

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	T C
8772	Submucosal connective tissue autograft (isolated procedure)	05.02	416.50 (365.40)	624.70 (548.00)		624.70 (548.00)					A
8995	Gingivectomy - per jaw	06.03	591.10 (518.50)	886.80 (777.90)					M	+L	S
	See also codes 8741 and 8743.										
NON-SURGICAL PERIODONTAL SERVICES											
8723	Provisional splinting - extracoronal (wire) - per sextant	05.02	141.80 (124.40)			212.60 (186.50)	212.60 (186.50)		M	+L	A
8725	Provisional splinting - extracoronal (wire plus resin) - per sextant	05.02	205.70 (180.40)			308.60 (270.70)	308.60 (270.70)		M	+L	A
8727	Provisional splinting - intracoronal - per tooth	06.03	64.60 (56.70)			97.00 (85.10)	97.00 (85.10)		T	+L	A
	Include intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint										
8737	Root planing - four or more teeth per quadrant	06.03	305.80 (268.20)			414.90 (363.90)			Q		A
	A procedure that smooths the surface of a root by removing abnormal toxic cementum or dentin that is rough, contaminated, or permeated with calculus. May include a subgingival curettage (controversial procedure). When this periodontal procedure extends over the midline, report a combination of procedure codes 8737 and 8739, as appropriate. Other separate procedures including, but not limited to a comprehensive oral evaluation (8102) or periodontal screening (8176) and diagnostic radiographs (8107/8108), are a prerequisite to reporting Code 8737. Should not be reported concurrent with Codes 8159, 8160, 8179 or 8180.										
8739	Root planing - one to three teeth per quadrant	06.03	243.40 (213.50)			331.00 (290.40)			Q		A
	See code 8737.										
8773	Cost of intrapocket chemotherapeutic agent	06.03	-			-					
	Used to report intrapocket chemotherapeutic agents provided by the practitioner. See Rule 002 and Modifier 8025 for direct material costs.										
OTHER PERIODONTAL SERVICES											
8768	Unlisted periodontal procedure	04.00	242.50 (212.70)			363.70 (319.00)			T		A
8787	Unlisted oral medicine procedure	04.00	87.00 (76.30)			130.50 (114.50)					S
F. REMOVABLE PROSTHODONTICS											
	The branch of prosthodontics concerned with the replacement of teeth by artificial substitutes that is readily removable. Removable prosthodontic services include routine post-operative care.										06.03
COMPLETE DENTURES											
8231	Complete dentures - maxillary and mandibular	06.03	1232.60 (1081.20)				2573.40 (2257.40)		M	+L	B
	Inclusive of soft bases or metal bases, where applicable.										
8232	Complete denture - maxillary or mandibular	06.03	759.90 (666.60)				1800.50 (1579.40)		M	+L	B
	Inclusive of soft bases or metal bases, where applicable.										

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8244	Immediate denture - maxillary	06.03	759.90 (666.60)				1139.90 (999.90)			+L	
	A removable complete denture constructed for placement immediately after removal of the remaining natural teeth. This procedure includes limited follow-up care only and excludes subsequent rebasing/relining procedure(s) and/or the replacement with new complete denture. See interim prosthesis for immediate and/or provisional partial dentures.										
8245	Immediate denture - mandibular	06.03	759.90 (666.60)				1139.90 (999.90)			+L	
	See 8244 descriptor.										
8643	Complete dentures - maxillary and mandibular (with complications)	04.00					3339.80 (2929.60)			+L	B
8645	Complete dentures - maxillary and mandibular (with major complications)	04.00					4108.10 (3603.60)			+L	B
8649	Complete denture - maxillary or mandibular (with complications)	05.02					2055.00 (1802.60)		M	+L	B
8651	Complete denture - maxillary or mandibular (with major complications)	05.02					2311.40 (2027.50)		M	+L	B
PARTIAL DENTURES											
8233	Partial denture - resin base - one tooth	05.02	353.30 (309.90)							M	+L B
8234	Partial denture - resin base - two teeth	05.02	353.30 (309.90)							M	+L B
8235	Partial denture - resin base - three teeth	05.02	528.70 (463.80)							M	+L B
8236	Partial denture - resin base - four teeth	05.02	528.70 (463.80)							M	+L B
8237	Partial denture - resin base - five teeth	05.02	528.70 (463.80)							M	+L B
8238	Partial denture - resin base - six teeth	05.02	701.20 (615.10)							M	+L B
8239	Partial denture - resin base - seven teeth	05.02	701.20 (615.10)							M	+L B
8240	Partial denture - resin base - eight teeth	05.02	701.20 (615.10)							M	+L B
8241	Partial denture - resin base - nine or more teeth	05.02	701.20 (615.10)							M	+L B
8281	Partial denture - cast metal framework only	06.03	824.30 (723.10)							M	+L A
	The procedure refers to the metal framework only, and includes all clasps, rests and bars (i.e., 8251, 8253, 8255 and 8257). See codes 8233 to 8241 for the resin denture base required concurrently with 8281.										
8671	Partial denture - cast metal framework with resin denture base	06.03					2055.00 (1802.60)			M	+L A
	See also GDP Code 8281.										

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ADJUSTMENTS TO DENTURES											
8275	Adjust complete or partial denture After six months or for patient of another practitioner.	06.03	56.00 (49.10)				56.00 (49.10)				B
8662	Adjust complete or partial dentures (remounting)	04.00	197.80 (173.50)				296.60 (260.20)			+L	B
REPAIRS TO DENTURES											
	Professional fees should not be levied for the repair of dentures/intra-oral appliances if the practitioner did not examine the patient. Laboratory costs, however, may be recovered.										06.03
8269	Repair denture or other intra-oral appliance See code 8273 (Impression to repair/modify a denture)	06.03	97.00 (85.10)				104.40 (91.60)		M	+L	B
8270	Add clasp to existing partial denture One or more clasps. Code 8270 may be reported in addition to code 8269. See code 8273 (Impression to repair/modify a denture).	06.03	69.90 (61.30)						M	+L	B
8271	Add tooth to existing partial denture One or more teeth. Code 8271 may be reported in addition to code 8269. See code 8273 (Impression to repair/modify a denture).	06.03	69.90 (61.30)						M	+L	B
8273	Impression to repair or modify a denture or other intra-oral appliance May be reported in addition to the appropriate code in this subsection when an impression is required. Includes any number of impressions.	06.03	56.00 (49.10)				56.00 (49.10)			+L	B
DENTURE REBASE PROCEDURES											
	Rebase - The partial or complete removal and replacement of the denture base.										06.03
8259	Rebase complete or partial denture (laboratory)	05.02	288.10 (252.70)				415.80 (364.70)		M	+L	B
8261	Remodel complete or partial denture	05.02	462.50 (405.70)						M	+L	B
DENTURE RELINE PROCEDURES											
	Reline - The addition of material to the fitting surface of a denture base.										06.03
8263	Reline complete or partial denture (chair-side)	05.02	182.80 (160.40)				228.40 (200.40)		M		B
8267	Reline complete or partial denture (laboratory) This procedure is intended to be used for the relining of existing dentures and should not be reported concurrently with codes 8231 to 8241. See code 8243 (soft base to new denture).	06.03	420.60 (368.90)				420.60 (368.90)		M	+L	B
INTERIM DENTURES											
	Also known as provisional, temporary, or transitional dentures. Provisional dentures are used for a limited period of time for reasons of aesthetics, function or occlusal support, after which it is replaced by a more definitive prosthesis.										06.03
8658	Interim complete denture See code 8659 for descriptor.	06.03	759.90 (666.60)				1139.80 (999.80)		M	+L	B
8659	Interim partial denture	06.03	607.90 (533.20)				911.80 (799.80)		M	+L	B

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	May be used to submit the use of a flipper (stayplate). A stayplate is an acrylic partial, with or without wire clasps, that replaces one or more teeth usually temporary in nature. Includes any necessary clasps and rests. This code should not be used in lieu of space maintainers.										
8661	Diagnostic dentures (including tissue conditioning)	06.03					2055.00 (1802.60)			+L	A
	See also codes 8658, 8659 and 8265.										
OTHER REMOVABLE PROSTHETIC PROCEDURES											
8251	Clasp or rest - cast gold	06.03	69.90 (61.30)							+L	A
	Codes 8251, 8253, 8255 and 8257 may not be levied concurrently with codes 8169 (occlusal orthotic device), 8175 (space maintainer), 8269 (repair of denture) or 8281 (metal framework).										
8253	Clasp or rest - wrought gold	06.03	69.90 (61.30)							+L	B
	See code 8251 descriptor.										
8255	Clasp or rest - stainless steel	06.03	73.60 (64.60)							+L	B
	See code 8251 descriptor.										
8257	Bar - lingual or palatal	06.03	86.70 (76.10)						M	+L	B
	See code 8251 descriptor.										
8265	Tissues conditioning per arch (including soft self-cure reline)	05.02	119.40 (104.70)				152.90 (134.10)		M		B
8277	Inlay in denture	06.03								+L	A
	Limitation: Benefits by arrangement.										
8597	Locks and milled rests	04.00	69.60 (61.10)				104.40 (91.60)		T	+L	A
8599	Precision attachment (removable denture)	06.03	169.60 (148.80)				254.50 (223.20)		M	+L	A
	Each set of male and female components should be reported as one precision attachment. Includes semi-precision attachments.										
8652	Overdenture - complete	06.04	1369.90 (1201.70)				2055.00 (1802.60)		M	+L	B
	Other separate procedures may be required concurrent to 8652.										
8653	Overdenture - partial	06.04	1095.90 (961.30)				1644.00 (1442.10)		M	+L	B
	Other separate procedures may be required concurrent to 8653.										
8657	Replacement of precision attachment	06.03	97.00 (85.10)				104.40 (91.60)		M	+L	A
	This procedure involves the replacement of the replaceable part (male for female component) of a semi-precision or precision attachment. Report per denture.										
8663	Metal base to complete denture	06.03	412.70 (362.00)				619.10 (543.10)		M	+L	A
	E.g. chrome cobalt, gold, etc.										
8664	Remount crown or bridge for prosthetics	04.00	197.80 (173.50)				309.80 (271.80)				A

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8667	Soft base to denture (heat cured)	05.02	412.70 (362.00)				619.10 (543.10)		M	+L	B
8672	Altered cast technique (in addition to partial denture)	05.02	52.90 (46.40)				79.30 (69.60)		M	+L	B
8674	Additive partial denture	05.02	621.60 (545.30)				932.40 (817.90)		M	+L	B
G.	MAXILLO-FACIAL PROSTHETICS										
	The branch of prosthodontics concerned with the restoration of stomatognathic and associated facial structures that have been affected by disease, injury, surgery or congenital defect. Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Schedule plus the fee/benefit indicated										06.03
MAXILLIARY PROSTHESIS											
9101	Obturator prosthesis, surgical - modified denture	04.00	102.00 (89.50)				152.90 (134.10)			+L	
9102	Obturator prosthesis, surgical - continuous base	04.00	276.50 (242.50)				414.90 (363.90)			+L	
9103	Obturator prosthesis, surgical - split base	04.00	412.10 (361.50)				618.20 (542.30)			+L	
9104	Obturator prosthesis, interim - on existing denture	04.00	621.60 (545.30)				932.40 (817.90)			+L	
9105	Obturator prosthesis, interim - on new denture	04.00	1919.60 (1683.90)				2879.30 (2525.70)			+L	
9106	Obturator prosthesis, definitive - open/hollow box	04.00	621.60 (545.30)				932.40 (817.90)			+D	
9107	Obturator prosthesis, definitive - silicone glove	04.00	1200.30 (1052.90)				1800.50 (1579.40)			+D	
MANDIBULAR RESECTION PROSTHESES											
9108	Mandibular resection prosthesis w/ guide flange	04.00	1474.50 (1293.40)				2211.60 (1940.00)			+L	
9109	Mandibular resection prosthesis w/o guide flange	04.00	1369.90 (1201.70)				2055.00 (1802.60)			+L	
9110	Mandibular resection prosthesis, palatal augmentation	04.00	276.50 (242.50)				414.90 (363.90)			+D	
GLOSSAL RESECTION PROSTHESES											
9111	Glossal resection prosthesis - simple	04.00	576.80 (506.00)				865.30 (759.00)			+D	
9112	Glossal resection prosthesis - complex	04.00	864.10 (758.00)				1296.10 (1136.90)			+D	
RADIOTHERAPY APPLIANCES											
9113	Radiation carrier - simple	04.00	621.60 (545.30)				932.40 (817.90)			+L	
9114	Radiation carrier - complex	04.00	1715.60 (1504.90)				2573.50 (2257.50)			+L	
9115	Radiation shield - simple	04.00	621.60 (545.30)				932.40 (817.90)			+L	
9116	Radiation shield - complex	04.00	1715.60 (1504.90)				2573.50 (2257.50)			+L	

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9117	Radiation cone locator	04.00	621.60 (545.30)				932.40 (817.90)			+L	
CHEMOTHERAPY APPLIANCES											
9118	Chemotherapeutic agent carrier	04.00	621.60 (545.30)				932.40 (817.90)			+L	
CLEFT PALATE PROSTHESES											
8855	Consultation - cleft palate therapy (house or hospital)	04.00	141.80 (124.40)		212.60 (186.50)		212.60 (186.50)				S
8856	Consultation - cleft palate (subsequent)	04.00	69.60 (61.10)		104.40 (91.60)		104.40 (91.60)				S
8857	Consultation - cleft palate (maximum)	04.00	484.20 (424.70)		726.30 (637.10)		726.30 (637.10)				S
NEONATAL PROSTHESES											
9119	Feeding aid prosthesis, neonatal	04.00	550.20 (482.60)		825.20 (723.90)		825.20 (723.90)			+L	S
9120	Orthopaedic appliance, active presurgical - minor	04.00	550.20 (482.60)		825.20 (723.90)		825.20 (723.90)			+L	S
9121	Orthopaedic appliance, active presurgical - moderate	04.00	814.20 (714.20)		1221.40 (1071.40)		1221.40 (1071.40)			+L	S
9122	Orthopaedic appliance, active presurgical - severe	04.00	1369.90 (1201.70)		2055.00 (1802.60)		2055.00 (1802.60)			+L	S
9123	Orthopaedic appliance, active presurgical - modification	04.00	69.60 (61.10)		104.40 (91.60)		104.40 (91.60)				S
INTERMEDIATE/DEFINITIVE PROSTHESES											
9125	Speech aid/obturator prosthesis - palatal alteration	04.00	277.20 (243.20)				415.80 (364.70)			+D	
9126	Speech aid/obturator prosthesis - velar alteration	04.00	621.60 (545.30)				932.40 (817.90)			+D	
9127	Speech aid/obturator prosthesis - pharyngeal alteration	04.00	1369.90 (1201.70)				2055.00 (1802.60)			+D	
9128	Speech aid/obturator prosthesis - modification	04.00	69.60 (61.10)				104.40 (91.60)				
9129	Speech aid/obturator prosthesis - surgical	04.00	550.20 (482.60)				825.20 (723.90)			+L	
SPEECH APPLIANCES											
9130	Speech aid appliance - palatal lift	04.00	276.50 (242.50)				414.90 (363.90)			+D	
9131	Speech aid appliance - palatal stimulating	04.00	621.60 (545.30)				932.40 (817.90)			+D	
9132	Speech aid appliance - bulb	04.00	1369.90 (1201.70)				2055.00 (1802.60)			+D	
9133	Speech aid appliance - modification	04.00	69.60 (61.10)				104.40 (91.60)				
9134	Unspecified speech aid appliance	04.00	-				-			+L	

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EXTRA-ORAL APPLIANCES											
9135	Auricular prosthesis - simple	04.00	1715.60 (1504.90)				2573.50 (2257.50)			+L	
9136	Auricular prosthesis - complex	04.00	2238.40 (1963.50)				3339.80 (2929.60)			+L	
9137	Nasal prosthesis - simple	04.00	1715.60 (1504.90)				2573.50 (2257.50)			+L	
9138	Nasal prosthesis - complex	04.00	2238.40 (1963.50)				3339.80 (2929.60)			+L	
9139	Ocular prosthesis - interim	04.00	621.60 (545.30)				932.40 (817.90)			+L	
9140	Ocular prosthesis - modified stock appliance	04.00	1542.10 (1352.70)				2313.20 (2029.10)			+L	
9141	Ocular prosthesis - custom appliance	04.00	2238.40 (1963.50)				3339.80 (2929.60)			+L	
9142	Orbital prosthesis - simple	04.00	1542.10 (1352.70)				2313.20 (2029.10)			+L	
9143	Orbital prosthesis - complex	04.00	2238.40 (1963.50)				3339.80 (2929.60)			+L	
9144	Facial prosthesis, combination - small	04.00									
9145	Facial prosthesis, combination - medium	04.00									
9146	Facial prosthesis, combination - large	04.00									
9147	Facial prosthesis, combination - complex	04.00									
9148	Unspecified body prosthesis - simple	04.00	1542.10 (1352.70)				2313.20 (2029.10)			+L	
9149	Unspecified body prosthesis - complex	04.00	2238.40 (1963.50)				3339.80 (2929.60)			+L	
9150	Facial prosthesis, surgical - simple	04.00	1200.30 (1052.90)				1800.50 (1579.40)			+L	
9151	Facial prosthesis, surgical - complex	04.00	1542.10 (1352.70)				2313.20 (2029.10)			+L	
9152	Extraoral appliance - additional prosthesis	04.00								+L	
9153	Extraoral appliance - replacement prosthesis	04.00								+L	
9155	Cranial prosthesis	04.00	621.60 (545.30)				932.40 (817.90)			+L	
CUSTOM IMPLANTS											
9156	Cranial implant prosthesis, custom made	04.00	750.30 (658.20)				1125.40 (987.20)			+L	
9157	Facial implant prosthesis, custom made - simple	04.00	374.80 (328.80)				562.20 (493.20)			+L	
9158	Facial implant prosthesis, custom made - complex	04.00	750.30 (658.20)				1125.40 (987.20)			+L	
9159	Ocular implant prosthesis, custom made	04.00	374.80 (328.80)				562.20 (493.20)			+L	

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9160	Body implant prosthesis - custom made	04.00	1668.40 (1463.50)				2502.60 (2195.30)			+L		
SURGICAL APPLIANCES												
9161	Surgical splint - simple	04.00	169.60 (148.80)				254.50 (223.20)			+L		
9162	Surgical splint - complex	04.00	621.60 (545.30)				932.40 (817.90)			+L		
9163	Surgical template - simple	04.00	169.60 (148.80)				254.50 (223.20)			+L		
9164	Surgical template - complex	04.00	621.60 (545.30)				932.40 (817.90)			+L		
9165	Surgical conformer - simple	04.00	169.60 (148.80)				254.50 (223.20)			+L		
9166	Surgical conformer - complex	04.00	621.60 (545.30)				932.40 (817.90)			+L		
TRISMUS APPLIANCES												
9167	Trismus appliance (simple)	04.00	69.60 (61.10)				104.40 (91.60)			+L		
9168	Trismus appliance (complex)	04.00	621.60 (545.30)				932.40 (817.90)			+L		
9169	Orthoses appliance	04.00	1369.90 (1201.70)				2055.00 (1802.60)			+L		
9170	Facial palsy appliance	04.00	412.10 (361.50)				618.20 (542.30)			+D		
9171	Commissure splint	04.00	169.60 (148.80)				254.50 (223.20)			+L		
9172	Oral retractor, dynamic - per arm	04.00	169.60 (148.80)				254.50 (223.20)			+L		
9173	Hand splint	05.02								+L		
9174	Unspecified burn appliance	05.02								+L		
ATTENDANCE IN THEATRE												
9175	Theatre attendance (MaxFac prosthod) /hour	04.00	229.30 (201.10)				344.00 (301.80)					
H. IMPLANT SERVICES												
	Services/procedures concerned with the surgical insertion of materials and devices into, onto and about the jaws and oral cavity for purposes of oral maxillofacial or oral occlusal rehabilitation or cosmetic corrections.										06.03	
SURGICAL IMPLANT PROCEDURES												
	The codes in this subsection are intended to report surgical procedures for the placement of implants to be used as prosthetic abutments. The surgical phase includes all procedures concerned with placing the implant into or onto the bone and preparation for the prosthetic phase.										06.03	
9180	Surgical placement of sub-periosteal implant - preparatory stage	05.02	1005.70 (882.20)	1508.70 (1323.40)						M		S
9181	Surgical placement of sub-periosteal implant - placement stage	05.02	1005.70 (882.20)	1508.70 (1323.40)						M	+L	S
9182	Surgical placement of endosteal implant plate	04.00	503.50 (441.70)	755.20 (662.50)			755.20 (662.50)				+L	S

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9183	Surgical placement of endosteal implant - first per jaw	06.03	708.70 (621.70)	963.20 (844.90)		963.20 (844.90)			T	+M	S
	Also known as a root form implant; endosseus or an osseo-integrated implant. This procedure involves (1) the surgical placement of a one stage and/or the first stage of a two stage surgery endosteal implant (fixture) and (2) the placement of a healing abutment/cap (when appropriate). Code 9183 includes the surgical placement of a one-piece endosteal implant (incorporating both the implant and integral fixed abutment) and should also be used to report the placement of an endosteal plate form implant. In such instances laboratory fees applies. See code 9190 hereunder for second stage surgery and code 9187 located in the "Other implant services" section to report the cost of the endosteal implant body.										
9184	Surgical placement of endosteal implant - second per jaw	05.02	530.50 (465.40)	722.60 (633.90)		722.60 (633.90)			T	+M	S
9185	Surgical placement of endosteal implant - third and subsequent per jaw	05.02	355.20 (311.60)	484.00 (424.60)		484.00 (424.60)			T	+M	S
9190	Surgical placement of abutment - first per jaw	06.03	262.90 (230.60)	356.10 (312.40)		356.10 (312.40)	356.10 (312.40)		T	+M	S
	This procedure involves the (1) surgical re-exposure (uncovery or second stage surgery) of that portion of the submerged endosteal implant that receives the attachment device, and (2) the connection of a healing abutment or temporary prosthesis. This is usually done after the implant has matured in the bone for several months. The purpose of a healing abutment or collar is to create an emergence profile in the gum tissues for the future implant crown. Some implants are designed to remain exposed in the mouth right after they are placed, abolishing an uncovery procedure. Report codes 8578 or 8579 (in the prosthodontists' code list) for the placement of the final abutment to permit fabrication of a dental prosthesis in addition to this code. See Codes 9188 and 9189 located in the "Other implant services" section to submit the cost of other implant components.										
9191	Surgical placement of abutment - second per jaw	05.02	197.60 (173.30)	267.70 (234.80)		267.70 (234.80)	267.70 (234.80)		T	+M	S
9192	Surgical placement of abutment - third and subsequent per jaw	05.02	132.40 (116.10)	180.00 (157.90)		180.00 (157.90)	180.00 (157.90)		T	+M	S
IMPLANT SUPPORTED PROSTHETICS											
	Services/procedures concerned with the construction and placement of fixed or removable prosthesis on any implant device. Prosthetic devices which are not listed in this subsection should be reported using existing fixed or removable prosthetic codes.										06.03
Abutments and Bars											
	These codes are intended to report the placement of final restorations and should not be used to report the placement of temporary/provisional components e.g., healing abutments/collars, temporary abutments, caps, cylinders, etc. Abutments as part of one-piece endosteal implants (incorporating both the implant and integral fixed abutment) are considered being part of the implant body and should not be reported in addition to the surgical placement of the implant. See Codes 9187 to 9189 located in the "Other implant services" section to submit the cost of implant components.										06.03
8584	Connector bar - implant supported	06.03	1369.90 (1201.70)				2055.00 (1802.60)				

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	T C
	Any bar that connects two or more implants to stabilise and anchor removable overdentures or fixed-detachable dentures. Report code 8578 (prefabricated abutment) for implant abutments separated from connecting bar (bar attachment) and code 8579 (custom abutment) for implant abutments as part of connecting bar in addition to this code. Includes attachments that are inserted in the denture for holding onto the bar. Use to report Preci Bar (Dolder) System attached to implant abutments. When the prefabricated metal Preci Bar is soldered to prefabricated abutments, report codes 8584 and 8578. When the plastic-wax Preci Bar is cast directly with the abutments, report codes 8584 and 8579.										
8578	Prefabricated abutment	06.03	141.80 (124.40)				212.60 (186.50)				
	A prefabricated connection (abutment/precision attachment) to an implant that serves to support and/or retain any prosthesis or superstructure. Modification of a prefabricated abutment may be necessary. Code 8578 should not be used to report the placement of a healing abutment. See Code 9188 located in the "Other implant services" section to submit the cost of the prefabricated abutment.										
8579	Custom abutment	06.03	646.40 (567.00)				969.70 (850.60)				
	A tailor-made connection to an implant that serves to support and/or retain any prosthesis or superstructure. A custom made abutment is usually manufactured by a dental laboratory using a casting process.										
Removable Dentures											
8533	Implant supported removable complete overdenture	06.03	1369.90 (1201.70)				2055.00 (1802.60)		M	+L	B
	A removable complete denture supported by dental implants to provide improved retention and stability. Overdentures are retained by abutments or bars (attachments) and can be removed by the patient at will. Currently includes acrylic and acrylic with metal base overdentures. A complete overdenture normally requires a minimum of two implants in the mandibula and four in the maxilla for effective support, retention and stability. Report the appropriate mesostructures in addition to this code.										
8534	Implant supported removable partial overdenture	06.03	1095.90 (961.30)				1644.00 (1442.10)		M	+L	B
	See code 8533 for descriptor.										
Fixed-detachable Dentures											
8654	Implant supported fixed-detachable complete overdenture	06.03	1540.90 (1351.70)				2311.40 (2027.50)		M	+L	A

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	T C
	A fixed complete denture supported by dental implants, or abutments placed on implants, to provide improved retention and stability; may be screw retained or cemented and cannot be removed by the patient; also known as a "hybrid prosthesis." Currently includes acrylic and acrylic with metal base fixed dentures. A fixed-detachable complete denture normally requires a minimum of five implants in the mandibula and six in the maxilla for effective support, retention and stability. When abutments are used, report code 8578 (prefabricated abutment) or code 8579 (custom abutment), as appropriate, in addition to this code. When the denture is supported directly on the implant body (no mesostructure or abutments are used), report code 8660 in addition to this code. When the design of the denture includes a metal base, report code 8663 (Metal base to complete denture) in addition to this code.										
8655	Implant supported fixed-detachable partial overdenture	06.03	1232.70 (1081.30)				1583.90 (1389.40)		M	+L	A
	See code 8654 for descriptor.										
8660	Additional fee to implant supported fixed-detachable denture - per implant	06.03	212.60 (186.50)				212.60 (186.50)		T		A
	This code may be reported when an implant supported fixed denture is attached to an implant body (no mesostructure or abutments are used). Report per implant and identify the position (replaced tooth's number) of the implant(s). May only be used in conjunction with codes 8654 and 8655.										
Crowns - Single Restorations											
8536	Crown - implant/abutment supported - porcelain/ceramic	06.03	1132.80 (993.70)				1498.30 (1314.30)		T	+L	A
	An artificial crown that is retained, supported, and stabilised by an implant or abutment on an implant; may be screw retained or cemented.										
8537	Crown - implant/abutment supported - porcelain with metal	05.02	1132.80 (993.70)				1498.30 (1314.30)		T	+L	A
8538	Crown - implant/abutment supported - cast metal	05.02	1132.80 (993.70)				1498.30 (1314.30)		T	+L	A
8592	Crown - implant/abutment supported	06.03					1498.30 (1314.30)		T	+L	A
	An artificial crown that is retained, supported, and stabilised by an implant or an abutment on an implant; may be screw retained or cemented. See also codes 8536, 8537 and 8538.										
Bridge Retainers - Crowns											
8546	Crown retainer - implant/abutment supported - porcelain/ceramic	06.03	1132.80 (993.70)				1498.30 (1314.30)		T	+L	A
	A crown attaching a pontic(s) that is retained, supported, and stabilised by an implant or an abutment on an implant; may be screw retained or cemented.										
8547	Crown retainer - implant/abutment supported - porcelain with metal	05.02	1132.80 (993.70)				1498.30 (1314.30)		T	+L	A
8548	Crown retainer - implant/abutment supported - cast metal	05.02	1132.80 (993.70)				1498.30 (1314.30)		T	+L	A
OTHER IMPLANT SERVICES											
8590	Implant maintenance procedures - per implant	06.03	62.70 (55.00)				94.20 (82.60)		T		A

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	M Lab P	T C
8594	This procedure involves the (1) removal of the superstructure(s), cleansing and reinsertion; (2) active deposit removal (debriding) of the implant; (3) examination of all aspects of the implant system (peri-implant and prosthetic evaluation, including the occlusion and stability of the superstructure); and (4) patient home care reinforcement and modification. Report per implant and identify the position of the implant (replaced tooth's number) from which the superstructure has been removed. This procedure involves the maintenance of the implant and should not be reported when the superstructure is not removed. See code 8159 (prophylaxis - complete dentition) in the "Preventive Section". The procedure also involves patient home care reinforcement and modification, and codes 8151 (Oral hygiene instructions) or code 8153 (Oral hygiene instructions - each additional visit) should not be reported with this code. Radiographs, when indicated, may be reported in addition to this code (usually at each three months recall visit for the first year and annually thereafter). Repair of implant supported prosthesis	06.03	69.60 (61.10)				104.40 (91.60)			
8595	Use this code to report the repair or replacement of any part of the implant supported prosthesis. See Codes 9189 to submit the cost of implant components (e.g. replacement clips). Repair of implant abutment	06.03	69.60 (61.10)				104.40 (91.60)			
8600	Use this code to report the repair or replacement of any part of the implant abutment. See code 9189 to submit the cost of implant abutment and code 9189 to submit the cost of implant components (e.g. abutment screw). Cost of implant components	06.03								S
9187	Cost of endosteal implant body Comment: See Rule 002 and Modifier 8025 for direct material costs. Report both code 9187 and Modifier 8025 per implant body. Cost of prefabricated abutment	06.03								S
9188	Comment: See Rule 002 and Modifier 8025 for direct material costs. Report both code 9187 and Modifier 8025 per implant abutment. Cost of other implant components	06.03								S
9189	Use this code to report all other implant components (implant fixtures and abutments excluded) which are a component part of the definite implant/implant prosthesis system. Comment: See Rule 002 and Modifier 8025 for direct material costs. Report both code 9189 and Modifier 8025 per component.	06.03								S
9198	Surgical removal of implant	06.03	327.60 (287.40)	491.40 (431.10)			491.40 (431.10)		T	S
I.	This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure. FIXED PROSTHODONTICS The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial substitutes that are not readily removable. A pontic is that part of a bridge which replaces a missing tooth or teeth. Each retainer and each pontic constitutes a unit in a bridge. Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused to metal retainers and pontics. Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or pressure-cured resin materials. Metal components include structures manufactured by means of conventional casting and/or electroforming.									06.03

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthetics	Oral Pathology	M P	Lab	T C
PONTS											
Comment: Codes 8415, 8416, 8417 and 8418 include ovate pontic designs. The nomenclatures of the pontics have been revised to coincide with the nomenclature used for crowns, which improves accurate record keeping. A similar approach has been followed for crowns and inlays/onlays utilised as bridge retainers.											
8415	Pontic - porcelain/ceramic	05.03	712.40 (624.90)							T +L	A
8416	Pontic - cast metal	05.03	565.90 (496.40)							T +L	A
8417	Pontic - resin with metal	05.03	712.40 (624.90)							T +L	A
8418	Pontic - porcelain fused to metal	05.03	712.40 (624.90)							T +L	A
8419	Provisional pontic	06.03	169.60 (148.80)				254.50 (223.20)			T (+L)	A
8411	Pontic - sanitary	06.03					776.70 (681.30)			T +L	A
8413	Pontic - posterior	06.03					950.20 (833.50)			T +L	A
8415	Pontic - anterior/premolar	06.03					1026.60 (900.50)			T +L	A
See GDP codes 8415 to 8418.											
BRIDGE RETAINERS - INLAYS/ONLAYS											
An inlay/onlay retainer for a bridge that gains retention, support and stability from a tooth. The cusp tip must be overlaid to be considered an onlay. See inlay/onlay restorations in the Restorative Services Section for inlay/onlay retainers.											
8432	Inlay/onlay retainer - metal - two surfaces	05.02	339.40 (297.70)				663.80 (582.30)			T +L	A
8433	Inlay/onlay retainer - metal - three surfaces	05.02	565.90 (496.40)				1029.40 (903.00)			T +L	A
8434	Inlay/onlay retainer - metal - four or more surfaces	05.02	684.40 (600.40)				1029.40 (903.00)			T +L	A
8436	Inlay/onlay retainer - porcelain - two surfaces	05.02	413.00 (362.30)				796.30 (698.50)			T +L	A
8437	Inlay/onlay retainer - porcelain - three surfaces	05.02	680.70 (597.10)				1237.30 (1085.40)			T +L	A
8438	Inlay/onlay retainer - porcelain - four or more surfaces	05.02	824.30 (723.10)				1237.30 (1085.40)			T +L	A
8617	Retainer cast metal (Maryland type retainer)	06.03	339.40 (297.70)				663.80 (582.30)			T +L	A