Nova Scotia Dental Association
2026 ABBREVIATED FEE GUIDE

		Code	Sug. Fee	
DIAGNOSTIC				
Complete Oral Exam	- primary dentition	01101	76.00	
	- mixed dentition	01102	98.00	
	- permanent dentition	01103	134.00	
Standard Oral Examination (or Recall)		01202	43.00	
Specific Oral Examination		01204	71.00	
Emergency Oral Examination		01205	71.00	
Radiographs	- complete series	02102	146.00	
	- single image	02111	24.00	
	- two images	02112	32.00	
	- three images	02113	40.00	
	- four images	02114	49.00	
Panoramic image	- single image	02601	96.00	
Diagnostic Cast - Unmounted		04911	50.00	[L]
PREVENTIVE				
Polishing	- one unit of time	11101	42.00	
	- two units	11102	84.00	
Scaling	- one unit of time	11111	56.00	
Fluoride Treatment	- rinse	12111	18.00	
Fluoride Treatment	- gel or foam	12112	25.00	
Sealants	- single tooth	13401	33.00	
	- each additional tooth in same quadrant	13409	24.00	
Periodontal Appliances	- Maxillary	14611	367.00	[L]
	- Mandibular	14612	367.00	[L]
Space Maintainer, Band Type	- fixed, unilateral	15101	195.00	[L]
	- fixed, bilateral	15103	214.00	[L]
Occlusal Adjustment / Equilibration		16511	107.00	/U
Caries Control	- first tooth	20111	148.00	
	- each additional tooth in same quadrant	20119	148.00	
AMALGAM RESTORATIONS (non bonded)				
Primary Teeth	- one surface	21111	145.00	
	- two surfaces	21112	184.00	
	- three surfaces	21113	225.00	
	- four surfaces	21114	274.00	
	- five surfaces or maximum surfaces per tooth	21115	334.00	
Permanent Anterior &	- one surface	21211	196.00	
Bicuspid Teeth	- two surfaces	21212	249.00	
	- three surfaces	21213	304.00	
	- four surfaces	21214	371.00	
	- five surfaces or maximum surfaces per tooth	21215	453.00	
Permanent Molar Teeth	- one surface	21221	205.00	
	- two surfaces	21222	260.00	
	- three surfaces	21223	317.00	
	- four surfaces	21224	387.00	
	- five surfaces or maximum surfaces per tooth	21225	472.00	
Retentive Pins	- one pin	21401	34.00	
	- two pins	21402	53.00	
	- three pins	21403	72.00	
TOOTH COLOURED RESTORATIONS (bonded technique)				
Permanent Anteriors	- one surface	23111	165.00	
	- two surfaces	23112	209.00	
	- three surfaces	23113	256.00	
	- four surfaces	23114	312.00	
	- five surfaces or maximum surfaces per tooth	23115	380.00	
Permanent Bicuspids	- one surface	23311	196.00	
	- two surfaces	23312	249.00	
	- three surfaces	23313	304.00	
	- four surfaces	23314	371.00	
	- five surfaces or maximum surfaces per tooth	23315	453.00	

Permanent Molar Teeth	- one surface		23321	205.00
	- two surfaces		23322	260.00
	- three surfaces		23323	317.00
	- four surfaces		23324	387.00
	- five surfaces or maximum surfaces per tooth		23325	472.00
TOOTH COLOURED RESTORATIONS, VENEER APPLICATIONS				
Prefabricated, Direct Chairside - Bonded			23121	358.00
Non-Prefabricated, Direct Buildup - Bonded			23122	362.00
CROWNS (single restorations)				
Porcelain / Ceramic / Polymer Glass Fused to Metal Base			27211	973.00 [L]
Cast Metal			27301	973.00 [L]
3/4, Cast Metal			27311	973.00 [L]
Prefabricated Metal Crown	- primary anterior		22201	219.00
	- primary posterior		22211	219.00
Posts, Cast Metal (including core) as a Separate Procedure, Single Section			25711	463.00 [L]
Posts, Prefabricated Retentive, One Post			25731	222.00 [E]
Posts, Prefabricated, with Non-bonded Core for Crown Restoration				
	- with amalgam core + pins, where applicable		25751	326.00 [E]
	- with composite core + pins, where applicable		25754	375.00 [E]
ENDODONTICS				
Pulpotomy (separate emergency procedure)				
	- permanent anterior and bicuspid teeth, excl. final restoration		32221	157.00
	- primary tooth as a separate procedure		32231	125.00
Root Canals, Permanent Teeth / Retained Primary Teeth (uncomplicated)				
	- one canal		33111	625.00
	- two canals		33121	876.00
	- three canals		33131	1128.00
	- four canals or more		33141	1373.00
PERIODONTICS				
Root Planing			43421	56.00 /U
PROSTHODONTICS - REMOVABLE				
Dentures, Complete, Standard		- Maxillary	51101	973.00 [L]
		- Mandibular	51102	1174.00 [L]
Partial Dentures - Cast Frame / Connector				
		- Maxillary	53201	1220.00 [L]
		- Mandibular	53202	1220.00 [L]
Minor Denture Adjustments			54201	110.00 /U [L]
Relining Dentures (complete)	- direct reline	- Maxillary	56211	331.00
		- Mandibular	56212	331.00
	- processed reline	- Maxillary	56231	444.00 [L]
		- Mandibular	56232	457.00 [L]
ORAL SURGERY				
Surgical Removal of:				
- Erupted teeth	- single tooth, uncomplicated		71101	166.00
	- each additional in same quadrant		71109	133.00
	- complicated, requiring surgical flap		71201	317.00
- Impacted teeth	- soft tissue coverage		72111	307.00
	- partial bone coverage		72211	366.00
	- complete bone coverage		72221	502.00
LABORATORY AND EXPENSES				
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.