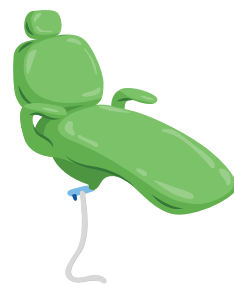


JANUARY 2022

ODA SUGGESTED FEE GUIDE FOR
General Practitioners™



ODA Suggested Fee Guide for General Practitioners™

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Memorandum

To: Recipients of the 2022 ODA Suggested Fee Guide for General Practitioners®
From: Economics Advisory Committee
Date: December 2021
Re: Amendments to the 2022 ODA Suggested Fee Guide for General Practitioners®

The ODA's Economics Advisory Committee is pleased to send you the *2022 ODA Suggested Fee Guide for General Practitioners®*.

Licensed Practice Management Software Vendors

At the time of publication the following dental office software vendors are licensed to include the *2022 ODA Suggested Fee Guide for General Practitioners®* in their dental office software packages:

ABELSoft Inc.	Curve Dental Ltd.	Maxim Software Systems
Adstra Systems Inc.	Dentimax LLC	Novologik Inc.
Akitu	Domtrak Systems Ltd.	Open Dental Software Inc.
Cerebra Inc	Evidentiae Technologies	Optimicro Technologies Inc.
ClearDent (Prococious Technology Inc.)	EXAN Mercedes Software Inc.	The Bridge Network
Consult-Pro	Henry Schein Canada, Inc.	The Doctor Company
CTRL Informatique Ltd.	Logic Tech Corp	TimeShift Solutions Inc.

Those practices that use dental office practice management software will find that software systems are pre-loaded with only one fee for those codes in the Guide where there is a range of fees indicated for a dental service. The copy of the Guide that is provided by the ODA contains the ranges in suggested fees for these dental services. Dentists are encouraged to examine their fees carefully and it is each dentist's responsibility to make sure that their electronic billing system reflects the fees that will be charged for the services performed.

Changes to the 2022 ODA Suggested Fee Guide for General Practitioners

DIAGNOSIS	
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 (15 minutes) +PS 02802 Two units (30 minutes) +PS . 02809 Each additional unit over two (15 minutes) +PS	CDA Description Change; +E changed to +PS
Remote Assessment of Chief Complaint 08011 One unit of time (15 minutes) 08012 Two units of time (30 minutes) 08019 Each additional unit over two (15 minutes)	New Codes
ENDODONTICS	
Note: Provisional restorations/sedative dressings are included in pulpotomy and pulpectomy procedures	Addition of Note
PERIODONTICS	
NOTE 1: INSTRUCTIONS ON USING CONNECTIVE TISSUE GRAFT CODES — For connective tissue grafts, each tooth is considered a separate surgical site. When multiple adjacent teeth are treated at the same sitting, the first site may be assessed at the practitioner's usual and customary fee. For the second site the practitioner should reduce the fee.	Amendment to Note
Flap Approach, With Osteoplasty/Ostectomy for Crown Lengthening, 42451 – Per Site	New Code
PROSTHODONTICS REMOVABLE	
Dentures, Partial, Polymer, Resilient Retainer 52201 Maxillary + L 52202 Mandibular + L Dentures, Partial, Polymer, Resilient Retainer, (Immediate) (Includes first tissue conditioner, but not a processed reline) 52211 Maxillary + L 52212 Mandibular + L	CDA edit to code description
SURGICAL	
Coronectomy, Intentional Partial Removal 72241 Coronectomy (Deliberate Vital Root Retention of Unerupted Mandibular Molar) 72242 Coronectomy (Deliberate Vital Root Retention to Prevent the Complications Associated with an Extraction)	New Codes
GENERAL SERVICES (ADJUNCTIVE)	
93341 – Orthodontic Treatment (fee entered is the value of the treatment plan being predetermined)	CDA edit to code description
99777 +PS Charges for professional services billed to the dentist and passed through to the patient	New Code

The ODA *Guide* is reviewed every year. The improvements contained in the *Guide* are very often initiated by comments from members. The Committee invites your participation in this process. Requests for new procedure codes and/or recommendations for changes to existing codes or descriptions must be submitted in writing to the Economics Advisory Committee:

The Ontario Dental Association
Attn: Barbara Morrow
4 New St
Toronto ON M5R 1P6
Or by email to: bmorrow@oda.ca

The Committee is more than willing to improve the *Guide* at any time and is always pleased to hear from the members of the profession.

**ONTARIO DENTAL ASSOCIATION
SUGGESTED FEE GUIDE FOR DENTAL SERVICES
PROVIDED BY GENERAL PRACTITIONERS**

This document is protected by copyright and is not to be reproduced without the permission of The Ontario Dental Association

This Guide is published by The Ontario Dental Association. The Guide is based on the provision of dental services which are performed under normal conditions and is intended to serve only as a reference for the general practitioner to enable development of a structure of fees which is fair and reasonable to the patient and to the practitioner. The Guide is not obligatory and each practitioner is expected to determine independently the fees which will be charged for the services performed. This Guide is issued merely for professional information purposes, without any intention or expectation whatsoever that a practitioner will adopt the suggested fees.

FOREWORD

A rational fee structure should, it is suggested, meet three basic requirements:

1. It should realistically reflect the value of a dental service;
2. It should equate different services in order that the resulting fees may bear a reasonable relationship to each other;
3. It should preserve an element of flexibility that permits adjustment to reflect:
 - a) prevailing regional economic circumstances and
 - b) variations in aims and methods of dental practice.

This Guide employs demand equations, which incorporate supply and demand data from the current environment. The data inputs include the amount of disposable income, the level of insurance coverage in the market, the dentist/patient ratio, the frequency of dental procedures being performed, the costs of running a dental practice, the number of hours spent in operating a general dental practice and more. These inputs along with Ts (time) and Rs (responsibility) generate the suggested fees.

It should be noted here that laboratory costs are involved in the provision of a substantial number of dental services. As these costs are not uniform, but nevertheless extremely significant in the determination of a dental fee, they are incorporated into the pertinent fee primarily by addition.

USE OF THE FEE GUIDE

THIS SUGGESTED FEE GUIDE MAY BE USED TO ASSIST THE GENERAL PRACTITIONER IN DETERMINING A PROFESSIONAL FEE. In determining the fee a practitioner wishes to charge, it is suggested that certain procedures, described below, be followed in order to assist the patient in understanding the basis of the practitioner's fee.

THE FOLLOWING STEPS ARE RECOMMENDED FOR SUCCESSFUL PATIENT/DENTIST RELATIONS:

1. Perform a thorough oral examination for the patient.
2. Explain, carefully, the particular problems encountered in the patient's mouth. Describe your treatment plan and prognosis in a manner which the patient can fully understand. Assure yourself that the patient has understood the presentation.
3. **Present your fee for treatment before commencement of treatment.**
4. Arrange financial commitments in such a manner that patients understand their obligations.
5. If there is any question as to why this fee must be charged explain at this time.
6. Describe, explain and note any conditions which may require an additional fee.
7. For the patient who requires a denture service, two pertinent points should be emphasized:
 - a) the length of time that adjustments will be provided at no additional fee and
 - b) whether or not the initial fee includes the cost of necessary relines.
8. Many factors should be considered in remaking and repairing a prosthesis such as:
 - a) The length of service before failure
 - b) The magnitude of the risks assumed in initially treating the case
 - c) Prior agreement between the dentist and patient in case of failure
 - d) The cause(s) of failure
9. For a patient who requires any implant related procedures, during discussions with the patient, two pertinent points should be emphasized:
 - i) informed consent as it relates to implantology
 - ii) the patient's financial responsibility for maintenance and complications that may arise.

Practitioners' suggested fees for prosthodontic treatment are based upon the outline of Clinical Procedures for Complete and Removable Partial Denture Therapy to be found in the Prosthodontics category of service. These clinical procedures are essential to provide prosthodontic treatment of a quality commensurate with time and responsibility involved.

PREAMBLE

The Guide is not obligatory and each practitioner is expected to determine independently the fees which will be charged for the services performed. This Guide is issued merely for professional information purposes, without any intention or expectation whatsoever that a practitioner will adopt the suggested fees.

1. This guide is based on reasonable and prudent requirements of scientific knowledge, professional judgment and technical skill.
2. The fee formula that is used for calculating suggested fees in the Guide is:

$$\text{Suggested Fee} = E_i \times (P \times T \times R) + (C \times T) + L + E$$

E_i is derived from the elasticity of demand from the various demand equations.

P is the professional income per unit of time.

T is the time measurable in ¼ hour units (i.e. fifteen minutes).

R is the responsibility factor classified into four categories consisting of:

- i) Scientific Knowledge
- ii) Professional Judgment
- iii) Technical Skill
- iv) Risk

C is the cost factor per unit of time.

If, in the provision of a dental service "commercial" and/or "in-office" laboratory and/or "expenses" costs are involved, these are then added to the suggested fees as "+L" and/or "+E". When submitting your account to a patient, under the provisions of the Dentistry Act of Ontario, it is mandatory that the professional fee and the commercial laboratory charges be disclosed to the patient in such a manner that the patient is aware of the commercial laboratory charges. Commercial laboratory charges should be coded as 99111, In-office laboratory charges should be coded as 99333.

3. Definition of Treatment Time and the Coding of Per Unit of Time Procedures

The definition of treatment time for the purposes of ODA procedure code use is specific to the definition in this Guide. Treatment time for all procedures begins when the practitioner begins preparing himself/herself and the patient for the delivery of the procedure.

Treatment time includes:

1. reviewing the patient's record to:
 - a. confirm the treatment plan for the procedure
 - b. confirm medical history is clear of contraindications to performing the procedure
2. obtaining informed consent to perform the procedure
3. administering local anaesthetic if required to perform the procedure
4. performing the procedure as it is described by the code
5. providing post procedural instructions to the patient and,
6. documenting the procedure in the chart

Treatment time ends when the procedure ends 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 reappointing the patient.

It is important to recognize that "appointment time" is not the same as treatment time and will not always align with the units of time or treatment time reported for that appointment.

4. The Reporting of Fees Related to "Per Unit of Time" Procedures

There are many procedures in the Guide which are "per unit of time" which is to say that the suggested fees are predicated upon the actual amount of time spent. **Time is measured in fifteen minute units.** If a procedure takes a partial unit of time, use the procedure code which corresponds to the "half unit of time" code. Where a "half unit of time" code does not exist the code which corresponds to the next higher unit of time may be used and bill for the actual time spent.

5. The suggested fees in the current Guide are predicated upon the provision of a single service.

6. You may wish to consider adjustments when:
 - a) certain repeated or multiple services reduce the time;
 - b) when a specific service requires more or less time due to variations in procedures and/or treatment aims;
 - c) a dental service:
 - i) presents unusual complications,
 - ii) demands exceptional effort, skill and/or time,
 - iii) requires greater than normal responsibility,
 - iv) requires immediate attention at the sacrifice of regular office practice;
 - d) your fee otherwise determined would be a financial burden to the patient;
7. Quadrants – there are four quadrants (i.e. maxillary and mandibular, right and left, midline to the most posterior tooth) and the maxillary and mandibular anterior segments (i.e. from maxillary cuspid to cuspid, mandibular cuspid to cuspid). Thus there are six “segments” in determining any reduction of the fee for multiple services.
8. I.C. – Independent Consideration is provided where, because of a large variation in procedures of rendering a service, a suggested fee is difficult to ascertain.
9. This Guide is prepared on the basis that the intent of treatment determines the procedure code to be used.

The use of technologies (e.g. lasers) does not change the intent of treatment. Procedure codes do not describe *how* a service will be performed; they describe the procedure or intent of the treatment. This fee guide is formulated so that it may be easily used in conjunction with The ODA approved standard dental claim form.

It is contrary to the intention behind this Guide to use only the right hand column of the fee guide. As outlined above, this suggested fee guide is based on a rational system which includes factors such as time and responsibility. Some dental office software vendors are under license to include the Guide in their software products. Where the Guide indicates a range of suggested fees, dental office software vendors have been provided with a single fee at the low end of the fee range. Dentists who employ such software are expected to determine their own fees independently.









Each dental service is described by a procedure code and dentists are obligated to use the code that describes the treatment performed. Every effort has been made to list all the procedures and clinical situations which may arise. Practitioners who require assistance to determine which procedure code to use may contact the Advisory Services Department of The ODA for assistance where it is necessary.

Disclaimer

The therapeutic value of a service is not a factor for the inclusion of a procedure code in the ODA Suggested Fee Guide. Inclusion of a procedure code in this Fee Guide is for descriptive purposes only. It does not indicate endorsement of the procedure by the Ontario Dental Association.

The procedure codes and descriptions contained within this Fee Guide are for reporting purposes and are not detailed enough in their description to meet record keeping requirements.

The Canadian Dental Association coding system, the Uniform System of Coding and List of Services (USC&LS) has been included in this Fee Guide to simplify completion of claim forms for prepaid dental plans, dental benefit plans, etc. and in order to facilitate data processing. This Fee Guide was prepared under license from the CDA and CDA retains copyright in the USCLS contained therein.

CATEGORY OF SERVICE	CODE SERIES	PAGE
 Diagnosis	00000	9
 Prevention	10000	15
 Restoration	20000	20
 Endodontics	30000	30
 Periodontics	40000	35
 Prosthodontics – Removable	50000	40
 Prosthodontics – Fixed	60000	49
 Oral & Maxillofacial Surgery	70000	55
 Orthodontics	80000	62
 Adjunctive General Services	90000	65

DIAGNOSIS

00000

CODE

SUGGESTED FEE

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

NOTE: For the First dental visit/orientation, a patient record will be started at the time of the visit

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	58.00
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EXAMINATION AND DIAGNOSIS, CLINICAL ORAL

Examination and Diagnosis, Complete Oral, to include:

- a) **History, Medical and Dental**
- b) **Clinical Examination and Diagnosis of Hard and Soft tissues, including carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests/analysis, where necessary and any other pertinent factors.**
- c) **Radiographs extra, as required.**

01101	Examination and Diagnosis, Complete, Primary Dentition, to include: (a) Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description	79.00
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 (b) Eruption sequence, tooth size — jaw size assessment	117.00
01103	Examination and Diagnosis, Complete, Permanent Dentition to include: (a) Extended examination and diagnosis on permanent dentition, recording history, charting, treatment planning and case presentation, including above description	157.00

EXAMINATION AND DIAGNOSIS, LIMITED ORAL

NOTE: All limited examinations include pulp vitality tests where necessary

NOTE: It is inappropriate for any dentist to use more than one examination code on any particular patient on any particular day. Therefore when a recall examination & diagnosis is performed concurrent with a Periodontal Reevaluation/Evaluation (49101-49109) only codes 49101-49109 would be used.

NOTE: The suggested fees on specific and emergency examinations are based upon a range in time of ½ unit to two units with a unit of time being fifteen minutes. It is contrary to ODA policy to use only the top end of the range without giving consideration to the time spent.

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 Complete Oral Examination	38.00
01204	Examination and Diagnosis, Specific Examination and evaluation of a specific situation	50.00 – 144.00
01205	Examination and Diagnosis, Emergency Examination and diagnosis for the investigation of discomfort and/or infection in a localized area	50.00 – 144.00
01502	Examination and Diagnosis, Periodontal, Limited, Previous Patient	38.00

CODE

SUGGESTED FEE

RADIOGRAPHS

(Including Radiographic Examination and Diagnosis and Interpretation)

RADIOGRAPHS, REGIONAL/LOCALIZED

02101	Radiographs, Complete Series (minimum of 12 images incl. bitewings)	144.00
02102	Radiographs, Complete Series (minimum 16 images, incl. bitewings)	156.00

Radiographs, Periapical

02111	Single image	34.00
02112	Two images	41.00
02113	Three images	48.00
02114	Four images	53.00
02115	Five images	64.00
02116	Six images	71.00
02117	Seven images	80.00
02118	Eight images	88.00
02119	Nine images	96.00
02120	Ten images	104.00
02121	Eleven images	112.00
02122	Twelve images	120.00
02123	Thirteen images	127.00
02124	Fourteen images	137.00
02125	Fifteen images	143.00

Radiographs, Occlusal

02131	Single image	37.00
02132	Two images	46.00
02133	Three images	56.00
02134	Four images	65.00
02135	Five images	76.00
02136	Six images	85.00

Radiographs, Bitewing

02141	Single image	34.00
02142	Two images	41.00
02143	Three images	48.00
02144	Four images	53.00
02145	Five images	64.00
02146	Six images	71.00

RADIOGRAPHS, EXTRAORAL

Radiographs, Cone Beam Computerized Tomography (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, Cone Beam Computerized Tomography (CBCT), Image Processing

07021	One unit of time (15 minutes)	I.C.
07022	Two units (30 minutes)	I.C.
07027	One half unit (7.5 minutes)	I.C.
07029	Each additional unit over two (15 minutes)	I.C.

Radiographs, Cone Beam Computerized Tomography (CBCT), Interpretation

07031	One unit of time (15 minutes)	I.C.
07032	Two units (30 minutes)	I.C.
07037	One half unit (7.5 minutes)	I.C.
07039	Each additional unit over two (15 minutes)	I.C.

CODE		SUGGESTED FEE
RADIOGRAPHS, EXTRAORAL CONTINUED		
Radiographs, Sialography		
02401	Single image	I.C.
02402	Two images	I.C.
02409	Each additional image over two	I.C.
Radiopaque Dyes, Use of, to Demonstrate Lesions		
02411	One unit of time (15 minutes)	I.C.
02412	Two units of time (30 minutes)	I.C.
02419	Each additional unit over two (15 minutes)	I.C.
Radiographs, Temporomandibular Joint		
02504	Four images (minimum examination closed and open each side)	96.00
02509	Each additional image over four	20.00
Radiographs, Panoramic		
02601	Single images	73.00
Radiographs, Cephalometric		
02701	Single images	68.00
02702	Two images	94.00
02703	Three images	120.00
02704	Four images	146.00
02709	Each additional image over four	37.00
Radiographs, Cephalometric, Tracing and Interpretation		
02751	One unit of time (15 minutes)	88.00
02752	Two units (30 minutes)	177.00
02759	Each additional unit over two (15 minutes)	88.00
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 (15 minutes) +PS	88.00
02802	Two units (30 minutes) +PS	177.00
02809	Each additional unit over two (15 minutes) +PS	88.00
RADIOGRAPHS, OTHER		
Radiographs, Duplications		
02911	Single image	22.00
02912	Two images	23.00
02913	Three images	25.00
02914	Four images	26.00
02915	Five images	27.00
02916	Six images	28.00
02917	Seven images	29.00
02918	Eight images	30.00
02919	Each additional image over eight	2.00
NOTE: For the following service, there is not an additional fee for each additional view over four. The fee for additional views is deemed to be included in 02934		
Radiographs, Tomography		
02931	Single view	I.C.
02932	Two views	I.C.
02933	Three views	I.C.
02934	Four views	I.C.
02939	Each additional view over four	No Fee

RADIOGRAPHS, EXTRAORAL CONTINUED

CODE		SUGGESTED FEE
Radiographs, Hand and Wrist		
02941	Radiographs, Hand and Wrist (as a diagnostic aid for dental treatment) per case	52.00
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 sites(s))		
02951	Maxillary +L +E	174.00
02952	Mandibular +L +E	174.00
TEMPLATE SURGICAL		
TEMPLATE SURGICAL (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants)		
03001	Maxillary Template +L +E	174.00
03002	Mandibular Template +L +E	174.00
TEST/ANALYSIS AND LABORATORY PROCEDURES/INTERPRETATION AND/OR REPORTS		
Test/Analysis, Microbiological (technical procedure only)		
04101	Microbiological Test/Analysis for the Determination of Pathologic Agents +L	82.00
Test/Analysis, Caries Susceptibility/Diagnosis		
04201	Bacteriological Test/Analysis for the Determination of Dental Caries Susceptibility (technical procedure only) +L	82.00
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 (15 minutes)	I.C.
04222	Two units of time (30 minutes)	I.C.
04227	One half unit of time (7.5 minutes)	I.C.
04229	Each additional unit over two (15 minutes)	I.C.
TEST/ANALYSIS HISTOPATHOLOGICAL (technical procedure only)		
Test/Analysis, Histological, Soft Tissue (technical procedure only)		
04311	Biopsy, Soft Oral Tissue – by Puncture +L	90.00
04312	Biopsy, Soft Oral Tissue – by Incision +L	90.00
Test/Analysis, Histological, Hard Tissue (technical procedure only)		
04321	Biopsy, Hard Oral Tissue – by Puncture +L	193.00
04322	Biopsy, Hard Oral Tissue – by Incision +L	193.00
Test/Analysis, Cytological (technical procedure only)		
04401	Cytological Smear from the Oral Cavity +L +E	79.00
SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY)		
Equilibration, Casts, Diagnostic (pilot equilibration) for extensive or complicated restorative dentistry		
04711	One unit of time (15 minutes) +L	I.C.
04712	Two units (30 minutes) +L	I.C.
04713	Three units (45 minutes) +L	I.C.
04714	Four units (60 minutes) +L	I.C.
04719	Each additional unit over four (15 minutes)	I.C.
Wax-up, Diagnostic (to evaluate cosmetic and/or preparation design and/or occlusal considerations) (gnathological wax-up) +L		
04721	One unit of time (15 minutes) +L	I.C.
04722	Two units (30 minutes) +L	I.C.
04723	Three units (45 minutes) +L	I.C.
04724	Four units (60 minutes) +L	I.C.
04729	Each additional unit over four (15 minutes)	I.C.

CODE

SUGGESTED FEE

SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY) CONTINUED

NOTE: The following procedure is used to double-check the validity of centric records and the validity of the true hinge axis location.

Split Cast Mounting, Diagnostic +L

04731	One unit of time (15 minutes) +L	I.C.
04732	Two units (30 minutes) +L	I.C.
04733	Three units (45 minutes) +L	I.C.
04734	Four units (60 minutes) +L	I.C.
04739	Each additional unit over four (15 minutes)	I.C.

Interpretation of Diagnostic Casts

04741	One unit of time (15 minutes)	85.00
04749	Each additional unit (15 minutes)	85.00

Photographs, Diagnostic (technical procedure only)

04811	Single photograph	39.00
04812	Two photos	53.00
04813	Three photos	60.00
04819	Each additional photo over three	10.00

CASTS, DIAGNOSTIC (Technical procedure only, not including interpretation)**Cast, Diagnostic, Unmounted**

04911	Cast Diagnostic, Unmounted +L	48.00
04912	Cast Diagnostic, Unmounted, Duplicate +L	23.00
04913	Casts, Diagnostic, Unmounted, Upper and Lower Combined +L	69.00

Casts, Diagnostic, Mounted

04921	Casts, Diagnostic, Mounted +L	99.00
04922	Casts, Diagnostic, Mounted, using face bow transfer +L	123.00
04923	Casts, Diagnostic, Mounted, using face bow + occlusal records +L	217.00
04924	Casts, Diagnostic, using fully adjustable articulator +L (used with 04941 and 04942)	I.C.

Casts, Diagnostic, Orthodontic

04931	Casts, Diagnostic, Orthodontic (unmounted, angle trimmed and soaped) +L	77.00
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Casts, Diagnostic, Miscellaneous Procedures

04941	Transverse Axis Location and Transfer, used in conjunction with 04922, 04923 & 04924 +L	I.C.
04942	Three Dimensional Recordings of Patient's Dynamic Movements for Programming of Fully Adjustable Articulators	I.C.

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 (15 minutes)	I.C.
05102	Two units (30 minutes)	I.C.
05103	Three units (45 minutes)	I.C.
05104	Four units (60 minutes)	I.C.
05109	Each additional unit over four (15 minutes)	I.C.

CODE**SUGGESTED FEE****Consultation with patient**

05201	One unit of time (15 minutes)	60.00
05202	Two units (30 minutes)	120.00
05209	Each additional unit over two (15 minutes)	60.00

Computerized Cone Beam Technology (CBCT)

Refer to codes 07011-07013, 07021-07029 and 07031-07039 on [page 10](#)

Remote Assessment of Chief Complaint

08011	One unit of time (15 minutes)	79.00
08012	Two units of time (30 minutes)	158.00
08019	Each additional unit over two (15 minutes)	79.00

Mixed dentition analysis – Refer to Diagnostic Services for radiographs and diagnostic casts.

Consultation with member of profession – Refer to Adjunctive General Services 93111, 93112 & 93119

Written Report – Refer to Adjunctive General Services 93121, 93122 & 93123

Completing Claim Forms – Refer to Adjunctive General Services 93301, 93302, 93303

PREVENTION 10000

CODE **SUGGESTED FEE**

- Recall oral examination and diagnosis — Refer to Procedure 01202**
- Note 1:** For root planing — Refer to code series 43421-43427 & 43429
- Note 2:** For finishing of restorations refer to Codes 16101-16104 & 16109
- Note 3:** For the definition of treatment time and the coding of the following per unit of time procedures, refer to the Preamble and the Definition of Treatment Time

Polishing

11101	One unit of time (15 minutes)	33.00
11107	One half unit (7.5 minutes)	26.00

Scaling

11111	One unit of time (15 minutes)	63.00
11112	Two units (30 minutes)	123.00
11113	Three units (45 minutes)	177.00
11114	Four units (60 minutes)	236.00
11115	Five units (75 minutes)	295.00
11116	Six units (90 minutes)	354.00
11117	One half unit (7.5 minutes)	30.00
11119	Each additional unit over six (15 minutes)	63.00

FLUORIDE TREATMENTS TOPICAL, WHOLE MOUTH, IN OFFICE

12111	Rinse	8.00
12112	Gel or Foam	32.00
12113	Varnish	33.00
12114	Self-administered brush-in, supervised	24.00

FLUORIDE CUSTOM APPLIANCES

Fluoride, Custom Appliances (home application)

12601	Fluoride, Custom Appliance – Maxillary Arch +L	76.00
12602	Fluoride, Custom Appliance – Mandibular Arch +L	76.00

MEDICATION CUSTOM APPLIANCES

Medication, Custom Appliance

12701	Medication, Custom Appliance – Maxillary Arch +L	74.00
12702	Medication, Custom Appliance – Mandibular Arch +L	74.00

NUTRITIONAL COUNSELLING

Nutritional Counselling

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

13101	One unit of time (15 minutes)	50.00
13102	Two units (30 minutes)	98.00
13103	Three units (45 minutes)	147.00
13104	Four units (60 minutes)	195.00
13109	Each additional over four (15 minutes)	50.00

CODE

SUGGESTED FEE

ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL
To include: brushing and/or flossing and/or embrasure cleaning

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

13211	One unit of time (15 minutes)	50.00
13212	Two units (30 minutes)	98.00
13213	Three units (45 minutes)	147.00
13214	Four units (60 minutes)	195.00
13219	Each additional unit over four (15 minutes)	50.00

NOTE: For Group Instruction, the fee is for the group as a whole and is to be allocated amongst the individual members

Group Instruction – excluding audio-visual time

13221	One unit of time (15 minutes)	50.00
13222	Two units (30 minutes)	98.00
13223	Three units (45 minutes)	147.00
13224	Four units (60 minutes)	195.00
13229	Each additional unit over four (15 minutes)	50.00

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

13231	One unit of time (15 minutes)	50.00
13232	Two units (30 minutes)	98.00
13237	One half unit of time (7.5 minutes)	25.00
13239	Each additional unit over two (15 minutes)	50.00

Oral Hygiene Instruction – audio-visual

13241	One unit of time (15 minutes)	No Fee
13242	Two units (30 minutes)	No Fee
13249	Each additional unit over two (15 minutes)	No Fee

PREVENTIVE SERVICES, MISCELLANEOUS

Sealants, Pit and Fissure (Mechanical and/or chemical preparation included)

13401	First tooth	32.00
13409	Each additional tooth same quadrant	19.00

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	68.00
13419	Each additional tooth same quadrant	68.00

Topical Application to Hard Tissue Lesion(s) of Antimicrobial or Remineralization Agents

13601	One unit of time (15 minutes) +E	67.00
13602	Two units (30 minutes) +E	132.00
13609	Each additional unit over two (15 minutes)	67.00

CONTROL OF ORAL HABITS

Appliances, Removable, Control of Oral Habits

14101	Appliance, Maxillary +L	278.00
14102	Appliance, Mandibular +L	278.00

Appliances, Fixed/Cemented, Control of Oral Habits

14201	Appliance, Maxillary +L	370.00
14202	Appliance, Mandibular +L	370.00

CONTROL OF ORAL HABITS, MISCELLANEOUS

14301	Motivation of Patient – Psychological Approach (e.g. thumb sucking, lip biting, etc.) – per visit	88.00
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CONTROL OF ORAL HABITS, MISCELLANEOUS, CONTINUED

CODE		SUGGESTED FEE
Myofunctional Therapy (e.g. to correct mouth breathing, abnormal swallowing, tongue thrust, etc.)		
14311	First unit of time (15 minutes)	88.00
14312	Two units (30 minutes)	175.00
14319	Each additional unit over two (15 minutes)	88.00

Appliances, Control of Oral Habits, Adjustments, Repairs, Maintenance		
14401	One unit of time (15 minutes)+L	I.C.
14402	Two units (30 minutes) +L	I.C.
14403	Three units (45 minutes) +L	I.C.
14409	Each additional unit over three (15 minutes) +L	I.C.

APPLIANCES, PROTECTIVE MOUTHGUARDS

Appliances, Protective Mouth Guards		
14502	Appliance, Protective Mouth Guard, Processed +L	160.00

APPLIANCES, PERIODONTAL
(see separate codes for Control of Oral Habits 14100,
Appliances Protective Mouth Guards 14500 and Appliances TMJ 14700)

NOTE: Refer to code 12700 for Custom Medication Appliances

Appliances, Periodontal (including bruxism appliance); Includes Impression, Insertion and Insertion Adjustment (no post insertion adjustments)		
14611	Maxillary Appliance +L	346.00
14612	Mandibular Appliance +L	346.00

Appliances, Adjustment, Repair (including bruxism appliances)		
14621	One unit of time (15 minutes) +L	87.00
14622	Two units (30 minutes) +L	174.00
14623	Three units (45 minutes) +L	260.00
14629	Each additional unit over three (15 minutes)	87.00

Appliances, Reline, (including bruxism appliance)		
14631	Reline, Direct	174.00

APPLIANCES, TEMPOROMANDIBULAR JOINT

Appliance, TMJ, Diagnostic, and/or Therapeutic, Includes Impression, Insertion and Insertion Adjustment (no post insertion adjustments)		
14711	Maxillary Appliance +L	379.00
14712	Mandibular Appliance +L	379.00

Appliance, TMJ Intraoral Repositioning, Includes Impression, Insertion and Insertion Adjustment (no post insertion adjustments)		
14721	Appliance, Maxillary +L	379.00
14722	Appliance, Mandibular +L	379.00

Appliance, TMJ, Periodic Maintenance, Adjustment, Repair		
14731	One unit of time (15 minutes) +L	96.00
14732	Two units (30 minutes) +L	190.00
14733	Three units (45 minutes) +L	285.00
14739	Each additional unit over three (15 minutes)	96.00

Appliance, TMJ, Reline		
14741	Reline, Direct	190.00

CODE **SUGGESTED FEE**

APPLIANCES, MYOFASCIAL PAIN DYSFUNCTION SYNDROME
(conditions that originate outside of the temporomandibular joint)

Appliance, Myofascial Pain Dysfunction Syndrome Includes models, gnathological determinants)
Appliance Construction only, and insertion adjustment (no post-insertion adjustments)

14811	Maxillary +L	534.00
14812	Mandibular +L	534.00

Appliances, Myofascial Pain Dysfunction Syndrome, Periodic Maintenance, Adjustment and Repairs

14821	One unit of time (15 minutes) +L	102.00
14822	Two units (30 minutes) +L	201.00
14823	Three units (45 minutes) +L	302.00
14829	Each additional unit over three (15 minutes)	102.00

OBSTRUCTIVE AIRWAY DISORDERS
(Dental management of medically diagnosed obstructive sleep apnea, snoring and/or upper airway resistance syndrome (UARS) by a physician and with the results of an over-night sleep study (polysomnogram) that has been medically read and interpreted)

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 +L	I.C.
14902	Appliance, Tongue Retaining Device, for the Treatment of Obstructive Airway Disorders +E	I.C.

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

14911	One unit of Time (15 minutes) +L	I.C.
14912	Two units (30 minutes) +L	I.C.
14919	Each additional unit over two (15 minutes) +L	I.C.

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 (15 minutes)	I.C.
14922	Two units (30 minutes)	I.C.
14929	Each additional unit over two (15 minutes)	I.C.

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 +L	173.00
15103	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch) +L	346.00
15104	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch), with Teeth Attached +L	475.00 – 511.00
15105	Space Maintainer, Band Type, Fixed, Bilateral Tubes and Locking Wires, +L	346.00

Space Maintainers, Stainless Steel Crown Type

15201	Space Maintainer, Stainless Steel Crown Type, Fixed +L	346.00
15202	Space Maintainer, Stainless Steel Crown Type, Fixed, With Intra-Alveolar Attachment +L	362.00

Space Maintainers, Cast Type

15301	Space Maintainer, Cast Type, Fixed +L	346.00
15302	Space Maintainer, Cast Type, Fixed, With Intra-Alveolar Attachment +L	452.00

CODE	SPACE MAINTAINERS, CONTINUED	SUGGESTED FEE
Space Maintainers, Acrylic, Removable		
15401	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires +L	217.00
15402	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires, with Teeth +L	260.00
15403	Space Maintainer, Acrylic, Removable, No Clasps +L	217.00
Space Maintainers, Bonded, Pontic Type		
15501	Space Maintainer, Bonded Pontic Type +L	260.00
Space Maintainers, Maintenance of		
15601	Maintenance, Space Maintainer Appliance, to include: adjustment and/or recementation after 30 days from insertion	79.00
15602	Maintenance, Space Maintainer Appliances, addition of clasps and/or activating wires +L	119.00
15603	Repairs, Space Maintainer Appliances (includes recementation) +L	119.00
15604	Removal of Fixed Space Maintainer Appliances by Second Dentist	79.00

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 of 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 (15 minutes)	82.00
16102	Two units (30 minutes)	163.00
16103	Three units (45 minutes)	244.00
16104	Four units (60 minutes)	325.00
16109	Each additional unit over four (15 minutes)	82.00

Disking of Teeth, Interproximal

16201	One unit of time (15 minutes)	78.00
16202	Two units (30 minutes)	155.00

Recontouring of Natural Teeth for Aesthetic Reasons

16301	One unit of time (15 minutes)	78.00
16309	Each additional unit of time (15 minutes)	78.00

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

16401	One unit of time (15 minutes)	78.00
16409	Each additional unit of time (15 minutes)	78.00

OCCCLUSION

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 (15 minutes)	89.00
16512	Two units (30 minutes)	178.00
16513	Three units (45 minutes)	267.00
16514	Four units (60 minutes)	356.00
16519	Each additional unit over four (15 minutes)	89.00

RESTORATION 20000

Diagnostic procedures – Refer to Diagnostic Services 01000 Series

Note: The following services include soft tissue management at the same appointment when the intent is **not** to permanently change the tissue profile.

MULTIPLE SERVICES AND TIME

Fee adjustments may be considered when certain repeated or multiple services reduce the time.

The time may be lower for a specific service due to variations in procedures and/or treatment aims.

When more than one of the services from Code 21111-23515 are performed at the one appointment in the same quadrant, there may be a significant reduction in the time).

Quadrants – There are four quadrants (i.e. maxillary and mandibular, right and left, midline to the most posterior tooth) and the maxillary and mandibular anterior segments (i.e. from maxillary cuspid to cuspid, mandibular cuspid to cuspid). Thus there are six “segments” in determining any reduction of the fee for multiple services.

NOTE: The following restorations include pulp protection when necessary.

NOTE: 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

CODE

SUGGESTED FEE

CARIES, TRAUMA AND PAIN CONTROL

NOTE: for codes 20111, 20119, 20121 & 20129, “As a separate procedure” is defined as “At a separate appointment on the same tooth”

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	133.00 – 161.00
20119	Each additional tooth same quadrant	133.00 – 161.00

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	133.00 – 161.00
20129	Each additional tooth same quadrant	133.00 – 161.00

Trauma Control, Smoothing of Fractured Surfaces per tooth

20131	First tooth	39.00
20139	Each additional tooth same quadrant	39.00

RESTORATIONS, AMALGAM

Restorations, Amalgam, Non-Bonded, Primary Teeth

21111	One surface	174.00
21112	Two surfaces	218.00
21113	Three surfaces	261.00
21114	Four surfaces	313.00 – 331.00
21115	Five surfaces or maximum surfaces per tooth	331.00 – 351.00

RESTORATIONS, AMALGAM, CONTINUED

CODE	SUGGESTED FEE
Restorations, Amalgam, Bonded, Primary Teeth	
21121 One surface	174.00
21122 Two surfaces	218.00
21123 Three surfaces	261.00
21124 Four surfaces	313.00 – 331.00
21125 Five surfaces or maximum surfaces per tooth	331.00 – 351.00

Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors	
21211 One surface	174.00
21212 Two surfaces	218.00
21213 Three surfaces	261.00
21214 Four surfaces	313.00 – 331.00
21215 Five surfaces or maximum surfaces per tooth	331.00 – 351.00

Restorations, Amalgam, Non-Bonded, Permanent Molars	
21221 One surface	209.00
21222 Two surfaces	261.00
21223 Three surfaces	314.00
21224 Four surfaces	376.00 – 387.00
21225 Five surfaces or maximum surfaces per tooth	397.00 – 408.00

Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors	
21231 One surface	174.00
21232 Two surfaces	218.00
21233 Three surfaces	261.00
21234 Four surfaces	313.00 – 331.00
21235 Five surfaces or maximum surfaces per tooth	331.00 – 351.00

Restorations, Amalgam, Bonded, Permanent Molars	
21241 One surface	209.00
21242 Two surfaces	261.00
21243 Three surfaces	314.00
21244 Four surfaces	376.00 – 387.00
21245 Five surfaces or maximum surfaces per tooth	397.00 – 408.00

PINS, RETENTIVE

Pins, Retentive per restoration (for amalgams and tooth coloured restorations)	
21401 One pin	29.00
21402 Two pins	45.00
21403 Three pins	60.00
21404 Four pins	77.00
21405 Five pins or more	100.00

POSTS, PREFABRICATED RETENTIVE

Posts, Prefabricated Retentive +E	
25731 One post +E	175.00
25732 Two posts same tooth +E	261.00
25733 Three posts same tooth +E	348.00

RESTORATIONS, PREFABRICATED, FULL COVERAGE

Restorations, Prefabricated, Metal, Primary Teeth	
22201 Primary Anterior	242.00
22211 Primary Posterior	242.00

Restorations Prefabricated, Metal, Permanent Teeth	
22301 Permanent Anterior	242.00
22311 Permanent Posterior	242.00

RESTORATIONS, PREFABRICATED, FULL COVERAGE, CONTINUED

CODE	SUGGESTED FEE
Restorations Prefabricated, Plastic, Primary Teeth	
22401 Primary Anterior	242.00
22411 Primary Posterior	242.00
Restorations Prefabricated, Plastic, Permanent Teeth	
22501 Permanent Anterior	242.00
22511 Permanent Posterior	242.00
Restorations Prefabricated, Porcelain/Ceramic/Polymer Glass, Primary Teeth	
22601 Primary Anterior	274.00
22611 Primary Posterior	274.00

RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS

With retentive pins, use appropriate codes 21401 to 21405

THE FOLLOWING PROCEDURES HAVE BEEN CATEGORIZED UNDER NON BONDED AND BONDED. THE SEQUENCE OF SERVICES IS THEREFORE NOT IN NUMERICAL ORDER

RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, NON BONDED

Primary Teeth

Restorations, Tooth Coloured, Primary Anterior, Non Bonded	
23401 One surface	174.00
23402 Two surfaces	218.00
23403 Three surfaces	261.00
23404 Four surfaces	313.00 – 331.00
23405 Five surfaces	331.00 – 351.00

Restorations, Tooth Coloured/Plastic with/without Silver Filings, Primary, Posterior, Non Bonded	
23501 One surface	191.00
23502 Two surfaces	239.00
23503 Three surfaces	287.00
23504 Four surfaces	344.00 – 357.00
23505 Five surfaces or maximum surfaces per tooth	363.00 – 372.00

Permanent Teeth

Restorations, Tooth Coloured Permanent Anteriors Non Bonded Technique	
23101 One surface	174.00
23102 Two surfaces	218.00
23103 Three surfaces	261.00
23104 Four surfaces	313.00 – 331.00
23105 Five surfaces (maximum surfaces per tooth)	331.00 – 351.00

Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non Bonded – Permanent Bicuspids	
23211 One surface	191.00
23212 Two surfaces	239.00
23213 Three surfaces	287.00
23214 Four surfaces	344.00 – 357.00
23215 Five surfaces or maximum surfaces per tooth	363.00 – 372.00

RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, NON BONDED, CONTINUED

CODE	SUGGESTED FEE
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non Bonded – Permanent Molars	
23221 One surface	209.00
23222 Two surfaces	261.00
23223 Three surfaces	314.00
23224 Four surfaces	376.00 – 387.00
23225 Five surfaces or maximum surfaces per tooth	397.00 – 408.00

RESTORATIONS, TOOTH COLOURED, BONDED TECHNIQUE

Primary Teeth

Restorations, Tooth Coloured, Primary, Anterior, Bonded Technique	
23411 One surface	174.00
23412 Two surfaces	218.00
23413 Three surfaces	261.00
23414 Four surfaces	313.00 – 331.00
23415 Five surfaces or maximum surfaces per tooth	331.00 – 351.00

Restorations, Tooth Coloured/Plastic, Primary, Posterior, Bonded Technique	
23511 One surface	191.00
23512 Two surfaces	239.00
23513 Three surfaces	287.00
23514 Four surfaces	344.00 – 357.00
23515 Five surfaces or maximum surfaces per tooth	363.00 – 372.00

Permanent Teeth

Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closures)	
23111 One surface	174.00
23112 Two surfaces	218.00
23113 Three surfaces	261.00
23114 Four surfaces	313.00 – 331.00
23115 Five surfaces (maximum surfaces per tooth)	331.00 – 351.00

Restorations, Tooth Coloured, Permanent Posteriors – Bonded Permanent Bicuspids	
23311 One surface	191.00
23312 Two surfaces	239.00
23313 Three surfaces	287.00
23314 Four surfaces	344.00 – 357.00
23315 Five surfaces or maximum surfaces per tooth	363.00 – 372.00

Restorations, Tooth Coloured, Permanent Posteriors – Bonded Permanent Molars	
23321 One surface	209.00
23322 Two surfaces	261.00
23323 Three surfaces	314.00
23324 Four surfaces	376.00 – 387.00
23325 Five surfaces or maximum surfaces per tooth	397.00 – 408.00

CODE		SUGGESTED FEE
VENEER APPLICATIONS		
NOTE 1: For Laboratory Processed Veneers, refer to codes 27601 & 27602		
NOTE 2: For Diastema Closure (23123), this service applies to each interproximal surface treated		
Restorations, Tooth Coloured, Veneer Applications		
23121	Tooth Coloured Veneer Application – Direct Chairside Prefabricated – Bonded	332.00
23122	Tooth Coloured Veneer Application – Non Prefabricated Direct Build-up – Bonded	332.00
23123	Tooth Coloured Veneer Application – Diastema Closure, Interproximal only, Bonded	208.00
RESTORATIONS, FOIL, GOLD		
Restorations, Foil, Gold, Posteriors		
24201	Class I	348.00
24202	Class II	695.00
24203	Class V	521.00
RESTORATIONS, INLAYS		
Inlays, Metal		
25111	One surface +L	434.00
25112	Two surfaces +L	609.00
25113	Three surfaces +L	695.00
Inlays, Composite/Compomer, Indirect (Bonded)		
25121	One surface +L	434.00
25122	Two surfaces +L	609.00
25123	Three surfaces +L	695.00
Inlays, Porcelain/Ceramic/Polymer Glass (Non-Bonded)		
25131	One surface +L	434.00
25132	Two surfaces +L	609.00
25133	Three surfaces +L	695.00
Inlays, Porcelain/Ceramic/Polymer Glass (Bonded)		
25141	One surface +L	434.00
25142	Two surfaces +L	609.00
25143	Three surfaces +L	695.00
RESTORATIONS, ONLAYS (WHERE ONE OR MORE CUSPS ARE RESTORED)		
Onlays, Cast Metal, Indirect		
25511	Onlay, Cast Metal, Indirect +L	910.00
Onlays, Composite/Compomer, Processed (Bonded) +L		
25521	Onlay, Composite/Compomer, Indirect (Bonded) Onlay +L	910.00
Onlays, Porcelain/Ceramic/Polymer Glass (Bonded)		
25531	Onlay, Porcelain/Ceramic/Polymer Glass (Bonded) +L	910.00
PINS, RETENTIVE (for inlays, onlays and crowns per tooth)		
25601	One pin/tooth +L	26.00
25602	Two pins/tooth +L	44.00
25603	Three pins/tooth +L	58.00
25604	Four pins/tooth +L	75.00
25605	Five or more pins/tooth +L	99.00

CROWNS – SINGLE RESTORATIONS ONLY

Note 1: for splinted crowns refer to Prosthodontic Services – Fixed (60000 Series)

Note 2: the time for single crown restorations include one unit of time for the removal of an existing crown concurrent with the re-preparation of the tooth. If additional time is required for the crown removal, please refer to procedure codes 29301-29304

PREAMBLE

Procedural Guidelines

- a) Removal of diseased tooth structure if required
- b) Assessment of the necessity for:
 - i) provision of substitute substructure to provide sufficient retention and protection of the remaining natural tooth,
 - ii) finishing and contouring of adjacent restorations,
 - iii) correction of periodontal abnormalities,
 - iv) correction of occlusal abnormalities in the opposing arch related to the unit,

Assessment of the necessity for (i), (ii), (iii), (iv) is to be considered part of the prosthodontic treatment. Should any of the above be required then it would be done as a separate entity with the additional fee guided by the appropriate code numbers in the suggested Fee Guide.
- c) Design and execution of tooth reduction if required to accommodate the dictates of the chosen restorative material and the functional requirements (occlusal and retentive)
- d) Accurate impressions of the prepared tooth, its surroundings and the opposing occlusion
- e) Accurate centric registration as a minimum in occlusal registration.
- f) Adequate provisional coverage for the treated tooth for the interim of the treatment period if required. Adequate coverage shall mean:
 - i) protection of the cut dentinal tubules and underlying dental pulp
 - ii) maintenance of contact to adjacent teeth
 - iii) maintenance of an acceptably stable functional occlusion during the construction period
 - iv) respect for periodontal structures; i.e. the provisional restoration should provide little or no significant insult to the surrounding tissues.

A separate fee may be assessed for provisional coverage when:

 - a) orthodontic treatment will precede the final restoration
 - b) periodontal treatment will precede the final restoration
 - c) the final restoration cannot be completed within 3 months and re-preparation is required
 - d) the patient presents with a fractured tooth and requires immediate provisional coverage
- g) Shade selection where necessary.
- h) A proper written prescription for the guidance of the dental technician.
- i) Proper insertion technique which includes:
 - i. pulp protection if required,
 - ii. occlusal and contact adjustments,
 - iii. marginal fitting and finishing,
 - iv. a cementation technique which reflects the proper choice of cement along with care to cement under the most hygienic and optimum conditions.
- j) Occlusal adjustment of the finished restoration.

CODE	RESTORATIONS, AMALGAM CORES	SUGGESTED FEE
Restorations, Amalgam Cores		
21301	Restorations, Amalgam Core, Non-Bonded in conjunction with crown or fixed bridge retainer	305.00 – 348.00
21302	Restorations, Amalgam Core, Bonded, in conjunction with crown or fixed bridge retainer	326.00 – 370.00

RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, CORES

Restorations, Tooth Coloured/Plastic with/without Silver Filings, Cores		
23601	Restoration, Tooth Coloured, Non-Bonded Core, in conjunction with crown or fixed bridge retainer	305.00 – 348.00
23602	Restoration, Tooth Coloured, Bonded, Core in conjunction with crown or fixed bridge retainer	305.00 – 348.00

CODE

SUGGESTED FEE

POSTS

NOTE: Direct Restorative Posts – Refer to page 21

Posts, Cast Metal (including core) as a Separate Procedure

25711	Single section +L	515.00
25712	Two sections +L	601.00
25713	Three sections +L	686.00

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

25721	Single section +L	257.00
25722	Two sections +L	343.00
25723	Three sections +L	428.00

Posts, Prefabricated, Retentive and Cast Core +L +E

25741	One post and cast core +L +E	343.00
25742	Two posts (same tooth) and cast core +L +E	428.00
25743	Three posts (same tooth) and cast core +L +E	515.00

Posts, Prefabricated, with Non-Bonded Core for Crown Restoration or Fixed Bridge Retainer [including pin(s) where applicable] +E

25751	One post, with Non Bonded amalgam core and pin(s) +E	322.00
25752	Two posts, (same tooth), with Non Bonded amalgam core and pins(s) +E	322.00
25753	Three posts, (same tooth), with Non Bonded amalgam core and pin(s) +E	322.00
25754	One post, with Non Bonded composite core and pin(s) +E	322.00
25755	Two posts, (same tooth), with Non Bonded composite core and pin(s) +E	322.00
25756	Three posts, (same tooth), with Non Bonded composite core and pin(s) +E	322.00

Posts, Prefabricated, with Bonded Core for Crown Restoration or Fixed Bridge Retainer [including pin(s) where applicable] +E

25761	One post, with Bonded amalgam core and pin(s) +E	343.00 – 428.00
25762	Two posts, (same tooth), with Bonded amalgam core and pins(s) +E	343.00 – 428.00
25763	Three posts, (same tooth), with Bonded amalgam core and pin(s) +E	343.00 – 428.00
25764	One post, with Bonded composite core and pin(s) +E	365.00 – 451.00
25765	Two posts, (same tooth), with Bonded composite core and pin(s) +E	365.00 – 451.00
25766	Three posts, (same tooth), with Bonded composite core and pin(s) +E	365.00 – 451.00

Posts, Provisional

25771	Per Post +E and/or +L	83.00
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Post Removal

25781	One unit of time (15 minutes)	91.00
25782	Two units of time (30 minutes)	181.00
25783	Three units of time (45 minutes)	270.00
25784	Four units of time (60 minutes)	360.00
25789	Each additional unit over four (15 minutes)	91.00

MESOSTRUCTURES

(a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw)

NOTE: Refer to codes 79934-79936 for the placement of a mesostructure (transmucosal element) in conjunction with surgical re-entry

Mesostructures, Osseo-integrated Implant Supported

26101	Indirect, Angulated or transmucosal pre-fabricated abutment, per implant +L +E	322.00 – 413.00
26102	Indirect, Custom laboratory fabricated, per implant +L +E	322.00 – 413.00
26103	Direct, (with intra-oral preparation), per implant site +E	364.00

CODE **SUGGESTED FEE**

CROWNS, SINGLE UNITS (ONLY)

NOTE: for splinted crowns refer to Prosthodontic Services Fixed (60000 Series)

CROWNS, ACRYLIC/COMPOSITE/COMPOMER, INDIRECT (with or without cast or prefabricated metal bases)

Crowns, Acrylic/Composite/Compomer, Indirect

27111	Crown, Acrylic/Composite/Compomer, Indirect +L	695.00
27113	Crown, Acrylic/ Composite/Compomer, Provisional (Long Term), Indirect (lab fabricated/relined intra-orally) +L	248.00
27115	Crown, Acrylic/Composite/Compomer, Indirect, implant-supported +L +E	953.00

Crowns, Acrylic/Composite/Compomer, Direct

27121	Crown, Acrylic/Composite/Compomer, Direct, Provisional (chairside) +E	332.00
27125	Crown, Acrylic/Composite/Compomer, Direct, Provisional Implant Supported +E	I.C.

Crowns, Acrylic/Composite/Compomer, Cast Metal Base Indirect +L

27131	Crown, Acrylic/Composite/Compomer, Cast Metal Base Indirect +L	695.00
27135	Crown, Acrylic/Composite/Compomer, Cast Metal Base, Implant-Supported +L +E	953.00

CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS

NOTE: The porcelain/ceramic/polymer glass crown codes include all tooth coloured materials with the exception of acrylic, composite and compomer

NOTE: Implant supported crowns include screw retained and cemented crowns

Crowns, Porcelain/Ceramic/Polymer Glass

27201	Crown, Porcelain/Ceramic/Polymer Glass +L	910.00
27205	Crown, Porcelain/Ceramic/Polymer Glass, Implant-Supported +L +E	953.00

Crowns, Porcelain/Ceramic/Polymer Glass Fused to Metal

27211	Crown, Porcelain/Ceramic/Polymer Glass Fused to Metal Base +L	910.00
27215	Crown, Porcelain/Ceramic/Polymer Glass Fused to Metal Base, Implant-Supported +L +E	953.00

CROWNS, FULL, CAST METAL

Crowns, Cast Metal

27301	Crown, Cast Metal +L	910.00
27305	Crown, Cast Metal, Implant-Supported +L +E	953.00

Crowns Made to an Existing Partial Denture Clasp (additional to crown)

27401	One crown +L	274.00
27409	Each additional crown +L	274.00

Copings, Metal/Acrylic, Transfer (thimble), as a Separate Procedure

27511	Coping, Metal/Acrylic, Transfer (thimble) as a Separate Procedure +L	332.00
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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 +L	84.00
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VENEERS, LABORATORY PROCESSED

Veneers, Laboratory Processed

27601	Veneers, Acrylic/Composite/Compomer, Bonded +L	443.00
27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded +L	647.00

CODE **SUGGESTED FEE**
REPAIRS (single units only, does not include removal and re-cementation)

NOTE: For the direct repair of metal inlays/onlays/crown refer to the direct restorative codes.

Repairs, Inlays, Onlays or Crowns, Acrylic/Composite/Compomer (single units)
 27711 Repairs, Acrylic/Composite/Compomer, Direct 208.00

Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass Fused to Metal Base (single units)
 27721 Repairs, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass Fused to Metal Base, Direct 220.00 – 317.00

RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT

Restorative Procedures, Overdentures, Direct
 28101 Natural Tooth Preparation, Placement of Pulp Chamber Restoration (amalgam or composite) and Fluoride Application Endodontically Treated Tooth 164.00 – 204.00
 28102 Natural Tooth Preparation, and Fluoride Application Vital Tooth 164.00 – 204.00
 28103 Prefabricated Attachment, as an Internal or External Overdenture Retentive Device, Direct to a Natural Tooth +L and/or +E (used with the appropriate denture code) per tooth 148.00
 28105 Implant-supported Prefabricated Attachment as an Overdenture Retentive Device, Direct +E +L 148.00

RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT

Coping Crowns, Cast Metal, No Attachments, Indirect
 28211 Coping Crown, Cast Metal, No Attachment, Indirect +L 451.00 – 556.00
 28215 Coping Crown, No Attachment, Implant-supported, Indirect +L +E 521.00 – 560.00

Coping Crowns, Cast Metal, With Attachments, Indirect +L +E
 28221 Coping Crown, Cast Metal, with Attachment Indirect +L and/or +E 564.00 – 631.00
 28225 Coping Crown, With Attachment, Implant-supported, Indirect +L +E 554.00 – 660.00

RESTORATIVE SERVICES, OTHER

Recementation/Rebonding, Inlays/Onlays/Crowns/Veneers/Posts/Natural Tooth Fragments (single units only) (+L where laboratory charges are incurred during repair of the unit)
 29101 One unit of time (15 minutes) +L 104.00
 29102 Two units (30 minutes) +L 183.00
 29103 Three units (45 minutes) +L 262.00
 29104 Four units (60 minutes) +L 341.00

Reinsertion/Recementation Implant-supported Crown
 29111 One unit of time (15 minutes) +L +E 92.00
 29112 Two units (30 minutes) +L +E 183.00
 29113 Three units (45 minutes) +L +E 274.00
 29114 Four units (60 minutes) +L +E 365.00

Removal, Inlays/Onlays/Crowns/Veneers (single units only)
 29301 One unit of time (15 minutes) 87.00
 29302 Two units (30 minutes) 175.00
 29303 Three units (45 minutes) 261.00
 29304 Four units (60 minutes) 348.00

Removal, Implant-supported Crowns (single units only)
 29311 One unit of time (15 minutes) 92.00
 29312 Two units (30 minutes) 183.00
 29313 Three units (45 minutes) 274.00
 29314 Four units (60 minutes) 365.00

RESTORATIVE SERVICES, OTHER CONTINUED

CODE		SUGGESTED FEE
Removal, Mesostructure (to be resealed)		
29321	One unit of time (15 minutes)	92.00
29322	Two units (30 minutes)	183.00
29323	Three units (45 minutes)	274.00
29324	Four units (60 minutes)	365.00
Removal of Compromised Mesostructure (to be replaced)		
29331	One unit of time (15 minutes)	97.00
29332	Two units (30 minutes)	192.00
29333	Three units (45 minutes)	286.00
29334	Four units (60 minutes)	381.00
Removal and Replacement of Healing Abutment with a new Healing Abutment (to stimulate improved gingival emergence profile)		
29341	One unit of time (15 minutes) +E	84.00
29342	Two units (30 minutes) +E	166.00
29343	Three units (45 minutes) +E	248.00
29344	Four units (60 minutes) +E	332.00
29349	Each additional unit over four (15 minutes) +E	84.00
Removal, Fractured Implant-supported Crown Retaining Screw		
29351	One unit of time (15 minutes)	I.C.
29352	Two units (30 minutes)	I.C.
29353	Three units (45 minutes)	I.C.
29354	Four units (60 minutes)	I.C.
29359	Each additional unit over four (15 minutes)	I.C.
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 (15 minutes) +L and/or +E	I.C.
29509	Each additional unit of time (15 minutes) +L and/or +E	I.C.

ENDODONTICS

30000

CODE

SUGGESTED FEE

Diagnostic Procedures – Refer to Diagnostic Services 01000 Series

Provisional restorations/sedative dressings are included in pulpotomy and pulpectomy procedures

PULPOTOMY

Pulpotomy, Permanent Teeth (as a separate emergency procedure)

32221	Anterior and Bicuspid Teeth	148.00
32222	Molar Teeth	228.00

Pulpotomy, Primary Teeth

32231	Primary Dentition, as a Separate Procedure	148.00
32232	Primary Dentition, Concurrent with Restorations (but excluding final restoration)	94.00

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	151.00
32312	Two canals	156.00
32313	Three canals	233.00
32314	Four canals or more	273.00

Pulpectomy, Primary Teeth

32321	Anterior Tooth	151.00
32322	Posterior Tooth	155.00

ROOT CANAL THERAPY

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

Also included in root canal therapy are any necessary temporary restorations.

To exclude: Pre-operative examination and diagnosis, diagnostic radiographs and tests, and final restoration

NOTE 1: Clinical procedures as shown above facilitate determination of fee for treatment. They should not be itemized on any prepaid plan claim form.

NOTE 2: Where clinical procedures must be REPEATED this should be noted on any prepaid plan claim form.

NOTE 3: If a 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 subsequent root canal therapy must be reduced by one half the amount of the practitioner’s fee for the pulpotomy and/or the pulpectomy.

The suggested fee may be modified:

- a) if any one (or more) of the procedures is eliminated or modified, or
- b) if the time for any procedure is modified.

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

Definitions Continued:

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.

CODE**SUGGESTED FEE****Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal**

33111	One canal	612.00
33112	Difficult Access	700.00
33113	Exceptional Anatomy	700.00
33114	Calcified Canals	700.00
33115	Retreatment of Previously Completed Therapy	749.00
33116	Continuing Treatment having been Aborted by Referring/Previous Dentist	749.00

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

33121	Two canals	761.00
33122	Difficult Access	805.00
33123	Exceptional Anatomy	805.00
33124	Calcified Canals	805.00
33125	Retreatment of Previously Completed Therapy	900.00
33126	Continuing Treatment having been Aborted by Referring/Previous Dentist	900.00

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

33131	Three canals	1019.00
33132	Difficult Access	1205.00
33133	Exceptional Anatomy	1205.00
33134	Calcified Canals	1205.00
33135	Retreatment of Previously Completed Therapy	1216.00
33136	Continuing Treatment having been Aborted by Referring/Previous Dentist	1216.00

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

33141	Four or more canals	1183.00
33142	Difficult Access	1371.00
33143	Exceptional Anatomy	1371.00
33144	Calcified Canals	1371.00
33145	Retreatment of Previously Completed Therapy	1368.00
33146	Continuing Treatment having been Aborted by Referring/Previous Dentist	1368.00

Root Canals, Primary Teeth

33401	One canal	224.00
33402	Two canals	304.00
33403	Three canals or more	304.00

**Apexification/Apexogenesis/Induction of Hard Tissue Repair
(to include biomechanical preparation and placement of dentogenic media)**

33601	One canal	454.00
33602	Two canals	605.00
33603	Three canals	756.00
33604	Four canals or more	907.00

Re-insertion of Dentogenic Media per visit

33611	One canal	152.00
33612	Two canals	189.00
33613	Three canals	227.00
33614	Four canals or more	227.00

ROOT CANAL THERAPY, CONTINUED

CODE		SUGGESTED FEE
Obturation of Apexified Canals		
33621	One canal	310.00
33622	Two canals	428.00
33623	Three canals	499.00
33624	Four canals or more	600.00

SURGICAL SERVICES

APICOECTOMY/APICAL CURETTAGE

Maxillary Anterior		
34111	One root	390.00
34112	Two roots	544.00
Maxillary Bicuspid		
34121	One root	390.00
34122	Two roots	544.00
34123	Three roots	622.00
Maxillary Molar		
34131	One root	390.00
34132	Two roots	544.00
34133	Three roots	622.00
34134	Four or more roots	701.00
Mandibular Anterior		
34141	One root	390.00
34142	Two roots	544.00
Mandibular Bicuspid		
34151	One root	468.00
34152	Two roots	622.00
34153	Three roots	701.00
Mandibular Molar		
34161	One root	468.00
34162	Two roots	622.00
34163	Three roots	701.00
34164	Four or more roots	779.00

RETROFILLING

NOTE: 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	78.00
34212	Two canals	98.00
Maxillary Bicuspid		
34221	One canal	78.00
34222	Two canals	98.00
34223	Three canals	118.00
34224	Four or more canals	156.00

RETROFILLING, CONTINUED

CODE	SUGGESTED FEE
Maxillary Molar	
34231 One canal	98.00
34232 Two canals	118.00
34233 Three canals	156.00
34234 Four or more canals	195.00
Mandibular Anterior	
34241 One canal	78.00
34242 Two canals	98.00
Mandibular Bicuspid	
34251 One canal	78.00
34252 Two canals	98.00
34253 Three canals	118.00
34254 Four or more canals	156.00
Mandibular Molar	
34261 One canal	98.00
34262 Two canal	118.00
34263 Three canals	156.00
34264 Four or more canals	195.00

SURGICAL SERVICES, MISCELLANEOUS

Amputations, Root (includes recontouring tooth and furca)	
34411 One root	312.00
34412 Two roots	390.00
Hemisection	
34421 Maxillary Bicuspid	235.00
34422 Maxillary Molar	312.00
34423 Mandibular Molar	312.00
Surgery, Endodontic, Exploratory	
34441 Maxillary Anterior	390.00
34442 Maxillary Bicuspid	468.00
34443 Maxillary Molar	544.00
34444 Mandibular Anterior	428.00
34445 Mandibular Bicuspid	506.00
34446 Mandibular Molar	595.00
Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional)	
34451 Single rooted tooth	227.00
34452 Two rooted tooth	253.00
34453 Three rooted tooth or more	273.00

PERFORATIONS

Perforations/Resorptive Defect(s) Pulp Chamber Repair, or Root Repair, Non-Surgical	
34511 Per Tooth	156.00
Perforations/Resorptive Defect(s), Pulp Chamber Repair or Root Repair, Surgical	
34521 Anterior tooth	801.00
34522 Bicuspid tooth	880.00
34523 Molar tooth	961.00

CODE

SUGGESTED FEE

ENDODONTIC PROCEDURES, MISCELLANEOUS

NOTE: The following procedure code is for use where the degree of calcification has precluded conventional instrumentation and obturation.

Enlargement, Canal and/or Pulp Chamber (Preparation of Post Space)

34602 In calcified canals 161.00

Isolation of Endodontic Tooth/Teeth for Asepsis

39101 Banding and/or Coronal Build-up of Tooth/Teeth and/or Contouring of Tissue Surrounding Tooth/Teeth to Maintain Aseptic Operating Field (per tooth) 113.00

Open and Drain (Separate Emergency Procedures)

39201 Anteriors and Bicuspid 104.00
39202 Molars 104.00

Opening Through Artificial Crown (in addition to Procedures)

39211 Anteriors and Bicuspid 113.00
39212 Molars 113.00

NOTE: for Vital Bleaching refer to codes 97111 – 97119

BLEACHING, NON VITAL

Bleaching Endodontically Treated Tooth/Teeth

39311 One unit of time (15 minutes) 61.00
39312 Two units of time (30 minutes) 112.00
39313 Three units of time (45 minutes) 182.00
39319 Each additional unit over three (15 minutes) 61.00

**PERIODONTICS
40000**

Examination and Diagnosis – Refer to Diagnostic Services 01000 Series

Scaling and Polishing – Refer to Preventive Services 11100 Series

Sextants – Areas defined by the diagrams on page 71, regardless of the number of teeth present.

CODE

SUGGESTED FEE

PERIODONTAL SERVICES, NON-SURGICAL

ORAL DISEASE, MANAGEMENT OF

NOTE: The management of oral disease may include the use of physical medicine modalities such as, but not limited to, TENS, ETPS, Vapocoolant Spray and Stretch, Iontophoresis, Low Level Laser Therapy, Ultrasound with or without Medication, Pulsed Radio Frequency

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

41211	One unit of time (15 minutes)	100.00
41212	Two units (30 minutes)	199.00
41213	Three units (45 minutes)	299.00
41214	Four units (60 minutes)	399.00
41219	Each additional unit over four (15 minutes)	100.00

Disorders of oral facial sensation and motor dysfunction of 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 (15 minutes)	100.00
41222	Two units (30 minutes)	199.00
41223	Three units (45 minutes)	299.00
41224	Four units (60 minutes)	399.00
41229	Each additional unit over four (15 minutes)	100.00

Oral Manifestation 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 erythematoses and systemic disease including leukemia, diabetes and bleeding disorders (e.g. haemophilia).

41231	One unit of time (15 minutes)	100.00
41232	Two units (30 minutes)	199.00
41233	Three units (45 minutes)	299.00
41234	Four units (60 minutes)	399.00
41239	Each additional unit over four (15 minutes)	100.00

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 (15 minutes)	60.00
41302	Two units (30 minutes)	120.00
41309	Each additional unit over two (15 minutes)	60.00

CODE **SUGGESTED FEE**

PERIODONTAL SERVICES, SURGICAL

(Includes local anaesthetic, suturing and the placement and removal of initial surgical dressing. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or a group of teeth or in some cases a single tooth).

NOTE 1: It is inappropriate for any practitioner to bill for more than six sextants on any particular day on any particular patient.

NOTE 2: A “surgical site” is considered to include a sextant, a group of several teeth or a single tooth. Within such a surgical site, multiple surgical procedures may be required, at times, concurrently. A sextant would include any number of teeth between last molar and cuspid, cuspid to cuspid inclusive. Sextants – areas defined by the diagrams regardless of the number of teeth present.

NOTE 3: All periodontal surgery includes one month of post-operative care.

PERIODONTAL SURGERY, GINGIVAL CURETTAGE

Surgical Curettage, to Include Definitive Root Planing 460.00
 42111 Per sextant

PERIODONTAL SURGERY, GINGIVOPLASTY

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

Periodontal Surgery, Gingivoplasty 489.00
 42201 Per sextant

PERIODONTAL SURGERY, GINGIVECTOMY

(The procedure by which gingival deformities are reshaped and reduced to create normal and functional form, when the pocket is uncomplicated by extension into the underlying bone; does not include limited re-contouring to facilitate restorative services)

Gingivectomy, Uncomplicated 489.00
 42311 Per sextant

Gingival Fiber Incision (Supra Crestal Fibrotomy)
 42331 First tooth 99.00
 42339 Each additional tooth 99.00

PERIODONTAL SURGERY, FLAP APPROACH

Flap Approach, with Osteoplasty/Ostectomy 960.00
 42411 Per sextant

Flap Approach, with Curettage of Osseous Defect 960.00
 42421 Per sextant

Flap Approach, with Curettage of Osseous Defect and Osteoplasty 1279.00
 42431 Per sextant

Flap Approach, Exploratory (for diagnosis) 639.00
 42441 Per site

Flap Approach, with Osteoplasty/Ostectomy for Crown Lengthening 796.00
 42451 Per site

PERIODONTAL SURGERY, GRAFTS, SOFT TISSUE

NOTE: The following are additional periodontal surgical procedures which may be required to be performed at the same time as other surgical procedures within the same sextant. These procedures are considered independent and at an additional fee.

PERIODONTAL SURGERY, GRAFTS, SOFT TISSUE, CONTINUED

CODE **SUGGESTED FEE**

NOTE: INSTRUCTIONS ON USING GRAFTS, FREE SOFT TISSUE CODES
 For free soft tissue grafts involving two adjacent teeth in the same sextant at the same appointment, this is considered to be a single graft, single site.

Grafts, Soft Tissue, Pedicle (Including Apically or Lateral Sliding and Rotated Flaps)
 42511 Per site 733.00

Grafts, Soft Tissue, Pedicle (Coronally Positioned)
 42521 Per site 733.00

Grafts, Free Soft Tissue
 42531 Adjacent to teeth or edentulous area, per site 733.00

NOTE 1: INSTRUCTIONS ON USING CONNECTIVE TISSUE GRAFT CODES – For connective tissue grafts, each tooth is considered a separate surgical site. When multiple adjacent teeth are treated at the same sitting, the first site may be assessed at the practitioner’s usual and customary fee. For the second site the practitioner should reduce the fee.

NOTE 2: INSTRUCTIONS FOR ROOT COVERAGE PROCEDURES WHEN ALLOGRAFT MATERIAL IS USED – Each tooth is considered a separate surgical site. When multiple adjacent teeth are treated at the same sitting the first site may be assessed at the practitioner’s usual and customary fee. For the first adjacent site the practitioner should reduce the fee by 50%. For the second adjacent site the practitioner should reduce the fee by 50%.

Grafts, (For root or implant coverage)
 42551 Autograft (subepithelial connective tissue or epithelialized gingival graft), for root coverage, includes harvesting from donor site – per site 1218.00
 42552 Allograft, for root coverage – per site +E 764.00
 42556 Autograft (subepithelial connective tissue or epithelialized gingival graft), adjacent to an implant, includes harvesting from donor site – per site 1218.00
 42557 Allograft, adjacent to an implant – per site +E 764.00

Grafts, (For ridge augmentation)
 42561 Autograft (free connective tissue), includes harvesting from donor site – per site 1218.00
 42562 Allograft – per site +E 764.00

Grafts, Gingival Onlay, for Ridge Augmentation
 42581 Per site 979.00

PERIODONTAL SURGERY, GRAFTS, OSSEOUS TISSUE

Grafts, Osseous, Autograft (including flap entry, closure and donor site)
 42611 Per Site 1378.00

Grafts, Osseous, Allograft (including flap entry and closure)
 42621 Per Site +E 1207.00

PERIODONTAL SURGERY, GUIDED TISSUE REGENERATION

NOTE: Guided Tissue Regeneration does not include the initial entry. Therefore, the following code is in addition to the appropriate surgical code.

Guided Tissue Regeneration
 42701 Guided Tissue Regeneration – Non-resorbable Membrane, per site +E 782.00
 42702 Guided Tissue Regeneration – Resorbable Membrane, per site +E 782.00
 42703 Guided Tissue Regeneration – Non-resorbable Membrane, Surgical Re-entry for Removal 199.00

CODE **SUGGESTED FEE**

PERIODONTAL SURGERY, PERIODONTAL REGENERATION

Biologic Materials to aid in soft and osseous tissue regeneration (not including surgical entry and closure)
 42721 Per site +E I.C.

PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES

Proximal Wedge Procedure (as a separate procedure)
 42811 With Flap Curettage, per site 522.00
 42819 With Flap Curettage and Ostectomy/Osteoplasty per site 782.00

NOTE: The following post surgery code can be used only by other than the dentist who performed the surgery

Post Surgical Periodontal Treatment Visit per Dressing Change
 42821 One unit of time (15 minutes) 97.00
 42822 Two units (30 minutes) 196.00
 42823 Three units (45 minutes) 293.00
 42829 Each additional unit over three (15 minutes) 97.00

Periodontal Abscess or Pericoronitis, may include one or more of the following procedures:

Lancing, Scaling, Curettage, Surgery or Medication
 42831 One unit of time (15 minutes) 106.00
 42832 Two units (30 minutes) 209.00
 42833 Three units (45 minutes) 314.00
 42834 Four units (60 minutes) 420.00
 42839 Each additional unit over four (15 minutes) 106.00

PERIODONTAL PROCEDURES, ADJUNCTIVE

NOTE: 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. Refer to page 71 for diagram of Joint Identification System.

PERIODONTAL SPLINT OR LIGATION, INTRA CORONAL

“A” Splint (restorative material plus wire, fibre ribbon or rope)
 Note: This procedure is in addition to the usual code for the tooth preparation on either side of the joint
 43111 Per joint +E 107.00

PERIODONTAL SPLINT OR LIGATION, EXTRA CORONAL

Bonded Joint Restorations (per joint)
 43211 Per joint (may include reinforcement) +E 107.00

Wire Ligation
 43231 Per joint 54.00

Wire Ligation, Restorative Material Covered
 43241 Per joint 107.00

Orthodontic Band Splint
 43261 Per band +E 107.00

Cast/Soldered/Ceramic/Polymer Glass/Wire/Fibre Ribbon, Splint Bonded
 43271 Indirect, Per Abutment +L 266.00
 43272 Direct, Per Abutment +E I.C.

PERIODONTAL SPLINT OR LIGATION, CONTINUED

CODE		SUGGESTED FEE
Removal of Fixed Periodontal Splints		
43281	One unit of time (15 minutes)	107.00
43289	Each additional unit of time (15 minutes)	107.00

ROOT PLANING, PERIODONTAL

NOTE: For Scaling – refer to code series 11111-11117 & 11119

Root Planing		
43421	One unit of time (15 minutes)	63.00
43422	Two units (30 minutes)	123.00
43423	Three units (45 minutes)	177.00
43424	Four units (60 minutes)	236.00
43425	Five units (75 minutes)	295.00
43426	Six units (90 minutes)	354.00
43427	One half unit (7.5 minutes)	30.00
43429	Each additional unit over six (15 minutes)	63.00

CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS

NOTE: The use of topical chemotherapeutic and/or antimicrobial agents (e.g. pre or post scaling/root planing rinses) in conjunction with any surgical or operative dental procedure is considered to be included in the dental procedure

Chemotherapeutic and/or antimicrobial agents, topical application		
43511	One unit of time (15 minutes)	63.00
43519	Each additional unit of time (15 minutes)	63.00

Chemotherapeutic and/or antimicrobial therapy, intra-sulcular application		
43521	One unit of time (15 minutes) +E	63.00
43529	Each additional unit of time (15 minutes) +E	63.00

PERIODONTAL SERVICES, MISCELLANEOUS

NOTE: Inherent in the following procedure is an examination and the communication of a diagnosis of therapy, be it an ongoing evaluation or post treatment re-evaluation

NOTE: It is inappropriate for any dentist to use more than one examination code on any particular patient on any particular day. Therefore when a recall examination & diagnosis is performed concurrent with a Periodontal Reevaluation/Evaluation (49101-49109) only codes 49101-49109 would be used.

Periodontal Re-evaluation/Evaluation		
This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one month after surgery or if performed by another practitioner		
49101	One unit of time (15 minutes)	99.00
49102	Two units (30 minutes)	197.00
49109	Each additional unit over two (15 minutes)	99.00

PROSTHODONTICS – REMOVABLE

50000

PREAMBLE

1. This service is the provision of an artificial substitute for living tissue.
2. Professional skill used to provide the method of substitution is the essence of this health service, rather than the artificial component (denture).
3. There are two distinct and identifiable integral components necessary for the provision of this health service:
 - a) Physiological component – requiring professional skill,
 - b) Technical component – requiring laboratory procedures.
4. The significance of this service is in the preservation of the oral tissues supporting the artificial denture.
5. The value of this service is in the replacing of tooth function to the maximum possible range.

The following appendix (parts A and B) on clinical Procedures for Complete and Removable Partial Dentures, and the outlines for prosthetic procedures as related to the Fee Guide are designed to fulfill the principles outlined above.

It will be noted therefore:

- a) Diagnostic Services are emphasized by reference to the appropriate diagnostic procedure for each denture service being rendered.
- b) Time is allotted to the physiological components.
- c) The time is reduced when complementary dentures (both maxillary and mandibular) are being provided.

CLINICAL PROCEDURES FOR COMPLETE AND REMOVABLE PARTIAL DENTURE THERAPY RELATED TO THE SUGGESTED FEE GUIDE

A. COMPLETE DENTURES

1. DIAGNOSTIC PROCEDURES

- a) Examination and Diagnosis: Complete Oral Examination and Diagnosis including dental and medical history, psychological considerations, visual and digital clinical Examination and Diagnosis – *refer to 01000 Series.*
- b) Radiographic Examination and Diagnosis – *refer to 02000 Series.*

2. IMPRESSIONS

- a) Preliminary impressions.
- b) Final impressions.

3. JAW RELATION RECORDS

- a) Vertical relations – rest and occlusal vertical dimension.
- b) Centric and eccentric jaw relation records.
- c) Face-bow transfer.
- d) Tooth selection – mould and shade.

4. TRY-IN

- a) Check records – verification of centric jaw relation record and/or articulator mounting.
- b) Remount from new records (if necessary).
- c) Evaluation and modification to anterior tooth arrangements as influenced by aesthetic and phonetic checks.

5. INSERTION

- a) Denture base check for pressure spots and base extension.
- b) Patient instruction and delivery.
- c) Occlusal equilibration

6. ADJUSTMENTS

Includes three months post-delivery care.

B. PARTIAL DENTURES

1. DIAGNOSTIC PROCEDURES

- a) Examination and Diagnosis: Complete oral Examination and Diagnosis including dental and medical history, psychological considerations, visual and digital clinical examination and diagnosis – *refer to 01000 Series.*
- b) Radiographic examination and diagnosis – *refer to 02000 Series.*

2. TREATMENT PLAN

- a) Preliminary impressions (diagnostic casts).
- b) Survey and analysis of diagnostic cast(s).
- c) Selection of design and outline of mouth preparation on diagnostic cast(s).
- d) Preparation of laboratory prescription.

3. MOUTH PREPARATIONS

- a) Execution of indicated preparation procedures.
- b) Final impressions.

4. FRAMEWORK TRY-IN

- a) Fitting of framework.
- b) Altered cast impression (if free-end extension situation).

5. JAW RELATION RECORDS

- a) Vertical and horizontal relations.
- b) Face-bow transfer.
- c) Selection of teeth – mould and shade.

6. TRY-IN EVALUATION

- a) Check records (remount if necessary).
- b) Evaluation and modification to tooth arrangement

7. INSERTION

- a) Framework/denture base check for pressure spots and base extension.
- b) Patient instruction and delivery.
- c) Occlusal equilibration

8. ADJUSTMENTS

Includes three months post delivery care.

This outline lists the treatment procedures involved in the provision of removable prostheses.

COMPLETE DENTURES

Please read carefully Section A, Page 40 – Complete Dentures and follow the guidelines provided.

OVERDENTURES

Refer to appropriate codes for denture services, plus such other services and codes as may be necessary for preservation of the alveolar ridge.

Any additional procedures necessary to treat the remaining tooth structure should be listed under the appropriate procedure codes.

The suggested fees for complete overdentures are based upon four natural teeth or implants on the maxillary arch and two natural teeth or implants on the mandibular arch. Where additional implants or natural teeth are involved, please refer to the Adjunctive General Services Section for codes to describe unusual time and responsibility in addition to the procedure in the *Guide* (91211-91219).

Fee modification is suggested if any of the procedures are eliminated or modified or if the time is modified.

CODE	DENTURES, COMPLETE	SUGGESTED FEE
	(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 +L	967.00
51102	Mandibular +L	1231.00
51104	Liners, Processed, Resilient in addition to above	264.00

CODE	SUGGESTED FEE
DENTURES, COMPLETE CONTINUED	
Dentures, Surgical, Standard, (Immediate) (Includes first tissue conditioner, but not a processed reline)	
51301 Maxillary +L	1144.00
51302 Mandibular +L	1406.00
Dentures, Complete, Provisional	
51601 Maxillary +L	501.00
51602 Mandibular +L	668.00
Dentures, Complete, Provisional, Surgical (Immediate) (Includes first tissue conditioner but not a processed reline)	
51611 Maxillary +L	1084.00
51612 Mandibular +L	1335.00
Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, no Attachments	
51711 Maxillary +L	1306.00
51712 Mandibular +L	1607.00
Dentures, Complete, Overdentures, Tissue Borne, Supported by Implants with or without Coping Crowns, no Attachments	
51721 Maxillary +L	1306.00
51722 Mandibular +L	1607.00
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 +L	1506.00
51812 Mandibular +L	1808.00
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 +L	1506.00
51822 Mandibular +L	1808.00
Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Natural Teeth with or without Coping Crowns	
51911 Maxillary +L	1541.00
51912 Mandibular +L	1849.00
Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns	
51921 Maxillary +L	1541.00
51922 Mandibular +L	1849.00
Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth	
51941 Maxillary +L	1541.00
51942 Mandibular +L	1849.00
Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants	
51951 Maxillary +L	1541.00
51952 Mandibular +L	1849.00

CODE		SUGGESTED FEE
DENTURES, PARTIAL, ACRYLIC		
Dentures, Partial, Acrylic Base (Provisional) (With or Without Clasps)		
52101	Maxillary +L	410.00
52102	Mandibular +L	410.00
Dentures, Partial, Acrylic Base (Immediate) (Includes first tissue conditioner, but not a processed reline)		
52111	Maxillary +L	492.00
52112	Mandibular +L	492.00
Dentures, Partial, Acrylic Base, (Immediate), Provisional (with or without clasps) (Includes first tissue conditioner but not a processed reline)		
52121	Maxillary +L	492.00
52122	Mandibular +L	492.00
Dentures, Partial, Acrylic, Resilient Retainer		
52201	Maxillary +L	603.00
52202	Mandibular +L	603.00
Dentures, Partial, Acrylic, Resilient Retainer, (Immediate) (Includes first tissue conditioner, but not a processed reline)		
52211	Maxillary +L	732.00
52212	Mandibular +L	732.00
Dentures, Partial, Acrylic, With Metal Wrought/Cast Clasps and/or Rests		
52301	Maxillary +L	688.00
52302	Mandibular +L	688.00
Dentures, Partial, Acrylic, With Metal Wrought/Cast Clasps and/or Rests, (Immediate) (Includes first tissue conditioner, but not a processed reline)		
52311	Maxillary +L	817.00
52312	Mandibular +L	817.00
Dentures, Partial, Acrylic With Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests		
52401	Maxillary +L	688.00
52402	Mandibular +L	688.00
Dentures, Partial, Acrylic With Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests, (Immediate) (Includes first tissue conditioner, but not a processed reline)		
52411	Maxillary +L	817.00
52412	Mandibular +L	817.00
DENTURES, PARTIAL, FLEXIBLE, NON METAL, NON ACRYLIC		
Dentures, Partial, Flexible, Non Metal, Non Acrylic		
52511	Maxillary +L	688.00
52512	Mandibular +L	688.00
DENTURES, PARTIAL, ACRYLIC, OVERDENTURES		
Dentures, Partial, Overdenture, Acrylic, With Cast/ Wrought Clasps and/or Rests Supported by Natural Teeth with or without Coping Crowns, No Attachments		
52711	Maxillary +L	1406.00
52712	Mandibular +L	1707.00
Dentures, Partial, Overdenture, Acrylic, With Cast/ Wrought Clasps and/or Rests Supported by Implants with or without Coping Crowns, No Attachments		
52721	Maxillary +L	1406.00
52722	Mandibular +L	1707.00

CODE		SUGGESTED FEE
DENTURES, PARTIAL, ACRYLIC OVERDENTURES CONTINUED		
Dentures, Partial, Overdentures, (Immediate), Acrylic, With Cast/Wrought Clasps and/or Rests Supported by Natural Teeth with or without Coping Crowns, No Attachments (Includes first tissue conditioner, but not a processed reline)		
52811	Maxillary +L	1607.00
52812	Mandibular +L	1907.00
Dentures, Partial, Overdentures, (Immediate), Acrylic, With Cast/Wrought Clasps and/or Rests Supported by Implants with or without Coping Crowns, No Attachments (Includes first tissue conditioner, but not a processed reline)		
52821	Maxillary +L	1607.00
52822	Mandibular +L	1907.00
Dentures, Partial, Overdentures, Acrylic, With Cast/Wrought Clasps and/or Rests with Independent Attachments to Natural Teeth with or without Coping Crowns		
52911	Maxillary +L	1849.00
52912	Mandibular +L	2157.00
Dentures, Partial, Overdentures, Acrylic, With Cast/Wrought Clasps and/or Rests with Independent Attachments to Implants with or without Coping Crowns		
52921	Maxillary +L	1849.00
52922	Mandibular +L	2157.00
Dentures, Partial, Overdentures, Acrylic, With Cast/Wrought Clasps and/or Rests with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar)		
52941	Maxillary +L	I.C.
52942	Mandibular +L	I.C.
Dentures, Partial, Overdentures, Acrylic, With Cast/Wrought Clasps and/or Rests with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)		
52951	Maxillary +L	I.C.
52952	Mandibular +L	I.C.
DENTURES, PARTIAL, CAST WITH ACRYLIC BASE		
Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests		
53101	Maxillary +L	1231.00
53102	Mandibular +L	1231.00
53104	Altered Cast Impression technique in conjunction with 53101 and 53102 +L	177.00
Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests, (Immediate) (Includes first tissue conditioner, but not a processed reline)		
53111	Maxillary +L	1406.00
53112	Mandibular +L	1406.00
Dentures, Partial, Tooth-Borne, Cast Frame/Connector, Clasps and Rests		
53201	Maxillary +L	1144.00
53202	Mandibular +L	1144.00
53205	Unilateral, one piece casting, clasps and pontics +L	417.00
Dentures, Partial, Tooth-Borne, Cast Frame/Connector, Clasps and Rests, (Immediate) (Includes first tissue conditioner, but not a processed reline)		
53211	Maxillary +L	1319.00
53212	Mandibular +L	1319.00
53215	Unilateral, one piece casting, clasps and pontics +L	501.00

DENTURES, PARTIAL, CAST, CONTINUED

CODE	SUGGESTED FEE
Dentures, Partial, Cast, Precision Attachments	
53401 Maxillary +L	I.C.
53402 Mandibular +L	I.C.
DENTURES, PARTIAL, CAST, OVERDENTURE	
Dentures, Partial, Cast, Semi-Precision Attachments	
53501 Maxillary +L	I.C.
53502 Mandibular +L	I.C.
Denture, Cast Partial, Stress Breaker Attachments	
53611 Maxillary (resilient) +L	I.C.
53612 Maxillary (one hinge) +L	I.C.
53613 Maxillary (two hinges) +L	I.C.
Denture, Cast Partial, Stress Breaker Attachments	
53621 Mandibular (resilient) +L	I.C.
53622 Mandibular (one hinge) +L	I.C.
53623 Mandibular (two hinges) +L	I.C.
Dentures, Partial, Cast, Overdentures, Supported by Natural Teeth with or without Coping Crowns, No Attachments	
53711 Maxillary +L	1506.00
53712 Mandibular +L	1506.00
53714 Altered Cast Impression Technique done in conjunction with above codes	201.00
Dentures, Partial, Cast, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments	
53721 Maxillary +L	1506.00
53722 Mandibular +L	1506.00
53724 Altered Cast Impression Technique done in conjunction with above mentioned codes	201.00
Dentures, Partial, Cast, Overdentures (Immediate), Supported by Natural Teeth with or without Coping Crowns, No Attachments (Includes first tissue conditioner, but not a processed reline)	
53811 Maxillary +L	1707.00
53812 Mandibular +L	1707.00
53814 Altered Cast Impression Technique done in conjunction with above mentioned codes	201.00
Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants with or without Coping Crowns, No Attachments (Includes first tissue conditioner, but not a processed reline)	
53821 Maxillary +L	1707.00
53822 Mandibular +L	1707.00
53824 Altered Cast Impression Technique done in conjunction with above codes	201.00
Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Natural Teeth, with or without Coping Crowns	
53911 Maxillary +L	1766.00
53912 Mandibular +L	1766.00
Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants with or without Coping Crowns	
53921 Maxillary +L	1766.00
53922 Mandibular +L	1766.00
Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar)	
53941 Maxillary +L	1766.00
53942 Mandibular +L	1766.00

DENTURE, PARTIAL, CAST, OVERDENTURE, CONTINUED

CODE		SUGGESTED FEE
Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)		
53951	Maxillary +L	1766.00
53952	Mandibular +L	1766.00
DENTURES, ADJUSTMENTS		
(after three months post insertion or by other than the dentist providing prosthesis)		
Denture Adjustments, Partial or Complete Denture, Minor		
54201	One unit of time (15 minutes) +L	81.00
54202	Two units (30 minutes) +L	162.00
54209	Each additional unit over two (15 minutes)	81.00
Denture Adjustments, Partial or Complete Denture, Remount and Occlusal Equilibration		
54301	Maxillary +L	243.00
54302	Mandibular +L	243.00
Denture Adjustments, Complete Denture, With Cast Metal Occlusal Surfaces, Remount and Occlusal Equilibration		
54401	Maxillary +L	243.00
54402	Mandibular +L	243.00
Denture Adjustments, Partial Denture, With Cast Metal Occlusal Surfaces, Remount and Occlusal Equilibration		
54501	Maxillary +L	243.00
54502	Mandibular +L	243.00
DENTURES, REPAIRS/ADDITIONS		
Denture, Repair, Complete Denture, No Impression Required		
55101	Maxillary +L	87.00
55102	Mandibular +L	87.00
Denture, Repair, Complete Denture, Impression Required		
55201	Maxillary +L	128.00
55202	Mandibular +L	128.00
Denture, Repairs/Additions, Partial Denture, No Impression Required		
55301	Maxillary +L	85.00
55302	Mandibular +L	85.00
Denture, Repairs/Additions Partial Denture, Impression Required		
55401	Maxillary +L	134.00 – 252.00
55402	Mandibular +L	134.00 – 252.00
Dentures/Implant Retained Prosthesis Prophylaxis and Polishing		
55501	One unit of time (15 minutes) +L	86.00
55509	Each additional unit of time (15 minutes)	86.00
DENTURES, REPLICATION, PROVISIONAL		
Denture, Replication, Complete Denture, Provisional (No Intra-oral Impression Required)		
56111	Maxillary +L	80.00
56112	Mandibular +L	80.00
Denture, Replication, Partial Denture, Provisional (No Intra-oral Impression Required)		
56121	Maxillary +L	80.00
56122	Mandibular +L	80.00

CODE		SUGGESTED FEE
DENTURES, RELINING (Does not include Remount – see 54000 series)		
Denture, Reline, Direct Complete Denture		
56211	Maxillary	223.00 – 341.00
56212	Mandibular	223.00 – 341.00
Denture, Reline, Direct Partial Denture		
56221	Maxillary	149.00 – 297.00
56222	Mandibular	149.00 – 297.00
Denture, Reline, Processed Complete Denture		
56231	Maxillary +L	329.00
56232	Mandibular +L	410.00
Denture, Reline Processed, Partial Denture		
56241	Maxillary +L	329.00
56242	Mandibular +L	329.00
Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Complete Denture		
56251	Maxillary +L	410.00
56252	Mandibular +L	410.00
Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Partial Denture		
56261	Maxillary +L	410.00
56262	Mandibular +L	410.00
DENTURES, REBASING (where the vestibular tissue-contacting surfaces are modified)		
Dentures, Rebase, Complete Denture		
56311	Maxillary +L	329.00
56312	Mandibular +L	329.00
Denture, Rebase, Partial Denture		
56321	Maxillary +L	329.00
56322	Mandibular +L	329.00
Denture, Rebase, Complete Denture Processed, Functional Impression Requiring Three Appointments		
56331	Maxillary +L	329.00
56332	Mandibular +L	410.00
Denture, Rebase, Partial Denture Processed, Functional Impression Requiring Three Appointments		
56341	Maxillary +L	410.00
56342	Mandibular +L	410.00
DENTURES, REMAKE		
Denture, Remake, Using Existing Framework, Partial Denture (including articulation)		
56411	Maxillary +L	356.00 – 504.00
56412	Mandibular +L	356.00 – 504.00
DENTURES, THERAPEUTIC TISSUE CONDITIONING		
Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture		
56511	Maxillary	90.00 – 171.00
56512	Mandibular	90.00 – 171.00
Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture		
56521	Maxillary	90.00 – 171.00
56522	Mandibular	90.00 – 171.00

CODE		SUGGESTED FEE
DENTURES, THERAPEUTIC TISSUE CONDITIONING CONTINUED		
Denture, Tissue Conditioning, per appointment, Complete Overdenture, Supported by Natural Teeth		
56531	Maxillary	90.00 – 171.00
56532	Mandibular	90.00 – 171.00
Denture, Tissue Conditioning, per appointment, Complete Overdenture, Implant Supported		
56541	Maxillary	90.00 – 171.00
56542	Mandibular	90.00 – 171.00
Denture, Tissue Conditioning, per appointment, Partial Overdenture, Supported by Natural Teeth		
56551	Maxillary	90.00 – 171.00
56552	Mandibular	90.00 – 171.00
Denture, Tissue Conditioning, per appointment, Partial Overdenture, Implant Supported		
56561	Maxillary	90.00 – 171.00
56562	Mandibular	90.00 – 171.00
DENTURES, MISCELLANEOUS SERVICES		
56602	Resetting of Teeth (not including reline or rebase of denture) +L	329.00
Attaching or re-attaching retention elements to a removable prosthesis, Direct		
56611	One unit of time (15 minutes) +E	121.00
56612	Two units of time (30 minutes) +E	243.00
56619	Each additional unit over two (15 minutes) +E	121.00
Attaching or re-attaching retention elements to a removable prosthesis, Indirect		
56621	Attaching or re-attaching retention elements to a removable prosthesis, Indirect +E +L	121.00
PROSTHESES, MAXILLOFACIAL		
Prosthesis, Stents		
57601	Ridge Extension +L	I.C.
57602	Palatal +L	I.C.
57603	Skin Grafts	I.C.
57604	Mucous Membrane Grafts	I.C.
Prosthesis, Radiation Appliances		
57652	Radiation Protection Shield (extra oral) +L	I.C.
57653	Radiation Protection Shield (intra oral) +L	I.C.
Prosthesis, Stents, Decompression		
57661	Decompression Stent, Localized +L	I.C.
57662	Decompression Stent (prosthesis extra) +L	I.C.

PROSTHODONTICS – FIXED

60000

Diagnostic procedures – Refer to Diagnostic Services 01000 Series

PREAMBLE

A. AIMS OF FIXED PROSTHODONTIC SERVICES

1. The restoration of diseased or missing teeth or parts of teeth.
2. The maintenance of the restored teeth and their surrounding supporting structures in a normal healthy condition for as long a time as possible.
3. The prevention of further injury to the restored teeth.
4. The correction of abnormal oral conditions whether they be cosmetic, functional (occlusal) and/or periodontal (as in periodontal prosthetics).

B. EXTENSIVE OR COMPLICATED RESTORATIVE DENTISTRY

In order to qualify as “extensive or complicated restorative dentistry” a restorative treatment plan should include or encompass some or all of the following considerations:

1. Multiple units in opposing quadrants.
2. Major changes in the occlusal plane.
3. The opening or closing of vertical dimension with fixed restorations.
4. Repositioning of the mandible; i.e. a correction of the acquired occlusion to centric relation by means of fixed restorations.
5. Bridgework of three abutments or more which begins in one posterior quadrant and ends in the anterior segment or in the opposite posterior quadrant.
6. Development of major changes in incisal guidance.
7. Development of major changes in occlusal morphology.
8. Extensive splinting of mobile teeth.
9. Major restorative dentistry for treatment of temporomandibular joint and myofascial pain syndrome.

C. PROCEDURAL GUIDELINES FOR FIXED PROSTHODONTIC SERVICES

1. Procedural guidelines for three to four unit fixed prosthesis and multiple adjacent units.
 - a) The same requirements as those for a single unit (refer to CROWNS – SINGLE RESTORATIONS ONLY – Preamble Page 25) with the addition of:
 - b) Centric and eccentric occlusal records and the programming of a semi adjustable articulator or the use of a functionally generated path technique.
 - c) Abutment design, preparation and retainer construction in a manner compensating for the additional stress on the prosthesis.
 - d) Paralleling of the abutments or the judicious use of broken stress principles when necessary. (Broken stress techniques may have to be at an additional fee).
 - e) Assessment of the necessity for:
 - i) occlusal correction of a total quadrant or total mouth occlusal correction as opposed to correction of one or two opposing teeth as in the single unit.
 - ii) correction of tissue around all abutments and ridge area for proper pontic design.
 - iii) complete mouth periodontal treatment.
 - f) Design of pontics and the total prosthesis to provide sufficient strength to resist moments of bending and to provide acceptable cosmetic appearance, function and protection of the surrounding tissues.
 - g) Provisional restoration in accordance with requirements for single restorations and in addition, the requirement to maintain abutment relationships through the provision of pontics and the restoration of proximal contact.
 - h) Diagnostic casts – refer to Codes 04922 or 04923.
 - i) Complete series periapical images – refer to Codes 02101 and 02102
2. Procedural Guidelines for Extensive or Complicated Restorative Dentistry.
 - a) The same as those covered in the single unit guidelines and the guidelines for three or four unit bridges or multiple adjacent units. In addition there are further guidelines:
 - b) Possible use of fully adjustable articulators in the diagnostic phase and/or in the treatment phase (refer to Code 04924). The guidelines for the use of a fully adjustable articulator are true hinge axis location and transfer, centric records and eccentric registrations which record the total paths of mandibular movement.
 - c) Possible diagnostic waxing of proposed occlusal and/or cosmetic alterations.

- d) Assessment of the necessity for:
 - i) complete occlusal adjustment
 - ii) periodontal treatment and possible consultation with the specialist
 - iii) endodontic treatment (complete pulp testing)
 - iv) TMJ treatment prior to restoration. This may include diagnostic splints, occlusal adjustment, drug therapy etc. Should any of the above be necessary, it would be at a fee additional to the prosthesis.
- e) Adequate provisional coverage for the treated teeth for the interim of the treatment period shall mean consideration as listed under “Guidelines for Procedural Requirements” – Section (f), (Refer to Restorative Services, Page 20). In addition, because of the length of treatment time, cast metal provisional coverage should be considered and used, if necessary, to protect the patient.
Because provisional coverage in extensive or complicated restorative dentistry may necessitate cast metal restorations, correction of centric relation, correction of the occlusal plane and/or the opening or closing of vertical dimension, the added responsibility warrants a fee over and above the unit fee for crowns, retainers and pontics (Refer to codes for transitional coverage).
- f) Consultation with the patient to fully explain the diagnosis, treatment plan(s), prognosis and the element of risk, estimates of fees and expenses – Refer to Codes 05201, 05202 & 05209.
- g) Discussion with the patient to explain the possibility of and the range of a contingency fee whenever it is impossible to quote an exact total fee.

Fee modification is suggested if any of the procedures are eliminated or modified or if the time is modified.

NOTE: The porcelain/ceramic/polymer glass crown codes include all tooth coloured materials with the exception of acrylic, composite and compomer

PROSTHODONTICS – FIXED

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

CODE	PONTICS, BRIDGE	SUGGESTED FEE
Pontics, Cast Metal		
62101	Pontics, Cast Metal +L	376.00
62102	Pontics, Cast Metal Framework with Separate Porcelain/Ceramic/Polymer Glass Jacket Pontic +L	468.00
62103	Pontics, Prefabricated Attachable Facing +L	376.00
62104	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar Attached to Retainer +E +L	I.C.
62105	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Implant-supported Retainer to Retain Removable Prosthesis, Each Bar +L +E	376.00
Pontics, Porcelain/Ceramic/Polymer Glass		
62501	Pontics, Porcelain/Ceramic/Polymer Glass Fused to Metal +L	468.00
62502	Pontics, Porcelain, Aluminous +L	468.00
Pontics, Acrylic/Composite/Compomer		
62701	Pontics, Acrylic/ Composite/Compomer, Processed to Metal +L	376.00
62702	Pontics, Acrylic/ Composite/Compomer, Processed Indirect (provisional) +L	161.00
62703	Pontics, Acrylic/ Composite/Compomer, Bonded to Adjacent Teeth Direct (Provisional) +E	176.00
Pontics, Natural Tooth		
62801	Pontics, Natural Crown, Direct Bonded to Adjacent Teeth (Provisional)	285.00
Recontouring of Retainer/Pontics, (of existing bridgework)		
63001	One unit of time (15 minutes)	89.00
63009	Each additional unit (15 minutes)	89.00

MASTER CAST TECHNIQUES

Master Cast Mounting with Kinematic Facebow Transfer +L

64231	One unit of time (15 minutes) +L	I.C.
64239	Each additional unit of time (15 minutes) +L	I.C.

CODE		SUGGESTED FEE
MASTER CAST TECHNIQUES CONTINUED		
Master Cast Mounting Gnathological Wax-up		
64301	One unit of time (15 minutes) +L	I.C.
64309	Each additional unit of time (15 minutes) +L	I.C.
REPAIRS, REPLACEMENT		
Replace Broken Prefabricated Attachable Facings +L		
66111	One unit of time (15 minutes) +L	93.00
66112	Two units (30 minutes) +L	185.00
66113	Three units (45 minutes) +L	278.00
66114	Four units (60 minutes) +L	370.00
66119	Each additional unit over four (15 minutes)	93.00
REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE/PROSTHESIS		
Repairs, Removal, Fixed Bridge/Prosthesis – To be re-cemented		
66211	One unit of time (15 minutes)	99.00
66212	Two units (30 minutes)	197.00
66213	Three units (45 minutes)	295.00
66214	Four units (60 minutes)	393.00
66219	Each additional unit over four (15 minutes)	99.00
Repairs, Removal, Fixed Bridge/Prosthesis – To be replaced by a new prosthesis		
66221	One unit of time (15 minutes)	99.00
66222	Two units (30 minutes)	197.00
66223	Three units (45 minutes)	295.00
66224	Four units (60 minutes)	393.00
66229	Each additional unit over four (15 minutes)	99.00
Repairs, Removal, Fixed Bridge/Prosthesis, Implant-supported – to be reinserted		
66231	One unit of time (15 minutes)	99.00
66232	Two units (30 minutes)	197.00
66233	Three units (45 minutes)	295.00
66234	Four units (60 minutes)	393.00
66239	Each additional unit over four (15 minutes)	99.00
Repairs, Removal, Fixed Bridge/Prosthesis, Implant-supported to be replaced by new prosthesis		
66241	One unit of time (15 minutes)	99.00
66242	Two units (30 minutes)	197.00
66243	Three units (45 minutes)	295.00
66244	Four units (60 minutes)	393.00
66249	Each additional unit over four (15 minutes)	99.00
Repairs, Sectioning of an abutment or a pontic plus polishing remaining portion (existing bridge)		
66251	One unit of time (15 minutes)	99.00
66252	Two units (30 minutes)	197.00
66253	Three units (45 minutes)	295.00
66254	Four units (60 minutes)	393.00
66259	Each additional unit over four (15 minutes)	99.00
REPAIRS, REINSERTION/RECEMENTATION		
Repairs, Reinsertion/Recementation (+L where laboratory charges are incurred during the repair of bridge)		
66301	One unit of time (15 minutes) +L	93.00
66302	Two units (30 minutes) +L	185.00
66303	Three units (45 minutes) +L	278.00
66304	Four units (60 minutes) +L	370.00
66309	Each additional unit over four (15 minutes)	93.00

CODE		SUGGESTED FEE
REPAIRS, REINSERTION/RECEMENTATION CONTINUED		
Repairs, Reinsertion/Recementation Implant Supported Bridge/Prosthesis		
66311	One unit of time (15 minutes) +L and/or +E	104.00
66312	Two units of time (30 minutes) +L and/or +E	208.00
66313	Three units of time (45 minutes) +L and/or +E	311.00
66314	Four units of time (60 minutes) +L and/or +E	415.00
66319	Each additional unit over four (15 minutes) +L and/or +E	104.00
REPAIRS, FIXED BRIDGE/PROSTHESIS		
Repairs, Porcelain/Ceramic/Polymer Glass/Acrylic/Composite/Compomer, Direct		
66711	First tooth	223.00 – 340.00
66719	Each additional tooth	223.00 – 340.00
Repairs, Solder Indexing to Repair Broken Solder Joint		
66721	One unit of time (15 minutes) +L	93.00
66729	Each additional unit of time (15 minutes)	93.00
Repair Fractured Porcelain/Metal Pontic with Telescoping Type Crown (pontic prepared, impression made and processed crown seated over metal)		
66731	First pontic +L	555.00
66739	Each additional pontic +L	555.00
Repairs, Fixed Bridge/Prosthesis, Implant-supported, Direct		
66741	One unit of time (15 minutes) +E	91.00
66742	Two units of time (30 minutes) +E	181.00
66743	Three units of time (45 minutes) +E	271.00
66744	Four units of time (60 minutes) +E	362.00
RETAINERS, ACRYLIC/COMPOSITE/COMPOMER WITH, OR WITHOUT CAST OR PREFABRICATED METAL BASES		
Retainers, Acrylic, Composite/Compomer, Indirect		
67111	Retainer, Acrylic/Composite/Compomer, Indirect +L	685.00
67113	Retainer, Acrylic, Composite/Compomer, Provisional, Indirect (lab fabricated/relined intra orally) +L	685.00
Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chairside)		
67121	Retainer, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chair-side) +E	685.00
Retainers, Acrylic, Composite/Compomer, Cast Metal Base Indirect		
67131	Retainer, Compomer/Composite Resin/Acrylic, Processed to Cast Metal, Indirect +L	737.00
67135	Retainer, Compomer/Composite Resin/Acrylic, Processed To Metal, Indirect, Implanted Supported +L +E	737.00
67137	Semi-precision Rest (Interlock) (in addition to Retainer, Compomer/Composite/Resin/Acrylic, Processed to Metal, Indirect) +L +E	369.00
67138	Semi-precision or Precision Attachment, RPD Retainer (in addition to retainer) +L +E	369.00
Retainers, Acrylic/Composite/Compomer, Prefabricated Metal Base, Provisional Direct		
67145	Retainer, Acrylic/Composite/Compomer, Prefabricated Metal Base, Provisional, Implant-supported, Direct +E	685.00
Retainers, Acrylic/Composite/Compomer, Prefabricated Metal Base, Provisional Indirect		
67155	Retainer, Acrylic/Composite/Compomer, Prefabricated Metal Base, Provisional, Implant-supported, Indirect +L +E	525.00

CODE		SUGGESTED FEE
RETAINERS, PORCELAIN/CERAMIC/POLYMER GLASS		
NOTE: The porcelain/ceramic/polymer glass codes include all tooth coloured materials with the exception of acrylic, composite and compomer		
Retainers, Porcelain/Ceramic/Polymer Glass		
67201	Retainer, Porcelain/Ceramic/Polymer Glass +L	1028.00
67205	Retainer, Porcelain/Ceramic/Polymer Glass, Implant-supported +L +E	1095.00
Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base		
67211	Retainer, Porcelain/Ceramic/Polymer Glass Fused to Metal Base +L	1028.00
67215	Retainer, Porcelain/Ceramic/Polymer Glass Fused to Metal Base, Implant-supported +L +E	1095.00
67217	Semi-Precision Rest (Interlock) (in addition to Retainer) +L +E	390.00
67218	Semi-Precision or Precision Attachment, RPD Retainer (in addition to retainer) +L +E	390.00
Retainers, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention – e.g. “Maryland Bridge”)		
67221	Retainer Porcelain/Ceramic/Polymer Glass Partial Coverage, Bonded (External Retention – e.g. “Maryland Bridge”)+L	720.00
Retainers, Porcelain Ceramic/Polymer Glass, Two Surface Inlay, Bonded		
67231	Retainers, Porcelain Ceramic/Polymer Glass, Two Surface Inlay, Bonded +L	1028.00
Retainers, Porcelain Ceramic/Polymer Glass, Three surface Inlay, Bonded		
67241	Retainers, Porcelain Ceramic/Polymer Glass, Three surface Inlay, Bonded +L	1028.00
Retainers, Porcelain Ceramic/Polymer Glass, Onlay, Bonded		
67251	Retainers, Porcelain Ceramic/Polymer Glass, Onlay, Bonded +L	1028.00
RETAINERS, CAST METAL		
Retainers, Cast Metal		
67301	Retainer, Cast Metal +L	1028.00
67305	Retainer, Cast Metal, Implant Supported, +L +E	1095.00
67307	Semi-precision Rest (interlock) in addition to retainer) +L +E	390.00
67308	Semi-Precision or Precision Attachment, RPD Retainer (in addition to retainer) +L +E	390.00
Retainers, Metal, Inlay (used with broken stress technique)		
67321	Retainer, Cast Metal Inlay, Two Surfaces +L	780.00
67322	Retainer, Cast Metal Inlay, Three or More Surfaces +L	780.00
Retainers, Cast Metal, Onlay (internal retention type)		
67331	Retainer, Cast Metal, Onlay +L	877.00
Retainers, Cast Metal, Onlay (bonded external retention/partial coverage – e.g., Maryland Bridge)		
67341	Retainer, Cast Metal, Onlay, with or without perforations, Bonded to Abutment Tooth, (Pontic extra) +L	460.00
RETAINERS, OVERDENTURES, CUSTOM CAST OR PREFABRICATED WITH NO OCCLUSAL COMPONENT		
67415	Retainer, Metal, Prefabricated or Custom Cast, Implant-supported, with or without Mesostructure with no Occlusal Component Retainer +L +E (see 62105 for retentive bar)	I.C.

CODE		SUGGESTED FEE
FIXED PROSTHETICS, ABUTMENTS/RETAINERS, MISCELLANEOUS SERVICES		
67501	Retainer Made to an Existing Partial Denture Clasp, (additional to retainer, per retainer) +L	293.00
67502	Telescoping Crown Unit +L	I.C.
FIXED PROSTHETICS, OTHER SERVICES		
69101	Fixed Prosthesis, Porcelain, to Replace a Substantial Portion of the Alveolar Process (in addition to retainer and pontics) +L	185.00
Fixed Prosthetics, Splinting		
69201	Splinting, for Extensive or Complicated Restorative Dentistry (per tooth) +L	I.C.
Fixed Prosthetics, Retentive Pins (for retainers in addition to restoration)		
69301	One pin/restoration +L	27.00
69302	Two pins/restoration +L	46.00
69303	Three pins/restoration +L	68.00
69304	Four pins/restoration +L	91.00
69305	Five pins or more/restoration +L	110.00
Provisional, immediate, implant supported, screw retained, polymer base with denture teeth, without a reinforcing framework		
69611	Maxillary +L	I.C.
69612	Mandibular +L	I.C.
Final Prosthesis, full arch, denture teeth and acrylic (also known as “hybrid prosthesis”) with reinforcing framework, implant supported, screw retained		
69621	Maxillary +L	8749.00
69622	Mandibular +L	8749.00
Fixed Prosthetics, Provisional Coverage (in extensive or complicated restorative dentistry)		
69701	Abutment tooth +L	I.C.
69702	Pontic +L	I.C.
FIXED PROSTHETIC 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 Process to Metal or Full Metal Crowns)		
69821	Maxillary +L	8749.00
69822	Mandibular +L	8749.00

ORAL MAXILLOFACIAL SURGERY

70000

The following surgical services include necessary local anaesthetic, removal of excess gingival tissue, suturing, one post-operative treatment, when required. A surgical site is considered to include a full quadrant, a sextant, or a group of several teeth or in some cases a single tooth.

NOTE: All surgical services are preceded by the appropriate diagnostic services.

Examination and Diagnosis – Refer to Diagnostic Services 01000 Series

Radiographs – Refer to 02000 Series

Quadrants – there are four quadrants (i.e. maxillary and mandibular, right and left, midline to the most posterior tooth) and the maxillary and mandibular anterior segments (i.e. from maxillary cuspid to cuspid, mandibular cuspid to cuspid). Thus there are six “segments” in determining any reduction of the fee for multiple services.

CODE		SUGGESTED FEE
REMOVALS, (EXTRACTIONS), ERUPTED TEETH		
Removals, Erupted Teeth, Uncomplicated		
71101	Single tooth, Uncomplicated	193.00
71109	Each additional tooth same quadrant, same appointment	142.00
Removals, Erupted Teeth, Complicated		
71201	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth	278.00
71209	Each additional tooth, same quadrant	278.00
71211	Requiring elevation of a flap, Removal of Bone and may include Sectioning of tooth for Removal of Tooth – Single Tooth	278.00
71219	Each additional tooth, same quadrant	278.00
REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE		
Removals, Impaction, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth		
72111	Single tooth	276.00
72119	Each additional tooth, same quadrant	276.00
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	415.00
72219	Each additional tooth, same quadrant	415.00
Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of Tooth for Removal		
72221	Single Tooth	554.00
72229	Each additional tooth, same quadrant	554.00
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	597.00
72239	Each additional tooth, same quadrant	597.00
CORONECTOMY		
Coronectomy, Intentional Partial Removal		
72241	Coronectomy (Deliberate Vital Root Retention of Unerupted Mandibular Molar)	I.C.
72242	Coronectomy (Deliberate Vital Root Retention to Prevent the Complications Associated with an Extraction)	I.C.

REMOVALS, (EXTRACTIONS) RESIDUAL ROOTS, CONTINUED

CODE	REMOVALS, (EXTRACTIONS) RESIDUAL ROOTS	SUGGESTED FEE
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NOTE: a residual root is defined as the remaining portion of a root from a previous extraction

Removals, Residual Roots, Erupted

72311	First Tooth	110.00
72319	Each additional tooth, same quadrant	110.00

Removals, Residual Roots, Soft Tissue Coverage

72321	First Tooth	218.00
72329	Each additional tooth, same quadrant	218.00

Removals, Residual Roots, Bone Tissue Coverage

72331	First Tooth	238.00
72339	Each additional tooth, same quadrant	238.00

ALVEOLAR BONE PRESERVATION

NOTE: Simple ridge (socket preservation) performed in conjunction with extractions

Alveolar Bone Preservation – Autograft

72411	First tooth	286.00
72419	Each additional tooth	286.00

Alveolar Bone Preservation – Allograft

72421	First tooth +E	286.00
72429	Each additional tooth +E	286.00

Alveolar Bone Preservation – Xenograft

72431	First tooth +E	286.00
72439	Each additional tooth +E	286.00

SURGICAL EXPOSURE OF TEETH**Surgical Exposure, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy)**

72511	Single tooth ⁰	123.00
72519	Each additional tooth, same quadrant	123.00

Surgical Exposure, Complex, Hard Tissue Coverage

72521	Single tooth	406.00
72529	Each additional tooth, same quadrant	406.00

Surgical Exposure, Unerupted Tooth, with Orthodontic Attachment

72531	Single tooth +E	406.00
72539	Each additional tooth, same quadrant +E	406.00

Rigid Osseous Anchorage for Orthodontics

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

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

72611	First tooth	I.C.
72619	Each additional tooth, same quadrant	I.C.

CODE		SUGGESTED FEE
Repositioning, Surgical		
72631	First Tooth	633.00
72639	Each additional tooth, same quadrant	I.C.
ENUCLEATION, SURGICAL		
Enucleation, Surgical, Unerupted Tooth and Follicle		
72711	First tooth	I.C.
72719	Each additional tooth, same quadrant	I.C.
REMOVAL OF A FRACTURED CUSP AS A SEPARATE PROCEDURE		
Removal of a fractured cusp as a separate procedure, not in conjunction with surgical or restorative procedures on the same tooth		
72801	First Tooth	107.00
72809	Each additional tooth	54.00
REMODELING AND RECONTOURING ORAL TISSUES ALVEOLOPLASTY (BONE REMODELING OF RIDGE WITH SOFT TISSUE REVISIONS)		
NOTE: Codes 73111 and 73121 are used when the intent is to remodel and re-contour oral tissues in preparation for a removable prosthesis		
Alveoplasty, in Conjunction with Extractions		
73111	Per sextant	122.00
Alveoplasty, Not in Conjunction with Extractions		
73121	Per sextant	243.00
Excision of Bone		
73152	Torus Palatinus, Excision	578.00
73153	Torus Mandibularis, Unilateral, Excision	499.00
73154	Torus Mandibularis, Bilateral, Excision	623.00
Removal of Bone, Exostosis, Multiple		
73161	Per quadrant	424.00
Reduction of Bone, Tuberosity		
73171	Unilateral, Reduction	357.00
73172	Bilateral, Reduction	715.00
GINGIVOPLASTY AND/OR STOMATOPLASTY, ORAL SURGERY		
Independent Procedure		
73211	Per sextant	363.00
73221	Gingivoplasty, in Conjunction with Tooth Removal	I.C.
73222	Excision of Vestibular Hyperplasia (per sextant)	319.00
73223	Surgical Shaving of Papillary Hyperplasia of the Palate	599.00
Vestibuloplasty, Sub-mucous		
73411	Per sextant	243.00
Vestibuloplasty, with Secondary Epithelization		
73431	Per sextant	297.00
RECONSTRUCTION, ALVEOLAR RIDGE		
Reconstruction, Alveolar Ridge, with Autogenous Bone		
73511	Per sextant +E	1482.00

CODE		SUGGESTED FEE
RECONSTRUCTION ALVEOLAR RIDGE, CONTINUED		
Reconstruction, Alveolar Ridge, with Alloplastic Material		
73521	Per sextant + E	1312.00
SURGICAL EXCISION, TUMOURS, BENIGN		
Tumours, Benign, Scar Tissue, Inflammatory or Congenital Lesions of Soft Tissue of the Oral Cavity		
74111	1 cm and under	363.00
74112	1 – 2 cm	387.00
74113	2 – 3 cm	406.00
74114	3 – 4 cm	520.00
74115	4 – 6 cm	583.00
74116	6 – 9 cm	I.C.
74117	9 – 15 cm	I.C.
74118	15 cm and over	I.C.
SURGICAL EXCISION, CYSTS/GRANULOMAS		
Excision of Cyst		
74631	1 cm and under	363.00
74632	1 – 2 cm	400.00
74633	2 – 3 cm	438.00
74634	3 – 4 cm	476.00
74635	4 – 6 cm	517.00
74636	6 – 9 cm	I.C.
74637	9 – 15 cm	I.C.
74638	15 cm and over	I.C.
SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL		
Surgical Incision and Drainage and/or Exploration, Intraoral Soft Tissue		
75111	Intraoral, Surgical Exploration, Soft Tissue	119.00
75112	Intraoral, Abscess, Soft Tissue	119.00
Surgical Incision and Drainage and/or Exploration, Intraoral Hard Tissue		
75121	Intraoral, Abscess, Hard Tissue, Trephination and Drainage	261.00
75122	Intraoral, Surgical Exploration, Hard Tissue	261.00
Surgical Incision for Removal of Foreign Bodies		
75301	Removal, from Skin or Subcutaneous Alveolar Tissue	363.00
75302	Removal, of Reaction Producing Foreign Bodies	465.00
INTERMAXILLARY FIXATION (WIRING)		
Splints per Arch, one or more per Jaw		
76111	Wiring of Dentures or Arch Bar	352.00
76112	Acrylic Prosthesis or Cap Splint	274.00
76113	Circumzygomatic Wiring, Unilateral	169.00
76114	Perialveolar or Transpalatal Wiring	169.00
76115	Intra or Periosteous Splinting for Pericranial Suspension	I.C.
76116	Intermaxillary Fixation	208.00
Intra Maxillary Suspension (Wiring)		
76121	Nasal Spine Wiring	I.C.
76122	Piriform Apertures Suspension	I.C.
76123	Frontal Suspension	I.C.
76124	Orbital Rim Suspension, Bilateral	I.C.
76125	Head Frame Suspension	I.C.

INTERMAXILLARY FIXATION (WIRING), CONTINUED

CODE		SUGGESTED FEE
Circummandibular Wiring		
76131	Wiring, one	I.C.
76132	Wiring, two	I.C.
76133	Wiring, three or over	I.C.
Splints/Wires, Removal of,		
76141	Removal of Wire	157.00
76142	Removal of Arch Splint (one or more per jaw)	181.00
76143	Removal of Interosseous Ligature or Bone Plate	294.00
76144	Removal of Intra or Periosseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus	I.C.
76145	Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw)	I.C.
76146	Removal of Wire Plate or Screw used in Osteosynthesis (one or more at the same site)	267.00
FRACTURES, REDUCTIONS, MANDIBULAR		
76201	Reduction, Mandibular, Closed	550.00
76202	Reduction, Mandibular, Open, Single	I.C.
76203	Reduction, Mandibular, Open, Double	I.C.
76204	Reduction, Mandibular, Open, Multiple	I.C.
FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I		
76301	Reduction, Maxillary, Closed	I.C.
76302	Reduction, Maxillary, Open, Single	I.C.
76303	Reduction, Maxillary, Open, Double	I.C.
76304	Reduction, Maxillary, Open, Multiple	I.C.
FRACTURES, REDUCTIONS, ALVEOLAR		
Fracture, Alveolar, Debridement, Teeth Removed		
76911	3 cm or less	I.C.
76912	3 – 6 cm	I.C.
76913	6 cm and over	I.C.
Replantation, Avulsed Tooth/Teeth (including splinting)		
76941	Replantation, first tooth	I.C.
76949	Each additional tooth	I.C.
NOTE: Procedure codes 76951 – 76959 include splinting		
Repositioning of Traumatically Displaced Teeth		
76951	One unit of time (15 minutes)	108.00
76952	Two units of time (30 minutes)	216.00
76959	Each additional unit over two (15 minutes)	108.00
LACERATIONS, REPAIRS		
Repairs, Lacerations, Uncomplicated, Intraoral or Extra-oral		
76961	2 cm or less	131.00
76962	2 – 4 cm	I.C.
76963	4 – 6 cm	I.C.

CODE		SUGGESTED FEE
FRENECTOMY/FRENOPLASTY		
77801	Frenectomy, Upper Labial	269.00
77802	Frenectomy, Lower Labial	269.00
77803	Frenectomy, Lower Lingual or “Z” Plasty	269.00
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	130.00
78103	TMJ, Dislocation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)	I.C.
NOTE: 78601 is not limited to anti-inflammatory agents and may involve the use of other treatment agents and/or local anaesthetic		
Temporomandibular Joint, Management by Injection		
78601	Injection, therapeutic drug with or without local anaesthetic drug, per site, +E	I.C.
MAXILLOFACIAL SURGERY PROCEDURES, OTHER		
Salivary Duct, Sialolithotomy		
79111	Sialolithotomy, Anterior 1/3 of Canal	387.00
ANTRAL SURGERY		
Antral Surgery, Recovery, Foreign Bodies		
79311	Antral Surgery, Immediate Recovery of a Dental Root or Foreign Body from the Antrum	130.00
79312	Antral Surgery, Immediate Closure of Antrum by Another Dental Surgeon	I.C.
79313	Antral Surgery, Delayed Recovery of a Dental Root with Oral Antrostomy	130.00
Antral Surgery, Lavage		
79321	Lavage, Oral Approach	258.00
79322	Lavage, Nasal Approach	I.C.
Antral Surgery, Oro-Antral Fistula Closure, same session		
79331	Oro-Antral Fistula Closure with Buccal Flap	258.00
79332	Oro-Antral Fistula Closure with Gold Plate +L	I.C.
79333	Oro-Antral Fistula Closure with Palatal Flap	280.00
Antral Surgery, Oro-Antral Fistula Closure (subsequent session)		
79341	Oro-Antral Fistula Closure with Buccal Flap	387.00
79342	Oro-Antral Fistula Closure with Gold Plate +L	I.C.
79343	Oro-Antral Fistula Closure with Palatal Flap	I.C.
Sinus Osseous Augmentation		
79351	Sinus Osseous Augmentation, Open Lateral Approach – Autograft +E	1759.00
79352	Sinus Osseous Augmentation, Open Lateral Approach – Allograft +E	1759.00
79353	Sinus Osseous Augmentation, Open Lateral Approach – Xenograft +E	1759.00
79354	Sinus Osseous Augmentation, Indirect Inferior – Autograft +E	856.00
79355	Sinus Osseous Augmentation, Indirect Inferior – Allograft +E	856.00
79356	Sinus Osseous Augmentation, Indirect Inferior – Xenograft +E	856.00
HAEMORRHAGE, CONTROL OF		
79402	Secondary Haemorrhage, Control	111.00
79403	Haemorrhage Control, using Compression and Haemostatic Agent	I.C.
79404	Haemorrhage Control, using Haemostatic Substance and Sutures (including removal of bony tissue, if necessary)	241.00
Harvesting of Intraoral Tissue for Grafting to Operative Site		
79511	Bone	I.C.
79514	Mucosa	I.C.

CODE		SUGGESTED FEE
Harvesting and Preparation of Platelet Rich Plasma		
79541	Harvesting and Preparation of Platelet Rich Plasma +E	I.C.
Delivery of Growth Factors		
79551	Delivery of Growth Factors – Autologous – per site +E	I.C.
79552	Delivery of Growth Factors – Allogenic – per site +E	I.C.
79553	Delivery of Growth Factors – Human Recombinant – per site +E	I.C.
POST SURGICAL CARE		
(Required by complications and unusual circumstances, refer to comment under section heading 7000)		
79601	Post Surgical Care, Subsequent to Initial Post Surgical Treatment, Minor, by Treating Dentist	51.00
79602	Post Surgical Care, Minor, by Other Than Treating Dentist	51.00
79603	Post Surgical Care, Major, by Treating Dentist	110.00
79604	Post Surgical Care, Major, by Other Than Treating Dentist	110.00
IMPLANT DENTISTRY		
(Includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)		
Implants, Blade		
79911	Maxillary, per implant +E	I.C.
79912	Mandibular, per implant +E	I.C.
Implants, Subperiosteal		
79921	Maxillary +L	I.C.
79922	Mandibular +L	I.C.
NOTE: The surgical re-entry codes 79934-79936 include the placement of the transmucosal element. Laboratory charges/expenses would be listed under the appropriate codes (99111-99555) immediately following the surgical re-entry code. For the placement of a transmucosal element not associated with surgical re-entry, refer to codes 26101-26103		
Implants, Osseointegrated, Root Form, More than one component		
79931	Surgical Installation of Implant with Cover Screw – per implant +E	1167.00
79932	Surgical Installation of Implant with Healing Transmucosal Element – per implant +E	1167.00
79933	Surgical Installation of Implant with Final Transmucosal Element – per implant +E	1547.00
79934	Surgical Re-entry, Removal of Healing Screw and Placement of Healing Transmucosal Element – per implant +E	402.00
79935	Surgical Re-entry, Removal of Healing Screw and Placement of Final Standard Transmucosal Element – per implant +E	402.00
79936	Surgical Re-entry, Removal of Healing Screw and Placement of Final Custom Transmucosal Element – per implant +E +L	402.00
Implants Osseointegrated, Root Form, Single Component		
79941	Surgical Installation of Implant – per Implant +E	1608.00
NOTE: Provisional Implants include the use of small diameter/narrow implants		
Implants, Osseointegrated, Provisional		
79951	Installation of Provisional Implant – per Implant +E	I.C.
79952	Removal of Provisional Implant – per Implant +E	I.C.
Implants, Removal of		
79961	Per Implant, Uncomplicated	248.00
79962	Per Implant, Complicated	628.00

ORTHODONTICS

80000

Examination and Diagnosis – Refer to Diagnostic Services – 01000 Series

ORTHODONTIC CONSULTATION (excluding the taking of diagnostic data) – Refer to 93111, 93112 & 93119 and 05201, 05202 & 05209

ORTHODONTIC CASTS – Refer to Diagnostic Services 04931

PREVENTIVE ORTHODONTICS SPACE MAINTAINERS – Refer to Preventive Services 15000 Series

NOTE: The suggested fee for the following orthodontic appliances includes design, separation, fabrication, insertion, and where applicable, initial cementation and removal.

CODE		SUGGESTED FEE
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	67.00
80602	Orthodontic Observation and Adjustment – to Orthodontic Appliances and/or the Reduction of Proximal Surfaces of Teeth per appointment	95.00
Repairs to Removable or Fixed Appliances (not including removal and recementation)		
80631	One unit of time (15 minutes) +L	I.C.
80632	Two units (30 minutes) +L	I.C.
80639	Each additional unit over two (15 minutes) +L	I.C.
Alterations to Removable or Fixed Appliances		
80641	One unit of time (15 minutes) +L	I.C.
80642	Two units (30 minutes) +L	I.C.
80649	Each additional unit over two (15 minutes) +L	I.C.
Recementation of Fixed Appliances		
80651	One unit of time (15 minutes)	I.C.
80659	Each additional unit (15 minutes)	I.C.
Separation (except where included in the fabrication of an appliance)		
80661	One unit of time (15 minutes)	95.00
80669	Each additional unit (15 minutes)	95.00
Removal of Fixed Orthodontic Appliances (by a practitioner other than the original treating Practice or Practitioner)		
80671	One unit of time (15 minutes)	95.00
80679	Each additional unit (15 minutes)	95.00
APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT		
APPLIANCES, REMOVABLE		
Appliances, Removable, Space Regaining		
81111	Appliance, Maxillary, Unilateral +L	298.00
81112	Appliance, Mandibular, Unilateral +L	298.00
81113	Appliance, Maxillary, Bilateral +L	298.00
81114	Appliance, Mandibular, Bilateral +L	298.00
Appliances, Removable, Cross-Bite Correction		
81121	Appliance, Maxillary, Simple +L	298.00
81122	Appliance, Mandibular, Simple +L	298.00

APPLIANCES, REMOVABLE, CONTINUED

CODE		SUGGESTED FEE
APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT, CONTINUED		
APPLIANCES, REMOVABLE		
Appliances, Removable, Dental Arch Expansion		
81131	Appliance, Maxillary, Simple +L	380.00
81132	Appliance, Mandibular, Simple +L	380.00
81135	Appliance, Maxillary, Rapid Expansion +L	571.00
Appliances, Removable, Closure of Diastemas		
81141	Appliance, Maxillary, Simple +L	298.00
81142	Appliance, Mandibular, Simple +L	298.00
Appliances, Removable, Alignment of Anterior Teeth		
81151	Appliance, Maxillary, Simple +L	298.00
81152	Appliance, Mandibular, Simple +L	298.00
APPLIANCES, FIXED OR CEMENTED		
Appliance, Fixed, Space Regaining (e.g. lingual or labial arch with molar bands, tubes, locks)		
81211	Appliance, Maxillary +L	496.00
81212	Appliance, Mandibular +L	496.00
Appliance, Fixed, Space Regaining, Unilateral		
81221	Appliance, Maxillary +L	298.00
81222	Appliance, Mandibular +L	298.00
Appliance, Fixed, Cross Bite Correction – Anterior		
81231	Appliance, Maxillary +L	298.00
81232	Appliance, Mandibular +L	298.00
Appliance, Fixed, Cross Bite Correction – Posterior		
81241	Appliance, Maxillary +L	400.00
81242	Appliance, Mandibular +L	400.00
81243	Appliance, Two Molar Band, Hooked and Elastics +L	400.00
Appliance, Fixed, Dental Arch Expansion		
81251	Appliance, Maxillary +L	574.00 – 657.00
81252	Appliance, Mandibular +L	574.00 – 657.00
81253	Appliance, Maxillary, Rapid Expansion +L	595.00
81254	Appliance, Headgear +L	496.00
Appliance, Fixed, Closure of Diastemas		
81261	Appliance, Maxillary, Simple +L	249.00
81262	Appliance, Mandibular, Simple +L	249.00
Appliance, Fixed, Alignment of Incisor Teeth		
81271	Appliance, Maxillary, Simple +L	500.00 – 564.00
81272	Appliance, Mandibular, Simple +L	500.00 – 564.00
Appliances, Fixed, Mechanical Eruption of Tooth/Teeth		
81291	Appliance, Maxillary, Impaction +L	I.C.
81292	Appliance, Mandibular, Impaction +L	I.C.
81293	Appliance, Maxillary, Erupted +L	I.C.
81294	Appliance, Mandibular, Erupted +L	I.C.

CODE

SUGGESTED FEE

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

83101 Appliance, Maxillary +L

212.00

83102 Appliance, Mandibular +L

212.00

Appliances, Fixed/Cemented, Retention

83201 Appliance, Maxillary +L

254.00

83202 Appliance, Mandibular +L

254.00

GENERAL SERVICES, ADJUNCTIVE

90000

CODE	UNCLASSIFIED TREATMENT, DENTAL PAIN	SUGGESTED FEE
Emergency Services not Otherwise Specified in Guide		
91121	One unit of time (15 minutes)	99.00
91122	Two units (30 minutes)	206.00
91123	Three units (45 minutes)	305.00
91129	Each addition unit over three (15 minutes)	99.00

UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITY

Unusual Time and Responsibility Requirement, in Addition to Usual Procedures in Guide		
91211	One unit of time (15 minutes)	99.00
91212	Two units (30 minutes)	197.00
91213	Three units (45 minutes)	296.00
91219	Each additional unit over three (15 minutes)	99.00
Management of Exceptional Patient		
91231	One unit of time (15 minutes)	99.00
91232	Two units (30 minutes)	197.00
91233	Three units (45 minutes)	296.00
91234	Four units (60 minutes)	393.00
91239	Each additional unit over four (15 minutes)	99.00

ANAESTHESIA

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

92101	Regional Block Anaesthesia (not in conjunction with operative or surgical procedures)	23.00
92102	Trigeminal Division Block (not in conjunction with operative or surgical procedures)	25.00

ANAESTHESIA, GENERAL

(includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)

NOTE: General anaesthesia requires registration with the RCDSO and a facility permit: A drug-induced loss of consciousness during which patients are not arousable even by painful stimulation. Patients often require assistance in maintaining a patent airway. The ability to maintain independent ventilatory function is often impaired. Positive pressure ventilation may be required because of depressed spontaneous ventilation.

General Anaesthesia		
92212	Two units of time (30 minutes)	234.00
92213	Three units (45 minutes)	302.00
92214	Four units (60 minutes)	370.00
92215	Five units (75 minutes)	438.00
92216	Six units (90 minutes)	506.00
92217	Seven units (105 minutes)	574.00
92218	Eight units (120 minutes)	642.00
92219	Each additional unit over eight (15 minutes)	68.00

NOTE: The equipment, facilities and support services for general anaesthetic may be provided by the practitioner who provides the dental treatment or the practitioner who provides the general anaesthesia or a practitioner who provides neither the treatment nor the general anaesthesia. A dentist who provides the dental treatment, the general anaesthetic and the facility cannot use the following codes.

ANAESTHESIA, GENERAL, CONTINUED

CODE		SUGGESTED FEE
Provision of facilities, equipment and support services for general anaesthesia when provided by a separate practitioner		
92222	Two units of time (30 minutes)	139.00
92223	Three units (45 minutes)	207.00
92224	Four units (60 minutes)	275.00
92225	Five units (75 minutes)	343.00
92226	Six units (90 minutes)	411.00
92227	Seven units (105 minutes)	479.00
92228	Eight units (120 minutes)	547.00
92229	Each additional unit over eight (15 minutes)	68.00

ANAESTHESIA, DEEP SEDATION

Deep sedation requires registration with the RCDSO and a facility permit: A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully* following repeated or painful stimulation. Patients may require assistance in maintaining a patent airway. The ability to independently maintain ventilatory function may be impaired and spontaneous ventilation may be inadequate.

*reflex withdrawal from painful stimulation is not considered a purposeful response.

Anaesthesia, Deep Sedation (a controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including inability to respond purposefully to verbal command. These states apply to any technique that has depressed the patient beyond conscious sedation except general anaesthesia. Any intravenous technique leading to these conditions in a patient including neuroleptanalgesia or anaesthesia regardless of route would fall within this category of service. (includes pre-anaesthetic evaluation and post anaesthetic follow-up)

92302	Two units (30 minutes)	234.00
92303	Three units (45 minutes)	302.00
92304	Four units (60 minutes)	370.00
92305	Five units (75 minutes)	438.00
92306	Six units (90 minutes)	506.00
92307	Seven units (105 minutes)	574.00
92308	Eight units (120 minutes)	642.00
92309	Each additional unit over eight (15 minutes)	68.00

ANAESTHESIA, CONSCIOUS SEDATION

Conscious sedation (minimal sedation): A drug-induced state during which patients respond normally to verbal commands. Although cognitive functions and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Conscious sedation (moderate sedation requires registration with the RCDSO and a facility permit): A drug induced depression of consciousness during which patients respond purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate.

*reflex withdrawal from painful stimulation is not considered a purposeful response.

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 RCDSO Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice.

ANAESTHESIA, CONSCIOUS SEDATION, CONTINUED

CODE

SUGGESTED FEE

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 (15 minutes)	80.00
92412	Two units (30 minutes)	105.00
92413	Three units (45 minutes)	130.00
92414	Four units (60 minutes)	155.00
92415	Five units (75 minutes)	180.00
92416	Six units (90 minutes)	205.00
92417	Seven units (105 minutes)	230.00
92418	Eight units (120 minutes)	255.00
92419	Each additional unit over eight (15 minutes)	25.00

NOTE: Time begins with monitoring of the patient and ends when monitoring is no longer required and the patient is medically fit for discharge. As per the RCDSO Standard for minimal/moderate sedation, monitoring includes continuous clinical observation for level of consciousness and assessment of vital signs which includes heart rate, blood pressure, oxygen saturation and respiration, pre-operatively, intra-operatively and post operatively with appropriate documentation.

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

92421	One unit of time (15 minutes)	80.00
92422	Two units (30 minutes)	105.00
92423	Three units (45 minutes)	130.00
92424	Four units (60 minutes)	155.00
92425	Five units (75 minutes)	180.00
92426	Six units (90 minutes)	205.00
92427	Seven units (105 minutes)	230.00
92428	Eight units (120 minutes)	255.00
92429	Each additional unit over eight (15 minutes)	25.00

NOTE: For the combination technique, time is to be measured from the start of the patient monitoring OR placement of the inhalation device, whichever comes first. Time ends when monitoring is no longer required and the patient is medically fit for discharge.

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 (15 minutes)	89.00
92432	Two units (30 minutes)	127.00
92433	Three units (45 minutes)	165.00
92434	Four units (60 minutes)	203.00
92435	Five units (75 minutes)	241.00
92436	Six units (90 minutes)	279.00
92437	Seven units (105 minutes)	317.00
92438	Eight units (120 minutes)	355.00
92439	Each additional unit over eight (15 minutes)	38.00

NOTE: For the Intramuscular/Intravenous injections of therapeutic drugs, refer to codes 96201 & 96202

NOTE: Time is to be measured from pre-operative patient evaluation and ends when monitoring is no longer required and the patient is medically fit for discharge. Time does not include operatory set up or breakdown.

ANAESTHESIA, CONSCIOUS SEDATION, CONTINUED

CODE		SUGGESTED FEE
Parenteral Conscious Sedation (regardless of method – IM or IV)		
92441	One unit (15 minutes)	107.00
92442	Two units (30 minutes)	169.00
92443	Three units (45 minutes)	231.00
92444	Four units (60 minutes)	293.00
92445	Five units (75 minutes)	355.00
92446	Six units (90 minutes)	417.00
92447	Seven units (105 minutes)	479.00
92448	Eight units (120 minutes)	541.00
92449	Each additional unit over eight (15 minutes)	62.00

PROFESSIONAL SERVICES**PROFESSIONAL COMMUNICATIONS**

Consultation with Member of the Profession or other Healthcare Providers, in or out of the office +E		
93111	One unit of time (15 minutes) +E	89.00
93112	Two units (30 minutes) +E	178.00
93119	Each additional unit over two (15 minutes) +E	89.00

DENTAL LEGAL LETTERS, REPORTS AND OPINIONS

93121	A dental-legal report – a short 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.
93123	A dental-legal report – 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.

CLAIM FORMS AND TREATMENT FORMS

93301	Completing ODA/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 ODA/CDA Policy Manuals on Claim Form Completion	No Fee
93303	Completing Prepaid Claim Forms which do not Conform with Code 93301	26.00

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 (15 minutes) +E	89.00
93312	Two units (30 minutes) +E	178.00
93319	Each additional unit over two (15 minutes)	89.00

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 (15 minutes) +E	64.00
93322	Two units of time (30 minutes) +E	129.00
93329	Each additional unit over two (15 minutes)	64.00

Payment for Orthodontic Treatment in Progress

93331	Payment/Installment for treatment in progress	I.C.
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Predetermination of Available Benefit

93341	Orthodontic treatment (fee entered is the value of the treatment plan being predetermined)	I.C.
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CODE		SUGGESTED FEE
PROFESSIONAL VISITS		
House Calls		
94101	House Call, Non Emergency Visit (in addition to the procedures performed)	55.00
94102	House Call, Emergency Visit, when one must immediately leave home, office or hospital (in addition to the procedures performed)	80.00
Office or Institutional Visits, Expenses and/or Missed or Canceled Appointments		
94302	Office or Institutional Visit, Unscheduled, After Regular Scheduled Office Hours (in addition to services performed)	80.00
94303	Missed or Canceled Appointment, with Insufficient Notice, During Regular Scheduled Office Hours	I.C.
94304	Missed or Canceled Appointment with Insufficient Notice, being a Special Appointment Outside Regular Scheduled Office Hours	I.C.
94305	Traveling Expenses	I.C.
94306	Professional visits out of the office, plus actual services performed +E (out of pocket expense, etc.)	I.C.
COURT APPEARANCE AND/OR PREPARATION		
Preparation as an Expert Witness		
94411	One unit of time (15 minutes)	I.C.
94412	Two units (30 minutes)	I.C.
94413	Three units (45 minutes)	I.C.
94414	Four units (60 minutes)	I.C.
94419	Each additional unit over four (15 minutes)	I.C.
Court Appearance as an Expert Witness		
94421	One half day	I.C.
94422	Full day	I.C.
FORENSIC DENTAL SERVICES, MISCELLANEOUS		
95101	Identification – opinion as an expert assisting in civil or criminal cases +E	I.C.
95102	Full or Part Time Participation in Civil Disaster +E	I.C.
95104	Written Odontology Report +E	I.C.
DENTAL IDENTIFICATION SYSTEMS		
95201	Identification Disk System, Acid Etch/Bonded +L	I.C.
DRUGS/MEDICATION, DISPENSING		
NOTE: For codes 96102 and 96103, “No Fee” means no dentist’s fee. The additional cost of drugs/medications would be coded as 99555 immediately following code 96102 or 96103 on the standard dental claim form.		
Prescriptions		
96101	Prescription, Emergency	No Fee
96102	Emergency Dispensing of One or Two Doses of a Therapeutic Drug, plus Giving a Written Prescription +E	No Fee
96103	Dispensing, Non Emergency (e.g. fluorides, vitamins, other drugs/medications) +E	No Fee
NOTE: Procedure code 96201 includes Trigger Point Therapy		
Injections, Therapeutic		
96201	Intramuscular Drug Injection +E	41.00
96202	Intravenous Drug Injection +E	61.00

CODE		SUGGESTED FEE
	BLEACHING VITAL	
Bleaching, Vital, In Office		
97111	One unit of time (15 minutes)	90.00
97112	Two units (30 minutes)	181.00
97113	Three units (45 minutes)	271.00
97119	Each additional unit over three (15 minutes)	90.00
Bleaching, Vital Home (includes fabrication of bleaching trays, dispensing of the system and follow-up care)		
97121	Maxillary Arch +L and/or +E	I.C.
97122	Mandibular Arch +L and/or +E	I.C.
97123	Maxillary plus Mandibular (combined) +L and/or +E	I.C.
Micro-Abrasion		
97131	One unit of time (15 minutes)	90.00
97132	Two units (30 minutes)	179.00
97133	Three units (45 minutes)	268.00
97134	Four units (60 minutes)	357.00
97139	Each additional unit over four (15 minutes)	90.00

TOBACCO-USE CESSATION SERVICES

NOTE: The procedure codes for Tobacco or Cannabis-Use Cessation Services are used for a formalized program that the patient subscribes to in order to help him/her quit smoking. Included is a review of medications and giving a written prescription (if required). The services are to be delivered by a dentist.

Tobacco-or Cannabis Use Cessation Services

To include: identifying patients who use tobacco or cannabis, informing patients of oral health consequences associated with tobacco or cannabis; advising tobacco or cannabis users to quit; provide appropriate self-help material; and discuss treatment options.

98101	One unit of time (15 minutes) +E	I.C.
98102	Two units (30 minutes) +E	I.C.
98109	Each additional unit of time (15 minutes) +E	I.C.

LABORATORY PROCEDURES

(This code is used in conjunction with the “+L” and “+E” designation following the 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 practices for these services on a case by case basis)	I.C.
99222	Laboratory charges for oral pathology biopsy services when provided in conjunction with surgical services 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 the same business entity)	I.C.
99555	“+E” Additional Expense of Materials	I.C.

Applicable Taxes

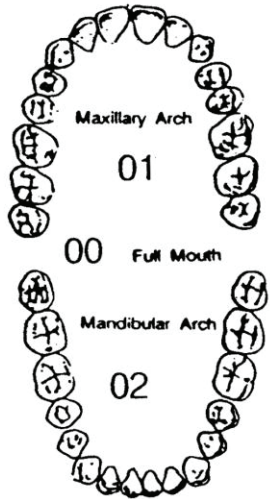
99713	+H.S.T.	I.C.
99777	+PS Charges for professional services billed to the dentist and passed through to the patient	I.C.

IDENTIFICATION SYSTEM FOR ARCHES, QUADRANTS, SEXTANTS, JOINTS

Where grouping of treatment by teeth/sites are indicated in the Guide, the following codes are used in the "International Tooth Code" column on the standard dental claim form.

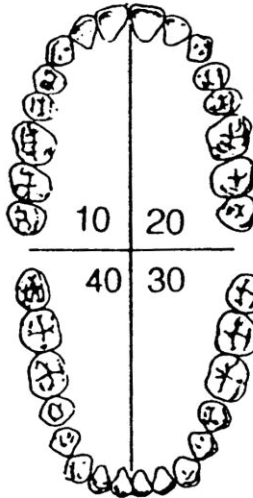
For Arches:

- 00 Designates Full Mouth
- 01 Designates Maxillary Arch
- 02 Designates Mandibular Arch



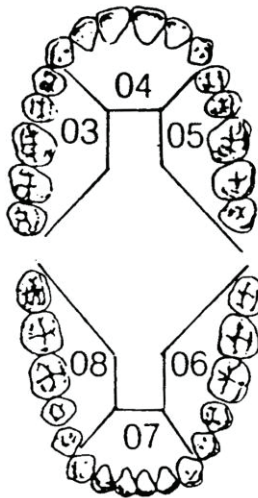
For Quadrants:

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



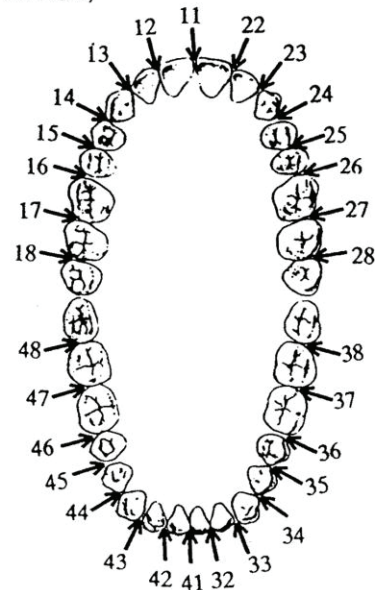
For Sextants:

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



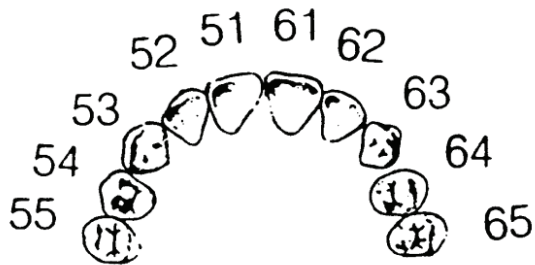
For Joints:

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 is utilized)

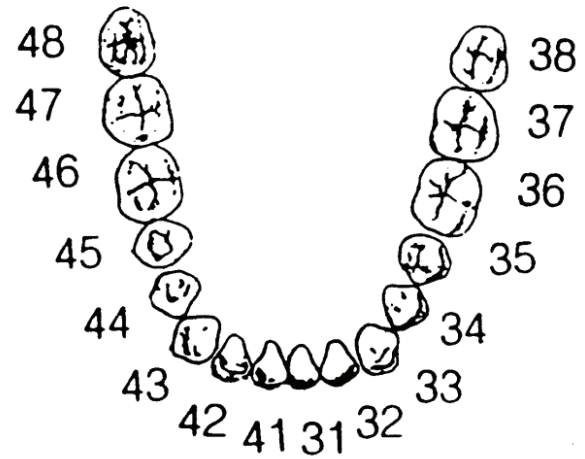
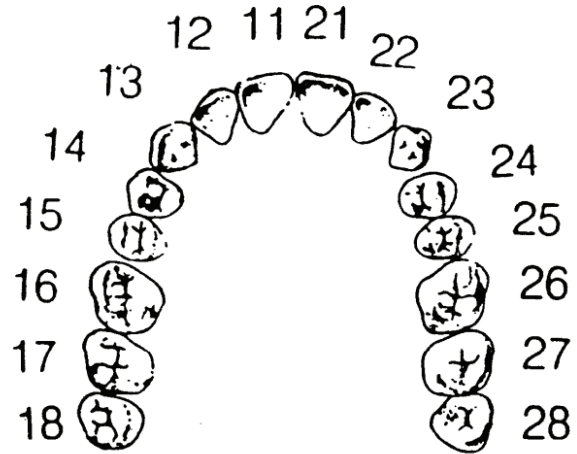


IDENTIFICATION SYSTEM FOR TEETH

PRIMARY TEETH



PERMANENT TEETH



Identification number for supernumerary tooth: 99

SUMMARY OF PROCEDURE CODES RELATED TO IMPLANTS

CODE	SUGGESTED FEE
DIAGNOSTIC SERVICES	
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 sites(s))	
02951 Maxillary +L +E	174.00
02952 Mandibular +L +E	174.00
TEMPLATE SURGICAL (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants)	
03001 Maxillary Template +L +E	174.00
03002 Mandibular Template +L +E	174.00
ORAL & MAXILLOFACIAL SURGERY	
Implants, Blade	
79911 Maxillary, per implant +E	I.C.
79912 Mandibular, per implant +E	I.C.
Implants, Subperiosteal	
79921 Maxillary +L	I.C.
79922 Mandibular +L	I.C.
NOTE: The surgical re-entry codes 79934-79936 include the placement of the transmucosal element. Laboratory charges/expenses would be listed under the appropriate codes (99111-99555) immediately following the surgical re-entry code. For the placement of a transmucosal element not associated with surgical re-entry, refer to codes 26101-26103	
Implants, Osseointegrated, Root Form, More than one component	
79931 Surgical Installation of Implant with Cover Screw – per implant +E	1167.00
79932 Surgical Installation of Implant with Healing Transmucosal Element – per implant +E	1167.00
79933 Surgical Installation of Implant with Final Transmucosal Element – per implant +E	1547.00
79934 Surgical Re-entry, Removal of Healing Screw and Placement of Healing Transmucosal Element, per implant +E	402.00
79935 Surgical Re-entry, Removal of Healing Screw and Placement of Final Standard Transmucosal Element – per implant +E	402.00
79936 Surgical Re-entry, Removal of Healing Screw and Placement of Final Custom Transmucosal Element – per implant +E +L	402.00
Implants Osseointegrated, Root Form, Single Component	
79941 Surgical Installation of Implant – per Implant +E	1608.00
NOTE: Provisional Implants include the use of small diameter/narrow implants	
Implants, Osseointegrated, Provisional	
79951 Installation of Provisional Implant – per Implant +E	I.C.
79952 Removal of Provisional Implant – per Implant +E	I.C.
Implants, Removal of	
79961 Per Implant, Uncomplicated	248.00
79962 Per Implant, Complicated	628.00
RESTORATIVE SERVICES	
Mesostructures, Osseo-integrated Implant Supported	
26101 Indirect, Angulated or transmucosal pre-fabricated abutment, per implant +L +E	322.00 – 413.00
26102 Indirect, Custom laboratory fabricated, per implant +L +E	322.00 – 413.00
26103 Direct, (with intra-oral preparation), per implant site +E	364.00
Crowns, Acrylic/Composite/Compomer, Indirect	
27115 Crown, Acrylic/Composite/Compomer, Indirect, implant-supported +L +E	953.00

CODE	SUGGESTED FEE
Crowns, Acrylic/Composite/Compomer, Direct	
27125 Crown, Acrylic/Composite/Compomer, Direct, Provisional Implant Supported +E	I.C.
Crowns, Acrylic/Composite/Compomer, Cast Metal Base Indirect + L	
27135 Crown, Acrylic/Composite/Compomer, Cast Metal Base, Implant-Supported +L +E	953.00
Crowns, Porcelain/Ceramic/Polymer Glass	
27205 Crown, Porcelain/Ceramic/Polymer Glass, Implant-Supported +L +E	953.00
Crowns, Porcelain/Ceramic/Polymer Glass Fused to Metal	
27215 Crown, Porcelain/Ceramic/Polymer Glass Fused to Metal Base, Implant-Supported +L +E	953.00
Crowns, Full, Cast Metal	
27305 Crown, Full, Cast Metal, Implant-Supported +L +E	953.00
Restorative Procedures, Overdentures, Direct	
28105 Implant-supported Prefabricated Attachment as an Overdenture Retentive Device, Direct +E +L	148.00
Coping Crowns, Cast Metal, No Attachments, Indirect	
28215 Coping Crown, No Attachment, Implant-supported, Indirect +L +E	521.00 – 560.00
Coping Crowns, Cast Metal, With Attachments, Indirect +L +E	
28225 Coping Crown, With Attachment, Implant-supported, Indirect + L+E	554.00 – 660.00
Reinsertion/Recementation Implant-supported Crown	
29111 One unit of time (15 minutes) +L +E	92.00
29112 Two units (30 minutes) +L +E	183.00
29113 Three units (45 minutes) +L +E	274.00
29114 Four units (60 minutes) +L +E	365.00
Removal, Implant-supported Crowns (single units only)	
29311 One unit of time (15 minutes)	92.00
29312 Two units (30 minutes)	183.00
29313 Three units (45 minutes)	274.00
29314 Four units (60 minutes)	365.00
Removal, Mesostructure (to be reseated)	
29321 One unit of time (15 minutes)	92.00
29322 Two units (30 minutes)	183.00
29323 Three units (45 minutes)	274.00
29324 Four units (60 minutes)	365.00
Removal of Compromised Mesostructure (to be replaced)	
29331 One unit of time (15 minutes)	97.00
29332 Two units (30 minutes)	192.00
29333 Three units (45 minutes)	286.00
29334 Four units (60 minutes)	381.00
Removal and Replacement of Healing Abutment with a new Healing Abutment (to stimulate improved gingival emergence profile)	
29341 One unit of time (15 minutes) +E	84.00
29342 Two units (30 minutes) +E	166.00
29343 Three units (45 minutes) +E	248.00
29344 Four units (60 minutes) +E	332.00
29349 Each additional unit over four (15 minutes) +E	84.00

CODE	SUGGESTED FEE
Removal, Fractured Implant-supported Crown Retaining Screw	
29351 One unit of time (15 minutes)	I.C.
29352 Two units (30 minutes)	I.C.
29353 Three units (45 minutes)	I.C.
29354 Four units (60 minutes)	I.C.
29359 Each additional unit over four (15 minutes)	I.C.
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 (15 minutes) +L and/or +E	I.C.
29509 Each additional unit of time (15 minutes) +L and/or +E	I.C.

PERIODONTAL SURGERY, GRAFTS, SOFT TISSUE

42556 Autograft (free connective tissue) adjacent to an implant, includes harvesting from donor site per site	1218.00
42557 Allograft, adjacent to an implant – Per site +E	764.00

PROSTHODONTICS – REMOVABLE

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

51721 Maxillary +L	1306.00
51722 Mandibular +L	1607.00

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 +L	1506.00
51822 Mandibular +L	1808.00

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

51921 Maxillary +L	1541.00
51922 Mandibular +L	1849.00

Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants

51951 Maxillary +L	1541.00
51952 Mandibular +L	1849.00

Dentures, Partial, Overdenture, Acrylic, With Cast/ Wrought Clasps and/or Rests Supported by Implants with or without Coping Crowns, No Attachments

52721 Maxillary +L	1406.00
52722 Mandibular +L	1707.00

Dentures, Partial, Overdentures, (Immediate), Acrylic, With Cast/Wrought Clasps and/or Rests Supported by Implants with or without Coping Crowns, No Attachments (Includes first tissue conditioner, but not a processed reline)

52821 Maxillary +L	1607.00
52822 Mandibular +L	1907.00

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

52921 Maxillary +L	1849.00
52922 Mandibular +L	2157.00

Dentures, Partial, Overdentures, Acrylic, With Cast/Wrought Clasps and/or Rests with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)

52951 Maxillary +L	I.C.
52952 Mandibular +L	I.C.

CODE	SUGGESTED FEE
Dentures, Partial, Cast, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments	
53721 Maxillary +L	1506.00
53722 Mandibular +L	1506.00
53724 Altered Cast Impression Technique done in conjunction with above mentioned codes	201.00
Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants with or without Coping Crowns, No Attachments (Includes first tissue conditioner, but not a processed reline)	
53821 Maxillary +L	1707.00
53822 Mandibular +L	1707.00
53824 Altered Cast Impression Technique done in conjunction with above codes	201.00
Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants with or without Coping Crowns	
53921 Maxillary +L	1766.00
53922 Mandibular +L	1766.00
Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)	
53951 Maxillary +L	1766.00
53952 Mandibular +L	1766.00
Dentures/Implant Retained Prosthesis Prophylaxis and Polishing	
55501 One unit of time (15 minutes) +L	86.00
55509 Each additional unit of time (15 minutes)	86.00
Denture, Tissue Conditioning, per appointment, Complete Overdenture, Implant Supported	
56541 Maxillary	90.00 – 171.00
56542 Mandibular	90.00 – 171.00
Denture, Tissue Conditioning, per appointment, Partial Overdenture, Implant Supported	
56561 Maxillary	90.00 – 171.00
56562 Mandibular	90.00 – 171.00

FIXED PROSTHODONTIC SERVICES

Pontics:

Refer to page 50 of the Guide and use the code which most accurately describes the specific pontic involved in the fixed bridge.

62105	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Implant-supported Retainer to Retain Removable Prosthesis, Each Bar +L +E	376.00
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Repairs, Removal, Fixed Bridge/Prosthesis, Implant-supported – to be reinserted

66231	One unit of time (15 minutes)	99.00
66232	Two units (30 minutes)	197.00
66233	Three units (45 minutes)	295.00
66234	Four units (60 minutes)	393.00
66239	Each additional unit over four (15 minutes)	99.00

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

66241	One unit of time (15 minutes)	99.00
66242	Two units (30 minutes)	197.00
66243	Three units (45 minutes)	295.00
66244	Four units (60 minutes)	393.00
66249	Each additional unit over four (15 minutes)	99.00

CODE	SUGGESTED FEE
Repairs, Reinsertion/Recementation Implant Supported Bridge/Prosthesis	
66311 One unit of time (15 minutes) +L and/or +E	104.00
66312 Two units of time (30 minutes) +L and/or +E	208.00
66313 Three units of time (45 minutes) +L and/or +E	311.00
66314 Four units of time (60 minutes) +L and/or +E	415.00
66319 Each additional unit over four (15 minutes) +L and/or +E	104.00
Repairs, Fixed Bridge/Prosthesis, Implant-supported, Direct	
66741 One unit of time (15 minutes) +E	91.00
66742 Two units of time (30 minutes) +E	181.00
66743 Three units of time (45 minutes) +E	271.00
66744 Four units of time (60 minutes) +E	362.00
Retainers, Acrylic, Composite/Compomer, Cast Metal Base Indirect	
67135 Retainer, Compomer/Composite Resin/Acrylic, Processed To Metal, Indirect, Implanted Supported +L +E	737.00
Retainers, Acrylic/Composite/Compomer, Prefabricated Metal Base, Provisional Direct	
67145 Retainers, Acrylic/Composite/Compomer, Prefabricated Metal Base, Provisional, Implant-supported, Direct +E	685.00
Retainers, Acrylic/Composite/Compomer, Prefabricated Metal Base, Provisional Indirect	
67155 Retainers, Acrylic/Composite/Compomer, Prefabricated Metal Base, Provisional, Implant-supported, Indirect +L +E	525.00
Retainers, Porcelain/Ceramic/Polymer Glass, Full Coverage	
67205 Retainer, Porcelain/Ceramic/Polymer Glass, Full Coverage, Implant-supported +L +E	1095.00
Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	
67215 Retainers, Porcelain/Ceramic/Polymer Glass Fused to Metal Base, Implant-supported +L +E	1095.00
Retainers, Full, Cast Metal	
67305 Retainer, Full Cast Metal, Implant Supported, +L +E	1095.00
Retainers, Overdentures, custom cast or prefabricated with no occlusal component	
67415 Retainer, Metal, Prefabricated or Custom Cast, Implant-supported, with or without Mesostructure with no Occlusal Component Retainer +L +E (see 62105 for retentive bar)	I.C.
Provisional, immediate, implant supported, screw retained, polymer base with denture teeth, without a reinforcing framework	
69611 Maxillary +L	I.C.
69612 Mandibular +L	I.C.
Final Prosthesis, full arch, denture teeth and acrylic (also known as “hybrid prosthesis”) with reinforcing framework, implant supported, screw retained	
69621 Maxillary +L	8749.00
69622 Mandibular +L	8749.00
Fixed Prosthodontic Framework, Osseo-Integrated, Attached with Screws or Cement and Incorporating Teeth (Porcelain/Ceramic/Polymer Glass Bonded to Metal, Acrylic, Composite, Compomer Process to Metal or Full Metal Crowns)	
69821 Maxillary +L	8749.00
69822 Mandibular +L	8749.00

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