



Department of Health & Wellness
Dental Programs

Dentists Guide
February 2019

TABLE OF CONTENTS

GENERAL PREAMBLE	6
INTRODUCTION.....	6
GENERAL CONSIDERATIONS	6
TERMS AND DEFINITIONS USED IN ALL SECTIONS.....	7
2.1 Medical Necessity	7
2.2 Tariff of Fees	8
2.4 General Practitioner	8
2.5 Specialist/Specialty	8
2.6 Statutory Holidays (Applies to Oral and Maxillofacial Surgery)	8
2.8 Dental Consultation	9
2.9 Repeat Consultation	9
2.10 Intra-Group Consultations	9
2.12 Transferal	9
2.13 Hospital	9
2.14 Office	10
2.15 Participating Dentist	10
2.16 Non-Participating Dentist	10
2.17 Interpretive Component (DHW – Applies only to in-hospital radiographs)	10
2.18 Premium Fees (Applies to Oral and Maxillofacial Surgery)	10
2.19 Premium Fees (Individuals with Special Needs Oral Health Program)	10
2.20 Pre-Authorized (Listed as PA in the Tariff of Fees)	10
2.22 Locum Tenens	11
PRINCIPLES OF ETHICAL BILLING.....	11
PROCEDURE FOR AMENDING THE PREAMBLE AND/OR TARIFF OF FEES	12
COMMUNICATION	12
CONDITIONS OF PARTICIPATION FOR DENTISTS.....	13
INTRODUCTION.....	13
REGISTRATION FOR PARTICIPATION	13
REGISTRATION FOR NON-PARTICIPATING DENTIST	14
PAYMENT TO NON-PARTICIPATING DENTISTS.....	16

BILLING ABOVE REGULATED TARIFF	16
BILLING AND PAYMENT	17
REGULATED FEES.....	17
CLAIM PAYMENT	17
PAYMENT STATEMENT	17
COMPUTER BILLING	17
ADMINISTRATION	19
CLAIMS ASSESSMENT	19
APPEAL PROCEDURE	19
POST PAYMENT REVIEW	19
CLAIM PREPARATION AND SUBMISSION.....	22
INTRODUCTION.....	22
GENERAL	22
PRESCRIBED FORMATS	22
ENTITLEMENT TO INSURED SERVICES	23
CLAIM INFORMATION REQUIREMENTS	23
ACCURACY OF INFORMATION	24
SEPARATE CLAIMS	24
CLAIM SUBMISSION DATES	24
INSTRUCTION FOR COMPLETING GSC/DHW CLAIM FORM.....	24
PATIENT IDENTIFICATION	24
PROGRAM INFORMATION	24
LOCATION OF SERVICE	25
FEE CODE	25
LAB FEE	26
DENTAL FEE	26
NAME OF THE HOSPITAL	26
DENTIST'S SIGNATURE	26
PAY-PATIENT CLAIMS (NON-PARTICIPATING DENTISTS)	26
DENTAL TREATMENT PLAN (Predetermination or Pre-authorization).....	27
GENERAL	27
FILING OF PLAN	27
PRESCRIBED FORM	27

PREPARATION OF DENTAL TREATMENT PLAN	28
PATIENT IDENTIFICATION	28
DENTIST IDENTIFICATION	28
DIAGNOSIS/COMMENTS	28
DETAILS OF SERVICES	28
DENTIST'S SIGNATURE	28
SUBMISSION OF DENTAL TREATMENT PLAN	28
APPROVAL OF DENTAL TREATMENT PLAN	28
APPROVED – TREATMENT PLAN	29
CHILDREN'S ORAL HEALTH PROGRAM (COH)	30
PREAMBLE	30
INTRODUCTION	30
INSURED SERVICES	31
DIAGNOSTIC PREAMBLE	34
REQUEST FOR BENEFIT FREQUENCIES APPLICATION FORM	36
INDIVIDUALS WITH SPECIAL NEEDS ORAL HEALTH PROGRAM (SNP) PREAMBLE	51
INTRODUCTION	51
REGISTRATION PROCEDURES	51
INSURED SERVICES	52
PREMIUM FEES	54
DIAGNOSTIC PREAMBLE	55
REGISTRATION FORM	57
REQUEST FOR BENEFIT FREQUENCIES APPLICATION FORM	59
CLEFT PALATE/CRANIOFACIAL PROGRAM (CPC) PREAMBLE	75
INTRODUCTION	75
TREATMENT PLAN AGREEMENT	78
ORAL AND MAXILLOFACIAL SURGERY (MFS) PREAMBLE	116
INTRODUCTION	116
PREMIUM FEES FOR NON-ELECTIVE ORAL AND MAXILLOFACIAL SURGICAL PROCEDURES	119
PREMIUM FEE TABLE	119
SURGICAL ASSISTANT	120
MAXILLOFACIAL PROSTHODONTICS PROGRAM (MAX) PREAMBLE	135
INTRODUCTION	135

REGISTRATION PROCEDURES	135
EXCEPTIONAL CIRCUMSTANCES REQUEST (ECR)	142
INTRODUCTION.....	142
REGISTRATION PROCEDURES	142
ELIGIBILITY FOR SERVICES	142
INSURED SERVICES	142
APPLICATION COVER PAGE.....	143
OUT OF PROVINCE BENEFITS	145
INTRODUCTION.....	145
PAYMENT FOR ELIGIBLE SERVICES.....	145
PROVIDER SUBMISSIONS.....	145

NOVA SCOTIA
DEPARTMENT OF HEALTH & WELLNESS
DENTISTS GUIDE
GENERAL PREAMBLE

INTRODUCTION

The Preamble is the authority for the proper interpretation of the tariff of fees as listed in the *Insured Dental Services Tariff Regulations*. Fees will not be correctly interpreted without reference to the Preamble. This tariff of fees is negotiated and maintained through agreement by the Department of Health and Wellness (DHW) and the Nova Scotia Dental Association (NSDA).

This Guide is an unofficial reproduction of the *Insured Dental Services Tariff Regulations* made under the *Health Services and Insurance Act*, RSNS 1989, c 197. For the official version of the regulations, consult the original documents on file with the Office of the Registrar of Regulations, or refer to the Royal Gazette Part II. In the event of any inconsistency between this unofficial reproduction and the official version, the official version will prevail.

GENERAL CONSIDERATIONS

- 1.1 Each dentist who participates in the care of a patient is entitled to compensation for the services rendered to the patient.
- 1.2 The tariff of fees identifies the amounts prescribed as claimable for insured services rendered by dentists. Insured services mean, dental services that are medically and/or dentally necessary as specified by the associated Medical Services Insurance (MSI) program criteria and are listed in the tariff of fees of the *Insured Dental Services Tariff Regulations*. The listing of any service or procedure in the tariff of fees does not ensure payment by the Department of Health and Wellness (DHW) if the dental service is provided when it is not medically/dentally necessary.
- 1.3 Unless otherwise indicated, fees listed are for professional services only.
- 1.4 Professional services provided to a patient may be claimed by a dentist only when he or she **personally** renders or supervises the service.
 - 1.4.1 All insured services include, where appropriate, any necessary discussion or advice to the patient or their agent, completion of a dental record, prescribing of medication or therapy, requisitioning of diagnostic services, arranging referrals, including a letter of referral where required, and similar activities normally associated with providing insured services to patients.

- 1.4.2** Where provision of a service generates charges for long distance telephone calls, unusual postal or other expenses, the dentist may deem them to exceed the normal allowance made in the tariff and bill the patient directly, subject to the conditions for billing non-insured services.
- 1.5** Dentists are required to submit claims for insured services provided to eligible patients in the format prescribed by GSC. Non-participating dentists are required by Regulation under the *Health Services and Insurance Act* (See Section 28 (1) of the *Health Services and Insurance Act*) to give reasonable notice of this fact to a patient or someone acting on his or her behalf, before providing a service. <http://www.nslegislature.ca/legc/statutes/healthsi.htm>
- 1.6** Claims and/or resubmitted claims received beyond six (6) months from date of service shall not be payable unless GSC is of the opinion the delay is justified. Claims received after fifteen (15) months of the date of service are not considered for payment under any circumstance.
- 1.7** Dentists are entitled to payment for insured services where:
- The service has been performed;
 - Supporting documentation exists to verify the type and extent of the service relative to the fee claimed;
 - There is an indication in the chart, where applicable, that guidelines for payment eligibility have been met. If a claim for a service is submitted, GSC/DHW will assume, on a prepayment basis, that guidelines have been met.
- 1.8** All DHW services are subject to post-payment audit. A dentist shall, upon request by the appointed DHW dental auditor and at the auditor's discretion provide or make available for on-site examination, patient records maintained by the dentist with respect to the insured dental services under review, as may be required by the auditor, to clarify or verify services for which fees have been claimed. If the patient's chart and/or other pertinent patient records cannot support the claim either in part or full, then the appointed DHW auditor has the authority to request reimbursement for the partial or full payment amount of the service or of the lesser service provided. The appointed DHW auditor may make notes or photocopies of the documentation or records relevant to the insured services under review, as necessary to document and support their findings.

TERMS AND DEFINITIONS USED IN ALL SECTIONS

2.1 Medical Necessity

The provision of a service listed in the Schedule of Benefits does not ensure payment by GSC/DHW. Dental services provided in circumstances where they were not medically and/or dentally necessary as specified by the associated DHW program criteria are not insured. For the purpose of this Preamble, dental services which are explicitly deemed to

be non-insured under the *Health Services and Insurance Act* or its *Regulations* remain uninsured regardless of individual judgments regarding their medical/dental necessity.

2.2 Tariff of Fees

The Schedule of Benefits lists all insured procedures, their descriptions and codes, any special conditions, and the fees payable. When the term “tariff” is used in this Preamble, it means the tariff of fees.

2.3 Dentist

Dentist means a person lawfully entitled to practice dentistry in the place in which such practice is carried on by him/her. Services rendered under these programs shall only be insured when rendered by a person licensed with the Provincial Dental Board of Nova Scotia.

2.4 General Practitioner

General Practitioner GP means a dentist who engages in the practice of general dentistry.

2.5 Specialist/Specialty

A specialist is defined as one whose name appears in the Specialist Register of the Provincial Dental Board of Nova Scotia and who is registered as a Specialist. However, when the term “specialty” is used, it means any or all specialists.

2.6 Statutory Holidays (Applies to Oral and Maxillofacial Surgery)

Holidays are defined, for the purpose of claiming special premium rates, as New Year’s Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving, Remembrance Day, Christmas Day and Boxing Day.

Note: If a Dentist chooses to provide routine, scheduled services during a statutory holiday, he/she is not entitled to premium fees.

2.7 Terms used for reporting or describing services to GSC/DHW:

2.7.1 Services

When the term “services” is used in this guide, it is in the context of an insured visit or procedure that is identified by a specific fee code in the DHW Schedule of Benefits.

2.7.2 Tariff

The DHW tariff is the actual monetary value of a service. The DHW tariff is determined through negotiations between the Nova Scotia Dental Association (NSDA) and the Nova Scotia Department of Health and Wellness (DHW), in

accordance with the provisions of section 13A of the *Health Services and Insurance Act* and is embedded in the *Insured Dental Services Tariff Regulations*.

2.8 Dental Consultation

Dental Consultation refers to a request by one dentist or physician for an opinion from a dentist competent to furnish advice when circumstances of the patient's condition demand a further opinion.

A Dental Consultation shall consist of an oral examination, review of pertinent x-ray films, laboratory or other data and a written report of opinions and recommendations to the referring dentist or physician.

2.9 Repeat Consultation

A repeat consultation only applies where there has been a subsequent referral by the attending dentist or physician to the same dental consultant for the same illness, or complication thereof, within 30 days of the initial consultation.

2.10 Intra-Group Consultations

Dentists formally organized as a group practice, clinic, etc., are entitled to the usual rate listed in the tariff of fees.

The *Health Services and Insurance Act* provides that the Nova Scotia Department of Health and Wellness (DHW) has the right to request a copy of the consultation report.

2.11 Referral

A dentist referral takes place when one dentist or physician requests the services of a specialist or a dentist who by training and experience is able to provide a specialized service for consultation, diagnosis or treatment.

A patient ceases to be a referral for tariff purposes at the completion of the referred treatment plan and follow-ups specific to that treatment plan.

2.12 Transferal

A transferal, as distinguished from a referral, takes place where the responsibility for the care of the patient is completely transferred, permanently or temporarily, from one dentist to another. In such cases, the dentist to whom the patient is transferred is not entitled to a specialist's fee.

2.13 Hospital

For the purpose of this Preamble, hospital means a facility for the observation, care, and treatment of persons suffering from a psychiatric disorder; a hospital for treatment of

persons with sickness, disease or injury, including maternity care, as approved under the *Health Services and Insurance Act*.

2.14 Office

An “office” is defined as the location where a dentist is practicing his or her profession.

2.15 Participating Dentist

A dentist who is registered with GSC/DHW to receive direct compensation for insured dental services from GSC/DHW.

2.16 Non-Participating Dentist

A dentist who has elected not to receive direct compensation for insured dental services from GSC/DHW.

2.17 Interpretive Component (DHW – Applies only to in-hospital radiographs)

This is the interpretation of the results of a diagnostic procedure for which a fee may be claimed separately from performing the procedure itself.

2.18 Premium Fees (Applies to Oral and Maxillofacial Surgery)

Premium fees are additional amounts paid above normal or customary rates on specific eligible services provided on an emergency basis during designated times. An emergency basis is defined as services which must be performed without delay because of the medical condition of the patient. Refer to Preamble for Oral and Maxillofacial Surgery.

2.19 Premium Fees (Individuals with Special Needs Oral Health Program)

Premium fees are additional amounts paid above normal or customary rates on eligible services when such services are required to be delivered in a public hospital. Such services are subject to a 30% premium on base tariff. Refer to Preamble for Individual with Special Needs Oral Health Program.

2.20 Pre-Authorized (Listed as PA in the Tariff of Fees)

Pre-Authorization is a process for assessing eligibility for coverage of a service before the treatment begins.

2.21 Cavitated Lesion

A lesion where there is clinical or radiographic evidence of dentinal involvement of tooth decay.

2.22 Locum Tenens

A dentist who temporarily replaces another dentist who is absent from the practice.

Note: The locum dentist may not claim under the billing number of the dentist being replaced. See details under “Conditions of Participation”.

PRINCIPLES OF ETHICAL BILLING

- 3.1** A dentist who provides professional services to a patient is entitled to compensation commensurate with the services provided to the patient. These services are designated as either insured or non-insured. Insured services are those listed in the GSC/DHW Dentists Guide. Some insured services have specific allowable frequencies. When services are provided beyond program frequencies, these are deemed to be uninsured services.
- 3.2** The following principles apply to claims for insured services:
- 3.2.1** All insured services claimed must reflect services rendered personally by the dentist in an appropriate clinical setting. In accordance with the *Dental Act*, certain delegated dental acts done **under supervision of the dentist present on the premises** may also be claimed.
- 3.2.2** As part of the provision of an insured service, patients may be charged directly for the provision of consumable items not covered by DHW, such as non-insured dental services, completing forms, photocopying, long distance telephone, and similar charges. These charges must be explained and agreed to by the patient before the insured service is provided.
- 3.3** Billing for insured and non-insured dental services at the same visit:
- 3.3.1** A dentist must exercise caution whenever billing GSC/DHW and the patient or a third party during the same visit. In principle, under no circumstances should any service, or any component of a service, be claimed for twice.
- 3.3.2** Whenever possible, the attending dentist must acquaint the patient, or person responsible for the patient, with the financial obligation involved in the patient’s care.
- 3.3.3** The provision of insured services should not be contingent upon the patient agreeing to accept additional non-insured services.

TARIFF OF FEES

The tariff of fees as listed in the *Insured Dental Services Tariff Regulations* has been negotiated and maintained between the Department of Health and Wellness (DHW) and the Nova Scotia Dental Association (NSDA).

- 4.1** The Canadian Dental Association (CDA) Uniform System of Coding and List of Services (USC&LS) as licensed to the Nova Scotia Dental Association (NSDA) employed with the permission of the licensee forms the basis for description of services in the tariff of fees. The USC&LS replaces the previous system of codes used by DHW.
- 4.2** The GSC/DHW adaptation of USC&LS does not include all possible USC&LS codes and GSC/DHW may use qualifiers as described in the tariff of fees.
 - 4.2.1** Qualifiers are appended to USC&LS codes to distinguish between related procedures applied to the same anatomic area or condition, or to accommodate procedures that are a composite of two or more services.
 - 4.2.2** Fees for services are determined through a process of internal (within NSDA) and external (with the DHW) negotiation and maintenance.
 - 4.2.3** If a dentist feels a particular fee is under or overvalued in relation to a similar service, he or she should request that the NSDA consider renegotiating the fee with the DHW.

PROCEDURE FOR AMENDING THE PREAMBLE AND/OR TARIFF OF FEES

- 5.1** When a service is not listed in the tariff of fees, a dentist may request that the NSDA consider negotiating its inclusion in DHW's MSI dental program(s).
- 5.2** The Officers of the NSDA may initiate discussion with the DHW in order to have the change considered for inclusion as an insured service under a DHW MSI dental program. When approved, the amendments will be published in the DHW Dentists Guide.

COMMUNICATION

- 6.1** Changes to programs, fees and other information pertaining to program administration will be communicated to dentists in a timely manner through release of Dentists' Bulletins and Dentists Guide updates by GSC/DHW. The DHW is hereby notified by GSC that, from time to time, GSC adopts Administrative Policies and currently has Administrative Policies in force and effect. GSC hereby reserves and shall have the right, at all times and from time to time, to create, adopt, amend, alter or revise Administrative Policies. Notice will be made to Department of Health and Wellness prior to any of the Administrative Policy additions/changes are implemented.

CONDITIONS OF PARTICIPATION FOR DENTISTS

INTRODUCTION

The *Health Services and Insurance Act* is so written that a dentist may or may not participate in the Department of Health and Wellness' (DHW) Medical Services Insurance (MSI) Programs. However, since MSI programs are legislated for all Nova Scotia residents, there is, inevitably, a degree of involvement for all practicing Nova Scotia dentists.

The fundamental difference between the "opted-in" and "opted-out" dentist is that the "opted-in" dentist will submit claims for, and receive payment directly from GSC/DHW for, insured services rendered. The "opted-out" dentist will deal directly with his/her patient on financial payment matters. Regardless of whether a dental provider has elected to participate in DHW's MSI programs or not, there is no difference in the allowed fees that can be billed to a resident for MSI eligible benefits and balance billing above DHW's regulated tariff for those MSI eligible benefits is not allowed. See the Claims Preparation and Submission section of this guide. See also Billing Above Tariff below.

DEFINITION OF A DENTIST

Regulations under the *Health Services and Insurance Act* define a dentist as a person lawfully entitled to practice dentistry in the place in which such practice is carried out by him/her.

REGISTRATION FOR PARTICIPATION

NEW DENTIST

A dentist commencing practice in Nova Scotia, who is duly registered with the Canadian Dental Association (CDA), will automatically be registered with GSC as a participating dentist. The dentist will be considered to be a participating dentist from the date of commencing practice in Nova Scotia if the above requirements are met.

PARTICIPATION BY "OPTED-OUT" DENTIST

Dentists who have opted out of the DHW's MSI programs may at any time, change the election and participate in the MSI programs, providing the dentist's privilege of assignment of payment with GSC/DHW is in good standing.

Dentists can revoke their election to opt out of DHW's MSI programs by submitting a written notification of their intent to revoke their election. Notification should be directed to GSC with a copy to the DHW. The decision to opt back in does not take effect until the first day of the month beginning after the expiration of 30 days from the date GSC/DHW receives the notice. (For example, if GSC/DHW receives the written notice on July 15, the election to opt in would take effect on September 1.)

AUTHORIZATIONS

TO ASSIGN PAYMENT

A Participating Dentist may assign his entitlement to payment for insured services to one or more – e.g. his employer, group, partnership, clinic, teaching unit, etc. – by special arrangement with GSC/DHW.

TO USE FACSIMILE SIGNATURE

A Participating Dentist can choose to use a rubber signature stamp or other facsimile signature instead of personally signing each claim. This form of valid office verification follows CDA verification standards.

LOCUM TENENS

A dentist who is going to take a locum in Nova Scotia must communicate their intentions to the CDA as billing arrangements specific to that location must be set up with GSC/DHW through data received from the CDA. Providers are **not** to bill DHW under another provider's CDA number.

REGISTRATION FOR NON-PARTICIPATING DENTIST

REVERSAL OF ELECTION TO PARTICIPATE

A Participating Dentist who wishes to reverse an election to participate may do so at any time by submitting written notification of their intent. Notification should be directed to Green Shield Canada with a copy to the DHW. The decision to opt out does not take effect until the first day of the month beginning after the expiration of 60 days from the date GSC/DHW receives the notice. (For example, if GSC/DHW receives the written notice on July 15, the election to opt in would take effect on October 1.)

The *Nova Scotia Health Services and Insurance Act* (the "Act") sets out dentists' obligations in respect of insured services under the DHW's MSI Programs.

The Act permits a dentist to opt out of the DHW's MSI Programs and collect fees for insured services directly from a patient. If a dentist opts out, he or she will not be entitled to any payment under the DHW's MSI Programs. It is also important to be aware that opting out of the DHW's MSI Programs not permit a dentist to charge higher fees. Even if a dentist opts out of the DHW's MSI Programs, the dentist cannot charge a patient more than fees legislated by the DHW under the *Insured Dental Services Tariff Regulations for an insured service*.

To opt out of the DHW's MSI Programs, dentists must meet the following requirements:

The dentist must notify the DHW and GSC of his or its intention to opt out of the DHW's MSI Programs and to collect fees other than under the DHW's MSI Programs. The notice must be provided in writing.

The election to opt out does not take effect until the first day of the month beginning after the expiration of 60 days from the date the Department receives the notice. (For example, if the Department receives the written notice on July 15, the election to opt out would take effect on October 1.)

Dentists cannot seek payment from a patient for insured services immediately after providing notice to the DHW. They must wait until the date that the election to opt out takes effect and cannot bill the patient a higher fee than that of the DHW regulated tariff regardless of participating status.

After a dentist has opted out of DHW's MSI Programs, the dentist must continue to meet the following requirements:

The dentist must provide reasonable notice to a patient (or a person acting on the patient's behalf) that he or she has opted out of the DHW's MSI Programs before providing services.

At the request of a patient (or a person acting on the patient's behalf), the dentist must complete a DHW claim form or provide that person with enough information to complete the claim form.

MAILING ADDRESS TO SEND THE LETTER OF NOTICE:

Specialist, Dental Services
Green Shield Canada
8677 Anchor Drive
PO Box 1671
Windsor, Ontario N9A 0C6

Copy to:
Manager, Insured Dental Programs
Pharmaceutical Services & Extended Health Benefits
1894 Barrington Street
PO Box 488
Halifax, NS B3J 2R8

Note at the top of the letter — “Notice of Opting out of MSI”

NEW DENTIST

A dentist, who becomes entitled to practice in Nova Scotia and subsequently establishes practice in the Province, may elect not to participate in DHW's MSI Programs by advising GSC/DHW in writing of this intention. If GSC/DHW receives the written notice within thirty days of the first day on which the dentist becomes entitled to practice in Nova Scotia, the election shall take effect on the day of being entitled to practice in Nova Scotia.

If such notice of election is not received by GSC/DHW within thirty days of the first day on which the dentist becomes entitled to practice in Nova Scotia, the waiting period indicated above in the reversal of election to participate section, will apply.

PAYMENT TO NON-PARTICIPATING DENTISTS

A dentist who is not participating in the DHW's MSI Programs will not be reimbursed directly by GSC/DHW. Any valid claim received in respect of insured services rendered by a non-participating dentist to an eligible resident will be paid directly to the resident/parent or guardian. The dentist may not be so designated.

Where a dentist who has elected not to participate in the DHW's MSI Programs renders an insured service to a resident, the dentist shall not be entitled to charge the patient for the service unless, prior to rendering it, reasonable notice of non-participation was given to the resident or some other person acting on behalf of the resident (See Section 28 (1) of the *Health Services and Insurance Act*).

BILLING ABOVE REGULATED TARIFF

The regulated tariff for the DHW's MSI Dental Programs is negotiated between the Nova Scotia Dental Association (NSDA) and the Nova Scotia Department of Health and Wellness (DHW) and regardless of whether a dentist has elected to "opt-in" or "opt-out" of the DHW's MSI programs, he/she is required to bill in accordance with the regulated tariff and no balance billing is permitted for any procedure listed as an eligible insured benefit in the *Insured Dental Services Tariff Regulations*. (Refer to Section 29 of the *Health Services and Insurance Act*, for the purposes of the Act, a dentist is deemed to be a physician.)

For procedures not listed in the regulations, the dentist may charge the patient the full fee for the service or may balance bill the difference not covered through a private plan. This is only allowed when the procedure is not an eligible MSI procedure. Eligibility may be based on frequency of a service, and for those services if the patient has already received his/her service in accordance with the program schedule, subsequent services of the same nature are not insured by DHW. Also, under the Act, providers are obligated to notify residents of any recommended uninsured service, and associated costs, before delivering the uninsured service.

BILLING AND PAYMENT

INTRODUCTION

This section provides the necessary details for recording fees charged to DHW for insured services rendered. It also explains the method of payment of approved claims.

REGULATED FEES

Regulated fees as listed under the *Insured Dental Services Tariff Regulations* under the authority of the *Health Services and Insurance Act* are available online at: <http://novascotia.ca/just/regulations/regs/hsidental.htm>

CLAIM PAYMENT

SUBMISSION DATE

Claim should be submitted in a timely fashion. Please be reminded that claims must be received within six months of the date of service (see General Preamble 1.6).

NORMAL PAYMENT

Direct deposit for approved claims will be issued every two weeks. Cheques will be issued every four weeks for dentists who have not authorized direct deposit. The schedule of payments and claim processing periods is available through GSC's providerConnect™ portal. An explanation of benefits statement will be issued, which will include a record of all claims processed with a specific claiming period.

PAYMENT STATEMENT

An explanation of benefits statement is issued with every payment cycle period.

The information provided in this explanation of benefits statement includes full identification of all claims submitted with the amounts that are being reimbursed, the amount claimed by the dentist and an explanation of any non-reimbursement by GSC/DHW. Whenever there is an apparent discrepancy between the claim submitted and the information given on the statement, there will be an explanation provided.

Adjustments to amounts previously paid will also be recorded on this statement. All adjustments refer to specific claims and the patient and claim identification information will be shown. Adjustments should be submitted in a timely fashion.

COMPUTER BILLING

GSC/DHW accepts dentist's claims electronically through office systems approved by the Canadian Dental Association (CDA) and connected to the CDAnet.

This method of claim submission has benefits:

- It reduces clerical errors, which in turn reduces the number of claims being returned for corrections
- Claims are more accurate, therefore payment is faster

GSC also accepts computer printed claim forms and handwritten paper claims via postal mail or providerConnect by using the sending an attachment feature.

Your DHW payment statement will remain the same for claims submitted through all channels. There will be no distinction for reconciliation.

ADMINISTRATION

CLAIMS ASSESSMENT

It is necessary to ensure that public funds used to cover the cost of dental services have been spent appropriately. As the administrator of the Department of Health and Wellness' (DHW) Dental Programs, it is Green Shield Canada's (GSC) responsibility to ensure that claims are assessed and paid appropriately.

APPEAL PROCEDURE

A dentist wishing to appeal the assessment of specific claims where it is felt that claims have not been dealt with satisfactorily, has the right to appeal in writing to GSC stating all the necessary details of the complaint.

On receipt of the complaint, it will be dealt with by the following appeal procedure, in which each step represents a higher authority until the complaint is resolved.

- Contact a GSC Customer Service Representative at 1-833-739-4035
- If you are not satisfied, please ask the Customer Service Centre Representative to immediately put you in touch with the most appropriate Supervisor or Manager.
- If you are still not satisfied, contact the GSC Complaints Officer using the instructions available online at greenshield.ca.
- Where GSC does not settle the complaint to the satisfaction of the complainant, he/she may appeal in writing to the Manager, Insured Dental Programs, Pharmaceutical Services and Extended Health Benefits, Nova Scotia Department of Health and Wellness or Designate.

POST PAYMENT REVIEW

The mandate of the dental monitoring function is to determine, on a post payment basis, whether claims are valid and appropriately billed according to the terms of the *Insured Dental Services Tariff Regulations* and the Dentists Guide. The post payment review of claims is conducted to determine if the service was performed, whether the dental service was medically/dentally necessary as specified by the associated DHW program criteria and to ensure that the service was not misrepresented when the claim was paid.

PROFILE AND CLAIMS REVIEW PROCESS

A billing audit may be initiated from the review of a dental profile; the review of claims submitted for payment; the review of a service verification letter; or a complaint, in writing, from the public.

DENTAL PROFILES

Computerized dental profiles are prepared regularly for all dentists who claim under the Children's Oral Health Program or in-hospital Oral and Maxillofacial Surgery.

The dental profile consists of a summary of DHW fee for service claims data by dental fee group. Peer group information is also included in the profile. Indices show the relationship of each dentist to the peer group average. The comparison is expressed as a percent with 100 representing the average. For example, if a dentist has an index of 150 for payment, this would indicate that the dentist is 50% higher than the peer group average for payment.

AUDIT PROCESS

The audit process seeks to determine whether an insured service was performed, that it was medically necessary, and that it was not misrepresented in the claim for payment.

Dentists should be prepared to substantiate claims submitted to GSC/DHW for payment through properly documented patient records. During the course of an on-site audit, photocopies of the documentation relevant to the claim(s) under review are made as necessary so that documentation is available for future review. The appointed DHW auditor will undertake a review of the audit findings to determine if the documentation supports the claim.

For a post-treatment review, an examination of the patient by another dentist may be necessary. Such a review would be for the purpose of verifying the validity of the service claimed to GSC/DHW and would not be related to the quality of the dental service provided.

DENTAL REVIEW COMMITTEE

If there are unresolved issues associated with a billing audit, GSC/DHW may seek the advice of the Dental Review Committee. The Committee's principle function is to review audit findings regarding specific dentists' billing practices and recommend to GSC/DHW whether billings are in accordance with the Dentists Guide and its Preamble. The Committee also assesses, in the cases presented for its review, whether there are grounds to believe that a provider has fraudulently submitted claims or claimed for services that were not dentally required.

The Dental Review Committee shall consist of five (5) practicing dentists (voting) appointed by the DHW from nominations made by the Nova Scotia Dental Association; one (1) layperson (voting); one (1) DHW Representative (nonvoting); the DHW Dental Consultant (nonvoting) who shall also act as Secretary; other resources as required to be appointed by the DHW (nonvoting), and additional resource staff (nonvoting) as required.

In performing its duty, the Committee will review all relevant material presented to it and, if necessary, to complete its review, may take further action, including the following:

- form Committees or working groups
- obtain information from consultants, or any other person, with respect to any matter or procedure that may come before it
- request GSC/DHW to conduct further review and investigation as the Committee deems appropriate, including affidavits from beneficiaries
- request any dentist or other person to appear before the Committee to provide information to assist the Committee in its review of a case: and
- obtain necessary statistical data

AUDIT OUTCOME

Where the DHW appointed auditor determines, after an audit, that a provider has inappropriately billed services to GSC/DHW or has been inappropriately paid, GSC/DHW may do one or more of the following:

- enter into an agreement with the provider in settlement of the matter, upon any terms as may be agreed to
- subsequent audit of the provider within a specified time period to ensure that billings are appropriate
- refuse or reduce payment of a claim or claims for insured services, or an account
- recover any overpayment made by GSC/DHW to the provider by deducting the amount of the overpayment from any other amounts payable by GSC/DHW to the provider
- commence and maintain civil proceedings in the Supreme Court of Nova Scotia for recovery of any overpayment made to a provider, as a debt owing to GSC/DHW
- refer the matter to the appropriate law enforcement authority or to the appropriate licensing authority, or to both; and/or
- refer the matter to the Executive Director, Pharmaceutical Services and Extended Health Benefits, Nova Scotia Department of Health and Wellness, pursuant to Section 30 of the Act

The sample audit results may be extrapolated over all of the claims paid during the period from which the sample was drawn for the purpose of calculating a recovery.

APPEAL OF AUDIT POSITION

Where a dentist wishes to dispute the position being adopted by GSC/DHW, the provider may appeal in writing to the Manager, Insured Dental Programs, Pharmaceutical Services and Extended Health Benefits, Nova Scotia Department of Health and Wellness.

CLAIM PREPARATION AND SUBMISSION

TREATMENT PLAN PREPARATION

INTRODUCTION

The following section is provided to help you submit a GSC/DHW claim. The key identifier for all communications and claim submission to GSC/DHW is the 3 alpha character prefix identifying the program and the resident's Medical Services Insurance (MSI) health card number.

Alpha Prefix	Program Name
COH	Children's Oral Health Program
MFS	Oral and Maxillofacial Surgery
SNP	Individuals with Special Needs Oral Health Program
MAX	Maxillofacial Prosthodontic Program
CPC	Cleft Palate/Craniofacial Program
ECR	Exceptional Circumstance Request

GENERAL

PRESCRIBED FORMATS

The Regulations under the *Health Services and Insurance Act* require that all claims **must** be submitted in a format prescribed by the Department of Health and Wellness (DHW).

The preferred method is electronic submission through the dental office system connected to the CDAnet.

How to submit claims to GSC electronically

- Using your CDAnet software, select Green Shield Canada (GSC) as the carrier and 000102 as the carrier ID.
- Primary Policy/Plan Number – while mandatory with the CDAnet system, we do not use this field. Please populate with any value (e.g. 99999)
- Enter your patient's MSI number (no spaces) in the certificate field and refer to the chart above for the alpha prefix specific to the program you are claiming. The alpha

prefix will be entered in the division field. If your software does not have a division field, simply enter the alpha prefix and the MSI number in the certificate field.

When electronic submission is not possible, a form is available for paper claim submission, claim forms for insured services are provided to all participating dentists. Supplies can be obtained online through providerConnect™ portal or by calling or writing to Green Shield Canada (GSC).

The form is based on the standard CDA claim form modified slightly to include some program specifics. Either the standard CDA dental claim form or the program specific claim form can be used for manual claims and must be completed fully and accurately to ensure prompt processing.

ENTITLEMENT TO INSURED SERVICES

Before making a claim for an insured service, it is the responsibility of the dentist to determine that the patient is entitled to receive the service. The patient should have a valid Nova Scotia Medical Services Insurance (MSI) Health Card. If other identification is accepted and the claim cannot be processed due to identification errors, it will be the responsibility of the dentist to locate the patient/parent/guardian for correct information. In the absence of proper patient identification, a dentist is advised to deal directly with the patient who will then be responsible for making a claim to GSC/DHW.

CLAIM INFORMATION REQUIREMENTS

Dentists are required to provide the information listed below when submitting claims to GSC/DHW.

- Patient's MSI Health Card Number
- Program identifier (3 character alpha program prefix) to identify the program to which the claims are being submitted.
- Dentist's nine (9) digit CDA Provider Number
- Patient's Name (in full)
- Patient's Gender/Date of Birth
- Diagnosis
- Fee Code
- Location Where Services Provider (office or Hospital)
- Name of Hospital (if applicable)
- Quadrant/Tooth Number
- Surfaces Filled
- Date of each Service
- Dental Fee
- Lab Fee
- Office Verification (Dentist signature or stamped signature)
- Name of Referring Dentist (if applicable)

Dentists who have opted out of the DHW programs are required to provide any information necessary for the patient to complete a Pay-Patient claim. This would be done through

submitting an online claim on the behalf of the patient or providing the patient with a completed CDA standard form or program claim form. It should be indicated on the form submitted that payment is directed to the patient.

ACCURACY OF INFORMATION

Incomplete or incorrect information will result in the return of claims to dentists with probable delay in processing and payment.

SEPARATE CLAIMS

A separate electronic claim or form is required for each patient and all dentists involved in a particular case must file separate claims.

CLAIM SUBMISSION DATES

Claims received beyond six months from date of service will be invalid unless a reasonable explanation for the late submission is provided and considered to be acceptable. To request a review for an exception of a claim denied due to invalid submission date, a written request including supporting documentation must be sent to the NS Government Dental Program attachment option through providerConnect™ portal or mailed to: GSC NS Government Dental Programs P.O. Box 1607, Windsor, ON. N9A 0C6.

INSTRUCTION FOR COMPLETING GSC/DHW CLAIM FORM

DENTIST INFORMATION

This section should be completed in full manually, by stamp or by computer.

CDA PROVIDER NUMBER

Please use all nine (9) digits of the CDA provider number.

PATIENT IDENTIFICATION

Please provide patient's first and last name, the MSI Health Card Number, gender and date of birth. **As status codes are no longer in use, do not add to the beginning of the MSI Health Card Number.**

PROGRAM INFORMATION

Please indicate the program under which the patient is eligible for coverage by including the program 3-character alpha prefix or program name

DATE OF SERVICE

Enter the day, month and year in which the services claimed were rendered, for each line of service provided.

LOCATION OF SERVICE

The location of the service is entered in the “FAC” (facility) column of the claim form or in the comment section of the standard form. A service performed in the office is indicated with an “O” and a service in the hospital by an “H” and must include the hospital name.

FEE CODE

The current Schedule of Fees as listed in the *Insured Dental Tariff Regulations* and published in this guide, is the basis for claiming and payment by GSC/DHW.

When completing the fee code column of the claim form, the dentist must enter the five (5) digit CDA fee code number shown in the Schedule which corresponds to the service rendered. A separate line must be used for each different fee code number.

INTERNATIONAL TOOTH CODE

The International Standards Organization Designation System (ISO) is used to identify a tooth by quadrant, sextant or tooth number.

TOOTH SURFACES

For each filling, a separate line of service is required. The tooth surface filled is entered in this column. The following surface codes should be used:

- M – Mesial
- I – Incisal
- O – Occlusal
- D – Distal
- V – Vestibular Buccal or Labial
- L – Lingual

PREMIUM TIME

The premium time must be included in the instructions when applicable for the Oral and Maxillofacial Surgery Program only. Please see the preamble for the Oral and Maxillofacial Surgery for details.

MAXILLOFACIAL PROSTHODONTICS PROGRAM UNITS

The program units may be included in the instructions when applicable for the Maxillofacial Prosthodontics Program only. Please see the preamble for the Maxillofacial Prosthodontics program for details.

LAB FEE

The full lab fee is entered in this column, on the same line as the related dental fee. A copy of the commercial and/or in-house invoice may be requested by GSC/DHW to support a claim.

DENTAL FEE

The full fee amount is to be entered in this column.

When there is doubt concerning eligibility of the patient or the treatment intended, the dentist may elect to submit a GSC/DHW Dental Treatment Plan, electronically or manually prior to rendering the services. (See Dental Treatment Plan for further detail.)

NAME OF THE HOSPITAL

Where applicable, provide the name of the provincially funded hospital where services were provided and indicate whether or not general anesthetic was used.

REFERRING DENTIST

This space is used by specialists only, to indicate name of the referring dentist.

DENTIST'S SIGNATURE

The dentist is required to sign the declaration in the appropriate space on each claim submitted. Rubber stamp or other facsimile type of signature may be used in this area of the form as office verification consistent with standard CDA guidelines.

DENTIST COMMENTS

Use this space as necessary to provide additional information to support your claim.

PAY-PATIENT CLAIMS (NON-PARTICIPATING DENTISTS)

It is a requirement of the *Insured Dental Services Tariff Regulations* that a dentist who has elected to opt out of the DHW programs, shall provide patients with all information necessary to complete and submit a claim form. In practice, it is easier and faster for the dentist to complete and submit the form either electronically or manually on behalf of his/her patient. It should be indicated on the form submitted that payment is directed to the patient.

It is also a requirement of the Regulations that a dentist who has elected to opt out of the DHW programs must give reasonable notice of this fact to a patient or someone acting on his/her behalf, before providing a service. Provider cannot bill the patient above the DHW tariff for any DHW eligible procedure regardless of participating status.

FORMS INVOLVING THIRD PARTY

When providing dental services where a third party liability is involved — e.g. a car accident, complete the DHW claim form.

DENTAL TREATMENT PLAN (Predetermination or Pre-authorization)

GENERAL

Provision has been made for the filing of a Dental Predetermination or Treatment Plan, which is intended to:

- Confirm patient eligibility for benefits
- Determine whether services planned are insured
- Determine DHW payment level
- Determine patient liability (if applicable)
- Determine need for specialist treatment

FILING OF PLAN

If you are uncertain as to eligibility of patients or benefits or wish to have predetermined the DHW payment level or patient liability (if applicable), you may elect to submit either an electronic predetermination through the CDAnet in the prescribed format, manually submit or upload a predetermined treatment plan via providerConnect™ send an attachment.

When the electronic claim information is insufficient for GSC to provide a benefit determination, additional information can be submitted through providerConnect™ as send an attachment.

The dental authorization may be submitted prior to rendering necessary services or coincident with the commencement of treatment.

PRESCRIBED FORM

The DHW Dental Treatment Plan can be submitted to GSC/DHW on standard CDA treatment form or standard CDA claim form indicating for predetermination of treatment.

PREPARATION OF DENTAL TREATMENT PLAN

PATIENT IDENTIFICATION

Information required relating to the dental treatment plan is similar to all information supplied for a rendered claim including the name of the program in which treatment is to be rendered and the patient's MSI Health Card Number.

DENTIST IDENTIFICATION

Information relating to dentist identification includes all nine (9) digits of the CDA provider number.

DIAGNOSIS/COMMENTS

This section is provided so that the dentist may write a narrative diagnosis or comments, which may assist in the assessment of the treatment plan.

If any procedure on the treatment plan involves a general anesthetic, this should be included as a separate line in the details for the services section using the appropriate CDA procedure code.

DETAILS OF SERVICES

Below the "Diagnostic/Comments" section, the actual details of the individual services are recorded. These details include the fee code, the quadrant, tooth numbers, the surface codes, a brief description of the services when required, the rendered dental fee and the estimated lab fee, if applicable, to the treatment. The guidelines for completing these columns are the same as those outlined for completing the claim form and follows CDA standards.

DENTIST'S SIGNATURE

Below the section for recording the details of the individual services, a space is provided for the dentist's signature or stamped signature provided as office verification and the date of the estimate.

SUBMISSION OF DENTAL TREATMENT PLAN

Upon completion, the Dental Treatment Plan should be submitted to GSC/DHW for approval either electronically, manually or via providerConnect™.

APPROVAL OF DENTAL TREATMENT PLAN

Upon receipt of a treatment plan, GSC/DHW will assess the information in relation to the five (5) points of general provisions and according to the benefits eligibility of the program associated with the claiming.

Each line of service on the treatment plan will be individually assessed and an explanation of benefits statement will be issued to the requesting provider in the same way that you would normally receive your claim's payment statements.

APPROVED – TREATMENT PLAN

Approved treatment plans will be valid for 1 year from the date of approval issue. Any changes in the programs could alter the results in the approval. Once treatment is rendered, these claims will be paid in the usual manner

CHILDREN'S ORAL HEALTH PROGRAM (COH)

PREAMBLE

INTRODUCTION

The Children's Oral Health Program (COH) provides diagnostic, preventive and treatment services and is administered by Green Shield Canada (GSC)/Department of Health and Wellness (DHW).

REGISTRATION PROCEDURES

Resident children are registered for the Children's Oral Health Program through the provision of a valid Nova Scotia Medical Services Insurance (MSI) Health Card.

ELIGIBILITY

The Children's Oral Health Program is offered to Nova Scotian residents age 14 or younger who have a valid Nova Scotia MSI Health Card.

Children with private dental plans are required to access their private coverage first. The Children's Oral Health Program will pay any eligible balance left over after the child's private coverage has been accessed up to the DHW tariff rate. Balance billing above tariff rate for any eligible DHW benefit is not allowed. All claims for coordination of benefits with the Children's Oral Health Program, including such claims to be made payable to the child's parent or guardian, must meet the terms of the Children's Oral Health Program. The purpose of the Children's Oral Health Program is to ensure equal access to basic dental care for all eligible children residing in Nova Scotia. It is not intended to act as an enhancement to a private dental plan.

Note: Any DHW insured service(s) with a frequency limitation, such as but not limited to, examination, preventive service, fluoride treatments, will be eligible according to the frequency guidelines under DHW regulations, up to the amount of the DHW tariff fee. Services which are eligible by private coverage within these frequency limits are considered uninsured services with the Department of Health and Wellness (DHW). Additional services and financial discussions must be made with the resident, parent or guardian prior to service delivery.

For example: If private coverage allows for 1 recall examination in a 9 months period, universal access is satisfied with private coverage and resident is not entitled to another recall examination during the year with Department of Health and Wellness (DHW). Claim may be eligible for coordinating benefits to allow payment up to but not exceeding DHW tariff.

Claim submission tip: When submitting to a private carrier do not indicate there is other coverage as the private carrier is considered primary.

INSURED SERVICES

The dental necessity of the procedures carried out must be firmly established; otherwise, the services will not be insured.

Benefit frequency limits on recall exams, caries prevention services and topical fluoride treatments may be assessed for additional units when it can be demonstrated to GSC/DHW that additional dental services are medically necessary, such as in patients with medical complications. Please forward a completed Frequency of Benefit Request Form to GSC for review on an individual basis as some restrictions may apply. Form to follow. All patients in this category must be registered in advance of additional treatment. Granted approvals will be on file for a period of 2 years at which time, if dental necessity remains, a new application must be submitted with supporting documentation of continued care.

Insured services are those described in the tariff of fees for the Children's Oral Health Program. All children who meet the age criteria are eligible for one annual examination, two routine radiographs and one caries prevention service per year. A limited number of other diagnostic and preventive services are insured according to the tariff of fees. Restorative services, according to the Children's Oral Health Program tariff of fees, are insured for all age-eligible children.

Coverage guidelines apply for some services. Eligibility is determined by the performing dentist according to the coverage guidelines listed below and pre-authorization is not required when the guidelines are determined by the performing dentist to be met. Supporting documents as evidence of eligibility, including chart entries and diagnostics, must be provided in the event of a post audit.

TOPICAL FLUORIDE APPLICATIONS

Children are insured for two topical fluoride applications per 12-month period from first paid claim, from the time of the diagnosis until the end of the month in which they turn 15 years of age.

PIT AND FISSURE SEALANT APPLICATION

Pit and fissure sealant applications are insured for all children on recently erupted permanent molars (6-year and 12-year molars), on the basis of one application per tooth, per 12 months period from first paid claim.

EXTRACTIONS

Extractions are insured in the event of:

- unrestorable caries, infection (with or without swelling and/or bleeding), or trauma; **or**
- demonstrable pain that may be accompanied with infection, swelling and/or bleeding, infection or trauma; **or**
- ankylosis; **or**
- supernumerary teeth (including mesiodens)

Routine extractions of wisdom teeth and extractions for crowding purposes are not insured under prevention alone.

Procedures performed for local or generalized pain and/or discomfort which are unsupported by radiographic evidence are not insured services.

MULTIPLE OPERATIVE PROCEDURES

Bilateral procedures performed under same general anesthetic, other than uncomplicated extractions, are eligible at 50% of the DHW tariff of the unilateral procedure.

Bilateral procedures performed under same local anesthetic or conscious sedation, are eligible at 100% of the DHW tariff of the unilateral procedure.

Some surgical procedures are not only bilateral but involve all four quadrants performed at the same appointment, with separate incisions in each. When two quadrants are involved in surgical procedures, the first procedure will be paid at 100% and the subsequent procedure at 50%. When more than two quadrants are involved, the first two are paid at 100% and subsequent procedures at 50%.

The same rules apply in the case of sextants.

STAINLESS STEEL CROWNS

Stainless steel crowns are only payable for children where medical necessity can be established. Evidence of severely decayed or damaged teeth must be demonstrated radiographically or by photograph for these services to be insured, whether the services are rendered in-hospital or in-office.

The first 3 stainless steel crowns provided on the same day with general anesthetic will be paid at 100% of the DHW tariff. Any additional crowns provided with general anesthetic on the same day will be payable at 50% of the DHW tariff.

PA — PRE-AUTHORIZATION

Preauthorization is a process for assessing eligibility for coverage of a service before the treatment begins. Pre-authorizations are required for procedures listed in the DHW tariff and indicated as PA.

NA — NOT APPLICABLE

Procedures listed in the DHW tariff are not eligible for reimbursement when performed by the provider type indicated as NA.

OUT OF PROVINCE

There is no coverage under the Children's Oral Health Program for services performed outside of Nova Scotia.

CHILDREN'S ORAL HEALTH PROGRAM (COH)

DIAGNOSTIC PREAMBLE

COMPLETE (INITIAL) ORAL EXAMINATIONS (01101/01102/01103)

- This service is allowed once in a patient's lifetime, when continuity of treatment is maintained. Where there is a gap in complete dental treatment of 2 years or more, a further Complete Oral Examination is warranted and is covered under the Program. There may be other cases where a further Complete Oral Examination is warranted and covered under MSI. Written explanation must be submitted for further assessment of eligibility in these cases.
- A Complete Oral Examination performed by another dentist may be permitted under the Program subject to assessment, unless performed by a dentist who is established in a group practice with the dentist who performed the first examination. (A group practice in this case means a mode of practice where patient records are available to all dentists.)
- In cases where a patient has been referred to a specialist in the same or other group practice, Complete Oral Examinations by both dentist and dental specialist are allowed.

PREVIOUS PATIENT (RECALL) ORAL EXAMINATION (01202)

- This service is allowed after a 12-month period has elapsed from the previous complete or recall examination. A recall will be accepted if rendered 12 months following the date of the complete or previous recall examination but will be rejected if the service is rendered any time prior to the 12 months from first paid claim rule.
- If procedures or treatment services are provided during the same appointment, the fees for both the examination and procedure(s) are allowed.

SPECIFIC (01204) ORAL EXAMINATION

- The fee for this service is applicable only when no other treatment is rendered during the same appointment. If a procedure or treatment service payable by DHW is provided on the same visit, only the fee for the procedure or the exam is paid, whichever carries the higher fee.
- The fee for Specific Examinations includes all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems, and other orthodontic-related concerns.

EMERGENCY (01205) ORAL EXAMINATION

- The fee for this service is payable at 50% of the DHW tariff when any other procedure or treatment service payable by DHW is rendered during the same appointment.
- The fee for Emergency Examinations include all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems, and other orthodontic-related concerns.

TESTS AND LABORATORY EXAMINATIONS

- Pulp vitality tests (general and specific) are intended to be included in the fee for an initial examination; therefore, no additional allowance will be made for these tests when performed in conjunction with an initial examination.
- Fees for all tests and laboratory examinations, other than pulp vitality tests (general and specific), are payable in addition to the fee for an initial examination when such applies.
- When diagnostic casts are prepared, an explanation as to the necessity should be included on the claim.
- Diagnostic casts are to be available under the Program upon request and accordingly, should be retained for a period of 18 months following the service.

SUBMISSION INFORMATION

Submit the form to Green Shield Canada by either Provider Connect with an attached file to the NS Government mailbox online <https://www.providerconnect.ca/Forms/Attachments/ProviderAttachments> or by manual submission via postal mail to:

Green Shield Canada
Attn: Dental Services Dept – Frequency of Benefits Requests
P.O. Box 1671
Windsor, Ontario N9A 0C6

Only complete applications will be considered.

Note: Applications must be pre-approved prior to commencement of treatment.

Children's Oral Health Program (COH)

List of Benefits and Tariff of Fees

		GP Fee	SP Fee
Part 1: Diagnostic—01000–09999			
Examinations			
1. Examinations and diagnosis, complete oral			
01101	Examination and diagnosis, complete, primary dentition, to include extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation	36.12	68.04
01102	Examination and diagnosis, complete, mixed dentition	47.04	97.44
01103	Examination and diagnosis, complete, permanent dentition	63.84	132.72
2. Examinations and diagnosis, limited oral			
01202	Examination and diagnosis, limited oral, previous patient (recall): examination and diagnosis with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests	23.18	29.37
01204	Examination and diagnosis, specific: examination, diagnosis and evaluation of a specific situation in a localized area	36.24	49.29
01205	Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area	36.24	49.29
05201	Consultation, in office (specialist other than orthodontist)	NA	81.81
Radiographs (includes radiographic examinations and interpretation) Coverage guidelines apply (see preamble in the Dentists Guide).			
1. Radiographs, intra-oral, periapical			
02111	Single film	12.87	13.14
02112	2 films	16.91	17.24
2. Radiographs, intra-oral, bitewing			
02141	Single film	12.87	13.14
02142	2 films	16.91	17.24
3. Radiographs, panoramic			
02601	Single film (once per lifetime, only in connection with a specific request for a consultation with a specialist other than an Orthodontist; service is not insured if provided for reasons related to spacing, crowding, eruption, timing and other orthodontic related concerns.	54.09	55.17

		GP Fee	SP Fee
4. Radiographs, cephalometric			
02701	Single film (once per lifetime, only in connection with a specific request for a consultation with a specialist other than an orthodontist; service is not insured if provided for reasons related to spacing, crowding, eruption, timing and other orthodontic related concerns.	54.09	55.17
5. Radiographs, interpretation (received from another source, or exposed on hospital equipment)			
02801	MSI: paid at 1/2 regular fee		
Tests and Laboratory Examinations Coverage guidelines apply (see preamble in the Dentists Guide).			
1. Tests, microbiological			
04101	Microbiological test for the determination of pathological agents + L	32.52	33.17
2. Tests, caries susceptibility			
04201	Bacteriological test for the determination of dental caries susceptibility + L	31.80	32.45
3. Tests, histological			
Test, histological, soft tissue			
04311	Biopsy, soft oral tissue, by puncture + L	75.98	77.50
04312	Biopsy, soft oral tissue, by incision + L	75.98	77.50
04313	Biopsy, soft oral tissue, by aspiration + L	75.98	77.50
Tests, histological, hard tissue			
04321	Biopsy, hard oral tissue, by puncture + L	87.50	89.25
04322	Biopsy, hard oral tissue, by incision + L	87.50	89.25
04323	Biopsy, hard oral tissue, by aspiration + L	87.50	89.25
4. Tests, cytological			
04401	Cytological smear from the oral cavity + L	31.80	32.45
5. Tests, pulp vitality			
04501	1 unit	26.89	27.43
Casts, Diagnostic Coverage guidelines apply (see preamble in the Dentists Guide).			
1. Cast, diagnostic, unmounted			
04911	Cast, diagnostic, unmounted + L	32.52	45.62
04912	Cast, diagnostic, unmounted, duplicate + L	PA	PA
2. Cast, diagnostic, mounted			
04921	Cast, diagnostic, mounted + L	40.95	PA
04922	Cast, diagnostic, mounted using face bow transfer + L	67.20	PA
04923	Cast, diagnostic, mounted, using face bow and occlusal records + L	91.50	PA

		GP Fee	SP Fee
Part 2: Preventive Services—10000–19999			
Topical Fluoride Applications			
Coverage guidelines apply (see preamble in the Dentists Guide).			
Fluoride Treatments			
12112	Fluoride treatment, topical application	15.75	16.95
Preventive Services, Other			
1. Nutritional dietary counselling (maximum payable per lifetime is 1 series of 4 appointments)			
13101	1 unit of time	26.25	32.45
2. Caries prevention service (Oral hygiene instruction/plaque control, including brushing and/or flossing and/or embrasure cleaning, including for MSI programs rubber cup polishing and minor scaling procedures)			
13211	1 unit of time	31.80	31.80
3. Sealants, pit and fissure (acid etch preparation included; coverage guidelines apply see preamble in the Dentists Guide)			
13401	Each tooth	21.00	29.56
13409	Each additional tooth within the same quadrant	14.70	20.11
4. Disking of teeth, interproximal (maximum 3 units per lifetime, primary teeth only)			
16201	1 unit of time	56.50	57.63
16202	2 units of time	113.03	115.29
16203	3 units of time	169.52	172.91
Space Maintainers			
(includes design, separation, fabrication, insertion and, if applicable, initial cementation and removal)			
1. Space maintainers, band type			
15101	Space maintainer, band type, fixed, unilateral + L	130.55	178.08
15103	Space maintainer, band type, fixed, bilateral (soldered lingual arch) + L	156.45	270.94
15105	Space maintainer, band type, fixed, bilateral tubes and locking wires + L	190.05	296.31
2. Space maintainers, stainless steel crown type			
15201	Space maintainer, stainless steel crown type, fixed +	168.00	206.25
3. Space maintainers, maintenance of (this service is not insured if provided to address necessary repairs and adjustments after 30 days following the original placement.)			
15601	Maintenance, space maintainer appliance, including adjustment and/or recementation after 30 days post-insertion	55.65	62.24

		GP Fee	SP Fee
Part 3: Restorative Services—20000–29999			
Caries, Trauma and Pain Control (permanent teeth only)			
	Caries/trauma/pain control (includes pulp caps when necessary as a separate procedure)		
20111	First tooth	64.95	79.58
	Caries/trauma/pain control (includes pulp caps when necessary and use of band for retention and support as a separate procedure)		
20121	First tooth	88.20	89.96
20131	Trauma control, first tooth	33.60	38.85
Restorations, Amalgam			
1. Restorations, amalgam, primary teeth			
	Restorations, amalgam, non-bonded, primary teeth		
21111	1 surface	46.17	52.59
21112	2 surfaces	61.93	76.18
21113	3 surfaces	71.16	87.13
21114	4 surfaces	89.79	109.69
21115	5 surfaces or maximum surfaces per tooth	113.01	138.31
	Restorations, amalgam, bonded, primary teeth		
21121	1 surface	47.49	52.59
21122	2 surfaces	61.93	76.18
21123	3 surfaces	71.16	87.13
21124	4 surfaces	89.79	109.69
21125	5 surfaces or maximum surfaces per tooth	113.01	138.31
2. Restorations, amalgam, permanent teeth			
	Restorations, amalgam, non-bonded, permanent bicuspids and anteriors		
21211	1 surface	55.71	68.06
21212	2 surfaces	83.59	101.66
21213	3 surfaces	105.20	128.10
21214	4 surfaces	136.14	172.87
21215	5 surfaces or maximum surfaces per tooth	167.15	203.54
	Restorations, amalgam, non-bonded, permanent molars		
21221	1 surface	63.99	74.46
21222	2 surfaces	90.89	110.91
21223	3 surfaces	119.10	144.90
21224	4 surfaces	164.00	200.89
21225	5 surfaces or maximum surfaces per tooth	218.23	262.50

		GP Fee	SP Fee
Restorations, amalgam, bonded, permanent bicuspid and anteriors			
21231	1 surface	65.96	68.06
21232	2 surfaces	83.59	101.66
21233	3 surfaces	105.20	128.30
21234	4 surfaces	136.14	172.87
21235	5 surfaces or maximum surfaces per tooth	167.15	203.54
Restorations, amalgam, bonded, permanent molars			
21241	1 surface	73.88	74.46
21242	2 surfaces	90.89	110.91
21243	3 surfaces	119.10	144.90
21244	4 surfaces	164.00	200.89
21245	5 surfaces or maximum surfaces per tooth	218.23	265.83
3. Pins, retentive per restoration (for amalgams and tooth coloured restorations)			
21401	1 surface	16.77	17.10
21402	2 surfaces	29.36	29.95
21403	3 surfaces	37.16	37.91
21404	4 surfaces	45.92	46.83
21405	5 surfaces or maximum surfaces per tooth	53.32	54.39
Restorations, Prefabricated, Full Coverage			
Single surface restoration is payable concurrently with open-faced stainless-steel crowns.			
1. Restorations, prefabricated, metal, primary dentition			
22201	Primary anterior	128.63	163.58
22202	Primary anterior, open face	124.31	151.99
22211	Primary posterior	128.63	163.58
22212	Primary posterior, open face	124.31	151.99
2. Restorations, prefabricated, metal, permanent dentition			
22301	Permanent anterior	128.63	167.78
22302	Permanent anterior, open face	124.31	151.99
22311	Permanent posterior	128.63	163.58
22312	Permanent posterior, open face	124.31	151.99
3. Restorations, prefabricated, plastic, permanent dentition			
22501	Permanent anterior	134.40	179.55
22511	Permanent posterior	134.40	179.55

		GP Fee	SP Fee
Restorations, Tooth coloured			
Fee codes 23113, 23114, 23115, 23413, 23414 and 23415 include reattachment of fractured tooth fragments.			
1. Restorations, tooth coloured, permanent anteriors, acid etch/bond technique			
23111	1 surface	77.35	94.20
23112	2 surfaces (continuous)	100.98	123.28
23113	3 surfaces (continuous)	117.61	144.06
23114	4 surfaces (continuous)	187.23	231.83
23115	5 surfaces (continuous, maximum surfaces per tooth)	187.23	231.83
2. Restorations, tooth coloured, permanent bicuspids, acid etch/bond technique			
23311	1 surface	83.11	68.06
23312	2 surfaces	102.90	101.66
23313	3 surfaces	138.52	128.30
23314	4 surfaces	170.18	172.87
23315	5 surfaces or maximum surfaces per tooth	194.59	203.54
3. Restorations, tooth coloured, permanent molars, acid etch/bond technique			
23321	1 surface	87.07	74.46
23322	2 surfaces	104.22	110.91
23323	3 surfaces	142.47	144.90
23324	4 surfaces	172.82	200.89
23325	5 surfaces or maximum surfaces per tooth	218.23	265.82
4. Restorations, tooth coloured, primary, anterior, acid etch/bond technique			
23411	1 surface	71.89	87.96
23412	2 surfaces (continuous)	71.89	87.96
23413	3 surfaces (continuous)	100.98	123.28
23414	4 surfaces (continuous)	153.30	172.82
23415	5 surfaces (continuous, maximum surfaces per tooth)	156.12	172.82
5. Restorations, tooth coloured, primary, posterior, acid etch/bond technique (see prosthodontics section for inlays, onlays and pins)			
23511	1 surface	59.47	52.70
23512	2 surfaces	73.88	76.18
23513	3 surfaces	90.36	87.13
23514	4 surfaces	100.92	109.69
23515	5 surfaces or maximum surfaces per tooth	113.01	138.31

		GP Fee	SP Fee
6. Posts			
25711	Single section + L	180.96	256.64
25712	2 sections + L	244.71	256.64
25713	3 sections + L	394.36	492.95
Posts, cast metal (including core) concurrent with impression for crown			
25721	Single section + L	150.15	256.64
25722	2 sections + L	180.96	256.64
25723	3 sections + L	393.96	492.45
Posts, prefabricated retentive (separate procedure)			
25731	1 post	114.70	139.98
25732	2 posts same tooth	144.46	139.98
25733	3 posts same tooth	180.08	139.98
Posts, prefabricated, retentive and cast core			
25741	1 post and cast core + L	180.96	256.64
25742	2 posts (same tooth) and cast core + L3 posts (same tooth) and cast core + L	180.96	256.64
25743	3 posts (same tooth) and cast core + L	394.36	492.95
Post, prefabricated, with core for crown restoration			
25754	1 post, with composite core + pins	187.98	230.09
Crowns			
Coverage guidelines apply (see preamble in the Dentists Guide). Gold, butt margins (including collarless veneers), custom shading or any aesthetics included in the lab fees are not insured.			
1. Crowns, plastic (single units only)			
Crowns, plastic, processed			
27111	Crown, plastic, processed + L	415.99	424.31
27112	Crown, plastic, processed complicated (restorative, positional and/or aesthetic) + L		
27113	Crown, plastic, transitional, indirect + L		
27114	Crown, plastic/metal base, processed + L		
Crowns, plastic, direct (not payable in addition to permanent crowns)			
27121	Crown, plastic, direct, transitional (chairside)	121.13	123.55
27122	Crown, transitional restoration of fractured anterior		
2. Crowns, porcelain/ceramic/polymer glass			
27201	Crown, porcelain/ceramic jacket + L	510.80	625.23
27202	Crown, porcelain/ceramic jacket complicated + L		

		GP Fee	SP Fee
3. Crowns, porcelain/ceramic fused to metal			
27211	Crown, porcelain/ceramic fused to metal base + L	510.80	625.23
27212	Crown, porcelain/ceramic jacket complicated + L		
4. Recementation/rebonding, inlays/onlays/crowns/veneers/posts/natural tooth fragments (maximum of 3 units per tooth) For stainless steel crowns, recementation is payable after 120 days following original placement by same or different dentist			
29101	1 unit of time	61.03	62.24
29102	2 units of time	122.02	124.46
29103	3 units of time	183.03	186.69
Endodontics			
1. Pulpotomy			
Pulpotomy vital, permanent teeth (as a separate emergency procedure)			
32221	Anterior and bicuspid teeth	75.33	92.13
32222	Molar teeth	75.33	92.13
Pulpotomy, vital, primary teeth			
32231	Primary tooth as a separate procedure	60.54	76.78
32232	Primary tooth, concurrent with restorations (but excluding final restorations)	60.54	76.78
2. Pulpectomy (as a separate emergency procedure)			
Pulpectomy, permanent teeth/retained primary teeth			
32311	1 canal	86.77	88.50
32312	2 canals	134.42	137.11
32313	3 canals	PA	PA
32314	4 canals or more	PA	PA
Pulpectomy, primary teeth			
32321	Anterior tooth	78.75	88.50
32322	Posterior tooth	116.55	128.47
Root Canal Therapy			
1. Root canals, permanent teeth, retained primary teeth (includes clinical procedures with appropriate radiographs, excluding final restoration)			
33111	1 canal	342.74	419.55
33121	2 canals	502.03	604.10
33131	3 canals	674.30	825.29
33141	4 canals or more	837.14	988.39

		GP Fee	SP Fee
2. Root canals, primary teeth			
33401	1 canal	129.26	165.76
33402	2 canals	177.68	218.59
33403	3 canals or more	238.02	294.30
3. Apexification/apical closure/induction of hard tissue repair (including biomechanical preparation and placement of dentogenic media)			
33601	1 canal	130.55	159.77
33602	2 canals	172.85	230.56
33603	3 canals	220.13	302.33
33604	4 canals or more	395.47	455.63
4. Re-insertion of dentogenic media per visit			
33611	1 canal	58.19	68.59
33612	2 canals	58.19	68.59
33613	3 canals	58.19	68.59
33614	4 canals or more	58.19	68.59
Periapical Services			
1. Apicoectomy/apical curettage			
Maxillary anterior			
34111	1 root	166.68	219.16
34112	2 roots	249.99	298.23
Maxillary bicuspid			
34121	1 root	239.40	311.24
34122	2 roots	318.15	371.60
34123	3 roots or more	397.95	431.80
Maxillary molar			
34131	1 root	254.37	311.24
34132	2 roots	336.64	371.60
34133	3 roots	401.76	453.40
34134	4 roots or more	452.37	482.69
Mandibular anterior			
34141	1 root	179.03	219.16
34142	2 or more roots	255.79	284.03
Mandibular bicuspid			
34151	1 root	240.45	311.24
34152	2 roots	318.15	371.60
34153	3 roots or more	400.05	431.80

		GP Fee	SP Fee
	Mandibular molar		
34161	1 root	254.37	311.24
34162	2 roots	336.64	371.60
34163	3 roots	401.76	431.80
34164	4 roots or more	452.37	482.77
	2. Retrofilling		
	Maxillary anterior		
34211	1 canal	71.17	87.11
34212	2 or more canals	86.24	108.60
	Maxillary bicuspid		
34221	1 canal	71.17	87.11
34222	2 canals	86.24	108.60
34223	3 canals	104.34	135.77
34224	4 or more canals	116.97	152.71
	Maxillary molar		
34231	1 canal	73.22	87.11
34232	2 canals	90.36	108.60
34233	3 canals	104.34	142.55
34234	4 or more canals	116.97	152.71
	Mandibular anterior		
34241	1 canal	71.17	87.11
34242	2 or more canals	86.24	108.60
	Mandibular bicuspid		
34251	1 canal	71.17	87.11
34252	2 canals	86.24	108.60
34253	3 canals	104.34	135.77
34254	4 canals	116.97	152.71
	Mandibular molar		
34261	1 canal	73.22	87.11
34262	2 canals	90.36	108.60
34263	3 canals	104.34	135.77
34264	4 or more canals	116.97	152.71
	3. Open and drain (separate emergency procedures)		
39201	Anteriors and bicuspid	69.30	75.04
39202	Molars	69.30	75.04

		GP Fee	SP Fee
4. Opening through artificial crown (in addition to procedures)			
39211	Anteriors and bicuspid	85.65	87.36
39212	Molars	85.65	87.36
5. Bleaching, non-vital (maximum of 3 units insured per resident)			
Bleaching endodontically treated tooth/teeth			
39311	1 unit of time	56.50	57.63
39312	2 units of time	97.25	99.19
39313	3 units of time	137.98	140.74
Part 4: Periodontics—40000–49999			
Desensitization			
This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than 1 appointment may be necessary.			
41301	1 unit of time	33.10	33.76
41302	2 units of time	66.18	67.50
41309	Each additional unit of time over 2	33.10	33.76
Periodontal Procedures, Adjunctive			
1. Periodontal splinting or ligation, provisional, intra-coronal "A" splint (acrylic, composite or amalgam, plus knurled wire)			
43111	Per joint	40.90	48.43
2. Periodontal splinting or ligation, provisional, extra-coronal			
Acid etch joint restorations (per joint)			
43211	Per joint	47.30	63.46
Acid etch, interproximal enamel splint			
43221	Per joint	47.30	63.46
Wire ligation			
43231	Per joint	104.22	63.46
Wire ligation, acrylic covered			
43241	Per joint	139.18	63.46
Dental floss ligation			
43251	Per joint	PA	63.46
Orthodontic band splint			
43261	Per band	PA	63.46
Cast/soldered splint acid etch/resin bonded			
43271	Per abutment + L	89.71	63.46

Part 5: Prosthetics—Removable—50000–59999
(Cast partials are not insured services)

Dentures, partial, acrylic, with wrought/cast clasps and/or rests
(covered only if required because of congenital condition or accident.)

52301	Maxillary + L	360.05	451.89
52302	Mandibular + L	360.05	451.89

Part 6: Oral and Maxillofacial Surgery—70000–79999

Certain procedures included in this Part are also contained in Schedule C—Oral and Maxillofacial Surgery covering all eligible residents of the Province. Refer to Schedule C for fees when oral and maxillofacial surgical procedures are performed in hospital. Coverage guidelines apply (see preamble in the Dentists Guide).

Removals (Extractions), Erupted Teeth

1. Removals, erupted teeth, uncomplicated

71101	Single tooth, uncomplicated	67.94	65.90
71109	Each additional tooth, same quadrant, same appointment	45.52	34.65

2. Removals, erupted teeth, complicated

71201	Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth	146.65	178.48
71209	Each addition tooth, same quadrant	89.71	89.25

Removals (Extractions), Surgical

1. Removals, impactions, soft tissue coverage

Removals, impaction, requiring incision of overlying soft tissue and removal of the tooth

72111	Single tooth,	146.65	178.48
72119	Each additional tooth, same quadrant,	90.36	89.25

2. Removals, impactions, involving tissue and/or bone coverage
(including removal of bone and tooth or sectioning and removal of tooth)

72211	Single tooth,	177.68	294.09
72219	Each additional tooth, same quadrant,	108.83	147.05

Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone AND sectioning of tooth for removal

72221	Single tooth,	243.58	327.05
72229	Each additional tooth, same quadrant,	151.05	163.54

3. Removals (extractions), residual roots

		GP Fee	SP Fee
Removals, residual roots, erupted			
72311	Single tooth,	53.85	65.90
72319	Each additional tooth, same quadrant,	34.95	32.98
Removals, residual roots, soft tissue coverage			
72321	Single tooth,	100.94	123.55
72329	Each additional tooth, same quadrant,	63.33	61.79
Removals, residual roots, bone tissue coverage			
72331	Single tooth,	209.93	256.89
72339	Each additional tooth, same quadrant,	129.95	128.45
Surgical Incisions			
Surgical incision and drainage and/or exploration, intra-oral soft tissue			
75111	Intra-oral, surgical exploration, soft tissue	75.33	101.64
75112	Intra-oral, abscess, soft tissue	75.33	101.64
75113	Intra-oral, abscess, in major anatomical area with drain	75.33	101.64
Treatment of Fractures			
Replantation, avulsed tooth/teeth (including splinting)			
76941	Replantation, first tooth	217.68	226.12
76949	Each additional tooth	110.82	113.10
Repositioning of traumatically displaced teeth			
76951	1 unit of time	52.11	49.59
76952	2 units of time	104.22	99.18
76959	Each additional unit of time over 2	52.11	49.59
Hemorrhage, Control of			
Covered only if the procedure is rendered by a dentist other than the provider of the original service.			
79403	Hemorrhage control, using compression and hemostatic agent	52.48	64.30
79404	Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary)	52.48	64.30
Post-Surgical Care (excludes alveolitis)			
79605	Post-surgical care, alveolitis, treatment of (without anesthesia)	NA	54.53
79606	Post-surgical care, alveolitis, treatment of (with anesthesia)	NA	54.53

INDIVIDUALS WITH SPECIAL NEEDS ORAL HEALTH PROGRAM (SNP) PREAMBLE

INTRODUCTION

The Individuals with Special Needs Oral Health Program is designed to meet the basic dental needs of Nova Scotia residents who have been diagnosed (**ICDA Code required**), by a Medical Specialist, to have an intellectual disability to a degree where chair management for dental services is untenable and whose dental needs may necessitate delivery in a hospital setting under a general anesthetic or acceptable alternative. Services delivered in an office setting are subject to the terms and conditions associated with payer of last resort regulations whereby private insurance benefits must be accessed first.

REGISTRATION PROCEDURES

Residents are registered with DHW in the Individuals with Special Needs Oral Health Program through the submission of a specially designed registration form (form follows). The registration process requires that a Medical Specialist has certified by diagnosis that the patient is intellectually disabled to a degree where chair management is untenable. This certification can take the form of a written opinion in the case of a newly diagnosed individual or can be based on a previous diagnosis which would be in the resident's medical file. In the latter case the name of the specialist must be provided by the family physician. Once signed by the physician, the dental provider signs and forwards the form to GSC/DHW on behalf of the resident. Any incomplete forms may result in the delay of processing.

ELIGIBILITY

"Eligible resident" means a person who is insured within the meaning of the *Health Services and Insurance Act*, RSNS, 1989, c. 197 or any successor legislation thereto, and, who is deemed to be intellectually disabled to a degree where chair management is untenable, and whose dental needs may necessitate delivery in a hospital setting under a general anesthetic or acceptable alternative. There is no age restriction.

Residents with private dental plans are required to access their private coverage first. The Program will pay any eligible balance left over after the resident's private coverage has been accessed up to the DHW tariff rate. Balance billing above tariff rate for any eligible DHW benefit is not allowed. All claims for coordination of benefits with the Program, including such claims to be made payable to the resident's parent or guardian, must meet the terms of the Program. The purpose of the Individuals with Special Needs Oral Health Program is to ensure access to basic dental care for all eligible residents in Nova Scotia. It is not intended to act as an enhancement to a private dental plan.

Note: Any DHW insured service(s) with a frequency limitation, such as but not limited to, examination, preventive service, fluoride treatments, will be eligible according to the frequency

guidelines under DHW regulations, up to the amount of the DHW tariff fee. Services which are eligible by private coverage within these frequency limits are considered uninsured services with the Department of Health and Wellness (DHW). Additional services and financial discussions must be made with the resident, parent or guardian prior to service delivery.

For example: If private coverage allows for 1 recall examination in a 9 months period, access is satisfied with private coverage and resident is not entitled to another recall examination during the year with Department of Health and Wellness (DHW). Claim may be eligible for coordinating benefits to allow payment up to but not exceeding DHW tariff.

Claim submission tip: When submitting to a private carrier do not indicate there is other coverage as the private carrier is considered primary.

INSURED SERVICES

Insured services are those described in the tariff of fees for the Individuals with Special Needs Oral Health. Where major restorative and/or oral and maxillofacial surgery services are required, preauthorization must be obtained from GSC/DHW prior to beginning treatment.

Scaling service of up to two units when seen in the office or up to four units for a hospital-based service, once every 12 months from first paid claim, are available under this program. Only scaling fee codes 11111, 11112, 11113 and 11114, OR, as an alternative, root planing fee codes 42111, 42311, 42321, 42341, 42551, 43421, 43422, 43423, 43424, 43425, 43426, 43427 and 43429 can be claimed for this service.

Insured services are those described in the tariff of fees for the Program. All residents who meet the program criteria are eligible for one routine annual examination, two routine radiographs and one caries prevention service per year. A limited number of other diagnostic and preventive services are insured according to the tariff of fees. Restorative services, according to the Program tariff of fees, are insured for all eligible residents.

Coverage guidelines apply for some services. Eligibility for such service is determined by the performing dentist according to the coverage guidelines listed below and pre-authorization is not required when the guidelines are determined by the performing dentist to be met. Supporting documents as evidence of eligibility, including chart entries and diagnostics, must be provided in the event of a post audit.

Benefit frequency limits on recall exams, caries prevention services and topical fluoride treatments may be assessed for additional units when it can be demonstrated to GSC/DHW that additional dental services are medically necessary, such as in-patients with medical complications. Please forward a completed Frequency of Benefit Request Form to GSC for review on an individual basis as some restrictions may apply. All patients in this category must be registered in advance of additional treatment. Granted approvals will be on file for the lifetime of the resident providing coverage remains eligible and in effect at the time of the claim.

TOPICAL FLUORIDE APPLICATIONS

Residents who have been diagnosed with cavitated (clinical or radiographic evidence of dentinal involvement) smooth surface caries, are insured for two topical fluoride applications per 12-month period from first paid claim. Smooth surface caries are those found on the approximal tooth surfaces (including fillings with recurrent cavitated caries) and those found on buccal or lingual cervical smooth surfaces (including fillings with recurrent cavitated caries).

PIT AND FISSURE SEALANT APPLICATION

Pit and fissure sealant applications are insured for all residents on erupted permanent molars (6-year and 12-year molars), on the basis of one application per tooth, per 12 months period from first paid claim **if** they meet the following criteria:

- A tooth has deep retentive narrow pits and fissures, or is showing white chalky areas (white spot lesions) or stained fissures; **and**
- There is no radiographic evidence of caries on the occlusal surfaces (if such evidence is available; **and**
- There is no evidence of caries on the approximal surfaces; **and**
- The tooth is sufficiently erupted to enable proper isolation.

EXTRACTIONS

Extractions are insured in the event of:

- Unrestorable caries, infection (with or without swelling and/or bleeding), or trauma; or
- Demonstrable pain that may be accompanied with infection, swelling and/or bleeding, infection or trauma
- Ankylosis
- Supernumerary teeth (including mesiodens).

Routine extractions of wisdom teeth and extractions for crowding purposes are not insured under prevention alone.

Procedures performed for local or generalized pain and/or discomfort which are unsupported by radiographic evidence are not insured services.

STAINLESS STEEL CROWNS

Stainless steel crowns are only payable for residents where medical necessity can be established. Evidence of severely decayed or damaged teeth must be demonstrated radiographically or by photograph for these services to be insured, whether the services are rendered in-hospital or in-office.

The first 3 stainless steel crowns provided on the same day with general anaesthetic will be paid at 100% of the DHW tariff. Any additional crowns provided with general anesthetic on the same day will be payable at 50% of the DHW tariff.

PREMIUM FEES

These services are subject to a 30% premium fee on the base when delivered in a provincially funded hospital setting. Hospital based services are not subject to payer of last resort regulations. Hospital setting indication and hospital name must be indicated on claim form for services rendered in hospital setting. Total rendered amount inclusive of the 30% premium fee must be indicated on the claim form for auditing purposes.

PA — PRE-AUTHORIZATION

Preauthorization is a process for assessing eligibility for coverage of a service before the treatment begins. Pre-authorizations are required for procedures listed in the DHW tariff and indicated as PA.

NA — NOT APPLICABLE

Procedures listed in the DHW tariff are not eligible for reimbursement when performed by the provider type indicated as NA.

OUT OF PROVINCE

There is no coverage under the Program for services performed outside of Nova Scotia.

INDIVIDUALS WITH SPECIAL NEEDS ORAL HEALTH PROGRAM (SNP)

DIAGNOSTIC PREAMBLE

COMPLETE (INITIAL) ORAL EXAMINATIONS (01101/01102/01103)

- This service is allowed once in a patient's lifetime, when continuity of treatment is maintained. Where there is a gap in complete dental treatment of 2 years or more, a further Complete Oral Examination is warranted and is covered under the Program. There may be other cases where a further Complete Oral Examination is warranted and covered under the Program. Written explanation must be submitted for further assessment of eligibility in these cases.
- A Complete Oral Examination performed by another dentist may be permitted under the Program subject to assessment, unless performed by a dentist who is established in a group practice with the dentist who performed the first examination. (A group practice in this case means a mode of practice where patient records are available to all dentists.)
- In cases where a patient has been referred to a specialist in the same or other group practice, Complete Oral Examinations by both dentist and dental specialist are allowed.

PREVIOUS PATIENT (RECALL) ORAL EXAMINATION (01202)

- This service is allowed after a 12-month period has elapsed from the previous complete or recall examination. A recall will be accepted if rendered 12 months following the date of the complete or previous recall examination but will be rejected if the service is rendered any time prior to the 12 months from first paid claim rule.
- If procedures or treatment services are provided during the same appointment, the fees for both the examination and procedure(s) are allowed.

SPECIFIC (01204) ORAL EXAMINATION

- The fee for this service is applicable only when no other treatment is rendered during the same appointment. If a procedure or treatment service payable by DHW is provided on the same visit, only the fee for the procedure or the exam is paid, whichever carries the higher fee.
- The fee for Specific Examinations includes all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems, and other orthodontic-related concerns.

EMERGENCY (01205) ORAL EXAMINATION

- The fee for this service is payable at 50% of the DHW tariff when any other procedure or treatment service payable by DHW is rendered during the same appointment.
- The fee for Emergency Examinations include all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems, and other orthodontic-related concerns.

TESTS AND LABORATORY EXAMINATIONS

- Pulp vitality tests (general and specific) are intended to be included in the fee for an initial examination; therefore, no additional allowance will be made for these tests when performed in conjunction with an initial examination.
- Fees for all tests and laboratory examinations, other than pulp vitality tests (general and specific), are payable in addition to the fee for an initial examination when such applies.
- When diagnostic casts are prepared, an explanation as to the necessity should be included on the claim.
- Diagnostic casts are to be available under the Program upon request and accordingly, should be retained for a period of 18 months following the service.

Department of Health and Wellness
**INDIVIDUALS WITH SPECIAL NEEDS ORAL HEALTH PROGRAM (SNP)
REGISTRATION FORM**

PATIENT INFORMATION
Patient's Full Name: _____ MSI Health Card #: _____ Date of Birth: _____
PHYSICIAN'S STATEMENT (PROVIDE COMPLETE DETAILS OF MEDICAL DIAGNOSIS INCLUDING THE ICD CODE)
_____ _____ _____ _____ ICD code: _____ Chair management untenable: <input type="checkbox"/> Yes <input type="checkbox"/> No
This is to confirm that the above patient has an intellectual disability to the degree that chair management for dental services is untenable.
Physician's Name: _____ Physician's Signature: _____ Date: _____
DENTIST'S STATEMENT
Due to the medical condition of this patient as verified by this form, which has been signed by Dr. _____, M.D., the proposed dental treatment can be performed in office or in hospital setting.
Dentist's Name: _____ Dentist's Signature: _____ Date: _____ Fax #: _____ Email: _____
GSC/DHW Use Only
Registration Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ _____
Signature: _____ Date of request: _____

SUBMISSION INFORMATION

Submit the form to Green Shield Canada by either Provider Connect with an attached file to the NS Government mailbox online <https://www.providerconnect.ca/Forms/Attachments/ProviderAttachments> or by manual submission via postal mail to:

Green Shield Canada

Attn: Dental Services Dept – Individuals with Special Needs Oral Health Program Registration

P.O. Box 1671

Windsor, Ontario N9A 0C6

Only complete applications will be considered.

Note: Both Physician and Dentist statement including ICD code must be indicated on form.

SUBMISSION INFORMATION

Submit the form to Green Shield Canada by either Provider Connect with an attached file to the NS Government mailbox online <https://www.providerconnect.ca/Forms/Attachments/ProviderAttachments> or by manual submission via postal mail to:

Green Shield Canada
Attn: Dental Services Dept – Frequency of Benefits Requests
P.O. Box 1671
Windsor, Ontario N9A 0C6

Only complete applications will be considered.

Note: Applications must be pre-approved prior to commencement of treatment.

Individuals with Special Needs Oral Health Program (SNP)

List of Benefits and Tariff of Fees

		GP/SP Fee	Hospital Premium
Part 1: Diagnostic-01000-09999			
Examinations			
1. Examinations and diagnosis, complete oral			
01101	Examination and diagnosis, complete, primary dentition, to include extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation	50.00	65.00
01102	Examination and diagnosis, complete, mixed dentition	66.00	85.80
01103	Examination and diagnosis, complete, permanent dentition	91.00	118.30
2. Examinations and diagnosis, limited oral			
01202	Examination and diagnosis, limited oral, previous patient (recall): examination and diagnosis with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests	32.00	41.60
01204	Examination and diagnosis, specific: examination, diagnosis and evaluation of a specific situation in a localized area	49.00	63.70
01205	Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area	49.00	63.70
05201	Consultation, in office (specialist other than orthodontist)	95.00	NA
Radiographs (including radiographic examinations and interpretation) Coverage guidelines apply (see preamble in the Dentists Guide).			
1. Radiographs, intra-oral, periapical			
02111	Single film	17.00	22.10
02112	2 films	22.00	28.60
2. Radiographs, intra-oral, bitewing			
02141	Single film	17.00	22.10
02142	2 films	22.00	28.60
3. Radiographs, panoramic			
02601	Single film (once per lifetime, and only in connection with a specific request for a consultation with a specialist other than an orthodontist; service is not insured if provided for reasons related to spacing, crowding, eruption, timing and other orthodontic related concerns)	67.00	87.10

		GP/SP Fee	Hospital Premium
4. Radiographs, cephalometric			
02701	Single film (once per lifetime, and only in connection with a specific request for a consultation with a specialist other than an orthodontist; service is not insured if provided for reasons related to spacing, crowding, eruption, timing and other orthodontic related concerns)	67.00	87.10
5. Radiographs, interpretation (received from another source, or for MSI-exposed on hospital equipment)			
02801	MSI: paid at 1/2 regular fee	30.00	39.00
Tests and Laboratory Examinations Coverage guidelines apply (see preamble in the Dentists Guide).			
1. Tests, microbiological			
04101	Microbiological test for the determination of pathological agents + L	37.00	48.10
2. Tests, caries susceptibility			
04201	Bacteriological test for the determination of dental caries susceptibility + L	39.00	50.70
3. Tests, histological			
Test, histological, soft tissue			
04311	Biopsy, soft oral tissue, by puncture + L	92.00	119.60
04312	Biopsy, soft oral tissue, by incision + L	92.00	119.60
04313	Biopsy, soft oral tissue, by aspiration + L	92.00	119.60
Tests, histological, hard tissue			
04321	Biopsy, hard oral tissue, by puncture + L	108.00	140.40
04322	Biopsy, hard oral tissue, by incision + L	108.00	140.40
04323	Biopsy, hard oral tissue, by aspiration + L	108.00	140.40
4. Tests, cytological			
04401	Cytological smear from the oral cavity + L	39.00	50.70
5. Tests, pulp vitality			
04501	1 unit	63.00	81.90
Casts, Diagnostic Coverage guidelines apply (see preamble in the Dentists Guide).			
1. Cast, diagnostic, unmounted			
04911	Cast, diagnostic, unmounted + L	24.00	31.20
04912	Cast, diagnostic, mounted using face bow transfer + L	16.00	20.80
2. Cast, diagnostic, mounted			
04921	Cast, diagnostic, mounted + L	44.00	57.20
04922	Cast, diagnostic, mounted using face bow transfer + L	74.00	96.20
04923	Cast, diagnostic, mounted, using face bow + occlusal records + L	109.00	141.70

		GP/SP Fee	Hospital Premium
Part 2: Preventive Services-10000-19999			
Preventive Scaling			
11111	1 unit of time	41.00	53.30
11112	2 units of time	82.00	106.60
11113	3 units of time	123.00	159.90
11114	4 units of time	164.00	213.20
Topical Fluoride Applications			
Coverage guidelines apply (see preamble in the Dentists Guide).			
Fluoride Treatments			
12112	Fluoride treatment, topical application	16.00	20.80
Preventive Services, Other			
1. Nutritional dietary counselling (maximum payable per lifetime is 1 series of 4 appointments)			
13101	1 unit of time	31.00	40.30
2. Caries prevention service, includes rubber cap polishing and/or minor scaling procedures			
13211	1 unit of time	31.00	40.30
3. Sealants, pit and fissure (acid etch preparation included; coverage guidelines apply see preamble in the Dentists Guide)			
13401	Each tooth	23.00	29.90
13409	Each additional tooth within the same quadrant	17.00	22.10
4. Disking of teeth, interproximal (maximum 3 units per lifetime, primary teeth only)			
16201	1 unit of time	68.00	88.40
16202	2 units of time	136.00	176.80
16203	3 units of time	204.00	265.20
Space Maintainers			
(includes design, separation, fabrication, insertion and if applicable, initial cementation and removal)			
1. Space maintainers, band type			
15101	Space maintainer, band type, fixed, unilateral + L	141.00	183.30
15103	Space maintainer, band type, fixed, bilateral (soldered lingual arch) + L	155.00	201.50
15105	Space maintainer, band type, fixed, bilateral tubes and locking wires + L	188.00	244.40
2. Space maintainers, stainless steel crown type			
15201	Space maintainer, stainless steel crown type, fixed + L	166.00	215.80

		GP/SP Fee	Hospital Premium
3. Space maintainers, maintenance of (service is not insured if provided to address necessary repairs and adjustments after 30 days following the original placement)			
15601	Maintenance, space maintainer appliance, including adjustment and/or recementation after 30 days post-insertion	60.00	78.00
Part 3: Restorative Services-20000-29999			
Caries, Trauma and Pain Control (permanent teeth only)			
Caries/trauma/pain control (includes pulp caps when necessary as a separate procedure)			
20111	First tooth	97.00	126.10
Caries/trauma/pain control (includes pulp caps when necessary and use of band for retention and support as a separate procedure)			
20121	First tooth	PA	143.00
20131	Trauma control, first tooth	PA	52.00
Restorations, Amalgam			
1. Restorations, amalgam, primary teeth			
Restorations, amalgam, non-bonded, primary teeth			
21111	1 surface	91.00	118.30
21112	2 surfaces	115.00	149.50
21113	3 surfaces	129.00	167.70
21114	4 surfaces	142.00	184.60
21115	5 surfaces or maximum surfaces per tooth	174.00	226.20
Restorations, amalgam, bonded, primary teeth			
21121	1 surface	92.00	119.60
21122	2 surfaces	117.00	152.10
21123	3 surfaces	132.00	171.60
21124	4 surfaces	146.00	189.80
21125	5 surfaces or maximum surfaces per tooth	178.00	231.40
2. Restorations, amalgam, permanent teeth			
Restorations, amalgam, non-bonded, permanent bicuspid and anteriors			
21211	1 surface	106.00	137.80
21212	2 surfaces	138.00	179.40
21213	3 surfaces	169.00	219.70
21214	4 surfaces	201.00	261.30
21215	5 surfaces or maximum surfaces per tooth	238.00	309.40

		GP/SP Fee	Hospital Premium
Restorations, amalgam, non-bonded, permanent molars			
21221	1 surface	122.00	158.60
21222	2 surfaces	154.00	200.20
21223	3 surfaces	186.00	241.80
21224	4 surfaces	217.00	282.10
21225	5 surfaces or maximum surfaces per tooth	276.00	358.80
Restorations, amalgam, bonded, permanent bicuspid and anteriors			
21231	1 surface	122.00	158.60
21232	2 surfaces	154.00	200.20
21233	3 surfaces	186.00	241.80
21234	4 surfaces	213.00	276.90
21235	5 surfaces or maximum surfaces per tooth	255.00	331.50
Restorations, amalgam, bonded, permanent molars			
21241	1 surface	131.00	170.30
21242	2 surfaces	166.00	215.80
21243	3 surfaces	200.00	260.00
21244	4 surfaces	234.00	304.20
21245	5 surfaces or maximum surfaces per tooth	297.00	386.10
3. Pins, retentive per restoration (for amalgams and tooth coloured restorations)			
21401	1 pin	24.00	31.20
21402	2 pins	37.00	48.10
21403	3 pins	50.00	65.00
21404	4 pins	63.00	81.90
21405	5 pins or more	77.00	100.10
Restorations, Prefabricated, Full Coverage			
Note that a single surface restoration is payable concurrently with open-faced stainless-steel crowns.			
1. Restorations, prefabricated, metal, primary dentition			
22201	Primary anterior	162.00	210.60
22202	Primary anterior, open face	194.00	252.20
22211	Primary posterior	162.00	210.60
22212	Primary posterior, open face	194.00	252.20
2. Restorations, prefabricated, metal, permanent dentition			
22301	Permanent anterior	162.00	210.60
22302	Permanent anterior, open face	124.31	151.99

		GP/SP Fee	Hospital Premium
22311	Permanent posterior	162.00	210.60
22312	Permanent posterior, open face	124.31	151.99
3. Restorations, prefabricated, plastic, permanent dentition			
22501	Permanent anterior	162.00	210.60
22511	Permanent posterior	162.00	210.60
Restorations, Tooth-Coloured Fee codes 23113, 23114, 23115, 23413, 23414, and 23415 include reattachment of fractured tooth fragments.			
1. Restorations, tooth coloured, permanent anteriors, acid etch/bond technique			
23111	1 surface	116.00	150.80
23112	2 surfaces (continuous)	148.00	192.40
23113	3 surfaces (continuous)	179.00	232.70
23114	4 surfaces (continuous)	211.00	274.30
23115	5 surfaces (continuous, maximum surfaces per tooth)	277.00	360.10
2. Restorations, tooth coloured, permanent posteriors, acid etch/bond technique			
Tooth coloured, permanent bicuspid			
23311	1 surface	138.00	179.40
23312	2 surfaces	176.00	228.80
23313	3 surfaces	213.00	276.90
23314	4 surfaces	250.00	325.00
23315	5 surfaces or maximum surfaces per tooth	329.00	427.70
Tooth coloured, permanent molars			
23321	1 surface	144.00	187.20
23322	2 surfaces	183.00	237.90
23323	3 surfaces	222.00	288.60
23324	4 surfaces	261.00	339.30
23325	5 surfaces	343.00	445.90
3. Restorations, tooth coloured, primary, anterior, acid etch/bond technique			
23411	1 surface	102.00	132.60
23412	2 surfaces (continuous)	130.00	169.00
23413	3 surfaces (continuous)	158.00	205.40
23414	4 surfaces (continuous)	185.00	240.50
23415	5 surfaces (continuous, maximum surfaces per tooth)	243.00	315.90

		GP/SP Fee	Hospital Premium
4. Restorations, tooth coloured, primary, posterior, acid etch/bond technique (see prosthodontics section for inlays, onlays and pins)			
23511	1 surface	102.00	132.60
23512	2 surfaces	130.00	169.00
23513	3 surfaces	158.00	205.40
23514	4 surfaces	185.00	240.50
23515	5 surfaces or maximum surfaces per tooth	243.00	315.90
5. Posts			
Posts, cast metal (including core) as a separate procedure			
25711	Single section + L	318.00	413.40
25712	2 sections + L	424.00	551.20
25713	3 sections + L	484.00	629.20
Posts, cast metal (including core) concurrent with impression for crown			
25721	Single section + L	165.00	214.50
25722	2 sections + L	270.00	351.00
25723	3 sections + L	331.00	430.30
Posts, prefabricated retentive (separate procedure)			
25731	1 post	152.00	197.60
25732	2 posts same tooth	257.00	334.10
25733	3 posts same tooth	318.00	413.40
Posts, prefabricated, retentive and cast core			
25741	1 post and cast core + L	180.96	256.64
25742	2 posts (same tooth) and cast core + L	180.96	256.64
25743	3 posts (same tooth) and cast core + L	394.36	492.95
Post, prefabricated, with core for crown restoration			
25754	1 post, with composite core + pins	253.00	328.90
Crowns			
Coverage guidelines apply (see preamble in the Dentists Guide). Gold, butt margins (including collarless veneers), custom shading or any aesthetics included in the lab fees are not insured.			
1. Crowns, plastic (single units only)			
Crowns, plastic, processed			
27111	Crown, plastic, processed + L	516.00	670.80
27112	Crown, plastic, processed complicated (restorative, positional and/or aesthetic) + L	PA	PA

		GP/SP Fee	Hospital Premium
27113	Crown, plastic, transitional, indirect + L	175.00	227.50
27114	Crown, plastic/metal base, processed + L	510.80	625.23
Crowns, plastic, direct (not payable in addition to permanent crowns)			
27121	Crown, plastic, direct, transitional (chairside)	166.00	215.80
27122	Crown, transitional restoration of fractured anterior	PA	PA
2. Crowns, porcelain/ceramic/polymer glass			
27201	Crown, porcelain/ceramic jacket + L	667.00	867.10
27202	Crown, porcelain/ceramic jacket complicated + L	PA	PA
3. Crowns, porcelain/ceramic fused to metal			
27211	Crown, porcelain/ceramic fused to metal base + L	667.00	867.10
27212	Crown, porcelain/ceramic fused to metal base, complicated	801.00	1041.30
4. Recementation/rebonding, inlays/onlays/crowns/veneers/posts/natural tooth fragments (maximum of 3 units per tooth) For stainless steel crowns, recementation is payable after 120 days following original placement by same or different dentist.			
29101	1 unit of time	72.00	93.60
29102	2 units of time	144.00	187.20
29103	3 units of time	216.00	280.80
Endodontics			
1. Pulpotomy			
Pulpotomy vital, permanent teeth (as a separate emergency procedure)			
32221	Anterior and bicuspid teeth	107.00	139.10
32222	Molar teeth	129.00	167.70
Pulpotomy, vital, primary teeth			
32231	Primary tooth as a separate procedure	85.00	110.50
32232	Primary tooth, concurrent with restorations (but excluding final restorations)	77.00	100.10
2. Pulpectomy (as a separate emergency procedure)			
Pulpectomy, permanent teeth/retained primary teeth			
32311	1 canal	144.00	187.20
32312	2 canals	190.00	247.00
32313	3 canals	235.00	305.50
32314	4 canals or more	309.00	401.70
Pulpectomy, primary teeth			
32321	Anterior tooth	91.00	118.30

		GP/SP Fee	Hospital Premium
32322	Posterior tooth	135.00	175.50
Root Canal Therapy			
1. Root canals, permanent teeth, retained primary teeth (includes clinical procedures with appropriate radiographs, excluding final restoration)			
33111	1 canal	428.00	556.40
33121	2 canals	607.00	789.10
33131	3 canals	793.00	1030.90
33141	4 canals or more	963.00	1251.90
2. Root canals, primary teeth			
33401	1 canal	181.00	235.30
33402	2 canals	239.00	310.70
33403	3 canals or more	238.02	294.30
3. Apexification/apical closure/induction of hard tissue repair (including biomechanical preparation and placement of dentogenic media)			
33601	1 canal	162.00	210.65
33602	2 canals	212.00	275.60
33603	3 canals	269.00	349.70
33604	4 canals or more	481.00	625.30
4. Re-insertion of dentogenic media per visit			
33611	1 canal	68.00	84.00
33612	2 canals	68.00	84.00
33613	3 canals	68.00	84.00
33614	4 canals or more	68.00	84.00
Periapical Services			
1. Apicoectomy/apical curettage			
Maxillary anterior			
34111	1 root	241.00	313.30
34112	2 roots	345.00	448.50
Maxillary bicuspid			
34121	1 root	275.00	357.50
34122	2 roots	365.00	474.50
34123	3 roots or more	450.00	585.00
Maxillary molar			
34131	1 root	308.00	400.40
34132	2 roots	410.00	533.00

		GP/SP Fee	Hospital Premium
34133	3 roots	518.00	673.40
34134	4 roots or more	452.37	482.69
	Mandibular anterior		
34141	1 root	240.00	312.00
34142	2 or more roots	344.00	447.20
	Mandibular bicuspid		
34151	1 root	275.00	357.50
34152	2 roots	365.00	474.50
34153	3 or more	457.00	594.10
	Mandibular molar		
34161	1 root	340.00	442.00
34162	2 roots	450.00	585.00
34163	3 roots	567.00	737.10
34164	4 roots or more	452.37	482.77
2. Retrofilling			
	Maxillary anterior		
34211	1 canal	89.00	115.70
34212	2 or more canals	106.00	137.80
	Maxillary bicuspid		
34221	1 canal	105.00	136.50
34222	2 canals	132.00	171.60
34223	3 canals	145.00	188.50
34224	4 or more canals	157.00	204.10
	Maxillary molar		
34231	1 canal	128.00	166.40
34232	2 canals	159.00	206.70
34233	3 canals	175.00	227.50
34234	4 or more canals	185.00	240.50
	Mandibular anterior		
34241	1 canal	87.00	113.10
34242	2 or more canals	105.00	136.50
	Mandibular bicuspid		
34251	1 canal	PA	PA
34252	2 canals	128.00	166.40
34253	3 canals	143.00	185.90
34254	4 canals	154.00	200.20

		GP/SP Fee	Hospital Premium
Mandibular molar			
34261	1 canal	128.00	166.40
34262	2 canals	159.00	206.70
34263	3 canals	175.00	227.50
34264	4 or more canals	185.00	240.50
Open and drain (separate emergency procedures)			
39201	Anteriors and bicuspid	79.00	102.70
39202	Molars	79.00	102.70
Opening through artificial crown (in addition to procedures)			
39212	Molars	148.00	192.40
Bleaching, non-vital (maximum of 3 units payable)			
Bleaching endodontically treated tooth/teeth			
39311	1 unit of time	79.00	102.70
39312	2 units of time	158.00	205.40
39313	3 units of time	237.00	308.10
Part 4: Periodontics-40000-49999			
Desensitization			
This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than 1 appointment may be necessary.			
41301	1 unit of time	39.00	50.70
41302	2 units of time	78.00	101.40
41309	Each additional unit of time over 2	39.00	50.70
Periodontal Procedures, Gingival Curettage			
42111	Per sextant	256.00	332.80
Periodontal Procedures, Gingivectomy			
42311	Uncomplicated, per sextant	PA	147.22
42321	Complicated, per sextant	PA	161.95
42341	Soft tissue recontouring for crown lengthening	PA	76.56
Periodontal Surgery, Grafts			
42551	Autograft (free connective tissue) for root coverage	PA	334.23
Periodontal Procedures, Adjunctive			
1. Periodontal splinting or ligation, provisional, intra-coronal			
"A" splint (acrylic, composite or amalgam, plus knurled wire)			
43111	Per join	74.00	96.20

		GP/SP Fee	Hospital Premium
2. Periodontal splinting or ligation, provisional, extra-coronal			
Acid etch joint restorations (per joint)			
43211	Per joint	74.00	96.20
Acid etch, interproximal enamel splint			
43221	Per joint	74.00	96.20
Wire ligation			
43231	Per joint	189.00	245.70
Wire ligation, acrylic covered			
43241	Per joint	252.00	327.60
Dental floss ligation			
43251	Per Joint	PA	376.48
Orthodontic band splint			
43261	Per band	PA	376.48
Cast/soldered splint acid etch/resin bonded			
43271	Per abutment + L	163.00	211.90
Periodontal Procedures, Root Planing (coverage guidelines apply see preamble in the Dentists Guide)			
43421	1 unit of time	41.00	53.30
43422	2 units of time	82.00	106.60
43423	3 units of time	123.00	159.90
43424	4 units of time	164.00	213.20
43425	5 units of time	205.00	266.50
43426	6 units of time	246.00	319.80
43427	One half unit of time	PA	26.00
43429	Each additional unit over 6	41.00	53.30
Part 5: Prosthetics-Removable -50000-59999 (cast partials are not insured services)			
Dentures, partial, acrylic, with wrought/cast clasps and/or rests (covered only if required because of congenital condition or accident)			
52301	Maxillary + L	542.00	704.60
52302	Mandibular + L	542.00	704.60
Part 6: Oral and Maxillofacial Surgery-70000-79999			
Certain procedures included in this Part are also contained in Schedule C—Oral and Maxillofacial Surgery covering all eligible residents of the Province. Refer to Schedule C for fees when oral and maxillofacial surgical procedures are performed in hospital.			
Removals (Extractions), Erupted Teeth			

		GP/SP Fee	Hospital Premium
1. Removals, erupted teeth, uncomplicated			
71101	Single tooth, uncomplicated	117.00	152.10
71109	Each additional tooth, same quadrant, same appointment	78.00	101.40
2. Removals, erupted teeth, complicated			
71201	Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth	225.00	292.50
71209	Each addition tooth, same quadrant	PA	195.00
Removals (Extractions), Surgical			
1. Removals, impactions, soft tissue coverage			
Removals, impaction, requiring incision of overlying soft tissue and removal of the tooth			
72111	Single tooth	225.00	292.50
72119	Each additional tooth, same quadrant	PA	195.00
2. Removals, impactions, involving tissue and/or bone coverage (including removal of bone and tooth or sectioning and removal of tooth)			
72211	Single tooth	PA	351.00
72219	Each additional tooth, same quadrant	PA	234.00
Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone AND sectioning of tooth for removal			
72221	Single tooth	373.00	484.90
72229	Each additional tooth, same quadrant	249.00	323.70
3. Removals (extractions), residual roots			
Removals, residual roots, erupted			
72311	First tooth	91.00	118.30
72319	Each additional tooth, same quadrant	PA	78.00
Removals, residual roots, soft tissue coverage			
72321	First tooth	164.00	213.20
72329	Each additional tooth, same quadrant	PA	143.00
Removals, residual roots, bone tissue coverage			
72331	First tooth	332.00	431.60
72339	Each additional tooth, same quadrant	221.00	287.30
Surgical Incisions			
Surgical incision and drainage and/or exploration, intra-oral soft tissue			
75111	Intra-oral, surgical exploration, soft tissue	132.00	171.60

		GP/SP Fee	Hospital Premium
75112	Intra-oral, abscess, soft tissue	132.00	171.60
75113	Intra-oral, abscess, in major anatomical area with drain	132.00	171.60
Treatment of Fractures			
Replantation, avulsed tooth/teeth (including splinting)			
76941	Replantation, first tooth	391.00	508.30
76949	Each additional tooth	199.00	258.70
Repositioning of traumatically displaced teeth			
76951	1 unit of time	94.00	122.20
76952	2 units of time	188.00	244.40
76959	Each additional unit of time over 2	94.00	122.20
Hemorrhage, Control of (covered only if the procedure is rendered by a dentist other than the provider of the original service)			
79403	Hemorrhage control, using compression and hemostatic agent	52.48	64.30
79404	Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary)	52.48	64.30
Post-surgical Care (excludes alveolitis)			
79605	Post-surgical care, alveolitis, treatment of (without anesthesia)	44.44	54.53
79606	Post-surgical care, alveolitis, treatment of (with anesthesia)	44.44	54.53

CLEFT PALATE/CRANIOFACIAL PROGRAM (CPC)

PREAMBLE

INTRODUCTION

The Cleft Palate/Craniofacial Program provides coverage for residents with craniofacial anomalies, which directly influence the growth and development of the dentoalveolar and craniofacial structures. From birth to age fifteen, these patients will be insured for basic dental services available through the Children's Oral Health Program, as well as other services deemed necessary as a result of the anomaly. From age 15 to the end of the month of their 23rd birthday, additional services are insured on a preauthorization basis depending on the treatment required. Specifically, treatment made necessary as a result of the anomaly will be considered for coverage.

REGISTRATION PROCEDURES

Residents are registered into the Cleft Palate/Craniofacial Program by the Cleft Palate Team (CPT) at the IWK Health Centre. Registration does not guarantee eligibility for funding for treatment under the Cleft Palate/Craniofacial Program. Registration letter including CPT signature is required to register resident.

ELIGIBLE PATIENTS

"Eligible resident" means a person who is insured, within the meaning of the *Health Services and Insurance Act*, RSNS, 1989, c.197 or any successor legislation thereto, and, who have a craniofacial anomaly that directly influences the growth and development of the dentoalveolar and craniofacial structure may be eligible for services under the program.

Such anomalies may include, but are not limited to, clefts of the hard and soft palates, lip and/or alveolus. Apert's Syndrome, Crouzon Syndrome, Treacher Collins Syndrome, Lateral Facial Dysplasia and Achondroplasia. Other conditions not listed here may confer eligibility for coverage, pending assessment by the CPT.

Residents deemed eligible for coverage of selected treatment will be entitled to program benefits from birth to the end of the month in which they turn 23 years of age.

ELIGIBILITY FOR SERVICES

Eligibility for coverage of dental services, beyond the eligibility under the Children's Oral Health Program (COH), will be determined when specific treatment is recommended by the dentist on behalf of their patient. Recipients with private dental plans are required to access their private coverage first.

Residents with private dental plans are required to access their private coverage first. The CPC will pay any eligible balance left over after the resident's private coverage has been accessed up to the DHW tariff rate. Balance billing above tariff rate for any eligible DHW benefit is not allowed. All claims for coordination of benefits with the CPC, including such claims to be made payable to the resident's parent or guardian, must meet the terms of the CPC. The purpose of the Cleft Palate/Craniofacial Program is to provide access to dental care for all eligible residents in Nova Scotia. It is not intended to act as an enhancement to a private dental plan.

Note: Any DHW insured service(s) with a frequency limitation, such as but not limited to, examination, preventive service, fluoride treatments, will be eligible according to the frequency guidelines under DHW regulations, up to the amount of the DHW tariff fee. Services which are eligible by private coverage within these frequency limits are considered uninsured services with the Department of Health and Wellness (DHW). Additional services and financial discussions must be made with the resident, parent or guardian prior to service delivery.

For example: If private coverage allows for 1 recall examination in a 9 months period, access is satisfied with private coverage and resident is not entitled to another recall examination during the year with Department of Health and Wellness (DHW). Claim may be eligible for coordinating benefits to allow payment up to but not exceeding DHW tariff.

INSURED SERVICES

Insured services past the age of eligibility for the Children's Oral Health Program will be limited to those related to, though not necessarily restricted to, the area of the craniofacial deformity. GSC/DHW will with the support of the CPT, approve or deny treatment coverage.

CONSENT AND COMPLIANCE

Participation as an insured resident under the program requires the resident and parent/guardian to agree to comply with treatment recommendations set out in consultation with the dentist providing the treatment. Failure to comply with the treatment recommendations may result in the loss of benefits. Areas in which the resident and the parent/guardian compliance is mandatory include maintenance of proper oral hygiene, attendance at scheduled appointments and other elements relating to treatment success. Treatment/retreatment made necessary as a result of lack of compliance will not be funded by the program.

RETREATMENT

There is no coverage for retreatment under the program. Under extenuating circumstances, only, where the CPT has determined that a condition requiring retreatment has resulted directly from the progression of the congenital/developmental craniofacial anomaly, additional funding may be considered.

EXCEPTIONAL CIRCUMSTANCE REQUESTS

For residents whose condition is not described in the conditions of eligibility, an application for Exceptional Circumstance coverage may be submitted. In such cases, fees associated with documentation needed to support the request, such as those for assessments and diagnostic records and/or assessment fees for insured services provided by the CPT, are the responsibility of the resident and/or parent/guardian. Coverage applications for Exceptional Circumstances should be sent to GSC/DHW. Further detail and application form located in the Exceptional Circumstance section of the guide.

TREATMENT PLAN FORMS

Treatment plan forms must be preapproved by the CPT team for any providers wishing to make application, under the above terms, on behalf of their patients. Treatment plan form can be found on next page. Must submit appropriate codes based on treatment and regulations.

OUT OF PROVINCE

There is no coverage under the Cleft Palate/Craniofacial Program for services provided outside of Nova Scotia.

PREAUTHORIZATION

Pre-authorization is a process for assessing eligibility for coverage of a service before the treatment begins.

CLEFT PALATE/CRANIOFACIAL PROGRAM (CPC) TREATMENT PLAN AGREEMENT

PATIENT INFORMATION:

Patient Health Card #	Patient Last Name	Patient First Name	Gender	Date of birth

PROVIDER INFORMATION:

Provider unique #	Provider Name	Provider Mailing Address

DENTAL TREATMENT PLAN:

The following plan of treatment has been recommended for the above patient.

Procedure code(s)	Tooth #'s and/or surfaces	Description of service(s)	Dentist fee	Lab Fee

SUPPORTING INFORMATION (DIAGNOSIS/COMMENTS):

Requesting provider signature: _____ Date: _____

CLEFT PALATE/CRANIOFACIAL TEAM RECOMMENDATIONS:

Cleft Palate Team Chair Signature: _____ Date: _____

SUBMISSION INFORMATION

Submit the form to Green Shield Canada by either Provider Connect with an attached file to the NS Government mailbox online <https://www.providerconnect.ca/Forms/Attachments/ProviderAttachments> or by manual submission via postal mail to:

Green Shield Canada
Attn: Dental Services Dept – Cleft Palate/Craniofacial Dental Treatment Plan
P.O. Box 1671
Windsor, Ontario N9A 0C6

Only complete applications will be considered.

Note: This treatment plan must be pre-approved by the Team Chair of the CPC team prior to commencement of treatment.

CLEFT PALATE / CRANIOFACIAL PROGRAM (CPC) DIAGNOSTIC PREAMBLE

COMPLETE (INITIAL) ORAL EXAMINATIONS (01101/01102/01103)

- This service is allowed once in a patient's lifetime, when continuity of treatment is maintained. Where there is a gap in complete dental treatment of two (2) years or more, a further Complete Oral Examination is warranted and is covered under the Program. There may be other cases where a further Complete Oral Examination is warranted and covered under the Program. Written explanation must be submitted for further assessment of eligibility of these cases.
- A Complete Oral Examination performed by another dentist may be permitted under the Program subject to assessment, unless performed by a dentist who is established in a group practice with the dentist who performed the first examination. (A group practice in this case means a mode of practice where patient records are available to all dentists.)
- In cases where a patient has been referred to a specialist in the same or other group practice, Complete Oral Examinations by both dentist and dental specialist are allowed.

PREVIOUS PATIENT (RECALL) ORAL EXAMINATION (01202)

- This service is allowed after a 12 month period has elapsed from the previous Complete or Recall Examination. A recall will be accepted if rendered 12 months following the complete or previous recall examination, but will be rejected if the service is rendered any time prior to the 12 month from first paid claim rule.
- If procedures or treatment services are provided during the same appointment, the fees for both the examination and procedure(s) are allowed.

SPECIFIC ORAL EXAMINATION (01204)

- The fee for this services is applicable only when no other treatment is rendered during the same appointment. If a procedure or treatment service payable by DHW, is provided on the same visit, only the fee for the procedure or the exam is paid, whichever carries the higher fee.
- The fee for Specific Examinations include all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems and other orthodontic related concerns.

EMERGENCY ORAL EXAMINATION (01205)

- The fee for this service is payable at 50% of the DHW tariff when any other procedure or treatment service payable by DHW is rendered during the same appointment.
- The fee for Emergency Examinations include all radiographs required to assist in the diagnosis.

TESTS AND LABORATORY EXAMINATIONS (15 – 23 YEAR OLDS)

- Services should be claimed under Children's Oral Health Program (COH) until the end of the month of the resident's 15th birthday.
- Pulp vitality tests (general and specific) are intended to be included in the fee for an initial examination; therefore, no additional allowance will be made for the tests when performed in conjunction with an initial examination.
- Fees for all tests and laboratory examinations, other than pulp vitality tests (general and specific), are payable in addition to the fee for an initial examination when such applies.
- Diagnostic casts are to be available under the Program upon request and accordingly should be retained for a period of 18 months following the service.

Cleft Palate / Craniofacial Program (CPC)

List of Benefits and Tariff of Fees

		GP Fee	SP Fee
Part 1: Diagnostic—01000–09999			
Examinations			
1. Examinations and diagnosis, complete oral			
Including: history, medical and dental clinical examination and diagnosis 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, pulp vitality tests, if necessary, and any other pertinent factors. Radiographs extra as required.			
01101	Examination and diagnosis, complete, primary dentition, including extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description	36.12	68.04
01102	Examination and diagnosis, complete, mixed dentition	47.04	97.44
01103	Examination and diagnosis, complete, permanent dentition	63.84	132.72
2. Examinations and diagnosis, limited oral			
01201	Examination and diagnosis, limited, oral, new patient: examination with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests as for 01101, 01102, 01103	30.36	37.26
01202	Examination and diagnosis, limited oral, previous patient (recall): examination and diagnosis with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests, as for 01101, 01102, 01103	23.18	29.37
3. Specific oral examinations			
01204	Examination and diagnosis, specific: examination, diagnosis and evaluation of a specific situation in a localized area (includes x-rays)	36.24	49.29
4. Emergency oral examinations			
01205	Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area (includes x-rays)	36.24	49.29
05201	Consultation, specialist—in office	PA	81.81
05202	2 units of time	PA	155.40
05209	Each additional unit of time over 2	PA	77.70

		GP Fee	SP Fee
Radiographs			
(includes radiographic examination and interpretation)			
1. Radiographs, intra-oral			
02101	Radiographs, intra-oral, pediatric, complete series (minimum of 12 films including bitewings)	104.97	107.07
02102	Radiographs, intra-oral, adult, complete series (minimum of 16 films including bitewings)	104.97	107.07
2. Radiographs, intra-oral, periapical			
02111	Single film	12.87	13.14
02112	2 films	16.91	17.24
02113	3 films	24.86	25.36
02114	4 films	29.70	30.30
02115	5 films	34.53	35.23
02116	6 films	39.51	40.30
02117	7 films	44.27	45.15
02118	8 films	49.18	50.17
02119	9 films	54.01	55.09
02120	10 films	58.93	60.10
02121	11 films	64.23	65.51
02122	12 films	69.98	71.38
02123	13 films	76.29	77.82
02124	14 films	83.15	84.81
02125	15 films	88.13	89.89
3. Radiographs, intra-oral, occlusal			
02131	Single film	31.47	32.10
02132	2 films	49.18	50.17
02133	3 films	66.89	60.90
02134	4 films	84.53	73.50
4. Radiographs, intra-oral, bitewing			
02141	Single film	12.87	13.14
02142	2 films	16.91	17.24
02143	3 films	24.86	25.36
02144	4 films	29.70	30.30
5. Radiographs, extra-oral			
02201	Single film	31.47	32.10
02202	2 films	49.18	50.17
02203	3 films	66.89	68.22
02204	4 films	84.53	86.22

		GP Fee	SP Fee
6. Radiographs, posterior-anterior and lateral skull and facial bone			
02301	Single film	PA	32.10
02302	2 films	PA	50.17
02303	3 films	PA	68.22
02304	Sinus examination: minimum 4 films identified as: 1. Waters, 2. Calwell, 3. Lateral Skull, 4. Basal	PA	86.22
7. Radiographs, sialography			
02401	Single film	PA	PA
02402	2 films	PA	PA
02409	Each additional film over 2	PA	PA
8. Radiopaque dyes, use of, to demonstrate lesions			
02411	1 unit of time	PA	PA
02412	1 unit of time	PA	PA
02419	Each additional unit of time over 2	PA	PA
9. Radiographs, temporomandibular joint			
02501	Single film	PA	32.10
02502	2 films	PA	50.17
02503	3 films	PA	68.22
02504	4 films (minimum examination closed and open each side)	PA	86.22
02509	Each additional film over 4	PA	PA
10. Radiographs, panoramic			
02601	Single film	54.09	55.17
11. Radiographs, cephalometric			
02701	Single film	54.09	55.17
02702	2 films	88.06	89.83
12. Radiographs, cephalometric, tracing and interpretation			
02751	1 unit of time	PA	PA
02752	2 units of time	PA	PA
02759	Each additional unit of time over 2	PA	PA
13. Radiographs, interpretation			
02801	MSI: for radiographs exposed on hospital equipment, paid at 1/2 regular fee		
14. Radiographs, hand and wrist			
02801	Radiographs, hand and wrist (as a duplicate aid for dental treatment), per case	PA	PA
15. Radiographs, tomography			
02931	Single view	PA	PA
02932	2 views	PA	PA

		GP Fee	SP Fee
02933	3 views	PA	PA
02934	4 views	PA	PA
02939	Each additional view over 4	PA	PA
Tests and Laboratory Examinations			
1. Tests, microbiological			
04101	Microbiological test for the determination of pathological agents + L		
2. Tests, caries susceptibility			
04201	Bacteriological test for the determination of dental caries susceptibility + L	31.80	32.45
3. Tests, histological			
Test, histological, soft tissue			
04311	Biopsy, soft oral tissue—by puncture + L	75.98	85.05
04312	Biopsy, soft oral tissue—by incision + L	75.98	85.05
04313	Biopsy, soft oral tissue—by aspiration + L	75.98	85.05
Tests, histological, hard tissue			
04321	Biopsy, hard oral tissue—by puncture + L	87.50	89.25
04322	Biopsy, hard oral tissue—by incision + L	87.50	89.25
04323	Biopsy, hard oral tissue—by aspiration + L	87.50	89.25
4. Tests, cytological			
04401	Cytological smear from the oral cavity + L	31.80	32.45
5. Tests, pulp vitality			
04501	1 unit of time	26.89	27.43
04509	Each additional unit of time	26.89	27.43
6. Reports, laboratory			
04601	Report, microbiological by oral microbiologist	PA	PA
04602	Report, histological by oral pathologist	PA	PA
04603	Report, cytological by oral pathologist	PA	PA
04604	Reports, other	PA	PA
7. Tests and laboratory examinations, miscellaneous (equilibration, casts, diagnostic (pilot equilibration) for extensive or complicated restorative dentistry +L)			
04711	1 unit of time	PA	PA
04712	2 units of time	PA	PA
04713	3 units of time	PA	PA
04714	4 units of time	PA	PA
04719	Each additional unit of time over 4	PA	PA

		GP Fee	SP Fee
Wax up, diagnostic + L (to evaluate cosmetic and/or preparation design and/or occlusal considerations) (gnathological wax up)			
04721	1 unit of time	PA	PA
04722	2 units of time	PA	PA
04723	3 units of time	PA	PA
04724	4 units of time	PA	PA
04729	Each additional unit of time over 4	PA	PA
Split cast mounting, diagnostic + L			
04731	1 unit of time	PA	PA
04732	2 units of time	PA	PA
04733	3 units of time	PA	PA
04734	4 units of time	PA	PA
04739	Each additional unit of time over 4	PA	PA
Interpretation of models from another source			
04741	First unit of time	PA	PA
04749	Each additional unit of time	PA	PA
Photographs, Diagnostic			
04801	Single photograph	16.67	17.01
04802	2 photographs	33.33	33.60
04803	3 photographs	50.01	38.85
04809	Each additional photograph over 3	16.67	17.85
Casts, Diagnostic			
1. Cast, diagnostic, unmounted			
04911	Cast, diagnostic, unmounted + L	32.52	45.62
04912	Cast, diagnostic, unmounted, duplicate + L	PA	PA
2. Cast, diagnostic, mounted			
04921	Cast, diagnostic, mounted + L	40.95	PA
04922	Cast, diagnostic, mounted using face bow transfer + L	67.20	PA
04923	Cast, diagnostic, mounted, using face bow + occlusal records + L	91.50	PA
04924	Cast, diagnostic, mounted using fully adjustable articulator + L (used with 04942)	PA	PA
3. Casts, diagnostic, orthodontic			
04931	Cast, diagnostic, orthodontic (unmounted, angle trimmed and soaped) + L	PA	45.62

		GP Fee	SP Fee
Part 2: Endodontics-30000-39999			
Pulp Chamber, Treatment of (excluding final restoration)			
1. Pulpotomy			
Pulpotomy vital, permanent teeth (as a separate emergency procedure)			
32221	Anterior and bicuspid teeth	75.33	92.13
32222	Molar teeth	75.33	92.13
Pulpotomy, vital, primary teeth			
32231	Primary tooth as a separate procedure	60.54	76.78
32232	Primary tooth, concurrent with restorations (but excluding final restoration)	60.54	75.27
2. Pulpectomy (as a separate emergency procedure)			
Pulpectomy, permanent teeth/retained primary teeth			
32311	1 canal	86.77	89.17
32312	2 canals	134.22	137.11
32313	3 canals	PA	PA
32314	4 canals or more	PA	PA
Pulpectomy, primary teeth			
32321	Anterior tooth	78.75	88.50
32322	Posterior tooth	116.55	128.47
Root Canal Therapy			
(includes treatment plan, clinical procedures (e.g., pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs)			
1. Root canals, permanent teeth, retained primary teeth (including clinical procedures with appropriate radiographs, excluding final restoration)			
33111	1 canal	342.74	419.55
33121	2 canals	502.03	604.10
33131	3 canals	674.30	825.29
33141	4 canals or more	837.14	988.39
2. Root canals, primary teeth			
33401	1 canal	117.71	PA
33402	2 canals	177.68	PA
33403	3 canals or more	238.02	294.30
3. Apexification/apical closure/induction of hard tissue repair (including biomechanical preparation and placement of dentogenic media)			
33601	1 canal	130.55	159.77

		GP Fee	SP Fee
33602	2 canals	172.85	230.56
33603	3 canals	220.13	302.33
33604	4 canals or more	395.47	455.60
4. Re-insertion of dentogenic media per visit			
33611	1 canal	58.19	68.59
33612	2 canals	58.19	68.59
33613	3 canals	58.19	68.59
33614	4 canals or more	58.19	68.59
Periapical Services			
1. Apicoectomy/apical curettage			
Maxillary anterior			
34111	1 root	179.03	219.16
34112	2 roots	255.79	298.23
Maxillary bicuspid			
34121	1 root	239.40	311.24
34122	2 roots	318.15	371.60
34123	3 roots or more	397.95	431.80
Maxillary molar			
34131	1 root	254.37	PA
34132	2 roots	336.64	PA
34133	3 roots	401.76	PA
34134	4 roots or more	452.37	482.77
Mandibular anterior			
34141	1 root	179.03	219.16
34142	2 roots or more	255.79	284.03
Mandibular bicuspid			
34151	1 root	240.45	311.24
34152	2 roots	318.15	371.60
34153	3 roots or more	400.05	431.80
Mandibular molar			
34161	1 root	254.37	311.24
34162	2 roots	336.64	371.60
34163	3 roots	401.76	431.80
34164	4 roots or more	452.37	482.77
2. Retrofilling			
34211	1 canal	71.17	87.11
34212	2 or more canals	86.24	108.60

		GP Fee	SP Fee
	Maxillary bicuspid		
34221	1 canal	71.17	87.11
34222	2 canals	86.24	108.60
34223	3 canals	104.34	135.77
34224	4 or more canals	116.97	152.71
	Maxillary molar		
34231	1 canal	73.22	87.11
34232	2 canals	90.36	108.60
34233	3 canals	104.34	142.55
34234	4 or more canals	116.97	152.71
	Mandibular anterior		
34241	1 canal	71.17	87.11
34242	2 or more canals	86.24	108.60
	Mandibular bicuspid		
34251	1 canal	71.17	87.11
34252	2 canals	86.24	108.60
34253	3 canals	104.34	135.77
34254	4 or more canals	116.97	152.71
	Mandibular molar		
34261	1 canal	73.22	87.11
34262	2 canals	90.36	108.60
34263	3 canals	104.34	135.77
34264	4 or more canals	116.97	152.71
	3. Enlargement, canal and/or pulp chamber (preparation of post space)		
34601	Enlargement, canal and/or pulp chamber (preparation of post space)	PA	PA
34602	In calcified canals	PA	PA
	Endodontic, Procedures, Miscellaneous		
	1. Isolation of endodontic tooth/teeth for asepsis		
39101	Banding of tooth/teeth and/or contouring of tissue surrounding teeth to maintain aseptic operating field (per tooth)	86.45	105.72
	Open and drain (separate emergency procedures)		
39201	Anteriors and bicuspid	69.30	75.04
39202	Molars	69.30	75.04
	Opening through artificial crown (in addition to procedures)		
39211	Anteriors and bicuspid	85.65	87.36
39212	Molars	85.65	87.36

		GP Fee	SP Fee
2. Bleaching, non-vital			
Bleaching endodontically treated tooth/teeth			
39311	1 unit of time	56.50	PA
39312	2 units of time	97.25	PA
39313	3 units of time	137.98	140.74
39319	Each additional unit of time (to a maximum of 3)	40.73	41.55
Part 3: Oral and Maxillofacial Surgery—70000–79999			
Removals (Extractions), Erupted Teeth			
1. Removals, erupted teeth, uncomplicated			
Unless directly related to a developmental anomaly (supply details with claim) uncomplicated extractions are insured only in the case of: 1. pain, infection, trauma; 2. ankylosis; and 3. supernumerary teeth.			
71101	Single tooth, uncomplicated	67.94	65.90
71109	Each additional tooth, same quadrant, same appointment	45.52	34.65
2. Removals, erupted teeth, complicated			
71201	Odontectomy (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth	146.65	178.48
71209	Each additional tooth, same quadrant	89.71	89.25
Removals (Extractions), Surgical			
1. Removals, impactions, soft tissue coverage			
Removals, impaction, requiring incision of overlying soft tissue and removal of the tooth			
72111	Single tooth	146.65	178.48
72119	Each additional tooth, same quadrant	90.36	89.25
2. Removals, impactions, involving tissue and/or bone coverage			
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	177.68	294.09
72219	Each additional tooth, same quadrant	108.83	147.53
Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone and sectioning of tooth for removal			
72221	Single tooth	243.58	327.05
72229	Each additional tooth, same quadrant	151.05	163.54
3. Removals (extractions), residual roots			
Removals, residual roots, erupted			
72311	First tooth	53.85	65.90

		GP Fee	SP Fee
72319	Each additional tooth, same quadrant	34.95	32.98
Removals, residual roots, soft tissue coverage			
72321	First tooth	100.94	123.55
72329	Each additional tooth, same quadrant	63.33	61.79
Removals, residual roots, bone tissue coverage			
72331	First tooth	209.93	256.89
72339	Each additional tooth, same quadrant	129.95	128.45
4. Post extraction bone preservation			
Simple ridge preservation, alloplastic material (+ E—not covered)			
72411	First tooth	PA	PA
5. Surgical exposure of teeth			
Surgical exposure, unerupted, uncomplicated, soft tissue coverage (includes operculectomy)			
72511	Single tooth	185.68	237.03
72519	Each additional tooth, same quadrant	92.86	118.53
Surgical exposure, complex, hard tissue coverage			
72521	Single tooth	185.68	237.03
72529	Each additional tooth, same quadrant	92.86	118.53
Surgical exposure, unerupted tooth, with orthodontic attachment			
72531	Single tooth	204.56	250.51
72539	Each additional tooth, same quadrant	102.26	125.24
Surgical exposure, unerupted tooth, soft tissue coverage with positioning of attached gingivae			
72541	Single tooth	PA	PA
Surgical exposure, unerupted tooth, hard tissue coverage with positioning of attached gingivae			
72551	Single tooth	PA	PA
6. Surgical movement of teeth			
Transplantation of erupted tooth			
72611	First tooth	PA	PA
Transplantation of unerupted tooth			
72621	First tooth	PA	PA
Repositioning, surgical			
72631	First tooth	PA	PA

		GP Fee	SP Fee
Surgical Incisions			
1. Surgical incision and drainage and/or exploration, intra-oral soft tissue			
75111	Intra-oral, surgical exploration, soft tissue	75.33	101.64
75112	Intra-oral, abscess, soft tissue	75.33	101.64
75113	Intra-oral, abscess, in major anatomical area with drain	75.33	101.64
2. Surgical incision and drainage and/or exploration, intra-oral hard tissue			
75121	Intra-oral, abscess, hard tissue, trephination and drainage	PA	PA
Treatment of Fractures			
It is understood that the majority of fractures will be treated in hospital and covered under Schedule C—Oral and Maxillofacial Surgery. However, independent consideration will be given for fractures treated in a dental office.			
1. Replantation, avulsed tooth/teeth (including splinting)			
76941	Replantation, first tooth	217.68	226.12
76949	Each additional tooth	110.82	113.10
2. Repositioning of traumatically displaced teeth			
76951	1 unit of time	52.11	49.59
76952	2 units of time	104.22	99.18
76959	Each additional unit of time over 2	52.11	49.59
Hemorrhage, Control of			
79403	Hemorrhage control, using compression and hemostatic agent	52.48	64.30
79404	Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary)	52.48	64.30
Post-Surgical Care (required by complications and unusual circumstances)			
79605	Post-surgical care, alveolitis, treatment of (without anaesthesia)	44.44	54.53
79606	Post-surgical care, alveolitis, treatment of (with anaesthesia)	44.44	54.53
Implantology (includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis)			
1. Implants, endosseous, integrated cylindrical			
79951	First stage surgical placement, maxilla per implant (+ E—not covered)	PA	PA
79952	First stage surgical placement, mandible per implant (+ E—not covered)	PA	PA
79953	Second stage exposure and temporization, maxilla per implant (+ E—not covered)	PA	PA
79954	Second stage exposure and temporization, mandible per implant (+ E—not covered)	PA	PA

		GP Fee	SP Fee
2. Implants, removal of			
79991	First implant (uncomplicated)	PA	PA
79992	First implant (complicated)	PA	PA
Part 4: Orthodontics-80000-89999			
Orthodontic Services, Observations and Adjustments			
Recementation of fixed appliances, not including brackets			
80651	1 unit of time	47.17	57.48
Appliances, Active, for Tooth Guidance or Minor Tooth Movement			
1. Appliances, removable			
Appliances, removable, space regaining			
81113	Appliance, maxillary, bilateral + L	517.50	675.78
81114	Appliance, mandibular, bilateral + L	517.50	675.78
Appliances, removable, cross-bite correction			
81121	Appliance, maxillary, simple + L	PA	1239.36
81122	Appliance, mandibular, simple + L	PA	1239.36
Appliances, removable, dental arch expansion			
81131	Appliance, maxillary, simple + L	PA	PA
81132	Appliance, mandibular, simple + L	PA	PA
Appliances, removal, closure of diastemas			
81141	Appliance, maxillary, simple + L	PA	PA
81142	Appliance, mandibular, simple + L	PA	PA
Appliances, removable, alignment of anterior teeth			
81151	Appliance, maxillary, simple + L	PA	PA
81152	Appliance, mandibular, simple + L	PA	PA
2. Appliances, fixed or cemented			
Appliance, fixed, space regaining (e.g., lingual or labial arch with molar bands, tubes, locks)			
81211	Appliance, maxillary + L	PA	675.78
81212	Appliance, mandibular + L	PA	675.78
Appliance, fixed, space regaining, unilateral			
81221	Appliance, maxillary + L	PA	471.60
81222	Appliance, mandibular + L	PA	471.60
Appliance, fixed, cross-bite correction—anterior (as Phase I treatment)			
81231	Appliance, maxillary + L	PA	1239.36
81232	Appliance, mandibular + L	PA	1239.36

		GP Fee	SP Fee
Appliance, fixed, cross-bite correction—posterior (as Phase I treatment)			
81241	Appliance, maxillary + L	PA	1239.36
81242	Appliance, mandibular + L	PA	1239.36
81243	Appliance, two-molar band, hooked and elastics + L	PA	1239.36
Appliance, fixed, dental arch expansion			
81251	Appliance, maxillary + L	PA	PA
81253	Appliance, maxillary, rapid expansion + L	PA	PA
Appliance, fixed, closure of diastemas			
81261	Appliance, maxillary, simple + L	PA	PA
81262	Appliance, mandibular, simple + L	PA	PA
Appliance, fixed, alignment of incisor teeth			
81271	Appliance, maxillary, simple + L	PA	PA
81272	Appliance, mandibular, simple + L	PA	PA
Appliances, fixed, mechanical eruption tooth/teeth			
81291	Appliance, maxillary + L	PA	PA
81292	Appliance, mandibular + L	PA	PA
3. Appliances, retention, orthodontic retaining appliances			
Appliances, removable, retention			
83101	Appliance, maxillary + L (\$60.00 lab maximum)	PA	328.24
83102	Appliance, mandibular + L (\$60.00 lab maximum)	PA	328.24
83103	Appliance, tooth positioner + L (\$60.00 lab maximum)	PA	328.24
Appliances, fixed/cemented, retention			
83201	Appliance, maxillary + L (\$60.00 lab maximum)	PA	328.24
83202	Appliance, mandibular + L (\$60.00 lab maximum)	PA	328.24
Comprehensive Orthodontic Treatment			
1. Fixed appliance (includes formal full banded treatment and retention)			
Permanent dentition			
84101	Class I malocclusion (non-surgical case)	PA	5397.47
84101	Class I malocclusion (surgical case)	PA	5930.67
84201	Class II malocclusion (non-surgical case)	PA	6305.52
84201	Class II malocclusion (surgical case)	PA	6680.39
84301	Class III malocclusion (non-surgical case)	PA	7748.22
84301	Class III malocclusion (surgical case)	PA	9138.69
84401	Malocclusions not requiring complete banding	PA	PA

		GP Fee	SP Fee
2. Removable appliance (includes removable appliance therapy and retention; e.g., functional appliances for mixed and primary dentition)			
Permanent dentition			
87101	Class I malocclusion + L	PA	PA
87201	Class II malocclusion + L	PA	PA
87301	Class III malocclusion + L	PA	PA
Mixed dentition			
88101	Class I malocclusion + L	PA	PA
88201	Class II malocclusion + L	PA	PA
88301	Class III malocclusion + L	PA	PA
Part 5: Periodontics—40000–49999			
Desensitization			
This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than 1 appointment may be necessary.			
41301	1 unit of time	33.10	33.76
41302	2 units of time	66.18	67.50
41309	Each additional unit of time over 2	33.10	33.76
Periodontal Services, Surgical			
Includes local anesthetic, suturing and placing and removing initial surgical dressing. A surgical site is an area that lends itself to 1 or more procedures.			
1. Periodontal surgery, gingival curettage			
Surgical curettage, including definitive root planing			
42111	Per sextant	117.04	143.46
2. Periodontal surgery, gingivoplasty			
42201	Per sextant	PA	205.14
3. Periodontal surgery, gingivectomy (the procedure by which gingival deformities are reshaped and reduced to create normal and functional form, when the pocket is uncomplicated by extension into the underlying bone)			
Gingivectomy, uncomplicated			
42311	Per sextant	PA	147.22
Gingivectomy, with curettage			
42321	Per sextant	PA	161.95
Gingival fiber incision (supra crestal fibrotomy)			
42331	Per tooth	PA	27.38
42339	Each additional tooth	PA	27.38

		GP Fee	SP Fee
	Soft tissue recontouring for crown lengthening		
42341	Limited recontouring of tissue, per tooth	PA	76.56
	4. Periodontal surgery, flap approach		
	Flap approach, with osteoplasty/osteotomy		
42411	Per sextant	PA	300.75
	Flap approach, with curettage of osseous defect		
42421	Per sextant	PA	300.75
	Flap approach, with curettage of osseous defect and osteoplasty		
42431	Per sextant	PA	336.78
	Flap approach, exploratory (for diagnosis)		
42441	Per site	PA	74.10
	Flap approach, with osteoplasty/osteotomy for crown lengthening		
42451	Per site	PA	300.75
	5. Periodontal surgery, grafts		
	Grafts, soft tissue, pedicle (including apically or coronally positioned, lateral sliding and rotated flaps)		
42511	Per site	PA	334.23
42512	Periosteal stimulation in addition to 42511	PA	367.65
	Grafts, soft tissue, pedicle (coronally positioned)		
42521	Per site	PA	334.23
42522	Periosteal stimulation in addition to 42521	PA	367.65
	Grafts, free soft tissue		
42531	Per site	PA	334.23
	Grafts, soft tissue, pedicle, with free graft placed in pedicle donor site		
42541	Per site	PA	334.23
	Grafts, free connective tissue (for root coverage)		
42551	Per site	PA	334.23
	Grafts, free connective tissue (for ridge augmentation)		
42561	Per site	PA	334.23
	Grafts, connective tissue, pedicle with free graft for root coverage		
42571	Per site	PA	334.23
	Grafts, gingival onlay, for ridge augmentation		
42581	Per site	PA	334.23

		GP Fee	SP Fee
6. Periodontal surgery, grafts, osseous tissue			
Grafts, osseous, autograft (including flap entry and closure)			
42611	Per site (+ E—not covered)	PA	288.58
Grafts, osseous, allograft (including flap entry and closure)			
42621	Per site (+ E—not covered)	PA	PA
7. Periodontal surgery, miscellaneous procedure			
Guided tissue regeneration (including re-entry)			
42711	Per site (+ E—not covered)	PA	PA
8. Periodontal surgery, miscellaneous procedures			
Proximal wedge procedure (as a separate procedure)			
42811	With flap curettage, per site	PA	PA
42819	With flap curettage and ostectomy/ostoplasty, per site	PA	PA
Post-Surgical periodontal treatment visit per dressing change			
42821	1 unit of time	PA	PA
42822	2 units of time	PA	PA
42823	3 units of time	PA	PA
42829	Each additional unit of time over 3	PA	PA
Periodontal abscess or pericoronitis, may include 1 or more of the following procedures: lancing, scaling, curettage, surgery or medication			
42831	1 unit of time	PA	PA
42832	2 units of time	PA	PA
42833	3 units of time	PA	PA
42834	4 units of time	PA	PA
42839	Each additional unit of time over 4	PA	PA
Periodontal Procedures, Adjunctive			
When per joint is designated, the corresponding tooth code is represented by the mesial of the tooth involved, except at the midline, where the tooth to the right is utilized.			
1. Periodontal splinting or ligation, provisional, intra-coronal			
“A” splint (acrylic, composite or amalgam, plus knurled wire)			
43111	Per joint	PA	48.43
2. Periodontal splinting or ligation, provisional, extra-coronal			
Acid etch joint restorations (per joint)			
43211	Per joint	PA	63.46
Acid etch, interproximal enamel splint			
43221	Per joint	PA	63.46

		GP Fee	SP Fee
	Wire ligation		
43231	Per joint	PA	63.46
	Wire ligation, acrylic covered		
43241	Per joint	PA	63.46
	Dental floss ligation		
43251	Per joint	PA	63.46
	Orthodontic band splint		
43261	Per band	PA	63.46
	Orthodontic band splint		
43271	Per abutment + L	PA	63.46
	Removal of fixed periodontal splints		
43281	1 unit of time	PA	PA
43289	Each additional unit of time	PA	PA
Occlusion			
<p>Occlusal adjustment/equilibration: (a) may require several sessions; (b) may be used in conjunction with basic restorative treatment only when occlusal adjustment/equilibration is not required as a result of that restoration; (c) is not to be used in conjunction with the delivery and post-insertion care of fixed or removable prosthesis (5000 and 6000 code series) by the same dentist for a period of 3 months.</p>			
16511	1 unit of time	51.91	63.46
16512	2 units of time	103.85	126.93
16513	3 units of time	155.77	190.40
16514	4 units of time	207.70	253.91
16517	1/2 unit of time	25.97	31.74
16519	Each additional unit of time over 4	51.91	63.46
Root Planing, Periodontal			
43421	1 unit of time	51.91	63.46
43422	2 units of time	103.85	126.93
43423	3 units of time	155.77	190.40
43424	4 units of time	207.70	253.91
43425	5 units of time	259.63	338.63
43426	6 units of time	311.55	380.80
43427	1/2 unit of time	25.97	31.74
43429	Each additional unit of time	51.91	63.46

		GP Fee	SP Fee
Chemotherapeutic and/or Antimicrobial Agents			
1. Chemotherapeutic and/or antimicrobial agents, topical application			
43511	1 unit of time	PA	PA
43519	Each additional unit of time	PA	PA
2. Chemotherapeutic and/or antimicrobial agents, intra-sulcular			
43521	1 unit of time	PA	PA
43529	Each additional unit of time	PA	PA
Appliances			
1. Appliances, periodontal (see separate codes for TMJ (43700-codes).)			
Appliances, periodontal (including bruxism appliance): includes impression, insertion and adjustment			
14611	Maxillary appliance + L	PA	PA
14612	Mandibular appliance + L	PA	PA
Appliances, maintenance, adjustments, repair (including bruxism appliances)			
14621	1 unit of time + L	PA	PA
14622	2 units of time + L	PA	PA
14623	3 units of time + L.	PA	PA
14629	Each additional unit of time over 3	PA	PA
2. Appliances, relines (including bruxism appliances)			
Appliance, TMJ, diagnostic			
14711	Maxillary appliance + L	PA	PA
14712	Mandibular appliance + L	PA	PA
Appliance, TMJ intra-oral repositioning			
14721	Maxillary appliance + L	279.65	341.96
14722	Mandibular appliance + L	279.65	341.96
Appliance, TMJ, periodic maintenance, adjustments, repairs			
14731	1 unit of time + L	47.13	57.73
14732	2 units of time + L	94.27	115.45
14733	3 units of time + L.	141.38	173.16
14739	Each additional unit of time over 3	47.13	57.73
Appliance, TMJ, relines			
14741	Reline, direct	PA	PA
14742	Reline, processed + L	PA	PA

		GP Fee	SP Fee
3. Appliances, myofascial pain syndrome (conditions that originate outside the temporomandibular joint), including models, gnathological determinants, adjustments and 3 post-insertion adjustments			
14801	Maxillary appliance + L	PA	PA
14802	Mandibular appliance + L	PA	PA
Appliance, myofascial pain syndrome, periodic maintenance, adjustment and repairs			
14811	1 unit of time + L	PA	PA
14812	2 units of time + L	PA	PA
14813	3 units of time + L.	PA	PA
14819	Each additional unit of time over 3	PA	PA
Periodontal Services, Miscellaneous			
1. Periodontal re-evaluation			
49101	1 unit of time	PA	PA
49102	2 units of time	PA	PA
49109	Each additional unit of time over 2	PA	PA
2. Periodontal irrigation, subgingival			
49211	1 unit of time	PA	PA
49219	Each additional unit of time	PA	PA
3. Provisional non-coded services			
	Root separation	PA	PA
	Forced eruption—1 tooth	PA	PA
	Forced eruption—more than 1 tooth	PA	PA
	Rapid extrusion—1 tooth	PA	PA
	Rapid extrusion—more than 1 tooth	PA	PA
Part 6: Preventive—10000–19999			
Any procedure carried out by an auxiliary is paid at the General Practitioner level. To qualify for a specialist's fee, the procedure must be carried out personally. The fees for preventive services assume a 1-to-1 relationship between patient and dentist. If service is provided to a group at the same time, only 1 fee is payable.			
1. Scaling			
11111	1 unit of time	31.80	32.45
11112	2 units of time	63.59	64.86
11113	3 units of time	95.36	97.27
11114	4 units of time	127.16	129.70
11115	5 units of time	159.03	162.21
11116	6 units of time	190.50	194.31

		GP Fee	SP Fee
11117	½ unit of time	15.90	16.21
11119	Each additional unit of time	31.80	32.45
2. Fluoride treatments			
12112	Fluoride treatment, topical application	15.75	16.95
Preventive Services, Other			
1. Nutritional dietary counselling (including recording and analysis of 7-day dietary intake and consultation; maximum payable per lifetime is 1)			
13101	1 unit of time	26.25	32.45
2. Caries prevention service (Oral hygiene instruction/plaque control, including brushing and/or flossing and/or embrasure cleaning, including for MSI rubber cup polishing and minor scaling procedures)			
13211	1 unit of time	31.80	32.45
3. Sealants, pit and fissure (acid etch preparation included)			
13401	Each tooth	21.00	29.56
4. Disking of teeth, interproximal (maximum 3 units per lifetime)			
16201	1 unit of time	39.46	39.46
16202	2 units of time	78.92	78.92
16203	3 units of time	118.38	118.38
5. Recontouring of teeth for functional reasons (not associated with delivery of a single or multiple prosthesis)			
16301	1 unit of time	PA	PA
16309	Each additional unit of time	PA	PA
Space Maintainers (includes design, separation, fabrication, insertion and, if applicable, initial cementation and removal)			
1. Space maintainers, band type			
15101	Space maintainer, band type, fixed, unilateral + L	130.55	178.08
15103	Space maintainer, band type, fixed, bilateral (soldered lingual arch) + L	156.45	270.94
15105	Space maintainer, band type, fixed, bilateral tubes and locking wires + L	190.05	296.31
2. Space maintainers, stainless steel crown type			
15201	Space maintainer, stainless steel crown type, fixed + L	167.00	206.25
3. Space maintainers, maintenance of			
15601	Maintenance, space maintainer appliance, including adjustment and/or recementation after 30 days post-insertion	55.65	62.24

		GP Fee	SP Fee
Part 7: Prosthetics—Removable—50000–59999			
Dentures, Complete (includes impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including 3 months post insertion care)			
1. Dentures, complete, equilibrated (involves remounted equilibration on a semi-adjustable articulator)			
51201	Maxillary + L	PA	1305.70
51202	Mandibular + L	PA	1361.00
51204	Liners, resilient in addition to above + L	PA	64.42
2. Dentures, surgical, standard (immediate; includes tissue conditioner, but does not include hard reline. Does not include 3 months post insertion care.)			
51301	Maxillary + L	590.84	PA
51302	Mandibular + L	590.84	PA
3. Dentures, complete, transitional (temporary)			
51601	Maxillary + L	PA	896.25
51602	Mandibular + L	PA	896.25
4. Dentures, complete, overdenture			
51701	Maxillary + L	PA	PA
51702	Mandibular + L	PA	PA
5. Dentures, complete, overdentures (immediate)			
51801	Maxillary + L	PA	PA
51802	Mandibular + L	PA	PA
6. Dentures, complete, attached to implants			
Dentures, removable, tissue bone, with independent attachments secured to implants			
51921	Maxillary + L	PA	PA
51922	Mandibular + L	PA	PA
Dentures, Partial, Acrylic			
1. Dentures, partial, acrylic base (transitional; with or without clasps)			
52101	Maxillary + L	183.28	PA
52102	Mandibular + L	183.28	PA
2. Dentures, partial, acrylic base (immediate)			
52111	Maxillary + L	PA	PA
52112	Mandibular + L	PA	PA
3. Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests			
52301	Maxillary + L	360.05	451.89

		GP Fee	SP Fee
52302	Mandibular + L	360.05	451.89
4. Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests (immediate)			
52311	Maxillary + L	360.05	451.89
52312	Mandibular + L	360.05	451.89
5. Dentures, partial, overdenture, acrylic, with cast/wrought clasps and/or rests			
52511	Maxillary + L	PA	PA
52512	Mandibular + L	PA	PA
6. Dentures, partial, overdenture, acrylic, with cast/wrought clasps and/or rests (immediate)			
52411	Maxillary + L	PA	PA
52412	Mandibular + L	PA	PA
Dentures, Partial, Cast with Acrylic Base			
1. Dentures, partial, free end, cast frame/connector, clasps and rests			
53101	Maxillary + L	PA	PA
53102	Mandibular + L	PA	PA
53104	Altered cast impression technique in conjunction with 53101 and 53102		
2. Dentures, partial, tooth borne, cast frame/connector, clasps and rests			
53201	Maxillary + L	513.96	PA
53202	Mandibular + L	513.96	PA
3. Dentures, partial, cast, precision attachments			
53401	Maxillary + L	729.28	PA
53402	Mandibular + L	729.28	PA
4. Dentures, partial, cast, semi-precision attachments			
53501	Maxillary + L	PA	PA
53502	Mandibular + L	PA	PA
5. Dentures, partial, cast, overdenture, removable			
53701	Maxillary + L	PA	PA
53702	Mandibular + L	PA	PA
53704	Altered cast impression technique done in conjunction with 53701 and 53702		
Dentures, Adjustments (after 3 months post-insertion or by other than the dentist providing prosthesis)			
1. Denture adjustments, partial or complete denture, minor			
54201	1 unit of time + L	47.17	57.53

		GP Fee	SP Fee
2. Denture adjustments, partial or complete denture, remount and occlusal equilibration			
54301	Maxillary + L	PA	34.57
54302	Mandibular + L	PA	31.80
Dentures, Repairs/Additions			
1. Denture, repair, complete denture, no impression required			
55101	Maxillary + L	42.50	52.30
55102	Mandibular + L	42.50	52.30
2. Denture, repair, complete denture, impression required			
55201	Maxillary + L	85.80	104.87
55202	Mandibular + L	85.80	104.87
3. Denture, repairs/additions, partial denture, no impression required			
55301	Maxillary + L	42.50	57.73
55302	Mandibular + L	42.50	57.73
4. Denture, repairs/additions, partial denture, impression required			
55401	Maxillary + L	85.80	104.87
55402	Mandibular + L	85.80	104.87
5. Dentures, implant retained prosthesis, prophylaxis and polishing			
55501	1 unit of time + L	PA	PA
55509	Each additional unit of time	PA	PA
Dentures, Duplication, Relining, Rebasing, and Remaking			
1. Dentures, duplication			
Denture, duplication, complete denture			
56111	Maxillary + L	PA	PA
56112	Mandibular + L	PA	PA
2. Dentures, relining			
Denture, reline, direct, complete denture			
56211	Maxillary	151.63	154.67
56212	Mandibular	151.63	154.67
Denture, reline, direct, partial denture			
56221	Maxillary	145.44	148.34
56222	Mandibular	145.44	148.34
Denture, reline, processed, complete denture			
56231	Maxillary + L	188.67	192.44
56232	Mandibular + L	188.67	192.44

		GP Fee	SP Fee
Denture, reline, processed, partial denture			
56241	Maxillary + L	111.16	113.39
56242	Mandibular + L	111.16	113.39
Denture, reline, processed, functional impression requiring 3 appointments, partial denture			
56261	Maxillary + L	188.67	192.44
56262	Mandibular + L	188.67	192.44
3. Dentures, remake			
Denture, remake, using existing framework, partial denture			
56411	Maxillary + L	PA	PA
56412	Mandibular + L	PA	PA
Dentures, Tissue Conditioning			
1. Denture, tissue conditioning, per appointment, complete denture			
56511	Maxillary + L	92.34	94.19
56512	Mandibular + L	92.34	94.19
2. Denture, tissue conditioning, per appointment, partial denture			
56521	Maxillary + L	106.83	108.96
56522	Mandibular + L	106.83	108.96
Dentures, Miscellaneous Services			
56601	Resilient liner, in relined or rebased denture (in addition to reline or rebase of denture) + L	92.34	94.19
56602	Resetting of teeth (not including reline or rebase of denture) + L	PA	PA
Part 8: Prosthodontics—Fixed—60000–69999			
Fixed Bridges			
Each abutment, each retainer and each pontic constitutes a separate unit in a bridge, with a separate code number.			
1. Pontics, bridge			
Pontics, cast			
62101	Pontics, cast metal + L	PA	255.85
62102	Pontics, cast metal core with separate porcelain jacket pontic + L	PA	255.85
Pontics, porcelain/polymer glass			
62501	Pontics, porcelain fused to metal + L	PA	287.31
62502	Pontics, porcelain, aluminous + L	PA	287.31
Pontics, acrylic/plastic/composite			
62702	Pontics, acrylic/plastic/composite, processed indirect transitional) + L	PA	PA
62703	Pontics, acrylic/plastic/composite, transitional direct	PA	PA

		GP Fee	SP Fee
2. Recontouring of retainers/pontics, per tooth (of existing bridgework)			
63001	1 unit of time	PA	PA
63009	Each additional unit of time	PA	PA
3. Master cast, facebow mounting			
64101	Master cast, facebow mounting + L	PA	PA
4. Repairs, removal			
66211	1 unit of time	55.22	67.58
66212	2 units of time + L	110.43	135.12
66213	3 units of time + L	165.64	202.86
66219	Each additional unit of time	55.22	67.58
5. Repairs, recementation (+ L if laboratory charges are incurred during repair of bridge)			
66301	1 unit of time + L	63.49	77.50
6. Repairs, fixed bridge			
Repairs, porcelain/ceramic/plastic/composite, direct			
66711	First tooth	PA	PA
66719	Each additional tooth	PA	PA
Repairs, solder indexing to repair broken solder joint			
66721	1 unit of time + L	PA	PA
66729	Each additional unit of time	PA	PA
Fixed Bridge Retainers			
1. Retainers, plastic/acrylic			
67111	Retainer, plastic/acrylic, processed + L	56.76	71.68
67112	Retainer, plastic processed to metal + L	56.76	71.68
Retainers, plastic/acrylic, direct (transitional during healing, done at chairside)			
67121	First tooth	PA	PA
67129	Each additional tooth	PA	PA
Retainers, plastic/acrylic, indirect, processed (transitional during healing)			
67131	First tooth + L	PA	PA
67139	Each additional tooth + L	PA	PA
Retainers, plastic/acrylic, indirect, processed, attached to implants			
67141	First implant + L	PA	PA
67149	Each additional implant + L	PA	PA

		GP Fee	SP Fee
2. Retainers, porcelain/ceramic/polymer glass			
67201	Retainer, porcelain/ceramic + L	PA	PA
Retainers, porcelain fused to metal			
67211	Retainers, porcelain/ceramic fused to metal + L	PA	624.63
67212	Stress breaker and/or precision attachments, in addition to above + L	PA	178.32
Retainers, porcelain/ceramic fused to metal, attached to implant			
67221	First implant + L	PA	PA
67229	Each additional implant + L	PA	PA
3. Retainers, metal, cast			
Retainers, metal full cast			
67301	Retainers, metal full cast + L	PA	624.63
67302	Stress breaker and/or precision attachments, in addition to above + L	PA	213.15
Retainers, metal 3/4 cast			
67311	Retainers, metal 3/4 cast + L	PA	624.63
67312	Stress breakers and/or precision attachments + L	PA	178.32
Retainers, metal inlay (used with broken stress technique)			
67321	Retainer, metal inlay, 2 surfaces + L	PA	475.11
67322	Retainer, metal inlay, 3 or more surfaces + L	PA	596.05
Retainers, metal, onlay (internal retention type)			
67331	Retainer, metal, onlay + L	PA	596.05
Retainers, metal, onlay (external retention type)			
67341	Retainer, metal, onlay, acid etch and/or perforated, bonded to abutment tooth, (pontic extra) + L	PA	PA
Retainers, metal, prefabricated or custom cast, attached to transmucosal component used with 67503			
67351	Retainer + L and/or (+ E—not covered)	PA	PA
67359	Each additional retainer + L and/or (+ E—not covered)	PA	PA
Fixed Prosthodontics, Abutments/Retainers, Miscellaneous Services			
67501	Abutment preparation under existing partial denture clasp, in addition to retainer codes + L	PA	PA
67502	Telescoping crown unit + L	PA	838.78
67503	Implant, each retentive bar attached by screws to implant (67351) to remain removable prosthesis	PA	PA
Fixed Prosthetics, Other Services			
1. Fixed prosthetics, miscellaneous services			
69101	Fixed prosthesis, porcelain, to replace a substantial portion of the alveolar process (in addition to retainer and pontics) + L	PA	PA

		GP Fee	SP Fee
2. Fixed prosthetics, splinting			
69201	Splinting for extensive or complicated restorative dentistry (per tooth) + L	PA	PA
3. Fixed prosthetics, retentive pins (for retainers in addition to restoration)			
69301	1 pin/restoration + L	28.33	28.61
69302	2 pins/restoration + L	41.64	42.47
69303	3 pins/restoration + L	56.20	57.32
69304	4 pins/restoration + L	74.75	76.24
69305	5 pins or more/restoration + L	105.40	107.51
4. Fixed prosthetics, provisional coverage (in extensive or complicated restorative dentistry)			
69701	Abutment tooth + L	58.93	71.74
69702	Pontic + L	PA	PA
5. Fixed prosthetic framework, attached to endosseous integrated implants			
Fixed framework attached with screws and incorporated teeth (denture teeth and acrylic)			
69811	Maxillary + L	PA	PA
69812	Mandibular + L	PA	PA
Fixed framework attached with screws and incorporating teeth (full metal and porcelain bonded to metal crowns)			
69821	Maxillary + L	PA	PA
69822	Mandibular + L	PA	PA
Removal of implant screw—retained prosthesis for cleaning or repair			
69831	1 unit of time	PA	PA
69839	Each additional unit of time	PA	PA
Reinsertion of implant screw—retained prosthesis			
69841	1 unit of time + E and/or + L	PA	PA
69849	Each additional unit of time	PA	PA
Part 9: Restorative Services—20000–29999			
Caries, Trauma and Pain Control (permanent teeth only)			
Removal of carious lesions or existing restorations and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure			
20111	First tooth	64.95	79.58

		GP Fee	SP Fee
	Removal of carious lesions or existing restorations and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support		
20121	First tooth	88.20	89.96
	Trauma control, smoothing of fractured surfaces per tooth		
20131	First tooth	33.60	38.85
Restorations, Amalgam			
1. Restorations, amalgam, primary teeth			
Restorations, amalgam, non-bonded, primary teeth			
21111	1 surface	46.17	52.59
21112	2 surfaces	61.93	76.18
21113	3 surfaces	71.16	87.13
21114	4 surfaces	89.79	109.69
21115	5 surfaces or maximum surfaces per tooth	113.01	138.31
Restorations, amalgam, bonded, primary teeth			
21121	1 surface	47.49	52.59
21122	2 surfaces	61.93	76.18
21123	3 surfaces	71.16	87.13
21124	4 surfaces	89.79	109.69
21125	5 surfaces or maximum surfaces per tooth	113.01	138.31
2. Restorations, amalgam, permanent teeth			
Restorations, amalgam, non-bonded, permanent bicuspid and anteriors			
21211	1 surface	55.71	68.06
21212	2 surfaces	83.59	101.66
21213	3 surfaces	105.20	128.10
21214	4 surfaces	136.14	172.87
21215	5 surfaces or maximum surfaces per tooth	167.15	203.54
Restorations, amalgam, non-bonded, permanent molars			
21221	1 surface	63.99	74.46
21222	2 surfaces	90.89	110.91
21223	3 surfaces	119.10	144.90
21224	4 surfaces	164.00	200.89
21225	5 surfaces or maximum surfaces per tooth	218.23	262.50
Restorations, amalgam, bonded, permanent bicuspid and anteriors			
21231	1 surface	65.96	68.06
21232	2 surfaces	83.59	101.66

		GP Fee	SP Fee
21233	3 surfaces	105.20	128.30
21234	4 surfaces	136.14	172.87
21235	5 surfaces or maximum surfaces per tooth	167.15	203.54
Restorations, amalgam, bonded, permanent molars			
21241	1 surface	73.88	74.46
21242	2 surfaces	90.89	110.91
21243	3 surfaces	119.10	144.90
21244	4 surfaces	164.00	200.89
21245	5 surfaces or maximum surfaces per tooth	218.33	265.83
3. Restorations, amalgam cores			
21301	Restorations, amalgam core, in conjunction with crown	PA	PA
21302	Restorations, amalgam core, bonded, in conjunction with crown	PA	PA
4. Pins, retentive per restoration (for amalgams and tooth coloured restorations)			
21401	1 pin	16.77	17.10
21402	2 pins	29.36	29.95
21403	3 pins	37.16	37.91
21404	4 pins	45.92	46.83
21405	5 pins or more	53.32	54.39
5. Restorations made to a tooth supporting an existing partial denture clasp (additional to restoration)			
21501	Per restoration	PA	PA
Restorations, Prefabricated, Full Coverage			
1. Restorations, prefabricated, metal, primary dentition			
22201	Primary anterior	128.63	163.58
22202	Permanent anterior, open face	124.31	151.99
22211	Permanent posterior	128.63	163.58
22212	Permanent posterior, open face	124.31	151.99
2. Restorations, prefabricated, metal, permanent dentition			
22301	Primary anterior	128.63	163.58
22302	Permanent anterior, open face	124.31	151.99
22311	Permanent posterior	128.63	163.58
22312	Permanent posterior, open face	124.31	151.99
3. Restorations, prefabricated, plastic, permanent dentition			
22501	Permanent anterior	134.40	179.55
22511	Permanent posterior	134.40	179.55

		GP Fee	SP Fee
Restorations, Tooth Coloured			
1. Restorations, tooth coloured, permanent anteriors, acid etch/bond technique (not to be used for veneer applications or diastema closures)			
23111	1 surface	77.35	94.20
23112	2 surfaces (continuous)	100.98	123.28
23113	3 surfaces (continuous)	117.61	144.06
23114	4 surfaces (continuous)	187.23	231.83
23115	5 surfaces (continuous, maximum surfaces per tooth)	187.23	231.83
2. Restorations, tooth coloured, veneer applications			
23121	Tooth coloured veneer application, direct chairside prefabricated, acid etch/bond	187.23	231.83
23122	Tooth coloured veneer application, non-prefabricated direct buildup, acid etch/bond	187.23	231.83
3. Restorations, tooth coloured, permanent posteriors, acid etch/bond technique			
23311	1 surface	83.11	68.06
23312	2 surfaces	102.90	101.66
23313	3 surfaces	128.52	128.30
23314	4 surfaces	170.18	172.87
23315	5 surfaces or maximum surfaces per tooth	194.59	203.54
Tooth coloured, permanent molars			
23321	1 surface	87.07	74.46
23322	2 surfaces	104.22	110.91
23323	3 surfaces	142.47	144.90
23324	4 surfaces	172.82	200.89
23325	5 surfaces	218.23	265.83
4. Restorations, tooth coloured, primary, anterior, acid etch/bond technique			
23411	1 surface	71.89	87.96
23412	2 surfaces (continuous)	71.89	87.96
23413	3 surfaces (continuous)	100.98	123.28
23414	4 surfaces (continuous)	153.30	172.82
23415	5 surfaces (continuous or maximum surfaces per tooth)	156.12	172.82
5. Restorations, tooth coloured, primary, posterior, acid etch/bond technique			
23511	1 surface	59.47	52.70
23512	2 surfaces	73.82	76.18
23513	3 surfaces	90.36	87.13

		GP Fee	SP Fee
23514	4 surfaces	100.92	109.69
23515	5 surfaces or maximum surfaces per tooth	113.01	138.31
6. Restorations, tooth coloured/plastic with silver filings, cores (see prosthodontics section for inlays, onlays and pins)			
23601	Restoration, tooth coloured, core, in conjunction with crown	135.80	150.32
23602	Restoration, tooth coloured, acid etch/bonded, core, in conjunction with crown	135.80	150.32
Posts			
Posts, cast metal (including core) as a separate procedure			
25711	Single section + L	180.96	256.64
25712	2 sections + L	244.71	256.64
25713	3 sections + L	PA	492.95
Posts, cast metal (including core) concurrent with impression for crown			
25721	Single section + L	150.15	256.64
25722	2 sections + L	180.96	256.64
25723	3 sections + L	PA	492.95
Posts, prefabricated retentive (separate procedure)			
25731	1 post	114.7	139.98
25732	2 posts same tooth	144.46	139.98
25733	3 posts same tooth	180.08	139.98
Posts, prefabricated, retentive and cast core			
25741	1 post and cast core + L	180.96	256.64
25742	2 posts (same tooth) and cast core + L	180.96	256.64
25743	3 posts (same tooth) and cast core + L	PA	492.95
Posts, prefabricated, with core for crown restoration (when pins are applicable, refer to 21401–21405 for additional fee)			
25751	1 post, with amalgam core + pins	PA	PA
25752	2 posts (same tooth) with amalgam core + pins	PA	PA
25753	3 posts (same tooth) with amalgam core + pins	PA	PA
25754	1 post, with composite core + pins	187.98	230.09
27555	2 posts (same tooth) with composite core + pins	PA	PA
25756	3 posts (same tooth) with composite core + pins	PA	PA
Post removal			
25781	1 unit of time	PA	PA

		GP Fee	SP Fee
Crowns			
1. Crowns, plastic (single units only)			
Crowns, plastic, processed			
27111	Crown, plastic, processed + L	415.99	424.31
27112	Crown, plastic, processed complicated (restorative, positional and/or aesthetic) + L	PA	PA
27113	Crown, plastic, transitional, indirect + L	PA	PA
27114	Crown, plastic/metal base, processed + L	510.80	625.23
Crowns, plastic, direct			
27121	Crown, plastic, direct, transitional (chairside)	121.13	123.55
27122	Crown, transitional restoration of fractured anterior		
2. Crowns, porcelain/ceramic/polymer glass			
27201	Crown, porcelain/ceramic jacket + L	510.80	625.83
27202	Crown, transitional restoration of fractured anterior	PA	PA
Crowns, porcelain/ceramic fused to metal			
27211	Crown, porcelain/ceramic fused to metal base + L	510.80	625.83
27212	Crown, porcelain/ceramic fused to metal base, complicated (restorative, positional and/or aesthetic) + L	PA	PA
27213	Crown, porcelain/ceramic fused to metal base, screwed directly to an implant without the intervening post (+ L and/or + E)	PA	PA
Crowns, porcelain/ceramic, 3/4 partial veneer			
27221	Crown, porcelain/ceramic, 3/4 partial veneer + L	PA	PA
27222	Crown, porcelain/ceramic, 3/4 partial veneer complicated + L	PA	PA
3. Crowns, metal, cast			
27301	Crown, metal, full cast, uncomplicated + L	463.72	567.59
27302	Crown, metal, full cast, complicated (restorative, positional) + L	463.72	567.59
Crowns, metal 3/4 partial veneer			
27311	Crowns, metal 3/4 partial veneer + L	510.80	625.23
27312	Crowns, metal 3/4 partial veneer, complicated + L	510.80	625.23
27313	Crowns, metal 3/4 partial veneer, with direct tooth coloured corner + L	510.80	625.23
4. Crowns made to an existing partial denture clasp (additional to crown)			
27401	1 crown	58.19	59.36
Copings, Metal/Plastic, Transfer (Thimble Type)			
27501	Coping, metal/plastic, transfer (thimble) as a separate procedure + L	PA	PA
27502	Coping, metal/plastic, transfer (thimble), each additional coping as a separate procedure + L	PA	PA

		GP Fee	SP Fee
27503	Copings, metal/plastic, transfer (thimble), concurrent with impression for crown + L	PA	PA
27504	Coping, metal/plastic, transfer (thimble), each additional coping concurrent with impression for additional crown + L	PA	PA
Veneer, Laboratory Processed			
27602	Veneers, porcelain/ceramic, acid etch/bonded + L	PA	PA
Repairs (single units only, does not include removal and recementation)			
Repairs, inlays, onlays or crowns, plastic (single units)			
27711	Repairs, plastic, direct	PA	PA
Repairs, inlays, onlays or crowns, porcelain/ceramic (single units)			
27721	Repairs, porcelain/ceramic, direct	PA	PA
27722	Repairs, porcelain/ceramic, indirect + L Gold, butt margins (including collarless veneers), custom shading or any aesthetics included in the lab fees are uninsured.	PA	PA
Restorative Procedures, Overdentures			
1. Restorative procedures, overdentures, direct			
28101	Natural tooth preparation, placement of pulp chamber restoration (amalgam or composite) and fluoride application	PA	PA
28102	Prefabricated attachment, as an internal or external overdenture retentive device, direct chairside + E	PA	PA
28103	Natural tooth preparation and fluoride application, vital tooth	PA	PA
2. Restorative procedures, overdentures, indirect			
Coping crowns, metal cast			
28211	Coping crown, metal cast—no attachment, indirect + L	PA	PA
28212	Coping crown, metal cast—with attachment, indirect + L	PA	PA
Restorative Services, Other			
1. Recementation/rebonding, inlays/onlays/crowns/veneers/posts/natural tooth fragments (single units only; + L if laboratory charges are incurred during repair of the unit; maximum of 2 single services)			
29101	1 unit of time	61.03	62.24
29102	2 units of time	122.02	124.46
29103	3 units of time	183.03	186.96
2. Staining, porcelain (chairside)			
29401	1 unit of time	PA	PA
29402	2 units of time	PA	PA
29403	3 units of time	PA	PA
29404	4 units of time	PA	PA

		GP Fee	SP Fee
29409	Each additional unit of time over 4	PA	PA

ORAL AND MAXILLOFACIAL SURGERY (MFS) PREAMBLE

INTRODUCTION

The Oral and Maxillofacial Surgery Program provides coverage for medically necessary oral and maxillofacial surgical services performed by a licensed Oral Surgeon and delivered in-hospital to all eligible residents designated as meeting the medical criteria.

ELIGIBLE RESIDENTS

“Eligible resident” means a person who is insured within the meaning of the *Health Services and Insurance Act, RSNS, 1989, c. 197* or any successor legislation thereto and whose condition makes it medically necessary that the required oral and maxillofacial surgical procedures be done in a hospital.

INSURED SERVICES

The following Oral and Maxillofacial Surgery tariff of fees outlines the range of insured services payable in the province of Nova Scotia:

- Fees for oral and maxillofacial surgical procedures include immediate pre-operative, operative and post-operative care provided within the 30 days following surgery.
- In-hospital consultations are benefits of the Program when they are requested by a physician, or dental/oral maxillofacial surgeon, in light of his/her professional knowledge of the patient. A consultation report must be entered.

EMERGENCY (01205) ORAL EXAMINATION

- The fee for this service is payable at 50% of the DHW tariff when any other procedure or treatment service payable by DHW is rendered during the same appointment.
- The fee for Emergency Examinations include all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems, and other orthodontic-related concerns.

CONDITIONS FOR INSURABILITY

INSURED SERVICES

The Nova Scotia Department of Health and Wellness (DHW) **insures oral and maxillofacial surgical services only in the case of medical necessity**. For purposes of the program, this means that in all cases, services are insured only where the patient's medical condition is such that in-hospital delivery of the service is imperative to ensure patient medical safety. Services for patients for whom this medical necessity criterion is not met **do not** qualify for payment through DHW. Services delivered in-hospital **at the request of the patient are not insured**. Services performed in hospital as a result of anxiety and/or fear are uninsured. Dental services performed in hospital to facilitate the use of general anesthetic where office facility is not equipped with such general anesthetic equipment, are uninsured. General anesthetic on its own is not considered a medical condition.

The services performed are insured through DHW **only when** the particular medical condition and its attendant risk factors in each case **has a direct** bearing on the dental/oral/facial condition which the procedure seeks to correct or ameliorate, **and** therefore, the safe performance of the oral and maxillofacial surgical procedure.

Eligibility is determined by the performing dentist according to the coverage guidelines. Payment for these services are approved **only when the above conditions are met AND only** when pertinent details of the condition and its relationship to the procedure(s) are outlined clearly on each claim or estimate with supporting documentation in the resident's chart. For the purpose of the program, tumors, cysts and fractures can, themselves, be considered to be medical conditions. Assessment for payment decisions will, when necessary, involve medical and other professional consultations.

In all cases providers must be prepared to produce radiographs and/or chart entries including medical condition to support submitted claims upon request and/or in the event of a post audit.

In addition to satisfying the criteria outlined in "All Services", the following services are insured **only** where there exists **radiographical evidence** of infection, or, destruction of adjacent tooth and bone. Removal of impacted teeth is insured **only** where there exists **radiographical evidence** of infection, or, destruction of adjacent tooth and bone. Procedures performed for local or generalized pain and/or discomfort which are unsupported by radiographic evidence are uninsured services.

Removal of Impacted Teeth (Fee Codes 72111, 72119, 72211, 72219, 72221, 72229, 72231 & 72239) **Complicated Removals of Erupted Teeth** (Fee Codes 71201 & 71209)

For purposes of the program, **complicated removals of root tips only** are considered for coverage.

Routine extractions of wisdom teeth and extractions for crowding purposes are not insured under prevention alone. Procedures performed for local or generalized pain and/or discomfort which are unsupported by radiographic evidence are not insured services.

Removals of Residual Roots (Fee Codes 72311, 72319, 72321, 72329, 72331 & 72339)

Uncomplicated removals of residual roots **do not** meet the criteria for insurability.

Orthognathic Surgery

In addition to satisfying the criteria outlined in “All Services”, these procedures are payable only when required for functional correction and are **not payable for cosmetic** purposes.

Other Extraction Services

In addition to satisfying the criteria outlined in “All Services”, tooth removal, when indicated to safely complete another insured oral surgical procedure, such as fracture treatment or osteotomy, is insured. This does not include the removal of primary teeth to access permanent teeth being removed, the removal of teeth that do not meet the criteria described above, or the removal of teeth that are not associated with the procedure.

GENERAL ANESTHETIC COSTS

If general anesthetic is deemed medically necessary when providing a dental service, the anesthetic fee is payable whether the dental surgery is an insured or uninsured service. The anesthetist must indicate the medical necessity in the patient’s chart entry as supporting documentation.

SPECIALIST ON-CALL FEES – ORAL & MAXILLOFACIAL SURGEONS

Qualified oral and maxillofacial surgeons who are required to serve on a regular on-call schedule with their medical colleagues will be compensated at the same rate as that

provided to the physician group. The medical manager is responsible for the on-call rotation at the Nova Scotia Health Authority hospital. On-call remuneration is administered by the DHW, which provides the funds to the Nova Scotia Health Authority to distribute to the surgeon.

PREMIUM FEES FOR NON-ELECTIVE ORAL AND MAXILLOFACIAL SURGICAL PROCEDURES

Premium fees are additional amounts paid over and above normal or customary rates on eligible services provided on an emergency basis during designated times. An emergency basis is defined as services which must be performed without delay because of the medical condition of the patient. In such cases the premium fee paid will be the customary fee, plus an additional percentage depending on the time and day. Date and time of an emergency procedure must be indicated on claim submission and the rendered fees must be inclusive of the additional premium percentage.

PREMIUM FEE TABLE

Day	Time	Additional Percentage Added to Fee
Monday to Friday	1700 – 2400	35%
Tuesday to Saturday	0000 – 0800	50%
Saturday	0800 – 1700	35%
Saturday to Monday	1700 – 0800	50%
Recognized Holidays	0800 – 2400	50%

NOTE: If an oral and maxillofacial surgeon chooses to provide routine, scheduled services during premium fee hours or a statutory holiday, he/she is not entitled to premium fees.

If the service requires an anesthetic, the anesthetic start time determines whether a premium fee is applicable.

Premium fees are payable for the following fee codes: 76201-204, 76301-305, 76401-403, 76501-507, 76601-605, 76701-704, 76801, 76802, 76911-913, 76921-924, 76931-934, 76961-969, 76971-979, 76981-989.

MULTIPLE OPERATIVE PROCEDURES

Unless otherwise specified, bilateral procedures performed at same appointment are eligible at 50% of the DHW tariff of the unilateral procedure.

Some surgical procedures are not only bilateral but involve all four quadrants performed at the same appointment, with separate incisions in each. When two quadrants are involved in surgical procedures, the first procedure will be paid at 100% and the subsequent procedure at 50%. When more than two quadrants are involved, the first two are paid at 100% and subsequent procedures at 50%.

The same rules apply in the case of sextants.

SURGICAL ASSISTANT

Surgical assistant fees are payable for selected oral and maxillofacial surgical fee codes where it has been deemed that the complexity of the procedure requires an assisting surgeon, dentist or physician. Assistant's fees are not payable for procedures where an assistant is not normally required. Surgical assistant fees for dentists and oral and maxillofacial surgeons are paid at 25% the rate the primary surgeon receives for the service assisted on (note: surgical assistant fees are subject to premium fee and multiple operative procedures rules, as explained above). Primary surgeon and surgical assistant claims performed by a dental specialist should be submitted to GSC together to ensure proper payment. Medical physician services must be submitted to Medicare for reimbursement.

Surgical assistant fees are payable for the following fee codes: 73301-303, 73441, 73451, 73461, 73621, 73631, 76201-204, 76301-305, 76505-507, 76603-605, 76703, 76704, 76801, 76802, 76913, 76923, 76924, 76931-934, 77102, 77108, 77201-203, 77301-304, 77411-414, 77421-425, 77501-504, 77603, 77701-705, 77911-914, 77917, 78101, 78201-209, 78301-303.

IN-HOSPITAL ROUTINE EXTRACTIONS

Routine extractions will be covered by DHW upon prior approval for medically compromised patients (i.e. **cardiac, transplant, immunocompromised and radiation patients**). Undergoing active treatment in a public hospital and the attendant medical procedure requires the removal of teeth that would otherwise be considered routine extractions.

The medical specialist providing the care must maintain supporting documents in the resident's chart to indicate/support the patient's medical diagnosis, including the **ICDA Code**, for one of the four conditions described above, and it must be stated the routine dental extractions are medically required. Eligibility is determined by the performing dentist according to the coverage guidelines and is subject to post audit. Failure to comply with any of these conditions will result in a reduction in payment or non-payment.

Oral and Maxillofacial Surgery (MFS)

List of Benefits and Tariff of Fees

		SP Fee
Part 1: Diagnostic—01000–09999		
01601	Examination and diagnosis, surgical, general, includes: (a) history, medical and dental; and (b) clinical examinations as above, may include in-depth analysis of medical status, medication, anesthetic and surgical risk, initial consultation with referring dentist or physician, parent or guardian, evaluation of source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors or where the patient is to be admitted to hospital for dental procedures	64.21
01205	Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area (covered only for hospital in-patients, when requested by a physician or dentist)	49.29
94102	Hospital admission (admission to hospital when no surgical treatment is rendered)	67.73
94302	Hospital visit (for non-surgical admitted patient only; A maximum of 14 daily visits are payable in connection with a hospital admission; but if the patient, at any time within the 14 days, becomes a surgical patient, this service is no longer covered)	38.08
Part 2: Oral and Maxillofacial Surgery—70000–79999		
<p>The following surgical services include necessary local anaesthetic, removal of excess gingival tissue, suturing and 1 post-operative treatment, when required. A surgical site is considered to include a full quadrant, sextant or group of several teeth that can be practically and conveniently combined for a single surgical sitting, or in some cases a single tooth.</p>		
Removals		
1. Removals, erupted teeth, uncomplicated		
71101	Single tooth, uncomplicated	65.90
71109	Each additional tooth, same quadrant	34.65
2. Removals, erupted teeth, complicated		
71201	Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth	93.83
71209	Each additional tooth, same quadrant	46.95
Removals (Extractions), Surgical		
3. Removals, impactions, soft tissue coverage		
Removals, impaction, requiring incision of overlying soft tissue and removal of the tooth		
72111	Single tooth	169.72
72119	Each additional tooth, same quadrant	84.86

4. Removals, impactions, involving tissue and/or bone coverage		
Removals, impaction, requiring incision of overlying soft tissue elevation of a flap and either removal of bone and tooth or section and removal of tooth (partial bone impaction)		
72211	Single tooth	169.72
72219	Each additional tooth, same quadrant	84.86
Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone AND sectioning of tooth for removal		
72221	Single tooth	169.72
72229	Each additional tooth, same quadrant	84.86
Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone, sectioning of the tooth for removal and/or presents unusual difficulties and circumstances.		
72231	Single tooth	169.72
72239	Each additional tooth, same quadrant	84.86
5. Removals (extractions), residual roots		
Removals, residual roots, erupted		
72311	First tooth	100.34
72319	Each additional tooth, same quadrant	50.17
Removals, residual roots, soft tissue coverage		
72321	First tooth	100.34
72329	Each additional tooth, same quadrant	50.17
Removals, residual roots, bone tissue coverage		
72331	First tooth	100.34
72339	Each additional tooth, same quadrant	50.17
6. Surgical movement of teeth		
Transplantation of erupted tooth		
72611	First tooth	328.10
72619	Each additional tooth, same quadrant	164.04
Apicoectomy		
34111	Root Resection, Anterior tooth	166.68
34112	Root Resection, Posterior tooth	249.99
Remodeling and Recontouring Oral Tissues		
1. Alveoloplasty (bone remodelling of ridge with soft tissue revisions)		
Alveoloplasty, in conjunction with extractions		
73121	Alveoloplasty, not in conjunction with extractions, per sextant	106.79

	SP Fee
Remodelling of bone	
73141	106.79
73142	106.79
Excision of bone	
73151	160.19
73152	308.05
73153	228.49
73154	368.80
Removal of bone, exostosis, multiple	
73161	160.19
Reduction of bone, tuberosity	
73171	160.19
73172	240.27
Augmentation of bone	
73181	557.55
73182	1105.65
73183	557.55
73184	1114.05
2. Gingivoplasty and/or stomatoplasty, oral surgery	
Independent procedure surgery	
73211	98.07
Miscellaneous procedures	
73222	147.05
73223	221.34
73224	147.05
Removals, tissue, hyperplastic (includes incising the mucous membrane, dissecting and removing hyperplastic tissue, replacing and adapting the mucous membrane)	
73231	98.07
Removal, mucosa, excess (complete removal without dissection)	
73241	98.07
3. Remodeling, floor of the mouth	
73301	601.57
73302	601.57
73303	601.57

		SP Fee
4. Vestibuloplasty		
Vestibuloplasty, sub-mucous		
73411	Per sextant	159.10
Sulcus deepening and ridge reconstruction		
73421	Per sextant	159.10
Vestibuloplasty, with secondary epithelization		
73431	Per sextant	159.10
Vestibuloplasty, with labial inverted flap		
73441	Per sextant	200.53
Vestibuloplasty, with skin graft		
73451	Per sextant	200.53
Vestibuloplasty, with mucosal graft		
73461	Per sextant	200.53
5. Reconstruction, alveolar ridge		
Reconstruction, alveolar ridge, with autogenous bone		
73511	Per sextant + E	328.16
Reconstruction, alveolar ridge, with alloplastic material		
73521	Per sextant + E	164.07
6. Extensions, mucous folds		
Extensions, mucous folds with secondary epithelization		
73611	Per sextant	200.53
Extensions, mucous folds, with skin grafts		
73621	Per sextant	200.53
Extensions, mucous folds, with mucous graft		
73631	Per sextant	200.53
Surgical Excision (not in conjunction with tooth removal, including biopsy)		
1. Surgical excision, tumours, benign		
74111	1 cm and under	136.95
74112	1–2 cm	136.95
74113	2–3 cm	136.95
74114	3–4 cm	342.10
74115	4–6 cm	342.10
74116	6–9 cm	342.10
74117	9–15 cm	537.11

		SP Fee
74118	15 cm and over	537.11
Tumours, benign, bone tissue		
74121	1 cm and under	165.71
74122	1–2 cm	165.71
74123	2–3 cm	165.71
74124	3–4 cm	309.73
74125	4–6 cm	414.73
74126	6–9 cm	414.73
74127	9–15 cm	651.17
74128	15 cm and over	651.17
2. Surgical excision, tumours, malignant		
74211	1 cm and under	136.95
74212	1–2 cm	136.95
74213	2–3 cm	136.95
74214	3–4 cm	342.10
74215	4–6 cm	342.10
74216	6–9 cm	342.10
74217	9–15 cm	537.11
74218	15 cm and over	537.11
Tumours, malignant, bone tissue		
74221	1 cm and under	165.71
74222	1–2 cm	165.71
74223	2–3 cm	165.71
74224	3–4 cm	414.73
74225	4–6 cm	414.73
74226	6–9 cm	414.73
74227	9–15 cm	651.17
74228	15 cm and over	651.17
3. Cheiloplasty (lip shave)		
74301	Cheiloplasty, partial	56.43
74302	Cheiloplasty, total	169.33
4. Surgical excision, cysts/granulomas		
Enucleation of cyst/granuloma, odontogenic and non-odontogenic, requiring prior removal of bony tissue and subsequent suture(s)		
74611	1 cm and under	157.72
74612	1–2 cm	157.72
74613	2–3 cm	157.72

		SP Fee
74614	3–4 cm	157.72
74615	4–6 cm	197.07
74616	6–9 cm	197.07
74617	9–15 cm	197.07
74618	15 cm and over	309.37
Marsupialization		
74621	Cyst, marsupialization	169.33
Excision of cyst		
74631	1 cm and under	157.72
74632	1–2 cm	157.72
74633	2–3 cm	157.72
74634	3–4 cm	157.72
74635	4–6 cm	197.07
74636	6–9 cm	197.07
74637	9–15 cm	197.07
74638	15 cm and over	309.37
Surgical Incisions		
1. Surgical incision and drainage and/or exploration, intra-oral		
Surgical incision and drainage and/or exploration, intra-oral soft tissue		
75111	Intra-oral, surgical exploration, soft tissue	66.08
75112	Intra-oral, abscess, soft tissue	66.08
75113	Intra-oral, abscess, in major anatomical area with drain	66.08
Surgical incision and drainage and/or exploration, intra-oral hard tissue		
75121	Intra-oral, abscess, hard tissue, trephination and drainage.	85.63
75122	Intra-oral, surgical exploration, hard tissue	85.63
75123	Intra-oral, abscess, hard tissue, trephination and drainage in major anatomical area	85.63
2. Surgical incision and drainage and/or exploration, extra-oral		
Surgical incision and drainage and/or exploration, extra-oral, soft tissue		
75211	Extra-oral, abscess, superficial	132.03
75212	Extra-oral, abscess, deep	132.03
Surgical incision and drainage and/or exploration, extra-oral, hard tissue		
75221	Extra-oral, surgical exploration, hard tissue	159.73
3. Surgical incision for removal of foreign bodies		
75301	Removal, from skin or subcutaneous areolar tissue	147.05
75302	Removal, of reaction producing foreign bodies	147.05

		SP Fee
75303	Removal, of needle from musculoskeletal system	160.19
	Sequestrectomy (for osteomyelitis)	
75401	Intra-oral sequestrectomy	247.95
75402	Saucerization	247.95
75403	Osteomyelitis, non-surgical treatment of	90.55
	Extra-oral sequestrectomy	
75411	3 cm and less	330.57
75412	3–4 cm	330.57
75413	4–6 cm	495.89
75414	6–9 cm	495.89
75415	9 cm and over	495.89
	Mandibulectomy	
75511	3 cm and less	646.29
75512	3–4 cm	646.29
75513	4–6 cm	646.29
75514	6–9 cm	646.29
75515	9–12 cm	646.29
75516	12–15 cm	646.29
75517	15 cm and over	1014.64
75518	Total mandibulectomy	1680.90
	Maxillectomy	
75611	3 cm and less	646.29
75612	3–4 cm	646.29
75613	4–6 cm	646.29
75614	6–9 cm	646.29
75615	9–12 cm	646.29
75616	12–15 cm	646.29
75617	15 cm and over	1014.64
75618	Total maxillectomy	1680.90
Fractures, Treatment of		
1. Fractures, reductions, mandibular		
76201	Reduction, mandibular, closed	330.57
76202	Reduction, mandibular, open, simple	578.43
76203	Reduction, mandibular, open, double	867.64
76204	Reduction, mandibular, open, multiple	1156.82
2. Fractures, reductions, maxillary, horizontal Le Fort I		
76301	Reduction,maxillary closed	330.57

		SP Fee
76302	Reduction, maxillary open, simple	578.43
76303	Reduction, maxillary, open, double	867.64
76304	Reduction, maxillary, open, multiple	1156.82
76305	Reduction, compound fracture or maxilla (requiring reduction and soft tissue repair)	661.19
3. Fractures, reductions, maxilla, pyramidal Le Fort II		
76401	Reduction, maxillary, closed	330.57
76402	Reduction, maxillary, open, unilateral	661.19
76403	Reduction, maxillary, open, bilateral	661.19
4. Fractures, reductions, naso-orbital		
76501	Reduction, unilateral	991.74
76502	Reduction, bilateral	991.74
76503	Reduction, naso-orbital, open, external approach	991.74
76504	Reduction, naso-orbital, open, sinus approach	991.74
76505	Reduction, naso-orbital, open, orbital approach with insertion of subperiosteal implant	991.74
76506	Exploration, of orbital blowout fracture	991.74
76507	Exploration, of orbital blowout fracture and reconstruction with insertion of a subperiosteal implant	991.74
5. Fractures, reductions, malar bone		
76601	Reduction, malar bone, closed	165.36
76602	Reduction, malar bone, open, by simple elevation	165.36
76603	Reduction, malar bone, open, by osteosynthesis	330.57
76604	Reduction, malar bone, open, by sinus approach	495.89
76605	Reduction, malar bone, simple fracture, (open reduction with antrostomy and packing)	495.89
6. Fractures, reductions, zygomatic arch		
76701	Reduction, zygomatic arch, intra-oral approach	165.36
76702	Reduction, zygomatic arch, temporal approach	165.36
76703	Reduction, zygomatico-maxillary fracture dislocation, complex, closed reduction	330.57
76704	Reduction, zygomatico-maxillary fracture dislocation, open reduction	495.89
7. Fractures, reductions, craniofacial dysfunction, Le Fort III transverse (specify type of procedure according to previous code used for fracture)		
76801	Reduction, craniofacial dysfunction, closed	991.74
76802	Reduction, craniofacial dysfunction, open	991.74
8. Fractures, reductions alveolar		
Fracture, alveolar, debridement, teeth removed		
76911	3 cm or less	184.22

		SP Fee
76912	3–6 cm	184.22
76913	6 cm and over	330.57
Reduction, alveolar, closed, with teeth (fixation extra)		
76921	3 cm or less	184.22
76922	3–6 cm	184.22
76923	6–9 cm	330.57
76924	9 cm and over	330.57
Reduction, alveolar, open, with teeth (fixation extra)		
76931	3 cm or less	330.57
76932	3–6 cm	330.57
76933	6–9 cm	578.43
76934	9 cm and over	578.43
Replantation, avulsed tooth/teeth (including splinting)		
76941	Replantation, first tooth	93.83
76949	Each additional tooth	46.95
Repositioning of traumatically displaced teeth		
76951	1 unit of time	49.59
76952	2 units of time	99.18
76959	Each additional unit of time over 2	49.59
Repairs, lacerations, uncomplicated, intra-oral or extra-oral		
76961	2 cm or less	66.08
76962	2–4 m	66.08
76963	4–6 cm	66.08
76964	6–9 cm	66.08
76965	9–12 cm	66.08
76966	12–16 cm	161.05
76967	16–20 cm	161.05
76968	20–25 cm	161.05
76969	25 cm and over	161.05
Repairs, lacerations, through and through		
76971	2 cm or less	165.36
76972	2–4 m	165.36
76973	4–6 cm	165.36
76974	6–9 cm	270.94
76975	9–12 cm	270.94
76976	12–16 cm	270.94
76977	16–20 cm	270.94

		SP Fee
76978	20–25 cm	270.94
76979	25 cm and over	270.94
Repairs, lacerations, complicated (local tissue shifts)		
76981	2 cm or less	165.36
76982	2–4 m	165.36
76983	4–6 cm	165.36
76984	6–9 cm	270.94
76985	9–12 cm	270.94
76986	12–16 cm	270.94
76987	16–20 cm	270.94
76988	20–25 cm	270.94
76989	25 cm and over	270.94
Maxillofacial Deformities, Treatment of		
1. Osteotomy/ostectomy, ramus of the mandible		
77101	Osteotomy, subcondylar, closed	578.58
77102	Osteotomy, subcondylar, open	1400.63
77103	Osteotomy, ramus of the mandible, oblique, extra-oral	1400.63
77104	Osteotomy, ramus of the mandible, oblique, intra-oral	1400.63
77105	Osteotomy/ostectomy, body of the mandible	1400.63
77106	Osteotomy, coronoidectomy	1400.63
77107	Osteotomy, condylar neck	1400.63
77108	Osteotomy, sagittal split	1400.63
2. Osteotomy, miscellaneous		
77201	Osteotomy, oblique with bone graft	1680.71
77202	Osteotomy, inverted “L”	1400.63
77203	Osteotomy, “C”	1400.63
3. Osteotomy, maxilla		
77301	Osteotomy, maxilla, total	1400.63
77302	Osteotomy, maxilla, total with bone graft	1680.90
77303	Osteotomy, maxilla, Le Forte II with bone graft	1400.63
77304	Osteotomy, maxilla, Le Fort III	1680.90
77305	Additional to the above osteotomy requiring 3 segments	76.69
77306	Additional to the above osteotomy requiring 4 segments	115.04
77307	Additional to the above osteotomy requiring a cranial flap	153.37
77308	Closure of cleft fistula (alveolar)	503.87
77309	Closure of cleft fistula (palatal)	672.20
77311	Pharyngoplasty	365.59

		SP Fee
77312	Submucous resection	268.89
4. Osteotomy, maxillary/mandibular, segmental		
Osteotomy, segmental, maxilla		
77411	Osteotomy, segmental, anterior	1017.33
77412	Osteotomy, segmental, posterior	1017.33
77413	Osteotomy, midpalatal split, anterior	1017.33
77414	Osteotomy, midpalatal split, complete	1017.33
Osteotomy, segmental, mandible		
77421	Osteotomy, segmental, anterior with transfer of mental eminence	1017.33
77422	Osteotomy, segmental, anterior, without the transfer of mental eminence	1017.33
77423	Osteotomy, segmental, posterior	1017.33
77424	Osteotomy, lower border, mandible	1017.33
77425	Osteotomy, total dento-alveolar, mandible	1017.33
5. Genioplasty		
77501	Genioplasty, sliding, reduction or augmentation	1017.33
77502	Genioplasty, reduction (vertical)	1017.33
77503	Genioplasty, augmentation with graft (see grafting codes)	1017.33
77504	Myotomy, suprahyoid	1017.33
6. Miscellaneous treatment of maxillofacial deformities		
77601	Corticotomy	160.19
77602	Interdental septotomy	160.19
77603	Surgical expansion of the palate	1017.33
7. Palatorrhaphy		
77701	Palatorrhaphy, anterior (closure of palatine fissure)	850.50
77702	Palatorrhaphy, posterior	850.50
77703	Palatorrhaphy, total	1017.33
77704	Palatorrhaphy, with bone graft	1017.33
77705	Palatorrhaphy, bone graft to anterior alveolar ridge	1017.33
8. Glossectomy		
77901	Glossectomy, partial, anterior wedge	342.10
77902	Glossectomy, partial, for orthodontic purposes	342.10
77903	Glossectomy, full posterior-anterior wedge	342.10
9. Cleft surgery		
77911	Primary unilateral cleft lip repair	984.43
77912	Secondary unilateral cleft lip repair	984.43
77913	Primary bilateral cleft lip repair	1476.62
77914	Secondary bilateral cleft lip repair	1476.62

		SP Fee
77917	Closure of alveolar cleft (see grafting codes)	984.43
10. Oral nasal fistula		
77921	Primary closure at time of initial surgery	656.36
77922	Secondary closure with palatal flap	656.36
77923	Secondary closure with pharyngeal flap	656.36
77924	Secondary closure with tongue flap	656.36
77925	Secondary closure with buccal flap	656.36
Temporomandibular Joint Dysfunctions, Treatment of		
1. Temporomandibular joint, dislocation, management of		
78101	Dislocation, open reduction	413.32
78102	TMJ, dislocation, closed reduction, uncomplicated	49.59
78103	TMJ, dislocation, closed reduction, under general anesthetic	49.59
78104	TMJ, luxation, reduction without anesthesia	49.59
78105	TMJ, luxation, reduction under anesthesia	49.59
78106	TMJ, manipulation, under anesthesia	49.59
2. Temporomandibular joint, capsule, management of		
78201	Condyloplasty	495.89
78202	Condylotomy	495.89
78203	Cyndylectomy	495.89
78204	Eminoplasty	437.50
78205	Re-contour of glenoid fossa	437.50
78206	Menisectomy	656.36
78207	Plication of meniscus	875.25
78208	Repair of meniscus	875.25
78209	Replacement of meniscus	875.25
3. Temporomandibular joint, arthrotomy for major reconstruction		
78301	Fossa replacement (see grafting codes)	962.67
78302	Condylar replacement (see grafting codes)	962.67
78303	Gap arthroplasty for ankylosis (see grafting codes)	962.67
4. Temporomandibular joint, arthrocentesis (puncture and aspiration)		
78501	1 unit of time	82.68
78502	2 units of time	165.35
78509	Each additional unit of time over 2	82.39
5. Temporomandibular joint, management by injections		
78601	Injection, with anti-inflammatory drugs	82.68
78602	Injection, with sclerosing agent	82.68

		SP Fee
Oral Surgery Procedures, Other		
1. Salivary glands, treatment of		
79101	Salivary duct, dilation of	28.21
79102	Salivary duct, insertion of polyethylene tube	28.82
79103	Salivary duct, sialodochoplasty	338.66
79104	Salivary duct, reconstruction of	338.66
Salivary duct, sialolithotomy		
79111	Sialolithotomy, anterior 1/3 of canal	99.18
79112	Sialolithotomy, posterior 2/3 of canal	297.49
79113	Sialolithotomy, external approach	396.56
Salivary gland, excisions		
79121	Excision of submaxillary gland	396.56
79122	Excision of sublingual gland	396.56
79123	Excision of mucocele	152.50
79124	Excision of ranula	198.44
79125	Marsupialization of ranula	198.44
Salivary gland, removal		
79131	Salivary gland, removal, parotid (subtotal)	595.11
79132	Salivary gland, removal, parotid (radical, including facial nerve)	793.45
2. Neurological disturbances, treatment of		
Neurological disturbances, trigeminal nerve		
79211	Trigeminal nerve, injection for destruction	82.68
79212	Trigeminal nerve, avulsion at periphery	328.41
79213	Trigeminal nerve, total avulsion of a branch	382.41
79214	Trigeminal nerve, alcoholization of a branch	82.68
79215	Trigeminal nerve, infiltration of a branch for diagnosis	82.68
79217	Trigeminal nerve, neurolysis or tumour excision of trigeminal nerve excision branch in soft tissue	328.41
79218	Trigeminal nerve, neurolysis or tumour excision of trigeminal nerve excision branch in bone (mandible, maxilla or orbit; not to include osteotomy)	328.41
Neurological disturbances, inferior dental nerve		
79231	Inferior dental nerve, complete avulsion	328.41
79232	Inferior dental nerve, decompression in the canal	328.41
Neurological disturbances, surgery		
79246	Excision of tumour or neuroma	328.41

		SP Fee
3. Antral surgery		
Antral surgery, recovery, foreign bodies		
79311	Antral surgery, immediate recovery of a dental root or foreign body from the antrum	198.44
79312	Antral surgery, immediate closure of antrum by another dental surgeon	164.39
79313	Antral surgery, delayed recovery of a dental root with oral antrostomy	495.89
79314	Antral surgery with nasal antrostomy	495.89
Antral surgery, oro-antral fistula closure (same session)		
79331	Oro-antral fistula closure with buccal flap	495.89
79332	Oro-antral fistula closure with gold plate	495.89
79333	Oro-antral fistula closure with palatal flap	495.89
Antral surgery, oro-antral fistula closure (subsequent session)		
79341	Oro-antral fistula closure with buccal flap	495.89
79342	Oro-antral fistula closure with gold plate	495.89
79343	Oro-antral fistula closure with palatal flap	495.89
Hemorrhage, Control of		
Covered only if the procedure is rendered by a dentist other than the provider of the original service.		
79403	Hemorrhage control, using compression and hemostatic agent	53.53
79404	Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary)	53.53
Post-Surgical Care (excludes alveolitis)		
79602	Post-surgical care, minor, by other than treating dentist	53.38
Emergency Office Procedures		
79701	Emergency procedure, tracheotomy	IC
79702	Emergency procedure, crico-thyroidotomy	IC

MAXILLOFACIAL PROSTHODONTICS PROGRAM (MAX) PREAMBLE

INTRODUCTION

The Maxillofacial Prosthodontics Program seeks to meet the anatomical, functional and significant emotional (arising from having a significant physical defect) needs of residents through the rehabilitation of head and neck deficits so that these individuals may reintegrate and continue to be functional members of society. Service provision within the program is currently limited to 2 providers who possess specialized qualifications in this area.

REGISTRATION PROCEDURES

Residents having been deemed eligible for the program by the qualified specialists, will be registered with GSC/DHW in the Maxillofacial Prosthodontics Program at the time of submission of their initial claim on the resident's behalf. The initial submission will be accompanied with a supporting letter from the referring physician.

ELIGIBLE PATIENTS

"Eligible resident" means a person who is insured within the meaning of the *Health Services and Insurance Act*, RSNS, 1989, c. 197 or any successor legislation thereto, and whose maxillofacial prosthodontic needs have been the result of congenital facial disorders, cancer, surgery, trauma, and neurological deficit. There is no age restriction.

ELIGIBILITY FOR SERVICES

The program provides a range of medically required dental services for residents whose maxillofacial prosthodontic needs have been the result of congenital facial disorders, cancer, surgery, trauma, and neurological deficiencies.

INSURED SERVICES

Insured services are those described in the tariff of fees for the program.

EMERGENCY (01205) ORAL EXAMINATION

- The fee for this service is payable at 50% of the DHW tariff when any other procedure or treatment service payable by DHW is rendered during the same appointment.
- The fee for Emergency Examinations include all radiographs required to assist in the diagnosis.
- These services are not payable when performed in connection with habit appliances, spacing, crowding, common eruption problems, and other orthodontic-related concerns.

OUT OF PROVINCE

There is no coverage, under the Maxillofacial Prosthodontics Program, for services performed outside of Nova Scotia.

Maxillofacial Prosthodontics Program (MAX)

List of Benefits and Tariff of Fees

All of the services set out in this Schedule are payable at \$56.60 per 15-minute time unit.

Part 1: Examination and Diagnosis	
01702	Examination and diagnosis, prosthodontic, specific
01205	Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area (DHW: details must be supported in chart, including x-rays)
Part 2: Prosthetics, Removable—50000–59999	
Dentures, Complete	
1. Dentures, complete, equilibrated (involves remounted equilibration on a semi adjustable articulator)	
51201	Maxillary + L
51202	Mandibular + L
51204	Liners, resilient in addition to above
2. Dentures, surgical, standard (immediate; includes tissue conditioner, but does not include hard reline but does include 3 months post insertion care)	
51301	Maxillary + L
51302	Mandibular + L
3. Dentures, complete, transitional (temporary)	
51601	Maxillary + L
51602	Mandibular + L
4. Dentures, complete, overdenture	
51711	Maxillary + L
51712	Mandibular + L
5. Dentures, complete, overdentures (immediate)	
51811	Maxillary + L
51812	Mandibular + L
6. Dentures, complete, attached to implants	
51921	Maxillary + L
51922	Mandibular + L
Dentures, Partial, Acrylic	
1. Dentures, partial, acrylic base (transitional; with or without clasps)	
52101	Maxillary + L
52102	Mandibular + L
2. Dentures, partial, acrylic base (immediate)	
52111	Maxillary + L

52112 Mandibular + L

3. Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests

52301 Maxillary + L

52302 Mandibular + L

4. Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests (immediate)

52311 Maxillary + L

52312 Mandibular + L

5. Dentures, partial, overdenture, acrylic, with cast/wrought clasps and/or rests

52501 Maxillary + L

52502 Mandibular + L

6. Dentures, partial, overdenture, acrylic, with cast/wrought clasps and/or rests (immediate)

52511 Maxillary + L

52512 Mandibular + L

Dentures, Partial, Cast with Acrylic Base

1. Dentures, partial, free end, cast frame/connector, clasps and rests

53101 Maxillary + L

53102 Mandibular + L

53104 Altered cast impression technique in conjunction with 53101, 53102 + L

2. Dentures, partial, tooth borne, cast frame/connector, clasps and rests

53201 Maxillary + L

53202 Mandibular + L

3. Dentures, partial, cast, precision attachments

53401 Maxillary + L

53402 Mandibular + L

4. Dentures, partial, cast, semi-precision attachments

53501 Maxillary + L

53502 Mandibular + L

5. Dentures, partial, cast, overdenture, removable

53701 Maxillary + L

53702 Mandibular + L

53704 Altered cast impression technique done in conjunction with 53701 and 53702

Dentures, Adjustments

(after 3 months post-insertion or by other than the dentist who provided the prosthesis)

1. Denture adjustments, partial or complete denture, minor

54201 1 unit of time + L

2. Denture adjustments, partial or complete denture, remount and occlusal equilibration

54301 Maxillary + L
54302 Mandibular + L

Dentures, Repairs/Additions

1. Denture, repair, complete denture, no impression required

55101 Maxillary + L
55102 Mandibular + L

2. Denture, repair, complete denture, impression required

55201 Maxillary + L
55202 Mandibular + L

3. Denture, repairs/additions, partial denture, no impression required

55301 Maxillary + L
55302 Mandibular + L

4. Denture, repairs/additions, partial denture, impression required

55401 Maxillary + L
55402 Mandibular + L

5. Dentures, implant retained prosthesis, prophylaxis and polishing

55501 1 unit of time + L
55509 Each additional unit of time

Dentures, Duplication, Relining and Rebasing

1. Dentures, duplication

Denture, duplication, complete denture

56111 Maxillary + L
56112 Mandibular + L

2. Dentures, relining

Denture, reline, direct, complete denture

56211 Maxillary
56212 Mandibular

Denture, reline, direct, partial denture

56221 Maxillary
56222 Mandibular

Denture, reline, processed, complete denture

56231 Maxillary + L
56232 Mandibular + L

Denture, reline, processed, partial denture

56241 Maxillary + L
56242 Mandibular + L

Denture, reline, processed, functional impression requiring 3 appointments, partial denture

- 56261 Maxillary + L
- 56262 Mandibular + L

3. Dentures, remake

Denture, remake, using existing framework, partial denture

- 56411 Maxillary + L
- 56412 Mandibular + L

Dentures, Tissue Conditioning

1. Denture, tissue conditioning, per appointment, complete denture

- 56511 Maxillary + L
- 56512 Mandibular + L

2. Denture, tissue conditioning, per appointment, partial denture

- 56521 Maxillary + L
- 56522 Mandibular + L

Dentures, Miscellaneous Services

- 56601 Resilient liner, in relined or rebased denture (in addition to reline or rebase of denture) + L
- 56602 Resetting of teeth (not including reline or rebase of denture) + L

Prostheses

1. Prosthesis, facial

- 57101 Orbital + L
- 57102 Nose + L
- 57103 Ear + L
- 57104 Patch + L
- 57105 Facial, complex + L
- 57106 Facial Moulage impression
- 57108 Ocular conformer prosthesis
- 57109 Ocular prosthesis

2. Prosthesis, maxillofacial, obturators

- 57202 Obturator (definitive; prosthesis extra) + L
- 57203 Obturator (post-surgical; prosthesis extra) + L
- 57204 Obturator (temporary; prosthesis extra) + L
- 57208 Obturator prosthesis, modification (relines or repairs) + L
- 57209 Speech aid prosthesis

3. Prosthesis, maxillofacial, other

- 57301 Velar (speech) bulb (prosthesis and obturator extra) + L
- 57302 Velar lift button, mechanical (prosthesis and obturator extra) + L (palatal lift prosthesis)

- 57304 Retention, magnetic (prosthesis extra) + L
- 57305 Guide plane, condylar (prosthesis extra) + L
- 57308 Skull plate, customized + L
- 57311 Feeding appliance (for infants with cleft palate) + L
- 57321 Lingual prosthesis
- 57341 Mandibular resection prosthesis with guide flange + L
- 57342 Mandibular resection prosthesis without guide flange + L

4. Prosthesis, temporomandibular joint

- 57401 Exerciser, trismus, therapy + L

5. Prosthesis, splints

- 57503 Gunning (upper and lower) + L
- 57504 Bar splint, labial and lingual + L
- 57505 Scaffolding, rhinoplastic (nasal stent) + L
- 57507 Template, surgical + L
- 57508 Commissure splint + L

6. Prosthesis, stents

- 57601 Ridge extension + L
- 57602 Maxillary and mandibular + L
- 57603 Skin grafts
- 57604 Mucous membrane grafts (mucosal guard)

7. Prosthesis, radiation appliances

- 57651 Radiation vehicle carrier + L
- 57652 Radiation protection shield (extra-oral) + L
- 57653 Radiation protection shield (intra-oral) + L
- 57661 Prosthesis, stents, decompression

EXCEPTIONAL CIRCUMSTANCES REQUEST (ECR)

INTRODUCTION

Benefits for treatment services for reasons of medical necessity, may be eligible under an Exceptional Circumstance (ECR) available to Nova Scotia residents with a valid Medical Services Insurance (MSI) Health Card Number.

REGISTRATION PROCEDURES

A dentist shall submit an application request to GSC/DHW, for dental services he/she recommends should be insured for reasons of medical necessity, and where the service is not insured by any existing DHW dental program.

“Eligible resident” means a person who is insured within the meaning of the *Health Services and Insurance Act*, RSNS, 1989, c. 197 or any successor legislation thereto, and for reasons of medical necessity.

ELIGIBILITY FOR SERVICES

Coverage for treatment of service of Exceptional Circumstance must have treatment approval prior to the commencement of treatment. Requests after treatment complete are uninsured.

Residents with private dental plans are required to access their private coverage first. The ECR will pay any eligible balance left over after the recipient’s private coverage has been accessed up to the approved amount. All claims for coordination of benefits with the ECR, must meet the terms of the program regulations. Submission of entire treatment plan by all coordinating/requesting dental providers must be submitted together for consideration. Incomplete applications will not be considered.

INSURED SERVICES

Insured services are those, approved for reasons of medical necessity, under Exceptional Circumstances up to preapproved fees.

OUT OF PROVINCE

There is no coverage under the Exceptional Circumstances for services performed outside of Nova Scotia.

**Department of Health and Wellness
Coverage Request for Exceptional Circumstances (ECR)**

APPLICATION COVER PAGE

Complete this cover page and include with your application

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	MSI HEALTH CARD NUMBER	EXPIRY DATE
PATIENT ADDRESS		DATE OF BIRTH	
DENTISTS / SPECIALISTS			
COORDINATING DENTIST _____		ALL DENTISTS / SPECIALISTS IN TREATMENT PLAN _____ _____	
SUBMISSION DATE (YYYY/MM/DD) _____		Is patient currently enrolled in Cleft Palate Program: Yes <input type="checkbox"/> No <input type="checkbox"/>	
CHECKLIST			
<p>ENSURE EACH SECTION IS INCLUDED:</p> <ul style="list-style-type: none"> <input type="checkbox"/> This cover page <input type="checkbox"/> Outline of any other public or private dental benefits available to the patient <input type="checkbox"/> Description of relevant patient medical and drug history <input type="checkbox"/> Explanation of the medical necessity of the proposed dental treatment that is required to meet the basic needs of the patient, including relevant source documents such as radiographs, photographs, etc. used for diagnosis <input type="checkbox"/> Description of proposed dental treatment plan, compiled from all providers, with estimated treatment timeline <input type="checkbox"/> List of dental services to be provided by each dentist with applicable codes and associated fees <input type="checkbox"/> Description of any follow up requirements <input type="checkbox"/> A written recommendation in support of the treatment plan, confirming that this is the coordinating dentist's recommendations and that the application is not being provided solely at the request of the resident 			

SUBMISSION INFORMATION

Submit the entire package to Green Shield Canada by either Provider Connect with an attached file to the NS Government mailbox online or by manual submission via postal mail to:

Green Shield Canada
Attn: Dental Services Dept - Request for Exceptional Circumstances
P.O. Box 1671
Windsor, Ontario N9A 0C6

A response will be provided within 30 days from the date the application is received. Only complete applications will be considered.

Note: This application process replaces the previous Special Consideration application.

OUT OF PROVINCE BENEFITS

(Applicable only to in-hospital emergency dental services)

INTRODUCTION

While most services listed under the Department of Health and Wellness (DHW) Dental Programs are only covered if delivered in Nova Scotia, certain emergency dental services are covered in other Canadian provinces/territories if the emergency service is considered medically necessary and the service is provided by a licensed oral surgeon in a publicly funded hospital. Funding for this insured service is provided by the DHW's MSI Oral and Maxillofacial Surgery.

ELIGIBLE RESIDENTS

“Eligible resident” means a person who is insured within the meaning of the *Health Services and Insurance Act*, RSNS, 1989, c. 197 or any successor legislation thereto and whose condition makes it medically necessary that the required oral and maxillofacial surgical procedures be done in a hospital.

PAYMENT FOR ELIGIBLE SERVICES

An oral surgeon who provides emergency services for a resident in a publicly funded hospital in a Canadian province/territory outside of Nova Scotia may submit a claim to the Administrator for coverage of insured services.

or

A resident who receives emergency services in a Canadian province/territory outside of Nova Scotia may submit their paid invoice to the Administrator for coverage of insured services.

Oral surgeons and resident's fees shall be reimbursed, for insured out of province emergency services, at the provincial/territorial regulated rate where the emergency service was delivered, except for insured services delivered in Quebec.

For insured services delivered in Quebec, the oral surgeon or resident's fees shall be reimbursed at the Nova Scotia regulated tariff rate or at the rate submitted with the claim or invoice, whichever is the lesser.

PROVIDER SUBMISSIONS

The DHW claim form must be used and submitted by mail to GSC, the Administrator. Copies shall be made available by the Administrator.

Resident invoices: A resident who pays for an insured service from an out-of-province dentist should ask for an itemized statement and or receipt showing details of each service rendered and the dentist's charge for each service provided. It is the responsibility of the resident to submit the invoice to GSC/DHW for reimbursement.

Claims or invoices received beyond 6 months from the date of service will be invalid unless a reasonable explanation for the late submission is provided and considered to be acceptable.

This policy does not apply to:

- Individuals who are entitled to Health Care Benefits under any other public or private plan.
- Residents who receive emergency services outside of Canada.
- Individuals travelling outside of Nova Scotia to seek treatment due to hospital wait times.
- Routine and/or planned services while outside of province.