

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
	<p>The Alberta Blue Cross Dental Schedule (ABCDS) was prepared and published by Alberta Blue Cross. This schedule is for Alberta Blue Cross dental plans that have incorporated the ABCDS. It is not a list of covered services but a schedule that forms the basis of the plans' payments. Plan provisions, limitations, exclusions and co-insurance will apply.</p> <p>The numbers assigned accurately describe the services provided and are divided into various disciplines of dentistry.</p> <p>The classification is as follows:</p> <p>00000- 09999 Diagnostic  10000- 19999 Preventive  20000- 29999 Restorative  30000- 39999 Endodontics  40000- 49999 Periodontics  50000- 59999 Prosthodontics - Removable  60000- 69999 Prosthodontics - Fixed  70000- 79999 Oral and Maxillofacial Surgery  80000- 89999 Orthodontics  90000- 99999 Adjunctive General Services</p> <p>The <b>Units of Time</b> and/or the <b>Letters</b> following procedures must conform to the following principles:</p> <p>Where the:</p> <p><b>Letter [L]</b> follows a procedure code, the designation is that of "<b>Laboratory Procedures Extra</b>".</p> <p><b>Units of Time</b> follows a procedure code, the designation is that of "<b>Fifteen Minute Intervals</b>".</p> <p><b>Letter [E]</b> follows a procedure code, the designation is that of "<b>Expenses Extra</b>".</p> <p><b>Letter [PS]</b> follows a procedure code, the designation is that of "<b>Professional Services</b>".</p> <p><b>BR</b> follows a procedure code, the designation is that of "<b>By Report</b>".</p> <p>Identification of treatment sites must be identified thus:</p> <p>(a) Where individual teeth/sites are designated, the International Tooth Codes are the recognized system of coding.</p> <p>(b) Where grouping of treatment by teeth/sites are indicated, the following codes are used:</p> <p><b>1</b> - Designates <b>Full Mouth</b>  <b>2</b> - Designates <b>Maxillary Arch</b>  <b>3</b> - Designates <b>Mandibular Arch</b></p> <p><b>For Quadrants:</b></p> <p><b>10</b> - Designates the <b>Upper Right Quadrant</b>  <b>20</b> - Designates the <b>Upper Left Quadrant</b>  <b>30</b> - Designates the <b>Lower Left Quadrant</b>  <b>40</b> - Designates the <b>Lower Right Quadrant</b></p> <p><b>For Sextants:</b></p> <p><b>3</b> - Designates from <b>18 - 14</b>  <b>4</b> - Designates from <b>13 - 23</b>  <b>5</b> - Designates from <b>24 - 28</b>  <b>6</b> - Designates from <b>38 - 34</b>  <b>7</b> - Designates from <b>33 - 43</b>  <b>8</b> - Designates from <b>44 - 48</b></p>	

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CODE	DESCRIPTION	ABCDS
<b>00000</b>	<b>DIAGNOSTIC</b>	
<b>01000</b>	<b>EXAMINATION AND DIAGNOSIS, CLINICAL ORAL</b>	
<b>01010</b>	First Dental Visit/Orientation	
01011	Oral assessment for patients up to the age of 3 years inclusive. Assessment to include: medical history, familial dental history; dietary/feeding practices; oral habits; oral hygiene; fluoride exposure. Anticipatory guidance with parent/guardian	\$71.13
<b>01100</b>	<b>EXAMINATIONS AND DIAGNOSIS COMPLETE ORAL</b> , to include: (a) History, Medical and Dental; (b) Clinical Examination and Diagnosis of Hard and Soft tissues, including the following as necessary: Carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality test/analysis, and any other pertinent factors; (c) Radiographs extra, as required	
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.	\$71.13
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	\$96.95
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.	\$113.97
<b>01200</b>	<b>EXAMINATION AND DIAGNOSIS, LIMITED ORAL</b>	
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)	\$75.31
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	\$64.20
01204	Examination and Diagnosis, Specific Examination and evaluation of a specific situation. Not to be used as a substitute for limited exam codes (01201, 01202).	\$64.20
01205	Examination and Diagnosis, Emergency. Examination and Diagnosis for the investigation of discomfort and/or infection in a localized area. Not to be used as a substitute for limited exam codes (01201, 01202).	\$64.20
01206	Analysis, Mixed Dentition.	\$80.58
<b>01300</b>	<b>EXAMINATION AND DIAGNOSIS, STOMATOGNATHIC, DYSFUNCTIONAL</b>	

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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; review of previous records, including radiographs, ordering of appropriate test/analysis and consultations.	\$270.04
01302	Examination and Diagnosis, Stomatognathic Dysfunctional, Limited.	\$82.04
<b>01400</b>	<b>EXAMINATION AND DIAGNOSIS, ORAL PATHOLOGY</b>	
01401	Examination and Diagnosis, Oral Pathology, General, to include: (a) Initial consultation with referring dentist or physician, (b) History, medical and dental, (c) Clinical examination including in-depth analysis of medical status, (d) Diagnosis, prognosis and formulation of a treatment plan.	\$164.07
01402	Examination and Diagnosis, Oral Pathology, Specific (or repeat examination and diagnosis within 90 days for the same illness)	\$82.04
<b>01500</b>	<b>EXAMINATION AND DIAGNOSIS, PERIODONTAL</b>	
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.	\$205.97
01502	Examination and Diagnosis, Periodontal, Limited (previous patient)	\$149.18
01503	Examination and Diagnosis, Periodontal, Specific	\$149.18
<b>01600</b>	<b>EXAMINATION AND DIAGNOSIS, SURGICAL</b>	
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.	\$164.08
01602	Examination and Diagnosis, Surgical, Specific	\$98.35
01603	Examination and Diagnosis, Surgical, Comprehensive Examination described in 01601 with the addition of craniofacial, neck and extremity	BR
01604	Examination described in 01601 and 01603 with the addition of Examination and Diagnosis Surgical Comprehensive Intensive Care Unit	BR
<b>01700</b>	<b>EXAMINATION AND DIAGNOSIS, PROSTHODONTIC</b>	

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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.	\$111.88
01702	Examination and Diagnosis, Prosthodontic, Specific.	\$75.59
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	\$307.39
<b>01800</b>	<b>EXAMINATION AND DIAGNOSIS, ENDODONTIC</b>	
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	\$165.06
01802	Examination and Diagnosis, Endodontic, Specific. Endodontic examination and evaluation of a specific situation in a localized area and vitality test analysis.	\$103.03
<b>01900</b>	<b>EXAMINATION AND DIAGNOSIS, ORTHODONTIC</b>	
01901	Examination and Diagnosis, Orthodontic, General. To include: (a) Diagnosis models, complete intraoral radiograph series, or panoramic radiographic image, cephalograms, facial and intraoral photographs, consultation and case presentation.	\$423.87
01902	Examination and Diagnosis, Orthodontic, Specific	\$85.04
<b>02000</b>	<b>RADIOGRAPHS (Including radiographic examination and diagnosis and interpretation)</b>	
<b>02100</b>	<b>RADIOGRAPHS, REGIONAL/LOCALIZED</b>	
	(Where 2-pack films are utilized, it is appropriate to add [E] )	
02101	Radiographs, Complete Series (minimum of 12 images incl. bitewings).	\$198.70
02102	Radiographs, Complete Series (minimum of 16 images incl. bitewings).	\$198.70
<b>02110</b>	<b>Radiographs, Periapical</b>	
02111	Single image	\$29.78
02112	Two images	\$47.47
02113	Three images	\$67.36

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02114	Four images	\$87.25
02115	Five images	\$100.31
02116	Six images	\$120.12
02117	Seven images	\$141.40
02118	Eight images	\$160.54
02119	Nine images	\$179.68
02120	Ten images	\$189.33
<b>02130</b>	<b>Radiographs, Occlusal</b>	
02131	Single image	\$49.59
02132	Two images	\$69.49
02133	Three images	\$89.37
02134	Four images	\$109.25
<b>02140</b>	<b>Radiographs, Bitewing</b>	
02141	Single image	\$29.78
02142	Two images	\$47.47
02143	Three images	\$67.36
02144	Four images	\$87.25
02145	Five images	\$100.31
02146	Six images	\$120.12
<b>02300</b>	<b>RADIOGRAPHS, POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE</b>	
02301	Single image	\$74.45
02302	Two images	\$124.14
02303	Three images	\$173.86
02304	Sinus Examination and Diagnosis - Minimum four images identified as: 1) Waters 2) Caldwell 3) Lateral Skull 4) Basal	\$223.54
02309	Each additional image over four	\$49.20
<b>02400</b>	<b>RADIOGRAPHS, SIALOGRAPHY</b>	
02401	Single image	\$74.47
02402	Two images	\$124.14
02409	Each additional image over two	\$49.20

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<b>02410</b>	Radiopaque dyes, use of, to demonstrate lesions	
02411	One unit of time	BR
02412	Two units of time	BR
02419	Each additional unit over two	BR
<b>02500</b>	<b>RADIOGRAPHS, TEMPOROMANDIBULAR JOINT</b>	
02501	Single image	\$74.45
02502	Two images	\$124.14
02503	Three images	\$173.86
02504	Four images (minimum examination and diagnosis closed and open each side)	\$223.54
02509	Each additional image over four	\$49.20
<b>02510</b>	<b>Arthrography of Temporo-mandibular joint</b>	
02511	Performing the Arthrographic Procedure	\$246.11
<b>02520</b>	<b>Interpretation of the Arthrogram</b>	
02521	One unit of time	\$74.59
02529	Each additional unit of time	\$74.59
<b>02600</b>	<b>RADIOGRAPHS, PANORAMIC</b>	
02601	Single image	\$88.27
<b>02610</b>	<b>Focal plane tomograms other areas of the head and neck</b>	
02611	Single view	\$118.79
02612	Two views	\$186.34
02613	Three views	\$250.49
02614	Four views	\$310.43
02615	Each additional view over four	\$49.20
<b>02700</b>	<b>RADIOGRAPHS, CEPHALOMETRIC</b>	
02701	Single image	\$118.80
02702	Two images	\$186.28
<b>02750</b>	<b>Radiographs, Cephalometric, Tracing and Interpretation</b>	
02751	One unit of time	\$82.04
02752	Two units	\$164.08

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02759	Each additional unit over two	\$82.04
<b>02800</b>	<b>INTERPRETATION</b>	
02811	One unit of time [PS]	\$91.30
02812	Two units [PS]	\$182.59
02817	Half a unit of time	\$45.65
02819	Each additional unit over two [PS]	\$91.30
<b>02900</b>	<b>RADIOGRAPHS, OTHER</b>	
<b>02910</b>	<b>Radiographs, Duplications</b>	
02911	Single image	\$5.66
02912	Two images	\$11.24
02913	Three images	\$16.86
02914	Four images	\$22.48
02915	Five images	\$28.10
02916	Six images	\$33.72
02917	Seven images	\$39.35
02918	Eight images	\$43.57
02919	Each additional image over eight	\$5.66
<b>02940</b>	<b>Radiographs, Hand and Wrist</b>	
02941	Radiographs, Hand and Wrist (as a diagnostic aid for dental treatment) per case	\$118.80
<b>02950</b>	<b>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))</b>	
02951	Maxillary Guide [L] [E]	BR
02952	Mandibular [L] [E]	BR
<b>03000</b>	<b>TEMPLATE, SURGICAL (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants)</b>	
03001	Maxillary Template [L] [E]	\$74.59
03002	Mandibular Template [L] [E]	\$74.59
<b>04000</b>	<b>TEST/ANALYSIS/LABORATORY PROCEDURES/INTERPRETATION AND/OR REPORTS</b>	
<b>04100</b>	<b>TEST/ANALYSIS, MICROBIOLOGICAL (technical procedure only)</b>	
04101	Microbiological Test/Analysis for the Determination of Pathological Agents [L]	\$70.86
<b>04200</b>	<b>TEST/ANALYSIS, CARIES SUSCEPTIBILITY/DIAGNOSIS</b>	

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CODE	DESCRIPTION	ABCDs
04201	Bacteriological Test/Analysis for the Determination of Dental Caries Susceptibility (technical procedure only) [L]	\$70.86
<b>04220</b>	Non-ionizing scanning procedure to detect caries and capable of quantifying, monitoring and recording changes in enamel, dentin, and cementum, which includes diagnosis and interpretation of findings.	
04221	One unit of time	\$29.78
04227	One half unit of time	\$14.90
<b>04300</b>	<b>TEST/ANALYSIS, HISTOPATHOLOGICAL</b> (technical procedure only)	
<b>04310</b>	Test/Analysis, Histopathological, Soft Tissue	
04311	Biopsy, Soft Oral Tissue - by Puncture [L]	\$82.04
04312	Biopsy, Soft Oral Tissue - by Incision [L]	\$82.04
04313	Biopsy, Soft Oral Tissue - by Aspiration [L]	\$82.04
04314	Biopsy, Soft, Extraoral Tissue, Aspiration [L]	BR
04315	Biopsy, Soft, Extraoral Tissue, Incision [L]	BR
<b>04320</b>	Test/Analysis, Histopathological, Hard Tissue	
04321	Biopsy, Hard Oral Tissue - by Puncture [L]	BR
04322	Biopsy, Hard Oral Tissue - by Incision [L]	BR
04323	Biopsy, Hard Oral Tissue - by Aspiration [L]	BR
<b>04400</b>	<b>TEST/ANALYSIS, CYTOLOGICAL</b> (technical procedure only)	
04401	Cytological Smear from the Oral Cavity [L] [E]	\$70.86
04402	Vital Staining of Oral Mucosal Tissues [E]	\$70.86
<b>04500</b>	<b>TESTS/ANALYSIS, PULP VITALITY AND INTERPRETATION</b>	
04501	One unit of time	\$70.86
04509	Each additional unit	\$70.86
<b>04600</b>	<b>INTERPRETATION AND/OR REPORTS, LABORATORY</b>	
04601	Interpretation and/or Report, Microbiological by Oral Microbiologist [L]	\$212.61
04602	Interpretation and/or Report, Histopathological by Oral Pathologist or Microbiologist [L]	\$246.11
04603	Interpretation and/or Report, Cytological by Oral Pathologist [L]	\$70.84
04604	Reports, Other	BR



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CODE	DESCRIPTION	ABCDS
<b>04700</b>	<b>SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY)</b>	
<b>04710</b>	Equilibration, Casts, Diagnostic (pilot equilibration) for extensive or complicated restorative dentistry [L]	
04711	One unit of time [L]	\$74.59
04712	Two units [L]	\$149.19
04713	Three units [L]	\$223.78
04714	Four units [L]	\$298.38
04719	Each additional unit over four [L]	\$74.59
<b>04720</b>	Wax-up, Diagnostic (to evaluate cosmetic and/or preparation design and/or occlusal considerations) (gnathological wax-up) [L]	
04721	One unit of time [L]	\$74.59
04722	Two units [L]	\$149.19
04723	Three units [L]	\$223.78
04724	Four units [L]	\$298.38
04729	Each additional unit over four [L]	\$74.59
<b>04730</b>	Split Cast Mounting, Diagnostic [L]	
04731	One unit of time [L]	\$74.59
04732	Two units [L]	\$149.19
04733	Three units [L]	\$223.78
04734	Four units [L]	\$298.38
04739	Each additional unit over four [L]	\$74.59
<b>04740</b>	Interpretation of diagnostic casts	
04741	One unit of time	\$71.85
04749	Each additional unit	\$71.85
<b>04750</b>	Positron emission tomography (PET) and magnetic resonance imagine (MRI), interpretation	
04751	One unit of time	\$91.30
04752	Two units	\$182.59
04757	Half a unit of time	\$45.65
04759	Each additional unit over two	\$91.30
<b>04800</b>	<b>VISUAL IMAGING, DIAGNOSTIC</b>	

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CODE	DESCRIPTION	ABCDs
<b>04810</b>	Photographs, diagnostic (technical procedure only)	
04811	Single photograph	\$17.91
04812	Two photos	\$33.90
04813	Three photos	\$50.88
04819	Each additional photo over three	\$17.91
<b>04900</b>	<b>CASTS, DIAGNOSTIC</b> (technical procedure only)	
<b>04910</b>	Cast, Diagnostic, Unmounted	
04911	Cast, Diagnostic, Unmounted [L]	\$79.84
04912	Cast, Diagnostic, Unmounted, Duplicate [L]	\$35.43
04913	Cast, Diagnostic, Unmounted, Upper and Lower Combined [L]	\$167.72
<b>04920</b>	Casts, Diagnostic, Mounted	
04921	Casts, Diagnostic, Mounted [L]	\$125.29
04922	Casts, Diagnostic, Mounted, using face bow transfer [L]	\$166.72
04923	Casts, Diagnostic, Mounted, using face bow + occlusal records [L]	\$329.23
04924	Casts, Diagnostic, Mounted using fully adjustable articulator [L] (used with 04941 and 04942)	BR
<b>04930</b>	Casts, Diagnostic, Orthodontic	
04931	Casts, Diagnostic, Orthodontic (unmounted, angle trimmed and soaped) [L]	\$141.73
<b>04940</b>	Casts, Diagnostic, Miscellaneous Procedures	
04941	Transverse Axis Location and Transfer, used in conjunction with 04922, 04923, and 04924 [L]	BR
04942	Three Dimensional Recordings of Patient's Dynamic Movements for Programming of Fully Adjustable Articulators.	BR
04943	Custom Incisal Guide Table [L]	BR
<b>05000</b>	<b>CASE PRESENTATION/ TREATMENT PLANNING</b>	
<b>05100</b>	<b>TREATMENT PLANNING</b> (This service is only for extra time spent on unusually complicated cases or where the patient demands unusual time in explanation or where diagnostic material is received from another source. Usual case presentation time and usual treatment planning time are implicit in the examination and diagnosis fee and in the radiographic interpretation fee.)	
05101	One unit of time	\$74.59
05102	Two units	\$149.19
05103	Three units	\$223.78
05104	Four units	\$298.38

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CODE	DESCRIPTION	ABCDS
05109	Each additional unit over four	\$74.59
<b>05110</b>	<b>Virtual Surgical Planning for Orthognathic and Craniomaxillofacial Surgery [E] [L]</b>	
05111	One unit	BR
05112	Two units	BR
05113	Three units	BR
05114	Four units	BR
05119	Each additional unit over four	BR
<b>05200</b>	<b>CONSULTATION, with patient</b>	
05201	One unit of time	\$77.58
05202	Two units	\$155.17
05209	Each additional unit over two	\$77.58
<b>07000</b>	<b>RADIOGRAPHS, CONE BEAM COMPUTERIZED TOMOGRAPHY (CBCT)</b>	
<b>07010</b>	<b>Radiographs, CBCT, Acquisition</b>	
07011	Small field of view (e.g. sextant or part of; isolated temporomandibular joint)	\$99.29
07012	Large field of view (1 arch)	\$118.80
07013	Large field of view (2 arches)	\$186.34
<b>07020</b>	<b>Radiographs, CBCT, Image Processing</b>	
07021	One unit of time	BR
07022	Two units of time	BR
07027	One half unit of time	BR
07029	Each additional unit over two	BR
<b>07030</b>	<b>Radiographs, CBCT, Interpretation</b>	
07031	One unit of time	\$82.04
07032	Two units of time	\$164.08
07037	One half unit of time	\$41.02
07039	Each additional unit over two	\$82.04
<b>07040</b>	<b>Radiographs, CBCT, Acquisition, Processing and Interpretation</b>	
07041	Small field of view (sextant or part of; isolated temporomandibular joint)	\$181.32
07042	Large field of view (1 arch)	\$200.83
07043	Large field of view (2 arches)	\$268.36

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CODE	DESCRIPTION	ABCDS
<b>08000</b>	<b>REMOTE ASSESSMENT</b>	
08011	One unit of time	\$77.58
08012	Two units of time	\$155.17
08019	Each additional unit over two	\$77.58
<b>10000</b>	<b>PREVENTION</b>	
<b>11100</b>	<b>POLISHING</b>	
11101	One unit of time	\$61.60
11102	Two units	\$123.21
11107	One half unit	\$30.80
<b>11110</b>	<b>SCALING</b>	
11111	One unit of time	\$69.15
11112	Two units	\$138.29
11113	Three units	\$207.44
11114	Four units	\$276.59
11115	Five units	\$345.73
11116	Six units	\$414.88
11117	One half unit	\$34.58
11119	Each additional unit over six	\$69.15
<b>12100</b>	<b>FLUORIDE TREATMENTS (whole mouth)</b>	
<b>12110</b>	<b>Topical, whole mouth, in office</b>	
12111	Rinse	\$29.85
12112	Gel or Foam	\$29.85
12113	Varnish	\$29.85
12114	Self-administered brush-in, supervised	\$29.85
<b>12600</b>	<b>FLUORIDE, CUSTOM APPLIANCES, (home application)</b>	
12601	Fluoride, Custom Appliance - Maxillary Arch [L]	\$72.99
12602	Fluoride, Custom Appliance - Mandibular Arch [L]	\$72.99
<b>12700</b>	<b>MEDICATION, CUSTOM APPLIANCE</b>	

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12701	Medication, Custom Appliance - Maxillary Arch [L]	\$72.99
12702	Medication, Custom Appliance - Mandibular Arch [L]	\$72.99
<b>13000</b>	<b>PREVENTIVE SERVICES, OTHER</b>	
<b>13100</b>	<b>NUTRITIONAL COUNSELLING</b> Including: recording and analysis up to seven-day dietary intake and consultation	
13101	One unit of time	\$72.99
13102	Two units	\$145.98
13103	Three units	\$218.96
13104	Four units	\$291.95
13109	Each additional unit over four	\$72.99
<b>13200</b>	<b>ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL</b> To include: brushing and/or flossing and/or embrasure cleaning	
<b>13210</b>	Individual Instruction (one instructor to one patient) - excluding audio-visual time	
13211	One unit of time	\$72.99
13212	Two units	\$145.98
13213	Three units	\$218.96
13214	Four units	\$291.95
13217	One half unit of time	\$36.50
13219	Each additional unit over four	\$72.99
<b>13220</b>	Group Instruction - excluding audio-visual time	
13221	One unit of time	\$72.99
13222	Two units	\$145.98
13223	Three units	\$218.96
13224	Four units	\$291.95
13229	Each additional unit over four	\$72.99
<b>13230</b>	Re-instruction (within 6 months) -excluding audio-visual time	
13231	One unit of time	\$72.99
13232	Two units	\$145.98
13239	Each additional unit over two	\$72.99

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
<b>13240</b>	Oral Hygiene Instruction - audio-visual	
13241	One unit of time	\$72.99
13242	Two units	\$145.98
13249	Each additional unit over two	\$72.99
<b>13400</b>	<b>SEALANTS, PIT AND FISSURE</b> (Mechanical and/or chemical preparation included)	
13401	First tooth	\$33.59
13409	Each additional tooth same quadrant	\$16.80
<b>13410</b>	Preventive Restorative Resin (procedure that involves some preparation of the pits and/or fissures in tooth enamel and may extend into dentin in limited areas)	
13411	First tooth	\$74.70
13419	Each additional tooth same quadrant	\$70.58
<b>13600</b>	<b>TOPICAL APPLICATION TO HARD TISSUE LESION(S) OF AN ANTIMICROBIAL OR REMINERALIZATION AGENT</b>	
13601	One unit of time [E]	\$72.99
13602	Two units of time [E]	\$145.98
13609	Each additional unit over two	\$72.99
<b>14000</b>	<b>APPLIANCES</b>	
<b>14100</b>	<b>APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS</b>	
14101	Appliance, Maxillary [L]	\$538.94
14102	Appliance, Mandibular [L]	\$538.94
<b>14200</b>	<b>APPLIANCES, FIXED/ CEMENTED, CONTROL OF ORAL HABITS</b>	
14201	Appliance, Maxillary [L]	\$591.53
14202	Appliance, Mandibular [L]	\$591.53
<b>14300</b>	<b>CONTROL OF ORAL HABITS, MISCELLANEOUS</b>	
14301	Motivation of Patient - Psychological Approach (e.g. thumb sucking, lip biting, etc.) - per visit [L]	\$84.51
<b>14310</b>	Myofunctional Therapy (e.g. to correct mouth breathing, abnormal swallowing, tongue thrust, etc.)	
14311	First unit of time per visit [L]	\$84.51
14312	Two units [L]	\$169.01
14319	Each additional unit over two [L]	\$84.51

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
<b>14400</b>	<b>APPLIANCES, CONTROL OF ORAL HABITS -</b> adjustments, repairs, maintenance	
14401	One unit of time [L]	\$84.51
14402	Two units of time [L]	\$169.01
14403	Three units of time [L]	\$253.52
14409	Each additional unit over three [L]	\$84.51
<b>14500</b>	<b>APPLIANCES, PROTECTIVE MOUTH GUARDS</b>	
14501	Appliance, Protective Mouth Guard, Preformed	\$87.40
14502	Appliance, Protective Mouth Guard, Processed [L]	\$95.63
<b>14600</b>	<b>APPLIANCES, PERIODONTAL</b> (see separate codes for control of Oral Habits 14000, Protective Mouth Guards 13500, TMJ 14700 and TMJ appliances 78700)	
<b>14610</b>	Appliances, Periodontal (including bruxism appliance); Includes Impression, Insertion and Insertion adjustment (no post-insertion adjustments)	
14611	Maxillary Appliance [L]	\$430.97
14612	Mandibular Appliance [L]	\$430.97
<b>14620</b>	Appliances, Adjustment, Repair	
14621	One unit of time [L]	\$78.36
14622	Two units [L]	\$156.72
14623	Three units [L]	\$235.09
14629	Each additional unit over three [L]	\$78.36
<b>14630</b>	Appliances, Reline	
14631	Reline, Direct	\$235.11
14632	Reline, Processed [L]	\$235.11
<b>14700</b>	<b>APPLIANCES, TEMPOROMANDIBULAR JOINT</b>	
<b>14710</b>	Appliance, TMJ, Diagnostic and/or Therapeutic, includes impression, insertion and insertion adjustment (no post-insertion adjustments)	
14711	Maxillary Appliance [L]	\$634.46
14712	Mandibular Appliance [L]	\$634.46
<b>14720</b>	Appliance, TMJ Intraoral Repositioning; includes impression, insertion and insertion adjustment (no post-insertion adjustments)	
14721	Maxillary Appliance [L]	\$634.46

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
14722	Mandibular Appliance [L]	\$634.46
<b>14730</b>	Appliance, TMJ, Periodic Maintenance, Adjustment, Repair	
14731	One unit of time [L]	\$82.27
14732	Two units [L]	\$164.54
14733	Three units [L]	\$246.81
14739	Each additional unit over three	\$82.27
<b>14740</b>	Appliance, TMJ, Reline	
14741	Reline, Direct	\$235.11
14742	Reline, Indirect [L]	\$235.11
<b>14800</b>	<b>APPLIANCES, MYOFASCIAL PAIN DYSFUNCTION SYNDROME</b> (conditions that originate outside the temporomandibular joint),	
<b>14810</b>	Appliance, Myofascial Pain Dysfunction Syndrome, to include: models, gnathological determinants) Appliance Construction only, and insertion adjustment (no post-insertion adjustments)	
14811	Maxillary Appliance [L]	\$716.03
14812	Mandibular Appliance [L]	\$716.03
<b>14820</b>	Appliance, Myofascial Pain Dysfunction Syndrome, Periodic Maintenance, Adjustment and repairs	
14821	One unit of time [L]	\$82.27
14822	Two units of time [L]	\$164.54
14823	Three units of time [L]	\$246.81
14829	Each additional unit of time [L]	\$82.27
<b>14900</b>	<b>APPLIANCES, INTRAORAL, TO TREAT MEDICALLY DIAGNOSED OBSTRUCTIVE SLEEP APNEA, SNORING, UPPER AIRWAY RESISTANCE SYNDROME (UARS) WITH OR WITHOUT APNEA</b> (Includes models, gnathological determinants, appliance construction and insertion adjustment [no post-insertion adjustments])	
14901	Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Ridge or Tooth Supported [L]	\$760.57
14902	Appliance, Tongue Retaining Device, for the Treatment of Obstructive Airway Disorders [E]	\$430.97
<b>14910</b>	Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Periodic Maintenance, Adjustment and Repairs	
14911	One unit of time [L]	\$84.51
14912	Two units [L]	\$169.01
14919	Each additional unit over two [L]	\$84.51



## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
<b>14920</b>	Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Monitoring To include monitoring patient to ensure proper use of appliances and evaluation for referrals to other health care professionals for appropriate medical management	
14921	One unit of time	\$76.84
14922	Two units	\$153.68
14929	Each additional unit over two	\$76.84
<b>15000</b>	<b>SPACE MAINTAINERS</b> (Includes the design, separation, fabrication, insertion and where applicable initial cementation and removal)	
<b>15100</b>	<b>SPACE MAINTAINERS, BAND TYPE</b>	
15101	Space Maintainer, Band Type, Fixed, Unilateral [L]	\$253.52
15102	Space Maintainer, Band Type, Fixed, Unilateral with Intra-alveolar Attachment [L]	\$253.52
15103	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch) [L]	\$338.02
15104	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch), with Teeth Attached [L]	\$338.02
15105	Space Maintainer, Band Type, Fixed, Bilateral Tubes and Locking Wires [L]	\$338.02
<b>15200</b>	<b>SPACE MAINTAINERS, STAINLESS STEEL CROWN TYPE</b>	
15201	Space Maintainer, Stainless Steel Crown Type, Fixed [L]	\$267.93
15202	Space Maintainer, Stainless Steel Crown Type, Fixed, with Intra-Alveolar Attachment [L]	\$253.52
<b>15300</b>	<b>SPACE MAINTAINERS, CAST TYPE</b>	
15301	Space Maintainer, Cast Type, Fixed [L]	BR
15302	Space Maintainer, Cast Type, Fixed, with Intra-Alveolar Attachment [L]	BR
<b>15400</b>	<b>SPACE MAINTAINERS, ACRYLIC, REMOVABLE</b>	
15401	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires [L]	\$253.51
15402	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires with Teeth [L]	\$253.52
15403	Space Maintainer, Acrylic Removable, No Clasps [L]	\$253.52
<b>15500</b>	<b>SPACE MAINTAINERS, BONDED, PONTIC TYPE</b>	
15501	Space Maintainer, Bonded, Pontic Type [L]	\$253.52
<b>15600</b>	<b>SPACE MAINTAINERS, MAINTENANCE OF</b>	
15601	Maintenance, Space Maintainer Appliance, to include: adjustment and/or recementation after 30 days from insertion	\$84.51
15602	Maintenance, Space Maintainer Appliances, addition of clasps and/or activating wires [L]	\$169.01

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CODE	DESCRIPTION	ABCDS
15603	Repairs, Space Maintainer Appliances (includes recementation) [L]	\$169.01
15604	Removal of Fixed Space Maintainer Appliances by Second Dentist.	\$80.66
<b>16000</b>	<b>ANATOMIC MODIFICATIONS</b> (Reshaping, recontouring, or occlusal modifications of a natural tooth or teeth, single or multiple restorations, or the inter-articulation of the teeth)	
<b>16100</b>	<b>FINISHING RESTORATIONS</b> (To include: polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (when restorations were performed by another dentist or restorations are over two years old).	
16101	One unit of time	\$76.84
16102	Two units	\$153.68
16103	Three units	\$230.52
16104	Four units	\$307.35
16109	Each additional unit over four	\$76.84
<b>16200</b>	<b>DISKING OF TEETH,</b> Interproximal	
16201	One unit of time	\$72.98
16202	Two units	\$145.96
16203	Three units	\$218.94
16209	Each additional unit over three	\$72.98
<b>16300</b>	<b>RECONTOURING OF NATURAL TEETH FOR AESTHETIC REASONS</b>	
16301	One unit of time	\$80.66
16309	Each additional unit of time	\$80.66
<b>16400</b>	<b>RECONTOURING OF TEETH FOR FUNCTIONAL REASONS</b> (not associated with delivery of a single or multiple prosthesis)	
16401	One unit of time	\$80.66
16409	Each additional unit of time	\$80.66
<b>16500</b>	<b>OCCLUSION</b>	
<b>16510</b>	Occlusal Adjustment/ Equilibration  (a) May require several sessions; (b) May be used in conjunction with basic restorative treatment only when occlusal adjustment/ equilibration is not required as a result of that restoration; (c) Not to be used in conjunction with the delivery and post-insertion care of: fixed or removable prosthesis (50000 + 60000 code series) by the same dentist for a period of three months	
16511	One unit of time	\$90.08
16512	Two units	\$180.16

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
16513	Three units	\$270.23
16514	Four units	\$360.31
16519	Each additional unit over four	\$90.08
<b>20000</b>	<b>RESTORATION</b>	
<b>20100</b>	<b>CARIES, TRAUMA AND PAIN CONTROL</b>	
<b>20110</b>	Caries/Trauma/Pain Control (removal of carious lesions or existing restorations <b>or gingivally attached tooth fragment</b> and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure)	
20111	First tooth	\$161.40
20119	Each additional tooth same quadrant	\$161.40
<b>20120</b>	Caries/Trauma/Pain Control (removal of carious lesions or existing restorations <b>or gingivally attached tooth fragment</b> and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support, as a separate procedure)	
20121	First tooth	\$201.74
20129	Each additional tooth same quadrant	\$201.74
<b>20130</b>	Trauma Control, Smoothing of Fractured Surfaces, per tooth	
20131	First tooth	\$43.48
20139	Each additional tooth same quadrant	\$39.44
<b>21000</b>	<b>RESTORATIONS, AMALGAM</b>	
<b>21100</b>	<b>RESTORATIONS, AMALGAM, PRIMARY TEETH</b>	
<b>21110</b>	Restorations, Amalgam, Non-Bonded, Primary Teeth	
21111	One surface	\$98.23
21112	Two surfaces	\$139.71
21113	Three surfaces	\$178.00
21114	Four surfaces	\$217.57
21115	Five surfaces or maximum surfaces per tooth	\$254.54
<b>21120</b>	Restorations, Amalgam, Bonded, Primary Teeth	
21121	One surface	\$130.03
21122	Two surfaces	\$171.35
21123	Three surfaces	\$205.87
21124	Four surfaces	\$242.41

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CODE	DESCRIPTION	ABCDS
21125	Five surfaces or maximum surfaces per tooth	\$281.37
<b>21200</b>	<b>RESTORATIONS, AMALGAM, PERMANENT TEETH</b>	
<b>21210</b>	Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors	
21211	One surface	\$108.34
21212	Two surfaces	\$149.74
21213	Three surfaces	\$190.12
21214	Four surfaces	\$233.73
21215	Five surfaces or maximum surfaces per tooth	\$254.54
<b>21220</b>	Restorations, Amalgam, Non-Bonded, Permanent Molars	
21221	One surface	\$114.39
21222	Two surfaces	\$169.33
21223	Three surfaces	\$225.28
21224	Four surfaces	\$258.97
21225	Five surfaces or maximum surfaces per tooth	\$306.26
<b>21230</b>	Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors	
21231	One surface	\$137.28
21232	Two surfaces	\$170.35
21233	Three surfaces	\$211.93
21234	Four surfaces	\$253.53
21235	Five surfaces or maximum surfaces per tooth	\$284.40
<b>21240</b>	Restorations, Amalgam, Bonded, Permanent Molars	
21241	One surface	\$144.86
21242	Two surfaces	\$197.69
21243	Three surfaces	\$235.96
21244	Four surfaces	\$260.58
21245	Five surfaces or maximum surfaces per tooth	\$314.70
<b>21300</b>	<b>RESTORATIONS, AMALGAM CORES</b>	
21301	Restorations, Amalgam Core, Non-Bonded in conjunction with crown or Fixed Bridge Retainer	\$199.81

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CODE	DESCRIPTION	ABCDS
21302	Restorations, Amalgam Core, Bonded, in conjunction with crown or Fixed Bridge Retainer	\$223.63
<b>21400</b>	<b>PINS, RETENTIVE</b> per restoration (for amalgams and tooth coloured restorations)	
21401	One pin	\$33.24
21402	Two pins	\$47.85
21403	Three pins	\$62.46
21404	Four pins	\$78.09
21405	Five pins or more	\$87.63
<b>21500</b>	<b>RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENTURE CLASP (ADDITIONAL TO RESTORATION)</b>	
21501	Per restoration	\$75.06
<b>22000</b>	<b>RESTORATIONS, PRE-FABRICATED, FULL COVERAGE</b>	
<b>22200</b>	<b>RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH</b>	
22201	Primary Anterior	\$209.31
22202	Primary Anterior - open face/acrylic veneer [L]	\$257.96
22211	Primary Posterior	\$204.97
22212	Primary Posterior - open face	\$276.91
<b>22300</b>	<b>RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH</b>	
22301	Permanent Anterior	\$237.36
22302	Permanent Anterior - open face	\$303.16
22311	Permanent Posterior	\$237.36
22312	Permanent Posterior - open face	\$276.91
<b>22400</b>	<b>RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH</b>	
22401	Primary Anterior	\$176.54
22411	Primary Posterior	\$176.54
<b>22500</b>	<b>RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH</b>	
22501	Permanent Anterior	\$235.34
22511	Permanent Posterior	\$235.34
<b>22600</b>	<b>RESTORATIONS, PREFABRICATED, PORCELAIN/CERAMIC/POLYMER GLASS, PRIMARY TEETH</b>	
22601	Primary Anterior	\$245.91

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CODE	DESCRIPTION	ABCDs
22611	Primary Posterior	\$245.91
<b>23000</b>	<b>RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS</b>	
<b>23100</b>	<b>RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS NON BONDED TECHNIQUE</b>	
23101	One surface	\$114.00
23102	Two surfaces (continuous)	\$129.13
23103	Three surfaces (continuous)	\$181.61
23104	Four surfaces (continuous)	\$197.73
23105	Five surfaces (continuous, maximum surfaces per tooth)	\$236.06
<b>23110</b>	<b>Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closures)</b>	
23111	One surface	\$137.84
23112	Two surfaces (continuous)	\$164.99
23113	Three surfaces (continuous)	\$215.84
23114	Four surfaces (continuous)	\$257.40
23115	Five surfaces (continuous, maximum surfaces per tooth)	\$310.45
<b>23120</b>	<b>Restorations, Tooth Coloured, Veneer Applications</b>	
23122	Tooth Coloured Veneer Application - Non Prefabricated Direct Buildup - Bonded	\$336.27
23123	Tooth Coloured Veneer Application - Diastema Closure, Interproximal only, Bonded	\$269.26
<b>23200</b>	<b>RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIORES NON BONDED</b>	
<b>23210</b>	<b>Permanent Bicuspids</b>	
23211	One surface	\$110.96
23212	Two surfaces	\$141.22
23213	Three surfaces	\$177.55
23214	Four surfaces	\$213.90
23215	Five surfaces or maximum surfaces per tooth	\$224.98
<b>23220</b>	<b>Permanent Molars</b>	
23221	One surface	\$121.05
23222	Two surfaces	\$158.39
23223	Three surfaces	\$185.63
23224	Four surfaces	\$215.91

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CODE	DESCRIPTION	ABCDS
23225	Five surfaces or maximum surfaces per tooth	\$271.43
<b>23300</b>	<b>RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOBS - BONDED</b>	
<b>23310</b>	<b>Permanent Bicuspid</b>	
23311	One surface	\$144.51
23312	Two surfaces	\$201.31
23313	Three surfaces	\$235.77
23314	Four surfaces	\$291.04
23315	Five surfaces or maximum surfaces per tooth	\$356.22
<b>23320</b>	<b>Permanent Molars</b>	
23321	One surface	\$167.03
23322	Two surfaces	\$212.95
23323	Three surfaces	\$266.67
23324	Four surfaces	\$327.06
23325	Five surfaces or maximum surfaces per tooth	\$357.86
<b>23400</b>	<b>RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED</b>	
23401	One surface	\$108.94
23402	Two surfaces (continuous)	\$134.19
23403	Three surfaces (continuous)	\$157.37
23404	Four surfaces (continuous)	\$198.74
23405	Five surfaces (continuous or maximum surfaces per tooth)	\$242.12
<b>23410</b>	<b>Restorations, Tooth Coloured, Primary, Anterior Bonded Technique</b>	
23411	One surface	\$138.44
23412	Two surfaces (continuous)	\$162.28
23413	Three surfaces (continuous)	\$178.00
23414	Four surfaces (continuous)	\$217.57
23415	Five surfaces (continuous or maximum surfaces per tooth)	\$284.40
<b>23500</b>	<b>RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED</b>	
23501	One surface	\$110.96
23502	Two surfaces	\$145.26

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CODE	DESCRIPTION	ABCDS
23503	Three surfaces	\$167.45
23504	Four surfaces	\$180.57
23505	Five surfaces (or maximum surfaces per tooth)	\$220.94
<b>23510</b>	<b>Restorations, Tooth Coloured, Primary, Posterior, Bonded Technique</b>	
23511	One surface	\$145.51
23512	Two surfaces	\$183.93
23513	Three surfaces	\$237.36
23514	Four surfaces	\$276.91
23515	Five surfaces or maximum surfaces per tooth	\$316.47
<b>23600</b>	<b>RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, CORES</b>	
23601	Restoration, Tooth Coloured, Non-Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer	\$206.90
23602	Restoration, Tooth Coloured, Bonded, Core, in Conjunction with Crown or Fixed Bridge Retainer	\$238.65
<b>23700</b>	<b>RESIN INFILTRATION</b> (Placement of an infiltrating resin restoration for the purpose of filling the sub-surface porosity of an incipient, non-cavitated lesion for the purpose of strengthening, stabilizing and/or limiting the progression of the lesion.)	
23701	One surface	BR
23709	Each additional surface over one	BR
<b>24000</b>	<b>RESTORATIONS, FOIL, GOLD</b>	
<b>24100</b>	<b>RESTORATIONS, FOIL, GOLD, ANTERIORS</b>	
24101	Class I	\$528.64
24102	Class III	\$705.21
24103	Class V	\$484.21
24104	Class IV	\$831.53
<b>24200</b>	<b>RESTORATIONS, FOIL, GOLD, POSTERIORS</b>	
24201	Class I	\$528.64
24202	Class II	\$705.21
24203	Class V	\$528.50
<b>25000</b>	<b>RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS</b>	
<b>25100</b>	<b>RESTORATIONS, INLAYS</b>	



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CODE	DESCRIPTION	ABCDs
<b>25110</b>	Inlays, Metal	
25111	One surface [L]	\$460.06
25112	Two surfaces [L]	\$611.33
25113	Three surfaces [L]	\$657.75
25114	Three surfaces, modified [L]	\$794.58
<b>25120</b>	Inlays, Composite/Compomer, Indirect (Bonded)	
25121	One surface [L]	\$475.55
25122	Two surfaces [L]	\$554.69
25123	Three surfaces [L]	\$647.92
25124	Three surfaces, modified [L]	\$833.47
<b>25130</b>	Inlays, Porcelain/Ceramic/Polymer Glass	
25131	One surface [L]	\$440.88
25132	Two surfaces [L]	\$494.32
25133	Three surfaces [L]	\$667.90
25134	Three surfaces, modified [L]	\$698.66
<b>25140</b>	Inlays, Porcelain/Ceramic/Polymer Glass (Bonded)	
25141	One surface [L]	\$471.51
25142	Two surfaces [L]	\$661.71
25143	Three surfaces [L]	\$772.12
25144	Three surfaces, modified [L]	\$833.47
<b>25500</b>	<b>RESTORATIONS, ONLAYS</b> (where one or more cusps are restored)	
<b>25510</b>	Onlays, Cast Metal, Indirect	
25511	Onlays, Cast Metal, Indirect [L]	\$749.58
25512	Onlays, Cast Metal, Indirect (Bonded external retention type) [L]	\$688.05
<b>25520</b>	Onlays, Composite/Compomer, Processed (Bonded) [L]	
25521	Onlays, Composite/Compomer, Indirect (Bonded) [L]	\$833.47
<b>25530</b>	Onlays, Porcelain/Ceramic/ Polymer glass (Bonded)	
25531	Onlays, Porcelain/Ceramic/Polymer Glass (Bonded) [L]	\$833.47
<b>25600</b>	<b>PINS, RETENTIVE</b> (for inlays, onlays and crowns per tooth)	

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CODE	DESCRIPTION	ABCDS
25601	One pin/tooth [L]	\$45.03
25602	Two pins/tooth [L]	\$86.05
25603	Three pins/tooth [L]	\$136.30
25604	Four pins/tooth [L]	\$166.94
25605	Five or more pins/tooth [L]	\$196.59
<b>25700</b>	<b>POSTS</b>	
<b>25710</b>	Posts, Cast Metal, (including core) as a Separate Procedure	
25711	Single section [L]	\$388.63
25712	Two sections [L]	\$403.52
25713	Three sections [L]	\$529.65
<b>25720</b>	Posts, Cast Metal (including core) Concurrent with Impression for Crown	
25721	Single section [L]	\$191.68
25722	Two sections [L]	\$258.27
25723	Three sections [L]	\$322.80
<b>25730</b>	Posts, Prefabricated Retentive [E]	
25731	One post [E]	\$172.86
25732	Two posts same tooth [E]	\$266.34
25733	Three posts same tooth [E]	\$356.04
<b>25740</b>	Posts, Prefabricated, Retentive and Cast Core [L] [E]	
25741	One post and cast core [L] [E]	\$279.47
25742	Two posts (same tooth) and cast core [L] [E]	\$353.10
25743	Three posts (same tooth) and cast core [L] [E]	\$440.88
<b>25770</b>	Posts, Provisional	
25771	Per Post [L] and/or [E]	\$87.77
<b>25780</b>	Post Removal	
25781	One unit of time	\$107.95
25782	Two units of time	\$215.89
25783	Three units of time	\$323.84
25784	Four units of time	\$431.79

# Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
25789	Each additional unit over four	\$107.95
<b>26000</b>	<b>MESOSTRUCTURES</b> (a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw)	
<b>26100</b>	Mesostructures, Osseo-integrated Implant Supported	
26101	Indirect, Angulated or transmucosal pre-fabricated abutment, per implant [L] [E]	BR
26102	Indirect, Custom laboratory fabricated, per implant [L] [E]	BR
26103	Direct, (with intra-oral preparation), per implant site [E]	BR
<b>27000</b>	<b>CROWNS, SINGLE UNITS</b> (only)	
<b>27100</b>	<b>CROWNS, ACRYLIC/COMPOSITE/ COMPOMER</b> , (with or without Cast or Prefabricated Metal Bases)	
<b>27110</b>	Crowns, Acrylic/Composite/ Compomer, Indirect	
27111	Crown, Acrylic/Composite/ Compomer, Indirect [L]	\$660.78
27112	Crown, Acrylic/Composite/Compomer, Indirect, Complicated (restorative, positional and/or esthetic) [L]	\$882.77
27113	Crown, Acrylic/Composite/Compomer, Provisional [Long Term], Indirect (lab fabricated/relined intra-orally) [L]	\$258.27
<b>27120</b>	Crowns, Acrylic/Composite/Compomer, Direct	
27121	Crowns, Acrylic/Composite/Compomer, Direct, Provisional (chairside) [E]	\$199.81
27125	Crowns, Acrylic/Composite/Compomer, Direct, Provisional Implant-supported [E]	\$199.81
<b>27130</b>	Crown, Acrylic/Composite/Compomer/ Cast Metal Base, Indirect [L]	
27131	Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect [L]	\$704.19
27135	Crown, Acrylic/Composite/Compomer Cast Metal Base, Implant-supported [L] [E]	\$704.19
27136	Crown, Acrylic/Composite/Compomer/Cast Metal Base with Cast Post Retention [L]	\$882.77
<b>27140</b>	Crown, Acrylic/Composite/Compomer/ Prefabricated Metal Base, Provisional, Direct	
27145	Crown, Acrylic/Composite/Compomer/ Pre-fabricated Metal Base, Provisional, Implant-supported, Direct [E]	\$199.81
<b>27150</b>	Crown, Acrylic/Composite/Compomer Pre-fabricated Metal Base, Provisional, Indirect	
27155	Crown, Acrylic/ Composite/Compomer/Pre-fabricated Metal Base, Provisional, Implant-supported, Indirect [L] [E]	\$199.81
<b>27200</b>	<b>CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS</b>	
27201	Crown, Porcelain/Ceramic/Polymer Glass [L]	\$849.81

**Alberta Blue Cross Dental Schedule - 2025 - General Practitioner**

CODE	DESCRIPTION	ABCDs
27202	Crown, Porcelain/Ceramic/Polymer Glass, Complicated [L]	\$1,106.33
27205	Crown, Porcelain/Ceramic/Polymer Glass, Implant-supported [L] [E]	\$849.81
27206	Crown, Porcelain/Ceramic/Polymer Glass, with Cast Ceramic Post Retention [L]	\$1,106.33
<b>27210</b>	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	
27211	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base [L]	\$849.81
27212	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated (restorative, positional and/or aesthetic) [L]	\$1,106.33
27215	Crown, Porcelain/Ceramic Fused to Metal Base, Implant-supported [L] [E]	\$849.81
27216	Crown, Porcelain/Ceramic Fused to Metal Base with Cast Metal Post Retention [L]	\$1,106.33
<b>27220</b>	Crown, $\frac{3}{4}$ , Porcelain/Ceramic/Polymer Glass	
27221	Crown, $\frac{3}{4}$ , Porcelain/Ceramic/Polymer Glass, [L]	\$849.81
27222	Crown, $\frac{3}{4}$ , Porcelain/Ceramic/Polymer Glass, Complicated [L]	\$1,106.33
<b>27300</b>	<b>CROWNS, CAST METAL</b>	
27301	Crown, Cast Metal [L]	\$849.81
27302	Crown, Cast Metal, Complicated (restorative, positional) [L]	\$1,106.33
27305	Crown, Cast Metal, Implant-supported [L] [E]	\$849.81
27306	Crown, Cast Metal, with Cast Metal Post Retention [L]	\$1,106.33
27307	Semi-precision Rest (Interlock) (in addition to Cast Metal Crown) [L] [E]	\$186.47
27308	Semi-Precision or Precision Attachment RPD Retainer (in addition to Cast Metal Crown) [L] [E]	\$461.04
<b>27310</b>	Crowns, $\frac{3}{4}$ , Cast Metal	
27311	Crowns, $\frac{3}{4}$ , Cast Metal [L]	\$833.47
27312	Crowns, Metal $\frac{3}{4}$ Cast Metal, Complicated [L]	\$1,106.33
27313	Crowns, $\frac{3}{4}$ , Cast Metal, with Direct Tooth Coloured Corner [L]	\$833.47
<b>27400</b>	<b>CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP</b> (additional to crown)	
27401	One Crown [L]	\$120.49
27409	Each additional crown [L]	\$79.09
<b>27500</b>	<b>COPINGS, METAL/ ACRYLIC, TRANSFER</b> (thimble type)	
<b>27510</b>	Coping, Metal/Acrylic, Transfer (thimble), as a separate procedure	
27511	Coping, Metal/Acrylic, Transfer (thimble) as a Separate Procedure [L]	\$352.10
<b>27520</b>	Copings, Metal/Acrylic, Transfer (thimble) concurrent with Impression for crown	

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
27521	Coping, Metal/Acrylic, Transfer (thimble) Concurrent with Impression for Crown [L]	\$87.77
<b>27600</b>	<b>veneers, LABORATORY PROCESSED</b>	
27601	Veneers, Acrylic/Composite/Compomer, Bonded [L]	\$728.43
27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded [L]	\$833.47
<b>27700</b>	<b>REPAIRS,</b> (single units only, does not include removal and recementation)	
<b>27800</b>	<b>RECONTOURING OF EXISTING CROWNS</b> per tooth	
27801	One unit of time	\$85.74
27809	Each additional unit of time	\$85.74
<b>28000</b>	<b>RESTORATIVE PROCEDURES, OVERDENTURES</b>	
<b>28100</b>	<b>RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT</b>	
28101	Natural Tooth Preparation, Placement of Pulp Chamber Restoration (amalgam or composite) and Fluoride Application Endodontically Treated Tooth	\$220.94
28102	Natural Tooth Preparation and Fluoride Application, Vital Tooth	\$264.33
28103	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	\$264.33
28105	Implant-supported Prefabricated Attachment as an Overdenture Retentive Device, Direct [L] [E]	\$132.17
<b>28200</b>	<b>RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT</b>	
<b>28210</b>	<b>Coping Crowns, Cast Metal, No Attachments, Indirect</b>	
28211	Coping Crown, Cast Metal, No Attachments, Indirect [L]	\$353.10
28215	Coping Crown, Cast Metal, No Attachments, Implant-supported, Indirect [L] [E]	\$353.10
28216	Coping Crown, Cast Metal with Cast Metal Retentive Post, No Attachments [L] [E]	\$529.65
<b>28220</b>	<b>Coping Crown, Cast Metal, with Attachments, Indirect [L] [E]</b>	
28221	Coping Crown, Metal Cast, with Attachment, Indirect [L] and/or [E]	\$440.88
28225	Coping Crown, Cast Metal, Implant-supported with Attachment [L] [E]	\$440.88
28226	Coping Crown, Cast Metal with Cast Metal Retentive Post, with Attachment [L] [E]	\$648.93
<b>29000</b>	<b>RESTORATIVE SERVICES, OTHER</b>	
<b>29100</b>	<b>RECEMENTATION/REBONDING, INLAYS/ONLAYS/ CROWNS/VENEERS/POSTS/ NATURAL TOOTH FRAGMENTS</b>	
29101	One unit of time [L] [E]	\$86.76
29102	Two units [L] [E]	\$173.52

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CODE	DESCRIPTION	ABCDs
29103	Three units [L] [E]	\$260.27
29104	Four units [L] [E]	\$347.03
<b>29200</b>	<b>REPAIRS, INLAYS, ONLAYS, AND CROWNS</b> Acrylic/Composite/Compomer (single units)	
29201	Repairs, Polymer, Direct	\$221.86
29202	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Direct	\$221.86
29203	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Indirect [L]	\$155.34
<b>29300</b>	<b>REMOVAL, INLAYS/ ONLAYS/CROWNS/ VENEERS</b> (single units only)	
29301	One unit of time	\$85.75
29302	Two units	\$171.50
29303	Three units	\$257.24
29304	Four units	\$342.99
<b>30000</b>	<b>ENDODONTICS</b>	
<b>31100</b>	<b>PULP CAPPING</b> (refer to code 20100)	
<b>32000</b>	<b>PULP CHAMBER, TREATMENT OF</b> , (excluding final restoration)	
<b>32200</b>	<b>PULPOTOMY</b>	
<b>32220</b>	Pulpotomy, Permanent Teeth (as a Separate Emergency Procedure)	
32221	Anterior and Bicuspid Teeth	\$158.23
32222	Molar Teeth	\$158.23
<b>32230</b>	Pulpotomy, Primary Teeth	
32231	Primary Tooth as a Separate Procedure	\$150.71
32232	Primary Tooth, Concurrent with Restorations (but excluding final restoration)	\$78.06
<b>32240</b>	Pulpotomy, Permanent Teeth, concurrent with restoration (but excluding final restoration)	
32241	Anterior and bicuspid teeth	\$82.28
32242	Molar teeth	\$82.28
<b>32300</b>	<b>PULPECTOMY</b> (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)	
<b>32310</b>	Pulpectomy, Permanent Teeth/Retained Primary Teeth	

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
32311	One Canal	\$143.43
32312	Two Canals	\$183.97
32313	Three Canals	\$248.28
32314	Four Canals or more	\$272.01
<b>32320</b>	<b>Pulpectomy, Primary Teeth</b>	
32321	Anterior Tooth	\$121.65
32322	Posterior Tooth	\$219.58
<b>33000</b>	<b>ROOT CANAL THERAPY</b> To include: treatment plan, clinical procedures (i.e. pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs and excluding final restoration.	
<b>33100</b>	<b>ROOT CANALS, PERMANENT TEETH/ RETAINED PRIMARY TEETH</b> (Includes: Clinical procedures with appropriate radiographs, excluding final restoration.)  Definitions: <b>Uncomplicated</b> - Virtually straight canal penetrated by size #15 file  <b>Difficult Access</b> - Limited jaw opening, unfavorable tooth inclination, through complex restorations e.g. crowns, post/core build-ups  <b>Exceptional Anatomy</b> - Canal size same as uncomplicated, but made complicated by virtue of shape and anatomy e.g. dilacerated, s-shaped, arborized, taurodont, dens-in-dente or partially developed roots, internal/external resorption  <b>Calcified Canals</b> - Unable to penetrate with size #10 file and not clearly discernable on a radiograph  <b>Re-treatment</b> - Re-treatment of previously completed therapy  <b>Continuing Treatment</b> - Treatment having been aborted by referring/previous dentist due to blocked canals, ledged canals, zipped canals, separated instruments, perforations, etc.	
<b>33110</b>	<b>Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal</b>	
33111	One canal	\$639.91
33112	Difficult Access	\$870.24
33113	Exceptional Anatomy	\$890.05
33114	Calcified Canal	\$914.80
33115	Re-treatment of Previously Completed Therapy	\$885.74
<b>33120</b>	<b>Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals</b>	
33121	Two canals	\$931.87
33122	Difficult Access	\$1,222.50
33123	Exceptional Anatomy	\$1,222.50

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
33124	Calcified Canals	\$1,222.50
33125	Re-treatment of Previously Completed Therapy	\$1,256.16
<b>33130</b>	<b>Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals</b>	
33131	Three canals	\$1,089.78
33132	Difficult Access	\$1,385.29
33133	Exceptional Anatomy	\$1,450.69
33134	Calcified Canals	\$1,376.44
33135	Re-treatment of Previously Completed Therapy	\$1,366.55
<b>33140</b>	<b>Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals</b>	
33141	Four or more canals	\$1,375.50
33142	Difficult Access	\$1,616.17
33143	Exceptional anatomy	\$1,616.17
33144	Calcified canal	\$1,616.17
33145	Re-treatment of previously completed therapy	\$1,691.41
<b>33500</b>	<b>PULPAL REVASCULARIZATION</b>	
33501	One canal	\$248.63
33502	Two canals	\$372.95
33503	Three canals or more	\$497.28
<b>33600</b>	<b>APEXIFICATION/APEXOGENESIS/ INDUCTION OF HARD TISSUE REPAIR (to include biomechanical preparation and placement of dentogenic media)</b>	
33601	One canal	\$258.53
33602	Two canals	\$372.95
33603	Three canals	\$497.28
33604	Four canals or more	\$663.04
<b>33610</b>	<b>Re-insertion of Dentogenic Media per visit</b>	
33611	One canal	\$124.30
33612	Two canals	\$168.74
33613	Three canals	\$252.88
33614	Four canals or more	\$338.45
<b>34000</b>	<b>PERIAPICAL SERVICES</b>	



# Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
<b>34100</b>	<b>APICOECTOMY/APICAL CURETTAGE</b>	
<b>34110</b>	Maxillary Anterior	
34111	One root	\$523.28
34112	Two roots	\$645.66
<b>34120</b>	Maxillary Bicuspid	
34121	One root	\$645.34
34122	Two roots	\$750.91
34123	Three roots	\$922.78
<b>34130</b>	Maxillary Molar	
34131	One root	\$627.52
34132	Two roots	\$735.08
34133	Three roots	\$1,108.53
<b>34140</b>	Mandibular Anterior	
34141	One root	\$543.60
34142	Two or more roots	\$738.05
<b>34150</b>	Mandibular Bicuspid	
34151	One root	\$801.07
34152	Two roots	\$831.42
34153	Three or more roots	\$1,015.17
<b>34160</b>	Mandibular Molar	
34161	One root	\$643.68
34162	Two roots	\$813.59
34163	Three roots	\$1,108.53
<b>34200</b>	<b>RETROFILLING</b>	
<b>34210</b>	Maxillary Anterior	
34211	One canal	\$98.51
34212	Two or more canals	\$175.25
<b>34220</b>	Maxillary Bicuspid	
34221	One canal	\$98.51

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
34222	Two canals	\$175.25
34223	Three canals	\$264.86
34224	Four or more canals	\$352.48
<b>34230</b>	<b>Maxillary Molar</b>	
34231	One canal	\$109.40
34232	Two canals	\$175.25
34233	Three canals	\$264.86
34234	Four or more canals	\$352.48
<b>34240</b>	<b>Mandibular Anterior</b>	
34241	One canal	\$111.37
34242	Two or more canals	\$175.25
<b>34250</b>	<b>Mandibular Bicuspid</b>	
34251	One canal	\$87.62
34252	Two canals	\$175.25
34253	Three canals	\$264.86
34254	Four or more canals	\$352.48
<b>34260</b>	<b>Mandibular Molar</b>	
34261	One canal	\$87.62
34262	Two canals	\$175.25
34263	Three canals	\$264.86
34264	Four or more canals	\$352.48
<b>34300</b>	<b>RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE</b>	
<b>34310</b>	<b>Maxillary Anterior</b>	
34311	One root	\$529.74
34312	Two roots	\$738.05
<b>34320</b>	<b>Maxillary Bicuspid</b>	
34321	One root	\$645.66
34322	Two roots	\$876.61
34323	Three roots	\$1,108.53
<b>34330</b>	<b>Maxillary Molar</b>	

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
34331	One root	\$645.66
34332	Two roots	\$876.61
34333	Three roots	\$1,292.32
<b>34340</b>	Mandibular Anterior	
34341	One root	\$663.67
34342	Two or more roots	\$922.78
<b>34350</b>	Mandibular Bicuspid	
34351	One root	\$738.05
34352	Two roots	\$1,015.17
34353	Three roots	\$1,199.93
<b>34360</b>	Mandibular Molar	
34361	One root	\$738.05
34362	Two roots	\$969.69
34363	Three roots	\$1,292.32
<b>34400</b>	<b>SURGICAL SERVICES, MISCELLANEOUS</b>	
<b>34410</b>	Amputations, Root (includes recontouring tooth and furca	
34411	One root	\$362.87
34412	Two roots	\$442.10
<b>34420</b>	Hemisection	
34421	Maxillary Bicuspid	\$264.86
34422	Maxillary Molar	\$258.92
34423	Mandibular Molar	\$258.92
<b>34430</b>	Decompression, Perio-Radicular Lesion	
34431	First visit	\$352.48
34432	Each additional visit	\$175.25
<b>34440</b>	Surgery, Endodontic, Exploratory	
34441	Maxillary Anterior	\$264.86
34442	Maxillary Bicuspid	\$352.48
34443	Maxillary Molar	\$442.10

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
34444	Mandibular Anterior	\$264.86
34445	Mandibular Bicuspid	\$352.48
34446	Mandibular Molar	\$442.10
<b>34450</b>	Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional)	
34451	Single rooted tooth	\$368.52
34452	Two rooted tooth	\$554.27
34453	Three rooted tooth or more	\$738.05
<b>34500</b>	<b>PERFORATIONS</b>	
<b>34510</b>	Perforations/Resorptive Defects, Pulp Chamber or Root Repair, Non-Surgical	
34511	Per Tooth	\$80.10
<b>34520</b>	Perforations/Resorptive Defect(s), Pulp Chamber Repair or Root Repair, Surgical	
34521	Anterior Tooth	\$87.62
34522	Bicuspid Tooth	\$175.72
34523	Molar Tooth	\$262.88
<b>34600</b>	<b>ENLARGEMENT, CANAL AND/OR PULP CHAMBER</b> (Preparation of Post Space)	
34601	In Previously Filled Tooth when Root Canal Treatment Done by Another Practitioner	\$83.86
34602	In Calcified Canals	\$252.59
<b>39000</b>	<b>ENDODONTIC, PROCEDURES, MISCELLANEOUS</b>	
<b>39100</b>	<b>ISOLATION OF ENDODONTIC TOOTH/ TEETH FOR ASEPSIS</b>	
39101	Banding and/or Coronal Buildup of Tooth/Teeth and/or Contouring of Tissue Surrounding Tooth/Teeth to Maintain Aseptic Operating Field (per tooth)	\$158.23
<b>39200</b>	<b>OPEN AND DRAIN</b> (Separate Emergency Procedures)	
39201	Anteriors and Bicuspid	\$75.37
39202	Molars	\$85.52
<b>39300</b>	<b>BLEACHING, NON VITAL</b>	
<b>39310</b>	Bleaching Endodontically Treated Tooth/Teeth	
39311	One unit of time	\$80.11
39312	Two units	\$160.22
39313	Three units	\$240.33
39319	Each additional unit over three	\$80.11

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
<b>39400</b>	<b>EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY TREATED TOOTH</b>	
<b>39410</b>	Exploratory Access	
39411	Anterior	\$71.61
39412	Bicuspid	\$71.61
39413	Molar	\$150.39
<b>39500</b>	<b>OPENING THROUGH AN ARTIFICIAL CROWN</b> (In addition to Procedures)	
39501	Anteriors and Bicuspid	\$83.28
39502	Molars	\$83.28
<b>40000</b>	<b>PERIODONTICS</b>	
<b>41000</b>	<b>PERIODONTAL SERVICES, NON SURGICAL</b>	
<b>41200</b>	<b>ORAL DISEASE, Management of</b>	
<b>41210</b>	<b>Oral Manifestations, Oral Mucosal Disorders</b> , Mucocutaneous disorders and diseases of localized mucosal conditions, e.g. lichen planus, aphthous stomatitis, benign mucous membrane pemphigoid, pemphigus, salivary gland tumours, leukoplakia with and without dysphasia, neoplasms, hairy leukoplakia, polyyps, verrucae, fibroma etc.	
41211	One unit of time	\$82.27
41212	Two units	\$164.54
41213	Three units	\$246.81
41214	Four units	\$329.09
41219	Each additional unit over four	\$82.27
<b>41220</b>	<b>Nervous and Muscular Disorders</b> , Disorders of facial sensation and motor dysfunction at the jaw, e.g. trigeminal neuralgia, atypical facial pain, atypical odontologia, burning mouth syndrome, dyskenesia, post injection trismus, muscular and joint pain syndrome	
41221	One unit of time	\$82.27
41222	Two units	\$164.54
41223	Three units	\$246.81
41224	Four units	\$329.09
41229	Each additional unit over four	\$82.27
<b>41230</b>	<b>Oral Manifestations of Systemic Disease</b> or complications of medical therapy e.g. complications of chemotherapy, radiation therapy, post operative neuropathics, post surgical or radiation therapy, dysfunction, oral manifestations of lupus erythematosus and systemic disease including leukemia, diabetes and bleeding disorders (e.g. haemophilia)	
41231	One unit of time	\$82.27
41232	Two units	\$164.54

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
41233	Three units	\$246.81
41234	Four units	\$329.09
41239	Each additional unit over four	\$82.27
<b>41300</b>	<b>DESENSITIZATION</b> (This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than one appointment may be necessary.)	
41301	One unit of time	\$82.27
41302	Two units	\$164.54
41309	Each additional unit over two	\$82.27
<b>42000</b>	<b>PERIODONTAL SERVICES, SURGICAL</b> (Includes local anaesthetic, suturing and the placement and removal of initial surgical dressing. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or a group of teeth or in some cases a single tooth)	
<b>42100</b>	<b>PERIODONTAL SURGERY, GINGIVAL CURETTAGE</b>	
<b>42110</b>	Surgical Curettage, to Include Definitive Root Planing	
42111	Per sextant	\$215.48
<b>42200</b>	<b>PERIODONTAL SURGERY, GINGIVOPLASTY</b> (Does not include limited re-contouring to facilitate restorative services)	
42201	Per sextant	\$258.58
<b>42300</b>	<b>PERIODONTAL SURGERY, GINGIVECTOMY</b> (The procedure by which gingival deformities are reduced and reshaped to create normal and functional form, when the pocket is uncomplicated by extension into the underlying bone; does not include limited re-contouring to facilitate restorative services).	
<b>42310</b>	Gingivectomy, Uncomplicated	
42311	Per sextant	\$293.77
<b>42320</b>	Gingivectomy, complicated	
42321	Per sextant	\$433.91
<b>42330</b>	Gingival Fiber Incision (Supra Crestal Fibrotomy)	
42331	First tooth	\$83.74
42339	Each additional tooth	\$74.47
<b>42400</b>	<b>PERIODONTAL SURGERY, FLAP APPROACH</b>	
<b>42410</b>	Flap Approach with Osteoplasty and/or Ostectomy	
42411	Per sextant	\$1,058.18
<b>42420</b>	Flap Approach, with Curettage of Osseous Defect	

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CODE	DESCRIPTION	ABCDS
42421	Per sextant	\$700.34
<b>42430</b>	Flap Approach, with Curettage of Osseous Defect with Osteoplasty and /or Ostectomy	
42431	Per Sextant	\$997.78
<b>42440</b>	Flap Approach, Exploratory (for diagnosis)	
42441	Per site	\$538.59
<b>42500</b>	<b>PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE</b>	
<b>42510</b>	Grafts, Soft Tissue, Pedicle (including apically or lateral sliding and rotated flaps)	
42511	Per site	\$657.93
42512	Periosteal stimulation in addition to 42511	\$78.37
<b>42520</b>	Grafts, Soft Tissue, Pedicle (Coronally Positioned)	
42521	Per site	\$657.93
42522	Periosteal stimulation in addition to 42521	\$78.37
<b>42530</b>	Grafts, Free Soft Tissue	
42531	Per site	\$993.55
<b>42540</b>	Grafts, Soft Tissue, Pedicle, with Free Graft Placed in Pedicle Donor Site	
42541	Per site	\$1,201.00
<b>42550</b>	Graft, for root or implant coverage	
42551	Autograft (subepithelial connective tissue or epithelialized gingival graft), for root coverage, includes harvesting from donor site – per site	\$943.62
42552	Allograft, for root coverage – per site [E]	BR
42556	Autograft (subepithelial connective tissue or epithelialized gingival graft), adjacent to an implant, includes harvesting from donor site – per site	BR
42557	Allograft, adjacent to an implant – per site [E]	BR
<b>42560</b>	Graft, for ridge augmentation	
42561	Autograft (free connective tissue), includes harvesting from donor site – per site	\$1,163.69
42562	Allograft – per site [E]	BR
<b>42570</b>	Grafts, Connective Tissue, Pedicle with Free Graft for Root Coverage	
42571	Per site	\$900.91
<b>42580</b>	Grafts, Gingival Onlay, for Ridge Augmentation	
42581	Per site	\$932.04

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CODE	DESCRIPTION	ABCDs
<b>42590</b>	Grafts, Dermal, Onlay, for Ridge Augmentation	
42591	Autograft – per site	\$932.04
42592	Allograft – per site [E]	\$932.05
<b>42600</b>	<b>PERIODONTAL SURGERY, FLAPS, GRAFTS, OSSEOUS TISSUE</b>	
<b>42610</b>	Grafts, Osseous, Autograft (Including Flap Entry, Closure and Donor Site)	
42611	Per site	\$1,096.55
<b>42620</b>	Grafts, Osseous, Allograft (Including Flap Entry and Closure)	
42621	Per site [E]	\$1,096.55
<b>42630</b>	Grafts, Osseous, Xenograft (Including Flap Entry and Closure)	
42631	Per site [E]	\$1,096.55
<b>42700</b>	<b>GUIDED TISSUE REGENERATION</b>	
42701	Guided Tissue Regeneration – Non-resorbable Membrane - per site [E]	\$1,664.71
42702	Guided Tissue Regeneration – Resorbable Membrane - per site [E]	\$1,664.71
42703	Guided Tissue Regeneration – Non-resorbable Membrane, Surgical Re-entry for Removal	\$1,664.71
<b>42720</b>	Biological materials to aid in soft and osseous tissue regeneration (not including surgical entry and closure)	
42721	Per site [E]	BR
<b>42800</b>	<b>PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES</b>	
<b>42810</b>	Proximal Wedge Procedure (as a separate procedure)	
42811	With Flap Curettage, per site	\$499.43
42819	With Flap Curettage and Ostectomy/Osteoplasty per site	\$603.09
<b>42820</b>	Post Surgical Periodontal Treatment Visit per Dressing Change	
42821	One unit of time	\$78.37
42822	Two units	\$156.74
42823	Three units	\$235.11
42829	Each additional unit over three	\$78.37
<b>42830</b>	Periodontal Abscess or Pericoronitis, includes any of the following procedures: Lancing, Scaling, Curettage, Surgery or Medication	
42831	One unit of time	\$82.27
42832	Two units	\$164.54
42833	Three units	\$246.81



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CODE	DESCRIPTION	ABCDS
42834	Four units	\$329.09
42839	Each additional unit over four	\$82.27
<b>42840</b>	Flap Approach for Creation of Interdental Papillae	
42841	Per Site	BR
<b>42850</b>	Flapless Approach, with Osteoplasty/Ostectomy for Crown lengthening	
42851	Per Site	\$164.56
<b>43000</b>	<b>PERIODONTAL PROCEDURES, ADJUNCTIVE</b> (when per joint is designated, the corresponding tooth code is represented by the mesial of the tooth involved, except at the midline, where the tooth to the right of the joint is utilized.)	
<b>43100</b>	<b>PERIODONTAL SPLINT OR LIGATION, INTRA CORONAL</b>	Note: This procedure is in addition to the usual code for the tooth preparation on either side
<b>43110</b>	"A" Splint (restorative material plus wire, fibre ribbon or rope)	
43111	Per joint [E]	\$158.80
<b>43200</b>	<b>PERIODONTAL SPLINT OR LIGATION, EXTRA CORONAL</b>	
<b>43220</b>	Bonded, Interproximal Enamel Splint	
43221	Per joint	\$78.37
<b>43230</b>	Wire Ligation	
43231	Per joint	\$78.37
<b>43240</b>	Wire Ligation, Restorative Material covered	
43241	Per joint	\$78.37
<b>43260</b>	Orthodontic Band Splint	
43261	Per band [E]	\$78.37
<b>43270</b>	Cast/Soldered/Ceramic/Polymer Glass/Wire/Fibre Ribbon, Splint Bonded	
43271	Indirect, Per abutment [L]	\$78.37
43272	Direct, Per abutment [E]	\$78.37
<b>43280</b>	Removal of Fixed Periodontal Splints	
43281	One unit of time	\$78.37
43289	Each additional unit of time	\$78.37
<b>43400</b>	<b>ROOT PLANING, PERIODONTAL</b>	
<b>43420</b>	Root Planing	
43421	One unit of time	\$74.83

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CODE	DESCRIPTION	ABCDS
43422	Two units	\$149.65
43423	Three units	\$224.48
43424	Four units	\$299.31
43425	Five units	\$374.13
43426	Six units	\$448.96
43427	One half unit	\$37.41
43429	Each additional unit over six	\$74.83
<b>43500</b>	<b>CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS</b>	
<b>43510</b>	Chemotherapeutic and/or antimicrobial agents, topical application	
43511	One unit of time	\$78.37
43519	Each additional unit of time	\$78.37
<b>43520</b>	Chemotherapeutic and/or antimicrobial therapy, intra-sulcular application	
43521	One unit of time [E]	\$82.27
43529	Each additional unit of time [E]	\$82.27
<b>49000</b>	<b>PERIODONTAL SERVICES, MISCELLANEOUS</b>	
<b>49100</b>	<b>PERIODONTAL RE-EVALUATION/EVALUATION</b> Note: This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner	
49101	One unit of time	\$78.37
49102	Two units	\$156.74
49109	Each additional unit over two	\$78.37
<b>49300</b>	<b>SOFT TISSUE PROSTHESIS</b>	
49301	Gingival Mask [L] (Removable appliance to mask unaesthetic embrasures Note: For extensive gingival prostheses required after maxillofacial surgery see sub-classification 57300 PROSTHESIS MAXILLOFACIAL, OTHER, code 57372 Gingival Prosthesis [L])	BR
<b>50000</b>	<b>PROSTHODONTICS - REMOVABLE</b>	
<b>51000</b>	<b>DENTURES, COMPLETE</b> (includes: impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including three months post insertion care.)	
<b>51100</b>	<b>DENTURES, COMPLETE, STANDARD</b>	
51101	Maxillary [L]	\$833.92

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
51102	Mandibular [L]	\$833.92
51104	Liners, Processed, Resilient, in addition to above	BR
<b>51200</b>	<b>DENTURES, COMPLETE, COMPLEX</b>	
51201	Maxillary [L]	\$1,723.93
51202	Mandibular [L]	\$1,723.93
51204	Liners, Processed, Resilient in addition to above	BR
<b>51300</b>	<b>DENTURES, SURGICAL, STANDARD, (IMMEDIATE)</b> (includes first tissue conditioner, but not a processed reline)	
51301	Maxillary [L]	\$833.92
51302	Mandibular [L]	\$833.92
<b>51400</b>	<b>DENTURES, SURGICAL, COMPLEX (IMMEDIATE)</b> (includes first tissue conditioner, but not a processed reline)	
51401	Maxillary [L]	\$1,179.52
51402	Mandibular [L]	\$1,179.52
<b>51500</b>	<b>DENTURES, COMPLETE, GNATHOLOGICAL (Cast Base and Metal Occlusals)</b>	
51501	Maxillary [L]	BR
51502	Mandibular [L]	BR
<b>51600</b>	<b>DENTURES, COMPLETE, PROVISIONAL</b>	
51601	Maxillary [L]	\$576.05
51602	Mandibular [L]	\$576.05
<b>51700</b>	<b>DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>	
<b>51710</b>	Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, no Attachments	
51711	Maxillary [L]	\$1,088.80
51712	Mandibular [L]	\$1,088.80
<b>51720</b>	Dentures, Complete, Overdentures, Tissue Borne, Supported by Implants with or without Coping Crowns, no Attachments	
51721	Maxillary [L]	\$1,088.80
51722	Mandibular [L]	\$1,088.80
<b>51730</b>	Dentures, Complete, Overdentures Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments	
51731	Maxillary [L]	\$1,088.80

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CODE	DESCRIPTION	ABCDS
51732	Mandibular [L]	\$1,088.80
<b>51800</b>	<b>DENTURES, COMPLETE, OVERDENTURES, (IMMEDIATE), TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>	
<b>51810</b>	Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, no Attachments (includes first tissue conditioner, but not a processed reline)	
51811	Maxillary [L]	\$987.44
51812	Mandibular [L]	\$987.44
<b>51900</b>	<b>DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS</b>	
<b>51910</b>	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Natural Teeth with or without Coping Crowns	
51911	Maxillary [L]	\$987.44
51912	Mandibular [L]	\$987.44
<b>51920</b>	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns	
51921	Maxillary [L]	BR
51922	Mandibular [L]	BR
<b>51930</b>	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns	
51931	Maxillary [L]	BR
51932	Mandibular [L]	BR
<b>51950</b>	Dentures, Complete, Overdentures, Tissue Borne, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants	
51951	Maxillary [L]	BR
51952	Mandibular [L]	BR
<b>51960</b>	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)	
51961	Maxillary [L]	BR
51962	Mandibular [L]	BR
<b>52000</b>	<b>DENTURES, PARTIAL, ACRYLIC</b>	
<b>52100</b>	<b>DENTURES, PARTIAL, ACRYLIC BASE (PROVISIONAL) (With or Without Clasps)</b>	
52101	Maxillary [L]	\$240.07

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
52102	Mandibular [L]	\$240.07
<b>52110</b>	Dentures, Partial, Acrylic Base (Immediate) (includes first tissue conditioner, but not a processed reline)	
52111	Maxillary [L]	\$240.07
52112	Mandibular [L]	\$240.07
<b>52200</b>	<b>DENTURES, PARTIAL, POLYMER, RESILIENT RETAINER</b>	
52201	Maxillary [L]	\$240.07
52202	Mandibular [L]	\$240.07
<b>52210</b>	Dentures, Partial, Polymer, Resilient Retainer, (Immediate) (includes first tissue conditioner, but not a processed reline)	
52211	Maxillary [L]	\$240.07
52212	Mandibular [L]	\$240.07
<b>52300</b>	<b>DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS</b>	
52301	Maxillary [L]	\$807.27
52302	Mandibular [L]	\$807.27
<b>52310</b>	Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)	
52311	Maxillary [L]	\$807.27
52312	Mandibular [L]	\$807.27
<b>52400</b>	<b>DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT PALATAL/ LINGUAL BAR AND CLASPS AND/OR RESTS</b>	
52401	Maxillary [L]	\$807.27
52402	Mandibular [L]	\$807.27
<b>52410</b>	Dentures, Partial, Acrylic, with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)	
52411	Maxillary [L]	\$807.27
52412	Mandibular [L]	\$807.27
<b>52510</b>	Dentures, Partial, (flexible, Non Metal, Non Acrylic)	
52511	Maxillary [L]	\$592.14
52512	Mandibular [L]	\$592.14
<b>52700</b>	<b>DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>	

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CODE	DESCRIPTION	ABCDs
<b>52710</b>	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests supported by Natural Teeth with or without Coping Crowns, no attachments	
52711	Maxillary [L]	\$990.03
52712	Mandibular [L]	\$990.03
<b>52720</b>	Dentures, Partial, Overdentures, Acrylic, with Cast/ Wrought Clasps and/or Rests, Supported by Implants with or without Coping Crowns, No Attachments	
52721	Maxillary [L]	\$990.03
52722	Mandibular [L]	\$990.03
<b>52730</b>	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments	
52731	Maxillary [L]	\$990.03
52732	Mandibular [L]	\$990.03
<b>52800</b>	<b>DENTURES, PARTIAL, OVERDENTURES (IMMEDIATE), ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>	
<b>52810</b>	Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Natural Teeth with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)	
52811	Maxillary [L]	\$990.03
52812	Mandibular [L]	\$990.03
<b>52820</b>	Dentures, Partial, Overdentures (Immediate), Acrylic, with Cast/Wrought Clasps and/or Rests Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)	
52821	Maxillary [L]	\$990.03
52822	Mandibular [L]	\$990.03
<b>52830</b>	Dentures, Partial, Overdentures (Immediate), Acrylic with Cast/Wrought Clasps and/or Rests Secured by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)	
52831	Maxillary [L]	\$990.03
52832	Mandibular [L]	\$990.03
<b>52900</b>	<b>DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SECURED BY NATURAL TEETH OR IMPLANTS</b>	
<b>52910</b>	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests with Independent Attachments Secured by Attachments to Natural Teeth with or without Coping Crowns	
52911	Maxillary [L]	\$990.03
52912	Mandibular [L]	\$990.03

# Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
<b>52920</b>	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to Implants with or without Coping Crowns	
52921	Maxillary [L]	\$990.03
52922	Mandibular [L]	\$990.03
<b>52930</b>	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]	
52931	Maxillary [L]	\$990.03
52932	Mandibular [L]	\$990.03
<b>52940</b>	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar)	
52941	Maxillary [L]	\$990.03
52942	Mandibular [L]	\$990.03
<b>52950</b>	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)	
52951	Maxillary [L]	\$990.03
52952	Mandibular [L]	\$990.03
<b>52960</b>	Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by a combination of Natural Teeth and Implants (see 62105 for Retentive Bar)	
52961	Maxillary [L]	\$990.03
52962	Mandibular [L]	\$990.03
<b>53000</b>	<b>DENTURES, PARTIAL, CAST WITH ACRYLIC BASE</b>	
<b>53100</b>	<b>DENTURES, PARTIAL, FREE END, CAST FRAME/ CONNECTOR, CLASPS AND RESTS</b>	
53101	Maxillary [L]	\$945.11
53102	Mandibular [L]	\$945.11
53104	Altered Cast Impression technique in conjunction with 53101, 53102 and 53103 [L]	\$88.46
<b>53110</b>	Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)	
53111	Maxillary [L]	\$987.44
53112	Mandibular [L]	\$987.45
<b>53120</b>	Dentures, Partial Free End, Swing Lock/Connector	

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CODE	DESCRIPTION	ABCDS
53121	Maxillary [L]	\$1,034.36
53122	Mandibular [L]	\$1,034.36
<b>53130</b>	<b>Dentures, Partial, Free End, Cast Frame/Connector, Clasps + Rests (Equilibrated)</b>	
53131	Maxillary [L]	\$1,982.51
53132	Mandibular [L]	\$1,982.51
<b>53200</b>	<b>DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS</b>	
53201	Maxillary [L]	\$987.44
53202	Mandibular [L]	\$987.44
53205	Unilateral, one piece casting, clasps and pontics [L]	\$576.00
<b>53210</b>	<b>Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)</b>	
53211	Maxillary [L]	\$987.44
53212	Mandibular [L]	\$987.44
53215	Unilateral, One Piece Casting, Clasps and Pontics [L]	\$575.99
<b>53220</b>	<b>Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests (Equilibrated)</b>	
53221	Maxillary [L]	\$1,982.51
53222	Mandibular [L]	\$1,982.51
<b>53400</b>	<b>DENTURES, PARTIAL, CAST, PRECISION ATTACHMENTS</b>	
53401	Maxillary [L]	BR
53402	Mandibular [L]	BR
53404	Altered Cast Impression Technique done in conjunction with the above mentioned codes	BR
<b>53500</b>	<b>DENTURES, PARTIAL, CAST, SEMI-PRECISION ATTACHMENTS</b>	
53501	Maxillary [L]	BR
53502	Mandibular [L]	BR
53504	Altered Cast Impression Technique done in conjunction with the above mentioned codes	BR
<b>53600</b>	<b>DENTURES, CAST PARTIAL, STRESS BREAKER ATTACHMENTS</b>	
<b>53610</b>	<b>Denture, Cast Partial, Maxillary, Stress Breaker Attachments</b>	
53611	Maxillary (resilient) [L]	\$987.44
53612	Maxillary (one hinge) [L]	\$987.44
53613	Maxillary (two hinges) [L]	\$987.44



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CODE	DESCRIPTION	ABCDS
53614	Altered Cast Impression Technique done in conjunction with the above mentioned codes	\$88.46
<b>53620</b>	<b>Dentures, Cast Partial, Mandibular, Stress Breaker Attachments</b>	
53621	Mandibular (resilient) [L]	\$987.44
53622	Mandibular (one hinge) [L]	\$987.44
53623	Mandibular (two hinges) [L]	\$987.44
53624	Altered Cast Impression Technique done in conjunction with the above mentioned codes	\$88.46
<b>53700</b>	<b>DENTURES, PARTIAL, CAST, OVERDENTURES, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>	
<b>53710</b>	<b>Dentures, Partial, Cast, Overdentures, Supported by Natural Teeth with or without Coping Crowns, no Attachments</b>	
53711	Maxillary [L]	\$987.44
53712	Mandibular [L]	\$987.44
53714	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$88.46
<b>53720</b>	<b>Dentures, Partial, Casts, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments</b>	
53721	Maxillary [L]	\$987.45
53722	Mandibular [L]	\$987.45
53724	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$88.46
<b>53730</b>	<b>Dentures, Partial, Casts, Overdentures, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments</b>	
53731	Maxillary [L]	\$987.45
53732	Mandibular [L]	\$987.45
53734	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$88.46
<b>53800</b>	<b>DENTURES, PARTIAL, CAST, OVERDENTURES (IMMEDIATE), SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS</b>	
<b>53810</b>	<b>Dentures, Partial, Cast, Overdentures (Immediate), Supported by Natural Teeth with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)</b>	
53811	Maxillary [L]	\$987.45
53812	Mandibular [L]	\$987.45
53814	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$88.46
<b>53820</b>	<b>Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)</b>	
53821	Maxillary [L]	\$987.45

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CODE	DESCRIPTION	ABCDs
53822	Mandibular [L]	\$987.45
53824	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$88.46
<b>53830</b>	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 relined)	
53831	Maxillary [L]	\$987.45
53832	Mandibular [L]	\$987.45
53834	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$88.46
<b>53900</b>	<b>DENTURES, PARTIAL, CAST, OVERDENTURES, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS</b>	
<b>53910</b>	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Natural Teeth, with or without Coping Crowns	
53911	Maxillary [L]	\$1,069.80
53912	Mandibular [L]	\$1,069.80
53914	Altered Cast Impression Technique done in conjunction with the above mentioned codes	\$88.46
<b>53920</b>	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants, with or without Coping Crowns	
53921	Maxillary [L]	\$1,069.80
53922	Mandibular [L]	\$1,069.80
53924	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$88.46
<b>53930</b>	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns	
53931	Maxillary [L]	\$1,069.80
53932	Mandibular [L]	\$1,069.80
53934	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$88.46
<b>53940</b>	Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Natural Teeth (see 62104 for Retentive Bar)	
53941	Maxillary [L]	\$1,069.80
53942	Mandibular [L]	\$1,069.80
<b>53950</b>	Dentures, Partial, Cast, Overdentures, with Retention from a Retentive Bar, Secured to Coping Crowns Supported by Implants (see 62105 for Retentive Bar)	
53951	Maxillary [L]	\$1,069.80
53952	Mandibular [L]	\$1,069.80

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CODE	DESCRIPTION	ABCDs
53954	Altered Cast Impression Technique done in conjunction with the above mentioned codes	\$88.46
<b>53960</b>	<b>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)</b>	
53961	Maxillary [L]	\$1,069.80
53962	Mandibular [L]	\$1,069.80
53964	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$88.46
<b>54000</b>	<b>DENTURES, ADJUSTMENTS</b> (after three months insertion or by other than the dentist providing prosthesis.)	
<b>54200</b>	<b>DENTURES, ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, MINOR</b>	
54201	One unit of time [L]	\$71.86
54202	Two units [L]	\$143.72
54209	Each additional unit over two	\$71.86
<b>54300</b>	<b>DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, REMOUNT AND OCCLUSAL EQUILIBRATION</b>	
54301	Maxillary [L]	\$712.85
54302	Mandibular [L]	\$712.85
<b>54400</b>	<b>DENTURE ADJUSTMENTS, COMPLETE DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION</b>	
54401	Maxillary [L]	\$712.85
54402	Mandibular [L]	\$712.85
<b>54500</b>	<b>DENTURES ADJUSTMENTS, PARTIAL DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION</b>	
54501	Maxillary [L]	\$712.85
54502	Mandibular [L]	\$712.85
<b>55000</b>	<b>DENTURES, REPAIRS/ADDITIONS</b>	
<b>55100</b>	<b>DENTURE, REPAIRS, COMPLETE DENTURE, NO IMPRESSION REQUIRED</b>	
55101	Maxillary [L]	\$79.41
55102	Mandibular [L]	\$79.41
<b>55200</b>	<b>DENTURES, REPAIRS, COMPLETE DENTURE, IMPRESSION REQUIRED</b>	
55201	Maxillary [L]	\$145.23
55202	Mandibular [L]	\$145.23
<b>55300</b>	<b>DENTURES, REPAIRS/ ADDITIONS, PARTIAL DENTURE, NO IMPRESSION REQUIRED</b>	

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CODE	DESCRIPTION	ABCDS
55301	Maxillary [L]	\$81.45
55302	Mandibular [L]	\$81.45
<b>55400</b>	<b>DENTURES, REPAIRS/ ADDITIONS, PARTIAL DENTURE, IMPRESSION REQUIRED</b>	
55401	Maxillary [L]	\$160.86
55402	Mandibular [L]	\$160.86
<b>55500</b>	<b>DENTURES/IMPLANT RETAINED PROSTHESIS, PROPHYLAXIS AND POLISHING</b>	
55501	One unit of time [L]	\$80.65
55509	Each additional unit of time	\$80.65
<b>55600</b>	<b>DENTURES, REBUILDING, WORN ACRYLIC DENTURE TEETH (DIRECT CHAIRSIDE) with tooth coloured materials</b>	
55601	One unit of time	\$82.27
55609	Each additional unit of time	\$82.27
<b>55700</b>	<b>DENTURES, CUSTOM STAINED (PIGMENTED) DENTURE BASES (DIRECT CHAIRSIDE)</b>	
55701	One unit of time	\$88.46
55709	Each additional unit of time	\$88.46
<b>56000</b>	<b>DENTURES, REPLICATION, RELINING AND REBASING</b>	
<b>56100</b>	<b>DENTURES, REPLICATION, PROVISIONAL</b>	
<b>56110</b>	<b>Dentures, Replication, Complete Denture, Provisional (No Intra-oral Impression Required)</b>	
56111	Maxillary [L]	\$169.09
56112	Mandibular [L]	\$169.09
<b>56120</b>	<b>Dentures, Replication, Partial Denture (Provisional) (No Intra-oral Impression Required)</b>	
56121	Maxillary [L]	\$169.09
56122	Mandibular [L]	\$169.09
<b>56200</b>	<b>DENTURES, RELINING</b> (Does not include Remount - see 54000 series)	
<b>56210</b>	<b>Denture, Reline, Direct, Complete Denture</b>	
56211	Maxillary	\$216.90
56212	Mandibular	\$216.90
<b>56220</b>	<b>Denture, Reline, Direct, Partial Denture</b>	
56221	Maxillary	\$235.11

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CODE	DESCRIPTION	ABCDS
56222	Mandibular	\$235.11
<b>56230</b>	Denture, Reline, Processed, Complete Denture	
56231	Maxillary [L]	\$235.11
56232	Mandibular [L]	\$235.11
<b>56240</b>	Denture, Reline, Processed, Partial Denture	
56241	Maxillary [L]	\$235.11
56242	Mandibular [L]	\$235.11
<b>56250</b>	Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Complete Denture	
56251	Maxillary [L]	\$391.88
56252	Mandibular [L]	\$391.88
<b>56260</b>	Dentures, Reline, Processed, Functional Impression Requiring Three Appointments, Partial Denture	
56261	Maxillary [L]	\$391.88
56262	Mandibular [L]	\$391.88
<b>56300</b>	<b>DENTURES, REBASING</b> (Where the vestibular tissue-contacting surfaces are modified)	
<b>56310</b>	Denture, Rebase, Complete Denture	
56311	Maxillary [L]	\$235.11
56312	Mandibular [L]	\$235.11
<b>56320</b>	Denture, Rebase Partial Denture	
56321	Maxillary [L]	\$235.11
56322	Mandibular [L]	\$235.11
<b>56330</b>	Denture, Rebase, Complete Denture, Processed, Functional Impression Requiring Three Appointments	
56331	Maxillary [L]	\$391.88
56332	Mandibular [L]	\$391.88
<b>56340</b>	Dentures, Rebase, Partial Denture, Processed, Functional Impression, Requiring Three Appointments	
56341	Maxillary [L]	\$391.88
56342	Mandibular [L]	\$391.88
<b>56400</b>	<b>DENTURES, REMAKE</b>	

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CODE	DESCRIPTION	ABCDs
<b>56410</b>	Dentures, Remake, Using Existing Framework, Partial Denture (equilibration)	
56411	Maxillary [L]	\$510.00
56412	Mandibular [L]	\$510.00
<b>56500</b>	<b>DENTURES, THERAPEUTIC TISSUE CONDITIONING</b>	
<b>56510</b>	Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture	
56511	Maxillary	\$153.01
56512	Mandibular	\$156.74
<b>56520</b>	Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture	
56521	Maxillary	\$156.74
56522	Mandibular	\$156.74
<b>56530</b>	Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Supported by Natural Teeth	
56531	Maxillary	\$169.09
56532	Mandibular	\$169.09
<b>56540</b>	Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Implant Supported	
56541	Maxillary	\$169.09
56542	Mandibular	\$169.09
<b>56550</b>	Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Supported by Natural Teeth	
56551	Maxillary	\$169.09
56552	Mandibular	\$169.09
<b>56560</b>	Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Implant Supported	
56561	Maxillary	\$169.09
56562	Mandibular	\$169.09
<b>56600</b>	<b>DENTURES, MISCELLANEOUS SERVICES</b>	
56601	Resilient Liner, in Relined or Rebased Denture (in addition to reline or rebase of denture) [L]	BR
56602	Resetting of Teeth (not including reline or rebase of denture) [L]	\$329.13
56603	Cast occlusal surfaces (includes remount and equilibration) [L]	\$692.94
<b>57000</b>	<b>PROSTHESIS, MAXILLOFACIAL</b>	
<b>57100</b>	<b>PROSTHESIS, FACIAL</b>	
57101	Orbital [L]	\$5,729.92

**Alberta Blue Cross Dental Schedule - 2025 - General Practitioner**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>ABCDS</b>
57102	Nose [L]	\$3,895.93
57103	Ear [L]	\$3,895.93
57104	Patch [L]	\$571.96
57105	Facial, Complex [L]	\$4,697.91
57106	Facial Moulage Impression, complete	\$373.60
57107	Facial Moulage Impression, sectional	\$280.20
57108	Ocular Conformer Prosthesis (temporary post-surgical)	\$571.96
57109	Ocular prosthesis	\$3,092.91
<b>57200</b>	<b>PROSTHESIS, MAXILLOFACIAL, OBTURATORS</b>	
57201	Obturator, Cleft Palate (prosthesis extra) [L]	\$457.98
57202	Obturator, Palatal (prosthesis extra) [L]	\$457.98
57203	Obturator, Post-Maxillectomy (prosthesis extra) [L]	\$1,144.94
57204	Obturator, Temporary Palatal (prosthesis extra) [L]	\$1,144.94
57205	Obturator, Resilient (prosthesis extra) [L]	\$1,144.94
57206	Obturator, Hollow Bulb (prosthesis extra) [L]	\$1,144.94
57207	Obturator, Inflatable (prosthesis extra) [L]	\$1,374.97
57208	Obturator Prosthesis, Modification (relines or repairs) [L]	\$801.98
57209	Speech Aid Prosthesis	\$1,488.94
<b>57300</b>	<b>PROSTHESIS, MAXILLOFACIAL, OTHER</b>	
57301	Velar Bulb (prosthesis and obturator extra) [L]	\$1,144.94
57302	Velar Lift Button, Mechanical (prosthesis and obturator extra) [L]	\$1,144.94
57303	Retention, Spiral Spring (prosthesis extra) [L]	\$686.97
57304	Retention, Magnetic (prosthesis extra) [L]	\$341.94
57305	Guide Plane, Condylar (prosthesis extra) [L]	\$688.03
57306	Implant, Silastic Chin [L]	BR
57307	Mesh Prosthesis, Chrome Cobalt Mandibular Mesh [L]	BR
57308	Skull Plate, Customized [L]	BR
57309	Akerman, Pseudotemporomandibular Joint (prosthesis extra) [L]	BR
57311	Feeding Appliance (for infants with cleft palate) [L]	\$1,144.94
57321	Lingual Prosthesis [L]	\$3,437.94

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CODE	DESCRIPTION	ABCDS
57341	Mandibular Resection Prosthesis with Guide Flange [L]	\$1,833.97
57342	Mandibular Resection Prosthesis without Guide Flange [L]	\$1,373.94
57351	Prosthesis, Maxillofacial, Fixed [L]	BR
57361	Palatal Augmentation Prosthesis [L]	\$1,718.98
57371	Palatal Lift Prosthesis, Modification (relines or repairs) [L]	\$801.98
57372	Gingival Prosthesis [L] Note: For removable appliance used to mask unaesthetic embrasures see sub-classification 49300 SOFT TISSUE PROSTHESIS, code 49301 Gingival Mask [L].	\$373.60
<b>57400</b>	<b>PROSTHESIS, TEMPORO-MANDIBULAR JOINT</b>	
57401	Exercisers, Trismus, Therapy [L]	\$1,373.94
57402	Splints, Permanent Cast Occlusal [L]	\$3,437.94
<b>57500</b>	<b>PROSTHESIS, SPLINTS</b>	
57501	Stout [L]	\$1,018.39
57502	Cast Capped [L]	\$1,426.38
57503	Gunning (upper and lower) [L]	\$1,426.38
57504	Bar Splint, Cast, Labial and Lingual [L]	\$1,426.38
57505	Scaffolding, Rhinoplastic [L]	\$1,426.38
57506	Cast, Adjustable [L]	\$1,426.38
57508	Commissure Splint [L]	\$1,489.98
<b>57600</b>	<b>PROSTHESIS, STENTS</b>	
57601	Ridge Extension [L]	\$1,018.39
57602	Palatal [L]	\$1,018.39
57603	Skin Grafts [L]	\$1,018.39
57604	Mucous Membrane Grafts [L]	\$1,018.39
<b>57650</b>	<b>Prosthesis, Radiation Appliances</b>	
57651	Radiation Vehicle Carrier [L]	\$3,057.25
57652	Radiation Protection Shield (extra-oral) [L]	\$1,018.39
57653	Radiation Protection Shield (intra-oral) [L]	\$1,018.39
57654	Radiation Cone Locator [L]	\$1,833.97
<b>57660</b>	<b>Prosthesis, Stents, Decompression</b>	



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CODE	DESCRIPTION	ABCDs
57661	Decompression Stent, Localized [L]	\$1,018.39
57662	Decompression Stent (prosthesis extra) [L]	\$611.44
<b>57700</b>	<b>PROSTHESIS, ORTHOPEDIC</b>	
57701	Orthopedic Prosthesis, Extraoral	\$1,144.94
57702	Orthopedic Prosthesis, Intraoral	\$1,373.94
<b>60000</b>	<b>PROSTHODONTICS - FIXED</b>	
	The individual components (abutment, retainer and pontic) of a multi-unit fixed prosthesis each constitute separate units of that restoration and must be coded individually	
<b>62000</b>	<b>PONTICS, BRIDGE</b>	
<b>62100</b>	<b>PONTICS, CAST METAL</b>	
62101	Pontics, Cast Metal [L]	\$450.87
62102	Pontics, Cast Metal Framework with Separate Porcelain/Ceramic/Polymer Glass Jacket Pontic [L]	\$450.87
62103	Pontics, Prefabricated Attachable Facing [L]	\$350.67
62104	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader Bar) Attached to Retainer [L] [E]	\$450.87
62105	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar, Attached to Implant-supported Retainer, to Retain Removable Prosthesis, Each Bar [L] [E]	BR
<b>62500</b>	<b>PONTICS, PORCELAIN/CERAMIC/POLYMER GLASS</b>	
62501	Pontics, Porcelain/Ceramic/Polymer Glass, Fused to Metal [L]	\$451.86
62502	Pontics, Porcelain/Ceramic/Polymer Glass, Aluminous [L]	\$451.86
<b>62700</b>	<b>PONTICS, ACRYLIC/COMPOSITE/COMPOMER</b>	
62701	Pontics, Acrylic/Composite/Compomer, Processed to Metal [L]	\$351.71
62702	Pontics, Acrylic/Composite/Compomer, Indirect (Provisional) [L]	\$103.48
62703	Pontics, Acrylic/Composite/Compomer, Bonded to adjacent Teeth Direct (Provisional) [E]	\$103.48
62704	Pontics, Acrylic/Composite/Compomer [L]	\$103.48
<b>62800</b>	<b>PONTICS, NATURAL TOOTH</b>	
62801	Pontics, Natural Tooth Crown, Direct, Bonded to Adjacent Teeth (Provisional)	\$174.85
<b>63000</b>	<b>RECONTOURING OF RETAINER/PONTICS, (of existing bridgework)</b>	
63001	One unit of time	\$82.27
63009	Each additional unit of time	\$82.27
<b>64000</b>	<b>MASTER CAST TECHNIQUES</b>	

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CODE	DESCRIPTION	ABCDs
<b>64100</b>	<b>MASTER CAST, TECHNIQUES, MAXILLO-MANDIBULAR REGISTRATIONS</b>	
<b>64120</b>	Master Cast Techniques, True Hinge Axis Registration and Transfer	
64121	One unit of time [L]	\$78.59
64129	Each additional unit of time [L]	\$78.59
<b>64130</b>	Master Cast Techniques, Centric Registration Recording	
64131	One unit of time [L]	\$78.59
64139	Each additional unit of time [L]	\$78.59
<b>64140</b>	Master Cast Techniques, Three Dimensional Recordings of Mandibular Movement (Pantograph or Stereograph)	
64141	One unit of time [L]	BR
64149	Each additional unit of time [L]	BR
<b>64220</b>	Master Cast Mounting with Arbitrary Facebow Transfer [L]	
64221	One unit of time [L]	\$78.59
64229	Each additional unit of time [L]	\$78.59
<b>64230</b>	Master Cast Mounting with Kinematic Facebow Transfer [L]	
64231	One unit of time [L]	BR
64239	Each additional unit of time [L]	BR
<b>64300</b>	<b>MASTER CAST GNATHOLOGICAL WAX-UP [L]</b>	
64301	One unit of time [L]	BR
64309	Each additional unit of time [L]	BR
<b>66000</b>	<b>REPAIRS</b>	
<b>66100</b>	<b>REPAIRS, REPLACEMENT</b>	
<b>66110</b>	Replace Broken Prefabricated Attachable Facings [L]	
66111	One unit of time [L]	\$82.27
66112	Two units [L]	\$164.54
66113	Three units [L]	\$246.81
66114	Four units [L]	\$329.09
66119	Each additional unit over four [L]	\$82.27
<b>66200</b>	<b>REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE/PROSTHESIS</b>	
<b>66210</b>	Repairs, Removal, Fixed Bridge/Prosthesis - To be re-cemented	

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CODE	DESCRIPTION	ABCDS
66211	One unit of time	\$91.12
66212	Two units	\$182.24
66213	Three units	\$273.36
66214	Four units	\$364.49
66219	Each additional unit over four	\$91.12
<b>66220</b>	<b>Repairs, Removal Fixed Bridge/Prosthesis- To Be Replaced by a new Prosthesis</b>	
66221	One unit of time	\$84.34
66222	Two units	\$168.68
66223	Three units	\$253.01
66224	Four units	\$337.35
66229	Each additional unit over four	\$84.34
<b>66300</b>	<b>REPAIRS, RE-INSERTION/RECEMENTATION</b> ([L] where laboratory charges are incurred during repair of bridge)	
66301	One unit of time	\$84.34
66302	Two units	\$168.68
66303	Three units	\$253.01
66304	Four units	\$337.35
66309	Each additional unit over four	\$84.34
<b>66700</b>	<b>REPAIRS, FIXED BRIDGE/PROSTHESIS</b>	
<b>66710</b>	<b>Repairs, Fixed Bridge/Prosthesis, Porcelain/Ceramic/Polymer Glass/Acrylic/Composite/Compomer, Direct</b>	
66711	First tooth	\$172.39
66719	Each additional tooth	\$172.39
<b>66720</b>	<b>Repairs, Solder Indexing to Repair Broken Solder Joint</b>	
66721	One unit of time [L]	\$87.42
66729	Each additional unit of time	\$87.42
<b>66730</b>	<b>Repair Fractured Porcelain/Metal Pontic with Telescoping Type Crown (pontic prepared, impression made and processed crown seated over metal)</b>	
66731	First pontic [L]	\$461.16
66739	Each additional pontic [L]	\$450.87
<b>67000</b>	<b>FIXED BRIDGE RETAINERS</b>	

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
	It is appropriate to use FIXED BRIDGE RETAINER codes, rather than codes for single tooth major restorations, where <u>two, or more</u> single tooth inlays/onlays or crowns are joined (splinted) together and <u>not</u> support a pontic	
<b>67100</b>	<b>RETAINERS, ACRYLIC/COMPOSITE/ COMPOMER WITH, OR WITHOUT CAST OR PREFABRICATED METAL BASES</b>	
<b>67110</b>	Retainers, Acrylic, Composite/Compomer, Indirect	
67111	Retainers, Acrylic, Composite/Compomer, Indirect [L]	\$672.96
67112	Retainers, Acrylic, Composite/Compomer, Complicated, Indirect [L]	\$865.52
67113	Retainers, Acrylic, Composite/Compomer, Provisional, Indirect (lab fabricated/relined intra-orally) [L]	\$287.83
67115	Retainers, Acrylic, Composite/Compomer, Implant-supported Indirect [L]	\$672.96
<b>67120</b>	Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chair-side)	
67121	Retainers, Acrylic, Composite/Compomer, Direct (provisional during healing, done at chair-side) [E]	\$189.47
67125	Retainers, Acrylic, Composite/Compomer, (provisional during healing, done at chair-side), Implant-supported, Direct [E]	\$190.51
<b>67130</b>	Retainers, Acrylic, Composite/Compomer, Cast Metal Base, Indirect	
67131	Retainer, Compomer/Composite Resin/Acrylic, Processed to Cast Metal, Indirect [L]	\$658.11
67135	Retainer, Compomer/Composite Resin/Acrylic, Processed to Metal, Indirect, Implant-supported [L] [E]	\$701.36
<b>67160</b>	Retainers, Acrylic/Composite/Compomer, Two surface Inlay, Indirect, Bonded	
67161	Retainers, Acrylic/Composite/Compomer, Two surface Inlay, Bonded, Indirect, [L]	\$602.19
<b>67170</b>	Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Bonded, Indirect	
67171	Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Bonded, Indirect, [L]	\$742.24
<b>67180</b>	Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect	
67181	Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect, [L]	\$883.21
<b>67200</b>	<b>RETAINER, PORCELAIN/CERAMIC/POLYMER GLASS</b>	
67201	Retainer, Porcelain/Ceramic/Polymer Glass, [L]	\$1,017.05
67202	Retainer, Porcelain/Ceramic/Polymer Glass, Complicated [L]	\$1,034.17
67205	Retainer, Porcelain/Ceramic/Polymer Glass, Implant-supported [L] [E]	\$1,017.05
<b>67210</b>	Retainers, Porcelain/Ceramic/Polymer Glass, Fused To Metal Base	
67211	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base [L]	\$929.14
67212	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated [L]	\$1,034.17

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
67215	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Implant-supported [L] [E]	\$929.14
<b>67220</b>	Retainers, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge")	
67221	Retainer, Porcelain/Ceramic/Polymer Glass, Partial Coverage, Bonded (External Retention- e.g. "Maryland Bridge") [L]	\$564.10
<b>67230</b>	Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded	
67231	Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded [L]	\$651.26
<b>67240</b>	Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded	
67241	Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded [L]	\$802.58
<b>67250</b>	Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded (where one or more cusps are restored)	
67251	Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded [L]	\$952.86
<b>67300</b>	<b>RETAINERS, CAST METAL</b>	
67301	Retainers, Cast Metal [L]	\$969.81
67302	Retainers, Cast Metal, Complicated [L]	\$1,034.17
67305	Retainers, Cast Metal, Implant-Supported [L] [E]	\$969.81
<b>67310</b>	Retainer, $\frac{3}{4}$ Cast Metal	
67311	Retainers, $\frac{3}{4}$ , Cast Metal [L]	\$969.81
67312	Retainers, $\frac{3}{4}$ , Cast Metal, Complicated [L]	\$1,034.17
<b>67320</b>	Retainers, Cast Metal Inlay (used with broken stress technique)	
67321	Retainers, Cast Metal Inlay, Two Surfaces [L]	\$701.01
67322	Retainers, Cast Metal Inlay, Three or More Surfaces [L]	\$927.48
<b>67330</b>	Retainers, Cast Metal Onlay (internal retention type)	
67331	Retainers, Cast Metal, Onlay [L]	\$969.81
<b>67340</b>	Retainers, Cast Metal, Onlay (bonded external retention/partial coverage - e.g. Maryland Bridge)	
67341	Retainer, Cast Metal, Onlay, with or without Perforations, Bonded to Abutment Tooth, (Pontic extra) [L]	\$470.09
<b>67400</b>	<b>RETAINERS, OVERDENTURES, CUSTOM CAST OR PREFABRICATED WITH NO OCCLUSAL COMPONENT</b>	
<b>67410</b>	Retainers, Metal, Custom Cast, with no Occlusal Component (see 62104 for Retentive Bar)	
67415	Retainer, Metal, Prefabricated or Custom Cast, Implant-supported, with or without Mesostructure with no Occlusal Component (see 62105 for Retentive Bar) [L][E]	BR
<b>67500</b>	<b>FIXED PROSTHETICS, ABUTMENTS/RETAINERS, MISCELLANEOUS SERVICES</b>	

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CODE	DESCRIPTION	ABCDs
67501	Retainer Made to an Existing Partial Denture Clasp (additional to retainer, per retainer) [L]	\$78.59
67502	Telescoping Crown Unit [L]	\$350.76
<b>69000</b>	<b>FIXED PROSTHETICS, OTHER SERVICES</b>	
<b>69100</b>	<b>FIXED PROSTHETICS, MISCELLANEOUS SERVICES</b>	
69101	Fixed Prosthesis, Porcelain, to Replace a Substantial Portion of the Alveolar Process (in addition to retainer and pontics) [L]	\$1,002.34
<b>69200</b>	<b>FIXED PROSTHETICS, SPLINTING</b>	
69201	Splinting, for Extensive or Complicated Restorative Dentistry (per tooth) [L]	BR
<b>69300</b>	<b>FIXED PROSTHETICS, RETENTIVE PINS</b> (for retainers in addition to restoration)	
69301	One pin/restoration [L]	\$45.91
69302	Two pins/restoration [L]	\$87.73
69303	Three pins/restoration [L]	\$138.98
69304	Four pins/restoration [L]	\$170.22
69305	Five pins or more/restoration [L]	\$200.44
<b>69600</b>	<b>FIXED PROSTHODONTICS, WHERE AN ENTIRE ARCH IS RECONSTRUCTED</b> (used in extensive or complicated fixed restorative dentistry)	
<b>69610</b>	Provisional, immediate, implant supported, screw retained, polymer base with denture teeth, without a reinforcing framework.	
69611	Maxillary [L]	BR
69612	Mandibular [L]	BR
<b>69620</b>	Final prosthesis, full arch, denture and acrylic (also known as "hybrid prosthesis"), with reinforcing framework, implant supported, screw retained.	
69621	Maxillary [L]	BR
69622	Mandibular [L]	BR
<b>69700</b>	<b>FIXED PROSTHETICS, PROVISIONAL COVERAGE</b> (in extensive or complicated restorative dentistry)	
69701	Abutment Tooth [L]	\$287.82
69702	Pontic [L]	\$95.24
<b>69800</b>	<b>FIXED PROSTHODONTIC FRAMEWORKS, OSSEO-INTEGRATED IMPLANT-SUPPORTED</b>	
<b>69820</b>	Fixed Prosthodontic Framework, Osseo-Integrated, Attached with Screws Or Cement and Incorporating Teeth (Porcelain/Ceramic/Polymer Glass Bonded to Metal, Acrylic/Composite/Compomer Processed to Metal or Full Metal Crowns)	

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CODE	DESCRIPTION	ABCDs
69821	Maxillary [L]	BR
69822	Mandibular [L]	BR
<b>70000</b>	<b>ORAL MAXILLOFACIAL SURGERY</b>	
	The following surgical services include necessary local anesthetic, removal of excess gingival tissue, suturing and one post-operative treatment, when required. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or a group of teeth or in some cases a single tooth.	
<b>71000</b>	<b>REMOVALS, (EXTRACTIONS), ERUPTED TEETH</b>	
<b>71100</b>	Removals, Erupted Teeth, Uncomplicated	
71101	Single tooth, Uncomplicated	\$138.29
71109	Each additional tooth, same quadrant, same appointment	\$138.29
<b>71200</b>	<b>REMOVALS, ERUPTED TEETH, COMPLICATED</b>	
71201	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth.	\$249.41
71209	Each additional tooth, same quadrant	\$249.41
<b>71210</b>	Requiring elevation of a Flap, Removal of Bone and may include Sectioning of Tooth for Removal of Tooth	
71211	Single Tooth	\$271.93
71219	Each additional Tooth same quadrant	\$271.93
<b>72000</b>	<b>REMOVALS, (EXTRACTIONS), SURGICAL</b>	
<b>72100</b>	<b>REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE</b>	
<b>72110</b>	Removals, Impactions, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth.	
72111	Single tooth	\$249.41
72119	Each additional tooth, same quadrant	\$249.41
<b>72200</b>	<b>REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE</b>	
<b>72210</b>	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.	
72211	Single tooth	\$369.84
72219	Each additional tooth, same quadrant	\$369.84
<b>72220</b>	Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of Tooth for Removal	
72221	Single tooth	\$493.14
72229	Each additional tooth, same quadrant	\$493.14

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CODE	DESCRIPTION	ABCDS
<b>72230</b>	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	
72231	Single tooth	\$672.34
72239	Each additional tooth, same quadrant	\$672.34
<b>72240</b>	Coronectomy (Deliberate Vital Root Retention)	
72241	Coronectomy (Deliberate Vital Root Retention of Unerupted Mandibular Molar)	BR
72242	Coronectomy (Deliberate Vital Root Retention to Prevent Complications Associated With Extraction)	BR
<b>72300</b>	<b>REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS</b>	
<b>72310</b>	Removals, Residual Roots, Erupted	
72311	First tooth	\$114.16
72319	Each additional tooth, same quadrant	\$114.16
<b>72320</b>	Removals, Residual Roots, Soft Tissue Coverage	
72321	First tooth	\$168.14
72329	Each additional tooth, same quadrant	\$168.14
<b>72330</b>	Removals, Residual Roots, Bone Tissue Coverage	
72331	First tooth	\$246.56
72339	Each additional tooth, same quadrant	\$246.56
<b>72400</b>	<b>ALVEOLAR BONE PRESERVATION</b>	
<b>72410</b>	Alveolar Bone Preservation – Autograft	
72411	First tooth	\$313.67
72419	Each additional tooth	\$313.67
<b>72420</b>	Alveolar Bone Preservation – Allograft	
72421	First tooth [E]	\$313.67
72429	Each additional tooth [E]	\$313.67
<b>72430</b>	Alveolar Bone Preservation – Xenograft	
72431	First tooth [E]	\$313.67
72439	Each additional tooth [E]	\$313.67
<b>72500</b>	<b>SURGICAL EXPOSURES OF TEETH</b>	
<b>72510</b>	Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy).	



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CODE	DESCRIPTION	ABCDs
72511	Single tooth	\$224.18
72519	Each additional tooth, same quadrant	\$224.18
<b>72520</b>	Surgical Exposures, Complex, Hard Tissue Coverage	
72521	Single tooth	\$403.39
72529	Each additional tooth, same quadrant	\$403.39
<b>72530</b>	Surgical Exposures, Unerupted Tooth, with Orthodontic Attachment.	
72531	Single tooth [E]	\$537.86
72539	Each additional tooth, same quadrant [E]	\$537.86
<b>72540</b>	Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage with Positioning of Attached Gingivae.	
72541	Single tooth	\$336.28
<b>72550</b>	Surgical Exposures, Unerupted Tooth, Hard Tissue Coverage with Positioning of Attached Gingivae	
72551	Single tooth	\$448.41
<b>72560</b>	Rigid Osseous Anchorage for Orthodontics	
72561	Placement of anchorage device without elevation of a flap [E]	BR
72562	Placement of anchorage device with elevation of a flap [E]	BR
72563	Removal of anchorage device without elevation of a flap	BR
72564	Removal of anchorage device with elevation of a flap	BR
<b>72600</b>	<b>SURGICAL MOVEMENT OF TEETH</b>	
<b>72610</b>	Transplantation of Erupted Tooth	
72611	First tooth	\$672.34
72619	Each additional tooth, same quadrant	\$672.34
<b>72620</b>	Transplantation of Unerupted Tooth	
72621	First tooth	\$806.82
72629	Each additional tooth, same quadrant	\$806.82
<b>72630</b>	Repositioning, Surgical	
72631	First tooth	\$493.14
72639	Each additional tooth, same quadrant	\$493.14
<b>72700</b>	<b>ENUCLEATION, SURGICAL</b>	

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
<b>72710</b>	Unerupted Tooth and Follicle	
72711	First tooth	\$493.14
72719	Each additional tooth, same quadrant	\$493.14
<b>72800</b>	<b>REMOVAL OF A FRACTURED CUSP AS A SEPARATE PROCEDURE, NOT IN CONJUNCTION WITH SURGICAL OR RESTORATIVE PROCEDURES ON THE SAME TOOTH</b>	
72801	First Tooth	\$83.11
72809	Each additional tooth	\$83.11
<b>73000</b>	<b>REMODELLING AND RECONTOURING ORAL TISSUES</b> (To include codes 73110, 73120, 73140, 73150, 73160, 73170, 73180)	
<b>73100</b>	<b>ALVEOLOPLASTY</b> (Bone remodelling of ridge with soft tissue revisions)	
<b>73110</b>	Alveoloplasty, in Conjunction with Extractions	
73111	Per sextant	\$115.17
<b>73120</b>	Alveoloplasty, Not in Conjunction with Extractions	
73121	Per sextant	\$224.18
<b>73140</b>	Remodelling of Bone	
73141	Mylohyoid Ridge Remodelling	\$436.95
73142	Genial Tubercle Remodelling	\$420.19
<b>73150</b>	Excision of Bone	
73151	Nasal Spine, Excision	\$420.19
73152	Torus Palatinus, Excision	\$493.14
73153	Torus Mandibularis, Unilateral, Excision	\$369.84
73154	Torus Mandibularis, Bilateral, Excision	\$616.40
<b>73160</b>	Removal of Bone, Exostosis, Multiple	
73161	Per quadrant	\$739.71
<b>73170</b>	Reduction of Bone, Tuberosity	
73171	Unilateral, Reduction	\$224.18
73172	Bilateral, Reduction	\$448.41
<b>73180</b>	Augmentation of Bone	
73181	Unilateral, Pterygomaxillary Tuberosity, Augmentation [E]	\$436.95
73182	Bilateral, Pterygomaxillary Tuberosity, Augmentation [E]	\$873.91
73183	Unilateral, Mandibular Ridge, Augmentation [E]	\$716.82

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
73184	Bilateral, Mandibular Ridge, Augmentation [E]	\$1,433.63
<b>73200</b>	<b>GINGIVOPLASTY AND/OR STOMATOPLASTY, ORAL SURGERY</b>	
<b>73210</b>	Independent Procedure	
73211	Per sextant	\$246.56
<b>73220</b>	Miscellaneous Procedures	
73221	Gingivoplasty, in Conjunction with Tooth Removal	\$246.56
73222	Excision of Vestibular Hyperplasia (per sextant)	\$246.56
73223	Surgical Shaving of Papillary Hyperplasia of the Palate	\$436.95
73224	Excision of Pericoronal Gingiva (for retained tooth/implant) per tooth/implant	\$123.27
<b>73230</b>	Removals, Tissue, Hyperplastic (includes the incision of the mucous membrane, the dissection and removal of hyperplastic tissue, the replacing and adapting of the mucous membrane)	
73231	Per sextant	\$246.56
<b>73240</b>	Removal, Mucosa, Excess (complete removal without dissection)	
73241	Per sextant	\$246.56
<b>73300</b>	<b>REMODELLING, FLOOR OF THE MOUTH</b>	
73301	Full Arch Lowering of the Floor of the Mouth	\$2,150.45
73302	Partial Arch Lowering of the Floor of the Mouth	\$1,075.20
73303	Reinsertion of the Mylohyoid Muscle	\$896.00
<b>73400</b>	<b>VESTIBULOPLASTY</b>	
<b>73410</b>	Vestibuloplasty, Sub-mucous	
73411	Per sextant	\$235.31
<b>73420</b>	Sulcus Deepening and Ridge Reconstruction	
73421	Per sextant	\$189.04
<b>73430</b>	Vestibuloplasty, with Secondary Epithelization	
73431	Per sextant	\$291.30
<b>73440</b>	Vestibuloplasty, with Labial Inverted Flap	
73441	Per sextant	\$436.95
<b>73450</b>	Vestibuloplasty, with Skin Graft	
73451	Per sextant	\$537.60
<b>73460</b>	Vestibuloplasty, with Mucosal Graft	

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CODE	DESCRIPTION	ABCDS
73461	Per sextant	\$537.60
<b>73470</b>	Vestibuloplasty – with Dermal Graft – Autograft	
73471	Per sextant [E]	\$189.04
<b>73480</b>	Vestibuloplasty – with Dermal Graft – Allograft	
73481	Per sextant	\$189.04
<b>73490</b>	Vestibuloplasty – with Connective Tissue for Ridge Augmentation	
73491	Per sextant	\$189.04
<b>73500</b>	<b>RECONSTRUCTION, ALVEOLAR RIDGE</b>	
<b>73510</b>	Reconstruction, Alveolar Ridge, with Autogenous Bone	
73511	Per sextant [E]	\$716.82
<b>73520</b>	Reconstruction, Alveolar Ridge, with Alloplastic Material	
73521	Per sextant [E]	\$716.82
<b>73600</b>	<b>EXTENSIONS, MUCOUS FOLDS</b>	
<b>73610</b>	Extensions, Mucous Folds with Secondary Epithelization	
73611	Per sextant	\$520.81
<b>73620</b>	Extensions, Mucous Folds, with Skin Grafts	
73621	Per sextant	\$520.81
<b>73630</b>	Extensions, Mucous Folds, with Mucous Grafts	
73631	Per sextant	\$520.81
<b>74000</b>	<b>SURGICAL EXCISIONS</b> (not in conjunction with tooth removal, including biopsy)	
<b>74100</b>	<b>SURGICAL EXCISIONS, TUMOURS, BENIGN</b>	
<b>74110</b>	Tumours, Benign, Scar Tissue, Inflammatory or Congenital Lesions of Soft Tissue of the Oral Cavity	
74111	1 cm and under	\$336.17
74112	1-2 cm	\$436.95
74113	2-3 cm	\$529.35
74114	3-4 cm	\$604.97
74115	4-6 cm	\$730.93
74116	6-9 cm	\$812.14
74117	9-15 cm	\$924.12

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CODE	DESCRIPTION	ABCDS
74118	15 cm and over	\$1,041.67
<b>74120</b>	<b>Tumours, Benign, Bone Tissue</b>	
74121	1 cm and under	\$403.39
74122	1-2 cm	\$560.24
74123	2-3 cm	\$728.28
74124	3-4 cm	\$907.47
74125	4-6 cm	\$1,058.71
74126	6-9 cm	\$1,254.70
74127	9-15 cm	\$1,411.53
74128	15 cm and over	\$1,624.28
<b>74200</b>	<b>SURGICAL EXCISION, TUMOURS, MALIGNANT</b>	
<b>74210</b>	<b>Tumours, Malignant, Soft Tissue, Oral Cavity</b>	
74211	1 cm and under	\$313.67
74212	1-2 cm	\$470.49
74213	2-3 cm	\$649.70
74214	3-4 cm	\$812.14
74215	4-6 cm	\$1,008.11
74216	6-9 cm	\$1,176.12
74217	9-15 cm	\$1,388.89
74218	15 cm and over	\$1,562.50
<b>74220</b>	<b>Tumours, Malignant, Bone Tissue</b>	
74221	1 cm and under	\$470.49
74222	1-2 cm	\$627.35
74223	2-3 cm	\$812.14
74224	3-4 cm	\$974.58
74225	4-6 cm	\$1,176.12
74226	6-9 cm	\$1,344.16
74227	9-15 cm	\$1,562.50
74228	15 cm and over	\$1,792.04

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
<b>74230</b>	Selective neck dissection	
74231	Unilateral	BR
74232	Bilateral	BR
<b>74240</b>	Radical neck dissection	
74241	Unilateral	BR
74242	Bilateral	BR
<b>74300</b>	<b>SURGICAL EXCISIONS, MAXILLOFACIAL COMPLEX, TRAUMA, TUMORS, BENIGN, MALIGNANT</b>	
<b>74310</b>	Lips, Throat, Face, Skull	
74311	Cheiloplasty, Partial (Lip Shave)	\$627.35
74312	Cheiloplasty, Total (Lip Shave)	\$1,254.70
<b>74400</b>	<b>HARD TISSUE GRAFTS TO THE JAW</b>	
74401	Autograft – per site – Maxilla or Mandible [E]	\$716.82
74402	Allograft – per site – Maxilla or Mandible [E]	\$716.82
74403	Xenograft – per site – Maxilla or Mandible [E]	\$716.82
<b>74500</b>	<b>AUGMENTATIONS, PROSTHETIC, OF THE JAW</b>	
<b>74520</b>	Augmentation, Synthetic, of the Jaw	
74521	Augmentation, of the Chin	BR
<b>74600</b>	<b>SURGICAL EXCISION, CYSTS/GRANULOMAS</b> (Based on Cyst Size)	
<b>74610</b>	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s)	
74611	1 cm and under	\$386.63
74612	1-2 cm	\$537.86
74613	2-3 cm	\$700.31
74614	3-4 cm	\$873.91
74615	4-6 cm	\$1,058.71
74616	6-9 cm	\$1,254.70
74617	9-15 cm	\$1,461.87
74618	15 cm and over	\$1,680.22
<b>74620</b>	Marsupialization	
74621	Cyst, Marsupialization	\$493.14

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
<b>74630</b>	Excision of Cyst	
74631	1 cm and under	\$386.63
74632	1-2 cm	\$537.86
74633	2-3 cm	\$700.31
74634	3-4 cm	\$873.91
74635	4-6 cm	\$1,058.71
74636	6-9 cm	\$1,254.70
74637	9-15 cm	\$1,461.87
74638	15 cm and over	\$1,680.22
<b>75000</b>	<b>SURGICAL INCISIONS</b>	
<b>75100</b>	<b>SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL</b>	
<b>75110</b>	Surgical Incision and Drainage and/or Exploration, Intraoral, Soft Tissue	
75111	Intraoral, Surgical Exploration, Soft Tissue	\$246.56
75112	Intraoral, Abscess, Soft Tissue	\$246.56
75113	Intraoral, Abscess, In Major Anatomical area with Drain	\$420.19
<b>75120</b>	Surgical Incision and Drainage and/or Exploration, Intraoral Hard Tissue	
75121	Intraoral, Abscess, Hard Tissue, Trephination and Drainage	\$257.74
75122	Intraoral, Surgical Exploration, Hard Tissue	\$403.39
75123	Intraoral, Abscess, Hard Tissue, Trephination and Drainage in a Major Anatomical Area	\$560.24
<b>75200</b>	<b>SURGICAL INCISION AND DRAINAGE, EXPLORATION AND COMPLEX WOUND CARE, EXTRAORAL</b>	
<b>75210</b>	Surgical Incision and Drainage and/or Exploration, Extraoral, Soft Tissue	
75211	Extraoral, Abscess, Superficial	\$582.59
75212	Extraoral, Abscess, Deep	\$728.28
<b>75220</b>	Surgical Incision and Drainage and/or Exploration, Extraoral, Hard Tissue	
75221	Extraoral, Surgical Exploration, Hard Tissue	\$582.59
<b>75300</b>	<b>SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES</b>	
75301	Removal, from Skin or Subcutaneous Alveolar Tissue	\$1,568.37
75302	Removal, of Reaction Producing Foreign Bodies	\$1,568.37
75303	Removal, of Needle from Musculo-skeletal System	\$1,568.37

# Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
<b>75400</b>	<b>SEQUESTRECTOMY (FOR OSTEOMYELITIS)</b>	
75401	Intraoral Sequestrectomy	\$537.86
75402	Saucerization	\$941.02
75403	Osteomyelitis, Non Surgical Treatment of	\$201.70
<b>75410</b>	<b>Extraoral Sequestrectomy</b>	
75411	3 cm and less	\$537.86
75412	3-4 cm	\$672.34
75413	4-6 cm	\$840.36
75414	6-9 cm	\$980.43
75415	9 cm and over	\$1,165.22
<b>75500</b>	<b>MANDIBULECTOMY</b>	
<b>75510</b>	<b>Mandibulectomy</b>	
75511	3 cm or less	\$470.49
75512	3-4 cm	\$627.35
75513	4-6 cm	\$812.14
75514	6-9 cm	\$1,008.11
75515	9-12 cm	\$1,215.27
75516	12-15 cm	\$1,433.63
75517	15 cm and over	\$1,612.84
75518	Total Mandibulectomy	\$2,553.67
<b>75600</b>	<b>MAXILLECTOMY</b>	
<b>75610</b>	<b>Maxillectomy</b>	
75611	3 cm or less	\$784.17
75612	3-4 cm	\$941.02
75613	4-6 cm	\$1,136.98
75614	6-9 cm	\$1,344.16
75615	9-12 cm	\$1,562.50
75616	12-15 cm	\$1,792.04
75617	15 cm and over	\$2,060.85



## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
75618	Total Maxillectomy	\$3,046.49
<b>76000</b>	<b>FRACTURES, TREATMENT OF</b>	
<b>76100</b>	<b>INTERMAXILLARY FIXATION (WIRING)</b>	
<b>76110</b>	Splints per Arch, one or more per Jaw	
76111	Wiring of Dentures or Arch Bar	\$403.39
76112	Acrylic Prosthesis or Cap Splint	\$403.39
76113	Circumzygomatic Wiring, Unilateral	\$134.43
76114	Perialveolar or Transpalatal Wiring	\$134.43
76115	Intra or Periosseous Splinting for Pericranial Suspension	\$134.43
76116	Intermaxillary Fixation	\$403.39
<b>76120</b>	<b>Intra Maxillary Suspension (Wiring)</b>	
76121	Nasal Spine Wiring	\$134.43
76122	Piriform Apertures Suspension	\$134.43
76123	Frontal Suspension	\$582.59
76124	Orbital Rim Suspension, Bilateral	\$582.59
76125	Head Frame Suspension	\$941.02
<b>76130</b>	<b>Circummandibular Wiring</b>	
76131	Wiring, one	\$134.43
76132	Wiring, two	\$268.92
76133	Wiring, three or over	\$403.39
<b>76140</b>	<b>Splints/Wires, Removal of</b>	
76141	Removal of Wire	\$224.18
76142	Removal of Arch Splint (one or more per jaw)	\$224.18
76143	Removal of Interosseous Ligature or Bone Plate	\$537.86
76144	Removal of Intra or Periosseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus.	\$537.86
76145	Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw).	\$420.19
76146	Removal of Wire Plate or Screw used in Osteosynthesis (one or more at the same site).	\$537.86
<b>76200</b>	<b>FRACTURES, REDUCTIONS, MANDIBULAR</b>	

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
76201	Reduction, Mandibular, Closed	\$1,344.68
76202	Reduction, Mandibular, Open, Single	\$1,568.37
76203	Reduction, Mandibular, Open, Double	\$1,882.04
76204	Reduction, Mandibular, Open, Multiple	\$2,083.34
<b>76300</b>	<b>FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I</b>	
76301	Reduction, Maxillary, Closed	\$1,075.76
76302	Reduction, Maxillary, Open, Single	\$1,568.37
76303	Reduction, Maxillary, Open, Double	\$1,882.04
76304	Reduction, Maxillary, Open, Multiple	\$2,867.29
76305	Reduction, Compound Fracture of Maxilla (requiring reduction and soft tissue repair)	\$3,808.10
<b>76400</b>	<b>FRACTURES, REDUCTIONS, MAXILLARY, PYRAMIDAL LE FORT'S II</b>	
76401	Reduction, Maxillary, Closed	\$1,254.70
76402	Reduction, Maxillary, Open, Unilateral	\$1,254.70
76403	Reduction, Maxillary, Open, Bilateral	\$1,882.04
<b>76500</b>	<b>FRACTURES, REDUCTIONS, NASO-ORBITAL</b>	
76501	Reduction, Closed Unilateral	\$974.58
76502	Reduction, Closed Bilateral	\$1,949.16
76503	Reduction, Naso-orbital, Open, External Approach	\$1,736.11
76504	Reduction, Naso-orbital, Open, Sinusal Approach	\$1,736.11
76505	Reduction, Naso-orbital, Open, Orbital Approach with Insertion of Subperiosteal Implant	\$1,909.73
76506	Exploration, of Orbital Blowout Fracture	\$1,254.70
76507	Exploration, of Orbital Blowout Fracture and Reconstruction with Insertion of a Subperiosteal Implant	\$2,083.34
<b>76600</b>	<b>FRACTURES, REDUCTIONS, MALAR BONE</b>	
76601	Reduction, Malar Bone, Closed	\$537.86
76602	Reduction, Malar Bone, Open, by Simple Elevation	\$806.82
76603	Reduction, Malar Bone, Open, by Osteosynthesis	\$1,433.63
76604	Reduction, Malar Bone, Open, by Sinus Approach	\$1,176.12
76605	Reduction, Malar Bone, Simple Fracture, (open reduction with antrostomy and packing)	\$1,176.12
<b>76700</b>	<b>FRACTURES, REDUCTIONS, ZYGOMATIC ARCH</b>	

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
76701	Reduction, Zygomatic Arch, Intraoral Approach	\$537.86
76702	Reduction, Zygomatic Arch, Temporal Approach	\$1,254.70
76703	Reduction, Zygomatico-Maxillary Fracture Dislocation, Complex, Closed Reduction	\$806.82
76704	Reduction, Zygomatico-Maxillary Fracture Dislocation, Open Reduction	\$1,568.37
<b>76800</b>	<b>FRACTURES, REDUCTIONS, CRANIOFACIAL, OTHER</b> (Specify type of procedure according to previous code used for fracture)	
76801	Reduction, Craniofacial Dysjunction, Closed	\$2,150.45
76802	Reduction, Craniofacial Dysjunction, Open	\$3,046.49
<b>76900</b>	<b>FRACTURES, REDUCTIONS, ALVEOLAR</b>	
<b>76910</b>	<b>Fracture, Alveolar, Debridement, Teeth Removed</b>	
76911	3 cm or less	\$1,344.68
76912	3-6 cm	\$1,344.68
76913	6 cm and over	\$1,400.61
<b>76920</b>	<b>Reduction, Alveolar, Closed, with Teeth [E]</b>	
76921	3 cm or less	\$1,344.68
76922	3-6 cm	\$1,344.68
76923	6-9 cm	\$1,400.61
76924	9 cm and over	\$1,400.61
<b>76930</b>	<b>Reduction, Alveolar, Open, with Teeth [E]</b>	
76931	3 cm and less	\$1,344.68
76932	3-6 cm	\$1,344.68
76933	6-9 cm	\$1,400.61
76934	9 cm and over	\$1,456.54
<b>76940</b>	<b>Replantation, Avulsed Tooth/Teeth (including splinting)</b>	
76941	Replantation, first tooth	\$420.19
76949	Each additional tooth	\$420.19
<b>76950</b>	<b>Repositioning of Traumatically Displaced Teeth</b>	
76951	One unit of time	\$128.86
76952	Two units of time	\$257.72
76959	Each additional unit over two	\$128.86

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
<b>76960</b>	Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral	
76961	2 cm or less	\$268.92
76962	2-4 cm	\$302.55
76963	4-6 cm	\$336.17
76964	6-9 cm	\$369.78
76965	9-12 cm	\$420.19
76966	12-16 cm	\$455.18
76967	16-20 cm	\$490.22
76968	20-25 cm	\$546.21
76969	25 cm and over	\$582.59
<b>76970</b>	Repairs, Lacerations, Through and Through	
76971	2 cm or less	\$291.30
76972	2-4 cm	\$327.71
76973	4-6 cm	\$364.13
76974	6-9 cm	\$400.52
76975	9-12 cm	\$453.74
76976	12-16 cm	\$491.54
76977	16-20 cm	\$529.35
76978	20-25 cm	\$588.13
76979	25 cm and over	\$627.35
<b>76980</b>	Repairs, Lacerations, Complicated (local tissue shifts)	
76981	2 cm or less	\$313.67
76982	2-4 cm	\$352.87
76983	4-6 cm	\$392.07
76984	6-9 cm	\$431.30
76985	9-12 cm	\$487.28
76986	12-16 cm	\$527.88
76987	16-20 cm	\$568.50
76988	20-25 cm	\$630.07

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
76989	25 cm and over	\$672.08
<b>77000</b>	<b>MAXILLOFACIAL DEFORMITIES, TREATMENT OF</b>	
<b>77100</b>	<b>OSTEOTOMY/OSTECTOMY, RAMUS OF THE MANDIBLE</b>	
77101	Osteotomy, Subcondylar, Closed	\$4,793.74
77102	Osteotomy, Subcondylar, Open	\$4,793.74
77103	Osteotomy, Ramus of the Mandible, Oblique, Extraoral	\$4,793.74
77104	Osteotomy, Ramus of the Mandible, Oblique, Intraoral	\$4,793.74
77105	Osteotomy/Ostectomy, Body of the Mandible	\$4,793.74
77106	Osteotomy, Coronoidectomy	\$2,284.86
77107	Osteotomy, Condylar Neck	\$2,284.86
77108	Osteotomy, Sagittal Split	\$4,793.74
<b>77200</b>	<b>OSTEOTOMY, MISCELLANEOUS</b>	
77201	Osteotomy, Oblique with Bone Graft	\$4,480.13
77202	Osteotomy, Inverted "L"	\$4,480.13
77203	Osteotomy, "C"	\$4,480.13
77204	Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis – Unilateral	\$4,480.13
77205	Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis – Bilateral	\$4,480.13
77206	Activation of Distraction Device – Unilateral	\$4,480.13
77207	Activation of Distraction Device – Bilateral	\$4,480.13
77208	Removal of Distraction Device – Unilateral	\$4,480.13
77209	Removal of Distraction Device - Bilateral	\$4,480.13
<b>77300</b>	<b>OSTEOTOMY, MAXILLARY</b>	
77301	Osteotomy, Maxillary, Le Fort I	\$4,793.74
77302	Osteotomy, Maxillary, Le Fort II	\$5,062.55
77303	Osteotomy, Maxillary, Le Fort III	\$6,048.18
77304	Additional to the Above Osteotomy Requiring Two Segments	\$627.20
77305	Additional to the Above Osteotomy Requiring Three Segments	\$806.41
77306	Additional to the Above Osteotomy Requiring Four segments	\$1,030.41
77307	Additional to the Above Osteotomy requiring a Cranial Flap	\$806.41
77308	Closure of Cleft Fistula (alveolar)	\$761.63

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
77309	Closure of Cleft Fistula (palatal)	\$761.63
77311	Pharyngoplasty	\$1,209.63
77312	Submucous Resection	\$761.63
77313	Osteotomy, Maxillary, Le Fort I – for Distraction Osteogenesis	BR
77314	Osteotomy, Maxillary, Le Fort II – for Distraction Osteogenesis	BR
77315	Osteotomy, Maxillary, Le Fort III – for Distraction Osteogenesis	BR
77316	Activation of Distraction Device – Le Fort I Level	BR
77317	Activation of Distraction Device – Le Fort II Level	BR
77318	Activation of Distraction Device – Le Fort III Level	BR
77319	Removal of Maxillary Distraction Device	BR
<b>77400</b>	<b>OSTEOTOMY, MAXILLARY/MANDIBULAR, SEGMENTAL</b>	
<b>77410</b>	<b>Osteotomy, Segmental, Maxillary</b>	
77411	Osteotomy, Segmental, Anterior	\$2,150.45
77412	Osteotomy, Segmental, Posterior	\$2,150.45
77413	Osteotomy, Mid-palatal Split, Anterior	\$1,433.63
77414	Osteotomy, Mid-palatal Split, Complete	\$2,150.45
77415	Osteotomy, Segmental, Anterior – for Distraction Osteogenesis	BR
77416	Osteotomy, Segmental, Posterior – for Distraction Osteogenesis	BR
77417	Activation of Distraction Device	BR
77418	Removal of Segmental Maxillary Distraction Device	BR
<b>77420</b>	<b>Osteotomy, Segmental, Mandible</b>	
77421	Osteotomy, Segmental, Anterior, with Transfer of Mental Eminence	\$2,150.45
77422	Osteotomy, Segmental, Anterior, without the Transfer of Mental Eminence	\$2,150.45
77423	Osteotomy, Segmental, Posterior	\$1,949.16
77424	Osteotomy, Lower Border, Mandible	\$2,150.45
77425	Osteotomy, Total Dento-Alveolar, Mandible	\$4,480.13
77426	Osteotomy, Segmental, Anterior – for Distraction Osteogenesis	BR
77427	Osteotomy, Segmental, Posterior – for Distraction Osteogenesis	BR
77428	Activation of Distraction Device	BR

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
77429	Removal of Segmental Mandibular Distraction Device	BR
<b>77430</b>	Osteotomy When "Interpositional Graft" is Required	
77431	Using Bone	\$537.60
77432	Using Alloplast [E]	\$504.05
77433	Using Cartilage	\$537.60
<b>77440</b>	Osteotomy When "Onlay Graft" is Required for Osteotomy, Trauma or Reconstructive Procedures	
77441	Using Bone	\$358.41
77442	Using Alloplast [E]	\$336.03
77443	Using Cartilage	\$358.41
<b>77500</b>	<b>GENIOPLASTY</b>	
77501	Genioplasty, Sliding, Reduction or Augmentation	\$2,150.45
77502	Genioplasty, Reduction (vertical)	\$2,150.45
77503	Genioplasty Augmentation with Graft (see grafting codes)	\$2,150.45
77504	Myotomy, Suprahyoid	\$537.86
<b>77600</b>	<b>MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES</b>	
77601	Corticotomy	\$627.35
77602	Interdental Septotomy	\$627.35
77603	Surgical Expansion of the Palate	\$1,075.20
77604	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Maxilla - per Sextant	BR
77605	Surgical Expansion of Alveolar Ridge – Ridge Splitting Technique, Mandible - per Sextant	BR
<b>77700</b>	<b>PALATORRHAPHY</b>	
77701	Palatorrhaphy, Anterior (closure of palatine fissure)	\$2,150.45
77702	Palatorrhaphy, Posterior	\$2,150.45
77703	Palatorrhaphy, Total	\$2,688.08
77704	Palatorrhaphy, with Bone Graft	\$3,584.08
77705	Palatorrhaphy, Bone Graft to Anterior Alveolar Ridge	\$2,329.64
<b>77800</b>	<b>FRENECTOMY/ FRENOPLASTY</b>	
77801	Frenectomy, Upper Labial	\$235.36
77802	Frenectomy, Lower Labial	\$235.36
77803	Frenectomy, Lower Lingual or "Z" Plasty	\$235.36

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
77804	Frenectomy, Lower Lingual or "Z" Plasty with Myotomy of Genioglossus	\$403.39
77805	Frenoplasty, Upper "Z"	\$353.08
77806	Frenoplasty, Lower "Z"	\$353.08
<b>77900</b>	<b>GLOSSECTOMY</b>	
77901	Glossectomy, Partial, Anterior Wedge	\$627.35
77902	Glossectomy, Partial, for Orthodontic Purposes	\$627.35
77903	Glossectomy, Full Postero-Anterior Wedge	\$1,164.81
<b>77910</b>	<b>CLEFT SURGERY</b>	
77911	Primary Unilateral Cleft Lip Repair	\$1,209.63
77912	Secondary Unilateral Cleft Lip Repair	\$1,209.63
77913	Primary Bilateral Cleft Lip Repair	\$1,612.84
77914	Secondary Bilateral Cleft Lip Repair	\$1,612.84
77915	Reconstruction of Cleft Lip with Lip Switch Flap	\$1,612.84
77916	Complex Reconstruction or Revision of Cleft Lip	\$2,016.06
77917	Closure of Alveolar Cleft (see grafting codes)	\$2,016.06
<b>77920</b>	<b>ORAL NASAL FISTULA</b>	
77921	Primary Closure at time of Initial Surgery	\$716.82
77922	Secondary Closure with Palatal Flap	\$1,075.20
77923	Secondary Closure with Pharyngeal Flap	\$1,075.20
77924	Secondary Closure with Tongue Flap	\$1,209.63
77925	Secondary Closure with Buccal Flap	\$1,075.20
<b>77930</b>	<b>Rigid Fixation</b>	
77931	Rigid Internal Fixation	BR
77932	Rigid Internal Fixation Using Bone	BR
77933	Rigid Internal Fixation Using Alloplast [E]	BR
77934	Rigid Internal Fixation Using Cartilage	BR
<b>78000</b>	<b>TEMPOROMANDIBULAR JOINT DYSFUNCTIONS, TREATMENT OF</b>	
<b>78100</b>	<b>TEMPOROMANDIBULAR JOINT, DISLOCATION MANAGEMENT OF</b> (Sedation and general anaesthesia services to be coded separately with appropriate 90000 series codes)	



## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
78101	TMJ, Dislocation, Open Reduction	\$1,164.81
78102	TMJ, Dislocation, Closed Reduction, Uncomplicated	\$213.01
78103	TMJ, Dislocation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)	\$224.18
78104	TMJ, Subluxation, Closed Reduction, Uncomplicated	\$213.01
78105	TMJ, Subluxation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)	\$224.18
78106	TMJ, Manipulation, under Sedation or General Anaesthesia	\$336.28
78107	TMJ, Fixation (Application of devices to prevent recurrent dislocation in the short term (arch bars, MMF screws, Ivy Loops))	\$336.28
<b>78200</b>	<b>TEMPOROMANDIBULAR JOINT OPEN PROCEDURES (ARTHROTOMY)</b>	
78201	Condyloplasty	\$1,792.04
78202	Condylotomy	\$1,075.20
78203	Condylectomy	\$1,926.46
78204	Eminoplasty	\$1,926.46
78205	Re-contour of Glenoid Fossa	\$1,926.46
78206	Menisectomy	\$1,792.04
78207	Plication of Meniscus	\$1,926.46
78208	Repair of Meniscus	\$1,926.46
78209	Replacement of Meniscus (see grafting codes)	\$1,926.46
<b>78300</b>	<b>TEMPOROMANDIBULAR JOINT, ARTHROTOMY FOR MAJOR RECONSTRUCTION</b>	
78301	Fossa Replacement (see grafting codes)	\$1,926.46
78302	Condylar Replacement (see grafting codes)	\$1,926.46
78303	Gap Arthroplasty for Ankylosis (see grafting codes)	\$3,046.49
<b>78400</b>	<b>ARTHROSCOPY OF TEMPOROMANDIBULAR JOINT</b>	
78401	TMJ Arthroscopic Examination and Diagnosis	\$537.60
78402	Biopsy	\$761.63
78403	Removal of Loose Bodies	\$761.63
78404	Lavage	\$537.60
78405	Lysis of Adhesions	\$761.63
78406	Synovectomy	\$1,164.81
78407	Condyloplasty	\$1,164.81

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
78408	Eminoplasty	\$1,164.81
78409	Re-contour of Glenoid Fossa	\$1,164.81
78411	Meniscectomy	\$1,344.03
78412	Plication of Meniscus	\$1,344.03
78413	Repair of Meniscus	\$1,344.03
<b>78500</b>	<b>TEMPOROMANDIBULAR JOINT, ARTHROCENTESIS</b> (puncture and aspiration)	
78501	One unit of time	\$128.86
78502	Two units	\$257.72
78509	Each additional unit over two	\$128.86
<b>78600</b>	<b>TEMPOROMANDIBULAR JOINT, MANAGEMENT BY INJECTIONS</b>	
78601	Injection, therapeutic drug with or without local anaesthetic drug, "per site", [E]	\$134.43
78602	Injection, with Sclerosing Agent	\$134.43
<b>78700</b>	<b>TEMPOROMANDIBULAR JOINT, APPLIANCE SPLINTS, ORTHOPEDIC REHABILITATION</b> (post operative)	
78701	Appliance Splint, Maxillary [L]	\$907.47
78702	Appliance Splint, Mandibular [L]	\$907.47
<b>79000</b>	<b>MAXILLOFACIAL SUGERY PROCEDURES, OTHER</b>	
<b>79010</b>	<b>Adjunctive Procedures to Maxillofacial Surgery</b>	
79011	Application of Extremity Cast/Splint	BR
79012	Nasogastric Tube Placement	BR
79013	Central Venous Catheter Placement	BR
79014	Arterial Line Placement	BR
79015	Guided Intraoperative Navigation	BR
<b>79100</b>	<b>SALIVARY GLANDS, TREATMENT OF</b>	
79101	Salivary Duct, Dilation of	\$184.91
79102	Salivary Duct, Insertion of Polyethylene Tube	\$246.56
79103	Salivary Duct, Sialodochoplasty	\$537.86
79104	Salivary Duct, Reconstruction of	\$806.82
<b>79110</b>	<b>Salivary Duct, Sialolithotomy</b>	
79111	Sialolithotomy, Anterior, 1/3 of Canal	\$493.14

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
79112	Sialolithotomy, Posterior, 2/3 of Canal	\$1,344.68
79113	Sialolithotomy, External Approach	\$2,083.34
<b>79120</b>	Salivary Gland, Excisions	
79121	Excision of Submaxillary Gland	\$1,344.16
79122	Excision of Sublingual Gland	\$1,680.22
79123	Excision of Mucocele	\$168.14
79124	Excision of Ranula	\$537.86
79125	Marsupialization of Ranula	\$493.14
<b>79130</b>	Salivary Gland, Removal	
79131	Salivary Gland, Removal, Parotid (sub total)	\$1,792.04
79132	Salivary Gland, Removal, Parotid (radical, including facial nerve)	\$2,867.29
<b>79200</b>	<b>NEUROLOGICAL DISTURBANCES, TREATMENT OF</b>	
<b>79210</b>	Neurological Disturbances, Trigeminal Nerve	
79211	Trigeminal Nerve, Injection for Destruction	\$268.92
79212	Trigeminal Nerve, Avulsion at Periphery	\$560.24
79213	Trigeminal Nerve, Total Avulsion of a Branch	\$1,019.57
79214	Trigeminal Nerve, Alcoholization of a Branch	\$268.92
79215	Trigeminal Nerve, Infiltration of a Branch for Diagnosis	\$128.86
79216	Trigeminal Nerve, Intraoperative, diagnosis or physiologic monitoring (stimulation with recording evoked potentials, ultrasound, or impedance)	\$246.56
79217	Trigeminal Nerve, Neurolysis or tumour excision of trigeminal nerve branch in soft tissue	\$806.82
79218	Trigeminal Nerve, Neurolysis or tumour excision of trigeminal nerve branch in bone (mandible, maxilla or orbit) (not to include osteotomy)	\$1,568.37
<b>79220</b>	Neurological Disturbances, Mental Nerve	
79221	Mental Nerve, Transportation of	\$941.02
79222	Mental Nerve, Decompression in Canal	\$941.02
<b>79230</b>	Neurological Disturbances, Inferior Dental Nerve	
79231	Inferior Dental Nerve, Complete Avulsion	\$941.02
79232	Inferior Dental Nerve, Decompression in the Canal	\$974.58
<b>79240</b>	Neurological Disturbances, Surgery	

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
79241	Injured Nerve Repair, Primary	\$1,254.70
79242	Injured Nerve Repair, Secondary	\$3,180.90
79243	Injured Nerve Repair, Secondary, (when repair delayed more than four weeks)	\$3,584.08
79244	Neural Transposition and Decompression	\$941.02
79245	Implantation of Electrode for Peripheral Nerve Stimulation	\$1,254.70
79246	Excision of Tumour or Neuroma	\$1,344.16
79247	Nerve Repair with Graft [E]	\$4,480.13
79248	Harvesting of Nerve Graft	\$1,568.37
79251	Epineurial Suture of Trigeminal Nerve Branch per Anastomosis	\$974.58
79252	Fascicular Suture of Trigeminal Nerve Branch per Anastomosis	\$974.58
79253	Conduit Implant for Repair of Nerve Gap up to 3 cm	\$2,508.88
79254	Conduit Implant for Repair of Nerve Gap greater than 3 cm	\$3,584.08
79255	Fibrin adhesive per nerve anastomosis	\$627.35
79256	Laser coagulation per nerve anastomosis	\$672.08
79258	In addition to above procedures, when using operating microscopes	\$134.43
<b>79300</b>	<b>ANTRAL SURGERY</b>	
<b>79310</b>	Antral Surgery, Recovery, Foreign Bodies	
79311	Antral Surgery, Immediate Recovery of a Dental Root or Foreign Body from the Antrum	\$840.36
79312	Antral Surgery, Immediate Closure of Antrum by Another Dental Surgeon	\$840.36
79313	Antral Surgery, Delayed Recovery of a Dental Root with Oral Antrostomy	\$840.36
79314	Antral Surgery with Nasal Antrostomy	\$840.36
<b>79320</b>	Antral Surgery, Lavage	
79321	Lavage, Oral Approach	\$117.69
79322	Lavage, Nasal Approach	\$117.69
<b>79330</b>	Antral Surgery, Oro-Antral Fistula Closure, (same session)	
79331	Oro-Antral Fistula Closure with Buccal Flap	\$806.82
79332	Oro-Antral Fistula Closure with Gold Plate [L]	\$806.82
79333	Oro-Antral Fistula Closure with Palatal Flap	\$806.82
<b>79340</b>	Antral Surgery, Oro-Antral Fistula Closure, (subsequent session)	
79341	Oro-Antral Fistula Closure with Buccal Flap	\$806.82

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
79342	Oro-Antral Fistula Closure with Gold Plate [L]	\$806.82
79343	Oro-Antral Fistula Closure with Palatal Flap	\$806.82
<b>79350</b>	<b>Sinus Osseous Augmentation</b>	
79351	Sinus Osseous Augmentation, Open Lateral Approach -Autograft [E]	BR
79352	Sinus Osseous Augmentation, Open Lateral Approach-Allograft [E]	BR
79353	Sinus Osseous Augmentation, Open Lateral Approach -Xenograft [E]	BR
79354	Sinus Osseous Augmentation, Indirect Inferior Approach – Autograft [E]	BR
79355	Sinus Osseous Augmentation, Indirect Inferior Approach – Allograft [E]	BR
79356	Sinus Osseous Augmentation, Indirect Inferior Approach – Xenograft [E]	BR
<b>79400</b>	<b>HEMORRHAGE, CONTROL OF</b>	
79401	Primary Hemorrhage, Control	\$537.86
79402	Secondary Hemorrhage, Control	\$1,568.37
79403	Hemorrhage Control, using Compression and Hemostatic Agent	\$1,568.37
79404	Hemorrhage Control, using Hemostatic Substance and Sutures (including removal of bony tissue, if necessary)	\$1,568.37
<b>79500</b>	<b>GRAFTS AND RECONSTRUCTION, SURGICAL</b>	
<b>79510</b>	<b>Harvesting of Intraoral Tissue for Grafting to Operative Site</b>	
79511	Bone	\$453.74
79512	Cartilage	\$453.74
79513	Skin	\$453.74
79514	Mucosa	\$453.74
79515	Fascia	\$453.74
79516	Muscle	\$453.74
79517	Dermis	\$453.74
<b>79520</b>	<b>Harvesting of Extraoral Tissue for Grafting to Operative Site (to include ilium, rib, etc.)</b>	
79521	Bone	\$627.35
79522	Cartilage	\$627.35
79523	Costochondral	\$627.35
79524	Skin	\$627.35
79525	Fat	\$627.35

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
79526	Fascia	\$627.35
79527	Muscle	\$627.35
79528	Dermis	\$627.35
79529	Nerve	BR
<b>79530</b>	<b>Vascularized Tissue Flaps, Extraoral</b>	
79531	Elevation Free Soft Tissue Flap	BR
79532	Elevation Free Hard Tissue Flap	BR
79539	Artery/Vein/Nerve Graft/Patch, Autogenous/Allograft/Alloplastic [E]	BR
<b>79540</b>	<b>Harvesting and Preparation of Platelet Rich Plasma</b>	
79541	Harvesting and Preparation of Platelet Rich Plasma [E]	BR
<b>79550</b>	<b>Delivery of Growth Factors</b>	
79551	Delivery of Growth Factors – Autologous – per site [E]	BR
79552	Delivery of Growth Factors – Allogenic – per site [E]	BR
79553	Delivery of Growth Factors – Human Recombinant – per site [E]	BR
<b>79600</b>	<b>POST SURGICAL CARE</b> (Required by complications and unusual circumstances, refer to comment under section heading 70000)	
79601	Post Surgical Care, Subsequent to Initial Post Surgical Treatment, Minor, by Treating Dentist	\$112.10
79602	Post Surgical Care, Minor, by Other Than Treating Dentist	\$117.69
79603	Post Surgical Care, Major, by Treating Dentist	\$1,176.94
79604	Post Surgical Care, Major, by Other Than Treating Dentist	\$1,176.94
79605	Post Surgical Care, Alveolitis, Treatment of (without Anaesthesia)	\$117.69
79606	Post Surgical Care, Alveolitis, Treatment of (with Anaesthesia)	\$117.69
<b>79700</b>	<b>AIRWAY PROCEDURES</b>	
79701	Tracheostomy	\$699.78
79702	Crico-Thyroidotomy	\$699.78
<b>79800</b>	<b>MUSCULAR DISORDERS, TREATMENT OF</b>	
79801	Treatment of Muscular Dysfunctions	BR
79802	Myotomy	BR

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CODE	DESCRIPTION	ABCDS
<b>79900</b>	<b>IMPLANTOLOGY</b> (Includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)	
<b>79910</b>	Implants, Blade	
79911	Maxillary per implant [E]	BR
79912	Mandibular per implant [E]	BR
<b>79920</b>	Implants, Subperiosteal	
79921	Maxillary [L]	BR
79922	Mandibular [L]	BR
<b>79930</b>	Implants, Osseointegrated, Root Form, More than one component	
79931	Surgical Installation of Implant with Cover Screw – per Implant [E]	BR
79932	Surgical Installation of Implant with Healing Transmucosal Element - per Implant [E]	BR
79933	Surgical Installation of Implant with Final Transmucosal Element – per Implant [E]	BR
79934	Surgical Re-entry, Removal of Healing Screw and Placement of Healing Transmucosal Element – per Implant [E]	BR
79935	Surgical Re-entry, Removal of Healing Screw and Placement of Final Standard Transmucosal Element – per Implant [E]	BR
79936	Surgical Re-entry, Removal of Healing Screw and Placement of Final Custom Transmucosal Element–per Implant [E] [L]	BR
<b>79940</b>	Implants Osseointegrated, Root Form, Single Component	
79941	Surgical Installation of Implant – per Implant [E]	BR
<b>79950</b>	Implants, Osseointegrated, Provisional	
79951	Installation of Provisional Implant – per Implant [E]	BR
79952	Removal of Provisional Implant – per Implant [E]	BR
<b>79960</b>	Implants, Removal of Implant	
79961	Per implant, Uncomplicated	BR
79962	Per implant, Complicated	BR
<b>80000</b>	<b>ORTHODONTICS</b>	
<b>80600</b>	<b>ORTHODONTIC, OBSERVATIONS AND ADJUSTMENTS</b>	
80601	Orthodontic Observation - for Tooth Guidance (i.e. tooth position, eruption sequence, serial extraction supervision, etc.) per appointment	\$79.56
80602	Orthodontic Observation and Adjustment - to Orthodontic Appliances and/or the Reduction of Proximal Surfaces of Teeth per appointment	\$87.98

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CODE	DESCRIPTION	ABCDS
<b>80630</b>	Repairs to Removable or Fixed Appliances (not including removal and recementation)	
80631	One unit of time [L]	\$86.19
80632	Two units [L]	\$172.38
80639	Each additional unit over two [L]	\$86.19
<b>80640</b>	Alterations to Removable or Fixed Appliances	
80641	One unit of time[L]	\$86.19
80642	Two units [L]	\$172.38
80649	Each additional unit over two [L]	\$86.19
<b>80650</b>	Recementation of Fixed Appliances	
80651	One unit of time	\$86.19
80659	Each additional unit	\$86.19
<b>80660</b>	Separation (except where included in the fabrication of an appliance)	
80661	One unit of time	\$86.19
80669	Each additional unit	\$86.19
<b>80670</b>	Removal of Fixed Orthodontic Appliances (by a practitioner other than the original treating Practice or Practitioner)	
80671	One unit of time	\$86.18
80679	Each additional unit	\$86.18
<b>81000</b>	<b>APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT</b>	
<b>81100</b>	<b>APPLIANCES, REMOVABLE</b>	
<b>81110</b>	Appliances, Removable, Space Regaining	
81111	Appliance, Maxillary, Unilateral [L]	\$344.53
81112	Appliance, Mandibular, Unilateral [L]	\$344.53
81113	Appliance, Maxillary, Bilateral [L]	\$344.53
81114	Appliance, Mandibular, Bilateral [L]	\$344.53
<b>81120</b>	Appliances, Removable, Cross-Bite Correction	
81121	Appliance, Maxillary, Simple [L]	\$326.78
81122	Appliance, Mandibular, Simple [L]	\$326.78
<b>81130</b>	Appliances, Removable, Dental Arch Expansion	
81131	Appliance, Maxillary, simple [L]	\$344.53



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CODE	DESCRIPTION	ABCDS
81132	Appliance, Mandibular, Simple [L]	\$344.53
<b>81140</b>	Appliances, Removable, Closure of Diastemas	
81141	Appliance, Maxillary, Simple [L]	\$344.53
81142	Appliance, Mandibular, Simple [L]	\$344.53
<b>81150</b>	Appliances, Removable, Alignment of Anterior Teeth	
81151	Appliance, Maxillary, Simple [L]	\$344.53
81152	Appliance, Mandibular, Simple [L]	\$344.53
<b>81200</b>	<b>APPLIANCES, FIXED OR CEMENTED</b>	
<b>81210</b>	Appliance, Fixed, Space Regaining (e.g. lingual or labial arch with molar bands, tubes, locks)	
81211	Appliance, Maxillary [L]	\$344.53
81212	Appliance, Mandibular [L]	\$344.53
<b>81220</b>	Appliance, Fixed, Space Regaining, Unilateral	
81221	Appliance, Maxillary [L]	\$258.58
81222	Appliance, Mandibular [L]	\$258.58
<b>81230</b>	Appliance, Fixed, Cross-Bite Correction - Anterior	
81231	Appliance, Maxillary [L]	\$344.53
81232	Appliance, Mandibular [L]	\$344.53
<b>81240</b>	Appliance, Fixed, Cross-Bite Correction - Posterior	
81241	Appliance, Maxillary [L]	\$344.53
81242	Appliance, Mandibular [L]	\$344.53
81243	Appliance, Two-Molar Band, Hooked and Elastics [L]	\$276.07
<b>81250</b>	Appliance, Fixed, Dental Arch Expansion	
81251	Appliance, Maxillary [L]	\$430.97
81252	Appliance, Mandibular [L]	\$430.97
81253	Appliance, Maxillary, Rapid Expansion [L]	\$344.53
<b>81260</b>	Appliance, Fixed, Closure of Diastemas	
81261	Appliance, Maxillary, Simple [L]	\$344.53
81262	Appliance, Mandibular, Simple [L]	\$344.53
<b>81270</b>	Appliance, Fixed, Alignment of Incisor Teeth	
81271	Appliance, Maxillary, Simple [L]	\$430.97

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CODE	DESCRIPTION	ABCDS
81272	Appliance, Mandibular, Simple [L]	\$430.97
<b>81280</b>	Appliances, Fixed, Ligatures	
81281	Grassline or Elastic Ligatures per visit [L]	\$86.19
<b>81290</b>	Appliances, Fixed, Mechanical Eruption of Tooth/Teeth	
81291	Appliance, Maxillary, Impaction [L]	\$344.53
81292	Appliance, Mandibular, Impaction [L]	\$344.53
81293	Appliance, Maxillary, Erupted [L]	\$344.53
81294	Appliance, Mandibular, Erupted [L]	\$344.53
<b>83000</b>	<b>APPLIANCES, RETENTION, ORTHODONTIC RETAINING APPLIANCES</b>	
<b>83100</b>	<b>APPLIANCES, REMOVABLE, RETENTION</b>	
83101	Appliance, Maxillary [L]	\$258.58
83102	Appliance, Mandibular [L]	\$258.58
83103	Appliance, Tooth Positioner [L]	\$258.58
<b>83200</b>	<b>APPLIANCES, FIXED/CEMENTED, RETENTION</b>	
83201	Appliance, Maxillary [L]	\$344.53
83202	Appliance, Mandibular [L]	\$344.53
	CASE TYPE- Fixed Appliance (includes: formal full banded treatment and retention)	
<b>84000</b>	<b>PERMANENT DENTITION</b>	
84101	Class I Malocclusion [L]	\$10,343.57
84201	Class II Malocclusion [L]	\$13,791.44
84301	Class III Malocclusion [L]	\$13,791.44
84401	Malocclusion not Requiring Complete Banding [L]	\$4,309.83
<b>85000</b>	<b>MIXED DENTITION</b>	
85101	Class I Malocclusion [L]	\$10,343.57
85201	Class II Malocclusion [L]	\$13,791.44
85301	Class III Malocclusion [L]	\$13,791.44
	<b>CASE TYPE</b> - Removable Appliances (includes: removable appliance therapy and retention; e.g. functional appliances for mixed and primary dentition)	
<b>87000</b>	<b>PERMANENT DENTITION</b>	
87101	Class I Malocclusion [L]	BR

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDS
87201	Class II Malocclusion [L]	BR
87301	Class III Malocclusion [L]	BR
<b>88000</b>	<b>MIXED DENTITION</b>	
88101	Class I Malocclusion [L]	\$5,171.76
88201	Class II Malocclusion [L]	\$6,895.71
88301	Class III Malocclusion [L]	\$6,895.71
<b>89500</b>	<b>NEONATAL DENTO-FACIAL ORTHOPEDICS</b> (comprehensive treatment for first six months of life)	
	(1) Diagnostic procedures (includes radiographs and/or photographs); (2) Parent consultation; (3) Impression and appliance construction; (4) Insertion and parent instruction; (5) Post treatment evaluation; (6) Adjustment of appliances (includes soft relines); (7) Reconstruction and/or reevaluation (may include up to two remakes).	
89501	Expansion Appliance for Infants with Cleft Palate [L]	\$3,103.05
89502	Extraoral Retraction Appliance for Infants with Cleft Palate [L]	\$3,103.05
89503	Stage I - Initial Expansion [L]	\$2,585.89
89504	Stage II - Anterior Alignment [L]	\$2,585.89
89505	Stage III - Final Alignment (complete banding) [L]	\$6,895.71
89506	Stage III - Where Stage I and II were not provided for [L]	\$13,791.44
<b>91000</b>	<b>UNCLASSIFIED TREATMENTS</b>	
<b>91100</b>	<b>UNCLASSIFIED TREATMENT, DENTAL PAIN</b>	
<b>91110</b>	Palliative (emergency) Treatment of Dental Pain, Minor Procedure	
91111	One unit of time	\$106.51
91112	Two units	\$213.03
91113	Three units	\$319.53
91119	Each additional unit over three	\$106.51
<b>91120</b>	Emergency Services not Otherwise Specified in Guide	
91121	One unit of time	\$112.09
91122	Two units	\$224.18
91123	Three units	\$336.28
91129	Each additional unit over three	\$112.09

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CODE	DESCRIPTION	ABCDS
<b>91200</b>	<b>UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES</b> (Note: If the service affected is anaesthesia, Service Class 92000, and the unusual time and responsibility is the result of a patient BMI of 35 or above, refer to Service Sub-class 92900)	
<b>91210</b>	Unusual Time and Responsibility Requirement, in Addition to Usual Procedures in Guide	
91211	One unit of time	\$123.27
91212	Two units	\$246.54
91213	Three units	\$369.81
91219	Each additional unit over three	\$123.27
<b>91220</b>	Second Surgeon (team approach)	
91221	One unit of time	\$106.51
91222	Two units	\$213.03
91223	Three units	\$319.53
91224	Four units	\$426.05
91225	Five units	\$532.56
91226	Six units	\$639.08
91227	Seven units	\$745.58
91228	Eight units	\$852.09
91229	Each additional unit over eight	\$106.51
<b>91230</b>	Management of Exceptional Patient	
91231	One unit of time	\$123.27
91232	Two units	\$246.54
91233	Three units	\$369.81
91234	Four units	\$493.07
91239	Each additional unit over four	\$123.27
<b>92000</b>	<b>ANAESTHESIA</b>	
<b>92100</b>	<b>ANAESTHESIA, LOCAL</b> (not in conjunction with operative or surgical procedures, includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)	
92101	Regional Block Anaesthesia	\$112.10
92102	Trigeminal Division Block	\$112.10
<b>92200</b>	<b>GENERAL</b>	

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
<b>92220</b>	Provision of facilities for general anaesthesia without the delivery of the general anaesthesia [PS] (Includes equipment, support services and medications)	
92222	Two units of time [PS]	\$235.38
92223	Three units [PS]	\$353.07
92224	Four units [PS]	\$470.76
92225	Five units [PS]	\$588.44
92226	Six units [PS]	\$706.13
92227	Seven units [PS]	\$823.83
92228	Eight units [PS]	\$941.51
92229	Each additional unit over eight [PS]	\$117.69
<b>92230</b>	Delivery of general anaesthesia without the provision of facilities. [PS] (includes pre-anaesthetic evaluation, delivery of anaesthesia, post-anaesthetic evaluation and post-anaesthetic follow up)	
92232	Two units of time [PS]	\$235.38
92233	Three units [PS]	\$353.07
92234	Four units [PS]	\$470.76
92235	Five units [PS]	\$588.53
92236	Six units [PS]	\$706.13
92237	Seven units [PS]	\$823.83
92238	Eight units [PS]	\$941.51
92239	Each additional unit over eight [PS]	\$117.69
<b>92300</b>	<b>ANAESTHESIA, DEEP SEDATION</b>	
	Deep sedation (a controlled state of depressed consciousness accompanied by partial loss of protective reflexes including inability to respond purposefully to verbal command. These states apply to any technique that has depressed the patient beyond conscious sedation except general anaesthesia. Any intravenous technique leading to these conditions in a patient, including neuroleptanalgesia or anaesthesia, regardless of route of administration would fall within this category of service)	
<b>92320</b>	Provision of facilities for deep sedation anaesthesia without the delivery of the deep sedation anaesthesia (Includes equipment, support services, and medications) [PS]	
92322	Two units [PS]	\$213.03
92323	Three units [PS]	\$319.53
92324	Four units [PS]	\$426.05
92325	Five units [PS]	\$532.56

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CODE	DESCRIPTION	ABCDS
92326	Six units [PS]	\$639.08
92327	Seven units [PS]	\$745.58
92328	Eight units [PS]	\$852.09
92329	Each additional unit over eight [PS]	\$106.51
<b>92330</b>	Delivery of deep sedation anaesthesia without the provision of facilities [PS] (Includes pre-anaesthetic evaluation, delivery of anaesthesia, post-anaesthetic evaluation and post-anaesthetic follow up)	
92332	Two units [PS]	\$213.03
92334	Three units [PS]	\$426.05
92334	Four units [PS]	\$426.05
92335	Five units [PS]	\$532.56
92336	Six units [PS]	\$639.08
92337	Seven units [PS]	\$745.58
92338	Eight units [PS]	\$852.09
92339	Each additional unit over eight [PS]	\$106.51
<b>92400</b>	<b>ANAESTHESIA, CONSCIOUS SEDATION</b>	
	Anaesthesia, Conscious Sedation - a medically controlled state of depressed consciousness that allows protective reflexes to be maintained, retains the patients ability to maintain a patent airway independently and continuously and permits appropriate response by the patient to physical stimulation or verbal command, eg., "open your eyes". (includes pre-anaesthetic evaluation and post anaesthetic follow-up)	
	Any technique leading to these conditions in a patient would fall within this category of service. Conscious sedation is a varied technique which can require different levels of monitoring, in accordance with the Regulatory Authority Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice. The Guidelines should be consulted and observed.	
<b>92410</b>	Nitrous Oxide Time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device	
92411	One unit of time [PS]	\$56.30
92412	Two units [PS]	\$84.46
92413	Three units [PS]	\$112.64
92414	Four units [PS]	\$140.82
92415	Five units [PS]	\$168.99
92416	Six units [PS]	\$197.16
92417	Seven units [PS]	\$225.32
92418	Eight units [PS]	\$253.48

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CODE	DESCRIPTION	ABCDS
92419	Each additional unit over eight [PS]	\$28.17
<b>92420</b>	Oral Sedation Sedation sufficient to require monitored care. Time is to be measured from the start of patient monitoring to release from the treatment/recovery room	
92421	One unit of time [PS]	\$50.86
92422	Two units [PS]	\$57.21
92423	Three units [PS]	\$73.88
92424	Four units [PS]	\$90.52
92425	Five units [PS]	\$107.20
92426	Six units [PS]	\$123.84
92427	Seven units [PS]	\$140.53
92428	Eight units [PS]	\$157.17
92429	Each additional unit over eight [PS]	\$19.57
<b>92440</b>	Parenteral Conscious Sedation (regardless of method -IM or IV)	
92441	One unit [PS]	\$69.68
92442	Two units [PS]	\$139.36
92443	Three units [PS]	\$209.05
92444	Four units [PS]	\$278.73
92445	Five units [PS]	\$348.41
92446	Six units [PS]	\$418.09
92447	Seven units [PS]	\$487.77
92448	Eight units [PS]	\$557.45
92449	Each additional unit over eight [PS]	\$69.68
<b>92500</b>	<b>NON PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT</b>	
<b>92510</b>	Hypnosis	
92511	One unit of time	\$56.30
92512	Two units	\$84.46
92513	Three units	\$112.64
92514	Four units	\$140.82
92519	Each additional unit over four	\$28.17
<b>92520</b>	Acupuncture	

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CODE	DESCRIPTION	ABCD\$
92521	One unit of time	\$56.30
92522	Two units	\$84.46
92523	Three units	\$112.64
92524	Four units	\$140.82
92529	Each additional unit over four	\$28.17
<b>92530</b>	Electronic Dental Anaesthesia	
92531	One unit of time	\$56.30
92532	Two units	\$84.46
92533	Three units	\$112.64
92534	Four units	\$140.82
92539	Each additional unit over four	\$28.17
<b>92900</b>	<b>ANAESTHESIA – GENERAL ANAESTHESIA OR DEEP SEDATION, UNUSUAL TIME AND RESPONSIBILITY</b>	
92901	Management of patient with BMI 35 or above, in addition to code series 92200 or 92300	BR
<b>93000</b>	<b>PROFESSIONAL SERVICES</b>	
<b>93100</b>	<b>PROFESSIONAL COMMUNICATIONS</b>	
<b>93110</b>	Consultation with Member of the Profession or other Healthcare Providers, in or out of the office [E]	
93111	One unit of time [E]	\$91.08
93112	Two units [E]	\$182.16
93119	Each additional unit over two [E]	\$91.08
<b>93120</b>	Dental Legal Letters, Reports and Opinions	
93121	A dental-legal report - a short factually written or verbal communication given to any lay person (e.g. lawyer, insurance representative, local, municipal or government agency, etc.) in relation to the patient with prior patient approval.	\$148.93
93122	A dental-legal report - a comprehensive written report with patient approval, on symptoms, history and records giving diagnosis, treatment, results and present condition. The report is a factual summary of all information available on the case and could contain prognostic information regarding patient response.	\$297.86
93123	A dental-legal opinion - a comprehensive written report primarily in the field of expert opinion. The report may be an opinion regarding the possible course of events (when these cannot be determined factually), with possible long term consequences and complications in the development of the conditions. The report will require expert knowledge and judgement with respect to the facts leading to a detailed prognosis.	BR
<b>93130</b>	Consultation and/or Participation During Autopsy (other than forensic)	



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CODE	DESCRIPTION	ABCDs
93131	One unit of time [E]	\$97.93
93132	Two units [E]	\$195.86
93139	Each additional unit over two	\$97.93
<b>93300</b>	<b>CLAIM FORMS AND TREATMENT FORMS</b>	
93301	Completing CDA "Blank" Approved Standard Claim Forms.	BR
93302	Upon request, Providing a Written Treatment Plan/Outline for a Patient, Similar to the Example in the CDA Policy Manual on Claim Form Completion.	BR
93303	Completing Prepaid Claim Forms which do not Conform with Code 93301	\$26.38
<b>93310</b>	For extraordinary time spent in relation to claim forms/treatment plan forms, the claim problem of the patient or processing of payments	
93311	One unit of time [E]	\$86.61
93312	Two units [E]	\$173.23
93318	Zero units of time [E]	BR
93319	Each additional unit over two	\$86.61
<b>93320</b>	For Extraordinary Office Time Spent, in forwarding predetermination records, in predetermination situations, to third parties plus expenses (i.e. registration, postage, etc.)	
93321	One unit of time [E]	\$23.00
93322	Two units [E]	\$46.00
93329	Each additional unit over two	\$23.00
<b>93330</b>	<b>Payment for Orthodontic Treatment In Progress</b>	
93331	Payment/Installment for treatment in progress	BR
93332	Monthly Payment/Instalment for treatment in progress	BR
93333	Quarterly Payment/Instalment for treatment in progress	BR
93334	One time Appliance	BR
93341	Orthodontic Treatment (fee entered is the value of the treatment plan being predetermined)	BR
<b>94000</b>	<b>PROFESSIONAL VISITS</b>	
<b>94100</b>	<b>HOUSE CALLS</b>	
94101	House Call, Non Emergency Visit (in addition to procedures performed)	\$94.38
94102	House Call, Emergency Visit, when one must immediately leave home, office or hospital (in addition to procedures performed)	\$188.80
<b>94300</b>	<b>OFFICE OR INSTITUTIONAL VISITS</b>	

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
94301	Office (of another professional) or Institutional Visit, During Regular Scheduled Office Hours (in addition to services performed)	\$78.19
94302	Office (of another professional) or Institutional Visit, Unscheduled, After Regular Scheduled Office Hours (in addition to services performed)	\$96.78
94303	Missed or Cancelled Appointment, with Insufficient Notice, During Regular Scheduled Office Hours.	\$49.56
94304	Missed or Cancelled Appointment with insufficient Notice, being a Special Appointment Outside Regular Scheduled Office Hours	\$345.60
94305	Traveling Expenses	BR
94306	Professional visits out of the office plus actual services performed [E] (out of pocket expense, etc.)	\$146.42
<b>94400</b>	<b>COURT APPEARANCES AND/OR PREPARATION</b>	
<b>94410</b>	Preparation as an Expert Witness.	
94411	One unit of time	BR
94412	Two units	BR
94413	Three units	BR
94414	Four units	BR
94419	Each additional unit over four	BR
<b>94420</b>	Court Appearance as an Expert Witness	
94421	One half day	BR
94422	Full day	BR
<b>95000</b>	<b>FORENSIC DENTAL SERVICES</b>	
<b>95100</b>	<b>FORENSIC SERVICES, MISCELLANEOUS</b>	
95101	Identification - Opinion as an expert assisting in civil or criminal cases [E]	\$432.92
95102	Full or Part Time Participation in Civil Disaster [E]	\$2,380.11
95104	Written Odontology Report [E]	\$499.49
95105	Post Mortem Examination and Diagnosis of Tissues in Forensic Cases (non-identification)	BR
95106	Management of Oral Disease or Abnormality	\$172.79
<b>95200</b>	<b>IDENTIFICATION SYSTEMS</b>	
95201	Identification Disk System, Acid Etch/Bonded [L]	\$78.19
<b>96000</b>	<b>DRUGS/MEDICATION, DISPENSING</b>	
<b>96100</b>	<b>PRESCRIPTIONS</b>	

## Alberta Blue Cross Dental Schedule - 2025 - General Practitioner

CODE	DESCRIPTION	ABCDs
96101	Prescription, Emergency	\$35.62
96102	Emergency Dispensing of One or Two Doses of a Therapeutic Drug, plus Giving a Written Prescription [E]	\$48.50
96103	Dispensing, Non Emergency (e.g. fluorides, vitamins, other drugs/medications) [E]	\$39.03
96104	Prescription, vaccine	\$35.62
<b>96200</b>	<b>INJECTIONS, THERAPEUTIC</b>	
96201	Intramuscular Drug Injection [E]	\$52.36
96202	Intravenous Drug Injection [E]	\$52.36
96203	Intralesional Delivery [E] (Intra-articular Injections - see 78600)	\$52.36
<b>96300</b>	<b>INJECTIONS AESTHETIC - ADMINISTRATION OF AESTHETIC NEUROMODULATORS (E.G. BOTULINUM TOXIN TYPE A) (Note "units" refers to a drug dosage)</b>	
96301	Injection of neuromodulator, aesthetic 1 to 5 units [E]	BR
96302	Injection of neuromodulator, aesthetic 6 to 10 units [E]	BR
96303	Injection of neuromodulator, aesthetic 11 to 20 units [E]	BR
96304	Injection of neuromodulator, aesthetic 21 to 30 units [E]	BR
96305	Injection of neuromodulator, aesthetic 31 to 40 units [E]	BR
96306	Injection of neuromodulator, aesthetic 41 to 50 units [E]	BR
96307	Injection of neuromodulator, aesthetic 51 to 60 units [E]	BR
96308	Injection of neuromodulator, aesthetic 61 to 70 units [E]	BR
96309	Injection of neuromodulator, aesthetic more than 70 units [E]	BR
<b>96400</b>	<b>INJECTIONS AESTHETIC - ADMINISTRATION OF AESTHETIC DERMAL FILLERS</b>	
96401	Aesthetic dermal filler first syringe [E]	BR
96409	Aesthetic dermal filler subsequent syringe (use once for each syringe) [E]	BR
<b>96500</b>	<b>Vaccine administration</b>	
96501	Vaccine injection [E]	\$52.36
96502	Vaccine, administered by other routes (e.g. nasal/oral) [E]	\$52.36
<b>97000</b>	<b>BLEACHING VITAL</b>	
<b>97110</b>	<b>Bleaching, Vital, In Office</b>	
97111	One unit of time	\$86.39
97112	Two units	\$172.80

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CODE	DESCRIPTION	ABCDS
97113	Three units	\$259.19
97119	Each additional unit over three	\$86.39
<b>97120</b>	Bleaching, Vital Home (Includes the fabrication of bleaching trays, dispensing the system and follow-up care)	
97121	Maxillary Arch [L] and/or E	\$246.88
97122	Mandibular Arch [L] and/or E	\$246.88
<b>97130</b>	Micro-Abrasion	
97131	One unit of time	\$78.18
97132	Two units	\$156.36
97133	Three units	\$234.54
97134	Four units	\$312.73
97139	Each additional unit over four	\$78.18
<b>98000</b>	<b>COUNSELLING</b>	
<b>98100</b>	<b>TOBACCO OR CANNABIS-USE CESSATION SERVICES</b> To include: identifying patients who use tobacco or cannabis, informing patients of oral health consequences associated with tobacco; advising tobacco or cannabis users to quit; provide appropriate self-help material; and discuss treatment options.	
98101	One unit of time [E]	\$78.18
98102	Two units of time [E]	\$156.36
98109	Each additional unit of time [E]	\$78.18
<b>98300</b>	<b>VACCINE/VACCINATION CONSULTATION, with patient (includes analysis of medical status, indications and contraindications, and the risks and benefits)</b>	
98301	One unit of time	\$78.18
98302	Two units of time	\$156.36
98309	Each additional unit of time	\$78.18
<b>99000</b>	<b>ADDITIONAL EXPENSE</b>	

When using the CDA/CLHIA Standard Dental Claim Form to file claims for services whose descriptors include wither the [L] or [E] flags, the code representing the service delivered and the professional fee charged by the dentist should be reported on the same line. The code representing the type of the expense component should appear on the next line to allow the claim processor to relate that expense component to the service delivered. The amount of the expense component should be reported on that line.

When using CDAnet for the transmissions of these claims, the instructions provided in the CDAnet Dental Office User Guide should be followed.

Despite ongoing efforts to standardize this process, different insurance companies continue to have varying requirements for the submission of this information.

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CODE	DESCRIPTION	ABCDS
<b>99100</b>	<b>BILLED TO THE DENTIST AND PASSED THROUGH TO THE PATIENT</b>	
<b>99110</b>	For services whose descriptors include the [L] flag	
99111	Work performed by a commercial dental laboratory (a commercial dental laboratory is an independent business which performs dental laboratory services on a case-by-case basis)	BR
99112	Work performed by an in-house dental laboratory (is a component of a dental office that account for the cost of the services it provides separately from the dental office)	BR
99113	Oral pathology biopsy services when provided in relation to surgical services from Service classes 30000, 40000, and 70000	BR
<b>99120</b>	For services whose descriptors include the [E] flag	
99121	Materials, including medications used during the delivery of a service	BR