

CHILDREN'S DENTAL HEALTH PLAN

SPECIALISTS

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.	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
EXAMINATIONS						
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
RADIOGRAPHS						
Bitewing						
	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
Periapical						
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
Panoramic						
86280	- one (Restricted to Oral Surgeon) (Remarks Code required)	91.00	18.20	27.30	36.40	45.50

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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	109.36	21.87	32.81	43.74	54.68
DENTAL RETORATIONS							
Primary Canine and Molar Teeth							
11	86420	- one surface	106.76	21.35	32.03	42.70	53.38
12	86430	- two surfaces	156.34	31.27	46.90	62.54	78.17
13	86440	- three surfaces	181.91	36.38	54.57	72.76	90.96
	86450	- four surfaces	220.49	44.10	66.15	88.20	110.25
Permanent Anteriors and Premolars							
14	86460	- one surface	140.45	28.09	42.14	56.18	70.23
	86470	- two surfaces	188.03	37.61	56.41	75.21	94.02
	86480	- three surfaces	217.14	43.43	65.14	86.86	108.57
	86490	- four surfaces or more	281.28	56.26	84.38	112.51	140.64
Permanent Molars – Amalgam Fillings							
15	86500	- one surface	116.48	23.30	34.94	46.59	58.24
16	86510	- two surfaces	160.01	32.00	48.00	64.00	80.01
	86520	- three surfaces	202.54	40.51	60.76	81.02	101.27
	86530	- four surfaces	253.15	50.63	75.95	101.26	126.58
	86540	- five surfaces	288.78	57.76	86.63	115.51	144.39
Permanent Molars – Tooth Colored Bonded Fillings							
	86501	- one surface	152.73	30.55	45.82	61.09	76.37
	86502	- two surfaces	224.51	44.90	67.35	89.80	112.26
	86503	- three surfaces	268.76	53.75	80.63	107.50	134.38
	86504	- four surfaces	325.29	65.06	97.59	130.12	162.65
	86505	- five surfaces	374.94	74.99	112.48	149.98	187.47
Retentive Pins							
	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

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ORAL SURGERY SECTION							
REMOVALS							
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, removal of bone 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
TRAUMA & REPAIRS							
Replantation, repositioning avulsed tooth or teeth (including splinting per unit of time), permanent teeth only:							
	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
Splinting Removal							
	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
PROSTHODONTICS REMOVABLE							
Complete Dentures, Standard							
	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)	1,602.37 +L	320.47 +L	480.71 +L	640.95 +L	801.19 +L

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ADDITIONAL SERVICES							
PREVENTIVE SECTION							
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
Sealants							
	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
RESTORATIVE SECTION							
Metal Prefabricated Restorations							
17	86560	Primary molars only	232.50	46.50	69.75	93.00	116.25
Posts, Cast Metal (Including Core) as a Separate Procedure							
	87290	Single section (Prior Approval required) ...	407.19 +L	81.44 +L	122.16 +L	162.88 +L	203.60 +L
Posts, Cast Metal (including Core) Concurrent with Impression for Crown							
	87295	Single section (Prior Approval required) ...	226.57 +L	45.31 +L	67.97 +L	90.63 +L	113.29 +L
Crowns, Porcelain/Ceramic							
	87310	Porcelain/Ceramic jacket (Prior Approval required)	948.33 +L	189.67 +L	284.5 +L	379.33 +L	474.17 +L
Crowns, Porcelain/Ceramic, Fused to Metal							
	87311	Porcelain, fused to metal (Prior Approval required)	939.78 +L	187.96 +L	281.93 +L	375.91 +L	469.89 +L
ENDODONTIA							
Pulpectomy							
	86760	Deciduous molars and canines (use Remarks Code 77)	165.40	33.08	49.62	66.16	82.70
Pulpotomy, Devitalized, Primary Dentition							
20	86770	Pulpotomy + final filling the same day	86.70	17.34	26.01	34.68	43.35
Pulpotomy							
	86772	Permanent, anterior	137.22	27.44	41.17	54.89	68.61
Root Canal Treatment							
	87339	One Canal (Prior Approval required)	558.07	111.51	167.42	223.23	279.04