

**THE COLLEGE OF DENTAL SURGEONS OF
SASKATCHEWAN**

**SUGGESTED FEE GUIDE
FOR GENERAL PRACTITIONERS**

EFFECTIVE DATE: JANUARY 2021

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Preamble

To All Members of the College:

This Suggested Fee Guide is published to serve as a guide. No general practitioner or specialist is required to endorse or to charge the fees itemized in this Guide.

By recommending the publication of this Guide, the College of Dental Surgeons of Saskatchewan hopes to provide reference to dental practitioners which will enable them to develop a structure of fees that is fair and reasonable to patients and themselves.

Insofar as it has been possible, the Guide reflects those fees that would appear to be appropriate under normal or typical operating conditions, in which the itemized procedure is of normal or typical complexity and performed by a practitioner of average professional skill, judgement, dexterity and 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.

As these fees are determined on the basis of a single service, it is considered reasonable that dentists may:

- a) decrease their fees when multiple services are involved, or when the time factor is significantly reduced below normal;
- b) increase their fees when the time factor is significantly greater than normal, or where exceptional effort or skill is required, or where complications are present.

The term I.C., or independent consideration, is utilized where a determination of "Time" and "Responsibility" are difficult because of a large variation in procedures or rendering of a service.

An internationally acceptable coding system has been provided to simplify completion of group coverage insurance forms.

The present Guide has evolved from the Relative Value System and reflects special considerations, such as changes in operating procedures, technology, and the need and expectations of the local population.

The College of Dental Surgeons of Saskatchewan recommends that, to avoid any misunderstanding between patient and dentist, an adequate treatment plan and estimate of costs be presented to the patient prior to commencement of any form of elective treatment. This simple courtesy will eliminate most disputes regarding types of treatment and fees at some later date.

Coding Instructions

Your 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.

As dentists, you will mainly use the USC&LS to describe the services provided on claims you prepare for your insured patients. When you do so, 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 College of Dental Surgeons of Saskatchewan.

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

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

- 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 indicate the placement of a service within its classification system

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

Codes ending in 0 are used for classification purposes only. They cannot be used for the representation of a service. Only codes ending in a digit other than 0 are service codes that can be used for the representation of services. Codes that end in 0 should not have a fee attached to them in fee guides, should not be used on insurance claims and if, as a result of an administrative error, they are, they should not be adjudicated by claims processors as they do not provide a complete description of a service.

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.

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

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

Coding of restorations

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

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

Units of time

Units of time referenced in the USC&LS are periods of 15 minutes or less. For services where half units of time are coded, a half unit of time is a period of 7 1/2 minutes or less.

For services coded in terms of “units of time”, 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 more than 7 1/2 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" maybe less than the time represented by the total of the units of time reported for that appointment.

+L, +E and +PS

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

Canadian Dental Association

**Uniform System of Coding
and
List of Services**

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Uniform System of Coding and List of Services

GUIDELINES

(Prepared and Published by the Third Party Dental Plans Committee
of the Canadian Dental Association)
Revised Edition 2021

1. All corporate members of the CDA are strongly encouraged to use this system for their own Uniform Codes.
2. The Uniform System of Codes and List of Services (USC&LS) is a numerical listing of all recognized procedures performed by a dentist in the performance of the practice of dentistry.
3. The USC&LS does not denote or imply approval or disapproval of any services.
4. The numbers assigned accurately describe the services provided and are divided into various disciplines of dentistry. The classification is as follows:

<i>01000 - 09999</i>	<i>DIAGNOSTIC</i>
<i>10000 - 19999</i>	<i>PREVENTIVE</i>
<i>20000 - 29999</i>	<i>RESTORATIVE</i>
<i>30000 - 39999</i>	<i>ENDODONTICS</i>
<i>40000 - 49999</i>	<i>PERIODONTICS</i>
<i>50000 - 59999</i>	<i>PROSTHODONTICS - REMOVABLE</i>
<i>60000 - 69999</i>	<i>PROSTHODONTICS - FIXED</i>
<i>70000 - 79999</i>	<i>ORAL SURGERY</i>
<i>80000 - 89999</i>	<i>ORTHODONTICS</i>
<i>90000 - 99999</i>	<i>ADJUNCTIVE GENERAL SERVICES</i>

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

First digit	designates the	Category of service
Second digit	designates the	Classification of service
Third digit	designates the	Sub-classification of service
Fourth digit	designates the	General service title only
	(when applicable)	
Fifth digit	designates the	Specific service

Example: 21221

"2" 1221	represents the Category "RESTORATIVE"
2 "1" 221	represents the Classification "AMALGAM RESTORATIONS"
21 "2" 21	represents the Sub-Classification "AMALGAMS PERMANENT DENTITION"
212 "2" 1	represents the Service Title "PERMANENT MOLARS"
2122 "1"	represents the Specific Service "PERMANENT MOLARS ONE SURFACE"

6. The UNITS OF TIME and/or the LETTERS following procedures must conform to the following principles: (also see procedure codes 99000 in the USC&LS)

Where the: LETTER "L" follows a procedure code, the designation is that of
"LABORATORY PROCEDURES EXTRA"

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

LETTER "E" follows a procedure code, the designation is that of
"EXPENSES EXTRA"

7. The numbers and services described in the Uniform System of Codes and List of Services cannot be varied.
8. Changes to the Uniform System of Codes and List of Services will be considered only upon receipt of a request from the governing body, or the delegate authority of a corporate body, signifying its approval and support for such new numbers or modified numbers or descriptions of procedures. A clearly written statement, supporting and substantiating creation or modification of each number, must accompany each request.
9. Identification of treatment sites must be identified thus:
 - (a) Where individual teeth / sites are designated in the USC&LS, the International Tooth Codes are the recognized system of coding by the CDA.
 - (b) Where grouping of treatment by teeth / sites are indicated in the USC&LS, the following codes are used:

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

10. The procedure number describes a service. This service may be listed under different sections of the Guide, but only the original coded number applies.

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 angles Four Surface Restoration (e.g., MILV or DILV), if extended beyond the remaining line angles
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

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 in a continuous fashion)

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, interproximal (but not lingual) surfaces



Figure 5

4. FOUR 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 MAXIMUM 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

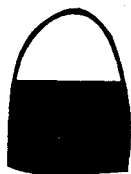


Figure 7

or



Figure 8

**DIAGNOSTIC
00001 - 09999**

No.**SUGGESTED FEE**

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.

For a **New Patient Examination**, if the sulcular depth is normal, it is not considered useful to chart two or three millimeter probings throughout the mouth for the purpose of establishing a base line. However, in the case of a complete examination, where the sulcular depth is three millimeters or less, it should be noted in the patient's record that periodontal probing was undertaken.

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" does not imply that they are routine examinations. They 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.

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No.	SUGGESTED FEE
EXAMINATION AND DIAGNOSIS, CLINICAL ORAL	
01011	61.00
<p>First Dental Visit/Orientation</p> <p>Oral assessment for patients up to the age of 3 years inclusive</p> <p>Assessment to include: medical history, familial dental history; dietary/feeding practices; oral habits; oral hygiene; fluoride exposure. Anticipatory guidance with parent/guardian</p>	
<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, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests/analysis, and any other pertinent factors	
(c) Radiographs extra, as required	
01101	58.00
<p>Examination and Diagnosis, Complete, Primary Dentition, to include:</p> <p>Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description</p>	
01102	81.00
<p>Examination and Diagnosis, Complete, Mixed Dentition, to include:</p> <p>(a) Extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including above description</p> <p>(b) Eruption sequence, tooth size - jaw size assessment</p>	
01103	114.00
<p>Examination and Diagnosis, Complete, Permanent Dentition, to include:</p> <p>Extended examination and diagnosis on permanent dentition, recording history, charting, treatment planning and case presentation, including above description</p>	
<i>EXAMINATION AND DIAGNOSIS, LIMITED ORAL</i>	
01201	48.00
<p>Examination and Diagnosis, Limited, Oral, New Patient</p> <p>Examination and diagnosis with mirror and explorer of hard and soft tissues, including checking of occlusion and appliances, but not including specific test/analysis as for 01101-03 (may include PSR)</p>	
01202	37.10
<p>Examination and Diagnosis, Limited Oral, Previous Patient (recall)</p> <p>Examination of hard and soft tissues, including checking of occlusion and appliances but not including specific test/analysis as for 01101-03</p>	
01204	46.00
<p>Examination and Diagnosis, Specific</p> <p>Examination, diagnosis and evaluation of a specific situation. Not to be used as a substitute for limited exam codes (01201, 01202)</p>	

No.		SUGGESTED FEE
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)	56.00
	<i>EXAMINATION AND DIAGNOSIS, STOMATOGNATHIC, DYSFUNCTIONAL</i>	
01301	Examination and Diagnosis, Stomatognathic Dysfunctional, Comprehensive, to include: (a) History, medical, dental, pain/dysfunction (b) Clinical Examination to include, general appraisal, examination of head and neck, musculo-skeletal 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	138.00
01302	Examination and Diagnosis, Stomatognathic Dysfunctional, Limited, Note and Record as a "Follow up" to 01301	52.00
	<i>EXAMINATION AND DIAGNOSIS, ORAL PATHOLOGY</i>	
01401	General, to include: (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	100.00
01402	Specific (or repeat examination and diagnosis within 90 days for the same illness), Note and Record	40.00
	<i>EXAMINATION AND DIAGNOSIS, PERIODONTAL</i>	
01501	Examination and Diagnosis, Periodontal, General, Recording History, Charting, Treatment Planning and Case Presentation: (a) History, medical and dental (b) Clinical examination includes evaluation of topography of the gingiva and related structures; degree of gingival inflammation; location, extent, sulcular depth; furcation involvement, mobility of teeth; tooth contact relationships, evaluation of occlusion; TMJ, examination of oral soft tissue pathosis; evaluation of the existing restorative and/or prosthetic appliances; caries and pulpal vitality	133.00
01502	Examination and Diagnosis, Periodontal, Limited, (previous patient)	48.00
01503	Examination and Diagnosis, Periodontal, Specific	52.00

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No.		SUGGESTED FEE
<i>EXAMINATIONS AND DIAGNOSIS, SURGICAL</i>		
01601	Examination and Diagnosis, Surgical, General (a) History, Medical and Dental (b) Clinical examination as above; may include in-depth analysis of medical status, medication, 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	133.00
01602	Examination and Diagnosis, Surgical, Specific	52.00
<i>EXAMINATION AND DIAGNOSIS, PROSTHODONTIC</i>		
01701	Examination and Diagnosis, Prosthodontic, Edentulous 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	89.00
<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	133.00
01802	Examination and Diagnosis, Endodontic, Specific Endodontic examination and evaluation of a specific situation in a localized area and vitality test analysis	52.00
<i>EXAMINATION AND DIAGNOSIS, ORTHODONTIC</i>		
01901	Examination and Diagnosis, Orthodontic, General, to include: Diagnostic models, complete intraoral radiograph series, or panoramic image, cephalograms, facial and intraoral photographs, consultation and case presentation	499.00

No.	SUGGESTED FEE
RADIOGRAPHS (including radiographic examination, diagnosis and interpretation)	
<i>RADIOGRAPHS, REGIONAL / LOCALIZED</i>	
<i>(Where 2-pack images are utilized, it is appropriate to add +E.)</i>	
02102	Radiographs, Complete Series (minimum of 16 images incl. bitewings) 152.00
<i>Radiographs, Periapical</i>	
02111	Single image 24.00
02112	Two images 32.00
02113	Three images 41.00
02114	Four images 49.00
02115	Five images 58.00
02116	Six images 66.00
02117	Seven images 75.00
02118	Eight images 84.00
02119	Nine images 92.00
02120	Ten images 101.00
02121	Eleven images 109.00
02122	Twelve images 118.00
02123	Thirteen images 126.00
02124	Fourteen images 135.00
02125	Fifteen images 144.00
<i>Radiographs, Occlusal</i>	
02131	Single image 24.00
02132	Two images 32.00
<i>Radiographs, Bitewing</i>	
02141	Single image 24.00
02142	Two images 32.00
02143	Three images 41.00
02144	Four images 49.00
<i>RADIOGRAPHS, REGIONAL/LOCALIZED, OTHER</i>	
02151	Single image 53.00
02152	Two images 76.00
02153	Three images 100.00
02154	Four images 124.00
02159	Each additional image over four 24.00
<i>RADIOGRAPHS, TEMPOROMANDIBULAR JOINT</i>	
02501	Single image 53.00
02502	Two images 76.00
02503	Three images 100.00
02504	Four images (minimum examination and diagnosis closed and open each side) 124.00

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No.		SUGGESTED FEE
	<i>RADIOGRAPHS, PANORAMIC</i>	
02601	Single image	73.00
	<i>RADIOGRAPHS, CEPHALOMETRIC</i>	
02701	Single image	52.00
02702	Two images	73.00
	<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 + E	65.00
02802	Two Units + E	130.00
02807	Half unit of time + E	33.00
02809	Each additional unit over two + E	65.00
	<i>RADIOGRAPHS, OTHER</i>	
	<i>Radiographs, Duplications</i>	
02911	Single image	20.00
02912	Two images	23.00
02913	Three images	25.00
	TEST / ANALYSIS / LABORATORY PROCEDURES / INTERPRETATION AND/OR REPORTS	
	<i>TEST / ANALYSIS, CARIES SUSCEPTIBILITY / DIAGNOSIS</i>	
04201	Bacteriological Test/Analysis for the Determination of Dental Caries Susceptibility (technical procedure only) + L	I.C.
	<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>Test / Analysis, Histopathological, Soft Tissue</i>	
04311	Biopsy, Soft Oral Tissue - by Puncture + L	128.00
04312	Biopsy, Soft Oral Tissue - by Incision + L	135.00
04313	Biopsy, Soft Oral Tissue - by Aspiration + L	128.00

No.		SUGGESTED FEE
	<i>Test / Analysis, Histopathological, Hard Tissue</i>	
04321	Biopsy, Hard Oral Tissue - by Puncture + L	217.00
04322	Biopsy, Hard Oral Tissue - by Incision + L	239.00
04323	Biopsy, Hard Oral Tissue - by Aspiration + L	194.00
	<i>TEST / ANALYSIS, CYTOLOGICAL (technical procedure only)</i>	
04401	Cytological Smear from the Oral Cavity + L + E	I.C.
04402	Vital Staining of Oral Mucosal Tissues + E	67.00
04403	Direct Fluorescence Visualization	50.00
	<i>TEST / ANALYSIS, PULP VITALITY AND INTERPRETATION</i>	
04501	One unit of time	105.00
04509	Each additional unit	105.00
	<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 + L	68.00
	<i>Wax-up, Diagnostic (to evaluate cosmetic and/or preparation design and/or occlusal considerations) (gnathological wax-up)</i>	
04721	One unit of time + L	68.00
04722	Two units + L	136.00
04723	Three units + L	204.00
	VISUAL IMAGING, DIAGNOSTIC	
	<i>PHOTOGRAPHS, DIAGNOSTIC (technical procedure only)</i>	
04811	Single photograph	34.00
04812	Two photos	50.00
04813	Three photos	66.00
04819	Each additional photo over three	16.00
	<i>CASTS, DIAGNOSTIC (technical procedure only)</i>	
	<i>Casts, Diagnostic, Unmounted</i>	
04911	Cast, Diagnostic, Unmounted + L	34.00
04912	Cast, Diagnostic, Unmounted, Duplicate + L	23.00
04913	Cast, Diagnostic, Unmounted, Upper and Lower Combined + L	53.00
	<i>Casts, Diagnostic, Mounted</i>	
04921	Casts, Diagnostic, Mounted + L	97.00
04922	Casts, Diagnostic, Mounted, using Face Bow Transfer + L	180.00
04923	Casts, Diagnostic, Mounted, using Face Bow + Occlusal Records + L	260.00
	<i>Casts, Diagnostic, Orthodontic</i>	
04931	Casts, Diagnostic, Orthodontic (unmounted, angle trimmed and soaped) + L	94.00

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No.	SUGGESTED FEE
CASE PRESENTATION / TREATMENT PLANNING	
<i>TREATMENT PLANNING</i>	
(This service is only for extra time spent on unusually complicated cases or where the patient demands unusual time in explanation or where diagnostic material is received from another source. Usual case presentation time and usual treatment planning time are implicit in the examination and diagnosis fee and in the radiographic interpretation fee.)	
05101	One unit of time 105.00
05102	Two units 210.00
<i>CONSULTATION, with patient</i>	
05201	One unit of time 105.00
05202	Two units 210.00
05209	Each additional unit over two 105.00
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) I.C.
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 I.C.
07032	Two units I.C.
07037	One half unit I.C.
07039	Each additional unit over two I.C.
<i>RADIOGRAPHS, CBCT, Acquisition, Processing and Interpretation</i>	
07041	Small Field of View (e.g. sextant or part of; isolated temporomandibular joint) I.C.
07042	Large Field of View (1 arch) I.C.
07043	Large Field of View (2 arches) I.C.

PREVENTION
10000-19999

No.		SUGGESTED FEE
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It is appropriate to bill for all the time that caregivers attend to the patient. The procedures to be billed on a per unit of time basis should reflect the predominant service performed during the unit (or half unit) of time. Time billed for each of these procedures should be rounded to the nearest unit (or half unit) of time as long as the time billed to the patient does not exceed the total time the caregivers attend to that patient. For billing purposes, a unit of time is 15 minutes.

POLISHING, including 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, as well as nutritional counselling, if necessary.

11101	Per unit	37.00
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SCALING

11111	One unit of time	44.50
11112	Two units	89.00
11113	Three units	133.50
11114	Four units	178.00
11115	Five units	222.50
11116	Six units	267.00
11117	One half unit of time	22.25

FLUORIDE TREATMENTS (Topical, Whole mouth)

12111	Fluoride Treatment, Rinse	17.00
12112	Fluoride Treatment, Gel or Foam	21.00
12113	Fluoride Treatment, Varnish	26.00

FLUORIDE, CUSTOM APPLIANCES (home application)

12601	Fluoride, Custom Appliance - Maxillary Arch + L	39.00
12602	Fluoride, Custom Appliance - Mandibular Arch + L	39.00

PREVENTIVE SERVICES, OTHER

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

13101	One unit of time	33.00
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No.	SUGGESTED FEE
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ORAL HYGIENE INSTRUCTION / PLAQUE CONTROL to include: brushing and/or flossing and/or embrasure cleaning

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

13211	One unit of time	33.00
13217	One half unit of time	17.00

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

13231	One unit of time	33.00
13237	One half unit of time	17.00

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

13401	First tooth	28.00
13409	Each additional tooth same quadrant	18.00

PREVENTIVE RESTORATIVE RESIN (procedure that involves some preparation of the pits and/or fissures in tooth enamel and may extend into dentin in limited areas)

13411	First tooth	55.00
13419	Each additional tooth same quadrant	42.00

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

13601	One unit of time + E	71.00
13602	Two units + E	142.00
13609	Each additional unit over two	71.00

APPLIANCES

APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS

14101	Appliance, Maxillary + L	229.00
14102	Appliance, Mandibular + L	229.00
14103	Appliance, Maxillary plus Mandibular + L	459.00

APPLIANCES, FIXED / CEMENTED, CONTROL OF ORAL HABITS

14201	Appliance, Maxillary + L	262.00
14202	Appliance, Mandibular + L	262.00

CONTROL OF ORAL HABITS, MISCELLANEOUS

Myofunctional Therapy (e.g., to correct mouth breathing, abnormal swallowing, tongue thrust, snoring, sleep apnea, etc.)

14311	First unit of time per visit + L	129.00
14312	Two units + L	258.00
14319	Each additional unit over two	387.00

No.		SUGGESTED FEE
<i>APPLIANCES, PROTECTIVE MOUTH GUARDS</i>		
14501	Appliance, Mouth Guards, Preformed	60.00
14502	Appliance, Mouth Guards, Processed + L	96.00
<i>APPLIANCES, PERIODONTAL</i>		
<i>(see separate codes for Control of Oral Habits 14101-202, Protective Mouth Guards 14501-02, TMJ 14711-42 and TMJ appliances 78701-02)</i>		
<i>Appliances, Periodontal (including bruxism appliances); includes impression, insertion and adjustment (no post-insertion adjustments)</i>		
14611	Maxillary Appliance + L	288.00
14612	Mandibular Appliance + L	288.00
<i>Appliances, Adjustment, Repair</i>		
14621		One unit of time + L 129.00
14622		Two units + L 258.00
<i>Appliances, Reline</i>		
14631	Reline, Direct	66.00
14632	Reline, Processed + L	132.00
<i>APPLIANCES, TEMPOROMANDIBULAR JOINT</i>		
<i>Appliance, TMJ, Diagnostic; includes impression, insertion and insertion adjustment (no post-insertion adjustments)</i>		
14711	Maxillary Appliance + L	418.00
14712	Mandibular Appliance + L	418.00
<i>Appliance, TMJ Intra-oral Repositioning; includes impression, insertion and insertion adjustment (no post-insertion adjustments)</i>		
14721	Maxillary Appliance + L	513.00
14722	Mandibular Appliance + L	513.00
<i>Appliance, TMJ, Periodic Maintenance, Adjustment, Repair</i>		
14731		One unit of time + L 129.00
14732		Two units + L 258.00
14733		Three units + L 387.00
14739		Each additional unit over three 129.00
<i>Appliance, TMJ, Reline</i>		
14741	Reline, Direct	71.00
14742	Reline, Indirect + L	143.00

No.**SUGGESTED FEE**

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) Note: It is recommended that these procedures be undertaken in consultation with the patient's physician.

Appliance, Intraoral, for the Treatment of Obstructive Airway Disorders, Ridge or Tooth Supported

14901 + L I.C.

Appliance, Tongue Retaining Device, for the Treatment of Obstructive Airway Disorders

14902 + E I.C.

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

14911 One unit of time + L I.C.

14912 Two units + L I.C.

14919 Each additional unit over two + L I.C.

Appliance, Intraoral, for the Treatment of Obstructive Airway Disorders, Monitoring, to include monitoring patient to ensure proper use of appliances and evaluation for referrals to other health care professionals for appropriate medical management

14921 One unit of time I.C.

14922 Two units I.C.

14929 Each additional unit over two I.C.

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

SPACE MAINTAINERS, BAND TYPE

15101 Space Maintainer, Band Type, Fixed, Unilateral + L 138.00

15103 Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch) 228.00

15105 Space Maintainer, Band Type, Fixed, Bilateral, Tubes and Locking Wires + L 228.00

SPACE MAINTAINERS, STAINLESS STEEL CROWN TYPE

15201 Space Maintainer, Stainless Steel Crown Type, Fixed + L 171.00

15202 Space Maintainer, Stainless Steel Crown Type, Fixed, with Intra-Alveolar Attachment + L 181.00

No.		SUGGESTED FEE
<i>SPACE MAINTAINERS, CAST TYPE</i>		
15301	Space Maintainer, Cast Type, Fixed + L	172.00
15302	Space Maintainer, Cast Type, Fixed, with Intra-Alveolar Attachment + L	223.00
<i>SPACE MAINTAINERS, ACRYLIC, REMOVABLE</i>		
15401	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires + L	201.00
15402	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires with Teeth + L	202.00
15403	Space Maintainer, Acrylic, Removable, No Clasps + L	173.00
<i>SPACE MAINTAINERS, BONDED, PONTIC TYPE</i>		
15501	Space Maintainer, Bonded, Pontic Type + L	173.00
<i>SPACE MAINTAINERS, MAINTENANCE OF</i>		
15601	Maintenance, Space Maintainer Appliance, to include: adjustment and/or recementation after 30 days from insertion	53.00
15603	Repairs, Space Maintainer Appliances (includes recementation) + L	53.00
15604	Removal of Fixed Space Maintainer Appliances by Second Dentist	53.00
ANATOMIC MODIFICATIONS (Reshaping, recontouring, or occlusal modifications of a natural tooth or teeth, single or multiple restorations or the inter-articulation of the teeth)		
<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)</i>		
16101	One unit of time	72.00
16102	Two units	144.00
<i>DISKING OF TEETH, Interproximal</i>		
16201	One unit of time	105.00
16202	Two units	210.00
<i>RECONTOURING OF TEETH FOR FUNCTIONAL REASONS (not associated with delivery of a single or multiple prosthesis)</i>		
16401	One unit of time	105.00
16409	Each additional unit of time	105.00

No.**SUGGESTED FEE***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	123.00
16512	Two units	246.00
16513	Three units	369.00
16514	Four units	492.00
16519	Each additional unit over four	123.00

RESTORATION 20010-29999

No.		SUGGESTED FEE
<i>CARIES, TRAUMA AND PAIN CONTROL</i>		
<i>Caries / Trauma / Pain Control</i> (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure)		
20111	First tooth	112.00
20119	Each additional tooth same quadrant	112.00
<i>Caries / Trauma / Pain Control</i> (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support, as a separate procedure)		
20121	First tooth	152.00
20129	Each additional tooth same quadrant	152.00
<i>Trauma Control, Smoothing of Fractured Surfaces, per tooth</i>		
20131	First tooth	49.00
20139	Each additional tooth same quadrant	49.00
<i>Pulp Capping, Direct, Performed in Conjunction with Permanent Restoration</i> (involves build-up of pulp floor with hard material such as resin or cements)		
20141	First tooth	32.00
20149	Each additional tooth same quadrant	32.00
RESTORATIONS, AMALGAM		
<i>RESTORATIONS, AMALGAM, PRIMARY TEETH</i>		
<i>Restorations, Amalgam, Non-Bonded, Primary Teeth</i>		
21111	One surface	107.00
21112	Two surfaces	142.00
21113	Three surfaces	163.00
21114	Four surfaces	196.00
21115	Five surfaces or maximum surfaces per tooth	245.00
<i>Restorations, Amalgam, Bonded, Primary Teeth</i>		
21121	One surface	119.00
21122	Two surfaces	160.00
21123	Three surfaces	183.00
21124	Four surfaces	220.00
21125	Five surfaces or maximum surfaces per tooth	275.00

No.		SUGGESTED FEE
<i>RESTORATIONS, AMALGAM, PERMANENT TEETH</i>		
<i>Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors</i>		
21211	One surface	138.00
21212	Two surfaces	187.00
21213	Three surfaces	213.00
21214	Four surfaces	256.00
21215	Five surfaces or maximum surfaces per tooth	320.00
<i>Restorations, Amalgam, Non-Bonded, Permanent Molars</i>		
21221	One surface	155.00
21222	Two surfaces	210.00
21223	Three surfaces	240.00
21224	Four surfaces	288.00
21225	Five surfaces or maximum surfaces per tooth	360.00
<i>Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors</i>		
21231	One surface	144.00
21232	Two surfaces	196.00
21233	Three surfaces	229.00
21234	Four surfaces	275.00
21235	Five surfaces or maximum surfaces per tooth	343.00
<i>Restorations, Amalgam, Bonded, Permanent Molars</i>		
21241	One surface	157.00
21242	Two surfaces	213.00
21243	Three surfaces	249.00
21244	Four surfaces	299.00
21245	Five surfaces or maximum surfaces per tooth	374.00
<i>RESTORATIONS, AMALGAM CORES</i>		
21301	Restoration, Amalgam Core, Non-Bonded, in Conjunction with Crown or Fixed Bridge Retainer	186.00
21302	Restoration, Amalgam Core, Bonded, in Conjunction with Crown or Fixed Bridge Retainer	186.00
<i>PINS, RETENTIVE, per restoration (for amalgams and tooth coloured restorations)</i>		
21401	One pin	32.00
21402	Two pins	50.00
21403	Three pins	67.00
21404	Four pins	85.00
21405	Five pins or more	103.00

No.		SUGGESTED FEE
	<i>RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENTURE CLASP (additional to restoration)</i>	
21501	Per restoration	40.00
	RESTORATIONS, PREFABRICATED, FULL COVERAGE	
	<i>RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH</i>	
22201	Primary Anterior	195.00
22211	Primary Posterior	195.00
	<i>RESTORATIONS, PREFABRICATED, METAL, PERMANENT TEETH</i>	
22311	Permanent Posterior	195.00
	<i>RESTORATIONS, PREFABRICATED, PLASTIC, PRIMARY TEETH</i>	
22401	Primary Anterior	195.00
22411	Primary Posterior	195.00
	<i>RESTORATIONS, PREFABRICATED, PLASTIC, PERMANENT TEETH</i>	
22501	Permanent Anterior	195.00
22511	Permanent Posterior	195.00
	RESTORATIONS, PREFABRICATED, PORCELAIN / CERAMIC / POLYMER GLASS, PRIMARY TEETH	
22601	Primary Anterior	172.00
22611	Primary Posterior	172.00
	RESTORATIONS, TOOTH COLOURED / PLASTIC WITH / WITHOUT SILVER FILLINGS	
	<i>RESTORATIONS, PERMANENT ANTERIORS, BONDED TECHNIQUE (not to be used for veneer applications or diastema closures)</i>	
23111	One surface	138.00
23112	Two surfaces	188.00
23113	Three surfaces	221.00
23114	Four surfaces	266.00
23115	Five surfaces (maximum surfaces per tooth)	332.00
	<i>RESTORATIONS, TOOTH COLOURED, VENEER APPLICATIONS</i>	
23122	Tooth Coloured Veneer Application - Non Prefabricated Direct Buildup - Bonded	274.00
23123	Tooth Coloured Veneer Application - Diastema Closure, Interproximal only - Bonded	259.00

No.	SUGGESTED FEE
<i>RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOR, BONDED</i>	
<i>Permanent Bicuspids</i>	
23311	One surface 160.00
23312	Two surfaces 218.00
23313	Three surfaces 254.00
23314	Four surfaces 305.00
23315	Five surfaces or maximum surfaces per tooth 381.00
<i>Permanent Molars</i>	
23321	One surface 174.00
23322	Two surfaces 237.00
23323	Three surfaces 277.00
23324	Four surfaces 333.00
23325	Five surfaces or maximum surfaces per tooth 416.00
<i>RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, BONDED TECHNIQUE</i>	
23411	One surface 136.00
23412	Two surfaces 184.00
23413	Three surfaces 216.00
23414	Four surfaces 259.00
23415	Five surfaces (maximum surfaces per tooth) 324.00
<i>RESTORATIONS, TOOTH COLOURED, PRIMARY, POSTERIOR, BONDED TECHNIQUE</i>	
23511	One surface 160.00
23512	Two surfaces 218.00
23513	Three surfaces 254.00
23514	Four surfaces 305.00
23515	Five surfaces or maximum surfaces per tooth 381.00
<i>RESTORATIONS, TOOTH COLOURED / PLASTIC WITH / WITHOUT SILVER FILLINGS, CORES</i>	
23601	Restoration, Tooth Coloured, Non-Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer 186.00
23602	Restoration, Tooth Coloured, Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer 186.00
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.)	
<i>Resin Infiltration</i>	
23701	One surface I.C.
23709	Each additional surface over one I.C.

No.		SUGGESTED FEE
RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS		
<i>RESTORATIONS, INLAYS</i>		
<i>Inlays, Metal</i>		
25111	One surface + L	459.00
25112	Two surfaces + L	634.00
25113	Three surfaces + L	712.00
25114	Three surfaces, modified + L	712.00
<i>Inlays, Composite / Compomer, Indirect (bonded)</i>		
25121	One surface + L	529.00
25122	Two surfaces + L	661.00
25123	Three surfaces + L	725.00
25124	Three surfaces, modified + L	725.00
<i>Inlays, Porcelain / Ceramic / Polymer Glass (bonded)</i>		
25141	One surface + L	529.00
25142	Two surfaces + L	660.00
25143	Three surfaces + L	723.00
25144	Three surfaces, modified + L	723.00
<i>RESTORATIONS, ONLAYS (where one or more cusps are restored)</i>		
<i>Onlays, Cast Metal, Indirect</i>		
25511	per tooth + L	765.00
<i>Onlays, Composite/Compomer, Indirect (bonded)</i>		
25521	per tooth + L	765.00
<i>Onlays, Porcelain / Ceramic / Polymer Glass (bonded)</i>		
25531	per tooth + L	765.00
<i>PINS, RETENTIVE (for inlays, onlays and crowns per tooth)</i>		
25601	One pin / tooth + L	40.00
25602	Two pins / tooth + L	62.00
25603	Three pins / tooth + L	84.00
25604	Four pins / tooth + L	106.00
25605	Five or more pins / tooth + L	129.00

No.		SUGGESTED FEE
	<i>POSTS</i>	
	<i>Posts, Cast Metal, (including core) as a Separate Procedure</i>	
25711	Single section + L	425.00
25712	Two sections + L	509.00
25713	Three sections + L	587.00
	<i>Posts, Cast Metal (including core) Concurrent with Impression for Crown</i>	
25721	Single section + L	204.00
25722	Two sections + L	245.00
25723	Three sections + L	281.00
	<i>Posts, Prefabricated Retentive</i>	
25731	One post + E	204.00
25732	Two posts same tooth + E	245.00
25733	Three posts same tooth + E	281.00
	CROWNS, SINGLE UNITS (only)	
	<i>CROWNS, ACRYLIC / COMPOSITE / COMPOMER (with or without Cast or prefabricated Metal Bases)</i>	
	<i>Crowns, Acrylic / Composite / Compomer</i>	
27111	Crown, Acrylic / Composite / Compomer, Indirect + L	682.00
27121	Crown, Acrylic / Composite / Compomer, Direct, Provisional (chairside) + E	177.00
	<i>Crowns, Acrylic / Composite / Compomer / Cast Metal Base</i>	
27131	Indirect + L	703.00
27135	Implant-supported + L + E	I.C.
	<i>CROWNS, PORCELAIN / CERAMIC / POLYMER GLASS</i>	
27201	Crown, Porcelain / Ceramic / Polymer Glass + L	843.00
27202	Crown, Porcelain / Ceramic / Polymer Glass, Complicated + L	919.00
27205	Crown, Porcelain / Ceramic / Polymer Glass, Implant-supported + L + E	1,322.00
	<i>Crowns, Porcelain / Ceramic / Polymer Glass, Fused to Metal Base</i>	
27211	Fused to Metal Base + L	843.00
27212	Fused to Metal Base, Complicated (restorative, positional and/or aesthetic) + L	919.00
27213	Fused to Metal Base, with Porcelain Margin + L	843.00
27215	Fused to Metal Base, Implant-supported + L + E	1,322.00
	<i>Crowns, 3/4, Porcelain / Ceramic / Polymer Glass</i>	
27221	Crown, 3/4, Porcelain / Ceramic / Polymer Glass + L	843.00
27222	Crown, 3/4, Porcelain / Ceramic / Polymer Glass, Complicated + L	919.00

No.		SUGGESTED FEE
<i>CROWNS, CAST METAL</i>		
27301	Crown, Cast Metal, + L	843.00
27302	Crown, Cast Metal, Complicated (restorative, positional) + L	919.00
27305	Crown, Cast Metal, Implant-supported + L + E	1,322.00
<i>Crowns, 3/4, Cast Metal</i>		
27311	Crown, 3/4, Cast Metal + L	843.00
27312	Crown, 3/4, Cast Metal, Complicated + L	919.00
<i>CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP (additional to crown)</i>		
27401	One crown + L	137.00
27409	Each additional crown + L	137.00
<i>VENEERS, LABORATORY PROCESSED</i>		
27601	Veneers, Acrylic / Composite / Compomer, Bonded + L	655.00
27602	Veneers, Porcelain / Ceramic / Polymer Glass, Bonded + L	655.00
<i>REPAIRS, (single units only, does not include removal and recementation)</i>		
<i>Repairs, Inlays, Onlays or Crowns, Acrylic / Composite / Compomer (single units)</i>		
27711	Repairs, Acrylic / Composite / Compomer, Direct	97.00
<i>Repairs, Inlays, Onlays or Crowns, Porcelain / Ceramic / Polymer Glass, Porcelain / / Ceramic / Polymer Glass / Fused to Metal base (single units)</i>		
27721	Repairs, Porcelain / Ceramic / Polymer Glass, Direct	162.00
<i>RECONTOURING OF EXISTING CROWNS, per tooth</i>		
27801	One unit of time	113.00
RESTORATIVE PROCEDURES, OVERDENTURES		
<i>RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT</i>		
28101	Natural Tooth Preparation, Placement of Pulp Chamber Restoration (amalgam or composite) and Flouride Application, Endodontically Treated Tooth	121.00
28102	Natural Tooth Preparation and Fluoride Application, Vital Tooth	138.00
28103	Prefabricated Attachment, as an Internal or External Overdenture Retentive Device, Direct to a Natural Tooth + L and/or + E (used with appropriate denture code) per tooth	50.00
28105	Implant-supported Prefabricated Attachment as an Overdenture Retentive Device + L + E	I.C.

No.		SUGGESTED FEE
<i>RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT</i>		
<i>Coping Crowns, Cast Metal, No Attachments, Indirect</i>		
28211	Indirect + L	445.00
28215	Indirect, Implant-supported + L + E	I.C.
<i>Coping Crowns, Cast Metal, with Attachment, Indirect</i>		
28221	With Attachment, Indirect + L and/or + E	521.00
28225	Implant-supported with Attachment + L + E	I.C.
RESTORATIVE SERVICES, OTHER		
<i>RECEMENTATION / REBONDING, INLAYS / ONLAYS / CROWNS / VENEERS / POSTS / NATURAL TOOTH FRAGMENTS</i>		
29101	One unit of time + L + E	119.00
29102	Two units + L + E	238.00
29103	Three units + L + E	357.00
29109	Each additional unit over three	119.00
<i>REMOVAL, INLAYS / ONLAYS / CROWNS / VENEERS / POSTS (single units only)</i>		
29301	One unit of time	119.00
29302	Two units	238.00

ENDODONTICS

30000-39999

No.	SUGGESTED FEE
Pulp Capping (refer to Code Series 20100)	
PULP CHAMBER, TREATMENT OF (excluding final restoration)	
<i>PULPOTOMY</i>	
<i>Pulpotomy, Permanent Teeth (as a separate emergency procedure)</i>	
32221 Anterior and Bicuspid Teeth	145.00
32222 Molar Teeth	188.00
<i>Pulpotomy, Primary Teeth</i>	
32232 Primary Tooth, Concurrent with Restorations (but excluding final restoration)	96.00
<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 164.00
32312	Two canals 189.00
32313	Three canals 237.00
32314	Four canals or more 279.00
<i>Pulpectomy, Primary Teeth</i>	
32321 Anterior Tooth	173.00
ROOT CANAL THERAPY	
To include: treatment plan, clinical procedures (i.e., pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs, excluding final restoration	
<i>ROOT CANALS, PERMANENT TEETH / RETAINED PRIMARY TEETH (includes clinical procedures with appropriate radiographs, excluding final restoration)</i>	
Definitions:	
Uncomplicated	- Virtually straight canal penetrated with a size #15 file
Difficult Access	- Limited jaw opening, unfavourable tooth inclination, through complex restorations (e.g., 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 a 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.

No.		SUGGESTED FEE
<i>ROOT CANALS, PERMANENT TEETH / RETAINED PRIMARY TEETH, ONE CANAL</i>		
33111	One canal	570.00
33113	Exceptional Anatomy	695.00
33114	Calcified Canal	695.00
33115	Retreatment of Previously Completed Therapy	695.00
<i>ROOT CANALS, PERMANENT TEETH / RETAINED PRIMARY TEETH TWO CANALS</i>		
33121	Two canals	772.00
33123	Exceptional Anatomy	978.00
33124	Calcified Canal	978.00
33125	Retreatment of Previously Completed Therapy	978.00
<i>ROOT CANALS, PERMANENT TEETH / RETAINED PRIMARY TEETH, THREE CANALS</i>		
33131	Three canals	962.00
33133	Exceptional Anatomy	1,208.00
33134	Calcified Canal	1,208.00
33135	Retreatment of Previously Completed Therapy	1,208.00
<i>ROOT CANALS, PERMANENT TEETH / RETAINED PRIMARY TEETH, FOUR OR MORE CANALS</i>		
33141	Four or more canals	1,106.00
33143	Exceptional Anatomy	1,374.00
33144	Calcified Canal	1,374.00
33145	Retreatment of Previously Completed Therapy	1,374.00
<i>APEXIFICATION / APEXOGENESIS / INDUCTION OF HARD TISSUE REPAIR (to include biomechanical preparation and placement of dentogenic media)</i>		
33601	One canal	176.00
33602	Two canals	219.00
33603	Three canals	I.C.
33604	Four or more canals	I.C.
33605	Difficult access in addition to 33601 - 33604	I.C.
<i>Re-insertion of Dentogenic Media per Visit</i>		
33611	One canal	96.00
33612	Two canals	110.00
33613	Three canals	I.C.
33614	Four or more canals	I.C.

No.		SUGGESTED FEE
	<i>Obturation of Apexified Canal</i>	
33621	One canal	514.00
33622	Two canals	749.00
33623	Three canals	900.00
33624	Four or more canals	1,049.00
PERIAPICAL SERVICES		
<i>APICOECTOMY / APICAL CURETTAGE</i>		
<i>Maxillary Anterior</i>		
34111	One root	327.00
34112	Two roots	436.00
<i>Maxillary Bicuspid</i>		
34121	One root	422.00
34122	Two roots	528.00
<i>Maxillary Molar</i>		
34131	One root	518.00
34132	Two roots	718.00
<i>Mandibular Anterior</i>		
34141	One root	423.00
34142	Two or more roots	511.00
<i>Mandibular Bicuspid</i>		
34151	One root	535.00
34152	Two roots	710.00
<i>Mandibular Molar</i>		
34161	One root	646.00
34162	Two roots	788.00
34163	Three roots	942.00
RETROFILLING		
<i>Maxillary Anterior</i>		
34211	One canal	86.00
34212	Two or more canals	144.00
<i>Maxillary Bicuspid</i>		
34221	One canal	86.00
34222	Two canals	144.00
<i>Maxillary Molar</i>		
34231	One canal	86.00
34232	Two canals	144.00

No.		SUGGESTED FEE
	<i>Mandibular Anterior</i>	
34241	One canal	86.00
34242	Two or more canals	144.00
	<i>Mandibular Bicuspid</i>	
34251	One canal	86.00
34252	Two canals	144.00
	<i>Mandibular Molar</i>	
34261	One canal	86.00
34262	Two canals	144.00
34263	Three canals	186.00
	SURGICAL SERVICES, MISCELLANEOUS	
	<i>AMPUTATIONS, ROOT (includes recontouring tooth and furca)</i>	
34411	One root	388.00
34412	Two roots	469.00
	<i>HEMISECTION</i>	
34421	Maxillary Bicuspid	299.00
34422	Maxillary Molar	299.00
34423	Mandibular Molar	299.00
	<i>REMOVAL, INTENTIONAL, OF TOOTH, APICAL FILLING AND REPLANTATION (splinting additional)</i>	
34451	Single rooted tooth	344.00
34452	Two rooted tooth	476.00
34453	Three rooted tooth or more	544.00
	<i>PERFORATIONS</i>	
	<i>Perforations / Resorptive Defect(s) Pulp Chamber or Root Repair, Non Surgical</i>	
34511	Per tooth	174.00
	<i>Perforations / Resorptive Defect(s) Pulp Chamber or Root Repair, Surgical</i>	
34521	Anterior Tooth	379.00
34522	Bicuspid Tooth	526.00
34523	Molar Tooth	602.00

No.**SUGGESTED FEE****ENDODONTIC, PROCEDURES, MISCELLANEOUS***OPEN AND DRAIN (separate emergency procedures)*

39201	Anteriors and Bicuspids	81.00
39202	Molars	81.00

Opening Through Artificial Crown (in addition to procedures)

39211	Anteriors and Bicuspids	107.00
39212	Molars	134.00

BLEACHING, NON VITAL*Bleaching Endodontically Treated Tooth / Teeth*

39311	One unit of time	154.00
39312	Two units	308.00
39313	Three units	462.00
39319	Each additional unit over three	154.00

PERIODONTICS
40000 - 49999

No.		SUGGESTED FEE
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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 dysplasia, neoplasms, hairy leukoplakia, polyps, verrucae, fibroma, etc.)

41211	One unit of time	153.00
41212	Two units	306.00

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	153.00
41222	Two units	306.00

DESENSITIZATION (This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than one appointment may be necessary.)

41301	One unit of time	69.00
41302	Two units	138.00

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	256.00
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PERIODONTAL SURGERY, GINGIVOPLASTY

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

42201	Per sextant	297.00
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No.	SUGGESTED FEE
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PERIODONTAL SURGERY, Gingivectomy (the procedure by which gingival deformities are reduced and reshaped to create normal and functional form, when the pocket is uncomplicated by extension into the underlying bone; does not include limited re-contouring to facilitate restorative services)

42311	<i>Gingivectomy, Uncomplicated,</i>	Per sextant	367.00
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42321	<i>Gingivectomy, Complicated</i>	Per sextant	400.00
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42331	<i>Gingival Fiber Incision (supra crestal fibrotomy)</i>	Per tooth	81.00
42339		Each Additional Tooth	81.00

42341	<i>Soft Tissue Re-contouring for Crown Lengthening</i> Limited re-countouring of tissue per tooth		128.00
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PERIODONTAL SURGERY, FLAP APPROACH

42411	<i>Flap Approach, with Osteoplasty / Ostectomy</i>	Per sextant	1,042.00
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42421	<i>Flap Approach, with Curettage of Osseous Defect</i>	Per sextant	675.00
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42431	<i>Flap Approach, with Curettage of Osseous Defect and Osteoplasty</i>	Per sextant	781.00
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42441	<i>Flap Approach, Exploratory (for diagnosis)</i>	Per site	612.00
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PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE

42511	<i>Grafts, Soft Tissue, Pedicle (including apically or lateral sliding and rotated flaps)</i>	Per site	657.00
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42521	<i>Grafts, Soft Tissue, Pedicle (coronally positioned)</i>	Per site	693.00
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42531	<i>Grafts, Free Soft Tissue</i>	Per site	774.00
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42551	<i>Autograft, (free connective tissue), for root coverage, includes harvesting from donor site</i>	Per site	774.00
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42552	<i>Allograft, for root coverage</i>	Per site + E	516.00
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No.		SUGGESTED FEE
	<i>PERIODONTAL SURGERY, FLAPS, GRAFTS, OSSEOUS TISSUE</i>	
	<i>Grafts, Osseous, Autograft (including flap entry, closure and donor site)</i>	
42611	Per site	712.00
	<i>Grafts, Osseous, Allograft (including flap entry and closure)</i>	
42621	Per site + E	670.00
	<i>PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES</i>	
	<i>Proximal Wedge Procedure (as a separate procedure)</i>	
42811	With Flap Curettage, per site	293.00
42819	With Flap Curettage and Osteotomy / Osteoplasty, per site	425.00
	<i>Post Surgical Periodontal Treatment Visit per Dressing Change</i>	
42821	One unit of time	129.00
	<i>Periodontal Abscess or Pericoronitis, includes any of the following procedures: Lancing, Scaling, Curettage, Surgery or Medication</i>	
42831	One unit of time	129.00
42832	Two units	258.00
	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>	
	(Note: This procedure is in addition to the usual code for the tooth restoration on either side of the joint.)	
	<i>"A " Splint (restorative material plus wire, fibre ribbon or rope)</i>	
43111	Per joint + E	87.00
	<i>PERIODONTAL SPLINT OR LIGATION, EXTRA CORONAL</i>	
	<i>Bonded Joint Restorations</i>	
43211	Per joint (may include reinforcement) + E	88.00
	<i>Bonded, Interproximal Enamel Splint</i>	
43221	Per joint	95.00
	<i>Wire Ligation</i>	
43231	Per joint	51.00
	<i>Wire Ligation, Restorative Material Covered</i>	
43241	Per joint	88.00
	<i>Removal of Fixed Periodontal Splints</i>	
43281	One unit of time	88.00
43289	Each additional unit of time	88.00

No.**SUGGESTED FEE***ROOT PLANING, PERIODONTAL**Root Planing*

43421	One unit of time	44.50
43422	Two units	89.00
43423	Three units	133.50
43424	Four units	178.00
43425	Five units	222.50
43426	Six units	267.00
43427	One half unit of time	22.25

*CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS/THERAPY**Topical Application*

43511	One unit of time	62.00
43519	Each additional unit of time	62.00

Intra-sulcular application

43521	One unit of time + E	113.00
43529	Each additional unit of time + E	113.00

PERIODONTAL SERVICES, MISCELLANEOUS*Soft Tissue Prosthesis*

(Removable appliance to mask unaesthetic embrasures. Note: for extensive gingival prosthesis required after maxillofacial surgery see code 57372.)

49301	Gingival Mask + L	I.C.
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PROSTHODONTICS - REMOVABLE
50000-59999

No. **SUGGESTED FEE**

DENTURES, COMPLETE

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

DENTURES, COMPLETE, STANDARD

51101	Maxillary + L	999.00
51102	Mandibular + L	1,088.00

DENTURES, COMPLETE, COMPLEX

(includes remounted equilibration on a semi-adjustable articulator)

51201	Maxillary + L	1,277.00
51202	Mandibular + L	1,391.00

DENTURES, SURGICAL, STANDARD (IMMEDIATE)

(includes first tissue conditioner but not a processed relin)

51301	Maxillary + L	999.00
51302	Mandibular + L	1,088.00

DENTURES, COMPLETE, PROVISIONAL

51601	Maxillary + L	471.00
51602	Mandibular + L	513.00

DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS,

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

51711	Maxillary + L	999.00
51712	Mandibular + L	1,088.00

Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed relin)

51811	Maxillary + L	999.00
51812	Mandibular + L	1,088.00

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

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

51911	Maxillary + L	1,575.00
51912	Mandibular + L	1,717.00

No.**SUGGESTED FEE****DENTURES, PARTIAL, ACRYLIC***DENTURES, PARTIAL, ACRYLIC BASE (PROVISIONAL) (with or without clasps)*

52101	Maxillary + L	300.00
52102	Mandibular + L	300.00

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

52111	Maxillary + L	365.00
52112	Mandibular + L	365.00

DENTURES, PARTIAL, ACRYLIC, RESILIENT RETAINER

52201	Maxillary + L	365.00
52202	Mandibular + L	365.00

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

52211	Maxillary + L	365.00
52212	Mandibular + L	365.00

DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT / CAST CLASPS AND/OR RESTS

52301	Maxillary + L	579.00
52302	Mandibular + L	579.00

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

52311	Maxillary + L	457.00
52312	Mandibular + L	457.00

DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT PALATAL / LINGUAL

52401	Maxillary + L	490.00
52402	Mandibular + L	490.00

Dentures, Partial, Overdentures, Acrylic, with Cast / Wrought Clasps and/or Rests, Supported by Natural Teeth with or without Coping Crowns, No Attachments

52711	Maxillary + L	I.C.
52712	Mandibular + L	I.C.

No.**SUGGESTED FEE****DENTURES, PARTIAL, CAST WITH ACRYLIC BASE***DENTURES, PARTIAL, FREE END, CAST FRAME / CONNECTOR, CLASPS AND RESTS*

53101	Maxillary + L	1,218.00
53102	Mandibular + L	1,218.00
53104	Altered Cast Impression Technique in Conjunction with 53101 and 53102 + L	83.00

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

53201	Maxillary + L	1,090.00
53202	Mandibular + L	1,090.00

DENTURES, PARTIAL, CAST, PRECISION ATTACHMENTS

53401	Maxillary + L	1,217.00
53402	Mandibular + L	1,217.00

*DENTURES, CAST PARTIAL, STRESS BREAKER ATTACHMENTS**Dentures, Cast, Partial, Mandibular Stress Breaker Attachments*

53622	Mandibular (one hinge) + L	1,244.00
53623	Mandibular (two hinges) + L	1,244.00

DENTURES, PARTIAL, CAST, OVERDENTURES, SUPPORTED BY NATURAL TEETH, WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS

53711	Maxillary + L	1,218.00
53712	Mandibular + L	1,218.00

DENTURES, ADJUSTMENTS

(after three months insertion or by other than the dentist providing prosthesis)

DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, MINOR

54201	One unit of time + L	95.00
54202	Two units + L	190.00
54209	Each additional unit over two	95.00

DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, REMOUNT AND OCCLUSAL EQUILIBRATION

54301	Maxillary + L	557.00
54302	Mandibular + L	557.00

No.**SUGGESTED FEE****DENTURES, REPAIRS / ADDITIONS***DENTURE, REPAIRS, COMPLETE DENTURE, NO IMPRESSION REQUIRED*

55101	Maxillary + L	79.00
55102	Mandibular + L	79.00

DENTURE, REPAIRS, COMPLETE DENTURE, IMPRESSION REQUIRED

55201	Maxillary + L	154.00
55202	Mandibular L	154.00

DENTURE, REPAIRS / ADDITIONS, PARTIAL DENTURE, NO IMPRESSION REQUIRED

55301	Maxillary + L	79.00
55302	Mandibular + L	79.00

DENTURE, REPAIRS / ADDITIONS, PARTIAL DENTURE, IMPRESSION REQUIRED

55401	Maxillary + L	155.00
55402	Mandibular + L	155.00

DENTURES / IMPLANT RETAINED PROSTHESIS, PROPHYLAXIS AND POLISHING

55501	One unit of time + L	71.00
55509	Each additional unit of time	71.00

DENTURES, REPLICATION, RELINING AND REBASING*DENTURES, RELINING (does not include Remount - see 54000 series)**Denture, Reline, Direct, Complete Denture*

56211	Maxillary	247.00
56212	Mandibular	247.00

Denture, Reline, Direct, Partial Denture

56221	Maxillary	248.00
56222	Mandibular	248.00

Denture, Reline, Processed, Complete Denture

56231	Maxillary + L	294.00
56232	Mandibular + L	294.00

Denture, Reline, Processed, Partial Denture

56241	Maxillary + L	252.00
56242	Mandibular + L	252.00

No.	SUGGESTED FEE
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DENTURES, REBASING (where the vestibular tissue-contacting surfaces are modified)

Denture, Rebase, Complete Denture

56311	Maxillary + L	252.00
56312	Mandibular + L	252.00

Denture, Rebase, Partial Denture

56321	Maxillary + L	252.00
56322	Mandibular + L	252.00

DENTURES, REMAKE

Denture, Remake, Using Existing Framework, Partial Denture (equilibration)

56411	Maxillary + L	420.00
56412	Mandibular + L	420.00

DENTURES, THERAPEUTIC TISSUE CONDITIONING

Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture

56511	Maxillary	151.00
56512	Mandibular	151.00

Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture

56521	Maxillary	151.00
56522	Mandibular	151.00

DENTURES, MISCELLANEOUS SERVICES

56601	Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase if denture) + L	38.00
56602	Resetting of Teeth (not including reline or rebase of denture) + L	328.00

PROSTHESIS, MAXILLOFACIAL, OTHER

Gingival Prosthesis

(Note: For removeable appliance used to mask unaesthetic embrasures see code 49301.)

57372	Gingival Prosthesis + L	I.C.
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PROSTHODONTICS - FIXED
60000-69999

No. **SUGGESTED FEE**

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

PONTICS, BRIDGE

PONTICS, CAST METAL

62101	Pontic, Cast Metal + L	393.00
62102	Pontic, Cast Metal Framework with Separate Porcelain / Ceramic / Polymer Glass Jacket Pontic + L	393.00
62105	Pontic, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Implant-supported Retainer, to Retain Removable Prosthesis, Each Bar + L + E	I.C.

PONTICS, PORCELAIN / CERAMIC / POLYMER GLASS

62501	Pontics, Porcelain / Ceramic / Polymer Glass, Fused to Metal + L	393.00
62502	Pontics, Porcelain / Ceramic / Polymer Glass, Aluminous + L	393.00

PONTICS, ACRYLIC / COMPOSITE / COMPOMER

62701	Pontic, Acrylic / Composite / Compomer, Processed to Metal + L	393.00
62702	Pontic, Acrylic / Composite / Compomer, Indirect (provisional) + L	393.00
62703	Pontic, Acrylic / Composite / Compomer, Bonded to Adjacent Teeth, Direct (provisional) + E	393.00
62704	Pontic, Acrylic / Composite / Compomer + L	393.00

PONTICS, NATURAL TOOTH

62801	Pontic, Natural Tooth Crown, Direct, Bonded to Adjacent Teeth (provisional)	282.00
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RECONTOURING OF RETAINERS / PONTICS (of existing bridgework)

63001	One unit of time	129.00
63009	Each additional unit of time	129.00

REPAIRS

REPAIRS, REPLACEMENT

Replace Broken Prefabricated Attachable Facings + L

66111	One unit of time + L	129.00
66112	Two units + L	258.00
66113	Three units + L	387.00

No.**SUGGESTED FEE***REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE / PROSTHESIS**Repairs, Removal, Fixed Bridge / Prosthesis - to be recemented*

66211	One unit of time	129.00
66212	Two units	258.00
66213	Three units	387.00

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

66221	One unit of time	129.00
66222	Two units	258.00

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

66251	One unit of time	129.00
66252	Two units	258.00
66253	Three units	387.00

*REPAIRS, REINSERTION / RECEMENTATION**(+ L where laboratory charges are incurred during repair of bridge)*

66301	One unit of time	129.00
66302	Two units	258.00
66303	Three units	387.00

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

66711	First tooth	133.00
66719	Each additional tooth	133.00

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

66731	First pontic + L	373.00
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No.**SUGGESTED FEE****FIXED BRIDGE RETAINERS***RETAINERS, ACRYLIC / COMPOSITE / COMPOMER, WITH OR WITHOUT
CAST OR PREFABRICATED METAL BASES*

67111	Retainers, Acrylic, Composite / Compomer, Indirect + L	754.00
67121	Retainers, Acrylic, Composite / Compomer, Direct (provisional during healing, done at chairside) + E	156.00
67131	Retainers, Composite / Compomer, Resin / Acrylic, Processed to Cast Metal, Indirect + L	683.00
67161	Retainers, Acrylic / Composite / Compomer, Two Surface Inlay, Bonded, Indirect + L	688.00
67171	Retainers, Acrylic / Composite / Compomer, Three Surface Inlay, Bonded, Indirect + L	726.00
67181	Retainers, Acrylic / Composite / Compomer, Onlay, Bonded, Indirect + L	688.00

RETAINERS, PORCELAIN / CERAMIC / POLYMER GLASS

67201	Retainers, Porcelain / Ceramic / Polymer Glass + L	754.00
67202	Retainers, Porcelain / Ceramic / Polymer Glass, Complicated + L	822.00

*RETAINERS, PORCELAIN / CERAMIC / POLYMER GLASS,
FUSED TO METAL BASE*

67211	Retainers, Porcelain / Ceramic / Polymer Glass, Fused to Metal + L	754.00
67212	Retainers, Porcelain / Ceramic / Polymer Glass, Fused to Metal Base Complicated + L	822.00
67231	Retainers, Porcelain / Ceramic / Polymer Glass, Two Surface Inlay, Bonded + L	628.00
67241	Retainers, Porcelain / Ceramic / Polymer Glass, Three Surface Inlay, Bonded + L	765.00
67251	Retainers, Porcelain / Ceramic / Polymer Glass, Onlay, Bonded (where one or more cusps are restored) + L	765.00

RETAINERS, CAST METAL

67301	Retainers, Cast Metal + L	754.00
67302	Retainers, Cast Metal, Complicated + L	822.00

No.**SUGGESTED FEE***RETAINERS, 3/4, CAST METAL*

67311	Retainers, 3/4, Cast Metal + L	737.00
67317	Semi-precision Rest (interlock) (in addition to retainer) + L + E	I.C.
67318	Semi-precision or Precision Attachments, RPD Retainer (in addition to retainer) + L + E	171.00

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

67321	Two surfaces + L	666.00
67322	Three or more surfaces + L	666.00

Retainers, Cast Metal, Onlay (internal retention type)

67331	Retainers, Cast Metal, Onlay + L	754.00
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*Retainers, Cast Metal, Onlay (bonded, external retention / partial coverage
e.g. Maryland Bridge)*

67341	Retainers, Cast Metal, Onlay, with or without Perforations, Bonded to Abutment Tooth (pontic extra) + L	247.00
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*FIXED PROSTHETICS, ABUTMENTS / RETAINERS,
MISCELLANEOUS SERVICES*

67501	Retainer Made to an Existing Partial Denture Clasp (additional to retainer, per retainer) + L	151.00
67502	Telescoping Crown Unit + L	930.00

FIXED PROSTHETICS, OTHER SERVICES*FIXED PROSTHETICS, RETENTIVE PINS
(for retainers in addition to restoration)*

69301	One pin / restoration + L	40.00
69302	Two pins / restoration + L	62.00
69303	Three pins / restoration + L	84.00

Staining, Porcelain (chairside)

69401	One unit of time	I.C.
69409	Each additional unit	I.C.

*FIXED PROSTHETICS, PROVISIONAL COVERAGE
(in extensive or complicated restorative dentistry)*

69701	Abutment Tooth + L	117.00
69702	Pontic + L	58.00

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 teeth, or in some cases, a single tooth. If the extraction is performed on a primary tooth, a lesser fee may be charged at the discretion of the individual dentist.

REMOVALS (EXTRACTIONS), ERUPTED TEETH

REMOVALS, ERUPTED TEETH, UNCOMPLICATED

71101	Single Tooth, Uncomplicated	153.00
71109	Each Additional Tooth, Same Quadrant, Same Appointment	110.00

REMOVALS, ERUPTED TEETH, COMPLICATED

71201	Odontectomy (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth	259.00
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71209	Each additional tooth, same quadrant	194.00
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Requiring Elevation of a Flap, Removal of Bone and may include Sectioning of Tooth for Removal of Tooth

71211	Single tooth	259.00
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71219	Each additional tooth, same quadrant	194.00
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REMOVALS (EXTRACTIONS), SURGICAL

REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE

Removals, Impaction, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth

72111	Single tooth	269.00
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REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE

Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap and EITHER Removal of Bone and Tooth OR Sectioning and Removal of Tooth

72211	Single tooth	370.00
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Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of Tooth for Removal

72221	Single tooth	491.00
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Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND/OR Sectioning of the Tooth for Removal AND/OR Presents Unusual Difficulties and Circumstances

72231	Single tooth	538.00
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44 2021 - SURGERY

No.**SUGGESTED FEE***REMOVALS (EXTRACTIONS), RESIDUAL ROOTS**Removals, Residual Roots, Erupted*

72311	First tooth	114.00
72319	Each additional tooth, same quadrant	86.00

Removals, Residual Roots, Soft Tissue Coverage

72321	First tooth	238.00
72329	Each additional tooth, same quadrant	179.00

Removals, Residual Roots, Bone Tissue Coverage

72331	First tooth	317.00
72339	Each additional tooth, same quadrant	238.00

*ALVEOLAR BONE PRESERVATION**Alveolar Bone Preservation, Autograft*

72411	First tooth	153.00
72419	Each additional tooth	115.00

Alveolar Bone Preservation, Allograft

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

Alveolar Bone Preservation, Xenograft

72431	First tooth + E	I.C.
72439	Each additional tooth + E	I.C.

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

72511	Single tooth	243.00
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Surgical Exposures, Complex, Hard Tissue Coverage

72521	Single tooth	319.00
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Surgical Exposures, Unerupted Tooth, with Orthodontic Attachment

72531	Single tooth + E	392.00
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Rigid Osseous Anchorage for Orthodontics

72561	Placement of Anchorage Device Without Elevation of a Flap + E	I.C.
72562	Placement of Anchorage Device With Elevation of a Flap + E	I.C.
72563	Removal of Anchorage Device Without Elevation of a Flap	I.C.
72564	Removal of Anchorage Device With Elevation of a Flap	I.C.

*ENUCLEATION, SURGICAL**Unerupted Tooth and Follicle*

72711	First tooth	362.00
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No.**SUGGESTED FEE**

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

(To include codes 73121, 73152-54, 73182-84)

ALVEOLOPLASTY (bone remodelling of ridge with soft tissue revisions)

Alveoloplasty, not in Conjunction with Extractions

73121		Per sextant	219.00
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Excision of Bone

73152	Torus Palatinus, Excision		471.00
73153	Torus Mandibularis, Unilateral, Excision		350.00
73154	Torus Mandibularis, Bilateral, Excision		586.00

Augmentation of Bone

73182	Bilateral, Pterygomaxillary Tuberosity, Augmentation + E		591.00
73183	Unilateral, Mandibular Ridge, Augmentation + E		356.00
73184	Bilateral, Mandibular Ridge, Augmentation + E		591.00

GINGIVOPLASTY AND/OR STOMATOPLASTY, ORAL SURGERY

Miscellaneous Procedures

73222	Excision of Vestibular Hyperplasia (per sextant)		219.00
73223	Surgical Shaving of Papillary Hyperplasia of the Palate		478.00
73224	Excision of Pericoronal Gingiva (for retained tooth/implant)	Per Tooth / implant	80.00

VESTIBULOPLASTY

Vestibuloplasty, Sub-mucous

73411		Per sextant	567.00
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**SURGICAL EXCISIONS (not in conjunction with tooth removal,
including biopsy)**

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	414.00
74612		1-2 cm	495.00
74613		2-3 cm	583.00

Marsupialization

74621	Cyst, Marsupialization		462.00
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No.**SUGGESTED FEE****SURGICAL INCISIONS***SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL*

75112	<i>Surgical Incision and Drainage and/or Exploration, Intraoral Soft Tissue</i> Intraoral, Abscess, Soft Tissue	164.00
75121	<i>Surgical Incision and Drainage and/or Exploration, Intraoral Hard Tissue</i> Intraoral, Abscess, Hard Tissue, Trephination and Drainage	221.00

FRACTURES, TREATMENT OF*FRACTURES, REDUCTIONS, ALVEOLAR*

	<i>Replantation, Avulsed Tooth / Teeth (including splinting)</i>	
76941	Replantation, first tooth	423.00
76949	Each additional tooth	152.00
	<i>Repositioning of Traumatically Displaced Teeth</i>	
76951	One unit of time	154.00
76952	Two units	308.00
76959	Each additional unit over two	154.00
	<i>Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral</i>	
76961	2 cm or less	210.00
76962	2-4 cm	265.00

MAXILLOFACIAL DEFORMITIES, TREATMENT OF*FRENECTOMY / FRENOPLASTY*

77801	Frenectomy, Upper Labial	320.00
77802	Frenectomy, Lower Labial	320.00
77803	Frenectomy, Lower Lingual or "Z" Plasty	320.00

TEMPOROMANDIBULAR JOINT DYSFUNCTIONS, TREATMENT OF*TEMPOROMANDIBULAR JOINT, MANAGEMENT BY INJECTIONS*

78601	Injection, therapeutic drug with or without local anaesthetic drug, per site, + E	142.00
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TEMPOROMANDIBULAR JOINT, APPLIANCE SPLINTS, ORTHOPEDIC REHABILITATION (post operative)

78701	Appliance Splint, Maxillary + L	739.00
78702	Appliance Splint, Mandibular + L	739.00

No.**SUGGESTED FEE****ORAL SURGERY PROCEDURES, OTHER***SALIVARY GLANDS, TREATMENT OF**Salivary Gland, Excisions*

79123	Excision of Mucocele	166.00
79124	Excision of Ranula	493.00
79125	Marsupialization of Ranula	339.00

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

79311	Antral Surgery, Immediate Recovery of a Dental Root or Foreign Body from the Antrum	656.00
79312	Antral Surgery, Immediate Closure of Antrum by Another Dental Surgeon	827.00

HEMORRHAGE, CONTROL OF

79403	Hemorrhage Control, using Compression and Hemostatic Agent	115.00
79404	Hemorrhage Control, using Hemostatic Substance and Sutures (including removal of bony tissue, if necessary)	180.00

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

79602	Post Surgical Care, Minor, by Other than Treating Dentist	99.00
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ORTHODONTICS
80000-89999

No. **SUGGESTED FEE**

ORTHODONTIC SERVICES, MISCELLANEOUS

ORTHODONTIC OBSERVATIONS AND ADJUSTMENTS

80601 Orthodontic Observation - for Tooth Guidance (i.e., tooth position, eruption sequence, serial supervision, etc.) per appointment 68.00

80602 Orthodontic Observation and Adjustment to Orthodontic Appliances and/or the Reduction of Proximal Surfaces of Teeth per appointment 100.00

Repairs to Removable or Fixed Appliances (not including Removal and Recementation)

80631 One unit of time + L 105.00

80632 Two units + L 210.00

80639 Each additional unit over two + L 105.00

Alterations to Removable or Fixed Appliances

80641 One unit of time + L 105.00

80642 Two units + L 210.00

80649 Each additional unit over two + L 105.00

Recementation of Fixed Appliances

80651 One unit of time 105.00

80659 Each additional unit 105.00

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

80661 One unit of time 105.00

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

80671 One unit of time 105.00

80679 Each additional unit 105.00

APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH

APPLIANCES, REMOVABLE

Appliances, Removable, Space Regaining

81111 Appliance, Maxillary, Unilateral + L 338.00

81112 Appliance, Mandibular, Unilateral + L 338.00

81113 Appliance, Maxillary, Bilateral + L 361.00

81114 Appliance, Mandibular, Bilateral + L 361.00

Appliances, Removable, Cross-Bite Correction

81121 Appliance, Maxillary, Simple + L 471.00

81122 Appliance, Mandibular, Simple + L 471.00

No.	SUGGESTED FEE
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	<i>Appliances, Removable, Dental Arch Expansion</i>	
81131	Appliance, Maxillary, Simple + L	471.00
81132	Appliance, Mandibular, Simple + L	471.00
	<i>Appliances, Removable, Closure of Diastemas</i>	
81141	Appliance, Maxillary, Simple + L	251.00
81142	Appliance, Mandibular, Simple + L	251.00
	<i>Appliances, Removable, Alignment of Anterior Teeth</i>	
81151	Appliance, Maxillary, Simple + L	252.00
81152	Appliance, Mandibular, Simple + L	252.00
	<i>APPLIANCES, FIXED OR CEMENTED</i>	
	<i>Appliances, Fixed, Space Regaining. (e.g. lingual or labial arch with molar bands, tubes, locks)</i>	
81211	Appliance, Maxillary + L	441.00
81212	Appliance, Mandibular + L	441.00
	<i>Appliances, Fixed, Space Regaining, Unilateral</i>	
81221	Appliance, Maxillary + L	335.00
81222	Appliance, Mandibular + L	335.00
	<i>Appliances, Fixed, Cross-Bite Correction - Anterior</i>	
81231	Appliance, Maxillary + L	470.00
81232	Appliance, Mandibular + L	470.00
	<i>Appliances, Fixed, Cross-Bite Correction - Posterior</i>	
81241	Appliance, Maxillary + L	445.00
81242	Appliance, Mandibular + L	445.00
81243	Appliance, Two-Molar Band, Hooked and Elastics + L	355.00
	<i>Appliances, Fixed, Dental Arch Expansion</i>	
81251	Appliance, Maxillary + L	662.00
81252	Appliance, Mandibular + L	662.00
81253	Appliance, Maxillary, Rapid Expansion + L	662.00
	<i>Appliances, Fixed, Closure of Diastemas</i>	
81261	Appliance, Maxillary, Simple + L	272.00
81262	Appliance, Mandibular, Simple + L	272.00
	<i>Appliances, Fixed, Alignment of Incisor Teeth</i>	
81271	Appliance, Maxillary, Simple + L	622.00
81272	Appliance, Mandibular, Simple + L	622.00

No.**SUGGESTED FEE****APPLIANCES, RETENTION, ORTHODONTIC RETAINING APPLIANCES***APPLIANCES, REMOVABLE, RETENTION*

83101	Appliance, Maxillary + L	330.00
83102	Appliance, Mandibular + L	330.00
83103	Appliance, Tooth Positioner + L	351.00

APPLIANCES, FIXED / CEMENTED, RETENTION

83201	Appliance, Maxillary + L	336.00
83202	Appliance, Mandibular + L	336.00

COMPREHENSIVE ORTHODONTIC TREATMENT*CASE TYPE - Fixed Appliance (includes formal full banded treatment and retention)***PERMANENT DENTITION**

84101	Class I Malocclusion + L	4,999.00
84201	Class II Malocclusion + L	6,521.00
84301	Class III Malocclusion + L	6,521.00

MIXED DENTITION

85101	Class I Malocclusion + L	4,700.00
85201	Class II Malocclusion + L	6,127.00
85301	Class III Malocclusion + L	6,127.00

*CASE TYPE - Removable Appliances (includes removable appliance therapy and retention; e.g. functional appliances for mixed and primary dentition)***PERMANENT DENTITION**

87101	Class I Malocclusion + L	2,107.00
87201	Class II Malocclusion + L	2,440.00
87301	Class III Malocclusion + L	2,440.00

MIXED DENTITION

88101	Class I Malocclusion + L	2,107.00
88201	Class II Malocclusion + L	2,440.00
88301	Class III Malocclusion + L	2,440.00

PRIMARY DENTITION

89101	Class I Malocclusion + L	2,107.00
89201	Class II Malocclusion + L	2,440.00
89301	Class III Malocclusion + L	2,440.00

ADJUNCTIVE GENERAL SERVICES
90000-99999

No. **SUGGESTED FEE**

UNCLASSIFIED TREATMENTS

UNCLASSIFIED TREATMENT, DENTAL PAIN

Emergency Services not Otherwise Specified in Guide

91121	One unit of time	129.00
91122	Two units	258.00

UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES

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

91211	One unit of time	129.00
91212	Two units	258.00
91213	Three units	387.00
91219	Each additional unit over three	129.00

Management of Exceptional Patient

91231	One unit of time	129.00
91232	Two units	258.00
91233	Three units	387.00
91234	Four units	516.00

ANAESTHESIA

ANAESTHESIA, CONSCIOUS SEDATION

A medically controlled state of depressed consciousness that allows protective reflexes to be maintained, retains the patient's ability to maintain a patent airway independently and continuously, and permits appropriate response by the patient to physical stimulation or verbal command, e.g., "open your eyes" (includes pre-anaesthetic evaluation and post-anaesthetic follow-up).

Any technique leading to these conditions in a patient would fall within this category of service. Conscious sedation is a varied technique which can require different levels of monitoring, in accordance with the Regulatory Authority Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice. The Guidelines should be consulted and observed.

Nitrous Oxide (time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device)

92411	One unit of time	58.00
92412	Two units	97.00
92413	Three units	136.00
92414	Four units	175.00
92415	Five units	214.00

No.	SUGGESTED FEE
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Nitrous Oxide with Oral Sedation (time is measured with the administration of nitrous oxide and terminates with the release of the patient from the treatment/recovery room)

92431	One unit of time	104.00
92432	Two units	176.00
92433	Three units	248.00
92434	Four units	320.00
92435	Five units	392.00

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

92441	One unit of time	71.00
92442	Two units	142.00
92443	Three units	213.00
92444	Four units	284.00
92449	Each additional unit over four	71.00

Combined Techniques of Inhalation plus Intravenous and/or Intramuscular

92452	Two units of time	254.00
92453	Three units	342.00
92454	Four units	430.00
92455	Five units	518.00

NON PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT

Hypnosis

92511	One unit of time	154.00
92512	Two units	308.00
92513	Three units	462.00

Electronic Dental Anaesthesia

92531	One unit of time	42.00
92532	Two units	79.00
92533	Three units	116.00
92534	Four units	153.00
92539	Each additional unit over four	37.00

PROFESSIONAL SERVICES

PROFESSIONAL COMMUNICATIONS

Consultation with Member of the Profession or other Healthcare Providers, In or Out of the Office

93111	One unit of time + E	154.00
93112	Two units + E	308.00
93119	Each additional unit over two	154.00

No.	SUGGESTED FEE
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Dental Legal Letters, Reports and Opinions

93121	A dental-legal report - a short factually written or verbal communication given to any lay person (e.g. lawyer, insurance representative, local, municipal or government agency, etc.) in relation to the patient with prior patient approval.	Per unit	54.00
93122	A dental-legal report - a comprehensive written report with patient approval, on symptoms, history and records giving diagnosis, treatment, results and present condition. The report is a factual summary of all in formation available on the case and could contain prognostic information regarding patient response.	Per unit	107.00
93123	A dental-legal opinion - a comprehensive written report primarily in the field of expert opinion. The report may be an opinion regarding the possible course of events (when these cannot be determined factually), with possible long term consequences and complications in the development of the conditions. The report will require expert knowledge and judgement with respect to the facts leading to a detailed prognosis.	Per unit	161.00

Consultation and/or Participation During Autopsy (other than forensic)

93131		One unit of time + E	154.00
93132		Two units + E	308.00
93139		Each additional unit over two	154.00

Patient File Management (not to include predeterminations)

93211	Duplication and Transfer of Patient's Dental Records at Request of the Patient + E		49.00
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CLAIM FORMS AND TREATMENT FORMS

93301	Completing CDA "Blank" Approved Standard Claim Forms		No Fee
93302	Upon Request, Providing a Written Treatment Plan/Outline for a Patient, Similar to the Example in the CDA Policy Manual on Claim Form Completion		No Fee
93303	Completing Prepaid Claim Forms which do not Conform with Code 93301		58.00

For Extraordinary Time Spent on the Telephone with Third-Party Administrators or their Agents, in Relation to Claim Forms/Treatment Plan Forms, or the Claim Problem of the Patient (plus long distance charges)

93311		One unit of time + E	72.00
93312		Two units + E	144.00
93319		Each additional unit over two	72.00

For Extraordinary Office Time Spent, in forwarding predetermination records, in predetermination situations, to third parties plus expenses (i.e. registration, postage, etc.)

93321		One unit of time + E	72.00
93322		Two units + E	144.00
93329		Each additional unit over two	72.00

No.		SUGGESTED FEE
93331	<i>Payment for Orthodontic Treatment in Progress</i> Payment / Installment for Treatment in Progress	I.C.
PROFESSIONAL VISITS		
<i>HOUSE CALLS</i>		
94101	House Call, Non Emergency Visit (in addition to procedures performed)	79.00
94102	House Call, Emergency Visit, when one must immediately leave home, office or hospital (in addition to procedures performed)	179.00
<i>OFFICE OR INSTITUTIONAL VISITS</i>		
94301	Office (of another professional) or Institutional Visit, During Regular Scheduled Office Hours (in addition to services performed)	54.00
94302	Office or Institutional Visit, Unscheduled, After Regular Scheduled Office Hours (in addition to services performed)	76.00
94303	Missed or Cancelled Appointment, with Insufficient Notice, During Regular Scheduled Office Hours	52.00
94304	Missed or Cancelled Appointment with Insufficient Notice, being a Special Appointment Outside Regular Scheduled Office Hours	95.00
94305	Travelling Expenses	I.C.
94306	Professional Visits Out of Office (plus actual services performed, out of pocket expenses, etc.)	68.00
<i>COURT APPEARANCES AND/OR PREPARATION</i>		
<i>Court Appearance as an Expert Witness</i>		
94421	One half day	1,746.00
FORENSIC DENTAL SERVICES		
<i>FORENSIC SERVICES, MISCELLANEOUS</i>		
95101	Identification - Opinion as an Expert Assisting in Civil or Criminal Cases + E	284.00
95102	Full or Part Time Participation in Civil Disaster + E	I.C.
<i>IDENTIFICATION SYSTEMS</i>		
95201	Identification Disk System, Acid Etch / Bonded + L	134.00

No.

SUGGESTED FEE

DRUGS / MEDICATION, DISPENSING*INJECTIONS, THERAPEUTIC*

96201	Intramuscular Drug Injection + E	69.00
96202	Intravenous Drug Injection + E	69.00

*BLEACHING, VITAL**Bleaching, Vital, In Office*

97111	One unit of time	72.00
97112	Two units	144.00
97113	Three units	216.00
97119	Each additional unit over three	72.00

Bleaching, Vital, Home (includes the fabrication of bleaching trays, dispensing the system and follow-up care)

97121	Maxillary Arch + L and/or + E	245.00
97122	Mandibular Arch + L and/or + E	245.00
97123	Maxillary plus Mandibular (combined) + L and/or + E	490.00

COUNSELLING*Systematic Desensitization for patients designated as special needs or having severe dental phobia (Requires a medical diagnosis)*

98201	One unit of time	37.00
98202	Two units	74.00
98209	Each additional unit over two	37.00

LABORATORY AND EXPENSE PROCEDURES

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

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

99111	" + L" Commercial Laboratory Procedures (A commercial laboratory is defined as an independent business which performs laboratory services and bills the dental practice for these services on a case-by-case basis.)	I.C.
99333	" + L" In-Office Laboratory Procedures (An in-office laboratory is defined as a laboratory service(s) performed within the same business entity.)	I.C.
99555	" + E" Additional Expense of Materials	I.C.

IMPLANTS

No.

SUGGESTED FEE

NOTE: 1 UNIT OF TIME = 15 MINUTES

"I.C." MEANS INDEPENDENT CONSIDERATION

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

DIAGNOSTIC SERVICES

Radiographic Guide

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

02951	Maxillary Guide + L + E	I.C.
02952	Mandibular Guide + L + E	I.C.

TEMPLATE, SURGICAL

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

03001	Maxillary Template + L + E	I.C.
03002	Mandibular Template + L + E	I.C.

RESTORATIVE SERVICES

POSTS

Posts, Prefabricated, with Non-bonded Core for Crown Restoration (including pin(s),

25754	One post, with Non-bonded Composite Core and pin(s) + E	I.C.
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MESOSTRUCTURES (a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw)

Mesostructures, Osseo-integrated Implant-supported

26101	Indirect, Angulated or Transmucosal Pre-fabricated Abutment, per implant + L + E	I.C.
26102	Indirect, Custom Laboratory Fabricated, per implant + L + E	I.C.
26103	Direct (with intra-oral preparation), per implant site + E	I.C.

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

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

27135	Implant-supported + L + E	I.C.
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CROWNS, PORCELAIN / CERAMIC / POLYMER GLASS

27205	Crown, Porcelain / Ceramic / Polymer Glass, Implant-supported + L + E	1,322.00
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Crowns, Porcelain / Ceramic / Polymer Glass, Fused to Metal Base

27215	Implant-supported + L + E	1,322.00
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No.	SUGGESTED FEE
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CROWNS, CAST METAL

27305	Crown, Cast Metal, Implant-supported + L + E	1,322.00
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RESTORATIVE PROCEDURES, OVERDENTURES*RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT*

28105	Implant-supported Prefabricated Attachment as an Overdenture Retentive Device + L + E	I.C.
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*RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT**Coping Crowns, Cast Metal, No Attachments*

28215	Implant-supported, Indirect + L + E	I.C.
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Coping Crowns, Cast Metal, with Attachments

28225	Implant-supported with Attachment + L + E	I.C.
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RESTORATIVE SERVICES, OTHER*RECEMENTATION / REBONDING, INLAYS / ONLAYS / CROWNS / VENEERS / POSTS / NATURAL TOOTH FRAGMENTS (single units only) (+ L + E where laboratory charges are incurred during repair of the unit)**Re-Insertion / Recementation Implant-supported Crown*

29111	One unit of time	I.C.
29112	Two units	I.C.
29113	Three units	I.C.
29114	Four units	I.C.

Removal, Implant-supported Crowns (single units only)

29311	One unit of time	I.C.
29312	Two units	I.C.
29313	Three units	I.C.
29314	Four units	I.C.

Removal, Mesostructure (to be reseated)

29321	One unit of time	I.C.
29322	Two units	I.C.
29323	Three units	I.C.
29324	Four units	I.C.

Removal of Compromised Mesostructure (to be replaced)

29331	One unit of time	I.C.
29332	Two units	I.C.
29333	Three units	I.C.
29334	Four units	I.C.

No.	SUGGESTED FEE
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Removal and Replacement of Healing Abutment with a New Healing Abutment (to stimulate improved gingival emergence profile)

29341	One unit of time + E	I.C.
29342	Two units + E	I.C.
29343	Three units + E	I.C.
29344	Four units + E	I.C.

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 + L	I.C.
51722	Mandibular + L	I.C.

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

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

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

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

51821	Maxillary + L	I.C.
51822	Mandibular + L	I.C.

Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)

51831	Maxillary + L	I.C.
51832	Mandibular + L	I.C.

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

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

51921	Maxillary + L	1,575.00
51922	Mandibular + L	1,717.00

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No.

SUGGESTED FEE

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

- 51931 Maxillary + L I.C.
- 51932 Mandibular + L I.C.

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

- 51941 Maxillary + L I.C.
- 51942 Mandibular + L I.C.

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

- 51951 Maxillary + L I.C.
- 51952 Mandibular + L I.C.

Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar)

- 51961 Maxillary + L I.C.
- 51962 Mandibular + L I.C.

DENTURES, PARTIAL, OVERDENTURES, ACRYLIC

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

- 52721 Maxillary + L I.C.
- 52722 Mandibular + L I.C.

Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments

- 52731 Maxillary + L I.C.
- 52732 Mandibular + L I.C.

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)

- 52822 Mandibular + L I.C.

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)

- 52832 Mandibular + L I.C.

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

- 52921 Maxillary + L I.C.
- 52922 Mandibular + L I.C.

No.	SUGGESTED FEE
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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]

52931	Maxillary + L	I.C.
52932	Mandibular + L	I.C.

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

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

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

52961	Maxillary + L	I.C.
52962	Mandibular + L	I.C.

DENTURES, PARTIAL, CAST, OVERDENTURES

Dentures, Partial, Casts, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments

53721	Maxillary + L	I.C.
53722	Mandibular + L	I.C.
53724	Altered Cast Impression Technique Done in Conjunction with 53721, 53722 + L	I.C.

Dentures, Partial, Casts, Overdentures, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments

53731	Maxillary + L	I.C.
53732	Mandibular + L	I.C.
53734	Altered Cast Impression Technique Done in Conjunction with 53731, 53732 + L	I.C.

Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants, with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)

53821	Maxillary + L	I.C.
53822	Mandibular + L	I.C.
53824	Altered Cast Impression Technique Done in Conjunction with 53821, 53822 + L	I.C.

Dentures, Partial, Cast, Overdentures (Immediate), Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)

53831	Maxillary + L	I.C.
53832	Mandibular + L	I.C.
53834	Altered Cast Impression Technique Done in Conjunction with 53831, 53832 + L	I.C.

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No.

SUGGESTED FEE

DENTURES, PARTIAL, CAST, OVERDENTURES, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS

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

53921	Maxillary + L	I.C.
53922	Mandibular + L	I.C.

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

53931	Maxillary + L	I.C.
53932	Mandibular + L	I.C.

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

53951	Maxillary + L	I.C.
53952	Mandibular + L	I.C.

Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar)

53961	Maxillary + L	I.C.
53962	Mandibular + L	I.C.

DENTURES / IMPLANT RETAINED PROSTHESIS, PROPHYLAXIS AND POLISHING

55501		One unit of time + L	71.00
55509		Each additional unit of time	71.00

DENTURES, THERAPEUTIC TISSUE CONDITIONING

Dentures, Tissue Conditioning, per Appointment, Complete Overdenture, Implant-Supported

56541	Maxillary	I.C.
56542	Mandibular	I.C.

Dentures, Tissue Conditioning, per Appointment, Partial Overdenture, Implant-Supported

56561	Maxillary	I.C.
56562	Mandibular	I.C.

No.

SUGGESTED FEE

PROSTHODONTICS - FIXED**PONTICS, BRIDGE***PONTICS, CAST METAL*

62105	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Implant-supported Retainer to Retain Removable Prosthesis, Each Bar + L + E (used with 67415 Retainers - see 51921-2, 51941-2, 53731-4 for Prosthesis)	I.C.
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REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE / PROSTHESIS*Repairs, Removal of Fixed Bridge / Prosthesis, Implant-supported
- to be re-inserted*

66231	One unit of time	129.00
66232	Two units	258.00
66233	Three units	387.00
66234	Four units	516.00
66239	Each additional unit over four	129.00

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

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.

*Repairs, Re-insertion / Recementation, Implant-supported Bridge / Prosthesis
(+ L where laboratory charges are incurred during repair of bridge)*

66311	One unit of time + L and/or + E	129.00
66312	Two units + L and/or + E	258.00
66313	Three units + L and/or + E	387.00
66314	Four units + L and/or + E	516.00

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

66741	One unit of time + E	129.00
66742	Two units of time + E	258.00
66743	Three units of time + E	387.00
66744	Four units of time + E	516.00

No.**SUGGESTED FEE***RETAINERS, ACRYLIC / COMPOSITE / COMPOMER, WITH OR WITHOUT CAST OR PREFABRICATED METAL BASES*

67115	Retainers, Acrylic, Composite / Compomer, Implant-supported, Indirect + L	I.C.
67125	Retainers, Acrylic, Composite / Compomer (provisional during healing, done at chairside), Implant-Supported, Direct + E	I.C.
67135	Retainers, Composite / Compomer, Resin / Acrylic, Processed to Metal, Indirect, Metal, Indirect, Implant-supported + L + E	I.C.
67145	Retainers, Acrylic / Composite / Compomer, Prefabricated Metal Base, Provisional, Implant-Supported, Direct + E	I.C.
67155	Retainers, Acrylic / Composite / Compomer, Prefabricated Metal Base, Implant-Supported, Provisional, Indirect + L + E	I.C.

RETAINERS, PORCELAIN / CERAMIC / POLYMER GLASS

67205	Retainers, Porcelain / Ceramic / Polymer Glass, Implant-Supported + L + E	1,668.00
67215	Retainers, Porcelain / Ceramic / Polymer Glass Fused to Metal Base, Implant-Supported + L + E	1,668.00

RETAINERS, CAST METAL

67305	Retainers, Cast Metal, Implant-supported + L + E	1,668.00
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RETAINERS, OVERDENTURES, CUSTOM CAST OR PREFABRICATED WITH NO OCCLUSAL COMPONENT

67415	Retainer, Metal, Prefabricated or Custom Cast, Implant-supported, with or without Mesostructure with no Occlusal Component (see 62105 for Retentive Bar) + L + E	I.C.
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*FIXED PROSTHODONTICS, WHERE AN ENTIRE ARCH IS RECONSTRUCTED (used in extensive or complicated fixed restorative dentistry)**Provisional, Immediate, Implant Supported, Screw Retained, Polymer Base with Denture Teeth Without a Reinforcing Framework*

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

Final Prosthesis, Full Arch, Denture Teeth and Acrylic (also known as "hybrid prosthesis"), with Reinforcing Framework, Implant-Supported, Screw Retained

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

No.

SUGGESTED FEE

ORAL & MAXILLOFACIAL SURGERY

IMPLANTOLOGY (includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)

Implants, Osseo-integrated, Root Form

79931	Surgical Installation of Implant with Cover Screw - per implant + E	1,294.00
79932	Surgical Installation of Implant with Healing Transmucosal Element - per implant + E	1,294.00
79933	Surgical Installation of Implant with Final Transmucosal Element - per implant + E	1,756.00
79934	Surgical Re-entry, Removal of Healing Screw and Placement of Healing Transmucosal Element - per implant + E	375.00
79935	Surgical Re-entry, Removal of Healing Screw and Placement of Final Standard Transmucosal Element - per implant + E	375.00
79936	Surgical Re-entry, Removal of Healing Screw and Placement of Final Custom Transmucosal Element - per implant + E + L	375.00

Implants, Osseo-integrated, Provisional

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

Implants, Removal of

79961	Uncomplicated, per implant	293.00
79962	Complicated, per implant	466.00

COLLEGE OF DENTAL SURGEONS OF SASKATCHEWAN

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