

Dentists

Schedule of Dental Services and Fees for

Halton Oral Health Outreach

Dental Care Counts

2017



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Dental Care Counts - Schedule of Dental Services and Fees

WHAT IS DENTAL CARE COUNTS?

Halton Region provides financial assistance through the Dental Care Counts fund to ensure older adults and adults with special needs residing in Halton Region have access to oral care. The priority is to ensure that these residents of Halton are free from pain and able to eat comfortably. Once a basic level of comfort has been achieved, it is expected that clients will work out an ongoing maintenance plan that they can afford with their dental treatment provider.

Halton Region does not intend to provide on-going regular dental care to adults through the DCC fund. The DCC fund is not an insurance plan. Three types of care may be provided:

- Emergency care for conditions involving pain, infection, or trauma.
 - Care of existing denture(s) to restore function*
 - Non-emergency dental services will only be covered to restore function*
- * *“Function” refers to chewing ability and speech.*

WHO IS ELIGIBLE?

Only residents of Halton Region are eligible. Applicants must contact the Health Department. The Health Department will identify eligible clients and issue a claim form, or notification, to either the dental treatment provider or to the client.

Adults who are 65 years and older must meet the following two criteria to be eligible for the DCC fund.

- Dental criterion: the individual has a dental condition needing immediate treatment.
- Financial criterion: the individual has no dental insurance or other form of dental coverage. The individual or designated guardian/caregiver will sign a declaration stating that they have no dental insurance and that the cost of dental treatment would result in financial hardship.

Adults who are 64 years and under must meet the following three criteria to be eligible for the DCC fund.

- Dental criterion: (as stated above)
- Financial criterion: (as stated above)
- Physiological criterion: the individual is not capable of taking care of themselves and performing the activities of daily living.

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DENTAL EMERGENCIES

Adults who have qualified for DCC and have a dental emergency, can be seen by a dental treatment provider immediately. A dental emergency involves pain, infection or trauma.

If treatment is not occurring during business hours, the dental office must call Halton Region on the next business day. Business hours are 8:30 a.m. to 4:30 p.m., Monday to Friday.

NON-EMERGENCIES

Adults with non-emergency dental conditions must first be screened by Halton Region Oral Health staff.

To schedule a screening appointment, please call Halton Region at 905-825-6000.

DENTAL TREATMENT PROVIDER'S ROLE

The provider determines the treatment needs for eligible DCC clients and will submit claims according to the *DCC Schedule of Dental Services and Fees*.

- Treatment up to \$200 may be provided without pre-determination, provided that the fee schedule does not indicate pre-determination is required (please see note below).
- Once treatment exceeds \$200, the provider must submit a pre-determination to Halton Region Oral Health for review to ensure that payment for services will be made under the DCC fund.

Note: Some services require pre-determination prior to service provision. These services are marked with a "P" beside the procedure code. For these services, providers must forward a pre-determination and information, as indicated in the *DCC Schedule of Dental Services and Fees* or as requested by Halton Region Oral Health.

FEE LEVELS

The fees listed in this schedule are the maximum fees for the covered services. Dental treatment providers who accept clients under this fund agree to provide the covered services for the specified fees only. The fees constitute full payment for services, and there is no balance-billing or extra-billing to the client for covered services.

For services provided by registered dental specialists, specialist fees are given.

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LABORATORY FEES

A copy of the laboratory invoice(s) must accompany the claim form.

FUNDING

The Dental Care Counts fund is provided by the Regional Municipality of Halton, and is administered by Halton Region's Health Department.

LETTER OF EXPERTISE

For certain services, a letter of expertise (LOE) must accompany the pre-determination. The need for a LOE is indicated in the "Limit" column of the fee schedule. The LOE should provide information which supports the need for coverage of this service for this patient.

The LOE should be submitted on office letterhead and be signed by the dental treatment provider. The letter must include: patient's name; date of birth; name of dental treatment provider; and office address. It may include the following information: clinical findings; diagnosis; prognosis if treatment is provided; prognosis if treatment is not provided; and impact of treatment/non-treatment on the patient's ability to function.

The LOE may include radiographs if available.

OTHER INFORMATION

If you have additional questions about this fund, please contact Halton Region at 905-825-6000.

REMINDER

New dentures are no longer covered by DCC. Relines and repairs are still covered.

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Code	Description	P	General	Specialist	Limit
Diagnostic Services					
EXAMINATION					
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 pocket depth and location of periodontal pockets, 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.					
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	P	\$ 85.96	\$ 103.15	1 per 60 months, per patient, per dental treatment provider, per dental office address.
01204	Examination and Diagnosis, Specific Examination and evaluation of a specific situation		\$ 21.49	\$ 25.80	1 per 12 months, per patient, per dental treatment provider, per dental office address.
01205	Examination and Diagnosis, Emergency Examination and diagnosis for the investigation of discomfort and/or infection in a localized area		\$ 21.49	\$ 25.80	All emergency exams will be covered.
RADIOGRAPHS (Including Radiographic Examination and Diagnosis and Interpretation)					Maximum of 5 periapical films per 12 months, per patient, per dental treatment provider, per dental office address (except when required in an emergency situation) are paid cumulatively. Maximum payable for periapical and occlusal films combined is \$30.55 for general practitioners and \$36.66 for specialists.
Radiographs, Intraoral, Periapical					
02111	Single film		\$ 15.10	\$ 18.12	
02112	Two films		\$ 18.47	\$ 22.16	
02113	Three films		\$ 22.75	\$ 27.30	
02114	Four films	P	\$ 25.47	\$ 30.56	
02115	Five films	P	\$ 30.55	\$ 36.66	
Radiographs, Intraoral, Occlusal					
02131	Single film		\$ 17.81	\$ 21.37	
02132	Two films		\$ 22.38	\$ 26.86	

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Code	Description	P	General	Specialist	Limit
Radiographs, Intraoral, Bitewing					Maximum payable for 2 bitewing films, per patient, per dental treatment provider, per 12 months is \$18.47 for general practitioners and \$22.16 for specialists.
02141	Single film		\$ 15.10	\$ 18.12	
02142	Two films		\$ 18.47	\$ 22.16	
Radiographs, Panoramic					<p>1 per 24 months, per patient, per dental treatment provider, per dental office address. Except in an emergency when criteria 1, 2, 5 or 6 applies (see below).</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 film; and 6) 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 film		\$ 35.67	\$ 42.80	
TEST/ANALYSIS HISTOPATHOLOGICAL (Technical Procedure Only)					
Test/Analysis, Histological, Soft Tissue (technical procedure only)					
04311	Biopsy, Soft Oral Tissue - by Puncture + L		\$ 42.98	\$ 51.57	
04312	Biopsy, Soft Oral Tissue - by Incision + L		\$ 42.98	\$ 51.57	
Test/Analysis, Histological, Hard Tissue (technical procedure only)					
04321	Biopsy, Hard Oral Tissue - by Puncture + L		\$ 100.29	\$ 120.34	
04322	Biopsy, Hard Oral Tissue - by Incision + L		\$ 100.29	\$ 120.34	

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Code	Description	P	General	Specialist	Limit
Preventive Services					
					Maximum of 8 units of scaling/root planing per year. A letter of expertise must accompany pre-determination.
Scaling and root planing are not routinely covered services. (Note: a unit of time equals 15 minutes)					
11111	One Unit of Time	P	\$ 42.98	\$ 51.57	
11112	Two units	P	\$ 85.96	\$ 103.15	
11113	Three units	P	\$ 128.94	\$ 154.72	
11114	Four units	P	\$ 171.91	\$ 206.30	
11117	One half unit	P	\$ 21.48	\$ 25.79	
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. 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 within the 12 month period.					
CARIES, TRAUMA AND PAIN CONTROL					
Caries, Trauma and 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		\$ 35.82	\$ 42.98	
20119	Each additional tooth, same quadrant		\$ 35.82	\$ 42.98	
Caries, Trauma and 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)					The final restoration is payable after 7 days have elapsed.
20121	First tooth		\$ 35.82	\$ 42.98	
20129	Each additional tooth, same quadrant		\$ 35.82	\$ 42.98	

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Code	Description	P	General	Specialist	Limit
RESTORATIONS - AMALGAM					
Restorations, Amalgam, Non-bonded, Retained Primary Teeth					
21111	One surface		\$ 30.72	\$ 36.86	
21112	Two surfaces		\$ 58.55	\$ 70.25	
21113	Three surfaces		\$ 66.91	\$ 80.29	
21114	Four surfaces		\$ 72.39	\$ 86.87	
21115	Five surfaces or maximum surfaces per tooth		\$ 72.39	\$ 86.87	
Restorations, Amalgam, Bonded, Retained Primary Teeth					
21121	One surface		\$ 46.08	\$ 55.29	
21122	Two surfaces		\$ 75.28	\$ 90.33	
21123	Three surfaces		\$ 83.64	\$ 100.37	
21124	Four surfaces		\$ 90.47	\$ 108.57	
21125	Five surfaces or maximum surfaces per tooth		\$ 90.47	\$ 108.57	
Restorations, Amalgam, Non-bonded, Permanent Bicuspid and Anteriors					
21211	One surface		\$ 28.65	\$ 34.38	
21212	Two surfaces		\$ 62.75	\$ 75.30	
21213	Three surfaces		\$ 71.63	\$ 85.96	
21214	Four surfaces		\$ 85.96	\$ 103.15	
21215	Five surfaces or maximum surfaces per tooth		\$ 85.96	\$ 103.15	
Restorations, Amalgam, Non-bonded, Permanent Molars					
21221	One surface		\$ 35.82	\$ 42.98	
21222	Two surfaces		\$ 71.63	\$ 85.96	
21223	Three surfaces		\$ 89.68	\$ 107.62	
21224	Four surfaces		\$ 89.68	\$ 107.62	
21225	Five surfaces or maximum surfaces per tooth		\$ 89.68	\$ 107.62	
Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors					
21231	One surface		\$ 28.65	\$ 34.38	
21232	Two surfaces		\$ 62.75	\$ 75.30	
21233	Three surfaces		\$ 71.63	\$ 85.96	
21234	Four surfaces		\$ 85.96	\$ 103.15	
21235	Five surfaces or maximum surfaces per tooth		\$ 85.96	\$ 103.15	

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Code	Description	P	General	Specialist	Limit
Restorations, Amalgam, Bonded, Permanent Molars					
21241	One surface		\$ 35.82	\$ 42.99	
21242	Two surfaces		\$ 71.63	\$ 85.96	
21243	Three surfaces		\$ 89.68	\$ 107.62	
21244	Four surfaces		\$ 89.68	\$ 107.62	
21245	Five surfaces or maximum surfaces per tooth		\$ 89.68	\$ 107.62	
Retentive Pins					
Pins, Retentive per restoration (for amalgams and tooth coloured restorations)					Coverage is limited to 3 pins per permanent tooth, per patient, per dental treatment provider, per address.
21401	One pin		\$ 12.33	\$ 14.79	
21402	Two pins		\$ 20.57	\$ 24.68	
21403	Three pins		\$ 27.44	\$ 32.93	
21404	Four pins		\$ 27.44	\$ 32.93	
21405	Five pins or more		\$ 27.44	\$ 32.93	
RESTORATIONS - TOOTH COLOURED / PLASTIC WITH / WITHOUT SILVER FILINGS					
Restorations, Tooth Coloured Permanent Anteriors Non Bonded Technique					
23101	One surface		\$ 57.73	\$ 69.28	
23102	Two surfaces (continuous)		\$ 74.24	\$ 89.08	
23103	Three surfaces (continuous)		\$ 99.83	\$ 119.79	
23104	Four surfaces (continuous)		\$ 99.83	\$ 119.79	
23105	Five surfaces or maximum surfaces per tooth		\$ 105.27	\$ 126.34	
Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closure)					
23111	One surface		\$ 57.30	\$ 68.77	
23112	Two surfaces (continuous)		\$ 71.63	\$ 85.96	
23113	Three surfaces (continuous)		\$ 107.46	\$ 128.94	
23114	Four surfaces (continuous)		\$ 107.46	\$ 128.94	
23115	Five surfaces or maximum surfaces per tooth		\$ 120.34	\$ 144.41	
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non Bonded - Permanent Bicuspids					
23211	One surface		\$ 57.73	\$ 69.28	
23212	Two surfaces		\$ 90.74	\$ 108.90	

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Code	Description	P	General	Specialist	Limit
23213	Three surfaces		\$ 99.83	\$ 119.79	
23214	Four surfaces		\$ 108.92	\$ 130.70	
23215	Five surfaces or maximum surfaces per tooth		\$ 108.92	\$ 130.70	
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non Bonded - Permanent Molars					
23221	One surface		\$ 65.98	\$ 79.18	
23222	Two surfaces		\$ 99.83	\$ 119.79	
23223	Three surfaces		\$ 108.90	\$ 130.68	
23224	Four surfaces		\$ 118.81	\$ 142.58	
23225	Five surfaces or maximum surfaces per tooth		\$ 118.81	\$ 142.58	
Restorations, Tooth Coloured, Permanent Posteriors - Bonded Permanent Bicuspid					
23311	One surface		\$ 57.30	\$ 68.77	
23312	Two surfaces		\$ 98.55	\$ 118.27	
23313	Three surfaces		\$ 107.46	\$ 128.94	
23314	Four surfaces		\$ 128.94	\$ 154.72	
23315	Five surfaces or maximum surfaces per tooth		\$ 128.94	\$ 154.72	
Restorations, Tooth Coloured Permanent Posteriors - Bonded Permanent Molars					
23321	One surface		\$ 64.47	\$ 77.37	
23322	Two surfaces		\$ 107.45	\$ 128.94	
23323	Three surfaces		\$ 116.34	\$ 139.61	
23324	Four surfaces		\$ 139.83	\$ 167.80	
23325	Five surfaces or maximum surfaces per tooth		\$ 139.83	\$ 167.80	
Restorations, Tooth Coloured, Retained Primary Anterior Non Bonded					
23401	One surface		\$ 57.73	\$ 69.28	
23402	Two surfaces (continuous)		\$ 74.24	\$ 89.08	
23403	Three surfaces (continuous)		\$ 90.74	\$ 108.90	
23404	Four surfaces (continuous)		\$ 90.74	\$ 108.90	
23405	Five surfaces or maximum surfaces per tooth		\$ 90.74	\$ 108.90	
Restorations, Tooth Coloured, Retained Primary Anterior, Bonded Technique					
23411	One surface		\$ 65.98	\$ 79.18	
23412	Two surfaces (continuous)		\$ 82.48	\$ 98.98	
23413	Three surfaces (continuous)		\$ 99.83	\$ 119.79	
23414	Four surfaces (continuous)		\$ 99.83	\$ 119.79	
23415	Five surfaces or maximum surfaces per tooth		\$ 99.83	\$ 119.79	

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Code	Description	P	General	Specialist	Limit	
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Retained Primary Posterior, Non Bonded						
23501	One surface		\$ 57.73	\$ 69.28		
23502	Two surfaces		\$ 90.74	\$ 108.90		
23503	Three surfaces		\$ 99.83	\$ 119.79		
23504	Four surfaces		\$ 108.92	\$ 130.70		
23505	Five surfaces or maximum surfaces per tooth		\$ 108.92	\$ 130.70		
Restorations, Tooth Coloured/Plastic, Retained Primary Posterior, Bonded Technique						
23511	One surface		\$ 65.98	\$ 79.18		
23512	Two surfaces		\$ 99.83	\$ 119.79		
23513	Three surfaces		\$ 108.90	\$ 130.68		
23514	Four surfaces		\$ 118.81	\$ 142.58		
23515	Five surfaces or maximum surfaces per tooth		\$ 118.81	\$ 142.58		
POSTS AND CORES					Maximum of 3 post + core services per 5 years.	
23601	Tooth coloured, core, in conjunction with crown + L	P	\$ 128.94	\$ 154.72	Limit of one post + core service, per tooth, per lifetime. A letter of expertise and radiograph must accompany pre-determination.	
25711	Posts, cast metal (including core) as a separate procedure, single section + L	P	\$ 257.88	\$ 309.45		
25721	Posts, cast metal (including core) concurrent with impression for crown, single section + L	P	\$ 128.94	\$ 154.72		
25741	Posts, prefabricated, retentive and cast core, one post and cast core + L	P	\$ 171.91	\$ 206.30		
25751	Prefabricated post with non-bonded core and pins (where applicable) + L	P	\$ 128.94	\$ 154.72		
25761	Posts, prefabricated, with Bonded Core for crown restoration (including pin(s) where applicable) + L	P	\$ 138.85	\$ 166.63		
CROWNS SINGLE UNITS					Maximum of 3 crowns/retainers/abutments (i.e., code 67211) per five years.	
27113	Acrylic (or composite) crown - transitional + L	P	\$ 107.46	\$ 128.94	Limit of one crown/retainer/abutment (i.e., code 67211), per tooth, per lifetime. A letter of expertise and radiograph must accompany pre-determination.	
27121	Acrylic (or composite) crown - transitional direct + L	P	\$ 143.26	\$ 171.91		
27201	Porcelain crown + L	P	\$ 501.42	\$ 601.71		
27211	Crown, Porcelain/Ceramic Fused to Metal Base + L	P	\$ 501.42	\$ 601.71		
27301	Full, Cast Metal + L	P	\$ 430.27	\$ 516.32		
29101	Recementation / Rebonding of Inlay / Onlay / Crown + L		\$ 42.14	\$ 50.56		Maximum coverage for code 29101 is 2 times per year without pre-determination.

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Code	Description	P	General	Specialist	Limit
Endodontics					
PULPOTOMY					Maximum payable equals root canal therapy minus pulpectomy/pulpotomy, if completed within three months by the same dental treatment provider.
Pulpotomy, Permanent Teeth (as a separate emergency procedure)					
32221	Anterior and Bicuspid Teeth		\$ 71.73	\$ 86.07	
32222	Molar Teeth		\$ 115.47	\$ 138.57	
PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)					Maximum payable equals root canal therapy minus pulpectomy/pulpotomy, if completed within three months by the same dental treatment provider.
Pulpectomy, Permanent Teeth/Retained Primary Teeth					
32311	One canal		\$ 71.73	\$ 86.07	
32312	Two canals		\$ 76.98	\$ 92.37	
32313	Three canals		\$ 115.47	\$ 138.57	
32314	Four canals		\$ 134.72	\$ 161.67	
ROOT CANAL THERAPY To include: treatment plan, clinical procedures (i.e. pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs, excluding final restoration.					Limit of 3 root canal procedures per five years. Limit of one root canal procedure, per tooth, per lifetime. Maximum payable equals root canal therapy minus pulpectomy/pulpotomy, if completed within three months by the same dental treatment provider.
Root Canals, Permanent Teeth / Retained Primary Teeth, One Canal					
33111	One canal	P	\$ 286.53	\$ 343.83	
Root Canals, Permanent Teeth / Retained Primary Teeth, Two Canals					
33121	Two canals	P	\$ 358.16	\$ 429.79	
Root Canals, Permanent Teeth / Retained Primary Teeth, Three Canals					
33131	Three canals	P	\$ 558.34	\$ 670.01	
Root Canals, Permanent Teeth / Retained Primary Teeth, Four or More Canals					
33141	Four or more canals	P	\$ 644.25	\$ 773.10	

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Code	Description	P	General	Specialist	Limit
Periodontal Services					
DESENSITIZATION This may involve application and burnishing of desensitizing agents on the root or the use of a variety of therapeutic procedures. More than one appointment may be necessary. (Note: a unit of time equals 15 minutes)					Limit of 4 units per year.
41301	One unit of time		\$ 36.00	\$ 43.20	
41302	Two units	P	\$ 71.99	\$ 86.39	A letter of expertise must accompany pre-determination.
41309	Each additional unit over two	P	\$ 36.00	\$ 43.20	A letter of expertise must accompany pre-determination.
GINGIVECTOMY					Coverage is limited to cases involving gingival hyperplasia that is directly related to a specific drug or hereditary syndrome. Please note the specific drug or hereditary syndrome on your claim form.
42311	Per sextant	P	\$ 225.79	\$ 270.94	
PERIODONTAL ABSCESS This may include one or more of the following procedures: Lancing, Scaling, Curettage, Surgery or Medication (Note: a unit of time equals 15 minutes)					Maximum of two units per year.
42831	One unit of time		\$ 45.75	\$ 54.90	
42832	Two units		\$ 91.50	\$ 109.80	
ROOT PLANING Scaling and root planing are not routinely covered services. (Note: A unit of time equals 15 minutes)					Maximum of 8 units of scaling/root planing per year.
43421	Root planing, one unit of time	P	\$ 42.98	\$ 51.57	A letter of expertise must accompany pre-determination.
43422	Two units	P	\$ 85.96	\$ 103.15	
43423	Three units	P	\$ 128.94	\$ 154.72	
43424	Four units	P	\$ 171.91	\$ 206.30	
43427	One half unit	P	\$ 21.49	\$ 25.80	

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Code	Description	P	General	Specialist	Limit	
Prosthodontic Services						
A copy of the laboratory invoice or receipt of payment must be submitted for payment of laboratory fee code 99111.					Limit of 4 adjustments per arch per year.	
DENTURES, ADJUSTMENTS						
Denture Adjustments, Partial or Complete Denture, Minor						
54201	One unit of time + L		\$ 35.82	\$ 42.98		
54202	Two units + L		\$ 71.70	\$ 86.04		
54209	Each additional unit over two		\$ 35.82	\$ 42.98		
Denture Adjustments, Partial or Complete Denture, Remount and Occlusal Equilibration						
54301	Maxillary + L		\$ 107.54	\$ 129.04		
54302	Mandibular + L		\$ 107.54	\$ 129.04		
Denture Adjustments, Complete Denture, With Cast Metal Occlusal Surfaces, Remount and Occlusal Equilibration						
54401	Maxillary + L		\$ 107.54	\$ 129.04		
54402	Mandibular + L		\$ 107.54	\$ 129.04		
Denture Adjustments, Partial Denture, With Cast Metal Occlusal Surfaces, Remount and Occlusal Equilibration						
54501	Maxillary + L		\$ 107.54	\$ 129.04		
54502	Mandibular + L		\$ 107.54	\$ 129.04		
DENTURES, REPAIRS/ADDITIONS						Limit of 4 repairs / additions per arch per year.
Denture , Repair, Complete Denture, No Impression Required						
55101	Maxillary + L		\$ 18.05	\$ 21.66		
55102	Mandibular + L		\$ 18.05	\$ 21.66		
Denture, Repair, Complete Denture, Impression Required						
55201	Maxillary + L		\$ 35.82	\$ 42.98		
55202	Mandibular + L		\$ 35.82	\$ 42.98		
Denture , Repair/Additions, Partial Denture, No Impression Required						
55301	Maxillary + L		\$ 18.05	\$ 21.66		
55302	Mandibular + L		\$ 18.05	\$ 21.66		

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Code	Description	P	General	Specialist	Limit	
Denture, Repair/Additions Partial Denture, Impression Required						
55401	Maxillary + L		\$ 35.82	\$ 42.98		
55402	Mandibular + L		\$ 35.82	\$ 42.98		
DENTURES, RELINING (Does not include Remount - see 54000 series)					Limit of one reline per arch per 3 years.	
Denture, Reline, Direct Complete Denture						
56211	Maxillary		\$ 71.70	\$ 86.04		
56212	Mandibular		\$ 71.70	\$ 86.04		
Denture, Reline, Direct Partial Denture						
56221	Maxillary		\$ 71.70	\$ 86.04		
56222	Mandibular		\$ 71.70	\$ 86.04		
Denture, Reline, Processed Complete Denture						
56231	Maxillary + L		\$ 143.26	\$ 171.91		
56232	Mandibular + L		\$ 179.08	\$ 214.90		
Denture, Reline, Processed, Partial Denture						
56241	Maxillary + L		\$ 143.26	\$ 171.91		
56242	Mandibular + L		\$ 143.26	\$ 171.91		
Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Complete Denture						
56251	Maxillary + L		\$ 179.23	\$ 215.08		
56252	Mandibular + L		\$ 179.23	\$ 215.08		
Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Partial Denture						
56261	Maxillary + L		\$ 179.23	\$ 215.08		
56262	Mandibular + L		\$ 179.23	\$ 215.08		
DENTURES, REBASING (where the vestibular tissue-contacting surfaces are modified)						Limit of one rebase per arch per 3 years.
Dentures, Rebase, Complete Denture						
56311	Maxillary + L		\$ 143.39	\$ 172.06		
56312	Mandibular + L		\$ 143.39	\$ 172.06		
Denture, Rebase, Partial Denture						
56321	Maxillary + L		\$ 143.39	\$ 172.06		
56322	Mandibular + L		\$ 143.39	\$ 172.06		

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Code	Description	P	General	Specialist	Limit	
Denture, Rebase, Complete Denture Processed, Functional Impression Requiring Three Appointments						
56331	Maxillary + L		\$ 143.39	\$ 172.06		
56332	Mandibular + L		\$ 179.23	\$ 215.08		
Denture, Rebase, Partial Denture Processed, Functional Impression Requiring Three Appointments						
56341	Maxillary + L		\$ 179.23	\$ 215.08		
56342	Mandibular + L		\$ 179.23	\$ 215.08		
DENTURES, REMAKE					Limit of one remake per arch per 5 years.	
Denture, Remake, Using Existing Framework, Partial Denture (including articulation)						
56411	Maxillary + L		\$ 152.07	\$ 182.49		
56412	Mandibular + L		\$ 152.07	\$ 182.49		
DENTURES, THERAPEUTIC TISSUE CONDITIONING					Limit of 4 procedures per arch per year.	
Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture						
56511	Maxillary		\$ 35.82	\$ 42.98		
56512	Mandibular		\$ 35.82	\$ 42.98		
Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture						
56521	Maxillary		\$ 35.82	\$ 42.98		
56522	Mandibular		\$ 35.82	\$ 42.98		
Fixed Prosthodontics						
62501	Porcelain fused to metal pontic + L	P	\$ 248.31	\$ 297.97	Maximum of 3 crowns/retainers/abutments (i.e., code 67211) per five years. Limit of one crown/retainer/abutment (i.e., code 67211), per tooth, per lifetime. A letter of expertise and radiograph must accompany pre-determination. Maximum number of pontics per bridge is 2.	
62701	Acrylic processed to metal pontic + L	P	\$ 198.93	\$ 238.72		
67211	Retainer, Porcelain/Ceramic/Polymer Glass Fused to Metal Base + L	P	\$ 501.42	\$ 601.71		
66301	Repairs, re-cementation of bridge (+L where incurred during the repair of the bridge)		\$ 42.98	\$ 51.57	Maximum coverage for code 66301 is 2 times per year without pre-determination.	

Dental Care Counts - Schedule of Dental Services & Fees - 2017

Code	Description	P	General	Specialist	Limit
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					
71101	Single tooth, uncomplicated		\$ 42.98	\$ 51.57	
71109	Each additional tooth same quadrant, same appointment		\$ 21.49	\$ 25.80	
Removals, Erupted Teeth, Complicated					
71201	Odontectomy (extraction), erupted tooth, surgical approach requiring surgical flap and/or sectioning of tooth		\$ 100.28	\$ 120.34	
71209	Each additional tooth, same quadrant		\$ 100.28	\$ 120.34	
REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE					
Removals, Impaction Requiring Incision of Overlying Soft Tissue and Removal of the Tooth					
72111	Single tooth		\$ 100.29	\$ 120.34	
72119	Each additional tooth, same quadrant		\$ 100.29	\$ 120.34	
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					
72211	Single Tooth		\$ 150.43	\$ 180.52	
72219	Each additional tooth, same quadrant		\$ 150.43	\$ 180.52	
Removals, Impactions Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of the Tooth for Removal					
72221	Single Tooth		\$ 200.57	\$ 240.68	
72229	Each additional tooth, same quadrant		\$ 200.57	\$ 240.68	
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					
72231	Single Tooth		\$ 229.22	\$ 275.06	
72239	Each additional tooth, same quadrant		\$ 229.22	\$ 275.06	

Dental Care Counts - Schedule of Dental Services & Fees - 2017

Code	Description	P	General	Specialist	Limit
REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS					
Removals, Residual Roots, Erupted					
72311	First tooth		\$ 42.98	\$ 51.57	
72319	Each additional tooth, same quadrant		\$ 42.98	\$ 51.57	
Removals, Residual Roots, Soft Tissue Coverage					
72321	First tooth		\$ 85.96	\$ 103.15	
72329	Each additional tooth, same quadrant		\$ 85.96	\$ 103.15	
Removals, Residual Roots, Bone Tissue Coverage					
72331	First tooth		\$ 100.29	\$ 120.34	
72339	Each additional tooth, same quadrant		\$ 100.29	\$ 120.34	
Surgical Excision, Tumours, Benign					
74111	Tumours, benign, scar tissue, inflammatory or congenital lesions of soft tissue of the oral cavity, 1cm and under		\$ 150.43	\$ 180.52	
74112	1-2 cm		\$ 160.83	\$ 193.00	
Surgical Excision - Cysts/Granulomas (in office) + A306					
74631	Excision of cyst, 1 cm and under		\$ 150.43	\$ 180.52	
74632	1-2 cm		\$ 160.83	\$ 193.00	
Surgical Incision and Drainage and/or Exploration, Intraoral Soft Tissue					
75111	Intraoral, surgical exploration, soft tissue		\$ 42.98	\$ 51.57	
Tobacco-Use Cessation Services					
To include: Identifying patients who use tobacco, informing patients of oral health consequences associated with tobacco; advising tobacco users to quit; provide appropriate self-help material and discuss treatment options. (Note: A unit of time equals 15 minutes.)					
98101	One unit of time	P	\$ 30.00	\$ 36.00	Maximum of one unit per patient per lifetime. Pre-determination must include a letter of expertise stating the services being provided.

Dental Care Counts - Schedule of Dental Services & Fees - 2017

Code	Description	P	General	Specialist	Limit
Laboratory Procedures					
<p>This code is used in conjunction with the "+L" 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 dental treatment provider, so as to correlate the lab expenses with the correct procedures. The following services are only covered when claimed in conjunction with codes which carry the +L designation.</p>					<p>For 99333, please submit in-office laboratory expenses. Laboratory fees must appear immediately below the procedure code(s) to which they apply.</p> <p>A copy of the Laboratory Invoice, or receipt of laboratory payment, must be submitted with the claim form for Commercial Laboratory Procedures (code 99111).</p>
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)	P			
99222	Laboratory charges for oral pathology biopsy services when provided in conjunction with surgical services from the 30000 and 70000 code series.	P			
99333	"+L" In-Office Laboratory Procedures (an in-office laboratory is defined as a laboratory service(s) performed within the same business entity)	P			



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