



# Guide for Dental Fees for General Dentists

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# ALBERTA DENTAL ASSOCIATION AND COLLEGE

## Preamble

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

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

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

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

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

## Message from the Canadian Dental Association

Your fee guide uses codes from the Uniform System of Coding and List of Services (USC&LS) which is published annually by the Canadian Dental Association. The USC&LS is a terminological standard that provides descriptions and codes to represent oral health services. Its two main uses are the production of fee guides and the exchange of information with insurance companies. The USC&LS is intended to remove, to the greatest extent possible, any ambiguity in the description of services. This can only be accomplished if the codes are used in a consistent fashion—by all users, at all times. As dentists, you will mainly use the USC&LS to describe the services provided on claims you prepare for your insured patients. When you do so, it is important to remember that

The therapeutic value of a service is not a factor in the decision to include a description of a service in the USC&LS. Further, the description of a service in the USC&LS is not an endorsement or a certification of therapeutic value of that service by the Canadian Dental Association.

The descriptor of a service provided in the USC&LS is not intended to determine the standard at which the service should be delivered.

The descriptors of service provided in the USC&LS are not detailed enough to meet the record keeping requirements of provincial dental regulators.

### Structure

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

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

The categories used for the organization of the classification are:

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

The fully specified descriptor of a code is made up of the descriptor of the service code plus those of the general services title, sub-class and class the service is found under. The category of a code is not part of its fully specified descriptor. It is solely intended to guide the search for

codes to represent specific services. This means that categories do not constrain the services a code can describe.

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

### **Units of time**

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

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

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

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

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

### **I.C.**

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

## Standards

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

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

## Coding Instructions

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

### Inclusions and exclusions

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

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

## Selecting the appropriate service code

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

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

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

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

04000 Test/analysis/laboratory procedures/interpretation and/or report; 04200 Test/analysis, caries susceptibility/diagnosis; 04220 Non-ionizing scanning procedure to detect caries and capable of quantifying, monitoring and recording changes in enamel, dentin, and cementum, which includes diagnosis and interpretation of findings; 04221 One unit of time

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

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

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

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

## **Coding of restorations**

Services that use direct restorative materials or single unit indirect restorations for the improvement of the form, function and aesthetics of teeth, without consideration for the cause of the need for improvement are coded in section 20000. The use of direct restorative materials or single unit indirect restorations for purposes other than those above cannot be represented by codes in Category 20000. For example, the addition of composite to a tooth to facilitate an orthodontic treatment is part of the description of the orthodontic treatment and must not be represented by codes in classification 23000.

The coding for many restorative services is done on a tooth by tooth basis and depends on the number of surfaces restored, with one material, at one appointment, not the number of discrete restorations placed on that tooth.

## **Units of time**

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

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

A unit of time, either half or full as appropriate, is added to the total number of units used as soon as the delivery of the service extends into the next unit of time. For example, a service where a code for half- units of time is not available that takes between 1 and 15 minutes to deliver should be recorded as one unit of time. One that takes between 16 and 30 minutes as two units of time. Services for which a code representing a half-unit of time is available should be recorded as the number of full units used plus one half-unit if the overage is up to 7 ½ minutes or the number of full units used if the overage is more than 7 ½ minutes. For example, if a service, for which for which a code representing a half-unit of time is available, took 17 minutes to deliver, it should be coded as one full unit and one half-unit. If the same service took 24minutes, it would be coded as two full units.

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

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

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

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### 2022 Uniform System of Coding and List of Services Changed from 2021

Code	Change Type	Code Description	Change Made
01001	Correction	EXAMINATION AND DIAGNOSIS, CLINICAL ORAL	Service Class code changed from 01001 to 01000 to correct longstanding classification error to a header code that is not used for the representation of a service
02801	Edit	One unit of time + E	Replacing "+E" with "+PS"
02802	Edit	Two units+ E	Replacing "+E" with "+PS"
02809	Edit	Each additional unit over two +E	Replacing "+E" with "+PS"
08000	New	<p>REMOTE ASSESSMENT</p> <ul style="list-style-type: none"> <li>• Codes in the 08010 series: May be used for consultations with patients exceeding 7.5 minutes, utilizing a remote dentistry platform. The code includes verifying patient identity, informed consent, review of medical and clinical history, assessment of the clinical situation, interim diagnosis, remote management (e.g.: calling in a prescription, appropriate referral etc.), appropriate documentation and subsequent follow up calls.</li> <li>• <b>Use of this code series will only be authorized</b> for the use of remote dentistry during the Covid-19 Pandemic and State of Public Health Emergency in Alberta, and its use will not be authorized in any other setting or circumstances</li> </ul>	
08010	New	Of chief complaint	
08011	New	One unit of time	
08012	New	Two units of time	
08019	New	Each additional unit over two	
52200	Edit	DENTURES, PARTIAL, ACRYLIC, RESILIENT RETAINER	Changed to: DENTURES, PARTIAL, POLYMER, RESILIENT RETAINER
52210	Edit	Dentures, Partial, Acrylic, Resilient Retainer (immediate) (includes first tissue conditioner, but not a processed reline)	Changed to: Dentures, Partial, Polymer, Resilient Retainer, (Immediate) (includes first tissue conditioner, but not a processed reline)



60000	Edit	The individual components (abutment, retainer and pontic) of a multi-unit fixed prosthesis each constitute separate units of that restoration and must be coded individually	Correction of a formatting error and clarification of coding instructions
93341	Edit	Orthodontic Treatment	Changed to: Orthodontic Treatment (fee entered is the value of the treatment plan being predetermined)

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<b>00000</b>			<b>DIAGNOSTIC</b>	
<b>01000</b>			<b>EXAMINATION AND DIAGNOSIS, CLINICAL ORAL</b>	
<b>01010</b>			<b>FIRST DENTAL VISIT/ORIENTATION</b>	
	01011		Oral assessment for patients up to the age of 3 years inclusive. Assessment to include: Medical history, familial dental history; dietary/feeding practices; oral habits; oral hygiene; fluoride exposure. Anticipatory guidance with parent/guardian	77.18
<b>01100</b>			<b>EXAMINATIONS, AND DIAGNOSIS COMPLETE ORAL, to include:</b>	
	(a)		History, Medical and Dental.	
	(b)		Clinical Examination and Diagnosis of Hard and Soft tissues, including the following as necessary: Carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality test/analysis, where necessary and any other pertinent factors;	
	(c)		Radiographs extra, as required.	
	01101		Examination and Diagnosis, Complete, Primary Dentition, to include:	77.18
	(a)		Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	
	01102		Examination and Diagnosis, Complete, Mixed Dentition, to include:	105.20
	(a)		Extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	
	(b)		Eruption sequence, tooth size - jaw size assessment.	
	01103		Examination and Diagnosis, Complete, Permanent Dentition, to include:	110.06
	(a)		Extended examination on permanent dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.	
<b>01200</b>			<b>EXAMINATIONS AND DIAGNOSIS, LIMITED ORAL</b>	
	01201		Examination and Diagnosis, Limited, Oral, New Patient. Examination and diagnosis of hard and soft tissues, including checking of occlusion and appliances, but not including specific test/ analysis as for 01100. (May include PSR)	81.73
	01202		Examination and diagnosis, Limited oral, Previous Patient (recall). Examination of hard and soft tissues, including checking of occlusion and appliances, but not including specific tests, as for 01100.	69.67
	01204		Examination and Diagnosis, Specific Examination and evaluation of a specific situation in a localized area. Not to be used as a substitute for limited exam codes (01201, 01202)	69.67
	01205		Examination and Diagnosis, Emergency. Examination and Diagnosis for the investigation of discomfort and/or infection in a localized area. Not to be used as a substitute for limited exam codes (01201, 01202).	69.67
	01206		Analysis, Mixed Dentition	87.44
<b>01300</b>			<b>EXAMINATIONS AND DIAGNOSIS, STOMATOGNATHIC, DYSFUNCTIONAL</b>	
	01301		Examination and Diagnosis, Stomatognathic Dysfunctional, Comprehensive, to include:	293.02
	(a)		History, Medical , Dental, Pain/Dysfunction	

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		(b)	Clinical examination to include, general appraisal, examination of head and neck, musculoskeletal system (static and functional); intraoral examination of hard and soft tissues, including occlusal analysis; consultation with other health care professionals, review of previous records, including radiographs, ordering of appropriate test/analysis and consultations.	
		01302	Examination and Diagnosis, Stomatognathic Dysfunctional, Limited	89.02
<b>01400</b>			<b>EXAMINATIONS AND DIAGNOSIS, ORAL PATHOLOGY</b>	
		01401	Examination and Diagnosis, Oral Pathology, General, to include:	178.03
		(a)	Initial consultation with referring dentist or physician,	
		(b)	History, Medical and Dental,	
		(c)	Clinical examination including in-depth analysis of medical status,	
		(d)	Diagnosis, prognosis and formulation of a treatment plan.	
		01402	Examination and Diagnosis, Oral Pathology, Specific (or repeat examination within 90 days for the same illness).	89.02
<b>01500</b>			<b>EXAMINATION AND DIAGNOSIS, PERIODONTAL</b>	
		01501	Examination and Diagnosis, Periodontal, General Recording History, Charting, Treatment Planning and Case Presentation:	223.50
		(a)	History, Medical and Dental	
		(b)	Clinical Examination includes evaluation of topography of the gingiva and related structures; degree of gingival inflammation; location, extent, sulcular depth; furcation involvement, mobility of teeth; tooth contact relationships; evaluation of occlusion; TMJ; examination of oral soft tissue pathosis; evaluation of the existing restorative and/or prosthetic appliances; caries and pulpal vitality.	
		01502	Examination and Diagnosis, Periodontal, Limited (previous patient)	161.87
		01503	Examination and Diagnosis, Periodontal, Specific	161.87
<b>01600</b>			<b>EXAMINATIONS AND DIAGNOSIS, SURGICAL</b>	
		01601	Examination and Diagnosis, Surgical, General	178.04
		(a)	History, Medical and Dental	
		(b)	Clinical Examination as above, may include in-depth analysis of medical status, medication, anaesthetic and surgical risk, initial consultation with referring dentist or physician, parent or guardian, evaluation of source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors, TMJ, or where the patient is to be admitted to hospital for dental procedures.	
		01602	Examination and Diagnosis, Surgical, Specific	106.72
<b>01700</b>			<b>EXAMINATIONS AND DIAGNOSIS, PROSTHODONTIC</b>	
		01701	Examination and Diagnosis, Prosthodontic, Edentulous	121.41
		(a)	Extended Examination of the Edentulous Mouth, including detailed Medical and Dental History (incl. prosthetic history), visual and digital examination of the oral structures, head and neck (incl. TMJ), lips, oral mucosa, tongue, oral pharynx, salivary glands and lymph nodes, and including evaluation for implant-supported or retained prosthesis.	
		01702	Examination and Diagnosis, Prosthodontic, Specific	82.02
		01703	Examination and Diagnosis, Prosthodontic, Fixed Oral Rehabilitation, to include:	333.55
		(a)	History, Medical and Dental	
		(b)	Clinical Examination of Hard and Soft Tissues, including carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality test/analysis, where necessary and any other pertinent factors.	
		(c)	Evaluation of specific sites for implant-supported or retained prosthesis;	

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		(d)	Radiographs extra, as required	
<b>01800</b>			<b>EXAMINATION AND DIAGNOSIS, ENDODONTIC</b>	
		01801	Examination and Diagnosis, Endodontic, Complete Endodontic examination and/or complicated diagnosis. Recording history, charting treatment planning and case history. Includes the following:	179.12
		(a)	History, Medical and Dental	
		(b)	Clinical Examination and Diagnosis may include vitality test/analysis, thermal test/analysis, cracked tooth test/analysis, occlusal exams, percussion, palpation, transillumination, anaesthetic test/analysis and mobility test/analysis.	
		01802	Examination and Diagnosis, Endodontic, Specific Endodontic examination and evaluation of a specific situation in a localized area and vitality tests/analysis.	111.79
<b>01900</b>			<b>EXAMINATION AND DIAGNOSIS, ORTHODONTIC</b>	
		01901	Examination and Diagnosis, Orthodontic, General. To include:	459.94
		(a)	Diagnostic models, complete intraoral radiograph series, or panoramic film, cephalograms, facial and intraoral photographs, consultation and case presentation.	+L
		01902	Examination and Diagnosis, Orthodontic, Specific	92.27
<b>02000</b>			<b>RADIOGRAPHS (including radiographic examination and diagnosis and interpretation)</b>	
<b>02100</b>			<b>RADIOGRAPHS, REGIONAL/LOCALIZED</b>	
		02101	Radiographs, Complete Series (minimum of 12 images incl. bitewings)	215.61
		02102	Radiographs, Complete Series (minimum of 16 images incl. bitewings)	215.61
		<b>02110</b>	<b>Radiographs, Periapical</b>	
		02111	Single image	32.32
		02112	Two images	51.51
		02113	Three images	73.10
		02114	Four images	94.68
		02115	Five images	108.85
		02116	Six images	130.34
		02117	Seven images	153.44
		02118	Eight images	174.21
		02119	Nine images	194.98
		02120	Ten images - The assignment to this service of a code ending in 0 is not aligned to the coding rules for the USC&LS. 02120 is nonetheless the appropriate code for the representation of this service	205.44
		<b>02130</b>	<b>Radiographs, Occlusal</b>	
		02131	Single image	53.82
		02132	Two images	75.40
		02133	Three images	96.98
		02134	Four images	118.56
		<b>02140</b>	<b>Radiographs, Bitewing</b>	
		02141	Single image	32.32
		02142	Two images	51.51
		02143	Three images	73.10
		02144	Four images	94.68
		02145	Five images	108.85

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		02146	Six images	130.34
<b>02300</b>			<b>RADIOGRAPHS, POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE</b>	
		02301	Single image	80.79
		02302	Two images	134.71
		02303	Three images	188.65
		02304	Sinus Examination and Diagnosis - Minimum four images identified as: 1) Waters 2) Caldwell 3) Lateral Skull 4) Basal	242.56
		02309	Each additional image over four	53.39
<b>02400</b>			<b>RADIOGRAPHS, SIALOGRAPHY</b>	
		02401	Single image	80.81
		02402	Two images	134.71
		02409	Each additional image over two	53.39
		<b>02410</b>	<b>Radiopaque Dyes, Use of, To Demonstrate Lesions</b>	
		02411	One unit of time	I.C.
		02412	Two units of time	I.C.
		02419	Each additional unit over two	I.C.
<b>02500</b>			<b>RADIOGRAPHS, TEMPOROMANDIBULAR JOINT</b>	
		02501	Single image	80.79
		02502	Two images	134.71
		02503	Three images	188.65
		02504	Four images (minimum examination and diagnosis closed and open each side)	242.56
		02509	Each additional image over four	53.39
		<b>02510</b>	<b>Arthrography of Temporo-mandibular joint</b>	
		02511	Performing the Arthrographic Procedure	267.05
		<b>02520</b>	<b>Interpretation of the Arthrogram</b>	
		02521	One unit of time	80.94
		02529	Each additional unit of time	80.94
<b>02600</b>			<b>RADIOGRAPHS, PANORAMIC</b>	
		02601	Single image	95.78
<b>02700</b>			<b>RADIOGRAPHS, CEPHALOMETRIC</b>	
		02701	Single image	128.91
		02702	Two images	202.13
		<b>02750</b>	<b>Radiographs, Cephalometric, Tracing and Interpretation</b>	
		02751	One unit of time	89.02
		02752	Two units	178.04
		02759	Each additional unit over two	89.02
<b>02800</b>			<b>RADIOGRAPHS, COMPUTERIZED AXIAL TOMOGRAMS (CT), POSITRON EMISSION TOMOGRAPHY (P.E.T), MAGNETIC RESONANCE IMAGES (M.R.I) INTERPRETATION (either the radiographs, CT scans, PET scans, MRI scans, or the interpretation must be received from another source)</b>	
		02801	One unit of time	+PS 99.07

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		02802	Two units	+PS	198.14
		02809	Each additional unit over two	+PS	99.07
<b>02900</b>			<b>RADIOGRAPHS, OTHER</b>		
	<b>02910</b>		<b>Radiographs, Duplications</b>		
		02911	Single image		6.14
		02912	Two images		12.20
		02913	Three images		18.29
		02914	Four images		24.39
		02915	Five images		30.49
		02916	Six images		36.59
		02917	Seven images		42.71
		02918	Eight images		47.27
		02919	Each additional image over eight		6.14
	<b>02930</b>		<b>Radiographs, Tomography</b>		
		02931	Single view		128.91
		02932	Two views		202.19
		02933	Three views		271.81
		02934	Four views		336.86
		02939	Each additional view over four		53.39
	<b>02940</b>		<b>Radiographs, Hand and Wrist</b>		
		02941	Radiographs, Hand and Wrist (as a diagnostic aid for dental treatment) per case		128.91
	<b>02950</b>		<b>Radiographic Guide,</b>		
			(includes diagnostic wax-up, with radio-opaque markers for pre-surgical assessment of alveolar bone and vital structures as potential osseointegrated implant site(s))		
		02951	Maxillary Guide	+L +E	I.C.
		02952	Mandibular	+L +E	I.C.
<b>03000</b>			<b>TEMPLATE, SURGICAL</b> (includes diagnostic wax-up. Also used to locate and orient osseointegrated implants)		
		03001	Maxillary Template	+L +E	80.94
		03002	Mandibular Template	+L +E	80.94
<b>04000</b>			<b>TEST/ANALYSIS/LABORATORY PROCEDURES/INTERPRETATION AND/OR REPORTS</b>		
	<b>04100</b>		<b>Test/Analysis, Microbiological (technical procedure only)</b>		
		04101	Microbiological Test/Analysis for the Determination of Pathological Agents	+L	76.89
	<b>04200</b>		<b>Test/Analysis, Caries Susceptibility/Diagnosis</b>		
		04201	Bacteriological Test/Analysis for the Determination of Dental Caries Susceptibility (technical procedure only)	+L	76.89
	<b>04220</b>		<b>Non-ionizing scanning procedure to detect caries and capable of quantifying, monitoring and recording changes in enamel, dentin, and cementum, which includes diagnosis and interpretation of findings.</b>		
		04221	One unit of time		32.32
		04227	One half unit of time		16.16
<b>04300</b>			<b>TEST/ANALYSIS, HISTOPATHOLOGICAL (technical procedure only)</b>		

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<b>04310</b>		<b>Test/Analysis, Histopathological, Soft Tissue</b>			
	04311	Biopsy, Soft Oral Tissue - by Puncture	+L		89.02
	04312	Biopsy, Soft Oral Tissue - by Incision	+L		89.02
	04313	Biopsy, Soft Oral Tissue - by Aspiration	+L		89.02
<b>04320</b>		<b>Test/Analysis, Histopathological, Hard Tissue</b>			
	04321	Biopsy, Hard Oral Tissue - by Puncture	+L		I.C.
	04322	Biopsy, Hard Oral Tissue - by Incision	+L		I.C.
	04323	Biopsy, Hard Oral Tissue - by Aspiration	+L		I.C.
<b>04400</b>		<b>TEST/ANALYSIS, CYTOLOGICAL (technical procedure only)</b>			
	04401	Cytological Smear from the Oral Cavity	+L+E		76.89
	04402	Vital Staining of Oral Mucosal Tissues	+E		76.89
<b>04500</b>		<b>TESTS/ANALYSIS, PULP VITALITY AND INTERPRETATION</b>			
	04501	One unit of time			76.89
	04509	Each additional unit			76.89
<b>04600</b>		<b>INTERPRETATION AND/OR REPORTS, LABORATORY</b>			
	04601	Interpretation and/or Report, Microbiological by Oral Microbiologist	+L		76.88
			to		230.70
	04602	Interpretation and/or Report, Histopathological by Oral Pathologist or Microbiologist	+L		89.02
			to		267.05
	04603	Interpretation and/or Report, Cytological by Oral Pathologist	+L		76.89
	04604	Reports, Other			I.C.
<b>04700</b>		<b>SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY)</b>			
<b>04710</b>		<b>Equilibration, Casts Diagnostic (Pilot Equilibration) For Extensive Or Complicated Restorative Dentistry</b>			
	04711	One unit of time	+L		80.94
	04712	Two units	+L		161.88
	04713	Three units	+L		242.82
	04714	Four units	+L		323.76
	04719	Each additional unit over four	+L		80.94
<b>04720</b>		<b>Wax-up, Diagnostic (To Evaluate Cosmetic And/Or Preparation Design And/Or Occlusal Considerations) (Gnathological Wax-up)</b>			
	04721	One unit of time	+L		80.94
	04722	Two units	+L		161.88
	04723	Three units	+L		242.82
	04724	Four units	+L		323.76
	04729	Each additional unit over four	+L		80.94
<b>04730</b>		<b>Split Cast Mounting, Diagnostic</b>			
	04731	One unit of time	+L		80.94
	04732	Two units	+L		161.88
	04733	Three units	+L		242.82
	04734	Four units	+L		323.76
	04739	Each additional unit over four	+L		80.94
<b>04740</b>		<b>Interpretation of Diagnostic Casts</b>			

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		04741	One unit of time	77.97
		04749	Each additional unit	77.97
<b>04800</b>			<b>VISUAL IMAGING, DIAGNOSTIC</b>	
	<b>04810</b>			
		04811	Single photograph	20.29
		04812	Two photos	38.44
		04813	Three photos	57.68
		04819	Each additional photo over three	20.29
<b>04900</b>			<b>CASTS, DIAGNOSTIC (technical procedure only)</b>	
	<b>04910</b>		<b>Cast, Diagnostic, Unmounted</b>	
		04911	Cast, Diagnostic, Unmounted	+L 86.64
		04912	Cast, Diagnostic, Unmounted, Duplicate	+L 38.44
		04913	Casts, Diagnostic, Unmounted, Upper and Lower Combined	+L 181.99
	<b>04920</b>		<b>Casts, Diagnostic, Mounted</b>	
		04921	Casts, Diagnostic, Mounted	+L 135.95
		04922	Casts, Diagnostic, Mounted, using face bow transfer	+L 180.91
		04923	Casts, Diagnostic, Mounted, using face bow and occlusal records	+L 357.26
		04924	Casts, Diagnostic, Mounted using fully adjustable articulator (used with 04941 and 04942)	+L I.C.
	<b>04930</b>		<b>Casts, Diagnostic, Orthodontic</b>	
		04931	Casts, Diagnostic, Orthodontic (unmounted, angle trimmed and soaped)	+L 153.79
	<b>04940</b>		<b>Casts, Diagnostic, Miscellaneous Procedures</b>	
		04941	Transverse Axis Location and Transfer, used in conjunction with 04922, 04923, and 04924	+L I.C.
		04942	Three Dimensional Recordings of Patient's Dynamic Movements for Programming of Fully Adjustable Articulators	+L I.C.
		04943	Custom Incisal Guide Table	+L I.C.
<b>05000</b>			<b>CASE PRESENTATION/TREATMENT PLANNING</b>	
<b>05100</b>			<b>TREATMENT PLANNING</b>	
			(This service is only for extra time spent on unusually complicated cases or where the patient demands unusual time in explanation or where diagnostic material is received from another source. Usual case presentation time and usual treatment planning time are implicit in the examination fee and diagnosis fee in the radiographic interpretation fee.)	
		05101	One unit of time	80.94
		05102	Two units	161.88
		05103	Three units	242.82
		05104	Four units	323.76
		05109	Each additional unit over four	80.94
<b>05200</b>			<b>CONSULTATION, with patient</b>	
		05201	One unit of time	84.19
		05202	Two units	168.38
		05209	Each additional unit over two	84.19
<b>07000</b>			<b>RADIOGRAPHS, CONE BEAM COMPUTERIZED TOMOGRAPHY (CBCT)</b>	



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	<b>07010</b>		<b>Radiographs, CBCT, Acquisition</b>	
		07011	Small field of view (e.g. sextant or part of; isolated temporomandibular joint)	107.74
		07012	Large field of view (1 arch)	128.91
		07013	Large field of view (2 arches)	202.19
	<b>07020</b>		<b>Radiographs, CBCT, Image Processing</b>	
		07021	One unit of time	I.C.
		07022	Two units	I.C.
		07027	One half unit of time	I.C.
		07029	Each additional unit over two	I.C.
	<b>07030</b>		<b>Radiographs, CBCT, Interpretation</b>	
		07031	One unit of time	89.02
		07032	Two units of time	178.04
		07037	One half unit of time	44.51
		07039	Each additional unit over two	89.02
	<b>07040</b>		<b>Radiographs, CBCT, Acquisition, Processing and Interpretation</b>	
		07041	Small field of view (sextant or part of; isolated temporomandibular joint)	196.76
		07042	Large field of view (1 arch)	217.93
		07043	Large field of view (2 arches)	291.21
<b>08000</b>			<b>REMOTE ASSESSMENT</b>	
			<ul style="list-style-type: none"> <li>• <b>Codes in the 08010 series:</b> May be used for consultations with patients exceeding 7.5 minutes, utilizing a remote dentistry platform. The code includes verifying patient identity, informed consent, review of medical and clinical history, assessment of the clinical situation, interim diagnosis, remote management (e.g.: calling in a prescription, appropriate referral etc.), appropriate documentation and subsequent follow up calls.</li> <li>• <b>Use of this code series will only be authorized</b> for the use of remote dentistry during the Covid-19 Pandemic and State of Public Health Emergency in Alberta, and its use will not be authorized in any other setting or circumstances</li> </ul>	
	<b>08010</b>		Of chief complaint	
		08011	One unit of time	84.19
		08012	Two units of time	168.38
		08019	Each additional unit over two	84.19
<b>10000</b>			<b>PREVENTION</b>	
<b>11100</b>			<b>POLISHING</b>	
		11101	One unit of time	64.90
		11102	Two units	129.80
		11107	One half unit	32.45
<b>11110</b>			<b>SCALING</b>	
		11111	One unit of time	72.84
		11112	Two units	145.68
		11113	Three units	218.52
		11114	Four units	291.36
		11115	Five units	364.20
		11116	Six units	437.04
		11117	One half unit	36.42
		11119	Each Additional unit over six	72.84

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<b>12100</b>			<b>FLUORIDE TREATMENTS (whole mouth)</b>	
	<b>12110</b>			
		12111	Rinse	31.44
		12112	Gel or Foam	31.44
		12113	Varnish	31.44
		12114	Self-Administered Brush-In, supervised	31.44
<b>12600</b>			<b>FLUORIDE, CUSTOM APPLIANCES, (home application)</b>	
		12601	Fluoride, Custom Appliance - Maxillary Arch	+L 76.89
		12602	Fluoride, Custom Appliance - Mandibular Arch	+L 76.89
<b>12700</b>			<b>MEDICATION, CUSTOM APPLIANCE</b>	
		12701	Medication, Custom Appliance - Maxillary Arch	+L 76.89
		12702	Medication, Custom Appliance - Mandibular Arch	+L 76.89
<b>13000</b>			<b>PREVENTIVE SERVICES, OTHER</b>	
<b>13100</b>			<b>NUTRITIONAL COUNSELLING</b>	
			Including: recording and analysis of up to seven-day dietary intake and consultation	
		13101	One unit of time	76.89
		13102	Two units	153.78
		13103	Three units	230.67
		13104	Four units	307.56
		13109	Each additional unit over four	76.89
<b>13200</b>			<b>ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL</b>	
			To include: brushing and/or flossing and/or embrasure cleaning.	
	<b>13210</b>		<b>Individual Instruction (One Instructor To One Patient) - Excluding Audio-Visual Time</b>	
		13211	One unit of time	76.89
		13212	Two units	153.78
		13213	Three units	230.67
		13214	Four units	307.56
		13217	One half of unit	38.45
		13219	Each additional unit over four	76.89
	<b>13220</b>		<b>Group Instruction - Excluding Audio-Visual Time</b>	
		13221	One unit of time	76.89
		13222	Two units	153.78
		13223	Three units	230.67
		13224	Four units	307.56
		13229	Each additional unit over four	76.89
	<b>13230</b>		<b>Re-Instruction (Within 6 Months) - Excluding Audio-Visual Time</b>	
		13231	One unit of time	76.89
		13232	Two units	153.78
		13239	Each additional unit over two	76.89
	<b>13240</b>		<b>Oral Hygiene Instruction - Audio-Visual</b>	
		13241	One unit of time	76.89
		13242	Two units	153.78

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		13249	Each additional unit over two	76.89
<b>13400</b>			<b>SEALANTS, PIT AND FISSURE (Mechanical and/or chemical preparation included)</b>	
		13401	First tooth	35.39
		13409	Each additional tooth same quadrant	17.70
<b>13410</b>			<b>Preventive Restorative Resin (procedure that involves some preparation of the pits and/or fissures in tooth enamel and may extend into dentin in limited areas)</b>	
		13411	First tooth	78.69
		13419	Each additional tooth same quadrant	74.35
<b>13600</b>			<b>TOPICAL APPLICATION TO HARD TISSUE LESION(S) OF AN ANTIMICROBIAL OR REMINERALIZATION AGENT</b>	
		13601	One unit of time	+E 76.89
		13602	Two units	+E 153.78
		13609	Each additional unit over two	76.89
<b>14000</b>			<b>APPLIANCES</b>	
<b>14100</b>			<b>APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS</b>	
		14101	Appliance, Maxillary	+L 567.73
		14102	Appliance, Mandibular	+L 567.73
<b>14200</b>			<b>APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS</b>	
		14201	Appliance, Maxillary	+L 623.13
		14202	Appliance, Mandibular	+L 623.13
<b>14300</b>			<b>CONTROL OF ORAL HABITS, MISCELLANEOUS</b>	
		14301	Motivation of Patient - Psychological Approach (e.g. thumb sucking, lip biting, etc.) - per visit	+L 89.02
<b>14310</b>			<b>Myofunctional Therapy</b> (e.g. to correct mouth breathing, abnormal swallowing, tongue thrust, etc.)	
		14311	First unit of time per visit	+L 89.02
		14312	Two units	+L 178.04
		14319	Each additional unit over two	+L 89.02
<b>14400</b>			<b>APPLIANCES, CONTROL OF ORAL HABITS ADJUSTMENTS, REPAIRS, MAINTENANCE</b>	
		14401	One unit of time	+L 89.02
		14402	Two units of time	+L 178.04
		14403	Three units of time	+L 267.06
		14409	Each additional unit over three	+L 89.02
<b>14500</b>			<b>APPLIANCES, PROTECTIVE MOUTH GUARDS</b>	
		14501	Appliance, Protected Mouth Guards, Preformed	92.06
		14502	Appliance, Protective Mouth Guards, Processed	+L 100.74
<b>14600</b>			<b>APPLIANCES, PERIODONTAL</b> (see separate code for control of Oral Habits 14000, Protective Mouth Guards 14500, TMJ 14700 and TMJ appliances 78700)	
<b>14610</b>			<b>Appliances, Periodontal (including bruxism appliance); Includes Impression, Insertion and Insertion Adjustment (no post-insertion adjustments)</b>	

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		14611	Maxillary Appliance	+L	453.98
		14612	Mandibular Appliance	+L	453.99
	<b>14620</b>		<b>Appliances, Adjustment, Repair</b>		
		14621	One unit of time	+L	82.55
		14622	Two units	+L	165.10
		14623	Three units	+L	247.65
		14629	Each additional unit over three	+L	82.55
	<b>14630</b>		<b>Appliances, Reline</b>		
		14631	Reline, Direct		247.67
		14632	Reline, Processed	+L	247.67
<b>14700</b>			<b>APPLIANCES, TEMPOROMANDIBULAR JOINT</b>		
	<b>14710</b>		<b>Appliance, TMJ, Diagnostic and/or Therapeutic, includes impression, insertion and insertion adjustment (no post-insertion adjustments)</b>		
		14711	Maxillary Appliance	+L	668.35
		14712	Mandibular Appliance	+L	668.35
	<b>14720</b>		<b>Appliance, TMJ Intraoral Repositioning; includes impression, insertion and insertion adjustment (no post-insertion adjustments)</b>		
		14721	Maxillary Appliance	+L	668.35
		14722	Mandibular Appliance	+L	668.35
	<b>14730</b>		<b>Appliance, TMJ, Periodic Maintenance, Adjustments, Repairs</b>		
		14731	One unit of time	+L	86.67
		14732	Two units	+L	173.34
		14733	Three units	+L	260.01
		14739	Each additional unit over three	+L	86.67
	<b>14740</b>		<b>Appliance, TMJ, Reline</b>		
		14741	Reline, Direct		247.67
		14742	Reline, Indirect	+L	247.67
<b>14800</b>			<b>APPLIANCES, MYOFASCIAL PAIN DYSFUNCTION SYNDROME</b> (conditions that originate outside the temporomandibular joint)		
	<b>14810</b>		<b>Appliance, Myofascial Pain Dysfunction Syndrome, (to include: models, gnathological determinants) Appliance Construction only, and insertion adjustment (no post-insertion adjustments)</b>		
		14811	Maxillary Appliance	+L	754.28
		14812	Mandibular Appliance	+L	754.28
	<b>14820</b>		<b>Appliance, Myofascial Pain Dysfunction Syndrome, Periodic Maintenance, Adjustment and Repairs</b>		
		14821	One unit of time	+L	86.67
		14822	Two units	+L	173.34
		14823	Three units	+L	260.01
		14829	Each additional unit over three	+L	86.67

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<b>14900</b>			<b>APPLIANCES, INTRAORAL, TO TREAT MEDICALLY DIAGNOSED OBSTRUCTIVE SLEEP APNEA, SNORING, UPPER AIRWAY RESISTANCE SYNDROM (UARS) WITH OR WITHOUT APNEA (Includes models, gnathological determinants, appliance construction and insertion adjustment [no post-insertion adjustments])</b>		
		14901	Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Ridge or Tooth Supported	+L	801.18
		14902	Appliance, Tongue Retaining Device, for the Treatment of Obstructive Airway Disorders	+E	453.98
	<b>14910</b>		<b>Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Periodic Maintenance, Adjustment and Repairs</b>		
		14911	One unit of time	+L	89.02
		14912	Two units	+L	178.04
		14919	Each additional unit over two	+L	89.02
	<b>14920</b>		<b>Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Monitoring To include patient to ensure proper use of appliances and evaluation for referrals to other health care professionals for appropriate medical management.</b>		
		14921	One unit of time		80.94
		14922	Two units		161.88
		14929	Each additional unit over two		80.94
<b>15000</b>			<b>SPACE MAINTAINERS</b>		
			(Includes the design, separation, fabrication, insertion, and where applicable initial cementation and removal)		
<b>15100</b>			<b>SPACE MAINTAINERS, BAND TYPE</b>		
		15101	Space Maintainer, Band Type, Fixed, Unilateral	+L	267.05
		15102	Space Maintainer, Band Type, Fixed, Unilateral with Intra-alveolar attachment	+L	267.05
		15103	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch)	+L	356.07
		15104	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch), with Teeth Attached	+L	356.07
		15105	Space Maintainer, Band Type, Fixed, Bilateral Tubes and Locking Wire	+L	356.07
<b>15200</b>			<b>SPACE MAINTAINERS, STAINLESS STEEL CROWN TYPE</b>		
		15201	Space Maintainer, Stainless Steel Crown Type, Fixed	+L	282.23
		15202	Space Maintainer, Stainless Steel Crown Type, Fixed, with Intra Alveolar Attachment	+L	267.05
<b>15300</b>			<b>SPACE MAINTAINERS, CAST TYPE</b>		
		15301	Space Maintainer, Cast Type, Fixed	+L	I.C.
		15302	Space Maintainer, Cast Type, Fixed, with Intra Alveolar Attachment	+L	I.C.
<b>15400</b>			<b>SPACE MAINTAINERS, ACRYLIC, REMOVABLE</b>		
		15401	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires	+L	267.05
		15402	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires with Teeth	+L	267.05
		15403	Space Maintainer, Acrylic Removable, No Clasps	+L	267.05
<b>15500</b>			<b>SPACE MAINTAINERS, BONDED, PONTIC TYPE</b>		
		15501	Space Maintainer, Bonded, Pontic Type	+L	267.05
<b>15600</b>			<b>SPACE MAINTAINERS, MAINTENANCE OF</b>		
		15601	Maintenance, Space Maintainer Appliances, to include: adjustment and/or recementation after 30 days from insertion		89.02

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		15602	Maintenance, Space Maintainer Appliances, addition of clasps and/or activating wires	+L	178.04
		15603	Repairs, Space Maintainer Appliances (including recementation)	+L	178.04
		15604	Removal of Fixed Space Maintainer Appliances by Second Dentist		84.97
<b>16100</b>			<b>FINISHING RESTORATIONS</b>		
			To include: polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (when restorations were performed by another dentist or restorations are over two years old)		
		16101	One unit of time		80.94
		16102	Two units		161.88
		16103	Three units		242.82
		16104	Four units		323.76
		16109	Each additional unit over four		80.94
<b>16200</b>			<b>DISKING OF TEETH, Interproximal</b>		
		16201	One unit of time		76.88
		16202	Two units		153.76
		16203	Three units		230.64
		16209	Each additional unit over three		76.88
<b>16300</b>			<b>RECONTOURING OF NATURAL TEETH FOR AESTHETIC REASONS</b>		
		16301	One unit of time		84.97
		16309	Each additional unit of time		84.97
<b>16400</b>			<b>RECONTOURING OF TEETH FOR FUNCTIONAL REASONS</b>		
			(Not associated with delivery of a single or multiple prosthesis)		
		16401	One unit of time		84.97
		16409	Each additional unit of time		84.97
<b>16500</b>			<b>OCLUSION</b>		
	<b>16510</b>		<b>Occlusal Adjustment/Equilibration:</b>		
			(a) May require several sessions		
			(b) May be used in conjunction with basic restorative treatment only when occlusal adjustment/equilibration is not required as a result of that restoration.		
			(c) Not to be used in conjunction with the delivery and post-insertion care of: fixed or removable prosthesis (50000 & 60000 code series) by the same dentist for period of three months.		
		16511	One unit of time		94.90
		16512	Two units		189.80
		16513	Three units		284.70
		16514	Four units		379.60
		16519	Each additional unit over four		94.90
<b>20000</b>			<b>RESTORATION</b>		
	<b>Note 1:</b>		Treatment of dental caries includes pulp protection and local anaesthesia.		
	<b>Note 2:</b>		Where, at the same appointment, in order to conserve tooth structure, two separate restorations are performed on the same tooth involving a common surface, when one restoration might have been done; this should be considered as one restoration in assessing the fee.		
	<b>Note 3:</b>		Finishing restorations is a separate procedure done at a separate appointment (See 16100)		
<b>20100</b>			<b>CARIES, TRAUMA AND PAIN CONTROL</b>		

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<b>20110</b>		<b>Caries/Trauma/Pain Control</b>		
		(removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure).		
	20111	First tooth		86.67
			to	173.35
	20119	Each additional tooth same quadrant		86.67
			to	173.35
<b>20120</b>		<b>Caries/Trauma/Pain Control</b>		
		(removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support, as a separate procedure)		
	20121	First tooth		130.02
			to	216.69
	20129	Each additional tooth same quadrant		130.02
			to	216.69
<b>20130</b>		<b>Trauma Control, Smoothing of Fractured Surfaces Per Tooth</b>		
	20131	First tooth		46.70
	20139	Each additional tooth same quadrant		42.36
<b>21000</b>		<b>RESTORATIONS, AMALGAM</b>		
<b>21100</b>		<b>RESTORATION, AMALGAM, PRIMARY TEETH</b>		
<b>21110</b>		<b>Restorations, Amalgam, Non-Bonded, Primary Teeth</b>		
	21111	One surface		105.51
	21112	Two surfaces		139.68
	21113	Three surfaces		191.19
	21114	Four surfaces		233.69
	21115	Five surfaces or maximum surfaces per tooth		273.38
<b>21120</b>		<b>Restorations, Amalgam, Bonded, Primary Teeth</b>		
	21121	One surface		138.76
	21122	Two surfaces		184.05
	21123	Three surfaces		221.12
	21124	Four surfaces		260.37
	21125	Five surfaces or maximum surfaces per tooth		302.21
<b>21200</b>		<b>RESTORATIONS, AMALGAM, PERMANENT TEETH</b>		
<b>21210</b>		<b>Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors</b>		
	21211	One surface		116.36
	21212	Two surfaces		145.44
	21213	Three surfaces		204.20
	21214	Four surfaces		251.04
	21215	Five surfaces or maximum surfaces per tooth		273.38
<b>21220</b>		<b>Restorations, Amalgam, Non-Bonded, Permanent Molars</b>		
	21221	One surface		122.86
	21222	Two surfaces		152.66
	21223	Three surfaces		208.54
	21224	Four surfaces		262.97
	21225	Five surfaces or maximum surfaces per tooth		293.99
<b>21230</b>		<b>Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors</b>		

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		21231	One surface	147.44
		21232	Two surfaces	182.97
		21233	Three surfaces	227.63
		21234	Four surfaces	272.30
		21235	Five surfaces or maximum surfaces per tooth	305.46
	<b>21240</b>	<b>Restorations, Amalgam, Bonded, Permanent Molars</b>		
		21241	One surface	159.37
		21242	Two surfaces	197.07
		21243	Three surfaces	235.22
		21244	Four surfaces	279.89
		21245	Five surfaces or maximum surfaces per tooth	338.00
	<b>21300</b>	<b>Restorations, Amalgam Cores</b>		
		21301	Restorations, Amalgam Core, Non-Bonded, in Conjunction with Crown or Fixed Bridge Retainer	214.61
		21302	Restorations, Amalgam Core, Bonded, in Conjunction with Crown or Fixed Bridge Retainer	240.20
	<b>21400</b>	<b>PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations)</b>		
		21401	One pin	35.70
		21402	Two pins	51.39
		21403	Three pins	67.09
		21404	Four pins	83.87
		21405	Five pins or more	94.11
	<b>21500</b>	<b>RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENTURE CLASP (ADDITIONAL TO RESTORATION)</b>		
		21501	Per restoration	80.61
	<b>22000</b>	<b>RESTORATIONS, PREFABRICATED, FULL COVERAGE</b>		
	<b>22200</b>	<b>RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH</b>		
		22201	Primary Anterior	224.81
		22202	Primary Anterior - open face/acrylic veneer	+L 277.07
		22211	Primary Posterior	220.16
		22212	Primary Posterior - open face	297.42
	<b>22300</b>	<b>RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH</b>		
		22301	Permanent Anterior	254.95
		22302	Permanent Anterior - open face	325.61
		22311	Permanent Posterior	254.94
		22312	Permanent Posterior - open face	297.42
	<b>22400</b>	<b>RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH</b>		
		22401	Primary Anterior	189.62
		22411	Primary Posterior	189.62
	<b>22500</b>	<b>RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH</b>		
		22501	Permanent Anterior	252.78
		22511	Permanent Posterior	252.78
	<b>22600</b>	<b>RESTORATIONS, PREFABRICATED, PORCELAIN/CERAMIC/POLYMER GLASS, PRIMARY TEETH</b>		



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		22601	Primary Anterior	264.12
		22611	Primary Posterior	264.12
<b>23000</b>			<b>RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS</b>	
<b>23100</b>			<b>RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS, NON BONDED TECHNIQUE</b>	
		23101	One surface	122.43
		23102	Two surfaces	138.70
		23103	Three surfaces	195.06
		23104	Four surfaces	212.38
		23105	Five surfaces (maximum surfaces per tooth)	253.54
	<b>23110</b>		<b>Restorations, Permanent Anteriors, Bonded Technique</b> (not to be used for Veneer Applications or Diastema Closures)	
		23111	One surface	148.05
		23112	Two surfaces	177.21
		23113	Three surfaces	203.42
		23114	Four surfaces	266.23
		23115	Five surfaces (maximum surfaces per tooth)	327.15
	<b>23120</b>		<b>Restorations, Tooth Coloured, Veneer Applications</b>	
		23122	Tooth Colored Veneer Application - Non Prefabricated Direct Buildup - Bonded	361.17
		23123	Tooth Colored Veneer Application - Diastema Closure, Interproximal only, Bonded	289.19
<b>23200</b>			<b>RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED</b>	
	<b>23210</b>		<b>Permanent Bicuspids</b>	
		23211	One surface	119.18
		23212	Two surfaces	151.68
		23213	Three surfaces	190.70
		23214	Four surfaces	229.73
		23215	Five surfaces or maximum surface per tooth	241.64
	<b>23220</b>		<b>Permanent Molars</b>	
		23221	One surface	130.02
		23222	Two surfaces	170.12
		23223	Three surfaces	199.38
		23224	Four surfaces	231.90
		23225	Five surfaces or maximum surface per tooth	291.53
<b>23300</b>			<b>RESTORATIONS, TOOTH COLORED, PERMANENT POSTERIOR - BONDED</b>	
	<b>23310</b>		<b>Permanent Bicuspids</b>	
		23311	One surface	155.21
		23312	Two surfaces	216.23
		23313	Three surfaces	253.23
		23314	Four surfaces	312.60
		23315	Five surfaces or maximum surface per tooth	355.09
	<b>23320</b>		<b>Permanent Molars</b>	
		23321	One surface	162.24
		23322	Two surfaces	228.72
		23323	Three surfaces	270.79

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		23324	Four surfaces	332.12
		23325	Five surfaces or maximum surface per tooth	384.37
<b>23400</b>			<b>RESTORATIONS, TOOTH COLORED, PRIMARY, ANTERIOR, NON BONDED</b>	
		23401	One surface	117.01
		23402	Two surfaces	144.12
		23403	Three surfaces	169.03
		23404	Four surfaces	213.46
		23405	Five surfaces (or maximum surfaces per tooth)	260.04
	<b>23410</b>		<b>Restorations, Tooth Colored, Primary, Anterior, Bonded Technique</b>	
		23411	One surface	148.70
		23412	Two surfaces	174.29
		23413	Three surfaces	191.19
		23414	Four surfaces	233.69
		23415	Five surfaces (or maximum surfaces per tooth)	305.46
<b>23500</b>			<b>RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED</b>	
		23501	One surface	119.18
		23502	Two surfaces	156.02
		23503	Three surfaces	179.85
		23504	Four surfaces	193.94
		23505	Five surfaces or maximum surface per tooth	237.30
	<b>23510</b>		<b>Restorations, Tooth Colored, Primary, Posterior, Bonded Technique</b>	
		23511	One surface	156.29
		23512	Two surfaces	197.55
		23513	Three surfaces	254.94
		23514	Four surfaces	297.42
		23515	Five surfaces or maximum surface per tooth	339.91
<b>23600</b>			<b>RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, CORES</b>	
		23601	Restoration, Tooth Colored, Non-Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer	227.63
		23602	Restoration, Tooth Colored, Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer	262.54
<b>23700</b>			<b>RESIN INFILTRATION (Placement of an infiltrating resin restoration for the purpose of filling the sub-surface porosity of an incipient, non-cavitated lesion for the purpose of strengthening, stabilizing and/or limiting the progression of the lesion.)</b>	
		23701	One surface	I.C.
		23709	Each additional surface over one	I.C.
<b>24000</b>			<b>RESTORATIONS, FOIL, GOLD</b>	
<b>24100</b>			<b>RESTORATIONS, FOIL, GOLD, ANTERIORS</b>	
		24101	Class I	567.79
		24102	Class III	757.43
		24103	Class V	520.08
		24104	Class IV	893.11
<b>24200</b>			<b>RESTORATIONS, FOIL, GOLD, POSTERIOR</b>	
		24201	Class I	567.79

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	24202	Class II		757.43
	24203	Class V		567.64
<b>25000</b>		<b>RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS</b>		
<b>25100</b>		<b>RESTORATIONS INLAYS</b>		
	<b>25110</b>	<b>Inlays, Metal</b>		
	25111	One surface	+L	494.13
	25112	Two surfaces	+L	656.60
	25113	Three surfaces	+L	706.47
	25114	Three surfaces, modified	+L	853.43
	<b>25120</b>	<b>Inlays, Composite/Compomer, Indirect (Bonded)</b>		
	25121	One surface	+L	510.77
	25122	Two surfaces	+L	595.76
	25123	Three surfaces	+L	695.91
	25124	Three surfaces, modified	+L	895.20
	<b>25130</b>	<b>Inlays, Porcelain/Ceramic/Polymer Glass</b>		
	25131	One surface	+L	473.53
	25132	Two surfaces	+L	530.92
	25133	Three surfaces	+L	717.37
	25134	Three surfaces, modified	+L	750.40
	<b>25140</b>	<b>Inlays, Porcelain/Ceramic/Polymer Glass (Bonded)</b>		
	25141	One surface	+L	506.43
	25142	Two surfaces	+L	710.72
	25143	Three surfaces	+L	829.30
	25144	Three surfaces, modified	+L	895.20
<b>25500</b>		<b>RESTORATIONS, ONLAYS (where one or more cusps are restored)</b>		
	<b>25510</b>	<b>Onlays, Cast Metal, Indirect</b>		
	25511	Onlay, Cast Metal, Indirect	+L	706.47
	25512	Onlays, Cast Metal, Indirect (Bonded external retention type)	+L	739.01
	<b>25520</b>	<b>Onlays, Composite/Compomer, Processed (Bonded)</b>		
	25521	Onlays, Composite/Compomer, Indirect (Bonded)	+L	895.20
	<b>25530</b>	<b>Onlays, Porcelain/Ceramic/Polymer glass (Bonded)</b>		
	25531	Onlays, Porcelain/Ceramic/Polymer Glass (Bonded)	+L	895.20
<b>25600</b>		<b>PINS, RETENTIVE (for inlays, onlays and crowns per tooth)</b>		
	25601	One pin/tooth	+L	48.37
	25602	Two pins/tooth	+L	92.41
	25603	Three pins/tooth	+L	146.40
	25604	Four pins/tooth	+L	179.31
	25605	Five or more pins/tooth	+L	211.15
<b>25700</b>		<b>POSTS</b>		
	<b>25710</b>	<b>Posts, Cast Metal, (including core) As a Separate Procedure</b>		

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		25711	Single section	+L	360.82
		25712	Two sections	+L	433.41
		25713	Three sections	+L	568.88
<b>25720</b>			<b>Posts, Cast Metal (including core) Concurrent with Impression for Crown</b>		
		25721	Single section	+L	205.88
		25722	Two sections	+L	277.40
		25723	Three sections	+L	346.71
<b>25730</b>			<b>Post, Prefabricated Retentive</b>		
		25731	One post	+E	172.32
		25732	Two posts same tooth	+E	286.07
		25733	Three posts same tooth	+E	390.06
<b>25740</b>			<b>Posts, Prefabricated, Retentive and Cast Core</b>		
		25741	One post and cast core	+L +E	300.17
		25742	Two posts (same tooth) and cast core	+L +E	379.25
		25743	Three posts (same tooth) and cast core	+L +E	473.53
<b>25770</b>			<b>Posts, Provisional</b>		
		25771	Per post	+L and/or +E	94.27
<b>25780</b>			<b>Post Removal</b>		
		25781	One unit of time		115.94
		25782	Two units of time		231.88
		25783	Three units of time		347.82
		25784	Four units of time		463.76
		25789	Each additional unit over four		115.94
<b>26000</b>			<b>MESOSTRUCTURES</b>		
			(a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw)		
<b>26100</b>			<b>Mesostructures, Osseo-integrated Implant - Supported</b>		
		26101	Indirect, Angulated or transmucosal pre-fabricated abutment, per implant	+L +E	I.C.
		26102	Indirect, Custom laboratory fabricated, per implant	+L +E	I.C.
		26103	Direct, (with intra-oral preparation), per implant site	+E	I.C.
<b>27000</b>			<b>CROWNS, SINGLE UNITS ONLY</b>		
			(includes temporary protection and local anaesthetic, caries removal, and uncomplicated restoration prior to crown preparation). Extensive restoration requiring pins or dowels extra.		
<b>27100</b>			<b>CROWNS, ACRYLIC/COMPOSITE/COMPOMER,</b>		
			(with or without Cast or Prefabricated Metal Bases)		
<b>27110</b>			<b>Crowns, Acrylic/Composite/Compomer, Indirect</b>		
		27111	Crown, Acrylic/Composite/Compomer, Indirect	+L	709.71
		27112	Crown, Acrylic/Composite/Compomer, Indirect, Complicated (restorative, positional and/or esthetic)	+L	948.15
		27113	Crown, Acrylic/Composite/Compomer, Provisional [Long Term], Indirect (lab fabricated/relined intra-orally)	+L	277.40

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<b>27120</b>		<b>Crowns, Acrylic/Composite/Compomer, Direct</b>		
	27121	Crowns, Acrylic/Composite/Compomer, Direct, Provisional (chairside)	+E	214.61
	27125	Crowns, Acrylic/Composite/Compomer, Direct, Provisional Implant-supported	+E	214.61
<b>27130</b>		<b>Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect</b>		
	27131	Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect	+L	756.35
	27135	Crown, Acrylic/Composite/Compomer Cast Metal Base, Implant-supported	+L +E	756.35
	27136	Crown, Acrylic/Composite/Compomer/Cast Metal Base with Cast Post Retention	+L	948.15
<b>27140</b>		<b>Crown, Acrylic/Composite/Compomer/ Prefabricated Metal Base, Provisional, Direct</b>		
	27145	Crown, Acrylic/Composite/Compomer/ Pre-fabricated Metal Base, Provisional, Implant-supported, Direct	+E	214.61
<b>27150</b>		<b>Crown, Acrylic/Composite/Compomer/ Pre-Fabricated Metal Base, Provisional, Indirect</b>		
	27155	Crown, Acrylic/ Composite/Compomer/Pre-fabricated Metal Base, Provisional, Implant-supported, Indirect	+L +E	214.61
<b>27200</b>		<b>CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS</b>		
	27201	Crown, Porcelain/Ceramic/Polymer Glass	+L	895.20
	27202	Crown, Porcelain/Ceramic/Polymer Glass, Complicated	+L	1,188.27
	27205	Crown, Porcelain/Ceramic/Polymer Glass, Implant-supported	+L +E	895.20
	27206	Crown, Porcelain/Ceramic/Polymer Glass, with Cast Ceramic Post Retention	+L	1,188.27
<b>27210</b>		<b>Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base</b>		
	27211	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	+L	895.20
	27212	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated (restorative, positional and/or aesthetic)	+L	1,188.27
	27215	Crown, Porcelain/Ceramic Fused to Metal Base, Implant-supported	+L +E	895.20
	27216	Crown, Porcelain/Ceramic Fused to Metal Base with Cast Metal Post Retention	+L	1,188.27
<b>27220</b>		<b>Crown, ¾, Porcelain/Ceramic/Polymer Glass</b>		
	27221	Crown, ¾, Porcelain/Ceramic/Polymer Glass	+L	895.20
	27222	Crown, ¾, Porcelain/Ceramic/Polymer Glass, Complicated	+L	1,188.27
<b>27300</b>		<b>CROWNS, CAST METAL</b>		
	27301	Crown, Cast Metal	+L	895.20
	27302	Crown, Cast Metal, Complicated (restorative, positional)	+L	1,188.27
	27305	Crown, Cast Metal, Implant-supported	+L +E	895.20
	27306	Crown, Cast Metal, with Cast Metal Post Retention	+L	1,188.27
	27307	Semi-precision Rest (Interlock) (in addition to Cast Metal Crown)	+L +E	200.28
	27308	Semi-precision or Precision Attachment RPD Retainer (in addition to Cast Metal Crown)	+L +E	495.18
<b>27310</b>		<b>Crowns, ¾, Cast Metal</b>		
	27311	Crowns, ¾, Cast Metal	+L	895.20
	27312	Crowns, Metal ¾ Cast Metal, Complicated	+L	1,188.27
	27313	Crowns, ¾, Cast Metal, with Direct Tooth Colored Corner	+L	895.20
<b>27400</b>		<b>CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP (additional to crown)</b>		
	27401	One crown	+L	129.41
	27409	Each additional crown	+L	84.95

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<b>27500</b>			<b>COPINGS, METAL/PLASTIC, TRANSFER (thimble type)</b>	
	<b>27510</b>		<b>Coping, Metal/Acrylic, Transfer (thimble), as a Separate Procedure</b>	
		27511	Coping, Metal/Acrylic, Transfer (thimble) as a Separate Procedure	+L 378.17
	<b>27520</b>		<b>Coping, Metal/Acrylic, Transfer (thimble) Concurrent with Impression for Crown</b>	
		27521	Coping, Metal/Acrylic, Transfer (thimble) Concurrent with Impression for Crown	+L 94.27
<b>27600</b>			<b>VENEERS, LABORATORY PROCESSED</b>	
		27601	Veneers, Acrylic/Composite/Compomer, Bonded	+L 782.38
		27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded	+L 895.20
<b>27700</b>			<b>REPAIRS, (SINGLE UNIT ONLY, DOES NOT INCLUDE AND RECEMENTATION)</b>	
	<b>27710</b>		<b>Repairs, Inlays, Onlays or Crowns, Acrylic/Composite/Compomer (single units)</b>	
		27711	Repairs, Acrylic/Composite/Compomer, Direct	86.67
				to 260.04
	<b>27720</b>		<b>Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base (single units)</b>	
		27721	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Direct	86.67
				to 260.04
		27722	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Indirect	+L 170.18
<b>27800</b>			<b>RECONTOURING OF EXISTING CROWNS per tooth</b>	
		27801	One unit of time	92.10
		27809	Each additional unit of time	92.10
<b>28000</b>			<b>RESTORATIVE PROCEDURES, OVERDENTURES</b>	
<b>28100</b>			<b>RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT</b>	
		28101	Natural Tooth Preparation, Placement of Pulp Chamber Restoration (amalgam or composite) and Fluoride Application Endodontically Treated Tooth	237.30
		28102	Natural Tooth Preparation and Fluoride Application, Vital Tooth	283.90
		28103	Pre-fabricated Attachment, as an Internal/External Overdenture Retentive Device, Direct to a Natural Tooth (used with the appropriate denture code) per tooth	+L +E 283.90
		28105	Implant-supported Prefabricated Attachment as an Overdenture Retentive Device, Direct	+E 141.95
<b>28200</b>			<b>RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT</b>	
	<b>28210</b>		<b>Coping Crowns, Cast Metal, No Attachments, Indirect</b>	
		28211	Coping Crown, Cast Metal, No Attachments, Indirect	+L 379.25
		28215	Coping Crown, Cast Metal, No Attachments, Implant-supported, Indirect	+L +E 379.25
		28216	Coping Crown, Cast Metal with Cast Metal Retentive Post, No Attachments	+L +E 568.88
	<b>28220</b>		<b>Coping Crown, Cast Metal, with Attachments, Indirect</b>	
		28221	Coping Crown, Metal Cast, with Attachment, Indirect	+L +E 473.53
		28225	Coping Crown, Cast Metal, Implant-supported with Attachment	+L +E 473.53
		28226	Coping Crown, Cast Metal with Cast Metal Retentive Post, with Attachment	+L +E 696.99

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<b>29000</b>			<b>RESTORATIVE SERVICES, OTHER</b>		
<b>29100</b>			<b>RECEMENTATION/REBONDING, INLAYS/ONLAYS/CROWNS/VENEERS/POSTS/ NATURAL TOOTH FRAGMENTS (single units only) (+ L and/or +E where laboratory charges or expenses are incurred during repair of the unit)</b>		
		29101	One unit of time	+L +E	93.18
		29102	Two units	+L +E	186.36
		29103	Three units	+L +E	279.54
		29104	Four units	+L +E	372.72
<b>29300</b>			<b>REMOVAL, INLAYS/ONLAYS/ CROWNS/ VENEERS (single units only)</b>		
		29301	One unit of time		92.10
		29302	Two units		184.20
		29303	Three units		276.30
		29304	Four units		368.40
<b>30000</b>			<b>ENDODONTICS</b>		
			<b>General Endodontic Procedures</b>		
			There are certain Endodontic cases, which, as a result of a previous treatment, tooth position, anatomy and/or stage of development, require additional time and care. Such situations could merit an additional fee. Conservative root canal therapy includes treatment plan, clinical procedures with appropriate follow up care. Excludes final restoration.		
			Note: If Endodontic therapy is not completed it would be deemed reasonable to charge a portion of the suggested fee in relation to time expended in the procedure.		
<b>31100</b>			<b>PULP CAPPING (refer to code 20100)</b>		
<b>32000</b>			<b>PULP CHAMBER, TREATMENT OF, (excluding final restoration)</b>		
<b>32200</b>			<b>PULPOTOMY</b>		
		<b>32220</b>	<b>Pulpotomy, Permanent Teeth (as a separate Emergency Procedure)</b>		
		32221	Anterior and Bicuspid Teeth		173.35
		32222	Molar Teeth		173.35
		<b>32230</b>	<b>Pulpotomy, Primary Teeth</b>		
		32231	Primary Tooth, as a Separate Procedure		165.12
		32232	Primary Tooth, Concurrent with Restorations (but excluding final restoration)		85.51
<b>32300</b>			<b>PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)</b>		
		<b>32310</b>	<b>Pulpectomy, Permanent Teeth/Retained Primary Teeth</b>		
		32311	One Canal		157.13
		32312	Two Canals		201.55
		32313	Three Canals		272.01
		32314	Four Canals or more		298.00
		<b>32320</b>	<b>Pulpectomy, Primary Teeth</b>		
		32321	Anterior Tooth		133.28
		32322	Posterior Tooth		240.55
<b>33000</b>			<b>ROOT CANAL THERAPY</b>		

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			To include: treatment plan, clinical procedures (ie. pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs, excluding final restoration.
<b>33100</b>			<b>ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH</b> (Includes: Clinical procedures with appropriate radiographs, excluding final restoration.)
			<b>Definitions:</b>
			Uncomplicated - Virtually straight canal penetrated by size #15 file
			Difficult Access - Limited jaw opening, unfavourable tooth inclination, through complex restorations eg. Post/core buildups.
			Exceptional Anatomy - Canal size same as uncomplicated, but made complicated by dens-in-dente or partially developed roots, internal/external resorption.
			Calcified Canals - Unable to penetrate with size #10 file and not clearly discernable on a radiograph
			Re-treatment - Re-treatment of previously completed therapy
	<b>33110</b>		<b>Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal</b>
		33111	One canal 718.11
		33112	Difficult Access 953.40
		33113	Exceptional Anatomy 975.09
		33114	Calcified Canal 1,002.20
		33115	Re-treatment of Previously Completed Therapy 970.36
	<b>33120</b>		<b>Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals</b>
		33121	Two canals 1,045.74
		33122	Difficult Access 1,339.30
		33123	Exceptional Anatomy 1,339.30
		33124	Calcified Canal 1,339.30
		33125	Retreatment of Previously Completed Therapy 1,376.18
	<b>33130</b>		<b>Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals</b>
		33131	Three canals 1,222.95
		33132	Difficult Access 1,517.65
		33133	Exceptional Anatomy 1,589.29
		33134	Calcified Canal 1,507.95
		33135	Retreatment of Previously Completed Therapy 1,497.11
	<b>33140</b>		<b>Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals</b>
		33141	Four or more canals 1,543.58
		33142	Difficult Access 1,770.60
		33143	Exceptional Anatomy 1,770.60
		33144	Calcified Canal 1,770.60
		33145	Retreatment of Previously Completed Therapy 1,853.02
<b>33500</b>			<b>PULPAL REVASCULARIZATION</b>
		33501	One canal 272.38
		33502	Two canals 408.59
		33503	Three canals or more 544.79
<b>33600</b>			<b>APEXIFICATION/APEXOGENESIS/INDUCTION OF HARD TISSUE REPAIR</b> (to include biomechanical preparation and placement of dentogenic media)
		33601	One canal 283.23
		33602	Two canals 408.59



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		33603	Three canals		544.79
		33604	Four canals or more		726.39
	<b>33610</b>		<b>Re-Insertion of Dentogenic Media Per Visit</b>		
		33611	One canal		136.18
		33612	Two canals		184.85
		33613	Three canals		277.04
		33614	Four canals or more		370.78
<b>34000</b>			<b>PERIAPICAL SERVICES</b>		
<b>34100</b>			<b>APICOECTOMY/APICAL CURETTAGE</b>		
	<b>34110</b>		<b>Maxillary Anterior</b>		
		34111	One root		573.27
		34112	Two roots		707.35
	<b>34120</b>		<b>Maxillary Bicuspid</b>		
		34121	One root		707.00
		34122	Two roots		822.66
		34123	Three roots		1,010.96
	<b>34130</b>		<b>Maxillary Molar</b>		
		34131	One root		687.48
		34132	Two roots		805.31
		34133	Three roots		1,214.45
	<b>34140</b>		<b>Mandibular Anterior</b>		
		34141	One root		595.54
		34142	Two or more roots		808.57
	<b>34150</b>		<b>Mandibular Bicuspid</b>		
		34151	One root		877.62
		34152	Two roots		910.86
		34153	Three or more roots		1,112.16
	<b>34160</b>		<b>Mandibular Molar</b>		
		34161	One root		705.18
		34162	Two roots		891.33
		34163	Three roots		1,214.45
<b>34200</b>			<b>RETROFILLING</b>		
	<b>34210</b>		<b>Maxillary Anterior</b>		
		34211	One canal		107.92
		34212	Two or more canals		192.00
	<b>34220</b>		<b>Maxillary Bicuspid</b>		
		34221	One canal		107.92
		34222	Two canals		192.00
		34223	Three canals		290.17

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		34224	Four or more canals	386.16
	<b>34230</b>		<b>Maxillary Molar</b>	
		34231	One canal	119.85
		34232	Two canals	192.00
		34233	Three canals	290.17
		34234	Four or more canals	386.16
	<b>34240</b>		<b>Mandibular Anterior</b>	
		34241	One canal	122.02
		34242	Two or more canals	192.00
	<b>34250</b>		<b>Mandibular Bicuspid</b>	
		34251	One canal	95.99
		34252	Two canals	192.00
		34253	Three canals	290.17
		34254	Four or more canals	386.16
	<b>34260</b>		<b>Mandibular Molar</b>	
		34261	One canal	95.99
		34262	Two canals	192.00
		34263	Three canals	290.17
		34264	Four or more canals	386.16
<b>34300</b>			<b>RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE</b>	
	<b>34310</b>		<b>Maxillary Anterior</b>	
		34311	One root	580.35
		34312	Two roots	808.57
	<b>34320</b>		<b>Maxillary Bicuspid</b>	
		34321	One root	707.35
		34322	Two roots	960.36
		34323	Three roots	1,214.45
	<b>34330</b>		<b>Maxillary Molar</b>	
		34331	One root	707.35
		34332	Two roots	960.36
		34333	Three roots	1,415.79
	<b>34340</b>		<b>Mandibular Anterior</b>	
		34341	One root	727.08
		34342	Two or more roots	1,010.96
	<b>34350</b>		<b>Mandibular Bicuspid</b>	
		34351	One root	808.57
		34352	Two roots	1,112.16
		34353	Three roots	1,314.58
	<b>34360</b>		<b>Mandibular Molar</b>	
		34361	One root	808.57
		34362	Two roots	1,062.34
		34363	Three roots	1,415.79
<b>34400</b>			<b>SURGICAL SERVICES, MISCELLANEOUS</b>	

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<b>34410</b>			<b>Amputations, Root (includes recontouring tooth and furca)</b>	
		34411	One root	397.54
		34412	Two roots	484.34
<b>34420</b>			<b>Hemisection</b>	
		34421	Maxillary Bicuspid	290.17
		34422	Maxillary Molar	283.66
		34423	Mandibular Molar	283.66
<b>34430</b>			<b>Decompression, Perio-Radicular Lesion</b>	
		34431	First visit	386.16
		34432	Each Additional visit	192.00
<b>34440</b>			<b>Surgery, Endodontic, Exploratory</b>	
		34441	Maxillary Anterior	290.17
		34442	Maxillary Bicuspid	386.16
		34443	Maxillary Molar	484.34
		34444	Mandibular Anterior	290.17
		34445	Mandibular Bicuspid	386.16
		34446	Mandibular Molar	484.34
<b>34450</b>			<b>Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional)</b>	
		34451	Single rooted tooth	403.73
		34452	Two rooted tooth	607.23
		34453	Three rooted tooth or more	808.57
<b>34500</b>			<b>PERFORATIONS</b>	
<b>34510</b>			<b>Perforation/Resorptive Defect(s), Pulp Chamber Repair, or Root Repair, Non-Surgical</b>	
		34511	per tooth	87.76
<b>34520</b>			<b>Perforation/Resorptive Defect(s), Pulp Chamber Repair, or Root Repair, Surgical</b>	
		34521	Anterior Tooth	95.99
		34522	Bicuspid Tooth	192.51
		34523	Molar Tooth	288.00
<b>34600</b>			<b>ENLARGEMENT, CANAL AND/OR PULP CHAMBER (Preparation of Post Space)</b>	
		34601	In Previously Filled Tooth when Root Canal Treatment Done by Another Practitioner	91.87
		34602	In Calcified Canals	276.72
<b>39000</b>			<b>ENDODONTIC, PROCEDURES, MISCELLANEOUS</b>	
<b>39100</b>			<b>ISOLATION OF ENDODONTIC TOOTH/TEETH FOR ASEPSIS</b>	
		39101	Banding and/or Coronal Buildup of Tooth/Teeth and/or Contouring of Tissue Surrounding Tooth/Teeth to Maintain Aseptic Operating Field (per tooth)	173.35
<b>39200</b>			<b>OPEN AND DRAIN (Separate Emergency Procedures)</b>	
		39201	Anteriors and Bicuspids	82.57
		39202	Molars	82.57
<b>39210</b>			<b>Opening Through Artificial Crown (In addition to Procedures)</b>	

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		39211	Anteriors and Bicuspids	91.24
		39212	Molars	91.24
<b>39300</b>			<b>BLEACHING, NON VITAL</b>	
	<b>39310</b>		<b>Bleaching Endodontically Treated Tooth/Teeth</b>	
		39311	One unit of time	87.76
		39312	Two units	175.52
		39313	Three units	263.28
		39319	Each additional unit over three	87.76
<b>39400</b>			<b>EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY TREATED TOOTH</b>	
	<b>39410</b>		<b>Exploratory Access</b>	
		39411	Anterior	78.44
		39412	Bicuspid	78.44
		39413	Molar	164.76
<b>40000</b>			<b>PERIODONTICS</b>	
			In the treatment of periodontal diseases, variables such as the severity of the patient's periodontal condition and the distribution (i.e. extent) of the condition may require a relatively wide selection of therapeutic procedures and involve considerable variation in time and expense. In most instances the time required to perform a certain procedure could, and usually does, vary from one quadrant to another and therefore the amounts of time as outlined in the following guide could vary in the management of a particular case.	
<b>41000</b>			<b>PERIODONTAL SERVICES, NON SURGICAL</b>	
<b>41200</b>			<b>ORAL DISEASE, Management of</b>	
	<b>41210</b>		<b>Oral Manifestations, Oral Mucosal Disorders,</b> Mucocutaneous disorders and diseases of localized mucosal conditions, e.g. lichen planus, aphthous stomatitis, benign mucous membrane pemphigoid, pemphigus, salivary gland tumours, leukoplakia with and without dysphasia, neoplasms, hairy leukoplakia, polyps, verrucae, fibroma etc.	
		41211	One unit of time	86.67
		41212	Two units	173.34
		41213	Three units	260.01
		41214	Four units	346.68
		41219	Each additional unit over four	86.67
	<b>41220</b>		<b>Nervous and Muscular Disorders,</b> Disorders of facial sensation and motor dysfunction at the jaw, e.g. trigeminal neuralgia, atypical facial pain, atypical odontologia, burning mouth syndrome, dyskenesia, post injection trismus, muscular and joint pain syndrome	
		41221	One unit of time	86.67
		41222	Two units	173.34
		41223	Three units	260.01
		41224	Four units	346.68
		41229	Each additional unit over four	86.67
	<b>41230</b>		<b>Oral Manifestations of Systemic Disease</b> or complications of medical therapy e.g. complications of chemotherapy, radiation therapy, post operative neuropathics, post surgical or radiation therapy, dysfunction, oral manifestations of lupus erythematosus and systemic disease including leukemia, diabetes and bleeding disorders (e.g. haemophilia)	

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	41231	One unit of time		86.67
	41232	Two units		173.34
	41233	Three units		260.01
	41234	Four units		346.68
	41239	Each additional unit over four		86.67
<b>41300</b>		<b>DESENSITIZATION</b>		
		(This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than one appointment may be necessary.)		
	41301	One unit of time		86.67
	41302	Two units		173.34
	41309	Each additional unit over two		86.67
<b>42000</b>		<b>PERIODONTAL SERVICES, SURGICAL</b>		
		(Includes local anaesthetic, suturing and the placement and removal of initial surgical dressing. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or group of teeth or in some cases a single tooth.)		
<b>42100</b>		<b>PERIODONTAL SURGERY, GINGIVAL CURETTAGE</b>		
	<b>42110</b>	<b>Surgical Curettage, To Include Definitive Root Planing</b>		
	42111	Per sextant		226.99
<b>42200</b>		<b>PERIODONTAL SURGERY, GINGIVOPLASTY (Does not include limited re-contouring to facilitate restorative services)</b>		
	42201	Per sextant		272.39
<b>42300</b>		<b>PERIODONTAL SURGERY, GINGIVECTOMY</b>		
		(The procedure by which gingival deformities are reshaped and reduced to create normal and functional form, when the pocket is uncomplicated by extension into the underlying bone; does not include limited re-contouring to facilitate restorative services).		
	<b>42310</b>	<b>Gingivectomy, Uncomplicated</b>		
	42311	Per sextant		309.46
	<b>42320</b>	<b>Gingivectomy, Complicated</b>		
	42321	Per sextant		457.09
	<b>42330</b>	<b>Gingival Fiber Incision (supra crestal fibrotomy)</b>		
	42331	First tooth		88.20
	42339	Each additional tooth		78.44
<b>42400</b>		<b>PERIODONTAL SURGERY, FLAP APPROACH</b>		
	<b>42410</b>	<b>Flap Approach, With Osteoplasty/Ostectomy</b>		
	42411	Per sextant		1,114.70
	<b>42420</b>	<b>Flap Approach, With Curettage of Osseous Defect</b>		
	42421	Per sextant		737.75
	<b>42430</b>	<b>Flap Approach, With Curettage of Osseous Defect and Osteoplasty</b>		

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		42431	Per sextant	1,051.06
<b>42440</b>			<b>Flap Approach, Exploratory (for diagnosis)</b>	
		42441	Per site	567.35
<b>42500</b>			<b>PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE</b>	
<b>42510</b>			<b>Grafts, Soft Tissue, Pedicle (including apically or lateral sliding and rotated flaps.)</b>	
		42511	Per site	693.06
		42512	Periosteal stimulation in addition to 42511	82.56
<b>42520</b>			<b>Grafts, Soft Tissue, Pedicle (Coronally Positioned)</b>	
		42521	Per site	693.06
		42522	Periosteal stimulation in addition to 42521	82.56
<b>42530</b>			<b>Grafts Free Soft Tissue</b>	
		42531	Adjacent to teeth or edentulous area, per site.	1,046.62
<b>42540</b>			<b>Grafts, Soft Tissue, Pedicle, With Free Graft Placed In Pedicle Donor Site</b>	
		42541	Per site	1,265.14
<b>42550</b>			<b>Grafts, For Root or Implant Coverage</b>	
		42551	Autograft (subepithelial connective tissue or epithelialized gingival graft), for root coverage, includes harvesting from donor site - Per site	994.02
		42552	Allograft, for root coverage – per site	+E I.C.
		42556	Autograft (subepithelial connective tissue or epithelialized gingival graft), adjacent to an implant, includes harvesting from donor site – per site	I.C.
		42557	Allograft, adjacent to an implant – per site	+E I.C.
<b>42560</b>			<b>Grafts, For Ridge Augmentation</b>	
		42561	Autograft (free connective tissue), includes harvesting from donor site – per site.	1,225.84
		42562	Allograft – per site	+E I.C.
<b>42570</b>			<b>Grafts, Connective Tissue, Pedicle with Free Graft for Root Coverage</b>	
		42571	Per site	949.03
<b>42580</b>			<b>Grafts, Gingival Onlay (for ridge augmentation)</b>	
		42581	Per site	981.82
<b>42590</b>			<b>Grafts, Dermal, Onlay, for Ridge Augmentation</b>	
		42591	Autograft – per site	981.82
		42592	Allograft – per site	+E 981.83
<b>42600</b>			<b>PERIODONTAL SURGERY, FLAPS, GRAFTS, OSSEOUS TISSUE</b>	
<b>42610</b>			<b>Grafts, Osseous, Autograft (Including Flap Entry, Closure and Donor Site)</b>	
		42611	Per site	1,155.10
<b>42620</b>			<b>Grafts, Osseous, Allograft (Including Flap Entry and Closure)</b>	

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		42621	Per site	+E	1,155.10
<b>42630</b>			<b>Grafts, Osseous, Xenograft (Including Flap Entry and Closure)</b>		
		42631	Per Site	+E	1,155.10
<b>42700</b>			<b>GUIDED TISSUE REGENERATION</b>		
		42701	Guided Tissue Regeneration – Non-resorbable Membrane – per site	+E	1,753.62
		42702	Guided Tissue Regeneration – Resorbable Membrane	+E	1,753.62
		42703	Guided Tissue Regeneration – Non-resorbable Membrane, Surgical Re-entry for Removal	+E	1,753.62
<b>42720</b>			<b>Biological Materials to Aid in Soft and Osseous Tissue Regeneration (not including surgical entry and closure)</b>		
		42721	Per site	+E	I.C.
<b>42800</b>			<b>PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES</b>		
<b>42810</b>			<b>Proximal Wedge Procedure (as a separate procedure)</b>		
		42811	With Flap Curettage, per site		526.11
		42819	With Flap Curettage and Ostectomy/Osteoplasty, per site		635.30
<b>42820</b>			<b>Post Surgical Periodontal Treatment Visit Per Dressing Change (by dentist other than operating dentist)</b>		
		42821	One unit of time		82.56
		42822	Two units		165.12
		42823	Three units		247.68
		42829	Each additional unit over three		82.56
<b>42830</b>			<b>Periodontal Abscess or Pericoronitis, May Include Any of The Following Procedures: Lancing, Scaling, Curettage, Surgery or Medication</b>		
		42831	One unit of time		86.67
		42832	Two units		173.34
		42833	Three units		260.01
		42834	Four units		346.68
		42839	Each additional unit over four		86.67
<b>42840</b>			<b>Flap Approach for Creation of Interdental Papillae</b>		
		42841	Per Site		I.C.
<b>42850</b>			<b>Flapless Approach, with Osteoplasty/Ostectomy for Crown Lengthening</b>		
		42851	Per site		173.35
<b>43000</b>			<b>PERIODONTAL PROCEDURES, ADJUNCTIVE</b> (when per joint is designated, the corresponding tooth code is represented by the mesial of the tooth involved, except at the midline, where the tooth to the right of the joint is utilized)		
<b>43100</b>			<b>PERIODONTAL SPLINTING OR LIGATION, INTRA CORONAL</b> Note: This procedure is in addition to the usual code for the tooth preparation on either side		
<b>43110</b>			<b>"A" Splint (restorative material plus wire, fibre ribbon or rope)</b>		
		43111	Per joint	+E	167.29

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<b>43200</b>			<b>PERIODONTAL SPLINTING OR LIGATION, EXTRA CORONAL</b>		
	<b>43220</b>		<b>Bonded, Interproximal Enamel Splint</b>		
		43221	Per joint		82.55
	<b>43230</b>		<b>Wire Ligation</b>		
		43231	Per joint		82.55
	<b>43240</b>		<b>Wire Ligation, Restorative Material Covered</b>		
		43241	Per joint		82.55
	<b>43260</b>		<b>Orthodontic Band Splint</b>		
		43261	Per band	+E	82.55
	<b>43270</b>		<b>Cast/Soldered/Ceramic/Polymer Glass/Wire/Fibre Ribbon, Splint Bonded</b>		
		43271	Indirect, Per abutment	+L	82.55
		43272	Direct, Per abutment	+E	82.55
	<b>43280</b>		<b>Removal of Fixed Periodontal Splints</b>		
		43281	One unit of time		82.56
		43289	Each additional unit of time		82.56
<b>43400</b>			<b>ROOT PLANING, PERIODONTAL</b>		
	<b>43420</b>		<b>Root Planing</b>		
		43421	One unit of time		78.82
		43422	Two units of time		157.64
		43423	Three units of time		236.46
		43424	Four units of time		315.28
		43425	Five units of time		394.10
		43426	Six units of time		472.92
		43427	1/2 unit of time		39.41
		43429	Each additional unit over six		78.82
<b>43500</b>			<b>CHEMOTHERAPEUTIC and/or ANTIMICROBIAL AGENTS</b>		
	<b>43510</b>		<b>Chemotherapeutic and/or Antimicrobial Agents, Topical Application</b>		
		43511	One unit of time		82.56
		43519	Each additional unit of time		82.56
	<b>43520</b>		<b>Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application</b>		
		43521	One unit of time	+E	86.67
		43529	Each additional unit of time	+E	86.67
<b>49000</b>			<b>PERIODONTAL SERVICES, MISCELLANEOUS</b>		
<b>49100</b>			<b>PERIODONTAL RE-EVALUATION/EVALUATION</b>		
			Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner		



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		49101	One unit of time	82.56
		49102	Two units	165.12
		49109	Each additional unit over two	82.56
<b>49300</b>			<b>SOFT TISSUE PROSTHESIS</b>	
		49301	Gingival Mask (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 Prosthesis Maxillofacial, other, code 57372 Gingival Prosthesis)	+L I.C.
<b>50000</b>			<b>PROSTHODONTICS - REMOVABLE</b>	
			Special Aesthetic and anatomical considerations involving additional chair time and/or responsibility may require an increase over the basic fee.	
			Special aesthetic and functional laboratory costs beyond normal laboratory charges will require an increase over the basic fee.	
			<b>EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.</b>	
<b>51000</b>			<b>DENTURE COMPLETE</b>	
			(includes: impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including three month post insertion care)	
<b>51100</b>			<b>DENTURE COMPLETE, STANDARD</b>	
		51101	Maxillary	+L 878.45
		51102	Mandibular	+L 878.45
		51104	Liners, Processed, Resilient, in addition to above	LAB
<b>51200</b>			<b>DENTURES, COMPLETE, COMPLEX</b>	
		51201	Maxillary	+L 1,816.00
		51202	Mandibular	+L 1,816.00
		51204	Liners, Processed, Resilient in addition to above	LAB
<b>51300</b>			<b>DENTURES, SURGICAL, STANDARD, (IMMEDIATE)</b>	
			(includes first tissue conditioner, but not a processed reline)	
		51301	Maxillary	+L 878.45
		51302	Mandibular	+L 878.45
<b>51400</b>			<b>DENTURES, SURGICAL, COMPLEX (IMMEDIATE)</b>	
			(includes first tissue conditioner, but not a processed reline)	
		51401	Maxillary	+L 1,242.52
		51402	Mandibular	+L 1,242.52
<b>51500</b>			<b>DENTURES, COMPLETE, GNATHOLOGICAL (CAST BASE AND METAL OCCLUSALS)</b>	
		51501	Maxillary	I.C.
		51502	Mandibular	I.C.
<b>51600</b>			<b>DENTURES, COMPLETE, PROVISIONAL</b>	
		51601	Maxillary	+L 606.81
		51602	Mandibular	+L 606.81

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51700			<b>DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>	
	51710		<b>Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, no Attachments</b>	
		51711	Maxillary	+L 1,146.95
		51712	Mandibular	+L 1,146.95
	51720		<b>Dentures, Complete, Overdentures, Tissue Borne, Supported by Implants with or without Coping Crowns, no Attachments</b>	
		51721	Maxillary	+L 1,146.95
		51722	Mandibular	+L 1,146.95
	51730		<b>Dentures, Complete, Overdentures Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments</b>	
		51731	Maxillary	+L 1,146.95
		51732	Mandibular	+L 1,146.95
51800			<b>DENTURES, COMPLETE, OVERDENTURES, (IMMEDIATE), TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>	
	51810		<b>Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by Natural Teeth with or without Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline)</b>	
		51811	Maxillary	+L 1,040.18
		51812	Mandibular	+L 1,040.18
51900			<b>DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS</b>	
	51910		<b>Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Natural Teeth with or without Coping Crowns</b>	
		51911	Maxillary	+L 1,040.18
		51912	Mandibular	+L 1,040.18
	51920		<b>Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns</b>	
		51921	Maxillary	+L I.C.
		51922	Mandibular	+L I.C.
	51930		<b>Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns</b>	
		51931	Maxillary	+L I.C.
		51932	Mandibular	+L I.C.
	51950		<b>Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants</b>	
		51951	Maxillary	+L I.C.
		51952	Mandibular	+L I.C.
	51960		<b>Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of a Natural Teeth and Implants (see 62105 for Retentive Bar)</b>	
		51961	Maxillary	+L I.C.

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	51962	Mandibular		+L	I.C.
<b>52000</b>		<b>DENTURES, PARTIAL, ACRYLIC</b>			
	<b>52100</b>	<b>Dentures, Partial, Acrylic Base (Provisional) (With or Without Clasps)</b>			
	52101	Maxillary		+L	252.90
	52102	Mandibular		+L	252.90
	<b>52110</b>	<b>Dentures, Partial, Acrylic Base (Immediate)</b> (includes first tissue conditioner, but not a processed reline)			
	52111	Maxillary		+L	252.90
	52112	Mandibular		+L	252.90
<b>52200</b>		<b>DENTURES, PARTIAL, POLYMER, RESILIENT RETAINER</b>			
	52201	Maxillary		+L	252.90
	52202	Mandibular		+L	252.90
	<b>52210</b>	<b>Dentures, Partial, Polymer, Resilient Retainer, (Immediate)</b> (includes first tissue conditioner, but not a processed reline)			
	52211	Maxillary		+L	252.90
	52212	Mandibular		+L	252.90
<b>52300</b>		<b>DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS</b>			
	52301	Maxillary		+L	850.37
	52302	Mandibular		+L	850.37
	<b>52310</b>	<b>Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests,</b> (Immediate) (includes first tissue conditioner, but not a processed reline)			
	52311	Maxillary		+L	850.37
	52312	Mandibular		+L	850.37
<b>52400</b>		<b>DENTURES, PARTIAL, ACRYLIC, WITH METAL/WROUGHT PALATAL/LINGUAL BAR AND CLASPS AND/OR RESTS</b>			
	52401	Maxillary		+L	850.37
	52402	Mandibular		+L	850.37
	<b>52410</b>	<b>Dentures, Partial, Acrylic, with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests,</b> (Immediate) (includes first tissue conditioner, but not a processed reline)			
	52411	Maxillary		+L	850.37
	52412	Mandibular		+L	850.37
	<b>52510</b>	<b>Dentures, Partial (Flexible, Non Metal, Non Acrylic)</b>			
	52511	Maxillary		+L	623.76
	52512	Mandibular		+L	623.76
<b>52700</b>		<b>DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>			
	<b>52710</b>	<b>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests supported by Natural Teeth with or without Coping Crowns, no attachments</b>			

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	52711	Maxillary		+L	1,042.91
	52712	Mandibular		+L	1,042.91
<b>52720</b>		<b>Dentures, Partial, Overdentures, Acrylic, with Cast/ Wrought Clasps and/or Rests, Supported by Implants with or without Coping Crowns, No Attachments</b>			
	52721	Maxillary		+L	1,042.91
	52722	Mandibular		+L	1,042.91
<b>52730</b>		<b>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments</b>			
	52731	Maxillary		+L	1,042.91
	52732	Mandibular		+L	1,042.91
<b>52800</b>		<b>DENTURES, PARTIAL, OVERDENTURES (IMMEDIATE), ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>			
<b>52810</b>		<b>Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Natural Teeth with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline)</b>			
	52811	Maxillary		+L	1,042.91
	52812	Mandibular		+L	1,042.91
<b>52820</b>		<b>Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline)</b>			
	52821	Maxillary		+L	1,042.91
	52822	Mandibular		+L	1,042.91
<b>52830</b>		<b>Dentures, Partial, Overdentures (Immediate), Acrylic with Cast/Wrought Clasps and/or Rests Secured by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline)</b>			
	52831	Maxillary		+L	1,042.91
	52832	Mandibular		+L	1,042.91
<b>52900</b>		<b>DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SECURED BY NATURAL TEETH OR IMPLANTS</b>			
<b>52910</b>		<b>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests with Independent Attachments Secured by Attachments to Natural Teeth with or without Coping Crowns</b>			
	52911	Maxillary		+L	1,042.91
	52912	Mandibular		+L	1,042.91
<b>52920</b>		<b>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to Implants with or without Coping Crowns</b>			
	52921	Maxillary		+L	1,042.91
	52922	Mandibular		+L	1,042.91
<b>52930</b>		<b>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns [used with 26101, 26103 (Mesostructures); or 28221, 28225, 28226 (Cast Metal Coping Crowns) with or without Attachments]</b>			
	52931	Maxillary		+L	1,042.91

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		52932	Mandibular	+L	1,042.91
	<b>52940</b>		<b>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar)</b>		
		52941	Maxillary	+L	1,042.91
		52942	Mandibular	+L	1,042.91
	<b>52950</b>		<b>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)</b>		
		52951	Maxillary	+L	1,042.91
		52952	Mandibular	+L	1,042.91
	<b>52960</b>		<b>Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a combination of Natural Teeth and Implants (see 62105 for Retentive Bar)</b>		
		52961	Maxillary	+L	1,042.91
		52962	Mandibular	+L	1,042.91
<b>53000</b>			<b>DENTURES, PARTIAL, CAST WITH ACRYLIC BASE</b>		
<b>53100</b>			<b>DENTURES, PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS</b>		
		53101	Maxillary	+L	877.48
		53102	Mandibular	+L	877.48
		53104	Altered Cast Impression technique in conjunction with 53101 and 53102	+L	93.18
	<b>53110</b>		<b>Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)</b>		
		53111	Maxillary	+L	1,040.18
		53112	Mandibular	+L	1,040.18
	<b>53120</b>		<b>Dentures, Partial Free End, Swing Lock/Connector</b>		
		53121	Maxillary	+L	1,089.60
		53122	Mandibular	+L	1,089.60
	<b>53130</b>		<b>Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests (Equilibrated)</b>		
		53131	Maxillary	+L	2,088.40
		53132	Mandibular	+L	2,088.40
<b>53200</b>			<b>DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS</b>		
		53201	Maxillary	+L	1,040.18
		53202	Mandibular	+L	1,040.18
		53205	Unilateral, one piece casting, clasps and pontics	+L	606.75
	<b>53210</b>		<b>Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)</b>		
		53211	Maxillary	+L	1,040.18
		53212	Mandibular	+L	1,040.18
		53215	Unilateral, one piece casting, clasps and pontics	+L	606.75
	<b>53220</b>		<b>Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests (Equilibrated)</b>		

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		53221	Maxillary	+L	2,088.40
		53222	Mandibular	+L	2,088.40
<b>53400</b>			<b>DENTURES, PARTIAL, CAST, PRECISION ATTACHMENTS</b>		
		53401	Maxillary	+L	I.C.
		53402	Mandibular	+L	I.C.
		53404	Altered Cast Impression Technique done in conjunction with the above mentioned codes	+L	I.C.
<b>53500</b>			<b>DENTURES, PARTIAL, CAST, SEMI-PRECISION ATTACHMENTS</b>		
		53501	Maxillary	+L	I.C.
		53502	Mandibular	+L	I.C.
		53504	Altered Cast Impression Technique done in conjunction with the above mentioned codes		I.C.
<b>53600</b>			<b>DENTURES, PARTIAL, CAST, STRESS BREAKER ATTACHMENTS</b>		
	<b>53610</b>		<b>Denture, Cast Partial, Maxillary, Stress Breaker Attachments</b>		
		53611	Maxillary (resilient)	+L	1,040.18
		53612	Maxillary (one hinge)	+L	1,040.18
		53613	Maxillary (two hinges)	+L	1,040.18
		53614	Altered Cast Impression Technique done in conjunction with the above mentioned codes		93.18
	<b>53620</b>		<b>Dentures, Cast Partial, Mandibular, Stress Breaker Attachments</b>		
		53621	Mandibular (resilient)	+L	1,040.18
		53622	Mandibular (one hinge)	+L	1,040.18
		53623	Mandibular (two hinges)	+L	1,040.18
		53624	Altered Cast Impression Technique done in conjunction with the above mentioned codes		93.18
<b>53700</b>			<b>DENTURES, PARTIAL, CAST, OVERDENTURES, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>		
	<b>53710</b>		<b>Dentures, Partial, Cast, Overdentures, Supported by Natural Teeth with or without Coping Crowns, no Attachments</b>		
		53711	Maxillary	+L	1,040.18
		53712	Mandibular	+L	1,040.18
		53714	Altered Cast Impression technique done in conjunction with the above mentioned codes		93.18
	<b>53720</b>		<b>Dentures, Partial, Casts, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments</b>		
		53721	Maxillary	+L	1,040.18
		53722	Mandibular	+L	1,040.18
		53724	Altered Cast Impression technique done in conjunction with the above mentioned codes		93.18
	<b>53730</b>		<b>Dentures, Partial, Casts, Overdentures, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments</b>		
		53731	Maxillary	+L	1,040.18
		53732	Mandibular	+L	1,040.18
		53734	Altered Cast Impression technique done in conjunction with the above mentioned codes		93.18

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<b>53800</b>			<b>DENTURES, PARTIAL, CAST, OVERDENTURES (IMMEDIATE), SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>		
	<b>53810</b>		<b>Dentures, Partial, Cast, Overdentures (Immediate), Supported by Natural Teeth with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)</b>		
		53811	Maxillary	+L	1,040.18
		53812	Mandibular	+L	1,040.18
		53814	Altered Cast Impression technique done in conjunction with the above mentioned codes		93.18
	<b>53820</b>		<b>Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)</b>		
		53821	Maxillary	+L	1,040.18
		53822	Mandibular	+L	1,040.18
		53824	Altered Cast Impression technique done in conjunction with the above mentioned codes		93.18
	<b>53830</b>		<b>Dentures, Partial, Cast, Overdentures (Immediate), Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)</b>		
		53831	Maxillary	+L	1,040.18
		53832	Mandibular	+L	1,040.18
		53834	Altered Cast Impression technique done in conjunction with the above mentioned codes		93.18
<b>53900</b>			<b>DENTURES, PARTIAL, CAST, OVERDENTURES, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS</b>		
	<b>53910</b>		<b>Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Natural Teeth, with or without Coping Crowns</b>		
		53911	Maxillary	+L	1,126.95
		53912	Mandibular	+L	1,126.95
		53914	Altered Cast Impression technique done in conjunction with the above mentioned codes		93.18
	<b>53920</b>		<b>Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants, with or without Coping Crowns</b>		
		53921	Maxillary	+L	1,126.95
		53922	Mandibular	+L	1,126.95
		53924	Altered Cast Impression technique done in conjunction with the above mentioned codes		93.18
	<b>53930</b>		<b>Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns</b>		
		53931	Maxillary	+L	1,126.95
		53932	Mandibular	+L	1,126.95
		53934	Altered Cast Impression technique done in conjunction with the above mentioned codes		93.18
	<b>53940</b>		<b>Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar)</b>		
		53941	Maxillary	+L	1,126.95
		53942	Mandibular	+L	1,126.95
	<b>53950</b>		<b>Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)</b>		

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		53951	Maxillary	+L	1,126.95
		53952	Mandibular	+L	1,126.95
		53954	Altered Cast Impression technique done in conjunction with the above mentioned codes		93.18
	<b>53960</b>		<b>Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar)</b>		
		53961	Maxillary	+L	1,126.95
		53962	Mandibular	+L	1,126.95
		53964	Altered Cast Impression technique done in conjunction with the above mentioned codes		93.18
<b>54000</b>			<b>DENTURES, ADJUSTMENTS</b>		
			(after three months insertion or by other than the dentist providing prosthesis)		
<b>54200</b>			<b>DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, MINOR</b>		
		54201	One unit of time	+L	75.70
		54202	Two units	+L	151.40
		54209	Each additional unit over two		75.70
<b>54300</b>			<b>DENTURE ADJUSTMENTS, PARTIAL, OR COMPLETE DENTURE, REMOUNT AND OCCLUSAL EQUILIBRATION</b>		
		54301	Maxillary	+L	750.92
		54302	Mandibular	+L	750.92
<b>54400</b>			<b>DENTURE ADJUSTMENTS, COMPLETE DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION</b>		
		54401	Maxillary	+L	750.92
		54402	Mandibular	+L	750.92
<b>54500</b>			<b>DENTURE, ADJUSTMENTS, PARTIAL DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION</b>		
		54501	Maxillary	+L	750.92
		54502	Mandibular	+L	750.92
<b>55000</b>			<b>DENTURES, REPAIRS/ADDITIONS</b>		
<b>55100</b>			<b>DENTURE, REPAIRS, COMPLETE DENTURE, NO IMPRESSION REQUIRED</b>		
		55101	Maxillary	+L	83.64
		55102	Mandibular	+L	83.64
<b>55200</b>			<b>DENTURE, REPAIRS, COMPLETE DENTURE, IMPRESSION REQUIRED</b>		
		55201	Maxillary	+L	152.98
		55202	Mandibular	+L	152.98
<b>55300</b>			<b>DENTURE, REPAIRS/ADDITIONS, PARTIAL DENTURE, NO IMPRESSION REQUIRED</b>		
		55301	Maxillary	+L	85.81
		55302	Mandibular	+L	85.81
<b>55400</b>			<b>DENTURES, REPAIRS/ADDITIONS, PARTIAL DENTURE, IMPRESSION REQUIRED</b>		
		55401	Maxillary	+L	169.45



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		55402	Mandibular	+L	169.45
<b>55500</b>			<b>DENTURES/IMPLANT RETAINED PROSTHESIS PROPHYLAXIS AND POLISHING</b>		
		55501	One unit of time	+L	84.95
		55509	Each additional unit of time		84.95
<b>55600</b>			<b>DENTURES, REBUILDING WORN ACRYLIC DENTURE TEETH (DIRECT CHAIRSIDE) WITH TOOTH COLOURED MATERIALS</b>		
		55601	One unit of time		86.67
		55609	Each addition unit of time		86.67
<b>55700</b>			<b>DENTURES, CUSTOM STAINED (PIGMENTED) DENTURE BASES (DIRECT CHAIRSIDE)</b>		
		55701	One unit of time		93.18
		55709	Each addition unit of time		93.18
<b>56000</b>			<b>DENTURES, REPLICATION, RELINING AND REBASING</b>		
<b>56100</b>			<b>DENTURES, REPLICATION, PROVISIONAL</b>		
		<b>56110</b>	<b>Dentures, Replication, Complete Denture, Provisional (No Intra-oral Impression Required)</b>		
		56111	Maxillary	+L	178.13
		56112	Mandibular	+L	178.13
		<b>56120</b>	<b>Dentures, Replication, Partial Denture (Provisional) (No Intra-oral Impression Required)</b>		
		56121	Maxillary	+L	178.13
		56122	Mandibular	+L	178.13
<b>56200</b>			<b>DENTURES, RELINING (Does not include Remount - see 54000 series)</b>		
		<b>56210</b>	<b>Denture, Reline, Direct Complete Denture</b>		
		56211	Maxillary		228.48
		56212	Mandibular		228.48
		<b>56220</b>	<b>Denture, Reline, Direct, Partial Denture</b>		
		56221	Maxillary		247.67
		56222	Mandibular		247.67
		<b>56230</b>	<b>Denture, Reline, Processed, Complete Denture</b>		
		56231	Maxillary	+L	247.67
		56232	Mandibular	+L	247.67
		<b>56240</b>	<b>Denture, Reline, Processed, Partial Denture</b>		
		56241	Maxillary	+L	247.67
		56242	Mandibular	+L	247.67
		<b>56250</b>	<b>Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Complete Denture</b>		
		56251	Maxillary	+L	412.81
		56252	Mandibular	+L	412.81
		<b>56260</b>	<b>Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Partial Denture</b>		

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		56261	Maxillary	+L	412.81
		56262	Mandibular	+L	412.81
<b>56300</b>			<b>DENTURES, REBASING (Where the vestibular tissue-contacting surfaces are modified)</b>		
	<b>56310</b>		<b>Denture, Rebase Complete Denture</b>		
		56311	Maxillary	+L	247.67
		56312	Mandibular	+L	247.67
	<b>56320</b>		<b>Denture, Rebase Partial Denture</b>		
		56321	Maxillary	+L	247.67
		56322	Mandibular	+L	247.67
	<b>56330</b>		<b>Denture, Rebase, Complete Denture, Processed, Functional Impression Requiring Three Appointments</b>		
		56331	Maxillary	+L	412.81
		56332	Mandibular	+L	412.81
	<b>56340</b>		<b>Denture, Rebase, Partial Denture, Processed, Functional Impression, Requiring Three Appointments</b>		
		56341	Maxillary	+L	412.81
		56342	Mandibular	+L	412.81
<b>56400</b>			<b>DENTURES, REMAKE</b>		
	<b>56410</b>		<b>Dentures, Remake, Using Existing Framework, Partial Denture (equilibration)</b>		
		56411	Maxillary	+L	330.25
				to	537.23
		56412	Mandibular	+L	330.25
				to	537.23
<b>56500</b>			<b>DENTURES, THERAPEUTIC TISSUE CONDITIONING</b>		
	<b>56510</b>		<b>Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture</b>		
		56511	Maxillary		165.12
		56512	Mandibular		165.12
	<b>56520</b>		<b>Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture</b>		
		56521	Maxillary		165.12
		56522	Mandibular		165.12
	<b>56530</b>		<b>Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Supported by Natural Teeth</b>		
		56531	Maxillary		178.13
		56532	Mandibular		178.13
	<b>56540</b>		<b>Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Implant Supported</b>		
		56541	Maxillary		178.13
		56542	Mandibular		178.13
	<b>56550</b>		<b>Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Supported by Natural Teeth</b>		

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	56551	Maxillary		178.13
	56552	Mandibular		178.13
<b>56560</b>		<b>Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Implant Supported</b>		
	56561	Maxillary		178.13
	56562	Mandibular		178.13
<b>56600</b>		<b>DENTURES, MISCELLANEOUS SERVICES</b>		
	56601	Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase of denture)	+L	LAB
	56602	Resetting of Teeth (not including reline or rebase of denture)	+L	346.71
	56603	Cast occlusal surfaces (includes remount and equilibration)	+L	729.94
<b>57000</b>		<b>PROSTHESIS, MAXILLOFACIAL</b>		
<b>57100</b>		<b>PROSTHESIS, FACIAL</b>		
	57101	Orbital	+L	2,562.02
			to	6,035.95
	57102	Nose	+L	2,005.05
			to	4,104.01
	57103	Ear	+L	2,005.05
			to	4,104.01
	57104	Patch	+L	602.50
	57105	Facial, Complex	+L	2,562.02
			to	4,948.82
	57106	Facial Moulage Impression, Complete		393.56
	57107	Facial Moulage Impression, Sectional		295.16
	57108	Ocular Conformer Prosthesis (temporary post-surgical)	+L	602.50
	57109	Ocular Prosthesis	+L	779.73
			to	3,258.10
<b>57200</b>		<b>PROSTHESIS, MAXILLOFACIAL, OBTURATORS</b>		
	57201	Obturator, Cleft Palate (prosthesis extra)	+L	111.38
			to	482.43
	57202	Obturator, Palatal (prosthesis extra)	+L	111.38
			to	482.43
	57203	Obturator, Post-Maxillectomy (prosthesis extra)	+L	111.38
			to	1,206.09
	57204	Obturator, Temporary Palatal (prosthesis extra)	+L	111.38
			to	1,206.09
	57205	Obturator, Resilient (prosthesis extra)	+L	111.38
			to	1,206.09
	57206	Obturator, Hollow Bulb (prosthesis extra)	+L	111.38
			to	1,206.09
	57207	Obturator, Inflatable (prosthesis extra)	+L	445.56
			to	1,448.40
	57208	Obturator Prosthesis, Modification (relines or repairs)	+L	445.56
			to	844.81
	57209	Speech Aid Prosthesis	+L	779.73
			to	1,568.47
<b>57300</b>		<b>PROSTHESIS, MAXILLOFACIAL, OTHER</b>		
	57301	Velar Bulb (prosthesis and obturator extra)	+L	111.38
			to	1,206.09
	57302	Velar Lift Button, Mechanical (prosthesis and obturator extra)	+L	111.38
			to	1,206.09
	57303	Retention, Spiral Spring (prosthesis extra)	+L	723.66

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	57304	Retention, Magnetic (prosthesis extra)		+L	360.21
	57305	Guide Plane, Condylar (prosthesis extra)		+L	111.39
				to	724.79
	57306	Implant, Silastic Chin		+L	I.C.
	57307	Mesh Prosthesis, Chrome Cobalt Mandibular Mesh		+L	I.C.
	57308	Skull Plate, Customized		+L	I.C.
	57309	Akerman, Pseudotemporomandibular Joint (prosthesis extra)		+L	I.C.
	57311	Feeding Appliance (for infants with cleft palate)		+L	556.94
				to	1,206.09
	57321	Lingual Prosthesis		+L	1,782.26
				to	3,621.55
	57341	Mandibular Resection Prosthesis with Guide Flange		+L	1,113.91
				to	1,931.92
	57342	Mandibular Resection Prosthesis without Guide Flange		+L	668.35
				to	1,447.32
	57351	Prosthesis, Maxillofacial, Fixed		+L	I.C.
	57361	Palatal Augmentation Prosthesis		+L	779.73
				to	1,810.78
	57371	Palatal Life Prosthesis, Modification (relines or repairs)		+L	222.77
				to	844.81
	57372	Gingival Prosthesis Note: For removable appliance used to mask unaesthetic embrasures see sub-classification 49300 soft tissue prosthesis, code 49301 Gingival Mask		+L	393.56
<b>57400</b>		<b>PROSTHESIS, TEMPOROMANDIBULAR JOINT</b>			
	57401	Exercisers, Trismus, Therapy		+L	891.12
				to	1,447.32
	57402	Splints, Permanent Cast Occlusal		+L	2,227.84
				to	3,621.55
<b>57500</b>		<b>PROSTHESIS, SPLINTS</b>			
	57501	Stout		+L	1,072.77
	57502	Cast Capped		+L	1,502.55
	57503	Gunning (upper and lower)		+L	1,502.55
	57504	Bar Splint, Cast, Labial and Lingual		+L	1,502.55
	57505	Scaffolding, Rhinoplastic		+L	1,502.55
	57506	Cast, Adjustable		+L	1,502.55
	57508	Commissure Splint		+L	334.18
				to	1,569.55
<b>57600</b>		<b>PROSTHESIS, STENTS</b>			
	57601	Ridge Extension		+L	1,072.77
	57602	Palatal		+L	1,072.77
	57603	Skin Grafts		+L	1,072.77
	57604	Mucous Membrane Grafts		+L	1,072.77
<b>57650</b>		<b>Prosthesis, Radiation Appliances</b>			
	57651	Radiation Vehicle Carrier		+L	990.35
				to	3,220.53
	57652	Radiation Protection Shield (extra-oral)		+L	1,072.77
	57653	Radiation Protection Shield (intra-oral)		+L	1,072.77
	57654	Radiation Cone Locator		+L	334.18
				to	1,931.92
<b>57660</b>		<b>Prosthesis, Stents, Decompression</b>			
	57661	Decompression Stent, Localized		+L	1,072.77

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		57662	Decompression Stent, (prosthesis extra)	+L	644.10
<b>57700</b>			<b>PROSTHESIS, ORTHOPEDIC</b>		
		57701	Orthopedic Prosthesis (extraoral)	+L	556.94
				to	1,206.09
		57702	Orthopedic Prosthesis (intraoral)	+L	668.35
				to	1,447.32
<b>60000</b>			<b>PROSTHODONTICS - FIXED</b>		
			<b>Initial description:</b>		
			Fixed prosthodontic therapy requires the use of a variety of technical and therapeutic procedures depending on the nature of the problems presented in each individual case. The range of these procedures extends into many areas of treatment in order to provide comprehensive therapy for the patient. Many of the procedures used vary considerably in their difficulty, time, involvement and expense. The amount of time involved in a procedure may vary considerably from those outlined in the following guide. The individual components (abutment, retainer and pontic) of a multi-unit fixed prosthesis each constitute separate units of that restoration and must be coded individually.		
<b>62000</b>			<b>PONTICS, BRIDGE</b>		
<b>62100</b>			<b>PONTICS, CAST METAL</b>		
		62101	Pontics, Cast Metal	+L	474.95
		62102	Pontics, Cast Metal Framework with Separate Porcelain/Ceramic/Polymer Glass Jacket Pontic	+L	474.95
		62103	Pontics, Prefabricated Attachable Facing	+L	369.41
		62104	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Retainer	+L +E	474.95
		62105	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Implant-supported Retainer to Retain Removable Prosthesis, Each Bar	+L +E	I.C.
<b>62500</b>			<b>PONTICS, PORCELAIN/CERAMIC/POLYMER GLASS</b>		
		62501	Pontics, Porcelain/Ceramic/Polymer Glass, Fused to Metal	+L	475.99
		62502	Pontics, Porcelain/Ceramic/Polymer Glass, Aluminous	+L	475.99
<b>62700</b>			<b>PONTICS, ACRYLIC/COMPOSITE /COMPOMER</b>		
		62701	Pontics, Acrylic/Composite/Compomer, Processed to Metal	+L	370.49
		62702	Pontics, Acrylic/Composite/Compomer, Indirect (Provisional)	+L	109.00
		62703	Pontics, Acrylic/Composite/Compomer, Bonded to adjacent Teeth Direct (Provisional)	+E	109.00
		62704	Pontics, Acrylic/Composite/Compomer	+L	109.00
<b>62800</b>			<b>PONTICS, NATURAL TOOTH</b>		
		62801	Pontics, Natural Tooth Crown, Direct, Bonded to Adjacent Teeth (Provisional)		184.19
<b>63000</b>			<b>RECONTOURING OF RETAINER/PONTICS, (of existing bridgework)</b>		
		63001	One unit of time		86.67
		63009	Each additional unit of time		86.67
<b>64000</b>			<b>MASTER CAST TECHNIQUES</b>		
<b>64100</b>			<b>MASTER CAST, TECHNIQUES, MAXILLO-MANDIBULAR REGISTRATIONS</b>		
		64120	Master Cast Techniques, True Hinge Axis Registration and Transfer		

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	64121	One unit of time	+L	82.78
	64129	Each additional unit of time	+L	82.78
<b>64130</b>		<b>Master Cast Techniques, Centric Registration Recording</b>		
	64131	One unit of time	+L	82.78
	64139	Each additional unit of time	+L	82.78
<b>64140</b>		<b>Master Cast Techniques, Three Dimensional Recordings of Mandibular Movement (Pantograph or Stereograph)</b>		
	64141	One unit of time	+L	I.C.
	64149	Each additional unit of time	+L	I.C.
<b>64200</b>		<b>MASTER CAST MOUNTING TECHNIQUES</b>		
<b>64220</b>		<b>Master Cast Mounting with Arbitrary Facebow Transfer</b>		
	64221	One unit of time	+L	82.78
	64229	Each additional unit of time	+L	82.78
<b>64230</b>		<b>Master Cast Mounting with Kinematic Facebow Transfer</b>		
	64231	One unit of time	+L	I.C.
	64239	Each additional unit of time	+L	I.C.
<b>64300</b>		<b>MASTER CAST GNATHOLOGICAL WAX-UP</b>		
	64301	One unit of time	+L	I.C.
	64309	Each additional unit of time	+L	I.C.
<b>66000</b>		<b>REPAIRS</b>		
<b>66100</b>		<b>REPAIRS, REPLACEMENT</b>		
<b>66110</b>		<b>Replace Broken Prefabricated Attachable Facings</b>		
	66111	One unit of time	+L	86.67
	66112	Two units	+L	173.34
	66113	Three units	+L	260.01
	66114	Four units	+L	346.68
	66119	Each additional unit over four		86.67
<b>66200</b>		<b>REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE/PROSTHESIS</b>		
<b>66210</b>		<b>Repairs, Removal, Fixed Bridge/Prosthesis - To be re-cemented</b>		
	66211	One unit of time	+L	95.99
	66212	Two units	+L	191.98
	66213	Three units	+L	287.97
	66214	Four units	+L	383.96
	66219	Each additional unit over four	+L	95.99
<b>66220</b>		<b>Repairs, Removal Fixed Bridge/Prosthesis- To Be Replaced by a new Prosthesis</b>		
	66221	One unit of time		88.84
	66222	Two units		177.68
	66223	Three units		266.52
	66224	Four units		355.36
	66229	Each additional unit over four		88.84
<b>66300</b>		<b>REPAIRS, REINSERTION/RECEMENTATION</b>		

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			(+L where laboratory charges are incurred during repair of bridge)	
	66301	One unit of time	+L	88.84
	66302	Two units	+L	177.68
	66303	Three units	+L	266.52
	66304	Four units	+L	355.36
	66309	Each additional unit over four	+L	88.84
<b>66700</b>		<b>REPAIRS, FIXED BRIDGE/PROSTHESIS</b>		
	<b>66710</b>	<b>Repairs, Fixed Bridge/Prosthesis, Porcelain/Ceramic/Polymer Glass/Acrylic/Composite/Compomer, Direct</b>		
	66711	First tooth		181.60
	66719	Each additional tooth		181.60
	<b>66720</b>	<b>Repairs, Solder Indexing to Repair Broken Solder Joint</b>		
	66721	One unit of time	+L	92.10
	66729	Each additional unit of time		92.10
	<b>66730</b>	<b>Repair Fractured Porcelain/Metal Pontic With Telescoping Type Crown (pontic prepared, impression made and processed crown seated over metal)</b>		
	66731	First pontic	+L	485.79
	66739	Each additional pontic		474.95
<b>67000</b>		<b>FIXED BRIDGE RETAINERS</b>		
		It is appropriate to use Fixed Bridge Retainer codes, rather than codes for single tooth restorations, where two, or more single tooth inlays/onlays or crowns are joined (Splinted) together and do not support a pontic		
<b>67100</b>		<b>RETAINERS, ACRYLIC/COMPOSITE/ COMPOMER WITH, OR WITHOUT CAST OR PREFABRICATED METAL BASES</b>		
	<b>67110</b>	<b>Retainers, Acrylic, Composite/Compomer, Indirect</b>		
	67111	Retainers, Acrylic, Composite/Compomer, Indirect	+L	708.90
	67112	Retainers, Acrylic, Composite/Compomer, Complicated, Indirect	+L	911.75
	67113	Retainers, Acrylic, Composite/Compomer, Provisional, Indirect (lab fabricated/relined intra-orally)	+L	303.20
	67115	Retainers, Acrylic, Composite/Compomer, Implant-supported Indirect	+L	708.90
	<b>67120</b>	<b>Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chair-side)</b>		
	67121	Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chair-side )	+E	199.59
	67125	Retainers, Acrylic, Composite/Compomer, (provisional during healing, done at chair-side), Implant-supported, Direct	+E	200.68
	<b>67130</b>	<b>Retainers, Acrylic, Composite/Compomer, Cast Metal Base, Indirect</b>		
	67131	Retainer, Compomer/Composite Resin/Acrylic, Processed to Cast Metal, Indirect	+L	693.26
	67135	Retainer, Compomer/Composite Resin/Acrylic, Processed to Metal, Indirect, Implant-supported	+L +E	738.81
	<b>67160</b>	<b>Retainers, Acrylic/Composite/Compomer, Two surface Inlay, Indirect Bonded</b>		
	67161	Retainers, Acrylic/Composite/Compomer, Two surface Inlay, Bonded, Indirect	+L	634.35
	<b>67170</b>	<b>Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Bonded, Indirect</b>		

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	67171	Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Bonded, Indirect		+L	781.88
<b>67180</b>		<b>Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect</b>			
	67181	Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect		+L	930.38
<b>67200</b>		<b>RETAINER, PORCELAIN/CERAMIC/POLYMER GLASS</b>			
	67201	Retainer, Porcelain/Ceramic/Polymer Glass		+L	1,071.36
	67202	Retainer, Porcelain/Ceramic/Polymer Glass, Complicated		+L	1,089.41
	67205	Retainer, Porcelain/Ceramic/Polymer Glass, Implant-supported		+L +E	1,071.36
<b>67210</b>		<b>Retainers, Porcelain/Ceramic/Polymer Glass, Fused To Metal Base</b>			
	67211	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base		+L	978.77
	67212	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated		+L	1,089.41
	67215	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Implant-supported		+L +E	978.77
<b>67220</b>		<b>Retainers, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge")</b>			
	67221	Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge")		+L	594.22
<b>67230</b>		<b>Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded</b>			
	67231	Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded		+L	686.04
<b>67240</b>		<b>Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded</b>			
	67241	Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded		+L	845.44
<b>67250</b>		<b>Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded (where one or more cusps are restored)</b>			
	67251	Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded		+L	1,003.76
<b>67300</b>		<b>RETAINERS, CAST METAL</b>			
	67301	Retainers, Cast Metal		+L	1,021.61
	67302	Retainers, Cast Metal, Complicated		+L	1,089.41
	67305	Retainers, Cast Metal, Implant-Supported		+L +E	1,021.61
<b>67310</b>		<b>Retainer, ¾ Cast Metal</b>			
	67311	Retainers, ¾, Cast Metal		+L	1,021.61
	67312	Retainers, 3/4, Cast Metal, Complicated		+L	1,089.41
<b>67320</b>		<b>Retainers, Cast Metal Inlay (used with broken stress technique)</b>			
	67321	Retainer, Cast Metal Inlay, Two Surfaces		+L	738.45
	67322	Retainer, Cast Metal Inlay, Three or More Surfaces		+L	977.01
<b>67330</b>		<b>Retainers, Cast Metal Onlay (internal retention type)</b>			
	67331	Retainers, Cast Metal, Onlay		+L	1,021.61
<b>67340</b>		<b>Retainers, Cast Metal, Onlay (bonded external retention/partial coverage - e.g. Maryland Bridge)</b>			



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		67341	Retainer, Cast Metal, Onlay, with or without Perforations, Bonded to Abutment Tooth, (Pontic extra)	+L	495.19
<b>67400</b>			<b>RETAINERS, OVERDENTURES, CUSTOM CAST OR PRE-FABRICATED WITH NO OCCLUSAL COMPONENT</b>		
		67415	Retainer, Metal, Pre-fabricated or Custom Cast, Implant-supported, with or without Mesostructure with no Occlusal Component (see 62105 for retentive bar)	+L +E	I.C.
<b>67500</b>			<b>FIXED PROSTHETICS, ABUTMENTS/RETAINERS, MISCELLANEOUS SERVICES</b>		
		67501	Retainer Made to an Existing Partial Denture Clasp (additional to retainer, per retainer)	+L	82.78
		67502	Telescoping Crown Unit	+L	369.49
<b>69000</b>			<b>FIXED PROSTHETICS, OTHER SERVICES</b>		
<b>69100</b>			<b>FIXED PROSTHETICS, MISCELLANEOUS SERVICES</b>		
		69101	Fixed Prosthesis, Porcelain, to Replace a Substantial Portion of the Alveolar Process (in addition to retainer and pontics)	+L	1,055.88
<b>69200</b>			<b>FIXED PROSTHETICS, SPLINTING</b>		
		69201	Splinting, for Extensive or Complicated Restorative Dentistry (per tooth)		I.C.
<b>69300</b>			<b>FIXED PROSTHETICS, RETENTIVE PINS (for retainers in addition to restoration)</b>		
		69301	One pin/restoration	+L	48.37
		69302	Two pins/restoration	+L	92.41
		69303	Three pins/restoration	+L	146.40
		69304	Four pins/restoration	+L	179.31
		69305	Five pins or more/restoration	+L	211.15
<b>69600</b>			<b>FIXED PROSTHODONTICS, WHERE AN ENTIRE ARCH IS RECONSTRUCTED (used in extensive or complicated fixed restorative dentistry)</b>		
	<b>69610</b>		<b>Provisional, immediate, implant-supported, screw retained, polymer base with denture teeth, without a reinforcing framework.</b>		
		69611	Maxillary	+L	I.C.
		69612	Mandibular	+L	I.C.
	<b>69620</b>		<b>Final prosthesis, full arch, denture teeth and acrylic (also known as "hybrid prosthesis"), with reinforcing framework, implant-supported, screw retained.</b>		
		69621	Maxillary	+L	I.C.
		69622	Mandibular	+L	I.C.
<b>69700</b>			<b>FIXED PROSTHETICS, PROVISIONAL COVERAGE (in extensive or complicated restorative dentistry)</b>		
		69701	Abutment Tooth	+L	303.19
		69702	Pontic	+L	100.33
<b>69800</b>			<b>FIXED PROSTHODONTIC FRAMEWORKS, OSSEO-INTEGRATED IMPLANT-SUPPORTED</b>		
	<b>69820</b>		<b>Fixed Prosthodontic Framework, Osseo-Integrated, Attached with Screws Or Cement and Incorporating Teeth (Porcelain/Ceramic/Polymer Glass Bonded to Metal, Acrylic/Composite/Compomer Processed to Metal or Full Metal Crowns)</b>		
		69821	Maxillary	+L	I.C.

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	69822	Mandibular		+L	I.C.
<b>70000</b>			<b>ORAL MAXILLOFACIAL SURGERY</b>		
			The following surgical services include necessary local anaesthetic, removal of excess gingival tissue, suturing and one post-operative treatment, when required. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or a group of teeth or in some cases a single tooth.		
<b>71000</b>			<b>REMOVALS, (EXTRACTIONS), ERUPTED TEETH</b>		
<b>71100</b>			<b>REMOVALS, ERUPTED TEETH, UNCOMPLICATED</b>		
	71101	Single tooth, Uncomplicated			145.68
	71109	Each additional tooth, same quadrant, same appointment			145.68
<b>71200</b>			<b>REMOVALS, ERUPTED TEETH, COMPLICATED</b>		
	71201	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth			262.72
	71209	Each additional tooth, same quadrant			262.72
	<b>71210</b>	<b>Requiring elevation of a Flap, Removal of Bone and may include Sectioning of Tooth for Removal of Tooth</b>			
	71211	Single Tooth			286.45
	71219	Each Additional tooth, same quadrant			286.45
<b>72000</b>			<b>REMOVALS, (EXTRACTIONS), SURGICAL</b>		
<b>72100</b>			<b>REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE</b>		
	<b>72110</b>	<b>Removals, Impaction, Requiring Incision of Overlying Soft Tissue and Removal of The Tooth</b>			
	72111	Single tooth			262.72
	72119	Each additional tooth, same quadrant			262.72
<b>72200</b>			<b>REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE</b>		
	<b>72210</b>	<b>Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of A Flap and Either Removal of Bone and Tooth or Sectioning and Removal of Tooth ( Partial Bone Impaction)</b>			
	72211	Single tooth			389.59
	72219	Each additional tooth, same quadrant			389.59
	<b>72220</b>	<b>Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of A Flap, Removal of Bone and Sectioning of Tooth For Removal (Complete Bone Impaction)</b>			
	72221	Single tooth			519.48
	72229	Each additional tooth, same quadrant			519.48
	<b>72230</b>	<b>Removals, Impactions, Requiring Incision of Overlaying Soft Tissue, Elevation of A Flap, Removal of Bone, And/Or Sectioning of the Tooth for Removal And/Or Presents Unusual Difficulties and Circumstances</b>			
	72231	Single tooth			708.25
	72239	Each additional tooth, same quadrant			708.25
	<b>72240</b>	<b>Coronectomy (Deliberate Vital Root Retention)</b>			
	72241	Coronectomy (Deliberate Vital Root Retention of Unerupted Mandibular Molar)			I.C.

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		72242	Coronectomy (Deliberate Vital Root Retention to Prevent Complications Associated with Extraction)	I.C.
<b>72300</b>			<b>REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS</b>	
	<b>72310</b>		<b>Removals, Residual Roots, Erupted</b>	
		72311	First tooth	120.25
		72319	Each additional tooth, same quadrant	120.25
	<b>72320</b>		<b>Removals, Residuals Roots, Soft Tissue Coverage</b>	
		72321	First tooth	177.12
		72329	Each additional tooth, same quadrant	177.12
	<b>72330</b>		<b>Removals, Residual Roots, Bone Tissue Coverage</b>	
		72331	First tooth	259.74
		72339	Each additional tooth, same quadrant	259.74
<b>72400</b>			<b>ALVEOLAR BONE PRESERVATION</b>	
	<b>72410</b>		<b>Alveolar Bone Preservation – Autograft</b>	
		72411	First tooth	+E 330.43
		72419	Each additional tooth	+E 330.43
	<b>72420</b>		<b>Alveolar Bone Preservation - Allograft</b>	
		72421	First tooth	+E 330.43
		72429	Each additional tooth	+E 330.43
	<b>72430</b>		<b>Alveolar Bone Preservation – Xenograft</b>	
		72431	First tooth	+E 330.43
		72439	Each additional tooth	+E 330.43
<b>72500</b>			<b>SURGICAL EXPOSURES OF TEETH</b>	
	<b>72510</b>		<b>Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy)</b>	
		72511	Single tooth	236.16
		72519	Each additional tooth, same quadrant	236.16
	<b>72520</b>		<b>Surgical Exposures, Complex, Hard Tissue Coverage</b>	
		72521	Single tooth	424.94
		72529	Each additional tooth, same quadrant	424.94
	<b>72530</b>		<b>Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment</b>	
		72531	Single tooth	+E 566.59
		72539	Each additional tooth, same quadrant	+E 566.59
	<b>72540</b>		<b>Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae</b>	
		72541	Single tooth	354.25
	<b>72550</b>		<b>Surgical Exposures, Unerupted Tooth, Hard Tissue Coverage With Positioning of Attached Gingivae</b>	

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		72551	Single tooth	472.36
	<b>72560</b>		<b>Rigid Osseous Anchorage For Orthodontics</b>	
		72561	Placement of anchorage device without elevation of a flap	+E I.C.
		72562	Placement of anchorage device with elevation of a flap	+E I.C.
		72563	Removal of anchorage device without elevation of a flap	I.C.
		72564	Removal of anchorage device with elevation of a flap	I.C.
	<b>72600</b>		<b>SURGICAL MOVEMENT OF TEETH</b>	
	<b>72610</b>		<b>Transplantation of Erupted Tooth</b>	
		72611	First tooth	708.25
		72619	Each additional tooth, same quadrant	708.25
	<b>72620</b>		<b>Transplantation of Unerupted Tooth</b>	
		72621	First tooth	849.90
		72629	Each additional tooth, same quadrant	849.90
	<b>72630</b>		<b>Repositioning, Surgical</b>	
		72631	First tooth	519.48
		72639	Each additional tooth, same quadrant	519.48
	<b>72700</b>		<b>ENUCLEATION, SURGICAL</b>	
	<b>72710</b>		<b>Unerupted Tooth Follicle</b>	
		72711	First tooth	519.48
		72719	Each additional tooth, same quadrant	519.48
	<b>72800</b>		<b>REMOVAL OF FRACTURED CUSP AS A SEPARATE PROCEDURE, NOT IN CONJUNCTION WITH SURGICAL OR RESTORATIVE PROCEDURES ON THE SAME TOOTH</b>	
		72801	First tooth	87.55
		72809	Each Additional Tooth	87.55
	<b>73000</b>		<b>REMODELLING AND RECONTOURING ORAL TISSUES IN PREPARATION FOR REMOVABLE PROSTHESES (To include codes 73110, 73120, 73140, 73150, 73160, 73170, 73180)</b>	
	<b>73100</b>		<b>ALVEOLOPLASTY</b>	
			(Bone remodelling of ridge with soft tissue revisions)	
	<b>73110</b>		<b>Alveoloplasty, In Conjunction with Extractions</b>	
		73111	Per sextant	121.33
	<b>73120</b>		<b>Alveoloplasty, Not In Conjunction with Extractions</b>	
		73121	Per sextant	236.16
	<b>73140</b>		<b>Remodelling of Bone</b>	
		73141	Mylohyoid Ridge Remodelling	460.28
		73142	Genial Tubercle Remodelling	442.62
	<b>73150</b>		<b>Excision of Bone</b>	
		73151	Nasal Spine, Excision	442.62

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	73152	Torus Palatinus, Excision		519.48
	73153	Torus Mandibularis, Unilateral, Excision		389.59
	73154	Torus Mandibularis, Bilateral, Excision		649.33
<b>73160</b>		<b>Removal of Bone, Exostosis, Multiple</b>		
	73161	Per quadrant		389.59
			to	779.21
<b>73170</b>		<b>Reduction of Bone, Tuberosity</b>		
	73171	Unilateral, Reduction		236.16
	73172	Bilateral, Reduction		472.36
<b>73180</b>		<b>Augmentation of Bone</b>		
	73181	Unilateral, Pterygomaxillary Tuberosity, Augmentation	+E	460.28
	73182	Bilateral, Pterygomaxillary Tuberosity, Augmentation	+E	920.59
	73183	Unilateral, Mandibular Ridge, Augmentation	+E	566.32
			to	755.09
	73184	Bilateral, Mandibular Ridge, Augmentation	+E	1,132.64
			to	1,510.21
<b>73200</b>		<b>GINGIVOPLASTY AND/OR STOMATOPLASTY, ORAL SURGERY</b>		
<b>73210</b>		<b>Independent Procedure</b>		
	73211	Per sextant		259.74
<b>73220</b>		<b>Miscellaneous Procedures</b>		
	73221	Gingivoplasty, in Conjunction with Tooth Removal		259.74
	73222	Excision of Vestibular Hyperplasia (per sextant)		259.74
	73223	Surgical Shaving of Papillary Hyperplasia of the Palate		460.28
	73224	Excision of Pericoronal Gingiva (for retained tooth/implant) per tooth/implant		129.85
<b>73230</b>		<b>Removals, Tissue, Hyperplastic (includes the incision of the mucous membrane, the dissection and removal of hyperplastic tissue, the replacing and adapting of the mucous membrane)</b>		
	73231	Per sextant		259.74
<b>73240</b>		<b>Removal, Mucosa, Excess (complete removal without dissection)</b>		
	73241	Per sextant		259.74
<b>73300</b>		<b>REMODELING, FLOOR OF THE MOUTH</b>		
	73301	Full Arch Lowering of the Floor of the Mouth		2,265.30
	73302	Partial Arch Lowering of the Floor of the Mouth		1,132.64
	73303	Reinsertion of the Mylohyoid Muscle		943.86
<b>73400</b>		<b>VESTIBULOPLASTY</b>		
<b>73410</b>		<b>Vestibuloplasty, Sub-Mucous</b>		
	73411	Per sextant		247.87
<b>73420</b>		<b>Sulcus Deepening and Ridge Reconstruction</b>		
	73421	Per sextant		199.14

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<b>73430</b>			<b>Vestibuloplasty, with Secondary Epithelization</b>	
		73431	Per sextant	306.85
<b>73440</b>			<b>Vestibuloplasty, with Labial Inverted Flap</b>	
		73441	Per sextant	460.28
<b>73450</b>			<b>Vestibuloplasty, with Skin Graft</b>	
		73451	Per sextant	566.32
<b>73460</b>			<b>Vestibuloplasty, with Mucosal Graft</b>	
		73461	Per sextant	566.32
<b>73470</b>			<b>Vestibuloplasty – with Dermal Graft - Autograft</b>	
		73471	Per Sextant	+E 199.14
<b>73480</b>			<b>Vestibuloplasty – with Dermal Graft - Allograft</b>	
		73481	Per Sextant	199.14
<b>73490</b>			<b>Vestibuloplasty – with Connective Tissue for Ridge Augmentation</b>	
		73491	Per sextant	199.14
<b>73500</b>			<b>RECONSTRUCTION, ALVEOLAR RIDGE</b>	
		<b>73510</b>	<b>Reconstruction, Alveolar Ridge, with Autogenous Bone</b>	
		73511	Per sextant	+E 755.09
		<b>73520</b>	<b>Reconstruction, Alveolar Ridge, with Alloplastic Material</b>	
		73521	Per sextant	+E 755.09
<b>73600</b>			<b>EXTENSIONS, MUCOUS FOLDS</b>	
		<b>73610</b>	<b>Extensions, Mucous Folds with Secondary Epithelization</b>	
		73611	Per sextant	548.63
		<b>73620</b>	<b>Extensions, Mucous Folds, with Skin Grafts</b>	
		73621	Per sextant	548.63
		<b>73630</b>	<b>Extensions, Mucous Folds, with Mucous Graft</b>	
		73631	Per sextant	548.63
<b>74000</b>			<b>SURGICAL EXCISIONS (not in conjunction with tooth removal, including biopsy)</b>	
<b>74100</b>			<b>SURGICAL EXCISIONS, TUMORS, BENIGN</b>	
		<b>74110</b>	<b>Tumors, Benign, Scar Tissue, Inflammatory or Congenital Lesions of Soft Tissue of the Oral Cavity</b>	
		74111	1 cm. and under	354.12
		74112	1-2 cm.	460.28
		74113	2-3 cm.	557.63

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	74114	3-4 cm.		637.28
	74115	4-6 cm.		769.97
	74116	6-9 cm.		855.51
	74117	9-15 cm.		973.47
	74118	15 cm. and over		1,097.29
<b>74120</b>		<b>Tumors, Benign, Bone Tissue</b>		
	74121	1 cm. and under		424.94
	74122	1-2 cm.		590.17
	74123	2-3 cm.		767.17
	74124	3-4 cm.		955.94
	74125	4-6 cm.		1,115.25
	74126	6-9 cm.		1,321.71
	74127	9-15 cm.		1,486.91
	74128	15 cm. and over		1,711.03
<b>74200</b>		<b>SURGICAL EXCISION, TUMORS, MALIGNANT</b>		
<b>74210</b>		<b>Tumors, Malignant, Soft Tissue, Oral Cavity</b>		
	74211	1 cm. and under		330.43
	74212	1-2 cm.		495.63
	74213	2-3 cm.		684.40
	74214	3-4 cm.		855.51
	74215	4-6 cm.		1,061.94
	74216	6-9 cm.		1,238.95
	74217	9-15 cm.		1,463.06
	74218	15 cm. and over		1,645.95
<b>74220</b>		<b>Tumors, Malignant, Bone Tissue</b>		
	74221	1 cm. and under		495.63
	74222	1-2 cm.		660.86
	74223	2-3 cm.		855.51
	74224	3-4 cm.		1,026.63
	74225	4-6 cm.		1,238.95
	74226	6-9 cm.		1,415.95
	74227	9-15 cm.		1,645.95
	74228	15 cm. and over		1,887.76
<b>74230</b>		<b>Selective neck dissection</b>		
	74231	Unilateral		I.C.
	74232	Bilateral		I.C.
<b>74240</b>		<b>Radical neck dissection</b>		
	74241	Unilateral		I.C.
	74242	Bilateral		I.C.
<b>74300</b>		<b>SURGICAL EXCISIONS, MAXILLOFACIAL COMPLEX, TRAUMA, TUMORS, BENIGN, MALIGNANT</b>		
<b>74310</b>		<b>Lips, Throat, Face, Skull</b>		
	74311	Cheiloplasty, Partial (Lip Shave)		660.86
	74312	Cheiloplasty, Total (Lip Shave)		991.28
			to	1,321.71
<b>74400</b>		<b>HARD TISSUE GRAFTS TO THE JAW</b>		
	74401	Autograft – per site – Maxilla or Mandible	+E	755.09

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		74402	Allograft – per site – Maxilla or Mandible	+E	755.09
		74403	Xenograft – per site – Maxilla or Mandible	+E	755.09
<b>74500</b>			<b>AUGMENTATIONS, PROSTHETIC, OF THE JAW</b>		
	<b>74520</b>		<b>Augmentation, Synthetic, of the Jaw</b>		
		74521	Augmentation, of the Chin		I.C.
<b>74600</b>			<b>SURGICAL EXCISION, CYSTS/GRANULOMAS</b>		
	<b>74610</b>		<b>Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s)</b>		
		74611	1 cm. and under		407.28
		74612	1-2 cm.		566.59
		74613	2-3 cm.		737.71
		74614	3-4 cm.		920.59
		74615	4-6 cm.		1,115.25
		74616	6-9 cm.		1,321.71
		74617	9-15 cm.		1,539.94
		74618	15 cm. and over		1,769.95
	<b>74620</b>		<b>Marsupialization</b>		
		74621	Cyst, Marsupialization		519.48
	<b>74630</b>		<b>Excision of Cyst</b>		
		74631	1 cm. and under		407.28
		74632	1-2 cm.		566.59
		74633	2-3 cm.		737.71
		74634	3-4 cm.		920.59
		74635	4-6 cm.		1,115.25
		74636	6-9 cm.		1,321.71
		74637	9-15 cm.		1,539.94
		74638	15 cm. and over		1,769.95
<b>75000</b>			<b>SURGICAL INCISIONS</b>		
<b>75100</b>			<b>SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL</b>		
	<b>75110</b>		<b>Surgical Incision and Drainage and/or Exploration, Intraoral Soft Tissue</b>		
		75111	Intraoral, Surgical Exploration, Soft Tissue		259.74
		75112	Intraoral, Abscess, Soft Tissue		259.74
		75113	Intraoral, Abscess, In Major Anatomical area with Drain		442.62
	<b>75120</b>		<b>Surgical Incision and Drainage and/or Exploration, Intraoral Hard Tissue</b>		
		75121	Intraoral, Abscess, Hard Tissue, Trephination and Drainage		271.51
		75122	Intraoral, Surgical Exploration, Hard Tissue		424.94
		75123	Intraoral, Abscess, Hard Tissue, Trephination and Drainage in a Major Anatomical Area		590.17
<b>75200</b>			<b>SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, EXTRAORAL</b>		
	<b>75210</b>		<b>Surgical Incision and Drainage and/or Exploration, Extraoral, Soft Tissue</b>		
		75211	Extraoral, Abscess, Superficial		613.71
		75212	Extraoral, Abscess, Deep		767.17



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<b>75220</b>			<b>Surgical Incision and Drainage and/or Exploration, Extraoral Hard Tissue</b>	
		75221	Extraoral, Surgical Exploration, Hard Tissue	613.71
<b>75300</b>			<b>SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES</b>	
		75301	Removal, from Skin or Subcutaneous Alveolar Tissue	826.06
				to 1,652.14
		75302	Removal, of Reaction Producing Foreign Bodies	826.06
				to 1,652.14
		75303	Removal, of Needle from Musculo-skeletal System	826.06
				to 1,652.14
<b>75400</b>			<b>SEQUESTRECTOMY (FOR OSTEOMYELITIS)</b>	
		75401	Intraoral Sequestrectomy	566.59
		75402	Saucerization	991.28
		75403	Osteomyelitis, Non Surgical Treatment of	212.47
<b>75410</b>			<b>Extraoral Sequestrectomy</b>	
		75411	3 cm. and less	566.59
		75412	3-4 cm.	708.25
		75413	4-6 cm.	885.25
		75414	6-9 cm.	1,032.79
		75415	9 cm. and over	1,227.45
<b>75500</b>			<b>MANDIBULECTOMY</b>	
<b>75510</b>			<b>Mandibulectomy</b>	
		75511	3 cm. or less	495.63
		75512	3-4 cm.	660.86
		75513	4-6 cm.	855.51
		75514	6-9 cm.	1,061.94
		75515	9-12 cm.	1,280.18
		75516	12-15 cm.	1,510.21
		75517	15 cm. and over	1,698.98
		75518	Total Mandibulectomy	2,076.53
				to 2,690.05
<b>75600</b>			<b>MAXILLECTOMY</b>	
<b>75610</b>			<b>Maxillectomy</b>	
		75611	3 cm. or less	826.06
		75612	3-4 cm.	991.28
		75613	4-6 cm.	1,197.71
		75614	6-9 cm.	1,415.95
		75615	9-12 cm.	1,645.95
		75616	12-15 cm.	1,887.76
		75617	15 cm. and over	2,170.91
		75618	Total Maxillectomy	2,406.90
				to 3,209.19
<b>76000</b>			<b>FRACTURES, TREATMENT OF</b>	
<b>76100</b>			<b>INTERMAXILLARY FIXATION (WIRING)</b>	
<b>76110</b>			<b>Splints Per Arch, One or More Per Jaw</b>	
		76111	Wiring of Dentures or Arch Bar	424.94

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	76112	Acrylic Prosthesis or Cap Splint		424.94
	76113	Circumzygomatic Wiring, Unilateral		141.63
	76114	Perialveolar or Transpalatal Wiring		141.63
	76115	Intra or Periosteous Splinting for Pericranial Suspension		141.63
	76116	Intermaxillary Fixation		424.94
<b>76120</b>		<b>Intra Maxillary Suspension (Wiring)</b>		
	76121	Nasal Spine Wiring		141.63
	76122	Piriform Apertures Suspension		141.63
	76123	Frontal Suspension		613.71
	76124	Orbital Rim Suspension, Bilateral		613.71
	76125	Head Frame Suspension		991.28
<b>76130</b>		<b>Circummandibular Wiring</b>		
	76131	Wiring, one		141.63
	76132	Wiring, two		283.28
	76133	Wiring, three or over		424.94
<b>76140</b>		<b>Splints/Wires, Removal of</b>		
	76141	Removal of Wire		236.16
	76142	Removal of Arch Splint (one or more per jaw)		236.16
	76143	Removal of Interosseous Ligature or Bone Plate		566.59
	76144	Removal of Intra or Periosteous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus		566.59
	76145	Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw)		442.62
	76146	Removal of Wire Plate or Screw used in Osteosynthesis (one or more at the same site)		566.59
<b>76200</b>		<b>FRACTURES, REDUCTIONS, MANDIBULAR</b>		
	76201	Reduction, Mandibular, Closed		1,133.21
			to	1,416.50
	76202	Reduction, Mandibular, Open, Single		1,652.14
	76203	Reduction, Mandibular, Open, Double		1,982.57
	76204	Reduction, Mandibular, Open, Multiple		2,194.61
<b>76300</b>		<b>FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I</b>		
	76301	Reduction, Maxillary, Closed		1,133.21
	76302	Reduction, Maxillary, Open, Single		1,652.14
	76303	Reduction, Maxillary, Open, Double		1,982.57
	76304	Reduction, Maxillary, Open, Multiple		2,265.30
			to	3,020.42
	76305	Reduction, Compound Fracture of Maxilla (requiring reduction and soft tissue repair)		3,209.19
			to	4,011.49
<b>76400</b>		<b>FRACTURES, REDUCTIONS, MAXILLARY, PYRAMIDAL LE FORT'S II</b>		
	76401	Reduction, Maxillary, Closed		1,321.71
	76402	Reduction, Maxillary, Open, Unilateral		1,321.71
	76403	Reduction, Maxillary, Open, Bilateral		1,982.57
<b>76500</b>		<b>FRACTURES, REDUCTIONS, NASO-ORBITAL</b>		
	76501	Reduction, Closed Unilateral		1,026.63
	76502	Reduction, Closed Bilateral		2,053.26
	76503	Reduction, Naso-orbital, Open, External Approach		1,828.84

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	76504	Reduction, Naso-orbital, Open, Sinusal Approach		1,828.84
	76505	Reduction, Naso-orbital, Open, Orbital Approach with Insertion of Subperiosteal Implant		2,011.72
	76506	Exploration, of Orbital Blowout Fracture		1,321.71
	76507	Exploration, of Orbital Blowout Fracture and Reconstruction with Insertion of a Subperiosteal Implant		2,194.61
<b>76600</b>		<b>FRACTURES, REDUCTIONS, MALAR BONE</b>		
	76601	Reduction, Malar Bone, Closed		566.59
	76602	Reduction, Malar Bone, Open, by Simple Elevation		849.90
	76603	Reduction, Malar Bone, Open, by Osteosynthesis		1,510.21
	76604	Reduction, Malar Bone, Open, by Sinus Approach		1,238.95
	76605	Reduction, Malar Bone, Simple Fracture, (open reduction with antrostomy and packing)		1,238.95
<b>76700</b>		<b>FRACTURES, REDUCTIONS, ZYGOMATIC ARCH</b>		
	76701	Reduction, Zygomatic Arch, Intraoral Approach		566.59
	76702	Reduction, Zygomatic Arch, Temporal Approach		1,321.71
	76703	Reduction, Zygomatico-Maxillary Fracture Dislocation, Complex, Closed Reduction		849.90
	76704	Reduction, Zygomatico-Maxillary Fracture Dislocation, Open Reduction		1,652.14
<b>76800</b>		<b>FRACTURES, REDUCTIONS, CRANIOFACIAL OTHER (specify type of procedure according to previous code used for fracture)</b>		
	76801	Reduction, Craniofacial Dysjunction, Closed		2,265.30
	76802	Reduction, Craniofacial Dysjunction, Open		3,209.19
<b>76900</b>		<b>FRACTURES, REDUCTIONS, ALVEOLAR</b>		
	<b>76910</b>	<b>Fracture, Alveolar, Debridement, Teeth Removed</b>		
	76911	3 cm. or less		708.25
			to	1,416.50
	76912	3-6 cm.		708.25
			to	1,416.50
	76913	6 cm. and over		737.71
			to	1,475.41
	<b>76920</b>	<b>Reduction, Alveolar, Closed, with Teeth</b>		
	76921	3 cm. and less	+E	708.25
			to	1,416.50
	76922	3-6 cm.	+E	708.25
			to	1,416.50
	76923	6-9 cm.	+E	737.71
			to	1,475.41
	76924	9 cm. and over	+E	737.71
			to	1,475.41
	<b>76930</b>	<b>Reduction, Alveolar, Open, with Teeth</b>		
	76931	3 cm. and less	+E	708.25
			to	1,416.50
	76932	3-6 cm.	+E	708.25
			to	1,416.50
	76933	6-9 cm.	+E	737.71
			to	1,475.41
	76934	9 cm. and over	+E	767.17
			to	1,534.33

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	<b>76940</b>		<b>Replantation, Avulsed Tooth/Teeth (including splinting)</b>	
		76941	Replantation, first tooth	442.62
		76949	Each additional tooth	442.62
	<b>76950</b>		<b>Repositioning of Traumatologically Displaced Teeth</b>	
		76951	One unit of time	135.74
		76952	Two units of time	271.48
		76959	Each additional unit over two	135.74
	<b>76960</b>		<b>Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral</b>	
		76961	2 cm. or less	283.28
		76962	2-4 cm.	318.72
		76963	4-6 cm.	354.12
		76964	6-9 cm.	389.53
		76965	9-12 cm.	442.62
		76966	12-16 cm.	479.49
		76967	16-20 cm.	516.40
		76968	20-25 cm.	575.38
		76969	25 cm. and over	613.71
	<b>76970</b>		<b>Repairs, Lacerations, Through and Through</b>	
		76971	2 cm. or less	306.85
		76972	2-4 cm.	345.22
		76973	4-6 cm.	383.58
		76974	6-9 cm.	421.92
		76975	9-12 cm.	477.97
		76976	12-16 cm.	517.80
		76977	16-20 cm.	557.63
		76978	20-25 cm.	619.53
		76979	25 cm. and over	660.86
	<b>76980</b>		<b>Repairs, Lacerations, Complicated (local tissue shifts)</b>	
		76981	2 cm. or less	330.43
		76982	2-4 cm.	371.72
		76983	4-6 cm.	413.01
		76984	6-9 cm.	454.33
		76985	9-12 cm.	513.31
		76986	12-16 cm.	556.07
		76987	16-20 cm.	598.86
		76988	20-25 cm.	663.72
		76989	25 cm. and over	707.97
	<b>77000</b>		<b>MAXILLOFACIAL DEFORMITIES, TREATMENT OF</b>	
	<b>77100</b>		<b>OSTEOTOMY/OSTECTOMY, RAMUS OF THE MANDIBLE</b>	
		77101	Osteotomy, Subcondylar, Closed	5,049.77
		77102	Osteotomy, Subcondylar, Open	5,049.77
		77103	Osteotomy, Ramus of the Mandible, Oblique, Extraoral	5,049.77
		77104	Osteotomy, Ramus of the Mandible, Oblique, Intraoral	5,049.77
		77105	Osteotomy/Ostectomy, Body of the Mandible	5,049.77
		77106	Osteotomy, Coronoidectomy	2,406.90
		77107	Osteotomy, Condylar Neck	2,406.90
		77108	Osteotomy, Sagittal Split	5,049.77

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<b>77200</b>			<b>OSTEOTOMY, MISCELLANEOUS</b>	
		77201	Osteotomy, Oblique with Bone Graft	4,719.40
		77202	Osteotomy, Inverted "L"	4,719.40
		77203	Osteotomy, "C"	4,719.40
		77204	Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis – Unilateral	4,719.40
		77205	Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis – Bilateral	4,719.40
		77206	Activation of Distraction Device - Unilateral	4,719.40
		77207	Activation of Distraction Device - Bilateral	4,719.40
		77208	Removal of Distraction Device - Unilateral	4,719.40
		77209	Removal of Distraction Device - Bilateral	4,719.40
<b>77300</b>			<b>OSTEOTOMY, MAXILLARY</b>	
		77301	Osteotomy, Maxillary, Le Fort I	5,049.77
		77302	Osteotomy, Maxillary, Le Fort II	5,332.93
		77303	Osteotomy, Maxillary, Le Fort III	6,371.21
		77304	Additional to the Above Osteotomy Requiring Two Segments	660.70
		77305	Additional to the Above Osteotomy Requiring Three Segments	849.48
		77306	Additional to the Above Osteotomy Requiring Four Segments	1,085.46
		77307	Additional to the Above Osteotomy Requiring a Cranial Flap	849.48
		77308	Closure of Cleft Fistula (Alveolar)	802.30
		77309	Closure of Cleft Fistula (Palatal)	802.30
		77311	Pharyngoplasty	1,274.23
		77312	Submucous Resection	802.30
		77313	Osteotomy, Maxillary, Le Fort I – for Distraction Osteogenesis	I.C.
		77314	Osteotomy, Maxillary, Le Fort II – for Distraction Osteogenesis	I.C.
		77315	Osteogenesis, Maxillary, Le Fort III – for Distraction Osteogenesis	I.C.
		77316	Activation of Distraction Device – Le Fort I Level	I.C.
		77317	Activation of Distraction Device – Le Fort II Level	I.C.
		77318	Activation of Distraction Device – Le Fort III Level	I.C.
		77319	Removal of Maxillary Distraction Device	I.C.
<b>77400</b>			<b>OSTEOTOMY, MAXILLARY/MANDIBULAR, SEGMENTAL</b>	
		<b>77410</b>	<b>Osteotomy, Segmental, Maxillary</b>	
		77411	Osteotomy, Segmental, Anterior	2,265.30
		77412	Osteotomy, Segmental, Posterior	2,265.30
		77413	Osteotomy, Mid-palatal Split, Anterior	1,510.21
		77414	Osteotomy, Mid-palatal Split, Complete	2,265.30
		77415	Osteotomy, Segmental, Anterior – for Distraction Osteogenesis	I.C.
		77416	Osteotomy, Segmental, Posterior – for Distraction Osteogenesis	I.C.
		77417	Activation of Distraction Device	I.C.
		77418	Removal of Segmentation Maxillary Distraction Device	I.C.
		<b>77420</b>	<b>Osteotomy, Segmental, Mandible</b>	
		77421	Osteotomy, Segmental, Anterior with Transfer of Mental Eminence	2,265.30
		77422	Osteotomy, Segmental, Anterior, without the Transfer of Mental Eminence	2,265.30
		77423	Osteotomy, Segmental, Posterior	2,053.26
		77424	Osteotomy, Lower Border, Mandible	2,265.30
		77425	Osteotomy, Total Dento-Alveolar, Mandible	4,719.40
		77426	Osteotomy, Segmental, Anterior – for Distraction Osteogenesis	I.C.
		77427	Osteotomy, Segmental, Posterior – for Distraction Osteogenesis	I.C.
		77428	Activation of Distraction Device	I.C.
		77429	Removal of Segmental Mandibular Distraction Device	I.C.
		<b>77430</b>	<b>Osteotomy When "Interpositional Graft" Is Required</b>	
		77431	Using Bone	566.32

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		77432	Using Alloplast	+E	530.97
		77433	Using Cartilage		566.32
	<b>77440</b>		<b>Osteotomy When "Onlay Graft" Is Required For Osteotomy, Trauma or Reconstructive Procedures</b>		
		77441	Using Bone		377.55
		77442	Using Alloplast	+E	353.97
		77443	Using Cartilage		377.55
<b>77500</b>			<b>GENIOPLASTY</b>		
		77501	Genioplasty, Sliding, Reduction or Augmentation		2,265.30
		77502	Genioplasty, Reduction (vertical)		2,265.30
		77503	Genioplasty, Augmentation with Graft (see grafting codes)		2,265.30
		77504	Myotomy, Suprahyoid		566.59
<b>77600</b>			<b>MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES</b>		
		77601	Corticotomy		660.86
		77602	Interdental Septotomy		660.86
		77603	Surgical Expansion of the Palate		1,132.64
		77604	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Maxilla – per Sextant		I.C.
		77605	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Mandible – per Sextant		I.C.
<b>77700</b>			<b>PALATORRHAPHY</b>		
		77701	Palatorrhaphy, Anterior (closure of palatine fissure)		2,265.30
		77702	Palatorrhaphy, Posterior		2,265.30
		77703	Palatorrhaphy, Total		2,831.65
		77704	Palatorrhaphy, with Bone Graft		3,775.51
		77705	Palatorrhaphy, Bone Graft to Anterior Alveolar Ridge		2,454.07
<b>77800</b>			<b>FRENECTOMY/FRENOPLASTY</b>		
		77801	Frenectomy, Upper Labial		247.94
		77802	Frenectomy, Lower Labial		247.94
		77803	Frenectomy, Lower Lingual or "Z" Plasty		247.94
		77804	Frenectomy, Lower Lingual or "Z" Plasty with Myotomy of Genioglossus		424.94
		77805	Frenoplasty, Upper "Z"		371.93
		77806	Frenoplasty, Lower "Z"		371.93
<b>77900</b>			<b>GLOSSECTOMY</b>		
		77901	Glossectomy, Partial, Anterior Wedge		660.86
		77902	Glossectomy, Partial, for Orthodontic Purposes		660.86
		77903	Glossectomy, Full Postero-Anterior Wedge		1,227.02
	<b>77910</b>		<b>Cleft Surgery</b>		
		77911	Primary Unilateral Cleft Lip Repair		1,274.23
		77912	Secondary Unilateral Cleft Lip Repair		1,274.23
		77913	Primary Bilateral Cleft Lip Repair		1,698.98
		77914	Secondary Bilateral Cleft Lip Repair		1,698.98
		77915	Reconstruction of Cleft Lip with Lip Switch Flap		1,698.98
		77916	Complex Reconstruction or Revision of Cleft Lip		2,123.74
		77917	Closure of Alveolar Cleft (see grafting Codes)		2,123.74
	<b>77920</b>		<b>Oral Nasal Fistula</b>		

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	77921	Primary Closure at Time of Initial Surgery		755.09
	77922	Secondary Closure with Palatal Flap		1,132.64
	77923	Secondary Closure with Pharyngeal Flap		1,132.64
	77924	Secondary Closure with Tongue Flap		1,274.23
	77925	Secondary Closure with Buccal Flap		1,132.64
	<b>77930</b>	<b>Rigid Fixation</b>		
	77931	Rigid Internal Fixation		Add
	77932	Rigid Internal Fixation Using Bone		25% to
	77933	Rigid Internal Fixation Using Alloplast	+E	Surgical
	77934	Rigid Internal Fixation Using Cartilage		fee
<b>78000</b>		<b>TEMPOROMANDIBULAR JOINT DYSFUNCTIONS, TREATMENT OF</b>		
<b>78100</b>		<b>TEMPOROMANDIBULAR JOINT, DISLOCATION MANAGEMENT OF</b> (Sedation and general anaesthesia services to be coded separately with appropriate 90000 series codes)		
	78101	TMJ, Dislocation, Open Reduction		1,227.02
	78102	TMJ, Dislocation, Closed Reduction, Uncomplicated		112.19
			to	224.39
	78103	TMJ, Dislocation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)		236.16
	78104	TMJ, Subluxation, Closed Reduction, Uncomplicated		224.39
	78105	TMJ, Subluxation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)		236.16
	78106	TMJ, Manipulation, under Sedation or General Anaesthesia		354.25
	78107	TMJ, Fixation (Application of devices to prevent recurrent dislocation in the short term (arch bars, MMF screws, Ivy Loops)		354.25
<b>78200</b>		<b>TEMPOROMANDIBULAR JOINT, OPEN PROCEDURES (ARTHROTOMY)</b>		
	78201	Condyloplasty		1,887.76
	78202	Condylotomy		1,132.64
	78203	Condylectomy		2,029.35
	78204	Eminoplasty		2,029.35
	78205	Re-contour of Glenoid Fossa		2,029.35
	78206	Meniscectomy		1,887.76
	78207	Plication of Meniscus		2,029.35
	78208	Repair of Meniscus		2,029.35
	78209	Replacement of Meniscus (see grafting codes)		2,029.35
<b>78300</b>		<b>TEMPOROMANDIBULAR JOINT, ARTHROTOMY FOR MAJOR RECONSTRUCTION</b>		
	78301	Fossa Replacement (see grafting codes)		2,029.35
	78302	Condylar Replacement (see grafting codes)		2,029.35
	78303	Gap, Arthroplasty for Ankylosis (see grafting codes)		3,209.19
<b>78400</b>		<b>ARTHROSCOPY OF TEMPOROMANDIBULAR JOINT</b>		
	78401	TMJ Arthroscopic Examination and Diagnosis		566.32
	78402	Biopsy		802.30
	78403	Removal of Loose Bodies		802.30
	78404	Lavage		566.32
	78405	Lysis of Adhesions		802.30
	78406	Synovectomy		1,227.02
	78407	Condyloplasty		1,227.02
	78408	Eminoplasty		1,227.02
	78409	Re-contour of Glenoid Fossa		1,227.02
	78411	Meniscectomy		1,415.82
	78412	Plication of Meniscus		1,415.82

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		78413	Repair of Meniscus	1,415.82
<b>78500</b>			<b>TEMPOROMANDIBULAR JOINT, ARTHROCENTESIS (puncture and aspiration)</b>	
		78501	One unit of time	135.74
		78502	Two units	271.48
		78509	Each additional unit over two	135.74
<b>78600</b>			<b>TEMPOROMANDIBULAR JOINT, MANAGEMENT BY INJECTIONS</b>	
		78601	Injection, therapeutic drug with or without local anaesthetic drug, "per site",	+E 141.63
		78602	Injection, with Sclerosing Agent	141.63
<b>78700</b>			<b>TEMPOROMANDIBULAR JOINT, APPLIANCE SPLINTS, ORTHOPEDIC REHABILITATION (post operative)</b>	
		78701	Appliance Splint, Maxillary	+L 955.94
		78702	Appliance Splint, Mandibular	+L 955.94
<b>79000</b>			<b>MAXILLOFACIAL SURGERY PROCEDURES, OTHER</b>	
<b>79100</b>			<b>SALIVARY GLANDS, TREATMENT OF</b>	
		79101	Salivary Duct, Dilation of	194.78
		79102	Salivary Duct, Insertion of Polyethylene Tube	259.74
		79103	Salivary Duct, Sialodochoplasty	566.59
		79104	Salivary Duct, Reconstruction of	849.90
	<b>79110</b>		<b>Salivary Duct, Sialolithotomy</b>	
		79111	Sialolithotomy, Anterior 1/3 of Canal	519.48
		79112	Sialolithotomy, Posterior 2/3 of Canal	1,416.50
		79113	Sialolithotomy, External Approach	2,194.61
	<b>79120</b>		<b>Salivary Gland, Excisions</b>	
		79121	Excision of Submaxillary Gland	1,415.95
		79122	Excision of Sublingual Gland	1,769.95
		79123	Excision of Mucocele	177.12
		79124	Excision of Ranula	566.59
		79125	Marsupialization of Ranula	519.48
	<b>79130</b>		<b>Salivary Gland, Removal</b>	
		79131	Salivary Gland, Removal, Parotid (sub total)	1,887.76
		79132	Salivary Gland, Removal, Parotid (radical, including facial nerve)	3,020.42
<b>79200</b>			<b>NEUROLOGICAL DISTURBANCES, TREATMENT OF</b>	
	<b>79210</b>		<b>Neurological Disturbances, Trigeminal Nerve</b>	
		79211	Trigeminal Nerve, Injection for Destruction	283.28
		79212	Trigeminal Nerve, Avulsion at Periphery	590.17
		79213	Trigeminal Nerve, Total Avulsion of a Branch	1,074.02
		79214	Trigeminal Nerve, Alcoholization of a Branch	283.28
		79215	Trigeminal Nerve, Infiltration of a Branch for Diagnosis	135.74
		79216	Trigeminal Nerve, Intraoperative, diagnostic or physiologic monitoring (stimulation with recording evoked potentials, ultrasound, or impedance)	259.74
		79217	Trigeminal Nerve, Neurolysis or tumor excision of trigeminal nerve branch in soft tissue	849.90
		79218	Trigeminal Nerve, Neurolysis or tumor excision of trigeminal nerve branch in bone (mandible, maxilla or orbit) (not to include osteotomy)	1,652.14



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<b>79220</b>		<b>Neurological Disturbances, Mental Nerve</b>		
	79221	Mental Nerve, Transportation of		991.28
	79222	Mental Nerve, Decompression in Canal		991.28
<b>79230</b>		<b>Neurological Disturbances, Inferior Dental Nerve</b>		
	79231	Inferior Dental Nerve, Complete Avulsion		991.28
	79232	Inferior Dental Nerve, Decompression in the Canal		1,026.63
<b>79240</b>		<b>Neurological Disturbances, Surgery</b>		
	79241	Injured Nerve Repair, Primary		1,321.71
	79242	Injured Nerve Repair, Secondary		3,350.79
	79243	Injured Nerve Repair, Secondary, (when repair delayed more than four weeks)		3,775.51
	79244	Neural Transposition and Decompression		991.28
	79245	Implantation of Electrode for Peripheral Nerve Stimulation		1,321.71
	79246	Excision of Tumor or Neuroma		1,415.95
	79247	Nerve Repair with Graft	+E	4,719.40
	79248	Harvesting of Nerve Graft		1,652.14
	79251	Epineurial Suture of Trigeminal Nerve Branch per Anastomosis		1,026.63
	79252	Fascicular Suture of Trigeminal Nerve Branch per Anastomosis		1,026.63
	79253	Conduit Implant for Repair of Nerve Gap up to 3 cm.		2,642.88
	79254	Conduit Implant for Repair of Nerve Gap greater than 3 cm.		3,775.51
	79255	Fibrin adhesive per nerve anastomosis		660.86
	79256	Laser coagulation per nerve anastomosis		707.97
	79258	In addition to above procedures, when using operating microscopes		141.63
<b>79300</b>		<b>ANTRAL SURGERY</b>		
<b>79310</b>		<b>Antral Surgery, Recovery, Foreign Bodies</b>		
	79311	Antral Surgery, Immediate Recovery of a Dental Root or Foreign Body from the Antrum		590.17
			to	885.25
	79312	Antral Surgery, Immediate Closure of Antrum by Another Dental Surgeon		590.17
			to	885.25
	79313	Antral Surgery, Delayed Recovery of a Dental Root with Oral Antrostomy		590.17
			to	885.25
	79314	Antral Surgery with Nasal Antrostomy		590.17
			to	885.25
<b>79320</b>		<b>Antral Surgery, Lavage</b>		
	79321	Lavage, Oral Approach		123.97
	79322	Lavage, Nasal Approach		123.97
<b>79330</b>		<b>Antral Surgery, Oro-Antral Fistula Closure, (same session)</b>		
	79331	Oro-Antral Fistula Closure with Buccal Flap		566.59
			to	849.90
	79332	Oro-Antral Fistula Closure with Gold Plate	+L	566.59
			to	849.90
	79333	Oro-Antral Fistula Closure with Palatal Flap		566.59
			to	849.90
<b>79340</b>		<b>Antral Surgery, Oro-Antral Fistula Closure, (subsequent session)</b>		
	79341	Oro-Antral Fistula Closure with Buccal Flap		566.59
			to	849.90
	79342	Oro-Antral Fistula Closure with Gold Plate		566.59

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				to 849.90
	79343	Oro-Antral Fistula Closure with Palatal Flap		566.59
				to 849.90
	<b>79350</b>	<b>Sinus Osseous Augmentation</b>		
	79351	Sinus Osseous Augmentation, Open Lateral Approach - Autograft	+E	I.C.
	79352	Sinus Osseous Augmentation, Open Lateral Approach – Allograft	+E	I.C.
	79353	Sinus Osseous Augmentation, Open Lateral Approach – Xenograft	+E	I.C.
	79354	Sinus Osseous Augmentation, Indirect Inferior Approach – Autograft	+E	I.C.
	79355	Sinus Osseous Augmentation, Indirect Inferior Approach – Allograft	+E	I.C.
	79356	Sinus Osseous Augmentation, Indirect Inferior Approach – Xenograft	+E	I.C.
<b>79400</b>		<b>HEMORRHAGE, CONTROL OF</b>		
	79401	Primary Hemorrhage, Control		141.63
				to 566.59
	79402	Secondary Hemorrhage, Control		165.20
				to 1,652.14
	79403	Hemorrhage Control, using Compression and Hemostatic Agent		165.20
				to 1,652.14
	79404	Hemorrhage Control, using Hemostatic Substance and Suture (including removal of bony tissue, if necessary)		165.20
				to 1,652.14
<b>79500</b>		<b>GRAFTS AND RECONSTRUCTION, SURGICAL</b>		
	<b>79510</b>	<b>Harvesting of Intraoral Tissue For Grafting To Operative Site</b>		
	79511	Bone		477.97
	79512	Cartilage		477.97
	79513	Skin		477.97
	79514	Mucosa		477.97
	79515	Fascia		477.97
	79516	Muscle		477.97
	79517	Dermis		477.97
	<b>79520</b>	<b>Harvesting of Extraoral Tissue For Grafting To Operative Site (To Include Ilium, Rib, Etc.)</b>		
	79521	Bone		660.86
	79522	Cartilage		660.86
	79523	Costochondral		660.86
	79524	Skin		660.86
	79525	Fat		660.86
	79526	Fascia		660.86
	79527	Muscle		660.86
	79528	Dermis		660.86
	79529	Nerve		I.C.
	<b>79530</b>	<b>Vascularized Tissue Flaps, Extraoral</b>		
	79531	Elevation Free Soft Tissue Flap		I.C.
	79532	Elevation Free Hard Tissue Flap		I.C.
	79539	Artery/Vein/Nerve Graft/Patch, Autogenous/Allograft/Alloplastic	+E	I.C.
	<b>79540</b>	<b>Harvesting and Preparation of Platelet Rich Plasma</b>		
	79541	Harvesting and Preparation of Platelet Rich Plasma	+E	I.C.
	<b>79550</b>	<b>Delivery of Growth Factors</b>		

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		79551	Delivery of Growth Factors – Autologous – per site	+E	I.C.
		79552	Delivery of Growth Factors – Allogenic – per site	+E	I.C.
		79553	Delivery of Growth Factors – Human Recombinant – per site	+E	I.C.
<b>79600</b>			<b>POST SURGICAL CARE</b> (Required by complications and unusual circumstances, refer to comment under section heading 70000)		
		79601	Post Surgical Care, Subsequent to Initial Post Surgical Treatment, Minor, by Treating Dentist		118.08
		79602	Post Surgical Care, Minor, by Other Than Treating Dentist		123.97
		79603	Post Surgical Care, Major, by Treating Dentist		123.97
				to	1,239.80
		79604	Post Surgical Care, Major, by Other Than Treating Dentist		123.97
				to	1,239.80
		79605	Post Surgical Care, Alveolitis, Treatment of (without Anaesthesia)		123.97
		79606	Post Surgical Care, Alveolitis, Treatment of (with Anaesthesia)		123.97
<b>79700</b>			<b>AIRWAY PROCEDURES</b>		
		79701	Tracheotomy		755.09
		79702	Crico-Thyroidotomy		755.09
<b>79800</b>			<b>MUSCULAR DISORDERS, TREATMENT OF</b>		
		79801	Treatment of Muscular Dysfunctions		I.C.
		79802	Myotomy		I.C.
<b>79900</b>			<b>IMPLANTOLOGY</b> (Includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)		
		<b>79910</b>	<b>Implants, Blade</b>		
		79911	Maxillary per implant	+E	I.C.
		79912	Mandibular per implant	+E	I.C.
		<b>79920</b>	<b>Implants, Subperiosteal</b>		
		79921	Maxillary	+L	I.C.
		79922	Mandibular	+L	I.C.
		<b>79930</b>	<b>Implants, Osseointegrated, Root Form, More than one component</b>		
		79931	Surgical Installation of Implant with Cover Screw – per Implant	+E	I.C.
		79932	Surgical Installation of Implant with Healing Transmucosal Element – per Implant	+E	I.C.
		79933	Surgical Installation of Implant with Final Transmucosal Element – per Implant	+E	I.C.
		79934	Surgical Re-entry, Removal of Healing Screw and Placement of Healing Transmucosal Element – per Implant	+E	I.C.
		79935	Surgical Re-entry, Removal of Healing Screw and Placement of Final Standard Transmucosal Element – per Implant	+E	I.C.
		79936	Surgical Re-entry, Removal of Healing Screw and Placement of Final Custom Transmucosal Element – per Implant	+L +E	I.C.
		<b>79940</b>	<b>Implants Osseointegrated, Root Form, Single Component</b>		
		79941	Surgical Installation of Implant – per Implant	+E	I.C.
		<b>79950</b>	<b>Implants, Osseointegrated, Provisional</b>		
		79951	Installation of Provisional Implant – per Implant	+E	I.C.
		79952	Removal of Provisional Implant – per Implant	+E	I.C.

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	<b>79960</b>		<b>Implants, Removal of</b>	
		79961	Per implant, Uncomplicated	I.C.
		79962	Per implant, Complicated	I.C.
<b>80000</b>			<b>ORTHODONTICS</b>	
<b>80600</b>			<b>ORTHODONTIC, OBSERVATIONS AND ADJUSTMENTS</b>	
		80601	Orthodontic Observation - for Tooth Guidance (i.e. tooth position, eruption sequence, serial extraction supervision, etc.) per appointment	83.81
		80602	Orthodontic Observation and adjustment - to Orthodontic Appliances and/or the Reduction of Proximal Surfaces of Teeth per appointment	83.81
	<b>80630</b>		<b>Repairs to Removable or Fixed Appliances (not including removal and recementation)</b>	
		80631	One unit of time	+L 90.79
		80632	Two units	+L 181.58
		80639	Each additional unit over two	90.79
	<b>80640</b>		<b>Alterations to Removable or Fixed Appliances</b>	
		80641	One unit of time	+L 90.79
		80642	Two units	+L 181.58
		80649	Each additional unit over two	90.79
	<b>80650</b>		<b>Recementation of Fixed Appliances</b>	
		80651	One unit of time	90.79
		80659	Each additional unit of time	90.79
	<b>80660</b>		<b>Separation (except where included in the fabrication of an appliance)</b>	
		80661	One unit of time	90.79
		80669	Each addition unit of time	90.79
	<b>80670</b>		<b>Removal of Fixed Orthodontic Appliances (By a Practitioner Other Than The Original Treatment Practice Or Practitioner)</b>	
		80671	One unit of time	90.78
		80679	Each additional unit of time	90.78
<b>81000</b>			<b>APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT</b>	
<b>81100</b>			<b>APPLIANCES, REMOVABLE</b>	
			A maximum of eight observations or adjustment appointments may be charged for these appliances.	
	<b>81110</b>		<b>Appliances, Removable, Space Regaining</b>	
		81111	Appliance, Maxillary, Unilateral	+L 362.93
		81112	Appliance, Mandibular, Unilateral	+L 362.93
		81113	Appliance, Maxillary, Bilateral	+L 362.93
		81114	Appliance, Mandibular, Bilateral	+L 362.93
	<b>81120</b>		<b>Appliances, Removable, Cross-Bite Correction</b>	
		81121	Appliance, Maxillary, Simple	+L 344.22
		81122	Appliance, Mandibular, Simple	+L 344.22
	<b>81130</b>		<b>Appliances, Removable, Dental Arch Expansion</b>	

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	81131	Appliance, Maxillary, Simple		+L	362.93
	81132	Appliances, Mandibular, Simple		+L	362.93
<b>81140</b>		<b>Appliances, Removable, Closure of Diastemas</b>			
	81141	Appliance, Maxillary, Simple		+L	362.93
	81142	Appliance, Mandibular, Simple		+L	362.93
<b>81150</b>		<b>Appliances, Removable, Alignment of Anterior Teeth</b>			
	81151	Appliance, Maxillary, Simple		+L	362.93
	81152	Appliance, Mandibular, Simple		+L	362.93
<b>81200</b>		<b>APPLIANCES, FIXED OR CEMENTED</b>			
		A maximum of eight observations or adjustment appointments may be charged for these appliances.			
<b>81210</b>		<b>Appliance, Fixed, Space Regaining (e.g. lingual or labial arch with molar bands, tubes, locks)</b>			
	81211	Appliance, Maxillary		+L	362.93
	81212	Appliance, Mandibular		+L	362.93
<b>81220</b>		<b>Appliance, Fixed, Spaces Regaining, Unilateral</b>			
	81221	Appliance, Maxillary		+L	272.38
	81222	Appliance, Mandibular		+L	272.39
<b>81230</b>		<b>Appliance, Fixed, Cross-Bite Correction - Anterior</b>			
	81231	Appliance, Maxillary		+L	362.93
	81232	Appliance, Mandibular		+L	362.93
<b>81240</b>		<b>Appliance, Fixed, Cross-Bite Correction - Posterior</b>			
	81241	Appliance, Maxillary		+L	362.93
	81242	Appliance, Mandibular		+L	362.93
	81243	Appliance, Two-Molar Band, Hooked and Elastics		+L	290.82
<b>81250</b>		<b>Appliance, Fixed, Dental Arch Expansion</b>			
	81251	Appliance, Maxillary		+L	453.99
	81252	Appliance, Mandibular		+L	453.99
	81253	Appliance, Maxillary, Rapid Expansion		+L	362.93
<b>81260</b>		<b>Appliance, Fixed, Closure of Diastemas</b>			
	81261	Appliance, Maxillary, Simple		+L	362.93
	81262	Appliance, Mandibular, Simple		+L	362.93
<b>81270</b>		<b>Appliance, Fixed, Alignment of Incisor Teeth</b>			
	81271	Appliance, Maxillary, Simple		+L	453.99
	81272	Appliance, Mandibular, Simple		+L	453.98
<b>81280</b>		<b>Appliances, Fixed, Ligatures</b>			
	81281	Grassline or Elastic Ligatures per visit		+L	90.79
<b>81290</b>		<b>Appliances, Fixed, Mechanical Eruption of Tooth/Teeth</b>			
	81291	Appliance, Maxillary, Impaction		+L	362.93
	81292	Appliance, Mandibular, Impaction		+L	362.93

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	81293	Appliance, Maxillary, Erupted	+L	362.93
	81294	Appliance, Mandibular, Erupted	+L	362.93
<b>83000</b>		<b>APPLIANCES, RETENTION, ORTHODONTIC RETAINING APPLIANCES</b>		
<b>83100</b>		<b>APPLIANCES, REMOVABLE, RETENTION</b>		
	83101	Appliance, Maxillary	+L	272.38
	83102	Appliance, Mandibular	+L	272.38
	83103	Appliance, Tooth Positioner	+L	272.38
<b>83200</b>		<b>APPLIANCES, FIXED/CEMENTED, RETENTION</b>		
	83201	Appliance, Maxillary	+L	362.93
	83202	Appliance, Mandibular	+L	362.93
		<b>COMPREHENSIVE ORTHODONTIC TREATMENT</b>		
		CASE TYPE - Fixed Appliance (includes formal full banded treatment and retention)		
		The range of fees with these procedure codes reflects such variables as length of time required to complete the treatment, degree of difficulty, co-operation of the patient, etc. and the fee charged should be determined accordingly.		
<b>84000</b>		<b>PERMANENT DENTITION</b>		
	84101	Class I Malocclusion	+L	3,632.00
			to	10,896.01
	84201	Class II Malocclusion	+L	5,447.99
			to	14,528.03
	84301	Class III Malocclusions	+L	5,447.99
			to	14,528.03
	84401	Malocclusions Not Requiring Complete Banding	+L	1,815.99
			to	4,540.01
<b>85000</b>		<b>MIXED DENTITION</b>		
	85101	Class I Malocclusion	+L	3,632.00
			to	10,896.01
	85201	Class II Malocclusion	+L	5,447.99
			to	14,528.03
	85301	Class III Malocclusion	+L	5,447.99
			to	14,528.03
<b>87000</b>		<b>PERMANENT DENTITION</b>		
		CASE TYPE - Removable Appliances (includes removable appliance therapy and retention; e.g. functional appliances)		
	87101	Class I Malocclusion	+L	I.C.
	87201	Class II Malocclusion	+L	I.C.
	87301	Class III Malocclusion	+L	I.C.
<b>88000</b>		<b>MIXED DENTITION</b>		
	88101	Class I Malocclusion	+L	1,815.99
			to	5,447.99
	88201	Class II Malocclusion	+L	2,724.00
			to	7,264.01
	88301	Class III Malocclusion	+L	2,724.00
			to	7,264.01
<b>89500</b>		<b>NEONATAL DENTO-FACIAL ORTHOPEDICS</b>		
		(comprehensive treatment for first six months of life)		

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			(1) Diagnostic procedures (includes radiographs and/or photographs);		
			(2) Parent consultation;		
			(3) Impression and appliance construction;		
			(4) Insertion and parent instruction;		
			(5) Post treatment evaluation;		
			(6) Adjustment of appliances (includes soft relines);		
			(7) Reconstruction and/or reevaluation (may include up to two remakes).		
	89501	Expansion Appliance for Infants with Cleft Palate		+L	363.19
				to	3,268.79
	89502	Extraoral Retraction Appliance for Infants with Cleft Palate		+L	363.19
				to	3,268.79
	89503	Stage I - Initial Expansion		+L	1,361.99
				to	2,724.00
	89504	Stage II - Anterior Alignment		+L	1,361.99
				to	2,724.00
	89505	Stage III - Final Alignment (complete banding)		+L	2,724.00
				to	7,264.01
	89506	Stage III - Where Stage I and II were not provided for		+L	5,447.99
				to	14,528.03
<b>90000</b>		<b>GENERAL SERVICES</b>			
<b>91000</b>		<b>UNCLASSIFIED TREATMENTS</b>			
<b>91100</b>		<b>UNCLASSIFIED TREATMENT, DENTAL PAIN</b>			
	<b>91110</b>	<b>Palliative (emergency) Treatment of Dental Pain, Minor Procedure</b>			
		91111	One unit of time		112.20
		91112	Two units		224.40
		91113	Three units		336.60
		91119	Each additional unit over three		112.20
	<b>91120</b>	<b>Emergency Services Not Otherwise Specified In Guide</b>			
		91121	One unit of time		118.08
		91122	Two units		236.16
		91123	Three units		354.24
		91129	Each additional unit over three		118.08
<b>91200</b>		<b>UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES (Note: If the service affected is anaesthesia, code series 92000, and the unusual time and responsibility is the result of a patient BMI of 35 or above, refer to code series 92900)</b>			
	<b>91210</b>	<b>Unusual Time and Responsibility Requirement, in Addition to Usual Procedures in Guide</b>			
		91211	One unit of time		129.85
		91212	Two units		259.70
		91213	Three units		389.55
		91219	Each additional unit over three		129.85
	<b>91220</b>	<b>Second Surgeon (team approach)</b>			
		91221	One unit of time		112.20
		91222	Two units		224.40
		91223	Three units		336.60
		91224	Four units		448.80
		91225	Five units		561.00
		91226	Six units		673.20

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	91227	Seven units		785.40
	91228	Eight units		897.60
	91229	Each additional unit over eight		112.20
	<b>91230</b>	<b>Management of Exceptional Patient</b>		
	91231	One unit of time		129.85
	91232	Two units		259.70
	91233	Three units		389.55
	91234	Four units		519.40
	91239	Each additional unit over four		129.85
	<b>92000</b>	<b>ANAESTHESIA</b>		
	<b>92100</b>	<b>ANAESTHESIA, LOCAL</b>		
		(not in conjunction with operative or surgical procedures, includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)		
	92101	Regional Block Anaesthesia (not in conjunction with operative or surgical procedures)		118.08
	92102	Trigeminal Division Block (not in conjunction with operative or surgical procedures)		118.08
	<b>92200</b>	<b>ANAESTHESIA, GENERAL</b>		
		(includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)		
	<b>92210</b>	<b>General Anaesthesia</b>		
	92212	Two units of time		247.94
	92213	Three units		371.91
	92214	Four units		495.88
	92215	Five units		619.85
	92216	Six units		743.82
	92217	Seven units		867.79
	92218	Eight units		991.76
	92219	Each additional unit over eight		123.97
	<b>92220</b>	<b>Provision of facilities, equipment and support services for general anaesthesia when provided by a separate practitioner</b>		
	92222	Two units of time		247.94
	92223	Three units		371.91
	92224	Four units		495.88
	92225	Five units		619.85
	92226	Six units		743.82
	92227	Seven units		867.79
	92228	Eight units		991.76
	92229	Each additional unit over eight		123.97
	<b>92300</b>	<b>Anaesthesia, Deep Sedation - a controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including inability to respond purposefully to verbal command. These states apply to any technique that has depressed the patient beyond conscious sedation except general anaesthesia. Any intravenous technique leading to these conditions in a patient including neuroleptanalgesia or anaesthesia, regardless of route of administration, would fall within this category of service. (includes pre-anaesthetic evaluation and post anaesthetic follow-up)</b>		
	92302	Two units of time		224.40
	92303	Three units		336.60
	92304	Four units		448.80
	92305	Five units		561.00
	92306	Six units		673.20



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	92307	Seven units		785.40
	92308	Eight units		897.60
	92309	Each additional unit over eight		112.20
<b>92320</b>		<b>Provision of facilities, equipment and support services for deep sedation when provided by a separate practitioner</b>		
	92322	Two units		224.40
	92323	Three units		336.60
	92324	Four units		448.80
	92325	Five units		561.00
	92326	Six units		673.20
	92327	Seven units		785.40
	92328	Eight units		897.60
	92329	Each additional unit over eight		112.20
<b>92400</b>		<b>ANAESTHESIA, CONSCIOUS SEDATION</b>		
		Anaesthesia, Conscious Sedation - a medically controlled state of depressed consciousness that allows protective reflexes to be maintained, retains the patient's ability to maintain a patent airway independently and continuously and permits appropriate response by the patient to physical stimulation or verbal command, e.g., "open your eyes". (includes pre-anaesthetic evaluation and post anaesthetic follow-up)		
		Any technique leading to these conditions in a patient would fall within this category of service. Conscious sedation is a varied technique which can require different levels of monitoring, in accordance with the Regulatory Authority Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice. The Guidelines should be consulted and observed.		
	<b>92410</b>	<b>Nitrous Oxide Time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device</b>		
	92411	One unit of time		59.32
	92412	Two units of time		88.98
	92413	Three units		118.66
	92414	Four units		148.34
	92415	Five units		178.01
	92416	Six units		207.68
	92417	Seven units		237.36
	92418	Eight units		267.03
	92419	Each additional unit over eight		29.67
	<b>92420</b>	<b>Oral Sedation, Sedation sufficient to require monitored care. Time is measured from the start of patient monitoring to release from the treatment/recovery room</b>		
	92421	One unit of time		53.57
	92422	Two units of time		60.26
	92423	Three units of time		77.83
	92424	Four units of time		95.36
	92425	Five units of time		112.93
	92426	Six units of time		130.46
	92427	Seven units of time		148.03
	92428	Eight units of time		165.56
	92429	Each addition unit over eight		20.62
	<b>92440</b>	<b>Parenteral Conscious Sedation (regardless of method -IM or IV)</b>		
	92441	One unit		73.41
	92442	Two units		146.82
	92443	Three units		220.23
	92444	Four units		293.64
	92445	Five units		367.05

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	92446	Six units		440.46
	92447	Seven units		513.87
	92448	Eight units		587.28
	92449	Each additional unit over eight		73.41
<b>92500</b>		<b>NON PHARAMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT</b>		
	<b>92510</b>	<b>Hypnosis</b>		
	92511	One unit of time		59.32
	92512	Two units		88.98
	92513	Three units		118.66
	92514	Four units		148.34
	92519	Each additional unit over four		29.67
	<b>92520</b>	<b>Acupuncture</b>		
	92521	One unit of time		59.32
	92522	Two units		88.98
	92523	Three units		118.66
	92524	Four units		148.34
	92529	Each additional unit over four		29.67
	<b>92530</b>	<b>Electronic Dental Anaesthesia</b>		
	92531	One Unit of Time		59.32
	92532	Two units		88.98
	92533	Three units		118.66
	92534	Four units		148.34
	92539	Each additional unit over four		29.67
	<b>92900</b>	<b>Anaesthesia – General Anaesthesia Or Deep Sedation, Unusual Time and Responsibility</b>		
	92901	Management of patient with BMI 35 or above, in addition to code series 92200 or 92300		I.C.
<b>93000</b>		<b>PROFESSIONAL CONSULTATIONS</b>		
		<b>(diagnostic services provided by dentist other than practitioner providing treatment)</b>		
<b>93100</b>		<b>PROFESSIONAL COMMUNICATIONS</b>		
	<b>93110</b>	<b>Consultation with Member of the Profession or other Healthcare Providers, in or out of the office</b>		
	93111	One unit of time	+E	95.94
	93112	Two units	+E	191.88
	93119	Each additional unit over two	+E	95.94
	<b>93120</b>	<b>Dental Legal Letters, Reports and Opinions</b>		
	93121	A dental-legal report - a short factually written or verbal communication given to any lay person (e.g. lawyer, insurance representative, local, municipal or government agency, etc.) in relation the patient with prior patient approval.		78.44
			to	156.88
	93122	A dental-legal report - a comprehensive written report with patient approval, on systems, history and records giving diagnosis, treatment, results and present condition. The report is a factual summary of all information available on the case and could contain prognostic information regarding patient response.		156.89
			to	313.77

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	93123	A dental-legal opinion - a comprehensive written report primarily in the field of expert opinion. The report may be an opinion regarding the possible course of events (when these cannot be determined factually), with possible long term consequences and complications in the development of the conditions. The report will require expert knowledge and judgment with respect to the facts leading to a detailed prognosis.		I.C.
<b>93130</b>		<b>Consultation and/or Participation During Autopsy (other than forensic)</b>		
	93131	One unit of time	+E	103.16
	93132	Two units	+E	206.32
	93139	Each additional unit over two		103.16
<b>93300</b>		<b>CLAIM FORMS AND TREATMENT FORMS</b>		
	93301	Completing CDA "Blank" Approved Standard Claim Forms.		NO FEE
	93302	Upon request, Providing a Written Treatment Plan/Outline for a Patient, Similar to the Example in the CDA Policy Manual on Claim Form Completion.		NO FEE
	93303	Completing Prepaid Claim Forms which do not conform with Code 93301		27.79
<b>93310</b>		<b>For Extraordinary Time Spent in Relation to Claim Forms/Treatment Plan Forms, the Claim Problem of the Patient or Processing of Payments</b>		
	93311	One unit of time	+E	91.24
	93312	Two units	+E	182.48
	93318	Zero units	+E	NO FEE
	93319	Each additional unit over two		91.24
<b>93320</b>		<b>For Extraordinary office Time Spent, In Forwarding Predetermination Records, In Predeterminations Situations, To Third Parties Plus Expenses (i.e. registration, postage, etc.)</b>		
	93321	One unit of time	+E	24.23
	93322	Two units	+E	48.46
	93329	Each additional unit over two		24.23
<b>93330</b>		<b>Payment for Orthodontic Treatment In Progress</b>		
	93331	Payment/Installment for treatment in progress		I.C.
	93332	Monthly payment/Instalments for treatment in progress		I.C.
	93333	Quarterly payment/installment for treatment in progress		I.C.
	93334	One time appliance		I.C.
<b>93340</b>		<b>Predetermination of available benefit. NO FEE</b>		
	93341	Orthodontic Treatment (fee entered is the value of the treatment plan being predetermined)		NO FEE
<b>94000</b>		<b>PROFESSIONAL VISITS</b>		
<b>94100</b>		<b>HOUSE CALLS</b>		
	94101	House Call, Non Emergency Visit (in addition to procedures performed)		99.43
	94102	House Call, Emergency Visit, when one must immediately leave home, office or hospital (in addition to procedures performed)		198.89
<b>94300</b>		<b>OFFICE OR INSTITUTIONAL VISITS</b>		
	94301	Office (of another professional) or Institutional Visit, During Regular Scheduled Office Hours (in addition to services performed)		82.37
	94302	Office or Institutional Visit Unscheduled, After Regular Scheduled Office Hours (in addition to services performed)		101.95
	94303	Missed or Canceled Appointment, with Insufficient Notice, During Regular Scheduled Office Hours		52.21

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	94304	Missed or Canceled Appointment with insufficient Notice, being a Special Appointment Outside Regular Scheduled Office Hours		86.67
			to	364.06
	94305	Traveling Expenses		I.C.
	94306	Professional Visits Out of Office, plus actual services performed + E, (out of pocket expenses, etc.)	+E	154.25
<b>94400</b>		<b>COURT APPEARANCE AND/OR PREPARATION</b>		
	<b>94410</b>	<b>Preparation as an Expert Witness</b>		
	94411	One unit of time		I.C.
	94412	Two units		I.C.
	94413	Three units		I.C.
	94414	Four units		I.C.
	94419	Each additional unit over four		I.C.
	<b>94420</b>	<b>Court Appearance as an Expert Witness</b>		
	94421	One half day		I.C.
	94422	Full day		I.C.
<b>95000</b>		<b>FORENSIC DENTAL SERVICES</b>		
<b>95100</b>		<b>FORENSIC SERVICES, MISCELLANEOUS</b>		
	95101	Identification - opinion as an expert assisting in civil or criminal cases	+E	456.04 per hour
	95102	Full or Part Time Participation in Civil Disaster	+E	2,507.23 per diem
	95104	Written Odontology Report	+E	48.85
			to	526.17
	95105	Post Mortem Examination of Tissues in Forensic Cases (non-identification)		I.C.
	95106	Management of Oral Disease or Abnormality		86.67
			to	182.01
<b>95200</b>		<b>IDENTIFICATION SYSTEMS</b>		
	95201	Identification Disk System, Acid Etch/Bonded	+L	82.37
<b>96000</b>		<b>DRUGS/MEDICATION, DISPENSING</b>		
<b>96100</b>		<b>PRESCRIPTIONS</b>		
	96101	Prescription, Emergency		37.52
	96102	Emergency Dispensing of One or Two Doses of a Therapeutic Drug, plus Giving a Written Prescription	+E	51.09
	96103	Dispensing, Non Emergency (e.g. fluorides, vitamins, other drugs/medications)	+E	41.12
<b>96200</b>		<b>INJECTIONS, THERAPEUTIC</b>		
	96201	Intramuscular Drug Injection	+E	55.16
	96202	Intravenous Drug Injection	+E	55.16
	96203	Intralesional Delivery (Intra-articular Injections - see 78600)	+E	55.16
<b>96300</b>		<b>INJECTIONS AESTHETIC – ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) (Note “units” refers to a drug dosage)</b>		
	96301	Injections of neuromodulator, aesthetic 1 to 5 units	+E	I.C.
	96302	Injections of neuromodulator, aesthetic 6 to 10 units	+E	I.C.
	96303	Injections of neuromodulator, aesthetic 11 to 20 units	+E	I.C.
	96304	Injections of neuromodulator, aesthetic 21 to 30 units	+E	I.C.

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	96305	Injections of neuromodulator, aesthetic 31 to 40 units	+E	I.C.
	96306	Injections of neuromodulator, aesthetic 41 to 50 units	+E	I.C.
	96307	Injections of neuromodulator, aesthetic 51 to 60 units	+E	I.C.
	96308	Injections of neuromodulator, aesthetic 61 to 70 units	+E	I.C.
	96309	Injections of neuromodulator, aesthetic more than 70 units	+E	I.C.
<b>96400</b>		<b>INJECTIONS AESTHETIC – ADMINISTRATION OF AESTHETIC DERMAL FILLERS</b>		
	96401	Aesthetic dermal filler first syringe	+E	I.C.
	96409	Aesthetic dermal filler subsequent syringe (use once for each syringe)	+E	I.C.
<b>97000</b>		<b>BLEACHING, VITAL</b>		
	<b>97110</b>	<b>Bleaching, Vital, In Office</b>		
	97111	One unit of time		91.01
	97112	Two units		182.02
	97113	Three units		273.03
	97119	Each additional unit over three		91.01
	<b>97120</b>	<b>Bleaching, Vital Home (Includes the Fabrication of Bleaching Trays, Dispensing the System and Follow-up Care)</b>		
	97121	Maxillary Arch	+L and/or +E	260.05
	97122	Mandibular Arch	+L and/or +E	260.05
	<b>97130</b>	<b>Micro-Abrasion</b>		
	97131	One unit of time		82.36
	97132	Two units of time		164.72
	97133	Three units of time		247.08
	97134	Four units of time		329.44
	97139	Each additional unit over four		82.36
<b>98000</b>		<b>COUNSELING</b>		
	<b>98100</b>	<b>TOBACCO OR CANNABIS-USE CESSATION SERVICES To include: identifying patients who use tobacco or cannabis, informing patients of oral health consequences associated with tobacco or cannabis; advising tobacco or cannabis users to quit; provide appropriate self-help material; and discuss treatment options.</b>		
	98101	One unit of time	+E	82.36
	98102	Two units of time	+E	164.72
	98109	Each additional unit of time	+E	82.36
<b>99000</b>		<b>LABORATORY, EXPENSE AND PROFESSIONAL SERVICE PROCEDURES</b>		
		(This code is used in conjunction with the "+L" and "+E" and "+P.S." designation following specific codes in the guide. The addition of these codes are to facilitate computer or manual input for third party claims processing, personal records and statistics, providing one description for a specific procedure code.)		
		When filling out the third party claim forms, these codes must follow immediately after the corresponding dental procedure code carried out by the dentist, so as to correlate the lab expenses with the correct procedures.		
	99111	"+L" Commercial Laboratory Procedures (A commercial laboratory is defined as an independent business which performs laboratory services and bills the dental practices for these services on a case by case basis)	+L	

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		99222	"+L" For oral pathology biopsy services when provided in relation to surgical services from the 30000, 40000, or 70000 code services.	+L
		99333	"+L" In-Office Laboratory Procedures (An in-office laboratory is defined as a laboratory service(s) performed within the same business entity).	+L
		99555	"+E" Additional Expense of Materials	+E
		99777	"+P.S." Charges for professional services billed to the dentist and passed through to the patient.	+P.S.