Government of Alberta ■

# Bulletin

## Alberta Health Care Insurance Plan

| Number: Dent 40 | Date: Feb 18, 2011 | Page: 1 of 1 |
|---|---|---|
| **Subject:** Cleft Palate Dental Indemnity Program – March 1, 2010 rates | **Reference:** Schedule of Cleft Palate Dental Indemnity Program Benefits | |

## To: all dentists and billing staff

The fees payable under the Cleft Palate Dental Indemnity (CPDI) Program have been amended retroactive to March 1, 2010. A copy of the Schedule of Cleft Palate Dental Indemnity Program Benefits, which includes the retroactive rates, is attached for your reference.

The CPDI Program provides funding for Albertans under the age of 25 years, who are born with a congenital cleft palate and who, as a result, require uninsured dental services. Under this Program, benefits are payable for dental services such as radiographs, restorations, extractions, orthodontics, crowns, bridges and dental implants. Eligible services are paid on a fee-for-service basis up to a maximum amount as listed in the CPDI benefits schedule.

Alberta Health Services is responsible for managing and administering the CPDI Program for eligible patients who are registered with the Cleft Palate Clinic at the Stollery Children's Hospital in Edmonton, or the Alberta Children's Hospital in Calgary. Any inquiries about the CPDI Program, including claim processing and payments, should be directed to Alberta Health Services at:

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Cleft Palate Dental Indemnity Program
Alberta Children's Hospital
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**Position:** Executive Director
Innovative Compensation Branch

## Schedule Of Cleft Palate Dental Indemnity Program Benefits for services provided on or after March 1, 2010

| Procedure Code | Description of Service | 2010/2011 Specialist Rates | 2010/2011 Generalist Rates | 2010/2011 Specialist & Generalist Lab Rates | |
|---|---|---|---|---|---|
| **Diagnostic:** | | | | | |
| **01100** | **Examinations, complete oral**<br>Medical and dental history; clinical examination 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, TMJ, pulp vitality tests where necessary, and any other pertinent factors. | | | | |
| 01101 | Complete exam, primary dentition | $63.73 | $51.40 | | |
| 01102 | Complete exam, mixed dentition | $95.60 | $77.11 | | |
| 01103 | Complete exam, permanent dentition | $95.60 | $77.11 | | |
| **01200** | **Examinations, limited oral**<br>Examination with mirror and explorer of hard and soft tissues, including checking of occlusion and appliances, but not including specific tests as for 01100. | | | | |
| 01201 | Limited exam, new patient | $63.73 | $51.40 | | |
| 01202 | Limited exam, previous patient (recall) | $63.73 | $51.40 | | |
| **01300** | **Examinations and Diagnosis** | | | | |
| 01301 | Examination and Diagnosis, Complete | $175.24 | $141.31 | | |
| **01500** | **Examinations, periodontal** | | | | |
| 01501 | Periodontal general exam<br>Recording medical and dental history, charting, clinical examination, treatment planning and case presentation. | $210.28 | $169.58 | | |
| **01600** | **Examinations, surgical** | | | | |
| 01601 | Surgical general exam<br>Recording medical and dental history, 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 pulp vitality, mobility of teeth, occlusal factors, TMJ, or where the patient is to be admitted to hospital for dental procedures. | $140.19 | $113.05 | | |
| 01602 | Surgical specific exam | $70.09 | $56.53 | | |
| **01700** | **Examinations, prosthodontic** | | | | |
| 01701 | Prosthodontic general exam | $95.60 | $77.11 | | |
| 01702 | Prosthodontic specific exam | $63.73 | $51.40 | | |
| **01800** | **Examinations, endodontic** | | | | |
| 01801 | Endodontic general exam<br>Examination and/or complicated diagnosis. May include vitality tests, thermal test, cracked tooth tests, occlusal exams, percussion, palpation, transillumination, anaesthetic tests and mobility tests. | $140.19 | $113.05 | | |

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|---|---|---|---|---|---|
| 01802 | Endodontic specific exam | $70.09 | $56.53 | | |
| **01900** | **Examinations, orthodontic** | | | | |
| 01901 | Orthodontic general exam<br>To include the following: diagnostic models, complete intraoral radiograph series or panoramic film, cephalograms, facial and intraoral photographs, consultations and case presentation. | $350.48 | $282.63 | L | $169.58 |
| 01902 | Orthodontic specific exam | $70.09 | $56.53 | | |
| **02000** | **Radiographs (including radiographic examination and interpretation)** | | | | |
| 02111 | Periapical radiograph - One film | $25.45 | $20.53 | | |
| 02112 | Periapical radiograph - Two films | $42.39 | $34.19 | | |
| 02113 | Periapical radiograph - Three films | $59.38 | $47.89 | | |
| 02131 | Occlusal radiograph - One film | $42.39 | $34.19 | | |
| 02601 | Panoramic radiograph - One film | $84.84 | $68.43 | | |
| 02701 | Cephalometric radiograph - One film | $101.50 | $81.86 | | |
| 02702 | Cephalometric radiograph - Two films | $159.17 | $128.37 | | |
| 02751 | Cephalometric tracing and interpretation - One unit of time | $70.09 | $56.53 | | |
| 02752 | Cephalometric tracing and interpretation - Two units of time | $140.19 | $113.05 | | |
| 02801 | Interpretation of radiographs from another source - One unit of time | $66.91 | $53.97 | | |
| 02921 | Radiograph - hand and wrist - per case | $101.50 | $81.86 | | |
| 02932 | Radiographs, two views | $159.22 | $128.39 | | |
| **04700** | **Interpretation of models from another source** | | | | |
| 04722 | Wax-up, Diagnostic, two units | $127.47 | $102.79 | L | $61.68 |
| 04741 | First unit of time | $60.56 | $48.84 | | |
| **04800** | **Photographs, diagnostic** | | | | |
| 04801 | Single photo | $15.14 | $12.21 | | |
| 04802 | Two photos | $30.27 | $24.41 | | |
| 04803 | Three photos | $45.41 | $36.62 | | |
| 04809 | Each additional photo over three | $15.14 | $12.21 | | |
| **04900** | **Casts, diagnostic** | | | | |
| 04911 | Un-mounted | $60.56 | $48.84 | L | $29.30 |
| 04921 | Mounted | $90.83 | $73.25 | L | $43.95 |
| 04922 | Mounted using face bow transfer | $121.11 | $97.67 | L | $58.60 |
| 04931 | Orthodontic casts | $121.11 | $97.67 | L | $58.60 |

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| Procedure Code | Description of Service | 2010/2011 Specialist Rates | 2010/2011 Generalist Rates | 2010/2011 Specialist & Generalist Lab Rates | |
|---|---|---|---|---|---|
| **05100** | **Treatment planning<br>This service is only for extra time spent on unusually complicated cases.** | | | | |
| 05101 | One unit of time | $63.73 | $51.40 | | |
| 05102 | Two units of time | $127.47 | $102.80 | | |
| 05103 | Three units of time | $191.20 | $154.20 | | |
| 05109 | Treatment planning-each additional unit over four | $63.73 | $51.40 | | |
| **05200** | **Consultation, with patient** | | | | |
| 05201 | One unit of time | $63.73 | $51.40 | | |
| 05202 | Two units of time | $127.47 | $102.80 | | |
| **Preventive:** | | | | | |
| **11100** | **Polishing** | | | | |
| 11101 | One unit of time | $60.35 | $48.67 | | |
| **11110** | **Scaling** | | | | |
| 11111 | One unit of time | $63.51 | $51.22 | | |
| 11112 | Two units of time | $127.02 | $102.45 | | |
| **12100** | **Fluoride treatments** | | | | |
| 12101 | Fluoride treatment - topical application | $30.17 | $24.33 | | |
| **13100** | **Nutritional counselling** | | | | |
| 13101 | One unit of time | $60.35 | $48.67 | | |
| **13200** | **Oral hygiene instruction/plaque control** | | | | |
| 13211 | One unit of time | $60.35 | $48.67 | | |
| **13400** | **Sealants, pit and fissure<br>(acid etch preparation included)** | | | | |
| 13401 | First tooth in quadrant | $30.17 | $24.33 | | |
| 13409 | Each additional tooth in same quadrant | $15.08 | $12.17 | | |
| **13700** | **Disking of teeth, interproximal** | | | | |
| 13701 | Disking of teeth - One unit of time | $60.35 | $48.67 | | |
| **14000** | **Control of oral habits** | | | | |
| 14101 | Appliances, removable - maxillary | $419.12 | $337.99 | L | $202.79 |
| 14201 | Appliances, fixed/cemented - maxillary | $488.97 | $337.99 | L | $202.79 |
| **15000** | **Space maintainers<br>(including the design, separation, fabrication, insertion, and where applicable initial cementation and removal)** | | | | |
| 15101 | Space maintainers - fixed unilateral | $209.55 | $168.99 | L | $101.40 |
| 15102 | Space maintainers - fixed unilateral w/ intra-alveolar attachments | $209.55 | $168.99 | L | $101.40 |
| 15103 | Space maintainers - fixed bilateral | $279.40 | $225.33 | L | $135.20 |
| 15104 | Space maintainers - fixed bilateral with teeth attached | $279.40 | $225.33 | L | $135.20 |

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| Procedure Code | Description of Service | 2010/2011 Specialist Rates | 2010/2011 Generalist Rates | 2010/2011 Specialist & Generalist Lab Rates | |
|---|---|---|---|---|---|
| 15105 | Space maintainers - fixed bilateral tubes and locking wire | $279.40 | $225.33 | L | $135.20 |
| **15200** | **Space maintainers, stainless steel crown type** | | | | |
| 15201 | Space maintainers, stainless steel crown type, fixed | $209.55 | $168.99 | L | $101.40 |
| 15202 | Space maintainers, stainless steel crown type, fixed with intra alveolar attachments | $209.55 | $168.99 | L | $101.40 |
| **15400** | **Space maintainers, acrylic, removable** | | | | |
| 15401 | Space maintainers - removable, bilateral clasps, retaining wires | $209.55 | $168.99 | L | $101.40 |
| 15402 | Space maintainers - removable, bilateral clasps, retaining wires with teeth | $209.55 | $168.99 | L | $101.40 |
| 15403 | Space maintainers - removable, no clasps | $209.55 | $168.99 | L | $101.40 |
| **15500** | **Space maintainers, acid etched, pontic type** | | | | |
| 15501 | Space maintainers - acid etched, pontic type | $209.55 | $168.99 | L | $101.40 |
| **Restorative:** | | | | | |
| **20100** | **Caries, trauma and pain control** | | | | |
| **20110** | **Caries, trauma and pain control** - removal of carious lesions or existing restorations and placement of a sedative/protective dressing, includes pulp caps when necessary, as a separate procedure | | | | |
| 20111 | First tooth | $144.65 | $116.66 | | |
| 20119 | Each additional tooth in same quadrant | $144.65 | $116.66 | | |
| **20120** | **Caries/trauma and pain control** - same as 20110 with use of a band for retention and support, as a separate procedure | | | | |
| 20121 | First tooth | $180.82 | $145.82 | | |
| 20129 | Each additional tooth in same quadrant | $180.82 | $145.82 | | |
| **20130** | **Trauma control, smoothing of fractured surfaces per tooth** | | | | |
| 20131 | First tooth | $34.45 | $27.78 | | |
| 20139 | Each additional tooth in same quadrant | $34.45 | $27.78 | | |
| **21100** | **Restoration, amalgam, primary teeth, non-bonded** | | | | |
| 21111 | One surface | $84.42 | $68.08 | | |
| 21112 | Two surfaces | $124.09 | $100.07 | | |
| 21113 | Three surfaces | $159.54 | $128.66 | | |
| 21114 | Four surfaces | $194.99 | $157.26 | | |
| 21115 | Five/max. surfaces | $212.72 | $171.55 | | |
| **21120** | **Restorations, amalgam, primary teeth, bonded** | | | | |
| 21121 | One surface | $101.30 | $81.71 | | |
| 21122 | Two surfaces | $141.82 | $114.36 | | |

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| Procedure Code | Description of Service | 2010/2011 Specialist Rates | 2010/2011 Generalist Rates | 2010/2011 Specialist & Generalist Lab Rates | |
|---|---|---|---|---|---|
| 21123 | Three surfaces | $177.27 | $142.95 | | |
| 21124 | Four surfaces | $212.72 | $171.55 | | |
| 21125 | Five/max. surfaces | $230.44 | $185.85 | | |
| **21210** | **Restorations, amalgam, permanent bicuspids and anteriors, non bonded** | | | | |
| 21211 | One surface | $84.42 | $68.08 | | |
| 21212 | Two surfaces | $124.09 | $100.07 | | |
| 21213 | Three surfaces | $159.54 | $128.66 | | |
| 21214 | Four surfaces | $194.99 | $157.26 | | |
| 21215 | Five/max. surfaces | $212.72 | $171.55 | | |
| **21230** | **Restorations, amalgam, bonded, permanent bicuspids and anteriors** | | | | |
| 21231 | One surface | $101.30 | $81.71 | | |
| 21232 | Two surfaces | $141.82 | $114.36 | | |
| 21233 | Three surfaces | $177.27 | $142.95 | | |
| 21234 | Four surfaces | $212.72 | $171.55 | | |
| 21235 | Five/max. surfaces | $230.44 | $185.85 | | |
| **21300** | **Restorations, amalgam cores** | | | | |
| 21301 | Non-bonded, in conjunction with crown | $177.27 | $142.95 | | |
| 21302 | Bonded, in conjunction with crown | $194.99 | $157.26 | | |
| **21400** | **Pins, retentive, per restoration (for amalgams and tooth coloured restorations)** | | | | |
| 21401 | One pin | $26.18 | $21.12 | | |
| 21402 | Two pins | $39.27 | $31.66 | | |
| 21403 | Three pins | $52.37 | $42.22 | | |
| 21404 | Four pins | $65.45 | $52.78 | | |
| 21405 | Five pins or more | $78.55 | $63.34 | | |
| **21500** | **Restorations made to a tooth supporting an existing partial denture clasp (additional to restoration)** | | | | |
| 21501 | Per restoration | $65.45 | $52.78 | | |
| **22200** | **Restorations, prefabricated, full coverage** | | | | |
| 22201 | Primary anterior | $159.54 | $128.66 | | |
| 22202 | Primary anterior - open face | $194.99 | $157.26 | | |
| **22300** | **Restorations, prefabricated, metal, permanent teeth** | | | | |
| 22301 | Permanent anterior | $212.72 | $171.55 | | |
| 22302 | Permanent anterior - open face | $248.18 | $200.14 | | |

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| Procedure Code | Description of Service | 2010/2011 Specialist Rates | 2010/2011 Generalist Rates | 2010/2011 Specialist & Generalist Lab Rates | |
|---|---|---|---|---|---|
| **22400** | **Restorations, prefabricated, plastic, primary teeth** | | | | |
| 22401 | Restorations, prefabricated, plastic, primary anterior tooth | $144.65 | $116.66 | | |
| **22500** | **Restorations, prefabricated, plastic, permanent teeth** | | | | |
| 22501 | Permanent anterior | $198.89 | $160.40 | | |
| **23110** | **Restorations, tooth coloured, permanent anteriors, acid etch/bond technique** | | | | |
| 23111 | One surface | $124.09 | $100.07 | | |
| 23112 | Two surfaces | $141.82 | $114.36 | | |
| 23113 | Three surfaces | $159.54 | $128.66 | | |
| 23114 | Four surfaces | $194.99 | $157.26 | | |
| 23115 | Five/max. surfaces | $230.44 | $185.85 | | |
| **23120** | **Restorations, tooth coloured, veneer applications** | | | | |
| 23122 | Non prefabricated direct build-up - acid etch/bond | $301.36 | $243.03 | | |
| 23123 | Diastema closure, interproximal only, acid etch/bond | $230.44 | $185.85 | | |
| **23410** | **Restorations, tooth coloured, primary, anterior, acid etch/bond technique** | | | | |
| 23411 | One surface | $124.09 | $100.07 | | |
| 23412 | Two surfaces | $141.82 | $114.36 | | |
| 23413 | Three surfaces | $159.54 | $128.66 | | |
| 23414 | Four surfaces | $194.99 | $157.26 | | |
| 23415 | Five/max. surfaces | $230.44 | $185.85 | | |
| **25700** | **Posts** | | | | |
| 25711 | Single section | $288.44 | $232.61 | L | $139.57 |
| 25712 | Two sections | $360.55 | $290.76 | L | $174.45 |
| 25713 | Three sections | $432.65 | $348.92 | L | $209.35 |
| **25720** | **Posts, cast metal (including core) concurrent with impression for crown** | | | | |
| 25721 | Single section | $144.21 | $116.31 | L | $69.78 |
| 25722 | Two sections | $216.32 | $188.76 | L | $113.25 |
| 25723 | Three sections | $288.44 | $232.61 | L | $139.57 |
| 25724 | Post, cast as part of a crown | $144.21 | $116.31 | L | $69.78 |
| **25730** | **Post, prefabricated retentive** | | | | |
| 25731 | One post | $108.17 | $87.23 | | |
| 25732 | Two posts | $216.32 | $174.45 | | |
| 25733 | Three posts | $324.49 | $261.68 | | |
| **27110** | **Crowns, plastic, processed** | | | | |
| 27111 | Crown, plastic - processed | $576.87 | $465.21 | L | $279.13 |

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| Procedure Code | Description of Service | 2010/2011 Specialist Rates | 2010/2011 Generalist Rates | 2010/2011 Specialist & Generalist Lab Rates | |
|---|---|---|---|---|---|
| **27120** | **Crowns, plastic, direct** | | | | |
| 27121 | Crown, plastic - direct/transitional (chair-side) | $108.17 | $87.23 | | |
| **27200** | **Crowns, porcelain/ceramic** | | | | |
| 27201 | Crown, porcelain/ceramic jacket | $777.57 | $627.06 | L | $376.24 |
| 27211 | Crown, porcelain fused to metal base | $777.57 | $627.06 | L | $376.24 |
| 27212 | Crown, porcelain/ceramic | $1,344.97 | $1,008.73 | L | $605.24 |
| 27213 | Crown, porcelain fused to metal base, screwed directly to implant | $1,561.67 | $1,259.41 | L | $755.65 |
| 27215 | Crown, porcelain/ceramic fused to metal base | $1,395.74 | $1,046.80 | L | $628.08 |
| **27300** | **Crowns, metal cast** | | | | |
| 27301 | Crown, metal, full cast | $777.57 | $627.06 | L | $376.24 |
| 27311 | Crown, metal, 3/4 partial veneer | $777.57 | $627.06 | L | $376.24 |
| **27600** | **Veneers, laboratory processed** | | | | |
| 27601 | Veneers, plastic, acid etch/bonded | $576.87 | $465.21 | L | $279.13 |
| 27602 | Veneers, porcelain/ceramic, acid etch/bonded | $576.87 | $465.21 | L | $279.13 |
| **29300** | **Removal of inlay/on-lay/crown/veneer (single units only)** | | | | |
| 29301 | One unit of time | $72.11 | $58.15 | | |
| 29302 | Two units of time | $144.21 | $116.31 | | |
| 29303 | Three units of time | $216.32 | $174.45 | | |
| 29304 | Each additional unit over three | $72.11 | $58.15 | | |
| **Endodontic:** | | | | | |
| **33100** | **Root canals, permanent teeth/retained primary teeth** - includes clinical procedures with appropriate radiographs, excluding final restoration | | | | |
| 33111 | One canal | $594.24 | $479.22 | | |
| 33121 | Two canals | $897.09 | $723.47 | | |
| **Periodontics:** | | | | | |
| **42200** | **Periodontal surgery, gingivoplasty** | | | | |
| 42201 | Per sextant | $215.71 | $173.96 | | |
| **42500** | **Periodontal surgery, Grafts, Soft Tissue** | | | | |
| 42561 | Grafts, Free Connective per site | $724.64 | $543.48 | | |
| 42581 | Grafts, Gingival Onlay per site | $724.64 | $543.48 | | |
| **43400** | **Root planing, periodontal** | | | | |
| 43421 | One unit of time | $68.64 | $55.35 | | |
| 43422 | Two units of time | $137.28 | $110.70 | | |

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|---|---|---|---|---|---|
| **Prosthodontics (removable):** | | | | | |
| **51000** | **Denture, Complete (includes: impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including three month post insertion care)** | | | | |
| 51101 | Complete, standard denture, maxillary | $663.88 | $535.39 | L | $321.23 |
| 51102 | Complete, standard denture, mandibular | $663.88 | $535.39 | L | $321.23 |
| 51701 | Complete over-dentures - maxillary | $663.88 | $535.39 | L | $321.23 |
| **52100** | **Dentures, partial, acrylic base, without clasps (transitional)** | | | | |
| 52101 | Maxillary | $189.70 | $152.99 | L | $91.79 |
| **52300** | **Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests** | | | | |
| 52301 | Maxillary | $632.34 | $509.96 | L | $305.97 |
| **53100** | **Dentures, partial, free end, cast frame/connector, clasps and rests** | | | | |
| 53101 | Maxillary | $663.88 | $535.39 | L | $321.23 |
| **53200** | **Dentures, partial, tooth-borne, cast frame/connector, clasps and rests** | | | | |
| 53201 | Partial dentures, tooth borne, cast frame | $663.88 | $535.39 | L | $321.23 |
| **55400** | **Denture, repairs/additions, partial denture, impression required** | | | | |
| 55401 | Maxillary | $126.47 | $102.00 | L | $61.20 |
| **56210** | **Dentures, reline, direct complete denture** | | | | |
| 56211 | Maxillary | $189.70 | $152.99 | L | $91.79 |
| **56220** | **Denture, reline, direct, partial denture** | | | | |
| 56221 | Maxillary | $189.70 | $152.99 | L | $91.79 |
| **56230** | **Denture, reline, processed, complete denture** | | | | |
| 56231 | Maxillary | $189.70 | $152.99 | L | $91.79 |
| **56240** | **Denture, reline, processed, partial denture** | | | | |
| 56241 | Maxillary | $189.70 | $152.99 | L | $91.79 |
| **56410** | **Denture, remake, using existing framework, partial denture** | | | | |
| 56411 | Maxillary | $379.41 | $305.98 | L | $183.59 |
| **57200** | **Prosthesis, maxillofacial, obturators** | | | | |
| 57204 | Obturator, Temporary palatal (prosthesis extra) | $853.14 | $0.00 | L | $511.94 |
| **57300** | **Prosthesis, maxillofacial, other** | | | | |
| 57301 | Velar bulb (prosthesis and obturator extra) | $853.14 | $688.02 | L | $412.81 |
| 57311 | Feeding appliance (for infants with cleft palate) | $853.14 | $688.02 | L | $412.81 |

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|---|---|---|---|---|---|
| 57371 | Palatal life prosthesis, modification (relines or repairs) | $597.19 | $481.62 | L | $288.97 |
| **Prosthodontics (fixed):** | | | | | |
| **62500** | **Pontics, porcelain** | | | | |
| 62501 | Pontics, porcelain fused to metal | $386.85 | $311.97 | L | $187.18 |
| 62502 | Pontics, porcelain, aluminous | $386.85 | $311.97 | L | $187.18 |
| **67140** | **Retainers, plastic/acrylic, indirect, processed to metal, attached to implants** | | | | |
| 67141 | First implant | $1,031.58 | $831.92 | L | $499.15 |
| 67149 | Each additional implant | $1,031.58 | $831.92 | L | $499.15 |
| **67200** | **Retainers, porcelain/ceramic/polymer glass** | | | | |
| 67201 | Retainers, porcelain/ceramic | $842.79 | $679.67 | L | $407.80 |
| 67202 | Retainers, porcelain/ceramic veneer | $674.24 | $543.74 | L | $326.25 |
| **67210** | **Retainers, porcelain fused to metal** | | | | |
| 67211 | Retainers, porcelain/ceramic fused to metal | $842.79 | $679.67 | L | $407.80 |
| **67220** | **Retainers, porcelain fused to metal, attached to implant** | | | | |
| 67221 | First implant | $1,031.58 | $831.92 | L | $499.15 |
| 67229 | Each additional implant | $1,031.58 | $831.92 | L | $499.15 |
| **67300** | **Retainers, metal, cast** | | | | |
| 67301 | Retainers, metal, full cast | $842.79 | $679.67 | L | $407.80 |
| **Oral and Maxillofacial Surgery** | | | | | |
| **71100** | **Removals (extractions), erupted teeth** | | | | |
| 71101 | Single tooth, uncomplicated | $90.59 | $73.06 | | |
| 71109 | Each additional tooth, same quadrant, same appointment | $90.59 | $73.06 | | |
| **71200** | **Removals, erupted teeth, complicated** | | | | |
| 71201 | Odontectomy, extraction, erupted tooth, surgical approach, surgical flap and/or sectioning of tooth | $179.34 | $144.64 | | |
| 71209 | Each additional tooth, same quadrant, same appointment | $179.34 | $144.64 | | |
| **72110** | **Removals, impaction, requiring incision of overlying soft tissue and removal of the tooth** | | | | |
| 72111 | Single tooth | $162.60 | $131.13 | | |
| 72119 | Each additional tooth, same quadrant, same appointment | $162.60 | $131.13 | | |
| **72210** | **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 (partial bone impaction)** | | | | |
| 72211 | Single tooth | $243.91 | $196.71 | | |

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| Procedure Code | Description of Service | 2010/2011 Specialist Rates | 2010/2011 Generalist Rates | 2010/2011 Specialist & Generalist Lab Rates | |
|---|---|---|---|---|---|
| 72219 | Each additional tooth, same quadrant, same appointment | $243.91 | $196.71 | | |
| **72220** | **Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of a bone and/or sectioning of tooth for removal (complete bone impaction)** | | | | |
| 72221 | Single tooth | $325.22 | $262.27 | | |
| 72229 | Each additional tooth, same quadrant, same appointment | $325.22 | $262.27 | | |
| **72230** | **Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone and/or sectioning of tooth for removal and/or presents unusual difficulties and circumstances** | | | | |
| 72231 | Single tooth | $443.39 | $357.57 | | |
| 72239 | Each additional tooth, same quadrant, same appointment | $443.39 | $357.57 | | |
| **72310** | **Removals, residual roots, erupted** | | | | |
| 72311 | First tooth | $73.93 | $59.62 | | |
| 72319 | Each additional tooth, same quadrant, same appointment | $73.93 | $59.62 | | |
| **72320** | **Removals, residual roots, soft tissue coverage** | | | | |
| 72321 | First tooth | $110.89 | $89.42 | | |
| 72329 | Each additional tooth, same quadrant, same appointment | $110.89 | $89.42 | | |
| **72330** | **Removals, residual roots, bone tissue coverage** | | | | |
| 72331 | First tooth | $162.60 | $131.13 | | |
| 72339 | Each additional tooth, same quadrant, same appointment | $162.60 | $131.13 | | |
| **72510** | **Surgical exposure, un-erupted, uncomplicated, soft tissue coverage (includes operculectomy)** | | | | |
| 72511 | Single tooth | $147.85 | $119.25 | | |
| 72519 | Each additional tooth, same quadrant, same appointment | $147.85 | $119.25 | | |
| **72520** | **Surgical exposure, complex, hard tissue coverage** | | | | |
| 72521 | Single tooth | $266.04 | $214.55 | | |
| **72530** | **Surgical exposure, un-erupted tooth, with orthodontic attachment** | | | | |
| 72531 | Surgical exposure of teeth, un-erupted tooth, with orthodontic attachment | $354.72 | $286.07 | | |
| 72539 | Each additional tooth, same quadrant, same appointment | $354.72 | $286.07 | | |

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|---|---|---|---|---|---|
| **72540** | **Surgical exposure, un-erupted tooth, soft tissue coverage with positioning of attached gingivae** | | | | |
| 72541 | Single tooth | $221.79 | $178.86 | | |
| 72549 | Each additional tooth, same quadrant, same appointment | $221.79 | $178.86 | | |
| **72550** | **Surgical exposure, un-erupted tooth, hard tissue coverage with positioning of attached gingivae** | | | | |
| 72551 | Single tooth | $295.71 | $238.48 | | |
| **72710** | **Enucleation, surgical, un-erupted tooth follicle** | | | | |
| 72711 | Enucleation of un-erupted tooth follicle | $325.22 | $262.27 | | |
| 72719 | Each additional tooth, same quadrant, same appointment | $325.22 | $262.27 | | |
| **73150** | **Excision of bone** | | | | |
| 73152 | Excision of torus palatinus | $325.22 | $262.27 | | |
| **73160** | **Removal of bone, exostosis, multiple** | | | | |
| 73161 | Per quadrant | $487.83 | $393.40 | | |
| **73210** | **Independent procedure** | | | | |
| 73211 | Per sextant | $162.60 | $131.13 | | |
| **73220** | **Miscellaneous procedures** | | | | |
| 73224 | Excision of pericoronal gingivae (for retained tooth/implant) per tooth/implant | $81.31 | $65.57 | | |
| **73230** | **Removals, tissue, hyperplastic (includes the incision of the mucous membrane, the dissection and removal of hyperplastic tissue, the replacing and adapting of the mucous membrane)** | | | | |
| 73231 | Per sextant | $162.60 | $131.13 | | |
| **73240** | **Removal, mucosa, excess (complete removal without dissection)** | | | | |
| 73241 | Per sextant | $162.60 | $131.13 | | |
| **73400** | **Vestibuloplasty** | | | | |
| 73461 | Vestibuloplasty per sextant | $385.00 | $288.76 | | |
| **77500** | **Genioplasty** | | | | |
| 77501 | Genioplasty, sliding, reduction or augmentation | $1,540.04 | Not Eligible | | |
| **77600** | **Miscellaneous treatment of maxillofacial deformities** | | | | |
| 77603 | Surgical expansion of the palate | $709.09 | $571.84 | | |
| **79900** | **Implantology** | | | | |
| 79931 | Implant with cover screw | $2,093.60 | Not Eligible | | |
| 79933 | Implant with healing element | $2,093.52 | Not Eligible | | |

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|---|---|---|---|---|---|
| 79951 | First stage surgical placement, maxilla per implant | $1,163.11 | Not Eligible | | |
| 79953 | Second stage exposure and temporization, maxilla per implant | $930.49 | Not Eligible | | |
| **Orthodontics:** | | | | | |
| **80600** | **Orthodontic, observations and adjustments** | | | | |
| 80601 | Orthodontic observation for tooth guidance - per appointment | $68.85 | $55.52 | | |
| 80602 | Orthodontic observation and adjustment to orthodontic appliance - per appointment | $68.85 | $55.52 | | |
| **80640** | **Alterations to removable or fixed appliances** | | | | |
| 80641 | One unit of time | $68.85 | $55.52 | L | $33.31 |
| 80642 | Two units of time | $137.68 | $111.04 | L | $66.62 |
| **80650** | **Re-cementation of fixed appliances** | | | | |
| 80651 | One unit of time | $68.85 | $55.52 | | |
| **80660** | **Separation (except where included in the fabrication of an appliance)** | | | | |
| 80661 | One unit of time | $68.85 | $55.52 | | |
| **80670** | **Removal of fixed orthodontic appliances (by a practitioner other than the original treatment practice or practitioner)** | | | | |
| 80671 | One unit of time | $68.85 | $55.52 | | |
| **81110** | **Appliances, removable, space regaining** | | | | |
| 81111 | Maxillary, unilateral | $275.38 | $222.07 | L | $133.24 |
| 81113 | Maxillary, bilateral | $275.38 | $222.07 | L | $133.24 |
| **81120** | **Appliances, removable, cross-bite correction** | | | | |
| 81121 | Maxillary, simple | $275.38 | $222.07 | L | $133.24 |
| **81130** | **Appliances, removable, dental arch expansion** | | | | |
| 81131 | Maxillary, simple | $275.38 | $222.07 | L | $133.24 |
| **81140** | **Appliances, removable, closure of diastemas** | | | | |
| 81141 | Maxillary, simple | $275.38 | $222.07 | L | $133.24 |
| **81150** | **Appliances, removable, alignment of anterior teeth** | | | | |
| 81151 | Maxillary, simple | $275.38 | $222.07 | L | $133.24 |
| **81210** | **Appliance, fixed, space regaining (e.g., lingual or labial arch with molar bands, tubes, locks)** | | | | |
| 81211 | Maxillary | $275.38 | $222.07 | L | $133.24 |
| **81220** | **Appliance, fixed, space regaining, unilateral** | | | | |
| 81221 | Maxillary | $206.53 | $166.56 | L | $99.94 |
| **81230** | **Appliance, fixed, cross-bite correction - anterior** | | | | |
| 81231 | Maxillary | $275.38 | $222.07 | L | $133.24 |

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|---|---|---|---|---|---|
| **81240** | **Appliance, fixed, cross-bite correction - posterior** | | | | |
| 81241 | Maxillary | $275.38 | $222.07 | L | $133.24 |
| 81243 | Two-molar band, hooked and elastics | $206.53 | $166.56 | L | $99.94 |
| **81250** | **Appliance, fixed, dental arch expansion** | | | | |
| 81251 | Maxillary | $344.22 | $277.60 | L | $166.56 |
| 82153 | Maxillary, rapid expansion | $275.38 | $222.07 | L | $133.24 |
| **81260** | **Appliance, fixed, closure of diastemas** | | | | |
| 81261 | Maxillary, simple | $275.38 | $222.07 | L | $133.24 |
| **81270** | **Appliance, fixed, alignment of incisor teeth** | | | | |
| 81271 | Maxillary, simple | $344.22 | $277.60 | L | $166.56 |
| **81290** | **Appliance, fixed, mechanical eruption of tooth/teeth** | | | | |
| 81291 | Maxillary, impaction | $275.38 | $222.07 | L | $133.24 |
| 81293 | Maxillary, erupted | $275.38 | $222.07 | L | $133.24 |
| **83100** | **Appliances, removable, retention** | | | | |
| 83101 | Maxillary | $206.53 | $166.56 | L | $99.94 |
| 83103 | Tooth positioner | $206.53 | $166.56 | L | $99.94 |
| **83200** | **Appliances, fixed/cemented, retention** | | | | |
| 83201 | Maxillary | $275.38 | $222.07 | L | $133.24 |
| **89500** | **Neonatal dento-facial orthopaedics (comprehensive treatment for first 6 months of life)** | | | | |
| | **Nasoalveolar Molding Appliance:** fees include initial exam, insertion/fitting, lab component, continuing care and post procedural visits. | | | | |
| 89501 | unilateral cleft | $2,907.79 | Not Eligible | | |
| 89502 | bilateral cleft | $3,489.34 | Not Eligible | | |
| 89503 | Stage I - Initial expansion | $1,395.74 | Not Eligible | | |
| 89504 | Stage II - Anterior alignment | $1,744.67 | Not Eligible | | |
| 89505 | Stage III - Final alignment (complete banding) | $5,815.57 | Not Eligible | | |
| 89506 | Stage III - Where Stage I and II were not provided for | $7,560.25 | Not Eligible | | |
| **Adjunctive General Services:** | | | | | |
| **92210** | **General anaesthesia** | | | | |
| 92212 | Two units of time | $157.72 | $127.20 | | |
| 92213 | Three units of time | $236.57 | $190.79 | | |
| 92214 | Four units of time | $315.45 | $254.39 | | |
| 92216 | Six units of time | $472.97 | $381.59 | | |
| **92220** | **Provision of dental and anaesthetic facilities, equipment and supplies** | | | | |
| 92222 | Two units of time | $157.72 | $127.20 | | |

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|---|---|---|---|---|---|
| 92223 | Three units of time | $236.57 | $190.79 | | |
| 92224 | Four units of time | $315.45 | $254.39 | | |
| 92226 | Six units of time | $472.97 | $381.59 | | |
| **92300** | **Anaesthesia, deep sedation (include neurolept analgesia/anaesthesia or dissociative anaesthesia, regardless of route of administration)** | | | | |
| 92302 | Two units of time | $142.73 | $115.10 | | |
| 92303 | Three units of time | $214.09 | $172.66 | | |
| 92304 | Four units of time | $285.46 | $230.21 | | |
| 99999 | Unlisted Procedures | | | | |
| | **Pre-surgical work-up:** | | | | |
| | Includes diagnostic records, radiographs, models, model surgery, treatment planning, lab charges etc. Maximum amount payable: | $3,489.24 | Not eligible | | |
| B.R. | By Report: the fee will be determined by the Health Regions' delegate in consultation with the program dental consultant and the treating practitioner on a "by report" basis. | | | | |

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