

Alberta Blue Cross Dental Schedule - 2021 - 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> <ul style="list-style-type: none">00000- 09999 Diagnostic10000- 19999 Preventive20000- 29999 Restorative30000- 39999 Endodontics40000- 49999 Periodontics50000- 59999 Prosthodontics - Removable60000- 69999 Prosthodontics - Fixed70000- 79999 Oral and Maxillofacial Surgery80000- 89999 Orthodontics90000- 99999 Adjunctive General Services <p>The Units of Time and/or the Letters following procedures must conform to the following principles:</p> <p>Where the:</p> <ul style="list-style-type: none">Letter "L" follows a procedure code, the designation is that of "Laboratory Procedures Extra".Units of Time follows a procedure code, the designation is that of "Fifteen Minute Intervals".Letter "E" follows a procedure code, the designation is that of "Expenses Extra".BR follows a procedure code, the designation is that of "By Report". <p>Identification of treatment sites must be identified thus:</p> <ul style="list-style-type: none">(a) Where individual teeth/sites are designated, the International Tooth Codes are the recognized system of coding.(b) Where grouping of treatment by teeth/sites are indicated, the following codes are used:<ul style="list-style-type: none">1 - Designates Maxillary Arch2 - Designates Mandibular Arch3 - Designates Full Mouth <p>For Quadrants:</p> <ul style="list-style-type: none">10 - Designates the Upper Right Quadrant20 - Designates the Upper Left Quadrant30 - Designates the Lower Left Quadrant40 - Designates the Lower Right Quadrant <p>For Sextants:</p> <ul style="list-style-type: none">3 - Designates from 18 - 144 - Designates from 13 - 235 - Designates from 24 - 286 - Designates from 34 - 387 - Designates from 33 - 438 - Designates from 44 - 48	

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CODE	DESCRIPTION	ABCDS
00000	DIAGNOSTIC	
01001	EXAMINATION AND DIAGNOSIS, CLINICAL ORAL	
01010	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	\$63.65
01100	EXAMINATIONS AND DIAGNOSIS COMPLETE ORAL , 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.	\$63.65
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	\$86.75
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.	\$90.76
01200	EXAMINATION AND DIAGNOSIS, LIMITED ORAL	
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)	\$67.40
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	\$57.41
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).	\$57.45
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).	\$57.45
01206	Analysis, Mixed Dentition.	\$72.10

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01300	EXAMINATION AND DIAGNOSIS, STOMATOGNATHIC, DYSFUNCTIONAL	
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.	\$241.65
01302	Examination and Diagnosis, Stomatognathic Dysfunctional, Limited.	\$73.41
01400	EXAMINATION AND DIAGNOSIS, ORAL PATHOLOGY	
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.	\$146.82
01402	Examination and Diagnosis, Oral Pathology, Specific (or repeat examination and diagnosis within 90 days for the same illness)	\$73.41
01500	EXAMINATION AND DIAGNOSIS, PERIODONTAL	
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.	\$184.30
01502	Examination and Diagnosis, Periodontal, Limited (previous patient)	\$133.50
01503	Examination and Diagnosis, Periodontal, Specific	\$133.50
01600	EXAMINATION AND DIAGNOSIS, SURGICAL	
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.	\$146.82
01602	Examination and Diagnosis, Surgical, Specific	\$88.01
01603	Examination and Diagnosis, Surgical, Comprehensive Examination described in 01601 with the addition of craniofacial, neck and extremity	BR

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CODE	DESCRIPTION	ABCDs
01604	Examination described in 01601 and 01603 with the addition of Examination and Diagnosis Surgical Comprehensive Intensive Care Unit	BR
01700	EXAMINATION AND DIAGNOSIS, PROSTHODONTIC	
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.	\$100.12
01702	Examination and Diagnosis, Prosthodontic, Specific.	\$67.64
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	\$275.07
01800	EXAMINATION AND DIAGNOSIS, ENDODONTIC	
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	\$147.72
01802	Examination and Diagnosis, Endodontic, Specific. Endodontic examination and evaluation of a specific situation in a localized area and vitality test analysis.	\$92.19
01900	EXAMINATION AND DIAGNOSIS, ORTHODONTIC	
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.	\$379.30
01902	Examination and Diagnosis, Orthodontic, Specific	\$76.10
02000	RADIOGRAPHS (Including radiographic examination and diagnosis and interpretation)	
02100	RADIOGRAPHS, REGIONAL/LOCALIZED	

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CODE	DESCRIPTION	ABCDS
	(Where 2-pack films are utilized, it is appropriate to add + E)	
02101	Radiographs, Complete Series (minimum of 12 images incl. bitewings).	\$177.81
02102	Radiographs, Complete Series (minimum of 16 images incl. bitewings).	\$177.81
02110	Radiographs, Periapical	
02111	Single image	\$24.68
02112	Two images	\$42.48
02113	Three images	\$60.27
02114	Four images	\$78.08
02115	Five images	\$95.88
02116	Six images	\$113.67
02117	Seven images	\$131.47
02118	Eight images	\$149.27
02119	Nine images	\$167.08
02120	Ten images	\$176.02
02130	Radiographs, Occlusal	
02131	Single image	\$44.38
02132	Two images	\$62.18
02133	Three images	\$79.97
02134	Four images	\$97.77
02140	Radiographs, Bitewing	
02141	Single image	\$26.64
02142	Two images	\$40.32
02143	Three images	\$55.77
02144	Four images	\$70.09
02145	Five images	\$89.77
02146	Six images	\$107.49

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02300	RADIOGRAPHS, POSTERO-ANTERIOR AND LATERAL SKULL AND FACIAL BONE	
02301	Single image	\$66.63
02302	Two images	\$111.09
02303	Three images	\$155.57
02304	Sinus Examination and Diagnosis - Minimum four images identified as: 1) Waters 2) Caldwell 3) Lateral Skull 4) Basal	\$200.03
02309	Each additional image over four	\$44.02
02400	RADIOGRAPHS, SIALOGRAPHY	
02401	Single image	\$66.65
02402	Two images	\$111.09
02409	Each additional image over two	\$44.02
02410	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
02500	RADIOGRAPHS, TEMPOROMANDIBULAR JOINT	
02501	Single image	\$66.63
02502	Two images	\$111.09
02503	Three images	\$155.57
02504	Four images (minimum examination and diagnosis closed and open each side)	\$200.03
02509	Each additional image over four	\$44.02
02510	Arthrography of Temporo-mandibular joint	
02511	Performing the Arthrographic Procedure	\$220.23
02520	Interpretation of the Arthrogram	
02521	One unit of time	\$66.75

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02529	Each additional unit of time	\$66.75
02600	RADIOGRAPHS, PANORAMIC	
02601	Single image	\$78.99
02700	RADIOGRAPHS, CEPHALOMETRIC	
02701	Single image	\$106.31
02702	Two images	\$166.69
02750	Radiographs, Cephalometric, Tracing and Interpretation	
02751	One unit of time	\$73.41
02752	Two units	\$146.82
02759	Each additional unit over two	\$73.41
02800	RADIOGRAPHS, COMPUTERIZED AXIAL TOMOGRAMS (CT), POSITRON EMISSION TOMOGRAPHY (P.E.T.), MAGNETIC RESONANCE IMAGES (M.R.I.), INTERPRETATION (either the radiographs, CT scans, PET scans, MRI scans, or the interpretation must be received from another source)	
02801	One unit of time + E	\$81.69
02802	Two units + E	\$163.38
02809	Each additional unit over two + E	\$81.69
02900	RADIOGRAPHS, OTHER	
02910	Radiographs, Duplications	
02911	Single image	\$5.06
02912	Two images	\$10.07
02913	Three images	\$15.09
02914	Four images	\$20.11
02915	Five images	\$25.14
02916	Six images	\$30.18
02917	Seven images	\$35.22
02918	Eight images	\$38.98

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CODE	DESCRIPTION	ABCDS
02919	Each additional image over eight	\$5.06
02930	Radiographs, Tomography	
02931	Single view	\$106.31
02932	Two views	\$166.75
02933	Three views	\$224.16
02934	Four views	\$277.80
02939	Each additional view over four	\$44.02
02940	Radiographs, Hand and Wrist	
02941	Radiographs, Hand and Wrist (as a diagnostic aid for dental treatment) per case	\$106.31
02950	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))	
02951	Maxillary Guide + L + E	BR
02952	Mandibular + L + E	BR
03000	TEMPLATE, SURGICAL (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants)	
03001	Maxillary Template + L + E	\$66.75
03002	Mandibular Template + L + E	\$66.75
04000	TEST/ANALYSIS/LABORATORY PROCEDURES/INTERPRETATION AND/OR REPORTS	
04100	TEST/ANALYSIS, MICROBIOLOGICAL (technical procedure only)	
04101	Microbiological Test/Analysis for the Determination of Pathological Agents + L	\$63.40
04200	TEST/ANALYSIS, CARIES SUSCEPTIBILITY/DIAGNOSIS	
04201	Bacteriological Test/Analysis for the Determination of Dental Caries Susceptibility (technical procedure only) + L	\$63.40
04220	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	\$26.64

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04227	One half unit of time	\$13.32
04300	TEST/ANALYSIS, HISTOPATHOLOGICAL (technical procedure only)	
04310	Test/Analysis, Histopathological, Soft Tissue	
04311	Biopsy, Soft Oral Tissue - by Puncture + L	\$73.41
04312	Biopsy, Soft Oral Tissue - by Incision + L	\$73.41
04313	Biopsy, Soft Oral Tissue - by Aspiration + L	\$73.41
04314	Biopsy, Soft, Extraoral Tissue, Aspiration + L	BR
04315	Biopsy, Soft, Extraoral Tissue, Incision + L	BR
04320	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
04400	TEST/ANALYSIS, CYTOLOGICAL (technical procedure only)	
04401	Cytological Smear from the Oral Cavity + L + E	\$63.40
04402	Vital Staining of Oral Mucosal Tissues + E	\$63.40
04500	TESTS/ANALYSIS, PULP VITALITY AND INTERPRETATION	
04501	One unit of time	\$63.40
04509	Each additional unit	\$63.40
04600	INTERPRETATION AND/OR REPORTS, LABORATORY	
04601	Interpretation and/or Report, Microbiological by Oral Microbiologist + L	\$190.25
04602	Interpretation and/or Report, Histopathological by Oral Pathologist or Microbiologist + L	\$220.23
04603	Interpretation and/or Report, Cytological by Oral Pathologist + L	\$63.40
04604	Reports, Other	BR
04700	SUPPLEMENTARY DIAGNOSTIC PROCEDURES (INTERPRETATION ONLY)	

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CODE	DESCRIPTION	ABCDS
04710	Equilibration, Casts, Diagnostic (pilot equilibration) for extensive or complicated restorative dentistry + L	
04711	One unit of time + L	\$66.75
04712	Two units + L	\$133.50
04713	Three units + L	\$200.25
04714	Four units + L	\$267.00
04719	Each additional unit over four + L	\$66.75
04720	Wax-up, Diagnostic (to evaluate cosmetic and/or preparation design and/or occlusal considerations) (gnathological wax-up) + L	
04721	One unit of time + L	\$66.75
04722	Two units + L	\$133.50
04723	Three units + L	\$200.25
04724	Four units + L	\$267.00
04729	Each additional unit over four + L	\$66.75
04730	Split Cast Mounting, Diagnostic + L	
04731	One unit of time + L	\$66.75
04732	Two units + L	\$133.50
04733	Three units + L	\$200.25
04734	Four units + L	\$267.00
04739	Each additional unit over four + L	\$66.75
04740	Interpretation of diagnostic casts	
04741	One unit of time	\$64.29
04749	Each additional unit	\$64.29
04800	VISUAL IMAGING, DIAGNOSTIC	
04810	Photographs, diagnostic (technical procedure only)	
04811	Single photograph	\$16.74

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CODE	DESCRIPTION	ABCDS
04812	Two photos	\$31.70
04813	Three photos	\$47.56
04819	Each additional photo over three	\$16.74
04850	Maxillofacial Endoscopy (technical procedure and interpretation)	
04851	Direct Laryngoscopy	BR
04852	Indirect Laryngoscopy	BR
04853	Nasoendoscopy	BR
04854	Sinoendoscopy	BR
04855	Bronchoscopy	BR
04856	Esophagoscopy	BR
04857	Fundoscopy	BR
04858	Otoscopy	BR
04859	Sialoendoscopy	BR
04900	CASTS, DIAGNOSTIC (technical procedure only)	
04910	Cast, Diagnostic, Unmounted	
04911	Cast, Diagnostic, Unmounted + L	\$71.45
04912	Cast, Diagnostic, Unmounted, Duplicate + L	\$31.70
04913	Cast, Diagnostic, Unmounted, Upper and Lower Combined + L	\$150.08
04920	Casts, Diagnostic, Mounted	
04921	Casts, Diagnostic, Mounted + L	\$112.12
04922	Casts, Diagnostic, Mounted, using face bow transfer + L	\$149.20
04923	Casts, Diagnostic, Mounted, using face bow + occlusal records + L	\$294.63
04924	Casts, Diagnostic, Mounted using fully adjustable articulator + L (used with 04941 and 04942)	BR
04930	Casts, Diagnostic, Orthodontic	

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CODE	DESCRIPTION	ABCDS
04931	Casts, Diagnostic, Orthodontic (unmounted, angle trimmed and soaped) + L	\$126.83
04940	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
05000	CASE PRESENTATION/ TREATMENT PLANNING	
05100	TREATMENT PLANNING (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	\$66.75
05102	Two units	\$133.50
05103	Three units	\$200.25
05104	Four units	\$267.00
05109	Each additional unit over four	\$66.75
05110	Virtual Surgical Planning for Orthognathic and Craniomaxillofacial Surgery + E + L	
05111	One unit	BR
05112	Two units	BR
05113	Three units	BR
05114	Four units	BR
05119	Each additional unit over four	BR
05200	CONSULTATION, with patient	
05201	One unit of time	\$69.43
05202	Two units	\$138.86
05209	Each additional unit over two	\$69.43
07000	RADIOGRAPHS, CONE BEAM COMPUTERIZED TOMOGRAPHY (CBCT)	

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07010	Radiographs, CBCT, Acquisition	
07011	Small field of view (e.g. sextant or part of; isolated temporomandibular joint)	\$88.84
07012	Large field of view (1 arch)	\$106.31
07013	Large field of view (2 arches)	\$166.75
07020	Radiographs, CBCT, Image Processing	
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
07030	Radiographs, CBCT, Interpretation	
07031	One unit of time	\$73.41
07032	Two units of time	\$146.82
07037	One half unit of time	\$36.71
07039	Each additional unit over two	\$73.41
07040	Radiographs, CBCT, Acquisition, Processing and Interpretation	
07041	Small field of view (sextant or part of; isolated temporomandibular joint)	\$162.25
07042	Large field of view (1 arch)	\$179.72
07043	Large field of view (2 arches)	\$240.16
10000	PREVENTIVE	
11100	POLISHING	
11101	One unit of time	\$53.52
11102	Two units	\$107.04
11107	One half unit	\$26.76
11110	SCALING	
11111	One unit of time	\$60.07
11112	Two units	\$120.14

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11113	Three units	\$180.20
11114	Four units	\$240.27
11115	Five units	\$300.34
11116	Six units	\$360.41
11117	One half unit	\$30.04
11119	Each additional unit over six	\$60.07
12100	FLUORIDE TREATMENTS (whole mouth)	
12110	Topical, whole mouth, in office	
12111	Rinse	\$25.93
12112	Gel or Foam	\$25.93
12113	Varnish	\$25.93
12114	Self-administered brush-in, supervised	\$25.93
12600	FLUORIDE, CUSTOM APPLIANCES, (home application)	
12601	Fluoride, Custom Appliance - Maxillary Arch + L	\$63.40
12602	Fluoride, Custom Appliance - Mandibular Arch + L	\$63.40
12700	MEDICATION, CUSTOM APPLIANCE	
12701	Medication, Custom Appliance - Maxillary Arch + L	\$63.40
12702	Medication, Custom Appliance - Mandibular Arch + L	\$63.40
13000	PREVENTIVE SERVICES, OTHER	
13100	NUTRITIONAL COUNSELLING Including: recording and analysis up to seven-day dietary intake and consultation	
13101	One unit of time	\$63.40
13102	Two units	\$126.81
13103	Three units	\$190.21

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13104	Four units	\$253.61
13109	Each additional unit over four	\$63.40
13200	ORAL HYGIENE INSTRUCTION/PLAQUE CONTROL To include: brushing and/or flossing and/or embrasure cleaning	
13210	Individual Instruction (one instructor to one patient) - excluding audio-visual time	
13211	One unit of time	\$63.40
13212	Two units	\$126.81
13213	Three units	\$190.21
13214	Four units	\$253.61
13217	One half unit of time	\$31.70
13219	Each additional unit over four	\$63.40
13220	Group Instruction - excluding audio-visual time	
13221	One unit of time	\$63.40
13222	Two units	\$126.81
13223	Three units	\$190.21
13224	Four units	\$253.61
13229	Each additional unit over four	\$63.40
13230	Re-instruction (within 6 months) -excluding audio-visual time	
13231	One unit of time	\$63.40
13232	Two units	\$126.81
13239	Each additional unit over two	\$63.40
13240	Oral Hygiene Instruction - audio-visual	
13241	One unit of time	\$63.40
13242	Two units	\$126.81
13249	Each additional unit over two	\$63.40

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13400	SEALANTS, PIT AND FISSURE (Mechanical and/or chemical preparation included)	
13401	First tooth	\$29.18
13409	Each additional tooth same quadrant	\$14.60
13410	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	\$64.90
13419	Each additional tooth same quadrant	\$61.31
13600	TOPICAL APPLICATION TO HARD TISSUE LESION(S) OF AN ANTIMICROBIAL OR REMINERALIZATION AGENT	
13601	One unit of time + E	\$63.40
13602	Two units of time + E	\$126.81
13609	Each additional unit over two	\$63.40
14000	APPLIANCES	
14100	APPLIANCES, REMOVABLE, CONTROL OF ORAL HABITS	
14101	Appliance, Maxillary + L	\$468.19
14102	Appliance, Mandibular + L	\$468.19
14200	APPLIANCES, FIXED/ CEMENTED, CONTROL OF ORAL HABITS	
14201	Appliance, Maxillary + L	\$513.88
14202	Appliance, Mandibular + L	\$513.88
14300	CONTROL OF ORAL HABITS, MISCELLANEOUS	
14301	Motivation of Patient - Psychological Approach (e.g. thumb sucking, lip biting, etc.) - per visit + L	\$73.41
14310	Myofunctional Therapy (e.g. to correct mouth breathing, abnormal swallowing, tongue thrust, etc.)	
14311	First unit of time per visit + L	\$73.41
14312	Two units +L	\$146.82

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14319	Each additional unit over two + L	\$73.41
14400	APPLIANCES, CONTROL OF ORAL HABITS - adjustments, repairs, maintenance	
14401	One unit of time + L	\$73.41
14402	Two units of time + L	\$146.82
14403	Three units of time + L	\$220.23
14409	Each additional unit over three + L	\$73.41
14500	APPLIANCES, PROTECTIVE MOUTH GUARDS	
14501	Appliance, Protective Mouth Guard, Preformed	\$75.92
14502	Appliance, Protective Mouth Guard, Processed + L	\$83.08
14600	APPLIANCES, PERIODONTAL (see separate codes for control of Oral Habits 14000, Protective Mouth Guards 13500, TMJ 14700 and TMJ appliances 78700)	
14610	Appliances, Periodontal (including bruxism appliance); Includes Impression, Insertion and Insertion adjustment (no post-insertion adjustments)	
14611	Maxillary Appliance + L	\$374.39
14612	Mandibular Appliance + L	\$374.39
14620	Appliances, Adjustment, Repair	
14621	One unit of time + L	\$68.07
14622	Two units + L	\$136.15
14623	Three units + L	\$204.22
14629	Each additional unit over three + L	\$68.07
14630	Appliances, Reline	
14631	Reline, Direct	\$204.24
14632	Reline, Processed + L	\$204.24
14700	APPLIANCES, TEMPOROMANDIBULAR JOINT	
14710	Appliance, TMJ, Diagnostic and/or Therapeutic, includes impression, insertion and insertion adjustment (no post-insertion adjustments)	

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CODE	DESCRIPTION	ABCDS
14711	Maxillary Appliance + L	\$551.18
14712	Mandibular Appliance + L	\$551.18
14720	Appliance, TMJ Intraoral Repositioning; includes impression, insertion and insertion adjustment (no post-insertion adjustments)	
14721	Maxillary Appliance + L	\$551.18
14722	Mandibular Appliance + L	\$551.18
14730	Appliance, TMJ, Periodic Maintenance, Adjustment, Repair	
14731	One unit of time + L	\$71.47
14732	Two units + L	\$142.94
14733	Three units + L	\$214.41
14739	Each additional unit over three	\$71.47
14740	Appliance, TMJ, Reline	
14741	Reline, Direct	\$204.24
14742	Reline, Indirect + L	\$204.24
14800	APPLIANCES, MYOFASCIAL PAIN DYSFUNCTION SYNDROME (conditions that originate outside the temporomandibular joint),	
14810	Appliance, Myofascial Pain Dysfunction Syndrome, to include: models, gnathological determinants) Appliance Construction only, and insertion adjustment (no post-insertion adjustments)	
14811	Maxillary Appliance + L	\$622.04
14812	Mandibular Appliance + L	\$622.04
14820	Appliance, Myofascial Pain Dysfunction Syndrome, Periodic Maintenance, Adjustment and repairs	
14821	One unit of time + L	\$71.47
14822	Two units of time + L	\$142.94
14823	Three units of time + L	\$214.41
14829	Each additional unit of time + L	\$71.47

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CODE	DESCRIPTION	ABCDS
14900	APPLIANCES, INTRAORAL, TO TREAT MEDICALLY DIAGNOSED OBSTRUCTIVE SLEEP APNEA, SNORING, UPPER AIRWAY RESISTANCE SYNDROME (UARS) WITH OR WITHOUT APNEA (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	\$660.72
14902	Appliance, Tongue Retaining Device, for the Treatment of Obstructive Airway Disorders + E	\$374.39
14910	Appliance, Intraoral, For the Treatment of Obstructive Airway Disorders, Periodic Maintenance, Adjustment and Repairs	
14911	One unit of time + L	\$73.41
14912	Two units + L	\$146.82
14919	Each additional unit over two + L	\$73.41
14920	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	\$66.75
14922	Two units	\$133.50
14929	Each additional unit over two	\$66.75
15000	SPACE MAINTAINERS (Includes the design, separation, fabrication, insertion and where applicable initial cementation and removal)	
15100	SPACE MAINTAINERS, BAND TYPE	
15101	Space Maintainer, Band Type, Fixed, Unilateral + L	\$220.23
15102	Space Maintainer, Band Type, Fixed, Unilateral with Intra-alveolar Attachment + L	\$220.23
15103	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch) + L	\$293.65
15104	Space Maintainer, Band Type, Fixed, Bilateral (soldered lingual arch), with Teeth Attached + L	\$293.65
15105	Space Maintainer, Band Type, Fixed, Bilateral Tubes and Locking Wires + L	\$293.65
15200	SPACE MAINTAINERS, STAINLESS STEEL CROWN TYPE	
15201	Space Maintainer, Stainless Steel Crown Type, Fixed + L	\$232.74
15202	Space Maintainer, Stainless Steel Crown Type, Fixed, with Intra-Alveolar Attachment + L	\$220.23

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CODE	DESCRIPTION	ABCDs
15300	SPACE MAINTAINERS, CAST TYPE	
15301	Space Maintainer, Cast Type, Fixed + L	BR
15302	Space Maintainer, Cast Type, Fixed, with Intra-Alveolar Attachment + L	BR
15400	SPACE MAINTAINERS, ACRYLIC, REMOVABLE	
15401	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires + L	\$220.23
15402	Space Maintainer, Acrylic, Removable, Bilateral Clasps, Retaining Wires with Teeth + L	\$220.23
15403	Space Maintainer, Acrylic Removable, No Clasps + L	\$220.23
15500	SPACE MAINTAINERS, BONDED, PONTIC TYPE	
15501	Space Maintainer, Bonded, Pontic Type + L	\$220.23
15600	SPACE MAINTAINERS, MAINTENANCE OF	
15601	Maintenance, Space Maintainer Appliance, to include: adjustment and/or recementation after 30 days from insertion	\$73.41
15602	Maintenance, Space Maintainer Appliances, addition of clasps and/or activating wires + L	\$146.82
15603	Repairs, Space Maintainer Appliances (includes recementation) + L	\$146.82
15604	Removal of Fixed Space Maintainer Appliances by Second Dentist.	\$70.07
16000	ANATOMIC MODIFICATIONS (Reshaping, recontouring, or occlusal modifications of a natural tooth or teeth, single or multiple restorations, or the inter-articulation of the teeth)	
16100	FINISHING RESTORATIONS (To include: polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (when restorations were performed by another dentist or restorations are over two years old).	
16101	One unit of time	\$66.75
16102	Two units	\$133.50
16103	Three units	\$200.25
16104	Four units	\$267.00
16109	Each additional unit over four	\$66.75
16200	DISKING OF TEETH, Interproximal	

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CODE	DESCRIPTION	ABCDS
16201	One unit of time	\$63.40
16202	Two units	\$126.81
16203	Three units	\$190.21
16209	Each additional unit over three	\$63.40
16300	RECONTOURING OF NATURAL TEETH FOR AESTHETIC REASONS	
16301	One unit of time	\$70.07
16309	Each additional unit of time	\$70.07
16400	RECONTOURING OF TEETH FOR FUNCTIONAL REASONS (not associated with delivery of a single or multiple prosthesis)	
16401	One unit of time	\$70.07
16409	Each additional unit of time	\$70.07
16500	OCCLUSION	
16510	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	\$78.26
16512	Two units	\$156.53
16513	Three units	\$234.79
16514	Four units	\$313.06
16519	Each additional unit over four	\$78.26
20000	RESTORATION	
20100	CARIES, TRAUMA AND PAIN CONTROL	
20110	Caries/Trauma/Pain Control (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure)	
20111	First tooth	\$142.96

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CODE	DESCRIPTION	ABCDS
20119	Each additional tooth same quadrant	\$142.96
20120	Caries/Trauma/Pain Control (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support, as a separate procedure)	
20121	First tooth	\$178.70
20129	Each additional tooth same quadrant	\$178.70
20130	Trauma Control, Smoothing of Fractured Surfaces, per tooth	
20131	First tooth	\$38.52
20139	Each additional tooth same quadrant	\$34.94
21000	RESTORATIONS, AMALGAM	
21100	RESTORATIONS, AMALGAM, PRIMARY TEETH	
21110	Restorations, Amalgam, Non-Bonded, Primary Teeth	
21111	One surface	\$87.02
21112	Two surfaces	\$115.19
21113	Three surfaces	\$157.67
21114	Four surfaces	\$192.72
21115	Five surfaces or maximum surfaces per tooth	\$225.45
21120	Restorations, Amalgam, Bonded, Primary Teeth	
21121	One surface	\$114.43
21122	Two surfaces	\$151.78
21123	Three surfaces	\$182.36
21124	Four surfaces	\$214.71
21125	Five surfaces or maximum surfaces per tooth	\$249.23
21200	RESTORATIONS, AMALGAM, PERMANENT TEETH	
21210	Restorations, Amalgam, Non-Bonded, Permanent Bicuspids and Anteriors	

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CODE	DESCRIPTION	ABCDS
21211	One surface	\$95.96
21212	Two surfaces	\$132.47
21213	Three surfaces	\$168.40
21214	Four surfaces	\$207.03
21215	Five surfaces or maximum surfaces per tooth	\$225.45
21220	Restorations, Amalgam, Non-Bonded, Permanent Molars	
21221	One surface	\$101.32
21222	Two surfaces	\$125.89
21223	Three surfaces	\$171.97
21224	Four surfaces	\$216.86
21225	Five surfaces or maximum surfaces per tooth	\$242.44
21230	Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors	
21231	One surface	\$121.59
21232	Two surfaces	\$150.89
21233	Three surfaces	\$187.71
21234	Four surfaces	\$224.55
21235	Five surfaces or maximum surfaces per tooth	\$251.91
21240	Restorations, Amalgam, Bonded, Permanent Molars	
21241	One surface	\$131.43
21242	Two surfaces	\$162.51
21243	Three surfaces	\$193.97
21244	Four surfaces	\$230.82
21245	Five surfaces or maximum surfaces per tooth	\$278.74
21300	RESTORATIONS, AMALGAM CORES	

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CODE	DESCRIPTION	ABCDS
21301	Restorations, Amalgam Core, Non-Bonded in conjunction with crown or Fixed Bridge Retainer	\$176.98
21302	Restorations, Amalgam Core, Bonded, in conjunction with crown or Fixed Bridge Retainer	\$198.08
21400	PINS, RETENTIVE per restoration (for amalgams and tooth coloured restorations)	
21401	One pin	\$29.44
21402	Two pins	\$42.38
21403	Three pins	\$55.34
21404	Four pins	\$69.16
21405	Five pins or more	\$77.61
21500	RESTORATIONS MADE TO A TOOTH SUPPORTING AN EXISTING PARTIAL DENTURE CLASP (ADDITIONAL TO RESTORATION)	
21501	Per restoration	\$66.47
22000	RESTORATIONS, PRE-FABRICATED, FULL COVERAGE	
22200	RESTORATIONS, PREFABRICATED, METAL, PRIMARY TEETH	
22201	Primary Anterior	\$185.40
22202	Primary Anterior - open face/acrylic veneer + L	\$228.49
22211	Primary Posterior	\$181.55
22212	Primary Posterior - open face	\$245.27
22300	RESTORATIONS PREFABRICATED, METAL, PERMANENT TEETH	
22301	Permanent Anterior	\$210.24
22302	Permanent Anterior - open face	\$268.53
22311	Permanent Posterior	\$210.24
22312	Permanent Posterior - open face	\$245.27
22400	RESTORATIONS PREFABRICATED, PLASTIC, PRIMARY TEETH	
22401	Primary Anterior	\$156.37
22411	Primary Posterior	\$156.37

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CODE	DESCRIPTION	ABCDS
22500	RESTORATIONS PREFABRICATED, PLASTIC, PERMANENT TEETH	
22501	Permanent Anterior	\$208.46
22511	Permanent Posterior	\$208.46
22600	RESTORATIONS, PREFABRICATED, PORCELAIN/CERAMIC/POLYMER GLASS, PRIMARY TEETH	
22601	Primary Anterior	\$217.81
22611	Primary Posterior	\$217.81
23000	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS	
23100	RESTORATIONS, TOOTH COLOURED, PERMANENT ANTERIORS NON BONDED TECHNIQUE	
23101	One surface	\$100.97
23102	Two surfaces (continuous)	\$114.38
23103	Three surfaces (continuous)	\$160.85
23104	Four surfaces (continuous)	\$175.14
23105	Five surfaces (continuous, maximum surfaces per tooth)	\$209.08
23110	Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closures)	
23111	One surface	\$122.08
23112	Two surfaces (continuous)	\$146.14
23113	Three surfaces (continuous)	\$167.76
23114	Four surfaces (continuous)	\$219.54
23115	Five surfaces (continuous, maximum surfaces per tooth)	\$269.79
23120	Restorations, Tooth Coloured, Veneer Applications	
23122	Tooth Coloured Veneer Application - Non Prefabricated Direct Buildup - Bonded	\$297.84
23123	Tooth Coloured Veneer Application - Diastema Closure, Interproximal only, Bonded	\$238.50
23200	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PERMANENT POSTERIORES NON BONDED	

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CODE	DESCRIPTION	ABCDS
23210	Permanent Bicuspid	
23211	One surface	\$98.28
23212	Two surfaces	\$125.09
23213	Three surfaces	\$157.26
23214	Four surfaces	\$189.44
23215	Five surfaces or maximum surfaces per tooth	\$199.28
23220	Permanent Molars	
23221	One surface	\$107.22
23222	Two surfaces	\$140.29
23223	Three surfaces	\$164.42
23224	Four surfaces	\$191.25
23225	Five surfaces or maximum surfaces per tooth	\$240.41
23300	RESTORATIONS, TOOTH COLOURED, PERMANENT POSTERIOURS - BONDED	
23310	Permanent Bicuspid	
23311	One surface	\$128.00
23312	Two surfaces	\$178.33
23313	Three surfaces	\$208.83
23314	Four surfaces	\$257.79
23315	Five surfaces or maximum surfaces per tooth	\$292.83
23320	Permanent Molars	
23321	One surface	\$133.79
23322	Two surfaces	\$188.62
23323	Three surfaces	\$223.32
23324	Four surfaces	\$273.89
23325	Five surfaces or maximum surfaces per tooth	\$316.98

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CODE	DESCRIPTION	ABCDS
23400	RESTORATIONS, TOOTH COLOURED, PRIMARY, ANTERIOR, NON BONDED	
23401	One surface	\$96.49
23402	Two surfaces (continuous)	\$118.86
23403	Three surfaces (continuous)	\$139.39
23404	Four surfaces (continuous)	\$176.03
23405	Five surfaces (continuous or maximum surfaces per tooth)	\$214.46
23410	Restorations, Tooth Coloured, Primary, Anterior Bonded Technique	
23411	One surface	\$122.62
23412	Two surfaces (continuous)	\$143.74
23413	Three surfaces (continuous)	\$157.67
23414	Four surfaces (continuous)	\$192.72
23415	Five surfaces (continuous or maximum surfaces per tooth)	\$251.91
23500	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, PRIMARY, POSTERIOR, NON BONDED	
23501	One surface	\$98.28
23502	Two surfaces	\$128.66
23503	Three surfaces	\$148.32
23504	Four surfaces	\$159.94
23505	Five surfaces (or maximum surfaces per tooth)	\$195.69
23510	Restorations, Tooth Coloured, Primary, Posterior, Bonded Technique	
23511	One surface	\$128.89
23512	Two surfaces	\$162.91
23513	Three surfaces	\$210.24
23514	Four surfaces	\$245.27
23515	Five surfaces or maximum surfaces per tooth	\$280.31

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CODE	DESCRIPTION	ABCDS
23600	RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS, CORES	
23601	Restoration, Tooth Coloured, Non-Bonded Core, in Conjunction with Crown or Fixed Bridge Retainer	\$187.71
23602	Restoration, Tooth Coloured, Bonded, Core, in Conjunction with Crown or Fixed Bridge Retainer	\$216.52
23700	RESIN INFILTRATION (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
24000	RESTORATIONS, FOIL, GOLD	
24100	RESTORATIONS, FOIL, GOLD, ANTERIORS	
24101	Class I	\$468.24
24102	Class III	\$624.63
24103	Class V	\$428.89
24104	Class IV	\$736.53
24200	RESTORATIONS, FOIL, GOLD, POSTERIOR	
24201	Class I	\$468.24
24202	Class II	\$624.63
24203	Class V	\$468.12
25000	RESTORATIONS, INLAYS, ONLAYS, PINS AND POSTS	
25100	RESTORATIONS, INLAYS	
25110	Inlays, Metal	
25111	One surface + L	\$407.50
25112	Two surfaces + L	\$541.48
25113	Three surfaces + L	\$582.60
25114	Three surfaces, modified + L	\$703.80

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CODE	DESCRIPTION	ABCDs
25120	Inlays, Composite/Compomer, Indirect (Bonded)	
25121	One surface + L	\$421.22
25122	Two surfaces + L	\$491.31
25123	Three surfaces + L	\$573.89
25124	Three surfaces, modified + L	\$738.25
25130	Inlays, Porcelain/Ceramic/Polymer Glass	
25131	One surface + L	\$390.50
25132	Two surfaces + L	\$437.84
25133	Three surfaces + L	\$591.60
25134	Three surfaces, modified + L	\$618.83
25140	Inlays, Porcelain/Ceramic/Polymer Glass (Bonded)	
25141	One surface + L	\$417.64
25142	Two surfaces + L	\$586.11
25143	Three surfaces + L	\$683.90
25144	Three surfaces, modified + L	\$738.25
25500	RESTORATIONS, ONLAYS (where one or more cusps are restored)	
25510	Onlays, Cast Metal, Indirect	
25511	Onlays, Cast Metal, Indirect + L	\$582.60
25512	Onlays, Cast Metal, Indirect (Bonded external retention type) + L	\$609.43
25520	Onlays, Composite/Compomer, Processed (Bonded) + L	
25521	Onlays, Composite/Compomer, Indirect (Bonded) + L	\$738.25
25530	Onlays, Porcelain/Ceramic/ Polymer glass (Bonded)	
25531	Onlays, Porcelain/Ceramic/Polymer Glass (Bonded) + L	\$738.25
25600	PINS, RETENTIVE (for inlays, onlays and crowns per tooth)	

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CODE	DESCRIPTION	ABCDS
25601	One pin/tooth + L	\$39.89
25602	Two pins/tooth + L	\$76.21
25603	Three pins/tooth + L	\$120.73
25604	Four pins/tooth + L	\$147.87
25605	Five or more pins/tooth + L	\$174.13
25700	POSTS	
25710	Posts, Cast Metal, (including core) as a Separate Procedure	
25711	Single section + L	\$297.55
25712	Two sections + L	\$357.41
25713	Three sections + L	\$469.14
25720	Posts, Cast Metal (including core) Concurrent with Impression for Crown	
25721	Single section + L	\$169.78
25722	Two sections + L	\$228.76
25723	Three sections + L	\$285.93
25730	Posts, Prefabricated Retentive + E	
25731	One post + E	\$142.11
25732	Two posts same tooth + E	\$235.92
25733	Three posts same tooth + E	\$321.67
25740	Posts, Prefabricated, Retentive and Cast Core + L + E	
25741	One post and cast core + L + E	\$247.54
25742	Two posts (same tooth) and cast core + L + E	\$312.76
25743	Three posts (same tooth) and cast core + L + E	\$390.50
25770	Posts, Provisional	
25771	Per Post + L and/or + E	\$77.73
25780	Post Removal	
25781	One unit of time	\$95.61

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CODE	DESCRIPTION	ABCDS
25782	Two units of time	\$191.23
25783	Three units of time	\$286.84
25784	Four units of time	\$382.46
25789	Each additional unit over four	\$95.61
26000	MESOSTRUCTURES (a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw)	
26100	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
27000	CROWNS, SINGLE UNITS (only)	
27100	CROWNS, ACRYLIC/COMPOSITE/ COMPOMER, (with or without Cast or Prefabricated Metal Bases)	
27110	Crowns, Acrylic/Composite/ Compomer, Indirect	
27111	Crown, Acrylic/Composite/ Compomer, Indirect + L	\$585.28
27112	Crown, Acrylic/Composite/Compomer, Indirect, Complicated (restorative, positional and/or esthetic) + L	\$781.91
27113	Crown, Acrylic/Composite/Compomer, Provisional [Long Term], Indirect (lab fabricated/relined intra-orally) + L	\$228.76
27120	Crowns, Acrylic/Composite/Compomer, Direct	
27121	Crowns, Acrylic/Composite/Compomer, Direct, Provisional (chairside) + E	\$176.98
27125	Crowns, Acrylic/Composite/Compomer, Direct, Provisional Implant-supported + E	\$176.98
27130	Crown, Acrylic/Composite/Compomer/ Cast Metal Base, Indirect + L	
27131	Crown, Acrylic/Composite/Compomer/Cast Metal Base, Indirect + L	\$623.74
27135	Crown, Acrylic/Composite/Compomer Cast Metal Base, Implant-supported + L + E	\$623.74
27136	Crown, Acrylic/Composite/Compomer/Cast Metal Base with Cast Post Retention + L	\$781.91

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CODE	DESCRIPTION	ABCDS
27140	Crown, Acrylic/Composite/Compomer/ Prefabricated Metal Base, Provisional, Direct	
27145	Crown, Acrylic/Composite/Compomer/ Pre-fabricated Metal Base, Provisional, Implant-supported, Direct + E	\$176.98
27150	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	\$176.98
27200	CROWNS, PORCELAIN/CERAMIC/POLYMER GLASS	
27201	Crown, Porcelain/Ceramic/Polymer Glass + L	\$738.25
27202	Crown, Porcelain/Ceramic/Polymer Glass, Complicated + L	\$979.93
27205	Crown, Porcelain/Ceramic/Polymer Glass, Implant-supported + L + E	\$738.25
27206	Crown, Porcelain/Ceramic/Polymer Glass, with Cast Ceramic Post Retention + L	\$979.93
27210	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	
27211	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base + L	\$738.25
27212	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated (restorative, positional and/or aesthetic) + L	\$979.93
27215	Crown, Porcelain/Ceramic Fused to Metal Base, Implant-supported + L + E	\$738.25
27216	Crown, Porcelain/Ceramic Fused to Metal Base with Cast Metal Post Retention + L	\$979.93
27220	Crown, $\frac{3}{4}$, Porcelain/Ceramic/Polymer Glass	
27221	Crown, $\frac{3}{4}$, Porcelain/Ceramic/Polymer Glass, + L	\$738.25
27222	Crown, $\frac{3}{4}$, Porcelain/Ceramic/Polymer Glass, Complicated + L	\$979.93
27300	CROWNS, CAST METAL	
27301	Crown, Cast Metal + L	\$738.25
27302	Crown, Cast Metal, Complicated (restorative, positional) + L	\$979.93
27305	Crown, Cast Metal, Implant-supported + L + E	\$738.25
27306	Crown, Cast Metal, with Cast Metal Post Retention + L	\$979.93
27307	Semi-precision Rest (Interlock) (in addition to Cast Metal Crown) + L + E	\$165.16

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CODE	DESCRIPTION	ABCDS
27308	Semi-Precision or Precision Attachment RPD Retainer (in addition to Cast Metal Crown) + L + E	\$408.36
27310	Crowns, $\frac{3}{4}$, Cast Metal	
27311	Crowns, $\frac{3}{4}$, Cast Metal + L	\$738.25
27312	Crowns, Metal $\frac{3}{4}$ Cast Metal, Complicated + L	\$979.93
27313	Crowns, $\frac{3}{4}$, Cast Metal, with Direct Tooth Coloured Corner + L	\$738.25
27400	CROWNS MADE TO AN EXISTING PARTIAL DENTURE CLASP (additional to crown)	
27401	One Crown + L	\$106.72
27409	Each additional crown + L	\$70.05
27500	COPINGS, METAL/ ACRYLIC, TRANSFER (thimble type)	
27510	Coping, Metal/Acrylic, Transfer (thimble), as a separate procedure	
27511	Coping, Metal/Acrylic, Transfer (thimble) as a Separate Procedure + L	\$311.87
27520	Copings, Metal/Acrylic, Transfer (thimble) concurrent with Impression for crown	
27521	Coping, Metal/Acrylic, Transfer (thimble) Concurrent with Impression for Crown + L	\$77.73
27600	VENEERS, LABORATORY PROCESSED	
27601	Veneers, Acrylic/Composite/Compomer, Bonded + L	\$645.20
27602	Veneers, Porcelain/Ceramic/Polymer Glass, Bonded + L	\$738.25
27700	REPAIRS, (single units only, does not include removal and recementation)	
27710	Repairs, Inlays, Onlays or Crowns, Acrylic/Composite/Compomer (single units)	
27711	Repairs, Acrylic/Composite/Compomer, Direct	\$214.46
27720	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base (single units)	
27721	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Direct	\$214.46
27722	Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal base, Indirect + L	\$140.34
27800	RECONTOURING OF EXISTING CROWNS per tooth	

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CODE	DESCRIPTION	ABCDS
27801	One unit of time	\$75.95
27809	Each additional unit of time	\$75.95
28000	RESTORATIVE PROCEDURES, OVERDENTURES	
28100	RESTORATIVE PROCEDURES, OVERDENTURES, DIRECT	
28101	Natural Tooth Preparation, Placement of Pulp Chamber Restoration (amalgam or composite) and Fluoride Application Endodontically Treated Tooth	\$195.69
28102	Natural Tooth Preparation and Fluoride Application, Vital Tooth	\$234.13
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	\$234.13
28105	Implant-supported Prefabricated Attachment as an Overdenture Retentive Device, Direct + L + E	\$117.06
28200	RESTORATIVE PROCEDURES, OVERDENTURES, INDIRECT	
28210	Coping Crowns, Cast Metal, No Attachments, Indirect	
28211	Coping Crown, Cast Metal, No Attachments, Indirect + L	\$312.76
28215	Coping Crown, Cast Metal, No Attachments, Implant-supported, Indirect + L + E	\$312.76
28216	Coping Crown, Cast Metal with Cast Metal Retentive Post, No Attachments + L + E	\$469.14
28220	Coping Crown, Cast Metal, with Attachments, Indirect + L + E	
28221	Coping Crown, Metal Cast, with Attachment, Indirect + L and/or + E	\$390.50
28225	Coping Crown, Cast Metal, Implant-supported with Attachment + L + E	\$390.50
28226	Coping Crown, Cast Metal with Cast Metal Retentive Post, with Attachment + L + E	\$574.79
29000	RESTORATIVE SERVICES, OTHER	
29100	RECEMENTATION/REBONDING, INLAYS/ONLAYS/ CROWNS/VENEERS/POSTS/ NATURAL TOOTH FRAGMENTS	
29101	One unit of time + L + E	\$76.85
29102	Two units + L + E	\$153.69
29103	Three units + L + E	\$230.54
29104	Four units + L + E	\$307.39

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CODE	DESCRIPTION	ABCDS
29300	REMOVAL, INLAYS/ ONLAYS/CROWNS/ VENEERS (single units only)	
29301	One unit of time	\$75.95
29302	Two units	\$151.90
29303	Three units	\$227.85
29304	Four units	\$303.80
30000	ENDODONTICS	
31100	PULP CAPPING (refer to code 20100)	
32000	PULP CHAMBER, TREATMENT OF , (excluding final restoration)	
32200	PULPOTOMY	
32220	Pulpotomy, Permanent Teeth (as a Separate Emergency Procedure)	
32221	Anterior and Bicuspid Teeth	\$142.96
32222	Molar Teeth	\$142.96
32230	Pulpotomy, Primary Teeth	
32231	Primary Tooth as a Separate Procedure	\$136.16
32232	Primary Tooth, Concurrent with Restorations (but excluding final restoration)	\$70.52
32300	PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)	
32310	Pulpectomy, Permanent Teeth/Retained Primary Teeth	
32311	One Canal	\$129.59
32312	Two Canals	\$166.21
32313	Three Canals	\$224.31
32314	Four Canals or more	\$245.76
32320	Pulpectomy, Primary Teeth	
32321	Anterior Tooth	\$109.92

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CODE	DESCRIPTION	ABCDS
32322	Posterior Tooth	\$198.38
33000	ROOT CANAL THERAPY To include: treatment plan, clinical procedures (i.e. pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs and excluding final restoration.	
33100	ROOT CANALS, PERMANENT TEETH/ RETAINED PRIMARY TEETH (Includes: Clinical procedures with appropriate radiographs, excluding final restoration.) Definitions: Uncomplicated - Virtually straight canal penetrated by size #15 file Difficult Access - Limited jaw opening, unfavorable tooth inclination, through complex restorations e.g. crowns, post/core build-ups Exceptional Anatomy - 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 Calcified Canals - Unable to penetrate with size #10 file and not clearly discernable on a radiograph Re-treatment - Re-treatment of previously completed therapy Continuing Treatment - Treatment having been aborted by referring/previous dentist due to blocked canals, ledged canals, zipped canals, separated instruments, perforations, etc.	
33110	Root Canals, Permanent Teeth/Retained Primary Teeth, One Canal	
33111	One canal	\$592.20
33112	Difficult Access	\$786.25
33113	Exceptional Anatomy	\$804.13
33114	Calcified Canal	\$826.50
33115	Re-treatment of Previously Completed Therapy	\$800.23
33120	Root Canals, Permanent Teeth/Retained Primary Teeth, Two Canals	
33121	Two canals	\$862.39
33122	Difficult Access	\$1,104.49
33123	Exceptional Anatomy	\$1,104.49
33124	Calcified Canals	\$1,104.49

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CODE	DESCRIPTION	ABCDS
33125	Re-treatment of Previously Completed Therapy	\$1,134.89
33130	Root Canals, Permanent Teeth/Retained Primary Teeth, Three Canals	
33131	Three canals	\$1,008.53
33132	Difficult Access	\$1,251.56
33133	Exceptional Anatomy	\$1,310.65
33134	Calcified Canals	\$1,243.57
33135	Re-treatment of Previously Completed Therapy	\$1,234.63
33140	Root Canals, Permanent Teeth/Retained Primary Teeth, Four or More Canals	
33141	Four or more canals	\$1,272.95
33142	Difficult Access	\$1,460.16
33143	Exceptional anatomy	\$1,460.16
33144	Calcified canal	\$1,460.16
33145	Re-treatment of previously completed therapy	\$1,528.13
33500	PULPAL REVASCULARIZATION	
33501	One canal	\$224.62
33502	Two canals	\$336.95
33503	Three canals or more	\$449.27
33600	APEXIFICATION/APEXOGENESIS/ INDUCTION OF HARD TISSUE REPAIR (to include biomechanical preparation and placement of dentogenic media)	
33601	One canal	\$233.57
33602	Two canals	\$336.95
33603	Three canals	\$449.27
33604	Four canals or more	\$599.04
33610	Re-insertion of Dentogenic Media per visit	
33611	One canal	\$112.30
33612	Two canals	\$152.44

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CODE	DESCRIPTION	ABCDS
33613	Three canals	\$228.47
33614	Four canals or more	\$305.78
34000	PERIAPICAL SERVICES	
34100	APICOECTOMY/APICAL CURETTAGE	
34110	Maxillary Anterior	
34111	One root	\$472.76
34112	Two roots	\$583.33
34120	Maxillary Bicuspid	
34121	One root	\$583.04
34122	Two roots	\$678.42
34123	Three roots	\$833.71
34130	Maxillary Molar	
34131	One root	\$566.95
34132	Two roots	\$664.12
34133	Three roots	\$1,001.52
34140	Mandibular Anterior	
34141	One root	\$491.13
34142	Two or more roots	\$666.79
34150	Mandibular Bicuspid	
34151	One root	\$723.75
34152	Two roots	\$751.16
34153	Three or more roots	\$917.16
34160	Mandibular Molar	
34161	One root	\$581.54

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CODE	DESCRIPTION	ABCDS
34162	Two roots	\$735.06
34163	Three roots	\$1,001.52
34200	RETROFILLING	
34210	Maxillary Anterior	
34211	One canal	\$89.00
34212	Two or more canals	\$158.33
34220	Maxillary Bicuspid	
34221	One canal	\$89.00
34222	Two canals	\$158.33
34223	Three canals	\$239.29
34224	Four or more canals	\$318.45
34230	Maxillary Molar	
34231	One canal	\$98.84
34232	Two canals	\$158.33
34233	Three canals	\$239.29
34234	Four or more canals	\$318.45
34240	Mandibular Anterior	
34241	One canal	\$100.62
34242	Two or more canals	\$158.33
34250	Mandibular Bicuspid	
34251	One canal	\$79.16
34252	Two canals	\$158.33
34253	Three canals	\$239.29
34254	Four or more canals	\$318.45
34260	Mandibular Molar	

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CODE	DESCRIPTION	ABCDS
34261	One canal	\$79.16
34262	Two canals	\$158.33
34263	Three canals	\$239.29
34264	Four or more canals	\$318.45
34300	RE-TREATMENT, APICOECTOMY/APICAL CURETTAGE	
34310	Maxillary Anterior	
34311	One root	\$478.59
34312	Two roots	\$666.79
34320	Maxillary Bicuspid	
34321	One root	\$583.33
34322	Two roots	\$791.98
34323	Three roots	\$1,001.52
34330	Maxillary Molar	
34331	One root	\$583.33
34332	Two roots	\$791.98
34333	Three roots	\$1,167.56
34340	Mandibular Anterior	
34341	One root	\$599.60
34342	Two or more roots	\$833.71
34350	Mandibular Bicuspid	
34351	One root	\$666.79
34352	Two roots	\$917.16
34353	Three roots	\$1,084.10
34360	Mandibular Molar	
34361	One root	\$666.79

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CODE	DESCRIPTION	ABCDS
34362	Two roots	\$876.08
34363	Three roots	\$1,167.56
34400	SURGICAL SERVICES, MISCELLANEOUS	
34410	Amputations, Root (includes recontouring tooth and furca	
34411	One root	\$327.84
34412	Two roots	\$399.42
34420	Hemisection	
34421	Maxillary Bicuspid	\$239.29
34422	Maxillary Molar	\$233.94
34423	Mandibular Molar	\$233.94
34430	Decompression, Perio-Radicular Lesion	
34431	First visit	\$318.45
34432	Each additional visit	\$158.33
34440	Surgery, Endodontic, Exploratory	
34441	Maxillary Anterior	\$239.29
34442	Maxillary Bicuspid	\$318.45
34443	Maxillary Molar	\$399.42
34444	Mandibular Anterior	\$239.29
34445	Mandibular Bicuspid	\$318.45
34446	Mandibular Molar	\$399.42
34450	Removal, Intentional, of Tooth, Apical Filling and Replantation (splinting additional)	
34451	Single rooted tooth	\$332.95
34452	Two rooted tooth	\$500.77
34453	Three rooted tooth or more	\$666.79
34500	PERFORATIONS	

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CODE	DESCRIPTION	ABCDS
34510	Perforations/Resorptive Defects, Pulp Chamber or Root Repair, Non-Surgical	
34511	Per Tooth	\$72.37
34520	Perforations/Resorptive Defect(s), Pulp Chamber Repair or Root Repair, Surgical	
34521	Anterior Tooth	\$79.16
34522	Bicuspid Tooth	\$158.76
34523	Molar Tooth	\$237.51
34600	ENLARGEMENT, CANAL AND/OR PULP CHAMBER (Preparation of Post Space)	
34601	In Previously Filled Tooth when Root Canal Treatment Done by Another Practitioner	\$75.77
34602	In Calcified Canals	\$228.20
39000	ENDODONTIC, PROCEDURES, MISCELLANEOUS	
39100	ISOLATION OF ENDODONTIC TOOTH/ TEETH FOR ASEPSIS	
39101	Banding and/or Coronal Buildup of Tooth/Teeth and/or Contouring of Tissue Surrounding Tooth/Teeth to Maintain Aseptic Operating Field (per tooth)	\$142.96
39200	OPEN AND DRAIN (Separate Emergency Procedures)	
39201	Anteriors and Bicuspids	\$68.10
39202	Molars	\$68.10
39210	Opening Through Artificial Crown (In addition to Procedures)	
39211	Anteriors and Bicuspids	\$75.25
39212	Molars	\$75.25
39300	BLEACHING, NON VITAL	
39310	Bleaching Endodontically Treated Tooth/Teeth	
39311	One unit of time	\$72.37
39312	Two units	\$144.74
39313	Three units	\$217.11
39319	Each additional unit over three	\$72.37

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CODE	DESCRIPTION	ABCDS
39400	EXPLORATORY ACCESS THROUGH CLINICAL CROWN OF PREVIOUSLY TREATED TOOTH	
39410	Exploratory Access	
39411	Anterior	\$64.69
39412	Bicuspid	\$64.69
39413	Molar	\$135.87
40000	PERIODONTICS	
41000	PERIODONTAL SERVICES, NON SURGICAL	
41200	ORAL DISEASE, Management of	
41210	Oral Manifestations, Oral Mucosal Disorders , 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, polyps, verrucae, fibroma etc.	
41211	One unit of time	\$71.47
41212	Two units	\$142.94
41213	Three units	\$214.41
41214	Four units	\$285.89
41219	Each additional unit over four	\$71.47
41220	Nervous and Muscular Disorders , 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	\$71.47
41222	Two units	\$142.94
41223	Three units	\$214.41
41224	Four units	\$285.89
41229	Each additional unit over four	\$71.47
41230	Oral Manifestations of Systemic Disease 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)	

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CODE	DESCRIPTION	ABCDS
41231	One unit of time	\$71.47
41232	Two units	\$142.94
41233	Three units	\$214.41
41234	Four units	\$285.89
41239	Each additional unit over four	\$71.47
41300	DESENSITIZATION (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	\$71.47
41302	Two units	\$142.94
41309	Each additional unit over two	\$71.47
42000	PERIODONTAL SERVICES, SURGICAL (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)	
42100	PERIODONTAL SURGERY, GINGIVAL CURETTAGE	
42110	Surgical Curettage, to Include Definitive Root Planing	
42111	Per sextant	\$187.19
42200	PERIODONTAL SURGERY, GINGIVOPLASTY (Does not include limited re-contouring to facilitate restorative services)	
42201	Per sextant	\$224.62
42300	PERIODONTAL SURGERY, GINGIVECTOMY (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).	
42310	Gingivectomy, Uncomplicated	
42311	Per sextant	\$255.20
42320	Gingivectomy, complicated	
42321	Per sextant	\$376.94
42330	Gingival Fiber Incision (Supra Crestal Fibrotomy)	

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CODE	DESCRIPTION	ABCDS
42331	First tooth	\$72.75
42339	Each additional tooth	\$64.69
42400	PERIODONTAL SURGERY, FLAP APPROACH	
42410	Flap Approach, with Osteoplasty/Ostectomy	
42411	Per sextant	\$919.26
42420	Flap Approach, with Curettage of Osseous Defect	
42421	Per sextant	\$608.40
42430	Flap Approach, with Curettage of Osseous Defect and Osteoplasty	
42431	Per Sextant	\$866.79
42440	Flap Approach, Exploratory (for diagnosis)	
42441	Per site	\$467.87
42500	PERIODONTAL SURGERY, FLAPS, GRAFTS, SOFT TISSUE	
42510	Grafts, Soft Tissue, Pedicle (including apically or lateral sliding and rotated flaps)	
42511	Per site	\$571.56
42512	Periosteal stimulation in addition to 42511	\$68.07
42520	Grafts, Soft Tissue, Pedicle (Coronally Positioned)	
42521	Per site	\$571.56
42522	Periosteal stimulation in addition to 42521	\$68.07
42530	Grafts, Free Soft Tissue	
42531	Per site	\$863.11
42540	Grafts, Soft Tissue, Pedicle, with Free Graft Placed in Pedicle Donor Site	
42541	Per site	\$1,043.33
42550	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	\$819.74

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CODE	DESCRIPTION	ABCDS
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
42560	Graft, for ridge augmentation	
42561	Autograft (free connective tissue), includes harvesting from donor site – per site	\$1,010.91
42562	Allograft – per site + E	BR
42570	Grafts, Connective Tissue, Pedicle with Free Graft for Root Coverage	
42571	Per site	\$782.65
42580	Grafts, Gingival Onlay, for Ridge Augmentation	
42581	Per site	\$809.69
42590	Grafts, Dermal, Onlay, for Ridge Augmentation	
42591	Autograft – per site	\$809.69
42592	Allograft – per site + E	\$809.69
42600	PERIODONTAL SURGERY, FLAPS, GRAFTS, OSSEOUS TISSUE	
42610	Grafts, Osseous, Autograft (Including Flap Entry, Closure and Donor Site)	
42611	Per site	\$952.58
42620	Grafts, Osseous, Allograft (Including Flap Entry and Closure)	
42621	Per site + E	\$952.58
42630	Grafts, Osseous, Xenograft (Including Flap Entry and Closure)	
42631	Per site + E	\$952.58
42700	GUIDED TISSUE REGENERATION	
42701	Guided Tissue Regeneration – Non-resorbable Membrane - per site + E	\$1,446.17
42702	Guided Tissue Regeneration – Resorbable Membrane - per site + E	\$1,446.17
42703	Guided Tissue Regeneration – Non-resorbable Membrane, Surgical Re-entry for Removal	\$1,446.17

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CODE	DESCRIPTION	ABCDS
42720	Biological materials to aid in soft and osseous tissue regeneration (not including surgical entry and closure)	
42721	Per site + E	BR
42800	PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES	
42810	Proximal Wedge Procedure (as a separate procedure)	
42811	With Flap Curettage, per site	\$433.87
42819	With Flap Curettage and Ostectomy/Osteoplasty per site	\$523.92
42820	Post Surgical Periodontal Treatment Visit per Dressing Change	
42821	One unit of time	\$68.07
42822	Two units	\$136.15
42823	Three units	\$204.22
42829	Each additional unit over three	\$68.07
42830	Periodontal Abscess or Pericoronitis, includes any of the following procedures: Lancing, Scaling, Curettage, Surgery or Medication	
42831	One unit of time	\$71.47
42832	Two units	\$142.94
42833	Three units	\$214.41
42834	Four units	\$285.89
42839	Each additional unit over four	\$71.47
42840	Flap Approach for Creation of Interdental Papillae	
42841	Per Site	BR
42850	Flapless Approach, with Osteoplasty/Ostectomy for Crown lengthening	
42851	Per Site	\$142.94
43000	PERIODONTAL PROCEDURES, ADJUNCTIVE (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.)	
43100	PERIODONTAL SPLINT OR LIGATION, INTRA CORONAL Note: This procedure is in addition to the usual code for the tooth preparation on either side	

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CODE	DESCRIPTION	ABCDs
43110	"A" Splint (restorative material plus wire, fibre ribbon or rope)	
43111	Per joint + E	\$137.96
43200	PERIODONTAL SPLINT OR LIGATION, EXTRA CORONAL	
43220	Bonded, Interproximal Enamel Splint	
43221	Per joint	\$68.07
43230	Wire Ligation	
43231	Per joint	\$68.07
43240	Wire Ligation, Restorative Material covered	
43241	Per joint	\$68.07
43260	Orthodontic Band Splint	
43261	Per band + E	\$68.07
43270	Cast/Soldered/Ceramic/Polymer Glass/Wire/Fibre Ribbon, Splint Bonded	
43271	Indirect, Per abutment + L	\$68.07
43272	Direct, Per abutment + E	
43280	Removal of Fixed Periodontal Splints	
43281	One unit of time	\$68.07
43289	Each additional unit of time	\$68.07
43400	ROOT PLANING, PERIODONTAL	
43420	Root Planing	
43421	One unit of time	\$65.00
43422	Two units	\$130.01
43423	Three units	\$195.01
43424	Four units	\$260.02
43425	Five units	\$325.02

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CODE	DESCRIPTION	ABCDS
43426	Six units	\$390.03
43427	One half unit	\$32.51
43429	Each additional unit over six	\$65.00
43500	CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS	
43510	Chemotherapeutic and/or antimicrobial agents, topical application	
43511	One unit of time	\$68.07
43519	Each additional unit of time	\$68.07
43520	Chemotherapeutic and/or antimicrobial therapy, intra-sulcular application	
43521	One unit of time + E	\$71.47
43529	Each additional unit of time + E	\$71.47
49000	PERIODONTAL SERVICES, MISCELLANEOUS	
49100	PERIODONTAL RE-EVALUATION/EVALUATION 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	\$68.07
49102	Two units	\$136.15
49109	Each additional unit over two	\$68.07
49300	SOFT TISSUE PROSTHESIS	
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
50000	PROSTHODONTICS - REMOVABLE	
51000	DENTURES, COMPLETE (includes: impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including three months post insertion care.)	
51100	DENTURES, COMPLETE, STANDARD	
51101	Maxillary + L	\$724.43

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CODE	DESCRIPTION	ABCDS
51102	Mandibular + L	\$724.43
51104	Liners, Processed, Resilient, in addition to above	BR
51200	DENTURES, COMPLETE, COMPLEX	
51201	Maxillary + L	\$1,497.60
51202	Mandibular + L	\$1,497.60
51204	Liners, Processed, Resilient in addition to above	BR
51300	DENTURES, SURGICAL, STANDARD, (IMMEDIATE) (includes first tissue conditioner, but not a processed reline)	
51301	Maxillary + L	\$724.43
51302	Mandibular + L	\$724.43
51400	DENTURES, SURGICAL, COMPLEX (IMMEDIATE) (includes first tissue conditioner, but not a processed reline)	
51401	Maxillary + L	\$1,024.67
51402	Mandibular + L	\$1,024.67
51500	DENTURES, COMPLETE, GNATHOLOGICAL (Cast Base and Metal Occlusals)	
51501	Maxillary + L	BR
51502	Mandibular + L	BR
51600	DENTURES, COMPLETE, PROVISIONAL	
51601	Maxillary + L	\$500.42
51602	Mandibular + L	\$500.42
51700	DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS	
51710	Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, no Attachments	
51711	Maxillary + L	\$945.86
51712	Mandibular + L	\$945.86

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CODE	DESCRIPTION	ABCDS
51720	Dentures, Complete, Overdentures, Tissue Borne, Supported by Implants with or without Coping Crowns, no Attachments	
51721	Maxillary + L	\$945.86
51722	Mandibular + L	\$945.86
51730	Dentures, Complete, Overdentures Tissue Borne, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, no Attachments	
51731	Maxillary + L	\$945.86
51732	Mandibular + L	\$945.86
51800	DENTURES, COMPLETE, OVERDENTURES, (IMMEDIATE), TISSUE BORNE, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS	
51810	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	\$857.82
51812	Mandibular + L	\$857.82
51900	DENTURES, COMPLETE, OVERDENTURES, TISSUE BORNE, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS	
51910	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Natural Teeth with or without Coping Crowns	
51911	Maxillary + L	\$857.82
51912	Mandibular + L	\$857.82
51920	Dentures, Complete, Overdentures, Tissue Borne, with Independent Attachments Secured to Implants with or without Coping Crowns	
51921	Maxillary + L	BR
51922	Mandibular + L	BR
51930	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

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CODE	DESCRIPTION	ABCDS
51950	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
51960	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
52000	DENTURES, PARTIAL, ACRYLIC	
52100	DENTURES, PARTIAL, ACRYLIC BASE (PROVISIONAL) (With or Without Clasps)	
52101	Maxillary + L	\$208.55
52102	Mandibular + L	\$208.55
52110	Dentures, Partial, Acrylic Base (Immediate) (includes first tissue conditioner, but not a processed reline)	
52111	Maxillary + L	\$208.55
52112	Mandibular + L	\$208.55
52200	DENTURES, PARTIAL, ACRYLIC, RESILIENT RETAINER	
52201	Maxillary + L	\$208.55
52202	Mandibular + L	\$208.55
52210	Dentures, Partial, Acrylic, Resilient Retainer, (Immediate) (includes first tissue conditioner, but not a processed reline)	
52211	Maxillary + L	\$208.55
52212	Mandibular + L	\$208.55
52300	DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT/CAST CLASPS AND/OR RESTS	
52301	Maxillary + L	\$701.28
52302	Mandibular + L	\$701.28

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CODE	DESCRIPTION	ABCDS
52310	Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)	
52311	Maxillary + L	\$701.28
52312	Mandibular + L	\$701.28
52400	DENTURES, PARTIAL, ACRYLIC, WITH METAL WROUGHT PALATAL/ LINGUAL BAR AND CLASPS AND/OR RESTS	
52401	Maxillary + L	\$701.28
52402	Mandibular + L	\$701.28
52410	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	\$701.28
52412	Mandibular + L	\$701.28
52510	Dentures, Partial, (flexible, Non Metal, Non Acrylic)	
52511	Maxillary + L	\$215.02
52512	Mandibular + L	\$215.02
52700	DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS	
52710	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	\$860.06
52712	Mandibular + L	\$860.06
52720	Dentures, Partial, Overdentures, Acrylic, with Cast/ Wrought Clasps and/or Rests, Supported by Implants with or without Coping Crowns, No Attachments	
52721	Maxillary + L	\$860.06
52722	Mandibular + L	\$860.06
52730	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	

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CODE	DESCRIPTION	ABCDS
52731	Maxillary + L	\$860.06
52732	Mandibular + L	\$860.06
52800	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	
52810	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	\$860.06
52812	Mandibular + L	\$860.06
52820	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	\$860.06
52822	Mandibular + L	\$860.06
52830	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	\$860.06
52832	Mandibular + L	\$860.06
52900	DENTURES, PARTIAL, OVERDENTURES, ACRYLIC, WITH CAST/WROUGHT CLASPS AND/OR RESTS SECURED BY NATURAL TEETH OR IMPLANTS	
52910	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	\$860.06
52912	Mandibular + L	\$860.06
52920	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	\$860.06
52922	Mandibular + L	\$860.06

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CODE	DESCRIPTION	ABCDS
52930	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	\$860.06
52932	Mandibular + L	\$860.06
52940	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	\$860.06
52942	Mandibular + L	\$860.06
52950	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	\$860.06
52952	Mandibular + L	\$860.06
52960	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	\$860.06
52962	Mandibular + L	\$860.06
53000	DENTURES, PARTIAL, CAST WITH ACRYLIC BASE	
53100	DENTURES, PARTIAL, FREE END, CAST FRAME/ CONNECTOR, CLASPS AND RESTS	
53101	Maxillary + L	\$723.63
53102	Mandibular + L	\$723.63
53104	Altered Cast Impression technique in conjunction with 53101, 53102 and 53103 + L	\$76.85
53110	Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)	
53111	Maxillary + L	\$857.82
53112	Mandibular + L	\$857.82

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CODE	DESCRIPTION	ABCDS
53120	Dentures, Partial Free End, Swing Lock/Connector	
53121	Maxillary + L	\$898.57
53122	Mandibular + L	\$898.57
53130	Dentures, Partial, Free End, Cast Frame/Connector, Clasps + Rests (Equilibrated)	
53131	Maxillary + L	\$1,722.24
53132	Mandibular + L	\$1,722.24
53200	DENTURES, PARTIAL, TOOTH BORNE, CAST FRAME/CONNECTOR, CLASPS AND RESTS	
53201	Maxillary + L	\$857.82
53202	Mandibular + L	\$857.82
53205	Unilateral, one piece casting, clasps and pontics + L	\$500.37
53210	Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests, (Immediate) (includes first tissue conditioner, but not a processed reline)	
53211	Maxillary + L	\$857.82
53212	Mandibular + L	\$857.82
53215	Unilateral, One Piece Casting, Clasps and Pontics + L	\$500.37
53220	Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests (Equilibrated)	
53221	Maxillary + L	\$1,722.24
53222	Mandibular + L	\$1,722.24
53400	DENTURES, PARTIAL, CAST, PRECISION ATTACHMENTS	
53401	Maxillary + L	BR
53402	Mandibular + L	BR
53404	Altered Cast Impression Technique done in conjunction with the above mentioned codes	BR
53500	DENTURES, PARTIAL, CAST, SEMI-PRECISION ATTACHMENTS	
53501	Maxillary + L	BR
53502	Mandibular + L	BR

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CODE	DESCRIPTION	ABCDS
53504	Altered Cast Impression Technique done in conjunction with the above mentioned codes	BR
53600	DENTURES, CAST PARTIAL, STRESS BREAKER ATTACHMENTS	
53610	Denture, Cast Partial, Maxillary, Stress Breaker Attachments	
53611	Maxillary (resilient) + L	\$857.82
53612	Maxillary (one hinge) + L	\$857.82
53613	Maxillary (two hinges) + L	\$857.82
53614	Altered Cast Impression Technique done in conjunction with the above mentioned codes	\$76.85
53620	Dentures, Cast Partial, Mandibular, Stress Breaker Attachments	
53621	Mandibular (resilient) + L	\$857.82
53622	Mandibular (one hinge) + L	\$857.82
53623	Mandibular (two hinges) + L	\$857.82
53624	Altered Cast Impression Technique done in conjunction with the above mentioned codes	\$76.85
53700	DENTURES, PARTIAL, CAST, OVERDENTURES, SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS	
53710	Dentures, Partial, Cast, Overdentures, Supported by Natural Teeth with or without Coping Crowns, no Attachments	
53711	Maxillary + L	\$857.82
53712	Mandibular + L	\$857.82
53714	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$76.85
53720	Dentures, Partial, Casts, Overdentures, Supported by Implants with or without Coping Crowns, No Attachments	
53721	Maxillary + L	\$857.82
53722	Mandibular + L	\$857.82
53724	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$76.85
53730	Dentures, Partial, Casts, Overdentures, Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments	

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CODE	DESCRIPTION	ABCDS
53731	Maxillary + L	\$857.82
53732	Mandibular + L	\$857.82
53734	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$76.85
53800	DENTURES, PARTIAL, CAST, OVERDENTURES (IMMEDIATE), SUPPORTED BY NATURAL TEETH OR IMPLANTS WITH OR WITHOUT COPING CROWNS, NO ATTACHMENTS	
53810	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)	
53811	Maxillary + L	\$857.82
53812	Mandibular + L	\$857.82
53814	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$76.85
53820	Dentures, Partial, Cast, Overdentures (Immediate), Supported by Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)	
53821	Maxillary + L	\$857.82
53822	Mandibular + L	\$857.82
53824	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$76.85
53830	Dentures, Partial, Cast, Overdentures (Immediate), Supported by a Combination of Natural Teeth and Implants with or without Coping Crowns, No Attachments (includes first tissue conditioner, but not a processed reline)	
53831	Maxillary + L	\$857.82
53832	Mandibular + L	\$857.82
53834	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$76.85
53900	DENTURES, PARTIAL, CAST, OVERDENTURES, SECURED BY ATTACHMENTS TO NATURAL TEETH OR IMPLANTS	
53910	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Natural Teeth, with or without Coping Crowns	
53911	Maxillary + L	\$929.36
53912	Mandibular + L	\$929.36
53914	Altered Cast Impression Technique done in conjunction with the above mentioned codes	\$76.85

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CODE	DESCRIPTION	ABCDS
53920	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to Implants, with or without Coping Crowns	
53921	Maxillary + L	\$929.36
53922	Mandibular + L	\$929.36
53924	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$76.85
53930	Dentures, Partial, Cast, Overdentures, with Independent Attachments Secured to a Combination of Natural Teeth and Implants, with or without Coping Crowns	
53931	Maxillary + L	\$929.36
53932	Mandibular + L	\$929.36
53934	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$76.85
53940	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	\$929.36
53942	Mandibular + L	\$929.36
53950	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	\$929.36
53952	Mandibular + L	\$929.36
53954	Altered Cast Impression Technique done in conjunction with the above mentioned codes	\$76.85
53960	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)	
53961	Maxillary + L	\$929.36
53962	Mandibular + L	\$929.36
53964	Altered Cast Impression technique done in conjunction with the above mentioned codes	\$76.85
54000	DENTURES, ADJUSTMENTS (after three months insertion or by other than the dentist providing prosthesis.)	
54200	DENTURES, ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, MINOR	

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CODE	DESCRIPTION	ABCDS
54201	One unit of time + L	\$62.42
54202	Two units + L	\$124.85
54209	Each additional unit over two	\$62.42
54300	DENTURE ADJUSTMENTS, PARTIAL OR COMPLETE DENTURE, REMOUNT AND OCCLUSAL EQUILIBRATION	
54301	Maxillary + L	\$619.27
54302	Mandibular + L	\$619.27
54400	DENTURE ADJUSTMENTS, COMPLETE DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION	
54401	Maxillary + L	\$619.27
54402	Mandibular + L	\$619.27
54500	DENTURES ADJUSTMENTS, PARTIAL DENTURE, WITH CAST METAL OCCLUSAL SURFACES, REMOUNT AND OCCLUSAL EQUILIBRATION	
54501	Maxillary + L	\$619.27
54502	Mandibular + L	\$619.27
55000	DENTURES, REPAIRS/ADDITIONS	
55100	DENTURE, REPAIRS, COMPLETE DENTURE, NO IMPRESSION REQUIRED	
55101	Maxillary + L	\$68.97
55102	Mandibular + L	\$68.97
55200	DENTURES, REPAIRS, COMPLETE DENTURE, IMPRESSION REQUIRED	
55201	Maxillary + L	\$126.16
55202	Mandibular + L	\$126.16
55300	DENTURES, REPAIRS/ ADDITIONS, PARTIAL DENTURE, NO IMPRESSION REQUIRED	
55301	Maxillary + L	\$70.76
55302	Mandibular + L	\$70.76

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CODE	DESCRIPTION	ABCDS
55400	DENTURES, REPAIRS/ ADDITIONS, PARTIAL DENTURE, IMPRESSION REQUIRED	
55401	Maxillary + L	\$139.75
55402	Mandibular + L	\$139.75
55500	DENTURES/IMPLANT RETAINED PROSTHESIS, PROPHYLAXIS AND POLISHING	
55501	One unit of time + L	\$70.05
55509	Each additional unit of time	\$70.05
55600	DENTURES, REBUILDING, WORN ACRYLIC DENTURE TEETH (DIRECT CHAIRSIDE) with tooth coloured materials	
55601	One unit of time	\$71.47
55609	Each additional unit of time	\$71.47
55700	DENTURES, CUSTOM STAINED (PIGMENTED) DENTURE BASES (DIRECT CHAIRSIDE)	
55701	One unit of time	\$76.85
55709	Each additional unit of time	\$76.85
56000	DENTURES, REPLICATION, RELINING AND REBASING	
56100	DENTURES, REPLICATION, PROVISIONAL	
56110	Dentures, Replication, Complete Denture, Provisional (No Intra-oral Impression Required)	
56111	Maxillary + L	\$146.90
56112	Mandibular + L	\$146.90
56120	Dentures, Replication, Partial Denture (Provisional) (No Intra-oral Impression Required)	
56121	Maxillary + L	\$146.90
56122	Mandibular + L	\$146.90
56200	DENTURES, RELINING (Does not include Remount - see 54000 series)	
56210	Denture, Reline, Direct, Complete Denture	

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CODE	DESCRIPTION	ABCDS
56211	Maxillary	\$188.42
56212	Mandibular	\$188.42
56220	Denture, Reline, Direct, Partial Denture	
56221	Maxillary	\$204.24
56222	Mandibular	\$204.24
56230	Denture, Reline, Processed, Complete Denture	
56231	Maxillary + L	\$204.24
56232	Mandibular + L	\$204.24
56240	Denture, Reline, Processed, Partial Denture	
56241	Maxillary + L	\$204.24
56242	Mandibular + L	\$204.24
56250	Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Complete Denture	
56251	Maxillary + L	\$340.43
56252	Mandibular + L	\$340.43
56260	Dentures, Reline, Processed, Functional Impression Requiring Three Appointments, Partial Denture	
56261	Maxillary + L	\$340.43
56262	Mandibular + L	\$340.43
56300	DENTURES, REBASING (Where the vestibular tissue-contacting surfaces are modified)	
56310	Denture, Rebase, Complete Denture	
56311	Maxillary + L	\$204.24
56312	Mandibular + L	\$204.24
56320	Denture, Rebase Partial Denture	
56321	Maxillary + L	\$204.24
56322	Mandibular + L	\$204.24

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CODE	DESCRIPTION	ABCDS
56330	Denture, Rebase, Complete Denture, Processed, Functional Impression Requiring Three Appointments	
56331	Maxillary + L	\$340.43
56332	Mandibular + L	\$340.43
56340	Dentures, Rebase, Partial Denture, Processed, Functional Impression, Requiring Three Appointments	
56341	Maxillary + L	\$340.43
56342	Mandibular + L	\$340.43
56400	DENTURES, REMAKE	
56410	Dentures, Remake, Using Existing Framework, Partial Denture (equilibration)	
56411	Maxillary + L	\$443.04
56412	Mandibular + L	\$443.04
56500	DENTURES, THERAPEUTIC TISSUE CONDITIONING	
56510	Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture	
56511	Maxillary	\$136.16
56512	Mandibular	\$136.16
56520	Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture	
56521	Maxillary	\$136.16
56522	Mandibular	\$136.16
56530	Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Supported by Natural Teeth	
56531	Maxillary	\$146.90
56532	Mandibular	\$146.90
56540	Dentures, Tissue Conditioning, per appointment, Complete Overdenture, Implant Supported	
56541	Maxillary	\$146.90
56542	Mandibular	\$146.90

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CODE	DESCRIPTION	ABCDS
56550	Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Supported by Natural Teeth	
56551	Maxillary	\$146.90
56552	Mandibular	\$146.90
56560	Dentures, Tissue Conditioning, per appointment, Partial Overdenture, Implant Supported	
56561	Maxillary	\$146.90
56562	Mandibular	\$146.90
56600	DENTURES, MISCELLANEOUS SERVICES	
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	\$285.93
56603	Cast occlusal surfaces (includes remount and equilibration) + L	\$601.96
57000	PROSTHESIS, MAXILLOFACIAL	
57100	PROSTHESIS, FACIAL	
57101	Orbital + L	\$4,977.67
57102	Nose + L	\$3,384.46
57103	Ear + L	\$3,384.46
57104	Patch + L	\$496.86
57105	Facial, Complex + L	\$4,081.15
57106	Facial Moulage Impression, complete	\$324.55
57107	Facial Moulage Impression, sectional	\$243.40
57108	Ocular Conformer Prosthesis (temporary post-surgical)	\$496.86
57109	Ocular prosthesis	\$2,686.86
57200	PROSTHESIS, MAXILLOFACIAL, OBTURATORS	
57201	Obturator, Cleft Palate (prosthesis extra) + L	\$397.84
57202	Obturator, Palatal (prosthesis extra) + L	\$397.84

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CODE	DESCRIPTION	ABCDS
57203	Obturator, Post-Maxillectomy (prosthesis extra) + L	\$994.63
57204	Obturator, Temporary Palatal (prosthesis extra) + L	\$994.63
57205	Obturator, Resilient (prosthesis extra) + L	\$994.63
57206	Obturator, Hollow Bulb (prosthesis extra) + L	\$994.63
57207	Obturator, Inflatable (prosthesis extra) + L	\$1,194.46
57208	Obturator Prosthesis, Modification (relines or repairs) + L	\$696.69
57209	Speech Aid Prosthesis	\$1,293.47
57300	PROSTHESIS, MAXILLOFACIAL, OTHER	
57301	Velar Bulb (prosthesis and obturator extra) + L	\$994.63
57302	Velar Lift Button, Mechanical (prosthesis and obturator extra) + L	\$994.63
57303	Retention, Spiral Spring (prosthesis extra) + L	\$596.78
57304	Retention, Magnetic (prosthesis extra) + L	\$297.05
57305	Guide Plane, Condylar (prosthesis extra) + L	\$597.71
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	\$994.63
57321	Lingual Prosthesis + L	\$2,986.59
57341	Mandibular Resection Prosthesis with Guide Flange + L	\$1,593.20
57342	Mandibular Resection Prosthesis without Guide Flange + L	\$1,193.56
57351	Prosthesis, Maxillofacial, Fixed + L	BR
57361	Palatal Augmentation Prosthesis + L	\$1,493.30
57371	Palatal Lift Prosthesis, Modification (relines or repairs) + L	\$696.69

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CODE	DESCRIPTION	ABCDS
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.	\$324.55
57400	PROSTHESIS, TEMPORO-MANDIBULAR JOINT	
57401	Exercisers, Trismus, Therapy + L	\$1,193.56
57402	Splints, Permanent Cast Occlusal + L	\$2,986.59
57500	PROSTHESIS, SPLINTS	
57501	Stout + L	\$884.69
57502	Cast Capped + L	\$1,239.12
57503	Gunning (upper and lower) + L	\$1,239.12
57504	Bar Splint, Cast, Labial and Lingual + L	\$1,239.12
57505	Scaffolding, Rhinoplastic + L	\$1,239.12
57506	Cast, Adjustable + L	\$1,239.12
57508	Commissure Splint + L	\$1,294.37
57600	PROSTHESIS, STENTS	
57601	Ridge Extension + L	\$884.69
57602	Palatal + L	\$884.69
57603	Skin Grafts + L	\$884.69
57604	Mucous Membrane Grafts + L	\$884.69
57650	Prosthesis, Radiation Appliances	
57651	Radiation Vehicle Carrier + L	\$2,655.89
57652	Radiation Protection Shield (extra-oral) + L	\$884.69
57653	Radiation Protection Shield (intra-oral) + L	\$884.69
57654	Radiation Cone Locator + L	\$1,593.20
57660	Prosthesis, Stents, Decompression	
57661	Decompression Stent, Localized + L	\$884.69

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CODE	DESCRIPTION	ABCDS
57662	Decompression Stent (prosthesis extra) + L	\$531.18
57700	PROSTHESIS, ORTHOPEDIC	
57701	Orthopedic Prosthesis, Extraoral	\$994.63
57702	Orthopedic Prosthesis, Intraoral	\$1,193.56
60000	PROSTHODONTICS - FIXED	
62000	PONTICS, BRIDGE	
62100	PONTICS, CAST METAL	
62101	Pontics, Cast Metal + L	\$391.67
62102	Pontics, Cast Metal Framework with Separate Porcelain/Ceramic/Polymer Glass Jacket Pontic + L	\$391.67
62103	Pontics, Prefabricated Attachable Facing + L	\$304.63
62104	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader Bar) Attached to Retainer + L + E	\$391.67
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
62500	PONTICS, PORCELAIN/CERAMIC/POLYMER GLASS	
62501	Pontics, Porcelain/Ceramic/Polymer Glass, Fused to Metal + L	\$392.54
62502	Pontics, Porcelain/Ceramic/Polymer Glass, Aluminous + L	\$392.54
62700	PONTICS, ACRYLIC/COMPOSITE/COMPOMER	
62701	Pontics, Acrylic/Composite/Compomer, Processed to Metal + L	\$305.53
62702	Pontics, Acrylic/Composite/Compomer, Indirect (Provisional) + L	\$89.89
62703	Pontics, Acrylic/Composite/Compomer, Bonded to adjacent Teeth Direct (Provisional) + E	\$89.89
62704	Pontics, Acrylic/Composite/Compomer + L	\$89.89
62800	PONTICS, NATURAL TOOTH	
62801	Pontics, Natural Tooth Crown, Direct, Bonded to Adjacent Teeth (Provisional)	\$151.91
63000	RECONTOURING OF RETAINER/PONTICS, (of existing bridgework)	

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CODE	DESCRIPTION	ABCDS
63001	One unit of time	\$71.47
63009	Each additional unit of time	\$71.47
64000	MASTER CAST TECHNIQUES	
64100	MASTER CAST, TECHNIQUES, MAXILLO-MANDIBULAR REGISTRATIONS	
64120	Master Cast Techniques, True Hinge Axis Registration and Transfer	
64121	One unit of time + L	\$68.27
64129	Each additional unit of time + L	\$68.27
64130	Master Cast Techniques, Centric Registration Recording	
64131	One unit of time + L	\$68.27
64139	Each additional unit of time + L	\$68.27
64140	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
64220	Master Cast Mounting with Arbitrary Facebow Transfer + L	
64221	One unit of time + L	\$68.27
64229	Each additional unit of time + L	\$68.27
64230	Master Cast Mounting with Kinematic Facebow Transfer + L	
64231	One unit of time+ L	BR
64239	Each additional unit of time + L	BR
64300	MASTER CAST GNATHOLOGICAL WAX-UP + L	
64301	One unit of time + L	BR
64309	Each additional unit of time + L	BR
66000	REPAIRS	
66100	REPAIRS, REPLACEMENT	

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CODE	DESCRIPTION	ABCDS
66110	Replace Broken Prefabricated Attachable Facings + L	
66111	One unit of time + L	\$71.47
66112	Two units + L	\$142.94
66113	Three units + L	\$214.41
66114	Four units + L	\$285.89
66119	Each additional unit over four + L	\$71.47
66200	REPAIRS, REMOVAL OF EXISTING FIXED BRIDGE/PROSTHESIS	
66210	Repairs, Removal, Fixed Bridge/Prosthesis - To be re-cemented	
66211	One unit of time	\$79.16
66212	Two units	\$158.32
66213	Three units	\$237.49
66214	Four units	\$316.65
66219	Each additional unit over four	\$79.16
66220	Repairs, Removal Fixed Bridge/Prosthesis- To Be Replaced by a new Prosthesis	
66221	One unit of time	\$73.26
66222	Two units	\$146.51
66223	Three units	\$219.77
66224	Four units	\$293.03
66229	Each additional unit over four	\$73.26
66300	REPAIRS, RE-INSERTION/RECEMENTATION	(+ L where laboratory charges are incurred during repair of bridge)
66301	One unit of time	\$73.26
66302	Two units	\$146.51
66303	Three units	\$219.77
66304	Four units	\$293.03

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CODE	DESCRIPTION	ABCDS
66309	Each additional unit over four	\$73.26
66700	REPAIRS, FIXED BRIDGE/PROSTHESIS	
66710	Repairs, Fixed Bridge/Prosthesis, Porcelain/Ceramic/Polymer Glass/Acrylic/Composite/Compomer, Direct	
66711	First tooth	\$149.77
66719	Each additional tooth	\$149.77
66720	Repairs, Solder Indexing to Repair Broken Solder Joint	
66721	One unit of time + L	\$75.95
66729	Each additional unit of time	\$75.95
66730	Repair Fractured Porcelain/Metal Pontic with Telescoping Type Crown (pontic prepared, impression made and processed crown seated over metal)	
66731	First pontic + L	\$400.62
66739	Each additional pontic + L	\$391.67
67000	FIXED BRIDGE RETAINERS 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	
67100	RETAINERS, ACRYLIC/COMPOSITE/ COMPOMER WITH, OR WITHOUT CAST OR PREFABRICATED METAL BASES	
67110	Retainers, Acrylic, Composite/Compomer, Indirect	
67111	Retainers, Acrylic, Composite/Compomer, Indirect + L	\$584.61
67112	Retainers, Acrylic, Composite/Compomer, Complicated, Indirect + L	\$751.89
67113	Retainers, Acrylic, Composite/Compomer, Provisional, Indirect (lab fabricated/relined intra-orally) + L	\$250.03
67115	Retainers, Acrylic, Composite/Compomer, Implant-supported Indirect + L	\$584.61
67120	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	\$164.60
67125	Retainers, Acrylic, Composite/Compomer, (provisional during healing, done at chair-side), Implant-supported, Direct + E	\$165.50

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CODE	DESCRIPTION	ABCDS
67130	Retainers, Acrylic, Composite/Compomer, Cast Metal Base, Indirect	
67131	Retainer, Compomer/Composite Resin/Acrylic, Processed to Cast Metal, Indirect + L	\$571.71
67135	Retainer, Compomer/Composite Resin/Acrylic, Processed to Metal, Indirect, Implant-supported + L + E	\$609.28
67160	Retainers, Acrylic/Composite/Compomer, Two surface Inlay, Indirect, Bonded	
67161	Retainers, Acrylic/Composite/Compomer, Two surface Inlay, Bonded, Indirect, + L	\$523.14
67170	Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Bonded, Indirect	
67171	Retainers, Acrylic/Composite/Compomer, Three surface Inlay, Bonded, Indirect, + L	\$644.79
67180	Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect	
67181	Retainers, Acrylic/Composite/Compomer, Onlay, Bonded, Indirect, + L	\$767.25
67200	RETAINER, PORCELAIN/CERAMIC/POLYMER GLASS	
67201	Retainer, Porcelain/Ceramic/Polymer Glass, + L	\$883.52
67202	Retainer, Porcelain/Ceramic/Polymer Glass, Complicated + L	\$898.41
67205	Retainer, Porcelain/Ceramic/Polymer Glass, Implant-supported + L + E	\$883.52
67210	Retainers, Porcelain/Ceramic/Polymer Glass, Fused To Metal Base	
67211	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base + L	\$807.16
67212	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Complicated + L	\$898.41
67215	Retainers, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, Implant-supported + L + E	\$807.16
67220	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	\$490.04
67230	Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded	
67231	Retainers, Porcelain/Ceramic/Polymer Glass, Two surface Inlay, Bonded + L	\$565.75
67240	Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded	
67241	Retainers, Porcelain/Ceramic/Polymer Glass, Three surface Inlay, Bonded + L	\$697.21

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CODE	DESCRIPTION	ABCDS
67250	Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded (where one or more cusps are restored)	
67251	Retainers, Porcelain/Ceramic/Polymer Glass, Onlay, Bonded + L	\$827.77
67300	RETAINERS, CAST METAL	
67301	Retainers, Cast Metal + L	\$842.49
67302	Retainers, Cast Metal, Complicated + L	\$898.41
67305	Retainers, Cast Metal, Implant-Supported + L + E	\$842.49
67310	Retainer, ¾ Cast Metal	
67311	Retainers, ¾, Cast Metal + L	\$842.49
67312	Retainers, ¾, Cast Metal, Complicated + L	\$898.41
67320	Retainers, Cast Metal Inlay (used with broken stress technique)	
67321	Retainers, Cast Metal Inlay, Two Surfaces + L	\$608.98
67322	Retainers, Cast Metal Inlay, Three or More Surfaces + L	\$805.72
67330	Retainers, Cast Metal Onlay (internal retention type)	
67331	Retainers, Cast Metal, Onlay + L	\$842.49
67340	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	\$408.37
67400	RETAINERS, OVERDENTURES, CUSTOM CAST OR PREFABRICATED WITH NO OCCLUSAL COMPONENT	
67410	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
67500	FIXED PROSTHETICS, ABUTMENTS/RETAINERS, MISCELLANEOUS SERVICES	
67501	Retainer Made to an Existing Partial Denture Clasp (additional to retainer, per retainer) + L	\$68.27

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CODE	DESCRIPTION	ABCDS
67502	Telescoping Crown Unit + L	\$304.71
69000	FIXED PROSTHETICS, OTHER SERVICES	
69100	FIXED PROSTHETICS, MISCELLANEOUS SERVICES	
69101	Fixed Prosthesis, Porcelain, to Replace a Substantial Portion of the Alveolar Process (in addition to retainer and pontics) + L	\$870.75
69200	FIXED PROSTHETICS, SPLINTING	
69201	Splinting, for Extensive or Complicated Restorative Dentistry (per tooth) + L	BR
69300	FIXED PROSTHETICS, RETENTIVE PINS (for retainers in addition to restoration)	
69301	One pin/restoration + L	\$39.89
69302	Two pins/restoration + L	\$76.21
69303	Three pins/restoration + L	\$120.73
69304	Four pins/restoration + L	\$147.87
69305	Five pins or more/restoration + L	\$174.13
69600	FIXED PROSTHODONTICS, WHERE AN ENTIRE ARCH IS RECONSTRUCTED	
69610	Provisional, immediate, implant supported, screw retained, polymer base with denture teeth, without a reinforcing framework.	
69611	Maxillary + L	BR
69612	Mandibular + L	BR
69620	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
69700	FIXED PROSTHETICS, PROVISIONAL COVERAGE (in extensive or complicated restorative dentistry)	
69701	Abutment Tooth + L	\$250.02

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CODE	DESCRIPTION	ABCDS
69702	Pontic + L	\$82.73
69800	FIXED PROSTHODONTIC FRAMEWORKS, OSSEO-INTEGRATED IMPLANT-SUPPORTED	
69820	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)	
69821	Maxillary + L	BR
69822	Mandibular + L	BR
70000	ORAL AND MAXILLOFACIAL SURGERY	
	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.	
71000	REMOVALS, (EXTRACTIONS), ERUPTED TEETH	
71100	Removals, Erupted Teeth, Uncomplicated	
71101	Single tooth, Uncomplicated	\$120.14
71109	Each additional tooth, same quadrant, same appointment	\$120.14
71200	REMOVALS, ERUPTED TEETH, COMPLICATED	
71201	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth.	\$216.66
71209	Each additional tooth, same quadrant	\$216.66
71210	Requiring elevation of a Flap, Removal of Bone and may include Sectioning of Tooth for Removal of Tooth	
71211	Single Tooth	\$236.23
71219	Each additional Tooth same quadrant	\$236.23
72000	REMOVALS, (EXTRACTIONS), SURGICAL	
72100	REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE	
72110	Removals, Impactions, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth.	
72111	Single tooth	\$216.66

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CODE	DESCRIPTION	ABCDS
72119	Each additional tooth, same quadrant	\$216.66
72200	REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE	
72210	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	\$321.28
72219	Each additional tooth, same quadrant	\$321.28
72220	Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of Tooth for Removal	
72221	Single tooth	\$428.40
72229	Each additional tooth, same quadrant	\$428.40
72230	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	\$584.07
72239	Each additional tooth, same quadrant	\$584.07
72240	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
72300	REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS	
72310	Removals, Residual Roots, Erupted	
72311	First tooth	\$99.17
72319	Each additional tooth, same quadrant	\$99.17
72320	Removals, Residual Roots, Soft Tissue Coverage	
72321	First tooth	\$146.06
72329	Each additional tooth, same quadrant	\$146.06
72330	Removals, Residual Roots, Bone Tissue Coverage	

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CODE	DESCRIPTION	ABCDS
72331	First tooth	\$214.20
72339	Each additional tooth, same quadrant	\$214.20
72400	ALVEOLAR BONE PRESERVATION	
72410	Alveolar Bone Preservation – Autograft	
72411	First tooth	\$272.49
72419	Each additional tooth	\$272.49
72420	Alveolar Bone Preservation – Allograft	
72421	First tooth + E	\$272.49
72429	Each additional tooth + E	\$272.49
72430	Alveolar Bone Preservation – Xenograft	
72431	First tooth + E	\$272.49
72439	Each additional tooth + E	\$272.49
72500	SURGICAL EXPOSURES OF TEETH	
72510	Surgical Exposures, Unerupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy).	
72511	Single tooth	\$194.76
72519	Each additional tooth, same quadrant	\$194.76
72520	Surgical Exposures, Complex, Hard Tissue Coverage	
72521	Single tooth	\$350.43
72529	Each additional tooth, same quadrant	\$350.43
72530	Surgical Exposures, Unerupted Tooth, with Orthodontic Attachment.	
72531	Single tooth + E	\$467.25
72539	Each additional tooth, same quadrant + E	\$467.25
72540	Surgical Exposures, Unerupted Tooth, Soft Tissue Coverage with Positioning of Attached Gingivae.	
72541	Single tooth	\$292.13

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CODE	DESCRIPTION	ABCDS
72550	Surgical Exposures, Unerupted Tooth, Hard Tissue Coverage with Positioning of Attached Gingivae	
72551	Single tooth	\$389.54
72560	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
72600	SURGICAL MOVEMENT OF TEETH	
72610	Transplantation of Erupted Tooth	
72611	First tooth	\$584.07
72619	Each additional tooth, same quadrant	\$584.07
72620	Transplantation of Unerupted Tooth	
72621	First tooth	\$700.89
72629	Each additional tooth, same quadrant	\$700.89
72630	Repositioning, Surgical	
72631	First tooth	\$428.40
72639	Each additional tooth, same quadrant	\$428.40
72700	ENUCLEATION, SURGICAL	
72710	Unerupted Tooth and Follicle	
72711	First tooth	\$428.40
72719	Each additional tooth, same quadrant	\$428.40
72800	REMOVAL OF A FRACTURED CUSP AS A SEPARATE PROCEDURE, NOT IN CONJUNCTION WITH SURGICAL OR RESTORATIVE PROCEDURES ON THE SAME TOOTH	
72801	First Tooth	\$72.21

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CODE	DESCRIPTION	ABCDS
72809	Each additional tooth	\$72.21
73000	REMODELLING AND RECONTOURING ORAL TISSUES IN PREPARATION FOR REMOVABLE PROSTHESES (To include codes 73110, 73120, 73140, 73150, 73160, 73170, 73180)	
73100	ALVEOLOPLASTY (Bone remodelling of ridge with soft tissue revisions)	
73110	Alveoloplasty, in Conjunction with Extractions	
73111	Per sextant	\$100.06
73120	Alveoloplasty, Not in Conjunction with Extractions	
73121	Per sextant	\$194.76
73140	Remodelling of Bone	
73141	Mylohyoid Ridge Remodelling	\$379.58
73142	Genial Tubercle Remodelling	\$365.02
73150	Excision of Bone	
73151	Nasal Spine, Excision	\$365.02
73152	Torus Palatinus, Excision	\$428.40
73153	Torus Mandibularis, Unilateral, Excision	\$321.28
73154	Torus Mandibularis, Bilateral, Excision	\$535.49
73160	Removal of Bone, Exostosis, Multiple	
73161	Per quadrant	\$642.59
73170	Reduction of Bone, Tuberosity	
73171	Unilateral, Reduction	\$194.76
73172	Bilateral, Reduction	\$389.54
73180	Augmentation of Bone	
73181	Unilateral, Pterygomaxillary Tuberosity, Augmentation + E	\$379.58
73182	Bilateral, Pterygomaxillary Tuberosity, Augmentation + E	\$759.19
73183	Unilateral, Mandibular Ridge, Augmentation + E	\$622.70

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CODE	DESCRIPTION	ABCDS
73184	Bilateral, Mandibular Ridge, Augmentation + E	\$1,245.43
73200	GINGIVOPLASTY AND/OR STOMATOPLASTY, ORAL SURGERY	
73210	Independent Procedure	
73211	Per sextant	\$214.20
73220	Miscellaneous Procedures	
73221	Gingivoplasty, in Conjunction with Tooth Removal	\$214.20
73222	Excision of Vestibular Hyperplasia (per sextant)	\$214.20
73223	Surgical Shaving of Papillary Hyperplasia of the Palate	\$379.58
73224	Excision of Pericoronal Gingiva (for retained tooth/implant) per tooth/implant	\$107.09
73230	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	\$214.20
73240	Removal, Mucosa, Excess (complete removal without dissection)	
73241	Per sextant	\$214.20
73300	REMODELLING, FLOOR OF THE MOUTH	
73301	Full Arch Lowering of the Floor of the Mouth	\$1,868.13
73302	Partial Arch Lowering of the Floor of the Mouth	\$934.05
73303	Reinsertion of the Mylohyoid Muscle	\$778.37
73400	VESTIBULOPLASTY	
73410	Vestibuloplasty, Sub-mucous	
73411	Per sextant	\$204.42
73420	Sulcus Deepening and Ridge Reconstruction	
73421	Per sextant	\$164.22
73430	Vestibuloplasty, with Secondary Epithelization	

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CODE	DESCRIPTION	ABCDS
73431	Per sextant	\$253.05
73440	Vestibuloplasty, with Labial Inverted Flap	
73441	Per sextant	\$379.58
73450	Vestibuloplasty, with Skin Graft	
73451	Per sextant	\$467.03
73460	Vestibuloplasty, with Mucosal Graft	
73461	Per sextant	\$467.03
73470	Vestibuloplasty – with Dermal Graft – Autograft	
73471	Per sextant + E	\$164.22
73480	Vestibuloplasty – with Dermal Graft – Allograft	
73481	Per sextant	\$164.22
73490	Vestibuloplasty – with Connective Tissue for Ridge Augmentation	
73491	Per sextant	\$164.22
73500	RECONSTRUCTION, ALVEOLAR RIDGE	
73510	Reconstruction, Alveolar Ridge, with Autogenous Bone	
73511	Per sextant + E	\$622.70
73520	Reconstruction, Alveolar Ridge, with Alloplastic Material	
73521	Per sextant + E	\$622.70
73600	EXTENSIONS, MUCOUS FOLDS	
73610	Extensions, Mucous Folds with Secondary Epithelization	
73611	Per sextant	\$452.44
73620	Extensions, Mucous Folds, with Skin Grafts	
73621	Per sextant	\$452.44
73630	Extensions, Mucous Folds, with Mucous Grafts	
73631	Per sextant	\$452.44

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CODE	DESCRIPTION	ABCDS
74000	SURGICAL EXCISIONS (not in conjunction with tooth removal, including biopsy)	
74100	SURGICAL EXCISIONS, TUMOURS, BENIGN	
74110	Tumours, Benign, Scar Tissue, Inflammatory or Congenital Lesions of Soft Tissue of the Oral Cavity	
74111	1 cm and under	\$292.04
74112	1-2 cm	\$379.58
74113	2-3 cm	\$459.86
74114	3-4 cm	\$525.54
74115	4-6 cm	\$634.97
74116	6-9 cm	\$705.51
74117	9-15 cm	\$802.80
74118	15 cm and over	\$904.90
74120	Tumours, Benign, Bone Tissue	
74121	1 cm and under	\$350.43
74122	1-2 cm	\$486.69
74123	2-3 cm	\$632.67
74124	3-4 cm	\$788.34
74125	4-6 cm	\$919.72
74126	6-9 cm	\$1,089.98
74127	9-15 cm	\$1,226.22
74128	15 cm and over	\$1,411.04
74200	SURGICAL EXCISION, TUMOURS, MALIGNANT	
74210	Tumours, Malignant, Soft Tissue, Oral Cavity	
74211	1 cm and under	\$272.49
74212	1-2 cm	\$408.73

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CODE	DESCRIPTION	ABCDS
74213	2-3 cm	\$564.41
74214	3-4 cm	\$705.51
74215	4-6 cm	\$875.75
74216	6-9 cm	\$1,021.71
74217	9-15 cm	\$1,206.56
74218	15 cm and over	\$1,357.37
74220	Tumours, Malignant, Bone Tissue	
74221	1 cm and under	\$408.73
74222	1-2 cm	\$545.00
74223	2-3 cm	\$705.51
74224	3-4 cm	\$846.63
74225	4-6 cm	\$1,021.71
74226	6-9 cm	\$1,167.69
74227	9-15 cm	\$1,357.37
74228	15 cm and over	\$1,556.78
74230	Selective neck dissection	
74231	Unilateral	BR
74232	Bilateral	BR
74240	Radical neck dissection	
74241	Unilateral	BR
74242	Bilateral	BR
74250	Cervical node excision	
74251	Cervical node excision	BR
74252	Sentinel node excision	BR
74300	SURGICAL EXCISIONS, MAXILLOFACIAL COMPLEX, TRAUMA, TUMORS, BENIGN, MALIGNANT	

Alberta Blue Cross Dental Schedule - 2021 - General Practitioner

CODE	DESCRIPTION	ABCDS
74310	Lips, Throat, Face, Skull	
74311	Cheiloplasty, Partial (Lip Shave)	\$545.00
74312	Cheiloplasty, Total (Lip Shave)	\$1,089.98
74313	Lip Resection, Partial	BR
74314	Lip Resection, Total	BR
74315	Tonsillectomy	BR
74316	Adenoidectomy	BR
74317	Excision of Extraoral Skin Lesion 0 - 2 cm	BR
74318	Excision of Extraoral Skin Lesion > 2 cm	BR
74319	Craniectomy	BR
74320	Nose, Ears, Eyes	
74321	Tubinate excision	BR
74322	Rhinectomy, Partial	BR
74323	Rhinectomy, Total	BR
74324	Auricle Resection, Partial	BR
74325	Auricle Resection, Complete	BR
74326	Eyelid Excision	BR
74327	Orbital Enucleation	BR
74328	Orbital Exenteration	BR
74400	HARD TISSUE GRAFTS TO THE JAW	
74401	Autograft – per site – Maxilla or Mandible + E	\$622.70
74402	Allograft – per site – Maxilla or Mandible + E	\$622.70
74403	Xenograft – per site – Maxilla or Mandible + E	\$622.70
74500	AUGMENTATIONS, PROSTHETIC, OF THE JAW	
74520	Augmentation, Synthetic, of the Jaw	

Alberta Blue Cross Dental Schedule - 2021 - General Practitioner

CODE	DESCRIPTION	ABCDS
74521	Augmentation, of the Chin	BR
74600	SURGICAL EXCISION, CYSTS/GRANULOMAS (Based on Cyst Size)	
74610	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic, Requiring Prior Removal of Bony Tissue and Subsequent Suture(s)	
74611	1 cm and under	\$335.87
74612	1-2 cm	\$467.25
74613	2-3 cm	\$608.36
74614	3-4 cm	\$759.19
74615	4-6 cm	\$919.72
74616	6-9 cm	\$1,089.98
74617	9-15 cm	\$1,269.94
74618	15 cm and over	\$1,459.62
74620	Marsupialization	
74621	Cyst, Marsupialization	\$428.40
74630	Excision of Cyst	
74631	1 cm and under	\$335.87
74632	1-2 cm	\$467.25
74633	2-3 cm	\$608.36
74634	3-4 cm	\$759.19
74635	4-6 cm	\$919.72
74636	6-9 cm	\$1,089.98
74637	9-15 cm	\$1,269.94
74638	15 cm and over	\$1,459.62
75000	SURGICAL INCISIONS	
75100	SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL	

Alberta Blue Cross Dental Schedule - 2021 - General Practitioner

CODE	DESCRIPTION	ABCDS
75110	Surgical Incision and Drainage and/or Exploration, Intraoral, Soft Tissue	
75111	Intraoral, Surgical Exploration, Soft Tissue	\$214.20
75112	Intraoral, Abscess, Soft Tissue	\$214.20
75113	Intraoral, Abscess, In Major Anatomical area with Drain	\$365.02
75120	Surgical Incision and Drainage and/or Exploration, Intraoral Hard Tissue	
75121	Intraoral, Abscess, Hard Tissue, Trephination and Drainage	\$223.91
75122	Intraoral, Surgical Exploration, Hard Tissue	\$350.43
75123	Intraoral, Abscess, Hard Tissue, Trephination and Drainage in a Major Anatomical Area	\$486.69
75200	SURGICAL INCISION AND DRAINAGE, EXPLORATION AND COMPLEX WOUND CARE, EXTRAORAL	
75210	Surgical Incision and Drainage and/or Exploration, Extraoral, Soft Tissue	
75211	Extraoral, Abscess, Superficial	\$506.10
75212	Extraoral, Abscess, Deep	\$632.67
75213	Debridement of wound(s)	BR
75214	Insertion of irrigation system for wound care	BR
75215	Wound VAC placement	BR
75216	Neck exploration for penetrating injury	BR
75217	Preparation of Recipient site for microvascular free flap tissue transfer	BR
75220	Surgical Incision and Drainage and/or Exploration, Extraoral, Hard Tissue	
75221	Extraoral, Surgical Exploration, Hard Tissue	\$506.10
75300	SURGICAL INCISION FOR REMOVAL OF FOREIGN BODIES	
75301	Removal, from Skin or Subcutaneous Alveolar Tissue	\$1,362.48
75302	Removal, of Reaction Producing Foreign Bodies	\$1,362.48
75303	Removal, of Needle from Musculo-skeletal System	\$1,362.48

Alberta Blue Cross Dental Schedule - 2021 - General Practitioner

CODE	DESCRIPTION	ABCDS
75400	SEQUESTRECTOMY (FOR OSTEOMYELITIS)	
75401	Intraoral Sequestrectomy	\$467.25
75402	Saucerization	\$817.49
75403	Osteomyelitis, Non Surgical Treatment of	\$175.22
75410	Extraoral Sequestrectomy	
75411	3 cm and less	\$467.25
75412	3-4 cm	\$584.07
75413	4-6 cm	\$730.04
75414	6-9 cm	\$851.71
75415	9 cm and over	\$1,012.25
75500	MANDIBULECTOMY	
75510	Mandibulectomy	
75511	3 cm or less	\$408.73
75512	3-4 cm	\$545.00
75513	4-6 cm	\$705.51
75514	6-9 cm	\$875.75
75515	9-12 cm	\$1,055.72
75516	12-15 cm	\$1,245.43
75517	15 cm and over	\$1,401.10
75518	Total Mandibulectomy	\$2,218.42
75600	MAXILLECTOMY	
75610	Maxillectomy	
75611	3 cm or less	\$681.23
75612	3-4 cm	\$817.49
75613	4-6 cm	\$987.72

Alberta Blue Cross Dental Schedule - 2021 - General Practitioner

CODE	DESCRIPTION	ABCDS
75614	6-9 cm	\$1,167.69
75615	9-12 cm	\$1,357.37
75616	12-15 cm	\$1,556.78
75617	15 cm and over	\$1,790.29
75618	Total Maxillectomy	\$2,646.53
76000	FRACTURES, TREATMENT OF	
76100	INTERMAXILLARY FIXATION (WIRING)	
76110	Splints per Arch, one or more per Jaw	
76111	Wiring of Dentures or Arch Bar	\$350.43
76112	Acrylic Prosthesis or Cap Splint	\$350.43
76113	Circumzygomatic Wiring, Unilateral	\$116.79
76114	Perialveolar or Transpalatal Wiring	\$116.79
76115	Intra or Periosteous Splinting for Pericranial Suspension	\$116.79
76116	Intermaxillary Fixation	\$350.43
76120	Intra Maxillary Suspension (Wiring)	
76121	Nasal Spine Wiring	\$116.79
76122	Piriform Apertures Suspension	\$116.79
76123	Frontal Suspension	\$506.10
76124	Orbital Rim Suspension, Bilateral	\$506.10
76125	Head Frame Suspension	\$817.49
76130	Circummandibular Wiring	
76131	Wiring, one	\$116.79
76132	Wiring, two	\$233.62
76133	Wiring, three or over	\$350.43
76140	Splints/Wires, Removal of	

Alberta Blue Cross Dental Schedule - 2021 - General Practitioner

CODE	DESCRIPTION	ABCDS
76141	Removal of Wire	\$194.76
76142	Removal of Arch Splint (one or more per jaw)	\$194.76
76143	Removal of Interosseous Ligature or Bone Plate	\$467.25
76144	Removal of Intra or Periosseous Rod or Wire for Pericranial Suspension and/or Pericranial Apparatus.	\$467.25
76145	Removal of Acrylic Prosthesis or Cap Splint, Attached to Maxilla or to Teeth (one or more per jaw).	\$365.02
76146	Removal of Wire Plate or Screw used in Osteosynthesis (one or more at the same site).	\$467.25
76200	FRACTURES, REDUCTIONS, MANDIBULAR	
76201	Reduction, Mandibular, Closed	\$1,168.14
76202	Reduction, Mandibular, Open, Single	\$1,362.48
76203	Reduction, Mandibular, Open, Double	\$1,634.97
76204	Reduction, Mandibular, Open, Multiple	\$1,809.84
76300	FRACTURES, REDUCTIONS, MAXILLARY, HORIZONTAL LE FORT'S I	
76301	Reduction, Maxillary, Closed	\$934.52
76302	Reduction, Maxillary, Open, Single	\$1,362.48
76303	Reduction, Maxillary, Open, Double	\$1,634.97
76304	Reduction, Maxillary, Open, Multiple	\$2,490.86
76305	Reduction, Compound Fracture of Maxilla (requiring reduction and soft tissue repair)	\$3,308.16
76400	FRACTURES, REDUCTIONS, MAXILLARY, PYRAMIDAL LE FORT'S II	
76401	Reduction, Maxillary, Closed	\$1,089.98
76402	Reduction, Maxillary, Open, Unilateral	\$1,089.98
76403	Reduction, Maxillary, Open, Bilateral	\$1,634.97
76500	FRACTURES, REDUCTIONS, NASO-ORBITAL	
76501	Reduction, Closed Unilateral	\$846.63
76502	Reduction, Closed Bilateral	\$1,693.26

Alberta Blue Cross Dental Schedule - 2021 - General Practitioner

CODE	DESCRIPTION	ABCDS
76503	Reduction, Naso-orbital, Open, External Approach	\$1,508.19
76504	Reduction, Naso-orbital, Open, Sinusal Approach	\$1,508.19
76505	Reduction, Naso-orbital, Open, Orbital Approach with Insertion of Subperiosteal Implant	\$1,659.01
76506	Exploration, of Orbital Blowout Fracture	\$1,089.98
76507	Exploration, of Orbital Blowout Fracture and Reconstruction with Insertion of a Subperiosteal Implant	\$1,809.84
76600	FRACTURES, REDUCTIONS, MALAR BONE	
76601	Reduction, Malar Bone, Closed	\$467.25
76602	Reduction, Malar Bone, Open, by Simple Elevation	\$700.89
76603	Reduction, Malar Bone, Open, by Osteosynthesis	\$1,245.43
76604	Reduction, Malar Bone, Open, by Sinus Approach	\$1,021.71
76605	Reduction, Malar Bone, Simple Fracture, (open reduction with antrostomy and packing)	\$1,021.71
76700	FRACTURES, REDUCTIONS, ZYGOMATIC ARCH	
76701	Reduction, Zygomatic Arch, Intraoral Approach	\$467.25
76702	Reduction, Zygomatic Arch, Temporal Approach	\$1,089.98
76703	Reduction, Zygomatico-Maxillary Fracture Dislocation, Complex, Closed Reduction	\$700.89
76704	Reduction, Zygomatico-Maxillary Fracture Dislocation, Open Reduction	\$1,362.48
76800	FRACTURES, REDUCTIONS, CRANIOFACIAL, OTHER (Specify type of procedure according to previous code used for fracture)	
76801	Reduction, Craniofacial Dysjunction, Closed	\$1,868.13
76802	Reduction, Craniofacial Dysjunction, Open	\$2,646.53
76803	Frontal Sinus Repair (including obliteration, and/or cranialization)	BR
76804	Cranial Fracture Repair	BR
76805	Larynx Fixation	BR
76900	FRACTURES, REDUCTIONS, ALVEOLAR	
76910	Fracture, Alveolar, Debridement, Teeth Removed	

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CODE	DESCRIPTION	ABCDS
76911	3 cm or less	\$1,168.14
76912	3-6 cm	\$1,168.14
76913	6 cm and over	\$1,216.74
76920	Reduction, Alveolar, Closed, with Teeth + E	
76921	3 cm or less	\$1,168.14
76922	3-6 cm	\$1,168.14
76923	6-9 cm	\$1,216.74
76924	9 cm and over	\$1,216.74
76930	Reduction, Alveolar, Open, with Teeth + E	
76931	3 cm and less	\$1,168.14
76932	3-6 cm	\$1,168.14
76933	6-9 cm	\$1,216.74
76934	9 cm and over	\$1,265.32
76940	Replantation, Avulsed Tooth/Teeth (including splinting)	
76941	Replantation, first tooth	\$365.02
76949	Each additional tooth	\$365.02
76950	Repositioning of Traumatically Displaced Teeth	
76951	One unit of time	\$111.93
76952	Two units of time	\$223.87
76959	Each additional unit over two	\$111.93
76960	Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral	
76961	2 cm or less	\$233.62
76962	2-4 cm	\$262.83
76963	4-6 cm	\$292.04

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CODE	DESCRIPTION	ABCDS
76964	6-9 cm	\$321.24
76965	9-12 cm	\$365.02
76966	12-16 cm	\$395.42
76967	16-20 cm	\$425.86
76968	20-25 cm	\$474.49
76969	25 cm and over	\$506.10
76970	Repairs, Lacerations, Through and Through	
76971	2 cm or less	\$253.05
76972	2-4 cm	\$284.69
76973	4-6 cm	\$316.32
76974	6-9 cm	\$347.94
76975	9-12 cm	\$394.17
76976	12-16 cm	\$427.01
76977	16-20 cm	\$459.86
76978	20-25 cm	\$510.92
76979	25 cm and over	\$545.00
76980	Repairs, Lacerations, Complicated (local tissue shifts)	
76981	2 cm or less	\$272.49
76982	2-4 cm	\$306.54
76983	4-6 cm	\$340.61
76984	6-9 cm	\$374.68
76985	9-12 cm	\$423.32
76986	12-16 cm	\$458.58
76987	16-20 cm	\$493.85
76988	20-25 cm	\$547.35

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CODE	DESCRIPTION	ABCDS
76989	25 cm and over	\$583.85
77000	MAXILLOFACIAL DEFORMITIES, TREATMENT OF	
77100	OSTEOTOMY/OSTECTOMY, RAMUS OF THE MANDIBLE	
77101	Osteotomy, Subcondylar, Closed	\$4,164.41
77102	Osteotomy, Subcondylar, Open	\$4,164.41
77103	Osteotomy, Ramus of the Mandible, Oblique, Extraoral	\$4,164.41
77104	Osteotomy, Ramus of the Mandible, Oblique, Intraoral	\$4,164.41
77105	Osteotomy/Ostectomy, Body of the Mandible	\$4,164.41
77106	Osteotomy, Coronoideotomy	\$1,984.90
77107	Osteotomy, Condylar Neck	\$1,984.90
77108	Osteotomy, Sagittal Split	\$4,164.41
77200	OSTEOTOMY, MISCELLANEOUS	
77201	Osteotomy, Oblique with Bone Graft	\$3,891.96
77202	Osteotomy, Inverted "L"	\$3,891.96
77203	Osteotomy, "C"	\$3,891.96
77204	Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis – Unilateral	\$3,891.96
77205	Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis – Bilateral	\$3,891.96
77206	Activation of Distraction Device – Unilateral	\$3,891.96
77207	Activation of Distraction Device – Bilateral	\$3,891.96
77208	Removal of Distraction Device – Unilateral	\$3,891.96
77209	Removal of Distraction Device - Bilateral	\$3,891.96
77300	OSTEOTOMY, MAXILLARY	
77301	Osteotomy, Maxillary, Le Fort I	\$4,164.41
77302	Osteotomy, Maxillary, Le Fort II	\$4,397.91
77303	Osteotomy, Maxillary, Le Fort III	\$5,254.16

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CODE	DESCRIPTION	ABCDS
77304	Additional to the Above Osteotomy Requiring Two Segments	\$544.86
77305	Additional to the Above Osteotomy Requiring Three Segments	\$700.55
77306	Additional to the Above Osteotomy Requiring Four segments	\$895.15
77307	Additional to the Above Osteotomy requiring a Cranial Flap	\$700.55
77308	Closure of Cleft Fistula (alveolar)	\$661.63
77309	Closure of Cleft Fistula (palatal)	\$661.63
77311	Pharyngoplasty	\$1,050.82
77312	Submucous Resection	\$661.63
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
77400	OSTEOTOMY, MAXILLARY/MANDIBULAR, SEGMENTAL	
77410	Osteotomy, Segmental, Maxillary	
77411	Osteotomy, Segmental, Anterior	\$1,868.13
77412	Osteotomy, Segmental, Posterior	\$1,868.13
77413	Osteotomy, Mid-palatal Split, Anterior	\$1,245.43
77414	Osteotomy, Mid-palatal Split, Complete	\$1,868.13
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

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CODE	DESCRIPTION	ABCDS
77420	Osteotomy, Segmental, Mandible	
77421	Osteotomy, Segmental, Anterior, with Transfer of Mental Eminence	\$1,868.13
77422	Osteotomy, Segmental, Anterior, without the Transfer of Mental Eminence	\$1,868.13
77423	Osteotomy, Segmental, Posterior	\$1,693.26
77424	Osteotomy, Lower Border, Mandible	\$1,868.13
77425	Osteotomy, Total Dento-Alveolar, Mandible	\$3,891.96
77426	Osteotomy, Segmental, Anterior – for Distraction Osteogenesis	BR
77427	Osteotomy, Segmental, Posterior – for Distraction Osteogenesis	BR
77428	Activation of Distraction Device	BR
77429	Removal of Segmental Mandibular Distraction Device	BR
77430	Osteotomy When "Interpositional Graft" is Required	
77431	Using Bone	\$467.03
77432	Using Alloplast + E	\$437.89
77433	Using Cartilage	\$467.03
77440	Osteotomy When "Onlay Graft" is Required for Osteotomy, Trauma or Reconstructive Procedures	
77441	Using Bone	\$311.36
77442	Using Alloplast + E	\$291.91
77443	Using Cartilage	\$311.36
77500	GENIOPLASTY	
77501	Genioplasty, Sliding, Reduction or Augmentation	\$1,868.13
77502	Genioplasty, Reduction (vertical)	\$1,868.13
77503	Genioplasty Augmentation with Graft (see grafting codes)	\$1,868.13
77504	Myotomy, Suprahyoid	\$467.25
77600	MISCELLANEOUS TREATMENT OF MAXILLOFACIAL DEFORMITIES	
77601	Corticotomy	\$545.00

Alberta Blue Cross Dental Schedule - 2021 - General Practitioner

CODE	DESCRIPTION	ABCDS
77602	Interdental Septotomy	\$545.00
77603	Surgical Expansion of the Palate	\$934.05
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
77700	PALATORRHAPHY	
77701	Palatorrhaphy, Anterior (closure of palatine fissure)	\$1,868.13
77702	Palatorrhaphy, Posterior	\$1,868.13
77703	Palatorrhaphy, Total	\$2,335.18
77704	Palatorrhaphy, with Bone Graft	\$3,113.56
77705	Palatorrhaphy, Bone Graft to Anterior Alveolar Ridge	\$2,023.80
77800	FRENECTOMY/ FRENOPLASTY	
77801	Frenectomy, Upper Labial	\$204.47
77802	Frenectomy, Lower Labial	\$204.47
77803	Frenectomy, Lower Lingual or "Z" Plasty	\$204.47
77804	Frenectomy, Lower Lingual or "Z" Plasty with Myotomy of Genioglossus	\$350.43
77805	Frenoplasty, Upper "Z"	\$306.72
77806	Frenoplasty, Lower "Z"	\$306.72
77900	GLOSSECTOMY	
77901	Glossectomy, Partial, Anterior Wedge	\$545.00
77902	Glossectomy, Partial, for Orthodontic Purposes	\$545.00
77903	Glossectomy, Full Postero-Anterior Wedge	\$1,011.89
77910	CLEFT SURGERY	
77911	Primary Unilateral Cleft Lip Repair	\$1,050.82
77912	Secondary Unilateral Cleft Lip Repair	\$1,050.82
77913	Primary Bilateral Cleft Lip Repair	\$1,401.10

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CODE	DESCRIPTION	ABCDS
77914	Secondary Bilateral Cleft Lip Repair	\$1,401.10
77915	Reconstruction of Cleft Lip with Lip Switch Flap	\$1,401.10
77916	Complex Reconstruction or Revision of Cleft Lip	\$1,751.39
77917	Closure of Alveolar Cleft (see grafting codes)	\$1,751.39
77920	ORAL NASAL FISTULA	
77921	Primary Closure at time of Initial Surgery	\$622.70
77922	Secondary Closure with Palatal Flap	\$934.05
77923	Secondary Closure with Pharyngeal Flap	\$934.05
77924	Secondary Closure with Tongue Flap	\$1,050.82
77925	Secondary Closure with Buccal Flap	\$934.05
77930	RIGID FIXATION	
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
78000	TEMPOROMANDIBULAR JOINT DYSFUNCTIONS, TREATMENT OF	
78100	TEMPOROMANDIBULAR JOINT, DISLOCATION MANAGEMENT OF (Sedation and general anaesthesia services to be coded separately with appropriate 90000 series codes)	
78101	TMJ, Dislocation, Open Reduction	\$1,011.89
78102	TMJ, Dislocation, Closed Reduction, Uncomplicated	\$185.06
78103	TMJ, Dislocation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)	\$194.76
78104	TMJ, Subluxation, Closed Reduction, Uncomplicated	\$185.06
78105	TMJ, Subluxation, Closed Reduction, Complicated (Requiring Sedation or General Anaesthesia)	\$194.76
78106	TMJ, Manipulation, under Sedation or General Anaesthesia	\$292.13

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CODE	DESCRIPTION	ABCDS
78107	TMJ, Fixation (Application of devices to prevent recurrent dislocation in the short term (arch bars, MMF screws, Ivy Loops))	\$292.13
78200	TEMPOROMANDIBULAR JOINT OPEN PROCEDURES (ARTHROTOMY)	
78201	Condyloplasty	\$1,556.78
78202	Condylotomy	\$934.05
78203	Condylectomy	\$1,673.54
78204	Eminoplasty	\$1,673.54
78205	Re-contour of Glenoid Fossa	\$1,673.54
78206	Menisectomy	\$1,556.78
78207	Plication of Meniscus	\$1,673.54
78208	Repair of Meniscus	\$1,673.54
78209	Replacement of Meniscus (see grafting codes)	\$1,673.54
78300	TEMPOROMANDIBULAR JOINT, ARTHROTOMY FOR MAJOR RECONSTRUCTION	
78301	Fossa Replacement (see grafting codes)	\$1,673.54
78302	Condylar Replacement (see grafting codes)	\$1,673.54
78303	Gap Arthroplasty for Ankylosis (see grafting codes)	\$2,646.53
78400	ARTHROSCOPY OF TEMPOROMANDIBULAR JOINT	
78401	TMJ Arthroscopic Examination and Diagnosis	\$467.03
78402	Biopsy	\$661.63
78403	Removal of Loose Bodies	\$661.63
78404	Lavage	\$467.03
78405	Lysis of Adhesions	\$661.63
78406	Synovectomy	\$1,011.89
78407	Condyloplasty	\$1,011.89
78408	Eminoplasty	\$1,011.89

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CODE	DESCRIPTION	ABCDS
78409	Re-contour of Glenoid Fossa	\$1,011.89
78411	Menisectomy	\$1,167.58
78412	Plication of Meniscus	\$1,167.58
78413	Repair of Meniscus	\$1,167.58
78500	TEMPOROMANDIBULAR JOINT, ARTHROCENTESIS (puncture and aspiration)	
78501	One unit of time	\$111.93
78502	Two units	\$223.87
78509	Each additional unit over two	\$111.93
78600	TEMPOROMANDIBULAR JOINT, MANAGEMENT BY INJECTIONS	
78601	Injection, therapeutic drug with or without local anaesthetic drug, "per site", + E	\$116.79
78602	Injection, with Sclerosing Agent	\$116.79
78700	TEMPOROMANDIBULAR JOINT, APPLIANCE SPLINTS, ORTHOPEDIC REHABILITATION (post operative)	
78701	Appliance Splint, Maxillary + L	\$788.34
78702	Appliance Splint, Mandibular + L	\$788.34
79000	MAXILLOFACIAL SUGERY PROCEDURES, OTHER	
79010	Adjunctive Procedures to Maxillofacial Surgery	
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
79100	SALIVARY GLANDS, TREATMENT OF	
79101	Salivary Duct, Dilation of	\$160.63
79102	Salivary Duct, Insertion of Polyethylene Tube	\$214.20

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CODE	DESCRIPTION	ABCDS
79103	Salivary Duct, Sialodochoplasty	\$467.25
79104	Salivary Duct, Reconstruction of	\$700.89
79110	Salivary Duct, Sialolithotomy	
79111	Sialolithotomy, Anterior, 1/3 of Canal	\$428.40
79112	Sialolithotomy, Posterior, 2/3 of Canal	\$1,168.14
79113	Sialolithotomy, External Approach	\$1,809.84
79120	Salivary Gland, Excisions	
79121	Excision of Submaxillary Gland	\$1,167.69
79122	Excision of Sublingual Gland	\$1,459.62
79123	Excision of Mucocele	\$146.06
79124	Excision of Ranula	\$467.25
79125	Marsupialization of Ranula	\$428.40
79130	Salivary Gland, Removal	
79131	Salivary Gland, Removal, Parotid (sub total)	\$1,556.78
79132	Salivary Gland, Removal, Parotid (radical, including facial nerve)	\$2,490.86
79200	NEUROLOGICAL DISTURBANCES, TREATMENT OF	
79210	Neurological Disturbances, Trigeminal Nerve	
79211	Trigeminal Nerve, Injection for Destruction	\$233.62
79212	Trigeminal Nerve, Avulsion at Periphery	\$486.69
79213	Trigeminal Nerve, Total Avulsion of a Branch	\$885.72
79214	Trigeminal Nerve, Alcoholization of a Branch	\$233.62
79215	Trigeminal Nerve, Infiltration of a Branch for Diagnosis	\$111.93
79216	Trigeminal Nerve, Intraoperative, diagnosis or physiologic monitoring (stimulation with recording evoked potentials, ultrasound, or impedance)	\$214.20
79217	Trigeminal Nerve, Neurolysis or tumour excision of trigeminal nerve branch in soft tissue	\$700.89

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CODE	DESCRIPTION	ABCDs
79218	Trigeminal Nerve, Neurolysis or tumour excision of trigeminal nerve branch in bone (mandible, maxilla or orbit) (not to include osteotomy)	\$1,362.48
79220	Neurological Disturbances, Mental Nerve	
79221	Mental Nerve, Transportation of	\$817.49
79222	Mental Nerve, Decompression in Canal	\$817.49
79230	Neurological Disturbances, Inferior Dental Nerve	
79231	Inferior Dental Nerve, Complete Avulsion	\$817.49
79232	Inferior Dental Nerve, Decompression in the Canal	\$846.63
79240	Neurological Disturbances, Surgery	
79241	Injured Nerve Repair, Primary	\$1,089.98
79242	Injured Nerve Repair, Secondary	\$2,763.30
79243	Injured Nerve Repair, Secondary, (when repair delayed more than four weeks)	\$3,113.56
79244	Neural Transposition and Decompression	\$817.49
79245	Implantation of Electrode for Peripheral Nerve Stimulation	\$1,089.98
79246	Excision of Tumour or Neuroma	\$1,167.69
79247	Nerve Repair with Graft + E	\$3,891.96
79248	Harvesting of Nerve Graft	\$1,362.48
79251	Epineurial Suture of Trigeminal Nerve Branch per Anastomosis	\$846.63
79252	Fascicular Suture of Trigeminal Nerve Branch per Anastomosis	\$846.63
79253	Conduit Implant for Repair of Nerve Gap up to 3 cm	\$2,179.51
79254	Conduit Implant for Repair of Nerve Gap greater than 3 cm	\$3,113.56
79255	Fibrin adhesive per nerve anastomosis	\$545.00
79256	Laser coagulation per nerve anastomosis	\$583.85
79258	In addition to above procedures, when using operating microscopes	\$116.79
79300	ANTRAL SURGERY	
79310	Antral Surgery, Recovery, Foreign Bodies	

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CODE	DESCRIPTION	ABCDS
79311	Antral Surgery, Immediate Recovery of a Dental Root or Foreign Body from the Antrum	\$730.04
79312	Antral Surgery, Immediate Closure of Antrum by Another Dental Surgeon	\$730.04
79313	Antral Surgery, Delayed Recovery of a Dental Root with Oral Anrostomy	\$730.04
79314	Antral Surgery with Nasal Anrostomy	\$730.04
79320	Antral Surgery, Lavage	
79321	Lavage, Oral Approach	\$102.23
79322	Lavage, Nasal Approach	\$102.23
79330	Antral Surgery, Oro-Antral Fistula Closure, (same session)	
79331	Oro-Antral Fistula Closure with Buccal Flap	\$700.89
79332	Oro-Antral Fistula Closure with Gold Plate + L	\$700.89
79333	Oro-Antral Fistula Closure with Palatal Flap	\$700.89
79340	Antral Surgery, Oro-Antral Fistula Closure, (subsequent session)	
79341	Oro-Antral Fistula Closure with Buccal Flap	\$700.89
79342	Oro-Antral Fistula Closure with Gold Plate + L	\$700.89
79343	Oro-Antral Fistula Closure with Palatal Flap	\$700.89
79350	Sinus Osseous Augmentation	
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
79400	HEMORRHAGE, CONTROL OF	
79401	Primary Hemorrhage, Control	\$467.25
79402	Secondary Hemorrhage, Control	\$1,362.48

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CODE	DESCRIPTION	ABCDS
79403	Hemorrhage Control, using Compression and Hemostatic Agent	\$1,362.48
79404	Hemorrhage Control, using Hemostatic Substance and Sutures (including removal of bony tissue, if necessary)	\$1,362.48
79500	GRAFTS AND RECONSTRUCTION, SURGICAL	
79510	Harvesting of Intraoral Tissue for Grafting to Operative Site	
79511	Bone	\$394.17
79512	Cartilage	\$394.17
79513	Skin	\$394.17
79514	Mucosa	\$394.17
79515	Fascia	\$394.17
79516	Muscle	\$394.17
79517	Dermis	\$394.17
79520	Harvesting of Extraoral Tissue for Grafting to Operative Site (to include ilium, rib, etc.)	
79521	Bone	\$545.00
79522	Cartilage	\$545.00
79523	Costochondral	\$545.00
79524	Skin	\$545.00
79525	Fat	\$545.00
79526	Fascia	\$545.00
79527	Muscle	\$545.00
79528	Dermis	\$545.00
79529	Nerve	BR
79530	Vascularized Tissue Flaps, Extraoral	
79531	Elevation Free Soft Tissue Flap	BR
79532	Elevation Free Hard Tissue Flap	BR

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CODE	DESCRIPTION	ABCDS
79533	Elevation Free Composite Soft and Hard Tissue Flap	BR
79534	Elevation of Pedicled/Attached Soft Tissue Flap	BR
79535	Elevation of Pedicled/Attached Composite Soft and Hard Tissue Flap	BR
79536	Transplantation and Insetting of Microvascular Free Flap	BR
79537	Microanastomosis of Artery + E	BR
79538	Microanastomosis of Vein + E	BR
79539	Artery/Vein/Nerve Graft/Patch, Autogenous/Allograft/Alloplastic + E	BR
79540	Harvesting and Preparation of Platelet Rich Plasma	
79541	Harvesting and Preparation of Platelet Rich Plasma + E	BR
79550	Delivery of Growth Factors	
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
79560	Ear, Nasal, Orbital Reconstruction	
79561	Otoplasty/Reconstruction, Partial	BR
79562	Otoplasty/Reconstruction, Total	BR
79563	Rhinoplasty/Reconstruction, Partial	BR
79564	Rhinoplasty/Reconstruction, Total	BR
79565	Tarsorrhaphy	BR
79566	Blepharoplasty/Eyelid Reconstruction	BR
79567	Dacryocystorhinostomy Plus Cannulation of Lacrimal System	BR
79568	Dacryocystectomy	BR
79570	Cranial Reconstruction	
79571	Cranioplasty	BR
79572	Craniosynostosis Repair	BR

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CODE	DESCRIPTION	ABCDS
79580	Cutaneous Repairs/Reconstruction, Extraoral	
79581	Adjacent Tissue Transfer or Rearrangement Flap < 2 cm	BR
79582	Adjacent Tissue Transfer or Rearrangement Flap 2 cm – 5 cm	BR
79583	Adjacent Tissue Transfer or Rearrangement Flap 5 – 10 cm	BR
79584	Adjacent Tissue Transfer or Rearrangement Flap > 10 cm	BR
79585	Placement of Tissue Expander	BR
79586	Removal of Tissue Expander	BR
79587	Rhytidectomy Forehead	BR
79588	Rhytidectomy Midface	BR
79589	Rhytidectomy Cervical	BR
79590	Cutaneous augmentation and resurfacing, extraoral	
79591	Fat Injection/Grafting	BR
79592	Microdermabrasion Skin Resurfacing	BR
79593	Laser Skin Resurfacing	BR
79594	Chemical Skin Resurfacing	BR
79595	Hair Transplantation Graft Harvest	BR
79596	Hair Transplantation Graft Insertion	BR
79597	Facial Transplantation + E	BR
79600	POST SURGICAL CARE (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	\$97.37
79602	Post Surgical Care, Minor, by Other Than Treating Dentist	\$102.23
79603	Post Surgical Care, Major, by Treating Dentist	\$1,022.43
79604	Post Surgical Care, Major, by Other Than Treating Dentist	\$1,022.43
79605	Post Surgical Care, Alveolitis, Treatment of (without Anaesthesia)	\$102.23

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CODE	DESCRIPTION	ABCDS
79606	Post Surgical Care, Alveolitis, Treatment of (with Anaesthesia)	\$102.23
79700	AIRWAY PROCEDURES	
79701	Tracheostomy	\$622.70
79702	Crico-Thyroidotomy	\$622.70
79703	Revision Tracheostomy	BR
79704	Tracheostomy Tube Change/Placement	BR
79705	Tracheostomy Fistula Closure	BR
79706	Laryngeal Stent Placement	BR
79800	MUSCULAR DISORDERS, TREATMENT OF	
79801	Treatment of Muscular Dysfunctions	BR
79802	Myotomy	BR
79900	IMPLANTOLOGY (Includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)	
79910	Implants, Blade	
79911	Maxillary per implant + E	BR
79912	Mandibular per implant + E	BR
79920	Implants, Subperiosteal	
79921	Maxillary + L	BR
79922	Mandibular + L	BR
79930	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

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CODE	DESCRIPTION	ABCDS
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
79940	Implants Osseointegrated, Root Form, Single Component	
79941	Surgical Installation of Implant – per Implant + E	BR
79950	Implants, Osseointegrated, Provisional	
79951	Installation of Provisional Implant – per Implant + E	BR
79952	Removal of Provisional Implant – per Implant + E	BR
79960	Implants, Removal of Implant	
79961	Per implant, Uncomplicated	BR
79962	Per implant, Complicated	BR
79970	Implants, Craniofacial (Ear, Nose, Orbit, Zygoma)	
79971	Surgical Installation of Craniofacial Fixture	BR
79972	Placement of Transcutaneous Element on Craniofacial Fixture, Either at Initial Procedure or a Secondary Procedure	BR
80000	ORTHODONTIC SERVICES, MISCELLANEOUS	
80600	ORTHODONTIC, OBSERVATIONS AND ADJUSTMENTS	
80601	Orthodontic Observation - for Tooth Guidance (i.e. tooth position, eruption sequence, serial extraction supervision, etc.) per appointment	\$69.12
80602	Orthodontic Observation and Adjustment - to Orthodontic Appliances and/or the Reduction of Proximal Surfaces of Teeth per appointment	\$69.12
80630	Repairs to Removable or Fixed Appliances (not including removal and recementation)	
80631	One unit of time + L	\$74.87
80632	Two units + L	\$149.74
80639	Each additional unit over two + L	\$74.87
80640	Alterations to Removable or Fixed Appliances	
80641	One unit of time+ L One unit of time+ L	\$74.87

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CODE	DESCRIPTION	ABCDS
80642	Two units + L	\$149.74
80649	Each additional unit over two + L	\$74.87
80650	Recementation of Fixed Appliances	
80651	One unit of time	\$74.87
80659	Each additional unit	\$74.87
80660	Separation (except where included in the fabrication of an appliance)	
80661	One unit of time	\$74.87
80669	Each additional unit	\$74.87
80670	Removal of Fixed Orthodontic Appliances (by a practitioner other than the original treating Practice or Practitioner)	
80671	One unit of time	\$74.87
80679	Each additional unit	\$74.87
81000	APPLIANCES, ACTIVE, FOR TOOTH GUIDANCE OR MINOR TOOTH MOVEMENT	
81100	APPLIANCES, REMOVABLE	
81110	Appliances, Removable, Space Regaining	
81111	Appliance, Maxillary, Unilateral + L	\$299.30
81112	Appliance, Mandibular, Unilateral + L	\$299.30
81113	Appliance, Maxillary, Bilateral + L	\$299.30
81114	Appliance, Mandibular, Bilateral + L	\$299.30
81120	Appliances, Removable, Cross-Bite Correction	
81121	Appliance, Maxillary, Simple + L	\$283.88
81122	Appliance, Mandibular, Simple + L	\$283.88
81130	Appliances, Removable, Dental Arch Expansion	
81131	Appliance, Maxillary, simple + L	\$299.30
81132	Appliance, Mandibular, Simple + L	\$299.30

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CODE	DESCRIPTION	ABCDS
81140	Appliances, Removable, Closure of Diastemas	
81141	Appliance, Maxillary, Simple + L	\$299.30
81142	Appliance, Mandibular, Simple + L	\$299.30
81150	Appliances, Removable, Alignment of Anterior Teeth	
81151	Appliance, Maxillary, Simple + L	\$299.30
81152	Appliance, Mandibular, Simple + L	\$299.30
81200	APPLIANCES, FIXED OR CEMENTED	
81210	Appliance, Fixed, Space Regaining (e.g. lingual or labial arch with molar bands, tubes, locks)	
81211	Appliance, Maxillary + L	\$299.30
81212	Appliance, Mandibular + L	\$299.30
81220	Appliance, Fixed, Space Regaining, Unilateral	
81221	Appliance, Maxillary + L	\$224.62
81222	Appliance, Mandibular + L	\$224.62
81230	Appliance, Fixed, Cross-Bite Correction - Anterior	
81231	Appliance, Maxillary + L	\$299.30
81232	Appliance, Mandibular + L	\$299.30
81240	Appliance, Fixed, Cross-Bite Correction - Posterior	
81241	Appliance, Maxillary + L	\$299.30
81242	Appliance, Mandibular + L	\$299.30
81243	Appliance, Two-Molar Band, Hooked and Elastics + L	\$239.83
81250	Appliance, Fixed, Dental Arch Expansion	
81251	Appliance, Maxillary + L	\$374.39
81252	Appliance, Mandibular + L	\$374.39
81253	Appliance, Maxillary, Rapid Expansion + L	\$299.30
81260	Appliance, Fixed, Closure of Diastemas	

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CODE	DESCRIPTION	ABCDS
81261	Appliance, Maxillary, Simple + L	\$299.30
81262	Appliance, Mandibular, Simple + L	\$299.30
81270	Appliance, Fixed, Alignment of Incisor Teeth	
81271	Appliance, Maxillary, Simple + L	\$374.39
81272	Appliance, Mandibular, Simple + L	\$374.39
81280	Appliances, Fixed, Ligatures	
81281	Grassline or Elastic Ligatures per visit + L	\$74.87
81290	Appliances, Fixed, Mechanical Eruption of Tooth/Teeth	
81291	Appliance, Maxillary, Impaction + L	\$299.30
81292	Appliance, Mandibular, Impaction + L	\$299.30
81293	Appliance, Maxillary, Erupted + L	\$299.30
81294	Appliance, Mandibular, Erupted + L	\$299.30
83000	APPLIANCES, RETENTION, ORTHODONTIC RETAINING APPLIANCES	
83100	APPLIANCES, REMOVABLE, RETENTION	
83101	Appliance, Maxillary + L	\$224.62
83102	Appliance, Mandibular + L	\$224.62
83103	Appliance, Tooth Positioner + L	\$224.62
83200	APPLIANCES, FIXED/CEMENTED, RETENTION	
83201	Appliance, Maxillary + L	\$299.30
83202	Appliance, Mandibular + L	\$299.30
	CASE TYPE- Fixed Appliance (includes: formal full banded treatment and retention)	
84000	PERMANENT DENTITION	
84101	Class I Malocclusion + L	\$8,985.63
84201	Class II Malocclusion + L	\$11,980.85
84301	Class III Malocclusion + L	\$11,980.85

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CODE	DESCRIPTION	ABCDS
84401	Malocclusion not Requiring Complete Banding + L	\$3,744.01
85000	MIXED DENTITION	
85101	Class I Malocclusion + L	\$8,985.63
85201	Class II Malocclusion + L	\$11,980.85
85301	Class III Malocclusion + L	\$11,980.85
	CASE TYPE - Removable Appliances (includes: removable appliance therapy and retention; e.g. functional appliances for mixed and primary dentition)	
87000	PERMANENT DENTITION	
87101	Class I Malocclusion + L	BR
87201	Class II Malocclusion + L	BR
87301	Class III Malocclusion + L	BR
88000	MIXED DENTITION	
88101	Class I Malocclusion + L	\$4,492.81
88201	Class II Malocclusion + L	\$5,990.42
88301	Class III Malocclusion + L	\$5,990.42
89500	NEONATAL DENTO-FACIAL ORTHOPEDICS (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	\$2,695.67
89502	Extraoral Retraction Appliance for Infants with Cleft Palate + L	\$2,695.67
89503	Stage I - Initial Expansion + L	\$2,246.40
89504	Stage II - Anterior Alignment + L	\$2,246.40
89505	Stage III - Final Alignment (complete banding) + L	\$5,990.42

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CODE	DESCRIPTION	ABCDS
89506	Stage III - Where Stage I and II were not provided for + L	\$11,980.85
91000	UNCLASSIFIED TREATMENTS	
91100	UNCLASSIFIED TREATMENT, DENTAL PAIN	
91110	Palliative (emergency) Treatment of Dental Pain, Minor Procedure	
91111	One unit of time	\$92.52
91112	Two units	\$185.05
91113	Three units	\$277.57
91119	Each additional unit over three	\$92.52
91120	Emergency Services not Otherwise Specified in Guide	
91121	One unit of time	\$97.37
91122	Two units	\$194.74
91123	Three units	\$292.11
91129	Each additional unit over three	\$97.37
91200	UNCLASSIFIED TREATMENT, UNUSUAL TIME AND RESPONSIBILITIES (Note: If the service affected is anaesthesia, code series 92000, and the unusual time and responsibility is the result of a patient BMI of 35 or above, refer to code series 92900.)	
91210	Unusual Time and Responsibility Requirement, in Addition to Usual Procedures in Guide	
91211	One unit of time	\$107.09
91212	Two units	\$214.18
91213	Three units	\$321.27
91219	Each additional unit over three	\$107.09
91220	Second Surgeon (team approach)	
91221	One unit of time	\$92.52
91222	Two units	\$185.05
91223	Three units	\$277.57
91224	Four units	\$370.10

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CODE	DESCRIPTION	ABCDS
91225	Five units	\$462.62
91226	Six units	\$555.15
91227	Seven units	\$647.67
91228	Eight units	\$740.19
91229	Each additional unit over eight	\$92.52
91230	Management of Exceptional Patient	
91231	One unit of time	\$107.09
91232	Two units	\$214.18
91233	Three units	\$321.27
91234	Four units	\$428.36
91239	Each additional unit over four	\$107.09
92000	ANAESTHESIA	
92100	ANAESTHESIA, LOCAL (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	\$97.37
92102	Trigeminal Division Block	\$97.37
92200	ANAESTHESIA, GENERAL (includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up)	
92210	General Anaesthesia	
92212	Two units of time	\$204.47
92213	Three units	\$306.70
92214	Four units	\$408.94
92215	Five units	\$511.17
92216	Six units	\$613.41
92217	Seven units	\$715.64

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CODE	DESCRIPTION	ABCDS
92218	Eight units	\$817.88
92219	Each additional unit over eight	\$102.23
92220	Provision of facilities, equipment and support services for general anaesthesia when provided by a separate practitioner	
92222	Two units of time	\$204.47
92223	Three units	\$306.70
92224	Four units	\$408.94
92225	Five units	\$511.17
92226	Six units	\$613.41
92227	Seven units	\$715.64
92228	Eight units	\$817.88
92229	Each additional unit over eight	\$102.23
92300	ANAESTHESIA, DEEP SEDATION	
	Anaesthesia, 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. (includes pre-anesthetic evaluation and post anesthetic follow-up)	
92302	Two units	\$185.05
92303	Three units	\$277.57
92304	Four units	\$370.10
92305	Five units	\$462.62
92306	Six units	\$555.15
92307	Seven units	\$647.67
92308	Eight units	\$740.19
92309	Each additional unit over eight	\$92.52
92320	Provision of facilities, equipment and support services for deep sedation when provided by a separate practitioner	

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CODE	DESCRIPTION	ABCDS
92322	Two units	\$185.05
92323	Three units	\$277.57
92324	Four units	\$370.10
92325	Five units	\$462.62
92326	Six units	\$555.15
92327	Seven units	\$647.67
92328	Eight units	\$740.19
92329	Each additional unit over eight	\$92.52
92400	ANAESTHESIA, CONSCIOUS SEDATION	
	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.	
92410	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	\$48.91
92412	Two units	\$97.82
92413	Three units	\$146.73
92414	Four units	\$195.64
92415	Five units	\$244.55
92416	Six units	\$293.45
92417	Seven units	\$342.36
92418	Eight units	\$391.27
92419	Each additional unit over eight	\$48.91

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CODE	DESCRIPTION	ABCDS
92420	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	\$44.19
92422	Two units	\$88.37
92423	Three units	\$132.56
92424	Four units	\$176.75
92425	Five units	\$220.93
92426	Six units	\$265.12
92427	Seven units	\$309.30
92428	Eight units	\$353.49
92429	Each additional unit over eight	\$44.19
92440	Parenteral Conscious Sedation (regardless of method -IM or IV)	
92441	One unit	\$60.54
92442	Two units	\$121.07
92443	Three units	\$181.61
92444	Four units	\$242.15
92445	Five units	\$302.69
92446	Six units	\$363.22
92447	Seven units	\$423.76
92448	Eight units	\$484.30
92449	Each additional unit over eight	\$60.54
92500	NON PHARMACOLOGICAL PAIN CONTROL AND PATIENT MANAGEMENT	
92510	Hypnosis	
92511	One unit of time	\$48.91

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CODE	DESCRIPTION	ABCDS
92512	Two units	\$97.82
92513	Three units	\$146.73
92514	Four units	\$195.64
92519	Each additional unit over four	\$48.91
92520	Acupuncture	
92521	One unit of time	\$48.91
92522	Two units	\$97.82
92523	Three units	\$146.73
92524	Four units	\$195.64
92529	Each additional unit over four	\$48.91
92530	Electronic Dental Anaesthesia	
92531	One unit of time	\$48.91
92532	Two units	\$97.82
92533	Three units	\$146.73
92534	Four units	\$195.64
92539	Each additional unit over four	\$48.91
92900	ANAESTHESIA – GENERAL ANAESTHESIA OR DEEP SEDATION, UNUSUAL TIME AND RESPONSIBILITY	
92901	Management of patient with BMI 35 or above, in addition to code series 92200 or 92300	BR
93000	PROFESSIONAL SERVICES	
93100	PROFESSIONAL COMMUNICATIONS	
93110	Consultation with Member of the Profession or other Healthcare Providers, in or out of the office + E	
93111	One unit of time + E	\$79.12
93112	Two units + E	\$158.24
93119	Each additional unit over two + E	\$79.12

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CODE	DESCRIPTION	ABCDS
93120	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.	\$129.38
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.	\$258.76
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
93130	Consultation and/or Participation During Autopsy (other than forensic)	
93131	One unit of time + E	\$85.07
93132	Two units + E	\$170.14
93139	Each additional unit over two	\$85.07
93300 CLAIM FORMS AND TREATMENT FORMS		
93301	Completing CDA "Blank" Approved Standard Claim Forms. NO FEE.	NO FEE
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. NO FEE.	NO FEE
93303	Completing Prepaid Claim Forms which do not Conform with Code 93301	\$22.92
93310	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	\$75.25
93312	Two units + E	\$150.49
93318	Zero units of time + E	NO FEE
93319	Each additional unit over two	\$75.25
93320	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	\$19.98
93322	Two units + E	\$39.96

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CODE	DESCRIPTION	ABCDS
93329	Each additional unit over two	\$19.98
93330	Payment for Orthodontic Treatment In Progress	
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
93340	Predetermination of available benefit. NO FEE	
93341	Orthodontic Treatment	BR
94000	PROFESSIONAL VISITS	
94100	HOUSE CALLS	
94101	House Call, Non Emergency Visit (in addition to procedures performed)	\$82.00
94102	House Call, Emergency Visit, when one must immediately leave home, office or hospital (in addition to procedures performed)	\$164.02
94300	OFFICE OR INSTITUTIONAL VISITS	
94301	Office (of another professional) or Institutional Visit, During Regular Scheduled Office Hours (in addition to services performed)	\$67.93
94302	Office or Institutional Visit, Unscheduled, After Regular Scheduled Office Hours (in addition to services performed)	\$84.08
94303	Missed or Cancelled Appointment, with Insufficient Notice, During Regular Scheduled Office Hours.	\$43.05
94304	Missed or Cancelled Appointment with insufficient Notice, being a Special Appointment Outside Regular Scheduled Office Hours	\$300.24
94305	Traveling Expenses	BR
94306	Professional visits out of the office plus actual services performed + E (out of pocket expense, etc.)	\$127.21
94400	COURT APPEARANCES AND/OR PREPARATION	
94410	Preparation as an Expert Witness.	
94411	One unit of time	BR

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CODE	DESCRIPTION	ABCDS
94412	Two units	BR
94413	Three units	BR
94414	Four units	BR
94419	Each additional unit over four	BR
94420	Court Appearance as an Expert Witness	
94421	One half day	BR
94422	Full day	BR
95000	FORENSIC DENTAL SERVICES	
95100	FORENSIC SERVICES, MISCELLANEOUS	
95101	Identification - Opinion as an expert assisting in civil or criminal cases + E	\$376.08
95102	Full or Part Time Participation in Civil Disaster + E	\$2,067.64
95104	Written Odontology Report + E	\$433.92
95105	Post Mortem Examination and Diagnosis of Tissues in Forensic Cases (non-identification)	BR
95106	Management of Oral Disease or Abnormality	\$150.09
95200	IDENTIFICATION SYSTEMS	
95201	Identification Disk System, Acid Etch/Bonded + L	\$67.93
96000	DRUGS/MEDICATION, DISPENSING	
96100	PRESCRIPTIONS	
96101	Prescription, Emergency	\$30.95
96102	Emergency Dispensing of One or Two Doses of a Therapeutic Drug, plus Giving a Written Prescription + E	\$42.14
96103	Dispensing, Non Emergency (e.g. fluorides, vitamins, other drugs/medications) + E	\$33.92
96200	INJECTIONS, THERAPEUTIC	
96201	Intramuscular Drug Injection + E	\$45.49
96202	Intravenous Drug Injection + E	\$45.49

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CODE	DESCRIPTION	ABCDS
96203	Intralesional Delivery + E (Intra-articular Injections - see 78600)	\$45.49
96300	INJECTIONS AESTHETIC - ADMINISTRATION OF AESTHETIC NEUROMODULATORS (E.G. BOTULINUM TOXIN TYPE A) (Note "units" refers to a drug dosage)	
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
96400	INJECTIONS AESTHETIC - ADMINISTRATION OF AESTHETIC DERMAL FILLERS	
96401	Aesthetic dermal filler first syringe + E	BR
96409	Aesthetic dermal filler subsequent syringe (use once for each syringe) + E	BR
97000	BLEACHING VITAL	
97110	Bleaching, Vital, In Office	
97111	One unit of time	\$75.06
97112	Two units	\$150.12
97113	Three units	\$225.19
97119	Each additional unit over three	\$75.06
97120	Bleaching, Vital Home (Includes the fabrication of bleaching trays, dispensing the system and follow-up care)	
97121	Maxillary Arch + L and/or E	\$214.47
97122	Mandibular Arch + L and/or E	\$214.47

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CODE	DESCRIPTION	ABCDS
97130	Micro-Abrasion	
97131	One unit of time	\$67.92
97132	Two units	\$135.84
97133	Three units	\$203.77
97134	Four units	\$271.69
97139	Each additional unit over four	\$67.92
98000	COUNSELLING	
98100	TOBACCO OR CANNABIS-USE CESSATION SERVICES 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	\$67.92
98102	Two units of time + E	\$135.84
98109	Each additional unit of time + E	\$67.92
99000	LABORATORY AND EXPENSE PROCEDURES (This code is used in conjunction with the "+ L", "+ E" and "+P.S.designation following specific codes in the guide. The addition of these codes are to facilitate computer or manual input for third party claims processing, personal records and statistics, providing one description for a specific procedure code).	
	When filling out the third party claim forms, these codes must follow immediately after the corresponding dental procedure code carried out by the dentist, so as to correlate the lab expenses with the correct procedures.	
99111	" + L" Commercial Laboratory Procedures (A commercial laboratory is defined as an independent business which performs laboratory services and bills the dental practice for these services on a case by case basis).	BR
99222	" + L" for oral pathology biopsy services when provided in relation to surgical services from the 30000, 40000, or 70000 code series	BR
99333	" + L" In-Office Laboratory Procedures (An in-office laboratory is defined as a laboratory service(s) performed within the same business entity).	BR
99555	" + E" Additional Expense of Materials	BR
99777	" +P.S. Charges for professional services billed to the dentist and passed through to the patient	BR