

Alberta Dental Association

Guide for Dental Fees for General Dentists

January 2022

ALBERTA DENTAL ASSOCIATION

Preamble

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 or any other body, group or committee affiliated with or under the control of the Alberta Dental Association.

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>* Designation of teeth First digit: Digits 1 to 4 represent the quadrants of the permanent dentition and digits 5 to 8 represent the quadrants of the deciduous dentition, clockwise from the upper right side. Second digit: Teeth in the same quadrant are represented by the second digit from 1 to 8</p>																

Coding Instructions

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

Inclusions and exclusions

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

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

Selecting the appropriate service code

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

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

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

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

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

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

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

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

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"> 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. Use of this code series will only be authorized 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 	
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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00000			DIAGNOSTIC	
01000			EXAMINATION AND DIAGNOSIS, CLINICAL ORAL	
01010			FIRST DENTAL VISIT/ORIENTATION	
	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
01100			EXAMINATIONS, AND DIAGNOSIS COMPLETE ORAL, to include:	
	(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.	
01200			EXAMINATIONS AND DIAGNOSIS, LIMITED ORAL	
	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
01300			EXAMINATIONS AND DIAGNOSIS, STOMATOGNATHIC, DYSFUNCTIONAL	
	01301		Examination and Diagnosis, Stomatognathic Dysfunctional, Comprehensive, to include:	293.02
	(a)		History, Medical, Dental, Pain/Dysfunction	
	(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

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01400			EXAMINATIONS AND DIAGNOSIS, ORAL PATHOLOGY	
		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
01500			EXAMINATION AND DIAGNOSIS, PERIODONTAL	
		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
01600			EXAMINATIONS AND DIAGNOSIS, SURGICAL	
		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
01700			EXAMINATIONS AND DIAGNOSIS, PROSTHODONTIC	
		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;	
		(d)	Radiographs extra, as required	
01800			EXAMINATION AND DIAGNOSIS, ENDODONTIC	
		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.	

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		01802	Examination and Diagnosis, Endodontic, Specific Endodontic examination and evaluation of a specific situation in a localized area and vitality tests/analysis.	111.79
01900			EXAMINATION AND DIAGNOSIS, ORTHODONTIC	
		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
02000			RADIOGRAPHS (including radiographic examination and diagnosis and interpretation)	
02100			RADIOGRAPHS, REGIONAL/LOCALIZED	
		02101	Radiographs, Complete Series (minimum of 12 images incl. bitewings)	215.61
		02102	Radiographs, Complete Series (minimum of 16 images incl. bitewings)	215.61
	02110		Radiographs, Periapical	
		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
	02130		Radiographs, Occlusal	
		02131	Single image	53.82
		02132	Two images	75.40
		02133	Three images	96.98
		02134	Four images	118.56
	02140		Radiographs, Bitewing	
		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
		02146	Six images	130.34
02300			RADIOGRAPHS, POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE	
		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
02400			RADIOGRAPHS, SIALOGRAPHY	
		02401	Single image	80.81

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		02402	Two images	134.71
		02409	Each additional image over two	53.39
	02410		Radiopaque Dyes, Use of, To Demonstrate Lesions	
		02411	One unit of time	I.C.
		02412	Two units of time	I.C.
		02419	Each additional unit over two	I.C.
02500			RADIOGRAPHS, TEMPOROMANDIBULAR JOINT	
		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
	02510		Arthrography of Temporo-mandibular joint	
		02511	Performing the Arthrographic Procedure	267.05
	02520		Interpretation of the Arthrogram	
		02521	One unit of time	80.94
		02529	Each additional unit of time	80.94
02600			RADIOGRAPHS, PANORAMIC	
		02601	Single image	95.78
02700			RADIOGRAPHS, CEPHALOMETRIC	
		02701	Single image	128.91
		02702	Two images	202.13
	02750		Radiographs, Cephalometric, Tracing and Interpretation	
		02751	One unit of time	89.02
		02752	Two units	178.04
		02759	Each additional unit over two	89.02
02800			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)	
		02801	One unit of time	+PS 99.07
		02802	Two units	+PS 198.14
		02809	Each additional unit over two	+PS 99.07
02900			RADIOGRAPHS, OTHER	
	02910		Radiographs, Duplications	
		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

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	02930		Radiographs, Tomography	
		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
	02940		Radiographs, Hand and Wrist	
		02941	Radiographs, Hand and Wrist (as a diagnostic aid for dental treatment) per case	128.91
	02950		Radiographic Guide,	
			(includes diagnostic wax-up, with radio-opaque markers for pre-surgical assessment of alveolar bone and vital structures as potential osseo-integrated implant site(s))	
		02951	Maxillary Guide	+L +E I.C.
		02952	Mandibular	+L +E I.C.
	03000		TEMPLATE, SURGICAL (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants)	
		03001	Maxillary Template	+L +E 80.94
		03002	Mandibular Template	+L +E 80.94
	04000		TEST/ANALYSIS/LABORATORY PROCEDURES/INTERPRETATION AND/OR REPORTS	
	04100		Test/Analysis, Microbiological (technical procedure only)	
		04101	Microbiological Test/Analysis for the Determination of Pathological Agents	+L 76.89
	04200		Test/Analysis, Caries Susceptibility/Diagnosis	
		04201	Bacteriological Test/Analysis for the Determination of Dental Caries Susceptibility (technical procedure only)	+L 76.89
	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	32.32
		04227	One half unit of time	16.16
	04300		TEST/ANALYSIS, HISTOPATHOLOGICAL (technical procedure only)	
	04310		Test/Analysis, Histopathological, Soft Tissue	
		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
	04320		Test/Analysis, Histopathological, Hard Tissue	
		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.
	04400		TEST/ANALYSIS, CYTOLOGICAL (technical procedure only)	
		04401	Cytological Smear from the Oral Cavity	+L+E 76.89
		04402	Vital Staining of Oral Mucosal Tissues	+E 76.89

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04500			TESTS/ANALYSIS, PULP VITALITY AND INTERPRETATION	
		04501	One unit of time	76.89
		04509	Each additional unit	76.89
04600			INTERPRETATION AND/OR REPORTS, LABORATORY	
		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.
04700			SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY)	
	04710		Equilibration, Casts Diagnostic (Pilot Equilibration) For Extensive Or Complicated Restorative Dentistry	
		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
	04720		Wax-up, Diagnostic (To Evaluate Cosmetic And/Or Preparation Design And/Or Occlusal Considerations) (Gnathological Wax-up)	
		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
	04730		Split Cast Mounting, Diagnostic	
		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
	04740		Interpretation of Diagnostic Casts	
		04741	One unit of time	77.97
		04749	Each additional unit	77.97
04800			VISUAL IMAGING, DIAGNOSTIC	
	04810			
		04811	Single photograph	20.29
		04812	Two photos	38.44
		04813	Three photos	57.68
		04819	Each additional photo over three	20.29
04900			CASTS, DIAGNOSTIC (technical procedure only)	
	04910		Cast, Diagnostic, Unmounted	
		04911	Cast, Diagnostic, Unmounted	+L 86.64
		04912	Cast, Diagnostic, Unmounted, Duplicate	+L 38.44

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	04913	Casts, Diagnostic, Unmounted, Upper and Lower Combined		+L	181.99
	04920	Casts, Diagnostic, Mounted			
	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.
	04930	Casts, Diagnostic, Orthodontic			
	04931	Casts, Diagnostic, Orthodontic (unmounted, angle trimmed and soaped)		+L	153.79
	04940	Casts, Diagnostic, Miscellaneous Procedures			
	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.
05000		CASE PRESENTATION/TREATMENT PLANNING			
05100		TREATMENT PLANNING			
		(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
05200		CONSULTATION, with patient			
	05201	One unit of time			84.19
	05202	Two units			168.38
	05209	Each additional unit over two			84.19
07000		RADIOGRAPHS, CONE BEAM COMPUTERIZED TOMOGRAPHY (CBCT)			
	07010	Radiographs, CBCT, Acquisition			
	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
	07020	Radiographs, CBCT, Image Processing			
	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.
	07030	Radiographs, CBCT, Interpretation			
	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

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07040			Radiographs, CBCT, Acquisition, Processing and Interpretation	
		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
08000			REMOTE ASSESSMENT	
			<ul style="list-style-type: none"> • 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. • Use of this code series will only be authorized 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 	
08010			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
10000			PREVENTION	
11100			POLISHING	
		11101	One unit of time	64.90
		11102	Two units	129.80
		11107	One half unit	32.45
11110			SCALING	
		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
12100			FLUORIDE TREATMENTS (whole mouth)	
12110				
		12111	Rinse	31.44
		12112	Gel or Foam	31.44
		12113	Varnish	31.44
		12114	Self-Administered Brush-In, supervised	31.44
12600			FLUORIDE, CUSTOM APPLIANCES, (home application)	
		12601	Fluoride, Custom Appliance - Maxillary Arch	+L 76.89
		12602	Fluoride, Custom Appliance - Mandibular Arch	+L 76.89
12700			MEDICATION, CUSTOM APPLIANCE	
		12701	Medication, Custom Appliance - Maxillary Arch	+L 76.89
		12702	Medication, Custom Appliance - Mandibular Arch	+L 76.89
13000			PREVENTIVE SERVICES, OTHER	

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13100		NUTRITIONAL COUNSELLING		
		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
13200		ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL		
		To include: brushing and/or flossing and/or embrasure cleaning.		
	13210	Individual Instruction (One Instructor To One Patient) - Excluding Audio-Visual Time		
	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
	13220	Group Instruction - Excluding Audio-Visual Time		
	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
	13230	Re-Instruction (Within 6 Months) - Excluding Audio-Visual Time		
	13231	One unit of time		76.89
	13232	Two units		153.78
	13239	Each additional unit over two		76.89
	13240	Oral Hygiene Instruction - Audio-Visual		
	13241	One unit of time		76.89
	13242	Two units		153.78
	13249	Each additional unit over two		76.89
13400		SEALANTS, PIT AND FISSURE (Mechanical and/or chemical preparation included)		
	13401	First tooth		35.39
	13409	Each additional tooth same quadrant		17.70
	13410	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)		
	13411	First tooth		78.69
	13419	Each additional tooth same quadrant		74.35
13600		TOPICAL APPLICATION TO HARD TISSUE LESION(S) OF AN ANTIMICROBIAL OR REMINERALIZATION AGENT		
	13601	One unit of time	+E	76.89
	13602	Two units	+E	153.78
	13609	Each additional unit over two		76.89
14000		APPLIANCES		

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14100			APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS		
		14101	Appliance, Maxillary	+L	567.73
		14102	Appliance, Mandibular	+L	567.73
14200			APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS		
		14201	Appliance, Maxillary	+L	623.13
		14202	Appliance, Mandibular	+L	623.13
14300			CONTROL OF ORAL HABITS, MISCELLANEOUS		
		14301	Motivation of Patient - Psychological Approach (e.g. thumb sucking, lip biting, etc.) - per visit	+L	89.02
	14310		Myofunctional Therapy (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
14400			APPLIANCES, CONTROL OF ORAL HABITS ADJUSTMENTS, REPAIRS, MAINTENANCE		
		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
14500			APPLIANCES, PROTECTIVE MOUTH GUARDS		
		14501	Appliance, Protected Mouth Guards, Preformed		92.06
		14502	Appliance, Protective Mouth Guards, Processed	+L	100.74
14600			APPLIANCES, PERIODONTAL (see separate code for control of Oral Habits 14000, Protective Mouth Guards 14500, TMJ 14700 and TMJ appliances 78700)		
	14610		Appliances, Periodontal (including bruxism appliance); Includes Impression, Insertion and Insertion Adjustment (no post-insertion adjustments)		
		14611	Maxillary Appliance	+L	453.98
		14612	Mandibular Appliance	+L	453.99
	14620		Appliances, Adjustment, Repair		
		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
	14630		Appliances, Reline		
		14631	Reline, Direct		247.67
		14632	Reline, Processed	+L	247.67
14700			APPLIANCES, TEMPOROMANDIBULAR JOINT		
	14710		Appliance, TMJ, Diagnostic and/or Therapeutic, includes impression, insertion and insertion adjustment (no post-insertion adjustments)		
		14711	Maxillary Appliance	+L	668.35
		14712	Mandibular Appliance	+L	668.35

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	14720		Appliance, TMJ Intraoral Repositioning; includes impression, insertion and insertion adjustment (no post-insertion adjustments)	
		14721	Maxillary Appliance	+L 668.35
		14722	Mandibular Appliance	+L 668.35
	14730		Appliance, TMJ, Periodic Maintenance, Adjustments, Repairs	
		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
	14740		Appliance, TMJ, Reline	
		14741	Reline, Direct	247.67
		14742	Reline, Indirect	+L 247.67
14800			APPLIANCES, MYOFASCIAL PAIN DYSFUNCTION SYNDROME (conditions that originate outside the temporomandibular joint)	
	14810		Appliance, Myofascial Pain Dysfunction Syndrome, (to include: models, gnathological determinants) Appliance Construction only, and insertion adjustment (no post-insertion adjustments)	
		14811	Maxillary Appliance	+L 754.28
		14812	Mandibular Appliance	+L 754.28
	14820		Appliance, Myofascial Pain Dysfunction Syndrome, Periodic Maintenance, Adjustment and Repairs	
		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
14900			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])	
		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
	14910		Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Periodic Maintenance, Adjustment and Repairs	
		14911	One unit of time	+L 89.02
		14912	Two units	+L 178.04
		14919	Each additional unit over two	+L 89.02
	14920		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.	
		14921	One unit of time	80.94
		14922	Two units	161.88
		14929	Each additional unit over two	80.94

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15000			SPACE MAINTAINERS	
			(Includes the design, separation, fabrication, insertion, and where applicable initial cementation and removal)	
15100			SPACE MAINTAINERS, BAND TYPE	
	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
15200			SPACE MAINTAINERS, STAINLESS STEEL CROWN TYPE	
	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
15300			SPACE MAINTAINERS, CAST TYPE	
	15301	Space Maintainer, Cast Type, Fixed	+L	I.C.
	15302	Space Maintainer, Cast Type, Fixed, with Intra Alveolar Attachment	+L	I.C.
15400			SPACE MAINTAINERS, ACRYLIC, REMOVABLE	
	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
15500			SPACE MAINTAINERS, BONDED, PONTIC TYPE	
	15501	Space Maintainer, Bonded, Pontic Type	+L	267.05
15600			SPACE MAINTAINERS, MAINTENANCE OF	
	15601	Maintenance, Space Maintainer Appliances, to include: adjustment and/or recementation after 30 days from insertion		89.02
	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
16100			FINISHING RESTORATIONS	
		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
16200			DISKING OF TEETH, Interproximal	
	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
16300			RECONTOURING OF NATURAL TEETH FOR AESTHETIC REASONS	
	16301	One unit of time		84.97
	16309	Each additional unit of time		84.97

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16400			RECONTOURING OF TEETH FOR FUNCTIONAL REASONS	
			(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
16500			OCCCLUSION	
16510			Occlusal Adjustment/Equilibration:	
			(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
20000			RESTORATION	
	Note 1:		Treatment of dental caries includes pulp protection and local anaesthesia.	
	Note 2:		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.	
	Note 3:		Finishing restorations is a separate procedure done at a separate appointment (See 16100)	
20100			CARIES, TRAUMA AND PAIN CONTROL	
	20110		Caries/Trauma/Pain Control	
			(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
	20120		Caries/Trauma/Pain Control	
			(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
	20130		Trauma Control, Smoothing of Fractured Surfaces Per Tooth	
		20131	First tooth	46.70
		20139	Each additional tooth same quadrant	42.36
21000			RESTORATIONS, AMALGAM	
21100			RESTORATION, AMALGAM, PRIMARY TEETH	
	21110		Restorations, Amalgam, Non-Bonded, Primary Teeth	
		21111	One surface	105.51

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		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
	21120		Restorations, Amalgam, Bonded, Primary Teeth	
		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
21200			RESTORATIONS, AMALGAM, PERMANENT TEETH	
	21210		Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors	
		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
	21220		Restorations, Amalgam, Non-Bonded, Permanent Molars	
		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
	21230		Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors	
		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
	21240		Restorations, Amalgam, Bonded, Permanent Molars	
		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
21300			Restorations, Amalgam Cores	
		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
21400			PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations)	
		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
21500			RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENTURE CLASP (ADDITIONAL TO RESTORATION)	

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		21501	Per restoration	80.61
22000			RESTORATIONS, PREFABRICATED, FULL COVERAGE	
22200			RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH	
		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
22300			RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH	
		22301	Permanent Anterior	254.95
		22302	Permanent Anterior - open face	325.61
		22311	Permanent Posterior	254.94
		22312	Permanent Posterior - open face	297.42
22400			RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH	
		22401	Primary Anterior	189.62
		22411	Primary Posterior	189.62
22500			RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH	
		22501	Permanent Anterior	252.78
		22511	Permanent Posterior	252.78
22600			RESTORATIONS, PREFABRICATED, PORCELAIN/CERAMIC/POLYMER GLASS, PRIMARY TEETH	
		22601	Primary Anterior	264.12
		22611	Primary Posterior	264.12
23000			RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS	
23100			RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS, NON BONDED TECHNIQUE	
		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
	23110		Restorations, Permanent Anteriors, Bonded Technique (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
	23120		Restorations, Tooth Coloured, Veneer Applications	
		23122	Tooth Colored Veneer Application - Non Prefabricated Direct Buildup - Bonded	361.17
		23123	Tooth Colored Veneer Application - Diastema Closure, Interproximal only, Bonded	289.19
23200			RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED	
	23210		Permanent Bicuspid	

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		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
	23220		Permanent Molars	
		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
23300			RESTORATIONS, TOOTH COLORED, PERMANENT POSTERiors - BONDED	
	23310		Permanent Bicuspid	
		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
	23320		Permanent Molars	
		23321	One surface	162.24
		23322	Two surfaces	228.72
		23323	Three surfaces	270.79
		23324	Four surfaces	332.12
		23325	Five surfaces or maximum surface per tooth	384.37
23400			RESTORATIONS, TOOTH COLORED, PRIMARY, ANTERIOR, NON BONDED	
		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
	23410		Restorations, Tooth Colored, Primary, Anterior, Bonded Technique	
		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
23500			RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED	
		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
	23510		Restorations, Tooth Colored, Primary, Posterior, Bonded Technique	
		23511	One surface	156.29
		23512	Two surfaces	197.55
		23513	Three surfaces	254.94

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		23514	Four surfaces	297.42
		23515	Five surfaces or maximum surface per tooth	339.91
23600			RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, CORES	
		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
23700			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.)	
		23701	One surface	I.C.
		23709	Each additional surface over one	I.C.
24000			RESTORATIONS, FOIL, GOLD	
24100			RESTORATIONS, FOIL, GOLD, ANTERIORS	
		24101	Class I	567.79
		24102	Class III	757.43
		24103	Class V	520.08
		24104	Class IV	893.11
24200			RESTORATIONS, FOIL, GOLD, POSTERIOR	
		24201	Class I	567.79
		24202	Class II	757.43
		24203	Class V	567.64
25000			RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS	
25100			RESTORATIONS INLAYS	
	25110		Inlays, Metal	
		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
	25120		Inlays, Composite/Compomer, Indirect (Bonded)	
		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
	25130		Inlays, Porcelain/Ceramic/Polymer Glass	
		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
	25140		Inlays, Porcelain/Ceramic/Polymer Glass (Bonded)	
		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

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25500			RESTORATIONS, ONLAYS (where one or more cusps are restored)	
	25510		Onlays, Cast Metal, Indirect	
		25511	Onlay, Cast Metal, Indirect	+L 706.47
		25512	Onlays, Cast Metal, Indirect (Bonded external retention type)	+L 739.01
	25520		Onlays, Composite/Compomer, Processed (Bonded)	
		25521	Onlays, Composite/Compomer, Indirect (Bonded)	+L 895.20
	25530		Onlays, Porcelain/Ceramic/Polymer glass (Bonded)	
		25531	Onlays, Porcelain/Ceramic/Polymer Glass (Bonded)	+L 895.20
25600			PINS, RETENTIVE (for inlays, onlays and crowns per tooth)	
		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
25700			POSTS	
	25710		Posts, Cast Metal, (including core) As a Separate Procedure	
		25711	Single section	+L 360.82
		25712	Two sections	+L 433.41
		25713	Three sections	+L 568.88
	25720		Posts, Cast Metal (including core) Concurrent with Impression for Crown	
		25721	Single section	+L 205.88
		25722	Two sections	+L 277.40
		25723	Three sections	+L 346.71
	25730		Post, Prefabricated Retentive	
		25731	One post	+E 172.32
		25732	Two posts same tooth	+E 286.07
		25733	Three posts same tooth	+E 390.06
	25740		Posts, Prefabricated, Retentive and Cast Core	
		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
	25770		Posts, Provisional	
		25771	Per post	+L and/or +E 94.27
	25780		Post Removal	
		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

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26000			MESOSTRUCTURES	
			(a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw)	
	26100		Mesostructures, Osseo-integrated Implant - Supported	
		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.
27000			CROWNS, SINGLE UNITS ONLY	
			(includes temporary protection and local anaesthetic, caries removal, and uncomplicated restoration prior to crown preparation). Extensive restoration requiring pins or dowels extra.	
27100			CROWNS, ACRYLIC/COMPOSITE/COMPOMER,	
			(with or without Cast or Prefabricated Metal Bases)	
	27110		Crowns, Acrylic/Composite/Compomer, Indirect	
		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
	27120		Crowns, Acrylic/Composite/Compomer, Direct	
		27121	Crowns, Acrylic/Composite/Compomer, Direct, Provisional (chairside)	+E 214.61
		27125	Crowns, Acrylic/Composite/Compomer, Direct, Provisional Implant-supported	+E 214.61
	27130		Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect	
		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
	27140		Crown, Acrylic/Composite/Compomer/ Prefabricated Metal Base, Provisional, Direct	
		27145	Crown, Acrylic/Composite/Compomer/ Pre-fabricated Metal Base, Provisional, Implant-supported, Direct	+E 214.61
	27150		Crown, Acrylic/Composite/Compomer/ Pre-Fabricated Metal Base, Provisional, Indirect	
		27155	Crown, Acrylic/ Composite/Compomer/Pre-fabricated Metal Base, Provisional, Implant-supported, Indirect	+L +E 214.61
27200			CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS	
		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
	27210		Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	
		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

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	27220		Crown, ¾, Porcelain/Ceramic/Polymer Glass	
		27221	Crown, ¾, Porcelain/Ceramic/Polymer Glass	+L 895.20
		27222	Crown, ¾, Porcelain/Ceramic/Polymer Glass, Complicated	+L 1,188.27
27300			CROWNS, CAST METAL	
		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
	27310		Crowns, ¾, Cast Metal	
		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
27400			CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP (additional to crown)	
		27401	One crown	+L 129.41
		27409	Each additional crown	+L 84.95
27500			COPINGS, METAL/PLASTIC, TRANSFER (thimble type)	
	27510		Coping, Metal/Acrylic, Transfer (thimble), as a Separate Procedure	
		27511	Coping, Metal/Acrylic, Transfer (thimble) as a Separate Procedure	+L 378.17
	27520		Coping, Metal/Acrylic, Transfer (thimble) Concurrent with Impression for Crown	
		27521	Coping, Metal/Acrylic, Transfer (thimble) Concurrent with Impression for Crown	+L 94.27
27600			VENEERS, LABORATORY PROCESSED	
		27601	Veneers, Acrylic/Composite/Compomer, Bonded	+L 782.38
		27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded	+L 895.20
27700			REPAIRS, (SINGLE UNIT ONLY, DOES NOT INCLUDE AND RECEMENTATION)	
	27710		Repairs, Inlays, Onlays or Crowns, Acrylic/Composite/Compomer (single units)	
		27711	Repairs, Acrylic/Composite/Compomer, Direct	86.67
				to 260.04
	27720		Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base (single units)	
		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
27800			RECONTOURING OF EXISTING CROWNS per tooth	
		27801	One unit of time	92.10
		27809	Each additional unit of time	92.10
28000			RESTORATIVE PROCEDURES, OVERDENTURES	

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28100			RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT	
	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
28200			RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT	
	28210	Coping Crowns, Cast Metal, No Attachments, Indirect		
	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
	28220	Coping Crown, Cast Metal, with Attachments, Indirect		
	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
29000			RESTORATIVE SERVICES, OTHER	
29100			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)	
	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
29300			REMOVAL, INLAYS/ONLAYS/ CROWNS/ VENEERS (single units only)	
	29301	One unit of time		92.10
	29302	Two units		184.20
	29303	Three units		276.30
	29304	Four units		368.40
30000			ENDODONTICS	
			General Endodontic Procedures	
		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.		
31100			PULP CAPPING (refer to code 20100)	
32000			PULP CHAMBER, TREATMENT OF, (excluding final restoration)	
32200			PULPOTOMY	
	32220	Pulpotomy, Permanent Teeth (as a separate Emergency Procedure)		
	32221	Anterior and Bicuspid Teeth		173.35
	32222	Molar Teeth		173.35

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	32230		Pulpotomy, Primary Teeth
		32231	Primary Tooth, as a Separate Procedure
		32232	Primary Tooth, Concurrent with Restorations (but excluding final restoration)
	32300		PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)
	32310		Pulpectomy, Permanent Teeth/Retained Primary Teeth
		32311	One Canal
		32312	Two Canals
		32313	Three Canals
		32314	Four Canals or more
	32320		Pulpectomy, Primary Teeth
		32321	Anterior Tooth
		32322	Posterior Tooth
	33000		ROOT CANAL THERAPY
			To include: treatment plan, clinical procedures (ie. pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs, excluding final restoration.
	33100		ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH (Includes: Clinical procedures with appropriate radiographs, excluding final restoration.)
			Definitions:
			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
	33110		Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal
		33111	One canal
		33112	Difficult Access
		33113	Exceptional Anatomy
		33114	Calcified Canal
		33115	Re-treatment of Previously Completed Therapy
	33120		Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals
		33121	Two canals
		33122	Difficult Access
		33123	Exceptional Anatomy
		33124	Calcified Canal
		33125	Retreatment of Previously Completed Therapy
	33130		Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals
		33131	Three canals
		33132	Difficult Access
		33133	Exceptional Anatomy
		33134	Calcified Canal
		33135	Retreatment of Previously Completed Therapy

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	33140		Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals	
		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
	33500		PULPAL REVASCULARIZATION	
		33501	One canal	272.38
		33502	Two canals	408.59
		33503	Three canals or more	544.79
	33600		APEXIFICATION/APEXOGENESIS/INDUCTION OF HARD TISSUE REPAIR (to include biomechanical preparation and placement of dentogenic media)	
		33601	One canal	283.23
		33602	Two canals	408.59
		33603	Three canals	544.79
		33604	Four canals or more	726.39
	33610		Re-Insertion of Dentogenic Media Per Visit	
		33611	One canal	136.18
		33612	Two canals	184.85
		33613	Three canals	277.04
		33614	Four canals or more	370.78
	34000		PERIAPICAL SERVICES	
	34100		APICOECTOMY/APICAL CURETTAGE	
	34110		Maxillary Anterior	
		34111	One root	573.27
		34112	Two roots	707.35
	34120		Maxillary Bicuspid	
		34121	One root	707.00
		34122	Two roots	822.66
		34123	Three roots	1,010.96
	34130		Maxillary Molar	
		34131	One root	687.48
		34132	Two roots	805.31
		34133	Three roots	1,214.45
	34140		Mandibular Anterior	
		34141	One root	595.54
		34142	Two or more roots	808.57
	34150		Mandibular Bicuspid	
		34151	One root	877.62
		34152	Two roots	910.86

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		34153	Three or more roots		1,112.16
	34160		Mandibular Molar		
		34161	One root		705.18
		34162	Two roots		891.33
		34163	Three roots		1,214.45
34200			RETROFILLING		
	34210		Maxillary Anterior		
		34211	One canal		107.92
		34212	Two or more canals		192.00
	34220		Maxillary Bicuspid		
		34221	One canal		107.92
		34222	Two canals		192.00
		34223	Three canals		290.17
		34224	Four or more canals		386.16
	34230		Maxillary Molar		
		34231	One canal		119.85
		34232	Two canals		192.00
		34233	Three canals		290.17
		34234	Four or more canals		386.16
	34240		Mandibular Anterior		
		34241	One canal		122.02
		34242	Two or more canals		192.00
	34250		Mandibular Bicuspid		
		34251	One canal		95.99
		34252	Two canals		192.00
		34253	Three canals		290.17
		34254	Four or more canals		386.16
	34260		Mandibular Molar		
		34261	One canal		95.99
		34262	Two canals		192.00
		34263	Three canals		290.17
		34264	Four or more canals		386.16
34300			RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE		
	34310		Maxillary Anterior		
		34311	One root		580.35
		34312	Two roots		808.57
	34320		Maxillary Bicuspid		
		34321	One root		707.35
		34322	Two roots		960.36
		34323	Three roots		1,214.45
	34330		Maxillary Molar		

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		34331	One root	707.35
		34332	Two roots	960.36
		34333	Three roots	1,415.79
	34340		Mandibular Anterior	
		34341	One root	727.08
		34342	Two or more roots	1,010.96
	34350		Mandibular Bicuspid	
		34351	One root	808.57
		34352	Two roots	1,112.16
		34353	Three roots	1,314.58
	34360		Mandibular Molar	
		34361	One root	808.57
		34362	Two roots	1,062.34
		34363	Three roots	1,415.79
34400			SURGICAL SERVICES, MISCELLANEOUS	
	34410		Amputations, Root (includes recontouring tooth and furca)	
		34411	One root	397.54
		34412	Two roots	484.34
	34420		Hemisection	
		34421	Maxillary Bicuspid	290.17
		34422	Maxillary Molar	283.66
		34423	Mandibular Molar	283.66
	34430		Decompression, Perio-Radicular Lesion	
		34431	First visit	386.16
		34432	Each Additional visit	192.00
	34440		Surgery, Endodontic, Exploratory	
		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
	34450		Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional)	
		34451	Single rooted tooth	403.73
		34452	Two rooted tooth	607.23
		34453	Three rooted tooth or more	808.57
34500			PERFORATIONS	
	34510		Perforation/Resorptive Defect(s), Pulp Chamber Repair, or Root Repair, Non-Surgical	
		34511	per tooth	87.76
	34520		Perforation/Resorptive Defect(s), Pulp Chamber Repair, or Root Repair, Surgical	
		34521	Anterior Tooth	95.99

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		34522	Bicuspid Tooth	192.51
		34523	Molar Tooth	288.00
34600			ENLARGEMENT, CANAL AND/OR PULP CHAMBER (Preparation of Post Space)	
		34601	In Previously Filled Tooth when Root Canal Treatment Done by Another Practitioner	91.87
		34602	In Calcified Canals	276.72
39000			ENDODONTIC, PROCEDURES, MISCELLANEOUS	
39100			ISOLATION OF ENDODONTIC TOOTH/TEETH FOR ASEPSIS	
		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
39200			OPEN AND DRAIN (Separate Emergency Procedures)	
		39201	Anteriors and Bicuspid	82.57
		39202	Molars	82.57
	39210		Opening Through Artificial Crown (In addition to Procedures)	
		39211	Anteriors and Bicuspid	91.24
		39212	Molars	91.24
39300			BLEACHING, NON VITAL	
	39310		Bleaching Endodontically Treated Tooth/Teeth	
		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
39400			EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY TREATED TOOTH	
	39410		Exploratory Access	
		39411	Anterior	78.44
		39412	Bicuspid	78.44
		39413	Molar	164.76
40000			PERIODONTICS	
			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.	
41000			PERIODONTAL SERVICES, NON SURGICAL	
41200			ORAL DISEASE, Management of	
	41210		Oral Manifestations, Oral Mucosal Disorders, 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

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		41213	Three units	260.01
		41214	Four units	346.68
		41219	Each additional unit over four	86.67
	41220		Nervous and Muscular Disorders , 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
	41230		Oral Manifestations of Systemic Disease or complications of medical therapy e.g. complications of chemotherapy, radiation therapy, post operative neuropathics, post surgical or radiation therapy, dysfunction, oral manifestations of lupus erythematosus and systemic disease including leukemia, diabetes and bleeding disorders (e.g. haemophilia)	
		41231	One unit of time	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
	41300		DESENSITIZATION	
			(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
	42000		PERIODONTAL SERVICES, SURGICAL	
			(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.)	
	42100		PERIODONTAL SURGERY, GINGIVAL CURETTAGE	
		42110	Surgical Curettage, To Include Definitive Root Planing	
		42111	Per sextant	226.99
	42200		PERIODONTAL SURGERY, GINGIVOPLASTY (Does not include limited re-contouring to facilitate restorative services)	
		42201	Per sextant	272.39
	42300		PERIODONTAL SURGERY, GINGIVECTOMY	
			(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).	
		42310	Gingivectomy, Uncomplicated	
		42311	Per sextant	309.46
		42320	Gingivectomy, Complicated	
		42321	Per sextant	457.09

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	42330		Gingival Fiber Incision (supra crestal fibrotomy)	
		42331	First tooth	88.20
		42339	Each additional tooth	78.44
42400			PERIODONTAL SURGERY, FLAP APPROACH	
	42410		Flap Approach, With Osteoplasty/Ostectomy	
		42411	Per sextant	1,114.70
	42420		Flap Approach, With Curettage of Osseous Defect	
		42421	Per sextant	737.75
	42430		Flap Approach, With Curettage of Osseous Defect and Osteoplasty	
		42431	Per sextant	1,051.06
	42440		Flap Approach, Exploratory (for diagnosis)	
		42441	Per site	567.35
42500			PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE	
	42510		Grafts, Soft Tissue, Pedicle (including apically or lateral sliding and rotated flaps.)	
		42511	Per site	693.06
		42512	Periosteal stimulation in addition to 42511	82.56
	42520		Grafts, Soft Tissue, Pedicle (Coronally Positioned)	
		42521	Per site	693.06
		42522	Periosteal stimulation in addition to 42521	82.56
	42530		Grafts Free Soft Tissue	
		42531	Adjacent to teeth or edentulous area, per site.	1,046.62
	42540		Grafts, Soft Tissue, Pedicle, With Free Graft Placed In Pedicle Donor Site	
		42541	Per site	1,265.14
	42550		Grafts, For Root or Implant Coverage	
		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.
	42560		Grafts, For Ridge Augmentation	
		42561	Autograft (free connective tissue), includes harvesting from donor site – per site.	1,225.84
		42562	Allograft – per site	+E I.C.
	42570		Grafts, Connective Tissue, Pedicle with Free Graft for Root Coverage	
		42571	Per site	949.03
	42580		Grafts, Gingival Onlay (for ridge augmentation)	

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		42581	Per site	981.82
42590			Grafts, Dermal, Onlay, for Ridge Augmentation	
		42591	Autograft – per site	981.82
		42592	Allograft – per site	+E 981.83
42600			PERIODONTAL SURGERY, FLAPS, GRAFTS, OSSEOUS TISSUE	
	42610		Grafts, Osseous, Autograft (Including Flap Entry, Closure and Donor Site)	
		42611	Per site	1,155.10
	42620		Grafts, Osseous, Allograft (Including Flap Entry and Closure)	
		42621	Per site	+E 1,155.10
	42630		Grafts, Osseous, Xenograft (Including Flap Entry and Closure)	
		42631	Per Site	+E 1,155.10
42700			GUIDED TISSUE REGENERATION	
		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
	42720		Biological Materials to Aid in Soft and Osseous Tissue Regeneration (not including surgical entry and closure)	
		42721	Per site	+E I.C.
42800			PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES	
	42810		Proximal Wedge Procedure (as a separate procedure)	
		42811	With Flap Curettage, per site	526.11
		42819	With Flap Curettage and Osteotomy/Osteoplasty, per site	635.30
	42820		Post Surgical Periodontal Treatment Visit Per Dressing Change (by dentist other than operating dentist)	
		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
	42830		Periodontal Abscess or Pericoronitis, May Include Any of The Following Procedures: Lancing, Scaling, Curettage, Surgery or Medication	
		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
	42840		Flap Approach for Creation of Interdental Papillae	
		42841	Per Site	I.C.

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	42850		Flapless Approach, with Osteoplasty/Ostectomy for Crown Lengthening	
		42851	Per site	173.35
43000			PERIODONTAL PROCEDURES, ADJUNCTIVE	
			(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)	
43100			PERIODONTAL SPLINTING OR LIGATION, INTRA CORONAL Note: This procedure is in addition to the usual code for the tooth preparation on either side	
	43110		"A" Splint (restorative material plus wire, fibre ribbon or rope)	
		43111	Per joint	+E 167.29
43200			PERIODONTAL SPLINTING OR LIGATION, EXTRA CORONAL	
	43220		Bonded, Interproximal Enamel Splint	
		43221	Per joint	82.55
	43230		Wire Ligation	
		43231	Per joint	82.55
	43240		Wire Ligation, Restorative Material Covered	
		43241	Per joint	82.55
	43260		Orthodontic Band Splint	
		43261	Per band	+E 82.55
	43270		Cast/Soldered/Ceramic/Polymer Glass/Wire/Fibre Ribbon, Splint Bonded	
		43271	Indirect, Per abutment	+L 82.55
		43272	Direct, Per abutment	+E 82.55
	43280		Removal of Fixed Periodontal Splints	
		43281	One unit of time	82.56
		43289	Each additional unit of time	82.56
43400			ROOT PLANING, PERIODONTAL	
	43420		Root Planing	
		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
43500			CHEMOTHERAPEUTIC and/or ANTIMICROBIAL AGENTS	
	43510		Chemotherapeutic and/or Antimicrobial Agents, Topical Application	
		43511	One unit of time	82.56
		43519	Each additional unit of time	82.56

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	43520		Chemotherapeutic and/or Antimicrobial Therapy, Intra-Sulcular Application	
		43521	One unit of time	+E 86.67
		43529	Each additional unit of time	+E 86.67
49000			PERIODONTAL SERVICES, MISCELLANEOUS	
49100			PERIODONTAL RE-EVALUATION/EVALUATION	
			Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner	
		49101	One unit of time	82.56
		49102	Two units	165.12
		49109	Each additional unit over two	82.56
49300			SOFT TISSUE PROSTHESIS	
		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.
50000			PROSTHODONTICS - REMOVABLE	
			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.	
			EXAMINATION, DIAGNOSIS AND TREATMENT PLAN - Refer to Diagnostic Services, separate fee.	
51000			DENTURE COMPLETE	
			(includes: impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including three month post insertion care)	
51100			DENTURE COMPLETE, STANDARD	
		51101	Maxillary	+L 878.45
		51102	Mandibular	+L 878.45
		51104	Liners, Processed, Resilient, in addition to above	LAB
51200			DENTURES, COMPLETE, COMPLEX	
		51201	Maxillary	+L 1,816.00
		51202	Mandibular	+L 1,816.00
		51204	Liners, Processed, Resilient in addition to above	LAB
51300			DENTURES, SURGICAL, STANDARD, (IMMEDIATE)	
			(includes first tissue conditioner, but not a processed relined)	
		51301	Maxillary	+L 878.45
		51302	Mandibular	+L 878.45
51400			DENTURES, SURGICAL, COMPLEX (IMMEDIATE)	
			(includes first tissue conditioner, but not a processed relined)	

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		51401	Maxillary	+L	1,242.52
		51402	Mandibular	+L	1,242.52
51500			DENTURES, COMPLETE, GNATHOLOGICAL (CAST BASE AND METAL OCCLUSALS)		
		51501	Maxillary		I.C.
		51502	Mandibular		I.C.
51600			DENTURES, COMPLETE, PROVISIONAL		
		51601	Maxillary	+L	606.81
		51602	Mandibular	+L	606.81
51700			DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
	51710		Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, no Attachments		
		51711	Maxillary	+L	1,146.95
		51712	Mandibular	+L	1,146.95
	51720		Dentures, Complete, Overdentures, Tissue Borne, Supported by Implants with or without Coping Crowns, no Attachments		
		51721	Maxillary	+L	1,146.95
		51722	Mandibular	+L	1,146.95
	51730		Dentures, Complete, Overdentures Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments		
		51731	Maxillary	+L	1,146.95
		51732	Mandibular	+L	1,146.95
51800			DENTURES, COMPLETE, OVERDENTURES, (IMMEDIATE), TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
	51810		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)		
		51811	Maxillary	+L	1,040.18
		51812	Mandibular	+L	1,040.18
51900			DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS		
	51910		Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Natural Teeth with or without Coping Crowns		
		51911	Maxillary	+L	1,040.18
		51912	Mandibular	+L	1,040.18
	51920		Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns		
		51921	Maxillary	+L	I.C.
		51922	Mandibular	+L	I.C.
	51930		Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns		
		51931	Maxillary	+L	I.C.

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	51932	Mandibular	+L	I.C.
51950		Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants		
	51951	Maxillary	+L	I.C.
	51952	Mandibular	+L	I.C.
51960		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)		
	51961	Maxillary	+L	I.C.
	51962	Mandibular	+L	I.C.
52000		DENTURES, PARTIAL, ACRYLIC		
52100		Dentures, Partial, Acrylic Base (Provisional) (With or Without Clasps)		
	52101	Maxillary	+L	252.90
	52102	Mandibular	+L	252.90
52110		Dentures, Partial, Acrylic Base (Immediate) (includes first tissue conditioner, but not a processed reline)		
	52111	Maxillary	+L	252.90
	52112	Mandibular	+L	252.90
52200		DENTURES, PARTIAL, POLYMER, RESILIENT RETAINER		
	52201	Maxillary	+L	252.90
	52202	Mandibular	+L	252.90
52210		Dentures, Partial, Polymer, Resilient Retainer, (Immediate) (includes first tissue conditioner, but not a processed reline)		
	52211	Maxillary	+L	252.90
	52212	Mandibular	+L	252.90
52300		DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS		
	52301	Maxillary	+L	850.37
	52302	Mandibular	+L	850.37
52310		Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)		
	52311	Maxillary	+L	850.37
	52312	Mandibular	+L	850.37
52400		DENTURES, PARTIAL, ACRYLIC, WITH METAL/WROUGHT PALATAL/LINGUAL BAR AND CLASPS AND/OR RESTS		
	52401	Maxillary	+L	850.37
	52402	Mandibular	+L	850.37
52410		Dentures, Partial, Acrylic, with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)		
	52411	Maxillary	+L	850.37
	52412	Mandibular	+L	850.37

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	52510		Dentures, Partial (Flexible, Non Metal, Non Acrylic)		
		52511	Maxillary	+L	623.76
		52512	Mandibular	+L	623.76
52700			DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
	52710		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests supported by Natural Teeth with or without Coping Crowns, no attachments		
		52711	Maxillary	+L	1,042.91
		52712	Mandibular	+L	1,042.91
	52720		Dentures, Partial, Overdentures, Acrylic, with Cast/ Wrought Clasps and/or Rests, Supported by Implants with or without Coping Crowns, No Attachments		
		52721	Maxillary	+L	1,042.91
		52722	Mandibular	+L	1,042.91
	52730		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		
		52731	Maxillary	+L	1,042.91
		52732	Mandibular	+L	1,042.91
52800			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		
	52810		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)		
		52811	Maxillary	+L	1,042.91
		52812	Mandibular	+L	1,042.91
	52820		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)		
		52821	Maxillary	+L	1,042.91
		52822	Mandibular	+L	1,042.91
	52830		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)		
		52831	Maxillary	+L	1,042.91
		52832	Mandibular	+L	1,042.91
52900			DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SECURED BY NATURAL TEETH OR IMPLANTS		
	52910		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		
		52911	Maxillary	+L	1,042.91
		52912	Mandibular	+L	1,042.91

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	52920		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to Implants with or without Coping Crowns	
		52921	Maxillary	+L 1,042.91
		52922	Mandibular	+L 1,042.91
	52930		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns [used with 26101, 26103 (Mesostructures); or 28221, 28225, 28226 (Cast Metal Coping Crowns) with or without Attachments]	
		52931	Maxillary	+L 1,042.91
		52932	Mandibular	+L 1,042.91
	52940		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar)	
		52941	Maxillary	+L 1,042.91
		52942	Mandibular	+L 1,042.91
	52950		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)	
		52951	Maxillary	+L 1,042.91
		52952	Mandibular	+L 1,042.91
	52960		Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a combination of Natural Teeth and Implants (see 62105 for Retentive Bar)	
		52961	Maxillary	+L 1,042.91
		52962	Mandibular	+L 1,042.91
	53000		DENTURES, PARTIAL, CAST WITH ACRYLIC BASE	
	53100		DENTURES, PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS	
		53101	Maxillary	+L 877.48
		53102	Mandibular	+L 877.48
		53104	Altered Cast Impression technique in conjunction with 53101 and 53102	+L 93.18
	53110		Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)	
		53111	Maxillary	+L 1,040.18
		53112	Mandibular	+L 1,040.18
	53120		Dentures, Partial Free End, Swing Lock/Connector	
		53121	Maxillary	+L 1,089.60
		53122	Mandibular	+L 1,089.60
	53130		Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests (Equilibrated)	
		53131	Maxillary	+L 2,088.40
		53132	Mandibular	+L 2,088.40
	53200		DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS	
		53201	Maxillary	+L 1,040.18

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		53202	Mandibular	+L	1,040.18
		53205	Unilateral, one piece casting, clasps and pontics	+L	606.75
	53210		Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)		
		53211	Maxillary	+L	1,040.18
		53212	Mandibular	+L	1,040.18
		53215	Unilateral, one piece casting, clasps and pontics	+L	606.75
	53220		Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests (Equilibrated)		
		53221	Maxillary	+L	2,088.40
		53222	Mandibular	+L	2,088.40
53400			DENTURES, PARTIAL, CAST, PRECISION ATTACHMENTS		
		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.
53500			DENTURES, PARTIAL, CAST, SEMI-PRECISION ATTACHMENTS		
		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.
53600			DENTURES, PARTIAL, CAST, STRESS BREAKER ATTACHMENTS		
	53610		Denture, Cast Partial, Maxillary, Stress Breaker Attachments		
		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
	53620		Dentures, Cast Partial, Mandibular, Stress Breaker Attachments		
		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
53700			DENTURES, PARTIAL, CAST, OVERDENTURES, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
	53710		Dentures, Partial, Cast, Overdentures, Supported by Natural Teeth with or without Coping Crowns, no Attachments		
		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
	53720		Dentures, Partial, Casts, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments		
		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
	53730		Dentures, Partial, Casts, Overdentures, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments		

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		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
53800			DENTURES, PARTIAL, CAST, OVERDENTURES (IMMEDIATE), SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS		
	53810		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)		
		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
	53820		Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)		
		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
	53830		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)		
		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
53900			DENTURES, PARTIAL, CAST, OVERDENTURES, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS		
	53910		Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Natural Teeth, with or without Coping Crowns		
		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
	53920		Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants, with or without Coping Crowns		
		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
	53930		Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns		
		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
	53940		Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar)		
		53941	Maxillary	+L	1,126.95
		53942	Mandibular	+L	1,126.95
	53950		Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)		

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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
	53960		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)	
		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
54000			DENTURES, ADJUSTMENTS	
			(after three months insertion or by other than the dentist providing prosthesis)	
54200			DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, MINOR	
		54201	One unit of time	+L 75.70
		54202	Two units	+L 151.40
		54209	Each additional unit over two	75.70
54300			DENTURE ADJUSTMENTS, PARTIAL, OR COMPLETE DENTURE, REMOUNT AND OCCLUSAL EQUILIBRATION	
		54301	Maxillary	+L 750.92
		54302	Mandibular	+L 750.92
54400			DENTURE ADJUSTMENTS, COMPLETE DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION	
		54401	Maxillary	+L 750.92
		54402	Mandibular	+L 750.92
54500			DENTURE, ADJUSTMENTS, PARTIAL DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION	
		54501	Maxillary	+L 750.92
		54502	Mandibular	+L 750.92
55000			DENTURES, REPAIRS/ADDITIONS	
55100			DENTURE, REPAIRS, COMPLETE DENTURE, NO IMPRESSION REQUIRED	
		55101	Maxillary	+L 83.64
		55102	Mandibular	+L 83.64
55200			DENTURE, REPAIRS, COMPLETE DENTURE, IMPRESSION REQUIRED	
		55201	Maxillary	+L 152.98
		55202	Mandibular	+L 152.98
55300			DENTURE, REPAIRS/ADDITIONS, PARTIAL DENTURE, NO IMPRESSION REQUIRED	
		55301	Maxillary	+L 85.81
		55302	Mandibular	+L 85.81
55400			DENTURES, REPAIRS/ADDITIONS, PARTIAL DENTURE, IMPRESSION REQUIRED	
		55401	Maxillary	+L 169.45
		55402	Mandibular	+L 169.45
55500			DENTURES/IMPLANT RETAINED PROSTHESIS PROPHYLAXIS AND POLISHING	

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		55501	One unit of time	+L	84.95
		55509	Each additional unit of time		84.95
55600			DENTURES, REBUILDING WORN ACRYLIC DENTURE TEETH (DIRECT CHAIRSIDE) WITH TOOTH COLOURED MATERIALS		
		55601	One unit of time		86.67
		55609	Each addition unit of time		86.67
55700			DENTURES, CUSTOM STAINED (PIGMENTED) DENTURE BASES (DIRECT CHAIRSIDE)		
		55701	One unit of time		93.18
		55709	Each addition unit of time		93.18
56000			DENTURES, REPLICATION, RELINING AND REBASING		
56100			DENTURES, REPLICATION, PROVISIONAL		
	56110		Dentures, Replication, Complete Denture, Provisional (No Intra-oral Impression Required)		
		56111	Maxillary	+L	178.13
		56112	Mandibular	+L	178.13
	56120		Dentures, Replication, Partial Denture (Provisional) (No Intra-oral Impression Required)		
		56121	Maxillary	+L	178.13
		56122	Mandibular	+L	178.13
56200			DENTURES, RELINING (Does not include Remount - see 54000 series)		
	56210		Denture, Reline, Direct Complete Denture		
		56211	Maxillary		228.48
		56212	Mandibular		228.48
	56220		Denture, Reline, Direct, Partial Denture		
		56221	Maxillary		247.67
		56222	Mandibular		247.67
	56230		Denture, Reline, Processed, Complete Denture		
		56231	Maxillary	+L	247.67
		56232	Mandibular	+L	247.67
	56240		Denture, Reline, Processed, Partial Denture		
		56241	Maxillary	+L	247.67
		56242	Mandibular	+L	247.67
	56250		Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Complete Denture		
		56251	Maxillary	+L	412.81
		56252	Mandibular	+L	412.81
	56260		Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Partial Denture		
		56261	Maxillary	+L	412.81
		56262	Mandibular	+L	412.81

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56300			DENTURES, REBASING (Where the vestibular tissue-contacting surfaces are modified)		
	56310		Denture, Rebase Complete Denture		
		56311	Maxillary	+L	247.67
		56312	Mandibular	+L	247.67
	56320		Denture, Rebase Partial Denture		
		56321	Maxillary	+L	247.67
		56322	Mandibular	+L	247.67
	56330		Denture, Rebase, Complete Denture, Processed, Functional Impression Requiring Three Appointments		
		56331	Maxillary	+L	412.81
		56332	Mandibular	+L	412.81
	56340		Denture, Rebase, Partial Denture, Processed, Functional Impression, Requiring Three Appointments		
		56341	Maxillary	+L	412.81
		56342	Mandibular	+L	412.81
56400			DENTURES, REMAKE		
	56410		Dentures, Remake, Using Existing Framework, Partial Denture (equilibration)		
		56411	Maxillary	+L	330.25
				to	537.23
		56412	Mandibular	+L	330.25
				to	537.23
56500			DENTURES, THERAPEUTIC TISSUE CONDITIONING		
	56510		Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture		
		56511	Maxillary		165.12
		56512	Mandibular		165.12
	56520		Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture		
		56521	Maxillary		165.12
		56522	Mandibular		165.12
	56530		Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Supported by Natural Teeth		
		56531	Maxillary		178.13
		56532	Mandibular		178.13
	56540		Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Implant Supported		
		56541	Maxillary		178.13
		56542	Mandibular		178.13
	56550		Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Supported by Natural Teeth		
		56551	Maxillary		178.13
		56552	Mandibular		178.13
	56560		Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Implant Supported		

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		56561	Maxillary	178.13
		56562	Mandibular	178.13
56600			DENTURES, MISCELLANEOUS SERVICES	
		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
57000			PROSTHESIS, MAXILLOFACIAL	
57100			PROSTHESIS, FACIAL	
		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
57200			PROSTHESIS, MAXILLOFACIAL, OBTURATORS	
		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
57300			PROSTHESIS, MAXILLOFACIAL, OTHER	
		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
		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.

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	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
57400		PROSTHESIS, TEMPOROMANDIBULAR JOINT			
	57401	Exercisers, Trismus, Therapy		+L	891.12
				to	1,447.32
	57402	Splints, Permanent Cast Occlusal		+L	2,227.84
				to	3,621.55
57500		PROSTHESIS, SPLINTS			
	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
57600		PROSTHESIS, STENTS			
	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
57650		Prosthesis, Radiation Appliances			
	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
57660		Prosthesis, Stents, Decompression			
	57661	Decompression Stent, Localized		+L	1,072.77
	57662	Decompression Stent, (prosthesis extra)		+L	644.10
57700		PROSTHESIS, ORTHOPEDIC			

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	57701	Orthopedic Prosthesis (extraoral)		+L	556.94
				to	1,206.09
	57702	Orthopedic Prosthesis (intraoral)		+L	668.35
				to	1,447.32
60000		PROSTHODONTICS - FIXED			
		Initial description:			
		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.			
62000		PONTICS, BRIDGE			
62100		PONTICS, CAST METAL			
	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.
62500		PONTICS, PORCELAIN/CERAMIC/POLYMER GLASS			
	62501	Pontics, Porcelain/Ceramic/Polymer Glass, Fused to Metal		+L	475.99
	62502	Pontics, Porcelain/Ceramic/Polymer Glass, Aluminous		+L	475.99
62700		PONTICS, ACRYLIC/COMPOSITE /COMPOMER			
	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
62800		PONTICS, NATURAL TOOTH			
	62801	Pontics, Natural Tooth Crown, Direct, Bonded to Adjacent Teeth (Provisional)			184.19
63000		RECONTOURING OF RETAINER/PONTICS, (of existing bridgework)			
	63001	One unit of time			86.67
	63009	Each additional unit of time			86.67
64000		MASTER CAST TECHNIQUES			
64100		MASTER CAST, TECHNIQUES, MAXILLO-MANDIBULAR REGISTRATIONS			
	64120	Master Cast Techniques, True Hinge Axis Registration and Transfer			
	64121	One unit of time		+L	82.78
	64129	Each additional unit of time		+L	82.78
	64130	Master Cast Techniques, Centric Registration Recording			
	64131	One unit of time		+L	82.78
	64139	Each additional unit of time		+L	82.78

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	64140		Master Cast Techniques, Three Dimensional Recordings of Mandibular Movement (Pantograph or Stereograph)	
		64141	One unit of time	+L I.C.
		64149	Each additional unit of time	+L I.C.
64200			MASTER CAST MOUNTING TECHNIQUES	
	64220		Master Cast Mounting with Arbitrary Facebow Transfer	
		64221	One unit of time	+L 82.78
		64229	Each additional unit of time	+L 82.78
	64230		Master Cast Mounting with Kinematic Facebow Transfer	
		64231	One unit of time	+L I.C.
		64239	Each additional unit of time	+L I.C.
64300			MASTER CAST GNATHOLOGICAL WAX-UP	
		64301	One unit of time	+L I.C.
		64309	Each additional unit of time	+L I.C.
66000			REPAIRS	
66100			REPAIRS, REPLACEMENT	
	66110		Replace Broken Prefabricated Attachable Facings	
		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
66200			REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE/PROSTHESIS	
	66210		Repairs, Removal, Fixed Bridge/Prosthesis - To be re-cemented	
		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
	66220		Repairs, Removal Fixed Bridge/Prosthesis- To Be Replaced by a new Prosthesis	
		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
66300			REPAIRS, REINSERTION/RECEMENTATION	
			(+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

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66700			REPAIRS, FIXED BRIDGE/PROSTHESIS	
	66710		Repairs, Fixed Bridge/Prosthesis, Porcelain/Ceramic/Polymer Glass/Acrylic/Composite/Compomer, Direct	
		66711	First tooth	181.60
		66719	Each additional tooth	181.60
	66720		Repairs, Solder Indexing to Repair Broken Solder Joint	
		66721	One unit of time	+L 92.10
		66729	Each additional unit of time	92.10
	66730		Repair Fractured Porcelain/Metal Pontic With Telescoping Type Crown (pontic prepared, impression made and processed crown seated over metal)	
		66731	First pontic	+L 485.79
		66739	Each additional pontic	474.95
67000			FIXED BRIDGE RETAINERS	
			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.	
67100			RETAINERS, ACRYLIC/COMPOSITE/ COMPOMER WITH, OR WITHOUT CAST OR PREFABRICATED METAL BASES	
	67110		Retainers, Acrylic, Composite/Compomer, Indirect	
		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
	67120		Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chair-side)	
		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
	67130		Retainers, Acrylic, Composite/Compomer, Cast Metal Base, Indirect	
		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
	67160		Retainers, Acrylic/Composite/Compomer, Two surface Inlay, Indirect Bonded	
		67161	Retainers, Acrylic/Composite/Compomer, Two surface Inlay, Bonded, Indirect	+L 634.35
	67170		Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Bonded, Indirect	
		67171	Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Bonded, Indirect	+L 781.88
	67180		Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect	
		67181	Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect	+L 930.38
67200			RETAINER, PORCELAIN/CERAMIC/POLYMER GLASS	
		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

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67210		Retainers, Porcelain/Ceramic/Polymer Glass, Fused To Metal Base		
	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
67220		Retainers, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge")		
	67221	Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge")	+L	594.22
67230		Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded		
	67231	Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded	+L	686.04
67240		Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded		
	67241	Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded	+L	845.44
67250		Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded (where one or more cusps are restored)		
	67251	Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded	+L	1,003.76
67300		RETAINERS, CAST METAL		
	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
67310		Retainer, ¼ Cast Metal		
	67311	Retainers, ¼, Cast Metal	+L	1,021.61
	67312	Retainers, 3/4, Cast Metal, Complicated	+L	1,089.41
67320		Retainers, Cast Metal Inlay (used with broken stress technique)		
	67321	Retainer, Cast Metal Inlay, Two Surfaces	+L	738.45
	67322	Retainer, Cast Metal Inlay, Three or More Surfaces	+L	977.01
67330		Retainers, Cast Metal Onlay (internal retention type)		
	67331	Retainers, Cast Metal, Onlay	+L	1,021.61
67340		Retainers, Cast Metal, Onlay (bonded external retention/partial coverage - e.g. Maryland Bridge)		
	67341	Retainer, Cast Metal, Onlay, with or without Perforations, Bonded to Abutment Tooth, (Pontic extra)	+L	495.19
67400		RETAINERS, OVERDENTURES, CUSTOM CAST OR PRE-FABRICATED WITH NO OCCLUSAL COMPONENT		
	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.
67500		FIXED PROSTHETICS, ABUTMENTS/RETAINERS, MISCELLANEOUS SERVICES		
	67501	Retainer Made to an Existing Partial Denture Clasp (additional to retainer, per retainer)	+L	82.78
	67502	Telescoping Crown Unit	+L	369.49
69000		FIXED PROSTHETICS, OTHER SERVICES		

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69100			FIXED PROSTHETICS, MISCELLANEOUS SERVICES		
		69101	Fixed Prosthesis, Porcelain, to Replace a Substantial Portion of the Alveolar Process (in addition to retainer and pontics)	+L	1,055.88
69200			FIXED PROSTHETICS, SPLINTING		
		69201	Splinting, for Extensive or Complicated Restorative Dentistry (per tooth)		I.C.
69300			FIXED PROSTHETICS, RETENTIVE PINS (for retainers in addition to restoration)		
		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
69600			FIXED PROSTHODONTICS, WHERE AN ENTIRE ARCH IS RECONSTRUCTED (used in extensive or complicated fixed restorative dentistry)		
	69610		Provisional, immediate, implant-supported, screw retained, polymer base with denture teeth, without a reinforcing framework.		
		69611	Maxillary	+L	I.C.
		69612	Mandibular	+L	I.C.
	69620		Final prosthesis, full arch, denture teeth and acrylic (also known as "hybrid prosthesis"), with reinforcing framework, implant-supported, screw retained.		
		69621	Maxillary	+L	I.C.
		69622	Mandibular	+L	I.C.
69700			FIXED PROSTHETICS, PROVISIONAL COVERAGE (in extensive or complicated restorative dentistry)		
		69701	Abutment Tooth	+L	303.19
		69702	Pontic	+L	100.33
69800			FIXED PROSTHODONTIC FRAMEWORKS, OSSEO-INTEGRATED IMPLANT-SUPPORTED		
	69820		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)		
		69821	Maxillary	+L	I.C.
		69822	Mandibular	+L	I.C.
70000			ORAL MAXILLOFACIAL SURGERY		
			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.		
71000			REMOVALS, (EXTRACTIONS), ERUPTED TEETH		
71100			REMOVALS, ERUPTED TEETH, UNCOMPLICATED		
		71101	Single tooth, Uncomplicated		145.68
		71109	Each additional tooth, same quadrant, same appointment		145.68

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71200			REMOVALS, ERUPTED TEETH, COMPLICATED	
		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
	71210		Requiring elevation of a Flap, Removal of Bone and may include Sectioning of Tooth for Removal of Tooth	
		71211	Single Tooth	286.45
		71219	Each Additional tooth, same quadrant	286.45
72000			REMOVALS, (EXTRACTIONS), SURGICAL	
72100			REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE	
	72110		Removals, Impaction, Requiring Incision of Overlying Soft Tissue and Removal of The Tooth	
		72111	Single tooth	262.72
		72119	Each additional tooth, same quadrant	262.72
72200			REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE	
	72210		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)	
		72211	Single tooth	389.59
		72219	Each additional tooth, same quadrant	389.59
	72220		Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of A Flap, Removal of Bone and Sectioning of Tooth For Removal (Complete Bone Impaction)	
		72221	Single tooth	519.48
		72229	Each additional tooth, same quadrant	519.48
	72230		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	
		72231	Single tooth	708.25
		72239	Each additional tooth, same quadrant	708.25
	72240		Coronectomy (Deliberate Vital Root Retention)	
		72241	Coronectomy (Deliberate Vital Root Retention of Unerupted Mandibular Molar)	I.C.
		72242	Coronectomy (Deliberate Vital Root Retention to Prevent Complications Associated with Extraction)	I.C.
72300			REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS	
	72310		Removals, Residual Roots, Erupted	
		72311	First tooth	120.25
		72319	Each additional tooth, same quadrant	120.25
	72320		Removals, Residuals Roots, Soft Tissue Coverage	
		72321	First tooth	177.12
		72329	Each additional tooth, same quadrant	177.12
	72330		Removals, Residual Roots, Bone Tissue Coverage	
		72331	First tooth	259.74

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		72339	Each additional tooth, same quadrant	259.74
72400			ALVEOLAR BONE PRESERVATION	
		72410	Alveolar Bone Preservation – Autograft	
		72411	First tooth	+E 330.43
		72419	Each additional tooth	+E 330.43
		72420	Alveolar Bone Preservation - Allograft	
		72421	First tooth	+E 330.43
		72429	Each additional tooth	+E 330.43
		72430	Alveolar Bone Preservation – Xenograft	
		72431	First tooth	+E 330.43
		72439	Each additional tooth	+E 330.43
72500			SURGICAL EXPOSURES OF TEETH	
		72510	Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy)	
		72511	Single tooth	236.16
		72519	Each additional tooth, same quadrant	236.16
		72520	Surgical Exposures, Complex, Hard Tissue Coverage	
		72521	Single tooth	424.94
		72529	Each additional tooth, same quadrant	424.94
		72530	Surgical Exposures, Unerupted Tooth, With Orthodontic Attachment	
		72531	Single tooth	+E 566.59
		72539	Each additional tooth, same quadrant	+E 566.59
		72540	Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage With Positioning of Attached Gingivae	
		72541	Single tooth	354.25
		72550	Surgical Exposures, Unerupted Tooth, Hard Tissue Coverage With Positioning of Attached Gingivae	
		72551	Single tooth	472.36
		72560	Rigid Osseous Anchorage For Orthodontics	
		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.
72600			SURGICAL MOVEMENT OF TEETH	
		72610	Transplantation of Erupted Tooth	
		72611	First tooth	708.25
		72619	Each additional tooth, same quadrant	708.25
		72620	Transplantation of Unerupted Tooth	
		72621	First tooth	849.90

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	72629	Each additional tooth, same quadrant		849.90
72630		Repositioning, Surgical		
	72631	First tooth		519.48
	72639	Each additional tooth, same quadrant		519.48
72700		ENUCLEATION, SURGICAL		
72710		Unerupted Tooth Follicle		
	72711	First tooth		519.48
	72719	Each additional tooth, same quadrant		519.48
72800		REMOVAL OF FRACTURED CUSP AS A SEPARATE PROCEDURE, NOT IN CONJUNCTION WITH SURGICAL OR RESTORATIVE PROCEDURES ON THE SAME TOOTH		
	72801	First tooth		87.55
	72809	Each Additional Tooth		87.55
73000		REMODELLING AND RECONTOURING ORAL TISSUES IN PREPARATION FOR REMOVABLE PROSTHESES (To include codes 73110, 73120, 73140, 73150, 73160, 73170, 73180)		
73100		ALVEOLOPLASTY (Bone remodelling of ridge with soft tissue revisions)		
73110		Alveoloplasty, In Conjunction with Extractions		
	73111	Per sextant		121.33
73120		Alveoloplasty, Not In Conjunction with Extractions		
	73121	Per sextant		236.16
73140		Remodelling of Bone		
	73141	Mylohyoid Ridge Remodelling		460.28
	73142	Genial Tubercle Remodelling		442.62
73150		Excision of Bone		
	73151	Nasal Spine, Excision		442.62
	73152	Torus Palatinus, Excision		519.48
	73153	Torus Mandibularis, Unilateral, Excision		389.59
	73154	Torus Mandibularis, Bilateral, Excision		649.33
73160		Removal of Bone, Exostosis, Multiple		
	73161	Per quadrant		389.59
			to	779.21
73170		Reduction of Bone, Tuberosity		
	73171	Unilateral, Reduction		236.16
	73172	Bilateral, Reduction		472.36
73180		Augmentation of Bone		
	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

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		73184	Bilateral, Mandibular Ridge, Augmentation	+E	1,132.64
				to	1,510.21
73200			GINGIVOPLASTY AND/OR STOMATOPLASTY, ORAL SURGERY		
	73210		Independent Procedure		
		73211	Per sextant		259.74
73220			Miscellaneous Procedures		
		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
73230			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)		
		73231	Per sextant		259.74
73240			Removal, Mucosa, Excess (complete removal without dissection)		
		73241	Per sextant		259.74
73300			REMODELING, FLOOR OF THE MOUTH		
		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
73400			VESTIBULOPLASTY		
	73410		Vestibuloplasty, Sub-Mucous		
		73411	Per sextant		247.87
73420			Sulcus Deepening and Ridge Reconstruction		
		73421	Per sextant		199.14
73430			Vestibuloplasty, with Secondary Epithelization		
		73431	Per sextant		306.85
73440			Vestibuloplasty, with Labial Inverted Flap		
		73441	Per sextant		460.28
73450			Vestibuloplasty, with Skin Graft		
		73451	Per sextant		566.32
73460			Vestibuloplasty, with Mucosal Graft		
		73461	Per sextant		566.32
73470			Vestibuloplasty – with Dermal Graft - Autograft		
		73471	Per Sextant	+E	199.14
73480			Vestibuloplasty – with Dermal Graft - Allograft		

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		73481	Per Sextant	199.14
73490			Vestibuloplasty – with Connective Tissue for Ridge Augmentation	
		73491	Per sextant	199.14
73500			RECONSTRUCTION, ALVEOLAR RIDGE	
73510			Reconstruction, Alveolar Ridge, with Autogenous Bone	
		73511	Per sextant	+E 755.09
73520			Reconstruction, Alveolar Ridge, with Alloplastic Material	
		73521	Per sextant	+E 755.09
73600			EXTENSIONS, MUCOUS FOLDS	
73610			Extensions, Mucous Folds with Secondary Epithelization	
		73611	Per sextant	548.63
73620			Extensions, Mucous Folds, with Skin Grafts	
		73621	Per sextant	548.63
73630			Extensions, Mucous Folds, with Mucous Graft	
		73631	Per sextant	548.63
74000			SURGICAL EXCISIONS (not in conjunction with tooth removal, including biopsy)	
74100			SURGICAL EXCISIONS, TUMORS, BENIGN	
74110			Tumors, Benign, Scar Tissue, Inflammatory or Congenital Lesions of Soft Tissue of the Oral Cavity	
		74111	1 cm. and under	354.12
		74112	1-2 cm.	460.28
		74113	2-3 cm.	557.63
		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
74120			Tumors, Benign, Bone Tissue	
		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
74200			SURGICAL EXCISION, TUMORS, MALIGNANT	
74210			Tumors, Malignant, Soft Tissue, Oral Cavity	

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		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
	74220		Tumors, Malignant, Bone Tissue	
		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
	74230		Selective neck dissection	
		74231	Unilateral	I.C.
		74232	Bilateral	I.C.
	74240		Radical neck dissection	
		74241	Unilateral	I.C.
		74242	Bilateral	I.C.
74300			SURGICAL EXCISIONS, MAXILLOFACIAL COMPLEX, TRAUMA, TUMORS, BENIGN, MALIGNANT	
	74310		Lips, Throat, Face, Skull	
		74311	Cheiloplasty, Partial (Lip Shave)	660.86
		74312	Cheiloplasty, Total (Lip Shave)	991.28
				to 1,321.71
74400			HARD TISSUE GRAFTS TO THE JAW	
		74401	Autograft – per site – Maxilla or Mandible	+E 755.09
		74402	Allograft – per site – Maxilla or Mandible	+E 755.09
		74403	Xenograft – per site – Maxilla or Mandible	+E 755.09
74500			AUGMENTATIONS, PROSTHETIC, OF THE JAW	
	74520		Augmentation, Synthetic, of the Jaw	
		74521	Augmentation, of the Chin	I.C.
74600			SURGICAL EXCISION, CYSTS/GRANULOMAS	
	74610		Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s)	
		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

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	74620		Marsupialization	
		74621	Cyst, Marsupialization	519.48
	74630		Excision of Cyst	
		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
75000			SURGICAL INCISIONS	
75100			SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL	
	75110		Surgical Incision and Drainage and/or Exploration, Intraoral Soft Tissue	
		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
	75120		Surgical Incision and Drainage and/or Exploration, Intraoral Hard Tissue	
		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
75200			SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, EXTRAORAL	
	75210		Surgical Incision and Drainage and/or Exploration, Extraoral, Soft Tissue	
		75211	Extraoral, Abscess, Superficial	613.71
		75212	Extraoral, Abscess, Deep	767.17
	75220		Surgical Incision and Drainage and/or Exploration, Extraoral Hard Tissue	
		75221	Extraoral, Surgical Exploration, Hard Tissue	613.71
75300			SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES	
		75301	Removal, from Skin or Subcutaneous Alveolar Tissue	826.06
		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
75400			SEQUESTRECTOMY (FOR OSTEOMYELITIS)	
		75401	Intraoral Sequestrectomy	566.59
		75402	Saucerization	991.28
		75403	Osteomyelitis, Non Surgical Treatment of	212.47
	75410		Extraoral Sequestrectomy	
		75411	3 cm. and less	566.59
		75412	3-4 cm.	708.25

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	75413	4-6 cm.		885.25
	75414	6-9 cm.		1,032.79
	75415	9 cm. and over		1,227.45
75500		MANDIBULECTOMY		
	75510	Mandibulectomy		
	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
75600		MAXILLECTOMY		
	75610	Maxillectomy		
	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
76000		FRACTURES, TREATMENT OF		
76100		INTERMAXILLARY FIXATION (WIRING)		
	76110	Splints Per Arch, One or More Per Jaw		
	76111	Wiring of Dentures or Arch Bar		424.94
	76112	Acrylic Prosthesis or Cap Splint		424.94
	76113	Circumzygomatic Wiring, Unilateral		141.63
	76114	Perialveolar or Transpalatal Wiring		141.63
	76115	Intra or Periosseous Splinting for Pericranial Suspension		141.63
	76116	Intermaxillary Fixation		424.94
	76120	Intra Maxillary Suspension (Wiring)		
	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
	76130	Circummandibular Wiring		
	76131	Wiring, one		141.63
	76132	Wiring, two		283.28
	76133	Wiring, three or over		424.94
	76140	Splints/Wires, Removal of		

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		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
76200			FRACTURES, REDUCTIONS, MANDIBULAR	
		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
76300			FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I	
		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
76400			FRACTURES, REDUCTIONS, MAXILLARY, PYRAMIDAL LE FORT'S II	
		76401	Reduction, Maxillary, Closed	1,321.71
		76402	Reduction, Maxillary, Open, Unilateral	1,321.71
		76403	Reduction, Maxillary, Open, Bilateral	1,982.57
76500			FRACTURES, REDUCTIONS, NASO-ORBITAL	
		76501	Reduction, Closed Unilateral	1,026.63
		76502	Reduction, Closed Bilateral	2,053.26
		76503	Reduction, Naso-orbital, Open, External Approach	1,828.84
		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
76600			FRACTURES, REDUCTIONS, MALAR BONE	
		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
76700			FRACTURES, REDUCTIONS, ZYGOMATIC ARCH	
		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
76800			FRACTURES, REDUCTIONS, CRANIOFACIAL OTHER (specify type of procedure according to previous code used for fracture)	

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	76801	Reduction, Craniofacial Dysjunction, Closed		2,265.30
	76802	Reduction, Craniofacial Dysjunction, Open		3,209.19
76900		FRACTURES, REDUCTIONS, ALVEOLAR		
	76910	Fracture, Alveolar, Debridement, Teeth Removed		
	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
	76920	Reduction, Alveolar, Closed, with Teeth		
	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
	76930	Reduction, Alveolar, Open, with Teeth		
	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
	76940	Replantation, Avulsed Tooth/Teeth (including splinting)		
	76941	Replantation, first tooth		442.62
	76949	Each additional tooth		442.62
	76950	Repositioning of Traumatically Displaced Teeth		
	76951	One unit of time		135.74
	76952	Two units of time		271.48
	76959	Each additional unit over two		135.74
	76960	Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral		
	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
	76970	Repairs, Lacerations, Through and Through		

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		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
	76980		Repairs, Lacerations, Complicated (local tissue shifts)	
		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
77000			MAXILLOFACIAL DEFORMITIES, TREATMENT OF	
77100			OSTEOTOMY/OSTECTOMY, RAMUS OF THE MANDIBLE	
		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
77200			OSTEOTOMY, MISCELLANEOUS	
		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
77300			OSTEOTOMY, MAXILLARY	
		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.

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	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.
77400		OSTEOTOMY, MAXILLARY/MANDIBULAR, SEGMENTAL		
	77410	Osteotomy, Segmental, Maxillary		
	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.
	77420	Osteotomy, Segmental, Mandible		
	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.
	77430	Osteotomy When "Interpositional Graft" Is Required		
	77431	Using Bone		566.32
	77432	Using Alloplast	+E	530.97
	77433	Using Cartilage		566.32
	77440	Osteotomy When "Onlay Graft" Is Required For Osteotomy, Trauma or Reconstructive Procedures		
	77441	Using Bone		377.55
	77442	Using Alloplast	+E	353.97
	77443	Using Cartilage		377.55
77500		GENIOPLASTY		
	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
77600		MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES		
	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.
77700		PALATORRHAPHY		

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		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
77800			FRENECTOMY/FRENOPLASTY	
		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
77900			GLOSSECTOMY	
		77901	Glossectomy, Partial, Anterior Wedge	660.86
		77902	Glossectomy, Partial, for Orthodontic Purposes	660.86
		77903	Glossectomy, Full Postero-Anterior Wedge	1,227.02
77910			Cleft Surgery	
		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
77920			Oral Nasal Fistula	
		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
77930			Rigid Fixation	
		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
78000			TEMPOROMANDIBULAR JOINT DYSFUNCTIONS, TREATMENT OF	
78100			TEMPOROMANDIBULAR JOINT, DISLOCATION MANAGEMENT OF (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
		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

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78200			TEMPOROMANDIBULAR JOINT, OPEN PROCEDURES (ARTHROTOMY)	
		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
78300			TEMPOROMANDIBULAR JOINT, ARTHROTOMY FOR MAJOR RECONSTRUCTION	
		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
78400			ARTHROSCOPY OF TEMPOROMANDIBULAR JOINT	
		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
		78413	Repair of Meniscus	1,415.82
78500			TEMPOROMANDIBULAR JOINT, ARTHROCENTESIS (puncture and aspiration)	
		78501	One unit of time	135.74
		78502	Two units	271.48
		78509	Each additional unit over two	135.74
78600			TEMPOROMANDIBULAR JOINT, MANAGEMENT BY INJECTIONS	
		78601	Injection, therapeutic drug with or without local anaesthetic drug, "per site",	+E 141.63
		78602	Injection, with Sclerosing Agent	141.63
78700			TEMPOROMANDIBULAR JOINT, APPLIANCE SPLINTS, ORTHOPEDIC REHABILITATION (post operative)	
		78701	Appliance Splint, Maxillary	+L 955.94
		78702	Appliance Splint, Mandibular	+L 955.94
79000			MAXILLOFACIAL SURGERY PROCEDURES, OTHER	
79100			SALIVARY GLANDS, TREATMENT OF	
		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
		79110	Salivary Duct, Sialolithotomy	
		79111	Sialolithotomy, Anterior 1/3 of Canal	519.48

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		79112	Sialolithotomy, Posterior 2/3 of Canal	1,416.50
		79113	Sialolithotomy, External Approach	2,194.61
	79120		Salivary Gland, Excisions	
		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
	79130		Salivary Gland, Removal	
		79131	Salivary Gland, Removal, Parotid (sub total)	1,887.76
		79132	Salivary Gland, Removal, Parotid (radical, including facial nerve)	3,020.42
79200			NEUROLOGICAL DISTURBANCES, TREATMENT OF	
	79210		Neurological Disturbances, Trigeminal Nerve	
		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
	79220		Neurological Disturbances, Mental Nerve	
		79221	Mental Nerve, Transportation of	991.28
		79222	Mental Nerve, Decompression in Canal	991.28
	79230		Neurological Disturbances, Inferior Dental Nerve	
		79231	Inferior Dental Nerve, Complete Avulsion	991.28
		79232	Inferior Dental Nerve, Decompression in the Canal	1,026.63
	79240		Neurological Disturbances, Surgery	
		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
79300			ANTRAL SURGERY	
	79310		Antral Surgery, Recovery, Foreign Bodies	

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	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
79320		Antral Surgery, Lavage			
	79321	Lavage, Oral Approach			123.97
	79322	Lavage, Nasal Approach			123.97
79330		Antral Surgery, Oro-Antral Fistula Closure, (same session)			
	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
79340		Antral Surgery, Oro-Antral Fistula Closure, (subsequent session)			
	79341	Oro-Antral Fistula Closure with Buccal Flap			566.59
				to	849.90
	79342	Oro-Antral Fistula Closure with Gold Plate			566.59
				to	849.90
	79343	Oro-Antral Fistula Closure with Palatal Flap			566.59
				to	849.90
79350		Sinus Osseous Augmentation			
	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.
79400		HEMORRHAGE, CONTROL OF			
	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
79500		GRAFTS AND RECONSTRUCTION, SURGICAL			
79510		Harvesting of Intraoral Tissue For Grafting To Operative Site			
	79511	Bone			477.97
	79512	Cartilage			477.97
	79513	Skin			477.97

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	79514	Mucosa		477.97
	79515	Fascia		477.97
	79516	Muscle		477.97
	79517	Dermis		477.97
79520		Harvesting of Extraoral Tissue For Grafting To Operative Site (To Include Ilium, Rib, Etc.)		
	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.
79530		Vascularized Tissue Flaps, Extraoral		
	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.
79540		Harvesting and Preparation of Platelet Rich Plasma		
	79541	Harvesting and Preparation of Platelet Rich Plasma	+E	I.C.
79550		Delivery of Growth Factors		
	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.
79600		POST SURGICAL CARE (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
79700		AIRWAY PROCEDURES		
	79701	Tracheotomy		755.09
	79702	Crico-Thyroidotomy		755.09
79800		MUSCULAR DISORDERS, TREATMENT OF		
	79801	Treatment of Muscular Dysfunctions		I.C.
	79802	Myotomy		I.C.
79900		IMPLANTOLOGY (Includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)		
79910		Implants, Blade		

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		79911	Maxillary per implant	+E	I.C.
		79912	Mandibular per implant	+E	I.C.
	79920		Implants, Subperiosteal		
		79921	Maxillary	+L	I.C.
		79922	Mandibular	+L	I.C.
	79930		Implants, Osseointegrated, Root Form, More than one component		
		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.
	79940		Implants Osseointegrated, Root Form, Single Component		
		79941	Surgical Installation of Implant – per Implant	+E	I.C.
	79950		Implants, Osseointegrated, Provisional		
		79951	Installation of Provisional Implant – per Implant	+E	I.C.
		79952	Removal of Provisional Implant – per Implant	+E	I.C.
	79960		Implants, Removal of		
		79961	Per implant, Uncomplicated		I.C.
		79962	Per implant, Complicated		I.C.
80000			ORTHODONTICS		
80600			ORTHODONTIC, OBSERVATIONS AND ADJUSTMENTS		
		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
	80630		Repairs to Removable or Fixed Appliances (not including removal and recementation)		
		80631	One unit of time	+L	90.79
		80632	Two units	+L	181.58
		80639	Each additional unit over two		90.79
	80640		Alterations to Removable or Fixed Appliances		
		80641	One unit of time	+L	90.79
		80642	Two units	+L	181.58
		80649	Each additional unit over two		90.79
	80650		Recementation of Fixed Appliances		
		80651	One unit of time		90.79
		80659	Each additional unit of time		90.79
	80660		Separation (except where included in the fabrication of an appliance)		

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	80661	One unit of time		90.79
	80669	Each addition unit of time		90.79
	80670	Removal of Fixed Orthodontic Appliances (By a Practitioner Other Than The Original Treatment Practice Or Practitioner)		
	80671	One unit of time		90.78
	80679	Each additional unit of time		90.78
81000		APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT		
81100		APPLIANCES, REMOVABLE		
		A maximum of eight observations or adjustment appointments may be charged for these appliances.		
	81110	Appliances, Removable, Space Regaining		
	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
	81120	Appliances, Removable, Cross-Bite Correction		
	81121	Appliance, Maxillary, Simple	+L	344.22
	81122	Appliance, Mandibular, Simple	+L	344.22
	81130	Appliances, Removable, Dental Arch Expansion		
	81131	Appliance, Maxillary, Simple	+L	362.93
	81132	Appliances, Mandibular, Simple	+L	362.93
	81140	Appliances, Removable, Closure of Diastemas		
	81141	Appliance, Maxillary, Simple	+L	362.93
	81142	Appliance, Mandibular, Simple	+L	362.93
	81150	Appliances, Removable, Alignment of Anterior Teeth		
	81151	Appliance, Maxillary, Simple	+L	362.93
	81152	Appliance, Mandibular, Simple	+L	362.93
81200		APPLIANCES, FIXED OR CEMENTED		
		A maximum of eight observations or adjustment appointments may be charged for these appliances.		
	81210	Appliance, Fixed, Space Regaining (e.g. lingual or labial arch with molar bands, tubes, locks)		
	81211	Appliance, Maxillary	+L	362.93
	81212	Appliance, Mandibular	+L	362.93
	81220	Appliance, Fixed, Spaces Regaining, Unilateral		
	81221	Appliance, Maxillary	+L	272.38
	81222	Appliance, Mandibular	+L	272.39
	81230	Appliance, Fixed, Cross-Bite Correction - Anterior		
	81231	Appliance, Maxillary	+L	362.93
	81232	Appliance, Mandibular	+L	362.93
	81240	Appliance, Fixed, Cross-Bite Correction - Posterior		
	81241	Appliance, Maxillary	+L	362.93

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	81242	Appliance, Mandibular	+L	362.93
	81243	Appliance, Two-Molar Band, Hooked and Elastics	+L	290.82
81250		Appliance, Fixed, Dental Arch Expansion		
	81251	Appliance, Maxillary	+L	453.99
	81252	Appliance, Mandibular	+L	453.99
	81253	Appliance, Maxillary, Rapid Expansion	+L	362.93
81260		Appliance, Fixed, Closure of Diastemas		
	81261	Appliance, Maxillary, Simple	+L	362.93
	81262	Appliance, Mandibular, Simple	+L	362.93
81270		Appliance, Fixed, Alignment of Incisor Teeth		
	81271	Appliance, Maxillary, Simple	+L	453.99
	81272	Appliance, Mandibular, Simple	+L	453.98
81280		Appliances, Fixed, Ligatures		
	81281	Grassline or Elastic Ligatures per visit	+L	90.79
81290		Appliances, Fixed, Mechanical Eruption of Tooth/Teeth		
	81291	Appliance, Maxillary, Impaction	+L	362.93
	81292	Appliance, Mandibular, Impaction	+L	362.93
	81293	Appliance, Maxillary, Erupted	+L	362.93
	81294	Appliance, Mandibular, Erupted	+L	362.93
83000		APPLIANCES, RETENTION, ORTHODONTIC RETAINING APPLIANCES		
83100		APPLIANCES, REMOVABLE, RETENTION		
	83101	Appliance, Maxillary	+L	272.38
	83102	Appliance, Mandibular	+L	272.38
	83103	Appliance, Tooth Positioner	+L	272.38
83200		APPLIANCES, FIXED/CEMENTED, RETENTION		
	83201	Appliance, Maxillary	+L	362.93
	83202	Appliance, Mandibular	+L	362.93
		COMPREHENSIVE ORTHODONTIC TREATMENT		
		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.		
84000		PERMANENT DENTITION		
	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

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85000			MIXED DENTITION		
		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
87000			PERMANENT DENTITION		
			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.
88000			MIXED DENTITION		
		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
89500			NEONATAL DENTO-FACIAL ORTHOPEDICS		
			(comprehensive treatment for first six months of life)		
			(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
90000			GENERAL SERVICES		
91000			UNCLASSIFIED TREATMENTS		
91100			UNCLASSIFIED TREATMENT, DENTAL PAIN		
	91110		Palliative (emergency) Treatment of Dental Pain, Minor Procedure		
		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

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	91120	Emergency Services Not Otherwise Specified In Guide	
		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
91200		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)	
	91210	Unusual Time and Responsibility Requirement, in Addition to Usual Procedures in Guide	
		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
	91220	Second Surgeon (team approach)	
		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
		91227 Seven units	785.40
		91228 Eight units	897.60
		91229 Each additional unit over eight	112.20
	91230	Management of Exceptional Patient	
		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
92000		ANAESTHESIA	
92100		ANAESTHESIA, LOCAL	
		(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
92200		ANAESTHESIA, GENERAL	
		(includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)	
	92210	General Anaesthesia	
		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

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	92220		Provision of facilities, equipment and support services for general anaesthesia when provided by a separate practitioner	
		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
	92300		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)	
		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
		92307	Seven units	785.40
		92308	Eight units	897.60
		92309	Each additional unit over eight	112.20
	92320		Provision of facilities, equipment and support services for deep sedation when provided by a separate practitioner	
		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
92400			ANAESTHESIA, CONSCIOUS SEDATION	
			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.	
	92410		Nitrous Oxide Time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device	
		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

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		92417	Seven units	237.36
		92418	Eight units	267.03
		92419	Each additional unit over eight	29.67
	92420		Oral Sedation, Sedation sufficient to require monitored care. Time is measured from the start of patient monitoring to release from the treatment/recovery room	
		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
	92440		Parenteral Conscious Sedation (regardless of method -IM or IV)	
		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
		92446	Six units	440.46
		92447	Seven units	513.87
		92448	Eight units	587.28
		92449	Each additional unit over eight	73.41
92500			NON PHARAMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT	
	92510		Hypnosis	
		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
	92520		Acupuncture	
		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
	92530		Electronic Dental Anaesthesia	
		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
	92900		Anaesthesia – General Anaesthesia Or Deep Sedation, Unusual Time and Responsibility	
		92901	Management of patient with BMI 35 or above, in addition to code series 92200 or 92300	I.C.
93000			PROFESSIONAL CONSULTATIONS	
			(diagnostic services provided by dentist other than practitioner providing treatment)	

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93100			PROFESSIONAL COMMUNICATIONS	
	93110		Consultation with Member of the Profession or other Healthcare Providers, in or out of the office	
		93111	One unit of time	+E 95.94
		93112	Two units	+E 191.88
		93119	Each additional unit over two	+E 95.94
	93120		Dental Legal Letters, Reports and Opinions	
		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
		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.
	93130		Consultation and/or Participation During Autopsy (other than forensic)	
		93131	One unit of time	+E 103.16
		93132	Two units	+E 206.32
		93139	Each additional unit over two	103.16
93300			CLAIM FORMS AND TREATMENT FORMS	
		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
	93310		For Extraordinary Time Spent in Relation to Claim Forms/Treatment Plan Forms, the Claim Problem of the Patient or Processing of Payments	
		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
	93320		For Extraordinary office Time Spent, In Forwarding Predetermination Records, In Predetermination Situations, To Third Parties Plus Expenses (i.e. registration, postage, etc.)	
		93321	One unit of time	+E 24.23
		93322	Two units	+E 48.46
		93329	Each additional unit over two	24.23
	93330		Payment for Orthodontic Treatment In Progress	
		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.

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	93340		Predetermination of available benefit. NO FEE	
		93341	Orthodontic Treatment (fee entered is the value of the treatment plan being predetermined)	NO FEE
94000			PROFESSIONAL VISITS	
94100			HOUSE CALLS	
		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
94300			OFFICE OR INSTITUTIONAL VISITS	
		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
		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
94400			COURT APPEARANCE AND/OR PREPARATION	
	94410		Preparation as an Expert Witness	
		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.
	94420		Court Appearance as an Expert Witness	
		94421	One half day	I.C.
		94422	Full day	I.C.
95000			FORENSIC DENTAL SERVICES	
95100			FORENSIC SERVICES, MISCELLANEOUS	
		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
95200			IDENTIFICATION SYSTEMS	
		95201	Identification Disk System, Acid Etch/Bonded	+L 82.37
96000			DRUGS/MEDICATION, DISPENSING	
96100			PRESCRIPTIONS	

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		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
96200			INJECTIONS, THERAPEUTIC	
		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
96300			INJECTIONS AESTHETIC – ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) (Note “units” refers to a drug dosage)	
		96301	Injections of neuromodulator, aesthetic 1 to 5 units	+E I.C.
		96302	Injections of neuromodulator, aesthetic 6 to 10 units	+E I.C.
		96303	Injections of neuromodulator, aesthetic 11 to 20 units	+E I.C.
		96304	Injections of neuromodulator, aesthetic 21 to 30 units	+E I.C.
		96305	Injections of neuromodulator, aesthetic 31 to 40 units	+E I.C.
		96306	Injections of neuromodulator, aesthetic 41 to 50 units	+E I.C.
		96307	Injections of neuromodulator, aesthetic 51 to 60 units	+E I.C.
		96308	Injections of neuromodulator, aesthetic 61 to 70 units	+E I.C.
		96309	Injections of neuromodulator, aesthetic more than 70 units	+E I.C.
96400			INJECTIONS AESTHETIC – ADMINISTRATION OF AESTHETIC DERMAL FILLERS	
		96401	Aesthetic dermal filler first syringe	+E I.C.
		96409	Aesthetic dermal filler subsequent syringe (use once for each syringe)	+E I.C.
97000			BLEACHING, VITAL	
	97110		Bleaching, Vital, In Office	
		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
	97120		Bleaching, Vital Home (Includes the Fabrication of Bleaching Trays, Dispensing the System and Follow-up Care)	
		97121	Maxillary Arch	+L and/or +E 260.05
		97122	Mandibular Arch	+L and/or +E 260.05
	97130		Micro-Abrasion	
		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
98000			COUNSELING	
	98100		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.	
		98101	One unit of time	+E 82.36
		98102	Two units of time	+E 164.72

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		98109	Each additional unit of time	+E	82.36
99000			LABORATORY, EXPENSE AND PROFESSIONAL SERVICE PROCEDURES		
			(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	
		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.	