



دَارُ الْعِلْمَ وَالْأَنْجَانَةُ
DEPARTMENT OF HEALTH

JAWDA
Guidelines for Dental
Clinic and Centers

Issue: 2026

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Executive Summary

The Department of Health- Abu Dhabi (DOH) is the regulatory body of the healthcare sector in the Emirate of Abu Dhabi and ensures excellence in healthcare for the community by monitoring the health status of its population.

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This ranges from school clinics and mobile units to internationally renowned specialist and tertiary academic centers. Although, access and quality of care has improved dramatically over the last couple of decades, mirroring the economic upturn and population boom of the Abu Dhabi Emirate, however challenges remain in addressing further improvements.

The main challenges that are presented with increasingly dynamic population include an aging population with increased expectation for treatment, utilization of technology and diverse workforce leading to increased complexity of healthcare provision in Abu Dhabi. All of this results in an increased and inherent risk to quality and patient safety.

DOH has developed dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance pertains to the quality indicators that the Department of Health (DOH) is requiring for quarterly reporting by healthcare facilities operating Dental services including (Standalone and hospitals providing dental services) in the Emirate of Abu Dhabi

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators. For enquiries about this guidance, please contact jawda@doh.gov.ae

This document is subject for review and therefore it is advisable to utilize online versions available on the DOH website at all times.

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About this Guidance

The guidance sets out the definitions and reporting frequency of JAWDA health performance indicators. Department of Health (DoH) with consultation of local and international Dental Health treatment quality of care expertise developed Dental health performance indicators that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal time period.

The Dental health performance indicators in this guidance include measures to monitor clinical effectiveness, and outcomes among patients with Dental health I.e., (readmission, ... Healthcare providers are the most qualified professionals to develop and evaluate quality of care measures for Dental Health treatment. Therefore, it is crucial that clinicians retain a leadership position in defining Dental health quality of care.

Who is this guidance for?

All DoH licensed healthcare facilities operating outpatient dental services including (standalone and hospitals that provide dental services) in the Emirate of Abu Dhabi.

How do I follow this guidance?

Each provider will nominate one member of staff to coordinate, collect, monitor and report Dental health quality performance indicators data as per communicated dates. The nominated healthcare facility lead must in the first instance e-mail their contact details (if different from previous submission) to jawda@doh.gov.ae

What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- DOH Standard for Dental Health Services and Treatment
- As per DoH Policy for Quality and Patient Safety issued January 15th 2017, this guidance applies to all DOH Licensed Hospital Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

Dental Performance Indicators

Type: Dental Care Quality Indicator

Number: DQ01

KPI Description (title):	Dental Procedure Complication Rate Within 14 days of the initial procedure
Domain	Patient Safety
Indicator Type	Outcome
Definition:	Percentage of teeth that had a complication within 14 days of a dental procedure.
Calculation:	<p>Numerator: The number of teeth with complications that developed within 14 days of initial dental procedures performed in the denominator period.</p> <p>Considering the initial Procedure Day as Day 0</p> <p>Complications are defined as follows:</p> <ul style="list-style-type: none"> • Complication is associated with the same tooth number as the initial procedure. • A tooth with more than one complication will be counted as one complication. • Coding criteria: <ul style="list-style-type: none"> ○ A USCLS procedure code which is different from the USCLS procedure code assigned in the initial visit within 14 days on the same tooth. <p style="text-align: center;">AND / OR</p> <ul style="list-style-type: none"> ○ Primary or principal ICD diagnosis code, which is different from the primary or principal ICD diagnosis code assigned in the initial visit within 14 days on the same tooth. <ol style="list-style-type: none"> 1. ICD diagnosis change from group A to group B 2. ICD diagnosis change from group B to group B (different codes) <p>Numerator Exclusions:</p> <ul style="list-style-type: none"> • Pulpectomy or pulpotomy procedures done as an initial treatment within 14 days followed by root canal treatment • Abutment Placement done as an initial treatment within 14 days of followed by Crown Implant. • Pulp capping procedure done as an initial treatment within 14 days followed by restoration.

- Root canal done as an initial treatment within 14 days followed by Inolay/Onlay
- Cone Beam Computed Tomography (CBCT) should not be considered as initial dental procedure

(See Appendix 1-USCLS & ICD codes)

Sample Scenarios:

Scenario	Explanation	Tooth #	Complication
S1	Filling → Root Canal	Same Tooth #	<input checked="" type="checkbox"/>
S2	Filling → Complicated Extraction	Same Tooth #	<input checked="" type="checkbox"/>
S3	Crown → Apicoectomy	Same Tooth #	<input checked="" type="checkbox"/>
S4	Root Canal → Same RCT (follow-up)	Same Tooth #	<input checked="" type="checkbox"/>
S5	Filling to Filling	Same Tooth #	<input checked="" type="checkbox"/>
S6	Root Canal → Surgical Extraction	Same Tooth #	<input checked="" type="checkbox"/>
S7	Filling → Emergency	Same Tooth #	<input checked="" type="checkbox"/>

Sample Scenarios:

Scenario ID	Visit 1 Diagnosis	Tooth #	Visit 2 Diagnosis	Tooth #	Explanation	Complication
D1	Reversible pulpitis (K04.0)	13	Irreversible pulpitis (K04.4)	13	Escalation from mild to acute pulpitis	<input checked="" type="checkbox"/>
D2	Routine caries (K02.1)	13	Abscess (K04.6)	13	Decay developed into infection	<input checked="" type="checkbox"/>
D3	Pulpitis (K04.0)	13	Cellulitis (K12.2)	-	Infection spread to surrounding tissues	<input checked="" type="checkbox"/>
D4	Abscess (K04.6)	14	Abscess (K04.6)	14	Same diagnosis, follow-up visit	<input checked="" type="checkbox"/>
D5	Caries (K02.1)	4	Acute apical periodontitis (K04.4)	4	Complication from untreated decay	<input checked="" type="checkbox"/>
D6	Pulpitis (K04.0)	5	Cellulitis of face	-	Complication from untreated decay	<input checked="" type="checkbox"/>
D7	Irreversible pulpitis (K04.4)	4	Abscess (K04.6)	3	Not the same tooth	<input checked="" type="checkbox"/>

	D8	Irreversible pulpitis (K04.4)	13	Abscess (K04.6)	13	Complication within Group B	<input checked="" type="checkbox"/>
Denominator: Total number of teeth with dental procedures (all ages) during the reporting period.							
Denominator Guidance:							
<ul style="list-style-type: none"> • Any USCLS procedure code used as initial/starting procedures either used alone or in combination with USCLS Examination/diagnostic codes. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Any USCLS procedure code used as initial or /starting procedures either used alone or in combination with ICD 10 codes. 							
Denominator Exclusion:							
Teeth with only USCLS Examination/Diagnostic codes without any USCLS procedure codes.							
<i>(See Appendix 1-USCLS & ICD codes)</i>							
Reporting Frequency:	Quarterly- <i>Automated data collection by claims (not self-submitted)</i>						
Unit of Measure:	Percentage						
International comparison if available	Developed by DoH- Abu Dhabi						
Desired direction:	Lower is better						
Notes for all facilities							
Data Source	- Claims						

KPI Description (title):	Failures following dental implant surgical procedure (late failure – Mechanical failure) between 3 months to 18 months
Domain	Patient safety
Indicator Type	Outcome
Definition:	Percentage of failures detected in the period between 3-18 months from the implant procedure date among adults aged 18 years and older
Calculation:	<p>Numerator: Total number of failures reported in the period between 3-18 months among adults aged 18 years and older.</p> <p>Complication Criteria:</p> <ul style="list-style-type: none"> • 79961-Implants, Removal of Implant Per implant, Uncomplicated • 79962-Implants, Removal of Implant Per implant, Complicated • Osseointegration failure of dental implant - M27.61 • Post-osseointegration mechanical failure of dental implant - M27.63 • Other endosseous dental implant failure - M27.69 <p>Denominator: Total number of implant procedures performed among adults aged 18 years and older during the reporting period. <i>(See Appendix 2)</i></p>
Reporting Frequency:	Quarterly- <i>Automated data collection by claims (not self-submitted)</i>
Unit of Measure:	Percentage
International comparison if available	Developed by DoH - Abu Dhabi
Desired direction:	Lower is better
Notes for all facilities	
Data Source:	-Claims

KPI Description (title):	Dental Restoration Retreatment Rate (Within 6 Months) for adults
Domain	Patient Safety
Indicator Type	Outcome
Definition:	This measure is used to assess the percentage of dental restoration retreatments on the same tooth number within 6 months from the initial treatment for adult patients during the measurement period.
Calculation:	<p>Numerator: Total number of restorations treatments performed within 6 months on the same tooth in the initial treatment specified in the denominator during the measurement period.</p> <p>Numerator Exclusion:</p> <ul style="list-style-type: none"> • Facial Trauma <p>ICD 10 codes: (Facial Trauma)</p> <p>S02.5XXA-Fracture of tooth (traumatic), initial encounter for closed fracture</p> <p>S02.5XXB-Fracture of tooth (traumatic), initial encounter for open fracture</p> <p>S02.5XXD-Fracture of tooth (traumatic), subsequent encounter for fracture with routine healing</p> <p>S02.5XXG-Fracture of tooth (traumatic), subsequent encounter for fracture with delayed healing</p> <p>S02.5XXK-Fracture of tooth (traumatic), subsequent encounter for fracture with nonunion</p> <p>S09.93XA-Unspecified injury of face, initial encounter</p> <p>S09.93XD-Unspecified injury of face, subsequent encounter</p> <p>S09.93XS-Unspecified injury of face, sequela</p> <p>S02.5XXS-Fracture of tooth (traumatic), sequela</p> <p>S03.2XXA-Dislocation of tooth, initial encounter</p> <p>S03.2XXD-Dislocation of tooth, subsequent encounter</p> <p>S03.2XXS-Dislocation of tooth, sequela</p> <p>Denominator: Total number of dental restoration treatments (<i>See Appendix 3</i>) during the measurement period for adult patients aged 18 years and older.</p>
Reporting Frequency:	Quarterly - <i>Automated data collection by claims (not self-submitted)</i>

Unit of Measure:	Percentage
International comparison if available	Developed by DoH- Abu Dhabi
Desired direction:	Lower is better
Notes for all facilities	
Data Source:	- Claims

Type: Dental Care Quality Indicator

Number: DQ04

KPI Description (title):	Dental Root Canal Retreatment Rate (Within 12 Months) for adults.
Domain	Patient safety
Indicator Type	Outcome
Definition:	This measure is used to assess the percentage of root canal retreatment on the same tooth number within 12 months of the initial treatment for adult patients during the measurement period.
Calculation:	<p>Numerator: The number of root canal treatments performed within 12 months on the same tooth as the initial treatment specified in the denominator for adult patients aged 18 years and older during the measurement period.</p> <p>Denominator: Total number of root canal treatments (<i>See Appendix 4</i>) during the measurement period for adult patients aged 18 years and older.</p>
Reporting Frequency:	Quarterly - <i>Automated data collection by claims (not self-submitted)</i>
Unit of Measure:	Percentage
International comparison if available	Developed by DoH - Abu Dhabi
Desired direction:	Lower is better
Notes for all facilities	
Data Source:	-Claims

KPI Description (title):	Post-Endodontic Dental Extraction Rate for adults
Domain	Patient Safety
Indicator Type	Outcome
Definition:	This measure is used to assess the percentage of dental complications (tooth extraction) following an endodontic (root canal) treatment or retreatment for adult patients (18 years and older) during the measurement period.
Calculation:	<p>Numerator: Total number of complications (tooth extraction) within 12 months of the initial root canal treatment and retreatment procedures in the denominator for adult patients.</p> <p>Complications include:</p> <ul style="list-style-type: none"> • Tooth Extraction on the same tooth in the index treatment (<i>See Appendix 7</i>) <p>Denominator: Total number of the endodontic root canal treatment and retreatment procedures (<i>See Appendix 5</i>) for adult patients aged 18 years and older during the measurement period.</p>
Reporting Frequency:	Quarterly - <i>Automated data collection by claims (not self-submitted)</i>
Unit of Measure:	Percentage
International comparison if available	Developed by DoH - Abu Dhabi
Desired direction:	Lower is better
Notes for all facilities	
Data Source:	- Claims

KPI Description (title):	Failure Of Conservative Treatment Rate for adults
Domain	Patient safety
Indicator Type	Outcome
Definition:	<p>This measure is used to assess the percentage of dental complications (tooth extraction or root canal treatment) within 6 months of the restorative treatment (permanent fillings or crowns) for adult patients during the measurement period.</p>
	<p>Numerator: Total number of complications (tooth extraction or root canal treatment) <i>(See Appendix 7)</i> within 6 months of the initial restoration treatment in the denominator.</p> <p>Complications include:</p> <ul style="list-style-type: none"> • Tooth Extraction on the same tooth in the index treatment. • Root canal treatment on the same tooth in the index treatment. <p>Numerator Exclusion:</p> <ul style="list-style-type: none"> • Pulp capping procedures performed during or within 60 days of the initial restoration, which subsequently result in root canal treatment. • Facial Trauma <p>ICD 10 codes: (Facial Trauma)</p> <p>S02.5XXA-Fracture of tooth (traumatic), initial encounter for closed fracture</p> <p>S02.5XXB-Fracture of tooth (traumatic), initial encounter for open fracture</p> <p>S02.5XXD-Fracture of tooth (traumatic), subsequent encounter for fracture with routine healing</p> <p>S02.5XXG-Fracture of tooth (traumatic), subsequent encounter for fracture with delayed healing</p> <p>S02.5XXK-Fracture of tooth (traumatic), subsequent encounter for fracture with nonunion</p> <p>S09.93XA-Unspecified injury of face, initial encounter</p> <p>S09.93XD-Unspecified injury of face, subsequent encounter</p> <p>S09.93XS-Unspecified injury of face, sequela</p> <p>S02.5XXS-Fracture of tooth (traumatic), sequela</p> <p>S03.2XXA-Dislocation of tooth, initial encounter</p> <p>S03.2XXD-Dislocation of tooth, subsequent encounter</p> <p>S03.2XXS-Dislocation of tooth, sequela</p>
Calculation:	

	Denominator: Total number of restorative treatments (permanent fillings or crowns) <i>(See Appendix 6)</i> for adult patients aged 18 years and older during the measurement period.
Reporting Frequency:	Quarterly- <i>Automated data collection by claims (not self-submitted)</i>
Unit of Measure:	Percentage
International comparison if available	Developed by DoH - Abu Dhabi
Desired direction:	Lower is better
Notes for all facilities	
Data Source:	-Claim data

KPI Description (title):	Failure Of Conservative Treatment Rate for paediatrics
Domain	Patient safety
Indicator Type	Outcome
Definition:	This measure is used to assess the percentage of dental complications (tooth extraction, or root canal treatment) within 6 months of the restorative treatment (permanent fillings or crowns) for paediatrics patients during the measurement period.
Calculation:	<p>Numerator: Total number of complications (tooth extraction, or root canal treatment) (<i>See Appendix 7</i>) within 6 months of the initial restoration treatment in the denominator.</p> <p>Complications include:</p> <ul style="list-style-type: none"> • Tooth Extraction on the same tooth in the index treatment. • Root canal treatment on the same tooth in the index treatment. <p>Denominator: Total number of restorative treatments (Permanent fillings or crowns) (<i>See Appendix 6</i>) for paediatrics (less than 18 years) patients during the measurement period.</p>
Reporting Frequency:	Quarterly - <i>Automated data collection by claims (not self-submitted)</i>
Unit of Measure:	Percentage
International comparison if available	Developed by DoH - Abu Dhabi
Desired direction:	Lower is better
Notes for all facilities	
Data Source:	Claim data

Appendix-1

USCLS Procedures Codes

Pulpectomy, Root Canal:

Procedure Code	Description
32311	PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation) Pulpectomy, Permanent Teeth/Retained Primary Teeth One Canal
32312	PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation) Pulpectomy, Permanent Teeth/Retained Primary Teeth Two Canals
32313	PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation) Pulpectomy, Permanent Teeth/Retained Primary Teeth Three Canals
32314	PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation) Pulpectomy, Permanent Teeth/Retained Primary Teeth Four Canals or more
32315	PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation) Pulpectomy, Permanent Teeth/Retained Primary Teeth Exceptional anatomy/difficult access in addition to 32311 - 32314
32321	PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation) Pulpectomy, Primary Teeth Anterior Tooth
32322	PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation) Pulpectomy, Primary Teeth Posterior Tooth
33111	Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal One canal
33112	Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal Difficult Access
33113	Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal Exceptional Anatomy
33121	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals Two canals
33122	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals Difficult Access
33123	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals Exceptional Anatomy
33124	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals Calcified Canals
33125	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals Re-treatment of Previously Completed Therapy
33126	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals Continuing Treatment Having been Aborted by Referring/Previous Dentist
33131	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals Three canals
33132	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals Difficult Access
33133	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals Exceptional Anatomy

33134	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals Calcified Canals
33135	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals Re-treatment of Previously Completed Therapy
33136	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals Continuing Treatment having been Aborted by Referring/ Previous Dentist
33141	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals Four or more canals
33142	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals Difficult Access
33143	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals Exceptional anatomy
33144	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals Calcified canal
33145	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals Re-treatment of previously completed therapy
33146	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals Continuing Treatment having been aborted by Referring/ Previous Dentist
33401	ROOT CANALS, PRIMARY TEETH One canal
33402	ROOT CANALS, PRIMARY TEETH Two canals
33403	ROOT CANALS, PRIMARY TEETH Three canals or more
34601	In Previously Filled Tooth when Root Canal Treatment Done by Another Practitioner

Apicoectomy

Procedure Code	Description
34111	APICOECTOMY/APICAL CURETTAGE Maxillary Anterior One root
34112	APICOECTOMY/APICAL CURETTAGE Maxillary Anterior Two roots
34121	APICOECTOMY/APICAL CURETTAGE Maxillary Bicuspid One root
34122	APICOECTOMY/APICAL CURETTAGE Maxillary Bicuspid Two roots
34123	APICOECTOMY/APICAL CURETTAGE Maxillary Bicuspid Three roots
34131	APICOECTOMY/APICAL CURETTAGE Maxillary Molar One root
34132	APICOECTOMY/APICAL CURETTAGE Maxillary Molar Two roots
34133	APICOECTOMY/APICAL CURETTAGE Maxillary Molar APICOECTOMY/APICAL CURETTAGE Maxillary Molar Three roots
34134	APICOECTOMY/APICAL CURETTAGE Maxillary Molar Four or more roots
34141	APICOECTOMY/APICAL CURETTAGE Mandibular Anterior One root
34142	APICOECTOMY/APICAL CURETTAGE Mandibular Anterior Two or more roots
34151	APICOECTOMY/APICAL CURETTAGE Mandibular Bicuspid One root
34152	APICOECTOMY/APICAL CURETTAGE Mandibular Bicuspid Two roots
34153	APICOECTOMY/APICAL CURETTAGE Mandibular Bicuspid Three or more roots
34161	APICOECTOMY/APICAL CURETTAGE Mandibular Molar One root
34162	APICOECTOMY/APICAL CURETTAGE Mandibular Molar Two roots
34163	APICOECTOMY/APICALCURETTAGE Mandibular Molar APICOECTOMY/APICAL CURETTAGE Mandibular Molar Three roots

34164	APICOECTOMY/APICAL CURETTAGE Mandibular Molar Four or more roots
34311	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Maxillary Anterior One root
34312	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Maxillary Anterior RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Maxillary Anterior Two roots
34321	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Maxillary Bicuspid One root
34322	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Maxillary Bicuspid Two roots
34323	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Maxillary Bicuspid Three roots
34324	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Maxillary Bicuspid Four or more roots
34331	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Maxillary Molar One root
34332	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Maxillary Molar Two roots
34333	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Maxillary Molar Three roots
34334	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Maxillary Molar Four or more roots
34341	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Mandibular Anterior One root
34342	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Mandibular Anterior Two or more roots
34351	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Mandibular Bicuspid One root
34352	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Mandibular Bicuspid Two roots
34353	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Mandibular Bicuspid Three roots
34354	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Mandibular Bicuspid Four or more roots
34361	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Mandibular Molar One root
34362	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Mandibular Molar Two roots
34363	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Mandibular Molar Three roots
34364	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE Mandibular Molar Four or more roots

Complicated Surgical Extractions:

Procedure Code	Description
71201	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth.
71209	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth. Each additional tooth, same quadrant
73111	Alveoloplasty, in Conjunction with Extractions Per sextant
73121	Alveoloplasty, Not in Conjunction with Extractions Per sextant
15604	Removal of Fixed Space Maintainer Appliances by Second Dentist.
16101	ANATOMIC MODIFICATIONS (Reshaping, recontouring, or occlusal modifications of a natural tooth or teeth, single or multiple restorations, or the inter-articulation of the teeth) FINISHING RESTORATIONS (To include: polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (when restorations were performed by another dentist or restorations are over two years old). One unit of time
16102	ANATOMIC MODIFICATIONS (Reshaping, recontouring, or occlusal modifications of a natural tooth or teeth, single or multiple restorations, or the inter-articulation of the teeth)

	FINISHING RESTORATIONS (To include: polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (when restorations were performed by another dentist or restorations are over two years old). Two units			
16103	ANATOMIC MODIFICATIONS (Reshaping, recontouring, or occlusal modifications of a natural tooth or teeth, single or multiple restorations, or the inter-articulation of the teeth) FINISHING RESTORATIONS (To include: polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (when restorations were performed by another dentist or restorations are over two years old). Three units			
16104	ANATOMIC MODIFICATIONS (Reshaping, recontouring, or occlusal modifications of a natural tooth or teeth, single or multiple restorations, or the inter-articulation of the teeth) FINISHING RESTORATIONS (To include: polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (when restorations were performed by another dentist or restorations are over two years old). Four units			
16109	ANATOMIC MODIFICATIONS (Reshaping, recontouring, or occlusal modifications of a natural tooth or teeth, single or multiple restorations, or the inter-articulation of the teeth) FINISHING RESTORATIONS (To include: polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (when restorations were performed by another dentist or restorations are over two years old). Each additional unit over four			
20111	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			
20119	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) Each additional tooth same quadrant			
20121	Caries/Trauma/Pain Control (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support, as a separate procedure) First tooth			
20129	Caries/Trauma/Pain Control (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support, as a separate procedure) Each additional tooth same quadrant			
25781	Post Removal Posts, Provisional One unit of time			
25782	Post Removal Posts, Provisional Two units of time			
25783	Post Removal Posts, Provisional Three units of time			
25784	Post Removal Posts, Provisional Four units of time			
25789	Post Removal Posts, Provisional Each additional unit over four			
29301	REMOVAL, INLAYS/ (single units only)	ONLAYS/CROWNS/	VENEERS	
29302	REMOVAL, INLAYS/ (single units only)	ONLAYS/CROWNS/	VENEERS	
29303	REMOVAL, INLAYS/ (single units only)	ONLAYS/CROWNS/	VENEERS	
29304	REMOVAL, INLAYS/ (single units only)	ONLAYS/CROWNS/	VENEERS	
29309	REMOVAL, INLAYS/ (single units only)	ONLAYS/CROWNS/	VENEERS	
29311	Removal, Implant-supported Crowns (single units only) One unit of time			

29312	Removal, Implant-supported Crowns (single units only) Two units
29313	Removal, Implant-supported Crowns (single units only) Three units
29314	Removal, Implant-supported Crowns (single units only) Four units
29319	Removal, Implant-supported Crowns (single units only) Each additional unit over four
29321	Removal, Mesostructure (to be reseated) One unit of time
29322	Removal, Mesostructure (to be reseated) Two units
29323	Removal, Mesostructure (to be reseated) Three units
29324	Removal, Mesostructure (to be reseated) Four units
29329	Removal, Mesostructure (to be reseated) Each additional unit over four
29331	Removal of Compromised Mesostructure (to be replaced) One unit of time
29332	Removal of Compromised Mesostructure (to be replaced) Two units
29333	Removal of Compromised Mesostructure (to be replaced) Three units
29334	Removal of Compromised Mesostructure (to be replaced) Four units
29339	Removal of Compromised Mesostructure (to be replaced) Each additional unit over four
29341	Removal and Replacement of Healing Abutment with a new Healing Abutment (to stimulate improved gingival emergence profile One unit of time + E
29342	Removal and Replacement of Healing Abutment with a new Healing Abutment (to stimulate improved gingival emergence profile Two units + E
29343	Removal and Replacement of Healing Abutment with a new Healing Abutment (to stimulate improved gingival emergence profile Three units + E
29344	Removal and Replacement of Healing Abutment with a new Healing Abutment (to stimulate improved gingival emergence profile Removal and Replacement of Healing Abutment with a new Healing Abutment (to stimulate improved gingival emergence profile Four units + E
29349	Removal and Replacement of Healing Abutment with a new Healing Abutment (to stimulate improved gingival emergence profile Each additional unit over four
29351	Removal, Fractured Implant-supported Crown Retaining Screw One unit of time
29352	Removal, Fractured Implant-supported Crown Retaining Screw Two units
29353	Removal, Fractured Implant-supported Crown Retaining Screw Three units
29354	Removal, Fractured Implant-supported Crown Retaining Screw Four units
29359	Removal, Fractured Implant-supported Crown Retaining Screw Each additional unit over four
34451	Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional) Single rooted tooth
34452	Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional) Two rooted tooth
34453	Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional) Three rooted teeth or more
42471	PERIODONTAL SURGERY, FLAP APPROACH Flap Approach, with Curettage of an Osseous Defect About a Failing Implant, and Including Removal of Exposed Threads or Retentive Surface Elements of the Implant and/or Detoxification of the Implant Surface Per Site
42703	Guided Tissue Regeneration – Non-resorbable Membrane, Surgical Re-entry for Removal
71101	Removals, Erupted Teeth, Uncomplicated Single tooth, Uncomplicated
71109	Removals, Erupted Teeth, Uncomplicated Each additional tooth, same quadrant, same appointment
71211	Requiring elevation of a Flap, Removal of Bone and/or Sectioning of Tooth for Removal of Tooth Single Tooth

71219	Requiring elevation of a Flap, Removal of Bone and/or Sectioning of Tooth for Removal of Tooth Each additional Tooth same quadrant
72111	Removals, Impactions, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth. Single tooth
72219	Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap and EITHER Removal of Bone and Tooth OR Sectioning and Removal of Tooth Each additional tooth, same quadrant
72221	Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of Tooth for Removal Single tooth
72229	Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of Tooth for Removal Each additional tooth, same quadrant
72231	Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone, AND/OR Sectioning of the Tooth for Removal AND/OR Presents Unusual Difficulties and Circumstances. Single tooth
72239	Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone, AND/OR Sectioning of the Tooth for Removal AND/OR Presents Unusual Difficulties and Circumstances. Each additional tooth, same quadrant
72311	Removals, Residual Roots, Erupted First tooth
72319	Removals, Residual Roots, Erupted Each additional tooth, same quadrant
72321	Removals, Residual Roots, Soft Tissue Coverage First tooth
72329	Removals, Residual Roots, Soft Tissue Coverage Each additional tooth, same quadrant
72331	Removals, Residual Roots, Bone Tissue Coverage First tooth
72339	Removals, Residual Roots, Bone Tissue Coverage Each additional tooth, same quadrant
72563	Rigid Osseous Anchorage for Orthodontics Removal of anchorage device without elevation of a flap
72564	Rigid Osseous Anchorage for Orthodontics Removal of anchorage device with elevation of a flap
72801	REMOVAL OF A FRACTURED CUSP AS A SEPARATE PROCEDURE, NOT IN CONJUNCTION WITH SURGICAL OR RESTORATIVE PROCEDURES ON THE SAME TOOTH First Tooth
72809	REMOVAL OF A FRACTURED CUSP AS A SEPARATE PROCEDURE, NOT IN CONJUNCTION WITH SURGICAL OR RESTORATIVE PROCEDURES ON THE SAME TOOTH Each additional tooth
73161	Removal of Bone, Exostosis, Multiple Per quadrant
73221	Gingivoplasty, in Conjunction with Tooth Removal
73231	Removals, Tissue, Hyperplastic (includes the incision of the mucous membrane, the dissection and removal of hyperplastic tissue, the replacing and adapting of the mucous membrane) Per sextant
73241	Removal, Mucosa, Excess (complete removal without dissection) Per sextant
74611	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 1 cm and under
74612	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 1-2 cm
74613	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 2-3 cm
74614	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 3-4 cm

74615	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 4-6 cm
74616	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 6-9 cm
74617	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 9-15 cm
74618	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 15 cm and over
75301	Removal, from Skin or Subcutaneous Alveolar Tissue
75302	Removal, of Reaction Producing Foreign Bodies
75303	Removal, of Needle from Musculo-skeletal System
20131	Trauma Control, Smoothing of Fractured Surfaces, per tooth First tooth
20139	Trauma Control, Smoothing of Fractured Surfaces, per tooth Each additional tooth same quadrant
20141	Pulp Capping Direct Performed in Conjunction with Permanent Restoration First tooth
20149	Pulp Capping Direct Performed in Conjunction with Permanent Restoration Each additional tooth same quadrant
34412	Amputations, Root (includes recontouring tooth and furca) Two roots
34451	Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional) Single rooted tooth
34452	Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional) Two rooted tooth
34453	Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional) Three rooted tooth or more
34511	Perforations/Resorptive Defects, Pulp Chamber or Root Repair, Non-Surgical Per Tooth
34521	Perforations/Resorptive Defect(s), Pulp Chamber Repair or Root Repair, Surgical Anterior Tooth
34522	Perforations/Resorptive Defect(s), Pulp Chamber Repair or Root Repair, Surgical Bicuspid Tooth
34523	Perforations/Resorptive Defect(s), Pulp Chamber Repair or Root Repair, Surgical Molar Tooth
73221	Gingivoplasty, in Conjunction with Tooth Removal
73224	Excision of Pericoronal Gingiva (for retained tooth/implant) per tooth/implant
71101	Removals, Erupted Teeth, Uncomplicated Single tooth, Uncomplicated
71109	Removals, Erupted Teeth, Uncomplicated Each additional tooth, same quadrant, same appointment
71201	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth.
71209	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth. Each additional tooth, same quadrant
71211	Requiring elevation of a Flap, Removal of Bone and/or Sectioning of Tooth for Removal of Tooth Single Tooth
71219	Requiring elevation of a Flap, Removal of Bone and/or Sectioning of Tooth for Removal of Tooth Each additional Tooth same quadrant
72111	Removals, Impactions, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth. Single tooth
72119	Removals, Impactions, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth. Each additional tooth, same quadrant

72211	Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap and EITHER Removal of Bone and Tooth OR Sectioning and Removal of Tooth Single tooth
72219	Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap and EITHER Removal of Bone and Tooth OR Sectioning and Removal of Tooth Each additional tooth, same quadrant
72221	Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of Tooth for Removal Single tooth
72229	Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of Tooth for Removal Each additional tooth, same quadrant
72231	Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone, AND/OR Sectioning of the Tooth for Removal AND/OR Presents Unusual Difficulties and Circumstances. Single tooth
72239	Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone, AND/OR Sectioning of the Tooth for Removal AND/OR Presents Unusual Difficulties and Circumstances. Each additional tooth, same quadrant
72311	Removals, Residual Roots, Erupted First tooth
72319	Removals, Residual Roots, Erupted Each additional tooth, same quadrant
72321	Removals, Residual Roots, Soft Tissue Coverage First tooth
72329	Removals, Residual Roots, Soft Tissue Coverage Each additional tooth, same quadrant
72331	Removals, Residual Roots, Bone Tissue Coverage First tooth
72339	Removals, Residual Roots, Bone Tissue Coverage Each additional tooth, same quadrant
73161	Removal of Bone, Exostosis, Multiple Per quadrant
73171	Reduction of Bone, Tuberosity Unilateral, Reduction
73172	Reduction of Bone, Tuberosity Bilateral, Reduction
73221	Gingivoplasty, in Conjunction with Tooth Removal
73222	Excision of Vestibular Hyperplasia (per sextant)
73223	Surgical Shaving of Papillary Hyperplasia of the Palate
73224	Excision of Pericoronal Gingiva (for retained tooth/implant) per tooth/implant
73231	Removals, Tissue, Hyperplastic (includes the incision of the mucous membrane, the dissection and removal of hyperplastic tissue, the replacing and adapting of the mucous membrane) Per sextant
73241	Removal, Mucosa, Excess (complete removal without dissection) Per sextant
73251	Excision of Scar or Pigmented Tissue Per site
73421	Sulcus Deepening and Ridge Reconstruction Per sextant
73431	Vestibuloplasty, with Secondary Epithelization Per sextant
73491	Vestibuloplasty - with Connective Tissue for Ridge Augmentation Per sextant
73511	Reconstruction, Alveolar Ridge, with Autogenous Bone Per sextant + E
73521	Reconstruction, Alveolar Ridge, with Alloplastic Material Per sextant + E
74221	Surgical Excision, Tumours, Malignant, Bone Tissue 1 cm and under
74222	Surgical Excision, Tumours, Malignant, Bone Tissue 1-2 cm
74223	Surgical Excision, Tumours, Malignant, Bone Tissue 2-3 cm
74224	Surgical Excision, Tumours, Malignant, Bone Tissue 3-4 cm
74225	Surgical Excision, Tumours, Malignant, Bone Tissue 4-6 cm
74226	Surgical Excision, Tumours, Malignant, Bone Tissue 6-9 cm
74227	Surgical Excision, Tumours, Malignant, Bone Tissue 9-15 cm

74228	Surgical Excision, Tumours, Malignant, Bone Tissue 15 cm and over
74611	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 1 cm and under
74612	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 1-2 cm
74613	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 2-3 cm
74614	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 3-4 cm
74615	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 4-6 cm
74616	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 6-9 cm
74617	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 9-15 cm
74618	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s) 15 cm and over
74621	Cyst, Marsupialization
75111	Intraoral, Surgical Exploration, Soft Tissue
75112	Intraoral, Abscess, Soft Tissue
75113	Intraoral, Abscess, In Major Anatomical area with Drain
75121	Surgical Incision and Drainage and/or Exploration, Intraoral Hard Tissue Intraoral, Abscess, Hard Tissue, Trephination and Drainage
75122	Surgical Incision and Drainage and/or Exploration, Intraoral Hard Tissue Intraoral, Surgical Exploration, Hard Tissue
75123	Surgical Incision and Drainage and/or Exploration, Intraoral Hard Tissue Intraoral, Abscess, Hard Tissue, Trephination and Drainage in a Major Anatomical Area
75211	Surgical Incision and Drainage and/or Exploration, Extraoral, Soft Tissue Extraoral, Abscess, Superficial
75212	Surgical Incision and Drainage and/or Exploration, Extraoral, Soft Tissue Extraoral, Abscess, Deep
75221	Surgical Incision and Drainage and/or Exploration, Extraoral, Hard Tissue Extraoral, Surgical Exploration, Hard Tissue
75301	Removal from Skin or Subcutaneous Alveolar Tissue
75302	Removal of Reaction Producing Foreign Bodies
75303	Removal of Needle from Musculo-skeletal System
75401	Intraoral Sequestrectomy
75402	Saucerization
75403	Osteomyelitis, Non-Surgical Treatment of
76911	Fracture, Alveolar, Debridement, Teeth Removed 3 cm or less
76912	Fracture, Alveolar, Debridement, Teeth Removed 3-6 cm
76913	Fracture, Alveolar, Debridement, Teeth Removed 6 cm and over
76921	Reduction, Alveolar, Closed, with Teeth (fixation extra) 3 cm or less
76922	Reduction, Alveolar, Closed, with Teeth (fixation extra) 3-6 cm
76923	Reduction, Alveolar, Closed, with Teeth (fixation extra) Reduction, Alveolar, Closed, with Teeth (fixation extra) 6-9 cm
76924	Reduction, Alveolar, Closed, with Teeth (fixation extra) 9 cm and over

76931	Reduction, Alveolar, Open, with Teeth (fixation extra) 3 cm and less
76932	Reduction, Alveolar, Open, with Teeth (fixation extra) 3-6 cm
76933	Reduction, Alveolar, Open, with Teeth (fixation extra) 6-9 cm
76934	Reduction, Alveolar, Open, with Teeth (fixation extra) 9 cm and over
76941	Replantation, Avulsed Tooth/Teeth (including splinting) Replantation, first tooth
76949	Replantation, Avulsed Tooth/Teeth (including splinting) Each additional tooth
76951	Repositioning of Traumatically Displaced Teeth One unit of time
76959	Repositioning of Traumatically Displaced Teeth Each additional unit over two
76962	Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral 2-4 cm
77604	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Maxilla - per Sextant
78102	TMJ, Dislocation, Closed Reduction, Uncomplicated
78103	TMJ, Dislocation, Closed Reduction, under General Anesthetic
78104	TMJ, Luxation, Reduction without Anaesthesia
78105	TMJ, Luxation, Reduction under Anesthesia
78106	TMJ, Manipulation, under Anesthesia
78601	TMJ Injection, with Anti-Inflammatory Drugs
78602	TMJ Injection, with Sclerosing Agent
79123	Excision of Mucocele
79124	Excision of Ranula
79125	Marsupialization of Ranula
79311	Antral Surgery, Immediate Recovery of a Dental Root or Foreign Body from the Antrum
79312	Antral Surgery, Immediate Closure of Antrum by Another Dental Surgeon
79313	Antral Surgery, Delayed Recovery of a Dental Root with Oral Antrostomy
79331	Antral Surgery, Oro-Antral Fistula Closure, (same session) Oro-Antral Fistula Closure with Buccal Flap
79333	Antral Surgery, Oro-Antral Fistula Closure, (same session) Oro-Antral Fistula Closure with Palatal Flap
79341	Antral Surgery, Oro-Antral Fistula Closure, (subsequent session) Oro-Antral Fistula Closure with Buccal Flap
79343	Antral Surgery, Oro-Antral Fistula Closure, (subsequent session) Oro-Antral Fistula Closure with Palatal Flap
79351	Sinus Osseous Augmentation, Open Lateral Approach -Autograft +E
79352	Sinus Osseous Augmentation, Open Lateral Approach-Allograft + E.
79353	Sinus Osseous Augmentation, Open Lateral Approach -Xenograft + E.
79354	Sinus Osseous Augmentation, Indirect Inferior Approach – Autograft +E
79355	Sinus Osseous Augmentation, Indirect Inferior Approach – Allograft + E.
79356	Sinus Osseous Augmentation, Indirect Inferior Approach – Xenograft + E.
79401	Primary Hemorrhage, Control
79402	Secondary Hemorrhage, Control
79403	Hemorrhage Control, using Compression and Hemostatic Agent
79404	Hemorrhage Control, using Hemostatic Substance and Sutures (including removal of bony tissue, if necessary)
79511	Harvesting of Intraoral Tissue for Grafting to Operative Site Bone

79514	Harvesting of Intraoral Tissue for Grafting to Operative Site Mucosa
79541	Harvesting and Preparation of Platelet Rich Plasma + E.
79931	Surgical Installation of Implant with Cover Screw – per Implant + E.
79932	Surgical Installation of Implant with Healing Transmucosal Element - per Implant + E.
79933	Surgical Installation of Implant with Final Transmucosal Element – per Implant + E.
79934	Surgical Re-entry, Removal of Healing Screw and Placement of Healing Transmucosal Element – per Implant + E.
79935	Surgical Re-entry, Removal of Healing Screw and Placement of Final Standard Transmucosal Element – per Implant + E.
79936	Surgical Re-entry, Removal of Healing Screw and Placement of Final Custom Transmucosal Element–per Implant + E. +L.
79941	Surgical Installation of Implant – per Implant + E.
79951	Installation of Provisional Implant – per Implant + E.
79952	Removal of Provisional Implant – per Implant +E
79961	Implants, Removal of Implant Per implant, Uncomplicated
79962	Implants, Removal of Implant Per implant, Complicated
42331	Gingival Fiber Incision (Supra Crestal Fibrotomy) First tooth
34423	Hemisection Mandibular Molar

ICD 10 codes:

 **Group A: Initial Diagnoses (Non-Complication Start Points) captures tooth numbers in a structured way.**

These diagnoses represent initial or less severe dental conditions. If a patient presents with any of these and then returns within 14 days with a Group B diagnosis, it indicates a potential complication.

ICD-10 Code	Description
K02.0	Caries limited to enamel
K02.1	Caries of dentin
K02.2	Caries of cementum
K02.3	Arrested dental caries
K02.5	Dental caries on pit and fissure surface
K02.6	Dental caries on smooth surface
K02.7	Dental root caries
K02.9	Dental caries, unspecified
K03.0	Excessive attrition of teeth
K03.1	Abrasion of teeth
K03.2	Erosion of teeth
K03.3	Pathological resorption of teeth
K03.4	Hypercementosis
K03.5	Ankylosis of teeth

ICD-10 Code	Description
K03.6	Deposits [accretions] on teeth
K03.7	Post eruptive color changes of dental hard tissues
K03.81	Cracked tooth
K03.89	Other specified diseases of hard tissues of teeth
K03.9	Disease of hard tissues of teeth, unspecified
K04.0	Pulpitis
K04.01	Reversible pulpitis
K05.6	Periodontal disease, unspecified

❖ **Group B:**

ICD-10 Code	Description
K04.02	Irreversible pulpitis
K04.1	Necrosis of pulp
K04.2	Pulp degeneration
K04.3	Abnormal hard tissue formation in pulp
K04.4	Acute apical periodontitis of pulpal origin
K04.5	Chronic apical periodontitis
K04.6	Periapical abscess with sinus
K04.7	Periapical abscess without sinus
K04.8	Radicular cyst
K04.9	Other and unspecified diseases of pulp and periapical tissues
K08.1	Loss of teeth due to extraction, accident or local periodontal disease
K08.2	Atrophy of edentulous alveolar ridge
K08.3	Retained dental root
K08.8	Other specified disorders of teeth and supporting structures
K08.9	Disorders of teeth and supporting structures, unspecified
K09.0	Developmental odontogenic cysts
K09.1	Developmental (nonodontogenic) cysts of oral region
K09.8	Other cysts of oral region, not elsewhere classified
K09.9	Cyst of oral region, unspecified
K10.2	Inflammatory conditions of jaws
K12.2	Cellulitis and abscess of mouth (Not linked to the same tooth number)
L03.211	Cellulitis of face. (Not linked to the same tooth number)

USCLS Excluded Examination/Diagnostic Codes:

USCLS Diagnostic Code	Description
01101	Examination and Diagnosis, Complete, Primary Dentition, to include: (a) Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.
01102	Examination and Diagnosis, Complete, Mixed Dentition, to include: (a) Extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100; (b) Eruption sequence, tooth size -jaw size assessment
01103	Examination and Diagnosis, Complete, Permanent Dentition to include: (a) Extended examination on permanent dentition, recording history, charting, treatment planning and case presentation, including above description as per 01100.
01201	Examination and Diagnosis, Limited, Oral, New Patient. Examination and Diagnosis of hard and soft tissues, including checking of occlusion and appliances, but not including specific test/analysis as for 01100. (May include PSR)
01202	Examination and Diagnosis, Limited, Oral, Previous Patient (recall). Examination of hard and soft tissues, including checking of occlusion and appliances, but not including specific test/analysis, as for 01100
01204	Examination and Diagnosis, Specific Examination and evaluation of a specific situation
01205	Examination and Diagnosis, Emergency. Examination and Diagnosis for the investigation of discomfort and/or infection in a localized area.
01301	Examination and Diagnosis, Stomatognathic Dysfunctional, Comprehensive, to include: (a) History, Medical, Dental, Pain/ Dysfunction; (b) Clinical Examination to include, general appraisal, examination of head and neck, musculoskeletal system (static and functional); Intraoral examination of hard and soft tissues, including occlusal analysis; consultation with other health care professionals, review of previous records, including radiographs, ordering of appropriate test/analysis and consultations.
01302	Examination and Diagnosis, Stomatognathic Dysfunctional, Limited.
01401	Examination and Diagnosis, Oral Pathology, General, to include: (a) History, Medical and Dental (b) Clinical Examination including, in-depth analysis of medical status, initial consultation, with referring dentist or physician, evaluation of the diagnosis and prognosis and formulation of a treatment plan.
01402	Examination and Diagnosis, Oral Pathology, Specific (or repeat examination and diagnosis within 90 days for the same illness)
01501	Examination and Diagnosis, Periodontal, General Recording History, Charting, Treatment Planning and Case Presentation: (a) History, Medical and Dental;

	(b) Clinical Examination includes evaluation of topography of the gingiva and related structures; degree of gingival inflammation; location, extent, sulcular depth; furcation involvement, mobility of teeth; tooth contact relationships; evaluation of occlusion; TMJ, examination of oral soft tissue pathosis; evaluation of the existing restorative and/or prosthetic appliances; caries and pulpal vitality.
01502	Examination and Diagnosis, Periodontal, Limited (previous patient)
01601	Examination and Diagnosis, Surgical, General (a) History, Medical and Dental (b) Clinical Examination as above, may include in-depth analysis of medical status, medication, anaesthetic and surgical risk, initial consultation with referring dentist or physician, parent or guardian, evaluation of source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors, TMJ, or where the patient is to be admitted to hospital for dental procedures.
01602	Examination and Diagnosis, Surgical, Specific
01701	Examination and Diagnosis, Prosthodontic, Edentulous (a) Extended Examination of the Edentulous Mouth, including detailed Medical and Dental History (including Prosthetic history), visual and digital examination of the oral structures, head and neck (including TMJ), lips, oral mucosa, tongue, oral pharynx, salivary glands and lymph nodes, and including evaluation for implant-supported or retained prosthesis.
01702	Examination and Diagnosis, Prosthodontic, Specific.
01703	Examination and Diagnosis, Prosthodontic, Fixed Oral Rehabilitation, to include: (a) History, Medical and Dental; (b) Clinical Examination of Hard and Soft Tissues, including carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality test/analysis, where necessary and any other pertinent factors; (c) evaluation of specific sites for implant-supported or retained prosthesis; (d) Radiographs extra, as required
01801	Examination and Diagnosis, Endodontic, Complete Endodontic examination and diagnosis and/or complicated diagnosis. Recording history, charting treatment planning and case history. Includes the following: (a) History, Medical and Dental; (b) Clinical Examination and Diagnosis may include, vitality test/analysis, thermal test/analysis, cracked tooth test/analysis, occlusal exams, percussion, palpation, transillumination, anaesthetic test/analysis and mobility test/analysis
01802	Examination and Diagnosis, Endodontic, Specific. Endodontic examination and evaluation of a specific situation in a localized area and vitality test analysis.
01901	Examination and Diagnosis, Orthodontic, General. To include: (a) Diagnosis models, complete intraoral radiograph series, or panoramic film, cephalograms, facial and intraoral photographs, consultation and case presentation.
01902	Examination and Diagnosis, Orthodontic, Specific
02304	Sinus Examination and Diagnosis - Minimum four films identified as: 1) Waters 2) Caldwell 3) Lateral Skull 4) Basal
02504	RADIOGRAPHS, TEMPOROMANDIBULAR JOINT Four films (minimum examination and diagnosis closed and open each side).

Appendix 2: Dental Implant Procedure Codes

USCLS Codes	Code Description
14751	Appliances, TMJ, Diagnostic, Implant-supported and insertion adjustment includes Impression, insertion and insertion adjustment (appliance construction only, no post-insertion adjustments) Maxillary Appliance + L
14752	Appliances, TMJ, Diagnostic, Implant-supported and insertion adjustment includes Impression, insertion and insertion adjustment (appliance construction only, no post-insertion adjustments) Mandibular Appliance + L
14761	Appliances, TMJ, Intra-oral Repositioning, Implant-supported, Includes Impression, Insertion and Insertion Adjustment (no post-insertion Adjustments) Maxillary Appliance + L
14762	Appliances, TMJ, Intra-oral Repositioning, Implant-supported, Includes Impression, Insertion and Insertion Adjustment (no post-insertion Adjustments) Mandibular Appliance + L
14771	Appliances, TMJ, Implant-supported, Periodic Maintenance, Adjustments, Repairs One unit of time + L
14772	Appliances, TMJ, Implant-supported, Periodic Maintenance, Adjustments, RepairsAppliances, TMJ, Implant-supported, Periodic Maintenance, Adjustments, Repairs Two units of time + L
14773	Appliances, TMJ, Implant-supported, Periodic Maintenance, Adjustments, Repairs Three units of time + L
14779	Appliances, TMJ, Implant-supported, Periodic Maintenance, Adjustments, Repairs Each additional unit of time + L
14781	Appliances, TMJ Implant Supported Reline, Direct
14782	Appliances, TMJ Implant Supported Reline, Indirect +L
14841	Appliance, Myofascial Pain Dysfunction Syndrome, Implant-supported, Appliance Construction Only, and Insertion Adjustments (no post-insertion adjustments) Maxillary Appliance, Implant-supported + L + E
14842	Appliance, Myofascial Pain Dysfunction Syndrome, Implant-supported, Appliance Construction Only, and Insertion Adjustments (no post-insertion adjustments) Mandibular Appliance, Implant-supported + L + E
14851	Appliance, Myofascial Pain Dysfunction Syndrome, Implant-supported, Periodic Maintenance, Adjustments, Repairs One unit of time + L
14852	Appliance, Myofascial Pain Dysfunction Syndrome, Implant-supported, Periodic Maintenance, Adjustments, RepairsAppliance, Myofascial Pain Dysfunction Syndrome, Implant-supported, Periodic Maintenance, Adjustments, Repairs Two units of time + L
14853	Appliance, Myofascial Pain Dysfunction Syndrome, Implant-supported, Periodic Maintenance, Adjustments, Repairs Three units of time + L
14859	Appliance, Myofascial Pain Dysfunction Syndrome, Implant-supported, Periodic Maintenance, Adjustments, Repairs Each additional units of time + L

14861	Appliance, Myofascial Pain Dysfunction Syndrome, Implant-supported Reline, Direct
14862	Appliance, Myofascial Pain Dysfunction Syndrome, Implant-supportedv Reline, Processed + L
26100	MESOSTRUCTURES (a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw) Mesostructures, Osseo-integrated Implant Supported
26101	MESOSTRUCTURES (a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw) Indirect, Angulated or transmucosal pre-fabricated abutment, per implant + L + E
26102	MESOSTRUCTURES (a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw) Indirect, Custom laboratory fabricated, per implant + L + E
26103	MESOSTRUCTURES (a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw) Direct, (with intra-oral preparation), per implant site + E
27115	Crowns, Acrylic/Composite/Compomer, Indirect, implant-supported + L + E
27125	Crowns, Acrylic/Composite/Compomer, Direct, Provisional Implant-supported + E
27135	Crown, Acrylic/Composite/Compomer Cast Metal Base, Implant-supported + L + E
27145	Crown, Acrylic/Composite/Compomer / Pre-fabricated Metal Base, Provisional, Implant-supported, Direct + E
27155	Crown, Acrylic/ Composite/Compomer/Pre-fabricated Metal Base, Provisional, Implant-supported, Indirect + L + E
27205	Crown, Porcelain/Ceramic/Polymer Glass, Implant-supported + L + E
27215	Crown, Porcelain/Ceramic Fused to Metal Base, Implant-supported + L + E
27305	Crown, Full, Cast Metal, Implant-supported + L + E
28105	RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT Implant-supported Prefabricated Attachment as an Overdenture Retentive Device, Direct + L + E
28215	RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT Coping Crown, Cast Metal, No Attachments, Implant-supported, Indirect + L + E
28225	RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT Coping Crown, Cast Metal, with Attachments, Indirect+ L + E Coping Crown, Cast Metal, Implant-supported with Attachment + L + E
29110	Re-Insertion/Recementation Implant-supported Crown
29111	Re-Insertion/Recementation Implant-supported Crown One unit of time +L +E
29112	Re-Insertion/Recementation Implant-supported Crown Two units +L +E
29113	Re-Insertion/Recementation Implant-supported Crown Three units +L +E
29114	Re-Insertion/Recementation Implant-supported Crown Four units +L +E

29119	Re-Insertion/Recementation Implant-supported Crown Each additional unit over four +L +E
29501	CROWN, IMPLANT-SUPPORTED, IMPRESSION ONLY (by a dentist other than the restorative dentist, and during the first or second stages of implant surgery) One unit of time + L. and/or + E.
29509	CROWN, IMPLANT-SUPPORTED, IMPRESSION ONLY (by a dentist other than the restorative dentist, and during the first or second stages of implant surgery) Each additional unit of time + L. and/or + E.
42121	Surgical Curettage, to Include Definitive Debridement About an Implant - Affected by Peri-implant Inflammation or Infection Per Site
42211	Periodontal Surgery, Gingivoplasty – Around an Implant Per Site
42461	PERIODONTAL SURGERY, FLAP APPROACH Flap Approach, with Curettage of an Osseous Defect About a Failing Implant Per Site
42481	PERIODONTAL SURGERY, FLAP APPROACH Flap Approach, with Curettage of an Osseous Defect and Osteoplasty About a Failing Implant Per Site
42536	PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE Grafts, Free Soft Tissue, Adjacent to an Implant Per Site
42556	PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE Grafts, Free Connective Tissue, Adjacent to an Implant Periodontal SURGERY, FLAPS, GRAFTS, SOFT TISSUE Grafts, Free Connective Tissue, Adjacent to an Implant Per Site
49221	Periodontal Irrigation about Implants, Subgingival + E One unit of time +E
49229	Periodontal Irrigation about Implants, Subgingival + E Each additional unit of time +E
51721	Dentures, Complete, Overdentures, Tissue Borne, Supported by Implants with or without Coping Crowns, no Attachments Maxillary + L
51722	Dentures, Complete, Overdentures, Tissue Borne, Supported by Implants with or without Coping Crowns, no Attachments Mandibular + L
51723	Dentures, Complete, Overdentures, Tissue Borne, Supported by Implants with or without Coping Crowns, no Attachments Maxillary plus Mandibular (combined) + L
51731	Dentures, Complete, Overdentures Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments Maxillary + L
51732	Dentures, Complete, Overdentures Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments Mandibular + L
51733	Dentures, Complete, Overdentures Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments Maxillary plus Mandibular (combined) + L
51821	Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline) Maxillary + L
51822	Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline) Mandibular + L

51823	Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by Implants with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline) Maxillary plus Mandibular (combined) + L
51831	Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no attachments (includes first tissue conditioner, but not a processed reline) Maxillary + L
51832	Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no attachments (includes first tissue conditioner, but not a processed reline) Mandibular + L
51833	Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no attachments (includes first tissue conditioner, but not a processed reline) Maxillary plus Mandibular (combined) + L
51921	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns Maxillary + L
51922	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns Mandibular + L
51923	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns Maxillary plus Mandibular (combined) + L
51931	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns Maxillary + L
51932	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns Mandibular + L
51933	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns Maxillary plus Mandibular (combined) + L
51951	Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants Maxillary + L
51952	Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants Mandibular + L
51953	Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants Maxillary plus Mandibular (combined) + L
51961	Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar) Maxillary + L

51962	Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar) Mandibular + L
51963	Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar) Maxillary plus Mandibular (combined) + L
52721	Dentures, Partial, Overdentures, Acrylic, with Cast/ Wrought Clasps and/or Rests, Supported by Implants with or without Coping Crowns, No Attachments Maxillary + L
52722	Dentures, Partial, Overdentures, Acrylic, with Cast/ Wrought Clasps and/or Rests, Supported by Implants with or without Coping Crowns, No Attachments Mandibular + L
52723	Dentures, Partial, Overdentures, Acrylic, with Cast/ Wrought Clasps and/or Rests, Supported by Implants with or without Coping Crowns, No Attachments Maxillary plus Mandibular (combined) + L
52731	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments Maxillary + L
52732	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments Mandibular + L
52733	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments Maxillary plus Mandibular (combined) + L
52821	Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline Maxillary + L
52822	Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline Mandibular + L
52823	Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline Maxillary plus Mandibular (combined) + L
52831	Dentures, Partial, Overdentures (Immediate), Acrylic with Cast/Wrought Clasps and/or Rests Secured by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) Maxillary + L
52832	Dentures, Partial, Overdentures (Immediate), Acrylic with Cast/Wrought Clasps and/or Rests Secured by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) Mandibular + L

52833	Dentures, Partial, Overdentures (Immediate), Acrylic with Cast/Wrought Clasps and/or Rests Secured by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) Maxillary plus Mandibular (combined) + L
52921	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to Implants with or without Coping Crowns Maxillary + L
52922	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to Implants with or without Coping Crowns Mandibular + L
52923	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to Implants with or without Coping Crowns Maxillary plus Mandibular (combined) + L
52931	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns [used with 28212, 28214 (Natural Teeth); 25761 (Mesostructures), or 28215, 28216 (Cast Metal Coping Crowns) with or without Attachments] Maxillary + L
52932	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns [used with 28212, 28214 (Natural Teeth); 25761 (Mesostructures), or 28215, 28216 (Cast Metal Coping Crowns) with or without Attachments] Mandibular + L
52933	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns [used with 28212, 28214 (Natural Teeth); 25761 (Mesostructures), or 28215, 28216 (Cast Metal Coping Crowns) with or without Attachments] Maxillary plus Mandibular (combined) + L
52951	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar) Maxillary + L
52952	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar) Mandibular + L
52953	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar) Maxillary plus Mandibular (combined) + L
52961	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a combination of Natural Teeth and Implants (see 62105 for Retentive Bar) Maxillary + L
52962	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns

	Supported by a combination of Natural Teeth and Implants (see 62105 for Retentive Bar) Mandibular + L
52963	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a combination of Natural Teeth and Implants (see 62105 for Retentive Bar) Maxillary plus Mandibular (combined) + L
53721	Dentures, Partial, Casts, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments Maxillary + L
53722	Dentures, Partial, Casts, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments Mandibular + L
53723	Dentures, Partial, Casts, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments Maxillary plus Mandibular (combined) + L
53724	Dentures, Partial, Casts, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments Altered Cast Impression technique done in conjunction with the above mentioned codes
53731	Dentures, Partial, Casts, Overdentures, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments Maxillary + L
53732	Dentures, Partial, Casts, Overdentures, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments Mandibular + L
53733	Dentures, Partial, Casts, Overdentures, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments Maxillary plus Mandibular (combined) + L
53734	Dentures, Partial, Casts, Overdentures, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments Altered Cast Impression technique done in conjunction with the above mentioned codes
53821	Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) Maxillary + L
53822	Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) Mandibular + L
53823	Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) Maxillary plus Mandibular (combined) + L
53824	Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) Altered Cast Impression technique done in conjunction with the above mentioned codes
53831	Dentures, Partial, Cast, Overdentures (Immediate), Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) Maxillary + L

53832	Dentures, Partial, Cast, Overdentures (Immediate), Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) Dentures, Partial, Cast, Overdentures (Immediate), Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) Mandibular + L
53833	Dentures, Partial, Cast, Overdentures (Immediate), Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) Maxillary plus Mandibular (combined) + L
53834	Dentures, Partial, Cast, Overdentures (Immediate), Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline) Altered Cast Impression technique done in conjunction with the above mentioned codes
53921	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants, with or without Coping Crowns Maxillary + L
53922	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants, with or without Coping Crowns Mandibular + L
53923	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants, with or without Coping Crowns Maxillary plus Mandibular (combined) + L
53924	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants, with or without Coping Crowns Altered Cast Impression technique done in conjunction with the above mentioned codes
53931	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns Maxillary + L
53932	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns Mandibular + L
53933	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns Maxillary plus Mandibular (combined) + L
53934	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns Altered Cast Impression technique done in conjunction with the above mentioned codes
53951	Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar) Maxillary + L
53952	Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar) Mandibular + L
53953	Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar) Maxillary plus Mandibular (combined) + L

53954	Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar) Altered Cast Impression Technique done in conjunction with the above mentioned codes
53961	Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar) Maxillary + L
53962	Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar) Mandibular + L
53963	Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar) Maxillary plus Mandibular (combined) + L
53964	Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a Combination of Natural Teeth and Implants (see 62105 for Retentive Bar) Altered Cast Impression technique done in conjunction with the above mentioned codes
55501	DENTURES/IMPLANT RETAINED PROSTHESIS, PROPHYLAXIS AND POLISHING One unit of time + L
55509	DENTURES/IMPLANT RETAINED PROSTHESIS, PROPHYLAXIS AND POLISHING Each additional unit of time
56541	Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Implant Supported Maxillary
56542	Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Implant Supported Mandibular
56543	Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Implant Supported Maxillary plus Mandibular (combined)
56561	Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Implant Supported Maxillary
56563	Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Implant Supported Maxillary plus Mandibular (combined)
57306	PROSTHESIS, MAXILLOFACIAL, OTHER Implant, Silastic Chin + L
58921	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns (fabricated in conjunction with a dentist) Maxillary
58922	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns (fabricated in conjunction with a dentist) Mandibular
58923	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns (fabricated in conjunction with a dentist) Maxillary plus Mandibular (combined)
58951	Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (fabricated in conjunction with a dentist) Maxillary

58952	Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (fabricated in conjunction with a dentist) Mandibular
58953	Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (fabricated in conjunction with a dentist) Maxillary plus Mandibular (combined)
66311	Repairs, Reinsertion/Recementation Implant-supported Bridge/Prosthesis One unit of time + L and/or + E
66312	Repairs, Reinsertion/Recementation Implant-supported Bridge/Prosthesis Two units of time + L and/or + E
66313	Repairs, Reinsertion/Recementation Implant-supported Bridge/Prosthesis Three units of time + L and/or + E
66314	Repairs, Reinsertion/Recementation Implant-supported Bridge/Prosthesis Four units of time + L and/or + E
66319	Repairs, Reinsertion/Recementation Implant-supported Bridge/Prosthesis Each additional unit of time over four + L and/or + E
66741	Repairs, Fixed Bridge/Prosthesis, Implant-supported, Direct One unit of time + E
66742	Repairs, Fixed Bridge/Prosthesis, Implant-supported, Direct Two units of time + E
66743	Repairs, Fixed Bridge/Prosthesis, Implant-supported, Direct Three units of time + E
66744	Repairs, Fixed Bridge/Prosthesis, Implant-supported, Direct Four units of time + E
66749	Repairs, Fixed Bridge/Prosthesis, Implant-supported, Direct Each additional unit of time over four + E
67115	Retainers, Acrylic, Composite/Compomer, Implant-supported Indirect + L
67125	Retainers, Acrylic, Composite/Compomer, (provisional during healing, done at chair-side), Implant-supported, Direct + E
67135	Retainer, Compomer/Composite Resin/Acrylic, Processed to Metal, Indirect, Implant-supported + L + E
67145	Retainers, Acrylic/Composite/Compomer, Pre-fabricated Metal Base, Provisional, Implant-supported, Direct + E
67155	Retainers, Acrylic/Composite/Compomer, Pre-fabricated Metal Base, Implant-supported, Provisional, Indirect + L + E
67205	Retainer, Porcelain/Ceramic/Polymer Glass, Full Coverage, Implant-supported + L + E
67215	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Implant-supported + L + E
67305	Retainers, Full, Cast Metal, Implant-Supported + L + E
67415	Retainer, Metal, Prefabricated or Custom Cast, Implant-supported, with or without Mesostructure with no Occlusal Component (see 62105 for Retentive Bar) + L+ E
73224	Excision of Pericoronal Gingiva (for retained tooth/implant) per tooth/implant

76505	Reduction, Naso-orbital, Open, Orbital Approach with Insertion of Subperiosteal Implant
76507	Exploration, of Orbital Blowout Fracture and Reconstruction with Insertion of a Subperiosteal Implant
79245	Implantation of Electrode for Peripheral Nerve Stimulation
79253	Conduit Implant for Repair of Nerve Gap up to 3 cm
79254	Conduit Implant for Repair of Nerve Gap greater than 3 cm
79911	IMPLANTOLOGY (Includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis) Maxillary per implant + E
79912	IMPLANTOLOGY (Includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis) Mandibular per implant + E
79921	Implants, Subperiosteal Maxillary + L
79922	Implants, Subperiosteal Mandibular + L
79931	Surgical Installation of Implant with Cover Screw – per Implant + E.
79932	Surgical Installation of Implant with Healing Transmucosal Element - per Implant + E.
79933	Surgical Installation of Implant with Final Transmucosal Element – per Implant + E.
79941	Surgical Installation of Implant – per Implant + E.
79951	Installation of Provisional Implant – per Implant + E.
02951	Radiographic Guide, (includes diagnostic wax-up, with radio-opaque markers for pre-surgical assessment of alveolar bone and vital structures as potential osseo-integrated implant site(s)) Maxillary Guide + L + E
02952	Radiographic Guide, (includes diagnostic wax-up, with radio-opaque markers for pre-surgical assessment of alveolar bone and vital structures as potential osseo-integrated implant site(s)) Mandibular + L + E
03001	TEMPLATE, SURGICAL (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants) Maxillary Template + L + E
03002	TEMPLATE, SURGICAL (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants) Mandibular Template + L + E

Appendix 3-Restoration-USCLS Codes

21211	One surface
21212	Two surfaces
21213	Three surfaces
21214	Four surfaces
21215	Five surfaces or maximum / surfaces per tooth
21221	One surface
21222	Two surfaces
21223	Three surfaces
21224	Four surfaces

21225	Five surfaces or maximum surfaces per tooth
21301	Restorations, amalgam core, non-bonded in conjunction with crown
23101	One surface
23102	Two surfaces (continuous)
23103	Three surfaces (continuous)
23104	Four surfaces (continuous)
23105	Five surfaces (continuous, maximum surfaces per tooth)
23111	One surface
23112	Two surfaces (continuous)
23113	Three surfaces (continuous)
23114	Four surfaces (continuous)
23115	Five surfaces (continuous, maximum surfaces per tooth)
23211	One surface
23212	Two surfaces
23213	Three surfaces
23214	Four surfaces
23215	Five surfaces or maximum surfaces per tooth
23221	Restorations, Tooth Coloured, Permanent Molars, Non Bonded Technique, One surface
23222	Restorations, Tooth Coloured, Permanent Molars, Non Bonded Technique, Two surfaces (continuous)
23223	Three surfaces
23224	Four surfaces
23225	Five surfaces or maximum surfaces per tooth
23311	One surface
23312	Two surfaces
23313	Three surfaces
23314	Four surfaces
23315	Five surfaces or maximum surfaces per tooth
23321	One surface
23322	Two surfaces
23323	Three surfaces
23324	Four surfaces
23325	Five surfaces or maximum surfaces per tooth
23601	Restoration, tooth colored, non-bonded core, in conjunction with crown
23602	Restoration tooth colored, bonded, core, in conjunction with crown
25111	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS Metal -One surface + L
25112	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS Metal -Two surfaces + L
25113	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS Metal - Three surfaces + L
25114	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS Metal - Three surfaces, modified + L
25121	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS --Inlays, Composite/Compomer, Indirect (Bonded) One surface + L

25122	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS --Inlays, Composite/Compomer, Indirect (Bonded) Two surfaces + L
25123	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS --Inlays, Composite/Compomer, Indirect (Bonded) Three surfaces + L
25124	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS --Inlays, Composite/Compomer, Indirect (Bonded) Three surfaces, modified + L
25141	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS -Inlays, Porcelain/Ceramic/Polymer Glass (Bonded) One surface + L
25142	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS -Inlays, Porcelain/Ceramic/Polymer Glass (Bonded) Two surfaces + L
25143	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS -Inlays, Porcelain/Ceramic/Polymer Glass (Bonded) Three surfaces + L
25144	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS -Inlays, Porcelain/Ceramic/Polymer Glass (Bonded) Three surfaces, modified + L
25511	Onlays, Cast Metal, Indirect + L
25512	Onlays, Cast Metal, Indirect (Bonded external retention type) + L
25521	Onlays, Composite/Compomer, Indirect (Bonded) + L
25531	Onlays, Porcelain/Ceramic/Polymer Glass (Bonded) + L
29409	STAINING, PORCELAIN (chairside) Each additional unit over four
29404	STAINING, PORCELAIN (chairside) STAINING, PORCELAIN (chairside) Four units + L
29403	STAINING, PORCELAIN (chairside) Three units + L
29402	STAINING, PORCELAIN (chairside) Two units + L
29401	STAINING, PORCELAIN (chairside) One unit of time + L
27711	Repairs, Acrylic/Composite/Compomer, Direct
27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded + L
27601	Veneers, Acrylic/Composite/Compomer, Bonded + L
27511	Coping, Metal/Acrylic, Transfer (thimble) as a Separate Procedure + L
25765	Two posts, (same tooth) with bonded composite/compomer core and pin(s) +E
25743	Posts, Prefabricated, Retentive and Cast Core + L + E Three posts (same tooth) and cast core + L + E
25742	Posts, Prefabricated, Retentive and Cast Core + L + E Two posts (same tooth) and cast core + L + E
25741	Posts, Prefabricated, Retentive and Cast Core + L + E One post and cast core + L + E
25733	Posts, Prefabricated Retentive + E Three posts same tooth + E
25732	Posts, Prefabricated Retentive + E Two posts same tooth + E
25731	Posts, Prefabricated Retentive + E One post + E
25713	Posts, Cast Metal, (including core) as a Separate Procedure Three sections + L
25712	Posts, Cast Metal, (including core) as a Separate Procedure Two sections + L
25711	Posts, Cast Metal, (including core) as a Separate Procedure Single section + L
25134	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS -Inlays, Porcelain/Ceramic/Polymer Glass Three surfaces, modified + L
25133	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS -Inlays, Porcelain/Ceramic/Polymer Glass Three surfaces + L
25132	TRESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS --Inlays, Porcelain/Ceramic/Polymer Glass wo surfaces + L
25131	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS -Inlays, Porcelain/Ceramic/Polymer Glass One surface + L

24203	RESTORATIONS, FOIL, GOLD, POSTERIORS Class V
24202	RESTORATIONS, FOIL, GOLD, POSTERIORS Class II
24201	RESTORATIONS, FOIL, GOLD, POSTERIORS Class I
24104	RESTORATIONS, FOIL, GOLD, ANTERIORS Class IV
24103	RESTORATIONS, FOIL, GOLD, ANTERIORS Class V
24102	RESTORATIONS, FOIL, GOLD, ANTERIORS Class III
24101	RESTORATIONS, FOIL, GOLD, ANTERIORS Class I
23123	Tooth Coloured Veneer Application - Diastema Closure, Interproximal only, Bonded
23122	Tooth Coloured Veneer Application - Non Prefabricated Direct Buildup - Bonded
23121	Tooth Coloured Veneer Application - Direct Chairside Prefabricated - Bonded
22312	RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH Permanent Posterior - open face
22302	RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH Permanent Anterior - open face
22212	RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH Primary Posterior - open face
22202	RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH Primary Anterior - open face/acrylic veneer + L
21501	RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENTURE CLASP (ADDITIONAL TO RESTORATION) Per restoration
21405	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) Five pins or more
21404	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) Four pins
21403	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) Three pins
21402	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) Two pins
21401	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) One pin
20149	Pulp Capping Direct Performed in Conjunction with Permanent Restoration Each additional tooth same quadrant
20141	Pulp Capping Direct Performed in Conjunction with Permanent Restoration First tooth
23515	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded Five surfaces or maximum surfaces per tooth
23514	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded Four surfaces
23513	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded Three surfaces
23512	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded Two surfaces
23511	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded One surface
23505	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED Five surfaces (or maximum surfaces per tooth)
23504	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED Four surfaces
23503	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED Three surfaces

23502	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED Two surfaces
23501	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED One surface
23415	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique Five surfaces (continuous or maximum surfaces per tooth)
23414	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique Four surfaces (continuous)
23413	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique Three surfaces (continuous)
23412	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique Two surfaces (continuous)
23411	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique One surface
22511	RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH Permanent Posterior
22501	RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH Permanent Anterior
22411	RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH Primary Posterior
22401	RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH Primary Anterior
22311	RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH Permanent Posterior
22301	RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH Permanent Anterior
22211	RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH Primary Posterior
22201	RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH Primary Anterior
21245	Restorations, Amalgam, Bonded, Permanent Molars Five surfaces or maximum surfaces per tooth
21244	Restorations, Amalgam, Bonded, Permanent Molars Four surfaces
21243	Restorations, Amalgam, Bonded, Permanent Molars Three surfaces
21242	Restorations, Amalgam, Bonded, Permanent Molars Two surfaces
21241	Restorations, Amalgam, Bonded, Permanent Molars One surface
21235	Restorations, Amalgam, Bonded, Permanent Bicuspids and Anteriors Five surfaces or maximum surfaces per tooth
21234	Restorations, Amalgam, Bonded, Permanent Bicuspids and Anteriors Four surfaces
21233	Restorations, Amalgam, Bonded, Permanent Bicuspids and Anteriors Three surfaces
21232	Restorations, Amalgam, Bonded, Permanent Bicuspids and Anteriors Two surfaces
21231	Restorations, Amalgam, Bonded, Permanent Bicuspids and Anteriors One surface
21125	Restorations, Amalgam, Bonded, Primary Teeth Five surfaces or maximum surfaces per tooth
21124	Restorations, Amalgam, Bonded, Primary Teeth Four surfaces
21123	Restorations, Amalgam, Bonded, Primary Teeth Three surfaces
21122	Restorations, Amalgam, Bonded, Primary Teeth Two surfaces
21121	Restorations, Amalgam, Bonded, Primary Teeth One surface
21115	Five surfaces or maximum surfaces per tooth
21114	Four surfaces
21113	Restorations, Amalgam, Non-Bonded, Primary Teeth Three surfaces
21112	Restorations, Amalgam, Non-Bonded, Primary Teeth Two surfaces
21111	Restorations, Amalgam, Non-Bonded, Primary Teeth One surface
23405	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED Five surfaces (continuous or maximum surfaces per tooth)
23404	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED foursurfaces (continuous)
23403	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDEDt hree surfaces (continuous)

23402	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED two surfaces (continuous)
23401	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED One surface
22601	PREFABRICATED, PORCELAIN/CERAMIC/POLYMER GLASS, PRIMARY anterior TEETH
22611	PREFABRICATED, PORCELAIN/CERAMIC/POLYMER GLASS, PRIMARY posterior TEETH
25601	PINS, RETENTIVE (for inlays, onlays and crowns per tooth) One pin/tooth + L
25602	PINS, RETENTIVE (for inlays, onlays and crowns per tooth) Two pins/tooth + L
25603	PINS, RETENTIVE (for inlays, onlays and crowns per tooth) Three pins/tooth + L
25604	PINS, RETENTIVE (for inlays, onlays and crowns per tooth) Four pins/tooth + L
25605	PINS, RETENTIVE (for inlays, onlays and crowns per tooth) Five or more pins/tooth + L

Appendix 4-RCT and Pulpectomy USCLS codes

33116	Root Canals, Permanent Teeth/Retained Primary Teeth, One Canals Continuing Treatment having been Aborted by Referring/Previous Dentist
33126	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals Continuing Treatment having been Aborted by Referring/Previous Dentist
33136	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals Continuing Treatment having been Aborted by Referring/ Previous Dentist
33146	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals Continuing Treatment having been aborted by Referring/ Previous Dentist
33112	RCT Perm./Retained Primary Tooth, 1 Canal, Difficult Access
33113	RCT Perm./Retained Primary Tooth, 1 Canal, Exceptional Anatomy
33114	RCT Perm./Retained Primary Tooth, 1 Canal, Calcified Canal
33122	RCT Perm./Retained Primary Tooth, 2 Canals, Difficult Access
33123	RCT Perm./Retained Primary Tooth, 2 Canals, Exceptional Anatomy
33124	RCT Perm./Retained Primary Tooth, 2 Canals, Calcified canals
33132	RCT Perm./Retained Primary Tooth, 3 Canals, Difficult Access
33133	RCT Perm./Retained Primary Tooth, 3 Canals, Exceptional Anatomy
33134	RCT Perm./Retained Primary Tooth, 3 Canals, Calcified canals
33142	RCT Perm./Retained Primary Tooth, 4 Canals, Difficult Access
33143	RCT Perm./Retained Primary Tooth, 4 Canals, Exceptional Anatomy
33144	RCT Perm./Retained Primary Tooth, 4 Canals, Calcified canals
33111	Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal
33121	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals
33131	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals
33141	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals
33115	Root Canals, Permanent Teeth/Retained Primary Teeth, Re-treatment of Previously Completed Therapy - one canal
33125	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals Re-treatment of Previously Completed Therapy
33135	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals Re-treatment of Previously Completed Therapy
33145	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals Re-treatment of previously completed therapy
32322	Posterior tooth

32231	Anterior tooth
32232	Concurrent with restorations (but excluding final restoration)
32231	As a separate procedure

Appendix 5-RCT USCLS codes

33111	Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal
33121	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals
33131	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals
33141	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals
33115	Root Canals, Permanent Teeth/Retained Primary Teeth, Re-treatment of Previously Completed Therapy - one canal
33125	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals Re-treatment of Previously Completed Therapy
33135	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals Re-treatment of Previously Completed Therapy
33145	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals Re-treatment of previously completed therapy
33116	Root Canals, Permanent Teeth/Retained Primary Teeth, One Canals Continuing Treatment having been Aborted by Referring/Previous Dentist
33126	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals Continuing Treatment having been Aborted by Referring/Previous Dentist
33136	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals Continuing Treatment having been Aborted by Referring/ Previous Dentist
33146	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals Continuing Treatment having been aborted by Referring/ Previous Dentist
33112	RCT Perm./Retained Primary Tooth, 1 Canal, Difficult Access
33113	RCT Perm./Retained Primary Tooth, 1 Canal, Exceptional Anatomy
33114	RCT Perm./Retained Primary Tooth, 1 Canal, Calcified Canal
33122	RCT Perm./Retained Primary Tooth, 2 Canals, Difficult Access
33123	RCT Perm./Retained Primary Tooth, 2 Canals, Exceptional Anatomy
33124	RCT Perm./Retained Primary Tooth, 2 Canals, Calcified canals
33132	RCT Perm./Retained Primary Tooth, 3 Canals, Difficult Access
33133	RCT Perm./Retained Primary Tooth, 3 Canals, Exceptional Anatomy
33134	RCT Perm./Retained Primary Tooth, 3 Canals, Calcified canals
33142	RCT Perm./Retained Primary Tooth, 4 Canals, Difficult Access
33143	RCT Perm./Retained Primary Tooth, 4 Canals, Exceptional Anatomy
33144	RCT Perm./Retained Primary Tooth, 4 Canals, Calcified canals

Appendix 6-Restorations and Crowns USCLS Codes

21211	One surface
21212	Two surfaces
21213	Three surfaces
21214	Four surfaces
21215	Five surfaces or maximum / surfaces per tooth
21221	One surface
21222	Two surfaces
21223	Three surfaces
21224	Four surfaces
21225	Five surfaces or maximum surfaces per tooth
21301	Restorations, amalgam core, non-bonded in conjunction with crown
23101	One surface
23102	Two surfaces (continuous)
23103	Three surfaces (continuous)
23104	Four surfaces (continuous)
23105	Five surfaces (continuous, maximum surfaces per tooth)
23111	One surface
23112	Two surfaces (continuous)
23113	Three surfaces (continuous)
23114	Four surfaces (continuous)
23115	Five surfaces (continuous, maximum surfaces per tooth)
23211	One surface
23212	Two surfaces
23213	Three surfaces
23214	Four surfaces
23215	Five surfaces or maximum surfaces per tooth
23221	Restorations, Tooth Coloured, Permanent Molars, Non Bonded Technique, One surface
23222	Restorations, Tooth Coloured, Permanent Molars, Non Bonded Technique, Two surfaces (continuous)
23223	Three surfaces
23224	Four surfaces
23225	Five surfaces or maximum surfaces per tooth
23311	One surface
23312	Two surfaces
23313	Three surfaces
23314	Four surfaces
23315	Five surfaces or maximum surfaces per tooth
23321	One surface
23322	Two surfaces
23323	Three surfaces
23324	Four surfaces
23325	Five surfaces or maximum surfaces per tooth
23601	Restoration, tooth colored, non-bonded core, in conjunction with crown
23602	Restoration tooth colored, bonded, core, in conjunction with crown

25111	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS Metal -One surface + L
25112	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS Metal -Two surfaces + L
25113	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS Metal - Three surfaces + L
25114	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS Metal - Three surfaces, modified + L
25121	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS --Inlays, Composite/Compomer, Indirect (Bonded) One surface + L
25122	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS --Inlays, Composite/Compomer, Indirect (Bonded) Two surfaces + L
25123	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS --Inlays, Composite/Compomer, Indirect (Bonded) Three surfaces + L
25124	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS --Inlays, Composite/Compomer, Indirect (Bonded) Three surfaces, modified + L
25141	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS -Inlays, Porcelain/Ceramic/Polymer Glass (Bonded) One surface + L
25142	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS -Inlays, Porcelain/Ceramic/Polymer Glass (Bonded) Two surfaces + L
25143	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS -Inlays, Porcelain/Ceramic/Polymer Glass (Bonded) Three surfaces + L
25144	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS -Inlays, Porcelain/Ceramic/Polymer Glass (Bonded) Three surfaces, modified + L
25511	Onlays, Cast Metal, Indirect + L
25512	Onlays, Cast Metal, Indirect (Bonded external retention type) + L
25521	Onlays, Composite/Compomer, Indirect (Bonded) + L
25531	Onlays, Porcelain/Ceramic/Polymer Glass (Bonded) + L
27201	Crown, porcelain/ceramic/polymer glass
27205	Crown, porcelain/ceramic/polymer glass, implant-supported
27206	Crown, porcelain/ceramic/polymer glass, with cast ceramic post retention
27211	Crown, porcelain/ceramic/polymer glass, fused to metal base
27213	Crown, porcelain/ceramic/polymer glass, fused to metal base, with porcelain margin
27215	Crown, porcelain/ceramic fused to metal base, implant-supported
27216	Crown, porcelain/ceramic fused to metal base with cast metal post retention + L
27221	Crown, ¾, porcelain/ceramic/polymer glass
27301	Crown, full, cast metal
27305	Crown, full, cast metal, implant supported
27311	Crown, 3/4, cast metal
29409	STAINING, PORCELAIN (chairside) Each additional unit over four
29404	STAINING, PORCELAIN (chairside) STAINING, PORCELAIN (chairside) Four units + L
29403	STAINING, PORCELAIN (chairside) Three units + L
29402	STAINING, PORCELAIN (chairside) Two units + L
29401	STAINING, PORCELAIN (chairside) One unit of time + L
27711	Repairs, Acrylic/Composite/Compomer, Direct
27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded + L
27601	Veneers, Acrylic/Composite/Compomer, Bonded + L

27511	Coping, Metal/Acrylic, Transfer (thimble) as a Separate Procedure + L
25765	Two posts, (same tooth) with bonded composite/compomer core and pin(s) +E
25743	Posts, Prefabricated, Retentive and Cast Core + L + E Three posts (same tooth) and cast core + L + E
25742	Posts, Prefabricated, Retentive and Cast Core + L + E Two posts (same tooth) and cast core + L + E
25741	Posts, Prefabricated, Retentive and Cast Core + L + E One post and cast core + L + E
25733	Posts, Prefabricated Retentive + E Three posts same tooth + E
25732	Posts, Prefabricated Retentive + E Two posts same tooth + E
25731	Posts, Prefabricated Retentive + E One post + E
25713	Posts, Cast Metal, (including core) as a Separate Procedure Three sections + L
25712	Posts, Cast Metal, (including core) as a Separate Procedure Two sections + L
25711	Posts, Cast Metal, (including core) as a Separate Procedure Single section + L
25134	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS - -Inlays, Porcelain/Ceramic/Polymer Glass Three surfaces, modified + L
25133	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS - -Inlays, Porcelain/Ceramic/Polymer Glass Three surfaces + L
25132	TRESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS --Inlays, Porcelain/Ceramic/Polymer Glass wo surfaces + L
25131	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS - -Inlays, Porcelain/Ceramic/Polymer Glass One surface + L
24203	RESTORATIONS, FOIL, GOLD, POSTERIORS Class V
24202	RESTORATIONS, FOIL, GOLD, POSTERIORS Class II
24201	RESTORATIONS, FOIL, GOLD, POSTERIORS Class I
24104	RESTORATIONS, FOIL, GOLD, ANTERIORS Class IV
24103	RESTORATIONS, FOIL, GOLD, ANTERIORS Class V
24102	RESTORATIONS, FOIL, GOLD, ANTERIORS Class III
24101	RESTORATIONS, FOIL, GOLD, ANTERIORS Class I
23405	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED Five surfaces (continuous or maximum surfaces per tooth)
23404	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED foursurfaces (continuous)
23403	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED three surfaces (continuous)
23402	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED two surfaces (continuous)
23401	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED One surface
23123	Tooth Coloured Veneer Application - Diastema Closure, Interproximal only, Bonded
23122	Tooth Coloured Veneer Application - Non Prefabricated Direct Buildup - Bonded
23121	Tooth Coloured Veneer Application - Direct Chairside Prefabricated - Bonded
22312	RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH Permanent Posterior - open face
22302	RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH Permanent Anterior - open face
22212	RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH Primary Posterior - open face
22202	RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH Primary Anterior - open face/acrylic veneer + L
21501	RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENTURE CLASP (ADDITIONAL TO RESTORATION) Per restoration

21405	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) Five pins or more
21404	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) Four pins
21403	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) Three pins
21402	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) Two pins
21401	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) One pin
20149	Pulp Capping Direct Performed in Conjunction with Permanent Restoration Each additional tooth same quadrant
20141	Pulp Capping Direct Performed in Conjunction with Permanent Restoration First tooth
23515	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded Five surfaces or maximum surfaces per tooth
23514	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded Four surfaces
23513	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded Three surfaces
23512	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded Two surfaces
23511	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded One surface
23505	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED Five surfaces (or maximum surfaces per tooth)
23504	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED Four surfaces
23503	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED Three surfaces
23502	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED Two surfaces
23501	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED One surface
23415	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique Five surfaces (continuous or maximum surfaces per tooth)
23414	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique Four surfaces (continuous)
23413	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique Three surfaces (continuous)
23412	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique Two surfaces (continuous)
23411	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique One surface
22511	RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH Permanent Posterior
22501	RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH Permanent Anterior
22411	RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH Primary Posterior
22401	RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH Primary Anterior
22311	RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH Permanent Posterior
22301	RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH Permanent Anterior
22211	RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH Primary Posterior

22201	RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH Primary Anterior
21245	Restorations, Amalgam, Bonded, Permanent Molars Five surfaces or maximum surfaces per tooth
21244	Restorations, Amalgam, Bonded, Permanent Molars Four surfaces
21243	Restorations, Amalgam, Bonded, Permanent Molars Three surfaces
21242	Restorations, Amalgam, Bonded, Permanent Molars Two surfaces
21241	Restorations, Amalgam, Bonded, Permanent Molars One surface
21235	Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors Five surfaces or maximum surfaces per tooth
21234	Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors Four surfaces
21233	Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors Three surfaces
21232	Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors Two surfaces
21231	Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors One surface
21125	Restorations, Amalgam, Bonded, Primary Teeth Five surfaces or maximum surfaces per tooth
21124	Restorations, Amalgam, Bonded, Primary Teeth Four surfaces
21123	Restorations, Amalgam, Bonded, Primary Teeth Three surfaces
21122	Restorations, Amalgam, Bonded, Primary Teeth Two surfaces
21121	Restorations, Amalgam, Bonded, Primary Teeth One surface
21115	Five surfaces or maximum surfaces per tooth
21114	Four surfaces
21113	Restorations, Amalgam, Non-Bonded, Primary Teeth Three surfaces
21112	Restorations, Amalgam, Non-Bonded, Primary Teeth Two surfaces
21111	Restorations, Amalgam, Non-Bonded, Primary Teeth One surface
21302	Restorations, Amalgam Core, Bonded, in conjunction with crown or Fixed Bridge Retainer
25601	PINS, RETENTIVE (for inlays, onlays and crowns per tooth) One pin/tooth + L
25602	PINS, RETENTIVE (for inlays, onlays and crowns per tooth) Two pins/tooth + L
25603	PINS, RETENTIVE (for inlays, onlays and crowns per tooth) Three pins/tooth + L
25604	PINS, RETENTIVE (for inlays, onlays and crowns per tooth) Four pins/tooth + L
25605	PINS, RETENTIVE (for inlays, onlays and crowns per tooth) Five or more pins/tooth + L
25721	Posts, Cast Metal (including core) Concurrent with Impression for Crown Single section + L
25722	Posts, Cast Metal (including core) Concurrent with Impression for Crown Two sections + L
25723	Posts, Cast Metal (including core) Concurrent with Impression for Crown Three sections + L
25751	Posts, Prefabricated, with Non-Bonded Core for Crown Restoration [including pin(s) where applicable] or Fixed Bridge Retainer + E Posts, Prefabricated, with Non-Bonded Core for Crown Restoration [including pin(s) where applicable] or Fixed Bridge Retainer + E One post, with Non-Bonded amalgam core and pin(s) + E
25752	Posts, Prefabricated, with Non-Bonded Core for Crown Restoration [including pin(s) where applicable] or Fixed Bridge Retainer + E Two posts (same tooth), with Non-Bonded amalgam core and pin(s) + E
25753	Posts, Prefabricated, with Non-Bonded Core for Crown Restoration [including pin(s) where applicable] or Fixed Bridge Retainer + E Three posts (same tooth), with Non-Bonded amalgam core and pin(s) + E
25754	Posts, Prefabricated, with Non-Bonded Core for Crown Restoration [including pin(s) where applicable] or Fixed Bridge Retainer + E One post, with NonBonded composite core and pin(s) + E

25755	Posts, Prefabricated, with Non-Bonded Core for Crown Restoration [including pin(s) where applicable] or Fixed Bridge Retainer + E Two posts, (same tooth) with Non-Bonded composite core and pin(s) + E
25756	Posts, Prefabricated, with Non-Bonded Core for Crown Restoration [including pin(s) where applicable] or Fixed Bridge Retainer + E Three posts (same tooth) with Non-Bonded composite core and pin(s) +E
25761	Posts, Prefabricated, with Bonded Core for Crown Restoration (including pin(s) where applicable) or Fixed Bridge Retainer +E One post, with bonded amalgam core and pin(s) +E
25762	Posts, Prefabricated, with Bonded Core for Crown Restoration (including pin(s) where applicable) or Fixed Bridge Retainer +E Two posts (same tooth), with bonded amalgam core and pin(s) +E
25763	Posts, Prefabricated, with Bonded Core for Crown Restoration (including pin(s) where applicable) or Fixed Bridge Retainer +E Three posts (same tooth), with bonded amalgam core and pin(s) +E
25764	Posts, Prefabricated, with Bonded Core for Crown Restoration (including pin(s) where applicable) or Fixed Bridge Retainer +E One post, with bonded composite/compomer core and pin(s) +E
25766	Posts, Prefabricated, with Bonded Core for Crown Restoration (including pin(s) where applicable) or Fixed Bridge Retainer +E Three posts, (same tooth) with bonded composite/compomer core and pin(s) +E
27131	Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect + L
27135	Crown, Acrylic/Composite/Compomer Cast Metal Base, Implant-supported + L + E
27136	Crown, Acrylic/Composite/Compomer/Cast Metal Base with Cast Post Retention + L
27137	Semi-Precision Rest (interlock) (in addition to Acrylic/Composite/Compomer, Cast Metal Base Crown) + L + E
27138	Semi-Precision or Precision Attachment RPD Retainer (in addition to Acrylic/Composite/Compomer, Cast Metal Base Crown) + L + E
27202	Crown, Porcelain/Ceramic/Polymer Glass, Complicated + L
27212	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated (restorative, positional and/or aesthetic) + L
27217	Semi-precision Rest (Interlock) (in addition to Porcelain/Ceramic Fused to Metal Base Crown) + L + E
27218	Semi-precision or Precision Attachment RPD Retainer (in addition to Porcelain/Ceramic Fused to Metal Base Crown) + L + E
27222	Crown, ¾, Porcelain/Ceramic/Polymer Glass, Complicated + L
27302	Crown, Full, Cast Metal, Complicated (restorative, positional) + L
27306	Crown, Full Cast Metal, with Cast Metal Post Retention + L
27307	Semi-precision Rest (Interlock) (in addition to Full, Cast Metal Crown) + L + E
27308	Semi-Precision or Precision Attachment RPD Retainer (in addition to Full, Cast Metal Crown) + L + E
27312	Crowns, Metal ¾ Cast Metal, Complicated + L
27313	Crowns, ¾, Cast Metal, with Direct Tooth Coloured Corner + L
27317	Semi-Precision Rest (Interlock) (In addition to 3/4 cast metal crown + L + E
27318	Semi-Precision or Precision Attachment RPD Retainer (in addition to 3/4 cast metal crown) + L + E
27401	CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP (additional to crown) One crown
27409	CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP (additional to crown) Each additional crown

28211	RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT Coping Crown, Cast Metal, No Attachments, Indirect + L
28215	RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT Coping Crown, Cast Metal, No Attachments, Implant-supported, Indirect + L + E
28216	RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT Coping Crown, Cast Metal with Cast Metal Retentive Post, No Attachments + L + E
28221	RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT Coping Crown, Cast Metal, with Attachments, Indirect+ L + E Coping Crown, Metal Cast, with Attachment, Indirect + L and/or + E
28225	RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT Coping Crown, Cast Metal, with Attachments, Indirect+ L + E Coping Crown, Cast Metal, Implantsupported with Attachment + L + E
28226	RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT Coping Crown, Cast Metal, with Attachments, Indirect+ L + E Coping Crown, Cast Metal with Cast Metal Retentive Post, with Attachment + L + E

Appendix 7-RCT and Extraction USCLS Codes

71101	Removals, Erupted Teeth, Single tooth, Uncomplicated
71109	Removals, Erupted Teeth, Uncomplicated, Each additional tooth, same quadrant, same appointment
72311	Removals, (Extractions), Residual Roots, First tooth
72319	Removals, (Extractions), Residual Roots Each additional tooth, same quadrant Surgical extraction:
72111	Removals, Impactions, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth. Single Tooth
72219	Removals, (Extractions), Surgical Removals, Impaction, Requiring Incision Of Overlying Soft Tissue, Elevation Of A Flap And Either Removal Of Bone And Tooth Or Sectioning And Removal Of Tooth.
72339	Removals, (Extractions), Surgical Removals, Residual Roots, Bone Tissue Coverage
72119	Removals, (Extractions), Surgical Removals, Impactions, Requiring Incision Of Overlying Soft Tissue And Removal Of The Tooth.
72221	Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of Tooth for Removal; Single too
72211	Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap and EITHER Removal of Bone and Tooth OR Sectioning and Removal o
72229	Removals, (Extractions), Surgical Removals, Impaction, Requiring Incision Of Overlying Soft Tissue, Elevation Of A Flap, Removal Of Bone And Sectioning Of Tooth For Removal
72231	Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone, AND/OR Sectioning of the Tooth for Removal AN
72239	Removals, (Extractions), Surgical Removals, Impactions, Requiring Incision Of Overlying Soft Tissue, Elevation Of A Flap, Removal Of Bone, And/Or Sectioning Of The Tooth For Removal And/Or Presents Unusual Difficulties And Circumstances.
72321	Removals, Residual Roots, Soft Tissue Coverage; First tooth
72329	Removals, (Extractions), Surgical Removals, Residual Roots, Soft Tissue Coverage
72331	Removals, Residual Roots, Bone Tissue Coverage; First tooth

71201	REMOVALS, ERUPTED TEETH, COMPLICATED; Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth.
71209	Removals, (Extractions), Erupted Teeth
71211	Requiring elevation of a Flap, Removal of Bone and/or Sectioning of Tooth for Removal of Tooth; Single Tooth
71219	Removals, (Extractions), Erupted Teeth Requiring Elevation Of A Flap, Removal Of Bone And/Or Sectioning Of Tooth For Removal Of Tooth
33116	Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal, Continuing Treatment having been Aborted by Referring/Previous Dentist
33126	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canal, Continuing Treatment having been Aborted by Referring/Previous Dentist
33136	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals, Continuing Treatment having been Aborted by Referring/Previous Dentist
33146	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canal, Continuing Treatment having been Aborted by Referring/Previous Dentist
33111	Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal
33121	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals
33131	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals
33141	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals
33115	Root Canals, Permanent Teeth/Retained Primary Teeth, Re-treatment of Previously Completed Therapy - one canal
33125	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals Re-treatment of Previously Completed Therapy
33135	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals Re-treatment of Previously Completed Therapy
33145	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals Re-treatment of previously completed therapy
33112	RCT Perm./Retained Primary Tooth, 1 Canal, Difficult Access
33113	RCT Perm./Retained Primary Tooth, 1 Canal, Exceptional Anatomy
33114	RCT Perm./Retained Primary Tooth, 1 Canal, Calcified Canal
33122	RCT Perm./Retained Primary Tooth, 2 Canals, Difficult Access
33123	RCT Perm./Retained Primary Tooth, 2 Canals, Exceptional Anatomy
33124	RCT Perm./Retained Primary Tooth, 2 Canals, Calcified canals
33132	RCT Perm./Retained Primary Tooth, 3 Canals, Difficult Access
33133	RCT Perm./Retained Primary Tooth, 3 Canals, Exceptional Anatomy
33134	RCT Perm./Retained Primary Tooth, 3 Canals, Calcified canals
33142	RCT Perm./Retained Primary Tooth, 4 Canals, Difficult Access
33143	RCT Perm./Retained Primary Tooth, 4 Canals, Exceptional Anatomy
33144	RCT Perm./Retained Primary Tooth, 4 Canals, Calcified canals
32322	Posterior tooth
32321	Anterior tooth
32232	Concurrent with restorations (but excluding final restoration)
32231	As a separate procedure