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N.S. Reg. 82/2001

Made: June 14, 2001

Filed: July 3, 2001

Species at Risk List Regulations

Order dated June 14, 2001

Amendment to regulations made under Sections 10 and 12 of the
Endangered Species Act

THE SPECIES-AT-RISK WORKING GROUP, pursuant to Sections 10 and 12 of Chapter 11 of the Acts of 1998, the *Endangered Species Act*, on 14 June, 2001,

HEREBY lists by category species at risk in the Province of Nova Scotia, which are in addition to those listed in the Species at Risk List Regulations made by Order dated June 5, 2000, in N.S. Reg. 109/2000:

American Marten (Cape Breton population)	<i>Martes americana</i>	Endangered
Golden Crest	<i>Lophiola aurea</i>	Threatened
Water Pennywort	<i>Hydrocotyle umbellata</i>	Endangered
New Jersey Rush	<i>Juncus caesariensis</i>	Vulnerable
Long's Bulrush	<i>Scirpus longii</i>	Vulnerable
Plymouth Gentian	<i>Sabatia kennedyana</i>	Endangered

N.S. Reg. 83/2001

Made: June 29, 2001

Filed: July 3, 2001

District Health Authorities General Regulations

Order in Council 2001-306 made June 29, 2001
Amendment to regulations made by the Governor in Council
pursuant to Section 84
of the *Health Authorities Act*

The Governor in Council, on the report and recommendation of the Minister of Health dated June 11, 2001, and pursuant to Section 84 of Chapter 6 of the Acts of 2000, the *Health Authorities Act*, is pleased to amend the *District Health Authorities General Regulations* made by the Governor in Council by Order in Council 2000-565 dated November 9, 2000, in the manner set forth in Schedule "A" attached to and forming part of the report and recommendation, effective on and after June 29, 2001.

Schedule "A"

Amendment to the *District Health Authorities General Regulations* made by the Governor in Council pursuant to Section 84 of Chapter 6 of the Acts of 2000, the *Health Authorities Act*

Section 4 of the *District Health Authorities General Regulations* made by the Governor in Council by Order in Council 2000-565 dated November 9, 2000, is amended by

- (a) striking out "**District Health Authority 1**" in clause (a) and substituting "**South Shore District Health Authority**";
- (b) striking out "**District Health Authority 2**" in clause (b) and substituting "**South West Nova District Health Authority**";
- (c) striking out "**District Health Authority 3**" in clause (c) and substituting "**Annapolis Valley District Health Authority**";
- (d) striking out "**District Health Authority 4**" in clause (d) and substituting "**Colchester East Hants District Health Authority**";
- (e) striking out "**District Health Authority 5**" in clause (e) and substituting "**Cumberland Health Authority**";
- (f) striking out "**District Health Authority 6**" in clause (f) and substituting "**Pictou County District Health**";
- (g) striking out "**District Health Authority 7**" in clause (g) and substituting "**Guysborough Antigonish-Strait Health Authority**"; and
- (h) striking out "**District Health Authority 8**" in clause (h) and substituting "**Cape Breton District Health Authority**".

N.S. Reg. 84/2001

Made: July 3, 2001

Filed: July 9, 2001

Bulk Milk Transportation Rates

Order dated July 3, 2001

Amendment to regulations made under subclause 9(b)(i) and clause 9(q) of the
*Dairy Industry Act***Nova Scotia Natural Products Marketing Council
Bulk Milk Transportation Rates****The Natural Products Marketing Council**, pursuant to subclause 9(b)(iv) and clause 9(q) of Chapter 24 of the Acts of 2000, the *Dairy Industry Act*, effective on August 1, 2001:**Hereby orders** that the following transportation rates shall be the maximum rates which may be charged to processors by transporters and shall be applicable to all transporters in the Province:

Transporter	Maximum Rate Per 100 Litres	Effective Date
(a) Bedford Transport Limited Farm Pick Up	\$2.22	August 1, 2001
(b) E.D.F. Transport Limited Farm Pick Up	\$2.44	August 1, 2001
(c) Fisher Transport Ltd. Farm Pick Up	\$2.04	August 1, 2001
(d) Rudy Burghardt Farm Pick Up	\$2.47	August 1, 2001
(e) Cook's Dairy Farm Ltd.	\$2.20	August 1, 2001
(f) All Transporters, milk to or from Truro:		
Yarmouth to or from Truro Farmers Cheese Division	\$5.29/hl.	July 30, 1995
Yarmouth from Truro or Shubenacadie Pick Up	\$4.42/hl.	July 30, 1995
Yarmouth from Hammonds Plains or Dartmouth	\$4.04/hl.	July 30, 1995
Yarmouth from Valley or Bridgewater Pick Up	\$3.14/hl.	July 30, 1995

(g) Special Rates

Every Day Pick Up	150% Of Normal Rate
Return Trip- Additional Charge	\$50.00/Extra Trip*
Minimum	40.00/Week

* At the discretion of the transporter

This regulation is made in substitution for the Bulk Milk Transporter Rates regulation which was made and effective on May 1, 2001.

N.S. Reg. 85/2001

Made: July 5, 2001

Filed: July 9, 2001

Nova Scotia Egg Producers: Marketing Plan, Egg Regulations,
Pullet Regulations and Composition of Marketing Board Regulations

Order in Council 2001-321 made July 5, 2001
Amendment to regulations approved by the Governor in Council
pursuant to Sections 9 and 11
of the *Natural Products Act*

The Governor in Council on the report and recommendation of the Minister of Agriculture and Fisheries dated April 25, 2001, and pursuant to Sections 9 and 11 of Chapter 308 of the Revised Statutes of Nova Scotia, 1989, the *Natural Products Act*, is pleased to

- (a) approve the making by the Natural Products Marketing Council of amendments to the *Nova Scotia Egg and Pullet Producers Marketing Plan* approved by the Governor in Council by Order in Council 82-1416 dated November 23, 1982, in the manner set forth in Schedule “A” attached to and forming part of the report and recommendation, effective on and from July 5, 2001;
- (b) approve the making by the Nova Scotia Egg Producers of amendments to the regulations respecting eggs approved by the Governor in Council by Order in Council 85-1259 dated November 19, 1985, in the manner set forth in Schedule “B” attached to and forming part of the report and recommendation, effective on and from July 5, 2001, except Sections 5.01 to 5.06 of the regulations which are effective on and from December 26, 1999;
- (c) approve the making by the Nova Scotia Egg Producers of amendments to the regulations respecting pullets approved by the Governor in Council by Order in Council 86-733 dated July 2, 1986, in the manner set forth in Schedule “C” attached to and forming part of the report and recommendation, effective on and from July 5, 2001; and
- (d) approve the making by the Natural Products Marketing Council of amendments to the regulations respecting the composition of the marketing board approved by the Governor in Council by Order in Council 85-1259 dated November 19, 1985, in the manner set forth in Schedule “D” attached to and forming part of the report and recommendation, effective on and from July 5, 2001.

Schedule “A”

**Amendments to the *Nova Scotia Egg and Pullet Producers Marketing Plan*
made pursuant to Section 11 of Chapter 308 of the Revised Statutes of
Nova Scotia, 1989, the *Natural Products Act***

- 1 Part I of the *Nova Scotia Egg and Pullet Producers Marketing Plan* approved by the Governor in Council by Order in Council 82-1416 dated November 23, 1982, is amended by

- (a) striking out “Nova Scotia Egg and Pullet Producers” in Section 1 and substituting “Nova Scotia Egg Producers”;
 - (b) striking out “Nova Scotia Egg and Pullet Producers Marketing Board” in clause 2(d) and substituting “Nova Scotia Egg Producers”;
 - (c) striking out “Nova Scotia Egg and Pullet Producers” in clause 2(i) and substituting “Nova Scotia Egg Producers”;
 - (d) striking out “quota-holder” in clause 2(o) and substituting “quota holder”; and
 - (e) striking out “22¢” in clause 20(b) and substituting “\$0.30”.
- 2 Part II of the Plan is amended by striking out “Nova Scotia Egg and Pullet Producers’ Marketing Board” in the paragraph beginning with “Commodity Board” in Section 1, and substituting “Nova Scotia Egg Producers”.

Schedule “B”

Amendments to the Regulations Respecting Eggs made by the Nova Scotia Egg Producers pursuant to Section 9 of Chapter 308 of the Revised Statutes of Nova Scotia, 1989, the *Natural Products Act*

- 1 Section 1.01 of the regulations respecting eggs made by the Nova Scotia Egg and Pullet Producers Marketing Board and approved by the Governor in Council by Order in Council 85-1259 dated November 19, 1985, is amended by
- (a) striking out “Nova Scotia Egg & Pullet Producers Marketing Board” in the first paragraph and in clauses (d) and (l), and substituting “Nova Scotia Egg Producers”;
 - (b) striking out “Nova Scotia Egg and Pullet Producers” in clause (v) and substituting “Nova Scotia Egg Producers”;
 - (c) adding the following clause immediately after clause (s):
 - (sa) “levy” means the levy that
 - (i) is imposed by the Board on behalf of itself and on behalf of the Agency relative to egg production in the Province, whether the eggs are marketed within the Province or in interprovincial and export trade, and
 - (ii) comprises the various components required to maintain the National and Provincial marketing and industrial product removal systems;
 - (d) adding the following clause immediately after clause (u):
 - (ua) “national rate of lay” means the rate of lay as established for a quota holder by the Agency in consultation with the Board from time to time;

- (e) adding the following clause immediately after clause (ee):
- (eea) “non-quota holder rate of lay” means the rate of lay established for a non-quota holder by the Agency in consultation with the Board from time to time or, in the absence of such a rate of lay, the rate of lay as established for a non-quota holder by the Board from time to time;
- 2 Section 4.01 of the regulations is amended by
- (a) striking out “Nova Scotia Egg and Pullet Producers Marketing Board” and substituting “Nova Scotia Egg Producers”; and
- (b) striking out “his” wherever it occurs, and substituting “the quota holder’s”.
- 3 Section 4.03 of the regulations is amended by striking out “Schedule “A”” and substituting “Schedule “B””.
- 4 Sections 5.01 to 5.04 of the regulations are repealed and the following Sections substituted:
- 5.01 A levy is hereby imposed upon every quota holder in the amount calculated by multiplying the quota holder’s marketing quota by the national rate of lay and the current levy.
- 5.02 A levy is hereby imposed upon every non-quota holder in the amount calculated by multiplying the number of layers housed by a non-quota holder by the non-quota holder rate of lay and the current levy.
- 5.03 Where the number of layers housed by a non-quota holder is unavailable, the Board shall have the option of using egg marketing records and the non-quota holder rate of lay in order to estimate the number of layers, and the estimated number shall be deemed appropriate for the purpose of calculating the non-quota holder’s levy pursuant to [sub]Section 5.02.
- 5.04 A levy collected by the Board pursuant to Sections 5.01 and 5.02 shall be collected
- (a) on behalf of the Board, with respect to eggs marketed by a producer within the Province; and
- (b) on behalf of the Agency, with respect to eggs marketed by a producer in interprovincial and export trade.
- 5.05 A levy payable by a quota holder shall be prepaid pursuant to Regulation #6.
- 5.06 A levy payable by a non-quota holder shall be payable within 15 days of the date that the invoice for the levy is sent out to the non-quota holder by the Board.
- 5 Section 6.01 of the regulations is amended by
- (a) renumbering subsection (b) as Section 6.01A;

- (b) repealing subsection (a) and substituting the following subsections:
- (a) On or before January 15 of each year hereafter, every quota holder shall deliver to the Board a series of 13 equal post-dated cheques for the payment of this levy to the Board for that year.
 - (b) Each post-dated cheque shall be in the amount calculated by multiplying the quota holder's marketing quota by the national rate of lay and the then current levy and dividing the result by 13.
 - (c) The post-dated cheques shall be dated and honoured on the 14th day of each 4-week bird inventory period established by the Board.
- 6 Section 6.01A of the regulations is amended by striking out "fifteen (15)" and substituting "15".
- 7 Section 6.02 of the regulations is amended by
- (a) striking out "four-week" and substituting "4-week";
 - (b) striking out the quotation marks around "4 Week Bird Inventory"; and
 - (c) striking out "his" and substituting "the quota holder's".
- 8 Section 6.03 of the regulations is amended by
- (a) striking out the quotation marks around "Producer's Weekly Grading and Marketing Report"; and
 - (b) striking out "him" wherever it occurs, and substituting "the quota holder".
- 9 Sections 6.04 and 6.05 of the regulations are repealed.
- 10 Schedule "A" to the regulations, entitled "Consent to Withhold Transfer of Quota and Consent to Transfer of Quota", is amended by
- (a) striking out "Nova Scotia Egg & Pullet Producers Marketing Board" in the paragraph that begins with "THE UNDERSIGNED" and substituting "Nova Scotia Egg Producers"; and
 - (b) striking out "198" in the paragraph that begins with "IN WITNESS WHEREOF" and substituting "20".
- 11 Schedule "A" referred to in Section 4.03 of the regulations, entitled "Quota Available for Lease", is redesignated as "Schedule "B".
- 12 Schedule "B" to the regulations is further amended by
- (a) striking out "19" wherever it occurs, and substituting "20";
 - (b) striking out "Nova Scotia Egg and Pullet Producers Marketing Board" and substituting "Nova Scotia Egg Producers"; and
 - (c) adding "B2N 5G9," immediately after "Truro, Nova Scotia,".

13 The regulations are further amended by

- (a) striking out “quota-holder” wherever it occurs, and substituting “quota holder”; and
- (b) striking out “non-quota-holder” wherever it occurs, and substituting “non-quota holder”.

Schedule “C”

**Amendments to the Regulations Respecting Pullets made by the
Nova Scotia Egg Producers pursuant to Section 9 of Chapter 308
of the Revised Statutes of Nova Scotia, 1989,
the *Natural Products Act***

- 1 Subsection 1.01(a) of the regulations respecting pullets made by the Nova Scotia Egg and Pullet Producers Marketing Board and approved by the Governor in Council by Order in Council 86-733 dated July 2, 1986, is amended by striking out “Nova Scotia Egg and Pullet Producers” and substituting “Nova Scotia Egg Producers”.
- 2 The regulations are further amended by striking out “quota-holder” wherever it occurs and substituting “quota holder”.

Schedule “D”

**Amendment to the Regulations Respecting the Composition of the
Marketing Board made by the Nova Scotia Egg Producers pursuant to
Section 11 of Chapter 308 of the Revised Statutes of Nova Scotia, 1989,
the *Natural Products Act***

Subsection 1.01(a) of the regulations respecting the composition of the marketing board made by the Nova Scotia Egg and Pullet Producers Marketing Board and approved by the Governor in Council by Order in Council 85-1259 dated November 19, 1985, is amended by striking out “Nova Scotia Egg & Pullet Producers Marketing Board” and substituting “Nova Scotia Egg Producers”.

N.S. Reg. 86/2001

Made: July 5, 2001

Filed: July 9, 2001

Trade Names Equivalency Regulations

Order in Council 2001-322 made July 5, 2001
Amendment to regulations made by the Governor in Council
pursuant to Section 41
of the *Apprenticeship and Trades Qualifications Act*

The Governor in Council on the report and recommendation of the Minister of Education dated May 23, 2001, and pursuant to Section 41 of Chapter 17 of the Revised Statutes of Nova Scotia, 1989, the *Apprenticeship and Trades Qualifications Act*, is pleased to amend the *Trade Names Equivalency Regulations* made by the Governor in Council by Order in Council 97-564 dated August 19, 1997, in the manner set forth in Schedule "A" attached to and forming part of the report and recommendation effective on and after July 5, 2001.

Schedule "A"

**Amendments to the *Trade Names Equivalency Regulations*
made by the Governor in Council pursuant to Section 41 of Chapter 17
of the Revised Statutes of Nova Scotia, 1989,
the *Apprenticeship and Trades Qualifications Act***

Section 2 of the *Trade Names Equivalency Regulations* made by the Governor in Council by Order in Council 97-564 dated August 19, 1997, is amended by

- (a) striking out "Steel" in clause (h) and substituting "Metal";
- (b) striking out "Mechanic" in clause (l) and substituting "Technician".

N.S. Reg. 87/2001

Made: July 5, 2001

Filed: July 9, 2001

Insured Dental Services Tariff Regulations and MSI Regulations

Order in Council 2001-327 made July 5, 2001

Regulations approved by the Governor in Council pursuant to Section 13 and
Amendment to regulations made by the Governor in Council pursuant to Section 17
of the *Health Services and Insurance Act*

The Governor in Council on the report and recommendation of the Minister of Health dated April 11, 2001, is pleased to:

- (a) pursuant to Section 13 of Chapter 197 of the Revised Statutes of Nova Scotia, 1989, the *Health Services and Insurance Act*,
 - (i) approve the repeal of the *Insured Dental Tariff Regulations* approved by the Governor in Council by Order in Council 1999-140 dated March 31, 1999,
 - (ii) approve of the new tariff for insured dental services established by the Minister of Health pursuant to clause 13(1)(c) of the Act in the form set forth in Schedule "A" attached to and forming part of the report and recommendation, and
 - (iii) approve the authorization by the Minister of Health of payments in respect of the tariff referred to in subclause (ii),
 effective on and after April 1, 2000; and
- (b) pursuant to Section 17 of Chapter 197 of the Revised Statutes of Nova Scotia, 1989, the *Health Services and Insurance Act*, amend the regulations respecting the M.S.I. Plan made by the Governor in Council by Order in Council 69-276 dated March 28, 1969, in the manner set forth in Schedule "B" attached to and forming part of the report and recommendation, effect on and after July 5, 2001.

Schedule "A"

**Regulations Respecting a Tariff for Insured Dental Services made by the
Minister of Health pursuant to Section 13 of Chapter 197 of the Revised
Statutes of Nova Scotia, 1989, the *Health Services and Insurance Act***

Citation

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

Insured dental services tariff

2 The tariff of fees for insured dental services is as set out in the following schedules:

- (a) Schedule "A" - Cleft Palate/Craniofacial Program;
- (b) Schedule "B" - Children's Oral Health Program;
- (c) Schedule "C" - Dental Surgical Program;
- (d) Schedule "D" - Maxillofacial Prosthodontics Program;
- (e) Schedule "E" - Mentally Challenged Program; and

(f) Schedule "F" - Atlantic Provinces Special Education Authority Dental Program.

Authorization of payments

3 Payments in respect of the tariff prescribed by these regulations are hereby authorized.

Made and dated at Halifax, Nova Scotia April 11, 2001.

(Signed) *Jamie Muir*
The Honourable Jamie Muir
Minister of Health

Tariff of Fees for Insured Dental Services

Schedule "A" Cleft Palate/Craniofacial Program

The Cleft Palate/Craniofacial Program provides insured services for residents (as defined in the M.S.I. Regulations) with craniofacial anomalies which directly influence the growth and development of the dentoalveolar and craniofacial structures.

From birth to age 10, these residents will be eligible for insured coverage for basic dental services through the Children's Oral Health Program (Schedule "B") and other services under this Schedule as deemed necessary as a result of the anomaly.

From age 10 to 23 years, additional services are insured under this Schedule 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.

There will be no coverage for retreatment under this program. Under extenuating circumstances only, where the Department's Cleft Palate/Craniofacial Team has determined that a condition requiring retreatment has resulted directly from the progression of the congenital/developmental craniofacial anomaly, will additional funding be considered.

There is no coverage for services outlined in this Schedule which are performed outside of the Province.

** "E" means Expenses

** "L" means Laboratory Fees

** "PA" means Prior Approval from the Corporation that administers the M.S.I. Plan for the Province

[Note: The above 3 definitions were included in a footnote in the original.]

Fee Code

G.P. Fee (\$)	Specialist Fee (\$)
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Part 1 - Diagnostic - 01000-09999

Examinations

1 Examinations and diagnosis, complete oral, to include:

- History, medical and dental

Fee Code	G.P. Fee (\$)	Specialist Fee (\$)
<ul style="list-style-type: none"> - 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, where necessary, and any other pertinent factors. - Radiographs extra, as required 		
01101 Examination and diagnosis, complete, primary dentition, to include: extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description	27.62	34.47
<p>This service (01101) is allowed once in a patient's lifetime, when continuity of treatment is maintained. If there is a gap in treatment of 2 years or more, a further complete oral examination is warranted and is covered under the Plan.</p> <p>A complete oral examination performed by another dentist is permitted under the Plan, 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.)</p> <p>In cases where a patient has been referred to a specialist in the same group practice, complete oral examinations by both dentist and dental specialist are allowed.</p>		
01102 Examination and diagnosis, complete, mixed dentition, to include: extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including above description; and eruption sequence , tooth size - jaw size assessment	45.70	50.00
01103 Examination and diagnosis, complete, permanent dentition to include: extended examination and diagnosis on permanent dentition, recording history, charting, treatment planning and case presentation, including above description	45.70	50.00
2 Examinations and diagnosis, limited oral		
01201 Examination and diagnosis, limited, oral, new patient: examination with mirror and explorer of hard and soft tissues, including checking of occlusion and appliances, but not including specific tests as for 01100	20.18	24.30
01202 Examination and diagnosis, limited oral, previous patient (recall): examination and diagnosis with mirror and explorer of hard and soft tissues, including checking of occlusion and appliances, but not including specific tests, as for 01100	15.42	19.16

This service (01202) is allowed after a 335 day period has elapsed from the previous complete or recall examination. A recall will be accepted if rendered more than 335 days following the complete or previous recall examination, but will be rejected if the service is rendered any time within the 335 days.

Fee Code	G.P. Fee (\$)	Specialist Fee (\$)
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If procedures or treatment services are provided during the same appointment, the fees for both the examination and procedure(s) are allowed.

01204 Examination and diagnosis, specific: examination, diagnosis and evaluation of a specific situation in a localized area (MSI - includes x-rays)	24.09	32.12
01205 Examination and diagnosis, emergency: examination for the investigation of discomfort and/or infection in a localized area (MSI - includes x-rays)	24.09	32.12

The fee for either of specific (01204) or emergency (01205) oral examination is applicable only when no treatment is rendered during the appointment. If a procedure or treatment service is provided, the fee for the procedure, only, is allowed (unless otherwise specified).

05201 Consultation, MSI - specialist - In office	NA	4.39
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Radiographs
(including radiographic examination and interpretation)

The fees are intended to include both the technical and professional components of an x-ray service, however, non readable films are not insured.

Procedural x-rays in connection with root canal therapy are not allowed separately as the fees for root canal therapy include procedural x-rays.

All x-rays are to be made available to the Plan upon request and therefore should be retained for 18 months following the service.

1 Radiographs, intra oral

02101 Radiographs, intra oral, pedodontic, complete series (minimum of 12 films incl. bitewings)	69.80	69.80
02102 Radiographs, intra oral, adult, complete series (minimum of 16 films incl. bitewings)	69.80	69.80

2 Radiographs, intra oral, periapical

02111 Single film	8.56	8.56
02112 Two films	11.24	11.24
02113 Three films	16.54	16.54
02114 Four films	19.75	19.75
02115 Five films	22.96	22.96
02116 Six films	26.28	26.28
02117 Seven films	29.44	29.44
02118 Eight films	32.71	32.71
02119 Nine films	35.92	35.92
02120 Ten films	39.18	39.18
02121 Eleven films	42.70	42.70

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
02122	Twelve films	46.54	46.54
02123	Thirteen film	50.73	50.73
02124	Fourteen films	55.30	
02125	Fifteen films	58.61	58.61
3	Radiographs, intra oral, occlusal		
02131	Single film	20.93	20.93
02132	Two films	32.71	32.71
02133	Three films	44.48	44.48
02134	Four films	56.21	56.21
4	Radiographs, intra oral, bitewing		
02141	Single film	8.56	8.56
02142	Two films	11.24	11.24
02143	Three films	16.54	16.54
02144	Four films	19.75	19.75
5	Radiographs, extra oral		
02201	Single film	20.93	20.93
02202	Two films	32.71	32.71
02203	Three films	44.48	44.48
02204	Four films	56.21	56.21
6	Radiographs, postero-anterior and lateral skull and facial bone		
02301	Single film	PA	20.93
02302	Two films	PA	32.71
02303	Three films	PA	44.48
02304	Sinus examination - minimum four films identified as: (1) Waters (2) Calwell (3) Lateral Skull (4) Basal	PA	56.21
7	Radiographs, sialography		
02401	Single film	PA	PA
02402	Two films	PA	PA
02409	Each additional film over two	PA	PA
8	Radiopaque dyes, use of, to demonstrate lesions		
02411	One unit of time	PA	PA
02412	Two units of time	PA	PA
02419	Each additional unit over two	PA	PA
9	Radiographs, temporomandibular joint		
02501	Single film	PA	20.93
02502	Two films	PA	32.71
02503	Three films	PA	44.48

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
02504	Four films (minimum examination closed and open each side)	PA	56.21
02509	Each additional film over four	PA	PA
10	Radiographs, panoramic		
02601	Single film	35.97	35.97
11	Radiographs, cephalometric		
02701	Single film	35.97	35.97
02702	Two films	58.56	58.56
12	Radiographs, cephalometric, tracing and interpretation		
02751	One unit of time	PA	PA
02752	Two units	PA	PA
02759	Each additional unit over two	PA	PA
13	Radiographs, interpretation (received from another source, or for MSI - exposed on hospital equipment)		
02801	MSI - paid at one-half regular fee		
14	Radiographs, hand and wrist		
02921	Radiographs, hand and wrist (as a duplicate aid for dental treatment) per case	PA	PA
15	Radiographs, tomography		
02931	Single view	PA	PA
02932	Two view	PA	PA
02933	Three view	PA	PA
02934	Four view	PA	PA
02939	Each additional view over four PA	PA	

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.

Diagnostic casts are to be available to the Plan upon request and accordingly, should be retained for a period of 18 months following the service.

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
1	Tests, microbiological		
04101	Microbiological test for the determination of pathological agents + L	21.63	21.63
2	Tests, caries susceptibility		
04201	Bacteriological test for the determination of dental caries susceptibility + L	21.14	21.14
3	Tests, histological		
	<u>Test, histological, soft tissue</u>		
04311	Biopsy, soft oral tissue - by puncture + L	50.53	50.53
04312	Biopsy, soft oral tissue - by incision + L	50.53	50.53
04313	Biopsy, soft oral tissue - by aspiration + L	50.53	50.53
	<u>Tests, histological, hard tissue</u>		
04321	Biopsy, hard oral tissue - by puncture + L	58.19	58.19
04322	Biopsy, hard oral tissue - by incision + L	58.19	58.19
04323	Biopsy, hard oral tissue - by aspiration + L	58.19	58.19
4	Tests, cytological		
04401	Cytological smear from the oral cavity + L	21.14	21.14
04402	Vital staining of oral mucosal tissues (+ E - not payable by MSI)	21.14	21.14
5	Tests, pulp vitality		
04501	One unit of time 17.88 17.88		
6	Reports, laboratory		
04601	Report, microbiological by oral microbiologist	PA	PA
04602	Report, histological by oral pathologist	PA	PA
04603	Report, cytological by oral pathologist	PA	PA
04604	Reports, other	PA	PA
7	Tests and laboratory examinations, miscellaneous <i>(All available by preauthorization)</i>		
	<u>Equilibration, casts, diagnostic (pilot equilibration) for extensive or complicated restorative dentistry + L</u>		
04711	One unit of time	PA	PA
04712	Two units	PA	PA
04713	Three units	PA	PA
04714	Four units	PA	PA
04719	Each additional unit over four	PA	PA

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
	<u>Wax-up, diagnostic (to evaluate cosmetic and/or preparation design and/or occlusal considerations) (gnathological wax-up) + L</u>		
04721	One unit of time	PA	PA
04722	Two units	PA	PA
04723	Three units	PA	PA
04724	Four units	PA	PA
04729	Each additional unit over four	PA	PA
	<u>Split cast mounting, diagnostic + L</u>		
04731	One unit of time	PA	PA
04732	Two units	PA	PA
04733	Three units	PA	PA
04734	Four units	PA	PA
04739	Each additional unit over four	PA	PA
	<u>Interpretation of models from another source</u>		
04741	First unit of time	PA	PA
04749	Each additional unit of time	PA	PA
Photographs, Diagnostic			
04801	Single photograph	11.08	11.08
04802	Two photographs	22.16	22.16
04803	Three photographs	33.24	33.24
04809	Each additional photograph over three	11.08	11.08
Casts, Diagnostic			
1	Cast, diagnostic, unmounted		
04911	Cast, diagnostic, unmounted + L	21.63	29.76
04912	Cast, diagnostic, unmounted, duplicate + L	PA	PA
2	Cast, diagnostic, mounted		
04921	Cast, diagnostic, mounted + L	33.62	PA
04922	Cast, diagnostic, mounted using face bow transfer + L	60.86	PA
04923	Cast, diagnostic, mounted, using face bow + occlusal records + L	60.86	PA
04924	Cast, diagnostic, mounted using fully adjustable articulator + L (used with 04942)	PA	PA
3	Casts, diagnostic, orthodontic		
04931	Cast, diagnostic, orthodontic (unmounted, angle trimmed and soaped) + L	PA	29.76

Fee Code	G.P. Fee (\$)	Specialist Fee (\$)
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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	50.10	60.06
32222	Molar teeth	50.10	60.06

Pulpotomy, vital, primary teeth

32231	Primary tooth as a separate procedure	40.25	50.05
32232	Primary tooth, concurrent with restorations (but excluding final restoration)	40.25	50.05

2 Pulpectomy (as a separate emergency procedure)

Pulpectomy, permanent teeth/retained primary teeth

32311	One canal	57.70	57.70
32312	Two canals	89.40	89.40
32313	Three canals	PA	PA
32314	Four canals or more	PA	PA

Pulpectomy, primary teeth

32321	Anterior tooth	57.70	57.70
32322	Posterior tooth	85.44	85.44

Root Canal Therapy

To include: treatment plan, clinical procedures (i.e. pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs and follow-up care, excluding final restoration.

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

33111	One canal	227.93	273.53
33121	Two canals	333.86	393.86
33131	Three canals	448.41	538.07
33141	Four or more canals	556.70	644.38

2 Root canals, primary teeth

33401	One canal	85.97	108.07
33402	Two canals	118.14	143.19
33403	Three canals or more	117.98	141.69

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
3	Apexification/apical closure/induction of hard tissue repair (to include biomechanical preparation and placement of dentogenic media)		
33601	One canal	86.82	104.17
33602	Two canals	114.95	150.31
33603	Three canals	146.38	197.10
33604	Four canals or more	262.99	297.07
4	Re-insertion of dentogenic media per visit		
33611	One canal	38.70	44.72
33612	Two canals	38.70	44.72
33613	Three canals	38.70	44.72
33614	Four canals or more	38.70	44.72
Periapical Services			
1	Apicoectomy/apical curettage		
	<u>Maxillary anterior</u>		
34111	One root	119.05	142.87
34112	Two roots	170.09	185.18
	<u>Maxillary bicuspid</u>		
34121	One root	169.15	202.93
34122	Two roots	223.86	242.26
34123	Three roots or more	267.17	281.53
	<u>Maxillary molar</u>		
34131	One root	169.15	202.93
34132	Two roots	223.86	242.26
34133	Three roots	267.17	281.53
34134	Four or more roots	300.83	314.75
	<u>Mandibular anterior</u>		
34141	One root	119.05	142.87
34142	Two or more roots	170.09	185.18
	<u>Mandibular bicuspid</u>		
34151	One root	169.15	202.93
34152	Two roots	223.86	242.26
34153	Three or more roots	267.17	281.53
	<u>Mandibular molar</u>		
34161	One root	169.15	202.93
34162	Two roots	223.86	242.26
34163	Three roots	267.17	281.53
34164	Four or more roots	300.83	314.75

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
2	Retrofilling		
	<u>Maxillary anterior</u>		
34211	One canal	47.32	56.79
34212	Two or more canals	57.35	70.81
	<u>Maxillary bicuspid</u>		
34221	One canal	47.32	56.79
34222	Two canals	57.35	70.81
34223	Three canals	69.39	88.51
34224	Four or more canals	77.79	99.57
	<u>Maxillary molar</u>		
34231	One canal	47.32	56.79
34232	Two canals	57.35	70.81
34233	Three canals	69.39	88.51
34234	Four or more canals	77.79	99.57
	<u>Mandibular anterior</u>		
34241	One canal	47.32	56.79
34242	Two or more canals	57.35	70.81
	<u>Mandibular bicuspid</u>		
34251	One canal	47.32	56.79
34252	Two canals	57.35	70.81
34253	Three canals	69.39	88.51
34254	Four canals	77.79	99.57
	<u>Mandibular molar</u>		
34261	One canal	47.32	56.79
34262	Two canals	57.35	70.81
34263	Three canals	69.39	88.51
34264	Four or more canals	77.79	99.57
3	Enlargement, canal and/or pulp chamber (preparation of post space)		
34601	In Previously filled tooth when root canal treatment done by another practitioner	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)	57.49	68.94
2	Bleaching, non vital		
	<u>Bleaching endodontically treated tooth/teeth</u>		
39311	One unit of time	37.58	37.58
39319	Each additional unit over one - MSI - to a maximum of three	27.09	27.09

Fee Code	G.P. Fee (\$)	Specialist Fee (\$)
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Part 3 - Oral and Maxillofacial Surgery - 70000-79999

Certain procedures included in this Part are also contained in the list of MSI Dental Surgical Procedures covering all eligible residents of the Province. These services continue as benefits of MSI, and accordingly, when dental surgical procedures are performed in hospital, care should be taken to ensure that claims for those services which are included on the list of insured dental surgical procedures are submitted with fee code and fee as shown in the Dental Surgical Procedures section.

Bilateral procedures done under the same general anaesthetic, other than uncomplicated extractions, will be entitled to 50% of unilateral procedures.

Bilateral procedures done under local anaesthetic or conscious sedation will be entitled to a fee equivalent to 100% of unilateral procedures.

When more than 2 quadrants are involved, the first 2 procedures will be paid at 100% and subsequent procedures at 50%.

The following surgical services include necessary local anaesthetic, removal of excess gingival tissue, suturing and one post-operative treatment, when required. A surgical site is considered to include a full quadrant, sextant or group of several teeth, or in some cases a single tooth, which can be practically and conveniently combined for a single surgical sitting.

Removals (Extractions), Erupted Teeth

1 Removals, erupted teeth, uncomplicated

Unless directly related to the 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	35.81	42.98
71109	Each additional tooth, same quadrant, same appointment	18.79	22.59

2 Removals, erupted teeth, complicated

71201	Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth	97.53	116.37
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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	97.53	116.37
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Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
2	Removals, impactions, involving tissue and/or bone coverage		
	<u>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 (partial bone impaction)</u>		
72211	Single tooth	118.14	PA
	<u>Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone AND sectioning of tooth for removal</u>		
72221	Single tooth	161.98	PA
	<u>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</u>		
72231	Single tooth	PA	PA
3	Removals (Extractions), Residual Roots		
	<u>Removals, residual roots, erupted</u>		
72311	First tooth	35.81	PA
	<u>Removals, residual roots, soft tissue coverage</u>		
72321	First tooth	67.12	80.56
	<u>Removals, residual roots, bone tissue coverage</u>		
72331	First tooth	139.60	167.49
4	Post extraction bone preservation		
	<u>Simple ridge preservation, alloplastic material (+ E - not payable by MSI)</u>		
72411	First tooth	PA	PA
5	Surgical exposure of teeth		
	<u>Surgical exposure, unerupted, uncomplicated, soft tissue coverage (includes operculectomy)</u>		
72511	Single tooth	123.49	154.54
	<u>Surgical exposure, complex, hard tissue coverage</u>		
72521	Single tooth	PA	PA
	<u>Surgical exposure, unerupted tooth, with orthodontic attachment</u>		
72531	Single tooth	136.02	163.32
	<u>Surgical exposure, unerupted tooth, soft tissue coverage with positioning of attached gingivae</u>		
72541	Single tooth	PA	PA

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
	<u>Surgical exposure, unerupted tooth, hard tissue coverage with positioning of attached gingivae</u>		
72551	Single tooth	PA	PA
6	Surgical movement of teeth		
	<u>Transplantation of erupted tooth</u>		
72611	First tooth	PA	PA
	<u>Transplantation of unerupted tooth</u>		
72621	First tooth	PA	PA
	<u>Repositioning, surgical</u>		
72631	First tooth	PA	PA

Surgical Incisions

	<u>Surgical incision and drainage and/or exploration, intra-oral soft tissue</u>		
75111	Intra-oral, surgical exploration, soft tissue	PA	PA
75112	Intra-oral, abscess, soft tissue	50.10	66.27
75113	Intra-oral, abscess, in major anatomical area with drain	PA	PA
	<u>Surgical incision and drainage and/or exploration, intra-oral hard tissue</u>		
75121	Intra-oral, abscess, hard tissue, trephination and drainage	PA	PA
75122	Intra-oral, surgical exploration, hard tissue	PA	PA
75123	Intra-oral, abscess, hard tissue, trephination and drainage in major anatomical area	PA	PA

Treatment of Fractures

It is understood that the majority of fractures will be treated in hospital and covered under the MSI Dental Surgical Benefit. However, independent consideration will be given for fractures treated in a dental office. Explanation should be included on the claim form.

	<u>Fracture, alveolar, debridement, teeth removed</u>		
76911	3 cm or less	PA	PA
76912	3-6 cm	PA	PA
76913	6 cm and over	PA	PA
	<u>Reduction, alveolar, closed, with teeth (fixation extra)</u>		
76921	3 cm or less	PA	PA
76922	3-6 cm	PA	PA
76923	6-9 cm	PA	PA
76924	9 cm and over	PA	PA

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
	<u>Reduction, alveolar, open, with teeth (fixation extra)</u>		
76931	3 cm and less	PA	PA
76932	3-6 cm	PA	PA
76933	6-9 cm	PA	PA
76934	9 cm and over	PA	PA
	<u>Replantation, avulsed tooth/teeth (including splinting)</u>		
76941	Replantation, first tooth	PA	PA
76949	Each additional tooth	PA	PA
	<u>Repositioning of traumatically displaced teeth</u>		
76951	One unit of time	PA	PA
76952	Two units of time	PA	PA
76959	Each additional unit over two	PA	PA

Frenectomy/Frenoplasty

77801	Frenectomy, upper labial (office only)	111.82	111.82
77801	Frenectomy, upper labial (hospital only)	83.50	83.50
77802	Frenectomy, lower labial (office only)	111.82	111.82
77802	Frenectomy, lower labial (hospital only)	83.50	83.50

Hemorrhage, Control of

79401	Primary hemorrhage, control	PA	PA
79402	Secondary hemorrhage, control	PA	PA
79403	Hemorrhage control, using compression and hemostatic agent	34.90	41.91
79404	Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary)	34.90	41.91

Post Surgical Care

(Required by complications and unusual circumstances, refer to comment at beginning of Part 3.)

79605	Post surgical care, alveolitis, treatment of (without anaesthesia)	29.55	35.54
79606	Post surgical care, alveolitis, treatment of (with anaesthesia)	29.55	35.54

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 payable by MSI)	PA	PA
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Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
79952	First stage surgical placement, mandible per implant (+ E - not payable by MSI)	PA	PA
79953	Second stage exposure and temporization, maxilla per implant (+ E - not payable by MSI)	PA	PA
79954	Second stage exposure and temporization, mandible per implant (+ E - not payable by MSI)	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

	<u>Recementation of fixed appliances - msi - not including brackets</u>		
80651	One unit of time	31.37	37.47

Appliances, Active, for Tooth Guidance or Minor Tooth Movement

1	Appliances, Removable		
	<u>Appliances, removable, space regaining</u>		
81113	Appliance, maxillary, bilateral + L	344.14	440.59
81114	Appliance, mandibular, bilateral + L	344.14	440.59
	<u>Appliances, removable, cross-bite correction</u>		
81121	Appliance, maxillary, simple + L	PA	808.02
81122	Appliance, mandibular, simple + L	PA	808.02
	<u>Appliances, removable, dental arch expansion</u>		
81131	Appliance, maxillary, simple + L	PA	PA
81132	Appliance, mandibular, simple + L	PA	PA
	<u>Appliances, removal, closure of diastemas</u>		
81141	Appliance, maxillary, simple + L	PA	PA
81142	Appliance, mandibular, simple + L	PA	PA
	<u>Appliances, removable, alignment of anterior teeth</u>		
81151	Appliance, maxillary, simple + L	PA	PA
81152	Appliance, mandibular, simple + L	PA	PA
2	Appliances, fixed or cemented		
	<u>Appliance, fixed, space regaining (e.g. lingual or labial arch with molar bands, tubes, locks)</u>		
81211	Appliance, maxillary + L	PA	440.59
81212	Appliance, mandibular + L	PA	440.59

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
	<u>Appliance, fixed, space regaining, unilateral</u>		
81221	Appliance, maxillary + L	PA	307.47
81222	Appliance, mandibular + L	PA	307.47
	<u>Appliance, fixed, cross-bite correction - anterior MSI - as Phase I treatment</u>		
81231	Appliance, maxillary + L	PA	808.02
81232	Appliance, mandibular + L	PA	808.02
	<u>Appliance, fixed, cross-bite correction - posterior MSI - as Phase I treatment</u>		
81241	Appliance, maxillary + L	PA	808.02
81242	Appliance, mandibular + L	PA	808.02
81243	Appliance, two-molar band, hooked and elastics + L	PA	808.02
	<u>Appliance, fixed, dental arch expansion</u>		
81251	Appliance, maxillary + L	PA	PA
81253	Appliance, maxillary, rapid expansion + L	PA	PA
	<u>Appliance, fixed, closure of diastemas</u>		
81261	Appliance, maxillary, simple + L	PA	PA
81262	Appliance, mandibular, simple + L	PA	PA
	<u>Appliance, fixed, alignment of incisor teeth</u>		
81271	Appliance, maxillary, simple + L	PA	PA
81272	Appliance, mandibular, simple + L	PA	PA
	<u>Appliances, fixed, mechanical eruption tooth/teeth</u>		
81291	Appliance, maxillary + L	PA	PA
81292	Appliance, mandibular + L	PA	PA
3	Appliances, retention, orthodontic retaining appliances		
	<u>Appliances, removable, retention</u>		
83101	Appliance, maxillary + L (MSI - \$60.00 lab maximum)	PA	214.00
83102	Appliance, mandibular + L (MSI - \$60.00 lab maximum)	PA	214.00
83103	Appliance, tooth positioner + L (MSI - \$60.00 lab maximum)	PA	214.00
	<u>Appliances, fixed/cemented, retention</u>		
83201	Appliance, maxillary + L (MSI - \$60.00 lab maximum)	PA	214.00
83202	Appliance, mandibular + L (MSI - \$60.00 lab maximum)	PA	214.00
Comprehensive Orthodontic Treatment			
1	Fixed appliance (includes formal full banded treatment and retention)		
	<u>Permanent dentition</u>		
84101	Class I malocclusion (MSI - non-surgical case)	PA	3519.00
84101	Class I malocclusion (MSI - surgical case)	PA	3867.00

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
84201	Class II malocclusion (MSI - non-surgical case)	PA	4111.00
84201	Class II malocclusion (MSI - surgical case)	PA	4355.00
84301	Class III malocclusion (MSI - non-surgical case)	PA	5052.00
84301	Class III malocclusion (MSI - surgical case)	PA	5958.00
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)		
	<u>Permanent dentition</u>		
87101	Class I malocclusion + L	PA	PA
87201	Class II malocclusion + L	PA	PA
87301	Class III malocclusion + L	PA	PA
	<u>Mixed dentition</u>		
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 one appointment may be necessary.)

(MSI - details as to rationale must accompany claim.)

41301	One unit of time	22.00	22.00
41302	Two units	44.00	44.00
41309	Each additional unit over two	22.00	22.00

Periodontal Services, Surgical

(Includes local anesthetic, suturing and the placement and removal of initial surgical dressing. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or a group of teeth or in some cases a single tooth which can be practically and conveniently combined for a single surgical sitting.)

1 Periodontal surgery, gingival curettage

	<u>Surgical curettage, to include definitive root planing</u>		
42111	Per sextant	77.83	93.53

2 Periodontal surgery, gingivoplasty

42201	Per sextant	PA	133.75
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Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
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.)			
	<u>Gingivectomy, uncomplicated</u>		
42311	Per sextant	PA	95.98
	<u>Gingivectomy, with curettage</u>		
42321	Per sextant	PA	105.58
	<u>Gingival fiber incision (supra crestal fibrotomy)</u>		
42331	Per tooth	PA	17.85
42339	Each additional tooth	PA	17.85
	<u>Soft tissue recontouring for crown lengthening</u>		
42341	Limited recontouring of tissue, per tooth	PA	49.90
4	Periodontal surgery, flap approach		
	<u>Flap approach, with osteoplasty/ostectomy</u>		
42411	Per sextant	PA	196.08
	<u>Flap approach, with curettage of osseous defect</u>		
42421	Per sextant	PA	196.08
	<u>Flap approach, with curettage of osseous defect and osteoplasty</u>		
42431	Per sextant	PA	219.56
	<u>Flap approach, exploratory (for diagnosis)</u>		
42441	Per site	PA	48.30
	<u>Flap approach, with osteoplasty/ostectomy for crown lengthening</u>		
42451	Per site	PA	196.08
5	Periodontal surgery, grafts		
	<u>Grafts, soft tissue, pedicle (including apically or coronally positioned, lateral sliding and rotated flaps)</u>		
42511	Per site	PA	217.92
42512	Periosteal stimulation in addition to 42511	PA	239.71
	<u>Grafts, soft tissue, pedicle (coronally positioned)</u>		
42521	Per site	PA	217.92
42522	Periosteal stimulation in addition to 42521	PA	239.71
	<u>Grafts, free soft tissue</u>		
42531	Per site	PA	217.92
	<u>Grafts, soft tissue, pedicle, with free graft placed in pedicle Donar site</u>		
42541	Per site	PA	217.92

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
	<u>Grafts, free connective tissue (for root coverage)</u>		
42551	Per site	PA	217.92
	<u>Grafts, free connective tissue (for ridge augmentation)</u>		
42561	Per site	PA	217.92
	<u>Grafts, connective tissue, pedicle with free graft for root coverage</u>		
42571	Per site	PA	217.92
	<u>Grafts, gingival onlay, for ridge augmentation</u>		
42581	Per site	PA	217.92
6	Periodontal surgery, grafts, osseous tissue		
	<u>Grafts, osseous, autograft (including flap entry and closure)</u>		
42611	Per site	PA	188.15
	<u>Grafts, osseous, allograft (including flap entry and closure)</u>		
42621	Per site (+ E - not payable by MSI)	PA	PA
7	Periodontal surgery, miscellaneous procedures		
	<u>Guided tissue regeneration (including re-entry)</u>		
42711	Per site (+ E - not payable by MSI)	PA	PA
8	Periodontal surgery, miscellaneous procedures		
	<u>Proximal wedge procedure (as a separate procedure)</u>		
42811	With flap curettage, per site	PA	PA
42819	With flap curettage and ostectomy/ostoplasty, per site	PA	PA
	<u>Post surgical periodontal treatment visit per dressing change</u>		
42821	One unit of time	PA	PA
42822	Two units of time	PA	PA
42823	Three units of time	PA	PA
42829	Each additional unit over three	PA	PA
	<u>Periodontal abscess or pericoronitis, may include one or more of the following procedures: lancing, scaling, curettage, surgery or medication</u>		
42831	One unit of time	PA	PA
42832	Two units	PA	PA
42833	Three units	PA	PA
42834	Four units	PA	PA
42839	Each additional unit over four	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 of the joint is utilized.)

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
1	Periodontal splinting or ligation, provisional, intra coronal		
	<u>“A” splint (acrylic, composite or amalgam, plus knurled wire)</u>		
43111	Per joint	PA	31.58
2	Periodontal splinting or ligation, provisional, extra coronal		
	<u>Acid etch joint restorations (per joint)</u>		
43211	Per joint	PA	41.38
	<u>Acid etch, interproximal enamel splint</u>		
43221	Per joint	PA	41.38
	<u>Wire ligation</u>		
43231	Per joint	PA	41.38
	<u>Wire ligation, acrylic covered</u>		
43241	Per joint	PA	41.38
	<u>Dental floss ligation</u>		
43251	Per joint	PA	41.38
	<u>Orthodontic band splint</u>		
43261	Per band	PA	41.38
	<u>Cast/soldered splint acid etch/resin bonded</u>		
43271	Per abutment + L	PA	41.38
	<u>Removal of fixed periodontal splints</u>		
43281	One 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+6000 code series) by the same dentist for a period of 3 months.

43311	One unit of time	34.53	41.38
43312	Two units	69.06	82.76
43313	Three units	103.59	124.14
43314	Four units	138.12	165.52
43317	One half unit	17.27	20.69
43319	Each additional unit over four	34.53	41.38

Root Planing, Periodontal

43421	One unit of time	34.53	41.38
43422	Two units	69.06	82.76

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
43423	Three units	103.59	124.14
43424	Four units	138.12	165.52
43425	Five units	172.65	206.90
43426	Six units	207.18	248.28

Chemotherapeutic and/or Antimicrobial Agents

1 Chemotherapeutic and/or antimicrobial agents, topical application

43511	One unit of time	PA	PA
43519	Each additional unit of time	PA	PA

2 Chemotherapeutic and/or antimicrobial agents, intra-sulcular

43521	One unit of time	PA	PA
43529	Each additional unit of time	PA	PA

Appliances

1 Appliances, periodontal

(See separate codes for TMJ (43700) and TMJ appliances (78700).)

Appliances, periodontal (including bruxism appliance):
includes impression, insertion and adjustment

43611	Maxillary appliance + L	PA	PA
43612	Mandibular appliance + L	PA	

Appliances, maintenance, adjustments, repair (including
bruxism appliances)

43621	One unit of time + L	PA	PA
43622	Two units of time + L	PA	PA
43623	Three units of time + L	PA	PA
43629	Each additional unit over three	PA	PA

Appliances, reline (including bruxism appliances)

43631	Reline, direct	PA	PA
43632	Reline, processed + L	PA	PA

2 Appliances, temporomandibular joint

Appliance, TMJ, diagnostic

43711	Maxillary appliance + L	PA	PA
43712	Mandibular appliance + L	PA	

Appliance, TMJ intra-oral repositioning

43721	Maxillary appliance + L	185.96	222.95
43722	Mandibular appliance + L	185.96	222.95

Appliance, TMJ, periodic maintenance, adjustments, repairs

43731	One unit of time + L	31.34	37.63
43732	Two units of time + L	62.68	75.26
43733	Three units of time + L	94.02	112.89
43739	Each additional unit over three	31.34	37.63

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
	<u>Appliance, TMJ, relines</u>		
43741	Reline, direct	PA	PA
43742	Reline, processed + L	PA	PA

3 Appliances, myofacial pain syndrome

(Conditions that originate outside the temporomandibular joint, to include: models, gnathological determinants, adjustments and three post insertion adjustments.)

43801	Maxillary appliance + L	PA	PA
43802	Mandibular appliance + L	PA	
	<u>Appliance, myofacial pain syndrome, periodic maintenance, adjustment and repairs</u>		
43811	One unit of time + L	PA	PA
43812	Two units of time + L	PA	PA
43813	Three units of time + L	PA	PA
43819	Each additional unit over three	PA	PA

Periodontal Services, Miscellaneous

1 Periodontal re-evaluation

49101	One unit of time	PA	PA
49102	Two units of time	PA	PA
49109	Each additional unit over two	PA	PA

2 Periodontal irrigation, subgingival

49211	One unit of time	PA	PA
49219	Each additional unit of time	PA	PA

3 Provisional non-coded services

	Root separation	PA	PA
	Forced eruption - one tooth	PA	PA
	Forced eruption - more than one tooth	PA	PA
	Rapid extrusion - one tooth	PA	PA
	Rapid extrusion - more than one tooth	PA	PA

Part 6 - Preventive - 10000-19999

1 Polishing - See below "Caries prevention service"

2 Scaling

11111	One unit of time	21.14	21.14
11112	Two units of time	42.28	42.28
11113	Three units of time	63.42	63.42
11114	Four units of time	84.56	84.56
11115	Five units of time	105.76	105.76

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
3	Fluoride treatments		
12101	Fluoride treatment, topical application	11.03	11.03
Preventive Services, Other			
1	Nutritional dietary counselling		
Including: recording and analysis of 7-day dietary intake and consultation (MAXIMUM OF 4 PAYABLE PER LIFETIME - MSI)			
13101	One unit of time	21.14	21.14
2	Caries prevention service - MSI (previously MSI fee code 220)		
Oral hygiene instruction/plaque control, to include: brushing and/or flossing and/or embrasure cleaning, includes for MSI Programs rubber cup polishing and minor scaling procedures.			
13211	One unit of time	21.14	21.14
3	Sealants, pit and fissure (acid etch preparation included)		
(MSI - limited to 6-year molars that meet guidelines - one application per tooth.)			
13401	Each tooth 1	9.27	19.27
4	Disking of teeth, interproximal (MSI - MAXIMUM 3 UNITS PER LIFETIME)		
13701	One unit	37.58	37.58
13702	Two units	75.16	75.16
13703	Three units	112.74	112.74
5	Recontouring of teeth for functional reasons (not associated with delivery of a single or multiple prosthesis)		
13901	One unit of time	PA	PA
13909	Each additional unit of time	PA	PA
Space Maintainers			
(Includes the design, separation, fabrication, insertion and where applicable initial cementation and removal.)			
1	Space maintainers, band type		
15101	Space maintainer, band type, fixed, unilateral + L	86.82	116.10
15103	Space maintainer, band type, fixed, bilateral (soldered lingual arch) + L	109.47	176.64
15105	Space maintainer, band type, fixed, bilateral tubes and locking wires + L	148.65	193.19

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
2	Space maintainers, stainless steel crown type		
15201	Space maintainer, stainless steel crown type, fixed + L	112.04	134.46
3	Space maintainers, maintenance of		
15601	Maintenance, space maintainer appliance, to include adjustment and/or recementation after 30 days from insertion	40.57	40.57

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	851.27
51202	Mandibular + L	PA	887.34
51204	Liners, resilient in addition to above + L	PA	42.00
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	392.90	PA
51302	Mandibular + L	392.90	PA
3	Dentures, complete, transitional (temporary)		
51601	Maxillary + L	PA	584.32
51602	Mandibular + L	PA	584.32
4	Dentures, complete, overdenture		
51701	Maxillary + L	PA	PA
51702	Mandibular + L	PA	PA
5	Dentures, complete, overdentures (immediate)		
51801	Maxillary + L	PA	PA
51802	Mandibular + L	PA	PA
6	Dentures, complete, attached to implants		
	<u>Dentures, removable, tissue bone, with independent attachments secured to implants</u>		
51921	Maxillary + L	PA	PA
51922	Mandibular + L	PA	PA

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
Dentures, Partial, Acrylic			
1	Dentures, partial, acrylic base (transitional) (with or without clasps)		
52101	Maxillary + L	121.88	PA
52102	Mandibular + L	121.88	PA
2	Dentures, partial, acrylic base (immediate)		
52111	Maxillary + L	PA	PA
52112	Mandibular + L	PA	PA
3	Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests		
52301	Maxillary + L	239.43	294.62
52302	Mandibular + L	239.43	294.62
4	Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests (immediate)		
52311	Maxillary + L	239.43	294.62
52312	Mandibular + L	239.43	294.62
5	Dentures, partial, overdenture, acrylic, with cast/wrought clasps and/or rests		
52501	Maxillary + L	PA	PA
52502	Mandibular + L	PA	PA
6	Dentures, partial, overdenture, acrylic, with cast/wrought clasps and/or rests (immediate)		
52511	Maxillary + L	PA	PA
52512	Mandibular + L	PA	PA
Dentures, Partial, Cast with Acrylic Base			
1	Dentures, partial, free end, cast frame/connector, clasps and rests		
53101	Maxillary + L	PA	PA
53102	Mandibular + L	PA	PA
53104	Altered cast impression technique in conjunction with 53101, 53102, 53103 + L	PA	PA
2	Dentures, partial, tooth borne, cast frame/connector, clasps and rests		
53201	Maxillary + L	341.78	PA
53202	Mandibular + L	341.78	PA

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
3	Dentures, partial, cast, precision attachments		
53401	Maxillary + L	484.97	PA
53402	Mandibular + L	484.97	PA
4	Dentures, partial, cast, semi-precision attachments		
53501	Maxillary + L	PA	PA
53502	Mandibular + L	PA	PA
5	Dentures, partial, cast, overdenture, removable		
53701	Maxillary + L	PA	PA
53702	Mandibular + L	PA	PA
53704	Altered cast impression technique done in conjunction with 53701, 53702 and 53703 + L	PA	PA
Dentures, Adjustments			
(after 3 months insertion or by other than the dentist providing prosthesis)			
1	Denture adjustments, partial or complete denture, minor		
54201	One unit of time + L	31.37	37.52
2	Denture adjustments, partial or complete denture, remount and occlusal equilibration		
54301	Maxillary + L	PA	198.91
54302	Mandibular + L	PA	207.37
Dentures, Repairs/Additions			
1	Denture, repair, complete denture, no impression required		
55101	Maxillary + L	28.26	34.10
55102	Mandibular + L	28.26	34.10
2	Denture, repair, complete denture, impression required		
55201	Maxillary + L	57.06	68.36
55202	Mandibular + L	57.06	68.36
3	Denture, repairs/additions, partial denture, no impression required		
55301	Maxillary + L	28.26	37.63
55302	Mandibular + L	28.26	37.63
4	Denture, repairs/additions, partial denture, impression required		
55401	Maxillary + L	57.06	68.36
55402	Mandibular + L	57.06	68.36

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
5	Dentures, implant retained prosthesis, prophylaxis and polishing		
55501	One unit of time + L	PA	PA
55509	Each additional unit of time	PA	PA
Dentures, Duplication, Relining, Rebasing, and Remaking			
1	Dentures, duplication		
	<u>Denture, duplication, complete denture</u>		
56111	Maxillary + L	PA	PA
56112	Mandibular + L	PA	PA
2	Dentures, relining		
	<u>Denture, reline, direct, complete denture</u>		
56211	Maxillary	100.85	100.85
56212	Mandibular	100.85	100.85
	<u>Denture, reline, direct, partial denture</u>		
56221	Maxillary	96.73	96.73
56222	Mandibular	96.73	96.73
	<u>Denture, reline, processed, complete denture</u>		
56231	Maxillary + L	125.47	125.47
56232	Mandibular + L	125.47	125.47
	<u>Denture, reline, processed, partial denture</u>		
56241	Maxillary + L	73.92	73.92
56242	Mandibular + L	73.92	73.92
	<u>Denture, reline, processed, functional impression requiring 3 appointments, partial denture</u>		
56261	Maxillary + L	125.47	125.47
56262	Mandibular + L	125.47	125.47
3	Dentures, remake		
	<u>Denture, remake, using existing framework, partial denture</u>		
56411	Maxillary + L	PA	PA
56412	Mandibular + L	PA	PA
Dentures, Tissue Conditioning			
1	Denture, tissue conditioning, per appointment, complete denture		
56511	Maxillary + L	61.40	61.40
56512	Mandibular + L	61.40	61.40
2	Denture, tissue conditioning, per appointment, partial denture		
56521	Maxillary + L	71.03	71.03
56522	Mandibular + L	71.03	71.03

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
Dentures, Miscellaneous Services			
56601	Resilient liner, in relined or rebased denture (in addition to reline or rebase of denture) + L	61.40	61.40
56602	Resetting of teeth (not including reline or rebase of denture) + L	PA	PA

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		
	<u>Pontics, cast</u>		
62101	Pontics, cast metal + L	PA	166.80
62102	Pontics, cast metal core with separate porcelain jacket pontic + L	PA	166.80
	<u>Pontics, porcelain/polymer glass</u>		
62501	Pontics, porcelain fused to metal + L	PA	187.30
62502	Pontics, porcelain, aluminous + L	PA	187.30
	<u>Pontics, acrylic/plastic/composite</u>		
62702	Pontics, acrylic/plastic/composite, processed indirect (transitional) + L	PA	PA
62703	Pontics, acrylic/plastic/composite, transitional direct	PA	PA
2	Recontouring of retainers/pontics, per tooth (of existing bridgework)		
63001	One unit of time	PA	PA
63009	Each additional unit of time	PA	PA
3	Master cast, facebow mounting		
64101	Master cast, facebow mounting + L	PA	PA
4	Repairs, removal		
	<u>Removal, fixed bridge</u>		
66211	One unit of time	36.72	44.05
5	Repairs, recementation (+L where laboratory charges are incurred during repair of bridge)		
66301	One unit of time + L	42.23	50.53
6	Repairs, fixed bridge		
	<u>Repairs, porcelain/ceramic/plastic/composite, direct</u>		
66711	First tooth	PA	PA
66719	Each additional tooth	PA	PA

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
	<u>Repairs, solder indexing to repair broken solder joint</u>		
66721	One unit of time + L	PA	PA
66729	Each additional unit of time	PA	PA
Fixed Bridge Retainers			
1	Retainers, plastic/acrylic		
67101	Retainer, plastic/acrylic, processed + L	37.74	46.73
67102	Retainer, plastic processed to metal + L	37.74	46.73
	<u>Retainers, plastic/acrylic, direct (transitional during healing, done at chairside)</u>		
67121	First tooth	PA	PA
67129	Each additional tooth	PA	PA
	<u>Retainers, plastic/acrylic, indirect, processed (transitional during healing)</u>		
67131	First tooth + L	PA	PA
67139	Each additional tooth + L	PA	PA
	<u>Retainers, plastic/acrylic, indirect, processed, attached to implants</u>		
67141	First implant + L	PA	PA
67149	Each additional implant + L	PA	PA
2	Retainers, porcelain/ceramic/polymer glass		
67201	Retainer, porcelain/ceramic + L	PA	PA
	<u>Retainers, porcelain fused to metal</u>		
67211	Retainers, porcelain/ceramic fused to metal + L	PA	407.25
67212	Stress breaker and/or precision attachments, in addition to above + L	PA	116.26
	<u>Retainers, porcelain/ceramic fused to metal, attached to implant</u>		
67221	First implant + L	PA	PA
67229	Each additional implant + L	PA	PA
3	Retainers, metal, cast		
	<u>Retainers, metal full cast</u>		
67301	Retainers, metal full cast + L	PA	407.25
67302	Stress breaker and/or precision attachments, in addition to above + L	PA	116.26
	<u>Retainers, metal 3/4 cast</u>		
67311	Retainers, metal 3/4 cast + L	PA	407.25
67312	Stress breakers and/or precision attachments, in addition to above + L	PA	116.26
	<u>Retainers, metal inlay (used with broken stress technique)</u>		
67321	Retainer, metal inlay, two surfaces + L	PA	309.77
67322	Retainer, metal inlay, three or more surfaces + L	PA	388.62

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
67331	<u>Retainers, metal, onlay (internal retention type)</u> Retainer, metal, onlay + L	PA	388.62
67341	<u>Retainers, metal, onlay (external retention type)</u> Retainer, metal, onlay, acid etch and/or perforated, bonded to abutment tooth, (pontic extra) + L	PA	PA
67351	<u>Retainers, metal, prefabricated or custom cast, attached to transmucosal component (25761) used with 67503</u> Retainer + L and/or (+ E - not payable by MSI)	PA	PA
67359	Each additional retainer + L and/or (+ E - not payable by MSI)	PA	PA

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	540.69
67503	Implant, each retentive bar attached by screws to implant (67351) to retain removable prosthesis (see 51920 for prosthesis)	PA	PA

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
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2 Fixed prosthetics, splinting

69201	Splinting for extensive or complicated restorative dentistry(per tooth) + L	PA	PA
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3 Fixed prosthetics, retentive pins (for retainers in addition to restoration)

69301	One pin/restoration + L	18.84	18.84
69302	Two pins/restoration + L	27.69	27.69
69303	Three pins/restoration + L	37.38	37.38
69304	Four pins/restoration + L	49.71	49.71
69305	Five pins or more/restoration + L	70.10	70.10

4 Fixed prosthetics, provisional coverage (in extensive or complicated restorative dentistry)

69701	Abutment tooth + L	39.18	46.78
69702	Pontic + L	PA	PA

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
5	Fixed prosthetic framework, attached to endosseous integrated implants		
	<u>Fixed framework attached with screws and incorporated teeth (denture teeth and acrylic)</u>		
69811	Maxillary + L	PA	PA
69812	Mandibular + L	PA	PA
	<u>Fixed framework attached with screws and incorporating teeth (full metal and porcelain bonded to metal crowns)</u>		
69821	Maxillary + L	PA	PA
69822	Mandibular + L	PA	PA
	<u>Removal of implant screw - retained prosthesis for cleaning or repair</u>		
69831	One unit of time	PA	PA
69839	Each additional unit of time	PA	PA
	<u>Reinsertion of implant screw - retained prosthesis</u>		
69841	One unit of time + E and/or + L	PA	PA
69849	Each additional unit of time	PA	PA

Part 9 - Restorative Services - 20000- 29999

Caries, Trauma and Pain Control (MSI - permanent teeth only)

	<u>Removal of carious lesions or existing restorations and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure)</u>		
20111	First tooth	37.58	45.12
	<u>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, as a separate procedure)</u>		
20121	First tooth	51.01	58.24
	<u>Trauma control, smoothing of fractured surfaces per tooth</u>		
20131	First tooth	PA	PA

Restorations, Amalgam

1	Restorations, amalgam, primary teeth		
	<u>Restorations, amalgam, non-bonded, primary teeth</u>		
21111	One surface	24.89	29.82
21112	Two surfaces	35.81	43.20
21113	Three surfaces	49.41	41.16
21114	Four surfaces	51.92	62.20
21115	Five surfaces or maximum surfaces per tooth	65.36	78.42

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
	<u>Restorations, amalgam, bonded, primary teeth</u>		
21121	One surface	24.89	29.82
21122	Two surfaces	35.81	43.20
21123	Three surfaces	41.16	49.41
21124	Four surfaces	51.92	62.20
21125	Five surfaces or maximum surfaces per tooth	65.36	78.42
2	Restorations, amalgam, permanent teeth		
	<u>Restorations, amalgam, non-bonded, permanent bicuspid and anteriors</u>		
21211	One surface	32.22	38.59
21212	Two surfaces	48.34	57.65
21213	Three surfaces	60.86	72.75
21214	Four surfaces	78.74	98.01
21215	Five surfaces or maximum surfaces per tooth	96.67	115.41
	<u>Restorations, amalgam, non-bonded, permanent molars</u>		
21221	One surface	35.33	42.23
21222	Two surfaces	52.57	62.90
21223	Three surfaces	68.89	82.17
21224	Four surfaces	94.85	113.91
21225	Five surfaces or maximum surfaces per tooth	126.22	150.74
	<u>Restorations, amalgam, bonded, permanent bicuspid and anteriors</u>		
21231	One surface	32.22	38.59
21232	Two surfaces	48.34	57.65
21233	Three surfaces	60.86	72.75
21234	Four surfaces	78.74	98.01
21235	Five surfaces or maximum surfaces per tooth	96.67	115.41
	<u>Restorations, amalgam, bonded, permanent molars</u>		
21241	One surface	35.33	42.23
21242	Two surfaces	52.57	62.90
21243	Three surfaces	68.89	82.17
21244	Four surfaces	94.85	113.91
21245	Five surfaces or maximum surfaces per tooth	126.22	150.74
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	One pin	9.69	9.69
21402	Two pins	16.97	16.97
21403	Three pins	21.47	21.47
21404	Four pins	26.55	26.55
21405	Five pins or more	30.83	30.83

Fee Code			G.P. Fee (\$)	Specialist Fee (\$)
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		74.40	92.77
22211	Primary posterior		74.40	92.77
22212	Primary anterior - open face		71.89	86.18
2	Restorations, prefabricated, metal, permanent dentition			
22301	Permanent anterior		74.40	92.77
22302	Permanent anterior - open face		71.89	86.18
22311	Permanent posterior		74.40	92.77
22312	Permanent posterior - open face		71.89	86.18
3	Restorations, prefabricated, plastic, permanent dentition			
22501	Permanent anterior		108.29	131.47
22511	Permanent posterior		108.29	131.47
Restorations, Tooth Coloured				
1	Restorations, tooth coloured, permanent anteriors, acid etch/bond technique (not to be used for veneer applications or diastema closures)			
23111	One surface		44.75	53.42
23112	Two surfaces (continuous)		58.40	69.91
23113	Three surfaces (continuous)		68.03	81.68
23114	Four surfaces (continuous)		108.29	131.47
23115	Five surfaces (continuous, maximum surfaces per tooth)		108.29	131.47
2	Restorations, tooth coloured, veneer applications			
23121	Tooth coloured veneer application - direct chairside prefabricated - acid etch/bond		108.29	131.47
23122	Tooth coloured veneer application - non prefabricated direct buildup-acid etch/bond		108.29	131.47
3	Restorations, tooth coloured, permanent posteriors - acid etch/bond technique			
	<u>Tooth coloured, permanent bicuspids</u>			
23311	One surface		32.22	38.59
23312	Two surfaces		48.34	57.65
23313	Three surfaces	60.86	72.75	
23314	Four surfaces		78.74	98.01
23315	Five surfaces or maximum surfaces per tooth		96.67	115.41

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
	<u>Tooth coloured, permanent molars</u>		
23321	One surface	35.33	42.23
23322	Two surfaces	52.57	62.90
23323	Three surfaces	68.89	82.17
23324	Four surfaces	94.85	113.91
23325	Five surfaces	126.22	150.74
4	Restorations, tooth coloured, primary, anterior, acid etch/bond technique		
23411	One surface	41.59	49.89
23412	Two surfaces (continuous)	41.59	49.89
23413	Three surfaces (continuous)	58.40	69.91
23414	Four surfaces (continuous)	90.30	98.00
23415	Five surfaces (continuous or maximum surfaces per tooth)	90.30	98.00
5	Restorations, tooth coloured, primary, posterior, acid etch/bond technique		
23511	One surface	24.89	29.87
23512	Two surfaces	35.81	43.20
23513	Three surfaces	41.16	49.41
23514	Four surfaces	51.92	62.20
23515	Five surfaces or maximum surfaces per tooth	65.36	78.42
6	Restorations, tooth coloured/plastic with silver filings, cores		
23601	Restoration, tooth coloured, core, in conjunction with crown	90.30	98.00
23602	Restoration, tooth coloured, acid etch/bonded, core, in conjunction with crown	90.30	98.00
Note:	Please see prosthodontics section for inlays, onlays and pins.		
	Posts		
	<u>Posts, cast metal (including core) as a separate procedure</u>		
25711	Single section + L	120.33	167.33
25712	Two sections + L	120.33	167.33
25713	Three sections + L	PA	321.39
	<u>Posts, cast metal (including core) concurrent with impression for crown</u>		
25721	Single section + L	120.33	167.33
25722	Two sections + L	120.33	167.33
25723	Three sections + L	PA	321.39
	<u>Posts, prefabricated retentive (separate procedure)</u>		
25731	One post	76.28	91.27
25732	Two posts same tooth	76.28	91.27
27533	Three posts same tooth	76.28	91.27

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
	<u>Posts, prefabricated, retentive and cast core</u>		
25741	One post and cast core + L	120.33	167.33
25742	Two posts (same tooth) and cast core + L	120.33	167.33
25743	Three posts (same tooth) and cast core + L	PA	321.39
	<u>Posts, prefabricated, with core for crown restoration (when pins are applicable, refer to 21401-21405 for additional fee)</u>		
25751	One post, with amalgam core + pins	PA	PA
25752	Two posts (same tooth) with amalgam core + pins	PA	PA
25753	Three posts (same tooth) with amalgam core + pins	PA	PA
25754	One post, with composite core + pins	PA	PA
25755	Two posts (same tooth) with composite core + pins	PA	PA
25756	Three posts (same tooth) with composite core + pins	PA	PA
	<u>Post removal</u>		
25781	One unit of time	PA	PA

Crowns

Stainless steel crowns - 100% of the dental tariff applies to each of the first 3 stainless steel crowns done at one sitting for a patient under general anaesthesia; and 50% of the dental tariff applies to each additional stainless steel crown done at the same sitting.

Notwithstanding, a dentist may, when submitting a claim, request independent consideration for payment of 100% of the dental tariff for 4 or more stainless steel crowns done at the same sitting for a patient under general anaesthesia. Such requests must be substantiated. Under normal circumstances, should be accompanied by necessary x-rays.

Permanent crowns - pre-determination of benefits is necessary prior to rendering services for permanent crowns. X-rays and/or study models should accompany the request for pre-determination.

MSI Note: Gold, butt margins (including collarless veneers), custom shading or any esthetics included in the lab fees are uninsured.

1 Crowns, plastic (single units only)

	<u>Crowns, plastic, processed</u>		
27111	Crown, plastic, processed + L	276.64	276.64
27112	Crown, plastic, processed complicated (restorative, positional and/or aesthetic) + L	PA	PA
27113	Crown, plastic, transitional, indirect + L	PA	PA
27114	Crown, plastic/metal base, processed + L	339.69	407.62
	<u>Crowns, plastic, direct</u>		
27121	Crown, plastic, direct, transitional (chairside)	80.56	80.56
27122	Crown, transitional restoration of fractured anterior	PA	PA

2 Crowns, porcelain/ceramic/polymer glass

27201	Crown, porcelain/ceramic jacket + L	PA	PA
27202	Crown, porcelain/ceramic jacket complicated + L	PA	PA

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
	<u>Crowns, porcelain/ceramic fused to metal</u>		
27211	Crown, porcelain/ceramic fused to metal base + L	337.39	337.39
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 (not using 25761) (+L and/or + E)	PA	PA
	<u>Crown, porcelain/ceramic, 3/4 partial veneer</u>		
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	308.38	370.04
27302	Crown, metal, full cast, complicated (restorative, positional) + L	308.38	370.04
	<u>Crowns, metal 3/4 partial veneer</u>		
27311	Crowns, metal 3/4 partial veneer + L	339.69	407.62
27312	Crowns, metal 3/4 partial veneer, complicated + L	339.69	407.62
27313	Crowns, metal 3/4 partial veneer, with direct tooth coloured corner + L	339.69	407.62
4	Crowns made to an existing partial denture clasp (additional to crown)		
27401	One crown	38.87	38.87
	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
	Veneers, Laboratory Processed		
27602	Veneers, porcelain/ceramic, acid etch/bonded + L	PA	PA
	Repairs (single units only, does not include removal and recementation)		
	<u>Repairs, inlays, onlays or crowns, plastic (single units)</u>		
27711	Repairs, plastic direct	PA	PA

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
	<u>Repairs, inlays, onlays or crowns, porcelain/ceramic (single units)</u>		
27721	Repairs, porcelain/ceramic, direct	PA	PA
27722	Repairs, porcelain/ceramic indirect + L	PA	PA

MSI Note: gold, butt margins (including collarless veneers), custom shading or any esthetics included in the lab fees are uninsured.

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

2 Restorative procedures, overdentures, indirect

	<u>Coping crowns, metal cast</u>		
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 where laboratory charges are incurred during repair of the unit) MSI - maximum of 2 services

29101	One unit of time	40.57	40.57
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2 Staining, porcelain (chairside)

29401	One unit of time	PA	PA
29402	Two units	PA	PA
29403	Three units	PA	PA
29404	Four units	PA	PA
29409	Each additional unit over four	PA	PA

Tariff of Fees for Insured Dental Services

Schedule "B" Children's Oral Health Program

The Children's Oral Health Program provides insured diagnostic, preventive, and treatment services for residents (as defined in the M.S.I. Regulations) until the end of the month in which the resident turns 10 years of age.

Fee Code**G.P.
Fee (\$)****Specialist
Fee (\$)****Part 1 - Diagnostic - 01000-09999****Examinations****1 Examinations and diagnosis, complete oral, to include:**

- 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, where necessary, and any other pertinent factors.
- Radiographs extra, as required

01101	Examination and diagnosis, complete, primary dentition, to include: extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description.	27.62	34.47
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This service (01101) is allowed once in a patient's lifetime, when continuity of treatment is maintained. If there is a gap in treatment of 2 years or more, a further complete oral examination is warranted and is covered under the Plan.

A complete oral examination performed by another dentist is permitted under the Plan, 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 group practice, complete oral examinations by both dentist and dental specialist are allowed.

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 of occlusion and appliances, but not including specific tests, as for 01100	15.42	19.16
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This service (01202) is allowed after a 335 day period has elapsed from the previous complete or recall examination. A recall will be accepted if rendered more than 335 days following the complete or previous recall examination, but will be rejected if the service is rendered any time within the 335 days.

If procedures or treatment services are provided during the same appointment, the fees for both the examination and procedure(s) are allowed.

01204	Examination and diagnosis, specific: examination, diagnosis and evaluation of a specific situation in a localized area (MSI - details must accompany claim)	24.09	32.12
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Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
01205	Examination and diagnosis, emergency: examination for the investigation of discomfort and/or infection in a localized area (MSI - details must accompany claim)	24.09	32.12

The fee for either specific (01204) or emergency (01205) oral examination is applicable only when no treatment is rendered during the appointment. If a procedure or treatment service, payable by MSI, is provided, the fee for the procedure, only, is allowed (unless otherwise specified).

05201	Consultation (in office), MSI - specialist other than orthodontist	NA	54.39
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Radiographs

(including radiographic examinations and interpretation)

The fees are intended to include both the technical and professional components of an x-ray service, however, non readable films are not insured.

Fees for diagnostic x-rays should not exceed \$11.24 per child per year (whether same or different dentist), excluding panoramic or cephalometric films.

Procedural x-rays in connection with root canal therapy are not allowed separately as the fees for root canal therapy include procedural x-rays.

All x-rays are to be made available to the Plan upon request and therefore should be retained for 18 months following the service.

1 Radiographs, intra oral, periapical

02111	Single film	8.56	8.56
02112	Two films	11.24	11.24

2 Radiographs, intra oral, bitewing

02141	Single film	8.56	8.56
02142	Two films	11.24	11.24

3 Radiographs, panoramic

02601	Single film (MSI - once per lifetime, only in connection with a specific request for a consultation with a specialist other than an orthodontist)	35.97	35.97
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4 Radiographs, cephalometric

02701	Single film (MSI - once per lifetime, only in connection with a specific request for a consultation with a specialist other than an orthodontist)	35.97	35.97
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Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
5	Radiographs, interpretation (received from another source, or for MSI - exposed on hospital equipment)		
02801	MSI - paid at one-half regular fee		

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 to the Plan upon request and accordingly, should be retained for a period of 18 months following the service.

1	Tests, microbiological		
04101	Microbiological test for the determination of pathological agents + L	21.63	21.63
2	Tests, caries susceptibility		
04201	Bacteriological test for the determination of dental caries susceptibility + L	21.14	21.14
3	Tests, histological		
	<u>Test, histological, soft tissue</u>		
04311	Biopsy, soft oral tissue - by puncture + L	50.53	50.53
04312	Biopsy, soft oral tissue - by incision + L	50.53	50.53
04313	Biopsy, soft oral tissue - by aspiration + L	50.53	50.53
	<u>Tests, histological, hard tissue</u>		
04321	Biopsy, hard oral tissue - by puncture + L	58.19	58.19
04322	Biopsy, hard oral tissue - by incision + L	58.19	58.19
04323	Biopsy, hard oral tissue - by aspiration + L	58.19	58.19
4	Tests, cytological		
04401	Cytological smear from the oral cavity + L	21.14	21.14
04402	Vital staining of oral mucosal tissues (+E - not payable by MSI)	21.14	21.14
5	Tests, pulp vitality		
04501	One unit	17.88	17.88

Fee Code	G.P. Fee (\$)	Specialist Fee (\$)
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Casts, Diagnostic

(MSI - Not payable in conjunction with orthodontic cases and preventive orthodontic services. Each claim is to be supported by a detailed explanation.)

1 Cast, diagnostic, unmounted

04911	Cast, diagnostic, unmounted + L	21.63	29.76
04912	Cast, diagnostic, unmounted, duplicate + L	PA	PA

2 Cast, diagnostic, mounted

04921	Cast, diagnostic, mounted + L	33.62	PA
04922	Cast, diagnostic, mounted using face bow transfer + L	60.86	PA
04923	Cast, diagnostic, mounted, using face bow + occlusal records + L	60.86	PA

Part 2 - Preventive - 10000-19999

Fluoride Treatments

12101	Fluoride treatment, topical application	11.03	11.03
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Preventive Services, Other

1 Nutritional dietary counselling

Including: recording and analysis of 7-day dietary intake and consultation (MAXIMUM OF 4 PAYABLE PER LIFETIME - MSI)

13101	One unit of time	21.14	21.14
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2 Caries prevention service - MSI (previously MSI fee code 220) allowed once every 335 days

Oral hygiene instruction/plaque control to include: brushing and/or flossing and/or embrasure cleaning, includes for MSI programs rubber cup polishing and minor scaling procedures.

13211	One unit of time	21.14	21.14
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3 Sealants, pit and fissure (acid etch preparation included) (MSI - Limited to 6-year molars that meet guidelines - one application per tooth)

13401	Each tooth	19.27	19.27
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4 Disking of teeth, interproximal (MSI - MAXIMUM 3 UNITS PER LIFETIME)

13701	One unit	37.58	37.58
13702	Two units	75.16	75.16
13703	Three units	112.74	112.74

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
Space Maintainers (includes the design, separation, fabrication, insertion and where applicable initial cementation and removal)			
1	Space maintainers, band type		
15101	Space maintainer, band type, fixed, unilateral + L	86.82	116.10
15103	Space maintainer, band type, fixed, bilateral (soldered lingual arch) + L	109.47	176.64
15105	Space maintainer, band type, fixed, bilateral tubes and locking wires + L	148.65	193.19
2	Space maintainers, stainless steel crown type		
15201	Space maintainer, stainless steel crown type, fixed + L	112.04	134.46
3	Space maintainers, maintenance of		
15601	Maintenance, space maintainer appliance, to include adjustment and/or recementation after 30 day from insertion	40.57	40.57

Part 3 - Restorative Services - 20000- 29999

Caries, Trauma and Pain Control (MSI - permanent teeth only)

<u>Caries/trauma/pain control (removal of carious lesions or existing restorations and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure)</u>			
20111	First tooth	37.58	45.12
<u>Caries/trauma/pain control (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, as a separate procedure)</u>			
20121	First tooth	51.01	58.24

Restorations, Amalgam

1	Restorations, amalgam, primary teeth		
<u>Restorations, amalgam, non-bonded, primary teeth</u>			
21111	One surface	24.89	29.82
21112	Two surfaces	35.81	43.20
21113	Three surfaces	41.16	49.41
21114	Four surfaces	51.92	62.20
21115	Five surfaces or maximum surfaces per tooth	65.36	78.42
<u>Restorations, amalgam, bonded, primary teeth</u>			
21121	One surface	24.89	29.82

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
21122	Two surfaces	35.81	43.20
21123	Three surfaces	41.16	49.41
21124	Four surfaces	51.92	62.20
21125	Five surfaces or maximum surfaces per tooth	65.36	78.42
2 Restorations, amalgam, permanent teeth			
<u>Restorations, amalgam, non-bonded, permanent bicuspid and anteriors</u>			
21211	One surface	32.22	38.59
21212	Two surfaces	48.34	57.65
21213	Three surfaces	60.86	72.75
21214	Four surfaces	78.74	98.01
21215	Five surfaces or maximum surfaces per tooth	96.67	115.41
<u>Restorations, amalgam, non-bonded, permanent molars</u>			
21221	One surface	35.33	42.23
21222	Two surfaces	52.57	62.90
21223	Three surfaces	68.89	82.17
21224	Four surfaces	94.85	113.91
21225	Five surfaces or maximum surfaces per tooth	126.22	150.74
<u>Restorations, amalgam, bonded, permanent bicuspid and anteriors</u>			
21231	One surface	32.22	38.59
21232	Two surfaces	48.34	57.65
21233	Three surfaces	60.86	72.75
21234	Four surfaces	78.74	98.01
21235	Five surfaces or maximum surfaces per tooth	96.67	115.41
<u>Restorations, amalgam, bonded, permanent molars</u>			
21241	One surface	35.33	42.23
21242	Two surfaces	52.57	62.90
21243	Three surfaces	68.89	82.17
21244	Four surfaces	94.85	113.91
21245	Five surfaces or maximum surfaces per tooth	126.22	150.74
3 Pins, retentive per restoration (for amalgams and tooth coloured restorations)			
21401	One pin	9.69	9.69
21402	Two pins	16.97	16.97
21403	Three pins	21.47	21.47
21404	Four pins	26.55	26.55
21405	Five pins or more	30.83	30.83
Restorations, Prefabricated, Full Coverage			
1 Restorations, prefabricated, metal, primary dentition			
22201	Primary anterior	74.40	92.77
22211	Primary posterior	74.40	92.77
22212	Primary anterior - open face	71.89	86.18

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
2	Restorations, prefabricated, metal, permanent dentition		
22301	Permanent anterior	74.40	92.77
22302	Permanent anterior - open face	71.89	86.18
22311	Permanent posterior	74.40	92.77
22312	Permanent posterior - open face	71.89	86.18
3	Restorations, prefabricated, plastic, permanent dentition		
22501	Permanent anterior	108.29	131.47
22511	Permanent posterior	108.29	131.47
Restorations, Tooth Coloured			
1	Restorations, tooth coloured, permanent anteriors, acid etch/bond technique (not to be used for veneer applications or diastema closures)		
23111	One surface	44.75	53.42
23112	Two surfaces (continuous)	58.40	69.91
23113	Three surfaces (continuous)	68.03	81.68
23114	Four surfaces (continuous)	108.29	131.47
23115	Five surfaces (continuous, maximum surfaces per tooth)	108.29	131.47
2	Restorations, tooth coloured, permanent posteriors - acid etch/bond technique		
	<u>Tooth coloured, permanent bicuspids</u>		
23311	One surface	32.22	38.59
23312	Two surfaces	48.34	57.65
23313	Three surfaces	60.86	72.75
23314	Four surfaces	78.74	98.01
23315	Five surfaces or maximum surfaces per tooth	96.67	115.41
	<u>Tooth coloured, permanent molars</u>		
23321	One surface	35.33	42.23
23322	Two surfaces	52.57	62.90
23323	Three surfaces	68.89	82.17
23324	Four surfaces	94.85	113.91
23325	Five surfaces	126.22	150.74
3	Restorations, tooth coloured, primary, anterior, acid etch/bond technique		
23411	One surface	41.59	49.89
23412	Two surfaces (continuous)	41.59	49.89
23413	Three surfaces (continuous)	58.40	69.91
23414	Four surfaces (continuous)	90.30	98.00
23415	Five surfaces (continuous or maximum surfaces per tooth)	90.30	98.00

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
4	Restorations, tooth coloured, primary, posterior, acid etch/bond technique		
23511	One surface	24.89	29.87
23512	Two surfaces	35.81	43.20
23513	Three surfaces	41.16	49.41
23514	Four surfaces	51.92	62.20
23515	Five surfaces or maximum surfaces per tooth	65.36	78.42

Note: please see prosthodontics section for inlays, onlays and pins.

5	Posts		
	<u>Posts, cast metal (including core) as a separate procedure</u>		
25711	Single section + L	120.33	167.33
25712	Two sections + L	120.33	167.33
25713	Three sections + L	PA	321.39
	<u>Posts, cast metal (including core) concurrent with impression for crown</u>		
25721	Single section + L	120.33	167.33
25722	Two sections + L	120.33	167.33
25723	Three sections + L	PA	321.39
	<u>Posts, prefabricated retentive (separate procedure)</u>		
25731	One post	76.28	91.27
25732	Two posts same tooth	76.28	91.27
25733	Three posts same tooth	76.28	91.27
	<u>Posts, prefabricated, retentive and cast core</u>		
25741	One post and cast core + L	120.33	167.33
25742	Two posts (same tooth) and cast core + L	120.33	167.33
25743	Three posts (same tooth) and cast core + L	PA	321.39

Crowns

Stainless steel crowns - 100% of the dental tariff applies to each of the first 3 stainless steel crowns done at one sitting for a patient under general anaesthesia; and 50% of the dental tariff applies to each additional stainless steel crown done at the same sitting.

Notwithstanding, a dentist may, when submitting a claim, request independent consideration for payment of 100% of the dental tariff for 4 or more stainless steel crowns done at the same sitting for a patient under general anaesthesia. Such requests must be substantiated. Under normal circumstances, should be accompanied by necessary x-rays.

Permanent anterior crowns - it is recommended that pre-determination of benefits be requested prior to rendering services for permanent anterior crowns, along with x-rays and/or study models.

Fee Code	G.P. Fee (\$)	Specialist Fee (\$)
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MSI Note: gold, butt margins (including collarless veneers), custom shading or any esthetics included in the lab fees are uninsured.

1 Crowns, plastic (single units only)

<u>Crowns, plastic, processed</u>			
27111	Crown, plastic, processed + L	276.64	276.64
27112	Crown, plastic, processed complicated (restorative, positional and/or aesthetic) + L	PA	PA
27113	Crown, plastic, transitional, indirect + L	PA	PA
27114	Crown, plastic/metal base, processed + L	339.69	407.62

Crowns, plastic, direct, MSI - not payable in addition to permanent crowns

27121	Crown, plastic, direct, transitional (chairside)	80.56	80.56
27122	Crown, transitional restoration of fractured anterior	PA	PA

2 Crowns, porcelain/ceramic/polymer glass

27201	Crown, porcelain/ceramic jacket + L	PA	PA
27202	Crown, porcelain/ceramic jacket complicated + L	PA	PA

3 Crowns, porcelain/ceramic fused to metal

27211	Crown, porcelain/ceramic fused to metal base + L	337.39	337.39
27212	Crown, porcelain/ceramic fused to metal base, complicated (restorative, positional and/or aesthetic) + L	PA	PA

4 Restorative services - other

29101	Recementation (MSI - crown) (MSI - after 120 days of original placement by same or different dentist)	40.57	40.57
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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 one appointment may be necessary.

41301	One unit of time	22.00	22.00
41302	Two units	44.00	44.00
41309	Each additional unit over two	22.00	22.00

Periodontal Procedures, Adjunctive

(When per joint is designated, the corresponding tooth code is represented by the mesial of the tooth involved, except at the midline, where the tooth to the right of the joint is utilized.)

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
1	Periodontal splinting or ligation, provisional, intra coronal		
	<u>“A” splint (acrylic, composite or amalgam, plus knurled wire)</u>		
43111	Per joint	24.00	31.58
2	Periodontal splinting or ligation, provisional, extra coronal		
	<u>Acid etch joint restorations (per joint)</u>		
43211	Per joint	31.45	41.38
	<u>Acid etch, interproximal enamel splint</u>		
43221	Per joint	31.45	41.38
	<u>Wire ligation</u>		
43231	Per joint	31.45	41.38
	<u>Wire ligation, acrylic covered</u>		
43241	Per joint	31.45	41.38
	<u>Dental floss ligation</u>		
43251	Per joint	31.45	41.38
	<u>Orthodontic band splint</u>		
43261	Per band	31.45	41.38
	<u>Cast/soldered splint acid etch/resin bonded</u>		
43271	Per abutment + L	31.45	41.38

Part 5 - Prosthetics - Removable - 50000-59999

Cast partials are not insured services.

	<u>Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests, msi - payable only when due to congenital condition or accident</u>		
52301	Maxillary + L	239.43	294.62
52302	Mandibular + L	239.43	294.62

Part 6 - Oral and Maxillofacial Surgery - 70000-79999

Bilateral procedures done under the same general anaesthetic, other than uncomplicated extractions, will be entitled to 50% of unilateral procedures.

Bilateral procedures done under local anaesthetic or conscious sedation will be entitled to a fee equivalent to 100% of unilateral procedures.

When more than 2 quadrants are involved, the first 2 procedures will be paid at 100% and subsequent procedures at 50%.

Fee Code	G.P. Fee (\$)	Specialist Fee (\$)
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The following surgical services include necessary local anaesthetic, removal of excess gingival tissue, suturing and one post-operative treatment, when required. A surgical site is considered to include a full quadrant, sextant or group of several teeth, or in some cases a single tooth, which can be practically and conveniently combined for a single surgical sitting.

Removals (Extractions), Erupted Teeth

1 Removals, erupted teeth, uncomplicated

MSI: Extractions are insured only in the case of:

- 1) pain, infection, trauma
- 2) ankylosis
- 3) supernumerary teeth

71101	Single tooth, uncomplicated	35.81	42.98
71109	Each additional tooth, same quadrant, same appointment	18.79	22.59

2 Removals, erupted teeth, complicated

71201	Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth	97.53	116.37
71209	Each addition tooth, same quadrant	48.77	58.19

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	97.53	116.37
72119	Each additional tooth, same quadrant	48.77	58.19

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 (partial bone impaction)

72211	Single tooth	118.14	191.73
72219	Each additional tooth, same quadrant	59.07	95.87

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

72221	Single tooth	161.98	213.23
72229	Each additional tooth, same quadrant	81.00	106.62

3 Removals (extractions), residual roots

Removals, residual roots, erupted

72311	First tooth	35.81	42.98
72319	Each additional tooth, same quadrant	17.91	21.49

Fee Code		G.P. Fee (\$)	Specialist Fee (\$)
	<u>Removals, residual roots, soft tissue coverage</u>		
72321	First tooth	67.12	80.56
72329	Each additional tooth, same quadrant	33.56	40.28
	<u>Removals, residual roots, bone tissue coverage</u>		
72331	First tooth	139.60	167.49
72339	Each additional tooth, same quadrant	69.80	83.75
4	Surgical exposure of teeth		
	<u>Surgical exposure, unerupted, uncomplicated, soft tissue coverage (includes operculectomy)</u>		
72511	Single tooth	123.49	154.54
72519	Each additional tooth, same quadrant	61.75	77.27
	<u>Surgical exposure, complex, hard tissue coverage</u>		
72521	Single tooth	123.49	154.54
72529	Each additional tooth, same quadrant	61.75	77.27
	<u>Surgical exposure, unerupted tooth, with orthodontic attachment</u>		
72531	Single tooth	136.02	163.32
72539	Each additional tooth, same quadrant	68.01	81.66
	Surgical Incisions		
	<u>Surgical incision and drainage and/or exploration, intra-oral soft tissue</u>		
75111	Intra-oral, surgical exploration, soft tissue	50.10	66.27
75112	Intra-oral, abscess, soft tissue	50.10	66.27
75113	Intra-oral, abscess, in major anatomical area with drain	50.10	66.27
	Treatment of Fractures		
	<u>Replantation, avulsed tooth/teeth (including splinting)</u>		
76941	Replantation, first tooth	131.63	147.43
76949	Each additional tooth	65.82	73.72
	<u>Repositioning of traumatically displaced teeth</u>		
76951	One unit of time	26.98	32.33
76952	Two units of time	53.90	64.66
76959	Each additional unit over two	26.98	32.33
	Frenectomy/Frenoplasty		
77801	Frenectomy, upper labial (office fee only)	111.82	111.82
77801	Frenectomy, upper labial (hospital fee only)	83.50	83.50
77802	Frenectomy, lower labial (office fee only)	111.82	111.82
77802	Frenectomy, lower labial (hospital fee only)	83.50	83.50

Fee Code	G.P. Fee (\$)	Specialist Fee (\$)
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Hemorrhage, Control of

(MSI - payable only if procedures rendered by a dentist other than the provider of the original service.)

79403	Hemorrhage control, using compression and hemostatic agent	34.90	41.91
79404	Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary)	34.90	41.91

Post Surgical Care

(MSI - excludes alveolitis, details must accompany claim.)

Required by complications and unusual circumstances, refer to comment at beginning of Part 6.

79605	Post surgical care, alveolitis, treatment of (without anaesthesia)	29.55	35.54
79606	Post surgical care, alveolitis, treatment of (with anaesthesia)	29.55	35.54

Insured Dental Services Tariff

Schedule "C" Dental Surgical Program

The Dental Surgical Program provides insured dental surgical services for residents as defined in the M.S.I. Regulations where the condition of the resident is such that the services are medically required to be rendered in hospital.

Fee Code	Specialist	Fee (\$)
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Part 1 - Diagnostic - 01000-09999

01601	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.	41.86
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(MSI - Payable only on hospital in-patients, when requested by a physician or dentist.)

Fee Code	Specialist	Fee (\$)
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Part 2 - Oral and Maxillofacial Surgery - 70000-79999

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

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

Removals

1 Removals, erupted teeth, complicated

71201	Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth	61.18
71209	Each additional tooth, same quadrant	30.59

Removals, (Extractions), Surgical

2 Removals, impactions, soft tissue coverage

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

72111	Single tooth	110.64
72119	Each additional tooth, same quadrant	55.32

3 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 (partial bone impaction)

72211	Single tooth	110.64
72219	Each additional tooth, same quadrant	55.32

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

72221	Single tooth	110.64
72229	Each additional tooth, same quadrant	55.32

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	110.64
72239	Each additional tooth, same quadrant	55.32

4 Removals (extractions), residual roots

Removals, residual roots, erupted

72311	First tooth	65.41
72319	Each additional tooth, same quadrant	32.71

Fee Code	Specialist	Fee (\$)
	<u>Removals, residual roots, soft tissue coverage</u>	
72321	First tooth	65.41
72329	Each additional tooth, same quadrant	32.71
	<u>Removals, residual roots, bone tissue coverage</u>	
72331	First tooth	65.41
72339	Each additional tooth, same quadrant	32.71
Remodelling and Recontouring Oral Tissues		
1	Alveoloplasty (bone remodelling of ridge with soft tissue revisions)	
	<u>Alveoloplasty, in conjunction with extractions</u>	
73111	Per sextant	69.62
	<u>Remodelling of bone</u>	
73141	Mylohyoid ridge remodelling	69.62
73142	Genial tubercles remodelling	69.62
	<u>Excision of bone</u>	
73151	Nasal spine, excision	104.43
73152	Torus palatinus, excision	200.84
73153	Torus mandibularis, unilateral, excision	148.97
73154	Torus mandibularis, bilateral, excision	240.45
	<u>Removal of bone, exostosis, multiple</u>	
73161	Per quadrant	104.43
	<u>Reduction of bone, tuberosity</u>	
73171	Unilateral, reduction	104.43
73172	Bilateral, reduction	
	<u>Augmentation of bone</u>	
73181	Unilateral, pterygomaxillary tuberosity, augmentation + E	641.81
73182	Bilateral, pterygomaxillary tuberosity, augmentation + E	962.72
73183	Unilateral, mandibular ridge, augmentation + E	641.81
73184	Bilateral, mandibular ridge, augmentation + E	962.72
2	Gingivoplasty and/or stomatoplasty, oral surgery	
	<u>Independent procedure</u>	
73211	Per sextant	63.91
	<u>Miscellaneous procedures</u>	
73222	Excision of vestibular hyperplasia (per sextant)	95.87
73223	Surgical shaving of papillary hyperplasia of the palate	143.81
73224	Excision of pericoronal gingiva (for retained teeth) per tooth/implant	95.87

Fee Code	Specialist	Fee (\$)
	<u>Removals, tissue, hyperplastic (includes the incision of the mucous membrane, the dissection and removal of hyperplastic tissue, the replacing and adapting of the mucous membrane)</u>	
73231	Per sextant	63.91
	<u>Removal, mucosa, excess (complete removal without dissection)</u>	
73241	Per sextant	63.91
3	Remodelling, floor of the mouth	
73301	Full arch lowering of the floor of the mouth	392.20
73302	Partial arch lowering of the floor of the mouth	392.20
73303	Reinsertion of the mylohyoid muscle	392.20
4	Vestibuloplasty	
	<u>Vestibuloplasty, sub-mucous</u>	
73411	Per sextant	103.74
	<u>Sulcus deepening and ridge reconstruction</u>	
73421	Per sextant	103.74
	<u>Vestibuloplasty, with secondary epithelization</u>	
73431	Per sextant	103.74
	<u>Vestibuloplasty, with labial inverted flap</u>	
73441	Per sextant	130.74
	<u>Vestibuloplasty, with skin graft</u>	
73451	Per sextant	130.74
	<u>Vestibuloplasty, with mucosal graft</u>	
73461	Per sextant	130.74
5	Reconstruction, alveolar ridge	
	<u>Reconstruction, alveolar ridge, with autogenous bone</u>	
73511	Per sextant + E	213.94
	<u>Reconstruction, alveolar ridge, with alloplastic material</u>	
73521	Per sextant + E	106.98
6	Extensions, Mucous Folds	
	<u>Extensions, mucous folds with secondary epithelization</u>	
73611	Per sextant	130.74
	<u>Extensions, mucous folds, with skin grafts</u>	
73621	Per sextant	130.74
	<u>Extensions, mucous folds, with mucous graft</u>	
73631	Per sextant	130.74

Fee Code	Specialist	Fee (\$)
Surgical Excision (not in conjunction with tooth removal, including biopsy)		
1	Surgical excision, tumors, benign	
	<u>Tumors, benign, scar tissue, inflammatory or congenital lesions of soft tissue of the oral cavity</u>	
74111	1 cm and under	89.29
74112	1-2 cm	89.29
74113	2-3 cm	223.05
74114	3-4 cm	223.05
74115	4-6 cm	223.05
74116	6-9 cm	223.05
74117	9-15 cm	350.18
74118	15 cm and over	350.18
	<u>Tumors, benign, bone tissue</u>	
74121	1 cm and under	108.04
74122	1-2 cm	108.04
74123	2-3 cm	108.04
74124	3-4 cm	270.40
74125	4-6 cm	270.40
74126	6-9 cm	270.40
74127	9-15 cm	424.53
74128	15 cm and over	424.53
2	Surgical excision, tumors, malignant	
	<u>Tumors, malignant, soft tissue, oral cavity</u>	
74211	1 cm and under	89.29
74212	1-2 cm	89.29
74213	2-3 cm	89.29
74214	3-4 cm	223.05
74215	4-6 cm	223.05
74216	6-9 cm	223.05
74217	9-15 cm	350.18
74218	15 cm and over	350.18
	<u>Tumors, malignant, bone tissue</u>	
74221	1 cm and under	108.04
74222	1-2 cm	108.04
74223	2-3 cm	108.04
74224	3-4 cm	270.40
74225	4-6 cm	270.40
74226	6-9 cm	270.40
74227	9-15 cm	424.53
74228	15 cm and over	424.53
3	Cheiloplasty (lip shave)	
74301	Cheiloplasty, partial	36.80
74302	Cheiloplasty, total	110.40

Fee Code	Specialist	Fee (\$)
4	Surgical excision, cysts/granulomas	
	<u>Enucleation of cyst/granuloma, odontogenic and non-odontogenic, requiring prior removal of bony tissue and subsequent suture(s)</u>	
74611	1 cm and under	102.83
74612	1-2 cm	102.83
74613	2-3 cm	102.83
74614	3-4 cm	102.83
74615	4-6 cm	128.47
74616	6-9 cm	128.47
74617	9-15 cm	128.47
74618	15 cm and over	201.70
	<u>Marsupialization</u>	
74621	Cyst, marsupialization	110.40
	<u>Excision of cyst</u>	
74631	1 cm and under	102.83
74632	1-2 cm	102.83
74633	2-3 cm	102.83
74634	3-4 cm	102.83
74635	4-6 cm	128.47
74636	6-9 cm	128.47
74637	9-15 cm	128.47
74638	15 cm and over	201.70

Surgical Incisions

1	Surgical incision and drainage and/or exploration, intra-oral	
	<u>Surgical incision and drainage and/or exploration, intra-oral soft tissue</u>	
75111	Intra-oral, surgical exploration, soft tissue	43.09
75112	Intra-oral, abscess, soft tissue	43.09
75113	Intra-oral, abscess, in major anatomical area with drain	43.09
	<u>Surgical incision and drainage and/or exploration, intra-oral hard tissue</u>	
75121	Intra-oral, abscess, hard tissue, trephination and drainage	55.82
75122	Intra-oral, surgical exploration, hard tissue	55.82
75123	Intra-oral, abscess, hard tissue, trephination and drainage in major anatomical area	55.82
2	Surgical incision and drainage and/or exploration, extra-oral	
	<u>Surgical incision and drainage and/or exploration, extra-oral, soft tissue</u>	
75211	Extra-oral, abscess, superficial	86.07
75212	Extra-oral, abscess, deep	86.07
	<u>Surgical incision and drainage and/or exploration, extra-oral, hard tissue</u>	
75221	Extra-oral, surgical exploration, hard tissue	104.14

Fee Code	Specialist	Fee (\$)
3	Surgical incision for removal of foreign bodies	
75301	Removal, from skin or subcutaneous areolar tissue	95.87
75302	Removal, of reaction producing foreign bodies	95.87
75303	Removal, of needle from musculoskeletal system	104.43
Sequestrectomy (for Osteomyelitis)		
75401	Intra-oral sequestrotomy 161.66	
75402	Saucerization 161.66	
75403	Osteomyelitis, non-surgical treatment of	59.03
<u>Extra-oral sequestrotomy</u>		
75411	3 cm and less	215.51
75412	3-4 cm	215.51
75413	4-6 cm	323.31
75414	6-9 cm	323.31
75415	9 cm and over	323.31
Mandibulectomy		
75511	3 cm or less	421.35
75512	3-4 cm	421.35
75513	4-6 cm	421.35
75514	6-9 cm	421.35
75515	9-12 cm	421.35
75516	12-15 cm	421.35
75517	15 cm and over	661.51
75518	Total mandibulectomy	1095.89
Maxillectomy		
75611	3 cm or less 421.35	
75612	3-4 cm	421.35
75613	4-6 cm	421.35
75614	6-9 cm	421.35
75615	9-12 cm	421.35
75616	12-15 cm	421.35
75617	15 cm and over	661.51
75618	Total maxillectomy	1095.89
Fractures, Treatment of		
1	Fractures, reductions, mandibular	
76201	Reduction, mandibular, closed 215.51	
76202	Reduction, mandibular, open, simple	377.11
76203	Reduction, mandibular, open, double	565.67
76204	Reduction, mandibular, open, multiple	754.22

Fee Code	Specialist	Fee (\$)
2	Fractures, reductions, maxillary, horizontal Le Fort's I	
76301	Reduction, maxillary, closed	215.51
76302	Reduction, maxillary, open, simple	377.11
76303	Reduction, mandibular, open, double	565.67
76304	Reduction, maxillary, open, multiple	754.22
76305	Reduction, compound fracture or maxilla (requiring reduction and soft tissue repair)	431.07
3	Fractures, reductions, maxilla, pyramidal Le Fort's II	
76401	Reduction, maxillary, closed	215.51
76402	Reduction, maxillary, open, unilateral	431.07
76403	Reduction, maxillary, open, bilateral	431.07
4	Fractures, reductions, naso-orbital	
76501	Reduction, unilateral	646.57
76502	Reduction, bilateral	646.57
76503	Reduction, naso-orbital, open, external approach	646.57
76504	Reduction, naso-orbital, open, sinusal approach	646.57
76505	Reduction, naso-orbital, open, orbital approach with insertion of subperiosteal implant	646.57
76506	Exploration, of Orbital blowout fracture	646.57
76507	Exploration, of orbital blowout fracture and reconstruction with insertion of a subperiosteal implant	646.57
5	Fractures, reductions, malar bone	
76601	Reduction, malar bone, closed	107.81
76602	Reduction, malar bone, open, by simple elevation	107.81
76603	Reduction, malar bone, open, by osteosynthesis	215.51
76604	Reduction, malar bone, open, by sinus approach	323.31
76605	Reduction, malar bone, simple fracture, (open reduction with antrostomy and packing)	323.31
6	Fractures, reductions, zygomatic arch	
76701	Reduction, zygomatic arch, intra oral approach	107.81
76702	Reduction, zygomatic arch, temporal approach	107.81
76703	Reduction, zygomatico-maxillary fracture dislocation, complex, closed reduction	215.51
76704	Reduction, zygomatico-maxillary fracture dislocation, open reduction	323.31
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	646.57
76802	Reduction, craniofacial dysfunction, open	646.57

Fee Code	Specialist	Fee (\$)
8	Fractures, reductions alveolar	
	<u>Fracture, alveolar, debridement, teeth removed</u>	
76911	3 cm or less	120.12
76912	3-6 cm	120.12
76913	6 cm and over	215.51
	<u>Reduction, alveolar, closed, with teeth (fixation extra)</u>	
76921	3 cm or less	120.12
76922	3-6 cm	120.12
76923	6-9 cm	215.51
76924	9 cm and over	215.51
	<u>Reduction, alveolar, open, with teeth (fixation extra)</u>	
76931	3 cm and less	215.51
76932	3-6 cm	215.51
76933	6-9 cm	377.11
76934	9 cm and over	377.11
	<u>Replantation, avulsed tooth/teeth (including splinting)</u>	
76941	Replantation, first tooth	61.18
76949	Each additional tooth	30.59
	<u>Repositioning of traumatically displaced teeth</u>	
76951	One unit of time	32.33
76952	Two units of time	64.66
76959	Each additional unit over two	32.33
	<u>Repairs, lacerations, uncomplicated, intra-oral or extra-oral</u>	
76961	2 cm or less	43.09
76962	2-4 cm	43.09
76963	4-6 cm	43.09
76964	6-9 cm	43.09
76965	9-12 cm	43.09
76966	12-16 cm	105.00
76967	16-20 cm	105.00
76968	20-25 cm	105.00
76969	25 cm and over	105.00
	<u>Repairs, lacerations, through and through</u>	
76971	2 cm or less	107.81
76972	2-4 cm	107.81
76973	4-6 cm	107.81
76974	6-9 cm	176.64
76975	9-12 cm	176.64
76976	12-16 cm	176.64
76977	16-20 cm	176.64
76978	20-25 cm	176.64
76979	25 cm and over	176.64
	<u>Repairs, lacerations, complicated (local tissue shifts)</u>	
76981	2 cm or less	107.81
76982	2-4 cm	107.81
76983	4-6 cm	107.81

Fee Code	Specialist	Fee (\$)
76984	6-9 cm	176.64
76985	9-12 cm	176.64
76986	12-16 cm	176.64
76987	16-20 cm	176.64
76988	20-25 cm	176.64
76989	25 cm and over	176.64

Maxillofacial Deformities, Treatment of

1 Osteotomy/ostectomy, ramus of the mandible

77101	Osteotomy, subcondylar, closed	377.22
77102	Osteotomy, subcondylar, open	913.15
77103	Osteotomy, ramus of the mandible, oblique, extra-oral	913.15
77104	Osteotomy, ramus of the mandible, oblique, intra-oral	913.15
77105	Osteotomy/ostectomy, body of the mandible	913.15
77106	Osteotomy, coronoidectomy	913.15
77107	Osteotomy, condylar neck	913.15
77108	Osteotomy, sagittal split	913.15

2 Osteotomy, miscellaneous

77201	Osteotomy, oblique with bone graft	1095.89
77202	Osteotomy, inverted "L"	913.15
77203	Osteotomy, "C"	913.15

3 Osteotomy, maxilla

77301	Osteotomy, maxilla, total	913.15
77302	Osteotomy, maxilla, total with bone graft	1095.89
77303	Osteotomy, maxilla, Le Forte II with bone graft	913.15
77304	Osteotomy, maxilla, Le Forte III	1095.89
77305	Additional to the above osteotomy requiring three segments	50.00
77306	Additional to the above osteotomy requiring four segments	75.00
77307	Additional to the above osteotomy requiring a cranial flap	100.00
77308	Closure of cleft fistula (alveolar)	328.50
77309	Closure of cleft fistula (palatal)	438.25
77311	Pharyngoplasty	263.00
77312	Submucous resection	175.30

4 Osteotomy, maxillary/mandibular, segmental

<u>Osteotomy, segmental, maxilla</u>		
77411	Osteotomy, segmental, anterior	663.27
77412	Osteotomy, segmental, posterior	663.27
77413	Osteotomy, midpalatal split, anterior	663.27
77414	Osteotomy, midpalatal split, complete	663.27

Fee Code	Specialist	Fee (\$)
	<u>Osteotomy, segmental, mandible</u>	
77421	Osteotomy, segmental, anterior with transfer of mental eminence	663.27
77422	Osteotomy, segmental, anterior, without the transfer of mental eminence	663.27
77423	Osteotomy, segmental, posterior	663.27
77424	Osteotomy, lower border, mandible	663.27
77425	Osteotomy, total dento-alveolar, mandible	663.27
5	Genioplasty	
77501	Genioplasty, sliding, reduction or augmentation	663.27
77502	Genioplasty, reduction (vertical)	663.27
77503	Genioplasty, augmentation with graft (see grafting codes)	663.27
77504	Myotomy, suprahyoid	663.27
6	Miscellaneous treatment of maxillofacial deformities	
77601	Corticotomy	104.43
77602	Interdental septotomy	104.43
77603	Surgical expansion of the palate	663.27
7	Palatorrhaphy	
77701	Palatorrhaphy, anterior (closure of palatine fissure)	663.27
77702	Palatorrhaphy, posterior	663.27
77703	Palatorrhaphy, total	663.27
77704	Palatorrhaphy, with bone graft	663.27
77705	Palatorrhaphy, bone graft to anterior alveolar ridge	663.27
8	Glossectomy	
77901	Glossectomy, partial, anterior wedge	223.05
77902	Glossectomy, partial, for orthodontic purposes	223.05
77903	Glossectomy, full posterior-anterior wedge	223.05
9	Cleft surgery	
77911	Primary unilateral cleft lip repair	641.81
77912	Secondary unilateral cleft lip repair	641.81
77913	Primary bilateral cleft lip repair	962.72
77914	Secondary bilateral cleft lip repair	962.72
77917	Closure of alveolar cleft (see grafting codes)	641.81
10	Oral nasal fistula	
77921	Primary closure at time of initial surgery	427.91
77922	Secondary closure with palatal flap	427.91
77923	Secondary closure with pharyngeal flap	427.91
77924	Secondary closure with tongue flap	427.91
77925	Secondary closure with buccal flap	427.91

Fee Code	Specialist	Fee (\$)
Temporomandibular Joint Dysfunctions, Treatment of		
1	Temporomandibular joint, dislocation, management of	
78101	Dislocation, open reduction	269.46
78102	TMJ, dislocation, closed reduction, uncomplicated	32.33
78103	TMJ, dislocation, closed reduction, under general anesthetic	32.33
78104	TMJ, luxation, reduction without anesthesia	32.33
78105	TMJ, luxation, reduction under anesthesia	32.33
78106	TMJ, manipulation, under anesthesia	32.33
2	Temporomandibular joint, capsule, management of	
78201	Condyloplasty	323.31
78202	Condylotomy	323.31
78203	Cyndylectomy	323.31
78204	Eminoplasty	285.25
78205	Re-contour of glenoid fossa	285.25
78206	Menisectomy	427.91
78207	Plication of meniscus	570.62
78208	Repair of meniscus	570.62
78209	Replacement of meniscus	570.62
3	Temporomandibular joint, arthrotomy for major reconstruction	
78301	Fossa replacement (see grafting codes)	627.62
78302	Condylar replacement (see grafting codes)	627.62
78303	Gap arthroplasty for ankylosis (see grafting codes)	627.62
4	Temporomandibular joint, arthrocentesis (puncture and aspiration)	
78501	One unit of time	53.90
78502	Two units	107.80
78509	Each additional unit over two	53.90
5	Temporomandibular joint, management by injections	
78601	Injection, with anti-inflammatory drugs	53.90
78602	Injection, with sclerosing agent	53.90
Oral Surgery Procedures, Other		
1	Salivary glands, treatment of	
79101	Salivary duct, dilation of	18.40
79102	Salivary duct, insertion of polyethylene tube	18.78
79103	Salivary duct, sialodochoplasty	220.80
79104	Salivary duct, reconstruction of	220.80
	<u>Salivary duct, sialolithotomy</u>	
79111	Sialolithotomy, anterior 1/3 of canal	64.66
79112	Sialolithotomy, posterior 2/3 of canal	193.93
79113	Sialolithotomy, external approach	258.54

Fee Code	Specialist	Fee (\$)
	<u>Salivary gland, excisions</u>	
79121	Excision of submaxillary gland	258.54
79122	Excision of sublingual gland	258.54
79123	Excision of mucocele	99.44
79124	Excision of ranula	129.38
79125	Marsupialization of ranula	129.38
	<u>Salivary gland, removal</u>	
79131	Salivary gland, removal, parotid (sub total)	387.98
79132	Salivary gland, removal, parotid (radical, including facial nerve)	517.30
2	Neurological disturbances, treatment of	
	<u>Neurological disturbances, trigeminal nerve</u>	
79211	Trigeminal nerve, injection for destruction	53.90
79212	Trigeminal nerve, avulsion at periphery	214.11
79213	Trigeminal nerve, total avulsion of a branch	214.11
79214	Trigeminal nerve, alcoholization of a branch	53.90
79215	Trigeminal nerve, infiltration of a branch for diagnosis	53.90
79217	Trigeminal nerve, neurolysis or tumor excision of trigeminal nerve branch in soft tissue	214.11
79218	Trigeminal nerve, neurolysis or tumor excision of trigeminal nerve branch in bone (mandibule, maxilla or orbit) (not to include osteotomy)	214.11
	<u>Neurological disturbances, inferior dental nerve</u>	
79231	Inferior dental nerve, complete avulsion	214.11
79232	Inferior dental nerve, decompression in the canal	214.11
	<u>Neurological disturbances, surgery</u>	
79246	Excision of tumor or neuroma	214.11
3	Antral surgery	
	<u>Antral surgery, recovery, foreign bodies</u>	
79311	Antral surgery, immediate recovery of a dental root or foreign body from the antrum	129.38
79312	Antral surgery, immediate closure of antrum by another dental surgeon	104.43
79313	Antral surgery, delayed recovery of a dental root with oral antrostomy	323.31
79314	Antral surgery with nasal antrostomy	323.31
	<u>Antral surgery, oro-antral fistula closure (same session)</u>	
79331	Oro-antral fistula closure with buccal flap	323.31
79332	Oro-antral fistula closure with gold plate	323.31
79333	Oro-antral fistula closure with palatal flap	323.31
	<u>Antral surgery, oro-antral fistula closure (subsequent session)</u>	
79341	Oro-antral fistula closure with buccal flap	323.31
79342	Oro-antral fistula closure with gold plate	323.31
79343	Oro-antral fistula closure with palatal flap	323.31

Fee Code	Specialist	Fee (\$)
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Hemorrhage, Control of

(MSI - Payable if procedures rendered by dentist
other than the provider of the original service.)

79403	Hemorrhage control, using compression and hemostatic agent	34.90
79404	Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary)	34.90

Post Surgical Care

(MSI - excludes alveolitis, details must accompany claim.)

Required by complications and unusual circumstances, refer to comment under section heading 70000.

79602	Post surgical care, minor, by other than treating dentist	34.90
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Emergency Office Procedures

79701	Emergency procedure, tracheotomy	IC
79702	Emergency procedure, crico-thyroidotomy	IC

Insured Dental Services Tariff

Schedule "D"

Maxillofacial Prosthodontics Program

The Maxillofacial Prosthodontics Program provides insured dental services for residents (as defined in the M.S.I. Regulations) whose maxillofacial prosthodontic needs are the result of congenital facial disorders, cancer, surgery, trauma, and neurological deficit.

The following services are payable on the basis of \$32.31 per 15-minute unit:

Fee Code

Part 1 - Examination and Diagnosis, Prosthodontic, Specific - 01702

Part 2 - 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
51202	Mandibular + L
51204	Liners, resilient in addition to above

Fee Code

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

51701 Maxillary + L

51702 Mandibular + L

5 Dentures, complete, overdentures (immediate)

51801 Maxillary + L

51802 Mandibular + L

6 Dentures, complete, attached to implants

Dentures, removable, tissue bone, with independent attachments
secured 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

Fee Code**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, 53103 + 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, removeable

- 53701 Maxillary + L
- 53702 Mandibular + L
- 53704 Altered cast impression technique done in conjunction with 53701, 53702 and 53703 + L

Dentures, Adjustments

(After 3 months insertion or by other than the dentist providing prosthesis.)

1 Denture adjustments, partial or complete denture, minor

- 54201 One unit of time + L

Fee Code**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 One 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, reliningDenture, 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

Fee Code

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

Fee Code**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

Insured Dental Services Tariff**Schedule "E"
Mentally Challenged Program**

The Mentally Challenged Program provides insured dental services in accordance with the fee schedule for the Children's Oral Health Program (Schedule "B") for residents (as defined in the M.S.I. Regulations) who are deemed by a physician to be severely mentally challenged and whose dental needs must be met in a hospital setting.

Where major restorative treatment is required, pre-authorization must be obtained from the Corporation that administers the M.S.I. Plan for the Province prior to beginning treatment.

There is no coverage under the Mentally Challenged Program for services performed outside the Province.

Insured Dental Services Tariff

Schedule "F"

Atlantic Provinces Special Education Authority Dental Program Sir Frederick Fraser School

The Atlantic Provinces Special Education Authority Dental Program provides insured dental services in accordance with the fee schedule for the Children's Oral Health Program (Schedule "B") for residents (as defined in the M.S.I. Regulations) who are blind, visually impaired, deaf or hard of hearing and who are in residence at Sir Frederick Fraser School.

There is no coverage under the Atlantic Provinces Special Education Authority Dental Program for services performed outside the Province or for major restorative treatment.

Schedule “B”**Amendments to the Regulations Respecting the M.S.I. Plan made by the Governor in Council pursuant to Section 17 of Chapter 197 of the Revised Statutes of Nova Scotia, 1989, the *Health Services and Insurance Act***

- 1 The regulations respecting the M.S.I. Plan made by the Governor in Council by Order in Council 69-276 dated March 28, 1969, are amended by repealing subclause 1(e)(x) and substituting the following subclause:
 - (x) dental services other than those referred to in Section 10;
- 2 Sections 10, 10A, and 10B of the regulations are repealed and the following Section substituted:
 - 10 (1)** For the purposes of the plan, a dentist shall be deemed to be a physician if the dentist renders insured dental services as outlined in the *Insured Dental Services Tariff Regulations*.
 - (2)** Services rendered under this Section shall only be insured when rendered by a person registered with the Provincial Dental Board.
- 3 Section 12 of the regulations is amended by
 - (a) re-lettering clauses (1), (2), and (3) as clauses (a), (b), and (c), respectively;
 - (b) striking out the period at the end of clause (c) and substituting “; and”; and
 - (c) adding the following clause immediately after clause (c):
 - (d) mastectomy prostheses.
- 4 The regulations are further amended by repealing Schedule “A”.

N.S. Reg. 88/2001

Made: July 11, 2001

Filed: July 16, 2001

Deed Transfer Affidavit of Value Regulations

Order dated July 11, 2001
Regulations made under subsection 101(9) of the
Municipal Government Act

**Regulations respecting the Deed Transfer Affidavit of Value made
pursuant to subsection 101(9) of Chapter 18 of the Statutes
of Nova Scotia, 1998, the *Municipal Government Act***

I hereby prescribe the following regulations pursuant to subsection 101(9) of Chapter 18 of the Statutes of Nova Scotia, 1998, the *Municipal Government Act*:

- 1 These regulations may be cited as the *Deed Transfer Affidavit of Value Regulations*.
- 2 (1) In addition to the requirements of subsection 101(2) of the *Municipal Government Act*, an affidavit filed pursuant to that subsection shall include
 - (a) the grantee's mailing address and phone number;
 - (b) one or both of the following:
 - (i) the property identifier, or
 - (ii) the assessment account number;
 - (c) in respect to a sale of newly constructed residential property, the amount of the harmonized sales tax and harmonized sales tax rebate applicable to the sale of the property.
- (2) An affidavit shall be in the form attached as Appendix "A".
- 3 The *Deed Transfer Affidavit of Value Regulations* made by the Governor in Council by Order in Council 97-453 on August 5, 1997 are repealed.
- 4 These regulations are effective on and after August 1, 2001.

(Signed) *Angus MacIsaac*
Honourable Angus MacIsaac
Minister of Service Nova Scotia and Municipal Relations

July 11, 2001

Confidential Document

Appendix "A"

Deed Transfer ---- Affidavit of Value

Municipality: _____

To be filed in triplicate

This Affidavit must accompany the deed upon registration.

I/We, _____ make oath/affirm that I am/we are the grantee(s) (new owner(s)) or the duly authorized agent of the grantee(s) named below and that I/we have personal knowledge of the facts and information in this affidavit and that they are true.

1. Grantee(s) (new owner(s)) and mailing address(es):		<i>If insufficient space, check [] and attach additional names and mailing addresses.</i>	
<small>Assessment notices will be sent to these addresses unless otherwise specified.</small>			
Name 1: _____			
<small>Surname</small>	<small>First Name</small>	<small>Full Middle Name</small>	
Address: _____			
<small>RR#/PO Box (if applicable)</small>	<small>Civic #</small>	<small>Street/Road Name</small>	<small>Street Type Apt. or Suite</small>

<small>Municipality/Community</small>	<small>County</small>	<small>Province</small>	<small>Postal Code Country</small>
Name 2: _____			
Address: _____			
<small>RR#/PO Box (if applicable)</small>	<small>Civic #</small>	<small>Street/Road Name</small>	<small>Street Type Apt. or Suite</small>

<small>Municipality/Community</small>	<small>County</small>	<small>Province</small>	<small>Postal Code Country</small>
Telephone Name 1: _____		Telephone Name 2: _____	
<small>Home</small>	<small>Business</small>	<small>Home</small>	<small>Business</small>

2. Description of Property	<input type="checkbox"/> same as mailing address above
Location of property conveyed _____	
<small>Civic #</small>	<small>Street/Road Name</small>

<small>Community Name</small>	<small>Postal Code</small>

<i>Complete one or more</i>	
Property identifier (PID) _____	Assessment account number _____

3. Grantor(s) (previous owner(s))	<i>If insufficient space, check [] and attach additional names</i>	
Name 1: _____		
<small>Surname</small>	<small>First Name</small>	<small>Full Middle Name</small>
Name 2: _____		
<small>Surname</small>	<small>First Name</small>	<small>Full Middle Name</small>

<p>4. Municipal deed transfer tax (DTT) and sales information</p> <p>Date of sale _____</p> <p>1. Sale/Purchase price* _____ x _____ DTT Rate</p> <p><small>*Exclude HST and rebate (if applicable to this sale)</small></p> <p style="text-align: center;">= _____ DTT Payable</p> <p>Complete lines 2 to 4 for new residential construction (if applicable).</p> <p>2. Plus HST _____</p> <p>3. Less HST rebate _____</p> <p>4. Equals contract price _____</p> <p><small>Contract price (Sale/purchase price + HST - HST rebate) for assessment purposes only or reason for exemption from DTT _____</small></p>	<p style="text-align: center;">Certificate of Treasurer or Registrar Acting as Treasurer</p> <p><input type="checkbox"/> I certify that the deed transfer tax according to this affidavit has been paid.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> I certify that according to this affidavit no deed transfer tax is due or payable.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><small>Treasurer or Registrar</small></p>
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(Severally) sworn/affirmed at _____ in the County of _____

Province of Nova Scotia, this ____ day of _____, _____ before me.

(year)

<p>Signed _____</p> <p style="text-align: center;"><small>A Barrister, Commissioner or Notary Public</small></p>	<p style="text-align: center;">_____</p> <p style="text-align: center;"><small>Grantee (new owner) or agent of the Grantee</small></p>
<p>Name _____</p> <p style="text-align: center;"><small>(please print)</small></p>	<p style="text-align: center;">_____</p> <p style="text-align: center;"><small>Grantee (new owner) or agent of the Grantee</small></p>

For Office Use Only (Registry)
Document # _____ Book _____ Page _____

For Office Use Only (Assessment)

N.S. Reg. 89/2001

Made: July 13, 2001

Filed: July 17, 2001

Advertising Signs Regulations

Order in Council 2001-331 made July 13, 2001
Regulations approved by the Governor in Council
pursuant to Section 49
of the *Public Highways Act*

The Governor in Council on the report and recommendation of the Minister of Transportation and Public Works dated June 20, 2001, and pursuant to Section 49 of Chapter 371 of the Revised Statutes of Nova Scotia, 1989, the *Public Highways Act*, as amended by Chapter 12 of the Statutes of Nova Scotia, 2001, the *Transportation Amendments (2001) Act*, is pleased to

- (a) approve the repeal of the regulations ~~respective~~ [respecting] advertising signs made by the Minister of Highways and approved by the Governor in Council by Order in Council dated April 6, 1965; and
- (b) approve new regulations respecting advertising signs made by the Minister of Transportation and Public Works in the form set forth in Schedule “A” attached to the report and recommendation,

effective on and after July 15, 2001.

Schedule “A”

Regulations Respecting Advertising Signs made by the Minister of Transportation and Public Works pursuant to Section 49 of Chapter 371 of the Revised Statutes of Nova Scotia, 1989, the *Public Highways Act*

Citation

1 These regulations may be cited as the *Advertising Signs Regulations*.

Purpose

2 The purpose of these regulations is to provide a level of management of advertising signage along highways to preserve and enhance the beauty of the countryside, provide a useful and accurate way of providing information to travellers and to ensure sign placement and installation is carried out in a safe and fair manner.

Definition

3 In these regulations

- (a) “Act” means the *Public Highways Act*;
- (b) “advertisement” has the same meaning as set out in subsection 49(7) of the Act;
- (c) “display” means to erect, maintain, paste, paint or expose.

Scope of regulations

4 Except as provided in Section 13,

- (a) where a highway is designated as a controlled access highway, no person shall display an advertisement that is designed to be viewed from the highway upon or within 1000 m from the centre line of the travelled portion of the highway;
- (b) where a highway has not been designated as a controlled access highway, no person shall display an advertisement that is designed to be viewed from the highway upon or within 1000 m from the centre line of the travelled portion of the highway unless the person holds a license that is in force in respect of the advertisement.

Issue of license and number of signs authorized

5 (1) The Minister may issue a license to any person authorizing the display of not more than 4 advertisements on or adjacent to highways, of which not more than 2 advertisements shall be on or adjacent to any one highway approach to the place designated or named in the license, where the advertisements are related to

- (a) accommodations that are licensed under the *Tourist Accommodations Act*;
- (b) restaurants engaged in the serving of regular meals that are operated in compliance with the law in force respecting their operation;
- (c) tourist attractions, including businesses, facilities or sites whose primary purpose is satisfying the needs of visitors from outside the immediate area and where the sale of goods is of a secondary nature, including museums, historic sites, national and Provincial parks, theme and amusement parks, cultural attractions, natural phenomena, attractions, outdoor recreation facilities, guided tours, genealogical and historic centres and animal and plant attractions;
- (d) establishments where artisanal products are produced or exhibited, including galleries, craft studios and artists' studios;
- (e) establishments where seafood and aquaculture products are held, hatched and reared for sale to the public;
- (f) farm market establishments that sell agricultural products;
- (g) winery establishments that are issued permits under the *Liquor Control Act*, where wine is made and sold to the public;
- (h) craft, antique and gift shops that sell products to the public;
- (i) local and Provincial visitor information centres; or
- (j) temporary special events and festivals,

provided that tourist attractions, businesses, facilities and sites set out in clauses (a) to (i) must be open a minimum of 5 days per week, 30 hours per week, and 90 days during their normal operating season.

- (2) The Minister may issue a license to the council of a municipality or town or the commissioners of a village, authorizing the display of not more than one advertisement respecting the municipality, town or village or a community, on or adjacent to each main highway approach, where the advertisement calls attention to and includes special reference to the attractions, goods and services available within the regional municipality, town, village or community.
- (3) The Minister may issue a license to a board of trade, service club, fraternal society or other non-profit organization authorizing the display of not more than one advertisement respecting the board, club, society or other organization, on or adjacent to each main highway approach to the community in which the board, club, society or organization functions.

Application

6 An application for a license or a license renewal shall

- (a) be in the form prescribed by the Minister; and
- (b) include the information required by the Minister; and
- (c) be accompanied by the fee prescribed in Section 8.

Term and renewal of license

7 (1) Every license shall be numbered and dated with the date of issue.

- (2) Every license shall expire 3 years from the date of issue, unless the licensee files a license renewal application and pays the fee prescribed in clause 8(1)(b) prior to the expiry date.

License fees

8 (1) The following fees shall be paid to the Minister:

- (a) for an original license application to display a maximum of 4 signs \$150.00
- (b) for each license renewal application \$25.00

- (2) There is no fee charged for a license issued pursuant to subsection 5(2) or (3).

License conditions

9 (1) Where a license has been issued pursuant to Section 5, the licensee shall not

- (a) display the advertisement in a location other than that set forth in the application for the license; or
- (b) include in the advertisement any wording or other matter that differs substantially from the wording or matter set forth in the application for the license,

without written permission of the Minister.

- (2) Where a license respecting an advertisement has been issued pursuant to Section 5, the Minister may at any time require a change in the location of the advertisement.

Sign sizes

10 An advertisement that is displayed on or adjacent to a highway

- (a) where the maximum speed limit is at or below 80 km/h, shall have a maximum area of 3 m²;
- (b) where the maximum speed limit is greater than 80 km/h, shall have a maximum area of 7.5 m².

Sign spacing

11 Advertisements that are displayed on or adjacent to a highway

- (a) where the maximum speed limit is at or below 80 km/h, shall be a minimum of 50 m apart;
- (b) where the maximum speed limit is greater than 80 km/h, shall be a minimum of 100 m apart.

Distance limitation

12 An advertisement that is displayed on or adjacent to a highway shall be located within 50 km of the place or business to which the advertisement relates.

On-site signs

13 (1) Nothing in these regulations prohibits or requires a license for the display of an advertisement

- (a) for a building that is a store, restaurant, canteen, service station, garage, hotel, motel or other place in which a business is conducted,
- (i) upon the building, where the advertisement bears only
- (A) the name of the person by or on whose behalf the business is conducted,
- (B) the general nature of the business, or
- (C) a description of the goods or services that are ordinarily offered in the conduct of a business of the same general nature as the business carried on in the building,
- (ii) upon the lot of land on which the building is situated, where each advertisement bears only
- (A) the name of the person by or on whose behalf the business is conducted,
- (B) the general nature of the business conducted in the building, or

- (C) a description of the goods or services that are ordinarily offered in the conduct of a business of the same general nature as the business carried on in the building,
- (iii) upon the lot of land on which the building is situated, but not further than 65 m from the nearest part of the building or other place in which a business is conducted and having an area not in excess of 1.8 m², where the advertisement bears only
 - (A) the name of the person on whose behalf the business is conducted,
 - (B) the general nature of the business in the building, but not the trade name, brand name, trade mark or other identification mark or symbol of or relating to a specific brand or make of goods, except that an advertisement for a service station or garage may bear the name of the gasoline and the make of motor vehicle sold or serviced at such service station or garage,

provided that the advertisement is not displayed upon a building other than the building in which the business being advertised is conducted;

- (b) relating to offers of or requests for work;
 - (c) that is a temporary advertisement of a church, social or local function;
 - (d) of a public meeting;
 - (e) of or relating to a federal, Provincial, town or municipal election; or
 - (f) that is a temporary advertisement of not more than 4.6 m² in area offering real property for sale [and that] is displayed on the property offered for sale and the name of the seller is not displayed in letters that are larger or of a different colour or style than the letters in the words "For Sale" or other words expressing the offer to sell.
- (2) No person shall display more than 2 advertisements pursuant to [sub]clause (1)(a)(ii) upon a single lot of land.
 - (3) Within 7 days after the occurrence of an event that has been advertised by means of an advertisement referred to in clauses (1)(c) to (f), the person who displayed the advertisement shall remove the advertisement.
 - (4) Within 30 days after a building referred to in clause (1)(a) ceases to be a place in which a business is conducted, the owner of such building shall remove all advertisements that are displayed upon the building or upon the lot of land on which the building is situated.

- (5) This Section shall apply only where there are no prevailing municipal land use by-laws in effect.

Transition

- 14 (1) These regulations apply to advertisements erected on and after July 15, 2001.
- (2) These regulations apply to every advertisement for which there is no valid license issued by the Minister and that is located 150 m or less from the centre line of the travelled portion of a highway that is not within the boundaries of a city or town on and after July 15, 2002.
- (3) These regulations apply to every advertisement for which there is a valid license issued by the Minister and that is located 150 m or less from the centre line of the travelled portion of a highway that is not within the boundaries of a city or town on and after July 15, 2003.
- (4) These regulations apply to every advertisement that is located more than 150 m but less than 1000 m from the centre line of the travelled portion of a highway that is not within the boundaries of a city or town on and after July 15, 2006.
- (5) These regulations apply to every advertisement that is located less than 1000 m from the centre line of the travelled portion of a highway that is within the boundaries of a city or town on and after July 15, 2006.

Enforcement

- 15 (1) The owner of an advertisement authorized under these regulations shall maintain it in good and proper condition.
- (2) Where, in the opinion of the Minister, or the Minister's designate, an advertisement is displayed without the proper authorization or is not maintained in good and proper condition, the owner of the advertisement shall remove or repair it within 10 days after receipt of a written request to do so from the Minister.

Made at Halifax, Nova Scotia, June 20, 2001.

(Signed) *Ron Russell*
Minister of Transportation and Public Works

N.S. Reg. 90/2001

Made: July 13, 2001

Filed: July 17, 2001

Assistance Appeal Regulations

Order in Council 2001-337 made July 13, 2001
Regulations made by the Governor in Council
pursuant to Section 21
of the *Employment Support and Income Assistance Act*

The Governor in Council on the report and recommendation of the Minister of Community Services dated June 19, 2001, and pursuant to Section 21 of Chapter 27 of the Acts of 2000, the *Employment Support and Income Assistance Act*, is pleased to make regulations respecting assistance appeals in the form set forth in Schedule "A" attached to and forming part of the report and recommendation, effective on and after August 1, 2001.

Schedule "A"

**Regulations Respecting Assistance Appeals
made by the Governor in Council pursuant to Section 21 of Chapter 27
of the Acts of 2000, the *Employment Support and Income Assistance Act***

Citation

1 These regulations may be cited as the *Assistance Appeal Regulations*.

Definitions

2 In these regulations

- (a) "Act" means the *Employment Support and Income Assistance Act*;
- (b) "appeal board" means an appeal board established by the Minister pursuant to Section 11 of the Act;
- (c) "appellant" means a person who appeals under the Act;
- (d) "Department" means the Department of Community Services;
- (e) "relative" means a parent, grandparent, child, grandchild or spouse, and includes the spouse of a parent, grandparent, child or grandchild;
- (f) "sitting" means 3 consecutive hours or part thereof regardless of the number of appeals heard during that time.

Minister to inform of the right to appeal

3 The Minister shall inform or provide a method for informing persons who apply for or who are receiving assistance of the right to appeal under the Act.

Appeal Boards

- 4 (1)** Members of an appeal board shall be appointed by the Minister.
- (2)** The Minister shall designate one member of an appeal board to be the Chairperson of the board and all other members to be Vice-chairpersons.
- (3)** The quorum of an appeal board is one member.

- (4) A member of an appeal board shall possess and demonstrate the following qualifications:
- (a) experience in human or social services;
 - (b) an ability to conduct meetings;
 - (c) communication and writing skills;
 - (d) an ability to apply and interpret enactments; and
 - (e) an ability to think analytically.
- (5) A member of an appeal board shall not be
- (a) a person employed by the Department or the Department of Health either at the time of appointment or within 2 years immediately preceding the appointment;
 - (b) a member of the House of Assembly either at the time of appointment or within the 2 years immediately preceding the appointment; or
 - (c) a person who is a relative of the appellant.
- (6) A member of an appeal board shall attend such training as the Minister considers necessary.
- (7) Every appeal board member shall upon appointment swear an oath or make affirmation before a Judge of the Supreme Court, a Justice of the Peace or a Family Court Judge in the following form:

“I swear or affirm that I will faithfully carry out my duties as an assistance appeal board member to the best of my ability and that I will consider all matters entrusted to me in the course of my duties to be matters of utmost confidence and I swear or affirm that I will carry out my duties fairly and equitably in accordance with the Act and the regulations made under it.”

Remuneration

- 5 (1) A member of an appeal board shall be paid a fee of \$100.00 per sitting.
- (2) The expenses of a member of an appeal board shall be reimbursed in the same amount, the same manner and subject to the same limitations as expenses of an employee of the Department.
- (3) A member of an appeal board shall apply for payment for sitting fees and expenses on a monthly basis.

Filing an Appeal

- 6 (1) An appeal filed with the Minister pursuant to Section 12 of the Act must
- (a) be in writing;
 - (b) be signed by the appellant or a person acting on behalf of the appellant;
 - (c) request an appeal;
 - (d) specify the decision appealed from; and
 - (e) specify the reason for the appeal.

- (2) An appellant who is advising the Minister pursuant to subsection 12(5) of the Act that they are continuing an appeal must do so in writing.
- (3) Documents referred to in subsections (1) and (2) may be submitted to any office maintained by the Department.

7 Where an appellant has submitted a written notice as required by subsection 6(2), the Minister shall provide the appellant with

- (a) a written statement specifying the reasons why the Minister upheld or changed the decision complained of;
- (b) reference to the relevant Sections of the *Act* and *Employment Support and Income Assistance Regulations* being relied upon to support the Minister's decision; and
- (c) copies of any documents that the Minister intends to submit at the appeal hearing.

When appeal heard

8 The Minister shall advise or provide a method for advising an appellant of the appeal hearing date.

- 9 (1) An appeal board shall hear and render a decision in respect of an appeal that is continued pursuant to subsection 12(5) of the Act within 45 days of the date that the Minister received the appellant's written notice required by subsection 6(2).
 - (2) Despite subsection (1), an appeal hearing may be postponed or adjourned for a period of not more than 30 days with the consent of both parties or where the appeal board considers the postponement or adjournment necessary in the interests of natural justice.
- 10 If unable to attend on the date set for the hearing, an appellant may request an alternate date from the Minister for the hearing of the matter, and where such a request is granted, the Chairperson or the Vice-Chairperson of the appeal board, as the case may be, shall set a new hearing date.

Appearance and representation

- 11 (1) An appellant may
- (a) appear personally at the appeal hearing, with or without the assistance of a representative; or
 - (b) send a representative to the appeal hearing, who shall provide the Chairperson or Vice-chairperson with written proof that the appellant authorizes them to represent the appellant at the hearing.
- (2) Where an appellant does not attend the appeal hearing in person and does not have a representative attend on his or her behalf, the appeal will be heard in the absence of the appellant.
 - (3) Any employee of the Department or the Department [of] Health who appears at an appeal hearing to support the decision appealed from is deemed to be representing the Minister of their respective department.

Appeal hearing process

- 12** (1) The parties to an appeal shall be heard in the order determined by the appeal board.
- (2) Each party to an appeal shall be given an opportunity to present their case at the appeal hearing, including an opportunity to
- (a) present evidence relevant to the appeal;
 - (b) cross-examine witnesses;
 - (c) rebut any evidence or argument presented by the other party; and
 - (d) argue or summarize the case.
- (3) A member of an appeal board may ask questions during the appeal hearing that they consider necessary to ensure that the full facts and the case of each party are before the board.

Appeal board decisions

- 13** (1) A decision of an appeal board
- (a) shall be made on the basis of the evidence presented at the appeal hearing; and
 - (b) must comply with the Act and the *Employment Support and Income Assistance Regulations* and these regulations.
- (2) A decision of an appeal board shall be rendered as soon as possible, and no later than 7 days, after the hearing of the appeal.
- (3) A decision of an appeal board shall
- (a) be in writing;
 - (b) be signed by the members who heard the appeal; and
 - (c) indicate whether the appeal is granted or denied.

Effect of appeal decisions

- 14** (1) A decision of an appeal board binds both the appellant and the Minister.
- (2) An appeal board decision is retroactive to the date of the decision that is being appealed.
- (3) Despite subsection (3)(2), where an appellant has been receiving assistance during the appeal process and a decision of an appeal board reduces the amount of assistance payable to the appellant, the decision is effective on the first day of the first month after the date of the decision.

Overpayments

- 15** (1) Where an appeal is in respect of a decision involving an overpayment, the appeal board shall determine whether there has been an overpayment and the amount of the overpayment.
- (2) Where an appeal board determines pursuant to subsection (1) that an overpayment has been made, the appeal board shall not order that the overpayment be forgiven or waived.

N.S. Reg. 91/2001

Made: July 13, 2001

Filed: July 17, 2001

Employment Support and Income Assistance Regulations

Order in Council 2001-338 made July 13, 2001
Amendment to regulations made by the Governor in Council
pursuant to Section 21 of the
Employment Support and Income Assistance Act

The Governor in Council on the report and recommendation of the Minister of Community Services dated June 22, 2001, and pursuant to Section 21 of Chapter 27 of the Acts of 2000, the *Employment Support and Income Assistance Act*, is pleased to amend the *Employment Support and Income Assistance Regulations* made by the Governor in Council by Order in Council 2001-138 dated March 23, 2001, in the manner set forth in Schedule "A" attached to and forming part of the report and recommendation, effective on and after August 1, 2001.

SCHEDULE "A"

**Amendments to the *Employment Support and Income Assistance Regulations*
made by the Governor in Council pursuant to Section 21 of Chapter 27
of the Acts of 2000, the *Employment Support and Income Assistance Act***

- 1 Clause 2(f) of the *Employment Support and Income Assistance Regulations* made by the Governor in Council by Order in Council 2001-138 dated March 23, 2001, is amended by
 - (a) striking out the semi-colon at the end of subclause (vi) and substituting a comma; and
 - (b) adding the following subclause immediately after subclause (vi):
 - (vii) prepaid funeral arrangements up to a maximum value of \$5000;
- 2 Clause 2(ae) of the regulations is repealed and the following clause substituted:
 - (ae) "supported employment" means employment of a person whose physical, mental or cognitive abilities prevent them from being financially self-sufficient;
- 3 Clause 29(1)(b) of the regulations is amended by adding ", where the costs are required for employment or the preservation of health or safety of the applicant or spouse or dependent child of the applicant" immediately after "month".
- 4 Clause 29(1)(c) of the regulations is amended by adding ", where the costs are related to employment or are required for the preservation of health or safety of the applicant or spouse or dependent child of the applicant," immediately after "month".
- 5 Clause 48(2)(a) of the regulations is amended by adding "at the time the amount of assistance to be paid is being determined," immediately before "income from part time employment".

6 The regulations are further amended by adding the following Section immediately after Section 48:

Percentage of gratuities and commissions

- 48A (1)** At the time a person applies for assistance, income from gratuities shall be computed at 100% of gratuities earned but at the time the amount of assistance to be paid is being determined, income from gratuities shall be computed at 70% of gratuities earned.
- (2)** At the time a person applies for assistance, income from commissions shall be computed at 100% of commissions earned but at the time the amount of assistance to be paid is being determined, income from commissions shall be computed at 70% of commissions earned.

7 The regulations are further amended by adding the following Section immediately after Section 79:

Disabled person

- 80 (1)** A person who was receiving family benefits on July 31, 2001, as a disabled person is eligible to continue to receive a transportation allowance, a household supply allowance and a house maintenance allowance in the same manner and amount as prescribed in the *Family Benefits Schedule "B" Regulations* in force on July 31, 2001.
- (2)** A person to whom subsection (1) applies is entitled to receive the allowances as specified in subsection (1) until December 31, 2001.
- (3)** A person who is receiving a household supply allowance and a house maintenance allowance pursuant to subsection (1) and (2) shall not be eligible to receive an amount for expenses pertaining to shelter costs prescribed in these regulations combined with those allowances in excess of
- (a) 100% of the actual total of any combination of shelter costs; or
 - (b) the amount prescribed in Appendix "A" of the *Family Benefits Schedule "B" Regulations* for the family size of the person's family.