



Department of Health & Wellness
Dental Programs

Dentists Guide
July 2023

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NOVA SCOTIA
DEPARTMENT OF HEALTH & WELLNESS
DENTISTS GUIDE
GENERAL PREAMBLE

INTRODUCTION

The Preamble is the authority for the proper interpretation of the tariff of fees as listed in the *Insured Dental Services Tariff Regulations*. Fees will not be correctly interpreted without reference to the Preamble. This tariff of fees is negotiated and maintained through agreement by the Department of Health and Wellness (DHW) and the Nova Scotia Dental Association (NSDA).

Schedule A of this Guide is an unofficial reproduction of the *Insured Dental Services Tariff Regulations* made under the *Health Services and Insurance Act*, RSNS 1989, c 197. For the official version of the regulations, consult the original documents on file with the Office of the Registrar of Regulations, or refer to the Royal Gazette Part II. In the event of any inconsistency between this unofficial reproduction and the official version, the official version will prevail.

GENERAL CONSIDERATIONS

- 1.1 Each dentist who participates in the care of a patient is entitled to compensation for the services rendered to the patient.
- 1.2 The tariff of fees (see Schedule A) identifies the amounts prescribed as claimable for insured services rendered by dentists. Insured services mean, dental services that are medically and/or dentally necessary as specified by the associated Medical Services Insurance (MSI) program criteria and are listed in the tariff of fees of the *Insured Dental Services Tariff Regulations*. The listing of any service or procedure in the tariff of fees does not ensure payment by the Department of Health and Wellness (DHW) if the dental service is provided when it is not medically/dentally necessary.
- 1.3 Unless otherwise indicated, fees listed are for professional services only.
- 1.4 Professional services provided to a patient may be claimed by a dentist only when he or she **personally** renders or supervises the service.
 - 1.4.1 All insured services include, where appropriate, any necessary discussion or advice to the patient or their agent, completion of a dental record, prescribing of medication or therapy, requisitioning of diagnostic services, arranging referrals, including a letter of referral where required, and similar activities normally associated with providing insured services to patients.

- 1.4.2** Where provision of a service generates charges for long distance telephone calls, unusual postal or other expenses, the dentist may deem them to exceed the normal allowance made in the tariff and bill the patient directly, subject to the conditions for billing non-insured services.
- 1.5** Dentists are required to submit claims for insured services provided to eligible patients in the format prescribed by Green Shield Canada (GSC), Administrator of the DHW Dental Programs. Non-participating dentists are required by Regulation under the *Health Services and Insurance Act* (See Section 28 (1) of the *Health Services and Insurance Act*) to give reasonable notice of this fact to a patient or someone acting on their behalf, before providing a service. <http://www.nslegislature.ca/legc/statutes/healthsi.htm>
- 1.6** Claims and/or resubmitted claims received beyond six (6) months from date of service shall not be payable unless GSC is of the opinion the delay is justified. Claims received after fifteen (15) months of the date of service are not considered for payment under any circumstance.
- 1.7** Dentists are entitled to payment for insured services where:
- The service has been performed;
 - Supporting documentation exists to verify the type and extent of the service relative to the fee claimed;
 - There is an indication in the chart, where applicable, that guidelines for payment eligibility have been met. If a claim for a service is submitted, GSC/DHW will assume, on a prepayment basis, that guidelines have been met.
- 1.8** All DHW services are subject to post-payment audit. A dentist shall, upon request by the appointed DHW dental auditor and at the auditor's discretion provide or make available for on-site examination, patient records maintained by the dentist with respect to the insured dental services under review, as may be required by the auditor, to clarify or verify services for which fees have been claimed. If the patient's chart and/or other pertinent patient records cannot support the claim either in part or full, then the appointed DHW auditor has the authority to request reimbursement for the partial or full payment amount of the service or of the lesser service provided. The appointed DHW auditor may make notes or photocopies of the documentation or records relevant to the insured services under review, as necessary to document and support their findings.

TERMS AND DEFINITIONS USED IN ALL SECTIONS

2.1 Medical Necessity

The provision of a service listed in the Schedule of Benefits for a program per Schedule A of this Guide does not ensure payment by GSC/DHW. Dental services provided in circumstances where they were not medically and/or dentally necessary as specified by the associated DHW program criteria are not insured. For the purpose of this Preamble,

dental services which are explicitly deemed to be non-insured under the *Health Services and Insurance Act* or its *Regulations* remain uninsured regardless of individual judgments regarding their medical/dental necessity.

2.2 Tariff of Fees

The Schedule of Benefits lists all insured procedures, their descriptions and codes, any special conditions, and the fees payable. When the term “tariff” is used in this Preamble, it means the tariff of fees.

2.3 Dentist

Dentist means a person lawfully entitled to practice dentistry in the place in which such practice is carried on by him/her. Services rendered under these programs shall only be insured when rendered by a person licensed with the Provincial Dental Board of Nova Scotia.

2.4 General Practitioner

General Practitioner GP means a dentist who engages in the practice of general dentistry.

2.5 Specialist/Specialty

A specialist is defined as one whose name appears in the Specialist Register of the Provincial Dental Board of Nova Scotia and who is registered as a Specialist. However, when the term “specialty” is used, it means any or all specialists.

2.6 Statutory Holidays (Applies to Oral and Maxillofacial Surgery)

Holidays are defined, for the purpose of claiming special premium rates, as New Year’s Day, Heritage Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, National Day for Truth and Reconciliation, Thanksgiving, Remembrance Day, Christmas Day and Boxing Day.

Note: If a Dentist chooses to provide routine, scheduled services during a statutory holiday, they are not entitled to premium fees.

2.7 Terms used for reporting or describing services to GSC/DHW:

2.7.1 Services

When the term “services” is used in this guide, it is in the context of an insured visit or procedure that is identified by a specific fee code in the DHW Schedule of Benefits.

2.7.2 Tariff

The DHW tariff is the actual monetary value of a service. The DHW tariff is determined through negotiations between the Nova Scotia Dental Association (NSDA) and the Nova Scotia Department of Health and Wellness (DHW), in accordance with the provisions of section 13A of the *Health Services and Insurance Act* and is embedded in the *Insured Dental Services Tariff Regulations*.

2.8 Dental Consultation

Dental Consultation refers to a request by one dentist or physician for an opinion from a dentist competent to furnish advice when circumstances of the patient's condition demand a further opinion.

A Dental Consultation shall consist of an oral examination, review of pertinent x-ray films, laboratory or other data and a written report of opinions and recommendations to the referring dentist or physician.

2.9 Repeat Consultation

A repeat consultation only applies where there has been a subsequent referral by the attending dentist or physician to the same dental consultant for the same illness, or complication thereof, within 30 days of the initial consultation.

2.10 Intra-Group Consultations

Dentists formally organized as a group practice, clinic, etc., are entitled to the usual rate listed in the tariff of fees.

The *Health Services and Insurance Act* provides that the Nova Scotia Department of Health and Wellness (DHW) has the right to request a copy of the consultation report.

2.11 Referral

A dentist referral takes place when one dentist or physician requests the services of a specialist or a dentist who by training and experience is able to provide a specialized service for consultation, diagnosis or treatment.

A patient ceases to be a referral for tariff purposes at the completion of the referred treatment plan and follow-ups specific to that treatment plan.

2.12 Transferal

A transferal, as distinguished from a referral, takes place where the responsibility for the care of the patient is completely transferred, permanently or temporarily, from one dentist to another. In such cases, the dentist to whom the patient is transferred is not entitled to a specialist's fee.

2.13 Hospital

For the purpose of this Preamble, hospital means a facility for the observation, care, and treatment of persons suffering from a psychiatric disorder; a hospital for treatment of persons with sickness, disease or injury, including maternity care, as approved under the *Health Services and Insurance Act*.

2.14 Office

An “office” is defined as the location where a dentist is practicing their profession.

2.15 Participating Dentist

A dentist who is registered with GSC/DHW to receive direct compensation for insured dental services from GSC/DHW.

2.16 Non-Participating Dentist

A dentist who has elected not to receive direct compensation for insured dental services from GSC/DHW.

2.17 Interpretive Component (DHW – Applies only to in-hospital radiographs)

This is the interpretation of the results of a diagnostic procedure for which a fee may be claimed separately from performing the procedure itself.

2.18 Premium Fees (Applies to Oral and Maxillofacial Surgery)

Premium fees are additional amounts paid above normal or customary rates on specific eligible services provided on an emergency basis during designated times. An emergency basis is defined as services which must be performed without delay because of the medical condition of the patient. Refer to Preamble for Oral and Maxillofacial Surgery.

2.19 Hospital Premium Fees

Premium fees are additional amounts paid above normal or customary rates on eligible services when such services are delivered in a public hospital. Such services are subject to a 30% premium on base tariff. Refer to Preamble for Individuals with Special Needs Oral Health Program and the Children’s Oral Health Program.

2.20 Pre-Authorized (Listed as PA in the Tariff of Fees)

Pre-Authorization is a process for assessing eligibility for coverage of a service before the treatment begins.

2.21 Cavitated Lesion

A lesion where there is clinical or radiographic evidence of dentinal involvement of tooth decay.

2.22 Locum Tenens

A dentist who temporarily replaces another dentist who is absent from the practice.

Note: The locum dentist may not claim under the billing number of the dentist being replaced. See details under “Conditions of Participation”.

PRINCIPLES OF ETHICAL BILLING

- 3.1** A dentist who provides professional services to a patient is entitled to compensation commensurate with the services provided to the patient. These services are designated as either insured or non-insured. Insured services are those listed in the GSC/DHW Dentists Guide. Some insured services have specific allowable frequencies. When services are provided beyond program frequencies, these are deemed to be uninsured services.
- 3.2** The following principles apply to claims for insured services:
- 3.2.1** All insured services claimed must reflect services rendered personally by the dentist in an appropriate clinical setting or in compliance with requirements for non-face-to-face dentistry. In accordance with the *Dental Act*, certain delegated dental acts done **under supervision of the dentist present on the premises** may also be claimed.
- 3.2.2** As part of the provision of an insured service, patients may be charged directly for the provision of consumable items not covered by DHW, such as non-insured dental services, completing forms, photocopying, long distance telephone, and similar charges. These charges must be explained and agreed to by the patient before the insured service is provided.
- 3.3** Billing for insured and non-insured dental services at the same visit:
- 3.3.1** A dentist must exercise caution whenever billing GSC/DHW and the patient or a third party during the same visit. In principle, under no circumstances should any service, or any component of a service, be claimed for twice.
- 3.3.2** Whenever possible, the attending dentist must acquaint the patient, or person responsible for the patient, with the financial obligation involved in the patient’s care.
- 3.3.3** The provision of insured services should not be contingent upon the patient agreeing to accept additional non-insured services.

TARIFF OF FEES

The tariff of fees as listed in the *Insured Dental Services Tariff Regulations* has been negotiated and maintained between the Department of Health and Wellness (DHW) and the Nova Scotia Dental Association (NSDA).

- 4.1** The Canadian Dental Association (CDA) Uniform System of Coding and List of Services (USC&LS) as licensed to the Nova Scotia Dental Association (NSDA) employed with the permission of the licensee forms the basis for description of services in the tariff of fees. The USC&LS replaces the previous system of codes used by DHW.
- 4.2** The GSC/DHW adaptation of USC&LS does not include all possible USC&LS codes and GSC/DHW may use qualifiers as described in the tariff of fees.
 - 4.2.1** Qualifiers are appended to USC&LS codes to distinguish between related procedures applied to the same anatomic area or condition, or to accommodate procedures that are a composite of two or more services.
 - 4.2.2** Fees for services are determined through a process of internal (within NSDA) and external (with the DHW) negotiation and maintenance.
 - 4.2.3** If a dentist feels a particular fee is under or overvalued in relation to a similar service, he or she should request that the NSDA consider renegotiating the fee with the DHW.

PROCEDURE FOR AMENDING THE PREAMBLE AND/OR TARIFF OF FEES

- 5.1** When a service is not listed in the tariff of fees, a dentist may request that the NSDA consider negotiating its inclusion in DHW's MSI dental program(s).
- 5.2** The Officers of the NSDA may initiate discussion with the DHW in order to have the change considered for inclusion as an insured service under a DHW MSI dental program. When approved, the amendments will be published in the DHW Dentists Guide.

COMMUNICATION

- 6.1** Changes to programs, fees and other information pertaining to program administration will be communicated to dentists in a timely manner through release of Dentists' Bulletins and Dentists Guide updates by GSC/DHW. From time to time, GSC adopts Administrative Policies and currently has Administrative Policies in force and effect. GSC hereby reserves and shall have the right, at all times and from time to time, to create, adopt, amend, alter or revise Administrative Policies. Notice will be made to DHW prior to any of the Administrative Policy additions/changes are implemented.

NON-FACE-TO-FACE DENTISTRY

- 7.1 Select non-face-to-face (i.e., virtual care) assessment services are temporarily insured within current DHW dental programs until March 31, 2023, or unless otherwise communicated through a DHW Dental Bulletin.
- 7.2 The provincial policy on the *Provision of Publicly Funded Virtual Health Services*, applies to all publicly funded health services including dental professional services. The policy can be viewed online at:
<https://novascotia.ca/dhw/publications/Provision-of-Publicly-Funded-Virtual-Health-Services.pdf>
- 7.3 The non-face-to-face assessment is intended to take the place of an in-office visit in triaging an eligible resident's immediate dental oral health care need and to determine appropriate next steps. The assessment must be initiated by the patient, parent or guardian. The non-face-to-face assessment requires two-way synchronous communication between the patient and Dentist on a clinical level and may be provided via telephone or PHIA (*Personal Health Information Act*) compliant web-based video platform (e.g. ZoomHealth).
- 7.4 The insured temporary non-face-to-face assessment code to use is either 01204 Specific Exam or 01205 Emergency Exam consistent with the individual DHW program regulations.
- 7.5 Claims can be submitted OLTP through your dental software, or real time on ProviderConnect® under the Claim submission tab. See the **Billing and Payment** section of this Guide for billing guidelines pertaining to non-face-to-face services.

CONDITIONS OF PARTICIPATION FOR DENTISTS

INTRODUCTION

The *Health Services and Insurance Act* is so written that a dentist may or may not participate in the Department of Health and Wellness' (DHW) Medical Services Insurance (MSI) Programs. However, since MSI programs are legislated for all Nova Scotia residents, there is, inevitably, a degree of involvement for all practicing Nova Scotia dentists.

The fundamental difference between the “opted-in” and “opted-out” dentist is that the “opted-in” dentist will submit claims for, and receive payment directly from GSC/DHW for, insured services rendered. The “opted-out” dentist will deal directly with their patient on financial payment matters. Regardless of whether a dental provider has elected to participate in DHW’s MSI programs or not, there is no difference in the allowed fees that can be billed to a resident for MSI eligible benefits and balance billing above DHW’s regulated tariff for those MSI eligible benefits is not allowed. See the Claims Preparation and Submission section of this guide. See also Billing Above Tariff below.

DEFINITION OF A DENTIST

Regulations under the *Health Services and Insurance Act* define a dentist as a person lawfully entitled to practice dentistry in the place in which such practice is carried out by him/her.

REGISTRATION FOR PARTICIPATION

NEW DENTIST

A dentist commencing practice in Nova Scotia, who is duly registered with the Canadian Dental Association (CDA), will automatically be registered with GSC as a participating dentist. The dentist will be considered a participating dentist from the date of commencing practice in Nova Scotia if the above requirements are met.

PARTICIPATION BY “OPTED-OUT” DENTIST

Dentists who have opted out of the DHW’s MSI programs may at any time, change the election and participate in the MSI programs, providing the dentist’s privilege of assignment of payment with GSC/DHW is in good standing.

Dentists can revoke their election to opt out of DHW’s MSI programs by submitting a written notification of their intent to revoke their election. Notification should be directed to GSC with a copy to the DHW. The decision to opt back in does not take effect until the first day of the month beginning after the expiration of 30 days from the date GSC/DHW receives the notice. (For example, if GSC/DHW receives the written notice on July 15, the election to opt in would take effect on September 1.)

AUTHORIZATIONS

TO ASSIGN PAYMENT

A Participating Dentist may assign their entitlement to payment for insured services to one or more – e.g., their employer, group, partnership, clinic, teaching unit, etc. – by special arrangement with GSC/DHW.

TO USE FACSIMILE SIGNATURE

A Participating Dentist can choose to use a rubber signature stamp or other facsimile signature instead of personally signing each claim. This form of valid office verification follows CDA verification standards.

LOCUM TENENS

A dentist who is going to take a locum in Nova Scotia must communicate their intentions to the CDA as billing arrangements specific to that location must be set up with GSC/DHW through data received from the CDA. Providers are **not** to bill DHW under another provider's CDA number.

REGISTRATION FOR NON-PARTICIPATING DENTIST

REVERSAL OF ELECTION TO PARTICIPATE

A Participating Dentist who wishes to reverse an election to participate may do so at any time by submitting written notification of their intent. Notification should be directed to Green Shield Canada with a copy to the DHW. The decision to opt out does not take effect until the first day of the month beginning after the expiration of 60 days from the date GSC/DHW receives the notice. (For example, if GSC/DHW receives the written notice on July 15, the election to opt in would take effect on October 1.)

The *Nova Scotia Health Services and Insurance Act* (the "Act") sets out dentists' obligations in respect of insured services under the DHW's MSI Programs.

The Act permits a dentist to opt out of the DHW's MSI Programs and collect fees for insured services directly from a patient. If a dentist opts out, he or she will not be entitled to any payment under the DHW's MSI Programs. It is also important to be aware that opting out of the DHW's MSI Programs does not permit a dentist to charge higher fees. Even if a dentist opts out of the DHW's MSI Programs, the dentist cannot charge a patient more than fees legislated by the DHW under the *Insured Dental Services Tariff Regulations for an insured service*.

To opt out of the DHW's MSI Programs, dentists must meet the following requirements:

The dentist must notify the DHW and GSC of their intention to opt out of the DHW's MSI Programs and to collect fees other than under the DHW's MSI Programs. The notice must be provided in writing.

The election to opt out does not take effect until the first day of the month beginning after the expiration of 60 days from the date the Department receives the notice. (For example, if the Department receives the written notice on July 15, the election to opt out would take effect on October 1.)

Dentists cannot seek payment from a patient for insured services immediately after providing notice to the DHW. They must wait until the date that the election to opt out takes effect and cannot bill the patient a higher fee than that of the DHW regulated tariff regardless of participating status.

After a dentist has opted out of DHW's MSI Programs, the dentist must continue to meet the following requirements:

The dentist must provide reasonable notice to a patient (or a person acting on the patient's behalf) that they have opted out of the DHW's MSI Programs before providing services.

At the request of a patient (or a person acting on the patient's behalf), the dentist must complete a DHW claim form or provide that person with enough information to complete the claim form.

MAILING ADDRESS TO SEND THE LETTER OF NOTICE:

Specialist, Dental Services
Green Shield Canada
8677 Anchor Drive
PO Box 1671
Windsor, Ontario N9A 0C6

Copy to:
Manager, Extended Health Benefits
Pharmaceutical Services & Extended Health Benefits
1894 Barrington Street
PO Box 488
Halifax, NS B3J 2R8

Note at the top of the letter — “Notice of Opting out of MSI”

NEW DENTIST

A dentist, who becomes entitled to practice in Nova Scotia and subsequently establishes practice in the province, may elect not to participate in DHW's MSI Programs by advising GSC/DHW in writing of this intention. If GSC/DHW receives the written notice within thirty days of the first day on which the dentist becomes entitled to practice in Nova Scotia, the election shall take effect on the day of being entitled to practice in Nova Scotia.

If such notice of election is not received by GSC/DHW within thirty days of the first day on which the dentist becomes entitled to practice in Nova Scotia, the waiting period indicated above in the reversal of election to participate section, will apply.

PAYMENT TO NON-PARTICIPATING DENTISTS

A dentist who is not participating in the DHW's MSI Programs will not be reimbursed directly by GSC/DHW. Any valid claim received in respect of insured services rendered by a non-participating dentist to an eligible resident will be paid directly to the resident/parent or guardian. The dentist may not be so designated.

Where a dentist who has elected not to participate in the DHW's MSI Programs renders an insured service to a resident, the dentist shall not be entitled to charge the patient for the service unless, prior to rendering it, reasonable notice of non-participation was given to the resident or some other person acting on behalf of the resident (See Section 28 (1) of the *Health Services and Insurance Act*).

BILLING ABOVE REGULATED TARIFF

The regulated tariff for the DHW's MSI Dental Programs is negotiated between the Nova Scotia Dental Association (NSDA) and the Nova Scotia Department of Health and Wellness (DHW) and regardless of whether a dentist has elected to "opt-in" or "opt-out" of the DHW's MSI programs, they are required to bill in accordance with the regulated tariff and no balance billing is permitted for any procedure listed as an eligible insured benefit in the *Insured Dental Services Tariff Regulations*. (Refer to Section 29 of the *Health Services and Insurance Act*, for the purposes of the Act, a dentist is deemed to be a physician.)

For procedures not listed in the regulations, the dentist may charge the patient the full fee for the service or may balance bill the difference not covered through a private plan. This is only allowed when the procedure is not an eligible MSI procedure. Eligibility may be based on frequency of a service, and for those services if the patient has already received their service in accordance with the program schedule, subsequent services of the same nature are not insured by DHW. Also, under the Act, providers are obligated to notify residents of any recommended uninsured service, and associated costs, before delivering the uninsured service.

BILLING AND PAYMENT

INTRODUCTION

This section provides the necessary details for recording fees charged to DHW for insured services rendered. It also explains the method of payment of approved claims.

REGULATED FEES

Regulated fees as listed under the *Insured Dental Services Tariff Regulations* under the authority of the *Health Services and Insurance Act* are available online at <http://novascotia.ca/just/regulations/regs/hsidental.htm> and in Schedule A of this Guide.

CLAIM PAYMENT

SUBMISSION DATE

Claim should be submitted in a timely fashion. Please be reminded that claims must be received within six months of the date of service (see General Preamble 1.6).

NORMAL PAYMENT

Direct deposit for approved claims will be issued every two weeks. Cheques will be issued every four weeks for dentists who have not authorized direct deposit. The schedule of payments and claim processing periods is available through GSC's providerConnect™ portal. An explanation of benefits statement will be issued, which will include a record of all claims processed with a specific claiming period.

PAYMENT STATEMENT

An explanation of benefits statement is issued with every payment cycle period.

The information provided in this explanation of benefits statement includes full identification of all claims submitted with the amounts that are being reimbursed, the amount claimed by the dentist and an explanation of any non-reimbursement by GSC/DHW. Whenever there is an apparent discrepancy between the claim submitted and the information given on the statement, there will be an explanation provided.

Adjustments to amounts previously paid will also be recorded on this statement. All adjustments refer to specific claims and the patient and claim identification information will be shown. Adjustments should be submitted in a timely fashion.

COMPUTER BILLING

GSC/DHW accepts dentist's claims electronically through office systems approved by the Canadian Dental Association (CDA) and connected to the CDAnet.

This method of claim submission has benefits:

- It reduces clerical errors, which in turn reduces the number of claims being returned for corrections
- Claims are more accurate, therefore payment is faster

Dentists are to bill so that they receive the reimbursement. If an error is made by selecting payment go to the resident, it is the responsibility of the dentist to follow-up with the resident to receive the payment

GSC also accepts computer printed claim forms and handwritten paper claims via postal mail or providerConnect by using the sending an attachment feature.

Your DHW payment statement will remain the same for claims submitted through all channels. There will be no distinction for reconciliation.

CLAIMS FOR NON-FACE-TO-FACE DENTISTRY

BILLING GUIDELINES

- The non-face-to-face encounter must include a discussion of the immediate dental problem and a treatment management decision.
- The non-face-to-face encounter must be patient initiated.
- The non-face-to-face encounter cannot be claimed when the outcome is to see the patient at the next available opportunity.
- Non-face-to-face encounter must occur in a PHIA compliant manner (e.g. not via unsecured video platforms such as FaceTime or Skype).
- DHW is payer of last resort. Where resident has other coverage, all claims must be submitted to residents' private insurance first, even if that same service is billed using a different fee code.
- Insured non-face-to-face services are payable up to the regulated DHW tariff and balance billing above tariff for any eligible DHW benefit is not allowed.
- Dentist must be licenced and currently physically located in Nova Scotia at the time of the non-face-to-face encounter.
- Non-face-to-face dentistry assessments are uninsured when the purpose of the communication is:
 - To arrange a face-to-face appointment without clinical consultation
 - For administrative tasks
 - To notify the patient of an appointment

DOCUMENTATION REQUIREMENTS

All Standards of Practice and Professional Obligations apply to dental care provided via non-face-to-face means. Assessment notes, diagnoses and management treatment plans must be maintained as supporting documentation and made available to GSC upon request. Eligibility is determined by the treating dentist according to the coverage guidelines and is subject to post payment audit. Failure to comply with any of these conditions will result in a reduction of payment or non-payment.

ADMINISTRATION

CLAIMS ASSESSMENT

It is necessary to ensure that public funds used to cover the cost of dental services have been spent appropriately. As the administrator of the Department of Health and Wellness' (DHW) Dental Programs, it is Green Shield Canada's (GSC) responsibility to ensure that claims are assessed and paid appropriately per the *Health Services and Insurance Act, Insured Dental Services Tariff Regulations*, and this Guide.

APPEAL PROCEDURE

A dentist wishing to appeal the assessment of specific claims where it is felt that claims have not been dealt with satisfactorily, has the right to appeal in writing to GSC stating all the necessary details of the complaint.

On receipt of the complaint, it will be dealt with by the following appeal procedure, in which each step represents a higher authority until the complaint is resolved.

- Contact a GSC Customer Service Representative at 1-833-739-4035.
- If you are not satisfied, please ask the Customer Service Centre Representative to immediately put you in touch with the most appropriate Supervisor or Manager.
- If you are still not satisfied, contact the GSC Complaints Officer using the instructions available online at greenshield.ca.
- Where GSC does not settle the complaint to the satisfaction of the complainant, they may appeal in writing to the Manager, Extended Health Benefits, Pharmaceutical Services and Extended Health Benefits, Nova Scotia Department of Health and Wellness or Designate.

POST PAYMENT REVIEW

The mandate of the dental monitoring function is to determine, on a post payment basis, whether claims are valid and appropriately billed according to the terms of the *Insured Dental Services Tariff Regulations* and the Dentists Guide. The post payment review of claims is conducted to determine if the service was performed, whether the dental service was medically/dentally necessary as specified by the associated DHW program criteria and to ensure that the service was not misrepresented when the claim was paid.

PROFILE AND CLAIMS REVIEW PROCESS

A billing audit may be initiated from the review of a dental profile; the review of claims submitted for payment; the review of a service verification letter; or a complaint, in writing, from the public.

DENTAL PROFILES

Computerized dental profiles are prepared regularly for all dentists who claim under the Children's Oral Health Program or in-hospital Oral and Maxillofacial Surgery Program to inform audit selection.

The dental profile consists of a summary of DHW fee for service claims data by dental fee group. Peer group information is also included in the profile. Indices show the relationship of each dentist to the peer group average. The comparison is expressed as a percent with 100 representing the average. For example, if a dentist has an index of 150 for payment, this indicates that the dentist is 50% higher than the peer group average for payment.

AUDIT PROCESS

The audit process seeks to determine whether an insured service was performed, that it was medically necessary, and that it was not misrepresented in the claim for payment.

Dentists should be prepared to substantiate claims submitted to GSC/DHW for payment through properly documented patient records. During an on-site audit, photocopies of the documentation relevant to the claim(s) under review are made as necessary so that documentation is available for future review. The appointed DHW auditor will undertake a review of the audit findings to determine if the documentation supports the claim.

For a post-treatment review, an examination of the patient by another dentist may be necessary. Such a review would be for the purpose of verifying the validity of the service claimed to GSC/DHW and would not be related to the quality of the dental service provided.

DENTAL REVIEW COMMITTEE

If there are unresolved issues associated with a billing audit, GSC/DHW may seek the advice of the Dental Review Committee. The Committee's principal function is to review audit findings regarding specific dentists' billing practices and recommend to GSC/DHW whether billings are in accordance with the Dentists Guide and its Preamble. The Committee also assesses, in the cases presented for its review, whether there are grounds to believe that a provider has fraudulently submitted claims or claimed for services that were not dentally required.

The Dental Review Committee shall consist of five (5) practicing dentists (voting) appointed by the DHW from nominations made by the Nova Scotia Dental Association; one (1) layperson (voting); one (1) DHW Representative (nonvoting); the DHW Dental Consultant (nonvoting) who shall also act as Secretary; other resources as required to be appointed by the DHW (nonvoting), and additional resource staff (nonvoting) as required.

In performing its duty, the Committee will review all relevant material presented to it and, if necessary, to complete its review, may take further action, including the following:

- form Committees or working groups
- obtain information from consultants, or any other person, with respect to any matter or procedure that may come before it
- request GSC/DHW to conduct further review and investigation as the Committee deems appropriate, including affidavits from beneficiaries
- request any dentist or other person to appear before the Committee to provide information to assist the Committee in its review of a case: and
- obtain necessary statistical data

AUDIT OUTCOME

Where the DHW appointed auditor determines, after an audit, that a provider has inappropriately billed services to GSC/DHW or has been inappropriately paid, GSC/DHW may do one or more of the following:

- enter into an agreement with the provider in settlement of the matter, upon any terms as may be agreed to
- subsequent audit of the provider within a specified time period to ensure that billings are appropriate
- refuse or reduce payment of a claim or claims for insured services, or an account
- recover any overpayment made by GSC/DHW to the provider by deducting the amount of the overpayment from any other amounts payable by GSC/DHW to the provider
- commence and maintain civil proceedings in the Supreme Court of Nova Scotia for recovery of any overpayment made to a provider, as a debt owing to GSC/DHW
- refer the matter to the appropriate law enforcement authority or to the appropriate licensing authority, or to both; and/or
- refer the matter to the Executive Director, Pharmaceutical Services and Extended Health Benefits, Nova Scotia Department of Health and Wellness, pursuant to Section 30 of the Act

APPEAL OF AUDIT POSITION

Where a dentist wishes to dispute the position being adopted by GSC/DHW, the provider may appeal in writing to the Manager, Extended Health Benefits, Pharmaceutical Services and Extended Health Benefits, Nova Scotia Department of Health and Wellness.

CLAIM PREPARATION AND SUBMISSION

TREATMENT PLAN PREPARATION

INTRODUCTION

The following section is provided to help you submit a GSC/DHW claim. The key identifier for all communications and claim submission to GSC/DHW is the 3 alpha character prefix identifying the program and the resident's Medical Services Insurance (MSI) health card number.

| Alpha Prefix | Program Name |
|--------------|--|
| COH | Children's Oral Health Program |
| MFS | Oral and Maxillofacial Surgery |
| SNP | Individuals with Special Needs Oral Health Program |
| MAX | Maxillofacial Prosthodontic Program |
| CPC | Cleft Palate/Craniofacial Program |
| ECR | Exceptional Circumstance Request |

GENERAL

PRESCRIBED FORMATS

The Regulations under the *Health Services and Insurance Act* require that all claims **must** be submitted in a format prescribed by the Department of Health and Wellness (DHW).

The preferred method is electronic submission for services with set fees through the dental office system connected to the CDAnet to ensure timely processing of eligible payment.

How to submit claims to GSC electronically

- Using your CDAnet software, select Green Shield Canada (GSC) as the carrier and 000102 as the carrier ID.
- Primary Policy/Plan Number – while mandatory with the CDAnet system, we do not use this field. Please populate with any value (e.g. 99999)
- Enter your patient's MSI number (no spaces) in the certificate field and refer to the chart above for the alpha prefix specific to the program you are claiming. The alpha

prefix will be entered in the division field. If your software does not have a division field, simply enter the alpha prefix and the MSI number in the certificate field.

When electronic submission is not possible, a form is available for paper claim submission, claim forms for insured services are provided to all participating dentists. Supplies can be obtained online through providerConnect™ portal or by calling or writing to Green Shield Canada (GSC).

The form is based on the standard CDA claim form modified slightly to include some program specifics. Either the standard CDA dental claim form or the program specific claim form can be used for manual claims and must be completed fully and accurately to ensure prompt processing.

ENTITLEMENT TO INSURED SERVICES

Before making a claim for an insured service, it is the responsibility of the dentist to determine that the patient is entitled to receive the service. The patient should have a valid Nova Scotia Medical Services Insurance (MSI) Health Card. If other identification is accepted and the claim cannot be processed due to identification errors, it will be the responsibility of the dentist to locate the patient/parent/guardian for correct information. In the absence of proper patient identification, a dentist is advised to deal directly with the patient who will then be responsible for making a claim to GSC/DHW.

CLAIM INFORMATION REQUIREMENTS

Dentists are required to provide the information listed below when submitting claims to GSC/DHW.

- Patient's MSI Health Card Number
- Program identifier (3 character alpha program prefix) to identify the program to which the claims are being submitted.
- Dentist's nine (9) digit CDA Provider Number
- Patient's Name (in full)
- Patient's Gender/Date of Birth
- Diagnosis
- Fee Code
- Location Where Services Provider (office or Hospital)
- Name of Hospital (if applicable)
- Quadrant/Tooth Number
- Surfaces Filled
- Date of each Service
- Dental Fee
- Lab Fee
- Office Verification (Dentist signature or stamped signature)
- Name of Referring Dentist (if applicable)

Dentists who have opted out of the DHW programs are required to provide any information necessary for the patient to complete a Pay-Patient claim. This would be done through

submitting an online claim on the behalf of the patient or providing the patient with a completed CDA standard form or program claim form. It should be indicated on the form submitted that payment is directed to the patient.

ACCURACY OF INFORMATION

Incomplete or incorrect information will result in the return of claims to dentists with probable delay in processing and payment.

SEPARATE CLAIMS

A separate electronic claim or form is required for each patient and all dentists involved in a particular case must file separate claims.

CLAIM SUBMISSION DATES

Claims received beyond six months from date of service will be invalid unless a reasonable explanation for the late submission is provided and considered to be acceptable. To request a review for an exception of a claim denied due to invalid submission date, a written request including supporting documentation must be sent to the NS Government Dental Program attachment option through providerConnect™ portal or mailed to: GSC NS Government Dental Programs P.O. Box 1607, Windsor, ON. N9A 0C6.

INSTRUCTION FOR COMPLETING GSC/DHW CLAIM FORM

DENTIST INFORMATION

This section should be completed in full manually, by stamp or by computer.

CDA PROVIDER NUMBER

Please use all nine (9) digits of the CDA provider number.

PATIENT IDENTIFICATION

Please provide patient's first and last name, the MSI Health Card Number, gender and date of birth. **As status codes are no longer in use, do not add to the beginning of the MSI Health Card Number.**

PROGRAM INFORMATION

Please indicate the program under which the patient is eligible for coverage by including the program 3-character alpha prefix or program name

DATE OF SERVICE

Enter the day, month and year in which the services claimed were rendered, for each line of service provided.

LOCATION OF SERVICE

The location of the service is entered in the “FAC” (facility) column of the claim form or in the comment section of the standard form. A service performed in the office is indicated with an “O” and a service in the hospital by an “H” and must include the hospital name.

FEE CODE

The current Schedule of Fees as listed in the *Insured Dental Tariff Regulations* and published in this guide, is the basis for claiming and payment by GSC/DHW.

When completing the fee code column of the claim form, the dentist must enter the five (5) digit CDA fee code number shown in the Schedule which corresponds to the service rendered. A separate line must be used for each different fee code number.

INTERNATIONAL TOOTH CODE

The International Standards Organization Designation System (ISO) is used to identify a tooth by quadrant, sextant or tooth number.

TOOTH SURFACES

For each filling, a separate line of service is required. The tooth surface filled is entered in this column. The following surface codes should be used:

- M – Mesial
- I – Incisal
- O – Occlusal
- D – Distal
- V – Vestibular Buccal or Labial
- L – Lingual

PREMIUM TIME

The premium time must be included in the instructions when applicable for the Oral and Maxillofacial Surgery Program only. Please see the preamble for the Oral and Maxillofacial Surgery for details.

MAXILLOFACIAL PROSTHODONTICS PROGRAM UNITS

The program units may be included in the instructions when applicable for the Maxillofacial Prosthodontics Program only. Please see the preamble for the Maxillofacial Prosthodontics program for details.

LAB FEE

The full lab fee is entered in this column, on the same line as the related dental fee. A copy of the commercial and/or in-house invoice may be requested by GSC/DHW to support a claim.

DENTAL FEE

The full fee amount is to be entered in this column.

When there is doubt concerning eligibility of the patient or the treatment intended, the dentist may elect to submit a GSC/DHW Dental Treatment Plan, electronically or manually prior to rendering the services. (See Dental Treatment Plan for further detail.)

NAME OF THE HOSPITAL

Where applicable, provide the name of the provincially funded hospital where services were provided and indicate whether or not general anesthetic was used.

REFERRING DENTIST

This space is used by specialists only, to indicate name of the referring dentist.

DENTIST'S SIGNATURE

The dentist is required to sign the declaration in the appropriate space on each claim submitted. Rubber stamp or other facsimile type of signature may be used in this area of the form as office verification consistent with standard CDA guidelines.

DENTIST COMMENTS

Use this space as necessary to provide additional information to support your claim.

PAY-PATIENT CLAIMS (NON-PARTICIPATING DENTISTS)

It is a requirement of the *Insured Dental Services Tariff Regulations* that a dentist who has elected to opt out of the DHW programs, shall provide patients with all information necessary to complete and submit a claim form. In practice, it is easier and faster for the dentist to complete and submit the form either electronically or manually on behalf of their patient. It should be indicated on the form submitted that payment is directed to the patient.

It is also a requirement of the Regulations that a dentist who has elected to opt out of the DHW programs must give reasonable notice of this fact to a patient or someone acting on their behalf, before providing a service. Provider cannot bill the patient above the DHW tariff for any DHW eligible procedure regardless of participating status.

FORMS INVOLVING THIRD PARTY

When providing dental services where a third party liability is involved — e.g. a car accident, complete the DHW claim form.

DENTAL TREATMENT PLAN (Predetermination or Pre-authorization)

GENERAL

Provision has been made for the filing of a Dental Predetermination or Treatment Plan, which is intended to:

- Confirm patient eligibility for benefits
- Determine whether services planned are insured
- Determine DHW payment level
- Determine patient liability (if applicable)
- Determine need for specialist treatment

FILING OF PLAN

If you are uncertain as to eligibility of patients or benefits or wish to have predetermined the DHW payment level or patient liability (if applicable), you may elect to submit either an electronic predetermination through the CDAnet in the prescribed format, manually submit or upload a predetermined treatment plan via providerConnect™ send an attachment.

When the electronic claim information is insufficient for GSC to provide a benefit determination, additional information can be submitted through providerConnect™ as send an attachment.

The dental authorization may be submitted prior to rendering necessary services or coincident with the commencement of treatment.

PRESCRIBED FORM

The DHW Dental Treatment Plan can be submitted to GSC/DHW on standard CDA treatment form or standard CDA claim form indicating for predetermination of treatment.

PREPARATION OF DENTAL TREATMENT PLAN

PATIENT IDENTIFICATION

Information required relating to the dental treatment plan is similar to all information supplied for a rendered claim including the name of the program in which treatment is to be rendered and the patient's MSI Health Card Number.

DENTIST IDENTIFICATION

Information relating to dentist identification includes all nine (9) digits of the CDA provider number.

DIAGNOSIS/COMMENTS

This section is provided so that the dentist may write a narrative diagnosis or comments, which may assist in the assessment of the treatment plan.

If any procedure on the treatment plan involves a general anesthetic, this should be included as a separate line in the details for the services section using the appropriate CDA procedure code.

DETAILS OF SERVICES

Below the "Diagnostic/Comments" section, the actual details of the individual services are recorded. These details include the fee code, the quadrant, tooth numbers, the surface codes, a brief description of the services when required, the rendered dental fee and the estimated lab fee, if applicable, to the treatment. The guidelines for completing these columns are the same as those outlined for completing the claim form and follows CDA standards.

DENTIST'S SIGNATURE

Below the section for recording the details of the individual services, a space is provided for the dentist's signature or stamped signature provided as office verification and the date of the estimate.

SUBMISSION OF DENTAL TREATMENT PLAN

Upon completion, the Dental Treatment Plan should be submitted to GSC/DHW for approval either electronically, manually or via providerConnect™.

APPROVAL OF DENTAL TREATMENT PLAN

Upon receipt of a treatment plan, GSC/DHW will assess the information in relation to the five (5) points of general provisions and according to the benefits eligibility of the program associated with the claiming.

Each line of service on the treatment plan will be individually assessed and an explanation of benefits statement will be issued to the requesting provider in the same way that you would normally receive your claim's payment statements.

APPROVED – TREATMENT PLAN

Approved treatment plans will be valid for 1 year from the date of approval issue. Any changes in the programs could alter the results in the approval. Once treatment is rendered, these claims will be paid in the usual manner.

DISCUSSION OF TREATMENT PLAN WITH PATIENT/PARENT/GUARDIAN

Additional services and financial discussions must be made about any out-of-pocket expenses that the patient/parent/guardian may incur. Total transparency of treatment, dentist/specialist fees, dentist/specialist lab fees, etc., must be made prior to delivery of service.

CHILDREN'S ORAL HEALTH PROGRAM (COH)

PREAMBLE

INTRODUCTION

The Children's Oral Health Program (COH) provides diagnostic, preventive and treatment services and is administered by Green Shield Canada (GSC)/Department of Health and Wellness (DHW).

REGISTRATION PROCEDURES

Resident children are registered for the Children's Oral Health Program through the provision of a valid Nova Scotia Medical Services Insurance (MSI) Health Card.

ELIGIBILITY

The Children's Oral Health Program is offered to Nova Scotian residents age 14 or younger who have a valid Nova Scotia MSI Health Card.

Children with any other dental insurance plan are required to access that coverage first. The Children's Oral Health Program will pay any eligible balance left over after the child's insurance coverage has been accessed up to the DHW tariff rate. Balance billing above tariff rate for any eligible DHW benefit is not allowed. All claims for coordination of benefits with the Children's Oral Health Program, including such claims to be made payable to the child's parent or guardian, must meet the terms of the Children's Oral Health Program. The purpose of the Children's Oral Health Program is to ensure equal access to basic dental care for all eligible children residing in Nova Scotia. It is not intended to act as an enhancement to an existing dental insurance plan.

Note: Any DHW insured service(s) with a frequency limitation, such as but not limited to, examination, preventive service, scaling, and fluoride treatments, will be eligible according to the frequency guidelines under DHW regulations, up to the amount of the DHW tariff fee. Eligibility through a private plan satisfies the frequency limitations and are therefore considered uninsured services with the Department of Health and Wellness (DHW). Additional services and financial discussions must be made with the resident, parent or guardian prior to service delivery.

For example: If insurance coverage allows for 1 recall examination in a 9-month period, universal access is satisfied with private coverage and resident is not entitled to another recall examination during the year with Department of Health and Wellness (DHW). Claim may be eligible for coordinating benefits to allow payment up to but not exceeding DHW tariff.

Claim submission tip: When submitting to a private carrier, do not indicate there is other coverage as the private carrier is considered primary.

INSURED SERVICES

The dental necessity of the procedures carried out must be firmly established; otherwise, the services will not be insured.

Benefit frequency limits on recall exams, caries prevention services and topical fluoride treatments may be assessed for additional units when it can be demonstrated to GSC/DHW that additional dental services are medically necessary, such as in patients with medical complications. Please forward a completed Frequency of Benefit Request Form (found in this Guide) to GSC for review on an individual basis as some restrictions may apply. All patients in this category must be registered in advance of additional treatment. Granted approvals will be on file for a period of 2 years after which time, if dental necessity remains, a new application must be submitted with supporting documentation of continued care.

Insured services are those described in the tariff of fees for the Children's Oral Health Program per Schedule A of this Guide (see *Schedule B—Children's Oral Health Program*). All children who meet the age criteria are eligible for one annual examination, two routine radiographs and one caries prevention service per year. All children are also eligible for scaling, one unit of time per year for children aged 1-10years, and up to 2 units of time per year for children aged 11 years or older. A limited number of other diagnostic and preventive services are insured according to the tariff of fees. Restorative services, according to the Children's Oral Health Program tariff of fees, are insured for all age-eligible children.

Coverage guidelines apply for some services. Eligibility is determined by the performing dentist according to the coverage guidelines listed below and pre-authorization is not required when the guidelines are determined by the performing dentist to be met. Supporting documents as evidence of eligibility, including chart entries and diagnostics, must be provided in the event of a post payment audit.

TOPICAL FLUORIDE APPLICATIONS

Children are insured for up to two topical fluoride applications per 12-month period from first paid claim. The second fluoride application is eligible for those deemed high risk for caries by the treating provider.

TOPICAL APPLICATION TO HARD TISSUE LESION(S) OF AN ANTIMIROBIAL OR REMINERALIZATION AGENT

Children are insured for application of an antimicrobial or remineralization agent, such as silver diamine fluoride, up to two times per 12-month period from first paid claim. Each claim must not exceed two units.

PIT AND FISSURE SEALANT APPLICATION

Pit and fissure sealant applications are insured for all children on recently erupted permanent molars (6-year and 12-year molars), on the basis of one application per tooth, per 12 months period from first paid claim.

EXTRACTIONS

Extractions are insured in the event of:

- unrestorable caries, infection (with or without swelling and/or bleeding), or trauma; **or**
- demonstrable pain that may be accompanied with infection, swelling and/or bleeding, infection or trauma; **or**
- ankylosis; **or**
- supernumerary teeth (including mesiodens)

Routine extractions of wisdom teeth and extractions for crowding purposes are not insured under prevention alone.

Procedures performed for local or generalized pain and/or discomfort which are unsupported by radiographic evidence are not insured services.

MULTIPLE OPERATIVE PROCEDURES

Bilateral procedures performed under the same general anesthetic, other than uncomplicated extractions, are eligible at 50% of the DHW tariff of the unilateral procedure.

Bilateral procedures performed under the same local anesthetic or conscious sedation are eligible at 100% of the DHW tariff of the unilateral procedure.

Some surgical procedures are not only bilateral but involve all four quadrants performed at the same appointment, with separate incisions in each. When two quadrants are involved in surgical procedures, the first procedure will be paid at 100% and the subsequent procedure at 50%. When more than two quadrants are involved, the first two are paid at 100% and subsequent procedures at 50%.

The same rules apply in the case of sextants.

CROWNS

Crowns are only payable for children where medical necessity can be established. Evidence of severely decayed or damaged teeth must be demonstrated radiographically or by photograph for these services to be insured, whether the services are rendered in-hospital or in-office.

The first 3 crowns provided on the same day with general anesthetic will be paid at 100% of the DHW tariff. Any additional crowns provided with general anesthetic on the same day will be payable at 50% of the DHW tariff.

Crowns on anterior teeth are payable for residents where medical necessity can be established. Eligibility is determined by the performing dentist according to the coverage guidelines. Evidence of severely decayed or damaged teeth must be demonstrated radiographically or by

photograph for these services to be insured, whether the services are rendered in-hospital or in-office. In all cases providers must be prepared to produce radiographs and/or chart entries to support submitted claims upon request and/or in the event of post audit.

The first 3 crowns provided on the same day with general anaesthetic will be paid at 100% of the DHW tariff. Any additional crowns provided with general anesthetic on the same day will be payable at 50% of the DHW tariff.

ANESTHESIA – CONCIIOUS SEDATION

Children are insured for either nitrous oxide or nitrous oxide with oral sedation for up to four units per appointment. Claims are not eligible when sedation services were associated with dental hygiene or exam appointments. Treating dentists must hold appropriate current permit from the Provincial Dental Board of Nova Scotia.

PA — PRE-AUTHORIZATION

Pre-authorization is a process for assessing eligibility for coverage of a service before the treatment begins. Pre-authorizations are required for procedures listed in the DHW tariff and indicated as PA.

HOSPITAL PREMIUM FEES

These services are subject to a 30% premium fee on the base when delivered in a provincially funded hospital setting. Total rendered amount inclusive of the 30% premium fee must be indicated on the claim form for auditing purposes.

To appropriately bill for hospital premium fees, code 91201 should be used to identify claims provided in a public hospital, which allows submission via dental software. When submitting via your dental software enter all procedures performed, as you would today on the dental claim form, but add a single instance of 91201 for same date of service with a \$0.00 fee. Should you not be able to bill electronically, hospital setting indication and hospital name must be indicated on claim form for services rendered in hospital setting.

NA — NOT APPLICABLE

Procedures listed in the DHW tariff are not eligible for reimbursement when performed by the provider type indicated as NA.

OUT OF PROVINCE

There is no coverage under the Children’s Oral Health Program for services performed outside of Nova Scotia.

CHILDREN'S ORAL HEALTH PROGRAM (COH)

DIAGNOSTIC PREAMBLE

COMPLETE (INITIAL) ORAL EXAMINATIONS (01101/01102/01103)

- This service is allowed once in a patient's lifetime, when continuity of treatment is maintained. Where there is a gap in complete dental treatment of 2 years or more, a further Complete Oral Examination is warranted and is covered under the Program. There may be other cases where a further Complete Oral Examination is warranted and covered under MSI. Written explanation must be submitted for further assessment of eligibility in these cases.
- A Complete Oral Examination performed by another dentist may be permitted under the Program subject to assessment, unless performed by a dentist who is established in a group practice with the dentist who performed the first examination. (A group practice in this case means a mode of practice where patient records are available to all dentists.)
- In cases where a patient has been referred to a specialist in the same or other group practice, Complete Oral Examinations by both dentist and dental specialist are allowed.

PREVIOUS PATIENT (RECALL) ORAL EXAMINATION (01202)

- This service is allowed after a 12-month period has elapsed from the previous complete or recall examination. A recall will be accepted if rendered 12 months following the date of the complete or previous recall examination but will be rejected if the service is rendered any time prior to the 12 months from first paid claim rule.
- If procedures or treatment services are provided during the same appointment, the fees for both the examination and procedure(s) are allowed.

SPECIFIC (01204) ORAL EXAMINATION

- The fee for this service is applicable only when no other treatment is rendered during the same appointment. If a procedure or treatment service payable by DHW is provided on the same visit, only the fee for the procedure or the exam is paid, whichever carries the higher fee.
- The fee for Specific Examinations includes all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems, and other orthodontic-related concerns.

EMERGENCY (01205) ORAL EXAMINATION

- The fee for this service is payable at 50% of the DHW tariff when any other procedure or treatment service payable by DHW is rendered during the same appointment.
- The fee for Emergency Examinations includes all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems, and other orthodontic-related concerns.

TESTS AND LABORATORY EXAMINATIONS

- Pulp vitality tests (general and specific) are intended to be included in the fee for an initial examination; therefore, no additional allowance will be made for these tests when performed in conjunction with an initial examination.
- Fees for all tests and laboratory examinations, other than pulp vitality tests (general and specific), are payable in addition to the fee for an initial examination when such applies.
- When diagnostic casts are prepared, an explanation as to the necessity should be included on the claim.
- Diagnostic casts are to be available under the Program upon request and accordingly, should be retained for a period of 18 months following the service.

SUBMISSION INFORMATION

Submit the form to Green Shield Canada by either Provider Connect with an attached file to the NS Government mailbox online <https://www.providerconnect.ca/Forms/Attachments/ProviderAttachments> or by manual submission via postal mail to:

Green Shield Canada
Attn: Dental Services Dept – Frequency of Benefits Requests
P.O. Box 1671
Windsor, Ontario N9A 0C6

Only complete applications will be considered.

Note: Applications must be pre-approved prior to commencement of treatment.

INDIVIDUALS WITH SPECIAL NEEDS ORAL HEALTH PROGRAM (SNP) PREAMBLE

INTRODUCTION

The Individuals with Special Needs Oral Health Program is designed to meet the basic dental needs of Nova Scotia residents who have been diagnosed (**ICDA Code required**), by a Medical Specialist, to have an intellectual disability to a degree where chair management for dental services is untenable and whose dental needs may necessitate delivery in a hospital setting under a general anesthetic or acceptable alternative. Services delivered in an office setting are subject to the terms and conditions associated with payer of last resort regulations whereby private insurance benefits must be accessed first.

REGISTRATION PROCEDURES

Residents are registered with DHW in the Individuals with Special Needs Oral Health Program through the submission of a specially designed registration form (form follows). The registration process requires that a Medical Specialist has certified by diagnosis that the patient is intellectually disabled to a degree where chair management is untenable. This certification can take the form of a written opinion in the case of a newly diagnosed individual or can be based on a previous diagnosis which would be in the resident's medical file. In the latter case the name of the specialist must be provided by the family physician. Once signed by the physician, the dental provider signs and forwards the form to GSC/DHW on behalf of the resident. Any incomplete forms may result in the delay of processing.

ELIGIBILITY

"Eligible resident" means a person who is insured within the meaning of the *Health Services and Insurance Act*, RSNS, 1989, c. 197 or any successor legislation thereto, and, who is deemed to be intellectually disabled to a degree where chair management is untenable, and whose dental needs may necessitate delivery in a hospital setting under a general anesthetic or acceptable alternative. There is no age restriction.

Residents with any other dental insurance plan are required to access that coverage first. The Program will pay any eligible balance left over after the resident's insurance coverage has been accessed up to the DHW tariff rate. Balance billing above tariff rate for any eligible DHW benefit is not allowed. All claims for coordination of benefits with the Program, including such claims to be made payable to the resident's parent or guardian, must meet the terms of the Program. The purpose of the Individuals with Special Needs Oral Health Program is to ensure access to basic dental care for all eligible residents in Nova Scotia. It is not intended to act as an enhancement to an existing dental insurance plan.

Note: Any DHW insured service(s) with a frequency limitation, such as but not limited to, examination, preventive service, fluoride treatments, will be eligible according to the frequency

guidelines under DHW regulations, up to the amount of the DHW tariff fee. Services which are eligible by insurance coverage within these frequency limits are considered uninsured services with the Department of Health and Wellness (DHW). Additional services and financial discussions must be made with the resident, parent or guardian prior to service delivery.

For example: If private coverage allows for 1 recall examination in a 9 months period, access is satisfied with private coverage and resident is not entitled to another recall examination during the year with Department of Health and Wellness (DHW). Claim may be eligible for coordinating benefits to allow payment up to but not exceeding DHW tariff.

Claim submission tip: When submitting to a private carrier do not indicate there is other coverage as the private carrier is considered primary.

INSURED SERVICES

Insured services are those described in the tariff of fees for the Individuals with Special Needs Oral Health. Where major restorative and/or oral and maxillofacial surgery services are required, pre-authorization must be obtained from GSC/DHW prior to beginning treatment.

Scaling service of up to two units when seen in the office or up to four units for a hospital-based service, once every 12 months from first paid claim, are available under this program. Only scaling fee codes 11111, 11112, 11113 and 11114, OR, as an alternative, root planing fee codes 42111, 42311, 42321, 42341, 42551, 43421, 43422, 43423, 43424, 43425, 43426, 43427 and 43429 can be claimed for this service.

Insured services are those described in the tariff of fees for the Program. All residents who meet the program criteria are eligible for one routine annual examination, two routine radiographs and one caries prevention service per year. A limited number of other diagnostic and preventive services are insured according to the tariff of fees. Restorative services, according to the Program tariff of fees, are insured for all eligible residents.

Coverage guidelines apply for some services. Eligibility for such service is determined by the performing dentist according to the coverage guidelines listed below and pre-authorization is not required when the guidelines are determined by the performing dentist to be met. Supporting documents as evidence of eligibility, including chart entries and diagnostics, must be provided in the event of a post audit.

Benefit frequency limits on recall exams, caries prevention services and topical fluoride treatments may be assessed for additional units when it can be demonstrated to GSC/DHW that additional dental services are medically necessary, such as in-patients with medical complications. Please forward a completed Frequency of Benefit Request Form to GSC for review on an individual basis as some restrictions may apply. All patients in this category must be registered in advance of additional treatment. Granted approvals will be on file for the lifetime of the resident providing coverage remains eligible and in effect at the time of the claim.

TOPICAL FLUORIDE APPLICATIONS

Residents who have been diagnosed with cavitated (clinical or radiographic evidence of dentinal involvement) smooth surface caries, are insured for two topical fluoride applications per 12-month period from first paid claim. Smooth surface caries are those found on the approximal tooth surfaces (including fillings with recurrent cavitated caries) and those found on buccal or lingual cervical smooth surfaces (including fillings with recurrent cavitated caries).

TOPICAL APPLICATION TO HARD TISSUE LESION(S) OF AN ANTIMICROBIAL OR REMINERALIZATION AGENT

Eligible residents are insured for application of an antimicrobial or remineralization agent, such as silver diamine fluoride, up to two times per 12-month period from first paid claim. Each claim must not exceed two units

PIT AND FISSURE SEALANT APPLICATION

Pit and fissure sealant applications are insured for all residents on erupted permanent molars (6-year and 12-year molars), on the basis of one application per tooth, per 12 months period from first paid claim **if** they meet the following criteria:

- A tooth has deep retentive narrow pits and fissures, or is showing white chalky areas (white spot lesions) or stained fissures; **and**
- There is no radiographic evidence of caries on the occlusal surfaces (if such evidence is available; **and**
- There is no evidence of caries on the approximal surfaces; **and**
- The tooth is sufficiently erupted to enable proper isolation.

EXTRACTIONS

Extractions are insured in the event of:

- Unrestorable caries, infection (with or without swelling and/or bleeding), or trauma; or
- Demonstrable pain that may be accompanied with infection, swelling and/or bleeding, infection or trauma
- Ankylosis
- Supernumerary teeth (including mesiodens).

Routine extractions of wisdom teeth and extractions for crowding purposes are not insured under prevention alone.

Procedures performed for local or generalized pain and/or discomfort which are unsupported by radiographic evidence are not insured services.

CROWNS

Crowns are only payable for residents where medical necessity can be established. Evidence of severely decayed or damaged teeth must be demonstrated radiographically or by photograph for these services to be insured, whether the services are rendered in-hospital or in-office.

The first 3 crowns provided on the same day with general anaesthetic will be paid at 100% of the DHW tariff. Any additional crowns provided with general anesthetic on the same day will be payable at 50% of the DHW tariff.

Crowns on anterior teeth are payable for residents where medical necessity can be established. Eligibility is determined by the performing dentist according to the coverage guidelines. Evidence of severely decayed or damaged teeth must be demonstrated radiographically or by photograph for these services to be insured, whether the services are rendered in-hospital or in-office. In all cases providers must be prepared to produce radiographs and/or chart entries to support submitted claims upon request and/or in the event of post audit.

The first 3 crowns provided on the same day with general anaesthetic will be paid at 100% of the DHW tariff. Any additional crowns provided with general anesthetic on the same day will be payable at 50% of the DHW tariff.

ANESTHESIA – CONCIIOUS SEDATION

Eligible residents are insured for either nitrous oxide or nitrous oxide with oral sedation for up to four units per appointment. Claims are not eligible when sedation services were associated with dental hygiene or exam appointments. Treating dentists must hold appropriate current permit from the Provincial Dental Board of Nova Scotia.

PREMIUM FEES

These services are subject to a 30% premium fee on the base when delivered in a provincially funded hospital setting. Hospital based services are not subject to payer of last resort regulations. Total rendered amount inclusive of the 30% premium fee must be indicated on the claim form for auditing purposes.

To appropriately bill for hospital premium fees, code 91201 should be used to identify claims provided in a public hospital, which allows submission via dental software. When submitting via your dental software enter all procedures performed, as you would today on the dental claim form, but add a single instance of 91201 for same date of service with a \$0.00 fee. Should you not be able to bill electronically, hospital setting indication and hospital name must be indicated on claim form for services rendered in hospital setting.

PA — PRE-AUTHORIZATION

Pre-authorization is a process for assessing eligibility for coverage of a service before the treatment begins. Pre-authorizations are required for procedures listed in the DHW tariff and indicated as PA.

NA — NOT APPLICABLE

Procedures listed in the DHW tariff are not eligible for reimbursement when performed by the provider type indicated as NA.

OUT OF PROVINCE

There is no coverage under the Program for services performed outside of Nova Scotia.

INDIVIDUALS WITH SPECIAL NEEDS ORAL HEALTH PROGRAM (SNP)

DIAGNOSTIC PREAMBLE

COMPLETE (INITIAL) ORAL EXAMINATIONS (01101/01102/01103)

- This service is allowed once in a patient's lifetime, when continuity of treatment is maintained. Where there is a gap in complete dental treatment of 2 years or more, a further Complete Oral Examination is warranted and is covered under the Program. There may be other cases where a further Complete Oral Examination is warranted and covered under the Program. Written explanation must be submitted for further assessment of eligibility in these cases.
- A Complete Oral Examination performed by another dentist may be permitted under the Program subject to assessment, unless performed by a dentist who is established in a group practice with the dentist who performed the first examination. (A group practice in this case means a mode of practice where patient records are available to all dentists.)
- In cases where a patient has been referred to a specialist in the same or other group practice, Complete Oral Examinations by both dentist and dental specialist are allowed.

PREVIOUS PATIENT (RECALL) ORAL EXAMINATION (01202)

- This service is allowed after a 12-month period has elapsed from the previous complete or recall examination. A recall will be accepted if rendered 12 months following the date of the complete or previous recall examination but will be rejected if the service is rendered any time prior to the 12 months from first paid claim rule.
- If procedures or treatment services are provided during the same appointment, the fees for both the examination and procedure(s) are allowed.

SPECIFIC (01204) ORAL EXAMINATION

- The fee for this service is applicable only when no other treatment is rendered during the same appointment. If a procedure or treatment service payable by DHW is provided on the same visit, only the fee for the procedure or the exam is paid, whichever carries the higher fee.
- The fee for Specific Examinations includes all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems, and other orthodontic-related concerns.

EMERGENCY (01205) ORAL EXAMINATION

- The fee for this service is payable at 50% of the DHW tariff when any other procedure or treatment service payable by DHW is rendered during the same appointment.
- The fee for Emergency Examinations includes all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems, and other orthodontic-related concerns.

TESTS AND LABORATORY EXAMINATIONS

- Pulp vitality tests (general and specific) are intended to be included in the fee for an initial examination; therefore, no additional allowance will be made for these tests when performed in conjunction with an initial examination.
- Fees for all tests and laboratory examinations, other than pulp vitality tests (general and specific), are payable in addition to the fee for an initial examination when such applies.
- When diagnostic casts are prepared, an explanation as to the necessity should be included on the claim.
- Diagnostic casts are to be available under the Program upon request and accordingly, should be retained for a period of 18 months following the service.

Department of Health and Wellness
**INDIVIDUALS WITH SPECIAL NEEDS ORAL HEALTH PROGRAM (SNP)
REGISTRATION FORM**

| |
|--|
| PATIENT INFORMATION |
| Patient's Full Name: _____ MSI Health Card #: _____ Date of Birth: _____ |
| PHYSICIAN'S STATEMENT (PROVIDE COMPLETE DETAILS OF MEDICAL DIAGNOSIS INCLUDING THE ICD CODE(S)) |
| _____ _____ ICD code(s): _____ Chair management untenable: <input type="checkbox"/> Yes <input type="checkbox"/> No This is to confirm that the above patient has an intellectual disability to the degree that chair management for dental services is untenable. Physician's Name: _____ Physician's Signature: _____ Date: _____ |
| DENTIST'S STATEMENT |
| Due to the medical condition of this patient as verified by this form, which has been signed by Dr. _____, M.D., the proposed dental treatment can be performed in office or in hospital setting. Dentist's Name: _____ Dentist's Signature: _____ Date: _____ Fax #: _____ Email: _____ |
| GSC/DHW Use Only |
| Registration Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ _____ Signature: _____ Date of request: _____ |

SUBMISSION INFORMATION

Submit the form to Green Shield Canada by either Provider Connect with an attached file to the NS Government mailbox online <https://www.providerconnect.ca/Forms/Attachments/ProviderAttachments> or by manual submission via postal mail to:

Green Shield Canada

Attn: Dental Services Dept – Individuals with Special Needs Oral Health Program Registration

P.O. Box 1671

Windsor, Ontario N9A 0C6

Only complete applications will be considered.

Note: Both Physician and Dentist statement including ICD code must be indicated on form.

SUBMISSION INFORMATION

Submit the form to Green Shield Canada by either Provider Connect with an attached file to the NS Government mailbox online <https://www.providerconnect.ca/Forms/Attachments/ProviderAttachments> or by manual submission via postal mail to:

Green Shield Canada
Attn: Dental Services Dept – Frequency of Benefits Requests
P.O. Box 1671
Windsor, Ontario N9A 0C6

Only complete applications will be considered.

Note: Applications must be pre-approved prior to commencement of treatment.

CLEFT PALATE/CRANIOFACIAL PROGRAM (CPC)

PREAMBLE

INTRODUCTION

The Cleft Palate/Craniofacial Program provides coverage for residents with craniofacial anomalies, which directly influence the growth and development of the dentoalveolar and craniofacial structures. From birth to age fifteen, these patients will be insured for basic dental services available through the Children's Oral Health Program, as well as other services deemed necessary as a result of the anomaly. From age 15 to the end of the month of their 23rd birthday, additional services are insured on a pre-authorization basis depending on the treatment required. Specifically, treatment made necessary as a result of the anomaly will be considered for coverage.

REGISTRATION PROCEDURES

Residents are registered into the Cleft Palate/Craniofacial Program by the Cleft Palate Team (CPT) at the IWK Health Centre. Registration does not guarantee eligibility for funding for treatment under the Cleft Palate/Craniofacial Program. A registration letter including a CPT signature is required to register the resident. A CPC patient eligibility flow chart can be found on page 78.

ELIGIBLE PATIENTS

"Eligible resident" means a person who is insured, within the meaning of the *Health Services and Insurance Act*, RSNS, 1989, c.197 or any successor legislation thereto, and, who has a craniofacial anomaly that directly influences the growth and development of the dentoalveolar and craniofacial structure may be eligible for services under the program.

Such anomalies may include, but are not limited to, clefts of the hard and soft palates, lip and/or alveolus, Apert's Syndrome, Crouzon Syndrome, Treacher Collins Syndrome, Lateral Facial Dysplasia and Achondroplasia. Other conditions not listed here may confer eligibility for coverage, pending assessment by the CPT.

Residents deemed eligible for coverage of selected treatment will be entitled to program benefits from birth to the end of the month in which they turn 23 years of age.

ELIGIBILITY FOR SERVICES

Eligibility for coverage of dental services, beyond the eligibility under the Children's Oral Health Program (COH), will be determined when specific treatment is recommended by the dentist on behalf of their patient.

Residents with any other dental insurance plan are required to access that coverage first. The CPC will pay any eligible balance left over after the resident's insurance coverage has been accessed up to the DHW tariff rate. Balance billing above the tariff rate for any eligible DHW benefit is not allowed. All claims for coordination of benefits with the CPC, including such claims to be made payable to the resident's parent or guardian, must meet the terms of the CPC. The purpose of the Cleft Palate/Craniofacial Program is to provide access to dental care for all eligible residents in Nova Scotia. It is not intended to act as an enhancement to an existing dental insurance plan.

Note: Any DHW insured service(s) with a frequency limitation, such as but not limited to, examination, preventive service, fluoride treatment, will be eligible according to the frequency guidelines under DHW regulations, up to the amount of the DHW tariff fee. Services which are eligible by insurance coverage within these frequency limits are considered uninsured services with the Department of Health and Wellness (DHW). Additional services and financial discussions must be made with the resident, parent or guardian prior to service delivery.

For example: If private coverage allows for 1 recall examination in a 9-month period, access is satisfied with private coverage and resident is not entitled to another recall examination during the year with Department of Health and Wellness (DHW). The claim may be eligible for coordinating benefits to allow payment up to but not exceeding the DHW tariff.

INSURED SERVICES

Insured services past the age of eligibility for the Children's Oral Health Program will be limited to those related to, though not necessarily restricted to, the area of the craniofacial deformity. GSC/DHW will, with the support of the CPT, approve or deny treatment coverage.

CONSENT AND COMPLIANCE

Participation as an insured resident under the program requires the resident and parent/guardian to agree to comply with treatment recommendations set out in consultation with the dentist providing the treatment. Failure to comply with the treatment recommendations may result in the loss of benefits. Areas in which the resident and the parent/guardian compliance is mandatory include maintenance of proper oral hygiene, attendance at scheduled appointments and other elements relating to treatment success. Treatment/retreatment made necessary as a result of lack of compliance will not be funded by the program.

RETREATMENT

There is no coverage for retreatment under the program. Under extenuating circumstances, only, where the CPT has determined that a condition requiring retreatment has resulted directly from the progression of the congenital/developmental craniofacial anomaly, additional funding may be considered.

EXCEPTIONAL CIRCUMSTANCE REQUESTS

For residents whose condition is not described in the conditions of eligibility, an application for Exceptional Circumstance coverage may be submitted. In such cases, fees associated with documentation needed to support the request, such as those for assessments and diagnostic records and/or assessment fees for insured services provided by the CPT, are the responsibility of the resident and/or parent/guardian. Coverage applications for Exceptional Circumstances should be sent to GSC/DHW. Further details and application form are located in the Exceptional Circumstance section of the DHW Dentists Guide.

TREATMENT PLAN FORMS

Treatment plan forms must be pre-approved by the CPT team for any providers wishing to make an application, under the above terms, on behalf of their patients. The treatment plan form can be found on 78. The dentist must submit appropriate codes based on treatment and regulations.

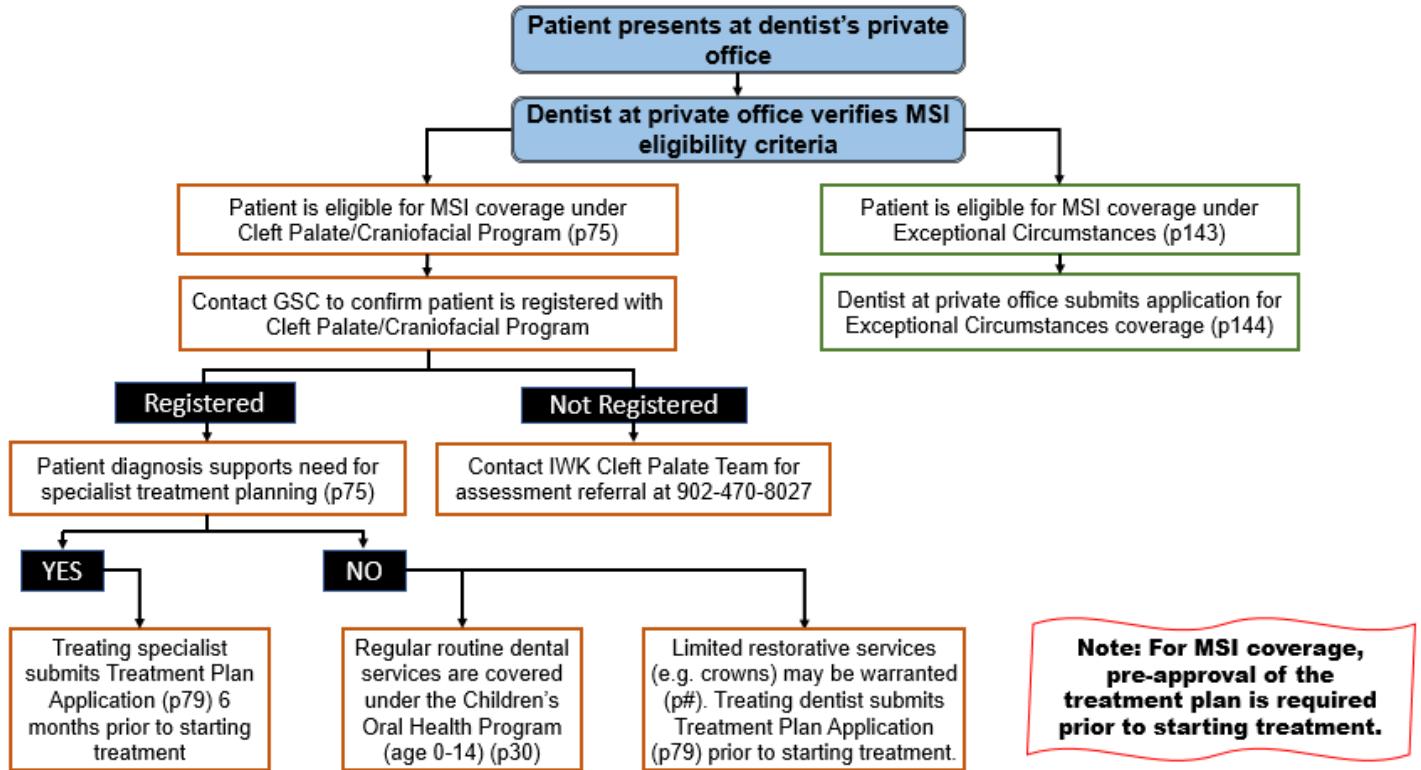
OUT OF PROVINCE

There is no coverage under the Cleft Palate/Craniofacial Program for services provided outside of Nova Scotia.

PRE-AUTHORIZATION

Pre-authorization is a process for assessing eligibility for coverage of a service before the treatment begins.

CLEFT PALATE/CRANIOFACIAL PROGRAM (CPC) FLOWCHART



CLEFT PALATE/CRANIOFACIAL PROGRAM (CPC) TREATMENT PLAN AGREEMENT

PATIENT INFORMATION:

| Patient Health Card # | Patient Last Name | Patient First Name | Gender | Date of birth |
|-----------------------|-------------------|--------------------|--------|---------------|
| | | | | |

PROVIDER INFORMATION:

| Provider unique # | Provider Name | Provider Email |
|---------------------------------|---------------|----------------|
| | | |
| Provider Mailing Address | | |
| | | |

DENTAL TREATMENT PLAN:

The following plan of treatment has been recommended for the above patient.

| Procedure code(s) | Tooth #'s and/or surfaces | Description of service(s) | Dentist fee | Lab Fee |
|-------------------|---------------------------|---------------------------|-------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SUPPORTING INFORMATION (DIAGNOSIS/COMMENTS):

Requesting provider signature: _____ Date: _____

CLEFT PALATE/CRANIOFACIAL TEAM RECOMMENDATIONS:

Cleft Palate Team Chair Signature: _____ Date: _____

SUBMISSION INFORMATION

Submit the form to Green Shield Canada by either Provider Connect with an attached file to the NS Government mailbox online <https://www.providerconnect.ca/Forms/Attachments/ProviderAttachments> or by manual submission via postal mail to:

Green Shield Canada
Attn: Dental Services Dept – Cleft Palate/Craniofacial Dental Treatment Plan
P.O. Box 1671
Windsor, Ontario N9A 0C6

Only complete applications will be considered.

Note: This treatment plan must be pre-approved by the Team Chair of the CPC team prior to commencement of treatment.

CLEFT PALATE / CRANIOFACIAL PROGRAM (CPC) DIAGNOSTIC PREAMBLE

COMPLETE (INITIAL) ORAL EXAMINATIONS (01101/01102/01103)

- This service is allowed once in a patient's lifetime, when continuity of treatment is maintained. Where there is a gap in complete dental treatment of two (2) years or more, a further Complete Oral Examination is warranted and is covered under the Program. There may be other cases where a further Complete Oral Examination is warranted and covered under the Program. Written explanation must be submitted for further assessment of eligibility of these cases.
- A Complete Oral Examination performed by another dentist may be permitted under the Program subject to assessment, unless performed by a dentist who is established in a group practice with the dentist who performed the first examination. (A group practice in this case means a mode of practice where patient records are available to all dentists.)
- In cases where a patient has been referred to a specialist in the same or another group practice, Complete Oral Examinations by both the dentist and dental specialist are allowed.

PREVIOUS PATIENT (RECALL) ORAL EXAMINATION (01202)

- This service is allowed after a 12-month period has elapsed from the previous Complete or Recall Examination. A recall will be accepted if rendered 12 months following the complete or previous recall examination but will be rejected if the service is rendered any time prior to the 12 months from first paid claim rule.
- If procedures or treatment services are provided during the same appointment, the fees for both the examination and procedure(s) are allowed.

SPECIFIC ORAL EXAMINATION (01204)

- The fee for this service is applicable only when no other treatment is rendered during the same appointment. If a procedure or treatment service payable by DHW, is provided on the same visit, only the fee for the procedure or the exam is paid, whichever carries the higher fee.
- The fee for Specific Examinations includes all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems and other orthodontic related concerns.

EMERGENCY ORAL EXAMINATION (01205)

- The fee for this service is payable at 50% of the DHW tariff when any other procedure or treatment service payable by DHW is rendered during the same appointment.
- The fee for Emergency Examinations includes all radiographs required to assist in the diagnosis.

TESTS AND LABORATORY EXAMINATIONS (15 – 23 YEAR OLDS)

- Services should be claimed under Children's Oral Health Program (COH) until the end of the month of the resident's 15th birthday.
- Pulp vitality tests (general and specific) are intended to be included in the fee for an initial examination; therefore, no additional allowance will be made for the tests when performed in conjunction with an initial examination.
- Fees for all tests and laboratory examinations, other than pulp vitality tests (general and specific), are payable in addition to the fee for an initial examination when such applies.
- Diagnostic casts are to be available under the Program upon request and accordingly should be retained for a period of 18 months following the service.

ORAL AND MAXILLOFACIAL SURGERY (MFS) PREAMBLE

INTRODUCTION

The Oral and Maxillofacial Surgery Program provides coverage for medically necessary oral and maxillofacial surgical services performed by a licensed Oral Surgeon and delivered in-hospital to all eligible residents designated as meeting the medical criteria.

ELIGIBLE RESIDENTS

“Eligible resident” means a person who is insured within the meaning of the *Health Services and Insurance Act, RSNS, 1989, c. 197* or any successor legislation thereto and whose condition makes it medically necessary that the required oral and maxillofacial surgical procedures be done in a hospital.

INSURED SERVICES

The following Oral and Maxillofacial Surgery tariff of fees outlines the range of insured services payable in the province of Nova Scotia:

- Fees for oral and maxillofacial surgical procedures include immediate pre-operative, operative and post-operative care provided within the 30 days following surgery.

In-hospital consultations are benefits of the Program when they are requested by a physician, or dental/oral maxillofacial surgeon, in light of their professional knowledge of the patient. A consultation report must be entered on the patient’s chart.

EMERGENCY (01205) ORAL EXAMINATION

- The fee for this service is payable at 50% of the DHW tariff when any other procedure or treatment service payable by DHW is rendered during the same appointment.
- The fee for Emergency Examinations includes all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems, and other orthodontic-related concerns.

CONDITIONS FOR INSURABILITY

INSURED SERVICES

The Nova Scotia Department of Health and Wellness (DHW) **insures oral and maxillofacial surgical services only in the case of medical necessity**. For purposes of the program, this means that in all cases, services are insured only where the patient's medical condition is such that in-hospital delivery of the service is imperative to ensure patient medical safety. Services for patients for whom this medical necessity criterion is not met **do not** qualify for payment through DHW. Services delivered in-hospital **at the request of the patient are not insured**. Services performed in hospital as a result of anxiety and/or fear are uninsured. Dental services performed in hospital to facilitate the use of general anesthetic where office facility is not equipped with such general anesthetic equipment, are uninsured. General anesthetic on its own is not considered a medical condition.

The services performed are insured through DHW **only when** the particular medical condition and its attendant risk factors in each case **has a direct** bearing on the dental/oral/facial condition which the procedure seeks to correct or ameliorate, **and** therefore, the safe performance of the oral and maxillofacial surgical procedure.

Eligibility is determined by the performing dentist according to the coverage guidelines. Payment for these services are approved **only when the above conditions are met AND only** when pertinent details of the condition and its relationship to the procedure(s) are outlined clearly on each claim or estimate with supporting documentation in the resident's chart. For the purpose of the program, tumours, cysts and fractures can, themselves, be considered to be medical conditions. Assessment for payment decisions will, when necessary, involve medical and other professional consultations.

In all cases providers must be prepared to produce radiographs and/or chart entries including medical condition to support submitted claims upon request and/or in the event of a post audit.

The following services are insured **only** where there exists **radiographic evidence** of infection, or, destruction of adjacent tooth and bone. Removal of impacted teeth is insured **only** where there exists **radiographic evidence** of infection, or destruction of adjacent tooth and bone. Procedures performed for local or generalized pain and/or discomfort which are unsupported by radiographic evidence are uninsured services.

Removal of Impacted Teeth (Fee Codes 72111, 72119, 72211, 72219, 72221, 72229, 72231 & 72239) **Complicated Removals of Erupted Teeth** (Fee Codes 71201 & 71209)

For purposes of the program, **complicated removal of root tips only** is considered for coverage.

Routine extractions of wisdom teeth and extractions for crowding purposes are not insured under prevention alone. Procedures performed for local or generalized pain and/or discomfort which are unsupported by radiographic evidence are not insured services.

Removals of Residual Roots (Fee Codes 72311, 72319, 72321, 72329, 72331 & 72339)

Uncomplicated removal of residual roots **does not** meet the criteria for insurability.

Orthognathic Surgery

These procedures are payable only when required for functional correction and are **not payable for cosmetic** purposes.

Other Extraction Services

Tooth removal, when indicated to safely complete another insured oral surgical procedure, such as fracture treatment or osteotomy, is insured. This does not include the removal of primary teeth to access permanent teeth being removed, the removal of teeth that do not meet the criteria described above, or the removal of teeth that are not associated with the procedure.

GENERAL ANESTHETIC COSTS

If general anesthetic is deemed medically necessary when providing a dental service, the anesthetic fee is payable whether the dental surgery is an insured or uninsured service. The anesthetist must indicate the medical necessity in the patient's chart entry as supporting documentation.

SPECIALIST ON-CALL FEES – ORAL & MAXILLOFACIAL SURGEONS

Qualified oral and maxillofacial surgeons who are required to serve on a regular on-call schedule with their medical colleagues will be compensated at the same rate as that provided to the physician group. The medical manager is responsible for the on-call rotation at the Nova Scotia Health Authority hospital. On-call remuneration is administered by the DHW, which provides the funds to the Nova Scotia Health Authority to distribute to the surgeon.

PREMIUM FEES FOR NON-ELECTIVE ORAL AND MAXILLOFACIAL SURGICAL PROCEDURES

Premium fees are additional amounts paid over and above normal or customary rates on eligible services provided on an emergency basis during designated times. An emergency basis is defined as services which must be performed without delay because of the medical condition of the patient. In such cases the premium fee paid will be the customary fee, plus an additional percentage depending on the time and day. Date and time of an emergency procedure must be indicated on claim submission and the rendered fees must be inclusive of the additional premium percentage.

PREMIUM FEE TABLE

| Day | Time | Additional Percentage Added to Fee |
|---------------------|-------------|------------------------------------|
| Monday to Friday | 1700 – 2400 | 35% |
| Tuesday to Saturday | 0000 – 0800 | 50% |
| Saturday | 0800 – 1700 | 35% |
| Saturday to Monday | 1700 – 0800 | 50% |
| Recognized Holidays | 0800 – 2400 | 50% |

NOTE: If an oral and maxillofacial surgeon chooses to provide routine, scheduled services during premium fee hours or a statutory holiday, they are not entitled to premium fees.

If the service requires an anesthetic, the anesthetic start time determines whether a premium fee is applicable.

Premium fees are payable for the following fee codes: 76201-204, 76301-305, 76401-403, 76501-507, 76601-605, 76701-704, 76801, 76802, 76911-913, 76921-924, 76931-934, 76961-969, 76971-979, 76981-989.

MULTIPLE OPERATIVE PROCEDURES

Unless otherwise specified, bilateral procedures performed at same appointment are eligible at 50% of the DHW tariff of the unilateral procedure.

Some surgical procedures are not only bilateral but involve all four quadrants performed at the same appointment, with separate incisions in each. When two quadrants are involved in surgical procedures, the first procedure will be paid at 100% and the subsequent procedure at 50%. When more than two quadrants are involved, the first two are paid at 100% and subsequent procedures at 50%.

The same rules apply in the case of sextants.

SURGICAL ASSISTANT

Surgical assistant fees are payable for selected oral and maxillofacial surgical fee codes where it has been deemed that the complexity of the procedure requires an assisting surgeon, dentist or physician. Assistant's fees are not payable for procedures where an assistant is not normally required. Eligible surgical assistant fees for dentists and oral and maxillofacial surgeons are paid at 25% of the primary surgeon rate (note: surgical assistant fees are subject to premium fee and multiple operative procedures rules, as explained above). Primary surgeon and surgical assistant claims performed by a dental specialist should be submitted to GSC together to ensure proper payment. Medical physician services must be submitted to Medicare for reimbursement.

Surgical assistant fees are payable for the following fee codes: 73301-303, 73441, 73451, 73461, 73621, 73631, 76201-204, 76301-305, 76505-507, 76603-605, 76703, 76704, 76801, 76802, 76913, 76923, 76924, 76931-934, 77102, 77108, 77201-203, 77301-304, 77411-414, 77421-425, 77501-504, 77603, 77701-705, 77911-914, 77917, 78101, 78201-209, 78301-303.

IN-HOSPITAL ROUTINE EXTRACTIONS

Routine extractions will be covered by DHW upon prior approval for medically compromised patients (i.e. **cardiac, transplant, immunocompromised and radiation patients**). Undergoing active treatment in a public hospital and the attendant medical procedure requires the removal of teeth that would otherwise be considered routine extractions.

The medical specialist providing the care must maintain supporting documents in the resident's chart to indicate/support the patient's medical diagnosis, including the **ICDA Code**, for one of the four conditions described above, and it must be stated the routine dental extractions are medically required. Eligibility is determined by the performing dentist according to the coverage guidelines and is subject to post audit. Failure to comply with any of these conditions will result in a reduction in payment or non-payment.

MAXILLOFACIAL PROSTHODONTICS PROGRAM (MAX)

PREAMBLE

INTRODUCTION

The Maxillofacial Prosthodontics Program seeks to meet the anatomical, functional and significant emotional (arising from having a significant physical defect) needs of residents through the rehabilitation of head and neck deficits so that these individuals may reintegrate and continue to be functional members of society. Service provision within the program is currently limited to two approved providers who possess specialized qualifications in this area.

REGISTRATION PROCEDURES

Residents having been deemed eligible for the program by the qualified specialists, will be registered with GSC/DHW in the Maxillofacial Prosthodontics Program at the time of submission of their initial claim on the resident's behalf. The initial submission will be accompanied with a supporting letter from the referring physician.

ELIGIBLE PATIENTS

“Eligible resident” means a person who is insured within the meaning of the *Health Services and Insurance Act*, RSNS, 1989, c. 197 or any successor legislation thereto, and whose maxillofacial prosthodontic needs have been the result of congenital facial disorders, cancer, surgery, trauma, and neurological deficit. There is no age restriction.

ELIGIBILITY FOR SERVICES

The program provides a range of medically required dental services for residents whose maxillofacial prosthodontic needs have been the result of congenital facial disorders, cancer, surgery, trauma, and neurological deficiencies.

INSURED SERVICES

Insured services are those described in the tariff of fees for the program.

EMERGENCY (01205) ORAL EXAMINATION

- The fee for this service is payable at 50% of the DHW tariff when any other procedure or treatment service payable by DHW is rendered during the same appointment.
- The fee for Emergency Examinations includes all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems, and other orthodontic-related concerns.

OUT OF PROVINCE

There is no coverage, under the Maxillofacial Prosthodontics Program, for services performed outside of Nova Scotia.

EXCEPTIONAL CIRCUMSTANCES REQUEST (ECR)

INTRODUCTION

Benefits for treatment services for reasons of medical necessity, may be eligible under an Exceptional Circumstance (ECR) available to Nova Scotia residents with a valid Medical Services Insurance (MSI) Health Card Number.

REGISTRATION PROCEDURES

A dentist shall submit an application request to GSC/DHW, for dental services they recommend should be insured for reasons of medical necessity, and where the service is not insured by any existing DHW dental program.

“Eligible resident” means a person who is insured within the meaning of the *Health Services and Insurance Act*, RSNS, 1989, c. 197 or any successor legislation thereto, and for reasons of medical necessity.

ELIGIBILITY FOR SERVICES

Coverage for treatment of service of Exceptional Circumstance must have treatment approval prior to the commencement of treatment. Requests after treatment complete are uninsured.

Residents with private dental plans are required to access their private coverage first. The ECR will pay any eligible balance left over after the recipient’s private coverage has been accessed up to the approved amount. All claims for coordination of benefits with the ECR, must meet the terms of the program regulations. Submission of entire treatment plan by all coordinating/requesting dental providers must be submitted together for consideration. Incomplete applications will not be considered.

INSURED SERVICES

Insured services are those, approved for reasons of medical necessity, under Exceptional Circumstances up to pre-approved fees based on 100% of the current Nova Scotia Dental Association (NSDA) Fee Guide for the applicable provider type unless otherwise communicated during the pre-approval process.

OUT OF PROVINCE

There is no coverage under the Exceptional Circumstances for services performed outside of Nova Scotia.

**Department of Health and Wellness
Coverage Request for Exceptional Circumstances (ECR)**

APPLICATION COVER PAGE

Complete this cover page and include with your application

| PATIENT INFORMATION | | | |
|---|---------------------------|---|--------------------|
| PATIENT SURNAME | PATIENT GIVEN NAME | MSI HEALTH CARD NUMBER | EXPIRY DATE |
| PATIENT ADDRESS | | DATE OF BIRTH | |
| DENTISTS / SPECIALISTS | | | |
| COORDINATING DENTIST _____ | | ALL DENTISTS / SPECIALISTS IN TREATMENT PLAN _____ _____ | |
| SUBMISSION DATE (YYYY/MM/DD) _____ | | Is patient currently enrolled in Cleft Palate Program: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| CHECKLIST | | | |
| <p>ENSURE EACH SECTION IS INCLUDED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> This cover page <input type="checkbox"/> Outline of any other public or private dental benefits available to the patient <input type="checkbox"/> Description of relevant patient medical and drug history <input type="checkbox"/> Explanation of the medical necessity of the proposed dental treatment that is required to meet the basic needs of the patient, including relevant source documents such as radiographs, photographs, etc. used for diagnosis <input type="checkbox"/> Description of proposed dental treatment plan, compiled from all providers, with estimated treatment timeline <input type="checkbox"/> List of dental services to be provided by each dentist with applicable codes and associated fees <input type="checkbox"/> Description of any follow up requirements <input type="checkbox"/> A written recommendation in support of the treatment plan, confirming that this is the coordinating dentist's recommendations and that the application is not being provided solely at the request of the resident | | | |

SUBMISSION INFORMATION

Submit the entire package to Green Shield Canada by either Provider Connect with an attached file to the NS Government mailbox online or by manual submission via postal mail to:

Green Shield Canada
Attn: Dental Services Dept - Request for Exceptional Circumstances
P.O. Box 1671
Windsor, Ontario N9A 0C6

A response will be provided within 30 days from the date the application is received. Only complete applications will be considered.

Note: This application process replaces the previous Special Consideration application.

OUT OF PROVINCE BENEFITS

(Applicable only to in-hospital emergency dental services)

INTRODUCTION

While most services listed under the Department of Health and Wellness (DHW) Dental Programs are only covered if delivered in Nova Scotia, certain emergency dental services are covered in other Canadian provinces/territories if the emergency service is considered medically necessary and the service is provided by a licensed oral surgeon in a publicly funded hospital. Funding for this insured service is provided by the DHW's MSI Oral and Maxillofacial Surgery.

ELIGIBLE RESIDENTS

“Eligible resident” means a person who is insured within the meaning of the *Health Services and Insurance Act*, RSNS, 1989, c. 197 or any successor legislation thereto and whose condition makes it medically necessary that the required oral and maxillofacial surgical procedures be done in a hospital.

PAYMENT FOR ELIGIBLE SERVICES

An oral surgeon who provides emergency services for a resident in a publicly funded hospital in a Canadian province/territory outside of Nova Scotia may submit a claim to the Administrator for coverage of insured services.

or

A resident who receives emergency services in a Canadian province/territory outside of Nova Scotia may submit their paid invoice to the Administrator for coverage of insured services.

Oral surgeons and resident's fees shall be reimbursed, for insured out of province emergency services, at the provincial/territorial regulated rate where the emergency service was delivered, except for insured services delivered in Quebec.

For insured services delivered in Quebec, the oral surgeon or resident's fees shall be reimbursed at the Nova Scotia regulated tariff rate or at the rate submitted with the claim or invoice, whichever is the lesser.

PROVIDER SUBMISSIONS

The DHW claim form must be used and submitted by mail to GSC, the Administrator. Copies shall be made available by the Administrator.

Resident invoices: A resident who pays for an insured service from an out-of-province dentist should ask for an itemized statement and or receipt showing details of each service rendered and the dentist's charge for each service provided. It is the responsibility of the resident to submit the invoice to GSC/DHW for reimbursement.

Claims or invoices received beyond 6 months from the date of service will be invalid unless a reasonable explanation for the late submission is provided and considered to be acceptable.

This policy does not apply to:

- Individuals who are entitled to Health Care Benefits under any other public or private plan.
- Residents who receive emergency services outside of Canada.
- Individuals travelling outside of Nova Scotia to seek treatment due to hospital wait times.
- Routine and/or planned services while outside of province.

SCHEDULE A

Insured Dental Services Tariff Regulations

made under clause 13(1)(c) and subsection 17(2) of the

Health Services and Insurance Act

R.S.N.S. 1989, c. 197

O.I.C. 2022-132, N.S. Reg. 98/2022

amended to O.I.C. 2023-167, N.S. Reg. 109/2023

Effective July 4, 2023

Prepared by
the Office of the Registrar of Regulations
Halifax, Nova Scotia

This publication is unofficial and is for reference only. For the official version of the regulations, consult the original documents on file with the Office of the Registrar of Regulations, or as published in the Royal Gazette Part II.

Regulations are amended frequently. Please make sure that you have the most up-to-date version. To do this, either contact us or check the list of Regulations by Act on our website at www.novascotia.ca/just/regulations.

Insured Dental Services Tariff Regulations
made under clause 13(1)(c) and subsection 17(2) of the
Health Services and Insurance Act
R.S.N.S. 1989, c. 197
O.I.C. 2022-132 (effective June 1, 2022), N.S. Reg. 98/2022
amended to O.I.C. 2023-167 (effective July 4, 2023), N.S. Reg. 109/2023

Citation

1 These regulations may be cited as the *Insured Dental Services Tariff Regulations*.

Definitions

2 (1) In these regulations, the following definitions apply:

“+ E” means additional material expenses;

“+ L” means laboratory services;

“Dentists Guide” means the Dentists Guide published by the Department of Health and Wellness;

“GP” means general practitioner;

“IC” means independent consideration;

“insured dental services” means the insured dental services referred to in Section 10 of the MSI Regulations and prescribed in these regulations;

“MSI Regulations” means the regulations respecting insured professional services and the MSI plan made under subsection 17(2) of the Act;

“PA” means pre-approval;

“SP” means specialist practitioner.

(2) A term defined in Section 1 of the *MSI Regulations* has the same meaning when used in these regulations.

Tariff of fees

3 (1) The tariff of fees for insured dental services is as set out in the following schedules to these regulations:

(a) Schedule A—Cleft Palate/Craniofacial Program;

(b) Schedule B—Children’s Oral Health Program;

(c) Schedule C—Oral and Maxillofacial Surgery;

(d) Schedule D—Maxillofacial Prosthodontics Program;

- (e) Schedule E—Individuals with Special Needs Oral Health Program.
- (2) The tariff of fees for insured dental services must be administered in accordance with the Dentists Guide.

Insurance of last resort for certain programs

- 4 (1) Coverage under the following programs is insurance of last resort and no amount is payable for any services under those programs if rendered to a resident to whom or for whom a benefit in respect of those services has been paid or would be payable if claimed under any contract or plan of insurance that applies to that resident:
- (a) Schedule A—Cleft Palate/Craniofacial Program;
 - (b) Schedule B—Children’s Oral Health Program;
 - (c) Schedule E—Individuals with Special Needs Oral Health Program.
- (2) If a partial benefit for a service under a program listed in subsection (1) has been paid or would be payable for a resident if claimed under any contract or plan of insurance that applies to that resident, any outstanding costs are billable directly to the Province and are payable by the Province.

Services must be provided in the Province

- 5 Services performed outside of the Province are not insured dental services and no coverage is provided for these services under these regulations.

Schedule A—Cleft Palate/Craniofacial Program

The Cleft Palate/Craniofacial Program provides insured dental services for residents with craniofacial anomalies that directly influence the growth and development of the dentoalveolar and craniofacial structures.

These residents are eligible for insured coverage for basic dental services through the Children’s Oral Health Program (Schedule B) and other services under this Schedule as considered necessary as a result of the anomaly, so long as they meet the eligibility requirements for those services.

Part 1: Diagnostic—01000–09999

| | |
|------------|------------|
| GP | SP |
| Fee | Fee |

Examinations

1. Examinations and diagnosis, complete oral

(Including: history, medical and dental clinical examination and diagnosis of hard and soft tissues, including carious lesions, missing teeth, determination of pocket depth and location of periodontal pockets, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, pulp vitality tests, if necessary, and any other pertinent factors.
Radiographs extra as required.)

| | | | |
|------|---|-------|--------|
| 1101 | Examination and diagnosis, complete, primary dentition, including extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description | 36.12 | 68.04 |
| 1102 | Examination and diagnosis, complete, mixed dentition | 47.04 | 97.44 |
| 1103 | Examination and diagnosis, complete, permanent dentition | 63.84 | 132.72 |

2. Examinations and diagnosis, limited oral

| | | | |
|------|--|-------|-------|
| 1201 | Examination and diagnosis, limited, oral, new patient: examination with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests as for 01101, 01102, 01103 | 30.36 | 37.26 |
| 1202 | Examination and diagnosis, limited oral, previous patient (recall): examination and diagnosis with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests, as for 01101, 01102, 01103 | 23.18 | 29.37 |

3. Specific oral examinations

| | | | |
|------|--|-------|-------|
| 1204 | Examination and diagnosis, specific: examination, diagnosis and evaluation of a specific situation in a localized area (includes x-rays) | 36.24 | 49.29 |
|------|--|-------|-------|

4. Emergency oral examinations

| | | | |
|------|--|-------|--------|
| 1205 | Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area (includes x-rays) | 36.24 | 49.29 |
| 5201 | Consultation, specialist—in office | PA | 81.81 |
| 5202 | 2 units of time | PA | 155.40 |
| 5209 | Each additional unit of time over 2 | PA | 77.70 |

5. Examinations and diagnosis, prosthodontic

| | | | |
|------|--|--|--------|
| 1701 | Examination and diagnosis, prosthodontic, edentulous: extended examination of the edentulous mouth, including detailed medical and dental history (incl. prosthetic history), visual and digital examination of the oral structures, head and neck (incl. TMJ), lips, oral mucosa, tongue, oral pharynx, salivary glands and lymph nodes, and including evaluation for implant-supported or retained prosthesis. | | 154.40 |
| 1702 | Examination and diagnosis, prosthodontic, specific | | 60.98 |

| | | |
|------|---|--------|
| 1703 | Examination prosthodontic, fixed oral rehabilitation, to include: (a) history, medical and dental; (b) clinical examination of hard and soft tissues, including carious lesions, missing teeth, location of periodontal pockets and determination of pocket depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, pulp vitality tests, where necessary, and any other pertinent factors; (c) evaluation of specific sites for implant-supported or retained prosthesis; (d) radiographs extra, as required. | 176.18 |
|------|---|--------|

Radiographs

(includes radiographic examination and interpretation)

1. Radiographs, intra-oral

| | | | |
|------|--|--------|--------|
| 2101 | Radiographs, intra-oral, pedodontic, complete series (minimum of 12 films including bitewings) | 104.97 | 107.07 |
| 2102 | Radiographs, intra-oral, adult, complete series (minimum of 16 films including bitewings) | 104.97 | 107.07 |

2. Radiographs, intra-oral, periapical

| | | | |
|------|-------------|-------|-------|
| 2111 | Single film | 12.87 | 13.14 |
| 2112 | 2 films | 16.91 | 17.24 |
| 2113 | 3 films | 24.86 | 25.36 |
| 2114 | 4 films | 29.70 | 30.30 |
| 2115 | 5 films | 34.53 | 35.23 |
| 2116 | 6 films | 39.51 | 40.30 |
| 2117 | 7 films | 44.27 | 45.15 |
| 2118 | 8 films | 49.18 | 50.17 |
| 2119 | 9 films | 54.01 | 55.09 |
| 2120 | 10 films | 58.93 | 60.10 |
| 2121 | 11 films | 64.23 | 65.51 |
| 2122 | 12 films | 69.98 | 71.38 |
| 2123 | 13 films | 76.29 | 77.82 |
| 2124 | 14 films | 83.15 | 84.81 |
| 2125 | 15 films | 88.13 | 89.89 |

3. Radiographs, intra-oral, occlusal

| | | | |
|------|-------------|-------|-------|
| 2131 | Single film | 31.47 | 32.10 |
| 2132 | 2 films | 49.18 | 50.17 |
| 2133 | 3 films | 66.89 | 60.90 |
| 2134 | 4 films | 84.53 | 73.50 |

4. Radiographs, intra-oral, bitewing

| | | | |
|------|-------------|-------|-------|
| 2141 | Single film | 12.87 | 13.14 |
| 2142 | 2 films | 16.91 | 17.24 |
| 2143 | 3 films | 24.86 | 25.36 |

| | | | |
|---|--|-------|-------|
| 2144 | 4 films | 29.70 | 30.30 |
| 5. Radiographs, extra-oral | | | |
| 2201 | Single film | 31.47 | 32.10 |
| 2202 | 2 films | 49.18 | 50.17 |
| 2203 | 3 films | 66.89 | 68.22 |
| 2204 | 4 films | 84.53 | 86.22 |
| 6. Radiographs, postero-anterior and lateral skull and facial bone | | | |
| 2301 | Single film | PA | 32.10 |
| 2302 | 2 films | PA | 50.17 |
| 2303 | 3 films | PA | 68.22 |
| 2304 | Sinus examination: minimum 4 films identified as: (1) Waters (2) Calwell (3) Lateral Skull (4) Basal | PA | 86.22 |
| 7. Radiographs, sialography | | | |
| 2401 | Single film | PA | PA |
| 2402 | 2 films | PA | PA |
| 2409 | Each additional film over 2 | PA | PA |
| 8. Radiopaque dyes, use of, to demonstrate lesions | | | |
| 2411 | 1 unit of time | PA | PA |
| 2412 | 2 units of time | PA | PA |
| 2419 | Each additional unit of time over 2 | PA | PA |
| 9. Radiographs, temporomandibular joint | | | |
| 2501 | Single film | PA | 32.10 |
| 2502 | 2 films | PA | 50.17 |
| 2503 | 3 films | PA | 68.22 |
| 2504 | 4 films (minimum examination closed and open each side) | PA | 86.22 |
| 2509 | Each additional film over 4 | PA | PA |
| 10. Radiographs, panoramic | | | |
| 2601 | Single film | 54.09 | 55.17 |
| 11. Radiographs, cephalometric | | | |
| 2701 | Single film | 54.09 | 55.17 |
| 2702 | 2 films | 88.06 | 89.83 |
| 12. Radiographs, cephalometric, tracing and interpretation | | | |
| 2751 | 1 unit of time | PA | PA |
| 2752 | 2 units of time | PA | PA |
| 2759 | Each additional unit of time over 2 | PA | PA |
| 13. Radiographs, interpretation | | | |
| 2801 | (MSI: for radiographs exposed on hospital equipment) MSI: paid at 1/2 regular fee | | |
| 14. Radiographs, hand and wrist | | | |
| 2801 | Radiographs, hand and wrist (as a duplicate aid for dental treatment), per case | PA | PA |

| 15. Radiographs, tomography | | | |
|--|--|-------|--------------------|
| 2931 | Single view | PA | PA |
| 2932 | 2 views | PA | PA |
| 2933 | 3 views | PA | PA |
| 2934 | 4 views | PA | PA |
| 2939 | Each additional view over 4 | PA | PA |
| 16. 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)) | | | |
| 2951 | Maxillary guide + L + E | | 160.00 + L |
| 2952 | Mandibular guide + L + E | | 160.00 + L |
| 17. Template, surgical (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants) | | | |
| 3001 | Maxillary Template + L + E | | 320.00 incl lab |
| 3002 | Mandibular Template + L + E | | 320.00 incl lab |
| Tests and Laboratory Examinations | | | |
| 1. Tests, microbiological | | | |
| 4101 | Microbiological test for the determination of pathological agents + L | 32.52 | 33.17 |
| 2. Tests, caries susceptibility | | | |
| 4201 | Bacteriological test for the determination of dental caries susceptibility + L | 31.80 | 32.45 |
| 3. Tests, histological | | | |
| Test, histological, soft tissue | | | |
| 4311 | Biopsy, soft oral tissue—by puncture + L | 75.98 | 85.05 |
| 4312 | Biopsy, soft oral tissue—by incision + L | 75.98 | 85.05 |
| 4313 | Biopsy, soft oral tissue—by aspiration + L | 75.98 | 85.05 |
| Tests, histological, hard tissue | | | |
| 4321 | Biopsy, hard oral tissue—by puncture + L | 87.50 | 89.25 |
| 4322 | Biopsy, hard oral tissue—by incision + L | 87.50 | 89.25 |
| 4323 | Biopsy, hard oral tissue—by aspiration + L | 87.50 | 89.25 |
| 4. Tests, cytological | | | |
| 4401 | Cytological smear from the oral cavity + L | 31.80 | 32.45 |
| 5. Tests, pulp vitality | | | |
| 4501 | 1 unit of time | 26.89 | 27.43 |
| 4509 | Each additional unit of time | 26.89 | 27.43 |
| 6. Reports, laboratory | | | |
| 4601 | Report, microbiological by oral microbiologist | PA | PA |
| 4602 | Report, histological by oralpathologist | PA | PA |

| | | | |
|--|---|-------|-------|
| 4603 | Report, cytological by oral pathologist | PA | PA |
| 4604 | Reports, other | PA | PA |
| 7. Tests and laboratory examinations, miscellaneous (equilibration, casts, diagnostic (pilot equilibration) for extensive or complicated restorative dentistry + L) | | | |
| 4711 | 1 unit of time | PA | PA |
| 4712 | 2 units of time | PA | PA |
| 4713 | 3 units of time | PA | PA |
| 4714 | 4 units of time | PA | PA |
| 4719 | Each additional unit of time over 4 | PA | PA |
| Wax up, diagnostic (to evaluate cosmetic and/or preparation design and/or occlusal considerations) (gnathological wax up) + L | | | |
| 4721 | 1 unit of time | PA | PA |
| 4722 | 2 units of time | PA | PA |
| 4723 | 3 units of time | PA | PA |
| 4724 | 4 units of time | PA | PA |
| 4729 | Each additional unit of time over 4 | PA | PA |
| Split cast mounting, diagnostic + L | | | |
| 4731 | 1 unit of time | PA | PA |
| 4732 | 2 units of time | PA | PA |
| 4733 | 3 units of time | PA | PA |
| 4734 | 4 units of time | PA | PA |
| 4739 | Each additional unit of time over 4 | PA | PA |
| Interpretation of models from another source | | | |
| 4741 | First unit of time | PA | PA |
| 4749 | Each additional unit of time | PA | PA |
| Photographs, Diagnostic | | | |
| 4801 | Single photograph | 16.67 | 17.01 |
| 4802 | 2 photographs | 33.33 | 33.60 |
| 4803 | 3 photographs | 50.01 | 38.85 |
| 4809 | Each additional photograph over 3 | 16.67 | 17.85 |
| Casts, Diagnostic | | | |
| 1. Cast, diagnostic, unmounted | | | |
| 4911 | Cast, diagnostic, unmounted + L | 32.52 | 45.62 |
| 4912 | Cast, diagnostic, unmounted, duplicate + L | | |
| 2. Cast, diagnostic, mounted | | | |
| 4921 | Cast, diagnostic, mounted + L | 40.95 | PA |
| 4922 | Cast, diagnostic, mounted using face bow transfer + L | 67.20 | PA |

| | | | |
|------|--|-------|----|
| 4923 | Cast, diagnostic, mounted, using face bow + occlusal records + L | 91.50 | PA |
| 4924 | Cast, diagnostic, mounted using fully adjustable articulator + L (used with 04942) | PA | PA |

3. Casts, diagnostic, orthodontic

| | | | |
|------|---|----|-------|
| 4931 | Cast, diagnostic, orthodontic (unmounted, angle trimmed and soaped) + L | PA | 45.62 |
|------|---|----|-------|

Case Presentation

1. 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.)

| | | |
|------|-----------------|--------|
| 5101 | 1 unit of time | 86.40 |
| 5102 | 2 units of time | 172.80 |

2. Radiographs, cone beam computerized tomography (CBCT)

Radiographs, CBCT, acquisition

| | | |
|------|---|--------|
| 7011 | Small field of view (e.g. sextant or part of; isolated temporomandibular joint) | 174.40 |
| 7012 | Large field of view (1 arch) | IC |
| 7013 | Large field of view (2 arches) | IC |

Radiographs, CBCT, image processing

| | | |
|------|-----------------------------|----|
| 7021 | 1 unit of time | IC |
| 7022 | 2 units | IC |
| 7027 | One half unit | IC |
| 7029 | Each additional unit over 2 | IC |

Radiographs, CBCT, interpretation

| | | |
|------|-----------------------------|--------|
| 7031 | 1 unit of time | 71.92 |
| 7032 | 2 units | 143.84 |
| 7037 | One half unit | 36.00 |
| 7039 | Each additional unit over 2 | 71.92 |

Radiographs, CBCT, acquisition, processing and interpretation

| | | |
|------|--|--------|
| 7041 | Small field of view (e.g., sextant or part of; isolated temporomandibular joint) | 285.60 |
| 7042 | Large field of view (1 arch) | 359.20 |
| 7043 | Large field of view (2 arches) | 423.20 |

Part 2: Endodontics—30000-39999

Pulp Chamber, Treatment of (excluding final restoration)

1. Pulpotomy

Pulpotomy vital, permanent teeth (as a separate emergency procedure)

| | | | |
|-------|-----------------------------|-------|-------|
| 32221 | Anterior and bicuspid teeth | 75.33 | 92.13 |
| 32222 | Molar teeth | 75.33 | 92.13 |

Pulpotomy, vital, primary teeth

| | | | |
|-------|---|-------|-------|
| 32231 | Primary tooth as a separate procedure | 60.54 | 76.78 |
| 32232 | Primary tooth, concurrent with restorations (but excluding final restoration) | 60.54 | 75.27 |

2. Pulpectomy (as a separate emergency procedure)

Pulpectomy, permanent teeth/retained primary teeth

| | | | |
|-------|------------------|--------|--------|
| 32311 | 1 canal | 86.77 | 89.17 |
| 32312 | 2 canals | 134.22 | 137.11 |
| 32313 | 3 canals | PA | PA |
| 32314 | 4 canals or more | PA | PA |

Pulpectomy, primary teeth

| | | | |
|-------|-----------------|--------|--------|
| 32321 | Anterior tooth | 78.75 | 88.50 |
| 32322 | Posterior tooth | 116.55 | 128.47 |

Root Canal Therapy

(includes treatment plan, clinical procedures (e.g., pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs)

1. Root canals, permanent teeth, retained primary teeth (including clinical procedures with appropriate radiographs, excluding final restoration)

| | | | |
|-------|------------------|--------|--------|
| 33111 | 1 canal | 342.74 | 419.55 |
| 33121 | 2 canals | 502.03 | 604.10 |
| 33131 | 3 canals | 674.30 | 825.29 |
| 33141 | 4 canals or more | 837.14 | 988.39 |

2. Root canals, primary teeth

| | | | |
|-------|------------------|--------|--------|
| 33401 | 1 canal | 117.71 | PA |
| 33402 | 2 canals | 177.68 | PA |
| 33403 | 3 canals or more | 238.02 | 294.30 |

3. Apexification/apical closure/induction of hard tissue repair (including biomechanical preparation and placement of dentogenic media)

| | | | |
|-------|------------------|--------|--------|
| 33601 | 1 canal | 130.55 | 159.77 |
| 33602 | 2 canals | 172.85 | 230.56 |
| 33603 | 3 canals | 220.13 | 302.33 |
| 33604 | 4 canals or more | 395.47 | 455.60 |

4. Re-insertion of dentogenic media per visit

| | | | |
|-------|------------------|-------|-------|
| 33611 | 1 canal | 58.19 | 68.59 |
| 33612 | 2 canals | 58.19 | 68.59 |
| 33613 | 3 canals | 58.19 | 68.59 |
| 33614 | 4 canals or more | 58.19 | 68.59 |

Periapical Services

1. Apicoectomy/apical curettage

Maxillary anterior

| | | | |
|-------|---------|--------|--------|
| 34111 | 1 root | 179.03 | 219.16 |
| 34112 | 2 roots | 255.79 | 298.23 |

Maxillary bicuspid

| | | | |
|-------|-----------------|--------|--------|
| 34121 | 1 root | 239.40 | 311.24 |
| 34122 | 2 roots | 318.15 | 371.60 |
| 34123 | 3 roots or more | 397.95 | 431.80 |

Maxillary molar

| | | | |
|-------|-----------------|--------|--------|
| 34131 | 1 root | 254.37 | PA |
| 34132 | 2 roots | 336.64 | PA |
| 34133 | 3 roots | 401.76 | PA |
| 34134 | 4 roots or more | 452.37 | 482.77 |

Mandibular anterior

| | | | |
|-------|-----------------|--------|--------|
| 34141 | 1 root | 179.03 | 219.16 |
| 34142 | 2 roots or more | 255.79 | 284.03 |

Mandibular bicuspid

| | | | |
|-------|-----------------|--------|--------|
| 34151 | 1 root | 240.45 | 311.24 |
| 34152 | 2 roots | 318.15 | 371.60 |
| 34153 | 3 roots or more | 400.05 | 431.80 |

Mandibular molar

| | | | |
|-------|-----------------|--------|--------|
| 34161 | 1 root | 254.37 | 311.24 |
| 34162 | 2 roots | 336.64 | 371.60 |
| 34163 | 3 roots | 401.76 | 431.80 |
| 34164 | 4 roots or more | 452.37 | 482.77 |

2. Retrofilling

| | | | |
|-------|------------------|-------|--------|
| 34211 | 1 canal | 71.17 | 87.11 |
| 34212 | 2 or more canals | 86.24 | 108.60 |

Maxillary bicuspid

| | | | |
|--|--|--------|--------|
| 34221 | 1 canal | 71.17 | 87.11 |
| 34222 | 2 canals | 86.24 | 108.60 |
| 34223 | 3 canals | 104.34 | 135.77 |
| 34234 | 4 or more canals | 116.97 | 152.71 |
| Maxillary molar | | | |
| 34321 | 1 canal | 73.22 | 87.11 |
| 34322 | 2 canals | 90.36 | 108.60 |
| 34323 | 3 canals | 104.34 | 142.55 |
| 34324 | 4 or more canals | 116.97 | 152.71 |
| Mandibular anterior | | | |
| 34241 | 1 canal | 71.17 | 87.11 |
| 34242 | 2 or more canals | 86.24 | 108.60 |
| Mandibular bicuspid | | | |
| 34251 | 1 canal | 71.17 | 87.11 |
| 34252 | 2 canals | 86.24 | 108.60 |
| 34253 | 3 canals | 104.34 | 135.77 |
| 34254 | 4 or more canals | 116.97 | 152.71 |
| Mandibular molar | | | |
| 34261 | 1 canal | 73.22 | 87.11 |
| 34262 | 2 canals | 90.36 | 108.60 |
| 34263 | 3 canals | 104.34 | 135.77 |
| 34264 | 4 or more canals | 116.97 | 152.71 |
| 3. Enlargement, canal and/or pulp chamber (preparation of post space) | | | |
| 34601 | Enlargement, canal and/or pulp chamber (preparation of post space) | PA | PA |
| 34602 | In calcified canals | PA | PA |
| Endodontic, Procedures, Miscellaneous | | | |
| 1. Isolation of endodontic tooth/teeth for asepsis | | | |
| 39101 | Banding of tooth/teeth and/or contouring of tissue surrounding teeth to maintain aseptic operating field (per tooth) | 86.45 | 105.72 |
| Open and drain (separate emergency procedures) | | | |
| 39201 | Anteriors and bicuspid | 69.30 | 75.04 |
| 39202 | Molars | 69.30 | 75.04 |
| Opening through artificial crown (in addition to procedures) | | | |
| 39211 | Anteriors and bicuspid | 85.65 | 87.36 |
| 39212 | Molars | 85.65 | 87.36 |
| 2. Bleaching, non-vital | | | |

Bleaching endodontically treated tooth/teeth

| | | | |
|-------|--|--------|--------|
| 39311 | 1 unit of time | 56.50 | PA |
| 39312 | 2 units of time | 97.25 | PA |
| 39313 | 3 units of time | 137.98 | 140.74 |
| 39319 | Each additional unit of time (to a maximum of 3) | 40.73 | 41.55 |

Part 3: Oral and Maxillofacial Surgery—70000–79999

Removals (Extractions), Erupted Teeth

1. Removals, erupted teeth, uncomplicated

Unless directly related to a developmental anomaly (supply details with claim) uncomplicated extractions are insured only in the case of (1) pain, infection, trauma (2) ankylosis and (3) supernumerary teeth.

| | | | |
|-------|--|-------|-------|
| 71101 | Single tooth, uncomplicated | 67.94 | 65.90 |
| 71109 | Each additional tooth, same quadrant, same appointment | 45.52 | 34.65 |

2. Removals, erupted teeth, complicated

| | | | |
|-------|---|--------|--------|
| 71201 | Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth | 146.65 | 178.48 |
| 71209 | Each additional tooth, same quadrant | 89.71 | 89.25 |

Removals (Extractions), Surgical

1. Removals, impactions, soft tissue coverage

Removals, impaction, requiring incision of overlying soft tissue and removal of the tooth

| | | | |
|-------|--------------------------------------|--------|--------|
| 72111 | Single tooth | 146.65 | 178.48 |
| 72119 | Each additional tooth, same quadrant | 90.36 | 89.25 |

2. Removals, impactions, involving tissue and/or bone coverage

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 | 177.68 | 294.09 |
| 72219 | Each additional tooth, same quadrant | 108.83 | 147.53 |

Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone and sectioning of tooth for removal

| | | | |
|-------|--------------------------------------|--------|--------|
| 72221 | Single tooth | 243.58 | 327.05 |
| 72229 | Each additional tooth, same quadrant | 151.05 | 163.54 |

3. Removals (extractions), residual roots

Removals, residual roots, erupted

| | | | |
|-------|-------------|-------|-------|
| 72311 | First tooth | 53.85 | 65.90 |
|-------|-------------|-------|-------|

| | | | |
|---|---|--------|--------|
| 72319 | Each additional tooth, same quadrant | 34.95 | 32.98 |
| Removals, residual roots, soft tissue coverage | | | |
| 72321 | First tooth | 100.94 | 123.55 |
| 72329 | Each additional tooth, same quadrant | 63.33 | 128.45 |
| Removals, residual roots, bone tissue coverage | | | |
| 72331 | First tooth | 209.93 | 256.89 |
| 72339 | Each additional tooth, same quadrant | 129.95 | 128.45 |
| 4. Post extraction bone preservation | | | |
| Simple ridge preservation, alloplastic material (+ E—not payable by MSI) | | | |
| 72411 | First tooth | PA | PA |
| 5. Surgical exposure of teeth | | | |
| Surgical exposure, unerupted, uncomplicated, soft tissue coverage (includes operculectomy) | | | |
| 72511 | Single tooth | 185.68 | 237.03 |
| 72519 | Each additional tooth, same quadrant | 92.86 | 118.53 |
| Surgical exposure, complex, hard tissue coverage | | | |
| 72521 | Single tooth | 185.68 | 237.03 |
| 72529 | Each additional tooth, same quadrant | 92.86 | 118.53 |
| Surgical exposure, unerupted tooth, with orthodontic attachment | | | |
| 72531 | Single tooth | 204.56 | 250.51 |
| 72539 | Each additional tooth, same quadrant | 102.26 | 125.24 |
| Surgical exposure, unerupted tooth, soft tissue coverage with positioning of attached gingivae | | | |
| 72541 | Single tooth | PA | PA |
| Surgical exposure, unerupted tooth, hard tissue coverage with positioning of attached gingivae | | | |
| 72551 | Single tooth | PA | PA |
| 6. Surgical movement of teeth | | | |
| Transplantation of erupted tooth | | | |
| 72611 | First tooth | PA | PA |
| Transplantation of unerupted tooth | | | |
| 72621 | First tooth | PA | PA |
| Repositioning, surgical | | | |
| 72631 | First tooth | PA | PA |
| Surgical Incisions | | | |
| 1. Surgical incision and drainage and/or exploration, intra-oral soft tissue | | | |
| 75111 | Intra-oral, surgical exploration, soft tissue | 75.33 | 101.64 |

| | | | |
|-------|--|-------|--------|
| 75112 | Intra-oral, abscess, soft tissue | 75.33 | 101.64 |
| 75113 | Intra-oral, abscess, in major anatomical area with drain | 75.33 | 101.64 |

2. Surgical incision and drainage and/or exploration, intra-oral hard tissue

| | | | |
|-------|---|----|----|
| 75121 | Intra-oral, abscess, hard tissue, trephination and drainage | PA | PA |
|-------|---|----|----|

Treatment of Fractures

It is understood that the majority of fractures will be treated in hospital and covered under Schedule C—Oral and Maxillofacial Surgery. However, independent consideration will be given for fractures treated in a dental office.

1. Replantation, avulsed tooth/teeth (including splinting)

| | | | |
|-------|---------------------------|--------|--------|
| 76941 | Replantation, first tooth | 217.68 | 226.12 |
| 76949 | Each additional tooth | 110.82 | 113.10 |

2. Repositioning of traumatically displaced teeth

| | | | |
|-------|-------------------------------------|--------|-------|
| 76951 | 1 unit of time | 52.11 | 49.59 |
| 76952 | 2 units of time | 104.22 | 99.18 |
| 76959 | Each additional unit of time over 2 | 52.11 | 49.59 |

Maxillofacial Deformities, Treatment of

1. Osteotomy/ostectomy, ramus of the mandible

| | | | |
|-------|---|--|----------------|
| 77101 | Osteotomy, subcondylar, closed + L (virtual surgical planning) | | 3058.40 + L |
| 77102 | Osteotomy, subcondylar, open + L (virtual surgical planning) | | 4575.20 + L |
| 77103 | Osteotomy, ramus of the mandible, oblique, extra-oral + L (virtual surgical planning) | | 4575.20 + L |
| 77104 | Osteotomy, ramus of the mandible, oblique, intra-oral + L (virtual surgical planning) | | 4575.20 + L |
| 77105 | Osteotomy/ostectomy, body of the mandible + L (virtual surgical planning) | | 4575.20 + L |
| 77106 | Osteotomy, coronoidectomy + L (virtual surgical planning) | | 4575.20 + L |
| 77107 | Osteotomy, condylar neck + L (virtual surgical planning) | | IC |
| 77108 | Osteotomy, sagittal split + L (virtual surgical planning) | | 4575.20 + L |

2. Osteotomy, miscellaneous

| | | | |
|-------|--|--|----------------|
| 77201 | Osteotomy, oblique with bone graft + L (virtual surgical planning) | | 5346.40 + L |
| 77202 | Osteotomy, inverted “L” + L (virtual surgical planning) | | 4579.20 + L |
| 77203 | Osteotomy, “C” + L (virtual surgical planning) | | 4579.20 + L |

| | | | |
|---|---|---------|--------|
| 77205 | Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis—Bilateral + L (virtual surgical planning) | 1881.34 | + L |
| 77207 | Activation of Distraction Device—Bilateral | 140.00 | |
| 77209 | Removal of Distraction Device—Bilateral | 286.16 | |
| 3. Osteotomy, maxilla | | | |
| 77301 | Osteotomy, maxilla, total + L (virtual surgical planning) | 5346.40 | + L |
| 77302 | Osteotomy, maxilla, total with bone graft + L (virtual surgical planning) | 5346.40 | + L |
| 77303 | Osteotomy, maxilla, Le Fort II with bone graft + L (virtual surgical planning) | IC | |
| 77304 | Osteotomy, maxilla, Le Fort III + L (virtual surgical planning) | IC | |
| 77313 | Osteotomy, Maxillary, LeFort I—for Distraction Osteogenesis + L (virtual surgical planning) | 1881.34 | + L |
| 77316 | Activation of Distraction Device—LeFort I Level | 140.00 | |
| 77319 | Removal of Maxillary Distraction Device | 286.16 | |
| 4. Cleft surgery | | | |
| 77912 | Secondary Unilateral Cleft Lip Repair | 984.43 | |
| 77914 | Secondary Bilateral Cleft Lip Repair | 1476.62 | |
| 77916 | Complex Reconstruction of Revision of Cleft Lip | 2900.00 | |
| Hemorrhage, Control of | | | |
| 79403 | Hemorrhage control, using compression and hemostatic agent | 52.48 | 64.30 |
| 79404 | Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary) | 52.48 | 64.30 |
| Grafts, Surgical | | | |
| Harvesting of Intraoral Tissue for Grafting to Operative Site | | | |
| 79511 | Bone | | 581.12 |
| Post-Surgical Care (required by complications and unusual circumstances) | | | |
| 79605 | Post-surgical care, alveolitis, treatment of (without anaesthesia) | 44.44 | 54.53 |
| 79606 | Post-surgical care, alveolitis, treatment of (with anaesthesia) | 44.44 | 54.53 |
| Implantology (includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis) | | | |
| 1. Implants, endosseous, integrated cylindrical | | | |
| 79951 | First stage surgical placement, maxilla per implant (+ E—not covered) | PA | PA |

| | | | |
|-------|---|----|----|
| 79952 | First stage surgical placement, mandible per implant (+ E—not covered) | PA | PA |
| 79953 | Second stage exposure and temporization, maxilla per implant (+ E—not covered) | PA | PA |
| 79954 | Second stage exposure and temporization, mandible per implant (+ E—not covered) | PA | PA |

2. Implants, removal of

| | | | |
|-------|-------------------------------|----|----|
| 79991 | First implant (uncomplicated) | PA | PA |
| 79992 | First implant (complicated) | PA | PA |

Part 4: Orthodontics—80000-89999

Orthodontic Services, Observations and Adjustments

Recementation of fixed appliances, not including brackets

| | | | |
|-------|----------------|-------|-------|
| 80651 | 1 unit of time | 47.17 | 57.48 |
|-------|----------------|-------|-------|

Appliances, Active, for Tooth Guidance or Minor Tooth Movement

1. Appliances, removable

Appliances, removable, space regaining

| | | | |
|-------|--------------------------------------|--------|--------|
| 81113 | Appliance, maxillary, bilateral + L | 517.50 | 675.78 |
| 81114 | Appliance, mandibular, bilateral + L | 517.50 | 675.78 |

Appliances, removable, cross-bite correction

| | | | |
|-------|-----------------------------------|----|---------|
| 81121 | Appliance, maxillary, simple + L | PA | 1239.36 |
| 81122 | Appliance, mandibular, simple + L | PA | 1239.36 |

Appliances, removable, dental arch expansion

| | | | |
|-------|-----------------------------------|----|----|
| 81131 | Appliance, maxillary, simple + L | PA | PA |
| 81132 | Appliance, mandibular, simple + L | PA | PA |

Appliances, removal, closure of diastemas

| | | | |
|-------|-----------------------------------|----|----|
| 81141 | Appliance, maxillary, simple + L | PA | PA |
| 81142 | Appliance, mandibular, simple + L | PA | PA |

Appliances, removable, alignment of anterior teeth

| | | | |
|-------|-----------------------------------|----|----|
| 81151 | Appliance, maxillary, simple + L | PA | PA |
| 81152 | Appliance, mandibular, simple + L | PA | PA |

2. Appliances, fixed or cemented

Appliance, fixed, space regaining (e.g., lingual or labial arch with molar bands, tubes, locks)

| | | | |
|-------|---------------------------|----|--------|
| 81211 | Appliance, maxillary + L | PA | 675.78 |
| 81212 | Appliance, mandibular + L | PA | 675.78 |

| Appliance, fixed, space regaining, unilateral | | | |
|---|---|----|---------|
| 81221 | Appliance, maxillary + L | PA | 471.60 |
| 81222 | Appliance, mandibular + L | PA | 471.60 |
| Appliance, fixed, cross-bite correction—anterior (as Phase I treatment) | | | |
| 81231 | Appliance, maxillary + L | PA | 1239.36 |
| 81232 | Appliance, mandibular + L | PA | 1239.36 |
| Appliance, fixed, cross-bite correction—posterior (as Phase I treatment) | | | |
| 81241 | Appliance, maxillary + L | PA | 1239.36 |
| 81242 | Appliance, mandibular + L | PA | 1239.36 |
| 81243 | Appliance, two-molar band, hooked and elastics + L | PA | 1239.36 |
| Appliance, fixed, dental arch expansion | | | |
| 81251 | Appliance, maxillary + L | PA | PA |
| 81253 | Appliance, maxillary, rapid expansion + L | PA | PA |
| Appliance, fixed, closure of diastemas | | | |
| 81261 | Appliance, maxillary, simple + L | PA | PA |
| 81262 | Appliance, mandibular, simple + L | PA | PA |
| Appliance, fixed, alignment of incisor teeth | | | |
| 81271 | Appliance, maxillary, simple + L | PA | PA |
| 81272 | Appliance, mandibular, simple + L | PA | PA |
| Appliances, fixed, mechanical eruption tooth/teeth | | | |
| 81291 | Appliance, maxillary + L | PA | PA |
| 81292 | Appliance, mandibular + L | PA | PA |
| 3. Appliances, retention, orthodontic retaining appliances | | | |
| Appliances, removable, retention | | | |
| 83101 | Appliance, maxillary + L (\$60.00 lab maximum) | PA | 328.24 |
| 83102 | Appliance, mandibular + L (\$60.00 lab maximum) | PA | 328.24 |
| 83103 | Appliance, tooth positioner + L (\$60.00 lab maximum) | PA | 328.24 |
| Appliances, fixed/cemented, retention | | | |
| 83201 | Appliance, maxillary + L (\$60.00 lab maximum) | PA | 328.24 |
| 83202 | Appliance, mandibular + L (\$60.00 lab maximum) | PA | 328.24 |
| Comprehensive Orthodontic Treatment | | | |
| 1. Fixed appliance (includes formal full banded treatment and retention) | | | |
| Permanent dentition | | | |
| 84101 | Class I malocclusion (non-surgical case) | PA | 5397.47 |
| 84101 | Class I malocclusion (surgical case) | PA | 5930.67 |
| 84201 | Class II malocclusion (non-surgical case) | PA | 6305.52 |
| 84201 | Class II malocclusion (surgical case) | PA | 6680.39 |

| | | | |
|-------|--|----|---------|
| 84301 | Class III malocclusion (non-surgical case) | PA | 7748.22 |
| 84301 | Class III malocclusion (surgical case) | PA | 9138.69 |
| 84401 | Malocclusions not requiring complete banding | PA | PA |

2. Removable appliance (includes removable appliance therapy and retention; e.g., functional appliances for mixed and primary dentition)

Permanent dentition

| | | | |
|-------|----------------------------|----|----|
| 87101 | Class I malocclusion + L | PA | PA |
| 87201 | Class II malocclusion + L | PA | PA |
| 87301 | Class III malocclusion + L | PA | PA |

Mixed dentition

| | | | |
|-------|----------------------------|----|----|
| 88101 | Class I malocclusion + L | PA | PA |
| 88201 | Class II malocclusion + L | PA | PA |
| 88301 | Class III malocclusion + L | PA | PA |

Part 5: Periodontics—40000–49999

Desensitization

This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than 1 appointment may be necessary.

| | | | |
|-------|-------------------------------------|-------|-------|
| 41301 | 1 unit of time | 33.10 | 33.76 |
| 41302 | 2 units of time | 66.18 | 67.50 |
| 41309 | Each additional unit of time over 2 | 33.10 | 33.76 |

Periodontal Services, Surgical

Includes local anesthetic, suturing and placing and removing initial surgical dressing.
A surgical site is an area that lends itself to 1 or more procedures.

1. Periodontal surgery, gingival curettage

Surgical curettage, including definitive root planing

| | | | |
|-------|-------------|--------|--------|
| 42111 | Per sextant | 117.04 | 143.46 |
|-------|-------------|--------|--------|

2. Periodontal surgery, gingivoplasty

| | | | |
|-------|-------------|----|--------|
| 42201 | Per sextant | PA | 205.14 |
|-------|-------------|----|--------|

3. Periodontal surgery, gingivectomy (the procedure by which gingival deformities are reshaped and reduced 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)

Gingivectomy, uncomplicated

| | | | |
|-------|-------------|----|--------|
| 42311 | Per sextant | PA | 147.22 |
|-------|-------------|----|--------|

Gingivectomy, with curettage

| | | | |
|-------|---|----|--------|
| 42321 | Per sextant | PA | 161.95 |
| | Gingival fiber incision (supra crestal fibrotomy) | | |
| 42331 | Per tooth | PA | 27.38 |
| 42339 | Each additional tooth | PA | 27.38 |
| | Soft tissue recontouring for crown lengthening | | |
| 42341 | Limited recontouring of tissue, per tooth | PA | 76.56 |
| | 4. Periodontal surgery, flap approach | | |
| | Flap approach, with osteoplasty/ostectomy | | |
| 42411 | Per sextant | PA | 300.75 |
| | Flap approach, with curettage of osseous defect | | |
| 42421 | Per sextant | PA | 300.75 |
| | Flap approach, with curettage of osseous defect and osteoplasty | | |
| 42431 | Per sextant | PA | 336.78 |
| | Flap approach, exploratory (for diagnosis) | | |
| 42441 | Per site | PA | 74.10 |
| | Flap approach, with osteoplasty/ostectomy for crown lengthening | | |
| 42451 | Per site | PA | 300.75 |
| | 5. Periodontal surgery, grafts | | |
| | Grafts, soft tissue, pedicle (including apically or coronally positioned, lateral sliding and rotated flaps) | | |
| 42511 | Per site | PA | 334.23 |
| 42512 | Periosteal stimulation in addition to 42511 | PA | 367.65 |
| | Grafts, soft tissue, pedicle (coronally positioned) | | |
| 42521 | Per site | PA | 334.23 |
| 42522 | Periosteal stimulation in addition to 42521 | PA | 367.65 |
| | Grafts, free soft tissue | | |
| 42531 | Per site | PA | 334.23 |
| | Grafts, soft tissue, pedicle, with free graft placed in pedicle donor site | | |
| 42541 | Per site | PA | 334.23 |
| | Grafts, free connective tissue (for root coverage) | | |
| 42551 | Per site | PA | 334.23 |
| | Grafts, free connective tissue (for ridge augmentation) | | |
| 42561 | Per site | PA | 334.23 |
| | Grafts, connective tissue, pedicle with free graft for root coverage | | |
| 42571 | Per site | PA | 334.23 |
| | Grafts, gingival onlay, for ridge augmentation | | |
| 42581 | Per site | PA | 334.23 |

| | | | |
|---|--|----|--------|
| 6. Periodontal surgery, grafts, osseous tissue | | | |
| Grafts, osseous, autograft (including flap entry and closure) | | | |
| 42611 | Per site (+ E—not covered) | PA | 288.58 |
| Grafts, osseous, allograft (including flap entry and closure) | | | |
| 42621 | Per site (+ E—not covered) | PA | PA |
| 7. Periodontal surgery, miscellaneous procedure | | | |
| Guided tissue regeneration (including re-entry) | | | |
| 42711 | Per site (+ E—not covered) | PA | PA |
| 8. Periodontal surgery, miscellaneous procedures | | | |
| Proximal wedge procedure (as a separate procedure) | | | |
| 42811 | With flap curettage, per site | PA | PA |
| 42819 | With flap curettage and ostectomy/ostoplasty, per site | PA | PA |
| Post-Surgical periodontal treatment visit per dressing change | | | |
| 42821 | 1 unit of time | PA | PA |
| 42822 | 2 units of time | PA | PA |
| 42823 | 3 units of time | PA | PA |
| 42829 | Each additional unit of time over 3 | PA | PA |
| Periodontal abscess or pericoronitis, may include 1 or more of the following procedures: lancing, scaling, curettage, surgery or medication | | | |
| 42831 | 1 unit of time | PA | PA |
| 42832 | 2 units of time | PA | PA |
| 42833 | 3 units of time | PA | PA |
| 42834 | 4 units of time | PA | PA |
| 42839 | Each additional unit of time over 4 | PA | PA |
| 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 is utilized. | | | |
| 1. Periodontal splinting or ligation, provisional, intra-coronal | | | |
| “A” splint (acrylic, composite or amalgam, plus knurled wire) | | | |
| 43111 | Per joint | PA | 48.43 |
| 2. Periodontal splinting or ligation, provisional, extra-coronal | | | |
| Acid etch joint restorations (per joint) | | | |
| 43211 | Per joint | PA | 63.46 |
| Acid etch, interproximal enamel splint | | | |
| 43221 | Per joint | PA | 63.46 |

| | | | |
|---|------------------------------|----|-------|
| Wire ligation | | | |
| 43231 | Per joint | PA | 63.46 |
| Wire ligation, acrylic covered | | | |
| 43241 | Per joint | PA | 63.46 |
| Dental floss ligation | | | |
| 43251 | Per joint | PA | 63.46 |
| Orthodontic band splint | | | |
| 43261 | Per band | PA | 63.46 |
| Orthodontic band splint | | | |
| 43271 | Per abutment + L | PA | 63.46 |
| Removal of fixed periodontal splints | | | |
| 43281 | 1 unit of time | PA | PA |
| 43289 | Each additional unit of time | PA | PA |

Occlusion

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) is not to be used in conjunction with the delivery and post-insertion care of fixed or removable prosthesis (5000 and 6000 code series) by the same dentist for a period of 3 months.

| | | | |
|-------|-------------------------------------|--------|--------|
| 16511 | 1 unit of time | 51.91 | 63.46 |
| 16512 | 2 units of time | 103.85 | 126.93 |
| 16513 | 3 units of time | 155.77 | 190.40 |
| 16514 | 4 units of time | 207.70 | 253.91 |
| 16517 | One half unit of time | 25.97 | 31.74 |
| 16519 | Each additional unit of time over 4 | 51.91 | 63.46 |

Root planing, Periodontal

| | | | |
|-------|------------------------------|--------|--------|
| 43421 | 1 unit of time | 51.91 | 63.46 |
| 43422 | 2 units of time | 103.85 | 126.93 |
| 43423 | 3 units of time | 155.77 | 190.40 |
| 43424 | 4 units of time | 207.70 | 253.91 |
| 43425 | 5 units of time | 259.63 | 338.63 |
| 43426 | 6 units of time | 311.55 | 380.80 |
| 43427 | One half unit of time | 25.97 | 31.74 |
| 43429 | Each additional unit of time | 51.91 | 63.46 |

| Chemotherapeutic and/or Antimicrobial Agents | | | |
|---|-------------------------------------|--------|--------|
| 1. Chemotherapeutic and/or antimicrobial agents, topical application | | | |
| 43511 | 1 unit of time | PA | PA |
| 43519 | Each additional unit of time | PA | PA |
| 2. Chemotherapeutic and/or antimicrobial agents, intra-sulcular | | | |
| 43521 | 1 unit of time | PA | PA |
| 43529 | Each additional unit of time | PA | PA |
| Appliances | | | |
| 1. Appliances, periodontal (See separate codes for TMJ (43700–codes)) | | | |
| Appliances, periodontal (including bruxism appliance): includes impression, insertion and adjustment | | | |
| 14611 | Maxillary appliance + L | PA | PA |
| 14612 | Mandibular appliance + L | PA | PA |
| Appliances, maintenance, adjustments, repair (including bruxism appliances) | | | |
| 14621 | 1 unit of time + L | PA | PA |
| 14622 | 2 units of time + L | PA | PA |
| 14623 | 3 units of time + L | PA | PA |
| 14629 | Each additional unit of time over 3 | PA | PA |
| 2. Appliances, reline (including bruxism appliances) | | | |
| Appliance, TMJ, diagnostic | | | |
| 14711 | Maxillary appliance + L | PA | PA |
| 14712 | Mandibular appliance + L | PA | PA |
| Appliance, TMJ intra-oral repositioning | | | |
| 14721 | Maxillary appliance + L | 279.65 | 341.96 |
| 14722 | Mandibular appliance + L | 279.65 | 341.96 |
| Appliance, TMJ, periodic maintenance, adjustments, repairs | | | |
| 14731 | 1 unit of time + L | 47.13 | 57.73 |
| 14732 | 2 units of time + L | 94.27 | 115.45 |
| 14733 | 3 units of time + L | 141.38 | 173.16 |
| 14739 | Each additional unit of time over 3 | 47.13 | 57.73 |
| Appliance, TMJ, relines | | | |
| 14741 | Reline, direct | PA | PA |
| 14742 | Reline, processed + L | PA | PA |
| 3. Appliances, myofascial pain syndrome (conditions that originate outside the temporomandibular joint), including models, gnathological determinants, | | | |

| | | | |
|--|-------------------------------------|----|----|
| 14801 | Maxillary appliance + L | PA | PA |
| 14802 | Mandibular appliance + L | PA | PA |
| Appliance, myofascial pain syndrome, periodic maintenance, adjustment and repairs | | | |
| 14811 | 1 unit of time + L | PA | PA |
| 14812 | 2 units of time + L | PA | PA |
| 14813 | 3 units of time + L | PA | PA |
| 14819 | Each additional unit of time over 3 | PA | PA |

Periodontal Services, Miscellaneous

1. Periodontal re-evaluation

| | | | |
|-------|-------------------------------------|----|----|
| 49101 | 1 unit of time | PA | PA |
| 49102 | 2 units of time | PA | PA |
| 49109 | Each additional unit of time over 2 | PA | PA |

2. Periodontal irrigation, subgingival

| | | | |
|-------|------------------------------|----|----|
| 49211 | 1 unit of time | PA | PA |
| 49219 | Each additional unit of time | PA | PA |

3. Provisional non-coded services

| | | |
|-----------------------------------|----|----|
| Root separation | PA | PA |
| Forced eruption—1 tooth | PA | PA |
| Forced eruption—more than 1 tooth | PA | PA |
| Rapid extrusion—1 tooth | PA | PA |
| Rapid extrusion—more than 1 tooth | PA | PA |

Part 6: Preventive—10000–19999

Any procedure carried out by an auxiliary is paid at the General Practitioner level. To qualify for a specialist's fee, the procedure must be carried out personally.

The fees for preventive services assume a 1-to-1 relationship between patient and dentist. If service is provided to a group at the same time, only one fee is payable.

1. Scaling

| | | | |
|-------|------------------------------|--------|--------|
| 11111 | 1 unit of time | 31.80 | 32.45 |
| 11112 | 2 units of time | 63.59 | 64.86 |
| 11113 | 3 units of time | 95.36 | 97.27 |
| 11114 | 4 units of time | 127.16 | 129.70 |
| 11115 | 5 units of time | 159.03 | 162.21 |
| 11116 | 6 units of time | 190.50 | 194.31 |
| 11117 | One half unit of time | 15.90 | 16.21 |
| 11119 | Each additional unit of time | 31.80 | 32.45 |

| | | | |
|--|---|--------|--------|
| 2. Fluoride treatments | | | |
| 12112 | Fluoride treatment, gel or foam | 15.75 | 16.95 |
| 12113 | Fluoride treatment, varnish | 15.75 | 16.95 |
| Preventive Services, Other | | | |
| 1. Nutritional dietary counselling (including recording and analysis of 7-day dietary intake and consultation (maximum payable per lifetime is 1) | | | |
| 13101 | 1 unit of time | 26.25 | 32.45 |
| 2. Caries prevention service (Oral hygiene instruction/plaque control, including brushing and/or flossing and/or embrasure cleaning) | | | |
| 13211 | 1 unit of time | 31.80 | 32.45 |
| 3. Sealants, pit and fissure (acid etch preparation included) | | | |
| 13401 | Each tooth | 21.00 | 29.56 |
| 4. Disking of teeth, interproximal (maximum 3 units per lifetime) | | | |
| 16201 | 1 unit of time | 39.46 | 39.46 |
| 16202 | 2 units of time | 78.92 | 78.92 |
| 16203 | 3 units of time | 118.38 | 118.38 |
| 5. Recontouring of teeth for functional reasons (not associated with delivery of a single or multiple prosthesis) | | | |
| 16301 | 1 unit of time | PA | PA |
| 16309 | Each additional unit of time | PA | PA |
| Space Maintainers (includes design, separation, fabrication, insertion and, if applicable, initial cementation and removal) | | | |
| 1. Space maintainers, band type | | | |
| 15101 | Space maintainer, band type, fixed, unilateral + L | 130.55 | 178.08 |
| 15103 | Space maintainer, band type, fixed, bilateral (soldered lingual arch) + L | 156.45 | 270.94 |
| 15105 | Space maintainer, band type, fixed, bilateral tubes and locking wires + L | 190.05 | 296.31 |
| 2. Space maintainers, stainless steel crown type | | | |
| 15201 | Space maintainer, stainless steel crown type, fixed + L | 167.00 | 206.25 |
| 3. Space maintainers, maintenance of | | | |
| 15601 | Maintenance, space maintainer appliance, including adjustment and/or recementation after 30 days post-insertion | 55.65 | 62.24 |

Part 7: Prosthetics—Removable—50000–59999

| Dentures, Complete (includes impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including 3 months post insertion care) | | | |
|---|--|--------|----------------|
| 1. Dentures, complete, equilibrated (involves remounted equilibration on a semi-adjustable articulator) | | | |
| 51201 | Maxillary + L | PA | 1305.70 |
| 51202 | Mandibular + L | PA | 1361.00 |
| 51204 | Liners, resilient in addition to above + L | PA | 64.42 |
| 2. Dentures, surgical, standard (immediate) (includes tissue conditioner, but does not include hard reline. Does not include 3 months post insertion care.) | | | |
| 51301 | Maxillary + L | 590.84 | 1520.00 + L |
| 51302 | Mandibular + L | 590.84 | 1840.00 + L |
| 51303 | Maxillary plus Mandibular (combined) + L | | 3229.60 |
| 3. Dentures, surgical, complex (immediate) (includes first tissue conditioner but not a processed reline) | | | |
| 51401 | Maxillary + L | | 2149.83 |
| 51402 | Mandibular + L | | 2488.44 |
| 51403 | Maxillary plus Mandibular (combined) + L | | 4398.69 |
| 4. Dentures, complete, gnathological (cast base and metal occlusals) | | | |
| 51501 | Maxillary + L | | 1843.17 |
| 51502 | Mandibular + L | | 1843.17 |
| 51503 | Maxillary plus Mandibular (combined) + L | | 3400.97 |
| 5. Dentures, complete, transitional (temporary) | | | |
| 51601 | Maxillary + L | PA | 896.25 |
| 51602 | Mandibular + L | PA | 896.25 |
| 51603 | Maxillary plus Mandibular (combined) + L | | 3400.97 |
| 6. Dentures, complete, surgical (immediate), provisional (includes first tissue conditioner, but not a processed reline) | | | |
| 51611 | Maxillary + L | | 1520.00 + L |
| 51612 | Mandibular + L | | 1840.00 + L |
| 51613 | Maxillary plus Mandibular (combined) + L | | 3229.60 |
| 7. Dentures, complete, overdentures, tissue borne, supported by natural teeth or implants with or without coping crowns, no attachments | | | |
| Dentures, complete, overdentures, tissue borne, supported by natural teeth with or without coping crowns, no attachments | | | |

| | | |
|--|---|---------|
| 51711 | Maxillary + L | 830.40 |
| 51712 | Mandibular + L | 892.00 |
| 51713 | Maxillary plus Mandibular (combined) + L | IC |
| | Dentures, complete, overdentures, tissue borne, supported by implants with or without coping crowns, no attachments | |
| <hr/> | | |
| 51721 | Maxillary + L | IC |
| 51722 | Mandibular + L | IC |
| 51723 | Maxillary plus Mandibular (combined) + L | IC |
| | Dentures, complete, overdentures, tissue borne, supported by a combination of natural teeth and implants with or without coping crowns, no attachments | |
| <hr/> | | |
| 51731 | Maxillary + L | IC |
| 51732 | Mandibular + L | IC |
| 51733 | Maxillary plus Mandibular (combined) + L | IC |
| | Dentures, complete, overdentures, (immediate) tissue borne, supported by natural teeth with or without coping crowns, no attachments | |
| <hr/> | | |
| 51811 | Maxillary + L | IC |
| 51812 | Mandibular + L | IC |
| 51813 | Maxillary plus Mandibular (combined) + L | IC |
| | Dentures, complete, overdentures, (immediate) tissue borne, supported by implants with or without coping crowns, no attachments | |
| <hr/> | | |
| 51821 | Maxillary + L | IC |
| 51822 | Mandibular + L | IC |
| 51823 | Maxillary plus Mandibular (combined) + L | IC |
| | Dentures, complete, overdentures, tissue borne, supported by a combination of natural teeth and implants with or without coping crowns, no attachments | |
| <hr/> | | |
| 51831 | Maxillary + L | IC |
| 51832 | Mandibular + L | IC |
| 51833 | Maxillary plus Mandibular (combined) + L | IC |
| 8. Dentures, complete, attached to implants | | |
| | Dentures, complete, overdentures, tissue borne, with independent attachments secured to natural teeth with or without coping crowns | |
| <hr/> | | |
| 51911 | Maxillary + L | 1024.00 |
| 51912 | Mandibular + L | 1087.20 |
| 51913 | Maxillary plus Mandibular (combined) + L | IC |
| | Dentures, complete, overdentures, tissue borne, with independent attachments secured to implants with or without coping crowns | |
| <hr/> | | |

| | | | |
|-------|--|--|--------------------------|
| 51921 | Maxillary + L | | 2016.00 + L + comp |
| 51922 | Mandibular + L | | 2016.00 + L + comp |
| 51923 | Maxillary plus Mandibular (combined) + L | | 3760.00 + L + comp |

Dentures, removable, tissue bone, with independent attachments secured to implants

| | | | |
|-------|----------------|----|----|
| 51921 | Maxillary + L | PA | PA |
| 51922 | Mandibular + L | PA | PA |

Dentures, Partial, Acrylic

1. Dentures, partial, acrylic base (transitional) (with or without clasps)

| | | | |
|-------|--|--------|------------|
| 52101 | Maxillary + L | 183.28 | 436.00 + L |
| 52102 | Mandibular + L | 183.28 | 436.00 + L |
| 52103 | Maxillary plus Mandibular (combined) + L | | 949.60 + L |

2. Dentures, partial, acrylic base (immediate)

| | | | |
|-------|--|----|------------|
| 52111 | Maxillary + L | PA | 436.00 + L |
| 52112 | Mandibular + L | PA | 436.00 + L |
| 52113 | Maxillary plus Mandibular (combined) + L | | 949.60 + L |

3. Dentures, partial, acrylic, resilient retainer

| | | | |
|-------|--|--|------------|
| 52201 | Maxillary + L | | 553.38 + L |
| 52202 | Mandibular + L | | 587.41 + L |
| 52203 | Maxillary plus Mandibular (combined) + L | | |

Dentures, partial, acrylic, resilient retainer (immediate) (includes first tissue conditioner, but not processed relines)

| | | | |
|-------|--|--|------------|
| 52211 | Maxillary + L | | 722.40 + L |
| 52212 | Mandibular + L | | 787.20 + L |
| 52213 | Maxillary plus Mandibular (combined) + L | | |

4. Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests

| | | | |
|-------|--|--------|---------|
| 52301 | Maxillary + L | 360.05 | 705.28 |
| 52302 | Mandibular + L | 360.05 | 705.28 |
| 52303 | Maxillary plus Mandibular (combined) + L | | 1327.20 |

5. Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests (immediate)

| | | | |
|---|--|--------|----------------|
| 52311 | Maxillary + L | 360.05 | 705.28 + L |
| 52312 | Mandibular + L | 360.05 | 705.28 + L |
| 52313 | Maxillary plus Mandibular (combined) + L | | 1327.20 + L |
| 6. Dentures, partial, acrylic, with metal wrought palatal/lingual bar and clasps and/or rests | | | |
| 52401 | Maxillary + L | | 705.28 + L |
| 52402 | Mandibular + L | | 705.28 + L |
| 52403 | Maxillary plus Mandibular (combined) + L | | 1327.20 + L |
| 7. Dentures, partial, overdentures, acrylic, with cast/wrought clasps and/or rests supported by natural teeth or implants with or without coping crowns, no attachments | | | |
| 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 | | IC |
| 52712 | Mandibular + L | | IC |
| 52713 | Maxillary + Mandibular (combined) + L | | IC |
| Dentures, partial, overdentures, acrylic, with cast/wrought clasps and/or rests supported by implants with or without coping crowns, no attachments | | | |
| 52721 | Maxillary + L | | IC |
| 52722 | Mandibular + L | | IC |
| 52723 | Maxillary + Mandibular (combined) + L | | IC |
| Dentures, partial, overdentures, acrylic, with cast/wrought clasps and/or rests supported by a combination of natural teeth and implants with or without coping crowns, no attachments | | | |
| 52731 | Maxillary + L | | IC |
| 52732 | Mandibular + L | | IC |
| 52733 | Maxillary plus Mandibular (combined) + L | | IC |
| 8. 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 | | | |
| Dentures, partial, overdentures, (immediate) acrylic, with cast/wrought clasps and/or rests supported by natural teeth with or without coping crowns, no attachments | | | |
| 52811 | Maxillary + L | | IC |
| 52812 | Mandibular + L | | IC |
| 52813 | Maxillary + Mandibular (combined) + L | | IC |

Dentures, partial, overdentures, (immediate) acrylic, with cast/wrought clasps and/or rests supported by implants with or without coping crowns, no attachments

| | | | |
|-------|---------------------------------------|--|----|
| 52821 | Maxillary + L | | IC |
| 52822 | Mandibular + L | | IC |
| 52823 | Maxillary + Mandibular (combined) + L | | IC |

Dentures, partial, overdentures, (immediate) acrylic, with cast/wrought clasps and/or rests supported by a combination of natural teeth and implants with or without coping crowns, no attachments

| | | | |
|-------|---------------------------------------|--|----|
| 52831 | Maxillary + L | | IC |
| 52832 | Mandibular + L | | IC |
| 52833 | Maxillary + Mandibular (combined) + L | | IC |

Dentures, Partial, Cast with Acrylic Base

1. Dentures, partial, free end, cast frame/connector, clasps and rests

| | | | |
|-------|---|----|----------------|
| 53101 | Maxillary + L | PA | 1520.00 + L |
| 53102 | Mandibular + L | PA | 1520.00 + L |
| 53103 | Maxillary plus Mandibular (combined) + L | | 2800.00 + L |
| 53104 | Altered cast impression technique in conjunction with 53101 and 53102 | | |

2. Dentures, partial, tooth borne, cast frame/connector, clasps and rests

| | | | |
|-------|--|--------|------------|
| 53201 | Maxillary + L | 513.96 | PA |
| 53202 | Mandibular + L | 513.96 | PA |
| 53205 | Unilateral, one piece casting clasps and pontics + L | | 294.00 + L |

3. Dentures, partial, cast, precision attachments

| | | | |
|-------|--|--------|----|
| 53401 | Maxillary + L | 729.28 | PA |
| 53402 | Mandibular + L | 729.28 | PA |
| 53403 | Maxillary plus Mandibular (combined) + L | | IC |

4. Dentures, partial, cast, semi-precision attachments

| | | | |
|-------|--|----|----------------|
| 53501 | Maxillary + L | PA | 1520.00 + L |
| 53502 | Mandibular + L | PA | 1520.00 + L |
| 53503 | Maxillary plus Mandibular (combined) + L | | 2800.00 + L |
| 53504 | Altered cast impression technique done in conjunction with the above-mentioned codes | | 87.93 |

5. Dentures, partial, cast, overdentures, supported by natural teeth or implants with or without coping crowns, no attachments

Dentures, partial, cast, overdentures, supported by natural teeth with or without coping crowns, no attachments

| | | |
|-------|--|----|
| 53711 | Maxillary + L | IC |
| 53712 | Mandibular + L | IC |
| 53713 | Maxillary plus Mandibular (combined) + L | IC |

Dentures, partial, cast, overdentures, supported by implants with or without coping crowns, no attachments

| | | |
|-------|--|----|
| 53721 | Maxillary + L | IC |
| 53722 | Mandibular + L | IC |
| 53723 | Maxillary plus Mandibular (combined) + L | IC |

Dentures, partial, cast, overdentures, supported by a combination of natural teeth and implants with or without coping crowns, no attachments

| | | |
|-------|--|----|
| 53731 | Maxillary + L | IC |
| 53732 | Mandibular + L | IC |
| 53733 | Maxillary plus Mandibular (combined) + L | IC |

6. Dentures, partial, cast, overdenture, with independent attachments secured to natural teeth, with or without coping crowns

| | | |
|-------|--|----------------|
| 53911 | Maxillary + L | 1520.00 + L |
| 53912 | Mandibular + L | 1520.00 + L |
| 53913 | Maxillary plus Mandibular (combined) + L | 2800.00 + L |
| 53914 | Altered cast impression technique done in conjunction with the above-mentioned codes | IC |

7. Dentures, partial, cast, overdentures with independent attachments secured to implants with or without coping crowns

| | | |
|-------|--|--------------------------|
| 53921 | Maxillary + L | 2016.00 + L + comp |
| 53922 | Mandibular + L | 2016.00 + L + comp |
| 53923 | Maxillary plus Mandibular (combined) + L | 3760.00 + L + comp |
| 53924 | Altered cast impression technique done in conjunction with the above-mentioned codes | IC |

8. Dentures, partial, cast overdentures, with independent attachments secured to a combination of natural teeth and implants, with or without coping crowns

| | | |
|-------|--|--------------------------|
| 53931 | Maxillary + L | 2016.00 + L + comp |
| 53932 | Mandibular + L | 2016.00 + L + comp |
| 53933 | Maxillary plus Mandibular (combined) + L | 3760.00 + L + comp |
| 53934 | Altered cast impression technique done in conjunction with the above-mentioned codes | IC |

9. 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 | 935.20 + L |
| 53942 | Mandibular + L | 1020.00 + L |
| 53943 | Maxillary plus Mandibular (combined) + L | IC |

Dentures, Adjustments
(after 3 months post-insertion or by other than the dentist providing prosthesis)

1. Denture adjustments, partial or complete denture, minor

| | | | |
|-------|-------------------------------------|-------|--------|
| 54201 | 1 unit of time + L | 47.17 | 95.36 |
| 54202 | 2 units of time + L | | 191.36 |
| 54209 | Each additional unit of time over 2 | | 95.36 |

2. Denture adjustments, partial or complete denture, remount and occlusal equilibration

| | | | |
|-------|--|----|--------|
| 54301 | Maxillary + L | PA | 433.60 |
| 54302 | Mandibular + L | PA | 442.88 |
| 54303 | Maxillary plus Mandibular (combined) + L | | 572.80 |

Dentures, Repairs/Additions

1. Denture, repair, complete denture, no impression required

| | | | |
|-------|----------------|-------|-------|
| 55101 | Maxillary + L | 42.50 | 52.30 |
| 55102 | Mandibular + L | 42.50 | 52.30 |

2. Denture, repair, complete denture, impression required

| | | | |
|-------|--|-------|--------|
| 55201 | Maxillary + L | 85.80 | 199.12 |
| 55202 | Mandibular + L | 85.80 | 199.12 |
| 55203 | Maxillary plus Mandibular (combined) + L | | 363.10 |

| | | | |
|---|--|--------|--------|
| 3. Denture, repairs/additions, partial denture, no impression required | | | |
| 55301 | Maxillary + L | 42.50 | 57.73 |
| 55302 | Mandibular + L | 42.50 | 57.73 |
| 4. Denture, repairs/additions, partial denture, impression required | | | |
| 55401 | Maxillary + L | 85.80 | 199.12 |
| 55402 | Mandibular + L | 85.80 | 199.12 |
| 55403 | Maxillary plus Mandibular (combined) + L | | 363.10 |
| 5. Dentures, implant retained prosthesis, prophylaxis and polishing | | | |
| 55501 | 1 unit of time + L | PA | PA |
| 55509 | Each additional unit of time | PA | PA |
| 6. Dentures, rebuilding, worn acrylic denture teeth (direct chairside) with tooth-coloured materials | | | |
| 55601 | 1 unit of time | | 100.09 |
| 55609 | Each additional unit of time | | 100.09 |
| Dentures, Duplication, Relining, Rebasing, and Remaking | | | |
| 1. Dentures, duplication | | | |
| Denture, replication, complete denture, provisional (no intra-oral impression required) | | | |
| 56111 | Maxillary + L | PA | PA |
| 56112 | Mandibular + L | PA | PA |
| 56113 | Maxillary + Mandibular (combined) + L | PA | PA |
| 2. Dentures, relining | | | |
| Denture, reline, direct, complete denture | | | |
| 56211 | Maxillary | 151.63 | 154.67 |
| 56212 | Mandibular | 151.63 | 154.67 |
| 56213 | Maxillary plus Mandibular (combined) + L | | 481.60 |
| Denture, reline, direct, partial denture | | | |
| 56221 | Maxillary + L | 145.44 | 262.40 |
| 56222 | Mandibular + L | 145.44 | 262.40 |
| 56223 | Maxillary plus Mandibular (combined) | | 481.60 |
| Denture, reline, processed, complete denture | | | |
| 56231 | Maxillary + L | 188.67 | 192.44 |
| 56232 | Mandibular + L | 188.67 | 192.44 |
| 56233 | Maxillary plus Mandibular (combined) + L | | 832.80 |
| Denture, reline, processed, partial denture | | | |
| 56241 | Maxillary + L | 111.16 | 113.39 |
| 56242 | Mandibular + L | 111.16 | 113.39 |
| 56243 | Maxillary plus Mandibular (combined) + L | | 549.60 |

| Denture, reline, processed, functional impression requiring 3 appointments, partial denture | | | |
|--|---|--------|------------------|
| 56261 | Maxillary + L | 188.67 | 192.44 |
| 56262 | Mandibular + L | 188.67 | 192.44 |
| 3. Dentures, rebasing | | | |
| Denture, rebase, complete denture | | | |
| 56311 | Maxillary + L | | 451.20 |
| 56312 | Mandibular + L | | 600.54 |
| 56313 | Maxillary plus Mandibular (combined) + L | | 903.20 |
| 4. Dentures, remake | | | |
| Denture, remake, using existing framework, partial denture | | | |
| 56411 | Maxillary + L | PA | PA |
| 56412 | Mandibular + L | PA | PA |
| 56413 | Maxillary plus Mandibular (combined) + L | | 1047.76 |
| Dentures, Tissue Conditioning | | | |
| 1. Denture, tissue conditioning, per appointment, complete denture | | | |
| 56511 | Maxillary + L | 92.34 | 94.19 |
| 56512 | Mandibular + L | 92.34 | 94.19 |
| 56513 | Maxillary plus Mandibular (combined) + L | | 317.31 |
| 2. Denture, tissue conditioning, per appointment, partial denture | | | |
| 56521 | Maxillary + L | 106.83 | 108.96 |
| 56522 | Mandibular + L | 106.83 | 108.96 |
| 56523 | Maxillary plus Mandibular (combined) | | 317.31 |
| Dentures, Miscellaneous Services | | | |
| 56601 | Resilient liner, in relined or rebased denture (in addition to reline or rebase of denture) + L | 92.34 | 94.19 |
| 56602 | Resetting of teeth (not including reline or rebase of denture) + L | PA | PA |
| 56603 | Cast occlusal surfaces (includes remount and equilibration) + L | | 367.12 + L |
| 56604 | Amalgam centric-holding stops (per unit of time) | | 293.84 + L |
| Attaching or re-attaching retention elements to a removable prosthesis direct | | | |
| 56611 | 1 unit of time + E | | 160.00 + comp |
| 56612 | 2 units of time + E | | 280.00 + comp |
| 56619 | Each unit of time over 2 + E | | 160.00 + comp |

Attaching or re-attaching retention elements to a removal prosthesis indirect

| | | | |
|-------|--|--|----------------------|
| 56621 | Attaching or re-attaching elements to a removable prosthesis, indirect + E | | 160.00 + L + comp |
| 57601 | Ridge Extension + L | | 160.00 + L |

Part 8: Prosthodontics—Fixed—60000–69999

Fixed Bridges

Each abutment, each retainer and each pontic constitutes a separate unit in a bridge, with a separate code number.

1. Pontics, bridge

Pontics, cast

| | | | |
|-------|--|----|--------|
| 62101 | Pontics, cast metal + L | PA | 898.69 |
| 62102 | Pontics, cast metal core with separate porcelain jacket pontic + L | PA | 806.40 |
| 62103 | Pontics, prefabricated attachable facing + L | | 999.85 |
| 62104 | Pontics, retentive bar, pre-fabricated or custom (dolder or hader) bar, attached to retainer + L + E | | 762.88 |
| 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 | | 762.88 |
| 62107 | Semi-precision rest (interlock) (in addition to cast metal pontic) + L + E | | 123.52 |
| 62108 | Semi-precision rest or precision attachment, RPD retainer (in addition to cast metal pontic) + L + E | | 242.56 |

Pontics, porcelain/polymer glass

| | | | |
|-------|--|----|--------|
| 62501 | Pontics, porcelain fused to metal + L | PA | 287.31 |
| 62502 | Pontics, porcelain, aluminous + L | PA | 287.31 |
| 62507 | Semi-precision rest (interlock) (in addition to pontic porcelain/ceramic/polymer glass fused to metal) + L + E | | 129.28 |
| 62508 | Semi-precision or precision attachment, rpd, retainer (in addition to pontic porcelain/ceramic/polymer glass fused to metal) + L + E | | 242.56 |

Pontics, acrylic/plastic/composite

| | | | |
|-------|--|----|--------|
| 62701 | Pontics, acrylic/composite/compomer, processed to metal + L | | 820.96 |
| 62702 | Pontics, acrylic/plastic/composite, processed indirect transitional) + L | PA | PA |
| 62703 | Pontics, acrylic/plastic/composite, transitional direct | PA | PA |
| 62704 | Pontics, acrylic/composite/compomer + L | | 820.96 |

| | | | |
|---|--|--------|--------|
| 62707 | Semi-precision or precision rest, RPD retainer (in addition to acrylic/composite/compomer processed to metal pontic + L + E | | 123.52 |
| 62708 | Semi-precision or precision attachment RPD retainer (in addition to acrylic/composite/compomer processed to metal pontic + L + E | | 242.56 |
| Pontics, natural tooth | | | |
| 62801 | Pontics, natural crown, direct bonded to adjacent teeth (provisional) | | 304.00 |
| 62802 | Pontics, natural tooth crown, direct bonded to adjacent teeth long-term provisional | | 337.28 |
| 2. Recontouring of retainers/pontics, per tooth (of existing bridgework) | | | |
| 63001 | 1 unit of time | PA | PA |
| 63009 | Each additional unit of time | PA | PA |
| 3. Repairs, removal, fixed bridge/prosthesis—to be re-cemented | | | |
| 66211 | 1 unit of time | 55.22 | 67.58 |
| 66212 | 2 units of time + L | 110.43 | 135.12 |
| 66213 | 3 units of time + L | 165.64 | 202.86 |
| 66214 | 4 units | | 471.04 |
| 66219 | Each additional unit of time | 55.22 | 67.58 |
| 4. Repairs, removal, fixed bridge/prosthesis—to be replaced by a new prosthesis | | | |
| 66221 | 1 unit of time | | 97.28 |
| 66222 | 2 units | | 194.56 |
| 66223 | 3 units | | 291.84 |
| 66224 | 4 units | | 389.12 |
| 66229 | Each additional unit over 4 | | 97.28 |
| 5. Repairs, removal, fixed bridge/prosthesis, implant-supported—to be reinserted | | | |
| 66231 | 1 unit of time | | 117.12 |
| 66232 | 2 units | | 234.24 |
| 66233 | 3 units | | 351.36 |
| 66234 | 4 units | | 468.48 |
| 66239 | Each additional unit over 4 | | 117.12 |
| 6. Repairs, removal, fixed bridge/prosthesis, implant-supported to be replaced by a new prosthesis | | | |
| 66241 | 1 unit of time | | 97.28 |
| 66242 | 2 units | | 194.56 |
| 66243 | 3 units | | 291.84 |
| 66244 | 4 units | | 389.12 |
| 66249 | Each additional unit over 4 | | 97.28 |

| | | | |
|---|--|-------|---------|
| 7. Repairs, sectioning of an abutment or a pontic plus polishing remaining portion (existing bridge) | | | |
| 66251 | 1 unit of time | | 97.28 |
| 66252 | 2 units | | 194.56 |
| 66253 | 3 units | | 291.84 |
| 66254 | 4 units | | 389.12 |
| 66259 | Each additional unit over 4 | | 97.28 |
| 8. Repairs, recementation (+ L if laboratory charges are incurred during repair of bridge) | | | |
| 66301 | 1 unit of time + L | 63.49 | 77.50 |
| 66302 | 2 units | | 196.80 |
| 66303 | 3 units | | 296.00 |
| 66304 | 4 units | | 393.60 |
| 66309 | Each additional unit over 4 | | 98.40 |
| Repairs, reinsertion/recementation implant-supported bridge/prosthesis | | | |
| 66311 | 1 unit of time + L and/or + E | | 117.12 |
| 66312 | 2 units + L and/or + E | | 234.24 |
| 66313 | 3 units + L and/or + E | | 351.36 |
| 66314 | 4 units + L and/or + E | | 468.48 |
| 66319 | Each additional unit over 4 + L and/or + E | | 117.12 |
| 9. Repairs, fixed bridge | | | |
| Repairs, porcelain/ceramic/plastic/composite, direct | | | |
| 66711 | First tooth | PA | PA |
| 66719 | Each additional tooth | PA | PA |
| Repairs, solder indexing to repair broken solder joint | | | |
| 66721 | 1 unit of time + L | PA | PA |
| 66729 | Each additional unit of time | PA | PA |
| Repair fractured porcelain/metal pontic with telescoping type crown (pontic prepared, impression made and processed crown seated over metal) | | | |
| 66731 | First pontic + L | | 1005.60 |
| 66739 | Each additional pontic + L | | 1005.60 |
| Repairs, fixed bridge/prosthesis, implant-supported, direct | | | |
| 66741 | 1 unit of time + E | | 97.28 |
| 66742 | 2 units + E | | 196.48 |
| 66743 | 3 units + E | | 295.68 |
| 66744 | 4 units + E | | 394.88 |

Fixed Bridge Retainers

1. Retainers, plastic/acrylic

| | | | |
|-------|---|-------|--------|
| 67111 | Retainer, plastic/acrylic, processed + L | 56.76 | 71.68 |
| 67112 | Retainer, plastic processed to metal + L | 56.76 | 71.68 |
| 67113 | Retainers, acrylic, composite/compomer, provisional indirect (lab-fabricated/relined intraorally) + L | | 541.44 |
| 67115 | Retainers, acrylic, composite/compomer, implant-supported indirect + L | | 158.72 |

Retainers, plastic/acrylic, direct (transitional during healing, done at chairside)

| | | | |
|-------|---|----|------------------|
| 67121 | First tooth | PA | PA |
| 67125 | Retainers, acrylic, composite/compomer, (provisional during healing, done at chairside) implant-supported, direct + E | | 320.00 + comp |
| 67129 | Each additional tooth | PA | PA |

Retainers, plastic/acrylic, indirect, processed

| | | | |
|-------|---------------------------|----|----|
| 67131 | First tooth + L | PA | PA |
| 67139 | Each additional tooth + L | PA | PA |

2. Retainers, porcelain/ceramic/polymer glass

| | | | |
|-------|--|----|---------|
| 67201 | Retainer, porcelain/ceramic + L | PA | PA |
| 67202 | Retainer, porcelain/ceramic/polymer glass, complicated + L | | 1110.40 |
| 67205 | Retainer, porcelain/ceramic/polymer glass, implant-supported + L + E | | 1262.08 |

Retainers, porcelain fused to metal

| | | | |
|-------|--|----|----------------|
| 67211 | Retainers, porcelain/ceramic fused to metal + L | PA | 624.63 |
| 67212 | Stress breaker and/or precision attachments, in addition to above + L | PA | 178.32 |
| 67213 | Retainers, porcelain/ceramic/polymer glass, fused to metal base with a porcelain/ceramic/polymer glass facial margin + L | | 1080.00 + L |
| 67215 | Retainers, porcelain/ceramic/polymer glass, fused to metal base, implant-supported + L + E | | 1287.04 |
| 67217 | Semi-precision rest (interlock) (in addition to retainer) + L + E | | 211.84 |
| 67218 | Semi-precision or precision attachment, RPD retainer (in addition to retainer) + L + E | | 255.36 |

Retainers, porcelain/ceramic fused to metal, attached to implant

| | | | |
|-------|-------------------|----|----|
| 67221 | First implant + L | PA | PA |
|-------|-------------------|----|----|

Retainers, porcelain/ceramic/polymer glass, two surface inlay, bonded

| | | | |
|-------|---|--|--------|
| 67231 | Retainers, porcelain/ceramic/polymer glass, two surface inlay, bonded + L | | 786.56 |
|-------|---|--|--------|

| Retainers, porcelain/ceramic/polymer glass, three surface inlay, bonded | | | |
|---|---|----|---------|
| 67241 | Retainers, porcelain/ceramic/polymer glass, three surface inlay, bonded + L | | 864.00 |
| Retainers, porcelain/ceramic/polymer glass, onlay, bonded (where one or more cusps are restored) | | | |
| 67251 | Retainers, porcelain/ceramic/polymer glass, onlay, bonded + L | | 943.36 |
| 3. Retainers, metal, cast | | | |
| Retainers, metal full cast | | | |
| 67301 | Retainers, metal full cast + L | PA | 624.63 |
| 67302 | Stress breaker and/or precision attachments, in addition to above + L | PA | 213.15 |
| 67305 | Retainers, cast metal, implant-supported + L + E | | 1234.56 |
| 67307 | Semi-precision rests (interlock) (in addition to retainer) + L + E | | 211.84 |
| 67308 | Semi-precision or precision attachment, RPD retainer (in addition to retainer) + L + E | | 255.36 |
| Retainers, metal 3/4 cast | | | |
| 67311 | Retainers, metal 3/4 cast + L | PA | 624.63 |
| 67312 | Stress breakers and/or precision attachments, in addition to above + L | PA | 178.32 |
| 67317 | Semi-precision rests (interlock) (in addition to retainer) + L + E | | 128.64 |
| Retainers, metal inlay (used with broken stress technique) | | | |
| 67321 | Retainer, metal inlay, 2 surfaces + L | PA | 475.11 |
| 67322 | Retainer, metal inlay, 3 or more surfaces + L | PA | 596.05 |
| 67327 | Semi-precision or precision rest (interlock) in addition to inlay retainer + L + E | | 124.16 |
| Retainers, metal, onlay (internal retention type) | | | |
| 67331 | Retainer, metal, onlay + L | PA | 596.05 |
| 67337 | Semi-precision or precision rest (interlock) (in addition to onlay retainer) + L + E | | 124.16 |
| 67338 | Semi-precision or precision attachment, RPD retainer (in addition to onlay retainer) + L + E | | 247.04 |
| Retainers, metal, onlay (external retention type) | | | |
| 67341 | Retainer, metal, onlay, acid etch and/or perforated, bonded to abutment tooth, (pontic extra) + L | PA | PA |
| Retainers, metal, prefabricated or custom cast, attached to transmucosal component used with 67503 | | | |
| 67351 | Retainer + L and/or (+ E—not covered) | PA | PA |
| 67359 | Each additional retainer + L and/or (+ E—not covered) | PA | PA |

| 4. Retainers, overdentures, custom cast or prefabricated with no occlusal component | | | |
|--|--|--------|--|
| Retainer, metal, custom cast with no occlusal component | | | |
| 67411 | Retainer, metal, custom cast with no occlusal component (see 62104 for retentive bar) + L + E | | 302.08 |
| 67415 | Retainer, metal, prefabricated or custom cast, implant-supported, with or without mesostructure with no occlusal component (see 62105 for retentive bar) + L + E | | 762.88 |
| Fixed Prosthodontics, Abutments/Retainers, Miscellaneous Services | | | |
| 67501 | Abutment preparation under existing partial denture clasp, in addition to retainer codes + L | PA | PA |
| 67502 | Telescoping crown unit + L | PA | 838.78 |
| Fixed Prosthetics, Other Services | | | |
| 1. Fixed prosthetics, miscellaneous services | | | |
| 69101 | Fixed prosthesis, porcelain, to replace a substantial portion of the alveolar process (in addition to retainer and pontics) + L | PA | PA |
| 2. Fixed prosthetics, splinting | | | |
| 69201 | Splinting for extensive or complicated restorative dentistry (per tooth) + L | PA | PA |
| 3. Fixed prosthetics, retentive pins (for retainers in addition to restoration) | | | |
| 69301 | 1 pin/restoration + L | 28.33 | 28.61 |
| 69302 | 2 pins/restoration + L | 41.64 | 42.47 |
| 69303 | 3 pins/restoration + L | 56.20 | 57.32 |
| 69304 | 4 pins/restoration + L | 74.75 | 76.24 |
| 69305 | 5 pins or more/restoration + L | 105.40 | 107.51 |
| 4. Fixed prosthodontics, where an entire arch is reconstructed (used in extensive or complicated fixed restorative dentistry) | | | |
| 69601 | Surcharge, maxillary arch (in addition to retainers & pontics) + L | | 6012.00 + L + comp (use code 69821) |
| 69602 | Surcharge, mandibular Arch (in addition to retainers & pontics) + L | | 6012.00 + L + comp (use code 69821) |
| 5. Fixed prosthetics, provisional coverage (in extensive or complicated restorative dentistry) | | | |
| 69701 | Abutment tooth + L | 58.93 | 71.74 |
| 69702 | Pontic + L | PA | PA |

| | | | |
|---|----------------|----|----|
| 6. Fixed prosthetic framework, attached to endosseous integrated implants | | | |
| Fixed framework attached with screws and incorporated teeth (denture teeth and acrylic) | | | |
| 69811 | Maxillary + L | PA | PA |
| 69812 | Mandibular + L | PA | PA |
| Fixed framework attached with screws and incorporating teeth (full metal and porcelain bonded to metal crowns) | | | |
| 69821 | Maxillary + L | PA | PA |
| 69822 | Mandibular + L | PA | PA |

Part 9: Restorative Services—20000–29999

Caries, Trauma and Pain Control (permanent teeth only)

| | | | |
|--|-------------|-------|-------|
| Removal of carious lesions or existing restorations and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure | | | |
| 20111 | First tooth | 64.95 | 79.58 |
| Removal of carious lesions or existing restorations and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support | | | |
| 20121 | First tooth | 88.20 | 89.96 |
| Trauma control, smoothing of fractured surfaces per tooth | | | |
| 20131 | First tooth | 33.60 | 38.85 |

Restorations, Amalgam

1. Restorations, amalgam, primary teeth

| | | | |
|---|--|--------|--------|
| Restorations, amalgam, non-bonded, primary teeth | | | |
| 21111 | 1 surface | 46.17 | 52.59 |
| 21112 | 2 surfaces | 61.93 | 76.18 |
| 21113 | 3 surfaces | 71.16 | 87.13 |
| 21114 | 4 surfaces | 89.79 | 109.69 |
| 21115 | 5 surfaces or maximum surfaces per tooth | 113.01 | 138.31 |
| Restorations, amalgam, bonded, primary teeth | | | |
| 21121 | 1 surface | 47.49 | 52.59 |
| 21122 | 2 surfaces | 61.93 | 76.18 |
| 21123 | 3 surfaces | 71.16 | 87.13 |

| | | | |
|--|---|--------|--------|
| 21124 | 4 surfaces | 89.79 | 109.69 |
| 21125 | 5 surfaces or maximum surfaces per tooth | 113.01 | 138.31 |
| 2. Restorations, amalgam, permanent teeth | | | |
| Restorations, amalgam, non-bonded, permanent bicuspid and anteriors | | | |
| 21211 | 1 surface | 55.71 | 68.06 |
| 21212 | 2 surfaces | 83.59 | 101.66 |
| 21213 | 3 surfaces | 105.20 | 128.10 |
| 21214 | 4 surfaces | 136.14 | 172.87 |
| 21215 | 5 surfaces or maximum surfaces per tooth | 167.15 | 203.54 |
| Restorations, amalgam, non-bonded, permanent molars | | | |
| 21221 | 1 surface | 63.99 | 74.46 |
| 21222 | 2 surfaces | 90.89 | 110.91 |
| 21223 | 3 surfaces | 119.10 | 144.90 |
| 21224 | 4 surfaces | 164.00 | 200.89 |
| 21225 | 5 surfaces or maximum surfaces per tooth | 218.23 | 262.50 |
| Restorations, amalgam, bonded, permanent bicuspid and anteriors | | | |
| 21231 | 1 surface | 65.96 | 68.06 |
| 21232 | 2 surfaces | 83.59 | 101.66 |
| 21233 | 3 surfaces | 105.20 | 128.30 |
| 21234 | 4 surfaces | 136.14 | 172.87 |
| 21235 | 5 surfaces or maximum surfaces per tooth | 167.15 | 203.54 |
| Restorations, amalgam, bonded, permanent molars | | | |
| 21241 | 1 surface | 73.88 | 74.46 |
| 21242 | 2 surfaces | 90.89 | 110.91 |
| 21243 | 3 surfaces | 119.10 | 144.90 |
| 21244 | 4 surfaces | 164.00 | 200.89 |
| 21245 | 5 surfaces or maximum surfaces per tooth | 218.33 | 265.83 |
| 3. Restorations, amalgam cores | | | |
| 21301 | Restorations, amalgam core, in conjunction with crown | PA | PA |
| 21302 | Restorations, amalgam core, bonded, in conjunction with crown | PA | PA |
| 4. Pins, retentive per restoration (for amalgams and tooth-coloured restorations) | | | |
| 21401 | 1 pin | 16.77 | 17.10 |
| 21402 | 2 pins | 29.36 | 29.95 |
| 21403 | 3 pins | 37.16 | 37.91 |
| 21404 | 4 pins | 45.92 | 46.83 |
| 21405 | 5 pins or more | 53.32 | 54.39 |

| 5. Restorations made to a tooth supporting an existing partial denture clasp (additional to restoration) | | | |
|---|---|--------|--------|
| 21501 | Per restoration | PA | PA |
| Restorations, Prefabricated, Full Coverage | | | |
| 1. Restorations, prefabricated, metal, primary dentition | | | |
| 22201 | Primary anterior | 128.63 | 163.58 |
| 22202 | Permanent anterior, open face | 124.31 | 151.99 |
| 22211 | Permanent posterior | 128.63 | 163.58 |
| 22212 | Permanent posterior, open face | 124.31 | 151.99 |
| 2. Restorations, prefabricated, metal, permanent dentition | | | |
| 22301 | Primary anterior | 128.63 | 163.58 |
| 22302 | Permanent anterior, open face | 124.31 | 151.99 |
| 22311 | Permanent posterior | 128.63 | 163.58 |
| 22312 | Permanent posterior, open face | 124.31 | 151.99 |
| 3. Restorations, prefabricated, plastic, permanent dentition | | | |
| 22501 | Permanent anterior | 134.40 | 179.55 |
| 22511 | Permanent posterior | 134.40 | 179.55 |
| Restorations, Tooth-coloured | | | |
| 1. Restorations, tooth-coloured, permanent anteriors, acid etch/bond technique (not to be used for veneer applications or diastema closures) | | | |
| 23111 | 1 surface | 77.35 | 94.20 |
| 23112 | 2 surfaces (continuous) | 100.98 | 123.28 |
| 23113 | 3 surfaces (continuous) | 117.61 | 144.06 |
| 23114 | 4 surfaces (continuous) | 187.23 | 231.83 |
| 23115 | 5 surfaces (continuous, maximum surfaces per tooth) | 187.23 | 231.83 |
| 2. Restorations, tooth-coloured, veneer applications | | | |
| 23121 | Tooth-coloured veneer application, direct chairside prefabricated, acid etch/bond | 187.23 | 256.80 |
| 23122 | Tooth-coloured veneer application, non-prefabricated direct buildup, acid etch/bond | 187.23 | 363.20 |
| 23123 | Tooth-coloured veneer application—diastema closure, interproximal only, bonded | | 256.80 |
| 3. Restorations, tooth-coloured, permanent posteriors, acid etch/bond technique | | | |
| 23311 | 1 surface | 83.11 | 68.06 |
| 23312 | 2 surfaces | 102.90 | 101.66 |
| 23313 | 3 surfaces | 128.52 | 128.30 |
| 23314 | 4 surfaces | 170.18 | 172.87 |

| | | | |
|--|---|--------|---------|
| 23315 | 5 surfaces or maximum surfaces per tooth | 194.59 | 203.54 |
| Tooth-coloured, permanent molars | | | |
| 23321 | 1 surface | 87.07 | 74.46 |
| 23322 | 2 surfaces | 104.22 | 110.91 |
| 23323 | 3 surfaces | 142.47 | 144.90 |
| 23324 | 4 surfaces | 172.82 | 200.89 |
| 23325 | 5 surfaces | 218.23 | 265.83 |
| 4. Restorations, tooth-coloured, primary, anterior, acid etch/bond technique | | | |
| 23411 | 1 surface | 71.89 | 87.96 |
| 23412 | 2 surfaces (continuous) | 71.89 | 87.96 |
| 23413 | 3 surfaces (continuous) | 100.98 | 123.28 |
| 23414 | 4 surfaces (continuous) | 153.30 | 172.82 |
| 23415 | 5 surfaces (continuous or maximum surfaces per tooth) | 156.12 | 172.82 |
| 5. Restorations, tooth-coloured, primary, posterior, acid etch/bond technique | | | |
| 23511 | 1 surface | 59.47 | 52.70 |
| 23512 | 2 surfaces | 73.82 | 76.18 |
| 23513 | 3 surfaces | 90.36 | 87.13 |
| 23514 | 4 surfaces | 100.92 | 109.69 |
| 23515 | 5 surfaces or maximum surfaces per tooth | 113.01 | 138.31 |
| 6. Restorations, tooth-coloured/plastic with silver filings, cores | | | |
| 23601 | Restoration, tooth-coloured, core, in conjunction with crown | 135.80 | 150.32 |
| 23602 | Restoration, tooth-coloured, acid etch/bonded, core, in conjunction with crown (See prosthodontics section for inlays, onlays and pins.) | 135.80 | 150.32 |
| Restorations, tooth-coloured, permanent posteriors—bonded | | | |
| 1. Restorations, inlays, onlays, pins and posts | | | |
| Restorations, inlays | | | |
| 25111 | 1 surface + L | | 418.00 |
| 25112 | 2 surfaces + L | | 752.00 |
| 25113 | 3 surfaces + L | | 940.80 |
| 25114 | 3 surfaces modified + L | | 1017.60 |
| Inlays, composite/compomer indirect (bonded) | | | |
| 25121 | 1 surface + L | | 467.20 |
| 25122 | 2 surfaces + L | | 830.40 |
| 25123 | 3 surfaces + L | | 1019.20 |
| 25124 | 3 surfaces modified + L | | 1019.20 |
| Inlays, porcelain/ceramic/polymer glass | | | |
| 25131 | 1 surface + L | | 424.32 |

| | | | |
|---|--|--------|---------|
| 25132 | 2 surfaces + L | | 587.52 |
| 25133 | 3 surfaces + L | | 668.16 |
| 25134 | 3 surfaces modified + L | | 668.16 |
| Inlays, porcelain/ceramic polymer glass (bonded) | | | |
| 25141 | 1 surface + L | | 480.00 |
| 25142 | 2 surfaces + L | | 892.80 |
| 25143 | 3 surfaces + L | | 1146.40 |
| 25144 | 3 surfaces modified + L | | 1146.40 |
| Posts | | | |
| Posts, cast metal (including core) as a separate procedure | | | |
| 25711 | Single section + L | 180.96 | 256.64 |
| 25712 | 2 sections + L | 244.71 | 256.64 |
| 25713 | 3 sections + L | PA | 492.95 |
| Posts, cast metal (including core) concurrent with impression for crown | | | |
| 25721 | Single section + L | 150.15 | 256.64 |
| 25722 | 2 sections + L | 180.96 | 256.64 |
| 25723 | 3 sections + L | PA | 492.95 |
| Posts, prefabricated retentive (separate procedure) | | | |
| 25731 | 1 post | 114.7 | 139.98 |
| 25732 | 2 posts same tooth | 144.46 | 139.98 |
| 25733 | 3 posts same tooth | 180.08 | 139.98 |
| Posts, prefabricated, retentive and cast core | | | |
| 25741 | 1 post and cast core + L | 180.96 | 256.64 |
| 25742 | 2 posts (same tooth) and cast core + L | 180.96 | 256.64 |
| 25743 | 3 posts (same tooth) and cast core + L | PA | 492.95 |
| Posts, prefabricated, with core for crown restoration (when pins are applicable, refer to 21401–21405 for additional fee) | | | |
| 25751 | 1 post, with amalgam core + pins | PA | PA |
| 25752 | 2 posts (same tooth) with amalgam core + pins | PA | PA |
| 25753 | 3 posts (same tooth) with amalgam core + pins | PA | PA |
| 25754 | 1 post, with composite core + pins | 187.98 | 230.09 |
| 25755 | 2 posts (same tooth) with composite core + pins | PA | PA |
| 25756 | 3 posts (same tooth) with composite core + pins | PA | PA |
| Posts, prefabricated, with bonded core for crown restoration (including pin(s) where applicable) + E or Fixed Bridge Retainer | | | |
| 25764 | 1 post, with bonded composite core and pin(s) + E | | 456.96 |
| 25765 | 2 posts (same tooth) with bonded composite core and pin(s) + E | | 535.04 |
| Post removal | | | |

| | | | |
|--|--|--------|--------------------------|
| 25781 | 1 unit of time | PA | PA |
| Mesostructures, (a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw) | | | |
| 1. Mesostructures, osseo-integrated implant-supported | | | |
| 26101 | Indirect, angulated or transmucosal pre-fabricated abutment, per implant + L + E | | 371.84 |
| 26102 | Indirect, custom laboratory fabricated, per implant + L + E | | 371.84 |
| Crowns | | | |
| 1. Crowns, plastic (single units only) | | | |
| Crowns, plastic, processed | | | |
| 27111 | Crown, plastic, processed + L | 415.99 | 424.31 |
| 27112 | Crown, plastic, processed complicated (restorative, positional and/or aesthetic) + L | PA | PA |
| 27113 | Crown acrylic/composite/compomer provisional (long term), indirect, lab fabricated/relined intra-orally + L | PA | 976.00 |
| 27114 | Crown, plastic/metal base, processed + L | 510.80 | 625.23 |
| 27115 | Crowns, acrylic/composite/compomer, indirect, implant-supported + L + E | | 1080.00 + L + comp |
| Crowns, acrylic/composite/compomer, direct | | | |
| 27121 | Crown, plastic, direct, transitional (chairside) | 121.13 | 315.52 |
| 27122 | Crown, transitional restoration of fractured anterior | | |
| 27125 | Crowns, acrylic/composite/compomer, direct, provisional implant-supported + E | | 346.88 |
| 2. Crowns, porcelain/ceramic/polymer glass | | | |
| 27201 | Crown, porcelain/ceramic jacket + L | 510.80 | 625.83 |
| 27202 | Crown, transitional restoration of fractured anterior | PA | PA |
| Crowns, porcelain/ceramic fused to metal | | | |
| 27211 | Crown, porcelain/ceramic fused to metal base + L | 510.80 | 625.83 |
| 27212 | Crown, porcelain/ceramic fused to metal base, complicated (restorative, positional and/or aesthetic) + L | PA | PA |
| 27213 | Crown, porcelain/ceramic fused to metal base, screwed directly to an implant without the intervening post (+ L and/or + E) | PA | PA |
| 27215 | Crown, porcelain/ceramic fused to metal base, implant-supported + L + E | | 1080.00 + L + comp |
| Crowns, porcelain/ceramic, 3/4 partial veneer | | | |
| 27221 | Crown, porcelain/ceramic, 3/4 partial veneer + L | PA | PA |
| 27222 | Crown, porcelain/ceramic, 3/4 partial veneer complicated + L | PA | PA |

| 3. Crowns, metal, cast | | | |
|---|---|--------|--------|
| 27301 | Crown, metal, full cast, uncomplicated + L | 463.72 | 567.59 |
| 27302 | Crown, metal, full cast, complicated (restorative, positional) + L | 463.72 | 567.59 |
| Crowns, metal 3/4 partial veneer | | | |
| 27311 | Crowns, metal 3/4 partial veneer + L | 510.80 | 625.23 |
| 27312 | Crowns, metal 3/4 partial veneer, complicated + L | 510.80 | 625.23 |
| 27313 | Crowns, metal 3/4 partial veneer, with direct tooth-coloured corner + L | 510.80 | 625.23 |
| 4. Crowns made to an existing partial denture clasp (additional to crown) | | | |
| 27401 | 1 crown | 58.19 | 59.36 |
| Copings, Metal/Plastic, Transfer (Thimble Type) | | | |
| 27501 | Coping, metal/plastic, transfer (thimble) as a separate procedure + L | PA | PA |
| 27502 | Coping, metal/plastic, transfer (thimble), each additional coping as a separate procedure + L | PA | PA |
| 27503 | Copings, metal/plastic, transfer (thimble), concurrent with impression for crown + L | PA | PA |
| 27504 | Coping, metal/plastic, transfer (thimble), each additional coping concurrent with impression for additional crown + L | PA | PA |
| Veneer, Laboratory Processed | | | |
| 27602 | Veneers, porcelain/ceramic, acid etch/bonded + L | PA | PA |
| Repairs (single units only, does not include removal and recementation) | | | |
| Repairs, inlays, onlays or crowns, acrylic/composite/compomer (single units) | | | |
| 27711 | Repairs, plastic, direct | 113.94 | 113.94 |
| Repairs, inlays, onlays or crowns, porcelain/ceramic (single units) | | | |
| 27721 | Repairs, porcelain/ceramic, direct | PA | PA |
| 27722 | Repairs, porcelain/ceramic, indirect + L Gold, butt margins (including collarless veneers), custom shading or any aesthetics included in the lab fees are uninsured. | PA | PA |
| Recontouring of existing crowns per tooth | | | |
| 27801 | 1 unit of time | | 104.32 |
| 27809 | Each additional unit of time | | 104.32 |
| Restorative Procedures, Overdentures | | | |
| 1. Restorative procedures, overdentures, direct | | | |

| | | | |
|-------|--|----|-------------------|
| 28101 | Natural tooth preparation, placement of pulp chamber restoration (amalgam or composite) and fluoride application | PA | PA |
| 28102 | Prefabricated attachment, as an internal or external overdenture retentive device, direct chairside + E | PA | PA |
| 28103 | Natural tooth preparation and fluoride application, vital tooth | PA | PA |
| 28105 | Implant-supported prefabricated attachment as an overdenture retentive device, direct + E | | 193.59 + L + E |

2. Restorative procedures, overdentures, indirect

Coping crowns, metal cast

| | | | |
|-------|--|----|----|
| 28211 | Coping crown, metal cast—no attachment, indirect + L | PA | PA |
| 28212 | Coping crown, metal cast—with attachment, indirect + L | PA | PA |

Restorative Services, Other

1. Recementation/rebonding, inlays/onlays/crowns/veneers/posts/natural tooth fragments

(single units only) (+ L if laboratory charges are incurred during repair of the unit) (maximum of 2 single services)

| | | | |
|-------|-----------------|--------|--------|
| 29101 | 1 unit of time | 61.03 | 62.24 |
| 29102 | 2 units of time | 122.02 | 124.46 |
| 29103 | 3 units of time | 183.03 | 186.96 |

2. Reinsertion/recementation implant-supported crown

| | | | |
|-------|-------------------------------------|--|--------|
| 29111 | 1 unit of time + L + E | | 119.04 |
| 29112 | 2 units of time + L + E | | 238.08 |
| 29113 | 3 units of time + L + E | | 357.12 |
| 29114 | 4 units of time + L + E | | 476.16 |
| 29119 | Each additional unit over 4 + L + E | | 119.04 |

3. Removal, inlays/onlays/crowns/veneers (single units only)

| | | | |
|-------|-------------------------------------|--|--------|
| 29301 | 1 unit of time | | 99.84 |
| 29302 | 2 units | | 199.68 |
| 29303 | 3 units | | 300.00 |
| 29304 | 4 units | | 399.36 |
| 29309 | Each additional unit of time over 4 | | 99.20 |

4. Removal implant-supported crowns (single units only)

| | | | |
|-------|-------------------------------------|--|--------|
| 29311 | 1 unit of time | | 119.04 |
| 29312 | 2 units | | 238.08 |
| 29313 | 3 units | | 357.12 |
| 29314 | 4 units | | 476.16 |
| 29319 | Each additional unit of time over 4 | | 119.04 |

5. Removal, mesostructure (to be resealed)

| | | | |
|-------|----------------|--|--------|
| 29321 | 1 unit of time | | 119.04 |
| 29322 | 2 units | | 238.08 |
| 29323 | 3 units | | 357.12 |

| | | | |
|--|---|----|--------|
| 29324 | 4 units | | 476.16 |
| 29329 | Each additional unit of time over 4 | | 119.04 |
| 6. Removal of compromised mesostructure (to be replaced) | | | |
| 29331 | 1 unit of time | | 154.88 |
| 29332 | 2 units | | 309.76 |
| 29333 | 3 units | | 464.64 |
| 29334 | 4 units | | 619.52 |
| 29339 | Each additional unit of time over 4 | | 154.88 |
| 7. Removal and replacement of healing abutment with a new healing abutment (to stimulate improved gingival emergence profile) | | | |
| 29341 | 1 unit of time + E | | 78.72 |
| 29342 | 2 units + E | | 157.44 |
| 29343 | 3 units+ E | | 236.16 |
| 29344 | 4 units + E | | 314.88 |
| 29349 | Each additional unit of time over 4 + E | | 78.72 |
| 8. Removal, fractured implant-supported crown retaining screw | | | |
| 29351 | 1 unit of time | | 154.88 |
| 29352 | 2 units | | 309.76 |
| 29353 | 3 units | | 464.64 |
| 29354 | 4 units | | 619.52 |
| 29359 | Each additional unit of time over 4 | | 154.88 |
| 9. Staining, porcelain (chairside) | | | |
| 29401 | 1 unit of time | PA | PA |
| 29402 | 2 units of time | PA | PA |
| 29403 | 3 units of time | PA | PA |
| 29404 | 4 units of time | PA | PA |
| 29409 | Each additional unit of time over 4 | PA | PA |

Schedule B—Children’s Oral Health Program

The Children’s Oral Health Program provides insured diagnostic, preventive and restorative services for residents until the resident turns 15 years of age.

Part 1: Diagnostic—01000–09999

| Examinations | | | | | |
|--|--|---------------|---------------|------------------------------------|------------------------------------|
| | | GP Fee | SP Fee | GP Hospital Premium | SP Hospital Premium |
| 1. Examinations and diagnosis, complete oral | | | | | |
| 01101 | Examination and diagnosis, complete, primary dentition, to include extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation | 50.40 | 113.38 | 65.52 | 147.39 |
| 01102 | Examination and diagnosis, complete, mixed dentition | 64.80 | 100.00 | 84.24 | 130.00 |
| 01103 | Examination and diagnosis, complete, permanent dentition | 89.60 | 136.80 | 116.48 | 177.84 |
| 2. Examinations and diagnosis, limited oral | | | | | |
| 01202 | Examination and diagnosis, limited oral, previous patient (recall): examination and diagnosis with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests | 30.40 | 54.40 | 39.52 | 70.72 |
| 01204 | Examination and diagnosis, specific: examination, diagnosis and evaluation of a specific situation in a localized area | 48.00 | 80.64 | 62.40 | 104.83 |
| 01205 | Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area | 48.80 | 80.64 | 63.44 | 104.83 |
| 05201 | Consultation, in office (specialist other than orthodontist) | NA | 118.30 | NA | 153.79 |
| Radiographs (includes radiographic examinations and interpretation) Coverage guidelines apply (see preamble in the Dentists Guide). | | | | | |
| 1. Radiographs, intra-oral, periapical | | | | | |
| 02111 | Single film | 15.20 | 32.40 | 19.76 | 42.12 |
| 02112 | 2 films | 20.80 | 39.60 | 27.04 | 51.48 |
| 2. Radiographs, intra-oral, bitewing | | | | | |
| 02141 | Single film | 15.20 | 30.96 | 19.76 | 40.25 |
| 02142 | 2 films | 20.80 | 39.60 | 27.04 | 51.48 |

| 3. Radiographs, panoramic | | | | | |
|---|---|--------|--------|--------|--------|
| 02601 | Single film (once per lifetime, only in connection with a specific request for a consultation with a specialist other than an orthodontist). This service is not insured if provided for reasons related to spacing, crowding, eruption, timing and other orthodontic-related concerns. | 62.40 | 68.00 | 81.12 | 88.40 |
| 4. Radiographs, cephalometric | | | | | |
| 02701 | Single film (once per lifetime, only in connection with a specific request for a consultation with a specialist other than an orthodontist) This service is not insured if provided for reasons related to spacing, crowding, eruption, timing and other orthodontic related concerns. | 62.40 | 68.00 | 81.12 | 88.40 |
| 5. Radiographs, interpretation (received from another source, or exposed on hospital equipment) | | | | | |
| 02801 | MSI: paid at 1/2 regular fee | 40.00 | 40.00 | 40.00 | 40.00 |
| Tests and Laboratory Examinations Coverage guidelines apply (see preamble in the Dentists Guide). | | | | | |
| 1. Tests, microbiological | | | | | |
| 04101 | Microbiological test for the determination of pathological agents + L | 56.00 | 66.21 | 72.80 | 86.07 |
| 2. Tests, caries susceptibility | | | | | |
| 04201 | Bacteriological test for the determination of dental caries susceptibility + L | 56.00 | 65.52 | 72.80 | 85.18 |
| 3. Tests, histological | | | | | |
| Test, histological, soft tissue | | | | | |
| 04311 | Biopsy, soft oral tissue, by puncture + L | 134.40 | 144.80 | 174.72 | 188.24 |
| 04312 | Biopsy, soft oral tissue, by incision + L | 134.40 | 144.80 | 174.72 | 188.24 |
| 04313 | Biopsy, soft oral tissue, by aspiration + L | 134.40 | 144.80 | 174.72 | 188.24 |
| Tests, histological, hard tissue | | | | | |
| 04321 | Biopsy, hard oral tissue, by puncture + L | 159.20 | IC | 206.96 | IC |
| 04322 | Biopsy, hard oral tissue, by incision + L | 159.20 | IC | 206.96 | IC |

| | | | | | |
|---|--|--------------|--------------|--------------|--------------|
| 04323 | Biopsy, hard oral tissue, by aspiration + L | 159.20 | IC | 206.96 | IC |
| 4. Tests, cytological | | | | | |
| 04401 | Cytological smear from the oral cavity + L | 56.00 | 68.40 | 72.80 | 88.92 |
| 5. Tests, pulp vitality | | | | | |
| 04501 | 1 unit | 70.40 | 79.65 | 91.52 | 103.54 |
| Casts, Diagnostic | | | | | |
| Coverage guidelines apply (see preamble in the Dentists Guide). | | | | | |
| 1. Cast, diagnostic, unmounted | | | | | |
| 04911 | Cast, diagnostic, unmounted + L | 36.00 | 60.80 | 46.80 | 79.04 |
| 04912 | Cast, diagnostic, unmounted, duplicate + L | PA 23.20 | PA 31.20 | PA 30.16 | PA 40.56 |
| 2. Cast, diagnostic, mounted | | | | | |
| 04921 | Cast, diagnostic, mounted + L | PA 64.80 | PA 96.48 | PA 84.24 | PA 125.42 |
| 04922 | Cast, diagnostic, mounted using face bow transfer + L | PA 108.80 | PA 200.99 | PA 141.44 | PA 261.99 |
| 04923 | Cast, diagnostic, mounted, using face bow + occlusal records + L | PA 160.00 | PA 300.20 | PA 208.00 | PA 390.26 |
| Part 2: Preventive Services—10000–19999 | | | | | |
| Scaling | | | | | |
| Coverage guidelines apply (see preamble in the Dentists Guide). | | | | | |
| Scaling | | | | | |
| 11111 | 1 unit of time | 38.64 | 74.40 | 50.23 | 96.72 |
| 11112 | 2 units of time | 77.28 | 148.80 | 100.46 | 193.44 |
| Topical Fluoride Applications | | | | | |
| Coverage guidelines apply (see preamble in the Dentists Guide). | | | | | |
| Fluoride Treatments | | | | | |
| 12112 | Fluoride treatment, gel or foam | 16.80 | 19.17 | 21.84 | 24.92 |
| 12113 | Fluoride treatment, varnish | 20.00 | 23.43 | 26.00 | 30.45 |
| Preventive Services, Other | | | | | |
| 1. Nutritional dietary counselling | | | | | |
| (maximum payable per lifetime is 1 series of 4 appointments) | | | | | |
| 13101 | 1 unit of time | 26.25 | 54.40 | 34.13 | 70.72 |
| 2. Caries prevention service | | | | | |
| (Oral hygiene instruction/plaque control, including brushing and/or flossing and/or embrasure cleaning) | | | | | |

| | | | | | |
|---|---|--------|--------|--------|--------|
| 13211 | 1 unit of time | 31.80 | 56.88 | 41.34 | 73.94 |
| 3. Sealants, pit and fissure (acid etch preparation included) | | | | | |
| Coverage guidelines apply (see preamble in the Dentists Guide). | | | | | |
| 13401 | Each tooth | 21.00 | 63.36 | 27.30 | 82.37 |
| 13409 | Each additional tooth within the same quadrant | 14.70 | 31.68 | 19.11 | 41.18 |
| 4. Topical application to hard tissue lesion(s) of an antimicrobial or remineralization agent | | | | | |
| 13601 | 1 unit of time + E | 32.00 | 73.00 | 41.60 | 94.90 |
| 13602 | 2 units of time + E | 64.00 | 148.00 | 83.20 | 192.30 |
| 5. Disking of teeth, interproximal (maximum 3 units per lifetime, primary teeth only) | | | | | |
| 16201 | 1 unit of time | 72.80 | 72.80 | 94.64 | 94.64 |
| 16202 | 2 units of time | 145.60 | 145.60 | 189.28 | 189.28 |
| 16203 | 3 units of time | 218.40 | 317.42 | 283.92 | 412.64 |
| Space Maintainers (includes design, separation, fabrication, insertion and, if applicable, initial cementation and removal) | | | | | |
| 1. Space maintainers, band type | | | | | |
| 15101 | Space maintainer, band type, fixed, unilateral + L | 133.60 | 239.20 | 173.68 | 310.96 |
| 15103 | Space maintainer, band type, fixed, bilateral (soldered lingual arch) + L | 156.45 | 357.60 | 203.38 | 464.88 |
| 15105 | Space maintainer, band type, fixed, bilateral tubes and locking wires + L | 190.05 | 402.40 | 247.07 | 523.12 |
| 2. Space maintainers, stainless steel crown type | | | | | |
| 15201 | Space maintainer, stainless steel crown type, fixed + L | 168.00 | 270.72 | 218.40 | 351.94 |
| 3. Space maintainers, maintenance of (This service is not insured if provided to address necessary repairs and adjustments after 30 days following the original placement.) | | | | | |
| 15601 | Maintenance, space maintainer appliance, including adjustment and/or recementation after 30 days post-insertion | 60.00 | 107.28 | 78.00 | 139.46 |

Part 3: Restorative Services—20000–29999

| Caries, Trauma and Pain Control (permanent teeth only) | | | | | |
|---|--|--------|--------|--------|--------|
| Caries/trauma/pain control (includes pulp caps when necessary as a separate procedure). | | | | | |
| 20111 | First tooth | 98.40 | 107.52 | 127.92 | 139.78 |
| Caries/trauma/pain control (includes pulp caps when necessary and use of band for retention and support as a separate procedure) | | | | | |
| 20121 | First tooth | 111.20 | 111.20 | 144.56 | 144.56 |
| 20131 | Trauma control, first tooth | 40.80 | 40.80 | 53.04 | 53.04 |
| Restorations, Amalgam | | | | | |
| 1. Restorations, amalgam, primary teeth | | | | | |
| Restorations, amalgam, non-bonded, primary teeth | | | | | |
| 21111 | 1 surface | 86.40 | 110.80 | 112.32 | 144.04 |
| 21112 | 2 surfaces | 110.40 | 167.49 | 143.52 | 217.74 |
| 21113 | 3 surfaces | 133.60 | 184.24 | 173.68 | 239.52 |
| 21114 | 4 surfaces | 148.00 | 230.63 | 192.40 | 299.81 |
| 21115 | 5 surfaces or maximum surfaces per tooth | 195.20 | 260.64 | 253.76 | 338.83 |
| Restorations, amalgam, bonded, primary teeth | | | | | |
| 21121 | 1 surface | 86.40 | 121.11 | 112.32 | 157.44 |
| 21122 | 2 surfaces | 110.40 | 173.52 | 143.52 | 225.58 |
| 21123 | 3 surfaces | 133.60 | 213.88 | 173.68 | 278.04 |
| 21124 | 4 surfaces | 148.00 | 234.72 | 192.40 | 305.14 |
| 21125 | 5 surfaces or maximum surfaces per tooth | 195.20 | 260.64 | 253.76 | 338.83 |
| 2. Restorations, amalgam, permanent teeth | | | | | |
| Restorations, amalgam, non-bonded, permanent bicuspid and anteriors | | | | | |
| 21211 | 1 surface | 117.60 | 117.60 | 152.88 | 152.88 |
| 21212 | 2 surfaces | 148.80 | 148.80 | 193.44 | 193.44 |
| 21213 | 3 surfaces | 180.80 | 180.80 | 235.04 | 235.04 |
| 21214 | 4 surfaces | 200.80 | 222.08 | 261.04 | 288.70 |
| 21215 | 5 surfaces or maximum surfaces per tooth | 264.00 | 264.00 | 343.20 | 343.20 |
| Restorations, amalgam, non-bonded, permanent molars | | | | | |

| | | | | | |
|-------|--|--------|--------|--------|--------|
| 21221 | 1 surface | 122.40 | 133.76 | 159.12 | 173.89 |
| 21222 | 2 surfaces | 155.20 | 167.04 | 201.76 | 217.15 |
| 21223 | 3 surfaces | 188.80 | 200.96 | 245.44 | 261.25 |
| 21224 | 4 surfaces | 209.60 | 256.00 | 272.48 | 332.80 |
| 21225 | 5 surfaces or maximum surfaces per tooth | 275.20 | 275.20 | 357.76 | 357.76 |

**Restorations, amalgam, bonded,
permanent bicuspids and anteriors**

| | | | | | |
|-------|--|--------|--------|--------|--------|
| 21231 | 1 surface | 117.60 | 117.60 | 152.88 | 152.88 |
| 21232 | 2 surfaces | 148.80 | 148.80 | 193.44 | 193.44 |
| 21233 | 3 surfaces | 180.80 | 180.80 | 235.04 | 235.04 |
| 21234 | 4 surfaces | 200.80 | 232.32 | 261.04 | 302.02 |
| 21235 | 5 surfaces or maximum surfaces per tooth | 264.00 | 264.00 | 343.20 | 343.20 |

**Restorations, amalgam, bonded,
permanent molars**

| | | | | | |
|-------|--|--------|--------|--------|--------|
| 21241 | 1 surface | 122.40 | 133.76 | 159.12 | 173.89 |
| 21242 | 2 surfaces | 155.20 | 167.04 | 201.76 | 217.15 |
| 21243 | 3 surfaces | 188.80 | 200.96 | 245.44 | 261.25 |
| 21244 | 4 surfaces | 209.60 | 266.88 | 272.48 | 346.94 |
| 21245 | 5 surfaces or maximum surfaces per tooth | 275.20 | 282.24 | 357.76 | 366.91 |

**3. Pins, retentive per restoration (for amalgams and
tooth-coloured restorations)**

| | | | | | |
|-------|--|-------|--------|--------|--------|
| 21401 | 1 surface | 24.00 | 32.80 | 31.20 | 42.64 |
| 21402 | 2 surfaces | 37.60 | 56.00 | 48.88 | 72.80 |
| 21403 | 3 surfaces | 51.20 | 70.40 | 66.56 | 91.52 |
| 21404 | 4 surfaces | 64.80 | 91.20 | 84.24 | 118.56 |
| 21405 | 5 surfaces or maximum surfaces per tooth | 79.20 | 104.80 | 102.96 | 136.24 |

Restorations, Prefabricated, Full Coverage

Single surface restoration is payable concurrently with open-faced stainless steel crowns.

1. Restorations, prefabricated, metal, primary dentition

| | | | | | |
|-------|------------------------------|--------|--------|--------|--------|
| 22201 | Primary anterior | 153.60 | 218.88 | 199.68 | 284.54 |
| 22211 | Primary posterior | 153.60 | 218.88 | 199.68 | 284.54 |
| 22212 | Primary posterior, open face | 184.00 | 195.20 | 239.20 | 253.76 |

| | | | | | |
|--|---|--------|--------|--------|--------|
| 2. Restorations, prefabricated, metal, permanent dentition | | | | | |
| 22301 | Permanent anterior | 153.60 | 210.40 | 199.68 | 273.52 |
| 22302 | Permanent anterior, open face | NA | 215.20 | NA | 279.76 |
| 22311 | Permanent posterior | 153.60 | 174.08 | 199.68 | 226.30 |
| 22312 | Permanent posterior, open face | NA | 197.60 | NA | 256.88 |
| 3. Restorations, prefabricated, plastic, permanent dentition | | | | | |
| 22501 | Permanent anterior | 153.60 | 179.55 | 199.68 | 233.42 |
| 22511 | Permanent posterior | 153.60 | 179.55 | 199.68 | 233.42 |
| Restorations, Tooth-coloured Fee codes 23113, 23114, 23115, 23413, 23414 and 23415 include reattachment of fractured tooth fragments. | | | | | |
| 1. Restorations, tooth-coloured, permanent anteriors, acid etch/bond technique | | | | | |
| 23111 | 1 surface | 109.60 | 111.36 | 142.48 | 144.77 |
| 23112 | 2 surfaces (continuous) | 139.20 | 154.88 | 180.96 | 201.34 |
| 23113 | 3 surfaces (continuous) | 168.80 | 185.60 | 219.44 | 241.28 |
| 23114 | 4 surfaces (continuous) | 198.40 | 240.64 | 257.92 | 312.83 |
| 23115 | 5 surfaces (continuous, maximum surfaces per tooth) | 260.80 | 309.60 | 339.04 | 402.48 |
| 2. Restorations, tooth-coloured, permanent posteriors, acid etch/bond technique | | | | | |
| 23311 | 1 surface | 130.40 | 135.68 | 169.52 | 176.38 |
| 23312 | 2 surfaces | 165.60 | 169.60 | 215.28 | 220.48 |
| 23313 | 3 surfaces | 200.80 | 216.80 | 261.04 | 281.84 |
| 23314 | 4 surfaces | 236.00 | 255.36 | 306.80 | 331.97 |
| 23315 | 5 surfaces or maximum surfaces per tooth | 310.40 | 310.40 | 403.52 | 403.52 |
| 3. Restorations, tooth-coloured, permanent molars, acid etch/bond technique | | | | | |
| 23321 | 1 surface | 136.00 | 148.48 | 176.80 | 193.02 |
| 23322 | 2 surfaces | 172.80 | 185.60 | 224.64 | 241.28 |
| 23323 | 3 surfaces | 209.60 | 223.36 | 272.48 | 290.37 |
| 23324 | 4 surfaces | 246.40 | 279.04 | 320.32 | 362.75 |
| 23325 | 5 surfaces or maximum surfaces per tooth | 324.00 | 332.00 | 421.20 | 431.60 |
| 4. Tooth-coloured, permanent molars | | | | | |
| 23411 | 1 surface | 96.80 | 138.96 | 125.84 | 180.65 |
| 23412 | 2 surfaces (continuous) | 122.40 | 161.05 | 159.12 | 209.37 |
| 23413 | 3 surfaces (continuous) | 148.80 | 217.44 | 193.44 | 282.67 |

| | | | | | |
|-------|---|--------|--------|--------|--------|
| 23414 | 4 surfaces (continuous) | 174.40 | 254.88 | 226.72 | 331.34 |
| 23415 | 5 surfaces (continuous, maximum surfaces per tooth) | 229.60 | 295.05 | 298.48 | 383.56 |

5. Restorations, tooth-coloured, primary, posterior, acid etch/bond technique

| | | | | | |
|-------|--|--------|--------|--------|--------|
| 23511 | 1 surface | 96.80 | 138.96 | 125.84 | 180.65 |
| 23512 | 2 surfaces | 122.40 | 181.67 | 159.12 | 236.17 |
| 23513 | 3 surfaces | 148.80 | 217.44 | 193.44 | 282.67 |
| 23514 | 4 surfaces | 174.40 | 254.88 | 226.72 | 331.34 |
| 23515 | 5 surfaces or maximum surfaces per tooth | 229.60 | 306.00 | 298.48 | 397.80 |

(See prosthodontics section for inlays, onlays and pins.)

6. Posts

| | | | | | |
|-------|--------------------|--------|--------|--------|---------|
| 25711 | Single section + L | 320.80 | 535.04 | 417.04 | 695.55 |
| 25712 | 2 sections + L | 427.20 | 659.20 | 555.36 | 856.96 |
| 25713 | 3 sections + L | 488.80 | 810.88 | 635.44 | 1054.14 |

Posts, cast metal (including core) concurrent with impression for crown

| | | | | | |
|-------|--------------------|--------|--------|--------|--------|
| 25721 | Single section + L | 166.40 | 256.64 | 216.32 | 333.63 |
| 25722 | 2 sections + L | 272.80 | 336.80 | 354.64 | 437.84 |
| 25723 | 3 sections + L | 393.96 | 544.80 | 512.15 | 708.24 |

Posts, prefabricated retentive (separate procedure)

| | | | | | |
|-------|--------------------|--------|--------|--------|--------|
| 25731 | 1 post | 153.60 | 184.32 | 199.68 | 239.62 |
| 25732 | 2 posts same tooth | 260.80 | 260.80 | 339.04 | 339.04 |
| 25733 | 3 posts same tooth | 321.60 | 333.60 | 418.08 | 433.68 |

Posts, prefabricated, retentive and cast core

| | | | | | |
|-------|--|----|--------|----|--------|
| 25741 | 1 post and cast core + L | NA | 256.64 | NA | 333.63 |
| 25742 | 2 posts (same tooth) and cast core + L3 posts (same tooth) and cast core + L | NA | 470.40 | NA | 611.52 |
| 25743 | 3 posts (same tooth) and cast core + L | NA | 511.20 | NA | 664.56 |

Post, prefabricated, with core for crown restoration

| | | | | | |
|-------|------------------------------------|--------|--------|--------|--------|
| 25754 | 1 post, with composite core + pins | 261.60 | 431.36 | 340.08 | 560.77 |
|-------|------------------------------------|--------|--------|--------|--------|

Crowns

Coverage guidelines apply (see preamble in the Dentists Guide). Gold, butt margins (including collarless veneers), custom shading or any aesthetics included in the lab fees are not insured.

| | | | | | |
|--|--|--------|---------|--------|---------|
| 1. Crowns, plastic (single units only) | | | | | |
| Crowns, plastic, processed | | | | | |
| 27111 | Crown, plastic, processed + L | 520.80 | 963.20 | 677.04 | 1252.16 |
| 27113 | Crown, plastic, transitional, indirect + L | 176.80 | 976.00 | 229.84 | 1268.80 |
| Crowns, plastic, direct (not payable in addition to permanent crowns) | | | | | |
| 27121 | Crown, plastic, direct, transitional (chairside) | 169.60 | 355.84 | 220.48 | 462.59 |
| 2. Crowns, porcelain/ceramic/polymer glass | | | | | |
| 27201 | Crown, porcelain/ceramic jacket + L | 673.60 | 1038.72 | 875.68 | 1350.34 |
| 3. Crowns, porcelain/ceramic fused to metal | | | | | |
| 27211 | Crown, porcelain/ceramic fused to metal base + L | 673.60 | 1105.92 | 875.68 | 1437.70 |
| 4. Recementation/rebonding, inlays/onlays/crowns/veneers/ posts/natural tooth fragments (maximum of 3 units per tooth) For stainless steel crowns, recementation is payable after 120 days following original placement by same or different dentist. | | | | | |
| 29101 | 1 unit of time | 63.20 | 112.64 | 82.16 | 146.43 |
| 29102 | 2 units of time | 126.40 | 225.28 | 164.32 | 292.86 |
| 29103 | 3 units of time | 189.60 | 337.92 | 246.48 | 439.30 |
| Endodontics | | | | | |
| 1. Pulpotomy | | | | | |
| Pulpotomy vital, permanent teeth (as a separate emergency procedure) | | | | | |
| 32221 | Anterior and bicuspid teeth | 112.80 | 152.00 | 146.64 | 197.60 |
| 32222 | Molar teeth | 135.20 | 213.84 | 175.76 | 277.99 |
| Pulpotomy, vital, primary teeth | | | | | |
| 32231 | Primary tooth as a separate procedure | 89.60 | 145.59 | 116.48 | 189.27 |
| 32232 | Primary tooth, concurrent with restorations (but excluding final restorations) | 80.80 | 90.40 | 105.04 | 117.52 |
| 2. Pulpectomy (as a separate emergency procedure) | | | | | |
| Pulpectomy, permanent teeth/retained primary teeth | | | | | |
| 32311 | 1 canal | 149.60 | 218.88 | 194.48 | 284.54 |

| | | | | | |
|-------|------------------|--------|--------|--------|--------|
| 32312 | 2 canals | 196.80 | 225.36 | 255.84 | 292.97 |
| 32313 | 3 canals | 243.20 | 321.84 | 316.16 | 418.39 |
| 32314 | 4 or more canals | 320.00 | 421.92 | 416.00 | 548.50 |

Pulpectomy, primary teeth

| | | | | | |
|-------|-----------------|--------|--------|--------|--------|
| 32321 | Anterior tooth | 93.60 | 148.17 | 121.68 | 192.62 |
| 32322 | Posterior tooth | 140.00 | 162.91 | 182.00 | 211.79 |

Root Canal Therapy

1. Root canals, permanent teeth, retained primary teeth
(includes clinical procedures with appropriate radiographs, excluding final restoration)

| | | | | | |
|-------|------------------|--------|---------|---------|---------|
| 33111 | 1 canal | 356.00 | 591.12 | 462.80 | 768.46 |
| 33121 | 2 canals | 616.80 | 790.56 | 801.84 | 1027.73 |
| 33131 | 3 canals | 788.00 | 938.16 | 1024.40 | 1219.61 |
| 33141 | 4 or more canals | 958.40 | 1092.96 | 1245.92 | 1420.85 |

2. Root canals, primary teeth

| | | | | | |
|-------|------------------|--------|--------|--------|--------|
| 33401 | 1 canal | 190.40 | 235.44 | 247.52 | 306.07 |
| 33402 | 2 canals | 248.80 | 473.60 | 323.44 | 615.68 |
| 33403 | 3 or more canals | NA | 473.60 | NA | 615.68 |

3. Apexification/apical closure/induction of hard tissue repair (including biomechanical preparation and placement of dentogenic media)

| | | | | | |
|-------|------------------|--------|--------|--------|---------|
| 33601 | 1 canal | 169.60 | 310.51 | 220.48 | 403.66 |
| 33602 | 2 canals | 220.00 | 445.79 | 286.00 | 579.53 |
| 33603 | 3 canals | 276.00 | 593.96 | 358.80 | 772.14 |
| 33604 | 4 or more canals | 492.80 | 892.87 | 640.64 | 1160.73 |

4. Re-insertion of dentogenic media per visit

| | | | | | |
|-------|------------------|-------|--------|-------|--------|
| 33611 | 1 canal | 71.20 | 109.51 | 92.56 | 142.37 |
| 33612 | 2 canals | 71.20 | 130.32 | 92.56 | 169.42 |
| 33613 | 3 canals | 71.20 | 130.32 | 92.56 | 169.42 |
| 33614 | 4 or more canals | 71.20 | 195.84 | 92.56 | 254.59 |

Periapical Services

1. Apicoectomy/apical curettage

Maxillary anterior

| | | | | | |
|-------|---------|--------|--------|--------|--------|
| 34111 | 1 root | 250.40 | 545.76 | 325.52 | 709.49 |
| 34112 | 2 roots | 358.40 | 653.04 | 465.92 | 848.95 |

Maxillary bicuspid

| | | | | | |
|-------|-----------------|--------|--------|--------|---------|
| 34121 | 1 root | 285.60 | 634.32 | 371.28 | 824.62 |
| 34122 | 2 roots | 379.20 | 758.88 | 492.96 | 986.54 |
| 34123 | 3 or more roots | 461.60 | 842.40 | 600.08 | 1095.12 |

| Maxillary molar | | | | | |
|----------------------------|------------------|--------|---------|--------|---------|
| 34131 | 1 root | 320.00 | 673.92 | 416.00 | 876.10 |
| 34132 | 2 roots | 425.60 | 781.92 | 553.28 | 1016.50 |
| 34133 | 3 roots | 536.80 | 892.80 | 697.84 | 1160.64 |
| 34134 | 4 or more roots | IC | 892.80 | IC | 1160.64 |
| Mandibular anterior | | | | | |
| 34141 | 1 root | 248.80 | 663.84 | 323.44 | 862.99 |
| 34142 | 2 or more roots | 356.80 | 770.40 | 463.84 | 1001.52 |
| Mandibular bicuspid | | | | | |
| 34151 | 1 root | 285.60 | 735.12 | 371.28 | 955.66 |
| 34152 | 2 roots | 379.20 | 828.00 | 492.96 | 1076.40 |
| 34153 | 3 or more roots | 474.40 | 944.64 | 616.72 | 1228.03 |
| Mandibular molar | | | | | |
| 34161 | 1 root | 352.80 | 735.12 | 458.64 | 955.66 |
| 34162 | 2 roots | 467.20 | 828.00 | 607.36 | 1076.40 |
| 34163 | 3 roots | 588.80 | 918.72 | 765.44 | 1194.34 |
| 34164 | 4 or more roots | IC | 1164.24 | IC | 1513.51 |
| 2. Retrofilling | | | | | |
| Maxillary anterior | | | | | |
| 34211 | 1 canal | 88.80 | 110.40 | 115.44 | 143.52 |
| 34212 | 2 or more canals | 106.40 | 152.64 | 138.32 | 198.43 |
| Maxillary bicuspid | | | | | |
| 34221 | 1 canal | 105.60 | 152.64 | 137.28 | 198.43 |
| 34222 | 2 canals | 131.20 | 160.56 | 170.56 | 208.73 |
| 34223 | 3 canals | 145.60 | 244.80 | 189.28 | 318.24 |
| 34224 | 4 or more canals | 156.80 | 244.80 | 203.84 | 318.24 |
| Maxillary molar | | | | | |
| 34231 | 1 canal | 128.00 | 152.64 | 166.40 | 198.43 |
| 34232 | 2 canals | 159.20 | 252.72 | 206.96 | 328.54 |
| 34233 | 3 canals | 175.20 | 259.20 | 227.76 | 336.96 |
| 34234 | 4 or more canals | 185.60 | 346.32 | 241.28 | 450.22 |
| Mandibular anterior | | | | | |
| 34241 | 1 canal | 87.20 | 157.68 | 113.36 | 204.98 |
| 34242 | 2 or more canals | 105.60 | 163.44 | 137.28 | 212.47 |
| Mandibular bicuspid | | | | | |
| 34251 | 1 canal | 104.00 | 160.56 | 135.20 | 208.73 |
| 34252 | 2 canals | 128.00 | 172.80 | 166.40 | 224.64 |
| 34253 | 3 canals | 143.20 | 259.20 | 186.16 | 336.96 |
| 34254 | 4 canals | 154.40 | 259.20 | 200.72 | 336.96 |
| Mandibular molar | | | | | |

| | | | | | |
|-------|------------------|--------|--------|--------|--------|
| 34261 | 1 canal | 128.00 | 168.48 | 166.40 | 219.02 |
| 34262 | 2 canals | 159.20 | 252.72 | 206.96 | 328.54 |
| 34263 | 3 canals | 175.20 | 259.20 | 227.76 | 336.96 |
| 34264 | 4 or more canals | 185.60 | 346.32 | 241.28 | 450.22 |

3. Open and drain (separate emergency procedures)

| | | | | | |
|-------|------------------------|-------|--------|--------|--------|
| 39201 | Anteriors and bicuspid | 84.00 | 141.72 | 109.20 | 184.24 |
| 39202 | Molars | 84.00 | 141.72 | 109.20 | 184.24 |

4. Opening through artificial crown (in addition to procedures)

| | | | | | |
|-------|------------------------|--------|--------|--------|--------|
| 39211 | Anteriors and bicuspid | NA | 100.00 | NA | 130.00 |
| 39212 | Molars | 148.00 | 172.08 | 192.40 | 223.70 |

5. Bleaching, non-vital (maximum of 3 units insured per resident)

Bleaching endodontically treated tooth/teeth

| | | | | | |
|-------|-----------------|--------|--------|--------|--------|
| 39311 | 1 unit of time | 81.60 | 81.60 | 106.08 | 106.08 |
| 39312 | 2 units of time | 163.20 | 164.80 | 212.16 | 214.24 |
| 39313 | 3 units of time | 244.80 | 244.80 | 318.24 | 318.24 |

Part 4: Periodontics—40000—49999

Desensitization

This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than 1 appointment may be necessary.

| | | | | | |
|-------|-------------------------------------|-------|--------|--------|--------|
| 41301 | 1 unit of time | 39.20 | 85.60 | 50.96 | 111.28 |
| 41302 | 2 units of time | 78.40 | 171.20 | 101.92 | 222.56 |
| 41309 | Each additional unit of time over 2 | 39.20 | 85.60 | 50.96 | 111.28 |

Periodontal Procedures, Adjunctive

1. Periodontal splinting or ligation, provisional, intra-coronal "A" splint (acrylic, composite or amalgam, plus knurled wire)

| | | | | | |
|-------|-----------|-------|-------|-------|--------|
| 43111 | Per joint | 72.00 | 87.20 | 93.60 | 113.36 |
|-------|-----------|-------|-------|-------|--------|

2. Periodontal splinting or ligation, provisional, extra-coronal

Acid etch joint restorations (per joint)

| | | | | | |
|-------|-----------|-------|-------|-------|--------|
| 43211 | Per joint | 72.00 | 87.20 | 93.60 | 113.36 |
|-------|-----------|-------|-------|-------|--------|

Acid etch, interproximal enamel splint

| | | | | | |
|--|------------------|--------|--------|--------|--------|
| 43221 | Per joint | 72.00 | 140.44 | 93.60 | 182.57 |
| Wire ligation | | | | | |
| 43231 | Per joint | 183.20 | 183.20 | 238.16 | 238.16 |
| Wire ligation, acrylic covered | | | | | |
| 43241 | Per joint | 244.00 | 244.00 | 317.20 | 317.20 |
| Dental floss ligation | | | | | |
| 43251 | Per joint | NA | 295.20 | NA | 383.76 |
| Orthodontic band splint | | | | | |
| 43261 | Per band | NA | IC | NA | IC |
| Cast/soldered splint acid etch/resin bonded | | | | | |
| 43271 | Per abutment + L | 157.60 | 253.44 | 204.88 | 329.47 |

**Part 5: Prosthetics—Removable—50000–59999
(Cast partials are not insured services)**

Dentures, partial, acrylic, with wrought/cast clasps and/or rests (Covered only if required because of congenital condition or accident.)

| | | | | | |
|-------|----------------|--------|--------|--------|---------|
| 52301 | Maxillary + L | 501.60 | 787.84 | 652.08 | 1024.19 |
| 52302 | Mandibular + L | 501.60 | 787.84 | 652.08 | 1024.19 |

Part 6: Oral and Maxillofacial Surgery—70000–79999

Certain procedures included in this Part are also contained in Schedule C—Oral and Maxillofacial Surgery covering all eligible residents of the Province. Refer to Schedule C for fees when oral and maxillofacial surgical procedures are performed in hospital. Coverage guidelines apply (see preamble in the Dentists Guide).

Removals (Extractions), Erupted Teeth

1. Removals, erupted teeth, uncomplicated

| | | | | | |
|-------|--|--------|--------|--------|--------|
| 71101 | Single tooth, uncomplicated | 116.80 | 139.49 | 151.84 | 181.34 |
| 71109 | Each additional tooth, same quadrant, same appointment | 88.00 | 88.00 | 114.40 | 114.40 |

2. Removals, erupted teeth, complicated

| | | | | | |
|-------|---|--------|--------|--------|--------|
| 71201 | Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth | 219.20 | 268.56 | 284.96 | 349.13 |
| 71209 | Each additional tooth, same quadrant | 164.80 | 224.00 | 214.24 | 291.20 |

| Removals (Extractions), Surgical | | | | | |
|---|--|--------|--------|--------|--------|
| 1. Removals, impactions, soft tissue coverage | | | | | |
| Removals, impaction, requiring incision of overlying soft tissue and removal of the tooth | | | | | |
| 72111 | Single tooth | 212.80 | 279.36 | 276.64 | 303.36 |
| 72119 | Each additional tooth, same quadrant | 159.20 | 224.00 | 206.96 | 291.20 |
| 2. Removals, impactions, involving tissue and/or bone coverage (including removal of bone and tooth or sectioning and removal of tooth) | | | | | |
| 72211 | Single tooth | 252.00 | 401.60 | 327.60 | 522.08 |
| 72219 | Each additional tooth, same quadrant | 188.80 | 330.40 | 245.44 | 429.52 |
| Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone and sectioning of tooth for removal | | | | | |
| 72221 | Single tooth | 344.00 | 448.28 | 447.20 | 582.76 |
| 72229 | Each additional tooth, same quadrant | 257.60 | 375.12 | 334.88 | 487.66 |
| 3. Removals (extractions), residual roots | | | | | |
| Removals, residual roots, erupted | | | | | |
| 72311 | Single tooth | 89.60 | 123.12 | 116.48 | 160.06 |
| 72319 | Each additional tooth, same quadrant | 67.20 | 92.00 | 87.36 | 119.60 |
| Removals, residual roots, soft tissue coverage | | | | | |
| 72321 | Single tooth | 162.40 | 215.87 | 211.12 | 280.64 |
| 72329 | Each additional tooth, same quadrant | 121.60 | 177.60 | 158.08 | 230.88 |
| Removals, residual roots, bone tissue coverage | | | | | |
| 72331 | Single tooth | 321.60 | 321.60 | 418.08 | 418.08 |
| 72339 | Each additional tooth, same quadrant | 241.60 | 244.00 | 314.08 | 317.20 |
| Surgical Incisions | | | | | |
| Surgical incision and drainage and/or exploration, intra-oral soft tissue | | | | | |
| 75111 | Intra-oral, surgical exploration, soft tissue | 130.40 | 211.68 | 169.52 | 275.18 |
| 75112 | Intra-oral, abscess, soft tissue | 130.40 | 204.80 | 169.52 | 266.24 |
| 75113 | Intra-oral, abscess, in major anatomical area with drain | NA | IC | NA | IC |

| Treatment of Fractures | | | | | |
|---|---|--------|--------|--------|--------|
| Replantation, avulsed tooth/teeth (including splinting) | | | | | |
| 76941 | Replantation, first tooth | 392.00 | 420.80 | 509.60 | 547.04 |
| 76949 | Each additional tooth | 200.00 | 211.20 | 260.00 | 274.56 |
| Repositioning of traumatically displaced teeth | | | | | |
| 76951 | 1 unit of time | 94.40 | 102.40 | 122.72 | 133.12 |
| 76952 | 2 units of time | 188.80 | 207.20 | 245.44 | 269.36 |
| 76959 | Each additional unit of time over 2 | 94.40 | 102.40 | 122.72 | 133.12 |
| Hemorrhage, Control of Covered only if the procedure is rendered by a dentist other than the provider of the original service. | | | | | |
| 79403 | Hemorrhage control, using compression and hemostatic agent | IC | IC | IC | IC |
| 79404 | Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary) | IC | IC | IC | IC |
| Post-Surgical Care (excludes alveolitis) | | | | | |
| 79605 | Post-surgical care, alveolitis, treatment of (without anesthesia) | NA | 76.13 | NA | 98.97 |
| 79606 | Post-surgical care, alveolitis, treatment of (with anesthesia) | NA | 76.13 | NA | 98.97 |
| Part 7: Adjunctive General Services—90000–99999 | | | | | |
| Anesthesia, Conscious Sedation Coverage guidelines apply (see preamble in the Dentists Guide). | | | | | |
| 1. Nitrous oxide time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device. | | | | | |
| 92411 | 1 unit of time | 42.00 | 63.00 | 54.60 | 81.90 |
| 92412 | 2 units of time | 84.00 | 128.00 | 109.20 | 166.40 |
| 92413 | 3 units of time | 126.00 | 167.40 | 163.80 | 217.62 |
| 92414 | 4 units of time | 168.00 | 200.70 | 218.40 | 260.91 |
| 2. Nitrous oxide with oral sedation, time measured with the administration of nitrous oxide and terminates with the release of the patient from the treatment/recovery room. | | | | | |
| 92431 | 1 unit of time | IC | 109.14 | IC | 141.88 |
| 92432 | 2 units of time | IC | 215.62 | IC | 280.31 |

| | | | | | |
|-------|-----------------|----|--------|----|--------|
| 92433 | 3 units of time | IC | 324.76 | IC | 422.19 |
| 92434 | 4 units of time | IC | 433.91 | IC | 564.08 |

Schedule C—Oral and Maxillofacial Surgery

Oral and maxillofacial surgical services for residents are provided if the condition of the resident is such that the services are medically required to be rendered in hospital.

Part 1: Diagnostic—01000–09999

| | | SP Fee |
|-------|--|---------------|
| 1601 | Examination and diagnosis, surgical, general, includes: (a) history, medical and dental; and (b) clinical examinations as above, may include in-depth analysis of medical status, medication, anesthetic 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 or where the patient is to be admitted to hospital for dental procedures | 64.21 |
| 1205 | Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area (Covered only for hospital in-patients, when requested by a physician or dentist.) | 49.29 |
| 94102 | Hospital admission (Admission to hospital when no surgical treatment is rendered.) | 67.73 |
| 94302 | Hospital visit (For non-surgical admitted patient only. A maximum of 14 daily visits are payable in connection with a hospital admission; but if the patient, at any time within the 14 days, becomes a surgical patient, this service is no longer covered.) | 38.08 |

Part 2: Oral and Maxillofacial Surgery—70000–79999

The following surgical services include necessary local anaesthetic, removal of excess gingival tissue, suturing and 1 post-operative treatment, when required.

A surgical site is considered to include a full quadrant, sextant or group of several teeth that can be practically and conveniently combined for a single surgical sitting, or in some cases a single tooth.

| Removals | | |
|--|---|--------|
| 1. Removals, erupted teeth, uncomplicated | | |
| 71101 | Single tooth, uncomplicated | 65.90 |
| 71109 | Each additional tooth, same quadrant | 34.65 |
| 2. Removals, erupted teeth, complicated | | |
| 71201 | Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth | 93.83 |
| 71209 | Each additional tooth, same quadrant | 46.95 |
| Removals (Extractions), Surgical | | |
| 3. Removals, impactions, soft tissue coverage | | |
| Removals, impaction, requiring incision of overlying soft tissue and removal of the tooth | | |
| 72111 | Single tooth | 169.72 |
| 72119 | Each additional tooth, same quadrant | 84.86 |
| 4. Removals, impactions, involving tissue and/or bone coverage | | |
| Removals, impaction, requiring incision of overlying soft tissue elevation of a flap and either removal of bone and tooth or section and removal of tooth (partial bone impaction) | | |
| 72211 | Single tooth | 169.72 |
| 72219 | Each additional tooth, same quadrant | 84.86 |
| Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone AND sectioning of tooth for removal | | |
| 72221 | Single tooth | 169.72 |
| 72229 | Each additional tooth, same quadrant | 84.86 |
| Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone, sectioning of the tooth for removal and/or presents unusual difficulties and circumstances. | | |
| 72231 | Single tooth | 169.72 |
| 72239 | Each additional tooth, same quadrant | 84.86 |
| 5. Removals (extractions), residual roots | | |
| Removals, residual roots, erupted | | |
| 72311 | First tooth | 100.34 |
| 72319 | Each additional tooth, same quadrant | 50.17 |
| Removals, residual roots, soft tissue coverage | | |
| 72321 | First tooth | 100.34 |
| 72329 | Each additional tooth, same quadrant | 50.17 |
| Removals, residual roots, bone tissue coverage | | |
| 72331 | First tooth | 100.34 |

| | | |
|--|---|---------|
| 72339 | Each additional tooth, same quadrant | 50.17 |
| 6. Surgical movement of teeth | | |
| Transplantation of erupted tooth | | |
| 72611 | First tooth | 328.10 |
| 72619 | Each additional tooth, same quadrant | 164.04 |
| Apicoectomy | | |
| 34111 | Root Resection, Anterior tooth | 166.68 |
| 34112 | Root Resection, Posterior tooth | 249.99 |
| Remodeling and Recontouring Oral Tissues | | |
| 1. Alveoplasty (bone remodelling of ridge with soft tissue revisions) | | |
| Alveoplasty, in conjunction with extractions | | |
| 73121 | Alveoplasty, not in conjunction with extractions, per sextant | 106.79 |
| Remodelling of bone | | |
| 73141 | Mylohyoid ridge remodelling | 106.79 |
| 73142 | Genial tubercles remodelling | 106.79 |
| Excision of bone | | |
| 73151 | Nasal spine, excision | 160.19 |
| 73152 | Torus palatinus, excision | 308.05 |
| 73153 | Torus mandibularis, unilateral, excision | 228.49 |
| 73154 | Torus mandibularis, bilateral, excision | 368.80 |
| Removal of bone, exostosis, multiple | | |
| 73161 | Per quadrant | 160.19 |
| Reduction of bone, tuberosity | | |
| 73171 | Unilateral, reduction | 160.19 |
| 73172 | Bilateral, reduction | 240.27 |
| Augmentation of bone | | |
| 73181 | Unilateral, pterygomaxillary tuberosity, augmentation + E | 557.55 |
| 73182 | Bilateral, pterygomaxillary tuberosity, augmentation + E | 1105.65 |
| 73183 | Unilateral, mandibular ridge, augmentation + E | 557.55 |
| 73184 | Bilateral, mandibular ridge, augmentation + E | 1114.05 |
| 2. Gingivoplasty and/or stomatoplasty, oral surgery | | |
| Independent procedure surgery | | |
| 73211 | Per sextant | 98.07 |
| Miscellaneous procedures | | |
| 73222 | Excision of vestibular hyperplasia (per sextant) | 147.05 |
| 73223 | Surgical shaving of papillary hyperplasia of the palate | 221.34 |

| | | |
|---|--|--------|
| 73224 | Excision of pericoronal gingiva (for retained teeth) per tooth/implant Removals, tissue, hyperplastic (includes incising the mucous membrane, dissecting and removing hyperplastic tissue, replacing and adapting the mucous membrane) | 147.05 |
| 73231 | Per sextant Removal, mucosa, excess (complete removal without dissection) | 98.07 |
| 73241 | Per sextant | 98.07 |
| 3. Remodeling, floor of the mouth | | |
| 73301 | Full arch lowering of the floor of the mouth | 601.57 |
| 73302 | Partial arch lowering of the floor of the mouth | 601.57 |
| 73303 | Reinsertion of the mylohyoid muscle | 601.57 |
| 4. Vestibuloplasty | | |
| Vestibuloplasty, sub-mucous | | |
| 73411 | Per sextant Sulcus deepening and ridge reconstruction | 159.10 |
| 73421 | Per sextant Vestibuloplasty, with secondary epithelization | 159.10 |
| 73431 | Per sextant Vestibuloplasty, with labial inverted flap | 159.10 |
| 73441 | Per sextant Vestibuloplasty, with skin graft | 200.53 |
| 73451 | Per sextant Vestibuloplasty, with mucosal graft | 200.53 |
| 73461 | Per sextant | 200.53 |
| 5. Reconstruction, alveolar ridge | | |
| Reconstruction, alveolar ridge, with autogenous bone | | |
| 73511 | Per sextant + E Reconstruction, alveolar ridge, with alloplastic material | 328.16 |
| 73521 | Per sextant + E | 164.07 |
| 6. Extensions, mucous folds | | |
| Extensions, mucous folds with secondary epithelization | | |
| 73611 | Per sextant Extensions, mucous folds, with skin grafts | 200.53 |
| 73621 | Per sextant Extensions, mucous folds, with mucous graft | 200.53 |
| 73631 | Per sextant | 200.53 |

| Surgical Excision (not in conjunction with tooth removal, including biopsy) | | |
|---|-----------------------|--------|
| 1. Surgical excision, tumours, benign | | |
| 74111 | 1 cm and under | 136.95 |
| 74112 | 1–2 cm | 136.95 |
| 74113 | 2–3 cm | 136.95 |
| 74114 | 3–4 cm | 342.10 |
| 74115 | 4–6 cm | 342.10 |
| 74116 | 6–9 cm | 342.10 |
| 74117 | 9–15 cm | 537.11 |
| 74118 | 15 cm and over | 537.11 |
| Tumours, benign, bone tissue | | |
| 74121 | 1 cm and under | 165.71 |
| 74122 | 1–2 cm | 165.71 |
| 74123 | 2–3 cm | 165.71 |
| 74124 | 3–4 cm | 309.73 |
| 74125 | 4–6 cm | 414.73 |
| 74126 | 6–9 cm | 414.73 |
| 74127 | 9–15 cm | 651.17 |
| 74128 | 15 cm and over | 651.17 |
| 2. Surgical excision, tumours, malignant | | |
| 74211 | 1 cm and under | 136.95 |
| 74212 | 1–2 cm | 136.95 |
| 74213 | 2–3 cm | 136.95 |
| 74214 | 3–4 cm | 342.10 |
| 74215 | 4–6 cm | 342.10 |
| 74216 | 6–9 cm | 342.10 |
| 74217 | 9–15 cm | 537.11 |
| 74218 | 15 cm and over | 537.11 |
| Tumours, malignant, bone tissue | | |
| 74221 | 1 cm and under | 165.71 |
| 74222 | 1–2 cm | 165.71 |
| 74223 | 2–3 cm | 165.71 |
| 74224 | 3–4 cm | 414.73 |
| 74225 | 4–6 cm | 414.73 |
| 74226 | 6–9 cm | 414.73 |
| 74227 | 9–15 cm | 651.17 |
| 74228 | 15 cm and over | 651.17 |
| 3. Cheiloplasty (lip shave) | | |
| 74311 | Cheiloplasty, partial | 56.43 |

| | | |
|-------|---------------------|--------|
| 74312 | Cheiloplasty, total | 169.33 |
|-------|---------------------|--------|

4. Surgical excision, cysts/granulomas

Enucleation of cyst/granuloma, odontogenic and non-odontogenic, requiring prior removal of bony tissue and subsequent suture(s)

| | | |
|-------|----------------|--------|
| 74611 | 1 cm and under | 157.72 |
| 74612 | 1–2 cm | 157.72 |
| 74613 | 2–3 cm | 157.72 |
| 74614 | 3–4 cm | 157.72 |
| 74615 | 4–6 cm | 197.07 |
| 74616 | 6–9 cm | 197.07 |
| 74617 | 9–15 cm | 197.07 |
| 74618 | 15 cm and over | 309.37 |

Marsupialization

| | | |
|-------|------------------------|--------|
| 74621 | Cyst, marsupialization | 169.33 |
|-------|------------------------|--------|

Excision of cyst

| | | |
|-------|----------------|--------|
| 74631 | 1 cm and under | 157.72 |
| 74632 | 1–2 cm | 157.72 |
| 74633 | 2–3 cm | 157.72 |
| 74634 | 3–4 cm | 157.72 |
| 74635 | 4–6 cm | 197.07 |
| 74636 | 6–9 cm | 197.07 |
| 74637 | 9–15 cm | 197.07 |
| 74638 | 15 cm and over | 309.37 |

Surgical Incisions

1. Surgical incision and drainage and/or exploration, intra-oral

Surgical incision and drainage and/or exploration, intra-oral soft tissue

| | | |
|-------|--|-------|
| 75111 | Intra-oral, surgical exploration, soft tissue | 66.08 |
| 75112 | Intra-oral, abscess, soft tissue | 66.08 |
| 75113 | Intra-oral, abscess, in major anatomical area with drain | 66.08 |

Surgical incision and drainage and/or exploration, intra-oral hard tissue

| | | |
|-------|--|-------|
| 75121 | Intra-oral, abscess, hard tissue, trephination and drainage. | 85.63 |
| 75122 | Intra-oral, surgical exploration, hard tissue | 85.63 |
| 75123 | Intra-oral, abscess, hard tissue, trephination and drainage in major anatomical area | 85.63 |

2. Surgical incision and drainage and/or exploration, extra-oral

Surgical incision and drainage and/or exploration, extra-oral, soft tissue

| | | |
|-------|----------------------------------|--------|
| 75211 | Extra-oral, abscess, superficial | 132.03 |
|-------|----------------------------------|--------|

| | | |
|-------|---|---------|
| 75212 | Extra-oral, abscess, deep | 132.03 |
| | Surgical incision and drainage and/or exploration, extra-oral, hard tissue | |
| 75221 | Extra-oral, surgical exploration, hard tissue | 159.73 |
| | 3. Surgical incision for removal of foreign bodies | |
| 75301 | Removal, from skin or subcutaneous areolar tissue | 147.05 |
| 75302 | Removal, of reaction producing foreign bodies | 147.05 |
| 75303 | Removal, of needle from musculoskeletal system | 160.19 |
| | Sequestrectomy (for osteomyelitis) | |
| 75401 | Intra-oral sequestrectomy | 247.95 |
| 75402 | Saucerization | 247.95 |
| 75403 | Osteomyelitis, non-surgical treatment of | 90.55 |
| | Extra-oral sequestrectomy | |
| 75411 | 3 cm and less | 330.57 |
| 75412 | 3–4 cm | 330.57 |
| 75413 | 4–6 cm | 495.89 |
| 75414 | 6–9 cm | 495.89 |
| 75415 | 9 cm and over | 495.89 |
| | Mandibulectomy | |
| 75511 | 3 cm and less | 646.29 |
| 75512 | 3–4 cm | 646.29 |
| 75513 | 4–6 cm | 646.29 |
| 75514 | 6–9 cm | 646.29 |
| 75515 | 9–12 cm | 646.29 |
| 75516 | 12–15 cm | 646.29 |
| 75517 | 15 cm and over | 1014.64 |
| 75518 | Total mandibulectomy | 1680.90 |
| | Maxillectomy | |
| 75611 | 3 cm and less | 646.29 |
| 75612 | 3–4 cm | 646.29 |
| 75613 | 4–6 cm | 646.29 |
| 75614 | 6–9 cm | 646.29 |
| 75615 | 9–12 cm | 646.29 |
| 75616 | 12–15 cm | 646.29 |
| 75617 | 15 cm and over | 1014.64 |
| 75618 | Total maxillectomy | 1680.90 |

Fractures, Treatment of

1. Fractures, reductions, mandibular

| | | |
|-------|-------------------------------|--------|
| 76201 | Reduction, mandibular, closed | 330.57 |
|-------|-------------------------------|--------|

| | | |
|--|---|---------|
| 76202 | Reduction, mandibular, open, simple | 578.43 |
| 76203 | Reduction, mandibular, open, double | 867.64 |
| 76204 | Reduction, mandibular, open, multiple | 1156.82 |
| 2. Fractures, reductions, maxillary, horizontal Le Fort's I | | |
| 76301 | Reduction, maxillary closed | 330.57 |
| 76302 | Reduction, maxillary open, simple | 578.43 |
| 76303 | Reduction, maxillary, open, double | 867.64 |
| 76304 | Reduction, maxillary, open, multiple | 1156.82 |
| 76305 | Reduction, compound fracture or maxilla (requiring reduction and soft tissue repair) | 661.19 |
| 3. Fractures, reductions, maxilla, pyramidal Le Fort II | | |
| 76401 | Reduction, maxillary, closed | 330.57 |
| 76402 | Reduction, maxillary, open, unilateral | 661.19 |
| 76403 | Reduction, maxillary, open, bilateral | 661.19 |
| 4. Fractures, reductions, naso-orbital | | |
| 76501 | Reduction, unilateral | 991.74 |
| 76502 | Reduction, bilateral | 991.74 |
| 76503 | Reduction, naso-orbital, open, external approach | 991.74 |
| 76504 | Reduction, naso-orbital, open, sinusal approach | 991.74 |
| 76505 | Reduction, naso-orbital, open, orbital approach with insertion of subperiosteal implant | 991.74 |
| 76506 | Exploration, of orbital blowout fracture | 991.74 |
| 76507 | Exploration, of orbital blowout fracture and reconstruction with insertion of a subperiosteal implant | 991.74 |
| 5. Fractures, reductions, malar bone | | |
| 76601 | Reduction, malar bone, closed | 165.36 |
| 76602 | Reduction, malar bone, open, by simple elevation | 165.36 |
| 76603 | Reduction, malar bone, open, by osteosynthesis | 330.57 |
| 76604 | Reduction, malar bone, open, by sinus approach | 495.89 |
| 76605 | Reduction, malar bone, simple fracture, (open reduction with antrostomy and packing) | 495.89 |
| 6. Fractures, reductions, zygomatic arch | | |
| 76701 | Reduction, zygomatic arch, intra-oral approach | 165.36 |
| 76702 | Reduction, zygomatic arch, temporal approach | 165.36 |
| 76703 | Reduction, zygomatico-maxillary fracture dislocation, complex, closed reduction | 330.57 |
| 76704 | Reduction, zygomatico-maxillary fracture dislocation, open reduction | 495.89 |
| 7. Fractures, reductions, craniofacial dysfunction, Le Fort's III transverse (specify type of procedure according to previous code used for fracture) | | |
| 76801 | Reduction, craniofacial dysfunction, closed | 991.74 |

| | | |
|--|---|--------|
| 76802 | Reduction, craniofacial dysfunction, open | 991.74 |
| 8. Fractures, reductions alveolar | | |
| Fracture, alveolar, debridement, teeth removed | | |
| 76911 | 3 cm or less | 184.22 |
| 76912 | 3–6 cm | 184.22 |
| 76913 | 6 cm and over | 330.57 |
| Reduction, alveolar, closed, with teeth (fixation extra) | | |
| 76921 | 3 cm or less | 184.22 |
| 76922 | 3–6 cm | 184.22 |
| 76923 | 6–9 cm | 330.57 |
| 76924 | 9 cm and over | 330.57 |
| Reduction, alveolar, open, with teeth (fixation extra) | | |
| 76931 | 3 cm or less | 330.57 |
| 76932 | 3–6 cm | 330.57 |
| 76933 | 6–9 cm | 578.43 |
| 76934 | 9 cm and over | 578.43 |
| Replantation, avulsed tooth/teeth (including splinting) | | |
| 76941 | Replantation, first tooth | 93.83 |
| 76949 | Each additional tooth | 46.95 |
| Repositioning of traumatically displaced teeth | | |
| 76951 | 1 unit of time | 49.59 |
| 76952 | 2 units of time | 99.18 |
| 76959 | Each additional unit of time over 2 | 49.59 |
| Repairs, lacerations, uncomplicated, intra-oral or extra-oral | | |
| 76961 | 2 cm or less | 66.08 |
| 76962 | 2–4 m | 66.08 |
| 76963 | 4–6 cm | 66.08 |
| 76964 | 6–9 cm | 66.08 |
| 76965 | 9–12 cm | 66.08 |
| 76966 | 12–16 cm | 161.05 |
| 76967 | 16–20 cm | 161.05 |
| 76968 | 20–25 cm | 161.05 |
| 76969 | 25 cm and over | 161.05 |
| Repairs, lacerations, through and through | | |
| 76971 | 2 cm or less | 165.36 |
| 76972 | 2–4 m | 165.36 |
| 76973 | 4–6 cm | 165.36 |
| 76974 | 6–9 cm | 270.94 |
| 76975 | 9–12 cm | 270.94 |
| 76976 | 12–16 cm | 270.94 |

| | | |
|--|----------------|--------|
| 76977 | 16–20 cm | 270.94 |
| 76978 | 20–25 cm | 270.94 |
| 76979 | 25 cm and over | 270.94 |
| Repairs, lacerations, complicated (local tissue shifts) | | |
| 76981 | 2 cm or less | 165.36 |
| 76982 | 2–4 m | 165.36 |
| 76983 | 4–6 cm | 165.36 |
| 76984 | 6–9 cm | 270.94 |
| 76985 | 9–12 cm | 270.94 |
| 76986 | 12–16 cm | 270.94 |
| 76987 | 16–20 cm | 270.94 |
| 76988 | 20–25 cm | 270.94 |
| 76989 | 25 cm and over | 270.94 |

Maxillofacial Deformities, Treatment of

1. Osteotomy/ostectomy, ramus of the mandible

| | | |
|-------|---|---------|
| 77101 | Osteotomy, subcondylar, closed | 578.58 |
| 77102 | Osteotomy, subcondylar, open | 1400.63 |
| 77103 | Osteotomy, ramus of the mandible, oblique, extra-oral | 1400.63 |
| 77104 | Osteotomy, ramus of the mandible, oblique, intra-oral | 1400.63 |
| 77105 | Osteotomy/ostectomy, body of the mandible | 1400.63 |
| 77106 | Osteotomy, coronoidectomy | 1400.63 |
| 77107 | Osteotomy, condylar neck | 1400.63 |
| 77108 | Osteotomy, sagittal split | 1400.63 |

2. Osteotomy, miscellaneous

| | | |
|-------|------------------------------------|---------|
| 77201 | Osteotomy, oblique with bone graft | 1680.71 |
| 77202 | Osteotomy, inverted “L” | 1400.63 |
| 77203 | Osteotomy, “C” | 1400.63 |

3. Osteotomy, maxilla

| | | |
|-------|--|---------|
| 77301 | Osteotomy, maxilla, total | 1400.63 |
| 77302 | Osteotomy, maxilla, total with bone graft | 1680.90 |
| 77303 | Osteotomy, maxilla, Le Forte II with bone graft | 1400.63 |
| 77304 | Osteotomy, maxilla, Le Fort III | 1680.90 |
| 77305 | Additional to the above osteotomy requiring 3 segments | 76.69 |
| 77306 | Additional to the above osteotomy requiring 4 segments | 115.04 |
| 77307 | Additional to the above osteotomy requiring a cranial flap | 153.37 |
| 77308 | Closure of cleft fistula (alveolar) | 503.87 |
| 77309 | Closure of cleft fistula (palatal) | 672.20 |
| 77311 | Pharyngoplasty | 365.59 |
| 77312 | Submucous resection | 268.89 |

| 4. Osteotomy, maxillary/mandibular, segmental | | |
|--|---|---------|
| Osteotomy, segmental, maxilla | | |
| 77411 | Osteotomy, segmental, anterior | 1017.33 |
| 77412 | Osteotomy, segmental, posterior | 1017.33 |
| 77413 | Osteotomy, midpalatal split, anterior | 1017.33 |
| 77414 | Osteotomy, midpalatal split, complete | 1017.33 |
| Osteotomy, segmental, mandible | | |
| 77421 | Osteotomy, segmental, anterior with transfer of mental eminence | 1017.33 |
| 77422 | Osteotomy, segmental, anterior, without the transfer of mental eminence | 1017.33 |
| 77423 | Osteotomy, segmental, posterior | 1017.33 |
| 77424 | Osteotomy, lower border, mandible | 1017.33 |
| 77425 | Osteotomy, total dento-alveolar, mandible | 1017.33 |
| 5. Genioplasty | | |
| 77501 | Genioplasty, sliding, reduction or augmentation | 1017.33 |
| 77502 | Genioplasty, reduction (vertical) | 1017.33 |
| 77503 | Genioplasty, augmentation with graft (see grafting codes) | 1017.33 |
| 77504 | Myotomy, suprahyoid | 1017.33 |
| 6. Miscellaneous treatment of maxillofacial deformities | | |
| 77601 | Corticotomy | 160.19 |
| 77602 | Interdental septotomy | 160.19 |
| 77603 | Surgical expansion of the palate | 1017.33 |
| 7. Palatorrhaphy | | |
| 77701 | Palatorrhaphy, anterior (closure of palatine fissure) | 850.50 |
| 77702 | Palatorrhaphy, posterior | 850.50 |
| 77703 | Palatorrhaphy, total | 1017.33 |
| 77704 | Palatorrhaphy, with bone graft | 1017.33 |
| 77705 | Palatorrhaphy, bone graft to anterior alveolar ridge | 1017.33 |
| 8. Glossectomy | | |
| 77901 | Glossectomy, partial, anterior wedge | 342.10 |
| 77902 | Glossectomy, partial, for orthodontic purposes | 342.10 |
| 77903 | Glossectomy, full posterior-anterior wedge | 342.10 |
| 9. Cleft surgery | | |
| 77911 | Primary unilateral cleft lip repair | 984.43 |
| 77912 | Secondary unilateral cleft lip repair | 984.43 |
| 77913 | Primary bilateral cleft lip repair | 1476.62 |
| 77914 | Secondary bilateral cleft lip repair | 1476.62 |
| 77917 | Closure of alveolar cleft (see grafting codes) | 984.43 |
| 10. Oral nasal fistula | | |
| 77921 | Primary closure at time of initial surgery | 656.36 |

| | | |
|-------|--|--------|
| 77922 | Secondary closure with palatal flap | 656.36 |
| 77923 | Secondary closure with pharyngeal flap | 656.36 |
| 77924 | Secondary closure with tongue flap | 656.36 |
| 77925 | Secondary closure with buccal flap | 656.36 |

Temporomandibular Joint Dysfunctions, Treatment of

1. Temporomandibular joint, dislocation, management of

| | | |
|-------|--|--------|
| 78101 | Dislocation, open reduction | 413.32 |
| 78102 | TMJ, dislocation, closed reduction, uncomplicated | 49.59 |
| 78103 | TMJ, dislocation, closed reduction, under general anesthetic | 49.59 |
| 78104 | TMJ, luxation, reduction without anesthesia | 49.59 |
| 78105 | TMJ, luxation, reduction under anesthesia | 49.59 |
| 78106 | TMJ, manipulation, under anesthesia | 49.59 |

2. Temporomandibular joint, capsule, management of

| | | |
|-------|-----------------------------|--------|
| 78201 | Condyloplasty | 495.89 |
| 78202 | Condylotomy | 495.89 |
| 78203 | Cyndylectomy | 495.89 |
| 78204 | Eminoplasty | 437.50 |
| 78205 | Re-contour of glenoid fossa | 437.50 |
| 78206 | Meniscectomy | 656.36 |
| 78207 | Plication of meniscus | 875.25 |
| 78208 | Repair of meniscus | 875.25 |
| 78209 | Replacement of meniscus | 875.25 |

3. Temporomandibular joint, arthrotomy for major reconstruction

| | | |
|-------|---|--------|
| 78301 | Fossa replacement (see grafting codes) | 962.67 |
| 78302 | Condylar replacement (see grafting codes) | 962.67 |
| 78303 | Gap arthroplasty for ankylosis (see grafting codes) | 962.67 |

4. Temporomandibular joint, arthrocentesis (puncture and aspiration)

| | | |
|-------|-------------------------------------|--------|
| 78501 | 1 unit of time | 82.68 |
| 78502 | 2 units of time | 165.35 |
| 78509 | Each additional unit of time over 2 | 82.39 |

5. Temporomandibular joint, management by injections

| | | |
|-------|---|-------|
| 78601 | Injection, with anti-inflammatory drugs | 82.68 |
| 78602 | Injection, with sclerosing agent | 82.68 |

Oral Surgery Procedures, Other

1. Salivary glands, treatment of

| | | |
|-------|---|-------|
| 79101 | Salivary duct, dilation of | 28.21 |
| 79102 | Salivary duct, insertion of polyethylene tube | 28.82 |

| | | |
|---|---|--------|
| 79103 | Salivary duct, sialodochoplasty | 338.66 |
| 79104 | Salivary duct, reconstruction of | 338.66 |
| Salivary duct, sialolithotomy | | |
| 79111 | Sialolithotomy, anterior 1/3 of canal | 99.18 |
| 79112 | Sialolithotomy, posterior 2/3 of canal | 297.49 |
| 79113 | Sialolithotomy, external approach | 396.56 |
| Salivary gland, excisions | | |
| 79121 | Excision of submaxillary gland | 396.56 |
| 79122 | Excision of sublingual gland | 396.56 |
| 79123 | Excision of mucocele | 152.50 |
| 79124 | Excision of ranula | 198.44 |
| 79125 | Marsupialization of ranula | 198.44 |
| Salivary gland, removal | | |
| 79131 | Salivary gland, removal, parotid (subtotal) | 595.11 |
| 79132 | Salivary gland, removal, parotid (radical, including facial nerve) | 793.45 |
| 2. Neurological disturbances, treatment of | | |
| Neurological disturbances, trigeminal nerve | | |
| 79211 | Trigeminal nerve, injection for destruction | 82.68 |
| 79212 | Trigeminal nerve, avulsion at periphery | 328.41 |
| 79213 | Trigeminal nerve, total avulsion of a branch | 382.41 |
| 79214 | Trigeminal nerve, alcoholization of a branch | 82.68 |
| 79215 | Trigeminal nerve, infiltration of a branch for diagnosis | 82.68 |
| 79217 | Trigeminal nerve, neurolysis or tumour excision of trigeminal nerve excision branch in soft tissue | 328.41 |
| 79218 | Trigeminal nerve, neurolysis or tumour excision of trigeminal nerve excision branch in bone (mandible, maxilla or orbit) (not to include osteotomy) | 328.41 |
| Neurological disturbances, inferior dental nerve | | |
| 79231 | Inferior dental nerve, complete avulsion | 328.41 |
| 79232 | Inferior dental nerve, decompression in the canal | 328.41 |
| Neurological disturbances, surgery | | |
| 79246 | Excision of tumour or neuroma | 328.41 |
| 3. Antral surgery | | |
| Antral surgery, recovery, foreign bodies | | |
| 79311 | Antral surgery, immediate recovery of a dental root or foreign body from the antrum | 198.44 |
| 79312 | Antral surgery, immediate closure of antrum by another dental surgeon | 164.39 |
| 79313 | Antral surgery, delayed recovery of a dental root with oral antrostomy | 495.89 |
| 79314 | Antral surgery with nasal antrostomy | 495.89 |
| Antral surgery, oro-antral fistula closure (same session) same | | |

| | | |
|---|--|--------|
| 79331 | Oro-antral fistula closure with buccal flap | 495.89 |
| 79332 | Oro-antral fistula closure with gold plate | 495.89 |
| 79333 | Oro-antral fistula closure with palatal flap | 495.89 |
| Antral surgery, oro-antral fistula closure (subsequent session) subsequent | | |
| 79341 | Oro-antral fistula closure with buccal flap | 495.89 |
| 79342 | Oro-antral fistula closure with gold plate | 495.89 |
| 79343 | Oro-antral fistula closure with palatal flap | 495.89 |
| Hemorrhage, Control of Covered only if the procedure is rendered by a dentist other than the provider of the original service. | | |
| 79403 | Hemorrhage control, using compression and hemostatic agent | 53.53 |
| 79404 | Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary) | 53.53 |
| Post-Surgical Care (excludes alveolitis) | | |
| 79602 | Post-surgical care, minor, by other than treating dentist | 53.38 |
| Emergency Office Procedures | | |
| 79701 | Emergency procedure, tracheotomy | IC |
| 79702 | Emergency procedure, crico-thyroidotomy | IC |

Schedule D—Maxillofacial Prosthodontics Program

The Maxillofacial Prosthodontics Program provides insured dental services for residents whose maxillofacial prosthodontic needs are the result of congenital facial disorders, cancer, surgery, trauma, and/or neurological deficit.

All of the services set out in this Schedule are payable at \$56.60 per 15-minute time unit.

Part 1: Examination and Diagnosis

| | |
|------|--|
| 1702 | Examination and diagnosis, prosthodontic, specific |
|------|--|

Part 2: Prosthetics, Removable—50000–59999

| Dentures, Complete | |
|----------------------------|--|
| | 1. Dentures, complete, equilibrated (involves remounted equilibration on a semi- adjustable articulator) |
| 51201 | Maxillary + L |
| 51202 | Mandibular + L |
| 51204 | Liners, resilient in addition to above |
| | 2. Dentures, surgical, standard (immediate) (includes tissue conditioner, but does not include hard reline but does include 3 months post insertion care) |
| 51301 | Maxillary + L |
| 51302 | Mandibular + L |
| | 3. Dentures, complete, transitional (temporary) |
| 51601 | Maxillary + L |
| 51602 | Mandibular + L |
| | 4. Dentures, complete, overdenture |
| 51711 | Maxillary + L |
| 51712 | Mandibular + L |
| | 5. Dentures, complete, overdentures (immediate) |
| 51811 | Maxillary + L |
| 51812 | Mandibular + L |
| | 6. Dentures, complete, attached to implants |
| 51921 | Maxillary + L |
| 51922 | Mandibular + L |
| Dentures, Partial, Acrylic | |
| | 1. Dentures, partial, acrylic base (transitional) (with or without clasps) |
| 52101 | Maxillary + L |
| 52102 | Mandibular + L |
| | 2. Dentures, partial, acrylic base (immediate) |
| 52111 | Maxillary + L |
| 52112 | Mandibular + L |
| | 3. Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests |
| 52301 | Maxillary + L |
| 52302 | Mandibular + L |
| | 4. Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests (immediate) |
| 52311 | Maxillary + L |
| 52312 | Mandibular + L |
| | 5. Dentures, partial, overdenture, acrylic, with cast/wrought clasps and/or rests |

| | |
|-------|--|
| 52501 | Maxillary + L |
| 52502 | Mandibular + L |
| | 6. Dentures, partial, overdenture, acrylic, with cast/wrought clasps and/or rests (immediate) |
| 52511 | Maxillary + L |
| 52512 | Mandibular + L |
| | Dentures, Partial, Cast with Acrylic Base |
| | 1. Dentures, partial, free end, cast frame/connector, clasps and rests |
| 53101 | Maxillary + L |
| 53102 | Mandibular + L |
| 53104 | Altered cast impression technique in conjunction with 53101, 53102 + L |
| | 2. Dentures, partial, tooth borne, cast frame/connector, clasps and rests |
| 53201 | Maxillary + L |
| 53202 | Mandibular + L |
| | 3. Dentures, partial, cast, precision attachments |
| 53401 | Maxillary + L |
| 53402 | Mandibular + L |
| | 4. Dentures, partial, cast, semi-precision attachments |
| 53501 | Maxillary + L |
| 53502 | Mandibular + L |
| | 5. Dentures, partial, cast, overdenture, removable |
| 53701 | Maxillary + L |
| 53702 | Mandibular + L |
| 53704 | Altered cast impression technique done in conjunction with 53701 and 53702 |
| | Dentures, Adjustments (after 3 months post-insertion or by other than the dentist who provided the prosthesis) |
| | 1. Denture adjustments, partial or complete denture, minor |
| 54201 | 1 unit of time + L |
| | 2. Denture adjustments, partial or complete denture, remount and occlusal equilibration |
| 54301 | Maxillary + L |
| 54302 | Mandibular + L |
| | Dentures, Repairs/Additions |
| | 1. Denture, repair, complete denture, no impression required |
| 55101 | Maxillary + L |
| 55102 | Mandibular + L |
| | 2. Denture, repair, complete denture, impression required |
| 55201 | Maxillary + L |

| | |
|-------|--|
| 55202 | Mandibular + L |
| | 3. Denture, repairs/additions, partial denture, no impression required |
| 55301 | Maxillary + L |
| 55302 | Mandibular + L |
| | 4. Denture, repairs/additions, partial denture, impression required |
| 55401 | Maxillary + L |
| 55402 | Mandibular + L |
| | 5. Dentures, implant retained prosthesis, prophylaxis and polishing |
| 55501 | 1 unit of time + L |
| 55509 | Each additional unit of time |
| | Dentures, Duplication, Relining and Rebasing |
| | 1. Dentures, duplication |
| | Denture, duplication, complete denture |
| 56111 | Maxillary + L |
| 56112 | Mandibular + L |
| | 2. Dentures, relining |
| | Denture, reline, direct, complete denture |
| 56211 | Maxillary |
| 56212 | Mandibular |
| | Denture, reline, direct, partial denture |
| 56221 | Maxillary |
| 56222 | Mandibular |
| | Denture, reline, processed, complete denture |
| 56231 | Maxillary + L |
| 56232 | Mandibular + L |
| | Denture, reline, processed, partial denture |
| 56241 | Maxillary + L |
| 56242 | Mandibular + L |
| | Denture, reline, processed, functional impression requiring 3 appointments, partial denture |
| 56261 | Maxillary + L |
| 56262 | Mandibular + L |
| | 3. Dentures, remake |
| | Denture, remake, using existing framework, partial denture |
| 56411 | Maxillary + L |
| 56412 | Mandibular + L |

| Dentures, Tissue Conditioning | |
|---|---|
| | 1. Denture, tissue conditioning, per appointment, complete denture |
| 56511 | Maxillary + L |
| 56512 | Mandibular + L |
| | 2. Denture, tissue conditioning, per appointment, partial denture |
| 56521 | Maxillary + L |
| 56522 | Mandibular + L |
| Dentures, Miscellaneous Services | |
| 56601 | Resilient liner, in relined or rebased denture (in addition to reline or rebase of denture) + L |
| 56602 | Resetting of teeth (not including reline or rebase of denture) + L |
| Prostheses | |
| | 1. Prosthesis, facial |
| 57101 | Orbital + L |
| 57102 | Nose + L |
| 57103 | Ear + L |
| 57104 | Patch + L |
| 57105 | Facial, complex + L |
| 57106 | Facial Moulage impression |
| 57108 | Ocular conformer prosthesis |
| 57109 | Ocular prosthesis |
| | 2. Prosthesis, maxillofacial, obturators |
| 57202 | Obturator (definitive) (prosthesis extra) + L |
| 57203 | Obturator (post-surgical) (prosthesis extra) + L |
| 57204 | Obturator (temporary) (prosthesis extra) + L |
| 57208 | Obturator prosthesis, modification (relines or repairs) + L |
| 57209 | Speech aid prosthesis |
| | 3. Prosthesis, maxillofacial, other |
| 57301 | Velar (speech) bulb (prosthesis and obturator extra) + L |
| 57302 | Velar lift button, mechanical (prosthesis and obturator extra) + L (palatal lift prosthesis) |
| 57304 | Retention, magnetic (prosthesis extra) + L |
| 57305 | Guide plane, condylar (prosthesis extra) + L |
| 57308 | Skull plate, customized + L |
| 57311 | Feeding appliance (for infants with cleft palate) + L |
| 57321 | Lingual prosthesis |
| 57341 | Mandibular resection prosthesis with guide flange + L |
| 57342 | Mandibular resection prosthesis without guide flange + L |

| | |
|-------|---|
| | 4. Prosthesis, temporomandibular joint |
| 57401 | Exerciser, trismus, therapy + L |
| | 5. Prosthesis, splints |
| 57503 | Gunning (upper and lower) + L |
| 57504 | Bar splint, labial and lingual + L |
| 57505 | Scaffolding, rhinoplastic (nasal stent) + L |
| 57507 | Template, surgical + L |
| 57508 | Commissure splint + L |
| | 6. Prosthesis, stents |
| 57601 | Ridge extension + L |
| 57602 | Maxillary and mandibular + L |
| 57603 | Skin grafts |
| 57604 | Mucous membrane grafts (mucosal guard) |
| | 7. Prosthesis, radiation appliances |
| 57651 | Radiation vehicle carrier + L |
| 57652 | Radiation protection shield (extra-oral) + L |
| 57653 | Radiation protection shield (intra-oral) + L |
| 57660 | Prosthesis, stents, decompression |

Schedule E—Individuals with Special Needs Oral Health Program

The Individuals with Special Needs Oral Health Program provides routine insured dental services for residents who are considered by a physician to have an intellectual developmental disorder to a degree where chair management is untenable.

The fee for an insured dental service listed in this Schedule is established as the fee set out in the Nova Scotia Dental Association Fee Guide at the general practitioner rate, unless the service is provided in a hospital, in which case the fee is established as the fee set out in the Nova Scotia Dental Association Fee Guide at the general practitioner rate, plus 30%.

Part 1: Diagnostic—01000–09999

Examinations

| | |
|----------------------|-----------------------------|
| GP/SP Fee | Hospital Premium |
|----------------------|-----------------------------|

1. Examinations and diagnosis, complete oral

| | | | |
|--|---|----------|--------|
| 01101 | Examination and diagnosis, complete, primary dentition, to include extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation | 50.40 | 65.52 |
| 01102 | Examination and diagnosis, complete, mixed dentition | 66.00 | 85.80 |
| 01103 | Examination and diagnosis, complete, permanent dentition | 91.00 | 118.30 |
| 2. Examinations and diagnosis, limited oral | | | |
| 01202 | Examination and diagnosis, limited oral, previous patient (recall): examination and diagnosis with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests | 32.00 | 41.60 |
| 01204 | Examination and diagnosis, specific: examination, diagnosis and evaluation of a specific situation in a localized area | 49.00 | 63.70 |
| 01205 | Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area | 49.00 | 63.70 |
| 05201 | Consultation, in office (specialist other than orthodontist) | 95.00 | NA |
| Radiographs (including radiographic examinations and interpretation) Coverage guidelines apply (see preamble in the Dentists Guide). | | | |
| 1. Radiographs, intra-oral, periapical | | | |
| 02111 | Single film | 17.00 | 22.10 |
| 02112 | 2 films | 22.00 | 28.60 |
| 2. Radiographs, intra-oral, bitewing | | | |
| 02141 | Single film | 17.00 | 22.10 |
| 02142 | 2 films | 22.00 | 28.60 |
| 3. Radiographs, panoramic | | | |
| 02601 | Single film (once per lifetime, and only in connection with a specific request for a consultation with a specialist other than an orthodontist) This service is not insured if provided for reasons related to spacing, crowding, eruption, timing and other orthodontic related concerns. | 67.00 | 87.10 |
| 4. Radiographs, cephalometric | | | |
| 02701 | Single film (once per lifetime, and only in connection with a specific request for a consultation with a specialist other than an orthodontist) This service is not insured if provided for reasons related to spacing, crowding, eruption, timing and other orthodontic related concerns. | 67.00 | 87.10 |
| 5. Radiographs, interpretation (received from another source, or for MSI-exposed on hospital equipment) | | | |
| 02801 | MSI: paid at 1/2 regular fee | PA 40.00 | 40.00 |

| Tests and Laboratory Examinations | | | |
|---|--|--------|--------|
| Coverage guidelines apply (see preamble in the Dentists Guide). | | | |
| 1. Tests, microbiological | | | |
| 04101 | Microbiological test for the determination of pathological agents + L | 56.00 | 72.80 |
| 2. Tests, caries susceptibility | | | |
| 04201 | Bacteriological test for the determination of dental caries susceptibility + L | 56.00 | 72.80 |
| 3. Tests, histological | | | |
| Test, histological, soft tissue | | | |
| 04311 | Biopsy, soft oral tissue, by puncture + L | 134.40 | 174.72 |
| 04312 | Biopsy, soft oral tissue, by incision + L | 134.40 | 174.72 |
| 04313 | Biopsy, soft oral tissue, by aspiration + L | 134.40 | 174.72 |
| Tests, histological, hard tissue | | | |
| 04321 | Biopsy, hard oral tissue, by puncture + L | 159.20 | 206.96 |
| 04322 | Biopsy, hard oral tissue, by incision + L | 159.20 | 206.96 |
| 04323 | Biopsy, hard oral tissue, by aspiration + L | 159.20 | 206.96 |
| 4. Tests, cytological | | | |
| 04401 | Cytological smear from the oral cavity + L | 56.00 | 72.80 |
| 5. Tests, pulp vitality | | | |
| 04501 | 1 unit | 70.40 | 91.52 |
| Casts, Diagnostic | | | |
| Coverage guidelines apply (see preamble in the Dentists Guide). | | | |
| 1. Cast, diagnostic, unmounted | | | |
| 04911 | Cast, diagnostic, unmounted + L | 36.00 | 46.80 |
| 04912 | Cast, diagnostic, mounted using face bow transfer + L | 23.20 | 30.16 |
| 2. Cast, diagnostic, mounted | | | |
| 04921 | Cast, diagnostic, mounted + L | 64.80 | 84.24 |
| 04922 | Cast, diagnostic, mounted using face bow transfer + L | 108.80 | 141.44 |
| 04923 | Cast, diagnostic, mounted, using face bow + occlusal records + L | 160.00 | 208.00 |
| Part 2: Preventive Services—10000–19999 | | | |
| Preventive Scaling | | | |
| 11111 | 1 unit of time | 41.00 | 53.30 |
| 11112 | 2 units of time | 82.00 | 106.60 |
| 11113 | 3 units of time | 123.00 | 159.90 |
| 11114 | 4 units of time | 164.00 | 213.20 |

| Topical Fluoride Applications | | | |
|---|---|--------|--------|
| Coverage guidelines apply (see preamble in the Dentists Guide). | | | |
| Fluoride Treatments | | | |
| 12112 | Fluoride treatment, gel or foam | 16.80 | 21.84 |
| 12113 | Fluoride treatment, varnish | 20.00 | 26.00 |
| Preventive Services, Other | | | |
| 1. Nutritional dietary counselling (maximum payable per lifetime is 1 series of 4 appointments) | | | |
| 13101 | 1 unit of time | 31.00 | 40.30 |
| 2. Caries prevention service (Oral hygiene instruction/plaque control, including brushing and/or flossing and/or embrasure cleaning) | | | |
| 13211 | 1 unit of time | 31.00 | 40.30 |
| 3. Sealants, pit and fissure (acid etch preparation included) Coverage guidelines apply (see preamble in the Dentists Guide). | | | |
| 13401 | Each tooth | 23.00 | 29.90 |
| 13409 | Each additional tooth within the same quadrant | 17.00 | 22.10 |
| 4. Topical application to hard tissue lesion(s) of an antimicrobial or remineralization agent | | | |
| 13601 | 1 unit of time + E | 73.00 | 94.90 |
| 13602 | 2 units of time + E | 148.00 | 192.30 |
| 5. Disking of teeth, interproximal (maximum 3 units per lifetime, primary teeth only) | | | |
| 16201 | 1 unit of time | 72.80 | 94.64 |
| 16202 | 2 units of time | 145.60 | 189.28 |
| 16203 | 3 units of time | 218.40 | 283.92 |
| Space Maintainers (includes design, separation, fabrication, insertion and if applicable, initial cementation and removal) | | | |
| 1. Space maintainers, band type | | | |
| 15101 | Space maintainer, band type, fixed, unilateral + L | 141.00 | 183.30 |
| 15103 | Space maintainer, band type, fixed, bilateral (soldered lingual arch) + L | 155.00 | 201.50 |
| 15105 | Space maintainer, band type, fixed, bilateral tubes and locking wires + L | 188.00 | 244.40 |
| 2. Space maintainers, stainless steel crown type | | | |
| 15201 | Space maintainer, stainless steel crown type, fixed + L | 166.00 | 215.80 |
| 3. Space maintainers, maintenance of This service is not insured if provided to address necessary repairs and adjustments after 30 days following the original placement. | | | |

| | | | |
|-------|---|-------|-------|
| 15601 | Maintenance, space maintainer appliance, including adjustment and/or recementation after 30 days post-insertion | 60.00 | 78.00 |
|-------|---|-------|-------|

Part 3: Restorative Services—20000–29999

Caries, Trauma and Pain Control (permanent teeth only)

Caries/trauma/pain control (includes pulp caps when necessary as a separate procedure).

| | | | |
|-------|-------------|-------|--------|
| 20111 | First tooth | 98.40 | 127.92 |
|-------|-------------|-------|--------|

Caries/trauma/pain control (includes pulp caps when necessary and use of band for retention and support as a separate procedure)

| | | | |
|-------|-----------------------------|--------|--------|
| 20121 | First tooth | 111.20 | 144.56 |
| 20131 | Trauma control, first tooth | 40.80 | 53.04 |

Restorations, Amalgam

1. Restorations, amalgam, primary teeth

Restorations, amalgam, non-bonded, primary teeth

| | | | |
|-------|--|--------|--------|
| 21111 | 1 surface | 91.00 | 118.30 |
| 21112 | 2 surfaces | 115.00 | 149.50 |
| 21113 | 3 surfaces | 133.60 | 173.68 |
| 21114 | 4 surfaces | 148.00 | 192.40 |
| 21115 | 5 surfaces or maximum surfaces per tooth | 195.20 | 253.76 |

Restorations, amalgam, bonded, primary teeth

| | | | |
|-------|--|--------|--------|
| 21121 | 1 surface | 92.00 | 119.60 |
| 21122 | 2 surfaces | 117.00 | 152.10 |
| 21123 | 3 surfaces | 133.60 | 173.68 |
| 21124 | 4 surfaces | 148.00 | 192.40 |
| 21125 | 5 surfaces or maximum surfaces per tooth | 195.20 | 253.76 |

2. Restorations, amalgam, permanent teeth

Restorations, amalgam, non-bonded, permanent bicuspids and anteriors

| | | | |
|-------|--|--------|--------|
| 21211 | 1 surface | 117.60 | 152.88 |
| 21212 | 2 surfaces | 148.80 | 193.44 |
| 21213 | 3 surfaces | 180.80 | 235.04 |
| 21214 | 4 surfaces | 201.00 | 261.30 |
| 21215 | 5 surfaces or maximum surfaces per tooth | 264.00 | 343.20 |

Restorations, amalgam, non-bonded, permanent molars

| | | | |
|---|--|--------|--------|
| 21221 | 1 surface | 122.40 | 159.12 |
| 21222 | 2 surfaces | 155.20 | 201.76 |
| 21223 | 3 surfaces | 188.80 | 245.44 |
| 21224 | 4 surfaces | 217.00 | 282.10 |
| 21225 | 5 surfaces or maximum surfaces per tooth | 276.00 | 358.80 |
| Restorations, amalgam, bonded, permanent bicuspids and anteriors | | | |
| 21231 | 1 surface | 122.00 | 158.60 |
| 21232 | 2 surfaces | 154.00 | 200.20 |
| 21233 | 3 surfaces | 186.00 | 241.80 |
| 21234 | 4 surfaces | 213.00 | 276.90 |
| 21235 | 5 surfaces or maximum surfaces per tooth | 264.00 | 343.20 |
| Restorations, amalgam, bonded, permanent molars | | | |
| 21241 | 1 surface | 131.00 | 170.30 |
| 21242 | 2 surfaces | 166.00 | 215.80 |
| 21243 | 3 surfaces | 188.80 | 245.44 |
| 21244 | 4 surfaces | 234.00 | 304.20 |
| 21245 | 5 surfaces or maximum surfaces per tooth | 297.00 | 386.10 |
| 3. Pins, retentive per restoration (for amalgams and tooth-coloured restorations) | | | |
| 21401 | 1 pin | 24.00 | 31.20 |
| 21402 | 2 pins | 37.60 | 48.88 |
| 21403 | 3 pins | 51.20 | 66.56 |
| 21404 | 4 pins | 64.80 | 84.24 |
| 21405 | 5 or more pins | 79.20 | 102.96 |
| Restorations, Prefabricated, Full Coverage Note that a single surface restoration is payable concurrently with open-faced stainless steel crowns. | | | |
| 1. Restorations, prefabricated, metal, primary dentition | | | |
| 22201 | Primary anterior | 162.00 | 210.60 |
| 22211 | Primary posterior | 162.00 | 210.60 |
| 22212 | Primary posterior, open face | 194.00 | 252.20 |
| 2. Restorations, prefabricated, metal, permanent dentition | | | |
| 22301 | Permanent anterior | 162.00 | 210.60 |
| 22302 | Permanent anterior, open face | 215.20 | 279.76 |
| 22311 | Permanent posterior | 162.00 | 210.60 |
| 22312 | Permanent posterior, open face | 197.60 | 256.88 |
| 3. Restorations, prefabricated, plastic, permanent dentition | | | |
| 22501 | Permanent anterior | 162.00 | 210.60 |

| | | | |
|---|---|--------|--------|
| 22511 | Permanent posterior | 162.00 | 210.60 |
| Restorations, Tooth-Coloured | | | |
| Fee codes 23113, 23114, 23115, 23413, 23414 and 23415 include reattachment of fractured tooth fragments. | | | |
| 1. Restorations, tooth-coloured, permanent anteriors, acid etch/bond technique | | | |
| 23111 | 1 surface | 116.00 | 150.80 |
| 23112 | 2 surfaces (continuous) | 148.00 | 192.40 |
| 23113 | 3 surfaces (continuous) | 179.00 | 232.70 |
| 23114 | 4 surfaces (continuous) | 211.00 | 274.30 |
| 23115 | 5 surfaces (continuous, maximum surfaces per tooth) | 277.00 | 360.10 |
| 2. Restorations, tooth-coloured, permanent bicuspid, acid etch/bond technique | | | |
| Tooth-coloured, permanent bicuspid | | | |
| 23311 | 1 surface | 138.00 | 179.40 |
| 23312 | 2 surfaces | 176.00 | 228.80 |
| 23313 | 3 surfaces | 213.00 | 276.90 |
| 23314 | 4 surfaces | 236.00 | 325.00 |
| 23315 | 5 surfaces or maximum surfaces per tooth | 329.00 | 427.70 |
| Tooth-coloured, permanent molars | | | |
| 23321 | 1 surface | 144.00 | 187.20 |
| 23322 | 2 surfaces | 183.00 | 237.90 |
| 23323 | 3 surfaces | 222.00 | 288.60 |
| 23324 | 4 surfaces | 261.00 | 339.30 |
| 23325 | 5 surfaces | 343.00 | 445.90 |
| 3. Restorations, tooth-coloured, primary, anterior, acid etch/bond technique | | | |
| 23411 | 1 surface | 102.00 | 132.60 |
| 23412 | 2 surfaces (continuous) | 122.40 | 169.00 |
| 23413 | 3 surfaces (continuous) | 158.00 | 205.40 |
| 23414 | 4 surfaces (continuous) | 185.00 | 240.50 |
| 23415 | 5 surfaces (continuous, maximum surfaces per tooth) | 243.00 | 315.90 |
| 4. Restorations, tooth-coloured, primary, posterior, acid etch/bond technique | | | |
| 23511 | 1 surface | 102.00 | 132.60 |
| 23512 | 2 surfaces | 122.40 | 169.00 |
| 23513 | 3 surfaces | 158.00 | 205.40 |
| 23514 | 4 surfaces | 185.00 | 240.50 |
| 23515 | 5 surfaces or maximum surfaces per tooth | 243.00 | 315.90 |
| (See prosthodontics section for inlays, onlays and pins.) | | | |
| 5. Posts | | | |

| Posts, cast metal (including core) as a separate procedure | | | |
|---|--|--------|---------|
| 25711 | Single section + L | 320.80 | 417.04 |
| 25712 | 2 sections + L | 427.20 | 555.36 |
| 25713 | 3 sections + L | 488.80 | 635.44 |
| Posts, cast metal (including core) concurrent with impression for crown | | | |
| 25721 | Single section + L | 166.40 | 216.32 |
| 25722 | 2 sections + L | 272.80 | 354.64 |
| 25723 | 3 sections + L | 333.60 | 433.68 |
| Posts, prefabricated retentive (separate procedure) | | | |
| 25731 | 1 post | 153.60 | 199.68 |
| 25732 | 2 posts same tooth | 260.80 | 339.04 |
| 25733 | 3 posts same tooth | 321.60 | 418.08 |
| Posts, prefabricated, retentive and cast core | | | |
| 25741 | 1 post and cast core + L | 180.96 | 256.64 |
| 25742 | 2 posts (same tooth) and cast core + L | 470.40 | 611.52 |
| 25743 | 3 posts (same tooth) and cast core + L | 511.20 | 664.56 |
| Post, prefabricated, with core for crown restoration | | | |
| 25754 | 1 post, with composite core + pins | 261.60 | 340.08 |
| Crowns | | | |
| Coverage guidelines apply (see preamble in the Dentists Guide). Gold, butt margins (including collarless veneers), custom shading or any aesthetics included in the lab fees are not insured. | | | |
| 1. Crowns, plastic (single units only) | | | |
| Crowns, plastic, processed | | | |
| 27111 | Crown, plastic, processed + L | 520.80 | 677.04 |
| 27112 | Crown, plastic, processed complicated (restorative, positional and/or aesthetic) + L | IC | IC |
| 27113 | Crown, plastic, transitional, indirect + L | 176.80 | 229.84 |
| Crowns, plastic, direct (not payable in addition to permanent crowns) | | | |
| 27121 | Crown, plastic, direct, transitional (chairside) | 169.60 | 220.48 |
| 2. Crowns, porcelain/ceramic/polymer glass | | | |
| 27201 | Crown, porcelain/ceramic jacket + L | 673.60 | 875.68 |
| 27202 | Crown, porcelain/ceramic jacket complicated + L | IC | IC |
| 3. Crowns, porcelain/ceramic fused to metal | | | |
| 27211 | Crown, porcelain/ceramic fused to metal base + L | 673.60 | 875.68 |
| 27212 | Crown, porcelain/ceramic fused to metal base, complicated | 808.00 | 1050.40 |

**4. Recementation/rebonding, inlays/onlays/crowns/veneers/
posts/natural tooth fragments (maximum of 3 units per tooth)**
For stainless steel crowns, recementation is payable after 120 days
following original placement by same or different dentist.

| | | | |
|-------|-----------------|--------|--------|
| 29101 | 1 unit of time | 72.00 | 93.60 |
| 29102 | 2 units of time | 144.00 | 187.20 |
| 29103 | 3 units of time | 216.00 | 280.80 |

Endodontics

1. Pulpotomy

**Pulpotomy, vital, permanent teeth (as a separate
emergency procedure)**

| | | | |
|-------|-----------------------------|--------|--------|
| 32221 | Anterior and bicuspid teeth | 112.80 | 146.64 |
| 32222 | Molar teeth | 135.20 | 175.76 |

Pulpotomy, vital, primary teeth

| | | | |
|-------|---|-------|--------|
| 32231 | Primary tooth as a separate procedure | 89.60 | 116.48 |
| 32232 | Primary tooth, concurrent with restorations (but excluding final restorations) | 80.80 | 105.04 |

2. Pulpectomy (as a separate emergency procedure)

Pulpectomy, permanent teeth/retained primary teeth

| | | | |
|-------|------------------|--------|--------|
| 32311 | 1 canal | 149.60 | 194.48 |
| 32312 | 2 canals | 196.80 | 255.84 |
| 32313 | 3 canals | 243.20 | 316.16 |
| 32314 | 4 or more canals | 320.00 | 416.00 |

Pulpectomy, primary teeth

| | | | |
|-------|-----------------|--------|--------|
| 32321 | Anterior tooth | 93.60 | 121.68 |
| 32322 | Posterior tooth | 140.00 | 182.00 |

Root Canal Therapy

**1. Root canals, permanent teeth, retained primary teeth (includes
clinical procedures with appropriate radiographs, excluding final
restoration)**

| | | | |
|-------|------------------|--------|---------|
| 33111 | 1 canal | 428.00 | 556.40 |
| 33121 | 2 canals | 616.80 | 801.84 |
| 33131 | 3 canals | 793.00 | 1030.90 |
| 33141 | 4 or more canals | 963.00 | 1251.90 |

2. Root canals, primary teeth

| | | | |
|-------|------------------|--------|--------|
| 33401 | 1 canal | 190.40 | 247.52 |
| 33402 | 2 canals | 248.80 | 323.44 |
| 33403 | 3 or more canals | 473.60 | 615.68 |

| 3. Apexification/apical closure/induction of hard tissue repair (including biomechanical preparation and placement of dentogenic media) | | | |
|--|------------------|--------|--------|
| 33601 | 1 canal | 169.60 | 220.48 |
| 33602 | 2 canals | 220.00 | 286.00 |
| 33603 | 3 canals | 276.00 | 358.80 |
| 33604 | 4 or more canals | 492.80 | 640.64 |
| 4. Re-insertion of dentogenic media per visit | | | |
| 33611 | 1 canal | 71.20 | 92.56 |
| 33612 | 2 canals | 71.20 | 92.56 |
| 33613 | 3 canals | 71.20 | 92.56 |
| 33614 | 4 or more canals | 71.20 | 92.56 |
| Periapical Services | | | |
| 1. Apicoectomy/apical curettage | | | |
| Maxillary anterior | | | |
| 34111 | 1 root | 250.40 | 325.52 |
| 34112 | 2 roots | 358.40 | 465.92 |
| Maxillary bicuspid | | | |
| 34121 | 1 root | 285.60 | 371.28 |
| 34122 | 2 roots | 379.20 | 492.96 |
| 34123 | 3 or more roots | 461.60 | 600.08 |
| Maxillary molar | | | |
| 34131 | 1 root | 320.00 | 416.00 |
| 34132 | 2 roots | 425.60 | 553.28 |
| 34133 | 3 roots | 536.80 | 697.84 |
| 34134 | 4 or more roots | IC | IC |
| Mandibular anterior | | | |
| 34141 | 1 root | 248.80 | 323.44 |
| 34142 | 2 or more roots | 356.80 | 463.84 |
| Mandibular bicuspid | | | |
| 34151 | 1 root | 285.60 | 371.28 |
| 34152 | 2 roots | 379.20 | 492.96 |
| 34153 | 3 or more roots | 474.40 | 616.72 |
| Mandibular molar | | | |
| 34161 | 1 root | 352.80 | 458.64 |
| 34162 | 2 roots | 467.20 | 607.36 |
| 34163 | 3 roots | 588.80 | 765.44 |
| 34164 | 4 or more roots | IC | IC |
| 2. Retrofilling | | | |
| Maxillary anterior | | | |

| | | | |
|---|------------------------|--------|--------|
| 34211 | 1 canal | 89.00 | 115.70 |
| 34212 | 2 or more canals | 106.40 | 138.32 |
| Maxillary bicuspid | | | |
| 34221 | 1 canal | 105.60 | 137.28 |
| 34222 | 2 canals | 132.00 | 171.60 |
| 34223 | 3 canals | 145.60 | 189.28 |
| 34224 | 4 or more canals | 157.00 | 204.10 |
| Maxillary molar | | | |
| 34231 | 1 canal | 128.00 | 166.40 |
| 34232 | 2 canals | 159.20 | 206.96 |
| 34233 | 3 canals | 175.20 | 227.76 |
| 34234 | 4 or more canals | 185.60 | 241.28 |
| Mandibular anterior | | | |
| 34241 | 1 canal | 87.20 | 113.36 |
| 34242 | 2 or more canals | 105.60 | 137.28 |
| Mandibular bicuspid | | | |
| 34251 | 1 canal | 104.00 | 135.20 |
| 34252 | 2 canals | 128.00 | 166.40 |
| 34253 | 3 canals | 143.20 | 186.16 |
| 34254 | 4 canals | 154.40 | 200.72 |
| Mandibular molar | | | |
| 34261 | 1 canal | 128.00 | 166.40 |
| 34262 | 2 canals | 159.20 | 206.96 |
| 34263 | 3 canals | 175.20 | 227.76 |
| 34264 | 4 or more canals | 185.60 | 241.28 |
| Open and drain (separate emergency procedures) | | | |
| 39201 | Anteriors and bicuspid | 84.00 | 109.20 |
| 39202 | Molars | 84.00 | 109.20 |
| Opening through artificial crown (in addition to procedures) | | | |
| 39212 | Molars | 148.00 | 192.40 |
| Bleaching, non-vital (maximum of 3 units payable) | | | |
| Bleaching endodontically treated tooth/teeth | | | |
| 39311 | 1 unit of time | 81.60 | 106.08 |
| 39312 | 2 units of time | 163.20 | 212.16 |
| 39313 | 3 units of time | 244.80 | 318.24 |

Part 4: Periodontics—40000–49999

Desensitization

This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than 1 appointment may be necessary.

| | | | |
|-------|-------------------------------------|-------|--------|
| 41301 | 1 unit of time | 39.20 | 50.96 |
| 41302 | 2 units of time | 78.40 | 101.92 |
| 41309 | Each additional unit of time over 2 | 39.20 | 50.96 |

Periodontal Procedures, Gingival Curettage

| | | | |
|-------|-------------|--------|--------|
| 42111 | Per sextant | 256.00 | 332.80 |
|-------|-------------|--------|--------|

Periodontal Procedures, Gingivectomy

| | | | |
|-------|--|-----------|--------|
| 42311 | Uncomplicated, per sextant | PA 297.60 | 386.88 |
| 42321 | Complicated, per sextant | PA 324.00 | 421.20 |
| 42341 | Soft tissue recontouring for crown lengthening | PA 154.40 | 200.72 |

Periodontal Surgery, Grafts

| | | | |
|-------|--|-----------|--------|
| 42551 | Autograft (free connective tissue) for root coverage | PA 570.40 | 741.52 |
|-------|--|-----------|--------|

Periodontal Procedures, Adjunctive

1. Periodontal splinting or ligation, provisional, intra-coronal

“A” splint (acrylic, composite or amalgam, plus knurled wire)

| | | | |
|-------|-----------|-------|-------|
| 43111 | Per joint | 74.00 | 96.20 |
|-------|-----------|-------|-------|

2. Periodontal splinting or ligation, provisional, extra-coronal

Acid etch joint restorations (per joint)

| | | | |
|-------|-----------|-------|-------|
| 43211 | Per joint | 74.00 | 96.20 |
|-------|-----------|-------|-------|

Acid etch, interproximal enamel splint

| | | | |
|-------|-----------|-------|-------|
| 43221 | Per joint | 74.00 | 96.20 |
|-------|-----------|-------|-------|

Wire ligation

| | | | |
|-------|-----------|--------|--------|
| 43231 | Per joint | 189.00 | 245.70 |
|-------|-----------|--------|--------|

Wire ligation, acrylic covered

| | | | |
|-------|-----------|--------|--------|
| 43241 | Per joint | 252.00 | 327.60 |
|-------|-----------|--------|--------|

Dental floss ligation

| | | | |
|-------|-----------|--------------|--------|
| 43251 | Per joint | PA 295.20 | 479.70 |
|-------|-----------|--------------|--------|

Orthodontic band splint

| | | | |
|-------|----------|----|----|
| 43261 | Per band | IC | IC |
|-------|----------|----|----|

Cast/soldered splint acid etch/resin bonded

| | | | |
|-------|------------------|--------|--------|
| 43271 | Per abutment + L | 163.00 | 211.90 |
|-------|------------------|--------|--------|

**Periodontal Procedures, Root Planing Coverage guidelines apply
(see preamble in the Dentists Guide).**

Root planing

| | | | |
|-------|-----------------------------|--------|--------|
| 43421 | 1 unit of time | 41.00 | 53.30 |
| 43422 | 2 units of time | 82.00 | 106.60 |
| 43423 | 3 units of time | 123.00 | 159.90 |
| 43424 | 4 units of time | 164.00 | 213.20 |
| 43425 | 5 units of time | 205.00 | 266.50 |
| 43426 | 6 units of time | 246.00 | 319.80 |
| 43427 | One half unit of time | 19.36 | 26.00 |
| 43429 | Each additional unit over 6 | 41.00 | 53.30 |

Part 5: Prosthetics—Removable—50000–59999
(cast partials are not insured services)

Dentures, partial, acrylic, with wrought/cast clasps and/or rests
(covered only if required because of congenital condition or accident)

| | | | |
|-------|----------------|--------|--------|
| 52301 | Maxillary + L | 542.00 | 704.60 |
| 52302 | Mandibular + L | 542.00 | 704.60 |

Part 6: Oral and Maxillofacial Surgery—70000–79999

Certain procedures included in this Part are also contained in Schedule C—Oral and Maxillofacial Surgery covering all eligible residents of the Province. Refer to Schedule C for fees when dental surgical procedures are performed in hospital.

Removals (Extractions), Erupted Teeth

1. Removals, erupted teeth, uncomplicated

| | | | |
|-------|--|--------|--------|
| 71101 | Single tooth, uncomplicated | 117.00 | 152.10 |
| 71109 | Each additional tooth, same quadrant, same appointment | 88.00 | 114.40 |

2. Removals, erupted teeth, complicated

| | | | |
|-------|---|--------|--------|
| 71201 | Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth | 225.00 | 292.50 |
| 71209 | Each additional tooth, same quadrant | 164.80 | 214.24 |

Removals (Extractions), Surgical

1. Removals, impactions, soft tissue coverage

Removals, impaction, requiring incision of overlying soft tissue and removal of the tooth

| | | | |
|-------|--------------------------------------|--------|--------|
| 72111 | Single tooth | 225.00 | 292.50 |
| 72119 | Each additional tooth, same quadrant | 159.20 | 209.96 |

| | | | |
|---|--|--------|--------|
| 2. Removals, impactions, involving tissue and/or bone coverage (including removal of bone and tooth or sectioning and removal of tooth) | | | |
| 72211 | Single tooth | 252.00 | 351.00 |
| 72219 | Each additional tooth, same quadrant | 188.80 | 245.44 |
| Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone AND sectioning of tooth for removal | | | |
| 72221 | Single tooth | 373.00 | 484.90 |
| 72229 | Each additional tooth, same quadrant | 257.60 | 334.88 |
| 3. Removals (extractions), residual roots | | | |
| Removals, residual roots, erupted | | | |
| 72311 | First tooth | 91.00 | 118.30 |
| 72319 | Each additional tooth, same quadrant | 67.20 | 87.36 |
| Removals, residual roots, soft tissue coverage | | | |
| 72321 | First tooth | 164.00 | 213.20 |
| 72329 | Each additional tooth, same quadrant | 121.60 | 158.03 |
| Removals, residual roots, bone tissue coverage | | | |
| 72331 | First tooth | 332.00 | 431.60 |
| 72339 | Each additional tooth, same quadrant | 241.60 | 314.08 |
| Surgical Incisions | | | |
| Surgical incision and drainage and/or exploration, intra-oral soft tissue | | | |
| 75111 | Intra-oral, surgical exploration, soft tissue | 132.00 | 171.60 |
| 75112 | Intra-oral, abscess, soft tissue | 132.00 | 171.60 |
| 75113 | Intra-oral, abscess, in major anatomical area with drain | IC | IC |
| Treatment of Fractures | | | |
| Replantation, avulsed tooth/teeth (including splinting) | | | |
| 76941 | Replantation, first tooth | 392.00 | 509.60 |
| 76949 | Each additional tooth | 200.00 | 260.00 |
| Repositioning of traumatically displaced teeth | | | |
| 76951 | 1 unit of time | 94.40 | 122.72 |
| 76952 | 2 units of time | 188.80 | 245.44 |
| 76959 | Each additional unit of time over 2 | 94.40 | 122.72 |
| Hemorrhage, Control of (covered only if the procedure is rendered by a dentist other than the provider of the original service) | | | |
| 79403 | Hemorrhage control, using compression and hemostatic agent | IC | IC |

| | | | |
|-------|---|----|----|
| 79404 | Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary) | IC | IC |
|-------|---|----|----|

Post-surgical Care
(excludes alveolitis)

| | | | |
|-------|---|-------|-------|
| 79605 | Post-surgical care, alveolitis, treatment of (without anesthesia) | 76.03 | 98.97 |
| 79606 | Post-surgical care, alveolitis, treatment of (with anesthesia) | 76.03 | 98.97 |

Part 7: Adjunctive General Services—90000–99999

Anesthesia, Conscious Sedation

Coverage guidelines apply (see preamble in the Dentists Guide).

1. Nitrous oxide time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device.

| | | | |
|-------|-----------------|--------|--------|
| 92411 | 1 unit of time | 63.00 | 81.90 |
| 92412 | 2 units of time | 128.00 | 166.40 |
| 92413 | 3 units of time | 167.40 | 217.62 |
| 92414 | 4 units of time | 200.70 | 260.91 |

2. Nitrous oxide with oral sedation, time measured with the administration of nitrous oxide and terminates with the release of the patient from the treatment/recovery room.

| | | | |
|-------|-----------------|--------|--------|
| 92431 | 1 unit of time | 109.14 | 141.88 |
| 92432 | 2 units of time | 215.62 | 280.31 |
| 92433 | 3 units of time | 324.76 | 422.19 |
| 92434 | 4 units of time | 433.91 | 564.08 |