

**DENTAL HEALTH PLAN**

April 1, 2017

**SPECIALISTS**

High Freq Code	Code	Description	100%	20%	30%	40%	50%
	86050	Laboratory Fee (see Preamble)					
<b><u>BASIC SERVICES</u></b>							
<b>DIAGNOSTIC SECTION</b>							
<b>CONSULTATIONS</b>			<b>(see definition in Preamble)</b>				
	86100	Consultation (Prior Approval Required) Examination and Diagnosis, Surgical, General (a) History, Medical and Dental (b) Clinical Examination as below, may include in-depth analysis of medical status, medication, anaesthetic and surgical risk, initial consultation with referring dentist or physician, parent or guardian, evaluation of source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors, TMJ, or where the patient is to be admitted to hospital for dental procedures.	295.89	59.18	88.77	118.36	147.95
	86101	Surgical, Specific (Prior Approval required)	118.35	23.67	35.51	47.34	59.18
<b>EXAMINATIONS</b>							
01	86110	Limited oral (recall patient)	47.24	9.45	14.17	18.90	23.62
02	86111	Limited oral (new patient)	50.47	10.09	15.14	20.19	25.24
	86114	Specific oral (Remarks Code required)	61.12	12.22	18.34	24.45	30.56
03	86115	Emergency (Remarks Code required)	61.12	12.22	18.34	24.45	30.56
<b>RADIOGRAPHS</b>							
<b>Bitewing</b>							
	86200	- one (see Preamble)	24.27	4.85	7.28	9.71	12.14
04	86210	- two (see Preamble)	31.83	6.37	9.55	12.73	15.92
<b>Periapical</b>							
05	86240	- one (Remarks Code required)	24.27	4.85	7.28	9.71	12.14
	86250	- two (Remarks Code required)	31.83	6.37	9.55	12.73	15.92
<b>Panoramic</b>							
	86280	-one (Restricted to Oral Surgeon) (Remarks Code required)	91.00	18.20	27.30	36.40	45.50

**DENTAL HEALTH PLAN**

April 1, 2017

**SPECIALISTS**

High Freq Code	Code	Description	100%	20%	30%	40%	50%
<b>RESTORATIVE SECTION</b>							
<b>REMOVALS</b>							
10	86400	Removal of carious lesion or existing restoration and the placement of sedative/protective dressing when not done the same day or within 42 days of the subsequent final restoration	109.36	21.87	32.81	43.74	54.68
<b>DENTAL RESTORATIONS</b>							
<b>Primary Canine and Molar Teeth</b>							
11	86420	- one surface	106.76	21.35	32.03	42.70	53.38
12	86430	- two surface	156.34	31.27	46.90	62.54	78.17
13	86440	- three surface	181.91	36.38	54.57	72.76	90.96
	86450	- four surface	220.49	44.10	66.15	88.20	110.25
<b>Permanent Anteriors and Premolars</b>							
14	86460	- one surface	140.45	28.09	42.14	56.18	70.23
	86470	- two surface	188.03	37.61	56.41	75.21	94.02
	86480	- three surface	217.14	43.43	65.14	86.86	108.57
	86490	- four surface or more	281.28	56.26	84.38	112.51	140.64
<b>Permanent Molars - Amalgam Fillings</b>							
15	86500	- one surface	116.48	23.30	34.94	46.59	58.24
16	86510	- two surface	160.01	32.00	48.00	64.00	80.01
	86520	- three surface	202.54	40.51	60.76	81.02	101.27
	86530	- four surface	253.15	50.63	75.95	101.26	126.58
	86540	- five surface	288.78	57.76	86.63	115.51	144.39
<b>Permanent Molars - Tooth Colored Bonded Fillings</b>							
	86501	- one surface	152.73	30.55	45.82	61.09	76.37
	86502	- two surface	224.51	44.90	67.35	89.80	112.26
	86503	- three surface	268.76	53.75	80.63	107.50	134.38
	86504	- four surface	325.29	65.06	97.59	130.12	162.65
	86505	- five surface	374.94	74.99	112.48	149.98	187.47
<b>Retentive Pins</b>							
	86550	- one pin	29.56	5.91	8.87	11.82	14.78
	86551	- two pins	46.70	9.34	14.01	18.68	23.35

**DENTAL HEALTH PLAN**

April 1, 2017

**SPECIALISTS**

High Freq Code	Code	Description	100%	20%	30%	40%	50%
<b>ORAL SURGERY SECTION</b>							
<b>REMOVALS</b>							
18	86600	Single tooth removal, uncomplicated, birth to age 12	119.55	23.91	35.87	47.82	59.78
19	86610	Each additional tooth removed, same quadrant, birth to age 12	91.26	18.25	27.38	36.50	45.63
	86615	Single tooth removal, Income Support recipients aged 13 years and over ONLY	119.55	23.91	35.87	47.82	59.78
	86616	Each additional tooth removed in the same quadrant, Income Support recipients aged 13 years and over ONLY	91.26	18.25	27.38	36.50	45.63
	86620	Odontectomy, surgical approach, requiring surgical flap and/or sectioning of tooth (Except for third molar impactions, in which case the Surgical Dental Schedule should be used, noting the applicable restrictions)	249.11	49.82	74.73	99.64	124.56
<b>TRAUMA &amp; REPAIRS</b>							
<b>Replantation, repositioning avulsed tooth or teeth (including splinting per unit of time), permanent teeth only:</b>							
	86671	- one unit	107.54 +L	21.51 +L	32.26 +L	43.02 +L	53.77 +L
	86672	- each additional unit	107.54	21.51	32.26	43.02	53.77
<b>Splinting Removal</b>							
	86673	- one unit	176.31	35.26	52.89	70.52	88.16
	86674	- each additional unit	176.31	35.26	52.89	70.52	88.16
<b>PROSTHODONTICS REMOVABLE</b>							
<b>Compete Dentures, Standard</b>							
	87600	- maxillary (Prior Approval required)	830.11 +L	166.02 +L	249.03 +L	332.04 +L	415.06 +L
	87601	- mandibular (Prior Approval required)	927.14 +L	185.43 +L	278.14 +L	370.86 +L	463.57 +L
	87602	- maxillary and mandibular, combined (Prior Approval required)	1602.37 +L	320.47 +L	480.71 +L	640.95 +L	801.19 +L

**DENTAL HEALTH PLAN**

April 1, 2017

**SPECIALISTS**

High Freq Code	Code	Description	100%	20%	30%	40%	50%
<b><u>ADDITIONAL SERVICES</u></b>							
<b>PREVENTIVE SECTION</b>							
6	86350	Dental cleaning	42.55	8.51	12.77	17.02	21.28
9	86355	Fluoride topical (not self-administered) insured for patient 6 to 12 years of age only	25.49	5.10	7.65	10.20	12.75
<b>Sealants</b>							
	87180	- first tooth	39.07	7.81	11.72	15.63	19.54
	87181	- each additional tooth, same quadrant	29.32	5.86	8.80	11.73	14.66
<b>RESTORATIVE SECTION</b>							
<b>Metal Prefabricated Restorations</b>							
17	86560	Primary molars only	232.50	46.50	69.75	93.00	116.25
<b>Posts, Cast Metal (Including Core) as a Separate Procedure</b>							
	87290	Single section (Prior Approval required)	407.19 +L	81.44 +L	122.16 +L	162.88 +L	203.6 +L
<b>Posts, Cast Metal (Including Core) Concurrent with Impression for Crown</b>							
	87295	Single section (Prior Approval required)	226.57 +L	45.31 +L	67.97 +L	90.63 +L	113.29 +L
<b>Crowns, Porcelain/Ceramic</b>							
	87310	Porcelain/ceramic jacket (Prior Approval required)	948.33 +L	189.67 +L	284.5 +L	379.33 +L	474.17 +L
<b>Crowns, Porcelain/Ceramic, Fused to Metal</b>							
	87311	Porcelain, fused to metal (Prior Approval required)	939.78 +L	187.96 +L	281.93 +L	375.91 +L	469.89 +L

DENTAL HEALTH PLAN

April 1, 2017

SPECIALISTS

High Freq Code	Code	Description	100%	20%	30%	40%	50%
<b>ENDODONTIA</b>							
<b>Pulpectomy</b>							
	86760	Deciduous molars and canines (use Remarks Code 77)	165.40	33.08	49.62	66.16	82.70
<b>Pulpotomy, Devitalized, Primary Dentition</b>							
20	86770	Pulpotomy + final filling the same day	86.70	17.34	26.01	34.68	43.35
<b>Pulpotomy</b>							
	86772	Permanent, anterior	137.22	27.44	41.17	54.89	68.61
<b>Root Canal Treatment</b>							
	87339	One canal (Prior Approval required)	558.07	111.61	167.42	223.23	279.04

