

Healthy Smiles Ontario Schedule of Dental Services and Fees

(Dentist Providers)

**Ministry of Health and Long-Term Care
Effective October 2010**



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THE SCHEDULE EXPLAINED

This schedule lists services for the Healthy Smiles Ontario Program (i.e. “the program”). Dentists will only be reimbursed for services as listed within this schedule and provided in the province of Ontario.

INFORMATION FOR TREATING DENTISTS

1. Who is eligible for the Program:

- Children who meet the following criteria:
 - They are 17 years of age or under;
 - They are residents of Ontario;
 - Their family’s Adjusted Family Net Income of \$20,000 or below;
 - They do not have access to any form of dental coverage. This includes coverage under Ontario Works [OW], Ontario Disability Support Program [ODSP], Assistance for Children with Severe Disabilities [ACSD], Non-Insured Health Benefits Program [NIHB], the Interim Federal Health Program or any form of private dental plan.
- Dentists may wish to direct unregistered children and their families who may be eligible for the program to their local public health unit (PHU) to be assessed for eligibility for the program.

2. How do children apply for the Program?

- To apply for the program, clients must complete and submit an application form to their local PHU. If they qualify for the Program, the PHU will issue them a Client Card that has a unique client identifier and “Card Expiration Date.”

3. How long is eligibility?

- Program duration will vary depending on the circumstances; however, each Client Card is issued for a one-year time period or up their 18th birthday (the earlier of the two dates), as indicated by the “Card Expiration Date.”

4. How do I verify client is eligible for the Program?

- Before providing services under this program, dentists must check the client’s “Client Card” to confirm that the card expiration date has not passed.

5. What services are covered under the Program?

- This Schedule outlines the services covered and eligible for payment under this program. This program will not provide reimbursement for services not listed in this schedule.

6. Who can administer services under the Program?

- To be a participating dentist in the program, the dentist must be a member in good standing of the Royal College of Dental Surgeons of Ontario (RCDSO).

7. What is the claims procedure/ payment process?

- Dentists must submit a completed claim form to the local PHU (indicated on the Client Card) to obtain payment for services rendered under this program. By submitting a claim for services under this program to the public health unit, the dentist is accepting all terms and conditions set out under this Schedule.
- Dentists must sign, or stamp [using Ontario Dental Association (ODA) issued “Office verification stamp”] each claim form submitted. Additionally, providers must list their unique identification number under the “Unique No” field of the Dentist section of the form (Part 1).
- The “Patient Signature” section does not apply to the program, and therefore should not be signed by the patient. The Healthy Smiles Ontario is a government dental program and not a private insurance plan; therefore, this section is not applicable.
- If using the “Standard Dental Claim Form”, the client’s unique identifier and card version number shown on the Client Card should be listed under the “Patient ID No” field of the “Patient Information” section of the form (Part 3). The name of the program (“Healthy Smiles Ontario Program”) should be listed under “Name of Insuring Agency or Plan” field of the “Employee/Plan Member/Subscriber” section of the form (Part 2)
- As with all claim processes, claim forms must be completed using Fédération Dentaire Internationale (FDI) nomenclature and tooth charting codes (i.e., international tooth numbers).
- If it is necessary to re-submit a claim form, it must be clearly marked “DUPLICATE”.
- Incomplete forms include forms with incorrect, illegible, or missing information and will be returned for clarification and/or correction.

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- It is requested that claims be submitted for services rendered under the program within one month of administering treatment. It is a requirement that claims must be submitted prior to February 28th of the next fiscal year in order to be considered valid. PHUs will not remit payment for claims if received after February 28th of the next year.
- The PHU or Government of Ontario reserves the right to require the production of further information by the submitting provider to substantiate a claim, in accordance with applicable law (including, for greater certainty, claims for which payment may have already been made at the time of the request).
- There is no requirement for pre-determination / pre-approval of services as part of this program. As such, administrators shall not question a dentist's clinical findings or judgment. There is no requirement for a dentist to provide radiographs, study models or any other diagnostic material for dental treatment (planned or performed) under the Healthy Smiles Ontario Schedule.
- Dentists will not be reimbursed for retroactive billing for services rendered to children before they were registered for the program, as per the "Registration Date" on the Client Card.
- PHUs will provide verbal and written notification to dentists if a client has lost/ misplaced their Client Card, and a new Client Card has been issued with a new version number. In situations where a client presents with an invalid client card to obtain services, dentists should immediately contact the public health unit for direction
- If services are rendered to children without a valid Client Card or if services provided are not covered and paid under the program as outlined in this Schedule, dentists are responsible for making payment arrangements directly with the parent/ guardian or youth (where parent/ guardian is absent).
- Dentists agree to repay to the relevant public health unit(s) or the Government of Ontario, on demand, any amounts that may be paid in respect of: inaccurate claims, claims for which reasonably requested supporting information is not provided, or payments that may be made in error by the health unit(s). It should be noted that inaccurate claims include claims that are not submitted in accordance with any of the terms set out in this schedule or claims for services that are inaccurately reported on the claim form.

8. What are the fee levels/ reimbursement rates of the Program?

- The maximum allowable fees for the program's covered services are set out in this Schedule.

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- Providers who accept program clients agree to seek payment for services covered and paid for under this schedule only from the local PHU and agree that this payment will constitute payment in full for those services (i.e., providers may not balance-bill or extra-bill for services covered and paid for under this schedule).
- The Ministry of Health and Long-Term Care will advise practitioners if changes are made to the Schedule.

9. How do I make referrals to other dentists or specialists?

- If the attending dentist deems it necessary to refer a child to another dentist/ specialist (i.e. another dentist, or other specialist) the PHU must be notified by including the name of the referring dentist on the claim form to the PHU, and include the reason for referral and the specialist's contact details in the "For Dentist's Use Only" section of the form.
- If the referring dentist completes an examination (with radiographs) and refers all treatment to another provider, the maximum examination fee payable to the first dentist will be the equivalent of a specific examination fee.

10. What is the reimbursement rate for specialists?

- When children are referred to a certified specialist, such services performed by the specialist are eligible for reimbursement at the speciality fee as indicated in this Schedule.
- The name of the referring dentist must appear on the claim form in order for the specialist fee to be reimbursed. Services provided by a specialist without a referral, as indicated on the Claim Form, will be reimbursed at the general dentist rate.

11. What if the child requires crowns, bridges or dentures outside of the Healthy Smiles Ontario Schedule?

- Clients who require crowns, bridges, or dentures services outside of the scope of the Healthy Smiles Ontario Schedule of Services and Fees may be able to obtain services through the CINOT schedule. In instances of trauma to the incisors and/or canines (where a crown, bridge or denture is required) dentists should call and discuss the child's needs with the PHU and ask the PHU to arrange a screening for the CINOT program.
- If the child is deemed eligible upon screening, PHUs will issue the eligible child a CINOT Claim Form which confirms eligibility under the CINOT program with coverage limited to a crown, bridge or denture as discussed with the PHU.

12. What is the relationship with Social Assistance and Other Government Dental Programs?

- Children whose parents receive social assistance, should seek dental services through the appropriate social assistance program (i.e., Ontario Works [OW], Ontario Disability Support Program [ODSP] or Assistance for Children with Severe Disabilities [ASCD]) and are NOT eligible for coverage under this program.
- Children who are entitled to dental benefits under the Non-Insured Health Benefits (NIHB) program and Interim Federal Health Program should seek services under those federal programs and are NOT eligible for coverage under this program. Should benefits under one of these other programs end, children/youth may be eligible for coverage under this program.

13. What are the responsibilities of the local public health unit for program eligibility and administration?

- 1) PHUs are responsible for assessing program eligibility within their jurisdiction and issuing a Client Card once the child is registered in the program. The Client Card is non-transferable and can only be used by the registered child.
- 2) PHUs will not remunerate for dental services not listed in this Schedule or for services obtained out of province.
- 3) PHUs are responsible for reissuing expired, lost or misplaced Client Cards to eligible clients according to program policies. PHUs are responsible for notifying the client's dentist (both verbally and in writing) to indicate the version of the reissued Client Card.
- 4) In situations of misuse of a Client Card by the client, the PHU will immediately terminate the child's service under the program, and may seek reimbursement directly from the client for services rendered. In these instances, PHUs are responsible for notifying the dentist that the client is no longer eligible for dental services under the program. Claims rendered in good faith prior to this date will be processed.
- 5) Payment of claims are the responsibility of the PHU whose jurisdiction covers the area in which the child resides.
- 6) PHUs are responsible for remitting remuneration to treating dentists for completed claims as soon as reasonably possible, and not more than twenty days of the receipt of the completed claim form, except in extraordinary situations.

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Public Health Unit/Department: Dental Contact Information

<p>Algoma Public Health 6th Floor, Civic Centre 99 Foster Drive Sault Ste. Marie ON P6A 5X6 Tel: (705) 759-5282 Fax: (705) 541-7386</p>	<p>Brant County Health Unit 194 Terrace Hill Street Brantford ON N3R 1G7 Tel: (519) 753-4937, ext. 450 Fax: (519) 753-2140</p>	<p>Chatham-Kent Public Health Unit 435 Grand Avenue West P.O. Box 1136 Chatham ON N7M 5L8 Tel: (519) 352-7270 Fax: (519) 352-2166</p>
<p>Durham Region Health Department Oral Health Division P.O. Box 730 Whitby ON L1N 0B2 Tel: (905) 723-1365, ext. 3149 Toll Free: 1-866-853-1326 Fax: (905) 723-9482</p>	<p>Eastern Ontario Health Unit 1000 Pitt Street Cornwall ON K6J 5T1 Tel: (613) 933-1375 Toll-free: 1-800-267-7120 Fax: (613) 933-7930</p>	<p>Elgin St. Thomas Public Health 99 Edward Street St. Thomas ON N5P 1Y8 Tel: (519) 631-9900, ext. 229 and 245 Fax: (519) 633-0468</p>
<p>Grey-Bruce Health Unit 101 17th St. E. Owen Sound ON N4K 0A5 Phone – 519-376-9420 ext. 1410 Fax – 519-376-6310</p>	<p>Haldimand-Norfolk Health Unit 12 Gilbertson Drive P.O. Box 247 Simcoe ON N3Y 4L1 Tel: (519) 426-6170 Fax : (519) 426-9974</p>	<p>Haliburton, Kawartha, Pine Ridge District Health Unit 200 Rose Glen Road Port Hope ON L1A 3V6 Tel: (905) 885-9100, ext. 247 Fax: (905) 885-1484</p>
<p>Halton Region Health Department 1151 Bronte Road Oakville ON L6M 3L1 Tel: 905-825-6000 ext. 7834 Toll Free: 1-866-442-5866 Fax: (905) 825-2247</p>	<p>City of Hamilton Public Health Services Dental Program 1447 Upper Ottawa Street Hamilton ON L8W 3J6 Tel: (905) 546-2424, ext. 3787 Fax: (905) 546-3659</p>	<p>Hastings & Prince Edward Counties Health Unit 179 North Park Street Belleville ON K8P 4P1 Tel: (613) 966-5513, ext. 394 Fax: (613) 966-7896</p>

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<p>Huron County Health Unit 77722B London Rd., R.R. #5 Clinton, ON, N0M 1L0 Phone 519-482-3416 ext. 2231 and 2733 fax 519-482-7820 Toll Free 1-877-837-6143</p>	<p>Kingston, Frontenac and Lennox & Addington Public Health 221 Portsmouth Avenue Kingston ON K7M 1V5 Tel: (613) 549-1232 Toll-free: 1-800-267-7875, ext. 218 Fax: (613) 549-1799</p>	<p>County of Lambton Child Health & Dental Services Department 160 Exmouth Street Point Edward, ON N7T 7Z6 Phone: 519 383-8331, ext. 3531 Fax: 519-383-6078</p>
<p>Leeds, Grenville & Lanark District Health Unit 458 Laurier Blvd. Brockville ON K6V 7A3 Tel: (613) 345-5685 Toll-free: 1-800-660-5853 Fax: (613) 345-2879</p>	<p>Middlesex-London Health Unit 50 King Street London ON N6A 5L7 Tel: (519) 663-5317, ext. 2231 Fax: (519) 663-8235</p>	<p>Niagara Region Public Health Department 2201 St. David's Rd Campbell East P.O. Box 1052, Station Main Thorold ON L2V 0A2 Tel: (905) 688-3762, ext. 7203 or 7201 Toll Free: 1-800-263-7248 Fax: (905) 682-3901</p>
<p>North Bay Parry Sound District Health Unit 681 Commercial Street North Bay ON P1B 4E7 Tel: (705) 474-1400 Fax: (705) 474-1708</p>	<p>Northwestern Health Unit Preventive Dental Services 209-308 Second Street South Kenora, ON P9N 1G4 Tel: (807) 468-3436 ext. 329 Fax: (807) 468-8940</p>	<p>Ottawa Public Health 400 - 1580 Merivale Road Ottawa ON K2G 4B5 Tel: (613) 580-6744, ext. 23510 Fax: (613) 580-9645</p>
<p>Oxford County Public Health & Emergency Services 410 Buller Street Woodstock ON N4S 4N2 Tel: (519) 539-9800 Toll free: 1-800-755-0394 Fax: (519) 539-6206</p>	<p>Peel Public Health 10 Peel Centre Dr., Suite B PO Box 2009, STN B Brampton, ON L6T OE5 Phone: (905) 791-7800 Fax: (905) 458-5158</p>	<p>Perth District Health Unit 653 West Gore Street Stratford ON N5A 1L4 Tel: (519) 271-7600, ext. 262 Toll free: 1-877-271-7348 Fax: (519) 271-8243</p>

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<p>Peterborough-County City Health Unit 10 Hospital Drive Peterborough ON K9J 8M1 Tel: (705) 743-1003 ext. 295 Fax: (705) 743-3865</p>	<p>Porcupine Health Unit Dental Services 102-273 Third Avenue Timmins ON P4N 1E2 Tel: (705) 267-1181, ext. 44 and 320. Fax: (705) 267-1406</p>	<p>Renfrew County & District Health Unit 7 International Drive Pembroke ON K8A 6W5 Tel: (613) 735-8661 Fax: (613) 735-3067</p>
<p>Simcoe Muskoka District Health Unit 15 Sperling Drive Barrie ON L4M 6K9 Tel: (705) 721-7520 Fax: (705) 734-9369</p>	<p>Sudbury & District Health Unit 1300 Paris Street Sudbury ON P3E 3A3 Tel: (705) 522-9200, ext. 236 Fax: (705) 677-9617</p>	<p>Thunder Bay District Health Unit 999 Balmoral Street Thunder Bay ON P7B 6E7 Tel: (807) 625-5984 Fax: (807) 623-2369</p>
<p>Timiskaming Health Unit 421 Shepherdson Road New Liskeard ON P0J 1P0 Tel: (705) 647-4305, ext. 354 Fax: (705) 647-5779</p>	<p>Toronto Public Health All enquiries/claims to: 235 Danforth Avenue, 3rd Floor Toronto ON M4K 1N2 Tel: (416) 392-0946 Fax: (416) 392-3035</p> <p>Head Office: 277 Victoria Street, 5th Floor Toronto ON M5B 1W2 Tel: (416) 392-0442</p>	<p>Region of Waterloo Public Health 99 Regina Street South Box 1633 Waterloo ON N2J 4V3 Tel: Dental Services (519) 883-2222 Fax: (519) 883-2229</p>
<p>Wellington-Dufferin-Guelph Public Health 474 Wellington Road 18, Suite 100 RR#1 Fergus ON N1M 2W3 Tel: (519) 846-2715 Fax: (519) 846-0323</p>	<p>Windsor-Essex County Health Unit 1005 Ouellette Ave. Windsor, ON N9A 4J8 ph: 519-258-2146 ext 1135 fax: 519-258-2531</p>	<p>York Region Community & Health Services Department 22 Prospect Street Newmarket ON L3Y 3S9 Tel: (905) 895-4512 Toll free: 1-800-735-6625 Fax: (905) 895-7520</p>

PRIVACY

- Personal health information collected from providers under this program is used by the Ministry of Health and Long-Term Care and local public health units for claims payment and program reviews. Accordingly, providers may disclose this information to public health units or the Ministry of Health and Long-Term Care without patient consent, in accordance with sections 38(1)(b) and 39(1)(b) of the Personal Health Information Protection Act, 2004. Questions concerning the collection of this information should be directed to the local public health unit or the ServiceOntario INFOLine at 1-866-532-3161 (Toll-free) or 1-800-387-5559 (TTY toll-free) or 416-327-4282 (Toronto only).
- The Healthy Smiles Ontario Schedule of Dental Services and Fees (Dentist) is not intended nor should it be relied upon to determine the scope of practice of dentists in Ontario. The Schedule is an administrative tool distributed to dentists, so that they may provide service to clients in the Healthy Smiles Ontario program and bill for the services provided. Questions regarding the scope of practice of dentists in Ontario should be referred to the Royal College of Dental Surgeons of Ontario (RCDSO).

1. Diagnostic services

EXAMINATION AND DIAGNOSIS, CLINICAL ORAL

All clients are covered for any **TWO examinations, from the list below, in any 12 month period** provided these examinations are within the frequency limitations described below. Please note that while all emergency exams are covered, they count toward the two exam limitation in any 12 month period. Consequently, if a patient has two or more emergency exams in a 12 month period, they would not be covered for any routine or non-emergency exams in that period. A recall exam or a complete oral exam is payable when 9 months have elapsed between these services.

Examination and Diagnosis, Complete Oral, to include:

- a) History, Medical and Dental
- b) Clinical Examination and Diagnosis of Hard and Soft tissues, including carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests/analysis, where necessary and any other pertinent factors.
- c) Radiographs extra, as required.

Code	Description	GP	Specialist	Limit
01101	Examination and Diagnosis, Complete, Primary Dentition, to include (a) Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description	38.01	45.61	1 per 60 months, per patient, per dentist, per address OR dental office.
01102	Examination and Diagnosis, Complete, Mixed Dentition to include: (a) Extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including above description b) Eruption sequence, tooth size - jaw size assessment	57.01	68.42	
01103	Examination and Diagnosis, Complete, Permanent Dentition to include: (a) Extended examination and diagnosis on permanent dentition, recording history, charting, treatment planning and case presentation, including above description	76.02	91.22	

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EXAMINATION AND DIAGNOSIS, LIMITED ORAL				
A recall exam or complete oral exam is payable when 9 months have elapsed between these services				
Code	Description	GP	Specialist	Limit
01202	Examination and Diagnosis, Limited Oral, Previous Patient (Recall) Examination of hard and soft tissues, including checking of occlusion and appliances, but not including specific tests/analysis as for Complete Oral Examination	19.00	22.81	A recall exam or a complete oral exam is payable when 9 months have elapsed between these services. 1 per 9 months, per patient, per dentist OR dental office.
01204	Examination and Diagnosis, Specific Examination and evaluation of a specific situation	19.00	22.81	1 per 12 months, per patient, per dentist OR dental office.
01205	Examination and Diagnosis, Emergency Examination and diagnosis for the investigation of discomfort and/or infection in a localized area	19.00	22.81	All emergency exams will be covered and are counted towards the TWO examinations in any 12 month period limit. There is no limit on the number of emergency exams that will be covered.

RADIOGRAPHS (including Radiographic Examination and Diagnosis and Interpretation)				
Radiographs, Periapical				
Code	Description	GP	Specialist	Limit
02111	Single image	13.35	16.02	Maximum of 8 periapical images per 12 months, per patient, per dentist OR dental office (except when required in an emergency situation) are paid cumulatively.
02112	Two images	16.33	19.60	
02113	Three images	20.12	24.14	
02114	Four images	22.52	27.03	
02115	Five images	27.02	32.42	
02116	Six images	27.02	32.42	
02117	Seven images	27.02	32.42	
02118	Eight images	27.02	32.42	Maximum payable for periapical and occlusal images combined is \$27.02 for general practitioners and \$32.42 for specialists.

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Radiographs, Occlusal				
Code	Description	GP	Specialist	Limit
02131	Single image	15.76	18.90	A single occlusal image is counted as 2 periapical images. Maximum payable is \$19.80 for general practitioners and \$23.75 for specialists.
02132	Two images	19.80	23.75	
Radiographs, Bitewing				
Code	Description	GP	Specialist	Limit
02141	Single image	13.35	16.02	Maximum payable for 2 bitewing images, per patient, per dentist OR dental office per 9 months is \$16.33 for general practitioners and \$19.60 for specialists.
02142	Two images	16.33	19.60	
Radiographs, Panoramic		<p>1 per 24 months, per patient, per dentist OR dental office. Except in an emergency when criteria 1, 2, 5 or 6 applies. Maximum payable is \$31.54 for general practitioners and \$37.85 for specialists.</p> <p>These radiographs are covered when required due to:</p> <ol style="list-style-type: none"> 1. facial trauma with symptoms of possible jaw fracture; 2. facial swelling of unknown etiology, 3. significant delayed eruption pattern; 4. severe gag reflex with multiple carious lesions; 5. diagnosis cannot be made using periapical image; 6. and special circumstances clearly substantiated by the practitioner. <p>One of the above criteria (listing the number is acceptable) must appear on the dental claim form for consideration of payment.</p>		
02601	Single image	31.54	37.85	

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TEST/ANALYSIS, HISTOPATHOLOGICAL (technical procedure only)				
Test/Analysis, Histological, Soft Tissue (technical procedure only)				
Code	Description	GP	Specialist	Limit
04311	Biopsy, Soft Oral Tissue - by Puncture + L	38.01	45.61	
04312	Biopsy, Soft Oral Tissue - by Incision + L	38.01	45.61	
Test/Analysis, Histological, Hard Tissue (technical procedure only)				
Code	Description	GP	Specialist	Limit
04321	Biopsy, Hard Oral Tissue - by Puncture + L	88.69	106.42	
04322	Biopsy, Hard Oral Tissue - by Incision + L	88.69	106.42	

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2. Preventive services

MAINTENANCE CARE SERVICES (RECALL)				
POLISHING				
Code	Description	GP	Specialist	Limit
11107	One half unit	12.67		1 per 9 months when performed in conjunction with a recall exam and scaling.
SCALING				
Code	Description	GP	Specialist	Limit
11111	One unit of time	38.01	45.61	A combined maximum (Scaling/Root Planing) 4 units per 12 months, per patient, per dentist OR dental office.
11112	Two units	76.02	91.22	
11113	Three units	114.03	136.83	
11114	Four units	152.03	182.44	
11117	One half unit	19.00	22.80	
FLUORIDE TREATMENTS				
Code	Description	GP	Specialist	Limit
12101	Fluoride Treatment, Topical Application	15.20		<p>Coverage is limited to situations where two or more of the following criteria apply:</p> <ol style="list-style-type: none"> 1. Water fluoride content is less than 0.3 ppm, 2. Past history of smooth surface decay in the last three years 3. Present smooth surface decay 4. Evidence of long standing poor oral hygiene 5. A severe medically compromised patient 6. Xerostomia – radiation or drug induced <p>Two of the above criteria (listing numbers are acceptable) must appear on the dental claim form for consideration of payment.</p>

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PREVENTIVE SERVICES, MISCELLANEOUS				
Sealants, Pits and Fissure (mechanical and/or chemical preparation included)				
Code	Description	GP	Specialist	Limit
13401	First tooth	15.97		Coverage is limited to permanent molars Replacement is not covered within 1 year.
Appliances, Protective Mouth Guards				
Code	Description	GP	Specialist	Limit
14502	Appliances, Protective Mouth Guards, Processed + L	63.35		1 per 12 months, per patient, per dentist OR dental office.

PREVENTIVE SERVICES, MISCELLANEOUS. Note: the following service includes the use of antimicrobial or remineralization agents.				
Topical Application to Hard Tissue of Antimicrobial Agent				
Code	Description	GP	Specialist	Limit
13601	One unit of time + E	30.47	35.57	Two per year, per patient, per dentist OR dental office. E = \$5:00 and is included in the reimbursement rate

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3. Restorative services

Where at the same sitting in order to conserve tooth structure, separate amalgam/tooth coloured restorations are performed on the same tooth, the fee should be determined by counting the total number of surfaces restored. Maximum allowable for amalgam/tooth coloured restorations is five surfaces per tooth.

Payment for restorations on primary teeth shall not exceed the cost of stainless steel/polycarbonate crowns. In amalgam/tooth coloured restorative situations where this limitation applies, an alternate benefit equivalent to stainless steel/polycarbonate crowns (codes 22201, 22211 and 22401) shall be provided for settlement purposes. These figures are reflected in the Healthy Smiles Ontario Schedule of Dental Services and Fees.

No repeat surface (or pins) will be paid more than once in any 12 month period when the subsequent restoration is placed by the same dentist. The amount paid for the previous restoration will be deducted from the amount claimed for the new restoration if performed by the same dentist for the same patient.

CARIES, TRAUMA AND PAIN CONTROL				
Code	Description	GP	Specialist	Limit
	Caries/Trauma/Pain Control (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure)			The final restoration is payable after 7 days have elapsed.
20111	First tooth	31.68	38.01	
20119	Each additional tooth same quadrant	31.68	38.01	
	Caries/Trauma/Pain Control (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support, as a separate procedure)			
20121	First tooth	31.68	38.01	
20129	Each additional tooth same quadrant	31.68	38.01	

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RESTORATIONS, AMALGAM				
Restorations, Amalgam, Non-Bonded, Primary Teeth				
Code	Description	GP	Specialist	Limit
21111	One surface	25.34	30.41	
21112	Two surfaces	55.49	66.59	
21113	Three surfaces	63.35	76.02	
21114	Four surfaces	76.02	91.22	
21115	Five surfaces or maximum surfaces per tooth	76.02	91.22	
Restorations, Amalgam, Bonded, Primary Teeth				
Code	Description	GP	Specialist	Limit
21121	One surface	25.34	30.41	
21122	Two surfaces	55.49	66.59	
21123	Three surfaces	63.35	76.02	
21124	Four surfaces	76.02	91.22	
21125	Five surfaces or maximum surfaces per tooth	76.02	91.22	
Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors				
Code	Description	GP	Specialist	Limit
21211	One surface	25.34	30.41	
21212	Two surfaces	55.49	66.59	
21213	Three surfaces	63.35	76.02	
21214	Four surfaces	76.02	91.22	
21215	Five surfaces or maximum surfaces per tooth	76.02	91.22	
Restorations, Amalgam, Non-Bonded, Permanent Molars				
Code	Description	GP	Specialist	Limit
21221	One surface	31.68	38.01	
21222	Two surfaces	63.35	76.02	
21223	Three surfaces	79.32	95.17	
21224	Four surfaces	79.32	95.17	
21225	Five surfaces or maximum surfaces per tooth	79.32	95.17	
Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors				
Code	Description	GP	Specialist	Limit
21231	One surface	25.34	30.41	
21232	Two surfaces	55.49	66.59	
21233	Three surfaces	63.35	76.02	
21234	Four surfaces	76.02	91.22	
21235	Five surfaces or maximum surfaces per tooth	76.02	91.22	

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Restorations, Amalgam, Bonded, Permanent Molars				
Code	Description	GP	Specialist	Limit
21241	One surface	31.68	38.01	
21242	Two surfaces	63.35	76.02	
21243	Three surfaces	79.32	95.17	
21244	Four surfaces	79.32	95.17	
21245	Five surfaces or maximum surfaces per tooth	79.32	95.17	
Pins, Retentive per restoration (for amalgams and tooth coloured restorations)				
Code	Description	GP	Specialist	Limit
21401	One pin	10.91	13.08	Maximum 3 pins per permanent tooth, per patient, per dentist OR dental office.
21402	Two pins	18.20	21.83	
21403	Three pins	24.27	29.11	
21404	Four pins	24.27	29.11	
21405	Five pins or more	24.27	29.11	

RESTORATIONS PREFABRICATED/FULL COVERAGE				
Code	Description	GP	Specialist	Limit
Restorations, Prefabricated, Metal, Primary Teeth				
22201	Primary Anterior	95.02	114.03	
22211	Primary Posterior	95.02	114.03	
Restorations, Prefabricated, Metal, Permanent Teeth				
Code	Description	GP	Specialist	Limit
22301	Permanent Anterior	95.02	114.03	
22311	Permanent Posterior	95.02	114.03	
Restorations, Prefabricated, Plastic, Primary Teeth				
Code	Description	GP	Specialist	Limit
22401	Primary Anterior	95.02	114.03	
Restorations, Prefabricated, Plastic, Permanent Teeth				
Code	Description	GP	Specialist	Limit
22501	Permanent Anterior	95.02	114.03	

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RESTORATIONS, TOOTH COLOURED/PLASTIC WITH/WITHOUT SILVER FILINGS				
Restorations, Tooth Coloured Permanent Anteriors Non-Bonded Technique				
Code	Description	GP	Specialist	Limit
23101	One surface	44.34	53.22	
23102	Two surfaces (continuous)	57.01	68.42	
23103	Three surfaces (continuous)	87.17	104.59	
23104	Four surfaces (continuous)	87.17	104.59	
23105	Five surfaces (continuous or maximum surfaces per tooth)	97.56	117.07	
Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closure)				
Code	Description	GP	Specialist	Limit
23111	One surface	50.68	60.81	
23112	Two surfaces (continuous)	63.35	76.02	
23113	Three surfaces (continuous)	95.02	114.03	
23114	Four surfaces (continuous)	95.02	114.03	
23115	Five surfaces (continuous, or maximum surfaces per tooth)	106.42	127.71	
Restorations, Tooth Coloured / Plastic With / Without Silver Filings, Permanent Posteriors, Non-Bonded Permanent Bicuspid				
Code	Description	GP	Specialist	Limit
23211	One surface	44.34	53.22	
23212	Two surfaces	79.32	95.17	
23213	Three surfaces	87.17	104.59	
23214	Four surfaces	104.66	125.58	
23215	Five surfaces or maximum surfaces per tooth	104.66	125.58	
Restorations, Tooth Coloured / Plastic With / Without Silver Filings, Permanent Posteriors, Non-Bonded Permanent Molars				
Code	Description	GP	Specialist	Limit
23221	One surface	50.68	60.81	
23222	Two surfaces	87.17	104.59	
23223	Three surfaces	95.02	114.03	
23224	Four surfaces	114.03	136.83	
23225	Five surfaces or maximum surfaces per tooth	114.03	136.83	
Restorations, Tooth Coloured, Permanent Posteriors - Bonded Permanent Bicuspid				
Code	Description	GP	Specialist	Limit
23311	One surface	50.68	60.81	
23312	Two surfaces	87.17	104.59	
23313	Three surfaces	95.02	114.03	
23314	Four surfaces	114.03	136.83	
23315	Five surfaces or maximum surfaces per tooth	114.03	136.83	

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Restorations, Tooth Coloured, Permanent Posteriors - Bonded Permanent Molars				
Code	Description	GP	Specialist	Limit
23321	One surface	57.01	68.42	
23322	Two surfaces	95.02	114.03	
23323	Three surfaces	102.88	123.46	
23324	Four surfaces	123.66	148.39	
23325	Five surfaces or maximum surfaces per tooth	123.66	148.39	
Restorations, Tooth Coloured, Primary Anterior Non-Bonded				
Code	Description	GP	Specialist	Limit
23401	One surface	44.34	53.22	
23402	Two surfaces (continuous)	57.01	68.42	
23403	Three surfaces (continuous)	79.32	95.17	
23404	Four surfaces (continuous)	79.32	95.17	
23405	Five surfaces or maximum surfaces per tooth	79.32	95.17	
Restorations, Tooth Coloured, Primary Anterior, Bonded Technique				
Code	Description	GP	Specialist	Limit
23411	One surface	50.68	60.81	
23412	Two surfaces (continuous)	63.35	76.02	
23413	Three surfaces (continuous)	87.17	104.59	
23414	Four surfaces (continuous)	87.17	104.59	
23415	Five surfaces or maximum surfaces per tooth	87.17	104.59	
Restorations, Tooth Coloured / Plastic With / Without Silver Filings, Primary Posterior, Non-Bonded				
Code	Description	GP	Specialist	Limit
23501	One surface	44.34	53.22	
23502	Two surfaces	79.32	95.17	
23503	Three surfaces	87.17	104.59	
23504	Four surfaces	95.02	114.03	
23505	Five surfaces or maximum surfaces per tooth	95.02	114.03	
Restorations, Tooth Coloured / Plastic, Primary Posterior, Bonded Technique				
Code	Description	GP	Specialist	Limit
23511	One surface	50.68	60.81	
23512	Two surfaces	87.17	104.59	
23513	Three surfaces	95.02	114.03	
23514	Four surfaces	95.02	114.03	
23515	Five surfaces or maximum surfaces per tooth	95.02	114.03	

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4. Endodontic services

PULPOTOMY				
Pulpotomy, Permanent Teeth (as a separate emergency procedure)				
Code	Description	GP	Specialist	Limit
32221	Anterior and Bicuspid Teeth	63.35	76.02	Maximum payable equals root canal therapy minus pulpectomy/pulpotomy, if completed within three months by the same dentist or dental office.
32222	Molar Teeth	114.03	136.83	
Pulpotomy, Primary Teeth				
Code	Description	GP	Specialist	Limit
32231	Primary Dentition, as a Separate Procedure	63.35	76.02	Maximum payable equals root canal therapy minus pulpectomy/pulpotomy, if completed within three months by the same dentist or dental office.
32232	Primary Dentition, Concurrent with Restorations (but excluding final restoration)	31.68	38.01	

PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)				
Pulpectomy, Permanent Teeth / Retained Primary Teeth				
Code	Description	GP	Specialist	Limit
32311	One canal	63.35	76.02	Maximum payable equals root canal therapy minus pulpectomy/pulpotomy, if completed within three months by the same dentist or dental office
32312	Two canals	76.02	91.22	
32313	Three canals	114.03	136.83	
Pulpectomy, Primary Teeth				
Code	Description	GP	Specialist	Limit
32321	Anterior Tooth	63.35	76.02	Maximum payable equals root canal therapy minus pulpectomy/pulpotomy, if completed within three months by the same dentist. or dental office
32322	Posterior Tooth	63.35	76.02	

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ROOT CANAL THERAPY					
To include: treatment plan, clinical procedures (ie: pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs. To exclude: pre-operative examination and diagnosis, diagnostic radiographs and tests and final restorations.					
Root Canals, Permanent Teeth / Retained Primary Teeth, One Canal					
Code	Description	GP	Specialist	Limit	
33111	One Canal	253.39	304.06	Maximum payable equals root canal therapy minus pulpectomy/pulpotomy, if completed within three months by the same dentist or dental office.	
Root Canals, Permanent Teeth / Retained Primary Teeth, Two Canals					
33121	Two Canals	316.74	380.08		
Root Canals, Permanent Teeth / Retained Primary Teeth, Three Canals					
33131	Three Canals	494.11	592.92		
Root Canals, Permanent Teeth / Retained Primary Teeth, Four or More Canals					
33141	Four or More Canals	570.13	684.14		
Apexification/Apexogenesis/Induction of Hard Tissue Repair (to include biomechanical preparation and placement of dentogenic media)					
Code	Description	GP	Specialist	Limit	
33601	One canal	228.05	273.66	Only one apexification procedure and one root canal procedure is payable per tooth, per patient, per dentist OR dental office.	
33602	Two canals	304.06	364.88		
33603	Three canals	380.08	456.10		
Re-insertion of Dentogenic Media per visit					
Code	Description	GP	Specialist	Limit	
33611	One canal	76.01	91.21		
33612	Two canals	95.02	114.02		
33613	Three canals	114.04	136.85		

APICOECTOMY/APICAL CURETTAGE				
Maxillary Anterior				
Code	Description	GP	Specialist	Limit
34111	One Root	221.71	266.06	The following teeth are covered: 13,12,11,21,22,23,33,32,31,41,42,43
Mandibular Anterior				
34141	One Root	221.71	266.06	

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RETROFILLING				
Maxillary Anterior				
Code	Description	GP	Specialist	Limit
34211	One Canal	44.34	53.22	The following teeth are covered: 13,12,11,21,22,23,33,32,31,41,42,43
Mandibular Anterior				
34241	One Canal	44.34	53.22	

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5. Periodontal services

PERIODONTAL SERVICES, NON-SURGICAL ORAL DISEASE, MANAGEMENT OF				
Oral Manifestations, Oral Mucosal Disorders Mucocutaneous disorders and diseases of localized mucosal conditions, e.g. lichen planus, aphthous stomatitis, benign mucous membrane pemphigoid, pemphigus, salivary gland tumors, leukoplakia with and without dysplasia, neoplasms, hairy leukoplakia, polyps, verrucae, fibroma, etc.				
Code	Description	GP	Specialist	Limit
41211	One unit of time	38.01	45.61	
Oral Manifestations of Systemic Disease or complications of medical therapy, e.g. complications of chemotherapy, radiation therapy, post operative neuropathics, post surgical or radiation therapy, dysfunction, oral manifestation of lupus erythematoses and systemic disease including leukaemia, diabetes and bleeding disorders (e.g. haemophilia).				
Code	Description	GP	Specialist	Limit
41231	One unit of time	38.01	45.61	
41232	Two units	76.02	91.22	
41233	Three units	114.03	136.83	
PERIODONTAL SERVICES, SURGICAL				Maximum 6 different sextants per 12 months, per patient, per dentist OR dental office.
(Includes local anaesthetic, suturing and the placement and removal of initial surgical dressing. A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant or a group of teeth or in some cases a single tooth).				
Gingivectomy, Uncomplicated				
42311	Per Sextant	199.67	239.61	Coverage is limited to cases involving gingival hyperplasia that is directly related to a specific drug or hereditary syndrome. Note drug or syndrome on the dental claim.

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PERIODONTAL SURGERY, MISCELLANEOUS PROCEDURES				
Periodontal Abscess or Pericoronitis, may include one or more of the following procedures: Lancing, Scaling, Curettage, Surgery or Medication				
Code	Description	GP	Specialist	Limit
42831	One unit of time	38.01	45.61	Maximum 2 units per 12 months, per patient, per dentist OR dental office.
42832	Two units	76.02	91.22	

ROOT PLANING, PERIODONTAL				
Root Planing				
Code	Description	GP	Specialist	Limit
43421	One unit of time	38.01	45.61	A combined maximum (Scaling/Root Planing) 4 units per 12 months, per patient, per dentist OR dental office.
43422	Two units	76.02	91.22	
43423	Three units	114.03	136.83	
43424	Four units	152.03	182.44	
43427	One half unit	19.00	22.81	

CHEMOTHERAPEUTIC AND/OR ANTIMICROBIAL AGENTS				
Chemotherapeutic and/or antimicrobial agents, topical application				
Code	Description	GP	Specialist	Limit
43511	One unit of time	38.01	45.61	One unit per visit, 2 visits per 12 months, per patient, per dentist OR dental office.

MISCELLANEOUS PERIODONTAL SERVICES				
Periodontal Re-evaluation/Evaluation This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one month after surgery or if performed by another practitioner.				
Code	Description	GP	Specialist	Limit
49101	One unit of time	38.01	45.61	Payable one month after 42311 is claimed or if performed by a different practitioner.

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6. Oral and maxillofacial surgery

For examination and radiographs refer to Diagnostic Services.

The removal of more than one bicuspid or the removal of more than one 3rd molar at one time, requires confirmation on the dental claim form that the extractions are not for Orthodontic purposes and/or the tooth is symptomatic.

REMOVALS, (EXTRACTIONS), ERUPTED TEETH

Removals, Erupted Teeth, Uncomplicated

Code	Description	GP	Specialist	Limit
71101	Single tooth, Uncomplicated	38.01	45.61	
71109	Each additional tooth same quadrant, same appointment	19.00	22.81	

Removals, Erupted Teeth, Complicated

Code	Description	GP	Specialist	Limit
71201	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth	88.69	106.42	
71209	Each additional tooth, same quadrant	88.69	106.42	

REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE

Removals, Impaction, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth

Code	Description	GP	Specialist	Limit
72111	Single tooth	88.69	106.42	
72119	Each additional tooth, same quadrant	88.69	106.42	

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REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE				
Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap and EITHER Removal of Bone and Tooth OR Sectioning and Removal of Tooth				
Code	Description	GP	Specialist	Limit
72211	Single tooth	133.03	159.64	
72219	Each additional tooth, same quadrant	133.03	159.64	
Removals, Impaction, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of Tooth for Removal;				
Code	Description	GP	Specialist	Limit
72221	Single Tooth	177.37	212.84	
72229	Each additional tooth, same quadrant	177.37	212.84	
Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone, AND/OR Sectioning of the Tooth for Removal AND/OR presents Unusual Difficulties and Circumstances.				
Code	Description	GP	Specialist	Limit
72231	Single tooth	202.71	243.25	
72239	Each additional tooth, same quadrant	202.71	243.25	

REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS				
Removals, Residual Roots, Erupted				
Code	Description	GP	Specialist	Limit
72311	First tooth	38.01	45.61	
72319	Each additional tooth, same quadrant	38.01	45.61	
Removals, Residual Roots, Soft Tissue Coverage				
Code	Description	GP	Specialist	Limit
72321	First tooth	76.02	91.22	
72329	Each additional tooth, same quadrant	76.02	91.22	
Removals, Residual Roots, Bone Tissue Coverage				
Code	Description	GP	Specialist	Limit
72331	First tooth	88.69	106.42	
72339	Each additional tooth, same quadrant	88.69	106.42	

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SURGICAL EXCISION, TUMORS, BENIGN				
Tumors, Benign, Scar Tissue, Inflammatory or Congenital Lesions of Soft Tissue of the Oral Cavity				
Code	Description	GP	Specialist	Limit
74111	1 cm and under	133.03	159.64	
74112	1 -2 cm	144.07	172.89	
74113	2 - 3 cm	155.11	186.13	
74114	3 - 4 cm	166.15	199.38	
74115	4 - 6 cm	177.19	212.63	
74116	6 - 9 cm	188.23	225.88	
74117	9 - 15 cm	199.28	239.13	
74118	15 cm and over	210.32	252.38	

SURGICAL EXCISION, CYSTS/GRANULOMAS (BASED ON CYST SIZE)				
Excision of Cyst				
Code	Description	GP	Specialist	Limit
74631	1 cm and under	133.03	159.64	
74632	1 - 2 cm	144.07	172.89	
74633	2 - 3 cm	155.11	186.13	
74634	3 -4 cm	166.15	199.38	
74635	4 - 6 cm	177.19	212.63	
74636	6 - 9 cm	188.23	225.88	
74637	9 - 15 cm	199.28	239.13	
74638	15 cm and over	210.32	252.38	

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SURGICAL INCISION AND DRAINAGE AND/OR EXPLORATION, INTRAORAL				
Surgical Incision and Drainage and/or Exploration, Intraoral , Soft Tissue				
Code	Description	GP	Specialist	Limit
75111	Intraoral, Surgical Exploration, Soft Tissue	38.02	45.62	
FRACTURES, REDUCTIONS, ALVEOLAR				
Replantation, Avulsed Tooth/Teeth (including splinting)				
Code	Description	GP	Specialist	Limit
76941	Replantation, first tooth	88.69	106.42	
76949	Each additional tooth	88.69	106.42	
Repositioning of Traumatically Displaced Teeth				
Code	Description	GP	Specialist	Limit
76951	One unit of time	31.68	38.01	
Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral				
Code	Description	GP	Specialist	Limit
76961	2 cm or less	44.34	53.22	
76962	2 - 4 cm	44.34	53.22	
Post Surgical Care (Required by complications and unusual circumstances)				
Code	Description	GP	Specialist	Limit
79602	Post Surgical Care, Minor, by Other Than Treating Dentist	19.32	23.18	
79604	Post Surgical Care, Major, by Other Than Treating Dentist	46.01	55.21	

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6. Adjunctive general services

This program allows for either a Parenteral OR Nitrous Oxide sedation, if performed on the same client on the same date of service. Claims received with both services performed on the same day will result in the payment of only one service.

Coverage for general anaesthesia and deep sedation is limited to dentists qualified for this sedative/anaesthetic technique under the RCDSO Guidelines For Use of Sedation and General Anaesthesia in Dental Practice of a qualified physician-anaesthetist.

When a physician-anaesthetist provides the general anaesthetic, the treating dentist should note the physician's name in the comments box on the claim form (for cross-referencing with the physician invoice). Physician-anaesthetists should invoice the program directly for their services, using the Standard Claim Form.

ANAESTHESIA, GENERAL				
(includes pre-anaesthetic evaluation and post-anaesthetic evaluation and post-anaesthetic follow-up) The elimination of all sensations, accompanied by the loss of consciousness. Also included is "dissociative" anaesthesia (Ketamine).				
General Anaesthesia				
Code	Description	GP	Specialist	Limit
92212	Two units of time	112.04	134.45	Limit of 8 units per visit
92213	Three units	142.71	171.27	
92214	Four units	173.40	208.08	
92215	Five units	204.09	244.90	
92216	Six units	234.76	281.71	
92217	Seven units	265.44	318.53	
92218	Eight units	296.11	355.34	
Note: The equipment, facilities and support services for general anaesthetic may be provided by the practitioner who provides the dental treatment or the practitioner who provides the general anaesthesia or by a practitioner who provides neither the treatment nor the general anaesthesia. A dentist who provides the dental treatment, the general anaesthetic and the facility cannot use the following codes.				
Provision of facilities, equipment and support services, for General Anaesthesia when provided by a separate practitioner				
Code	Description	GP	Specialist	Limit
92222	Two units of time	38.84	46.60	Limit of 8 units per visit
92223	Three units	58.25	69.90	
92224	Four units	77.66	93.20	
92225	Five units	97.07	116.49	
92226	Six units	116.48	139.78	
92227	Seven units	135.89	163.07	
92228	Eight units	155.31	186.37	

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ANAESTHESIA, DEEP SEDATION

Anaesthesia, Deep Sedation: a controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including inability to respond purposefully to verbal command. These states apply to any technique that has depressed the patient beyond conscious sedation except general anaesthesia. Any intravenous technique leading to these conditions in a patient including neuroleptanalgesia/anaesthesia would fall within this category of service (includes pre-anaesthetic evaluation and post anaesthetic follow-up).

Code	Description	GP	Specialist	Limit
92302	Two units of time	103.43	124.11	Limit of 8 units per visit
92303	Three units	134.10	160.93	
92304	Four units	164.78	197.74	
92305	Five units	195.47	234.56	
92306	Six units	226.15	271.38	
92307	Seven units	256.82	308.19	
92308	Eight units	287.51	345.01	

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ANAESTHESIA, CONSCIOUS SEDATION

Anaesthesia, Conscious Sedation (A medically controlled state of depressed consciousness that allows protective reflexes to be maintained, retains the patient's ability to maintain a patent airway independently and continuously and permits appropriate response by the patient to physical stimulation or verbal command, e.g., "open your eyes" (includes pre-anaesthetic evaluation and post anaesthetic follow-up).

Any technique leading to these conditions in a patient would fall within this category of service. Conscious sedation is a varied technique which can require different levels of monitoring, in accordance with the Regulatory Authority Guidelines for the Use of Sedation and General Anaesthesia in Dental Practice. The Guidelines should be consulted and observed.

Nitrous Oxide Time is measured from the placement of the inhalation device and terminates with the removal of the Inhalation device

Code	Description	GP	Specialist	Limit
92411	One unit of time	16.98	20.38	Limit of 8 units per visit
92412	Two units	29.66	35.58	
92413	Three units	42.34	50.81	
92414	Four units	55.01	66.00	
92415	Five units	67.69	81.24	
92416	Six units	80.37	96.44	
92417	Seven units	93.03	111.64	
92418	Eight units	105.72	126.85	

Oral Sedation Sedation sufficient to require monitored care. Time is to be measured from the start of the patient monitoring to release from the treatment/recovery room

Code	Description	GP	Specialist	Limit
92421	One unit of time	29.30	35.15	Limit of 8 units per visit.
92422	Two units	42.17	50.60	
92423	Three units	55.03	66.04	
92424	Four units	67.90	81.48	
92425	Five units	80.77	96.92	
92426	Six units	95.66	114.79	
92427	Seven units	110.75	132.89	
92428	Eight units	125.83	151.00	

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Nitrous Oxide with Oral Sedation (Time measured with the administration of nitrous oxide and terminates with the release of the patient from the treatment/recovery room)				
Code	Description	GP	Specialist	Limit
92431	One unit of time	26.50	31.80	Limit of 8 units per visit.
92432	Two units	46.32	55.58	
92433	Three units	66.13	79.36	
92434	Four units	85.96	103.15	
92435	Five units	105.76	126.91	
92436	Six units	125.60	150.72	
92437	Seven units	136.06	163.27	
92438	Eight units	165.23	198.28	
Parenteral Conscious Sedation (regardless of method – IM or IV)				
92441	One unit of time	56.03	67.23	Limit of 8 units per visit
92442	Two units	80.10	96.12	
92443	Three units	104.17	125.00	
92444	Four units	128.24	153.89	
92445	Five units	152.32	182.78	
92446	Six units	176.39	211.66	
92447	Seven units	200.47	240.56	
92448	Eight units	224.54	269.44	

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LABORATORY PROCEDURES				
<p>(This code is used in conjunction with the "+L" and "+E" designation following the specific codes in the guide. The addition of these codes are to facilitate computer or manual input for third party claims processing, personal records and statistics, providing one description for a specific procedure code).</p> <p>When filling out third party claim forms, these codes must follow immediately after the corresponding dental procedure code carried out by the dentist, so as to correlate the lab expenses with the correct procedures.</p>				
Code	Description	GP	Specialist	Limit
99111	" +L" Commercial Laboratory Procedures (A commercial laboratory is defined as an independent business which performs laboratory services and bills the dental practices for these services on a case by case basis)	I.C.	I.C.	99111 and 99333 are covered in conjunction with codes which carry the +L designation.
99222	Laboratory charges for oral pathology biopsy services when provided in conjunction with surgical services from the 30000, 40000 and 70000 code series	I.C.	I.C.	The amount listed on the invoice will be paid in full. For 99333, please submit in-office laboratory expenses. Laboratory fees must appear immediately below the procedure code(s) to which they apply.
99333	" +L" In-Office Laboratory Procedures (an in-office laboratory is defined as (a) laboratory service(s) performed within the same business entity)	I.C.	I.C.	A copy of the Laboratory Invoice, or receipt of laboratory payment, must be submitted with the claim form for Commercial Laboratory Procedures code.

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