

Alberta Dental Fee Guide 2016 - General Practitioners and Specialists

Note: The below information has been developed by Manulife Financial by using actual Manulife dental claims experience in Alberta. Manulife is unable to use and/or list procedure codes as they are proprietary to the Canadian Dental Association.

Legend: GP is General Practitioner

\$0.00 indicates that dentist sets the rate

Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
EXAMINATION AND DIAGNOSIS, FIRST DENTAL VISIT/ORIENTATION	74.78	89.73
EXAMINATION AND DIAGNOSIS, COMPLETE ORAL, PRIMARY DENTITION	74.76	89.72
EXAMINATION AND DIAGNOSIS, COMPLETE, MIXED DENTITION	112.15	134.59
EXAMINATION AND DIAGNOSIS, COMPLETE ORAL, PERMANENT DENTITION	112.15	134.59
EXAM AND DIAGNOSIS, LIMITED, ORAL, NEW PATIENT	74.76	89.72
EXAM AND DIAGNOSIS, LIMITED ORAL, PREVIOUS PATIENT (RECALL)	74.76	89.72
EXAM AND DIAGNOSIS, SPECIFIC EXAMINATION OF SPECIFIC SITUATION	74.76	89.72
EXAMINATION AND DIAGNOSIS FOR THE INVESTIGATION OF DISCOMFORT AND/OR INFECTION IN A LOCALIZED AREA.	74.76	89.72
EXAMINATION AND DIAGNOSIS, ANALYSIS, MIXED DENTITION	74.76	89.72
EXAMINATION AND DIAGNOSIS, STOMATOGNATHIC, DYSFUNCTIONAL, COMPREHENSIVE	205.56	246.68
EXAMINATION, STOMATOGNATHIC, DYSFUNCTIONAL, LIMITED	82.23	98.67
EXAMINATION AND DIAGNOSIS, ORAL PATHOLOGY, GENERAL	164.45	197.34
EXAMINATION AND DIAGNOSIS, ORAL PATHOLOGY, SPECIFIC	82.23	98.67
EXAMINATION AND DIAGNOSIS, PERIODONTAL, GENERAL	246.68	296.01
EXAMINATION AND DIAGNOSIS, PERIODONTAL, LIMITED	82.23	98.67
EXAMINATION AND DIAGNOSIS, PERIODONTAL, SPECIFIC	74.76	89.72
EXAMINATION AND DIAGNOSIS, SURGICAL, GENERAL	164.45	197.34
EXAMINATION AND DIAGNOSIS, SURGICAL, SPECIFIC	82.23	98.67
EXAMINATION AND DIAGNOSIS, PROSTHODONTIC, EDENTULOUS AND INCLUDING EVALUATION FOR IMPLANT-SUPPORTED OR RETAINED PROSTHESIS	112.15	134.59
EXAMINATION AND DIAGNOSIS, PROSTHODONTIC, SPECIFIC	74.76	89.72
EXAMINATION AND DIAGNOSIS, PROSTHODONTIC, FIXED ORAL REHABILITATION, CLINICAL, EVALUATION OF SPECIFIC SITES FOR IMPLANT-SUPPORTED OR RETAINED PROSTHESIS	164.45	197.34
EXAMINATION AND DIAGNOSIS, ENDODONTIC, COMPLETE	164.45	197.34
EXAMINATION AND DIAGNOSIS, ENDODONTIC, SPECIFIC	82.23	98.67
EXAMINATION AND DIAGNOSIS, ORTHODONTIC, GENERAL, TO INCLUDE MODELS, X-RAYS, CONSULTATION & CASE PRESENTATION + L	411.13	493.35
EXAMINATION AND DIAGNOSIS, ORTHODONTIC, SPECIFIC	82.23	98.67
RADIOGRAPHS, INTRAORAL, COMPLETE SERIES (MINIMUM OF 12 FILMS INCL. BITEWINGS)	199.15	238.98
RADIOGRAPHS, INTRAORAL, COMPLETE SERIES (MINIMUM OF 16 FILMS INCL. BITEWINGS)	199.15	238.98
RADIOGRAPHS, INTRAORAL, PERIAPICAL, SINGLE FILM	29.86	35.83



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
RADIOGRAPHS, INTRAORAL, PERIAPICAL, TWO FILMS	49.72	59.67
RADIOGRAPHS, INTRAORAL, PERIAPICAL,THREE FILMS	69.65	83.59
RADIOGRAPHS, INTRAORAL, PERIAPICAL, FOUR FILMS	89.59	107.50
RADIOGRAPHS, INTRAORAL, PERIAPICAL, FIVE FILMS	109.57	131.48
RADIOGRAPHS, INTRAORAL, PERIAPICAL, SIX FILMS	129.43	155.31
RADIOGRAPHS, INTRAORAL, PERIAPICAL,SEVEN FILMS	149.31	179.17
RADIOGRAPHS, INTRAORAL, PERIAPICAL, EIGHT FILMS	169.22	203.07
RADIOGRAPHS, INTRAORAL, PERIAPICAL, NINE FILMS	189.08	226.90
RADIOGRAPHS, INTRAORAL, PERIAPICAL, TEN FILMS	199.13	238.96
RADIOGRAPHS, INTRAORAL, OCCLUSAL, SINGLE FILM	49.72	59.67
RADIOGRAPHS, INTRAORAL, OCCLUSAL, TWO FILMS	74.66	89.60
RADIOGRAPHS, INTRAORAL, OCCLUSAL, THREE FILMS	99.53	119.44
RADIOGRAPHS, INTRAORAL, OCCLUSAL, FOUR FILMS	124.42	149.31
RADIOGRAPHS, INTRAORAL, BITEWING, SINGLE FILM	29.86	35.83
RADIOGRAPHS, INTRAORAL, BITEWING, TWO FILMS	49.72	59.67
RADIOGRAPHS, INTRAORAL, BITEWING, THREE FILMS	69.65	83.59
RADIOGRAPHS, INTRAORAL, BITEWING, FOUR FILMS	89.59	107.50
RADIOGRAPHS, INTRAORAL, BITEWING, FIVE FILMS	109.57	131.48
RADIOGRAPHS, INTRAORAL, BITEWING, SIX FILMS	129.43	155.31
RADIOGRAPHS, EXTRAORAL, SINGLE FILM	Deleted	Deleted
RADIOGRAPHS, EXTRAORAL, TWO FILMS	Deleted	Deleted
RADIOGRAPHS, EXTRAORAL, THREE FILMS	Deleted	Deleted
RADIOGRAPHS, EXTRAORAL, FOUR FILMS	Deleted	Deleted
RADIOGRAPHS, EXTRAORAL, EACH ADDITIONAL FILM OVER FOUR	Deleted	Deleted
RADIOGRAPHS, POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE, SINGLE IMAGE	74.65	89.58
RADIOGRAPHS, POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE, TWO IMAGES	124.42	149.31
RADIOGRAPHS, POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE, THREE IMAGES	174.26	209.12
SINUS EXAMINATION AND DIAGNOSIS, MINIMUM FOUR IMAGES IDENTIFIED AS WATERS, CALDWELL, LATERAL SKULL AND BASAL	224.04	268.85
SINUS EXAMINATION AND DIAGNOSIS, EACH ADDITIONAL IMAGE OVER FOUR	49.34	59.20
RADIOGRAPHS, SIALOGRAPHY, SINGLE IMAGE	74.66	89.60
RADIOGRAPHS, SIALOGRAPHY, TWO IMAGES	124.42	149.31
RADIOGRAPHS, SIALOGRAPHY, EACH ADDITIONAL IMAGE OVER TWO	49.34	59.20
RADIOPAQUE DYES, USE OF, TO DEMONSTRATE LESIONS, ONE UNIT OF TIME	0.00	0.00
RADIOPAQUE DYES, USE OF, TO DEMONSTRATE LESIONS, TWO UNITS OF TIME	0.00	0.00
RADIOPAQUE DYES, USE OF, TO DEMONSTRATE LESIONS, EACH ADDITIONAL UNIT OVER TWO	0.00	0.00
RADIOGRAPHS, TEMPOROMANDIBULAR JOINT, SINGLE IMAGE	74.65	89.58
RADIOGRAPHS, TEMPOROMANDIBULAR JOINT, TWO IMAGES	124.42	149.31
RADIOGRAPHS, TEMPOROMANDIBULAR JOINT, THREE IMAGES	174.26	209.12



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RADIOGRAPHS, TEMPOROMANDIBULAR JOINT, FOUR IMAGES (MINIMUM EXAM AND DIAGNOSIS CLOSED AND OPEN EACH SIDE)	224.04	268.85
RADIOGRAPHS, TEMPOROMANDIBULAR JOINT, EACH ADDITIONAL IMAGE OVER FOUR	49.34	59.20
ARTHROGRAPHY, TEMPORO-MANDIBULAR JOINT, PERFORMING THE ARTHROGRAPHIC PROCEDURE	246.66	295.99
RADIOGRAPHS, TMJ INTERPRETATION OF THE ARTHROGRAM, ONE UNIT OF TIME	74.76	89.72
RADIOGRAPHS, TMJ,INTERPRETATION OF ARTHROGRAM, EACH ADDIT. UNIT OF TIME	74.76	89.72
RADIOGRAPHS, PANORAMIC, SINGLE IMAGE	99.53	119.44
RADIOGRAPHS, CEPHALOMETRIC, SINGLE IMAGE	119.07	142.89
RADIOGRAPHS, CEPHALOMETRIC, TWO IMAGES	186.72	224.06
RADIOGRAPHS, CEPHALOMETRIC, THREE IMAGES	251.06	301.27
RADIOGRAPHS, CEPHALOMETRIC, FOUR IMAGES	311.15	373.38
RADIOGRAPHS, CEPHALOMETRIC, EACH ADDITIONAL IMAGE OVER 4	37.05	44.46
RADIOGRAPHS, CEPHALOMETRIC, TRACING & INTERPRETATION, ONE UNIT OF TIME	82.23	98.67
RADIOGRAPHS, CEPHALOMETRIC, TRACING & INTERPRETATION, TWO UNITS OF TIME	164.45	197.34
RADIOGRAPHS, CEPHALOMETRIC, TRACING & INTERPRETATION, EACH ADDITIONAL UNIT OVER TWO	82.23	98.67
RADIOGRAPHS, INTERPRETATION, (RECEIVED FROM ANOTHER SOURCE) ONE UNIT OF TIME + E	78.50	94.20
RADIOGRAPHS, INTERPRETATION, (RECEIVED FROM ANOTHER SOURCE) TWO UNITS OF TIME + E	156.99	188.39
RADIOGRAPHS, INTERPRETATION, (RECEIVED FROM ANOTHER SOURCE) EACH ADDITIONAL UNIT OVER TWO + E	78.50	94.20
RADIOGRAPHS, DUPLICATIONS, SINGLE IMAGE	5.68	6.82
RADIOGRAPHS, DUPLICATIONS, TWO IMAGES	11.28	13.54
RADIOGRAPHS, DUPLICATIONS, THREE IMAGES	16.90	20.28
RADIOGRAPHS, DUPLICATIONS, FOUR IMAGES	22.54	27.04
RADIOGRAPHS, DUPLICATIONS, FIVE IMAGES	28.19	33.82
RADIOGRAPHS, DUPLICATIONS, SIX IMAGES	33.82	40.58
RADIOGRAPHS, DUPLICATIONS, SEVEN IMAGES	39.47	47.37
RADIOGRAPHS, DUPLICATIONS, EIGHT IMAGES	43.68	52.42
RADIOGRAPHS, DUPLICATIONS, EACH ADDITIONAL IMAGE OVER EIGHT	5.68	6.82
RADIOGRAPHS, TOMOGRAPHY, SINGLE VIEW	119.07	142.89
RADIOGRAPHS, TOMOGRAPHY, TWO VIEWS	186.78	224.14
RADIOGRAPHS, TOMOGRAPHY, THREEVIEWS	251.06	301.27
RADIOGRAPHS, TOMOGRAPHY, FOUR VIEWS	311.15	373.38
RADIOGRAPHS, TOMOGRAPHY, EACH ADDITIONAL VIEW OVER FOUR	49.34	59.20
RADIOGRAPHS, HAND & WRIST,AS A DIAGNOSTIC AID FOR DENTAL TREATMENT (PER CASE)	119.06	142.87
RADIOGRAPHIC GUIDE, DIAGNOSTIC WAX-UP,OSSEO-INTEGRATED IMPLANT, MAX. GUIDE +L+E	0.00	0.00
RADIOGRAPHIC GUIDE, DIAGNOSTIC WAX-UP,OSSEO-INTEGRATED IMPLANT, MAND. GUIDE +L+E	0.00	0.00
TEMPLATE, SURGICAL, DIAG WAX UP,OSSEO-INTEGRATED IMPLNTS, MAX. TEMPLATE + L+E	74.76	89.72
TEMPLATE, SURGICAL, DIAG. WAX-UP,OSSEO-INTEGRATED IMPLNT,MANDIB TEMPLATE + L+E	74.76	89.72



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
TEST/ANALYSIS, MICROBIOLOGICAL (TECHNICAL PROCEDURE ONLY), FOR THE DETERMINATION OF PATHOLOGICAL AGENTS + L	71.04	85.25
BACTERIOLOGICAL TEST/ANALYSIS, CARRIES SUSCEPTIBILITY (TECHNICAL PROCEDURE ONLY) FOR THE DETERMINATION OF DENTAL CARRIES SUSCEPTIBILITY + L	71.04	85.25
TEST/ANALYSIS, HISTOPATHOLOGICAL (TECHNICAL PROCEDURE ONLY) BIOPSY, SOFT ORAL TISSUE - BY PUNCTURE + L	82.23	98.67
TEST/ANALYSIS, HISTOPATHOLOGICAL (TECHNICAL PROCEDURE ONLY) BIOPSY, SOFT ORAL TISSUE - BY INCISION + L	82.23	98.67
TEST/ANALYSIS, HISTOPATHOLOGICAL (TECHNICAL PROCEDURE ONLY) BIOPSY, SOFT ORAL TISSUE - BY ASPIRATION+L	82.23	98.67
TEST/ANALYSIS, HISTOPATHOLOGICAL, BIOPSY, HARD ORAL TISSUE - BY PUNCTURE + L	0.00	0.00
TEST/ANALYSIS, HISTOPATHOLOGICAL, BIOPSY, HARD ORAL TISSUE - BY INCISION + L	0.00	0.00
TEST/ANALYSIS, HISTOPATHOLOGICAL, BIOPSY, HARD ORAL TISSUE - BY ASPIRATION + L	0.00	0.00
TESTS/ANALYSIS, CYTOLOGICAL (TECHNICAL PROCEDURE ONLY) CYTOLOGICAL SMEAR FROM THE ORAL CAVITY +L +E	71.04	85.25
TEST/ANALYSIS, CYTOLOGICAL (TECHNICAL PROCEDURE ONLY) VITAL STAINING OF ORAL MUCOSAL TISSUES +E	71.04	85.25
TESTS/ANALYSIS, CYTOLOGICAL (TECHNICAL PROCEDURE ONLY) DIRECT FLUORESCENCE VISUALIZATION	27.89	33.46
TESTS/ANALYSIS, PULP VITALITY AND INTERPRETATION, ONE UNIT OF TIME	71.04	85.25
TESTS/ANALYSIS, PULP VITALITY AND INTERPRETATION, EACH ADDITIONAL UNIT	71.04	85.25
INTERPRETATION AND/OR REPORTS LABORATORY, MICROBIOLOGICAL BY ORAL MICROBIOLOGIST +L	213.11	255.73
INTERPRETATION AND/OR REPORTS LABORATORY, HISTOPATHOLOGICAL BY ORAL PATHOLOGIST OR MICROBIOLOGIST +L	246.68	296.01
INTERPRETATION AND/OR REPORTS LABORATORY, CYTOLOGICAL BY ORAL PATHOLOGIST +L	71.04	85.25
INTERPRETATION AND/OR REPORTS LABORATORY, OTHER	0.00	0.00
SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY), EQUILIBRATION, CASTS, ONE UNIT OF TIME +L	74.76	89.72
SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY), EQUILIBRATION, CASTS, DIAGNOSTIC (PILOT EQUILIBRATION) FOR EXTENSIVE OR COMPLICATED RESTORATIVE DENTISTRY, TWO UNITS +L	149.55	179.45
SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY), EQUILIBRATION, CASTS, THREE UNITS +L	224.29	269.15
SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY), EQUILIBRATION, CASTS, FOUR UNITS +L	299.06	358.87
SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY), EQUILIBRATION, CASTS, EACH ADDITIONAL UNIT OVER FOUR +L	74.76	89.72
WAX-UP, DIAGNOSTIC (TO EVALUATE COSMETIC AND/OR PREPARATION DESIGN AND/OR OCCLUSAL CONSIDERATIONS, (GNATHOLOGICAL WAX-UP) ONE UNIT OF TIME +L	74.76	89.72
WAX-UP, DIAGNOSTIC (TO EVALUATE COSMETIC AND/OR PREPARATION DESIGN AND/OR OCCLUSAL CONSIDERATIONS, (GNATHOLOGICAL WAX-UP) TWO UNITS +L	149.55	179.45
WAX-UP, DIAGNOSTIC (TO EVALUATE COSMETIC AND/OR PREPARATION DESIGN AND/OR OCCLUSAL CONSIDERATIONS, (GNATHOLOGICAL WAX-UP) THREE UNITS +L	224.29	269.15
WAX-UP, DIAGNOSTIC (TO EVALUATE COSMETIC AND/OR PREPARATION DESIGN AND/OR OCCLUSAL CONSIDERATIONS, (GNATHOLOGICAL WAX-UP) FOUR UNITS +L	299.06	358.87
WAX-UP, DIAGNOSTIC (TO EVALUATE COSMETIC AND/OR PREPARATION DESIGN AND/OR OCCLUSAL CONSIDERATIONS, (GNATHOLOGICAL WAX-UP) EACH ADDITIONAL UNIT OVER FOUR +L	74.76	89.72
SPLIT CAST MOUNTING, DIAGNOSTIC, ONE UNIT OF TIME + L	74.76	89.72
SPLIT CAST MOUNTING, DIAGNOSTIC, TWO UNITS OF TIME + L	149.55	179.45



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SPLIT CAST MOUNTING, DIAGNOSTIC, THREE UNITS OF TIME +L	224.29	269.15
SPLIT CAST MOUNTING, DIAGNOSTIC, FOUR UNITS OF TIME +L	299.06	358.87
SPLIT CAST MOUNTING, DIAGNOSTIC, EACH ADDITIONAL UNIT OVER FOUR +L	74.76	89.72
INTERPRETATION OF DIAGNOSTIC CASTS, FIRST UNIT OF TIME	71.04	85.25
INTERPRETATION OF DIAGNOSTIC CASTS, EACH ADDITIONAL UNIT OVER ONE	71.04	85.25
PHOTOGRAPHS, DIAGNOSTIC, (TECHNICAL PROCEDURE ONLY) SINGLE PHOTOGRAPH	17.76	21.32
PHOTOGRAPHS, DIAGNOSTIC (TECHNICAL PROCEDURE ONLY), TWO PHOTOS	35.51	42.62
PHOTOGRAPHS, DIAGNOSTIC (TECHNICAL PROCEDURE ONLY) THREE PHOTOS	53.28	63.93
PHOTOGRAPHS, DIAGNOSTIC (TECHNICAL PROCEDURE ONLY), EACH ADDITIONAL PHOTO OVER THREE	17.76	21.32
CASTS, DIAGNOSTIC (TECHNICAL PROCEDURE ONLY) UNMOUNTED + L	71.04	85.25
CASTS, DIAGNOSTIC, UNMOUNTED, DUPLICATE + L	35.51	42.62
CAST, DIAGNOSTIC, UNMOUNTED, UPPER AND LOWER COMBINED +L	142.09	170.51
CASTS, DIAGNOSTIC, MOUNTED + L	106.55	127.87
CASTS, DIAGNOSTIC, MOUNTED, USING FACE BOW TRANSFER + L	142.07	170.48
CASTS, DIAGNOSTIC, MOUNTED, USING FACE BOW + OCCLUSAL RECORDS + L	313.98	376.78
CASTS, DIAGNOSTIC, MOUNTED USING FULLY ADJUSTABLE ARTICULATOR (USED WITH 04941 AND 04942) +L	0.00	0.00
CASTS, DIAGNOSTIC, ORTHODONTIC (UNMOUNTED, ANGLE TRIMMED AND SOAPED) + L	142.07	170.48
CASTS, DIAGNOSTIC, MISCELLANEOUS PROCEDURES, TRANSVERSE AXIS LOCATION AND TRANSFER, USED IN CONJUNCTION WITH 04922, 04923, 04924 + L	0.00	0.00
PANTOGRAPHIC RECORDS, COMPREHENSIVE +L	0.00	0.00
CASTS, DIAGNOSTIC, CUSTOM INCISAL GUIDE TABLE + L	0.00	0.00
CASE PRESENTATION/TREATMENT PLANNING, ONE UNIT OF TIME	74.76	89.72
CASE PRESENTATION/TREATMENT PLANNING, TWO UNITS	149.55	179.45
CASE PRESENTATION/TREATMENT PLANNING, THREE UNITS	224.29	269.15
CASE PRESENTATION/TREATMENT PLANNING, FOUR UNITS	299.06	358.87
CASE PRESENTATION/TREATMENT PLANNING, EACH ADDITIONAL UNIT OVER FOUR	74.76	89.72
CONSULTATION WITH PATIENT, ONE UNIT OF TIME	74.76	89.72
CONSULTATION WITH PATIENT, TWO UNITS	149.55	179.45
CONSULTATION WITH PATIENT, EACH ADDITIONAL UNIT OVER TWO	74.76	89.72
RADIOGRAPHS, CBCT, SMALL FIELD OF VIEW	IC	IC
RADIOGRAPHS, CBCT, LARGE FIELD OF VIEW (1 ARCH)	IC	IC
RADIOGRAPHS, CBCT, LARGE FIELD OF VIEW (2 ARCHES)	IC	IC
RADIOGRAPHS, CBCT, IMAGE PROCESSING, ONE UNIT OF TIME	IC	IC
RADIOGRAPHS, CBCT, IMAGE PROCESSING, TWO UNITS OF TIME	IC	IC
RADIOGRAPHS, CBCT, IMAGE PROCESSING, ONE HALF UNIT OF TIME	IC	IC
RADIOGRAPHS, CBCT, IMAGE PROCESSING, EACH ADDITIONAL UNIT OVER TWO	IC	IC
RADIOGRAPHS, CBCT, INTERPRETATION, ONE UNIT OF TIME	IC	IC
RADIOGRAPHS, CBCT, INTERPRETATION, TWO UNITS OF TIME	IC	IC
RADIOGRAPHS, CBCT, INTERPRETATION, ONE HALF UNIT OF TIME	IC	IC
RADIOGRAPHS, CBCT, INTERPRETATION, EACH ADDITIONAL UNIT OVER TWO	IC	IC



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
RADIOGRAPHS, CBCT, ACQUISITION, PROCESSING AND INTERPRETATION, SMALL FIELD OF VIEW	IC	IC
RADIOGRAPHS, CBCT, ACQUISITION, PROCESSING AND INTERPRETATION, LARGE FIELD OF VIEW (1 ARCH)	IC	IC
RADIOGRAPHS, CBCT, ACQUISITION, PROCESSING AND INTERPRETATION, LARGE FIELD OF VIEW (2 ARCHES)	IC	IC
Preventative		
POLISHING, 1 UNIT OF TIME	68.24	81.89
POLISHING, 2 UNITS OF TIME	136.48	163.77
POLISHING, ONE HALF UNIT	34.14	40.96
SCALING, ONE UNIT OF TIME	71.81	86.17
SCALING, TWO UNITS OF TIME	143.65	172.38
SCALING-45 MINUTES	215.48	258.58
SCALING-60 MINUTES	287.29	344.75
SCALING-75 MINUTES	359.13	430.96
SCALING-90 MINUTES	430.95	517.13
SCALING-7.5 MINUTES	35.91	43.10
SCALING-EACH ADDITIONAL 15 MINUTES	71.81	86.17
FLUORIDE TREATMENT, TOPICAL APPLICATION	34.12	40.94
FLUORIDE TREATMENT, SUPERVISED, SELF-ADMINISTERED BRUSH-IN	34.12	40.94
FLUORIDE, CUSTOM APPLIANCE (HOME APPLICATION) - MAXILLARY ARCH + L	68.24	81.89
FLUORIDE, CUSTOM APPLIANCE (HOME APPLICATION) - MANDIBULAR ARCH + L	68.24	81.89
MEDICATION, CUSTOM APPLIANCE - MAXILLARY ARCH + L	68.24	81.89
MEDICATION, CUSTOM APPLIANCE - MANDIBULAR ARCH + L	68.24	81.89
PREVENTIVE SERVICES, NUTRITIONAL COUNSELLING, INCLUDING: RECORDING AND ANALYSIS UP TO SEVEN DAYS DIETARY INTAKE AND CONSULTATION, ONE UNIT OF TIME	68.24	81.89
PREVENTIVE SERVICES, NUTRITIONAL COUNSELLING INCLUDING: RECORDING AND ANALYSIS UP TO SEVEN DAYS DIETARY INTAKE AND CONSULTATION, TWO UNITS	136.48	163.77
PREVENTIVE SERVICES, NUTRITIONAL COUNSELLING, RECORDING & ANALYSIS UP TO SEVEN DAYS DIETARY INTAKE AND CONSULTATION, THREE UNITS	204.73	245.68
PREVENTIVE SERVICES, NUTRITIONAL COUNSELLING, RECORDING & ANALYSIS UP TO SEVEN DAYS DIETARY INTAKE AND CONSULTATION, FOUR UNITS	272.97	327.57
PREVENTIVE SERVICES, NUTRITIONAL COUNSELLING, RECORDING & ANALYSIS UP TO SEVEN DAYS DIETARY INTAKE AND CONSULTATION, EACH ADDITIONAL UNIT OVER FOUR	68.24	81.89
ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL, INDIVIDUAL INSTRUCTION, EXCLUDING AUDIO-VISUALTIME, ONE UNIT OF TIME	68.24	81.89
ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL, INDIVIDUAL INSTRUCTION, EXCLUDING AUDIO-VISUALTIME, TWO UNITS OF TIME	136.48	163.77
ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL, INDIVIDUAL INSTRUCTION, EXCLUDING AUDIO-VISUALTIME, THREE UNITS OF TIME	204.73	245.68
ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL, INDIVIDUAL INSTRUCTION, EXCLUDING AUDIO-VISUALTIME, FOUR UNITS OF TIME	272.97	327.57
ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL, INDIVIDUAL INSTRUCTION, EXCLUDING AUDIO-VISUALTIME, ONE HALF UNIT OF TIME	34.14	40.96
ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL, INDIVIDUAL INSTRUCTION, EXCLUDING AUDIO-VISUALTIME, EACH ADDITIONAL UNIT OVER FOUR	68.24	81.89
ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL, GROUP INSTRUCTION, ONE UNIT OF TIME	68.24	81.89



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL, GROUP INSTRUCTION, TWO UNITS OF TIME	136.48	163.77
ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL, GROUP INSTRUCTION, THREE UNITS OF TIME	204.73	245.68
ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL, GROUP INSTRUCTION, FOUR UNITS OF TIME	272.97	327.57
ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL, GROUP INSTRUCTION, EACH ADDITIONAL UNIT OVER FOUR	68.24	81.89
ORAL HYGIENE, RE-INSTRUCTION (WITHIN 6 MONTHS) - EXCLUDING AUDIO-VISUAL TIME, ONE UNIT OF TIME	68.24	81.89
ORAL HYGIENE, RE-INSTRUCTION (WITHIN 6 MONTHS) - EXCLUDING AUDIO-VISUAL TIME, TWO UNITS	136.48	163.77
ORAL HYGIENE, RE-INSTRUCTION (WITHIN 6 MONTHS) - EXCLUDING AUDIO-VISUAL TIME, EACH ADDITIONAL UNIT OVER TWO	68.24	81.89
ORAL HYGIENE INSTRUCTION, AUDIO VISUAL, ONE UNIT OF TIME	68.24	81.89
ORAL HYGIENE INSTRUCTION, AUDIO VISUAL, TWO UNITS	136.48	163.77
ORAL HYGIENE INSTRUCTION, AUDIO VISUAL, EACH ADDITIONAL UNIT OVER TWO	68.24	81.89
SEALANTS, PIT AND FISSURE (ACID ETCH PREPARATION INCLUDED, FIRST TOOTH	34.12	40.94
SEALANTS, PIT AND FISSURE (ACID ETCH PREPARATION INCLUDED), EACH ADDITIONAL TOOTH - SAME QUADRANT	17.06	20.47
SEALANTS, PIT AND FISSURE, (PREPARATION OF THE PITS AND/OR FISSURES IN TOOTH ENAMEL, MAY EXTEND INTO DENTIN IN LIMITED AREAS) PREVENTIVE RESTORATIVE RESIN, FIRST TOOTH	65.96	79.15
SEALANTS, PIT AND FISSURE, (PREPARATION OF THE PITS AND/OR FISSURES IN TOOTH ENAMEL, MAY EXTEND INTO DENTIN IN LIMITED AREAS, PREVENTIVE RESTORATIVE RESIN, EACH ADDITIONAL TOOTH, SAME QUADRANT	65.96	79.15
TOPICAL APPLICATION TO HARD TISSUE OF ANTIMICROBIAL OR REMINERALIZATION AGENT, ONE UNIT OF TIME +E	65.61	78.74
TOPICAL APPLICATION TO HARD TISSUE OF ANTIMICROBIAL OR REMINERALIZATION AGENT, TWO UNITS OF TIME +E	131.23	157.47
TOPICAL APPLICATION TO HARD TISSUE OF ANTIMICROBIAL OR REMINERALIZATION AGENT, EACH ADDITIONAL UNIT OVER TWO	65.61	78.74
Restorative		
APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS, APPLIANCE, MAXILLARY + L	473.94	568.72
APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS, MANDIBULAR + L	473.94	568.72
APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS, MAXILLARY PLUS MANDIBULAR + L	710.90	853.08
APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS, MAXILLARY + L	552.94	663.53
APPLIANCES, FIXED/CEMENTED, CONTROL OF ORAL HABITS, MANDIBULAR + L	552.94	663.53
CONTROL OF ORAL HABITS, MISCELLANEOUS, MOTIVATION OF PATIENT, PSYCHOLOGICAL APPROACH, PER VISIT + L	78.99	94.78
CONTROL OF ORAL HABITS, MYOFUNCTIONAL THERAPY, (TO CORRECT MOUTH BREATHING, ABNORMAL SWALLOWING, TONGUE THRUST, ETC.) FIRST UNIT OF TIME PER VISIT + L	78.99	94.78
CONTROL OF ORAL HABITS, MYOFUNCTIONAL THERAPY, (TO CORRECT MOUTH BREATHING, ABNORMAL SWALLOWING, TONGUE THRUST, ETC.) TWO UNITS + L	157.97	189.57
CONTROL OF ORAL HABITS, MYOFUNCTIONAL THERAPY, (TO CORRECT MOUTH BREATHING, ABNORMAL SWALLOWING, TONGUE THRUST, ETC.) EACH ADDITIONAL UNIT OVER 2 +L	78.99	94.78
APPLIANCES, CONTROL OF ORAL HABITS, ADJUSTMENTS, REPAIRS, MAINTENANCE, ONE UNIT OF TIME + L	78.99	94.78
APPLIANCES, CONTROL OF ORAL HABITS, ADJUSTMENTS, REPAIRS, MAINTENANCE, TWO UNITS OF TIME + L	157.97	189.57



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APPLIANCES, CONTROL OF ORAL HABITS, ADJUSTMENTS, REPAIRS, MAINTENANCE, THREE UNITS OF TIME + L	236.96	284.35
APPLIANCES, CONTROL OF ORAL HABITS, ADJUSTMENTS, REPAIRS, MAINTENANCE, EACH ADDITIONAL UNIT OVER THREE + L	78.99	94.78
APPLIANCES, PROTECTIVE MOUTH GUARDS PREFORMED	68.24	81.89
APPLIANCES, PROTECTIVE MOUTH GUARDS PREFORMED +L	68.24	81.89
APPLIANCES, PERIODONTAL (INCLUDING BRUXISM APPLIANCE) - INCLUDES IMPRESSION, INSERTION AND ADJUSTMENT (NO POST INSERTION ADJUSTMENTS) MAXILLARY APPLIANCE +L	405.37	486.45
APPLIANCES, PERIODONTAL (INCLUDING BRUXISM APPLIANCE) - INCLUDES IMPRESSION, INSERTION AND ADJUSTMENT (NO POST INSERTION ADJUSTMENTS) MANDIBULAR APPLIANCE +L	405.37	486.45
APPLIANCES, ADJUSTMENT, REPAIR ONE UNIT OF TIME +L	73.72	88.46
APPLIANCES, ADJUSTMENT, REPAIR TWO UNITS OF TIME +L	147.44	176.93
APPLIANCES, ADJUSTMENT, REPAIR THREE UNITS OF TIME +L	221.16	265.39
APPLIANCES, ADJUSTMENT, REPAIR EACH ADDITIONAL UNIT OVER THREE +L	73.72	88.46
APPLIANCES, RELINE, DIRECT	221.16	265.39
APPLIANCES, RELINE, PROCESSED +L	221.16	265.39
APPLIANCE, TMJ, DIAGNOSTIC/THERAPEUTIC INCLUDES IMPRESSION, INSERTION AND INSERTION ADJUSTMENT (NO POST INSERTION ADJUSTMENTS) MAXILLARY APPLIANCE +L	596.75	716.10
APPLIANCE, TMJ, DIAGNOSTIC/THERAPEUTIC INCLUDES IMPRESSION, INSERTION AND INSERTION ADJUSTMENT (NO POST INSERTION ADJUSTMENTS) MANDIBULAR APPLIANCE +L	596.75	716.10
APPLIANCE, TMJ, INTRAORAL REPOSITIONING; INCLUDES IMPRESSION, INSERTION AND INSERTION ADJUSTMENT (NO POST INSERTION ADJUSTMENTS) MAXILLARY APPLIANCE +L	596.75	716.10
APPLIANCE, TMJ, INTRAORAL REPOSITIONING; INCLUDES IMPRESSION, INSERTION AND INSERTION ADJUSTMENT (NO POST INSERTION ADJUSTMENTS) MANDIBULAR APPLIANCE +L	596.75	716.10
APPLIANCE, TMJ, PERIODIC MAINTANANCE, ADJUSTMENT, REPAIR ONE UNIT OF TIME +L	77.39	92.87
APPLIANCE, TMJ, PERIODIC MAINTANANCE, ADJUSTMENT, REPAIR TWO UNITS +L	154.79	185.75
APPLIANCE, TMJ, PERIODIC MAINTANANCE, ADJUSTMENT, REPAIR THREE UNITS +L	232.18	278.62
APPLIANCE, TMJ, PERIODIC MAINTANANCE, ADJUSTMENT, REPAIR EACH ADDITIONAL UNIT OVER THREE	77.39	92.87
APPLIANCE, TMJ, RELINE, DIRECT	221.16	265.39
APPLIANCE, TMJ, RELINE, PROCESSED +L	221.16	265.39
APPLIANCES, MYOFASCIAL PAIN DYSFUNCTION SYNDROME MAXILLARY APPLIANCE +L	690.79	828.95
APPLIANCES, MYOFASCIAL PAIN DYSFUNCTION SYNDROME MANDIBULAR APPLIANCE +L	690.79	828.95
APPLIANCE, MYOFACIAL PAIN SYNDROME, PERIODIC MAINTENANCE, ADJUSTMENT AND REPAIRS ONE UNIT OF TIME +L	77.39	92.87
APPLIANCE, MYOFACIAL PAIN SYNDROME, PERIODIC MAINTENANCE, ADJUSTMENT AND REPAIRS TWO UNITS +L	154.79	185.75
APPLIANCE, MYOFACIAL PAIN SYNDROME, PERIODIC MAINTENANCE, ADJUSTMENT AND REPAIRS THREE UNITS +L	232.18	278.62
APPLIANCE, MYOFACIAL PAIN SYNDROME, PERIODIC MAINTENANCE, ADJUSTMENT AND REPAIRS EACH ADDITIONAL UNIT OVER THREE +L	77.39	92.87
SLEEP APNEA APPLIANCE, INTRAORAL +L	IC	IC
SLEEP APNEA APPLIANCE, TONGUE RETAINING DEVICE +E	IC	IC
SLEEP APNEA APPLIANCE, MAINTENANCE, ADJUSTMENT AND REPAIRS, ONE UNIT OF TIME +L	IC	IC
SLEEP APNEA APPLIANCE, MAINTENANCE, ADJUSTMENT AND REPAIRS, TWO UNITS OF TIME +L	IC	IC



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SLEEP APNEA APPLIANCE, MAINTENANCE, ADJUSTMENT AND REPAIRS, EACH ADDITIONAL UNIT OVER TWO +L	IC	IC
SLEEP APNEA APPLIANCE, EVALUATION, ONE UNIT OF TIME	IC	IC
SLEEP APNEA APPLIANCE, EVALUATION, TWO UNITS OF TIME	IC	IC
SLEEP APNEA APPLIANCE, EVALUATION, EACH ADDITIONAL UNIT OVER TWO	IC	IC
SPACE MAINTAINERS, (INCLUDES DESIGN, SEPARATION, FABRICATION, INSERTION AND WHERE APPLICABLE INITIAL CEMENTATION AND REMOVAL) BAND TYPE, FIXED, UNILATERAL + L	236.96	284.35
SPACE MAINTAINER, BAND TYPE, FIXED, UNILATERAL WITH INTRA-ALVEOLAR ATTACHMENT + L	236.96	284.35
SPACE MAINTAINER, BAND TYPE, FIXED, BILATERAL (SOLDERED LINGUAL ARCH) + L	315.96	379.16
SPACE MAINTAINER, BAND TYPE, FIXED, BILATERAL (SOLDERED LINGUAL ARCH), WITH TEETH ATTACHED + L	315.96	379.16
SPACE MAINTAINER, BAND TYPE, FIXED, BILATERAL TUBES AND LOCKING WIRES + L	315.96	379.16
SPACE MAINTAINER, STAINLESS STEEL CROWN TYPE, FIXED + L	236.96	284.35
SPACE MAINTAINER, STAINLESS STEEL CROWN TYPE, FIXED, WITH INTRA ALVEOLAR ATTACHMENT + L	236.96	284.35
SPACE MAINTAINERS, CAST TYPE, FIXED	0.00	0.00
SPACE MAINTAINER, CAST TYPE, FIXED, WITH INTRA ALVEOLAR ATTACHMENT	0.00	0.00
SPACE MAINTAINER, ACRYLIC, REMOVABLE, BILATERAL CLASPS, RETAINING WIRES + L	236.96	284.35
SPACE MAINTAINER, ACRYLIC, REMOVABLE, BILATERAL CLASPS, RETAINING WIRES WITH TEETH + L	236.96	284.35
SPACE MAINTAINER, ACRYLIC, REMOVABLE, NO CLASPS + L	236.96	284.35
SPACE MAINTAINER, BONDED, PONTIC TYPE + L	236.96	284.35
SPACE MAINTAINERS, MAINTENANCE OF, RECEMENTATION/ADJUSTMENT AFTER 30 DAYS FROM INSERTION	78.99	94.78
SPACE MAINTAINER, ADDITION OF CLASPS AND OR ACTIVATING WIRES + L	157.97	189.57
SPACE MAINTAINERS, REPAIRS, INCLUDES RECEMENTATION + L	157.97	189.57
SPACE MAINTAINERS, REMOVAL OF FIXED SPACE MAINTAINER APPLIANCES BY SECOND DENTIST	75.42	90.50
FINISHING RESTORATIONS 1 UNIT OF TIME	71.81	86.17
FINISHING RESTORATIONS 2 UNITS OF TIME	143.67	172.40
FINISHING RESTORATIONS 3 UNITS OF TIME	215.48	258.58
FINISHING RESTORATIONS 4 UNITS OF TIME	287.29	344.75
FINISHING RESTORATIONS EACH ADDITIONAL UNIT OF TIME	71.81	86.17
DISKING OF TEETH, INTERPROXIMAL 1 UNIT OF TIME	68.24	81.89
DISKING OF TEETH, INTERPROXIMAL 2 UNITS OF TIME	136.49	163.79
DISKING OF TEETH, INTERPROXIMAL 3 UNITS OF TIME	204.73	245.68
DISKING OF TEETH, INTERPROXIMAL EACH ADDITIONAL UNIT OF TIME	68.24	81.89
RE-CONTOURING OF NATURAL TEETH FOR AESTHETIC REASONS ONE UNIT OF TIME	75.42	90.50
RE-CONTOURING OF NATURAL TEETH FOR AESTHETIC REASONS EACH ADDITIONAL UNIT OF TIME	75.42	90.50
RE-CONTOURING OF TEETH FOR FUNCTIONAL REASONS ONE UNIT OF TIME	75.42	90.50
RE-CONTOURING OF TEETH FOR FUNCTIONAL REASONS EACH ADDITIONAL UNIT OF TIME	75.42	90.50
OCCUSAL ADJUSTMENT/EQUILIBRATION ONE UNIT OF TIME	84.74	101.69
OCCUSAL ADJUSTMENT/EQUILIBRATION TWO UNITS	169.49	203.39
OCCUSAL ADJUSTMENT/EQUILIBRATION THREE UNITS	254.25	305.10



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OCCLUSAL ADJUSTMENT/EQUILIBRATION FOUR UNITS	338.99	406.79
OCCLUSAL ADJUSTMENT/EQUILIBRATION EACH ADDITIONAL UNIT OVER FOUR	84.74	101.69
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, FIRST TOOTH	177.94	213.53
CARIES, TRAUMA AND PAIN CONTROL, EACH ADDITIONAL TOOTH IN SAME QUADRANT	177.94	213.53
CARIES, TRAUMA AND PAIN CONTROL, (REMOVAL OF CARIOUS LESIONS OR EXISTING RESTORATIONS AND PLACEMENT OF SEDATIVE/PROTECTIVE DRESSINGS) FIRST TOOTH	222.40	266.88
CARIES, TRAUMA AND PAIN CONTROL (REMOVAL OF CARIOUS LESIONS OR EXISTING RESTORATIONS AND PLACEMENT OF SEDATIVE/PROTECTIVE DRESSINGS) EACH ADDITIONAL TOOTH IN SAME QUADRANT	222.40	266.88
TRAUMA CONTROL, SMOOTHING OF FRACTURED SURFACES PER TOOTH , FIRST TOOTH	42.36	50.83
TRAUMA CONTROL, SMOOTHING OF FRACTURED SURFACES, EACH ADDITIONAL TOOTH SAME QUADRANT	42.36	50.83
RESTORATIONS, AMALGAM, PRIMARY TEETH, NON-BONDED, ONE SURFACE	103.83	124.59
RESTORATIONS, AMALGAM, PRIMARY TEETH, NON-BONDED, 2 SURFACES	152.63	183.16
RESTORATIONS, AMALGAM, PRIMARY TEETH, NON-BONDED, 3 SURFACES	196.23	235.48
RESTORATIONS, AMALGAM, PRIMARY TEETH, NON-BONDED, FOUR SURFACES	239.84	287.80
RESTORATIONS, AMALGAM, PRIMARY TEETH, NON-BONDED, 5 SURFACES OR MAXIMUM SURFACES PER TOOTH	261.64	313.97
RESTORATIONS, AMALGAM, BONDED, PRIMARY TEETH, ONE SURFACE	124.62	149.54
RESTORATIONS, AMALGAM, BONDED, PRIMARY TEETH, TWO SURFACES	174.41	209.30
** FILLING-BABY TOOTH AMALGAM, 3 SURFACES, BONDED	218.03	261.64
RESTORATIONS, AMALGAM, BONDED, PRIMARY TEETH, FOUR SURFACES	261.64	313.97
RESTORATIONS, AMALGAM, BONDED, PRIMARY TEETH, FIVE SURFACES OR MAXIMUM SURFACES PER TOOTH	283.46	340.15
RESTORATIONS, AMALGAM, PERMANENT TEETH, NON-BONDED, PERMANENT BICUSPIDS AND ANTERIORS, ONE SURFACE	103.83	124.59
RESTORATIONS, AMALGAM, PERMANENT TEETH, NON-BONDED, PERMANENT BICUSPIDS AND ANTERIORS, TWO SURFACES	152.63	183.16
RESTORATIONS, AMALGAM, PERMANENT TEETH, NON-BONDED, PERMANENT BICUSPIDS AND ANTERIORS, THREE SURFACES	196.23	235.48
RESTORATIONS, AMALGAM, PERMANENT TEETH, NON-BONDED, PERMANENT BICUSPIDS AND ANTERIORS, FOUR SURFACES	239.84	287.80
RESTORATIONS, AMALGAM, PERMANENT TEETH, NON-BONDED, PERMANENT BICUSPIDS AND ANTERIORS, FIVE SURFACES	261.64	313.97
RESTORATIONS, AMALGAM, NON-BONDED, PERMANENT MOLARS, ONE SURFACE	103.83	124.59
RESTORATIONS, AMALGAM, NON-BONDED, PERMANENT MOLARS, TWO SURFACES	152.63	183.16
RESTORATIONS, AMALGAM, NON-BONDED, PERMANENT MOLARS, THREE SURFACES	196.23	235.48
RESTORATIONS, AMALGAM, NON-BONDED, PERMANENT MOLARS, FOUR SURFACES	239.84	287.80
RESTORATIONS, AMALGAM, NON-BONDED, PERMANENT MOLARS, FIVE SURFACES OR MAXIMUM SURFACES PER TOOTH	261.85	314.22
RESTORATIONS, AMALGAM, BONDED, PERMANENT BICUSPIDS AND ANTERIORS, ONE SURFACE	124.62	149.54
RESTORATIONS, AMALGAM, BONDED, PERMANENT BICUSPIDS AND ANTERIORS, TWO SURFACES	174.41	209.30
RESTORATIONS, AMALGAM, BONDED, PERMANENT BICUSPIDS AND ANTERIORS, THREE SURFACES	218.03	261.64



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RESTORATIONS, AMALGAM, BONDED, PERMANENT BICUSPIDS AND ANTERIORS, FOUR SURFACES	261.64	313.97
RESTORATIONS, AMALGAM, BONDED, PERMANENT BICUSPIDS AND ANTERIORS, FIVE SURFACES PER TOOTH	283.46	340.15
RESTORATIONS, AMALGAM, BONDED, PERMANENT MOLARS, ONE SURFACE	124.62	149.54
RESTORATIONS, AMALGAM, BONDED, PERMANENT MOLARS, TWO SURFACES	174.41	209.30
RESTORATIONS, AMALGAM, BONDED, PERMANENT MOLARS, THREE SURFACES	218.03	261.64
RESTORATIONS, AMALGAM, BONDED, PERMANENT MOLARS, FOUR SURFACES	261.64	313.97
RESTORATIONS, AMALGAM, BONDED, PERMANENT MOLARS, FIVE SURFACES OR MAXIMUM SURFACES PER TOOTH	283.46	340.15
RESTORATIONS, AMALGAM CORES, NON-BONDED IN CONJUNCTION WITH CROWN OR FIXED BRIDGE RETAINER	227.13	272.56
RESTORATIONS, AMALGAM CORES, BONDED, IN CONJUNCTION WITH CROWNS OR FIXED BRIDGE RETAINER	249.88	299.85
PINS, RETENTIVE PER RESTORATION (FOR AMALGAMS AND TOOTH COLOURED RESTORATIONS) ONE PIN	32.21	38.66
PINS, RETENTIVE PER RESTORATION (FOR AMALGAMS AND TOOTH COLOURED RESTORATIONS) TWO PINS	48.29	57.94
PINS, RETENTIVE PER RESTORATION (FOR AMALGAMS AND TOOTH COLOURED RESTORATIONS) THREE PINS	64.39	77.27
PINS, RETENTIVE PER RESTORATION (FOR AMALGAMS AND TOOTH COLOURED RESTORATIONS) FOUR PINS	80.50	96.60
PINS, RETENTIVE PER RESTORATION (FOR AMALGAMS AND TOOTH COLOURED RESTORATIONS) FIVE PINS OR MORE	96.61	115.93
RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENTURE CLASP (ADDITIONAL TO RESTORATION) PER RESTORATION	80.50	96.60
RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH, PRIMARY ANTERIOR	196.23	235.48
RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH, PRIMARY ANTERIOR, OPEN FACE, ACRYLIC VENEER + L	239.84	287.80
RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH, PRIMARY POSTERIOR	196.23	235.48
RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH, PRIMARY POSTERIOR, OPEN FACE	239.84	287.80
RESTORATIONS, PREFABRICATED, METAL, PERMANENT TEETH, PERMANENT ANTERIOR	261.64	313.97
RESTORATIONS, PREFABRICATED, METAL, PERMANENT TEETH, PERMANENT ANTERIOR - OPEN FACE	305.24	366.29
RESTORATIONS, PREFABRICATED, METAL, PERMANENT TEETH, PERMANENT POSTERIOR	261.64	313.97
RESTORATIONS, PREFABRICATED, METAL, PERMANENT TEETH, PERMANENT POSTERIOR - OPEN FACE	305.24	366.29
RESTORATIONS, PREFABRICATED, PLASTIC, PRIMARY TEETH, PRIMARY ANTERIOR	177.93	213.51
RESTORATIONS, PREFABRICATED, PLASTIC, PRIMARY TEETH, PRIMARY POSTERIOR	177.93	213.51
RESTORATIONS, PREFABRICATED, PLASTIC, PERMANENT TEETH, PERMANENT ANTERIOR	244.64	293.57
RESTORATIONS, PREFABRICATED, PLASTIC, PERMANENT TEETH, PERMANENT POSTERIOR	244.64	293.57
RESTORATIONS, PREFABRICATED, PORCELAIN/CERAMIC/POLYMER GLASS, PRIMARY TEETH, PRIMARY ANTERIOR	0.00	0.00
RESTORATIONS, PREFABRICATED, PREFABRICATED, PORCELAIN/CERAMIC/POLYMER GLASS, PRIMARY TEETH, PRIMARY TEETH, PRIMARY POSTERIOR	0.00	0.00
RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS NON BONDED TECHNIQUE, ONE SURFACE	111.21	133.45
RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS NON BONDED TECHNIQUE, TWO SURFACES (CONTINUOUS)	133.44	160.12



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS NON BONDED TECHNIQUE, THREE SURFACES (CONTINUOUS)	155.66	186.80
RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS NON BONDED TECHNIQUE, FOUR SURFACES (CONTINUOUS)	200.15	240.18
RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS NON BONDED TECHNIQUE, FIVE SURFACES (CONTINUOUS, MAXIMUM SURFACES PER TOOTH)	244.64	293.57
RESTORATIONS, PERMANENT ANTERIORS, BONDED TECHNIQUE, (NOT TO BE USED FOR VENEER APPLICATIONS OR DIASTEMA CLOSURES) ONE SURFACE	152.63	183.16
RESTORATIONS, PERMANENT ANTERIORS, BONDED TECHNIQUE, (NOT TO BE USED FOR VENEER APPLICATIONS OR DIASTEMA CLOSURES) TWO SURFACES (CONTINUOUS)	174.41	209.30
RESTORATIONS, PERMANENT ANTERIORS, BONDED TECHNIQUE, THREE SURFACES (CONTINUOUS)	196.23	235.48
RESTORATIONS, PERMANENT ANTERIORS, BONDED TECHNIQUE, FOUR SURFACES (CONTINUOUS)	239.84	287.80
RESTORATIONS, PERMANENT ANTERIORS, BONDED TECHNIQUE, FIVE SURFACES (CONTINUOUS, MAXIMUM SURFACES PER TOOTH)	283.46	340.15
RESTORATIONS, TOOTH COLOURED, VENEER APPLICATIONS, NON PREFABRICATED DIRECT BUILDUP- BONDED	370.65	444.78
RESTORATIONS, TOOTH COLOURED, VENEER APPLICATIONS, DIASTEMA CLOSURE, INTERPROXIMAL ONLY, BONDED	283.46	340.15
RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED, PERMANENT BICUSPIDS, ONE SURFACE	111.21	133.45
RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED, PERMANENT BICUSPIDS, TWO SURFACES	155.66	186.80
RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED, PERMANENT BICUSPIDS, THREE SURFACES	177.93	213.51
RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED, PERMANENT BICUSPIDS, FOUR SURFACES	200.15	240.18
RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED, PERMANENT BICUSPIDS, FIVE SURFACES	222.40	266.88
RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT MOLARS, ONE SURFACE	111.21	133.45
RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT MOLARS, TWO SURFACES	155.66	186.80
RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT MOLARS, THREE SURFACES	177.93	213.51
RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT MOLARS, FOUR SURFACES	200.15	240.18
RESTORATIONS, TOOTH COLOURED/ PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT MOLARS, FIVE SURFACES	222.40	266.88
RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOR, BONDED TECHNIQUE, PERMANENT BICUSPIDS, ONE SURFACE	152.63	183.16
RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOR, BONDED TECHNIQUE, PERMANENT BICUSPIDS, TWO SURFACES	218.03	261.64
RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOR, BONDED TECHNIQUE, PERMANENT BICUSPIDS, THREE SURFACES	261.64	313.97
RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOR, BONDED TECHNIQUE, PERMANENT BICUSPIDS, FOUR SURFACES	305.24	366.29
RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOR, BONDED TECHNIQUE, PERMANENT BICUSPIDS, FIVE SURFACES	348.86	418.63
RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOR, BONDED TECHNIQUE, PERMANENT MOLARS, ONE SURFACE	152.63	183.16
RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOR, BONDED TECHNIQUE, PERMANENT MOLARS, TWO SURFACES	218.03	261.64



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RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOR, BONDED TECHNIQUE, PERMANENT MOLARS, THREE SURFACES	261.64	313.97
RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOR, BONDED TECHNIQUE, PERMANENT MOLARS, FOUR SURFACES	305.24	366.29
RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOR, BONDED TECHNIQUE, PERMANENT MOLARS, FIVE SURFACES	348.86	418.63
RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED, ONE SURFACE	111.21	133.45
RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED, TWO SURFACES (CONTINUOUS)	133.44	160.12
RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED, THREE SURFACES (CONTINUOUS)	155.66	186.80
RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED, FOUR SURFACES (CONTINUOUS)	200.15	240.18
RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED, FIVE SURFACES (CONTINUOUS OR MAXIMUM SURFACES PER TOOTH)	244.64	293.57
RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, BONDED TECHNIQUE, ONE SURFACE	152.63	183.16
RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, BONDED TECHNIQUE, TWO SURFACES (CONTINUOUS)	174.41	209.30
RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, BONDED TECHNIQUE, THREE SURFACES (CONTINUOUS)	196.23	235.48
RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, BONDED TECHNIQUE, FOUR SURFACES (CONTINUOUS)	239.84	287.80
RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, BONDED TECHNIQUE, FIVE SURFACES (CONTINUOUS OR MAXIMUM SURFACES PER TOOTH)	283.46	340.15
RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED, ONE SURFACE	111.21	133.45
RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED, TWO SURFACES	155.66	186.80
RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED, THREE SURFACES	177.93	213.51
RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED, FOUR SURFACES	200.15	240.18
RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED, FIVE SURFACES (OR MAXIMUM SURFACES PER TOOTH)	222.40	266.88
RESTORATIONS, TOOTH COLOURED, PRIMARY, POSTERIOR, BONDED TECHNIQUE, ONE SURFACE	152.63	183.16
RESTORATIONS, TOOTH COLOURED, PRIMARY, POSTERIOR, BONDED TECHNIQUE, TWO SURFACES	218.03	261.64
RESTORATIONS, TOOTH COLOURED, PRIMARY, POSTERIOR, BONDED TECHNIQUE, THREE SURFACES	261.64	313.97
RESTORATIONS, TOOTH COLOURED, PRIMARY, POSTERIOR, BONDED TECHNIQUE, FOUR SURFACES	305.24	366.29
RESTORATIONS, TOOTH COLOURED, PRIMARY, POSTERIOR, BONDED TECHNIQUE, FIVE SURFACES OR MAXIMUM SURFACES PER TOOTH	348.86	418.63
RESTORATIONS, TOOTH COLOURED, NON-BONDED CORE, IN CONJUNCTION WITH CROWN OR FIXED BRIDGE RETAINER	227.15	272.58
RESTORATIONS, TOOTH COLOURED, BONDED CORE, IN CONJUNCTION WITH CROWN OR FIXED BRIDGE RETAINER	272.58	327.10
RESTORATIONS, FOIL, GOLD, ANTERIORS, CLASS I	562.62	675.14
RESTORATIONS, FOIL, GOLD, ANTERIORS, CLASS III	750.15	900.18
RESTORATIONS, FOIL, GOLD, ANTERIORS, CLASS V	562.62	675.14
RESTORATIONS, FOIL, GOLD, ANTERIORS, CLASS IV	884.02	1060.82



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
RESTORATIONS, FOIL, GOLD, POSTERiors, CLASS I	551.58	661.89
RESTORATIONS, FOIL, GOLD, POSTERiors, CLASS II	750.15	900.18
RESTORATIONS, FOIL, GOLD, POSTERiors, CLASS V	562.62	675.14
RESTORATIONS, INLAYS, METAL, ONE SURFACE + L	456.71	548.05
RESTORATIONS, INLAYS, METAL, TWO SURFACES + L	548.08	657.70
RESTORATIONS, INLAYS, METAL, THREE SURFACES + L	639.44	767.32
RESTORATIONS, INLAYS, METAL, THREE SURFACES, MODIFIED + L	717.64	861.16
RESTORATIONS, INLAYS, COMPOSITE/COMPONER, INDIRECT (BONDED), ONE SURFACE + L	492.54	591.05
RESTORATIONS, INLAYS, COMPOSITE/COMPONER, INDIRECT (BONDED), TWO SURFACES + L	548.08	657.70
RESTORATIONS, INLAYS, COMPOSITE/COMPONER, INDIRECT (BONDED) THREE SURFACES + L	671.68	806.02
RESTORATIONS, INLAYS, COMPOSITE/COMPONER, INDIRECT (BONDED) THREE SURFACES, MODIFIED + L	750.50	900.61
RESTORATIONS, INLAYS, PORCELAIN/CERAMIC/POLYMER GLASS, ONE SURFACE + L	456.73	548.08
RESTORATIONS, INLAYS, PORCELAIN/CERAMIC/POLYMER GLASS, TWO SURFACES + L	548.08	657.70
RESTORATIONS, INLAYS, PORCELAIN/CERAMIC/POLYMER GLASS, 3 SURFACES + L	639.44	767.32
RESTORATIONS, INLAYS, PORCELAIN/CERAMIC/POLYMER GLASS, 3 SURFACES, MODIFIED + L	717.64	861.16
RESTORATIONS, INLAYS, PORCELAIN/CERAMIC/POLYMER GLASS (BONDED), ONE SURFACE + L	492.54	591.05
RESTORATIONS, INLAYS, PORCELAIN/CERAMIC/POLYMER GLASS (BONDED), TWO SURFACES + L	582.12	698.55
RESTORATIONS, INLAYS, PORCELAIN/CERAMIC/POLYMER GLASS, (BONDED), THREE SURFACES + L	671.68	806.02
RESTORATIONS, INLAYS, PORCELAIN/CERAMIC/POLYMER GLASS, (BONDED), THREE SURFACES, MODIFIED + L	750.50	900.61
RESTORATIONS, ONLAYS, CAST METAL, INDIRECT + L	639.44	767.32
RESTORATIONS, ONLAYS, COMPOSITE/COMPONER, INDIRECT (BONDED) + L	671.68	806.02
RESTORATIONS, ONLAYS, PORCELAIN/CERAMIC/POLYMER GLASS, (BONDED) + L	671.68	806.02
RESTORATION, PINS, RETENTIVE (FOR INLAYS, ONLAYS, AND CROWNS PER TOOTH), ONE PIN/TOOTH + L	48.73	58.47
RESTORATION, PINS, RETENTIVE (FOR INLAYS, ONLAYS, AND CROWNS PER TOOTH), TWO PINS/TOOTH + L	97.40	116.88
RESTORATION, PINS, RETENTIVE (FOR INLAYS, ONLAYS, AND CROWNS PER TOOTH), THREE PINS/TOOTH + L	145.14	174.17
RESTORATION, PINS, RETENTIVE (FOR INLAYS, ONLAYS, AND CROWNS PER TOOTH), FOUR PINS/TOOTH + L	180.97	217.17
RESTORATION, PINS, RETENTIVE (FOR INLAYS, ONLAYS, AND CROWNS PER TOOTH), FIVE OR MORE PINS/TOOTH + L	208.80	250.56
POSTS, CAST METAL, (INCLUDING CORE) AS A SEPARATE PROCEDURE, SINGLE SECTION + L	365.40	438.47
POSTS, CAST METAL, (INCLUDING CORE) AS A SEPARATE PROCEDURE, TWO SECTIONS + L	456.73	548.08
POSTS, CAST METAL, (INCLUDING CORE) AS A SEPARATE PROCEDURE, THREE SECTIONS + L	548.08	657.70
POSTS, CAST METAL (INCLUDING CORE) CONCURRENT WITH IMPRESSION FOR CROWN, SINGLE SECTION + L	182.69	219.23
POSTS, CAST METAL (INCLUDING CORE) CONCURRENT WITH IMPRESSION FOR CROWN, TWO SECTIONS + L	274.04	328.85
POSTS, CAST METAL (INCLUDING CORE) CONCURRENT WITH IMPRESSION FOR CROWN, THREE SECTION +L	365.40	438.47
POSTS, PREFABRICATED RETENTIVE, ONE POST +E	137.03	164.44
POSTS, PREFABRICATED RETENTIVE, TWO POSTS SAME TOOTH +E	274.04	328.85



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POSTS, PREFABRICATED RETENTIVE, THREE POSTS SAME TOOTH +E	411.04	493.24
POSTS, PREFABRICATED, RETENTIVE AND CAST CORE, ONE POST AND CAST CORE + L +E	274.04	328.85
POSTS, PREFABRICATED, RETENTIVE AND CAST CORE, TWO POSTS (SAME TOOTH) AND CAST CORE + L +E	365.40	438.47
POSTS, PREFABRICATED, RETENTIVE AND CAST CORE, THREE POSTS (SAME TOOTH) AND CAST CORE + L +E	456.73	548.08
POSTS, PROVISIONAL, PER POST + L +E	91.35	109.62
POST REMOVAL, ONE UNIT OF TIME	95.70	114.84
POST REMOVAL, TWO UNITS OF TIME	191.37	229.64
POST REMOVAL, THREE UNITS OF TIME	287.07	344.48
POST REMOVAL, FOUR UNITS OF TIME	382.73	459.28
POST REMOVAL, EACH ADDITIONAL UNIT OVER FOUR	95.70	114.84
IMPLANTS, MESOSTRUCTURES,INDIRECT,ANG/TRANSMUCOSAL PRE-FAB. ABUT. PER IMPLANT +L +E	0.00	0.00
IMPLANTS, MEOSTRUCTURES, INDIRECT, CUSTOM LABORATORY, FABRICATED, PER IMPLANT +L +E	0.00	0.00
IMPLANTS, MEOSTRUCTURES, DIRECT, WITH INTRA-ORAL PREPARATION, PER IMPLANT SITE +E	0.00	0.00
CROWNS, SINGLE UNITS, ACRYLIC/COMPOSITE/COMPOMER (WITH OR WITHOUT CAST OR PREFABRICATED METAL BASES), INDIRECT + L	730.75	876.90
CROWNS, ACRYLIC/COMPOSITE/COMPOMER, INDIRECT, COMPLICATED (RESTORATIVE, POSITIONAL AND/OR ESTHETIC) + L	913.48	1096.17
CROWNS, ACRYLIC/COMPOSITE/COMPOMER, PROVISIONAL (LONG TERM) INDIRECT (LAB FABRICATED/RELINED INTRA-ORALLY + L	274.04	328.85
CROWNS, ACRYLIC/COMPOSITE/COMPOMER, DIRECT, PROVISIONAL, (CHAIRSIDE) +E	137.03	164.44
CROWNS, IMPLANT, COMPOSITE/COMPOMER, DIRECT, IMPLANT-SUPPORTED +E	137.03	164.44
CROWNS, ACRYLIC/COMPOSITE/COMPOMER/CAST METAL BASE, INDIRECT + L	730.75	876.90
CROWNS, IMPLANT, ACRYLIC/COMPOSITE/COMPOMER, CAST METAL BASE, IMPLANT-SUPP +L +E	730.75	876.90
CROWNS, ACRYLIC/COMPOSITE/COMPOMER/CAST METAL BASE WITH CAST POST RETENTION + L	913.48	1096.17
CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS + L	985.01	1182.01
CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS, COMPLICATED + L	1148.26	1377.91
CROWNS, PORC/CER/POLY GLASS, IMPLANT SUPPORTED +L +E	985.01	1182.01
CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS, WITH CAST CERAMIC POST RETENTION + L	1148.26	1377.91
CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS, FUSED TO METAL BASE + L	985.01	1182.01
CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS, FUSED TO METAL BASE, COMPLICATED (RESTORATIVE, POSITIONAL AND/OR AESTHETIC) + L	1148.26	1377.91
CROWNS, IMPLANT,PORCELAIN/CERAMIC FUSED TO METAL BASE, IMPLANT SUPPORTED + L +E	989.80	1187.75
CROWNS, IMPLANT,PORCELAIN/CERAMIC FUSED TO METAL BASE, WITH CAST METAL POST RETENTION + L	1148.26	1377.91
CROWN, 3/4, PORCELAIN/CERAMIC/.POLYMER GLASS + L	985.01	1182.01
CROWN, 3/4, PORCELAIN/CERAMIC/POLYMER GLASS, COMPLICATED + L	1148.26	1377.91
CROWNS, CAST METAL + L	985.01	1182.01
CROWNS, CAST METAL, COMPLICATED (RESTORATIVE, POSITIONAL)+ L	1148.26	1377.91
CROWNS, IMPLANT, CAST METAL, IMPLANT SUPPORTED + L +E	985.01	1182.01
CROWNS, CAST METAL, WITH CAST METAL POST RETENTION + L	1148.26	1377.91



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SEMI-PRECISION REST (INTERLOCK) (IN ADDITION TO CAST METAL CROWN)	0.00	0.00
SEMI-PRECISION OR PRECISION ATTACHMENT RPD RETAINER (IN ADDITION TO CAST METAL CROWN)	0.00	0.00
CROWNS, 3/4, CAST METAL, + L	1005.45	1206.54
CROWNS, METAL, 3/4 CAST METAL, COMPLICATED + L	1148.26	1377.91
CROWNS, 3/4, CAST METAL, WITH DIRECT TOOTH COLOURED CORNER + L	1052.54	1263.04
CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP, ONE CROWN	82.67	99.21
CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP, EACH ADDITIONAL CROWN	82.67	99.21
COPING, METAL/ACRYLIC, TRANSFER (THIMBLE) AS A SEPARATE PROCEDURE + L	365.41	438.50
COPING, METAL/ACRYLIC, TRANSFER(THIMBLE) CONCURRENT WITH IMPRESSION FOR CROWN + L	91.35	109.62
VENEERS, LABORATORY PROCESSED, ACRYLIC/COMPOSITE/COMPOMER, BONDED + L	730.75	876.90
VENEERS, PORCELAIN/CERAMIC/POLYMER GLASS, BONDED + L	730.75	876.90
REPAIRS, INLAYS, ONLAYS OR CROWNS, ACRYLIC/COMPOSITE/COMPOMER, DIRECT	274.04	328.85
REPAIRS, INLAYS, ONLAYS OR CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS, DIRECT	91.30	109.56
REPAIRS, INLAYS ONLAYS OR CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS/FUSED TO METAL BASE, INDIRECT + L	91.30	109.56
RECONTOURING OF EXISTING CROWNS, PER TOOTH, ONE UNIT OF TIME	91.35	109.62
RECONTOURING OF EXISTING CROWNS, PER TOOTH, EACH ADDITIONAL UNIT OF TIME	91.35	109.62
RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT, NATURAL TOOTH PREPARATION, PLACEMENT OF PULP CHAMBER RESTORATION, ENDODONTICALLY TREATED TOOTH	228.37	274.04
RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT, NATURAL TOOTH PREPARATION AND FLUORIDE APPLICATION, VITAL TOOTH	274.04	328.85
PRE-FABRICATED ATTACHMENT, AS AN INTERNAL OR EXTERNAL OVERDENTURE RETENTIVE DEVICE, DIRECT TO NATURAL TOOTH, PER TOOTH +L +E	274.04	328.85
IMPLANT-SUPPORTED PREFABRICATED ATTACHMENT AS AN OVERDENTURE RETENTIVE DEVICE, DIRECT	137.03	164.44
RESTORATIVE PROCEDURES, COPING CROWN, CAST METAL, NO ATTACHMENTS, INDIRECT + L +E	365.40	438.47
IMPLANT, RESTORATIVE, COPING CROWN,CAST METAL,NO ATTACH,IMPLNT SUPORT,INDIREC+L +E	365.40	438.47
OVERDENTURE, COPING CROWN,CAST METAL W/CAST METAL RETENTVE POST,NO ATTACH+L+E	548.08	657.70
OVERDENTURE, COPING CROWN,METAL CAST W/ATTACHMT, INDIRECT +L +E	456.73	548.08
IMPLANT, COPING CROWN,CAST METAL, IMPLANT SUPPORTED W/ATTACHMENT + L +E	456.73	548.08
OVERDENTURE, COPING CROWN,CAST METAL RETENTIVE POST, W/ATTACHMENT +L +E	671.67	806.00
RECEMENTATION/REBONDING, INLAYS/ONLAYS/CROWNS/VENEERS/ POSTS/ NATURAL TOOTH FRAGMENTS, ONE UNIT OF TIME +L	91.35	109.62
RECEMENTATION/REBONDING, INLAYS/ONLAYS/CROWNS/VENEERS/ POSTS/ NATURAL TOOTH FRAGMENTS, TWO UNITS OF TIME +L	182.69	219.23
RECEMENTATION/REBONDING, INLAYS/ONLAYS/CROWNS/VENEERS/ POSTS/ NATURAL TOOTH FRAGMENTS, THREE UNITS OF TIME +L	274.04	328.85
RECEMENTATION/REBONDING, INLAYS/ONLAYS/CROWNS/VENEERS/ POSTS/ NATURAL TOOTH FRAGMENTS, FOUR UNITS OF TIME +L	365.40	438.47
REMOVAL, INLAYS/ONLAYS/CROWNS/VENEERS, ONE UNIT OF TIME	91.35	109.62
REMOVAL, INLAYS/ONLAYS/CROWNS/VENEERS, TWO UNITS OF TIME	182.69	219.23
REMOVAL, INLAYS/ONLAYS/CROWNS/VENEERS, THREE UNITS OF TIME	274.04	328.85
CROWNS/INLAYS/ONLAYS/VENEERS, REMOVAL, 4 UNITS	365.40	438.47



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STAINING, PORCELAIN (CHAIRSIDE) ONE UNIT OF TIME + L	91.35	109.62
STAINING, PORCELAIN (CHAIRSIDE), TWO UNITS + L	182.69	219.23
STAINING, PORCELAIN (CHAIRSIDE), THREE UNITS + L	274.04	328.85
STAINING, PORCELAIN (CHAIRSIDE), FOUR UNITS + L	365.40	438.47
PULPOTOMY, PERMANENT TEETH, (AS A SEPARATE EMERGENCY PROCEDURE) ANTERIOR & BICUSPID TEETH	163.98	196.78
PULPOTOMY, PERMANENT TEETH, (AS A SEPARATE EMERGENCY PROCEDURE) MOLAR TEETH	163.98	196.78
PULPOTOMY, PRIMARY TOOTH AS A SEPARATE PROCEDURE	156.15	187.38
PULPOTOMY, PRIMARY TOOTH, CONCURRENT WITH RESTORATIONS (BUT EXCLUDING FINAL RESTORATION)	78.09	93.71
PULPECTOMY (AN EMERGENCY PROCEDURE AND/OR AS A PRE-EMPTIVE PHASE TO THE PREPARATION OF THE ROOT CANAL SYSTEM FOR OBTURATION), PERMANENT TEETH/RETAINED PRIMARY TEETH, ONE CANAL	122.98	147.58
PULPECTOMY (AN EMERGENCY PROCEDURE), PERMANENT TEETH/RETAINED PRIMARY TEETH, 2 CANALS	163.98	196.78
PULPECTOMY (AN EMERGENCY PROCEDURE AND/OR AS A PRE-EMPTIVE PHASE TO THE PREPARATION OF THE ROOT CANAL SYSTEM FOR OBTURATION), PERMANENT TEETH/RETAINED PRIMARY TEETH, 3 CANALS	204.98	245.98
PULPECTOMY (AN EMERGENCY PROCEDURE AND/OR AS A PRE-EMPTIVE PHASE TO THE PREPARATION OF THE ROOT CANAL SYSTEM FOR OBTURATION), PERMANENT TEETH/RETAINED PRIMARY TEETH, 4 CANALS OR MORE	245.96	295.16
PULPECTOMY, PRIMARY TEETH, ANTERIOR TOOTH	122.98	147.58
PULPECTOMY, PRIMARY TEETH, POSTERIOR TOOTH	204.98	245.98
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, ONE CANAL	697.04	836.45
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, DIFFICULT ACCESS, ONE CANAL	901.76	1082.11
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, EXCEPTIONAL ANATOMY, ONE CANAL	901.76	1082.11
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, CALCIFIED CANAL, ONE CANAL	901.76	1082.11
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, RETREATMENT OF PREVIOUSLY COMPLETED THERAPY, ONE CANAL	901.76	1082.11
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, TWO CANALS	1052.07	1262.48
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, DIFFICULT ACCESS, TWO CANALS	1266.76	1520.11
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, EXCEPTIONAL ANATOMY, TWO CANALS	1266.76	1520.11
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, CALCIFIED CANALS, TWO CANALS	1266.76	1520.11
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, RETREATMENT OF PREVIOUSLY COMPLETED THERAPY, TWO CANALS	1266.76	1520.11
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, THREE CANALS	1202.35	1442.82
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, DIFFICULT ACCESS, THREE CANALS	1417.08	1700.49
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, EXCEPTIONAL ANATOMY, THREE CANALS	1417.08	1700.49
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, CALCIFIED CANALS, THREE CANALS	1417.08	1700.49
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, RETREATMENT OF PREVIOUSLY COMPLETED THERAPY, 3 CANALS	1417.08	1700.49
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, FOUR OR MORE CANALS	1460.00	1752.00



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ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, DIFFICULT ACCESS, FOUR OR MORE CANALS	1674.69	2009.63
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, EXCEPTIONAL ANATOMY, FOUR OR MORE	1674.69	2009.63
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, CALCIFIED CANAL, FOUR OR MORE CANALS	1674.69	2009.63
ROOT CANALS, PERMANENT TEETH/RETAINED PRIMARY TEETH, RETREATMENT OF PREVIOUSLY COMPLETED THERAPY, FOUR OR MORE CANALS	1674.69	2009.63
PULPAL REVASCULARIZATION, ONE CANAL	IC	IC
PULPAL REVASCULARIZATION, TWO CANALS	IC	IC
PULPAL REVASCULARIZATION, THREE CANALS OR MORE	IC	IC
APEXIFICATION/APEXOGENESIS/INDUCTION OF HARD TISSUE REPAIR, ONE CANAL	257.65	309.18
APEXIFICATION/APEXOGENESIS/INDUCTION OF HARD TISSUE REPAIR, TWO CANALS	386.49	463.78
APEXIFICATION/APEXOGENESIS/INDUCTION OF HARD TISSUE REPAIR, THREE CANALS	515.29	618.34
APEXIFICATION/APEXOGENESIS/INDUCTION OF HARD TISSUE REPAIR, FOUR CANALS OR MORE	687.07	824.48
APEXIFICATION/RE-INSERTION OF DENTOGENIC MEDIA PER VISIT, ONE CANAL	128.83	154.60
APEXIFICATION/RE-INSERTION OF DENTOGENIC MEDIA PER VISIT, TWO CANALS	171.76	206.11
APEXIFICATION/RE-INSERTION OF DENTOGENIC MEDIA PER VISIT, THREE CANALS	257.65	309.18
APEXIFICATION/RE-INSERTION OF DENTOGENIC MEDIA PER VISIT, FOUR CANALS OR MORE	343.52	412.23
APICOECTOMY/APICAL CURETTAGE, MAXILLARY ANTERIOR, ONE ROOT	448.90	538.68
APICOECTOMY/APICAL CURETTAGE, MAXILLARY ANTERIOR, TWO ROOTS	655.71	786.85
APICOECTOMY/APICAL CURETTAGE, MAXILLARY BICUSPID, ONE ROOT	562.04	674.44
APICOECTOMY/APICAL CURETTAGE, MAXILLARY BICUSPID, TWO ROOTS	749.38	899.25
APICOECTOMY/APICAL CURETTAGE, MAXILLARY BICUSPID, THREE ROOTS	936.73	1124.08
APICOECTOMY/APICAL CURETTAGE, MAXILLARY MOLAR, ONE ROOT	562.04	674.44
APICOECTOMY/APICAL CURETTAGE, MAXILLARY MOLAR, TWO ROOTS	749.38	899.25
APICOECTOMY/APICAL CURETTAGE, MAXILLARY MOLAR, THREE ROOTS	1124.09	1348.91
APICOECTOMY/APICAL CURETTAGE, MANDIBULAR ANTERIOR, ONE ROOT	538.66	646.39
APICOECTOMY/APICAL CURETTAGE, MANDIBULAR ANTERIOR, TWO OR MORE ROOTS	749.38	899.25
APICOECTOMY/APICAL CURETTAGE, MANDIBULAR BICUSPID, ONE ROOT	655.71	786.85
APICOECTOMY/APICAL CURETTAGE, MANDIBULAR BICUSPID, TWO ROOTS	843.06	1011.68
APICOECTOMY/APICAL CURETTAGE, MANDIBULAR BICUSPID, THREE OR MORE ROOTS	977.50	1173.00
APICOECTOMY/APICAL CURETTAGE, MANDIBULAR MOLAR, ONE ROOT	655.71	786.85
APICOECTOMY/APICAL CURETTAGE, MANDIBULAR MOLAR, TWO ROOTS	843.06	1011.68
APICOECTOMY/APICAL CURETTAGE, MANDIBULAR MOLAR, THREE ROOTS	1124.09	1348.91
RETROFILLING, MAXILLARY ANTERIOR, ONE CANAL	89.78	107.74
RETROFILLING, MAXILLARY ANTERIOR, 2 OR MORE CANALS	179.54	215.45
RETROFILLING, MAXILLARY BICUSPID, 1 CANAL	89.78	107.74
RETROFILLING, MAXILLARY BICUSPID, 2 CANALS	179.54	215.45
RETROFILLING, MAXILLARY BICUSPID, 3 CANALS	269.32	323.19
RETROFILLING, MAXILLARY BICUSPID, 4 OR MORE CANALS	359.12	430.94
RETROFILLING, MAXILLARY MOLAR, 1 CANAL	89.78	107.74
RETROFILLING, MAXILLARY MOLAR, 2 CANALS	179.54	215.45



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
RETROFILLING, MAXILLARY MOLAR, 3 CANALS	269.32	323.19
RETROFILLING, MAXILLARY MOLAR, 4 OR MORE CANALS	359.12	430.94
RETROFILLING, MANDIBULAR ANTERIOR, 1 CANAL	89.78	107.74
RETROFILLING, MANDIBULAR ANTERIOR, 2 OR MORE CANALS	179.54	215.45
RETROFILLING, MANDIBULAR BICUSPID, 1 CANAL	89.78	107.74
RETROFILLING, MANDIBULAR BICUSPID, 2 CANALS	179.54	215.45
RETROFILLING, MANDIBULAR BICUSPID, 3 CANALS	269.32	323.19
RETROFILLING, MANDIBULAR BICUSPID, 4 OR MORE CANALS	359.10	430.92
RETROFILLING, MANDIBULAR MOLAR, 1 CANAL	89.78	107.74
RETROFILLING, MANDIBULAR MOLAR, 2 CANALS	179.54	215.45
RETROFILLING, MANDIBULAR MOLAR, 3 CANALS	269.32	323.19
RETROFILLING, MANDIBULAR MOLAR, 4 OR MORE CANALS	359.10	430.92
RETREATMENT, APICOECTOMY/APICAL CURETTAGE, MAXILLARY ANTERIOR, 1 ROOT	538.66	646.39
RETREATMENT, APICOECTOMY/APICAL CURETTAGE, MAXILLARY ANTERIOR, 2 ROOTS	749.38	899.25
APICOECTOMY/APICAL CURETTAGE, MAXILLARY BICUSPID, 1 ROOT	655.71	786.85
RETREATMENT, APICOECTOMY/APICAL CURETTAGE, MAXILLARY BICUSPID, 2 ROOTS	889.90	1067.88
RETREATMENT, APICOECTOMY/APICAL CURETTAGE, MAXILLARY BICUSPID, 3 ROOTS	1124.09	1348.91
APICOECTOMY/APICAL CURETTAGE, MAXILLARY MOLAR, 1 ROOT	655.71	786.85
APICOECTOMY/APICAL CURETTAGE, MAXILLARY MOLAR, 2 ROOTS	889.90	1067.88
RETREATMENT, APICOECTOMY/APICAL CURETTAGE, MAXILLARY MOLAR, 3 ROOTS	1311.43	1573.72
RETREATMENT, APICOECTOMY/APICAL CURETTAGE, MANDIBULAR ANTERIOR, 1 ROOT	673.33	808.00
RETREATMENT, APICOECTOMY/APICAL CURETTAGE, MANDIBULAR ANTERIOR, 2 OR MORE ROOTS	936.73	1124.08
RETREATMENT, APICOECTOMY/APICAL CURETTAGE, MANDIBULAR BICUSPID, 1 ROOT	749.38	899.25
RETREATMENT, APICOECTOMY/APICAL CURETTAGE, MANDIBULAR BICUSPID, 2 ROOTS	1030.40	1236.48
RETREATMENT, APICOECTOMY/APICAL CURETTAGE, MANDIBULAR BICUSPID, 3 ROOTS	1217.76	1461.31
RETREATMENT, APICOECTOMY/APICAL CURETTAGE, MANDIBULAR MOLAR, 1 ROOT	749.38	899.25
RETREATMENT, APICOECTOMY/APICAL CURETTAGE, MANDIBULAR MOLAR, 2 ROOTS	983.57	1180.28
APICOECTOMY/APICAL CURETTAGE, MANDIBULAR MOLAR, 3 ROOTS	1311.43	1573.72
SURGICAL SERVICES, AMPUTATIONS, (INCLUDES RECONTOURING TOOTH AND FURCA) ONE ROOT	269.32	323.19
SURGICAL SERVICES, AMPUTATIONS, TWO ROOTS	448.90	538.68
SURGICAL SERVICES, HEMISECTION, MAXILLARY BICUSPID	269.32	323.19
SURGICAL SERVICES, HEMISECTION, MAXILLARY MOLAR	269.32	323.19
SURGICAL SERVICES, HEMISECTION, MANDIBULAR MOLAR	269.32	323.19
SURGICAL SERVICES, DECOMPRESSION, PERIO-RADICULAR LESION, FIRST VISIT	359.12	430.94
SURGICAL SERVICES, DECOMPRESSION, PERIO-RADICULAR LESION, EACH ADDITIONAL VISIT	179.54	215.45
SURGERY, ENDODONTIC, EXPLORATORY, MAXILLARY ANTERIOR	269.32	323.19
SURGERY, ENDODONTIC, EXPLORATORY, MAXILLARY BICUSPID	359.12	430.94
SURGERY, ENDODONTIC, EXPLORATORY, MAXILLARY MOLAR	448.90	538.68
SURGERY, ENDODONTIC, EXPLORATORY, MANDIBULAR ANTERIOR	269.32	323.19
SURGERY, ENDODONTIC, EXPLORATORY, MANDIBULAR BICUSPID	359.12	430.94



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
SURGERY, ENDODONTIC, EXPLORATORY, MANDIBULAR MOLAR	448.90	538.68
REMOVAL, INTENTIONAL, OF TOOTH, APICAL FILLING & REPLANTATION, SINGLE ROOTED TOOTH	374.70	449.64
REMOVAL, INTENTIONAL, OF TOOTH, APICAL FILLING & REPLANTATION, TWO ROOTED TOOTH	562.04	674.44
REMOVAL, INTENTIONAL, OF TOOTH, APICAL FILLING AND REPLANTATION, THREE ROOTED TOOTH OR MORE	749.38	899.25
PERFORATIONS/RESORPTIVE DEFECTS, PULP CHAMBER OR ROOT REPAIR, NON-SURGICAL, PER TOOTH	81.98	98.38
PERFORATIONS/RESORPTIVE DEFECT(S), PULP CHAMBER OR ROOT REPAIR, SURGICAL, ANTERIOR TOOTH	89.78	107.74
PERFORATIONS/RESORPTIVE DEFECT(S), PULP CHAMBER OR ROOT REPAIR, SURGICAL, BICUSPID TOOTH	179.54	215.45
PERFORATIONS/RESORPTIVE DEFECT(S), PULP CHAMBER OR ROOT REPAIR, MOLAR TOOTH	269.32	323.19
ENLARGEMENT, CANAL AND/OR PULP CHAMBER, IN PREVIOUSLY FILLED TOOTH, RCT DONE BY ANOTHER PRACTITIONER	85.89	103.07
ENLARGEMENT, CANAL AND/OR PULP CHAMBER, IN CALCIFIED CANALS	257.65	309.18
ISOLATION OF ENDODONTIC TOOTH/TEETH FOR ASEPSIS, BANDING AND/OR CORONAL BUILDUP OF TOOTH/TEETH AND/OR CONTOURING OF TISSUE SURROUNDING TOOTH TO MAINTAIN ASEPTIC OPERATING FIELD (PER TOOTH)	163.98	196.78
OPEN AND DRAIN (SEPARATE EMERGENCY PROCEDURES) ANTERIORS AND BICUSPIDS	74.20	89.04
ENDODONTIC, PROCEDURES, OPEN AND DRAIN (SEPARATE EMERGENCY PROCEDURES), MOLARS	74.20	89.04
OPEN AND DRAIN, OPENING THROUGH ARTIFICIAL CROWN (IN ADDITION TO PROCEDURES) ANTERIORS AND BICUSPIDS	81.98	98.38
ENDODONTIC, OPEN AND DRAIN, OPENING THROUGH ARTIFICIAL CROWN, MOLARS	81.98	98.38
BLEACHING, NON VITAL, ENDODONTICALLY TREATED TOOTH/TEETH, ONE UNIT OF TIME	81.98	98.38
BLEACHING, NON VITAL, ENDODONTICALLY TREATED TOOTH/TEETH, TWO UNITS	163.98	196.78
BLEACHING, NON VITAL, ENDODONTICALLY TREATED TOOTH/TEETH, THREE UNITS	245.96	295.16
BLEACHING, NON VITAL, ENDODONTICALLY TREATED TOOTH/TEETH, EACH ADDITIONAL UNIT OVER THREE	81.98	98.38
EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY TREATED TOOTH, ANTERIOR	74.20	89.04
EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY TREATED TOOTH, BICUSPID	74.20	89.04
EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY TREATED TOOTH, MOLAR	81.27	97.53
ORAL DISEASE, ORAL MANIFESTATIONS, ORAL MUCOSAL DISORDERS, E.G. LICHEN PLANUS, APHTHOUS STOMATITIS, SALIVARY AND GLAND TUMOURS, ETC., ONE UNIT OF TIME	76.36	91.64
ORAL DISEASE, ORAL MANIFESTATIONS, ORAL MUCOSAL DISORDERS, E.G. LICHEN PLANUS, APHTHOUS STOMATITIS, SALIVARY AND GLAND TUMOURS, ETC., TWO UNITS OF TIME	151.21	181.45
ORAL DISEASE, ORAL MANIFESTATIONS, ORAL MUCOSAL DISORDERS, E.G. LICHEN PLANUS, APHTHOUS STOMATITIS, SALIVARY AND GLAND TUMOURS, ETC., THREE UNITS OF TIME	226.16	271.40
ORAL DISEASE, ORAL MANIFESTATIONS, ORAL MUCOSAL DISORDERS, E.G. LICHEN PLANUS, APHTHOUS STOMATITIS, SALIVARY AND GLAND TUMOURS, ETC., FOUR UNITS OF TIME	300.97	361.17
ORAL DISEASE, ORAL MANIFESTATIONS, ORAL MUCOSAL DISORDERS, E.G. LICHEN PLANUS, APHTHOUS STOMATITIS, SALIVARY AND GLAND TUMOURS, ETC., EACH ADDITIONAL UNIT OVER FOUR	78.12	93.74
NERVOUS AND MUSCULAR DISORDERS, DISORDERS OF FACIAL SENSATION AND MOTOR DYSFUNCTION AT THE JAW, ONE UNIT OF TIME	79.77	95.72
NERVOUS & MUSCULAR DISORDERS, DISORDERS OF FACIAL SENSATION AND MOTOR DYSFUNCTION AT THE JAW, TWO UNITS	156.26	187.51



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
NERVOUS & MUSCULAR DISORDERS, DISORDERS OF FACIAL SENSATION AND MOTOR DYSFUNCTION AT THE JAW, THREE UNITS	226.13	271.35
NERVOUS & MUSCULAR DISORDERS, DISORDERS OF FACIAL SENSATION AND MOTOR DYSFUNCTION AT THE JAW, FOUR UNITS	300.97	361.17
NERVOUS & MUSCULAR DISORDERS, DISORDERS OF FACIAL SENSATION AND MOTOR DYSFUNCTION AT THE JAW, EACH ADDITIONAL UNIT OVER FOUR	78.12	93.74
ORAL MANIFESTATIONS OF SYSTEMIC DISEASE OR COMPLICATIONS OF MEDICAL THERAPY, E.G. CHEMOTHERAPY, RADIATION THERAPY, POST OPERATIVE NEUROPATHICS, ETC., ONE UNIT OF TIME	79.77	95.72
ORAL MANIFESTATIONS OF SYSTEMIC DISEASE OR COMPLICATIONS OF MEDICAL THERAPY, E.G. CHEMOTHERAPY, RADIATION THERAPY, POST OPERATIVE NEUROPATHICS, ETC.,TWO UNITS OF TIME	156.26	187.51
ORAL MANIFESTATIONS OF SYSTEMIC DISEASE OR COMPLICATIONS OF MEDICAL THERAPY, E.G. CHEMOTHERAPY, RADIATION THERAPY, POST OPERATIVE NEUROPATHICS, ETC., THREE UNITS OF TIME	226.13	271.35
ORAL MANIFESTATIONS OF SYSTEMIC DISEASE OR COMPLICATIONS OF MEDICAL THERAPY, E.G. CHEMOTHERAPY, RADIATION THERAPY, POST OPERATIVE NEUROPATHICS, ETC., FOUR UNITS OF TIME	300.97	361.17
ORAL MANIFESTATIONS OF SYSTEMIC DISEASE, OR COMPLICATIONS OF MEDICAL THERAPY, E.G. CHEMOTHERAPY, RADIATION THERAPY, POST OPERATIVE NEUROPATHICS, ETC., EACH ADDITIONAL UNIT OVER FOUR	78.12	93.74
DESENSITIZATION (THIS MAY INVOLVE APPLICATION AND BURNISHING OF MEDICINAL AIDS ON THE ROOT) ONE UNIT OF TIME	79.77	95.72
DESENSITIZATION, (THIS MAY INVOLVE APPLICATION AND BURNISHING OF MEDICINAL AIDS ON THE ROOT) TWO UNITS OF TIME	156.26	187.51
DESENSITIZATION, (THIS MAY INVOLVE APPLICATION AND BURNISHING OF MEDICINAL AIDS ON THE ROOT) EACH ADDITIONAL UNIT OVER 2	76.47	91.77
PERIODONTAL SURGERY, GINGIVAL CURETTAGE, SURGICAL CURETTAGE TO INCLUDE DEFINITIVE ROOT PLANING, PER SEXTANT	197.61	237.13
PERIODONTAL SURGERY, GINGIVOPLASTY, PER SEXTANT	238.45	286.14
PERIODONTAL SURGERY, GINGIVECTOMY, UNCOMPLICATED, PER SEXTANT	268.80	322.56
PERIODONTAL SURGERY, GINGIVECTOMY WITH CURETTAGE, PER SEXTANT	360.52	432.63
PERIODONTAL SURGERY, GINGIVECTOMY, GINGIVAL FIBER INCISION (SUPRA CRESTAL FIBROTOMY) FIRST TOOTH	72.89	87.47
PERIODONTAL SURGERY, GINGIVECTOMY, GINGIVAL FIBER INCISION (SUPRA CRESTAL FIBROTOMY) EACH ADDITIONAL TOOTH	73.60	88.32
PERIODONTAL SURGERY, FLAP APPROACH, WITH OSTEOPLASTY/OSTECTOMY, PER SEXTANT	1031.94	1238.33
PERIODONTAL SURGERY, FLAP APPROACH, WITH CURETTAGE OF OSSEOUS DEFECT, PER SEXTANT	580.33	696.39
PERIODONTAL SURGERY, FLAP APPROACH WITH CURETTAGE OF OSSEOUS DEFECT AND OSTEOPLASTY, PER SEXTANT	892.03	1070.43
PERIODONTAL SURGERY, FLAP APPROACH, EXPLORATORY (FOR DIAGNOSIS) PER SITE	512.31	614.77
PERIODONTAL SURGERY, GRAFTS, SOFT TISSUE, PEDICLE, PER SITE	611.04	733.25
PERIODONTAL SURGERY, GRAFTS, SOFT TISSUE, PERIOSTEAL STIMULATION IN ADDITION TO 42511	90.87	109.04
PERIODONTAL SURGERY, GRAFTS, SOFT TISSUE, PEDICLE (CORONALLY POSITIONED) PER SITE	609.08	730.89
PERIODONTAL SURGERY, GRAFTS, SOFT TISSUE, PERIOSTEAL STIMULATION IN ADDITION TO 42521	84.44	101.32
PERIODONTAL SURGERY, GRAFTS, FREE SOFT TISSUE, PER SITE	599.87	719.85
PERIODONTAL SURGERY, GRAFTS, SOFT TISSUE, PEDICLE, WITH FREE GRAFT PLACED IN PEDICLE DONOR SITE, PER SITE	711.20	853.44



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PERIODONTAL SURGERY, GRAFTS, AUTOGRAFTS, FREE CONNECTIVE TISSUE (FOR ROOT COVERAGE) - INCLUDES HARVESTING FROM DONOR SITE, PER SITE	699.60	839.53
PERIODONTAL SURGERY, GRAFTS, ALLOGRAFTS, (FOR ROOT COVERAGE) - PER SITE + E	0.00	0.00
PERIODONTAL SURGERY, GRAFTS, ALLOGRAFTS, FREE CONNECTIVE TISSUE (ADJACENT TO AN IMPLANT) - PER SITE + E	0.00	0.00
PERIODONTAL SURGERY, GRAFTS, AUTOGRAFT, FREE CONNECTIVE TISSUE, (FOR RIDGE AUGMENTATION) - INCLUDES HARVESTING FROM DONOR SITE - PER SITE	862.97	1035.56
PERIODONTAL SURGERY, GRAFTS, ALLOGRAFT FOR RIDGE AUGMENTATION PER SITE + E	0.00	0.00
PERIODONTAL SURGERY, GRAFTS, CONNECTIVE TISSUE, PEDICLE, WITH FREE GRAFT FOR ROOT COVERAGE, PER SITE	813.11	975.73
PERIODONTAL SURGERY, GRAFTS, GINGIVAL ONLAY, FOR RIDGE AUGMENTATION, PER SITE	862.97	1035.56
PERIODONTAL SURGERY, GRAFTS, DERMAL, ONLAY, FOR RIDGE AUGMENTATION AUTOGRAFT PER SITE	862.97	1035.56
PERIODONTAL SURGERY, GRAFTS, DERMAL, ONLAY, FOR RIDGE AUGMENTATION ALLOGRAFT PER SITE +E	865.16	1038.20
PERIODONTAL SURGERY, GRAFTS, OSSEOUS TISSUE, AUTOGRAFT (INCLUDING FLAP ENTRY, CLOSURE AND DONOR SITE) PER SITE	1015.84	1219.00
PERIODONTAL SURGERY, GRAFTS, OSSEOUS, ALLOGRAFT (INCLUDING FLAP ENTRY CLOSURE), PER SITE +E	1015.84	1219.00
PERIODONTAL SURGERY, GRAFTS, OSSEOUS, ZENOGRAFT (INCLUDING FLAP ENTRY CLOSURE), PER SITE +E	1015.84	1219.00
PERIODONTAL SURGERY, GUIDED TISSUE REGENERATION NON-RESORBABLE MEMBRANE PER SITE +E	1535.84	1843.01
PERIODONTAL SURGERY, GUIDED TISSUE REGENERATION RESORBABLE MEMBRANE PER SITE + E	1535.84	1843.01
PERIODONTAL SURGERY, GUIDED TISSUE REGENERATION NON RESORBABLE MEMBRANE SURGICAL REENTRY FOR REMOVAL	1535.85	1843.02
BIOLOGICAL MATERIALS TO AID IN SOFT & OSSEOUS TISSUE REGNERATION PER SITE + E	0.00	0.00
PERIODONTAL SURGERY, PROXIMAL WEDGE PROCEDURE (AS A SEPARATE PROCEDURE, WITH FLAP CURETTAGE, PER SITE	450.04	540.04
PERIODONTAL SURGERY, PROXIMAL WEDGE PROCEDURE, WITH FLAP CURETTAGE AND OSTECTOMY/OSTEOPLASTY PER SITE	581.75	698.10
POST SURGICAL PERIODONTAL TREATMENT VISIT PER DRESSING CHANGE, ONE UNIT OF TIME	71.27	85.53
POST SURGICAL PERIODONTAL TREATMENT VISIT PER DRESSING CHANGE, TWO UNITS	151.73	182.08
POST SURGICAL PERIODONTAL TREATMENT VISIT PER DRESSING CHANGE, THREE UNITS	225.90	271.08
POST SURGICAL PERIODONTAL TREATMENT VISIT PER DRESSING CHANGE, EACH ADDITIONAL UNIT OVER THREE	72.84	87.41
PERIODONTAL ABSCESS OR PERICORONITIS, INCLUDES ANY OF THE FOLLOWING PROCEDURES: LANCING, SCALING, CURETTAGE, SURGERY OR MEDICATION, ONE UNIT OF TIME	77.96	93.56
PERIODONTAL ABSCESS OR PERICORONITIS, INCLUDES ANY OF THE FOLLOWING PROCEDURES: LANCING, SCALING, CURETTAGE, SURGERY OR MEDICATION, TWO UNITS	154.37	185.25
PERIODONTAL ABSCESS OR PERICORONITIS, INCLUDES ANY OF THE FOLLOWING PROCEDURES: LANCING, SCALING, CURETTAGE, SURGERY OR MEDICATION, THREE UNITS	226.05	271.26
PERIODONTAL ABSCESS OR PERICORONITIS, INCLUDES ANY OF THE FOLLOWING PROCEDURES: LANCING, SCALING, CURETTAGE, SURGERY OR MEDICATION, FOUR UNITS	300.97	361.17
PERIODONTAL ABSCESS OR PERICORONITIS, INCLUDES ANY OF THE FOLLOWING PROCEDURES: LANCING, SCALING, CURETTAGE, SURGERY OR MEDICATION, EACH ADDITIONAL UNIT OVER FOUR	78.12	93.74
FLAP APPROACH FOR CREATION OF INTERDENTAL PAPILLAE PER SITE	0.00	0.00
PERIODONTAL SPLINT OR LIGATION, PROVISIONAL, INTRA CORONAL, NOTE: THIS PROCEDURE IS IN ADDITION TO THE USUAL CODE FOR THE TOOTH PREPARATION ON EITHER SIDE OF THE JOINT, 'A' SPLINT (ACRYLIC, COMPOSITE OR AMALGAM, PLUS KNURLED WIRE) PER JOINT +E	149.15	178.98



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PERIODONTAL SPLINT OR LIGATION, PROVISIONAL, EXTRA CORONAL, BONDED, INTERPROXIMAL ENAMEL SPLINT, PER JOINT	72.92	87.50
PERIODONTAL SPLINT OR LIGATION, PROVISIONAL, EXTRA CORONAL, WIRE LIGATION, PER JOINT	71.27	85.53
PERIODONTAL SPLINT, WIRE LIGATION, MATERIAL COVERED, PER JOINT	74.41	89.29
PERIODONTAL SPLINT OR LIGATION, ORTHODONTIC BAND SPLINT, PER BAND +E	72.84	87.41
PERIODONTAL SPLINT, CAST/SOLDERED/CERAMIC/POLYMER GLASS, SPLINT, BONDED, PER ABUTMENT + L	76.40	91.67
PERIODONTAL SPLINT, REMOVAL OF FIXED PERIODONTAL SPLINTS, ONE UNIT OF TIME	72.84	87.41
REMOVAL OF FIXED PERIODONTAL SPLINTS, EACH ADDITIONAL UNIT OF TIME	72.84	87.41
ROOT PLANING, PERIODONTAL, ONE UNIT OF TIME	76.47	91.77
ROOT PLANING, PERIODONTAL, TWO UNITS OF TIME	151.24	181.49
ROOT PLANING-THREE UNITS OF TIME	226.05	271.26
ROOT PLANING-FOUR UNITS OF TIME	300.97	361.17
ROOT PLANING-FIVE UNITS OF TIME	377.44	452.93
ROOT PLANING-SIX UNITS OF TIME	453.93	544.72
ROOT PLANING-HALF A UNIT OF TIME	44.01	52.81
ROOT PLANING-EACH ADDITIONAL UNIT	83.06	99.67
CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS, TOPICAL APPLICATION, ONE UNIT OF TIME	81.15	97.38
CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS, EACH ADDITIONAL UNIT OF TIME	72.10	86.52
CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL THERAPY, ONE UNIT OF TIME +E	76.47	91.77
CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL THERAPY, EACH ADDITIONAL UNIT OF TIME +E	76.40	91.67
PERIODONTAL, RE-EVALUATION/EVALUATION, ONGOING PERIODONTAL TREATMENT, POST-SURGICAL RE-EVALUATION ONE MONTH AFTER SURGERY, ONE UNIT OF TIME	72.84	87.41
PERIODONTAL, RE-EVALUATION/EVALUATION, ONGOING PERIODONTAL TREATMENT, POST-SURGICAL RE-EVALUATION ONE MONTH AFTER SURGERY, TWO UNITS	144.21	173.05
PERIODONTAL, RE-EVALUATION/EVALUATION, ONGOING PERIODONTAL TREATMENT, POST-SURGICAL RE-EVALUATION ONE MONTH AFTER SURGERY, EACH ADDITIONAL UNIT OVER TWO	72.92	87.50
PERIODONTAL IRRIGATION, SUBGINGIVAL, ONE UNIT OF TIME + E	76.40	91.67
PERIODONTAL IRRIGATION, SUBGINGIVAL, EACH ADDITIONAL UNIT OF TIME + E	74.66	89.59
Prosthodontics (Dentures)		
DENTURES, COMPLETE, STANDARD, (INCLUDES IMPRESSIONS, INSERTION AND ADJUSTMENTS, THREE MONTH POST INSERTION CARE), MAXILLARY + L	874.84	1049.80
DENTURES, COMPLETE, STANDARD, (INCLUDES IMPRESSIONS, INSERTION AND ADJUSTMENTS, THREE MONTH POST INSERTION CARE), MANDIBULAR + L	874.84	1049.80
DENTURES, COMPLETE, STANDARD, (INCLUDES IMPRESSIONS, INSERTION AND ADJUSTMENTS, THREE MONTH POST INSERTION CARE), LINERS, PROCESSED, RESILIENT, IN ADDITION TO 51103	0.00	0.00
DENTURES, COMPLETE, COMPLEX, MAXILLARY +L	1741.20	2089.44
DENTURES, COMPLETE, COMPLEX, MANDIBULAR +L	1741.20	2089.44
DENTURES, COMPLETE, COMPLEX, LINERS, PROCESSED , RESILIENT	0.00	0.00
DENTURES, SURGICAL STANDARD (IMMEDIATE) MAXILLARY +L	874.84	1049.80
DENTURES, SURGICAL STANDARD (IMMEDIATE) MANDIBULAR +L	874.84	1049.80
DENTURES, SURGICAL COMPLEX (IMMEDIATE) MAXILLARY +L	1191.36	1429.63
DENTURES, SURGICAL COMPLEX (IMMEDIATE) MANDIBULAR +L	1191.36	1429.63
DENTURES, COMPLETE, GNATHOLOGICAL (CAST BASE AND METAL OCCLUSALS) MAXILLARY	0.00	0.00



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DENTURES, COMPLETE, GNATHOLOGICAL (CAST BASE AND METAL OCCLUSALS) MANDIBULAR	0.00	0.00
DENTURES, COMPLETE, PROVISIONAL, MAXILLARY + L	583.31	699.97
DENTURES, COMPLETE, PROVISIONAL, MANDIBULAR + L	583.31	699.97
DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY NATURAL TEETH WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS, MAXILLARY + L	1099.39	1319.27
DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY NATURAL TEETH WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS, MANDIBULAR + L	1099.39	1319.27
DENTURES, COMPLETE, OVERDENTURES,SUPPORTED BY IMPLANTS, MAXILLARY + L	1099.69	1319.63
DENTURES, COMPLETE, OVERDENTURES, SUPPORTED BY IMPLANTS,MANDIBULAR + L	1099.69	1319.63
DENTURES,SUPPORTED BY NATURAL TEETH AND IMPLANTS,NO ATTACHMENTS, MAXILLARY + L	1099.69	1319.63
DENTURES,SUPPORTED BY NATURAL TEETH AND IMPLANTS, NO ATTACHMENTS, MAND. + L	1099.69	1319.63
DENTURES,COMPLETE,OVERDENTURE, SUPPORTED BY TEETH, NO ATTACHMENTS, MAX. + L	1049.82	1259.79
DENTURES,COMPLETE,OVERDENTURE,SUPPORTED BY TEETH,NO ATTACHMENTS, MAND.+ L	1049.82	1259.79
DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, WITH INDEPENDENT ATTACHMENTS SECURED TO NATURAL TEETH WITH OR WITHOUT COPING CROWNS, MAXILLARY + L	1049.82	1259.79
DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, WITH INDEPENDENT ATTACHMENTS SECURED TO NATURAL TEETH WITH OR WITHOUT COPING CROWNS, MANDIBULAR + L	1049.82	1259.79
DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, WITH INDEPENDENT ATTACHMENTS SECURED TO IMPLANTS WITH OR WITHOUT COPING CROWNS, MAXILLARY + L	0.00	0.00
DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, WITH INDEPENDENT ATTACHMENTS SECURED TO IMPLANTS WITH OR WITHOUT COPING CROWNS, MANDIBULAR + L	0.00	0.00
DENTURES, COMPLETE, SECURED TO TEETH AND IMPLANTS, MAXILLARY +L	0.00	0.00
DENTURES, COMPLETE, SECURED TO TEETH AND IMPLANTS, MANDIBULAR +L	0.00	0.00
DENTURES, COMPLETE, SUPPORTED BY IMPLANTS, MAXILLARY + L	0.00	0.00
DENTURES, COMPLETE, SUPPORTED BY IMPLANTS, MANDIBULAR +L	0.00	0.00
DENTURES, COMPLETE, SUPPORTED BY TEETH AND IMPLANTS, MAXILLARY +L	0.00	0.00
DENTURES, COMPLETE, SUPPORTED BY TEETH AND IMPLANTS, MANDIBULAR +L	0.00	0.00
DENTURES, PARTIAL, ACRYLIC BASE (PROVISIONAL) (WITH OR WITHOUT CLASPS), MAXILLIARY + L	249.98	299.98
DENTURES, PARTIAL, ACRYLIC BASE (PROVISIONAL) (WITH OR WITHOUT CLASPS), MANDIBULAR + L	249.98	299.98
DENTURES, PARTIAL, ACRYLIC BASE (IMMEDIATE) (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE) MAXILLARY + L	249.98	299.98
DENTURES, PARTIAL, ACRYLIC BASE (IMMEDIATE) (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE) MANDIBULAR + L	249.98	299.98
DENTURES, PARTIAL, ACRYLIC, RESILIENT RETAINER, MAXILLARY + L	249.98	299.98
DENTURES, PARTIAL, ACRYLIC, RESILIENT RETAINER, MANDIBULAR + L	249.98	299.98
DENTURES, PARTIAL, ACRYLIC, RESILIENT RETAINER, (IMMEDIATE), (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE) MAXILLARY + L	249.98	299.98
DENTURES, PARTIAL, ACRYLIC, RESILIENT RETAINER, (IMMEDIATE), (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE) MANDIBULAR + L	249.98	299.98
DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS, MAXILLARY + L	833.29	999.95
DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS, MANDIBULAR + L	833.29	999.95
DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS, (IMMEDIATE) (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE) MAXILLARY + L	833.29	999.95



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DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS, (IMMEDIATE), (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE) MANDIBULAR + L	833.29	999.95
DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT PALATAL/LINGUAL BAR AND CLASPS AND/OR RESTS, MAXILLARY + L	833.29	999.95
DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT PALATAL/LINGUAL BAR AND CLASPS AND/OR RESTS, MANDIBULAR + L	833.29	999.95
DENTURES, PARTIAL, ACRYLIC, WITH METAL/ WROUGHT PALATAL/LINGUAL BAR, CLASPS AND/OR RESTS, (IMMEDIATE) (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE) (MAXILLARY + L	833.29	999.95
DENTURES, PARTIAL, ACRYLIC, WITH METAL/ WROUGHT PALATAL/LINGUAL BAR AND CLASPS AND/OR RESTS, (IMMEDIATE) (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE) MANDIBULAR + L	833.29	999.95
DENTURES, PARTIAL, (FLEXIBLE, NON METAL, NON ACRYLIC) MAXILLARY + L	249.98	299.98
DENTURES, PARTIAL, (FLEXIBLE, NON METAL, NON ACRYLIC) MANDIBULAR + L	249.98	299.98
DENTURES, PARTIAL, (FLEXIBLE, NON METAL, NON ACRYLIC) MAXILLARY & MANDIBULAR + L	499.99	599.98
OVERDENTURES, SUPPORTED BY TEETH OR IMPLANTS, MAXILLARY +L	999.93	1199.92
OVERDENTURES, SUPPORTED BY TEETH OR IMPLANTS, MANDIBULAR +L	999.93	1199.92
DENTURES, PARTIAL, OVERDENT, ACRYLIC, WROUGHT CLASPS, SUPPORTED BY IMPLANTS, MAX. +L	999.93	1199.92
DENTURES,PARTIAL,OVERDENTURE,ACRYLIC,WROUGHT, SUPPORTED BY IMPLANTS, MAND.+L	999.93	1199.92
DENTURES,PARTIAL,OVERDENTURE,ACRYLIC,WROUGHT, SUPPORTED BY TEETH/IMPLANT MAX.+L	999.93	1199.92
DENTURES,PARTIAL,OVERDENTURE,ACRYLIC,WROUGHT,SUPPORTED BY TEETH/IMPLANT,MAND.+L	999.93	1199.92
DENTURES,PARTIAL,OVERDENTURE,ACRYLIC, SUPPORT BY TEETH, NO ATTACHMENTS, MAX.+L	999.93	1199.92
DENTURES,PARTIAL,OVERDENTURE,ACRYLIC, SUPPORT BY TEETH, NO ATTACHMENTS, MAND.+L	999.93	1199.92
DENTURES,PARTIAL,OVRDENTR,ACRYLIC,WROUGHT,SUPPORT BY IMPLANTS,NO ATTACHMS,MAX+L	999.93	1199.92
DENTURES,PARTIAL,OVRDNTURE,ACRYLIC,WROUGHT,SUPPT BY IMPLANT,NO ATTACHMTS,MAN.+L	999.93	1199.92
DENTURES,PARTIAL,OVRDENT,ACRYLIC,WROUGHT,SUPPRTED BY TEETH & IMPLANTS,MAX.+L	999.93	1199.92
DENTURES,PARTIAL,OVRDENT,ACRYLIC,WROUGHT,SUPPRT BY TEETH & IMPLANTS,MAN.+L	999.93	1199.92
DENTURES,PARTIAL,OVRDENT,ACRYLIC,WROUGHT,ATTACHMT TEETH/IMPLANTS, MAX. +L	999.93	1199.92
DENTURES,PARTIAL,OVRDENT,ACRYLIC,WROUGHT,CLASP/REST,ATTACHMT TEETH/IMPLANT,MAN.+ L	999.93	1199.92
DENTURES,PARTIAL,OVRDENT,ACRYLIC,WROUGHT,ATTACHMT SECURED IMPLANTS, MAX.+L	999.93	1199.92
DENTURES,PARTIAL,OVRDENT,ACRYLIC,WROUGHT,ATTACHMT SECURED IMPLANTS, MAN.+L	999.93	1199.92
DENTURES,PARTIAL,OVRDENT,ACRYLIC,WROUGHT,ATTACHMT TEETH/IMPLANTS,MAX.+L	999.93	1199.92
DENTURES,PARTIAL,OVRDENT,ACRYLIC,WROUGHT,ATTACHMT TEETH/IMPLANTS,MAN.+L	999.93	1199.92
DENTURES,PARTIAL,OVRDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS, WITH RETENTIVE BAR, SECURED TO COPING CROWNS SUPPORTED BY NATURAL TEETH, MAXILLARY +L	999.93	1199.92
DENTURES,PARTIAL,OVRDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS, WITH RETENTIVE BAR, SECURED TO COPING CROWNS SUPPORTED BY NATURAL TEETH, MANDIBULAR +L	999.93	1199.92
DENTURE,PARTIAL,OVRDENT,ACRYL,WROUGHT,SECURED COPING CROWN/IMPLANT,MAX.+L	999.93	1199.92
DENTURE,PARTIAL,OVRDENT,ACRYL,WROUGHT,SECURED COPING CROWN/IMPLANT,MAN +L	999.93	1199.92



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DENTURE,PARTIAL,OVRDENT,ACRY,WROUGHT,SECURED CROWN SUPPRTD TEETH/IMPLANT,MAX+L	999.93	1199.92
DENTURE,PARTIAL,OVRDENT,ACRYL,WROUGHT,SECURED CROWN SUPPRTD TEETH/IMPLANT,MAN+L	999.93	1199.92
DENTURES, PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS, MAXILLARY + L	1049.52	1259.42
DENTURES, PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS, MANDIBULAR + L	1049.52	1259.42
DENTURES, PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS, ALTERED CAST IMPRESSION TECHNIQUE IN CONJUNCION WITH 53101, 53102 AND 53103 + L	87.48	104.98
DENTURES, PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS, (IMMEDIATE) (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE) MAXILLARY + L	1049.52	1259.42
DENTURES, PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS AND RESTS, (IMMEDIATE) (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE) MANDIBULAR + L	1049.52	1259.42
DENTURES, PARTIAL, FREE END, SWING LOCK/CONNECTOR, MAXILLARY + L	1099.39	1319.27
DENTURES, PARTIAL FREE END, SWING LOCK/CONNECTOR, MANDIBULAR + L	1099.39	1319.27
DENTURES, PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS + RESTS (EQUILIBRATED), MAXILLARY + L	2107.74	2529.29
DENTURES, PARTIAL, FREE END, CAST FRAME/CONNECTOR, CLASPS + RESTS (EQUILIBRATED), MANDIBULAR + L	2107.74	2529.29
DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS, MAXILLARY + L	1049.52	1259.42
DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS, MANDIBULAR + L	1049.52	1259.42
DENTURES, PARTIAL, TOOTH BORNE, UNILATERAL, ONE PIECE CASTING, CLASPS AND PONTICS + L	612.40	734.89
DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS, (IMMEDIATE), (INCLUDES FIRST TISSUE CONDITIONER, BUT NOT A PROCESSED RELINE) MAXILLARY + L	1049.52	1259.42
DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS, (IMMEDIATE), MANDIBULAR + L	1049.52	1259.42
DENTURES, PARTIAL, TOOTH BORNE, UNILATERAL, ONE PIECE CASTING, CLASPS AND PONTICS + L	612.40	734.89
DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS, (EQUILIBRATED) MAXILLARY + L	2107.74	2529.29
DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS, (EQUILIBRATED) MANDIBULAR + L	2107.74	2529.29
DENTURES, PARTIAL, CAST, PRECISION ATTACHMENTS, MAXILLARY	0.00	0.00
DENTURES, PARTIAL, CAST, PRECISION ATTACHMENTS, MANDIBULAR	0.00	0.00
DENTURE,PARTIAL,ALTERED CAST IMPRESS TECHNIQ IN CONJUNCTION W/OTHER CODES	0.00	0.00
DENTURES, PARTIAL, CAST, SEMI-PRECISION ATTACHMENTS, MAXILLARY	0.00	0.00
DENTURES, PARTIAL, CAST, SEMI-PRECISION ATTACHMENTS, MANDIBULAR	0.00	0.00
DENTURE,PARTIAL,ALTERED CAST IMPRESSION TECHNIQ IN CONJUNCTION W/OTHER CODES	0.00	0.00
DENTURES, CAST PARTIAL, STRESS BREAKER ATTACHMENTS, MAXILLARY (RESILIENT) + L	1049.52	1259.42
DENTURES, CAST PARTIAL, STRESS BREAKER ATTACHMENTS, MAXILLARY (ONE HINGE) + L	1049.52	1259.42
DENTURES, CAST PARTIAL, STRESS BREAKER ATTACHMENTS, MAXILLARY (TWO HINGES) + L	1049.52	1259.42
DENTURE,CAST PARTIAL,ALTERED CAST IMPRESSION TECHNIQ IN CONJUNCTN W/OTHER CODES	87.48	104.98
DENTURES, CAST PARTIAL, STRESS BREAKER ATTACHMENTS, MANDIBULAR (RESILIENT) + L	874.84	1049.80
DENTURES, CAST PARTIAL, STRESS BREAKER ATTACHMENTS, MANDIBULAR (ONE HINGE) + L	874.84	1049.80



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DENTURES, CAST PARTIAL, STRESS BREAKER ATTACHMENTS, MANDIBULAR (TWO HINGES) + L	874.84	1049.80
DENTURE,CAST PARTIAL,ALTERED CAST IMPRESSION TECHNIQ IN CONJUNCTN W/OTHER CODES	87.48	104.98
DENTURES, PARTIAL, CAST, OVERDENTURE, SUPPORTED BY NATURAL TEETH WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS, MAXILLARY + L	874.84	1049.80
DENTURES, PARTIAL, CAST, OVERDENTURE, SUPPORTED BY NATURAL TEETH WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS, MANDIBULAR + L	874.84	1049.80
DENTURE,PARTIAL,CAST,ALTERED CAST IMPRESSION TECHNIQ IN CONJUNCTN W/OTHER CODES	87.48	104.98
DENTURES,PARTIAL,CASTS,OVRDENTURES,SUPPORTED BY IMPLANTS,NO ATTACH, MAX +L	874.84	1049.80
DENTURES,PARTIAL,CASTS,OVRDENTURE,SUPPORTED BY IMPLANTS,NO ATTACH, MAND +L	874.84	1049.80
DENTURE,PARTIAL,CAST,ALTERED CAST IMPRESSION TECHNIQ IN CONJUNCTN W/OTHER CODES	87.48	104.98
DENTURE,PARTIAL,CASTS,OVRDENTURE,SUPPORTED BY TEETH/IMPLANTS,NO ATTACH, MAX +L	874.84	1049.80
DENTURE,PARTIAL,CASTS,OVRDENT,SUPPORTED BY TEETH/IMPLANTS,NO ATTACHMENT,MAN.+L	874.84	1049.80
DENTURE,PARTIAL,OVRDENT,ALTERED CAST IMPRESSON TECHNIQ CONJUNCTN W/OTHER CODES	87.48	104.98
DENTURES, PARTIAL,CAST,OVRDENTURE,IMMED.SUPP BY NATURAL TEETH,NO ATTACH,MAX +L	874.84	1049.80
DENTURES,PARTIAL,CAST,OVRDENTURE,IMMED.,SUPP BY NATURAL TEETH,NO ATTACH,MAN +L	874.84	1049.80
DENTURE,PARTIAL,CAST,OVRDEN,ALTERED CAST IMPRESSN TECHNIQ CONJUNCT W/OTHER CODE	87.48	104.98
DENTURES,PARTIAL,CAST,OVRDENT,(IMMED) SUPPORTED BY IMPLANTS, NO ATTACH, MAX +L	874.84	1049.80
DENTURES,PARTIAL,CAST,OVRDENT,(IMMED.) SUPPORTED BY IMPLANTS,NO ATTACH, MAN +L	874.84	1049.80
DENTURE,PARTIAL,OVRDENT,ALTERED CAST IMPRESSN TECHNIQ CONJUNCTION W/OTHER CODES	87.48	104.98
DENTURES,PARTIAL,CAST,OVRDENT.,SUPPORTED BY TEETH/IMPLANTS,NO ATTACH,MAX +L	874.84	1049.80
DENTURES,PARTIAL,CAST,OVRDENT,(IMMED),SUPPORT BY TEETH/IMPLANTS,NO ATTACH,MAN+L	874.84	1049.80
DENTURE,PARTIAL,OVRDENT,ALTERED CAST IMPRESSN TECHNIQ CONJUNCTN W/OTHER CODES	87.48	104.98
DENTURE,PARTIAL,CAST,OVRDENT,W/INDEPEND.ATTACHS SECURED TO NATURAL TEETH,MAX.+L	874.84	1049.80
DENTURE,PARTIAL,CAST,OVRDENT,INDEPENDENT ATTACHMTS SECURED TO TEETH, MAN+L	874.84	1049.80
DENTURE,PARTIAL,ALTERED CAST IMPRESSN TECHNIQ CONJUNCTN WITH 53911,53912,5313	87.48	104.98
DENTURES,PARTIAL,CAST,OVERDENT,W/INDEPENDENT ATTACHMTS TO IMPLANTS, MAX+L	874.84	1049.80
DENTURES,PARTIAL,CAST,OVERDENT,W/INDEPENDENT ATTACHMNT TO IMPLANTS, MAN +L	874.84	1049.80
DENTURE,PARTIAL,OVRDENT,ALTERED CAST IMPRESSN TECHNIQ CONJUNCTION W/OTHER CODES	87.48	104.98
DENTURE,PARTIAL,CAST,OVERDENT,INDEPENDENT ATTACHMTS TO TEETH/IMPLANTS,MAX +L	874.84	1049.80
DENTURES,PARTIAL,CAST,OVERDENT,INDEPENDENT ATTACHMTS TO TEETH/IMPLANTS,MAN +L	874.84	1049.80
DENTURE,PARTIAL,OVERDENT,ALTERED CAST IMPRESSION USING 53931,53932,53933	87.48	104.98
DENTURES,PARTIAL,CAST,OVRDENTURES, WITH RETENTION FROM A RETENTIVE BAR, SECURED TO COPING CROWNS SUPPORTED BY NATURAL TEETH, MAXILLARY +L	874.84	1049.80
DENTURES,PARTIAL,CAST,OVRDENTURES, WITH RETENTION FROM A RETENTIVE BAR, SECURED TO COPING CROWNS SUPPORTED BY NATURAL TEETH, MANDIBULAR +L	874.84	1049.80
DENTURE,PARTIAL,CAST,OVRDENT,RETENTIVE,ATTACH TO CROWN SUPPORT BY IMPLANT,MAX+L	874.84	1049.80



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DENTURE,PARTIAL,CAST,OVRDENT,RETENTIVE,ATTACH TO CROWN SUPPORT BY IMPLANT,MAN+L	874.84	1049.80
DENTURE,PARTIAL,OVERDENT,RETENTIVE,ALTERED CAST IMPRESS USING 53951,53952,53953	87.48	104.98
DENTURE,PARTIAL,CAST,OVRDENT,RETENTION,SUPPORT BY NATURAL TEETH/IMPLANTS,MAX+L	874.84	1049.80
DENTURE,PARTIAL,CAST,OVRDENT,RETENTION,SUPPORT BY NATURAL TEETH/IMPLANT,MAN+L	874.84	1049.80
DENTURE,PARTIAL,OVRDENT,IMPLANTS,ALTERED CAST IMPRESSN DONE W/53961,53962,53963	87.48	104.98
DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, MINOR, ONE UNIT OF TIME + L	79.18	95.01
DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, MINOR, TWO UNITS OF TIME + L	158.34	190.00
DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, MINOR, EACH ADDITIONAL UNIT OVER TWO	79.18	95.01
DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE, REMOUNT AND OCCLUSAL EQUILIBRATION, MAXILLARY + L	699.87	839.84
DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE, REMOUNT AND OCCLUSAL EQUILIBRATION, MANDIBULAR + L	699.87	839.84
DENTURE ADJUSTMENTS, COMPLETE DENTURE, CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION, MAXILLARY + L	699.87	839.84
DENTURE ADJUSTMENTS, COMPLETE DENTURE, CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION, MANDIBULAR + L	699.87	839.84
DENTURE ADJUSTMENTS, PARTIAL DENTURE, CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION, MAXILLARY + L	699.87	839.84
DENTURE ADJUSTMENTS, PARTIAL DENTURE, CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION, MANDIBULAR + L	699.87	839.84
DENTURE, REPAIRS, COMPLETE DENTURE, NO IMPRESSION REQUIRED, MAXILLARY + L	83.32	99.99
DENTURE, REPAIRS, COMPLETE DENTURE, NO IMPRESSION REQUIRED, MANDIBULAR + L	83.32	99.99
DENTURE, REPAIRS, COMPLETE DENTURE, IMPRESSION REQUIRED, MAXILLARY + L	166.66	199.99
DENTURE, REPAIRS, COMPLETE DENTURE, IMPRESSION REQUIRED, MANDIBULAR + L	166.66	199.99
DENTURE, REPAIRS/ADDITIONS, PARTIAL DENTURE, NO IMPRESSION REQUIRED, MAXILLARY + L	83.32	99.99
DENTURE, REPAIRS/ADDITIONS, PARTIAL DENTURE, NO IMPRESSION REQUIRED, MANDIBULAR + L	83.32	99.99
DENTURE, REPAIRS/ADDITIONS, PARTIAL DENTURE, IMPRESSION REQUIRED, MAXILLARY + L	166.66	199.99
DENTURE, REPAIRS/ADDITIONS, PARTIAL DENTURE, IMPRESSION REQUIRED, MANDIBULAR + L	166.66	199.99
DENTURES/IMPLANT RETAINED PROSTHESIS, PROPHYLAXIS AND POLISHING, ONE UNIT OF TIME + L	79.18	95.01
DENTURES/IMPLANT RETAINED PROSTHESIS, PROPHYLAXIS AND POLISHING, EACH ADDITIONAL UNIT OF TIME	79.18	95.01
DENTURES, REBUILDING, WORN ACRYLIC DENTURE TEETH (DIRECT CHAIRSIDE) ONE UNIT OF TIME	87.48	104.98
DENTURES, REBUILDING, WORN ACRYLIC DENTURE TEETH (DIRECT CHAIRSIDE) EACH ADDITIONAL UNIT OF TIME	87.48	104.98
DENTURES, CUSTOM STAINED (PIGMENTED) DENTURE BASES (DIRECT CHAIRSIDE) ONE UNIT OF TIME	87.48	104.98
DENTURES, CUSTOM STAINED (PIGMENTED) DENTURE BASES (DIRECT CHAIRSIDE) EACH ADDITIONAL UNIT OF TIME	87.48	104.98
DENTURES, REPLICATION, COMPLETE DENTURE, PROVISIONAL (NO INTRA-ORAL IMPRESSION REQUIRED) MAXILLARY + L	166.66	199.99
DENTURES, REPLICATION, COMPLETE DENTURE, PROVISIONAL (NO INTRA-ORAL IMPRESSION REQUIRED) MANDIBULAR + L	166.66	199.99



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DENTURES, REPLICATION, PARTIAL DENTURE, (PROVISIONAL) (NO INTRA-ORAL IMPRESSION REQUIRED) MAXILLARY + L	166.66	199.99
DENTURES, REPLICATION, PARTIAL DENTURE, (PROVISIONAL) (NO INTRA-ORAL IMPRESSION REQUIRED) MANDIBULAR + L	166.66	199.99
DENTURES, RELINE, (DOES NOT INCLUDE REMOUNT - SEE 54000) DIRECT, COMPLETE DENTURE, MAXILLARY	249.98	299.98
DENTURES, RELINE, (DOES NOT INCLUDE REMOUNT - SEE 54000) DIRECT, COMPLETE DENTURE, MANDIBULAR	249.98	299.98
DENTURES, RELINE, DIRECT, PARTIAL DENTURE, MAXILLARY	249.98	299.98
DENTURES, RELINE, DIRECT, PARTIAL DENTURE, MANDIBULAR	249.98	299.98
DENTURE, RELINE, PROCESSED, COMPLETE DENTURE, MAXILLARY + L	249.98	299.98
DENTURE, RELINE, PROCESSED, COMPLETE DENTURE, MANDIBULAR + L	249.98	299.98
DENTURE, RELINE, PROCESSED, PARTIAL DENTURE, MAXILLARY + L	249.98	299.98
DENTURE, RELINE, PROCESSED, PARTIAL DENTURE, MANDIBULAR + L	249.98	299.98
DENTURE, RELINE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS, COMPLETE DENTURE, MAXILLARY + L	416.63	499.95
DENTURE, RELINE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS, COMPLETE DENTURE, MANDIBULAR + L	416.63	499.95
DENTURE, RELINE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS, PARTIAL DENTURE, MAXILLARY + L	416.63	499.95
DENTURE, RELINE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS, PARTIAL DENTURE, MANDIBULAR + L	416.63	499.95
DENTURES, REBASE, (WHERE THE VESTIBULAR TISSUE-CONTACTING SURFACES ARE MODIFIED) COMPLETE DENTURE, MAXILLARY + L	249.98	299.98
DENTURES, REBASE, (WHERE THE VESTIBULAR TISSUE-CONTACTING SURFACES ARE MODIFIED) COMPLETE DENTURE, MANDIBULAR + L	249.98	299.98
DENTURES, REBASE PARTIAL DENTURE, MAXILLARY + L	249.98	299.98
DENTURES, REBASE PARTIAL DENTURE, MANDIBULAR + L	249.98	299.98
DENTURES, REBASE, COMPLETE DENTURE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS, MAXILLARY + L	416.63	499.95
DENTURES, REBASE, COMPLETE DENTURE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS, MANDIBULAR + L	416.63	499.95
DENTURES, REBASE, PARTIAL DENTURE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS, MAXILLARY + L	416.63	499.95
DENTURES, REBASE, PARTIAL DENTURE, PROCESSED, FUNCTIONAL IMPRESSION REQUIRING THREE APPOINTMENTS, MANDIBULAR + L	416.63	499.95
DENTURES, REMAKE, USING EXISTING FRAMEWORK, PARTIAL DENTURE, (EQUILIBRATION) MAXILLARY + L	499.99	599.98
DENTURES, REMAKE, USING EXISTING FRAMEWORK, PARTIAL DENTURE, (EQUILIBRATION) MANDIBULAR + L	499.99	599.98
DENTURES, THERAPEUTIC TISSUE CONDITIONING, PER APPOINTMENT, COMPLETE DENTURE, MAXILLARY	166.66	199.99
DENTURES, THERAPEUTIC TISSUE CONDITIONING, PER APPOINTMENT, COMPLETE DENTURE, MANDIBULAR	166.66	199.99
DENTURES, THERAPEUTIC TISSUE CONDITIONING, PER APPOINTMENT, PARTIAL DENTURE, MAXILLARY	166.66	199.99
DENTURES, THERAPEUTIC TISSUE CONDITIONING, PER APPOINTMENT, PARTIAL DENTURE, MANDIBULAR	166.66	199.99
DENTURE, TISSUE CONDITIONING, PER APPOINT, COMPLETE OVERDENT, SUPPORT BY TEETH, MAX	166.66	199.99
DENTURE, TISSUE CONDITIONING, PER APPOINT, COMPLETE OVERDENT, SUPPORT BY TEETH, MAND	166.66	199.99



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DENTURES, TISSUE CONDITION, /APPOINTMENT, COMPLETE OVERDENT, IMPLANT SUPPORT, MAX	166.66	199.99
DENTURES, TISSUE CONDITIONING, /APPOINTMENT, COMPLETE OVERDENT, IMPLANT SUPPORT, MAN	166.66	199.99
DENTURE, TISSUE CONDITION, PER APPOINTMENT, PARTIAL OVERDENT, SUPPORT BY TEETH, MAX	166.66	199.99
DENTURE, TISSUE CONDITION, PER APPOINTMENT, PARTIAL OVERDENT, SUPPORT BY TEETH, MAN	166.66	199.99
DENTURE, TISSUE CONDITION, PER APPOINTMENT, PARTIAL OVERDENT, IMPLANT SUPPORT, MAX	166.66	199.99
DENTURE, TISSUE CONDITION, PER APPOINTMENT, PARTIAL OVERDENT, IMPLANT SUPPORT, MAN	166.66	199.99
DENTURES, MISCELLANEOUS SERVICES, RESILIENT LINER IN RELINED/REBASED DENTURE (IN ADDITION TO RELINE OR REBASE OF DENTURE) + L	0.00	0.00
DENTURES, MISCELLANEOUS SERVICES, RESETTING OF TEETH (NOT INCLUDING RELINE OR REBASE OF DENTURE) + L	349.95	419.94
DENTURES, MISCELLANEOUS SERVICES, CAST OCCLUSAL SURFACES (INCLUDES REMOUNT AND EQUILIBRATION) + L	699.87	839.84
PROSTHESIS, FACIAL, ORBITAL + L	5621.23	6745.48
PROSTHESIS, FACIAL, NOSE + L	3822.43	4586.91
PROSTHESIS, FACIAL, EAR + L	3822.43	4586.91
PROSTHESIS, FACIAL, PATCH + L	562.13	674.56
PROSTHESIS, FACIAL, COMPLEX + L	4609.42	5531.30
PROSTHESIS, FACIAL MOULAGE IMPRESSION, COMPLETE	366.56	439.88
PROSTHESIS, FACIAL MOULAGE IMPRESSION, SECTIONAL	274.94	329.93
PROSTHESIS, FACIAL, OCULAR CONFORMER PROSTHESIS (TEMPORARY POST-SURGICAL) +L	562.13	674.56
PROSTHESIS, FACIAL, OCULAR PROSTHESIS +L	3035.47	3642.57
PROSTHESIS, MAXILLOFACIAL, OBTURATOR, CLEFT PALATE (PROSTHESIS EXTRA) + L	449.70	539.64
PROSTHESIS, MAXILLOFACIAL, OBTURATOR, PALATAL, (PROSTHESIS EXTRA) + L	449.70	539.64
PROSTHESIS, MAXILLOFACIAL, OBTURATOR, POST-MAXILLECTOMY (PROSTHESIS EXTRA) + L	1124.25	1349.10
PROSTHESIS, MAXILLOFACIAL, OBTURATOR, TEMPORARY PALATAL (PROSTHESIS EXTRA) + L	1124.25	1349.10
PROSTHESIS, MAXILLOFACIAL, OBTURATOR, RESILIENT (PROSTHESIS EXTRA) + L	1124.25	1349.10
PROSTHESIS, MAXILLOFACIAL, OBTURATOR, HOLLOW BULB (PROSTHESIS EXTRA) + L	1124.25	1349.10
PROSTHESIS, MAXILLOFACIAL, OBTURATOR, INFLATABLE (PROSTHESIS EXTRA) + L	1349.09	1618.91
PROSTHESIS, MAXILLOFACIAL, OBTURATOR PROSTHESIS, MODIFICATION (RELINES OR REPAIRS) + L	786.97	944.37
PROSTHESIS, MAXILLOFACIAL, OBTURATOR, SPEECH AID PROSTHESIS +L	1461.53	1753.83
PROSTHESIS, MAXILLOFACIAL, VELAR BULB, (PROSTHESIS AND OBTURATOR EXTRA) + L	1124.25	1349.10
PROSTHESIS, MAXILLOFACIAL, VELAR LIFT BUTTON, MECHANICAL, (PROSTHESIS AND OBTURATOR EXTRA) + L	1124.25	1349.10
PROSTHESIS, MAXILLOFACIAL, RETENTION, SPIRAL SPRING (PROSTHESIS EXTRA) + L	674.53	809.44
PROSTHESIS, MAXILLOFACIAL, RETENTION, MAGNETIC, (PROSTHESIS EXTRA) + L	337.28	404.73
PROSTHESIS, MAXILLOFACIAL, GUIDE PLAN, CONDYLAR (PROSTHESIS EXTRA) + L	674.53	809.44
PROSTHESIS, MAXILLOFACIAL, IMPLANT, SILASTIC CHIN	0.00	0.00
PROSTHESIS, MAXILLOFACIAL, MESH PROSTHESIS, CHROME-COBALT MANDIBULAR MESH	0.00	0.00
PROSTHESIS, MAXILLOFACIAL, SKULL PLATE, CUSTOMIZED	0.00	0.00



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PROSTHESIS, MAXILLOFACIAL, AKERMAN, PSEUDOTEMPOROMANDIBULAR JOINT, (PROSTHESIS EXTRA)	0.00	0.00
PROSTHESIS, MAXILLOFACIAL, FEEDING APPLIANCE (FOR INFANTS WITH CLEFT PALATE) + L	1124.25	1349.10
PROSTHESIS, MAXILLOFACIAL, LINGUAL PROSTHESIS +L	3372.75	4047.30
PROSTHESIS, MAXILLOFACIAL, MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE + L	1798.80	2158.56
PROSTHESIS, MAXILLOFACIAL, MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE + L	1349.09	1618.91
PROSTHESIS, MAXILLOFACIAL, FIXED	0.00	0.00
PROSTHESIS, MAXILLOFACIAL, PALATAL AUGMENTATION PROSTHESIS + L	1686.37	2023.64
PROSTHESIS, MAXILLOFACIAL, PALATAL LIFT PROSTHESIS, MODIFICATION (RELINES OR REPAIRS) +L	786.97	944.37
PROSTHESIS, MAXILLOFACIAL, GINGIVAL PROSTHESIS +L	366.56	439.88
PROSTHESIS, TMJ, EXERCISERS, TRISMUS, THERAPY + L	1349.09	1618.91
PROSTHESIS, TMJ, SPLINTS, PERMANENT CAST OCCLUSAL + L	3372.75	4047.30
PROSTHESIS, SPLINTS, STOUT + L	999.55	1199.46
PROSTHESIS, SPLINTS, CAST CAPPED + L	1399.38	1679.25
PROSTHESIS, SPLINTS, GUNNING (UPPER AND LOWER) + L	1399.38	1679.25
PROSTHESIS, SPLINTS, BAR SPLINT, CAST, LABIAL & LINGUAL + L	1399.38	1679.25
PROSTHESIS, SPLINTS, SCAFFOLDING, RHINOPLASTIC + L	1399.38	1679.25
PROSTHESIS, SPLINTS, CAST, ADJUSTABLE + L	1399.38	1679.25
PROSTHESIS, TEMPLATE, SURGICAL + L	0.00	0.00
PROSTHESIS, SPLINTS, COMMISSURE SPLINT +L	1461.53	1753.83
PROSTHESIS, STENTS, RIDGE EXTENSION + L	999.55	1199.46
PROSTHESIS, STENTS, PALATAL + L	999.55	1199.46
PROSTHESIS, STENTS, SKIN GRAFTS +L	999.55	1199.46
PROSTHESIS, STENTS, MUCOUS MEMBRANE GRAFTS +L	999.55	1199.46
PROSTHESIS, RADIATION APPLIANCES, RADIATION VEHICLE CARRIER + L	2998.66	3598.39
PROSTHESIS, RADIATION APPLIANCES, RADIATION PROTECTION SHIELD (EXTRA-ORAL) + L	999.55	1199.46
PROSTHESIS, RADIATION APPLIANCES, RADIATION PROTECTION SHIELD (INTRA ORAL) + L	999.55	1199.46
PROSTHESIS, RADIATION APPLIANCES, RADIATION CONE LOCATOR + L	1798.80	2158.56
PROSTHESIS, STENTS, DECOMPRESSION STENT, LOCALIZED + L	999.55	1199.46
PROSTHESIS, DECOMPRESSION STENT, (PROSTHESIS EXTRA) + L	599.73	719.67
PROSTHESIS, ORTHOPEDIC, EXTRAORAL +L	1124.25	1349.10
PROSTHESIS, ORTHOPEDIC, INTRAORAL +L	1349.09	1618.91
Prosthodontics (Bridges)		
PONTICS, BRIDGE, CAST METAL + L	495.77	594.93
PONTICS, CAST METAL FRAMEWORK WITH SEPARATE PORCELAIN/CERAMIC/POLYMER GLASS JACKET PONTIC + L	495.77	594.93
PONTICS, PREFABRICATED ATTACHABLE FACING + L	385.59	462.71
PONTICS, RETENTIVE BAR, PRE-FABRICATED OR CUSTOM (DOLDER OR HADER) BAR ATTACHED TO RETAINER + L	495.77	594.93
PONTICS,CAST METAL,RETENTIVE BAR,PREFAB,ATTACH IMPLANT SUPPORT RETAINER +L +E	495.77	594.93
PONTICS, PORCELAIN/CERAMIC/POLYMER GLASS, FUSED TO METAL + L	495.77	594.93



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
PONTICS, PORCELAIN/CERAMIC/POLYMER GLASS, ALUMINOUS + L	495.77	594.93
PONTICS, ACRYLIC/COMPOSITE/COMPOMER, PROCESSED TO METAL + L	385.59	462.71
PONTICS, ACRYLIC/COMPOSITE/COMPOMER, INDIRECT (PROVISIONAL) + L	105.60	126.72
PONTICS, ACRYLIC/COMPOSITE/COMPOMER, BONDED TO ADJACENT TEETH DIRECT (PROVISIONAL)	105.60	126.72
PONTICS, ACRYLIC/COMPOSITE/COMPOMER, + L	105.59	126.71
PONTICS, NATURAL TOOTH CROWN, DIRECT, BONDED TO ADJACENT TEETH (PROVISIONAL)	192.86	231.43
RECONTOURING OF RETAINER/PONTICS, (OF EXISTING BRIDGEWORK) ONE UNIT OF TIME	96.41	115.69
RECONTOURING OF RETAINER/PONTICS, (OF EXISTING BRIDGEWORK) EACH ADDITIONAL UNIT OF TIME	96.41	115.69
MASTER CAST, TRUE HINGE AXIS REG.AND TRANS. (ONE UNIT OF TIME) +L	87.28	104.74
MASTER CAST, TRUE HINGE AXIS REG.AND TRANS. (EACH ADDITIONAL UNIT OF TIME) +L	87.28	104.74
MASTER CAST, CENTRIC REGISTRATION RECORDING (ONE UNIT OF TIME) +L	87.28	104.74
MASTER CAST,CENTRIC REGISTRATION RECORDING (EACH ADDITIONAL UNIT OF TIME)+L	87.28	104.74
MASTER CAST,3 DIMENSIONAL RECORDING OF MANDIBULAR MOVEMENT (1 UNIT OF TIME)+L	0.00	0.00
MASTER CAST,3 DIMENSIONAL OF MANDIBULAR MOVEMENT (EACH ADDIT UNIT OF TIME) +L	0.00	0.00
MASTER CAST MOUNTING WITH ARBITRARY FACEBOW TRANSFER (1 UNIT OF TIME) +L	87.28	104.74
MASTER CAST MOUNTING W/ARBITRARY FACEBOW TRANSFER (EACH ADDIT. UNIT/TIME)+L	87.28	104.74
MASTER CAST MOUNTING W/KINEMATIC FACEBOW TRANS. (1 UNIT OF TIME) L	0.00	0.00
MASTER CAST MOUNTING W/KINEMATIC FACEBOW TRANS. (EACH ADDIT. UNIT OF TIME) +L	0.00	0.00
MASTER CAST MOUNTING WITH KINEMATIC FACEBOW TRANSFER + L	0.00	0.00
MASTER CAST GNATHOLOGICAL WAX-UP (EACH ADDITIONAL UNIT OF TIME) +L	0.00	0.00
REPAIRS, REPLACEMENT, REPLACE BROKEN PREFABRICATED ATTACHABLE FACINGS, ONE UNIT OF TIME + L	96.41	115.69
REPAIRS, REPLACEMENT, REPLACE BROKEN PREFABRICATED ATTACHABLE FACINGS, TWO UNITS + L	192.86	231.43
REPAIRS, REPLACEMENT, REPLACE BROKEN PREFABRICATED ATTACHABLE FACINGS, THREE UNITS + L	289.27	347.13
REPAIRS,REPLACEMENT BROKEN PREFAB ATTACH FACINGS - 4 UNITS +L	385.70	462.84
REPAIRS, REPLACEMENT, REPLACE BROKEN PREFABRICATED ATTACHABLE FACINGS, EACH ADDITIONAL UNIT OVER FOUR	96.41	115.69
REPAIRS, REMOVAL, EXISTING FIXED BRIDGE/PROSTHESIS - TO BE RECEMENTED, ONE UNIT OF TIME +L	105.60	126.72
REPAIRS, REMOVAL, FIXED BRIDGE/PROSTHESIS - TO BE RECEMENTED, TWO UNITS +L	211.16	253.39
REPAIRS, REMOVAL, FIXED BRIDGE/PROSTHESIS - TO BE RECEMENTED, THREE UNITS +L	316.76	380.11
REPAIRS,REMOVAL,FIXED BRIDGE - TO BE RECEMENTED, FOUR UNITS +L	422.35	506.82
REPAIRS, REMOVAL, FIXED BRIDGE/PROSTHESIS - TO BE RECEMENTED, EACH ADDITIONAL UNIT OVER FOUR +L	105.60	126.72
REPAIRS,REMOVAL FIXED BRIDGE/PROSTHESIS, REPLACE W/NEW PROSTHESIS (1 UNIT TIME)	96.41	115.69
REPAIRS,REMOVAL FIXED BRIDGE/PROSTHESIS,REPLACE W/NEW PROSTHESIS (2 UNITS TIME)	192.86	231.43
REPAIRS,REMOVAL FIXED BRIDGE/PROSTHESIS,REPLACE W/NEW PROSTHESIS (3 UNITS TIME)	289.27	347.13
REPAIRS,REMOVAL FIXED BRIDGE/PROSTHESIS,REPLACE W/NEW PROSTHESIS (4 UNITS TIME)	385.70	462.84
REPAIRS,REMOVAL FIXED BRIDGE/PROSTHESIS,REPLACE W/NEW PROSTHESI,EACH ADD UNIT>4	96.41	115.69
REPAIRS, REINSERTION/RECEMENTATION (+ L WHERE LABORATORY CHARGES ARE INCURRED DURING REPAIR OF BRIDGE, ONE UNIT OF TIME	96.41	115.69



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
REPAIRS, REINSERTION/RECEMENTATION, (+ L WHERE LABORATORY CHARGES ARE INCURRED DURING REPAIR OF BRIDGE, TWO UNITS	192.86	231.43
REPAIRS, REINSERTION/RECEMENTATION (+ L WHERE LABORATORY CHARGES ARE INCURRED DURING REPAIR OF BRIDGE, THREE UNITS	289.27	347.13
REPAIRS, REINSERTION/RECEMENTATION (4 UNITS OF TIME) +L	385.70	462.84
REPAIRS, REINSERTION/RECEMENTATION (+ L WHERE LABORATORY CHARGES ARE INCURRED DURING REPAIR OF BRIDGE) EACH ADDITIONAL UNIT OVER FOUR	96.41	115.69
REPAIRS, FIXED BRIDGE/PROSTHESIS, PORCELAIN/CERAMIC/POLYMER GLASS/ACRYLIC/COMPOSITE/COMPOMER, DIRECT, FIRST TOOTH	202.01	242.41
REPAIRS, FIXED BRIDGE/PROSTHESIS, PORCELAIN/CERAMIC/POLYMER GLASS/ACRYLIC/COMPOSITE/COMPOMER, DIRECT, EACH ADDITIONAL TOOTH	202.01	242.41
REPAIRS, FIXED BRIDGE/PROSTHESIS, SOLDER INDEXING TO REPAIR BROKEN SOLDER JOINT, ONE UNIT OF TIME + L	96.41	115.69
REPAIRS, FIXED BRIDGE/PROSTHESIS, SOLDER INDEXING TO REPAIR BROKEN SOLDER JOINT, EACH ADDITIONAL UNIT OF TIME	96.41	115.69
REPAIRS, FIXED BRIDGE, REPAIR FRACTURED PORCELAIN/METAL PONTIC WITH TELESCOPING TYPE CROWN, FIRST PONTIC + L	495.77	594.93
REPAIRS, FIXED BRIDGE, REPAIR FRACTURED PORCELAIN/METAL PONTIC WITH TELESCOPING TYPE CROWN, EACH ADDITIONAL PONTIC + L	495.77	594.93
RETAINERS, ACRYLIC COMPOSITE/COMPOMER, INDIRECT +L	739.13	886.95
RETAINERS, ACRYLIC COMPOSITE/COMPOMER, COMPLICATED, INDIRECT +L	948.88	1138.66
RETAINERS, ACRYLIC, COMPOSITE/COMPOMER, PROVISIONAL, INDIRECT + L	316.74	380.09
RETAINERS, ACRYLIC, COMPOSITE/COMPOMER, IMPLANT SUPPORTED, INDIRECT + L	739.11	886.93
RETAINERS, ACRYLIC, COMPOSITE/COMPOMER, DIRECT (PROVISIONAL DURING HEALING, DONE AT CHAIRSIDE) +E	211.16	253.39
RETAINERS,ACRYLIC,COMPOSITE,PROVISIONAL DURING HEALING,IMPLANT SUPPORT,DIRECT +E	211.16	253.39
RETAINERS, COMPOMER/COMPOSITE RESIN/ACRYLIC, PROCESSED TO CAST METAL, INDIRECT + L	771.20	925.44
RETAINER, COMPOMER/COMPOSITE RESIN/ACRYLIC, PROCESSED TO METAL, INDIRECT, IMPLANT-SUPPORTED + L + E	770.66	924.79
RETAINERS,ACRYLIC/COMPOSITE/COMPOMER, 2 SURFACE INLAY, BONDED, INDIRECT +L	716.12	859.34
RETAINERS,ACRYLIC/COMPOSITE/COMPOMER, 3 SURFACE INLAY, BONDED, INDIRECT +L	881.34	1057.61
RETAINERS,ACRYLIC/COMPOSITE/COMPOMER, 2 SURFACE ONLAY, BONDED, INDIRECT +L	1080.10	1296.12
RETAINER, PORCELAIN/CERAMIC/POLYMER GLASS + L	991.54	1189.85
RETAINER, PORCELAIN/CERAMIC/POLYMER GLASS, COMPLICATED + L	1211.91	1454.29
RETAINER,PORCELAIN/CERAMIC/POLYMER GLASS, IMPLANT SUPPORTED +L	1080.10	1296.12
RETAINERS, PORCELAIN/CERAMIC/POLYMER GLASS, FUSED TO METAL BASE + L	991.54	1189.85
RETAINERS, PORCELAIN/CERAMIC/POLYMER GLASS, FUSED TO METAL BASE, COMPLICATED + L	1322.05	1586.46
RETAINERS,PORCELAIN/CERAMIC/POLYMER GLASS FUSED TO METAL BASE,IMPLANT SUPPORT+L+E	1080.10	1296.12
RETAINERS, PORCELAIN/CERAMIC/POLYMER GLASS, PARTIAL COVERAGE, BONDED (EXTERNAL RETENTION) + L	661.02	793.22
RETAINERS, PORCELAIN/CERAMIC/POLYMER GLASS, TWO SURFACE INLAY,BONDED + L	716.12	859.34
RETAINERS,PORCELAIN/CERAMIC/POLYMER GLASS. THREE SURFACE INLAY, BONDED + L	881.34	1057.61
RETAINERS, PORCELAIN/CERAMIC/POLYMER GLASS, ONLAY, BONDED + L	1046.64	1255.97
RETAINERS, CAST METAL + L	991.54	1189.85
RETAINERS, CAST METAL, COMPLICATED + L	1211.91	1454.29



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RETAINERS,CAST METAL IMPLANT SUPPORTED + L + E	1080.10	1296.12
RETAINERS, 3/4, CAST METAL + L	991.54	1189.85
RETAINERS, 3/4, CAST METAL, COMPLICATED + L	0.00	0.00
RETAINERS, CAST METAL INLAY, (USED WITH BROKEN STRESS TECHNIQUE) TWO SURFACES + L	661.02	793.22
RETAINER, CAST METAL INLAY, THREE OR MORE SURFACES + L	826.28	991.54
RETAINERS, CAST METAL ONLAY (INTERNAL RETENTION TYPE) + L	991.54	1189.85
RETAINER, CAST METAL, ONLAY, WITH OR WITHOUT PERFORATIONS, BONDED TO ABUTMENT TOOTH, (PONTIC EXTRA) + L	550.83	661.00
RETAINER, METAL, PREFABRICATED OR CUSTOM CAST, IMPLANT-SUPPORTED, WITH OR WITHOUT MESOSTRUCTURE WITH NO OCCLUSAL COMPONENT (SEE 62105 FOR RETENTIVE BAR) + L+ E	0.00	0.00
FIXED PROSTHETICS, ABUTMENTS/RETAINERS, ABUTMENT PREPARATION UNDER EXISTING PARTIAL DENTURE CLASP, IN ADDITION TO RETAINER CODES + L	87.26	104.71
FIXED PROSTHETICS, ABUTMENTS/RETAINERS, TELESCOPING CROWN UNIT + L	385.72	462.86
FIXED PROSTHETICS, PORCELAIN, TO REPLACE A SUBSTANTIAL PORTION OF THE ALVEOLAR PROCESS (IN ADDITION TO RETAINER AND PONTICS) +L	1174.57	1409.48
FIXED PROSTHETICS, SPLINTING, FOR EXTENSIVE OR COMPLICATED RESTORATIVE DENTISTRY (PER TOOTH)	0.00	0.00
FIXED PROSTHETICS, RETENTIVE PINS, ONE PIN/RESTORATION +L	51.42	61.71
FIXED PROSTHETICS, RETENTIVE PINS, TWO PINS/RESTORATION +L	102.83	123.39
FIXED PROSTHETICS, RETENTIVE PINS, THREE PINS/RESTORATION +L	153.23	183.88
FIXED PROSTHETICS, RETENTIVE PINS, FOUR PINS/RESTORATION +L	191.03	229.24
FIXED PROSTHETICS, RETENTIVE PINS, FIVE PINS OR MORE/RESTORATION + L	220.42	264.50
FIXED PROSTHETICS, PROVISIONAL COVERAGE, ABUTMENT TOOTH + L	316.76	380.11
FIXED PROSTHETICS, PROVISIONAL COVERAGE, PONTIC + L	105.60	126.72
FIXED PROSTHODONTIC FRAMEWORKS, OSSEO-INTEGRATED, ATTACHED WITH SCREWS AND INCORPORATING TEETH, MAXILLARY	0.00	0.00
FIXED PROSTHODONTIC FRAMEWORK, OSSEO-INTEGRATED, ATTACHED WITH SCREWS AND INCORPORATING TEETH, MANDIBULAR	0.00	0.00
FIXED PROSTHODONTIC FRAMEWORK, OSSEO-INTEGRATED, ATTACHED WITH SCREWS OR CEMENT AND INCORPORATING TEETH, ACRYLIC/COMPOSITE/COMPOMER PROCESSED TO METAL OR FULL METAL CROWNS, MAXILLARY	0.00	0.00
FIXED PROSTHODONTIC FRAMEWORK, OSSEO-INTEGRATED, ATTACHED WITH SCREWS OR CEMENT AND INCORPORATING TEETH, ACRYLIC/COMPOSITE/COMPOMER PROCESSED TO METAL OR FULL METAL CROWNS, MANDIBULAR	0.00	0.00
Oral Surgery		
REMOVALS, (EXTRACTIONS), ERUPTED TEETH, SINGLE TOOTH, UNCOMPLICATED	131.86	158.23
REMOVALS, EXTRACTIONS, ERUPTED TEETH, EACH ADDITIONAL TOOTH, SAME QUADRANT, SAME APPOINTMENT	131.86	158.23
REMOVALS, ERUPTED TEETH, COMPLICATED, ODONTECTOMY, SURGICAL APPROACH, REQUIRING SURGICAL FLAP AND/OR SECTIONING OF TOOTH, SINGLE TOOTH	261.04	313.25
REMOVALS, ERUPTED TEETH, COMPLICATED, ODONTECTOMY (EXTRACTION) , SURGICAL APPROACH, REQUIRING SURGICAL FLAP AND/OR SECTIONING OF TOOTH, EACH ADDITIONAL TOOTH, SAME QUADRANT	261.04	313.25
REMOVALS, ERUPTED TEETH, COMPLICATED, REQUIRING ELEVATION OF A FLAP, REMOVAL OF BONE AND SECTIONING OF TOOTH FOR REMOVAL, SINGLE TOOTH	260.96	313.15
REMOVALS, ERUPTED TEETH, COMPLICATED, REQUIRING ELEVATION OF A FLAP, REMOVAL OF BONE AND SECTIONING OF TOOTH FOR REMOVAL, EACH ADDITIONAL TOOTH, SAME QUADRANT	260.96	313.15



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REMOVALS, (EXTRACTIONS), IMPACTIONS, REQUIRING INCISION OF OVERLYING SOFT TISSUE AND REMOVAL OF THE TOOTH, SINGLE TOOTH	236.67	284.01
REMOVALS, (EXTRACTIONS), IMPACTIONS, REQUIRING INCISION OF OVERLYING SOFT TISSUE AND REMOVAL OF THE TOOTH, EACH ADDITIONAL TOOTH, SAME QUADRANT	236.67	284.01
REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE, SINGLE TOOTH	355.03	426.03
REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE, EACH ADDITIONAL TOOTH, SAME QUADRANT	355.03	426.03
REMOVALS, IMPACTION, REQUIRING INCISION OF OVERLYING SOFT TISSUE, REMOVAL OF BONE AND SECTIONING OF TOOTH FOR REMOVAL, SINGLE TOOTH	473.36	568.04
REMOVALS, IMPACTION, REQUIRING INCISION OF OVERLYING SOFT TISSUE, REMOVAL OF BONE AND SECTIONING OF TOOTH FOR REMOVAL, EACH ADDITIONAL TOOTH, SAME QUADRANT	473.36	568.04
REMOVALS, IMPACTION, INCISION OF OVERLYING SOFT TISSUE, UNUSUAL DIFFICULTIES & CIRCUMSTANCES, SINGLE TOOTH	645.36	774.43
REMOVALS, IMPACTION, INCISION OF OVERLYING SOFT TISSUE, UNUSUAL DIFFICULTIES & CIRCUMSTANCES, EACH ADDITIONAL TOOTH, SAME QUADRANT	645.36	774.43
CORONECTOMY (DELIBERATE VITAL ROOT RETENTION OF UNERUPTED MANDIBULAR MOLAR)	0.00	0.00
CORONECTOMY (DELIBERATE VITAL ROOT RETENTION TO PREVENT COMPLICATIONS ASSOCIATED WITH EXTRACTION)	0.00	0.00
REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS, ERUPTED, FIRST TOOTH	107.61	129.13
REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS, ERUPTED, EACH ADDITIONAL TOOTH, SAME QUADRANT	107.61	129.13
REMOVALS, EXTRACTIONS, RESIDUAL ROOTS, SOFT TISSUE COVERAGE, FIRST TOOTH	161.39	193.67
REMOVALS, EXTRACTIONS, RESIDUAL ROOTS, SOFT TISSUE COVERAGE, EACH ADDITIONAL TOOTH, SAME QUADRANT	161.39	193.67
REMOVALS, EXTRACTIONS, RESIDUAL ROOTS, BONE TISSUE COVERAGE, FIRST TOOTH	236.67	284.01
REMOVALS, EXTRACTIONS, RESIDUAL ROOTS, BONE TISSUE COVERAGE, EACH ADDITIONAL TOOTH, SAME QUADRANT	236.67	284.01
ALVEOLAR BONE PRESERVATION, AUTOGRAFT FIRST TOOTH	301.10	361.32
ALVEOLAR BONE PRESERVATION, AUTOGRAFT EACH ADDITIONAL TOOTH	301.10	361.32
ALVEOLAR BONE PRESERVATION, ALLOGRAFT FIRST TOOTH +E	301.10	361.32
ALVEOLAR BONE PRESERVATION, ALLOGRAFT EACH ADDITIONAL TOOTH +E	301.10	361.32
ALVEOLAR BONE PRESERVATION, ZENOGRAFT FIRST TOOTH +E	301.10	361.32
ALVEOLAR BONE PRESERVATION, ZENOGRAFT EACH ADDITIONAL TOOTH +E	301.10	361.32
SURGICAL EXPOSURE OF TEETH, UNERUPTED, UNCOMPLICATED, SOFT TISSUE COVERAGE, SINGLE TOOTH	215.22	258.26
SURGICAL EXPOSURE OF TEETH, UNERUPTED, UNCOMPLICATED, SOFT TISSUE COVERAGE, EACH ADDITIONAL TOOTH, SAME QUADRANT	215.22	258.26
SURGICAL EXPOSURE, COMPLEX, HARD TISSUE COVERAGE, SINGLE TOOTH	387.23	464.68
SURGICAL EXPOSURE, COMPLEX, HARD TISSUE COVERAGE, EACH ADDITIONAL TOOTH, SAME QUADRANT	387.23	464.68
SURGICAL EXPOSURE, UNERUPTED TOOTH, WITH ORTHODONTIC ATTACHMENT, SINGLE TOOTH	515.48	618.57
SURGICAL EXPOSURE, UNERUPTED TOOTH, WITH ORTHODONTIC ATTACHMENT, EACH ADDITIONAL TOOTH, SAME QUADRANT	515.48	618.57
SURGICAL EXPOSURE, UNERUPTED TOOTH, SOFT TISSUE COVERAGE WITH POSITIONING OF ATTACHED GINGIVAE, SINGLE TOOTH	322.83	387.39
SURGICAL EXPOSURE, UNERUPTED TOOTH, HARD TISSUE COVERAGE WITH POSITIONING OF ATTACHED GINGIVAE, SINGLE TOOTH	430.41	516.50
TRANSPLANTATION OF ERUPTED TOOTH, FIRST TOOTH	645.36	774.43



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TRANSPLANTATION OF ERUPTED TOOTH, EACH ADDITIONAL TOOTH, SAME QUADRANT	645.36	774.43
TRANSPLANTATION OF UNERUPTED TOOTH, FIRST TOOTH	774.44	929.33
TRANSPLANTATION OF UNERUPTED TOOTH, EACH ADDITIONAL TOOTH, SAME QUADRANT	774.44	929.33
REPOSITIONING, SURGICAL, FIRST TOOTH	473.36	568.04
REPOSITIONING, SURGICAL, EACH ADDITIONAL TOOTH, SAME QUADRANT	473.36	568.04
ENUCLEATION, SURGICAL, UNERUPTED TOOTH AND FOLLICLE, FIRST TOOTH	473.36	568.04
ENUCLEATION, SURGICAL, UNERUPTED TOOTH AND FOLLICLE, EACH ADDITIONAL TOOTH, SAME QUADRANT	473.36	568.04
REMOVAL OF A FRACTURED CUSP AS A SEPARATE PROCEDURE, NOT IN CONJUNCTION WITH SURGICAL OR RESTORATIVE PROCEDURES ON THE SAME TOOTH FIRST TOOTH	65.88	79.05
REMOVAL OF A FRACTURED CUSP AS A SEPARATE PROCEDURE, NOT IN CONJUNCTION WITH SURGICAL OR RESTORATIVE PROCEDURES ON THE SAME TOOTH EACH ADDITIONAL TOOTH	65.88	79.05
ALVEOLOPLASTY (BONE REMODELING OF RIDGE WITH SOFT TISSUE REVISIONS) IN CONJUNCTION WITH EXTRACTIONS, PER SEXTANT	107.61	129.13
ALVEOLOPLASTY, NOT IN CONJUNCTION WITH EXTRACTIONS, PER SEXTANT	215.22	258.26
REMODELING OF BONE, MYLOHYOID RIDGE REMODELING	419.46	503.35
REMODELING OF BONE, GENIAL TUBERCLES REMODELING	403.33	484.00
EXCISION OF BONE, NASAL SPINE, EXCISION	403.33	484.00
EXCISION OF BONE, TORUS PALATINUS, EXCISION	473.36	568.04
EXCISION OF BONE, TORUS MANDIBULARIS, UNILATERAL EXCISION	355.03	426.03
EXCISION OF BONE, TORUS MANDIBULARIS, BILATERAL EXCISION	591.70	710.04
REMOVAL OF BONE, EXOSTOSIS, MULTIPLE, PER QUADRANT	710.04	852.04
REDUCTION OF BONE, TUBEROSITY, UNILATERAL REDUCTION	215.22	258.26
REDUCTION OF BONE, TUBEROSITY, BILATERAL REDUCTION	430.41	516.50
AUGMENTATION OF BONE, UNILATERAL, PTERYGOMAXILLARY, TUBEROSITY, + E	419.46	503.35
AUGMENTATION OF BONE, BILATERAL, PTERYGOMAXILLARY TUBEROSITY, + E	838.87	1006.64
AUGMENTATION OF BONE, UNILATERAL, MANDIBULAR RIDGE, + E	688.08	825.69
AUGMENTATION OF BONE, BILATERAL, MANDIBULAR RIDGE, + E	1376.14	1651.36
GINGIVOPLASTY AND/OR STOMATOPLASTY, ORAL SURGERY, INDEPENDENT PROCEDURE, PER SEXTANT	236.67	284.01
GINGIVOPLASTY, IN CONJUNCTION WITH TOOTH REMOVAL	236.67	284.01
GINGIVOPLASTY, EXCISION OF VESTIBULAR HYPERPLASIA (PER SEXTANT)	236.67	284.01
GINGIVOPLASTY, SURGICAL SHAVING OF PAPILLARY HYPERPLASIA OF THE PALATE	419.46	503.35
GINGIVOPLASTY, EXCISION OF PERICORONAL GINGIVA (FOR RETAINED TOOTH/IMPLANT) PER TOOTH/IMPLANT	118.36	142.03
GINGIVOPLASTY, REMOVALS, TISSUE, HYPERPLASTIC (INCLUDES THE INCISION OF THE MUCOUS MEMBRANE, THE DISSECTION AND REMOVAL OF HYERPLASTIC TISSUE, THE REPLACING AND ADAPTING OF THE MUCOUS MEMBRANE) PER SEXTANT	236.67	284.01
GINGIVOPLASTY, REMOVAL, MUCOSA, EXCESS (COMPLETE REMOVAL WITHOUT DISSECTION), PER SEXTANT	236.67	284.01
REMODELLING, FULL ARCH LOWERING OF THE FLOOR OF THE MOUTH	2064.21	2477.06
REMODELLING, FLOOR OF THE MOUTH, PARTIAL ARCH LOWERING OF THE FLOOR OF THE MOUTH	1032.11	1238.53
REMODELLING, FLOOR OF THE MOUTH, REINSERTION OF THE MYLOHYOID MUSCLE	860.09	1032.11
VESTIBULOPLASTY, SUB-MUCOUS , PER SEXTANT	225.90	271.08
VESTIBULOPLASTY, SULCUS DEEPENING AND RIDGE RECONSTRUCTION, PER SEXTANT	181.46	217.75



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
VESTIBULOPLASTY, WITH SECONDARY EPITHELIZATION, PER SEXTANT	279.60	335.52
VESTIBULOPLASTY, WITH LABIAL INVERTED FLAP, PER SEXTANT	419.46	503.35
VESTIBULOPLASTY, WITH SKIN GRAFT, PER SEXTANT	516.04	619.25
VESTIBULOPLASTY, WITH MUCOSAL GRAFT, PER SEXTANT	516.04	619.25
VESTIBULOPLASTY, WITH DERMAL GRAFT – AUTOGRAFT PER SEXTANT + E	181.46	217.75
VESTIBULOPLASTY, WITH DERMAL GRAFT – ALLOGRAFT PER SEXTANT	181.46	217.75
VESTIBULOPLASTY, WITH CONNECTIVE TISSUE FOR RIDGE AUGMENTATION PER SEXTANT	181.46	217.75
RECONSTRUCTION, ALVEOLAR RIDGE, WITH AUTOGENOUS BONE, PER SEXTANT + E	688.08	825.69
RECONSTRUCTION, ALVEOLAR RIDGE, WITH ALLOPLASTIC MATERIAL, PER SEXTANT + E	688.08	825.69
EXTENSIONS, MUCOUS FOLDS WITH SECONDARY EPITHELIZATION, PER SEXTANT	499.94	599.93
EXTENSIONS, MUCOUS FOLDS, WITH SKIN GRAFTS, PER SEXTANT	499.94	599.93
EXTENSIONS, MUCOUS FOLDS, WITH MUCOUS GRAFT, PER SEXTANT	490.14	588.17
SURGICAL EXCISIONS, TUMORS, BENIGN, SCAR TISSUE, INFLAMMATORY OR CONGENITAL LESIONS OF SOFT TISSUE OF THE ORAL CAVITY, 1 CM AND UNDER	322.68	387.21
SURGICAL EXCISIONS, TUMORS, BENIGN, SCAR TISSUE, 1-2 CM	419.46	503.35
SURGICAL EXCISIONS, TUMORS, BENIGN, SCAR TISSUE, 2-3 CM	508.13	609.75
SURGICAL EXCISIONS, TUMORS, BENIGN, SCAR TISSUE, 3-4 CM	580.70	696.84
SURGICAL EXCISIONS, TUMORS, BENIGN, SCAR TISSUE, 4-6 CM	701.62	841.94
SURGICAL EXCISIONS, TUMORS, BENIGN, SCAR TISSUE, 6-9 CM	779.56	935.48
SURGICAL EXCISIONS, TUMORS, BENIGN, SCAR TISSUE, 9-15 CM	887.05	1064.46
SURGICAL EXCISIONS, TUMORS, BENIGN, SCAR TISSUE, 15 CM AND OVER	999.90	1199.89
SURGICAL EXCISIONS, TUMORS, BENIGN, BONE TISSUE, 1CM AND UNDER	387.23	464.68
SURGICAL EXCISIONS, TUMORS, BENIGN, BONE TISSUE, 1-2 CM	537.77	645.32
SURGICAL EXCISIONS, TUMORS, BENIGN, BONE TISSUE, 2-3 CM	699.06	838.87
SURGICAL EXCISIONS, TUMORS, BENIGN, BONE TISSUE, 3-4 CM	871.07	1045.29
SURGICAL EXCISIONS, TUMORS, BENIGN, BONE TISSUE, 4-6 CM	1016.26	1219.51
SURGICAL EXCISIONS, TUMORS, BENIGN, BONE TISSUE, 6-9 CM	1204.37	1445.25
SURGICAL EXCISIONS, TUMORS, BENIGN, BONE TISSUE, 9-15 CM	1354.93	1625.92
SURGICAL EXCISIONS, TUMORS, BENIGN, BONE TISSUE, 15 CM AND OVER	1559.15	1870.98
SURGICAL EXCISION, TUMORS, MALIGNANT, SOFT TISSUE, ORAL CAVITY, 1 CM AND UNDER	301.10	361.32
SURGICAL EXCISION, TUMORS, MALIGNANT, SOFT TISSUE, ORAL CAVITY, 1-2 CM	451.66	541.99
SURGICAL EXCISION, TUMORS, MALIGNANT, SOFT TISSUE, ORAL CAVITY, 2-3 CM	623.67	748.41
SURGICAL EXCISION, TUMORS, MALIGNANT, SOFT TISSUE, ORAL CAVITY, 3-4 CM	779.56	935.48
SURGICAL EXCISION, TUMORS, MALIGNANT, SOFT TISSUE, ORAL CAVITY, 4-6 CM	967.70	1161.24
SURGICAL EXCISION, TUMORS, MALIGNANT, SOFT TISSUE, ORAL CAVITY, 6-9 CM	1128.99	1354.79
SURGICAL EXCISION, TUMORS, MALIGNANT, SOFT TISSUE, ORAL CAVITY, 9-15 CM	1333.21	1599.85
SURGICAL EXCISION, TUMORS, MALIGNANT, SOFT TISSUE, ORAL CAVITY, 15 CM AND OVER	1499.85	1799.82
SURGICAL EXCISION, TUMORS, MALIGNANT, BONE TISSUE, 1CM AND UNDER	451.66	541.99
SURGICAL-TUMORS 1-2 CM	602.18	722.61
SURGICAL EXCISION, TUMORS, MALIGNANT, BONE TISSUE, 2-3 CM	779.56	935.48
SURGICAL EXCISION, TUMORS, MALIGNANT, BONE TISSUE, 3-4 CM	935.48	1122.57



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
SURGICAL EXCISION, TUMORS, MALIGNANT, BONE TISSUE, 4-6 CM	1128.99	1354.79
SURGICAL EXCISION, TUMORS, MALIGNANT, BONE TISSUE, 6-9 CM	1290.25	1548.31
SURGICAL EXCISION, TUMORS, MALIGNANT, BONE TISSUE, 9-15 CM	1499.85	1799.82
SURGICAL EXCISION, TUMORS, MALIGNANT, BONE TISSUE, 15 CM AND OVER	1720.16	2064.20
SELECTIVE NECK DISSECTION, UNILATERAL	IC	IC
SELECTIVE NECK DISSECTION, BILATERAL	IC	IC
CHEILOPLASTY (LIP SHAVE), PARTIAL	602.18	722.61
CHEILOPLASTY (LIP SHAVE), TOTAL	1204.37	1445.25
RADICAL NECK DISSECTION, UNILATERAL	IC	IC
RADICAL NECK DISSECTION, BILATERAL	IC	IC
HARD TISSUE GRAFTS TO THE JAW, AUTOGRAFT- PER SITE - MAXILLA OR MANDIBLE + E	688.08	825.69
HARD TISSUE GRAFTS TO THE JAW, ALLOGRAFT- PER SITE - MAXILLA OR MANDIBLE +E	688.08	825.69
HARD TISSUE GRAFTS TO THE JAW, XENOGRAFT- PER SITE - MAXILLA OR MANDIBLE +E	688.08	825.69
AUGMENTATION, SYNTHETIC, AUGMENTATION, OF THE CHIN	0.00	0.00
SURGICAL EXCISION, ENUCLEATION OF CYST/GRANULOMA, ODONTOGENIC AND NON-ODONTOGENIC, REQUIRING PRIOR REMOVAL OF BONY TISSUE AND SUBSEQUENT SUTURE(S), 1 CM AND UNDER	371.13	445.36
SURGICAL EXCISION, ENUCLEATION OF CYST/GRANULOMA, ODONTOGENIC AND NON-ODONTOGENIC, REQUIRING PRIOR REMOVAL OF BONY TISSUE AND SUBSEQUENT SUTURE(S), 1-2 CM	516.32	619.58
SURGICAL EXCISION, ENUCLEATION OF CYST/GRANULOMA, REQUIRING PRIOR REMOVAL OF BONY TISSUE AND SUBSEQUENT SUTURE(S), 2-3 CM	672.21	806.65
SURGICAL EXCISION, ENUCLEATION OF CYST/GRANULOMA, REQUIRING PRIOR REMOVAL OF BONY TISSUE AND SUBSEQUENT SUTURE(S), 3-4 CM	838.87	1006.64
SURGICAL EXCISION, ENUCLEATION OF CYST/GRANULOMA, REQUIRING PRIOR REMOVAL OF BONY TISSUE AND SUBSEQUENT SUTURE(S), 4-6 CM	1016.26	1219.51
SURGICAL EXCISION, ENUCLEATION OF CYST/GRANULOMA, REQUIRING PRIOR REMOVAL OF BONY TISSUE AND SUBSEQUENT SUTURE(S), 6-9 CM	1204.37	1445.25
SURGICAL EXCISION, ENUCLEATION OF CYST/GRANULOMA, REQUIRING PRIOR REMOVAL OF BONY TISSUE AND SUBSEQUENT SUTURE(S), 9-15 CM	1403.22	1683.86
SURGICAL EXCISION, ENUCLEATION OF CYST/GRANULOMA, REQUIRING PRIOR REMOVAL OF BONY TISSUE AND SUBSEQUENT SUTURE(S), 15 CM AND OVER	1612.81	1935.37
SURGICAL EXCISION, MARSUPIALIZATION, CYST	473.36	568.04
SURGICAL EXCISION, EXCISION OF CYST, 1 CM AND UNDER	371.13	445.36
SURGICAL EXCISION, EXCISION OF CYST, 1-2 CM	516.32	619.58
SURGICAL EXCISION, EXCISION OF CYST, 2-3 CM	672.21	806.65
SURGICAL EXCISION, EXCISION OF CYST, 3-4 CM	838.87	1006.64
SURGICAL EXCISION, EXCISION OF CYST, 4-6 CM	1016.26	1219.51
SURGICAL EXCISION, EXCISION OF CYST, 6-9 CM	1204.37	1445.25
SURGICAL EXCISION, EXCISION OF CYST, 9-15 CM	1403.22	1683.86
SURGICAL EXCISION, EXCISION OF CYST, 15 CM AND OVER	1612.81	1935.37
SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL, SURGICAL EXPLORATION, SOFT TISSUE	236.67	284.01
SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL, ABSCESS, SOFT TISSUE	236.67	284.01
SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL, ABSCESS, IN MAJOR ANATOMICAL AREA WITH DRAIN	403.33	484.00



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
SURGICAL INCISION, INTRAORAL, ABSCESS, HARD TISSUE, TREPHINATION AND DRAINAGE	247.40	296.88
SURGICAL INCISION, INTRAORAL, SURGICAL EXPLORATION, HARD TISSUE	387.23	464.68
SURGICAL INCISION, INTRAORAL, ABSCESS, HARD TISSUE, TREPHINATION AND DRAINAGE IN A MAJOR ANATOMICAL AREA	537.77	645.32
SURGICAL INCISION AND DRAINAGE, EXTRAORAL, ABSCESS, SUPERFICIAL	559.25	671.10
SURGICAL INCISION AND DRAINAGE, EXTRAORAL, ABSCESS, DEEP	699.06	838.87
SURGICAL INCISION AND DRAINAGE, EXTRAORAL, SURGICAL EXPLORATION, HARD TISSUE	559.25	671.10
SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES, REMOVAL, FROM SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE	1505.47	1806.57
SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES, REMOVAL, OF REACTION PRODUCING FOREIGN BODIES	1505.47	1806.57
SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES, REMOVAL, OF NEEDLE FROM MUSCULOSKELETAL SYSTEM	1505.47	1806.57
SEQUESTRECTOMY (FOR OSTEOMYELITIS) , INTRAORAL	516.32	619.58
SEQUESTRECTOMY (FOR OSTEOMYELITIS) SAUCERIZATION	903.27	1083.93
SEQUESTRECTOMY (FOR OSTEOMYELITIS) OSTEOMYELITIS, NON-SURGICAL TREATMENT OF	193.59	232.31
SEQUESTRECTOMY, EXTRAORAL SEQUESTRECTOMY, 3 CM AND LESS	516.32	619.58
SEQUESTRECTOMY, EXTRAORAL SEQUESTRECTOMY 3-4 CM	645.36	774.43
SEQUESTRECTOMY, EXTRAORAL SEQUESTRECTOMY, 4-6 CM	806.65	967.97
SEQUESTRECTOMY, EXTRAORAL SEQUESTRECTOMY, 6-9 CM	941.10	1129.32
SEQUESTRECTOMY, EXTRAORAL SEQUESTRECTOMY, 9 CM AND OVER	1118.49	1342.19
MANDIBULECTOMY 3 CM OR LESS	451.66	541.99
MANDIBULECTOMY 3-4 CM	602.18	722.61
MANDIBULECTOMY 4-6 CM	779.56	935.48
MANDIBULECTOMY 6-9 CM	967.70	1161.24
MANDIBULECTOMY 9-12 CM	1166.54	1399.85
MANDIBULECTOMY 12-15 CM	1376.14	1651.36
MANDIBULECTOMY 15 CM AND OVER	1548.15	1857.78
MANDIBULECTOMY, TOTAL MANDIBULECTOMY	2451.26	2941.51
MAXILLECTOMY 3 CM OR LESS	752.74	903.28
MAXILLECTOMY 3-4 CM	903.27	1083.93
MAXILLECTOMY 4-6 CM	1091.41	1309.69
MAXILLECTOMY 6-9 CM	1290.25	1548.31
MAXILLECTOMY 9-12 CM	1499.85	1799.82
MAXILLECTOMY 12-15 CM	1720.16	2064.20
MAXILLECTOMY 15 CM AND OVER	1978.21	2373.85
MAXILLECTOMY, TOTAL MAXILLECTOMY	2924.29	3509.14
FRACTURES, TREATMENT OF, FIXATION (WIRING), WIRING OF DENTURES OR ARCH BAR	387.23	464.68
FRACTURES, TREATMENT OF, FIXATION (WIRING), ACRYLIC PROSTHESIS OR CAP SPLINT	387.23	464.68
FRACTURES, TREATMENT OF, FIXATION (WIRING), CIRCUMZYGOMATIC WIRING, UNILATERAL	129.08	154.90
FRACTURES, TREATMENT OF, FIXATION (WIRING), PERIALVEOLAR OR TRANSPALATAL WIRING	129.08	154.90
FRACTURES, TREATMENT OF, FIXATION (WIRING), INTRA OR PERIOSSEOUS SPLINTING FOR PERICRANIAL SUSPENSION	129.08	154.90



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
FRACTURES, TREATMENT OF, FIXATION (WIRING), INTERMAXILLARY FIXATION	387.23	464.68
INTRA MAXILLARY SUSPENSION (WIRING), NASAL SPINE WIRING	129.08	154.90
INTRA MAXILLARY SUSPENSION (WIRING), PIRIFORM APERTURES SUSPENSION	129.08	154.90
INTRA MAXILLARY SUSPENSION, FRONTAL SUSPENSION	559.25	671.10
INTRA MAXILLARY SUSPENSION, ORBITAL RIM SUSPENSION, BILATERAL	559.25	671.10
INTRA MAXILLARY SUSPENSION, HEAD FRAME SUSPENSION	903.27	1083.93
CIRCUMMANDIBULAR WIRING, ONE	129.08	154.90
CIRCUMMANDIBULAR WIRING, TWO	258.17	309.80
CIRCUMMANDIBULAR WIRING, THREE OR OVER	387.23	464.68
SPLINTS/WIRES, REMOVAL OF WIRE	215.22	258.26
SPLINTS/WIRES, REMOVAL OF ARCH SPLINT (ONE OR MORE PER JAW)	215.22	258.26
SPLINTS/WIRES, REMOVAL OF INTEROSSEOUS LIGATURE OR BONE PLATE	516.32	619.58
SPLINTS/WIRES, REMOVAL OF INTRA OR PERIOSSEOUS ROD OR WIRE FOR PERICRANIAL SUSPENSION AND/OR PERICRANIAL APPARATUS	516.32	619.58
SPLINTS/WIRES, REMOVAL OF ACRYLIC PROSTHESIS OR CAP SPLINT, ATTACHED TO MAXILLA OR TO TEETH (ONE OR MORE PER JAW)	403.33	484.00
SPLINTS/WIRES, REMOVAL OF WIRE PLATE OR SCREW USED IN OSTEOSYNTHESIS (ONE OR MORE AT THE SAME SITE)	516.32	619.58
FRACTURES, REDUCTION, MANDIBULAR, CLOSED	1290.76	1548.91
FRACTURES, REDUCTION, MANDIBULAR, OPEN, SINGLE	1505.47	1806.57
FRACTURES, REDUCTION, MANDIBULAR, OPEN, DOUBLE	1806.55	2167.86
FRACTURES, REDUCTION, MANDIBULAR, OPEN, MULTIPLE	1999.79	2399.75
FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I, REDUCTION, MAXILLARY CLOSED	1032.61	1239.13
FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I, REDUCTION, MAXILLARY, OPEN, SINGLE	1505.47	1806.57
FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I, REDUCTION, MAXILLARY, OPEN, DOUBLE	1806.55	2167.86
FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I, REDUCTION, MAXILLARY, OPEN, MULTIPLE	2752.27	3302.73
FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I, REDUCTION, COMPOUND FRACTURE OF MAXILLA (REQUIRING REDUCTION AND SOFT TISSUE REPAIR)	3655.38	4386.45
FRACTURES, REDUCTIONS, MAXILLA, PYRAMIDAL LE FORT'S II, REDUCTION, MAXILLARY, CLOSED	1204.37	1445.25
FRACTURES, REDUCTIONS, MAXILLA, PYRAMIDAL LE FORT'S II, REDUCTION, MAXILLARY, OPEN, UNILATERAL	1204.37	1445.25
FRACTURES, REDUCTIONS, MAXILLA, PYRAMIDAL LE FORT'S II, REDUCTION, MAXILLARY, OPEN, BILATERAL	1806.55	2167.86
FRACTURES, REDUCTIONS, NASO-ORBITAL, REDUCTION, CLOSED UNILATERAL	935.48	1122.57
FRACTURES, REDUCTIONS, NASO-ORBITAL, REDUCTION, CLOSED BILATERAL	1870.98	2245.17
FRACTURES, REDUCTIONS, NASO-ORBITAL, OPEN, EXTERNAL APPROACH	1666.51	1999.81
FRACTURES, REDUCTIONS, NASO-ORBITAL, OPEN, SINUSAL APPROACH	1666.51	1999.81
FRACTURES, REDUCTIONS, NASO-ORBITAL, OPEN, ORBITAL APPROACH WITH INSERTION OF SUBPERIOSTEAL IMPLANT	1833.15	2199.78
FRACTURES, REDUCTIONS, NASO-ORBITAL, EXPLORATION, OF ORBITAL BLOWOUT FRACTURE	1204.37	1445.25
FRACTURES, REDUCTIONS, NASO-ORBITAL, EXPLORATION, OF ORBITAL BLOWOUT FRACTURE AND RECONSTRUCTION WITH INSERTION OF A SUBPERIOSTEAL IMPLANT	1999.79	2399.75



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
FRACTURES, REDUCTION, MALAR BONE	516.32	619.58
FRACTURES, REDUCTION, MALAR BONE, OPEN, BY SIMPLE ELEVATION	774.44	929.33
FRACTURES, REDUCTION, MALAR BONE, OPEN, BY OSTEOSYNTHESIS	1376.14	1651.36
FRACTURES, REDUCTION, MALAR BONE, OPEN, BY SINUS APPROACH	1128.99	1354.79
FRACTURES, REDUCTION, MALAR BONE, SIMPLE FRACTURE, (OPEN REDUCTION WITH ANTROSTOMY AND PACKING)	1128.99	1354.79
FRACTURES, REDUCTION, ZYGOMATIC ARCH, INTRAORAL APPROACH	516.32	619.58
FRACTURES, REDUCTION, ZYGOMATIC ARCH, TEMPORAL APPROACH	1204.37	1445.25
FRACTURES, REDUCTION, ZYGOMATICO-MAXILLARY FRACTURE DISLOCATION, COMPLEX, CLOSED REDUCTION	774.44	929.33
REDUCTION, ZYGOMATICO-MAXILLARY FRACTURE DISLOCATION, OPEN REDUCTION	1505.47	1806.57
FRACTURES, REDUCTIONS, CRANIOFACIAL DISJUNCTION, LE FORT'S III TRANSVERSE, REDUCTION, CRANIOFACIAL, DISJUNCTION, CLOSED	2064.21	2477.06
FRACTURES, REDUCTION, CRANIOFACIAL DISJUNCTION, LE FORT'S III TRANSVERSE, REDUCTION, CRANIOFACIAL DISJUNCTION, OPEN	2924.29	3509.14
FRACTURES, REDUCTIONS, ALVEOLAR, DEBRIDEMENT, TEETH REMOVED, 3 CM OR LESS	1290.76	1548.91
FRACTURES, REDUCTIONS, ALVEOLAR, DEBRIDEMENT, TEETH REMOVED, 3-6 CM	1290.76	1548.91
FRACTURES, REDUCTIONS, ALVEOLAR, DEBRIDEMENT, TEETH REMOVED, 6 CM AND OVER	1344.46	1613.35
REDUCTION, ALVEOLAR, CLOSED, WITH TEETH, 3 CM OR LESS +E	1290.76	1548.91
REDUCTION, ALVEOLAR, CLOSED, WITH TEETH 3 - 6 CM +E	1290.76	1548.91
REDUCTION, ALVEOLAR, CLOSED, WITH TEETH 6-9 CM +E	1344.46	1613.35
REDUCTION, ALVEOLAR, CLOSED, WITH TEETH, 9 CM AND OVER +E	1344.46	1613.35
REDUCTION, ALVEOLAR, OPEN, WITH TEETH 3 CM OR LESS +E	1290.76	1548.91
REDUCTION, ALVEOLAR, OPEN, WITH TEETH 3-6 CM +E	1290.76	1548.91
REDUCTION, ALVEOLAR, OPEN, WITH TEETH, 6-9 CM +E	1344.46	1613.35
REDUCTION, ALVEOLAR, OPEN, WITH TEETH, 9 CM AND OVER +E	1398.12	1677.74
FRACTURES, REPLANTATION, AVULSED TOOTH/TEETH (INCLUDING SPLINTING) FIRST TOOTH	403.33	484.00
REPLANTATION, AVULSED TOOTH/TEETH (INCLUDING SPLINTING), EACH ADDITIONAL TOOTH	403.33	484.00
REPOSITIONING OF TRAUMATICALLY DISPLACED TEETH, ONE UNIT OF TIME	123.71	148.45
REPOSITIONING OF TRAUMATICALLY DISPLACED TEETH, TWO UNITS OF TIME	258.17	309.80
REPOSITIONING OF TRAUMATICALLY DISPLACED TEETH, EACH ADDITIONAL UNIT OVER 2	123.71	148.45
REPAIRS, LACERATIONS, UNCOMPLICATED, INTRAORAL OR EXTRAORAL, 2 CM OR LESS	258.17	309.80
REPAIRS, LACERATIONS, UNCOMPLICATED, INTRAORAL OR EXTRAORAL, 2-4 CM	290.41	348.50
REPAIRS, LACERATIONS, UNCOMPLICATED, INTRAORAL OR EXTRAORAL, 4-6 CM	322.68	387.21
REPAIRS, LACERATIONS, UNCOMPLICATED, INTRAORAL OR EXTRAORAL, 6-9 CM	354.94	425.93
REPAIRS, LACERATIONS, UNCOMPLICATED, INTRAORAL OR EXTRAORAL, 9-12 CM	403.33	484.00
REPAIRS, LACERATIONS, UNCOMPLICATED, INTRAORAL OR EXTRAORAL, 12-16 CM	436.94	524.33
REPAIRS, LACERATIONS, UNCOMPLICATED, INTRAORAL OR EXTRAORAL, 16-20 CM	470.55	564.66
REPAIRS, LACERATIONS, UNCOMPLICATED, INTRAORAL OR EXTRAORAL, 20-25 CM	524.29	629.15
REPAIRS, LACERATIONS, UNCOMPLICATED, INTRAORAL OR EXTRAORAL, 25 CM AND OVER	559.25	671.10
REPAIRS, LACERATIONS, THROUGH AND THROUGH, 2 CM OR LESS	279.60	335.52
REPAIRS, LACERATIONS, THROUGH AND THROUGH, 2-4 CM	314.58	377.49
REPAIRS, LACERATIONS, THROUGH AND THROUGH, 4-6 CM	349.53	419.43



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REPAIRS, LACERATIONS, THROUGH AND THROUGH, 6-9 CM	384.48	461.38
REPAIRS, LACERATIONS, THROUGH AND THROUGH, 9-12 CM	435.54	522.64
REPAIRS, LACERATIONS, THROUGH AND THROUGH, 12-16 CM	471.83	566.20
REPAIRS, LACERATIONS, THROUGH AND THROUGH, 16-20 CM	508.13	609.75
REPAIRS, LACERATIONS, THROUGH AND THROUGH, 20-25 CM	564.56	677.47
REPAIRS, LACERATIONS, THROUGH AND THROUGH, 25 CM AND OVER	602.18	722.61
REPAIRS, LACERATIONS, COMPLICATED (LOCAL TISSUE SHIFTS), 2 CM OR LESS	301.10	361.32
REPAIRS, LACERATIONS, COMPLICATED (LOCAL TISSUE SHIFTS), 2-4 CM	338.72	406.46
REPAIRS, LACERATIONS, COMPLICATED (LOCAL TISSUE SHIFTS), 4-6 CM	376.38	451.65
REPAIRS, LACERATIONS, COMPLICATED (LOCAL TISSUE SHIFTS), 6-9 CM	414.00	496.80
REPAIRS, LACERATIONS, COMPLICATED (LOCAL TISSUE SHIFTS), 9-12 CM	467.74	561.29
REPAIRS, LACERATIONS, COMPLICATED (LOCAL TISSUE SHIFTS), 12-16 CM	506.72	608.07
REPAIRS, LACERATIONS, COMPLICATED (LOCAL TISSUE SHIFTS), 16-20 CM	545.68	654.82
REPAIRS, LACERATIONS, COMPLICATED (LOCAL TISSUE SHIFTS), 20-25 CM	604.80	725.76
REPAIRS, LACERATIONS, COMPLICATED (LOCAL TISSUE SHIFTS), 25 CM AND OVER	645.13	774.15
MAXILLOFACIAL DEFORMITIES, OSTEOTOMY/OSTECTOMY, RAMUS OF THE MANDIBLE - OSTEOTOMY, SUBCONDYLAR, CLOSED	4601.44	5521.72
MAXILLOFACIAL DEFORMITIES, OSTEOTOMY, SUBCONDYLAR, OPEN	4601.44	5521.72
MAXILLOFACIAL DEFORMITIES, OSTEOTOMY, RAMUS OF THE MANDIBLE, OBLIQUE, EXTRAORAL	4601.44	5521.72
MAXILLOFACIAL DEFORMITIES, OSTEOTOMY, RAMUS OF THE MANDIBLE, OBLIQUE, INTRAORAL	4601.44	5521.72
MAXILLOFACIAL DEFORMITIES, OSTEOTOMY/OSTECTOMY, BODY OF THE MANDIBLE	4601.44	5521.72
MAXILLOFACIAL DEFORMITIES, OSTEOTOMY, CORONOIDECTOMY	2193.21	2631.86
MAXILLOFACIAL DEFORMITIES, OSTEOTOMY, CONDYLAR NECK	2193.21	2631.86
MAXILLOFACIAL DEFORMITIES, OSTEOTOMY, SAGITTAL SPLIT	4601.44	5521.72
OSTEOTOMY, MISCELLANEOUS, OSTEOTOMY, OBLIQUE WITH BONE GRAFT	4300.44	5160.53
OSTEOTOMY, MISCELLANEOUS, OSTEOTOMY, INVERTED 'L'	4300.44	5160.53
OSTEOTOMY, MISCELLANEOUS, OSTEOTOMY, 'C'	4300.44	5160.53
OSTEOTOMY, MISCELLANEOUS, OSTEOTOMY OF THE RAMUS OF THE MANDIBLE FOR DISTRACTION OSTEOGENESIS – UNILATERAL	4300.44	5160.53
OSTEOTOMY, MISCELLANEOUS, OSTEOTOMY OF THE RAMUS OF THE MANDIBLE FOR DISTRACTION OSTEOGENESIS – BILATERAL	4300.44	5160.53
OSTEOTOMY, MISCELLANEOUS, ACTIVATION OF DISTRACTION DEVICE – UNILATERAL	4300.44	5160.53
OSTEOTOMY, MISCELLANEOUS, ACTIVATION OF DISTRACTION DEVICE – BILATERAL	4300.44	5160.53
OSTEOTOMY, MISCELLANEOUS, REMOVAL OF DISTRACTION DEVICE - UNILATERAL	4300.44	5160.53
OSTEOTOMY, MISCELLANEOUS, REMOVAL OF DISTRACTION DEVICE - BILATERAL	4300.44	5160.53
OSTEOTOMY, MAXILLARY, LEFORTE I	4601.44	5521.72
OSTEOTOMY, MAXILLARY, LEFORTE II	4859.50	5831.40
OSTEOTOMY, MAXILLARY, LEFORTE III	5805.56	6966.67
OSTEOTOMY, MAXILLARY, ADDITIONAL TO THE ABOVE OSTEOTOMY REQUIRING TWO SEGMENTS	602.07	722.49
OSTEOTOMY, MAXILLARY, ADDITIONAL TO THE ABOVE OSTEOTOMY REQUIRING THREE SEGMENTS	774.09	928.90



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
OSTEOTOMY, MAXILLARY, ADDITIONAL TO THE ABOVE OSTEOTOMY REQUIRING FOUR SEGMENTS	989.09	1186.91
OSTEOTOMY, MAXILLARY, ADDITIONAL TO THE ABOVE OSTEOTOMY REQUIRING A CRANIAL FLAP	774.09	928.90
OSTEOTOMY, MAXILLARY, CLOSURE OF CLEFT FISTULA (ALVEOLAR)	731.07	877.29
OSTEOTOMY, MAXILLARY, CLOSURE OF CLEFT FISTULA (PALATAL)	731.07	877.29
OSTEOTOMY, MAXILLARY, PHARYNGOPLASTY	1161.11	1393.33
OSTEOTOMY, MAXILLARY, SUBMUCOUS RESECTION	731.07	877.29
OSTEOTOMY, MAXILLARY, LEFORTE I - FOR DISTRACTION OSTEOGENESIS	0.00	0.00
OSTEOTOMY, MAXILLARY, LEFORTE II - FOR DISTRACTION OSTEOGENESIS	0.00	0.00
OSTEOTOMY, MAXILLARY, LEFORTE III - FOR DISTRACTION OSTEOGENESIS	0.00	0.00
ACTIVATION OF DISTRACTION DEVICE - LEFORTE I	0.00	0.00
ACTIVATION OF DISTRACTION DEVICE - LEFORTE II	0.00	0.00
ACTIVATION OF DISTRACTION DEVICE - LEFORTE III	0.00	0.00
REMOVAL OF MAXILLARY DISTRACTION DEVICE	0.00	0.00
OSTEOTOMY, MAXILLARY/MANDIBULAR, OSTEOTOMY, SEGMENTAL, ANTERIOR	2064.21	2477.06
OSTEOTOMY, MAXILLARY/MANDIBULAR, OSTEOTOMY, SEGMENTAL, POSTERIOR	2064.21	2477.06
OSTEOTOMY, MAXILLARY/MANDIBULAR, OSTEOTOMY, MIDPALATAL SPLIT, ANTERIOR	1376.14	1651.36
OSTEOTOMY, MAXILLARY/MANDIBULAR, OSTEOTOMY, MIDPALATAL SPLIT, COMPLETE	2064.21	2477.06
OSTEOTOMY, SEGMENTAL, ANTERIOR - FOR DISTRACTION OSTEOGENESIS	0.00	0.00
OSTEOTOMY, SEGMENTAL, POSTERIOR - FOR DISTRACTION OSTEOGENESIS	0.00	0.00
ACTIVATION OF DISTRACTION DEVICE	0.00	0.00
REMOVAL OF SEGMENTAL MAXILLARY DISTRACTION	0.00	0.00
OSTEOTOMY, SEGMENTAL, ANTERIOR WITH TRANSFER OF MENTAL EMINENCE	2064.21	2477.06
OSTEOTOMY, SEGMENTAL, ANTERIOR, WITHOUT THE TRANSFER OF MENTAL EMINENCE	2064.21	2477.06
OSTEOTOMY, SEGMENTAL, POSTERIOR	1870.98	2245.17
OSTEOTOMY, LOWER BORDER, MANDIBLE	2064.21	2477.06
OSTEOTOMY, TOTAL DENTO-ALVEOLAR, MANDIBLE	4300.44	5160.53
OSTEOTOMY, SEGMENTAL, ANTERIOR, FOR DISTRACTION OSTEOGENESIS	0.00	0.00
OSTEOTOMY, SEGMENTAL, POSTERIOR, FOR DISTRACTION OSTEOGENESIS	0.00	0.00
ACTIVATION OF DISTRACTION DEVICE	0.00	0.00
REMOVAL OF SEGMENTAL MANDIBULAR DISTRACTION	0.00	0.00
OSTEOTOMY WHEN 'INTERPOSITIONAL GRAFT' IS REQUIRED, USING BONE	516.04	619.25
OSTEOTOMY WHEN 'INTERPOSITIONAL GRAFT' IS REQUIRED, USING ALLOPLAST +E	483.84	580.61
OSTEOTOMY WHEN 'INTERPOSITIONAL GRAFT' IS REQUIRED, USING CARTILAGE	516.04	619.25
OSTEOTOMY WHEN 'ONLAY GRAFT' IS REQUIRED FOR OSTEOTOMY, TRAUMA OR RECONSTRUCTIVE PROCEDURES, USING BONE	344.03	412.83
OSTEOTOMY WHEN 'ONLAY GRAFT' IS REQUIRED FOR OSTEOTOMY, TRAUMA OR RECONSTRUCTIVE PROCEDURES, USING ALLOPLAST +E	322.57	387.09
OSTEOTOMY WHEN 'ONLAY GRAFT' IS REQUIRED FOR OSTEOTOMY, TRAUMA OR RECONSTRUCTIVE PROCEDURES, USING CARTILAGE	344.03	412.83
GENIOPLASTY, SLIDING, REDUCTION OR AUGMENTATION	2064.21	2477.06
GENIOPLASTY, REDUCTION (VERTICAL)	2064.21	2477.06



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
GENIOPLASTY AUGMENTATION WITH GRAFT (SEE GRAFTING CODES)	2064.21	2477.06
GENIOPLASTY, MYOTOMY, SUPRAHYOID	516.32	619.58
MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES, CORTICOTOMY	602.18	722.61
MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES, INTERDENTAL SEPTOTOMY	602.18	722.61
MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES, SURGICAL EXPANSION OF THE PALATE	1032.11	1238.53
SURGICAL EXPANSION OF ALVEOLAR RIDGE - RIDGE SPLITTING TECHNIQUE, MAXILLA - PER SEXTANT	0.00	0.00
SURGICAL EXPANSION OF ALVEOLAR RIDGE - RIDGE SPLITTING TECHNIQUE, MANDIBLE - PER SEXTANT	0.00	0.00
PALATORRHAPHY, ANTERIOR (CLOSURE OF PALATINE FISSURE)	2064.21	2477.06
PALATORRHAPHY, POSTERIOR	2064.21	2477.06
PALATORRHAPHY, TOTAL	2580.26	3096.31
PALATORRHAPHY, WITH BONE GRAFT	3440.35	4128.42
PALATORRHAPHY, BONE GRAFT TO ANTERIOR ALVEOLAR RIDGE	2236.23	2683.47
FRENECTOMY/FRENOPLASTY, UPPER LABIAL	225.94	271.13
FRENECTOMY/FRENOPLASTY, LOWER LABIAL	225.94	271.13
FRENECTOMY/FRENOPLASTY, LOWER LINGUAL OR 'Z' PLASTY	225.94	271.13
FRENECTOMY, LOWER LINGUAL OR 'Z' PLASTY WITH MYOTOMY OF GENIOGLOSSUS	387.23	464.68
FRENECTOMY, UPPER 'Z'	338.91	406.69
FRENECTOMY, LOWER 'Z'	338.91	406.69
GLOSSECTOMY, PARTIAL, ANTERIOR WEDGE	602.18	722.61
GLOSSECTOMY, PARTIAL, FOR ORTHODONTIC PURPOSES	602.18	722.61
GLOSSECTOMY, FULL POSTERO-ANTERIOR WEDGE	1118.11	1341.74
CLEFT SURGERY, PRIMARY UNILATERAL CLEFT LIP REPAIR	1161.11	1393.33
CLEFT SURGERY, SECONDARY UNILATERAL CLEFT LIP REPAIR	1161.11	1393.33
CLEFT SURGERY, PRIMARY BILATERAL CLEFT LIP REPAIR	1548.15	1857.78
CLEFT SURGERY, SECONDARY BILATERAL CLEFT LIP REPAIR	1548.15	1857.78
CLEFT SURGERY, RECONSTRUCTION OF CLEFT LIP WITH LIP SWITCH FLAP	1548.15	1857.78
CLEFT SURGERY, COMPLEX RECONSTRUCTION OR REVISION OF CLEFT LIP	1935.19	2322.23
CLEFT SURGERY, CLOSURE OF ALVEOLAR CLEFT (SEE GRAFTING CODES)	1935.19	2322.23
ORAL NASAL FISTULA, PRIMARY CLOSURE AT TIME OF INITIAL SURGERY	688.08	825.69
ORAL NASAL FISTULA, SECONDARY CLOSURE WITH PALATAL FLAP	1032.11	1238.53
ORAL NASAL FISTULA, SECONDARY CLOSURE WITH PHARYNGEAL FLAP	1032.11	1238.53
ORAL NASAL FISTULA, SECONDARY CLOSURE WITH TONGUE FLAP	1161.11	1393.33
ORAL NASAL FISTULA, SECONDARY CLOSURE WITH BUCCAL FLAP	1032.11	1238.53
RIGID FIXATION, RIGID INTERNAL FIXATION	0.00	0.00
RIGID FIXATION, RIGID INTERNAL FIXATION USING BONE	0.00	0.00
RIGID FIXATION, RIGID INTERNAL FIXATION USING ALLOPLAST +E	0.00	0.00
RIGID FIXATION, RIGID INTERNAL FIXATION USING CARTILAGE	0.00	0.00
TMJ DYSFUNCTIONS, DISLOCATION MANAGEMENT, DISLOCATION, OPEN REDUCTION	1118.11	1341.74
TMJ, DYSFUNCTIONS, DISLOCATION MANAGEMENT, DISLOCATION, CLOSED REDUCTION, UNCOMPLICATED	204.47	245.36



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
TMJ, DISLOCATION, CLOSED REDUCTION, UNDER GENERAL ANESTHETIC	215.22	258.26
TMJ, LUXATION, REDUCTION WITHOUT ANESTHESIA	204.47	245.36
TMJ, LUXATION, REDUCTION UNDER ANESTHESIA	215.22	258.26
TMJ, MANIPULATION, UNDER ANESTHESIA	322.83	387.39
TMJ, FIXATION	322.83	387.39
TMJ, OPEN PROCEDURES, (ARTHROTOMY), CONDYLOPLASTY	1720.16	2064.20
TMJ, OPEN PROCEDURES, (ARTHROTOMY), CONDYLOTOMY	1032.11	1238.53
TMJ, OPEN PROCEDURES, (ARTHROTOMY) CONDYLECTOMY	1849.19	2219.02
TMJ, OPEN PROCEDURES, (ARTHROTOMY) EMINOPLASTY	1849.19	2219.02
TMJ, OPEN PROCEDURES, RE-CONTOUR OF GLENOID FOSSA	1849.19	2219.02
TMJ, OPEN PROCEDURES, MENISECTOMY	1720.16	2064.20
TMJ, OPEN PROCEDURES, PLICATION OF MENISCUS	1849.19	2219.02
TMJ, OPEN PROCEDURES, REPAIR OF MENISCUS	1849.19	2219.02
TMJ, OPEN PROCEDURES, REPLACEMENT OF MENISCUS (SEE GRAFTING CODES)	1849.19	2219.02
TMJ, ARTHROTOMY FOR MAJOR RECONSTRUCTION, FOSSA REPLACEMENT (SEE GRAFTING CODES)	1849.19	2219.02
TMJ, ARTHROTOMY FOR MAJOR RECONSTRUCTION, CONDYLAR REPLACEMENT (SEE GRAFTING CODES)	1849.19	2219.02
TMJ, ARTHROTOMY FOR MAJOR RECONSTRUCTION, GAP ARTHROPLASTY FOR ANKYLOSIS (SEE GRAFTING CODES)	2924.29	3509.14
TMJ, ARTHROSCOPIC EXAMINATION AND DIAGNOSIS	516.04	619.25
TMJ, ARTHROSCOPY, BIOPSY	731.07	877.29
TMJ, ARTHROSCOPY, REMOVAL OF LOOSE BODIES	731.07	877.29
TMJ, ARTHROSCOPY, LAVAGE	516.04	619.25
TMJ, ARTHROSCOPY, LYSIS OF ADHESIONS	731.07	877.29
TMJ, ARTHROSCOPY, SYNOVECTOMY	1118.11	1341.74
TMJ, ARTHROSCOPY, CONDYLOPLASTY	1118.11	1341.74
TMJ, ARTHROSCOPY, EMINOPLASTY	1118.11	1341.74
TMJ, ARTHROSCOPY, RE-CONTOUR OF GLENOID FOSSA	1118.11	1341.74
TMJ, ARTHROSCOPY, MENISECTOMY	1290.13	1548.15
TMJ, ARTHROSCOPY, PLICATION OF MENISCUS	1290.13	1548.15
TMJ, ARTHROSCOPY, REPAIR OF MENISCUS	1290.13	1548.15
TMJ, ARTHROCENTESIS (PUNCTURE AND ASPIRATION), ONE UNIT OF TIME	123.71	148.45
TMJ, ARTHROCENTESIS, (PUNCTURE AND ASPIRATION) TWO UNITS	247.40	296.88
TMJ, ARTHROCENTESIS, (PUNCTURE AND ASPIRATION) EACH ADDITIONAL UNIT OVER TWO	123.71	148.45
TMJ, INJECTION, WITH ANTI-INFLAMMATORY DRUGS	129.08	154.90
TMJ, INJECTION, WITH SCLEROSING AGENT	129.08	154.90
TMJ, APPLIANCE SPLINTS, ORTHOPEDIC REHABILITATION (POST OPERATIVE), APPLIANCE SPLINT, MAXILLARY + L	871.07	1045.29
TMJ, APPLIANCE SPLINTS, ORTHOPEDIC REHABILITATION (POST OPERATIVE), APPLIANCE SPLINT, MANDIBULAR + L	871.07	1045.29
SALIVARY GLANDS, TREATMENT OF, SALIVARY DUCT, DILATION OF	177.51	213.02
SALIVARY GLANDS, SALIVARY DUCT, INSERTION OF POLYETHYLENE TUBE	236.67	284.01



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
SALIVARY GLANDS, SALIVARY DUCT, SIALODOCHOPLASTY	516.32	619.58
SALIVARY GLANDS, SALIVARY DUCT, RECONSTRUCTION OF	774.44	929.33
SALIVARY DUCT, SIALOLITHOTOMY, ANTERIOR 1/3 OF CANAL	473.36	568.04
SALIVARY DUCT, SIALOLITHOTOMY, POSTERIOR 2/3 OF CANAL	1290.76	1548.91
SALIVARY DUCT, SIALOLITHOTOMY, EXTERNAL APPROACH	1999.79	2399.75
SALIVARY GLAND, EXCISIONS, EXCISION OF SUBMAXILLARY GLAND	1290.25	1548.31
SALIVARY GLAND, EXCISIONS, EXCISION OF SUBLINGUAL GLAND	1612.81	1935.37
SALIVARY GLAND, EXCISIONS, EXCISION OF MUCOCELE	161.39	193.67
SALIVARY GLAND, EXCISIONS, EXCISION OF RANULA	516.32	619.58
SALIVARY GLAND, EXCISIONS, MARSUPIALIZATION OF RANULA	473.36	568.04
SALIVARY GLAND, REMOVAL, PAROTID (SUB TOTAL)	1720.16	2064.20
SALIVARY GLAND, REMOVAL, PAROTID (RADICAL, INCLUDING FACIAL NERVE)	2752.27	3302.73
NEUROLOGICAL DISTURBANCES, TREATMENT OF, TRIGEMINAL NERVE, INJECTION FOR DESTRUCTION	258.17	309.80
NEUROLOGICAL DISTURBANCES, TREATMENT OF, TRIGEMINAL NERVE, AVULSION AT PERIPHERY	537.77	645.32
NEUROLOGICAL DISTURBANCES, TREATMENT OF, TRIGEMINAL NERVE, TOTAL AVULSION OF A BRANCH	978.66	1174.39
NEUROLOGICAL DISTURBANCES, TREATMENT OF, TRIGEMINAL NERVE, ALCOHOLIZATION OF A BRANCH	258.17	309.80
NEUROLOGICAL DISTURBANCES, TRIGEMINAL NERVE, INFILTRATION OF A BRANCH FOR DIAGNOSIS	123.71	148.45
NEUROLOGICAL DISTURBANCES, TRIGEMINAL NERVE, INTRAOPERATIVE, DIAGNOSIS OR PHYSIOLOGIC MONITORING (STIMULATION WITH RECORDING EVOKED POTENTIALS, ULTRASOUND, OR IMPEDANCE)	236.67	284.01
NEUROLOGICAL DISTURBANCES, TRIGEMINAL NERVE, NEUROLYSIS OR TUMOR EXCISION OF TRIGEMINAL NERVE BRANCH IN SOFT TISSUE	774.44	929.33
NEUROLOGICAL DISTURBANCES, TRIGEMINAL NERVE, NEUROLYSIS OR TUMOR EXCISION OF TRIGEMINAL NERVE BRANCH IN BONE (MANDIBLE, MAXILLA OR ORBIT) (NOT TO INCLUDE OSTEOTOMY)	1505.47	1806.57
NEUROLOGICAL DISTURBANCES, MENTAL NERVE, TRANSPORTATION OF	903.27	1083.93
NEUROLOGICAL DISTURBANCES, MENTAL NERVE, DECOMPRESSION IN CANAL	903.27	1083.93
NEUROLOGICAL DISTURBANCES, INFERIOR DENTAL NERVE, COMPLETE AVULSION	903.27	1083.93
NEUROLOGICAL DISTURBANCES, INFERIOR DENTAL NERVE, DECOMPRESSION IN THE CANAL	935.48	1122.57
NEUROLOGICAL DISTURBANCES, SURGERY, INJURED NERVE REPAIR, PRIMARY	1204.37	1445.25
NEUROLOGICAL DISTURBANCES, SURGERY, INJURED NERVE REPAIR, SECONDARY	3053.31	3663.97
NEUROLOGICAL DISTURBANCES, SURGERY, INJURED NERVE REPAIR, SECONDARY (WHEN REPAIR DELAYED MORE THAN FOUR WEEKS)	3440.35	4128.42
NEUROLOGICAL DISTURBANCES, SURGERY, NEURAL TRANSPOSITION AND DECOMPRESSION	903.27	1083.93
NEUROLOGICAL DISTURBANCES, SURGERY, IMPLANTATION OF ELECTRODE FOR PERIPHERAL NERVE STIMULATION	1204.37	1445.25
NEUROLOGICAL DISTURBANCES, SURGERY, EXCISION OF TUMOR OR NEUROMA	1290.25	1548.31
NEUROLOGICAL DISTURBANCES, SURGERY, NERVE REPAIR WITH GRAFT +E	4300.44	5160.53
NEUROLOGICAL DISTURBANCES, SURGERY, HARVESTING OF NERVE GRAFT	1505.47	1806.57
NEUROLOGICAL DISTURBANCES, SURGERY, EPINEURIAL SUTURE OF TRIGEMINAL NERVE BRANCH PER ANASTOMOSIS	935.48	1122.57
NEUROLOGICAL DISTURBANCES, SURGERY, FASCICULAR SUTURE OF TRIGEMINAL NERVE BRANCH PER ANASTOMOSIS	935.48	1122.57



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
NEUROLOGICAL DISTURBANCES, SURGERY, CONDUIT IMPLANT FOR REPAIR OF NERVE GAP UP TO 3 CM	2408.24	2889.89
NEUROLOGICAL DISTURBANCES, SURGERY, CONDUIT IMPLANT FOR REPAIR OF NERVE GAP GREATER THAN 3 CM	3440.35	4128.42
NEUROLOGICAL DISTURBANCES, SURGERY, FIBRIN ADHESIVE PER NERVE ANASTOMOSIS	602.18	722.61
NEUROLOGICAL DISTURBANCES, SURGERY, LASER COAGULATION PER NERVE ANASTOMOSIS	645.13	774.15
NEUROLOGICAL DISTURBANCES, SURGERY, IN ADDITION TO ABOVE PROCEDURES, WHEN USING OPERATING MICROSCOPES	129.08	154.90
ANTRAL SURGERY, IMMEDIATE RECOVERY OF A DENTAL ROOT OR FOREIGN BODY FROM THE ANTRUM	806.65	967.97
ANTRAL SURGERY, IMMEDIATE CLOSURE OF ANTRUM BY ANOTHER DENTAL SURGEON	806.65	967.97
ANTRAL SURGERY, DELAYED RECOVERY OF DENTAL ROOT WITH ORAL ANTROSTOMY	806.65	967.97
ANTRAL SURGERY WITH NASAL ANTROSTOMY	806.65	967.97
ANTRAL SURGERY, LAVAGE, ORAL APPROACH	112.96	135.55
ANTRAL SURGERY, LAVAGE, NASAL APPROACH	112.96	135.55
ANTRAL SURGERY, ORO-ANTRAL FISTULA CLOSURE (SAME SESSION) WITH BUCCAL FLAP	774.44	929.33
ANTRAL SURGERY, ORO-ANTRAL FISTULA CLOSURE (SAME SESSION) WITH GOLD PLATE + L	774.44	929.33
ANTRAL SURGERY, ORO-ANTRAL FISTULA CLOSURE (SAME SESSION) WITH PALATAL FLAP	774.44	929.33
ANTRAL SURGERY, ORO-ANTRAL FISTULA CLOSURE (SUBSEQUENT SESSION) WITH BUCCAL FLAP	774.44	929.33
ANTRAL SURGERY, ORO-ANTRAL FISTULA CLOSURE (SUBSEQUENT SESSION) WITH GOLD PLATE + L	774.44	929.33
ANTRAL SURGERY, ORO-ANTRAL FISTULA CLOSURE (SUBSEQUENT SESSION) WITH PALATAL FLAP	774.44	929.33
SINUS OSSEOUS AUGMENTATION, OPEN LATERAL - AUTOGRAFT + E	0.00	0.00
SINUS OSSEOUS AUGMENTATION, OPEN LATERAL - ALLOGRAFT +E	0.00	0.00
SINUS OSSEOUS AUGMENTATION, OPEN LATERAL - XENOGRAFT +E	0.00	0.00
SINUS OSSEOUS AUGMENTATION - INDIRECT INFERIOR - AUTOGRAFT + E	0.00	0.00
SINUS OSSEOUS AUGMENTATION - INDIRECT INFERIOR - ALLOGRAFT +E	0.00	0.00
SINUS OSSEOUS AUGMENTATION - INDIRECT INFERIOR - XENOGRAFT +E	0.00	0.00
HEMORRHAGE CONTROL, PRIMARY HEMORRHAGE	516.32	619.58
HEMORRHAGE CONTROL, SECONDARY HEMORRHAGE	1505.47	1806.57
HEMORRHAGE CONTROL, USING COMPRESSION AND HEMOSTATIC AGENT	1505.47	1806.57
HEMORRHAGE CONTROL, USING HEMOSTATIC SUBSTANCE AND SUTURES (INCLUDING REMOVAL OF BONY TISSUE, IF NECESSARY)	1505.47	1806.57
GRAFTS, SURGICAL, HARVESTING OF INTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, BONE	435.64	522.77
GRAFTS, SURGICAL, HARVESTING OF INTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, CARTILAGE	435.64	522.77
GRAFTS, SURGICAL, HARVESTING OF INTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, SKIN	435.64	522.77
GRAFTS, SURGICAL, HARVESTING OF INTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, MUCOSA	435.64	522.77
GRAFTS, SURGICAL, HARVESTING OF INTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, FASCIA	435.64	522.77
GRAFTS, SURGICAL, HARVESTING OF INTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, MUSCLE	435.64	522.77



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
GRAFTS, SURGICAL, HARVESTING OF INTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, DERMIS	435.64	522.77
GRAFTS, SURGICAL, HARVESTING OF EXTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, (TO INCLUDE ILIUM, RIB, ETC.), BONE	602.18	722.61
GRAFTS, SURGICAL, HARVESTING OF EXTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, (TO INCLUDE ILIUM, RIB, ETC.), CARTILAGE	602.18	722.61
GRAFTS, SURGICAL, HARVESTING OF EXTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, (TO INCLUDE ILIUM, RIB, ETC.), COSTOCHONDRAL	602.18	722.61
GRAFTS, SURGICAL, HARVESTING OF EXTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, (TO INCLUDE ILIUM, RIB, ETC.), SKIN	602.18	722.61
GRAFTS, SURGICAL, HARVESTING OF EXTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, (TO INCLUDE ILIUM, RIB, ETC.), MUCOSA	602.18	722.61
GRAFTS, SURGICAL, HARVESTING OF EXTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, (TO INCLUDE ILIUM, RIB, ETC.), FASCIA	602.18	722.61
GRAFTS, SURGICAL, HARVESTING OF EXTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, (TO INCLUDE ILIUM, RIB, ETC.), MUSCLE	602.18	722.61
GRAFTS, SURGICAL, HARVESTING OF EXTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, (TO INCLUDE ILIUM, RIB, ETC.), DERMIS	602.18	722.61
GRAFTS, SURGICAL, HARVESTING OF EXTRAORAL TISSUE FOR GRAFTING TO OPERATIVE SITE, (TO INCLUDE ILIUM, RIB, ETC.), NERVE	0.00	0.00
GRAFTS, SURGICAL, VASCULARIZED TISSUE FLAPS, FREE	0.00	0.00
GRAFTS, SURGICAL, VASCULARIZED TISSUE FLAPS, ATTACHED	0.00	0.00
GRAFTS, SURGICAL, VASCULARIZED TISSUE FLAPS, MICRO-ANASTOMOSIS	IC	IC
HARVESTING AND PREPARATION OF PLATELET RICH PLASMA +E	0.00	0.00
DELIVERY OF GROWTH FACTORS - AUTOLOGOUS - PER SITE +E	0.00	0.00
DELIVERY OF GROWTH FACTORS - ALLOGENIC - PER SITE +E	0.00	0.00
DELIVERY OF GROWTH FACTORS - HUMAN RECOMBINANT - PER SITE +E	0.00	0.00
POST SURGICAL CARE, SUBSEQUENT TO INITIAL POST SURGICAL TREATMENT, MINOR, BY TREATING DENTIST	107.61	129.13
POST SURGICAL CARE, MINOR, BY OTHER THAN TREATING DENTIST	112.96	135.55
POST SURGICAL CARE, MAJOR, BY TREATING DENTIST	1129.72	1355.67
POST SURGICAL CARE, MAJOR, BY OTHER THAN TREATING DENTIST	1129.72	1355.67
POST SURGICAL CARE, ALVEOLITIS, TREATMENT OF (WITHOUT ANESTHESIA)	112.96	135.55
POST SURGICAL CARE, ALVEOLITIS, TREATMENT OF (WITH ANESTHESIA)	112.96	135.55
EMERGENCY OFFICE PROCEDURES, TRACHEOTOMY	688.08	825.69
EMERGENCY OFFICE PROCEDURES, CRICO-THYROIDOTOMY	688.08	825.69
MUSCULAR DISORDERS, TREATMENT OF MUSCULAR DYSFUNCTIONS	0.00	0.00
TREATMENT OF MUSCULAR DISORDERS, MUSCULAR DYSFUNCTIONS, MYOTOMY	0.00	0.00
IMPLANTOLOGY, (INCLUDES PLACEMENT OF IMPLANT, POST-SURGICAL CARE, UNCOVERING AND PLACEMENT OF ATTACHMENT BUT NOT PROSTHESIS) IMPLANTS, BLADE, MAXILLARY PER IMPLANT	0.00	0.00
IMPLANTOLOGY, (INCLUDES PLACEMENT OF IMPLANT, POST-SURGICAL CARE, UNCOVERING AND PLACEMENT OF ATTACHMENT BUT NOT PROSTHESIS) IMPLANTS, BLADE, MANDIBULAR PER IMPLANT	0.00	0.00
IMPLANTS, SUBPERIOSTEAL, MAXILLARY + L	0.00	0.00
IMPLANTS, SUBPERIOSTEAL, MANDIBULAR + L	0.00	0.00
IMPLANTS, SURGICAL INSTALLATION OF IMPLANT WITH COVER SCREW - PER IMPLANT +E	0.00	0.00



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
IMPLANTS, SURGICAL INSTALLATION OF IMPLANT WITH HEALING TRANSMUCOSAL ELEMENT - PER IMPLANT +E	0.00	0.00
IMPLANTS, SURGICAL INSTALLATION OF IMPLANT WITH FINAL TRANSMUCOSAL ELEMENT - PER IMPLANT +E	0.00	0.00
IMPLANTS, SURGICAL RE-ENTRY,REMOVAL OF HEALING SCREW PLACEMENT OF HEALING TRANSMUCOSAL ELEMENT - PER IMPLANT +E	0.00	0.00
IMPLANTS, SURGICAL RE-ENTRY,REMOVAL OF HEALING SCREW PLACEMENT OF FINAL STANDARD TRANSMUCOSAL ELEMENT - PER IMPLANT +E	0.00	0.00
IMPLANTS, SURGICAL RE-ENTRY,REMOVAL OF HEALING SCREW PLACEMENT OF FINAL CUSTOM TRANSMUCOSAL ELEMENT - PER IMPLANT +L+E	0.00	0.00
IMPLANTS, SURGICAL INSTALLATION - PER IMPLANT +E	0.00	0.00
IMPLANTS, INSTALLATION OF PROVISIONAL IMPLANT - PER IMPLANT	0.00	0.00
IMPLANTS, REMOVAL OF PROVISIONAL IMPLANT - PER IMPLANT	0.00	0.00
IMPLANTS, REMOVAL UNCOMPLCATED PER IMPLANT	0.00	0.00
IMPLANTS, REMOVAL COMPLCATED PER IMPLANT	0.00	0.00
Orthodontic		
ORTHODONTIC, OBSERVATIONS AND ADJUSTMENTS, FOR TOOTH GUIDANCE (I.E. TOOTH POSITION, ERUPTION SEQUENCE) PER APPOINTMENT	47.74	57.29
ORTHODONTIC, OBSERVATIONS AND ADJUSTMENT, TO ORTHODONTIC APPLIANCES AND/OR THE REDUCTION OF PROXIMAL SURFACES OF TEETH PER APPOINTMENT	47.74	57.29
ORTHODONTIC, REPAIRS TO REMOVABLE OR FIXED APPLIANCES, ONE UNIT OF TIME + L	47.74	57.29
ORTHODONTIC, REPAIRS TO REMOVABLE OR FIXED APPLIANCES, TWO UNITS + L	95.46	114.55
ORTHODONTIC, REPAIRS TO REMOVABLE OR FIXED APPLIANCES, EACH ADDITIONAL UNIT OVER TWO	47.74	57.29
ORTHODONTIC, ALTERATIONS TO REMOVABLE OR FIXED APPLIANCES, ONE UNIT OF TIME +L	47.74	57.29
ORTHODONTIC, ALTERATIONS TO REMOVABLE OR FIXED APPLIANCES, TWO UNITS +L	95.46	114.55
ORTHODONTIC, ALTERATIONS TO REMOVABLE OR FIXED APPLIANCES, EACH ADDITIONAL UNIT OVER TWO	47.74	57.29
ORTHODONTIC, RECEMENTATION OF FIXED APPLIANCES, ONE UNIT OF TIME	47.74	57.29
ORTHODONTIC, RECEMENTATION OF FIXED APPLIANCES, EACH ADDITIONAL UNIT	47.74	57.29
ORTHODONTIC, SEPARATION (EXCEPT WHERE INCLUDED IN THE FABRICATION OF AN APPLIANCE), ONE UNIT OF TIME	47.74	57.29
ORTHODONTIC, SEPARATION (EXCEPT WHERE INCLUDED IN FABRICATION OF APPLIANCE), EACH ADDITIONAL UNIT	47.74	57.29
ORTHODONTIC, REMOVAL OF FIXED ORTHODONTIC APPLIANCES (BY A PRACTITIONER OTHER THAN THE ORIGINAL TREATING PRACTICE) ONE UNIT OF TIME	47.74	57.29
ORTHODONTICS, REMOVAL OF FIXED APPLIANCES (BY A PRACTITIONER OTHER THAN THE ORIGINAL TREATING PRACTICE) EACH ADDITIONAL UNIT	47.74	57.29
APPLIANCES, REMOVABLE, SPACE REGAINING, MAXILLARY, UNILATERAL + L	190.93	229.12
APPLIANCES, REMOVABLE, SPACE REGAINING, MANDIBULAR, UNILATERAL + L	190.93	229.12
APPLIANCES, REMOVABLE, SPACE REGAINING, MAXILLARY, BILATERAL, + L	190.93	229.12
APPLIANCES, REMOVABLE, SPACE REGAINING, MANDIBULAR, BILATERAL + L	190.93	229.12
APPLIANCES, REMOVABLE, CROSS-BITE CORRECTION, MAXILLARY, SIMPLE + L	190.93	229.12
APPLIANCES, REMOVABLE, CROSS-BITE CORRECTION, MANDIBULAR, SIMPLE + L	190.93	229.12
APPLIANCES, REMOVABLE, DENTAL ARCH EXPANSION, MAXILLARY, SIMPLE + L	190.93	229.12
APPLIANCES, REMOVABLE, DENTAL ARCH EXPANSION, MANDIBULAR, SIMPLE + L	190.93	229.12
APPLIANCES, REMOVABLE, CLOSURE OF DIASTEMAS, MAXILLARY, SIMPLE + L	190.93	229.12



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APPLIANCES, REMOVABLE, CLOSURE OF DIASTEMAS, MANDIBULAR, SIMPLE + L	190.93	229.12
APPLIANCES, REMOVABLE, ALIGNMENT OF ANTERIOR TEETH, MAXILLARY, SIMPLE + L	190.93	229.12
APPLIANCES, REMOVABLE, ALIGNMENT OF ANTERIOR TEETH, MANDIBULAR, SIMPLE + L	190.93	229.12
APPLIANCES, FIXED OR CEMENTED, SPACE REGAINING (E.G. LINGUAL OR LABIAL ARCH WITH MOLAR BANDS, TUBES, LOCKS) MAXILLARY + L	190.93	229.12
APPLIANCES, FIXED OR CEMENTED, SPACE REGAINING, MANDIBULAR + L	190.93	229.12
APPLIANCES, FIXED OR CEMENTED, SPACE REGAINING, UNILATERAL, MAXILLARY + L	143.20	171.84
APPLIANCES, FIXED OR CEMENTED, SPACE REGAINING, UNILATERAL, MANDIBULAR + L	143.20	171.84
APPLIANCES, FIXED, CROSS-BITE CORRECTION, ANTERIOR, MAXILLARY + L	190.93	229.12
APPLIANCES, FIXED, CROSS-BITE CORRECTION, ANTERIOR, MANDIBULAR + L	190.93	229.12
APPLIANCES, FIXED, CROSS-BITE CORRECTION, POSTERIOR, MAXILLARY + L	190.93	229.12
APPLIANCES, FIXED, CROSS-BITE CORRECTION, POSTERIOR, MANDIBULAR + L	190.93	229.12
APPLIANCES, FIXED, TWO-MOLAR BAND, HOOKED & ELASTICS + L	143.20	171.84
APPLIANCES, FIXED, DENTAL ARCH EXPANSION, MAXILLARY + L	238.67	286.40
APPLIANCES, FIXED, DENTAL ARCH EXPANSION, MANDIBULAR + L	238.67	286.40
APPLIANCES, FIXED, DENTAL ARCH RAPID EXPANSION, MAXILLARY + L	190.93	229.12
APPLIANCES, FIXED, CLOSURE OF DIASTEMAS, MAXILLARY, SIMPLE + L	190.93	229.12
APPLIANCES, FIXED, CLOSURE OF DIASTEMAS, MANDIBULAR, SIMPLE + L	190.93	229.12
APPLIANCES, FIXED, ALIGNMENT OF INCISOR TEETH, MAXILLARY, SIMPLE + L	238.67	286.40
APPLIANCES, FIXED, ALIGNMENT OF INCISOR TEETH, MANDIBULAR, SIMPLE + L	238.67	286.40
APPLIANCES, FIXED, GRASSLINE OR ELASTIC LIGATURES PER VISIT + L	47.74	57.29
APPLIANCES, FIXED, MECHANICAL ERUPTION OF TOOTH/TEETH, MAXILLARY, IMPACTION + L	190.93	229.12
APPLIANCES, FIXED, MECHANICAL ERUPTION OF TEETH, MANDIBULAR, IMPACTION + L	190.93	229.12
APPLIANCES, FIXED, MECHANICAL ERUPTION OF TEETH, MAXILLARY, ERUPTED + L	190.93	229.12
APPLIANCES, FIXED, MECHANICAL ERUPTION OF TEETH, MANDIBULAR, ERUPTED + L	190.93	229.12
APPLIANCES, REMOVABLE, RETENTION, MAXILLARY + L	143.20	171.84
APPLIANCES, REMOVABLE, RETENTION, MANDIBULAR + L	143.20	171.84
APPLIANCES, REMOVABLE, RETENTION, TOOTH POSITIONER + L	143.20	171.84
APPLIANCES, FIXED/CEMENTED, RETENTION, MAXILLARY + L	190.93	229.12
APPLIANCES, FIXED/CEMENTED, RETENTION, MANDIBULAR + L	190.93	229.12
PERMANENT DENTITION, CLASS I MALOCCLUSION	5728.01	6873.61
PERMANENT DENTITION, CLASS II MALOCCLUSION	7637.34	9164.81
PERMANENT DENTITION, CLASS III MALOCCLUSION	7637.34	9164.81
PERMANENT DENTITION, MALOCCLUSION NOT REQUIRING COMPLETE BANDING	2864.00	3436.80
MIXED DENTITION, CLASS I MALOCCLUSION	5728.01	6873.61
MIXED DENTITION, CLASS II MALOCCLUSION	7637.34	9164.81
MIXED DENTITION, CLASS III MALOCCLUSION	7637.34	9164.81
MIXED DENTITION, CLASS I MALOCCLUSION	2864.00	3436.80
MIXED DENTITION, CLASS II MALOCCLUSION	3818.67	4582.40
MIXED DENTITION, CLASS III MALOCCLUSION	3818.67	4582.40
NEONATAL DENTO-FACIAL ORTHOPEDICS, EXPANSION APPLIANCE FOR INFANTS WITH CLEFT PALATE + L	1718.40	2062.08



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NEONATAL DENTO-FACIAL ORTHOPEDICS, EXTRAORAL RETRACTION APPLIANCE FOR INFANTS WITH CLEFT PALATE + L	1718.40	2062.08
NEONATAL DENTO-FACIAL ORTHOPEDICS, STAGE I - INITIAL EXPANSION + L	716.00	859.20
NEONATAL DENTO-FACIAL ORTHOPEDICS, STAGE II - ANTERIOR ALIGNMENT + L	1432.00	1718.40
NEONATAL DENTO-FACIAL ORTHOPEDICS, STAGE III - FINAL ALIGNMENT(COMPLETE BANDING)+L	3818.67	4582.40
NEONATAL DENTO-FACIAL ORTHOPEDICS, STAGE III - WHERE STAGE I AND II WERE NOT PROVIDED FOR + L	7637.34	9164.81
Adjunctive Services		
UNCLASSIFIED TREATMENT, DENTAL PAIN, PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN, MINOR PROCEDURE, ONE UNIT OF TIME	77.61	93.13
UNCLASSIFIED TREATMENT, DENTAL PAIN, PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN, MINOR PROCEDURE, TWO UNITS	155.22	186.27
UNCLASSIFIED TREATMENT, DENTAL PAIN, PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN, MINOR PROCEDURE, THREE UNITS	232.84	279.40
UNCLASSIFIED TREATMENT, DENTAL PAIN, PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN, MINOR PROCEDURE, EACH ADDITIONAL UNIT OVER THREE	77.61	93.13
EMERGENCY SERVICES, NOT OTHERWISE SPECIFIED IN GUIDE, ONE UNIT OF TIME	81.69	98.03
EMERGENCY SERVICES, NOT OTHERWISE SPECIFIED IN GUIDE, TWO UNITS	163.40	196.08
EMERGENCY SERVICES, NOT OTHERWISE SPECIFIED IN GUIDE, THREE UNITS	245.07	294.09
EMERGENCY SERVICES, NOT OTHERWISE SPECIFIED IN GUIDE, EACH ADDITIONAL UNIT OVER THREE	81.69	98.03
UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES, IN ADDITION TO USUAL PROCEDURES IN GUIDE, ONE UNIT OF TIME	89.85	107.82
UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES, IN ADDITION TO USUAL PROCEDURES IN GUIDE, TWO UNITS	179.68	215.61
UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES, IN ADDITION TO USUAL PROCEDURES IN GUIDE, THREE UNITS	269.53	323.43
UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES, IN ADDITION TO USUAL PROCEDURES IN GUIDE, EACH ADDITIONAL UNIT OVER THREE	89.85	107.82
UNCLASSIFIED TREATMENT, UNUSUAL TIME & RESPONSIBILITY, SECOND SURGEON (TEAM APPROACH), ONE UNIT OF TIME	77.61	93.13
UNCLASSIFIED TREATMENT, UNUSUAL TIME & RESPONSIBILITY, SECOND SURGEON (TEAM APPROACH), TWO UNITS	155.22	186.27
UNCLASSIFIED TREATMENT, UNUSUAL TIME & RESPONSIBILITY, SECOND SURGEON (TEAM APPROACH), THREE UNITS	232.84	279.40
UNCLASSIFIED TREATMENT, UNUSUAL TIME & RESPONSIBILITY, SECOND SURGEON (TEAM APPROACH), FOUR UNITS	310.45	372.54
UNCLASSIFIED TREATMENT, UNUSUAL TIME & RESPONSIBILITY, SECOND SURGEON (TEAM APPROACH), FIVE UNITS	388.09	465.71
UNCLASSIFIED TREATMENT, UNUSUAL TIME & RESPONSIBILITY, SECOND SURGEON (TEAM APPROACH), SIX UNITS	465.71	558.85
UNCLASSIFIED TREATMENT, UNUSUAL TIME & RESPONSIBILITY, SECOND SURGEON (TEAM APPROACH), SEVEN UNITS	543.32	651.98
UNCLASSIFIED TREATMENT, UNUSUAL TIME & RESPONSIBILITY, SECOND SURGEON (TEAM APPROACH), EIGHT UNITS	620.93	745.12
UNCLASSIFIED TREATMENT, UNUSUAL TIME & RESPONSIBILITY, SECOND SURGEON (TEAM APPROACH), EACH ADDITIONAL UNIT OVER EIGHT	77.61	93.13
UNCLASSIFIED TREATMENT, MANAGEMENT OF EXCEPTIONAL PATIENT, ONE UNIT OF TIME	89.85	107.82
UNCLASSIFIED TREATMENT, MANAGEMENT OF EXCEPTIONAL PATIENT, TWO UNITS	179.68	215.61
UNCLASSIFIED TREATMENT, MANAGEMENT OF EXCEPTIONAL PATIENT, THREE UNITS	269.53	323.43



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UNCLASSIFIED TREATMENT, MANAGEMENT OF EXCEPTIONAL PATIENT, FOUR UNITS	359.36	431.23
UNCLASSIFIED TREATMENT, MANAGEMENT OF EXCEPTIONAL PATIENT, EACH ADDITIONAL UNIT OVER FOUR	89.85	107.82
ANAESTHESIA, LOCAL, (INCLUDES PRE-ANAESTHETIC EVALUATION AND POST-ANAESTHETIC EVALUATION AND FOLLOW-UP) REGIONAL BLOCK ANAESTHESIA	81.69	98.03
ANAESTHESIA, LOCAL, (INCLUDES PRE-ANAESTHETIC EVALUATION AND POST-ANAESTHETIC EVALUATION AND FOLLOW-UP) TRIGEMINAL DIVISION BLOCK	81.69	98.03
ANAESTHESIA, GENERAL (INCLUDES PRE-ANAESTHETIC EVALUATION AND POST-ANAESTHETIC EVALUATION AND FOLLOW-UP) TWO UNITS OF TIME	171.54	205.85
ANAESTHESIA, GENERAL (INCLUDES PRE-ANAESTHETIC EVALUATION AND POST-ANAESTHETIC EVALUATION AND FOLLOW-UP) THREE UNITS	257.29	308.75
ANAESTHESIA, GENERAL (INCLUDES PRE-ANAESTHETIC EVALUATION AND POST-ANAESTHETIC EVALUATION AND FOLLOW-UP) FOUR UNITS	343.08	411.69
ANAESTHESIA, GENERAL (INCLUDES PRE-ANAESTHETIC EVALUATION AND POST-ANAESTHETIC EVALUATION AND FOLLOW-UP) FIVE UNITS	428.83	514.59
ANAESTHESIA, GENERAL (INCLUDES PRE-ANAESTHETIC EVALUATION AND POST-ANAESTHETIC EVALUATION AND FOLLOW-UP) SIX UNITS	514.60	617.52
ANAESTHESIA, GENERAL (INCLUDES PRE-ANAESTHETIC EVALUATION AND POST-ANAESTHETIC EVALUATION AND FOLLOW-UP) SEVEN UNITS	600.37	720.44
ANAESTHESIA, GENERAL (INCLUDES PRE-ANAESTHETIC EVALUATION AND POST-ANAESTHETIC EVALUATION AND FOLLOW-UP) EIGHT UNITS	686.12	823.34
ANAESTHESIA, GENERAL (INCLUDES PRE-ANAESTHETIC EVALUATION AND POST-ANAESTHETIC EVALUATION AND FOLLOW-UP) EACH ADDITIONAL UNIT OVER EIGHT	85.75	102.90
ANAESTHESIA, GENERAL, PROVISION OF FACILITIES, EQUIPMENT AND SUPPORT SERVICES FOR GENERAL ANAESTHESIA, TWO UNITS OF TIME	171.54	205.85
ANAESTHESIA, GENERAL, PROVISION OF FACILITIES, EQUIPMENT AND SUPPORT SERVICES FOR GENERAL ANAESTHESIA, THREE UNITS	257.29	308.75
ANAESTHESIA, GENERAL, PROVISION OF FACILITIES, EQUIPMENT AND SUPPORT SERVICES FOR GENERAL ANAESTHESIA, FOUR UNITS	343.08	411.69
ANAESTHESIA, GENERAL, PROVISION OF FACILITIES, EQUIPMENT AND SUPPORT SERVICES FOR GENERAL ANAESTHESIA, FIVE UNITS	428.83	514.59
ANAESTHESIA, GENERAL, PROVISION OF FACILITIES, EQUIPMENT AND SUPPORT SERVICES FOR GENERAL ANAESTHESIA, SIX UNITS	514.60	617.52
ANAESTHESIA, GENERAL, PROVISION OF FACILITIES, EQUIPMENT AND SUPPORT SERVICES FOR GENERAL ANAESTHESIA, SEVEN UNITS	600.37	720.44
ANAESTHESIA, GENERAL, PROVISION OF FACILITIES, EQUIPMENT AND SUPPORT SERVICES FOR GENERAL ANAESTHESIA, EIGHT UNITS	686.12	823.34
ANAESTHESIA, GENERAL, PROVISION OF FACILITIES, EQUIPMENT AND SUPPORT SERVICES FOR GENERAL ANAESTHESIA, EACH ADDITIONAL UNIT OVER EIGHT	85.75	102.90
ANAESTHESIA, DEEP SEDATION, NEUROLEPTANALGESIA, TWO UNITS	155.22	186.27
ANAESTHESIA, DEEP SEDATION, NEUROLEPTANALGESIA, THREE UNITS	232.84	279.40
ANAESTHESIA, DEEP SEDATION, NEUROLEPTANALGESIA, FOUR UNITS	310.45	372.54
ANAESTHESIA, DEEP SEDATION, NEUROLEPTANALGESIA, FIVE UNITS	388.09	465.71
ANAESTHESIA, DEEP SEDATION, NEUROLEPTANALGESIA, SIX UNITS	465.71	558.85
ANAESTHESIA, DEEP SEDATION, NEUROLEPTANALGESIA, SEVEN UNITS	543.32	651.98
ANAESTHESIA, DEEP SEDATION, NEUROLEPTANALGESIA, EIGHT UNITS	620.93	745.12
ANAESTHESIA, DEEP SEDATION, NEUROLEPTANALGESIA, EACH ADDITIONAL UNIT OVER EIGHT	77.61	93.13
PROVISION OF FACILITIES FOR DEEP SEDATION WHEN PROVIDED BY A SEPARATE PRACTITIONER (2 UNIT OF TIME)	155.22	186.27
PROVISION OF FACILITIES FOR DEEP SEDATION WHEN PROVIDED BY A SEPARATE PRACTITIONER (3 UNIT OF TIME)	232.85	279.42



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PROVISION OF FACILITIES FOR DEEP SEDATION WHEN PROVIDED BY A SEPARATE PRACTITIONER (4 UNITS OF TIME)	310.45	372.54
PROVISION OF FACILITIES FOR DEEP SEDATION WHEN PROVIDED BY A SEPARATE PRACTITIONER (5 UNITS OF TIME)	388.27	465.92
PROVISION OF FACILITIES FOR DEEP SEDATION WHEN PROVIDED BY A SEPARATE PRACTITIONER (6 UNITS OF TIME)	465.71	558.85
PROVISION OF FACILITIES FOR DEEP SEDATION WHEN PROVIDED BY A SEPARATE PRACTITIONER (7 UNITS OF TIME)	543.32	651.98
PROVISION OF FACILITIES FOR DEEP SEDATION WHEN PROVIDED BY A SEPARATE PRACTITIONER (8 UNITS OF TIME)	620.93	745.12
PROVISION OF FACILITIES FOR DEEP SEDATION WHEN PROVIDED BY A SEPARATE PRACTITIONER (EVERY UNIT OVER 8)	77.61	93.13
ANAESTHESIA, CONSCIOUS SEDATION, NITROUS OXIDE SEDATION, TIME IS MEASURED FROM THE PLACEMENT OF THE INHALATION DEVICE AND TERMINATES WITH THE REMOVAL OF THE INHALATION DEVICE, ONE UNIT OF TIME	41.03	49.24
ANAESTHESIA, CONSCIOUS SEDATION, NITROUS OXIDE SEDATION, TWO UNITS	61.57	73.88
ANAESTHESIA, CONSCIOUS SEDATION, NITROUS OXIDE SEDATION, THREE UNITS	82.08	98.50
ANAESTHESIA, CONSCIOUS SEDATION, NITROUS OXIDE SEDATION, FOUR UNITS	102.62	123.14
ANAESTHESIA, CONSCIOUS SEDATION, NITROUS OXIDE SEDATION, FIVE UNITS	123.13	147.76
ANAESTHESIA, CONSCIOUS SEDATION, NITROUS OXIDE SEDATION, SIX UNITS	143.66	172.40
ANAESTHESIA, CONSCIOUS SEDATION, NITROUS OXIDE SEDATION, SEVEN UNITS	164.20	197.04
ANAESTHESIA, CONSCIOUS SEDATION, NITROUS OXIDE SEDATION, EIGHT UNITS	184.71	221.66
ANAESTHESIA, CONSCIOUS SEDATION, NITROUS OXIDE SEDATION, EACH ADDITIONAL UNIT OVER EIGHT	20.53	24.64
ANAESTHESIA, CONSCIOUS SEDATION, ORAL SEDATION, ONE UNIT OF TIME	29.54	35.44
ANAESTHESIA, PARENTAL CONSCIOUS SEDATION (REGARDLESS OF METHOD - IM OR IV) ONE UNIT	41.03	49.24
ANAESTHESIA, PARENTAL CONSCIOUS SEDATION (REGARDLESS OF METHOD - IM OR IV) TWO UNITS	61.55	73.86
ANAESTHESIA, PARENTAL CONSCIOUS SEDATION (REGARDLESS OF METHOD - IM OR IV) THREE UNITS	82.08	98.50
ANAESTHESIA, PARENTAL CONSCIOUS SEDATION (REGARDLESS OF METHOD - IM OR IV) FOUR UNITS	102.60	123.12
ANAESTHESIA, PARENTAL CONSCIOUS SEDATION (REGARDLESS OF METHOD - IM OR IV) FIVE UNITS	128.95	154.74
ANAESTHESIA, PARENTAL CONSCIOUS SEDATION (REGARDLESS OF METHOD - IM OR IV) SIX UNITS	143.65	172.38
ANAESTHESIA, PARENTAL CONSCIOUS SEDATION (REGARDLESS OF METHOD - IM OR IV) SEVEN UNITS	164.18	197.02
ANAESTHESIA, PARENTAL CONSCIOUS SEDATION (REGARDLESS OF METHOD - IM OR IV) EIGHT UNITS	184.53	221.43
ANAESTHESIA, PARENTAL CONSCIOUS SEDATION (REGARDLESS OF METHOD - IM OR IV) EACH ADDITIONAL UNIT OVER EIGHT	20.52	24.62
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, HYPNOSIS, ONE UNIT OF TIME	41.03	49.24
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, HYPNOSIS, TWO UNITS	61.57	73.88
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, HYPNOSIS, THREE UNITS	82.08	98.50
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, HYPNOSIS, FOUR UNITS	102.62	123.14



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NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, HYPNOSIS, EACH ADDITIONAL UNIT OVER FOUR	20.53	24.64
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, ACUPUNCTURE, ONE UNIT OF TIME	41.03	49.24
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, ACUPUNCTURE, TWO UNITS	61.57	73.88
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, ACUPUNCTURE, THREE UNITS	82.08	98.50
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, ACUPUNCTURE, FOUR UNITS	102.62	123.14
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, ACUPUNCTURE, EACH ADDITIONAL UNIT OVER 4	20.53	24.64
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, ELECTRONIC DENTAL ANESTHESIA, ONE UNIT OF TIME	41.03	49.24
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, ELECTRONIC DENTAL ANESTHESIA, TWO UNITS	61.57	73.88
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, ELECTRONIC DENTAL ANESTHESIA, THREE UNITS	82.08	98.50
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, ELECTRONIC DENTAL ANESTHESIA, FOUR UNITS	102.62	123.14
NON-PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT, ELECTRONIC DENTAL ANESTHESIA, EACH ADDITIONAL UNIT OVER FOUR	20.53	24.64
ANAESTHESIA, GENERAL, MANAGEMENT OF PATIENT WITH BMI 35 OR ABOVE, IN ADDITION TO CODE SERIES 92200 OR 92300	IC	IC
PROFESSIONAL COMMUNICATIONS, CONSULTATION WITH MEMBER OF THE PROFESSION OR OTHER HEALTHCARE PROVIDERS, IN OR OUT OF THE OFFICE, ONE UNIT OF TIME	81.69	98.03
PROFESSIONAL COMMUNICATIONS, CONSULTATION WITH MEMBER OF THE PROFESSION OR OTHER HEALTHCARE PROVIDERS, IN OR OUT OF THE OFFICE, TWO UNITS	163.40	196.08
PROFESSIONAL COMMUNICATIONS, CONSULTATION WITH MEMBER OF THE PROFESSION OR OTHER HEALTHCARE PROVIDERS, IN OR OUT OF THE OFFICE, EACH ADDITIONAL UNIT OVER TWO	81.69	98.03
PROFESSIONAL COMMUNICATIONS, DENTAL LEGAL LETTERS, REPORTS AND OPINIONS, SHORT WRITTEN OR VERBAL REPORT GIVEN TO ANY LAY PERSON WITH PATIENT APPROVAL	155.22	186.27
PROFESSIONAL COMMUNICATIONS, A DENTAL-LEGAL REPORT WITH PATIENT APPROVAL ON SYMPTOMS, HISTORY AND RECORDS GIVING DIAGNOSIS, TREATMENT AND PRESENT CONDITION	310.45	372.54
DENTAL-LEGAL OPINION, A COMPREHENSIVE WRITTEN REPORT PRIMARILY IN THE FIELD OF EXPERT OPINION	0.00	0.00
CONSULTATION AND/OR PARTICIPATION DURING AUTOPSY (OTHER THAN FORENSIC) ONE UNIT OF TIME +E	102.07	122.48
CONSULTATION AND/OR PARTICIPATION DURING AUTOPSY (OTHER THAN FORENSIC) TWO UNITS +E	204.13	244.96
CONSULTATION AND/OR PARTICIPATION DURING AUTOPSY (OTHER THAN FORENSIC) EACH ADDITIONAL UNIT OVER TWO	102.07	122.48
COMPLETING CDA "BLANK" APPROVED STANDARD CLAIM FORMS	IC	IC
UPON REQUEST, PROVIDING A WRITTEN TREATMENT PLAN/OUTLINE FOR A PATIENT, SIMILAR TO THE EXAMPLE IN THE CDA POLICY MANUAL ON CLAIM FORM COMPLETION	IC	IC
COMPLETING PREPAID CLAIM FORMS WHICH DO NOT CONFORM WITH CODE 93301	26.13	31.36
CLAIM/TREATMENT FORMS, EXTRAORDINARY TIME SPENT IN RELATION TO CLAIM FORMS/TREATMENT PLAN, ONE UNIT OF TIME +E	85.75	102.90
CLAIM/TREATMENT FORMS, EXTRAORDINARY TIME SPENT IN RELATION TO CLAIM FORMS/TREATMENT PLAN, TWO UNITS +E	171.54	205.85
CLAIM/TREATMENT FORMS, EXTRAORDINARY TIME SPENT IN RELATION TO CLAIM FORMS/TREATMENT PLAN, ZERO UNITS + E	85.75	102.90



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
CLAIM/TREATMENT FORMS, EXTRAORDINARY TIME SPENT IN RELATION TO CLAIM FORMS/TREATMENT PLAN, EACH ADDITIONAL UNIT OVER TWO	85.75	102.90
CLAIM/TREATMENT FORMS, UNREASONABLE OFFICE TIME SPENT IN FORWARDING PREDETERMINATION RECORDS, IN PREDETERMINATION SITUATIONS TO THIRD PARTIES, ONE UNIT OF TIME +E	19.69	23.62
CLAIM/TREATMENT FORMS, UNREASONABLE OFFICE TIME SPENT IN FORWARDING PREDETERMINATION RECORDS, IN PREDETERMINATION SITUATIONS TO THIRD PARTIES, TWO UNITS +E	39.39	47.26
CLAIM/TREATMENT FORMS, UNREASONABLE OFFICE TIME SPENT IN FORWARDING PREDETERMINATION RECORDS, IN PREDETERMINATION SITUATIONS TO THIRD PARTIES, EACH ADDITIONAL UNIT OVER TWO	19.69	23.62
PROFESSIONAL VISITS, HOUSE CALLS, NON EMERGENCY VISIT (IN ADDITION TO PERFORMED PROCEDURES)	93.71	112.45
PROFESSIONAL VISITS, HOUSE CALLS, EMERGENCY VISIT, WHEN ONE MUST IMMEDIATELY LEAVE HOME/OFFICE/HOSPITAL	187.44	224.93
OFFICE OR INSTITUTIONAL VISITS, DURING REGULAR OFFICE HOURS, IN ADDITION TO SERVICES PERFORMED	77.61	93.13
OFFICE OR INSTITUTIONAL VISITS, UNSCHEDULED, AFTER REGULAR SCHEDULED OFFICE HOURS	96.07	115.29
MISSED OR CANCELLED APPOINTMENT, WITH INSUFFICIENT NOTICE, DURING REGULAR SCHEDULED HOURS	49.22	59.07
MISSED OR CANCELLED APPOINTMENT WITH INSUFFICIENT NOTICE, BEING A SPECIAL APPOINTMENT OUTSIDE REGULAR SCHEDULED OFFICE HOURS	343.08	411.69
OFFICE/INSTITUTIONAL VISITS, TRAVELLING EXPENSES +E	0.00	0.00
PROFESSIONAL VISITS OUT OF THE OFFICE PLUS ACTUAL SERVICES PERFORMED+ E (OUT OF POCKET EXPENSE, ETC.)	145.34	174.41
COURT PREPARATION AS AN EXPERT WITNESS, ONE UNIT OF TIME	0.00	0.00
COURT PREPARATION AS AN EXPERT WITNESS, TWO UNITS	0.00	0.00
COURT PREPARATION AS EXPERT WITNESS, THREE UNITS	0.00	0.00
COURT PREPARATION AS AN EXPERT WITNESS, FOUR UNITS	0.00	0.00
COURT APPEARANCES/PREPARATION AS AN EXPERT WITNESS, EACH ADDITIONAL UNIT OVER FOUR	0.00	0.00
COURT APPEARANCE AS AN EXPERT WITNESS, ONE HALF DAY	0.00	0.00
COURT APPEARANCE AS AN EXPERT WITNESS, FULL DAY	0.00	0.00
FORENSIC SERVICES, MISCELLANEOUS, FORENSIC IDENTIFICATION - OPINION AS AN EXPERT ASSISTING IN CIVIL OR CRIMINAL CASES +E	429.75	515.70
FORENSIC SERVICES, MISCELLANEOUS, FULL OR PART TIME PARTICIPATION IN CIVIL DISASTER +E	2362.60	2835.12
FORENSIC SERVICES, MISCELLANEOUS, WRITTEN ODONTOLOGY REPORT +E	495.82	594.99
FORENSIC SERVICES, POST MORTEM EXAMINATION AND DIAGNOSIS OF TISSUES IN FORENSIC CASES (NON IDENTIFICATION)	0.00	0.00
FORENSIC SERVICES, MANAGEMENT OF ORAL DISEASE OR ABNORMALITY	171.54	205.85
IDENTIFICATION DISK SYSTEM, ACID ETCH/BONDED + L	77.61	93.13
PRESCRIPTION, EMERGENCY	36.28	43.54
PRESCRIPTIONS, EMERGENCY DISPENSING OF ONE OR TWO DOSES OF THERAPEUTIC DRUG, PLUS GIVING A WRITTEN PRESCRIPTION +E	50.54	60.65
PRESCRIPTIONS, DISPENSING, NON EMERGENCY (E.G. FLUORIDES, VITAMINS, OTHER DRUGS/MEDICATIONS)+E	24.63	29.55
INJECTIONS, THERAPEUTIC, INTRAMUSCULAR DRUG INJECTION +E	44.91	53.89
INJECTIONS, THERAPEUTIC, INTRAVENOUS DRUG INJECTION +E	44.91	53.89



Description	2016 GP Fee (0 = IC)	2016 Specialist (Fee 0 = IC)
INJECTIONS, THERAPEUTIC, INTRALESIONAL DELIVERY, INTRA-ARTICULAR INJECTIONS - SEE 78600 +E	44.91	53.89
INJECTIONS, AESTHETIC - ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) , 1 to 5 units + E	0.00	0.00
INJECTIONS, AESTHETIC - ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) , 6 to 10 units + E	0.00	0.00
INJECTIONS, AESTHETIC - ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) , 11 to 20 units + E	0.00	0.00
INJECTIONS, AESTHETIC - ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) , 21 to 30 units + E	0.00	0.00
INJECTIONS, AESTHETIC - ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) , 31 to 40 units + E	0.00	0.00
INJECTIONS, AESTHETIC - ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) , 41 to 50 units + E	0.00	0.00
INJECTIONS, AESTHETIC - ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) , 51 to 60 units + E	0.00	0.00
INJECTIONS, AESTHETIC - ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) , 61 to 70 units + E	0.00	0.00
INJECTIONS, AESTHETIC - ADMINISTRATION OF AESTHETIC NEUROMODULATORS (EG. BOTULINUM TOXIN TYPE A) , more than 70 units + E	0.00	0.00
INJECTIONS, AESTHETIC - ADMINISTRATION OF AESTHETIC DERMAL FILTERS, first syringe + E	0.00	0.00
INJECTIONS, AESTHETIC - ADMINISTRATION OF AESTHETIC DERMAL FILTERS, each subsequent syringe + E	0.00	0.00
BLEACHING,VITAL, IN OFFICE, ONE UNIT OF TIME	85.75	102.90
BLEACHING, VITAL, IN OFFICE, TWO UNITS	171.54	205.85
BLEACHING, VITAL, IN OFFICE, THREE UNITS	257.29	308.75
BLEACHING, VITAL, IN OFFICE, EACH ADDITIONAL UNIT OVER THREE	85.75	102.90
BLEACHING, VITAL HOME (INCLUDES THE FABRICATION OF BLEACHING TRAYS) MAXILLARY ARCH + L+E	245.07	294.09
BLEACHING, VITAL HOME, MANDIBULAR ARCH + L+E	245.07	294.09
MICRO-ABRASION, ONE UNIT OF TIME	77.61	93.13
MICRO-ABRASION, TWO UNITS	155.22	186.27
MICRO-ABRASION, THREE UNITS	232.84	279.40
MICRO-ABRASION, FOUR UNITS	310.45	372.54
MICRO-ABRASION, EACH ADDITIONAL UNIT OVER FOUR	77.61	93.13
TOBACCO USE CESSATION SERVICE, ONE UNIT OF TIME +E	77.63	93.15
TOBACCO USE CESSATION SERVICE, TWO UNITS OF TIME +E	155.21	186.25
TOBACCO USE CESSATION SERVICE, EACH ADDITIONAL UNIT OF TIME +E	77.63	93.15
COMMERCIAL LABORATORY PROCEDURES	0.00	0.00
LAB CHARGES FOR BIOPSY	0.00	0.00
LABORATORY AND EXPENSE PROCEDURES, '+ L' IN-OFFICE LABORATORY PROCEDURES	0.00	0.00
LABORATORY AND EXPENSE PROCEDURES, ADDITIONAL EXPENSE OF MATERIALS	0.00	0.00

