

DENTAL HEALTH PLAN

April 1, 2010

GENERAL PRACTITIONERS

High Freq Code	Code	Description	100%	20%	30%	40%	50%
	86050	Laboratory Fee (see Preamble)					
<u>BASIC SERVICES</u>							
DIAGNOSTIC SECTION							
CONSULTATIONS (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.					
	86101	Surgical, Specific (Prior Approval required)					
EXAMINATIONS							
01	86110	Limited oral (recall patient)	29.35	5.87	8.81	11.74	14.68
02	86111	Limited oral (new patient)	33.31	6.66	9.99	13.32	16.66
	86114	Specific oral (Remarks Code required)	38.05	7.61	11.42	15.22	19.03
03	86115	Emergency (Remarks Code required)	40.35	8.07	12.11	16.14	20.18
RADIOGRAPHS							
Bitewing							
	86200	- one (see Preamble)	17.12	3.42	5.14	6.85	8.56
04	86210	- two (see Preamble)	22.44	4.49	6.73	8.98	11.22
Periapical							
05	86240	- one (Remarks Code required)	17.12	3.42	5.14	6.85	8.56
	86250	- two (Remarks Code required)	22.44	4.49	6.73	8.98	11.22
Panoramic							
	86280	-one (Restricted to Oral Surgeon) (Remarks Code required)					

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RESTORATIVE SECTION							
REMOVALS							
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	74.37	14.87	22.31	29.75	37.19
DENTAL RESTORATIONS							
Primary Canine and Molar Teeth							
11	86420	- one surface	61.62	12.32	18.49	24.65	30.81
12	86430	- two surface	92.56	18.51	27.77	37.02	46.28
13	86440	- three surface	109.54	21.91	32.86	43.82	54.77
	86450	- four surface	127.47	25.49	38.24	50.99	63.74
Permanent Anteriors and Premolars							
14	86460	- one surface	81.27	16.25	24.38	32.51	40.64
	86470	- two surface	117.26	23.45	35.18	46.90	58.63
	86480	- three surface	142.64	28.53	42.79	57.06	71.32
	86490	- four surface or more	176.82	35.36	53.05	70.73	88.41
Permanent Molars - Amalgam Fillings							
15	86500	- one surface	77.50	15.50	23.25	31.00	38.75
16	86510	- two surface	106.46	21.29	31.94	42.58	53.23
	86520	- three surface	142.82	28.56	42.85	57.13	71.41
	86530	- four surface	167.43	33.49	50.23	66.97	83.72
	86540	- five surface	197.64	39.53	59.29	79.06	98.82
Permanent Molars - Tooth Colored Bonded Fillings							
	86501	- one surface	107.69	21.54	32.31	43.08	53.85
	86502	- two surface	151.99	30.40	45.60	60.8	76
	86503	- three surface	189.51	37.90	56.85	75.8	94.76
	86504	- four surface	229.38	45.88	68.81	91.75	114.69
	86505	- five surface	264.38	52.88	79.31	105.75	132.19
Retentive Pins							
	86550	- one pin	19.50	3.90	5.85	7.80	9.75
	86551	- two pins	30.81	6.16	9.24	12.32	15.41

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ORAL SURGERY SECTION							
REMOVALS							
18	86600	Single tooth removal, uncomplicated, birth to age 12	84.29	16.86	25.29	33.72	42.15
19	86610	Each additional tooth removed, same quadrant, birth to age 12	45.10	9.02	13.53	18.04	22.55
	86615	Single tooth removal, Income Support recipients aged 13 years and over ONLY	84.29	16.86	25.29	33.72	42.15
	86616	Each additional tooth removed in the same quadrant, Income Support recipients aged 13 years and over ONLY	45.10	9.02	13.53	18.04	22.55
	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)	164.38	32.88	49.31	65.75	82.19
TRAUMA & REPAIRS							
Replantation, repositioning avulsed tooth or teeth (including splinting per unit of time), permanent teeth only:							
	86671	- one unit	67.04 +L	13.41 +L	20.11 +L	26.82 +L	33.52 +L
	86672	- each additional unit	67.04	13.41	20.11	26.82	33.52
Splinting Removal							
	86673	- one unit	124.32	24.86	37.30	49.73	62.16
	86674	- each additional unit	124.32	24.86	37.30	49.73	62.16
PROSTHODONTICS REMOVABLE							
Compete Dentures, Standard							
	87600	- maxillary (Prior Approval required)	585.35 +L	117.07 +L	175.61 +L	234.14 +L	292.68 +L
	87601	- mandibular (Prior Approval required)	653.78 +L	130.76 +L	196.13 +L	261.51 +L	326.89 +L
	87602	- maxillary and mandibular, combined (Prior Approval required)	1130.11 +L	226.02 +L	339.03 +L	452.04 +L	565.06 +L

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<u>ADDITIONAL SERVICES</u>							
PREVENTIVE SECTION							
6	86350	Dental cleaning	29.81	5.96	8.94	11.92	14.91
9	86355	Fluoride topical (not self-administered) insured for patient 6 to 12 years of age only	17.97	3.59	5.39	7.19	8.99
Sealants							
	87180	- first tooth	24.34	4.87	7.30	9.74	12.17
	87181	- each additional tooth, same quadrant	14.87	2.97	4.46	5.95	7.44
RESTORATIVE SECTION							
Metal Prefabricated Restorations							
17	86560	Primary molars only	153.42	30.68	46.03	61.37	76.71
Posts, Cast Metal (Including Core) as a Separate Procedure							
	87290	Single section (Prior Approval required)	268.70 +L	53.74 +L	80.61 +L	107.48 +L	134.35 +L
Posts, Cast Metal (Including Core) Concurrent with Impression for Crown							
	87295	Single section (Prior Approval required)	149.54 +L	29.91 +L	44.86 +L	59.82 +L	74.77 +L
Crowns, Porcelain/Ceramic							
	87310	Porcelain/ceramic jacket (Prior Approval required)	622.86 +L	124.57 +L	186.86 +L	249.14 +L	311.43 +L
Crowns, Porcelain/Ceramic, Fused to Metal							
	87311	Porcelain, fused to metal (Prior Approval required)	618.29 +L	123.66 +L	185.49 +L	247.32 +L	309.15 +L

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ENDODONTIA							
Pulpectomy							
	86760	Deciduous molars and canines (use Remarks Code 77)	102.82	20.56	30.85	41.13	51.41
Pulpotomy, Devitalized, Primary Dentition							
20	86770	Pulpotomy + final filling the same day	60.38	12.08	18.11	24.15	30.19
Pulpotomy							
	86772	Permanent, anterior	95.54	19.11	28.66	38.22	47.77
Root Canal Treatment							
	87339	One canal (Prior Approval required)	388.59	77.72	116.58	155.44	194.30