

**THE COLLEGE OF DENTAL SURGEONS OF  
SASKATCHEWAN**

**SUGGESTED FEE GUIDE  
FOR SPECIALISTS**

*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.

For certain procedures, there are many variables, which makes the determination of a fixed time or fee difficult. The fees for these procedures are therefore shown per "unit" of time, where one "unit" of time is equal to 15 minutes. These procedures are shown with the unit of time preceding the procedure fee.

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

Where the procedure fee is followed by "+ Lab", this designates that the related laboratory charges are to be added to the fee.

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

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.

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January, 2021



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## 2021 CDSS Specialists' Suggested Fee Guide

### Section 21

#### DIAGNOSTIC SERVICES

(As provided by a Specialist holding a Specialty License)

<b>EXAMINATIONS AND DIAGNOSIS, COMPLETE ORAL to include: (a) History, Medical and Dental; (b) Clinical Examination and Diagnosis of Hard and Soft tissues, including: carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality test/analysis, where necessary and any other pertinent factors; (c) Radiographs extra, as required</b>		
01101	EXAMINATION AND DIAGNOSIS, COMPLETE, PRIMARY DENTITION to include: extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description	142.00
01102	EXAMINATION AND DIAGNOSIS, COMPLETE, MIXED DENTITION to include: a) Extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including above description; b) Eruption sequence, tooth size, jaw size assessment	201.00
01103	EXAMINATION AND DIAGNOSIS, COMPLETE, PERMANENT DENTITION to include: extended examination on permanent dentition, recording history, charting, treatment planning and case presentation, including above description	201.00
<b>EXAMINATION AND DIAGNOSIS, LIMITED ORAL</b>		
01201	EXAMINATION AND DIAGNOSIS, LIMITED ORAL, NEW PATIENT. Examination and diagnosis of hard and soft tissues, including checking of occlusion and appliances, but not including specific test / analysis as for description above (may include PSR)	65.00
01202	EXAMINATION AND DIAGNOSIS, LIMITED ORAL, PREVIOUS PATIENT (RECALL). Examination of hard and soft tissues, including checking of occlusion and appliances, but not including specific test/analysis as for description above	67.00
01204	EXAMINATION AND DIAGNOSIS, SPECIFIC, examination and evaluation of a specific situation. Not to be used as a substitute for limited exam codes (01201, 01202)	110.00
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)	124.00
01206	Analysis, Mixed Dentition	121.00
<b>EXAMINATION AND DIAGNOSIS, STOMATOGNATHIC, DYSFUNCTIONAL</b>		
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, musculoskeletal system (static and functional); Intraoral examination of hard and soft tissues, including occlusal analysis; consultation with other health care professionals, review of previous records, including radiographs, order of appropriate test/analysis and consultations.	187.00
<b>EXAMINATION AND DIAGNOSIS, ORAL PATHOLOGY</b>		
01401	EXAMINATION AND DIAGNOSIS, ORAL PATHOLOGY, GENERAL, to include: (a) History, Medical and Dental (b) Clinical Examination including, in-depth analysis of medical status, initial consultation, with referring dentist or physician, evaluation of the diagnosis and prognosis and formulation of a treatment plan.	102.00
01402	EXAMINATION AND DIAGNOSIS, ORAL PATHOLOGY, SPECIFIC (or repeat examination and diagnosis within 90 days of same illness)	40.00
<b>EXAMINATION AND DIAGNOSIS, PERIODONTAL</b>		
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 and depth of periodontal pockets; 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.	166.00
01502	EXAMINATION AND DIAGNOSIS, PERIODONTAL, LIMITED	119.00
01503	EXAMINATION AND DIAGNOSIS, PERIODONTAL, SPECIFIC	110.00
<b>EXAMINATION AND DIAGNOSIS, SURGICAL, GENERAL</b>		
01601	EXAMINATION AND DIAGNOSIS, SURGICAL, GENERAL, to include (a) History, Medical and Dental; (b) Clinical examination as above, may include in-depth analysis of medical status, medication, anesthetic and surgical risk, initial consultation with referring dentist or physician, parent or guardian, evaluation of source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors, TMJ, or where the patient is to be admitted to hospital for dental procedures.	221.00
01602	EXAMINATION AND DIAGNOSIS, SURGICAL, SPECIFIC	110.00

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Section 21 - DIAGNOSTIC SERVICES		
<b>EXAMINATION AND DIAGNOSIS, PROSTHODONTIC</b>		
01701	EXAMINATION AND DIAGNOSIS, PROSTHODONTIC, EDENTULOUS - Extended Examination of the Edentulous Mouth, including medical and dental history (incl. prosthetic history), visual and digital examination of the oral structures, head and neck (incl. TMJ), lips, oral mucosa, tongue, oral pharynx, salivary glands and lymph nodes, and including evaluation for implant-supported or retained prosthesis	98.00
01703	EXAMINATION AND DIAGNOSIS, PROSTHODONTIC, FIXED ORAL REHABILITATION, to include: (a) History, Medical and Dental; (b) Clinical examination of hard and soft tissues, including carious lesions, missing teeth, location of periodontal pockets and determination of pocket depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests, where necessary and any other pertinent factors; (c) evaluation of specific sites for implant-supported or retained prosthesis; (d) Radiographs extra, as required	141.00
<b>EXAMINATIONS AND DIAGNOSIS, ENDODONTIC</b>		
01801	EXAMINATION AND DIAGNOSIS, ENDODONTIC, COMPLETE. Endodontic examination 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, anesthetic test/analysis and mobility test/analysis	232.00
01802	EXAMINATION AND DIAGNOSIS, ENDODONTIC, SPECIFIC - Endodontic examination and evaluation of a specific situation in a localized area and vitality tests/analysis	163.00
<b>EXAMINATION AND DIAGNOSIS, ORTHODONTIC</b>		
01901	EXAMINATION AND DIAGNOSIS, ORTHODONTIC, GENERAL, to include: Diagnostic models, complete intraoral radiographic series, or panoramic image, cephalograms, facial and intraoral photographs, consultation and case presentation	549.00
<b>RADIOGRAPHS (Including radiographic examination and diagnosis and interpretation)</b>		
<b>RADIOGRAPHS, (where 2-pack films are utilized, it is appropriate to add + E)</b>		
02102	Radiographs, Complete Series (minimum of 16 images incl. bitewings)	166.00
<b>RADIOGRAPHS, PERIAPICAL</b>		
02111	Single image	41.00
02112	Two images	49.00
02113	Three images	62.00
02114	Four images	69.00
02115	Five images	82.00
02116	Six images	92.00
02117	Seven images	102.00
02118	Eight images	113.00
02119	Nine images	123.00
02120	Ten images	123.00
02121	Eleven images	144.00
02122	Twelve images	155.00
02123	Thirteen images	162.00
02124	Fourteen images	162.00
<b>RADIOGRAPHS, OCCLUSAL</b>		
02131	Single image	41.00
02132	Two images	50.00
02133	Three images	71.00
02134	Four images	82.00
02135	Five images	97.00
02136	Six images	108.00
<b>RADIOGRAPHS, BITEWING</b>		
02141	Single image	41.00
02142	Two images	49.00
02143	Three images	62.00
02144	Four images	68.00
<b>RADIOGRAPHS, REGIONAL/LOCALIZED, OTHER</b>		
02151	Single image	56.00
02152	Two images	83.00
02153	Three images	106.00
02154	Four images	134.00
02159	Each additional image	28.00



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Section 21 - DIAGNOSTIC SERVICES		
<b>RADIOGRAPHS, POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE</b>		
02301	Single image	42.00
02302	Two images	60.00
02309	Each additional image	18.00
<b>RADIOGRAPHS, TEMPOROMANDIBULAR JOINT</b>		
02501	Single image	58.00
02502	Two images	84.00
02509	Each additional image	26.00
<b>RADIOGRAPHS, PANORAMIC</b>		
02601	Single image	78.00
<b>RADIOGRAPHS, CEPHALOMETRIC</b>		
02701	Single image	72.00
02702	Two images	101.00
02709	Each additional image	42.00
<b>RADIOGRAPHS, CEPHALOMETRIC, TRACING AND INTERPRETATION</b>		
02751	One unit of time	96.00
02752	Two units of time	192.00
02759	Each additional unit	96.00
<b>RADIOGRAPHS, COMPUTERIZED AXIAL TOMOGRAPHS (CT), POSITRON EMISSION TOMOGRAPHY (P.E.T.), MAGNETIC RESONANCE IMAGES (M.R.I.) INTERPRETATION, (either the radiographs, CT scans, PET scans, MRI scans, or the interpretation must be received from another source)</b>		
02801	One unit of time	112.00 + E
02802	Two units	224.00 + E
02809	Each additional unit	112.00 + E
<b>RADIOGRAPHS, OTHER, DUPLICATIONS</b>		
02911	Single image	28.00
02912	Two images	29.00
02919	Each additional image	1.00
<b>RADIOGRAPHS, HAND AND WRIST</b>		
02941	Radiographs, Hand and Wrist (as a diagnostic aid for dental treatment) per case	70.00
<b>TEST / ANALYSIS / LABORATORY PROCEDURES / INTERPRETATION AND/OR REPORTS</b>		
<b>Test / Analysis, Microbiological</b> (technical procedure only)		
04101	Microbiological Test / Analysis for the determination of pathological agents	74.00 + Lab
<b>Test / Analysis, Caries Susceptibility / Diagnosis</b>		
04201	Bacteriological Test / Analysis for the determination of dental caries susceptibility 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	74.00 + Lab
04221	One unit of time	I.C.
04222	Two units	I.C.
04227	One half unit of time	I.C.
04229	Each additional unit	I.C.
<b>Test / Analysis, Histopathological, Soft Tissue</b>		
04311	Biopsy, Soft Oral Tissue - by Puncture	155.00 + Lab
04312	Biopsy, Soft Oral Tissue - by Incision	155.00 + Lab
04313	Biopsy, Soft Oral Tissue - by Aspiration	155.00 + Lab
<b>Test / Analysis, Histopathological, Hard Tissue</b>		
04321	Biopsy, Hard Oral Tissue - by Puncture	308.00 + Lab
04322	Biopsy, Hard Oral Tissue - by Incision	308.00 + Lab
04323	Biopsy, Hard Oral Tissue - by Aspiration	308.00 + Lab
<b>Test / Analysis, Cytological</b> (technical procedure only)		
04401	Cytological Smear from the Oral Cavity	80.00 + Lab + E
04402	Vital Staining of Oral Mucosal Tissues	80.00 + E
04403	Direct Fluorescence Visualization	60.00
<b>Test / Analysis, Pulp Vitality and Interpretation</b>		
04501	One unit of time	95.00
04509	Each additional unit	95.00
<b>INTERPRETATION AND/OR REPORTS, LABORATORY</b>		
04602	Interpretation and/or Report, Histopathological by Oral Pathologist or Microbiologist	101.00 + Lab
04603	Interpretation and/or Report, Cytological by Oral Pathologist	89.00 + Lab
04604	Reports, Other	I.C.

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**Section 21 - DIAGNOSTIC SERVICES**

<b>SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY)</b>		
<b>Equilibration, Casts, Diagnostic</b> (pilot equilibration) for extensive or complicated restorative dentistry		
04711	One unit of time	100.00 + Lab
04712	Two units	200.00 + Lab
04713	Three units	300.00 + Lab
04714	Four units	400.00 + Lab
04719	Each additional unit	100.00 + Lab
<b>Wax-up, Diagnostic</b> (to evaluate cosmetic and/or preparation design and/or occlusal considerations) (gnathological wax-up)		
04721	One unit of time	89.00 + Lab
04722	Two units	178.00 + Lab
04723	Three units	267.00 + Lab
<b>Interpretation of Diagnostic Casts</b>		
04741	One unit of time	80.00
04749	Each additional unit	80.00
<b>VISUAL IMAGING, DIAGNOSTIC</b>		
<b>PHOTOGRAPHS, DIAGNOSTIC (technical procedure only)</b>		
04811	Single photograph	35.00
04812	Two photos	51.00
04813	Three photos	67.00
04819	Each additional photo over three	16.00
<b>CASTS, DIAGNOSTIC, Unmounted</b>		
04911	Cast, Diagnostic, Unmounted	42.00 + Lab
04912	Cast, Diagnostic, Unmounted, Duplicate	24.00 + Lab
04913	Cast, Diagnostic, Unmounted, Upper and Lower Combined	68.00 + Lab
<b>CASTS, DIAGNOSTIC, Mounted</b>		
04921	Cast, Diagnostic, Mounted	112.00 + Lab
04923	Cast, Diagnostic, Mounted, using face bow and occlusal records	255.00 + Lab
04924	Cast, Diagnostic, Mounted, using fully adjustable articulators (used with 04942)	179.00 + Lab
04931	Cast, Diagnostic, Orthodontic (unmounted, angle trimmed and soaped)	92.00 + Lab
<b>CASTS, DIAGNOSTIC, Miscellaneous Procedures</b>		
04942	Three dimensional recordings of patient's dynamic movements for programming of fully adjustable articulators	3,130.00
<b>CASE PRESENTATION / TREATMENT PLANNING</b>		
<b>TREATMENT PLANNING</b> 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	118.00
05102	Two units	236.00
05103	Three units	354.00
05104	Four units	472.00
05109	Each additional unit	118.00
<b>CONSULTATION, with patient</b>		
05201	One unit of time	118.00
05202	Two units	236.00
05209	Each additional unit	118.00
<b>RADIOGRAPHS, CONE BEAM COMPUTERIZED TOMOGRAPHY (CBCT)</b>		
<b>RADIOGRAPHS, CBCT, Acquisition</b>		
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.
<b>RADIOGRAPHS, CBCT, Image Processing</b>		
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.
<b>RADIOGRAPHS, CBCT, Interpretation</b>		
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.
<b>RADIOGRAPHS, CBCT, Acquisition, Processing and Interpretation</b>		
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.

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### Section 21 - DIAGNOSTIC SERVICES

#### PREVENTIVE

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 total 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.

<b>POLISHING</b>		
11101	One unit of time	70.00
11102	Two units	140.00
11107	One half unit	35.00
11109	Each additional unit	70.00
<b>SCALING</b>		
11111	One unit of time	82.00
11112	Two units	164.00
11113	Three units	246.00
11114	Four units	328.00
11115	Five units	410.00
11116	Six units	492.00
11117	One half unit	41.00
<b>FLUORIDE TREATMENTS (topical, whole mouth)</b>		
12111	Fluoride Treatment, Rinse	44.00
12112	Fluoride Treatment, Gel or Foam	48.00
12113	Fluoride Treatment, Varnish	52.00
12114	Fluoride Treatment, Supervised, Self-Administered Brush-in	54.00
<b>FLUORIDE, CUSTOM APPLIANCES (home application)</b>		
12601	Fluoride, Custom Appliance - Maxillary Arch	138.00 + Lab
12602	Fluoride, Custom Appliance - Mandibular Arch	138.00 + Lab
<b>PREVENTIVE SERVICES, OTHER</b>		
<b>NUTRITIONAL COUNSELLING:</b> Including: recording and analysis of up to seven day dietary intake and consultation		
13101	One unit of time	68.00
13102	Two units	136.00
13103	Three units	204.00
13104	Four units	272.00
13109	Each additional unit	68.00
<b>ORAL HYGIENE INSTRUCTION / PLAQUE CONTROL</b> To include: brushing and/or flossing and/or embrasure cleaning		
<b>Individual Instruction</b> (one instructor to one patient) excluding audio-visual time		
13211	One unit of time	72.00
13212	Two units	144.00
13213	Three units	216.00
13214	Four units	288.00
13217	One half unit of time	36.00
<b>SEALANTS, PIT AND FISSURE</b> (Mechanical and/or Chemical Preparation Included)		
13401	First Tooth	68.00
13409	Each additional tooth in same quadrant	34.00
<b>TOPICAL APPLICATION TO HARD TISSUE OF AN ANTIMICROBIAL OR REMINERALIZATION AGENT</b>		
13601	One unit of time	73.00 + E
13602	Two units of time	146.00 + E
13609	Each additional unit	73.00 + E
<b>APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS</b>		
14101	Appliance, Maxillary	321.00 + Lab
14102	Appliance, Mandibular	321.00 + Lab
14103	Appliances, Maxillary plus Mandibular	642.00 + Lab
<b>APPLIANCES FIXED/CEMENTED, CONTROL OF ORAL HABITS</b>		
14201	Appliance, Maxillary	374.00 + Lab
14202	Appliance, Mandibular	374.00 + Lab
<b>CONTROL OF ORAL HABITS, MISCELLANEOUS</b>		
<b>Myofunctional Therapy</b> (e.g., to correct mouth breathing, abnormal swallowing, tongue thrust, snoring, sleep apnea, etc.)		
14311	First unit of time per visit	I.C. + Lab
14312	Two units	I.C. + Lab
14319	Each additional unit	I.C. + Lab

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**Section 21 - DIAGNOSTIC SERVICES**

	<b>APPLIANCES, PROTECTIVE MOUTH GUARDS</b>	
14501	Mouth Guards, Preformed	108.00
14502	Mouth Guards, Processed	178.00 + Lab
	<b>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.</b>	
14901	<b>Appliance, Intraoral, for the Treatment of Obstructive Airway Disorders, Ridge or Tooth Supported</b>	I.C. + Lab
14902	<b>Appliance, Tongue Retaining Device, for the Treatment of Obstructive Airway Disorders</b> <b>Appliance, Intraoral, for the Treatment of Obstructive Airway Disorders, Periodic Maintenance, Adjustment and Repairs</b>	I.C. + E
14911	One unit of time	I.C. + Lab
14912	Two units	I.C. + Lab
14919	Each additional unit over two	I.C. + Lab
	<b>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</b>	
14921	One unit of time	I.C.
14922	Two units	I.C.
14929	Each additional unit over two	I.C.
	<b>SPACE MAINTAINERS (includes the design, separation, fabrication, insertion and where applicable initial cementation and removal)</b>	
	<b>SPACE MAINTAINERS, BAND TYPE</b>	
15101	Space Maintainer, Band Type, Fixed, Unilateral	237.00 + Lab
15103	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch)	377.00 + Lab
15104	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch), with teeth attached	457.00 + Lab
15105	Space Maintainer, Band Type, Fixed, Bilateral Tubes and Locking wires	309.00 + Lab
	<b>SPACE MAINTAINERS, STAINLESS STEEL CROWN TYPE</b>	
15201	Space Maintainer, Stainless Steel Crown Type, Fixed	309.00 + Lab
15202	Space Maintainer, Stainless Steel Crown Type, Fixed, with Intra Alveolar Attachment	364.00 + Lab
	<b>SPACE MAINTAINERS, ACRYLIC, REMOVABLE</b>	
15401	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires	203.00 + Lab
15402	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires with Teeth	231.00 + Lab
15403	Space Maintainer, Acrylic, Removable, No Clasps	193.00 + Lab
	<b>SPACE MAINTAINERS, BONDED, PONTIC TYPE</b>	
15501	Space Maintainer, Bonded, Pontic Type	244.00 + Lab
	<b>SPACE MAINTAINERS, MAINTENANCE OF</b>	
15601	Maintenance, Space Maintainer Appliance, to include: adjustment and/or recementation after 30 days from insertion	103.00
15602	Maintenance, Space Maintainer Appliances, addition of clasps and/or activating wires	137.00 + Lab
15603	Repairs, Space Maintainer Appliances (includes recementation)	137.00 + Lab
15604	Removal of Fixed Space Maintainer Appliances by Second Dentist	70.00
	<b>FINISHING RESTORATIONS to include: Polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (when restorations were performed by another dentist or restorations are over two years old)</b>	
16101	One unit of time	83.00
16102	Two units	166.00
16103	Three units	249.00
16104	Four units	332.00
16109	Each additional unit	83.00
	<b>DISKING OF TEETH, Interproximal</b>	
16201	One unit of time	95.00
16202	Two units	190.00
16203	Three units	285.00
	<b>RECONTOURING OF NATURAL TEETH FOR AESTHETIC REASONS</b>	
16301	One unit of time	90.00
16309	Each additional unit	90.00
	<b>RECONTOURING OF NATURAL TEETH FOR FUNCTIONAL REASONS</b>	
16401	One unit of time	98.00
16409	Each additional unit	98.00

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Section 22

**ORAL RADIOLOGY SERVICES**

(As provided by a Dentist holding a Specialist License in Oral Radiology)

<b>RADIOGRAPHS</b> (Including radiographic examination and diagnosis and interpretation)		
<b>RADIOGRAPHS, REGIONAL/LOCALIZED</b>		
02102	Radiographs, Complete Series (minimum of 16 images incl bitewings)	166.00
<b>Radiographs, Periapical</b>		
02111	Single image	41.00
02112	Two images	49.00
02113	Three images	62.00
02114	Four images	69.00
02115	Five images	82.00
02116	Six images	92.00
02117	Seven images	102.00
02118	Eight images	113.00
02119	Nine images	123.00
<b>Radiographs, Occlusal</b>		
02131	Single image	41.00
02132	Two images	50.00
<b>Radiographs, Bitewing</b>		
02141	Single image	41.00
02142	Two images	49.00
02143	Three images	62.00
02144	Four images	68.00
<b>RADIOGRAPHS, REGIONAL/LOCALIZED, OTHER</b>		
02151	Single image	56.00
02152	Two images	83.00
02153	Three images	106.00
02154	Four images	134.00
02159	Each additional image	28.00
<b>RADIOGRAPHS, POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE</b>		
02301	Single image	47.00
02302	Two images	68.00
02303	Three images	91.00
02304	Sinus Examination and Diagnosis - Minimum four images identified as: 1) Waters; 2) Caldwell; 3) Lateral Skull; 4) Basal	109.00
<b>RADIOGRAPHS, SIALOGRAPHY</b>		
02401	Single image	I.C.
02402	Two images	I.C.
02409	Each additional image over two	I.C.
<b>RADIOGRAPHS, TEMPOROMANDIBULAR JOINT</b> (NB: 02501-02504 taken in conjunction with arthrographic procedures are I.C.)		
02501	Single image	58.00
02502	Two images	84.00
02503	Three images	113.00
02504	Four images (minimum examination and diagnosis closed and open each side)	123.00
<b>RADIOGRAPHS, PANORAMIC</b>		
02601	Single image	78.00
<b>RADIOGRAPHS, CEPHALOMETRIC</b>		
02701	Single image	72.00
02702	Two images	101.00
<b>RADIOGRAPHS, COMPUTERIZED AXIAL TOMOGRAPHS (CT), POSITRON EMISSION TOMOGRAPHY (P.E.T.), MAGNETIC RESONANCE IMAGES (M.R.I.) INTERPRETATION, (either the radiographs, CT scans, PET scans, MRI scans, or the interpretation must be received from another source)</b>		
02801	One unit of time	112.00 + E
02802	Two units	224.00 + E
02809	Each additional unit	112.00 + E

**Section 22 - ORAL RADIOLOGY SERVICES**

<b>RADIOGRAPHS, OTHER</b>		
<b>Radiographs, Duplications</b>		
02911	Single image	28.00
02912	Two images	29.00
02913	Three images	32.00
02919	Each additional image over three	1.00
<b>Radiographs, Tomography</b>		
02931	Single view	96.00
02932	Two views	136.00
02933	Three views	167.00
02934	Four views	207.00
02939	Each additional view over four	35.00

## 2021 CDSS Specialists' Suggested Fee Guide

### Section 23

### PAEDIATRIC DENTISTRY SERVICES

(As provided by a Dentist Holding a Specialist License in Paediatric Dentistry)

#### PREVENTIVE

<b>APPLIANCES, PERIODONTAL</b> (see separate codes for control of Oral Habits 14000, Protective Mouth Guards 14500, TMJ 14700 and TMJ appliances 78700)		
<b>Appliances, Periodontal</b> (including bruxism appliance); Includes Impression, Insertion and Insertion Adjustment (no post-insertion adjustments)		
14611	Maxillary Appliance	732.00 + Lab
14612	Mandibular Appliance	732.00 + Lab
<b>Appliances, Adjustment, Repair</b>		
14621	One unit of time	123.00 + Lab

#### RESTORATION

<b>CARIES, TRAUMA AND PAIN CONTROL</b>		
<b>Caries/Trauma/Pain Control</b> (Removal of carious lesions or existing restorations <i>or gingivally attached tooth fragment</i> and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure)		
20111	First tooth	160.00
20119	Each additional tooth same quadrant	160.00
<b>Caries/Trauma/Pain Control</b> (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	186.00
20129	Each additional tooth same quadrant	186.00
<b>Trauma Control, Smoothing of Fractured Surfaces, per tooth</b>		
20131	First tooth	47.00
20139	Each additional tooth same quadrant	47.00
<b>RESTORATIONS, AMALGAM, PRIMARY TEETH</b>		
<b>Restorations, Amalgam, Non-Bonded, Primary Teeth</b>		
21111	One surface	148.00
21112	Two surfaces	204.00
21113	Three surfaces	234.00
21114	Four surfaces	292.00
21115	Five surfaces or maximum surfaces per tooth	317.00
<b>Restorations, Amalgam, Bonded, Primary Teeth</b>		
21121	One surface	152.00
21122	Two surfaces	212.00
21123	Three surfaces	252.00
21124	Four surfaces	292.00
21125	Five surfaces or maximum surfaces per tooth	317.00
<b>RESTORATIONS, AMALGAM, PERMANENT TEETH</b>		
<b>Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors</b>		
21211	One surface	153.00
21212	Two surfaces	207.00
21213	Three surfaces	236.00
21214	Four surfaces	310.00
21215	Five surfaces or maximum surfaces per tooth	336.00
<b>Restorations, Amalgam, Non-Bonded, Permanent Molars</b>		
21221	One surface	168.00
21222	Two surfaces	233.00
21223	Three surfaces	265.00
21224	Four surfaces	336.00
21225	Five surfaces or maximum surfaces per tooth	365.00
<b>Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors</b>		
21231	One surface	160.00
21232	Two surfaces	212.00
21233	Three surfaces	263.00
21234	Four surfaces	310.00
21235	Five surfaces or maximum surfaces per tooth	344.00

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Section 23 - PAEDIATRIC DENTISTRY SERVICES		
<b>Restorations, Amalgam, Bonded, Permanent Molars</b>		
21241	One surface	189.00
21242	Two surfaces	237.00
21243	Three surfaces	285.00
21244	Four surfaces	336.00
21245	Four surfaces	367.00
<b>RESTORATIONS, AMALGAM CORES</b>		
21301	Restorations, Amalgam Core, Non-Bonded in conjunction with crown or fixed bridge retainer	308.00
21302	Restorations, Amalgam Core, Bonded in conjunction with crown or fixed bridge retainer	349.00
<b>PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations)</b>		
21401	One pin	42.00
21402	Two pins	68.00
21403	Three pins	83.00
21404	Four pins	112.00
<b>RESTORATIONS, PREFABRICATED, FULL COVERAGE</b>		
<b>Restorations, Prefabricated, Metal</b>		
22201	Primary Anterior	265.00
22202	Primary Anterior - open face/acrylic veneer	213.00 + Lab
22211	Primary Posterior	265.00
22311	Permanent Posterior	265.00
<b>Restorations, Prefabricated, Plastic</b>		
22401	Primary Anterior	265.00
22501	Permanent Anterior	265.00
22511	Permanent Posterior	265.00
<b>RESTORATIONS, PREFABRICATED, PORCELAIN / CERAMIC / POLYMER GLASS</b>		
22601	Primary Anterior	172.00
22611	Primary Posterior	172.00
<b>RESTORATIONS, TOOTH COLOURED / PLASTIC WITH/WITHOUT SILVER FILLINGS</b>		
<b>Restorations, Tooth Coloured, Permanent Anteriors, Non Bonded Technique</b>		
23101	One surface	160.00
23102	Two surfaces	212.00
23103	Three surfaces	264.00
23104	Four surfaces	294.00
23105	Five surfaces (maximum surfaces per tooth)	322.00
<b>Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closures)</b>		
23111	One surface	169.00
23112	Two surfaces	234.00
23113	Three surfaces	264.00
23114	Four surfaces	310.00
23115	Five surfaces (maximum surfaces per tooth)	390.00
<b>Restorations, Tooth Coloured, Veneer Applications</b>		
23121	Tooth Coloured Veneer Application - Direct Chairside Prefabricated, Bonded	293.00
23122	Tooth Coloured Veneer Application - Non Prefabricated Direct Buildup, Bonded	355.00
23123	Tooth Coloured Veneer Application - Diastema Closure, Interproximal only, Bonded	264.00
<b>RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIORES - BONDED</b>		
<b>Permanent Bicuspids</b>		
23311	One surface	173.00
23312	Two surfaces	234.00
23313	Three surfaces	264.00
23314	Four surfaces	342.00
23315	Five surfaces or maximum surfaces per tooth	390.00
<b>Permanent Molars</b>		
23321	One surface	190.00
23322	Two surfaces	238.00
23323	Three surfaces	285.00
23324	Four surfaces	352.00
23325	Five surfaces or maximum surfaces per tooth	408.00



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Section 23 - PAEDIATRIC DENTISTRY SERVICES		
<b>RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED</b>		
23401	One surface	160.00
23402	Two surfaces	212.00
23403	Three surfaces	252.00
23404	Four surfaces	292.00
23405	Five surfaces (maximum surfaces per tooth)	317.00
<b>Restorations, Tooth Coloured, Primary, Anterior Bonded Technique</b>		
23411	One surface	169.00
23412	Two surfaces	234.00
23413	Three surfaces	264.00
23414	Four surfaces	310.00
23415	Five surfaces (maximum surfaces per tooth)	391.00
<b>RESTORATIONS, TOOTH COLOURED / PLASTIC WITH / WITHOUT SILVER FILLINGS, PRIMARY, POSTERIOR</b>		
<b>Restorations, Tooth Coloured, Primary, Posterior, Bonded Technique</b>		
23511	One surface	173.00
23512	Two surfaces	234.00
23513	Three surfaces	264.00
<b>RESTORATIONS, TOOTH COLOURED / PLASTIC WITH / WITHOUT SILVER FILLINGS, CORES</b>		
23601	Tooth Coloured, Non-Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer	303.00
23602	Tooth Coloured, Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer	315.00
<b>RESTORATIONS, ONLAYS (where one or more cusps are restored)</b>		
25511	Onlays, Cast Metal, Indirect	846.00 + Lab
25521	Onlays, Composite/Compomer, Indirect (bonded)	846.00 + Lab
25531	Onlays, Porcelain / Ceramic / Polymer Glass (Bonded)	846.00 + Lab
<b>POSTS</b>		
<b>Posts, Cast Metal (including core) as a separate procedure</b>		
25711	Single section	459.00 + Lab
25712	Two sections	536.00 + Lab
<b>Posts, Cast Metal (including core) Concurrent with Impression for Crown</b>		
25721	Single section	230.00 + Lab
25722	Two sections	307.00 + Lab
<b>Posts, Prefabricated Retentive</b>		
25731	One post	200.00 + E
25732	Two posts same tooth	258.00 + E
<b>CROWNS, SINGLE UNITS (only)</b>		
<b>Crowns, Acrylic / Composite / Compomer (with or without Cast or Prefabricated Metal Bases)</b>		
27111	Crown, Acrylic / Composite / Compomer, Indirect	1,017.00 + Lab
27121	Crown, Acrylic / Composite / Compomer, Direct, Provisional (chairside)	417.00 + E
<b>CROWNS, PORCELAIN / CERAMIC / POLYMER GLASS</b>		
27201	Crown, Porcelain / Ceramic / Polymer Glass	1,272.00 + Lab
27211	Crown, Porcelain / Ceramic / Polymer Glass, Fused to Metal Base	1,272.00 + Lab
<b>CROWNS, CAST METAL</b>		
27301	Crown, Cast Metal	1,143.00 + Lab
27311	Crowns, 3/4, Cast Metal	1,002.00 + Lab
<b>VENEERS, LABORATORY PROCESSED</b>		
27601	Veneers, Acrylic/Composite/Compomer, Bonded	721.00 + Lab
27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded	965.00 + Lab
<b>RECEMENTATION / REBONDING, INLAYS / ONLAYS / CROWNS / VENEERS / POSTS / NATURAL TOOTH FRAGMENTS</b>		
29101	One unit of time	119.00 + Lab + E
29102	Two units	238.00 + Lab + E
29103	Three units	357.00 + Lab + E
<b>REMOVAL, INLAYS / ONLAYS / CROWNS / VENEERS (single units only)</b>		
29301	One unit of time	119.00
29302	Two units	238.00

## Section 23 - PAEDIATRIC DENTISTRY SERVICES

## ENDODONTICS

<b>PULPOTOMY</b>		
<b>Pulpotomy, Permanent Teeth</b> (as a separate emergency procedure)		
32221	Anterior and Bicuspid Teeth	210.00
32222	Molar Teeth	267.00
<b>Pulpotomy, Primary Teeth</b>		
32231	Primary Tooth, as a separate procedure	210.00
32232	Primary Tooth, Concurrent with Restorations (but excluding final restoration)	108.00
<b>PULPECTOMY</b> (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)		
<b>Pulpectomy, Permanent Teeth / Retained Primary Teeth</b>		
32311	One Canal	271.00
32312	Two Canals	280.00
<b>Pulpectomy, Primary Teeth</b>		
32321	Anterior Tooth	210.00
32322	Posterior Tooth	227.00
<b>ROOT CANAL THERAPY</b> To include: treatment plan, clinical procedures (i.e. pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs, excluding final restoration		
<b>ROOT CANALS, PERMANENT TEETH / RETAINED PRIMARY TEETH</b>		
33111	One canal	740.00
33121	Two canals	991.00
<b>ROOT CANALS, PRIMARY TEETH</b>		
33401	One canal	299.00
33402	Two canals	370.00
33403	Three canals or more	419.00
<b>APEXIFICATION / APEXOGENESIS / INDUCTION OF HARD TISSUE REPAIR</b> (to include biomechanical preparation and placement of dentogenic media)		
33601	One canal	422.00
33602	Two canals	533.00
33603	Three canals	641.00
33604	Four canals or more	707.00
33605	Difficult access in addition to 33601 - 33604	I.C.
<b>Re-insertion of Dentogenic Media</b> (per Visit)		
33611	One canal	165.00
33612	Two canals	177.00
33613	Three canals	212.00
33614	Four canals or more	248.00
<b>APICOECTOMY / APICAL CURETTAGE</b>		
<b>Maxillary Molar</b>		
34131	One root	835.00
34132	Two roots	968.00
34133	Three roots or more	1,106.00
<b>RETROFILLING</b>		
<b>Maxillary Anterior</b>		
34211	One canal	302.00
34212	Two or more canals	362.00
<b>Maxillary Bicuspid</b>		
34223	Three canals or more	442.00
<b>OPEN AND DRAIN</b> (Separate Emergency Procedures)		
39201	Anteriors and Bicuspids	161.00
39202	Molars	161.00
<b>Opening Through Artificial Crown</b> (In addition to Procedures)		
39211	Anteriors and Bicuspids	124.00
39212	Molars	213.00

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**Section 23 - PAEDIATRIC DENTISTRY SERVICES**

<b>BLEACHING, NON VITAL</b>		
<b>Bleaching, Endodontically Treated Tooth/Teeth</b>		
39311	One unit of time	154.00
39312	Two units	308.00
39313	Three units	462.00
39319	Each additional unit	154.00
<b>PERIODONTICS</b>		
<b>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 and gland tumours, leukoplakia with and without dysphasia, neoplasms, hairy leukoplakia, polyps, verrucae, fibroma, etc.</b>		
41211	One unit of time	153.00
41212	Two units	306.00
<b>Nervous and Muscular Disorders - Disorders of facial sensation and motor dysfunction at the jaw, e.g. trigeminal neuralgia, atypical facial pain, atypical odontologia, burning mouth syndrome, dyskenesia, post injection trismus, muscular and joint pain syndrome.</b>		
41221	One unit of time	153.00
41222	Two units	306.00
<b>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).</b>		
42311	Gingivectomy, Uncomplicated, Per Sextant	627.00
42321	Gingivectomy, Complicated, Per Sextant	683.00
<b>CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS/THERAPY</b>		
<b>Intra-Sulcular Application</b>		
43521	One unit of time	113.00 + E
43529	Each additional unit	113.00 + E
<b>REMOVABLE PROSTHODONTICS</b>		
<b>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)</b>		
<b>DENTURES, COMPLETE, STANDARD</b>		
51101	Maxillary	997.00 + Lab
51102	Mandibular	1,210.00 + Lab
<b>DENTURES, SURGICAL, STANDARD (IMMEDIATE)</b>		
51301	Maxillary	1,125.00 + Lab
51302	Mandibular	1,383.00 + Lab
<b>DENTURES, COMPLETE, PROVISIONAL</b>		
51601	Maxillary	482.00 + Lab
51602	Mandibular	641.00 + Lab
<b>DENTURES, COMPLETE, OVERDENTURES, Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, no Attachments</b>		
51711	Maxillary	1,220.00 + Lab
51712	Mandibular	1,502.00 + Lab
<b>DENTURES, PARTIAL, ACRYLIC BASE (PROVISIONAL) (with or without clasps)</b>		
52101	Maxillary	401.00 + Lab
52102	Mandibular	401.00 + Lab
<b>Dentures, Partial, Acrylic Base (Immediate) (includes first tissue conditioner, but not a processed reline)</b>		
52111	Maxillary	482.00 + Lab
52112	Mandibular	482.00 + Lab
<b>DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT / CAST CLASPS AND/OR RESTS (Immediate) (includes first tissue conditioner, but not a processed reline)</b>		
52311	Maxillary	822.00 + Lab
52312	Mandibular	822.00 + Lab
<b>DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST / WROUGHT CLASPS AND/OR RESTS, Supported by Natural Teeth with or without Coping Crowns, No Attachments</b>		
52711	Maxillary	1,204.00 + Lab
52712	Mandibular	1,204.00 + Lab

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**Section 23 - PAEDIATRIC DENTISTRY SERVICES**

<b>DENTURES, REPAIRS / ADDITIONS</b>		
<b>Dentures, Repairs, Complete Denture, No Impression Required</b>		
55101	Maxillary	84.00 + Lab
55102	Mandibular	84.00 + Lab
<b>Dentures, Repairs, Complete Denture, Impression Required</b>		
55201	Maxillary	146.00 + Lab
55202	Mandibular	146.00 + Lab
<b>Removable Prosthodontics cont'd</b>		
<b>Dentures, Repairs / Additions, Partial Denture, No Impression Required</b>		
55301	Maxillary	82.00 + Lab
55302	Mandibular	82.00 + Lab
<b>FIXED PROSTHODONTICS</b>		
<b>Fixed Bridges</b> (each abutment, each retainer and each pontic, constitutes a separate unit in a bridge, with a separate code number)		
<b>PONTICS, BRIDGE</b>		
62101	Pontics, Cast Metal	374.00 + Lab
62501	Pontics, Porcelain / Ceramic / Polymer Glass, Fused to Metal	458.00 + Lab
62502	Pontics, Porcelain / Ceramic / Polymer Glass, Aluminous	458.00 + Lab
<b>PONTICS, ACRYLIC/COMPOSITE/COMPOMER</b>		
62703	Pontics, Acrylic/Composite/Compomer, Bonded to Adjacent Teeth, Direct (Provisional)	374.00 + E
62704	Pontics, Acrylic/Composite/Compomer	458.00 + Lab
<b>REPAIRS</b>		
<b>Repairs, Removal, Fixed Bridge / Prosthesis - To be recemented</b>		
66211	One unit of time	123.00
66212	Two units	246.00
66213	Three units	369.00
<b>Repairs, Re-insertion / Recementation</b> (+ L where laboratory charges are incurred during repair of bridge)		
66301	One unit of time	123.00 + Lab
66302	Two units	246.00 + Lab
66303	Three units	369.00 + Lab
<b>FIXED BRIDGE RETAINERS</b>		
67111	Retainer, Acrylic, Composite / Compomer, Indirect	753.00 + Lab
67121	Retainer, Plastic / Acrylic, Composite / Compomer, Direct (provisional during healing, done at chairside)	634.00 + E
67131	Retainer, Compomer / Composite Resin / Acrylic, Processed to Cast Metal, Indirect	811.00 + Lab
<b>Retainer, Porcelain / Ceramic / Polymer Glass</b>		
67201	Retainer, Porcelain / Ceramic / Polymer Glass	1,105.00 + Lab
67202	Retainer, Porcelain / Ceramic / Polymer Glass, Complicated	1,160.00 + Lab
67211	Retainer, Porcelain / Ceramic / Polymer Glass, Fused to Metal Base	1,105.00 + Lab
<b>Retainer, Cast Metal</b>		
67301	Retainer, Cast Metal	918.00 + Lab
67311	Retainer, 3/4 Cast Metal	1,029.00 + Lab
<b>Retainer, Cast Metal, Onlay</b> (bonded external retention / partial coverage, e.g., Maryland Bridge)		
67341	Retainer, Cast Metal, Onlay, with or without Perforations, Bonded to Abutment Tooth (Pontic Extra)	237.00 + Lab
<b>ORAL AND MAXILLOFACIAL SURGERY</b>		
<b>REMOVALS (EXTRACTIONS), ERUPTED TEETH</b>		
71101	Single tooth, uncomplicated	185.00
71109	Each additional tooth, same quadrant, same appointment	120.00
<b>REMOVALS, ERUPTED TEETH, COMPLICATED</b>		
71201	Odontectomy (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth	351.00
71209	Each additional tooth, same quadrant Requiring Elevation of a Flap, Removal of Bone and may include Sectioning of Tooth for Removal of Tooth	285.00
71211	Single tooth	351.00
71219	Each additional tooth, same quadrant	285.00

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Section 23 - PAEDIATRIC DENTISTRY SERVICES		
<b>REMOVALS (EXTRACTIONS), SURGICAL</b>		
72111	Removals, Impactions, requiring incision of overlying soft tissue and removal of tooth - single tooth	368.00
72211	Removal, Impaction, requiring incision of overlying soft tissue, elevation of a flap and EITHER removal of bone and tooth OR sectioning and removal of tooth - Single Tooth	414.00
72221	Removal, Impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone AND sectioning of tooth for removal - Single Tooth	534.00
<b>REMOVALS (EXTRACTIONS), RESIDUAL ROOTS</b>		
<b>Removals, Residual Roots, Erupted</b>		
72311	First tooth	181.00
72319	Each additional tooth, same quadrant	118.00
<b>Removals, Residual Roots, Soft Tissue Coverage</b>		
72321	First tooth	266.00
72329	Each additional tooth, same quadrant	228.00
<b>Residual Roots, Bone Tissue Coverage</b>		
72331	First tooth	365.00
72339	Each additional tooth, same quadrant	250.00
<b>SURGICAL EXPOSURES OF TEETH</b>		
72511	Surgical Exposure, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy) - Single tooth	339.00
72521	Surgical Exposure, Complex, Hard Tissue Coverage - Single tooth	459.00
72531	Surgical Exposure, Unerupted tooth, with Orthodontic Attachment - Single Tooth	755.00 + E
<b>Rigid Osseous Anchorage for Orthodontics</b>		
72561	Placement of Anchorage Device Without Elevation of a Flap	I.C. + E
72562	Placement of Anchorage Device With Elevation of a Flap	I.C. + E
72563	Removal of Anchorage Device Without Elevation of a Flap	I.C.
72564	Removal of Anchorage Device With Elevation of a Flap	I.C.
<b>ENUCLEATION, SURGICAL</b>		
<b>Unerupted Tooth and Follicle</b>		
72711	First tooth	399.00
72719	Each additional tooth, same quadrant	292.00
<b>SURGICAL EXCISIONS (not in conjunction with tooth removal, including biopsy)</b>		
<b>Tumors, Benign, Scar Tissue, Inflammatory or Congenital Lesions of Soft Tissue of the Oral Cavity</b>		
74111	1 cm and under	387.00
74112	1-2 cm	413.00
<b>Surgical Incision and Drainage and/or Exploration</b>		
75112	Intraoral, Abscess, Soft Tissue	248.00
<b>FRACTURES, REDUCTIONS, ALVEOLAR</b>		
<b>Replantation, Avulsed Tooth/Teeth (including splinting)</b>		
76941	First tooth	465.00
76949	Each additional tooth	167.00
<b>Repositioning of Traumatically Displaced Teeth</b>		
76951	One unit of time	154.00
76952	Two units of time	308.00
76959	Each additional unit	154.00
<b>Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral</b>		
76961	2 cm or less	203.00
76962	2-4 cm	298.00
<b>ORAL SURGERY PROCEDURES, OTHER</b>		
79403	Hemorrhage Control, using Compression and Hemostatic Agent	141.00
79602	Post Surgical Care, Minor, by Other than Treating Dentist	162.00
<b>ORTHODONTICS</b>		
<b>ORTHODONTIC, OBSERVATIONS AND ADJUSTMENTS</b>		
80601	Orthodontic Observation - for Tooth Guidance (i.e. tooth position, eruption sequences, serial extraction supervision, etc.) per appointment	65.00
80602	Orthodontic Observation and Adjustment - to Orthodontic Appliances and/or the Reduction of Proximal Surfaces of Teeth per appointment	95.00
<b>Repairs to Removable or Fixed Appliances (not including removal and recementation)</b>		
80631	One unit of time	95.00 + Lab
80632	Two units	190.00 + Lab
80639	Each additional unit	95.00 + Lab

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**Section 23 - PAEDIATRIC DENTISTRY SERVICES**

	<b>Alterations to Removable or Fixed Appliances</b>	
80641	One unit of time	95.00 + Lab
80642	Two units	190.00 + Lab
80649	Each additional unit	95.00 + Lab
	<b>Recementation of Fixed Appliances</b>	
80651	One unit of time	95.00
80659	Each additional unit	95.00
	<b>Removal of Fixed Orthodontic Appliances</b> (by a practitioner other than the original treating practice or practitioner)	
80671	One unit of time	95.00
80679	Each additional unit	95.00
	<b>APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT</b>	
	<b>Appliances, Removable, Space Regaining</b>	
81111	Appliance, Maxillary, Unilateral	314.00 + Lab
81112	Appliance, Mandibular, Unilateral	314.00 + Lab
81113	Appliance, Maxillary, Bilateral	341.00 + Lab
81114	Appliance, Mandibular, Bilateral	341.00 + Lab
81115	Appliance, Maxillary, Complex	454.00 + Lab
81116	Appliance, Mandibular, Complex	454.00 + Lab
	<b>Appliances, Removable, Cross-Bite Correction</b>	
81121	Appliance, Maxillary, Simple	449.00 + Lab
81122	Appliance, Mandibular, Simple	449.00 + Lab
81123	Appliance, Maxillary, Complex	511.00 + Lab
81124	Appliance, Mandibular, Complex	511.00 + Lab
	<b>Appliances, Removable, Dental Arch Expansion</b>	
81131	Appliance, Maxillary, Simple	449.00 + Lab
81132	Appliance, Mandibular, Simple	449.00 + Lab
81133	Appliance, Maxillary, Complex	511.00 + Lab
81134	Appliance, Mandibular, Complex	511.00 + Lab
	<b>Appliances, Removable, Closure of Diastemas</b>	
81141	Appliance, Maxillary, Simple	251.00 + Lab
81142	Appliance, Mandibular, Simple	251.00 + Lab
81143	Appliance, Maxillary, Complex	311.00 + Lab
81144	Appliance, Mandibular, Complex	311.00 + Lab
	<b>Appliances, Removable, Alignment of Anterior Teeth</b>	
81151	Appliance, Maxillary, Simple	251.00 + Lab
81152	Appliance, Mandibular, Simple	251.00 + Lab
81153	Appliance, Maxillary, Complex	415.00 + Lab
81154	Appliance, Mandibular, Complex	415.00 + Lab
	<b>APPLIANCES, FIXED OR CEMENTED</b>	
	<b>Appliance, Fixed, Space Regaining</b> (e.g., lingual or labial arch with molar bands, tubes, locks)	
81211	Appliance, Maxillary	424.00 + Lab
81212	Appliance, Mandibular	424.00 + Lab
	<b>Appliance, Fixed, Space Regaining, Unilateral</b>	
81221	Appliance, Maxillary	317.00 + Lab
81222	Appliance, Mandibular	317.00 + Lab
	<b>Appliance, Fixed, Cross-Bite Correction - Anterior</b>	
81231	Appliance, Maxillary	447.00 + Lab
81232	Appliance, Mandibular	447.00 + Lab
	<b>Appliance, Fixed, Cross-Bite Correction - Posterior</b>	
81241	Appliance, Maxillary	421.00 + Lab
81242	Appliance, Mandibular	421.00 + Lab
81243	Appliance, Two Molar Band, Hooked and Elastics	342.00 + Lab
	<b>Appliance, Fixed, Dental Arch Expansion</b>	
81251	Appliance, Maxillary	628.00 + Lab
81252	Appliance, Mandibular	628.00 + Lab
81253	Appliance, Maxillary, Rapid Expansion	628.00 + Lab
81254	Appliance, Headgear	564.00 + Lab
	<b>Appliance, Fixed, Closure of Diastemas</b>	
81261	Appliance, Maxillary, Simple	260.00 + Lab
81262	Appliance, Mandibular, Simple	260.00 + Lab
81263	Appliance, Maxillary, Complex	339.00 + Lab
81264	Appliance, Mandibular, Complex	339.00 + Lab

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**Section 23 - PAEDIATRIC DENTISTRY SERVICES**

<b>Appliance, Fixed, Alignment of Incisor Teeth</b>		
81271	Appliance, Maxillary, Simple	595.00 + Lab
81272	Appliance, Mandibular, Simple	595.00 + Lab
81273	Appliance, Maxillary, Complex	899.00 + Lab
81274	Appliance, Mandibular, Complex	899.00 + Lab
<b>APPLIANCES, RETENTION, ORTHODONTIC RETAINING APPLIANCES</b>		
<b>Appliance, Removable, Retention</b>		
83101	Appliance, Maxillary	311.00 + Lab
83102	Appliance, Mandibular	311.00 + Lab
83103	Appliance, Tooth Positioner	343.00 + Lab
<b>Appliance, Fixed/Cemented, Retention</b>		
83201	Appliance, Maxillary	322.00 + Lab
83202	Appliance, Mandibular	322.00 + Lab
<b>CASE TYPE - Fixed Appliance (includes: formal full banded treatment and retention)</b>		
<b>PERMANENT DENTITION</b>		
84101	Class I Malocclusion	5,065.00 + Lab
84201	Class II Malocclusion	6,606.00 + Lab
84301	Class III Malocclusion	6,606.00 + Lab
84401	Malocclusions not Requiring Complete Banding	I.C. + Lab
<b>MIXED DENTITION</b>		
85101	Class I Malocclusion	4,762.00 + Lab
85201	Class II Malocclusion	6,208.00 + Lab
85301	Class III Malocclusion	6,208.00 + Lab
<b>CASE TYPE: Removable Appliances (includes: removable appliance therapy and retention, e.g. functional appliances for mixed and primary dentition)</b>		
<b>PERMANENT DENTITION</b>		
87101	Class I Malocclusion	2,136.00 + Lab
87201	Class II Malocclusion	2,474.00 + Lab
87301	Class III Malocclusion	2,474.00 + Lab
<b>MIXED DENTITION</b>		
88101	Class I Malocclusion	2,136.00 + Lab
88201	Class II Malocclusion	2,474.00 + Lab
88301	Class III Malocclusion	2,474.00 + Lab
<b>PRIMARY DENTITION</b>		
89101	Class I Malocclusion	2,136.00 + Lab
89201	Class II Malocclusion	2,474.00 + Lab
89301	Class III Malocclusion	2,474.00 + Lab
<b>NEONATAL DENTO-FACIAL ORTHOPEDICS (comprehensive treatment for first six months of life)</b>		
1) Diagnostic procedures (includes radiographs and/or photographs)		
2) Parent consultation		
3) Impression and appliance construction		
4) Insertion and parent instruction		
5) Post treatment evaluation		
6) Adjustment of appliances (includes soft relines)		
7) Reconstruction and/or re-evaluation (may include up to two remakes)		
89501	Expansion Appliance for Infants with Cleft Palate	I.C. + Lab
89502	Extraoral Retraction Appliance for Infants with Cleft Palate	I.C. + Lab

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Section 24

**PERIODONTIC SERVICES**

(As provided by a Specialist holding a Specialty License in PERIODONTICS)

**DIAGNOSTICS**

	<b>Myofunctional Therapy</b> (e.g., to correct mouth breathing, abnormal swallowing, tongue thrust, snoring, sleep apnea, etc.)	
14311	First unit of time per visit	I.C. + Lab
14312	Two units	I.C. + Lab
14319	Each additional unit	I.C. + Lab
	<b>APPLIANCES, PERIODONTAL</b> (see separate codes for Control of Oral Habits - 14000, Protective Mouth Guards - 14500, TMJ - 14700 and TMJ Appliances - 78700)	
	<b>Appliances, Periodontal</b> (including bruxism appliance) Includes Impression, Insertion and Insertion Adjustment (no post-insertion adjustments)	
14611	Maxillary Appliance	732.00 + Lab
14612	Mandibular Appliance	732.00 + Lab
	<b>Appliances, Adjustment, Repair</b>	
14621	One unit of time	123.00 + Lab
14622	Two units	246.00 + Lab
14623	Three units	369.00 + Lab
14629	Each additional unit	123.00 + Lab
	<b>Appliances, Reline</b>	
14631	Reline, direct	183.00
14632	Reline, processed	155.00 + Lab
	<b>APPLIANCES, TEMPOROMANDIBULAR JOINT</b>	
	<b>Appliance, TMJ, Diagnostic and/or Therapeutic</b> , Includes Impression, Insertion and Insertion Adjustment (no post-insertion adjustments)	
14711	Maxillary Appliance	715.00 + Lab
14712	Mandibular Appliance	715.00 + Lab
	<b>Appliance, TMJ Intraoral Repositioning</b> ; Includes Impression, Insertion and Insertion Adjustment (no post-insertion adjustments)	
14721	Maxillary Appliance	533.00 + Lab
14722	Mandibular Appliance	533.00 + Lab
	<b>Appliance, TMJ, Periodic Maintenance, Adjustment, Repair</b>	
14731	One unit of time	123.00 + Lab
14732	Two units	246.00 + Lab
14733	Three units	369.00 + Lab
14739	Each additional unit	123.00 + Lab
	<b>Appliance, TMJ, Reline</b>	
14741	Reline, direct	200.00
14742	Reline, indirect	277.00 + Lab
	<b>APPLIANCES, MYOFASCIAL PAIN DYSFUNCTION SYNDROME</b> (conditions that originate outside the temporomandibular joint)	
	<b>Appliance, Myofascial Pain Syndrome</b> to include: models, gnathological determinants, appliance construction only, and insertion adjustment (no post-insertion adjustments)	
14811	Maxillary Appliance	715.00 + Lab
14812	Mandibular Appliance	715.00 + Lab
	<b>Appliance, Myofascial Pain Dysfunction Syndrome, Periodic Maintenance, Adjustment and Repairs</b>	
14821	One unit of time	102.00 + Lab
14822	Two units	204.00 + Lab
14823	Three units	306.00 + Lab
14829	Each additional unit over three	102.00 + Lab



## Section 24 - PERIODONTIC SERVICES

<b>OCCCLUSION</b>		
<b>Occlusal Adjustment/Equilibration - (a) may require several sessions; (b) May be used in conjunction with basic restorative treatment only when occlusal adjustment / equilibration is not required as a result of that restoration; (c) Not to be used in conjunction with the delivery and post-insertion care of: fixed or removable prosthesis (50000 &amp; 60000 code series) by the same dentist for a period of three months.</b>		
16511	One unit of time	123.00
16512	Two units	246.00
16513	Three units	369.00
16514	Four units	492.00
16517	One half unit	62.00
<b>ENDODONTICS</b>		
<b>PERIAPICAL SURGICAL SERVICES, MISCELLANEOUS</b>		
<b>Amputations, Root (includes recontouring tooth and furca)</b>		
34411	One root	628.00
34412	Two roots	753.00
<b>Hemisection</b>		
34421	Maxillary Bicuspid	628.00
34422	Maxillary Molar	753.00
34423	Mandibular Molar	757.00
<b>PERIODONTICS</b>		
<b>PERIODONTAL SERVICES, NON SURGICAL</b>		
<b>ORAL DISEASE, MANAGEMENT OF</b>		
<b>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 and gland tumours, leukoplakia with and without dysphasia, neoplasms, hairy leukoplakia, polyps, verrucae, fibroma, etc.</b>		
41211	One unit of time	153.00
41212	Two units	306.00
41213	Three units	459.00
41214	Four units	612.00
41219	Each additional unit	153.00
<b>Nervous and Muscular Disorders - Disorders of facial sensation and motor dysfunction at the jaw, e.g. trigeminal neuralgia, atypical facial pain, atypical odontologia, burning mouth syndrome, dysknesia, post injection trismus, muscular and joint pain syndrome</b>		
41221	One unit of time	153.00
41222	Two units	306.00
41223	Three units	459.00
41224	Four units	612.00
41229	Each additional unit	153.00
<b>Oral Manifestations of Systemic Disease or complications of medical therapy, e.g., complications of chemotherapy, radiation therapy, post operative neuropathics, post surgical or radiation therapy, dysfunction, oral manifestations of lupus erythematosus and systemic disease including leukemia, diabetes and bleeding disorders (e.g., haemophilia)</b>		
41231	One unit of time	126.00
41232	Two units	252.00
41233	Three units	378.00
41234	Four units	504.00
41239	Each additional unit	126.00
<b>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)</b>		
41301	One unit of time	80.00
41302	Two units	160.00
41309	Each additional unit	80.00
<b>PERIODONTAL SERVICES, SURGICAL (Includes local anesthetic, suturing and the placement and removal of initial surgical dressing. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or a group of teeth or in some cases a single tooth.)</b>		
42111	<b>Periodontal Surgery, Surgical Curettage, to include Definitive Root Planing, Per sextant</b>	567.00
42201	<b>Periodontal Surgery, Gingivoplasty, Per sextant</b>	627.00

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	<b>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).</b>	
42311	Gingivectomy, Uncomplicated, Per sextant	627.00
42321	Gingivectomy, Complicated, Per sextant	683.00
	<b>Gingival Fiber Incision (Supra Crestal Fibrotomy)</b>	
42331	First tooth	107.00
42339	Each additional tooth	107.00
	<b>Soft Tissue Recontouring for Crown Lengthening</b>	
42341	Limited recontouring of tissue per tooth	190.00
	<b>PERIODONTAL SURGERY, FLAP APPROACH</b>	
42411	Flap Approach, with Osteoplasty/Ostectomy, Per Sextant	1,178.00
42421	Flap Approach, with Curettage of Osseous Defect, Per sextant	1,178.00
42431	Flap Approach, with Curettage of Osseous Defect & Osteoplasty, Per sextant	1,583.00
42441	Flap Approach, Exploratory (for diagnosis), Per site	737.00
42451	Flap Approach, with Osteoplasty/Ostectomy, for Crown Lengthening, Per site	1,034.00
	<b>PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE</b>	
42511	Grafts, Soft Tissue, Pedicle (including apically or lateral sliding and rotated flaps), Per site	884.00
42521	Grafts, Free Soft Tissue Pedicle (Coronally Positioned), Per site	884.00
42531	Grafts, Free Soft Tissue, Per site	884.00
42541	Grafts, Soft Tissue, Pedicle, with Free Graft Placed in Pedicle Donor Site, Per site	884.00
42551	Autograft, Free Connective Tissue (for root coverage, includes harvesting from donor site) Per site	1,583.00
42552	Allograft, (for root coverage), Per site	1,178.00 + E
42561	Autograft, Free Connective Tissue (for ridge augmentation, includes harvesting from donor site), Per site	1,583.00
42562	Allograft, (for ridge augmentation), Per site	1,178.00 + E
42571	Grafts, Connective Tissue Pedicle with Free Graft for Root Coverage, Per site	1,685.00
42581	Grafts, Gingival Onlay, for Ridge Augmentation, Per site	1,266.00
	<b>PERIODONTAL SURGERY, FLAPS, GRAFTS, OSSEOUS TISSUE</b>	
42611	Grafts, Osseous, Autograft (including flap entry, closure and donor site), Per site	1,897.00
42621	Grafts, Osseous, Allograft (including flap entry and closure), Per site	1,742.00 + E
	<b>PERIODONTAL SURGERY, GUIDED TISSUE REGENERATION</b>	
42701	Non-resorbable Membrane, Per site	1,004.00 + E
42702	Resorbable Membrane, Per site	1,004.00 + E
42703	Non-resorbable Membrane, Surgical Re-entry for Removal, Per site	234.00 + E
	<b>PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES</b>	
	<b>Proximal Wedge Procedure (as a separate procedure)</b>	
42811	With Flap Curettage, Per site	573.00
42819	With Flap Curettage and Ostectomy/Osteoplasty, Per site	918.00
	<b>Post Surgical Periodontal Treatment Visit per Dressing Change</b>	
42821	One unit of time	123.00
42822	Two units	246.00
42823	Three units	369.00
42829	Each additional unit	62.00
	<b>Periodontal Abscess or Pericoronitis, includes any of the following procedures: Lancing, Scaling, Curettage, Surgery or Medication</b>	
42831	One unit of time	123.00
42832	Two units	246.00
42833	Three units	369.00
42834	Four units	492.00
42839	Each additional unit	123.00
	<b>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)</b>	
	<b>PERIODONTAL SPLINT OR LIGATION, INTRA CORONAL</b>	
	(Note: This procedure is in addition to the usual code for the tooth restoration on either side of the joint.)	
43111	"A" splint (restorative material plus wire, fibre ribbon or rope), Per joint	109.00 + E

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**Section 24 - PERIODONTIC SERVICES**

<b>PERIODONTAL SPLINT OR LIGATION, EXTRA CORONAL</b>		
43211	<b>Bonded Joint Restorations</b> , Per joint	104.00 + E
43221	<b>Bonded, Interproximal Enamel Splint</b> , Per joint	204.00
43231	<b>Wire Ligation</b> , Per joint	98.00
43241	<b>Wire Ligation, Restorative Material Covered</b> , Per joint	104.00
43261	<b>Orthodontic Band Splint</b> , Per band	109.00 + E
43271	<b>Cast / Soldered / Ceramic / Polymer Glass/ Wire/Fibre Ribbon , Splint Bonded</b> , Indirect, Per abutment	316.00 + Lab
43281	<b>Removal of Fixed Periodontal Splints</b> , One unit of time	109.00
43289	<b>Removal of Fixed Periodontal Splints</b> , Each additional unit	109.00
<b>ROOT PLANING, PERIODONTAL</b>		
<b>Root Planing</b>		
43421	One unit of time	84.00
43422	Two units	168.00
43423	Three units	252.00
43424	Four units	336.00
43425	Five units	420.00
43426	Six units	504.00
43427	One half unit	42.00
<b>CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS</b> , Topical Application		
43511	One unit of time	90.00
43519	Each additional unit	90.00
<b>PERIODONTAL SERVICES, MISCELLANEOUS</b>		
<b>PERIODONTAL RE-EVALUATION / EVALUATION</b> (Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner)		
49101	One unit of time	127.00
49102	Two units	254.00
49109	Each additional unit	127.00
<b>PERIODONTAL, IRRIGATION, SUBGINGIVAL</b>		
49211	One unit of time	99.00 + E
49219	Each additional unit	99.00 + E
<b>PROSTHODONTICS</b>		
<b>PROSTHESIS, STENTS</b>		
57601	Ridge Extension	I.C. + Lab
57602	Palatal	I.C. + Lab
57603	Skin Grafts	I.C. + Lab
57604	Mucous Membrane Grafts	I.C. + Lab
<b>PONTICS</b>		
62501	Pontics, Porcelain / Polymer Glass, Fused to Metal	458.00 + Lab
62502	Pontics, Porcelain / Polymer Glass, Aluminous	458.00 + Lab
<b>ORAL AND MAXILLOFACIAL SURGERY</b>		
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 group of teeth or in some cases a single tooth.		
<b>REMOVALS (EXTRACTIONS), ERUPTED TEETH</b>		
<b>Removals, Erupted Teeth, Uncomplicated</b>		
71101	Single tooth, Uncomplicated	185.00
71109	Each additional tooth, same quadrant, same appointment	120.00
<b>Removals, Erupted Teeth, Complicated</b>		
71201	Odontectomy (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth Requiring Elevation of a Flap, Removal of Bone and may include Sectioning of Tooth for Removal of Tooth	351.00
71211	Single tooth	351.00
71219	Each additional tooth, same quadrant	285.00
<b>REMOVALS (EXTRACTIONS), SURGICAL</b>		
<b>REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE</b>		
<b>Removals, Impaction, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth</b>		
72111	Single tooth	368.00

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**Section 24 - PERIODONTIC SERVICES**

	<b>REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE</b>	
	<b>Removals, Impaction</b> , Requiring Incision of Overlying Soft Tissue, Elevation of a Flap and EITHER Removal of Bone and Tooth OR Sectioning and Removal of Tooth (Partial Bone Impaction)	
72211	Single Tooth	414.00
	<b>REMOVALS (EXTRACTIONS), RESIDUAL ROOTS</b>	
72311	<b>Removals, Residual Roots, Erupted, First tooth</b>	181.00
	<b>SURGICAL EXPOSURE OF TEETH</b>	
	<b>Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage</b> (includes operculectomy)	
72511	Single Tooth	339.00
72519	Each additional tooth, same quadrant	180.00
	<b>Surgical Exposures, Complex, Hard Tissue Coverage</b>	
72521	Single Tooth	459.00
72529	Each additional tooth, same quadrant	386.00
	<b>Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage with Positioning of Attached Gingivae</b>	
72541	Single tooth	712.00
	<b>Surgical Exposures, Unerupted Tooth, Hard Tissue Coverage with Positioning of Attached Gingivae</b>	
72551	Single tooth	1,074.00
	<b>REMODELLING AND RECONTOURING ORAL TISSUE</b>	
	<b>ALVEOLOPLASTY</b> (Bone remodelling of ridge with soft tissue revisions)	
	<b>Excision of Bone</b>	
73152	Torus Palatinus, Excision	613.00
73153	Torus Mandibularis, Unilateral, Excision	524.00
73154	Torus Mandibularis, Bilateral, Excision	718.00
	<b>SURGICAL INCISIONS</b>	
	<b>Surgical Incision and Drainage and/or Exploration, Intraoral</b>	
75111	Intraoral, Surgical Exploration, Soft Tissue	311.00
75112	Intraoral, Abscess, Soft Tissue	248.00
	<b>MAXILLOFACIAL DEFORMITIES, TREATMENT OF</b>	
	<b>Frenectomy / Frenoplasty</b>	
77801	Frenectomy, Upper Labial	320.00
77802	Frenectomy, Lower Labial	320.00
77803	Frenectomy, Lower Lingual or "Z" Plasty	364.00
	<b>IMPLANTOLOGY</b> (Includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)	
	<b>Implants, Osseointegrated, Root Form, More Than One Component</b>	
79931	Surgical Installation of Implant with Cover Screw, Per implant	2,050.00 + E
79932	Surgical Installation of Implant with Healing Transmucosal Element, Per implant	2,050.00 + E
79933	Surgical Installation of Implant with Final Transmucosal Element, Per implant	2,197.00 + E
	<b>Implants, Osseointegrated, Provisional</b>	
79951	Installation of Provisional Implant, per implant	976.00 + E
79952	Removal of Provisional Implant, per implant	279.00 + E
	<b>Implants, Removal of</b>	
79961	Per implant, Uncomplicated	293.00 + E
79962	Per implant, Complicated	651.00 + E

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Section 25

**ORAL AND MAXILLOFACIAL SURGERY**

(As Provided by a Specialist holding a Specialty License in Oral and Maxillofacial Surgery)

**DIAGNOSTICS**

**RADIOGRAPHS, TEMPOROMANDIBULAR JOINT**

**Arthrography of Temporo-mandibular Joint**

02511 Performing the Arthrographic Procedure 211.00

**Interpretation of the Arthrogram**

02521 One unit of time I.C.

02529 Each additional unit I.C.

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

03001 Maxillary Template 169.00 + Lab + E

03002 Mandibular Template 169.00 + Lab + E

**PROSTHODONTICS - REMOVABLE**

**DENTURES, THERAPEUTIC TISSUE CONDITIONING**

**Denture, Therapeutic Tissue Conditioning, Complete Denture, per appointment**

56511 Maxillary 142.00

56512 Mandibular 142.00

**ORAL AND MAXILLOFACIAL SURGERY**

**REMOVALS (EXTRACTIONS), ERUPTED TEETH**

71101 Single tooth, uncomplicated 185.00

71109 Each additional tooth, same quadrant, same appointment 120.00

**REMOVALS, ERUPTED TEETH, COMPLICATED**

71201 Odontectomy (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth 351.00

71209 Each additional tooth, same quadrant 285.00  
Requiring Elevation of a Flap, Removal of Bone and may include Sectioning of Tooth for Removal of Tooth

71211 Single tooth 351.00

71219 Each additional tooth, same quadrant 285.00

**REMOVALS (EXTRACTIONS), SURGICAL**

**REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE**

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

72111 Single Tooth 368.00

72119 Each additional tooth, same quadrant 250.00

**REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE**

**Removal, Impaction, Requiring Incision of Overlying Soft Tissue, elevation of a flap and EITHER removal of bone and tooth OR sectioning and removal of the tooth**

72211 Single tooth 414.00

72219 Each additional tooth, same quadrant 400.00

**Removal, Impaction, Requiring Incision of Overlying Soft Tissue, elevation of a flap, removal of bone AND sectioning of tooth for removal**

72221 Single tooth 534.00

72229 Each additional tooth, same quadrant 534.00

**Removals, Impactions, requiring incision of overlying soft tissue, elevation of a flap, removal of bone, AND/OR sectioning of the tooth for removal AND/OR presents unusual difficulties and circumstances**

72231 Single tooth 581.00

72239 Each additional tooth, same quadrant 581.00

**REMOVALS (EXTRACTIONS), RESIDUAL ROOTS**

**Removals, Residual Roots, Erupted**

72311 First tooth 181.00

72319 Each additional tooth, same quadrant 118.00

**Removals, Residual Roots, Soft Tissue Coverage**

72321 First tooth 266.00

72329 Each additional tooth, same quadrant 228.00

**Removals, Residual Roots, Bone Tissue Coverage**

72331 First tooth 365.00

72339 Each additional tooth, same quadrant 250.00

**ALVEOLAR BONE PRESERVATION**

**Alveolar Bone Preservation - Autograft**

72411 First tooth 253.00

72419 Each additional tooth 159.00

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	<b>Alveolar Bone Preservation - Allograft</b>	
72421	First tooth	253.00 +E
72429	Each additional tooth	159.00 +E
	<b>Alveolar Bone Preservation - Xenograft</b>	
72431	First tooth	253.00 +E
72439	Each additional tooth	159.00 +E
	<b>SURGICAL EXPOSURES OF TEETH</b>	
	<b>Surgical Exposure, Unerupted, Uncomplicated, Soft Tissue Coverage</b> (includes operculectomy)	
72511	Single tooth	339.00
72519	Each additional tooth, same quadrant	180.00
	<b>Surgical Exposure, Complex, Hard Tissue Coverage</b>	
72521	Single tooth	459.00
72529	Each additional tooth, same quadrant	386.00
	<b>Surgical Exposure, Unerupted Tooth, with Orthodontic Attachment</b>	
72531	Single tooth	755.00 +E
72539	Each additional tooth, same quadrant	386.00 +E
	<b>Surgical Exposure, Unerupted Tooth, Soft Tissue Coverage with Positioning of Attached Gingivae</b>	
72541	Single tooth	712.00
	<b>Surgical Exposure, Unerupted Tooth, Hard Tissue Coverage with Positioning of Attached Gingivae</b>	
72551	Single tooth	1,074.00
	<b>Rigid Osseous Anchorage for Orthodontics</b>	
72561	Placement of Anchorage Device Without Elevation of a Flap	I.C. +E
72562	Placement of Anchorage Device With Elevation of a Flap	I.C. +E
72563	Removal of Anchorage Device Without Elevation of a Flap	I.C.
72564	Removal of Anchorage Device With Elevation of a Flap	I.C.
	<b>SURGICAL MOVEMENT OF TEETH</b>	
	<b>Transplantation of Erupted Tooth</b>	
72611	First tooth	533.00
72619	Each additional tooth, same quadrant	402.00
	<b>Transplantation of Unerupted Tooth</b>	
72621	First tooth	721.00
72629	Each additional tooth, same quadrant	528.00
	<b>Repositioning, Surgical</b>	
72631	First tooth	609.00
72639	Each additional tooth, same quadrant	398.00
	<b>ENUCLEATION, SURGICAL</b>	
	<b>Unerupted Tooth and Follicle</b>	
72711	First tooth	399.00
72719	Each additional tooth, same quadrant	292.00
	<b>REMODELLING AND RECONTOURING ORAL TISSUES IN PREPARATION FOR REMOVABLE PROSTHESES</b> (To include 73111, 73141/42, 73151/54, 73161, 73171/72, 73181/84)	
	<b>ALVEOLOPLASTY, (Bone remodelling of ridge with soft tissue revisions)</b>	
	<b>Alveoplasty, in Conjunction with Extractions</b>	
73111	Per sextant	205.00
	<b>Remodelling of Bone</b>	
73141	Mylohyoid ridge remodelling	397.00
73142	Genial tubercle remodelling	397.00
	<b>Excision of Bone</b>	
73151	Nasal Spine, excision	247.00
73152	Torus Palatinus, excision	613.00
73153	Torus Mandibularis, unilateral, excision	524.00
73154	Torus Mandibularis, bilateral, excision	718.00
	<b>Removal of Bone, Exostosis, Multiple</b>	
73161	Per quadrant	441.00
	<b>Reduction of Bone, Tuberosity</b>	
73171	Unilateral, reduction	398.00
73172	Bilateral, reduction	753.00

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<b>Augmentation of Bone</b>		
73181	Unilateral, Pterygomaxillary Tuberosity, Augmentation	620.00 + E
73182	Bilateral, Pterygomaxillary Tuberosity, Augmentation	1,041.00 + E
73183	Unilateral, Mandibular Ridge, Augmentation	721.00 + E
73184	Bilateral, Mandibular Ridge, Augmentation	1,041.00 + E
<b>GINGIVOPLASTY AND/OR STOMATOPLASTY, ORAL SURGERY</b>		
<b>Independent Procedure</b>		
73211	Per sextant	387.00
<b>Miscellaneous Procedures</b>		
73221	Gingivoplasty, in Conjunction with Tooth Removal	154.00
73222	Excision of Vestibular Hyperplasia (per sextant)	352.00
73223	Surgical Shaving of Papillary Hyperplasia of the Palate	612.00
73224	Excision of Pericoronary Gingiva (for retained tooth/implant) per tooth/implant	168.00
<b>Removals, Tissue, Hyperplastic (includes the incision of the mucous membrane, the dissection and removal of hyperplastic tissue, the replacing and adapting of the mucous membrane)</b>		
73231	Per sextant	429.00
<b>Removal, Mucosa, Excess (complete removal without dissection)</b>		
73241	Per sextant	382.00
<b>REMODELLING, FLOOR OF THE MOUTH</b>		
73301	Full Arch Lowering of the Floor of the Mouth	837.00
73302	Partial Arch Lowering of the Floor of the Mouth	622.00
73303	Reinsertion of the Mylohyoid Muscle	622.00
<b>VESTIBULOPLASTY</b>		
<b>Vestibuloplasty, Sub-mucous</b>		
73411	Per sextant	567.00
<b>Sulcus Deepening and Ridge Reconstruction</b>		
73421	Per sextant	538.00
<b>Vestibuloplasty, with Secondary Epithelization</b>		
73431	Per sextant	613.00
<b>Vestibuloplasty, with Labial Inverted Flap</b>		
73441	Per sextant	538.00
<b>Vestibuloplasty, with Skin Graft</b>		
73451	Per sextant	673.00
<b>Vestibuloplasty, with Mucosal Graft</b>		
73461	Per sextant	673.00
<b>RECONSTRUCTION, ALVEOLAR RIDGE</b>		
<b>Reconstruction, Alveolar Ridge, with Autogenous Bone</b>		
73511	Per sextant	1,295.00 + E
<b>Reconstruction, Alveolar Ridge, with Alloplastic Material</b>		
73521	Per sextant	1,147.00 + E
<b>EXTENSIONS, MUCOUS FOLDS</b>		
<b>Extensions, Mucous Folds with Secondary Epithelization</b>		
73611	Per sextant	448.00
<b>Extensions, Mucous Folds, with Skin Grafts</b>		
73621	Per sextant	525.00
<b>Extensions, Mucous Folds, with Mucous Grafts</b>		
73631	Per sextant	525.00
<b>SURGICAL EXCISIONS (not in conjunction with tooth removal, including biopsy)</b>		
<b>Tumors, Benign, Scar Tissue, Inflammatory or Congenital Lesions of Soft tissue of the Oral Cavity</b>		
74111	1 cm and under	387.00
74112	1-2 cm	413.00
74113	2-3 cm	435.00
74114	3-4 cm	557.00
74115	4-6 cm	632.00
74116	6-9 cm	697.00
74117	9-15 cm	768.00
74118	15 cm and over	843.00

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<b>Tumors, Benign, Bone Tissue</b>		
74121	1 cm and under	373.00
74122	1-2 cm	373.00
74123	2-3 cm	441.00
74124	3-4 cm	505.00
74125	4-6 cm	567.00
74126	6-9 cm	621.00
74127	9-15 cm	686.00
74128	15 cm and over	752.00
<b>Tumors, Malignant, Soft Tissue, Oral Cavity</b>		
74211	1 cm and under	504.00
74212	1-2 cm	540.00
74213	2-3 cm	641.00
74214	3-4 cm	735.00
74215	4-6 cm	824.00
74216	6-9 cm	908.00
74217	9-15 cm	1,001.00
74218	15 cm and over	1,099.00
<b>Tumors, Malignant, Bone Tissue</b>		
74221	1 cm and under	498.00
74222	1-2 cm	593.00
74223	2-3 cm	699.00
74224	3-4 cm	803.00
74225	4-6 cm	904.00
74226	6-9 cm	995.00
74227	9-15 cm	1,094.00
74228	15 cm and over	1,200.00
<b>SURGICAL EXCISIONS, MAXILLOFACIAL COMPLEX, TRAUMA, TUMORS, BENIGN, MALIGNANT</b>		
74311	Cheiloplasty, Partial (Lip Shave)	563.00
74312	Cheiloplasty, Total (Lip Shave)	1,097.00
<b>HARD TISSUE GRAFTS TO THE JAW</b>		
<b>Autograft</b>		
74401	Maxilla or Mandible, per site	973.00 + E
<b>Allograft</b>		
74402	Maxilla or Mandible, per site	973.00 + E
<b>Xenograft</b>		
74403	Maxilla or Mandible, per site	973.00 + E
<b>AUGMENTATIONS, PROSTHETIC, OF THE JAW</b>		
<b>Augmentation, Synthetic, of the Jaw</b>		
74521	Augmentation, of the Chin	1,691.00 + E
<b>SURGICAL EXCISION, CYSTS / GRANULOMAS (based on cyst size)</b>		
<b>Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, requiring prior removal of bony tissue and subsequent suture(s)</b>		
74611	1 cm and under	414.00
74612	1-2 cm	495.00
74613	2-3 cm	583.00
74614	3-4 cm	416.00
74615	4-6 cm	465.00
74616	6-9 cm	558.00
74617	9-15 cm	670.00
74618	15 cm and over	771.00
<b>Marsupialization</b>		
74621	Cyst, Marsupialization	666.00
<b>Excision of Cyst</b>		
74631	1 cm and under	387.00
74632	1-2 cm	424.00
74633	2-3 cm	468.00
74634	3-4 cm	509.00
74635	4-6 cm	556.00
74636	6-9 cm	613.00
74637	9-15 cm	675.00
74638	15 cm and over	741.00



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<b>SURGICAL INCISIONS</b>		
<b>Surgical Incision and Drainage and/or Exploration, Intraoral Soft Tissue</b>		
75111	Intraoral, surgical exploration, soft tissue	311.00
75112	Intraoral, abscess, soft tissue	248.00
75113	Intraoral, abscess, in major anatomical area with drain	334.00
<b>Surgical Incision and Drainage and/or Exploration, Intraoral Hard Tissue</b>		
75121	Intraoral, abscess, hard tissue, trephination and drainage	341.00
75122	Intraoral, surgical exploration, hard tissue	366.00
75123	Intraoral, abscess, hard tissue, trephination and drainage in a major anatomical area	412.00
<b>Surgical Incision and Drainage and/or Exploration and Complex Wound Care, Extraoral, Soft Tissue</b>		
75211	Extraoral, abscess, superficial	401.00
75212	Extraoral, abscess, deep	532.00
<b>Surgical Incision and Drainage and/or Exploration, Extraoral, Hard Tissue</b>		
75221	Extraoral, surgical exploration, hard tissue	353.00
<b>SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES</b>		
75301	Removal, from skin or subcutaneous alveolar tissue	532.00
75302	Removal, of reaction producing foreign bodies	666.00
75303	Removal, of needle from musculo-skeletal system	1,656.00
<b>SEQUESTRECTOMY (FOR OSTEOMYELITIS)</b>		
75401	Intraoral Sequestrectomy	545.00
75402	Saucerization	232.00
75403	Osteomyelitis, non surgical treatment of	753.00
<b>Extraoral Sequestrectomy</b>		
75411	3 cm and less	766.00
75412	3-4 cm	918.00
75413	4-6 cm	1,086.00
75414	6-9 cm	1,248.00
75415	9 cm and over	1,397.00
<b>MANDIBULECTOMY</b>		
75511	3 cm or less	878.00
75512	3-4 cm	1,055.00
75513	4-6 cm	1,245.00
75514	6-9 cm	1,434.00
75515	9-12 cm	1,605.00
75516	12-15 cm	1,766.00
75517	15 cm and over	1,942.00
75518	Total Mandibulectomy	2,138.00
<b>MAXILLECTOMY</b>		
75611	3 cm or less	878.00
75612	3-4 cm	1,055.00
75613	4-6 cm	1,245.00
75614	6-9 cm	1,434.00
75615	9-12 cm	1,605.00
75616	12-15 cm	1,766.00
75617	15 cm and over	1,942.00
75618	Total Maxillectomy	2,138.00
<b>FRACTURES, TREATMENT OF, Intermaxillary Fixation (Wiring)</b>		
<b>Splints per arch, one or more per jaw</b>		
76111	Wiring of dentures or arch bar	502.00
76112	Acrylic prosthesis or cap splint	410.00 + E
76113	Circumzygomatic wiring, unilateral	251.00
76114	Perialveolar or transpalatal wiring	251.00
76115	Intra or periosseous splinting for pericranial suspension	292.00
76116	Intermaxillary fixation	452.00
<b>Intra Maxillary Suspension (Wiring)</b>		
76121	Nasal spine wiring	223.00
76122	Piriform apertures suspension	223.00
76123	Frontal suspension	390.00
76124	Orbital rim suspension, bilateral	390.00
76125	Head frame suspension	668.00

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	<b>Circummandibular Wiring</b>	
76131	Wiring, one	333.00
76132	Wiring, two	413.00
76133	Wiring, three or over	500.00
	<b>Splints / Wires, Removal of</b>	
76141	Removal of wire	169.00
76142	Removal of arch splint (one or more per jaw)	266.00
76143	Removal of interosseous ligature or bone plate	530.00
76144	Removal of intra or periosseous rod or wire for pericranial suspension and/or pericranial apparatus	459.00
76145	Removal of acrylic prosthesis or cap splint, attached to maxilla or to teeth (one or more per jaw)	308.00
76146	Removal of wire plate or screw used in Osteosynthesis (one or more at the same site)	529.00
	<b>FRACTURES, REDUCTIONS, MANDIBULAR</b>	
76201	Reduction, mandibular, closed	1,003.00
76202	Reduction, mandibular, open, single	1,310.00
76203	Reduction, mandibular, open, double	1,638.00
76204	Reduction, mandibular, open, multiple	2,050.00
	<b>FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I</b>	
76301	Reduction, maxillary, closed	873.00
76302	Reduction, maxillary, open, single	1,310.00
76303	Reduction, maxillary, open, double	1,636.00
76304	Reduction, maxillary, open, multiple	2,046.00
76305	Reduction, compound fracture of maxilla (requiring reduction and soft tissue repair)	2,456.00
	<b>FRACTURES, REDUCTIONS, MAXILLARY, PYRAMIDAL LE FORT'S II</b>	
76401	Reduction, maxillary, closed	873.00
76402	Reduction, maxillary, open, unilateral	1,310.00
76403	Reduction, maxillary, open, bilateral	1,636.00
	<b>FRACTURES, REDUCTIONS, NASO-ORBITAL</b>	
76501	Reduction, closed, unilateral	873.00
76502	Reduction, closed, bilateral	1,091.00
76503	Reduction, naso-orbital, open, external approach	1,310.00
76504	Reduction, naso-orbital, open, sinusal approach	1,310.00
76505	Reduction, naso-orbital, open, orbital approach with insertion of subperiosteal implant	1,310.00
76506	Exploration, of orbital blowout fracture	1,091.00
	<b>FRACTURES, REDUCTIONS, MALAR BONE</b>	
76601	Reduction, malar bone, closed	292.00
76602	Reduction, malar bone, open, by simple elevation	609.00
76603	Reduction, malar bone, open, by osteosynthesis	910.00
76604	Reduction, malar bone, open, by sinus approach	609.00
76605	Reduction, malar bone, simple fracture, (open reduction with antrostomy and packing)	751.00
	<b>FRACTURES, REDUCTIONS, ZYGOMATIC ARCH</b>	
76701	Reduction, zygomatic arch, intraoral approach	609.00
76702	Reduction, zygomatic arch, temporal approach	609.00
76703	Reduction, zygomatico-maxillary fracture dislocation, complex, closed reduction	1,089.00
76704	Reduction, zygomatico-maxillary fracture dislocation, open reduction	1,265.00
	<b>FRACTURES, REDUCTIONS, CRANIOFACIAL, OTHER</b> (specify type of procedure according to previous code used for fracture)	
76801	Reduction, craniofacial disjunction, closed	1,089.00
76802	Reduction, craniofacial disjunction, open	1,584.00
	<b>Fracture, Alveolar, Debridement, Teeth Removed</b>	
76911	3 cm or less	493.00
76912	3-6 cm	594.00
76913	6 cm and over	701.00
	<b>Reduction, Alveolar, Closed, with Teeth (fixation extra)</b>	
76921	3 cm or less	571.00
76922	3-6 cm	594.00
76923	6-9 cm	714.00
76924	9 cm and over	859.00

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	<b>Reduction, Alveolar, Open, with Teeth (fixation extra)</b>	
76931	3 cm and less	726.00
76932	3-6 cm	871.00
76933	6-9 cm	1,045.00
76934	9 cm and over	1,253.00
	<b>Replantation, Avulsed Tooth, Teeth (including Splinting)</b>	
76941	Replantation, first tooth	465.00
76949	Each additional tooth	167.00
	<b>Repositioning of Traumatically Displaced Teeth</b>	
76951	One unit of time	154.00
76952	Two units of time	308.00
76959	Each additional unit	154.00
	<b>Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral</b>	
76961	2 cm or less	203.00
76962	2-4 cm	298.00
76963	4-6 cm	353.00
76964	6-9 cm	405.00
76965	9-12 cm	456.00
76966	12-16 cm	503.00
76967	16-20 cm	545.00
76968	20-25 cm	576.00
76969	25 cm and over	600.00
	<b>Repairs, Lacerations, Through and Through</b>	
76971	2 cm or less	290.00
76972	2-4 cm	332.00
76973	4-6 cm	394.00
76974	6-9 cm	455.00
76975	9-12 cm	512.00
76976	12-16 cm	567.00
76977	16-20 cm	612.00
76978	20-25 cm	641.00
76979	25 cm and over	671.00
	<b>Repairs, Lacerations, Complicated (local tissue shifts)</b>	
76981	2 cm or less	499.00
76982	2-4 cm	496.00
76983	4-6 cm	616.00
76984	6-9 cm	725.00
76985	9-12 cm	833.00
76986	12-16 cm	933.00
76987	16-20 cm	1,023.00
76988	20-25 cm	1,108.00
76989	25 cm and over	1,163.00
	<b>OSTEOTOMY/OSTECTOMY, RAMUS OF THE MANDIBLE</b>	
77101	Osteotomy, Subcondylar, Closed	1,895.00
77102	Osteotomy, Subcondylar, Open	2,521.00
77103	Osteotomy, Ramus of the Mandible, Oblique, Extraoral	3,790.00
77104	Osteotomy, Ramus of the Mandible, Oblique, Intraoral	4,401.00
77105	Osteotomy/Ostectomy, Body of the Mandible	4,401.00
77106	Osteotomy, Coronoidectomy	2,180.00
77107	Osteotomy, Condylar Neck	2,521.00
77108	Osteotomy, Sagittal Split	4,401.00
	<b>OSTEOTOMY, MISCELLANEOUS</b>	
77201	Osteotomy, Oblique with Bone Graft	4,401.00
77202	Osteotomy, Inverted "L" (Bone Graft Extra)	4,401.00
77203	Osteotomy, "C"	3,790.00

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<b>OSTEOTOMY, MAXILLARY</b>		
77301	Osteotomy, Maxillary, Le Forte I	4,891.00
77302	Osteotomy, Maxillary, Le Forte II	6,843.00
77303	Osteotomy, Maxillary, Le Forte III	8,554.00
77304	Additional to the Above Osteotomy Requiring Two Segments	1,226.00
77305	Additional to the Above Osteotomy Requiring Three Segments	1,835.00
77306	Additional to the Above Osteotomy Requiring Four Segments	2,449.00
77307	Additional to the above Osteotomy Requiring a Cranial Flap	859.00
77308	Closure of Cleft Fistula (alveolar)	699.00
77309	Closure of Cleft Fistula (palatal)	699.00
77311	Pharyngoplasty	799.00
77312	Submucous Resection	799.00
<b>OSTEOTOMY, MAXILLARY / MANDIBULAR, SEGMENTAL</b>		
<b>Osteotomy, Segmental, Maxillary</b>		
77411	Osteotomy, Segmental, Anterior	3,790.00
77412	Osteotomy, Segmental, Posterior	3,790.00
77413	Osteotomy, Mid-palatal Split, Anterior	2,180.00
77414	Osteotomy, Mid-palatal Split, Complete	2,521.00
<b>Osteotomy, Segmental, Mandible</b>		
77421	Osteotomy, Segmental, Anterior with Transfer of Mental Eminence	4,401.00
77422	Osteotomy, Segmental, Anterior, without the Transfer of Mental Eminence	3,790.00
77423	Osteotomy, Segmental, Posterior	3,790.00
77424	Osteotomy, Lower Border, Mandible	2,180.00
77425	Osteotomy, Total Dento-Alveolar, Mandible	4,401.00
<b>Osteotomy When "Interpositional Graft" is Required (harvesting graft extra)</b>		
77431	Using Bone	4,646.00
77432	Using Alloplast	4,646.00 + E
77433	Using Cartilage	4,646.00
<b>Osteotomy When "Onlay Graft" is Required for Osteotomy, Trauma or Reconstructive Procedures</b>		
77441	Using Bone	4,646.00
77442	Using Alloplast	4,646.00 + E
77443	Using Cartilage	4,646.00
<b>GENIOPLASTY</b>		
77501	Genioplasty, Sliding, Reduction or Augmentation	1,946.00
77502	Genioplasty, Reduction (vertical)	1,946.00
77503	Genioplasty Augmentation with Graft (see grafting codes)	2,236.00
77504	Myotomy, Suprahyoid	1,471.00
<b>MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES</b>		
77601	Corticotomy	614.00
77602	Interdental Septotomy	1,104.00
77603	Surgical Expansion of the Palate	2,445.00
<b>PALATORRHAPHY</b>		
77701	Palatorrhaphy, Anterior (closure of palatine fissure)	859.00
77702	Palatorrhaphy, Posterior	728.00
77703	Palatorrhaphy, Total	987.00
77704	Palatorrhaphy, with Bone Graft	1,288.00
77705	Palatorrhaphy, Bone Graft to Anterior Alveolar Ridge	1,288.00
<b>FRENECTOMY/FRENOPLASTY</b>		
77801	Frenectomy, Upper Labial	320.00
77802	Frenectomy, Lower Labial	320.00
77803	Frenectomy, Lower Lingual or "Z" Plasty	364.00
77804	Frenectomy, Lower Lingual or "Z" Plasty with Myotomy of Genioglossus	475.00
77805	Frenoplasty, Upper "Z"	334.00
77806	Frenoplasty, Lower "Z"	334.00
<b>GLOSSECTOMY</b>		
77901	Glossectomy, Partial, Anterior Wedge	1,067.00
77902	Glossectomy, Partial, for Orthodontic Purposes	1,067.00
77903	Glossectomy, Full Postero-Anterior Wedge	1,598.00

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<b>CLEFT SURGERY</b>		
77911	Primary Unilateral Cleft Lip Repair	1,104.00
77912	Secondary Unilateral Cleft Lip Repair	885.00
77913	Primary Bilateral Cleft Lip Repair	1,872.00
77914	Secondary Bilateral Cleft Lip Repair	1,486.00
77915	Reconstruction of Cleft Lip with Lip Switch Flap	994.00
77916	Complex Reconstruction or Revision of Cleft Lip	6,321.00
77917	Closure of Alveolar Cleft (see grafting codes)	1,233.00
<b>ORAL NASAL FISTUAL</b>		
77921	Primary Closure at time of Initial Surgery	494.00
77922	Secondary Closure with Palatal Flap	888.00
77923	Secondary Closure with Pharyngeal Flap	986.00
77924	Secondary Closure with Tongue Flap	1,231.00
77925	Secondary Closure with Buccal Flap	1,231.00
<b>RIGID FIXATION</b>		
77931	Rigid Internal Fixation	614.00
77932	Rigid Internal Fixation Using Bone	888.00
77933	Rigid Internal Fixation Using Alloplast	738.00 + E
77934	Rigid Internal Fixation Using Cartilage	738.00
<b>TEMPOROMANDIBULAR JOINT, DISLOCATION MANAGEMENT OF</b>		
78101	TMJ, Dislocation, Open Reduction	1,961.00
78102	TMJ, Dislocation, Closed Reduction, Uncomplicated	377.00
78103	TMJ, Dislocation, Closed Reduction, Complicated, (Requiring Sedation or General Anesthesia)	489.00
78104	TMJ, Subluxation, Closed Reduction, Uncomplicated	327.00
78105	TMJ, Subluxation, Closed Reduction, Complicated, (Requiring Sedation or General Anesthesia)	527.00
78106	TMJ, Manipulation, under Sedation or General Anesthesia	443.00
78107	TMJ, Fixation, (Application of devices to prevent recurrent dislocation in the short term (arch bars, MMF screws, Ivy Loops))	654.00
<b>TEMPOROMANDIBULAR JOINT OPEN PROCEDURES (ARTHROTOMY)</b>		
78201	Condyloplasty	2,940.00
78202	Condylotomy	2,940.00
78203	Condylectomy	2,940.00
78204	Eminoplasty	2,940.00
78205	Re-contour of Glenoid Fossa	2,940.00
78206	Meniscectomy	2,791.00
78207	Plication of Meniscus	2,940.00
78208	Repair of Meniscus	2,940.00
78209	Replacement of Meniscus (see grafting codes)	2,940.00
<b>TEMPOROMANDIBULAR JOINT, ARTHROTOMY FOR MAJOR RECONSTRUCTION</b>		
78301	Fossa Replacement (see grafting codes)	6,535.00
78302	Condylar Replacement (see grafting codes)	6,535.00
78303	Gap Arthroplasty for Ankylosis (see grafting codes)	4,574.00
<b>ARTHROSCOPY OF TEMPOROMANDIBULAR JOINT</b>		
78401	TMJ Arthroscopic Examination and Diagnosis	1,360.00
78402	Biopsy	1,526.00
78403	Removal of Loose Bodies	1,634.00
78404	Lavage	1,310.00
78405	Lysis of Adhesions	2,616.00
78406	Synovectomy	2,616.00
78407	Condyloplasty	2,616.00
78408	Eminoplasty	2,616.00
78409	Re-contour of Glenoid Fossa	2,616.00
78411	Meniscectomy	2,616.00
78412	Plication of Meniscus	2,616.00
78413	Repair of Meniscus	2,616.00
<b>TEMPOROMANDIBULAR JOINT, ARTHROCENTESIS (puncture and aspiration)</b>		
78501	One unit of time	110.00
78502	Two units	220.00
78509	Each additional unit	110.00

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**Section 25 - ORAL AND MAXILLOFACIAL SURGERY**

<b>TEMPOROMANDIBULAR JOINT, MANAGEMENT BY INJECTIONS</b>		
78601	Injection, therapeutic drug with or without local anaesthetic drug, per site	245.00 + E
78602	Injection, with Sclerosing Agent	221.00
<b>TEMPOROMANDIBULAR JOINT, APPLIANCE SPLINTS, ORTHOPEDIC REHABILITATION (post operative)</b>		
78701	Appliance Splint, Maxillary	790.00 + Lab
78702	Appliance Splint, Mandibular	790.00 + Lab
<b>ARTHROGRAPHY OF TEMPOROMANDIBULAR JOINT (see 02511 and 02521-29)</b>		
<b>SALIVARY GLANDS, TREATMENT OF</b>		
79101	Salivary Duct, Dilation of	230.00
79102	Salivary Duct, Insertion of Polyethylene Tube	272.00
79103	Salivary Duct, Sialodochoplasty	564.00
79104	Salivary Duct, Reconstruction of	564.00
<b>Salivary Duct, Sialolithotomy</b>		
79111	Sialolithotomy, Anterior 1/3 of Canal	483.00
79112	Sialolithotomy, Posterior 2/3 of Canal	573.00
79113	Sialolithotomy, External Approach	840.00
<b>Salivary Gland, Excisions</b>		
79121	Excision of Submaxillary Gland	2,261.00
79122	Excision of Sublingual Gland	1,256.00
79123	Excision of Mucocele	347.00
79124	Excision of Ranula	895.00
79125	Marsupialization of Ranula	459.00
<b>Salivary Gland, Removal</b>		
79131	Salivary gland, Removal, Parotid (sub total)	3,267.00
79132	Salivary Gland, Removal, Parotid (radical, including facial nerve)	3,267.00
<b>NEUROLOGICAL DISTURBANCES, TREATMENT OF</b>		
<b>Neurological Disturbances, Trigeminal Nerve</b>		
79211	Trigeminal Nerve, Injection for Destruction	271.00
79212	Trigeminal Nerve, Avulsion at Periphery	651.00
79213	Trigeminal Nerve, Total Avulsion of a Branch	859.00
79214	Trigeminal Nerve, Alcoholization of a Branch	271.00
79215	Trigeminal Nerve, Infiltration of a Branch for Diagnosis	129.00
<b>Neurological Disturbances, Mental Nerve</b>		
79221	Mental Nerve, Transportation of	750.00
79222	Mental Nerve, Decompression in Canal	750.00
<b>Neurological Disturbances, Inferior Dental Nerve</b>		
79231	Inferior Dental Nerve, Complete Avulsion	859.00
<b>Neurological Disturbances, Surgery</b>		
79241	Injured Nerve Repair, Primary	859.00
79242	Injured Nerve Repair, Secondary	981.00
79243	Injured Nerve Repair, Secondary (when repair delayed more than four weeks)	1,104.00
79244	Neural Transposition and Decompression	2,214.00
79245	Implantation of Electrode for Peripheral Nerve Stimulation	386.00
79246	Excision of Tumor or Neuroma	859.00
79247	Nerve Repair with Graft	1,471.00 + E
79258	In Addition to Above Procedures, when using Operating Microscopes	251.00
<b>ANTRAL SURGERY, Recovery, Foreign Bodies</b>		
79311	Antral Surgery, Immediate Recovery of a Dental Root or Foreign Body from the Antrum	632.00
79312	Antral Surgery, Immediate Closure of Antrum by Another Dental Surgeon	838.00
79313	Antral Surgery, Delayed Recovery of a Dental Root with Oral Antrotomy	728.00
79314	Antral Surgery with Nasal Antrotomy	799.00
<b>Antral Surgery, Lavage</b>		
79321	Lavage, Oral Approach	434.00
79322	Lavage, Nasal Approach	378.00
<b>Antral Surgery, Oro-antral Fistula Closure (same session)</b>		
79331	Oro-Antral Fistula Closure with Buccal Flap	677.00
79332	Oro-Antral Fistula Closure with Gold Plate	729.00 + Lab
79333	Oro-Antral Fistula Closure with Palatal Flap	780.00
<b>Antral Surgery, Oro-Antral Fistula Closure (subsequent session)</b>		
79341	Oro-Antral Fistula Closure with Buccal Flap	795.00
79342	Oro-antral Fistula Closure with Gold Plate	846.00 + Lab
79343	Oro-Antral Fistula Closure with Palatal Flap	795.00

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	<b>HEMORRHAGE, CONTROL OF</b>	
79401	Primary Hemorrhage, Control	153.00
79402	Secondary Hemorrhage, Control	202.00
79403	Hemorrhage Control, using Compression and Hemostatic Agent	141.00
79404	Hemorrhage Control, using Hemostatic Substance and Sutures (including removal of bony tissue, if necessary)	266.00
	<b>GRAFTS AND RECONSTRUCTION, SURGICAL</b>	
	<b>Harvesting of Intraoral Tissue for Grafting to Operative Site</b>	
79511	Bone	585.00
79514	Mucosa	381.00
	<b>Harvesting of Extraoral Tissue for Grafting to Operative Site (to include ilium, rib, etc.)</b>	
79521	Bone	762.00
79522	Cartilage	762.00
79523	Costochondral	889.00
79524	Skin	381.00
79525	Fat	381.00
79526	Fascia	381.00
79527	Muscle	635.00
79528	Dermis	381.00
79529	Nerve	508.00
	<b>Vascularized Tissue Flaps</b>	
79531	Elevation Free Soft Tissue Flap	I.C.
79532	Elevation Free Hard Tissue Flap	I.C.
	<b>POST SURGICAL CARE (Required by complications and unusual circumstances, refer to comment under section heading 70000)</b>	
79601	Post Surgical Care, subsequent to initial post surgical treatment, minor, by treating dentist	107.00
79602	Post Surgical Care, minor, by other than treating dentist	162.00
79603	Post Surgical Care, major, by treating dentist	194.00
79604	Post Surgical Care, major, by other than treating dentist	194.00
79605	Post Surgical Care, alveolitis, treatment of (without anesthesia)	140.00
79606	Post Surgical Care, alveolitis, treatment of (with anesthesia)	171.00
	<b>Airway Procedures</b>	
79701	Tracheostomy	1,382.00
79702	Crico-Thyroidotomy	904.00
	<b>MUSCULAR DISORDERS, TREATMENT OF</b>	
79801	Treatment of Muscular Dysfunctions	I.C.
79802	Myotomy	I.C.
	<b>IMPLANTOLOGY (Includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)</b>	
	<b>Implants, Blade</b>	
79911	Maxillary per implant	957.00 + E
79912	Mandibular per implant	957.00 + E
	<b>Implants, Subperiosteal</b>	
79921	Maxillary	2,198.00 + Lab
79922	Mandibular	2,198.00 + Lab
	<b>Implants, Osseointegrated, Root Form, more than one component</b>	
79931	Surgical Installation of Implant with Cover Screw, per Implant	2,050.00 + E
79932	Surgical Installation of Implant with Healing Transmucosal Element, per Implant	2,050.00 + E
79933	Surgical Installation of Implant with Final Transmucosal Element, per Implant	2,197.00 + E
79934	Surgical Re-entry, Removal of Healing Screw & Placement of Healing Transmucosal Element, per implant	422.00 + E
79935	Surgical Re-entry, Removal of Healing Screw & Placement of Final Standard Transmucosal Element, per implant	422.00 + E
79936	Surgical Re-entry, Removal of Healing Screw & Placement of Final Custom Transmucosal Element, per implant	422.00 + Lab + E
	<b>Implants, Osseo-integrated, Provisional</b>	
79951	Installation of Provisional Implant, per implant	976.00 + E
79952	Removal of Provisional Implant, per implant	279.00 + E
	<b>Implants, Removal of</b>	
79961	Per implant, uncomplicated	293.00
79962	Per implant, complicated	651.00

## Section 26

**PROSTHODONTIC SERVICES**

(As Provided by a Dentist Holding a Specialist License in Prosthodontics)

**PREVENTION**

	<b>Myofunctional Therapy</b> (e.g., to correct mouth breathing, abnormal swallowing, tongue thrust, snoring, sleep apnea, etc.)	
14311	First unit of time per visit	I.C. + Lab
14312	Two units	I.C. + Lab
14319	Each additional unit	I.C. + Lab
	<b>APPLIANCES, PERIODONTAL</b> (see separate codes for Control of Oral Habits 14000, Protective Mouth Guards 14500, TMJ 14700 and TMJ surgery 78700)	
	<b>Appliances, Periodontal</b> (including bruxism appliance); Includes Impression, Insertion and Insertion Adjustment (no post-insertion adjustments)	
14611	Maxillary Appliance	732.00 + Lab
14612	Mandibular Appliance	732.00 + Lab
	<b>Appliances, Adjustment, Repair</b>	
14621	One unit of time	123.00 + Lab
14622	Two units	246.00 + Lab
14623	Three units	369.00 + Lab
14629	Each additional unit	123.00 + Lab
	<b>Appliances, Reline</b>	
14631	Reline, Direct	183.00
14632	Reline, Processed	155.00 + Lab
	<b>APPLIANCES, TEMPOROMANDIBULAR JOINT</b>	
	<b>Appliance, TMJ, Diagnostic and/or Therapeutic</b> , includes impression, insertion and insertion adjustment (no post-insertion adjustments)	
14711	Maxillary Appliance	715.00 + Lab
14712	Mandibular Appliance	715.00 + Lab
	<b>Appliance, TMJ Intraoral Repositioning</b> ; includes impression, insertion and insertion adjustment (no post-insertion adjustments)	
14721	Maxillary Appliance	533.00 + Lab
14722	Mandibular Appliance	533.00 + Lab
	<b>Appliance, TMJ, Periodic Maintenance, Adjustment, Repair</b>	
14731	One unit of time	123.00 + Lab
14732	Two units	246.00 + Lab
14733	Three units	369.00 + Lab
14739	Each additional unit	123.00 + Lab
	<b>Appliance, TMJ, Reline</b>	
14741	Reline, Direct	200.00
14742	Reline, Indirect	277.00 + Lab
	<b>APPLIANCES, MYOFASCIAL PAIN DYSFUNCTION SYNDROME</b> (conditions that originate outside the temporomandibular joint)	
	<b>Periodic Maintenance, Adjustment and Repairs</b>	
14821	One unit of time	102.00 + Lab
14822	Two units of time	204.00 + Lab
14823	Three units of time	306.00 + Lab
14829	Each additional unit	102.00 + Lab
	<b>OCCCLUSION</b>	
	<b>Occlusal Adjustment/Equilibration - (a) may require several sessions; (b) May be used in conjunction with basic restorative treatment only when occlusal adjustment / equilibration is not required as a result of that restoration; (c) Not to be used in conjunction with the delivery and post-insertion care of: fixed or removable prosthesis (50000 &amp; 60000 code series) by the same dentist for a period of three months</b>	
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	123.00



**Section 26 - PROSTHODONTIC SERVICES****RESTORATION****CARIES, TRAUMA AND PAIN CONTROL**

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

20111	First tooth	160.00
20119	Each additional tooth same quadrant	160.00
	<b>Caries/Trauma/Pain Control (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support, as a separate procedure)</b>	
20121	First tooth	186.00
20129	Each additional tooth same quadrant	186.00
	<b>Trauma Control, Smoothing of Fractured Surfaces per tooth</b>	
20131	First tooth	47.00
20139	Each additional tooth same quadrant	47.00

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

21211	One surface	153.00
21212	Two surfaces	207.00
21213	Three surfaces	236.00
21214	Four surfaces	310.00
21215	Five surfaces or maximum surfaces per tooth	336.00

**Restorations, Amalgam, Non Bonded, Permanent Molars**

21221	One surface	168.00
21222	Two surfaces	233.00
21223	Three surfaces	265.00
21224	Four surfaces	336.00
21225	Five surfaces or maximum surfaces per tooth	365.00

**RESTORATIONS, AMALGAM CORES**

21301	Restorations, Amalgam Core, Non Bonded, in conjunction with crown or fixed bridge retainer	308.00
21302	Restorations, Amalgam Core, Bonded, in conjunction with crown or fixed bridge retainer	349.00

**PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations)**

21401	One pin	42.00
21402	Two pins	68.00
21403	Three pins	83.00
21404	Four pins	112.00
21405	Five pins or more	134.00

**RESTORATIONS, PREFABRICATED, FULL COVERAGE****RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH**

22211	Primary Posterior	265.00
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**RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH**

22311	Permanent Posterior	265.00
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**RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH**

22401	Primary Anterior	265.00
22411	Primary Posterior	265.00

**RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH**

22501	Permanent Anterior	265.00
22511	Permanent Posterior	265.00

**RESTORATIONS, PREFABRICATED, PORCELAIN / CERAMIC / POLYMER GLASS**

22601	Primary Anterior	172.00
22611	Primary Posterior	172.00

**RESTORATIONS, TOOTH COLOURED / PLASTIC WITH/WITHOUT SILVER FILLINGS**

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

23111	One surface	169.00
23112	Two surfaces	234.00
23113	Three surfaces	264.00
23114	Four surfaces	310.00
23115	Five surfaces (maximum surfaces per tooth)	390.00

**Restorations, Tooth Coloured, Veneer Applications**

23122	Tooth Coloured Veneer Application - Non Prefabricated Direct Buildup, Bonded	355.00
23123	Tooth Coloured Veneer Application - Diastema Closure, Interproximal only, Bonded	264.00

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<b>RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIORES - BONDED</b>		
<b>Permanent Bicuspids</b>		
23311	One surface	173.00
23312	Two surfaces	234.00
23313	Three surfaces	264.00
23314	Four surfaces	342.00
23315	Five surfaces or maximum surfaces per tooth	390.00
<b>Permanent Molars</b>		
23321	One surface	190.00
23322	Two Surfaces	238.00
23323	Three surfaces	285.00
23324	Four surfaces	352.00
23325	Five surfaces or maximum surfaces per tooth	408.00
<b>Restorations, Tooth Coloured, Primary, Anterior Bonded Technique</b>		
23411	One surface	169.00
23412	Two surfaces	234.00
23413	Three surfaces	264.00
23414	Four surfaces	310.00
23415	Five surfaces or maximum surfaces per tooth	391.00
<b>RESTORATIONS, TOOTH COLOURED / PLASTIC WITH / WITHOUT SILVER FILLINGS, PRIMARY, POSTERIOR</b>		
<b>Restorations, Tooth Coloured, Primary, Posterior, Bonded Technique</b>		
23511	One surface	173.00
23512	Two surfaces	234.00
23513	Three surfaces	264.00
23514	Four surfaces	320.00
23515	Five surfaces or maximum surfaces per tooth	390.00
<b>RESTORATIONS, TOOTH COLOURED / PLASTIC WITH / WITHOUT SILVER FILLINGS, CORES</b>		
23601	Tooth Coloured, Non-Bonded Core, in conjunction with Crown or Fixed Bridge Retainer	303.00
23602	Tooth Coloured, Bonded Core, in conjunction with Crown or Fixed Bridge Retainer	315.00
<b>RESTORATIONS, INLAYS, METAL</b>		
25111	One surface	484.00 + Lab
25112	Two surfaces	740.00 + Lab
25113	Three surfaces	846.00 + Lab
25114	Three surfaces, modified	846.00 + Lab
<b>Inlays, Composite/Compomer, Indirect (Bonded)</b>		
25121	One surface	486.00 + Lab
25122	Two surfaces	740.00 + Lab
25123	Three surfaces	846.00 + Lab
25124	Three surface, modified	846.00 + Lab
<b>Inlays, Porcelain/Ceramic/Polymer Glass (Bonded)</b>		
25141	One surface	486.00 + Lab
25142	Two surfaces	740.00 + Lab
25143	Three surfaces	846.00 + Lab
25144	Three surface, modified	846.00 + Lab
<b>RESTORATIONS, ONLAYS (where one or more cusps are restored)</b>		
25511	Onlay, Cast Metal, Indirect	846.00 + Lab
25521	Onlays, Composite/Compomer, Indirect (bonded)	846.00 + Lab
25531	Onlays, Porcelain / Ceramic / Polymer Glass (bonded)	846.00 + Lab
<b>PINS, RETENTIVE (for inlays, onlays and crowns per tooth)</b>		
25601	One pin/tooth	43.00 + Lab
25602	Two pins/tooth	70.00 + Lab
25603	Three pins/tooth	95.00 + Lab
25604	Four pins/tooth	122.00 + Lab
25605	Five or more pins/tooth	160.00 + Lab
<b>POSTS</b>		
<b>Posts, Cast Metal, (including core) as a Separate Procedure</b>		
25711	Single section	459.00 + Lab
25712	Two sections	536.00 + Lab
25713	Three sections	611.00 + Lab

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	<b>Posts, Cast Metal (including core) Concurrent with Impression for Crown</b>	
25721	Single section	230.00 + Lab
25722	Two sections	307.00 + Lab
25723	Three sections	382.00 + Lab
	<b>Posts, Prefabricated Retentive</b>	
25731	One post	200.00 + E
25732	Two posts same tooth	258.00 + E
25733	Three posts same tooth	323.00 + E
	<b>Posts, Prefabricated, with Bonded Core for Crown Restoration [including pin(s) where applicable]</b>	
25761	One post, with bonded amalgam core and pin(s)	371.00 + E
	<b>CROWNS, SINGLE UNITS (only)</b>	
	<b>CROWNS, ACRYLIC / COMPOSITE / COMPOMER (with or without Cast or Prefabricated Metal Bases)</b>	
27111	Crown, Acrylic / Composite / Compomer, Indirect	1,017.00 + Lab
	<b>Crowns, Acrylic / Composite / Compomer, Direct</b>	
27121	Crowns, Acrylic / Composite / Compomer, Provisional (chairside)	417.00 + E
27125	Crowns, Acrylic / Composite / Compomer, Direct, Provisional Implant-supported	643.00 + E
	<b>CROWNS, PORCELAIN / CERAMIC / POLYMER GLASS</b>	
27201	Crown, Porcelain / Ceramic / Polymer Glass	1,272.00 + Lab
	<b>Crown, Porcelain / Ceramic / Polymer, Fused to Metal Base</b>	
27211	Crown, Porcelain / Ceramic / Polymer Glass Fused to Metal Base	1,272.00 + Lab
27212	Crown, Porcelain / Ceramic / Polymer Fused to Metal Base, Complicated (restorative, positional and/or aesthetic)	1,334.00 + Lab
	<b>CROWNS, CAST METAL</b>	
27301	Crown, Cast Metal	1,143.00 + Lab
27302	Crown, Cast Metal, Complicated (restorative, positional)	1,199.00 + Lab
	<b>Crowns, 3/4, Cast Metal</b>	
27311	Crowns, 3/4, Cast Metal	1,002.00 + Lab
27312	Crowns, 3/4, Cast Metal, Complicated	1,051.00 + Lab
27313	Crowns, 3/4, Cast Metal, with Direct Tooth Coloured Corner	1,080.00 + Lab
	<b>CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP (additional to crown)</b>	
27401	One crown	331.00 + Lab
27409	Each additional crown	331.00 + Lab
	<b>VENEERS, LABORATORY PROCESSED</b>	
27601	Veneers, Acrylic / Composite / Compomer, Bonded	721.00 + Lab
27602	Veneers, Porcelain / Ceramic / Polymer Glass, Bonded	965.00 + Lab
	<b>REPAIRS (single units only, does not include removal and re cementation)</b>	
27711	Repairs, Acrylic / Composite / Compomer, Direct	224.00
27721	Repairs, Inlays, Onlays or Crowns, Porcelain / Ceramic / Polymer Glass, Porcelain / Ceramic / Polymer Glass / Fused to Metal Base, Direct	324.00
	<b>RECONTOURING OF EXISTING CROWNS per tooth</b>	
27801	One unit of time	222.00
	<b>RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT</b>	
28101	Natural Tooth Preparation, Placement of Pulp Chamber Restoration (amalgam or composite) and Fluoride Application, Endodontically Treated Tooth	218.00
28103	Prefabricated Attachment, as an Internal or External Overdenture Retentive Device, Direct to a Natural Tooth (used with the appropriate denture code) per tooth	224.00 + Lab + E
	<b>RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT</b>	
	<b>Coping Crowns, Cast Metal</b>	
28211	Coping Crown, Cast Metal, No Attachments, Indirect	615.00 + Lab
28221	Coping Crown, Cast Metal, with Attachment, Indirect	678.00 + Lab + E
	<b>RESTORATIVE SERVICES, OTHER</b>	
	<b>RECEMENTATION / REBONDING, INLAYS / ONLAYS / CROWNS / VENEERS / POSTS / NATURAL TOOTH FRAGMENTS</b>	
29101	One unit of time	119.00 + Lab + E
29102	Two units	238.00 + Lab + E
29103	Three units	357.00 + Lab + E
29109	Each additional unit	119.00 + Lab + E

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**Section 26 - PROSTHODONTIC SERVICES**

<b>REMOVAL, INLAYS / ONLAYS / CROWNS / VENEERS (single units only)</b>		
29301	One unit of time	119.00
29302	Two units	238.00
29303	Three units	357.00
29309	Each additional unit	119.00
<b>STAINING, PORCELAIN (chairside)</b>		
29401	One unit of time	172.00 + Lab
29402	Two units	344.00 + Lab
29403	Three units	516.00 + Lab
29404	Four units	688.00 + Lab
29409	Each additional unit	172.00 + Lab
<b>ENDODONTICS</b>		
<b>BLEACHING, NON VITAL, Endodontically Treated Tooth / Teeth</b>		
39311	One unit of time	154.00
39312	Two units	308.00
39313	Three units	462.00
39319	Each additional unit	154.00
<b>PERIODONTICS</b>		
<b>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)</b>		
<b>PERIODONTAL SPLINT OR LIGATION, INTRA CORONAL</b>		
(Note: This procedure is in addition to the usual code for the tooth restoration on either side of the joint.)		
43111	<b>"A" Splint</b> (restorative material plus wire, fibre ribbon or rope) per joint	109.00 + E
<b>PERIODONTAL SPLINT OR LIGATION, EXTRA CORONAL</b>		
43211	<b>Bonded Joint Restorations</b> (per joint - may include reinforcement)	104.00 + E
43221	<b>Bonded Interproximal Enamel Splint</b> (per joint)	204.00
43231	<b>Wire Ligation</b> (per joint)	98.00
43241	<b>Wire Ligation, Restorative Material Covered</b> (per joint)	104.00
43261	<b>Orthodontic Band Splint</b> (per band)	109.00 + E
<b>Removal of Fixed Periodontal Splints</b>		
43281	One unit of time	109.00
43289	Each additional unit	109.00
<b>PROSTHODONTICS - REMOVABLE</b>		
<b>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)</b>		
<b>DENTURES, COMPLETE, STANDARD</b>		
51101	Maxillary	997.00 + Lab
51102	Mandibular	1,210.00 + Lab
51104	Liners, Processed, Resilient, in addition to above	260.00
<b>DENTURES, SURGICAL, STANDARD (IMMEDIATE) (including first tissue conditioner, but not a processed relined, but does include three months post insertion care)</b>		
51301	Maxillary	1,125.00 + Lab
51302	Mandibular	1,383.00 + Lab
<b>DENTURES, SURGICAL, COMPLEX (IMMEDIATE) (includes first tissue conditioner, but not a processed relined)</b>		
51401	Maxillary	1,397.00 + Lab
51402	Mandibular	1,718.00 + Lab
<b>DENTURES, COMPLETE, GNATHOLOGICAL (Cast Base and Metal Occlusals)</b>		
51501	Maxillary	1,738.00 + Lab
51502	Mandibular	2,136.00 + Lab
<b>DENTURES, COMPLETE, PROVISIONAL</b>		
51601	Maxillary	482.00 + Lab
51602	Mandibular	641.00 + Lab
<b>DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>		
51711	Maxillary	1,220.00 + Lab
51712	Mandibular	1,502.00 + Lab

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**Section 26 - PROSTHODONTIC SERVICES**

<b>DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS</b>		
<b>Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Natural Teeth with or without Coping Crowns</b>		
51911	Maxillary	1,485.00 + Lab
51912	Mandibular	1,782.00 + Lab
<b>Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns</b>		
51921	Maxillary	1,485.00 + Lab
51922	Mandibular	1,782.00 + Lab
<b>DENTURES, PARTIAL, ACRYLIC</b>		
<b>DENTURES, PARTIAL, ACRYLIC BASE (PROVISIONAL) (with or without Clasps)</b>		
52101	Maxillary	401.00 + Lab
52102	Mandibular	401.00 + Lab
<b>Dentures, Partial, Acrylic Base (Immediate)</b> (includes first tissue conditioner, but not a processed reline)		
52111	Maxillary	482.00 + Lab
52112	Mandibular	482.00 + Lab
<b>DENTURES, PARTIAL, ACRYLIC, RESILIENT RETAINER</b>		
52201	Maxillary	606.00 + Lab
52202	Mandibular	606.00 + Lab
<b>Dentures, Partial, Acrylic, Resilient Retainer, (Immediate)</b> (includes first tissue conditioner, but not a processed reline)		
52211	Maxillary	735.00 + Lab
52212	Mandibular	735.00 + Lab
<b>DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT / CAST CLASPS AND/OR RESTS</b>		
52301	Maxillary	692.00 + Lab
52302	Mandibular	692.00 + Lab
<b>Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests, (Immediate)</b> (includes first tissue conditioner, but not a processed reline)		
52311	Maxillary	822.00 + Lab
52312	Mandibular	822.00 + Lab
<b>DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS Supported by Natural Teeth with or without Coping Crowns, no attachments</b>		
52711	Maxillary	1,204.00 + Lab
52712	Mandibular	1,204.00 + Lab
<b>DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS, Supported by Implants with or without Coping Crowns, No Attachments</b>		
52721	Maxillary	1,204.00 + Lab
52722	Mandibular	1,204.00 + Lab
<b>DENTURES, PARTIAL, FREE END, CAST FRAME / CONNECTOR, CLASPS AND RESTS</b>		
53101	Maxillary	1,210.00 + Lab
53102	Mandibular	1,210.00 + Lab
53104	Altered Cast Impression technique in conjunction with 53101 and 53102	
	<b>Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests, (Immediate)</b> (includes first tissue conditioner, but not a processed reline)	
53111	Maxillary	1,383.00 + Lab
53112	Mandibular	1,383.00 + Lab
<b>Dentures, Partial Free End, Swing Lock / Connector</b>		
53121	Maxillary	1,263.00 + Lab
53122	Mandibular	1,263.00 + Lab
<b>DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS</b>		
53201	Maxillary	1,125.00 + Lab
53202	Mandibular	1,125.00 + Lab
<b>Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests, (Immediate)</b> (includes first tissue conditioner, but not a processed reline)		
53211	Maxillary	1,298.00 + Lab
53212	Mandibular	1,298.00 + Lab
<b>DENTURES, PARTIAL, CAST, PRECISION ATTACHMENTS</b>		
53401	Maxillary	1,363.00 + Lab
53402	Mandibular	1,363.00 + Lab

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<b>DENTURES, PARTIAL, CAST, OVERDENTURES, Supported by Natural Teeth with or without Coping Crowns, no Attachments</b>		
53711	Maxillary	1,407.00 + Lab
53712	Mandibular	1,407.00 + Lab
53714	Altered Cast Impression Technique done in conjunction with above mentioned codes	185.00 + Lab
<b>DENTURES, PARTIAL, CAST, OVERDENTURES (Immediate), Supported by Natural Teeth with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed relined)</b>		
53811	Maxillary	1,595.00 + Lab
53812	Mandibular	1,595.00 + Lab
<b>DENTURES, ADJUSTMENTS (after three months insertion or by other than the dentist providing prosthesis)</b>		
<b>DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, MINOR</b>		
54201	One unit of time	86.00 + Lab
54202	Two units	172.00 + Lab
54209	Each additional unit	86.00
<b>DENTURE ADJUSTMENT, COMPLETE DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION</b>		
54401	Maxillary	221.00 + Lab
54402	Mandibular	221.00 + Lab
<b>DENTURE ADJUSTMENTS, PARTIAL DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION</b>		
54501	Maxillary	221.00 + Lab
54502	Mandibular	221.00 + Lab
<b>DENTURES, REPAIRS / ADDITIONS</b>		
<b>DENTURE, REPAIRS, COMPLETE DENTURE, NO IMPRESSION REQUIRED</b>		
55101	Maxillary	84.00 + Lab
55102	Mandibular	84.00 + Lab
<b>DENTURE, REPAIRS, COMPLETE DENTURE, IMPRESSION REQUIRED</b>		
55201	Maxillary	146.00 + Lab
55202	Mandibular	146.00 + Lab
<b>DENTURE, REPAIRS / ADDITIONS, PARTIAL DENTURE, NO IMPRESSION REQUIRED</b>		
55301	Maxillary	82.00 + Lab
55302	Mandibular	82.00 + Lab
<b>DENTURE, REPAIRS / ADDITIONS, PARTIAL DENTURE, IMPRESSION REQUIRED</b>		
55401	Maxillary	181.00 + Lab
55402	Mandibular	175.00 + Lab
<b>DENTURES/IMPLANT RETAINED PROSTHESIS, PROPHYLAXIS AND POLISHING</b>		
55501	One unit of time	87.00 + Lab
55509	Each additional unit	87.00
<b>DENTURES, REBUILDING, WORN ACRYLIC DENTURE TEETH (DIRECT CHAIRSIDE) with tooth coloured materials</b>		
55601	One unit of time	119.00
55609	Each additional unit	119.00
<b>DENTURES, CUSTOM STAINED (PIGMENTED) DENTURE BASES (DIRECT CHAIRSIDE)</b>		
55701	One unit of time	93.00
55709	Each additional unit	93.00
<b>DENTURES, REPLICATION, RELINING AND REBASING</b>		
<b>Dentures, Replication, Complete Denture, Provisional (No Intra-oral Impression Required)</b>		
56111	Maxillary	95.00 + Lab
56112	Mandibular	95.00 + Lab
<b>Dentures, Replication, Partial Denture (Provisional) (No Intra-oral Impression Required)</b>		
56121	Maxillary	95.00 + Lab
56122	Mandibular	95.00 + Lab
<b>Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Complete Denture</b>		
56251	Maxillary	401.00 + Lab
56252	Mandibular	401.00 + Lab
<b>Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Partial Denture</b>		
56261	Maxillary	401.00 + Lab
56262	Mandibular	401.00 + Lab

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**Section 26 - PROSTHODONTIC SERVICES**

	<b>Denture, Rebase, Complete Denture</b>	
56311	Maxillary	321.00 + Lab
56312	Mandibular	321.00 + Lab
	<b>Denture, Rebase, Partial, Denture</b>	
56321	Maxillary	321.00 + Lab
56322	Mandibular	321.00 + Lab
	<b>Denture, Rebase, Complete Denture, Processed, Functional Impression Requiring Three Appointments</b>	
56331	Maxillary	321.00 + Lab
56332	Mandibular	401.00 + Lab
	<b>Denture, Rebase, Partial Denture, Processed, Functional Impression, Requiring Three Appointments</b>	
56341	Maxillary	401.00 + Lab
56342	Mandibular	401.00 + Lab
	<b>Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture</b>	
56511	Maxillary	142.00
56512	Mandibular	142.00
	<b>Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture</b>	
56521	Maxillary	142.00
56522	Mandibular	142.00
	<b>DENTURES, MISCELLANEOUS SERVICES</b>	
56602	Resetting of Teeth (not including relines or rebase of denture)	321.00 + Lab
56603	Cast occlusal surfaces (includes remount and equilibration)	271.00 + Lab
56604	Amalgam centric-holding stops (per unit of time)	392.00
	<b>PROSTHESIS, MAXILLOFACIAL, OBTURATORS</b>	
57201	Obturator, Cleft Palate (prosthesis extra)	640.00 + Lab
57202	Obturator, Palatal (prosthesis extra)	640.00 + Lab
57203	Obturator, Post-Maxillectomy (prosthesis extra)	912.00 + Lab
57204	Obturator, Temporary Palatal (prosthesis extra)	344.00 + Lab
57205	Obturator, Resilient (prosthesis extra)	686.00 + Lab
57206	Obturator, Hollow Bulb (prosthesis extra)	912.00 + Lab
57207	Obturator, Inflatable (prosthesis extra)	912.00 + Lab
57208	Obturator Prosthesis, Modification (relines or repairs)	162.00 + Lab
57209	Speech Aid Prosthesis	912.00
	<b>PROSTHESIS, TEMPOROMANDIBULAR JOINT</b>	
57401	Exerciser, Trismus, Therapy	2,023.00 + Lab
57402	Splint, Permanent Cast Occlusal	2,023.00 + Lab
	<b>TEMPLATE, SURGICAL (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants)</b>	
03001	Maxillary Template	169.00 + Lab + E
03002	Mandibular Template	169.00 + Lab + E
	<b>PROSTHODONTICS - FIXED</b>	
	<b>FIXED BRIDGES (each abutment, each retainer and each pontic, constitutes a separate unit in a bridge, with a separate code number)</b>	
	<b>PONTICS, BRIDGE</b>	
62101	Pontics, Cast Metal	374.00 + Lab
62105	Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Implant-supported Retainer, to Retain Removable Prosthesis, Each Bar	367.00 + Lab + E
62501	Pontics, Porcelain / Ceramic / Polymer Glass, Fused to Metal	458.00 + Lab
62502	Pontics, Porcelain / Ceramic / Polymer Glass, Aluminous	458.00 + Lab
	<b>PONTICS, ACRYLIC / COMPOSITE / COMPOMER</b>	
62701	Pontics, Acrylic / Composite / Compomer, Processed to Metal	374.00 + Lab
62702	Pontics, Acrylic / Composite / Compomer, Processed, Indirect (Provisional)	374.00 + Lab
62703	Pontics, Acrylic / Composite / Compomer, Bonded to Adjacent Teeth, Direct (Provisional)	374.00 + E
62704	Pontics, Acrylic / Composite / Compomer	458.00 + Lab
	<b>PONTICS, NATURAL TOOTH</b>	
62801	Pontics, Natural Tooth Crown, Direct, Bonded to Adjacent Teeth (Provisional)	279.00
	<b>RECONTOURING OF RETAINERS / PONTICS (of existing bridgework)</b>	
63001	One unit of time	123.00
63009	Each additional unit	123.00
	<b>MASTER CAST MOUNTING TECHNIQUES</b>	
64221	Master Cast Mounting with Arbitrary Facebow Transfer - one unit of time	I.C. + Lab
64231	Master Cast Mounting with Kinematic Facebow Transfer - one unit of time	I.C. + Lab

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**Section 26 - PROSTHODONTIC SERVICES**

<b>REPAIRS</b>		
<b>REPAIRS, Removal, Fixed Bridge / Prosthesis - to be Recemented</b>		
66211	One unit of time	123.00
66212	Two units	246.00
66213	Three units	369.00
66219	Each additional unit	123.00
<b>Repairs, Removal of Fixed Bridge / Prosthesis, Implant-supported - to be re-inserted</b>		
66231	One unit of time	123.00
66239	Each additional unit	123.00
<b>REPAIRS, Reinsertion / Recementation (+L where laboratory charges are incurred during repair of bridge)</b>		
66301	One unit of time	123.00 + Lab
66302	Two units	246.00 + Lab
66303	Three units	369.00 + Lab
66309	Each additional unit	123.00 + Lab
<b>Repairs, Reinsertion / Recementation Implant-supported Bridge / Prosthesis</b>		
66311	Each unit of time	123.00 + Lab + E
66319	Each additional unit	123.00 + Lab + E
<b>REPAIRS, FIXED BRIDGE / PROSTHESIS</b>		
<b>Repairs, Fixed Bridge / Prosthesis, Porcelain / Ceramic / Polymer Glass / Acrylic / Composite / Compomer, Direct</b>		
66711	First Tooth	257.00
66719	Each Additional Tooth	257.00
<b>Repairs, Solder Indexing to Repair Broken Solder Joint</b>		
66721	One unit of time	94.00 + Lab
66729	Each additional unit	94.00 + Lab
<b>FIXED BRIDGE RETAINERS - It is appropriate to use FIXED BRIDGE RETAINER codes, rather than codes for single tooth major restorations, where two or more single tooth inlays/onlays or crowns are joined (splinted) together and not support a pontic.</b>		
67121	<b>Retainers, Acrylic / Composite / Compomer, Direct</b> (provisional during healing, done at chairside)	634.00 + E
<b>RETAINERS, PORCELAIN / CERAMIC / POLYMER GLASS</b>		
67201	Retainer, Porcelain / Ceramic / Polymer Glass	1,105.00 + Lab
67202	Retainer, Porcelain / Ceramic / Polymer Glass, Complicated	1,108.00 + Lab
<b>RETAINERS, PORCELAIN / CERAMIC / POLYMER GLASS, FUSED TO METAL BASE</b>		
67211	Retainers, Porcelain / Ceramic / Polymer Glass, Fused to Metal Base	1,105.00 + Lab
67215	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Implant-supported	1,535.00 + Lab + E
67218	Semi-precision or Precision Attachment, RPD Retainer (in addition to retainer)	406.00 + Lab + E
<b>RETAINERS, CAST METAL</b>		
67301	Retainers, Cast Metal	918.00 + Lab
<b>RETAINERS, CAST METAL, ONLAY (bonded external retention/partial coverage - e.g. Maryland Bridge)</b>		
67341	Retainer, Cast Metal, Onlay, with or without Perforations, Bonded to Abutment Tooth (Pontic extra)	237.00 + Lab
<b>FIXED PROSTHETICS, ABUTMENTS / RETAINERS, MISCELLANEOUS SERVICES</b>		
67501	Retainer Made to an Existing Partial Denture Clasp, additional to retainer, per retainer	305.00 + Lab
67502	Telescoping Crown Unit	1,504.00 + Lab
<b>FIXED PROSTHODONTICS, WHERE AN ENTIRE ARCH IS RECONSTRUCTED (used in extensive or complicated fixed restorative dentistry)</b>		
<b>Provisional, Immediate, Implant Supported, Screw Retained, Polymer Base with Denture Teeth Without a Reinforcing Framework</b>		
69611	Maxillary	I.C. + Lab
69612	Mandibular	I.C. + Lab
<b>Final Prosthesis, Full Arch, Denture Teeth and Acrylic (also known as "hybrid prosthesis"), with Reinforcing Framework, Implant-Supported, Screw Retained</b>		
69621	Maxillary	I.C. + Lab
69622	Mandibular	I.C. + Lab
<b>FIXED PROSTHETICS, PROVISIONAL COVERAGE (in extensive or complicated restorative dentistry)</b>		
69701	Abutment Tooth	233.00 + Lab
69702	Pontic	113.00 + Lab
<b>Fixed Prosthodontic Framework, Osseo-Integrated, Attached with Screws Or Cement and Incorporating Teeth (Porcelain / Ceramic / Polymer Glass Bonded to Metal, Acrylic / Composite / Compomer Processed to Metal or Full Metal Crowns)</b>		
69821	Maxillary	4,405.00 + Lab
69822	Mandibular	4,405.00 + Lab



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Section 28

**ORAL MEDICINE and ORAL PATHOLOGY**

(As provided by a Specialist holding a Specialty License in Oral Medicine or Oral Pathology)

**PREVENTIVE**

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

14311	First unit of time per visit	I.C. + Lab
14312	Two units	I.C. + Lab
14319	Each additional unit	I.C. + Lab

**APPLIANCES, PERIODONTAL** (see separate codes for Oral Habits 14100, Athletic Mouth Guards 14500, TMJ 43700 and TMJ appliances 78700)

**Appliances, Periodontal** (including bruxism appliance); Includes Impression, Insertion and Adjustment (no post-insertion adjustments)

14611	Maxillary Appliance	732.00 + Lab
14612	Mandibular Appliance	732.00 + Lab

**Appliances, Adjustment, Repair**

14621	One unit of time	123.00 + Lab
14622	Two units	246.00 + Lab
14623	Three units	369.00 + Lab
14629	Each additional unit	123.00 + Lab

**Appliances, Reline**

14631	Reline, Direct	183.00
14632	Reline, Processed	155.00 + Lab

**Appliance, TMJ, Diagnostic and/or Therapeutic, includes impression, insertion and insertion adjustment (no post-insertion adjustments)**

14711	Maxillary Appliance	715.00 + Lab
14712	Mandibular Appliance	715.00 + Lab

**Appliance, TMJ Intraoral Repositioning:** includes impression, insertion and insertion adjustment (no post-insertion adjustments)

14721	Maxillary Appliance	533.00 + Lab
14722	Mandibular Appliance	533.00 + Lab

**Appliance, TMJ, Periodic Maintenance, Adjustment, Repair**

14731	One unit of time	123.00 + Lab
14732	Two units	246.00 + Lab
14733	Three units	369.00 + Lab
14739	Each additional unit	123.00 + Lab

**Appliance, TMJ, Reline**

14741	Reline, Direct	200.00
14742	Reline, Indirect	277.00 + Lab

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

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

14811	Maxillary Appliance	715.00 + Lab
14812	Mandibular Appliance	715.00 + Lab

**Appliance, Myofascial Pain Dysfunction Syndrome, Periodic Maintenance, Adjustment and Repairs**

14821	One unit of time	102.00 + Lab
14822	Two units	204.00 + Lab
14823	Three units	306.00 + Lab
14829	Each additional unit	102.00 + Lab

**Section 28 - ORAL MEDICINE AND ORAL PATHOLOGY**  
**PERIODONTICS**

<b>PERIODONTAL SERVICES, NON SURGICAL</b>		
<b>ORAL DISEASE, Management of</b>		
<b>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.</b>		
41211	One unit of time	153.00
41212	Two units	306.00
41213	Three units	459.00
41214	Four units	612.00
41219	Each additional unit	153.00
<b>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, dyskenesia, post injection trismus, muscular and joint pain syndromes.</b>		
41221	One unit of time	153.00
41222	Two units	306.00
41223	Three units	459.00
41224	Four units	612.00
41229	Each additional unit	153.00
<b>Oral Manifestations of Systemic Disease or complications of medical therapy, e.g. complications of chemotherapy, radiation therapy, dysfunction, post-operative neuropathics, post surgical or radiation therapy, oral manifestations of lupus erythematosus and systemic diseases including leukaemia, diabetes and bleeding disorders (e.g. haemophilia)</b>		
41231	One unit of time	126.00
41232	Two units	252.00
41233	Three units	378.00
41234	Four units	504.00
41239	Each additional unit	126.00
<b>CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS</b>		
<b>Chemotherapeutic and/or antimicrobial agents, topical application</b>		
43511	One unit of time	90.00
43519	Each additional unit	90.00
<b>Chemotherapeutic and/or antimicrobial agents/therapy, intra-sulcular application</b>		
43521	One unit of time	113.00 + E
43529	Each additional unit	113.00 + E
<b>ORAL &amp; MAXILLOFACIAL SURGERY</b>		
<b>TEMPOROMANDIBULAR JOINT, MANAGEMENT BY INJECTIONS</b>		
78601	Injection, theraputic drug with or without local anaesthetic drug, per site	245.00 + E
78602	Injection, with Sclerosing Agent	221.00
<b>SALIVARY GLANDS, TREATMENT OF</b>		
79101	Salivary Duct, Dilation of	230.00

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### Section 29

#### ENDODONTIC SERVICES

(As provided by a Dentist holding a Specialist License in Endodontics)

	<b>POST REMOVAL</b>	
25781	One unit of time	114.00
25782	Two units	228.00
25783	Three units	342.00
25784	Four units	456.00
25789	Each additional unit	114.00
	<b>PULP CAPPING</b> (refer to code 20100)	
	<b>PULP CHAMBER, TREATMENT OF</b> (excluding final restoration)	
	<b>PULPOTOMY</b> (Note: If pulpotomy or emergency pulpectomy has been performed on the same tooth by the same practitioner within a three month period, subsequent root canal therapy must be reduced by the same amount.)	
	<b>Pulpotomy, Permanent Teeth</b> (as a separate emergency procedure)	
32221	Anterior and Bicuspid Teeth	210.00
32222	Molar Teeth	267.00
	<b>Pulpotomy, Primary Teeth</b>	
32231	Primary Tooth as a Separate Procedure	210.00
32232	Primary Tooth, Concurrent with Restorations (but excluding final restoration)	108.00
	<b>PULPECTOMY</b> (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)	
	<b>Pulpectomy, Permanent Teeth / Retained Primary Teeth</b>	
32311	One Canal	271.00
32312	Two Canals	280.00
32313	Three canals	399.00
32314	Four canals or more	523.00
32315	Exceptional Anatomy/difficult access in addition to 32311-32314	91.00
	<b>Pulpectomy, Primary Teeth</b>	
32321	Anterior Tooth	210.00
32322	Posterior Tooth	227.00
	<b>ROOT CANAL THERAPY</b>	
	To include: treatment plan, clinical procedures (i.e., pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs, excluding final restoration	
	<b>Root Canals, Permanent Teeth / Retained Primary Teeth, One Canal</b>	
33111	Uncomplicated with Normal Access	740.00
33112	Difficult Access	820.00
33113	Exceptional Anatomy	820.00
33114	Calcified Canal	804.00
33115	Retreatment of Previously Completed Therapy	914.00
33116	Continuing Treatment having been Aborted by Referring / Previous Dentist	914.00
	<b>Root Canals, Permanent Teeth / Retained Primary Teeth, Two Canals</b>	
33121	Uncomplicated with Normal Access	991.00
33122	Difficult Access	1,087.00
33123	Exceptional Anatomy	1,087.00
33124	Calcified Canal	1,065.00
33125	Retreatment of Previously Completed Therapy	1,116.00
33126	Continuing Treatment having been Aborted by Referring / Previous Dentist	1,169.00
	<b>Root Canals, Permanent Teeth / Retained Primary Teeth, Three Canals</b>	
33131	Uncomplicated with Normal Access	1,188.00
33132	Difficult Access	1,413.00
33133	Exceptional Anatomy	1,413.00
33134	Calcified Canal	1,385.00
33135	Retreatment of Previously Completed Therapy	1,600.00
33136	Continuing Treatment having been Aborted by Referring / Previous Dentist	1,600.00
	<b>Root Canals, Permanent Teeth / Retained Primary Teeth, Four or More Canals</b>	
33141	Uncomplicated with Normal Access	1,383.00
33142	Difficult Access	1,607.00
33143	Exceptional Anatomy	1,607.00
33144	Calcified Canal	1,585.00
33145	Retreatment of Previously Completed Therapy	1,810.00
33146	Continuing Treatment having been Aborted by Referring / Previous Dentist	1,810.00

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**Section 29 - ENDODONTIC SERVICES**

	<b>ROOT CANALS, PRIMARY TEETH</b>	
33401	One canal	299.00
33402	Two canals	370.00
33403	Three canals or more	419.00
	<b>APEXIFICATION / APEXOGENESIS / INDUCTION OF HARD TISSUE REPAIR</b> (to include biomechanical preparation and placement of dentogenic media)	
33601	One canal	422.00
33602	Two canals	533.00
33603	Three canals	641.00
33604	Four or more canals	707.00
33605	Difficult access in addition to 33601 - 33604	I.C.
	<b>Re-Insertion of Dentogenic Media per visit</b>	
33611	One canal	165.00
33612	Two canals	177.00
33613	Three canals	212.00
33614	Four or more canals	248.00
	<b>PERIAPICAL SERVICES</b>	
	<b>APICOECTOMY / APICAL CURETTAGE</b>	
	<b>Maxillary Anterior</b>	
34111	One root	677.00
34112	Two roots	810.00
	<b>Maxillary Bicuspid</b>	
34121	One root	786.00
34122	Two roots	940.00
34123	Three roots	1,044.00
	<b>Maxillary Molar</b>	
34131	One root	835.00
34132	Two roots	968.00
34133	Three roots	1,106.00
34134	Four or more roots	1,106.00
	<b>Mandibular Anterior</b>	
34141	One root	823.00
34142	Two or more roots	953.00
	<b>Mandibular Bicuspid</b>	
34151	One root	909.00
34152	Two roots	1,024.00
34153	Three or more roots	1,168.00
	<b>Mandibular Molar</b>	
34161	One root	909.00
34162	Two roots	1,024.00
34163	Three roots	1,136.00
34164	Four or more roots	1,439.00
	<b>RETROFILLING</b>	
	<b>Maxillary Anterior</b>	
34211	One canal	302.00
34212	Two or more canals	362.00
	<b>Maxillary Bicuspid</b>	
34221	One canal	193.00
34222	Two canals	291.00
34223	Three canals	442.00
34224	Four or more canals	429.00
	<b>Maxillary Molar</b>	
34231	One canal	221.00
34232	Two canals	317.00
34233	Three canals	397.00
34234	Four or more canals	486.00
	<b>Mandibular Anterior</b>	
34241	One canal	200.00
34242	Two or more canals	221.00

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Section 29 - ENDODONTIC SERVICES		
	<b>Mandibular Bicuspid</b>	
34251	One canal	202.00
34252	Two canals	265.00
34253	Three canals	355.00
34254	Four or more canals	441.00
	<b>Mandibular Molar</b>	
34261	One canal	221.00
34262	Two canals	317.00
34263	Three canals	397.00
34264	Four or more canals	486.00
	<b>SURGICAL SERVICES, MISCELLANEOUS</b>	
	<b>Amputations, Root</b> (includes recontouring tooth and furca)	
34411	One root	628.00
34412	Two roots	753.00
	<b>Hemisection</b>	
34421	Maxillary Bicuspid	628.00
34422	Maxillary Molar	753.00
34423	Mandibular Molar	757.00
	<b>Decompression, Perio-Radicular Lesion</b>	
34431	First Visit	226.00
34432	Each additional visit	122.00
	<b>Surgery, Endodontic, Exploratory</b>	
34441	Maxillary Anterior	453.00
34442	Maxillary Bicuspid	516.00
34443	Maxillary Molar	618.00
34444	Mandibular Anterior	435.00
34445	Mandibular Bicuspid	525.00
34446	Mandibular Molar	615.00
	<b>Removal, Intentional, of Tooth, Apical Filling and Replantation</b> (splinting additional)	
34451	Single rooted tooth	325.00
34452	Two rooted tooth	473.00
34453	Three rooted tooth or more	544.00
	<b>PERFORATIONS</b>	
	<b>Perforations / Resorptive Defects, Pulp Chamber Repair or Root Repair, Non-Surgical</b>	
34511	Per Tooth	462.00
	<b>Perforations / Resorptive Defects, Pulp Chamber Repair or Root Repair, Surgical</b>	
34521	Anterior Tooth	1,056.00
34522	Bicuspid Tooth	1,189.00
34523	Molar Tooth	1,321.00
	<b>ENDODONTIC, PROCEDURES, MISCELLANEOUS</b>	
	<b>ISOLATION OF ENDODONTIC TOOTH / TEETH FOR ASEPSIS</b>	
39101	Banding and/or Coronal Buildup of Tooth/Teeth and/or Contouring of Tissue Surrounding Tooth/Teeth to maintain Aseptic Operating Field (per tooth)	194.00
	<b>Open and Drain</b> (separate emergency procedure)	
39201	Anteriors and Bicuspids	161.00
39202	Molars	161.00
	<b>Opening Through Artificial Crown</b> (in addition to procedures)	
39211	Anteriors and Bicuspids	124.00
39212	Molars	213.00
	<b>BLEACHING, NON-VITAL</b>	
	<b>Bleaching Endodontically Treated Tooth/Teeth</b>	
39311	One unit of time	154.00
39312	Two units	308.00
39313	Three units	462.00
39319	Each additional unit	154.00

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Section 30

**ADJUNCTIVE GENERAL SERVICES**

(As provided by a Dentist Holding a Specialist License)

<b>UNCLASSIFIED TREATMENT, DENTAL PAIN</b>		
<b>Palliative (emergency) Treatment of Dental Pain, Minor Procedure</b>		
91111	One unit of time	106.00
91112	Two units	212.00
91119	Each additional unit	106.00
<b>Emergency Services not Otherwise Specified in Guide</b>		
91121	One unit of time	123.00
91122	Two units	246.00
91129	Each additional unit	123.00
<b>Unusual Time and Responsibility Requirement, in Addition to Usual Procedures in Guide</b>		
91211	One unit of time	123.00
91212	Two units	246.00
91219	Each additional unit	123.00
<b>Second Surgeon (team approach)</b>		
91221	One unit of time	536.00
91222	Two units	1,072.00
91229	Each additional unit	536.00
<b>Management of Exceptional Patient</b>		
91231	One unit of time	123.00
91232	Two units	246.00
91233	Three units	369.00
91234	Four units	492.00
91239	Each additional unit	123.00
<b>ANAESTHESIA</b>		
<b>ANAESTHESIA, LOCAL</b> (not in conjunction with operative or surgical procedures, includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)		
92101	Regional Block Anaesthesia	36.00
92102	Trigeminal Division Block	47.00
<b>ANAESTHESIA, GENERAL</b> (includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)		
92212	Two units of time	275.00
92213	Three units	342.00
92219	Each additional unit	69.00
<b>Provision of Facilities, Equipment and Support Services</b> for general anaesthesia when provided by a separate practitioner		
92222	Two units of time	110.00
92223	Three units	168.00
92229	Each additional unit	57.00
<b>ANAESTHESIA, DEEP SEDATION - a controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including inability to respond purposefully to verbal command. These states apply to any technique that has depressed the patient beyond conscious sedation except general anesthesia. Any intravenous technique leading to these conditions in a patient including neuroleptanalgesia or anesthesia, regardless of route of administration, would fall within this category of service. (includes pre-anesthetic evaluation and post anesthetic follow-up)</b>		
92302	Two units of time	270.00
92303	Three units	336.00
92309	Each additional unit	69.00
<b>ANAESTHESIA, CONSCIOUS SEDATION</b>		
<b>Nitrous Oxide</b> - Time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device.		
92411	One unit of time	103.00
92412	Two units	135.00
92413	Three units	170.00
92414	Four units	204.00
92415	Five units	237.00
92416	Six units	271.00
92417	Seven units	306.00
92419	Each additional unit	34.00

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Section 30 - ADJUNCTIVE GENERAL SERVICES		
	<b>Oral Sedation</b> - Sedation sufficient to require monitored care. Time is to be measured from the start of patient monitoring to release from the treatment / recovery room.	
92421	One unit of time	107.00
92422	Two units	147.00
92423	Three units	187.00
92424	Four units	227.00
	<b>Nitrous Oxide with Oral Sedation</b> - 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	111.00
92432	Two units	162.00
92433	Three units	228.00
92434	Four units	294.00
	<b>Parenteral Conscious Sedation</b> (regardless of method - IM or IV)	
92441	One unit of time	138.00
92442	Two units	210.00
92449	Each additional unit	71.00
	<b>Combined Techniques of Inhalation plus Intravenous and/or Intramuscular Injection</b>	
92451	One unit of time	133.00
92452	Two units of time	268.00
92453	Three units	330.00
92454	Four units	397.00
92459	Each additional unit	63.00
	<b>NON PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT</b>	
	<b>Hypnosis</b>	
92511	One unit of time	163.00
92512	Two units	326.00
92519	Each additional unit	71.00
	<b>PROFESSIONAL SERVICES</b>	
	<b>Consultation with Member of the Profession or other Healthcare Providers, in or out of the office</b>	
93111	One unit of time	154.00 + E
93112	Two units	308.00 + E
93119	Each additional unit	154.00 + E
	<b>DENTAL LEGAL LETTERS, REPORTS AND OPINIONS</b>	
93121	<b>A Short Dental-Legal Report</b> (per unit of time) 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.	109.00
93122	<b>A Comprehensive Dental-Legal Report</b> (per unit of time) A comprehensive written report with patient approval, on symptoms, history and records giving diagnosis, treatment, results and present condition. The report is a factual summary of all information available on the case and could contain prognostic information regarding patient response.	202.00
93123	<b>A Dental-Legal Opinion</b> (per unit of time) 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.	307.00
	<b>Consultation and/or Participation During Autopsy</b> (other than forensic)	
93131	One unit of time	154.00 + E
93132	Two units	308.00 + E
93139	Each additional unit	154.00 + E
	<b>PATIENT FILE MANAGEMENT</b> (not to include predeterminations)	
93211	Duplication and transfer of patient dental records at request of the patient	46.00 + E
	<b>CLAIM FORMS AND TREATMENT FORMS</b>	
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.	54.00

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### Section 30 - ADJUNCTIVE GENERAL SERVICES

<b>For Extraordinary Time spent on the telephone</b> with third party administrators or their agents, in relation to claim/treatment plan forms, or the claim problem of the patient (plus long distance charges)		
93311	One unit of time	86.00 + E
93312	Two units	172.00 + E
93319	Each additional unit	86.00 + E
<b>For Extraordinary Office Time</b> Spent, in forwarding predetermination records, in predetermination situations, to third parties plus expenses (i.e. registration, postage, etc.)		
93321	One unit of time	72.00 + E
93322	Two units	144.00 + E
93329	Each additional unit	72.00 + E
<b>HOUSE CALLS</b>		
94101	House Call, Non Emergency Visit (in addition to procedures performed)	74.00
94102	House Call, Emergency Visit, when one must immediately leave home, office or hospital (in addition to procedures performed)	163.00
<b>OFFICE OR INSTITUTIONAL VISITS</b>		
94301	Office (of another professional) or Institutional Visit, During Regular Scheduled Office Hours (in addition to services performed)	51.00
94302	Office or Institutional Visit, Unscheduled, After Regular Scheduled Office Hours (in addition to services performed)	82.00
94303	Missed or Cancelled Appointment, with Insufficient Notice, During Regular Scheduled Office Hours	54.00
94304	Missed or Cancelled Appointment with Insufficient Notice, being a Special Appointment Outside Regular Scheduled Office Hours	101.00
94305	Travelling Expenses	I.C.
94306	Professional visits out of the office plus actual services performed (out of pocket expenses, etc.)	77.00 + E
<b>COURT APPEARANCES AND/OR PREPARATION</b>		
<b>Preparation as an Expert Witness</b>		
94411	One unit of time	65.00
94412	Two units	130.00
94413	Three units	195.00
94414	Four units	260.00
94419	Each additional unit	65.00
<b>Court Appearance as an Expert Witness</b>		
94421	One half day	1,746.00
94422	One full day	517.00
<b>FORENSIC SERVICES, MISCELLANEOUS</b>		
95101	Identification - Opinion as an expert assisting in civil or criminal cases	1,904.00 + E
95102	Full or Part Time Participation in Civil Disaster	I.C. + E
95104	Written Odontology Report	I.C. + E
95105	Post Mortem Examination of Tissues in Forensic Cases (non-identification)	I.C.
95106	Management of Oral Disease or Abnormality	I.C.
<b>IDENTIFICATION SYSTEMS</b>		
95201	Identification Disk System, Acid Etch, Bonded	126.00 + Lab
<b>PRESCRIPTIONS</b>		
96102	Emergency dispensing of one or two doses of a therapeutic drug, plus giving a written prescription	64.00 + E
96103	Dispensing, non emergency (e.g. fluorides, vitamins, other drugs/medications)	38.00 + E
<b>INJECTIONS, THERAPEUTIC</b>		
96201	Intramuscular Drug Injection	78.00 + E
96202	Intravenous Drug Injection	63.00 + E
96203	Intralesional Delivery (intra-articular injections - see 78600)	108.00 + E
<b>BLEACHING, VITAL</b>		
<b>Bleaching, Vital, In Office</b>		
97111	One unit of time	84.00
97112	Two units	168.00
97113	Three units	252.00
97119	Each additional unit	84.00



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**Section 30 - ADJUNCTIVE GENERAL SERVICES**

	<b>Micro-Abrasion</b>	
97131	One unit of time	91.00
97132	Two units	182.00
97133	Three units	273.00
97134	Four units	364.00
	<b>Systematic Desensitization for patients designated as special needs or having severe dental phobia (Requires a medical diagnosis)</b>	
98201	One unit of time	70.00
98202	Two units	140.00
98209	Each additional unit over two	70.00
	<b>LABORATORY AND EXPENSE PROCEDURES (This code is used in conjunction with the "+ L" and "+ E" designation following specific codes in the guide. The addition of these codes are to facilitate computer or manual input for third party claims processing, personal records and statistics, providing one description for a specific procedure code).</b>	
99111	<b>"+ L" Commercial Laboratory Procedures</b> (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	<b>"+ L" In-Office Laboratory Procedures</b> (An in-office laboratory is defined as a laboratory service(s) performed within the same business entity).	I.C.
99555	<b>"+ E" Additional Expense of Materials</b>	I.C.