Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
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	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
	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	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
	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.										
8659	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	MP	Lab	TC
	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 (periimplant 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 pasient home care reinforcement and modification, and codes 8151 (Oral hygine instructions) or code 8153 (Oral hygine 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)										
8594	Repair of implant supported prosthesis	06.03	69.60 (61.10)				104.40 (91.60)				
	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).					-					
8595	Repair of implant abutment	06.03	69.60 (61.10)				104.40 (91.60)				
	Use this code to report the repair or replacement of any part of the implant abutment. See code 9188 to submit the cost of implant abutment and code 9189 to submit the cost of implant components (e.g. abutment screw).										
8600	Cost of implant components	06.03		-		-	-				S
	See Rule 002 and Modifier 8025 for direct material costs. See also codes 9187, 9188 and 9189.										
9187	Cost of endosteal implant body	06.03	-	-		-					S
	Comment: See Rule 002 and Modifier 8025 for direct material costs. Report both code 9187 and Modifier 8025 per implant body.										
9188	Cost of prefabricated abutment	06.03	-								S
	Comment: See Rule 002 and Modifier 8025 for direct material costs. Report both code 9187 and Modifier 8025 per implant abutment.										
9189	Cost of other implant compnts	06.03	-								S
	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.										
9198	Surgical removal of implant	06.03	327.60 (287.40)	491.40 (431.10)		491.40 (431.10)			T		S
	This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure.										
I.	**FIXED PROSTHODONTICS**										
	The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial substitutes that are not readily removable. A prosthetic retainer (e.g., crown/inlay/onlay retainer) in this section is defined as a part of a bridge that attaches a pontic to the abutment tooth. 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

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Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
PONTICS											
	Comment: Codes 8415, 8416, 8417and 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.										06.03
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
	The intented use of a provisional pontic is to allow adequate time (of at least six weeks duration) for healing or completion of other procedures during restorative treatment and should not to be used as a temporary prosthesis for routine bridges. Comment: Code 8410 (Provisional crown) previously included both provisional pontics (code 8419) and provisional crown retainers (code 8447)										
8611	Pontic - sanitary	06.03					776.70 (681.30)		T	+L	A
	See GDP codes 8415 to 8418.										
8613	Pontic - posterior	06.03					950.20 (833.50)		T	+L	A
	See GDP codes 8415 to 8418.										
8615	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 overlayed to be considered an onlay. See inlay/onlay restorations in the Restorative Services Section for inlay/onlay retainers.										06.03
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

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
	Use for Maryland type bridges; Report per retainer; See codes 8415 to 8418 for pontics.										
BRIDGE RETAINERS – CROWNS											
	A crown retainer for a bridge that gains retention, support and stability from a tooth.										06.03
8441	Crown retainer - full cast metal	05.02	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8442	Crown retainer - 3/4 cast metal	05.02	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8443	Crown retainer - porcelain/ceramic	05.02	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8444	Crown retainer - 3/4 porcelain/ceramic	05.02	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8445	Crown retainer - porcelain with metal	05.02	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8446	Crown retainer - resin with metal	05.02	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8447	Provisional crown retainer	06.03	169.60 (148.80)				254.50 (223.20)		T	(+L)	A
	The intended use of a provisional crown retainer is to allow adequate time (of at least six weeks duration) for healing or completion of other procedures during restorative treatment and should not to be used as a temporary prosthesis. Comment: Code 8410 (Provisional crown) previously included both provisional pontics (code 8425) and provisional crown retainers (code 8447).										
OTHER FIXED PROSTHODONTIC PROCEDURES											
	See "other restorative services" for procedures related to fixed prosthesis not listed in this sub-section.										06.03
8514	Recement bridge	06.03	76.40 (67.00)				97.00 (85.10)		T		B
	Use to report the recementation of a permanent inlay-, onlay-, or crown retainer - reported per retainer. May be used to report the recementation of a Maryland bridge. Report code 8133 for the recementation of a single permananet inlay, onlay or crown. Comment: This code may not be used for the recementation of temporary or provisional restorations, which is included as part of the restoration. Previouly code 8133 included the recementation of bridge retainers.										
8516	Remove bridge	06.03	152.00 (133.30)				152.00 (133.30)		T		A
	This procedure involves the removal of a permananet bridge retainer - reported per retainer. Report code 8135 for the removal of a single permananet inlay, onlay or crown. Comment: This code may not be used for the removal of temporary or provisional restorations, which is included as part of the restoration. Previouly code 8135 included the removal of bridge retainers.										
8518	Repair bridge	06.03	169.60 (148.80)				169.60 (148.80)		T	(+L)	A
	This procedure involves the repair or replacement of the face of a permanent crown retainer or pontic. Excludes the removal (8516) and recementation (8514) of the permanent bridge. This code may also be reported for the repair/replacement of a provisional crown retainer (8447) or pontic (8425) after a period of two months. The code may not be used for the repair/replacement of a temporary bridge, which is included as part of the restoration.										

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
8585	Connector bar	06.03	1369.90 (1201.70)				2055.00 (1802.60)		M	+L	A
	Any bar that connects two or more inlay/onlay/crown retainers or pontics to stabilise and anchor removable overdentures. Report the appropriate retainer(s) or pontic(s) in addition to this code. Use to report Preci Bar (Dolder) System attached to inlay/onlay/crown retainers or pontics. Report code 8585 for both the prefabricated metal Preci Bar which is soldered to and plastic-wax Preci Bar which is casted directly with the inlay/onlay/crown retainers or pontics. Report the appropriate retainer(s) or pontic(s) in addition to this code.										
8586	Stress breaker	06.03	511.00 (448.20)				766.50 (672.40)		M	+L	A
	A non-ridgid connector.										
8587	Coping metal	06.03	113.80 (99.80)				212.60 (186.50)		T	+L	A
	A thimble coping may utilise pins for additional retention. Generally used to parallel an abutment tooth for bridge and splints. May be similarly used to parallel an implant abutment where implant bodies are not parallel. A dome-shaped coping is generally used on an endodontically treated abutment tooth for an overdenture.										
J.	**ORAL AND MAXILLO-FACIAL SURGERY**										
	The branch of dentistry using surgery to treat disorders/diseases of the mouth. Surgical procedures include routine postoperative care.										06.03
EXTRACTIONS											
8201	Extraction - tooth or exposed tooth roots (first per quadrant)	06.03	76.40 (67.00)	114.60 (100.50)					T		B
	The removal of an erupted tooth or exposed tooth roots by means of elevators and/or forceps. This includes the routine removal of tooth structure and suturing when necessary. Report per tooth. The removal of more than one exposed root of the same tooth should be reported as one extraction. When a normal extraction fails and residual tooth roots are surgically removed during the same visit, code 8937 should be reported.										
8202	Extraction - each additional tooth or exposed tooth roots	06.03	30.80 (27.00)	46.20 (40.50)					T		B
	To be reported for an additional extraction in the same quadrant at the same visit.										
SURGICAL EXTRACTIONS											
	Report code 8220 when sutures are provided by the practitioner										06.03
8213	Surgical removal of residual roots, first tooth - per tooth	06.03	330.10 (289.60)						T		S
	This procedure requires mucoperiosteal flap elevation with bone removal, removal of tooth roots and closure. Report per tooth. The removal of more than one root of the same tooth should be reported as one surgical removal. A residual root is defined as the remaining root structure following the loss of the major portion (over 75%) of the crown.										
8214	Surgical removal of residual roots, second and subsequent teeth's roots	04.00	254.50 (223.20)						T		S
8937	Surgical removal of tooth	06.03	330.10 (289.60)	445.60 (390.90)					T		S

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
	This procedure requires mucoperiosteal flap elevation with bone removal, removal of the tooth and closure. Use code 8937 for the surgical removal of residual tooth roots following the failure of a normal extraction during the same visit.										
8941	Surgical removal of impacted tooth - first tooth	06.03	547.40 (480.20)	719.80 (631.40)					T		S
	Use to report when the occlusal surface of the tooth is covered by soft tissue and/or bone. This procedure requires mucoperiosteal flap elevation with or without bone removal, removal of the tooth and closure.										
8943	Surgical removal of impacted tooth - second tooth	04.00	293.70 (257.60)	387.80 (340.20)					T		S
8945	Surgical removal of impacted tooth - third and subsequent teeth	04.00	166.90 (146.40)	220.00 (193.00)					T		S
8953	Surgical removal of residual roots, first tooth - per tooth	06.03		445.60 (390.90)					T		S
	This procedure requires mucoperiosteal flap elevation with bone removal, removal of tooth structure and closure. Report per tooth. The removal of more than one exposed root of the same tooth should be reported as one surgical removal. A residual root is defined as the remaining root structure following the loss of the major portion (over 75%) of the crown. Note 1: Maxillo-Facial Surgeons - See Surgery Guidelines, Notes 2 and 3 for the removal of residual tooth roots of each subsequent tooth. Report per tooth. Note 2: General Dental Practitiones to report codes 8213 and 8214.										
OTHER SURGICAL PROCEDURES											
8517	Reimplantation of avulsed tooth (include stabilisation)	05.04	176.50 (154.80)				264.90 (232.40)		T	+L	S
8909	Oral antral fistula closure	04.00	773.90 (678.90)	1160.80 (1018.20)							S
8911	Caldwell-Luc procedure	04.00	302.80 (265.60)	454.10 (398.30)							S
8917	Biopsy of oral tissue - soft	06.03	193.00 (169.30)	257.30 (225.70)		257.30 (225.70)			M		S
	Incisional/excisional (e.g. epulis). This procedure does not include the cost of the essential pathological evaluations.										
8919	Biopsy of bone - needle	05.02	297.10 (260.60)	445.60 (390.90)					M		S
8921	Biopsy – extra-oral bone/soft tissue	05.02	486.10 (426.40)	729.10 (639.60)					M		S
8961	Tooth transplantation	06.03	664.50 (582.90)	996.70 (874.30)					T	+L	S
	See Surgery Guidelines, Notes 2 and 3.										
8965	Peripheral neurectomy	04.00	664.50 (582.90)	996.70 (874.30)							S
8966	Repair of oronasal fistula (local flaps)	04.00	924.30 (810.80)	1386.50 (1216.20)							S

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
8981	Surgical exposure of impacted or unerupted teeth to aid eruption	06.03	609.80 (534.90)	830.80 (728.80)		830.80 (728.80)			T		S
	An incision is made and the tissue is reflected and bone removed as necessary to expose the crown. This procedure may include but is not limited to a situation whereby an attachment is laced to facilitate eruption. In some instances, a free soft tissue graft is needed as a concurrent but separate procedure. Comment: The orthodontic attachment is usually supplied by the referring orthodontist.										
8983	Corticotomy - first tooth	04.00	441.30 (387.10)	662.00 (580.70)					T		S
8984	Corticotomy - each additional tooth	04.00	223.70 (196.20)	335.70 (294.50)					T		S
ALVEOLOPLASTY											
8957	Alveolotomy or alveolectomy (including extractions)	06.03	405.30 (355.50)	608.00 (533.30)					M		S
	Report per jaw.										
9003	Reposition mental foramen and nerve - per side	05.02	923.10 (809.70)	1384.70 (1214.60)					M	+L	S
9004	Lateralization of inferior dental nerve	05.02	1487.50 (1304.80)	2231.30 (1957.30)							S
VESTIBULOPLASTY											
	Any of a series of surgical procedures designed to increase relative alveolar ridge height.										06.03
8997	Sulcoplasty / Vestibuloplasty	05.02	1523.50 (1336.40)	2285.40 (2004.70)		2285.40 (2004.70)			M	+L	S
SURGICAL EXCISION OF SOFT TISSUE LESIONS											
8971	Excision of tumour of the soft tissue	04.00	297.10 (260.60)	445.60 (390.90)		445.60 (390.90)					S
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS											
8967	Surgical removal of jaw cyst - intra-oral approach	05.02	923.10 (809.70)	1384.70 (1214.60)					M		S
8969	Surgical removal of jaw cyst - extra-oral approach	05.02	1478.70 (1297.10)	2218.10 (1945.70)					M		S
8973	Surgical excision of tumours of the jaw	05.02	1478.70 (1297.10)	2218.10 (1945.70)					M		S
9290	Maxillectomy - Alveolus only, Level I	06.03									
	Report per side.										
9292	Maxillectomy - Alveolus and sinus or nasal floor, Level II	06.03									
	Report per side.										
9294	Maxillectomy - Alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III	06.03									
	Report per side.										
9296	Maxillectomy - Alveolus, sinus, nasal floor and zygoma including orbital rim Level IV	06.03									
	Report per side.										

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
9298	Maxillectomy - Alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V	06.03									
	Report per side.										
9300	Hemiresection of jaw including condyle and coronoid process	06.03									
	Report per side.										
EXCISION OF BONE TISSUE											
8975	Hemiresection of jaw excluding condyl	06.03	1553.40 (1362.60)	2330.10 (2043.90)					M		S
	Include splintage of segments.										
8987	Reduction of mylohyoid ridges - per side	04.00	664.50 (582.90)	996.70 (874.30)						+L	S
8989	Removal torus mandibularis	04.00	664.50 (582.90)	996.70 (874.30)						+L	S
8991	Removal of torus palatinus	04.00	664.50 (582.90)	996.70 (874.30)						+L	S
8993	Surgical reduction of osseous tuberosity - per side	06.03	297.10 (260.60)	445.60 (390.90)					M	+L	S
	See procedure code 8971 for excision of denture granuloma.										
SURGICAL INCISION											
8731	Incision & drainage of abscess - intra-oral	06.03	121.90 (106.90)			182.80 (160.40)					A
	Periodontal abscess - treatment of acute phase (with or without flap procedure).										
8908	Surgical removal of roots from maxillary antrum	06.03	1009.50 (885.50)	1514.30 (1328.30)							S
	Involves Caldwell-Luc and closure of oral antral communication.										
9011	Incision & drainage of abscess - intra-oral (pyogenic)	05.02	189.00 (165.80)	283.40 (248.60)					M		S
9013	Incision & drainage of abscess - extra-oral (pyogenic)	06.03	258.50 (226.80)	387.80 (340.20)					M		S
	E.g., Ludwig's angina.										
9017	Decortication, saucerisation and sequestrectomy	06.03	1368.10 (1200.10)	2052.20 (1800.20)							S
	For osteomyelitis of the mandible.										
9019	Sequestrectomy - intra oral per sextant and or ramus	05.02	297.10 (260.60)	445.60 (390.90)					M		S
TREATMENT OF FRACTURES											
Alveolus Fractures											
9024	Dento-alveolar fracture - per sextant	04.00	333.20 (292.30)	499.80 (438.40)						+L	S

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
Mandibular Fractures											
9025	Mandible fracture - closed reduction	06.03	737.80 (647.20)	1106.80 (970.90)							S
	Includes intermaxillary fixation.										
9027	Mandible fracture - compound, with eyelet wiring	04.00	1036.30 (909.00)	1554.30 (1363.40)							S
9029	Mandible fracture - splints	06.03	1147.40 (1006.50)	1721.20 (1509.80)						+L	S
	Metal cap splintage or Gunning's splints.										
9031	Mandible fracture - open reduction	06.03	1700.70 (1491.80)	2551.00 (2237.70)						+L	S
	Includes restoration of occlusion by splintage.										
Maxillary Fractures											
9035	Maxilla fracture - Le Fort I or Guerin	06.03	1038.10 (910.60)	1557.10 (1365.90)						+L	S
	When open reduction is required for Codes 9035 and 9037, Modifier 8010 may be applied.										
9037	Maxilla fracture - Le Fort II or middle third face	06.03	1700.70 (1491.80)	2551.00 (2237.70)						+L	S
	When open reduction is required for Codes 9035 and 9037, Modifier 8010 may be applied.										
9039	Maxilla fracture - Le Fort III or craniofacial disjunction	06.03	2439.20 (2139.60)	3658.80 (3209.50)						+L	S
	Includes comminuted mid-facial fractures requiring open reduction and splintage.										
Zygoma/Orbital/Antral Fractures											
9041	Zygomatic arch fracture - closed reduction	06.03	737.80 (647.20)	1106.80 (970.90)							S
	Gillies or temporal elevation.										
9043	Zygomatic arch fracture - open reduction	06.03	1478.70 (1297.10)	2218.10 (1945.70)							S
	Unstable and/or comminuted zygoma: treatment by open reduction or Caldwell-Luc operation										
9045	Zygomatic arch fracture - open reduction (requiring osteosynthesis and/or grafting)	04.00	2215.30 (1943.20)	3323.10 (2915.00)							S
9046	Placement of Zygomaticus fixture, per fixture	05.02	1463.30 (1283.60)	2194.90 (1925.40)							S
Nasal Fractures											
9280	Open reduction and fixation of nasal fractures	04.00									
9282	Manipulation and immobilisation of nasal fracture	04.00									
TEMPOROMANDIBULAR JOINT											
	Procedures which are an integral part of a primary procedure should not be reported separately.										06.03
8172	Cost of orthotic appliance	06.03	-	-	-	-	-				

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
	Comment: Applicable to pre-fabricated devices. See Rule 002 and Modifier 8025 for direct material costs.										
8850	Treatment of MPDS - first visit	04.00	116.80 (102.50)		175.30 (153.80)		175.30 (153.80)				A
8851	Treatment of MPDS - subsequent visit	04.00	61.50 (53.90)		92.30 (81.00)		92.30 (81.00)				A
8852	Occlusal orthotic appliance	06.03	293.70 (257.60)	386.90 (339.40)	386.90 (339.40)	386.90 (339.40)	386.90 (339.40)			+L	S
	Presently includes splints provided for treatment of temporomandibular joint dysfunction and NTI Tention Supression System (NTI-tss) devices.										
9053	Coronoidectomy (intra-oral approach)	04.00	922.50 (809.20)	1383.70 (1213.80)							S
9074	Tmj arthroscopy diagnostic	04.00	734.10 (643.90)	1101.10 (965.90)							S
9075	Condylectomy, coronoidectomy or both	04.00	1844.20 (1617.70)	2766.40 (2426.70)							S
9076	TMJ artrocentesis	04.00	405.30 (355.50)	608.00 (533.30)							S
9077	TMJ intra-articular injection	04.00	110.60 (97.00)	165.90 (145.50)							S
9079	Trigger point injection	04.00	86.30 (75.70)	129.60 (113.70)							S
9081	Condylectomy (Ward/Kostecka)	06.03	737.80 (647.20)	1106.80 (970.90)							S
	For Codes 9081, 9083 and 9092 the full fee may be charged per side.										
9083	TMJ srthroplasty	06.03	1844.20 (1617.70)	2766.40 (2426.70)							S
	For Codes 9081, 9083 and 9092 the full fee may be charged per side.										
9085	Reduction of TMJ disloc w/o anaesthetic	04.00	146.70 (128.70)	220.00 (193.00)							S
9087	Reduction of TMJ disloc w/ anaesthetic	04.00	297.10 (260.60)	445.60 (390.90)							S
9089	Reduction of TMJ disloc w/ anaesthetic and immobobilisation	04.00	737.80 (647.20)	1106.80 (970.90)							S
9091	Reduction of TMJ dislocation - open reduction	04.00	1844.20 (1617.70)	2766.40 (2426.70)							S
9092	Joint reconstruction	06.03	4923.80 (4319.10)	7385.60 (6478.60)						+L	S
	Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy) For Codes 9081, 9083 and 9092 the full fee may be charged per side.										
REPAIR OF TRAUMATIC WOUNDS											
8192	Suture - minor	06.03	376.70 (330.40)								S
	Use to report the suturing of recent small wounds. Excludes the closure of surgical incisions.										

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
COMPLICATED SUTURING											
	Reconstruction requiring delicate handling of tissues and undermining for meticulous closure. Excludes the closure of surgical incisions.										06.03
9021	Suture - reconstruction, minor (excludes closure of surgical incisions)	04.00	376.70 (330.40)	499.80 (438.40)							S
9023	Suture - reconstruction, major (excludes closure of surgical incisions)	04.00	701.20 (615.10)	1051.80 (922.60)							S
OTHER REPAIR PROCEDURES											
8958	Emergency tracheotomy	04.00	340.60 (298.80)	510.90 (448.20)							
8959	Pharyngostomy	04.00	340.60 (298.80)	510.90 (448.20)							
8962	Harvest iliac crest graft	04.00	245.00 (214.90)	301.10 (264.10)							S
8963	Harvest rib graft	04.00	281.00 (246.50)	421.50 (369.70)							S
8964	Harvest cranium graft	04.00	220.00 (193.00)	330.10 (289.60)							S
8977	Surgical repair of maxilla or mandible - major	06.03	1552.20 (1361.60)	2328.20 (2042.30)							S
	Major repairs of upper or lower jaw (i.e. by means of bone grafts or prosthesis, with jaw splintage) Modifiers 8005 and 8006 are not applicable in this instance. The full fee may be charged irrespective of whether this procedure is carried out concomitantly with procedure 8975 or as a separate procedure.										
8979	Harvesting of autogenous grafts (intra-oral)	04.00	128.00 (112.30)	192.00 (168.40)		192.00 (168.40)					S
8985	Frenulectomy/frenulotomy	04.00	405.30 (355.50)	608.00 (533.30)		608.00 (533.30)					S
9005	Alveolar ridge augmentation - total (by bone graft)	05.02	1553.40 (1362.60)	2330.10 (2043.90)		2330.10 (2043.90)			M	+L	S
9007	Alveolar ridge augmentation - total (by alloplastic material)	05.02	977.80 (857.70)	1466.60 (1286.50)					M	+L	S
9008	Alveolar ridge augmentation - one to two tooth sites	05.02	302.30 (265.20)	552.90 (485.00)		552.90 (485.00)			M	+L	S
9009	Alveolar ridge augmentation - three across 3 or more tooth sites	05.02	671.90 (589.40)	1007.90 (884.10)		1007.90 (884.10)			M	+L	S
9010	Sinus lift procedure	05.02	1009.50 (885.50)	1514.30 (1328.30)		1514.30 (1328.30)			M	+L	S
9032	Reduction of masseter muscle and bone - extra-oral approach	06.03									
	Eg., for treatment of benign masseteric hypertrophy; extraoral approach (Alt Code: CPT 21295)										
9033	Reduction of masseter muscle and bone - intra-oral approach	06.03									
	Eg., for treatment of benign masseteric hypertrophy; intraoral approach (Alt Code: CPT 21296)										
9048	Surgical removal of internal fixation devices, per site	05.02	284.10 (249.20)	426.10 (373.80)							S

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
Functional Correction of Malocclusion											
	For Codes 9047 to 9072 the full fee may be charged.										06.03
9047	Osteotomy - open with stabilisation	06.03	3100.50 (2719.70)	4650.90 (4079.70)						+L	S
	Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)										
9049	Osteotomy - mandible body, anterior segmental	06.03	2584.10 (2266.80)	3876.00 (3400.00)						+L	S
	E.g. Köle										
9050	Osteotomy - total subapical	04.00	4726.70 (4146.20)	7090.00 (6219.30)							S
9051	Genioplasty	04.00	1478.70 (1297.10)	2218.10 (1945.70)							S
9052	Midfacial exposure	06.03	2340.90 (2053.40)	3511.40 (3080.20)							S
	For maxillary and nasal augmentation or pyramidal Le Fort II osteotomy.										
9055	Osteotomy - segmented, posterior	06.03	2584.10 (2266.80)	3876.00 (3400.00)					M	+L	S
	Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure.										
9057	Osteotomy - segmented, anterior	06.03	2584.10 (2266.80)	3876.00 (3400.00)					M	+L	S
	Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure.										
9059	Reconstruct maxilla - Le Fort I osteotomy, one piece	04.00	4862.30 (4265.20)	7293.30 (6397.60)						+L	S
9060	Reconstruct maxilla - Le Fort I osteotomy w/ repositioning and graft	05.02	5458.30 (4788.00)	8187.30 (7181.80)						+L	S
9061	Palatal osteotomy	04.00	1700.70 (1491.80)	2551.00 (2237.70)							S
9062	Reconstruct maxilla - Le Fort I osteotomy, multiple segments	04.00	6206.80 (5444.60)	9310.10 (8166.80)						+L	S
9063	Reconstruct maxilla - Le Fort 2 osteotomy (facial and post-traumatic deformities)	04.00	6209.80 (5447.20)	9314.70 (8170.80)						+L	S
9065	Reconstruct maxilla - Le Fort 3 osteotomy (severe congenital deformities)	06.03	9306.60 (8163.70)	13959.90 (12245.50)						+L	S
	Le Fort III osteotomy for correction of severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary disjunction.										
9066	Surgical expansion - maxilliary or mandibular	06.03	1478.70 (1297.10)	2218.10 (1945.70)					M		S
	This procedure is to expand the maxilla or mandible to facilitate orthodontic aligning of constricted dental arches.										
9069	Glossectomy - partial	04.00	1107.60 (971.60)	1661.50 (1457.50)							S

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
9071	Geniohyoidotomy	04.00	664.50 (582.90)	996.70 (874.30)							S
9072	Close secondary oro-nasal fistula w/ bone grafting (complete procedure)	04.00	4862.30 (4265.20)	7293.30 (6397.60)						+L	S
Salivary Glands											
9093	Removal of salivary stone (Sialolithotomy)	04.00	333.20 (292.30)	499.80 (438.40)							S
9095	Excision of sublinglual salivary gland	04.00	821.10 (720.30)	1231.70 (1080.40)							S
9096	Excision of salivary gland - extra oral approach	04.00	1216.50 (1067.10)	1824.70 (1600.60)							S
Pedicle Flaps											
	Report codes 9284, 9286 and 9288 for flaps taken for repair of post –cancer/ trauma/ tumour surgery. These are not vestibuloplasty procedures. The use of the codes are not subject to modifier use										06.03
9284	Musculofascial flap	04.00									
9286	Musculocranial flap	04.00									
9288	Buccal fat pad (major repair)	04.00									
Repair of Frontal Bones											
	The use of codes 9274, 9275 and 9278 imply the bicoronal/ hemicoronal approach.										06.03
9274	Repair anterior table, frontal sinus and/or supraorbital rim	04.00									
9276	Repair anterior and posterior wall w/ obturation and/or cranialisation of frontal sinus	04.00									
9278	Repair medial canthal ligament (canthopexy), per side	04.00									
Cleft lip and Palat											
9220	Repair cleft hard palate - unilateral	04.00	2715.80 (2382.30)	4073.60 (3573.30)							S
9222	Repair cleft hard palate - bilateral (one procedure)	04.00	3447.40 (3024.00)	5171.00 (4536.00)							S
9224	Repair cleft hard palate - bilateral (two procedures)	04.00	5137.00 (4506.10)	7704.60 (6758.40)							S
9226	Repair cleft soft palate - w/o muscle reconstruction	04.00	2275.70 (1996.20)	3413.50 (2994.30)							S
9228	Repair cleft soft palate - w/ muscle reconstruction	04.00	3304.40 (2898.60)	4956.60 (4347.90)							S
9230	Repair submucosal cleft and/or bifid uvula - w/ muscle reconstruction	04.00	2460.30 (2158.20)	3690.50 (3237.30)							S
9232	Velopharyngeal reconstruction - uncomplicated	04.00	2531.80 (2220.90)	3797.60 (3331.20)							S
9234	Velopharyngeal reconstruction - complicated	04.00	2707.10 (2374.60)	4060.60 (3561.90)							S
9238	Repair oronasal fistula (one procedure)	04.00	1548.50 (1358.30)	2322.60 (2037.40)							S
9240	Repair oronasal fistula (two procedures)	04.00	2701.40 (2369.60)	4052.20 (3554.60)							S

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
9246	Secondary periosteal flaps	04.00	1350.10 (1184.30)	2025.20 (1776.50)							S
9248	Lipadhesion	04.00	504.70 (442.70)	757.10 (664.10)							S
9250	Repair cleft lip - unilateral w/o muscle reconstruction	04.00	888.90 (779.70)	1333.30 (1169.60)							S
9252	Repair cleft lip - unilateral w/ muscle reconstruction	04.00	1205.20 (1057.20)	1807.90 (1585.90)							S
9254	Repair cleft lip - bilateral w/o muscle reconstruction	04.00	1241.30 (1088.90)	1862.00 (1633.30)							S
9256	Repair cleft lip - bilateral w/ muscle reconstruction	04.00	1917.70 (1682.20)	2876.50 (2523.20)							S
9258	Repair anterior nasal floor	04.00	484.20 (424.70)	726.30 (637.10)							S
9260	Revision of secondary cleft lip deformity - partial	04.00	484.20 (424.70)	726.30 (637.10)							S
9262	Revision of secondary cleft lip deformity - total w/ muscle reconstruction	04.00	1094.10 (959.70)	1641.10 (1439.60)							S
9264	Abbe-flap - two stages	04.00	1238.90 (1086.80)	1858.30 (1630.10)							S
9266	Reconstruct columella	04.00	732.30 (642.40)	1098.30 (963.40)							S
9268	Reconstruct nose due to cleft deformity - partial	04.00	930.50 (816.20)	1395.80 (1224.40)							S
9270	Reconstruct nose due to cleft deformity - complete	04.00	1470.70 (1290.10)	2206.10 (1935.20)							S
9272	Paranasal augmentation for nasal base deviation	04.00	732.30 (642.40)	1098.30 (963.40)							S
K.	**ORTHODONTIC SERVICES**										
	The branch of dentistry used to correct malocclusions of the mouth and restore it to proper alignment and function. Includes all services/procedures concerned with the supervision, guidnance and correction of the growing and mature dentofacial structures.										06.03
REMOVABLE APPLIANCE THERAPY											
	Removable indicates patient can remove; includes appliances for limited orthodontic treatment (e.g., partial treatment to open spaces or upright of a tooth) and minor orthodontic treatment to control harmful habits (e.g., thumb sucking and tongue trusting).										06.03
8862	Ortho Tx - removable appliance	04.00	857.20 (751.90)		1285.70 (1127.80)					+L	A
8863	Ortho Tx - each additional removable appliance	06.03	430.80 (377.90)		646.20 (566.80)					+L	A
	Limitation: Code 8862 may only be charged once per malocclusion. A maximum of two additional removable appliances per treatment plan may be charged.										

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
FUNCTIONAL APPLIANCE THERAPY											
	A removable functional appliance is an appliance with no fixed dental component which is designed to harness the forces generated by the muscles of mastication and the associated soft tissues of the oro-facial region. This appliance incorporates components which act on both the maxillary and mandibular arches and should be differentiated from a simple removable appliance including appliances incorporating an anterior and posterior bite plane. Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthodontic treatment utilising fixed orthodontic appliances. When both phases of orthodontic treatment is provided by the same practitioner, the fees levied for treatment by means of the functional appliance, will be deducted from the fee quoted for comprehensive orthodontic treatment.										06.03
8858	Ortho Tx - functional appliance	06.03	1544.10 (1354.50)		2316.10 (2031.70)					+L	A
	If additional functional appliances are required, +L can be charged but no further fee.										
FIXED APPLIANCE THERAPY											
Fixed Appliance Therapy - Partial											
	The intention of this phase in treatment is to intercept and modify the development of skeletal, dental and functional components of developing malocclusion usually in the mixed dentition. When the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive orthodontic treatment and both phases of orthodontic treatment is provided by the same practitioner, the fees levied for preliminary/interceptive orthodontic treatment will be deducted from the fee quoted for comprehensive orthodontic treatment										06.03
8861	Ortho Tx - partial fixed appliance - minor	04.00	1027.00 (900.90)		1540.40 (1351.20)						A
8865	Ortho Tx - partial fixed appliance - one arch	04.00	2739.40 (2403.00)		4109.10 (3604.50)						A
8866	Ortho Tx - partial fixed appliance - both arches	04.00	3767.50 (3304.80)		5651.30 (4957.30)						A
Fixed Appliance Therapy - Comprehensive: Single Arch											
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within an arch and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase.										06.03
8867	Ortho Tx - fixed appliance - one arch	04.00	2944.60 (2583.00)		4416.80 (3874.40)						A
8868	Ortho Tx - fixed appliance - one arch, modeate	04.00	3632.00 (3186.00)		5448.00 (4778.90)						A
8869	Ortho Tx - fixed appliance - one arch, severe	04.00	4248.10 (3726.40)		6372.00 (5589.50)						A
Fixed Appliance Therapy - Comprehensive: Both Arches											
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within both arches and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase.										06.03
8873	Ortho Tx - fixed appliance - both arches, Class 1 mild	04.00	5388.70 (4726.90)		8083.00 (7090.40)						A
8875	Ortho Tx - fixed appliance - both arches, Class 1 moderate	04.00	6615.10 (5802.70)		9922.60 (8704.00)						A
8877	Ortho Tx - fixed appliance - both arches, Class 1 severe	04.00	7711.60 (6764.60)		11567.30 (10146.80)						A
8879	Ortho Tx - fixed appliance - both arches, Class 1 severe w/ complications	04.00	8666.40 (7602.10)		12999.50 (11403.10)						A
8881	Ortho Tx - fixed appliance - both arches, Class 2/3 mild	04.00	7711.60 (6764.60)		11567.30 (10146.80)						A
8883	Ortho Tx - fixed appliance - both arches, Class 2/3 moderate	04.00	8666.40 (7602.10)		12999.50 (11403.10)						A

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	MP	Lab	TC
8885	Ortho Tx - fixed appliance - both arches, Class 2/3 severe	04.00	9728.80 (8534.00)		14593.10 (12801.00)						A
8887	Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications	04.00	10961.30 (9615.20)		16441.90 (14422.70)						A
Lingual Orthodontics - Comprehensive: Single Arch											
	This form of therapy requires the placement of bands and or brackets on the lingual aspect of the majority of teeth within at least one arch and must include the placement of active arch wires.										06.03
8841	Ortho Tx - fixed lingual appliance - one arch	04.00	5534.20 (4854.60)		8301.10 (7281.70)						A
8842	Ortho Tx - fixed lingual appliance - one arch, modeate	04.00	6503.90 (5705.20)		9755.70 (8557.60)						A
8843	Ortho Tx - fixed lingual appliance - one arch, severe	04.00	7410.10 (6500.10)		11115.20 (9750.20)						A
Lingual Orthodontics - Comprehensive: Both Arches											
8874	Ortho Tx - fixed lingual appliance - both arches, Class 1 mild	04.00	10557.30 (9260.80)		15835.90 (13891.10)						A
8876	Ortho Tx - fixed lingual appliance - both arches, Class 1 moderate	04.00	12360.60 (10842.60)		18540.80 (16263.90)						A
8878	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe	04.00	14027.80 (12305.10)		21041.50 (18457.50)						A
8880	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe w/ complications	04.00	15565.00 (13653.50)		23347.30 (20480.10)						A
8882	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 mild	04.00	12885.80 (11303.30)		19328.70 (16955.00)						A
8884	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 moderate	04.00	14415.10 (12644.80)		21622.40 (18967.00)						A
8886	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe	04.00	16054.80 (14083.20)		24082.00 (21124.60)						A
8888	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe w/ complications	04.00	17864.30 (15670.40)		26796.20 (23505.40)						A
OTHER ORTHODONTIC SERVICES											
8846	Repair orthodontic appliance - removable	04.00	70.20 (61.60)		105.30 (92.40)					+L	A
8847	Replace orthodontic appliance - removable	04.00	242.50 (212.70)		363.70 (319.00)					+L	A
8848	Repair orthodontic appliance - fixed	06.03	103.90 (91.10)		155.70 (136.60)					+L	A
	As a result of the patient's negligence. Report per retainer.										
8849	Retainer (orthodontic)	04.00	242.50 (212.70)		363.70 (319.00)					+L	A
8890	Monthly instalment ortho tx	06.03	-		-						A
	Refer to code number of treatment.										
8891	Orthodontic transfer	06.03	-		-						A
	Limitation: Benefit by arrangement.										