

SERVICES OF DENTISTS



Schedule of Benefits

*Dental Services
Under The
Health Insurance Act
(April 1, 2006)*

Ministry of Health and Long-Term Care

April 1, 2006

SERVICES OF DENTISTS

GENERAL PREAMBLE

The following apply to Parts I, II and III

1. A service described in this Schedule includes all in-hospital visits, the in-hospital operative procedure, the usual postoperative care and one post discharge follow-up visit.
2. The services rendered by dentists that are prescribed as insured services are the services set out in Parts I, II and III of the Schedule of Dental Benefits.
3. "Specialist" means,
 - (a) with respect to dental services rendered in Ontario, a dental surgeon who holds a specialty certificate of registration from the Royal College of Dental Surgeons of Ontario.
 - (b) with respect to dental services rendered elsewhere in Canada, a dental surgeon who holds a designation from a professional regulatory body in the Canadian province or territory outside of Ontario where the services are rendered that, in the opinion of the General Manager, is equivalent to the designation referred to in clause (a), or
 - (c) with respect to dental services rendered outside Canada, a dental surgeon who holds a designation in the jurisdiction outside Canada where the services are rendered that, in the opinion of the General Manager, is equivalent to the designation referred to in clause (a).

4. **Subsequent Operative Procedures:**

When complications occur following a procedure and a subsequent procedure becomes necessary for the same condition, or for a new condition, the full listed fee shall be payable for each procedure.

5. **Premiums:**

Non-elective dental surgical procedures and oral and maxillofacial surgical procedures:

When such services commence after 5:00 p.m. and before midnight, or on a Saturday, Sunday or Holiday, the amount payable for the service(s) is increased by 30% (T809).

When such services commence between midnight and 7:00 a.m. any night of the week, the amount payable for the service is increased by 50% (T810).

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[6. Commentary:

- (a) It is a condition for the performance and for payment of the insured services prescribed under the regulation subsection (6); that hospitalization in a public hospital graded under the *Public Hospitals Act* as Groups A, B, C or D (i.e. an acute care hospital) is medically necessary, and that these services be performed by a dentist who has been appointed to the dental/medical staff of the respective hospital.

- (b) Six (6) new codes identified by an asterisk (*), listed in this schedule (3 codes in the Salivary Glands section and 3 codes in the Premiums and Unlisted procedures section), do not become effective until March 1, 2007.]

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PART I

PREAMBLE

1. **Multiple Operative Procedures:**

When more than one procedure is performed at the same time, the major procedure is payable at the listed fee, and subsequent procedures performed at the same time are payable at 85% of the listed fee, except where multiple procedures are identified in this Schedule by a specific add-on code. An operative report or explanation should be submitted with the claim for independent consideration, upon request by the medical/dental consultant.

2. **Consultation, Visits:**

Patient Consultations:

A consultation is an insured service only when rendered in a hospital. A private dental office situated in a hospital is not considered to be "in a hospital" for the purpose of a consultation.

A consultation is a service provided upon a written request from a referring physician or dentist who, in light of his/her professional knowledge of the patient, requires the opinion of another dentist ("the consultant") competent to give advice in this field, because of the complexity, obscurity or seriousness of the case or because another opinion is requested by the patient or an authorized person acting on his/her behalf. Except where otherwise specified, the consultant's service is insured only when the consultant renders an assessment "including the review of all relevant data". An assessment is defined as requiring a direct physical encounter with the patient including any appropriate physical examination.

A consultation is also insured when rendered by a dentist(s) (in addition to the first consultant) whose expertise is (are) also required provided that the additional dentist(s) also render(s) an assessment of the patient at the same time for the same condition and records a separate consultation report on the chart.

Consultations are limited to one consultation per year, per patient, by any one dentist, except where the same patient is referred to the same consultant a second time within the year with a clearly defined, unrelated diagnosis, where an additional consultation is then payable.

Benefits are payable for follow up assessments carried out in hospital when claimed under T651. Additional dentists whose expertise is (are) also required and who examine the patient at the same time for the same condition and who also record a separate consultation report on the chart may bill for a consultation fee.

Any T650 or T651 billings submitted in excess of one per patient per day per dentist are payable at zero.

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When billing code T650 in conjunction with odontectomy codes, in order to remunerate the provision of T650 on the same day as an extraction, an emergency consultation report or prior approval form indicating either the nature of the emergency, or the exceptional circumstance/medical rationale for same-day consultation must be submitted for manual review in support of the claim. Failure to do so will result in the claim not being paid.

Diagnostic Consultations:

A diagnostic consultation requires the review of a patient's history and any clinical findings, the analysis of submitted material and the submission of a written report.

An in-hospital diagnostic consultation fee is payable when an oral pathologist provides a consultation with respect to tissue, histology slides, and/or laboratory test results of the patient of another dentist or physician.

An in-hospital diagnostic consultation fee is also payable when an oral radiologist or a dentist appointed as a consultant to Cancer Care Ontario provides a consultation with respect to diagnostic images of the patient of another dentist or physician.

A hospital consultation fee (T650) is payable in addition to the listed surgical procedure fee when a prior elective assessment has not been performed out of hospital.

Visits:

A visit fee (T652) is payable for a visit by a dentist to an admitted bed patient, and that visit is for the purpose of observing, assessing or evaluating the patient with respect to whom the dentist rendered a prior consultation or has undertaken a surgical procedure during a previous hospital admission and where the patient has been readmitted for management of a dental condition. One visit per patient, per day is payable commencing the day after the day of the initial consultation. The dentist must attend at the visit and record a progress note on the patient's medical chart.

3. **Surgical Assistant:**

Assistant's fees are payable by the Plan only when the complexity of the procedure requires the assistance of a second surgeon. The fee payable for assisting a physician (T644) at a surgical procedure listed in the Schedule of Benefits Physician Services under the *Health Insurance Act* is 30% of the surgical fee set out in the Schedule of Benefits Physicians Services under the *Health Insurance Act*.

Code T643 when rendered with the following procedures is payable at zero:

T650, T651, T652, T653, T654, T330, T331, T332, T333, T334, T335, T336, T337, T338, T339, T341, T342, T343, T344, T348, T349, T350, T660, T662, T663, T665, T667, T668, T669, T396, T401, T395, T387, T402, T388, T403, T404, T406, T390, T391, T394, T370, T371, T760,

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T761, T601, T602, T580, T581, T620, T622, T623, T624, T628, T629, T701, T702, T705, T706, T703, T707, T704, T708, T709, T710, T711, T712, T901, T902, T903, T904, T905, T906, T907, T908, T909, T910, T911, T912, T925, T926, T927, T928, T936

If a procedure falls into the above category of services, a letter from the surgeon explaining the necessity for an assistant must accompany all such claims for independent consideration, or they will be paid at zero.

Claims will only be paid for surgery that is related to the scope of practice of the oral and maxillofacial surgeon.

4. **Soft Tissue Graft (skin, mucosa, fat, muscle and nerve/Bone and Cartilage Harvesting):**

When harvested by the primary or second surgeon during the same surgery, the fee payable for the initial harvest from a maxillofacial site by each surgeon is payable at 100% of the listed fee. Each subsequent harvest during the same surgery from a separate maxillofacial site is payable at 85% of the listed fee.

When harvested by the primary or second surgeon during the same surgery, the fee payable for the initial harvesting from a non maxillofacial (remote donor site) is payable at 100% of the listed fee. Each subsequent harvest during the same surgery from a separate non-maxillofacial donor site is payable at 85% of the listed fee.

For the purpose of this Schedule, cranial bone grafts are deemed not to be maxillofacial but rather remote sites.

Bone shavings or alloplasts placed simultaneously around dental implants as the sole grafting procedure are not insured services.

Arch reconstruction procedures are insured at the listed fee when performed simultaneously with implant placement.

5. **Reconstruction:**

For the purpose of this Schedule, bone or alloplastic reconstruction do not include surgical resection or tissue harvest.

Nasal reconstruction (T363) done for cosmetic purposes is not an insured service.

6. **Fractures and Dislocation:**

For the purpose of this Schedule rigid fixation includes bone plates, bicortical screws and K-wires. The fee payable for rigid fixation is for one application per side per facial bone.

For the purpose of this Schedule, procedures that are incidental to the primary procedure, such as the placement of arch bars or the wiring of dentures or splints are payable at 85% of the listed fee except where such

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placement(s) or wiring is or are identified in this Schedule by a specific add-on code.

Where, as part of a fracture and/or dislocation, it is necessary to remove diseased or fractured teeth, the fee for the removal of such diseased or fractured teeth is payable at 85% of the listed fee. Prior approval for payment for removal of teeth is not required in these circumstances.

Maxillomandibular fixation is included in the reduction benefit.

7. **Orthognathic Surgery:**

For the purpose of this Schedule rigid fixation includes bone plates, bicortical screws and K-wires. The fee payable for rigid fixation is for one application per side per facial bone.

Passive placement of occlusal index splint(s) is included in intermaxillary fixation except where the splint is directly wired to a jaw or teeth. In such circumstances, the placement is a separate insured service not included in the intermaxillary fixation.

When performed in conjunction with an osteotomy, application of arch bars, splints and intermaxillary fixation is or are payable at 85% of the appropriate listed fixation fee except where such application(s) or fixation is or are identified in this Schedule by a specific add-on code.

Genioplasty (T565) done for cosmetic reasons is not an insured service.

8. **Temporomandibular Joint:**

For the purposes of this Schedule, temporomandibular joint procedures are unilateral. If both joints are operated at the same surgery, the fee(s) for service(s) relating to the second joint is payable at 85% of the listed fee(s).

9. **Unlisted Procedures:**

Independent consideration will be given to claims (T800) for other dental and oral and maxillofacial surgery procedures not listed in this Schedule.

Benefits for unlisted procedures will be assessed by comparing the fee claimed to procedures listed in the Schedule which require comparable responsibility and skill. Supporting information must be submitted with the claim.

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PART II

PREAMBLE

1. The services listed in this section are insured only if performed in conjunction with one or more of the services listed in Part I or Part III and only when the two or more services are associated anatomically.

2. **Multiple Operative Procedures:**

When more than one procedure is performed at the same time, the major procedure is payable at the listed fee, and subsequent procedures performed at the same time are payable at 85% of the listed fee, except where multiple procedures are identified in this Schedule by a specific add-on code.

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PART III

PREAMBLE

1. The services listed in this section are insured only when hospitalization is medically necessary and prior approval has been given by the OHIP Dental or Medical Consultant. Approved procedures must be completed within one year of the date of approval.

The request for "Prior Approval" must be provided to the Dental or Medical Consultant before the date of service except for an emergency procedure or in exceptional circumstances. Appropriate documentation or explanation must be provided to substantiate this claim.

2. The requirement for prior approval does not apply to teeth extracted from the line of fracture. The fee for such extractions is payable at 85% of the listed fee.
3. The requirement for prior approval does not apply to teeth extracted in conjunction with removal of a cyst greater than 1 cm, or in conjunction with any tumour. The fee for such extractions is payable at 85% of the listed fee.
4. When more than one procedure is performed in the same quadrant, the major procedure is payable at the listed fee, and subsequent procedures performed at the same time are payable at 85% of the listed fee, except where multiple procedures are identified by a specific add-on code. The reduction to 85% of the listed fee does not apply to procedure T902. Tooth identification numbers and corresponding procedure codes must accompany the claim.
5. If the services listed in this section are performed in conjunction with one or more services listed in Part I or Part II at the same time, the major procedure is payable at the listed fee, and subsequent procedures performed at the same time are payable at 85% of the listed fee, except where multiple procedures are identified in the Schedule as an add-on code. The reduction to 85% does not apply to procedure T902.
6. All services listed in this section include curettage of any apical lesion(s) up to 1 cm where required.
7. All services listed in this section include bone contouring and suturing, where required.

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Part I :

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
CONSULTATIONS AND VISITS:				
See point 2 of Part I Preamble to this Schedule				
T650	93100	Consultation in hospital	52.79	63.31
T651		Follow-up assessments within 12 months of initial consultation same diagnosis, in hospital, emergency or outpatient department	42.88	49.00
T652		Hospital visit, admitted bed patient	28.67	35.77
T653		Examination under general anesthesia (sole procedure)	28.67	35.77
T654		With diagnostic imaging - add (may be billed in addition to T653)	24.50	30.63
EMERGENCY PROCEDURES:				
T630	79401	Control of bleeding secondary to dental extraction	59.00	70.70
T631	79603	Post-surgical care, minor	13.10	15.70
T632	79604	Post-surgical care, major	29.00	34.80
SURGICAL ASSISTING:				
T643		Assisting at major oral and maxillofacial surgical procedure	30% of surgical fee	30% of surgical fee
T644		Assisting at physician's surgery	30% of surgical fee as per the Schedule of Benefits Physician Services	30% of surgical fee as per the Schedule of Benefits Physician Services
GINGIVOPLASTY AND VESTIBULOPLASTY:				
T330	73119	Gingivoplasty independent of tooth extraction, per quadrant	34.60	41.60
T331	73121	Excision of vestibular hyperplastic tissue, per quadrant	—	97.30

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Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
T332	73123	Surgical shaving of papillary hyperplasia of the palate	—	179.00
T333	73130	Remodelling of the mylohyoid ridge	—	126.40
T334	73131	Remodelling of the genial tubercles	—	126.40
T335	73132	Excision of nasal spine	—	126.40
T336	73133	Excision of torus palatinus	234.90	281.90
T337	73134	Excision of torus mandibularis, unilateral	234.90	281.90
T338	73135	Excision of torus mandibularis, bilateral	234.90	281.90
T339	73140	Excision of multiple exostoses, per quadrant	234.90	281.90
T341	73150	Reduction tuberoplasty, unilateral	—	131.70
T342	73151	Reduction tuberoplasty, bilateral	—	263.30
T343	73160	Augmentation pterygomaxillary tuberoplasty, unilateral	—	131.70
T344	73161	Augmentation pterygomaxillary tuberoplasty, bilateral	—	263.30
T345	73200	Full arch lowering of floor of mouth	—	395.20
T346	73201	Partial arch lowering of floor of mouth	—	234.00
T347	73300	Submucous vestibuloplasty, maxilla	—	234.00
T348	73301	Submucous vestibuloplasty, mandible	—	234.00
T349	73310	Vestibuloplasty with secondary epithelialization, maxilla	—	309.20
T350	73311	Vestibuloplasty with secondary epithelialization, mandible	—	309.20
T351	73330	Vestibuloplasty with skin graft, maxilla	—	552.80
T352	73331	Vestibuloplasty with skin graft, mandible	—	552.80
T353	73340	Vestibuloplasty with mucosal graft, maxilla	—	618.70
T354	73341	Vestibuloplasty with mucosal graft, mandible	—	618.70

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Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
BIOPSY AND CYTOLOGY:				
T660	04300	Biopsy of oral tissue – soft	59.00	70.70
T662	04330	Cytological or bacteriological smear	19.65	21.50
T663		Biopsy of oral tissue - bone and/or cartilage	181.71	224.64
T665	04315	Aspiration of oral tissue – soft	—	25.30
T667	04316	Aspiration of oral tissue – bone and/or cartilage	—	37.85
T668		Needle aspiration, extraoral lesion - soft	—	75.00
T669		Needle aspiration, extraoral lesion - bone and/or cartilage	—	95.00
SURGICAL EXPOLARATION, INCISION AND SEQUESTRECTOMY:				
T396		Exploration of soft tissue (as sole surgical procedure) per quadrant – intraoral	—	109.49
T401	75100	Incision and drainage of soft tissue – intraoral	29.00	34.80
T395		Incision and drainage of major anatomical spaces, other than vestibular or palatal space – intraoral	—	178.36
T387		Exploration of bone or cartilage (as sole surgical procedure) per quadrant – intraoral	—	221.54
T402	75110	Trephination and drainage of bone and/or cartilage tissue – intraoral	68.30	81.95
T388		Exploration of soft tissue (as sole surgical procedure) per quadrant – extraoral	—	266.90
T403	75200	Incision and drainage of soft tissue – extraoral	—	145.60
T393		Incision and drainage of major anatomical spaces(s), other than vestibular space – extraoral	—	385.02
T389		Exploration of bone or cartilage (as sole surgical procedure) per quadrant - extraoral	—	424.31

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Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
T404	75500	Sequestrectomy for osteomyelitis – intraoral	—	124.80
T405	75501	Sequestrectomy for osteomyelitis – extraoral	—	281.20
T406	75510	Sequestrectomy and saucerization	—	301.75
CYSTS AND TUMOURS:				
Note:				
includes biopsy unless separate quick section is performed at same operation				
T390	74408	Excision of cyst – under 1 cm	134.62	161.48
T391	74401	Excision of cyst – 1 cm to 3 cm	—	172.13
T392	74411	Excision of cyst – over 3 cm	—	293.03
T394	74410	Marsupialization of cyst (includes 12 post surgical visits)	—	363.74
T370	74108	Resection of benign soft tissue lesion – under 1 cm	134.62	161.48
T371	74109	Resection of benign soft tissue lesion – 1 cm to 3 cm	—	197.10
T368		Resection of benign soft tissue lesion, greater than 3 cm	—	617.40
T369		Excision of benign tumour of bone, less than 1 cm	—	161.33
T372	74110	Excision of benign tumour of bone – 1 cm to 3 cm	—	172.13
T373	74118	Excision of benign tumour of bone – over 3 cm	—	293.03
T374	74200	Excision malignant tumour, oral cavity or lip – under 3 cm	—	172.13
T375		Excision malignant tumour, soft tissue oral cavity – over 3 cm	—	293.03
T376	74210	Excision malignant tumour of bone – under 3 cm	—	172.13
T377	74218	Excision malignant tumour of bone – over 3 cm	—	293.03

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Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
T378	74220	Cheiloplasty (lip shave)	—	412.95
MAXILLECTOMY/MANDIBULECTOMY:				
T407	75531	Partial mandibulectomy – up to 3 cm	—	615.60
T408	75532	Partial mandibulectomy – over 3 cm	—	923.60
T409	75540	Total mandibulectomy	—	1,385.20
T427	75551	Partial maxillectomy – up to 3 cm	—	615.60
T428	75552	Partial maxillectomy – over 3 cm	—	923.60
T429	75560	Total maxillectomy	—	1,385.20
T445		Interim stabilization with bone plate – add per side	—	232.75
RECONSTRUCTION:				
T382		Reconstruction of mandible – unilateral, partial	—	918.69
T383		Reconstruction of mandible, complete (including condyle) – unilateral	—	1,132.64
T384		Reconstruction of mandible – bilateral, partial	—	1,254.68
T385		Reconstruction of mandible – bilateral	—	1,978.62
T386		Construction of developmentally absent condyle and vertical ramus – unilateral	—	1,611.00
T361		Reconstruction of maxilla – unilateral	—	918.69
T362		Reconstruction of maxilla – bilateral	—	1,254.68
T363		Nasal reconstruction not for cosmetic purposes	—	1,600.00
T364		Stabilization with plating or crib – add per side	—	190.00
T359		Alveolar ridge reconstruction: with autogenous bone and/or alloplastic material per arch – maxilla	—	839.58
T360		Alveolar ridge reconstruction: with autogenous bone and/or alloplastic material per arch - mandible	—	839.58

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Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
ONLAY BONE GRAFTS AND/OR ALLOGRAFTS FOR RECONSTRUCTION (not for cosmetic purposes):				
T101		Mandible – unilateral	—	307.20
T102		Mandible – bilateral	—	394.90
T105		Maxilla – unilateral	—	307.20
T106		Maxilla – bilateral	—	394.90
T109		Zygoma – unilateral	—	263.00
T110		Zygoma – bilateral	—	350.60
T113		Temporal – unilateral	—	350.60
T114		Temporal – bilateral	—	438.25
T117		Frontal – unilateral	—	350.60
T118		Frontal – bilateral	—	438.25
T111		Nasal bones	—	350.60
T112		Nasal cartilage	—	350.60
T210		Bone graft to standard osteotomy site, unless included in the description of the surgery – per site add	—	208.00
T211		Membrane guided bone regeneration – per site add	—	75.00
HARVESTING OF TISSUE:				
T260		Bone – intraoral	—	168.35
T261		Bone – extraoral maxillofacial	—	247.53
T262		Bone – rib	—	274.34
T263		Bone – iliac crest	—	274.34
T264		Bone – calvarial	—	274.34
T265		Bone – tibia	—	274.34
T266		Cartilage	—	247.53
T267		Skin	—	78.56

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Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
T268		Mucosa	—	78.56
T269		Fascia	—	118.47
T270		Muscle	—	118.47
T271		Dermis	—	118.47
T272		Fat	—	118.47
T273		Nerve – intraoral	—	195.16
T274		Nerve – extraoral	—	247.53

FRACTURES:

Note:

For cranial flap approach to treat upper or midface fractures, add code T201 or T202

Mandible

T430	76210	Closed reduction (will not be paid with T431 – T433)	377.79	471.98
T431	76220	Open reduction – single	—	627.00
T432	76230	Open reduction – double	—	855.62
T433	76240	Open reduction - multiple	—	1,313.01
T426		With rigid internal fixation – add per side	—	110.11

Maxilla LeFort I

T440	76310	Closed reduction (will not be paid with T441 – T443)	377.79	471.98
T441	76320	Open reduction – single	—	627.00
T442	76330	Open reduction – double	—	855.62
T443	76340	Open reduction – multiple	—	1,313.01
T426		With rigid internal fixation – add per side	—	110.11

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Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
Maxilla LeFort II				
T450	76410	Closed reduction (will not be paid with T451 or T452)	—	471.98
T451	76420	Open reduction – unilateral	—	627.00
T452	76430	Open reduction – bilateral	—	1,313.01
T426		With rigid internal fixation - add per side	—	110.11
Cranofacial Dysjunction LeFort III				
T425		Closed reduction	—	1,313.01
T424	76820	Open reduction	—	1,945.68
T426		With rigid internal fixation – add per side	—	110.11
Nasal Ethmoid				
Nasal Bones:				
T463		Closed reduction	—	227.23
T464		Open reduction (including nasal septum)	—	485.59
Nasal-ethmoid Complex:				
T465		Open reduction (including canthal ligament repair)	—	782.18
T426		With rigid internal fixation – add per side	—	110.11
Orbital Rim				
T460	76510	Open reduction – transcutaneous approach	—	700.77
T461	76520	Open reduction – transoral approach	—	531.17
T462	76530	Orbital blowout – isolated injury	—	781.84
T426		With rigid internal fixation – add per side	—	110.11
T468		With antral packing - add	—	110.11

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Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
Malar				
T470	76620	Reduction – transoral approach	—	531.17
T471		Reduction – transcutaneous approach	—	535.13
T426		With rigid internal fixation – add per side	—	110.11
Zygomatic Arch				
T480	76710	Open reduction – transoral approach	—	265.43
T481	76720	Transcutaneous approach	—	531.17
T426		With rigid internal fixation - add per side	—	110.11
Alveolus				
T488		Fracture of alveolus – closed	448.08	537.51
T489		Fracture of alveolus – open	611.43	700.86
T491	76940	Reimplantation of avulsed or subluxated tooth (including root canal therapy and surgery)	221.56	265.91
T426		With rigid internal fixation – add per side	—	110.11
Frontal Sinus				
T493		Anterior table and/or posterior table repair – local access	—	580.80
T494		With coronal incision and pericranial flap to obliterate sinus and nasal frontal duct to include cranialization – add per side	—	484.00
T495		With fat to obliterate sinus and nasal frontal duct - add	—	145.20
T496		Nasal frontal duct reconstruction with stent or creating opening into ethmoid sinuses - add	—	96.90
T426		With rigid internal fixation – add per side	—	110.11

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Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
LACERATIONS, SCAR REVISION, CLEFT LIP, ORO-NASAL FISTULAS:				
T501	76950	Repair of uncomplicated laceration, intraoral or extraoral – under 2 cm	57.09	68.64
T507		Repair of uncomplicated laceration, intraoral or extraoral – 2 cm to 5 cm	112.70	135.22
T508		Repair of uncomplicated laceration, intraoral or extraoral – over 5 cm	—	173.99
T504	76960	Involving both skin and mucosa - under 2 cm	—	131.51
T505	76961	Involving both skin and mucosa – over 2 cm	—	292.22
T520	76970	Repair of complicated laceration and/or scar revision (including local tissue shifts) - intraoral and extraoral – under 2.5 cm	—	90.09
T521	76971	Repair of complicated laceration and/or scar revision (including local tissue shifts) – intraoral or extraoral - 2.6 cm to 5 cm	—	144.21
T522	76972	Repair of complicated laceration and/or scar revision (including local tissue shifts) – intraoral or extraoral – over 5 cm	—	288.26
T530		Split thickness skin graft to face	—	350.00
Cleft Lip				
T523	77630	Unilateral repair	—	513.65
T524	77640	Reconstruction with lip switch flap	—	628.57
T525	77645	Complex reconstruction or revision - unilateral	—	591.60
T526		Complex reconstruction or revision - bilateral	—	1188.00
Oral Nasal Fistula (not to include alveolar bone graft)				
T510		Primary closure at time of initial surgery	—	238.85
T511		Secondary closure with palatal flap	—	783.00
T512		Secondary closure with pharyngeal flap	—	1,201.50

SERVICES OF DENTISTS

Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
T513		Secondary closure with tongue flap	—	1,201.50
T514		Secondary closure with buccal flap	—	783.00
Cleft Palate				
T568	77700	Palatorrhaphy - anterior	—	607.50
T569	77710	Palatorrhaphy - posterior	—	742.50
T570	77720	Palatorrhaphy - total	—	1,201.50
FIXATION:				
T410	76100	Maxillomandibular fixation	—	109.20
T121		Application of arch bar, and/or splint and/or wiring of dentures – one add	117.92	147.42
T122		Application of arch bar(s), and/or splint(s) and/or wiring of dentures – two add	189.34	236.66
T125		Application of arch bar(s), and/or splint(s) and/or wiring of dentures – three or more add	255.22	307.90
T126		Rigid internal fixation – per side – per facial bone		100.41
T412	76120	Circumzygomatic wiring – each add	—	38.20
T413	76130	Peralveolar or transpalatal wiring – each add	—	38.20
T414	76140	Nasal spine wiring – each add	—	38.20
T415	76150	Piriform aperature wiring – each add	—	38.20
T416	76160	Circummandibular wiring - (payment limited to a maximum of three) – each add	—	38.20
T419	76191	Orbital suspension – each add	—	159.20
T420	76192	Extraskeletal suspension (e.g. Head Frame)	—	215.10
T437		Metal or allogeneic crib for particulate bone graft – add	—	190.00
T422	76196	Removal of arch splint(s)	—	73.20
T439		Removal of transosseous wire(s) - per operative site	84.04	101.25

SERVICES OF DENTISTS

Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
T423	76197	Removal of fixation screw(s) and/or plate(s) – per operative site	—	168.08
T435		Removal of maxillomandibular fixation devices	—	117.79
T436		Removal of extraskeletal suspension	—	116.38
T589	74303	Removal of intraosseous prosthesis (not to include dental implants)	—	697.41
T438		Removal of TMJ Fossa Prosthesis or Condylar Prosthesis or major reconstruction plate - per device	—	697.41
ORTHOGNATHIC SURGERY:				
Osteotomies are considered bilateral unless otherwise stated				
Mandibular Osteotomies				
T540	77100	Subcondylar osteotomy - closed	—	913.14
T740		Subcondylar osteotomy – unilateral - closed	—	792.71
T541	77120	Subcondylar osteotomy - extraoral	—	1,321.18
T741		Subcondylar osteotomy – unilateral - extraoral	—	792.71
T542	77130	Oblique osteotomy of ramus - extraoral	—	1,321.18
T742		Oblique osteotomy of ramus – unilateral - extraoral	—	792.71
T543	77140	Oblique osteotomy of ramus - intraoral	—	1,321.18
T743		Oblique osteotomy of ramus – unilateral - intraoral	—	792.71
T544	77150	Body osteotomy or ostectomy	—	1,321.18
T744		Body osteotomy or ostectomy - unilateral	—	792.71
T545	77160	Coronoidectomy - unilateral	—	564.84
T546	77170	Osteotomy of the condylar neck - unilateral	—	564.84
T547	77180	Sagittal split osteotomy - intraoral	—	1,321.18
T747		Sagittal split osteotomy – unilateral - intraoral	—	792.71
T548	77190	Sagittal split osteotomy - extraoral	—	1,321.18

SERVICES OF DENTISTS

Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
T748		Sagittal split osteotomy – unilateral - extraoral	—	792.71
T550	77210	Inverted L osteotomy	—	1,321.18
T750		Inverted L osteotomy - unilateral	—	792.71
T551	77220	C osteotomy	—	1,321.18
T751		C osteotomy – unilateral	—	792.71
T558	77440	Anterior segmental osteotomy, mandible	—	1,178.79
T559	77450	Anterior segmental osteotomy, with transfer of mental eminence	—	1,321.18
T560	77451	Anterior segmental osteotomy, without transfer of mental eminence	—	1,321.18
T561	77460	Posterior segmental osteotomy of the mandible	—	1,321.18
T579		Posterior segmental osteotomy of the mandible – unilateral	—	792.71
T562	77461	Full arch dentoalveolar osteotomy of the mandible	—	1,321.18
T565	77530	Genioplasty (including alloplast)	—	552.56
T567	77550	Lower border osteotomy of the mandible (unilateral)	—	659.42
T126		Rigid internal fixation – add per side per facial bone	—	100.41
Midface Osteotomies				
T555	77400	Anterior segmental osteotomy maxilla	—	1,178.79
T556	77410	Posterior segmental osteotomy maxilla	—	1,321.18
T553		Posterior Segmental osteotomy maxilla - unilateral	—	792.71
LeFort I Advancement				
T532	77300	In one segment	—	1,321.18
T022		In two segments - add	—	299.89
T023		In three or more segments - add	—	600.73

SERVICES OF DENTISTS

Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
T126		Rigid internal fixation – add per side per facial bone	—	100.41
LeFort I Intrusion				
T534		In one segment	—	1,321.18
T024		In two segments - add	—	299.89
T025		In three or more segments - add	—	600.73
T030		With SMR - add	—	206.97
T126		Rigid internal fixation – add per side per facial bone	—	100.41
LeFort I Extrusion				
T536		In one segment	—	1,399.81
T026		In two segments - add	—	299.89
T027		In three or more segments - add	—	600.73
T126		Rigid internal fixation – add per side per facial bone	—	100.41
LeFort I In Cleft Patient				
T538		In one segment	—	1,541.73
T028		In two segments - add	—	258.68
T029		In three or more segments – add	—	517.44
T030		With SMR – add	—	206.97
T031		With pharyngoplasty – add	—	310.52
T040		With closure alveolar fistula – add	—	387.86
T041		With bone graft – add	—	245.58
T042		With closure hard palate fistula – add	—	517.44
T043		With bone graft – add	—	245.58
T126		Rigid internal fixation – add per side per facial bone	—	100.41

SERVICES OF DENTISTS

Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
LeFort II				
T554	77320	LeFort II osteotomy	—	1,493.09
T126		Rigid internal fixation – add per side per facial bone	—	100.41
LeFort III				
T200	77330	LeFort III osteotomy	—	2,059.22
T126		Rigid internal fixation – add per side per facial bone	—	100.41
Craniofacial Surgery				
T212		Cranioplasty	—	1,379.30
T213		Cranial vault reshaping	—	1,875.85
T214		Nasal reconstruction	—	1,765.50
T201		Cranial flap – unilateral add	—	432.85
T202		Cranial flap – bilateral add	—	628.78
T126		Rigid internal fixation – add per side per facial bone	—	100.41
DISTRACTION OSTEOGENESIS:				
Fees are for device placement and do not include the fee for the osteotomy.				
Fees do not include postoperative activation visits.				
Insertion Distraction Osteogenesis Device				
T670		Mandible - intraoral - unilateral - add	—	500.00
T671		Mandible - intraoral - bilateral - add	—	1,000.00
T672		Mandible - extraoral - unilateral - add	—	750.00
T673		Mandible - extraoral - bilateral - add	—	1,250.00
T674		Maxilla - intraoral - unilateral - add	—	500.00
T675		Maxilla - intraoral - bilateral - add	—	1,000.00

SERVICES OF DENTISTS

Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
T676		Maxilla - extraoral - unilateral - add	—	750.00
T677		Maxilla - extraoral - bilateral - add	—	1,250.00
T678		Mandibular alveolus - unilateral - add	—	500.00
T679		Mandibular alveolus - bilateral - add	—	1,000.00
T680		Maxillary alveolus - unilateral - add	—	500.00
T681		Maxillary alveolus - bilateral - add	—	1,000.00
T682		Temporomandibular joint - unilateral - add	—	800.00
T683		Temporomandibular joint - bilateral - add	—	1,600.00
T684		Cranium - unilateral - add	—	800.00
T685		Cranium - bilateral - add	—	1,600.00
T686		Orbit - unilateral - add	—	800.00
T687		Orbit - bilateral - add	—	1,600.00
T688		Zygoma - unilateral - add	—	800.00
T689		Zygoma - bilateral - add	—	1,600.00
T690		Removal of device - per device	—	250.00
TEMPOROMANDIBULAR JOINT:				
T219		TMJ Arthrography	—	134.38
T220	78500	Arthrocentesis	—	96.58
T225	78600	Injection into joint – therapeutic drug	—	96.58
T590	78100	Dislocation – open reduction	—	491.17
T591	78110	Dislocation – closed reduction	44.61	53.59
T592	78120	Manipulation under general anaesthesia (not to be billed with any other TMJ surgery)	—	106.53
T593	78200	Meniscectomy	—	491.17
T594	78210	Capsulorrhaphy (not to be billed with any other TMJ surgery)	—	491.17
T595	78220	Lateral pterygoid myotomy (not to be billed with any other TMJ surgery)	—	491.17
T596	78300	Condylectomy or condyloplasty	—	491.17
T599	78400	Arthroplasty of articular eminence	—	562.18

SERVICES OF DENTISTS

Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
T527	78230	Plication of disc posterior attachment (includes capsulorrhaphy)	—	1,010.42
T598	78320	Osteotomy – ramus with interpositional alloplastic material for ankylosis	—	718.01
T528	78410	Reconstruction of glenoid fossa, zygomatic arch and temporal bone autogenous tissue, graft or prosthesis	—	1,562.20
T531		Repair or reconstruction of TMJ disc with tissue graft or prosthesis (includes menisectomy)	—	1,127.33
T533		Reconstruction of mandibular condyle with prosthesis or tissue graft	—	1,127.33
T535		Removal of temporary intra-articular implant	—	174.15
T537		Revision surgery – previous open TMJ arthrotomy - add	—	25% to listed fee
TMJ Arthroscopic Surgery				
T231		Arthroscopy – single portal (to include diagnostic arthroscopy, indirect lysis of adhesions, lavage and manipulation)	—	487.78
Procedures performed through additional portals (ie. Other than the first or primary arthroscopy portal)				
T232		Debridement using hinged instrument, shaver, cautery or laser (1 or 2 spaces) - add	—	390.23
T233		With biopsy, or subsynovial injection steroid or removal of foreign body - add	—	45.53
T234		With synovectomy and direct lysis of adhesion (1 or 2 spaces) - add	—	311.75
T235		Abrasion arthroplasty - add	—	390.23
T236		With menisectomy (total) – add	—	292.67
T237		With lateral ligament release – add	—	195.11
T238		With anterior release of disc – add	—	260.15
T239		With disc plication - add	—	487.78

SERVICES OF DENTISTS

Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
NEUROLOGICAL DISTURBANCES:				
T619		Physiologic monitoring (e.g., stimulation and recording evoked potentials)	—	265.21
T610	79201	Injection of nerve (lytic destruction or steroid)	—	152.40
T611	79202	Peripheral nerve avulsion - partial	—	327.40
T612	79203	Peripheral nerve avulsion - total	—	673.20
T613	79204	Transposition of mental nerve	—	444.00
T614	79205	Decompression of inferior alveolar nerve	—	329.20
T607		Decompression of infraorbital nerve intraoral facial approach - anterior	—	676.20
T608		Decompression of infraorbital nerve transantral approach - posterior	—	1,044.93
T633		Primary repair	—	289.47
T634		Secondary repair	—	681.39
T635		Neuroma excision and biopsy - add	—	86.61
T647		Fascicular anastomosis - add	—	738.80
T636		With nerve graft (includes harvesting) - add	—	349.86
T637		With conduit (up to 3 cm) - add (includes harvesting)	—	232.75
T638		With conduit (over 3 cm) - add (includes harvesting)	—	306.25
T639		With fibrin adhesive per anastomosis - add	—	67.38
T609		With laser coagulation - add	—	67.38
T618	79240	When operating microscope required for any of the above procedures - add	—	Add 40% to basic fee
T605		When injury older than eight weeks	—	Add 30% to basic fee

SERVICES OF DENTISTS

Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
T645		Trigger point injection for chronic pain - per site	—	25.00
T646		Diagnostic or therapeutic nerve block - per site	—	50.00
SALIVARY GLANDS:				
T760	79101	Dilation of salivary duct	—	74.25
T761	79102	Insertion of polyethylene tube in duct	—	74.25
T601	79103	Sialodochoplasty	—	236.80
T602	79104	Sialolithotomy - anterior 1/3 of duct	73.70	88.50
T603	79105	Sialolithotomy - posterior 2/3 of duct	—	143.70
T454		Excision – sublingual gland	—	331.76
T455		Excision – submandibular gland	—	529.45
T456		*Excision, subtotal, parotid gland [Commentary: effective March 1, 2007]		771.14
T457		*Excision, total, parotid gland [Commentary: effective March 1, 2007]		1,138.64
T458		*Parotid biopsy [Commentary: effective March 1, 2007]		214.74
T606	79109	Marsupialization of ranula	—	118.45
T230	79113	Reconstruction of salivary duct	—	I.C.
FRENECTOMY/GLOSSECTOMY/ MYOTOMY:				
T580	77840	Lingual frenectomy or Z plasty	55.10	66.35
T581	77850	Lingual frenectomy or Z plasty with genioglossus myotomy	—	91.00
T582	77860	Partial glossectomy - anterior wedge	—	163.70
T583	77870	Partial glossectomy - anterior-posterior wedge	—	268.30
T204	77540	Suprahyoid myotomy	—	218.40

SERVICES OF DENTISTS

Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
MAXILLARY SINUS:				
T664		Exploration of maxillary sinus via antrostomy	—	122.85
T666		With fibre-optic scope - add	—	101.25
T620	79301	Recovery of dental root or foreign body from antrum immediate	—	113.80
T622	79303	Delayed recovery root or foreign body via antrostomy	—	168.40
T623	79304	Antrum lavage - transoral approach	—	68.20
T624	79305	Antrum lavage - transnasal approach	—	68.20
T625	79306	Closure of oro-antral fistula	—	192.80
T628	79309	Transnasal antrostomy	—	80.10
T629		Antral packing		111.48
TRACHEOTOMY:				
T310		Tracheotomy	—	145.00
T311		With anterior cricoid split - add	—	71.50
T312		Insertion of laryngeal or tracheal stent	—	196.00
PREMIUMS AND UNLISTED PROCEDURES:				
T800		Independent Consideration will be given to claims for other dental surgical procedures approved by the Ontario Dental Association but not listed specifically in this Schedule	I.C.	I.C.
T809		Premium when non-elective surgical procedures commence between 5:00 p.m. and midnight, or on a Saturday, Sunday or holiday	30% of amt otherwise payable	30% of amt otherwise payable
T810		Premium when non-elective surgical procedures commence between midnight and 7:00 a.m. any night of the week	50% of amt otherwise payable	50% of amt otherwise payable

SERVICES OF DENTISTS

Part I : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist
T811		*Premium for a consultation or visit between 5:00 p.m. and midnight, or on a Saturday, Sunday or holiday [Commentary: effective March 1, 2007]	30% of amt otherwise payable	30% of amt otherwise payable
T812		*Premium for any consultation or visit to a patient in an intensive care facility (e.g., ICU or CCU) [Commentary: effective March 1, 2007]	30% of amt otherwise payable	30% of amt otherwise payable
T813		*Premium for a consultation or visit between midnight and 7:00 a.m. [Commentary: effective March 1, 2007]	50% of amt otherwise payable	50% of amt otherwise payable

SERVICES OF DENTISTS

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist

Part II:

The services listed below are insured only if performed in conjunction with one or more of the procedures listed in Part I or III and only when the 2 or more services are associated anatomically.

ROOT RESECTION AND APICAL CURETTAGE:

Apical curettage and/or root resection

T701	34101	One root - uncomplicated	171.30	205.50
T705	34111	One root - uncomplicated – with simultaneous endodontia - add	111.40	133.60
T702	34102	One root - complicated	205.00	246.00
T706	34112	One root - complicated – with simultaneous endodontia - add	136.65	164.00
T703	34103	Two roots – same tooth	239.60	287.60
T707	34114	Two roots – same tooth – with simultaneous endodontia - add	171.30	205.50
T704	34104	Three or more roots – same tooth	274.20	329.05
T708	34115	Three or more roots – same tooth - with simultaneous endodontia - add	222.80	267.30

Note: Services listed under codes T709 – T712 include root-end filling, apical curettage and root resection.

Root - end fillings

T709	34201	One root - uncomplicated	205.00	246.00
T710	34202	One root - complicated	274.20	329.05
T711	34212	Two roots – same tooth	274.20	329.05
T712	34213	Three roots – same tooth	325.70	390.80

SERVICES OF DENTISTS

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist

Part III:

The services listed in this section are insured only when hospitalization is medically necessary and prior approval has been given by the OHIP Dental or Medical Consultant.

The request for "Prior approval" must be provided to the Dental or Medical Consultant before the date of service except for an emergency procedure or in exceptional circumstances. Approved procedures must be completed within one year of the date of approval.

The amount payable for T650 is zero when it is rendered in conjunction with Part III procedures for which prior approval has been granted.

ODONTECTOMY:

T901	71101	Removal of single erupted tooth - per quadrant	35.60	42.72
T902	71111	Removal of each additional erupted tooth in the same quadrant	18.41	22.09
T903	72100	Removal of each erupted tooth – complicated	83.82	100.57
T904	72210	Removal of each tooth covered by soft tissue	83.82	100.57
T905	72220	Removal of each impacted tooth, partial bony impaction	126.41	151.63
T906	72230	Removal of each impacted tooth, complete bony impaction	167.71	201.28
T907	72240	Removal of each impacted tooth, unusual position, age factor (incl. super-numerary)	191.95	230.24
Removal of residual dental root				
T908	72310	With soft tissue coverage	72.42	86.77
T909	72320	With bone tissue coverage	83.82	100.57

SERVICES OF DENTISTS

Part III : Cont'd

CODE		PROCEDURE	FEES	
OHIP	INTL.		D.D.S.	Specialist

Notes:

The above listed surgical services include necessary suturing.

An impacted tooth is one which is prevented from its normal path or eruption by hard tissue (tooth or bone).

Surgical exposure of each unerupted tooth

T910	72410	Uncomplicated soft tissue coverage	35.60	42.72
T911	72411	Complicated hard tissue coverage	126.41	151.63
T912	72412	With orthodontic attachment	251.60	301.91

FRENECTOMY:

T925	77800	Maxillary labial frenectomy	67.87	81.42
T926	77810	Mandibular labial frenectomy	67.87	81.42
T927	77820	Maxillary Z frenoplasty	67.87	81.42
T928	77830	Mandibular Z frenoplasty	67.87	81.42

ALVEOLOPLASTY:

T936	73110	Alveoloplasty independent of tooth extraction - per quadrant	42.46	51.05
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SERVICES OF DENTISTS

Code Index

Code	Description	D.D.S	Spec.	Page
T022	In two segments - add	—	299.89	D - 13
T023	In three or more segments - add	—	600.73	D - 14
T024	In two segments - add	—	299.89	D - 14
T025	In three or more segments - add	—	600.73	D - 14
T026	In two segments - add	—	299.89	D - 14
T027	In three or more segments - add	—	600.73	D - 14
T028	In two segments - add	—	258.68	D - 14
T029	In three or more segments – add	—	517.44	D - 14
T030	With SMR - add	—	206.97	D - 14
T031	With pharyngoplasty – add	—	310.52	D - 14
T040	With closure alveolar fistula – add	—	387.86	D - 14
T041	With bone graft – add	—	245.58	D - 14
T042	With closure hard palate fistula – add	—	517.44	D - 14
T043	With bone graft – add	—	245.58	D - 14
T101	Mandible - unilateral	—	307.20	D - 6
T102	Mandible - bilateral	—	394.90	D - 6
T105	Maxilla – unilateral	—	307.20	D - 6
T106	Maxilla – bilateral	—	394.90	D - 6
T109	Zygoma – unilateral	—	263.00	D - 6
T110	Zygoma – bilateral	—	350.60	D - 6
T111	Nasal bones	—	350.60	D - 6
T112	Nasal cartilage	—	350.60	D - 6
T113	Temporal – unilateral	—	350.60	D - 6
T114	Temporal – bilateral	—	438.25	D - 6
T117	Frontal – unilateral	—	350.60	D - 6
T118	Frontal – bilateral	—	438.25	D - 6
T121	Application of arch bar, and/or splint and/or wiri...	117.92	147.42	D - 11

SERVICES OF DENTISTS

T122	Application of arch bar(s), and/or splint(s) and/o...	189.34	236.66	D - 11
T125	Application of arch bar(s), and/or splint(s) and/o...	255.22	307.90	D - 11
T126	Rigid internal fixation – add per side per facial bone	—	100.41	D -11, D-13, D-14, D-15
T200	LeFort III osteotomy	—	2,059.22	D - 15
T201	Cranial flap – unilateral add	—	432.85	D - 15
T202	Cranial flap – bilateral add	—	628.78	D - 15
T204	Suprahyoid myotomy	—	218.40	D - 19
T210	Bone graft to standard osteotomy site, unless incl...	—	208.00	D - 6
T211	Membrane guided bone regeneration – per site add	—	75.00	D - 6
T212	Cranioplasty	—	1,379.30	D - 15
T213	Cranial vault reshaping	—	1,875.85	D - 15
T214	Nasal reconstruction	—	1,765.50	D - 15
T219	TMJ Arthrography	—	134.38	D - 16
T220	Arthrocentesis	—	96.58	D - 16
T225	Injection into joint – therapeutic drug	—	96.58	D - 16
T230	Reconstruction of salivary duct	—	I.C.	D - 19
T231	Arthroscopy – single portal (to include diagnostic...	—	487.78	D - 17
T232	Debridement using hinged instrument, shaver, caute	—	390.23	D - 17
T233	With biopsy, or subsynovial injection steroid or r...	—	45.53	D - 17
T234	With synovectomy and direct lysis of adhesion (1 o...	—	311.75	D - 17
T235	Abrasion arthroplasty - add	—	390.23	D - 17
T236	With Meniscectomy (total) – add	—	292.67	D - 17
T237	With Lateral ligament release – add	—	195.11	D - 17
T238	With Anterior release of disc – add	—	260.15	D - 18

SERVICES OF DENTISTS

T239	With Disc plication - add	—	487.78	D - 18
T260	Bone – intraoral	—	168.35	D - 6
T261	Bone – extraoral maxillofacial	—	247.53	D - 6
T262	Bone – rib	—	274.34	D - 6
T263	Bone – iliac crest	—	274.34	D - 6
T264	Bone – calvarial	—	274.34	D - 6
T265	Bone – tibia	—	274.34	D - 6
T266	Cartilage	—	247.53	D - 6
T267	Skin	—	78.56	D - 6
T268	Mucosa	—	78.56	D - 7
T269	Fascia	—	118.47	D - 7
T270	Muscle	—	118.47	D - 7
T271	Dermis	—	118.47	D - 7
T272	Fat	—	118.47	D - 7
T273	Nerve – intraoral	—	195.16	D - 7
T274	Nerve – extraoral	—	247.53	D - 7
T310	Tracheotomy	—	145.00	D - 20
T311	With anterior cricoid split - add	—	71.50	D - 20
T312	Insertion of laryngeal or tracheal stent	—	196.00	D - 20
T330	Gingivoplasty independent of tooth extraction, per...	34.60	41.60	D - 1
T331	Excision of vestibular hyperplastic tissue, per qu...	—	97.30	D - 1
T332	Surgical shaving of papillary hyperplasia of the p...	—	179.00	D - 2
T333	Remodelling of the mylohyoid ridge	—	126.40	D - 2
T334	Remodelling of the genial tubercles	—	126.40	D - 2
T335	Excision of nasal spine	—	126.40	D - 2
T336	Excision of torus palatinus	234.90	281.90	D - 2
T337	Excision of torus mandibularis, unilateral	234.90	281.90	D - 2
T338	Excision of torus mandibularis, bilateral	234.90	281.90	D - 2

SERVICES OF DENTISTS

T339	Excision of multiple exostoses, per quadrant	234.90	281.90	D - 2
T341	Reduction tuberoplasty, unilateral	—	131.70	D - 2
T342	Reduction tuberoplasty, bilateral	—	263.30	D - 2
T343	Augmentation pterygomaxillary tuberoplasty, unilat...	—	131.70	D - 2
T344	Augmentation pterygomaxillary tuberoplasty, bilate...	—	263.30	D - 2
T345	Full arch lowering of floor of mouth	—	395.20	D - 2
T346	Partial arch lowering of floor of mouth	—	234.00	D - 2
T347	Submucous vestibuloplasty, maxilla	—	234.00	D - 2
T348	Submucous vestibuloplasty, mandible	—	234.00	D - 2
T349	Vestibuloplasty with secondary epithelialization,...	—	309.20	D - 2
T350	Vestibuloplasty with secondary epithelialization,...	—	309.20	D - 2
T351	Vestibuloplasty with skin graft, maxilla	—	552.80	D - 2
T352	Vestibuloplasty with skin graft, mandible	—	552.80	D - 2
T353	Vestibuloplasty with mucosal graft, maxilla	—	618.70	D - 2
T354	Vestibuloplasty with mucosal graft, mandible	—	618.70	D - 2
T359	Alveolar ridge reconstruction: with autogenous bon...	—	839.58	D - 5
T360	Alveolar ridge reconstruction: with autogenous bon...	—	839.58	D - 5
T361	Reconstruction of maxilla – unilateral	—	918.69	D - 5
T362	Reconstruction of maxilla – bilateral	—	1,254.68	D - 5
T363	Nasal reconstruction not for cosmetic purposes	—	1,600.00	D - 5
T364	Stabilization with plating or crib	—	190.00	D - 5
T368	Resection of benign soft tissue lesion, greater th...	—	617.40	D - 4
T369	Excision of benign tumour of bone, less than 1 cm...	—	161.33	D - 4
T370	Resection of benign soft tissue lesion – under 1 cm	134.62	161.48	D - 4

SERVICES OF DENTISTS

T371	Resection of benign soft tissue lesion – 1 cm to 3cm	—	197.10	D - 4
T372	Excision of benign tumour of bone – 1 cm to 3 cm	—	172.13	D - 4
T373	Excision of benign tumour of bone – over 3 cm	—	293.03	D - 4
T374	Excision malignant tumour, oral cavity or lip – un...	—	172.13	D - 4
T375	Excision malignant tumour, soft tissue oral cavity	—	293.03	D - 4
T376	Excision malignant tumour of bone – under 3 cm	—	172.13	D - 4
T377	Excision malignant tumour of bone – over 3 cm	—	293.03	D - 4
T378	Cheiloplasty (lip shave)	—	412.95	D - 5
T382	Reconstruction of mandible – unilateral, partial	—	918.69	D - 5
T383	Reconstruction of mandible, complete (including co...	—	1,132.64	D - 5
T384	Reconstruction of mandible – bilateral, partial	—	1,254.68	D - 5
T385	Reconstruction of mandible – bilateral	—	1,978.62	D - 5
T386	Construction of developmentally absent condyle and...	—	1,611.00	D - 5
T387	Exploration of bone or cartilage (as sole surgical...	—	221.54	D - 3
T388	Exploration of soft tissue (as sole surgical proce...	—	266.90	D - 3
T389	Exploration of bone or cartilage (as sole surgical...	—	424.31	D - 3
T390	Excision of cyst – under 1 cm	134.62	161.48	D - 4
T391	Excision of cyst – 1 cm to 3 cm	—	172.13	D - 4
T392	Excision of cyst – over 3 cm	—	293.03	D - 4
T393	Incision and drainage of major anatomical spaces(s...	—	385.02	D - 3
T394	Marsupialization of cyst (includes 12 post surgica...	—	363.74	D - 4
T395	Incision and drainage of major anatomical spaces,...	—	178.36	D - 3

SERVICES OF DENTISTS

T396	Exploration of soft tissue (as sole surgical proce...	—	109.49	D - 3
T401	Incision and drainage of soft tissue – intraoral	29.00	34.80	D - 3
T402	Trephination and drainage of bone and/or cartilage	68.30	81.95	D - 3
T403	Incision and drainage of soft tissue – extraoral	—	145.60	D - 3
T404	Sequestrectomy for osteomyelitis – intraoral	—	124.80	D - 4
T405	Sequestrectomy for osteomyelitis – extraoral	—	281.20	D - 4
T406	Sequestrectomy and saucerization	—	301.75	D - 4
T407	Partial mandibulectomy – up to 3 cm	—	615.60	D - 5
T408	Partial mandibulectomy – over 3 cm	—	923.60	D - 5
T409	Total mandibulectomy	—	1,385.20	D - 5
T410	Maxillomandibular fixation	—	109.20	D - 11
T412	Circumzygomatic wiring –each add	—	38.20	D - 11
T413	Peralveolar or transpalatal wiring – each add	—	38.20	D - 11
T414	Nasal spine wiring – each add	—	38.20	D - 11
T415	Piriform aperture wiring – each add	—	38.20	D - 11
T416	Circummandibular wiring - (payment limited to a max...	—	38.20	D - 11
T419	Orbital suspension – each add	—	159.20	D - 11
T420	Extraskeletal suspension (e.g. Head Frame)	—	215.10	D - 11
T422	Removal of arch splint(s)	—	73.20	D - 11
T423	Removal of fixation screw(s) and/or plate(s) – per...	—	168.08	D - 12
T424	Open reduction	—	1,945.68	D - 8
T425	Closed reduction	—	1,313.01	D - 8
T426	With rigid internal fixation - add per side	—	110.11	D - 7, D-8, D-9
T427	Partial maxillectomy – up to 3 cm	—	615.60	D - 5
T428	Partial maxillectomy – over 3 cm	—	923.60	D - 5

SERVICES OF DENTISTS

T429	Total maxillectomy	—	1,385.20	D - 5
T430	Closed reduction (will not be paid with T431 – T433)	377.79	471.98	D - 7
T431	Open reduction – single	—	627.00	D - 7
T432	Open reduction – double	—	855.62	D - 7
T433	Open reduction - multiple	—	1,313.01	D - 7
T435	Removal of maxillomandibular fixation devices	—	117.79	D - 12
T436	Removal of extraskeletal suspension	—	116.38	D - 12
T437	Metal or allogeneic crib for particulate bone graf...	—	190.00	D - 11
T438	Removal of TMJ Fossa Prosthesis or Condylar Prosth...	—	697.41	D - 12
T439	Removal of transosseous wire(s) - per operative si...	84.04	101.25	D - 11
T440	Closed reduction (will not be paid with T441 – T443)	377.79	471.98	D - 7
T441	Open reduction – single	—	627.00	D - 7
T442	Open reduction – double	—	855.62	D - 7
T443	Open reduction – multiple	—	1,313.01	D - 7
T445	Interim stabilization with bone plate – add per si...	—	232.75	D - 5
T450	Closed reduction (will not be paid with T451 or T452)	—	471.98	D - 8
T451	Open reduction – unilateral	—	627.00	D - 8
T452	Open reduction – bilateral	—	1,313.01	D - 8
T454	Excision – sublingual gland	—	331.76	D - 19
T455	Excision – submandibular gland	—	529.45	D - 19
T456	*Excision, subtotal, parotid gland [Commentary: effective March 1, 2007]	—	771.14	D - 19
T457	*Excision, total, parotid gland [Commentary: effective March 1, 2007]	—	1,138.64	D - 19
T458	*Parotid biopsy * [Commentary: effective March 1, 2007]	—	214.74	D - 19
T460	Open reduction – transcutaneous approach	—	700.77	D - 8
T461	Open reduction – transoral approach	—	531.17	D - 8

SERVICES OF DENTISTS

T462	Orbital blowout – isolated injury	—	781.84	D - 8
T463	Closed reduction	—	227.23	D - 8
T464	Open reduction (including nasal septum)	—	485.59	D - 8
T465	Open reduction (including canthal ligament repair)	—	782.18	D - 8
T468	With antral packing - add	—	110.11	D - 8
T470	Reduction – transoral approach	—	531.17	D - 9
T471	Reduction – transcutaneous approach	—	535.13	D - 9
T480	Open reduction – transoral approach	—	265.43	D - 9
T481	Transcutaneous approach	—	531.17	D - 9
T488	Fracture of alveolus – closed	448.08	537.51	D - 9
T489	Fracture of alveolus – open	611.43	700.86	D - 9
T491	Reimplantation of avulsed or subluxated tooth (inc...	221.56	265.91	D - 9
T493	Anterior table and/or posterior table repair – loc...	—	580.80	D - 9
T494	With coronal incision and pericranial flap to obli...	—	484.00	D - 9
T495	With fat to obliterate sinus and nasal frontal duc...	—	145.20	D - 9
T496	Nasal frontal duct reconstruction with stent or cr...	—	96.90	D - 9
T501	Repair of uncomplicated laceration, intraoral or e...	57.09	68.64	D - 10
T504	Involving both skin and mucosa - under 2 cm	—	131.51	D - 10
T505	Involving both skin and mucosa – over 2 cm	—	292.22	D - 10
T507	Repair of uncomplicated laceration, intraoral or e...	—	135.22	D - 10
T508	Repair of uncomplicated laceration, intraoral or e...	—	173.99	D - 10
T510	Primary closure at time of initial surgery	—	238.85	D - 10
T511	Secondary closure with palatal flap	—	783.00	D - 10
T512	Secondary closure with pharyngeal flap	—	1,201.50	D - 10
T513	Secondary closure with tongue flap	—	1,201.50	D - 11

SERVICES OF DENTISTS

T514	Secondary closure with buccal flap	—	783.00	D - 11
T520	Repair of complicated laceration and/or scar revis...	—	90.09	D - 10
T521	Repair of complicated laceration and/or scar revis...	—	144.21	D - 10
T522	Repair of complicated laceration and/or scar revis...	—	288.26	D - 10
T523	Unilateral repair	—	513.65	D - 10
T524	Reconstruction with lip switch flap	—	628.57	D - 10
T525	Complex reconstruction or revision - unilateral	—	591.60	D - 10
T526	Complex reconstruction or revision - bilateral	—	1188.00	D - 10
T527	Plication of disc posterior attachment (includes c...	—	1,010.42	D - 17
T528	Reconstruction of glenoid fossa, zygomatic arch an...	—	1,562.20	D - 17
T530	Split thickness skin graft to face	—	350.00	D - 10
T531	Repair or reconstruction of TMJ disc with tissue g...	—	1,127.33	D - 17
T532	In one segment	—	1,321.18	D - 13
T533	Reconstruction of mandibular condyle with prosthes...	—	1,127.33	D - 17
T534	In one segment	—	1,321.18	D - 14
T535	Removal of temporary intra-articular implant	—	174.15	D - 17
T536	In one segment	—	1,399.81	D - 14
T537	Revision surgery – previous open TMJ arthrotomy -	—	25% to listed fee	D - 17
T538	In one segment	—	1,541.73	D - 14
T540	Subcondylar osteotomy - closed	—	913.14	D - 12
T541	Subcondylar osteotomy - extraoral	—	1,321.18	D - 12
T542	Oblique osteotomy of ramus - extraoral	—	1,321.18	D - 12
T543	Oblique osteotomy of ramus - intraoral	—	1,321.18	D - 12
T544	Body osteotomy or ostectomy	—	1,321.18	D - 12

SERVICES OF DENTISTS

T545	Coronoidectomy - unilateral	—	564.84	D - 12
T546	Osteotomy of the condylar neck - unilateral	—	564.84	D - 12
T547	Sagittal split osteotomy - intraoral	—	1,321.18	D - 12
T548	Sagittal split osteotomy - extraoral	—	1,321.18	D - 12
T550	Inverted L osteotomy	—	1,321.18	D - 13
T551	C osteotomy	—	1,321.18	D - 13
T553	Posterior Segmental osteotomy maxilla - unilateral	—	792.71	D - 13
T554	LeFort II osteotomy	—	1,493.09	D - 15
T555	Anterior segmental osteotomy maxilla	—	1,178.79	D - 13
T556	Posterior segmental osteotomy maxilla	—	1,321.18	D - 13
T558	Anterior segmental osteotomy, mandible	—	1,178.79	D - 13
T559	Anterior segmental osteotomy, with transfer of men...	—	1,321.18	D - 13
T560	Anterior segmental osteotomy, without transfer of...	—	1,321.18	D - 13
T561	Posterior segmental osteotomy of the mandible	—	1,321.18	D - 13
T562	Full arch dentoalveolar osteotomy of the mandible	—	1,321.18	D - 13
T565	Genioplasty (including alloplast)	—	552.56	D - 13
T567	Lower border osteotomy of the mandible (unilateral...	—	659.42	D - 13
T568	Palatorrhaphy - anterior	—	607.50	D - 11
T569	Palatorrhaphy - posterior	—	742.50	D - 11
T570	Palatorrhaphy - total	—	1,201.50	D - 11
T579	Posterior segmental osteotomy of the mandible – un...	—	792.71	D - 13
T580	Lingual frenectomy or Z plasty	55.10	66.35	D - 19
T581	Lingual frenectomy or Z plasty with genioglossus m...	—	91.00	D - 19
T582	Partial glossectomy - anterior wedge	—	163.70	D - 19
T583	Partial glossectomy - anterioposterior wedge	—	268.30	D - 19

SERVICES OF DENTISTS

T589	Removal of intraosseous prosthesis (not to include...	—	697.41	D - 12
T590	Dislocation – open reduction	—	491.17	D - 16
T591	Dislocation – closed reduction	44.61	53.59	D - 16
T592	Manipulation under general anaesthesia (not to be...	—	106.53	D - 16
T593	Menisectomy	—	491.17	D - 16
T594	Capsulorrhaphy (not to be billed with any other TM...	—	491.17	D - 16
T595	Lateral pterygoid myotomy (not to be billed with a...	—	491.17	D - 16
T596	Condylectomy or condyloplasty	—	491.17	D - 17
T598	Osteotomy – ramus with interpositional alloplastic...	—	718.01	D - 17
T599	Arthroplasty of articular eminence	—	562.18	D - 17
T601	Sialodochoplasty	—	236.80	D - 19
T602	Sialolithotomy - anterior 1/3 of duct	73.70	88.50	D - 19
T603	Sialolithotomy, posterior 2/3 of duct	—	143.70	D - 19
T605	When injury older than eight weeks	—	Add 30% to basic fee	D - 18
T606	Marsupialization of ranula	—	118.45	D - 19
T607	Decompression of infraorbital nerve intraoral faci...	—	676.20	D - 18
T608	Decompression of infraorbital nerve transantral ap...	—	1,044.93	D - 18
T609	With laser coagulation - add	—	67.38	D - 18
T610	Injection of nerve (lytic destruction or steroid)	—	152.40	D - 18
T611	Peripheral nerve avulsion - partial	—	327.40	D - 18
T612	Peripheral nerve avulsion - total	—	673.20	D - 18
T613	Transposition of mental nerve	—	444.00	D - 18
T614	Decompression of inferior alveolar nerve	—	329.20	D - 18
T618	When operating microscope required for any of the...	—	Add 40% to basic fee	D - 18

SERVICES OF DENTISTS

T619	Physiologic monitoring (eg., stimulation and recor...	—	265.21	D - 18
T620	Recovery of dental root or foreign body from antru...	—	113.80	D - 20
T622	Delayed recovery root or foreign body via antrost...	—	168.40	D - 20
T623	Antrum lavage - transoral approach	—	68.20	D - 20
T624	Antrum lavage - transnasal approach	—	68.20	D - 20
T625	Closure of oro-antral fistula	—	192.80	D - 20
T628	Transnasal antrostomy	—	80.10	D - 20
T629	Antral packing	—	111.48	D - 20
T630	Control of bleeding secondary to dental extraction...	59.00	70.70	D - 1
T631	Post-surgical care, minor	13.10	15.70	D - 1
T632	Post-surgical care, major	29.00	34.80	D - 1
T633	Primary repair	—	289.47	D - 18
T634	Secondary repair	—	681.39	D - 18
T635	Neuroma excision and biopsy - add	—	86.61	D - 18
T636	With nerve graft (includes harvesting) - add	—	349.86	D - 18
T637	With conduit (up to 3 cm.) - add (includes harvest...	—	232.75	D - 18
T638	With conduit (over 3 cm.) - add (includes harvesti...	—	306.25	D - 18
T639	With fibrin adhesive per anastomosis - add	—	67.38	D - 18
T643	Assisting at major oral and maxillofacial surgical..	30% of fee	30% of fee	D - 1
T644	Assisting at physician's surgery	30% of fee as per the Schedule of Benefits Physician Services	30% of fee as per the Schedule of Benefits Physician Services	D - 1
T645	Trigger point injection for chronic pain - per site	—	25.00	D - 19
T646	Diagnostic or therapeutic nerve block - per site	—	50.00	D - 19
T647	Fascicular anastomosis - add	—	738.80	D - 18

SERVICES OF DENTISTS

T650	Consultation in hospital	52.79	63.31	D -1
T651	Follow up Assessments within 12 Months	42.86	49.00	D -1
T652	Hospital Visitm admitted bed patient	28.67	35.77	D -1
T653	Examination under general anesthesia	28.67	35.77	D -1
T654	With diagnostic Imaging	24.50	30.63	D -1
T660	Biopsy of oral tissue – soft	59.00	70.70	D - 3
T662	Cytological or bacteriological smear	19.65	21.50	D - 3
T663	Biopsy of oral tissue - bone and/or cartilage	181.71	224.64	D - 3
T664	Exploration of maxillary sinus via antrostomy...	—	122.85	D - 20
T665	Aspiration of oral tissue – soft	—	25.30	D - 3
T666	With fibre-optic scope - add	—	101.25	D - 20
T667	Aspiration of oral tissue – bone and/or cartilage	—	37.85	D - 3
T668	Needle aspiration, extraoral lesion - soft	—	75.00	D - 3
T669	Needle aspiration, extraoral lesion - bone and/or...	—	95.00	D - 3
T670	Mandible - intraoral - unilateral - add	—	500.00	D - 15
T671	Mandible - intraoral - bilateral - add	—	1,000.00	D - 15
T672	Mandible - extraoral - unilateral - add	—	750.00	D - 15
T673	Mandible - extraoral - bilateral - add	—	1,250.00	D - 15
T674	Maxilla - intraoral - unilateral - add	—	500.00	D - 16
T675	Maxilla - intraoral - bilateral - add	—	1,000.00	D - 16
T676	Maxilla - extraoral - unilateral - add	—	750.00	D - 16
T677	Maxilla - extraoral - bilateral - add	—	1,250.00	D - 16
T678	Mandibular alveolus - unilateral - add	—	500.00	D - 16
T679	Mandibular alveolus - bilateral -add	—	1,000.00	D - 16
T680	Maxillary alveolus - unilateral - add	—	500.00	D - 16
T681	Maxillary alveolus - bilateral - add	—	1,000.00	D - 16
T682	Temporomandibular joint - unilateral - add	—	800.00	D - 16
T683	Temporomandibular joint - bilateral - add	—	1,600.00	D - 16
T684	Cranium - unilateral -add	—	800.00	D - 16

SERVICES OF DENTISTS

T685	Cranium - bilateral - add	—	1,600.00	D - 16
T686	Orbit - unilateral - add	—	800.00	D - 16
T687	Orbit - bilateral - add	—	1,600.00	D - 16
T688	Zygoma - unilateral - add	—	800.00	D - 16
T689	Zygoma - bilateral - add	—	1,600.00	D - 16
T690	Removal of device - per device	—	250.00	D - 16
T701	One root - uncomplicated	171.30	205.50	D - 22
T702	One root - complicated	205.00	246.00	D - 22
T703	Two roots – same tooth	239.60	287.60	D - 22
T704	Three or more roots – same tooth	274.20	329.05	D - 22
T705	One root - uncomplicated – with simultaneous endod...	111.40	133.60	D - 22
T706	One root - complicated – with simultaneous endodon...	136.65	164.00	D - 22
T707	Two roots – same tooth – with simultaneous endodon...	171.30	205.50	D - 22
T708	Three or more roots – same tooth - with simultaneo...	222.80	267.30	D - 22
T709	One root - uncomplicated	205.00	246.00	D - 22
T710	One root - complicated	274.20	329.05	D - 22
T711	Two roots – same tooth	274.20	329.05	D - 22
T712	Three roots – same tooth	325.70	390.80	D - 22
T740	Subcondylar osteotomy – unilateral - closed	—	792.71	D - 12
T741	Subcondylar osteotomy – unilateral - extraoral	—	792.71	D - 12
T742	Oblique osteotomy of ramus – unilateral - extraoral	—	792.71	D - 12
T743	Oblique osteotomy of ramus – unilateral - intraoral	—	792.71	D - 12
T744	Body osteotomy or ostectomy - unilateral	—	792.71	D - 12
T747	Sagittal split osteotomy – unilateral - intraoral	—	792.71	D - 12
T748	Sagittal split osteotomy – unilateral - extraoral	—	792.71	D - 13

SERVICES OF DENTISTS

T750	Inverted L osteotomy - unilateral	—	792.71	D - 13
T751	C osteotomy – unilateral	—	792.71	D - 13
T760	Dilation of Salivary Duct	—	74.25	D - 19
T761	Insertion of polyethylene tube in duct	—	74.25	D - 19
T800	Independent Consideration will be given to claims...	—	I.C.	D - 20
T809	Premium when non-elective surgical procedures comm...	—	30% of amt otherwise payable	D - 20
T810	Premium when non-elective surgical procedures comm...	—	50% of amt otherwise payable	D - 20
T811	*Premium for a consultation or visit between 5:00 p.m. and midnight, or on a Saturday, Sunday or holiday [Commentary: effective March 1, 2007]	—	30% of amt otherwise payable	D - 21
T812	*Premium for any consultation or visit to a patient in an intensive care facility (e.g., ICU or CCU) [Commentary: effective March 1, 2007]	—	30% of amt otherwise payable	D - 21
T813	*Premium for a consultation or visit between midnight and 7:00 a.m. [Commentary: effective March 1, 2007]	—	50% of amt otherwise payable	D - 21
T901	Removal of single erupted tooth - per quadrant	35.60	42.72	D - 23
T902	Removal of each additional erupted tooth in the sa...	18.41	22.09	D - 23
T903	Removal of each erupted tooth, complicated	83.82	100.57	D - 23
T904	Removal of each tooth covered by soft tissue	83.82	100.57	D - 23
T905	Removal of each impacted tooth, partial bony impac...	126.41	151.63	D - 23
T906	Removal of each impacted tooth, complete bony impa...	167.71	201.28	D - 23

SERVICES OF DENTISTS

T907	Removal of each impacted tooth, unusual position,...	191.95	230.24	D - 23
T908	With soft tissue coverage	72.42	86.77	D - 23
T909	With bone tissue coverage	83.82	100.57	D - 23
T910	Uncomplicated soft tissue coverage	35.60	42.72	D - 24
T911	Complicated hard tissue coverage	126.41	151.63	D - 24
T912	With orthodontic attachment	251.60	301.91	D - 24
T925	Maxillary labial frenectomy	67.87	81.42	D - 24
T926	Mandibular labial frenectomy	67.87	81.42	D - 24
T927	Maxillary Z frenoplasty	67.87	81.42	D - 24
T928	Mandibular Z frenoplasty	67.87	81.42	D - 24
T936	Alveoloplasty independent of tooth extraction - pe...	42.46	51.05	D - 24

SERVICES OF DENTISTS

Not Allocated

SERVICES OF DENTISTS

Not Allocated

SERVICES OF DENTISTS

Not Allocated