

SURGICAL DENTAL PROCEDURES
 Provided In Office by Oral Maxillofacial Surgeons

Code _____ **Rate**

The following payment schedule reflects fees that can be billed by oral surgeons for services provided in their office. The effective date will be April 1, 2018. Services provided in a publicly funded facility (hospital) will remain using pre-existing codes and fees.

It is understood by all parties that the Department of Health and Community Services will monitor the volume of work and costs relating to this new schedule. This payment schedule for office-based procedures expires March 31, 2022

84000	New Patient Exam	75.05
84001	Specific Exam	49.48
84038	In-Office Sedation	315.18

EXTRACTION OF ERUPTED TEETH, IF COMPLETED IN OFFICE OF ORAL SURGEON (See Appendix A)

84039	Removal of erupted tooth, uncomplicated procedure	90.98
84041	Multiple removal, additional teeth, per tooth	48.94
84043	Surgical removal of erupted tooth, requires elevation of mucoperiosteal flap, and removal of bone and/ or sectioning of tooth, includes routine post-op care.....	218.66
84047	Removal of residual roots, covered by soft tissue, single	171.08
84049	- each additional tooth, same quadrant	132.94
84051	Removal of residual roots, covered by bone, single	256.50
84053	- each additional tooth, same quadrant	223.03

EXTRACTION OF IMPACTED TEETH (See Appendix B)

84061	Impaction, requires incision of overlying soft tissue and removal of tooth, per tooth, IOP (I.C. form required)	219.55
84063	Impaction, requires incision of overlying soft tissue, elevation of flap and either removal of bone or sectioning and removal of tooth, per tooth IOP (I.C. form required)	312.47
84065	Impaction, requires incision of overlying soft tissue, elevation of flap and removal of completely bone covered tooth, per tooth, IOP (I.C. form required)	409.83
84067	Impaction, requires incision of overlying soft tissue, elevation of flap, removal of bone and/or sectioning of tooth for removal and/or presents unusual circumstances or difficulties. Operative report is required. IOP (I.C. form required)	498.78

Note: For all following services, claims will be reviewed prior to payment whenever, in a category, more than one service is provided per patient at the same operation. Operative reports or I.C. forms may be required for such reviews.

TESTS, HISTOLOGICAL

84151	Biopsy, soft oral tissue, by incision, IOP	137.02
84153	Biopsy, hard oral tissue, by incision, IOP	233.63

SURGICAL EXCISIONS

84161	Tumours, benign, scar tissue, inflammatory or congenital lesions of soft tissue, less than 2 cm.	376.62
84163	Tumours, benign, scar tissue, inflammatory or congenital lesions of soft tissue, over 2 cm.	455.14
84165	Tumours, benign, bone tissue, less than 2 cm.	404.42
84167	Tumours, benign, bone tissue over 2 cm.	721.62

Surgical Excisions of Cysts/Granulomas

84211	Less than 2 cm.....	325.91
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ANTRAL SURGERY

Antral Surgery, Recovering Foreign Bodies

84741	Immediate recovery of dental root or foreign body from the antrum	477.61
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Antral Surgery, Oro-antral Fistula Closure (same session)

84759	Closure with buccal flap	758.19
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HAEMORRHAGE CONTROL

84781	Secondary haemorrhage control, IOP	153.05
84783	Haemorrhage control using compression and haemostatic agent, IOP	101.20
84785	Haemorrhage control using haemostatic substances and sutures (includes removal of bony tissues if necessary), IOP (minimum \$208.59)	208.59

RADIOGRAPHS

87021	X-Rays (Panorex - In-Office for Insured Services)	74.40
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