



دائرة الصحة
DEPARTMENT OF HEALTH

JAWDA
Guidelines for Dental
Clinic and Centers

Issue: 2022

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 is ranging 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 relates to the quality indicators that DOH is mandating the quarterly reporting against by the operating general and specialist hospitals in 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 providing Dental health treatment 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 Dent 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):	Complications following dental surgical and non-surgical extraction procedure
Domain	Patient Safety
Sub-domain	Complication
Definition:	Percentage of patients who had a detected complications within 14 days of a surgical and non-surgical extraction procedure on the same tooth among all ages.
Calculation:	<p>Numerator: Number of patients who had a detected complications within 14 days of a surgical and non-surgical extraction procedure on the same tooth. Complications to be considered:</p> <ul style="list-style-type: none"> • Prolonged limitation of mouth opening (Trismus) (Other post procedural complications and disorders of digestive system) - <u>K91.89</u> • Prolonged bleeding from extraction site; <ul style="list-style-type: none"> o Post procedural hemorrhage and hematoma of a digestive system organ or structure following a digestive system procedure) <u>K91.840</u> • Post-op infection: <ul style="list-style-type: none"> o Infection following a procedure, initial encounter) - <u>T81.4XXA:</u> o Infection following a procedure, subsequent encounter) <u>T81.4XXD</u> o Infection following a procedure, sequela) <u>T81.4XXS</u> o Alveolitis of jaws, Alveolar osteitis, Dry Socket) <u>M27.3</u> • Nerve damage- <u>S04</u> <ul style="list-style-type: none"> o Other post procedural complications and disorders of digestive system) - <u>K91.89</u> o Injury of trigeminal nerve, unspecified side, initial encounter) - <u>S04.30XA</u> o Injury of trigeminal nerve, unspecified side, subsequent encounter) - <u>S04.30XD</u> o Injury of trigeminal nerve, unspecified side, sequela) - <u>S04.30XS</u> o Injury of trigeminal nerve, right side, initial encounter) - <u>S04.31XA</u> o Injury of trigeminal nerve, right side, subsequent encounter) - <u>S04.31XD</u>

Injury of trigeminal nerve, right side, sequela) - **S04.31XS**
 o Injury of trigeminal nerve, left side, initial encounter) - **S04.32XA**
 Injury of trigeminal nerve, left side, subsequent encounter) - **S04.32XD**
 Injury of trigeminal nerve, left side, sequela) - **S04.32XS**
 • Bony flakes. - **M87.180**

o Inflammatory conditions of jaws) Applicable To:
 • Osteitis of jaw(s) - **M27.2**
 • Osteomyelitis (neonatal) jaw(s) **M27.2**
 • Osteoradionecrosis jaw(s) **M27.2**
 • Periostitis jaw(s) **M27.2**
 • Sequestrum of jaw bone **M27.2**
 • Jaw dislocation. o Dislocation of jaw, initial encounter) **S03.00XA, S03.01XA, S03.02XA, S03.03XA**
 o Dislocation of jaw, subsequent encounter) **S03.00XD, S03.01XD, S03.02XD, S03.03XD**
 o Dislocation of jaw, sequela) - **S03.00XS, S03.01XS, S03.02XS, S03.03XS**

o Post procedural hemorrhage and hematoma of a musculoskeletal structure following other procedure), - **M96.831**

• Jaw fracture during third molars surgeries. - **S02.600A; S02.600D; S02.600S; Y69**
 o Fracture of mandible) - **S02.609A; S02.609B**
 • Avulsion, luxation or extrusion of tooth - **S03.2XXA; S03.2XXD; S03.2XXS;**
 • Cut Tongue/ cheek while operating - **S01.512A; S01.512D; S01.512S**

Denominator: Total number of patients who had dental extraction during the reporting period.

CDA Dental Procedure Codes for Denominator: Non-surgical extraction:

- 71101 - Removals, (Extractions), Erupted Teeth, Single tooth, Uncomplicated
- 71109 - Removals, (Extractions), Erupted Teeth, 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:

	<ul style="list-style-type: none"> • Removals, (Extractions), Erupted Teeth (71201, 71209, 71211, 71219) • Removals, (Extractions), Surgical (72111, 72119, 72211, 72219, 72221, 72229, 72231, 72239, 72321, 72329, 72331, 72339 -)
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Developed by DoH- Abu Dhabi
Desired direction:	Lower is better
Notes for all facilities	
Data Source/ Report Name:	-- Administrative and medical records. - Claims

Type: Dental Care Quality Indicator

Number: DQ02

KPI Description (title):	Failures following dental implant insertion (Biologic failure) within 90 days
Domain	Patient safety
Sub-domain	Complication- treatment outcome
Definition:	Percentage of adult patients (18 and older) who had failures detected on the same tooth within 90 days from implant procedure.
Calculation:	<p>Numerator: Number of adult patients (18 and older) who had failures detected on the same tooth within 90 days from implant procedure.</p> <p>Inclusion complication Criteria:</p> <ul style="list-style-type: none"> ○ Nerve damage and altered sensation related to implant procedure. <u>S04 ; R20; R43; Y83.1; Y83.8</u> ○ Unintentional cut, puncture, perforation or hemorrhage during surgical and medical care - <u>K91.72</u> ○ Anesthesia of skin (nerve injury) - <u>R20.0</u> ○ Paresthesia of ski (nerve injury) - <u>R20.2</u>

	<ul style="list-style-type: none"> ○ Unspecified complication of internal prosthetic device, implant - and graft - <u>T85.9XXA; T85.9XXD; T85.9XXS;</u> ○ Osseointegration failure of dental implant - <u>M27.61</u> ○ Post-osseointegration biological failure of dental implant - <u>M27.62</u> ○ Post-osseointegration mechanical failure of dental implant - <u>M27.63</u> ○ Other endosseous dental implant failure - <u>M27.69</u> <p>Dental codes for the numerator: Dental failure implant due to occlusal trauma, poor prosthetic design - M27.62 Dental implant Osseo-integration failure - M27.61 Dental implant Osseo-integration biological failure - M27.61 Dental implant Osseo-integration mechanical failure - M27.61 Failure of dental implant due to infection - M27.62 Failure of dental implant due to lack of attached gingiva - M27.62 Failure of dental implant due to occlusal trauma - M27.62 Failure of dental implant due to parafunctional habits - M27.62 Failure of dental implant due to peri-implantitis - M27.62 Failure of dental implant due to periodontal infection (peri-implantitis) - M27.62 Failure of dental implant due to poor oral hygiene - M27.62 Failure of dental implant due to unintentional loading - M27.69 Failure of dental implant osseointegration due to premature loading - M27.61 Failure of dental implant osseointegration due to unintentional prosthetic loading (M27.61) Failure of dental implant osseointegration due to intentional prosthetic loading (M27.61) Failure of dental prosthesis - M27.69 Failure of osseointegration of dental implant - M27.61 Mechanical failure of dental implant - M27.69</p> <p>Denominator: Total number of adult patients who had implant procedures during the reporting period. (See Appendix 2)</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Developed by DoH- Abu Dhabi

Desired direction:	Lower is better
Notes for all facilities	
Data Source/ Report Name:	-Administrative and medical records -Claims

Type: Dental Care Quality Indicator

Number: DQ03

KPI Description (title):	Failures following dental implant surgical procedure (late failure – Mechanical failure) between 3 months to 18 months.
Domain	Patient safety
Sub-domain	Complication – treatment outcome
Definition:	Percentage of failures detected in the period between 3-18 months from the implant procedure date among adult aged 18 and older
Calculation:	<p><i>Numerator:</i> : Reported number of failures reported in the period between 3-18 months. people aged 18 years and above.</p> <p>.</p> <p>Inclusion complication Criteria:</p> <ul style="list-style-type: none"> ○ Nerve damage and altered sensation related to implant procedure. S04; R20; R43; Y83.1; Y83.8 ○ Unintentional cut, puncture, perforation or hemorrhage during surgical and medical care - K91.72 ○ Anesthesia of skin (nerve injury) - R20.0 ○ Paresthesia of ski (nerve injury) - R20.2 ○ Unspecified complication of internal prosthetic device, implant - and graft - T85.9XXA; T85.9XXD; T85.9XXS; ○ Osseointegration failure of dental implant - M27.61 ○ Post-osseointegration biological failure of dental implant - M27.62 ○ Post-osseointegration mechanical failure of dental implant - M27.63 ○ Other endosseous dental implant failure - M27.69 <p>CDT Dental codes for the <u>Numerator</u>: Dental failure implant due to occlusal trauma, poor prosthetic design - M27.62 Dental implant Osseo-integration failure - M27.61 Dental implant Osseo-integration biological failure - M27.61</p>

	<p>Dental implant Osseo-integration mechanical failure - M27.61 Failure of dental implant due to infection - M27.62 Failure of dental implant due to lack of attached gingiva - M27.62 Failure of dental implant due to occlusal trauma - M27.62 Failure of dental implant due to parafunctional habits - M27.62 Failure of dental implant due to peri-implantitis - M27.62 Failure of dental implant due to periodontal infection (peri-implantitis) - M27.62 Failure of dental implant due to poor oral hygiene - M27.62 Failure of dental implant due to unintentional loading - M27.69 Failure of dental implant osseointegration due to premature loading - M27.61 Failure of dental implant osseointegration due to unintentional prosthetic loading (M27.61) Failure of dental implant osseointegration due to intentional prosthetic loading (M27.61) Failure of dental prosthesis - M27.69 Failure of osseointegration of dental implant - M27.61 Mechanical failure of dental implant - M27.69</p> <p>Denominator: Total number of implant procedures performed among adult aged 18 and older during the reporting period. (see Appendix 2)</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Developed by DoH - Abu Dhabi
Desired direction:	Lower is better
Notes for all facilities	
Data Source/ Report Name:	-Administrative and medical records -Claims

Type: Dental Care Quality Indicator

Number: DQ04

KPI Description (title):	Complications (failure) following first endodontic routine root canal treatment and retreatment procedures.
Domain	Outcome
Sub-domain	Patient Safety
Definition:	Percentage of failures detected within 90 (3 months period to evaluate the success rate of RCT is not enough, it is better to change to at least 6 months period.) days from the first endodontic routine root canal treatment and retreatment procedures among adult aged 18 and older.
Calculation:	<p><u>Numerator:</u> Number of failures (treatment codes= re-treatment + extraction + apicectomy) detected on the same tooth within 90 days from the first endodontic routine root canal treatment and retreatment procedures among adults aged 18 and older.</p> <p><u>Failures to be included:</u></p> <ol style="list-style-type: none"> 1- Endodontic under fill. - M27.53 2- Acute apical periodontitis of endodontic origin. - K04.4 3- Chronic apical periodontitis of endodontic origin (peri- apical radiolucency had become bigger from the initial x-ray taken pre operatively before the 1st initiated treatment. - K04.4 4- Apical abscess with or without fistula. - K04.7 5- Nerve damage, altered sensation, related to extrusion of endodontic. S04; R20; R43; Y83.1; Y83.8 6- Root canal obturation material into Inferior alveolar nerve canal. - T81.89XA 7- Non treated perforation of root canal system (that was not present in the pre-operative peri-apical x-ray). - M27.51 8- Additional resorption of the root (that was not present in the pre-operative peri-apical x-ray or that was present but has augmented in extension and size). - K03.3 9- Cellulitis (facial swelling) related to the root canal treated tooth. (can take more than 90 days). - L03.818 10- Radicular Cyst. - K04.8 11- Unspecified diseases of pulp and periapical tissue. - K04.90 12- Other periarticular pathology associated with previous endodontic treatment. To be considered - K04.99 <p><u>Denominator:</u> Total number of the endodontic root canal treatment and retreatment procedures done among adult aged 18 and older during the reporting period.</p>

	<p>Codes for all endodontics procedures for the denominator:</p> <ul style="list-style-type: none"> • 33111 RCT Perm./Retained Primary Tooth, 1 Canal 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 • 33121 RCT Perm./Retained Primary Tooth, 2 Canals • 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 • 33131 RCT Perm./Retained Primary Tooth, 3 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 • 33141 RCT Perm./Retained Primary Tooth, 4 or more 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 • 33115 Re-treatment of Previously Completed Therapy • 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 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
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	<ul style="list-style-type: none"> • 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
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Developed by DoH - Abu Dhabi
Desired direction:	Lower is better
Notes for all facilities	
Data Source/ Report Name:	-- Administrative and medical records. - Claims

Type: Dental Care Quality Indicator

Number: DQ05

KPI Description (title):	Rate of failure of apicectomy procedures
Domain	patient safety
Sub-domain	complications
Definition:	Number of failure apicectomy procedures divided by the number of apicectomies among all ages

<p>Calculation:</p>	<p>Numerator: Total number of Apicectomy procedure complications over the past 90 days among all ages. Inclusion for use criteria:</p> <ul style="list-style-type: none"> ○ Nerve damage- S04.-(codes set series), Y83.8; ○ Pain- K08.89; ○ Bad breath-R19.6 ○ Pus-K92.9 ○ Swelling- R22.0; ○ Throbbing sensation ○ Periapical abscess- K04.6, K04.7; ○ Acute/chronic apical periodontitis- K04.4; K04.5; ○ Extraction- Z98.818 ○ Re-apicectomy ○ Bony lesions- M89.9 ○ Loss of root tip in the maxillary sinus during endodontic surgery - ○ Incomplete enucleation of the cystic lesion while performing retrograde filling / apicoectomies .- K91.81; K04.8, <p>Failures to consider</p> <ul style="list-style-type: none"> ○ Unintentional cut, puncture, perforation or hemorrhage during surgical and medical care- K91.71, ○ Nerve damage, altered sensation, related to extrusion of endodontic- S04.-(codes set series), R20.- (codes set series), R43.- (codes set series), M26.34, M27.59 & Y83.8; ○ Unspecified diseases of pulp and periapical tissue- K04.90; ○ Trauma- S09.93-;(codes set series) ○ Bacterial involvement- A49.9; <p>Denominator: Totals number of apicectomy procedures completed for all ages Dental procedure codes for the denominator: CDT Dental procedure codes for the denominator: D0100- DIAGNOSTIC</p> <ul style="list-style-type: none"> ○ D0120: Periodic oral evaluation - established patient ○ D0140: Limited oral evaluation - problem focused ○ D0150: Comprehensive oral evaluation - new or established patient ○ D0170: Re-evaluation - limited, problem focused <p><u>APICOECTOMY/APICAL CURETTAGE:</u></p>
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	<ul style="list-style-type: none"> ○ 34111 Maxillary Anterior One root ○ 34112 Maxillary Anterior Two roots ○ 34121 Maxillary Bicuspid One root ○ 34122 Maxillary Bicuspid Two roots ○ 34123 Maxillary Bicuspid Three roots ○ 34131 Maxillary Molar One root ○ 34132 Maxillary Molar Two roots ○ 34133 Maxillary Molar Maxillary Molar Three roots ○ 34134 Maxillary Molar Four or more roots ○ 34141 Mandibular Anterior One root ○ 34142 Mandibular Anterior Two or more roots ○ 34151 Mandibular Bicuspid One root ○ 34152 Mandibular Bicuspid Two roots ○ 34153 Mandibular Bicuspid Three or more roots ○ 34161 Mandibular Molar One root ○ 34162 Mandibular Molar Two roots ○ 34163 Mandibular Molar Mandibular Molar Three roots ○ 34164 Mandibular Molar Four or more roots <p><u>RETROFILLING</u></p> <ul style="list-style-type: none"> ○ 34211 RETROFILLING Maxillary Anterior One canal ○ 34212 RETROFILLING Maxillary Anterior Two or more canals ○ 34221 RETROFILLING Maxillary Bicuspid One canal ○ 34222 RETROFILLING Maxillary Bicuspid Two canals ○ 34223 RETROFILLING Maxillary Bicuspid Three canals ○ 34224 RETROFILLING Maxillary Bicuspid Four or more canals ○ 34231 RETROFILLING Maxillary Molar One canal ○ 34232 RETROFILLING Maxillary Molar Two canals ○ 34233 RETROFILLING Maxillary Molar Three canals ○ 34234 RETROFILLING Maxillary Molar Four or more canals ○ 34241 RETROFILLING Mandibular Anterior One canal ○ 34242 RETROFILLING Mandibular Anterior Two or more canals ○ 34251 RETROFILLING Mandibular Bicuspid One canal
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	<ul style="list-style-type: none"> ○ 34252 RETROFILLING Mandibular Bicuspid Two canals ○ 34253 RETROFILLING Mandibular Bicuspid Three canals ○ 34254 RETROFILLING Mandibular Bicuspid Four or more canals ○ 34261 RETROFILLING Mandibular Molar One canal ○ 34262 RETROFILLING Mandibular Molar Two canals ○ 34263 RETROFILLING Mandibular Molar Three canals ○ 34264 RETROFILLING Mandibular Molar Four or more canals
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3047732/
Desired direction:	Lower is better
Notes for all facilities	
Data Source/ Report Name:	-Claim data

Type: Dental Care Quality Indicator

Number: DQ06

KPI Description (title):	Rate of Redo of dental restoration: any restoration that been repeated within 24 months.
Domain	Patients safety
Sub-domain	Service efficiency
Definition:	Number of restored teeth that underwent a re-restoration attempt within 24 months. Note: survival expectancy of the least durable restorative material is 2 years (it goes up to 8 years for most durable

	material but only if Oral hygiene is maintained meticulously).
Calculation:	<p>Numerator: number of restored teeth received an attempt to redo the restoration of the same tooth. Within 24 months.</p> <p>Inclusion for use criteria: (all restoration including crowns) this is applicable to adults & pediatric patients (this can be divided into 2 KPI's one for each group).</p> <ul style="list-style-type: none"> ○ Pain- K08.89; ○ Pus -K92.9; ○ Swelling- R22.0; ○ Caries- K02.-; ○ Fracture of restoration- K08.53-;(codes set series), ○ Cracked tooth- K03.81 <p>Exclusion criteria:</p> <ul style="list-style-type: none"> ○ Trauma -S09.93-;(codes set series) ○ Bacterial involvement- A49.9; <p>Denominator: Total number of restorations provided during the time of measurement.</p> <p>All codes of dental restorations. (see Appendix 1)</p>
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Pain control until commencement of normal healing https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2905714/
Desired direction:	Lower is better
Notes for all facilities	
Data Source/ Report Name:	Claim data

KPI Description (title):	Failure of conservative treatment
Domain	Patients safety
Sub-domain	Treatment outcome
Definition:	Number of teeth received restoration, but extracted or received endodontic treatment within 3 months post treatment divided by the total number of restored teeth.
Calculation:	<p>Numerator: Number of teeth received restoration, but extracted within 3months post treatment.</p> <p>Inclusion for use criteria: (all restored teeth with any material) including crowns/inlay/only & bridge)</p> <ul style="list-style-type: none"> ○ Nerve damage- S04.-(codes set series); ○ Pain- K08.89; ○ Pus -K92.9; ○ Swelling- R22.0; ○ Caries- K02.-; ○ Cracked tooth -K03.81; ○ Fractured restoration- K08.53-;(codes set series). ○ Mal- contoured restorations- K08.54; ○ Occlusion- K08.89 <p>The below codes are for the numerator:</p> <p>CDT Dental procedure codes for the Numerator: D7111: Extraction, coronal remnants - deciduous tooth D7140: Extraction, erupted tooth or exposed root D7251: Coronectomy – intentional partial tooth removal D7250: Removal of residual tooth roots (cutting procedure)</p> <p>OTHER SURGICAL PROCEDURES D7260: Oroantral fistula closure D7261: Primary closure of a sinus perforation D7270: Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth D7272: Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization) D7280: Exposure of an unerupted tooth</p>

	Denominator: Total number of teeth received any type of restorations provided quarterly All codes of dental restorations including veneers & crowns. (See Appendix 1)
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	Pain control until commencement of normal healing https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2905714/
Desired direction:	Lower is better
Notes for all facilities	
Data Source/ Report Name:	Claim data Administrative and medical records

Appendix 1 : Dental Restorations Codes

CDT Code	Code Description
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
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
21111	Restorations, Amalgam, Non-Bonded, Primary Teeth One surface
21112	Restorations, Amalgam, Non-Bonded, Primary Teeth Two surfaces
21113	Restorations, Amalgam, Non-Bonded, Primary Teeth Three surfaces
21114	Four surfaces
21115	Five surfaces or maximum surfaces per tooth
21121	Restorations, Amalgam, Bonded, Primary Teeth One surface
21122	Restorations, Amalgam, Bonded, Primary Teeth Two surfaces
21123	Restorations, Amalgam, Bonded, Primary Teeth Three surfaces
21124	Restorations, Amalgam, Bonded, Primary Teeth Four surfaces
21125	Restorations, Amalgam, Bonded, Primary Teeth Five surfaces or maximum surfaces per tooth
21211	Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors One surface
21212	Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors Two surfaces
21213	Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors Three surfaces
21214	Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors Four surfaces
21215	Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors Five surfaces or maximum surfaces per tooth
21221	Restorations, Amalgam, Non-Bonded, Permanent Molars One surface
21222	Restorations, Amalgam, Non-Bonded, Permanent Molars Two surfaces
21223	Restorations, Amalgam, Non-Bonded, Permanent Molars Three surfaces
21224	Restorations, Amalgam, Non-Bonded, Permanent Molars Four surfaces
21225	Restorations, Amalgam, Non-Bonded, Permanent Molars Five surfaces or maximum surfaces per tooth

21231	Restorations, Amalgam, Bonded, Permanent Bicuspids and Anteriors One surface
21232	Restorations, Amalgam, Bonded, Permanent Bicuspids and Anteriors Two surfaces
21233	Restorations, Amalgam, Bonded, Permanent Bicuspids and Anteriors Three surfaces
21234	Restorations, Amalgam, Bonded, Permanent Bicuspids and Anteriors Four surfaces
21235	Restorations, Amalgam, Bonded, Permanent Bicuspids and Anteriors Five surfaces or maximum surfaces per tooth
21241	Restorations, Amalgam, Bonded, Permanent Molars One surface
21242	Restorations, Amalgam, Bonded, Permanent Molars Two surfaces
21243	Restorations, Amalgam, Bonded, Permanent Molars Three surfaces
21244	Restorations, Amalgam, Bonded, Permanent Molars Four surfaces
21245	Restorations, Amalgam, Bonded, Permanent Molars Five surfaces or maximum surfaces per tooth
21301	Restorations, Amalgam Core, Non-Bonded in conjunction with crown or Fixed Bridge Retainer
21302	Restorations, Amalgam Core, Bonded, in conjunction with crown or Fixed Bridge Retainer
21401	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) One pin
21402	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) Two pins
21403	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) Three pins
21404	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) Four pins
21405	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations) Five pins or more
22201	RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH Primary Anterior
22202	RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH Primary Anterior - open face/acrylic veneer + L
22211	RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH Primary Posterior
22212	RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH Primary Posterior - open face
22301	RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH Permanent Anterior

22302	RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH Permanent Anterior - open face
22311	RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH Permanent Posterior
22312	RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH Permanent Posterior - open face
22401	RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH Primary Anterior
22411	RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH Primary Posterior
22501	RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH Permanent Anterior
22511	RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH Permanent Posterior
23101	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS - RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS NON BONDED TECHNIQUE One surface
23102	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS - RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS NON BONDED TECHNIQUE Two surfaces (continuous)
23103	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS - RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS NON BONDED TECHNIQUE Three surfaces (continuous)
23104	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS - RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS NON BONDED TECHNIQUE Four surfaces (continuous)
23105	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS - RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS NON BONDED TECHNIQUE Five surfaces (continuous, maximum surfaces per tooth)
23111	Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closures) One surface
23112	Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closures) Two surfaces (continuous)
23113	Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closures) Three surfaces (continuous)
23114	Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closures) Four surfaces (continuous)
23115	Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closures) Five surfaces (continuous, maximum surfaces per tooth)
23121	Tooth Coloured Veneer Application - Direct Chairside Prefabricated - Bonded
23122	Tooth Coloured Veneer Application - Non Prefabricated Direct Buildup - Bonded

23123	Tooth Coloured Veneer Application - Diastema Closure, Interproximal only, Bonded
23211	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED Permanent Bicuspid One surface
23212	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED Permanent Bicuspid Two surfaces
23213	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED Permanent Bicuspid Three surfaces
23214	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED Permanent Bicuspid Four surfaces
23215	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED Permanent Bicuspid Five surfaces or maximum surfaces per tooth
23221	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED Permanent Molar One surface
23222	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED Permanent Molar Two surfaces
23223	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED Permanent Molar Three surfaces
23224	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED Permanent Molar Four surfaces
23225	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIOR NON BONDED Permanent Molar Five surfaces or maximum surfaces per tooth
23311	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT ANTERIOR NON BONDED Permanent Bicuspid One surface
23312	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT ANTERIOR NON BONDED Permanent Bicuspid Two surfaces
23313	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT ANTERIOR NON BONDED Permanent Bicuspid Three surfaces
23314	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT ANTERIOR NON BONDED Permanent Bicuspid Four surfaces

23315	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIORES NON BONDED Permanent Bicuspid Five surfaces or maximum surfaces per tooth
23321	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIORES NON BONDED Permanent Molars One surface
23322	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIORES NON BONDED Permanent Molars Two surfaces
23323	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIORES NON BONDED Permanent Molars Three surfaces
23324	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIORES NON BONDED Permanent Molars Four surfaces
23325	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIORES NON BONDED Permanent Molars Five surfaces or maximum surfaces per tooth
23401	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED One surface
23402	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED two surfaces (continuous)
23403	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED three surfaces (continuous)
23404	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED four surfaces (continuous)
23405	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED Five surfaces (continuous or maximum surfaces per tooth)
23411	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique One surface
23412	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique Two surfaces (continuous)
23413	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique Three surfaces (continuous)
23414	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique Four surfaces (continuous)
23415	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique Five surfaces (continuous or maximum surfaces per tooth)
23501	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED One surface
23502	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED Two surfaces
23503	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED Three surfaces

23504	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED Four surfaces
23505	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED Five surfaces (or maximum surfaces per tooth)
23511	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded One surface
23512	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded Two surfaces
23513	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded Three surfaces
23514	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED - Restorations, Tooth Coloured, Primary, Posterior, Bonded Four surfaces
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
23601	Restoration, Tooth Coloured, Non-Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer
23602	Restoration, Tooth Coloured, Bonded, Core, in Conjunction with Crown or Fixed Bridge Retainer
24101	RESTORATIONS, FOIL, GOLD, ANTERIORS Class I
24102	RESTORATIONS, FOIL, GOLD, ANTERIORS Class III
24103	RESTORATIONS, FOIL, GOLD, ANTERIORS Class V
24104	RESTORATIONS, FOIL, GOLD, ANTERIORS Class IV
24201	RESTORATIONS, FOIL, GOLD, POSTERIORS Class I
24202	RESTORATIONS, FOIL, GOLD, POSTERIORS Class II
24203	RESTORATIONS, FOIL, GOLD, POSTERIORS Class V
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
25131	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS - -Inlays, Porcelain/Ceramic/Polymer Glass One surface + L
25132	TRESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS --Inlays, Porcelain/Ceramic/Polymer Glass wo surfaces + L
25133	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS - -Inlays, Porcelain/Ceramic/Polymer Glass Three surfaces + L
25134	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS RESTORATIONS, INLAYS - -Inlays, Porcelain/Ceramic/Polymer Glass 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
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
25711	Posts, Cast Metal, (including core) as a Separate Procedure Single section + L
25712	Posts, Cast Metal, (including core) as a Separate Procedure Two sections + L
25713	Posts, Cast Metal, (including core) as a Separate Procedure Three sections + 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

25731	Posts, Prefabricated Retentive + E One post + E
25732	Posts, Prefabricated Retentive + E Two posts same tooth + E
25733	Posts, Prefabricated Retentive + E Three posts same tooth + E
25741	Posts, Prefabricated, Retentive and Cast Core + L + E One post and cast core + L + E
25742	Posts, Prefabricated, Retentive and Cast Core + L + E Two posts (same tooth) and cast core + L + E
25743	Posts, Prefabricated, Retentive and Cast Core + L + E Three posts (same tooth) and cast core + L + E
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 Non-Bonded 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
25765	Two posts, (same tooth) 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
25771	Posts, Provisional Per Post + L and/or + E
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
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
27110	Crowns, Acrylic/Composite/ Compomer, Indirect
27111	Crown, Acrylic/Composite/ Compomer, Indirect + L
27112	Crown, Acrylic/Composite/Compomer, Indirect, Complicated (restorative, positional and/or esthetic) + L
27113	Crown, Acrylic/Composite/Compomer, Provisional [Long Term], Indirect (lab fabricated/relined intra-orally) + L
27115	Crowns, Acrylic/Composite/Compomer, Indirect, implant-supported + L + E
27121	Crowns, Acrylic/Composite/Compomer, Direct, Provisional (chairside) + E
27125	Crowns, Acrylic/Composite/Compomer, Direct, Provisional Implant-supported + 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
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
27201	Crown, Porcelain/Ceramic/Polymer Glass + L
27202	Crown, Porcelain/Ceramic/Polymer Glass, Complicated + L
27205	Crown, Porcelain/Ceramic/Polymer Glass, Implant-supported + L + E
27206	Crown, Porcelain/Ceramic/Polymer Glass, with Cast Ceramic Post Retention + L
27211	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base + L
27212	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated (restorative, positional and/or aesthetic) + L
27213	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, with Porcelain Margin + L
27215	Crown, Porcelain/Ceramic Fused to Metal Base, Implant-supported + L +E
27216	Crown, Porcelain/Ceramic Fused to Metal Base with Cast Metal Post Retention + 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
27221	Crown, ¾, Porcelain/Ceramic/Polymer Glass, + L
27222	Crown, ¾, Porcelain/Ceramic/Polymer Glass, Complicated + L
27301	Crown, Full, Cast Metal + L
27302	Crown, Full, Cast Metal, Complicated (restorative, positional) + L
27305	Crown, Full, Cast Metal, Implant-supported + L + E
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
27311	Crowns, ¾, Cast Metal + L
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
27511	Coping, Metal/Acrylic, Transfer (thimble) as a Separate Procedure + L

27521	Coping, Metal/Acrylic, Transfer (thimble) Concurrent with Impression for Crown + L
27601	Veneers, Acrylic/Composite/Compomer, Bonded + L
27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded + L
27711	Repairs, Acrylic/Composite/Compomer, Direct
27721	Repairs, Inlays Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Direct
27722	Repairs, Inlays Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Indirect +L
27801	RECONTOURING OF EXISTING CROWNS per tooth One unit of time
27809	RECONTOURING OF EXISTING CROWNS per tooth Each additional unit of time
28101	RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT Natural Tooth Preparation, Placement of Pulp Chamber Restoration (amalgam or composite) and Fluoride Application Endodontically Treated Tooth
28102	RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT Natural Tooth Preparation and Fluoride Application, Vital Tooth
28103	RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT Pre-fabricated Attachment, as an Internal or External Overdenture Retentive Device, Direct to a Natural Tooth + L and/or + E (used with the appropriate denture code) per tooth
28105	RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT Implant-supported Prefabricated Attachment as an Overdenture Retentive Device, Direct + L + E
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, Implant-supported 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
29101	RECEMENTATION/REBONDING, INLAYS/ONLAYS/ CROWNS/VENEERS/POSTS/ NATURAL TOOTH FRAGMENTS One unit of time +L +E
29102	RECEMENTATION/REBONDING, INLAYS/ONLAYS/ CROWNS/VENEERS/POSTS/ NATURAL TOOTH FRAGMENTS

	RECEMENTATION/REBONDING, INLAYS/ONLAYS/ CROWNS/VENEERS/POSTS/ NATURAL TOOTH FRAGMENTS Two units+L +E
29103	RECEMENTATION/REBONDING, INLAYS/ONLAYS/ CROWNS/VENEERS/POSTS/ NATURAL TOOTH FRAGMENTS Three units+L +E
29104	RECEMENTATION/REBONDING, INLAYS/ONLAYS/ CROWNS/VENEERS/POSTS/ NATURAL TOOTH FRAGMENTS Four units+L +E
29109	RECEMENTATION/REBONDING, INLAYS/ONLAYS/ CROWNS/VENEERS/POSTS/ NATURAL TOOTH FRAGMENTS Each additional unit over four+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
29301	REMOVAL, INLAYS/ ONLAYS/CROWNS/ VENEERS (single units only) One unit of time
29302	REMOVAL, INLAYS/ ONLAYS/CROWNS/ VENEERS (single units only) Two units
29303	REMOVAL, INLAYS/ ONLAYS/CROWNS/ VENEERS (single units only) Three units
29304	REMOVAL, INLAYS/ ONLAYS/CROWNS/ VENEERS (single units only) Four units
29309	REMOVAL, INLAYS/ ONLAYS/CROWNS/ VENEERS (single units only) Each additional unit over four
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 resealed) One unit of time
29322	Removal, Mesostructure (to be resealed) Two units
29323	Removal, Mesostructure (to be resealed) Three units
29324	Removal, Mesostructure (to be resealed) Four units
29329	Removal, Mesostructure (to be resealed) 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
29401	STAINING, PORCELAIN (chairside) One unit of time + L
29402	STAINING, PORCELAIN (chairside) Two units + L
29403	STAINING, PORCELAIN (chairside) Three units + L
29404	STAINING, PORCELAIN (chairside) STAINING, PORCELAIN (chairside) Four units + L
29409	STAINING, PORCELAIN (chairside) Each additional unit over four
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.
21501	RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENTURE CLASP (ADDITIONAL TO RESTORATION) Per restoration

Appendix 2 : Dental Implant Procedure Codes

CDT Code	Code Description
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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, Repairs Appliances, 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, Repairs Appliance, 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-supported 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 relined) 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

