

**Nova Scotia Dental Association
2024 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	71.00
	- mixed dentition	01102	91.00
	- permanent dentition	01103	125.00
Standard Oral Examination (or Recall)		01202	41.00
Specific Oral Examination		01204	65.00
Emergency Oral Examination		01205	67.00
Radiographs	- complete series	02102	133.00
	- single image	02111	22.00
	- two images	02112	29.00
	- three images	02113	37.00
	- four images	02114	44.00
Panoramic image	- single image	02601	87.00
Diagnostic Cast - Unmounted		04911	45.00 + LAB
PREVENTIVE			
Polishing	- one unit of time	11101	38.00
	- two units	11102	76.00
Scaling	- one unit of time	11111	52.00
Fluoride Treatment	- rinse	12111	16.00
Fluoride Treatment	- gel or foam	12112	23.00
Sealants	- single tooth	13401	30.00
	- each additional tooth in same quadrant	13409	21.00
Periodontal Appliances	- Maxillary	14611	344.00 + LAB
	- Mandibular	14612	344.00 + LAB
Space Maintainer, Band Type	- fixed, unilateral	15101	184.00 + LAB
	- fixed, bilateral	15103	203.00 + LAB
Occlusal Adjustment / Equilibration		16511	99.00 /U
Caries Control	- first tooth	20111	138.00
	- each additional tooth in same quadrant	20119	138.00
AMALGAM RESTORATIONS (non bonded)			
Primary Teeth	- one surface	21111	129.00
	- two surfaces	21112	163.00
	- three surfaces	21113	199.00
	- four surfaces	21114	243.00
	- five surfaces or maximum surfaces per tooth	21115	297.00
Permanent Anterior & Bicuspid Teeth	- one surface	21211	174.00
	- two surfaces	21212	221.00
	- three surfaces	21213	270.00
	- four surfaces	21214	329.00
	- five surfaces or maximum surfaces per tooth	21215	401.00
Permanent Molar Teeth	- one surface	21221	182.00
	- two surfaces	21222	231.00
	- three surfaces	21223	281.00
	- four surfaces	21224	343.00
	- five surfaces or maximum surfaces per tooth	21225	419.00
Retentive Pins	- one pin	21401	32.00
	- two pins	21402	49.00
	- three pins	21403	67.00
TOOTH COLOURED RESTORATIONS (bonded technique)			
Permanent Anteriors	- one surface	23111	154.00
	- two surfaces	23112	196.00
	- three surfaces	23113	239.00
	- four surfaces	23114	291.00
	- five surfaces or maximum surfaces per tooth	23115	355.00
Permanent Bicuspids	- one surface	23311	183.00
	- two surfaces	23312	233.00
	- three surfaces	23313	284.00
	- four surfaces	23314	346.00
	- five surfaces or maximum surfaces per tooth	23315	422.00

Permanent Molar Teeth	- one surface		23321	191.00
	- two surfaces		23322	243.00
	- three surfaces		23323	296.00
	- four surfaces		23324	361.00
	- five surfaces or maximum surfaces per tooth		23325	441.00
TOOTH COLOURED RESTORATIONS, VENEER APPLICATIONS				
Prefabricated, Direct Chairside - Bonded			23121	338.00
Non-Prefabricated, Direct Buildup - Bonded			23122	343.00
CROWNS (single restorations)				
Porcelain / Ceramic / Polymer Glass Fused to Metal Base			27211	911.00 + LAB
Cast Metal			27301	911.00 + LAB
3/4, Cast Metal			27311	911.00 + LAB
Prefabricated Metal Crown	- primary anterior		22201	203.00
	- primary posterior		22211	203.00
Posts, Cast Metal (including core) as a Separate Procedure, Single Section			25711	434.00 + LAB
Posts, Prefabricated Retentive, One Post			25731	208.00 + EXP
Posts, Prefabricated, with Non-bonded Core for Crown Restoration				
	- with amalgam core + pins, where applicable		25751	302.00 + EXP
	- with composite core + pins, where applicable		25754	347.00 + EXP
ENDODONTICS				
Pulpotomy (separate emergency procedure)				
	- permanent anterior and bicuspid teeth, excl. final restoration		32221	144.00
	- primary tooth as a separate procedure		32231	115.00
Root Canals, Permanent Teeth / Retained Primary Teeth (uncomplicated)				
	- one canal		33111	580.00
	- two canals		33121	820.00
	- three canals		33131	1065.00
	- four canals or more		33141	1295.00
PERIODONTICS				
Root Planing			43421	52.00 /U
PROSTHODONTICS - REMOVABLE				
Dentures, Complete, Standard		- Maxillary	51101	938.00 + LAB
		- Mandibular	51102	1131.00 + LAB
Partial Dentures - Cast Frame / Connector				
		- Maxillary	53201	1156.00 + LAB
		- Mandibular	53202	1156.00 + LAB
Minor Denture Adjustments			54201	100.00 /U+LAB
Relining Dentures (complete)	- direct reline	- Maxillary	56211	314.00
		- Mandibular	56212	314.00
	- processed reline	- Maxillary	56231	421.00 + LAB
		- Mandibular	56232	434.00 + LAB
ORAL SURGERY				
Surgical Removal of:				
- Erupted teeth	- single tooth, uncomplicated		71101	156.00
	- each additional in same quadrant		71109	125.00
	- complicated, requiring surgical flap		71201	303.00
- Impacted teeth	- soft tissue coverage		72111	290.00
	- partial bone coverage		72211	347.00
	- complete bone coverage		72221	477.00
LABORATORY AND EXPENSES				
Provision of additional personal protective equipment required by the COVID-19 pandemic				
Per appointment,	- non-aerosol generating procedures		99901	I.C.
	- aerosol generating procedures		99902	I.C.