aluminous	391.90 +L
67201	Retainer, Porcelain/Ceramic/Polymer Glass, Full Coverage	816.40 +L
67211	Retainer, Porcelain/Ceramic/Polymer Glass, fused to metal base	816.40 +L
67301	Retainers, Full Cast Metal	816.40 +L

<u>Code</u>		<u>Fee</u>
Veneers, Laboratory Processed, Bonded		
27601	Acrylic/Composite/Compomer	613.40 +L
27602	Porcelain/Ceramic/Polymer Glass	624.50 +L

ENDODONTICS

<u>Code</u>		<u>Fee</u>
Pulpotomy (Concurrent With Restoration)		
32232	Primary tooth	96.10

<u>Code</u>		<u>Fee</u>
Root Canal Therapy		
33111	One canal	533.90
33121	Two canals	751.80
33131	Three canals	972.30

PROSTHODONTICS REMOVABLE

<u>Code</u>		<u>Fee</u>
Dentures, Complete, Standard		
51101	Maxillary	797.60 +L
51102	Mandibular	962.20 +L
51103	Maxillary + Mandibular	1890.00 +L

<u>Code</u>		<u>Fee</u>
Dentures, Partial, Free End		
53101	Maxillary	1058.80 +L
53102	Mandibular	1058.80 +L

<u>Code</u>		<u>Fee</u>
Dentures, Partial, Tooth Borne		
53201	Maxillary	1000.60 +L
53202	Mandibular	1000.60 +L

<u>Code</u>		<u>Fee</u>
Dentures, Relining, Processed		
56231	Complete Denture - Maxillary	327.10 +L
56232	Complete Denture - Mandibular	367.40 +L
56241	Partial Denture - Maxillary	297.80 +L
56242	Partial Denture - Mandibular	297.80 +L

ORAL MAXILLOFACIAL SURGERY

<u>Code</u>		<u>Fee</u>
Removals, Erupted Tooth, Per Quadrant, Uncomplicated		
71101	Single tooth	133.40
71109	Each additional tooth	88.90

<u>Code</u>		<u>Fee</u>
Removals, Erupted Tooth, Per Quadrant, Complicated		
71201	Odontectomy, surgical approach	252.40
71209	Each additional tooth	169.30

BLEACHING

<u>Code</u>		<u>Fee</u>
Bleaching, Non Vital, In Office		
39311	One unit of time	74.80
39312	Two units	149.60

<u>Code</u>		<u>Fee</u>
Bleaching, Vital, In Office		
97111	One unit of time	74.80
97112	Two units	149.60

<u>Code</u>		<u>Fee</u>
Bleaching, Vital, Home		
97121	Maxillary Arch	139.50 +L/+E
97122	Mandibular Arch	139.50 +L/+E
97123	Maxillary + Mandibular	250.60 +L/+E

NEW BRUNSWICK DENTAL SOCIETY



SUGGESTED FEE GUIDE FOR GENERAL PRACTITIONERS

As of February 1, 2021

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NEW BRUNSWICK DENTAL SOCIETY
Suggested Fee Guide

Introduction

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

To maximize its value as a terminological standard, the USC&LS should be implemented in its entirety and without any modification of its content.

Scope

The scope of the USC&LS is “services offered in dental offices¹ in Canada.”

The only conditions for the inclusion of a service in the USC&LS are:

- It has been determined to constitute a distinct service that can be provided on its own, without being a component of a broader service.
- It is offered in dental offices in Canada.
- Its inclusion in the USC&LS is needed to support either the production of fee guides or the processing of dental claims.

Any service that meets the above conditions should be included in the USC&LS.

Disclaimers

1. Considering the therapeutic value of a service before including it in the USC&LS is incompatible with the scope stated above, as it could result in the exclusion of services offered in dental offices in Canada. This being the case, users are cautioned that:

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

When the disclaimer is used in fee guides, it is suggested that it should be edited to add the identity of publisher of the fee guide after “the Canadian Dental Association”

2. Because the USC&LS is national in scope, its descriptors must be generic enough to be usable in every province. They cannot include information that might vary from province to province. Therefore, its users are notified that:

The description of a service in the USC&LS does not mean it can legally be provided by dentists in a specific jurisdiction.

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

¹ For the purpose of the USC&LS, a dental office is defined *a location where health services are delivered by a dentist or under the authority of a dentist.*

The descriptors of service provided in the USC&LS are not detailed enough to meet the record keeping requirements of provincial dental regulators. The use of USC&LS codes for record keeping purposes is not recommended.

Structure

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

The categories used for the organization of the classification are:

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

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

Also, the category does not limit the use of those codes to certain specialties. For example, if the fully specified descriptor of a code in category 70000 Oral and Maxillofacial surgery matches the service to be described, that code can be used to describe a periodontal or an endodontic service. That code can equally be used by a general dentist, an oral surgeon, a periodontist, an endodontist or any other specialist. **Except if specified otherwise, as is the case for codes in the 06000 class of services, all codes may be used by all dentists.**

Tracking of deactivated and reused codes

To ensure the ongoing usability of data that includes USC&LS codes, codes are not deleted from annual editions of the USC&LS. Rather, codes that should no longer be used are deactivated. Deactivated codes are not available for continued use but may still be reported on from historical data. To allow the identification of active and deactivated codes, the USC&LS has been divided in an Active Codes section and an Archived Codes section. The only codes that can be used to describe services are those that appear in the Active Codes Section of the current edition.

Although every effort is made to avoid the re-use of a deactivated code for the description of another service, the depletion of available codes in a class, sub-class or service title may force the assignment of a deactivated code to a new service. To help in the management of such cases, for each deactivated code, the Archived Codes section of the USC&LS keeps track of the year of deactivation and, for codes that were reassigned to a different service, the year of

the reassignment. The Archived Codes section of this edition of the USC&LS covers all codes that were deactivated after 1998. Information about codes deactivated or reassigned prior to that year, if needed, can be obtained through searches of individual editions of the USC&LS.

Active codes appear in the Active Codes section while codes that have been deactivated are listed in the Archived Codes section. Codes that have been reassigned to another service and are currently active appear in both sections.

Units of time

Units of time referenced in certain descriptors are periods of 15 minutes or less. A half-unit of time, which is a period of 7¹/₂ minute, is the smallest unit of time described by the USC&LS. Half units of time are not available for all services.

+L, +E and +PS

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

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

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

Standards

Where the description of a service requires the designation of the tooth or teeth involved, the

use of ISO 3950 is mandatory.

Summary of 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															

Coding instructions

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

Inclusions and exclusions

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

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

Selecting the appropriate service code

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

- Codes that end with a sequence of four zeros (X0000) are header codes used for the identification of a category of services.
- Codes that end with a sequence of three zeros (XX000) are header codes used for the identification of a class within a category of services.
- Codes that end with a sequence of two zeros (XXX00) are header codes used for the identification of a sub-class of a class of services.
- Codes that end with one zero (XXXX0) are header codes used for the identification of a service title within a sub-class of services.
- Codes that end with a numeral other than 0 are service codes.

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

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

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

The most important criteria for the identification of which code to use for the representation of a service is **factual accuracy**. Any misalignment between the service provided and the fully

specified descriptor of a code means that the code cannot be used. In cases where more than one code descriptor that accurately matches a service can be identified, the one that provides the best match must be used.

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

Except for codes in class 06000 Radiographs, which are for specialty use only, all the active service codes from the current edition of the USC&LS are available for the description of services. The code category, scope of practice, or specialty status of the dentist who provides it does not limit the use of a code.

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

Coding of restorations

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

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

Units of time

Units of time referenced in the USC&LS are periods of 15 minutes or less. For services where half units of time are coded, a half unit of time is a period of 7½ minutes or less

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

A unit of time, either half or full as appropriate, is added to the total number of units used as soon as the delivery of the service extends into the next unit of time. For example, a service

where a code for half-units of time is not available that takes between 1 and 15 minutes to deliver should be recorded as one unit of time. One that takes between 16 and 30 minutes as two units of time.

Services for which a code representing a half-unit of time is available should be recorded as the number of full units used plus one half-unit if the overage is up to 7¹/₂ minutes or the number of full units used if the overage is more than 7¹/₂ minutes. For example, if a service, for which for which a code representing a half-unit of time is available, took 17 minutes to deliver, it should be coded as one full unit and one half-unit. If the same service took 24minutes, it would be coded as two full units.

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

+L, +E and +PS

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

DIAGNOSTIC**CODE****FEE****01000-09999**

N. B. **UNITS OF TIME follows a procedure code, the designation is that of "FIFTEEN MINUTE INTERVALS"**

NOTE: It is inappropriate for any practitioner to use more than one examination code on any particular day on any particular patient.

It is recommended that the initial general examination appointment with a new patient be the LIMITED ORAL EXAMINATION procedure. If it is then evident that complex dental problems exist requiring more time for extensive examination, charting and consultation, then a COMPLETE EXAMINATION may be subsequently performed. This will allow the patient to understand the general nature of his/her problems while allowing him/her the privilege of refusing treatment before extensive diagnostic procedures are carried out. Where a limited examination is supplemented by a complete general examination, it is unreasonable to charge for both examinations.

EXAMINATIONS AND DIAGNOSIS, CLINICAL ORAL**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	42.40
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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: (a) Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	67.80
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+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

01102	Examination and Diagnosis, Complete, Mixed Dentition, to include:	
	(a) Extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100;	
	(b) Eruption sequence, tooth size-jaw size assessment	88.70
01103	Examination and Diagnosis, Complete, Permanent Dentition, to include:	
	(a) Extended examination on permanent dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	119.70

EXAMINATION AND DIAGNOSIS, LIMITED ORAL

01201	Examination and Diagnosis, Limited Oral, New Patient Examination and Diagnosis of hard and soft tissues, including checking of occlusion and appliances, but not including specific test/analysis as for 01100. (May include PSR)	43.40
01202	Examination and Diagnosis, Limited Oral, Previous Patient (recall) Examination of hard and soft tissues, including checking of occlusion and appliances, but not including specific test/analysis, as for 01100.	42.10
01204	Examination and Diagnosis, Specific Examination and evaluation of a specific situation. Not to be used as a substitute for limited exam codes (01201, 01202).	57.50
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).	57.50
01206	Analysis, Mixed Dentition	59.70

EXAMINATION AND DIAGNOSIS, STOMATOGNATHIC, DYSFUNCTIONAL

01301	Examination and Diagnosis, Stomatognathic, Dysfunctional, Comprehensive, to include:	117.80
	(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, review of previous records, including radiographs, ordering of appropriate test/analysis and consultations.	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

EXAMINATION AND DIAGNOSIS, PERIODONTAL

01501	Examination and Diagnosis, Periodontal, General Recording History, Charting, Treatment Planning and Case Presentation:	135.90
	(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	88.70

EXAMINATION AND DIAGNOSIS, PROSTHODONTIC

01701	Examination and Diagnosis, Prosthodontic, Edentulous	75.60
	(a) Extended Examination of the Edentulous Mouth, including detailed Medical and Dental History (including Prosthetic history), visual and digital examination of the oral structures, head and neck (including TMJ), lips, oral mucosa, tongue, oral pharynx, salivary glands and lymph nodes, and including evaluation for implant-supported or retained prosthesis.	

EXAMINATION AND DIAGNOSIS, ORTHODONTIC

01901	Examination and Diagnosis, Orthodontic, General, to include:	I.C.
	(a) Diagnostic models, complete intraoral radiograph series, or panoramic radiographic image, cephalograms, facial and intraoral photographs, consultation and case presentation.	

RADIOGRAPHS

(Including radiographic examination and diagnosis and interpretation)

RADIOGRAPHS, REGIONAL / LOCALIZED

(where 2-pack films are utilized, it is appropriate to add +E)

02101	Radiographs, Pedodontic, Complete Series (minimum of 12 images incl. bitewings)	118.20
02102	Radiographs, Adult, Complete Series (minimum of 16 images incl. bitewings)	128.80

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Radiographs, Periapical

02111	Single image	24.80
02112	Two images	33.80
02113	Three images	42.20
02114	Four images	48.50
02115	Five images	57.00
02116	Six images	63.30
02117	Seven images	69.30
02118	Eight images	75.40
02119	Nine images	81.20
02120	Ten images (The assignment to this service of a code ending in 0 is not aligned to the coding rules for the USC&LS. 02120 is nonetheless the appropriate code for the representation of this service)	87.00
02121	Eleven images	93.10
02122	Twelve images	99.00
02123	Thirteen images	105.00
02124	Fourteen images	111.00
02125	Fifteen images	117.00

Radiographs, Occlusal

02131	Single image	33.60
02132	Two images	51.50
02133	Three images	69.30
02134	Four images	87.00
02135	Five images	105.00
02136	Six images	122.90

Radiographs, Bitewing

02141	Single image	24.80
02142	Two images	33.80
02143	Three images	42.20
02144	Four images	48.50
02145	Five images	57.00
02146	Six images	63.30

Radiographs, Regional/localized, other

02151	Single image	38.30
02152	Two images	58.00
02153	Three images	77.70
02154	Four images	97.40
02159	Each additional image over four	19.70

Radiographs, Sialography

02401	Single image	61.40
02402	Two images	100.40
02409	Each additional image over two	41.10

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Radiographs, Temporomandibular Joint

02501	Single image	42.80
02502	Two images	67.00
02503	Three images	90.50
02504	Four images (minimum examination and diagnosis closed and open each side)	117.70
02509	Each additional image over four	19.90

Arthrography of Temporomandibular Joint

02511	Performing the arthrographic procedure	I.C.
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Interpretation of the Arthrogram

02521	One unit of time	I.C.
02529	Each additional unit of time	I.C.

Radiographs, Panoramic

02601	Single image	72.40
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Radiographs, Cephalometric

02701	Single image	72.40
02702	Two images	94.00
02703	Three images	122.50
02704	Four images	148.40
02709	Each additional image over four	25.90

Radiographs, Cephalometric, Tracing and Interpretation

02751	One unit of time	65.30
02752	Two units	130.60
02759	Each additional unit over two	65.30

Radiographs, Computerized Axial Tomograms (CT), Positron Emission Tomography (P.E.T.), Magnetic Resonance Images (M.R.I.), Interpretation (either the radiographs, CT scans, PET scans, MRI scans, or the interpretation must be received from another source.)

02801	One unit of time	65.30	+E
02802	Two units	130.60	+E
02807	Half unit of time	32.70	+E
02809	Each additional unit over two	65.30	+E

RADIOGRAPHS, OTHER**Radiographs, Duplications**

02911	Single image	12.40
02912	Two images	20.90
02913	Three images	27.60
02914	Four images	34.70
02915	Five images	41.50
02916	Six images	48.50
02917	Seven images	55.70
02918	Eight images	62.60
02919	Each additional image over eight	7.00

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Radiographic Guide (includes diagnostic wax-up, with radio-opaque markers for pre-surgical assessment of alveolar bone and vital structures as potential osseo-integrated implant site(s))

02951	Maxillary Guide	142.90	+L +E
02952	Mandibular	142.90	+L +E

TEMPLATE, SURGICAL (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants)

03001	Maxillary Template	142.90	+L +E
03002	Mandibular Template	142.90	+L +E

TEST / ANALYSIS / LABORATORY PROCEDURES / INTERPRETATION AND/OR REPORTS**Tests/Analysis, Microbiological (technical procedure only)**

04101	Microbiological Test/Analysis for the Determination of Pathological Agents	49.60	+L
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Test / Analysis, Caries Susceptibility / Diagnosis

04201	Bacteriological Test/Analysis for the Determination of Dental Caries Susceptibility (technical procedure only)	54.80	+L
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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	59.70	
04222	Two units of time	83.40	
04227	One half unit of time	30.00	
04229	Each additional unit over two	23.80	

TEST / ANALYSIS, HISTOPATHOLOGICAL (technical procedure only)**Test/Analysis, Histopathological, Soft Tissue**

04311	Biopsy, Soft Oral Tissue – by Puncture	118.00	+L
04312	Biopsy, Soft Oral Tissue – by Incision	118.00	+L
04313	Biopsy, Soft Oral Tissue – by Aspiration	118.00	+L

Test/Analysis, Histopathological, Hard Tissue

04321	Biopsy, Hard Oral Tissue – by Puncture	205.50	+L
04322	Biopsy, Hard Oral Tissue – by Incision	205.50	+L
04323	Biopsy, Hard Oral Tissue – by Aspiration	205.50	+L

Test/Analysis, Cytological (technical procedure only)

04401	Cytological Smear from the Oral Cavity	52.90	+L+E
04402	Vital Staining of Oral Mucosal Tissues (OraScan)	109.60	+E
04403	Direct Fluorescence Visualization	53.20	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Test/Analysis, Pulp Vitality and Interpretation

04501	One unit of time	72.70	
04507	1/2 unit of time	36.40	
04509	Each additional unit	72.70	

Interpretation and/or Reports (microbiological/histopathological/cytological) by a Dentist (other than a specialist in Oral Microbiology/Oral Pathology/Oral Medicine)

04621	One unit of time	76.30	+L
04629	Each additional unit of time	76.30	+L

Radiological Report

04631	One unit of time	76.30	
04639	Each additional unit of time	76.30	

Interpretation and/or Reports, Bacteriological for the Determination of Dental Caries Susceptibility

04641	One unit of time	76.30	+L
04649	Each additional unit of time	76.30	+L

SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY)**Equilibration, Casts, Diagnostic (pilot equilibration) for extensive or complicated restorative dentistry**

04711	One unit of time	72.60	+L
04712	Two units	145.20	+L
04713	Three units	217.80	+L
04714	Four units	290.40	+L
04719	Each additional unit over four	72.60	+L

Wax-up, Diagnostic (to evaluate cosmetic and/or preparation design and/or occlusal considerations) (gnathological wax-up)

04721	One unit of time	72.60	+L
04722	Two units	145.20	+L
04723	Three units	217.80	+L
04724	Four units	290.40	+L
04729	Each additional unit over four	72.60	+L

Split Cast Mounting, Diagnostic

04731	One unit of time	72.60	+L
04732	Two units	145.20	+L
04733	Three units	217.80	+L
04734	Four units	290.40	+L
04739	Each additional unit over four	72.60	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Interpretation of Diagnostic Casts

04741	One unit of time	72.60	
04749	Each additional unit	72.60	

VISUAL IMAGING, DIAGNOSTIC**Photographs, diagnostic (technical procedure only)**

04811	Single photograph	23.90	
04812	Two photos	35.50	
04813	Three photos	47.50	
04819	Each additional photo over three	11.50	

CASTS, DIAGNOSTIC (TECHNICAL PROCEDURE ONLY)**Cast, Diagnostic, Unmounted**

04911	Cast, Diagnostic, Unmounted	65.70	+L
04912	Cast, Diagnostic, Unmounted, Duplicate	31.80	+L

Casts, Diagnostic, Mounted

04921	Casts, Diagnostic, Mounted	80.90	+L
04922	Casts, Diagnostic, Mounted, using face bow transfer	114.10	+L
04923	Casts, Diagnostic, Mounted, using face bow + occlusal records	238.00	+L
04924	Casts, Diagnostic, Mounted, using fully adjustable articulator (used with 04941 and 04942)	303.10	+L

Casts, Diagnostic, Orthodontic

04931	Casts, Diagnostic, Orthodontic (unmounted, angle trimmed and soaped)	97.50	+L
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Casts, Diagnostic, Miscellaneous Procedures

04941	Transverse Axis Location and Transfer, used in conjunction with 04922, 04923 and 04924.	180.90	+L
04942	Three Dimensional Recordings of Patient's Dynamic Movements for Programming of Fully Adjustable Articulators	877.60	
04943	Custom Incisal Guide Table	73.20	+L

CASE PRESENTATION / TREATMENT PLANNING**Treatment Planning**

(This service is only for extra time spent on unusually complicated cases or where the patient demands unusual time in explanation or where diagnostic material is received from another source. Usual case presentation time and usual treatment planning time are implicit in the examination and diagnosis fee and in the radiographic interpretation fee.)

05101	One unit of time	74.90	
05102	Two units	149.80	
05103	Three units	224.70	
05104	Four units	299.60	
05109	Each additional unit over four	74.90	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Consultation, with patient

05201	One unit of time	74.90
05202	Two units	149.80
05209	Each additional unit over two	74.90

RADIOGRAPHS, CONE BEAM COMPUTERIZED TOMOGRAPHY (CBCT)

Radiographs, CBCT, Acquisition

07011	Small field of view (e.g., sextant or part of; isolated temporomandibular joint)	I.C.
07012	Large field of view (1 arch)	I.C.
07013	Large field of view (2 arches)	I.C.

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.

Radiographs, CBCT, Interpretation

07031	One unit of time	I.C.
07032	Two units of time	I.C.
07037	One half unit of time	I.C.
07039	Each additional unit over two	I.C.

Radiographs, CBCT, Acquisition, Processing and Interpretation

07041	Small field of view (e.g., sextant or part of; isolated temporomandibular joint)	I.C.
07042	Large field of view (1 arch)	I.C.
07043	Large field of view (2 arches)	I.C.

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

PREVENTION**CODE****FEE****10000– 19999**

N. B. UNITS OF TIME follows a procedure code, the designation is that of "FIFTEEN MINUTE INTERVALS"

POLISHING

11101	One unit of time	35.90
11102	Two units	71.80
11107	One half unit	18.00
11109	Each additional unit over two	35.90

SCALING

11111	One unit of time	59.50
11112	Two units	119.00
11113	Three units	178.50
11114	Four units	238.00
11115	Five units	297.50
11116	Six units	357.00
11117	One half unit	29.70
11119	Each additional unit over six	59.50

FLUORIDE TREATMENTS (whole mouth)**Topical, whole mouth, in office**

12111	Rinse	25.70
12112	Gel or Foam	26.70
12113	Varnish	28.80

FLUORIDE, CUSTOM APPLIANCES (home application)

12601	Fluoride, Custom Appliance– Maxillary Arch	98.10	+L
12602	Fluoride, Custom Appliance– Mandibular Arch	98.10	+L
12603	Fluoride, Custom Appliances– Maxillary Plus Mandibular Combined	185.40	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

MEDICATION, CUSTOM APPLIANCE

12701	Medication, Custom Appliance– Maxillary Arch	96.90	+L
12702	Medication, Custom Appliance– Mandibular Arch	96.90	+L

PREVENTIVE SERVICES, OTHER

NUTRITIONAL COUNSELLING (including: recording and analysis up to seven-day dietary intake and consultation)

13101	One unit of time	51.00
13102	Two units	102.00
13103	Three units	153.00
13104	Four units	204.00
13109	Each additional unit over four	51.00

ORAL HYGIENE INSTRUCTION / PLAQUE CONTROL (including: brushing and/or flossing and/or embrasure cleaning)

Individual Instruction (one instructor to one patient)– excluding audio-visual time

13211	One unit of time	49.00
13212	Two units	98.00
13213	Three units	147.00
13214	Four units	196.00
13217	One half unit of time	24.50
13219	Each additional unit over four	49.00

Group Instruction– excluding audio-visual time

13221	One unit of time	50.00
13222	Two units	100.00
13223	Three units	150.00
13224	Four units	200.00
13227	One half unit of time	25.00
13229	Each additional unit over four	50.00

Re-instruction (within 6 months)– excluding audio-visual time

13231	One unit of time	50.00
13232	Two units	100.00
13237	One half unit of time	25.00
13239	Each additional unit over two	50.00

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Oral Hygiene Instruction– audio-visual

13241	One unit of time	28.90	
13242	Two units	57.80	
13247	One half unit of time	14.50	
13249	Each additional unit over two	28.90	

SEALANTS, PIT AND FISSURE (Mechanical and/or chemical preparation included)

13401	First tooth	31.20	
13409	Each additional tooth same quadrant	18.60	

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	69.70	
13419	Each additional tooth same quadrant	50.40	

TOPICAL APPLICATION TO HARD TISSUE LESION(S) OF AN ANTIMICROBIAL OR REMINERALIZATION AGENT

13601	One unit of time	64.90	+E
13602	Two units of time	129.80	+E
13609	Each additional unit over two	64.90	

APPLIANCES**Appliances, Removable, Control of Oral Habits**

14101	Appliance, Maxillary	488.30	+L
14102	Appliance, Mandibular	488.30	+L
14103	Appliances, Maxillary plus Mandibular	974.90	+L

Appliances, Fixed/Cemented, Control of Oral Habits

14201	Appliance, Maxillary	557.70	+L
14202	Appliance, Mandibular	557.70	+L

CONTROL OF ORAL HABITS, MISCELLANEOUS**Motivation of Patient– Psychological Approach (e.g. thumb sucking, lip biting, etc.)**

14301	Per visit	84.30	+L
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Myofunctional Therapy (e.g. to correct mouth breathing, abnormal swallowing, tongue thrust, etc.)

14311	First unit of time per visit	90.50	+L
14312	Two units	181.00	+L
14319	Each additional unit over two	90.50	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Control of Oral Habits, Direct Approach, bonded

14321	One unit of time	90.60	
14322	Two units of time	181.20	
14329	Each additional unit of time over two	90.60	

Appliances, Control of Oral Habits– Adjustments, Repairs, Maintenance

14401	One unit of time	90.60	+L
14402	Two units of time	181.20	+L
14403	Three units of time	271.80	+L
14409	Each additional unit over three	90.60	+L

APPLIANCES, PROTECTIVE MOUTH GUARDS

14501	Appliance, Protective Mouth Guard, Preformed	57.30	
14502	Appliance, Protective Mouth Guard, Processed	84.10	+L

APPLIANCES, PERIODONTAL (see separate codes for control of Oral Habits 14000, Protective Mouth Guards 13500, TMJ 14700 and TMJ Appliances 78700)**Appliances, Periodontal (including bruxism appliance); includes Impression, Insertion and Insertion Adjustment (no post-insertion adjustments)**

14611	Maxillary Appliance	335.60	+L
14612	Mandibular Appliance	335.60	+L

Appliances, Adjustment, Repair

14621	One unit of time	90.60	+L
14622	Two units	181.20	+L
14623	Three units	271.80	+L
14629	Each additional unit over three	90.60	+L

Appliances, Reline

14631	Reline, Direct	155.40	
14632	Reline, Processed	155.40	+L

APPLIANCES, TEMPOROMANDIBULAR JOINT**Appliance, TMJ, Diagnostic and/or Therapeutic, includes Impression, Insertion and Insertion Adjustment (no post-insertion adjustments)**

14711	Maxillary Appliance	402.70	+L
14712	Mandibular Appliance	402.70	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Appliance, TMJ Intraoral Repositioning; includes Impression, Insertion and Insertion Adjustment (no post-insertion adjustments)

14721	Maxillary Appliance	402.70	+L
14722	Mandibular Appliance	402.70	+L

Appliance, TMJ, Periodic Maintenance, Adjustment, Repair

14731	One unit of time	90.60	+L
14732	Two units	181.20	+L
14733	Three units	271.80	+L
14739	Each additional unit over three	90.60	

Appliance, TMJ, Reline

14741	Reline, Direct	155.40	
14742	Reline, Processed	176.50	+L

Appliances, TMJ, Diagnostic, Implant-supported and Insertion Adjustment includes: Impression, Insertion and Insertion Adjustment (appliance construction only, no post-insertion adjustments)

14751	Maxillary Appliance	402.70	+L
14752	Mandibular Appliance	402.70	+L

Appliances, TMJ, Intra-oral Repositioning, Implant-supported includes: Impression, Insertion and Insertion Adjustment (no post-insertion adjustments)

14761	Maxillary Appliance	402.70	+L
14762	Mandibular Appliance	402.70	+L

Appliances, TMJ, Implant-supported, Periodic Maintenance, Adjustments, Repairs

14771	One unit of time	90.60	+L
14772	Two units of time	181.20	+L
14773	Three units of time	271.80	+L
14779	Each additional unit of time	90.60	+L

Appliances, TMJ, Implant-supported, Reline

14781	Reline, Direct	155.40	
14782	Reline, Indirect	176.50	+L

APPLIANCES, MYOFASCIAL PAIN DYSFUNCTION SYNDROME (conditions that originate outside the temporomandibular joint)**Appliance, Myofascial Pain Dysfunction Syndrome (to include: models, gnathological determinants)****Appliance construction only, and insertion adjustment (no post-insertion adjustments)**

14811	Maxillary Appliance	599.00	+L
14812	Mandibular Appliance	599.00	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Appliance, Myofascial Pain Dysfunction Syndrome, Periodic Maintenance, Adjustment & Repairs

14821	One unit of time	90.60	+L
14822	Two units of time	181.20	+L
14823	Three units of time	271.80	+L
14829	Each additional unit of time	90.60	+L

Appliance, Myofascial Pain Dysfunction Syndrome, Relines

14831	Reline direct	155.40	
14832	Reline, Processed	155.40	+L

Appliance, Myofascial Pain Dysfunction Syndrome, Implant-supported, Appliance Construction Only, and Insertion Adjustments (no post-insertion adjustments)

14841	Maxillary Appliance, Implant-supported	599.00	+L+E
14842	Mandibular Appliance, Implant-supported	599.00	+L+E

Appliance, Myofascial Pain Dysfunction Syndrome, Implant-supported, Periodic Maintenance, Adjustments, Repairs

14851	One unit of time	90.60	+L
14852	Two units of time	181.20	+L
14853	Three units of time	271.80	+L
14859	Each additional unit of time	90.60	+L

Appliance, Myofascial Pain Dysfunction Syndrome, Implant-supported, Relines

14861	Reline, Direct	155.40	
14862	Reline, Processed	155.40	+L

APPLIANCES, INTRAORAL, TO TREAT MEDICALLY-DIAGNOSED OBSTRUCTIVE SLEEP APNEA, SNORING, UPPER AIRWAY RESISTANCE SYNDROME (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	402.70	+L
14902	Appliance, Tongue-Retaining Device, for the Treatment of Obstructive Airway Disorders	402.70	+E

Appliance, Intraoral, for the Treatment of Obstructive Airway Disorders, Periodic Maintenance, Adjustment and Repairs

14911	One unit of time	90.60	+L
14912	Two units of time	181.20	+L
14919	Each additional unit of time	90.60	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

**Appliance, Intraoral, for the Treatment of Obstructive Airway Disorders, Monitoring
(to include monitoring 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	90.60	+L
14922	Two units of time	181.20	+L
14929	Each additional unit of time	90.60	+L

**SPACE MAINTAINERS (includes the design, separation, fabrication, insertion and where
applicable initial cementation and removal)**

Space Maintainers, Band Type

15101	Space Maintainer, Band Type, Fixed, Unilateral	180.70	+L
15102	Space Maintainer, Band Type, Fixed, Unilateral with Intra-Alveolar Attachment	214.20	+L
15103	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch)	266.70	+L
15104	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch), with Teeth Attached	300.80	+L
15105	Space Maintainer, Band Type, Fixed, Bilateral Tubes and Locking Wires	295.90	+L

Space Maintainers, Stainless Steel Crown Type

15201	Space Maintainer, Stainless Steel Crown Type, Fixed	218.40	+L
15202	Space Maintainer, Stainless Steel Crown Type, Fixed, with Intra-Alveolar Attachment	256.00	+L

Space Maintainers, Cast Type

15301	Space Maintainer, Cast Type, Fixed	346.80	+L
15302	Space Maintainer, Cast Type, Fixed, with Intra-Alveolar Attachment	392.60	+L

Space Maintainers, Acrylic, Removable

15401	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires	195.20	+L
15402	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires with Teeth	211.20	+L
15403	Space Maintainer, Acrylic Removable, No Clasps	182.80	+L

Space Maintainers, Bonded, Pontic Type

15501	Space Maintainer, Bonded, Pontic Type	196.90	+L
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Space Maintainers, Maintenance of

15601	Maintenance, Space Maintainer Appliance, to include: adjustment and/or recementation after 30 days from insertion	75.70	
15602	Maintenance, Space Maintainer Appliances, addition of clasps and/or activating wires	75.70	+L
15603	Repairs, Space Maintainer Appliances (includes recementation)	75.70	+L
15604	Removal of Fixed Space Maintainer Appliances by Second Dentist	75.70	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

ANATOMIC MODIFICATIONS (reshaping, recontouring, or occlusal modifications of a natural tooth or teeth, single or multiple restorations, or the inter-articulation of the teeth)**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	72.70
16102	Two units	145.40
16103	Three units	218.10
16104	Four units	290.80
16109	Each additional unit over four	72.70

Disking of Teeth, Interproximal

16201	One unit of time	73.20
16202	Two units	146.40
16203	Three units	219.60
16209	Each additional unit over three	73.20

Recontouring of Natural Teeth for Aesthetic Reasons

16301	One unit of time	90.60
16309	Each additional unit of time	90.60

Recontouring of Teeth for Functional Reasons (not associated with delivery of a single or multiple prosthesis)

16401	One unit of time	90.60
16409	Each additional unit of time	90.60

OCCLUSION**Occlusal Adjustment/Equilibration:**

- (a) May require several sessions;
- (b) May be used in conjunction with basic restorative treatment only when occlusal adjustment/ equilibration is not required as a result of that restoration;
- (c) Not to be used in conjunction with the delivery and post-insertion care of: fixed or removable prosthesis (50000 + 60000 code series) by the same dentist for a period of three months.

16511	One unit of time	90.60
16512	Two units	181.20
16513	Three units	271.80
16514	Four units	362.40
16517	One half unit	45.30
16519	Each additional unit over four	90.60

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

RESTORATION**CODE****FEE****20000– 29999**

N. B. UNITS OF TIME follows a procedure code, the designation is that of "FIFTEEN MINUTE INTERVALS"

NOTE: "As a separate procedure" is defined as "At a separate appointment on the same tooth"

CARIES, TRAUMA AND PAIN CONTROL

Caries/Trauma/Pain Control (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure)

20111	First tooth	112.70
20119	Each additional tooth same quadrant	106.60

Caries/Trauma/Pain Control (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support, as a separate procedure)

20121	First tooth	116.40
20129	Each additional tooth same quadrant	116.40

Trauma Control, Smoothing of Fractured Surfaces, per tooth

20131	First tooth	41.00
20139	Each additional tooth same quadrant	33.70

Pulp Capping Direct Performed in Conjunction with Permanent Restoration

20141	First tooth	39.10
20149	Each additional tooth same quadrant	24.90

RESTORATIONS, AMALGAM**RESTORATIONS, AMALGAM, PRIMARY TEETH****Restorations, Amalgam, Non-Bonded, Primary Teeth**

21111	One surface	122.80
21112	Two surfaces	155.90
21113	Three surfaces	189.10
21114	Four surfaces	209.90
21115	Five surfaces or maximum surfaces per tooth	232.10

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Restorations, Amalgam, Bonded, Primary Teeth

21121	One surface	122.80
21122	Two surfaces	155.90
21123	Three surfaces	189.10
21124	Four surfaces	209.90
21125	Five surfaces or maximum surfaces per tooth	275.90

RESTORATIONS, AMALGAM, PERMANENT TEETH**Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors**

21211	One surface	128.50
21212	Two surfaces	170.50
21213	Three surfaces	205.20
21214	Four surfaces	239.80
21215	Five surfaces or maximum surfaces per tooth	281.40

Restorations, Amalgam, Non-Bonded, Permanent Molars

21221	One surface	133.50
21222	Two surfaces	185.70
21223	Three surfaces	224.60
21224	Four surfaces	264.10
21225	Five surfaces or maximum surfaces per tooth	318.10

Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors

21231	One surface	128.50
21232	Two surfaces	170.50
21233	Three surfaces	205.20
21234	Four surfaces	239.80
21235	Five surfaces or maximum surfaces per tooth	309.00

Restorations, Amalgam, Bonded, Permanent Molars

21241	One surface	133.50
21242	Two surfaces	185.70
21243	Three surfaces	224.60
21244	Four surfaces	264.10
21245	Five surfaces or maximum surfaces per tooth	336.00

Restorations, Amalgam Cores

21301	Restorations, Amalgam Core, Non-Bonded in conjunction with crown	194.80
21302	Restorations, Amalgam Core, Bonded, in conjunction with Crown	216.40

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Pins, Retentive, per restoration (for amalgams and tooth coloured restorations)

21401	One pin	29.70
21402	Two pins	48.70
21403	Three pins	56.90
21404	Four pins	68.50
21405	Five pins or more	80.30

**Restorations made to a Tooth Supporting an Existing Partial Denture Clasp
(Additional to Restoration)**

21501	Per restoration	65.90
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RESTORATIONS, PRE-FABRICATED, FULL COVERAGE

Restorations, Pre-fabricated, Metal, Primary Teeth

22201	Primary Anterior	192.90
22211	Primary Posterior	192.90

Restorations, Pre-fabricated, Metal, Permanent Teeth

22301	Permanent Anterior	192.90
22311	Permanent Posterior	192.90

Restorations, Pre-fabricated, Plastic, Primary Teeth

22401	Primary Anterior	192.90
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Restorations, Pre-fabricated, Plastic, Permanent Teeth

22501	Permanent Anterior	192.90
22511	Permanent Posterior	192.90

Restorations, Pre-fabricated, Porcelain

22601	Primary Anterior	250.30
22611	Primary Posterior	250.30

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS**NOTE 1: CONVERSION CHART FOR BASIC RESTORATIONS**

G.V. BLACK SYSTEM	VS.	CONTINUOUS SURFACE RESTORATIONS
CLASS I	becomes	1 surface
CLASS II	becomes	2 continuous surfaces
CLASS III	becomes	2 continuous surfaces
CLASS IV	becomes	3 continuous surfaces NOT involving proximal contacts or 4 continuous surfaces when it involves proximal contacts
DOUBLE CLASS IV	becomes	5 continuous surfaces
CLASS V	becomes	1 surface
CLASS VI	becomes	1 surface

Restorations, Tooth Coloured, Permanent Anteriors, Non Bonded Technique

23101	One surface	97.40
23102	Two Surfaces	125.20
23103	Three Surfaces	163.30
23104	Four Surfaces	188.60
23105	Five Surfaces (maximum surfaces per tooth)	228.90

Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closures)

23111	One surface	145.00
23112	Two Surfaces	184.20
23113	Three Surfaces	223.40
23114	Four Surfaces	262.50
23115	Five Surfaces (maximum surfaces per tooth)	345.20

Restorations, Tooth Coloured, Veneer Applications

23121	Tooth Coloured Veneer Application, Direct chairside Pre-fabricated, Bonded	310.10
23122	Tooth Coloured Veneer Application, Non Pre-fabricated Direct Build-up, Bonded	313.90
23123	Tooth Coloured Veneer Application, Diastema Closure Interproximal only, Bonded	304.80

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

**RESTORATIONS, TOOTH COLOURED / PLASTIC WITH/WITHOUT SILVER FILINGS,
PERMANENT POSTERIOBS NON-BONDED****Permanent Bicuspids**

23211	One surface	102.40
23212	Two surfaces	123.50
23213	Three surfaces	144.60
23214	Four surfaces	182.50
23215	Five surfaces or maximum surfaces per tooth	209.10

Permanent Molars

23221	One surface	114.00
23222	Two surfaces	137.80
23223	Three surfaces	159.10
23224	Four surfaces	199.90
23225	Five surfaces or maximum surfaces per tooth	230.00

RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOBS, BONDED**Permanent Bicuspids**

23311	One surface	142.80
23312	Two surfaces	189.40
23313	Three surfaces	227.90
23314	Four surfaces	282.10
23315	Five surfaces or maximum surfaces per tooth	363.50

Permanent Molars

23321	One surface	148.30
23322	Two surfaces	206.30
23323	Three surfaces	249.50
23324	Four surfaces	310.70
23325	Five surfaces or maximum surfaces per tooth	395.20

Restorations, Tooth Coloured, Primary, Anterior, Non-Bonded

23401	One surface	90.60
23402	Two surfaces	126.20
23403	Three surfaces	169.00
23404	Four surfaces	196.30
23405	Five surfaces (maximum surfaces per tooth)	232.70

Restorations, Tooth Coloured, Primary, Anterior, Bonded Technique

23411	One surface	136.40
23412	Two surfaces	173.20
23413	Three surfaces	210.10
23414	Four surfaces	246.90
23415	Five surfaces (maximum surfaces per tooth)	324.60

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Restorations, Tooth Coloured/Plastic With/Without Silver Filings, Primary, Posterior, Non-Bonded

23501	One surface	92.00
23502	Two surfaces	138.60
23503	Three surfaces	154.90
23504	Four surfaces	195.80
23505	Five surfaces or maximum surfaces per tooth	225.80

Restorations, Tooth Coloured, Primary, Posterior, Bonded Technique

23511	One surface	138.40
23512	Two surfaces	178.20
23513	Three surfaces	215.60
23514	Four surfaces	259.40
23515	Five surfaces or maximum surfaces per tooth	338.30

Restorations, Tooth Coloured/Plastic with/without Silver Filings, Cores

23601	Restoration, Tooth Coloured, Non-Bonded Core, in Conjunction with Crown	202.50
23602	Restoration, Tooth Coloured, Bonded Core, in Conjunction with Crown	216.40

RESTORATIONS, FOIL, GOLD**Restorations, Foil, Gold, Anteriors**

24101	Class I	350.50
24103	Class V	593.00

Restorations, Foil, Gold, Posteriors

24201	Class I	350.50
24203	Class V	593.00

RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS**RESTORATIONS, INLAYS****Inlays, Metal**

25111	One surface	502.10	+L
25112	Two surfaces	597.60	+L
25113	Three surfaces	686.70	+L
25114	Three surfaces, modified	715.70	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Inlays, Composite/Compomer, Indirect (Bonded)

25121	One surface	502.10	+L
25122	Two surfaces	597.60	+L
25123	Three surfaces	686.70	+L
25124	Three surfaces, modified	715.70	+L

Inlays, Porcelain/Ceramic/Polymer Glass

25131	One surface	502.10	+L
25132	Two surfaces	597.60	+L
25133	Three surfaces	686.70	+L
25134	Three surfaces, modified	715.70	+L

Inlays, Porcelain/Ceramic/Polymer Glass (Bonded)

25141	One surface	502.10	+L
25142	Two surfaces	597.60	+L
25143	Three surfaces	686.70	+L
25144	Three surfaces, modified	715.70	+L

RESTORATIONS, ONLAYS (where one or more cusps are restored)**Onlays, Cast Metal, Indirect**

25511	Onlays, Cast Metal, Indirect	810.20	+L
25512	Onlays, Cast Metal, Indirect (Bonded external retention type)	810.20	+L

Onlays, Composite/Compomer, Processed (Bonded)

25521	Onlays, Composite/Compomer, Indirect (Bonded)	810.20	+L
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Onlays, Porcelain/Ceramic/Polymer Glass (Bonded)

25531	Onlays, Porcelain/Ceramic/Polymer Glass (Bonded)	810.20	+L
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PINS, RETENTIVE (for inlays, onlays and crowns per tooth)

25601	One pin/tooth	39.10	+L
25602	Two pins/tooth	58.00	+L
25603	Three pins/tooth	80.10	+L
25604	Four pins/tooth	104.30	+L
25605	Five or more pins/tooth	144.50	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

POSTS**Posts, Cast Metal (including core), as a separate procedure**

25711	Single section	399.50	+L
25712	Two sections	535.30	+L
25713	Three sections	607.30	+L

Posts, Cast Metal (including core), concurrent with Impression for Crown

25721	Single section	206.30	+L
25722	Two sections	295.50	+L
25723	Three sections	380.70	+L

Posts, Pre-fabricated Retentive

25731	One post	191.10	+E
25732	Two posts same tooth	300.30	+E
25733	Three posts same tooth	383.00	+E

Posts, Pre-fabricated, Retentive and Cast Core

25741	One post and cast core	297.50	+L+E
25742	Two posts (same tooth) and cast core	378.30	+L+E
25743	Three posts (same tooth) and cast core	457.30	+L+E

Posts, Pre-fabricated, with Non-Bonded Core for Crown Restoration (including pin(s) where applicable)

25751	One post, with Non-Bonded amalgam core and pin(s)	279.40	+E
25752	Two posts (same tooth), with Non-Bonded amalgam core and pins(s)	358.30	+E
25753	Three posts (same tooth), with Non-Bonded amalgam core and pins(s)	438.90	+E
25754	One post, with Non-Bonded composite core and pin(s)	313.20	+E
25755	Two posts (same tooth), with Non-Bonded composite core and pin(s)	390.30	+E
25756	Three posts (same tooth), with Non-Bonded composite core and pin(s)	472.20	+E

Posts, Pre-fabricated, with Bonded Core for Crown Restoration (including pin(s) where applicable)

25761	One post, with bonded amalgam core and pin(s)	333.70	+E
25762	Two posts (same tooth), with bonded amalgam core and pin(s)	396.80	+E
25763	Three posts (same tooth), with bonded amalgam core and pin(s)	459.60	+E
25764	One post, with bonded composite/compomer core and pin(s)	333.70	+E
25765	Two posts (same tooth), with bonded composite/compomer core and pin(s)	404.30	+E
25766	Three posts (same tooth), with bonded composite/compomer core and pin(s)	484.20	+E

Posts, Provisional

25771	Per Post	80.90	+L/+E
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+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Post Removal

25781	One unit of time	77.10
25782	Two units of time	154.20
25783	Three units of time	231.30
25784	Four units of time	308.40
25789	Each additional unit over four	77.10

MESOSTRUCTURES (a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw).**Mesostructures, Osseo-integrated, Implant-supported**

26101	Indirect, Angulated or transmucosal pre-fabricated abutment, per implant	I.C.	+L +E
26102	Indirect, Custom laboratory fabricated, per implant	I.C.	+L +E
26103	Direct (with intra-oral preparation), per implant site	I.C.	+E

CROWNS, SINGLE UNITS (only)

NOTE: The fee for single crowns usually includes provisional coverage. A separate fee for provisional coverage may be assessed when: 1) A fractured tooth requires immediate provisional coverage; 2) There will be orthodontic or periodontal treatment prior to placement of the final crown; or 3) Re-preparation is required because the final restoration could not be completed for a long period of time.

CROWNS, ACRYLIC / COMPOSITE / COMPOMER (with or without Cast or Pre-fabricated Metal Bases)**Crowns, Acrylic/Composite/Compomer, Indirect**

27111	Crown, Acrylic/Composite/Compomer, Indirect	648.90	+L
27112	Crown, Acrylic/Composite/Compomer, Indirect, Complicated (restorative, positional and/or esthetic)	I.C.	+L
27113	Crown, Acrylic/Composite/Compomer, Provisional (Long Term), Indirect (lab fabricated/relined intra-orally)	220.10	+L
27115	Crowns, Acrylic/Composite/Compomer, Indirect, Implant-supported	759.90	+L +E

Crowns, Acrylic/Composite/Compomer, Direct

27121	Crowns, Acrylic/Composite/Compomer, Direct, Provisional (chairside)	208.00	+E
27125	Crowns, Acrylic/Composite/Compomer, Direct, Provisional, Implant-supported	208.00	+E

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect

27131	Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect	646.80	+L
27135	Crown, Acrylic/Composite/Compomer/Cast Metal Base, Implant-supported	759.90	+L +E
27136	Crown, Acrylic/Composite/Compomer/Cast Metal Base with Cast Post Retention	759.90	+L
27137	Semi-Precision Rest (interlock) (in addition to Acrylic/Composite/ Compomer, Cast Metal Base Crown)	102.60	+L +E
27138	Semi-Precision or Precision Attachment RPD Retainer (in addition to Acrylic/Composite/Compomer, Cast Metal Base Crown)	102.60	+L +E

Crown, Acrylic/Composite/Compomer/Pre-fabricated Metal Base, Provisional, Direct

27145	Crown, Acrylic/Composite/Compomer/Pre-fabricated Metal base, Provisional, Implant-supported, Direct	241.70	+E
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Crown, Acrylic/Composite/Compomer/Pre-fabricated Metal Base, Provisional, Indirect

27155	Crown, Acrylic/Composite/Compomer/Pre-fabricated Metal base, Provisional, Implant-supported, Indirect	241.70	+L +E
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Crowns, Porcelain/Ceramic/Polymer Glass

27201	Crown, Porcelain/Ceramic/Polymer Glass	838.40	+L
27202	Crown, Porcelain/Ceramic/Polymer Glass, Complicated	I.C.	+L
27205	Crown, Porcelain/Ceramic/Polymer Glass, Implant-supported	838.40	+L +E
27206	Crown, Porcelain/Ceramic/Polymer Glass, with Cast Ceramic Post Retention	838.40	+L

Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base

27211	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	838.40	+L
27213	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, with Porcelain Margin	838.40	+L
27215	Crown, Porcelain/Ceramic Fused to Metal Base, Implant-supported	838.40	+L +E
27216	Crown, Porcelain/Ceramic Fused to Metal Base with Cast Metal Post Retention	838.40	+L
27217	Semi-precision Rest (Interlock) (in addition to Porcelain/Ceramic Fused to Metal Base Crown)	102.60	+L +E
27218	Semi-precision or Precision Attachment RPD Retainer (in addition to Porcelain/Ceramic Fused to Metal Base Crown)	102.60	+L +E

Crowns, 3/4 Porcelain/Ceramic/Polymer Glass

27221	Crown, 3/4 Porcelain/Ceramic/Polymer Glass	906.90	+L
27222	Crown, 3/4 Porcelain/Ceramic/Polymer Glass, Complicated	I.C.	+L

Crowns, Full, Cast Metal

27301	Crown, Full, Cast Metal	838.40	+L
27302	Crown, Full, Cast Metal, Complicated (restorative, positional)	I.C.	+L
27305	Crown, Full, Cast Metal, Implant-supported	838.40	+L +E

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Crowns, 3/4, Cast Metal

27311	Crowns, 3/4, Cast Metal	838.40	+L
27313	Crowns, 3/4, Cast Metal, with Direct Tooth Coloured Corner	993.10	+L
27317	Semi-Precision Rest (Interlock) in addition to 3/4 cast metal crown	102.60	+L +E
27318	Semi-Precision or Precision Attachment RPD Retainer (in addition to 3/4 cast metal crown)	102.60	+L +E

CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP (additional to crown)

27401	One crown	158.40	+L
27409	Each additional crown	158.40	+L

COPINGS, METAL / ACRYLIC, TRANSFER (thimble type)**Coping, Metal/Acrylic, Transfer (thimble) as a separate procedure**

27511	Coping, Metal/Acrylic, Transfer (thimble) as a separate procedure	I.C.	+L
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Copings, Metal/Acrylic, Transfer (thimble) concurrent with Impression for crown

27521	Coping, Metal/Acrylic, Transfer (thimble) concurrent with Impression for Crown	I.C.	+L
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VENEERS, LABORATORY PROCESSED

27601	Veneers, Acrylic/Composite/Compomer, Bonded	613.40	+L
27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded	624.50	+L

REPAIRS, (single units only, does not include removal and recementation)**Repairs, Inlays, Onlays or Crowns, Acrylic/Composite/Compomer (single units)**

27711	Repairs, Acrylic/Composite/Compomer, Direct	117.50	
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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	175.70	
27722	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Glass/Fused to Metal Base, Indirect	175.70	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

RESTORATIVE PROCEDURES, OVERDENTURES**Restorative Procedures, Overdentures, Direct**

28101	Natural Tooth Preparation, Placement of Pulp Chamber Restoration (amalgam or composite) and Fluoride Application Endodontically Treated Tooth	99.40	
28102	Natural Tooth Preparation and Fluoride Application, Vital Tooth	192.60	
28103	Pre-fabricated Attachment, as an Internal or External Overdenture Retentive Device, Direct to a Natural Tooth (used with the appropriate denture code) per tooth	256.40	+L/+E
28105	Implant-supported Pre-fabricated Attachment as an Overdenture Retentive Device, Direct	256.40	+L +E

RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT**Coping Crowns, Cast Metal, No Attachments, Indirect**

28211	Coping Crown, Cast Metal, No Attachments, Indirect	324.40	+L
28215	Coping Crown, Cast Metal, No Attachments, Implant-supported, Indirect	324.40	+L +E
28216	Coping Crown, Cast Metal with Cast Metal Retentive Post, No Attachments	491.30	+L +E

Coping Crown, Cast Metal, with Attachments, Indirect

28221	Coping Crown, Metal Cast, with Attachment, Indirect	534.50	+L/+E
28225	Coping Crown, Cast Metal, Implant-supported with Attachment	534.50	+L +E
28226	Coping Crown, Cast Metal with Cast Metal Retentive Post, with Attachment	586.40	+L +E

RESTORATIVE SERVICES, OTHER**Recementation/Rebonding, Inlays/Onlays/Crowns/Veneers/Posts/Natural Tooth Fragments**

29101	One unit of time	77.10	+L +E
29102	Two units	154.20	+L +E
29103	Three units	231.30	+L +E
29104	Four units	308.40	+L +E
29109	Each additional unit over four	77.10	+L +E

Re-Insertion/Recementation, Implant-supported Crown

29111	One unit of time	77.10	+L +E
29112	Two units	154.20	+L +E
29113	Three units	231.30	+L +E
29114	Four units	308.40	+L +E
29119	Each additional unit over four	77.10	+L +E

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

REMOVAL, INLAY / ONLAYS / CROWNS / VENEERS (single units only)

29301	One unit of time	77.10
29302	Two units	154.20
29303	Three units	231.30
29304	Four units	308.40
29309	Each additional unit over four	77.10

Removal, Implant-supported Crowns (single units only)

29311	One unit of time	77.10
29312	Two units	154.20
29313	Three units	231.30
29314	Four units	308.40
29319	Each additional unit over four	77.10

Removal, Mesostructure (to be reseated)

29321	One unit of time	77.10
29322	Two units	154.20
29323	Three units	231.30
29324	Four units	308.40
29329	Each additional unit over four	77.10

Removal of Compromised Mesostructure (to be replaced)

29331	One unit of time	77.10
29332	Two units	154.20
29333	Three units	231.30
29334	Four units	308.40
29339	Each additional unit over four	77.10

**Removal and Replacement of Healing Abutment with a New Healing Abutment
(to stimulate improved gingival emergence profile)**

29341	One unit of time	77.10	+E
29342	Two units	154.20	+E
29343	Three units	231.30	+E
29344	Four units	308.40	+E
29349	Each additional unit over four	77.10	

Removal, Fractured Implant-supported Crown Retaining Screw

29351	One unit of time	77.10
29352	Two units	154.20
29353	Three units	231.30
29354	Four units	308.40
29359	Each additional unit over four	77.10

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

STAINING, PORCELAIN (chairside)

29401	One unit of time	77.10	+L
29402	Two units	154.20	+L
29403	Three units	231.30	+L
29404	Four units	308.40	+L
29409	Each additional unit over four	77.10	

CROWN, IMPLANT-SUPPORTED, IMPRESSION ONLY

(by a dentist other than the restorative dentist, and during the first or second stages of implant surgery)

29501	One unit of time	I.C.	+L/+E
29509	Each additional unit of time	I.C.	+L/+E

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

ENDODONTICS**CODE****FEE****30000– 39999**

N. B. UNITS OF TIME follows a procedure code, the designation is that of "FIFTEEN MINUTE INTERVALS"

PULP CAPPING (refer to code 20100)**PULP CHAMBER, TREATMENT OF (excluding final restoration)****PULPOTOMY****Pulpotomy, Permanent Teeth (as a Separate Emergency Procedure)**

32221	Anterior and Bicuspid Teeth	133.50
32222	Molar Teeth	170.60

Pulpotomy, Primary Teeth

32231	Primary Tooth as a Separate Procedure	106.60
32232	Primary Tooth, Concurrent with Restorations (but excluding final restoration)	96.10

PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)**Pulpectomy, Permanent Teeth/Retained Primary Teeth**

32311	One Canal	180.20
32312	Two Canals	256.40
32313	Three Canals	293.60
32314	Four Canals or more	338.70
32315	Exceptional anatomy/difficult access in addition to 32311-32314	77.10

Pulpectomy, Primary Teeth

32321	Anterior Tooth	119.20
32322	Posterior Tooth	130.20

If an EMERGENCY PULPOTOMY and/or an EMERGENCY PULPECTOMY have been performed on the same tooth by the same practitioner within a three month period, the fee for the subsequent root canal therapy should be reduced by one half the amount of the practitioner's fee for the pulpotomy and/or pulpectomy.

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

ROOT CANAL THERAPY

To include: treatment plan, clinical procedures (i.e., pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs and excluding final restoration.

ROOT CANALS, PERMANENT TEETH / RETAINED PRIMARY TEETH

(Includes: Clinical procedures with appropriate radiographs, excluding final restoration.)

DEFINITIONS:

- Uncomplicated:** Virtually straight canal penetrated by size #15 file
- Difficult Access:** Limited jaw opening, unfavourable tooth inclination, through complex restorations e.g. crowns, post/core build-ups
- Exceptional Anatomy:** Canal size same as uncomplicated, but made complicated by virtue of shape and anatomy e.g. dilacerated, s-shaped, arborized, taurodont, dens-in-dente or partially-developed roots, internal/external resorption
- Calcified Canals:** Unable to penetrate with size #10 file and not clearly discernable on a radiograph
- Re-Treatment:** Re-treatment of previously completed therapy
- Continuing Treatment:** Treatment having been aborted by referring/previous dentist due to blocked canals, ledged canals, zipped canals, separated instruments, perforations, etc.

Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal

33111	One canal	533.90
33112	Difficult Access	525.40
33113	Exceptional Anatomy	554.90
33114	Calcified Canal	554.90
33115	Re-treatment of Previously Completed Therapy	605.70
33116	Continuing Treatment having been Aborted by Referring/Previous Dentist	605.70

Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals

33121	Two canals	751.80
33122	Difficult Access	768.60
33123	Exceptional Anatomy	768.60
33124	Calcified Canals	768.60
33125	Re-treatment of Previously Completed Therapy	833.10
33126	Continuing Treatment having been Aborted by Referring/Previous Dentist	833.10

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals

33131	Three canals	972.30
33132	Difficult Access	1007.10
33133	Exceptional Anatomy	1007.10
33134	Calcified Canals	1007.10
33135	Re-treatment of Previously Completed Therapy	1076.70
33136	Continuing Treatment having been Aborted by Referring/Previous Dentist	1076.70

Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals

33141	Four or more canals	1182.80
33142	Difficult Access	1212.50
33143	Exceptional Anatomy	1212.50
33144	Calcified Canals	1212.50
33145	Re-treatment of Previously Completed Therapy	1282.10
33146	Continuing Treatment having been Aborted by Referring/Previous Dentist	1282.10

ROOT CANALS, PRIMARY TEETH

33401	One canal	251.00
33402	Two canals	298.90
33403	Three canals or more	420.60

**APEXIFICATION / APEXOGENESIS / INDUCTION OF HARD TISSUE REPAIR
(to include biomechanical preparation and placement of dentogenic media)**

33601	One canal	249.40
33602	Two canals	317.20
33603	Three canals	451.00
33604	Four canals or more	603.20
33605	Difficult access in addition to 33601-33604	85.40

Re-insertion of Dentogenic Media per visit

33611	One canal	97.10
33612	Two canals	117.50
33613	Three canals	148.50
33614	Four canals or more	170.60

Obturation of Apexified Canal

33621	One canal	498.90
33622	Two canals	627.70
33623	Three canals	878.20
33624	Four canals and more	1032.30

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

PERIAPICAL SERVICES**APICOECTOMY / APICAL CURETTAGE****Maxillary Anterior**

34111	One root	317.20
34112	Two roots	451.00

Maxillary Bicuspid

34121	One root	348.20
34122	Two roots	467.50
34123	Three roots	562.50

Maxillary Molar

34131	One root	379.50
34132	Two roots	483.90
34133	Three roots	530.00
34134	Four or more roots	773.80

Mandibular Anterior

34141	One root	335.40
34142	Two or more roots	467.50

Mandibular Bicuspid

34151	One root	368.40
34152	Two roots	487.80
34153	Three or more roots	502.20

Mandibular Molar

34161	One root	398.00
34162	Two roots	502.50
34163	Three roots	550.20
34164	Four or more roots	773.80

RETROFILLING (AS A SEPARATE PROCEDURE): The procedure of apicoectomy/apical curettage does not include the retrofilling. Therefore, when a retrofilling is placed, the following procedure codes are used in addition to the procedure codes for the apicoectomy/apical curettage.

Maxillary Anterior

34211	One canal	111.00
34212	Two or more canals	132.60

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Maxillary Bicuspid

34221	One canal	131.60
34222	Two canals	160.10
34223	Three canals	176.90
34224	Four or more canals	323.80

Maxillary Molar

34231	One Canal	160.10
34232	Two canals	176.90
34233	Three canals	231.80
34234	Four or more canals	304.40

Mandibular Anterior

34241	One canal	117.10
34242	Two or more canals	148.20

Mandibular Bicuspid

34251	One canal	131.60
34252	Two canals	160.10
34253	Three canals	176.90
34254	Four or more canals	323.80

Mandibular Molar

34261	One canal	160.10
34262	Two canals	176.90
34263	Three canals	231.80
34264	Four or more canals	304.40

SURGICAL SERVICES, MISCELLANEOUS**Amputations, Root (includes recontouring tooth and furca)**

34411	One root	346.00
34412	Two roots	423.70

Hemisection

34421	Maxillary Bicuspid	203.50
34422	Maxillary Molar	244.60
34423	Mandibular Molar	244.60

Decompression, Perio-Radicular Lesion

34431	First visit	296.60
34432	Each additional visit	147.10

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Surgery, Endodontic, Exploratory

34441	Maxillary Anterior	269.80
34442	Maxillary Bicuspid	302.30
34443	Maxillary Molar	367.70
34444	Mandibular Anterior	269.80
34445	Mandibular Bicuspid	302.30
34446	Mandibular Molar	367.70

Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional)

34451	Single rooted tooth	301.90
34452	Two rooted tooth	449.70
34453	Three rooted tooth or more	585.20

PERFORATIONS**Perforations/Resorptive Defects, Pulp Chamber or Root Repair, Non-Surgical**

34511	Per tooth	155.30
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Perforations/Resorptive Defect(s), Pulp Chamber Repair or Root Repair, Surgical

34521	Anterior tooth	I.C.
34522	Bicuspid tooth	I.C.
34523	Molar tooth	I.C.

ENLARGEMENT, CANAL AND/OR PULP CHAMBER (Preparation of Post Space)

34601	In previously-filled tooth when root canal treatment done by another practitioner	71.90
34602	In calcified canals	94.60

ENDODONTIC, PROCEDURES, MISCELLANEOUS**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)	139.60
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Open and Drain (Separate Emergency Procedures)

39201	Anteriors and Bicuspids	99.70
39202	Molars	99.70

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Opening Through Artificial Crown (in addition to Procedures)

39211	Anteriors and Bicuspids	88.30
39212	Molars	100.00

BLEACHING, NON VITAL

Bleaching Endodontically Treated Tooth/Teeth

39311	One unit of time	74.80
39312	Two units	149.60
39313	Three units	224.40
39319	Each additional unit over three	74.80

EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY-TREATED TOOTH

Exploratory Access

39411	Anterior	125.60
39412	Bicuspid	182.50
39413	Molar	267.20

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

PERIODONTICS**CODE****FEE****40000– 49999**

N. B. **UNITS OF TIME follows a procedure code, the designation is that of "FIFTEEN MINUTE INTERVALS"**

PERIODONTAL SERVICES, NON SURGICAL**ORAL DISEASE, Management of**

Oral Manifestation, Oral Mucosal Disorders. Mucocutaneous disorders and diseases of localized mucosal conditions, e.g. lichen planus, aphthous stomatitis, benign mucous membrane pemphigoid, pemphigus, salivary gland tumors, leukoplakia with and without dysphasia, neoplasms, hairy leukoplakia, polyps, verrucae, fibroma, etc.

41211	One unit of time	77.10
41212	Two units	154.20
41213	Three units	231.30
41214	Four units	308.40
41219	Each additional unit over four	77.10

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, dyskinesia, post-injection trismus, muscular and joint pain syndromes.

41221	One unit of time	77.10
41222	Two units	154.20
41223	Three units	231.30
41224	Four units	308.40
41229	Each additional unit over four	77.10

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	77.10
41232	Two units	154.20
41233	Three units	231.30
41234	Four units	308.40
41239	Each additional unit over four	77.10

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

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	41.10
41302	Two units	80.90
41309	Each additional unit over two	34.90

PERIODONTAL SERVICES, SURGICAL

(Includes local anesthetic, 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 a group of teeth or in some cases a single tooth.)

PERIODONTAL SURGERY, GINGIVAL CURETTAGE

Surgical Curettage, to Include Definitive Debridement About an Implant – Affected by Peri-implant Inflammation or Infection

42121	Per site	337.00
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Periodontal Surgery, Gingivoplasty

(Does not include limited re-contouring to facilitate restorative services)

42201	Per sextant	375.70
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Periodontal Surgery, Gingivoplasty – Around an Implant

42211	Per site	375.70
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PERIODONTAL SURGERY, GINGIVECTOMY

(The procedure by which gingival deformities are reduced and reshaped 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)

Gingivectomy, Uncomplicated

42311	Per sextant	400.30
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Gingivectomy, Complicated

42321	Per sextant	448.90
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Gingival Fiber Incision (Supra Crestal Fibrotomy)

42331	First tooth	89.20
42339	Each additional tooth	68.00

Soft Tissue Re-contouring for Crown Lengthening

42341	Limited re-contouring of tissue per tooth	247.50
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+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

PERIODONTAL SURGERY, FLAP APPROACH**Flap Approach, with Osteoplasty/Ostectomy**

42411	Per sextant	841.90
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Flap Approach, with Curettage of Osseous Defect

42421	Per sextant	841.90
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Flap Approach, with Curettage of Osseous Defect and Osteoplasty

42431	Per sextant	944.20
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Flap Approach, with Osteoplasty/Ostectomy for Crown Lengthening

42451	Per site	841.90
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Flap Approach, with Curettage of an Osseous Defect About a Failing Implant

42461	Per site	841.90
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PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE**Grafts, Soft Tissue, Pedicle (including apically or lateral sliding and rotated flaps)**

42511	Per site	666.70
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42512	Periosteal stimulation in addition to 42511	I.C.
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Grafts, Soft Tissue, Pedicle (Coronally Positioned)

42521	Per site	659.30
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42522	Periosteal stimulation in addition to 42521	I.C.
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Grafts, Free Soft Tissue

42531	Per site	533.60
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Grafts, Free Soft Tissue, Adjacent to an Implant

42536	Adjacent to Implant / Per site	533.60
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Grafts, for root or implant coverage

42551	Autograft (free connective tissue), for root coverage; includes harvesting from donor site – per site	690.20
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42552	Allograft, for root coverage – per site	533.60	+E
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+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Grafts, Free Connective Tissue, Adjacent to an Implant

42556	Autograft (free connective tissue), adjacent to an implant; includes harvesting from donor site – per site	690.20	
42557	Allograft, adjacent to an implant– per site	533.60	+E

Grafts, for Ridge Augmentation

42561	Autograft (free connective tissue); includes harvesting from donor site – per site	690.20	
42562	Allograft– per site	533.60	+E

Grafts, Connective Tissue, Pedicle with Free Graft for Root Coverage

42571	Per site	690.20	
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Grafts, Gingival Onlay (for Ridge Augmentation)

42581	Per site	690.20	
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PERIODONTAL SURGERY, FLAPS, GRAFTS, OSSEOUS TISSUE**Grafts, Osseous, Autograft (including Flap Entry, Closure and Donor Site)**

42611	Per site	1004.40	
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Grafts, Osseous, Allograft (including Flap Entry and Closure)

42621	Per site	886.60	+E
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GUIDED TISSUE REGENERATION

42701	Guided Tissue Regeneration, Non-resorbable Membrane, per site	479.70	+E
42702	Guided Tissue Regeneration, Resorbable Membrane, per site	479.70	+E
42703	Guided Tissue Regeneration, Non-resorbable Membrane, Surgical re-entry for Removal	I.C.	

PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES**Proximal Wedge Procedure (as a separate procedure)**

42811	With Flap Curettage, per site	379.40	
42819	With Flap Curettage and Osteotomy/Osteoplasty, per site	440.30	

Post Surgical Periodontal Treatment Visit per Dressing Change

42821	One unit of time	77.10	
42822	Two units	154.20	
42823	Three units	231.30	
42829	Each additional unit over three	77.10	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Periodontal Abscess or Pericoronitis, includes any of the following procedures:**Lancing, Scaling, Curettage, Surgery or Medication**

42831	One unit of time	77.10
42832	Two units	154.20
42833	Three units	231.30
42834	Four units	308.40
42839	Each additional unit over four	77.10

Flap Approach for Creation of Interdental Papillae

42841	Per site	I.C.
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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.)

PERIODONTAL SPLINT OR LIGATION, INTRA CORONAL

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

"A" Splint (restorative material plus wire, fibre ribbon or rope)

43111	Per joint	99.90	+E
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PERIODONTAL SPLINT OR LIGATION, EXTRA CORONAL**Bonded Joint Restorations**

43211	Per joint	97.70	+E
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Bonded, Interproximal Enamel Splint

43221	Per joint	97.20
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Wire Ligation

43231	Per joint	68.20
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Wire Ligation, Restorative Material Covered

43241	Per joint	105.50
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Dental Floss Ligation

43251	Per joint	I.C.
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Orthodontic Band Splint

43261	Per band	74.70	+E
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+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Cast/Soldered/Ceramic/Polymer Glass/Wire/Fibre Ribbon, Splint Bonded

43271	Indirect, Per abutment	238.70	+L
43272	Direct, Per abutment	238.70	+E

Removal of Fixed Periodontal Splints

43281	One unit of time	77.10	
43289	Each additional unit of time	77.10	

ROOT PLANING, PERIODONTAL**Root Planing**

43421	One unit of time	66.10	
43422	Two units	132.20	
43423	Three units	198.30	
43424	Four units	264.40	
43425	Five units	330.50	
43426	Six units	396.60	
43427	One half unit	33.10	
43429	Each additional unit over six	66.10	

CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS**Chemotherapeutic and/or antimicrobial agents, topical application**

43511	One unit of time	65.50	
43519	Each additional unit of time	65.50	

Chemotherapeutic and/or antimicrobial therapy, intra-sulcular application

43521	One unit of time	77.10	+E
43529	Each additional unit of time	77.10	+E

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

PERIODONTAL SERVICES, MISCELLANEOUS

PERIODONTAL RE-EVALUATION/EVALUATION

Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner.

49101	One unit of time	72.60
49102	Two units	145.20
49109	Each additional unit over two	72.60

SOFT TISSUE PROSTHESIS

49301	Gingival Mask (Removable appliance to mask unaesthetic embrasures)	I.C.	+L
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Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 PROSTHESIS MAXILLOFACIAL, OTHER, code 57372 Gingival Prosthesis + L)

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

PROSTHODONTICS-REMOVABLE**CODE****50000****FEE**

N. B. UNITS OF TIME follows a procedure code, the designation is that of "FIFTEEN MINUTE INTERVALS"

DENTURES, COMPLETE (includes: impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including three months post insertion care.)

Dentures, Complete, Standard

51101	Maxillary	797.60	+L
51102	Mandibular	962.20	+L
51103	Maxillary plus Mandibular (combined)	1890.00	+L
51104	Liners, Processed, Resilient in addition to above	102.90	

Dentures, Complete, Complex

51201	Maxillary	1009.50	+L
51202	Mandibular	1188.70	+L
51203	Maxillary plus Mandibular (combined)	2125.10	+L
51204	Liners, Processed, Resilient in addition to above	102.90	

Dentures, Surgical, Standard (Immediate)**(includes first tissue conditioner, but not a processed reline)**

51301	Maxillary	956.70	+L
51302	Mandibular	1045.50	+L
51303	Maxillary plus Mandibular (combined)	2094.30	+L

Dentures, Surgical Complex (Immediate)**(includes first tissue conditioner, but not a processed reline)**

51401	Maxillary	1259.10	+L
51402	Mandibular	1369.10	+L
51403	Maxillary plus Mandibular (combined)	2304.10	+L

Dentures, Complete, Provisional

51601	Maxillary	521.70	+L
51602	Mandibular	668.40	+L
51603	Maxillary plus Mandibular (combined)	881.70	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

**Dentures, Complete, Surgical (Immediate), Provisional
(includes first tissue conditioner, but not a processed reline)**

51611	Maxillary	620.40	+L
51612	Mandibular	754.60	+L
51613	Maxillary plus Mandibular (combined)	1026.20	+L

**DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY NATURAL
TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS**

**Dentures, Complete, Overdentures, Tissue Borne, supported by Natural Teeth with or without
Coping Crowns, no Attachments**

51711	Maxillary	1045.80	+L
51712	Mandibular	1122.50	+L
51713	Maxillary plus Mandibular (combined)	2209.50	+L

**Dentures, Complete, Overdentures, Tissue Borne, supported by Implants with or without Coping
Crowns, no Attachments**

51721	Maxillary	1045.80	+L
51722	Mandibular	1122.50	+L
51723	Maxillary plus Mandibular (combined)	1973.70	+L

**Dentures, Complete, Overdentures, Tissue Borne, supported by a combination of Natural Teeth
and Implants with or without Coping Crowns, no Attachments**

51731	Maxillary	1045.80	+L
51732	Mandibular	1122.50	+L
51733	Maxillary plus Mandibular (combined)	1973.70	+L

**DENTURES, COMPLETE, OVERDENTURES (IMMEDIATE), TISSUE BORNE, SUPPORTED
BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS,
NO ATTACHMENTS**

**Dentures, Complete, Overdentures (Immediate), Tissue Borne, supported by Natural Teeth
with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a
processed reline)**

51811	Maxillary	1045.80	+L
51812	Mandibular	1122.50	+L
51813	Maxillary plus Mandibular (combined)	1973.70	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Dentures, Complete, Overdentures (Immediate), Tissue Borne, supported by Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline)

51821	Maxillary	1045.80	+L
51822	Mandibular	1122.50	+L
51823	Maxillary plus Mandibular (combined)	1973.70	+L

Dentures, Complete, Overdentures (Immediate), Tissue Borne, 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)

51831	Maxillary	1045.80	+L
51832	Mandibular	1122.50	+L
51833	Maxillary plus Mandibular (combined)	1973.70	+L

DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS

Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments secured to Natural Teeth with or without Coping Crowns

51911	Maxillary	1334.50	+L
51912	Mandibular	1419.40	+L
51913	Maxillary plus Mandibular (combined)	2511.50	+L

Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments secured to Implants with or without Coping Crowns

51921	Maxillary	1334.50	+L
51922	Mandibular	1419.40	+L
51923	Maxillary plus Mandibular (combined)	2511.50	+L

Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments secured to a combination of Natural Teeth and Implants with or without Coping Crowns

51931	Maxillary	1334.50	+L
51932	Mandibular	1419.40	+L
51933	Maxillary plus Mandibular (combined)	2511.50	+L

Dentures, Complete, Overdentures, Tissue Borne, with retention from a Retentive Bar, secured to Coping Crowns supported by Natural Teeth

51941	Maxillary	1334.50	+L
51942	Mandibular	1419.40	+L
51943	Maxillary plus Mandibular (combined)	2511.50	+L

+L = Laboratory procedures extra
 +E = Expenses extra
 I.C. = Independent Consideration

Dentures, Complete, Overdentures, Tissue Borne, with retention from a Retentive Bar, secured to Coping Crowns supported by Implants

51951	Maxillary	1334.50	+L
51952	Mandibular	1419.40	+L
51953	Maxillary plus Mandibular (combined)	2511.50	+L

Dentures, Complete, Overdentures, Tissue Borne, with retention from a Retentive Bar, secured to Coping Crowns supported by a combination of Natural Teeth and Implants (see 62105 for Retentive Bar)

51961	Maxillary	1334.50	+L
51962	Mandibular	1419.40	+L
51963	Maxillary plus Mandibular (combined)	2511.50	+L

DENTURES, PARTIAL, ACRYLIC**Dentures, Partial, Acrylic Base (Provisional) (with or without Clasps)**

52101	Maxillary	354.20	+L
52102	Mandibular	354.20	+L
52103	Maxillary plus Mandibular (combined)	600.10	+L

Dentures, Partial, Acrylic Base (Immediate)**(includes first tissue conditioner, but not a processed reline)**

52111	Maxillary	405.40	+L
52112	Mandibular	405.40	+L
52113	Maxillary plus Mandibular (combined)	703.00	+L

Dentures, Partial, Acrylic Base (Immediate), Provisional (with or without Clasps)**(includes first tissue conditioner, but not a processed reline)**

52121	Maxillary	385.70	+L
52122	Mandibular	385.70	+L
52123	Maxillary plus Mandibular (combined)	703.00	+L

Dentures, Partial, Acrylic, Resilient Retainer

52201	Maxillary	586.80	+L
52202	Mandibular	586.80	+L
52203	Maxillary plus Mandibular (combined)	1069.40	+L

Dentures, Partial, Acrylic, Resilient Retainer (Immediate)**(includes first tissue conditioner, but not a processed reline)**

52211	Maxillary	705.20	+L
52212	Mandibular	705.20	+L
52213	Maxillary plus Mandibular (combined)	1232.30	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests

52301	Maxillary	592.70	+L
52302	Mandibular	592.70	+L
52303	Maxillary plus Mandibular (combined)	1210.40	+L

**Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests (Immediate)
(includes first tissue conditioner, but not a processed reline)**

52311	Maxillary	754.70	+L
52312	Mandibular	754.70	+L
52313	Maxillary plus Mandibular (combined)	1255.80	+L

Dentures, Partial, Acrylic, with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests

52401	Maxillary	681.30	+L
52402	Mandibular	681.30	+L
52403	Maxillary plus Mandibular (combined)	1253.70	+L

**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	779.80	+L
52412	Mandibular	779.80	+L
52413	Maxillary plus Mandibular (combined)	1281.10	+L

Dentures, Partial, (Flexible, Non Metal, Non Acrylic)

52511	Maxillary	536.30	+L
52512	Mandibular	536.30	+L
52513	Maxillary plus Mandibular (combined)	977.50	+L

**DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST / WROUGHT CLASPS
AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT
COPING CROWNS, NO ATTACHMENTS****Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests supported by
Natural Teeth with or without Coping Crowns, no Attachments**

52711	Maxillary	779.80	+L
52712	Mandibular	779.80	+L
52713	Maxillary plus Mandibular (combined)	1281.10	+L

**Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, supported by
Implants with or without Coping Crowns, no Attachments**

52721	Maxillary	779.80	+L
52722	Mandibular	779.80	+L
52723	Maxillary plus Mandibular (combined)	1281.10	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

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	867.10	+L
52732	Mandibular	867.10	+L
52733	Maxillary plus Mandibular (combined)	1528.90	+L

DENTURES, PARTIAL, OVERDENTURES (IMMEDIATE), ACRYLIC, WITH CAST / WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS**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	814.00	+L
52812	Mandibular	814.00	+L
52813	Maxillary plus Mandibular (combined)	1409.40	+L

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	814.00	+L
52822	Mandibular	814.00	+L
52823	Maxillary plus Mandibular (combined)	1409.40	+L

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	902.00	+L
52832	Mandibular	902.00	+L
52833	Maxillary plus Mandibular (combined)	1598.50	+L

DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST / WROUGHT CLASPS AND/OR RESTS SECURED BY NATURAL TEETH OR IMPLANTS**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	I.C.	+L
52912	Mandibular	I.C.	+L
52913	Maxillary plus Mandibular (combined)	I.C.	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments secured to Implants with or without Coping Crowns

52921	Maxillary	I.C.	+L
52922	Mandibular	I.C.	+L
52923	Maxillary plus Mandibular (combined)	I.C.	+L

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 25761 (Mesostructures), or 28215, 28216 (Cast Metal Coping Crowns) with or without Attachments]

52931	Maxillary	I.C.	+L
52932	Mandibular	I.C.	+L
52933	Maxillary plus Mandibular (combined)	I.C.	+L

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	I.C.	+L
52942	Mandibular	I.C.	+L
52943	Maxillary plus Mandibular (combined)	I.C.	+L

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	I.C.	+L
52952	Mandibular	I.C.	+L
52953	Maxillary plus Mandibular (combined)	I.C.	+L

Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, secured to Coping Crowns supported by a combination of Natural Teeth and Implants (see 62105 for Retentive Bar)

52961	Maxillary	I.C.	+L
52962	Mandibular	I.C.	+L
52963	Maxillary plus Mandibular (combined)	I.C.	+L

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

53101	Maxillary	1058.80	+L
53102	Mandibular	1058.80	+L
53103	Maxillary plus Mandibular (combined)	2233.80	+L
53104	Altered Cast Impression technique in conjunction with 53101, 53102 and 53103	105.30	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests (Immediate)**(includes first tissue conditioner, but not a processed reline)**

53111	Maxillary	1257.10	+L
53112	Mandibular	1257.10	+L
53113	Maxillary plus Mandibular (combined)	2349.60	+L

DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME / CONNECTOR, CLASPS AND RESTS

53201	Maxillary	1000.60	+L
53202	Mandibular	1000.60	+L
53203	Maxillary plus Mandibular (combined)	2072.80	+L
53205	Unilateral, one piece casting, clasps and pontics	439.20	+L

Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests (Immediate)**(includes first tissue conditioner, but not a processed reline)**

53211	Maxillary	1208.30	+L
53212	Mandibular	1208.30	+L
53213	Maxillary plus Mandibular (combined)	2220.30	+L
53215	Unilateral, One Piece Casting, Clasps and Pontics	507.50	+L

Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests (Equilibrated)

53221	Maxillary	1450.20	+L
53222	Mandibular	1450.20	+L
53223	Maxillary plus Mandibular (combined)	2486.70	+L

DENTURES, PARTIAL, CAST, PRECISION ATTACHMENTS

53401	Maxillary	1518.70	+L
53402	Mandibular	1518.70	+L
53403	Maxillary plus Mandibular (combined)	2734.20	+L

DENTURES, PARTIAL, CAST, SEMI-PRECISION ATTACHMENTS

53501	Maxillary	I.C.	+L
53502	Mandibular	I.C.	+L
53503	Maxillary plus Mandibular (combined)	I.C.	+L

DENTURES, CAST PARTIAL, STRESS BREAKER ATTACHMENTS**Denture, Cast Partial, Maxillary, Stress Breaker Attachments**

53611	Maxillary (resilient)	I.C.	+L
53612	Maxillary (one hinge)	I.C.	+L
53613	Maxillary (two hinges)	I.C.	+L
53614	Altered Cast Impression Technique done in conjunction with the above mentioned codes	146.30	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Dentures, Cast Partial, Mandibular, Stress Breaker Attachments

53621	Mandibular (resilient)	I.C.	+L
53622	Mandibular (one hinge)	I.C.	+L
53623	Mandibular (two hinges)	I.C.	+L
53624	Altered Cast Impression Technique done in conjunction with the above mentioned codes	146.30	

DENTURES, PARTIAL, CAST, OVERDENTURES, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS**Dentures, Partial, Cast, Overdentures, supported by Natural Teeth with or without Coping Crowns, no Attachments**

53711	Maxillary	1128.30	+L
53712	Mandibular	1128.30	+L
53713	Maxillary plus Mandibular (combined)	2164.90	+L
53714	Altered Cast Impression technique done in conjunction with the above mentioned codes	146.30	

Dentures, Partial, Casts, Overdentures, supported by Implants with or without Coping Crowns, no Attachments

53721	Maxillary	1128.30	+L
53722	Mandibular	1128.30	+L
53723	Maxillary plus Mandibular (combined)	2164.90	+L
53724	Altered Cast Impression technique done in conjunction with the above mentioned codes	146.30	

Dentures, Partial, Casts, Overdentures, supported by a combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments

53731	Maxillary	1128.30	+L
53732	Mandibular	1128.30	+L
53733	Maxillary plus Mandibular (combined)	2164.90	+L
53734	Altered Cast Impression technique done in conjunction with the above mentioned codes	146.30	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

DENTURES, PARTIAL, CAST, OVERDENTURES (IMMEDIATE), SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS**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	1240.70	+L
53812	Mandibular	1240.70	+L
53813	Maxillary plus Mandibular (combined)	2398.40	+L
53814	Altered Cast Impression technique done in conjunction with the above mentioned codes	146.30	

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	1240.70	+L
53822	Mandibular	1240.70	+L
53823	Maxillary plus Mandibular (combined)	2398.40	+L
53824	Altered Cast Impression technique done in conjunction with the above mentioned codes	146.30	

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	1240.70	+L
53832	Mandibular	1240.70	+L
53833	Maxillary plus Mandibular (combined)	2398.40	+L
53834	Altered Cast Impression technique done in conjunction with the above mentioned codes	146.30	

DENTURES, PARTIAL, CAST, OVERDENTURES, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS**Dentures, Partial, Cast, Overdentures, with Independent Attachments secured to Natural Teeth, with or without Coping Crowns**

53911	Maxillary	1445.10	+L
53912	Mandibular	1445.10	+L
53913	Maxillary plus Mandibular (combined)	2734.20	+L
53914	Altered Cast Impression Technique done in conjunction with the above mentioned codes	146.30	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Dentures, Partial, Cast, Overdentures, with Independent Attachments secured to Implants, with or without Coping Crowns

53921	Maxillary	1445.10	+L
53922	Mandibular	1445.10	+L
53923	Maxillary plus Mandibular (combined)	2734.20	+L
53924	Altered Cast Impression technique done in conjunction with the above mentioned codes	146.30	

Dentures, Partial, Cast, Overdentures, with Independent Attachments secured to a combination of Natural Teeth and Implants, with or without Coping Crowns

53931	Maxillary	1445.10	+L
53932	Mandibular	1445.10	+L
53933	Maxillary plus Mandibular (combined)	2734.20	+L
53934	Altered Cast Impression technique done in conjunction with the above mentioned codes	146.30	

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	1445.10	+L
53942	Mandibular	1445.10	+L
53943	Maxillary plus Mandibular (combined)	2734.20	+L

Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, secured to Coping Crowns supported by Implants (see 62105 for Retentive Bar)

53951	Maxillary	1445.10	+L
53952	Mandibular	1445.10	+L
53953	Maxillary plus Mandibular (combined)	2734.20	+L
53954	Altered Cast Impression Technique done in conjunction with the above mentioned codes	146.30	

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	1445.10	+L
53962	Mandibular	1445.10	+L
53963	Maxillary plus Mandibular (combined)	2734.20	+L
53964	Altered Cast Impression technique done in conjunction with the above mentioned codes	146.30	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

DENTURES, ADJUSTMENTS**(after three months insertion or by other than the dentist providing prosthesis)****Dentures, Adjustments, Partial or Complete Denture, Minor**

54201	One unit of time	84.70	+L
54202	Two units	169.40	+L
54209	Each additional unit over two	84.70	

Denture Adjustments, Partial or Complete Denture, Remount and Occlusal Equilibration

54301	Maxillary	273.70	+L
54302	Mandibular	273.70	+L
54303	Maxillary plus Mandibular (combined)	373.00	+L

DENTURES, REPAIRS / ADDITIONS**Denture, Repairs, Complete Denture, No Impression required**

55101	Maxillary	68.40	+L
55102	Mandibular	68.40	+L

Dentures, Repairs, Complete Denture, Impression required

55201	Maxillary	112.90	+L
55202	Mandibular	112.90	+L
55203	Maxillary plus Mandibular (combined)	146.30	+L

Dentures, Repairs/Additions, Partial Denture, No Impression required

55301	Maxillary	68.40	+L
55302	Mandibular	68.40	+L

Dentures, Repairs/Additions, Partial Denture, Impression required

55401	Maxillary	155.60	+L
55402	Mandibular	155.60	+L
55403	Maxillary plus Mandibular (combined)	317.60	+L

Dentures/Implant Retained Prosthesis, Prophylaxis and Polishing

55501	One unit of time	74.60	+L
55509	Each additional unit of time	74.60	

Dentures, Rebuilding, Worn Acrylic Denture Teeth (direct chairside) with tooth coloured materials

55601	One unit of time	84.70	
55609	Each additional unit of time	84.70	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Dentures, Custom Stained (Pigmented) Denture Bases (direct chairside)

55701	One unit of time	84.70	
55709	Each additional unit of time	84.70	

DENTURES, REPLICATION, RELINING AND REBASING**DENTURES, REPLICATION, PROVISIONAL****Dentures, Replication, Complete Denture, Provisional (no Intra-oral Impression required)**

56111	Maxillary	89.90	+L
56112	Mandibular	89.90	+L
56113	Maxillary plus Mandibular (combined)	172.40	+L

Dentures, Replication, Partial Denture (Provisional) (no Intra-oral Impression required)

56121	Maxillary	95.90	+L
56122	Mandibular	95.90	+L
56123	Maxillary plus Mandibular (combined)	172.40	+L

DENTURES, RELINING**(Does not include Remount— see 54000 series)****Denture, Reline, Direct, Complete Denture**

56211	Maxillary	271.40	
56212	Mandibular	271.40	
56213	Maxillary plus Mandibular (combined)	503.40	

Denture, Reline, Direct, Partial Denture

56221	Maxillary	230.70	
56222	Mandibular	238.40	
56223	Maxillary plus Mandibular (combined)	474.90	

Denture, Reline, Processed, Complete Denture

56231	Maxillary	327.10	+L
56232	Mandibular	367.40	+L
56233	Maxillary plus Mandibular (combined)	627.10	+L

Denture, Reline, Processed, Partial Denture

56241	Maxillary	297.80	+L
56242	Mandibular	297.80	+L
56243	Maxillary plus Mandibular (combined)	537.10	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Denture, Reline, Processed, Functional Impression requiring three appointments, Complete Denture

56251	Maxillary	395.80	+L
56252	Mandibular	429.00	+L
56253	Maxillary plus Mandibular (combined)	782.20	+L

Denture, Reline, Processed, Functional Impression requiring three appointments, Partial Denture

56261	Maxillary	370.20	+L
56262	Mandibular	382.90	+L
56263	Maxillary plus Mandibular (combined)	714.60	+L

DENTURES, REBASING (where the vestibular tissue-contacting surfaces are modified)**Denture, Rebase, Complete Denture**

56311	Maxillary	327.10	+L
56312	Mandibular	343.60	+L
56313	Maxillary plus Mandibular (combined)	600.10	+L

Denture, Rebase, Partial Denture

56321	Maxillary	292.40	+L
56322	Mandibular	292.40	+L
56323	Maxillary plus Mandibular (combined)	528.90	+L

DENTURES, REMAKE**Dentures, Remake, using Existing Framework, Partial Denture (Equilibration)**

56411	Maxillary	529.30	+L
56412	Mandibular	599.90	+L
56413	Maxillary plus Mandibular (combined)	1053.50	+L

DENTURES, THERAPEUTIC TISSUE CONDITIONING**Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture**

56511	Maxillary	140.20	
56512	Mandibular	140.20	
56513	Maxillary plus Mandibular (combined)	276.10	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture

56521	Maxillary	140.20
56522	Mandibular	140.20
56523	Maxillary plus Mandibular (combined)	276.10

Dentures, Tissue Conditioning, per appointment, Complete Overdenture, supported by Natural Teeth

56531	Maxillary	140.20
56532	Mandibular	140.20
56533	Maxillary plus Mandibular (combined)	276.10

Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Implant-supported

56541	Maxillary	140.20
56542	Mandibular	140.20
56543	Maxillary plus Mandibular (combined)	276.10

Dentures, Tissue Conditioning, per appointment, Partial Overdenture, supported by Natural Teeth

56551	Maxillary	140.20
56552	Mandibular	140.20
56553	Maxillary plus Mandibular (combined)	276.10

Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Implant-supported

56561	Maxillary	140.20
56562	Mandibular	140.20
56563	Maxillary plus Mandibular (combined)	276.10

DENTURES, MISCELLANEOUS SERVICES

56601	Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase of denture)	107.30	+L
56602	Resetting of Teeth (not including reline or rebase of denture)	I.C.	+L
56603	Cast occlusal surfaces (includes remount and equilibration)	I.C.	+L
56604	Amalgam centric-holding stops (per unit of time)	107.30	

Attaching or re-attaching retention elements to a removable prosthesis, direct

56611	One unit of time	84.70	+E
56612	Two units of time	169.40	+E
56619	Each unit of time over two	84.70	+E

Attaching or re-attaching retention elements to a removable prosthesis, indirect

56621	Attaching or re-attaching elements to a removable prosthesis, indirect	I.C.	+L +E
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+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

PROSTHESIS, MAXILLOFACIAL

Prosthesis, Maxillofacial, Obturators

57201	Obturator, Cleft Palate (prosthesis extra)	485.00	+L
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PROSTHESIS, MAXILLOFACIAL, OTHER

57372	Gingival Prosthesis Note: For removable appliance used to mask unaesthetic embrasures see sub-classification 49300 SOFT TISSUE PROSTHESIS, code 49301 Gingival Mask + L.	I.C.	+L
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+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

PROSTHODONTICS- FIXED**CODE****FEE****60000-69999**

N. B. UNITS OF TIME follows a procedure code, the designation is that of "FIFTEEN MINUTE INTERVALS"

PROSTHODONTICS- FIXED

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

PONTICS, BRIDGE**Pontics, Cast Metal**

62101	Pontics, Cast Metal	358.70	+L
62102	Pontics, Cast Metal Framework with separate Porcelain/Ceramic/Polymer Glass Jacket Pontic	430.10	+L
62103	Pontics, Pre-fabricated Attachable Facing	382.90	+L
62104	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader Bar), attached to Retainer	I.C.	+L +E
62105	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader Bar), attached to Implant-supported Retainer, to Retain Removable Prosthesis, each Bar	I.C.	+L +E
62107	Semi-Precision or Precision Rest (Interlock) (in addition to Cast Metal Pontic	I.C.	+L +E
62108	Semi-Precision or Precision Attachment, RPD Retainer (in addition to Cast Metal Pontic)	I.C.	+L +E

Pontics, Porcelain/Ceramic/Polymer Glass

62501	Pontics, Porcelain/Ceramic/Polymer Glass, fused to Metal	391.90	+L
62502	Pontics, Porcelain/Ceramic/Polymer Glass, Aluminous	391.90	+L
62507	Semi-Precision Rest (Interlock) (in addition to Pontic, Porcelain/Ceramic/Polymer Glass fused to Metal)	I.C.	+L +E
62508	Semi-Precision or Precision Attachment, RPD, Retainer (in addition to Porcelain/Ceramic/Polymer Glass fused to Metal Pontic)	I.C.	+L +E

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Pontics, Acrylic/Composite/Compomer

62701	Pontics, Acrylic/Composite/Compomer, processed to Metal	371.70	+L
62702	Pontics, Acrylic/Composite/Compomer, Indirect (Provisional)	302.60	+L
62703	Pontics, Acrylic/Composite/Compomer, Bonded to adjacent Teeth Direct (Provisional)	256.80	+E
62704	Pontics, Acrylic/Composite/Compomer	371.70	+L
62707	Semi-Precision or Precision Rest, RPD Retainer (in addition to Acrylic/Composite/Compomer processed to Metal Pontic)	I.C.	+L +E
62708	Semi-Precision or Precision Attachment, RPD Retainer (in addition to Acrylic/Composite/Compomer processed to Metal Pontic)	I.C.	+L +E

Pontics, Natural Tooth

62801	Pontics, Natural Tooth Crown, Direct, Bonded to Adjacent Teeth, Provisional	214.50	
62802	Pontics, Natural Tooth Crown, Direct, Bonded to Adjacent Teeth, Long-term Provisional	214.50	

RECONTOURING OF RETAINER / PONTICS (of existing bridgework)

63001	One unit of time	102.50	
63009	Each additional unit of time	102.50	

MASTER CAST TECHNIQUES**MASTER CAST, TECHNIQUES, MAXILLO-MANDIBULAR REGISTRATIONS****Master Cast Techniques, Arbitrary Terminal Hinge Axis Registration and Transfer**

64111	One unit of time	102.50	+L
64119	Each additional unit of time	102.50	+L

Master Cast Techniques, True Hinge Axis Registration and Transfer

64121	One unit of time	102.50	+L
64129	Each additional unit of time	102.50	+L

Master Cast Techniques, Centric Registration Recording

64131	One unit of time	102.50	+L
64139	Each additional unit of time	102.50	+L

Master Cast Techniques, Three Dimensional Recordings of Mandibular Movement (Pantograph or Stereograph)

64141	One unit of time	102.50	+L
64149	Each additional unit of time	102.50	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

MASTER CAST MOUNTING TECHNIQUES**Master Cast Mounting without Facebow**

64211	One unit of time	102.50	+L
64219	Each additional unit of time	102.50	+L

Master Cast Mounting with Arbitrary Facebow Transfer

64221	One unit of time	102.50	+L
64229	Each additional unit of time	102.50	+L

Master Cast Mounting With Kinematic Facebow Transfer

64231	One unit of time	102.50	+L
64239	Each additional unit of time	102.50	+L

MASTER CAST GNATHOLOGICAL WAX-UP

64301	One unit of time	102.50	+L
64309	Each additional unit of time	102.50	+L

REPAIRS**REPAIRS, REPLACEMENT****Replace Broken Pre-fabricated Attachable Facings**

66111	One unit of time	77.10	+L
66112	Two units	154.20	+L
66113	Three units	231.30	+L
66114	Four units	308.40	+L
66119	Each additional unit over four	77.10	+L

REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE / PROSTHESIS**Repairs, Removal, Fixed Bridge/Prosthesis– to be re-cemented**

66211	One unit of time	77.10	
66212	Two units	154.20	
66213	Three units	231.30	
66214	Four units	308.40	
66219	Each additional unit over four	77.10	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Repairs, Removal Fixed Bridge/Prosthesis– to be replaced by a new prosthesis

66221	One unit of time	77.10
66222	Two units	154.20
66223	Three units	231.30
66224	Four units	308.40
66229	Each additional unit over four	77.10

Repairs, Removal of Fixed Bridge/Prosthesis, Implant-supported– to be re-inserted

66231	One unit of time	77.10
66232	Two units	154.20
66233	Three units	231.30
66234	Four units	308.40
66239	Each additional unit over four	77.10

Repairs, Removal, Fixed Bridge/Prosthesis, Implant-supported– to be replaced by new prosthesis

66241	One unit of time	77.10
66242	Two units	154.20
66243	Three units	231.30
66244	Four units	308.40
66249	Each additional unit over four	77.10

Repairs, Sectioning of an Abutment or a Pontic plus polishing remaining portion (existing bridge)

66251	One unit of time	77.10
66252	Two units	154.20
66253	Three units	231.30
66254	Four units	308.40
66259	Each additional unit over four	77.10

Repairs, Re-Insertion/Recementation (+L where laboratory charges are incurred during repair of bridge)

66301	One unit of time	77.10	+L
66302	Two units	154.20	+L
66303	Three units	231.30	+L
66304	Four units	308.40	+L
66309	Each additional unit over four	77.10	+L

Repairs, Re-insertion/Recementation Implant-supported Bridge/Prosthesis

66311	One unit of time	77.10	+L/+E
66312	Two units of time	154.20	+L/+E
66313	Three units of time	231.30	+L/+E
66314	Four units of time	308.40	+L/+E
66319	Each additional unit of time over four	77.10	+L/+E

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

REPAIRS, FIXED BRIDGE / PROSTHESIS**Repairs, Fixed Bridge/Prosthesis, Porcelain/Ceramic/Polymer Glass/Acrylic/Composite/Compomer, Direct**

66711	First tooth	158.00	
66719	Each additional tooth	158.00	

Repairs, Solder Indexing to repair broken Solder Joint

66721	One unit of time	77.10	+L
66729	Each additional unit of time	77.10	

Repair Fractured Porcelain/Metal Pontic with Telescoping Type Crown (pontic prepared, impression made and processed crown seated over metal)

66731	First pontic	790.10	+L
66739	Each additional pontic	790.10	+L

Repairs, Fixed Bridge/Prosthesis, Implant-supported, Direct

66741	One unit of time	77.10	+E
66742	Two units of time	154.20	+E
66743	Three units of time	231.30	+E
66744	Four units of time	308.40	+E
66749	Each additional unit of time over four	77.10	+E

FIXED BRIDGE RETAINERS

It is appropriate to use FIXED BRIDGE RETAINER codes, rather than codes for single tooth major restorations, where two or more single tooth inlays/onlays or crowns are joined (splinted) together and do not support a pontic.

RETAINERS, ACRYLIC / COMPOSITE / COMPOMER WITH, OR WITHOUT CAST OR PRE-FABRICATED METAL BASES**Retainers, Acrylic, Composite/Compomer, Indirect**

67111	Retainers, Acrylic, Composite/Compomer, Indirect	770.40	+L
67112	Retainers, Acrylic, Composite/Compomer, Complicated, Indirect	I.C	+L
67113	Retainers, Acrylic, Composite/Compomer, Provisional, Indirect (lab fabricated/relined intra-orally)	190.50	+L
67115	Retainers, Acrylic Composite/Compomer, Implant-supported, Indirect	241.90	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chairside)

67121	Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chairside)	163.20	+E
67125	Retainers, Acrylic, Composite/Compomer, (provisional during healing, done at chairside), Implant-supported, Direct	163.20	+E

Retainers, Acrylic, Composite/Compomer, Cast Metal Base, Indirect

67131	Retainer, Compomer/Composite Resin Acrylic, processed to Cast Metal, Indirect	207.20	+L
67135	Retainer, Compomer/Composite Resin/Acrylic, processed to Metal, Indirect, Implant-supported	207.20	+L +E
67137	Semi-Precision Rest (Interlock) (in addition to Retainer, Compomer/Composite Resin/Acrylic, processed to Metal, Indirect)	I.C.	+L +E
67138	Semi-Precision or Precision Attachment, RPD Retainer (in addition to retainer)	I.C.	+L +E

Retainers, Acrylic/Composite/Compomer, Pre-fabricated Metal Base, Provisional, Direct

67145	Retainers, Acrylic/Composite/Compomer, Pre-fabricated Metal Base, Provisional, Implant-supported, Direct	190.50	+E
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Retainers, Acrylic/Composite/Compomer, Pre-fabricated Metal Base, Provisional, Indirect

67155	Retainers, Acrylic/Composite/Compomer, Pre-fabricated Metal Base, Implant-supported, Provisional, Indirect	241.90	+L +E
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Retainers, Acrylic/Composite/Compomer, Two surface Inlay, Bonded, Indirect

67161	Retainers, Acrylic/Composite/Compomer, Two surface Inlay, Bonded, Indirect	527.40	+L
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Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Bonded, Indirect

67171	Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Bonded, Indirect	562.20	+L
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Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect

67181	Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect	674.30	+L
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RETAINER, PORCELAIN / CERAMIC / POLYMER GLASS**Retainer, Porcelain/Ceramic/Polymer Glass**

67201	Retainer, Porcelain/Ceramic/Polymer Glass	816.40	+L
67202	Retainer, Porcelain/Ceramic/Polymer Glass, Complicated	I.C.	+L
67205	Retainer, Porcelain/Ceramic/Polymer Glass, Implant-supported	865.90	+L +E

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Retainers, Porcelain/Ceramic/Polymer Glass, fused to Metal Base

67211	Retainers, Porcelain/Ceramic/Polymer Glass, fused to Metal Base	816.40	+L
67212	Retainers, Porcelain/Ceramic/Polymer Glass, fused to Metal Base, Complicated	816.40	+L
67213	Retainers, Porcelain/Ceramic/Polymer Glass, fused to Metal Base with a Porcelain/Ceramic/Polymer Glass Margin	816.40	+L
67215	Retainers, Porcelain/Ceramic/Polymer Glass, fused to Metal Base, Implant-supported	865.90	+L +E
67217	Semi-Precision Rest (Interlock) (in addition to Retainer)	I.C.	+L +E
67218	Semi-Precision or Precision Attachment, RPD Retainer (in addition to Retainer)	I.C.	+L +E

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")	516.50	+L
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Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded

67231	Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded	527.40	+L
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Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded

67241	Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded	562.20	+L
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Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded (where one or more cusps are restored)

67251	Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded	888.30	+L
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RETAINERS, FULL, CAST METAL**Retainers, Full, Cast Metal**

67301	Retainers, Full, Cast Metal	816.40	+L
67302	Retainers, Full, Cast Metal, Complicated	I.C.	+L
67305	Retainers, Full, Cast Metal, Implant-supported	816.40	+L +E
67307	Semi-Precision Rests (Interlock) (in addition to retainer)	I.C.	+L +E
67308	Semi-Precision or Precision Attachment, RPD Retainer (in addition to retainer)	I.C.	+L +E

Retainer, 3/4 Cast Metal

67311	Retainers, 3/4, Cast Metal	816.40	+L
67312	Retainers, 3/4, Cast Metal, Complicated	I.C.	+L
67317	Semi-Precision Rests (Interlock) (in addition to retainer)	I.C.	+L +E
67318	Semi-Precision or Precision Attachments, RPD Retainer (in addition to retainer)	I.C.	+L +E

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Retainers, Cast Metal Inlay (used with broken stress technique)

67321	Retainers, Cast Metal Inlay, Two Surfaces	538.90	+L
67322	Retainers, Cast Metal Inlay, Three or More Surfaces	615.90	+L
67327	Semi-Precision or Precision Rest (Interlock) (in addition to Inlay Retainer)	I.C.	+L +E

Retainers, Cast Metal Onlay (internal retention type)

67331	Retainers, Cast Metal, Onlay	722.40	+L
67337	Semi-Precision or Precision Rest (Interlock) (in addition to Onlay Retainer)	I.C.	+L +E
67338	Semi-Precision or Precision Attachment, RPD Retainer (in addition to Onlay Retainer)	I.C.	+L +E

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)	288.90	+L
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RETAINERS, OVERDENTURES, CUSTOM CAST OR PRE-FABRICATED WITH NO OCCLUSAL COMPONENT**Retainers, Metal, Custom Cast, with no Occlusal Component (see 62104 for Retentive Bar)**

67411	Retainer, Metal, Custom Cast, with no Occlusal Component (see 62104 for Retentive Bar)	I.C.	+L +E
67415	Retainer, Metal, Pre-fabricated or Custom Cast, Implant-supported, with or without Mesostructure with no Occlusal Component (see 62105 for Retentive Bar)	I.C.	+L +E

FIXED PROSTHETICS, ABUTMENTS / RETAINERS, MISCELLANEOUS SERVICES**Fixed Prosthetics, Abutments/Retainers, Miscellaneous Services**

67501	Retainer Made to an Existing Partial Denture Clasp (additional to retainer, per retainer)	156.20	+L
67502	Telescoping Crown Unit	722.40	+L

FIXED PROSTHETICS, OTHER SERVICES**Fixed Prosthetics, Miscellaneous Services**

69101	Fixed Prosthesis, Porcelain, to Replace a Substantial Portion of the Alveolar Process (in addition to retainer and pontics)	I.C.	+L
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Fixed Prosthetics, Splinting

69201	Splinting, for Extensive or Complicated Restorative Dentistry (per tooth)	222.60	+L
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+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Fixed Prosthetics, Retentive Pins (for retainers in addition to restoration)

69301	One pin/restoration	43.70	+L
69302	Two pins/restoration	73.30	+L
69303	Three pins/restoration	96.60	+L
69304	Four pins/restoration	128.80	+L
69305	Five pins or more/restoration	157.70	+L

Staining, Porcelain (Chairside)

69401	One unit of time	77.10	
69402	Two units	154.20	
69403	Three units	231.30	
69404	Four units	308.40	
69409	Each additional unit over four	77.10	

Fixed Prosthodontics, where an Entire Arch is Reconstructed (used in extensive or complicated fixed restorative dentistry)

69601	Surcharge, Maxillary Arch (in addition to Retainers & Pontics)	I.C.	+L
69602	Surcharge, Mandibular Arch (in addition to Retainers & Pontics)	I.C.	+L

Provisional, immediate, implant supported, screw retained, polymer based with denture teeth, without a reinforcing framework

69611	Maxillary	I.C.	+L
69612	Mandibular	I.C.	+L

Final prosthesis, full arch, denture teeth and acrylic (also known as "hybrid prosthesis"), with reinforcing framework, implant-supported, screw retained

69621	Maxillary	I.C.	+L
69622	Mandibular	I.C.	+L

Fixed Prosthetics, Provisional Coverage (in extensive or complicated restorative dentistry)

69701	Abutment Tooth	207.60	+L
69702	Pontic	80.30	+L

FIXED PROSTHODONTIC FRAMEWORKS, OSSEO-INTEGRATED, IMPLANT-SUPPORTED**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	I.C.	+L
69822	Mandibular	I.C.	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

ORAL MAXILLOFACIAL SURGERY**CODE****FEE****70000-79999**

N. B. UNITS OF TIME follows a procedure code, the designation is that of "FIFTEEN MINUTE INTERVALS"

ORAL AND MAXILLOFACIAL SURGERY

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.

REMOVALS (EXTRACTIONS), ERUPTED TEETH**Removals, Erupted Teeth, Uncomplicated**

71101	Single tooth, Uncomplicated	133.40
71109	Each additional tooth, same quadrant, same appointment	88.90

Removals, Erupted Teeth, Complicated

71201	Odontectomy (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth	252.40
71209	Each additional tooth, same quadrant	169.30

Requiring elevation of a Flap, Removal of Bone and may include sectioning of Tooth for Removal of Tooth

71211	Single Tooth	345.20
71219	Each additional tooth, same quadrant	258.90

REMOVALS (EXTRACTIONS), SURGICAL**REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE****Removals, Impactions, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth**

72111	Single tooth	270.00
72119	Each additional tooth, same quadrant	180.00

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE

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

72211	Single tooth	323.00
72219	Each additional tooth, same quadrant	235.00

Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of Tooth for Removal

72221	Single tooth	444.00
72229	Each additional tooth, same quadrant	315.80

Removals, Impactions, 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	552.00
72239	Each additional tooth, same quadrant	414.00

REMOVALS (EXTRACTIONS), RESIDUAL ROOTS

Removals, Residual Roots, Erupted

72311	First tooth	114.10
72319	Each additional tooth, same quadrant	85.50

Removals, Residual Roots, Soft Tissue Coverage

72321	First tooth	185.80
72329	Each additional tooth, same quadrant	136.30

Removals, Residual Roots, Bone Tissue Coverage

72331	First tooth	336.20
72339	Each additional tooth, same quadrant	247.00

ALVEOLAR BONE PRESERVATION

Alveolar Bone Preservation– Autograft

72411	First tooth	95.30
72419	Each additional tooth	53.70

Alveolar Bone Preservation– Allograft

72421	First tooth	I.C.	+E
72429	Each additional tooth	I.C.	+E

+L = Laboratory procedures extra
 +E = Expenses extra
 I.C. = Independent Consideration

SURGICAL EXPOSURES OF TEETH**Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy)**

72511	Single tooth	90.90	
72519	Each additional tooth, same quadrant	60.60	

Surgical Exposures, Complex, Hard Tissue Coverage

72521	Single tooth	344.30	
72529	Each additional tooth, same quadrant	234.30	

Surgical Exposures, Unerupted Tooth, with Orthodontic Attachment

72531	Single tooth	393.70	+E
72539	Each additional tooth, same quadrant	348.30	+E

Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage with Positioning of Attached Gingiva

72541	Single Tooth	521.80	
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Surgical Exposures, Unerupted Tooth, Hard Tissue Coverage with Positioning of Attached Gingiva

72551	Single Tooth	563.50	
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Rigid Osseous Anchorage for Orthodontics

72561	Placement of anchorage device without elevation of a flap	I.C.	+E
72562	Placement of anchorage device with elevation of a flap	I.C.	+E
72563	Removal of anchorage device without elevation of a flap	I.C.	
72564	Removal of anchorage device with elevation of a flap	I.C.	

SURGICAL MOVEMENT OF TEETH**Transplantation of Erupted Tooth**

72611	First tooth	529.80	
72619	Each additional tooth, same quadrant	266.00	

Transplantation of Unerupted Tooth

72621	First tooth	644.10	
72629	Each additional tooth, same quadrant	554.00	

Repositioning, Surgical

72631	First tooth	407.60	
72639	Each additional tooth, same quadrant	275.80	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

ENUCLEATION, SURGICAL**Unerupted Tooth and Follicle**

72711	First Tooth	312.30
72719	Each additional tooth, same quadrant	224.70

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

72801	First tooth	40.30
72809	Each additional tooth	23.00

**REMODELLING AND RECONTOURING ORAL TISSUES IN PREPARATION FOR
REMOVABLE PROSTHESES**

(to include codes 73110, 73120, 73140, 73150, 73160, 73170, 73180)

ALVEOLOPLASTY (Bone remodeling of ridge with soft tissue revisions)**Alveoloplasty, in Conjunction with Extractions**

73111	Per sextant	98.90
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Alveoloplasty, Not in Conjunction with Extractions

73121	Per sextant	197.70
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Excision of Bone

73152	Torus Palatinus, Excision	627.30
73153	Torus Mandibularis, Unilateral, Excision	395.30
73154	Torus Mandibularis, Bilateral, Excision	614.90

Removal of Bone, Exostosis, Multiple

73161	Per quadrant	372.10
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Reduction of Bone, Tuberosity

73171	Unilateral, Reduction	363.30
73172	Bilateral, Reduction	729.80

Augmentation of Bone

73181	Unilateral, Pterygomaxillary Tuberosity, Augmentation	I.C.	+E
73182	Bilateral, Pterygomaxillary Tuberosity, Augmentation	I.C.	+E
73183	Unilateral, Mandibular Ridge, Augmentation	I.C.	+E
73184	Bilateral, Mandibular Ridge, Augmentation	I.C.	+E

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

GINGIVOPLASTY AND/OR STOMATOPLASTY, ORAL SURGERY**Independent Procedure**

73211	Per sextant	174.30
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Miscellaneous Procedure

73221	Gingivoplasty, in conjunction with Tooth Removal	114.70
73222	Excision of Vestibular Hyperplasia (per sextant)	195.90
73223	Surgical Shaving of Papillary Hyperplasia of the Palate	344.50
73224	Excision of Pericoronal Gingiva (for retained tooth/implant) per tooth/implant	95.30

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	210.80
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Removal, Mucosa, Excess (complete removal without dissection)

73241	Per sextant	80.80
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Excision of Scar or Pigmented Tissue

73251	Per site	154.50
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SURGICAL EXCISIONS (not in conjunction with tooth removal, including biopsy)**SURGICAL EXCISIONS, TUMORS, BENIGN****Tumors, Benign, Scar Tissue, Inflammatory or Congenital Lesions of Soft Tissue of the Oral Cavity**

74111	1 cm and under	273.50
74112	1– 2 cm	301.00
74113	2– 3 cm	I.C.
74114	3– 4 cm	I.C.
74115	4– 6 cm	I.C.
74116	6– 9 cm	I.C.
74117	9– 15 cm	I.C.
74118	15 cm and over	I.C.

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

SURGICAL EXCISION, CYSTS / GRANULOMAS (Based on Cyst Size)**Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, requiring prior removal of Bony Tissue and Subsequent Suture(s)**

74611	1 cm and under	364.10
74612	1– 2 cm	393.00
74613	2– 3 cm	I.C.
74614	3– 4 cm	I.C.
74615	4– 6 cm	I.C.
74616	6– 9 cm	I.C.
74617	9– 15 cm	I.C.
74618	15 cm and over	I.C.

Excision of Cyst

74631	1 cm and under	385.90
74632	1– 2 cm	458.90
74633	2– 3 cm	I.C.
74634	3– 4 cm	I.C.
74635	4– 6 cm	I.C.
74636	6– 9 cm	I.C.
74637	9– 15 cm	I.C.
74638	15 cm and over	I.C.

SURGICAL INCISIONS**SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL****Surgical Incision and Drainage and/or Exploration, Intraoral Soft Tissue**

75111	Intraoral, Surgical Exploration, Soft Tissue	134.40
75112	Intraoral, Abscess, Soft Tissue	134.40
75113	Intraoral, Abscess, in Major Anatomical area with Drain	312.30

Surgical Incision and Drainage and/or Exploration, Intraoral Hard Tissue

75121	Intraoral, Abscess, Hard Tissue, Trephination and Drainage	174.30
75122	Intraoral, Surgical Exploration, Hard Tissue	273.70
75123	Intraoral, Abscess, Hard Tissue, Trephination and Drainage in a Major Anatomical Area	338.60

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES**Surgical Incision for Removal of Foreign Bodies**

75302	Removal of reaction-producing Foreign Bodies	I.C.
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FRACTURES, TREATMENT OF**INTERMAXILLARY FIXATION (WIRING)****Splints per Arch, one or more per Jaw**

76111	Wiring of Dentures or Arch Bar	I.C.
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Splints/Wires, Removal of

76141	Removal of Wire	102.60
76142	Removal of Arch Splint (one or more per jaw)	102.60

FRACTURES, REDUCTIONS, ALVEOLAR**Fracture, Alveolar, Debridement, Teeth Removed**

76911	3 cm or less	489.40
76912	3– 6 cm	727.20
76913	6 cm and over	790.60

Reduction, Alveolar, Closed, with Teeth (fixation extra)

76921	3 cm or less	599.80
76922	3– 6 cm	I.C.
76923	6– 9 cm	I.C.
76924	9 cm and over	I.C.

Replantation, Avulsed Tooth/Teeth (including splinting)

76941	Replantation, first tooth	472.40
76949	Each additional tooth	227.20

Repositioning of Traumatically Displaced Teeth

76951	One unit of time	79.50
76952	Two units of time	159.00
76959	Each additional unit over two	79.50

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral

76961	2 cm or less	192.60
76962	2– 4 cm	234.30
76963	4– 6 cm	268.50
76964	6– 9 cm	I.C.
76965	9– 12 cm	I.C.
76966	12– 16 cm	I.C.
76967	16– 20 cm	I.C.
76968	20– 25 cm	I.C.
76969	25 cm and over	I.C.

MAXILLOFACIAL DEFORMITIES, TREATMENT OF**Frenectomy/Frenoplasty**

77801	Frenectomy, Upper Labial	270.10
77802	Frenectomy, Lower Labial	270.10
77803	Frenectomy, Lower Lingual or "Z" Plasty	270.10
77805	Frenoplasty, Upper "Z"	276.40
77806	Frenoplasty, Lower "Z"	276.40

TEMPOROMANDIBULAR JOINT DYSFUNCTIONS, TREATMENT OF**Temporomandibular Joint, Dislocation Management of (Sedation and general anaesthesia services to be coded separately with appropriate 90000 series codes)**

78102	TMJ, Dislocation, Closed Reduction, Uncomplicated	163.50
78104	TMJ, Subluxation, Closed Reduction, Uncomplicated	163.50

ORAL SURGERY PROCEDURES, OTHER**SALIVARY GLANDS, TREATMENT OF****Salivary Gland, Excisions**

79123	Excision of Mucocele	121.10
79124	Excision of Ranula	380.30

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

ANTRAL SURGERY**Antral Surgery, Recovery, Foreign Bodies**

79311	Antral Surgery, Immediate Recovery of a Dental Root or Foreign Body from the Antrum	371.50
79312	Antral Surgery, Immediate Closure of Antrum by Another Dental Surgeon	316.60

Antral Surgery, Lavage

79321	Lavage, Oral Approach	191.20
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Antral Surgery, Oro-Antral Fistula Closure (same session)

79331	Oro-Antral Fistula Closure with Buccal Flap	316.60
79333	Oro-Antral Fistula Closure with Palatal Flap	328.50

Sinus Osseous Augmentation

79351	Sinus Osseous Augmentation, Open Lateral Approach– Autograft	I.C.	+E
79352	Sinus Osseous Augmentation, Open Lateral Approach– Allograft	I.C.	+E
79353	Sinus Osseous Augmentation, Open Lateral Approach– Xenograft	I.C.	+E
79354	Sinus Osseous Augmentation, Indirect Inferior Approach– Autograft	I.C.	+E
79355	Sinus Osseous Augmentation, Indirect Inferior Approach– Allograft	I.C.	+E
79356	Sinus Osseous Augmentation, Indirect Inferior Approach– Xenograft	I.C.	+E

HEMORRHAGE, CONTROL OF

79402	Secondary Hemorrhage, Control	117.20
79403	Hemorrhage Control, using Compression and Haemostatic Agent	102.70
79404	Hemorrhage Control, using Haemostatic Substance and Sutures (including removal of bony tissue, if necessary)	178.10

POST SURGICAL CARE**(Required by complications and unusual circumstances; refer to comment under section 70000)**

79601	Post Surgical Care, Subsequent to Initial Post Surgical Treatment, Minor, by Treating Dentist	75.80
79602	Post Surgical Care, Minor, by Other Than Treating Dentist	75.80
79603	Post Surgical Care, Major, by Treating Dentist	I.C.
79604	Post Surgical Care, Major, by Other Than Treating Dentist	I.C.
79605	Post Surgical Care, Alveolitis, Treatment of (without Anaesthesia)	75.80
79606	Post Surgical Care, Alveolitis, Treatment of (with Anaesthesia)	87.50

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

IMPLANTOLOGY**(Includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)****Implants, Osseointegrated, Root Form, More**

79931	Surgical Installation of Implant with Cover Screw– per Implant	I.C.	+E
79932	Surgical Installation of Implant with Healing Transmucosal Element– per Implant	I.C.	+E
79934	Surgical Re-entry, Removal of Healing Screw and Placement of Healing Transmucosal Element– per Implant	I.C.	+E

Implants, Osseointegrated, Root Form, Single Component

79941	Surgical Installation of Implant– per Implant	I.C.	+E
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Implants, Osseointegrated, Provisional

79951	Installation of Provisional Implant– per Implant	I.C.	+E
79952	Removal of Provisional Implant– per Implant	I.C.	+E

Implants, Removal of Implant

79961	Per Implant, Uncomplicated	185.30	
79962	Per Implant, Complicated	235.30	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

ORTHODONTICS**CODE****FEE****80000-89999**

N. B. UNITS OF TIME follows a procedure code, the designation is that of "FIFTEEN MINUTE INTERVALS"

ORTHODONTIC SERVICES, MISCELLANEOUS**ORTHODONTIC, OBSERVATIONS AND ADJUSTMENTS**

80601	Orthodontic Observation – for Tooth Guidance (i.e., tooth position, eruption sequence, serial extraction, supervision, etc.), per appointment	55.00	
80602	Orthodontic Observation and Adjustment – to Orthodontic Appliances and/or the Reduction of Proximal Surfaces of Teeth, per appointment	105.50	

Repairs to Removable or Fixed Appliances (not including removal and recementation)

80631	One unit of time	76.50	+L
80632	Two units	153.00	+L
80639	Each additional unit over two	76.50	+L

Alterations to Removable or Fixed Appliances

80641	One unit of time	77.10	+L
80642	Two units	154.20	+L
80649	Each additional unit over two	77.10	+L

Recementation of Fixed Appliances

80651	One unit of time	74.80	
80659	Each additional unit	74.80	

Separation (except where included in the fabrication of an appliance)

80661	One unit of time	74.80	
80669	Each additional unit	74.80	

Removal of Fixed Orthodontic Appliances (by a practitioner other than the original treating Practice or Practitioner)

80671	One unit of time	74.80	
80679	Each additional unit	74.80	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT**APPLIANCES, REMOVABLE****Appliances, Removable, Space Regaining**

81111	Appliance, Maxillary, Unilateral	512.70	+L
81112	Appliance, Mandibular, Unilateral	512.70	+L
81113	Appliance, Maxillary, Bilateral	629.50	+L
81114	Appliance, Mandibular, Bilateral	629.50	+L
81115	Appliance, Maxillary, Complex	751.60	+L
81116	Appliance, Mandibular, Complex	751.60	+L

Appliances, Removable, Cross-Bite Correction

81121	Appliance, Maxillary, Simple	532.10	+L
81122	Appliance, Mandibular, Simple	532.10	+L
81123	Appliance, Maxillary, Complex	729.50	+L
81124	Appliance, Mandibular, Complex	729.50	+L

Appliances, Removable, Dental Arch Expansion

81131	Appliance, Maxillary, Simple	537.10	+L
81132	Appliance, Mandibular, Simple	537.10	+L
81133	Appliance, Maxillary, Complex	666.40	+L
81134	Appliance, Mandibular, Complex	666.40	+L
81135	Appliance, Maxillary, Rapid Expansion	766.00	+L

Appliances, Removable, Closure of Diastemas

81141	Appliance, Maxillary, Simple	476.00	+L
81142	Appliance, Mandibular, Simple	476.00	+L
81143	Appliance, Maxillary, Complex	690.80	+L
81144	Appliance, Mandibular, Complex	690.80	+L

Appliances, Removable, Alignment of Anterior Teeth

81151	Appliance, Maxillary, Simple	476.00	+L
81152	Appliance, Mandibular, Simple	476.00	+L
81153	Appliance, Maxillary, Complex	717.60	+L
81154	Appliance, Mandibular, Complex	717.60	+L

APPLIANCES, FIXED OR CEMENTED**Appliance, Fixed, Space Regaining (e.g., lingual or labial arch with molar bands, tubes, locks)**

81211	Appliance, Maxillary	766.00	+L
81212	Appliance, Mandibular	766.00	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Appliance, Fixed, Space Regaining, Unilateral

81221	Appliance, Maxillary	415.00	+L
81222	Appliance, Mandibular	415.00	+L

Appliance, Fixed, Cross-Bite Correction – Anterior

81231	Appliance, Maxillary	651.30	+L
81232	Appliance, Mandibular	651.30	+L

Appliance, Fixed, Cross-Bite Correction – Posterior

81241	Appliance, Maxillary	651.30	+L
81242	Appliance, Mandibular	651.30	+L
81243	Appliance, Two-Molar Band, Hooked and Elastics	448.90	+L

Appliance, Fixed, Dental Arch Expansion

81251	Appliance, Maxillary	898.30	+L
81252	Appliance, Mandibular	898.30	+L
81253	Appliance, Maxillary, Rapid Expansion	898.30	+L
81254	Appliance, Headgear	955.40	+L

Appliance, Fixed, Closure of Diastemas

81261	Appliance, Maxillary, Simple	602.80	+L
81262	Appliance, Mandibular, Simple	602.80	+L
81263	Appliance, Maxillary, Complex	910.00	+L
81264	Appliance, Mandibular, Complex	910.00	+L

Appliance, Fixed, Alignment of Incisor Teeth

81271	Appliance, Maxillary, Simple	729.50	+L
81272	Appliance, Mandibular, Simple	729.50	+L
81273	Appliance, Maxillary, Complex	1022.70	+L
81274	Appliance, Mandibular, Complex	1022.70	+L

Appliances, Fixed, Ligatures

81281	Grassline or Elastic Ligatures per visit	88.00	+L
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Appliances, Fixed, Mechanical Eruption of Tooth/Teeth

81291	Appliance, Maxillary, Impaction	705.40	+L
81292	Appliance, Mandibular, Impaction	705.40	+L
81293	Appliance, Maxillary, Erupted	681.00	+L
81294	Appliance, Mandibular, Erupted	681.00	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

APPLIANCES, RETENTION, ORTHODONTIC RETAINING APPLIANCES**Appliances, Removable, Retention**

83101	Appliance, Maxillary	266.00	+L
83102	Appliance, Mandibular	266.00	+L
83103	Appliance, Tooth Positioner	266.00	+L

Appliances, Fixed/Cemented, Retention

83201	Appliance, Maxillary	326.50	+L
83202	Appliance, Mandibular	326.50	+L

CASE TYPE – Fixed Appliance (includes: formal full banded treatment and retention)

PERMANENT DENTITION

84101	Class I Malocclusion	4686.20	+L
84201	Class II Malocclusion	5930.80	+L
84301	Class III Malocclusion	6332.00	+L

MIXED DENTITION

85101	Class I Malocclusion	4686.20	+L
85201	Class II Malocclusion	5930.80	+L
85301	Class III Malocclusion	6332.00	+L

PRIMARY DENTITION

86101	Class I Malocclusion	I.C.	+L
86201	Class II Malocclusion	I.C.	+L
86301	Class III Malocclusion	I.C.	+L

CASE TYPE – Removable Appliances (includes: removable appliance therapy and retention; e.g., functional appliances for mixed and primary dentition)

PERMANENT DENTITION

87101	Class I Malocclusion	I.C.	+L
87201	Class II Malocclusion	I.C.	+L
87301	Class III Malocclusion	I.C.	+L

MIXED DENTITION

88101	Class I Malocclusion	I.C.	+L
88201	Class II Malocclusion	I.C.	+L
88301	Class III Malocclusion	I.C.	+L

PRIMARY DENTITION

89101	Class I Malocclusion	I.C.	+L
89201	Class II Malocclusion	I.C.	+L
89301	Class III Malocclusion	I.C.	+L

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

ADJUNCTIVE GENERAL SERVICES**CODE****FEE****90000-99999**

N. B. UNITS OF TIME follows a procedure code, the designation is that of "FIFTEEN MINUTE INTERVALS"

UNCLASSIFIED TREATMENTS**UNCLASSIFIED TREATMENT, DENTAL PAIN****Emergency Services not otherwise specified in Guide**

91121	One unit of time	77.10
91122	Two units	154.20
91123	Three units	231.30
91129	Each additional unit over three	77.10

UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES**Unusual time and responsibility requirement, in addition to usual procedures in Guide**

91211	One unit of time	74.80
91212	Two units	149.60
91213	Three units	224.40
91219	Each additional unit over three	74.80

Second Surgeon (team approach)

91221	One unit of time	74.80
91222	Two units	149.60
91223	Three units	224.40
91224	Four units	299.20
91225	Five units	374.00
91226	Six units	448.80
91227	Seven units	523.60
91228	Eight units	598.40
91229	Each additional unit over eight	74.80

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Management of Exceptional Patient

91231	One unit of time	77.10
91232	Two units	154.20
91233	Three units	231.30
91234	Four units	308.40
91239	Each additional unit over four	77.10

ANAESTHESIA**ANAESTHESIA, LOCAL**

(not in conjunction with operative or surgical procedures, includes pre-anesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)

92101	Regional Block Anesthesia	81.90
92102	Trigeminal Division Block	81.90

ANAESTHESIA, CONSCIOUS SEDATION

Anaesthesia, Conscious Sedation – a medically controlled state of depressed consciousness that allows protective reflexes to be maintained, retains the patients 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 Use of Sedation and General Anaesthesia in Dental Practice. The Guidelines should be consulted and observed.

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	60.60
92412	Two units	110.90
92413	Three units	158.80
92414	Four units	183.30
92415	Five units	231.20
92416	Six units	279.10
92417	Seven units	327.00
92418	Eight units	374.90
92419	Each additional unit over eight	47.90

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Oral Sedation– Sedation sufficient to require monitored care. Time is to be measured from the start of patient monitoring to release from the treatment/recovery room.

92421	One unit of time	65.20
92422	Two units	130.40
92423	Three units	195.60
92424	Four units	260.80
92425	Five units	326.00
92426	Six units	391.20
92427	Seven units	456.40
92428	Eight units	521.60
92429	Each additional unit over eight	65.20

Nitrous Oxide With Oral Sedation– Time is measured with the administration of nitrous oxide and terminates with the release of the patient from the treatment/recovery room.

92431	One unit of time	74.80
92432	Two units	149.60
92433	Three units	224.40
92434	Four units	299.20
92435	Five units	374.00
92436	Six units	448.80
92437	Seven units	523.60
92438	Eight units	598.40
92439	Each additional unit over eight	74.80

Parenteral Conscious Sedation (regardless of method– IM or IV)

92441	One unit	74.80
92442	Two units	149.60
92443	Three units	224.40
92444	Four units	299.20
92445	Five units	374.00
92446	Six units	448.80
92447	Seven units	523.60
92448	Eight units	598.40
92449	Each additional unit over eight	74.80

Combined Techniques of Inhalation plus Intravenous and/or Intramuscular Injection

92451	One unit of time	I.C.
92452	Two units of time	I.C.
92453	Three units	I.C.
92454	Four units	I.C.
92455	Five units	I.C.
92456	Six units	I.C.
92457	Seven units	I.C.
92458	Eight units	I.C.
92459	Each additional unit over eight	I.C.

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

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

92511	One unit of time	95.20
92512	Two units	190.40
92513	Three units	285.60
92514	Four units	380.80
92519	Each additional unit over four	95.20

Acupuncture

92521	One unit of time	95.20
92522	Two units	190.40
92523	Three units	285.60
92524	Four units	380.80
92529	Each additional unit over four	95.20

Electronic Dental Anaesthesia

92531	One unit of time	75.00
92532	Two units	150.00
92533	Three units	225.00
92534	Four units	300.00
92539	Each additional unit over four	75.00

PROFESSIONAL SERVICES**PROFESSIONAL COMMUNICATIONS****Consultation with Member of the Profession or other Healthcare Providers, in or out of the office**

93111	One unit of time	75.00	+E
93112	Two units	150.00	+E
93119	Each additional unit over two	75.00	+E

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.	I.C.
93122	A dental-legal report – a comprehensive written report with patient approval, on symptoms, history and records giving diagnosis, treatment, results and present condition. The report is a factual summary of all information available on the case and could contain prognostic information regarding patient response.	I.C.

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

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.
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PATIENT FILE MANAGEMENT (not to include predeterminations)

Duplication and transfer of patient dental records at request of the patient

93211	Duplication and transfer of patient dental records at request of the patient	I.C.
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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	53.70

For extraordinary time spent in relation to claim forms/treatment plan forms, the claim problem of the patient or processing of payments

93311	One unit of time	66.90	+E
93312	Two units	133.80	+E
93318	Zero units of time	0.00	+E
93319	Each additional unit over two	66.90	

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	70.60	+E
93322	Two units	141.20	+E
93329	Each additional unit over two	70.60	

Payment of Orthodontic Treatment in Progress

93331	Payment/Installment for treatment in progress	I.C.
93332	Monthly Payment/Installment for treatment in progress	I.C.
93333	Quarterly Payment/Installment for treatment in progress	I.C.
93334	One time Appliance	I.C.

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

PROFESSIONAL VISITS**House Calls**

94101	House Call, Non Emergency visit (in addition to procedures performed)	95.30	
94102	House Call, Emergency visit, when one must immediately leave home, office or hospital (in addition to procedures performed)	120.70	

Office or Institutional Visits

94301	Office (of another professional) or Institutional visit, during regular scheduled Office Hours (in addition to services performed)	95.30	
94302	Office or Institutional visit, unscheduled, after regular scheduled Office Hours (in addition to services performed)	112.50	
94303	Missed or Cancelled Appointment, with insufficient notice, during regular scheduled Office Hours	I.C.	
94304	Missed or Cancelled Appointment, with insufficient notice, being a Special Appointment outside regular scheduled Office Hours	I.C.	
94305	Travelling Expenses	I.C.	
94306	Professional visits out of the office plus actual services performed (out of pocket expense, etc.)	95.30	+E

COURT APPEARANCES AND/OR PREPARATION**Preparation as an Expert Witness**

94411	One unit of time	74.70	
94412	Two units	149.40	
94413	Three units	224.10	
94414	Four units	298.80	
94419	Each additional unit over four	74.70	

Court Appearance as an Expert Witness

94421	One half day	I.C.	
94422	Full day	I.C.	

FORENSIC DENTAL SERVICES**Forensic Services, Miscellaneous**

95101	Identification– Opinion as an expert assisting in civil or criminal cases	I.C.	+E
95102	Full or Part Time Participation in Civil Disaster	I.C.	+E
95104	Written Odontology Report	I.C.	+E
95105	Post Mortem Examination and Diagnosis of Tissues in Forensic Cases (non-identification)	I.C.	
95106	Management of Oral Disease or Abnormality	I.C.	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

Identification Systems

95201	Identification Disk System, Acid Etch/Bonded	66.10	+L
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DRUGS/MEDICATION, DISPENSING**Prescriptions**

96101	Prescription, Emergency	27.50	
96102	Emergency Dispensing of One or Two Doses of a Therapeutic Drug, plus giving a Written Prescription	36.20	+E
96103	Dispensing, Non Emergency (e.g., fluorides, vitamins, other drugs/medications)	I.C.	+E

Injections, Therapeutic

96201	Intramuscular Drug Injection	I.C.	+E
96202	Intravenous Drug Injection	I.C.	+E
96203	Intralesional Delivery	I.C.	+E

BLEACHING VITAL**Bleaching, Vital, In Office**

97111	One unit of time	74.80	
97112	Two units	149.60	
97113	Three units	224.40	
97119	Each additional unit over three	74.80	

Bleaching, Vital, Home (includes the fabrication of bleaching trays, dispensing the system and follow-up care)

97121	Maxillary Arch	139.50	+L/+E
97122	Mandibular Arch	139.50	+L/+E
97123	Maxillary plus Mandibular (combined)	250.60	+L/+E

Micro-Abrasion

97131	One unit of time	77.10	
97132	Two units	154.20	
97133	Three units	231.30	
97134	Four units	308.40	
97139	Each additional unit over four	77.10	

+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration

COUNSELLING**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	77.10	+E
98102	Two units of time	154.20	+E
98109	Each additional unit of time	77.10	+E

Systematic Desensitization for patients designated as special needs or having severe dental phobia.

98201	One unit of time	I.C.
98202	Two units of time	I.C.
98209	Each additional unit of time	I.C.

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 is 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 practice for these services on a case by case basis).	I.C.
99222	" +L " for oral pathology biopsy services when provided in relation to surgical serv from the 30000, 40000, or 70000 code series.	I.C.
99333	" +L " In-Office Laboratory Procedures (An "in-office laboratory" is defined as a laboratory service(s) performed within t same business entity).	I.C. I.C.
99555	" +E " Additional Expense of Materials	I.C.

OTHER

99901	Non-aerosol generating procedures (NAGP)	NO FEE
99902	Aerosol generating procedures (AGP)	NO FEE

APPLICABLE TAXES

99713	+ H.S.T.	I.C.
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+L = Laboratory procedures extra

+E = Expenses extra

I.C. = Independent Consideration