

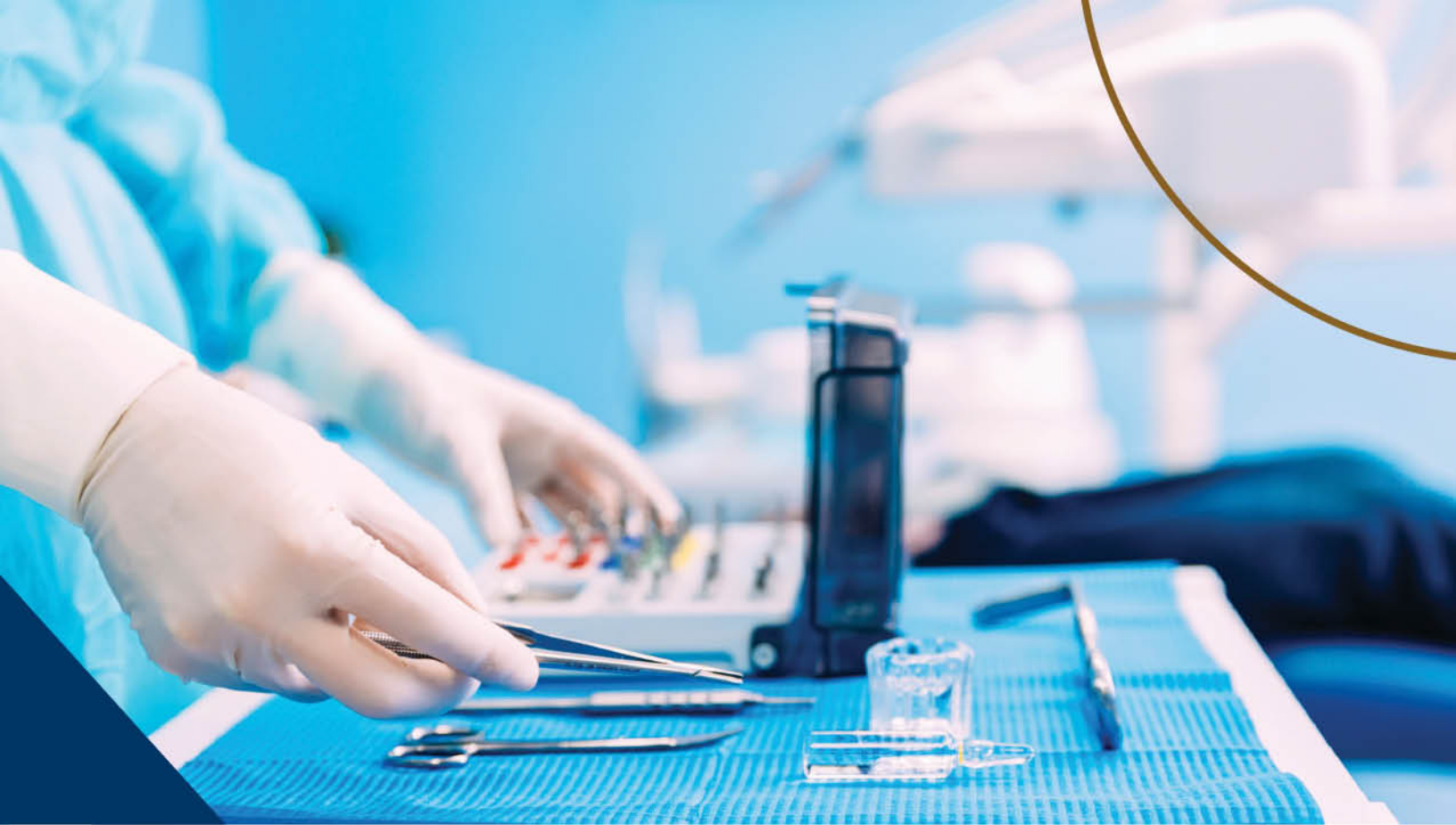


2024 Fee Guide

For Dental Treatment Services Provided
by **General Practitioners** and to
Patients Requiring Out of Office Care

Suggested Fees Effective February 1, 2024





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2024 Fee Guide for Dental Treatment Services Provided by General Practitioners

Suggested Fees Effective February 1, 2024

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User Tips: BCDA's 2024 Digital Suggested Fee Guide

Same Appearance, Enhanced Search and Navigation

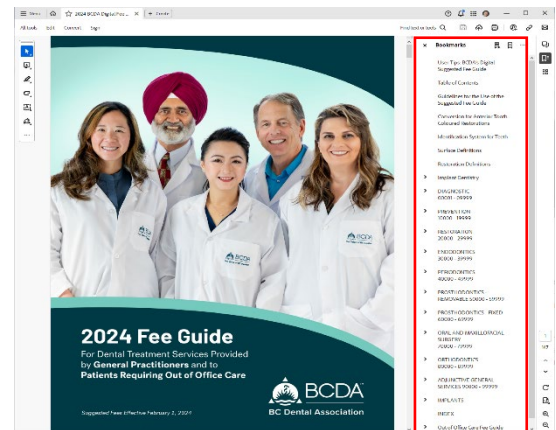
We've structured the Digital *Suggested Fee Guide* with the familiar look and feel of the traditional printed version, but with enhanced navigation and search capabilities. Let's take a look at the new features:

1. Download to multiple devices and even view on your smartphone!
2. Quickly search using key words or entering partial codes by clicking **Find** or **Ctrl-F** (Windows) or **Command-F** (Mac).
3. Highlight codes and add comments for frequently used codes that aren't found in the Abbreviated Fee Guide (applies to saved copies). Great for treatment planning and entering estimates.
4. Index feature allows you to click on the link to jump to the page.
5. Copy and paste descriptors into other documents – great for preparing correspondence with patients and other practitioners.

Bookmarks

When you open the Digital *Suggested Fee Guide*, you should see a list of Bookmarks showing the major sections in the Acrobat program window.

The section bookmarks are the equivalent of the tab dividers in the printed Guides. To navigate to any major section, simply click on the section link you wish to view. The corresponding section will appear in the primary view area. You can then zoom in or out, page forward or back, or click another bookmark to move to another section.



Text Search

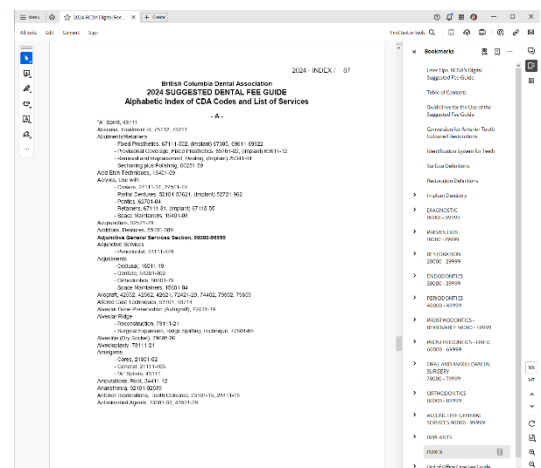
To search for particular code or word within the Guide, use the **Find** command **Ctrl-F** (Windows) or **Command-F** (Mac). Type your search term and press Enter. If multiple results of the term are found, you can press the Forward and Back buttons to view each occurrence.



Index Links

We've made the index entries at the back of the Guide into clickable links; simply click on the numeric code next associated with any index entry to immediately jump to the relevant page.

Find any more helpful tips? We'd love to hear from you!
Email info@bcdental.org.





Found an Error?

Do You have any Suggestions?

The British Columbia Dental Association (BCDA) works hard to ensure that the information in the *Suggested Fee Guide* is correct, but sometimes errors do occur.

If you find any errors, please take a minute to let us know. Additionally, if you find there is no code for a particular procedure, you are welcome to provide your suggestions.

Email: info@bcdental.org

Subject: Fee Guide

**British Columbia Dental Association
Suggested Fee Guide for Dental Treatment Services
Provided by General Practitioners**

Revised February 2024

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GUIDELINES FOR USE OF THE SUGGESTED FEE GUIDE

The Business of Dentistry Committee has identified some areas where problems have arisen regarding the understanding, interpretation and use of the fee guide. The following information and diagrams are intended to provide additional clarification to facilitate the use of the guide.

The fee guide is an ever-changing document, intended to reflect dental practices in BC. As such, the Business of Dentistry Committee encourages you to share your views regarding its format, use and interpretation in order to maintain the guide's relevancy for the public, the dentist and staff. Technological advances must also be reflected, and your comments or input will ensure that the fee guide continues to be current.

General Understanding

All users should make themselves thoroughly familiar with the following information:

1. This guide provides suggested fees only; no dentist receiving this list is under any obligation to charge the suggested fees itemized. The fees are issued only for professional and consumer information purposes. Dentists who do not choose to use all or any of these fees will in no way be affected in terms of his/her relationship with the Association or any other body, group or committee affiliated with or associated with the British Columbia Dental Association (BCDA).
2. The guide reflects fees which would appear to be usual, customary or reasonable under normal operating conditions in which the itemized procedure is of usual complexity and performed by a practitioner possessing average professional skill, judgement, dexterity and accepting an average level of responsibility. However, even under circumstances in which these conditions are fulfilled, no practitioner is obliged to charge for services as they are listed in this guide. Nevertheless, fees must be discussed with the patient before treatment is commenced especially where a dentist departs from a code's description.
3. It is inappropriate to bill for more units of time during an appointment than the total time the patient was seated and attended by a caregiver. It is appropriate to bill for all the time that caregivers attend to the patient. If, during the appointment, a procedure such as a recall exam (which is billed on a procedural basis) is performed, the maximum number of time units to be billed should be reduced to recognize the time required to perform the billed procedure. The procedures to be billed on a per unit of time basis should reflect the predominant service performed during the unit (or 1/2 unit) of time.
4. Fees are determined on the basis of a relative value system. In this system, consideration is given to factors such as time (how long it would take an average practitioner to perform the procedure), responsibility (related to scientific knowledge, professional judgement, technical skill and risk to perform the procedure), cost of overhead, laboratory and, possibly, extra material costs, and is based on an average mix of procedures performed in BC dental offices.

Dental plan coverage is intended to assist patients in their dental care. It is not intended to cover all aspects of care. Dentists should remind their patients of this and that, if any portion of their treatment is not covered by their plan, it is the patient's responsibility to cover any outstanding amount.

If a patient fails to complete treatment, the dentist is entitled to bill the patient for that portion of the treatment completed, including expenses and/or laboratory costs.

5. Each procedure is assigned a relative scale of values (the "R factor" or weights) which are placed in a relative value formula, where both similar and dissimilar services can be evaluated and compared. The cost of the procedure is based on the average time required to perform the procedure; the contribution to net income is based on the time and the responsibility factor. The contribution to net income is modified to reflect the relative strength of demand for the procedure, or by an "e factor" derived from demand studies.

The guide is formulated using information from:

- a. The annual economic survey of dental practices
(conducted by an independent third party)
- b. The updated procedure time and frequency studies
(conducted by an independent third party)
- c. The current responsibility factors
- d. The state of the provincial economy and economic forecasts
- e. Demand studies

The resulting formula used to establish fees is based on:

$$FEE = (T \times C) + \{e \times (T \times R \times P)\} + Lab$$

where:

- T* is the time factor for the procedure (in 1/4 hour units) as established in the time studies. **(To reiterate: One unit of time = 15 minutes)**
- R* is the responsibility factor related to the complexity, stress and element of risk associated with the procedure and the care, skill and judgement required to complete it.
- C* is the cost of office overhead, including salaries and employee fringe benefits, rent, utilities, dental materials and supplies, administrative expenses, costs of continuing education, equipment, barrier techniques, infection control costs, etc.
- P* is the value of the dentist's time, as determined from salaries of individuals working at a comparable level in business, industry or government and includes fringe benefits, such as retirement plans, insurance programs, etc.
- e* is the factor which reflects the elasticity of demand for the procedure.
6. Where there exists a large variation in the method of carrying out the procedure, the time involved and the degree of responsibility which precludes the suggested fee, the designation "Independent Consideration" (I.C.) will apply.
7. The suggested fee guide may be used by the practitioner to assist in determining a professional fee.

The following steps are recommended for successful patient/dentist relationships:

- Perform a thorough oral examination of the patient; discuss and record your findings in the patient's chart.
- Explain carefully the particular problems evident in the patient's mouth and/or related structures. Outline your recommended treatment options. Use plain language, encourage questions and ensure the patient understands his or her options.
- Provide the patient with a written estimate of treatment prior to care; if necessary obtain a pre-determination to provide an estimate of what treatment may be covered and what the patient will be responsible for.
- Discuss payment with the patient. Ensure the patient is aware of his or her financial responsibilities including paying the co-payment and any other costs not covered by his or her dental plan. Dentists have an ethical, regulatory and legal requirement to collect the co-payment or be able to demonstrate that all reasonable efforts have been made to do so.

In procedures requiring laboratory work, or where additional expenses have been incurred for materials, the fee will be followed by the designation + L or + E respectively.

Laboratory Fees and Additional Expenses: +L, +E and +PS

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

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

Please see Fee Codes 99111, 99222, 99555 and 99777 for further explanation on page ADJ/72.

Understanding the Uniform System of Coding and List of Services

The fee guide uses codes from the Uniform System of Coding and List of Services (USC&LS) which is published annually by the Canadian Dental Association. The USC&LS is a terminological standard that provides descriptions and codes to represent oral health services. Its two main uses are the production of fee guides and the exchange of information with insurance companies. The USC&LS is intended to remove, to the greatest extent possible, any ambiguity in the description of services. This can only be accomplished if the codes are used in a consistent fashion—by all users, at all times.

In submitting claims, it is important to remember that:

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

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

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

Inclusions and Exclusions

The codes within the Suggested Fee Guide represent dental services. When a service is normally comprised of a set of distinct procedures, these procedures are included in the service code and should not be coded separately. For example, consider the use of anesthesia:

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

Selecting the appropriate service code

The codes in the USC&LS are sequences of five digits-that fall within the following classifications:

Diagnostic	00001 - 09999
Prevention	10000 - 19999
Restoration	20000 - 29999
Endodontics	30000 - 39999
Periodontics	40000 - 49999
Prosthodontics - Removable	50000 - 59999
Prosthodontics - Fixed	60000 - 69999
Oral and Maxillofacial Surgery	70000 - 79999
Orthodontics	80000 - 89999
Adjunctive General Services	90000 - 99999
Implants	Various Codes

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

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

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

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

The most important criteria for the identification of which code to use for the representation of a service is **factual accuracy**. Any misalignment between the service provided and the fully specified descriptor of a code means that the code cannot be used.

In cases where more than one code descriptor that accurately matches a service can be identified, the one that provides the best match must be used.

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

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

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

Units of time

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

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

A unit of time, either half or full as appropriate, is added to the total number of units used as soon as the delivery of the service extends into the next unit of time. For example, a service where a code for half-units of time is not available that takes between 1 and 15 minutes to deliver should be recorded as one unit of time. One that takes between 16 and 30 minutes as two units of time.

Services for which a code representing a half-unit of time is available should be recorded as the number of full units used plus one half-unit if the overage is up to 7½ minutes or the number of full units used if the overage is more than 7½ minutes. For example, if a service, for which a code representing a half-unit of time is available took 17 minutes to deliver, it should be coded as one full unit and one half-unit. If the same service took 24 minutes, it would be coded as two full units.

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

Uniform System of Coding and List of Services (USC&LS)

The CDA Uniform System of Coding and List of Services (USC&LS) is a national document produced by CDA's Committee on Claims Management in consultation with the provincial committees. The USC&LS is reviewed quarterly and updated according to need.

NOTE:

Certified specialists are entitled to bill for services listed in the GP Fee Guide as well as those in existing specialty fee guides.

Conversion for Anterior Tooth Coloured Restorations From the G.V. Black Classification to the Surface Classification System

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

Identification System for Arches, Quadrants, Sextants, Joints

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

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

For Quadrants:

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

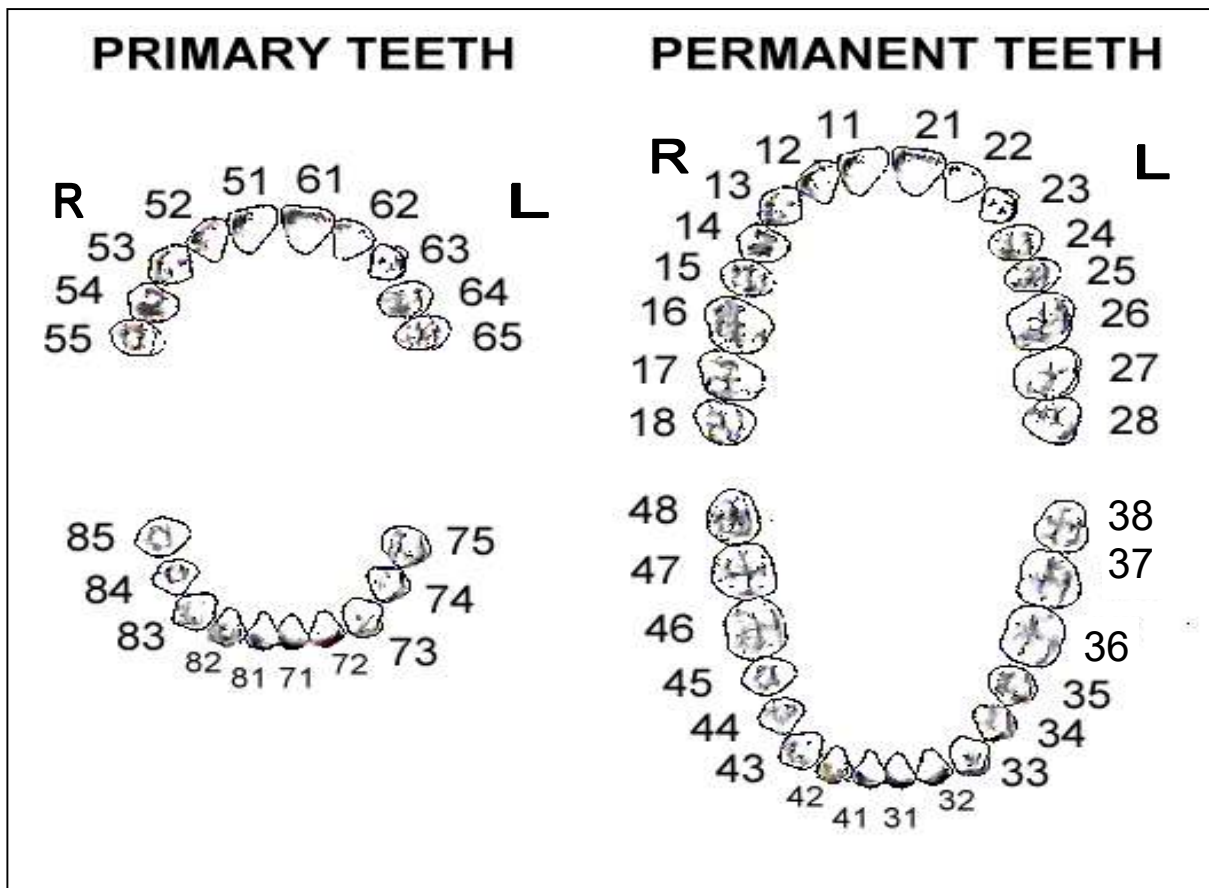
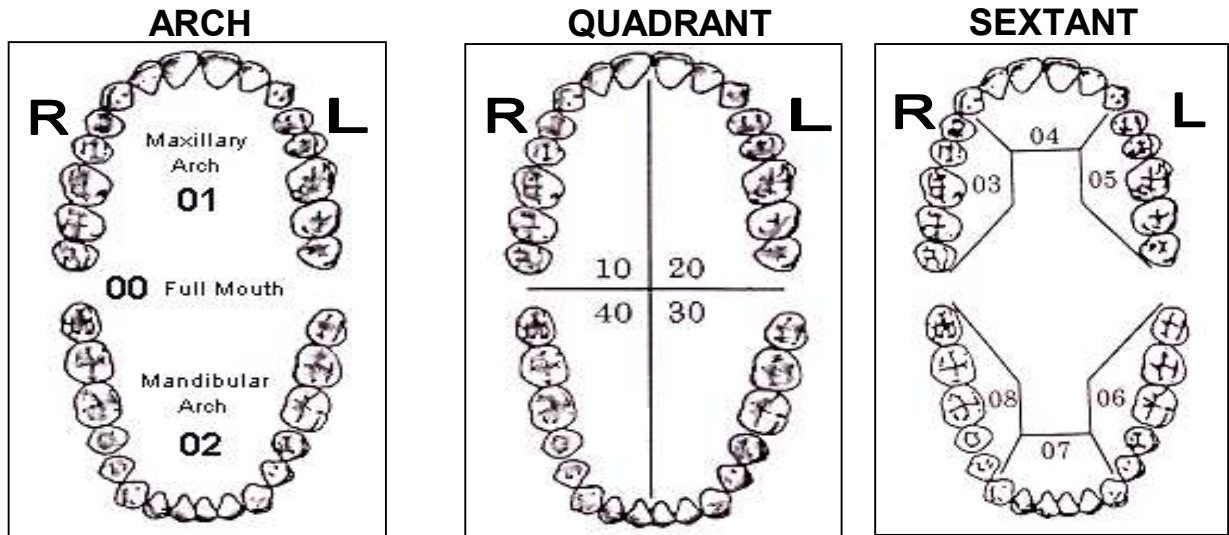
For Sextants:

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

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



Supernumerary Tooth
99

SURFACE DEFINITIONS

1. ONE SURFACE RESTORATION (See Figures 1, 2 and 3)

CLASS I

CLASS III (If not extended beyond the line angle)

CLASS V Vestibular or Lingual

CLASS VI Incisal



Mesial

Figure 1



Lingual Pit

Figure 2



Vestibular
(facial or labial)

Figure 3

2. TWO SURFACE RESTORATION (See Figure 4)

CLASS III

(If extended beyond the line angle due to caries, vestibular or lingual)

Interproximal and
Vestibular



Figure 4

3. THREE SURFACE RESTORATION (See Figure 5)

Three Surfaces, such as: MIL, MIV, DIL,
or DIV, where the restoration does not extend past
the remaining line angle

This restoration
includes incisal,
vestibular, inter-
proximal (but not
lingual) surfaces

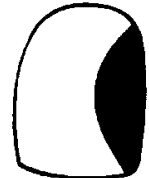


Figure 5

4. FOUR SURFACE RESTORATION (See Figure 6)

Four Surfaces, such as: LV or DILV,
if extended beyond the remaining line angle

Extends both lingually and
vestibularly as well as
restoring the interproximal
and incisal surfaces



Figure 6

5. FIVE SURFACE RESTORATION OR SURFACES PER TOOTH (See Figures 7 and 8)

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



Figure 7

or



Figure 8

RESTORATION DEFINITIONS

The following definitions have been adopted by the BCDA. The authoritative source for the definition of prosthodontic terms is the Glossary of Prosthodontic Terms published in the July 2005 edition of the *Journal of Prosthetic Dentistry*. Between them, these four definitions cover the entire spectrum of indirect, non-endodontic single tooth restorations.

The definitions make it clear that as soon as a restoration ceases to be entirely intracoronal, it also ceases to be an inlay and becomes an onlay.

- (a) **A crown** is an artificial replacement that restores missing tooth structure by surrounding part or all of the remaining structure with a material such as cast metal, porcelain, or a combination of materials such as metal and porcelain.
- (b) **A partial veneer crown** is a restoration that restores all but one coronal surface of a tooth or dental implant abutment, usually not covering the facial surface.
- (c) **An onlay** is a restoration that restores one or more cusps and adjoining occlusal surfaces or the entire occlusal surface and is retained by mechanical or adhesive means. The principal difference between a crown and an onlay is that an onlay does not extend beyond the height of contour on more than two adjacent walls.
- (d) **An inlay** is a fixed intracoronal restoration; a dental restoration made outside of a tooth to correspond to the form of the prepared cavity, which is then luted into the tooth.

Note: A crown has to extend to the gingival portion of the tooth on its entire circumference, while partial veneer crowns only have to do so on 3 of the 4 axial surfaces.

IMPLANT DENTISTRY

Suggested fees have been added for codes that would be used for non-complex implant cases. These fees do not include +L or +E.

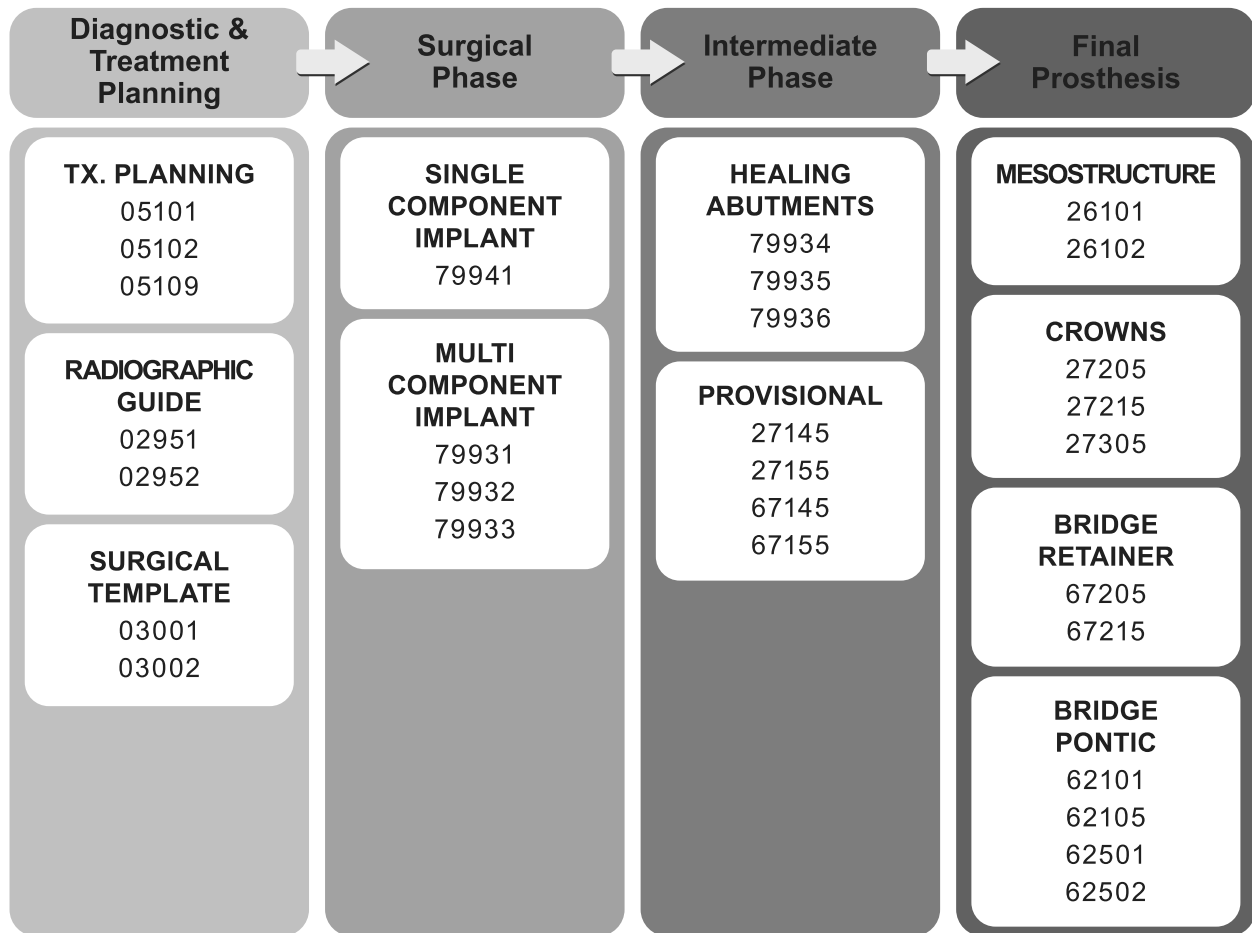
Suggested fees have been added only for those codes that are the most frequently used for implants and implant-related procedures. These codes include placements of a single tooth implant with crown, or multiple implants for attaching an overdenture, in routine (non-complex) clinical sites (away from sinus or inferior alveolar nerve). It should be noted that in the case of implants, '+E' refers to the implant components which typically include a healing abutment, etc.

Unlike other areas of the fee guide, a range of suggested fees has been added to reflect the myriad of systems and clinical protocols.

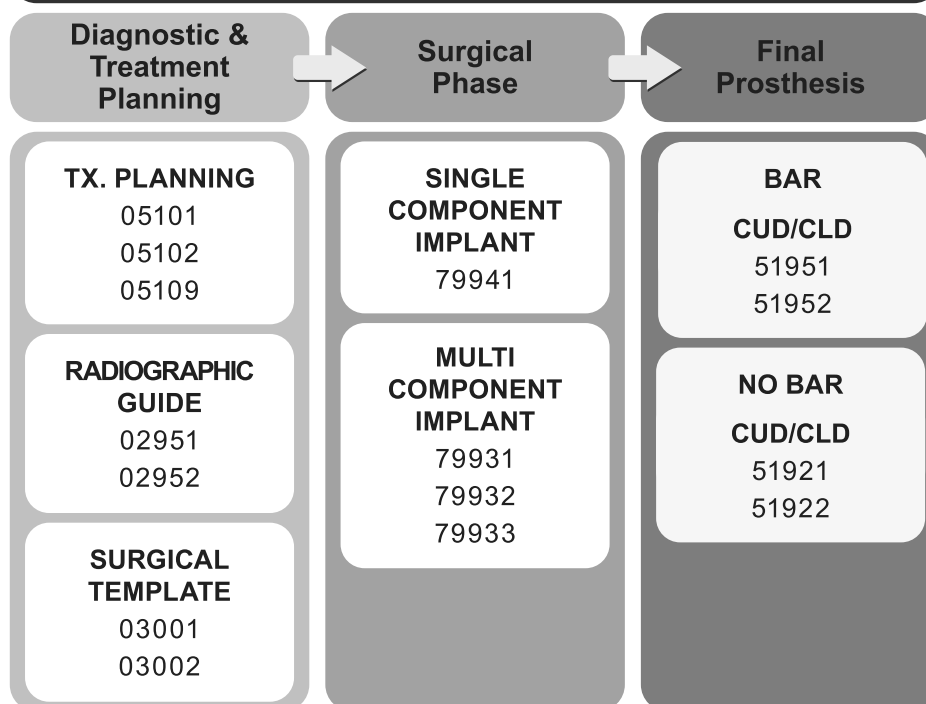
Dentists often rely on single fees for surgical placement and/or the actual implant. However, the guide contains a number of codes which could be billed together for the placing of a simple implant. These could include treatment planning, placement, re-entry, and the abutment and crown as well as '+L' and '+E.'

To assist in understanding how fee codes are combined, the following charts may be used (see over page).

Suggested Implant Dentistry Process for Crowns and Bridges



Suggested Implant Dentistry Process for Dentures



For Illustrative Purposes Only

Dentists are encouraged to consult the codes in the Implant section in order to select factually accurate codes.
 Please contact BCDA Member Support if any questions.

Examples of Implant Fees

1. Single component osseointegrated implant with crown, with treatment planning (two units of time), surgical template and allograft to preserve alveolar bone.

Code	Low Range		High Range	
79941 Implant	\$ 1,543.00	+E	\$ 2,197.00	+E
27205/27215 Crown	\$ 1,051.00	+L +E	\$ 1,323.00	+L +E
05102 Treatment Planning (2 units)	\$ 152.00		\$ 152.00	
03001 Surgical Template, Maxillary	\$ 131.00	+L +E	\$ 219.00	+L +E
72421 Allograft	\$ 737.00	+E	\$ 737.00	+E
Total	\$ 3,614.00	+L +E	\$ 4,628.00	+L +E

If as an example +E was \$800.00 and +L was \$1000.00 then the total fee for a single implant/crown in the above example would range from \$5,414.00 to \$6,428.00.

2. Where one dentist has already placed the implant and a second dentist is now restoring the implant, e.g., GP dentist has sent the patient to see another dentist/specialist for surgery implant placement and the patient is referred back to complete the treatment.

Code	Low Range		High Range	
26101 Prefab Abutment	\$ 328.00	+L +E	\$ 819.00	+L +E
27205/27215 Crown	\$ 1,051.00	+L +E	\$ 1,323.00	+L +E
05102 Treatment Planning (2 units)	\$ 152.00		\$ 152.00	
Total	\$ 1,531.00	+L +E	\$ 2,294.00	+L +E

If in this example +E is \$500.00 and +L is \$500.00 then the cost to restore the implant would range from \$2,531.00 to \$3,294.00; another dentist/specialist has already placed the implant and the patient has been charged.

3. 4, two-stage implants with bar and CUD. Two units of treatment planning, surgical template.

Code	Low Range		High Range	
79932 Implant x 4	\$ 1,555.00 x 4	= \$6,220.00 +E	\$ 1,870.00 x 4	= \$ 7,480.00 +E
79935 Standard Transmucosal Element x 4	\$ 332.00 x 4	= \$1,328.00 +E	\$ 332.00 x 4	= \$ 1,328.00 +E
05102 Treatment Planning (2 units)	\$ 152.00		\$ 152.00	
03001 Surgical Template, Maxillary	\$ 131.00	+L +E	\$ 219.00	+L +E
51951 Max. Complete Overdenture	\$ 1,602.00	+L	\$ 1,924.00	+L
62105 Retentive Bar	\$ 1,346.00	+L +E	\$ 2,095.00	+L +E
Total	\$ 10,779.00	+L +E	\$ 13,198.00	+L +E

If in this example +E was \$4,000.00 and +L was \$3,000.00, then the fee for 4 implants/bar/CUD would range from \$17,779.00 to \$20,198.00.

**DIAGNOSTIC
00001 - 09999**

No.	Suggested Fee
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The only provider qualified to arrive at a definitive diagnosis is the dentist, upon whom the final responsibility of the diagnosis and treatment planning rests.

Where a "Limited Oral Examination" is supplemented by a "Complete Oral Examination", it is unreasonable to charge for both.

A Complete Oral Examination may also be required by certain specialties concerned with different aspects of oral health. The inclusion of the procedures "Stomatognathic Dysfunctional Examination" and "Oral Pathological Examination" were included for use by practitioners who are involved in the treatment of more specific oral diseases and not as adjuncts or as billable procedures to be used in conjunction with the Complete Oral Examination.

The **Previous Patient (Recall) Examination** is provided for patients who have already undergone treatment and have been placed on a regular recall schedule for maintenance and control.

The **Specific Examination** is meant to be used for the evaluation of a specific complaint. It is only differentiated from the **Emergency Examination** in that the latter is a specific evaluation under emergency conditions, such as the investigation of pain and/or acute infection.

**NOTE: ONE UNIT OF TIME = 15 MINUTES
ONE HALF UNIT OF TIME = 7½ MINUTES**

NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION

NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (iii) of Preamble

EXAMINATION AND DIAGNOSIS, CLINICAL ORAL

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.	55.80
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No.	Suggested Fee
EXAMINATION AND DIAGNOSIS, CLINICAL ORAL TO INCLUDE MEDICAL AND DENTAL HISTORY	
NOTE: Exam and Diagnosis must be performed by dentist. However, charting and measurements may be delegated to qualified staff.	
<i>EXAMINATION AND DIAGNOSIS, COMPLETE ORAL, to include:</i>	
(a) History, Medical and Dental	
(b) Clinical Examination and Diagnosis of Hard and Soft tissues, including the following as necessary: Carious lesions, missing teeth, determination of sulcular depth and location of periodontal pockets, gingival contours, mobility of teeth, recession, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests/analysis, and any other pertinent factors	
(c) Radiographs extra, as required	
01101 Primary Dentition, to include: Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description as per Examination and Diagnosis, Complete Oral (above)	95.50
01102 Mixed Dentition, to include: (a) Extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including description as per Examination and Diagnosis, Complete Oral (above) (b) Eruption sequence, tooth-size, jaw-size assessment	128.00
01103 Permanent Dentition, to include: Extended examination and diagnosis on permanent dentition, recording history, charting, treatment planning and case presentation, including description as per Examination and Diagnosis, Complete Oral (above)	141.00
<i>EXAMINATION AND DIAGNOSIS, LIMITED ORAL</i>	
01201 New Patient Examination of hard and soft tissues, including checking of occlusion and appliances, but not including specific test/analysis as for Examination & Diagnosis, Complete Oral (above) (may include PSR - periodontal screening and recording)	63.40
01202 Previous Patient (Recall) Examination of hard and soft tissues, including checking of occlusion and appliances, but not including specific test/analysis, as for Examination and Diagnosis, Complete Oral (above)	39.50
01204 Specific Examination and evaluation of a specific situation. Not to be used as a substitute for limited exam codes (01201, 01202)	53.00
01205 Emergency Examination and diagnosis for the investigation of discomfort and/or infection in a localized area. Not to be used as a substitute for limited exam codes (01201, 01202)	73.30

No.		Suggested Fee
<i>EXAMINATION AND DIAGNOSIS, STOMATOGNATHIC, DYSFUNCTIONAL</i>		
01301	Comprehensive, to include:	302.00
	(a) History, medical, dental, pain/dysfunction	
	(b) Clinical examination and diagnosis to include general appraisal, examination of head and neck, musculoskeletal system (static and functional); Intraoral examination of hard and soft tissues, including occlusal analysis; review of previous records, including radiographs, ordering of appropriate test/analysis and consultations	
01302	Limited, Note and Record as a "Follow-up" to 01301	98.20
<i>EXAMINATION AND DIAGNOSIS, ORAL PATHOLOGY</i>		
01401	General, to include:	201.00
	(a) Initial consultation with referring dentist or physician	
	(b) History, medical and dental	
	(c) Clinical examination including in-depth analysis of medical status	
	(d) Diagnosis, prognosis and formulation of a treatment plan	
01402	Specific (or repeat examination and diagnosis within 90 days for the same illness), Note and Record	97.90
<i>EXAMINATION AND DIAGNOSIS, PERIODONTAL</i>		
01501	Examination and Diagnosis, Periodontal, General, Recording History, Charting, Treatment Planning and Case Presentation	179.00
	(a) History, medical and dental	
	(b) Clinical examination includes evaluation of topography of the gingiva and related structures; degree of gingival inflammation; location, extent, sulcular depth; furcation involvement, mobility of teeth; tooth contact relationships; evaluation of occlusion; TMJ, examination of oral soft tissue pathosis; evaluation of the existing restorative and/or prosthetic appliances; caries and pulpal vitality	
01502	Examination and Diagnosis, Periodontal, Limited, (previous patient)	54.30
01503	Examination and Diagnosis, Periodontal, Specific	53.00
<i>EXAMINATION AND DIAGNOSIS, SURGICAL</i>		
01601	Examination and Diagnosis, Surgical, General	177.00
	(a) History, medical and dental	
	(b) Clinical examination as above; may include in-depth analysis of medical status, medication, anaesthetic and surgical risk, initial consultation with referring dentist or physician, parent or guardian, evaluation of source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors, TMJ, or where the patient is to be admitted to hospital for dental procedures	
01602	Examination and Diagnosis, Surgical, Specific	62.00

No.		Suggested Fee
<i>EXAMINATION AND DIAGNOSIS, PROSTHODONTIC</i>		
01701	Edentulous, to include: Extended examination of the Edentulous Mouth, including detailed Medical and Dental (including prosthetic) History, visual and digital examination of the oral structures, head and neck (including TMJ), lips, oral mucosa, tongue, oral pharynx, salivary glands and lymph nodes, and including evaluation for implant-supported or retained prosthesis	119.00
01702	Specific, Note and Record	54.90
01703	Fixed Oral Rehabilitation, to include: (a) History, medical and dental (b) Clinical examination of Hard and Soft Tissues, including carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality test/analysis, where necessary, and any other pertinent factors (c) Evaluation of specific sites for implant-supported or retained prosthesis (d) Radiographs extra, as required	192.00
<i>EXAMINATION AND DIAGNOSIS, ENDODONTIC</i>		
01801	Examination and Diagnosis, Endodontic, Complete Endodontic examination and diagnosis and/or complicated diagnosis. Recording history, charting treatment planning and case history. Includes the following: (a) History, medical and dental (b) Clinical Examination and Diagnosis may include: vitality test/analysis, thermal test/analysis, cracked tooth test/analysis, occlusal exams, percussion, palpation, transillumination, anaesthetic test/analysis and mobility test/analysis	177.00
01802	Examination and Diagnosis, Endodontic, Specific Endodontic examination and evaluation of a specific situation in a localized area and vitality test analysis	62.00
<i>EXAMINATION AND DIAGNOSIS, ORTHODONTIC</i>		
01901	General, to include: Diagnostic models, complete intraoral radiograph series, or panoramic image, cephalograms, facial and intraoral photographs, consultation and case presentation	930.00
01902	Specific, Note and Record	52.70

No.		Suggested Fee
RADIOGRAPHS 2D PLANAR IMAGING AND CONVENTIONAL TOMOGRAPHY (including technical service, radiographic examination and interpretation and diagnosis) AND RELATED SERVICES		
Operators should familiarize themselves with the CDA Position on Control of X-Radiation in Dentistry.		
With improving oral health, it has become accepted practice to limit the taking of recall radiographs to those patients where the management of oral disease is still a priority. The dental community supports the concept that radiographs should only be taken when the clinical evidence revealed by the radiographs provides useful information for the management of the case.		
<i>RADIOGRAPHS, REGIONAL / LOCALIZED (Where 2-pack images are utilized, it is appropriate to add +E, by using code 99555.)</i>		
02101	Complete Series (minimum of 12 images including bitewings)	114.00 + E
02102	Complete Series (minimum of 16 images including bitewings)	122.00 + E
<i>Radiographs, Periapical</i>		
02111	Single image	22.30
02112	Two images	30.50
02113	Three images	38.80
02114	Four images	47.20
02115	Five images	55.60
02116	Six images	64.00
02117	Seven images	72.10
02118	Eight images	80.50
02119	Nine images	88.90
02120	Ten images	97.20
02121	Eleven images	105.00
02122	Twelve images	114.00
02123	Thirteen images	122.00
02124	Fourteen images	122.00
02125	Fifteen images	122.00
<i>Occlusal</i>		
02131	Single image	31.80
02132	Two images	43.90
02133	Three images	58.30
<i>Bitewing</i>		
02141	Single image	22.30
02142	Two images	30.50
02143	Three images	38.80
02144	Four images	47.20

No.		Suggested Fee
<i>RADIOGRAPHS, REGIONAL / LOCALIZED, OTHER</i>		
02151	Single image	54.80
02152	Two images	79.90
02153	Three images	105.00
02154	Four images	130.00
02159	Each additional image over four	25.10
<i>RADIOGRAPHS, POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE</i>		
02301	Single image	54.60
02302	Two images	79.40
02303	Three images	105.00
02304	Sinus Examination and Diagnosis - Minimum Four Images Identified as: (1) Waters; (2) Caldwell; (3) Lateral Skull; (4) Basal	130.00
02309	Each additional image over four	25.10
<i>RADIOGRAPHS, SIALOGRAPHY</i>		
02401	Single image	54.60
02402	Two images	79.40
02409	Each additional image over two	25.10
<i>RADIOGRAPHS, TEMPOROMANDIBULAR JOINT, STANDARD TECHNIQUE</i> (fixed film and X-Ray beam)		
02501	Single image	57.90
02502	Two images	96.30
02503	Three images	134.00
02504	Four images (minimum examination and diagnosis, closed and open each side)	176.00
02509	Each additional image over four	37.80
<i>FOCAL PLANE TOMOGRAM (e.g. Radiographs, Panoramic)</i>		
02601	Panoramic image	84.50
<i>RADIOGRAPHS, CEPHALOMETRIC</i>		
02701	Single image	57.90
02702	Two images	96.30
02703	Three images	134.00
02704	Four images	174.00
<i>Radiographs, Cephalometric, Tracing and Interpretation</i>		
02751	One unit of time	80.00
02752	Two units	160.00
02759	Each additional unit over two	80.00

No.	Suggested Fee
<i>RADIOGRAPHS, COMPUTERIZED AXIAL TOMOGRAMS (CT), POSITRON EMISSION TOMOGRAPHY (PET), MAGNETIC RESONANCE IMAGES (MRI), INTERPRETATION (Either the radiographs, CT scans, PET scans, MRI scans, or the interpretation must be received from another source.)</i>	
02801	One unit of time 80.00 + PS
02802	Two units 160.00 + PS
02807	One half unit 40.00 + PS
02809	Each additional unit over two 80.00 + PS
<i>RADIOGRAPHS, OTHER</i>	
<i>Radiographs, Duplications</i>	
02911	Single image 10.50
02912	Two images 20.50
02913	Three images 30.90
02919	Each additional image over three 5.80
<i>Duplication of a Complete Series</i>	
02921	Duplication of a Complete Series of 12 Radiographs 71.20
02922	Duplication of a Complete Series of 13 or more Radiographs 71.20
<i>Radiographs, Hand and Wrist (as a diagnostic aid for dental treatment)</i>	
02941	Per case I.C.

No.	Suggested Fee
TESTS / ANALYSIS / LABORATORY PROCEDURES / INTERPRETATION AND / OR REPORTS	
<p>Tests and laboratory examinations are becoming more common place in practice. The fee commonly attached to these procedures compensates the practitioner for his/her time and expertise in offering these services under normal circumstances. Where unusual expenses are incurred, the practitioner may bill for these costs under Codes 99222 (Oral Pathology Biopsy Services), 99333 (In-Office Laboratory Procedures), or 99555 (Additional Expense of Materials).</p> <p>The procedure codes in this series should be used only when indicated by the clinical history and after appropriate visual and tactile examination of the oral cavity and the head and neck, which remain the "gold standard" procedures in terms of screening for oral abnormalities. The procedures covered in this section are adjunctive screening tools for use in selected circumstances and should not be used to evaluate the soft tissue health of every patient.</p>	
<i>TEST / ANALYSIS, MICROBIOLOGICAL (technical procedure only)</i>	
04101 Microbiological Test/Analysis for the Determination of Pathological Agents	74.70 + L
<i>TEST / ANALYSIS, CARIES SUSCEPTIBILITY / DIAGNOSIS</i>	
<i>Bacteriological Test/Analysis for the Determination of Dental Caries Susceptibility (technical procedure only)</i>	
04201	74.70 + L
<i>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</i>	
04221	One unit of time I.C.
04222	Two units I.C.
04227	One half unit I.C.
04229	Each additional unit over two I.C.
<i>TEST / ANALYSIS, HISTOPATHOLOGICAL (technical procedure only)</i>	
<i>Soft Tissue</i>	
04311 Biopsy, Soft Oral Tissue - by Puncture	157.00 + L
04312 Biopsy, Soft Oral Tissue - by Incision	253.00 + L
<i>Hard Tissue</i>	
04322 Biopsy, Hard Oral Tissue - by Incision	507.00 + L
<i>TEST / ANALYSIS, CYTOLOGICAL (technical procedure only)</i>	
04401 Cytological Smear from the Oral Cavity	65.00 + L + E
04402 Vital Staining of Oral Mucosal Tissues	65.00 + E
04403 Direct Fluorescence Visualization	37.40
<i>TEST / ANALYSIS, PULP VITALITY AND INTERPRETATION</i>	
04501	One unit of time 130.00
04507	One half unit 65.00
<i>INTERPRETATION AND / OR REPORTS, LABORATORY</i>	
04602 Interpretation and/or Report, Histopathological by Oral Pathologist or Microbiologist	140.00 + L
04603 Interpretation and/or Report, Cytological by Oral Pathologist	166.00 + L

No.	Suggested Fee
<i>SUPPLEMENTARY DIAGNOSTIC PROCEDURES (interpretation only)</i>	
<i>Equilibration, Casts, Diagnostic (pilot equilibration) for Extensive or Complicated Restorative Dentistry</i>	
04711	One unit of time 80.00 + L
04712	Two units 160.00 + L
<i>Wax-up, Diagnostic (to evaluate cosmetic and/or preparation design and/or occlusal considerations) (gnathological wax-up)</i>	
04721	One unit of time 96.60 + L
<i>Interpretation of Diagnostic Casts</i>	
04741	One unit of time 84.50
VISUAL IMAGING, DIAGNOSTIC	
<i>PHOTOGRAPHS, DIAGNOSTIC (technical procedure only)</i>	
04811	Single photograph 29.20
04812	Two photos 38.70
04813	Three photos 48.70
04819	Each additional photo over three 9.50
CASTS, DIAGNOSTIC	
(technical procedure only, not including interpretation)	
Diagnostic models are necessary for aiding in complex diagnosis and treatment planning when extensive restorative work is being contemplated, these codes should not be used to bill for a "baseline" survey for all new patients. Working models are included in the service. If a third party requires a set of diagnostic models in order to process a preauthorization request, then these models may need to be billed separately.	
<i>Casts, Diagnostic, Unmounted</i>	
04911 Unmounted	133.00 + L
<i>Casts, Diagnostic, Mounted</i>	
04921 Casts, Diagnostic, Mounted	158.00 + L
04922 Using Face Bow Transfer	199.00 + L
04923 Using Face Bow and Occlusal Records	541.00 + L
<i>Casts, Diagnostic, Orthodontic</i>	
04931 Unmounted, Angle Trimmed and Soaped	176.00 + L
<i>Casts, Diagnostic, Miscellaneous Procedures</i>	
04941 Transverse Axis Location and Transfer, used in conjunction with 04922 and 04923	I.C. + L
04942 Three Dimensional Recordings of Patient's Dynamic Movements for Programming of Fully Adjustable Articulators	I.C.

No.	Suggested Fee
CASE PRESENTATION / TREATMENT PLANNING	
<i>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.)</i>	
05101	One unit of time 76.00
05102	Two units 152.00
05103	Three units 228.00
05104	Four units 304.00
05109	Each additional unit over four 76.00
RADIOGRAPHS, CONE BEAM COMPUTERIZED TOMOGRAPHY (CBCT)	
<i>RADIOGRAPHS, CBCT, Acquisition</i>	
07011	Small Field of View (e.g. sextant or part of; isolated temporomandibular joint) 276.00
07012	Large Field of View (1 arch) I.C.
07013	Large Field of View (2 arches) I.C.
<i>RADIOGRAPHS, CBCT, Image Processing</i>	
07021	One unit of time I.C.
07022	Two units I.C.
07027	One half unit I.C.
07029	Each additional unit over two I.C.
<i>RADIOGRAPHS, CBCT, Interpretation</i>	
07031	One unit of time 114.00
07032	Two units 228.00
07037	One half unit 57.20
07039	Each additional unit over two 114.00
<i>RADIOGRAPHS, CBCT, Acquisition, Processing and Interpretation</i>	
07041	Small Field of View (e.g. sextant or part of; isolated temporomandibular joint) 455.00
07042	Large Field of View (1 arch) 573.00
07043	Large Field of View (2 arches) 676.00
<i>REMOTE ASSESSMENT, of Chief Complaint</i>	
08011	One unit of time 62.00
08012	Two units 124.00
08019	Each additional unit over two 62.00

PREVENTION 10000 - 19999

No.	Suggested Fee
NOTE: <i>While polishing can be carried out by a certified dental assistant, scaling procedures and air polishing can only be provided by a dentist or dental hygienist.</i>	
It is inappropriate to bill for more units of time during an appointment than the total time the patient was seated and attended by a caregiver. It is appropriate to bill for all the time that caregivers attend to the patient. If, during the appointment, a procedure such as a recall exam (which is billed on a procedural basis) is performed, the maximum number of time units to be billed should be reduced to recognize the time required to perform the billed procedure. The procedures to be billed on a per unit of time basis should reflect the predominant service performed during the unit (or 1/2 unit) of time.	
NOTE: <i>Scaling codes include updating medical history, administering anaesthetic, periodontal evaluation & recording of this information (e.g. probing, recession, BOP, furcations, mobilities etc., provided not billed in combination with a Complete Exam), patient care documentation & chart review (so long as patient is present in the operatory), and time spent explaining the current proposed treatment. Once treatment extends into the next unit, it will be rounded up to the nearest half unit.</i>	
NOTE: ONE UNIT OF TIME = 15 MINUTES ONE HALF UNIT OF TIME = 7½ MINUTES	
NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION	
NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (iii) of Preamble	
<i>POLISHING (The removal of stain and plaque with the use of rubber cups, brushes or air polishers. Polishing should also consist of interproximal flossing and a recall review of oral hygiene procedures and techniques.)</i>	
11101	46.40
SCALING	
11111	One unit of time 55.80
11112	Two units 111.60
11113	Three units 167.40
11114	Four units 223.20
11115	Five units 279.00
11116	Six units 334.80
11117	One half unit 27.90
11119	Each additional unit over six 55.80

No.		Suggested Fee
<i>FLUORIDE TREATMENTS (topical, whole mouth, in office)</i>		
12111	Fluoride Treatment, Rinse	14.20
12112	Fluoride Treatment, Gel or Foam	19.50
12113	Fluoride Treatment, Varnish	23.50
12114	Fluoride Treatment, Self-Administered Brush-In, Supervised	14.20
<i>FLUORIDE, CUSTOM APPLIANCES (home application)</i>		
12601	Maxillary Arch	88.40 + L
12602	Mandibular Arch	88.40 + L
12603	Maxillary plus Mandibular Combined	133.00 + L
PREVENTION SERVICES, OTHER		
<i>NUTRITIONAL COUNSELLING, including: recording and analysis up to seven-day dietary intake and consultation (This code is not applicable to post-operative supportive care.)</i>		
13101	One unit of time	44.10
<i>ORAL HYGIENE INSTRUCTION / PLAQUE CONTROL, to include brushing and/or flossing and/or embrasure cleaning</i>		
<i>Individual Instruction (one instructor to one patient) - excluding audio-visual time</i>		
13211	One unit of time	43.90
<i>SEALANTS, PIT AND FISSURE (Involving no mechanical preparation of pits and fissures.)</i>		
13401	First tooth	32.50
13409	Each additional tooth same quadrant	17.80
<i>Preventive Restorative Resin (Involving minimal mechanical preparation of pits and fissures, limited to enamel, and without the use of local anaesthetic.)</i>		
13411		76.60
<i>TOPICAL APPLICATION TO HARD TISSUE LESION(S) OF AN ANTIMICROBIAL OR REMINERALIZATION AGENT</i>		
13601	One unit of time	40.80 + E
13602	Two units	81.60 + E
APPLIANCES		
<i>APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS</i>		
14101	Appliance, Maxillary	459.00 + L
14102	Appliance, Mandibular	459.00 + L
14103	Appliances, Maxillary plus Mandibular	906.00 + L
<i>APPLIANCES, FIXED / CEMENTED, CONTROL OF ORAL HABITS</i>		
14201	Appliance, Maxillary	528.00 + L
14202	Appliance, Mandibular	528.00 + L

No.		Suggested Fee
CONTROL OF ORAL HABITS, MISCELLANEOUS		
14301	Motivation of Patient - Psychological Approach (e.g. thumb sucking, lip biting, etc.), per visit	I.C. + L
<i>Myofunctional Therapy (e.g. to correct mouth breathing, abnormal swallowing, tongue thrust, etc.)</i>		
14311	First unit of time per visit	I.C. + L
14312	Two units	I.C. + L
14319	Each additional unit over two	I.C. + L
APPLIANCES, CONTROL OF ORAL HABITS - adjustments, repairs, maintenance		
14401	One unit of time	79.90 + L
14402	Two units	160.00 + L
APPLIANCES, PROTECTIVE MOUTH GUARDS		
14501	Preformed	74.60
14502	Processed	131.00 + L
APPLIANCES, PERIODONTAL		
(See separate codes for Appliances -14000, Protective Mouth Guards -14500, and TMJ -14700.)		
<i>Appliances, Periodontal (including bruxism appliances); includes impression, insertion and adjustment (no post-insertion adjustments)</i>		
14611	Maxillary Appliance	326.00 + L
14612	Mandibular Appliance	326.00 + L
<i>Appliances, Maintenance, Adjustment, Repair (including bruxism appliances)</i>		
14621	One unit of time	80.00 + L
14622	Two units	160.00 + L
14623	Three units	240.00 + L
14629	Each additional unit over three	79.70 + L
<i>Appliances, Reline (including bruxism appliances)</i>		
14631	Reline, Direct	74.70
APPLIANCES, TEMPOROMANDIBULAR JOINT		
<i>Appliance, TMJ, Diagnostic; includes impression, insertion and insertion adjustment (no post-insertion adjustments)</i>		
14711	Maxillary Appliance	311.00 + L
14712	Mandibular Appliance	311.00 + L
<i>Appliance, TMJ Intra-oral Repositioning; includes impression, insertion and insertion adjustment (no post-insertion adjustments)</i>		
14721	Maxillary Appliance	307.00 + L
14722	Mandibular Appliance	307.00 + L

No.	Suggested Fee
<i>Appliance, TMJ, Periodic Maintenance, Adjustment, Repair</i>	
14731	One unit of time 70.00 + L
14732	Two units 140.00 + L
<i>Appliance, TMJ, Reline</i>	
14741 Reline, Direct	74.70
<i>APPLIANCES, MYOFASCIAL PAIN DYSFUNCTION SYNDROME (conditions that originate outside the temporomandibular joint)</i>	
<i>Appliance, Myofascial Pain Dysfunction Syndrome, to include: models, gnathological determinants, appliance construction only, and insertion adjustment (no post-insertion adjustments)</i>	
14811 Maxillary Appliance	311.00 + L
14812 Mandibular Appliance	311.00 + L
<i>Appliance, Myofascial Pain Dysfunction Syndrome, Periodic Maintenance, Adjustment and Repairs</i>	
14821	One unit of time 70.00 + L
14822	Two units 140.00 + L
<i>Appliance, Myofascial Pain Dysfunction Syndrome, Relines</i>	
14831 Reline Direct	71.90
<i>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])</i>	
<i>Appliance, Intraoral, for the Treatment of Obstructive Airway Disorders, Ridge or Tooth Supported</i>	
14901	I.C. + L
<i>Appliance, Tongue Retaining Device, for the Treatment of Obstructive Airway Disorders</i>	
14902	I.C. + E
<i>Appliance, Intraoral, for the Treatment of Obstructive Airway Disorders, Periodic Maintenance, Adjustment and Repairs</i>	
14911	One unit of time I.C. + L
14912	Two units I.C. + L
14919	Each additional unit over two I.C. + L
<i>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</i>	
14921	One unit of time I.C.
14922	Two units I.C.
14929	Each additional unit over two I.C.

No.		Suggested Fee
SPACE MAINTAINERS		
(includes the design, separation, fabrication, insertion and, where applicable, initial cementation and removal)		
<i>SPACE MAINTAINERS, BAND TYPE, FIXED</i>		
15101	Unilateral	215.00 + L
15102	Unilateral with Intra-Alveolar Attachment	237.00 + L
15103	Bilateral (soldered lingual arch)	280.00 + L
15104	Bilateral (soldered lingual arch), with Teeth Attached	315.00 + L
15105	Bilateral, Tubes and Locking Wires	315.00 + L
<i>SPACE MAINTAINERS, STAINLESS STEEL CROWN TYPE</i>		
15201	Fixed	261.00 + L
15202	Fixed, with Intra-Alveolar Attachment	279.00 + L
<i>SPACE MAINTAINERS, ACRYLIC, REMOVABLE</i>		
15401	Bilateral Clasps, Retaining Wires	245.00 + L
15402	Bilateral Clasps, Retaining Wires with Teeth	268.00 + L
15403	No Clasps	206.00 + L
<i>SPACE MAINTAINERS, BONDED, PONTIC TYPE</i>		
15501	Bonded Pontic Type	210.00 + L
<i>SPACE MAINTAINERS, MAINTENANCE OF</i>		
15601	To include: Adjustment and/or Recementation after 30 Days from Insertion	73.00
15602	Addition of Clasps and/or Activating Wires	73.00 + L
15603	Repairs (includes recementation)	73.00 + L
15604	Removal of Fixed Appliances by Second Dentist	73.00

No.		Suggested Fee
ANATOMIC MODIFICATIONS		
(Reshaping, recontouring, or occlusal modifications of a natural tooth or teeth, single or multiple restorations, or the inter-articulation of the teeth.)		
<i>FINISHING RESTORATIONS to include: polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (When restorations were performed by another dentist or restorations are over 2 years old.) (This fee item is not to be used to refine or in any other way deal with restorations recently placed by the practitioner.)</i>		
16101	One unit of time	58.60
16102	Two units	117.00
<i>DISKING OF TEETH, Interproximal</i>		
16201	One unit of time	86.30
16202	Two units	173.00
16203	Three units	259.00
16209	Each additional unit over three	86.30
<i>RECONTOURING OF NATURAL TEETH FOR AESTHETIC REASONS</i>		
16301	One unit of time	78.40
16309	Each additional unit of time	78.40
<i>RECONTOURING OF TEETH FOR FUNCTIONAL REASONS (not associated with delivery of a single or multiple prosthesis)</i>		
16401	One unit of time	77.10
16409	Each additional unit of time	77.10
OCCLUSION		
<i>Occlusal Adjustment/Equilibration:</i>		
(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 and removable prosthesis (50000 + 60000 code series) by the same dentist for a period of three months	
16511	One unit of time	120.00
16512	Two units	240.00
16513	Three units	360.00
16514	Four units	480.00
16517	One half unit	60.00
16519	Each additional unit over four	120.00

RESTORATION 20000 - 29999

Most fee codes under Series 21000, Amalgam Restorations, and 23000, Tooth Coloured Restorations, are differentiated by type of tooth (Primary, Permanent, Molar, Bicuspid, Anterior) and number of surfaces treated.

When billing for multiple restorations, of the same material (amalgam or tooth-coloured) on the same tooth, the number of surfaces billed is equal to the total number of surfaces restored in that sitting (five being the maximum). For example, if DO and MO restorations, of the same material, are placed on the same tooth in the same appointment, they should be billed as a single, three-surface restoration, rather than two, two-surface restorations. This applies to both anterior and posterior teeth.

If multiple restorations, of different materials are placed on the same tooth in the same appointment, they can be billed as separate restorations. For example, if a DO composite and a Class V buccal amalgam are placed on the same tooth, at the same sitting, it would be appropriate to bill them as a two-surface tooth-coloured restoration and a one-surface amalgam restoration.

Restoration of incisal edges with "dentin cupping" (or cusp tips in the case of posterior teeth), due to attrition, erosion or caries should be billed as single surface restorations even though other surfaces may be used for retention purposes via bonding.

All restorative codes include all the steps in the restorative process, including administration of local anaesthetic and post-operative adjustments.

A build-up (core) is often necessary in a heavily restored or broken-down tooth, whereby the existing caries and/or defective restoration is removed and replaced with a filling material to provide resistance and retention form needed to support a restoration. The build-up REMAINS as part of the restoration. Techniques that require the removal of the build-up material prior to cementation of the restoration are not procedures included in this description.

Please refer to page (ix) of the Guidelines for Use of the Suggested Fee Guide for definitions of various major restorations.

NOTE: ONE UNIT OF TIME = 15 MINUTES
ONE HALF UNIT OF TIME = 7½ MINUTES

NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION

NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (iii) of Preamble

No.		Suggested Fee
CARIES, TRAUMA AND PAIN CONTROL		
<i>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 (using code 20141)]</i>		
20111	First tooth	143.00
20119	Each additional tooth same quadrant	71.50
<i>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 (using code 20141)]</i>		
20121	First tooth	199.00
20129	Each additional tooth same quadrant	99.80
<i>Trauma Control, Smoothing of Fractured Surfaces, per tooth (may include placement of sedative/protective dressing)</i>		
20131	First tooth	46.60
20139	Each additional tooth same quadrant	21.40
<i>Pulp Capping Direct Performed in Conjunction with Permanent Restorations (Performed at the same appointment as the permanent/temporary restoration, it is to include placement of an appropriate pulp capping material. This base material procedure is to be used where pulp exposure is evident or when pulpal tissue is visible (blushing pulp) through the dentin. It is not to be used for routine liner placement or where decay removal is slightly below ideal preparation depth.)</i>		
20141		48.70

RESTORATIONS, AMALGAM, PRIMARY TEETH

Where, at the same time, in order to conserve tooth structure, separate amalgam restorations are performed on the same tooth, the fee should be determined by counting the total number of surfaces restored.

Amalgam, Non-Bonded, Primary Teeth

21111	One surface	148.00
21112	Two surfaces	187.00
21113	Three surfaces	215.00
21114	Four surfaces	247.00
21115	Five surfaces or maximum surfaces per tooth	284.00

Amalgam, Bonded, Primary Teeth

21121	One surface	148.00
21122	Two surfaces	187.00
21123	Three surfaces	215.00
21124	Four surfaces	247.00
21125	Five surfaces or maximum surfaces per tooth	284.00

No.		Suggested Fee
RESTORATIONS, AMALGAM, PERMANENT TEETH		
<i>Non-Bonded, Permanent Bicuspid and Anteriors</i>		
21211	One surface	175.00
21212	Two surfaces	242.00
21213	Three surfaces	295.00
21214	Four surfaces	360.00
21215	Five surfaces or maximum surfaces per tooth	440.00
<i>Non-Bonded, Permanent Molars</i>		
21221	One surface	190.00
21222	Two surfaces	286.00
21223	Three surfaces	351.00
21224	Four surfaces	432.00
21225	Five surfaces or maximum surfaces per tooth	532.00
<i>Bonded, Permanent Bicuspid and Anteriors</i>		
21231	One surface	175.00
21232	Two surfaces	242.00
21233	Three surfaces	295.00
21234	Four surfaces	360.00
21235	Five surfaces or maximum surfaces per tooth	440.00
<i>Bonded, Permanent Molars</i>		
21241	One surface	190.00
21242	Two surfaces	286.00
21243	Three surfaces	351.00
21244	Four surfaces	432.00
21245	Five surfaces or maximum surfaces per tooth	532.00
RESTORATIONS, AMALGAM CORES		
21301	Non-Bonded, in Conjunction with Crown or Fixed Bridge Retainer	155.00
21302	Bonded, in Conjunction with Crown or Fixed Bridge Retainer	173.00
<i>PINS, RETENTIVE, per restoration (for amalgams and tooth coloured restorations)</i>		
21401	One pin	42.90
21402	Two pins	64.50
21403	Three pins	81.40
21404	Four pins	98.30
21405	Five pins or more	115.00
RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENTURE		
<i>CLASP (additional to restoration)</i>		
21501	Per restoration	113.00

No.		Suggested Fee
RESTORATIONS, PREFABRICATED, FULL COVERAGE		
<i>METAL, PRIMARY TEETH</i>		
22201	Primary Anterior	296.00
22202	Primary Anterior - Open Face/Acrylic Veneer	335.00 + L
22211	Primary Posterior	285.00
22212	Primary Posterior - Open Face	333.00
<i>METAL, PERMANENT TEETH</i>		
22301	Permanent Anterior	294.00
22311	Permanent Posterior	294.00
<i>PLASTIC, PRIMARY TEETH</i>		
22401	Primary Anterior	294.00
22411	Primary Posterior	294.00
<i>PLASTIC, PERMANENT TEETH</i>		
22501	Permanent Anterior	331.00
22511	Permanent Posterior	331.00
RESTORATIONS, PREFABRICATED, PORCELAIN / CERAMIC / POLYMER GLASS, PRIMARY TEETH		
22601	Primary Anterior	401.00
22611	Primary Posterior	401.00
RESTORATIONS, TOOTH COLOURED / PLASTIC WITH / WITHOUT SILVER FILLINGS		
Restorations using materials that do not require a separate bonding step (e.g. Glass Ionomer) should be billed using the corresponding "bonded restoration" code.		
<i>PERMANENT ANTERIORS, BONDED TECHNIQUE (not to be used for veneer applications or diastema closures)</i>		
23111	One surface	169.00
23112	Two surfaces	206.00
23113	Three surfaces	254.00
23114	Four surfaces	314.00
23115	Five surfaces (maximum surfaces per tooth)	388.00
<i>RESTORATIONS, TOOTH COLOURED, VENEER APPLICATIONS (If a veneer is placed, it should not be billed as a five surface composite or a reverse 3/4 porcelain or composite crown.)</i>		
23121	Tooth Coloured Veneer Application - Direct Chairside Prefabricated - Bonded	I.C.
23122	Tooth Coloured Veneer Application - Non Prefabricated Direct Buildup - Bonded	449.00
23123	Tooth Coloured Veneer Application - Diastema Closure, Interproximal Only - Bonded	309.00

No.	Suggested Fee
RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOBS, BONDED	
<i>Permanent Bicuspids</i>	
23311	One surface 195.00
23312	Two surfaces 269.00
23313	Three surfaces 328.00
23314	Four surfaces 401.00
23315	Five surfaces (maximum surfaces per tooth) 489.00
<i>Permanent Molars</i>	
23321	One surface 212.00
23322	Two surfaces 317.00
23323	Three surfaces 390.00
23324	Four surfaces 480.00
23325	Five surfaces (maximum surfaces per tooth) 591.00
RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, BONDED TECHNIQUE	
23411	One surface 165.00
23412	Two surfaces 207.00
23413	Three surfaces 238.00
23414	Four surfaces 274.00
23415	Five surfaces (maximum surfaces per tooth) 315.00
RESTORATIONS, TOOTH COLOURED, PRIMARY, POSTERIOR, BONDED TECHNIQUE	
23511	One surface 177.00
23512	Two surfaces 251.00
23513	Three surfaces 302.00
23514	Four surfaces 362.00
23515	Five surfaces (or maximum surfaces per tooth) 434.00
RESTORATIONS, TOOTH COLOURED / PLASTIC WITH / WITHOUT SILVER FILLINGS, CORES	
23602	Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer 221.00
RESIN INFILTRATION	
(Placement of an infiltrating resin restoration for the purpose of filling the sub-surface porosity of an incipient, non-cavitated lesion for the purpose of strengthening, stabilizing and/or limiting the progression of the lesion.)	
23701	One surface 90.00
23709	Each additional surface over one 90.00
RESTORATIONS, GOLD FOIL	
ANTERIOBS	
24101	Class I 383.00
24102	Class III 955.00
24103	Class V 764.00
POSTERIOBS	
24201	Class I 950.00
24202	Class II 950.00
24203	Class V 763.00

No.		Suggested Fee
RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS		
An onlay is a restoration that restores one or more cusps and adjoining occlusal surfaces or the entire occlusal surface and is retained by mechanical or adhesive means. The principal difference between a crown and an onlay is that an onlay does not extend beyond the height of contour on more than two adjacent walls. <i>(Also refer to page ix, Restoration Definitions of the Guidelines for Use of the Suggested Fee Guide.)</i>		
RESTORATIONS, INLAYS		
<i>Inlays, Metal</i>		
25111	One surface	496.00 + L
25112	Two surfaces	863.00 + L
25113	Three surfaces	905.00 + L
25114	Three surfaces, modified	955.00 + L
<i>Inlays, Composite/Compomer, Indirect (Bonded)</i>		
25121	One surface	501.00 + L
25122	Two surfaces	889.00 + L
25123	Three surfaces	932.00 + L
25124	Three surfaces, modified	985.00 + L
<i>Inlays, Porcelain/Ceramic/Polymer Glass (Bonded)</i>		
25141	One surface	496.00 + L
25142	Two surfaces	871.00 + L
25143	Three surfaces	918.00 + L
25144	Three surfaces, modified	969.00 + L
RESTORATIONS, ONLAYS (where one or more cusps are restored)		
<i>Onlays, Cast Metal, Indirect</i>		
25511	Per tooth	1,051.00 + L
<i>Onlays, Composite/Compomer, Indirect (Bonded)</i>		
25521	Per tooth	974.00 + L
<i>Onlays, Porcelain/Ceramic/Polymer Glass (Bonded)</i>		
25531	Per tooth	1,072.00 + L
PINS, RETENTIVE (for inlays, onlays and crowns, per tooth)		
25601	One pin per tooth	79.40 + L
25602	Two pins per tooth	104.00 + L
25603	Three pins per tooth	134.00 + L
25604	Four pins per tooth	163.00 + L
25605	Five or more pins per tooth	189.00 + L
POSTS		
<i>Posts, Cast Metal, (including core) as a Separate Procedure</i>		
25711	Single section	444.00 + L

No.		Suggested Fee
<i>Posts, Cast Metal (including core) Concurrent with Impression for Crown</i>		
25721	Single section	177.00 + L
25722	Two sections	260.00 + L
<i>Posts, Prefabricated Retentive</i>		
25731	One post	233.00 + E
25732	Two posts same tooth	371.00 + E
25733	Three posts same tooth	510.00 + E
<i>Posts, Provisional</i>		
25771	Per post	110.00 + L + E
<i>Post Removal</i>		
25781	One unit of time	113.00
25782	Two units	226.00
25783	Three units	339.00
25784	Four units	452.00
25789	Each additional unit over four	113.00

CROWNS, SINGLE UNITS (only)

Codes 27113 or 27121 do not apply to the construction of provisional crowns following the preparation of a tooth or teeth for crowns except in the following circumstances:

- (i) orthodontic treatment will precede the final restoration
- (ii) periodontal treatment will precede the final restoration
- (iii) the final restoration cannot be completed within 3 months and repreparation is required
- (iv) the patient presents with a fractured tooth and required immediate provisional coverage

CROWNS, ACRYLIC / COMPOSITE / COMPOMER (with or without Cast or Prefabricated Metal Bases)

Crown, Acrylic/Composite/Compomer, Indirect

27111	Indirect	867.00 + L
27113	Provisional (long term), Indirect (lab fabricated/relined intra-orally)	130.00 + L

Crown, Acrylic/Composite/Compomer, Direct

27121	Direct, Provisional (chairside)	276.00 + E
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Crown, Acrylic/Composite/Compomer/Cast Metal Base

27131	Indirect	1,051.00 + L
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CROWNS, PORCELAIN / CERAMIC / POLYMER GLASS

27201	Crown, Porcelain/Ceramic/Polymer Glass	1,051.00 + L
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No.		Suggested Fee
<i>Crowns, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base</i>		
27211	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	1,051.00 + L
27213	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, with Porcelain Margin	1,051.00 + L
27217	Semi-precision Rest (Interlock) (in addition to Porcelain/Ceramic, Fused to Metal Base Crown)	213.00 + L + E
27218	Semi-precision or Precision Attachment RPD Retainer (in addition to Porcelain/Ceramic Fused to Metal Base Crown)	213.00 + L + E
27221	Crown, 3/4, Porcelain/Ceramic/Polymer Glass	1,051.00 + L
<i>CROWNS, CAST METAL (These procedures must NOT be used for procedures involving acrylic, composite or porcelain veneers. See codes 27601, 27602.)</i>		
27301	Crown, Cast Metal	979.00 + L
<i>CROWNS, 3/4, CAST METAL</i>		
27311	Crown, 3/4, Cast Metal	1,051.00 + L
<i>CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP (additional to crown)</i>		
27401	One crown	111.00 + L
27409	Each additional crown	111.00 + L
<i>COPINGS, METAL / ACRYLIC, TRANSFER (thimble type)</i>		
27511	As a Separate Procedure	245.00 + L
<i>VENEERS, LABORATORY PROCESSED</i>		
27601	Veneers, Acrylic/Composite/Compomer, Bonded	1,051.00 + L
27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded	1,051.00 + L
<i>RECONTOURING OF EXISTING CROWNS, per tooth</i>		
27801	One unit of time	107.00
27809	Each additional unit	107.00
RESTORATION PROCEDURES, OVERDENTURES		
<i>OVERDENTURES, DIRECT</i>		
28101	Natural Tooth Preparation, Placement of Pulp Chamber Restoration (amalgam or composite) and Fluoride Application, Endodontically Treated Tooth	144.00
28102	Natural Tooth Preparation and Fluoride Application, Vital Tooth	I.C.
28103	Prefabricated Attachment, as an Internal or External Overdenture Retentive Device, Direct to a Natural Tooth (used with the appropriate denture code) per tooth	171.00 + L + E
<i>OVERDENTURES, INDIRECT</i>		
<i>Coping Crown, Cast Metal, No Attachments, Indirect</i>		
28211	No Attachment, Indirect	369.00 + L
<i>Coping Crown, Cast Metal, with Attachments</i>		
28221	With Attachment, Indirect	367.00 + L + E

No.**Suggested Fee****RESTORATION 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	103.00 + L + E
29102	Two units	206.00 + L + E
29103	Three units	309.00 + L + E
29104	Four units	412.00 + L + E
29109	Each additional unit over four	103.00 + L + E

REPAIRS, INLAYS / ONLAYS / CROWNS and VENEERS (single units)

Polymer

29201	Direct	197.00
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Ceramic, Metal, Polymer Metal, or Ceramic Metal

29202	Direct	324.00
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Ceramic, Metal, Polymer Metal, or Ceramic Metal

29203	Indirect	287.00 + L
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REMOVAL, INLAYS / ONLAYS / CROWNS / VENEERS (single units only)

29301	One unit of time	101.00
29302	Two units	202.00

ENDODONTICS

30000 - 39999

No.	Suggested Fee																		
<p>Conservative root canal therapy includes treatment plan, clinical procedures, appropriate radiographs and follow-up care. It excludes final restoration.</p> <p>If endodontic therapy is not completed, a portion of the suggested fee relative to the time and costs expended in the procedure may be charged.</p> <p>Pulp protection has already been discussed under the Restorative section. In the event that direct pulp capping is required, refer to procedure code 20141 in the Restorative section.</p> <p>Both the Open and Drain codes and the Emergency Pulpotomy codes pertain to distinct procedures, and as such their use does NOT require that the fees applied to them should be subtracted from the fee for the definitive completed endodontic procedure.</p> <p>An Open and Drain procedure code includes simply establishing access to the pulp chamber to allow drainage of suppurative material. The patient is dismissed to return a few days later for the completion of the endodontic treatment. This is not an emergency pulpectomy service.</p> <p>An emergency pulpectomy, on the other hand, involves access to the pulp chamber, instrumentation of all canals to the working length, which involves a radiograph, medication of each canal and sealing of the tooth; the patient being rebooked a week or two later for completion of the endodontic treatment.</p> <p>In any event, the fee for the completed endodontic procedure is reduced by the fee charged for the Emergency Pulpectomy.</p> <p>NOTE: ONE UNIT OF TIME = 15 MINUTES ONE HALF UNIT OF TIME = 7 ½ MINUTES</p> <p>NOTE: "I .C." MEANS INDEPENDENT CONSIDERATION</p> <p>NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (iii) of Preamble</p> <p style="text-align: center;">PULP CAPPING (refer to code 20141) PULP CHAMBER, TREATMENT OF (excluding final restoration)</p> <p><i>PULPOTOMY</i></p> <p><i>Pulpotomy, Permanent Teeth (as a separate emergency procedure)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">32221</td> <td style="width: 80%;">Anterior and Bicuspid Teeth</td> <td style="width: 10%; text-align: right;">165.00</td> </tr> <tr> <td>32222</td> <td>Molar Teeth</td> <td style="text-align: right;">163.00</td> </tr> </table> <p><i>Pulpotomy, Primary Teeth</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">32231</td> <td style="width: 80%;">As a Separate Procedure</td> <td style="width: 10%; text-align: right;">121.00</td> </tr> <tr> <td>32232</td> <td>Concurrent with Restorations (but excluding final restoration)</td> <td style="text-align: right;">103.00</td> </tr> </table> <p><i>Pulpotomy, Permanent Teeth, Concurrent with Restorations (but excluding final restoration) (for use of vital pulp therapy specifically for apexogenesis, if special materials [such as MTA] are used , code 99555 + E , additional expenses, would apply)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">32241</td> <td style="width: 80%;">Anterior and Bicuspid Teeth</td> <td style="width: 10%; text-align: right;">308.00</td> </tr> <tr> <td>32242</td> <td>Molar Teeth</td> <td style="text-align: right;">308.00</td> </tr> </table>		32221	Anterior and Bicuspid Teeth	165.00	32222	Molar Teeth	163.00	32231	As a Separate Procedure	121.00	32232	Concurrent with Restorations (but excluding final restoration)	103.00	32241	Anterior and Bicuspid Teeth	308.00	32242	Molar Teeth	308.00
32221	Anterior and Bicuspid Teeth	165.00																	
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32231	As a Separate Procedure	121.00																	
32232	Concurrent with Restorations (but excluding final restoration)	103.00																	
32241	Anterior and Bicuspid Teeth	308.00																	
32242	Molar Teeth	308.00																	

No.	Suggested Fee
<i>PULPECTOMY (an emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)</i>	
<i>Pulpectomy, Permanent Teeth/Retained Primary Teeth</i>	
32311	One canal 216.00
32312	Two canals 257.00
32313	Three canals 418.00
32314	Four canals or more 456.00
32315	Exceptional anatomy/difficult access in addition to 32311-32314 109.00
<i>Pulpectomy, Primary Teeth</i>	
32321 Anterior Tooth	216.00
32322 Posterior Tooth	338.00

ROOT CANAL THERAPY

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

ROOT CANALS, PERMANENT TEETH / RETAINED PRIMARY TEETH (includes clinical procedures with appropriate radiographs, excluding final restoration)

DEFINITIONS:

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

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

33111	One canal	628.00
33112	Difficult access	664.00
33113	Exceptional anatomy	664.00
33114	Calcified canal	664.00
33115	Retreatment of previously completed therapy	664.00
33116	Continuing treatment having been aborted by referring/previous dentist	664.00

No.		Suggested Fee
<i>Root Canals, Permanent Teeth/Retained Primary Teeth, TWO Canals</i>		
33121	Two canals	801.00
33122	Difficult access	965.00
33123	Exceptional anatomy	965.00
33124	Calcified canals	965.00
33125	Retreatment of previously completed therapy	965.00
33126	Continuing treatment having been aborted by referring/previous dentist	965.00
<i>Root Canals, Permanent Teeth/Retained Primary Teeth, THREE Canals</i>		
33131	Three canals	1,124.00
33132	Difficult access	1,334.00
33133	Exceptional anatomy	1,334.00
33134	Calcified canals	1,334.00
33135	Retreatment of previously completed therapy	1,334.00
33136	Continuing treatment having been aborted by referring/previous dentist	1,334.00
<i>Root Canals, Permanent Teeth/Retained Primary Teeth, FOUR or more Canals</i>		
33141	Four or more canals	1,238.00
33142	Difficult access	1,445.00
33143	Exceptional anatomy	1,445.00
33144	Calcified canals	1,445.00
33145	Retreatment of previously completed therapy	1,445.00
33146	Continuing treatment having been aborted by referring/previous dentist	1,445.00
<i>Root Canals, Retreatment, Aborted or Incomplete</i>		
33191	One unit of time	I.C.
33192	Two units	I.C.
33193	Three units	I.C.
33194	Four units	I.C.
33199	Each additional unit over four	I.C.
<i>ROOT CANALS, PRIMARY TEETH</i>		
33401	One canal	296.00
33402	Two canals	409.00
33403	Three canals or more	522.00
<i>PULPAL REVASCULARIZATION</i>		
33501	One canal	I.C.
33502	Two canals	I.C.
33503	Three canals or more	I.C.

No.		Suggested Fee
APEXIFICATION / APEXOGENESIS / INDUCTION OF HARD TISSUE REPAIR		
<i>(to include biomechanical preparation and placement of dentogenic media, but does not include final obturation)</i>		
33601	One canal	204.00
33602	Two canals	284.00
33603	Three canals	371.00
33604	Four canals or more	380.00
33605	Difficult access in addition to 33601 - 33604	204.00
 <i>Re-insertion of Dentogenic Media, per visit</i>		
33611	One canal	68.80
33612	Two canals	95.10
33613	Three canals	135.00
33614	Four canals or more	150.00
 <i>Obturation of Apexified Canal</i>		
33621	One canal	523.00
33622	Two canals	764.00
33623	Three canals	903.00
33624	Four canals or more	999.00
PERIAPICAL SERVICES		
 APICOECTOMY / APICAL CURETTAGE		
<i>Maxillary Anterior</i>		
34111	One root	529.00
34112	Two roots	621.00
 <i>Maxillary Bicuspid</i>		
34121	One root	529.00
34122	Two roots	645.00
34123	Three roots	727.00
 <i>Maxillary Molar</i>		
34131	One root	613.00
34132	Two roots	722.00
34133	Three roots	816.00
34134	Four or more roots	917.00
 <i>Mandibular Anterior</i>		
34141	One root	541.00
34142	Two or more roots	642.00
 <i>Mandibular Bicuspid</i>		
34151	One root	527.00
34152	Two roots	625.00
34153	Three or more roots	726.00

No.		Suggested Fee
<i>Mandibular Molar</i>		
34161	One root	611.00
34162	Two roots	718.00
34163	Three roots	810.00
34164	Four or more roots	911.00
<i>RETROFILLING</i>		
<i>Maxillary Anterior</i>		
34211	One canal	96.50
34212	Two or more canals	192.00
<i>Maxillary Bicuspid</i>		
34221	One canal	99.40
34222	Two canals	210.00
34223	Three canals	302.00
34224	Four or more canals	395.00
<i>Maxillary Molar</i>		
34231	One canal	99.40
34232	Two canals	210.00
34233	Three canals	302.00
34234	Four or more canals	395.00
<i>Mandibular Anterior</i>		
34241	One canal	99.40
34242	Two or more canals	210.00
<i>Mandibular Bicuspid</i>		
34251	One canal	99.40
34252	Two canals	210.00
34253	Three canals	302.00
34254	Four canals	395.00
<i>Mandibular Molar</i>		
34261	One canal	99.40
34262	Two canals	210.00
34263	Three canals	302.00
34264	Four or more canals	395.00
<i>RETREATMENT, APICOECTOMY / APICAL CURETTAGE</i>		
<i>Maxillary Anterior</i>		
34311	One root	I.C.
34312	Two roots	I.C.
<i>Maxillary Bicuspid</i>		
34321	One root	I.C.
34322	Two roots	I.C.
34323	Three roots	I.C.
34324	Four or more roots	I.C.

No.	Suggested Fee
<i>Maxillary Molar</i>	
34331	One root I.C.
34332	Two roots I.C.
34333	Three roots I.C.
34334	Four or more roots I.C.
<i>Mandibular Anterior</i>	
34341	One root I.C.
34342	Two roots I.C.
<i>Mandibular Bicuspid</i>	
34351	One root I.C.
34352	Two roots I.C.
34353	Three roots I.C.
34354	Four or more roots I.C.
<i>Mandibular Molar</i>	
34361	One root I.C.
34362	Two roots I.C.
34363	Three roots I.C.
34364	Four or more roots I.C.
SURGICAL SERVICES, MISCELLANEOUS	
<i>Amputations, Root (includes recontouring tooth and furca)</i>	
34411	One root 460.00
34412	Two roots 549.00
<i>Hemisection</i>	
34422 Maxillary Molar	I.C.
34423 Mandibular Molar	248.00
<i>Decompression, Perio-Radicular Lesion</i>	
34431	First visit I.C.
34432	Each additional visit I.C.
<i>Surgery, Endodontic, Exploratory</i>	
34441 Maxillary Anterior	183.00
34442 Maxillary Bicuspid	207.00
34443 Maxillary Molar	228.00
34444 Mandibular Anterior	183.00
34445 Mandibular Bicuspid	207.00
34446 Mandibular Molar	228.00
<i>Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional)</i>	
34451	Single rooted tooth I.C.
34452	Two rooted tooth I.C.
34453	Three rooted tooth or more I.C.

No.		Suggested Fee
<i>PERFORATIONS / RESORPTIVE DEFECTS, PULP CHAMBER OR ROOT REPAIR</i>		
<i>Non-Surgical</i>		
34511	Per tooth	290.00
<i>Surgical</i>		
34521	Anterior Tooth	564.00
34522	Bicuspid Tooth	654.00
34523	Molar Tooth	670.00
<i>ENLARGEMENT, CANAL AND / OR PULP CHAMBER (preparation of post space)</i>		
34601	In Previously Filled Tooth when Root Canal Treatment Done by Another Practitioner	I.C.
34602	In Calcified Canals	I.C.
ENDODONTIC, PROCEDURES, MISCELLANEOUS		
<i>ISOLATION OF ENDODONTIC TOOTH / TEETH FOR ASEPSIS</i>		
39101	Banding and/or Coronal Buildup of Tooth and/or Contouring of Tissue Surrounding Tooth to Maintain Aseptic Operating Field, per tooth	147.00
<i>OPEN AND DRAIN (separate emergency procedures)</i>		
39201	Anteriors and Bicuspid	115.00
39202	Molars	115.00
<i>BLEACHING, NON VITAL</i>		
<i>Bleaching Endodontically Treated Tooth/Teeth</i>		
39311	One unit of time	117.00
39312	Two units	234.00
39313	Three units	351.00
39319	Each additional unit over three	117.00
<i>EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY TREATED TOOTH</i>		
<i>Exploratory Access (to attempt to locate additional canals or fractures)</i>		
39411	Anterior	116.00
39412	Bicuspid	116.00
39413	Molar	116.00
<i>Opening Through Artificial Crown (in addition to procedures)</i>		
39501	Anteriors and Bicuspid	69.20
39502	Molars	69.20

PERIODONTICS

40000 - 49999

No.	Suggested Fee
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Although scaling, 11111 - 11119, is grouped in the Prevention section of the fee guide, this does not imply that this procedure cannot be billed for therapeutic treatment. Root surface irregularities and root surfaces altered by periodontal diseases are treated by root planing. Root planing is normally performed in the presence of active periodontal disease which should be clearly documented by screening or examination procedures. Where scaling and root planing are incorporated in surgical treatment, it is considered that these services are included in the surgical fee. The guide does not bill separately for scaling and root planing performed during surgical procedures on the same teeth.

Occlusal Adjustment/Equilibration codes should be used where adjustment is therapeutically necessary. These codes are not used where adjustment is required following placement of extensive restorations by a practitioner. Where previous treatment by another practitioner has resulted in occlusal dysfunction, the adjustment/equilibration codes may be used by a subsequent treating practitioner.

NOTE: *Root planing codes include updating medical history, administering anaesthetic, periodontal evaluation & recording of this information (e.g. probing, recession, BOP, furcations, mobilities etc., provided not billed in combination with a Complete Exam), patient care documentation & chart review (so long as patient is present in the operatory), and time spent explaining the current proposed treatment. Once treatment extends into the next unit, it will be rounded up to the nearest half unit.*

NOTE: **ONE UNIT OF TIME = 15 MINUTES**
ONE HALF UNIT OF TIME = 7 ½ MINUTES

NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION

NOTE: **Correct coding for Laboratory Fees and Additional Expenses on page (iii) of Preamble**

PERIODONTAL SERVICES, NON SURGICAL

ORAL DISEASE, Management of

Oral Manifestations, Oral Mucosal Disorders, mucocutaneous disorders and diseases of localized mucosal conditions, (e.g. lichen planus, aphthous stomatitis, benign mucous membrane pemphigoid, pemphigus, salivary gland tumours, leukoplakia with and without dysphasia, neoplasms, hairy leukoplakia, polyps, verrucae, fibroma, etc.) (Not for Direct Fluorescence Visualization - refer to code 04403)

41211	One unit of time	116.00
41212	Two units	232.00
41213	Three units	348.00
41214	Four units	464.00
41219	Each additional unit over four	116.00

Nervous and Muscular Disorders, disorders of 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	94.10
41222	Two units	188.20
41223	Three units	282.30
41224	Four units	376.40
41229	Each additional unit over four	94.10

No.		Suggested Fee
<i>Oral Manifestations of Systemic Disease, oral manifestations of systemic diseases or complications of medical therapy, e.g. complications of chemotherapy, radiation therapy, post operative neuropathics, post surgical or radiation therapy, dysfunction, oral manifestation of lupus erythematoses and systemic diseases including, leukaemia, diabetes and bleeding disorders (e.g. haemophilia)</i>		
41231	One unit of time	91.80
41232	Two units	184.00
41233	Three units	275.00
41234	Four units	367.00
41239	Each additional unit over four	91.80
<i>DESENSITIZATION (This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. If less than one unit of time is required, the fee should be reduced accordingly. More than one appointment may be necessary.)</i>		
41301	One unit of time	76.00
41302	Two units	152.00
41309	Each additional unit over two	76.00

PERIODONTAL SURGERY

Codes for periodontal surgical procedures apply to sites. A surgical site may be a single tooth or a group of teeth up to a sextant. Where surgery is performed at the same sitting in contiguous sextants, but involving less than two sextants, the fee should be adjusted accordingly. Similarly, where multiple procedures are performed in the same sitting, an adjustment should be made for the procedure involving the lesser fee. Codes for gingival grafts (42511, 42521, 42531, 42541, and 42551) refer to grafts on one or two contiguous teeth. Where more than two contiguous teeth are involved, an increase in fees may be reasonable. Where separate grafts involve non-contiguous teeth, the full fee may be applied to each site. Where gingivoplasty and frenectomy/frenoplasty or vestibular deepening are involved during preparation of a graft site, the appropriate codes should be used, but the inclusive fee should, in normal circumstances, not exceed that for the graft.

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.

*PERIODONTAL SURGERY, GINGIVAL Curettage
Surgical Curettage, to include Definitive Root Planing*

42111	Per sextant	335.00
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PERIODONTAL SURGERY, Gingivoplasty (does not include limited re-contouring to facilitate restorative services)

42201	Per sextant	246.00
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No.	Suggested Fee	
<i>PERIODONTAL SURGERY, Gingivectomy (the procedure by which gingival deformities are reduced and reshaped to create normal and functional form, when the pocket is uncomplicated by extension into the underlying bone; does not include limited re-contouring to facilitate restorative services)</i>		
<i>Gingivectomy, Uncomplicated</i>		
42311	Per sextant	338.00
<i>Gingival Fibre Incision (supra crestal fibrotomy)</i>		
42331	First tooth	160.00
42339	Each additional tooth	40.50
<i>SOFT TISSUE RE-CONTOURING FOR CROWN LENGTHENING, limited recontouring of tissue</i>		
42341	Per tooth	129.00
<i>PERIODONTAL SURGERY, FLAP APPROACH</i>		
<i>Flap Approach, with Osteoplasty and/or Ostectomy</i>		
42411	Per sextant	1,355.00
<i>Flap Approach, with Curettage of Osseous Defect</i>		
42421	Per sextant	1,170.00
<i>Flap Approach, Exploratory (for diagnosis)</i>		
42441	Per site	283.00
<i>Flap Approach, with Osteoplasty/Ostectomy for Crown Lengthening</i>		
42451	Per site	699.00
<i>PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE</i>		
<i>Grafts, Soft Tissue, Pedicle (including apically or lateral sliding and rotated flaps)</i>		
42511	Per site	568.00
<i>Grafts, Soft Tissue, Pedicle (coronally positioned)</i>		
42521	Per site	705.00
<i>Grafts, Free Soft Tissue, Adjacent to Teeth or Edentulous area</i>		
42531	Per site	701.00
<i>Grafts, Soft Tissue, Pedicle, with Free Graft Placed in Pedicle Donor Site</i>		
42541	Per site	796.00

No.	Suggested Fee
<i>Autograft, (subepithelial connective tissue or epithelialized gingival graft), for root coverage, includes harvesting from donor site</i> 42551	Per site 732.00
<i>Allograft, for root coverage</i> 42552	Per site 477.00 + E
<i>Autograft, (free connective tissue) (for ridge augmentation), includes harvesting from donor site</i> 42561	Per site 732.00
<i>Allograft, (for ridge augmentation)</i> 42562	Per site 477.00 + E
PERIODONTAL SURGERY, FLAPS, GRAFTS, OSSEOUS TISSUE	
<i>Grafts, Osseous, Autograft (including flap entry, closure and donor site)</i> 42611	Per site 1,046.00
<i>Grafts, Osseous, Allograft (including flap entry and closure)</i> 42621	Per site 1,046.00 + E
<i>Grafts, Osseous, Xenograft (including flap entry and closure)</i> 42631	Per site 1,046.00 + E
GUIDED TISSUE REGENERATION	
<i>Guided Tissue Regeneration, Non-Resorbable Membrane</i> 42701	Per site 785.00 + E
<i>Guided Tissue Regeneration, Resorbable Membrane</i> 42702	Per site 785.00 + E
<i>Guided Tissue Regeneration, Non-Resorbable Membrane, Surgical Re-entry for Removal</i> 42703	Per site 196.00
<i>Biological Materials to Aid in Soft and Osseous Tissue Regeneration (not including surgical entry and closure)</i> 42721	Per site I.C. + E
PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES	
<i>Proximal Wedge Procedure (as a separate procedure)</i> 42811	With Flap Curettage, per site 564.00
42819	With Flap Curettage and Ostectomy/Osteoplasty, per site 660.00
<i>Post Surgical Periodontal Treatment Visit, per Dressing Change</i> 42821	One unit of time 92.40
42822	Two units 185.00
<i>Flapless Approach, with Osteoplasty/Ostectomy for Crown Lengthening</i> 42851	Per site I.C.

No.	Suggested Fee
PERIODONTAL PROCEDURES, ADJUNCTIVE	
(When per joint is designated, the corresponding tooth code is represented by the mesial of the tooth involved, except at the midline, where the tooth to the right of the joint is utilized.)	
<i>PERIODONTAL SPLINT OR LIGATION, INTRA CORONAL</i>	
<i>(Note: This procedure is in addition to the usual code for the tooth restoration on either side of the joint)</i>	
<i>"A" Splint, (restorative material plus wire, fibre ribbon or rope)</i>	
43111	Per joint 158.00 + E
<i>PERIODONTAL SPLINT OR LIGATION, EXTRA CORONAL</i>	
<i>Bonded Joint Restorations, per joint</i>	
43211	Per joint (may include reinforcement) 127.00 + E
<i>Wire Ligation</i>	
43231	Per joint 147.00
<i>Wire Ligation, Restorative Material Covered</i>	
43241	Per joint 157.00
<i>Cast/Soldered/Ceramic/Polymer Glass/Wire/Fibre Ribbon, Splint Bonded</i>	
43271 Indirect	Per Abutment 176.00 + L
43272 Direct	Per Abutment 126.00 + E
<i>Removal of Fixed Periodontal Splints</i>	
43281	One unit of time 116.00
43289	Each additional unit of time 116.00
<i>ROOT PLANING, PERIODONTAL</i>	
<i>Root Planing</i>	
43421	One unit of time 55.80
43422	Two units 111.60
43423	Three units 167.40
43424	Four units 223.20
43425	Five units 279.00
43426	Six units 334.80
43427	One half unit 27.90
43429	Each additional unit over six 55.80
CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS	
<i>Chemotherapeutic and/or antimicrobial therapy, intra-sulcular application</i>	
<i>(Includes Photodynamic Disinfection)</i>	
43521	One unit of time 82.10 + E
43529	Each additional unit of time 82.10 + E

PROSTHODONTICS - REMOVABLE

50000 - 59999

No.	Suggested Fee
Where applicable, the following should be emphasized with patients requiring dentures:	
<ul style="list-style-type: none"> • the length of time that adjustments will be provided at no additional fee; and • whether or not the initial fee includes the cost of subsequent relines. 	
Special aesthetic and anatomical or procedural considerations involving additional chair time and/or responsibility may require an increase over the basic fee.	
NOTE: ONE UNIT OF TIME = 15 MINUTES	
ONE HALF UNIT OF TIME = 7½ MINUTES	
NOTE: "I .C." MEANS INDEPENDENT CONSIDERATION	
NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (iii) of Preamble	
DENTURES, COMPLETE	
(includes impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including 3 months post-insertion care)	
<i>COMPLETE DENTURES, STANDARD</i>	
51101 Maxillary	987.00 + L
51102 Mandibular	1,077.00 + L
51104 Liners, Processed, Resilient (in addition to above)	134.00
<i>COMPLETE DENTURES, COMPLEX</i>	
51201 Maxillary	1,375.00 + L
51202 Mandibular	1,463.00 + L
51204 Liners, Processed, Resilient (in addition to above)	134.00
<i>DENTURES, SURGICAL, STANDARD, IMMEDIATE (includes first tissue conditioner and 3 months post-insertion care, but not a processed reline)</i>	
51301 Maxillary	1,206.00 + L
51302 Mandibular	1,292.00 + L
<i>DENTURES, COMPLETE, PROVISIONAL</i>	
51601 Maxillary	526.00 + L
51602 Mandibular	701.00 + L
<i>DENTURES, COMPLETE, OVERDENTURES</i>	
<i>Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, No Attachments</i>	
51711 Maxillary	1,375.00 + L
51712 Mandibular	1,463.00 + L
<i>Dentures, Complete, Overdentures, Immediate, Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, No Attachments (includes first tissue conditioner and 3 months post-insertion care, but does not include a processed/chairside reline)</i>	
51811 Maxillary	1,602.00 + L
51812 Mandibular	1,678.00 + L

No.	Suggested Fee
<i>Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Natural Teeth with or without Coping Crowns</i>	
51911 Maxillary	1,602.00 + L
51912 Mandibular	1,678.00 + L
<i>Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth</i>	
51941 Maxillary	I.C. + L
51942 Mandibular	I.C. + L
DENTURES, PARTIAL, ACRYLIC	
<i>Dentures, Partial, Acrylic Base, Provisional (with or without clasps)</i>	
52101 Maxillary	394.00 + L
52102 Mandibular	430.00 + L
<i>Dentures, Partial, Acrylic Base, Immediate (includes first tissue conditioner, but not a processed reline)</i>	
52111 Maxillary	455.00 + L
52112 Mandibular	473.00 + L
<i>Dentures, Partial, Polymer, Resilient Retainer</i>	
52201 Maxillary	1,007.00 + L
52202 Mandibular	1,096.00 + L
<i>Dentures, Partial, Polymer, Resilient Retainer, Immediate (includes first tissue conditioner, but not a processed reline)</i>	
52211 Maxillary	1,110.00 + L
52212 Mandibular	1,209.00 + L
<i>Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests</i>	
52301 Maxillary	588.00 + L
52302 Mandibular	641.00 + L
<i>Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests, Immediate (includes first tissue conditioner, but not a processed reline)</i>	
52311 Maxillary	692.00 + L
52312 Mandibular	755.00 + L
<i>Dentures, Partial, Acrylic, with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests</i>	
52401 Maxillary	653.00 + L
52402 Mandibular	711.00 + L
<i>Dentures, Partial, Acrylic, with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests, Immediate (includes first tissue conditioner, but not a processed reline)</i>	
52411 Maxillary	766.00 + L
52412 Mandibular	835.00 + L

No.	Suggested Fee
<i>Dentures, Partial, Flexible Acrylic</i>	
52511 Maxillary	830.00 + L
52512 Mandibular	905.00 + L
DENTURES, PARTIAL, OVERDENTURES, ACRYLIC	
<i>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Natural Teeth with or without Coping Crowns, No Attachments</i>	
52711 Maxillary	780.00 + L
52712 Mandibular	851.00 + L
<i>Dentures, Partial, Overdentures, Immediate, Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Natural Teeth with or without Coping Crowns, No Attachments (includes all tissue conditioners and 3 months post-insertion care, but does NOT include processed/chairside reline)</i>	
52811 Maxillary	1,065.00 + L
52812 Mandibular	1,161.00 + L
<i>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests with Independent Attachments, Secured by Attachments to Natural Teeth with or without Coping Crowns</i>	
52911 Maxillary	780.00 + L
52912 Mandibular	850.00 + L
<i>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)</i>	
52941 Maxillary	780.00 + L
52942 Mandibular	850.00 + L
DENTURES, PARTIAL, CAST WITH ACRYLIC BASE	
<i>Dentures, Partial, Free End, Cast Frame/Connectors, Clasps, Rests</i>	
53101 Maxillary	1,247.00 + L
53102 Mandibular	1,359.00 + L
53104 Altered Cast Impression Technique (in conjunction with 53101 or 53102)	307.00 + L
<i>Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests, Immediate (includes first tissue conditioner, but not a processed reline)</i>	
53111 Maxillary	1,308.00 + L
53112 Mandibular	1,426.00 + L
<i>Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests</i>	
53201 Maxillary	1,074.00 + L
53202 Mandibular	1,074.00 + L
53205 Unilateral, One Piece Casting, Clasps and Pontics	448.00 + L

No.	Suggested Fee
<i>Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests, Immediate (includes first tissue conditioner, but not a processed reline)</i>	
53211 Maxillary	1,189.00 + L
53212 Mandibular	1,189.00 + L
53215 Unilateral, One Piece Casting, Clasps and Pontics	448.00 + L
<i>Dentures, Partial, Cast, Precision Attachments</i>	
53401 Maxillary	1,506.00 + L
53402 Mandibular	1,641.00 + L
<i>Dentures, Cast, Partial, Stress Breaker Attachments</i>	
53611 Maxillary (resilient)	1,506.00 + L
53621 Mandibular (resilient)	1,641.00 + L
DENTURES, PARTIAL, CAST, OVERDENTURES	
<i>Dentures, Partial, Cast, Overdentures, Supported by Natural Teeth with or without Coping Crowns, No Attachments</i>	
53711 Maxillary	1,386.00 + L
53712 Mandibular	1,508.00 + L
53714 Altered Cast Impression Technique (in conjunction with 53711 and 53712)	I.C. + L
<i>Dentures, Partial, Cast, Overdentures, Immediate, Supported by Natural Teeth with or without Coping Crowns, No Attachments (includes all tissue conditioners and 3 months post-insertion care, but does NOT include processed/chairside reline)</i>	
53811 Maxillary	1,440.00 + L
53812 Mandibular	1,572.00 + L
53814 Altered Cast Impression Technique (in conjunction with the above mentioned codes)	295.00 + L
<i>Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Natural Teeth, with or without Coping Crowns</i>	
53911 Maxillary	1,440.00 + L
53912 Mandibular	1,572.00 + L
<i>Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for retentive bar)</i>	
53941 Maxillary	1,440.00 + L
53942 Mandibular	1,572.00 + L
DENTURES, ADJUSTMENTS	
(after 3 months insertion or by other than the dentist providing prosthesis)	
<i>DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, MINOR</i>	
54201	One unit of time 89.80 + L
54202	Two units 179.60 + L
54209	Each additional unit over two 89.80 + L

No.	Suggested Fee
<i>DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, REMOUNT AND OCCLUSAL EQUILIBRATION</i>	
54301 Maxillary	253.00 + L
54302 Mandibular	278.00 + L
DENTURES, REPAIRS / ADDITIONS	
<i>REPAIRS, COMPLETE DENTURE, NO IMPRESSION REQUIRED</i>	
55101 Maxillary	116.00 + L
55102 Mandibular	116.00 + L
<i>REPAIRS, COMPLETE DENTURE, IMPRESSION REQUIRED</i>	
55201 Maxillary	225.00 + L
55202 Mandibular	225.00 + L
<i>REPAIRS / ADDITIONS, PARTIAL DENTURE, NO IMPRESSION REQUIRED</i>	
55301 Maxillary	116.00 + L
55302 Mandibular	116.00 + L
<i>REPAIRS / ADDITIONS, PARTIAL DENTURE, IMPRESSION REQUIRED</i>	
55401 Maxillary	225.00 + L
55402 Mandibular	225.00 + L
<i>DENTURES / IMPLANT RETAINED PROSTHESIS, PROPHYLAXIS AND POLISHING</i>	
55501	One unit of time 68.80 + L
55509	Each additional unit of time 68.80
<i>REBUILDING, WORN ACRYLIC DENTURE TEETH, DIRECT CHAIRSIDE (with tooth coloured materials)</i>	
55601	One unit of time 114.00
55609	Each additional unit of time 114.00
DENTURES, REPLICATION, RELINING AND REBASING	
<i>DENTURES, REPLICATION, PROVISIONAL</i>	
<i>Denture, Replication, Complete Denture, Provisional (no intra-oral impression required)</i>	
56111 Maxillary	386.00 + L
56112 Mandibular	451.00 + L
<i>DENTURES, RELINING (does not include remount - see 54000 series)</i>	
<i>Reline, Direct, Complete Denture</i>	
56211 Maxillary	334.00
56212 Mandibular	378.00
<i>Reline, Direct, Partial Denture</i>	
56221 Maxillary	267.00
56222 Mandibular	290.00

No.	Suggested Fee
<i>Reline, Processed, Complete Denture</i>	
56231 Maxillary	334.00 + L
56232 Mandibular	378.00 + L
<i>Reline, Processed, Partial Denture</i>	
56241 Maxillary	267.00 + L
56242 Mandibular	290.00 + L
<i>Reline, Processed, Functional Impression, Requiring 3 Appointments, Complete Denture</i>	
56251 Maxillary	446.00 + L
56252 Mandibular	490.00 + L
<i>Reline, Processed, Functional Impression, Requiring 3 Appointments, Partial Denture</i>	
56261 Maxillary	378.00 + L
56262 Mandibular	401.00 + L
<i>DENTURES, REBASING (where the vestibular tissue-contacting surfaces are modified)</i>	
<i>Rebase, Complete Denture</i>	
56311 Maxillary	334.00 + L
56312 Mandibular	378.00 + L
<i>Rebase, Partial Denture</i>	
56321 Maxillary	267.00 + L
56322 Mandibular	290.00 + L
<i>DENTURES, REMAKE</i>	
<i>Remake Using Existing Framework, Partial Denture (equilibration)</i>	
56411 Maxillary	574.00 + L
56412 Mandibular	574.00 + L
<i>DENTURES, THERAPEUTIC TISSUE CONDITIONING</i>	
<i>Therapeutic Tissue Conditioning, Complete Denture, per appointment</i>	
56511 Maxillary	134.00
56512 Mandibular	134.00
<i>Therapeutic Tissue Conditioning, Partial Denture, per appointment</i>	
56521 Maxillary	134.00
56522 Mandibular	134.00
<i>DENTURES, MISCELLANEOUS SERVICES</i>	
56601 Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase of denture)	134.00 + L
56602 Resetting of Teeth (not including reline or rebase of denture)	I.C. + L
56603 Cast Occlusal Surfaces (includes remount and equilibration)	I.C. + L

No.		Suggested Fee
<i>Attaching or Re-attaching Retention Elements to a Removable Prosthesis, Direct</i>		
56611	One unit of time	134.00 + E
56612	Two units	268.00 + E
56619	Each additional unit over two	134.00 + E
<i>Attaching or Re-attaching Retention Elements to a Removable Prosthesis, Indirect</i>		
56621	Attaching or Re-attaching Retention Elements to a Removable Prosthesis, Indirect	134.00 + L + E

PROSTHESIS, MAXILLOFACIAL

Gingival Prosthesis

57372		I.C. + L
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PROSTHESIS, STENTS

Palatal

57602		I.C. + L
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DENTURES, PARTIAL (fabricated in conjunction with a dentist)

The dentist undertakes the pre-treatment assessment of the patient's needs and health of the intra-oral tissues, the design of the prosthesis, required tooth extraction(s), required intra-oral tooth preparations/modifications, a prescription, and a re-assessment of the mouth and the prosthesis upon completion of the services. Study models are not included. The dentist undertakes fabrication, insertion and post-insertion adjustments of the prosthesis.

DENTURES, PARTIAL, ACRYLIC (fabricated in conjunction with a dentist)

Dentures, Partial, Acrylic, Resilient Retainer

59111	Maxillary		406.00
59112	Mandibular		406.00

Dentures, Partial, Acrylic, Resilient Retainer, Immediate (does not include reline)

59121	Maxillary		406.00
59122	Mandibular		406.00

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

59201	Maxillary		406.00
59202	Mandibular		406.00

Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests, Immediate (does not include reline)

59211	Maxillary		406.00
59212	Mandibular		406.00

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

59301	Maxillary		406.00
59302	Mandibular		406.00

No.	Suggested Fee
<i>Dentures, Partial, Acrylic, with Cast/Wrought Palatal/Lingual Bar and Clasps and/or Rests, Immediate (does not include reline)</i>	
59311 Maxillary	406.00
59312 Mandibular	406.00
DENTURES, PARTIAL, CAST WITH ACRYLIC BASE	
<i>Dentures, Partial, Cast with Acrylic Base, Free End, Cast Frame/Connector, Clasps and Rests</i>	
59511 Maxillary	606.00
59512 Mandibular	606.00
<i>Dentures, Partial, Cast with Acrylic Base, Free End, Cast Frame/Connector, Clasps and Rests, Immediate, Includes first tissue conditioner (does not include reline)</i>	
59521 Maxillary	606.00
59522 Mandibular	606.00
<i>Dentures, Partial, Cast with Acrylic Base, Tooth Borne, Cast Frame/Connector, Clasps and Rests</i>	
59531 Maxillary	606.00
59532 Mandibular	606.00
<i>Dentures, Partial, Cast with Acrylic Base, Tooth Borne, Cast Frame/Connector, Clasps and Rests, Immediate (does not include reline)</i>	
59541 Maxillary	606.00
59542 Mandibular	606.00
EXAMINATION AND DIAGNOSIS, PROSTHETIC BY PRESCRIBING DENTIST	
59601 Post-insertion examination of the partial prosthesis made and inserted by a dentist. Evaluation of fit of framework, acrylic saddle area(s) and occlusion.	55.80

PROSTHODONTICS - FIXED

60000 - 69999

No.	Suggested Fee
<p>Prosthetic therapy requires the use of a variety of technical and therapeutic procedures that often differ with each individual case.</p> <p>The range of procedures commonly extends into many areas of treatment in order to provide comprehensive therapies.</p> <p>Procedures used can vary considerably in time, cost and responsibility from those outlined in the guide.</p> <p>The individual components (abutment, retainer and pontic) of a multi-unit fixed prosthesis each constitute separate units of that restoration and should be coded individually.</p> <p>NOTE: ONE UNIT OF TIME = 15 MINUTES ONE HALF UNIT OF TIME = 7 ½ MINUTES</p> <p>NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION</p> <p>NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (iii) of Preamble</p>	
PONTICS, BRIDGE	
<i>PONTICS, CAST METAL</i>	
62101 Pontics, Cast Metal	391.00 + L
62102 Pontics, Cast Metal Framework with Separate Porcelain/Ceramic/Polymer Glass Jacket Pontic	476.00 + L
62103 Pontics, Prefabricated Attachable Facing	385.00 + L
62104 Pontics, Retentive Bar, Prefabricated or Custom (Dolder or Hader Bar), Attached to Retainer	428.00 + L + E
62107 Semi-precision or Precision Rest, Interlock (in addition to cast metal pontic)	192.00 + L + E
62108 Semi-precision or Precision Attachment, RPD Retainer (in addition to cast metal pontic)	192.00 + L + E
<i>PONTICS, PORCELAIN / CERAMIC / POLYMER GLASS</i>	
62501 Fused to Metal	430.00 + L
62502 Aluminous	430.00 + L
<i>PONTICS, ACRYLIC / COMPOSITE / COMPOMER</i>	
62701 Processed to Metal	387.00 + L
62702 Indirect, Provisional	68.30 + L
62703 Bonded to Adjacent Teeth, Direct, Provisional	346.00 + E
62704 Acrylic/Composite/Compomer	430.00 + L
<i>PONTICS, NATURAL TOOTH</i>	
62801 Natural Tooth Crown, Direct, Bonded to Adjacent Teeth, Provisional	123.00
62802 Natural Tooth Crown, Direct, Bonded to Adjacent Teeth, Long-term Provisional	123.00
<i>RECONTOURING OF RETAINER / PONTICS (of existing bridgework)</i>	
63001	One unit of time 83.00
63009	Each additional unit of time 83.00

No.		Suggested Fee
REPAIRS		
<i>REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE / PROSTHESIS</i>		
<i>Repairs, Removal, Fixed Bridge/Prosthesis - to be recemented</i>		
66211	One unit of time	117.00
66212	Two units	234.00
66213	Three units	351.00
66214	Four units	468.00
66219	Each additional unit over four	117.00
<i>Repairs, Removal, Fixed Bridge/Prosthesis - to be replaced by a new prosthesis</i>		
66221	One unit of time	117.00
66222	Two units	234.00
66223	Three units	351.00
66224	Four units	468.00
66229	Each additional unit over four	117.00
<i>Repairs, Sectioning of an Abutment or a Pontic plus polishing remaining portion (existing bridge)</i>		
66251	One unit of time	117.00
66252	Two units	234.00
66253	Three units	351.00
66254	Four units	468.00
66259	Each additional unit over four	117.00
<i>REPAIRS, REINSERTION / RECEMENTATION (+ L where laboratory charges are incurred during repair of bridge)</i>		
66301	One unit of time	120.00 + L
66302	Two units	240.00 + L
66303	Three units	360.00 + L
66304	Four units	480.00 + L
66309	Each additional unit over four	120.00 + L
<i>REPAIRS, FIXED BRIDGE / PROSTHESIS</i>		
<i>Repairs, Fixed Bridge/Prosthesis, Porcelain/Ceramic/Polymer Glass/Acrylic/Composite/ Compomer, Direct</i>		
66711	First tooth	324.00
66719	Each additional tooth	324.00
<i>Repairs, Solder Indexing to Repair Broken Solder Joint</i>		
66721	One unit of time	72.90 + L
66729	Each additional unit of time	72.90 + L
<i>Repair, Fractured Porcelain/Metal Pontic with Telescoping Type Crown (pontic prepared, impression made and processed crown seated over metal)</i>		
66731	First pontic	857.00 + L
66739	Each additional pontic	857.00 + L

No.		Suggested Fee
FIXED BRIDGE RETAINERS		
<i>RETAINERS, ACRYLIC / COMPOSITE / COMPOMER, WITH OR WITHOUT CAST OR PREFABRICATED METAL BASES</i>		
67111	Retainer, Acrylic, Composite/Compomer, Indirect	804.00 + L
67121	Retainer, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chairside)	246.00 + E
67131	Retainer, Composite/Compomer, Resin/Acrylic, Processed to Cast Metal, Indirect	954.00 + L
67161	Retainer, Acrylic/Composite/Compomer, Two Surface Inlay, Bonded, Indirect	984.00 + L
67171	Retainer, Acrylic/Composite/Compomer, Three Surface Inlay, Bonded, Indirect	984.00 + L
67181	Retainer, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect	954.00 + L
<i>RETAINERS, PORCELAIN / CERAMIC / POLYMER GLASS</i>		
67201	Retainer, Porcelain/Ceramic/Polymer Glass	954.00 + L
67202	Retainer, Porcelain/Ceramic/Polymer Glass, Complicated	954.00 + L
67211	Retainer, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	954.00 + L
67212	Retainer, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated	954.00 + L
67217	Semi-precision Rest (Interlock) (in addition to retainer)	207.00 + L + E
67218	Semi-precision or Precision Attachment, RPD Retainer (in addition to retainer)	207.00 + L + E
67221	Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (external retention - e.g. Maryland Bridge)	501.00 + L
67231	Retainer, Porcelain/Ceramic/Polymer Glass, Two Surface Inlay, Bonded	984.00 + L
67241	Retainer, Porcelain/Ceramic/Polymer Glass, Three Surface Inlay, Bonded	984.00 + L
67251	Retainer, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded (where one or more cusps are restored)	984.00 + L
<i>RETAINERS, CAST METAL</i>		
67301	Retainer, Cast Metal	891.00 + L
<i>Retainers, 3/4, Cast Metal</i>		
67311	Retainer, 3/4, Cast Metal	955.00 + L
67317	Semi-precision or Precision Rest (interlock) (in addition to retainer)	194.00 + L + E
67318	Semi-precision or Precision Attachments, RPD Retainer (in addition to retainer)	194.00 + L + E
<i>Retainers, Cast Metal Inlay (used with broken stress technique)</i>		
67321	Two surfaces	955.00 + L
67322	Three or more surfaces	955.00 + L
<i>Retainers, Cast Metal Onlay (internal retention type)</i>		
67331	Onlay	955.00 + L
<i>Retainers, Cast Metal Onlay (bonded, external retention/partial coverage - e.g. Maryland Bridge)</i>		
67341	Retainer, Cast Metal Onlay, with or without Perforations, Bonded to Abutment Tooth (pontic extra)	501.00 + L

No.		Suggested Fee
<i>FIXED PROSTHETICS, ABUTMENTS / RETAINERS, MISCELLANEOUS SERVICES</i>		
67501	Retainer Made to an Existing Partial Denture Clasp (additional to retainer, per retainer)	111.00 + L
67502	Telescoping Crown Unit	605.00 + L
FIXED PROSTHETICS, OTHER SERVICES		
<i>SPLINTING (for extensive or complicated restorative dentistry)</i>		
69201	Per tooth	I.C. + L
<i>RETENTIVE PINS (for retainers in addition to restoration)</i>		
69301	One pin/restoration	79.40 + L
69302	Two pins/restoration	104.00 + L
69303	Three pins/restoration	134.00 + L
69304	Four pins/restoration	163.00 + L
69305	Five pins or more/restoration	189.00 + L
<i>Staining, Porcelain (chairside)</i>		
69401	One unit of time	I.C.
69409	Each additional unit over one	I.C.
<i>FIXED PROSTHETICS, PROVISIONAL COVERAGE (in extensive or complicated restorative dentistry)</i>		
69701	Abutment Tooth	119.00 + L
69702	Pontic	60.70 + L

ORAL AND MAXILLOFACIAL SURGERY 70000 - 79999

No.	Suggested Fee
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The following surgical services include necessary local anesthetic, removal of excess gingival tissue, suturing and one post-operative treatment, when required. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or a group of several teeth, or in some cases a single tooth.

Also, when more than one surgical service is performed at one sitting in the same quadrant or sextant, the fee should be decreased proportionately because of a decrease in the time involved (i.e., the T factor).

NOTE: ONE UNIT OF TIME = 15 MINUTES
ONE HALF UNIT OF TIME = 7½ MINUTES

NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION

NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (iii) of Preamble

REMOVALS (EXTRACTIONS), ERUPTED TEETH

UNCOMPLICATED

71101	Single tooth, uncomplicated	177.00
71109	Each additional tooth, same quadrant, same appointment	151.00

COMPLICATED

Odontectomy (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth

71201	Each tooth	300.00
71209	Each additional tooth, same quadrant	255.00

Requiring Elevation of a Flap, Removal of Bone and may include Sectioning of Tooth for Removal of Tooth **Note:** This code is intended for particularly difficult extractions that require flap/bone section.

71211	Single tooth	451.00
71219	Each additional tooth, same quadrant	383.00

REMOVALS (EXTRACTIONS), SURGICAL

REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE

Requiring Incision of Overlying Soft Tissue and Removal of the Tooth

72111	Single tooth	298.00
72119	Each additional tooth, same quadrant	253.00

REMOVALS, IMPACTIONS, INVOLVING TISSUE AND / OR BONE COVERAGE

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	458.00
72219	Each additional tooth, same quadrant	389.00

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

72221	Single tooth	468.00
72229	Each additional tooth, same quadrant	398.00

No.	Suggested Fee
CORONECTOMY (DELIBERATE VITAL ROOT RETENTION)	
<i>Coronectomy (Deliberate Vital Root Retention of Unerupted Mandibular Molar)</i>	
72241	I.C.
<i>Coronectomy (Deliberate Vital Root Retention to Prevent Complications Associated with Extraction)</i>	
72242	I.C.
REMOVALS (EXTRACTIONS), RESIDUAL ROOTS	
<i>Removals, Residual Roots, Erupted</i>	
72311	First tooth 171.00
72319	Each additional tooth, same quadrant 145.00
<i>Removals, Residual Roots, Soft Tissue Coverage</i>	
72321	First tooth 333.00
72329	Each additional tooth, same quadrant 283.00
<i>Removals, Residual Roots, Bone Tissue Coverage</i>	
72331	First tooth 383.00
72339	Each additional tooth, same quadrant 326.00
ALVEOLAR BONE PRESERVATION	
<i>Alveolar Bone Preservation – Autograft</i>	
72411	First tooth I.C.
72419	Each additional tooth I.C.
<i>Alveolar Bone Preservation – Allograft</i>	
72421	First tooth 737.00 + E
72429	Each additional tooth 554.00 + E
<i>Alveolar Bone Preservation – Xenograft</i>	
72431	First tooth 737.00 + E
72439	Each additional tooth 554.00 + E
SURGICAL EXPOSURES OF TEETH	
<i>Surgical Exposure, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy)</i>	
72511	Single tooth 330.00
72519	Each additional tooth, same quadrant 166.00
<i>Surgical Exposure, Complex, Hard Tissue Coverage</i>	
72521	Single tooth 487.00
72529	Each additional tooth, same quadrant 244.00
<i>Surgical Exposures, Unerupted Tooth, with Orthodontic Attachment</i>	
72531	Single tooth 593.00 + E
72539	Each additional tooth, same quadrant 539.00 + E
<i>Surgical Exposures, Unerupted, Soft Tissue Coverage with Positioning of Attached Gingivae</i>	
72541	Single tooth 604.00

No.	Suggested Fee	
<i>Surgical Exposures, Unerupted, Hard Tissue Coverage with Positioning of Attached Gingivae</i>		
72551	Single tooth	654.00
RIGID OSSEOUS ANCHORAGE FOR ORTHODONTICS		
<i>Placement of Anchorage Device Without Elevation of a Flap</i>		
72561		I.C. + E
<i>Placement of Anchorage Device With Elevation of a Flap</i>		
72562		I.C. + E
<i>Removal of Anchorage Device Without Elevation of a Flap</i>		
72563		I.C.
<i>Removal of Anchorage Device With Elevation of a Flap</i>		
72564		I.C.
SURGICAL MOVEMENT OF TEETH		
<i>Transplantation of Erupted Tooth (including splinting)</i>		
72611	First tooth	817.00
<i>Transplantation of Unerupted Tooth</i>		
72621	First tooth	816.00
ENUCLEATION, SURGICAL		
<i>Unerupted Tooth and Follicle</i>		
72711	First tooth	330.00
72719	Each additional tooth, same quadrant	264.00
<i>REMOVAL OF A FRACTURED CUSP AS A SEPARATE PROCEDURE (not in conjunction with surgical or restorative procedures on the same tooth, on the same day of service.)</i>		
72801	First tooth	99.90
72809	Each additional tooth, same quadrant	66.30
REMODELLING AND RECONTOURING ORAL TISSUES IN PREPARATION FOR REMOVABLE PROSTHESES		
(to include codes 73111, 73121, 73152-54, 73161, 73171-72, 73181-84)		
<i>ALVEOLOPLASTY (bone remodelling of ridge with soft tissue revisions)</i>		
<i>Alveoloplasty, in Conjunction with Multiple Extractions</i>		
73111	Per sextant	174.00
<i>Alveoloplasty, not in Conjunction with Extractions</i>		
73121	Per sextant	211.00
<i>Excision of Bone</i>		
73152	Torus Palatinus, Excision	596.00
73153	Torus Mandibularis, Unilateral, Excision	378.00
73154	Torus Mandibularis, Bilateral, Excision	614.00
<i>Removal of Bone, Exostosis, Multiple</i>		
73161	Per quadrant	579.00

No.			Suggested Fee
<i>Reduction of Bone, Tuberosity</i>			
73171	Unilateral, Reduction		481.00
73172	Bilateral, Reduction		961.00
<i>Augmentation of Bone</i>			
73181	Unilateral, Pterygomaxillary Tuberosity, Augmentation		I.C. + E
73182	Bilateral, Pterygomaxillary Tuberosity, Augmentation		I.C. + E
73183	Unilateral, Mandibular Ridge, Augmentation		I.C. + E
73184	Bilateral, Mandibular Ridge, Augmentation		I.C. + E
GINGIVOPLASTY AND / OR STOMATOPLASTY, ORAL SURGERY			
<i>Miscellaneous Procedures</i>			
<i>Excision of Vestibular Hyperplasia</i>			
73222		Per sextant	374.00
<i>Surgical Shaving of Papillary Hyperplasia of the Palate</i>			
73223			374.00
<i>Excision of Pericoronal Gingiva (for retained tooth/implant)</i>			
73224		Per tooth/implant	89.00
<i>Removals, Tissue, Hyperplastic (includes the incision of the mucous membrane, the dissection and removal of hyperplastic tissue, the replacing and adapting of the mucous membrane)</i>			
73231		Per sextant	386.00
VESTIBULOPLASTY			
<i>Sulcus Deepening and Ridge Reconstruction</i>			
73421		Per sextant	678.00
SURGICAL EXCISION			
(not in conjunction with tooth removal, including biopsy, and based on size of lesion, NOT length of incision)			
SURGICAL EXCISION, TUMOURS, BENIGN			
<i>Tumours, Benign, Scar Tissue, Inflammatory or Congenital Lesions of Soft Tissue of the Oral Cavity</i>			
74111		1 cm and under	463.00
74112		1 - 2 cm	901.00
74113		2 - 3 cm	I.C.
74114		3 - 4 cm	I.C.
74115		4 - 6 cm	I.C.
74116		6 - 9 cm	I.C.
<i>Tumours, Benign, Bone Tissue</i>			
74121		1 cm and under	457.00
74122		1 - 2 cm	894.00

No.		Suggested Fee
HARD TISSUE GRAFTS TO THE JAW		
74401	Autograft, Maxilla or Mandible, per site	I.C. + E
74402	Allograft, Maxilla or Mandible, per site	I.C. + E
74403	Xenograft, Maxilla or Mandible, per site	I.C. + E
SURGICAL EXCISION, CYSTS / GRANULOMAS (based on cyst size)		
<i>Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s)</i>		
74611	1 cm and under	574.00
74612	1 - 2 cm	1,012.00
Marsupialization of Cyst		
74621		574.00
Excision of Cyst		
74631	1 cm and under	496.00
74632	1 - 2 cm	901.00
SURGICAL INCISIONS		
SURGICAL INCISION AND DRAINAGE AND / OR EXPLORATION, INTRAORAL		
<i>Soft Tissue</i>		
75111	Surgical Exploration	126.00
75112	Abscess	126.00
<i>Hard Tissue</i>		
75121	Trephination and Drainage	234.00
SURGICAL INCISION AND DRAINAGE, EXPLORATION AND COMPLEX WOUND CARE, EXTRAORAL		
<i>Soft Tissue</i>		
75211	Abscess, Superficial	231.00
SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES (does not include wire or bar splints)		
75301	Removal, from Skin or Subcutaneous Alveolar Tissue	218.00
75302	Removal of Reaction-Producing Foreign Bodies	218.00
FRACTURES, TREATMENT OF		
INTERMAXILLARY FIXATION (WIRING), Splints per Arch, one or more per jaw		
76116	Intermaxillary Fixation	363.00
Splints/Wires, Removal of		
76141	Removal of Wire	91.40
76142	Removal of Arch Splint (one or more per jaw)	91.40
FRACTURES, REDUCTIONS, MANDIBULAR		
76201	Reduction, Mandibular, Closed	991.00

No.	Suggested Fee
<i>FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I</i>	
76301 Reduction, Maxillary, Closed	I.C.
<i>FRACTURES, REDUCTIONS, ALVEOLAR</i>	
<i>Fracture, Alveolar, Debridement, Teeth Removed</i>	
76911	3 cm or less 823.00
76912	3 - 6 cm 1,183.00
<i>Reduction, Alveolar, Closed, with Teeth</i>	
76921	3 cm or less 856.00 + E
76922	3 - 6 cm 1,254.00 + E
<i>Replantation, Avulsed Tooth/Teeth (including splinting)</i>	
76941	Replantation, first tooth 588.00
76949	Each additional tooth 221.00
<i>Repositioning of Traumatically Displaced Teeth</i>	
76951	One unit of time 102.00
76952	Two units 204.00
76959	Each additional unit over two 102.00
<i>Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral</i>	
76961	2 cm or less 224.00
76962	2 - 4 cm 308.00
76963	4 - 6 cm 369.00
MAXILLOFACIAL DEFORMITIES, TREATMENT OF	
<i>MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES</i>	
<i>Corticotomy (Not for micro-osteoperforations)</i>	
77601	I.C.
<i>Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique</i>	
77604 Maxilla - per sextant	I.C.
77605 Mandible - per sextant	I.C.
<i>FRENECTOMY / FRENOPLASTY</i>	
77801 Upper Labial	389.00
77802 Lower Labial	389.00
77803 Lower Lingual or "Z" Plasty	561.00
77804 Lower Lingual or "Z" Plasty with Myotomy of Genioglossus	561.00
77805 Frenoplasty, Upper "Z"	389.00
77806 Frenoplasty, Lower "Z"	389.00

No.		Suggested Fee
TEMPOROMANDIBULAR JOINT DYSFUNCTIONS, TREATMENT OF		
<i>TEMPOROMANDIBULAR JOINT, DISLOCATION MANAGEMENT OF (Sedation and general anaesthesia services to be coded separately with appropriate 90000 series codes)</i>		
78102	TMJ, Dislocation, Closed Reduction, Uncomplicated	261.00
78104	TMJ, Subluxation, Closed Reduction, Uncomplicated	261.00
<i>TEMPOROMANDIBULAR JOINT, MANAGEMENT BY INJECTIONS</i>		
78601	Injection with therapeutic drug with or without local anaesthetic drug, per site	263.00 + E
ORAL SURGERY PROCEDURES, OTHER		
<i>SALIVARY GLANDS, TREATMENT OF</i>		
79101	Dilation of Salivary Duct	92.70
<i>Salivary Duct, Sialolithotomy</i>		
79111	Anterior 1/3 of Canal	249.00
<i>ANTRAL SURGERY</i>		
<i>Antral Surgery, Recovery, Foreign Bodies</i>		
79311	Immediate Recovery of a Dental Root or Foreign Body from the Antrum	223.00
<i>Antral Surgery, Oro-Antral Fistula Closure (same session)</i>		
79331	Closure with Buccal Flap	475.00
79333	Closure with Palatal Flap	591.00
<i>Antral Surgery, Oro-Antral Fistula Closure (subsequent session)</i>		
79341	Closure with Buccal Flap	497.00
79343	Closure with Palatal Flap	659.00
<i>Sinus Osseous Augmentation</i>		
79351	Open Lateral Approach – Autograft	I.C. + E
79352	Open Lateral Approach – Allograft	I.C. + E
79353	Open Lateral Approach – Xenograft	I.C. + E
79354	Indirect Inferior Approach – Autograft	I.C. + E
79355	Indirect Inferior Approach – Allograft	I.C. + E
79356	Indirect Inferior Approach – Xenograft	I.C. + E
<i>POST-SURGICAL CARE (required by complications and unusual circumstances; refer to comment under section heading 70000)</i>		
79601	Subsequent to Initial Post Surgical Treatment, Minor, by Treating Dentist	76.00
79602	Minor, by Other than Treating Dentist	125.00
79605	Alveolitis, Treatment of (without anaesthesia)	83.10
79606	Alveolitis, Treatment of (with anaesthesia)	104.00

ORTHODONTICS 80000 - 89999

No.	Suggested Fee
NOTE: ONE UNIT OF TIME = 15 MINUTES	
NOTE: ONE HALF UNIT OF TIME = 7½ MINUTES	
NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION	
NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (iii) of Preamble	
ORTHODONTIC SERVICES, MISCELLANEOUS	
<i>ORTHODONTIC OBSERVATIONS AND ADJUSTMENTS</i>	
80601	Orthodontic Observation - for Tooth Guidance (i.e., tooth position, eruption sequence, serial extraction, supervision, etc.), per appointment 73.40
80602	Orthodontic Observation and Adjustment - to Orthodontic Appliances and/or the Reduction of Proximal Surfaces of Teeth, per appointment I.C.
<i>Repairs to Removable or Fixed Appliances (not including removal and recementation)</i>	
80631	One unit of time 77.00 + L
80632	Two units 154.00 + L
80639	Each additional unit over two 77.00 + L
<i>Alterations to Removable or Fixed Appliances</i>	
80641	One unit of time 76.00 + L
80642	Two units 152.00 + L
80649	Each additional unit over two 76.00 + L
<i>Recementation of Fixed Appliances</i>	
80651	One unit of time 73.70
80659	Each additional unit 73.70
<i>Separation (except where included in the fabrication of an appliance)</i>	
80661	One unit of time 75.10
80669	Each additional unit 75.10
<i>Removal of Fixed Orthodontic Appliances (by a practitioner other than the original treating practice or practitioner)</i>	
80671	One unit of time 73.40
80679	Each additional unit 73.40
APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT (Fees include insertion, observation, adjustments and maintenance to accomplish desired correction inherent in appliance design.)	
<i>APPLIANCES, REMOVABLE</i>	
<i>Appliances, Removable, Space Regaining</i>	
81113	Maxillary, Bilateral 614.00 + L
81114	Mandibular, Bilateral 614.00 + L
81115	Maxillary, Complex 711.00 + L
81116	Mandibular, Complex 711.00 + L

No.	Suggested Fee
<i>Appliances, Removable, Cross-Bite Correction</i>	
81121 Maxillary, Simple	616.00 + L
81122 Mandibular, Simple	616.00 + L
81123 Maxillary, Complex	711.00 + L
81124 Mandibular, Complex	711.00 + L
<i>Appliances, Removable, Dental Arch Expansion</i>	
81131 Maxillary, Simple	605.00 + L
81132 Mandibular, Simple	605.00 + L
81133 Maxillary, Complex	700.00 + L
81134 Mandibular, Complex	700.00 + L
81135 Maxillary, Rapid Expansion	700.00 + L
<i>Appliances, Removable, Closure of Diastemas</i>	
81141 Maxillary, Simple	612.00 + L
81142 Mandibular, Simple	612.00 + L
81143 Maxillary, Complex	711.00 + L
81144 Mandibular, Complex	711.00 + L
<i>Appliances, Removable, Alignment of Anterior Teeth</i>	
81151 Maxillary, Simple	603.00 + L
81152 Mandibular, Simple	603.00 + L
81153 Maxillary, Complex	707.00 + L
81154 Mandibular, Complex	707.00 + L
APPLIANCES, FIXED OR CEMENTED	
<i>Appliance, Fixed, Space Regaining (e.g. lingual or labial arch with molar bands, tubes, locks)</i>	
81211 Maxillary	871.00 + L
81212 Mandibular	871.00 + L
<i>Appliance, Fixed, Space Regaining, Unilateral</i>	
81221 Maxillary	I.C. + L
81222 Mandibular	I.C. + L
<i>Appliance, Fixed, Cross-Bite Correction – Anterior</i>	
81231 Maxillary	612.00 + L
81232 Mandibular	612.00 + L
<i>Appliance, Fixed, Cross-Bite Correction – Posterior</i>	
81241 Maxillary	612.00 + L
81242 Mandibular	612.00 + L
81243 Two-Molar Band, Hooked and Elastics	I.C. + L
<i>Appliance, Fixed, Dental Arch Expansion</i>	
81251 Maxillary	876.00 + L
81252 Mandibular	876.00 + L
81253 Maxillary, Rapid Expansion	912.00 + L
81254 Headgear	904.00 + L

No.		Suggested Fee
<i>Appliance, Fixed, Closure of Diastemas</i>		
81261	Maxillary, Simple	610.00 + L
81262	Mandibular, Simple	610.00 + L
81263	Maxillary, Complex	860.00 + L
81264	Mandibular, Complex	860.00 + L
<i>Appliance, Fixed, Alignment of Incisor Teeth</i>		
81271	Maxillary, Simple	596.00 + L
81272	Mandibular, Simple	596.00 + L
81273	Maxillary, Complex	854.00 + L
81274	Mandibular, Complex	854.00 + L
<i>Appliances, Fixed, Mechanical Eruption of Tooth/Teeth</i>		
81291	Maxillary Impaction	I.C. + L
81292	Mandibular Impaction	I.C. + L
81293	Maxillary, Erupted	I.C. + L
81294	Mandibular, Erupted	I.C. + L
APPLIANCES, RETENTION, ORTHODONTIC RETAINING APPLIANCES		
<i>Appliances, Removable, Retention</i>		
83101	Maxillary	214.00 + L
83102	Mandibular	214.00 + L
83103	Tooth Positioner	I.C. + L
<i>Appliances, Fixed/Cemented, Retention</i>		
83201	Maxillary	283.00 + L
83202	Mandibular	283.00 + L
COMPREHENSIVE ORTHODONTIC TREATMENT CASE TYPE - Fixed Appliance (includes formal full banded treatment and retention)		
<i>PERMANENT DENTITION</i>		
84101	Class I Malocclusion	I.C. + L
84201	Class II Malocclusion	I.C. + L
84301	Class III Malocclusion	I.C. + L
84401	Malocclusions not Requiring Complete Banding	I.C. + L
<i>MIXED DENTITION</i>		
85101	Class I Malocclusion	I.C. + L
85201	Class II Malocclusion	I.C. + L
85301	Class III Malocclusion	I.C. + L
<i>PRIMARY DENTITION</i>		
86101	Class I Malocclusion	I.C. + L
86201	Class II Malocclusion	I.C. + L
86301	Class III Malocclusion	I.C. + L

No.		Suggested Fee
CASE TYPE - Removable Appliances		
(includes removable appliance therapy and retention; e.g., functional appliances for mixed and primary dentition)		
<i>PERMANENT DENTITION</i>		
87101	Class I Malocclusion	I.C. + L
87201	Class II Malocclusion	I.C. + L
87301	Class III Malocclusion	I.C. + L
<i>MIXED DENTITION</i>		
88101	Class I Malocclusion	I.C. + L
88201	Class II Malocclusion	I.C. + L
88301	Class III Malocclusion	I.C. + L
<i>PRIMARY DENTITION</i>		
89101	Class I Malocclusion	I.C. + L
89201	Class II Malocclusion	I.C. + L
89301	Class III Malocclusion	I.C. + L
PAYMENT FOR ORTHODONTIC TREATMENT IN PROGRESS		
93331	Payment/Installment for Orthodontic Treatment in Progress	I.C.
93332	Monthly Payment/Installment	I.C.
93333	Quarterly Payment/Installment	I.C.
93334	One-time Appliance (applies to any fixed or removable orthodontic appliance)	I.C.
<i>Predetermination of Orthodontic Treatment (fee entered is value of treatment plan being predetermined)</i>		
93341		N/C

The Comprehensive Orthodontic Codes, by case type, for fixed or removable appliances are most often intended for the purposes of pre-authorization of treatment. Orthodontic cases utilizing removable "aligners" would be pre-authorized using codes 87101-89301. Codes for "Payment for Orthodontic Treatment in Progress" are intended for billing and claims submission for both traditional orthodontic cases and those utilizing removable "aligners".

ADJUNCTIVE GENERAL SERVICES 90000 - 99999

No.	Suggested Fee
NOTE: ONE UNIT OF TIME = 15 MINUTES	
ONE HALF UNIT OF TIME = 7½ MINUTES	
NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION	
NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (iii) of Preamble	

UNCLASSIFIED TREATMENTS

UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES

Unusual Time and Responsibility Requirement, in Addition to Usual Procedures in Guide

91211	One unit of time	86.00
91212	Two units	172.00
91213	Three units	258.00
91219	Each additional unit over three	86.00

ANAESTHESIA

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

92101	Regional Block Anaesthesia	33.50
92102	Trigeminal Division Block	37.70

NOTE: *When delivering sedation and general anaesthesia, dentists must meet the regulatory requirements set out by the BC College of Oral Health Professionals (BCCOHP) in the documents "Standards and Guidelines for Minimal and Moderate Sedation Services in Dentistry (Non-Hospital Facilities)", "Deep Sedation Services (Non-Hospital Facilities)" and "General Anaesthetic Services in Dentistry (Non-Hospital Facilities)". It is strongly advised that you read and are compliant with all current BCCOHP sedation regulations and registrations for all levels of sedation that you may provide.*

ANAESTHESIA, GENERAL (includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)

The elimination of all sensations, accompanied by the loss of consciousness. Also included is "dissociative" anaesthesia (Ketamine).

92212	Two units of time	331.00 + PS
92213	Three units	422.00 + PS
92214	Four units	513.00 + PS
92215	Five units	604.00 + PS
92216	Six units	695.00 + PS
92217	Seven units	786.00 + PS
92218	Eight units	877.00 + PS
92219	Each additional unit over eight	91.00 + PS

No.	Suggested Fee	
<i>Provision of Facilities, Equipment and Support Services for General Anaesthesia when Provided by a Separate Practitioner</i>		
92222	Two units	167.00 + PS
92223	Three units	251.00 + PS
92224	Four units	334.00 + PS
92225	Five units	418.00 + PS
92226	Six units	501.00 + PS
92227	Seven units	585.00 + PS
92228	Eight units	668.00 + PS
92229	Each additional unit over eight	83.60 + PS

ANAESTHESIA, DEEP SEDATION

A controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including inability to respond purposefully to verbal command. These states apply to any technique that has depressed the patient beyond conscious sedation, except general anaesthesia. Any intravenous technique leading to these conditions in a patient, including neuroleptanalgesia or anaesthesia, regardless of route of administration, would fall within this category of service (includes pre-anaesthetic evaluation and post-anaesthetic follow-up). **Please refer to the note included under Anaesthesia on page 65.**

92301	One unit of time	I.C. + PS
92302	Two units	321.00 + PS
92303	Three units	406.00 + PS
92304	Four units	491.00 + PS
92305	Five units	576.00 + PS
92306	Six units	661.00 + PS
92307	Seven units	746.00 + PS
92308	Eight units	831.00 + PS
92309	Each additional unit over eight	85.10 + PS

Provision of facilities, equipment and support services for Deep Sedation when provided by a separate practitioner

92322	Two units	167.00 + PS
92323	Three units	251.00 + PS
92324	Four units	334.00 + PS
92325	Five units	418.00 + PS
92326	Six units	501.00 + PS
92327	Seven units	585.00 + PS
92328	Eight units	668.00 + PS
92329	Each additional unit over eight	83.60 + PS

No.	Suggested Fee
ANAESTHESIA, CONSCIOUS SEDATION	
A medically controlled state of depressed consciousness that allows protective reflexes to be maintained, retains the patient's ability to maintain a patent airway independently and continuously, and permits appropriate response by the patient to physical stimulation or verbal command, e.g., "open your eyes" (includes pre-anaesthetic evaluation and post-anaesthetic follow-up).	
Any technique leading to these conditions in a patient would fall within this category of service. Conscious sedation is a varied technique which can require different levels of monitoring, in accordance with the Regulatory Authority Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice. Please refer to the note included under Anaesthesia on page 65.	
<i>Nitrous Oxide (time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device)</i>	
92411	One unit of time 48.60 + PS
92412	Two units 87.60 + PS
92413	Three units 127.00 + PS
92414	Four units 166.00 + PS
92415	Five units 205.00 + PS
92416	Six units 244.00 + PS
92417	Seven units 283.00 + PS
92418	Eight units 322.00 + PS
92419	Each additional unit over eight 39.00 + PS
<i>Oral Sedation (sedation sufficient to require monitored care; time is to be measured from the start of patient monitoring to release from the treatment/recovery room)</i>	
92421	One unit of time 48.60 + PS
92422	Two units 87.60 + PS
92423	Three units 127.00 + PS
92424	Four units 166.00 + PS
92425	Five units 205.00 + PS
92426	Six units 244.00 + PS
92427	Seven units 283.00 + PS
92428	Eight units 322.00 + PS
92429	Each additional unit over eight 39.00 + PS
<i>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)</i>	
92431	One unit of time 152.00 + PS
92432	Two units 206.00 + PS
92433	Three units 261.00 + PS
92434	Four units 316.00 + PS
92435	Five units 371.00 + PS
92436	Six units 426.00 + PS
92437	Seven units 480.00 + PS
92438	Eight units 535.00 + PS
92439	Each additional unit over eight 54.80 + PS

No.		Suggested Fee
<i>Parenteral Conscious Sedation (regardless of method - IM or IV)</i>		
92441	One unit of time	168.00 + PS
92442	Two units	240.00 + PS
92443	Three units	312.00 + PS
92444	Four units	383.00 + PS
92445	Five units	455.00 + PS
92446	Six units	527.00 + PS
92447	Seven units	598.00 + PS
92448	Eight units	670.00 + PS
92449	Each additional unit over eight	71.70 + PS
<i>Combined Techniques of Inhalation plus Intravenous and/or Intramuscular Injection</i>		
92451	One unit of time	I.C. + PS
92452	Two units of time	I.C. + PS
92459	Each additional unit over two	I.C. + PS
NON PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT		
<i>Hypnosis</i>		
92511	One unit of time	I.C.
92512	Two units	I.C.
92519	Each additional unit over two	I.C.
<i>Acupuncture</i>		
92521	One unit of time	I.C.
92522	Two units	I.C.
92529	Each additional unit over two	I.C.
<i>Electronic Dental Anaesthesia</i>		
92531	One unit of time	I.C.
92532	Two units	I.C.
92539	Each additional unit over two	I.C.
PROFESSIONAL SERVICES		
PROFESSIONAL COMMUNICATIONS		
<i>Consultation with Member of the Profession or other Healthcare Providers, in or out of the office</i>		
93111	One unit of time	86.10 + E
93112	Two units	172.00 + E
93119	Each additional unit over two	86.10 + E

No.		Suggested Fee
<i>Dental-Legal Letters, Reports and Opinions</i>		
93121	Dental-Legal Report - A short, factually written or verbal communication given to any lay person (e.g., lawyer, insurance representative, local, municipal or government agency, etc.) in relation to the patient with prior patient approval.	167.00
93122	Dental-Legal Report - A comprehensive written report with patient approval, on symptoms, history and records giving diagnosis, treatment, results and present condition. The report is a factual summary of all information available on the case and could contain prognostic information regarding patient response.	783.00
93123	Dental-Legal Opinion - A comprehensive written report primarily in the field of expert opinion. The report may be an opinion regarding the possible course of events (when these cannot be determined factually), with possible long-term consequences and complications in the development of the conditions. The report will require expert knowledge and judgement with respect to the facts leading to a detailed prognosis.	1,118.00
<i>Consultation and/or Participation During Autopsy (other than forensic)</i>		
93131	One unit of time	86.10 + E
93132	Two units	172.00 + E
93139	Each additional unit over two	86.10 + E
<i>PATIENT FILE MANAGEMENT (not to include predeterminations)</i>		
93211	Duplication and transfer of patient's dental record at request of the patient	I.C. + E
<i>CLAIM FORMS AND TREATMENT FORMS</i>		
93301	Completing CDA "Blank" Approved Standard Claim Forms	N/C
93302	Upon Request, Providing a Written Treatment Plan/Outline for a Patient, Similar to the Example in the CDA Policy Manual on Claim Form Completion	N/C
93303	Completing Prepaid Claim Forms which do not Conform with Code 93301	70.30
<i>For Extraordinary Time Spent, in relation to claim forms/treatment plan forms, the claim problem of the patient or processing of payments</i>		
93311	One unit of time	I.C. + E
93312	Two units	I.C. + E
93318	Zero units	N/C + E
93319	Each additional unit over two	I.C. + E
<i>For Extraordinary Office Time Spent, in forwarding predetermination records, in predetermination situations, to third parties plus expenses (i.e. registration, postage, etc.)</i>		
93321	One unit of time	I.C. + E
93322	Two units	I.C. + E
93329	Each additional unit over two	I.C. + E
<i>Payment for Orthodontic Treatment in Progress</i>		
93331	Payment/Installment for Orthodontic Treatment in Progress	I.C.
93332	Monthly Payment/Installment	I.C.
93333	Quarterly Payment/Installment Payment	I.C.
93334	One-time Appliance (applies to any fixed or removable orthodontic appliance)	I.C.
<i>Predetermination of Orthodontic Treatment (fee entered is value of treatment plan being predetermined)</i>		
93341		N/C

No.		Suggested Fee
PROFESSIONAL VISITS		
<i>HOUSE CALLS</i>		
94101	House Call, Non Emergency Visit (in addition to procedures performed)	95.90
94102	House Call, Emergency Visit, when One must Immediately Leave Home, Office or Hospital (in addition to procedures performed)	109.00
<i>OFFICE OR INSTITUTIONAL VISITS</i>		
94301	Office (of another professional) or Institutional Visit, During Regular Scheduled Office Hours (in addition to services performed)	96.20
94302	Office (of another professional) or Institutional Visit, Outside Regular Scheduled Office Hours (in addition to services performed)	214.00
94303	Missed or Cancelled Appointment, with Insufficient Notice, During Regular Scheduled Office Hours	153.00
94304	Missed or Cancelled Appointment with Insufficient Notice, being a Special Appointment Outside Regular Scheduled Office Hours	I.C.
94305	Travelling Expenses	I.C.
94306	Professional Visits Out of Office (plus actual services performed, out of pocket expenses, etc.)	I.C. + E
COURT APPEARANCES AND / OR PREPARATION		
<i>Preparation as an Expert Witness</i>		
94411	One unit of time	I.C.
94412	Two units	I.C.
94413	Three units	I.C.
94414	Four units	I.C.
94419	Each additional unit over four	I.C.
<i>Court Appearance as an Expert Witness</i>		
94421	One-half day	I.C.
94422	Full day	I.C.
FORENSIC DENTAL SERVICES		
<i>FORENSIC SERVICES, MISCELLANEOUS</i>		
95101	Identification - Opinion as an Expert Assisting in Civil or Criminal Cases	I.C. + E
95102	Full or Part Time Participation in Civil Disaster	I.C. + E
95104	Written Odontology Report	I.C. + E

No.		Suggested Fee
DRUGS / MEDICATION, DISPENSING		
<i>PRESCRIPTIONS</i>		
96101	Prescription, Emergency	I.C.
96102	Emergency Dispensing of One or Two Doses of a Therapeutic Drug, plus Giving a Written Prescription	I.C. + E
96103	Dispensing, Non Emergency (e.g. fluorides, vitamins, other drugs/medications)	I.C. + E
96104	Prescription, Vaccine	I.C.
<i>INJECTIONS, THERAPEUTIC</i>		
96201	Intramuscular Drug Injection	43.10 + E
96202	Intravenous Drug Injection	49.00 + E
96203	Intralesional Delivery (intra-articular injections - see 78601)	41.20 + E
<i>BLEACHING, VITAL</i>		
<i>Bleaching, Vital, In Office</i>		
97111	One unit of time	57.10
97112	Two units	114.00
97113	Three units	171.00
97119	Each additional unit over three	57.10
<i>Bleaching, Vital, Home (includes the fabrication of bleaching trays, dispensing the system and follow-up care)</i>		
97121	Maxillary Arch	357.00 + L + E
97122	Mandibular Arch	357.00 + L + E
97123	Maxillary plus Mandibular (combined)	714.00 + L + E
<i>Micro-Abrasion</i>		
97131	One unit of time	57.10
97132	Two units	114.00
97133	Three units	171.00
97134	Four units	228.00
97139	Each additional unit over four	57.10
COUNSELLING		
<i>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)</i>		
98101	One unit of time	I.C. + E
98102	Two units	I.C. + E
98109	Each additional unit over two	I.C. + E
<i>Systematic Desensitization for patients designated as special needs or having severe dental phobia (Requires a medical diagnosis)</i>		
98201	One unit of time	46.40
98202	Two units	92.80
98209	Each additional unit over two	46.40

No.	Suggested Fee
<i>Vaccine/Vaccination Consultation, with patient (includes analysis of medical status, indications and contraindications, and the risks and benefits)</i>	
98301	One unit of time I.C.
98302	Two units I.C.
98309	Each additional unit of time I.C.

LABORATORY AND EXPENSE PROCEDURES

These codes are used in conjunction with the "+ L" , "+ E" and "+ PS" designation following specific codes in the guide. The addition of these codes is to facilitate computer or manual input for third-party claims processing, personal records and statistics, providing one description for a specific procedure code.

When filling out the third-party claim forms, these codes must follow immediately after the corresponding dental procedure code carried out by the dentist, so as to correlate the lab expenses with the correct procedures.

99111	"+ L" Commercial Laboratory Procedures (A commercial laboratory is defined as an independent business which performs laboratory services and bills the dental practice for these services on a case-by-case basis.)	I.C.
99222	"+ L" for Oral Pathology Biopsy Services (when provided in relation to surgical services from the 30000, 40000 or 70000 codes 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 (does not refer to materials associated with infection control.)	I.C.

APPLICABLE TAXES

99711	+ G.S.T.	I.C.
99712	+ P.S.T.	I.C.
99713	+ H.S.T.	I.C.
99777	"+ PS" Charges for professional services billed to the dentist and passed through to the patient	I.C.

IMPLANTS

Implant Dentistry

Suggested fees have been added for codes that would be used for non-complex implant cases. These fees do not include +L or +E.

Suggested fees have been added only for those codes that are the most frequently used for implants and implant related procedures. These codes include placements of a single tooth implant with crown, or multiple implants for attaching an overdenture, in routine (non-complex) clinical sites (away from sinus or inferior alveolar nerve). It should be noted that in the case of implants, '+E' refers to the implant components which typically include a healing abutment, etc.

Unlike other areas of the fee guide, a range of suggested fees has been added to reflect the myriad of systems and clinical protocols.

Dentists often rely on single fees for surgical placement and/or the actual implant. However, the guide contains a number of codes which could be billed together for the placement of a simple implant. These could include treatment planning, placement, re-entry, the abutment and crown as well +L and +E.

To assist in understanding how fee codes are combined, the following charts may be used (see over page).

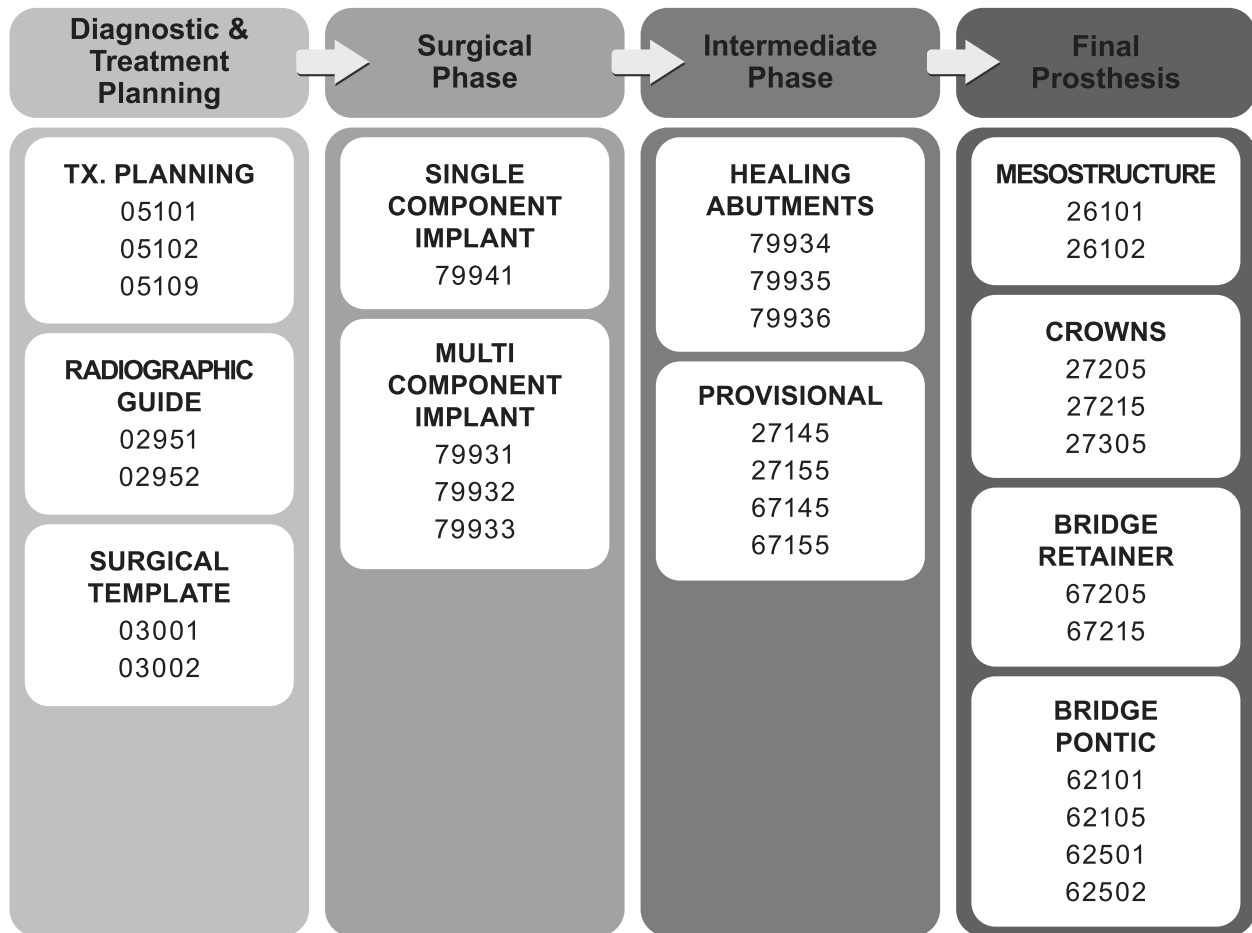
NOTE: ONE UNIT OF TIME = 15 MINUTES

ONE HALF UNIT OF TIME = 7½ MINUTES

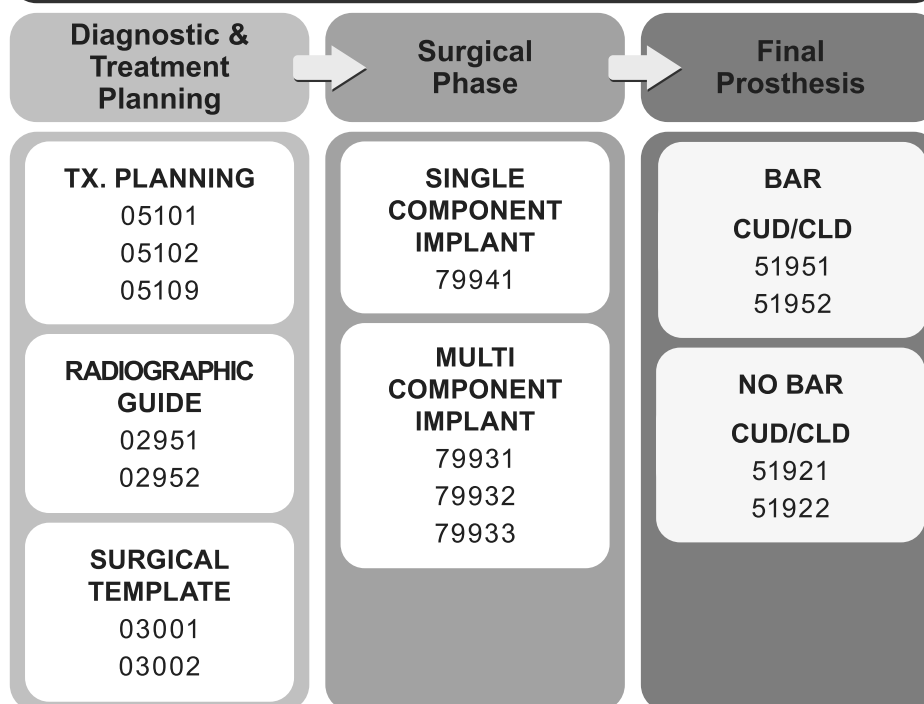
NOTE: "I .C." MEANS INDEPENDENT CONSIDERATION

NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (iii) of Preamble

Suggested Implant Dentistry Process for Crowns and Bridges



Suggested Implant Dentistry Process for Dentures



For Illustrative Purposes Only

Dentists are encouraged to consult the codes in the Implant section in order to select factually accurate codes.
 Please contact BCDA Member Support if any questions.

Examples of Implant Fees

1. Single component osseointegrated implant with crown, with treatment planning (two units of time), surgical template and allograft to preserve alveolar bone.

Code	Low Range	High Range
79941 Implant	\$ 1,543.00 +E	\$ 2,197.00 +E
27205/27215 Crown	\$ 1,051.00 +L +E	\$ 1,323.00 +L +E
05102 Treatment Planning (2 units)	\$ 152.00	\$ 152.00
03001 Surgical Template, Maxillary	\$ 131.00 +L +E	\$ 219.00 +L +E
72421 Allograft	\$ 737.00 +E	\$ 737.00 +E
Total	\$ 3,614.00 +L +E	\$ 4,628.00 +L +E

If as an example +E was \$800.00 and +L was \$1000.00 then the total fee for a single implant/crown in the above example would range from \$5,414.00 to \$6,428.00.

2. Where one dentist has already placed the implant and a second dentist is now restoring the implant, e.g., GP dentist has sent the patient to see another dentist/specialist for surgery implant placement and the patient is referred back to complete the treatment.

Code	Low Range	High Range
26101 Prefab Abutment	\$ 328.00 +L +E	\$ 819.00 +L +E
27205/27215 Crown	\$ 1,051.00 +L +E	\$ 1,323.00 +L +E
05102 Treatment Planning (2 units)	\$ 152.00	\$ 152.00
Total	\$ 1,531.00 +L +E	\$ 2,294.00 +L +E

If in this example +E is \$500.00 and +L is \$500.00 then the cost to restore the implant would range from \$2,531.00 to \$3,294.00; another dentist/specialist has already placed the implant and the patient has been charged.

3. 4, two-stage implants with bar and CUD. Two units of treatment planning, surgical template.

Code	Low Range	High Range
79932 Implant x 4	\$ 1,555.00 x 4 = \$6,220.00 +E	\$ 1,870.00 x 4 = \$ 7,480.00 +E
79935 Standard Transmucosal Element x 4	\$ 332.00 x 4 = \$1,328.00 +E	\$ 332.00 x 4 = \$ 1,328.00 +E
05102 Treatment Planning (2 units)	\$ 152.00	\$ 152.00
03001 Surgical Template, Maxillary	\$ 131.00 +L +E	\$ 219.00 +L +E
51951 Max. Complete Overdenture	\$ 1,602.00 +L	\$ 1,924.00 +L
62105 Retentive Bar	\$ 1,346.00 +L +E	\$ 2,095.00 +L +E
Total	\$ 10,779.00 +L +E	\$ 13,198.00 +L +E

If in this example +E was \$4,000.00 and +L was \$3,000.00, then the fee for 4 implants/bar/CUD would range from \$17,779.00 to \$20,198.00.

No.		Suggested Fee
DIAGNOSTIC SERVICES		
<i>RADIOGRAPHS, OTHER</i>		
<i>Duplication of a Complete Series of Radiographs</i>		
02921	Duplication of a Complete Series of 12 Radiographs	71.20
02922	Duplication of a Complete Series of 13 or more Radiographs	71.20
<i>Radiographic Guide [includes diagnostic wax-up, with radio-opaque markers for pre-surgical assessment of alveolar bone and vital structures as potential osseo-integrated implant site(s)]</i>		
02951	Maxillary Guide	131.00 - 219.00 + L + E
02952	Mandibular Guide	131.00 - 219.00 + L + E
<i>TEMPLATE, SURGICAL (includes diagnostic wax-up; also used to locate and orient osseo-integrated implants)</i>		
03001	Maxillary Template	131.00 - 219.00 + L + E
03002	Mandibular Template	131.00 - 219.00 + L + E
CASE PRESENTATION / TREATMENT PLANNING		
<i>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.)</i>		
05101	One unit of time	76.00
05102	Two units	152.00
05103	Three units	228.00
05104	Four units	304.00
05109	Each additional unit over four	76.00
RESTORATIVE SERVICES		
<i>MESOSTRUCTURES (a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw)</i>		
<i>Mesostructures, Osseo-integrated Implant-supported</i>		
26101	Indirect, Angulated or Transmucosal Pre-fabricated Abutment, per Implant	328.00 - 819.00 + L + E
26102	Indirect, Custom Laboratory Fabricated, per Implant	328.00 - 819.00 + L + E
26103	Direct (with intra-oral preparation), per Implant site	I.C. + E
<i>CROWNS, ACRYLIC / COMPOSITE / COMPOMER, (with or without Cast or Prefabricated Metal Bases)</i>		
<i>Crowns, Acrylic/Composite/Compomer/Cast Metal Base, Indirect</i>		
27135	Implant-supported	I.C. + L + E
27138	Semi-Precision or Precision Attachment RPD Retainer (in addition to Acrylic/Composite/Compomer, Cast Metal Base Crown)	I.C. + L + E
<i>Crowns, Acrylic/Composite/Compomer/Cast Metal Base, Direct</i>		
27145	Provisional, Implant-supported	I.C. + E
<i>Crown, Acrylic/Composite/Compomer Pre-fabricated Metal Base, Provisional, Indirect</i>		
27155	Provisional, Implant-supported	I.C. + L + E

No.	Suggested Fee
<i>CROWNS, PORCELAIN / CERAMIC / POLYMER GLASS</i>	
27205 Implant-supported	1,051.00 - 1,323.00 + L + E
<i>Crowns, Porcelain/Ceramic/Polymer Glass Fused to Metal Base</i>	
27215 Implant-supported	1,051.00 - 1,323.00 + L + E
<i>CROWNS, CAST METAL</i>	
27305 Implant-supported	I.C. + L + E
RESTORATIVE PROCEDURES, OVERDENTURES	
<i>OVERDENTURES, DIRECT</i>	
28105 Implant-supported Prefabricated Attachment as an Overdenture Retentive Device, Direct	I.C. + L + E
<i>OVERDENTURES, INDIRECT</i>	
<i>Coping Crowns, Cast Metal, No Attachments, Indirect</i>	
28215 Implant-supported, Indirect, no Attachment	I.C. + L + E
<i>Coping Crowns, Cast Metal, with Attachments</i>	
28225 Implant-supported with Attachment	438.00 + L + E
RESTORATIVE SERVICES, OTHER	
<i>RECEMENTATION / REBONDING, INLAYS / ONLAYS / CROWNS / VENEERS / POSTS / NATURAL TOOTH FRAGMENTS (single units only) (+ L where laboratory charges are incurred during repair of the unit)</i>	
<i>Re-Insertion/Recementation Implant-supported Crown</i>	
29111	One unit of time I.C. + L + E
29112	Two units I.C. + L + E
29113	Three units I.C. + L + E
29114	Four units I.C. + L + E
<i>Removal, Implant-supported Crowns (single units only)</i>	
29311	One unit of time I.C.
29312	Two units I.C.
29313	Three units I.C.
29314	Four units I.C.
<i>Removal, Mesostructure (to be reseated)</i>	
29321	One unit of time I.C.
29322	Two units I.C.
29323	Three units I.C.
29324	Four units I.C.

No.		Suggested Fee
<i>Removal of Compromised Mesostructure (to be replaced)</i>		
29331	One unit of time	I.C.
29332	Two units	I.C.
29333	Three units	I.C.
29334	Four units	I.C.
<i>Removal and Replacement of Healing Abutment with a New Healing Abutment (to stimulate improved gingival emergence profile)</i>		
29341	One unit of time	I.C. + E
29342	Two units	I.C. + E
29343	Three units	I.C. + E
29344	Four units	I.C. + E
<i>Removal, Fractured Implant-supported Crown Retaining Screw</i>		
29351	One unit of time	I.C.
29352	Two units	I.C.
29353	Three units	I.C.
29354	Four units	I.C.
29359	Each additional unit over four	I.C.

PERIODONTICS

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.

PERIODONTAL SURGERY, GINGIVAL CURETTAGE

Surgical Curettage, to Include Definitive Debridement about an Implant - affected by peri-implant inflammation or infection

42121	Per site	335.00
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PERIODONTAL SURGERY, GINGIVOPLASTY

Periodontal Surgery, Gingivoplasty – around an Implant

42211	Per site	I.C.
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PERIODONTAL SURGERY, FLAP APPROACH

Flap Approach, with Curettage of an Osseous Defect about a Failing Implant

42461	Per site	I.C.
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Flap Approach, with Curettage of an Osseous Defect about a Failing Implant, and including Removal of Exposed Threads or Retentive Surface Elements of the Implant and/or Detoxification of the Implant Surface

42471	Per site	I.C.
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Flap Approach, with Curettage of an Osseous Defect and Osteoplasty about a Failing Implant

42481	Per site	I.C.
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No.	Suggested Fee
PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE	
<i>Grafts, Free Soft Tissue, Adjacent to an Implant</i>	
42536	Per site 701.00
<i>Autograft, (subepithelial connective tissue or epithelialized gingival graft) Adjacent to an Implant, includes harvesting from donor site</i>	
42556	Per site 732.00
<i>Allograft, adjacent to an implant</i>	
42557	Per site 477.00 + E
PERIODONTAL SURGERY, FLAPS, GRAFTS, OSSEOUS TISSUE	
<i>Grafts, Osseous, Allograft (including flap entry and closure)</i>	
42621	Per site 1,046.00 + E
<i>Grafts, Osseous, Xenograft (including flap entry and closure)</i>	
42631	Per site 1,046.00 + E

PROSTHODONTICS - REMOVABLE

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

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

51721	Maxillary	I.C. + L
51722	Mandibular	I.C. + L

Dentures, Complete, Overdentures, Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments

51731	Maxillary	I.C. + L
51732	Mandibular	I.C. + L

No.	Suggested Fee
<i>DENTURES, COMPLETE, OVERDENTURES (IMMEDIATE), TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS, WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</i>	
<i>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)</i>	
51821 Maxillary	I.C. + L
51822 Mandibular	I.C. + L
<i>Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)</i>	
51831 Maxillary	I.C. + L
51832 Mandibular	I.C. + L
<i>DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS</i>	
<i>Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns</i>	
51921 Maxillary	1,602.00 - 1,924.00 + L
51922 Mandibular	1,602.00 - 1,924.00 + L
<i>Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns</i>	
51931 Maxillary	I.C. + L
51932 Mandibular	I.C. + L
<i>Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants</i>	
51951 Maxillary	1,602.00 - 1,924.00 + L
51952 Mandibular	1,602.00 - 1,924.00 + L
<i>Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar)</i>	
51961 Maxillary	I.C. + L
51962 Mandibular	I.C. + L
<i>DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</i>	
<i>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, Supported by Implants with or without Coping Crowns, No Attachments</i>	
52721 Maxillary	I.C. + L
52722 Mandibular	I.C. + L
<i>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments</i>	
52731 Maxillary	I.C. + L
52732 Mandibular	I.C. + L

No.	Suggested Fee
<i>DENTURES, PARTIAL, OVERDENTURES (IMMEDIATE), ACRYLIC, WITH CAST / WROUGHT CLASPS AND/OR RESTS, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</i>	
<i>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)</i>	
52821 Maxillary	I.C. + L
52822 Mandibular	I.C. + L
<i>Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by a Combination of Natural Teeth and Implants, with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)</i>	
52831 Maxillary	I.C. + L
52832 Mandibular	I.C. + L
<i>DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST / WROUGHT CLASPS AND/OR RESTS SECURED TO NATURAL TEETH OR IMPLANTS</i>	
<i>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to Implants with or without Coping Crowns</i>	
52921 Maxillary	I.C. + L
52922 Mandibular	I.C. + L
<i>Dentures, Partial, Overdentures, Acrylic, With Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns [used with 28215 (Cast Metal Coping Crowns), with or without Attachments]</i>	
52931 Maxillary	I.C. + L
52932 Mandibular	I.C. + L
<i>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)</i>	
52951 Maxillary	I.C. + L
52952 Mandibular	I.C. + L
<i>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar)</i>	
52961 Maxillary	I.C. + L
52962 Mandibular	I.C. + L
<i>DENTURES, PARTIAL, CAST, OVERDENTURES</i>	
<i>Dentures, Partial, Casts, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments</i>	
53721 Maxillary	I.C. + L
53722 Mandibular	I.C. + L
53724 Altered Cast Impression Technique Done in Conjunction with 53721, 53722	I.C.

No.	Suggested Fee
<i>Dentures, Partial, Casts, Overdentures, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments</i>	
53731 Maxillary	I.C. + L
53732 Mandibular	I.C. + L
53734 Altered Cast Impression Technique Done in Conjunction with 53731, 53732	I.C.
<i>Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants, with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed</i>	
53821 Maxillary	I.C. + L
53822 Mandibular	I.C. + L
53824 Altered Cast Impression Technique Done in Conjunction with 53821, 53822	I.C.
<i>Dentures, Partial, Cast, Overdentures (Immediate), Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)</i>	
53831 Maxillary	I.C. + L
53832 Mandibular	I.C. + L
53834 Altered Cast Impression Technique Done in Conjunction with 53831, 53832	I.C.
<i>Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants, with or without Coping Crowns</i>	
53921 Maxillary	I.C. + L
53922 Mandibular	I.C. + L
<i>Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns</i>	
53931 Maxillary	I.C. + L
53932 Mandibular	I.C. + L
<i>Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)</i>	
53951 Maxillary	I.C. + L
53952 Mandibular	I.C. + L
<i>Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar)</i>	
53961 Maxillary	I.C. + L
53962 Mandibular	I.C. + L
DENTURES / IMPLANT RETAINED PROSTHESIS, PROPHYLAXIS AND POLISHING	
55501	One unit of time 68.80 + L
55509	Each additional unit of time 68.80
DENTURES, THERAPEUTIC TISSUE CONDITIONING	
<i>Dentures, Tissue Conditioning, per Appointment, Complete Overdenture, Implant-supported</i>	
56541 Maxillary	I.C.
56542 Mandibular	I.C.

No.	Suggested Fee
<i>Dentures, Tissue Conditioning, per Appointment, Partial Overdenture, Implant-supported</i>	
56561 Maxillary	I.C.
56562 Mandibular	I.C.
PROSTHODONTICS - FIXED	
PONTICS, BRIDGE	
<i>PONTICS, CAST METAL</i>	
62101 Pontics, Cast Metal	391.00 + L
62105 Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Implant-supported Retainer to Retain Removable Prosthesis, Each Bar	1,346.00 - 2,095.00 + L + E
<i>PONTICS, PORCELAIN / CERAMIC / POLYMER GLASS</i>	
62501 Fused to Metal	430.00 + L
62502 Aluminous	430.00 + L
<i>PONTICS, ACRYLIC / COMPOSITE / COMPOMER</i>	
62702 Indirect, Provisional	68.30 + L
REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE / PROSTHESIS	
<i>Repairs, Removal of Fixed Bridge/Prosthesis, Implant-supported - to be Re-inserted</i>	
66231	One unit of time I.C.
66232	Two units I.C.
66233	Three units I.C.
66234	Four units I.C.
66239	Each additional unit over four I.C.
<i>Repairs, Removal, Fixed Bridge/Prosthesis, Implant-supported - to be Replaced by New Prosthesis</i>	
66241	One unit of time I.C.
66242	Two units I.C.
66243	Three units I.C.
66244	Four units I.C.
66249	Each additional unit over four I.C.
<i>Repairs, Reinsertion/Recementation, Implant-supported Bridge/Prosthesis</i>	
66311	One unit of time I.C. + L + E
66312	Two units I.C. + L + E
66313	Three units I.C. + L + E
66314	Four units I.C. + L + E
66319	Each additional unit over four I.C. + L + E
<i>Repairs, Fixed Bridge/Prosthesis, Implant-supported, Direct</i>	
66743	Three units of time I.C. + E
66744	Four units of time I.C. + E

No.		Suggested Fee
<i>RETAINERS, ACRYLIC / COMPOSITE / COMPOMER, WITH OR WITHOUT CAST OR PREFABRICATED METAL BASES</i>		
67115	Retainers, Acrylic, Composite/Compomer, Implant-supported, Indirect	I.C. + L
67125	Retainers, Acrylic, Composite/Compomer (provisional during healing, done at chairside), Implant-supported, Direct	I.C. + E
67135	Retainers, Composite/Compomer, Resin/Acrylic, Processed to Metal, Indirect, Implant-supported	I.C. + L + E
67145	Retainers, Acrylic/Composite/Compomer, Prefabricated Metal Base, Provisional, Implant-supported, Direct	I.C. + E
67155	Retainers, Acrylic/Composite/Compomer, Prefabricated Metal Base, Provisional, Implant-supported, Indirect	I.C. + L + E
<i>RETAINERS, PORCELAIN / CERAMIC / POLYMER GLASS</i>		
67205	Retainers, Porcelain/Ceramic/Polymer Glass Implant-supported	954.00 - 1,200.00 + L + E
67215	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Implant-supported	954.00 - 1,200.00 + L + E
<i>RETAINERS, CAST METAL</i>		
67305	Retainers, Cast Metal, Implant-supported	I.C. + L + E
67415	Retainers, Metal, Prefabricated or Custom Cast, Implant-supported, with or without Mesostructure with no Occlusal Component Retainer (see 62105 for Retentive Bar)	I.C. + L + E
<i>FIXED PROSTHODONTICS, WHERE AN ENTIRE ARCH IS RECONSTRUCTED (used in extensive or complicated fixed restorative dentistry)</i>		
<i>Provisional, Immediate, Implant Supported, Screw Retained, Polymer Base with Denture Teeth Without a Reinforcing Framework</i>		
69611	Maxillary	I.C. + L
69612	Mandibular	I.C. + L
<i>Final Prosthesis, Full Arch, Denture Teeth and Acrylic (also known as "hybrid prosthesis"), with Reinforcing Framework, Implant-Supported, Screw Retained</i>		
69621	Maxillary	I.C. + L
69622	Mandibular	I.C. + L
<i>Fixed Prosthodontic Framework, Osseo-Integrated, Attached with Screws or Cement and Incorporating Teeth (Porcelain/Ceramic/Polymer Glass Bonded to Metal, Acrylic/ Composite/Compomer Processed to Metal or Full Metal Crowns)</i>		
69821	Maxillary	I.C. + L
69822	Mandibular	I.C. + L

No.	Suggested Fee
ORAL SURGERY	
<i>ALVEOLAR BONE PRESERVATION</i>	
<i>Alveolar bone preservation - Allograft</i>	
72421	First tooth 737.00 + E
72429	Each additional tooth, same quadrant 554.00 + E
<i>Alveolar bone preservation - Xenograft</i>	
72431	First tooth 737.00 + E
72439	Each additional tooth, same quadrant 554.00 + E
<i>GINGIVOPLASTY AND / OR STOMATOPLASTY</i>	
<i>Miscellaneous Procedures</i>	
<i>Excision of Pericoronal Gingiva (for retained tooth/implant)</i>	
73224	Per tooth/implant 89.00
<i>IMPLANTOLOGY (includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)</i>	
<i>Implants, Subperiosteal</i>	
79921 Maxillary	I.C. + L
79922 Mandibular	I.C. + L
<i>Implants, Osseointegrated, Root Form, more than one component</i>	
79931 Surgical Installation of Implant with Cover Screw, per Implant	1,555.00 - 1,870.00 + E
79932 Surgical Installation of Implant with Healing Transmucosal Element, per Implant	1,555.00 - 1,870.00 + E
79933 Surgical Installation of Implant with Final Transmucosal Element, per Implant	1,555.00 - 1,870.00 + E
79934 Surgical Re-entry, Removal of Healing Screw and Placement of Healing Transmucosal Element, per Implant	332.00 + E
79935 Surgical Re-entry, Removal of Healing Screw and Placement of Final Standard Transmucosal Element, per Implant	332.00 + E
79936 Surgical Re-entry, Removal of Healing Screw and Placement of Final Custom Transmucosal Element, per Implant	332.00 + L + E
<i>Implants Osseointegrated, Root Form, Single Component</i>	
79941 Surgical Installation, per Implant	1,543.00 - 2,197.00 + E
<i>Implants, Osseointegrated, Provisional</i>	
79951 Installation of Provisional Implant, per Implant	I.C. + E
79952 Removal of Provisional Implant, per Implant	I.C. + E
<i>Implants, Removal of</i>	
79961 Uncomplicated, per Implant	440.00
79962 Complicated, per Implant	I.C.

British Columbia Dental Association
2024 SUGGESTED DENTAL FEE GUIDE
Alphabetic Index of CDA Codes and List of Services

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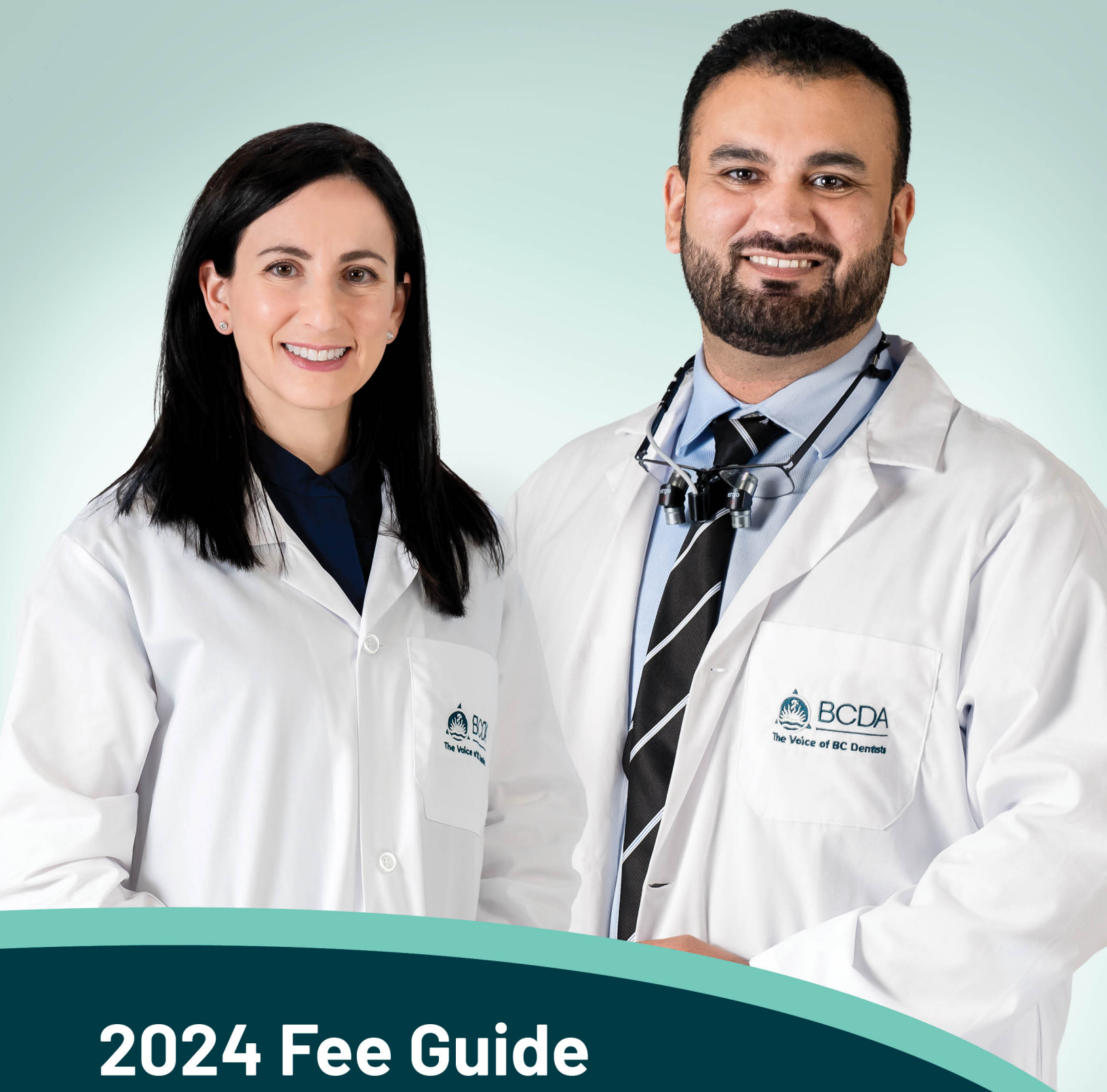
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2024 Fee Guide

For Dental Treatment Services Provided
to Patients Requiring **Out of Office Care**

Suggested Fees Effective February 1, 2024



BC Dental Association

2024 Fee Guide for Dental Treatment Services Provided to Patients Requiring Out of Office Care

Suggested Fees Effective February 1, 2024

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Suggested Fee Guide for Patients Requiring Out of Office Care

Preamble

This fee guide is intended to address specific problems that arise when **treating patients outside of the dental office. This includes homebound patients or those in long-term care (LTC) facilities, a hospital setting or, similar institutions.** It recognizes that these settings place additional responsibilities on the dentist, and that the patients in these environments have special needs and present unique problems.

Whenever possible, ambulatory patients should be treated in the private dental office. When services are performed in the private dental office, the customary provisions of the in-office fee guide prevail.

This guide applies to patients who must be treated at home, in the institution, or in a hospital. Such patients will have physical or mental disabilities, medical conditions, or present management problems that make their treatment in the typical dental office inadvisable.

The Structure of the Guide

For the purpose of this guide, dental procedures fall into three distinct groups:

- a) diagnostic and prevention,
- b) basic care, and
- c) procedures not covered by the guide

The Diagnostic and Preventive Fees

The fee guide is intended to be responsive to the patient's most urgent diagnostic and preventive needs. The diagnosis must be performed by a dentist; the preventive part may be performed by a hygienist or dental assistant and may be performed at another time, but only after the patient has been seen by the dentist.

It may take considerable time to obtain consents and/or patient histories, speak with trustees, etc. The fee guide includes consultation and unclassified treatment fees to account for time related to:

- 1. securing consent
- 2. consultation with caregivers and staff, including physicians
- 3. arranging appointments with the care facility
- 4. pre-appointment medication as necessary

Clinical or chairside time is understood to be the time during which the patient is under the direct care or supervision of the dentist and/or the dentist's employees (for example, a hygienist).

It is the responsibility of the dentist to ensure that his/her employees or agents are appropriately informed with respect to the patient's condition and any mental, physical, behavioural or medical problems that may compromise his/her treatment or are otherwise relevant to the patient's well-being.

Basic Care

This fee guide is intended to cover only the most basic needs of homebound patients or those in LTC facilities, a hospital setting or similar institutions. For procedures not listed in this guide, please refer to the fee guide for general practitioners.

Basic Care cont'd

Basic care procedures would normally be done during a separate appointment. The procedures would normally be performed only after an examination and may require consultation with the official guardian, trustee or family member. For these reasons, these procedures usually require booking the patient for additional appointments and may include securing consent; consultations with caregivers and staff, including physicians; arranging appointments with the care facility; pre-appointment medication as necessary.

When patients have been under continuous care, or where it is advisable that treatment be provided under general anaesthesia, diagnostic and preventive procedures may be done in conjunction with basic care procedures. The well-being of the patient shall be paramount in determining if it is appropriate to do procedures during the appointment in which diagnostic and preventive care is provided. The procedures covered by basic care are limited to those listed in this guide.

Procedures Not Covered by this Guide

The fact that many commonly performed procedures are not included in this fee guide is not indicative of whether such procedures should be provided to a particular patient under some circumstances. Additional procedures will be under the discretion of the dentist. If procedures not included in this fee guide are performed within an LTC facility, a hospital setting, institution or for a homebound patient, an additional 30% surcharge may be considered on the fee to reflect the additional patient management issues.

The exception to this rule is when using procedure codes whereby care is based on per unit of time. These fees should be charged for the time the patient is treated. Additional unclassified treatment codes may be considered to account for additional time, responsibilities and requirements outside of the usual procedures.

Procedures Not Intended to be Part of a Basic Dental Plan

The design of this fee guide is intended to be a template for a basic third-party dental plan for patients who must be treated in LTC facilities, a hospital setting or similar institutions. It covers those procedures that would normally be regarded as essential for the well-being of the patient; but the proper care of a patient may require procedures that are not covered in the guide, which is intended to meet the needs of the majority of patients who cannot attend a dental office.

The inclusion of codes is not intended to provide guidance to patients and dentists on what is considered a reasonable fee under the circumstances prevailing in LTC facilities, hospitals or similar institutions or for homebound patients. However, the fees in this guide are merely suggested fees, and dentists are free to depart from these fees.

Laboratory Fees and Additional Expenses

In procedures requiring laboratory work, or where additional expenses have been incurred for materials, the fee will be followed by the designation + L or + E respectively. For further explanation, see Fee Codes 99111, 99222, 99333, and 99555 on page 72 of the GP Suggested Fee Guide.

**DIAGNOSTIC
00001 - 09999**

No.	Suggested Fee
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**NOTE: ONE UNIT OF TIME = 15 MINUTES
ONE HALF UNIT OF TIME = 7½ MINUTES**

NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION

NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (ii) of Preamble

**EXAMINATION AND DIAGNOSIS, CLINICAL ORAL,
TO INCLUDE MEDICAL AND DENTAL HISTORY**

NOTE: Exam and Diagnosis must be performed by dentist. However, charting and measurements may be delegated to qualified staff.

Examination and Diagnosis, Complete Oral, to include:

- (a) Clinical examination and diagnosis of hard and soft tissues, including carious lesions, missing teeth, determination of sulcular depth and location of periodontal pockets, gingival contours, mobility of teeth, recession, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality test/analysis, and any other pertinent factors.
- (b) Radiographs extra, as required.
- (c) Where appropriate to do so, the dentist may delegate portions of charting. This may not all happen on the same date. For example, the receptionist may record portions of history from family or medical charts. The CDA may record the presence or absence and type of appliances. The RDH may carry out intra-oral charting in advance of an examination by the dentist, once per resident per institution. Date of billing of procedure should be on the date the dentist does the intra-oral examination and treatment planning.
- (d) Obtaining histories, informed consents, permission of trustees, consult with physicians, as necessary.

Permanent Dentition, to include:

01103	Extended examination and diagnosis on permanent dentition, recording history, charting, treatment planning and case presentation, including above description as per Examination and Diagnosis, Complete Oral (above)	184.00
-------	---	--------

Examination and Diagnosis, Limited Oral

01202	Previous Patient (recall) Examination of hard and soft tissues, including checking of occlusion and appliances, but not including specific tests, as for Examination and Diagnosis, Complete Oral (above)	51.40
01204	Examination and Diagnosis, Specific Examination and evaluation of a specific situation. Not to be used as a substitute for limited exam codes (01201,01202)	68.90
01205	Examination and Diagnosis, Emergency Examination and diagnosis for the investigation of discomfort and/or infection in a localized area. Not to be used as a substitute for limited exam codes (01201,01202)	95.30

No.	Suggested Fee
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RADIOGRAPHS 2D PLANAR IMAGING AND CONVENTIONAL TOMOGRAPHY (including technical service, radiographic examination and interpretation and diagnosis) AND RELATED SERVICES

RADIOGRAPHS, REGIONAL / LOCALIZED, BY DENTIST, (where 2 pack images are utilized, it is appropriate to add a + E by using code 99555)

Periapical

02111	Single image	29.00
02112	Two images	39.70
02113	Three images	50.40
02114	Four images	61.40
02115	Five images	72.30
02116	Six images	83.20
02117	Seven images	93.70
02118	Eight images	105.00

Bitewing

02141	Single image	29.00
02142	Two images	39.70
02143	Three images	50.40
02144	Four images	61.40

FOCAL PLANE TOMOGRAM (e.g. Radiographs, Panoramic)

02601	Panoramic image	110.00
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TESTS / ANALYSIS / LABORATORY PROCEDURES / INTERPRETATION AND/OR REPORTS

TEST / ANALYSIS, HISTOPATHOLOGICAL (technical procedure only)

Soft Tissue

04312	Biopsy, Soft Oral Tissue - by Incision	329.00 + L
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CASE PRESENTATION / TREATMENT PLANNING

CONSULTATION, with family and patient

In situations where the patient is not responsible for his/her own affairs, then discussions with the family or trustee should take place in order to obtain informed consent for treatment or lack thereof. Where no treatment is to be rendered, as per family or trustee wishes, and where the dentist feels treatment is appropriate, then this time should be documented to avoid future accusations of "failure to diagnose".

05201	One unit of time	62.00
05202	Two units	124.00
05209	Each additional unit over two	62.00

REMOTE ASSESSMENT, of Chief Complaint

08011	One unit of time	62.00
08012	Two units	124.00
08019	Each additional unit over two	62.00

PREVENTION

10000 - 19999

No.	Suggested Fee
-----	---------------

NOTE: *While polishing can be carried out by a certified dental assistant, scaling procedures and air polishing can only be provided by a dentist or dental hygienist.*

It is inappropriate to bill for more units of time during an appointment than the total time the patient was seated and attended by a caregiver. It is appropriate to bill for all the time that caregivers attend to the patient. If, during the appointment, a procedure such as a temporary restoration - 20121 (which is billed on a procedural basis) is performed, then the maximum number of time units to be billed should be reduced to recognize the time required to perform the billed procedure. The procedures to be billed on a per unit of time basis should reflect the predominant service performed during the unit (or 1/2 unit) of time.

NOTE: *Scaling codes include updating medical history, administering anaesthetic, periodontal evaluation & recording of this information (e.g. probing, recession, BOP, furcations, mobilities etc., provided not billed in combination with a Complete Exam), patient care documentation & chart review (so long as patient is present in the operatory), and time spent explaining the current proposed treatment. Once treatment extends into the next unit, it will be rounded up to the nearest half unit.*

NOTE: ONE UNIT OF TIME = 15 MINUTES
ONE HALF UNIT OF TIME = 7 ½ MINUTES

NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION

NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (ii) of Preamble

POLISHING (The removal of stain and plaque with the use of rubber cups, brushes or air polishers. Polishing should also consist of interproximal flossing and a recall review of oral hygiene procedures and techniques.)

11101	60.30
-------	-------

SCALING

11111	One unit of time	55.80
11112	Two units	111.60
11113	Three units	167.40
11114	Four units	223.20
11115	Five units	279.00
11116	Six units	334.80
11117	One half unit	27.90

FLUORIDE TREATMENTS *Topical, whole mouth, in office*

12111	Fluoride Treatment, Rinse	21.40
12112	Fluoride Treatment, Gel or Foam	25.40
12113	Fluoride Treatment, Varnish	29.40

FLUORIDE, CUSTOM APPLIANCES *(home application)*

12601	Maxillary Arch	115.00 + L
12602	Mandibular Arch	115.00 + L
12603	Maxillary Plus Mandibular Combined	173.00 + L

No.**Suggested Fee****PREVENTION SERVICES, OTHER**

*TOPICAL APPLICATION TO HARD TISSUE LESION(S) OF AN ANTIMICROBIAL OR
REMINERALIZATION AGENT (e.g., chlorhexidine gel)*

13601	One unit of time	40.80 + E
13602	Two units	81.60 + E

ANATOMICAL MODIFICATIONS

(Reshaping, recontouring or occlusal modifications of a natural tooth or teeth, single or multiple restorations, or the inter-articulation of teeth)

FINISHING RESTORATIONS to include: polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (When restorations were performed by another dentist or restorations are over two years old.)

Note: The fee item is not to be used to refine or in any other way deal with restorations recently placed by the practitioner. The smoothing rather than replacing of old restorations can extend the longevity of the existing restoration in a less compliant individual.

16101	One unit of time	58.60
16102	Two units	117.00

OCCLUSION

Occlusal Adjustment/Equilibration:

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

16511	One unit of time	120.00
-------	------------------	--------

RESTORATION

20000 - 29999

No.	Suggested Fee
-----	---------------

The following procedures would normally be performed only after an examination and may require consultation with the official guardian, trustee or family member. For these reasons, these procedures usually require booking the patient for additional appointments and may, therefore, include a repetition of all the steps that lead to the initial appointment, which are:

1. securing consent
2. consultation with caregivers and staff, including physicians
3. arranging appointments with the care facility
4. pre-appointment medication as necessary

No exam fee may be billed at a sitting at which basic restorative procedures are performed, with the exception of 01204 Specific and 01205 Emergency Exams.

NOTE: ONE UNIT OF TIME = 15 MINUTES
ONE HALF UNIT OF TIME = 7½ MINUTES

NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION

NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (ii) of Preamble

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 (using code 20141)]

20111	First tooth	186.00
20119	Each additional tooth same quadrant	93.00

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 (using code 20141)]

20121	First tooth	259.00
20129	Each additional tooth same quadrant	130.00

Trauma Control, Smoothing of Fractured Surfaces, per tooth (may include placement of sedative/protective dressing)

20131	First tooth	60.60
20139	Each additional tooth same quadrant	27.80

No.	Suggested Fee
RESTORATIONS, AMALGAM, PERMANENT TEETH	
<i>Non-Bonded, Permanent Bicuspid and Anteriors</i>	
21211	One surface 228.00
21212	Two surfaces 315.00
21213	Three surfaces 384.00
21214	Four surfaces 468.00
21215	Five surfaces or maximum surfaces per tooth 572.00
<i>Non-Bonded, Permanent Molars</i>	
21221	One surface 247.00
21222	Two surfaces 372.00
21223	Three surfaces 457.00
21224	Four surfaces 562.00
21225	Five surfaces or maximum surfaces per tooth 692.00
RESTORATIONS, TOOTH COLOURED / PLASTIC WITH / WITHOUT SILVER FILLINGS	
Restorations using materials that do not require a separate bonding step (e.g. Glass Ionomer) should be billed using the corresponding "bonded restoration" code.	
<i>PERMANENT ANTERIORS, BONDED TECHNIQUE</i>	
<i>(not to be used for veneer applications or diastema closures)</i>	
23111	One surface 220.00
23112	Two surfaces 268.00
23113	Three surfaces 331.00
23114	Four surfaces 409.00
23115	Five surfaces (maximum surfaces per tooth) 505.00
<i>RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERiors, BONDED</i>	
<i>Permanent Bicuspid</i>	
23311	One surface 254.00
23312	Two surfaces 350.00
23313	Three surfaces 427.00
23314	Four surfaces 522.00
23315	Five surfaces (maximum surfaces per tooth) 636.00
<i>Permanent Molars</i>	
23321	One surface 276.00
23322	Two surfaces 413.00
23323	Three surfaces 507.00
23324	Four surfaces 624.00
23325	Five surfaces (maximum surfaces per tooth) 769.00

No.**Suggested Fee****RESTORATION PROCEDURES, OVERDENTURES***OVERDENTURES, DIRECT*

28101	Natural Tooth Preparation, Placement of Pulp Chamber Restoration (amalgam or composite) and Fluoride Application, Endodontically Treated Tooth	188.00
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RESTORATION 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	103.00 + L + E
29102	Two units	206.00 + L + E
29103	Three units	309.00 + L + E
29104	Four units	412.00 + L + E

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

29301	One unit of time	101.00
29302	Two units	202.00

ENDODONTICS

30000 - 39999

No.	Suggested Fee
-----	---------------

A pulpectomy involves access to the pulp chamber and removal of necrotic tissue, medication of the chamber as appropriate and sealing of the tooth; the patient would be rebooked at a later date for endodontic treatment or extraction of the tooth.

NOTE: ONE UNIT OF TIME = 15 MINUTES
ONE HALF UNIT OF TIME = 7½ MINUTES

NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION

NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (ii) of Preamble

PULP CAPPING (refer to code 20141)

PULP CHAMBER, TREATMENT OF (excluding final restoration)

PULPOTOMY

Permanent Teeth (as a separate emergency procedure)

32221	Anterior and Bicuspid Teeth	215.00
32222	Molar Teeth	212.00

Pulpotomy, Permanent Teeth, Concurrent with Restorations (but excluding final restoration) (for use of vital pulp therapy specifically for apexogenesis, if special materials [such as MTA] are used, code 99555 + E, additional expenses, would apply)

32241	Anterior and Bicuspid Teeth	401.00
32242	Molar Teeth	401.00

ENDODONTIC, PROCEDURES, MISCELLANEOUS

ISOLATION OF ENDODONTIC TOOTH / TEETH FOR ASEPSIS

39101	Banding and/or Coronal Buildup of Tooth and/or Contouring of Tissue Surrounding Tooth to Maintain Aseptic Operating Field (per tooth)	192.00
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OPEN AND DRAIN (Separate Emergency Procedures)

Note: *It may be necessary to do **pulpotomy**, 32221, 32222 and **incision and drain**, 75111, 75112 at the same appointment*

39201	Anteriors and Bicuspids	150.00
39202	Molars	150.00

Opening Through Artificial Crown (in addition to procedures)

39501	Anteriors and Bicuspids	90.00
39502	Molars	90.00

PERIODONTICS
40000 - 49999

No.	Suggested Fee
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Although scaling, 11111 - 11117, is grouped in the Preventive section of the fee guide, this does not imply that this procedure cannot be billed for therapeutic treatment.

Root surface irregularities and root surfaces altered by periodontal diseases are treated by root planing. Root planing is normally performed in the presence of active periodontal disease, which should be clearly documented by screening or examination procedures. Where scaling and root planing are incorporated in surgical treatment, it is considered that these services are included in the surgical fee. The guide does not bill separately for scaling and root planing performed during surgical procedures on the same teeth. Occlusal Adjustment/Equilibration codes should be used where adjustment is therapeutically necessary. These codes are not used where adjustment is required following placement of extensive restorations by a practitioner. Where previous treatment by another practitioner has resulted in occlusal dysfunction, the adjustment/equilibration codes may be used by a subsequent treating practitioner.

NOTE: *Root planing codes include updating medical history, administering anaesthetic, periodontal evaluation & recording of this information (e.g. probing, recession, BOP, furcations, mobilities etc., provided not billed in combination with a Complete Exam), patient care documentation & chart review (so long as patient is present in the operatory), and time spent explaining the current proposed treatment. Once treatment extends into the next unit, it will be rounded up to the nearest half unit.*

NOTE: ONE UNIT OF TIME = 15 MINUTES
ONE HALF UNIT OF TIME = 7½ MINUTES

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PERIODONTAL SERVICES, NON SURGICAL

ORAL DISEASE, Management of

Oral Manifestations, Oral Mucosal Disorders, mucocutaneous disorders and diseases of localized mucosal conditions, (e.g. lichen planus, aphthous stomatitis, benign mucous membrane pemphigoid, pemphigus, salivary gland tumours, leukoplakia with and without dysphasia, neoplasms, hairy leukoplakia, polyps, verrucae, fibroma, etc.) (Not for Direct Fluorescence Visualization - refer to code 04403)

41211	One unit of time	116.00
41212	Two units	232.00
41213	Three units	348.00
41214	Four units	464.00
41219	Each additional unit over four	116.00

No.	Suggested Fee
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Nervous and Muscular Disorders

Disorders of 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	94.10
41222	Two units	188.20
41223	Three units	282.30
41224	Four units	376.40
41229	Each additional unit over four	94.10

Oral Manifestations of Systemic Disease

Oral manifestations of systemic diseases or complications of medical therapy - e.g., complications of chemotherapy, radiation therapy, post operative neuropathics, post surgical or radiation therapy, dysfunction, oral manifestation of lupus erythematoses and systemic diseases including leukemia, diabetes and bleeding disorders (e.g. haemophilia).

41231	One unit of time	91.80
41232	Two units	184.00
41233	Three units	275.00
41234	Four units	367.00
41239	Each additional unit over four	91.80

PERIODONTAL PROCEDURES, ADJUNCTIVE

(when per joint is designated, the corresponding tooth code is represented by the mesial of the tooth involved, except at the midline, where the tooth to the right of the joint is utilized)

PERIODONTAL SPLINTING OR LIGATION, INTRA CORONAL

(Note: This procedure is in addition to the usual code for the tooth restoration on either side of the joint)

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

43111	Per joint	206.00 + E
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*PERIODONTAL SPLINTING OR LIGATION, EXTRA CORONAL**Bonded Joint Restorations*

43211	Per joint (may include reinforcement)	166.00 + E
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ROOT PLANING, PERIODONTAL

Root planing refers to the removal of subgingival plaque and calculus from tooth surfaces

Root Planing

43421	One unit of time	55.80
43422	Two units	111.60
43423	Three units	167.40
43424	Four units	223.20
43425	Five units	279.00
43426	Six units	334.80
43427	One half unit	27.90

PROSTHODONTICS - REMOVABLE
50000 - 59999

No.	Suggested Fee
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Where applicable, the following should be emphasized with patients requiring dentures:

- the length of time that adjustments will be provided at no additional fee; and
- whether or not the initial fee includes the cost of subsequent relines.

Special aesthetic and anatomical or procedural considerations involving additional chair time and/or responsibility may require an increase over the basic fee.

NOTE: ONE UNIT OF TIME = 15 MINUTES
ONE HALF UNIT OF TIME = 7 ½ MINUTES

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NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (ii) of Preamble

DENTURES, COMPLETE

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

COMPLETE DENTURES, STANDARD

51101	Maxillary	987.00 + L
51102	Mandibular	1,077.00 + L
51104	Liners, Processed, Resilient, in addition to above	134.00

COMPLETE DENTURES, COMPLEX

51204	Liners, Processed, Resilient, in addition to above	134.00
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DENTURES, PARTIAL, ACRYLIC

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

52301	Maxillary	588.00 + L
52302	Mandibular	641.00 + L

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

52401	Maxillary	653.00 + L
52402	Mandibular	711.00 + L

DENTURES, PARTIAL, CAST WITH ACRYLIC BASE

FREE END, CAST FRAME / CONNECTOR, CLASPS AND RESTS

53101	Maxillary	1,247.00 + L
53102	Mandibular	1,359.00 + L

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

53201	Maxillary	1,074.00 + L
53202	Mandibular	1,074.00 + L

No.	Suggested Fee
DENTURES, ADJUSTMENTS	
(after three months insertion or by other than the dentist providing prosthesis)	
<i>PARTIAL OR COMPLETE DENTURE, MINOR</i>	
54201	One unit of time 89.80 + L
54202	Two units 179.60 + L
54209	Each additional unit over two 89.80 + L
DENTURES, REPAIRS / ADDITIONS	
<i>REPAIRS, COMPLETE DENTURE, NO IMPRESSION REQUIRED</i>	
55101 Maxillary	151.00 + L
55102 Mandibular	151.00 + L
<i>REPAIRS, COMPLETE DENTURE, IMPRESSION REQUIRED</i>	
55201 Maxillary	293.00 + L
55202 Mandibular	293.00 + L
<i>REPAIRS / ADDITIONS, PARTIAL DENTURE, NO IMPRESSION REQUIRED</i>	
55301 Maxillary	151.00 + L
55302 Mandibular	151.00 + L
<i>REPAIRS / ADDITIONS, PARTIAL DENTURE, IMPRESSION REQUIRED</i>	
55401 Maxillary	293.00 + L
55402 Mandibular	293.00 + L
<i>DENTURES / IMPLANT RETAINED PROSTHESIS, PROPHYLAXIS, POLISHING AND MARKING</i>	
55501	One unit of time 68.80 + L
DENTURES, REPLICATION, RELINING AND REBASING	
<i>DENTURES, RELINING (does not include remount - see 54000 series)</i>	
<i>Reline, Direct, Complete Denture</i>	
56211 Maxillary	435.00
56212 Mandibular	492.00
<i>Reline, Direct, Partial Denture</i>	
56221 Maxillary	348.00
56222 Mandibular	377.00
<i>Reline, Processed, Complete Denture</i>	
56231 Maxillary	435.00 + L
56232 Mandibular	492.00 + L
<i>Reline, Processed, Partial Denture</i>	
56241 Maxillary	348.00 + L
56242 Mandibular	377.00 + L

No.	Suggested Fee
<i>Reline, Processed, Functional Impression, Requiring Three Appointments, Complete Denture</i>	
56251 Maxillary	580.00 + L
56252 Mandibular	637.00 + L
<i>Reline, Processed, Functional Impression, Requiring Three Appointments, Partial</i>	
56261 Maxillary	492.00 + L
56262 Mandibular	522.00 + L
DENTURES, THERAPEUTIC TISSUE CONDITIONING	
<i>Denture, Therapeutic Tissue Conditioning, Per Appointment, Complete Denture</i>	
56511 Maxillary	175.00
56512 Mandibular	175.00
<i>Denture, Therapeutic Tissue Conditioning, Per Appointment, Partial Denture</i>	
56521 Maxillary	175.00
56522 Mandibular	175.00
DENTURES, MISCELLANEOUS SERVICES	
56601 Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase of denture)	175.00 + L

**PROSTHODONTICS - FIXED
60000 - 69999**

No.	Suggested Fee
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Prosthetic therapy requires the use of a variety of technical and therapeutic procedures that often differ with each individual case.

The range of procedures commonly extends into many areas of treatment in order to provide comprehensive therapies.

Procedures used can vary considerably in time, cost and responsibility from those outlined in the guide.

**NOTE: ONE UNIT OF TIME = 15 MINUTES
ONE HALF UNIT OF TIME = 7½ MINUTES**

NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION

NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (ii) of Preamble

**RECONTOURING OF RETAINERS / PONTICS
(of existing bridgework)**

63001		One unit of time	83.00
63009		Each additional unit of time	83.00

REPAIRS

REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE / PROSTHESIS

Repairs, Removal, Fixed Bridge / Prosthesis - to be recemented

66211		One unit of time	117.00
66212		Two units	234.00
66213		Three units	351.00

REPAIRS, REINSERTION / RECEMENTATION

(+ L where laboratory charges are incurred during repair of bridge)

66301		One unit of time	120.00 + L
66302		Two units	240.00 + L

ORAL AND MAXILLOFACIAL SURGERY

70000 - 79999

No.	Suggested Fee
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The following surgical services include necessary local anaesthesia, removal of excess gingival tissue, suturing and one post operative treatment, when required. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or a group of several teeth or, in some cases, a single tooth.

Also, when more than one surgical service is performed at one sitting in the same quadrant or sextant, the fee should be decreased proportionately because of a decrease in the time involved (i.e., the T factor).

NOTE: ONE UNIT OF TIME = 15 MINUTES
ONE HALF UNIT OF TIME = 7½ MINUTES

NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION

NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (ii) of Preamble

REMOVALS (EXTRACTIONS), ERUPTED TEETH

UNCOMPLICATED

71101	Single tooth, uncomplicated	231.00
71109	Each additional tooth, same quadrant, same appointment	197.00

COMPLICATED

Odontectomy (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth

71201	Single tooth	390.00
71209	Each additional tooth, same quadrant	332.00

Requiring Elevation of a Flap, Removal of Bone and may include Sectioning of a Tooth for Removal of Tooth **Note: This code is intended for particularly difficult extractions that require flap/bone/section**

71211	Single tooth	587.00
71219	Each additional tooth, same quadrant	498.00

REMOVALS (EXTRACTIONS), RESIDUAL ROOTS

Removals, Residual Roots, Erupted

72311	First tooth	223.00
72319	Each additional tooth, same quadrant	189.00

Removals, Residual Roots, Soft Tissue Coverage

72321	First tooth	433.00
72329	Each additional tooth, same quadrant	368.00

Removals, Residual Roots, Bone Tissue Coverage

72331	First tooth	498.00
72339	Each additional tooth, same quadrant	424.00

No.	Suggested Fee
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SURGICAL EXCISION

(not in conjunction with tooth removal, including biopsy, and based on size of lesion,
NOT length of incision)

SURGICAL EXCISION, CYSTS / GRANULOMAS (based on cyst size)

*Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior
Removal of Bony Tissue and Subsequent Suture(s)*

74611	1 cm and under	747.00
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Excision of Cyst

74631	1 cm and under	645.00
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SURGICAL INCISIONS

*SURGICAL INCISION AND DRAINAGE AND / OR EXPLORATION, INTRAORAL
Soft Tissue*

75111	Surgical Exploration	164.00
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75112	Abscess	164.00
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FRACTURES, REDUCTIONS, ALVEOLAR

Repositioning of Traumatologically Displaced Teeth

76951	One unit of time	102.00
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76952	Two units	204.00
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76959	Each additional unit over two	102.00
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ORAL SURGERY PROCEDURES, OTHER

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

79601	Subsequent to Initial Post Surgical Treatment, Minor, by Treating Dentist	98.80
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79602	Minor, by Other than Treating Dentist	163.00
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ADJUNCTIVE GENERAL SERVICES

90000 - 99999

No.	Suggested Fee
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In situations where additional patient management issues arise outside of standard procedural codes or per unit time of service delivery outlined in this guide, the dentists and/or their staff may consider using an unclassified treatment code. This could include miscellaneous services such as patient transport, patient management and patient co-ordination with facility staff. Dentists are reminded that each unit of time provides a suggested fee and it is recommended that dentists use their discretion on the rate of billing based on the nature of the responsibilities required. Additionally, it is recommended that services performed are documented to inform family members and/or caregivers on the nature of the service required.

NOTE: ONE UNIT OF TIME = 15 MINUTES
ONE HALF UNIT OF TIME = 7 ½ MINUTES

NOTE: "I.C." MEANS INDEPENDENT CONSIDERATION

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UNCLASSIFIED TREATMENTS

UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES

Unusual Time and Responsibility Requirement, in Addition to Usual Procedures in Guide

91211	One unit of time	86.00
91212	Two units	172.00
91213	Three units	258.00
91219	Each additional unit over three	86.00

ANAESTHESIA

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

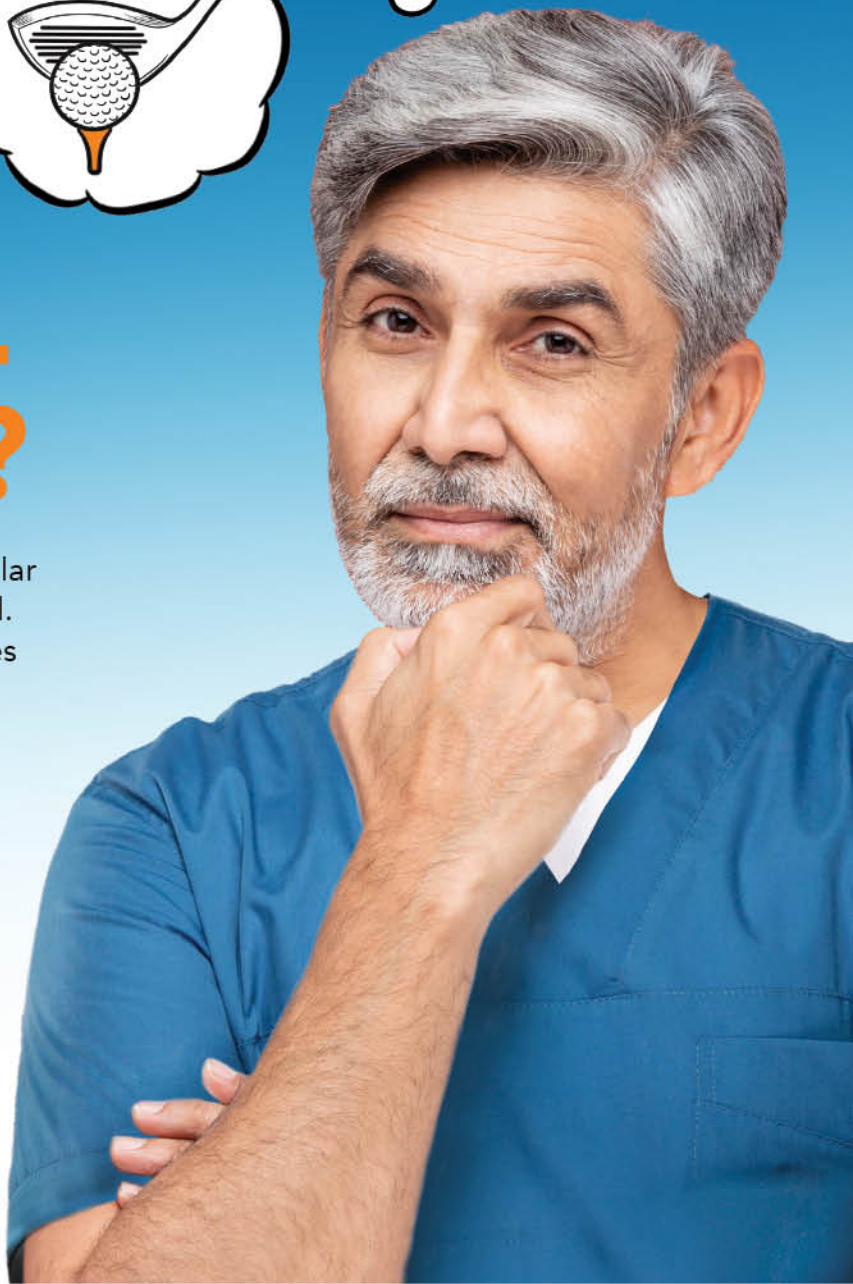
92101	Regional Block Anaesthesia	33.50
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PROFESSIONAL VISITS

OFFICE OR INSTITUTIONAL VISITS

94301	Office or Institutional Visit, During Regular Scheduled Office Hours (in addition to services performed) - Once per Institution per Day	156.90
94302	Office (of another professional) or Institutional Visit, Outside Regular Scheduled Office Hours (in addition to services performed) - Once per Institution per Day	214.00
94305	Travelling Expenses	I.C.

Note: This code is to be used only when travel occurs over and above the regular travel built into this guide.



Is it Time for a **FINANCIAL CHECK-UP?**

As a dentist, you understand the value of a regular dental checkup. It's true for your finances as well. Your ability to achieve healthy financial outcomes can be impacted by the passage of time or a milestone such as:

- Starting or buying a practice
- Getting married or divorced
- Welcoming a new member to your family
- Buying a vacation home or income property
- Receiving an inheritance
- Selling your practice
- Retiring

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