

Appendix C – Dental Rate Guidelines

**Services for Persons with Disabilities (SPD)  
Dental Rate Guidelines**

**SPD policy allows for coverage of dental procedures up to 80% of the 2008 NS Dental Association fee guide. The following is a list of dental procedures that are covered. If a dentist is claiming for a procedure that is not on the list, please notify 'CS\_POSOPS' to obtain additional information.**

GP (General Practitioner)

SP (Specialist)

<b>Proc. Code</b>	<b>Description</b>	<b>Fee (GP) @ 100%</b>	<b>Fee(GP) @ 80%</b>	<b>Fee (SP) @ 100%</b>	<b>Fee(SP) @ 80%</b>
<b>Diagnostic Procedures</b>					
01201	New Patient Exam	24.00	19.20	57.00	45.60
01202	Exam & Diagnosis	24.00	19.20	56.00	44.80
01205	Emergency Oral Exam	39.00	31.20	53.00	42.40
01103	Complete Exam	60.00	48.00	137.00	109.60
01601	Surgical Consultation			89.00	71.20
02111	Radiographs - Single Film	12.00	9.60	29.00	23.20
02112	Radiographs B Two Films	16.00	12.80	31.00	24.80
02113	Radiographs – Three Films	20.00	16.00	33.00	26.40
02114	Radiographs – Four Films	23.00	18.40	37.00	29.60
02115	Radiographs – Five Films	27.00	21.60	42.00	33.60
02116	Radiographs – Six Films	30.00	24.00	48.00	38.40
02117	Radiographs – Seven Films	34.00	27.20	55.00	44.00
02118	Radiographs – Eight Films	38.00	30.4	61.00	48.80
02131	Occlusal Radiograph - Single Film	21.00	16.80	31.00	24.80
02132	Occlusal Radiograph – Two Films	31.00	24.80	42.00	33.60
02133	Occlusal Radiograph – Three Films	33.00	26.40	55.00	44.00
02134	Occlusal Radiograph – Four Films	39.00	31.20	67.00	53.60
02141	Bitewing X-Ray - Single	12.00	9.60	29.00	23.20
02142	Bitewing X-Ray – Two Films	16.00	12.80	31.00	24.80
02143	Bitewing X-Rays – Three Films	20.00	16.00	36.00	28.80
02144	Bitewing X-Ray – Four Films	24.00	19.20	42.00	33.60
02201	Radiographs, Extraoral - Single	25.00	20.00	37.00	29.60
02202	Radiographs, Extraoral – Two Films	37.00	29.60	60.00	48.00
02601	Panoramic Radiograph -	49.00	39.20	68.00	54.40

Appendix C – Dental Rate Guidelines

	Single Film				
<b>Preventative Procedures</b>					
11101	Polishing – one unit	24.00	19.20	34.00	27.20
11102	Polishing – two units	48.00	38.40	68.00	54.40
11107	Polishing – ½ unit	12.00	9.60	17.00	13.60
11111	Scaling - one unit	34.00	27.20	74.00	59.20
11112	Scaling - two units	68.00	54.40	148.00	118.40
11113	Scaling - three units	102.00	81.60	222.00	177.60
11114	Scaling - four units	136.00	108.80	296.00	236.80
11115	Scaling – five units	170.00	136.00	370.00	296.00
11116	Scaling – six units	204.00	163.20	444.00	355.20
11117	Scaling - half unit	17.00	13.60	37.00	29.60
11119	Scaling – each unit over six	34.00	27.20	74.00	59.20
12101	Fluoride Treatment – Topical	15.00	12.00	34.00	27.20
<b>Amalgam Restorations (Non-Bonded Technique)</b>					
20111	Caries/Trauma/Pain Control - first tooth				
20119	- each additional tooth (same quadrant)	75.00	60.00	83.00	66.40
20121	Caries/Trauma/Pain Control (plus retention band) - first tooth	84.00	67.20	97.00	77.60
20129	- each additional tooth (same quadrant)	84.00	67.20	97.00	77.60
20131	Smoothing of Fractured Surfaces - first tooth	30.00	24.00	35.00	28.00
20139	- each additional tooth (same quadrant)	30.00	24.00	35.00	28.00
21211	Permanent Anterior & Premolars - one surface	79.00	63.20	62.00	49.60
21212	- two surfaces	100.00	80.00	107.00	85.60
21213	- three surfaces	125.00	100.00	117.00	93.60
21214	- four surfaces	143.00	114.40	158.00	126.40
21215	- five surfaces or maximum surfaces per tooth	174.00	139.20	194.00	155.20
21221	Permanent Molars - one surface	87.00	69.60	79.00	63.20
21222	- two surfaces	106.00	84.80	126.00	100.80
21223	- three surfaces	140.00	112.00	148.00	118.40
21224	- four surfaces	174.00	139.20	183.00	146.40
21225	- five surfaces or maximum surfaces per tooth	215.00	172.00	238.00	190.40

Appendix C – Dental Rate Guidelines

<b>Amalgam Restorations (Bonded Technique)</b>					
	<b>Permanent Anterior &amp; Premolars</b>				
21231	- one surface	79.00	63.20	62.00	49.60
21232	- two surfaces	100.00	80.00	107.00	85.60
21233	- three surfaces	125.00	100.00	117.00	93.60
21234	- four surfaces	143.00	114.40	158.00	126.40
21235	- five surfaces or maximum surfaces per tooth	174.00	139.20	194.00	155.20
	<b>Permanent Molars</b>				
21241	- one surface	87.00	69.60	79.00	63.20
21242	- two surfaces	106.00	84.80	126.00	100.80
21243	- three surfaces	140.00	112.00	148.00	118.40
21244	- four surfaces	174.00	139.20	183.00	146.40
21245	- five surfaces	215.00	172.00	238.00	190.40
21301	Amalgam Cores – Non-bonded in conjunction with Crown	122.00	97.60	112.00	89.60
21302	Amalgam Cores – Bonded in conjunction with Crown	122.00	97.60	112.00	89.60
<b>Retentive Pins</b>					
21401	- one pin	18.00	14.40	32.00	25.60
21402	- two pins	29.00	23.30	57.00	45.60
21403	- three pins	33.00	26.40	70.00	56.00
21404	- four pins	39.00	31.20	92.00	73.60
21405	- five pins	47.00	37.60	107.00	85.60
22311	Restorations Prefabricated Metal – Posterior	120.00		166.00	132.80
22312	Restorations Prefabricated Metal – Posterior Open Face			200.00	160.00
<b>Tooth Coloured Restorations</b>					
	<b>Permanent Anteriors</b>				
23111	- one surface	117.00	79.20	103.00	82.40
23112	- two surfaces	150.00	92.80	124.00	99.20
23113	- three surfaces	199.00	114.40	184.00	147.20
23114	- four surfaces	243.00	152.00	241.00	192.80
23115	- five surfaces or maximum surfaces per tooth	278.00	190.40	312.00	249.60
	<b>Permanent Premolars</b>				
23311	- one surface	117.00	93.60	103.00	82.40
23312	- two surfaces	150.00	120.00	158.00	126.40
23313	- three surfaces	199.00	159.20	189.00	151.20
23314	- four surfaces	243.00	194.40	248.00	198.40
23315	- five surfaces or maximum	278.00	222.40	305.00	244.00

Appendix C – Dental Rate Guidelines

	surfaces per tooth				
23321	Permanent Molars - one surface	125.00	69.60	103.00	82.40
23322	- two surfaces	152.00	84.80	158.00	126.40
23323	- three surfaces	202.00	112.00	189.00	151.20
23324	- four surfaces	246.00	139.20	248.00	198.40
23325	- five surfaces	313.00	172.00	305.00	244.00
25754	Anterior Teeth only-with composite core + pins, where applicable	208.00 + materials	\$166.40 + materials	367.00 + materials	293.60 + materials
<b>Endodontics</b>					
32221	Pulpotomy Permanent Anterior and Premolars (excluding final restoration)	87.00	69.60	154.00	123.20
32222	Pulpotomy Permanent Molars	104.00	83.20	154.00	123.20
32311	Pulpectomy, Permanent - one Canal	119.00	95.20	170.00	136.00
32312	- two Canals	183.00	183.00	213.00	170.40
32313	- three canals	IC	IC @80%	312.00	249.60
32314	- four canals or more	IC	IC @80%	312.00	249.60
33111	Root Canals, Permanent Anteriors – One Canal - one canal	348.00	278.40	170.00	136.00
33112	- difficult access	434.00	347.20	213.00	170.40
33113	- exceptional anatomy	434.00	347.20	312.00	249.60
33121	Root Canals, Permanent Anteriors – Two Canals - two canals	497.00	397.60	632.00	505.60
33122	- difficult access	596.00	476.80	659.00	527.20
33123	- exceptional anatomy	596.00	476.80	685.00	548.00
33601	Root Canals, Apexification, Apexogenesis - one canal	129.00	103.20	195.00	156.00
33602	- two canals	170.00	136.00	280.00	224.00
33123	Root Canal, Exceptional Anatomy	596.00	476.80	685.00	548.00
<b>Periapical Services</b>					
34111	Periapical - Apicoectomy, Apical Curretage, Maxillary Anterior - one root	199.00	159.20	404.00	323.20
34112	- two roots	285.00	228.00	523.00	418.40
34141	Periapical - Apicoectomy, Apical Curretage, Mandibular Anterior - one root	196.00	156.80	421.00	336.80

Appendix C – Dental Rate Guidelines

34142	- two roots	281.00	224.80	513.00	410.40
39201	Endodontic procedures, Misc. Open & Drain Anterior and Bicuspids	65.00	52.00	88.00	70.40
39202	Molars	65.00	52.00	88.00	70.40
39212	Opening through Artificial Crown (in addition to procedures) Molars	125.00	100.00	101.00	80.80
<b>Prosthodontics – Removable</b>					
51101	Complete Dentures, Standard - Maxillary	707.00 +Lab	565.60 +Lab	1300.00+Lab	1040.00+Lab
51102	- Mandibular	770.00 +Lab	616.00 +Lab	1496.00+Lab	1196.80+Lab
51301	Dentures, Surgical, Std. (Immediate) - Maxillary	709.00 +Lab	567.20 +Lab	1430.00+Lab	1144.00+Lab
51302	- Mandibular	772.00 +Lab	617.60 +Lab	1729.00+Lab	1383.20+Lab
52111	Partial Dentures (Acrylic Base) - Maxillary	413.00 +Lab	330.40 +Lab	IC	IC
52112	- Mandibular	413.00 +Lab	330.40 +Lab	IC	IC
52301	Partial Dentures (Acrylic) - Maxillary	413.00 +Lab	330.40 +Lab	670.00+Lab	536.00+Lab
52302	- Mandibular	413.00 +Lab	330.40 +Lab	670.00+Lab	536.00+Lab
<b>Dentures, Repairs (Three months after insertion)</b>					
55101	Repairs, Complete Denture No Impression Required - Maxillary	41.00 +Lab	32.80 +Lab	75.00+Lab	60.00+Lab
55102	- Mandibular	41.00 +Lab	32.80 +Lab	75.00+Lab	60.00+Lab
55201	Repairs, Complete Denture Impression Required - Maxillary	74.00 +Lab	59.20 +Lab	153.00+Lab	122.40+Lab
55202	- Mandibular	74.00 +Lab	59.20 +Lab	153.00+Lab	122.40+Lab
55301	Repairs, Partial Denture No Impression Required - Maxillary	41.00 +Lab	32.80 +Lab	75.00+Lab	60.00+Lab
55302	- Mandibular	41.00 +Lab	32.80 +Lab	75.00+Lab	60.00+Lab
55401	Repairs, Partial Denture Impression Required - Maxillary	112.00 +Lab	89.60 +Lab	153.00+Lab	122.40+Lab
55402	- Mandibular	112.00 +Lab	89.60 +Lab	153.00+Lab	122.40+Lab
56211	Reline, Complete Denture - Maxillary	112.00 +Lab	151.20 +Lab	263.00+Lab	210.40+Lab
56212	- Mandibular	112.00 +Lab	151.20 +Lab	263.00+Lab	210.40+Lab
56221	Reline, Partial Denture - Maxillary	189.00 +Lab	128.80	263.00+Lab	210.40+Lab
56222	- Mandibular	189.00 +Lab	132.80	263.00+Lab	210.40+Lab

Appendix C – Dental Rate Guidelines

56231	Reline, Complete Denture (Processed) - Maxillary	249.00 +Lab	199.20 +Lab	458.00+Lab	366.40+Lab
56232	- Mandibular	259.00 +Lab	207.20 +Lab	458.00+Lab	366.40+Lab
56241	Reline, Partial Denture (Processed) - Maxillary	228.00 +Lab	182.40 +Lab	303.00+Lab	242.40+Lab
56242	- Mandibular	252.00 +Lab	201.60 +Lab	303.00+Lab	242.40+Lab
56311	Rebase, Complete Denture - Maxillary	249.00 +Lab	199.20 +Lab	455.00+Lab	364.00+Lab
56312	- Mandibular	289.00 +Lab	231.20 +Lab	455.00+Lab	364.00+Lab
56321	Rebase, Partial Denture - Maxillary	228.00 +Lab	182.40 +Lab	304.00+Lab	243.20+Lab
56322	- Mandibular	242.00 +Lab	193.60 +Lab	304.00+Lab	243.20+Lab
<b>Dentures, Therapeutic Tissue Conditioning</b>					
56511	Complete Denture - Maxillary	99.00	79.20	134.00	107.20
56512	- Mandibular	99.00	79.20	134.00	107.20
56521	Partial Denture - Maxillary	99.00	79.20	134.00	107.20
56522	- Mandibular	99.00	79.20	134.00	107.20
<b>Oral Surgery</b>					
71101	Surgical Removal of Erupted teeth - single tooth, uncomplicated	98.00	78.40	91.00	72.80
71109	- each additional tooth same quadrant/appointment	65.00	52.00	43.00	34.40
71201	- single tooth, complicated requiring surgical flap	194.00	155.20	225.00	180.00
71209	- each additional tooth same quadrant/appointment	129.00	103.20	225.00	180.00
72111	Removal, Impacted Teeth (Requires pre-approval) - single tooth	194.00	155.20	225.00	180.00
72119	- each additional tooth, same quadrant	129.00	103.20	225.00	180.00
72211	Removal, Impacted Teeth Involving Tissue and/or Bone (Requires pre- approval) - single tooth	235.00	188.00	225.00	180.00
72119	- each additional tooth, same quadrant	157.00	125.60	225.00	180.00
72311	Removal, Residual Roots, Erupted - first tooth	74.00	59.20	93.00	74.40
72319	- each additional tooth,	50.00	40.00	93.00	74.40

Appendix C – Dental Rate Guidelines

	same quadrant				
72321	Removal, Residual Roots, Soft Tissue Coverage - first tooth	137.00	109.60	176.00	140.80
72329	- each additional tooth, same quadrant	91.00	72.80	176.00	140.80
72331	Removal, Residual Roots, Bone Tissue Coverage - first tooth	279.00	223.20	247.00	197.60
72339	- each additional tooth, same quadrant	186.00	148.80	247.00	197.60
<b>Alveoloplasty</b>					
73121	Per Sextant (Requires pre-approval)	171.00	136.80	192.00	153.60
<b>Gingivoplasty</b>					
73211	Per Sextant	70.00	56.00	196.00	156.80
<b>Sedation</b> (Requires pre-approval)					
92431	One Unit of Time	66.00	52.80	66.00	52.80
92432	Two Units of Time	132.00	105.60	132.00	105.60

**DENTURIST RATES SCHEDULE\***

Procedure Code	Description	Fee @ 100%	Fee @ 80%
<b>Diagnostic</b>			
30010	New Patient Exam Complete Maxillary	60.00	48.00
30020	New Patient Exam Complete Mandibular	58.00	46.40
30030	New Patient Exam	98.00	78.40
<b>Dentures</b>			
31310	Complete Standard Maxillary Denture	754.00 (incl Lab)	603.20 (incl Lab)
31320	Complete Standard Mandibular Denture	867.00 (incl Lab)	693.60 (incl Lab)
31330	Complete Standard Maxillary & Mandibular Denture	1529.00 (incl Lab)	1223.20 (incl Lab)
<b>Dentures, Reline, Direct, Completed Denture</b>			
32210	Maxillary	217.00	173.60
32220	Mandibular	235.00	188.00
32230	Maxillary & Mandibular Combined	452.00	361.60
<b>Dentures, Reline, Processed, Complete Denture</b>			
32110	Maxillary	250.00	200.00
32120	Mandibular	275.00	220.00

Appendix C – Dental Rate Guidelines

32130	Maxillary & Mandibular Combined	525.00	420.00
<b>Relines (Payable only as part of a prior-approval)</b>			
32318	Complete Maxillary	248.00	198.40
32328	Complete Mandibular	260.00	208.80
32338	Complete Maxillary & Mandibular	509.00	407.20
32410	Complete Maxillary	250.00	200.00
32420	Complete Mandibular	275.00	220.00
32430	Complete Maxillary & Mandibular	525.00	420.00
<b>Denture, Rebase, Processed</b>			
33117	Maxillary	300.00	240.00
33127	Mandibular	325.00	260.00
<b>Denture Repairs</b>			
36110	Complete Maxillary Repair – No Impression	58.00	46.40
36120	Complete Mandibular Repair – No Impression	58.00	46.40
36210	Complete Maxillary Repair - with Impression	85.75	68.60
36220	Complete Mandibular Repair - with impression	85.75	68.60
<b>Tissue conditioning, Complete Denture**</b>			
37110	Maxillary	65.00	52.00
37120	Mandibular	65.00	52.00
<b>Diagnostic</b>			
40010	New Patient Exam Partial Maxillary	65.00	52.00
40020	New Patient Exam Partial Mandibular	65.00	52.00
40030	New Patient Exam Partial Maxillary & Mandibular	110.00	88.00
<b>Partial Dentures Acrylic Base – with Clasps</b>			
41610	Partial Maxillary	754.00 (incl Lab)	603.20 (incl Lab)
41620	Partial Mandibular	867.00 (incl Lab)	693.60 (incl Lab)
41630	Partial Maxillary & Mandibular	1529.00 (incl Lab)	1223.20 (incl Lab)
<b>Partial Dentures Acrylic Base – without Clasps</b>			
41612	Partial Maxillary	661.00 (incl Lab)	528.80 (incl Lab)
41622	Partial Mandibular	772.00 (incl Lab)	617.60 (incl Lab)



Appendix C – Dental Rate Guidelines

41632	Partial Maxillary & Mandibular	1343.00 (incl Lab)	1074.40 (incl Lab)
<b>Relines, Processed</b>			
42116	Partial Maxillary	260.00 (incl Lab)	208.00 (incl Lab)
42126	Partial Mandibular	278.00 (incl Lab)	222.40 (incl Lab)
<b>Relines - payable only as part of a prior-approved treatment plan</b>			
42318	Partial Maxillary	256.00	204.80
42328	Partial Mandibular	275.00	220.00
42338	Partial Maxillary & Mandibular	531.00	424.80
42316	Partial Maxillary	190.00	152.00
42326	Partial Mandibular	213.00	170.40
42336	Partial Maxillary & Mandibular	403.00	322.40
<b>Rebase, Processed</b>			
43116	Partial Maxillary	314.00	251.20
43126	Partial Mandibular	341.00	272.80
<b>Repairs</b>			
46110	Partial Maxillary - No Impression	58.00 + Lab	46.40 + Lab
46120	Partial Mandibular - No Impression	58.00 + Lab	46.40 + Lab
46210	Partial Maxillary - with Impression	86.00 + Lab	68.80 + Lab
46220	Partial Mandibular - with Impression	86.00 + Lab	68.80 + Lab
<b>Tissue Conditioning, Partial Denture**</b>			
47110	Partial Maxillary	65.00	52.00
47120	Partial Mandibular	65.00	52.00
98888	Repairs and Additions	25.00 to 37.00	20.00 to 29.60

\* Applicants may be eligible for assistance to cover the cost of dentures when recommended by a physician or a dentist. Dentures shall be obtained by the most economical means. If dentures are provided by a denturist, then the denturist must be licensed in the Province of Nova Scotia to do so.

\*\*Tissue conditioning is limited to two services per arch in conjunction with new dentures, relines or rebases. If dentures have been done, tissue reconditioning can only be provided to the standard dentures.