



Department of Health & Wellness
Dental Programs

Dentists Guide
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NOVA SCOTIA DEPARTMENT OF HEALTH & WELLNESS

DENTISTS GUIDE

GENERAL PREAMBLE

INTRODUCTION

Dental Programs are a component of the Extended Health Benefits programs provided by the Department of Health and Wellness (DHW). The Program's mandate is to provide financial assistance/coverage to select Nova Scotia residents who are eligible for Medical Services Insurance (MSI) coverage provided under the *Health Services and Insurance Act* and this Guide.

This Dentists Guide ("Guide") sets out the services that are insured under the Programs, the rules and conditions for coverage, and the compensation payable in respect of those services.

This Guide is issued by the Minister of Health and Wellness under Section 11 of the *Health Services and Insurance Act*. It is the sole authority for determination of insured dental benefits and compensation payable therefor.

This Preamble is the authority for the proper interpretation of the tariff of fees as listed below. Fees will not be correctly interpreted without reference to this Preamble and Schedule of Benefits.

The tariff of fees for the insured services listed in this Guide is negotiated and maintained through agreement by the Minister of Health and Wellness and the Nova Scotia Dental Association (NSDA).

GENERAL CONSIDERATIONS

1.1 Each dentist who participates in the care of a patient is entitled to compensation for the government insured services rendered to the patient.

1.2 The tariff of fees (see Schedule A) identifies the amounts that are claimable for insured services rendered by dentists.

Insured services means dental services that are medically and/or dentally necessary as specified in this Guide and are listed in the tariff of fees in this Guide. The listing of any service or procedure in the tariff of fees does not ensure payment by the Department of Health and Wellness (DHW) if the dental service is provided when it is not medically/dentally necessary.

1.3 Unless otherwise indicated, fees listed are for professional services only.

1.4 Professional services provided to a patient may be claimed by a dentist only when the dentist **personally** renders or supervises the service.

1.4.1 All insured services include, where appropriate, any necessary discussion or advice to the patient or a person assisting the patient, completion of a dental record, prescribing of medication or therapy, requisitioning of diagnostic services, arranging referrals, including a letter of referral where required, and similar activities normally associated with providing insured services to patients. No charges are permitted in excess of the amount set out in the tariff below.

1.5 Dentists are required to submit claims for insured services provided to eligible patients in the format prescribed by the Minister, as communicated by the Administrator of the DHW Dental Programs.

A dentist who wishes to be paid through the MSI program must claim all insured dental services to the MSI program. A dentist who does not wish to be paid for any insured services through the MSI program must give reasonable notice to the patient or someone acting on the patient's behalf, before providing an insured service, that the dentist will charge the patient for the service.

1.6 Claims and/or resubmitted claims received beyond six (6) months from date of service are not payable unless the Administrator is satisfied that the delay is justified. Claims received fifteen (15) months after the date of service, or later, are not considered for payment under any circumstance.

1.7 Dentists are entitled to payment for insured services where:

- The service has been performed;
- The service was dentally required;
- The dentist has supporting documentation at the time of the service to verify the type and extent of the service relative to the fee claimed;
- There is an indication in the patient's chart, where applicable, that guidelines for payment eligibility have been met.

1.8 All insured dental services are subject to post-payment audit. A dentist shall, upon request by the appointed DHW dental auditor and at the auditor's discretion provide or make available for on-site examination, patient records maintained by the dentist with respect to the insured dental services under review, as may be required by the auditor, to clarify or verify services for which fees have been claimed, and in particular:

- a) the service was an insured service in Nova Scotia;
- b) the service was performed;
- c) the service was medically or dentally necessary;
- d) the service was correctly represented in the claim; and,
- e) the service and claim met the requirements set out in this Guide.

If the patient's chart and/or other pertinent patient records cannot support the claim either in part or full, then the appointed DHW auditor may require that the dentist reimburse DHW for the partial or full payment amount of the service or of

the lesser service provided. The appointed DHW auditor may make notes or photocopies of the documentation or records relevant to the insured services under review, as necessary to document and support their findings.

TERMS AND DEFINITIONS USED IN ALL SECTIONS

2.1 Medical / Dental Necessity

The provision of a service listed in the Schedule of Benefits for a program per Schedule A of this Guide does not ensure payment by the Administrator/DHW. Dental services provided in circumstances where they were not medically and/or dentally necessary, including as specified by the DHW program criteria in this Guide are not insured. For greater certainty, dental services which are not expressly insured under the *Health Services and Insurance Act* or this Guide remain uninsured regardless of individual judgments regarding their medical/dental necessity.

2.2 Tariff of Fees

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

2.3 Dentist

Dentist means a person lawfully entitled to practice dentistry in the place in which such practice is carried on by him/her. Services rendered under these programs shall only be insured when rendered by a person licensed with the dental regulator for Nova Scotia except as otherwise stated in this Guide, where provisions for out-of-province coverage are in place.

2.4 General Practitioner

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

2.5 Specialist/Specialty

A specialist is defined as one whose name appears in the Specialist Register of the Provincial Dental Board of Nova Scotia or the equivalent Specialist Register in another Canadian province or territory where provisions for out-of-province coverage exist, and who is registered as a Specialist with the Administrator. However, when the term “specialty” is used, it means any or all specialists.

2.6 Statutory Holidays (Applies to Oral and Maxillofacial Surgery)

Holidays are defined, for the purpose of claiming special premium rates where permitted by this Guide, as New Year’s Day, Heritage Day, Good Friday, Easter Monday, Victoria

Day, Canada Day, Natal Day, Labour Day, National Day for Truth and Reconciliation, Thanksgiving, Remembrance Day, Christmas Day and Boxing Day.

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

2.7 Terms used for claiming insured services:

2.7.1 Services

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

2.7.2 Tariff

The tariff of fees set out in the Schedule of Benefits sets out the monetary compensation payable by DHW for an insured service. The tariff is determined through negotiations between the Nova Scotia Dental Association (NSDA) and the Nova Scotia Department of Health and Wellness (DHW), in accordance with the *Health Services and Insurance Act*.

2.8 Dental Consultation

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

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

2.9 Repeat Consultation

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

2.10 Intra-Group Consultations

For greater certainty, a dentist who is part of a group of dentists formally organized as a group practice, clinic, etc., is entitled to the rate for a consultation listed in the tariff of fees.

The Nova Scotia Department of Health and Wellness (DHW) has the right to require a copy of the consultation report.

2.11 Referral

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

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

2.12 Transferral

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

2.13 Hospital

Hospital means a health care facility that has been approved under the Hospitals Act and any other hospital or facility that has been approved as a hospital by the Minister for the purposes of the Health Services and Insurance Act.

2.14 Office

An "office" means the location where a dentist is practicing dentistry.

2.15 Participating Dentist

A dentist who is registered with MSI to receive direct compensation for insured dental services from DHW, through the Administrator.

2.16 Non-Participating Dentist

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

2.17 Interpretive Component

Interpretive component means the interpretation of the results of a diagnostic procedure for which a fee may be claimed separately from performing the procedure itself. This fee applies only to in-hospital radiographs.

2.18 Premium Fees (Applies to Oral and Maxillofacial Surgery)

Premium fees are additional amounts paid above normal or customary rates on specific eligible services provided on an emergency basis during certain times set out in this Guide. "Emergency basis" means the service must be performed without delay because of the medical condition of the patient. Refer to Preamble for Oral and Maxillofacial Surgery.

2.19 Hospital Premium Fees

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

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

Pre-Authorization means DHW's process for assessing and approving coverage of an insured service before the treatment is provided.

2.21 Cavitated Lesion

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

2.22 Locum Tenens

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

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

PRINCIPLES OF ETHICAL BILLING

- 3.1** Insured services are those listed in this Guide. A dentist is entitled to compensation for providing insured services as set out in this Guide.

Some insured services have specific allowable frequencies. Services provided beyond program frequencies are uninsured services.

- 3.2** The following principles apply to claims for insured services:

3.2.1 All insured services claimed must reflect services rendered personally by the dentist in an appropriate clinical setting or in compliance with DHW's requirements for non-face-to-face dentistry. In accordance with the *Dental Act*, certain delegated dental acts done under supervision of the dentist present on the premises may also be claimed.

3.2.2 Patients may be charged directly for the provision of services not covered by DHW, such as non-insured dental services, completing forms, photocopying, long distance telephone, and similar charges. If rendered in conjunction with an insured service, these charges must be explained and agreed to by the patient before the insured service is provided.

3.3 Billing for insured and non-insured dental services at the same visit:

- 3.3.1** A dentist must exercise caution whenever billing DHW and the patient or a third party for services provided during the same visit. Under no circumstances should any service, or any component of a service, be claimed for twice.
- 3.3.2** The attending dentist must inform the patient, or the person responsible for the patient, of any direct charge that will be made for the patient's care, before providing any service.
- 3.3.3** The provision of insured services must not be contingent upon the patient agreeing to accept additional non-insured services.

TARIFF OF FEES

The tariff of fees listed in this Guide is negotiated by the DHW and the Nova Scotia Dental Association (NSDA).

- 4.1** The Canadian Dental Association (CDA) Uniform System of Coding and List of Services (USC&LS) as licensed to the Nova Scotia Dental Association (NSDA), employed with the permission of the licensee, forms the basis for the description of services in the tariff of fees. The USC&LS replaces the previous system of codes used by DHW.
- 4.2** The adaptation of the USC&LS in this Guide does not include all possible USC&LS codes.

DHW uses qualifiers as described in the tariff of fees.

- 4.2.1** Qualifiers are appended to USC&LS codes to distinguish between related procedures applied to the same anatomic area or condition, or to accommodate procedures that are a composite of two or more services.
- 4.2.2** Fees for services are determined through a process of internal (within NSDA) and external (with the DHW) negotiation and maintenance.
- 4.2.3** If a dentist feels a particular fee is under or overvalued in relation to a similar service, he or she should request that the NSDA consider renegotiating the fee with the DHW.

PROCEDURE FOR AMENDING THE PREAMBLE AND/OR TARIFF OF FEES

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

COMMUNICATION

- 6.1** Changes to programs, fees and other information pertaining to program administration will be communicated to dentists in a timely manner through the release of Dentists' Bulletins and Dentists Guide updates by DHW. From time to time, DHW through the Administrator adopts Administrative Policies. DHW hereby reserves and shall have the right, at all times and from time to time, to

create, adopt, amend, alter or revise Administrative Policies. Notice will be made to dentists by DHW, through Dentists' Bulletins, before any Administrative Policy additions/changes are implemented.

NON-FACE-TO-FACE DENTISTRY

- 7.1 Select non-face-to-face (i.e., virtual care) assessment services are insured within current DHW dental programs.
- 7.2 The provincial policy on the *Provision of Publicly Funded Virtual Health Services*, as amended by DHW from time to time, applies to all publicly funded health services including dental professional services. The policy can be viewed online at: <https://novascotia.ca/dhw/publications/Provision-of-Publicly-Funded-Virtual-Health-Services.pdf>
- 7.3 A non-face-to-face assessment is intended to take the place of an in-office visit in triaging an eligible resident's immediate dental oral health care need and to determine appropriate next steps. The assessment must be initiated by the patient, or the patient's parent or guardian or other legal substitute decision-maker. The non-face-to-face assessment requires two-way synchronous communication between the patient and Dentist on a clinical level and may be provided via telephone or PHIA (*Personal Health Information Act*) compliant web-based video platform (e.g. ZoomHealth).
- 7.4 The insured non-face-to-face assessment code to use is either 01204 Specific Exam or 01205 Emergency Exam, as required by the Schedule of Benefits.
- 7.5 Claims should be submitted OLTP through your dental software, or real time on ProviderConnect® under the Claim submission tab, where submission through your dental software is not possible. Manual submission of a paper claim should be a last resort only. See the **Billing and Payment** section of this Guide for billing guidelines pertaining to non-face-to-face services.

CONDITIONS OF PARTICIPATION FOR DENTISTS

INTRODUCTION

Under the *Health Services and Insurance Act* a dentist may bill DHW's MSI Plan for all services insured by the plan. Alternatively, a dentist may choose to opt out of MSI and bill patients directly for MSI insured services, under certain conditions. An opted out dentist may not charge the patient more than the MSI plan pays under this Guide. For example, balance billing above the tariff rate in this Guide is not allowed.

See the Claims Preparation and Submission section of this guide. See also Billing Above Tariff below.

REGISTRATION FOR PARTICIPATION

NEW DENTIST

A dentist commencing practice in Nova Scotia, who is licensed with the provincial regulatory authority and a member of the NSDA will be duly registered with the Canadian Dental Association (CDA), and automatically registered with DHW's dental plan Administrator as a participating dentist. The dentist will be considered a participating dentist from the date of commencing practice in Nova Scotia if the above requirements are met.

AUTHORIZATIONS

TO ASSIGN PAYMENT

A Participating Dentist may assign their entitlement to payment for insured services to one or more other parties – e.g., their employer, group, partnership, clinic, teaching unit, etc. – by special arrangement with DHW, through the dental plan Administrator.

TO USE FACSIMILE SIGNATURE

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

LOCUM TENENS

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

REGISTRATION FOR OPTED OUT DENTIST

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

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

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

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

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

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

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

A dentist may not charge more for an insured service than is payable under this Guide.

MAILING ADDRESS TO SEND THE LETTER OF NOTICE:

Supervisor, Dental Services
GreenShield Canada
8677 Anchor Drive
PO Box 1671
Windsor, Ontario N9A 0C6

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

Note at the top of the letter — "Notice of Opting out of MSI"

NEW DENTIST

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

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

PAYMENT TO OPTED OUT DENTISTS

A dentist who has opted out the DHW's MSI Programs will not be reimbursed directly by DHW. Provided the dentist has given advance notice to the patient as required above, the dentist may charge the patient directly, and the patient may claim reimbursement from DHW.

OPTING IN

Dentists who have opted out of the DHW's MSI programs may at any time change the election and re-enrol in the MSI programs, providing the dentist's privilege of assignment of payment with DHW is in good standing.

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

BILLING ABOVE TARIFF

The tariff for the DHW's MSI Dental Programs is negotiated between the NSDA and the Minister of Health and Wellness. Regardless of whether a dentist is opted in or out, they are required to bill only the tariff rate provided in this Guide. No billing above the tariff rate is permitted for any procedure listed as an eligible insured benefit in this Guide.

Coverage for an insured service may be limited by frequency, as set out in this Guide. For those services if the patient has already received their maximum frequency in accordance with the program schedule below, subsequent services of the same nature are not insured by DHW.

Providers must notify residents of any recommended uninsured service, and associated costs, before delivering the uninsured service.

BILLING AND PAYMENT

INTRODUCTION

This section explains how to claim fees charged to DHW for insured services rendered. It also explains the method of payment of approved claims.

REGULATED FEES

Regulated fees for insured services as listed in Schedule A of this Guide.

CLAIM PAYMENT

SUBMISSION DATE

Claims should be submitted in a timely fashion. Claims must be received by the dental plan Administrator within six months of the date of service (see General Preamble 1.6).

NORMAL PAYMENT

Direct deposit for approved claims will be issued every two weeks. Cheques will be issued every four weeks for dentists who have not authorized direct deposit.

The schedule of payments and claim processing periods is available through the dental Plan Administrator's ProviderConnect™ portal. An explanation of benefits statement will be issued, which will include a record of all claims processed with a specific claiming period.

PAYMENT STATEMENT

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

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

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

COMPUTER BILLING

The dental plan Administrator accepts dentist's claims electronically through office systems approved by the Canadian Dental Association (CDA) and connected to the CDAnet. This method of claim submission has benefits:

- It reduces clerical errors, which in turn reduces the number of claims being returned for corrections.
- Claims are more accurate, therefore claims processing is faster.
- More efficient (quicker claim processing) and cost effective (eliminates costs and times associated with mailing a paper claim).

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

The dental plan Administrator also accepts computer printed claim forms via ProviderConnect by using the sending an attachment feature. Paper claims submitted via postal mail should only occur as a last resort.

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

CLAIMS FOR NON-FACE-TO-FACE DENTISTRY

BILLING GUIDELINES

- A dentist's record of a non-face-to-face encounter must include a discussion of the immediate dental problem and a treatment management decision.
- The non-face-to-face encounter must be patient initiated.
- A non-face-to-face encounter cannot be claimed when the outcome is to see the patient in person.
- A non-face-to-face encounter must occur in a PHIA compliant manner (e.g. not via unsecured video platforms such as FaceTime or Skype).
- Insured non-face-to-face services are payable up to the regulated DHW tariff and balance billing above tariff for any eligible DHW benefit is not allowed.
- Except as expressly provided in this Guide or any DHW virtual health care services policy(ies), the Dentist must be licensed and physically located in Nova Scotia at the time of the non-face-to-face encounter.
- Non-face-to-face dentistry services are uninsured when the purpose of the communication is:
 - To arrange a face-to-face appointment without clinical consultation
 - For administrative tasks
 - To notify the patient of an appointment

DOCUMENTATION REQUIREMENTS

All Standards of Practice and Professional Obligations apply to dental care provided via non-face-to-face means. Assessment notes, diagnoses and management treatment plans must be maintained as supporting documentation and made available to the Administrator upon request. Eligibility is determined by the treating dentist according to the coverage guidelines and is

subject to post payment audit. Failure to comply with any of these conditions will result in a reduction of payment or non-payment.

ADMINISTRATION

CLAIMS ASSESSMENT

To ensure that public funds to cover the cost of insured dental services are spent appropriately, the dental plan Administrator will assess and pay all claims in accordance with the *Health Services and Insurance Act* and this Guide.

APPEAL PROCEDURE

A dentist has the right to appeal the assessment of a specific claim. The following procedure shall apply:

- The dentist may contact a Customer Service Representative at 1-833-739-4035.
- If the dentist is not satisfied by the response, they may ask the Customer Service Centre Representative to immediately put them in touch with the most appropriate Supervisor or Manager.
- If the dentist is still not satisfied, they may contact the Complaints Officer using the instructions available online at [greenshield.ca](https://www.greenshield.ca).
- Where the Administrator does not settle the complaint to the satisfaction of the complainant, the dentist may appeal in writing to the Manager, Extended Health Benefits, Benefit Programs, Nova Scotia Department of Health and Wellness, or their designate.

POST PAYMENT REVIEW

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

PROFILE AND CLAIMS REVIEW PROCESS

A billing audit may be initiated from a review of a dental profile, a review of claims submitted for payment, a review of a service verification letter, or a complaint, in writing, from a resident or other person, including the provincial regulator.

DENTAL PROFILES

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

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

AUDIT PROCESS

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

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

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

AUDIT OUTCOME

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

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

APPEAL OF AUDIT POSITION

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

CLAIM PREPARATION AND SUBMISSION

TREATMENT PLAN PREPARATION

INTRODUCTION

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

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

GENERAL

PRESCRIBED FORMATS

All claims **must** be submitted in a format prescribed by the Administrator/DHW.

The preferred method is electronic submission for services with set fees through the dental office system connected to the CDAnet to ensure timely processing of eligible payment. Manual submission of a paper claim should be a last resort only.

How to submit claims to the Administrator electronically

- Using CDAnet software, select GreenShield Canada (GSC) as the carrier and 000102 as the carrier ID.

- Primary Policy/Plan Number – while mandatory with the CDAnet system, we do not use this field. Please populate with any value (e.g. 99999)
- Enter the patient's MSI number (no spaces) in the certificate field and refer to the chart above for the alpha prefix specific to the program you are claiming. The alpha prefix will be entered in the division field. If the dentist's software does not have a division field, simply enter the alpha prefix and the MSI number in the certificate field.

When electronic submission through dental office software is not possible, the claim form may be uploaded on GreenShield's ProviderConnect™ portal. Claim forms should only be mailed to GreenShield as a last resort. Call GreenShield for support with submitting claims via the portal.

ENTITLEMENT TO INSURED SERVICES

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

CLAIM INFORMATION REQUIREMENTS

Dentists are required to provide the information listed below when submitting claims to the Administrator.

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

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

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

ACCURACY OF INFORMATION

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

SEPARATE CLAIMS

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

CLAIM SUBMISSION DATES

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

INSTRUCTION FOR COMPLETING CLAIM FORM

DENTIST INFORMATION

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

CDA PROVIDER NUMBER

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

PATIENT IDENTIFICATION

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

PROGRAM INFORMATION

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

DATE OF SERVICE

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

LOCATION OF SERVICE

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

FEE CODE

The current Schedule of Fees as published in this guide is the basis for claiming and payment by the Administrator/DHW.

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

INTERNATIONAL TOOTH CODE

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

TOOTH SURFACES

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

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

PREMIUM TIME

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

MAXILLOFACIAL PROSTHODONTICS PROGRAM UNITS

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

LAB FEE

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

DENTAL FEE

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

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

NAME OF THE HOSPITAL

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

REFERRING DENTIST

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

DENTIST'S SIGNATURE

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

DENTIST COMMENTS

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

PAY-PATIENT CLAIMS (NON-PARTICIPATING DENTISTS)

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

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

FORMS INVOLVING THIRD PARTY

When providing dental services where a third party liability is involved — e.g. a car accident — the claim form should clearly indicate this information.

DENTAL TREATMENT PLAN (Predetermination or Pre-authorization)

GENERAL

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

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

FILING OF PLAN

If a dentist is uncertain as to eligibility of patients or benefits or wishes to have predetermined the DHW payment level or patient liability (if applicable), they may elect to submit either an electronic predetermination through the CDAnet in the prescribed format, or upload a predetermined treatment plan via ProviderConnect™ send an attachment. Manual submission via postal mail should be used only as a last resort.

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

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

PRESCRIBED FORM

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

PREPARATION OF DENTAL TREATMENT PLAN

PATIENT IDENTIFICATION

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

DENTIST IDENTIFICATION

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

DIAGNOSIS/COMMENTS

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

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

DETAILS OF SERVICES

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

DENTIST'S SIGNATURE

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

SUBMISSION OF DENTAL TREATMENT PLAN

Upon completion, the Dental Treatment Plan should be submitted to the Administrator for approval either electronically, uploaded via ProviderConnect™, or, as a last resort, manually.

APPROVAL OF DENTAL TREATMENT PLAN

Upon receipt of a treatment plan, the Administrator will assess the information in relation to the five (5) points of general provisions and according to the benefits eligibility of the program associated with the claiming. Each line of service on the treatment plan will be individually

assessed and an explanation of benefits statement will be issued to the requesting provider in the same way the provider would normally receive claim payment statements.

APPROVED – TREATMENT PLAN

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

DISCUSSION OF TREATMENT PLAN WITH PATIENT/PARENT/GUARDIAN

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

CHILDREN'S ORAL HEALTH PROGRAM (COH)

PREAMBLE

INTRODUCTION

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

REGISTRATION PROCEDURES

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

ELIGIBILITY

The Children's Oral Health Program insures the dental services set out in Section B of the Schedule of Benefits for Nova Scotian residents aged 14 or younger who have a valid Nova Scotia MSI Health Card. The purpose of the Children's Oral Health Program is to ensure equal access to basic dental care for all eligible children residing in Nova Scotia.

The Children's Oral Health Program insures the dental services in Section B of the Schedule of Benefits on a payor of last resort basis. Children with any other dental insurance plan, including the Canadian Dental Care Plan, are required to access that coverage first. The Children's Oral Health Program will pay any amount, up to the tariff rate set out below, that is not payable by the child's other insurance coverage.

All claims for payment under the Children's Oral Health Program, including claims payable to the child's parent or guardian, must meet the terms of the Children's Oral Health Program set out in this Guide. The purpose of the Children's Oral Health Program is to ensure equal access to basic dental care for all eligible children residing in Nova Scotia. It is not intended to act as an enhancement to an existing dental insurance plan.

Note: Any DHW insured service(s) with a frequency limitation, such as but not limited to examination, preventive service, scaling, and fluoride treatments, will be covered according to the frequency guidelines in this Guide, up to the amount of the tariff fee set out in the Schedule of Benefits. Services covered by any other insurance plan, including the Canadian Dental Care Plan, count towards the frequency limitations in this Guide; services exceeding the frequency limits in this Guide, including services that have been covered by any other insurance plan, are uninsured services under this Guide.

For example: If patient's insurance plan insures 1 recall examination in a 9-month period, and the frequency limit in this Guide is 1 recall examination in a 9-month period, then the MSI dental plan will not insure another recall examination during the 9 month period.

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

INSURED SERVICES

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

Despite the benefit frequency limits for the Children's Oral Health Program set out below, additional recall exams, caries prevention services and topical fluoride treatments may be insured by MSI if the dentist demonstrates that additional dental services are dentally necessary, such as in patients with medical complications, and the additional services are approved in writing by the dental plan Administrator prior to the service being provided. A dentist may apply for coverage of additional services by forwarding a completed Frequency of Benefit Request Form (found in this Guide) to the dental plan Administrator. Approvals will be in effect for a period of 2 years. After 2 years, if services in addition to the frequency limits described below remain dentally necessary, a dentist must submit a new application, with supporting documentation demonstrating the continuing dental necessity of the additional services.

Insured services under the Children's Oral Health Program are set out in Section B of the Schedule of Benefits. All children who meet the age criteria are eligible for one annual examination, two routine radiographs and one caries prevention service per year. All children are also eligible for scaling, one unit of time per year for children aged 1-10 years, and up to 2 units of time per year for children aged 11 years or older. A limited number of other diagnostic and preventive services are insured as set out in Section B of the Schedule of Benefits. Restorative services, according to Section B of the Schedule of Benefits, are insured for all age-eligible children.

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

TOPICAL FLUORIDE APPLICATIONS

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

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

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

PIT AND FISSURE SEALANT APPLICATION

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

EXTRACTIONS

Extractions are **only** insured in the event of:

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

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

The reason for the extraction(s) must be clearly documented in the patient's chart. Extraction claims that are inconsistent with the terms of the Children's Oral Health Program may be subject to recovery during post-payment audit.

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

MULTIPLE OPERATIVE PROCEDURES

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

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

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

The same rules apply in the case of sextants.

CROWNS

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

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

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

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

ANESTHESIA – CONCIOUS SEDATION

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

PA — PRE-AUTHORIZATION

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

HOSPITAL PREMIUM FEES

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

To appropriately bill for hospital premium fees, code 91201 should be used to identify claims provided in a public hospital, which allows submission via dental software. When submitting via dental software, enter all procedures performed, as is the case on the dental claim form, but add a single instance of 91201 for same date of service with a \$0.00 fee. If unable to bill electronically through your dental software, hospital setting indication and hospital name must be indicated on the claim form for services rendered in hospital setting. These forms can be uploaded on ProviderConnect portal for submission to GreenShield.

NA — NOT APPLICABLE

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

OUT OF PROVINCE

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

CHILDREN'S ORAL HEALTH PROGRAM (COH)

DIAGNOSTIC PREAMBLE

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

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

PREVIOUS PATIENT (RECALL) ORAL EXAMINATION (01202)

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

SPECIFIC (01204) ORAL EXAMINATION

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

EMERGENCY (01205) ORAL EXAMINATION

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

TESTS AND LABORATORY EXAMINATIONS

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

Department of Health and Wellness
Medical Services Insurance (MSI) Dental Programs
REQUEST FOR BENEFIT FREQUENCIES APPLICATION FORM

PATIENT INFORMATION

Patient's Full Name: _____

MSI Health Card Number: _____ Date of Birth: _____

Private Dental Coverage: ☐ Yes ☐ No

Program Claiming under: ☐ COH Children's Oral Health Program
☐ SNP Individuals with Special Needs Oral Health Program

PROVIDER INFORMATION

Provider's Name and Address: _____

Telephone #: _____ Email: _____
Provider Unique/ID #: _____

DENTIST'S REQUEST

Procedure code	Description	Frequency Request	Rendered Fee

Statement for Dental/Medical Need of Request:

Describe any Dental, Medical, Physical Developmental or Special Needs that may apply and explain how it is affecting the patient's dental/medical status.

Dentist signature: _____ Date requested: _____

SUBMISSION INFORMATION

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

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

Only complete applications will be considered.

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

INDIVIDUALS WITH SPECIAL NEEDS ORAL HEALTH PROGRAM (SNP)

PREAMBLE

INTRODUCTION

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

The purpose of the Individuals with Special Needs Oral Health Program is to ensure access to basic dental care for all eligible residents in Nova Scotia. It is not intended to act as an enhancement to an existing dental insurance plan.

REGISTRATION PROCEDURES

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

ELIGIBILITY

A person is eligible for insurance under the Individuals with Special Needs Oral Health Program if:

- a) the person is insured as a resident under the *Health Services and Insurance Act*, or any successor legislation,
- b) the person is diagnosed as intellectually disabled,
- c) chair management for the person is untenable, and
- d) the person's dental needs may require service delivery in a hospital setting under a general anesthetic or acceptable alternative.

There is no age restriction.

Residents with any other dental insurance plan, including the Canadian Dental Care Plan, are required to access that coverage first. The Program will pay any amount, up to the tariff rate set out in Section E of the Schedule of Benefits, that is not paid or payable by the individual's other insurance plan. Billing any amount over the tariff rate set out in Section E of the Schedule of Benefits is not allowed. All claims for payment, including claims payable to the resident's parent or guardian, must meet the terms of the Program.

Note: Any DHW insured service(s) with a frequency limitation, such as but not limited to examination, preventive service, scaling, and fluoride treatments, will be covered according to the frequency guidelines in this Guide, up to the amount of the tariff fee set out in the Schedule of Benefits. Services covered by any other insurance plan, including the Canadian Dental Care Plan, count towards the frequency limitations in this Guide; services exceeding the frequency limits in this Guide, including services that have been covered by any other insurance plan, are uninsured services under this Guide.

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

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

Eligible ICDA Codes for Diagnosis

ICDA Code	Definition
299	Autistic disorder, current or active state
317	Mild Intellectual Disabilities
318	Moderate intellectual disabilities
319	Unspecified Intellectual Disabilities
758	Down's syndrome
758.3	Autosomal deletion syndromes
759.81	Prader-Willi Syndrome
759.89	Other Specified congenital anomalies
760.71	Alcohol affecting fetus or newborn via placenta or breast milk
F70.0	Mild Intellectual Disabilities
F70.1	Mild Mental retardation: significant impairment of behaviour requiring attention or treatment
F70.8	Mild Mental retardation: other impairments of behaviour
F70.9	Mild Mental retardation: Without mention of impairment of behaviour
F71.0	Moderate intellectual disabilities
F71.1	Moderate mental retardation: Significant impairment of behaviour requiring attention or treatment
F71.8	Moderate mental retardation: Other impairments of behaviour
F71.9	Moderate mental retardation: Without mention of impairment of behaviour

F72.0	Severe intellectual disabilities
F72.1	Severe mental retardation: Significant impairment of behaviour requiring attention or treatment
F72.8	Severe mental retardation: Other impairments of behaviour
F72.9	Severe mental retardation: Without mention of impairment of behaviour
F73.0	Profound intellectual disabilities
F73.1	Profound mental retardation: Significant impairment of behaviour requiring attention or treatment
F73.8	Profound mental retardation: Other impairments of behaviour
F73.9	Profound mental retardation: Without mention of impairment of behaviour
F78.0	Other intellectual disabilities
F78.1	Other mental retardation: Significant impairment of behaviour requiring attention or treatment
F78.8	Other mental retardation: Other impairments of behaviour
F78.9	Other mental retardation: Without mention of impairment of behaviour
F79.0	Unspecified Intellectual Disabilities
F79.1	Unspecified mental retardation: Significant impairment of behaviour requiring attention or treatment
F79.8	Unspecified mental retardation: Other impairments of behaviour
F79.9	Unspecified mental retardation: Without mention of impairment of behaviour
F84.0	Pervasive developmental disorders
F84.1	Atypical autism
F84.3	Other childhood disintegrative disorder
F84.4	Overactive disorder associated with mental retardation and stereotyped movements
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
P04.3	Newborn (suspected to be) affected by maternal use of alcohol
Q86.0	Fetal alcohol syndrome (dysmorphic)
Q86.1	Fetal hydantoin syndrome
Q86.2	Dysmorphism due to warfarin
Q86.8	Other congenital malformation syndromes due to known exogenous causes
Q87.0	Other specified congenital malformation syndromes affecting multiple systems
Q87.1	Congenital malformation syndromes predominantly associated with short stature
Q87.2	Congenital malformation syndromes predominantly involving limbs
Q87.3	Congenital malformation syndromes involving early overgrowth
Q87.5	Other congenital malformation syndromes with other skeletal changes
Q87.8	Other specified congenital malformation syndromes, not elsewhere classified
Q89.8	Other specified congenital malformations

Q90.0	Down Syndrome
Q90.1	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
Q91.0	Trisomy 18 and Trisomy 13
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)
Q91.2	Trisomy 18, translocation
Q91.3	Trisomy 18, unspecified
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q91.6	Trisomy 13, translocation
Q91.7	Trisomy 13, unspecified
Q93.0	Monosomies and deletions from the autosomes, not elsewhere classified
Q93.1	Whole chromosome monosomy, mosaicism (mitotic nondisjunction)
Q93.2	Chromosome replaced with ring, dicentric or isochromosome
Q93.3	Deletion of short arm of chromosome 4
Q93.5	Other deletions from the autosomes
Q93.6	Deletions seen only at prometaphase
Q93.7	Deletions with other complex rearrangements
Q93.8	Other deletions from the autosomes
Q93.9	Deletion from autosomes, unspecified
Q99.2	Fragile X Chromosome

INSURED SERVICES

Insured services are those described in Section E of the Schedule of Benefits. Where major restorative and/or oral and maxillofacial surgery services are required, pre-authorization must be obtained from the dental plan Administrator prior to beginning treatment.

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

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

Coverage guidelines apply for some services. Eligibility for such service is determined by the performing dentist according to the coverage guidelines listed below and pre-authorization is not required when the guidelines are determined by the performing dentist to be met. Supporting

documents as evidence of eligibility, including chart entries and diagnostics, must be provided in the event of a post audit.

Despite the benefit frequency limits for the Individuals with Special Needs Program sets out below, additional recall exams, caries prevention services and topical fluoride treatments may be insured by MSI if the dentist demonstrates that additional dental services are dentally necessary, such as in patients with medical complications, and the additional services are approved in writing by the dental plan Administrator prior to the service being provided. A dentist may apply for coverage of additional services by forwarding a completed Frequency of Benefit Request Form (found in this Guide) to the dental plan Administrator. All patients in this category must be registered in advance of additional treatment. Granted approvals will be on file for the lifetime of the resident providing coverage remains eligible and in effect at the time of the claim.

TOPICAL FLUORIDE APPLICATIONS

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

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

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

PIT AND FISSURE SEALANT APPLICATION

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

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

EXTRACTIONS

Extractions are **only** insured in the event of:

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

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

The reason for the extraction(s) must be clearly documented in the patient's chart. Extraction claims that are inconsistent with the terms of the Individual's with Special Needs Program may be subject to recovery during post-payment audit.

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

CROWNS

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

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

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

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

ANESTHESIA – CONCIOUS SEDATION

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

PREMIUM FEES

These services are typically subject to a 30% premium fee on the base when delivered in a provincially funded hospital setting, as indicated in the tariff of fees. Hospital based services are

not subject to payer of last resort requirements. Total rendered amount inclusive of the hospital premium fee must be indicated on the claim form for auditing purposes.

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

PA — PRE-AUTHORIZATION

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

NA — NOT APPLICABLE

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

OUT OF PROVINCE

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

INDIVIDUALS WITH SPECIAL NEEDS ORAL HEALTH PROGRAM (SNP)

DIAGNOSTIC PREAMBLE

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

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

PREVIOUS PATIENT (RECALL) ORAL EXAMINATION (01202)

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

SPECIFIC (01204) ORAL EXAMINATION

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

EMERGENCY (01205) ORAL EXAMINATION

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

TESTS AND LABORATORY EXAMINATIONS

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

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

PATIENT INFORMATION

Patient's Full Name: _____

MSI Health Card #: _____ Date of Birth: _____

PHYSICIAN'S STATEMENT (PROVIDE COMPLETE DETAILS OF MEDICAL DIAGNOSIS INCLUDING THE ICD CODE(S))

ICD code(s): _____ Chair management untenable: ☐ Yes ☐ No

This is to confirm that the above patient has an intellectual disability to the degree that chair management for dental services is untenable.

Physician's Name: _____ Physician's Signature: _____

Date: _____

DENTIST'S STATEMENT

Due to the medical condition of this patient as verified by this form, which has been signed by Dr. _____, M.D., the proposed dental treatment can be performed in office or in hospital setting.

Dentist's Name: _____ Dentist's Signature: _____

Date: _____ Fax #: _____ Email: _____

GSC/DHW Use Only

Registration Confirmed: ☐ Yes ☐ No

Comments: _____

Signature: _____ Date of request: _____

SUBMISSION INFORMATION

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

GreenShield Canada

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

P.O. Box 1671

Windsor, Ontario N9A 0C6

Only complete applications will be considered.

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

Department of Health and Wellness
Medical Services Insurance (MSI) Dental Programs
REQUEST FOR BENEFIT FREQUENCIES APPLICATION FORM

PATIENT INFORMATION

Patient's Full Name: _____

MSI Health Card Number: _____ Date of Birth: _____

Private Dental Coverage: ☐ Yes ☐ No

Program Claiming under: ☐ COH Children's Oral Health Program
☐ SNP Individuals with Special Needs Oral Health Program

PROVIDER INFORMATION

Provider's Name and Address: _____

Telephone #: _____ Email: _____
Provider Unique/ID #: _____

DENTIST'S REQUEST

Procedure code	Description	Frequency Request	Rendered Fee

Statement for Dental/Medical Need of Request:

Describe any Dental, Medical, Physical Developmental or Special Needs that may apply and explain how it is affecting the patient's dental/medical status.

Dentist signature: _____ Date requested: _____

SUBMISSION INFORMATION

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

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

Only complete applications will be considered.

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

CLEFT PALATE/CRANIOFACIAL PROGRAM (CPC)

PREAMBLE

INTRODUCTION

The Cleft Palate/Craniofacial Program insures the dental services set out Section A of the Schedule of Benefits for residents with craniofacial anomalies which directly influence the growth and development of the dentoalveolar and craniofacial structures.

From birth to age fifteen, these patients are insured for basic dental services available through the Children's Oral Health Program, as well as other services which are dentally necessary as a result of the anomaly. From age 15 to the end of the month of their 23rd birthday, additional services are insured where the service is necessary as a result of the anomaly and the dental plan Administrator has pre-authorized the service.

REGISTRATION PROCEDURES

Residents are registered into the Cleft Palate/Craniofacial Program by the Cleft Palate Team (CPT) at the IWK Health Centre. Registration does not guarantee eligibility for funding for treatment under the Cleft Palate/Craniofacial Program. A registration letter including a CPT signature is required to register the resident. A CPC patient eligibility flow chart can be found on page 54.

ELIGIBLE PATIENTS

A person is insured under the Cleft Palate/Craniofacial Program if the person is insured as a resident under the *Health Services and Insurance Act*, RSNS, 1989, c.197 or any successor legislation, and has a craniofacial anomaly that directly influences the growth and development of the dentoalveolar and craniofacial structure.

Such anomalies may include, but are not limited to, clefts of the hard and soft palates, lip and/or alveolus, Apert's Syndrome, Crouzon Syndrome, Treacher Collins Syndrome, Lateral Facial Dysplasia and Achondroplasia. Other conditions may also be included with approval of the dental plan Administrator, if recommended by the CPT.

Residents who are eligible for coverage are insured for the dental services listed in Section E of the Schedule of Benefits from birth to the end of the month in which they turn 23 years of age.

ELIGIBILITY FOR SERVICES

Coverage for dental services under the Cleft Palate / Craniofacial Program, beyond services insured under the Children's Oral Health Program (COH), is determined by the dental plan Administrator for pre-authorization, when specific treatment is recommended by the dentist on behalf of their patient and supported by the CPT.

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

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

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

INSURED SERVICES

Insured services past the age of eligibility for the Children's Oral Health Program will be limited to those related to, though not necessarily restricted to, the area of the craniofacial deformity. The dental plan Administrator will, after considering a recommendation from the CPT, approve or deny treatment coverage.

CONSENT AND COMPLIANCE

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

RETREATMENT

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

EXCEPTIONAL CIRCUMSTANCE REQUESTS

For residents whose condition is not described in the conditions of eligibility, a dentist may submit an application for Exceptional Circumstance coverage. In such cases, fees associated with documentation needed to support the request, such as those for assessments and diagnostic records and/or assessment fees for insured services provided by the CPT, are the responsibility of the resident and/or parent/guardian. A dentist should submit an application for Exceptional Circumstances coverage to the dental plan Administrator. Further details and application form are located in the Exceptional Circumstance section of this Guide.

TREATMENT PLAN FORMS

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

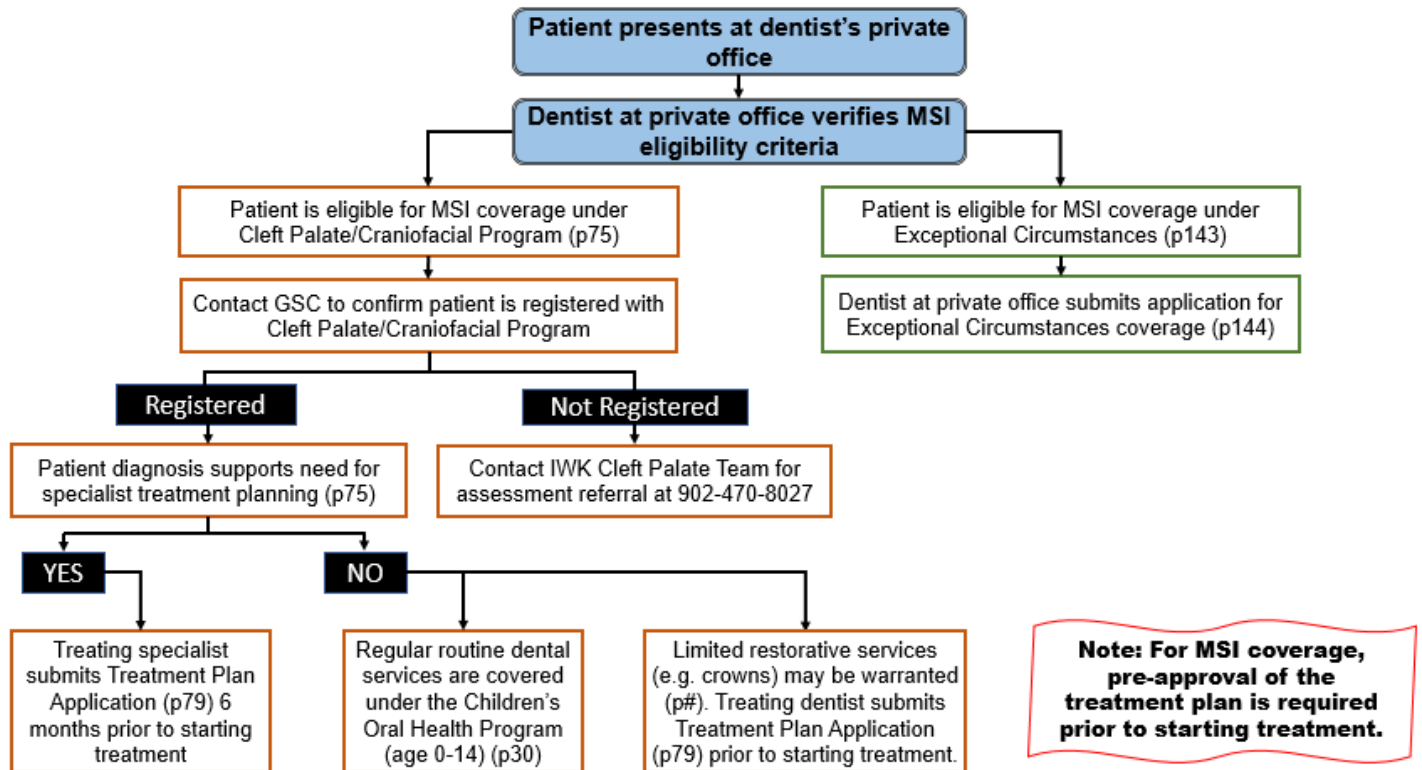
OUT OF PROVINCE

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

PRE-AUTHORIZATION

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

CLEFT PALATE/CRANIOFACIAL PROGRAM (CPC) FLOWCHART



CLEFT PALATE/CRANIOFACIAL PROGRAM (CPC) TREATMENT PLAN AGREEMENT

PATIENT INFORMATION:

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

PROVIDER INFORMATION:

Provider unique #	Provider Name	Provider Email
Provider Mailing Address		

DENTAL TREATMENT PLAN:

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

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

SUPPORTING INFORMATION (DIAGNOSIS/COMMENTS):

Requesting provider signature: _____ Date: _____

CLEFT PALATE/CRANIOFACIAL TEAM RECOMMENDATIONS:

Cleft Palate Team Chair Signature: _____ Date: _____

SUBMISSION INFORMATION

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

GreenShield Canada

Attn: Dental Services Dept – Cleft Palate/Craniofacial Dental Treatment Plan

P.O. Box 1671

Windsor, Ontario N9A 0C6

Only complete applications will be considered.

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

CLEFT PALATE / CRANIOFACIAL PROGRAM (CPC) DIAGNOSTIC PREAMBLE

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

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

PREVIOUS PATIENT (RECALL) ORAL EXAMINATION (01202)

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

SPECIFIC ORAL EXAMINATION (01204)

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

EMERGENCY ORAL EXAMINATION (01205)

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

TESTS AND LABORATORY EXAMINATIONS (15 – 23 YEAR OLDS)

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

ORAL AND MAXILLOFACIAL SURGERY (MFS)

PREAMBLE

INTRODUCTION

The Oral and Maxillofacial Surgery Program provides coverage for medically necessary oral and maxillofacial surgical services performed by a licensed Oral Surgeon and delivered in-hospital to all eligible residents who meet the medical criteria set out in this Guide.

ELIGIBLE RESIDENTS

A person is eligible for coverage under the Oral and Maxillofacial Surgery Program if the person is insured as a resident under the *Health Services and Insurance Act*, or any successor legislation, and the person's condition makes it medically necessary that the required oral and maxillofacial surgical procedures be done in a hospital.

INSURED SERVICES

The Oral and Maxillofacial Surgery Program tariff of fees in Section C of the Schedule of Benefits sets out the insured services which are covered by the Program, and the amounts payable for the services.

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

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

EMERGENCY (01205) ORAL EXAMINATION

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

CONDITIONS FOR INSURABILITY

INSURED SERVICES

In all cases, services are insured under the Oral and Maxillofacial Surgery Program only where the patient's medical condition is such that in-hospital delivery of the service is imperative to ensure patient medical safety.

For greater certainty, a service is not insured under the Oral and Maxillofacial Surgery Program where the service is not medically necessary and is delivered in hospital:

- a) at the request of the patient;
- b) as a result of anxiety and/or fear;
- c) to facilitate the use of general anesthetic where an office facility is not equipped with such general anesthetic equipment (general anesthetic on its own is not considered a medical condition).

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

Coverage may be recommended by the performing dentist according to the coverage guidelines. Payment for these services will be approved by the dental plan Administrator only when the above conditions are met AND only when pertinent details of the condition and its relationship to the procedure(s) are outlined clearly on each claim or estimate with supporting documentation in the resident's chart. For the purpose of the program, tumours, cysts and fractures can, themselves, be considered to be medical conditions. In order to determine whether coverage is approved, the dental plan Administrator will make necessary medical and other professional consultations.

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

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

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

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

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

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

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

Orthognathic Surgery

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

Other Extraction Services

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

GENERAL ANESTHETIC COSTS

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

SPECIALIST ON-CALL FEES – ORAL & MAXILLOFACIAL SURGEONS

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

PREMIUM FEES FOR NON-ELECTIVE ORAL AND MAXILLOFACIAL SURGICAL PROCEDURES

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

PREMIUM FEE TABLE

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

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

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

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

MULTIPLE OPERATIVE PROCEDURES

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

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

The same rules apply in the case of sextants.

SURGICAL ASSISTANT

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

together to ensure proper payment. Medical physician services must be submitted to Medicare for reimbursement.

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

IN-HOSPITAL ROUTINE EXTRACTIONS

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

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

MAXILLOFACIAL PROSTHODONTICS PROGRAM (MAX) PREAMBLE

INTRODUCTION

The Maxillofacial Prosthodontics Program is intended to meet the anatomical, functional and significant emotional (arising from having a significant physical defect) needs of residents through the rehabilitation of head and neck deficits so that these individuals may reintegrate and continue to be functional members of society.

REGISTRATION PROCEDURES

A resident who is recommended for coverage under the program by a qualified specialist will be registered by the dental plan Administrator in the Maxillofacial Prosthodontics Program when the specialist submits an initial claim for payment for services provided to the resident. The initial submission will be accompanied with a supporting letter from the referring physician.

ELIGIBLE PATIENTS

A person is insured for services under the Maxillofacial Prosthodontics Program if the person is insured as a resident under the *Health Services and Insurance Act* and any successor legislation, and the person's maxillofacial prosthodontic needs are the result of congenital facial disorders, cancer, surgery, trauma, and neurological deficit. There is no age restriction.

INSURED SERVICES

The program insures the medically required dental services set out in Section D of the Schedule of Benefits.

EMERGENCY (01205) ORAL EXAMINATION

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

OUT OF PROVINCE

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

EXCEPTIONAL CIRCUMSTANCES REQUEST (ECR)

INTRODUCTION

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

REGISTRATION PROCEDURES

A dentist shall submit an application request to the dental plan Administrator, for dental services that the dentist recommends should be insured for reasons of medical necessity, and where the service is not insured by any existing DHW dental program.

“Eligible resident” means a person who is insured as a resident under the *Health Services and Insurance Act*, or any successor legislation thereto, and for reasons of medical necessity requires a dental service that is not insured by existing MSI programs.

ELIGIBILITY FOR SERVICES

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

Residents with private dental plans are required to access any other insurance coverage first, including the Canadian Dental Care Plan.

The ECR will pay any eligible balance left over after the recipient's other insurance coverage has been accessed up to the approved amount. All claims for coordination of benefits with the ECR must meet the terms of this Guide. Submission of entire treatment plan by all coordinating/requesting dental providers must be submitted together for consideration. Incomplete applications will not be considered.

INSURED SERVICES

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

OUT OF PROVINCE

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

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

APPLICATION COVER PAGE

Complete this cover page and include with your application

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

SUBMISSION INFORMATION

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

GreenShield Canada

Attn: Dental Services Dept - Request for Exceptional Circumstances

P.O. Box 1671

Windsor, Ontario N9A 0C6

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

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

OUT OF PROVINCE BENEFITS

(Applicable only to in-hospital emergency dental services)

INTRODUCTION

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

ELIGIBLE RESIDENTS

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

PAYMENT FOR ELIGIBLE SERVICES

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

or

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

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

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

PROVIDER SUBMISSIONS

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

Resident invoices: A resident who pays for an insured service from an out-of-province dentist should ask for an itemized statement and or receipt showing details of each service rendered

and the dentist's charge for each service provided. It is the responsibility of the resident to submit the invoice to the Administrator for reimbursement.

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

This policy does not apply to:

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

PUBLICATION HISTORY

Publication Date	Updates
June 1, 2024	<ul style="list-style-type: none">First publication of the Dentists Guide as the Minister's determination of insured dental services under section 11 of the <i>Health Services and Insurance Act</i>.

Schedule A: SCHEDULE OF BENEFITS

Definitions

2 (1) In this Schedule of Benefits, the following definitions apply:

“+ E” means additional material expenses;

“+ L” means laboratory services;

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

“GP” means general practitioner;

“IC” means independent consideration;

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

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

“PA” means pre-approval;

“SP” means specialist practitioner.

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

Tariff of fees

- 3 (1) The tariff of fees for insured dental services is as set out in the following sections:
- (a) [Section A—Cleft Palate/Craniofacial Program](#);
 - (b) [Section B—Children’s Oral Health Program](#);
 - (c) [Section C—Oral and Maxillofacial Surgery](#);
 - (d) [Section D—Maxillofacial Prosthodontics Program](#);
 - (e) [Section E—Individuals with Special Needs Oral Health Program](#).
- (2) The tariff of fees for insured dental services must be administered in accordance with the Dentists Guide.

Insurance of last resort for certain programs

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

Section A—Cleft Palate/Craniofacial Program

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

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

Part 1: Diagnostic—01000–09999			
		GP Fee	SP Fee
Examinations			
1. Examinations and diagnosis, complete oral			
(Including: history, medical and dental clinical examination and diagnosis of hard and soft tissues, including carious lesions, missing teeth, determination of pocket depth and location of periodontal pockets, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, pulp vitality tests, if necessary, and any other pertinent factors. Radiographs extra as required.)			
01101	Examination and diagnosis, complete, primary dentition, including extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description	36.12	68.04
01102	Examination and diagnosis, complete, mixed dentition	47.04	97.44
01103	Examination and diagnosis, complete, permanent dentition	63.84	132.72
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 occlusion and appliances, but not including specific tests as for 01101, 01102, 01103	30.36	37.26

01202	Examination and diagnosis, limited oral, previous patient (recall): examination and diagnosis with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests, as for 01101, 01102, 01103	23.18	29.37
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3. Specific oral examinations

01204	Examination and diagnosis, specific: examination, diagnosis and evaluation of a specific situation in a localized area (includes x-rays)	36.24	49.29
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4. Emergency oral examinations

01205	Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area (includes x-rays)	36.24	49.29
05201	Consultation, specialist—in office	PA	81.81
05202	2 units of time	PA	155.40
05209	Each additional unit of time over 2	PA	77.70

5. Examinations and diagnosis, prosthodontic

01701	Examination and diagnosis, prosthodontic, edentulous: extended examination of the edentulous mouth, including detailed medical and dental history (incl. prosthetic history), visual and digital examination of the oral structures, head and neck (incl. TMJ), lips, oral mucosa, tongue, oral pharynx, salivary glands and lymph nodes, and including evaluation for implant-supported or retained prosthesis.		154.40
01702	Examination and diagnosis, prosthodontic, specific		60.98
01703	Examination prosthodontic, fixed oral rehabilitation, to include: (a) history, medical and dental; (b) clinical examination of hard and soft tissues, including carious lesions, missing teeth, location of periodontal pockets and determination of pocket depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, pulp vitality tests, where necessary, and any other pertinent factors; (c) evaluation of specific sites for implant-supported or retained prosthesis; (d) radiographs extra, as required.		176.18

Radiographs

(includes radiographic examination and interpretation)

1. Radiographs, intra-oral

02101	Radiographs, intra-oral, pedodontic, complete series (minimum of 12 films including bitewings)	104.97	107.07
02102	Radiographs, intra-oral, adult, complete series (minimum of 16 films including bitewings)	104.97	107.07

2. Radiographs, intra-oral, periapical			
02111	Single film	12.87	13.14
02112	2 films	16.91	17.24
02113	3 films	24.86	25.36
02114	4 films	29.70	30.30
02115	5 films	34.53	35.23
02116	6 films	39.51	40.30
02117	7 films	44.27	45.15
02118	8 films	49.18	50.17
02119	9 films	54.01	55.09
02120	10 films	58.93	60.10
02121	11 films	64.23	65.51
02122	12 films	69.98	71.38
02123	13 films	76.29	77.82
02124	14 films	83.15	84.81
02125	15 films	88.13	89.89
3. Radiographs, intra-oral, occlusal			
02131	Single film	31.47	32.10
02132	2 films	49.18	50.17
02133	3 films	66.89	60.90
02134	4 films	84.53	73.50
4. Radiographs, intra-oral, bitewing			
02141	Single film	12.87	13.14
02142	2 films	16.91	17.24
02143	3 films	24.86	25.36
02144	4 films	29.70	30.30
5. Radiographs, extra-oral			
02201	Single film	31.47	32.10
02202	2 films	49.18	50.17

02203	3 films	66.89	68.22
02204	4 films	84.53	86.22
6. Radiographs, postero-anterior and lateral skull and facial bone			
02301	Single film	PA	32.10
02302	2 films	PA	50.17
02303	3 films	PA	68.22
02304	Sinus examination: minimum 4 films identified as: (1) Waters (2) Calwell (3) Lateral Skull (4) Basal	PA	86.22
7. Radiographs, sialography			
02401	Single film	PA	PA
02402	2 films	PA	PA
02409	Each additional film over 2	PA	PA
8. Radiopaque dyes, use of, to demonstrate lesions			
02411	1 unit of time	PA	PA
02412	2 units of time	PA	PA
02419	Each additional unit of time over 2	PA	PA
9. Radiographs, temporomandibular joint			
02501	Single film	PA	32.10
02502	2 films	PA	50.17
02503	3 films	PA	68.22
02504	4 films (minimum examination closed and open each side)	PA	86.22
02509	Each additional film over 4	PA	PA
10. Radiographs, panoramic			
02601	Single film	54.09	55.17
11. Radiographs, cephalometric			
02701	Single film	54.09	55.17
02702	2 films	88.06	89.83
12. Radiographs, cephalometric, tracing and interpretation			
02751	1 unit of time	PA	PA

02752	2 units of time	PA	PA
02759	Each additional unit of time over 2	PA	PA
13. Radiographs, interpretation			
02801	(MSI: for radiographs exposed on hospital equipment) MSI: paid at 1/2 regular fee		
14. Radiographs, hand and wrist			
02801	Radiographs, hand and wrist (as a duplicate aid for dental treatment), per case	PA	PA
15. Radiographs, tomography			
02931	Single view	PA	PA
02932	2 views	PA	PA
02933	3 views	PA	PA
02934	4 views	PA	PA
02939	Each additional view over 4	PA	PA
16. Radiographic guide (includes diagnostic wax-up with radio-opaque markers for pre-surgical assessment of alveolar bone and vital structures as potential osseo-integrated implant site(s))			
02951	Maxillary guide + L + E		160.00 + L
02952	Mandibular guide + L + E		160.00 + L
17. Template, surgical (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants)			
03001	Maxillary Template + L + E		320.00 incl lab
03002	Mandibular Template + L + E		320.00 incl lab
Tests and Laboratory Examinations			
1. Tests, microbiological			
04101	Microbiological test for the determination of pathological agents + L	32.52	33.17
2. Tests, caries susceptibility			
04201	Bacteriological test for the determination of dental caries susceptibility + L	31.80	32.45
3. Tests, histological			
Test, histological, soft tissue			

04311	Biopsy, soft oral tissue—by puncture + L	75.98	85.05
04312	Biopsy, soft oral tissue—by incision + L	75.98	85.05
04313	Biopsy, soft oral tissue—by aspiration + L	75.98	85.05
Tests, histological, hard tissue			
04321	Biopsy, hard oral tissue—by puncture + L	87.50	89.25
04322	Biopsy, hard oral tissue—by incision + L	87.50	89.25
04323	Biopsy, hard oral tissue—by aspiration + L	87.50	89.25
4. Tests, cytological			
04401	Cytological smear from the oral cavity + L	31.80	32.45
5. Tests, pulp vitality			
04501	1 unit of time	26.89	27.43
04509	Each additional unit of time	26.89	27.43
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 (equilibration, casts, diagnostic (pilot equilibration) for extensive or complicated restorative dentistry + L)			
04711	1 unit of time	PA	PA
04712	2 units of time	PA	PA
04713	3 units of time	PA	PA
04714	4 units of time	PA	PA
04719	Each additional unit of time over 4	PA	PA
Wax up, diagnostic (to evaluate cosmetic and/or preparation design and/or occlusal considerations) (gnathological wax up) + L			
04721	1 unit of time	PA	PA
04722	2 units of time	PA	PA
04723	3 units of time	PA	PA

04724	4 units of time	PA	PA
04729	Each additional unit of time over 4	PA	PA
Split cast mounting, diagnostic + L			
04731	1 unit of time	PA	PA
04732	2 units of time	PA	PA
04733	3 units of time	PA	PA
04734	4 units of time	PA	PA
04739	Each additional unit of time over 4	PA	PA
Interpretation of models from another source			
04741	First unit of time	PA	PA
04749	Each additional unit of time	PA	PA
Photographs, Diagnostic			
04801	Single photograph	16.67	17.01
04802	2 photographs	33.33	33.60
04803	3 photographs	50.01	38.85
04809	Each additional photograph over 3	16.67	17.85
Casts, Diagnostic			
1. Cast, diagnostic, unmounted			
04911	Cast, diagnostic, unmounted + L	32.52	45.62
04912	Cast, diagnostic, unmounted, duplicate + L		
2. Cast, diagnostic, mounted			
04921	Cast, diagnostic, mounted + L	40.95	PA
04922	Cast, diagnostic, mounted using face bow transfer + L	67.20	PA
04923	Cast, diagnostic, mounted, using face bow + occlusal records + L	91.50	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	45.62

Case Presentation

1. Treatment planning (This service is only for extra time spent on unusually complicated cases or where the patient demands unusual time in explanation or where diagnostic material is received from another source. Usual case presentation time and usual treatment planning time are implicit in the examination and diagnosis fee and in the radiographic interpretation fee.)

05101	1 unit of time	86.40
05102	2 units of time	172.80

2. Radiographs, cone beam computerized tomography (CBCT)

Radiographs, CBCT, acquisition

07011	Small field of view (e.g. sextant or part of; isolated temporomandibular joint)	174.40
07012	Large field of view (1 arch)	IC
07013	Large field of view (2 arches)	IC

Radiographs, CBCT, image processing

07021	1 unit of time	IC
07022	2 units	IC
07027	One half unit	IC
07029	Each additional unit over 2	IC

Radiographs, CBCT, interpretation

07031	1 unit of time	71.92
07032	2 units	143.84
07037	One half unit	36.00
07039	Each additional unit over 2	71.92

Radiographs, CBCT, acquisition, processing and interpretation

07041	Small field of view (e.g., sextant or part of; isolated temporomandibular joint)	285.60
07042	Large field of view (1 arch)	359.20
07043	Large field of view (2 arches)	423.20

Part 2: Endodontics—30000-39999

Pulp Chamber, Treatment of (excluding final restoration)

1. Pulpotomy			
Pulpotomy vital, permanent teeth (as a separate emergency procedure)			
32221	Anterior and bicuspid teeth	75.33	92.13
32222	Molar teeth	75.33	92.13
Pulpotomy, vital, primary teeth			
32231	Primary tooth as a separate procedure	60.54	76.78
32232	Primary tooth, concurrent with restorations (but excluding final restoration)	60.54	75.27
2. Pulpectomy (as a separate emergency procedure)			
Pulpectomy, permanent teeth/retained primary teeth			
32311	1 canal	86.77	89.17
32312	2 canals	134.22	137.11
32313	3 canals	PA	PA
32314	4 canals or more	PA	PA
Pulpectomy, primary teeth			
32321	Anterior tooth	78.75	88.50
32322	Posterior tooth	116.55	128.47
Root Canal Therapy			
(includes treatment plan, clinical procedures (e.g., pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs)			
1. Root canals, permanent teeth, retained primary teeth (including clinical procedures with appropriate radiographs, excluding final restoration)			
33111	1 canal	342.74	419.55
33121	2 canals	502.03	604.10
33131	3 canals	674.30	825.29
33141	4 canals or more	837.14	988.39
2. Root canals, primary teeth			
33401	1 canal	117.71	PA
33402	2 canals	177.68	PA
33403	3 canals or more	238.02	294.30

3. Apexification/apical closure/induction of hard tissue repair (including biomechanical preparation and placement of dentogenic media)			
33601	1 canal	130.55	159.77
33602	2 canals	172.85	230.56
33603	3 canals	220.13	302.33
33604	4 canals or more	395.47	455.60
4. Re-insertion of dentogenic media per visit			
33611	1 canal	58.19	68.59
33612	2 canals	58.19	68.59
33613	3 canals	58.19	68.59
33614	4 canals or more	58.19	68.59
Periapical Services			
1. Apicoectomy/apical curettage			
Maxillary anterior			
34111	1 root	179.03	219.16
34112	2 roots	255.79	298.23
Maxillary bicuspid			
34121	1 root	239.40	311.24
34122	2 roots	318.15	371.60
34123	3 roots or more	397.95	431.80
Maxillary molar			
34131	1 root	254.37	PA
34132	2 roots	336.64	PA
34133	3 roots	401.76	PA
34134	4 roots or more	452.37	482.77
Mandibular anterior			
34141	1 root	179.03	219.16
34142	2 roots or more	255.79	284.03

Mandibular bicuspid			
34151	1 root	240.45	311.24
34152	2 roots	318.15	371.60
34153	3 roots or more	400.05	431.80
Mandibular molar			
34161	1 root	254.37	311.24
34162	2 roots	336.64	371.60
34163	3 roots	401.76	431.80
34164	4 roots or more	452.37	482.77
2. Retrofilling			
34211	1 canal	71.17	87.11
34212	2 or more canals	86.24	108.60
Maxillary bicuspid			
34221	1 canal	71.17	87.11
34222	2 canals	86.24	108.60
34223	3 canals	104.34	135.77
34234	4 or more canals	116.97	152.71
Maxillary molar			
34321	1 canal	73.22	87.11
34322	2 canals	90.36	108.60
34323	3 canals	104.34	142.55
34324	4 or more canals	116.97	152.71
Mandibular anterior			
34241	1 canal	71.17	87.11
34242	2 or more canals	86.24	108.60
Mandibular bicuspid			
34251	1 canal	71.17	87.11
34252	2 canals	86.24	108.60

34253	3 canals	104.34	135.77
34254	4 or more canals	116.97	152.71
Mandibular molar			
34261	1 canal	73.22	87.11
34262	2 canals	90.36	108.60
34263	3 canals	104.34	135.77
34264	4 or more canals	116.97	152.71
3. Enlargement, canal and/or pulp chamber (preparation of post space)			
34601	Enlargement, canal and/or pulp chamber (preparation of post space)	PA	PA
34602	In calcified canals	PA	PA
Endodontic, Procedures, Miscellaneous			
1. Isolation of endodontic tooth/teeth for asepsis			
39101	Banding of tooth/teeth and/or contouring of tissue surrounding teeth to maintain aseptic operating field (per tooth)	86.45	105.72
Open and drain (separate emergency procedures)			
39201	Anteriors and bicuspid	69.30	75.04
39202	Molars	69.30	75.04
Opening through artificial crown (in addition to procedures)			
39211	Anteriors and bicuspid	85.65	87.36
39212	Molars	85.65	87.36
2. Bleaching, non-vital			
Bleaching endodontically treated tooth/teeth			
39311	1 unit of time	56.50	PA
39312	2 units of time	97.25	PA
39313	3 units of time	137.98	140.74
39319	Each additional unit of time (to a maximum of 3)	40.73	41.55

Part 3: Oral and Maxillofacial Surgery—70000–79999

Removals (Extractions), Erupted Teeth

1. Removals, erupted teeth, uncomplicated

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

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

2. Removals, erupted teeth, complicated

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

Removals (Extractions), Surgical

1. Removals, impactions, soft tissue coverage

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

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

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

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

72211	Single tooth	177.68	294.09
72219	Each additional tooth, same quadrant	108.83	147.53

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

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

3. Removals (extractions), residual roots

Removals, residual roots, erupted

72311	First tooth	53.85	65.90
72319	Each additional tooth, same quadrant	34.95	32.98

Removals, residual roots, soft tissue coverage			
72321	First tooth	100.94	123.55
72329	Each additional tooth, same quadrant	63.33	128.45
Removals, residual roots, bone tissue coverage			
72331	First tooth	209.93	256.89
72339	Each additional tooth, same quadrant	129.95	128.45
4. Post extraction bone preservation			
Simple ridge preservation, alloplastic material (+ E—not payable by MSI)			
72411	First tooth	PA	PA
5. Surgical exposure of teeth			
Surgical exposure, unerupted, uncomplicated, soft tissue coverage (includes operculectomy)			
72511	Single tooth	185.68	237.03
72519	Each additional tooth, same quadrant	92.86	118.53
Surgical exposure, complex, hard tissue coverage			
72521	Single tooth	185.68	237.03
72529	Each additional tooth, same quadrant	92.86	118.53
Surgical exposure, unerupted tooth, with orthodontic attachment			
72531	Single tooth	204.56	250.51
72539	Each additional tooth, same quadrant	102.26	125.24
Surgical exposure, unerupted tooth, soft tissue coverage with positioning of attached gingivae			
72541	Single tooth	PA	PA
Surgical exposure, unerupted tooth, hard tissue coverage with positioning of attached gingivae			
72551	Single tooth	PA	PA
6. Surgical movement of teeth			
Transplantation of erupted tooth			

72611	First tooth	PA	PA
Transplantation of unerupted tooth			
72621	First tooth	PA	PA
Repositioning, surgical			
72631	First tooth	PA	PA
Surgical Incisions			
1. Surgical incision and drainage and/or exploration, intra-oral soft tissue			
75111	Intra-oral, surgical exploration, soft tissue	75.33	101.64
75112	Intra-oral, abscess, soft tissue	75.33	101.64
75113	Intra-oral, abscess, in major anatomical area with drain	75.33	101.64
2. Surgical incision and drainage and/or exploration, intra-oral hard tissue			
75121	Intra-oral, abscess, hard tissue, trephination and drainage	PA	PA
Treatment of Fractures			
It is understood that the majority of fractures will be treated in hospital and covered under Schedule C—Oral and Maxillofacial Surgery. However, independent consideration will be given for fractures treated in a dental office.			
1. Replantation, avulsed tooth/teeth (including splinting)			
76941	Replantation, first tooth	217.68	226.12
76949	Each additional tooth	110.82	113.10
2. Repositioning of traumatically displaced teeth			
76951	1 unit of time	52.11	49.59
76952	2 units of time	104.22	99.18
76959	Each additional unit of time over 2	52.11	49.59
Maxillofacial Deformities, Treatment of			
1. Osteotomy/ostectomy, ramus of the mandible			
77101	Osteotomy, subcondylar, closed + L (virtual surgical planning)		3058.40 + L
77102	Osteotomy, subcondylar, open + L (virtual surgical planning)		4575.20 + L
77103	Osteotomy, ramus of the mandible, oblique, extra-oral + L (virtual surgical planning)		4575.20 + L
77104	Osteotomy, ramus of the mandible, oblique, intra-oral + L (virtual surgical planning)		4575.20 + L

77105	Osteotomy/ostectomy, body of the mandible + L (virtual surgical planning)	4575.20 + L
77106	Osteotomy, coronoidectomy + L (virtual surgical planning)	4575.20 + L
77107	Osteotomy, condylar neck + L (virtual surgical planning)	IC
77108	Osteotomy, sagittal split + L (virtual surgical planning)	4575.20 + L
2. Osteotomy, miscellaneous		
77201	Osteotomy, oblique with bone graft + L (virtual surgical planning)	5346.40 + L
77202	Osteotomy, inverted “L” + L (virtual surgical planning)	4579.20 + L
77203	Osteotomy, “C” + L (virtual surgical planning)	4579.20 + L
77205	Osteotomy of the Ramus of the Mandible for Distraction Osteogenesis—Bilateral + L (virtual surgical planning)	1881.34 + L
77207	Activation of Distraction Device—Bilateral	140.00
77209	Removal of Distraction Device—Bilateral	286.16
3. Osteotomy, maxilla		
77301	Osteotomy, maxilla, total + L (virtual surgical planning)	5346.40 + L
77302	Osteotomy, maxilla, total with bone graft + L (virtual surgical planning)	5346.40 + L
77303	Osteotomy, maxilla, Le Fort II with bone graft + L (virtual surgical planning)	IC
77304	Osteotomy, maxilla, Le Fort III + L (virtual surgical planning)	IC
77313	Osteotomy, Maxillary, LeFort I—for Distraction Osteogenesis + L (virtual surgical planning)	1881.34 + L
77316	Activation of Distraction Device—LeFort I Level	140.00
77319	Removal of Maxillary Distraction Device	286.16
4. Cleft surgery		
77912	Secondary Unilateral Cleft Lip Repair	984.43
77914	Secondary Bilateral Cleft Lip Repair	1476.62
77916	Complex Reconstruction of Revision of Cleft Lip	2900.00
Hemorrhage, Control of		
79403	Hemorrhage control, using compression and hemostatic agent	52.48 64.30
79404	Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary)	52.48 64.30
Grafts, Surgical		

Harvesting of Intraoral Tissue for Grafting to Operative Site			
79511	Bone		581.12
Post-Surgical Care (required by complications and unusual circumstances)			
79605	Post-surgical care, alveolitis, treatment of (without anaesthesia)	44.44	54.53
79606	Post-surgical care, alveolitis, treatment of (with anaesthesia)	44.44	54.53
Implantology (includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)			
1. Implants, endosseous, integrated cylindrical			
79951	First stage surgical placement, maxilla per implant (+ E—not covered)	PA	PA
79952	First stage surgical placement, mandible per implant (+ E—not covered)	PA	PA
79953	Second stage exposure and temporization, maxilla per implant (+ E—not covered)	PA	PA
79954	Second stage exposure and temporization, mandible per implant (+ E—not covered)	PA	PA
2. Implants, removal of			
79991	First implant (uncomplicated)	PA	PA
79992	First implant (complicated)	PA	PA
Part 4: Orthodontics—80000-89999			
Orthodontic Services, Observations and Adjustments			
Recementation of fixed appliances, not including brackets			
80651	1 unit of time	47.17	57.48
Appliances, Active, for Tooth Guidance or Minor Tooth Movement			
1. Appliances, removable			
Appliances, removable, space regaining			
81113	Appliance, maxillary, bilateral + L	517.50	675.78
81114	Appliance, mandibular, bilateral + L	517.50	675.78
Appliances, removable, cross-bite correction			
81121	Appliance, maxillary, simple + L	PA	1239.36

81122	Appliance, mandibular, simple + L	PA	1239.36
	Appliances, removable, dental arch expansion		
81131	Appliance, maxillary, simple + L	PA	PA
81132	Appliance, mandibular, simple + L	PA	PA
	Appliances, removal, closure of diastemas		
81141	Appliance, maxillary, simple + L	PA	PA
81142	Appliance, mandibular, simple + L	PA	PA
	Appliances, removable, alignment of anterior teeth		
81151	Appliance, maxillary, simple + L	PA	PA
81152	Appliance, mandibular, simple + L	PA	PA
	2. Appliances, fixed or cemented		
	Appliance, fixed, space regaining (e.g., lingual or labial arch with molar bands, tubes, locks)		
81211	Appliance, maxillary + L	PA	675.78
81212	Appliance, mandibular + L	PA	675.78
	Appliance, fixed, space regaining, unilateral		
81221	Appliance, maxillary + L	PA	471.60
81222	Appliance, mandibular + L	PA	471.60
	Appliance, fixed, cross-bite correction—anterior (as Phase I treatment)		
81231	Appliance, maxillary + L	PA	1239.36
81232	Appliance, mandibular + L	PA	1239.36
	Appliance, fixed, cross-bite correction—posterior (as Phase I treatment)		
81241	Appliance, maxillary + L	PA	1239.36
81242	Appliance, mandibular + L	PA	1239.36
81243	Appliance, two-molar band, hooked and elastics + L	PA	1239.36
	Appliance, fixed, dental arch expansion		
81251	Appliance, maxillary + L	PA	PA

81253	Appliance, maxillary, rapid expansion + L	PA	PA
	Appliance, fixed, closure of diastemas		
81261	Appliance, maxillary, simple + L	PA	PA
81262	Appliance, mandibular, simple + L	PA	PA
	Appliance, fixed, alignment of incisor teeth		
81271	Appliance, maxillary, simple + L	PA	PA
81272	Appliance, mandibular, simple + L	PA	PA
	Appliances, fixed, mechanical eruption tooth/teeth		
81291	Appliance, maxillary + L	PA	PA
81292	Appliance, mandibular + L	PA	PA
	3. Appliances, retention, orthodontic retaining appliances		
	Appliances, removable, retention		
83101	Appliance, maxillary + L (\$60.00 lab maximum)	PA	328.24
83102	Appliance, mandibular + L (\$60.00 lab maximum)	PA	328.24
83103	Appliance, tooth positioner + L (\$60.00 lab maximum)	PA	328.24
	Appliances, fixed/cemented, retention		
83201	Appliance, maxillary + L (\$60.00 lab maximum)	PA	328.24
83202	Appliance, mandibular + L (\$60.00 lab maximum)	PA	328.24
Comprehensive Orthodontic Treatment			
	1. Fixed appliance (includes formal full banded treatment and retention)		
	Permanent dentition		
84101	Class I malocclusion (non-surgical case)	PA	5397.47
84101	Class I malocclusion (surgical case)	PA	5930.67
84201	Class II malocclusion (non-surgical case)	PA	6305.52
84201	Class II malocclusion (surgical case)	PA	6680.39
84301	Class III malocclusion (non-surgical case)	PA	7748.22
84301	Class III malocclusion (surgical case)	PA	9138.69
84401	Malocclusions not requiring complete banding	PA	PA

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

Permanent dentition

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

Mixed dentition

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

Part 5: Periodontics—40000–49999

Desensitization

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

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

Periodontal Services, Surgical

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

1. Periodontal surgery, gingival curettage

Surgical curettage, including definitive root planing

42111	Per sextant	117.04	143.46
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2. Periodontal surgery, gingivoplasty

42201	Per sextant	PA	205.14
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3. Periodontal surgery, gingivectomy (the procedure by which gingival deformities are reshaped and reduced to create normal and functional form, when the pocket is uncomplicated by extension into the underlying bone; does not include limited re-contouring to facilitate restorative services)

Gingivectomy, uncomplicated			
42311	Per sextant	PA	147.22
Gingivectomy, with curettage			
42321	Per sextant	PA	161.95
Gingival fiber incision (supra crestal fibrotomy)			
42331	Per tooth	PA	27.38
42339	Each additional tooth	PA	27.38
Soft tissue recontouring for crown lengthening			
42341	Limited recontouring of tissue, per tooth	PA	76.56
4. Periodontal surgery, flap approach			
Flap approach, with osteoplasty/ostectomy			
42411	Per sextant	PA	300.75
Flap approach, with curettage of osseous defect			
42421	Per sextant	PA	300.75
Flap approach, with curettage of osseous defect and osteoplasty			
42431	Per sextant	PA	336.78
Flap approach, exploratory (for diagnosis)			
42441	Per site	PA	74.10
Flap approach, with osteoplasty/ostectomy for crown lengthening			
42451	Per site	PA	300.75
5. Periodontal surgery, grafts			
Grafts, soft tissue, pedicle (including apically or coronally positioned, lateral sliding and rotated flaps)			
42511	Per site	PA	334.23
42512	Periosteal stimulation in addition to 42511	PA	367.65
Grafts, soft tissue, pedicle (coronally positioned)			
42521	Per site	PA	334.23
42522	Periosteal stimulation in addition to 42521	PA	367.65

Grafts, free soft tissue			
42531	Per site	PA	334.23
Grafts, soft tissue, pedicle, with free graft placed in pedicle donor site			
42541	Per site	PA	334.23
Grafts, free connective tissue (for root coverage)			
42551	Per site	PA	334.23
Grafts, free connective tissue (for ridge augmentation)			
42561	Per site	PA	334.23
Grafts, connective tissue, pedicle with free graft for root coverage			
42571	Per site	PA	334.23
Grafts, gingival onlay, for ridge augmentation			
42581	Per site	PA	334.23
6. Periodontal surgery, grafts, osseous tissue			
Grafts, osseous, autograft (including flap entry and closure)			
42611	Per site (+ E—not covered)	PA	288.58
Grafts, osseous, allograft (including flap entry and closure)			
42621	Per site (+ E—not covered)	PA	PA
7. Periodontal surgery, miscellaneous procedure			
Guided tissue regeneration (including re-entry)			
42711	Per site (+ E—not covered)	PA	PA
8. Periodontal surgery, miscellaneous procedures			
Proximal wedge procedure (as a separate procedure)			
42811	With flap curettage, per site	PA	PA
42819	With flap curettage and ostectomy/ostoplasty, per site	PA	PA
Post-Surgical periodontal treatment visit per dressing change			
42821	1 unit of time	PA	PA
42822	2 units of time	PA	PA
42823	3 units of time	PA	PA

42829	Each additional unit of time over 3	PA	PA
	Periodontal abscess or pericoronitis, may include 1 or more of the following procedures: lancing, scaling, curettage, surgery or medication		
42831	1 unit of time	PA	PA
42832	2 units of time	PA	PA
42833	3 units of time	PA	PA
42834	4 units of time	PA	PA
42839	Each additional unit of time over 4	PA	PA

Periodontal Procedures, Adjunctive

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

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

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

43111	Per joint	PA	48.43
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2. Periodontal splinting or ligation, provisional, extra-coronal

Acid etch joint restorations (per joint)

43211	Per joint	PA	63.46
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Acid etch, interproximal enamel splint

43221	Per joint	PA	63.46
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Wire ligation

43231	Per joint	PA	63.46
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Wire ligation, acrylic covered

43241	Per joint	PA	63.46
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Dental floss ligation

43251	Per joint	PA	63.46
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Orthodontic band splint

43261	Per band	PA	63.46
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Orthodontic band splint

43271	Per abutment + L	PA	63.46
Removal of fixed periodontal splints			

43281	1 unit of time	PA	PA
43289	Each additional unit of time	PA	PA

Occlusion

Occlusal adjustment/equilibration:

- (a) may require several sessions;
- (b) may be used in conjunction with basic restorative treatment only when occlusal adjustment/equilibration is not required as a result of that restoration;
- (c) is not to be used in conjunction with the delivery and post-insertion care of fixed or removable prosthesis (5000 and 6000 code series) by the same dentist for a period of 3 months.

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

Root planing, Periodontal

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

Chemotherapeutic and/or Antimicrobial Agents

1. Chemotherapeutic and/or antimicrobial agents, topical application

43511	1 unit of time	PA	PA
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43519	Each additional unit of time	PA	PA
2. Chemotherapeutic and/or antimicrobial agents, intra-sulcular			
43521	1 unit of time	PA	PA
43529	Each additional unit of time	PA	PA
Appliances			
1. Appliances, periodontal (See separate codes for TMJ (43700–codes))			
Appliances, periodontal (including bruxism appliance): includes impression, insertion and adjustment			
14611	Maxillary appliance + L	PA	PA
14612	Mandibular appliance + L	PA	PA
Appliances, maintenance, adjustments, repair (including bruxism appliances)			
14621	1 unit of time + L	PA	PA
14622	2 units of time + L	PA	PA
14623	3 units of time + L	PA	PA
14629	Each additional unit of time over 3	PA	PA
2. Appliances, reline (including bruxism appliances)			
Appliance, TMJ, diagnostic			
14711	Maxillary appliance + L	PA	PA
14712	Mandibular appliance + L	PA	PA
Appliance, TMJ intra-oral repositioning			
14721	Maxillary appliance + L	279.65	341.96
14722	Mandibular appliance + L	279.65	341.96
Appliance, TMJ, periodic maintenance, adjustments, repairs			
14731	1 unit of time + L	47.13	57.73
14732	2 units of time + L	94.27	115.45
14733	3 units of time + L	141.38	173.16
14739	Each additional unit of time over 3	47.13	57.73
Appliance, TMJ, relines			

14741	Reline, direct	PA	PA
14742	Reline, processed + L	PA	PA
3. Appliances, myofascial pain syndrome (conditions that originate outside the temporomandibular joint), including models, gnathological determinants,			
14801	Maxillary appliance + L	PA	PA
14802	Mandibular appliance + L	PA	PA
Appliance, myofascial pain syndrome, periodic maintenance, adjustment and repairs			
14811	1 unit of time + L	PA	PA
14812	2 units of time + L	PA	PA
14813	3 units of time + L	PA	PA
14819	Each additional unit of time over 3	PA	PA
Periodontal Services, Miscellaneous			
1. Periodontal re-evaluation			
49101	1 unit of time	PA	PA
49102	2 units of time	PA	PA
49109	Each additional unit of time over 2	PA	PA
2. Periodontal irrigation, subgingival			
49211	1 unit of time	PA	PA
49219	Each additional unit of time	PA	PA
3. Provisional non-coded services			
	Root separation	PA	PA
	Forced eruption—1 tooth	PA	PA
	Forced eruption—more than 1 tooth	PA	PA
	Rapid extrusion—1 tooth	PA	PA
	Rapid extrusion—more than 1 tooth	PA	PA

Part 6: Preventive—10000–19999

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

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

1. Scaling			
11111	1 unit of time	31.80	32.45
11112	2 units of time	63.59	64.86
11113	3 units of time	95.36	97.27
11114	4 units of time	127.16	129.70
11115	5 units of time	159.03	162.21
11116	6 units of time	190.50	194.31
11117	One half unit of time	15.90	16.21
11119	Each additional unit of time	31.80	32.45
2. Fluoride treatments			
12112	Fluoride treatment, gel or foam	15.75	16.95
12113	Fluoride treatment, varnish	15.75	16.95
Preventive Services, Other			
1. Nutritional dietary counselling (including recording and analysis of 7-day dietary intake and consultation (maximum payable per lifetime is 1)			
13101	1 unit of time	26.25	32.45
2. Caries prevention service (Oral hygiene instruction/plaque control, including brushing and/or flossing and/or embrasure cleaning)			
13211	1 unit of time	31.80	32.45
3. Sealants, pit and fissure (acid etch preparation included)			
13401	Each tooth	21.00	29.56
4. Disking of teeth, interproximal (maximum 3 units per lifetime)			
16201	1 unit of time	39.46	39.46
16202	2 units of time	78.92	78.92
16203	3 units of time	118.38	118.38
5. Recontouring of teeth for functional reasons (not associated with delivery of a single or multiple prosthesis)			

16301	1 unit of time	PA	PA
16309	Each additional unit of time	PA	PA
Space Maintainers (includes design, separation, fabrication, insertion and, if applicable, initial cementation and removal)			
1. Space maintainers, band type			
15101	Space maintainer, band type, fixed, unilateral + L	130.55	178.08
15103	Space maintainer, band type, fixed, bilateral (soldered lingual arch) + L	156.45	270.94
15105	Space maintainer, band type, fixed, bilateral tubes and locking wires + L	190.05	296.31
2. Space maintainers, stainless steel crown type			
15201	Space maintainer, stainless steel crown type, fixed + L	167.00	206.25
3. Space maintainers, maintenance of			
15601	Maintenance, space maintainer appliance, including adjustment and/or recementation after 30 days post-insertion	55.65	62.24
Part 7: Prosthetics—Removable—50000–59999			
Dentures, Complete (includes impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including 3 months post insertion care)			
1. Dentures, complete, equilibrated (involves remounted equilibration on a semi-adjustable articulator)			
51201	Maxillary + L	PA	1305.70
51202	Mandibular + L	PA	1361.00
51204	Liners, resilient in addition to above + L	PA	64.42
2. Dentures, surgical, standard (immediate) (includes tissue conditioner, but does not include hard reline. Does not include 3 months post insertion care.)			
51301	Maxillary + L	590.84	1520.00 + L
51302	Mandibular + L	590.84	1840.00 + L
51303	Maxillary plus Mandibular (combined) + L		3229.60
3. Dentures, surgical, complex (immediate) (includes first tissue conditioner but not a processed reline)			

51401	Maxillary + L		2149.83
51402	Mandibular + L		2488.44
51403	Maxillary plus Mandibular (combined) + L		4398.69
4. Dentures, complete, gnathological (cast base and metal occlusals)			
51501	Maxillary + L		1843.17
51502	Mandibular + L		1843.17
51503	Maxillary plus Mandibular (combined) + L		3400.97
5. Dentures, complete, transitional (temporary)			
51601	Maxillary + L	PA	896.25
51602	Mandibular + L	PA	896.25
51603	Maxillary plus Mandibular (combined) + L		3400.97
6. Dentures, complete, surgical (immediate), provisional (includes first tissue conditioner, but not a processed reline)			
51611	Maxillary + L		1520.00 + L
51612	Mandibular + L		1840.00 + L
51613	Maxillary plus Mandibular (combined) + L		3229.60
7. Dentures, complete, overdentures, tissue borne, supported by natural teeth or implants with or without coping crowns, no attachments			
Dentures, complete, overdentures, tissue borne, supported by natural teeth with or without coping crowns, no attachments			
51711	Maxillary + L		830.40
51712	Mandibular + L		892.00
51713	Maxillary plus Mandibular (combined) + L		IC
Dentures, complete, overdentures, tissue borne, supported by implants with or without coping crowns, no attachments			
51721	Maxillary + L		IC
51722	Mandibular + L		IC
51723	Maxillary plus Mandibular (combined) + L		IC

Dentures, complete, overdentures, tissue borne, supported by a combination of natural teeth and implants with or without coping crowns, no attachments		
51731	Maxillary + L	IC
51732	Mandibular + L	IC
51733	Maxillary plus Mandibular (combined) + L	IC
Dentures, complete, overdentures, (immediate) tissue borne, supported by natural teeth with or without coping crowns, no attachments		
51811	Maxillary + L	IC
51812	Mandibular + L	IC
51813	Maxillary plus Mandibular (combined) + L	IC
Dentures, complete, overdentures, (immediate) tissue borne, supported by implants with or without coping crowns, no attachments		
51821	Maxillary + L	IC
51822	Mandibular + L	IC
51823	Maxillary plus Mandibular (combined) + L	IC
Dentures, complete, overdentures, tissue borne, supported by a combination of natural teeth and implants with or without coping crowns, no attachments		
51831	Maxillary + L	IC
51832	Mandibular + L	IC
51833	Maxillary plus Mandibular (combined) + L	IC
8. Dentures, complete, attached to implants		
Dentures, complete, overdentures, tissue borne, with independent attachments secured to natural teeth with or without coping crowns		
51911	Maxillary + L	1024.00
51912	Mandibular + L	1087.20
51913	Maxillary plus Mandibular (combined) + L	IC
Dentures, complete, overdentures, tissue borne, with independent attachments secured to implants with or without coping crowns		

51921	Maxillary + L		2016.00 + L + comp
51922	Mandibular + L		2016.00 + L + comp
51923	Maxillary plus Mandibular (combined) + L		3760.00 + L + comp
Dentures, removable, tissue bone, with independent attachments secured to implants			
51921	Maxillary + L	PA	PA
51922	Mandibular + L	PA	PA
Dentures, Partial, Acrylic			
1. Dentures, partial, acrylic base (transitional) (with or without clasps)			
52101	Maxillary + L	183.28	436.00 + L
52102	Mandibular + L	183.28	436.00 + L
52103	Maxillary plus Mandibular (combined) + L		949.60 + L
2. Dentures, partial, acrylic base (immediate)			
52111	Maxillary + L	PA	436.00 + L
52112	Mandibular + L	PA	436.00 + L
52113	Maxillary plus Mandibular (combined) + L		949.60 + L
3. Dentures, partial, acrylic, resilient retainer			
52201	Maxillary + L		553.38 + L
52202	Mandibular + L		587.41 + L
52203	Maxillary plus Mandibular (combined) + L		
Dentures, partial, acrylic, resilient retainer (immediate) (includes first tissue conditioner, but not processed relines)			
52211	Maxillary + L		722.40 + L
52212	Mandibular + L		787.20 + L
52213	Maxillary plus Mandibular (combined) + L		
4. Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests			
52301	Maxillary + L	360.05	705.28
52302	Mandibular + L	360.05	705.28
52303	Maxillary plus Mandibular (combined) + L		1327.20

5. Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests (immediate)			
52311	Maxillary + L	360.05	705.28 + L
52312	Mandibular + L	360.05	705.28 + L
52313	Maxillary plus Mandibular (combined) + L		1327.20 + L
6. Dentures, partial, acrylic, with metal wrought palatal/lingual bar and clasps and/or rests			
52401	Maxillary + L		705.28 + L
52402	Mandibular + L		705.28 + L
52403	Maxillary plus Mandibular (combined) + L		1327.20 + L
7. Dentures, partial, overdentures, acrylic, with cast/wrought clasps and/or rests supported by natural teeth or implants with or without coping crowns, no attachments			
Dentures, partial, overdentures, acrylic, with cast/wrought clasps and/or rests supported by natural teeth with or without coping crowns, no attachments			
52711	Maxillary + L		IC
52712	Mandibular + L		IC
52713	Maxillary + Mandibular (combined) + L		IC
Dentures, partial, overdentures, acrylic, with cast/wrought clasps and/or rests supported by implants with or without coping crowns, no attachments			
52721	Maxillary + L		IC
52722	Mandibular + L		IC
52723	Maxillary + Mandibular (combined) + L		IC
Dentures, partial, overdentures, acrylic, with cast/wrought clasps and/or rests supported by a combination of natural teeth and implants with or without coping crowns, no attachments			
52731	Maxillary + L		IC
52732	Mandibular + L		IC
52733	Maxillary plus Mandibular (combined) + L		IC
8. Dentures, partial, overdentures, (immediate) acrylic, with cast/wrought clasps and/or rests supported by natural teeth or implants with or without coping crowns, no attachments			
Dentures, partial, overdentures, (immediate) acrylic, with cast/wrought clasps and/or rests supported by natural teeth with or without coping crowns, no attachments			

52811	Maxillary + L			IC
52812	Mandibular + L			IC
52813	Maxillary + Mandibular (combined) + L			IC
	Dentures, partial, overdentures, (immediate) acrylic, with cast/wrought clasps and/or rests supported by implants with or without coping crowns, no attachments			
52821	Maxillary + L			IC
52822	Mandibular + L			IC
52823	Maxillary + Mandibular (combined) + L			IC
	Dentures, partial, overdentures, (immediate) acrylic, with cast/wrought clasps and/or rests supported by a combination of natural teeth and implants with or without coping crowns, no attachments			
52831	Maxillary + L			IC
52832	Mandibular + L			IC
52833	Maxillary + Mandibular (combined) + L			IC
Dentures, Partial, Cast with Acrylic Base				
1. Dentures, partial, free end, cast frame/connector, clasps and rests				
53101	Maxillary + L	PA		1520.00 + L
53102	Mandibular + L	PA		1520.00 + L
53103	Maxillary plus Mandibular (combined) + L			2800.00 + L
53104	Altered cast impression technique in conjunction with 53101 and 53102			
2. Dentures, partial, tooth borne, cast frame/connector, clasps and rests				
53201	Maxillary + L	513.96		PA
53202	Mandibular + L	513.96		PA
53205	Unilateral, one piece casting clasps and pontics + L			294.00 + L
3. Dentures, partial, cast, precision attachments				
53401	Maxillary + L	729.28		PA
53402	Mandibular + L	729.28		PA
53403	Maxillary plus Mandibular (combined) + L			IC
4. Dentures, partial, cast, semi-precision attachments				

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

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

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

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

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

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

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

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

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

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

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

53921	Maxillary + L	2016.00 + L + comp
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53922	Mandibular + L		2016.00 + L + comp
53923	Maxillary plus Mandibular (combined) + L		3760.00 + L + comp
53924	Altered cast impression technique done in conjunction with the above-mentioned codes		IC
8. Dentures, partial, cast overdentures, with independent attachments secured to a combination of natural teeth and implants, with or without coping crowns			
53931	Maxillary + L		2016.00 + L + comp
53932	Mandibular + L		2016.00 + L + comp
53933	Maxillary plus Mandibular (combined) + L		3760.00 + L + comp
53934	Altered cast impression technique done in conjunction with the above-mentioned codes		IC
9. Dentures, partial, cast, overdentures, with retention from a retentive bar, secured to coping crowns supported by natural teeth (see 62104 for retentive bar)			
53941	Maxillary + L		935.20 + L
53942	Mandibular + L		1020.00 + L
53943	Maxillary plus Mandibular (combined) + L		IC
Dentures, Adjustments (after 3 months post-insertion or by other than the dentist providing prosthesis)			
1. Denture adjustments, partial or complete denture, minor			
54201	1 unit of time + L	47.17	95.36
54202	2 units of time + L		191.36
54209	Each additional unit of time over 2		95.36
2. Denture adjustments, partial or complete denture, remount and occlusal equilibration			
54301	Maxillary + L	PA	433.60
54302	Mandibular + L	PA	442.88
54303	Maxillary plus Mandibular (combined) + L		572.80
Dentures, Repairs/Additions			
1. Denture, repair, complete denture, no impression required			
55101	Maxillary + L	42.50	52.30
55102	Mandibular + L	42.50	52.30

2. Denture, repair, complete denture, impression required			
55201	Maxillary + L	85.80	199.12
55202	Mandibular + L	85.80	199.12
55203	Maxillary plus Mandibular (combined) + L		363.10
3. Denture, repairs/additions, partial denture, no impression required			
55301	Maxillary + L	42.50	57.73
55302	Mandibular + L	42.50	57.73
4. Denture, repairs/additions, partial denture, impression required			
55401	Maxillary + L	85.80	199.12
55402	Mandibular + L	85.80	199.12
55403	Maxillary plus Mandibular (combined) + L		363.10
5. Dentures, implant retained prosthesis, prophylaxis and polishing			
55501	1 unit of time + L	PA	PA
55509	Each additional unit of time	PA	PA
6. Dentures, rebuilding, worn acrylic denture teeth (direct chairside) with tooth-coloured materials			
55601	1 unit of time		100.09
55609	Each additional unit of time		100.09
Dentures, Duplication, Relining, Rebasing, and Remaking			
1. Dentures, duplication			
Denture, replication, complete denture, provisional (no intra-oral impression required)			
56111	Maxillary + L	PA	PA
56112	Mandibular + L	PA	PA
56113	Maxillary + Mandibular (combined) + L	PA	PA
2. Dentures, relining			
Denture, reline, direct, complete denture			
56211	Maxillary	151.63	154.67
56212	Mandibular	151.63	154.67

56213	Maxillary plus Mandibular (combined) + L		481.60
	Denture, reline, direct, partial denture		
56221	Maxillary + L	145.44	262.40
56222	Mandibular + L	145.44	262.40
56223	Maxillary plus Mandibular (combined)		481.60
	Denture, reline, processed, complete denture		
56231	Maxillary + L	188.67	192.44
56232	Mandibular + L	188.67	192.44
56233	Maxillary plus Mandibular (combined) + L		832.80
	Denture, reline, processed, partial denture		
56241	Maxillary + L	111.16	113.39
56242	Mandibular + L	111.16	113.39
56243	Maxillary plus Mandibular (combined) + L		549.60
	Denture, reline, processed, functional impression requiring 3 appointments, partial denture		
56261	Maxillary + L	188.67	192.44
56262	Mandibular + L	188.67	192.44
	3. Dentures, rebasing		
	Denture, rebase, complete denture		
56311	Maxillary + L		451.20
56312	Mandibular + L		600.54
56313	Maxillary plus Mandibular (combined) + L		903.20
	4. Dentures, remake		
	Denture, remake, using existing framework, partial denture		
56411	Maxillary + L	PA	PA
56412	Mandibular + L	PA	PA
56413	Maxillary plus Mandibular (combined) + L		1047.76
Dentures, Tissue Conditioning			

1. Denture, tissue conditioning, per appointment, complete denture			
56511	Maxillary + L	92.34	94.19
56512	Mandibular + L	92.34	94.19
56513	Maxillary plus Mandibular (combined) + L		317.31
2. Denture, tissue conditioning, per appointment, partial denture			
56521	Maxillary + L	106.83	108.96
56522	Mandibular + L	106.83	108.96
56523	Maxillary plus Mandibular (combined)		317.31
Dentures, Miscellaneous Services			
56601	Resilient liner, in relined or rebased denture (in addition to reline or rebase of denture) + L	92.34	94.19
56602	Resetting of teeth (not including reline or rebase of denture) + L	PA	PA
56603	Cast occlusal surfaces (includes remount and equilibration) + L		367.12 + L
56604	Amalgam centric-holding stops (per unit of time)		293.84 + L
Attaching or re-attaching retention elements to a removable prosthesis direct			
56611	1 unit of time + E		160.00 + comp
56612	2 units of time + E		280.00 + comp
56619	Each unit of time over 2 + E		160.00 + comp
Attaching or re-attaching retention elements to a removal prosthesis indirect			
56621	Attaching or re-attaching elements to a removable prosthesis, indirect + E		160.00 + L + comp
57601	Ridge Extension + L		160.00 + L
Part 8: Prosthodontics—Fixed—60000–69999			
Fixed Bridges			
Each abutment, each retainer and each pontic constitutes a separate unit in a bridge, with a separate code number.			
1. Pontics, bridge			
Pontics, cast			
62101	Pontics, cast metal + L	PA	898.69
62102	Pontics, cast metal core with separate porcelain jacket pontic + L	PA	806.40

62103	Pontics, prefabricated attachable facing + L		999.85
62104	Pontics, retentive bar, pre-fabricated or custom (dolder or hader) bar, attached to retainer + L + E		762.88
62105	Pontics, retentive bar, pre-fabricated or custom (dolder or hader) bar, attached to implant-supported retainer, to retain removable prosthesis, each bar + L + E		762.88
62107	Semi-precision rest (interlock) (in addition to cast metal pontic) + L + E		123.52
62108	Semi-precision rest or precision attachment, RPD retainer (in addition to cast metal pontic) + L + E		242.56
Pontics, porcelain/polymer glass			
62501	Pontics, porcelain fused to metal + L	PA	287.31
62502	Pontics, porcelain, aluminous + L	PA	287.31
62507	Semi-precision rest (interlock) (in addition to pontic porcelain/ceramic/polymer glass fused to metal) + L + E		129.28
62508	Semi-precision or precision attachment, rpd, retainer (in addition to pontic porcelain/ceramic/polymer glass fused to metal) + L + E		242.56
Pontics, acrylic/plastic/composite			
62701	Pontics, acrylic/composite/compomer, processed to metal + L		820.96
62702	Pontics, acrylic/plastic/composite, processed indirect transitional) + L	PA	PA
62703	Pontics, acrylic/plastic/composite, transitional direct	PA	PA
62704	Pontics, acrylic/composite/compomer + L		820.96
62707	Semi-precision or precision rest, RPD retainer (in addition to acrylic/composite/compomer processed to metal pontic + L + E		123.52
62708	Semi-precision or precision attachment RPD retainer (in addition to acrylic/composite/compomer processed to metal pontic + L + E		242.56
Pontics, natural tooth			
62801	Pontics, natural crown, direct bonded to adjacent teeth (provisional)		304.00
62802	Pontics, natural tooth crown, direct bonded to adjacent teeth long-term provisional		337.28
2. Recontouring of retainers/pontics, per tooth (of existing bridgework)			
63001	1 unit of time	PA	PA
63009	Each additional unit of time	PA	PA

3. Repairs, removal, fixed bridge/prosthesis—to be re-cemented			
66211	1 unit of time	55.22	67.58
66212	2 units of time + L	110.43	135.12
66213	3 units of time + L	165.64	202.86
66214	4 units		471.04
66219	Each additional unit of time	55.22	67.58
4. Repairs, removal, fixed bridge/prosthesis—to be replaced by a new prosthesis			
66221	1 unit of time		97.28
66222	2 units		194.56
66223	3 units		291.84
66224	4 units		389.12
66229	Each additional unit over 4		97.28
5. Repairs, removal, fixed bridge/prosthesis, implant-supported—to be reinserted			
66231	1 unit of time		117.12
66232	2 units		234.24
66233	3 units		351.36
66234	4 units		468.48
66239	Each additional unit over 4		117.12
6. Repairs, removal, fixed bridge/prosthesis, implant-supported to be replaced by a new prosthesis			
66241	1 unit of time		97.28
66242	2 units		194.56
66243	3 units		291.84
66244	4 units		389.12
66249	Each additional unit over 4		97.28
7. Repairs, sectioning of an abutment or a pontic plus polishing remaining portion (existing bridge)			
66251	1 unit of time		97.28
66252	2 units		194.56
66253	3 units		291.84
66254	4 units		389.12

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

Fixed Bridge Retainers

1. Retainers, plastic/acrylic

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

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

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

Retainers, plastic/acrylic, indirect, processed

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

2. Retainers, porcelain/ceramic/polymer glass

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

Retainers, porcelain fused to metal

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

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

67221	First implant + L	PA	PA
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Retainers, porcelain/ceramic/polymer glass, two surface inlay, bonded			
67231	Retainers, porcelain/ceramic/polymer glass, two surface inlay, bonded + L		786.56
Retainers, porcelain/ceramic/polymer glass, three surface inlay, bonded			
67241	Retainers, porcelain/ceramic/polymer glass, three surface inlay, bonded + L		864.00
Retainers, porcelain/ceramic/polymer glass, onlay, bonded (where one or more cusps are restored)			
67251	Retainers, porcelain/ceramic/polymer glass, onlay, bonded + L		943.36
3. Retainers, metal, cast			
Retainers, metal full cast			
67301	Retainers, metal full cast + L	PA	624.63
67302	Stress breaker and/or precision attachments, in addition to above + L	PA	213.15
67305	Retainers, cast metal, implant-supported + L + E		1234.56
67307	Semi-precision rests (interlock) (in addition to retainer) + L + E		211.84
67308	Semi-precision or precision attachment, RPD retainer (in addition to retainer) + L + E		255.36
Retainers, metal 3/4 cast			
67311	Retainers, metal 3/4 cast + L	PA	624.63
67312	Stress breakers and/or precision attachments, in addition to above + L	PA	178.32
67317	Semi-precision rests (interlock) (in addition to retainer) + L + E		128.64
Retainers, metal inlay (used with broken stress technique)			
67321	Retainer, metal inlay, 2 surfaces + L	PA	475.11
67322	Retainer, metal inlay, 3 or more surfaces + L	PA	596.05
67327	Semi-precision or precision rest (interlock) in addition to inlay retainer + L + E		124.16
Retainers, metal, onlay (internal retention type)			
67331	Retainer, metal, onlay + L	PA	596.05
67337	Semi-precision or precision rest (interlock) (in addition to onlay retainer) + L + E		124.16
67338	Semi-precision or precision attachment, RPD retainer (in addition to onlay retainer) + L + E		247.04
Retainers, metal, onlay (external retention type)			
67341	Retainer, metal, onlay, acid etch and/or perforated, bonded to abutment tooth, (pontic extra) + L	PA	PA

Retainers, metal, prefabricated or custom cast, attached to transmucosal component used with 67503

67351	Retainer + L and/or (+ E—not covered)	PA	PA
67359	Each additional retainer + L and/or (+ E—not covered)	PA	PA

4. Retainers, overdentures, custom cast or prefabricated with no occlusal component

Retainer, metal, custom cast with no occlusal component

67411	Retainer, metal, custom cast with no occlusal component (see 62104 for retentive bar) + L + E		302.08
67415	Retainer, metal, prefabricated or custom cast, implant-supported, with or without mesostructure with no occlusal component (see 62105 for retentive bar) + L + E		762.88

Fixed Prosthodontics, Abutments/Retainers, Miscellaneous Services

67501	Abutment preparation under existing partial denture clasp, in addition to retainer codes + L	PA	PA
67502	Telescoping crown unit + L	PA	838.78

Fixed Prosthetics, Other Services

1. Fixed prosthetics, miscellaneous services

69101	Fixed prosthesis, porcelain, to replace a substantial portion of the alveolar process (in addition to retainer and pontics) + L	PA	PA
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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	1 pin/restoration + L	28.33	28.61
69302	2 pins/restoration + L	41.64	42.47
69303	3 pins/restoration + L	56.20	57.32
69304	4 pins/restoration + L	74.75	76.24
69305	5 pins or more/restoration + L	105.40	107.51

4. Fixed prosthodontics, where an entire arch is reconstructed (used in extensive or complicated fixed restorative dentistry)

69601	Surcharge, maxillary arch (in addition to retainers & pontics) + L		6012.00 + L + comp (use code 69821)
69602	Surcharge, mandibular Arch (in addition to retainers & pontics) + L		6012.00 + L + comp

(use code 69821)

5. Fixed prosthetics, provisional coverage (in extensive or complicated restorative dentistry)			
69701	Abutment tooth + L	58.93	71.74
69702	Pontic + L	PA	PA
6. Fixed prosthetic framework, attached to endosseous integrated implants			
Fixed framework attached with screws and incorporated teeth (denture teeth and acrylic)			
69811	Maxillary + L	PA	PA
69812	Mandibular + L	PA	PA
Fixed framework attached with screws and incorporating teeth (full metal and porcelain bonded to metal crowns)			
69821	Maxillary + L	PA	PA
69822	Mandibular + L	PA	PA
Part 9: Restorative Services—20000–29999			
Caries, Trauma and Pain Control (permanent teeth only)			
Removal of carious lesions or existing restorations and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure			
20111	First tooth	64.95	79.58
Removal of carious lesions or existing restorations and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support			
20121	First tooth	88.20	89.96
Trauma control, smoothing of fractured surfaces per tooth			
20131	First tooth	33.60	38.85
Restorations, Amalgam			
1. Restorations, amalgam, primary teeth			
Restorations, amalgam, non-bonded, primary teeth			
21111	1 surface	46.17	52.59
21112	2 surfaces	61.93	76.18

21113	3 surfaces	71.16	87.13
21114	4 surfaces	89.79	109.69
21115	5 surfaces or maximum surfaces per tooth	113.01	138.31
Restorations, amalgam, bonded, primary teeth			
21121	1 surface	47.49	52.59
21122	2 surfaces	61.93	76.18
21123	3 surfaces	71.16	87.13
21124	4 surfaces	89.79	109.69
21125	5 surfaces or maximum surfaces per tooth	113.01	138.31
2. Restorations, amalgam, permanent teeth			
Restorations, amalgam, non-bonded, permanent bicuspid and anteriors			
21211	1 surface	55.71	68.06
21212	2 surfaces	83.59	101.66
21213	3 surfaces	105.20	128.10
21214	4 surfaces	136.14	172.87
21215	5 surfaces or maximum surfaces per tooth	167.15	203.54
Restorations, amalgam, non-bonded, permanent molars			
21221	1 surface	63.99	74.46
21222	2 surfaces	90.89	110.91
21223	3 surfaces	119.10	144.90
21224	4 surfaces	164.00	200.89
21225	5 surfaces or maximum surfaces per tooth	218.23	262.50
Restorations, amalgam, bonded, permanent bicuspid and anteriors			
21231	1 surface	65.96	68.06
21232	2 surfaces	83.59	101.66
21233	3 surfaces	105.20	128.30
21234	4 surfaces	136.14	172.87
21235	5 surfaces or maximum surfaces per tooth	167.15	203.54

Restorations, amalgam, bonded, permanent molars			
21241	1 surface	73.88	74.46
21242	2 surfaces	90.89	110.91
21243	3 surfaces	119.10	144.90
21244	4 surfaces	164.00	200.89
21245	5 surfaces or maximum surfaces per tooth	218.33	265.83
3. Restorations, amalgam cores			
21301	Restorations, amalgam core, in conjunction with crown	PA	PA
21302	Restorations, amalgam core, bonded, in conjunction with crown	PA	PA
4. Pins, retentive per restoration (for amalgams and tooth-coloured restorations)			
21401	1 pin	16.77	17.10
21402	2 pins	29.36	29.95
21403	3 pins	37.16	37.91
21404	4 pins	45.92	46.83
21405	5 pins or more	53.32	54.39
5. Restorations made to a tooth supporting an existing partial denture clasp (additional to restoration)			
21501	Per restoration	PA	PA
Restorations, Prefabricated, Full Coverage			
1. Restorations, prefabricated, metal, primary dentition			
22201	Primary anterior	128.63	163.58
22202	Permanent anterior, open face	124.31	151.99
22211	Permanent posterior	128.63	163.58
22212	Permanent posterior, open face	124.31	151.99
2. Restorations, prefabricated, metal, permanent dentition			
22301	Primary anterior	128.63	163.58
22302	Permanent anterior, open face	124.31	151.99
22311	Permanent posterior	128.63	163.58
22312	Permanent posterior, open face	124.31	151.99

3. Restorations, prefabricated, plastic, permanent dentition			
22501	Permanent anterior	134.40	179.55
22511	Permanent posterior	134.40	179.55
Restorations, Tooth-coloured			
1. Restorations, tooth-coloured, permanent anteriors, acid etch/bond technique (not to be used for veneer applications or diastema closures)			
23111	1 surface	77.35	94.20
23112	2 surfaces (continuous)	100.98	123.28
23113	3 surfaces (continuous)	117.61	144.06
23114	4 surfaces (continuous)	187.23	231.83
23115	5 surfaces (continuous, maximum surfaces per tooth)	187.23	231.83
2. Restorations, tooth-coloured, veneer applications			
23121	Tooth-coloured veneer application, direct chairside prefabricated, acid etch/bond	187.23	256.80
23122	Tooth-coloured veneer application, non-prefabricated direct buildup, acid etch/bond	187.23	363.20
23123	Tooth-coloured veneer application—diastema closure, interproximal only, bonded		256.80
3. Restorations, tooth-coloured, permanent posteriors, acid etch/bond technique			
23311	1 surface	83.11	68.06
23312	2 surfaces	102.90	101.66
23313	3 surfaces	128.52	128.30
23314	4 surfaces	170.18	172.87
23315	5 surfaces or maximum surfaces per tooth	194.59	203.54
Tooth-coloured, permanent molars			
23321	1 surface	87.07	74.46
23322	2 surfaces	104.22	110.91
23323	3 surfaces	142.47	144.90
23324	4 surfaces	172.82	200.89
23325	5 surfaces	218.23	265.83
4. Restorations, tooth-coloured, primary, anterior, acid etch/bond technique			
23411	1 surface	71.89	87.96

23412	2 surfaces (continuous)	71.89	87.96
23413	3 surfaces (continuous)	100.98	123.28
23414	4 surfaces (continuous)	153.30	172.82
23415	5 surfaces (continuous or maximum surfaces per tooth)	156.12	172.82

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

23511	1 surface	59.47	52.70
23512	2 surfaces	73.82	76.18
23513	3 surfaces	90.36	87.13
23514	4 surfaces	100.92	109.69
23515	5 surfaces or maximum surfaces per tooth	113.01	138.31

6. Restorations, tooth-coloured/plastic with silver fillings, cores

23601	Restoration, tooth-coloured, core, in conjunction with crown	135.80	150.32
23602	Restoration, tooth-coloured, acid etch/bonded, core, in conjunction with crown	135.80	150.32

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

Restorations, tooth-coloured, permanent posteriors—bonded

1. Restorations, inlays, onlays, pins and posts

Restorations, inlays

25111	1 surface + L	418.00
25112	2 surfaces + L	752.00
25113	3 surfaces + L	940.80
25114	3 surfaces modified + L	1017.60

Inlays, composite/compomer indirect (bonded)

25121	1 surface + L	467.20
25122	2 surfaces + L	830.40
25123	3 surfaces + L	1019.20
25124	3 surfaces modified + L	1019.20

Inlays, porcelain/ceramic/polymer glass

25131	1 surface + L	424.32
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25132	2 surfaces + L		587.52
25133	3 surfaces + L		668.16
25134	3 surfaces modified + L		668.16
Inlays, porcelain/ceramic polymer glass (bonded)			
25141	1 surface + L		480.00
25142	2 surfaces + L		892.80
25143	3 surfaces + L		1146.40
25144	3 surfaces modified + L		1146.40
Posts			
Posts, cast metal (including core) as a separate procedure			
25711	Single section + L	180.96	256.64
25712	2 sections + L	244.71	256.64
25713	3 sections + L	PA	492.95
Posts, cast metal (including core) concurrent with impression for crown			
25721	Single section + L	150.15	256.64
25722	2 sections + L	180.96	256.64
25723	3 sections + L	PA	492.95
Posts, prefabricated retentive (separate procedure)			
25731	1 post	114.7	139.98
25732	2 posts same tooth	144.46	139.98
25733	3 posts same tooth	180.08	139.98
Posts, prefabricated, retentive and cast core			
25741	1 post and cast core + L	180.96	256.64
25742	2 posts (same tooth) and cast core + L	180.96	256.64
25743	3 posts (same tooth) and cast core + L	PA	492.95
Posts, prefabricated, with core for crown restoration (when pins are applicable, refer to 21401–21405 for additional fee)			
25751	1 post, with amalgam core + pins	PA	PA

25752	2 posts (same tooth) with amalgam core + pins	PA	PA
25753	3 posts (same tooth) with amalgam core + pins	PA	PA
25754	1 post, with composite core + pins	187.98	230.09
25755	2 posts (same tooth) with composite core + pins	PA	PA
25756	3 posts (same tooth) with composite core + pins	PA	PA
Posts, prefabricated, with bonded core for crown restoration (including pin(s) where applicable) + E or Fixed Bridge Retainer			
25764	1 post, with bonded composite core and pin(s) + E		456.96
25765	2 posts (same tooth) with bonded composite core and pin(s) + E		535.04
Post removal			
25781	1 unit of time	PA	PA
Mesostructures, (a separate component positioned between the head of an implant and the final restoration, retained by either a cemented post or screw)			
1. Mesostructures, osseo-integrated implant-supported			
26101	Indirect, angulated or transmucosal pre-fabricated abutment, per implant + L + E		371.84
26102	Indirect, custom laboratory fabricated, per implant + L + E		371.84
Crowns			
1. Crowns, plastic (single units only)			
Crowns, plastic, processed			
27111	Crown, plastic, processed + L	415.99	424.31
27112	Crown, plastic, processed complicated (restorative, positional and/or aesthetic) + L	PA	PA
27113	Crown acrylic/composite/compomer provisional (long term), indirect, lab fabricated/relined intra-orally + L	PA	976.00
27114	Crown, plastic/metal base, processed + L	510.80	625.23
27115	Crowns, acrylic/composite/compomer, indirect, implant-supported + L + E		1080.00 + L + comp
Crowns, acrylic/composite/compomer, direct			
27121	Crown, plastic, direct, transitional (chairside)	121.13	315.52
27122	Crown, transitional restoration of fractured anterior		
27125	Crowns, acrylic/composite/compomer, direct, provisional implant-supported + E		346.88

2. Crowns, porcelain/ceramic/polymer glass			
27201	Crown, porcelain/ceramic jacket + L	510.80	625.83
27202	Crown, transitional restoration of fractured anterior	PA	PA
Crowns, porcelain/ceramic fused to metal			
27211	Crown, porcelain/ceramic fused to metal base + L	510.80	625.83
27212	Crown, porcelain/ceramic fused to metal base, complicated (restorative, positional and/or aesthetic) + L	PA	PA
27213	Crown, porcelain/ceramic fused to metal base, screwed directly to an implant without the intervening post (+ L and/or + E)	PA	PA
27215	Crown, porcelain/ceramic fused to metal base, implant-supported + L + E		1080.00 + L + comp
Crowns, porcelain/ceramic, 3/4 partial veneer			
27221	Crown, porcelain/ceramic, 3/4 partial veneer + L	PA	PA
27222	Crown, porcelain/ceramic, 3/4 partial veneer complicated + L	PA	PA
3. Crowns, metal, cast			
27301	Crown, metal, full cast, uncomplicated + L	463.72	567.59
27302	Crown, metal, full cast, complicated (restorative, positional) + L	463.72	567.59
Crowns, metal 3/4 partial veneer			
27311	Crowns, metal 3/4 partial veneer + L	510.80	625.23
27312	Crowns, metal 3/4 partial veneer, complicated + L	510.80	625.23
27313	Crowns, metal 3/4 partial veneer, with direct tooth-coloured corner + L	510.80	625.23
4. Crowns made to an existing partial denture clasp (additional to crown)			
27401	1 crown	58.19	59.36
Copings, Metal/Plastic, Transfer (Thimble Type)			
27501	Coping, metal/plastic, transfer (thimble) as a separate procedure + L	PA	PA
27502	Coping, metal/plastic, transfer (thimble), each additional coping as a separate procedure + L	PA	PA
27503	Copings, metal/plastic, transfer (thimble), concurrent with impression for crown + L	PA	PA
27504	Coping, metal/plastic, transfer (thimble), each additional coping concurrent with impression for additional crown + L	PA	PA
Veneer, Laboratory Processed			

27602	Veneers, porcelain/ceramic, acid etch/bonded + L	PA	PA
Repairs (single units only, does not include removal and recementation)			
Repairs, inlays, onlays or crowns, acrylic/composite/compomer (single units)			
27711	Repairs, plastic, direct	113.94	113.94
Repairs, inlays, onlays or crowns, porcelain/ceramic (single units)			
27721	Repairs, porcelain/ceramic, direct	PA	PA
27722	Repairs, porcelain/ceramic, indirect + L Gold, butt margins (including collarless veneers), custom shading or any aesthetics included in the lab fees are uninsured.	PA	PA
Recontouring of existing crowns per tooth			
27801	1 unit of time		104.32
27809	Each additional unit of time		104.32
Restorative Procedures, Overdentures			
1. Restorative procedures, overdentures, direct			
28101	Natural tooth preparation, placement of pulp chamber restoration (amalgam or composite) and fluoride application	PA	PA
28102	Prefabricated attachment, as an internal or external overdenture retentive device, direct chairside + E	PA	PA
28103	Natural tooth preparation and fluoride application, vital tooth	PA	PA
28105	Implant-supported prefabricated attachment as an overdenture retentive devise, direct + E		193.59 + L + E
2. Restorative procedures, overdentures, indirect			
Coping crowns, metal cast			
28211	Coping crown, metal cast—no attachment, indirect + L	PA	PA
28212	Coping crown, metal cast—with attachment, indirect + L	PA	PA
Restorative Services, Other			
1. Recementation/rebonding, inlays/onlays/crowns/veneers/ posts/natural tooth fragments (single units only) (+ L if laboratory charges are incurred during repair of the unit) (maximum of 2 single services)			

29101	1 unit of time	61.03	62.24
29102	2 units of time	122.02	124.46
29103	3 units of time	183.03	186.96
2. Reinsertion/recementation implant-supported crown			
29111	1 unit of time + L + E		119.04
29112	2 units of time + L + E		238.08
29113	3 units of time + L + E		357.12
29114	4 units of time + L + E		476.16
29119	Each additional unit over 4 + L + E		119.04
3. Removal, inlays/onlays/crowns/veneers (single units only)			
29301	1 unit of time		99.84
29302	2 units		199.68
29303	3 units		300.00
29304	4 units		399.36
29309	Each additional unit of time over 4		99.20
4. Removal implant-supported crowns (single units only)			
29311	1 unit of time		119.04
29312	2 units		238.08
29313	3 units		357.12
29314	4 units		476.16
29319	Each additional unit of time over 4		119.04
5. Removal, mesostructure (to be reseated)			
29321	1 unit of time		119.04
29322	2 units		238.08
29323	3 units		357.12
29324	4 units		476.16
29329	Each additional unit of time over 4		119.04
6. Removal of compromised mesostructure (to be replaced)			
29331	1 unit of time		154.88

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

Section B—Children’s Oral Health Program

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

Part 1: Diagnostic—01000–09999

Examinations

		GP Fee	SP Fee	GP Hospital Premium	SP Hospital Premium
1. Examinations and diagnosis, complete oral					
01101	Examination and diagnosis, complete, primary dentition, to include extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation	50.40	113.38	65.52	147.39
01102	Examination and diagnosis, complete, mixed dentition	64.80	100.00	84.24	130.00
01103	Examination and diagnosis, complete, permanent dentition	89.60	136.80	116.48	177.84
2. Examinations and diagnosis, limited oral					
01202	Examination and diagnosis, limited oral, previous patient (recall): examination and diagnosis with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests	30.40	54.40	39.52	70.72
01204	Examination and diagnosis, specific: examination, diagnosis and evaluation of a specific situation in a localized area	48.00	80.64	62.40	104.83
01205	Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area	48.80	80.64	63.44	104.83
05201	Consultation, in office (specialist other than orthodontist)	NA	118.30	NA	153.79

Radiographs

(includes radiographic examinations and interpretation)
Coverage guidelines apply (see preamble in the Dentists Guide).

1. Radiographs, intra-oral, periapical					
02111	Single film	15.20	32.40	19.76	42.12
02112	2 films	20.80	39.60	27.04	51.48
2. Radiographs, intra-oral, bitewing					
02141	Single film	15.20	30.96	19.76	40.25
02142	2 films	20.80	39.60	27.04	51.48
3. Radiographs, panoramic					
02601	Single film (once per lifetime, only in connection with a specific request for a consultation with a specialist other than an orthodontist). This service is not insured if provided for reasons related to spacing, crowding, eruption, timing and other orthodontic-related concerns.	62.40	68.00	81.12	88.40
4. Radiographs, cephalometric					
02701	Single film (once per lifetime, only in connection with a specific request for a consultation with a specialist other than an orthodontist) This service is not insured if provided for reasons related to spacing, crowding, eruption, timing and other orthodontic related concerns.	62.40	68.00	81.12	88.40
5. Radiographs, interpretation (received from another source, or exposed on hospital equipment)					
02801	MSI: paid at 1/2 regular fee	40.00	40.00	40.00	40.00
Tests and Laboratory Examinations Coverage guidelines apply (see preamble in the Dentists Guide).					
1. Tests, microbiological					
04101	Microbiological test for the determination of pathological agents + L	56.00	66.21	72.80	86.07
2. Tests, caries susceptibility					
04201	Bacteriological test for the determination of dental caries susceptibility + L	56.00	65.52	72.80	85.18
3. Tests, histological					

Test, histological, soft tissue					
04311	Biopsy, soft oral tissue, by puncture + L	134.40	144.80	174.72	188.24
04312	Biopsy, soft oral tissue, by incision + L	134.40	144.80	174.72	188.24
04313	Biopsy, soft oral tissue, by aspiration + L	134.40	144.80	174.72	188.24
Tests, histological, hard tissue					
04321	Biopsy, hard oral tissue, by puncture + L	159.20	IC	206.96	IC
04322	Biopsy, hard oral tissue, by incision + L	159.20	IC	206.96	IC
04323	Biopsy, hard oral tissue, by aspiration + L	159.20	IC	206.96	IC
4. Tests, cytological					
04401	Cytological smear from the oral cavity + L	56.00	68.40	72.80	88.92
5. Tests, pulp vitality					
04501	1 unit	70.40	79.65	91.52	103.54
Casts, Diagnostic					
Coverage guidelines apply (see preamble in the Dentists Guide).					
1. Cast, diagnostic, unmounted					
04911	Cast, diagnostic, unmounted + L	36.00	60.80	46.80	79.04
04912	Cast, diagnostic, unmounted, duplicate + L	PA	PA	PA	PA
		23.20	31.20	30.16	40.56
2. Cast, diagnostic, mounted					
04921	Cast, diagnostic, mounted + L	PA	PA	PA	PA
		64.80	96.48	84.24	125.42
04922	Cast, diagnostic, mounted using face bow transfer + L	PA	PA	PA	PA
		108.80	200.99	141.44	261.99
04923	Cast, diagnostic, mounted, using face bow + occlusal records + L	PA	PA	PA	PA
		160.00	300.20	208.00	390.26

Part 2: Preventive Services—10000–19999

Scaling

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

Scaling					
11111	1 unit of time	38.64	74.40	50.23	96.72
11112	2 units of time	77.28	148.80	100.46	193.44
Topical Fluoride Applications					
Coverage guidelines apply (see preamble in the Dentists Guide).					
Fluoride Treatments					
12112	Fluoride treatment, gel or foam	16.80	19.17	21.84	24.92
12113	Fluoride treatment, varnish	20.00	23.43	26.00	30.45
Preventive Services, Other					
1. Nutritional dietary counselling					
(maximum payable per lifetime is 1 series of 4 appointments)					
13101	1 unit of time	26.25	54.40	34.13	70.72
2. Caries prevention service					
(Oral hygiene instruction/plaque control, including brushing and/or flossing and/or embrasure cleaning)					
13211	1 unit of time	31.80	56.88	41.34	73.94
3. Sealants, pit and fissure (acid etch preparation included)					
Coverage guidelines apply (see preamble in the Dentists Guide).					
13401	Each tooth	21.00	63.36	27.30	82.37
13409	Each additional tooth within the same quadrant	14.70	31.68	19.11	41.18
4. Topical application to hard tissue lesion(s) of an antimicrobial or remineralization agent					
13601	1 unit of time + E	32.00	73.00	41.60	94.90
13602	2 units of time + E	64.00	148.00	83.20	192.30
5. Disking of teeth, interproximal					
(maximum 3 units per lifetime, primary teeth only)					
16201	1 unit of time	72.80	72.80	94.64	94.64
16202	2 units of time	145.60	145.60	189.28	189.28
16203	3 units of time	218.40	317.42	283.92	412.64
Space Maintainers					
(includes design, separation, fabrication, insertion and, if applicable, initial cementation and removal)					

1. Space maintainers, band type					
15101	Space maintainer, band type, fixed, unilateral + L	133.60	239.20	173.68	310.96
15103	Space maintainer, band type, fixed, bilateral (soldered lingual arch) + L	156.45	357.60	203.38	464.88
15105	Space maintainer, band type, fixed, bilateral tubes and locking wires + L	190.05	402.40	247.07	523.12
2. Space maintainers, stainless steel crown type					
15201	Space maintainer, stainless steel crown type, fixed + L	168.00	270.72	218.40	351.94
3. Space maintainers, maintenance of (This service is not insured if provided to address necessary repairs and adjustments after 30 days following the original placement.)					
15601	Maintenance, space maintainer appliance, including adjustment and/or recementation after 30 days post-insertion	60.00	107.28	78.00	139.46

Part 3: Restorative Services—20000–29999

Caries, Trauma and Pain Control (permanent teeth only)

Caries/trauma/pain control (includes pulp caps when necessary as a separate procedure).					
20111	First tooth	98.40	107.52	127.92	139.78
Caries/trauma/pain control (includes pulp caps when necessary and use of band for retention and support as a separate procedure)					
20121	First tooth	111.20	111.20	144.56	144.56
20131	Trauma control, first tooth	40.80	40.80	53.04	53.04

Restorations, Amalgam

1. Restorations, amalgam, primary teeth

Restorations, amalgam, non-bonded, primary teeth

21111	1 surface	86.40	110.80	112.32	144.04
21112	2 surfaces	110.40	167.49	143.52	217.74
21113	3 surfaces	133.60	184.24	173.68	239.52

21114	4 surfaces	148.00	230.63	192.40	299.81
21115	5 surfaces or maximum surfaces per tooth	195.20	260.64	253.76	338.83
Restorations, amalgam, bonded, primary teeth					
21121	1 surface	86.40	121.11	112.32	157.44
21122	2 surfaces	110.40	173.52	143.52	225.58
21123	3 surfaces	133.60	213.88	173.68	278.04
21124	4 surfaces	148.00	234.72	192.40	305.14
21125	5 surfaces or maximum surfaces per tooth	195.20	260.64	253.76	338.83
2. Restorations, amalgam, permanent teeth					
Restorations, amalgam, non-bonded, permanent bicuspid and anteriors					
21211	1 surface	117.60	117.60	152.88	152.88
21212	2 surfaces	148.80	148.80	193.44	193.44
21213	3 surfaces	180.80	180.80	235.04	235.04
21214	4 surfaces	200.80	222.08	261.04	288.70
21215	5 surfaces or maximum surfaces per tooth	264.00	264.00	343.20	343.20
Restorations, amalgam, non-bonded, permanent molars					
21221	1 surface	122.40	133.76	159.12	173.89
21222	2 surfaces	155.20	167.04	201.76	217.15
21223	3 surfaces	188.80	200.96	245.44	261.25
21224	4 surfaces	209.60	256.00	272.48	332.80
21225	5 surfaces or maximum surfaces per tooth	275.20	275.20	357.76	357.76
Restorations, amalgam, bonded, permanent bicuspid and anteriors					
21231	1 surface	117.60	117.60	152.88	152.88
21232	2 surfaces	148.80	148.80	193.44	193.44
21233	3 surfaces	180.80	180.80	235.04	235.04
21234	4 surfaces	200.80	232.32	261.04	302.02
21235	5 surfaces or maximum surfaces per tooth	264.00	264.00	343.20	343.20

Restorations, amalgam, bonded, permanent molars					
21241	1 surface	122.40	133.76	159.12	173.89
21242	2 surfaces	155.20	167.04	201.76	217.15
21243	3 surfaces	188.80	200.96	245.44	261.25
21244	4 surfaces	209.60	266.88	272.48	346.94
21245	5 surfaces or maximum surfaces per tooth	275.20	282.24	357.76	366.91
3. Pins, retentive per restoration (for amalgams and tooth-coloured restorations)					
21401	1 surface	24.00	32.80	31.20	42.64
21402	2 surfaces	37.60	56.00	48.88	72.80
21403	3 surfaces	51.20	70.40	66.56	91.52
21404	4 surfaces	64.80	91.20	84.24	118.56
21405	5 surfaces or maximum surfaces per tooth	79.20	104.80	102.96	136.24
Restorations, Prefabricated, Full Coverage					
Single surface restoration is payable concurrently with open-faced stainless steel crowns.					
1. Restorations, prefabricated, metal, primary dentition					
22201	Primary anterior	153.60	218.88	199.68	284.54
22211	Primary posterior	153.60	218.88	199.68	284.54
22212	Primary posterior, open face	184.00	195.20	239.20	253.76
2. Restorations, prefabricated, metal, permanent dentition					
22301	Permanent anterior	153.60	210.40	199.68	273.52
22302	Permanent anterior, open face	NA	215.20	NA	279.76
22311	Permanent posterior	153.60	174.08	199.68	226.30
22312	Permanent posterior, open face	NA	197.60	NA	256.88
3. Restorations, prefabricated, plastic, permanent dentition					
22501	Permanent anterior	153.60	179.55	199.68	233.42
22511	Permanent posterior	153.60	179.55	199.68	233.42
Restorations, Tooth-coloured					
Fee codes 23113, 23114, 23115, 23413, 23414 and 23415 include reattachment of fractured tooth fragments.					

1. Restorations, tooth-coloured, permanent anteriors, acid etch/bond technique					
23111	1 surface	109.60	111.36	142.48	144.77
23112	2 surfaces (continuous)	139.20	154.88	180.96	201.34
23113	3 surfaces (continuous)	168.80	185.60	219.44	241.28
23114	4 surfaces (continuous)	198.40	240.64	257.92	312.83
23115	5 surfaces (continuous, maximum surfaces per tooth)	260.80	309.60	339.04	402.48
2. Restorations, tooth-coloured, permanent posteriors, acid etch/bond technique					
23311	1 surface	130.40	135.68	169.52	176.38
23312	2 surfaces	165.60	169.60	215.28	220.48
23313	3 surfaces	200.80	216.80	261.04	281.84
23314	4 surfaces	236.00	255.36	306.80	331.97
23315	5 surfaces or maximum surfaces per tooth	310.40	310.40	403.52	403.52
3. Restorations, tooth-coloured, permanent molars, acid etch/bond technique					
23321	1 surface	136.00	148.48	176.80	193.02
23322	2 surfaces	172.80	185.60	224.64	241.28
23323	3 surfaces	209.60	223.36	272.48	290.37
23324	4 surfaces	246.40	279.04	320.32	362.75
23325	5 surfaces or maximum surfaces per tooth	324.00	332.00	421.20	431.60
4. Tooth-coloured, permanent molars					
23411	1 surface	96.80	138.96	125.84	180.65
23412	2 surfaces (continuous)	122.40	161.05	159.12	209.37
23413	3 surfaces (continuous)	148.80	217.44	193.44	282.67
23414	4 surfaces (continuous)	174.40	254.88	226.72	331.34
23415	5 surfaces (continuous, maximum surfaces per tooth)	229.60	295.05	298.48	383.56
5. Restorations, tooth-coloured, primary, posterior, acid etch/bond technique					
23511	1 surface	96.80	138.96	125.84	180.65
23512	2 surfaces	122.40	181.67	159.12	236.17
23513	3 surfaces	148.80	217.44	193.44	282.67
23514	4 surfaces	174.40	254.88	226.72	331.34

23515	5 surfaces or maximum surfaces per tooth (See prosthodontics section for inlays, onlays and pins.)	229.60	306.00	298.48	397.80
6. Posts					
25711	Single section + L	320.80	535.04	417.04	695.55
25712	2 sections + L	427.20	659.20	555.36	856.96
25713	3 sections + L	488.80	810.88	635.44	1054.14
Posts, cast metal (including core) concurrent with impression for crown					
25721	Single section + L	166.40	256.64	216.32	333.63
25722	2 sections + L	272.80	336.80	354.64	437.84
25723	3 sections + L	393.96	544.80	512.15	708.24
Posts, prefabricated retentive (separate procedure)					
25731	1 post	153.60	184.32	199.68	239.62
25732	2 posts same tooth	260.80	260.80	339.04	339.04
25733	3 posts same tooth	321.60	333.60	418.08	433.68
Posts, prefabricated, retentive and cast core					
25741	1 post and cast core + L	NA	256.64	NA	333.63
25742	2 posts (same tooth) and cast core + L3 posts (same tooth) and cast core + L	NA	470.40	NA	611.52
25743	3 posts (same tooth) and cast core + L	NA	511.20	NA	664.56
Post, prefabricated, with core for crown restoration					
25754	1 post, with composite core + pins	261.60	431.36	340.08	560.77

Crowns

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

1. Crowns, plastic (single units only)

Crowns, plastic, processed

27111	Crown, plastic, processed + L	520.80	963.20	677.04	1252.16
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27113	Crown, plastic, transitional, indirect + L	176.80	976.00	229.84	1268.80
	Crowns, plastic, direct (not payable in addition to permanent crowns)				
27121	Crown, plastic, direct, transitional (chairside)	169.60	355.84	220.48	462.59
	2. Crowns, porcelain/ceramic/polymer glass				
27201	Crown, porcelain/ceramic jacket + L	673.60	1038.72	875.68	1350.34
	3. Crowns, porcelain/ceramic fused to metal				
27211	Crown, porcelain/ceramic fused to metal base + L	673.60	1105.92	875.68	1437.70
	4. Recementation/rebonding, inlays/onlays/crowns/veneers/ posts/natural tooth fragments (maximum of 3 units per tooth) For stainless steel crowns, recementation is payable after 120 days following original placement by same or different dentist.				
29101	1 unit of time	63.20	112.64	82.16	146.43
29102	2 units of time	126.40	225.28	164.32	292.86
29103	3 units of time	189.60	337.92	246.48	439.30
Endodontics					
	1. Pulpotomy				
	Pulpotomy vital, permanent teeth (as a separate emergency procedure)				
32221	Anterior and bicuspid teeth	112.80	152.00	146.64	197.60
32222	Molar teeth	135.20	213.84	175.76	277.99
	Pulpotomy, vital, primary teeth				
32231	Primary tooth as a separate procedure	89.60	145.59	116.48	189.27
32232	Primary tooth, concurrent with restorations (but excluding final restorations)	80.80	90.40	105.04	117.52
	2. Pulpectomy (as a separate emergency procedure)				
	Pulpectomy, permanent teeth/retained primary teeth				
32311	1 canal	149.60	218.88	194.48	284.54
32312	2 canals	196.80	225.36	255.84	292.97

32313	3 canals	243.20	321.84	316.16	418.39
32314	4 or more canals	320.00	421.92	416.00	548.50
Pulpectomy, primary teeth					
32321	Anterior tooth	93.60	148.17	121.68	192.62
32322	Posterior tooth	140.00	162.91	182.00	211.79
Root Canal Therapy					
1. Root canals, permanent teeth, retained primary teeth (includes clinical procedures with appropriate radiographs, excluding final restoration)					
33111	1 canal	356.00	591.12	462.80	768.46
33121	2 canals	616.80	790.56	801.84	1027.73
33131	3 canals	788.00	938.16	1024.40	1219.61
33141	4 or more canals	958.40	1092.96	1245.92	1420.85
2. Root canals, primary teeth					
33401	1 canal	190.40	235.44	247.52	306.07
33402	2 canals	248.80	473.60	323.44	615.68
33403	3 or more canals	NA	473.60	NA	615.68
3. Apexification/apical closure/induction of hard tissue repair (including biomechanical preparation and placement of dentogenic media)					
33601	1 canal	169.60	310.51	220.48	403.66
33602	2 canals	220.00	445.79	286.00	579.53
33603	3 canals	276.00	593.96	358.80	772.14
33604	4 or more canals	492.80	892.87	640.64	1160.73
4. Re-insertion of dentogenic media per visit					
33611	1 canal	71.20	109.51	92.56	142.37
33612	2 canals	71.20	130.32	92.56	169.42
33613	3 canals	71.20	130.32	92.56	169.42
33614	4 or more canals	71.20	195.84	92.56	254.59
Periapical Services					
1. Apicoectomy/apical curettage					

Maxillary anterior					
34111	1 root	250.40	545.76	325.52	709.49
34112	2 roots	358.40	653.04	465.92	848.95
Maxillary bicuspid					
34121	1 root	285.60	634.32	371.28	824.62
34122	2 roots	379.20	758.88	492.96	986.54
34123	3 or more roots	461.60	842.40	600.08	1095.12
Maxillary molar					
34131	1 root	320.00	673.92	416.00	876.10
34132	2 roots	425.60	781.92	553.28	1016.50
34133	3 roots	536.80	892.80	697.84	1160.64
34134	4 or more roots	IC	892.80	IC	1160.64
Mandibular anterior					
34141	1 root	248.80	663.84	323.44	862.99
34142	2 or more roots	356.80	770.40	463.84	1001.52
Mandibular bicuspid					
34151	1 root	285.60	735.12	371.28	955.66
34152	2 roots	379.20	828.00	492.96	1076.40
34153	3 or more roots	474.40	944.64	616.72	1228.03
Mandibular molar					
34161	1 root	352.80	735.12	458.64	955.66
34162	2 roots	467.20	828.00	607.36	1076.40
34163	3 roots	588.80	918.72	765.44	1194.34
34164	4 or more roots	IC	1164.24	IC	1513.51

2. Retrofilling

Maxillary anterior					
34211	1 canal	88.80	110.40	115.44	143.52
34212	2 or more canals	106.40	152.64	138.32	198.43

Maxillary bicuspid					
34221	1 canal	105.60	152.64	137.28	198.43
34222	2 canals	131.20	160.56	170.56	208.73
34223	3 canals	145.60	244.80	189.28	318.24
34224	4 or more canals	156.80	244.80	203.84	318.24
Maxillary molar					
34231	1 canal	128.00	152.64	166.40	198.43
34232	2 canals	159.20	252.72	206.96	328.54
34233	3 canals	175.20	259.20	227.76	336.96
34234	4 or more canals	185.60	346.32	241.28	450.22
Mandibular anterior					
34241	1 canal	87.20	157.68	113.36	204.98
34242	2 or more canals	105.60	163.44	137.28	212.47
Mandibular bicuspid					
34251	1 canal	104.00	160.56	135.20	208.73
34252	2 canals	128.00	172.80	166.40	224.64
34253	3 canals	143.20	259.20	186.16	336.96
34254	4 canals	154.40	259.20	200.72	336.96
Mandibular molar					
34261	1 canal	128.00	168.48	166.40	219.02
34262	2 canals	159.20	252.72	206.96	328.54
34263	3 canals	175.20	259.20	227.76	336.96
34264	4 or more canals	185.60	346.32	241.28	450.22
3. Open and drain (separate emergency procedures)					
39201	Anteriors and bicuspid	84.00	141.72	109.20	184.24
39202	Molars	84.00	141.72	109.20	184.24
4. Opening through artificial crown (in addition to procedures)					
39211	Anteriors and bicuspid	NA	100.00	NA	130.00

39212	Molars	148.00	172.08	192.40	223.70
5. Bleaching, non-vital (maximum of 3 units insured per resident)					
Bleaching endodontically treated tooth/teeth					
39311	1 unit of time	81.60	81.60	106.08	106.08
39312	2 units of time	163.20	164.80	212.16	214.24
39313	3 units of time	244.80	244.80	318.24	318.24

Part 4: Periodontics—40000–49999

Desensitization

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

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

Periodontal Procedures, Adjunctive

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

43111	Per joint	72.00	87.20	93.60	113.36
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2. Periodontal splinting or ligation, provisional, extra-coronal

Acid etch joint restorations (per joint)

43211	Per joint	72.00	87.20	93.60	113.36
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Acid etch, interproximal enamel splint

43221	Per joint	72.00	140.44	93.60	182.57
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Wire ligation

43231	Per joint	183.20	183.20	238.16	238.16
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Wire ligation, acrylic covered

43241	Per joint	244.00	244.00	317.20	317.20
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Dental floss ligation					
43251	Per joint	NA	295.20	NA	383.76
Orthodontic band splint					
43261	Per band	NA	IC	NA	IC
Cast/soldered splint acid etch/resin bonded					
43271	Per abutment + L	157.60	253.44	204.88	329.47

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

Dentures, partial, acrylic, with wrought/cast clasps and/or rests (Covered only if required because of congenital condition or accident.)					
52301	Maxillary + L	501.60	787.84	652.08	1024.19
52302	Mandibular + L	501.60	787.84	652.08	1024.19

Part 6: Oral and Maxillofacial Surgery—70000–79999

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

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

Removals (Extractions), Erupted Teeth

1. Removals, erupted teeth, uncomplicated

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

2. Removals, erupted teeth, complicated

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

Removals (Extractions), Surgical

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

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

92432	2 units of time	IC	215.62	IC	280.31
92433	3 units of time	IC	324.76	IC	422.19
92434	4 units of time	IC	433.91	IC	564.08

Section C—Oral and Maxillofacial Surgery

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

Part 1: Diagnostic—01000–09999

		SP Fee
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	64.21
01205	Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area (Covered only for hospital in-patients, when requested by a physician or dentist.)	49.29
94102	Hospital admission (Admission to hospital when no surgical treatment is rendered.)	67.73
94302	Hospital visit (For non-surgical admitted patient only. A maximum of 14 daily visits are payable in connection with a hospital admission; but if the patient, at any time within the 14 days, becomes a surgical patient, this service is no longer covered.)	38.08

Part 2: Oral and Maxillofacial Surgery—70000–79999

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

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

Removals

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

72319	Each additional tooth, same quadrant	50.17
	Removals, residual roots, soft tissue coverage	
72321	First tooth	100.34
72329	Each additional tooth, same quadrant	50.17
	Removals, residual roots, bone tissue coverage	
72331	First tooth	100.34
72339	Each additional tooth, same quadrant	50.17
	6. Surgical movement of teeth	
	Transplantation of erupted tooth	
72611	First tooth	328.10
72619	Each additional tooth, same quadrant	164.04
	Apicoectomy	
34111	Root Resection, Anterior tooth	166.68
34112	Root Resection, Posterior tooth	249.99
	Remodeling and Recontouring Oral Tissues	
	1. Alveoloplasty (bone remodelling of ridge with soft tissue revisions)	
	Alveoloplasty, in conjunction with extractions	
73121	Alveoloplasty, not in conjunction with extractions, per sextant	106.79
	Remodelling of bone	
73141	Mylohyoid ridge remodelling	106.79
73142	Genial tubercles remodelling	106.79
	Excision of bone	
73151	Nasal spine, excision	160.19
73152	Torus palatinus, excision	308.05
73153	Torus mandibularis, unilateral, excision	228.49
73154	Torus mandibularis, bilateral, excision	368.80

	Removal of bone, exostosis, multiple	
73161	Per quadrant	160.19
	Reduction of bone, tuberosity	
73171	Unilateral, reduction	160.19
73172	Bilateral, reduction	240.27
	Augmentation of bone	
73181	Unilateral, pterygomaxillary tuberosity, augmentation + E	557.55
73182	Bilateral, pterygomaxillary tuberosity, augmentation + E	1105.65
73183	Unilateral, mandibular ridge, augmentation + E	557.55
73184	Bilateral, mandibular ridge, augmentation + E	1114.05
	2. Gingivoplasty and/or stomatoplasty, oral surgery	
	Independent procedure surgery	
73211	Per sextant	98.07
	Miscellaneous procedures	
73222	Excision of vestibular hyperplasia (per sextant)	147.05
73223	Surgical shaving of papillary hyperplasia of the palate	221.34
73224	Excision of pericoronal gingiva (for retained teeth) per tooth/implant	147.05
	Removals, tissue, hyperplastic (includes incising the mucous membrane, dissecting and removing hyperplastic tissue, replacing and adapting the mucous membrane)	
73231	Per sextant	98.07
	Removal, mucosa, excess (complete removal without dissection)	
73241	Per sextant	98.07
	3. Remodeling, floor of the mouth	
73301	Full arch lowering of the floor of the mouth	601.57
73302	Partial arch lowering of the floor of the mouth	601.57
73303	Reinsertion of the mylohyoid muscle	601.57
	4. Vestibuloplasty	

	Vestibuloplasty, sub-mucous	
73411	Per sextant	159.10
	Sulcus deepening and ridge reconstruction	
73421	Per sextant	159.10
	Vestibuloplasty, with secondary epithelization	
73431	Per sextant	159.10
	Vestibuloplasty, with labial inverted flap	
73441	Per sextant	200.53
	Vestibuloplasty, with skin graft	
73451	Per sextant	200.53
	Vestibuloplasty, with mucosal graft	
73461	Per sextant	200.53
	5. Reconstruction, alveolar ridge	
	Reconstruction, alveolar ridge, with autogenous bone	
73511	Per sextant + E	328.16
	Reconstruction, alveolar ridge, with alloplastic material	
73521	Per sextant + E	164.07
	6. Extensions, mucous folds	
	Extensions, mucous folds with secondary epithelization	
73611	Per sextant	200.53
	Extensions, mucous folds, with skin grafts	
73621	Per sextant	200.53
	Extensions, mucous folds, with mucous graft	
73631	Per sextant	200.53

Surgical Excision

(not in conjunction with tooth removal, including biopsy)

1. Surgical excision, tumours, benign		
74111	1 cm and under	136.95
74112	1–2 cm	136.95
74113	2–3 cm	136.95
74114	3–4 cm	342.10
74115	4–6 cm	342.10
74116	6–9 cm	342.10
74117	9–15 cm	537.11
74118	15 cm and over	537.11
Tumours, benign, bone tissue		
74121	1 cm and under	165.71
74122	1–2 cm	165.71
74123	2–3 cm	165.71
74124	3–4 cm	309.73
74125	4–6 cm	414.73
74126	6–9 cm	414.73
74127	9–15 cm	651.17
74128	15 cm and over	651.17
2. Surgical excision, tumours, malignant		
74211	1 cm and under	136.95
74212	1–2 cm	136.95
74213	2–3 cm	136.95
74214	3–4 cm	342.10
74215	4–6 cm	342.10
74216	6–9 cm	342.10
74217	9–15 cm	537.11
74218	15 cm and over	537.11
Tumours, malignant, bone tissue		

74221	1 cm and under	165.71
74222	1–2 cm	165.71
74223	2–3 cm	165.71
74224	3–4 cm	414.73
74225	4–6 cm	414.73
74226	6–9 cm	414.73
74227	9–15 cm	651.17
74228	15 cm and over	651.17
3. Cheiloplasty (lip shave)		
74311	Cheiloplasty, partial	56.43
74312	Cheiloplasty, total	169.33
4. Surgical excision, cysts/granulomas		
Enucleation of cyst/granuloma, odontogenic and non-odontogenic, requiring prior removal of bony tissue and subsequent suture(s)		
74611	1 cm and under	157.72
74612	1–2 cm	157.72
74613	2–3 cm	157.72
74614	3–4 cm	157.72
74615	4–6 cm	197.07
74616	6–9 cm	197.07
74617	9–15 cm	197.07
74618	15 cm and over	309.37
Marsupialization		
74621	Cyst, marsupialization	169.33
Excision of cyst		
74631	1 cm and under	157.72
74632	1–2 cm	157.72
74633	2–3 cm	157.72

74634	3–4 cm	157.72
74635	4–6 cm	197.07
74636	6–9 cm	197.07
74637	9–15 cm	197.07
74638	15 cm and over	309.37

Surgical Incisions

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

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

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

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

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

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

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

75211	Extra-oral, abscess, superficial	132.03
75212	Extra-oral, abscess, deep	132.03

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

75221	Extra-oral, surgical exploration, hard tissue	159.73
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3. Surgical incision for removal of foreign bodies

75301	Removal, from skin or subcutaneous areolar tissue	147.05
75302	Removal, of reaction producing foreign bodies	147.05
75303	Removal, of needle from musculoskeletal system	160.19

Sequestrectomy (for osteomyelitis)

75401	Intra-oral sequestrectomy	247.95
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75402	Saucerization	247.95
75403	Osteomyelitis, non-surgical treatment of	90.55
	Extra-oral sequestrectomy	
75411	3 cm and less	330.57
75412	3–4 cm	330.57
75413	4–6 cm	495.89
75414	6–9 cm	495.89
75415	9 cm and over	495.89
	Mandibulectomy	
75511	3 cm and less	646.29
75512	3–4 cm	646.29
75513	4–6 cm	646.29
75514	6–9 cm	646.29
75515	9–12 cm	646.29
75516	12–15 cm	646.29
75517	15 cm and over	1014.64
75518	Total mandibulectomy	1680.90
	Maxillectomy	
75611	3 cm and less	646.29
75612	3–4 cm	646.29
75613	4–6 cm	646.29
75614	6–9 cm	646.29
75615	9–12 cm	646.29
75616	12–15 cm	646.29
75617	15 cm and over	1014.64
75618	Total maxillectomy	1680.90

Fractures, Treatment of

1. Fractures, reductions, mandibular

76201	Reduction, mandibular, closed	330.57
76202	Reduction, mandibular, open, simple	578.43
76203	Reduction, mandibular, open, double	867.64
76204	Reduction, mandibular, open, multiple	1156.82
2. Fractures, reductions, maxillary, horizontal Le Fort's I		
76301	Reduction, maxillary closed	330.57
76302	Reduction, maxillary open, simple	578.43
76303	Reduction, maxillary, open, double	867.64
76304	Reduction, maxillary, open, multiple	1156.82
76305	Reduction, compound fracture or maxilla (requiring reduction and soft tissue repair)	661.19
3. Fractures, reductions, maxilla, pyramidal Le Fort II		
76401	Reduction, maxillary, closed	330.57
76402	Reduction, maxillary, open, unilateral	661.19
76403	Reduction, maxillary, open, bilateral	661.19
4. Fractures, reductions, naso-orbital		
76501	Reduction, unilateral	991.74
76502	Reduction, bilateral	991.74
76503	Reduction, naso-orbital, open, external approach	991.74
76504	Reduction, naso-orbital, open, sinusal approach	991.74
76505	Reduction, naso-orbital, open, orbital approach with insertion of subperiosteal implant	991.74
76506	Exploration, of orbital blowout fracture	991.74
76507	Exploration, of orbital blowout fracture and reconstruction with insertion of a subperiosteal implant	991.74
5. Fractures, reductions, malar bone		
76601	Reduction, malar bone, closed	165.36
76602	Reduction, malar bone, open, by simple elevation	165.36
76603	Reduction, malar bone, open, by osteosynthesis	330.57
76604	Reduction, malar bone, open, by sinus approach	495.89
76605	Reduction, malar bone, simple fracture, (open reduction with antrostomy and packing)	495.89

6. Fractures, reductions, zygomatic arch		
76701	Reduction, zygomatic arch, intra-oral approach	165.36
76702	Reduction, zygomatic arch, temporal approach	165.36
76703	Reduction, zygomatico-maxillary fracture dislocation, complex, closed reduction	330.57
76704	Reduction, zygomatico-maxillary fracture dislocation, open reduction	495.89
7. Fractures, reductions, craniofacial dysfunction, Le Fort's III transverse (specify type of procedure according to previous code used for fracture)		
76801	Reduction, craniofacial dysfunction, closed	991.74
76802	Reduction, craniofacial dysfunction, open	991.74
8. Fractures, reductions alveolar		
Fracture, alveolar, debridement, teeth removed		
76911	3 cm or less	184.22
76912	3–6 cm	184.22
76913	6 cm and over	330.57
Reduction, alveolar, closed, with teeth (fixation extra)		
76921	3 cm or less	184.22
76922	3–6 cm	184.22
76923	6–9 cm	330.57
76924	9 cm and over	330.57
Reduction, alveolar, open, with teeth (fixation extra)		
76931	3 cm or less	330.57
76932	3–6 cm	330.57
76933	6–9 cm	578.43
76934	9 cm and over	578.43
Replantation, avulsed tooth/teeth (including splinting)		
76941	Replantation, first tooth	93.83
76949	Each additional tooth	46.95

Repositioning of traumatically displaced teeth

76951	1 unit of time	49.59
76952	2 units of time	99.18
76959	Each additional unit of time over 2	49.59

Repairs, lacerations, uncomplicated, intra-oral or extra-oral

76961	2 cm or less	66.08
76962	2–4 m	66.08
76963	4–6 cm	66.08
76964	6–9 cm	66.08
76965	9–12 cm	66.08
76966	12–16 cm	161.05
76967	16–20 cm	161.05
76968	20–25 cm	161.05
76969	25 cm and over	161.05

Repairs, lacerations, through and through

76971	2 cm or less	165.36
76972	2–4 m	165.36
76973	4–6 cm	165.36
76974	6–9 cm	270.94
76975	9–12 cm	270.94
76976	12–16 cm	270.94
76977	16–20 cm	270.94
76978	20–25 cm	270.94
76979	25 cm and over	270.94

Repairs, lacerations, complicated (local tissue shifts)

76981	2 cm or less	165.36
76982	2–4 m	165.36
76983	4–6 cm	165.36

76984	6–9 cm	270.94
76985	9–12 cm	270.94
76986	12–16 cm	270.94
76987	16–20 cm	270.94
76988	20–25 cm	270.94
76989	25 cm and over	270.94

Maxillofacial Deformities, Treatment of

1. Osteotomy/ostectomy, ramus of the mandible

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

2. Osteotomy, miscellaneous

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

3. Osteotomy, maxilla

77301	Osteotomy, maxilla, total	1400.63
77302	Osteotomy, maxilla, total with bone graft	1680.90
77303	Osteotomy, maxilla, Le Forte II with bone graft	1400.63
77304	Osteotomy, maxilla, Le Fort III	1680.90
77305	Additional to the above osteotomy requiring 3 segments	76.69
77306	Additional to the above osteotomy requiring 4 segments	115.04
77307	Additional to the above osteotomy requiring a cranial flap	153.37

77308	Closure of cleft fistula (alveolar)	503.87
77309	Closure of cleft fistula (palatal)	672.20
77311	Pharyngoplasty	365.59
77312	Submucous resection	268.89
4. Osteotomy, maxillary/mandibular, segmental		
Osteotomy, segmental, maxilla		
77411	Osteotomy, segmental, anterior	1017.33
77412	Osteotomy, segmental, posterior	1017.33
77413	Osteotomy, midpalatal split, anterior	1017.33
77414	Osteotomy, midpalatal split, complete	1017.33
Osteotomy, segmental, mandible		
77421	Osteotomy, segmental, anterior with transfer of mental eminence	1017.33
77422	Osteotomy, segmental, anterior, without the transfer of mental eminence	1017.33
77423	Osteotomy, segmental, posterior	1017.33
77424	Osteotomy, lower border, mandible	1017.33
77425	Osteotomy, total dento-alveolar, mandible	1017.33
5. Genioplasty		
77501	Genioplasty, sliding, reduction or augmentation	1017.33
77502	Genioplasty, reduction (vertical)	1017.33
77503	Genioplasty, augmentation with graft (see grafting codes)	1017.33
77504	Myotomy, suprahyoid	1017.33
6. Miscellaneous treatment of maxillofacial deformities		
77601	Corticotomy	160.19
77602	Interdental septotomy	160.19
77603	Surgical expansion of the palate	1017.33
7. Palatorrhaphy		
77701	Palatorrhaphy, anterior (closure of palatine fissure)	850.50

77702	Palatorrhaphy, posterior	850.50
77703	Palatorrhaphy, total	1017.33
77704	Palatorrhaphy, with bone graft	1017.33
77705	Palatorrhaphy, bone graft to anterior alveolar ridge	1017.33

8. Glossectomy

77901	Glossectomy, partial, anterior wedge	342.10
77902	Glossectomy, partial, for orthodontic purposes	342.10
77903	Glossectomy, full posterior-anterior wedge	342.10

9. Cleft surgery

77911	Primary unilateral cleft lip repair	984.43
77912	Secondary unilateral cleft lip repair	984.43
77913	Primary bilateral cleft lip repair	1476.62
77914	Secondary bilateral cleft lip repair	1476.62
77917	Closure of alveolar cleft (see grafting codes)	984.43

10. Oral nasal fistula

77921	Primary closure at time of initial surgery	656.36
77922	Secondary closure with palatal flap	656.36
77923	Secondary closure with pharyngeal flap	656.36
77924	Secondary closure with tongue flap	656.36
77925	Secondary closure with buccal flap	656.36

Temporomandibular Joint Dysfunctions, Treatment of

1. Temporomandibular joint, dislocation, management of

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

2. Temporomandibular joint, capsule, management of		
78201	Condyloplasty	495.89
78202	Condylotomy	495.89
78203	Cyndylectomy	495.89
78204	Eminoplasty	437.50
78205	Re-contour of glenoid fossa	437.50
78206	Menisectomy	656.36
78207	Plication of meniscus	875.25
78208	Repair of meniscus	875.25
78209	Replacement of meniscus	875.25
3. Temporomandibular joint, arthrotomy for major reconstruction		
78301	Fossa replacement (see grafting codes)	962.67
78302	Condylar replacement (see grafting codes)	962.67
78303	Gap arthroplasty for ankylosis (see grafting codes)	962.67
4. Temporomandibular joint, arthrocentesis (puncture and aspiration)		
78501	1 unit of time	82.68
78502	2 units of time	165.35
78509	Each additional unit of time over 2	82.39
5. Temporomandibular joint, management by injections		
78601	Injection, with anti-inflammatory drugs	82.68
78602	Injection, with sclerosing agent	82.68
Oral Surgery Procedures, Other		
1. Salivary glands, treatment of		
79101	Salivary duct, dilation of	28.21
79102	Salivary duct, insertion of polyethylene tube	28.82
79103	Salivary duct, sialodochoplasty	338.66
79104	Salivary duct, reconstruction of	338.66

Salivary duct, sialolithotomy		
79111	Sialolithotomy, anterior 1/3 of canal	99.18
79112	Sialolithotomy, posterior 2/3 of canal	297.49
79113	Sialolithotomy, external approach	396.56
Salivary gland, excisions		
79121	Excision of submaxillary gland	396.56
79122	Excision of sublingual gland	396.56
79123	Excision of mucocele	152.50
79124	Excision of ranula	198.44
79125	Marsupialization of ranula	198.44
Salivary gland, removal		
79131	Salivary gland, removal, parotid (subtotal)	595.11
79132	Salivary gland, removal, parotid (radical, including facial nerve)	793.45
2. Neurological disturbances, treatment of		
Neurological disturbances, trigeminal nerve		
79211	Trigeminal nerve, injection for destruction	82.68
79212	Trigeminal nerve, avulsion at periphery	328.41
79213	Trigeminal nerve, total avulsion of a branch	382.41
79214	Trigeminal nerve, alcoholization of a branch	82.68
79215	Trigeminal nerve, infiltration of a branch for diagnosis	82.68
79217	Trigeminal nerve, neurolysis or tumour excision of trigeminal nerve excision branch in soft tissue	328.41
79218	Trigeminal nerve, neurolysis or tumour excision of trigeminal nerve excision branch in bone (mandible, maxilla or orbit) (not to include osteotomy)	328.41
Neurological disturbances, inferior dental nerve		
79231	Inferior dental nerve, complete avulsion	328.41
79232	Inferior dental nerve, decompression in the canal	328.41
Neurological disturbances, surgery		

79246	Excision of tumour or neuroma	328.41
3. Antral surgery		
Antral surgery, recovery, foreign bodies		
79311	Antral surgery, immediate recovery of a dental root or foreign body from the antrum	198.44
79312	Antral surgery, immediate closure of antrum by another dental surgeon	164.39
79313	Antral surgery, delayed recovery of a dental root with oral antrostomy	495.89
79314	Antral surgery with nasal antrostomy	495.89
Antral surgery, oro-antral fistula closure (same session) same		
79331	Oro-antral fistula closure with buccal flap	495.89
79332	Oro-antral fistula closure with gold plate	495.89
79333	Oro-antral fistula closure with palatal flap	495.89
Antral surgery, oro-antral fistula closure (subsequent session) subsequent		
79341	Oro-antral fistula closure with buccal flap	495.89
79342	Oro-antral fistula closure with gold plate	495.89
79343	Oro-antral fistula closure with palatal flap	495.89
Hemorrhage, Control of		
Covered only if the procedure is rendered by a dentist other than the provider of the original service.		
79403	Hemorrhage control, using compression and hemostatic agent	53.53
79404	Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary)	53.53
Post-Surgical Care (excludes alveolitis)		
79602	Post-surgical care, minor, by other than treating dentist	53.38
Emergency Office Procedures		
79701	Emergency procedure, tracheotomy	IC
79702	Emergency procedure, crico-thyroidotomy	IC

Section D—Maxillofacial Prosthodontics Program

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

Effective June 1, 2023, all of the services set out in this Section are payable at \$67.92 per 15-minute time unit.

Part 1: Examination and Diagnosis

1. Template, surgical (includes diagnostic wax-up. Also used to locate and orient osseo-integrated implants)

03001 Maxillary template +L+E

03002 Mandibular Template +L+E

2. Examinations and diagnosis, prosthodontic

01702 Examination and diagnosis, prosthodontic, specific

Part 2: Prosthetics, Removable—50000–59999

Dentures, Complete

1. Dentures, complete, complex

51201 Maxillary + L

51202 Mandibular + L

51204 Liners, processed, resilient, in addition to above

2. Dentures, surgical, complex (immediate) (includes first tissue conditioner but not a processed reline)

51401 Maxillary +L

51402 Mandibular +L

3. Dentures, complete, provisional	
51601	Maxillary + L
51602	Mandibular + L
4. Dentures, complete, overdentures, tissue borne, with independent attachments secured to a combination of natural teeth and implants with or without coping crowns	
51931	Maxillary +L +E
51932	Mandibular +L +E
Dentures, Partial, Acrylic	
1. Dentures, partial, acrylic base (provisional) (with or without clasps)	
52101	Maxillary + L
52102	Mandibular + L
2. Dentures, partial, acrylic base (immediate) (includes first tissue condition, but not a processed reline)	
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) (includes first tissue conditioner, but not a processed reline)	
52311	Maxillary + L
52312	Mandibular + L
5. Dentures, Partial, Overdentures, Acrylic, with Cast/Wrought Clasps and/or Rests, with Independent Attachments Secured to a Combination of Natural Teeth and Implants with or without Coping Crowns	
52931	Maxillary +L +E
52932	Mandibular +L +E
Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests	
53104	Altered cast impression technique in conjunction with 53101, 53102 + L
1. Dentures, partial, free end cast frame/connector, clasps + rests (equilibrated)	

53131	Maxillary +L
53132	Mandibular +L
2. Dentures, partial, tooth borne, cast frame/connector, clasps and rests (equilibrated)	
53221	Maxillary +L
53222	Mandibular +L
3. Dentures, partial, cast, overdenture, removable	
53711	Maxillary + L
53712	Mandibular + L
53714	Altered cast impression technique done in conjunction with 53701 and 53702
4. Dentures, partial, cast overdentures, with independent attachments secured to a combination of natural teeth and implants, with or without coping crowns	
53931	Maxillary +L +E
53932	Mandibular +L +E
Dentures, Adjustments (after 3 months insertion or by other than the dentist providing prosthesis)	
1. Denture adjustments, partial or complete denture, minor	
54201	1 unit of time + L
2. Denture adjustments, partial or complete denture, remount and occlusal equilibration	
54301	Maxillary + L
54302	Mandibular + L
Dentures, Repairs/Additions	
1. Denture, repair, complete denture, no impression required	
55101	Maxillary + L
55102	Mandibular + L
2. Denture, repair, complete denture, impression required	
55201	Maxillary + L
55202	Mandibular + L

3. Denture, repairs/additions, partial denture, no impression required	
55301	Maxillary + L
55302	Mandibular + L
4. Denture, repairs/additions, partial denture, impression required	
55401	Maxillary + L
55402	Mandibular + L
5. Dentures, implant retained prosthesis, prophylaxis and polishing	
55501	1 unit of time + L
55509	Each additional unit of time
Dentures, Replication, Relining and Rebasing	
Dentures, replication, provisional	
1. Denture, replication, complete denture, provisional (no intra-oral impression required)	
56111	Maxillary + L
56112	Mandibular + L
Dentures, relining (does not include remount – see 54000 series)	
1. Denture, reline, direct, complete denture	
56211	Maxillary
56212	Mandibular
2. Denture, Reline, Direct, Partial Denture	
56221	Maxillary
56222	Mandibular
3. Denture, reline, processed, complete denture	
56231	Maxillary + L
56232	Mandibular + L
4. Denture, reline, processed, partial denture	
56241	Maxillary + L

56242	Mandibular + L
Dentures, remake	
1. Denture, remake, using existing framework, partial denture (equilibration)	
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
56522	Mandibular
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, Maxillofacial	
1. Prosthesis, facial	
57101	Orbital + L
57102	Nose + L
57103	Ear + L
57104	Patch + L
57105	Facial, complex + L
57106	Facial Moulage impression
57109	Ocular prosthesis
2. Prosthesis, maxillofacial, obturators	
57202	Obturator, palatal (prosthesis extra) + L
57203	Obturator, post-maxillectomy (prosthesis extra) + L

57204	Obturator,temporary palatal (prosthesis extra) + L
57208	Obturator prosthesis, modification (relines or repairs) + L
57209	Speech aid prosthesis
3. Prosthesis, maxillofacial, other	
57301	Velar bulb (prosthesis and obturator extra) + L
57302	Velar life button, mechanical (prosthesis and obturator extra) + L
57304	Retention, magnetic (prosthesis extra) + L
57305	Guide plane, condylar (prosthesis extra) + L
57311	Feeding appliance (for infants with cleft palate) + L
57321	Lingual prosthesis +L
57341	Mandibular resection prosthesis with guide flange + L
57342	Mandibular resection prosthesis without guide flange + L
57351	Prosthesis, maxillofacial, fixed +L
57361	Palatal augmentation prosthesis +L
57371	Palatal lift prosthesis modifications +L
57372	Gingival prosthesis +L
4. Prosthesis, temporomandibular joint	
57401	Exerciser, trismus, therapy + L
5. Prosthesis, splints	
57503	Gunning (upper and lower) + L
57504	Bar splint, cast, labial and lingual + L
57505	Scaffolding, rhinoplastic + L
57508	Commissure splint + L
6. Prosthesis, stents	
57601	Ridge extension + L
57602	Palatal + L
57603	Skin grafts +L
57604	Mucous membrane grafts +L

7. Prosthesis, radiation appliances

57651	Radiation vehicle carrier + L
57652	Radiation protection shield (extra-oral) + L
57653	Radiation protection shield (intra-oral) + L

8. Prosthesis, stents, decompression

57661	Decompression stent, localized +L
57662	Decompression stent (prosthesis extra) +L

Section E—Individuals with Special Needs Oral Health Program

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

Part 1: Diagnostic—01000–09999			
Examinations			
		GP/SP Fee	Hospital Premium
1. Examinations and diagnosis, complete oral			
01101	Examination and diagnosis, complete, primary dentition, to include extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation	50.40	65.52
01102	Examination and diagnosis, complete, mixed dentition	66.00	85.80
01103	Examination and diagnosis, complete, permanent dentition	91.00	118.30
2. Examinations and diagnosis, limited oral			
01202	Examination and diagnosis, limited oral, previous patient (recall): examination and diagnosis with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests	32.00	41.60
01204	Examination and diagnosis, specific: examination, diagnosis and evaluation of a specific situation in a localized area	49.00	63.70
01205	Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area	49.00	63.70
05201	Consultation, in office (specialist other than orthodontist)	95.00	NA
Radiographs (including radiographic examinations and interpretation) Coverage guidelines apply (see preamble in the Dentists Guide).			
1. Radiographs, intra-oral, periapical			
02111	Single film	17.00	22.10

02112	2 films	22.00	28.60
2. Radiographs, intra-oral, bitewing			
02141	Single film	17.00	22.10
02142	2 films	22.00	28.60
3. Radiographs, panoramic			
02601	Single film (once per lifetime, and only in connection with a specific request for a consultation with a specialist other than an orthodontist) This service is not insured if provided for reasons related to spacing, crowding, eruption, timing and other orthodontic related concerns.	67.00	87.10
4. Radiographs, cephalometric			
02701	Single film (once per lifetime, and only in connection with a specific request for a consultation with a specialist other than an orthodontist) This service is not insured if provided for reasons related to spacing, crowding, eruption, timing and other orthodontic related concerns.	67.00	87.10
5. Radiographs, interpretation (received from another source, or for MSI-exposed on hospital equipment)			
02801	MSI: paid at 1/2 regular fee	PA 40.00	40.00
Tests and Laboratory Examinations Coverage guidelines apply (see preamble in the Dentists Guide).			
1. Tests, microbiological			
04101	Microbiological test for the determination of pathological agents + L	56.00	72.80
2. Tests, caries susceptibility			
04201	Bacteriological test for the determination of dental caries susceptibility + L	56.00	72.80
3. Tests, histological			
Test, histological, soft tissue			
04311	Biopsy, soft oral tissue, by puncture + L	134.40	174.72
04312	Biopsy, soft oral tissue, by incision + L	134.40	174.72
04313	Biopsy, soft oral tissue, by aspiration + L	134.40	174.72
Tests, histological, hard tissue			

04321	Biopsy, hard oral tissue, by puncture + L	159.20	206.96
04322	Biopsy, hard oral tissue, by incision + L	159.20	206.96
04323	Biopsy, hard oral tissue, by aspiration + L	159.20	206.96

4. Tests, cytological

04401	Cytological smear from the oral cavity + L	56.00	72.80
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5. Tests, pulp vitality

04501	1 unit	70.40	91.52
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Casts, Diagnostic

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

1. Cast, diagnostic, unmounted

04911	Cast, diagnostic, unmounted + L	36.00	46.80
04912	Cast, diagnostic, mounted using face bow transfer + L	23.20	30.16

2. Cast, diagnostic, mounted

04921	Cast, diagnostic, mounted + L	64.80	84.24
04922	Cast, diagnostic, mounted using face bow transfer + L	108.80	141.44
04923	Cast, diagnostic, mounted, using face bow + occlusal records + L	160.00	208.00

Part 2: Preventive Services—10000–19999

Preventive Scaling

11111	1 unit of time	41.00	53.30
11112	2 units of time	82.00	106.60
11113	3 units of time	123.00	159.90
11114	4 units of time	164.00	213.20

Topical Fluoride Applications

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

Fluoride Treatments

12112	Fluoride treatment, gel or foam	16.80	21.84
12113	Fluoride treatment, varnish	20.00	26.00

Preventive Services, Other

1. Nutritional dietary counselling (maximum payable per lifetime is 1 series of 4 appointments)

13101	1 unit of time	31.00	40.30
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2. Caries prevention service

(Oral hygiene instruction/plaque control, including brushing and/or flossing and/or embrasure cleaning)

13211	1 unit of time	31.00	40.30
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3. Sealants, pit and fissure (acid etch preparation included)

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

13401	Each tooth	23.00	29.90
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13409	Each additional tooth within the same quadrant	17.00	22.10
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4. Topical application to hard tissue lesion(s) of an antimicrobial or remineralization agent

13601	1 unit of time + E	73.00	94.90
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13602	2 units of time + E	148.00	192.30
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5. Disking of teeth, interproximal

(maximum 3 units per lifetime, primary teeth only)

16201	1 unit of time	72.80	94.64
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16202	2 units of time	145.60	189.28
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16203	3 units of time	218.40	283.92
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Space Maintainers

(includes design, separation, fabrication, insertion and
if applicable, initial cementation and removal)

1. Space maintainers, band type

15101	Space maintainer, band type, fixed, unilateral + L	141.00	183.30
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15103	Space maintainer, band type, fixed, bilateral (soldered lingual arch) + L	155.00	201.50
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15105	Space maintainer, band type, fixed, bilateral tubes and locking wires + L	188.00	244.40
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2. Space maintainers, stainless steel crown type

15201	Space maintainer, stainless steel crown type, fixed + L	166.00	215.80
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3. Space maintainers, maintenance of

This service is not insured if provided to address necessary repairs and adjustments after 30 days following the original placement.

15601	Maintenance, space maintainer appliance, including adjustment and/or recementation after 30 days post-insertion	60.00	78.00
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Part 3: Restorative Services—20000–29999

Caries, Trauma and Pain Control (permanent teeth only)

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

20111	First tooth	98.40	127.92
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Caries/trauma/pain control (includes pulp caps when necessary and use of band for retention and support as a separate procedure)

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

Restorations, Amalgam

1. Restorations, amalgam, primary teeth

Restorations, amalgam, non-bonded, primary teeth

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

Restorations, amalgam, bonded, primary teeth

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

2. Restorations, amalgam, permanent teeth

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

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

Restorations, amalgam, non-bonded, permanent molars

21221	1 surface	122.40	159.12
21222	2 surfaces	155.20	201.76
21223	3 surfaces	188.80	245.44
21224	4 surfaces	217.00	282.10
21225	5 surfaces or maximum surfaces per tooth	276.00	358.80

Restorations, amalgam, bonded, permanent bicuspid and anteriors

21231	1 surface	122.00	158.60
21232	2 surfaces	154.00	200.20
21233	3 surfaces	186.00	241.80
21234	4 surfaces	213.00	276.90
21235	5 surfaces or maximum surfaces per tooth	264.00	343.20

Restorations, amalgam, bonded, permanent molars

21241	1 surface	131.00	170.30
21242	2 surfaces	166.00	215.80
21243	3 surfaces	188.80	245.44
21244	4 surfaces	234.00	304.20
21245	5 surfaces or maximum surfaces per tooth	297.00	386.10

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

21401	1 pin	24.00	31.20
21402	2 pins	37.60	48.88

21403	3 pins	51.20	66.56
21404	4 pins	64.80	84.24
21405	5 or more pins	79.20	102.96

Restorations, Prefabricated, Full Coverage

Note that a single surface restoration is payable concurrently with open-faced stainless steel crowns.

1. Restorations, prefabricated, metal, primary dentition

22201	Primary anterior	162.00	210.60
22211	Primary posterior	162.00	210.60
22212	Primary posterior, open face	194.00	252.20

2. Restorations, prefabricated, metal, permanent dentition

22301	Permanent anterior	162.00	210.60
22302	Permanent anterior, open face	215.20	279.76
22311	Permanent posterior	162.00	210.60
22312	Permanent posterior, open face	197.60	256.88

3. Restorations, prefabricated, plastic, permanent dentition

22501	Permanent anterior	162.00	210.60
22511	Permanent posterior	162.00	210.60

Restorations, Tooth-Coloured

Fee codes 23113, 23114, 23115, 23413, 23414 and 23415 include reattachment of fractured tooth fragments.

1. Restorations, tooth-coloured, permanent anteriors, acid etch/bond technique

23111	1 surface	116.00	150.80
23112	2 surfaces (continuous)	148.00	192.40
23113	3 surfaces (continuous)	179.00	232.70
23114	4 surfaces (continuous)	211.00	274.30
23115	5 surfaces (continuous, maximum surfaces per tooth)	277.00	360.10

2. Restorations, tooth-coloured, permanent bicuspid, acid etch/bond technique

Tooth-coloured, permanent bicuspid

23311	1 surface	138.00	179.40
23312	2 surfaces	176.00	228.80
23313	3 surfaces	213.00	276.90
23314	4 surfaces	250.00	325.00
23315	5 surfaces or maximum surfaces per tooth	329.00	427.70

Tooth-coloured, permanent molars

23321	1 surface	144.00	187.20
23322	2 surfaces	183.00	237.90
23323	3 surfaces	222.00	288.60
23324	4 surfaces	261.00	339.30
23325	5 surfaces	343.00	445.90

3. Restorations, tooth-coloured, primary, anterior, acid etch/bond technique

23411	1 surface	102.00	132.60
23412	2 surfaces (continuous)	130.00	169.00
23413	3 surfaces (continuous)	158.00	205.40
23414	4 surfaces (continuous)	185.00	240.50
23415	5 surfaces (continuous, maximum surfaces per tooth)	243.00	315.90

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

23511	1 surface	102.00	132.60
23512	2 surfaces	130.00	169.00
23513	3 surfaces	158.00	205.40
23514	4 surfaces	185.00	240.50
23515	5 surfaces or maximum surfaces per tooth	243.00	315.90

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

5. Posts

Posts, cast metal (including core) as a separate procedure

25711	Single section + L	320.80	417.04
25712	2 sections + L	427.20	555.36
25713	3 sections + L	488.80	635.44

Posts, cast metal (including core) concurrent with impression for crown			
25721	Single section + L	166.40	216.32
25722	2 sections + L	272.80	354.64
25723	3 sections + L	333.60	433.68
Posts, prefabricated retentive (separate procedure)			
25731	1 post	153.60	199.68
25732	2 posts same tooth	260.80	339.04
25733	3 posts same tooth	321.60	418.08
Posts, prefabricated, retentive and cast core			
25741	1 post and cast core + L	197.42	256.64
25742	2 posts (same tooth) and cast core + L	470.40	611.52
25743	3 posts (same tooth) and cast core + L	511.20	664.56
Post, prefabricated, with core for crown restoration			
25754	1 post, with composite core + pins	261.60	340.08

Crowns

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

1. Crowns, plastic (single units only)

Crowns, plastic, processed

27111	Crown, plastic, processed + L	520.80	677.04
27112	Crown, plastic, processed complicated (restorative, positional and/or aesthetic) + L	IC	IC
27113	Crown, plastic, transitional, indirect + L	176.80	229.84

Crowns, plastic, direct (not payable in addition to permanent crowns)

27121	Crown, plastic, direct, transitional (chairside)	169.60	220.48
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2. Crowns, porcelain/ceramic/polymer glass

27201	Crown, porcelain/ceramic jacket + L	673.60	875.68
27202	Crown, porcelain/ceramic jacket complicated + L	IC	IC

3. Crowns, porcelain/ceramic fused to metal

27211	Crown, porcelain/ceramic fused to metal base + L	673.60	875.68
27212	Crown, porcelain/ceramic fused to metal base, complicated	808.00	1050.40
4. Recementation/rebonding, inlays/onlays/crowns/veneers/ posts/natural tooth fragments (maximum of 3 units per tooth) For stainless steel crowns, recementation is payable after 120 days following original placement by same or different dentist.			
29101	1 unit of time	72.00	93.60
29102	2 units of time	144.00	187.20
29103	3 units of time	216.00	280.80

Endodontics

1. Pulpotomy

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

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

Pulpotomy, vital, primary teeth

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

2. Pulpectomy (as a separate emergency procedure)

Pulpectomy, permanent teeth/retained primary teeth

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

Pulpectomy, primary teeth

32321	Anterior tooth	93.60	121.68
32322	Posterior tooth	140.00	182.00

Root Canal Therapy

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

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

2. Root canals, primary teeth

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

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

33601	1 canal	169.60	220.48
33602	2 canals	220.00	286.00
33603	3 canals	276.00	358.80
33604	4 or more canals	492.80	640.64

4. Re-insertion of dentogenic media per visit

33611	1 canal	71.20	92.56
33612	2 canals	71.20	92.56
33613	3 canals	71.20	92.56
33614	4 or more canals	71.20	92.56

Periapical Services

1. Apicoectomy/apical curettage

Maxillary anterior

34111	1 root	250.40	325.52
34112	2 roots	358.40	465.92

Maxillary bicuspid

34121	1 root	285.60	371.28
34122	2 roots	379.20	492.96
34123	3 or more roots	461.60	600.08

Maxillary molar			
34131	1 root	320.00	416.00
34132	2 roots	425.60	553.28
34133	3 roots	536.80	697.84
34134	4 or more roots	IC	IC
Mandibular anterior			
34141	1 root	248.80	323.44
34142	2 or more roots	356.80	463.84
Mandibular bicuspid			
34151	1 root	285.60	371.28
34152	2 roots	379.20	492.96
34153	3 or more roots	474.40	616.72
Mandibular molar			
34161	1 root	352.80	458.64
34162	2 roots	467.20	607.36
34163	3 roots	588.80	765.44
34164	4 or more roots	IC	IC
2. Retrofilling			
Maxillary anterior			
34211	1 canal	89.00	115.70
34212	2 or more canals	106.40	138.32
Maxillary bicuspid			
34221	1 canal	105.60	137.28
34222	2 canals	132.00	171.60
34223	3 canals	145.60	189.28
34224	4 or more canals	157.00	204.10
Maxillary molar			
34231	1 canal	128.00	166.40

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

Part 4: Periodontics—40000–49999

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

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

Periodontal Procedures, Gingival Curettage

42111	Per sextant	256.00	332.80
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Periodontal Procedures, Gingivectomy

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

Periodontal Surgery, Grafts

42551	Autograft (free connective tissue) for root coverage	PA 570.40	741.52
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Periodontal Procedures, Adjunctive

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

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

43111	Per joint	74.00	96.20
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2. Periodontal splinting or ligation, provisional, extra-coronal

Acid etch joint restorations (per joint)

43211	Per joint	74.00	96.20
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Acid etch, interproximal enamel splint

43221	Per joint	74.00	96.20
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Wire ligation

43231	Per joint	189.00	245.70
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Wire ligation, acrylic covered

43241	Per joint	252.00	327.60
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Dental floss ligation			
43251	Per joint	PA 369.00	479.70
Orthodontic band splint			
43261	Per band	IC	IC
Cast/soldered splint acid etch/resin bonded			
43271	Per abutment + L	163.00	211.90
Periodontal Procedures, Root Planing Coverage guidelines apply (see preamble in the Dentists Guide).			
Root planing			
43421	1 unit of time	41.00	53.30
43422	2 units of time	82.00	106.60
43423	3 units of time	123.00	159.90
43424	4 units of time	164.00	213.20
43425	5 units of time	205.00	266.50
43426	6 units of time	246.00	319.80
43427	One half unit of time	20.00	26.00
43429	Each additional unit over 6	41.00	53.30

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

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

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

Part 6: Oral and Maxillofacial Surgery—70000–79999

Certain procedures included in this Part are also contained in Section C—Oral and Maxillofacial Surgery covering all eligible residents of the Province.

Refer to Section C for fees when dental surgical procedures are performed in hospital.

Removals (Extractions), Erupted Teeth

1. Removals, erupted teeth, uncomplicated

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

2. Removals, erupted teeth, complicated

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

Removals (Extractions), Surgical

1. Removals, impactions, soft tissue coverage

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

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

2. Removals, impactions, involving tissue and/or bone coverage (including removal of bone and tooth or sectioning and removal of tooth)

72211	Single tooth	270.00	351.00
72219	Each additional tooth, same quadrant	188.80	245.44

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

72221	Single tooth	373.00	484.90
72229	Each additional tooth, same quadrant	257.60	334.88

3. Removals (extractions), residual roots

Removals, residual roots, erupted

72311	First tooth	91.00	118.30
72319	Each additional tooth, same quadrant	67.20	87.36

Removals, residual roots, soft tissue coverage

72321	First tooth	164.00	213.20
72329	Each additional tooth, same quadrant	121.60	158.03
Removals, residual roots, bone tissue coverage			
72331	First tooth	332.00	431.60
72339	Each additional tooth, same quadrant	241.60	314.08
Surgical Incisions			
Surgical incision and drainage and/or exploration, intra-oral soft tissue			
75111	Intra-oral, surgical exploration, soft tissue	132.00	171.60
75112	Intra-oral, abscess, soft tissue	132.00	171.60
75113	Intra-oral, abscess, in major anatomical area with drain	IC	IC
Treatment of Fractures			
Replantation, avulsed tooth/teeth (including splinting)			
76941	Replantation, first tooth	392.00	509.60
76949	Each additional tooth	200.00	260.00
Repositioning of traumatically displaced teeth			
76951	1 unit of time	94.40	122.72
76952	2 units of time	188.80	245.44
76959	Each additional unit of time over 2	94.40	122.72
Hemorrhage, Control of (covered only if the procedure is rendered by a dentist other than the provider of the original service)			
79403	Hemorrhage control, using compression and hemostatic agent	IC	IC
79404	Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary)	IC	IC
Post-surgical Care (excludes alveolitis)			
79605	Post-surgical care, alveolitis, treatment of (without anesthesia)	76.13	98.97
79606	Post-surgical care, alveolitis, treatment of (with anesthesia)	76.13	98.97

Part 7: Adjunctive General Services—90000–99999

Anesthesia, Conscious Sedation

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

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

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

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

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