

Schedule of Benefits

*Dental Services
Under the
Health Insurance Act
(May 1, 2019 (effective January 1, 2020))*

Ministry of Health and Long Term Care

SERVICES OF DENTISTS

GENERAL PREAMBLE

The following apply to Parts I, II and III

1. A service described in this Schedule includes all in-hospital visits, the in-hospital operative procedure, the usual postoperative care and one post discharge follow-up visit.
2. The services rendered by dentists that are prescribed as insured services are the services set out in Parts I, II and III of the Schedule of Dental Benefits.
3. "Specialist" means,
 - a. with respect to dental services rendered in Ontario, a dental surgeon who holds a specialty certificate of registration from the Royal College of Dental Surgeons of Ontario,
 - or
 - b. with respect to dental services rendered elsewhere in Canada, a dental surgeon who holds a designation from a professional regulatory body in the Canadian province or territory outside of Ontario where the services are rendered that, in the opinion of the General Manager, is equivalent to the designation referred to in clause (a).

4. Subsequent Operative Procedures

When complications occur following a procedure and a subsequent procedure becomes necessary for the same condition, or for a new condition, the full listed fee shall be payable for each procedure.

5. Premiums

Non-elective dental surgical procedures and oral and maxillofacial surgical procedures

When such services commence after 5:00 p.m. and before midnight, or on a Saturday, Sunday or Holiday, the amount payable for the service(s) is increased by 30% (T809).

When such services commence between midnight and 7:00 a.m. any night of the week, the amount payable for the service is increased by 50% (T810).

[Commentary:

1. It is a condition for the performance and for payment of the insured services prescribed under the regulation subsection (6); that hospitalization in a public hospital graded under the *Public Hospitals Act* as Groups A, B, C or D (i.e. an acute care hospital) is medically necessary, and that these services be performed by a dentist who has been appointed to the dental/ medical staff of the respective hospital.
2. Six (6) new codes identified by an asterisk (*), listed in this schedule (3 codes in the Salivary Glands section and 3 codes in the Premiums and Unlisted procedures section), do not become effective until March 1, 2007.]

SERVICES OF DENTISTS

PART 1

PART I

PREAMBLE

1. Multiple Operative Procedures

When more than one procedure is performed at the same time, the major procedure is payable at the listed fee, and subsequent procedures performed at the same time are payable at 85% of the listed fee, except where multiple procedures are identified in this Schedule by a specific add-on code. An operative report or explanation should be submitted with the claim for independent consideration, upon request by the medical/dental consultant.

2. Consultation, Visits

Patient Consultations:

A consultation is an insured service only when rendered in a hospital. A private dental office situated in a hospital is not considered to be "in a hospital" for the purpose of a consultation.

A consultation is a service provided upon a written request from a referring physician or dentist who, in light of his/her professional knowledge of the patient, requires the opinion of another dentist ("the consultant") competent to give advice in this field, because of the complexity, obscurity or seriousness of the case or because another opinion is requested by the patient or an authorized person acting on his/her behalf. Except where otherwise specified, the consultant's service is insured only when the consultant renders an assessment "including the review of all relevant data". An assessment is defined as requiring a direct physical encounter with the patient including any appropriate physical examination.

A consultation is also insured when rendered by a dentist(s) (in addition to the first consultant) whose expertise is (are) also required provided that the additional dentist(s) also render(s) an assessment of the patient at the same time for the same condition and records a separate consultation report on the chart.

Consultations are limited to one consultation per year, per patient, by any one dentist, except where the same patient is referred to the same consultant a second time within the year with a clearly defined, unrelated diagnosis, where an additional consultation is then payable.

Benefits are payable for follow up assessments carried out in hospital when claimed under T651. Additional dentists whose expertise is (are) also required and who examine the patient at the same time for the same condition and who also record a separate consultation report on the chart may bill for a consultation fee.

Any T650 or T651 billings submitted in excess of one per patient per day per dentist are payable at zero.

When billing code T650 in conjunction with odontectomy codes, in order to remunerate the provision of T650 on the same day as an extraction, an emergency consultation report or prior approval form indicating either the nature of the emergency, or the exceptional circumstance/medical rationale for same-day consultation must be submitted for manual review in support of the claim. Failure to do so will result in the claim not being paid.

Diagnostic Consultations:

A diagnostic consultation requires the review of a patient's history and any clinical findings, the analysis of submitted material and the submission of a written report.

An in-hospital diagnostic consultation fee is payable when an oral pathologist provides a consultation with respect to tissue, histology slides, and/or laboratory test results of the patient of another dentist or physician.

An in-hospital diagnostic consultation fee is also payable when an oral radiologist or a dentist appointed as a consultant to Cancer Care Ontario provides a consultation with respect to diagnostic images of the patient of another dentist or physician.

A hospital consultation fee (T650) is payable in addition to the listed surgical procedure fee when a prior elective assessment has not been performed out of hospital.

Visits:

A visit fee (T652) is payable for a visit by a dentist to an admitted bed patient, and that visit is for the purpose of observing, assessing or evaluating the patient with respect to whom the dentist rendered a prior consultation or has undertaken a surgical procedure during a previous hospital admission and where the patient has been readmitted for management of a dental condition. One visit per patient, per day is payable commencing the day after the day of the initial consultation. The dentist must attend at the visit and record a progress note on the patient's medical chart.

SERVICES OF DENTISTS

PART 1

3. Surgical Assistant

Assistants' fees are payable by the Plan only when the complexity of the procedure requires the assistance of a second surgeon. The fee payable for assisting a physician (T644) at a surgical procedure listed in the Schedule of Benefits Physician Services under the *Health Insurance Act* is 30% of the surgical fee set out in the Schedule of Benefits Physicians Services under the *Health Insurance Act*.

Code T643 when rendered with the following procedures is payable at zero:

T650, T651, T652, T653, T654, T330, T331, T332, T333, T334, T335, T336, T337, T338, T339, T341, T342, T343, T344, T348, T349, T350, T660, T662, T663, T665, T667, T668, T669, T396, T401, T395, T387, T402, T388, T403, T404, T406, T390, T391, T394, T370, T371, T760, T761, T601, T602, T580, T581, T620, T622, T623, T624, T628, T629, T701, T702, T705, T706, T703, T707, T704, T708, T709, T710, T711, T712, T901, T902, T903, T904, T905, T906, T907, T908, T909, T910, T911, T912, T925, T926, T927, T928, T936

If a procedure falls into the above category of services, a letter from the surgeon explaining the necessity for an assistant must accompany all such claims for independent consideration, or they will be paid at zero.

Claims will only be paid for surgery that is related to the scope of practice of the oral and maxillofacial surgeon.

4. Soft Tissue Graft (skin, mucosa, fat, muscle and nerve/Bone and Cartilage Harvesting)

When harvested by the primary or second surgeon during the same surgery, the fee payable for the initial harvest from a maxillofacial site by each surgeon is payable at 100% of the listed fee. Each subsequent harvest during the same surgery from a separate maxillofacial site is payable at 85% of the listed fee.

When harvested by the primary or second surgeon during the same surgery, the fee payable for the initial harvesting from a non maxillofacial (remote donor site) is payable at 100% of the listed fee. Each subsequent harvest during the same surgery from a separate non-maxillofacial donor site is payable at 85% of the listed fee.

For the purpose of this Schedule, cranial bone grafts are deemed not to be maxillofacial but rather remote sites.

Bone shavings or alloplasts placed simultaneously around dental implants as the sole grafting procedure are not insured services.

Arch reconstruction procedures are insured at the listed fee when performed simultaneously with implant placement.

5. Reconstruction

For the purpose of this Schedule, bone or alloplastic reconstruction do not include surgical resection or tissue harvest.

Nasal reconstruction (T363) done for cosmetic purposes is not an insured service.

6. Fractures and Dislocation

For the purpose of this Schedule rigid fixation includes bone plates, bicortical screws and K-wires. The fee payable for rigid fixation is for one application per side per facial bone.

For the purpose of this Schedule, procedures that are incidental to the primary procedure, such as the placement of arch bars or the wiring of dentures or splints are payable at 85% of the listed fee except where such placement(s) or wiring is or are identified in this Schedule by a specific add-on code.

Where, as part of a fracture and/or dislocation, it is necessary to remove diseased or fractured teeth, the fee for the removal of such diseased or fractured teeth is payable at 85% of the listed fee. Prior approval for payment for removal of teeth is not required in these circumstances.

Maxillomandibular fixation is included in the reduction benefit.

SERVICES OF DENTISTS

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7. Orthognathic Surgery

For the purpose of this Schedule rigid fixation includes bone plates, bicortical screws and K-wires. The fee payable for rigid fixation is for one application per side per facial bone.

Passive placement of occlusal index splint(s) is included in intermaxillary fixation except where the splint is directly wired to a jaw or teeth. In such circumstances, the placement is a separate insured service not included in the intermaxillary fixation.

When performed in conjunction with an osteotomy, application of arch bars, splints and intermaxillary fixation is or are payable at 85% of the appropriate listed fixation fee except where such application(s) or fixation is or are identified in this Schedule by a specific add-on code.

Genioplasty (T565) done for cosmetic reasons is not an insured service.

8. Temporomandibular Joint

For the purposes of this Schedule, temporomandibular joint procedures are unilateral. If both joints are operated at the same surgery, the fee(s) for service(s) relating to the second joint is payable at 85% of the listed fee(s).

9. Unlisted Procedures

Independent consideration will be given to claims (T800) for other dental and oral and maxillofacial surgery procedures not listed in this Schedule.

Benefits for unlisted procedures will be assessed by comparing the fee claimed to procedures listed in the Schedule which require comparable responsibility and skill. Supporting information must be submitted with the claim.

SERVICES OF DENTISTS

PART 1

OHIP INTL

D.D.S

Spec

CONSULTATIONS AND VISITS

See point 2 of Part I Preamble to this Schedule (page D2)

T650	93100	Consultation in hospital	52.79	63.31
T651		Follow-up assessments within 12 months of initial consultation same diagnosis, in hospital, emergency or outpatient department	42.88	49.00
T652		Hospital visit, admitted bed patient	28.67	35.77
T653		Examination under general anesthesia (sole procedure)	28.67	35.77
T654		- with diagnostic imaging (may be billed in addition to T653)..... add	24.50	30.63

EMERGENCY PROCEDURES

T630	79401	Control of bleeding secondary to dental extraction	59.00	70.70
T631	79603	Post-surgical care, minor	13.10	15.70
T632	79604	Post-surgical care, major	29.00	34.80

SURGICAL ASSISTING

T643		Assisting at major oral and maxillofacial surgical procedure	30% of surgical fee	30% of surgical fee
T644		Assisting at physician's surgery	30% of surgical fee [‡]	30% of surgical fee [‡]

GINGIVOPLASTY AND VESTIBULOPLASTY

T330	73119	Gingivoplasty independent of tooth extraction, per quadrant.....	34.60	41.60
T331	73121	Excision of vestibular hyperplastic tissue, per quadrant	—	97.30
T332	73123	Surgical shaving of papillary hyperplasia of the palate	—	179.00
T333	73130	Remodelling of the mylohyoid ridge	—	126.40
T334	73131	Remodelling of the genial tubercles	—	126.40
T335	73132	Excision of nasal spine	—	126.40
T336	73133	Excision of torus palatinus	234.90	281.90
T337	73134	Excision of torus mandibularis, unilateral.....	234.90	281.90
T338	73135	Excision of torus mandibularis, bilateral.....	234.90	281.90
T339	73140	Excision of multiple exostoses, per quadrant.....	234.90	281.90

Reduction tuberoplasty

T341	73150	- unilateral.....	—	131.70
T342	73151	- bilateral.....	—	263.30

Augmentation pterygomaxillary tuberoplasty

T343	73160	- unilateral.....	—	131.70
T344	73161	- bilateral.....	—	263.30
T345	73200	Full arch lowering of floor of mouth	—	395.20
T346	73201	Partial arch lowering of floor of mouth	—	234.00

Submucous vestibuloplasty

T347	73300	- maxilla	—	234.00
T348	73301	- mandible.....	—	234.00

Vestibuloplasty

T349	73310	- with secondary epithelialization, maxilla	—	309.20
T350	73311	- with secondary epithelialization, mandible	—	309.20
T351	73330	- with skin graft, maxilla	—	552.80
T352	73331	- with skin graft, mandible.....	—	552.80
T353	73340	- with mucosal graft, maxilla	—	618.70
T354	73341	- with mucosal graft, mandible.....	—	618.70

[Commentary:

[‡]As per the Schedule of benefits - Physician Services

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Spec

BIOPSY AND CYTOLOGY

T660	04300	Biopsy of oral tissue – soft	59.00	70.70
T662	04330	Cytological or bacteriological smear	19.65	21.50
T663		Biopsy of oral tissue - bone and/or cartilage	181.71	224.64
T665	04315	Aspiration of oral tissue – soft	—	25.30
T667	04316	Aspiration of oral tissue – bone and/or cartilage	—	37.85
T668		Needle aspiration, extraoral lesion - soft	—	75.00
T669		Needle aspiration, extraoral lesion - bone and/or cartilage	—	95.00

SURGICAL EXPOLARATION, INCISION AND SEQUESTRECTOMY

T396		Exploration of soft tissue (as sole surgical procedure) per quadrant – intraoral	—	109.49
T401	75100	Incision and drainage of soft tissue – intraoral	29.00	34.80
T395		Incision and drainage of major anatomical spaces, other than vestibular or palatal space – intraoral	—	178.36
T387		Exploration of bone or cartilage (as sole surgical procedure) per quadrant – intraoral	—	221.54
T402	75110	Trephination and drainage of bone and/or cartilage tissue – intraoral	68.30	81.95
T388		Exploration of soft tissue (as sole surgical procedure) per quadrant – extraoral	—	266.90
T403	75200	Incision and drainage of soft tissue – extraoral	—	145.60
T393		Incision and drainage of major anatomical spaces(s), other than vestibular space – extraoral	—	385.02
T389		Exploration of bone or cartilage (as sole surgical procedure) per quadrant - extraoral	—	424.31
T404	75500	Sequestrectomy for osteomyelitis – intraoral	—	124.80
T405	75501	Sequestrectomy for osteomyelitis – extraoral	—	281.20
T406	75510	Sequestrectomy and saucerization	—	301.75

CYSTS AND TUMOURS

Note:

Includes biopsy unless separate quick section is performed at same operation.

Excision of cyst

T390	74408	- under 1 cm	134.62	161.48
T391	74401	- 1 cm to 3 cm	—	172.13
T392	74411	- over 3 cm	—	293.03
T394	74410	Marsupialization of cyst (includes 12 post surgical visits)	—	363.74

Resection of benign soft tissue lesion

T370	74108	- under 1 cm	134.62	161.48
T371	74109	- 1 cm to 3 cm	—	197.10
T368		- greater than 3 cm	—	617.40

Excision of benign tumour of bone

T369		- less than 1 cm	—	161.33
T372	74110	- 1 cm to 3 cm	—	172.13
T373	74118	- over 3 cm	—	293.03
T374	74200	- oral cavity or lip – under 3 cm	—	172.13

Excision malignant tumour, soft tissue oral cavity

T375		- over 3 cm	—	293.03
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Excision malignant tumour of bone

T376	74210	- under 3 cm	—	172.13
T377	74218	- over 3 cm	—	293.03
T378	74220	Cheiloplasty (lip shave)	—	412.95

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MAXILLECTOMY/MANDIBULECTOMY

Partial mandibulectomy

T407	75531	- up to 3 cm	—	615.60
T408	75532	- over 3 cm	—	923.60
T409	75540	Total mandibulectomy	—	1385.20

Partial maxillectomy

T427	75551	- up to 3 cm	—	615.60
T428	75552	- over 3 cm	—	923.60
T429	75560	Total maxillectomy	—	1385.20
T445		- interim stabilization with bone plate – per side..... add	—	232.75

RECONSTRUCTION

Reconstruction of mandible

T382		- unilateral, partial	—	918.69
T383		- complete (including condyle) – unilateral	—	1132.64
T384		- bilateral, partial	—	1254.68
T385		- bilateral.....	—	1978.62
T386		Construction of developmentally absent condyle and vertical ramus – unilateral.....	—	1611.00

Reconstruction of maxilla

T361		- unilateral.....	—	918.69
T362		- bilateral.....	—	1254.68
T363		Nasal reconstruction not for cosmetic purposes	—	1600.00
T364		- stabilization with plating or crib – per side..... add	—	190.00

Alveolar ridge reconstruction: with autogenous bone and/or alloplastic material per arch

T359		- maxilla	—	839.58
T360		- mandible.....	—	839.58

ONLAY BONE GRAFTS AND/OR ALLOGRAFTS FOR RECONSTRUCTION (not for cosmetic purposes)

Mandible

T101		- unilateral.....	—	307.20
T102		- bilateral.....	—	394.90

Maxilla

T105		- unilateral.....	—	307.20
T106		- bilateral.....	—	394.90

Zygoma

T109		- unilateral.....	—	263.00
T110		- bilateral.....	—	350.60

Temporal

T113		- unilateral.....	—	350.60
T114		- bilateral.....	—	438.25

Frontal

T117		- unilateral.....	—	350.60
T118		- bilateral.....	—	438.25
T111		Nasal bones	—	350.60
T112		Nasal cartilage	—	350.60
T210		Bone graft to standard osteotomy site, unless included in the description of the surgery – per site	add	208.00
T211		Membrane guided bone regeneration – per site	add	75.00

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HARVESTING OF TISSUE

Bone

T260	- intraoral	—	168.35
T261	- extraoral maxillofacial.....	—	247.53
T262	- rib	—	274.34
T263	- iliac crest	—	274.34
T264	- calvarial	—	274.34
T265	- tibia.....	—	274.34
T266	Cartilage.....	—	247.53
T267	Skin	—	78.56
T268	Mucosa	—	78.56
T269	Fascia	—	118.47
T270	Muscle.....	—	118.47
T271	Dermis.....	—	118.47
T272	Fat.....	—	118.47
T273	Nerve – intraoral	—	195.16
T274	Nerve – extraoral	—	247.53

FRACTURES

Note:

For cranial flap approach to treat upper or midface fractures, add code T201 or T202.

Mandible

T430	76210	Closed reduction (will not be paid with T431 – T433).....	377.79	471.98
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Open reduction

T431	76220	- single.....	—	627.00
T432	76230	- double	—	855.62
T433	76240	- multiple.....	—	1313.01
T426		- with rigid internal fixation –per side	add	— 110.11

Maxilla LeFort I

T440	76310	Closed reduction (will not be paid with T441 – T443).....	377.79	471.98
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Open reduction

T441	76320	- single.....	—	627.00
T442	76330	- double	—	855.62
T443	76340	- multiple.....	—	1313.01
T426		- with rigid internal fixation – per side	add	— 110.11

Maxilla LeFort II

T450	76410	Closed reduction (will not be paid with T451 or T452).....	—	471.98
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Open reduction

T451	76420	- unilateral.....	—	627.00
T452	76430	- bilateral.....	—	1313.01
T426		- with rigid internal fixation - per side	add	— 110.11

Cranofacial Dysjunction LeFort III

T425		Closed reduction	—	1313.01
T424	76820	Open reduction	—	1945.68
T426		- with rigid internal fixation – per side	add	— 110.11

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D.D.S Spec

Nasal Ethmoid

Nasal Bones

T463	Closed reduction	—	227.23
T464	Open reduction (including nasal septum)	—	485.59

Nasal-ethmoid Complex

T465	Open reduction (including canthal ligament repair)	—	782.18
T426	- with rigid internal fixation – per sid	add	110.11

Orbital Rim

Open reduction

T460	76510	- transcutaneous approach	—	700.77
T461	76520	- transoral approach	—	531.17
T462	76530	Orbital blowout – isolated injury	—	781.84
T426		- with rigid internal fixation – per side	add	110.11
T468		- with antral packing	add	110.11

Malar

T470	76620	Reduction – transoral approach	—	531.17
T471		Reduction – transcutaneous approach	—	535.13
T426		- with rigid internal fixation – per side	add	110.11

Zygomatic Arch

T480	76710	Open reduction – transoral approach	—	265.43
T481	76720	Transcutaneous approach	—	531.17
T426		- with rigid internal fixation - per side	add	110.11

Alveolus

Fracture of alveolus

T488		- closed	448.08	537.51
T489		- open	611.43	700.86
T491	76940	Reimplantation of avulsed or subluxated tooth (including root canal therapy and surgery)	221.56	265.91
T426		- with rigid internal fixation – per side	add	110.11

Frontal Sinus

T493		Anterior table and/or posterior table repair – local access	—	580.80
T494		- with coronal incision and pericranial flap to obliterate sinus and nasal frontal duct to include cranialization – per side	add	484.00
T495		- with fat to obliterate sinus and nasal frontal duct	add	145.20
T496		- nasal frontal duct reconstruction with stent or creating opening into ethmoid sinuses	add	96.90
T426		- with rigid internal fixation – per side	add	110.11

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Spec

LACERATIONS, SCAR REVISION, CLEFT LIP, ORO-NASAL FISTULAS

Repair of uncomplicated laceration, intraoral or extraoral

T501	76950	- under 2 cm	57.09	68.64
T507		- 2 cm to 5 cm.....	112.70	135.22
T508		- over 5 cm	—	173.99

Involving both skin and mucosa

T504	76960	- under 2 cm	—	131.51
T505	76961	- over 2 cm	—	292.22

Repair of complicated laceration and/or scar revision (including local tissue shifts) - intraoral and extraoral

T520	76970	- under 2.5 cm	—	90.09
T521	76971	- 2.6 cm to 5 cm.....	—	144.21
T522	76972	- over 5 cm	—	288.26
T530		Split thickness skin graft to face.....	—	350.00

Cleft Lip

T523	77630	Unilateral repair.....	—	513.65
T524	77640	Reconstruction with lip switch flap	—	628.57

Complex reconstruction or revision

T525	77645	- unilateral.....	—	591.60
T526		- bilateral.....	—	1188.00

Oral Nasal Fistula (not to include alveolar bone graft)

T510		Primary closure at time of initial surgery	—	238.85
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Secondary closure

T511		- with palatal flap	—	783.00
T512		- with pharyngeal flap	—	1201.50
T513		- with tongue flap	—	1201.50
T514		- with buccal flap.....	—	783.00

Cleft Palate

Palatorrhaphy

T568	77700	- anterior	—	607.50
T569	77710	- posterior	—	742.50
T570	77720	- total	—	1201.50

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FIXATION

T410	76100	Maxillomandibular fixation.....	—	109.20
T121		- application of arch bar, and/or splint and/or wiring of dentures – one..... add	117.92	147.42
T122		- application of arch bar(s), and/or splint(s) and/or wiring of dentures – two..... add	189.34	236.66
T125		- application of arch bar(s), and/or splint(s) and/or wiring of dentures – three or more..... add	255.22	307.90
T126		Rigid internal fixation – per side – per facial bone.....	—	100.41
T412	76120	- circumzygomatic wiring – each..... add	—	38.20
T413	76130	- peralveolar or transpalatal wiring – each..... add	—	38.20
T414	76140	- nasal spine wiring – each..... add	—	38.20
T415	76150	- piriform aperature wiring – each..... add	—	38.20
T416	76160	- circummandibular wiring - (payment limited to a maximum of three) – each..... add	—	38.20
T419	76191	- orbital suspension – each..... add	—	159.20
T420	76192	Extraskeletal suspension (e.g. Head Frame).....	—	215.10
T437		- metal or allogeneic crib for particulate bone graft..... add	—	190.00
T422	76196	Removal of arch splint(s).....	—	73.20
T439		Removal of transosseous wire(s) - per operative site.....	84.04	101.25
T423	76197	Removal of fixation screw(s) and/or plate(s) – per operative site.....	—	168.08
T435		Removal of maxillomandibular fixation devices.....	—	117.79
T436		Removal of extraskeletal suspension.....	—	116.38
T589	74303	Removal of intraosseous prosthesis (not to include dental implants).....	—	697.41
T438		Removal of TMJ Fossa Prosthesis or Condylar Prosthesis or major reconstruction plate - per device.....	—	697.41

SERVICES OF DENTISTS

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OHIP

INTL

D.D.S

Spec

ORTHOGNATHIC SURGERY

Note:

Osteotomies are considered bilateral unless otherwise stated.

Mandibular Osteotomies

Subcondylar osteotomy

T540	77100	- closed.....	—	913.14
T740		- unilateral - closed.....	—	792.71
T541	77120	- extraoral.....	—	1321.18
T741		- unilateral - extraoral.....	—	792.71

Oblique osteotomy of ramus

T542	77130	- extraoral.....	—	1321.18
T742		- unilateral - extraoral.....	—	792.71
T543	77140	- intraoral.....	—	1321.18
T743		- unilateral - intraoral.....	—	792.71
T544	77150	Body osteotomy or ostectomy.....	—	1321.18
T744		- unilateral.....	—	792.71
T545	77160	Coronoidectomy - unilateral.....	—	564.84
T546	77170	Osteotomy of the condylar neck - unilateral.....	—	564.84

Sagittal split osteotomy

T547	77180	- intraoral.....	—	1321.18
T747		- unilateral - intraoral.....	—	792.71
T548	77190	- extraoral.....	—	1321.18
T748		- unilateral - extraoral.....	—	792.71
T550	77210	Inverted L osteotomy.....	—	1321.18
T750		- unilateral.....	—	792.71
T551	77220	C osteotomy.....	—	1321.18
T751		- unilateral.....	—	792.71

Anterior segmental osteotomy

T558	77440	- mandible.....	—	1178.79
T559	77450	- with transfer of mental eminence.....	—	1321.18
T560	77451	- without transfer of mental eminence.....	—	1321.18
T561	77460	Posterior segmental osteotomy of the mandible.....	—	1321.18
T579		- unilateral.....	—	792.71
T562	77461	Full arch dentoalveolar osteotomy of the mandible.....	—	1321.18
T565	77530	Genioplasty (including alloplast).....	—	552.56
T567	77550	Lower border osteotomy of the mandible (unilateral).....	—	659.42
T126		Rigid internal fixation – add per side per facial bone.....	—	100.41

Midface Osteotomies

T555	77400	Anterior segmental osteotomy maxilla.....	—	1178.79
T556	77410	Posterior segmental osteotomy maxilla.....	—	1321.18
T553		- unilateral.....	—	792.71

LeFort I Advancement

T532	77300	- in one segment.....	—	1321.18
T022		- in two segments.....	add	299.89
T023		- in three or more segments.....	add	600.73
T126		- rigid internal fixation – per side per facial bone.....	add	100.41

SERVICES OF DENTISTS

PART 1

OHIP INTL

D.D.S Spec

LeFort I Intrusion

T534	- in one segment.....	—	1321.18
T024	- in two segments	add	299.89
T025	- in three or more segments	add	600.73
T030	- with SMR.....	add	206.97
T126	- rigid internal fixation – per side per facial bone.....	add	100.41

LeFort I Extrusion

T536	- in one segment.....	—	1399.81
T026	- In two segments	add	299.89
T027	- in three or more segments	add	600.73
T126	- rigid internal fixation – per side per facial bone.....	add	100.41

LeFort I In Cleft Patient

T538	- in one segment.....	—	1541.73
T028	- in two segments	add	258.68
T029	- in three or more segments	add	517.44
T030	- with SMR.....	add	206.97
T031	- with pharyngoplasty	add	310.52
T040	- with closure alveolar fistula	add	387.86
T041	- with bone graft.....	add	245.58
T042	- with closure hard palate fistula	add	517.44
T043	- with bone graft.....	add	245.58
T126	- rigid internal fixation – per side per facial bone.....	add	100.41

LeFort II

T554	77320 LeFort II osteotomy	—	1493.09
T126	- rigid internal fixation – per side per facial bone.....	add	100.41

LeFort III

T200	77330 LeFort III osteotomy	—	2059.22
T126	- rigid internal fixation – per side per facial bone.....	add	100.41

Craniofacial Surgery

T212	Cranioplasty	—	1379.30
T213	Cranial vault reshaping	—	1875.85
T214	Nasal reconstruction	—	1765.50

Cranial flap

T201	- unilateral.....	add	432.85
T202	- bilateral.....	add	628.78
T126	- rigid internal fixation – per side per facial bone.....	add	100.41

SERVICES OF DENTISTS

PART 1

OHIP

INTL

D.D.S

Spec

DISTRACTION OSTEOGENESIS

Note:

Fees are for device placement and do not include the fee for the osteotomy.

Note:

Fees do not include postoperative activation visits.

Insertion Distraction Osteogenesis Device

Mandible - intraoral

T670	- unilateral.....	add	—	500.00
T671	- bilateral.....	add	—	1000.00

Mandible - extraoral

T672	- unilateral.....	add	—	750.00
T673	- bilateral.....	add	—	1250.00

Maxilla - intraoral

T674	- unilateral.....	add	—	500.00
T675	- bilateral.....	add	—	1000.00

Maxilla - extraoral

T676	- unilateral.....	add	—	750.00
T677	- bilateral.....	add	—	1250.00

Mandibular alveolus

T678	- unilateral.....	add	—	500.00
T679	- bilateral.....	add	—	1000.00

Maxillary alveolus

T680	- unilateral.....	add	—	500.00
T681	- bilateral.....	add	—	1000.00

Temporomandibular joint

T682	- unilateral.....	add	—	800.00
T683	- bilateral.....	add	—	1600.00

Cranium

T684	- unilateral.....	add	—	800.00
T685	- bilateral.....	add	—	1600.00

Orbit

T686	- unilateral.....	add	—	800.00
T687	- bilateral.....	add	—	1600.00

Zygoma

T688	- unilateral.....	add	—	800.00
T689	- bilateral.....	add	—	1600.00
T690	Removal of device - per device.....		—	250.00

SERVICES OF DENTISTS

PART 1

OHIP INTL

D.D.S Spec

TEMPOROMANDIBULAR JOINT

T219		TMJ Arthrography	—	134.38
T220	78500	Arthrocentesis	—	96.58
T225	78600	Injection into joint – therapeutic drug	—	96.58

Dislocation

T590	78100	- open reduction	—	491.17
T591	78110	- closed reduction	44.61	53.59
T592	78120	Manipulation under general anaesthesia (not to be billed with any other TMJ surgery)	—	106.53
T593	78200	Menisectomy	—	491.17
T594	78210	Capsulorrhaphy (not to be billed with any other TMJ surgery)	—	491.17
T595	78220	Lateral pterygoid myotomy (not to be billed with any other TMJ surgery)	—	491.17
T596	78300	Condylectomy or condyloplasty	—	491.17
T599	78400	Arthroplasty of articular eminence	—	562.18
T527	78230	Plication of disc posterior attachment (includes capsulorrhaphy)	—	1010.42
T598	78320	Osteotomy – ramus with interpositional alloplastic material for ankylosis	—	718.01
T528	78410	Reconstruction of glenoid fossa, zygomatic arch and temporal bone autogenous tissue, graft or prosthesis	—	1562.20
T531		Repair or reconstruction of TMJ disc with tissue graft or prosthesis (includes menisectomy)	—	1127.33
T533		Reconstruction of mandibular condyle with prosthesis or tissue graft	—	1127.33
T535		Removal of temporary intra-articular implant	—	174.15
T537		- revision surgery – previous open TMJ arthrotomy	add	25% to listed fee

TMJ Arthroscopic Surgery

T231		Arthroscopy – single portal (to include diagnostic arthroscopy, indirect lysis of adhesions, lavage and manipulation)	—	487.78
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Procedures performed through additional portals (ie. Other than the first or primary arthroscopy portal)

T232		- debridement using hinged instrument, shaver, cautery or laser (1 or 2 spaces)	add	390.23
T233		- with biopsy, or subsynovial injection steroid or removal of foreign body	add	45.53
T234		- with synovectomy and direct lysis of adhesion (1 or 2 spaces)	add	311.75
T235		- abrasion arthroplasty	add	390.23
T236		- with menisectomy (total)	add	292.67
T237		- with lateral ligament release	add	195.11
T238		- with anterior release of disc	add	260.15
T239		- with disc plication	add	487.78

SERVICES OF DENTISTS

PART 1

OHIP

INTL

D.D.S

Spec

NEUROLOGICAL DISTURBANCES

T619		Physiologic monitoring (e.g., stimulation and recording evoked potentials)	—	265.21
T610	79201	Injection of nerve (lytic destruction or steroid)	—	152.40
Peripheral nerve avulsion				
T611	79202	- partial.....	—	327.40
T612	79203	- total.....	—	673.20
T613	79204	Transposition of mental nerve.....	—	444.00
T614	79205	Decompression of inferior alveolar nerve	—	329.20
T607		Decompression of infraorbital nerve intraoral facial approach - anterior.....	—	676.20
T608		Decompression of infraorbital nerve transantral approach - posterior	—	1044.93
T633		Primary repair	—	289.47
T634		Secondary repair.....	—	681.39
T635		- neuroma excision and biopsy..... add	—	86.61
T647		- fascicular anastomosis	—	738.80
T636		- with nerve graft (includes harvesting)..... add	—	349.86
T637		- with conduit (up to 3 cm) (includes harvesting)..... add	—	232.75
T638		- with conduit (over 3 cm) (includes harvesting)..... add	—	306.25
T639		- with fibrin adhesive per anastomosis	—	67.38
T609		- with laser coagulation..... add	—	67.38
T618	79240	- when operating microscope required for any of the above procedures	—	40% to basic fee
T605		- when injury older than eight weeks	—	30% to basic fee
T645		Trigger point injection for chronic pain	per site	— 25.00
T646		Diagnostic or therapeutic nerve block.....	per site	— 50.00

SALIVARY GLANDS

T760	79101	Dilation of salivary duct	—	74.25
T761	79102	Insertion of polyethylene tube in duct	—	74.25
T601	79103	Sialodochoplasty.....	—	236.80
Sialolithotomy				
T602	79104	- anterior 1/3 of duct	73.70	88.50
T603	79105	- posterior 2/3 of duct	—	143.70
T454		Excision – sublingual gland.....	—	331.76
T455		Excision – submandibular gland	—	529.45
T456		*Excision, subtotal, parotid gland.....		771.14
T457		*Excision, total, parotid gland.....		1138.64
T458		*Parotid biopsy		214.74

[Commentary:

* effective March 1, 2007]

T606	79109	Marsupialization of ranula	—	118.45
T230	79113	Reconstruction of salivary duct.....	—	I.C.

SERVICES OF DENTISTS

PART 1

OHIP	INTL		D.D.S	Spec
FRENECTOMY/GLOSSECTOMY/MYOTOMY				
T580	77840	Lingual frenectomy or Z plasty	55.10	66.35
T581	77850	Lingual frenectomy or Z plasty with genioglossus myotomy	—	91.00
Partial glossectomy				
T582	77860	- anterior wedge	—	163.70
T583	77870	- anterior-posterior wedge	—	268.30
T204	77540	Suprahyoid myotomy	—	218.40
MAXILLARY SINUS				
T664		Exploration of maxillary sinus via antrostomy	—	122.85
T666		- with fibre-optic scope	add	101.25
T620	79301	Recovery of dental root or foreign body from antrum immediate	—	113.80
T622	79303	Delayed recovery root or foreign body via antrostomy	—	168.40
T623	79304	Antrum lavage - transoral approach	—	68.20
T624	79305	Antrum lavage - transnasal approach	—	68.20
T625	79306	Closure of oro-antral fistula	—	192.80
T628	79309	Transnasal antrostomy	—	80.10
T629		Antral packing		111.48
TRACHEOTOMY				
T310		Tracheotomy	—	145.00
T311		- with anterior cricoid split	add	71.50
T312		Insertion of laryngeal or tracheal stent	—	196.00
PREMIUMS AND UNLISTED PROCEDURES				
T800		Independent Consideration will be given to claims for other dental surgical procedures approved by the Ontario Dental Association but not listed specifically in this Schedule	I.C.	I.C.
T809		Premium when non-elective surgical procedures commence between 5:00 p.m. and midnight, or on a Saturday, Sunday or holiday	30% of amt payable	30% of amt payable
T810		Premium when non-elective surgical procedures commence between midnight and 7:00 a.m. any night of the week	50% of amt payable	50% of amt payable
T811		*Premium for a consultation or visit between 5:00 p.m. and midnight, or on a Saturday, Sunday or holiday	30% of amt payable	30% of amt payable
T812		*Premium for any consultation or visit to a patient in an intensive care facility (e.g., ICU or CCU)	30% of amt payable	30% of amt payable
T813		*Premium for a consultation or visit between midnight and 7:00 a.m.	50% of amt payable	50% of amt payable

[Commentary:

* effective March 1, 2007]

SERVICES OF DENTISTS

PART 2

PART II

PREAMBLE

1. The services listed in this section are insured only if performed in conjunction with one or more of the services listed in Part I or Part III and only when the two or more services are associated anatomically.

2. **Multiple Operative Procedures**

When more than one procedure is performed at the same time, the major procedure is payable at the listed fee, and subsequent procedures performed at the same time are payable at 85% of the listed fee, except where multiple procedures are identified in this Schedule by a specific add-on code.

SERVICES OF DENTISTS

PART 2

OHIP

INTL

D.D.S

Spec

Note:

The services listed below are insured only if performed in conjunction with one or more of the procedures listed in Part I or III and only when the 2 or more services are associated anatomically.

ROOT RESECTION AND APICAL CURETTAGE

Apical curettage and/or root resection

One root

T701	34101	- uncomplicated	171.30	205.50
T705	34111	- with simultaneous endodontia add	111.40	133.60
T702	34102	- complicated	205.00	246.00
T706	34112	with simultaneous endodontia add	136.65	164.00

Two roots

T703	34103	- same tooth	239.60	287.60
T707	34114	- with simultaneous endodontia add	171.30	205.50

Three or more roots

T704	34104	- same tooth	274.20	329.05
T708	34115	- with simultaneous endodontia add	222.80	267.30

Root - end fillings

T709	34201	One root - uncomplicated.....	205.00	246.00
T710	34202	One root - complicated.....	274.20	329.05
T711	34212	Two roots – same tooth.....	274.20	329.05
T712	34213	Three roots – same tooth.....	325.70	390.80

Note:

Services listed under codes T709 – T712 include root-end filling, apical curettage and root resection.

SERVICES OF DENTISTS

PART 3

PART III

PREAMBLE

1. The services listed in this section are insured only when hospitalization is medically necessary and prior approval has been given by the OHIP Dental or Medical Consultant. Approved procedures must be completed within one year of the date of approval.
The request for "Prior Approval" must be provided to the Dental or Medical Consultant before the date of service except for an emergency procedure or in exceptional circumstances. Appropriate documentation or explanation must be provided to substantiate this claim.
2. The requirement for prior approval does not apply to teeth extracted from the line of fracture. The fee for such extractions is payable at 85% of the listed fee.
3. The requirement for prior approval does not apply to teeth extracted in conjunction with removal of a cyst greater than 1 cm, or in conjunction with any tumour. The fee for such extractions is payable at 85% of the listed fee.
4. When more than one procedure is performed in the same quadrant, the major procedure is payable at the listed fee, and subsequent procedures performed at the same time are payable at 85% of the listed fee, except where multiple procedures are identified by a specific add-on code. The reduction to 85% of the listed fee does not apply to procedure T902. Tooth identification numbers and corresponding procedure codes must accompany the claim.
5. If the services listed in this section are performed in conjunction with one or more services listed in Part I or Part II at the same time, the major procedure is payable at the listed fee, and subsequent procedures performed at the same time are payable at 85% of the listed fee, except where multiple procedures are identified in the Schedule as an add-on code. The reduction to 85% does not apply to procedure T902.
6. All services listed in this section include curettage of any apical lesion(s) up to 1 cm where required.
7. All services listed in this section include bone contouring and suturing, where required.

SERVICES OF DENTISTS

PART 3

OHIP INTL

D.D.S Spec

Note:

1. The services listed in this section are insured only when hospitalization is medically necessary and prior approval has been given by the OHIP Dental or Medical Consultant.
2. The request for "Prior approval" must be provided to the OHIP Dental or Medical Consultant before the date of service except for an emergency procedure or in exceptional circumstances. Approved procedures must be completed within one year of the date of approval.
3. The amount payable for T650 is zero when it is rendered in conjunction with Part III procedures for which prior approval has been granted.

ODONTECTOMY

T901	71101	Removal of single erupted tooth - per quadrant.....	35.60	42.72
T902	71111	Removal of each additional erupted tooth in the same quadrant.....	18.41	22.09
T903	72100	Removal of each erupted tooth – complicated.....	83.82	100.57
T904	72210	Removal of each tooth covered by soft tissue	83.82	100.57
T905	72220	Removal of each impacted tooth, partial bony impaction.....	126.41	151.63
T906	72230	Removal of each impacted tooth, complete bony impaction.....	167.71	201.28
T907	72240	Removal of each impacted tooth, unusual position, age factor (incl. super-numerary)	191.95	230.24

Removal of residual dental root

T908	72310	- with soft tissue coverage.....	72.42	86.77
T909	72320	- with bone tissue coverage.....	83.82	100.57

Note:

The above listed surgical services include necessary suturing. An impacted tooth is one which is prevented from its normal path or eruption by hard tissue (tooth or bone).

Surgical exposure of each unerupted tooth

T910	72410	Uncomplicated soft tissue coverage	35.60	42.72
T911	72411	Complicated hard tissue coverage.....	126.41	151.63
T912	72412	With orthodontic attachment	251.60	301.91

FRENECTOMY

T925	77800	Maxillary labial frenectomy.....	67.87	81.42
T926	77810	Mandibular labial frenectomy	67.87	81.42
T927	77820	Maxillary Z frenoplasty	67.87	81.42
T928	77830	Mandibular Z frenoplasty	67.87	81.42

ALVEOLOPLASTY

T936	73110	Alveoloplasty independent of tooth extraction - per quadrant.....	42.46	51.05
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SERVICES OF DENTISTS

NOT ALLOCATED

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OHIP	INTL	D.D.S.	Spec	Page
T022		—	299.89	D12
T023		—	600.73	D12
T024		—	299.89	D13
T025		—	600.73	D13
T026		—	299.89	D13
T027		—	600.73	D13
T028		—	258.68	D13
T029		—	517.44	D13
T030		—	206.97	D13
T031		—	310.52	D13
T040		—	387.86	D13
T041		—	245.58	D13
T042		—	517.44	D13
T043		—	245.58	D13
T101		—	307.20	D7
T102		—	394.90	D7
T105		—	307.20	D7
T106		—	394.90	D7
T109		—	263.00	D7
T110		—	350.60	D7
T111		—	350.60	D7
T112		—	350.60	D7
T113		—	350.60	D7
T114		—	438.25	D7
T117		—	350.60	D7
T118		—	438.25	D7
T121		117.92	147.42	D11
T122		189.34	236.66	D11
T125		255.22	307.90	D11
T126		—	100.41	D11, D12, D13
T200	77330	—	2059.22	D13
T201		—	432.85	D13
T202		—	628.78	D13
T204	77540	—	218.40	D17
T210		—	208.00	D7
T211		—	75.00	D7
T212		—	1379.30	D13
T213		—	1875.85	D13
T214		—	1765.50	D13
T219		—	134.38	D15
T220	78500	—	96.58	D15
T225	78600	—	96.58	D15
T230	79113	—	I.C.	D16
T231		—	487.78	D15
T232		—	390.23	D15
T233		—	45.53	D15
T234		—	311.75	D15
T235		—	390.23	D15
T236		—	292.67	D15
T237		—	195.11	D15
T238		—	260.15	D15
T239		—	487.78	D15
T260		—	168.35	D8
T261		—	247.53	D8
T262		—	274.34	D8
T263		—	274.34	D8
T264		—	274.34	D8
T265		—	274.34	D8
T266		—	247.53	D8
T267		—	78.56	D8
T268		—	78.56	D8
T269		—	118.47	D8
T270		—	118.47	D8

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T271		—	118.47	D8
T272		—	118.47	D8
T273		—	195.16	D8
T274		—	247.53	D8
T310		—	145.00	D17
T311		—	71.50	D17
T312		—	196.00	D17
T330	73119	34.60	41.60	D5
T331	73121	—	97.30	D5
T332	73123	—	179.00	D5
T333	73130	—	126.40	D5
T334	73131	—	126.40	D5
T335	73132	—	126.40	D5
T336	73133	234.90	281.90	D5
T337	73134	234.90	281.90	D5
T338	73135	234.90	281.90	D5
T339	73140	234.90	281.90	D5
T341	73150	—	131.70	D5
T342	73151	—	263.30	D5
T343	73160	—	131.70	D5
T344	73161	—	263.30	D5
T345	73200	—	395.20	D5
T346	73201	—	234.00	D5
T347	73300	—	234.00	D5
T348	73301	—	234.00	D5
T349	73310	—	309.20	D5
T350	73311	—	309.20	D5
T351	73330	—	552.80	D5
T352	73331	—	552.80	D5
T353	73340	—	618.70	D5
T354	73341	—	618.70	D5
T359		—	839.58	D7
T360		—	839.58	D7
T361		—	918.69	D7
T362		—	1254.68	D7
T363		—	1600.00	D7
T364		—	190.00	D7
T368		—	617.40	D6
T369		—	161.33	D6
T370	74108	134.62	161.48	D6
T371	74109	—	197.10	D6
T372	74110	—	172.13	D6
T373	74118	—	293.03	D6
T374	74200	—	172.13	D6
T375		—	293.03	D6
T376	74210	—	172.13	D6
T377	74218	—	293.03	D6
T378	74220	—	412.95	D6
T382		—	918.69	D7
T383		—	1132.64	D7
T384		—	1254.68	D7
T385		—	1978.62	D7
T386		—	1611.00	D7
T387		—	221.54	D6
T388		—	266.90	D6
T389		—	424.31	D6
T390	74408	134.62	161.48	D6
T391	74401	—	172.13	D6
T392	74411	—	293.03	D6
T393		—	385.02	D6
T394	74410	—	363.74	D6
T395		—	178.36	D6
T396		—	109.49	D6

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T401	75100	29.00	34.80	D6
T402	75110	68.30	81.95	D6
T403	75200	—	145.60	D6
T404	75500	—	124.80	D6
T405	75501	—	281.20	D6
T406	75510	—	301.75	D6
T407	75531	—	615.60	D7
T408	75532	—	923.60	D7
T409	75540	—	1385.20	D7
T410	76100	—	109.20	D11
T412	76120	—	38.20	D11
T413	76130	—	38.20	D11
T414	76140	—	38.20	D11
T415	76150	—	38.20	D11
T416	76160	—	38.20	D11
T419	76191	—	159.20	D11
T420	76192	—	215.10	D11
T422	76196	—	73.20	D11
T423	76197	—	168.08	D11
T424	76820	—	1945.68	D8
T425		—	1313.01	D8
T426		—	110.11	D8, D9
T427	75551	—	615.60	D7
T428	75552	—	923.60	D7
T429	75560	—	1385.20	D7
T430	76210	377.79	471.98	D8
T431	76220	—	627.00	D8
T432	76230	—	855.62	D8
T433	76240	—	1313.01	D8
T435		—	117.79	D11
T436		—	116.38	D11
T437		—	190.00	D11
T438		—	697.41	D11
T439		84.04	101.25	D11
T440	76310	377.79	471.98	D8
T441	76320	—	627.00	D8
T442	76330	—	855.62	D8
T443	76340	—	1313.01	D8
T445		—	232.75	D7
T450	76410	—	471.98	D8
T451	76420	—	627.00	D8
T452	76430	—	1313.01	D8
T454		—	331.76	D16
T455		—	529.45	D16
T456		—	771.14	D16
T457		—	1138.64	D16
T458		—	214.74	D16
T460	76510	—	700.77	D9
T461	76520	—	531.17	D9
T462	76530	—	781.84	D9
T463		—	227.23	D9
T464		—	485.59	D9
T465		—	782.18	D9
T468		—	110.11	D9
T470	76620	—	531.17	D9
T471		—	535.13	D9
T480	76710	—	265.43	D9
T481	76720	—	531.17	D9
T488		448.08	537.51	D9
T489		611.43	700.86	D9
T491	76940	221.56	265.91	D9
T493		—	580.80	D9
T494		—	484.00	D9

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T495		—	145.20	D9
T496		—	96.90	D9
T501	76950	57.09	68.64	D10
T504	76960	—	131.51	D10
T505	76961	—	292.22	D10
T507		112.70	135.22	D10
T508		—	173.99	D10
T510		—	238.85	D10
T511		—	783.00	D10
T512		—	1201.50	D10
T513		—	1201.50	D10
T514		—	783.00	D10
T520	76970	—	90.09	D10
T521	76971	—	144.21	D10
T522	76972	—	288.26	D10
T523	77630	—	513.65	D10
T524	77640	—	628.57	D10
T525	77645	—	591.60	D10
T526		—	1188.00	D10
T527	78230	—	1010.42	D15
T528	78410	—	1562.20	D15
T530		—	350.00	D10
T531		—	1127.33	D15
T532	77300	—	1321.18	D12
T533		—	1127.33	D15
T534		—	1321.18	D13
T535		—	174.15	D15
T536		—	1399.81	D13
T537		—	25% to listed fee	D15
T538		—	1541.73	D13
T540	77100	—	913.14	D12
T541	77120	—	1321.18	D12
T542	77130	—	1321.18	D12
T543	77140	—	1321.18	D12
T544	77150	—	1321.18	D12
T545	77160	—	564.84	D12
T546	77170	—	564.84	D12
T547	77180	—	1321.18	D12
T548	77190	—	1321.18	D12
T550	77210	—	1321.18	D12
T551	77220	—	1321.18	D12
T553		—	792.71	D12
T554	77320	—	1493.09	D13
T555	77400	—	1178.79	D12
T556	77410	—	1321.18	D12
T558	77440	—	1178.79	D12
T559	77450	—	1321.18	D12
T560	77451	—	1321.18	D12
T561	77460	—	1321.18	D12
T562	77461	—	1321.18	D12
T565	77530	—	552.56	D12
T567	77550	—	659.42	D12
T568	77700	—	607.50	D10
T569	77710	—	742.50	D10
T570	77720	—	1201.50	D10
T579		—	792.71	D12
T580	77840	55.10	66.35	D17
T581	77850	—	91.00	D17
T582	77860	—	163.70	D17
T583	77870	—	268.30	D17
T589	74303	—	697.41	D11
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T595	78220	—	491.17	D15
T596	78300	—	491.17	D15
T598	78320	—	718.01	D15
T599	78400	—	562.18	D15
T601	79103	—	236.80	D16
T602	79104	73.70	88.50	D16
T603	79105	—	143.70	D16
T605		—	Add 30% to basic fee	D16
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T610	79201	—	152.40	D16
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T613	79204	—	444.00	D16
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T619		—	265.21	D16
T620	79301	—	113.80	D17
T622	79303	—	168.40	D17
T623	79304	—	68.20	D17
T624	79305	—	68.20	D17
T625	79306	—	192.80	D17
T628	79309	—	80.10	D17
T629		—	111.48	D17
T630	79401	59.00	70.70	D5
T631	79603	13.10	15.70	D5
T632	79604	29.00	34.80	D5
T633		—	289.47	D16
T634		—	681.39	D16
T635		—	86.61	D16
T636		—	349.86	D16
T637		—	232.75	D16
T638		—	306.25	D16
T639		—	67.38	D16
T643		30% of surgical fee	30% of surgical fee	D5
T644		30% of surgical fee‡	30% of surgical fee‡	D5
T645		—	25.00	D16
T646		—	50.00	D16
T647		—	738.80	D16
T650	93100	52.79	63.31	D5
T651		42.88	49.00	D5
T652		28.67	35.77	D5
T653		28.67	35.77	D5
T654		24.50	30.63	D5
T660	04300	59.00	70.70	D6
T662	04330	19.65	21.50	D6
T663		181.71	224.64	D6
T664		—	122.85	D17
T665	04315	—	25.30	D6
T666		—	101.25	D17
T667	04316	—	37.85	D6
T668		—	75.00	D6
T669		—	95.00	D6
T670		—	500.00	D14
T671		—	1000.00	D14
T672		—	750.00	D14
T673		—	1250.00	D14
T674		—	500.00	D14

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T676		—	750.00	D14
T677		—	1250.00	D14
T678		—	500.00	D14
T679		—	1000.00	D14
T680		—	500.00	D14
T681		—	1000.00	D14
T682		—	800.00	D14
T683		—	1600.00	D14
T684		—	800.00	D14
T685		—	1600.00	D14
T686		—	800.00	D14
T687		—	1600.00	D14
T688		—	800.00	D14
T689		—	1600.00	D14
T690		—	250.00	D14
T701	34101	171.30	205.50	D19
T702	34102	205.00	246.00	D19
T703	34103	239.60	287.60	D19
T704	34104	274.20	329.05	D19
T705	34111	111.40	133.60	D19
T706	34112	136.65	164.00	D19
T707	34114	171.30	205.50	D19
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T712	34213	325.70	390.80	D19
T740		—	792.71	D12
T741		—	792.71	D12
T742		—	792.71	D12
T743		—	792.71	D12
T744		—	792.71	D12
T747		—	792.71	D12
T748		—	792.71	D12
T750		—	792.71	D12
T751		—	792.71	D12
T760	79101	—	74.25	D16
T761	79102	—	74.25	D16
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T809		30% of amt payable	30% of amt payable	D17
T810		50% of amt payable	50% of amt payable	D17
T811		30% of amt payable	30% of amt payable	D17
T812		30% of amt payable	30% of amt payable	D17
T813		50% of amt payable	50% of amt payable	D17
T901	71101	35.60	42.72	D21
T902	71111	18.41	22.09	D21
T903	72100	83.82	100.57	D21
T904	72210	83.82	100.57	D21
T905	72220	126.41	151.63	D21
T906	72230	167.71	201.28	D21
T907	72240	191.95	230.24	D21
T908	72310	72.42	86.77	D21
T909	72320	83.82	100.57	D21
T910	72410	35.60	42.72	D21
T911	72411	126.41	151.63	D21
T912	72412	251.60	301.91	D21
T925	77800	67.87	81.42	D21
T926	77810	67.87	81.42	D21
T927	77820	67.87	81.42	D21
T928	77830	67.87	81.42	D21
T936	73110	42.46	51.05	D21