

Nova Scotia Dental Association
2020 ABBREVIATED FEE GUIDE

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

	Code	Sug. Fee
DIAGNOSTIC		
Complete Oral Exam		
- primary dentition	01101	54.00
- mixed dentition	01102	70.00
- permanent dentition	01103	96.00
Standard Oral Examination (or Recall)	01202	32.00
Specific Oral Examination	01204	52.00
Emergency Oral Examination	01205	53.00
Radiographs		
- complete series	02102	108.00
- single image	02111	17.00
- two images	02112	24.00
- three images	02113	30.00
- four images	02114	36.00
Panoramic image	02601	72.00
Diagnostic Cast - Unmounted	04911	35.00 + LAB
PREVENTIVE		
Polishing		
- one unit of time	11101	31.00
- two units	11102	62.00
Scaling		
- one unit of time	11111	44.00
Fluoride Treatment		
- rinse	12111	14.00
Fluoride Treatment		
- gel or foam	12112	19.00
Sealants		
- single tooth	13401	24.00
- each additional tooth in same quadrant	13409	17.00
Periodontal Appliances		
- Maxillary	14611	294.00 + LAB
- Mandibular	14612	294.00 + LAB
Space Maintainer, Band Type		
- fixed, unilateral	15101	157.00 + LAB
- fixed, bilateral	15103	172.00 + LAB
Occlusal Adjustment / Equilibration	16511	87.00 /U
Caries Control		
- first tooth	20111	112.00
- each additional tooth in same quadrant	20119	112.00
AMALGAM RESTORATIONS (non bonded)		
Primary Teeth		
- one surface	21111	98.00
- two surfaces	21112	125.00
- three surfaces	21113	152.00
- four surfaces	21114	168.00
- five surfaces or maximum surfaces per tooth	21115	221.00
Permanent Anterior & Bicuspid Teeth		
- one surface	21211	133.00
- two surfaces	21212	169.00
- three surfaces	21213	205.00
- four surfaces	21214	228.00
- five surfaces or maximum surfaces per tooth	21215	299.00
Permanent Molar Teeth		
- one surface	21221	139.00
- two surfaces	21222	176.00
- three surfaces	21223	214.00
- four surfaces	21224	237.00
- five surfaces or maximum surfaces per tooth	21225	312.00
Retentive Pins		
- one pin	21401	29.00
- two pins	21402	45.00
- three pins	21403	61.00
TOOTH COLOURED RESTORATIONS (bonded technique)		
Permanent Anteriors		
- one surface	23111	124.00
- two surfaces (continuous)	23112	158.00
- three surfaces (continuous)	23113	191.00
- four surfaces (continuous)	23114	225.00
- five surfaces (cont. max. surfaces / tooth)	23115	296.00
Permanent Bicuspid		
- one surface	23311	148.00
- two surfaces	23312	188.00
- three surfaces	23313	228.00
- four surfaces	23314	268.00
- five surfaces or maximum surfaces per tooth	23315	352.00

Permanent Molar Teeth	- one surface	23321	154.00
	- two surfaces	23322	196.00
	- three surfaces	23323	238.00
	- four surfaces	23324	279.00
	- five surfaces or maximum surfaces per tooth	23325	367.00
TOOTH COLOURED RESTORATIONS, VENEER APPLICATIONS			
Prefabricated, Direct Chairside - Bonded		23121	268.00
Non-Prefabricated, Direct Buildup - Bonded		23122	271.00
CROWNS (single restorations)			
Porcelain / Ceramic / Polymer Glass Fused to Metal Base		27211	732.00 + LAB
Cast Metal		27301	732.00 + LAB
3/4, Cast Metal		27311	732.00 + LAB
Prefabricated Metal Crown	- primary anterior	22201	165.00
	- primary posterior	22211	165.00
Posts, Cast Metal (including core) as a Separate Procedure, Single Section		25711	349.00 + LAB
Posts, Prefabricated Retentive, One Post		25731	167.00 + EXP
Posts, Prefabricated, with Non-bonded Core for Crown Restoration			
	- with amalgam core + pins, where applicable	25751	246.00 + EXP
	- with composite core + pins, where applicable	25754	281.00 + EXP
ENDODONTICS			
Pulpotomy (separate emergency procedure)			
	- permanent anterior and bicuspid teeth, excl. final restoration	32221	120.00
	- primary tooth as a separate procedure	32231	96.00
Root Canals, Permanent Teeth / Retained Primary Teeth (uncomplicated)			
	- one canal	33111	445.00
	- two canals	33121	663.00
	- three canals	33131	850.00
	- four canals or more	33141	1034.00
PERIODONTICS			
Root Planing		43421	44.00 /U
PROSTHODONTICS - REMOVABLE			
Dentures, Complete, Standard	- Maxillary	51101	792.00 + LAB
	- Mandibular	51102	955.00 + LAB
Partial Dentures - Cast Frame / Connector			
	- Maxillary	53201	960.00 + LAB
	- Mandibular	53202	960.00 + LAB
Minor Denture Adjustments		54201	78.00 /U+LAB
Relining Dentures (complete)	- direct reline		
	- Maxillary	56211	260.00
	- Mandibular	56212	260.00
	- processed reline		
	- Maxillary	56231	350.00 + LAB
	- Mandibular	56232	360.00 + LAB
ORAL SURGERY			
Surgical Removal of:			
- Erupted teeth	- single tooth, uncomplicated	71101	136.00
	- each additional in same quadrant	71109	91.00
	- complicated, requiring surgical flap	71201	262.00
- Impacted teeth	- soft tissue coverage	72111	245.00
	- partial bone coverage	72211	292.00
	- complete bone coverage	72221	400.00