



# Guide for Dental Fees for General Dentists

January 2020

# ALBERTA DENTAL ASSOCIATION AND COLLEGE

## Preamble

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The fees listed herein are published to serve merely as a guide. No dentist receiving this list is under any obligation to accept the fees itemized. Any dentist who does not use all or any of these fees will in no way suffer in their relations with the Alberta Dental Association and College or any other body, group or committee affiliated with or under the control of the Alberta Dental Association and College.

A genuine suggested fee guide is one which is issued merely for professional information purposes without raising any intention or expectation whatsoever that the membership will adopt the guide for their practices.

Dentists have the right and freedom to use any dental codes that are included in the Alberta Uniform System of Coding and List of Services.

Dentists may use these fees to assist them in determining their own professional fees. A suggested protocol to follow in order to eliminate the possibility of patient misunderstandings regarding the fees for dental treatment is:

- a. Perform a thorough oral examination for the patient.
- b. Explain, carefully, the particular problems encountered in this patient's mouth. Describe your treatment plan and prognosis, in a manner, which the patient can fully understand. Assure yourself that the patient has understood the presentation.
- c. Present your fee for treatment, before the commencement of treatment.
- d. Arrange financial commitments in such a manner that the patient understands their obligation.
- e. If there is any question as to why this fee must be charged ... explain at this time.
- f. Describe, explain and note any conditions, which may require an additional fee.
- g. For the patient who requires a removable prosthetic service, two pertinent points must be emphasized:
  1. The length of time that adjustments will be provided, at no additional fee; and
  2. Whether or not the initial fee includes the cost of necessary relines.
- h. In all areas of treatment, the fee you charge should be based on the skill, judgment and experience, which you have attained, and on the degree to which these are applied in the treatment of your patient.

## Structure

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

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

The categories used for the organization of the classification are:

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

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

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

## Units of time

Units of time referenced in certain descriptors are periods of 15 minutes or less. A half-unit of time, which is a period of 7 ½ minutes, is the smallest unit of time described by the USC&LS. Half units of time are not available for all services.

## +L, +E and +PS

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

customary fee that includes them.

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

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

### I.C.

The letters "I.C." following a procedure code indicates a designation "Independent Consideration" and is utilized when the procedure involves complexities which are too variable to designate a specific fee.

### Standards

Where the description of a service requires the designation of the tooth or teeth involved, the use of ISO 3950 is mandatory.

Oral Cavity	00															
Maxillary Area	01															
Quadrant	10								20							
Sextant	03				04				05							
Designation of teeth*	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	55				54	53	52	51	61	62	63	64	65			
	85				84	83	82	81	71	72	73	74	75			
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Sextant	08				07				06							
Quadrant	40								30							
Mandibular Area	02															
<p>* Designation of teeth            First digit: Digits 1 to 4 represent the quadrants of the permanent dentition and digits 5 to 8 represent the quadrants of the deciduous dentition, clockwise from the upper right side.            Second digit: Teeth in the same quadrant are represented by the second digit from 1 to 8</p>																

## **Coding Instructions**

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

### **Inclusions and exclusions**

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

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

### **Selecting the appropriate service code**

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

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

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

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

04000 Test/analysis/laboratory procedures/interpretation and/or report; 04200

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

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

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

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

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

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

### **Units of time**

Units of time referenced in the USC&LS are periods of 15 minutes or less. For services where half units of time are coded, a half unit of time is a period of 7 ½ minutes or less.

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

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

deliver should be recorded as one unit of time. One that takes between 16 and 30 minutes as two units of time. Services for which a code representing a half-unit of time is available should be recorded as the number of full units used plus one half-unit if the overage is up to 7 ½ minutes or the number of full units used if the overage is more than 7 ½ minutes. For example, if a service, for which for which a code representing a half-unit of time is available, took 17 minutes to deliver, it should be coded as one full unit and one half-unit. If the same service took 24minutes, it would be coded as two full units.

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

#### **+L, +E and +PS**

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

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**2020 Uniform System of Coding and List of Services  
Changed from 2019**

<b>Code</b>	<b>Change Type Modifications</b>	<b>Description</b>	<b>Change Made</b>
42315	Edit	Per Site	Changed to: Adjacent to teeth or edentulous area, per site.
42551	Edit	Autograft (free connective tissue), for root coverage, includes harvesting from donor site - Per site	Changed to: Autograft (subepithelial connective tissue or epithelialized gingival graft), for root coverage, includes harvesting from donor site - Per site
42556	Edit	Autograft (free connective tissue), adjacent to an implant, includes harvesting from donor site - Per site	Autograft (subepithelial connective tissue or epithelialized gingival graft), adjacent to an implant, includes harvesting from donor site – per site
69610	New	Provisional, immediate, implant supported, screw retained, polymer base with denture teeth, without a reinforcing framework.	
69611	New	Maxillary+ L	
69612	New	Mandibular+ L	
69620	New	Final prosthesis, full arch, denture teeth and acrylic (also known as "hybrid prosthesis"), with reinforcing framework, implant supported, screw retained.	
69621	New	Maxillary + L	
69622	New	Mandibular+ L	



69810	Deprecate	Fixed Prosthodontic Frameworks, Osseo-Integrated, Attached with Screws and Incorporating Teeth (denture teeth and acrylic)	
69811	Deprecate	Maxillary +L	
69812	Deprecate	Mandibular +L	
98100	Edit	TOBACCO-USE CESSATION SERVICES To include: identifying patients who use tobacco, informing patients of oral health consequences associated with tobacco; advising tobacco users to quit; provide appropriate self-help material; and discuss treatment options.	Changed to” TOBACCO OR CANNABIS-USE CESSATION SERVICES To include: identifying patients who use tobacco or cannabis, informing patients of oral health consequences associated with tobacco or cannabis; advising tobacco or cannabis users to quit; provide appropriate self-help material; and discuss treatment options.
99000	Edit	(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.)	Changed to” (This code is used in conjunction with the "+L" and "+E" and "+P.S." 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.)
99777	New	"P.S." Charges for professional services billed to the dentist and passed through to the patient.	

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<b>00000</b>			<b>DIAGNOSTIC</b>	
<b>01001</b>			<b>EXAMINATION AND DIAGNOSIS, CLINICAL ORAL</b>	
<b>01010</b>			<b>FIRST DENTAL VISIT/ORIENTATION</b>	
		01011	Oral assessment for patients up to the age of 3 years inclusive. Assessment to include: Medical history, familial dental history; dietary/feeding practices; oral habits; oral hygiene; fluoride exposure. Anticipatory guidance with parent/guardian	74.29
<b>01100</b>			<b>EXAMINATIONS, AND DIAGNOSIS COMPLETE ORAL, to include:</b>	
		(a)	History, Medical and Dental.	
		(b)	Clinical Examination and Diagnosis of Hard and Soft tissues, including the following as necessary: Carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality test/analysis, where necessary and any other pertinent factors;	
		(c)	Radiographs extra, as required.	
		01101	Examination and Diagnosis, Complete, Primary Dentition, to include:	74.29
		(a)	Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	
		01102	Examination and Diagnosis, Complete, Mixed Dentition, to include:	101.25
		(a)	Extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	
		(b)	Eruption sequence, tooth size - jaw size assessment.	
		01103	Examination and Diagnosis, Complete, Permanent Dentition, to include:	105.92
		(a)	Extended examination on permanent dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	
<b>01200</b>			<b>EXAMINATIONS 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 01100. (May include PSR)	78.66
		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 tests, as for 01100.	67.00
		01204	Examination and Diagnosis, Specific Examination and evaluation of a specific situation in a localized area. Not to be used as a substitute for limited exam codes (01201, 01202)	67.05
		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).	67.05
		01206	Analysis, Mixed Dentition	84.16
<b>01300</b>			<b>EXAMINATIONS AND DIAGNOSIS, STOMATOGNATHIC, DYSFUNCTIONAL</b>	
		01301	Examination and Diagnosis, Stomatognathic Dysfunctional, Comprehensive, to include:	282.02
		(a)	History, Medical , Dental, Pain/Dysfunction	

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		(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, ordering of appropriate test/analysis and consultations.	
		01302	Examination and Diagnosis, Stomatognathic Dysfunctional, Limited	85.68
<b>01400</b>			<b>EXAMINATIONS AND DIAGNOSIS, ORAL PATHOLOGY</b>	
		01401	Examination and Diagnosis, Oral Pathology, General, to include:	171.35
		(a)	Initial consultation with referring dentist or physician,	
		(b)	History, Medical and Dental	
		(c)	Clinical examination including in-depth analysis of medical status,	
		(d)	Diagnosis, prognosis and formulation of a treatment plan.	
		01402	Examination and Diagnosis, Oral Pathology, Specific (or repeat examination within 90 days for the same illness).	85.68
<b>01500</b>			<b>EXAMINATION AND DIAGNOSIS, PERIODONTAL</b>	
		01501	Examination and Diagnosis, Periodontal, General Recording History, Charting, Treatment Planning and Case Presentation:	215.11
		(a)	History, Medical and Dental	
		(b)	Clinical Examination includes evaluation of topography of the gingiva and related structures; degree of gingival inflammation; location, extent, sulcular depth; furcation involvement, mobility of teeth; tooth contact relationships; evaluation of occlusion; TMJ; examination of oral soft tissue pathosis; evaluation of the existing restorative and/or prosthetic appliances; caries and pulpal vitality.	
		01502	Examination and Diagnosis, Periodontal, Limited (previous patient)	155.80
		01503	Examination and Diagnosis, Periodontal, Specific	155.80
<b>01600</b>			<b>EXAMINATIONS AND DIAGNOSIS, SURGICAL</b>	
		01601	Examination and Diagnosis, Surgical, General	171.35
		(a)	History, Medical and Dental	
		(b)	Clinical Examination as above, may include in-depth analysis of medical status, medication, anaesthetic and surgical risk, initial consultation with referring dentist or physician, parent or guardian, evaluation of source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors, TMJ, or where the patient is to be admitted to hospital for dental procedures.	
		01602	Examination and Diagnosis, Surgical, Specific	102.71
<b>01700</b>			<b>EXAMINATIONS AND DIAGNOSIS, PROSTHODONTIC</b>	
		01701	Examination and Diagnosis, Prosthodontic, Edentulous	116.85
		(a)	Extended Examination of the Edentulous Mouth, including detailed 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.	
		01702	Examination and Diagnosis, Prosthodontic, Specific	78.94
		01703	Examination and Diagnosis, Prosthodontic, Fixed Oral Rehabilitation, to include:	321.03
		(a)	History, Medical and Dental	
		(b)	Clinical Examination of Hard and Soft Tissues, including carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality test/analysis, where necessary and any other pertinent factors.	
		(c)	Evaluation of specific sites for implant-supported or retained prosthesis;	

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		(d)	Radiographs extra, as required	
<b>01800</b>			<b>EXAMINATION 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:	172.39
		(a)	History, Medical and Dental	
		(b)	Clinical Examination and Diagnosis may include vitality test/analysis, thermal test/analysis, cracked tooth test/analysis, occlusal exams, percussion, palpation, transillumination, anaesthetic test/analysis and mobility test/analysis.	
		01802	Examination and Diagnosis, Endodontic, Specific Endodontic examination and evaluation of a specific situation in a localized area and vitality tests/analysis.	107.59
<b>01900</b>			<b>EXAMINATION AND DIAGNOSIS, ORTHODONTIC</b>	
		01901	Examination and Diagnosis, Orthodontic, General. To include:	442.68
		(a)	Diagnostic models, complete intraoral radiograph series, or panoramic film, cephalograms, facial and intraoral photographs, consultation and case presentation.	+L
		01902	Examination and Diagnosis, Orthodontic, Specific	88.81
<b>02000</b>			<b>RADIOGRAPHS (including radiographic examination and diagnosis and interpretation)</b>	
<b>02100</b>			<b>RADIOGRAPHS, REGIONAL/LOCALIZED</b>	
		02101	Radiographs, Complete Series (minimum of 12 images incl. bitewings)	207.51
		02102	Radiographs, Complete Series (minimum of 16 images incl. bitewings)	207.51
		<b>02110</b>	<b>Radiographs, Periapical</b>	
		02111	Single image	28.81
		02112	Two images	49.58
		02113	Three images	70.35
		02114	Four images	91.12
		02115	Five images	111.90
		02116	Six images	132.67
		02117	Seven images	153.44
		02118	Eight images	174.21
		02119	Nine images	194.98
		02120	Ten images - The assignment to this service of a code ending in 0 is not aligned to the coding rules for the USC&LS. 02120 is noneless the appropriate code for the representation of this service	205.44
		<b>02130</b>	<b>Radiographs, Occlusal</b>	
		02131	Single image	51.80
		02132	Two images	72.56
		02133	Three images	93.34
		02134	Four images	114.11
		<b>02140</b>	<b>Radiographs, Bitewing</b>	
		02141	Single image	31.11
		02142	Two images	47.05
		02143	Three images	65.09
		02144	Four images	81.80
		02145	Five images	104.77

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		02146	Six images	125.45
<b>02300</b>			<b>RADIOGRAPHS, POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE</b>	
		02301	Single image	77.76
		02302	Two images	129.65
		02303	Three images	181.57
		02304	Sinus Examination and Diagnosis - Minimum four images identified as: 1) Waters 2) Caldwell 3) Lateral Skull 4) Basal	233.45
		02309	Each additional image over four	51.39
<b>02400</b>			<b>RADIOGRAPHS, SIALOGRAPHY</b>	
		02401	Single image	77.78
		02402	Two images	129.65
		02409	Each additional image over two	51.39
		<b>02410</b>	<b>Radiopaque Dyes, Use of, To Demonstrate Lesions</b>	
		02411	One unit of time	I.C.
		02412	Two units of time	I.C.
		02419	Each additional unit over two	I.C.
<b>02500</b>			<b>RADIOGRAPHS, TEMPOROMANDIBULAR JOINT</b>	
		02501	Single image	77.76
		02502	Two images	129.65
		02503	Three images	181.57
		02504	Four images (minimum examination and diagnosis closed and open each side)	233.45
		02509	Each additional image over four	51.39
		<b>02510</b>	<b>Arthrography of Temporo-mandibular joint</b>	
		02511	Performing the Arthrographic Procedure	257.03
		<b>02520</b>	<b>Interpretation of the Arthrogram</b>	
		02521	One unit of time	77.90
		02529	Each additional unit of time	77.90
<b>02600</b>			<b>RADIOGRAPHS, PANORAMIC</b>	
		02601	Single image	92.19
<b>02700</b>			<b>RADIOGRAPHS, CEPHALOMETRIC</b>	
		02701	Single image	124.07
		02702	Two images	194.54
		02703	Three images	261.61
		02704	Four images	324.22
		02709	Each additional image over four	38.58
		<b>02750</b>	<b>Radiographs, Cephalometric, Tracing and Interpretation</b>	
		02751	One unit of time	85.68
		02752	Two units	171.35
		02759	Each additional unit over two	85.68

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<b>02800</b>			<b>RADIOGRAPHS, COMPUTERIZED AXIAL TOMOGRAMS (CT), POSITRON EMISSION TOMOGRAPHY (P.E.T), MAGNETIC RESONANCE IMAGES (M.R.I) INTERPRETATION</b> (either the radiographs, CT scans, PET scans, MRI scans, or the interpretation must be received from another source)		
		02801	One unit of time	+E	95.35
		02802	Two units	+E	190.50
		02809	Each additional unit over two	+E	95.35
<b>02900</b>			<b>RADIOGRAPHS, OTHER</b>		
	<b>02910</b>		<b>Radiographs, Duplications</b>		
		02911	Single image		5.91
		02912	Two images		11.74
		02913	Three images		17.61
		02914	Four images		23.48
		02915	Five images		29.35
		02916	Six images		35.21
		02917	Seven images		41.10
		02918	Eight images		45.50
		02919	Each additional image over eight		5.91
	<b>02930</b>		<b>Radiographs, Tomography</b>		
		02931	Single view		124.07
		02932	Two views		194.60
		02933	Three views		261.61
		02934	Four views		324.22
		02939	Each additional view over four		51.39
	<b>02940</b>		<b>Radiographs, Hand and Wrist</b>		
		02941	Radiographs, Hand and Wrist (as a diagnostic aid for dental treatment) per case		124.07
	<b>02950</b>		<b>Radiographic Guide,</b>		
			(includes diagnostic wax-up, with radio-opaque markers for pre-surgical assessment of alveolar bone and vital structures as potential osseo-integrated implant site(s))		
		02951	Maxillary Guide	+L +E	I.C.
		02952	Mandibular	+L +E	I.C.
<b>03000</b>			<b>TEMPLATE, SURGICAL</b> (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants)		
		03001	Maxillary Template	+L +E	77.90
		03002	Mandibular Template	+L +E	77.90
<b>04000</b>			<b>TEST/ANALYSIS/LABORATORY PROCEDURES/INTERPRETATION AND/OR REPORTS</b>		
	<b>04100</b>		<b>Test/Analysis, Microbiological (technical procedure only)</b>		
		04101	Microbiological Test/Analysis for the Determination of Pathological Agents	+L	74.00
	<b>04200</b>		<b>Test/Analysis, Caries Susceptibility/Diagnosis</b>		
		04201	Bacteriological Test/Analysis for the Determination of Dental Caries Susceptibility (technical procedure only)	+L	74.00
	<b>04220</b>		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.		

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		04221	One unit of time	31.11
		04227	One half unit of time	15.55
<b>04300</b>			<b>TEST/ANALYSIS, HISTOPATHOLOGICAL (technical procedure only)</b>	
	<b>04310</b>		<b>Test/Analysis, Histopathological, Soft Tissue</b>	
		04311	Biopsy, Soft Oral Tissue - by Puncture	+L 85.68
		04312	Biopsy, Soft Oral Tissue - by Incision	+L 85.68
		04313	Biopsy, Soft Oral Tissue - by Aspiration	+L 85.68
	<b>04320</b>		<b>Test/Analysis, Histopathological, Hard Tissue</b>	
		04321	Biopsy, Hard Oral Tissue - by Puncture	+L I.C.
		04322	Biopsy, Hard Oral Tissue - by Incision	+L I.C.
		04323	Biopsy, Hard Oral Tissue - by Aspiration	+L I.C.
<b>04400</b>			<b>TEST/ANALYSIS, CYTOLOGICAL (technical procedure only)</b>	
		04401	Cytological Smear from the Oral Cavity	+L+E 74.00
		04402	Vital Staining of Oral Mucosal Tissues	+E 74.00
<b>04500</b>			<b>TESTS/ANALYSIS, PULP VITALITY AND INTERPRETATION</b>	
		04501	One unit of time	74.00
		04509	Each additional unit	74.00
<b>04600</b>			<b>INTERPRETATION AND/OR REPORTS, LABORATORY</b>	
		04601	Interpretation and/or Report, Microbiological by Oral Microbiologist	+L 73.99 to 222.04
		04602	Interpretation and/or Report, Histopathological by Oral Pathologist or Microbiologist	+L 85.68 to 257.03
		04603	Interpretation and/or Report, Cytological by Oral Pathologist	+L 74.00
		04604	Reports, Other	I.C.
<b>04700</b>			<b>SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY)</b>	
	<b>04710</b>		<b>Equilibration, Casts Diagnostic (Pilot Equilibration) For Extensive Or Complicated Restorative Dentistry</b>	
		04711	One unit of time	+L 77.90
		04712	Two units	+L 155.80
		04713	Three units	+L 233.72
		04714	Four units	+L 311.62
		04719	Each additional unit over four	+L 77.90
	<b>04720</b>		<b>Wax-up, Diagnostic (To Evaluate Cosmetic And/Or Preparation Design And/Or Occlusal Considerations) (Gnathological Wax-up)</b>	
		04721	One unit of time	+L 77.90
		04722	Two units	+L 155.80
		04723	Three units	+L 233.72
		04724	Four units	+L 311.62
		04729	Each additional unit over four	+L 77.90
	<b>04730</b>		<b>Split Cast Mounting, Diagnostic</b>	
		04731	One unit of time	+L 77.90

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	04732	Two units		+L	155.80
	04733	Three units		+L	233.72
	04734	Four units		+L	311.62
	04739	Each additional unit over four		+L	77.90
<b>04740</b>		<b>Interpretation of Diagnostic Casts</b>			
	04741	One unit of time			75.04
	04749	Each additional unit			75.04
<b>04810</b>		<b>VISUAL IMAGING, DIAGNOSTIC</b>			
	04811	Single photograph			19.53
	04812	Two photos			37.00
	04813	Three photos			55.51
	04819	Each additional photo over three			19.53
<b>04900</b>		<b>CASTS, DIAGNOSTIC (technical procedure only)</b>			
<b>04910</b>		<b>Cast, Diagnostic, Unmounted</b>			
	04911	Cast, Diagnostic, Unmounted		+L	83.39
	04912	Cast, Diagnostic, Unmounted, Duplicate		+L	37.00
	04913	Casts, Diagnostic, Unmounted, Upper and Lower Combined		+L	175.16
<b>04920</b>		<b>Casts, Diagnostic, Mounted</b>			
	04921	Casts, Diagnostic, Mounted		+L	130.85
	04922	Casts, Diagnostic, Mounted, using face bow transfer		+L	174.12
	04923	Casts, Diagnostic, Mounted, using face bow and occlusal records		+L	343.85
	04924	Casts, Diagnostic, Mounted using fully adjustable articulator (used with 04941 and 04942)		+L	I.C.
<b>04930</b>		<b>Casts, Diagnostic, Orthodontic</b>			
	04931	Casts, Diagnostic, Orthodontic (unmounted, angle trimmed and soaped)		+L	148.02
<b>04940</b>		<b>Casts, Diagnostic, Miscellaneous Procedures</b>			
	04941	Transverse Axis Location and Transfer, used in conjunction with 04922, 04923, and 04924		+L	I.C.
	04942	Three Dimensional Recordings of Patient's Dynamic Movements for Programming of Fully Adjustable Articulators		+L	I.C.
	04943	Custom Incisal Guide Table		+L	I.C.
<b>05000</b>		<b>CASE PRESENTATION/TREATMENT PLANNING</b>			
<b>05100</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 fee and diagnosis fee in the radiographic interpretation fee.)			
	05101	One unit of time			77.90
	05102	Two units			155.80
	05103	Three units			233.72
	05104	Four units			311.62
	05109	Each additional unit over four			77.90
<b>05200</b>		<b>CONSULTATION, with patient</b>			



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	05201	One unit of time	81.03
	05202	Two units	162.06
	05209	Each additional unit over two	81.03
<b>07000</b>		<b>RADIOGRAPHS, CONE BEAM COMPUTERIZED TOMOGRAPHY (CBCT)</b>	
	<b>07010</b>	<b>Radiographs, CBCT, Acquisition</b>	
	07011	Small field of view (e.g. sextant or part of; isolated temporomandibular joint)	103.69
	07012	Large field of view (1 arch)	124.07
	07013	Large field of view (2 arches)	194.60
	<b>07020</b>	<b>Radiographs, CBCT, Image Processing</b>	
	07021	One unit of time	I.C.
	07022	Two units	I.C.
	07027	One half unit of time	I.C.
	07029	Each additional unit over two	I.C.
	<b>07030</b>	<b>Radiographs, CBCT, Interpretation</b>	
	07031	One unit of time	85.68
	07032	Two units of time	171.35
	07037	One half unit of time	42.83
	07039	Each additional unit over two	85.68
	<b>07040</b>	<b>Radiographs, CBCT, Acquisition, Processing and Interpretation</b>	
	07041	Small field of view (sextant or part of; isolated temporomandibular joint)	189.37
	07042	Large field of view (1 arch)	209.75
	07043	Large field of view (2 arches)	280.28
<b>10000</b>		<b>PREVENTION</b>	
<b>11100</b>		<b>POLISHING</b>	
	11101	One unit of time	62.46
	11102	Two units	124.92
	11107	One half unit	31.23
<b>11110</b>		<b>SCALING</b>	
	11111	One unit of time	70.10
	11112	Two units	140.20
	11113	Three units	210.30
	11114	Four units	280.41
	11115	Five units	350.51
	11116	Six units	420.61
	11117	One half unit	35.05
	11119	Each Additional unit over six	70.10
<b>12100</b>		<b>FLUORIDE TREATMENTS (whole mouth)</b>	
	<b>12110</b>		
	12111	Rinse	30.26
	12112	Gel or Foam	30.26
	12113	Varnish	30.26
	12114	Self-Administered Brush-In, supervised	30.26
<b>12600</b>		<b>FLUORIDE, CUSTOM APPLIANCES, (home application)</b>	

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		12601	Fluoride, Custom Appliance - Maxillary Arch	+L	74.00
		12602	Fluoride, Custom Appliance - Mandibular Arch	+L	74.00
<b>12700</b>			<b>MEDICATION, CUSTOM APPLIANCE</b>		
		12701	Medication, Custom Appliance - Maxillary Arch	+L	74.00
		12702	Medication, Custom Appliance - Mandibular Arch	+L	74.00
<b>13000</b>			<b>PREVENTIVE SERVICES, OTHER</b>		
<b>13100</b>			<b>NUTRITIONAL COUNSELING</b>		
			Including: recording and analysis of up to seven-day dietary intake and consultation		
		13101	One unit of time		74.00
		13102	Two units		148.02
		13103	Three units		222.04
		13104	Four units		296.06
		13109	Each additional unit over four		74.00
<b>13200</b>			<b>ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL</b>		
			To include: brushing and/or flossing and/or embrasure cleaning.		
		<b>13210</b>	<b>Individual Instruction (One Instructor To One Patient) - Excluding Audio-Visual Time</b>		
		13211	One unit of time		74.00
		13212	Two units		148.02
		13213	Three units		222.04
		13214	Four units		296.06
		13217	One half of unit		37.00
		13219	Each additional unit over four		74.00
		<b>13220</b>	<b>Group Instruction - Excluding Audio-Visual Time</b>		
		13221	One unit of time		74.00
		13222	Two units		148.02
		13223	Three units		222.04
		13224	Four units		296.06
		13229	Each additional unit over four		74.00
		<b>13230</b>	<b>Re-Instruction (Within 6 Months) - Excluding Audio-Visual Time</b>		
		13231	One unit of time		74.00
		13232	Two units		148.02
		13239	Each additional unit over two		74.00
		<b>13240</b>	<b>Oral Hygiene Instruction - Audio-Visual</b>		
		13241	One unit of time		74.00
		13242	Two units		148.02
		13249	Each additional unit over two		74.00
<b>13400</b>			<b>SEALANTS, PIT AND FISSURE (Mechanical and/or chemical preparation included)</b>		
		13401	First tooth		34.06
		13409	Each additional tooth same quadrant		17.03
		<b>13410</b>	<b>Preventive Restorative Resin (procedure that involves some preparation of the pits and/or fissures in tooth enamel and may extend into dentin in limited areas)</b>		
		13411	First tooth		75.74
		13419	Each additional tooth same quadrant		71.56

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<b>13600</b>			<b>TOPICAL APPLICATION TO HARD TISSUE LESION(S) OF AN ANTIMICROBIAL OR REMINERALIZATION AGENT</b>		
		13601	One unit of time	+E	74.00
		13602	Two units	+E	148.02
		13609	Each additional unit over two		74.00
<b>14000</b>			<b>APPLIANCES</b>		
<b>14100</b>			<b>APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS</b>		
		14101	Appliance, Maxillary	+L	546.42
		14102	Appliance, Mandibular	+L	546.42
<b>14200</b>			<b>APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS</b>		
		14201	Appliance, Maxillary	+L	599.74
		14202	Appliance, Mandibular	+L	599.74
<b>14300</b>			<b>CONTROL OF ORAL HABITS, MISCELLANEOUS</b>		
		14301	Motivation of Patient - Psychological Approach (e.g. thumb sucking, lip biting, etc.) - per visit	+L	85.68
	<b>14310</b>		<b>Myofunctional Therapy</b> (e.g. to correct mouth breathing, abnormal swallowing, tongue thrust, etc.)		
		14311	First unit of time per visit	+L	85.68
		14312	Two units	+L	171.35
		14319	Each additional unit over two	+L	85.68
<b>14400</b>			<b>APPLIANCES, CONTROL OF ORAL HABITS ADJUSTMENTS, REPAIRS, MAINTENANCE</b>		
		14401	One unit of time	+L	85.68
		14402	Two units of time	+L	171.35
		14403	Three units of time	+L	257.03
		14409	Each additional unit over three	+L	85.68
<b>14500</b>			<b>APPLIANCES, PROTECTIVE MOUTH GUARDS</b>		
		14501	Appliance, Protected Mouth Guards, Preformed		88.61
		14502	Appliance, Protective Mouth Guards, Processed	+L	96.96
<b>14600</b>			<b>APPLIANCES, PERIODONTAL</b> (see separate code for control of Oral Habits 14000, Protective Mouth Guards 14500, TMJ 14700 and TMJ appliances 78700)		
	<b>14610</b>		<b>Appliances, Periodontal (including bruxism appliance); Includes Impression, Insertion and Insertion Adjustment (no post-insertion adjustments)</b>		
		14611	Maxillary Appliance	+L	436.94
		14612	Mandibular Appliance	+L	436.95
	<b>14620</b>		<b>Appliances, Adjustment, Repair</b>		
		14621	One unit of time	+L	79.45
		14622	Two units	+L	158.92
		14623	Three units	+L	238.37
		14629	Each additional unit over three	+L	79.45

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<b>14630</b>		<b>Appliances, Reline</b>		
	14631	Reline, Direct		238.38
	14632	Reline, Processed	+L	238.38
<b>14700</b>		<b>APPLIANCES, TEMPOROMANDIBULAR JOINT</b>		
<b>14710</b>		<b>Appliance, TMJ, Diagnostic and/or Therapeutic, includes impression, insertion and insertion adjustment (no post-insertion adjustments)</b>		
	14711	Maxillary Appliance	+L	643.26
	14712	Mandibular Appliance	+L	643.26
<b>14720</b>		<b>Appliance, TMJ Intraoral Repositioning; includes impression, insertion and insertion adjustment (no post-insertion adjustments)</b>		
	14721	Maxillary Appliance	+L	643.26
	14722	Mandibular Appliance	+L	643.26
<b>14730</b>		<b>Appliance, TMJ, Periodic Maintenance, Adjustments, Repairs</b>		
	14731	One unit of time	+L	83.42
	14732	Two units	+L	166.84
	14733	Three units	+L	250.28
	14739	Each additional unit over three	+L	83.42
<b>14740</b>		<b>Appliance, TMJ, Reline</b>		
	14741	Reline, Direct		238.38
	14742	Reline, Indirect	+L	238.38
<b>14800</b>		<b>APPLIANCES, MYOFACIAL PAIN DYSFUNCTION SYNDROME</b> (conditions that originate outside the temporomandibular joint)		
<b>14810</b>		<b>Appliance, Myofascial Pain Dysfunction Syndrome, (to include: models, gnathological determinants) Appliance Construction only, and insertion adjustment (no post-insertion adjustments)</b>		
	14811	Maxillary Appliance	+L	725.96
	14812	Mandibular Appliance	+L	725.96
<b>14820</b>		<b>Appliance, Myofacial Pain Dysfunction Syndrome, Periodic Maintenance, Adjustment and Repairs</b>		
	14821	One unit of time	+L	83.42
	14822	Two units	+L	166.84
	14823	Three units	+L	250.28
	14829	Each additional unit over three	+L	83.42
<b>14900</b>		<b>APPLIANCES, INTRAORAL, TO TREAT MEDICALLY DIAGNOSED OBSTRUCTIVE SLEEP APNEA, SNORING, UPPER AIRWAY RESISTANCE SYNDROM (UARS) WITH OR WITHOUT APNEA (Includes models, gnathological determinants, appliance construction and insertion adjustment [no post-insertion adjustments])</b>		
	14901	Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Ridge or Tooth Supported	+L	771.11
	14902	Appliance, Tongue Retaining Device, for the Treatment of Obstructive Airway Disorders	+E	436.94
<b>14910</b>		<b>Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Periodic Maintenance, Adjustment and Repairs</b>		

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		14911	One unit of time	+L	85.68
		14912	Two units	+L	171.35
		14919	Each additional unit over two	+L	85.68
	<b>14920</b>		<b>Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Monitoring To include 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		77.90
		14922	Two units		155.80
		14929	Each additional unit over two		77.90
<b>15000</b>			<b>SPACE MAINTAINERS</b>		
			(Includes the design, separation, fabrication, insertion, and where applicable initial cementation and removal)		
<b>15100</b>			<b>SPACE MAINTAINERS, BAND TYPE</b>		
		15101	Space Maintainer, Band Type, Fixed, Unilateral	+L	257.03
		15102	Space Maintainer, Band Type, Fixed, Unilateral with Intra-alveolar attachment	+L	257.03
		15103	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch)	+L	342.71
		15104	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch), with Teeth Attached	+L	342.71
		15105	Space Maintainer, Band Type, Fixed, Bilateral Tubes and Locking Wire	+L	342.71
<b>15200</b>			<b>SPACE MAINTAINERS, STAINLESS STEEL CROWN TYPE</b>		
		15201	Space Maintainer, Stainless Steel Crown Type, Fixed	+L	271.64
		15202	Space Maintainer, Stainless Steel Crown Type, Fixed, with intra Alveolar Attachment	+L	257.03
<b>15300</b>			<b>SPACE MAINTAINERS, CAST TYPE</b>		
		15301	Space Maintainer, Cast Type, Fixed	+L	I.C.
		15302	Space Maintainer, Cast Type, Fixed, with Intra Alveolar Attachment	+L	I.C.
<b>15400</b>			<b>SPACE MAINTAINERS, ACRYLIC, REMOVABLE</b>		
		15401	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires	+L	257.03
		15402	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires with Teeth	+L	257.03
		15403	Space Maintainer, Acrylic Removable, No Clasps	+L	257.03
<b>15500</b>			<b>SPACE MAINTAINERS, BONDED, PONTIC TYPE</b>		
		15501	Space Maintainer, Bonded, Pontic Type	+L	257.03
<b>15600</b>			<b>SPACE MAINTAINERS, MAINTENANCE OF</b>		
		15601	Maintenance, Space Maintainer Appliances, to include: adjustment and/or recementation after 30 days from insertion		85.68
		15602	Maintenance, Space Maintainer Appliances, addition of clasps and/or activating wires	+L	171.35
		15603	Repairs, Space Maintainer Appliances (including recementation)	+L	171.35
		15604	Removal of Fixed Space Maintainer Appliances by Second Dentist		81.78
<b>16100</b>			<b>FINISHING RESTORATIONS</b>		
			To include: polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (when restorations were performed by another dentist or restorations are over two years old)		
		16101	One unit of time		77.90
		16102	Two units		155.80

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	16103	Three units		233.72
	16104	Four units		311.62
	16109	Each additional unit over four		77.90
<b>16200</b>		<b>DISKING OF TEETH, Interproximal</b>		
	16201	One unit of time		73.99
	16202	Two units		148.02
	16203	Three units		222.04
	16209	Each additional unit over three		73.99
<b>16300</b>		<b>RECONTOURING OF NATURAL TEETH FOR AESTHETIC REASONS</b>		
	16301	One unit of time		81.78
	16309	Each additional unit of time		81.78
<b>16400</b>		<b>RECONTOURING OF TEETH FOR FUNCTIONAL REASONS</b>		
		(Not associated with delivery of a single or multiple prosthesis)		
	16401	One unit of time		81.78
	16409	Each additional unit of time		81.78
<b>16500</b>		<b>OCCCLUSION</b>		
<b>16510</b>		<b>Occlusal Adjustment/Equilibration:</b>		
		(a) May require several sessions		
		(b) May be used in conjunction with basic restorative treatment only when occlusal adjustment/equilibration is not required as a result of that restoration.		
		(c) Not to be used in conjunction with the delivery and post-insertion care of: fixed or removable prosthesis (50000 & 60000 code series) by the same dentist for period of three months.		
	16511	One unit of time		91.34
	16512	Two units		182.70
	16513	Three units		274.06
	16514	Four units		365.40
	16519	Each additional unit over four		91.34
<b>20000</b>		<b>RESTORATION</b>		
	<b>Note 1:</b>	Treatment of dental caries includes pulp protection and local anaesthesia.		
	<b>Note 2:</b>	Where, at the same appointment, in order to conserve tooth structure, two separate restorations are performed on the same tooth involving a common surface, when one restoration might have been done; this should be considered as one restoration in assessing the fee.		
	<b>Note 3:</b>	Finishing restorations is a separate procedure done at a separate appointment (See 16100)		
<b>20100</b>		<b>CARIES, TRAUMA AND PAIN CONTROL</b>		
<b>20110</b>		<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, as a separate procedure).		
	20111	First tooth		83.42
			to	166.84
	20119	Each additional tooth same quadrant		83.42
			to	166.84
<b>20120</b>		<b>Caries/Trauma/Pain Control</b>		

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			(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	125.14
				to 208.56
		20129	Each additional tooth same quadrant	125.14
				to 208.56
		<b>20130</b>	<b>Trauma Control, Smoothing of Fractured Surfaces Per Tooth</b>	
		20131	First tooth	44.95
		20139	Each additional tooth same quadrant	40.77
<b>21000</b>			<b>RESTORATIONS, AMALGAM</b>	
<b>21100</b>			<b>RESTORATION, AMALGAM, PRIMARY TEETH</b>	
		<b>21110</b>	<b>Restorations, Amalgam, Non-Bonded, Primary Teeth</b>	
		21111	One surface	101.55
		21112	Two surfaces	134.44
		21113	Three surfaces	184.01
		21114	Four surfaces	224.92
		21115	Five surfaces or maximum surfaces per tooth	263.12
		<b>21120</b>	<b>Restorations, Amalgam, Bonded, Primary Teeth</b>	
		21121	One surface	133.55
		21122	Two surfaces	177.14
		21123	Three surfaces	212.82
		21124	Four surfaces	250.60
		21125	Five surfaces or maximum surfaces per tooth	290.87
<b>21200</b>			<b>RESTORATIONS, AMALGAM, PERMANENT TEETH</b>	
		<b>21210</b>	<b>Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors</b>	
		21211	One surface	111.99
		21212	Two surfaces	139.98
		21213	Three surfaces	196.54
		21214	Four surfaces	241.62
		21215	Five surfaces or maximum surfaces per tooth	263.12
		<b>21220</b>	<b>Restorations, Amalgam, Non-Bonded, Permanent Molars</b>	
		21221	One surface	118.25
		21222	Two surfaces	146.93
		21223	Three surfaces	200.71
		21224	Four surfaces	253.10
		21225	Five surfaces or maximum surfaces per tooth	282.95
		<b>21230</b>	<b>Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors</b>	
		21231	One surface	141.90
		21232	Two surfaces	176.10
		21233	Three surfaces	219.08
		21234	Four surfaces	262.08
		21235	Five surfaces or maximum surfaces per tooth	294.00
		<b>21240</b>	<b>Restorations, Amalgam, Bonded, Permanent Molars</b>	
		21241	One surface	153.39

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	21242	Two surfaces		189.67
	21243	Three surfaces		226.39
	21244	Four surfaces		269.38
	21245	Five surfaces or maximum surfaces per tooth		325.31
<b>21300</b>		<b>Restorations, Amalgam Cores</b>		
	21301	Restorations, Amalgam Core, Non-Bonded, in Conjunction with Crown or Fixed Bridge Retainer		206.56
	21302	Restorations, Amalgam Core, Bonded, in Conjunction with Crown or Fixed Bridge Retainer		231.18
<b>21400</b>		<b>PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations)</b>		
	21401	One pin		34.36
	21402	Two pins		49.47
	21403	Three pins		64.57
	21404	Four pins		80.72
	21405	Five pins or more		90.58
<b>21500</b>		<b>RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENTURE CLASP (ADDITIONAL TO RESTORATION)</b>		
	21501	Per restoration		77.59
<b>22000</b>		<b>RESTORATIONS, PREFABRICATED, FULL COVERAGE</b>		
<b>22200</b>		<b>RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH</b>		
	22201	Primary Anterior		216.37
	22202	Primary Anterior - open face/acrylic veneer	+L	266.67
	22211	Primary Posterior		211.89
	22212	Primary Posterior - open face		286.25
<b>22300</b>		<b>RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH</b>		
	22301	Permanent Anterior		245.38
	22302	Permanent Anterior - open face		313.39
	22311	Permanent Posterior		245.37
	22312	Permanent Posterior - open face		286.25
<b>22400</b>		<b>RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH</b>		
	22401	Primary Anterior		182.50
	22411	Primary Posterior		182.50
<b>22500</b>		<b>RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH</b>		
	22501	Permanent Anterior		243.29
	22511	Permanent Posterior		243.29
<b>22600</b>		<b>RESTORATIONS, PREFABRICATED, PORCELAIN/CERAMIC/POLYMER GLASS, PRIMARY TEETH</b>		
	22601	Primary Anterior		254.21
	22611	Primary Posterior		254.21
<b>23000</b>		<b>RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS</b>		
<b>23100</b>		<b>RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS, NON BONDED TECHNIQUE</b>		
	23101	One surface		117.83
	23102	Two surfaces (continuous)		133.49



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		23103	Three surfaces (continuous)	187.74
		23104	Four surfaces (continuous)	204.41
		23105	Five surfaces (continuous, or maximum surfaces per tooth)	244.02
	<b>23110</b>		<b>Restorations, Permanent Anteriors, Bonded Technique</b>	
			(not to be used for Veneer Applications or Diastema Closures)	
		23111	One surface	142.49
		23112	Two surfaces (continuous)	170.56
		23113	Three surfaces (continuous)	195.79
		23114	Four surfaces (continuous)	256.23
		23115	Five surfaces (continuous, or maximum surfaces per tooth)	314.87
	<b>23120</b>		<b>Restorations, Tooth Coloured, Veneer Applications</b>	
		23122	Tooth Colored Veneer Application - Non Prefabricated Direct Buildup - Bonded	347.61
		23123	Tooth Colored Veneer Application - Diastema Closure, Interproximal only, Bonded	278.34
<b>23200</b>			<b>RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIORES NON BONDED</b>	
	<b>23210</b>		<b>Permanent Bicuspids</b>	
		23211	One surface	114.70
		23212	Two surfaces	145.99
		23213	Three surfaces	183.54
		23214	Four surfaces	221.11
		23215	Five surfaces or maximum surface per tooth	232.57
	<b>23220</b>		<b>Permanent Molars</b>	
		23221	One surface	125.14
		23222	Two surfaces	163.73
		23223	Three surfaces	191.89
		23224	Four surfaces	223.20
		23225	Five surfaces or maximum surface per tooth	280.58
<b>23300</b>			<b>RESTORATIONS, TOOTH COLORED, PERMANENT POSTERIORES - BONDED</b>	
	<b>23310</b>		<b>Permanent Bicuspids</b>	
		23311	One surface	149.39
		23312	Two surfaces	208.11
		23313	Three surfaces	243.73
		23314	Four surfaces	300.86
		23315	Five surfaces or maximum surface per tooth	341.76
	<b>23320</b>		<b>Permanent Molars</b>	
		23321	One surface	156.15
		23322	Two surfaces	220.14
		23323	Three surfaces	260.63
		23324	Four surfaces	319.65
		23325	Five surfaces or maximum surface per tooth	369.94
<b>23400</b>			<b>RESTORATIONS, TOOTH COLORED, PRIMARY, ANTERIOR, NON BONDED</b>	
		23401	One surface	112.62
		23402	Two surfaces (continuous)	138.71
		23403	Three surfaces (continuous)	162.69
		23404	Four surfaces (continuous)	205.45
		23405	Five surfaces (continuous, or maximum surfaces per tooth)	250.28

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	<b>23410</b>		<b>Retsorations, Tooth Colored, Primary, Anterior, Bonded Technique</b>	
		23411	One surface	143.12
		23412	Two surfaces (continuous)	167.75
		23413	Three surfaces (continuous)	184.02
		23414	Four surfaces (continuous)	224.91
		23415	Five surfaces (continuous, or maximum surfaces per tooth)	294.00
<b>23500</b>			<b>RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED</b>	
		23501	One surface	114.70
		23502	Two surfaces	150.16
		23503	Three surfaces	173.10
		23504	Four surfaces	186.66
		23505	Five surfaces or maximum surface per tooth	228.39
	<b>23510</b>		<b>Restorations, Tooth Colored, Primary, Posterior, Bonded Technique</b>	
		23511	One surface	150.42
		23512	Two surfaces	190.14
		23513	Three surfaces	245.37
		23514	Four surfaces	286.25
		23515	Five surfaces or maximum surface per tooth	327.15
<b>23600</b>			<b>RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, CORES</b>	
		23601	Restoration, Tooth Colored, Non-Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer	219.08
		23602	Restoration, Tooth Colored, Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer	252.68
<b>23700</b>			<b>RESIN INFILTRATION (Placement of an infiltrating resin restoration for the purpose of filling the sub-surface porosity of an incipient, non-cavitated lesion for the purpose of strengthening, stabilizing and/or limiting the progression of the lesion.)</b>	
		23701	One surface	I.C.
		23709	Each addition surface over one	I.C.
<b>24000</b>			<b>RESTORATIONS, FOIL, GOLD</b>	
<b>24100</b>			<b>RESTORATIONS, FOIL, GOLD, ANTERIORS</b>	
		24101	Class I	546.48
		24102	Class III	729.00
		24103	Class V	500.56
		24104	Class IV	859.59
<b>24200</b>			<b>RESTORATIONS, FOIL, GOLD, POSTERIORS</b>	
		24201	Class I	546.48
		24202	Class II	729.00
		24203	Class V	546.34
<b>25000</b>			<b>RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS</b>	
<b>25100</b>			<b>RESTORATIONS INLAYS</b>	
	<b>25110</b>		<b>Inlays, Metal</b>	
		25111	One surface	+L 475.59

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	25112	Two surfaces		+L	631.96
	25113	Three surfaces		+L	679.95
	25114	Three surfaces, modified		+L	821.40
<b>25120</b>		<b>Inlays, Composite/Compomer, Indirect (Bonded)</b>			
	25121	One surface		+L	491.60
	25122	Two surfaces		+L	573.40
	25123	Three surfaces		+L	669.79
	25124	Three surfaces, modified		+L	861.59
<b>25130</b>		<b>Inlays, Porcelain/Ceramic/Polymer Glass</b>			
	25131	One surface		+L	455.75
	25132	Two surfaces		+L	510.99
	25133	Three surfaces		+L	690.44
	25134	Three surfaces, modified		+L	722.24
<b>25140</b>		<b>Inlays, Porcelain/Ceramic/Polymer Glass (Bonded)</b>			
	25141	One surface		+L	487.42
	25142	Two surfaces		+L	684.04
	25143	Three surfaces		+L	798.17
	25144	Three surfaces, modified		+L	861.59
<b>25500</b>		<b>RESTORATIONS, ONLAYS (where one or more cusps are restored)</b>			
<b>25510</b>		<b>Onlays, Cast Metal, Indirect</b>			
	25511	Onlay, Cast Metal, Indirect		+L	679.95
	25512	Onlays, Cast Metal, Indirect (Bonded external retention type)		+L	711.27
<b>25520</b>		<b>Onlays, Composite/Compomer, Processed (Bonded)</b>			
	25521	Onlays, Composite/Compomer, Indirect (Bonded)		+L	861.59
<b>25530</b>		<b>Onlays, Porcelain/Ceramic/Polymer glass (Bonded)</b>			
	25531	Onlays, Porcelain/Ceramic/Polymer Glass (Bonded)		+L	861.59
<b>25600</b>		<b>PINS, RETENTIVE (for inlays, onlays and crowns per tooth)</b>			
	25601	One pin/tooth		+L	46.55
	25602	Two pins/tooth		+L	88.94
	25603	Three pins/tooth		+L	140.90
	25604	Four pins/tooth		+L	172.58
	25605	Five or more pins/tooth		+L	203.23
<b>25700</b>		<b>POSTS</b>			
<b>25710</b>		<b>Posts, Cast Metal, (including core) As A Separate Procedure</b>			
	25711	Single section		+L	347.27
	25712	Two sections		+L	417.14
	25713	Three sections		+L	547.53
<b>25720</b>		<b>Posts, Cast Metal (including core) Concurrent with Impression for Crown</b>			
	25721	Single section		+L	198.15
	25722	Two sections		+L	266.98
	25723	Three sections		+L	333.70

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	<b>25730</b>		<b>Post, Prefabricated Retentive</b>	
		25731	One post	+E 165.85
		25732	Two posts same tooth	+E 275.33
		25733	Three posts same tooth	+E 375.42
	<b>25740</b>		<b>Posts, Prefabricated, Retentive and Cast Core</b>	
		25741	One post and cast core	+L +E 288.90
		25742	Two posts (same tooth) and cast core	+L +E 365.02
		25743	Three posts (same tooth) and cast core	+L +E 455.75
	<b>25770</b>		<b>Posts, Provisional</b>	
		25771	Per post	+L and/or +E 90.73
	<b>25780</b>		<b>Post Removal</b>	
		25781	One unit of time	111.59
		25782	Two units of time	222.80
		25783	Three units of time	334.18
		25784	Four units of time	446.63
		25789	Each additional unit over four	111.38
<b>26000</b>			<b>MESOSTRUCTURES</b>	
			(a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw)	
	<b>26100</b>		<b>Mesostructures, Osseo-integrated Implant Supported</b>	
		26101	Indirect, Angulated or transmucosal pre-fabricated abutment, per implant	+L +E I.C.
		26102	Indirect, Custom laboratory fabricated, per implant	+L +E I.C.
		26103	Direct, (with intra-oral preparation), per implant site	+E I.C.
<b>27000</b>			<b>CROWNS, SINGLE UNITS ONLY</b>	
			(includes temporary protection and local anaesthetic, caries removal, and uncomplicated restoration prior to crown preparation). Extensive restoration requiring pins or dowels extra.	
<b>27100</b>			<b>CROWNS, ACRYLIC/COMPOSITE/COMPOMER,</b>	
			(with or without Cast or Prefabricated Metal Bases)	
	<b>27110</b>		<b>Crowns, Acrylic/Composite/Compomer, Indirect</b>	
		27111	Crown, Acrylic/Composite/Compomer, Indirect	+L 683.07
		27112	Crown, Acrylic/Composite/Compomer, Indirect, Complicated (restorative, positional and/or esthetic)	+L 912.56
		27113	Crown, Acrylic/Composite/Compomer, Provisional [Long Term], Indirect (lab fabricated/relined intra-orally)	+L 266.98
	<b>27120</b>		<b>Crowns, Acrylic/Composite/Compomer, Direct</b>	
		27121	Crowns, Acrylic/Composite/Compomer, Direct, Provisional (chairside)	+E 206.56
		27125	Crowns, Acrylic/Composite/Compomer, Direct, Provisional Implant-supported	+E 206.56
	<b>27130</b>		<b>Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect</b>	
		27131	Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect	+L 727.96
		27135	Crown, Acrylic/Composite/Compomer Cast Metal Base, Implant-supported	+L +E 727.96
		27136	Crown, Acrylic/Composite/Compomer/Cast Metal Base with Cast Post Retention	+L 912.56

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	<b>27140</b>		<b>Crown, Acrylic/Composite/Compomer/ Prefabricated Metal Base, Provisional, Direct</b>	
		27145	Crown, Acrylic/Composite/Compomer/ Pre-fabricated Metal Base, Provisional, Implant-supported, Direct	+E 206.56
	<b>27150</b>		<b>Crown, Acrylic/Composite/Compomer/ Pre-Fabricated Metal Base, Provisional, Indirect</b>	
		27155	Crown, Acrylic/ Composite/Compomer/Pre-fabricated Metal Base, Provisional, Implant-supported, Indirect	+L +E 206.56
<b>27200</b>			<b>CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS</b>	
		27201	Crown, Porcelain/Ceramic/Polymer Glass	+L 861.59
		27202	Crown, Porcelain/Ceramic/Polymer Glass, Complicated	+L 1,143.67
		27205	Crown, Porcelain/Ceramic/Polymer Glass, Implant-supported	+L +E 861.59
		27206	Crown, Porcelain/Ceramic/Polymer Glass, with Cast Ceramic Post Retention	+L 1,143.67
	<b>27210</b>		<b>Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base</b>	
		27211	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	+L 861.59
		27212	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated (restorative, positional and/or aesthetic)	+L 1,143.67
		27215	Crown, Porcelain/Ceramic Fused to Metal Base, Implant-supported	+L +E 861.59
		27216	Crown, Porcelain/Ceramic Fused to Metal Base with Cast Metal Post Retention	+L 1,143.67
	<b>27220</b>		<b>Crown, ¾, Porcelain/Ceramic/Polymer Glass</b>	
		27221	Crown, ¾, Porcelain/Ceramic/Polymer Glass	+L 861.59
		27222	Crown, ¾, Porcelain/Ceramic/Polymer Glass, Complicated	+L 1,143.67
<b>27300</b>			<b>CROWNS, CAST METAL</b>	
		27301	Crown, Cast Metal	+L 861.59
		27302	Crown, Cast Metal, Complicated (restorative, positional)	+L 1,143.67
		27305	Crown, Cast Metal, Implant-supported	+L +E 861.59
		27306	Crown, Cast Metal, with Cast Metal Post Retention	+L 1,143.67
		27307	Semi-precision Rest (Interlock) (in addition to Cast Metal Crown)	+L +E 192.76
		27308	Semi-precision or Precision Attachment RPD Retainer (in addition to Cast Metal Crown)	+L +E 476.59
	<b>27310</b>		<b>Crowns, ¾, Cast Metal</b>	
		27311	Crowns, ¾, Cast Metal	+L 861.59
		27312	Crowns, Metal ¾ Cast Metal, Complicated	+L 1,143.67
		27313	Crowns, ¾, Cast Metal, with Direct Tooth Colored Corner	+L 861.59
<b>27400</b>			<b>CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP (additional to crown)</b>	
		27401	One crown	+L 124.56
		27409	Each additional crown	+L 81.76
<b>27500</b>			<b>COPINGS, METAL/PLASTIC, TRANSFER (thimble type)</b>	
	<b>27510</b>		<b>Coping, Metal/Acrylic, Transfer (thimble), as a separate procedure</b>	
		27511	Coping, Metal/Acrylic, Transfer (thimble) as a Separate Procedure	+L 363.97
	<b>27520</b>		<b>Coping, Metal/Acrylic, Transfer (thimble) Concurrent with Impression for Crown</b>	
		27521	Coping, Metal/Acrylic, Transfer (thimble) Concurrent with Impression for Crown	+L 90.73

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<b>27600</b>			<b>VENEERS, LABORATORY PROCESSED</b>	
		27601	Veneers, Acrylic/Composite/Compomer, Bonded	+L 753.01
		27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded	+L 861.59
<b>27700</b>				
	<b>27710</b>		<b>Repairs, (single units only, does not include removal and re cementation)</b>	
		27711	Repairs, Acrylic/Composite/Compomer, Direct	83.42
				to 250.28
	<b>27720</b>		<b>Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base (single units)</b>	
		27721	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Direct	83.42
				to 250.28
		27722	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Indirect	+L 163.79
<b>27800</b>			<b>RECONTOURING OF EXISTING CROWNS per tooth</b>	
		27801	One unit of time	88.64
		27809	Each additional unit of time	88.64
<b>28000</b>			<b>RESTORATIVE PROCEDURES, OVERDENTURES</b>	
<b>28100</b>			<b>RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT</b>	
		28101	Natural Tooth Preparation, Placement of Pulp Chamber Restoration (amalgam or composite) and Fluoride Application Endodontically Treated Tooth	228.39
		28102	Natural Tooth Preparation and Fluoride Application, Vital Tooth	273.25
		28103	Pre-fabricated Attachment, as an Internal/External Overdenture Retentive Device, Direct to a Natural Tooth (used with the appropriate denture code) per tooth	+L +E 273.25
		28105	Implant-supported Prefabricated Attachment as an Overdenture Retentive Device, Direct	+E 136.62
<b>28200</b>			<b>RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT</b>	
	<b>28210</b>		<b>Coping Crowns, Cast Metal, No Attachments, Indirect</b>	
		28211	Coping Crown, Cast Metal, No Attachments, Indirect	+L 365.02
		28215	Coping Crown, Cast Metal, No Attachments, Implant-supported, Indirect	+L +E 365.02
		28216	Coping Crown, Cast Metal with Cast Metal Retentive Post, No Attachments	+L +E 547.53
	<b>28220</b>		<b>Coping Crown, Cast Metal, with Attachments, Indirect</b>	
		28221	Coping Crown, Metal Cast, with Attachment, Indirect	+L +E 455.75
		28225	Coping Crown, Cast Metal, Implant-supported with Attachment	+L +E 455.75
		28226	Coping Crown, Cast Metal with Cast Metal Retentive Post, with Attachment	+L +E 670.83
<b>29000</b>			<b>RESTORATIVE SERVICES, OTHER</b>	
<b>29100</b>			<b>RECEMENTATION/REBONDING, INLAYS/ONLAYS/ CROWNS/VENEERS/POSTS/ NATURAL TOOTH FRAGMENTS (single units only) (+ L and/or +E where laboratory charges or expenses are incurred during repair of the unit)</b>	
		29101	One unit of time	+L +E 89.68
		29102	Two units	+L +E 179.37
		29103	Three units	+L +E 269.07

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		29104	Four units	+L +E	358.75
<b>29300</b>			<b>REMOVAL, INLAYS/ONLAYS, CROWNS, VENEERS (single units only)</b>		
		29301	One unit of time		88.64
		29302	Two units		177.28
		29303	Three units		265.94
		29304	Four units		354.58
<b>29400</b>			<b>STAINING PORCELAIN (chairside)</b>		
		29401	One unit of time	+L	90.73
		29402	Two units	+L	182.50
		29403	Three units	+L	273.25
		29404	Four units	+L	365.02
<b>30000</b>			<b>ENDODONTICS</b>		
			<b>General Endodontic Procedures</b>		
			There are certain Endodontic cases, which, as a result of a previous treatment, tooth position, anatomy and/or stage of development, require additional time and care. Such situations could merit an additional fee. Conservative root canal therapy includes treatment plan, clinical procedures with appropriate follow up care. Excludes final restoration.		
			Note: If Endodontic therapy is not completed it would be deemed reasonable to charge a portion of the suggested fee in relation to time expended in the procedure.		
<b>31100</b>			<b>PULP CAPPING (refer to code 20100)</b>		
<b>32000</b>			<b>PULP CHAMBER, TREATMENT OF, (excluding final restoration)</b>		
<b>32200</b>			<b>PULPOTOMY</b>		
	<b>32220</b>		<b>Pulpotomy, Permanent Teeth (as a separate Emergency Procedure)</b>		
		32221	Anterior and Bicuspid Teeth		166.84
		32222	Molar Teeth		166.84
	<b>32230</b>		<b>Pulpotomy, Primary Teeth</b>		
		32231	Primary Tooth, as a Separate Procedure		158.92
		32232	Primary Tooth, Concurrent with Restoration (but excluding final restoration)		82.30
<b>32300</b>			<b>PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)</b>		
	<b>32310</b>		<b>Pulpectomy, Permanent Teeth/Retained Primary Teeth</b>		
		32311	One Canal		151.24
		32312	Two Canals		193.98
		32313	Three Canals		261.80
		32314	Four Canals or more		286.82
	<b>32320</b>		<b>Pulpectomy, Primary Teeth</b>		
		32321	Anterior Tooth		128.27
		32322	Posterior Tooth		231.53
<b>33000</b>			<b>ROOT CANAL THERAPY</b>		

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		To include: treatment plan, clinical procedures (ie. pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs, excluding final restoration.	
<b>33100</b>		<b>ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH</b> (Includes: Clinical procedures with appropriate radiographs, excluding final restoration.)	
		<b>Definitions:</b>	
		Uncomplicated - Virtually straight canal penetrated by size #15 file	
		Difficult Access - Limited jaw opening, unfavourable tooth inclination, through complex restorations eg. Post/core buildups.	
		Exceptional Anatomy - Canal size same as uncomplicated, but made complicated by dens-in-dente or partially developed roots, internal/external resorption.	
		Calcified Canals - Unable to penetrate with size #10 file and not clearly discernible on a radiograph	
		Retreatment - Retreatment of previously completed therapy	
	<b>33110</b>	<b>Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal</b>	
	33111	One canal	691.15
	33112	Difficult Access	917.61
	33113	Exceptional Anatomy	938.49
	33114	Calcified Canal	964.59
	33115	Retreatment of Previously Completed Therapy	933.94
	<b>33120</b>	<b>Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals</b>	
	33121	Two canals	1,006.48
	33122	Difficult Access	1,289.03
	33123	Exceptional Anatomy	1,289.03
	33124	Calcified Canal	1,289.03
	33125	Retreatment of Previously Completed Therapy	1,324.52
	<b>33130</b>	<b>Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals</b>	
	33131	Three canals	1,177.04
	33132	Difficult Access	1,460.68
	33133	Exceptional Anatomy	1,529.64
	33134	Calcified Canal	1,451.35
	33135	Retreatment of Previously Completed Therapy	1,440.91
	<b>33140</b>	<b>Root Canals, Permanent Teeth/Retained Primary Teeth, Four Or More Canals</b>	
	33141	Four or more canals	1,485.64
	33142	Difficult Access	1,704.14
	33143	Exceptional Anatomy	1,704.14
	33144	Calcified Canal	1,704.14
	33145	Retreatment of Previously Completed Therapy	1,783.47
<b>33500</b>		<b>PULPAL REVASCULARIZATION</b>	
	33501	One canal	262.16
	33502	Two canals	393.25
	33503	Three canals or more	524.34
<b>33600</b>		<b>APEXIFICATION/APEXOGENESIS/ INDUCTION OF HARD TISSUE REPAIR</b> (to include biomechanical preparation and placement of dentogenic media)	
	33601	One canal	272.60



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		33602	Two canals	393.25
		33603	Three canals	524.34
		33604	Four canals or more	699.12
	<b>33610</b>		<b>Re-Insertion of Dentogenic Media Per Visit</b>	
		33611	One canal	131.07
		33612	Two canals	177.92
		33613	Three canals	266.64
		33614	Four canals or more	356.86
<b>34000</b>			<b>PERIAPICAL SERVICES</b>	
<b>34100</b>			<b>APICOECTOMY/APICAL CURETTAGE</b>	
	<b>34110</b>		<b>Maxillary Anterior</b>	
		34111	One root	551.75
		34112	Two roots	680.80
	<b>34120</b>		<b>Maxillary Bicuspid</b>	
		34121	One root	680.46
		34122	Two roots	791.78
		34123	Three roots	973.01
	<b>34130</b>		<b>Maxillary Molar</b>	
		34131	One root	661.68
		34132	Two roots	775.08
		34133	Three roots	1,168.87
	<b>34140</b>		<b>Mandibular Anterior</b>	
		34141	One root	573.18
		34142	Two or more roots	778.22
	<b>34150</b>		<b>Mandibular Bicuspid</b>	
		34151	One root	844.67
		34152	Two roots	876.67
		34153	Three or more roots	1,070.42
	<b>34160</b>		<b>Mandibular Molar</b>	
		34161	One root	678.71
		34162	Two roots	857.88
		34163	Three roots	1,168.87
<b>34200</b>			<b>RETROFILLING</b>	
	<b>34210</b>		<b>Maxillary Anterior</b>	
		34211	One canal	103.87
		34212	Two or more canals	184.79
	<b>34220</b>		<b>Maxillary Bicuspid</b>	
		34221	One canal	103.87

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		34222	Two canals	184.79
		34223	Three canals	279.28
		34224	Four or more canals	371.67
	<b>34230</b>		<b>Maxillary Molar</b>	
		34231	One canal	115.35
		34232	Two canals	184.79
		34233	Three canals	279.28
		34234	Four or more canals	371.67
	<b>34240</b>		<b>Mandibular Anterior</b>	
		34241	One canal	117.44
		34242	Two or more canals	184.79
	<b>34250</b>		<b>Mandibular Bicuspid</b>	
		34251	One canal	92.39
		34252	Two canals	184.79
		34253	Three canals	279.28
		34254	Four or more canals	371.67
	<b>34260</b>		<b>Mandibular Molar</b>	
		34261	One canal	92.39
		34262	Two canals	184.79
		34263	Three canals	279.28
		34264	Four or more canals	371.67
<b>34300</b>			<b>RETREATMENT, APICOECTOMY/APICAL CURETTAGE</b>	
	<b>34310</b>		<b>Maxillary Anterior</b>	
		34311	one root	558.57
		34312	two roots	778.22
	<b>34320</b>		<b>Maxillary Bicuspid</b>	
		34321	one root	680.80
		34322	two roots	924.32
		34323	three roots	1,168.87
	<b>34330</b>		<b>Maxillary Molar</b>	
		34331	one root	680.80
		34332	two roots	924.32
		34333	three roots	1,362.65
	<b>34340</b>		<b>Mandibular Anterior</b>	
		34341	one root	699.78
		34342	Two or more roots	973.01
	<b>34350</b>		<b>Manibular Bicuspid</b>	
		34351	one root	778.22
		34352	two roots	1,070.42
		34353	three roots	1,265.23
	<b>34360</b>		<b>Mandibular Molar</b>	
		34361	one root	778.22
		34362	two roots	1,022.46
		34363	three roots	1,362.65

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<b>34400</b>			<b>SURGICAL SERVICES, MISCELLANEOUS</b>	
	<b>34410</b>		<b>Amputations, Root (includes recontouring tooth and furca)</b>	
		34411	One root	382.62
		34412	Two roots	466.16
	<b>34420</b>		<b>Hemisection</b>	
		34421	Maxillary Bicuspid	279.28
		34422	Maxillary Molar	273.02
		34423	Mandibular Molar	273.02
	<b>34430</b>		<b>Decompression, Perio-Radicular Lesion</b>	
		34431	First visit	371.67
		34432	Each Additional visit	184.79
	<b>34440</b>		<b>Surgery, Endodontic, Exploratory</b>	
		34441	Maxillary Anterior	279.28
		34442	Maxillary Bicuspid	371.67
		34443	Maxillary Molar	466.16
		34444	Mandibular Anterior	279.28
		34445	Mandibular Bicuspid	371.67
		34446	Mandibular Molar	466.16
	<b>34450</b>		<b>Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional)</b>	
		34451	Single rooted tooth	388.58
		34452	Two rooted tooth	584.43
		34453	Three rooted tooth or more	778.22
<b>34500</b>			<b>PERFORATIONS</b>	
	<b>34510</b>		<b>Perforation/Rerorptive Defect(s), Pulp Chamber Repair, Or Root Repair, Non-Surgical</b>	
		34511	per tooth	84.46
	<b>34520</b>		<b>Perforation/Rerorptive Defect(s), Pulp Chamber Repair, Or Root Repair, Surgical</b>	
		34521	Anterior Tooth	92.39
		34522	Bicuspid Tooth	185.28
		34523	Molar Tooth	277.19
<b>34600</b>			<b>ENLARGEMENT, CANAL AND/OR PULP CHAMBER (Preparation of Post Space)</b>	
		34601	In Previously Filled Tooth when Root Canal Treatment Done by Another Practitioner	88.42
		34602	In Calcified Canals	266.34
<b>39000</b>			<b>ENDODONTIC, PROCEDURES, MISCELLANEOUS</b>	
<b>39100</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)	166.84
<b>39200</b>			<b>OPEN AND DRAIN (Separate Emergency Procedures)</b>	
		39201	Anteriors and Bicuspids	79.47

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		39202	Molars	79.47
	<b>39210</b>		<b>Opening Through Artificial Crown (In addition to Procedures)</b>	
		39211	Anteriors and Bicuspid	87.81
		39212	Molars	87.81
<b>39300</b>			<b>BLEACHING, NON VITAL</b>	
	<b>39310</b>		<b>Bleaching Endodontically Treated Tooth/Teeth</b>	
		39311	One unit of time	84.46
		39312	Two units	169.97
		39313	Three units	255.50
		39319	Each additional unit over three	84.46
<b>39400</b>			<b>EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY TREATED TOOTH</b>	
	<b>39410</b>		<b>Exploratory Access</b>	
		39411	Anterior	75.50
		39412	Bicuspid	75.50
		39413	Molar	158.57
<b>40000</b>			<b>PERIODONTICS</b>	
			In the treatment of periodontal diseases, variables such as the severity of the patient's periodontal condition and the distribution (i.e. extent) of the condition may require a relatively wide selection of therapeutic procedures and involve considerable variation in time and expense. In most instances the time required to perform a certain procedure could, and usually does, vary from one quadrant to another and therefore the amounts of time as outlined in the following guide could vary in the management of a particular case.	
<b>41000</b>			<b>PERIODONTAL SERVICES, NON SURGICAL</b>	
<b>41200</b>			<b>ORAL DISEASE, Management of</b>	
	<b>41210</b>		<b>Oral Manifestations, Oral Mucosal Disorders,</b> Mucocutaneous disorders and diseases of localized mucosal conditions, e.g. lichen planus, aphthous stomatitis, benign mucous membrane pemphigoid, pemphigus, salivary gland tumours, leukoplakia with and without dysphasia, neoplasms, hairy leukoplakia, polyps, verrucae, fibroma etc.	
		41211	One unit of time	83.42
		41212	Two units	166.84
		41213	Three units	250.28
		41214	Four units	333.70
		41219	Each additional unit over four	83.42
	<b>41220</b>		<b>Nervous and Muscular Disorders,</b> 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	
		41221	One unit of time	83.42
		41222	Two units	166.84
		41223	Three units	250.28
		41224	Four units	333.70
		41229	Each additional unit over four	83.42

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	<b>41230</b>		<b>Oral Manifestations of Systemic Disease</b> or complications of medical therapy e.g. complications of chemotherapy, radiation therapy, post operative neuropathics, post surgical or radiation therapy, dysfunction, oral manifestations of lupus erythematosus and systemic disease including leukemia, diabetes and bleeding disorders (e.g. haemophilia)	
		41231	One unit of time	83.42
		41232	Two units	166.84
		41233	Three units	250.28
		41234	Four units	333.70
		41239	Each additional unit over four	83.42
<b>41300</b>			<b>DESENSITIZATION</b>	
			(This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than one appointment may be necessary.)	
		41301	One unit of time	83.42
		41302	Two units	166.84
		41309	Each additional unit over two	83.42
<b>42000</b>			<b>PERIODONTAL SERVICES, SURGICAL</b>	
			(Includes local anaesthetic, suturing and the placement and removal of initial surgical dressing. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or group of teeth or in some cases a single tooth.)	
<b>42100</b>			<b>PERIODONTAL SURGERY, GINGIVAL CURETTAGE</b>	
		<b>42110</b>	<b>Surgical Curettage, To Include Definitive Root Planing</b>	
		42111	Per sextant	218.47
<b>42200</b>			<b>PERIODONTAL SURGERY, GINGIVOPLASTY (Does not include limited re-contouring to facilitate restorative services)</b>	
		42201	Per sextant	262.16
<b>42300</b>			<b>PERIODONTAL SURGERY, GINGIVECTOMY</b>	
			(The procedure by which gingival deformities are reshaped and reduced to create normal and functional form, when the pocket is uncomplicated by extension into the underlying bone; does not include limited re-contouring to facilitate restorative services).	
		<b>42310</b>	<b>Gingivectomy, Uncomplicated</b>	
		42311	Per sextant	297.85
		<b>42320</b>	<b>Gingivectomy, Complicated</b>	
		42321	Per sextant	439.93
		<b>42330</b>	<b>Gingival Fiber Inasion (supra crestal fibrotomy)</b>	
		42331	First tooth	84.89
		42339	Each additional tooth	75.50
<b>42400</b>			<b>PERIODONTAL SURGERY, FLAP APPROACH</b>	
		<b>42410</b>	<b>Flap Approach, With Osteoplasty/Ostectomy</b>	
		42411	Per sextant	1,072.86

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<b>42420</b>			<b>Flap Approach, With Curettage of Osseous Defect</b>	
	42421	Per sextant		710.06
<b>42430</b>			<b>Flap Approach, With Curettage of Osseous Defect and Osteoplasty</b>	
	42431	Per sextant		1,011.61
<b>42440</b>			<b>Flap Approach, Exploratory (for diagnosis)</b>	
	42441	Per site		546.05
<b>42500</b>			<b>PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE</b>	
<b>42510</b>			<b>Grafts, Soft Tissue, Pedicle (including apically or lateral sliding and rotated flaps.)</b>	
	42511	Per site		667.05
	42512	Periostial stimulation in addition to 42511		79.46
<b>42520</b>			<b>Grafts, Soft Tissue, Pedicle (Coronally Positioned)</b>	
	42521	Per site		667.05
	42522	Periostial stimulation in addition to 42521		79.46
<b>42530</b>			<b>Grafts Free Soft Tissue</b>	
	42531	Adjacent to teeth or edentulous area, per site.		1,007.33
<b>42540</b>			<b>Grafts, Soft Tissue, Pedicle, With Free Graft Placed In Pedicle Donor Site</b>	
	42541	Per site		1,217.66
<b>42550</b>			<b>Grafts, For root or implant coverage</b>	
	42551	Autograft (subepithelial connective tissue or epithelialized gingival graft), for root coverage, includes harvesting from donor site - Per site		956.71
	42552	Allograft, for root coverage – per site	+E	I.C.
	42556	Autograft (subepithelial connective tissue or epithelialized gingival graft), adjacent to an implant, includes harvesting from donor site – per site		I.C.
	42557	Allograft, adjacent to an implant – per site	+E	I.C.
<b>42560</b>			<b>Grafts, For Ridge Augmentation</b>	
	42561	Autograft (free connective tissue), includes harvesting from donor site – per site.		1,179.83
	42562	Allograft – per site	+E	I.C.
<b>42570</b>			<b>Grafts, Connective Tissue, Pedicle With Free Graft For Root Coverage</b>	
	42571	Per site		913.41
<b>42580</b>			<b>Grafts, Gingival Onlay (for ridge augmentation)</b>	
	42581	Per site		944.97
<b>42590</b>			<b>Grafts, Dermal, Onlay, for Ridge Augmentation</b>	
	42591	Autograft – per site		944.97
	42592	Allograft – per site	+E	944.97
<b>42600</b>			<b>PERIODONTAL SURGERY, FLAPS, GRAFTS, OSSEOUS TISSUE</b>	

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<b>42610</b>			<b>Grafts, Osseous, Autograft (Including Flap Entry, Closure and Donor Site)</b>	
	42611	Per site		1,111.75
<b>42620</b>			<b>Grafts, Osseous, Allograft (Including Flap Entry and Closure)</b>	
	42621	Per site	+E	1,111.75
<b>42630</b>			<b>Grafts, Osseous, Xenograft (Including Flap Entry and Closure)</b>	
	42631	Per Site	+E	1,111.75
<b>42700</b>			<b>GUIDED TISSUE REGENERATION</b>	
	42701	Guided Tissue Regeneration – Non-resorbable Membrane – per site	+E	1,687.80
	42702	Guided Tissue Regeneration – Resorbable Membrane	+E	1,687.80
	42703	Guided Tissue Regeneration – Non-resorbable Membrane, Surgical Re-entry for Removal	+E	1,687.80
<b>42720</b>			<b>Biological materials to aid in soft and osseous tissue regeneration (not including surgical entry and closure)</b>	
	42721	Per site	+E	I.C.
<b>42800</b>			<b>PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES</b>	
<b>42810</b>			<b>Proximal Wedge Peocedure (as a separate procedure)</b>	
	42811	With Flap Curettage, per site		506.36
	42819	With Flap Curettage and Osectomy/Osteoplasty, per site		611.45
<b>42820</b>			<b>Post Surgical Periodontal Treatment Visit Per Dressing Change (by dentist other than operating dentist)</b>	
	42821	One unit of time		79.46
	42822	Two units		158.92
	42823	Three units		238.38
	42829	Each additional unit over three		79.46
<b>42830</b>			<b>Periodontal Abscess or Pericoronitis, May Include Any of The Following Procedures: Lancing, Scaling, Curettage, Surgery Or Medication</b>	
	42831	One unit of time		83.42
	42832	Two units		166.84
	42833	Three units		250.28
	42834	Four units		333.70
	42839	Each additional unit over four		83.42
<b>42840</b>			<b>Flap Approach for Creation of Interdental Papillae</b>	
	42841	Per Site		I.C.
<b>42850</b>			<b>Flapless Approach, with Osteoplasty/Ostectomy for Crown Lengthening</b>	
	42851	Per site		166.84
<b>43000</b>			<b>PERIODONTAL PROCEDURES, ADJUNCTIVE</b>	
			(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)	

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<b>43100</b>			<b>PERIODONTAL SPLINTING OR LIGATION, INTRA CORONAL</b> Note: This procedure is in addition to the usual code for the tooth preparation on either side	
	<b>43110</b>		<b>"A" Splint (restorative material plus wire, fibre ribbon or rope)</b>	
		43111	Per joint	+E 161.01
<b>43200</b>			<b>PERIODONTAL SPLINTING OR LIGATION, EXTRA CORONAL</b>	
	<b>43220</b>		<b>Bonded, Interproximal Enamel Splint</b>	
		43221	Per joint	79.45
	<b>43230</b>		<b>Wire Ligation</b>	
		43231	Per joint	79.45
	<b>43240</b>		<b>Wire Ligation, Restorative Material Covered</b>	
		43241	Per joint	79.45
	<b>43260</b>		<b>Orthodontic Band Splint</b>	
		43261	Per band	+E 79.45
	<b>43270</b>		<b>Cast/Soldered/Ceramic/Polymer Glass/Wire/Fiber Ribbon, Splint Bonded</b>	
		43271	Indirect, Per abutment	+L 79.45
		43272	Direct, Per abutment	+E 79.45
	<b>43280</b>		<b>Removal of Fixed Periodontal Splints</b>	
		43281	One unit of time	79.46
		43289	Each additional unit of time	79.46
<b>43400</b>			<b>ROOT PLANING, PERIODONTAL</b>	
	<b>43420</b>		<b>Root Planing</b>	
		43421	One unit of time	75.86
		43422	Two units of time	151.73
		43423	Three units of time	227.59
		43424	Four units of time	303.45
		43425	Five units of time	379.32
		43426	Six units of time	455.18
		43427	1/2 unit of time	37.93
		43429	Each additional unit over six	75.86
<b>43500</b>			<b>CHEMOTHERAPEUTIC and/or ANTIMICROBIAL AGENTS</b>	
	<b>43510</b>		<b>Chemotherapeutic and/or Antimicrobial Agents, Topical Application</b>	
		43511	One unit of time	79.46
		43519	Each additional unit of time	79.46
	<b>43520</b>		<b>Chemotherapeutic and/or antimicrobial therapy, intra-sulcular application</b>	
		43521	One unit of time	+E 83.42
		43529	Each additional unit of time	+E 83.42
<b>49000</b>			<b>PERIODONTAL SERVICES, MISCELLANEOUS</b>	



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<b>49100</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	79.46
	49102		Two units	158.92
	49109		Each additional unit over two	79.46
<b>49300</b>			<b>SOFT TISSUE PROSTHESIS</b>	
	49301		Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxilla facial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis)	+L I.C.
<b>50000</b>			<b>PROSTHODONTICS - REMOVABLE</b>	
			Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee.	
			Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee.	
			<b>EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.</b>	
<b>51000</b>			<b>DENTURE COMPLETE</b>	
			(includes: impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including three month post insertion care)	
<b>51100</b>			<b>DENTURE COMPLETE, STANDARD</b>	
	51101		Maxillary	+L 845.48
	51102		Mandibular	+L 845.48
	51104		Liners, Processed, Resilient, in addition to above	LAB
<b>51200</b>			<b>DENTURES, COMPLETE, COMPLEX</b>	
	51201		Maxillary	+L 1,747.83
	51202		Mandibular	+L 1,747.83
	51204		Liners, Processed, Resilient in addition to above	LAB
<b>51300</b>			<b>DENTURES, SURGICAL, STANDARD, (IMMEDIATE)</b>	
			includes first tissue conditioner, but not a processed relin	
	51301		Maxillary	+L 845.48
	51302		Mandibular	+L 845.48
<b>51400</b>			<b>DENTURES, SURGICAL, COMPLEX (IMMEDIATE)</b>	
			includes first tissue conditioner, but not a processed relin	
	51401		Maxillary	+L 1,195.88
	51402		Mandibular	+L 1,195.88
<b>51500</b>			<b>DENTURES, COMPLETE, GNATHOLOGICAL (CAST BASE AND METAL OCCLUSALS)</b>	
	51501		Maxillary	I.C.

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	51502	Mandibular		I.C.
<b>51600</b>		<b>DENTURES, COMPLETE, PROVISIONAL</b>		
	51601	Maxillary	+L	584.04
	51602	Mandibular	+L	584.04
<b>51700</b>		<b>DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>		
	51710	<b>Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, no Attachments</b>		
	51711	Maxillary	+L	1,103.90
	51712	Mandibular	+L	1,103.90
	51720	<b>Dentures, Complete, Overdentures, Tissue Borne, Supported by Implants with or without Coping Crowns, no Attachments</b>		
	51721	Maxillary	+L	1,103.90
	51722	Mandibular	+L	1,103.90
	51730	<b>Dentures, Complete, Overdentures Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments</b>		
	51731	Maxillary	+L	1,103.90
	51732	Mandibular	+L	1,103.90
<b>51800</b>		<b>DENTURES, COMPLETE, OVERDENTURES, (IMMEDIATE), TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>		
	51810	<b>Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by Natural Teeth with or without Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline)</b>		
	51811	Maxillary	+L	1,001.14
	51812	Mandibular	+L	1,001.14
<b>51900</b>		<b>DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS</b>		
	51910	<b>Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Natural Teeth with or without Coping Crowns</b>		
	51911	Maxillary	+L	1,001.14
	51912	Mandibular	+L	1,001.14
	51920	<b>Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns</b>		
	51921	Maxillary	+L	I.C.
	51922	Mandibular	+L	I.C.
	51930	<b>Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns</b>		
	51931	Maxillary	+L	I.C.
	51932	Mandibular	+L	I.C.
	51950	<b>Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants</b>		
	51951	Maxillary	+L	I.C.

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	51952	Mandibular	+L	I.C.
51960		<b>Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of a Natural Teeth and Implants (see 62105 for Retentive Bar)</b>		
	51961	Maxillary	+L	I.C.
	51962	Mandibular	+L	I.C.
<b>52000</b>		<b>DENTURES, PARTIAL, ACRYLIC</b>		
	<b>52100</b>	<b>Dentures, Partial, Acrylic Base (Provisional) (With or Without Clasps)</b>		
	52101	Maxillary	+L	243.40
	52102	Mandibular	+L	243.40
	<b>52110</b>	<b>Dentures, Partial, Acrylic Base (Immediate)</b> (includes first tissue conditioner, but not a processed reline)		
	52111	Maxillary	+L	243.40
	52112	Mandibular	+L	243.40
<b>52200</b>		<b>DENTURES, PARTIAL, ACRYLIC, RESILIENT RETAINER</b>		
	52201	Maxillary	+L	243.40
	52202	Mandibular	+L	243.40
	<b>52210</b>	<b>Dentures, Partial, Acrylic, Resilient Retainer, (Immediate)</b> (includes first tissue conditioner, but not a processed reline)		
	52211	Maxillary	+L	243.40
	52212	Mandibular	+L	243.40
<b>52300</b>		<b>DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS</b>		
	52301	Maxillary	+L	818.45
	52302	Mandibular	+L	818.45
	<b>52310</b>	<b>Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests,</b> (Immediate) (includes first tissue conditioner, but not a processed reline)		
	52311	Maxillary	+L	818.45
	52312	Mandibular	+L	818.45
<b>52400</b>		<b>DENTURES, PARTIAL, ACRYLIC, WITH METAL/WROUGHT PALATAL/LINGUAL BAR AND CLASPS AND/OR RESTS</b>		
	52401	Maxillary	+L	818.45
	52402	Mandibular	+L	818.45
	<b>52410</b>	<b>Dentures, Partial, Acrylic, with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests,</b> (Immediate) (includes first tissue conditioner, but not a processed reline)		
	52411	Maxillary	+L	818.45
	52412	Mandibular	+L	818.45
	<b>52510</b>	<b>Dentures, Partial (Flexible, Non Metal, Non Acrylic)</b>		
	52511	Maxillary	+L	250.94
	52512	Mandibular	+L	250.94

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52700			<b>DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>		
	52710		<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	+L	1,003.76
		52712	Mandibular	+L	1,003.76
	52720		<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	+L	1,003.76
		52722	Mandibular	+L	1,003.76
	52730		<b>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments</b>		
		52731	Maxillary	+L	1,003.76
		52732	Mandibular	+L	1,003.76
52800			<b>DENTURES, PARTIAL, OVERDENTURES (IMMEDIATE), ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>		
	52810		<b>Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Natural Teeth with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)</b>		
		52811	Maxillary	+L	1,003.76
		52812	Mandibular	+L	1,003.76
	52820		<b>Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)</b>		
		52821	Maxillary	+L	1,003.76
		52822	Mandibular	+L	1,003.76
	52830		<b>Dentures, Partial, Overdentures (Immediate), Acrylic with Cast/Wrought Clasps and/or Rests Secured by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)</b>		
		52831	Maxillary	+L	1,003.76
		52832	Mandibular	+L	1,003.76
52900			<b>DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SECURED BY NATURAL TEETH OR IMPLANTS</b>		
	52910		<b>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests with Independent Attachments Secured by Attachments to Natural Teeth with or without Coping Crowns</b>		
		52911	Maxillary	+L	1,003.76
		52912	Mandibular	+L	1,003.76
	52920		<b>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to Implants with or without Coping Crowns</b>		
		52921	Maxillary	+L	1,003.76
		52922	Mandibular	+L	1,003.76

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52930		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns [used with 26101, 26103 (Mesostructures); or 28221, 28225, 28226 (Cast Metal Coping Crowns) with or without Attachments]		
	52931	Maxillary	+L	1,003.76
	52932	Mandibular	+L	1,003.76
52940		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar)		
	52941	Maxillary	+L	1,003.76
	52942	Mandibular	+L	1,003.76
52950		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)		
	52951	Maxillary	+L	1,003.76
	52952	Mandibular	+L	1,003.76
52960		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a combination of Natural Teeth and Implants (see 62105 for Retentive Bar)		
	52961	Maxillary	+L	1,003.76
	52962	Mandibular	+L	1,003.76
53000		DENTURES, PARTIAL, CAST WITH ACRYLIC BASE		
53100		DENTURES, PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS		
	53101	Maxillary	+L	844.54
	53102	Mandibular	+L	844.54
	53104	Altered Cast Impression technique in conjunction with 53101 and 53102	+L	89.68
53110		Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)		
	53111	Maxillary	+L	1,001.14
	53112	Mandibular	+L	1,001.14
53120		Dentures, Partial Free End, Swing Lock/Connector		
	53121	Maxillary	+L	1,048.70
	53122	Mandibular	+L	1,048.70
53130		Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests (Equilibrated)		
	53131	Maxillary	+L	2,010.01
	53132	Mandibular	+L	2,010.01
53200		DENTURES, PARTIAL, TOOTH-BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS		
	53201	Maxillary	+L	1,001.14
	53202	Mandibular	+L	1,001.14
	53205	Unilateral, one piece casting, clasps and pontics	+L	583.98
53210		Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)		

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	53211	Maxillary		+L	1,001.14
	53212	Mandibular		+L	1,001.14
	53215	Unilateral, one piece casting, clasps and pontics		+L	583.97
	<b>53220</b>	<b>Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests (Equilibrated)</b>			
	53221	Maxillary		+L	2,010.01
	53222	Mandibular		+L	2,010.01
<b>53400</b>		<b>DENTURES, PARTIAL, CAST, PRECISION ATTACHMENTS</b>			
	53401	Maxillary		+L	I.C.
	53402	Mandibular		+L	I.C.
	53404	Altered Cast Impression Technique done in conjunction with the above mentioned codes		+L	I.C.
<b>53500</b>		<b>DENTURES, PARTIAL, CAST, SEMI-PRECISION ATTACHMENTS</b>			
	53501	Maxillary		+L	I.C.
	53502	Mandibular		+L	I.C.
	53504	Altered Cast Impression Technique done in conjunction with the above mentioned codes			I.C.
<b>53600</b>		<b>DENTURES, PARTIAL, CAST, STRESS BREAKER ATTACHMENTS</b>			
	<b>53610</b>	<b>Denture, Cast Partial, Maxillary, Stress Breaker Attachments</b>			
	53611	Maxillary (resilient)		+L	1,001.14
	53612	Maxillary (one hinge)		+L	1,001.14
	53613	Maxillary (two hinges)		+L	1,001.14
	53614	Altered Cast Impression Technique done in conjunction with the above mentioned codes			89.68
	<b>53620</b>	<b>Dentures, Cast Partial, Mandibular, Stress Breaker Attachments</b>			
	53621	Mandibular (resilient)		+L	1,001.14
	53622	Mandibular (one hinge)		+L	1,001.14
	53623	Mandibular (two hinges)		+L	1,001.14
	53624	Altered Cast Impression Technique done in conjunction with the above mentioned codes			89.68
<b>53700</b>		<b>DENTURES, PARTIAL, CAST, OVERDENTURES, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>			
	<b>53710</b>	<b>Dentures, Partial, Cast, Overdentures, Supported by Natural Teeth with or without Coping Crowns, no Attachments</b>			
	53711	Maxillary		+L	1,001.14
	53712	Mandibular		+L	1,001.14
	53714	Altered Cast Impression technique done in conjunction with the above mentioned codes			89.68
	<b>53720</b>	<b>Dentures, Partial, Casts, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments</b>			
	53721	Maxillary		+L	1,001.14
	53722	Mandibular		+L	1,001.14
	53724	Altered Cast Impression technique done in conjunction with the above mentioned codes			89.68
	<b>53730</b>	<b>Dentures, Partial, Casts, Overdentures, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments</b>			

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	53731	Maxillary		+L	1,001.14
	53732	Mandibular		+L	1,001.14
	53734	Altered Cast Impression technique done in conjunction with the above mentioned codes			89.68
<b>53800</b>		<b>DENTURES, PARTIAL, CAST, OVERDENTURES (IMMEDIATE), SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>			
	<b>53810</b>	<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 reline)</b>			
	53811	Maxillary		+L	1,001.14
	53812	Mandibular		+L	1,001.14
	53814	Altered Cast Impression technique done in conjunction with the above mentioned codes			89.68
	<b>53820</b>	<b>Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)</b>			
	53821	Maxillary		+L	1,001.14
	53822	Mandibular		+L	1,001.14
	53824	Altered Cast Impression technique done in conjunction with the above mentioned codes			89.68
	<b>53830</b>	<b>Dentures, Partial, Cast, Overdentures (Immediate), Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)</b>			
	53831	Maxillary		+L	1,001.14
	53832	Mandibular		+L	1,001.14
	53834	Altered Cast Impression technique done in conjunction with the above mentioned codes			89.68
<b>53900</b>		<b>DENTURES, PARTIAL, CAST, OVERDENTURES, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS</b>			
	<b>53910</b>	<b>Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Natural Teeth, with or without Coping Crowns</b>			
	53911	Maxillary		+L	1,084.64
	53912	Mandibular		+L	1,084.64
	53914	Altered Cast Impression technique done in conjunction with the above mentioned codes			89.68
	<b>53920</b>	<b>Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants, with or without Coping Crowns</b>			
	53921	Maxillary		+L	1,084.64
	53922	Mandibular		+L	1,084.64
	53924	Altered Cast Impression technique done in conjunction with the above mentioned codes			89.68
	<b>53930</b>	<b>Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns</b>			
	53931	Maxillary		+L	1,084.64
	53932	Mandibular		+L	1,084.64
	53934	Altered Cast Impression technique done in conjunction with the above mentioned codes			89.68
	<b>53940</b>	<b>Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar)</b>			

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	53941	Maxillary		+L	1,084.64
	53942	Mandibular		+L	1,084.64
<b>53950</b>		<b>Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)</b>			
	53951	Maxillary		+L	1,084.64
	53952	Mandibular		+L	1,084.64
	53954	Altered Cast Impression technique done in conjunction with the above mentioned codes			89.68
<b>53960</b>		<b>Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar)</b>			
	53961	Maxillary		+L	1,084.64
	53962	Mandibular		+L	1,084.64
	53964	Altered Cast Impression technique done in conjunction with the above mentioned codes			89.68
<b>54000</b>		<b>DENTURES, ADJUSTMENTS</b>			
		(after three month's insertion or by other than the dentist providing prosthesis)			
<b>54200</b>		<b>DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, MINOR</b>			
	54201	One unit of time		+L	72.86
	54202	Two units		+L	145.71
	54209	Each additional unit over two			72.86
<b>54300</b>		<b>DENTURE ADJUSTMENTS, PARTIAL, OR COMPLETE DENTURE, REMOUNT AND OCCLUSAL EQUILIBRATION</b>			
	54301	Maxillary		+L	722.74
	54302	Mandibular		+L	722.74
<b>54400</b>		<b>DENTURE ADJUSTMENTS, COMPLETE DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION</b>			
	54401	Maxillary		+L	722.74
	54402	Mandibular		+L	722.74
<b>54500</b>		<b>DENTURE, ADJUSTMENTS, PARTIAL DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION</b>			
	54501	Maxillary		+L	722.74
	54502	Mandibular		+L	722.74
<b>55000</b>		<b>DENTURES, REPAIRS/ADDITIONS</b>			
<b>55100</b>		<b>DENTURE, REPAIRS, COMPLETE DENTURE, NO IMPRESSION REQUIRED</b>			
	55101	Maxillary		+L	80.50
	55102	Mandibular		+L	80.50
<b>55200</b>		<b>DENTURE, REPAIRS, COMPLETE DENTURE, IMPRESSION REQUIRED</b>			
	55201	Maxillary		+L	147.24
	55202	Mandibular		+L	147.24
<b>55300</b>		<b>DENTURE, REPAIRS/ADDITIONS, PARTIAL DENTURE, NO IMPRESSION REQUIRED</b>			
	55301	Maxillary		+L	82.59



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		55302	Mandibular	+L	82.59
<b>55400</b>			<b>DENTURES, REPAIRS/ADDITIONS, PARTIAL DENTURE, IMPRESSION REQUIRED</b>		
		55401	Maxillary	+L	163.09
		55402	Mandibular	+L	163.09
<b>55500</b>			<b>DENTURES/IMPLANT RETAINED PROSTHESIS PROPHYLAXIS AND POLISHING</b>		
		55501	One unit of time	+L	81.76
		55509	Each additional unit of time		81.76
<b>55600</b>			<b>DENTURES, REBUILDING WORN ACRYLIC DENTURE TEETH (DIRECT CHAIRSIDE) WITH TOOTH COLOURED MATERIALS</b>		
		55601	One unit of time		83.42
		55609	Each addition unit of time		83.42
<b>55700</b>			<b>DENTURES, CUSTOM STAINED (PIGMENTED) DENTURE BASES (DIRECT CHAIRSIDE)</b>		
		55701	One unit of time		89.68
		55709	Each addition unit of time		89.68
<b>56000</b>			<b>DENTURES, REPLICATION, RELINING AND REBASING</b>		
<b>56100</b>			<b>DENTURES, REPLICATION, PROVISIONAL</b>		
	<b>56110</b>		<b>Dentures, Replication, Complete Denture, Provisional (No Intra-oral Impression Required)</b>		
		56111	Maxillary	+L	171.44
		56112	Mandibular	+L	171.44
	<b>56120</b>		<b>Dentures, Replication, Partial Denture (Provisional) (No Intra-oral Impression Required)</b>		
		56121	Maxillary	+L	171.44
		56122	Mandibular	+L	171.44
<b>56200</b>			<b>DENTURES, RELINING (Does not include Remount - see 54000 series)</b>		
	<b>56210</b>		<b>Denture, Reline, Direct Complete Denture</b>		
		56211	Maxillary		219.91
		56212	Mandibular		219.91
	<b>56220</b>		<b>Denture, Reline, Direct, Partial Denture</b>		
		56221	Maxillary		238.38
		56222	Mandibular		238.38
	<b>56230</b>		<b>Denture, Reline, Processed, Complete Denture</b>		
		56231	Maxillary	+L	238.38
		56232	Mandibular	+L	238.38
	<b>56240</b>		<b>Denture, Reline, Processed, Partial Denture</b>		
		56241	Maxillary	+L	238.38
		56242	Mandibular	+L	238.38
	<b>56250</b>		<b>Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Complete Denture</b>		

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		56251	Maxillary	+L	397.31
		56252	Mandibular	+L	397.31
	<b>56260</b>		<b>Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Partial Denture</b>		
		56261	Maxillary	+L	397.31
		56262	Mandibular	+L	397.31
<b>56300</b>			<b>DENTURES, REBASING (Where the vestibular tissue-contacting surfaces are modified)</b>		
	<b>56310</b>		<b>Denture, Rebase Complete Denture</b>		
		56311	Maxillary	+L	238.38
		56312	Mandibular	+L	238.38
	<b>56320</b>		<b>Denture, Rebase Partial Denture</b>		
		56321	Maxillary	+L	238.38
		56322	Mandibular	+L	238.38
	<b>56330</b>		<b>Denture, Rebase, Complete Denture, Processed, Functional Impression Requiring Three Appointments</b>		
		56331	Maxillary	+L	397.31
		56332	Mandibular	+L	397.31
	<b>56340</b>		<b>Denture, Rebase, Partial Denture, Processed, Functional Impression, Requiring Three Appointments</b>		
		56341	Maxillary	+L	397.31
		56342	Mandibular	+L	397.31
<b>56400</b>			<b>DENTURES, REMAKE</b>		
	<b>56410</b>		<b>Dentures, Remake, Using Existing Framework, Partial Denture (equilibration)</b>		
		56411	Maxillary	+L	317.86
				to	517.07
		56412	Mandibular	+L	317.86
				to	517.07
<b>56500</b>			<b>DENTURES, THERAPEUTIC TISSUE CONDITIONING</b>		
	<b>56510</b>		<b>Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture</b>		
		56511	Maxillary		158.92
		56512	Mandibular		158.92
	<b>56520</b>		<b>Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture</b>		
		56521	Maxillary		158.92
		56522	Mandibular		158.92
	<b>56530</b>		<b>Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Supported by Natural Teeth</b>		
		56531	Maxillary		171.44
		56532	Mandibular		171.44

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<b>56540</b>			<b>Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Implant Supported</b>	
	56541	Maxillary		171.44
	56542	Mandibular		171.44
<b>56550</b>			<b>Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Supported by Natural Teeth</b>	
	56551	Maxillary		171.44
	56552	Mandibular		171.44
<b>56560</b>			<b>Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Implant Supported</b>	
	56561	Maxillary		171.44
	56562	Mandibular		171.44
<b>56600</b>			<b>DENTURES, MISCELLANEOUS SERVICES</b>	
	56601	Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase of denture)	+L	LAB
	56602	Resetting of Teeth (not including reline or rebase of denture)	+L	333.70
	56603	Cast occlusal surfaces (includes remount and equilibration)	+L	702.54
<b>57000</b>			<b>PROSTHESIS, MAXILLOFACIAL</b>	
<b>57100</b>			<b>PROSTHESIS, FACIAL</b>	
	57101	Orbital	+L	2,465.85
			to	5,809.38
	57102	Nose	+L	1,929.79
			to	3,949.96
	57103	Ear	+L	1,929.79
			to	3,949.96
	57104	Patch	+L	579.88
	57105	Facial, Complex	+L	2,465.85
			to	4,763.06
	57106	Facial Moulage Impression, Complete		378.78
	57107	Facial Moulage Impression, Sectional		284.08
	57108	Ocular Conformer Prosthesis (temporary post-surgical)	+L	579.88
	57109	Ocular Prosthesis	+L	750.47
			to	3,135.80
<b>57200</b>			<b>PROSTHESIS, MAXILLOFACIAL, OBTURATORS</b>	
	57201	Obturator, Cleft Palate (prosthesis extra)	+L	107.20
			to	464.32
	57202	Obturator, Palatal (prosthesis extra)	+L	107.20
			to	464.32
	57203	Obturator, Post-Maxillectomy (prosthesis extra)	+L	107.20
			to	1,160.82
	57204	Obturator, Temporary Palatal (prosthesis extra)	+L	107.20
			to	1,160.82
	57205	Obturator, Resilient (prosthesis extra)	+L	107.20
			to	1,160.82
	57206	Obturator, Hollow Bulb (prosthesis extra)	+L	107.20
			to	1,160.82
	57207	Obturator, Inflatable (prosthesis extra)	+L	428.84
			to	1,394.04
	57208	Obturator Prosthesis, Modification (relines or repairs)	+L	428.84
			to	813.10
	57209	Speech Aid Prosthesis	+L	750.47
			to	1,509.60

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<b>57300</b>		<b>PROSTHESIS, MAXILLOFACIAL, OTHER</b>		
	57301	Velar Bulb (prosthesis and obturator extra)	+L	107.20
			to	1,160.82
	57302	Velar Lift Button, Mechanical (prosthesis and obturator extra)	+L	107.20
			to	1,160.82
	57303	Retention, Spiral Spring (prosthesis extra)	+L	696.50
	57304	Retention, Magnetic (prosthesis extra)	+L	346.69
	57305	Guide Plane, Condylar (prosthesis extra)	+L	107.21
			to	697.58
	57306	Implant, Silastic Chin	+L	I.C.
	57307	Mesh Prosthesis, Chrome Cobalt Mandibular Mesh	+L	I.C.
	57308	Skull Plate, Customized	+L	I.C.
	57309	Akerman, Pseudotemporomandibular Joint (prosthesis extra)	+L	I.C.
	57311	Feeding Appliance (for infants with cleft palate)	+L	536.04
			to	1,160.82
	57321	Lingual Prosthesis	+L	1,715.36
			to	3,485.61
	57341	Mandibular Resection Prosthesis with Guide Flange	+L	1,072.10
			to	1,859.40
	57342	Mandibular Resection Prosthesis without Guide Flange	+L	643.26
			to	1,392.99
	57351	Prosthesis, Maxillofacial, Fixed	+L	I.C.
	57361	Palatal Augmentation Prosthesis	+L	750.47
			to	1,742.81
	57371	Palatal Life Prosthesis, Modification (relines or repairs)	+L	214.41
			to	813.10
	57372	Gingival Prosthesis Note: For removable appliance used to mask unaesthetic embrasures see sub-classification 49300 soft tissue prosthesis, code 49301 Gingival Mask	+L	378.78
<b>57400</b>		<b>PROSTHESIS, TEMPOROMANDIBULAR JOINT</b>		
	57401	Exercisers, Trismus, Therapy	+L	857.67
			to	1,392.99
	57402	Splints, Permanent Cast Occlusal	+L	2,144.22
			to	3,485.61
<b>57500</b>		<b>PROSTHESIS, SPLINTS</b>		
	57501	Stout	+L	1,032.51
	57502	Cast Capped	+L	1,446.15
	57503	Gunning (upper and lower)	+L	1,446.15
	57504	Bar Splint, Cast, Labial and Lingual	+L	1,446.15
	57505	Scaffolding, Rhinoplastic	+L	1,446.15
	57506	Cast, Adjustable	+L	1,446.15
	57508	Commisure Splint	+L	321.63
			to	1,510.64
<b>57600</b>		<b>PROSTHESIS, STENTS</b>		
	57601	Ridge Extension	+L	1,032.51
	57602	Palatal	+L	1,032.51
	57603	Skin Grafts	+L	1,032.51
	57604	Mucous Membrane Grafts	+L	1,032.51
<b>57650</b>		<b>Prosthesis, Radiation Appliances</b>		
	57651	Radiation Vehicle Carrier	+L	953.18
			to	3,099.65

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	57652	Radiation Protection Shield (extra-oral)		+L	1,032.51
	57653	Radiation Protection Shield (intra-oral)		+L	1,032.51
	57654	Radiation Cone Locator		+L	321.63
				to	1,859.40
<b>57660</b>		<b>Prosthesis, Stents, Decompression</b>			
	57661	Decompression Stent, Localized		+L	1,032.51
	57662	Decompression Stent, (prosthesis extra)		+L	619.92
<b>57700</b>		<b>PROSTHESIS, ORTHOPEDIC</b>			
	57701	Orthopedic Prosthesis (extraoral)		+L	536.04
				to	1,160.82
	57702	Orthopedic Prosthesis (intraoral)		+L	643.26
				to	1,392.99
<b>60000</b>		<b>PROSTHODONTICS - FIXED</b>			
		<b>Initial description:</b>			
		Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures depending on the nature of the problems presented in each individual case. The range of these procedures extends into many areas of treatment in order to provide comprehensive therapy for the patient. Many of the procedures used vary considerably in their difficulty, time, involvement and expense. The amount of time involved in a procedure may vary considerably from those outlined in the following guide. Fixed Bridges (each abutment, each retainer and each pontic, constitutes a separate unit in the bridge, with a separate code number).			
<b>62000</b>		<b>PONTICS, BRIDGE</b>			
<b>62100</b>		<b>PONTICS, CAST METAL</b>			
	62101	Pontics, Cast Metal		+L	457.12
	62102	Pontics, Cast Metal Framework with Separate Porcelain/Ceramic/Polymer Glass Jacket Pontic		+L	457.12
	62103	Pontics, Prefabricated Attachable Facing		+L	355.54
	62104	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar Attached to Retainer		+L +E	457.12
	62105	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Implant-supported Retainer to Retain Removable Prosthesis, Each Bar		+L +E	I.C.
<b>62500</b>		<b>PONTICS, PORCELAIN/CERAMIC/POLYMER GLASS</b>			
	62501	Pontics, Porcelain/Ceramic/Polymer Glass, Fused to Metal		+L	458.12
	62502	Pontics, Porcelain/Ceramic/Polymer Glass, Aluminous		+L	458.12
<b>62700</b>		<b>PONTICS, ACRYLIC/COMPOSITE /COMPOMER</b>			
	62701	Pontics, Acrylic/Composite/Compomer, Processed to Metal		+L	356.58
	62702	Pontics, Acrylic/Composite/Compomer, Indirect (Provisional)		+L	104.91
	62703	Pontics, Acrylic/Composite/Compomer, Bonded to adjacent Teeth Direct (Provisional)		+E	104.91
	62704	Pontics, Acrylic/Composite/Compomer		+L	104.91
<b>62800</b>		<b>PONTICS, NATURAL TOOTH</b>			
	62801	Pontics, Natural Tooth Crown, Direct, Bonded to Adjacent Teeth (Provisional)			177.28
<b>63000</b>		<b>RECONTOURING OF RETAINER/PONTICS, (of existing bridgework)</b>			

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	63001	One unit of time		83.42
	63009	Each additional unit of time		83.42
<b>64000</b>		<b>MASTER CAST TECHNIQUES</b>		
<b>64100</b>		<b>MASTER CAST, TECHNIQUES, MAXILLO-MANDIBULAR REGISTRATIONS</b>		
	<b>64120</b>	<b>Master Cast Techniques, True Hinge Axis Registration and Transfer</b>		
	64121	One unit of time	+L	79.67
	64129	Each additional unit of time	+L	79.67
	<b>64130</b>	<b>Master Cast Techniques, Centric Registration Recording</b>		
	64131	One unit of time	+L	79.67
	64139	Each additional unit of time	+L	79.67
	<b>64140</b>	<b>Master Cast Techniques, Three Dimensional Recordings of Mandibular Movement (Pantograph or Stereograph)</b>		
	64141	One unit of time	+L	I.C.
	64149	Each additional unit of time	+L	I.C.
<b>64200</b>		<b>MASTER CAST MOUNTING TECHNIQUES</b>		
	<b>64220</b>	<b>Master Cast Mounting with Arbitrary Facebow Transfer</b>		
	64221	One unit of time	+L	79.67
	64229	Each additional unit of time	+L	79.67
	<b>64230</b>	<b>Master Cast Mounting with Kinematic Facebow Transfer</b>		
	64231	One unit of time	+L	I.C.
	64239	Each additional unit of time	+L	I.C.
<b>64300</b>		<b>MASTER CAST GNATHOLOGICAL WAX-UP</b>		
	64301	One unit of time	+L	I.C.
	64309	Each additional unit of time	+L	I.C.
<b>66000</b>		<b>REPAIRS</b>		
<b>66100</b>		<b>REPAIRS, REPLACEMENT</b>		
	<b>66110</b>	<b>Replace Broken Prefabricated Attachable Facings</b>		
	66111	One unit of time	+L	83.42
	66112	Two units	+L	166.84
	66113	Three units	+L	250.28
	66114	Four units	+L	333.71
	66119	Each additional unit over four		83.42
<b>66200</b>		<b>REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE/PROSTHESIS</b>		
	<b>66210</b>	<b>Repairs, Removal, Fixed Bridge/Prosthesis - To be re-cemented</b>		
	66211	One unit of time	+L	92.39
	66212	Two units	+L	184.79
	66213	Three units	+L	278.24
	66214	Four units	+L	370.64
	66219	Each additional unit over four	+L	92.39

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<b>66220</b>		<b>Repairs, Removal Fixed Bridge/Prosthesis- To Be Replaced by a new Prosthesis</b>		
	66221	One unit of time		85.51
	66222	Two units		171.02
	66223	Three units		256.55
	66224	Four units		342.06
	66229	Each additional unit over four		85.51
<b>66300</b>		<b>REPAIRS, REINSERTION/RECEMENTATION</b>		
		(+L where laboratory charges are incurred during repair of bridge)		
	66301	One unit of time	+L	85.51
	66302	Two units	+L	171.02
	66303	Three units	+L	256.55
	66304	Four units	+L	342.06
	66309	Each additional unit over four	+L	85.51
<b>66700</b>		<b>REPAIRS, FIXED BRIDGE/PROSTHESIS</b>		
<b>66710</b>		<b>Repairs, Fixed Bridge/Prosthesis, Porcelain/Ceramic/Polymer Glass/Acrylic/Composite/Compomer, Direct</b>		
	66711	First tooth		174.78
	66719	Each additional tooth		174.78
<b>66720</b>		<b>Repairs, Solder Indexing To Repair Broken Solder Joint</b>		
	66721	One unit of time	+L	88.64
	66729	Each additional unit of time		88.64
<b>66730</b>		<b>Repair Fractured Porcelain/Metal Pontic With Telescoping Type Crown (pontic prepared, impression made and processed crown seated over metal)</b>		
	66731	First pontic	+L	467.56
	66739	Each additional pontic		457.12
<b>67000</b>		<b>FIXED BRIDGE RETAINERS</b>		
		It is appropriate to use Fixed Bridge Retainer codes, rather than codes for single tooth restorations, where two, or more single tooth inlays/onlays or crowns are joined (Splinted) together and do not support a pontic		
<b>67100</b>		<b>RETAINERS, ACRYLIC/COMPOSITE/ COMPOMER WITH, OR WITHOUT CAST OR PREFABRICATED METAL BASES</b>		
<b>67110</b>		<b>Retainers, Acrylic, Composite/Compomer, Indirect</b>		
	67111	Retainers, Acrylic, Composite/Compomer, Indirect	+L	682.29
	67112	Retainers, Acrylic, Composite/Compomer, Complicated, Indirect	+L	877.52
	67113	Retainers, Acrylic, Composite/Compomer, Provisional, Indirect (lab fabricated/relined intra-orally)	+L	291.82
	67115	Retainers, Acrylic, Composite/Compomer, Implant-supported Indirect	+L	682.29
<b>67120</b>		<b>Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chair-side)</b>		
	67121	Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chair-side )	+E	192.10
	67125	Retainers, Acrylic, Composite/Compomer, (provisional during healing, done at chair-side), Implant-supported, Direct	+E	193.14
<b>67130</b>		<b>Retainers, Acrylic, Composite/Compomer, Cast Metal Base, Indirect</b>		

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	67131	Retainer, Compomer/Composite Resin/Acrylic, Processed to Cast Metal, Indirect		+L	667.24
	67135	Retainer, Compomer/Composite Resin/Acrylic, Processed to Metal, Indirect, Implant-supported		+L +E	711.08
	<b>67160</b>	<b>Retainers, Acrylic/Composite/Compomer, Two surface Inlay, Indirect Bonded</b>			
	67161	Retainers, Acrylic/Composite/Compomer, Two surface Inlay, bonded, Indirect		+L	610.54
	<b>67170</b>	<b>Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Bonded, Indirect</b>			
	67171	Retainers, Acrylic/Composite/Compomer, Three surface Inlay, bonded, Indirect		+L	752.53
	<b>67180</b>	<b>Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect</b>			
	67181	Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect		+L	895.46
<b>67200</b>		<b>RETAINER, PORCELAIN/CERAMIC/POLYMER GLASS</b>			
	67201	Retainer, Porcelain/Ceramic/Polymer Glass		+L	1,031.15
	67202	Retainer, Porcelain/Ceramic/Polymer Glass, Complicated		+L	1,048.52
	67205	Retainer, Porcelain/Ceramic/Polymer Glass, Implant-supported		+L +E	1,031.15
	<b>67210</b>	<b>Retainers, Porcelain/Ceramic/Polymer Glass, Fused To Metal Base</b>			
	67211	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base		+L	942.03
	67212	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated		+L	1,048.52
	67215	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Implant-supported		+L +E	942.03
	<b>67220</b>	<b>Retainers, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge")</b>			
	67221	Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge")		+L	571.92
	<b>67230</b>	<b>Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded</b>			
	67231	Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded		+L	660.29
	<b>67240</b>	<b>Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded</b>			
	67241	Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded		+L	813.70
	<b>67250</b>	<b>Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded (where one or more cusps are restored)</b>			
	67251	Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded		+L	966.08
<b>67300</b>		<b>RETAINERS, CAST METAL</b>			
	67301	Retainers, Cast Metal		+L	983.26
	67302	Retainers, Cast Metal, Complicated		+L	1,048.52
	67305	Retainers, Cast Metal, Implant-Supported		+L +E	983.26
	<b>67310</b>	<b>Retainer, ¾ Cast Metal</b>			
	67311	Retainers, ¾, Cast Metal		+L	983.26
	67312	Retainers, 3/4, Cast Metal, Complicated		+L	1,048.52
	<b>67320</b>	<b>Retainers, Metal Inlay (used with broken stress technique)</b>			
	67321	Retainer, Metal Inlay, Two Surfaces		+L	710.73



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	67322	Retainer, Metal Inlay, Three or More Surfaces		+L	940.34
<b>67330</b>		<b>Retainers, Cast Metal Onlay (internal retention type)</b>			
	67331	Retainers, Cast Metal, Onlay		+L	983.26
<b>67340</b>		<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)		+L	476.60
<b>67400</b>		<b>RETAINERS, OVERDENTURES, CUSTOM CAST OR PRE-FABRICATED WITH NO OCCLUSAL COMPONENT</b>			
	67415	Retainer, Metal, Pre-fabricated or Custom Cast, Implant-supported, with or without Mesostructure with no Occlusal Component (see 62105 for retentive bar)		+L +E	I.C.
<b>67500</b>		<b>FIXED PROSTHETICS, ABUTMENTS/RETAINERS, MISCELLANEOUS SERVICES</b>			
	67501	Retainer Made to an Existing Partial Denture Clasp (additional to retainer, per retainer)		+L	79.67
	67502	Telescoping Crown Unit		+L	355.62
<b>69000</b>		<b>FIXED PROSTHETICS, OTHER SERVICES</b>			
<b>69100</b>		<b>FIXED PROSTHETICS, MISCELLANEOUS SERVICES</b>			
	69101	Fixed Prosthesis, Porcelain, to Replace a Substantial Portion of the Alveolar Process (in addition to retainer and pontics)		+L	1,016.24
<b>69200</b>		<b>FIXED PROSTHETICS, SPLINTING</b>			
	69201	Splinting, for Extensive or Complicated Restorative Dentistry (per tooth)			I.C.
<b>69300</b>		<b>FIXED PROSTHETICS, RETENTIVE PINS (for retainers in addition to restoration)</b>			
	69301	One pin/restoration		+L	46.55
	69302	Two pins/restoration		+L	88.94
	69303	Three pins/restoration		+L	140.90
	69304	Four pins/restoration		+L	172.58
	69305	Five pins or more/restoration		+L	203.23
<b>69600</b>		<b>FIXED PROSTHODONTICS, WHERE AN ENTIRE ARCH IS RECONSTRUCTED (used in extensive or complicated fixed restorative dentistry)</b>			
	<b>69610</b>	<b>Provisional, immediate, implant supported, screw retained, polymer base with denture teeth, without a reinforcing framework.</b>			
	69611	Maxillary		+L	I.C.
	69612	Mandibular		+L	I.C.
	<b>69620</b>	<b>Final prosthesis, full arch, denture teeth and acrylic (also known as "hybrid prosthesis"), with reinforcing framework, implant supported, screw retained.</b>			
	69621	Maxillary		+L	I.C.
	69622	Mandibular		+L	I.C.
<b>69700</b>		<b>FIXED PROSTHETICS, PROVISIONAL COVERAGE (in extensive or complicated restorative dentistry)</b>			
	69701	Abutment Tooth		+L	291.80

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		69702	Pontic	+L	96.56
<b>69800</b>			<b>FIXED PROSTHODONTIC FRAMEWORKS, OSSEO-INTEGRATED IMPLANT-SUPPORTED</b>		
	69820		<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	+L	I.C.
		69822	Mandibular	+L	I.C.
<b>70000</b>			<b>ORAL MAXILLOFACIAL SURGERY</b>		
			The following surgical services include necessary local anaesthetic, removal of excess gingival tissue, suturing and one post-operative treatment, when required. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or a group of teeth or in some cases a single tooth.		
<b>71000</b>			<b>REMOVALS, (EXTRACTIONS), ERUPTED TEETH</b>		
<b>71100</b>			<b>REMOVALS, ERUPTED TEETH, UNCOMPLICATED</b>		
		71101	Single tooth, Uncomplicated		140.21
		71109	Each additional tooth, same quadrant, same appointment		140.21
<b>71200</b>			<b>REMOVALS, ERUPTED TEETH, COMPLICATED</b>		
		71201	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth		252.86
		71209	Each additional tooth, same quadrant		252.86
	71210		<b>Requiring elevation of a Flap, Removal of Bone and may include Sectioning of Tooth for Removal of Tooth</b>		
		71211	Single Tooth		275.70
		71219	Each Additional tooth, same quadrant		275.70
<b>72000</b>			<b>REMOVALS, (EXTRACTIONS), SURGICAL</b>		
<b>72100</b>			<b>REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE</b>		
		72110	<b>Removals, Impaction, Requiring Incision of Overlying Soft Tissue and Removal of The Tooth</b>		
		72111	Single tooth		252.86
		72119	Each additional tooth, same quadrant		252.86
<b>72200</b>			<b>REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE</b>		
		72210	<b>Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of A Flap and Either Removal of Bone and Tooth Or Sectioning and Removal of Tooth</b>		
		72211	Single tooth		374.97
		72219	Each additional tooth, same quadrant		374.97
		72220	<b>Removals, Impaction, Requiring Inasion of Overlying Soft Tissue, Elevation of A Flap, Removal of Bone and Sectioning of Tooth For Removal</b>		
		72221	Single tooth		499.98
		72229	Each additional tooth, same quadrant		499.98
	72230				

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	72231	Single tooth		681.66
	72239	Each additional tooth, same quadrant		681.66
<b>72240</b>		<b>Coronectomy (Deliberate Vital Root Retention)</b>		
	72241	Coronectomy (Deliberate Vital Root Retention of Unerupted Mandibular Molar)		I.C.
	72242	Coronectomy (Deliberate Vital Root Retention to prevent Complications Associated with Extraction)		I.C.
<b>72300</b>		<b>REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS</b>		
<b>72310</b>		<b>Removals, Residual Roots, Erupted</b>		
	72311	First tooth		115.74
	72319	Each additional tooth, same quadrant		115.74
<b>72320</b>		<b>Removals, Residuals Roots, Soft Tissue Coverage</b>		
	72321	First tooth		170.47
	72329	Each additional tooth, same quadrant		170.47
<b>72330</b>		<b>Removals, Residual Roots, Bone Tissue Coverage</b>		
	72331	First tooth		249.99
	72339	Each additional tooth, same quadrant		249.99
<b>72400</b>		<b>ALVEOLAR BONE PRESERVATION</b>		
<b>72410</b>		<b>Alveolar Bone Preservation – Autograft</b>		
	72411	First tooth	+E	318.03
	72419	Each additional tooth	+E	318.03
<b>72420</b>		<b>Alveolar Bone Preservation - Allograft</b>		
	72421	First tooth	+E	318.03
	72429	Each additional tooth	+E	318.03
<b>72430</b>		<b>Alveolar Bone Presevation – Xenograft</b>		
	72431	First tooth	+E	318.03
	72439	Each additional tooth	+E	318.03
<b>72500</b>		<b>SURGICAL EXPOSURES OF TEETH</b>		
<b>72510</b>		<b>Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy)</b>		
	72511	Single tooth		227.30
	72519	Each additional tooth, same quadrant		227.30
<b>72520</b>		<b>Surgical Exposures, Complex, Hard Tissue Coverage</b>		
	72521	Single tooth		408.99
	72529	Each additional tooth, same quadrant		408.99
<b>72530</b>		<b>Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment</b>		
	72531	Single tooth	+E	545.32
	72539	Each additional tooth, same quadrant	+E	545.32
<b>72540</b>		<b>Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae</b>		

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		72541	Single tooth	340.95
<b>72550</b>			<b>Surgical Exposures, Unerupted Tooth, Hard Tissue Coverage With Positioning of Attached Gingivae</b>	
		72551	Single tooth	454.63
<b>72560</b>			<b>Rigid Osseous Anchorage For Orthodontics</b>	
		72561	Placement of anchorage device without elevation of a flap	+E I.C.
		72562	Placement of anchorage device with elevation of a flap	+E I.C.
		72563	Removal of anchorage device without elevation of a flap	I.C.
		72564	Removal of anchorage device with elevation of a flap	I.C.
<b>72600</b>			<b>SURGICAL MOVEMENT OF TEETH</b>	
<b>72610</b>			<b>Transplantation of Erupted Tooth</b>	
		72611	First tooth	681.66
		72619	Each additional tooth, same quadrant	681.66
<b>72620</b>			<b>Transplantation of Unerupted Tooth</b>	
		72621	First tooth	818.00
		72629	Each additional tooth, same quadrant	818.00
<b>72630</b>			<b>Repositioning, Surgical</b>	
		72631	First tooth	499.98
		72639	Each additional tooth, same quadrant	499.98
<b>72700</b>			<b>ENUCLEATION, SURGICAL</b>	
<b>72710</b>			<b>Unerupted Tooth Follicle</b>	
		72711	First tooth	499.98
		72719	Each additional tooth, same quadrant	499.98
<b>72800</b>			<b>REMOVAL OF FRACTURED CUSP AS A SEPARATE PROCEDURE, NOT IN CONJUNCTION WITH SURGICAL OR RESTORATIVE PROCEDURES ON THE SAME TOOTH</b>	
		72801	First tooth	84.27
		72809	Each Additional Tooth	84.27
<b>73000</b>			<b>REMODELING AND RECONTOURING ORAL TISSUES IN PREPARATION FOR REMOVABLE PROSTHESES (To include codes 73110, 73120, 73140, 73150, 73160, 73170, 73180)</b>	
<b>73100</b>			<b>ALVEOLOPLASTY</b> (Bone remodeling of ridge with soft tissue revisions)	
<b>73110</b>			<b>Alveoloplasty, In Conjunction With Extractions</b>	
		73111	Per sextant	116.78
<b>73120</b>			<b>Alveoloplasty, Not In Conjunction With Extractions</b>	
		73121	Per sextant	227.30
<b>73140</b>			<b>Remodeling of Bone</b>	

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	73141	Mylohyoid Ridge Remodeling		443.00
	73142	Genial Tubercle Remodeling		426.01
<b>73150</b>		<b>Exasion of Bone</b>		
	73151	Nasal Spine, Excision		426.01
	73152	Torus Palatinus, Excision		499.98
	73153	Torus Mandibularis, Unilateral, Excision		374.97
	73154	Torus Mandibularis, Bilateral, Excision		624.96
<b>73160</b>		<b>Removal of Bone, Exostosis, Multiple</b>		
	73161	Per quadrant		374.97
			to	749.96
<b>73170</b>		<b>Reduction of Bone, Tuberosity</b>		
	73171	Unilateral, Reduction		227.30
	73172	Bilateral, Reduction		454.63
<b>73180</b>		<b>Augmentation of Bone</b>		
	73181	Unilateral, Pterygomaxillary Tuberosity, Augmentation	+E	443.00
	73182	Bilateral, Pterygomaxillary Tuberosity, Augmentation	+E	886.04
	73183	Unilateral, Mandibular Ridge, Augmentation	+E	545.06
			to	726.75
	73184	Bilateral, Mandibular Ridge, Augmentation	+E	1,090.12
			to	1,453.52
<b>73200</b>		<b>GINGIVOPLASTY AND/OR STOMATOPLASTY, ORAL SURGERY</b>		
<b>73210</b>		<b>Independent Procedure</b>		
	73211	Per sextant		249.99
<b>73220</b>		<b>Miscellaneous Procedures</b>		
	73221	Gingivoplasty, in Conjunction with Tooth Removal		249.99
	73222	Excision of Vestibular Hyperplasia (per sextant)		249.99
	73223	Surgical Shaving of Papillary Hyperplasia of the Palate		443.00
	73224	Excision of Pericoronal Gingiva (for retained tooth/implant) per tooth/implant		124.98
<b>73230</b>		<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		249.99
<b>73240</b>		<b>Removal, Mucosa, Excess (complete removal without dissection)</b>		
	73241	Per sextant		249.99
<b>73300</b>		<b>REMODELING, FLOOR OF THE MOUTH</b>		
	73301	Full Arch Lowering of the Floor of the Mouth		2,180.27
	73302	Partial Arch Lowering of the Floor of the Mouth		1,090.12
	73303	Reinsertion of the Mylohyoid Muscle		908.43
<b>73400</b>		<b>VESTIBULOPLASTY</b>		
	<b>73410</b>	<b>Vestibulplasty, Sub-Mucous</b>		

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	73411	Per sextant		238.57
<b>73420</b>		<b>Sulus Deepening and Ridge Resconstruction</b>		
	73421	Per sextant		191.67
<b>73430</b>		<b>Vestibuloplasty, With Secondary Epithelization</b>		
	73431	Per sextant		295.34
<b>73440</b>		<b>Vestibuloplasty, With Labial Inverted Flap</b>		
	73441	Per sextant		443.00
<b>73450</b>		<b>Vestibuloplasty, With Skin Graft</b>		
	73451	Per sextant		545.06
<b>73460</b>		<b>Vestibuloplasty, With Mucosal Graft</b>		
	73461	Per sextant		545.06
<b>73470</b>		<b>Vestibuloplasty – with Dermal Graft - Autograft</b>		
	73471	Per Sextant	+E	191.67
<b>73480</b>		<b>Vestibuloplasty – with Dermal Graft - Allograft</b>		
	73481	Per Sextant		191.67
<b>73490</b>		<b>Vestibuloplasty – with Connective Tissue for Ridge Augmentation</b>		
	73491	Per sextant		191.67
<b>73500</b>		<b>RECONSTRUCTION, ALVEOLAR RIDGE</b>		
<b>73510</b>		<b>Reconstruction, Alveolar Ridge, With Autogenous Bone</b>		
	73511	Per sextant	+E	726.75
<b>73520</b>		<b>Reconstruction, Alveolar Ridge, With Alloplastic Material</b>		
	73521	Per sextant	+E	726.75
<b>73600</b>		<b>EXTENSIONS, MUCOUS FOLDS</b>		
<b>73610</b>		<b>Extensions, Mucous Folds With Secondary Epithelization</b>		
	73611	Per sextant		528.04
<b>73620</b>		<b>Extensions, Mucous Folds, With Skin Grafts</b>		
	73621	Per sextant		528.04
<b>73630</b>		<b>Extensions, Mucous Folds, With Mucous Graft</b>		
	73631	Per sextant		528.04
<b>74000</b>		<b>SURGICAL EXCISION (not in conjunction with tooth removal, including biopsy)</b>		
<b>74100</b>		<b>SURGICAL EXCISION, TUMORS, BENIGN</b>		

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	<b>74110</b>		<b>Tumors, Benign, Scar Tissue, Inflammatory Or Congenital Lesions of Soft Tissue of The Oral Cavity</b>	
		74111	1 cm. and under	340.83
		74112	1-2 cm.	443.00
		74113	2-3 cm.	536.70
		74114	3-4 cm.	613.36
		74115	4-6 cm.	741.07
		74116	6-9 cm.	823.40
		74117	9-15 cm.	936.93
		74118	15 cm. and over	1,056.10
	<b>74120</b>		<b>Tumors, Benign, Bone Tissue</b>	
		74121	1 cm. and under	408.99
		74122	1-2 cm.	568.01
		74123	2-3 cm.	738.37
		74124	3-4 cm.	920.06
		74125	4-6 cm.	1,073.39
		74126	6-9 cm.	1,272.10
		74127	9-15 cm.	1,431.10
		74128	15 cm. and over	1,646.80
<b>74200</b>			<b>SURGICAL EXCISION, TUMORS, MALIGNANT</b>	
	<b>74210</b>		<b>Tumors, Malignant, Soft Tissue, Oral Cavity</b>	
		74211	1 cm. and under	318.03
		74212	1-2 cm.	477.02
		74213	2-3 cm.	658.71
		74214	3-4 cm.	823.40
		74215	4-6 cm.	1,022.08
		74216	6-9 cm.	1,192.44
		74217	9-15 cm.	1,408.15
		74218	15 cm. and over	1,584.17
	<b>74220</b>		<b>Tumors, Malignant, Bone Tissue</b>	
		74221	1 cm. and under	477.02
		74222	1-2 cm.	636.05
		74223	2-3 cm.	823.40
		74224	3-4 cm.	988.09
		74225	4-6 cm.	1,192.44
		74226	6-9 cm.	1,362.80
		74227	9-15 cm.	1,584.17
		74228	15 cm. and over	1,816.90
	<b>74230</b>		<b>Selective neck dissection</b>	
		74231	Unilateral	I.C.
		74232	Bilateral	I.C.
	<b>74240</b>		<b>Radical neck dissection</b>	
		74241	Unilateral	I.C.
		74242	Bilateral	I.C.
<b>74300</b>			<b>SURGICAL EXCISIONS, MAXILLOFACIAL COMPLEX, TRAUMA, TUMORS, BENIGN, MALIGNANT</b>	
	<b>74310</b>		<b>Lips, Throat, Face, Skull</b>	

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	74311	Cheiloplasty, Partial (Lip Shave)		636.05
	74312	Cheiloplasty, Total (Lip Shave)		954.08
			to	1,272.10
<b>74400</b>		<b>HARD TISSUE GRAFTS TO THE JAW</b>		
	74401	Autograft – per site – Maxilla or Mandible	+E	726.75
	74402	Allograft – per site – Maxilla or Mandible	+E	726.75
	74403	Xenograft – per site – Maxilla or Mandible	+E	726.75
<b>74500</b>		<b>AUGMENTATIONS, PROSTHETIC, OF THE JAW</b>		
	<b>74520</b>	<b>Augmentation, Synthetic, of The Jaw</b>		
	74521	Augmentation, of the Chin		I.C.
<b>74600</b>		<b>SURGICAL EXCISION, CYSTS/GRANULOMAS</b>		
	<b>74610</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		391.99
	74612	1-2 cm.		545.32
	74613	2-3 cm.		710.02
	74614	3-4 cm.		886.04
	74615	4-6 cm.		1,073.39
	74616	6-9 cm.		1,272.10
	74617	9-15 cm.		1,482.14
	74618	15 cm. and over		1,703.51
	<b>74620</b>	<b>Marsupialization</b>		
	74621	Cyst, Marsupialization		499.98
	<b>74630</b>	<b>Exasion of Cyst</b>		
	74631	1 cm. and under		391.99
	74632	1-2 cm.		545.32
	74633	2-3 cm.		710.02
	74634	3-4 cm.		886.04
	74635	4-6 cm.		1,073.39
	74636	6-9 cm.		1,272.10
	74637	9-15 cm.		1,482.14
	74638	15 cm. and over		1,703.51
<b>75000</b>		<b>SURGICAL INCISIONS</b>		
<b>75100</b>		<b>SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL</b>		
	<b>75110</b>	<b>Surgical Incision And Drainage And/Or Exploration, Intraoral Soft Tissue</b>		
	75111	Intraoral, Surgical Exploration, Soft Tissue		249.99
	75112	Intraoral, Abscess, Soft Tissue		249.99
	75113	Intraoral, Abscess, In Major Anatomical area with Drain		426.01
	<b>75120</b>	<b>SURGICAL INCISION AND DRAINAGE, EXPLORATION AND COMPLEX WOUND CARE, EXTRAORAL</b>		
	75121	Intraoral, Abscess, Hard Tissue, Trephination and Drainage		261.32
	75122	Intraoral, Surgical Exploration, Hard Tissue		408.99
	75123	Intraoral, Abscess, Hard Tissue, Trephination and Drainage in a Major Anatomical Area		568.02



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<b>75200</b>			<b>SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, EXTRAORAL</b>	
	<b>75210</b>		<b>Surgical Incision And Drainage And/Or Exploration, Extraoral, Soft Tissue</b>	
		75211	Extraoral, Abscess, Superficial	590.67
		75212	Extraoral, Abscess, Deep	738.37
	<b>75220</b>		<b>Surgical Incision And Drainage And/Or Exploation, Extraoral Hard Tissue</b>	
		75221	Extraoral, Surgical Exploration, Hard Tissue	590.67
<b>75300</b>			<b>SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES</b>	
		75301	Removal, from Skin or Subcutaneous Alveolar Tissue	795.05
				to 1,590.13
		75302	Removal, of Reaction Producing Foreign Bodies	795.05
				to 1,590.13
		75303	Removal, of Needle from Musculo-skeletal System	795.05
				to 1,590.13
<b>75400</b>			<b>SEQUESTRECTOMY (FOR OSTEOMYELITIS)</b>	
		75401	Intraoral Sequestrectomy	545.32
		75402	Saucerization	954.08
		75403	Osteomyelitis, Non Surgical Treatment of	204.49
	<b>75410</b>		<b>Extraoral Sequestrectomy</b>	
		75411	3 cm. and less	545.32
		75412	3-4 cm.	681.66
		75413	4-6 cm.	852.02
		75414	6-9 cm.	994.02
		75415	9 cm. and over	1,181.37
<b>75500</b>			<b>MANDIBULECTOMY</b>	
	<b>75510</b>		<b>Mandibulectomy</b>	
		75511	3 cm. or less	477.02
		75512	3-4 cm.	636.05
		75513	4-6 cm.	823.40
		75514	6-9 cm.	1,022.08
		75515	9-12 cm.	1,232.12
		75516	12-15 cm.	1,453.52
		75517	15 cm. and over	1,635.21
		75518	Total Mandibulectomy	1,998.58
				to 2,589.08
<b>75600</b>			<b>MAXILLECTOMY</b>	
	<b>75610</b>		<b>Maxillectomy</b>	
		75611	3 cm. or less	795.05
		75612	3-4 cm.	954.08
		75613	4-6 cm.	1,152.76
		75614	6-9 cm.	1,362.80
		75615	9-12 cm.	1,584.17
		75616	12-15 cm.	1,816.90
		75617	15 cm. and over	2,089.43
		75618	Total Maxillectomy	2,316.55
				to 3,088.73

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<b>76000</b>			<b>FRACTURES, TREATMENT OF</b>	
<b>76100</b>			<b>INTERMAXILLARY FIXATION (WIRING)</b>	
	<b>76110</b>		<b>Splints Per Arch, One Or More Per Jaw</b>	
		76111	Wiring of Dentures or Arch Bar	408.99
		76112	Acrylic Prosthesis or Cap Splint	408.99
		76113	Circumzygomatic Wiring, Unilateral	136.31
		76114	Perialveolar or Transpalatal Wiring	136.31
		76115	Intra or Periosseous Splinting for Pericranial Suspension	136.31
		76116	Intermaxillary Fixation	408.99
	<b>76120</b>		<b>Intra Maxillary Suspension (Wiring)</b>	
		76121	Nasal Spine Wiring	136.31
		76122	Piriform Apertures Suspension	136.31
		76123	Frontal Suspension	590.67
		76124	Orbital Rim Suspension, Bilateral	590.67
		76125	Head Frame Suspension	954.08
	<b>76130</b>		<b>Circummandibular Wiring</b>	
		76131	Wiring, one	136.31
		76132	Wiring, two	272.65
		76133	Wiring, three or over	408.99
	<b>76140</b>		<b>Splints/Wires, Removal of</b>	
		76141	Removal of Wire	227.30
		76142	Removal of Arch Splint (one or more per jaw)	227.30
		76143	Removal of Interosseous Ligature or Bone Plate	545.32
		76144	Removal of Intra or Peri Osseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus	545.32
		76145	Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw)	426.01
		76146	Removal of Wire Plate or Screw used in Osteosynthesis (one or more at the same site)	545.32
<b>76200</b>			<b>FRACTURES, REDUCTIONS, MANDIBULAR</b>	
		76201	Reduction, Mandibular, Closed	1,090.68
				to 1,363.33
		76202	Reduction, Mandibular, Open, Single	1,590.13
		76203	Reduction, Mandibular, Open, Double	1,908.15
		76204	Reduction, Mandibular, Open, Multiple	2,112.23
<b>76300</b>			<b>FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I</b>	
		76301	Reduction, Maxillary, Closed	1,090.68
		76302	Reduction, Maxillary, Open, Single	1,590.13
		76303	Reduction, Maxillary, Open, Double	1,908.15
		76304	Reduction, Maxillary, Open, Multiple	2,180.27
				to 2,907.05
		76305	Reduction, Compound Fracture of Maxilla (requiring reduction and soft tissue repair)	3,088.73
				to 3,860.92
<b>76400</b>			<b>FRACTURES, REDUCTIONS, MAXILLA, PYRAMIDAL LE FORT'S II</b>	
		76401	Reduction, Maxillary, Closed	1,272.10

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	76402	Reduction, Maxillary, Open, Unilateral		1,272.10
	76403	Reduction, Maxillary, Open, Bilateral		1,908.15
<b>76500</b>		<b>FRACTURES, REDUCTIONS, NASO-ORBITAL</b>		
	76501	Reduction, Closed Unilateral		988.09
	76502	Reduction, Closed Bilateral		1,976.19
	76503	Reduction, Naso-orbital, Open, External Approach		1,760.19
	76504	Reduction, Naso-orbital, Open, Sinusal Approach		1,760.19
	76505	Reduction, Naso-orbital, Open, Orbital Approach with Insertion of Subperiosteal Implant		1,936.21
	76506	Exploration, of Orbital Blowout Fracture		1,272.10
	76507	Exploration, of Orbital Blowout Fracture and Reconstruction with Insertion of a Subperiosteal Implant		2,112.23
<b>76600</b>		<b>FRACTURES, REDUCTION, MALAR BONE</b>		
	76601	Reduction, Malar Bone, Closed		545.32
	76602	Reduction, Malar Bone, Open, by Simple Elevation		818.00
	76603	Reduction, Malar Bone, Open, by Osteosynthesis		1,453.52
	76604	Reduction, Malar Bone, Open, by Sinus Approach		1,192.44
	76605	Reduction, Malar Bone, Simple Fracture, (open reduction with antrostomy and packing)		1,192.44
<b>76700</b>		<b>FRACTURES, REDUCTION, ZYGOMATIC ARCH</b>		
	76701	Reduction, Zygomatic Arch, IntraOral Approach		545.32
	76702	Reduction, Zygomatic Arch, Temporal Approach		1,272.10
	76703	Reduction, Zygomatico-Maxillary Fracture Dislocation, Complex, Closed Reduction		818.00
	76704	Reduction, Zygomatico-Maxillary Fracture Dislocation, Open Reduction		1,590.13
<b>76800</b>		<b>FRACTURES, REDUCTIONS, CRANIOFACIAL OTHER (specify type of procedure according to previous code used for fracture)</b>		
	76801	Reduction, Craniofacial Dysjunction, Closed		2,180.27
	76802	Reduction, Craniofacial Dysjunction, Open		3,088.73
<b>76900</b>		<b>FRACTURES, REDUCTIONS, ALVEOLAR</b>		
	<b>76910</b>	<b>Fracture, Alveolar, Debridement, Teeth Removed</b>		
	76911	3 cm. or less		681.66
			to	1,363.33
	76912	3-6 cm.		681.66
			to	1,363.33
	76913	6 cm. and over		710.02
			to	1,420.03
	<b>76920</b>	<b>Reduction, Alveolar, Closed, With Teeth</b>		
	76921	3 cm. and less	+E	681.66
			to	1,363.33
	76922	3-6 cm.	+E	681.66
			to	1,363.33
	76923	6-9 cm.	+E	710.02
			to	1,420.03
	76924	9 cm. and over	+E	710.02
			to	1,420.03
	<b>76930</b>	<b>Reduction, Alveolar, Open With Teeth</b>		

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	76931	3 cm. and less		+E	681.66
				to	1,363.33
	76932	3-6 cm.		+E	681.66
				to	1,363.33
	76933	6-9 cm.		+E	710.02
				to	1,420.03
	76934	9 cm. and over		+E	738.37
				to	1,476.74
<b>76940</b>		<b>Replantation, Avulsed Tooth/Teeth (including splinting)</b>			
	76941	Replantation, first tooth			426.01
	76949	Each additional tooth			426.01
<b>76950</b>		<b>Repositioning of Traumatically Displaced Teeth</b>			
	76951	One unit of time			130.64
	76952	Two units of time			261.32
	76959	Each additional unit over two			130.64
<b>76960</b>		<b>Repairs, Lacerations, Uncomplicated, Intraoral Or Extraoral</b>			
	76961	2 cm. or less			272.65
	76962	2-4 cm.			306.75
	76963	4-6 cm.			340.83
	76964	6-9 cm.			374.91
	76965	9-12 cm.			426.01
	76966	12-16 cm.			461.50
	76967	16-20 cm.			497.01
	76968	20-25 cm.			553.78
	76969	25 cm. and over			590.67
<b>76970</b>		<b>Repairs, Lacerations, Through and Through</b>			
	76971	2 cm. or less			295.34
	76972	2-4 cm.			332.26
	76973	4-6 cm.			369.19
	76974	6-9 cm.			406.08
	76975	9-12 cm.			460.03
	76976	12-16 cm.			498.36
	76977	16-20 cm.			536.70
	76978	20-25 cm.			596.28
	76979	25 cm. and over			636.05
<b>76980</b>		<b>Repairs, Lacerations, Complicated (local tissue shifts)</b>			
	76981	2 cm. or less			318.03
	76982	2-4 cm.			357.77
	76983	4-6 cm.			397.51
	76984	6-9 cm.			437.28
	76985	9-12 cm.			494.05
	76986	12-16 cm.			535.20
	76987	16-20 cm.			576.38
	76988	20-25 cm.			638.81
	76989	25 cm. and over			681.40
<b>77000</b>		<b>MAXILLOFACIAL DEFORMITIES, TREATMENT OF</b>			
<b>77100</b>		<b>OSTEOTOMY/OSTECTOMY, RAMUS OF THE MANDIBLE</b>			
	77101	Osteotomy, Subcondylar, Closed			4,860.22

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		77102	Osteotomy, Subcondylar, Open	4,860.22
		77103	Osteotomy, Ramus of the Mandible, Oblique, Extraoral	4,860.22
		77104	Osteotomy, Ramus of the Mandible, Oblique, Intraoral	4,860.22
		77105	Osteotomy/Ostectomy, Body of the Mandible	4,860.22
		77106	Osteotomy, Coronoidectomy	2,316.55
		77107	Osteotomy, Condylar Neck	2,316.55
		77108	Osteotomy, Sagittal Split	4,860.22
<b>77200</b>			<b>OSTEOTOMY, MISCELLANEOUS</b>	
		77201	Osteotomy, Oblique with Bone Graft	4,542.26
		77202	Osteotomy, Inverted "L"	4,542.26
		77203	Osteotomy, "C"	4,542.26
		77204	Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis – Unilateral	4,542.26
		77205	Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis – Bilateral	4,542.26
		77206	Activation of Distraction Device - Unilateral	4,542.26
		77207	Activation of Distraction Device - Bilateral	4,542.26
		77208	Removal of Distraction Device - Unilateral	4,542.26
		77209	Removal of Distraction Device - Bilateral	4,542.26
<b>77300</b>			<b>OSTEOTOMY, MAXILLARY</b>	
		77301	Osteotomy, Maxilla, Le Fort I	4,860.22
		77302	Osteotomy, Maxilla, Le Fort II	5,132.75
		77303	Osteotomy, Maxilla, Le Fort III	6,132.06
		77304	Additional to the Above Osteotomy Requiring Two Segments	635.90
		77305	Additional to the Above Osteotomy Requiring Three Segments	817.59
		77306	Additional to the Above Osteotomy Requiring Four Segments	1,044.71
		77307	Additional to the Above Osteotomy Requiring a Cranial Flap	817.59
		77308	Closure of Cleft Fistula (Alveolar)	772.18
		77309	Closure of Cleft Fistula (Palatal)	772.18
		77311	Pharyngoplasty	1,226.40
		77312	Submucous Resection	772.18
		77313	Osteotomy, Maxillary, Le Fort I – for Distraction Osteogenesis	I.C.
		77314	Osteotomy, Maxillary, Le Fort II – for Distraction Osteogenesis	I.C.
		77315	Osteogenesis, Maxillary, Le Fort III – for Distraction Osteogenesis	I.C.
		77316	Activation of Distraction Device – Le Fort I Level	I.C.
		77317	Activation of Distraction Device – Le Fort II Level	I.C.
		77318	Activation of Distraction Device – Le Fort III Level	I.C.
		77319	Removal of Maxillary Distraction Device	I.C.
<b>77400</b>			<b>OSTEOTOMY, MAXILLARY/MANDIBULAR, SEGMENTAL</b>	
		<b>77410</b>	<b>Osteotomy, Segmental, Maxilla</b>	
		77411	Osteotomy, Segmental, Anterior	2,180.27
		77412	Osteotomy, Segmental, Posterior	2,180.27
		77413	Osteotomy, Mid-palatal Split, Anterior	1,453.52
		77414	Osteotomy, Mid-palatal Split, Complete	2,180.27
		77415	Osteotomy, Segmental, Anterior – for Distraction Osteogenesis	I.C.
		77416	Osteotomy, Segmental, Posterior – for Distraction Osteogenesis	I.C.
		77417	Activation of Distraction Device	I.C.
		77418	Removal of Segmentation Maxillary Distraction Device	I.C.
		<b>77420</b>	<b>Osteotomy, Segmental, Mandible</b>	
		77421	Osteotomy, Segmental, Anterior with Transfer of Mental Eminence	2,180.27
		77422	Osteotomy, Segmental, Anterior, without the Transfer of Mental Eminence	2,180.27
		77423	Osteotomy, Segmental, Posterior	1,976.19
		77424	Osteotomy, Lower Border, Mandible	2,180.27
		77425	Osteotomy, Total Dento-Alveolar, Mandible	4,542.26

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	77426	Osteteotomy, Segmental, Anterior – for Distraction Osteogenesis		I.C.
	77427	Osteteotomy, Segmental, Posterior – for Distraction Osteogenesis		I.C.
	77428	Activation of Distraction Device		I.C.
	77429	Removal of Segmental Mandibular Distraction Device		I.C.
<b>77430</b>		<b>Osteotomy When "Interpositional Graft" Is Required</b>		
	77431	Using Bone		545.06
	77432	Using Alloplast	+E	511.04
	77433	Using Cartilage		545.06
<b>77440</b>		<b>Osteotomy When "Onlay Graft" Is Required For Osteotomy, Trauma Or Reconstructive Procedures</b>		
	77441	Using Bone		363.37
	77442	Using Alloplast	+E	340.68
	77443	Using Cartilage		363.37
<b>77500</b>		<b>GENIOPLASTY</b>		
	77501	Genioplasty, Sliding, Reduction or Augmentation		2,180.27
	77502	Genioplasty, Reduction (vertical)		2,180.27
	77503	Genioplasty, Augmentation with Graft (see grafting codes)		2,180.27
	77504	Myotomy, Suprahyoid		545.32
<b>77600</b>		<b>MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES</b>		
	77601	Corticotomy		636.05
	77602	Interdental Septotomy		636.05
	77603	Surgical Expansion of the Palate		1,090.12
	77604	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Maxilla – per sextant		I.C.
	77605	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Mandible – per sextant		I.C.
<b>77700</b>		<b>PALATORRHAPHY</b>		
	77701	Palatorrhaphy, Anterior (closure of palatine fissure)		2,180.27
	77702	Palatorrhaphy, Posterior		2,180.27
	77703	Palatorrhaphy, Total		2,725.36
	77704	Palatorrhaphy, with Bone Graft		3,633.79
	77705	Palatorrhaphy, Bone Graft to Anterior Alveolar Ridge		2,361.96
<b>77800</b>		<b>FRENECTOMY/FRENOPLASTY</b>		
	77801	Frenectomy, Upper Labial		238.63
	77802	Frenectomy, Lower Labial		238.63
	77803	Frenectomy, Lower Lingual or "Z" Plasty		238.63
	77804	Frenectomy, Lower Lingual or "Z" Plasty with Myotomy of Genioglossus		408.99
	77805	Frenoplasty, Upper "Z"		357.97
	77806	Frenoplasty, Lower "Z"		357.97
<b>77900</b>		<b>GLOSSECTOMY</b>		
	77901	Glossectomy, Partial, Anterior Wedge		636.05
	77902	Glossectomy, Partial, for Orthodontic Purposes		636.05
	77903	Glossectomy, Full Postero-Anterior Wedge		1,180.96
<b>77910</b>		<b>Cleft Surgery</b>		
	77911	Primary Unilateral Cleft Lip Repair		1,226.40
	77912	Secondary Unilateral Cleft Lip Repair		1,226.40

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	77913	Primary Bilateral Cleft Lip Repair		1,635.21
	77914	Secondary Bilateral Cleft Lip Repair		1,635.21
	77915	Reconstruction of Cleft Lip with Lip Switch Flap		1,635.21
	77916	Complex Reconstruction or Revision of Cleft Lip		2,044.02
	77917	Closure of Alveolar Cleft (see grafting Codes)		2,044.02
	<b>77920</b>	<b>Oral Nasal Fistula</b>		
	77921	Primary Closure at Time of Initial Surgery		726.75
	77922	Secondary Closure with Palatal Flap		1,090.12
	77923	Secondary Closure with Pharyngeal Flap		1,090.12
	77924	Secondary Closure with Tongue Flap		1,226.40
	77925	Secondary Closure with Buccal Flap		1,090.12
	<b>77930</b>	<b>Rigid Fixation</b>		
	77931	Rigid Internal Fixation		Add
	77932	Rigid Internal Fixation using Bone		25% to
	77933	Rigid Internal Fixation using Alloplast	+E	Surgical
	77934	Rigid Internal Fixation using Cartilage		fee
<b>78000</b>		<b>TEMPOROMANDIBULAR JOINT DYSFUNCTIONS, TREATMENT OF</b>		
<b>78100</b>		<b>TEMPOROMANDIBULAR JOINT, DISLOCATION MANAGEMENT OF</b> (Sedation and general anaesthesia services to be coded separately with appropriate 90000 series codes)		
	78101	TMJ, Dislocation, Open Reduction		1,180.96
	78102	TMJ, Dislocation, Closed Reduction, Uncomplicated		107.98
			to	215.97
	78103	TMJ, Dislocation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)		227.30
	78104	TMJ, Subluxation, Closed Reduction, Uncomplicated		215.97
	78105	TMJ, Subluxation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)		227.30
	78106	TMJ, Manipulation, under Sedation or General Anaesthesia		340.95
	78107	TMJ, Fixation (Application of devices to prevent recurrent dislocation in the short term (arch bars, MMF screws, Ivy Loops)		340.95
<b>78200</b>		<b>TEMPOROMANDIBULAR JOINT, OPEN PROCEDURES (ARTHROTOMY)</b>		
	78201	Condyloplasty		1,816.90
	78202	Condylotomy		1,090.12
	78203	Condylectomy		1,953.18
	78204	Eminoplasty		1,953.18
	78205	Re-contour of Glenoid Fossa		1,953.18
	78206	Menisectomy		1,816.90
	78207	Plication of Meniscus		1,953.18
	78208	Repair of Meniscus		1,953.18
	78209	Replacement of Meniscus (see grafting codes)		1,953.18
<b>78300</b>		<b>TEMPOROMANDIBULAR JOINT, TARTHROTOMY FOR MAJOR RECONSTRUCTION</b>		
	78301	Fossa Replacement (see grafting codes)		1,953.18
	78302	Condylar Replacement (see grafting codes)		1,953.18
	78303	Gap, Arthroplasty for Ankylosis (see grafting codes)		3,088.73
<b>78400</b>		<b>ARTHROSCOPY OF TEMPOROMANDIBULAR JOINT</b>		
	78401	TMJ Arthroscopic Examination and Diagnosis		545.06
	78402	Biopsy		772.18
	78403	Removal of Loose Bodies		772.18

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	78404	Lavage		545.06
	78405	Lysis of Adhesions		772.18
	78406	Synovectomy		1,180.96
	78407	Condyloplasty		1,180.96
	78408	Eminoplasty		1,180.96
	78409	Re-contour of Glenoid Fossa		1,180.96
	78411	Menisectomy		1,362.68
	78412	Plication of Meniscus		1,362.68
	78413	Repair of Meniscus		1,362.68
<b>78500</b>		<b>TEMPOROMANDIBULAR JOINT, ARTHROCENTESIS (puncture and aspiration)</b>		
	78501	One unit of time		130.64
	78502	Two units		261.32
	78509	Each additional unit over two		130.64
<b>78600</b>		<b>TEMPOROMANDIBULAR JOINT, MANAGEMENT BY INJECTIONS</b>		
	78601	Injection, therapeutic drug with or without local anaesthetic drug, "per site",	+E	136.31
	78602	Injection, with Sclerosing Agent		136.31
<b>78700</b>		<b>TEMPOROMANDIBULAR JOINT, APPLIANCE SPLINTS, ORTHOPEDIC REHABILITATION (post operative)</b>		
	78701	Appliance Splint, Maxillary	+L	920.06
	78702	Appliance Splint, Mandibular	+L	920.06
<b>79000</b>		<b>MAXILLOFACIAL SURGERY PROCEDURES, OTHER</b>		
<b>79100</b>		<b>SALIVARY GLANDS, TREATMENT OF</b>		
	79101	Salivary Duct, Dilation of		187.47
	79102	Salivary Duct, Insertion of Polyethylene Tube		249.99
	79103	Salivary Duct, Sialodochoplasty		545.32
	79104	Salivary Duct, Reconstruction of		818.00
	<b>79110</b>	<b>Salivary Duct, Sialolithotomy</b>		
	79111	Sialolithotomy, Anterior 1/3 of Canal		499.98
	79112	Sialolithotomy, Posterior 2/3 of Canal		1,363.33
	79113	Sialolithotomy, External Approach		2,112.23
	<b>79120</b>	<b>Salivary Gland, Exaisions</b>		
	79121	Excision of Submaxillary Gland		1,362.80
	79122	Excision of Sublingual Gland		1,703.51
	79123	Excision of Mucocele		170.47
	79124	Excision of Ranula		545.32
	79125	Marsupialization of Ranula		499.98
	<b>79130</b>	<b>Salivary Gland, Removal</b>		
	79131	Salivary Gland, Removal, Parotid (sub total)		1,816.90
	79132	Salivary Gland, Removal, Parotid (radical, including facial nerve)		2,907.05
<b>79200</b>		<b>NEUROLOGICAL DISTURBANCES, TREATMENT OF</b>		
	<b>79210</b>	<b>Neurological Disturbances, Trigeminal Nerve</b>		
	79211	Trigeminal Nerve, Injection for Destruction		272.65
	79212	Trigeminal Nerve, Avulsion at Periphery		568.01
	79213	Trigeminal Nerve, Total Avulsion of a Branch		1,033.71



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	79214	Trigeminal Nerve, Alcoholization of a Branch		272.65
	79215	Trigeminal Nerve, Infiltration of a Branch for Diagnosis		130.64
	79216	Trigeminal Nerve, Intraoperative, diagnostic or physiologic monitoring (stimulation with recording evoked potentials, ultrasound, or impedance)		249.99
	79217	Trigeminal Nerve, Neurolysis or tumor excision of trigeminal nerve branch in soft tissue		818.00
	79218	Trigeminal Nerve, Neurolysis or tumor excision of trigeminal nerve branch in bone (mandible, maxilla or orbit) (not to include osteotomy)		1,590.13
	<b>79220</b>	<b>Neurological Disturbances, Mental Nerve</b>		
	79221	Mental Nerve, Transportation of		954.08
	79222	Mental Nerve, Decompression in Canal		954.08
	<b>79230</b>	<b>Neurological Disturbances, Inferior Dental Nerve</b>		
	79231	Inferior Dental Nerve, Complete Avulsion		954.08
	79232	Inferior Dental Nerve, Decompression in the Canal		988.09
	<b>79240</b>	<b>Neurological Disturbances, Surgery</b>		
	79241	Injured Nerve Repair, Primary		1,272.10
	79242	Injured Nerve Repair, Secondary		3,225.01
	79243	Injured Nerve Repair, Secondary, (when repair delayed more than four weeks)		3,633.79
	79244	Neural Transposition and Decompression		954.08
	79245	Implantation of Electrode for Peripheral Nerve Stimulation		1,272.10
	79246	Excision of Tumor or Neuroma		1,362.80
	79247	Nerve Repair with Graft	+E	4,542.26
	79248	Harvesting of Nerve Graft		1,590.13
	79251	Epineurial Suture of Trigeminal Nerve Branch per Anastomosis		988.09
	79252	Fascicular Suture of Trigeminal Nerve Branch per Anastomosis		988.09
	79253	Conduit Implant for Repair of Nerve Gap up to 3 cm.		2,543.67
	79254	Conduit Implant for Repair of Nerve Gap greater than 3 cm.		3,633.79
	79255	Fibrin adhesive per nerve anastomosis		636.05
	79256	Laser coagulation per nerve anastomosis		681.40
	79258	In addition to above procedures, when using operating microscopes		136.31
	<b>79300</b>	<b>ANTRAL SURGERY</b>		
	<b>79310</b>	<b>Antral Surgery, Recovery, Foreign Bodies</b>		
	79311	Antral Surgery, Immediate Recovery of a Dental Root or Foreign Body from the Antrum		568.01
			to	852.02
	79312	Antral Surgery, Immediate Closure of Antrum by Another Dental Surgeon		568.01
			to	852.02
	79313	Antral Surgery, Delayed Recovery of a Dental Root with Oral Anrostomy		568.01
			to	852.02
	79314	Antral Surgery with Nasal Anrostomy		568.01
			to	852.02
	<b>79320</b>	<b>Antral Surgery, Lavage</b>		
	79321	Lavage, Oral Approach		119.31
	79322	Lavage, Nasal Approach		119.31
	<b>79330</b>	<b>Antral Surgery, Oro-Antral Fistula Closure, (same session)</b>		
	79331	Oro-Antral Fistula Closure with Buccal Flap		545.32
			to	818.00
	79332	Oro-Antral Fistula Closure with Gold Plate	+L	545.32
			to	818.00

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	79333	Oro-Antral Fistula Closure with Palatal Flap		545.32
			to	818.00
<b>79340</b>		<b>Antral Surgery, Oor-Antral Fistula Closure, (subsequent session)</b>		
	79341	Oro-Antral Fistula Closure with Buccal Flap		545.32
			to	818.00
	79342	Oro-Antral Fistula Closure with Gold Plate		545.32
			to	818.00
	79343	Oro-Antral Fistula Closure with Palatal Flap		545.32
			to	818.00
<b>79350</b>		<b>Sinus Osseous Augmentation</b>		
	79351	Sinus Osseous Augmentation, Open Lateral Approach - Autograft	+E	I.C.
	79352	Sinus Osseous Augmentation, Open Lateral Approach – Allograft	+E	I.C.
	79353	Sinus Osseous Augmentation, Open Lateral Approach – Xenograft	+E	I.C.
	79354	Sinus Osseous Augmentation, Indirect Inferior Approach – Autograft	+E	I.C.
	79355	Sinus Osseous Augmentation, Indirect Inferior Approach – Allograft	+E	I.C.
	79356	Sinus Osseous Augmentation, Indirect Inferior Approach – Xenograft	+E	I.C.
<b>79400</b>		<b>HEMORRHAGE, CONTROL OF</b>		
	79401	Primary Hemorrhage, Control		136.31
			to	545.32
	79402	Secondary Hemorrhage, Control		159.00
			to	1,590.13
	79403	Hemorrhage Control, using Compression and Hemostatic Agent		159.00
			to	1,590.13
	79404	Hemorrhage Control, using Hemostatic Substance and Suture (including removal of bony tissue, if necessary)		159.00
			to	1,590.13
<b>79500</b>		<b>GRAFTS AND RECONSTRUCTION, SURGICAL</b>		
<b>79510</b>		<b>Harvesting of Intraoral Tissue For Grafting To Operative Site</b>		
	79511	Bone		460.03
	79512	Cartilage		460.03
	79513	Skin		460.03
	79514	Mucosa		460.03
	79515	Fascia		460.03
	79516	Muscle		460.03
	79517	Dermis		460.03
<b>79520</b>		<b>Harvesting of Extraoral Tissue For Grafting To Operative Site (To Include Ilium, Rib, Etc.)</b>		
	79521	Bone		636.05
	79522	Cartilage		636.05
	79523	Costochondral		636.05
	79524	Skin		636.05
	79525	Fat		636.05
	79526	Fascia		636.05
	79527	Muscle		636.05
	79528	Dermis		636.05
	79529	Nerve		I.C.
<b>79530</b>		<b>Vascularized Tissue Flaps, Extraoral</b>		
	79531	Elevation Free Soft Tissue Flap		I.C.
	79532	Elevation Free Hard Tissue Flap		I.C.

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	79539	Artery/Vein/Nerve Graft/Patch, Autogenous/Allograft/ Alloplastic	+E	I.C.
	<b>79540</b>	<b>Harvesting and Preparation of Platelet Rich Plasma</b>		
	79541	Harvesting and Preparation of Platelet Rich Plasma	+E	I.C.
	<b>79550</b>	<b>Delivery of Growth Factors</b>		
	79551	Delivery of Growth Factors – Autologous – per site	+E	I.C.
	79552	Delivery of Growth Factors – Allogenic – per site	+E	I.C.
	79553	Delivery of Growth Factors – Human Recombinant – per site	+E	I.C.
<b>79600</b>		<b>POST SURGICAL CARE</b> (Required by complications and unusual circumstances, refer to comment under section heading 70000)		
	79601	Post Surgical Care, Subsequent to Initial Post Surgical Treatment, Minor, by Treating Dentist		113.65
	79602	Post Surgical Care, Minor, by Other Than Treating Dentist		119.31
	79603	Post Surgical Care, Major, by Treating Dentist		119.31
			to	1,193.26
	79604	Post Surgical Care, Major, by Other Than Treating Dentist		119.31
			to	1,193.26
	79605	Post Surgical Care, Alveolitis, Treatment of (without anaesthesia)		119.31
	79606	Post Surgical Care, Alveolitis, Treatment of (with anaesthesia)		119.32
<b>79700</b>		<b>AIRWAY PROCEDURES</b>		
	79701	Tracheotomy		726.75
	79702	Crico-Thyroidotomy		726.75
<b>79800</b>		<b>MUSCULAR DISORDERS, TREATMENT OF</b>		
	79801	Treatment of Muscular Dysfunctions		I.C.
	79802	Myotomy		I.C.
<b>79900</b>		<b>IMPLANTOLOGY</b> (Includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)		
	<b>79910</b>	<b>Implants, Balde</b>		
	79911	Maxillary per implant	+E	I.C.
	79912	Mandibular per implant	+E	I.C.
	<b>79920</b>	<b>Implants, Subperiosteal</b>		
	79921	Maxillary	+L	I.C.
	79922	Mandibular	+L	I.C.
	<b>79930</b>	<b>Implants, OssenoIntegrated, Root Form, More than one component</b>		
	79931	Surgical Installation of Implant with Cover Screw – per Implant	+E	I.C.
	79932	Surgical Installation of Implant with Healing Transmucosal Element – per Implant	+E	I.C.
	79933	Surgical Installation of Implant with Final Transmucosal Element – per Implant	+E	I.C.
	79934	Surgical Re-entry, Removal of Healing Screw and Placement of Healing Transmucosal Element – per Implant	+E	I.C.
	79935	Surgical Re-entry, Removal of Healing Screw and Placement of Final Standard Transmucosal Element – per Implant	+E	I.C.
	79936	Surgical Re-entry, Removal of Healing Screw and Placement of Final Custom Transmucosal Element – per Implant	+L +E	I.C.

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<b>79940</b>			<b>Implants Osseointegrated, Root Form, Single Component</b>	
	79941		Surgical Installation of Implant – per Implant	+E I.C.
<b>79950</b>			<b>Implants, Osseointegrated, Provisional</b>	
	79951		Installation of Provisional Implant – per Implant	+E I.C.
	79952		Removal of Provisional Implant – per Implant	+E I.C.
<b>79960</b>			<b>Implants, Removal of</b>	
	79961		Per implant, Uncomplicated	I.C.
	79962		Per implant, Complicated	I.C.
<b>80000</b>			<b>ORTHODONTICS</b>	
<b>80600</b>			<b>ORTHODONTIC, OBSERVATIONS AND ADJUSTMENTS</b>	
	80601		Orthodontic Observation - for Tooth Guidance (i.e. tooth position, eruption sequence, serial extraction supervision, etc.) per appointment	80.66
	80602		Orthodontic Observation and adjustment - to Orthodontic Appliances and/or the Reduction of Proximal Surfaces of Teeth per appointment	80.66
<b>80630</b>			<b>Repairs To Removable Or Fixed Appliances (not including removal and recementation)</b>	
	80631		One unit of time	+L 87.38
	80632		Two units	+L 174.78
	80639		Each additional unit over two	87.38
<b>80640</b>			<b>Alterations To Removable Or Fixed Appliances</b>	
	80641		One unit of time	+L 87.38
	80642		Two units	+L 174.78
	80649		Each additional unit over two	87.38
<b>80650</b>			<b>Recementation of Fixed Appliances</b>	
	80651		One unit of time	87.38
	80659		Each additional unit of time	87.38
<b>80660</b>			<b>Separation (except where included in the fabrication of an appliance)</b>	
	80661		One unit of time	87.38
	80669		Each addition unit of time	87.38
<b>80670</b>			<b>Removal of Fixed Orthodontic Appliances (By a Practitioner Other Than The Original Treatment Practice Or Practitioner)</b>	
	80671		One unit of time	87.38
	80679		Each additional unit of time	87.38
<b>81000</b>			<b>APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT</b>	
<b>81100</b>			<b>APPLIANCES, REMOVABLE</b>	
			A maximum of eight observations or adjustment appointments may be charged for these appliances.	
<b>81110</b>			<b>Appliances, Removable, Space Regaining</b>	
	81111		Appliance, Maxillary, Unilateral	+L 349.31
	81112		Appliance, Mandibular, Unilateral	+L 349.31
	81113		Appliance, Maxillary, Bilateral	+L 349.31

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	81114	Appliance, Mandibular, Bilateral		+L	349.31
<b>81120</b>		<b>Appliances, Removable, Cross-Bite Correction</b>			
	81121	Appliance, Maxillary, Simple		+L	331.30
	81122	Appliance, Mandibular, Simple		+L	331.30
<b>81130</b>		<b>Appliances, Removable, Dental Arch Expansion</b>			
	81131	Appliance, Maxillary, Simple		+L	349.31
	81132	Appliances, Mandibular, Simple		+L	349.31
<b>81140</b>		<b>Appliances, Removable, Closure of Diastemas</b>			
	81141	Appliance, Maxillary, Simple		+L	349.31
	81142	Appliance, Mandibular, Simple		+L	349.31
<b>81150</b>		<b>Appliances, Removable, Alignment of Anterior Teeth</b>			
	81151	Appliance, Maxillary, Simple		+L	349.31
	81152	Appliance, Mandibular, Simple		+L	349.31
<b>81200</b>		<b>APPLIANCES, FIXED OR CEMENTED</b>			
		A maximum of eight observations or adjustment appointments may be charged for these appliances.			
<b>81210</b>		<b>Appliance, Fixed, Space Regaining (e.g. lingual or labial arch with molar bands, tubes, locks)</b>			
	81211	Appliance, Maxillary		+L	349.31
	81212	Appliance, Mandibular		+L	349.31
<b>81220</b>		<b>Appliance, Fixed, Spaces Regaining, Unilateral</b>			
	81221	Appliance, Maxillary		+L	262.16
	81222	Appliance, Mandibular		+L	262.16
<b>81230</b>		<b>Appliance, Fixed, Cross-Bite Correction - Anterior</b>			
	81231	Appliance, Maxillary		+L	349.31
	81232	Appliance, Mandibular		+L	349.31
<b>81240</b>		<b>Appliance, Fixed, Cross-Bite Correction - Posterior</b>			
	81241	Appliance, Maxillary		+L	349.31
	81242	Appliance, Mandibular		+L	349.31
	81243	Appliance, Two-Molar Band, Hooked and Elastics		+L	279.91
<b>81250</b>		<b>Appliance, Fixed, Dental Arch Expansion</b>			
	81251	Appliance, Maxillary		+L	436.95
	81252	Appliance, Mandibular		+L	436.95
	81253	Appliance, Maxillary, Rapid Expansion		+L	349.31
<b>81260</b>		<b>Appliance, Fixed, Closure of Diastemas</b>			
	81261	Appliance, Maxillary, Simple		+L	349.31
	81262	Appliance, Mandibular, Simple		+L	349.31
<b>81270</b>		<b>Appliance, Fixed, Alignment of Inisor Teeth</b>			
	81271	Appliance, Maxillary, Simple		+L	436.95
	81272	Appliance, Mandibular, Simple		+L	436.94

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	<b>81280</b>		<b>Appliances, Fixed, Ligatures</b>	
		81281	Grassline or Elastic Ligatures per visit	+L 87.38
	<b>81290</b>		<b>Appliances, Fixed, Mechanical Eruption of Tooth/Teeth</b>	
		81291	Appliance, Maxillary, Impaction	+L 349.31
		81292	Appliance, Mandibular, Impaction	+L 349.31
		81293	Appliance, Maxillary, Erupted	+L 349.31
		81294	Appliance, Mandibular, Erupted	+L 349.31
	<b>83000</b>		<b>APPLIANCES, RETENTION, ORTHODONTIC RETAINING APPLIANCES</b>	
	<b>83100</b>		<b>APPLIANCES, REMOVABLE, RETENTION</b>	
		83101	Appliance, Maxillary	+L 262.16
		83102	Appliance, Mandibular	+L 262.16
		83103	Appliance, Tooth Positioner	+L 262.16
	<b>83200</b>		<b>APPLIANCES, FIXED/CEMENTED, RETENTION</b>	
		83201	Appliance, Maxillary	+L 349.31
		83202	Appliance, Mandibular	+L 349.31
			<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>	
			CASE TYPE - Fixed Appliance (includes formal full banded treatment and retention)	
			The range of fees with these procedure codes reflects such variables as length of time required to complete the treatment, degree of difficulty, co-operation of the patient, etc. and the fee charged should be determined accordingly.	
	<b>84000</b>		<b>PERMANENT DENTITION</b>	
		84101	Class I Malocclusion	+L 3,495.67 to 10,487.01
		84201	Class II Malocclusion	+L 5,243.50 to 13,982.71
		84301	Class III Malocclusions	+L 5,243.50 to 13,982.71
		84401	Malocclusions Not Requiring Complete Banding	+L 1,747.83 to 4,369.59
	<b>85000</b>		<b>MIXED DENTITION</b>	
		85101	Class I Malocclusion	+L 3,495.67 to 10,487.01
		85201	Class II Malocclusion	+L 5,243.50 to 13,982.71
		85301	Class III Malocclusion	+L 5,243.50 to 13,982.71
	<b>87000</b>		<b>PERMANENT DENTITION</b>	
			CASE TYPE - Removable Appliances (includes removable appliance therapy and retention; e.g. functional appliances)	
		87101	Class I Malocclusion	+L I.C.
		87201	Class II Malocclusion	+L I.C.
		87301	Class III Malocclusion	+L I.C.
	<b>88000</b>		<b>MIXED DENTITION</b>	

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	88101	Class I Malocclusion		+L	1,747.83
				to	5,243.50
	88201	Class II Malocclusion		+L	2,621.75
				to	6,991.34
	88301	Class III Malocclusion		+L	2,621.75
				to	6,991.34
<b>89500</b>		<b>NEONATAL DENTO-FACIAL ORTHOPEDICS</b>			
		<b>(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 relin;			
		(7) Reconstruction and/or reevaluation (may include up to two remakes).			
	89501	Expansion Appliance for Infants with Cleft Palate		+L	349.56
				to	3,146.09
	89502	Extraoral Retraction Appliance for Infants with Cleft Palate		+L	349.56
				to	3,146.09
	89503	Stage I - Initial Expansion		+L	1,310.86
				to	2,621.75
	89504	Stage II - Anterior Alignment		+L	1,310.86
				to	2,621.75
	89505	Stage III - Final Alignment (complete banding)		+L	2,621.75
				to	6,991.34
	89506	Stage III - Where Stage I and II were not provided for		+L	5,243.50
				to	13,982.71
<b>90000</b>		<b>GENERAL SERVICES</b>			
<b>91000</b>		<b>UNCLASSIFIED TREATMENTS</b>			
<b>91100</b>		<b>UNCLASSIFIED TREATMENT, DENTAL PAIN</b>			
	<b>91110</b>	<b>Palliative (emergency) Treatment of Dental Pain, Minor Procedure</b>			
	91111	One unit of time			107.98
	91112	Two units			215.97
	91113	Three units			323.95
	91119	Each additional unit over three			107.98
	<b>91120</b>	<b>Emergency Services Not Otherwise Specified In Guide</b>			
	91121	One unit of time			113.65
	91122	Two units			227.30
	91123	Three units			340.95
	91129	Each additional unit over three			113.65
<b>91200</b>		<b>UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES (Note: If the service affected is anaesthesia, code series 92000, and the unusual time and responsibility is the result of a patient BMI of 35 or above, refer to code series 92900)</b>			
	<b>91210</b>	<b>Unusual Time and Responsibility Requirement, In Addition To Usual Procedures In Guide</b>			
	91211	One unit of time			124.98
	91212	Two units			249.99
	91213	Three units			374.97
	91219	Each additional unit over three			124.98

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	<b>91220</b>		<b>Second Surgeon (team approach)</b>	
		91221	One unit of time	107.98
		91222	Two units	215.97
		91223	Three units	323.95
		91224	Four units	431.94
		91225	Five units	539.92
		91226	Six units	647.91
		91227	Seven units	755.89
		91228	Eight units	863.88
		91229	Each additional unit over eight	107.98
	<b>91230</b>		<b>Management of Exceptional Patient</b>	
		91231	One unit of time	124.98
		91232	Two units	249.99
		91233	Three units	374.97
		91234	Four units	499.98
		91239	Each additional unit over four	124.98
<b>92000</b>			<b>ANAESTHESIA</b>	
<b>92100</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 (not in conjunction with operative or surgical procedures)	113.65
		92102	Trigeminal Division Block (not in conjunction with operative or surgical procedures)	113.65
<b>92200</b>			<b>ANAESTHESIA, GENERAL</b>	
			(includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)	
	<b>92210</b>		<b>General Anaesthesia</b>	
		92212	Two units of time	238.63
		92213	Three units	357.97
		92214	Four units	477.29
		92215	Five units	596.63
		92216	Six units	715.95
		92217	Seven units	835.26
		92218	Eight units	954.60
		92219	Each additional unit over eight	119.31
	<b>92220</b>		<b>Provision of facilities, equipment and support services for general anaesthesia when provided by a separate practitioner</b>	
		92222	Two units of time	238.63
		92223	Three units	357.97
		92224	Four units	477.29
		92225	Five units	596.63
		92226	Six units	715.95
		92227	Seven units	835.26
		92228	Eight units	954.60
		92229	Each additional unit over eight	119.31



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	<b>92300</b>		<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 anaesthesia. Any intravenous technique leading to these conditions in a patient including neuroleptanalgesia or anaesthesia, regardless of route of administration, would fall within this category of service. (includes pre-anaesthetic evaluation and post anaesthetic follow-up)</b>		
		92302	Two units of time		215.97
		92303	Three units		323.95
		92304	Four units		431.94
		92305	Five units		539.92
		92306	Six units		647.91
		92307	Seven units		755.89
		92308	Eight units		863.88
		92309	Each additional unit over eight		107.98
	<b>92320</b>		<b>Provision of facilities, equipment and support services for deep sedation when provided by a separate practitioner</b>		
		92322	Two units		215.97
		92323	Three units		323.95
		92324	Four units		431.94
		92325	Five units		539.92
		92326	Six units		647.91
		92327	Seven units		755.89
		92328	Eight units		863.88
		92329	Each additional unit over eight		107.98
<b>92400</b>			<b>ANAESTHESIA, CONSCIOUS SEDATION</b>		
			Anaesthesia, Conscious Sedation - a medically controlled state of depressed consciousness that allows protective reflexes to be maintained, retains the patient's ability to maintain a patent airway independently and continuously and permits appropriate response by the patient to physical stimulation or verbal command, e.g., "open your eyes". (includes pre-anaesthetic evaluation and post anaesthetic follow-up)		
			Any technique leading to these conditions in a patient would fall within this category of service. Conscious sedation is a varied technique which can require different levels of monitoring, in accordance with the Regulatory Authority Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice. The Guidelines should be consulted and observed.		
	<b>92410</b>		<b>Nitrous Oxide Time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device</b>		
		92411	One unit of time		57.09
		92412	Two units of time		85.64
		92413	Three units		114.20
		92414	Four units		142.77
		92415	Five units		171.33
		92416	Six units		199.89
		92417	Seven units		228.45
		92418	Eight units		257.00
		92419	Each additional unit over eight		28.56
	<b>92420</b>		<b>Oral Sedation Sedation sufficient to require monitored care. Time is measured from the start of patient monitoring to release from the treatment/recovery room</b>		
		92421	One unit of time		51.56
		92422	Two units of time		58.00
		92423	Three units of time		74.91
		92424	Four units of time		91.78

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	92425	Five units of time		108.69
	92426	Six units of time		125.57
	92427	Seven units of time		142.47
	92428	Eight units of time		159.35
	92429	Each addition unit over eight		19.84
	<b>92440</b>	<b>Parenteral Conscious Sedation (regardless of method -IM or IV)</b>		
	92441	One unit		70.65
	92442	Two units		140.97
	92443	Three units		212.32
	92444	Four units		283.68
	92445	Five units		353.99
	92446	Six units		425.35
	92447	Seven units		496.70
	92448	Eight units		567.01
	92449	Each additional unit over eight		70.31
<b>92500</b>		<b>NON PHARAMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT</b>		
	<b>92510</b>	<b>Hypnosis</b>		
	92511	One unit of time		57.09
	92512	Two units		85.64
	92513	Three units		114.20
	92514	Four units		142.77
	92519	Each additional unit over four		28.56
	<b>92520</b>	<b>Acupuncture</b>		
	92521	One unit of time		57.09
	92522	Two units		85.64
	92523	Three units		114.20
	92524	Four units		142.77
	92529	Each additional unit over four		28.56
	<b>92530</b>	<b>Electronic Dental Anaesthesia</b>		
	92531	One Unit of Time		57.09
	92532	Two units		85.64
	92533	Three units		114.20
	92534	Four units		142.77
	92539	Each additional unit over four		28.56
	<b>92900</b>	<b>Anaesthesia – General Anaesthesia Or Deep Sedation, Unusual Time and Responsibility</b>		
	92901	Management of patient with BMI 35 or above, in addition to code series 92200 or 92300		I.C.
<b>93000</b>		<b>PROFESSIONAL CONSULTATIONS</b> <b>(diagnostic services provided by dentist other than practitioner providing treatment)</b>		
<b>93100</b>		<b>PROFESSIONAL COMMUNICATIONS</b>		
	<b>93110</b>	<b>Consultation with Member of the Profession or other Healthcare Providers, in or out of the office</b>		
	93111	One unit of time	+E	92.33
	93112	Two units	+E	184.69
	93119	Each additional unit over two	+E	92.33
	<b>93120</b>	<b>Dental Legal Letters, Reports and Opinions</b>		

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	93121	A dental-legal report - a short factually written or verbal communication given to any lay person (e.g. lawyer, insurance representative, local, municipal or government agency, etc.) in relation to the patient with prior patient approval.		75.50
			to	151.00
	93122	A dental-legal report - a comprehensive written report with patient approval, on systems, 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.		151.00
			to	301.99
	93123	A dental-legal opinion - a comprehensive written report primarily in the field of expert opinion. The report may be an opinion regarding the possible course of events (when these cannot be determined factually), with possible long term consequences and complications in the development of the conditions. The report will require expert knowledge and judgment with respect to the facts leading to a detailed prognosis.		I.C.
<b>93130</b>		<b>Consultation And/Or Participation During Autopsy (other than forensic)</b>		
	93131	One unit of time	+E	99.29
	93132	Two units	+E	198.56
	93139	Each additional unit over two		99.29
<b>93300</b>		<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		26.74
<b>93310</b>		<b>For Extraordinary Time Spent In Relation To Claim Forms/Treatment Plan Forms, The Claim Problem Of The Patient Or Processing Of Payments</b>		
	93311	One unit of time	+E	87.81
	93312	Two units	+E	175.63
	93318	Zero units	+E	NO FEE
	93319	Each additional unit over two		87.81
<b>93320</b>		<b>For Extraordinary office Time Spent, In Forwarding Predetermination Records, In Predetermination Situations, To Third Parties Plus Expenses (i.e. registration, postage, etc.)</b>		
	93321	One unit of time	+E	23.32
	93322	Two units	+E	46.64
	93329	Each additional unit over two		23.32
<b>93330</b>		<b>Payment For Orthodontic Treatment In Progress</b>		
	93331	Payment/Installment for treatment in progress		I.C.
	93332	Monthly payment/Installments for treatment in progress		I.C.
	93333	Quarterly payment/installment for treatment in progress		I.C.
	93334	One time appliance		I.C.
<b>94000</b>		<b>PROFESSIONAL VISITS</b>		
<b>94100</b>		<b>HOUSE CALLS</b>		
	94101	House Call, Non Emergency Visit (in addition to procedures performed)		95.70
	94102	House Call, Emergency Visit, when one must immediately leave home, office or hospital (in addition to procedures performed)		191.42
<b>94300</b>		<b>OFFICE OR INSTITUTIONAL VISITS</b>		

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		94301	Office (of another professional) or Institutional Visit, During Regular Scheduled Office Hours (in addition to services performed)	79.28
		94302	Office or Institutional Visit Unscheduled, After Regular Scheduled Office Hours (in addition to services performed)	98.13
		94303	Missed or Canceled Appointment, with Insufficient Notice, During Regular Scheduled Office Hours	50.25
		94304	Missed or Canceled Appointment with insufficient Notice, being a Special Appointment Outside Regular Scheduled Office Hours	83.42
				to 350.39
		94305	Traveling Expenses	I.C.
		94306	Professional Visits Out of Office, plus actual services performed + E, (out of pocket expenses, etc.)	+E 148.46
<b>94400</b>			<b>COURT APPEARANCE AND/OR PREPARATION</b>	
	<b>94410</b>		<b>Preparation As An Expert Witness</b>	
		94411	One unit of time	I.C.
		94412	Two units	I.C.
		94413	Three units	I.C.
		94414	Four units	I.C.
		94419	Each additional unit over four	I.C.
	<b>94420</b>		<b>Cost Appearance As An Expert Witness</b>	
		94421	One half day	I.C.
		94422	Full day	I.C.
<b>95000</b>			<b>FORENSIC DENTAL SERVICES</b>	
<b>95100</b>			<b>FORENSIC SERVICES, MISCELLANEOUS</b>	
		95101	Identification - opinion as an expert assisting in civil or criminal cases	+E 438.92 per hour
		95102	Full or Part Time Participation in Civil Disaster	+E 2,413.12 per diem
		95104	Written Odontology Report	+E 47.01 to 506.42
		95105	Post Mortem Examination of Tissues in Forensic Cases (non-identification)	I.C.
		95106	Management of Oral Disease or Abnormality	83.42 to 175.18
<b>95200</b>			<b>IDENTIFICATION SYSTEMS</b>	
		95201	Identification Disk System, Acid Etch/Bonded	+L 79.28
<b>96000</b>			<b>DRUGS/MEDICATION, DISPENSING</b>	
<b>96100</b>			<b>PRESCRIPTIONS</b>	
		96101	Prescription, Emergency	36.12
		96102	Emergency Dispensing of One or Two Doses of a Therapeutic Drug, plus Giving a Written Prescription	+E 49.17
		96103	Dispensing, Non Emergency (e.g. fluorides, vitamins, other drugs/medications)	+E 39.58
<b>96200</b>			<b>INJECTIONS, THERAPEUTIC</b>	
		96201	Intramuscular Drug Injection	+E 53.09
		96202	Intravenous Drug Injection	+E 53.09
		96203	Intralesional Delivery (Intra-articular Injections - see 78600)	+E 53.09

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<b>96300</b>			<b>INJECTIONS AESTHETIC – ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) (Note “units” refers to a drug dosage)</b>	
		96301	Injections of neuromodulator, aesthetic 1 to 5 units	+E I.C.
		96302	Injections of neuromodulator, aesthetic 6 to 10 units	+E I.C.
		96303	Injections of neuromodulator, aesthetic 11 to 20 units	+E I.C.
		96304	Injections of neuromodulator, aesthetic 21 to 30 units	+E I.C.
		96305	Injections of neuromodulator, aesthetic 31 to 40 units	+E I.C.
		96306	Injections of neuromodulator, aesthetic 41 to 50 units	+E I.C.
		96307	Injections of neuromodulator, aesthetic 51 to 60 units	+E I.C.
		96308	Injections of neuromodulator, aesthetic 61 to 70 units	+E I.C.
		96309	Injections of neuromodulator, aesthetic more than 70 units	+E I.C.
<b>96400</b>			<b>INJECTIONS AESTHETIC – ADMINISTRATION OF AESTHETIC DERMAL FILLERS</b>	
		96401	Aesthetic dermal filler first syringe	+E I.C.
		96409	Aesthetic dermal filler subsequent syringe (use once for each syringe)	+E I.C.
<b>97000</b>			<b>BLEACHING, VITAL</b>	
	<b>97110</b>		<b>Bleaching, Vital, In Office</b>	
		97111	One unit of time	87.60
		97112	Two units	175.18
		97113	Three units	262.80
		97119	Each additional unit over three	87.60
	<b>97120</b>		<b>Bleaching, Vital Home (Includes The Fabrication Of Bleaching Trays, Dispensing The System and Follow-up Care)</b>	
		97121	Maxillary Arch	+L and/or +E 250.29
		97122	Mandibular Arch	+L and/or +E 250.29
	<b>97130</b>		<b>Micro-Abrasion</b>	
		97131	One unit of time	79.27
		97132	Two units of time	158.54
		97133	Three units of time	237.82
		97134	Four units of time	317.08
		97139	Each additional unit over four	79.27
<b>98000</b>			<b>COUNSELING</b>	
	<b>98100</b>		<b>TOBACCO OR CANNABIS-USE CESSATION SERVICES To include: identifying patients who use tobacco or cannabis, informing patients of oral health consequences associated with tobacco or cannabis; advising tobacco or cannabis users to quit; provide appropriate self-help material; and discuss treatment options.</b>	
		98101	One unit of time	+E 79.27
		98102	Two units of time	+E 158.54
		98109	Each additional unit of time	+E 79.27
<b>99000</b>			<b>LABORATORY, EXPENSE AND PROFESSIONAL SERVICE PROCEDURES</b>	
			(This code is used in conjunction with the "+L" and "+E" and "+P.S." 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.)	

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			When filling out the third party claim forms, these codes must follow immediately after the corresponding dental procedure code carried out by the dentist, so as to correlate the lab expenses with the correct procedures.	
		99111	"+L" Commercial Laboratory Procedures (A commercial laboratory is defined as an independent business which performs laboratory services and bills the dental practices for these services on a case by case basis)	+L
		99222	"+L" For oral pathology biopsy services when provided in relation to surgical services from the 30000, 40000, or 70000 code services.	+L
		99333	"+L" In-Office Laboratory Procedures (An in-office laboratory is defined as a laboratory service(s) performed within the same business entity).	+L
		99555	"+E" Additional Expense of Materials	+E
		99777	"+P.S." Charges for professional services billed to the dentist and passed through to the patient.	+P.S.