

**DENTAL HEALTH PLAN**

April 1, 2016

**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> (see definition in Preamble)							
	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.	287.27	57.45	86.18	114.91	143.64
	86101	Surgical, Specific (Prior Approval required)	114.90	22.98	34.47	45.96	57.45
<b>EXAMINATIONS</b>							
01	86110	Limited oral (recall patient)	45.86	9.17	13.76	18.34	22.93
02	86111	Limited oral (new patient)	49.00	9.80	14.70	19.60	24.50
	86114	Specific oral (Remarks Code required)	59.34	11.87	17.80	23.74	29.67
03	86115	Emergency (Remarks Code required)	59.34	11.87	17.80	23.74	29.67
<b>RADIOGRAPHS</b>							
<b>Bitewing</b>							
	86200	- one (see Preamble)	23.56	4.71	7.07	9.42	11.78
04	86210	- two (see Preamble)	30.90	6.18	9.27	12.36	15.45
<b>Periapical</b>							
05	86240	- one (Remarks Code required)	23.56	4.71	7.07	9.42	11.78
	86250	- two (Remarks Code required)	30.90	6.18	9.27	12.36	15.45
<b>Panoramic</b>							
	86280	-one (Restricted to Oral Surgeon) (Remarks Code required)	88.35	17.67	26.51	35.34	44.18

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<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	106.17	21.23	31.85	42.47	53.09
<b>DENTAL RESTORATIONS</b>							
<b>Primary Canine and Molar Teeth</b>							
11	86420	- one surface	103.65	20.73	31.10	41.46	51.83
12	86430	- two surface	151.79	30.36	45.54	60.72	75.90
13	86440	- three surface	176.61	35.32	52.98	70.64	88.31
	86450	- four surface	214.07	42.81	64.22	85.63	107.04
<b>Permanent Anteriors and Premolars</b>							
14	86460	- one surface	136.36	27.27	40.91	54.54	68.18
	86470	- two surface	182.55	36.51	54.77	73.02	91.28
	86480	- three surface	210.82	42.16	63.25	84.33	105.41
	86490	- four surface or more	273.09	54.62	81.93	109.24	136.55
<b>Permanent Molars - Amalgam Fillings</b>							
15	86500	- one surface	113.09	22.62	33.93	45.24	56.55
16	86510	- two surface	155.35	31.07	46.61	62.14	77.68
	86520	- three surface	196.64	39.33	58.99	78.66	98.32
	86530	- four surface	245.78	49.16	73.73	98.31	122.89
	86540	- five surface	280.37	56.07	84.11	112.15	140.19
<b>Permanent Molars - Tooth Colored Bonded Fillings</b>							
	86501	- one surface	148.28	29.66	44.48	59.31	74.14
	86502	- two surface	217.97	43.59	65.39	87.19	108.99
	86503	- three surface	260.93	52.19	78.28	104.37	130.47
	86504	- four surface	315.82	63.16	94.75	126.33	157.91
	86505	- five surface	364.02	72.80	109.21	145.61	182.01
<b>Retentive Pins</b>							
	86550	- one pin	28.70	5.74	8.61	11.48	14.35
	86551	- two pins	45.34	9.07	13.60	18.14	22.67

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<b>ORAL SURGERY SECTION</b>							
<b>REMOVALS</b>							
18	86600	Single tooth removal, uncomplicated, birth to age 12	116.07	23.21	34.82	46.43	58.04
19	86610	Each additional tooth removed, same quadrant, birth to age 12	88.60	17.72	26.58	35.44	44.30
	86615	Single tooth removal, Income Support recipients aged 13 years and over ONLY	116.07	23.21	34.82	46.43	58.04
	86616	Each additional tooth removed in the same quadrant, Income Support recipients aged 13 years and over ONLY	88.60	17.72	26.58	35.44	44.30
	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)	241.85	48.37	72.56	96.74	120.93
<b>TRAUMA &amp; REPAIRS</b>							
Replantation, repositioning avulsed tooth or teeth (including splinting per unit of time), permanent teeth only:							
	86671	- one unit	104.41 +L	20.88 +L	31.32 +L	41.76 +L	52.21 +L
	86672	- each additional unit	104.41	20.88	31.32	41.76	52.21
<b>Splinting Removal</b>							
	86673	- one unit	171.17	34.23	51.35	68.47	85.59
	86674	- each additional unit	171.17	34.23	51.35	68.47	85.59
<b>PROSTHODONTICS REMOVABLE</b>							
<b>Complete Dentures, Standard</b>							
	87600	- maxillary (Prior Approval required)	805.93 +L	161.19 +L	241.78 +L	322.37 +L	402.97 +L
	87601	- mandibular (Prior Approval required)	900.14 +L	180.03 +L	270.04 +L	360.06 +L	450.07 +L
	87602	- maxillary and mandibular, combined (Prior Approval required)	1555.70 +L	311.14 +L	466.71 +L	622.28 +L	777.85 +L

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<b><u>ADDITIONAL SERVICES</u></b>							
<b>PREVENTIVE SECTION</b>							
6	86350	Dental cleaning	41.31	8.26	12.39	16.52	20.66
9	86355	Fluoride topical (not self-administered) insured for patient 6 to 12 years of age only	24.75	4.95	7.43	9.90	12.38
<b>Sealants</b>							
	87180	- first tooth	37.93	7.59	11.38	15.17	18.97
	87181	- each additional tooth, same quadrant	28.47	5.69	8.54	11.39	14.24
<b>RESTORATIVE SECTION</b>							
<b>Metal Prefabricated Restorations</b>							
17	86560	Primary molars only	225.73	45.15	67.72	90.29	112.87
<b>Posts, Cast Metal (Including Core) as a Separate Procedure</b>							
	87290	Single section (Prior Approval required)	395.33 +L	79.07 +L	118.60 +L	158.13 +L	197.67 +L
<b>Posts, Cast Metal (Including Core) Concurrent with Impression for Crown</b>							
	87295	Single section (Prior Approval required)	219.97 +L	43.99 +L	65.99 +L	87.99 +L	109.99 +L
<b>Crowns, Porcelain/Ceramic</b>							
	87310	Porcelain/ceramic jacket (Prior Approval required)	920.71 +L	184.14 +L	276.21 +L	368.28 +L	460.36 +L
<b>Crowns, Porcelain/Ceramic, Fused to Metal</b>							
	87311	Porcelain, fused to metal (Prior Approval required)	912.41 +L	182.48 +L	273.72 +L	364.96 +L	456.21 +L

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<b>ENDODONTIA</b>							
<b>Pulpectomy</b>							
	86760	Deciduous molars and canines (use Remarks Code 77)	160.58	32.12	48.17	64.23	80.29
<b>Pulpotomy, Devitalized, Primary Dentition</b>							
20	86770	Pulpotomy + final filling the same day	84.17	16.83	25.25	33.67	42.09
<b>Pulpotomy</b>							
	86772	Permanent, anterior	133.22	26.64	39.97	53.29	66.61
<b>Root Canal Treatment</b>							
	87339	One canal (Prior Approval required)	541.82	108.36	162.55	216.73	270.91