

Number: Dent 45	Date: July 19, 2012	Page: 1 of 2
Subject: Oral and Maxillofacial Devices and Services Program changes April 1, 2012	Reference: Oral and Maxillofacial Devices and Services Program Schedule	

To: all dentists

Amendments have been made to the Oral and Maxillofacial Devices and Services (OMDS) Program, effective for treatment plans approved on or after April 1, 2012.

The amendments include an increase to the rates listed in the OMDS Program Schedule, as well as the addition of a number of services to the Schedule.

- Page 2 of this Bulletin includes a list of the procedure codes that have been added to the OMDS Schedule.
- Attachment A provides the OMDS Program Payment Guidelines.
- Attachment B provides the OMDS Program List of Procedures and Prices.

The OMDS Program provides funding for some high-cost dental services required in conjunction with an oral surgical procedure insured under the Alberta Health Care Insurance Plan. In order to qualify, program recipients must require dental services in relation to severe oral/facial conditions caused by birth defects, jaw abnormalities (tumors), major facial trauma or temporomandibular joint (TMJ) disorder. Benefits are limited to payment for services such as orthodontics, prosthodontics, dental implants and pre-surgical work-up fees. The OMDS Program is payer of last resort and supplements third-party insurance coverage.

If you have any questions about the OMDS Program, please contact the Alberta Health Dental Program Coordinator – see below for contact information. Inquiries can also be mailed to:

OMDS Program
 Dental Program Coordinator
 Alberta Health
 PO Box 1360
 Edmonton AB T5J 2N3

Contact: Dental Program Coordinator	Approved by: Sharon McCaughan
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Number: Dent 45	Date: July 19, 2012	Page: 2 of 2
Subject: Oral and Maxillofacial Devices and Services Program changes April 1, 2012		Reference: Oral and Maxillofacial Devices and Services Program Schedule

New OMS procedure codes for treatment plans approved on or after April 1, 2012

Procedure Code	Description of Service
01300	Examinations and Diagnosis, Stomatognathic, Dysfunctional
01301	Examination and Diagnosis, Stomatognathic Dysfunctional, Comprehensive Medical and dental history, pain/dysfunction; clinical examination to include, general appraisal, examination of head & neck, musculoskeletal system (static & functional); intraoral examination of hard & soft tissues, including occlusal analysis; consultation with other health care professionals, review of previous records, including radiographs; ordering of appropriate test/analysis and consultations.
01700	Examinations, Prosthodontic
01703	Prosthodontic, Fixed Oral Rehabilitation Recording medical and dental history, including clinical examination of hard and soft tissues, including carious lesions, missing teeth, lesion's depth, gingival contours, mobility of teeth, interproximal tooth contact, relationships, occlusion of teeth, TMJ, and any other pertinent factors. Evaluation of specific sites for implant-supported or retained prosthesis; Radiographs extra, as required.
02900	Radiographs, Other
02930	Radiographs, Tomography
02934	Four views
04900	Casts, Diagnostic
04940	Casts, Diagnostic, Miscellaneous Procedures
04942	Three Dimensional Recordings of Dynamic Movements for Programming of Fully Adjustable Articulators
16400	Recontouring Of Teeth For Functional Reasons (Not associated with delivery of a single or multiple prosthesis)
16401	One unit of time
16409	Each additional unit of time
23600	Restorations, Tooth Coloured/Plaster With/without Silver Fillings, Cores
23602	Restoration, Tooth Coloured, Bonded, Core, in Conjunction with Crown
42700	Periodontal Surgery, Guided Tissue Regeneration
42710	Guided Tissue Regeneration (Including re-entry)
42711	Per site
56220	Denture, Reline, Direct, Partial Denture
56222	Mandibular
56230	Denture, Reline, Processed, Complete Denture
56232	Mandibular
56510	Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture
56511	Maxillary
56512	Mandibular
57600	Prosthesis, Stents
57601	Ridge Extension
69700	Fixed Prosthetics, Provisional Coverage (in extensive or complicated restorative dentistry)
69701	Abutment Tooth
69702	Pontic
92220	Provision of dental and anaesthetic facilities, equipment & supplies
92227	Seven units

Alberta Health
Oral and Maxillofacial Devices and Services (OMDS) Program Schedule
Effective for treatment plans approved on or after April 1, 2012

OMDS PROGRAM PAYMENT GUIDELINES

1. OMDS Program Eligibility Criteria

Payment for eligible dental services may be considered under the OMDS Program when a patient:

- requires high cost dental treatment in conjunction with an oral surgical procedure insured under the Alberta Health Care Insurance Plan, and
- has one of the following conditions where oral manifestation is present and conventional dental rehabilitation is not possible:
 - (a) a severe syndromic congenital abnormality;
 - (b) a severe acquired abnormality (i.e., facial injury resulting in a malocclusion requiring orthodontics, orthognathic surgery, or restorative reconstruction);
 - (c) ablative surgery for malignant or non-malignant disease when dental reconstruction can safely and effectively be performed outside a multidisciplinary setting as determined by the treating oral and maxillofacial surgeon;
 - (d) major avulsive trauma (i.e., avulsion injury of the dental alveolus resulting in a demonstrative loss of three or more teeth requiring bone grafting; injury in the canine tooth region and the repair is curvilinear; or one or two teeth lost but extensive bone grafting techniques, such as iliac crest grafting or significant soft tissue reconstructive procedures, are required);
 - (e) major Temporomandibular Joint Disorder requiring surgery;
 - (f) **Congenital** oligodontia, when dental treatment is required to place critical missing teeth to restore functionality and nutritional status.
- Cancer patients must be cancer free for a period of two to five years unless the Minister determines otherwise based on the recommendation of the Minister's delegate. The waiting time will be determined following consultation with the OMDS Program dental consultant.
- Only dental treatment performed by a certified specialist in dentistry (i.e. excludes general dentists), as listed by the Alberta Dental Association and College, is eligible for funding.
- Cleft palate patients receiving services under the Cleft Palate Dental Indemnity Program are eligible for services under the OMDS Program, but only for those services which are required in conjunction with an insured oral surgical service and which are not currently covered under the Cleft Palate Dental Indemnity Program as listed in their payment guidelines.

- The OMDS Program does not cover the management of dentofacial deformities that are morphological variants from the normal facial skeleton and that can be treated with conventional orthodontic and orthognathic procedures (i.e., mandibular and maxillary deficiencies, mandibular and maxillary excess and chin deformities). The OMDS Program does not cover management of bone loss in the maxilla or mandible due to long term denture use.

2. **Funding Criteria**

The applicant must:

- be registered and entitled to coverage under the Alberta Health Care Insurance Plan;
- have the insured oral surgical procedure and the dental treatment performed in Alberta (unless the insured oral surgical procedure is not available in Alberta);
- have no, or have exhausted, third party coverage and all other provincial or federal government benefit programs.

OMDS Program approval is required before funding is provided for all dental claims. Funding decisions will be made within 90 days following receipt of a completed application.

3. **Payment of Services**

- Claims must be submitted within one year of the device or services being provided, unless the Minister or the Minister's delegate determines that a longer time period for submission is warranted due to extenuating circumstances.
- The OMDS Program is payer of last resort and is designed to supplement third party coverage. The OMDS Program is not an alternative to third party coverage.
- Treatment plans and claims are to be submitted to a third party insurer or department/agency before submitting claims to the OMDS Program (unless the Minister or the Minister's Delegate has entered into a written agreement with the government department/agency to apportion the costs between them in a specified manner).
- Proof of denial of payment from the insurer or other program/agency must be presented when submitting claims to the OMDS Program.
- In cases where funding of a treatment plan was approved prior to the signing of this Ministerial Order but the date of service is subsequent to the signing of this Ministerial Order, payments for services provided will be made according to the original approval document.
- All treatment plans approved as of and subsequent to the effective date of this Ministerial Order will be paid according to the fee associated with the procedure code.

4. Application Procedure

A patient must be **referred to the OMDS Program by an oral and maxillofacial surgeon**. The oral and maxillofacial surgeon must submit a treatment plan to the OMDS Program. Where a patient requires orthodontic or prosthodontic treatment, a treatment plan by the respective dental specialist must be attached.

Funding decisions shall be made by the Minister's delegate. In making a funding decision, the Minister's delegate must consider the recommendation of the department's OMDS Program dental consultant but is not bound by the recommendation.

A referral from a specialist physician or an orthodontist may be considered where the proposed dental treatment is orthodontic treatment only and is required in conjunction with an insured oral surgical procedure as listed in the Schedule of Medical Benefits or the Schedule of Oral and Maxillofacial Surgery Benefits. The referring specialist physician or orthodontist must indicate that it is not necessary for the patient to be assessed by an oral and maxillofacial surgeon.

In the exceptional case where a patient meets the eligibility criteria but a particular service is not payable according to these payment guidelines, funding may be considered for that service if the service is essential for acute management of ongoing treatment.

Where staged care is required, a treatment plan must be submitted during the initial submission describing the long and short-term treatment plans. Requests for funding must be made at each stage of treatment.

Diagnostic records and treatment plans must accompany a referral unless the OMDS Program dental consultant determines otherwise.

5. General OMDS Program Information

- Where a dental implant, prosthesis, appliance or dental device is required, the OMDS Program covers only the initial cost of the service. Maintenance, replacements and repairs, whether due to negligence, normal use or for any other reason, is the financial responsibility of the patient.
- Service provider fees will be as established by the Minister in the OMDS Program Schedule, Part B: List of Procedures and Prices.
- If a dental service is deemed required by the treating dental specialist and is recommended for funding approval by an OMDS Program dental consultant and is not listed in the OMDS Program Schedule, Part B: List of Procedures and Prices, the service may be claimed as an unlisted procedure using code 99999. Benefits for unlisted procedures will be assessed by the OMDS Program administrator by comparing the benefit claimed to the benefits listed for similar procedures requiring similar responsibility and skill. Documentation to support the claim must be submitted by the treating dental specialist.

- Where a procedure is listed but the price is determined "By Report" (B.R.), that price will be determined by the Minister's delegate in consultation with the OMDS Program dental consultant and the treating practitioner.
- Coverage may be discontinued due to the patient's non-compliance with treatment protocols. Dental services required due to non-compliance will not be claimable even though the original treatment may have been funded by the OMDS Program. Patients seeking reinstatement must provide evidence of compliance with prescribed protocols before any coverage will be considered for future services.
- The patient may be asked to undergo assessments and tests determined by the Minister's delegate as necessary to ensure that the services for which funding is requested are required, appropriate and the most cost-effective option.
- In cases where pre-authorization has been granted and there is a subsequent change in the treatment plan requiring additional funding, the new treatment plan must be submitted to the OMDS Program dental consultant for preauthorization.
- Funding approved for a specific dental service cannot be applied towards a cosmetic dental procedure.
- In the event that approved funding is not utilized by the patient within five years from the date of funding approval, funding will be withdrawn and the patient will be required to submit a new application.

6. **Included Benefits**

Only those dental services that are required in conjunction with an insured oral surgical procedure may be considered for coverage under the OMDS Program. Services eligible for funding include:

- **Diagnostic, restorative, endodontic, periodontic and oral and maxillofacial surgical procedures:** as listed in the OMDS Program Schedule, Part B: List of Procedures and Prices when required in conjunction with one of the conditions listed in the eligibility criteria or when required in conjunction with an insured oral surgical procedure or in conjunction with high cost dental reconstruction and is performed by a certified specialist in dentistry as listed by the Alberta Dental Association and College.
- **Dental pre-surgical work-up services:** three dimensional or stereolithic models, pre-surgical models, model analysis, model surgery, prediction tracings, treatment planning, splint fabrication and related laboratory costs, radiographs needed for assessment and treatment planning required in preparation for an insured oral surgical procedure. These services are eligible for funding only when they are not insured benefits under the Alberta Health Care Insurance Plan or are not payable by Alberta Health Services.

- **Anesthesia and facility fees:** general anaesthesia and neurolept anaesthesia when administered by a physician in a hospital or in an accredited non-hospital surgical facility (plus non-hospital facility fees), when (a) neither the anaesthesia nor the oral surgical procedure is an insured benefit under the Alberta Health Care Insurance Plan, (b) the non-hospital facility fee is not payable by Alberta Health Services, and (c) the anaesthesia is required to provide one of the services that are eligible for coverage under the OMDS Program.
- **Osseointegrated dental implants:** eligible for coverage only when the surgical component (insertion) is performed by an oral and maxillofacial surgeon. The OMDS Program may provide funding for initial placement only. No funding will be provided for replacements, repairs or maintenance costs for any reason.
- **Orthodontic services:** coverage includes all active treatment, insertion of retainers, orthodontic records, observation appointments, radiographs and retention appointments. Multistage or extended orthodontic treatment must be identified by the oral surgeon at the time of application. Treatment plan updates will be required periodically to assess the patient's continuing need for services.
- **Prosthodontic services:** prosthodontic replacement of extracted teeth with dental implants only when conventional removable prosthodontic treatment (e.g. dentures or bridges) is not deemed adequate. The OMDS Program will be responsible for initial placement of the implant and prosthesis or appliance only. Other prosthetic treatment required in conjunction with an insured oral surgical procedure and required to maintain oral function and nutritional status.
- **Temporomandibular Joint Replacement (TMJ) services:** dental services without which a total temporomandibular joint prosthetic replacement would not be possible including dental pre-surgical work-up, orthodontic treatment and dental implant rehabilitation. Funding may also be available for devices required for TMJ ankylosis and for TMJ replacement.

7. Excluded Services

The following services are excluded from coverage under the OMDS Program:

- Prophylaxis or general dental work (cleanings, fillings).
- Treatment of pre-existing dental disease which is not directly related to one of the conditions for inclusion in the OMDS Program (some discretion may be allowed if supported by the dentist, oral maxillofacial surgeon and the OMDS Program dental consultant).
- Dental or orthodontic treatment which is cosmetic or is not directly related to the provision of an oral surgical procedure insured under the Alberta Health Care Insurance Plan.
- Funding approved for a dental service cannot be applied towards a more expensive or upgraded dental service (e.g. funding approved for a crown cannot be applied to a dental implant where implant is preferred by the patient).

- Dental treatment required due to lack of compliance with treatment protocols prescribed by the treating specialist.
- Services or devices which are experimental or the subject of clinical trials, are considered alternative dental therapy, or are not endorsed by the Alberta Dental Association and College.
- Any health care goods and services which are covered under the Alberta Health Care Insurance Plan, or are part of an insured service provided in a hospital or in a non-hospital surgical facility and payable by Alberta Health Services.
- Laboratory, diagnostic, therapeutic and other services provided and payable by Alberta Health Services.
- Services received outside of Alberta unless not available in the province of Alberta.
- Services which are eligible for coverage under Workers' Compensation Legislation.
- Services which are provided to non-eligible patients as listed in the Alberta Health Care Insurance Act.
- Dental implants required as a result of radiation caries i.e., dental implants not required as a direct result of, or in conjunction with, an insured oral surgical procedure.
- Treatment falling under the auspices of the Alberta Cancer Board.
- Local anaesthesia.
- General anaesthesia and neurolept anaesthesia (and related facility fees) when provided by a dentist.
- Replacement, repairs, maintenance costs of OMDS Program funded dental implants, prosthetic treatments, prosthetic devices, or dental appliances for any reason including treatment failures unless a new condition, eligible and approved for funding in accordance with the OMDS Program eligibility criteria, arises.
- Pre-surgical work-up for procedures that are not insured under the Alberta Health Care Insurance Plan and are not eligible for funding under the OMDS Program.
- Subsistence, travel/mileage and accommodation costs for the person receiving eligible goods under the OMDS Program or anyone who accompanies that person.
- Syndromes that do not commonly produce major facial deformities will not routinely be eligible for funding.

Alberta Health
Oral and Maxillofacial Devices and Services (OMDS) Program Schedule
Effective for treatment plans approved on or after April 1, 2012

LIST OF PROCEDURES AND PRICES

Procedure code	Description of Service	OMDS Fee	Lab Fee
Diagnostic:			
01100	Examinations, complete oral 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	\$70.01	
01102	Complete exam, mixed dentition	\$105.03	
01103	Complete exam, permanent dentition	\$105.03	
01200	Examinations, limited oral 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	\$70.01	
01202	Limited exam, previous patient (recall)	\$70.01	
01300	Examinations and Diagnosis, Stomatognathic, Dysfunctional		
01301	Examination and Diagnosis, Stomatognathic Dysfunctional, Comprehensive Medical and dental history, pain/dysfunction; clinical examination to include, general appraisal, examination of head & neck, musculoskeletal system (static & functional); intraoral examination of hard & soft tissues, including occlusal analysis; consultation with other health care professionals, review of previous records, including radiographs; ordering of appropriate test/analysis and consultations.	\$142.18	
01500	Examinations, periodontal		
01501	Periodontal general exam Recording medical and dental history, charting, clinical examination, treatment planning and case presentation.	\$231.01	
01600	Examinations, surgical		
01601	Surgical general exam 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.	\$154.01	
01602	Surgical specific exam	\$77.01	

01700	Examinations, prosthodontic		
01701	Prosthodontic general exam	\$134.17	
01702	Prosthodontic specific exam	\$70.01	
01703	Prosthodontic, Fixed Oral Rehabilitation Recording medical and dental history, including clinical examination of hard and soft tissues, including carious lesions, missing teeth, lesion's depth, gingival contours, mobility of teeth, interproximal tooth contact, relationships, occlusion of teeth, TMJ, & any other pertinent factors. Evaluation of specific sites for implant-supported or retained prosthesis; Radiographs extra, as required.	\$113.75	
01800	Examinations, endodontic		
01801	Endodontic general exam Examination and/or complicated diagnosis. May include vitality tests, thermal test, cracked tooth tests, occlusal exams, percussion, palpation, transillumination, anaesthetic tests and mobility tests.	\$154.00	
01802	Endodontic specific exam	\$77.01	
01900	Examinations, orthodontic		
01901	Orthodontic general exam To include the following: diagnostic models, complete intraoral radiograph series or panoramic film, cephalograms, facial and intraoral photographs, consultations and case presentation.	\$385.04	\$231.02
01902	Orthodontic specific exam	\$77.01	
02000	Radiographs (including radiographic examination & interpretation)		
02100	Radiographs, Intraoral		
02102	Radiographs, Adult, Complete series	\$185.98	
02110	Radiographs, Intraoral, Periapical		
02111	Periapical radiograph - One film	\$27.96	
02112	Periapical radiograph - Two films	\$46.57	
02113	Periapical radiograph - Three films	\$65.24	
02130	Radiographs, Intraoral, Occlusal		
02131	Occlusal radiograph - One film	\$46.57	
02600	Radiographs, Panoramic		
02601	Panoramic radiograph - One film	\$93.20	
02603	3X pan x-ray	\$255.56	
02700	Radiographs, Cephalometric		
02701	Cephalometric radiograph - One film	\$111.51	
02702	Cephalometric radiograph - Two films	\$174.86	
02751	Cephalometric tracing and interpretation - One unit of time	\$77.01	
02752	Cephalometric tracing and interpretation - Two units of time	\$154.00	
02759	Interpretation of cephalometric x-ray	\$95.09	
02800	Radiograph, Interpretations		
02801	Interpretation of radiographs from another source - One unit of time	\$73.50	
02802	Interpretation of radiographs from another source - Two units of time	\$181.58	
02809	X-ray Interpretation	\$319.45	
02900	Radiographs, Other		
02921	Radiograph - hand and wrist - per case	\$111.51	

02930	Radiographs, Tomography		
02934	Four views	\$215.23	
02952	Radiographic Guide Mandibular	\$383.34	\$230.00
03000	Template Surgical (includes diagnostic wax-up)		
03001	Maxillary Template	\$73.22	\$43.93
03002	Mandibular Template	\$73.22	\$43.93
04700	Tests and Laboratory Examinations, Miscellaneous		
04720	Wax-up Diagnostic		
04723	Diagnostic Wax Up - three units	\$383.34	\$230.00
04724	Diagnostic Wax Up - four units	\$407.86	\$244.72
04740	Interpretation of Models From Another Source		
04741	Interpretation of models - first unit of time	\$82.17	
04749	Interpretation of models each additional unit	\$82.17	
04800	Photographs, diagnostic		
04801	Single photo	\$16.63	
04802	Two photos	\$33.26	
04803	Three photos	\$49.89	
04809	Each additional photo over three	\$16.63	
04900	Casts, diagnostic		
04911	Unmounted	\$146.95	\$88.17
04921	Mounted	\$99.80	\$59.88
04922	Mounted using face bow transfer	\$133.06	\$79.83
04923	Diagnostic Cast	\$255.56	\$153.34
04924	Diagnostic Casts	\$255.56	\$153.34
04931	Orthodontic casts	\$133.06	\$79.83
04940	Casts, Diagnostic, Miscellaneous Procedures		
04942	Three Dimensional Recordings of Dynamic Movements for Programming of Fully Adjustable Articulators	\$217.18	\$130.31
05100	Treatment planning This service is only for extra time spent on unusually complicated cases.		
05101	One unit of time	\$70.01	
05102	Two units of time	\$140.04	
05103	Three units of time	\$210.05	
05104	Four units of time	\$296.51	
05109	Each additional unit	\$86.46	
05200	Consultation, with patient		
05201	One unit of time	\$70.01	
05202	Two units of time	\$140.04	
06800	Radiographs, Computerized Axial Tomograms		
06820	Radiographs, iCAT	\$356.47	
13200	Oral Hygiene Instructions/Plaque Control - to include brushing and/or flossing and/or embrasure cleaning		
13211	One unit of time	\$104.26	
14600	Appliances Periodontal		
14611	Maxillary Appliance	\$1,235.78	\$741.47
16400	Recontouring Of Teeth For Functional Reasons (Not associated with delivery of a single or multiple prosthesis)		
16401	One unit of time	\$76.35	\$45.81

16409	Each additional unit of time	\$76.35	\$45.81
16500	Occlusion		
16513	Occlusal adjustment three units	\$534.71	
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	\$158.90	
20119	Each additional tooth in same quadrant	\$158.90	
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	\$198.65	
20129	Each additional tooth in same quadrant	\$198.65	
20130	Trauma control, smoothing of fractured surfaces per tooth		
20131	First tooth	\$37.84	
20139	Each additional tooth in same quadrant	\$37.84	
21100	Restoration, amalgam, primary teeth, non-bonded		
21111	One surface	\$92.74	
21112	Two surfaces	\$136.32	
21113	Three surfaces	\$175.27	
21114	Four surfaces	\$214.21	
21115	Five/max. surfaces	\$233.70	
21120	Restorations, amalgam, primary teeth, bonded		
21121	One surface	\$111.29	
21122	Two surfaces	\$155.80	
21123	Three surfaces	\$194.75	
21124	Four surfaces	\$233.70	
21125	Five/max. surfaces	\$253.17	
21210	Restorations, amalgam, permanent bicuspids & anteriors, non bonded		
21211	One surface	\$92.74	
21212	Two surfaces	\$136.32	
21213	Three surfaces	\$175.27	
21214	Four surfaces	\$214.21	
21215	Five/max. surfaces	\$233.70	
21230	Restorations, amalgam, bonded, permanent bicuspids & anteriors		
21231	One surface	\$111.29	
21232	Two surfaces	\$155.80	
21233	Three surfaces	\$180.39	
21234	Four surfaces	\$233.70	
21235	Five/max. surfaces	\$253.17	
21300	Restorations, amalgam cores		
21301	Non-bonded, in conjunction with crown	\$194.75	
21302	Bonded, in conjunction with crown	\$214.21	

21400	Pins, retentive, per restoration (for amalgams & tooth coloured restorations)		
21401	One pin	\$28.77	
21402	Two pins	\$43.14	
21403	Three pins	\$57.53	
21404	Four pins	\$71.90	
21405	Five pins or more	\$86.30	
21500	Restorations made to a tooth supporting an existing partial denture clasp (additional to restoration)		
21501	Per restoration	\$71.90	
22200	Restorations, prefabricated, full coverage		
22201	Primary anterior	\$175.27	
22202	Primary anterior - open face/acrylic veneer	\$214.21	
22300	Restorations, prefabricated, metal, permanent teeth		
22301	Permanent anterior	\$233.70	
22302	Permanent anterior - open face	\$272.65	
22400	Restorations, prefabricated, plastic, primary teeth		
22401	Restorations, prefabricated, plastic - primary anterior tooth	\$158.90	
22500	Restorations, prefabricated, plastic, permanent teeth		
22501	Permanent anterior	\$218.50	
23110	Restorations, tooth coloured, permanent anteriors, acid etch/bond technique		
23111	One surface	\$136.32	
23112	Two surfaces	\$155.80	
23113	Three surfaces	\$175.27	
23114	Four surfaces	\$214.21	
23115	Five/max. surfaces	\$253.17	
23120	Restorations, tooth coloured, veneer applications		
23122	Non prefabricated direct buildup - acid etch/bond	\$331.07	
23123	Diastema closure, interproximal only, acid etch/bond	\$253.17	
23410	Restorations, tooth coloured, primary, anterior, acid etch/bond technique		
23411	One surface	\$136.32	
23412	Two surfaces	\$155.80	
23413	Three surfaces	\$175.27	
23414	Four surfaces	\$214.21	
23415	Five/max. surfaces	\$253.17	
23600	Restorations, tooth coloured/plastic with/without silver fillings, cores		
23601	Restoration, tooth coloured, non-bonded core, in conjunction with crown	\$182.73	
23602	Restoration, tooth coloured, bonded, core, in conjunction with crown	\$162.89	
25700	Posts		
25711	Single section	\$316.88	\$190.13
25712	Two sections	\$396.09	\$237.66
25713	Three sections	\$475.33	\$285.20
25720	Posts, cast metal (including core) concurrent with impression for crown		
25721	Single section	\$158.46	\$95.08
25722	Two sections	\$237.64	\$142.59

25723	Three sections	\$316.88	\$190.13
25724	Post, cast as part of a crown	\$158.45	\$95.07
25730	Post, prefabricated retentive		
25731	One post	\$118.83	
25732	Two posts	\$237.65	
25733	Three posts	\$356.48	
26000	Mesostructures		
26102	Mesostructure indirect angulated or transmucosal	\$891.18	\$534.71
27110	Crowns, plastic, processed		
27111	Crown, plastic - processed	\$633.74	\$380.24
27113	Temporary plastic crown	\$159.72	\$95.83
27120	Crowns, plastic, direct		
27121	Crown, plastic - direct/transitional (chairside)	\$118.83	
27200	Crowns, porcelain/ceramic		
27201	Crown, porcelain/ceramic jacket	\$854.23	\$512.54
27211	Crown, porcelain fused to metal base	\$854.23	\$512.54
27212	Crown, porcelain/ceramic/polymer glass fused to metal base, complicated (restorative, positional and/or aesthetic)	\$1,477.58	\$886.55
27213	Crown, porcelain fused to metal base, screwed directly to implant	\$1,716.54	\$1,029.93
27215	Crown fused to metal base	\$1,533.36	\$920.01
27220	Crown, 3/4 porcelain/ceramic/polymer glass		
27222	Crown, 3/4 porcelain/ceramic/polymer glass, complicated	\$816.23	\$489.74
27300	Crowns, metal cast		
27301	Crown, metal, full cast	\$854.23	\$512.54
27311	Crown, metal, 3/4 partial veneer	\$854.23	\$512.54
27600	Veneers, laboratory processed		
27601	Veneers, plastic, acid etch/bonded	\$633.74	\$380.24
27602	Veneers, porcelain/ceramic, acid etch/bonded	\$633.74	\$380.24
29300	Removal of inlay/onlay/crown/veneer (single units only)		
29301	One unit of time	\$79.21	
29302	Two units of time	\$158.43	
29303	Three units of time	\$237.65	
29304	Each additional unit over three	\$79.21	
Endodontic:			
33100	Root canals, permanent teeth/retained primary teeth - includes clinical procedures with appropriate radiographs, excluding final restoration		
33111	One canal	\$652.83	
33121	Two canals	\$985.55	
Periodontics:			
42200	Periodontal surgery, gingivoplasty		
42201	Per sextant	\$236.97	
42560	Grafts, free connective tissue (for ridge augmentation)		
42561	Per site	\$787.12	
42571	Grafts, connective tissues	\$796.09	
42700	Periodontal surgery, guided tissue regeneration		

42710	Guided tissue regeneration (including re-entry)		
42711	Per site	\$1,120.41	
43400	Root planing, periodontal		
43421	One unit of time	\$75.41	
43422	Two units of time	\$150.81	
43600	Appliances, periodontal (see separate codes for control of Oral Habits 14000, Protective Mouth Guards 13500, TMJ 43700 & TMJ appliances 78700)		
43610	Appliances, Periodontal (including bruxism appliance): includes impression, insertion and insertion adjustment (no post-insertion adjustments)		
43611	Maxillary appliance	\$402.51	\$241.50
43700	Appliances, temporomandibular Joint	B.R.	B.R.
49100	Periodontal Re-Evaluation/Evaluation. This follow-up service applies to the evaluation of on-going periodontal treatment or to a post-surgical re-evaluation performed more that one month after surgery, or if performed by another practitioner.		
49101	One unit of time	\$56.90	
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	\$729.34	\$437.60
51102	Complete, standard denture, mandibular	\$729.34	\$437.60
51200	Dentures, complete, equilibrated (includes remounted in equilibration on a semi adjustable articulator)		
51201	Equilibrated upper denture	\$2,044.48	\$1,226.69
51202	Equilibrated lower denture	\$1,842.92	\$1,105.75
51401	Upper denture, immediate after surgery	\$1,629.19	\$977.52
51402	Lower denture, immediate after surgery	\$1,629.19	\$977.52
51600	Complete, provisional		
51601	Maxillary	\$486.28	\$291.77
51602	Mandibular	\$486.28	\$291.77
51701	Complete overdentures - maxillary	\$729.34	\$437.60
51900	Dentures, complete, overdentures, tissue borne, secured by attachments to natural teeth or implants		
51920	Dentures, complete, overdentures, tissue borne, with independent attachments secured to implants with or without coping crowns		
51921	Maxillary	\$3,577.83	\$2,146.70
51922	Mandibular	\$2,811.16	\$1,686.69
51950	Dentures, complete, overdentures, tissue borne, with retention from a retentive bar, secured to coping crowns supported by implants		
51951	Maxillary	\$5,366.75	\$3,220.05
51952	Mandibular	\$5,366.75	\$3,220.05

52100	Dentures, partial, acrylic base, without clasps (transitional)		
52101	Maxillary	\$208.40	\$125.04
52102	Mandibular	\$208.40	\$125.04
52300	Dentures, partial, acrylic, with metal wrought/cast clasps &/or rests		
52301	Maxillary	\$695.10	\$417.06
53100	Dentures, partial, free end, cast frame/connector, clasps and rests		
53101	Maxillary	\$729.34	\$437.60
53200	Dentures, partial, tooth-borne, cast frame/connector, clasps & rests		
53201	Partial dentures, tooth borne, cast frame	\$729.34	\$437.60
53961	Partial dentures secured to crowns	\$1,434.33	\$860.60
54200	Denture adjustments, partial, or complete denture		
54202	Denture adjustment two units	\$167.59	\$100.55
55400	Denture, repairs/additions, partial denture, impression required		
55401	Maxillary	\$230.94	\$138.56
56210	Dentures, reline, direct complete denture		
56211	Maxillary	\$264.59	
56212	Mandibular	\$264.59	
56220	Denture, reline, direct, partial denture		
56221	Maxillary	\$264.59	
56222	Mandibular	\$264.59	
56230	Denture, reline, processed, complete denture		
56231	Maxillary	\$264.59	\$158.75
56232	Mandibular	\$264.59	\$158.75
56240	Denture, reline, processed, partial denture		
56241	Maxillary	\$264.59	\$158.75
56410	Denture, remake, using existing framework, partial denture		
56411	Maxillary	\$416.82	\$250.09
56510	Denture, therapeutic tissue conditioning, per appointment, complete denture		
56511	Maxillary	\$105.50	
56512	Mandibular	\$105.50	
57202	Maxillofacial obturator	\$1,916.70	\$1,150.02
57208	Reline maxillofacial obturator	\$1,916.70	\$1,150.02
57300	Prosthesis, maxillofacial, other		
57301	Velar bulb (prosthesis and obturator extra)	\$937.25	\$562.35
57311	Feeding appliance (for infants with cleft palate)	\$937.25	\$562.35
57371	Palatal life prosthesis, modification (relines or repairs)	\$656.07	\$393.64
57500	Prosthesis, splints		
57501	Prosthesis splint-stout	\$824.31	\$494.59
57503	Gunning (upper and lower)	\$1,166.62	\$699.97
57506	Prosthesis splint	\$1,481.13	\$888.68
57507	Stents	\$1,731.11	\$1,038.67
57508	Commissure splint	\$1,550.49	\$930.29

57600	Prosthesis, stents		
57601	Ridge extension	\$632.74	\$379.65
Prosthodontics (fixed) :			
62100	Pontics, Cast Metal		
62105	Pontics, Retentive Bar, Pre-fabricated or Custom (Dolder or Hader) Bar. Attached to implant supported. Retainer to Retain Removable Prosthesis. Each Bar +L (used with 67355 Retainer - see 51941-2, 51951-2, 51961-2, 52941-2, 52951-2, 53941-2, 535951-2, 53961-2 for Prosthesis)	\$1,916.70	\$1,150.02
62500	Pontics, porcelain		
62501	Pontics, porcelain fused to metal	\$425.00	\$255.00
62502	Pontics, porcelain, aluminous	\$425.00	\$255.00
63009	Recontouring of pontic	\$149.34	
67140	Retainers, plastic/acrylic, indirect, processed to metal, attached to implants		
67141	First implant	\$1,133.29	\$679.98
67149	Each additional implant	\$1,133.29	\$679.98
67200	Retainers, porcelain/ceramic/polymer glass		
67201	Retainers, porcelain/ceramic	\$925.89	\$555.54
67202	Retainers, porcelain/ceramic veneer	\$740.73	\$444.44
67210	Retainers, porcelain fused to metal		
67211	Retainers, porcelain/ceramic fused to metal	\$925.89	\$555.54
67215	Retainer, implant supported	\$1,228.73	\$737.24
67220	Retainers, porcelain fused to metal, attached to implant		
67221	First implant	\$1,133.29	\$679.98
67229	Each additional implant	\$1,133.29	\$679.98
67300	Retainers, metal, cast		
67301	Retainers, metal, full cast	\$925.89	\$555.54
69700	Fixed prosthetics, provisional coverage (in extensive or complicated restorative dentistry)		
69701	Abutment tooth	\$181.93	\$109.16
69702	Pontic	\$60.64	\$36.38
69810	Fixed prosthodontic framework, osseo-integrated, attached with screws and incorporating teeth (denture teeth and acrylic)		
69811	Maxillary	\$10,030.71	\$6,018.43
69812	Mandibular	\$8,798.92	\$5,279.35
69820	Fixed prosthodontic framework, osseo-integrated, attached with screws or cement and incorporating teeth (porcelain/ceramic/polymer glass bonded to metal, acrylic/composite/compomer processed to metal or full metal crowns)		
69821	Maxillary	\$12,777.98	\$7,666.79
69822	Mandibular	\$12,777.98	\$7,666.79
Oral and Maxillofacial Surgery			
71100	Removals (extractions), erupted teeth		
71101	Single tooth, uncomplicated	\$99.52	

71109	Each additional tooth, same quadrant, same appointment	\$99.52	
71200	Removals, erupted teeth, complicated		
71201	Odontectomy, extraction, erupted tooth, surgical approach, surgical flap and/or sectioning of tooth	\$197.02	
71209	Each additional tooth, same quadrant, same appointment	\$197.02	
72110	Removals, impaction, requiring incision of overlying soft tissue and removal of the tooth		
72111	Single tooth	\$178.63	
72119	Each additional tooth, same quadrant, same appointment	\$178.63	
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	\$267.96	
72219	Each additional tooth, same quadrant, same appointment	\$267.96	
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	\$357.29	
72229	Each additional tooth, same quadrant, same appointment	\$357.29	
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	\$487.10	
72239	Each additional tooth, same quadrant, same appointment	\$487.10	
72310	Removals, residual roots, erupted		
72311	First tooth	\$81.22	
72319	Each additional tooth, same quadrant, same appointment	\$81.22	
72320	Removals, residual roots, soft tissue coverage		
72321	First tooth	\$121.82	
72329	Each additional tooth, same quadrant, same appointment	\$121.82	
72330	Removals, residual roots, bone tissue coverage		
72331	First tooth	\$178.63	
72339	Each additional tooth, same quadrant, same appointment	\$178.63	
72510	Surgical exposure, unerupted, uncomplicated, soft tissue coverage (includes operculectomy)		
72511	Single tooth	\$162.44	
72519	Each additional tooth, same quadrant, same appointment	\$162.44	
72520	Surgical exposure, complex, hard tissue coverage		
72521	Single tooth	\$292.27	
72530	Surgical exposure, unerupted tooth, with orthodontic attachment		
72531	Surgical exposure of teeth, unerupted tooth, with orthodontic attachment	\$389.69	
72539	Each additional tooth, same quadrant, same appointment	\$389.69	
72540	Surgical exposure, unerupted tooth, soft tissue coverage with positioning of attached gingivae		
72541	Single tooth	\$243.65	
72549	Each additional tooth, same quadrant, same appointment	\$243.65	

72550	Surgical exposure, unerupted tooth, hard tissue coverage with positioning of attached gingivae		
72551	Single tooth	\$324.87	
72710	Enucleation, surgical, unerupted tooth follicle		
72711	Enucleation of unerupted tooth follicle	\$357.29	
72719	Each additional tooth, same quadrant, same appointment	\$357.29	
73150	Excision of bone		
73152	Excision of torus palatinus	\$357.29	
73160	Removal of bone, exostosis, multiple		
73161	Per quadrant	\$535.92	
73200	Gingivoplasty and/or stomatoplasty		
73210	Independent procedure		
73211	Per sextant	\$178.63	
73220	Miscellaneous procedures		
73222	Excision of Vestibular Hyperplasia (per sextant)	\$168.76	
73224	Excision of pericoronal gingiva (for retained tooth/implant) per tooth/implant	\$89.33	
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	\$178.63	
73240	Removal, mucosa, excess (complete removal without dissection)		
73241	Per sextant	\$178.63	
73521	Reconstruction Alveolar ridge	\$1,094.75	
77500	Genioplasty		
77501	Genioplasty, sliding, reduction or augmentation	\$1,691.89	
77600	Miscellaneous treatment of maxillofacial deformities		
77603	Surgical expansion of the palate	\$779.41	
79900	Implantology		
79920	Implants, mucosal insert implant denture		
79922	Dental implant mandible x 5	\$2,300.04	
79930	Implants, screw and tripodal pin or screw		
79931	Maxillary per implant	\$2,300.04	
79932	Mandibular per implant screw (tripodal pin or screw)	\$2,300.04	
79950	Implants, endosseous, integrated cylindrical		
79951	Implants, endosseous, integrated cylindrical, first stage maxilla	\$1,277.80	
79952	First stage surgical placement, mandible per implant	\$1,277.80	
79953	Implants, endosseous, integrated cylindrical, second stage exposure and temporization, maxillary	\$1,022.24	
79954	Second stage exposure and temporization, mandible per implant	\$1,022.24	
Orthodontics:			
80600	Orthodontic, observations and adjustments		
	Coverage includes all active treatment, insertion of retainers, orthodontic records, observation appointments, radiographs and retention appointments. The maximum amount payable for orthodontic treatment whether billed separately as detailed below or by monthly billings is:	\$9,966.82	

80601	Orthodontic observation for tooth guidance - per appointment	\$75.64	
80602	Orthodontic observation and adjustment to orthodontic appliance - per appointment	\$75.64	
80640	Alterations to removable or fixed appliances		
80641	One unit of time	\$75.64	\$45.38
80642	Two units of time	\$151.26	\$90.76
80650	Recementation of fixed appliances		
80651	One unit of time	\$75.64	
80660	Separation (except where included in the fabrication of an appliance)		
80661	One unit of time	\$75.64	
80670	Removal of fixed orthodontic appliances (by a practitioner other than the original treatment practice or practitioner)		
80671	One unit of time	\$75.64	
81110	Appliances, removable, space regaining		
81111	Maxillary, unilateral	\$302.54	\$181.53
81113	Maxillary, bilateral	\$302.54	\$181.53
81120	Appliances, removable, cross-bite correction		
81121	Maxillary, simple	\$302.54	\$181.53
81130	Appliances, removable, dental arch expansion		
81131	Maxillary, simple	\$302.54	\$181.53
81140	Appliances, removable, closure of diastemas		
81141	Maxillary, simple	\$302.54	\$181.53
81150	Appliances, removable, alignment of anterior teeth		
81151	Maxillary, simple	\$302.54	\$181.53
81210	Appliance, fixed, space regaining (e.g., lingual or labial arch with molar bands, tubes, locks)		
81211	Maxillary	\$302.54	\$181.53
81220	Appliance, fixed, space regaining, unilateral		
81221	Maxillary	\$226.90	\$136.14
81230	Appliance, fixed, cross-bite correction - anterior		
81231	Maxillary	\$302.54	\$181.53
81240	Appliance, fixed, cross-bite correction - posterior		
81241	Maxillary	\$302.54	\$181.53
81243	Two-molar band, hooked and elastics	\$226.90	\$136.14
81250	Appliance, fixed, dental arch expansion		
81251	Maxillary	\$378.15	\$226.89
81253	Maxillary, rapid expansion	\$302.54	\$181.53
81260	Appliance, fixed, closure of diastemas		
81261	Maxillary, simple	\$302.54	\$181.53
81270	Appliance, fixed, alignment of incisor teeth		
81271	Maxillary, simple	\$378.15	\$226.89
81290	Appliance, fixed, mechanical eruption of tooth/teeth		
81291	Maxillary, impaction	\$302.54	\$181.53
81293	Maxillary, erupted	\$302.54	\$181.53
83100	Appliances, removable, retention		
83101	Maxillary	\$226.90	\$136.14
83103	Tooth positioner	\$226.90	\$136.14

83200	Appliances, fixed/cemented, retention		
83201	Maxillary	\$302.54	\$181.53
84000	Comprehensive orthodontic treatment, fixed appliance, permanent dentition		
84101	Class I malocclusion	B.R.	B.R.
84201	Class II malocclusion	B.R.	B.R.
84301	Class III malocclusion	B.R.	B.R.
85000	Comprehensive orthodontic treatment, fixed appliance, mixed dentition		
85101	Class I malocclusion	B.R.	B.R.
85201	Class II malocclusion	B.R.	B.R.
88000	Comprehensive orthodontic treatment, removable appliance, mixed dentition		
88201	Class II malocclusion	B.R.	B.R.
88301	Class III malocclusion	B.R.	B.R.
Adjunctive General Services:			
92210	General anaesthesia		
92211	One unit of time	\$86.60	
92212	Two units of time	\$173.20	
92213	Three units of time	\$259.80	
92214	Four units of time	\$346.42	
92216	Six units of time	\$519.60	
92218	Eight units of time	\$692.85	
92220	Provision of dental and anaesthetic facilities, equipment & supplies		
92221	One unit of time	\$86.60	
92222	Two units of time	\$173.20	
92223	Three units of time	\$259.80	
92224	Four units of time	\$346.42	
92226	Six units of time	\$519.60	
92227	Seven units of time	\$387.66	
92228	Eight units of time	\$692.85	
92300	Anaesthesia, deep sedation (include neurolept analgesia/anaesthesia or dissociative anaesthesia, regardless of route of administration)		
92302	Two units of time	\$156.74	
92303	Three units of time	\$235.12	
92304	Four units of time	\$313.48	
Miscellaneous procedures and codes			
00020	2nd stage components	\$383.34	
99111	Commercial lab procedure	\$167.35	
99555	Lab prosthesis template	\$383.34	
99999	Unlisted procedures	B.R.	B.R.
99800	Stereolithic models (3D models)		
	Fabricated in Alberta	\$2,300.04	
	Fabricated outside of Alberta	B.R.	B.R.
B.R.	By Report: the fee will be determined by the Minister's delegate in consultation with the program dental consultant and the treating practitioner on a "by report" basis.		