

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	M P	Lab	T C
8405	Crown - resin laboratory	06.03	839.30 (736.20)				1260.00 (1105.30)		T	+L	A
	Refers to all resin-based crowns that are indirectly fabricated. All fiber, porcelain or ceramic reinforced polymer materials/systems are considered resin-based crowns. Targis®/Vectris® crowns should be reported as resin crowns.										
8407	Crown - resin with metal	04.00	888.70 (779.60)				1308.40 (1147.70)		T	+L	A
8409	Crown - porcelain/ceramic	04.00	888.70 (779.60)				1308.40 (1147.70)		T	+L	A
8411	Crown - porcelain with metal	04.00	888.70 (779.60)				1308.40 (1147.70)		T	+L	A
8410	Provisional crown	06.03	172.70 (151.50)			172.70 (151.50)	259.20 (227.40)		T	(+L)	A
	The intended use of a provisional crown 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 excludes provisional pontics (code 8425) and provisional crown retainers (code 8447), which are listed in the Fixed Prosthodontics Section.										
<b>VENEERS</b>											
8355	Veneer - resin (chair-side)	06.03	269.70 (236.60)				269.70 (236.60)		T		B
	Involves direct layering of material over tooth. No laboratory processing.										
8552	Veneer - porcelain (laboratory)	06.03	596.80 (523.50)				895.30 (785.40)		T	+L	A
	Involves an impression being taken and laboratory processing. Porcelain/ceramic veneers presently include all ceramic, porcelain, and polymer-reinforced porcelain veneers.										
8554	Veneer - resin (laboratory)	06.03	596.80 (523.50)				895.30 (785.40)		T	+L	A
	Involves an impression being taken and laboratory processing.										
<b>TEMPORARY RESTORATIONS</b>											
8137	Emergency crown (chair-side)	06.03	266.80 (234.00)				266.80 (234.00)		T	(+L)	A
	A temporary crown, usually made of resin and in the surgery, which is fitted over a damaged tooth for the immediate protection in tooth injury. Includes emergency crowns manufactured for the replacement of previously fitted, lost or damaged permanent crowns. Comment: This code should not be used as an interim restoration during restorative treatment and should not be reported on the same day on which an impression is taken to replace a previously fitted lost or damaged permanent crown.										
8357	Prefabricated metal crown	06.03	158.60 (139.10)				158.60 (139.10)		T		B
	Includes all preformed metal crowns e.g. stainless steel, nickel-chrome and gold anodised crowns, with or without resin window.										
8375	Prefabricated resin crown	06.03	158.60 (139.10)				158.60 (139.10)		T		B

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	Includes all preformed non-metal, non-strip- off crown forms e.g., resin and polycarbonate crowns.										
<b>OTHER RESTORATIVE PROCEDURES</b>											
<b>Pin Retention and Cores</b>											
8345	Prefabricated post retention, per post (in addition to restoration)	06.03	152.90 (134.10)						T		B
	Should not be used with codes 8398 or 8376 (Core build-ups) Remuneration excludes cost of posts – See code 8379										
8347	Pin retention - first pin (in addition to restoration)	06.03	76.90 (67.40)						T		B
	Should not be used with codes 8398 or 8376 (Core build-ups).										
8348	Pin retention - each additional pin (in addition to restoration)	06.03	71.20 (62.40)						T		B
	Should not be used with codes 8398 or 8376 (Core build-ups). Limitation: A maximum of two additional pins may be levied.										
8366	Pin retention as part of cast restoration (any number of pins)	05.02	114.90 (100.80)				155.70 (136.60)		T	+L	A
8376	Core build-up with prefabricated posts	06.03	423.40 (371.40)				423.40 (371.40)		T		B
	The direct build-up of a mutilated crown around a prefabricated post to provide a rigid base for retention of a crown restoration. This procedure includes posts and core material. Remuneration excludes cost of posts – See code 8379.										
8379	Cost of prefabricated posts	06.03	-				-		T		A
	Applicable to pre-fabricated noble metal, ceramic, iridium and titanium posts – see code 8345 and 8376. Comment: See Rule 002 and Modifier 8025 for direct material costs.										
8391	Cast core with single post	06.03	178.60 (156.60)						T	+L	A
	Report in addition to crown.										
8392	Cast post (each additional)	06.03	106.30 (93.20)						T	+L	A
	To be used with 8391 for each additional cast posts on the same tooth.										
8397	Cast core with pins (any number of pins)	06.03	284.90 (249.90)				370.30 (324.90)		T	+L	A
	The cast core with pins is intended to be used on grossly broken down vital teeth. Report in addition to crown.										
8398	Core build-up with or without pins	06.03	345.60 (303.20)				345.60 (303.20)		T		B
	The direct build-up of a mutilated crown to provide a rigid base for retention of a crown restoration irrespective of the number of pins used. This code should not be reported when the procedure only involves a filler to eliminate any undercut, concave irregularity in the preparation, etc.										
8581	Cast core with single post	06.03					263.90 (231.50)		T	+L	A
	See also GDP code 8391										

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8582	Cast core with double post	06.03					376.00 (329.80)		T	+L	A
	See also GDP code 8392										
8583	Cast core with triple post	06.03					466.20 (409.00)		T	+L	A
	See also GDP code 8392										
<b>Unclassified Restorative Procedures</b>											
8133	Recement inlay, onlay, crown or veneer	06.03	77.80 (68.20)				98.70 (86.60)		T	+L	B
	Use to report the recementation of a permanent single inlay, onlay, crown or veneer. See code 8514 in the Fixed Prosthodontic Section for the recementation of a bridge retainer. Comment: This code may not be used for the recementation of temporary or provisional restorations, which is included as part of the restoration.										
8135	Remove inlay, onlay or crown	06.03	154.80 (135.80)				154.80 (135.80)		T	+L	A
	This procedure involves the removal of a permanent inlay, onlay or crown. Report code 8516 for the removal of a permanent bridge retainer. Comment: This code may not be used for the removal of temporary or provisional restorations, which is included as part of the restoration.										
8138	Remove retention post (prefabricated or cast)	06.03	101.60 (89.10)						T		B
	This procedure involves the removal of an intact prefabricated and/or cast posts intended for retention purposes. Report per post. See code 8330 in the "Endodontic Section" for the removal of endodontic posts or instruments.										
8146	Resin bonding for restorations	06.03							T		A
	Applicable to any metal restorations, crowns or conventional bridges, per abutment except Maryland type bridges. Limitation: Benefits by arrangement.										
8157	Re-burnishing and polishing of restorations - complete dentition	06.03	77.80 (68.20)								B
	Not applicable to restorations recently done.										
8349	Carve restoration to accommodate existing removable prosthesis	04.00	31.30 (27.50)						T		B
8413	Repair crown (permanent or provisional)	06.03	172.70 (151.50)				172.70 (151.50)		T	+L	A
	This procedure involves the repair of a permanent crown (e.g. facing replacement). Excludes the removal (8153) and recementation (8133) of the crown. See code 8518 in the Fixed Prosthodontic Section for the repair of a bridge. This code may also be reported for the repair/replacement of a provisional crown (8410) after a period of two months. This code may not be used for the repair/replacement of a temporary restorations, which is included as part of the restoration.										
8414	Additional fee for provision of crown within an existing clasp or rest	04.00	51.30 (45.00)						T	+L	A
<b>D. ENDODONTIC SERVICES</b>											
	Services/procedures intended to treat diseases of the dental pulp and their sequelae.										06.03
<b>PULP CAPPING</b>											
	These codes should not be used as a base or liner under a restoration. Certain funders (medical aids) may restrict the placement of the final restoration during the same visit.										06.03

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8301	Pulp cap - direct	06.03	103.50 (90.80)						T		B
	This procedure involves the covering of the exposed dental pulp with a protective material to stimulate repair of the injured pulpal tissue. Excludes the final restoration.										
8303	Pulp cap - indirect	06.03	103.50 (90.80)						T		B
	This procedure involves the covering of the nearly exposed pulp with a protective material to protect it from external irritants and to promote healing. Excludes the final restoration.										
<b>PULPOTOMY</b>											
8307	Pulp amputation (pulpotomy)	06.03	101.60 (89.10)						T		B
	This procedure involves the removal of a portion of the tooth's pulp and the placement of a medicament to fix or modify the superficial pulp tissue. Excludes the final restoration. This code should not be used as the first stage of root canal therapy and may not be reported with other root canal therapy codes on the same tooth. Report code 8304 (application of a rubber dam) in addition to this code.										
8132	Pulp removal (pulpectomy)	06.03	127.20 (111.60)						T		B
	This procedure involves the removal of the complete pulp from the pulp chamber and root canal(s) for the relief of acute pain prior to root canal therapy. The code is intended to be used for the emergency treatment of acute pain and should not be reported as the first stage of scheduled endodontic treatment. The practitioner reappoints the patient for complete root canal therapy at a later date. Report code 8304 (application of a rubber dam) in addition to this code.										
<b>ENDODONTIC THERAPY</b>											
	Includes endodontic therapy on primary teeth. Does not include diagnostic evaluation and necessary radiographs/ diagnostic images. Limitation: Intra-operative radiographs/ diagnostic images are limited to three on a single canal tooth and five on a multi-canal tooth for each completed endodontic therapy. Report code 8304 (application of a rubber dam) in addition to these codes.								06.03		
<b>Preparatory Visits</b>											
8332	Root canal preparatory visit - single canal tooth	06.03	77.80 (68.20)						T		B
	Limitation: A maximum of four visits per tooth may be charged.										
8333	Root canal preparatory visit - multi canal tooth	06.03	109.10 (95.70)						T		B
	Limitation: A maximum of four visits per tooth may be charged.										
<b>Obturation of Canals</b>											
	Codes 8328, 8335, 8336 and 8337 (obturation of root canals at a subsequent visit) are intended to be used in conjunction with codes 8332, 8333 and 8334 (endodontic preparatory visits and re-preparation of previously obturated canal).								06.03		
8335	Root canal obturation - anteriors and premolars - first canal	04.00	353.20 (309.80)						T		B
8328	Root canal obturation - anteriors and premolars - each additional canal	04.00	144.40 (126.70)						T		B
8336	Root canal obturation - posteriors - first canal	04.00	486.10 (426.40)						T		B

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8337	Root canal obturation - posteriors - each additional canal	04.00	144.40 (126.70)						T		B
<b>Complete Therapy</b>											
	Codes 8329, 8338, 8339 and 8340 (endodontic treatment completed at a single visit) may not be used with codes 8332, 8333 and 8334 (endodontic preparatory visits and re-preparation of previously obturated canal).										06.03
8338	Root canal therapy - anteriors and premolars - first canal	04.00	540.30 (473.90)						T		B
8329	Root canal therapy - anteriors and premolars - each additional canal	04.00	180.40 (158.30)						T		B
8339	Root canal therapy - posteriors - first canal	04.00	742.40 (651.30)						T		B
8340	Root canal therapy - posteriors - each additional canal	04.00	180.40 (158.30)						T		B
8631	Root canal therapy - first canal	06.03					917.20 (804.60)		T		B
	Procedure codes 8631, 8633 and 8334 include all X-rays and repeat visits.										
8633	Root canal therapy - each additional canal	06.03					230.70 (202.40)		T		B
	Procedure codes 8631, 8633 and 8334 include all X-rays and repeat visits.										
<b>ENDODONTIC RETREATMENT</b>											
8334	Re-preparation of previously obturated root canal	06.03	114.90 (100.80)				138.60 (121.60)		T		B
	This procedure includes the removal of old root canal filling material and the procedures necessary to prepare the canals to place the canal filling. Report 8334 per canal. See codes 8328, 8335, 8336 and 8337 for the obturation of root canals. This procedure excludes the removal of retentions posts (code 8138) and/or endodontic posts (code 8330). Report code 8304 (application of a rubber dam) in addition to this code. Note (Applicable to prosthodontist only): Procedure codes 8631, 8633 and 8334 include all X-rays and repeat visits.										
<b>APEXIFICATION/RECALCIFICATION PROCEDURES</b>											
8635	Apexification/recalcification – per visit	06.03	103.50 (90.80)				152.90 (134.10)		T		S
	Apexification is the process of induced root development or apical closure of the root by hard tissue deposition. This code should also be used to report the repair of perforations and root resorbison. Exclude the necessary radiographs. The first visit involves the opening of the tooth, pulpectomy, preparation of canal spaces, and the first placement of medication. This is followed by several visists to replace the intra-canal medication. The final visit includes the removal of the intra-canal medication and procedures necessary to place final root canal filling material. Code 8635 may not be reported with other root canal therapy codes on the same tooth. Report code 8304 (application of a rubber dam) in addition to this code.										
<b>PERIRADICULAR PROCEDURES</b>											
9015	Apicectomy - anteriors (including retrograde filling)	06.03	383.60 (336.50)	508.90 (446.40)		508.90 (446.40)	508.90 (446.40)		T		S

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	Note applicable to periodontists only (according to SADA's Dental Coding): When Code 9015 is part of a flap operation that requires an apicectomy, Modifier 8006 applies.										
9016	Apicectomy - posteriors (including retrograde filling)	06.03	676.70 (593.60)	1015.00 (890.40)		1015.00 (890.40)	1015.00 (890.40)		T		S
	Note applicable to periodontists only (according to SADA's Dental Coding): When Code 9016 is part of a flap operation that requires an apicectomy, Modifier 8006 applies.										
<b>OTHER ENDODONTIC PROCEDURES</b>											
8330	Removal of root canal obstruction	06.03	101.60 (89.10)						T		B
	This procedure involves the treatment of a non-negotiable root canal blocked by foreign bodies (e.g., removal and/or bypassing of a fractured instrument) or calcification of 50% or more of a root to achieve an apical seal and forego surgical treatment – Report per canal. See code 8138 (Post removal) in the Restorative Section for the removal of retention posts. This code may be submitted by the servicing provider and on the same day as a root canal therapy if the obstruction is not iatrogenic by that provider.										
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment	04.00	69.30 (60.80)						T		B
8640	Removal of fractured post or instrument from root canal	06.03					269.70 (236.60)		T		B
	See also GDP Code 8330.										
8765	Hemisection of a tooth, resection of a root or tunnel preparation (isolated procedure)	06.03	339.30 (297.60)			508.90 (446.40)	508.90 (446.40)		T		A
	Includes separation of a multirooted tooth into separate sections containing the root and overlying portion of the crown. It may also include the removal of one or more of those sections.										
<b>E. PERIODONTIC SERVICES</b>											
	The branch of dentistry used to treat and prevent disease affecting the gingivae, ligaments and bone that supports the teeth.									06.03	
<b>SURGICAL SERVICES</b>											
	Surgical services includes usual postoperative care.									06.03	
8741	Gingivectomy/gingivoplasty - four or more teeth per quadrant	06.03	406.40 (356.50)			557.40 (489.00)			Q		A
	A gingivectomy involves the surgical excision of unsupported gingival tissue to the level where it is attached, creating a new gingival margin apical in position of the old. A gingivoplasty involves the surgical contouring of the gingival tissues to secure the physiological architectural form necessary for the maintenance of tissue health and integrity. Edentulous areas are not counted as teeth. When this periodontal procedure extends over the midline, report a combination of procedure codes 8741 and 8743, as appropriate.										
8743	Gingivectomy or gingivoplasty - one to three teeth per quadrant	06.03	324.70 (284.80)			442.50 (388.10)			Q		A
	See code 8741 for descriptor										
8749	Flap procedure, root planing and one to three surgical services - per quadrant	06.03	843.70 (740.10)			1265.70 (1110.20)			Q		A

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	Flap operation with root planing and curettage and which may include not more than 3 of the following: bone contouring, chemical treatment of root surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, clinical crown lengthening, per quadrant. NOTES: 1. Each root resection, tooth hemisection, muco-gingival procedure, wedge resection and clinical crown lengthening shall be deemed to be one procedure. 2. Where a bone regeneration/repair procedure is included within a flap operation, Item 8766 shall apply in addition to the item for the flap operation. 3. Where an apicectomy is included within a flap operation, either Code 9015 or Code 9016 with Modifier 8006 shall apply in addition to the item for the flap operation.										
8751	Flap procedure, root planing and one to three surgical services - per sextant	06.03	698.80 (613.00)			1048.20 (919.50)			S		A
	See code 8749, per sextant.										
8753	Flap procedure, root planing and four or more surgical services - per quadrant	06.03	1045.80 (917.40)			1568.60 (1376.00)			Q		A
	Flap operation with root planing and curettage and will include more than 3 of the following: bone contouring, chemical treatment of root surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, clinical crown lengthening, per quadrant. NOTES: 1. Each root resection, tooth hemisection, muco-gingival procedure, wedge resection and clinical crown lengthening shall be deemed to be one procedure. 2. Where a bone regeneration/repair procedure is included within a flap operation, Item 8766 shall apply in addition to the item for the flap operation. 3. Where an apicectomy is included within a flap operation, either Code 9015 or Code 9016 with Modifier 8006 shall apply in addition to the item for the flap operation.										
8755	Flap procedure, root planing and four or more surgical services - per sextant	06.03	847.50 (743.40)			1271.40 (1115.20)			S		A
	See code 8753, per sextant.										
8756	Clinical crown lengthening (isolated procedure)	06.03	513.90 (450.80)			770.90 (676.30)			T		A
	A surgical procedure designed to increase the amount of tooth structure projecting into the mouth to facilitate a reconstructive or operative procedure. The procedure involves the reflection of a flap and the removal of marginal bone and gingival tissues.										
8759	Pedicle flapped graft (isolated procedure)	06.03	386.20 (338.70)			579.20 (508.00)			M		A
	E.g. lateral sliding double papilla, rotated and similar.										
8761	Masticatory mucosal autograft - one to four teeth (isolated procedure)	05.02	419.60 (368.10)	629.50 (552.20)		629.50 (552.20)			M	+L	A
8762	Masticatory mucosal autograft - four or more teeth (isolated procedure)	05.02	630.50 (553.10)	945.70 (829.60)		945.70 (829.60)			M	+L	A
8763	Wedge resection (isolated procedure)	06.03	246.90 (216.60)			370.30 (324.90)			Q		A
	A surgical procedure that involves the removal of a wedge of tissue. This is normally done in an edentulous area, distal of the last molar of the maxilla or mandible, to result in minimal probing depth of the adjacent tooth. Do not use for a biopsy.										

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8766	Bone regeneration/repair procedure - as part of a flap operation	06.03	201.90 (177.10)			302.90 (265.70)					A
	See code 8749, 8751, 8753 and 8755, per procedure. Excluding cost of regenerative material - See code 8770										
8767	Bone regeneration/repair procedure - at a single site	06.03	523.50 (459.20)	785.30 (688.80)		785.30 (688.80)					A
	Excluding cost of regenerative material - See code 8770										
8769	Membrane removal (used for guided tissue regeneration)	06.03	246.90 (216.60)	370.30 (324.90)		370.30 (324.90)					A
	Note: Maxillo-facial Surgeons may, according to SADA's Dental Coding, use codes 8761, 8767 and 8769 only as part of implant surgery.										
8770	Cost of bone regenerative/repair material	06.03	-	-		-					A
	See Rule 002 and Modifier 8025 for direct material costs										
8772	Submucosal connective tissue autograft (isolated procedure)	05.02	424.10 (372.00)	636.20 (558.00)		636.20 (558.00)					A
8995	Gingivectomy - per jaw	06.03	602.00 (528.10)	903.00 (792.10)					M	+L	S
	See also codes 8741 and 8743.										
<b>NON-SURGICAL PERIODONTAL SERVICES</b>											
8723	Provisional splinting - extracoronar (wire) - per sextant	05.02	144.40 (126.70)			216.50 (189.90)	216.50 (189.90)		M	+L	A
8725	Provisional splinting - extracoronar (wire plus resin) - per sextant	05.02	209.50 (183.80)			314.30 (275.70)	314.30 (275.70)		M	+L	A
8727	Provisional splinting - intracoronar - per tooth	06.03	65.80 (57.70)			98.70 (86.60)	98.70 (86.60)		T	+L	A
	Include intracoronar 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	311.50 (273.20)			422.50 (370.60)			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	247.80 (217.40)			337.10 (295.70)			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.										



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OTHER PERIODONTAL SERVICES													
8768	Unlisted periodontal procedure	04.00	246.90 (216.60)			370.30 (324.90)			T				A
8787	Unlisted oral medicine procedure	04.00	88.60 (77.70)			132.90 (116.60)							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	1255.20 (1101.10)				2620.60 (2298.80)		M	+L			B
	Inclusive of soft bases or metal bases, where applicable.												
8232	Complete denture - maxillary or mandibular	06.03	773.80 (678.80)				1833.50 (1608.30)		M	+L			B
	Inclusive of soft bases or metal bases, where applicable.												
8244	Immediate denture - maxillary	06.03	773.80 (678.80)				1160.80 (1018.20)			+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	773.80 (678.80)				1160.80 (1018.20)			+L			
	See 8244 descriptor.												
8643	Complete dentures - maxillary and mandibular (with complications)	04.00					3401.00 (2983.40)			+L			B
8645	Complete dentures - maxillary and mandibular (with major complications)	04.00					4183.50 (3669.70)			+L			B
8649	Complete denture - maxillary or mandibular (with complications)	05.02					2092.70 (1835.70)		M	+L			B
8651	Complete denture - maxillary or mandibular (with major complications)	05.02					2353.80 (2064.70)		M	+L			B
PARTIAL DENTURES													
8233	Partial denture - resin base - one tooth	05.02	359.80 (315.60)						M	+L			B
8234	Partial denture - resin base - two teeth	05.02	359.80 (315.60)						M	+L			B
8235	Partial denture - resin base - three teeth	05.02	538.40 (472.30)						M	+L			B
8236	Partial denture - resin base - four teeth	05.02	538.40 (472.30)						M	+L			B
8237	Partial denture - resin base - five teeth	05.02	538.40 (472.30)						M	+L			B

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	M P	Lab	T C
8238	Partial denture - resin base - six teeth	05.02	714.10 (626.40)						M	+L	B
8239	Partial denture - resin base - seven teeth	05.02	714.10 (626.40)						M	+L	B
8240	Partial denture - resin base - eight teeth	05.02	714.10 (626.40)						M	+L	B
8241	Partial denture - resin base - nine or more teeth	05.02	714.10 (626.40)						M	+L	B
8281	Partial denture - cast metal framework only	06.03	839.40 (736.30)						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					2092.70 (1835.70)		M	+L	A
	See also GDP Code 8281.										
<b>ADJUSTMENTS TO DENTURES</b>											
8275	Adjust complete or partial denture After six months or for patient of another practitioner.	06.03	57.00 (50.00)				57.00 (50.00)				B
8662	Adjust complete or partial dentures (remounting)	04.00	201.40 (176.60)				302.00 (264.90)			+L	B
<b>REPAIRS TO DENTURES</b>											
	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	98.70 (86.60)				106.30 (93.20)		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	71.20 (62.40)						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	71.20 (62.40)						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	57.00 (50.00)				57.00 (50.00)			+L	B
<b>DENTURE REBASE PROCEDURES</b>											
	Rebase - The partial or complete removal and replacement of the denture base.										06.03
8259	Rebase complete or partial denture (laboratory)	05.02	293.40 (257.30)				423.40 (371.40)		M	+L	B
8261	Remodel complete or partial denture	05.02	471.00 (413.10)						M	+L	B

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<b>DENTURE RELINE PROCEDURES</b>											
	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	186.10 (163.30)				232.60 (204.00)		M		B
8267	Reline complete or partial denture (laboratory)	06.03	428.30 (375.70)				428.30 (375.70)		M	+L	B
	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).										
<b>INTERIM DENTURES</b>											
	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	06.03	773.80 (678.80)				1160.70 (1018.20)		M	+L	B
	See code 8659 for descriptor.										
8659	Interim partial denture	06.03	619.00 (543.00)				928.60 (814.50)		M	+L	B
	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					2092.70 (1835.70)			+L	A
	See also codes 8658, 8659 and 8265.										
<b>OTHER REMOVABLE PROSTHETIC PROCEDURES</b>											
8251	Clasp or rest - cast gold	06.03	71.20 (62.40)							+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	71.20 (62.40)							+L	B
	See code 8251 descriptor.										
8255	Clasp or rest - stainless steel	06.03	75.00 (65.80)							+L	B
	See code 8251 descriptor.										
8257	Bar - lingual or palatal	06.03	88.30 (77.50)						M	+L	B
	See code 8251 descriptor.										
8265	Tissues conditioning per arch (including soft self-cure reline)	05.02	121.60 (106.60)				155.70 (136.60)		M		B
8277	Inlay in denture	06.03								+L	A
	Limitation: Benefits by arrangement.										
8597	Locks and milled rests	04.00	70.90 (62.20)				106.30 (93.20)		T	+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
8599	Precision attachment (removable denture)	06.03	172.70 (151.50)				259.20 (227.40)		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	1395.10 (1223.70)				2092.70 (1835.70)		M	+L	B
	Other separate procedures may be required concurrent to 8652.										
8653	Overdenture - partial	06.04	1116.00 (979.00)				1674.10 (1468.50)		M	+L	B
	Other separate procedures may be required concurrent to 8653.										
8657	Replacement of precision attachment	06.03	98.70 (86.60)				106.30 (93.20)		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	420.30 (368.70)				630.50 (553.10)		M	+L	A
	E.g. chrome cobalt, gold, etc.										
8664	Remount crown or bridge for prosthetics	04.00	201.40 (176.60)				315.50 (276.80)				A
8667	Soft base to denture (heat cured)	05.02	420.30 (368.70)				630.50 (553.10)		M	+L	B
8672	Altered cast technique (in addition to partial denture)	05.02	53.90 (47.30)				80.80 (70.80)		M	+L	B
8674	Additive partial denture	05.02	633.00 (555.30)				949.50 (832.90)		M	+L	B
<b>G.</b>	<b>MAXILLO-FACIAL PROSTHETICS</b>										
	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 Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Schedule plus the fee/benefit indicated										06.03
	<b>MAXILLIARY PROSTHESIS</b>										
9101	Obturator prosthesis, surgical - modified denture	04.00	103.90 (91.10)				155.70 (136.60)			+L	
9102	Obturator prosthesis, surgical - continuous base	04.00	281.60 (247.00)				422.50 (370.60)			+L	
9103	Obturator prosthesis, surgical - split base	04.00	419.60 (368.10)				629.50 (552.20)			+L	
9104	Obturator prosthesis, interim - on existing denture	04.00	633.00 (555.30)				949.50 (832.90)			+L	
9105	Obturator prosthesis, interim - on new denture	04.00	1954.80 (1714.70)				2932.10 (2572.00)			+L	
9106	Obturator prosthesis, definitive - open/hollow box	04.00	633.00 (555.30)				949.50 (832.90)			+D	
9107	Obturator prosthesis, definitive - silicone glove	04.00	1222.30 (1072.20)				1833.50 (1608.30)			+D	

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<b>MANDIBULAR RESECTION PROSTHESES</b>											
9108	Mandibular resection prosthesis w/ guide flange	04.00	1501.50 (1317.10)				2252.20 (1975.60)			+L	
9109	Mandibular resection prosthesis w/o guide flange	04.00	1395.10 (1223.70)				2092.70 (1835.70)			+L	
9110	Mandibular resection prosthesis, palatal augmentation	04.00	281.60 (247.00)				422.50 (370.60)			+D	
<b>GLOSSAL RESECTION PROSTHESES</b>											
9111	Glossal resection prosthesis - simple	04.00	587.40 (515.30)				881.20 (772.90)			+D	
9112	Glossal resection prosthesis - complex	04.00	879.90 (771.90)				1319.80 (1157.80)			+D	
<b>RADIOTHERAPY APPLIANCES</b>											
9113	Radiation carrier - simple	04.00	633.00 (555.30)				949.50 (832.90)			+L	
9114	Radiation carrier - complex	04.00	1747.10 (1532.50)				2620.60 (2298.80)			+L	
9115	Radiation shield - simple	04.00	633.00 (555.30)				949.50 (832.90)			+L	
9116	Radiation shield - complex	04.00	1747.10 (1532.50)				2620.60 (2298.80)			+L	
9117	Radiation cone locator	04.00	633.00 (555.30)				949.50 (832.90)			+L	
<b>CHEMOTHERAPY APPLIANCES</b>											
9118	Chemotherapeutic agent carrier	04.00	633.00 (555.30)				949.50 (832.90)			+L	
<b>CLEFT PALATE PROSTHESES</b>											
8855	Consultation - cleft palate therapy (house or hospital)	04.00	144.40 (126.70)		216.50 (189.90)		216.50 (189.90)				S
8856	Consultation - cleft palate (subsequent)	04.00	70.90 (62.20)		106.30 (93.20)		106.30 (93.20)				S
8857	Consultation - cleft palate (maximum)	04.00	493.10 (432.60)		739.60 (648.80)		739.60 (648.80)				S
<b>NEONATAL PROSTHESES</b>											
9119	Feeding aid prosthesis, neonatal	04.00	560.20 (491.40)		840.40 (737.20)		840.40 (737.20)			+L	S
9120	Orthopaedic appliance, active presurgical - minor	04.00	560.20 (491.40)		840.40 (737.20)		840.40 (737.20)			+L	S
9121	Orthopaedic appliance, active presurgical - moderate	04.00	829.20 (727.30)		1243.80 (1091.10)		1243.80 (1091.10)			+L	S
9122	Orthopaedic appliance, active presurgical - severe	04.00	1395.10 (1223.70)		2092.70 (1835.70)		2092.70 (1835.70)			+L	S
9123	Orthopaedic appliance, active presurgical - modification	04.00	70.90 (62.20)		106.30 (93.20)		106.30 (93.20)				S