

**Nova Scotia Dental Association**  
**2025 ABBREVIATED FEE GUIDE**

(Refer to complete Guide for items not listed below or for detailed code descriptions.)

|   | <b>Code</b>                                   | <b>Sug.<br/>Fee</b> |
|---|---|---------------------|
| <b>DIAGNOSTIC</b>                                     |   |                     |
| Complete Oral Exam                                    | - primary dentition                           | 01101 72.00         |
|   | - mixed dentition                             | 01102 93.00         |
|   | - permanent dentition                         | 01103 128.00        |
| Standard Oral Examination (or Recall)                 |   | 01202 42.00         |
| Specific Oral Examination                             |   | 01204 69.00         |
| Emergency Oral Examination                            |   | 01205 69.00         |
| Radiographs   | - complete series                             | 02102 139.00        |
|   | - single image                                | 02111 22.00         |
|   | - two images                                  | 02112 31.00         |
|   | - three images                                | 02113 38.00         |
|   | - four images                                 | 02114 46.00         |
| Panoramic image                                       | - single image                                | 02601 91.00         |
| Diagnostic Cast - Unmounted                           |   | 04911 45.00 [L]     |
| <b>PREVENTIVE</b>                                     |   |                     |
| Polishing   | - one unit of time                            | 11101 40.00         |
|   | - two units                                   | 11102 80.00         |
| Scaling   | - one unit of time                            | 11111 54.00         |
| Fluoride Treatment                                    | - rinse                                       | 12111 17.00         |
| Fluoride Treatment                                    | - gel or foam                                 | 12112 24.00         |
| Sealants  | - single tooth                                | 13401 31.00         |
|   | - each additional tooth in same quadrant      | 13409 22.00         |
| Periodontal Appliances                                | - Maxillary                                   | 14611 357.00 [L]    |
|   | - Mandibular                                  | 14612 357.00 [L]    |
| Space Maintainer, Band Type                           | - fixed, unilateral                           | 15101 192.00 [L]    |
|   | - fixed, bilateral                            | 15103 211.00 [L]    |
| Occlusal Adjustment / Equilibration                   |   | 16511 104.00 /U     |
| Caries Control  | - first tooth                                 | 20111 144.00        |
|   | - each additional tooth in same quadrant      | 20119 144.00        |
| <b>AMALGAM RESTORATIONS (non bonded)</b>              |   |                     |
| Primary Teeth   | - one surface                                 | 21111 141.00        |
|   | - two surfaces                                | 21112 179.00        |
|   | - three surfaces                              | 21113 218.00        |
|   | - four surfaces                               | 21114 266.00        |
|   | - five surfaces or maximum surfaces per tooth | 21115 325.00        |
| Permanent Anterior & Bicuspid Teeth                   | - one surface                                 | 21211 191.00        |
|   | - two surfaces                                | 21212 242.00        |
|   | - three surfaces                              | 21213 295.00        |
|   | - four surfaces                               | 21214 360.00        |
|   | - five surfaces or maximum surfaces per tooth | 21215 439.00        |
| Permanent Molar Teeth                                 | - one surface                                 | 21221 199.00        |
|   | - two surfaces                                | 21222 252.00        |
|   | - three surfaces                              | 21223 308.00        |
|   | - four surfaces                               | 21224 376.00        |
|   | - five surfaces or maximum surfaces per tooth | 21225 458.00        |
| Retentive Pins  | - one pin                                     | 21401 33.00         |
|   | - two pins                                    | 21402 51.00         |
|   | - three pins                                  | 21403 70.00         |
| <b>TOOTH COLOURED RESTORATIONS (bonded technique)</b> |   |                     |
| Permanent Anteriors                                   | - one surface                                 | 23111 160.00        |
|   | - two surfaces                                | 23112 203.00        |
|   | - three surfaces                              | 23113 248.00        |
|   | - four surfaces                               | 23114 303.00        |
|   | - five surfaces or maximum surfaces per tooth | 23115 369.00        |
| Permanent Bicuspids                                   | - one surface                                 | 23311 191.00        |
|   | - two surfaces                                | 23312 242.00        |
|   | - three surfaces                              | 23313 295.00        |
|   | - four surfaces                               | 23314 360.00        |
|   | - five surfaces or maximum surfaces per tooth | 23315 439.00        |

|   |  |       |               |
|---|--|-------|---------------|
| Permanent Molar Teeth   | - one surface  | 23321 | 199.00        |
|   | - two surfaces   | 23322 | 252.00        |
|   | - three surfaces   | 23323 | 308.00        |
|   | - four surfaces  | 23324 | 376.00        |
|   | - five surfaces or maximum surfaces per tooth                    | 23325 | 458.00        |
| <b>TOOTH COLOURED RESTORATIONS, VENEER APPLICATIONS</b>                                 |  |       |               |
| Prefabricated, Direct Chairside - Bonded  |  | 23121 | 348.00        |
| Non-Prefabricated, Direct Buildup - Bonded  |  | 23122 | 352.00        |
| <b>CROWNS (single restorations)</b>   |  |       |               |
| Porcelain / Ceramic / Polymer Glass Fused to Metal Base                                 |  | 27211 | 939.00 [L]    |
| Cast Metal  |  | 27301 | 939.00 [L]    |
| 3/4, Cast Metal   |  | 27311 | 939.00 [L]    |
| Prefabricated Metal Crown   | - primary anterior   | 22201 | 209.00        |
|   | - primary posterior  | 22211 | 209.00        |
| Posts, Cast Metal (including core) as a Separate Procedure, Single Section              |  | 25711 | 447.00 [L]    |
| Posts, Prefabricated Retentive, One Post  |  | 25731 | 214.00 [E]    |
| Posts, Prefabricated, with Non-bonded Core for Crown Restoration                        |  |       |               |
|   | - with amalgam core + pins, where applicable                     | 25751 | 312.00 [E]    |
|   | - with composite core + pins, where applicable                   | 25754 | 359.00 [E]    |
| <b>ENDODONTICS</b>  |  |       |               |
| Pulpotomy (separate emergency procedure)  |  |       |               |
|   | - permanent anterior and bicuspid teeth, excl. final restoration | 32221 | 149.00        |
|   | - primary tooth as a separate procedure                          | 32231 | 119.00        |
| Root Canals, Permanent Teeth / Retained Primary Teeth (uncomplicated)                   |  |       |               |
|   | - one canal  | 33111 | 599.00        |
|   | - two canals   | 33121 | 845.00        |
|   | - three canals   | 33131 | 1096.00       |
|   | - four canals or more  | 33141 | 1333.00       |
| <b>PERIODONTICS</b>   |  |       |               |
| Root Planing  |  | 43421 | 54.00 /U      |
| <b>PROSTHODONTICS - REMOVABLE</b>   |  |       |               |
| Dentures, Complete, Standard  | - Maxillary  | 51101 | 953.00 [L]    |
|   | - Mandibular   | 51102 | 1150.00 [L]   |
| Partial Dentures - Cast Frame / Connector   |  |       |               |
|   | - Maxillary  | 53201 | 1180.00 [L]   |
|   | - Mandibular   | 53202 | 1180.00 [L]   |
| Minor Denture Adjustments   |  | 54201 | 103.00 /U [L] |
| Relining Dentures (complete)  | - direct reline  |       |               |
|   | - Maxillary  | 56211 | 320.00        |
|   | - Mandibular   | 56212 | 320.00        |
|   | - processed reline   |       |               |
|   | - Maxillary  | 56231 | 430.00 [L]    |
|   | - Mandibular   | 56232 | 443.00 [L]    |
| <b>ORAL SURGERY</b>   |  |       |               |
| Surgical Removal of:  |  |       |               |
| - Erupted teeth   | - single tooth, uncomplicated                                    | 71101 | 162.00        |
|   | - each additional in same quadrant                               | 71109 | 129.00        |
|   | - complicated, requiring surgical flap                           | 71201 | 313.00        |
| - Impacted teeth  | - soft tissue coverage   | 72111 | 301.00        |
|   | - partial bone coverage  | 72211 | 360.00        |
|   | - complete bone coverage   | 72221 | 495.00        |
| <b>LABORATORY AND EXPENSES</b>  |  |       |               |
| Provision of additional personal protective equipment required by the COVID-19 pandemic |  |       |               |
| Per appointment,  | - non-aerosol generating procedures                              | 99901 | I.C.          |
|   | - aerosol generating procedures                                  | 99902 | I.C.          |