

Royal Gazette

Part II Regulations under the Regulations Act

Printed by the Queen's Printer

Halifax, Nova Scotia

Vol. 37, No. 7

April 5, 2013

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In force date of regulations: As of March 4, 2005*, the date a regulation comes into force is determined by subsection 3(6) of the *Regulations Act*. The date a regulation is made, the date a regulation is approved, the date a regulation is filed and any date specified in a regulation are important to determine when the regulation is in force.

*Date that subsections 3(6) and (7) and Sections 11 and 13 of the *Regulations Act* and amendments to the *Regulations Act* made by Chapter 46 of the Acts of 2004 were proclaimed in force.

N.S. Reg. 56/2013

Made: March 14, 2013

Filed: March 15, 2013

Prescribed Petroleum Products Prices

Order dated March 14, 2013
made by the Nova Scotia Utility and Review Board
pursuant to Section 14 of the *Petroleum Products Pricing Act*
and Sections 16 to 19 of the *Petroleum Products Pricing Regulations*

Order**NSUARB-GAS-W-13-11****In the Matter of the *Petroleum Products Pricing Act*****- and -**

**In the Matter of Prescribing Prices for Petroleum Products
pursuant to Section 14 of the *Petroleum Products Pricing Act* and
Sections 16 to 19 of the *Petroleum Products Pricing Regulations***

Before: Peter W. Gurnham, Q.C., Chair**Order**

Whereas the purpose of the *Petroleum Products Pricing Regulations* is to ensure just and reasonable prices for specified petroleum products taking into consideration the objectives of preserving the availability of such products in rural areas, stabilizing prices of such products and minimizing the variances in prices of such products across the Province;

And whereas the Nova Scotia Utility and Review Board (“Board”) considered the manner in which it would proceed to set petroleum prices in its decision, 2006 NSUARB 108, issued on October 16, 2006;

And whereas the Board revised the retail margin and transportation allowance effective January 6, 2012, in its decision, 2011 NSUARB 181, issued on November 23, 2011;

And whereas the Board revised the wholesale margin effective January 4, 2013, in its decision 2012 NSUARB 213, issued on December 12, 2012;

And whereas the average of the average of the daily high and low reported product prices (in Canadian cents) for the week ended March 13, 2013 [2013], are:

Grade 1 Regular gasoline	79.5¢ per litre
Ultra-low-sulfur diesel oil	82.6¢ per litre

Now therefore the Board prescribes the benchmark prices for petroleum products to be:

Gasoline:	
Grade 1	79.5¢ per litre
Grade 2	82.5¢ per litre
Grade 3	85.5¢ per litre
Ultra-low-sulfur diesel oil	82.6¢ per litre

And now therefore the Board has determined, based on historical data regarding price changes and to achieve revenue neutrality, it is appropriate to apply, and the Board so orders, forward averaging corrections of:

Gasoline:	nil
Ultra-low-sulfur diesel oil:	minus 0.6¢ per litre

And whereas a winter blending adjustment of plus 1.9¢ per litre is required for ultra-low-sulfur diesel oil;

And now therefore the Board prescribes the prices for petroleum products as set forth in Schedule “A” effective on and after 12:01 a.m., March 15, 2013.

Dated at Halifax, Nova Scotia, this 14th day of March, 2013.

Sgd: Elaine Wagner
Clerk of the Board

Schedule "A"

Prices Prescribed for Petroleum Products
under the *Petroleum Products Pricing Act* and the
Petroleum Products Pricing Regulations
effective on and after 12:01 a.m. on March 15, 2013

Nova Scotia Petroleum Price Schedule								
Petroleum Prices in Cents/Litre					Self-Service Pump Prices		Full-Service Pump Prices	
					(Pump Prices includes 15% HST)			
	Base Wholesale Price	Fed. Excise Tax	Prov. Tax	Wholesale Selling Price	Min	Max	Min	Max
Zone 1								
Regular Unleaded	86.7	10.0	15.5	112.2	134.6	136.6	134.6	999.9
Mid-Grade Unleaded	89.7	10.0	15.5	115.2	138.0	140.1	138.0	999.9
Premium Unleaded	92.7	10.0	15.5	118.2	141.4	143.5	141.4	999.9
Ultra-Low-Sulfur Diesel	91.0	4.0	15.4	110.4	132.5	134.6	132.5	999.9
Zone 2								
Regular Unleaded	87.2	10.0	15.5	112.7	135.1	137.2	135.1	999.9
Mid-Grade Unleaded	90.2	10.0	15.5	115.7	138.6	140.6	138.6	999.9
Premium Unleaded	93.2	10.0	15.5	118.7	142.0	144.1	142.0	999.9
Ultra-Low-Sulfur Diesel	91.5	4.0	15.4	110.9	133.1	135.1	133.1	999.9
Zone 3								
Regular Unleaded	87.6	10.0	15.5	113.1	135.6	137.7	135.6	999.9
Mid-Grade Unleaded	90.6	10.0	15.5	116.1	139.0	141.1	139.0	999.9
Premium Unleaded	93.6	10.0	15.5	119.1	142.5	144.6	142.5	999.9
Ultra-Low-Sulfur Diesel	91.9	4.0	15.4	111.3	133.5	135.6	133.5	999.9
Zone 4								
Regular Unleaded	87.7	10.0	15.5	113.2	135.7	137.8	135.7	999.9
Mid-Grade Unleaded	90.7	10.0	15.5	116.2	139.2	141.2	139.2	999.9
Premium Unleaded	93.7	10.0	15.5	119.2	142.6	144.7	142.6	999.9
Ultra-Low-Sulfur Diesel	92.0	4.0	15.4	111.4	133.6	135.7	133.6	999.9
Zone 5								
Regular Unleaded	87.7	10.0	15.5	113.2	135.7	137.8	135.7	999.9
Mid-Grade Unleaded	90.7	10.0	15.5	116.2	139.2	141.2	139.2	999.9
Premium Unleaded	93.7	10.0	15.5	119.2	142.6	144.7	142.6	999.9
Ultra-Low-Sulfur Diesel	92.0	4.0	15.4	111.4	133.6	135.7	133.6	999.9
Zone 6								
Regular Unleaded	88.4	10.0	15.5	113.9	136.5	138.6	136.5	999.9
Mid-Grade Unleaded	91.4	10.0	15.5	116.9	140.0	142.0	140.0	999.9
Premium Unleaded	94.4	10.0	15.5	119.9	143.4	145.5	143.4	999.9
Ultra-Low-Sulfur Diesel	92.7	4.0	15.4	112.1	134.4	136.5	134.4	999.9

N.S. Reg. 57/2013

Made: March 21, 2013

Filed: March 25, 2013

Prescribed Petroleum Products Prices

Order dated March 21, 2013
made by the Nova Scotia Utility and Review Board
pursuant to Section 14 of the *Petroleum Products Pricing Act*
and Sections 16 to 19 of the *Petroleum Products Pricing Regulations*

Order**NSUARB-GAS-W-13-12****In the Matter of the *Petroleum Products Pricing Act*****- and -**

**In the Matter of Prescribing Prices for Petroleum Products
pursuant to Section 14 of the *Petroleum Products Pricing Act* and
Sections 16 to 19 of the *Petroleum Products Pricing Regulations***

Before: Roberta J. Clarke, Q.C., Member**Order**

Whereas the purpose of the *Petroleum Products Pricing Regulations* is to ensure just and reasonable prices for specified petroleum products taking into consideration the objectives of preserving the availability of such products in rural areas, stabilizing prices of such products and minimizing the variances in prices of such products across the Province;

And whereas the Nova Scotia Utility and Review Board (“Board”) considered the manner in which it would proceed to set petroleum prices in its decision, 2006 NSUARB 108, issued on October 16, 2006;

And whereas the Board revised the retail margin and transportation allowance effective January 6, 2012, in its decision, 2011 NSUARB 181, issued on November 23, 2011;

And whereas the Board revised the wholesale margin effective January 4, 2013, in its decision 2012 NSUARB 213, issued on December 12, 2012;

And whereas the average of the average of the daily high and low reported product prices (in Canadian cents) for the week ended March 20, 2013, are:

Grade 1 Regular gasoline	79.7¢ per litre
Ultra-low-sulfur diesel oil	80.3¢ per litre

Now therefore the Board prescribes the benchmark prices for petroleum products to be:

Gasoline:	
Grade 1	79.7¢ per litre
Grade 2	82.7¢ per litre
Grade 3	85.7¢ per litre
Ultra-low-sulfur diesel oil	80.3¢ per litre

And now therefore the Board has determined, based on historical data regarding price changes and to achieve revenue neutrality, it is appropriate to apply, and the Board so orders, forward averaging corrections of:

Gasoline:	plus 0.5¢ per litre
Ultra-low-sulfur diesel oil:	minus 0.9¢ per litre

And whereas a winter blending adjustment of plus 1.7¢ per litre is required for ultra-low-sulfur diesel oil;

And now therefore the Board prescribes the prices for petroleum products as set forth in Schedule “A” effective on and after 12:01 a.m., March 22, 2013.

Dated at Halifax, Nova Scotia, this 21st day of March, 2013.

Sgd: *Elaine Wagner*
Clerk of the Board

Schedule "A"

**Prices Prescribed for Petroleum Products
under the *Petroleum Products Pricing Act* and the
Petroleum Products Pricing Regulations
effective on and after 12:01 a.m. on March 22, 2013**

Nova Scotia Petroleum Price Schedule								
Petroleum Prices in Cents/Litre					Self-Service Pump Prices		Full-Service Pump Prices	
					(Pump Prices includes 15% HST)			
	Base Wholesale Price	Fed. Excise Tax	Prov. Tax	Wholesale Selling Price	Min	Max	Min	Max
Zone 1								
Regular Unleaded	87.3	10.0	15.5	112.8	135.2	137.3	135.2	999.9
Mid-Grade Unleaded	90.3	10.0	15.5	115.8	138.7	140.8	138.7	999.9
Premium Unleaded	93.3	10.0	15.5	118.8	142.1	144.2	142.1	999.9
Ultra-Low-Sulfur Diesel	88.2	4.0	15.4	107.6	129.3	131.3	129.3	999.9
Zone 2								
Regular Unleaded	87.8	10.0	15.5	113.3	135.8	137.9	135.8	999.9
Mid-Grade Unleaded	90.8	10.0	15.5	116.3	139.3	141.3	139.3	999.9
Premium Unleaded	93.8	10.0	15.5	119.3	142.7	144.8	142.7	999.9
Ultra-Low-Sulfur Diesel	88.7	4.0	15.4	108.1	129.8	131.9	129.8	999.9
Zone 3								
Regular Unleaded	88.2	10.0	15.5	113.7	136.3	138.3	136.3	999.9
Mid-Grade Unleaded	91.2	10.0	15.5	116.7	139.7	141.8	139.7	999.9
Premium Unleaded	94.2	10.0	15.5	119.7	143.2	145.2	143.2	999.9
Ultra-Low-Sulfur Diesel	89.1	4.0	15.4	108.5	130.3	132.4	130.3	999.9
Zone 4								
Regular Unleaded	88.3	10.0	15.5	113.8	136.4	138.5	136.4	999.9
Mid-Grade Unleaded	91.3	10.0	15.5	116.8	139.8	141.9	139.8	999.9
Premium Unleaded	94.3	10.0	15.5	119.8	143.3	145.4	143.3	999.9
Ultra-Low-Sulfur Diesel	89.2	4.0	15.4	108.6	130.4	132.5	130.4	999.9
Zone 5								
Regular Unleaded	88.3	10.0	15.5	113.8	136.4	138.5	136.4	999.9
Mid-Grade Unleaded	91.3	10.0	15.5	116.8	139.8	141.9	139.8	999.9
Premium Unleaded	94.3	10.0	15.5	119.8	143.3	145.4	143.3	999.9
Ultra-Low-Sulfur Diesel	89.2	4.0	15.4	108.6	130.4	132.5	130.4	999.9
Zone 6								
Regular Unleaded	89.0	10.0	15.5	114.5	137.2	139.3	137.2	999.9
Mid-Grade Unleaded	92.0	10.0	15.5	117.5	140.6	142.7	140.6	999.9
Premium Unleaded	95.0	10.0	15.5	120.5	144.1	146.2	144.1	999.9
Ultra-Low-Sulfur Diesel	89.9	4.0	15.4	109.3	131.2	133.3	131.2	999.9

N.S. Reg. 58/2013

Made: March 26, 2013

Filed: March 26, 2013

Proclamation, S. 3, S.N.S. 2012, c. 19

Order in Council 2013-77 dated March 26, 2013

Proclamation made by the Governor in Council

pursuant to Section 3 of

An Act to Amend Chapter 92 of the Revised Statutes, 1989, the Consumer Protection Act, to Ensure Fairness in Cellular Telephone Contracts

The Governor in Council on the report and recommendation of the Minister of Service Nova Scotia and Municipal Relations dated March 6, 2013, and pursuant to Section 3 of Chapter 19 of the Acts of 2012, *An Act to Amend Chapter 92 of the Revised Statutes, 1989, the Consumer Protection Act, to Ensure Fairness in Cellular Telephone Contracts*, and subsection 3(7) of Chapter 235 of the Revised Statutes, 1989, the *Interpretation Act*, is pleased to order and declare by proclamation that subsection 25N(4) of the *Consumer Protection Act*, as enacted by Section 1 of Chapter 19 of the Acts of 2012, *An Act to Amend Chapter 92 of the Revised Statutes, 1989, the Consumer Protection Act, to Ensure Fairness in Cellular Telephone Contracts*, do come into force on and not before May 1, 2013.

PROVINCE OF NOVA SCOTIA

sgd: **J. J. Grant**

G/S

ELIZABETH THE SECOND, by the Grace of God,
of the United Kingdom, Canada and Her Other
Realms and Territories, Queen, Head of the
Commonwealth, Defender of the Faith.

TO ALL TO WHOM THESE PRESENTS SHALL COME, OR WHOM THE SAME MAY IN ANY WISE
CONCERN,

GREETING:

A PROCLAMATION

WHEREAS in and by Section 3 of Chapter 19 of the Acts of 2012, *An Act to Amend Chapter 92 of the Revised Statutes, 1989, the Consumer Protection Act, to Ensure Fairness in Cellular Telephone Contracts*, it is enacted as follows:

- 3** This Act comes into force on such day as the Governor in Council orders and declares by proclamation.

AND WHEREAS it is deemed expedient that subsection 25N(4) of the *Consumer Protection Act*, as enacted by Section 1 of Chapter 19 of the Acts of 2012, *An Act to Amend Chapter 92 of the Revised Statutes, 1989, the Consumer Protection Act, to Ensure Fairness in Cellular Telephone Contracts*, do come into force on and not before May 1, 2013;

NOW KNOW YE THAT WE, by and with the advice of the Executive Council of Nova Scotia, do by this Our Proclamation order and declare that subsection 25N(4) of the *Consumer Protection Act*, as enacted by Section 1 of Chapter 19 of the Acts of 2012, *An Act to Amend Chapter 92 of the Revised Statutes, 1989, the Consumer Protection Act, to Ensure Fairness in Cellular Telephone Contracts*, do come into force on and not before May 1, 2013, of which all persons concerned are to take notice and govern themselves accordingly.

IN TESTIMONY WHEREOF We have caused these our Letters to be made Patent and the Great Seal of Nova Scotia to be hereunto affixed.

WITNESS, Our Trusty and Well Beloved His Honour Brigadier-General, the Honourable J. J. Grant (Retired), Lieutenant Governor of the Province of Nova Scotia.

AT Our Government House in the Halifax Regional Municipality, this 26th day of March in the year of Our Lord two thousand and thirteen and in the sixty-second year of Our Reign.

BY COMMAND:

sgd: Ross Landry
Provincial Secretary
Minister of Justice and Attorney General

N.S. Reg. 59/2013

Made: March 26, 2013

Filed: March 26, 2013

Cellular Telephone Contracts Regulations

Order in Council 2013-78 dated March 26, 2013
Amendment to regulations made by the Governor in Council
pursuant to Section 25AO of the *Consumer Protection Act*

The Governor in Council on the report and recommendation of the Minister of Service Nova Scotia and Municipal Relations, dated March 6, 2013, and pursuant to Section 25AO of Chapter 92 of the Revised Statutes of Nova Scotia, 1989, the *Consumer Protection Act*, is pleased to amend the *Cellular Telephone Contracts Regulations*, N.S. Reg. 36/2013, made by the Governor in Council by Order in Council 2013-44 dated February 15, 2013, to add provisions respecting the requirement that cell phone suppliers provide customers with educational materials about responsible cellular telephone use, in the manner set forth in Schedule "A" attached to and forming part of the report and recommendation, effective on and after May 1, 2013.

Schedule "A"

**Amendment to the *Cellular Telephone Contracts Regulations*
made by the Governor in Council under Section 25AO
of Chapter 92 of the Revised Statutes of Nova Scotia, 1989,
the *Consumer Protection Act***

The *Cellular Telephone Contracts Regulations*, N.S. Reg. 36/2013, made by the Governor in Council by Order in Council 2013-44 dated February 15, 2013, are amended by adding the following centred heading and Section immediately after Section 14:

Educational Materials**Educational materials to be provided to customer**

- 15** (1) The educational materials provided by a supplier to each customer under subsection 25N(4) of the Act must be the educational materials developed by the Province.
- (2) A copy of the required educational materials may be obtained from the Registrar of Credit.
-

N.S. Reg. 60/2013

Made: March 26, 2013

Filed: March 26, 2013

Governor in Council Education Act Regulations

Order in Council 2013-82 dated March 26, 2013
Amendment to regulations made by the Governor in Council
pursuant to Section 146 of the *Education Act*

The Governor in Council on the report and recommendation of the Minister of Education dated February 20, 2013, and pursuant to Section 146 of Chapter 1 of the Acts of 1995-96, the *Education Act*, is pleased to amend the *Governor in Council Education Act Regulations*, N.S. Reg. 74/97, made by the Governor in Council by Order in Council 97-405 dated June 24, 1997, to provide for how the Minister may determine grants to school boards and to provide for the rate for the minimum municipal contribution commencing the 2012-2013 fiscal year, in the manner set forth in Schedule "A" attached to and forming part of the report and recommendation, effective on and after April 1, 2012.

Schedule "A"

**Amendment to the Governor in Council Education Act Regulations
made by the Governor in Council
pursuant to Section 146 of Chapter 1 of the Acts of 1995-96,
the Education Act**

- 1 The Governor in Council *Education Act Regulations*, N.S. Reg. 74/97, made by the Governor in Council by Order in Council 97-405 dated June 24, 2007 [1997], are amended by repealing Section 8 and substituting the following Sections:

Grants to school boards

- 8** (1) In this Section and Sections 8A to 8D,
- (a) "eligible student" for a funding year means a student who meets all of the following criteria:
- (i) they are enrolled in a public school on September 30 of the year immediately preceding the funding year,
- (ii) they attended school at least 50% of the time that the school was open for students to attend during the months of September and October of the year immediately preceding the funding year,

- (iii) they are within the age range established for the right to attend public school set out in subsection 5(2) of the Act,
 - (iv) a school board does not receive funding from a source other than the Province or a municipality for them;
 - (b) “funded enrolment” for a funding year means the total number of eligible students at all levels in the schools of a school board;
 - (c) “funding year” means the 2012-2013 school board fiscal year and each fiscal year thereafter for which the Minister’s grants are being determined;
 - (d) “textbook credit allocation” means the amount of credit with the Nova Scotia School Book Bureau assigned by the Minister to a school board in accordance with Section 13 of the *Ministerial Education Act Regulations* made under the Act.
- (2) Despite clauses (1)(a) and (b), a school board may include a student who does not meet the criteria in subclause (1)(a)(iv) as an eligible student for a funding year, if written permission to do so is received from the Minister.
- (3) The grants made by the Minister to school boards under Section 72 of the Act are as determined by
- (a) formula funding grants, as provided for in Section 8A;
 - (b) transitional adjustments, as provided for in Section 8B; and
 - (c) specific purpose grants, as provided for in Section 8C.
- (4) The Minister’s grants to school boards must be paid by instalments as determined by the Minister.

Formula funding grants

8A In determining the formula funding grant for each school board, the Minister must use a methodology that incorporates the funded enrolment of the school board and all of the following factors:

- (a) the requirements for delivering the public school program;
- (b) the need for special education;
- (c) the financial impact of changes in the funded enrolment;
- (d) the financial impact related to the total number of eligible students at a school;
- (e) the provision of student transportation;
- (f) the provision of property services;
- (g) the provision of school management;
- (h) the provision of school board management;

- (i) the provision for school board governance;
- (j) the textbook credit allocation.

Transitional adjustment

8B After the methodology for the funding formula grant is determined under Section 8A for the funding year, the Minister may make a transitional adjustment to a school board's funding formula grant taking into account all of the following factors:

- (a) changes in the funded enrolment;
- (b) the Minister's assessment of the ability of the school board to adjust to changes in the amount of the formula funding grant from the preceding funding year.

Specific purpose grants

8C In determining the specific purpose grants for each school board for the funding year the Minister must take into account provincial initiatives to support students including provincial initiatives for student services and property maintenance.

Rate to be used to determine minimum municipal contribution

8D The rate to be used to determine the minimum municipal contribution for a school board effective April 1, 2012, is \$0.3048 per \$100 of the uniform assessment of the municipalities served by the school board, as determined under the *Municipal Grants Act* and Section 73 of the Act.

- 2 The regulations are further amended by repealing Schedule "A" to the regulations.
-

N.S. Reg. 61/2013

Made: March 26, 2013

Filed: March 26, 2013

Health Research Foundation Regulations

Order in Council 2013-84 dated March 26, 2013
Amendment to regulations made by the Governor in Council
pursuant to Section 21 of the *Health Research Foundation Act*

The Governor in Council on the report and recommendation of the Minister of Health and Wellness dated February 22, 2013, and pursuant to Section 21 of Chapter 14 of the Acts of 1998, the *Health Research Foundation Act*, is pleased to amend the *Health Research Foundation Regulations*, N.S. Reg. 7/2000, made by the Governor in Council by Order in Council 1999-667 dated December 31, 1999, to change the required accounting practices of the Foundation, in the manner set forth in Schedule "A" attached to and forming part of the report and recommendation, effective on and after March 31, 2013.

Schedule "A"

**Amendment to the *Health Research Foundation Regulations*
made by the Governor in Council under Section 21
of Chapter 14 of the Acts of 1998,
the *Health Research Foundation Act***

Subsection 5(2) of the *Health Research Foundation Regulations*, N.S. Reg. 7/2000, made by the Governor in Council by Order in Council 1999-667 dated December 31, 1999, is repealed and the following subsection substituted:

- (2) The Board shall prepare the financial statements of the Foundation required pursuant to subsection 17(1) of the Act in accordance with the accounting policies and procedures for not-for-profit organizations prescribed by the Minister of Finance under subsection 70(3) of the *Finance Act*.

N.S. Reg. 62/2013

Made: March 26, 2013

Filed: March 26, 2013

Insured Dental Services Tariff Regulations

Order in Council 2013-85 dated March 26, 2013

Repeal and replacement of regulations made by the Governor in Council
and the Minister of Health and Wellness
pursuant to clause 13(1)(c) and subsection 17(2)
of the *Health Services and Insurance Act*

The Governor in Council on the report and recommendation of the Minister of Health and Wellness dated February 26, 2013, and pursuant to Section 8, clause 13(1)(c) and subsection 17(2) of Chapter 197 of the Revised Statutes of Nova Scotia, 1989, the *Health Services and Insurance Act*, is pleased, effective on and after March 31, 2013, to

- (a) pursuant to subsection 17(2) of the Act,
- (i) repeal the *Insured Dental Services Tariff Regulations*, N.S. Reg. 87/2001, made by the Minister of Health and the Governor in Council by Order in Council 2001-327 dated July 5, 2001, and
- (ii) make new regulations respecting the dental services tariff, in accordance with the new dental services tariff established by the Minister of Health and Wellness pursuant to clause 13(1)(c) of the Act, in the form set forth in Schedule "A" attached to and forming part of the report and recommendation;
- (b) in accordance with clause 13(1)(c) of the Act, approve the authorization by the Minister of Health of Health and Wellness of payments in respect of
- (i) the tariff amounts referred to in subclause (a)(ii), and
- (ii) a one-time payment of \$143,100.00 to be divided among participating dentists for services performed in accordance with the *Insured Dental Services Tariff Regulations* during the period from April 1, 2011, to March 30, 2013; and [**Clause (b) not filed as a regulation.**]

- (c) in accordance with Section 8 of the Act, give approval to the Minister of Health and Wellness to enter into an agreement set out in Appendix "A" attached to and forming part of the report and recommendation, or a form of agreement to like form and effect, with the Nova Scotia Dental Association dealing with the insured dental services tariff. **[Clause (c) not filed as a regulation.]**

Order

In the matter of the replacement of the *Insured Dental Services Tariff Regulations*, N.S. Reg. 87/2001, made pursuant to clause 13(1)(c) and subsection 17(2) of the *Health Services Insurance Act*

- and -

In the matter of an increase to the tariff of fees established by the Minister of Health and Wellness pursuant to clause 13(1)(c) of the *Health Services Insurance Act* with respect to dental services

I, David Wilson, Minister of Health and Wellness for the Province of Nova Scotia, pursuant to clause 13(1)(c) of Chapter 197 of the Revised Statutes of Nova Scotia, 1989, the *Health Services and Insurance Act*, hereby repeal the tariff of fees for insured dental services as established in the *Insured Dental Services Tariff Regulations*, N.S. Reg. 87/2001, made by Order in Council 2001-327 dated July 5, 2001, and establish a new tariff of fees for insured dental services as set out in the attached regulations, and I authorize payments in respect of the tariff.

This Order comes into effect on and after the making by the Governor in Council of new regulations respecting the tariff for insured dental services as set out in this Schedule.

Dated and made at Halifax, Province of Nova Scotia, February 26th, 2013.

Sgd.: *David Wilson*
Honourable David Wilson
Minister of Health and Wellness

Schedule "A"

**Regulations Respecting the Tariff for Insured Dental Services
made by the Minister of Health and Wellness and the Governor in Council
under Section 13 and subsection 17(2) of
Chapter 197 of the Revised Statutes of Nova Scotia, 1989, the
*Health Services and Insurance Act***

Citation

- 1 These regulations may be cited as the *Insured Dental Services Tariff Regulations*.

Insured dental services tariff

- 2 The tariff of fees for insured dental services is as set out in the following schedules:

- (a) Schedule A: Cleft Palate/Craniofacial Program;

- (b) Schedule B: Children's Oral Health Program;
- (c) Schedule C: Dental Surgical Program;
- (d) Schedule D: Maxillofacial Prosthodontics Program; and
- (e) Schedule E: Mentally Challenged Program.

Limited coverage under Cleft Palate/Craniofacial Program, Children's Oral Health Program and Mentally Challenged Program

- 3** (1) No amount is payable for any of the following services if rendered to a resident to whom or for whom a benefit in respect of those services has been paid or would be payable if claimed under any contract or plan of insurance that applies to that resident:
- (a) services listed in Schedule A: Cleft Palate/Craniofacial Program that are rendered under the Children's Oral Health Program;
 - (b) services listed in Schedule B: Children's Oral Health Program;
 - (c) services listed in Schedule E: Mentally Challenged Program.
- (2) For further clarification, if a partial benefit for a service referred to in subsection (1) has been paid or would be payable if claimed under any contract or plan of insurance that applies to that resident, any outstanding costs are billable directly to the Province and are payable by the Province.

Tariff of Fees for Insured Dental Services

Schedule A: Cleft Palate/Craniofacial Program

The Cleft Palate/Craniofacial Program provides insured services for residents (as defined in the MSI Regulations) with craniofacial anomalies that directly influence the growth and development of the dentoalveolar and craniofacial structures.

From birth to age 10, these residents are eligible for insured coverage for basic dental services through the Children's Oral Health Program (Schedule B) and other services under this Schedule as considered necessary as a result of the anomaly.

From age 10 to 23, additional services are insured under this Schedule on a pre-authorization basis depending on the treatment required. Specifically, treatment made necessary as a result of the anomaly is considered for coverage.

There is no coverage for re-treatment under this program. Additional funding is considered only under extenuating circumstances, if the Department's Cleft Palate/Craniofacial Team determines that a condition requiring re-treatment has resulted directly from the progression of the congenital or developmental craniofacial anomaly.

There is no coverage for a service listed in this Schedule that is performed outside of the Province.

Fee Code	G.P. Fee (\$)	Specialist Fee (\$)
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Part 1: Diagnostic—01000–09999

Examinations

1	Examinations and diagnosis, complete oral, including:	
	- History, medical and dental	
	- 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, pulp vitality tests, if necessary, and any other pertinent factors.	
	- Radiographs extra, as required	
01101	Examination and diagnosis, complete, primary dentition, including extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description	39.00 50.37
<p>This service (01101) is allowed once in a patient's lifetime, when continuity of treatment is maintained. If there is a gap in treatment of 2 years or more, a further complete oral examination is warranted and is covered under the Plan.</p> <p>A complete oral examination performed by another dentist is permitted under the Plan, unless performed by a dentist who is established in a group practice with the dentist who performed the first examination. (A group practice in this case means a mode of practice in which patient records are available to all dentists in the group.)</p> <p>If a patient has been referred to a specialist in the same group practice, complete oral examinations by both the dentist and dental specialist are allowed.</p>		
01102	Examination and diagnosis, complete, mixed dentition, including extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including above description, and eruption sequence, tooth size–jaw size assessment	39.00 50.37
01103	Examination and diagnosis, complete, permanent dentition, including extended examination and diagnosis on permanent dentition, recording history, charting, treatment planning and case presentation, including above description	65.45 73.04
2	Examinations and diagnosis, limited oral	
01201	Examination and diagnosis, limited, oral, new patient: examination with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests as for 01100	28.91 35.49

01202	Examination and diagnosis, limited oral, previous patient (recall): examination and diagnosis with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests, as for 01100	22.08	27.97
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MSI: This service (01202) is allowed after a 335-day period has elapsed from the previous complete or recall examination. A recall is accepted if rendered more than 335 days following the complete or previous recall examination, but is rejected if the service is rendered any time within the 335 days.

If procedures or treatment services are provided during the same appointment, the fees for both the examination and the procedure(s) or treatment service(s) are allowed.

01204	Examination and diagnosis, specific: examination, diagnosis and evaluation of a specific situation in a localized area (MSI: includes x-rays)	34.51	46.94
01205	Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area (MSI: includes x-rays)	34.51	46.94

The fee for either a specific (01204) or emergency (01205) oral examination applies only when no treatment is rendered during the appointment. If a procedure or treatment service is also provided, only the fee for the procedure or treatment service is allowed (unless otherwise specified).

05201	Consultation, MSI—specialist—in office	NA	77.91
05202	Two units of time	NA	148.00
05209	Each additional unit of time	NA	74.00

Radiographs

(including radiographic examination and interpretation)

The fees are intended to include both the technical and professional components of an x-ray service; however, non-readable films are not insured.

Procedural x-rays in connection with root canal therapy are not allowed separately as the fees for root canal therapy include procedural x-rays.

The Plan requires that an x-ray be made available on request and be retained for that purpose for at least 18 months following the date it was taken.

1 Radiographs, intra-oral

02101	Radiographs, intra-oral, pedodontic, complete series (minimum of 12 films including bitewings)	99.97	101.97
02102	Radiographs, intra-oral, adult, complete series (minimum of 16 films including bitewings)	99.97	101.97

2 Radiographs, intra-oral, periapical

02111	Single film	12.26	12.51
02112	2 films	16.10	16.42
02113	3 films	23.68	24.15
02114	4 films	28.29	28.86
02115	5 films	32.89	33.55

02116	6 films	37.63	38.38
02117	7 films	42.16	43.00
02118	8 films	46.84	47.78
02119	9 films	51.44	52.47
02120	10 films	56.12	57.24
02121	11 films	61.17	62.39
02122	12 films	66.65	67.98
02123	13 films	72.66	74.11
02124	14 films	79.19	80.77
02125	15 films	83.93	85.61
3	Radiographs, intra-oral, occlusal		
02131	Single film	29.97	30.57
02132	2 films	46.84	47.78
02133	3 films	63.70	58.00
02134	4 films	80.50	70.00
4	Radiographs, intra-oral, bitewing		
02141	Single film	12.26	12.51
02142	2 films	16.10	16.42
02143	3 films	23.68	24.15
02144	4 films	28.29	28.86
5	Radiographs, extra-oral		
02201	Single film	29.97	30.57
02202	2 films	46.84	47.78
02203	3 films	63.70	64.97
02204	4 films	80.50	82.11
6	Radiographs, postero-anterior and lateral skull and facial bone		
02301	Single film	PA	30.57
02302	2 films	PA	47.78
02303	3 films	PA	64.97
02304	Sinus examination: minimum 4 films identified as: (1) Waters (2) Calwell (3) Lateral Skull (4) Basal	PA	82.11
7	Radiographs, sialography		
02401	Single film	PA	PA
02402	2 films	PA	PA
02409	Each additional film over 2	PA	PA
8	Radiopaque dyes, use of, to demonstrate lesions		
02411	1 unit of time	PA	PA
02412	2 units of time	PA	PA
02419	Each additional unit of time over 2	PA	PA
9	Radiographs, temporomandibular joint		
02501	Single film	PA	30.57
02502	2 films	PA	47.78
02503	3 films	PA	64.97
02504	4 films (minimum examination closed and open each side)	PA	82.11
02509	Each additional film over 4	PA	PA

10	Radiographs, panoramic		
02601	Single film	51.51	52.54
11	Radiographs, cephalometric		
02701	Single film	51.51	52.54
02702	2 films	83.87	85.55
12	Radiographs, cephalometric, tracing and interpretation		
02751	1 unit of time	PA	PA
02752	2 units of time	PA	PA
02759	Each additional unit of time over 2	PA	PA
13	Radiographs, interpretation (MSI: for radiographs exposed on hospital equipment)		
02801	MSI: paid at 1/2 regular fee		
14	Radiographs, hand and wrist		
02921	Radiographs, hand and wrist (as a duplicate aid for dental treatment) per case	PA	PA
15	Radiographs, tomography		
02931	Single view	PA	PA
02932	2 views	PA	PA
02933	3 views	PA	PA
02934	4 views	PA	PA
02939	Each additional view over 4	PA	PA

Tests and Laboratory Examinations

Pulp vitality tests (general and specific) are intended to be included in the fee for an initial examination; therefore, no additional allowance is made for these tests when performed in conjunction with an initial examination.

Applicable fees for all tests and laboratory examinations, other than pulp vitality tests (general and specific), are payable in addition to the fee for an initial examination.

The Plan requires that a diagnostic cast be made available on request and be retained for that purpose for at least 18 months following the date it was taken

1	Tests, microbiological		
04101	Microbiological test for the determination of pathological agents + L	30.97	31.59
2	Tests, caries susceptibility		
04201	Bacteriological test for the determination of dental caries susceptibility + L	30.29	30.90
3	Tests, histological		
	<u>Test, histological, soft tissue</u>		
04311	Biopsy, soft oral tissue—by puncture + L	72.36	73.81
04312	Biopsy, soft oral tissue—by incision + L	72.36	73.81
04313	Biopsy, soft oral tissue—by aspiration + L	72.36	73.81

	<u>Tests, histological, hard tissue</u>		
04321	Biopsy, hard oral tissue—by puncture + L	83.33	85.00
04322	Biopsy, hard oral tissue—by incision + L	83.33	85.00
04323	Biopsy, hard oral tissue—by aspiration + L	83.33	85.00
4	Tests, cytological		
04401	Cytological smear from the oral cavity + L	30.29	30.90
5	Tests, pulp vitality		
04501	1 unit of time	25.61	26.12
04509	Each additional unit of time	25.61	26.12
6	Reports, laboratory		
04601	Report, microbiological by oral microbiologist	PA	PA
04602	Report, histological by oral pathologist	PA	PA
04603	Report, cytological by oral pathologist	PA	PA
04604	Reports, other	PA	PA
7	Tests and laboratory examinations, miscellaneous		
	<i>(All available by preauthorization)</i>		
	<u>Equilibration, casts, diagnostic (pilot equilibration) for extensive or complicated restorative dentistry + L</u>		
04711	1 unit of time	PA	PA
04712	2 units of time	PA	PA
04713	3 units of time	PA	PA
04714	4 units of time	PA	PA
04719	Each additional unit of time over 4	PA	PA
	<u>Wax-up, diagnostic (to evaluate cosmetic and/or preparation design and/or occlusal considerations) (gnathological wax-up) + L</u>		
04721	1 unit of time	PA	PA
04722	2 units of time	PA	PA
04723	3 units of time	PA	PA
04724	4 units of time	PA	PA
04729	Each additional unit of time over 4	PA	PA
	<u>Split cast mounting, diagnostic + L</u>		
04731	1 unit of time	PA	PA
04732	2 units of time	PA	PA
04733	3 units of time	PA	PA
04734	4 units of time	PA	PA
04739	Each additional unit of time over 4	PA	PA
	<u>Interpretation of models from another source</u>		
04741	First unit of time	PA	PA
04749	Each additional unit of time	PA	PA
	Photographs, Diagnostic		
04801	Single photograph	15.88	16.20
04802	2 photographs	31.74	32.00
04803	3 photographs	47.63	37.00
04809	Each additional photograph over 3	15.88	7.00

Casts, Diagnostic

1	Cast, diagnostic, unmounted		
04911	Cast, diagnostic, unmounted + L	30.97	43.45
04912	Cast, diagnostic, unmounted, duplicate + L	PA	PA
2	Cast, diagnostic, mounted		
04921	Cast, diagnostic, mounted + L	39.00	PA
04922	Cast, diagnostic, mounted using face bow transfer + L	64.00	PA
04923	Cast, diagnostic, mounted, using face bow + occlusal records + L	87.14	PA
04924	Cast, diagnostic, mounted using fully adjustable articulator + L (used with 04942)	PA	PA
3	Casts, diagnostic, orthodontic		
04931	Cast, diagnostic, orthodontic (unmounted, angle trimmed and soaped) + L	PA	43.45

Part 2: Endodontics—30000–39999**Pulp Chamber, Treatment of**
(excluding final restoration)

1	Pulpotomy		
	<u>Pulpotomy vital, permanent teeth (as a separate emergency procedure)</u>		
32221	Anterior and bicuspid teeth	71.74	87.74
32222	Molar teeth	71.74	87.74
	<u>Pulpotomy, vital, primary teeth</u>		
32231	Primary tooth as a separate procedure	57.66	73.12
32232	Primary tooth, concurrent with restorations (but excluding final restoration)	57.66	71.69
2	Pulpectomy (as a separate emergency procedure)		
	<u>Pulpectomy, permanent teeth/retained primary teeth</u>		
32311	1 canal	82.64	84.29
32312	2 canals	128.02	130.58
32313	3 canals	PA	PA
32314	4 canals or more	PA	PA
	<u>Pulpectomy, primary teeth</u>		
32321	Anterior tooth	75.00	84.29
32322	Posterior tooth	111.00	122.35

Root Canal Therapy

Includes treatment plan, clinical procedures (e.g., pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs and follow-up care, excluding final restoration.

1	Root canals, permanent teeth, retained primary teeth (including clinical procedures with appropriate radiographs, excluding final restoration)		
33111	1 canal	326.42	399.57
33121	2 canals	478.12	575.33

33131	3 canals	642.19	785.99
33141	4 or more canals	797.28	941.32
2	Root canals, primary teeth		
33401	1 canal	123.10	157.87
33402	2 canals	169.22	209.18
33403	3 canals or more	226.69	280.29
3	Apexification/apical closure/induction of hard tissue repair (including biomechanical preparation and placement of dentogenic media)		
33601	1 canal	124.33	152.16
33602	2 canals	164.62	219.58
33603	3 canals	209.65	287.93
33604	4 canals or more	376.64	433.93
4	Re-insertion of dentogenic media per visit		
33611	1 canal	55.42	65.32
33612	2 canals	55.42	65.32
33613	3 canals	55.42	65.32
33614	4 canals or more	55.42	65.32

Periapical Services

1	Apicoectomy/apical curettage		
	<u>Maxillary anterior</u>		
34111	1 root	170.50	208.72
34112	2 roots	243.61	284.03
	<u>Maxillary bicuspid</u>		
34121	1 root	228.00	296.42
34122	2 roots	303.00	353.90
34123	3 roots or more	379.00	411.24
	<u>Maxillary molar</u>		
34131	1 root	242.26	296.42
34132	2 roots	320.61	353.90
34133	3 roots	382.63	431.81
34134	4 or more roots	430.83	459.78
	<u>Mandibular anterior</u>		
34141	1 root	170.50	208.72
34142	2 or more roots	243.61	270.50
	<u>Mandibular bicuspid</u>		
34151	1 root	229.00	296.42
34152	2 roots	303.00	353.90
34153	3 or more roots	381.00	411.24
	<u>Mandibular molar</u>		
34161	1 root	242.26	296.42
34162	2 roots	320.61	353.90
34163	3 roots	382.63	411.24
34164	4 or more roots	430.83	459.78

2	Retrofilling		
	<u>Maxillary anterior</u>		
34211	1 canal	67.78	82.96
34212	2 or more canals	82.13	103.43
	<u>Maxillary bicuspid</u>		
34221	1 canal	67.78	82.96
34222	2 canals	82.13	103.43
34223	3 canals	99.37	129.30
34224	4 or more canals	111.40	145.44
	<u>Maxillary molar</u>		
34231	1 canal	69.73	82.96
34232	2 canals	86.06	103.43
34233	3 canals	99.37	135.76
34234	4 or more canals	111.40	145.44
	<u>Mandibular anterior</u>		
34241	1 canal	67.78	82.96
34242	2 or more canals	82.13	103.43
	<u>Mandibular bicuspid</u>		
34251	1 canal	67.78	82.96
34252	2 canals	82.13	103.43
34253	3 canals	99.37	129.30
34254	4 canals	111.40	145.44
	<u>Mandibular molar</u>		
34261	1 canal	69.73	82.96
34262	2 canals	86.06	103.43
34263	3 canals	99.37	129.30
34264	4 or more canals	111.40	145.44
3	Enlargement, canal and/or pulp chamber (preparation of post space)		
34601	In previously filled tooth when root canal treatment done by another practitioner	PA	PA
34602	In calcified canals	PA	PA

Endodontic, Procedures, Miscellaneous

1	Isolation of endodontic tooth/teeth for asepsis		
39101	Banding of tooth/teeth and/or contouring of tissue surrounding teeth to maintain aseptic operating field (per tooth)	82.33	100.69
	<u>Open and drain (separate emergency procedures)</u>		
39201	Anteriors and bicuspid	66.00	71.47
39202	Molars	66.00	71.47
	<u>Opening through artificial crown (in addition to procedures)</u>		
39211	Anterior and bicuspid	81.57	83.20
39212	Molars	81.57	83.20

2	Bleaching, non vital		
	<u>Bleaching endodontically treated tooth/teeth</u>		
39311	1 unit of time	53.81	54.89
39312	2 units of time	92.62	94.47
39313	3 units of time	131.41	134.04
39319	Each additional unit of time over 1 (MSI: to a maximum of 3)	38.79	39.57

Part 3: Oral and Maxillofacial Surgery—70000–79999

Certain procedures included in this Part are also contained in the list of MSI dental surgical procedures (Schedule C: Dental Surgical Program) covering all eligible residents of the Province. These services continue as benefits of MSI and, accordingly, when a dental surgical procedure is performed in hospital, the claim for that service must be submitted with the fee code set out in Schedule C.

Unless otherwise specified, a bilateral procedure is paid at an additional fee equivalent to 50% of that shown for the unilateral procedure. When performed under separate anaesthetics, at an interval, the full fee is paid for each procedure.

When more than 2 quadrants are involved, the first 2 procedures will both be paid at 100% and subsequent procedures at 50% each.

The following surgical services include necessary local anaesthetic, removal of excess gingival tissue, suturing and 1 post-operative treatment, when required. A surgical site is considered to include a full quadrant, sextant or group of several teeth that can be practically and conveniently combined for a single surgical sitting, or in some cases a single tooth.

Removals (Extractions), Erupted Teeth

1	Removals, erupted teeth, uncomplicated		
	MSI: Unless directly related to a developmental anomaly (supply details with claim) uncomplicated extractions are insured only in the case of 1) pain, infection, trauma 2) ankylosis and 3) supernumerary teeth.		
71101	Single tooth, uncomplicated	64.70	62.76
71109	Each additional tooth, same quadrant, same appointment	43.35	33.00
2	Removals, erupted teeth, complicated		
71201	Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth	139.67	169.98
71209	Each additional tooth, same quadrant	85.44	85.00

Removals (Extractions), Surgical

1	Removals, impactions, soft tissue coverage		
	<u>Removals, impaction, requiring incision of overlying soft tissue and removal of the tooth</u>		
72111	Single tooth	139.67	169.98
72119	Each additional tooth, same quadrant	86.06	85.00
2	Removals, impactions, involving tissue and/or bone coverage		
	<u>Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap and either removal of bone and tooth or sectioning and removal of tooth (partial bone impaction)</u>		

72211	Single tooth	169.22	280.09
72219	Each additional tooth, same quadrant	103.65	140.05
	<u>Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone and sectioning of tooth for removal</u>		
72221	Single tooth	231.98	311.48
72229	Each additional tooth, same quadrant	143.86	155.75
3	Removals (extractions), residual roots		
	<u>Removals, residual roots, erupted</u>		
72311	First tooth	51.29	62.76
72319	Each additional tooth, same quadrant	33.29	31.41
	<u>Removals, residual roots, soft tissue coverage</u>		
72321	First tooth	96.13	117.67
72329	Each additional tooth, same quadrant	60.31	58.85
	<u>Removals, residual roots, bone tissue coverage</u>		
72331	First tooth	199.93	244.66
72339	Each additional tooth, same quadrant	123.76	122.33
4	Post extraction bone preservation		
	<u>Simple ridge preservation, alloplastic material (+ E—not payable by MSI)</u>		
72411	First tooth	PA	PA
5	Surgical exposure of teeth		
	<u>Surgical exposure, unerupted, uncomplicated, soft tissue coverage (includes operculectomy)</u>		
72511	Single tooth	176.84	225.74
72519	Each additional tooth, same quadrant	88.44	112.89
	<u>Surgical exposure, complex, hard tissue coverage</u>		
72521	Single tooth	176.84	225.74
72529	Each additional tooth, same quadrant	88.44	112.89
	<u>Surgical exposure, unerupted tooth, with orthodontic attachment</u>		
72531	Single tooth	194.82	238.58
72539	Each additional tooth, same quadrant	97.39	119.28
	<u>Surgical exposure, unerupted tooth, soft tissue coverage with positioning of attached gingivae</u>		
72541	Single tooth	PA	PA
	<u>Surgical exposure, unerupted tooth, hard tissue coverage with positioning of attached gingivae</u>		
72551	Single tooth	PA	PA
6	Surgical movement of teeth		
	<u>Transplantation of erupted tooth</u>		
72611	First tooth	PA	PA
	<u>Transplantation of unerupted tooth</u>		
72621	First tooth	PA	PA

	<u>Repositioning, surgical</u>		
72631	First tooth	PA	PA

Surgical Incisions

	<u>Surgical incision and drainage and/or exploration, intra-oral soft tissue</u>		
75111	Intra-oral, surgical exploration, soft tissue	71.74	96.80
75112	Intra-oral, abscess, soft tissue	71.74	96.80
75113	Intra-oral, abscess, in major anatomical area with drain	71.74	96.80

	<u>Surgical incision and drainage and/or exploration, intra-oral hard tissue</u>		
75121	Intra-oral, abscess, hard tissue, trephination and drainage	PA	PA

Treatment of Fractures

It is understood that the majority of fractures will be treated in hospital and covered under the MSI Dental Surgical Benefit. However, independent consideration is given for fractures treated in a dental office. Explanation should be included on the claim form.

Fracture, alveolar, debridement, teeth removed

Reduction, alveolar, closed, with teeth (fixation extra)

Reduction, alveolar, open, with teeth (fixation extra)

	<u>Replantation, avulsed tooth/teeth (including splinting)</u>		
76941	Replantation, first tooth	207.31	215.35
76949	Each additional tooth	105.54	107.71

	<u>Repositioning of traumatically displaced teeth</u>		
76951	1 unit of time	49.63	47.23
76952	2 units of time	99.26	94.46
76959	Each additional unit of time over 2	49.63	47.23

Hemorrhage, Control of

79403	Hemorrhage control, using compression and hemostatic agent	49.98	61.24
79404	Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary)	49.98	61.24

Post-Surgical Care

(Required by complications and unusual circumstances, refer to comment at beginning of Part 3.)

79605	Post-surgical care, alveolitis, treatment of (without anaesthesia)	42.32	51.93
79606	Post-surgical care, alveolitis, treatment of (with anaesthesia)	42.32	51.93

Implantology

(Includes placement of implant, post-surgical care, uncovering and placement of attachment but not prosthesis.)

1	Implants, endosseous, integrated cylindrical		
79951	First stage surgical placement, maxilla per implant		

	(+ E—not payable by MSI)	PA	PA
79952	First stage surgical placement, mandible per implant (+ E—not payable by MSI)	PA	PA
79953	Second stage exposure and temporization, maxilla per implant (+ E—not payable by MSI)	PA	PA
79954	Second stage exposure and temporization, mandible per implant (+ E—not payable by MSI)	PA	PA
2	Implants, removal of		
79991	First implant (uncomplicated)	PA	PA
79992	First implant (complicated)	PA	PA

Part 4: Orthodontics—80000–89999

Orthodontic Services, Observations and Adjustments

	<u>Recementation of fixed appliances—MSI—not including brackets</u>		
80651	1 unit of time	44.92	54.74

Appliances, Active, for Tooth Guidance or Minor Tooth Movement

1	Appliances, removable		
	<u>Appliances, removable, space regaining</u>		
81113	Appliance, maxillary, bilateral + L	492.86	643.60
81114	Appliance, mandibular, bilateral + L	492.86	643.60
	<u>Appliances, removable, cross-bite correction</u>		
81121	Appliance, maxillary, simple + L	PA	1180.34
81122	Appliance, mandibular, simple + L	PA	1180.34
	<u>Appliances, removable, dental arch expansion</u>		
81131	Appliance, maxillary, simple + L	PA	PA
81132	Appliance, mandibular, simple + L	PA	PA
	<u>Appliances, removal, closure of diastemas</u>		
81141	Appliance, maxillary, simple + L	PA	PA
81142	Appliance, mandibular, simple + L	PA	PA
	<u>Appliances, removable, alignment of anterior teeth</u>		
81151	Appliance, maxillary, simple + L	PA	PA
81152	Appliance, mandibular, simple + L	PA	PA
2	Appliances, fixed or cemented		
	<u>Appliance, fixed, space regaining (e.g., lingual or labial arch with molar bands, tubes, locks)</u>		
81211	Appliance, maxillary + L	PA	643.60
81212	Appliance, mandibular + L	PA	643.60
	<u>Appliance, fixed, space regaining, unilateral</u>		
81221	Appliance, maxillary + L	PA	449.14
81222	Appliance, mandibular + L	PA	449.14

	<u>Appliance, fixed, cross-bite correction—anterior</u>		
	<u>(MSI: as Phase I treatment)</u>		
81231	Appliance, maxillary + L	PA	1180.34
81232	Appliance, mandibular + L	PA	1180.34
	<u>Appliance, fixed, cross-bite correction—posterior</u>		
	<u>(MSI: as Phase I treatment)</u>		
81241	Appliance, maxillary + L	PA	1180.34
81242	Appliance, mandibular + L	PA	1180.34
81243	Appliance, two-molar band, hooked and elastics + L	PA	1180.34
	<u>Appliance, fixed, dental arch expansion</u>		
81251	Appliance, maxillary + L	PA	PA
81253	Appliance, maxillary, rapid expansion + L	PA	PA
	<u>Appliance, fixed, closure of diastemas</u>		
81261	Appliance, maxillary, simple + L	PA	PA
81262	Appliance, mandibular, simple + L	PA	PA
	<u>Appliance, fixed, alignment of incisor teeth</u>		
81271	Appliance, maxillary, simple + L	PA	PA
81272	Appliance, mandibular, simple + L	PA	PA
	<u>Appliances, fixed, mechanical eruption tooth/teeth</u>		
81291	Appliance, maxillary + L	PA	PA
81292	Appliance, mandibular + L	PA	PA
3	Appliances, retention, orthodontic retaining appliances		
	<u>Appliances, removable, retention</u>		
83101	Appliance, maxillary + L (MSI: \$60.00 lab maximum)	PA	312.61
83102	Appliance, mandibular + L (MSI: \$60.00 lab maximum)	PA	312.61
83103	Appliance, tooth positioner + L (MSI: \$60.00 lab maximum)	PA	312.61
	<u>Appliances, fixed/cemented, retention</u>		
83201	Appliance, maxillary + L (MSI: \$60.00 lab maximum)	PA	312.61
83202	Appliance, mandibular + L (MSI: \$60.00 lab maximum)	PA	312.61

Comprehensive Orthodontic Treatment

1	Fixed appliance (includes formal full banded treatment and retention)		
	<u>Permanent dentition</u>		
84101	Class I malocclusion (MSI: non-surgical case)	PA	5140.45
84101	Class I malocclusion (MSI: surgical case)	PA	5648.26
84201	Class II malocclusion (MSI: non-surgical case)	PA	6005.26
84201	Class II malocclusion (MSI: surgical case)	PA	6362.28
84301	Class III malocclusion (MSI: non-surgical case)	PA	7379.26
84301	Class III malocclusion (MSI: surgical case)	PA	8703.51
84401	Malocclusions not requiring complete banding	PA	PA
2	Removable appliance (includes removable appliance therapy and retention; e.g., functional appliances for mixed and primary dentition)		
	<u>Permanent dentition</u>		
87101	Class I malocclusion + L	PA	PA

87201	Class II malocclusion + L	PA	PA
87301	Class III malocclusion + L	PA	PA
	<u>Mixed dentition</u>		
88101	Class I malocclusion + L	PA	PA
88201	Class II malocclusion + L	PA	PA
88301	Class III malocclusion + L	PA	PA

Part 5: Periodontics—40000–49999

Desensitization

This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than 1 appointment may be necessary.

(MSI: details as to rationale must accompany claim.)

41301	1 unit of time	31.52	32.15
41302	2 units of time	63.03	64.29
41309	Each additional unit of time over 2	31.52	32.15

Periodontal Services, Surgical

Includes local anesthetic, suturing and placing and removing initial surgical dressing. A surgical site is an area that lends itself to 1 or more procedures. It is considered to include a full quadrant, sextant or a group of teeth that can be practically and conveniently combined for a single surgical sitting, or in some cases a single tooth.

1	Periodontal surgery, gingival curettage		
	<u>Surgical curettage, including definitive root planing</u>		
42111	Per sextant	111.47	136.63
2	Periodontal surgery, gingivoplasty		
42201	Per sextant	PA	195.37
3	Periodontal surgery, gingivectomy (the procedure by which gingival deformities are reshaped and reduced to create normal and functional form, when the pocket is uncomplicated by extension into the underlying bone)		
	<u>Gingivectomy, uncomplicated</u>		
42311	Per sextant	PA	140.21
	<u>Gingivectomy, with curettage</u>		
42321	Per sextant	PA	154.24
	<u>Gingival fiber incision (supra crestal fibrotomy)</u>		
42331	Per tooth	PA	26.08
42339	Each additional tooth	PA	26.08
	<u>Soft tissue recontouring for crown lengthening</u>		
42341	Limited recontouring of tissue, per tooth	PA	72.91

4	Periodontal surgery, flap approach		
	<u>Flap approach, with osteoplasty/ostectomy</u>		
42411	Per sextant	PA	286.43
	<u>Flap approach, with curettage of osseous defect</u>		
42421	Per sextant	PA	286.43
	<u>Flap approach, with curettage of osseous defect and osteoplasty</u>		
42431	Per sextant	PA	320.74
	<u>Flap approach, exploratory (for diagnosis)</u>		
42441	Per site	PA	70.57
	<u>Flap approach, with osteoplasty/ostectomy for crown lengthening</u>		
42451	Per site	PA	286.43
5	Periodontal surgery, grafts		
	<u>Grafts, soft tissue, pedicle (including apically or coronally positioned, lateral sliding and rotated flaps)</u>		
42511	Per site	PA	318.31
42512	Periosteal stimulation in addition to 42511	PA	350.14
	<u>Grafts, soft tissue, pedicle (coronally positioned)</u>		
42521	Per site	PA	318.31
42522	Periosteal stimulation in addition to 42521	PA	350.14
	<u>Grafts, free soft tissue</u>		
42531	Per site	PA	318.31
	<u>Grafts, soft tissue, pedicle, with free graft placed in pedicle donor site</u>		
42541	Per site	PA	318.31
	<u>Grafts, free connective tissue (for root coverage)</u>		
42551	Per site	PA	318.31
	<u>Grafts, free connective tissue (for ridge augmentation)</u>		
42561	Per site	PA	318.31
	<u>Grafts, connective tissue, pedicle with free graft for root coverage</u>		
42571	Per site	PA	318.31
	<u>Grafts, gingival onlay, for ridge augmentation</u>		
42581	Per site	PA	318.31
6	Periodontal surgery, grafts, osseous tissue		
	<u>Grafts, osseous, autograft (including flap entry and closure)</u>		
42611	Per site	PA	274.84
	<u>Grafts, osseous, allograft (including flap entry and closure)</u>		
42621	Per site (+ E—not payable by MSI)	PA	PA

7	Periodontal surgery, miscellaneous procedures		
	<u>Guided tissue regeneration (including re-entry)</u>		
42711	Per site (+ E—not payable by MSI)	PA	PA
8	Periodontal surgery, miscellaneous procedures		
	<u>Proximal wedge procedure (as a separate procedure)</u>		
42811	With flap curettage, per site	PA	PA
42819	With flap curettage and ostectomy/ostoplasty, per site	PA	PA
	<u>Post surgical periodontal treatment visit per dressing change</u>		
42821	1 unit of time	PA	PA
42822	2 units of time	PA	PA
42823	3 units of time	PA	PA
42829	Each additional unit of time over 3	PA	PA
	<u>Periodontal abscess or pericoronitis, may include one or more of the following procedures: lancing, scaling, curettage, surgery or medication</u>		
42831	1 unit of time	PA	PA
42832	2 units of time	PA	PA
42833	3 units of time	PA	PA
42834	4 units of time	PA	PA
42839	Each additional unit of time over 4	PA	PA

Periodontal Procedures, Adjunctive

When per joint is designated, the corresponding tooth code is represented by the mesial of the tooth involved, except at the midline, where the tooth to the right of the joint is utilized.

1	Periodontal splinting or ligation, provisional, intra-coronal		
	<u>“A” splint (acrylic, composite or amalgam, plus knurled wire)</u>		
43111	Per joint	PA	46.12
2	Periodontal splinting or ligation, provisional, extra-coronal		
	<u>Acid etch joint restorations (per joint)</u>		
43211	Per joint	PA	60.44
	<u>Acid etch, interproximal enamel splint</u>		
43221	Per joint	PA	60.44
	<u>Wire ligation</u>		
43231	Per joint	PA	60.44
	<u>Wire ligation, acrylic covered</u>		
43241	Per joint	PA	60.44
	<u>Dental floss ligation</u>		
43251	Per joint	PA	60.44
	<u>Orthodontic band splint</u>		
43261	Per band	PA	60.44
	<u>Cast/soldered splint acid etch/resin bonded</u>		
43271	Per abutment + L	PA	60.44

	<u>Removal of fixed periodontal splints</u>		
43281	1 unit of time	PA	PA
43289	Each additional unit of time	PA	PA

Occlusion

Occlusal adjustment/equilibration:

- (a) may require several sessions;
- (b) may be used in conjunction with basic restorative treatment only when occlusal adjustment/equilibration is not required as a result of that restoration;
- (c) is not to be used in conjunction with the delivery and post-insertion care of fixed or removable prosthesis (5000 and 6000 code series) by the same dentist for a period of 3 months.

16511	1 unit of time	49.44	60.44
16512	2 units of time	98.90	120.89
16513	3 units of time	148.35	181.33
16514	4 units of time	197.81	241.82
16517	1/2 unit of time	24.73	30.23
16519	Each additional unit of time over 4	49.44	60.44

Root Planing, Periodontal

43421	1 unit of time	49.44	60.44
43422	2 units of time	98.90	120.89
43423	3 units of time	148.35	181.33
43424	4 units of time	197.81	241.82
43425	5 units of time	247.27	302.25
43426	6 units of time	296.71	362.67
43427	1/2 unit of time	24.73	30.23
43429	Each additional unit of time	49.44	60.44

Chemotherapeutic and/or Antimicrobial Agents

1 Chemotherapeutic and/or antimicrobial agents, topical application

43511	1 unit of time	PA	PA
43519	Each additional unit of time	PA	PA

2 Chemotherapeutic and/or antimicrobial agents, intra-sulcular

43521	1 unit of time	PA	PA
43529	Each additional unit of time	PA	PA

Appliances

1 Appliances, periodontal (See separate codes for TMJ (43700) and TMJ appliances (78700).

Appliances, periodontal (including bruxism appliance): includes impression, insertion and adjustment

14611	Maxillary appliance + L	PA	PA
14612	Mandibular appliance + L	PA	PA

	<u>Appliances, maintenance, adjustments, repair (including bruxism appliances)</u>	
14621	1 unit of time + L	PA PA
14622	2 units of time + L	PA PA
14623	3 units of time + L	PA PA
14629	Each additional unit of time over 3	PA PA
	<u>Appliances, reline (including bruxism appliances)</u>	
14631	Reline, direct	PA PA
14632	Reline, processed + L	PA PA
2	Appliances, temporomandibular joint	
	<u>Appliance, TMJ, diagnostic</u>	
14711	Maxillary appliance + L	PA PA
14712	Mandibular appliance + L	PA PA
	<u>Appliance, TMJ intra-oral repositioning</u>	
14721	Maxillary appliance + L	266.33 325.68
14722	Mandibular appliance + L	266.33 325.68
	<u>Appliance, TMJ, periodic maintenance, adjustments, repairs</u>	
14731	1 unit of time + L	44.89 54.98
14732	2 units of time + L	89.78 109.95
14733	3 units of time + L	134.65 164.91
14739	Each additional unit of time over 3	44.89 54.98
	<u>Appliance, TMJ, relines</u>	
14741	Reline, direct	PA PA
14742	Reline, processed + L	PA PA
3	Appliances, myofa[s]cial pain syndrome (conditions that originate outside the temporomandibular joint), including models, gnathological determinants, adjustments and 3 post-insertion adjustments	
14801	Maxillary appliance + L	PA PA
14802	Mandibular appliance + L	PA PA
	<u>Appliance, myofa[s]cial pain syndrome, periodic maintenance, adjustment and repairs</u>	
14811	1 unit of time + L	PA PA
14812	2 units of time + L	PA PA
14813	3 units of time + L	PA PA
14819	Each additional unit of time over 3	PA PA
	Periodontal Services, Miscellaneous	
1	Periodontal re-evaluation	
49101	1 unit of time	PA PA
49102	2 units of time	PA PA
49109	Each additional unit of time over 2	PA PA
2	Periodontal irrigation, subgingival	
49211	1 unit of time	PA PA
49219	Each additional unit of time	PA PA

3	Provisional non-coded services		
	Root separation	PA	PA
	Forced eruption—1 tooth	PA	PA
	Forced eruption—more than 1 tooth	PA	PA
	Rapid extrusion—1 tooth	PA	PA
	Rapid extrusion—more than 1 tooth	PA	PA

Part 6: Preventive—10000–19999

Any procedure carried out by an auxiliary is paid at the General Practitioner level. To qualify for a specialist's fee, the procedure must be carried out personally by the specialist on a properly referred patient.

The fees for preventive services assume a 1-to-1 relationship between patient and dentist. If service is provided to a group at the same time, only one fee is payable.

1	Polishing—see “Caries prevention service” below		
2	Scaling		
11111	1 unit of time	30.29	30.90
11112	2 units of time	60.56	61.77
11113	3 units of time	90.82	92.64
11114	4 units of time	121.10	123.52
11115	5 units of time	151.46	154.49
11116	6 units of time	181.43	185.06
11117	1/2 unit of time	15.14	15.44
11119	Each additional unit of time	30.29	30.90
3	Fluoride treatments		
12101	Fluoride treatment, topical application	15.00	16.14

Preventive Services, Other

1	Nutritional dietary counselling (including recording and analysis of 7-day dietary intake and consultation) (MSI: maximum payable per lifetime is 1 series of 4 appointments.)		
13101	1 unit of time	25.00	30.90
2	Caries prevention service—MSI (previously MSI fee code 220) (Oral hygiene instruction/plaque control, including brushing and/or flossing and/or embrasure cleaning, including for MSI programs rubber cup polishing and minor scaling procedures.) (MSI: allowed once every 335 days.)		
13211	1 unit of time	30.29	30.90
3	Sealants, pit and fissure (acid etch preparation included. MSI: limited to 6-year molars that meet guidelines—1 application per tooth.)		
13401	Each tooth	20.00	28.15
4	Disking of teeth, interproximal (MSI: maximum 3 units per lifetime)		
16201	1 unit of time	37.58	37.58
16202	2 units of time	75.16	75.16
16203	3 units of time	112.74	112.74

5	Recontouring of teeth for functional reasons (not associated with delivery of a single or multiple prosthesis)		
16301	1 unit of time	PA	PA
16309	Each additional unit of time	PA	PA

Space Maintainers

Includes design, separation, fabrication, insertion and, if applicable, initial cementation and removal.

1	Space maintainers, band type		
15101	Space maintainer, band type, fixed, unilateral + L	124.33	169.60
15103	Space maintainer, band type, fixed, bilateral (soldered lingual arch) + L	149.00	258.04
15105	Space maintainer, band type, fixed, bilateral tubes and locking wires + L	181.00	282.20
2	Space maintainers, stainless steel crown type		
15201	Space maintainer, stainless steel crown type, fixed + L	160.00	196.43
3	Space maintainers, maintenance of		
15601	Maintenance, space maintainer appliance, including adjustment and/or recementation after 30 days post-insertion	53.00	59.28

Part 7: Prosthetics—Removable—50000–59999

Dentures, complete (including impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including 3 months post-insertion care)

1	Dentures, complete, equilibrated (involves remounted equilibration on a semi-adjustable articulator)		
51201	Maxillary + L	PA	1243.52
51202	Mandibular + L	PA	1296.19
51204	Liners, resilient in addition to above + L	PA	61.35
2	Dentures, surgical, standard (immediate) (includes tissue conditioner, but does not include hard relin. Does include 3 months post-insertion care.)		
51301	Maxillary + L	562.70	PA
51302	Mandibular + L	562.70	PA
3	Dentures, complete, transitional (temporary)		
51601	Maxillary + L	PA	853.57
51602	Mandibular + L	PA	853.57
4	Dentures, complete, overdenture		
51701	Maxillary + L	PA	PA
51702	Mandibular + L	PA	PA
5	Dentures, complete, overdentures (immediate)		
51801	Maxillary + L	PA	PA
51802	Mandibular + L	PA	PA

6	Dentures, complete, attached to implants		
	<u>Dentures, removable, tissue bone, with independent attachments secured to implants</u>		
51921	Maxillary + L	PA	PA
51922	Mandibular + L	PA	PA

Dentures, Partial, Acrylic

1	Dentures, partial, acrylic base (transitional) (with or without clasps)		
52101	Maxillary + L	174.55	PA
52102	Mandibular + L	174.55	PA
2	Dentures, partial, acrylic base (immediate)		
52111	Maxillary + L	PA	PA
52112	Mandibular + L	PA	PA
3	Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests		
52301	Maxillary + L	342.90	430.37
52302	Mandibular + L	342.90	430.37
4	Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests (immediate)		
52311	Maxillary + L	342.90	430.37
52312	Mandibular + L	342.90	430.37
5	Dentures, partial, overdenture, acrylic, with cast/wrought clasps and/or rests		
52501	Maxillary + L	PA	PA
52502	Mandibular + L	PA	PA
6	Dentures, partial, overdenture, acrylic, with cast/wrought clasps and/or rests (immediate)		
52511	Maxillary + L	PA	PA
52512	Mandibular + L	PA	PA

Dentures, Partial, Cast with Acrylic Base

1	Dentures, partial, free end, cast frame/connector, clasps and rests		
53101	Maxillary + L	PA	PA
53102	Mandibular + L	PA	PA
53104	Altered cast impression technique in conjunction with 53101, 53102, 53103 + L	PA	PA
2	Dentures, partial, tooth borne, cast frame/connector, clasps and rests		
53201	Maxillary + L	489.49	PA
53202	Mandibular + L	489.49	PA
3	Dentures, partial, cast, precision attachments		
53401	Maxillary + L	694.55	PA
53402	Mandibular + L	694.55	PA

4	Dentures, partial, cast, semi-precision attachments		
53501	Maxillary + L	PA	PA
53502	Mandibular + L	PA	PA
5	Dentures, partial, cast, overdenture, removable		
53701	Maxillary + L	PA	PA
53702	Mandibular + L	PA	PA
53704	Altered cast impression technique done in conjunction with 53701, 53702 and 53703 + L	PA	PA

Dentures, Adjustments

(after 3 months post-insertion or by other than the dentist providing prosthesis)

1	Denture adjustments, partial or complete denture, minor		
54201	1 unit of time + L	44.92	54.79
2	Denture adjustments, partial or complete denture, remount and occlusal equilibration		
54301	Maxillary + L	PA	302.92
54302	Mandibular + L	PA	302.92

Dentures, Repairs/Additions

1	Denture, repair, complete denture, no impression required		
55101	Maxillary + L	40.48	49.81
55102	Mandibular + L	40.48	49.81
2	Denture, repair, complete denture, impression required		
55201	Maxillary + L	81.71	99.88
55202	Mandibular + L	81.71	99.88
3	Denture, repairs/additions, partial denture, no impression required		
55301	Maxillary + L	40.48	54.98
55302	Mandibular + L	40.48	54.98
4	Denture, repairs/additions, partial denture, impression required		
55401	Maxillary + L	81.71	99.88
55402	Mandibular + L	81.71	99.88
5	Dentures, implant retained prosthesis, prophylaxis and polishing		
55501	1 unit of time + L	PA	PA
55509	Each additional unit of time	PA	PA

Dentures, Duplication, Relining, Rebasing, and Remaking

1	Dentures, duplication		
	<u>Denture, duplication, complete denture</u>		
56111	Maxillary + L	PA	PA
56112	Mandibular + L	PA	PA
2	Dentures, relining		
	<u>Denture, reline, direct, complete denture</u>		
56211	Maxillary	144.41	147.30

56212	Mandibular	144.41	147.30
	<u>Denture, reline, direct, partial denture</u>		
56221	Maxillary	138.51	141.28
56222	Mandibular	138.51	141.28
	<u>Denture, reline, processed, complete denture</u>		
56231	Maxillary + L	179.69	183.28
56232	Mandibular + L	179.69	183.28
	<u>Denture, reline, processed, partial denture</u>		
56241	Maxillary + L	105.87	107.99
56242	Mandibular + L	105.87	107.99
	<u>Denture, reline, processed, functional impression requiring 3 appointments, partial denture</u>		
56261	Maxillary + L	179.69	183.28
56262	Mandibular + L	179.69	183.28
3	Dentures, remake		
	<u>Denture, remake, using existing framework, partial denture</u>		
56411	Maxillary + L	PA	PA
56412	Mandibular + L	PA	PA

Dentures, Tissue Conditioning

1	Denture, tissue conditioning, per appointment, complete denture		
56511	Maxillary + L	87.94	89.70
56512	Mandibular + L	87.94	89.70
2	Denture, tissue conditioning, per appointment, partial denture		
56521	Maxillary + L	101.74	103.77
56522	Mandibular + L	101.74	103.77

Dentures, Miscellaneous Services

56601	Resilient liner, in relined or rebased denture (in addition to reline or rebase of denture) + L	87.94	89.70
56602	Resetting of teeth (not including reline or rebase of denture) + L	PA	PA

Part 8: Prosthodontics—Fixed—60000–69999

Fixed bridges (each abutment, each retainer and each pontic constitutes a separate unit in a bridge, with a separate code number).

1	Pontics, bridge		
	<u>Pontics, cast</u>		
62101	Pontics, cast metal + L	PA	243.67
62102	Pontics, cast metal core with separate porcelain jacket pontic + L	PA	243.67
	<u>Pontics, porcelain/polymer glass</u>		
62501	Pontics, porcelain fused to metal + L	PA	273.63
62502	Pontics, porcelain, aluminous + L	PA	273.63

	<u>Pontics, acrylic/plastic/composite</u>		
62702	Pontics, acrylic/plastic/composite, processed indirect (transitional) + L	PA	PA
62703	Pontics, acrylic/plastic/composite, transitional direct	PA	PA
2	Recontouring of retainers/pontics, per tooth (of existing bridgework)		
63001	1 unit of time	PA	PA
63009	Each additional unit of time	PA	PA
3	Master cast, facebow mounting		
64101	Master cast, facebow mounting + L	PA	PA
4	Repairs, removal		
	<u>Removal, fixed bridge</u>		
66211	1 unit of time	52.59	64.36
66212	2 units of time + L	105.17	128.69
66213	3 units of time + L	157.75	193.02
66219	Each additional unit of time	52.59	64.36
5	Repairs, recementation (+ L if laboratory charges are incurred during repair of bridge)		
66301	1 unit of time + L	60.47	73.81
6	Repairs, fixed bridge		
	<u>Repairs, porcelain/ceramic/plastic/composite, direct</u>		
66711	First tooth	PA	PA
66719	Each additional tooth	PA	PA
	<u>Repairs, solder indexing to repair broken solder joint</u>		
66721	1 unit of time + L	PA	PA
66729	Each additional unit of time	PA	PA
Fixed Bridge Retainers			
1	Retainers, plastic/acrylic		
67111	Retainer, plastic/acrylic, processed + L	54.06	68.27
67112	Retainer, plastic processed to metal + L	54.06	68.27
	<u>Retainers, plastic/acrylic, direct (transitional during healing, done at chairside)</u>		
67121	First tooth	PA	PA
67129	Each additional tooth	PA	PA
	<u>Retainers, plastic/acrylic, indirect, processed (transitional during healing)</u>		
67131	First tooth + L	PA	PA
67139	Each additional tooth + L	PA	PA
	<u>Retainers, plastic/acrylic, indirect, processed, attached to implants</u>		
67141	First implant + L	PA	PA
67149	Each additional implant + L	PA	PA
2	Retainers, porcelain/ceramic/polymer glass		
67201	Retainer, porcelain/ceramic + L	PA	PA

	<u>Retainers, porcelain fused to metal</u>		
67211	Retainers, porcelain/ceramic fused to metal + L	PA	594.89
67212	Stress breaker and/or precision attachments, in addition to above + L	PA	169.83
	<u>Retainers, porcelain/ceramic fused to metal, attached to implant</u>		
67221	First implant + L	PA	PA
67229	Each additional implant + L	PA	PA
3	Retainers, metal, cast		
	<u>Retainers, metal full cast</u>		
67301	Retainers, metal full cast + L	PA	594.89
67302	Stress breaker and/or precision attachments, in addition to above + L	PA	169.83
	<u>Retainers, metal 3/4 cast</u>		
67311	Retainers, metal 3/4 cast + L	PA	594.89
67312	Stress breakers and/or precision attachments, in addition to above + L	PA	169.83
	<u>Retainers, metal inlay (used with broken stress technique)</u>		
67321	Retainer, metal inlay, 2 surfaces + L	PA	452.49
67322	Retainer, metal inlay, 3 or more surfaces + L	PA	567.67
	<u>Retainers, metal, onlay (internal retention type)</u>		
67331	Retainer, metal, onlay + L	PA	567.67
	<u>Retainers, metal, onlay (external retention type)</u>		
67341	Retainer, metal, onlay, acid etch and/or perforated, bonded to abutment tooth, (pontic extra) + L	PA	PA
	<u>Retainers, metal, prefabricated or custom cast, attached to transmucosal component (25761) used with 67503</u>		
67351	Retainer + L and/or (+ E—not payable by MSI)	PA	PA
67359	Each additional retainer + L and/or (+ E—not payable by MSI)	PA	PA

Fixed Prosthodontics, Abutments/Retainers, Miscellaneous Services

67501	Abutment preparation under existing partial denture clasp, in addition to retainer codes + L	PA	PA
67502	Telescoping crown unit + L	PA	789.84
67503	Implant, each retentive bar attached by screws to implant (67351) to retain removable prosthesis (see 51920 for prosthesis)	PA	PA

Fixed Prosthetics, Other Services

1	Fixed prosthetics, miscellaneous services		
69101	Fixed prosthesis, porcelain, to replace a substantial portion of the alveolar process (in addition to retainer and pontics) + L	PA	PA
2	Fixed prosthetics, splinting		
69201	Splinting for extensive or complicated restorative dentistry (per tooth) + L	PA	PA

3	Fixed prosthetics, retentive pins (for retainers in addition to restoration)		
69301	1 pin/restoration + L	26.98	27.52
69302	2 pins/restoration + L	39.66	40.45
69303	3 pins/restoration + L	53.52	54.59
69304	4 pins/restoration + L	71.19	72.61
69305	5 pins or more/restoration + L	100.38	102.39
4	Fixed prosthetics, provisional coverage (in extensive or complicated restorative dentistry)		
69701	Abutment tooth + L	56.12	68.32
69702	Pontic + L	PA	PA
5	Fixed prosthetic framework, attached to endosseous integrated implants		
	<u>Fixed framework attached with screws and incorporated teeth (denture teeth and acrylic)</u>		
69811	Maxillary + L	PA	PA
69812	Mandibular + L	PA	PA
	<u>Fixed framework attached with screws and incorporating teeth (full metal and porcelain bonded to metal crowns)</u>		
69821	Maxillary + L	PA	PA
69822	Mandibular + L	PA	PA
	<u>Removal of implant screw—retained prosthesis for cleaning or repair</u>		
69831	1 unit of time	PA	PA
69839	Each additional unit of time	PA	PA
	<u>Reinsertion of implant screw—retained prosthesis</u>		
69841	1 unit of time + E and/or + L	PA	PA
69849	Each additional unit of time	PA	PA

Part 9: Restorative Services—20000–29999

MSI note:

The stipulated fees include pulp protection and local anaesthesia.

If at the same sitting, in order to conserve tooth structure, 2 separate restorations are performed on the same tooth, involving a common surface, when 1 restoration might have been done, this is considered as 1 restoration in assessing the fee.

Additional or similar restorative work done on the same tooth within 120 days of the original service requires an explanation on the claim.

If adjacent surfaces of a tooth are filled at the same appointment, the fee is at the appropriate level for multiple surfaces, as listed below. In cases of tooth-coloured etched/bonded restoration, if the above conditions exist, they will be paid at the complex level.

The replacement of an existing amalgam restoration with tooth-coloured etched/bonded restorations is an insured service only if the amalgam restoration has been fractured and/or there is recurrent caries.

Caries, Trauma and Pain Control

(MSI: permanent teeth only)

	<u>Removal of carious lesions or existing restorations and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure)</u>		
20111	First tooth	61.86	75.79
	<u>Removal of carious lesions or existing restorations 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)</u>		
20121	First tooth	84.00	85.68
	<u>Trauma control, smoothing of fractured surfaces per tooth</u>		
20131	First tooth	32.00	37.00

Restorations, Amalgam

1	Restorations, amalgam, primary teeth		
	<u>Restorations, amalgam, non-bonded, primary teeth</u>		
21111	1 surface	43.97	50.09
21112	2 surfaces	58.98	72.55
21113	3 surfaces	67.77	82.98
21114	4 surfaces	85.51	104.47
21115	5 surfaces or maximum surfaces per tooth	107.63	131.72
	<u>Restorations, amalgam, bonded, primary teeth</u>		
21121	1 surface	45.23	50.09
21122	2 surfaces	58.98	72.55
21123	3 surfaces	67.77	82.98
21124	4 surfaces	85.51	104.47
21125	5 surfaces or maximum surfaces per tooth	107.63	131.72
2	Restorations, amalgam, permanent teeth		
	<u>Restorations, amalgam, non-bonded, permanent bicuspid and anteriors</u>		
21211	1 surface	53.06	64.82
21212	2 surfaces	79.61	96.82
21213	3 surfaces	100.19	122.00
21214	4 surfaces	129.66	164.64
21215	5 surfaces or maximum surfaces per tooth	159.19	193.85
	<u>Restorations, amalgam, non-bonded, permanent molars</u>		
21221	1 surface	60.94	70.91
21222	2 surfaces	86.56	105.63
21223	3 surfaces	113.43	138.00
21224	4 surfaces	156.19	191.32
21225	5 surfaces or maximum surfaces per tooth	207.84	250.00
	<u>Restorations, amalgam, bonded, permanent bicuspid and anteriors</u>		
21231	1 surface	62.82	64.82
21232	2 surfaces	79.61	96.82
21233	3 surfaces	100.19	122.19
21234	4 surfaces	129.66	164.64

21235	5 surfaces or maximum surfaces per tooth	159.19	193.85
	<u>Restorations, amalgam, bonded, permanent molars</u>		
21241	1 surface	70.36	70.91
21242	2 surfaces	86.56	105.63
21243	3 surfaces	113.43	138.00
21244	4 surfaces	156.19	191.32
21245	5 surfaces or maximum surfaces per tooth	207.84	253.17
3	Restorations, amalgam cores		
21301	Restorations, amalgam core, in conjunction with crown	PA	PA
21302	Restorations, amalgam core, bonded, in conjunction with crown	PA	PA
4	Pins, retentive per restoration (for amalgams and tooth coloured restorations)		
21401	1 pin	15.97	16.29
21402	2 pins	27.96	28.52
21403	3 pins	35.39	36.10
21404	4 pins	43.73	44.60
21405	5 pins or more	50.78	51.80
5	Restorations made to a tooth supporting an existing partial denture clasp (additional to restoration)		
21501	Per restoration	PA	PA
	Restorations, Prefabricated, Full Coverage		
1	Restorations, prefabricated, metal, primary dentition		
22201	Primary anterior	122.50	155.79
22202	Primary anterior, open face	118.39	144.75
22211	Primary posterior	122.50	155.79
22212	Primary posterior, open face	118.39	144.75
2	Restorations, prefabricated, metal, permanent dentition		
22301	Permanent anterior	122.50	155.79
22302	Permanent anterior, open face	118.39	144.75
22311	Permanent posterior	122.50	155.79
22312	Permanent posterior, open face	118.39	144.75
3	Restorations, prefabricated, plastic, permanent dentition		
22501	Permanent anterior	128.00	171.00
22511	Permanent posterior	128.00	171.00
	Restorations, Tooth Coloured		
1	Restorations, tooth coloured, permanent anteriors, acid etch/bond technique (not to be used for veneer applications or diastema closures)		
23111	1 surface	73.67	89.71
23112	2 surfaces (continuous)	96.17	117.41
23113	3 surfaces (continuous)	112.01	137.20
23114	4 surfaces (continuous)	178.31	220.79
23115	5 surfaces (continuous, maximum surfaces per tooth)	178.31	220.79

2	Restorations, tooth coloured, veneer applications		
23121	Tooth coloured veneer application, direct chaireside prefabricated, acid etch/bond	178.31	220.79
23122	Tooth coloured veneer application, non-prefabricated direct buildup, acid etch/bond	178.31	220.79
3	Restorations, tooth coloured, permanent posteriors, acid etch/bond technique		
	<u>Tooth coloured, permanent bicuspid</u>		
23311	1 surface	79.15	64.82
23312	2 surfaces	98.00	96.82
23313	3 surfaces	131.92	122.19
23314	4 surfaces	162.08	164.64
23315	5 surfaces or maximum surfaces per tooth	185.32	193.85
	<u>Tooth coloured, permanent molars</u>		
23321	1 surface	82.92	70.91
23322	2 surfaces	99.26	105.63
23323	3 surfaces	135.69	138.00
23324	4 surfaces	164.59	191.32
23325	5 surfaces	207.84	253.17
4	Restorations, tooth coloured, primary, anterior, acid etch/bond technique		
23411	1 surface	68.47	83.77
23412	2 surfaces (continuous)	68.47	83.77
23413	3 surfaces (continuous)	96.17	117.41
23414	4 surfaces (continuous)	146.00	164.59
23415	5 surfaces (continuous or maximum surfaces per tooth)	148.69	164.59
5	Restorations, tooth coloured, primary, posterior, acid etch/bond technique		
23511	1 surface	56.64	50.19
23512	2 surfaces	70.36	72.55
23513	3 surfaces	86.06	82.98
23514	4 surfaces	96.11	104.47
23515	5 surfaces or maximum surfaces per tooth	107.63	131.72
6	Restorations, tooth coloured/plastic with silver filings, cores		
23601	Restoration, tooth coloured, core, in conjunction with crown	129.33	143.16
23602	Restoration, tooth coloured, acid etch/bonded, core, in conjunction with crown	129.33	143.16

Note: Please see prosthodontics section for inlays, onlays and pins.

Posts

	<u>Posts, cast metal (including core) as a separate procedure</u>		
25711	Single section + L	172.34	244.42
25712	2 sections + L	233.06	244.42
25713	3 sections + L	PA	469.48

	<u>Posts, cast metal (including core) concurrent with impression for crown</u>		
25721	Single section + L	143.00	244.42
25722	2 sections + L	172.34	244.42
25723	3 sections + L	PA	469.48
	<u>Posts, prefabricated retentive (separate procedure)</u>		
25731	1 post	109.24	133.31
25732	2 posts same tooth	137.58	133.31
27533	3 posts same tooth	171.50	133.31
	<u>Posts, prefabricated, retentive and cast core</u>		
25741	1 post and cast core + L	172.34	244.42
25742	2 posts (same tooth) and cast core + L	172.34	244.42
25743	3 posts (same tooth) and cast core + L	NA	469.48
	<u>Posts, prefabricated, with core for crown restoration (when pins are applicable, refer to 21401–21405 for additional fee)</u>		
25751	1 post, with amalgam core + pins	PA	PA
25752	2 posts (same tooth) with amalgam core + pins	PA	PA
25753	3 posts (same tooth) with amalgam core + pins	PA	PA
25754	1 post, with composite core + pins	179.03	219.13
25755	2 posts (same tooth) with composite core + pins	PA	PA
25756	3 posts (same tooth) with composite core + pins	PA	PA
	<u>Post removal</u>		
25781	1 unit of time	PA	PA

Crowns

Stainless steel crowns: 100% of the dental tariff applies to each of the first 3 stainless steel crowns performed at 1 sitting for a patient under general anaesthesia. 50% of the dental tariff applies to each additional stainless steel crown done at the same sitting.

Despite the previous paragraph, a dentist may, when submitting a claim, request independent consideration for payment of 100% of the dental tariff for 4 or more stainless steel crowns done at the same sitting for a patient under general anaesthesia. Such a request must be accompanied by the necessary x-rays.

Permanent crowns: Pre-determination of benefits is necessary before rendering services for permanent crowns. X-rays and/or study models must accompany the request for pre-determination.

MSI note: Gold, butt margins (including collarless veneers), custom shading or any [a]esthetics included in the lab fees are uninsured.

1	Crowns, plastic (single units only)		
	<u>Crowns, plastic, processed</u>		
27111	Crown, plastic, processed + L	396.18	404.10
27112	Crown, plastic, processed complicated (restorative, positional and/or aesthetic) + L	PA	PA
27113	Crown, plastic, transitional, indirect + L	PA	PA
27114	Crown, plastic/metal base, processed + L	486.48	595.46
	<u>Crowns, plastic, direct</u>		
27121	Crown, plastic, direct, transitional (chairside)	115.36	117.67

27122	Crown, transitional restoration of fractured anterior	PA	PA
2	Crowns, porcelain/ceramic/polymer glass		
27201	Crown, porcelain/ceramic jacket + L	486.48	595.46
27202	Crown, porcelain/ceramic jacket complicated + L	PA	PA
	<u>Crowns, porcelain/ceramic fused to metal</u>		
27211	Crown, porcelain/ceramic fused to metal base + L	486.48	595.46
27212	Crown, porcelain/ceramic fused to metal base, complicated (restorative, positional and/or aesthetic) + L	PA	PA
27213	Crown, porcelain/ceramic fused to metal base, screwed directly to an implant without the intervening post (not using 25761) (+ L and/or + E)	PA	PA
	<u>Crown, porcelain/ceramic, 3/4 partial veneer</u>		
27221	Crown, porcelain/ceramic, 3/4 partial veneer + L	PA	PA
27222	Crown, porcelain/ceramic, 3/4 partial veneer complicated + L	PA	PA
3	Crowns, metal, cast		
27301	Crown, metal, full cast, uncomplicated + L	441.64	540.56
27302	Crown, metal, full cast, complicated (restorative, positional) + L	441.64	540.56
	<u>Crowns, metal 3/4 partial veneer</u>		
27311	Crowns, metal 3/4 partial veneer + L	486.48	595.46
27312	Crowns, metal 3/4 partial veneer, complicated + L	486.48	595.46
27313	Crowns, metal 3/4 partial veneer, with direct tooth coloured corner + L	486.48	595.46
4	Crowns made to an existing partial denture clasp (additional to crown)		
27401	1 crown	55.42	56.53

Copings, Metal/Plastic, Transfer (Thimble Type)

27501	Coping, metal/plastic, transfer (thimble) as a separate procedure + L	PA	PA
27502	Coping, metal/plastic, transfer (thimble), each additional coping as a separate procedure + L	PA	PA
27503	Copings, metal/plastic, transfer (thimble), concurrent with impression for crown + L	PA	PA
27504	Coping, metal/plastic, transfer (thimble), each additional coping concurrent with impression for additional crown + L	PA	PA

Veneers, Laboratory Processed

27602	Veneers, porcelain/ceramic, acid etch/bonded + L	PA	PA
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Repairs

(single units only, does not include removal and recementation)

	<u>Repairs, inlays, onlays or crowns, plastic (single units)</u>		
27711	Repairs, plastic, direct	PA	PA

	<u>Repairs, inlays, onlays or crowns, porcelain/ceramic (single units)</u>		
27721	Repairs, porcelain/ceramic, direct	PA	PA
27722	Repairs, porcelain/ceramic, indirect + L	PA	PA

MSI note: Gold, butt margins (including collarless veneers), custom shading or any [a]esthetics included in the lab fees are uninsured.

Restorative Procedures, Overdentures

1	Restorative procedures, overdentures, direct		
28101	Natural tooth preparation, placement of pulp chamber restoration (amalgam or composite) and fluoride application	PA	PA
28102	Prefabricated attachment, as an internal or external overdenture retentive device, direct chairside + E	PA	PA
28103	Natural tooth preparation and fluoride application, vital tooth	PA	PA
2	Restorative procedures, overdentures, indirect		
	<u>Coping crowns, metal cast</u>		
28211	Coping crown, metal cast—no attachment, indirect + L	PA	PA
28212	Coping crown, metal cast—with attachment, indirect + L	PA	PA

Restorative Services, Other

1	Recementation/rebonding, inlays/onlays/crowns/veneers/ posts/natural tooth fragments (single units only) (+ L if laboratory charges are incurred during repair of the unit) (MSI: maximum of 2 services)		
29101	1 unit of time	58.12	59.28
29102	2 units of time	116.21	118.53
29103	3 units of time	174.31	177.80
2	Staining, porcelain (chairside)		
29401	1 unit of time	PA	PA
29402	2 units of time	PA	PA
29403	3 units of time	PA	PA
29404	4 units of time	PA	PA
29409	Each additional unit of time over 4	PA	PA

***E” means Expenses
 ***L” means Laboratory Fees
 ***PA” means Prior Approval from the Corporation that administers the M.S.I. Plan for the Province

Fee Code	G.P. Fee (\$)	Specialist Fee (\$)	Mentally Challenged Program NSDA GP Rates Fee (\$)
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Tariff of Fees for Insured Dental Services

Schedule B: Children's Oral Health Program

The Children's Oral Health Program provides insured diagnostic, preventive, and treatment services for residents (as defined in the MSI Regulations) until the end of the month in which the resident turns 10 years of age.

Part 1: Diagnostic—01000–09999

Examinations

Fee Code	Description	G.P. Fee (\$)	Specialist Fee (\$)	Mentally Challenged Program NSDA GP Rates Fee (\$)
1	Examinations and diagnosis, complete oral			
01101	Examination and diagnosis, complete, primary dentition, to include extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation	39.00	50.37	40.00
01102	Examination and diagnosis, complete, mixed dentition	39.00	50.37	51.00
2	Examinations and diagnosis, limited oral			
01202	Examination and diagnosis, limited oral, previous patient (recall): examination and diagnosis with mirror and explorer of hard and soft tissues, including checking occlusion and appliances, but not including specific tests	22.08	27.97	27.00
01204	Examination and diagnosis, specific: examination, diagnosis and evaluation of a specific situation in a localized area (MSI: details must accompany claim)	34.51	46.94	43.00
01205	Examination and diagnosis, emergency: examination to investigate discomfort and/or infection in a localized area (MSI: details must accompany claim, including x-rays)	34.51	46.94	43.00
05201	Consultation, in office (MSI: specialist other than orthodontist) (Details must accompany claim.)	NA	77.91	NA

Radiographs

(including radiographic examinations and interpretation)

- The fees are intended to include both the technical and professional components of an x-ray service; however, non-readable films are not insured.
- Fees for diagnostic x-rays periapicals or bitewings must not exceed \$16.10 Generalist or \$16.42 Specialist per child per year (whether same or different dentist), excluding panoramic or cephalometric films.
- Procedural x-rays in connection with root canal therapy are not allowed separately, as the fees for root canal therapy include procedural x-rays.

- (d) All x-rays are to be made available to the Plan on request and therefore should be retained for 5 years following the service.

1	Radiographs, intra-oral, periapical			
02111	Single film	12.26	12.51	14.00
02112	2 films	16.10	16.42	19.00
2	Radiographs, intra-oral, bitewing			
02141	Single film	12.26	12.51	14.00
02142	2 films	16.10	16.42	19.00
3	Radiographs, panoramic			
02601	Single film (MSI: once per lifetime, only in connection with a specific request for a consultation with a specialist other than an orthodontist. This fee is not payable if the service was provided for reasons related to spacing, crowding, eruption, timing, and other orthodontic-related concerns.) (Details must accompany all claims.)	51.51	52.54	56.00
4	Radiographs, cephalometric			
02701	Single film (MSI: once per lifetime, only in connection with a specific request for a consultation with a specialist other than an orthodontist. This fee is not payable if the service was provided for reasons related to spacing, crowding, eruption, timing, and other orthodontic-related concerns.) (Details must accompany all claims.)	51.51	52.54	56.00
5	Radiographs, interpretation (received from another source, or for MSI—exposed on hospital equipment)			
02801	MSI: paid at 1/2 regular fee			

Tests and Laboratory Examinations

Coverage guidelines apply; see the preamble to the COHP.

1	Tests, microbiological			
04101	Microbiological test for the determination of pathological agents + L	30.97	31.59	37.00
2	Tests, caries susceptibility			
04201	Bacteriological test for the determination of dental caries susceptibility + L	30.29	30.90	34.00
3	Tests, histological			
	<u>Test, histological, soft tissue</u>			
04311	Biopsy, soft oral tissue, by puncture + L	72.36	73.81	83.00
04312	Biopsy, soft oral tissue, by incision + L	72.36	73.81	83.00
04313	Biopsy, soft oral tissue, by aspiration + L	72.36	73.81	83.00
	<u>Tests, histological, hard tissue</u>			
04321	Biopsy, hard oral tissue, by puncture + L	83.33	85.00	98.00
04322	Biopsy, hard oral tissue, by incision + L	83.33	85.00	98.00
04323	Biopsy, hard oral tissue, by aspiration + L	83.33	85.00	98.00

4	Tests, cytological			
04401	Cytological smear from the oral cavity + L	30.29	30.90	34.00
5	Tests, pulp vitality			
04501	1 unit	25.61	26.12	52.00

Casts, Diagnostic

MSI notes:

- (a) When diagnostic casts are prepared, a detailed explanation must be included on the claim.
- (b) Diagnostic casts are to be available to the Plan upon request and accordingly, should be retained for a period of 5 years following the service.
- (c) Fees for diagnostic casts are not payable in conjunction with orthodontic cases and preventive orthodontic services.

1	Cast, diagnostic, unmounted			
04911	Cast, diagnostic, unmounted + L	30.97	43.45	21.00
04912	Cast, diagnostic, unmounted, duplicate + L	PA	PA	PA
2	Cast, diagnostic, mounted			
04921	Cast, diagnostic, mounted + L	39.00	PA	40.00
04922	Cast, diagnostic, mounted using face bow transfer + L	64.00	PA	67.00
04923	Cast, diagnostic, mounted, using face bow + occlusal records + L	87.14	PA	99.00

Part 2: Preventive Services—10000–19999

Topical fluoride applications: coverage guidelines apply (see preamble to the COHP).

Fluoride Treatments

12101	Fluoride treatment, topical application	15.00	16.14	16.00
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Polishing: Please see “Caries prevention service” below.

Preventive Services, Other

1	Nutritional dietary counselling (MSI: maximum payable per lifetime is 1 series of 4 appointments.)			
13101	1 unit of time	25.00	30.90	30.00
2	Caries prevention service (MSI: Caries prevention service (13211) is allowed once per lifetime of the patient. Includes, for MSI program, rubber cap polishing and minor scaling procedures.)			
13211	1 unit of time	30.29	30.29	30.00
3	Sealants, pit and fissure (acid etch preparation included) (MSI: Limited to 6-year molars that meet guidelines—1 application per tooth)			
13401	Each tooth	20.00	28.15	20.00
4	Disking of teeth, interproximal (MSI: maximum 3 units per lifetime, primary teeth only)			
16201	1 unit of time	53.81	54.89	58.00

16202	2 units of time	107.65	109.80	116.00
16203	3 units of time	161.45	164.68	174.00

Space Maintainers

(includes design, separation, fabrication, insertion and, if applicable, initial cementation and removal)

MSI:

While space maintainers are not insured services, they are considered for coverage under special consideration (financial) for children eligible under the Children's Oral Health Program. Specifically, applications for space maintainers will be accepted in cases in which primary teeth (excluding anterior teeth) are lost early due to decay. Please note that space maintainers to replace primary incisors are not considered for coverage.

All units must be preauthorized by MSI and supporting diagnostic aids may be requested. An application is complete when the parent's application and the dentist's treatment plan are received by MSI.

1	Space maintainers, band type			
15101	Space maintainer, band type, fixed, unilateral + L	124.33	169.60	138.00
15103	Space maintainer, band type, fixed, bilateral (soldered lingual arch) + L	149.00	258.04	151.00
15105	Space maintainer, band type, fixed, bilateral tubes and locking wires + L	181.00	282.20	183.00
2	Space maintainers, stainless steel crown type			
15201	Space maintainer, stainless steel crown type, fixed + L	160.00	196.43	162.00

Space Maintainers, Maintenance of

MSI: This fee is payable by MSI only in cases in which the original placement of the space maintainer unit was funded by MSI under special consideration (financial). It is not intended, in such cases, to address necessary repairs and adjustments after 30 days following the original placement. It is not payable for routine removals done to accompany regular cleaning and fluoride application services.

3	Space maintainers, maintenance of			
15601	Maintenance, space maintainer appliance, including adjustment and/or recementation after 30 days post-insertion	53.00	59.28	55.00

Part 3: Restorative Services—20000–29999

If at the same sitting, in order to conserve tooth structure, 2 separate restorations are performed on the same tooth, involving a common surface, when 1 restoration might have been done, this is not considered as 1 restoration in assessing the fees.

Additional or similar restorative services on the same tooth within 120 days of the original services require an explanation on the claim.

If adjacent surfaces of a tooth are filled at the same appointment, the fee is at the appropriate level for multiple surfaces, as listed below, in the case of tooth-coloured etched/bonded restorations. If the above conditions exist, they will be paid at the complex level.

The replacement of an existing amalgam restoration with tooth coloured etched/bonded restorations is an insured service only if the amalgam restoration has been fractured and/or there is recurrent caries.

Caries, Trauma and Pain Control

(MSI: permanent teeth only)

Caries/trauma/pain control (includes pulp caps when necessary as a separate procedure).

20111 First tooth 61.86 75.79 85.00

Caries/trauma/pain control (includes pulp caps when necessary and use of band for retention and support as a separate procedure).

20121 First tooth 84.00 85.68 96.00

20131 Trauma control, first tooth 32.00 37.00 35.00

Restorations, Amalgam**1 Restorations, amalgam, primary teeth**Restorations, amalgam, non-bonded, primary teeth

21111 1 surface 43.97 50.09 76.00

21112 2 surfaces 58.98 72.55 99.00

21113 3 surfaces 67.77 82.98 110.00

21114 4 surfaces 85.51 104.47 121.00

21115 5 surfaces or maximum surfaces per tooth 107.63 131.72 147.00

Restorations, amalgam, bonded, primary teeth

21121 1 surface 45.23 50.09 78.00

21122 2 surfaces 58.98 72.55 100.00

21123 3 surfaces 67.77 82.98 112.00

21124 4 surfaces 85.51 104.47 131.00

21125 5 surfaces or maximum surfaces per tooth 107.63 131.72 161.00

2 Restorations, amalgam, permanent teethRestorations, amalgam, non-bonded, permanent bicuspid and anteriors

21211 1 surface 53.06 64.82 90.00

21212 2 surfaces 79.61 96.82 119.00

21213 3 surfaces 100.19 122.00 144.00

21214 4 surfaces 129.66 164.64 173.00

21215 5 surfaces or maximum surfaces per tooth 159.19 193.85 206.00

Restorations, amalgam, non-bonded, permanent molars

21221 1 surface 60.94 70.91 103.00

21222 2 surfaces 86.56 105.63 118.00

21223 3 surfaces 113.43 138.00 159.00

21224 4 surfaces 156.19 191.32 202.00

21225 5 surfaces or maximum surfaces per tooth 207.84 250.00 264.00

Restorations, amalgam, bonded, permanent bicuspid and anteriors

21231 1 surface 62.82 64.82 108.00

21232 2 surfaces 79.61 96.82 126.00

21233 3 surfaces 100.19 122.19 158.00

21234 4 surfaces 129.66 164.64 179.00

21235 5 surfaces or maximum surfaces per tooth 159.19 193.85 217.00

Restorations, amalgam, bonded, permanent molars

21241 1 surface 70.36 70.91 121.00

21242	2 surfaces	86.56	105.63	141.00
21243	3 surfaces	113.43	138.00	186.00
21244	4 surfaces	156.19	191.32	225.00
21245	5 surfaces or maximum surfaces per tooth	207.84	253.17	277.00

3 Pins, retentive per restoration (for amalgams and tooth coloured restorations)

21401	1 pin	15.97	16.29	22.00
21402	2 pins	27.96	28.52	35.00
21403	3 pins	35.39	36.10	40.00
21404	4 pins	43.73	44.60	47.00
21405	5 pins or more	50.78	51.80	57.00

Restorations, Prefabricated, Full Coverage

MSI: Please note that a single surface restoration is payable concurrently with open-faced stainless steel crowns.

1 Restorations, prefabricated, metal, primary dentition

22201	Primary anterior	122.50	155.79	131.00
22202	Primary anterior, open face	NA	NA	NA
22211	Primary posterior	122.50	155.79	128.00
22212	Primary posterior, open face	118.39	144.75	139.00

2 Restorations, prefabricated, metal, permanent dentition

22301	Permanent anterior	122.50	159.79	146.00
22302	Permanent anterior, open face	NA	144.75	NA
22311	Permanent posterior	122.50	155.79	128.00
22312	Permanent posterior, open face	NA	144.75	NA

3 Restorations, prefabricated, plastic, permanent dentition

22501	Permanent anterior	128.00	171.00	131.00
22511	Permanent posterior	128.00	171.00	131.00

Restorations, Tooth Coloured

(MSI: Fee codes 23113, 23114, 23115, 23413, 23414, 23415 include reattachment of fractured tooth fragments.)

1

23111	1 surface	73.67	89.71	109.00
23112	2 surfaces (continuous)	96.17	117.41	124.00
23113	3 surfaces (continuous)	112.01	137.20	151.00
23114	4 surfaces (continuous)	178.31	220.79	199.00
23115	5 surfaces (continuous, maximum surfaces per tooth)	178.31	220.79	268.00

2 Restorations, tooth coloured, permanent posteriors, acid etch/bond technique

Tooth coloured, permanent bicuspid

23311	1 surface	79.15	64.82	130.00
23312	2 surfaces	98.00	96.82	160.00
23313	3 surfaces	131.92	122.19	217.00
23314	4 surfaces	162.08	164.64	266.00

23315	5 surfaces or maximum surfaces per tooth	185.32	193.85	305.00
	<u>Tooth coloured, permanent molars</u>			
23321	1 surface	82.92	70.91	133.00
23322	2 surfaces	99.26	105.63	160.00
23323	3 surfaces	135.69	138.00	219.00
23324	4 surfaces	164.59	191.32	266.00
23325	5 surfaces	207.84	253.17	334.00
3	Restorations, tooth coloured, primary, anterior, acid etch/bond technique			
23411	1 surface	68.47	83.77	91.00
23412	2 surfaces (continuous)	68.47	83.77	110.00
23413	3 surfaces (continuous)	96.17	117.41	138.00
23414	4 surfaces (continuous)	146.00	164.59	151.00
23415	5 surfaces (continuous or maximum surfaces per tooth)	148.69	164.59	157.00
4	Restorations, tooth coloured, primary, posterior, acid etch/bond technique			
23511	1 surface	56.64	50.19	90.00
23512	2 surfaces	70.36	72.55	112.00
23513	3 surfaces	86.06	82.98	137.00
23514	4 surfaces	96.11	104.47	154.00
23515	5 surfaces or maximum surfaces per tooth	107.63	131.72	160.00

Note: please see prosthodontics section for inlays, onlays and pins.

5	Posts			
	<u>Posts, cast metal (including core) as a separate procedure</u>			
25711	Single section + L	172.34	244.42	279.00
25712	2 sections + L	233.06	244.42	378.00
25713	3 sections + L	PA	469.48	PA
	<u>Posts, cast metal (including core) concurrent with impression for crown</u>			
25721	Single section + L	143.00	244.42	145.00
25722	2 sections + L	172.34	244.42	229.00
25723	3 sections + L	PA	469.48	PA
	<u>Posts, prefabricated retentive (separate procedure)</u>			
25731	1 post	109.24	133.31	133.00
25732	2 posts same tooth	137.58	133.31	224.00
25733	3 posts same tooth	171.50	133.31	280.00
	<u>Posts, prefabricated, retentive and cast core</u>			
25741	1 post and cast core + L	NA	244.42	NA
25742	2 posts (same tooth) and cast core + L	NA	244.42	NA
25743	3 posts (same tooth) and cast core + L	NA	469.48	NA
	<u>Post, prefabricated, with core for crown restoration</u>			
25754	1 post, with composite core + pins	179.03	219.13	221.00

Crowns

MSI note: Gold, butt margins (including collarless veneers), custom shading or any [a]esthetics included in the lab fees are not insured. Please submit a copy of the lab invoice upon completion of the services.

Stainless steel crowns: 100% of the dental tariff applies to each of the first 3 stainless steel crowns performed at 1 sitting for a patient under general anaesthesia. 50% of the dental tariff applies to each additional stainless steel crown done at the same sitting.

Despite the previous paragraph, a dentist may, when submitting a claim, request independent consideration for payment of 100% of the dental tariff for 4 or more stainless steel crowns done at the same sitting for a patient under general anaesthesia. Such a request must be accompanied by the necessary x-rays.

Permanent crowns: payable on permanent anterior teeth only. Pre-determination of benefits must be requested before rendering services for permanent anterior crowns. Please provide x-rays and/or study models.

1	Crowns, plastic (single units only)			
	<u>Crowns, plastic, processed</u>			
27111	Crown, plastic, processed + L	396.18	404.10	458.00
27112	Crown, plastic, processed complicated (restorative, positional and/or aesthetic) + L	NA	PA	NA
27113	Crown, plastic, transitional, indirect + L	PA	PA	PA
27114	Crown, plastic/metal base, processed + L	NA	NA	NA
	<u>Crowns, plastic, direct (MSI: not payable in addition to permanent crowns)</u>			
27121	Crown, plastic, direct, transitional (chairside)	115.36	117.67	145.00
27122	Crown, transitional restoration of fractured anterior	NA	NA	NA
2	Crowns, porcelain/ceramic/polymer glass			
27201	Crown, porcelain/ceramic jacket + L	486.48	595.46	591.00
27202	Crown, porcelain/ceramic jacket complicated + L	NA	PA	NA
3	Crowns, porcelain/ceramic fused to metal			
27211	Crown, porcelain/ceramic fused to metal base + L	486.48	595.46	591.00
27212	Crown, porcelain/ceramic fused to metal base, complicated	PA	PA	PA
4	Recementation/rebonding, inlays/onlays/crowns/veneers/ posts/natural tooth fragments			
	(MSI: maximum of 3 units per tooth.)			
	(MSI: For stainless steel crowns, recementation is payable after 120 days following original placement by same or different dentist.)			
29101	1 unit of time	58.12	59.28	68.00
29102	2 units of time	116.21	118.53	136.00
29103	3 units of time	174.31	177.80	204.00

Endodontics

Pulpotomy

Pulpotomy vital, permanent teeth (as a separate emergency procedure)

32221	Anterior and bicuspid teeth	71.74	87.74	90.00
32222	Molar teeth	71.74	87.74	107.00

	<u>Pulpotomy, vital, primary teeth</u>			
32231	Primary tooth as a separate procedure	57.66	73.12	72.00
32232	Primary tooth, concurrent with restorations (but excluding final restoration)	57.66	73.12	72.00
2	<u>Pulpectomy (as a separate emergency procedure)</u>			
	<u>Pulpectomy, permanent teeth/retained primary teeth</u>			
32311	1 canal	82.64	84.29	122.00
32312	2 canals	128.02	130.58	187.00
32313	3 canals	PA	PA	PA
32314	4 canals or more	PA	PA	PA
	<u>Pulpectomy, primary teeth</u>			
32321	Anterior tooth	75.00	84.29	77.00
32322	Posterior tooth	111.00	122.35	114.00

Root Canal Therapy

Includes treatment plan, clinical procedures (e.g., pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs and follow-up care, excluding final restoration.

1	<u>Root canals, permanent teeth, retained primary teeth</u> (including clinical procedures with appropriate radiographs, excluding final restoration)			
33111	1 canal	326.42	399.57	362.00
33121	2 canals	478.12	575.33	513.00
33131	3 canals	642.19	785.99	668.00
33141	4 or more canals	797.28	941.32	812.00
2	<u>Root canals, primary teeth</u>			
33401	1 canal	123.10	157.87	153.00
33402	2 canals	169.22	209.18	203.00
33403	3 canals or more	NA	280.29	NA
3	<u>Apexification/apical closure/induction of hard tissue repair</u> (including biomechanical preparation and placement of dentogenic media)			
33601	1 canal	124.33	152.16	136.00
33602	2 canals	164.62	219.58	179.00
33603	3 canals	209.65	287.93	229.00
33604	4 canals or more	376.64	433.93	409.00
4	<u>Re-insertion of dentogenic media per visit</u>			
33611	1 canal	55.42	65.32	57.00
33612	2 canals	55.42	65.32	57.00
33613	3 canals	55.42	65.32	57.00
33614	4 canals or more	55.42	65.32	57.00

Periapical Services

1	<u>Apicoectomy/apical curettage</u>			
	<u>Maxillary anterior</u>			
34111	1 root	158.74	208.72	204.00
34112	2 roots	238.09	284.03	292.00

	<u>Maxillary bicuspid</u>			
34121	1 root	228.00	296.42	233.00
34122	2 roots	303.00	353.90	309.00
34123	3 roots or more	379.00	411.24	383.00
	<u>Maxillary molar</u>			
34131	1 root	242.26	296.42	261.00
34132	2 roots	320.61	353.90	347.00
34133	3 roots	382.63	431.81	438.00
34134	4 or more roots	430.83	459.78	IC
				[“IC” means Independent Consideration]
	<u>Mandibular anterior</u>			
34141	1 root	170.50	208.72	203.00
34142	2 or more roots	243.61	270.50	291.00
	<u>Mandibular bicuspid</u>			
34151	1 root	229.00	296.42	233.00
34152	2 roots	303.00	353.90	309.00
34153	3 or more roots	381.00	411.24	387.00
	<u>Mandibular molar</u>			
34161	1 root	242.26	296.42	288.00
34162	2 roots	320.61	353.90	381.00
34163	3 roots	382.63	411.24	480.00
34164	4 or more roots	430.83	459.78	IC
				[“IC” means Independent Consideration]
2	Retrofilling			
	<u>Maxillary anterior</u>			
34211	1 canal	67.78	82.96	77.00
34212	2 or more canals	82.13	103.43	92.00
	<u>Maxillary bicuspid</u>			
34221	1 canal	67.78	82.96	92.00
34222	2 canals	82.13	103.43	115.00
34223	3 canals	99.37	129.30	127.00
34224	4 or more canals	111.40	145.44	137.00
	<u>Maxillary molar</u>			
34231	1 canal	69.73	82.96	112.00
34232	2 canals	86.06	103.43	139.00
34233	3 canals	99.37	135.76	153.00
34234	4 or more canals	111.40	145.44	162.00
	<u>Mandibular anterior</u>			
34241	1 canal	67.78	82.96	76.00
34242	2 or more canals	82.13	103.43	92.00
	<u>Mandibular bicuspid</u>			
34251	1 canal	67.78	82.96	91.00
34252	2 canals	82.13	103.43	112.00
34253	3 canals	99.37	129.30	125.00
34254	4 canals	111.40	145.44	135.00

	<u>Mandibular molar</u>			
34261	1 canal	69.73	82.96	112.00
34262	2 canals	86.06	103.43	139.00
34263	3 canals	99.37	129.30	153.00
34264	4 or more canals	111.40	145.44	162.00
	Open and drain (separate emergency procedures)			
39201	Anteriors and bicuspid	66.00	71.47	67.00
39202	Molars	66.00	71.47	67.00
	Opening through artificial crown (in addition to procedures)			
39211	Anterior and bicuspid	NA	83.20	NA
39202	Molars	81.57	83.20	128.00
	Bleaching, non-vital (MSI: maximum of 3 units payable per patient)			
	<u>Bleaching endodontically treated tooth/teeth</u>			
39311	1 unit of time	53.81	54.89	65.00
39312	2 units of time	92.62	94.47	130.00
39313	3 units of time	131.41	134.04	195.00

Part 4: Periodontics—40000–49999

Desensitization

This may involve application and burnishing of medicinal aids on the root or the use of a variety of therapeutic procedures. More than 1 appointment may be necessary.

41301	1 unit of time	31.52	32.15	33.00
41302	2 units of time	63.03	64.29	66.00
41309	Each additional unit of time over 2	31.52	32.15	33.00

Periodontal Procedures, Adjunctive

1	Periodontal splinting or ligation, provisional, intra-coronal <u>“A” splint (acrylic, composite or amalgam, plus knurled wire)</u>			
43111	Per joint	38.95	46.12	65.00
2	Periodontal splinting or ligation, provisional, extra-coronal <u>Acid etch joint restorations (per joint)</u>			
43211	Per joint	45.05	60.44	65.00
	<u>Acid etch, interproximal enamel splint</u>			
43221	Per joint	45.05	60.44	65.00
	<u>Wire ligation</u>			
43231	Per joint	99.26	60.44	165.00
	<u>Wire ligation, acrylic covered</u>			
43241	Per joint	132.55	60.44	220.00
	<u>Dental floss ligation</u>			
43251	Per joint	NA	60.44	NA

	<u>Orthodontic band splint</u>			
43261	Per band	NA	60.44	NA
	<u>Cast/soldered splint acid etch/resin bonded</u>			
43271	Per abutment + L	85.44	60.44	141.00

Part 5: Prosthetics—Removable—50000-59999

Preamble: Cast partials are not insured services.

Dentures, partial, acrylic, with wrought/cast clasps and/or rests

(MSI: Payable only if required because of congenital condition or accident.)

52301	Maxillary + L	342.90	430.37	480.00
52302	Mandibular + L	342.90	430.37	480.00

Part 6: Oral and Maxillofacial Surgery—70000-79999

Certain procedures included in this Part are also contained in the list of MSI dental surgical procedures (Schedule C: Dental Surgical Program) covering all eligible residents of the Province. These services continue as benefits of MSI and, accordingly, when a dental surgical procedure is performed in hospital, the claim for that service must be submitted with the fee code set out in Schedule C.

A bilateral procedure done under the same general anaesthetic, other than an uncomplicated extraction, is paid at 50% of the tariff for a unilateral procedure.

A bilateral procedure done under local anaesthetic or conscious sedation is paid at 100% of the tariff for a unilateral procedure.

When more than 2 quadrants are involved, the first 2 procedures will be paid at 100% and subsequent procedures at 50%.

The following surgical services include necessary local anaesthetic, removal of excess gingival tissue, suturing and 1 post-operative treatment, when required. A surgical site is considered to include a full quadrant, sextant or group of several teeth that can be practically and conveniently combined for a single surgical sitting, or in some cases a single tooth.

Removals (Extractions), Erupted Teeth

1 Removals, erupted teeth, uncomplicated

MSI: Extractions are insured only in a case of:

- 1) unrestorable caries, demonstrable pain, (excluding pain associated with crowding), infection, trauma,
- 2) ankylosis
- 3) supernumerary teeth

71101	Single tooth, uncomplicated	64.70	62.76	106.00
71109	Each additional tooth, same quadrant, same appointment	43.35	33.00	71.00

2 Removals, erupted teeth, complicated

71201	Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth	139.67	169.98	210.00
71209	Each addition tooth, same quadrant	85.44	85.00	140.00

Removals (Extractions), Surgical

1	Removals, impactions, soft tissue coverage			
	<u>Removals, impaction, requiring incision of overlying soft tissue and removal of the tooth</u>			
72111	Single tooth	139.67	169.98	210.00
72119	Each additional tooth, same quadrant	86.06	85.00	140.00
2	Removals, impactions, involving tissue and/or bone coverage			
	(including removal of bone and tooth or sectioning and removal of tooth)			
72211	Single tooth	169.22	280.09	253.00
72219	Each additional tooth, same quadrant	103.65	140.05	169.00
	<u>Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone AND sectioning of tooth for removal</u>			
72221	Single tooth	231.98	311.48	350.00
72229	Each additional tooth, same quadrant	143.86	155.75	234.00
3	Removals (extractions), residual roots			
	<u>Removals, residual roots, erupted</u>			
72311	First tooth	51.29	62.76	82.00
72319	Each additional tooth, same quadrant	33.29	31.41	54.00
	<u>Removals, residual roots, soft tissue coverage</u>			
72321	First tooth	96.13	117.67	148.00
72329	Each additional tooth, same quadrant	60.31	58.85	99.00
	<u>Removals, residual roots, bone tissue coverage</u>			
72331	First tooth	199.93	244.66	303.00
72339	Each additional tooth, same quadrant	123.76	122.33	202.00

Surgical Incisions

	<u>Surgical incision and drainage and/or exploration, intra-oral soft tissue</u>			
75111	Intra-oral, surgical exploration, soft tissue	71.74	96.80	117.00
75112	Intra-oral, abscess, soft tissue	71.74	96.80	117.00
75113	Intra-oral, abscess, in major anatomical area with drain	NA	96.80	NA

Treatment of Fractures

	<u>Replantation, avulsed tooth/teeth (including splinting)</u>			
76941	Replantation, first tooth	207.31	215.35	343.00
76949	Each additional tooth	105.54	107.71	175.00
	<u>Repositioning of traumatically displaced teeth</u>			
76951	1 unit of time	49.63	47.23	82.00
76952	2 units of time	99.26	94.46	164.00
76959	Each additional unit of time over 2	49.63	47.23	82.00

Hemorrhage, Control of

(MSI: payable only if the procedure is rendered by a dentist other than the provider of the original service.)

79403	Hemorrhage control, using compression and hemostatic agent	NA	61.24	NA
79404	Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary)	NA	61.24	NA

Post-Surgical Care

(MSI: excludes alveolitis, details must accompany claim.)

Required by complications and unusual circumstances, refer to comment at beginning of Part 6.

79605	Post-surgical care, alveolitis, treatment of (without anaesthesia)	NA	51.93	NA
79606	Post-surgical care, alveolitis, treatment of (with anaesthesia)	NA	51.93	NA

- ***E” means Expenses
- ***L” means Laboratory Fees
- ***PA” means Prior Approval from the Corporation that administers the M.S.I. Plan for the Province

Fee Code

Specialist Fee (\$)

Insured Dental Services Tariff

Schedule C: Dental Surgical Program

The Dental Surgical Program provides insured dental surgical services for a resident as defined in the M.S.I. Regulations if the condition of the resident is such that the services are medically required to be rendered in hospital.

Part 1: Diagnostic—01000–09999

01601	Examination and diagnosis, surgical, general, includes: (a) history, medical and dental; and (b) clinical examinations as above, may include in-depth analysis of medical status, medication, anesthetic and surgical risk, initial consultation with referring dentist or physician, parent or guardian, evaluation of source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors or where the patient is to be admitted to hospital for dental procedures	61.15
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(MSI: Payable only for hospital in-patients, when requested by a physician or dentist.)

94102	Hospital admission	64.50
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(MSI: Admission to hospital when no surgical treatment is rendered, details must be provided on each claim.)

94302	Hospital visit	36.27
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(MSI: For non-surgical admitted patient only. A maximum of 14 daily visits are payable in connection with a hospital admission. Notes on the necessity of the visit must be provided on each claim. If the patient, at any time within the 14 days, becomes a surgical patient, this service is no longer payable.)

Part 2: Oral and Maxillofacial Surgery—70000–79999

The following surgical services include necessary local anaesthetic, removal of excess gingival tissue, suturing and 1 post-operative treatment, when required.

A surgical site is considered to include a full quadrant, sextant or group of several teeth that can be practically and conveniently combined for a single surgical sitting, or in some cases a single tooth.

Removals

1	Removals, erupted teeth, uncomplicated	
71101	Single tooth, uncomplicated	62.76
71109	Each additional tooth, same quadrant	33.00

2	Removals, erupted teeth, complicated	
71201	Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or sectioning of tooth	89.36
71209	Each additional tooth, same quadrant	44.71

Removals (Extractions), Surgical

3	Removals, impactions, soft tissue coverage	
	<u>Removals, impaction, requiring incision of overlying soft tissue and removal of the tooth</u>	
72111	Single tooth	161.64
72119	Each additional tooth, same quadrant	80.82

4	Removals, impactions, involving tissue and/or bone coverage	
	<u>Removals, impaction, requiring incision of overlying soft tissue elevation of a flap and either removal of bone and tooth or sectioning and removal of tooth (partial bone impaction)</u>	
72211	Single tooth	161.64
72219	Each additional tooth, same quadrant	80.82

	<u>Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone AND sectioning of tooth for removal</u>	
72221	Single tooth	161.64
72229	Each additional tooth, same quadrant	80.82

	<u>Removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone, sectioning of the tooth for removal and/or presents unusual difficulties and circumstances</u>	
72231	Single tooth	161.64
72239	Each additional tooth, same quadrant	80.82

5	Removals (extractions), residual roots	
	<u>Removals, residual roots, erupted</u>	
72311	First tooth	95.56
72319	Each additional tooth, same quadrant	47.78

	<u>Removals, residual roots, soft tissue coverage</u>	
72321	First tooth	95.56
72329	Each additional tooth, same quadrant	47.78

	<u>Removals, residual roots, bone tissue coverage</u>	
72331	First tooth	95.56
72339	Each additional tooth, same quadrant	47.78

6 Surgical movement of teeth

	<u>Transplantation of erupted tooth</u>	
72611	First tooth	312.48
72619	Each additional tooth	156.23

Remodelling and Recontouring Oral Tissues

1 Alveoplasty (bone remodelling of ridge with soft tissue revisions)

	<u>Alveoplasty, in conjunction with extractions</u>	
73121	Alveoplasty, not in conjunction with extractions, per sextant	101.70

	<u>Remodelling of bone</u>	
73141	Mylohyoid ridge remodelling	101.70
73142	Genial tubercles remodelling	101.70

	<u>Excision of bone</u>	
73151	Nasal spine, excision	152.56
73152	Torus palatinus, excision	293.38
73153	Torus mandibularis, unilateral, excision	217.61
73154	Torus mandibularis, bilateral, excision	351.24

	<u>Removal of bone, exostosis, multiple</u>	
73161	Per quadrant	152.56

	<u>Reduction of bone, tuberosity</u>	
73171	Unilateral, reduction	152.56
73172	Bilateral, reduction	228.83

	<u>Augmentation of bone</u>	
73181	Unilateral, pterygomaxillary tuberosity, augmentation + E	531.00
73182	Bilateral, pterygomaxillary tuberosity, augmentation + E	1053.00
73183	Unilateral, mandibular ridge, augmentation + E	531.00
73184	Bilateral, mandibular ridge, augmentation + E	1061.00

2 Gingivoplasty and/or stomatoplasty, oral surgery

	<u>Independent procedure</u>	
73211	Per sextant	93.40

	<u>Miscellaneous procedures</u>	
73222	Excision of vestibular hyperplasia (per sextant)	140.05
73223	Surgical shaving of papillary hyperplasia of the palate	210.08
73224	Excision of pericoronal gingiva (for retained teeth) per tooth/implant	140.05

	<u>Removals, tissue, hyperplastic (includes incising the mucous membrane, dissecting and removing hyperplastic tissue, replacing and adapting the mucous membrane)</u>	
73231	Per sextant	93.40

	<u>Removal, mucosa, excess (complete removal without dissection)</u>	
73241	Per sextant	93.40
3	Remodelling, floor of the mouth	
73301	Full arch lowering of the floor of the mouth	572.92
73302	Partial arch lowering of the floor of the mouth	572.92
73303	Reinsertion of the mylohyoid muscle	572.92
4	Vestibuloplasty	
	<u>Vestibuloplasty, sub-mucous</u>	
73411	Per sextant	151.52
	<u>Sulcus deepening and ridge reconstruction</u>	
73421	Per sextant	151.52
	<u>Vestibuloplasty, with secondary epithelization</u>	
73431	Per sextant	151.52
	<u>Vestibuloplasty, with labial inverted flap</u>	
73441	Per sextant	190.98
	<u>Vestibuloplasty, with skin graft</u>	
73451	Per sextant	190.98
	<u>Vestibuloplasty, with mucosal graft</u>	
73461	Per sextant	190.98
5	Reconstruction, alveolar ridge	
	<u>Reconstruction, alveolar ridge, with autogenous bone</u>	
73511	Per sextant + E	312.53
	<u>Reconstruction, alveolar ridge, with alloplastic material</u>	
73521	Per sextant + E	156.26
6	Extensions, mucous folds	
	<u>Extensions, mucous folds with secondary epithelization</u>	
73611	Per sextant	190.98
	<u>Extensions, mucous folds, with skin grafts</u>	
73621	Per sextant	190.98
	<u>Extensions, mucous folds, with mucous graft</u>	
73631	Per sextant	190.98

Surgical Excision

(not in conjunction with tooth removal, including biopsy)

1	Surgical excision, tumors, benign	
	<u>Tumors, benign, scar tissue, inflammatory or congenital lesions of soft tissue of the oral cavity</u>	
74111	1 cm and under	130.43
74112	1-2 cm	130.43
74113	2-3 cm	130.43

74114	3-4 cm	325.81
74115	4-6 cm	325.81
74116	6-9 cm	325.81
74117	9-15 cm	511.53
74118	15 cm and over	511.53

Tumors, benign, bone tissue

74121	1 cm and under	157.82
74122	1-2 cm	157.82
74123	2-3 cm	157.82
74124	3-4 cm	294.98
74125	4-6 cm	394.98
74126	6-9 cm	394.98
74127	9-15 cm	620.16
74128	15 cm and over	620.16

2 Surgical excision, tumors, malignant

Tumors, malignant, soft tissue, oral cavity

74211	1 cm and under	130.43
74212	1-2 cm	130.43
74213	2-3 cm	130.43
74214	3-4 cm	325.81
74215	4-6 cm	325.81
74216	6-9 cm	325.81
74217	9-15 cm	511.53
74218	15 cm and over	511.53

Tumors, malignant, bone tissue

74221	1 cm and under	157.82
74222	1-2 cm	157.82
74223	2-3 cm	157.82
74224	3-4 cm	394.98
74225	4-6 cm	394.98
74226	6-9 cm	394.98
74227	9-15 cm	620.16
74228	15 cm and over	620.16

3 Cheiloplasty (lip shave)

74301	Cheiloplasty, partial	53.74
74302	Cheiloplasty, total	161.27

4 Surgical excision, cysts/granulomas

Enucleation of cyst/granuloma, odontogenic and non-odontogenic,
requiring prior removal of bony tissue and subsequent suture(s)

74611	1 cm and under	150.21
74612	1-2 cm	150.21
74613	2-3 cm	150.21
74614	3-4 cm	150.21
74615	4-6 cm	187.69
74616	6-9 cm	187.69
74617	9-15 cm	187.69
74618	15 cm and over	294.64

	<u>Marsupialization</u>	
74621	Cyst, marsupialization	161.27
	<u>Excision of cyst</u>	
74631	1 cm and under	150.21
74632	1-2 cm	150.21
74633	2-3 cm	150.21
74634	3-4 cm	150.21
74635	4-6 cm	187.69
74636	6-9 cm	187.69
74637	9-15 cm	187.69
74638	15 cm and over	294.64

Surgical Incisions

1	Surgical incision and drainage and/or exploration, intra-oral	
	<u>Surgical incision and drainage and/or exploration, intra-oral soft tissue</u>	
75111	Intra-oral, surgical exploration, soft tissue	62.93
75112	Intra-oral, abscess, soft tissue	62.93
75113	Intra-oral, abscess, in major anatomical area with drain	62.93
	<u>Surgical incision and drainage and/or exploration, intra-oral hard tissue</u>	
75121	Intra-oral, abscess, hard tissue, trephination and drainage	81.55
75122	Intra-oral, surgical exploration, hard tissue	81.55
75123	Intra-oral, abscess, hard tissue, trephination and drainage in major anatomical area	81.55
2	Surgical incision and drainage and/or exploration, extra-oral	
	<u>Surgical incision and drainage and/or exploration, extra-oral, soft tissue</u>	
75211	Extra-oral, abscess, superficial	125.74
75212	Extra-oral, abscess, deep	125.74
	<u>Surgical incision and drainage and/or exploration, extra-oral, hard tissue</u>	
75221	Extra-oral, surgical exploration, hard tissue	152.12
3	Surgical incision for removal of foreign bodies	
75301	Removal, from skin or subcutaneous areolar tissue	140.05
75302	Removal, of reaction producing foreign bodies	140.05
75303	Removal, of needle from musculoskeletal system	152.56

Sequestrectomy (for Osteomyelitis)

75401	Intra-oral sequestrectomy	236.14
75402	Saucerization	236.14
75403	Osteomyelitis, non-surgical treatment of	86.24
	<u>Extra-oral sequestrectomy</u>	
75411	3 cm and less	314.83
75412	3-4 cm	314.83
75413	4-6 cm	472.28
75414	6-9 cm	472.28
75415	9 cm and over	472.28

Mandibulectomy

75511	3 cm or less	615.51
75512	3-4 cm	615.51
75513	4-6 cm	615.51
75514	6-9 cm	615.51
75515	9-12 cm	615.51
75516	12-15 cm	615.51
75517	15 cm and over	966.32
75518	Total mandibulectomy	1600.86

Maxillectomy

75611	3 cm or less	615.51
75612	3-4 cm	615.51
75613	4-6 cm	615.51
75614	6-9 cm	615.51
75615	9-12 cm	615.51
75616	12-15 cm	615.51
75617	15 cm and over	966.32
75618	Total maxillectomy	1600.86

Fractures, Treatment of**1 Fractures, reductions, mandibular**

76201	Reduction, mandibular, closed	314.83
76202	Reduction, mandibular, open, simple	550.89
76203	Reduction, mandibular, open, double	826.32
76204	Reduction, mandibular, open, multiple	1101.73

2 Fractures, reductions, maxillary, horizontal Le Fort's I

76301	Reduction, maxillary, closed	314.83
76302	Reduction, maxillary, open, simple	550.89
76303	Reduction, mandibular, open, double	826.32
76304	Reduction, maxillary, open, multiple	1101.73
76305	Reduction, compound fracture or maxilla (requiring reduction and soft tissue repair)	629.70

3 Fractures, reductions, maxilla, pyramidal Le Fort's II

76401	Reduction, maxillary, closed	314.83
76402	Reduction, maxillary, open, unilateral	629.70
76403	Reduction, maxillary, open, bilateral	629.70

4 Fractures, reductions, naso-orbital

76501	Reduction, unilateral	944.51
76502	Reduction, bilateral	944.51
76503	Reduction, naso-orbital, open, external approach	944.51
76504	Reduction, naso-orbital, open, sinusal approach	944.51
76505	Reduction, naso-orbital, open, orbital approach with insertion of subperiosteal implant	944.51
76506	Exploration, of orbital blowout fracture	944.51
76507	Exploration, of orbital blowout fracture and reconstruction with insertion of a subperiosteal implant	944.51

5	Fractures, reductions, malar bone	
76601	Reduction, malar bone, closed	157.49
76602	Reduction, malar bone, open, by simple elevation	157.49
76603	Reduction, malar bone, open, by osteosynthesis	314.83
76604	Reduction, malar bone, open, by sinus approach	472.28
76605	Reduction, malar bone, simple fracture, (open reduction with antrostomy and packing)	472.28
6	Fractures, reductions, zygomatic arch	
76701	Reduction, zygomatic arch, intra-oral approach	157.49
76702	Reduction, zygomatic arch, temporal approach	157.49
76703	Reduction, zygomatico-maxillary fracture dislocation, complex, closed reduction	314.83
76704	Reduction, zygomatico-maxillary fracture dislocation, open reduction	472.28
7	Fractures, reductions, craniofacial dysfunction, Le Fort's III transverse (specify type of procedure according to previous code used for fracture)	
76801	Reduction, craniofacial dysfunction, closed	944.51
76802	Reduction, craniofacial dysfunction, open	944.51
8	Fractures, reductions alveolar	
	<u>Fracture, alveolar, debridement, teeth removed</u>	
76911	3 cm or less	175.45
76912	3-6 cm	175.45
76913	6 cm and over	314.83
	<u>Reduction, alveolar, closed, with teeth (fixation extra)</u>	
76921	3 cm or less	175.45
76922	3-6 cm	175.45
76923	6-9 cm	314.83
76924	9 cm and over	314.83
	<u>Reduction, alveolar, open, with teeth (fixation extra)</u>	
76931	3 cm and less	314.83
76932	3-6 cm	314.83
76933	6-9 cm	550.89
76934	9 cm and over	550.89
	<u>Replantation, avulsed tooth/teeth (including splinting)</u>	
76941	Replantation, first tooth	89.36
76949	Each additional tooth	44.71
	<u>Repositioning of traumatically displaced teeth</u>	
76951	1 unit of time	47.23
76952	2 units of time	94.46
76959	Each additional unit of time over 2	47.23
	<u>Repairs, lacerations, uncomplicated, intra-oral or extra-oral</u>	
76961	2 cm or less	62.93
76962	2-4 cm	62.93
76963	4-6 cm	62.93
76964	6-9 cm	62.93

76965	9-12 cm	62.93
76966	12-16 cm	153.38
76967	16-20 cm	153.38
76968	20-25 cm	153.38
76969	25 cm and over	153.38
<u>Repairs, lacerations, through and through</u>		
76971	2 cm or less	157.49
76972	2-4 cm	157.49
76973	4-6 cm	157.49
76974	6-9 cm	258.04
76975	9-12 cm	258.04
76976	12-16 cm	258.04
76977	16-20 cm	258.04
76978	20-25 cm	258.04
76979	25 cm and over	258.04
<u>Repairs, lacerations, complicated (local tissue shifts)</u>		
76981	2 cm or less	157.49
76982	2-4 cm	157.49
76983	4-6 cm	157.49
76984	6-9 cm	258.04
76985	9-12 cm	258.04
76986	12-16 cm	258.04
76987	16-20 cm	258.04
76988	20-25 cm	258.04
76989	25 cm and over	258.04

Maxillofacial Deformities, Treatment of

1	Osteotomy/ostectomy, ramus of the mandible	
77101	Osteotomy, subcondylar, closed	551.03
77102	Osteotomy, subcondylar, open	1333.93
77103	Osteotomy, ramus of the mandible, oblique, extra-oral	1333.93
77104	Osteotomy, ramus of the mandible, oblique, intra-oral	1333.93
77105	Osteotomy/ostectomy, body of the mandible	1333.93
77106	Osteotomy, coronoidectomy	1333.93
77107	Osteotomy, condylar neck	1333.93
77108	Osteotomy, sagittal split	1333.93
2	Osteotomy, miscellaneous	
77201	Osteotomy, oblique with bone graft	1600.86
77202	Osteotomy, inverted "L"	1333.93
77203	Osteotomy, "C"	1333.93
3	Osteotomy, maxilla	
77301	Osteotomy, maxilla, total	1333.93
77302	Osteotomy, maxilla, total with bone graft	1600.86
77303	Osteotomy, maxilla, Le Forte II with bone graft	1333.93
77304	Osteotomy, maxilla, Le Forte III	1600.86
77305	Additional to the above osteotomy requiring 3 segments	73.04
77306	Additional to the above osteotomy requiring 4 segments	109.56
77307	Additional to the above osteotomy requiring a cranial flap	146.07

77308	Closure of cleft fistula (alveolar)	479.88
77309	Closure of cleft fistula (palatal)	640.19
77311	Pharyngoplasty	384.18
77312	Submucous resection	256.09
4	Osteotomy, maxillary/mandibular, segmental	
	<u>Osteotomy, segmental, maxilla</u>	
77411	Osteotomy, segmental, anterior	968.89
77412	Osteotomy, segmental, posterior	968.89
77413	Osteotomy, midpalatal split, anterior	968.89
77414	Osteotomy, midpalatal split, complete	968.89
	<u>Osteotomy, segmental, mandible</u>	
77421	Osteotomy, segmental, anterior with transfer of mental eminence	968.89
77422	Osteotomy, segmental, anterior, without the transfer of mental eminence	968.89
77423	Osteotomy, segmental, posterior	968.89
77424	Osteotomy, lower border, mandible	968.89
77425	Osteotomy, total dento-alveolar, mandible	968.89
5	Genioplasty	
77501	Genioplasty, sliding, reduction or augmentation	968.89
77502	Genioplasty, reduction (vertical)	968.89
77503	Genioplasty, augmentation with graft (see grafting codes)	968.89
77504	Myotomy, suprahyoid	968.89
6	Miscellaneous treatment of maxillofacial deformities	
77601	Corticotomy	152.56
77602	Interdental septotomy	152.56
77603	Surgical expansion of the palate	968.89
7	Palatorrhaphy	
77701	Palatorrhaphy, anterior (closure of palatine fissure)	810.00
77702	Palatorrhaphy, posterior	810.00
77703	Palatorrhaphy, total	968.89
77704	Palatorrhaphy, with bone graft	968.89
77705	Palatorrhaphy, bone graft to anterior alveolar ridge	968.89
8	Glossectomy	
77901	Glossectomy, partial, anterior wedge	325.81
77902	Glossectomy, partial, for orthodontic purposes	325.81
77903	Glossectomy, full posterior-anterior wedge	325.81
9	Cleft surgery	
77911	Primary unilateral cleft lip repair	937.55
77912	Secondary unilateral cleft lip repair	937.55
77913	Primary bilateral cleft lip repair	1406.30
77914	Secondary bilateral cleft lip repair	1406.30
77917	Closure of alveolar cleft (see grafting codes)	937.55
10	Oral nasal fistula	
77921	Primary closure at time of initial surgery	625.10
77922	Secondary closure with palatal flap	625.10
77923	Secondary closure with pharyngeal flap	625.10

77924	Secondary closure with tongue flap	625.10
77925	Secondary closure with buccal flap	625.10

Temporomandibular Joint Dysfunctions, Treatment of

1	Temporomandibular joint, dislocation, management of	
78101	Dislocation, open reduction	393.64
78102	TMJ, dislocation, closed reduction, uncomplicated	47.23
78103	TMJ, dislocation, closed reduction, under general anesthetic	47.23
78104	TMJ, luxation, reduction without anesthesia	47.23
78105	TMJ, luxation, reduction under anesthesia	47.23
78106	TMJ, manipulation, under anesthesia	47.23
2	Temporomandibular joint, capsule, management of	
78201	Condyloplasty	472.28
78202	Condylotomy	472.28
78203	Cyndylectomy	472.28
78204	Eminoplasty	416.67
78205	Re-contour of glenoid fossa	416.67
78206	Menisectomy	625.10
78207	Plication of meniscus	833.57
78208	Repair of meniscus	833.57
78209	Replacement of meniscus	833.57
3	Temporomandibular joint, arthrotomy for major reconstruction	
78301	Fossa replacement (see grafting codes)	916.83
78302	Condylar replacement (see grafting codes)	916.83
78303	Gap arthroplasty for ankylosis (see grafting codes)	916.83
4	Temporomandibular joint, arthrocentesis (puncture and aspiration)	
78501	1 unit of time	78.74
78502	2 units of time	157.48
78509	Each additional unit of time over 2	78.74
5	Temporomandibular joint, management by injections	
78601	Injection, with anti-inflammatory drugs	78.74
78602	Injection, with sclerosing agent	78.74

Oral Surgery Procedures, Other

1	Salivary glands, treatment of	
79101	Salivary duct, dilation of	26.87
79102	Salivary duct, insertion of polyethylene tube	27.45
79103	Salivary duct, sialodochoplasty	322.53
79104	Salivary duct, reconstruction of	322.53
	<u>Salivary duct, sialolithotomy</u>	
79111	Sialolithotomy, anterior 1/3 of canal	94.46
79112	Sialolithotomy, posterior 2/3 of canal	283.32
79113	Sialolithotomy, external approach	377.68
	<u>Salivary gland, excisions</u>	
79121	Excision of submaxillary gland	377.68

79122	Excision of sublingual gland	377.68
79123	Excision of mucocele	145.24
79124	Excision of ranula	188.99
79125	Marsupialization of ranula	188.99

Salivary gland, removal

79131	Salivary gland, removal, parotid (sub total)	566.77
79132	Salivary gland, removal, parotid (radical, including facial nerve)	755.67

2 Neurological disturbances, treatment of

Neurological disturbances, trigeminal nerve

79211	Trigeminal nerve, injection for destruction	78.74
79212	Trigeminal nerve, avulsion at periphery	312.77
79213	Trigeminal nerve, total avulsion of a branch	312.77
79214	Trigeminal nerve, alcoholization of a branch	78.74
79215	Trigeminal nerve, infiltration of a branch for diagnosis	78.74
79217	Trigeminal nerve, neurolysis or tumor excision of trigeminal nerve branch in soft tissue	312.77
79218	Trigeminal nerve, neurolysis or tumor excision of trigeminal nerve branch in bone (mandibule, maxilla or orbit) (not to include osteotomy)	312.77

Neurological disturbances, inferior dental nerve

79231	Inferior dental nerve, complete avulsion	312.77
79232	Inferior dental nerve, decompression in the canal	312.77

Neurological disturbances, surgery

79246	Excision of tumor or neuroma	312.77
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3 Antral surgery

Antral surgery, recovery, foreign bodies

79311	Antral surgery, immediate recovery of a dental root or foreign body from the antrum	188.99
79312	Antral surgery, immediate closure of antrum by another dental surgeon	152.56
79313	Antral surgery, delayed recovery of a dental root with oral antrostomy	472.28
79314	Antral surgery with nasal antrostomy	472.28

Antral surgery, oro-antral fistula closure (same session)

79331	Oro-antral fistula closure with buccal flap	472.28
79332	Oro-antral fistula closure with gold plate	472.28
79333	Oro-antral fistula closure with palatal flap	472.28

Antral surgery, oro-antral fistula closure (subsequent session)

79341	Oro-antral fistula closure with buccal flap	472.28
79342	Oro-antral fistula closure with gold plate	472.28
79343	Oro-antral fistula closure with palatal flap	472.28

Hemorrhage, Control of

(MSI: Payable if procedure rendered by dentist other than the provider of the original service.)

79403	Hemorrhage control, using compression and hemostatic agent	50.98
79404	Hemorrhage control, using hemostatic substance and sutures (including removal of bony tissue, if necessary)	50.98

Post-Surgical Care

(MSI: excludes alveolitis, details must accompany claim.)

Required by complications and unusual circumstances, refer to comment under section heading 70000.

79602 Post-surgical care, minor, by other than treating dentist 50.84

Emergency Office Procedures

79701 Emergency procedure, tracheotomy IC
 79702 Emergency procedure, crico-thyroidotomy IC

["IC" means Independent Consideration]

***E" means Expenses
 ***L" means Laboratory Fees
 ***PA" means Prior Approval from the Corporation that administers the M.S.I. Plan for the Province

Fee Code

Insured Dental Services Tariff

Schedule D: Maxillofacial Prosthodontics Program

The Maxillofacial Prosthodontics Program provides insured dental services for residents (as defined in the M.S.I. Regulations) whose maxillofacial prosthodontic needs are the result of congenital facial disorders, cancer, surgery, trauma, and neurological deficit.

The following services are payable at \$53.90 per 15-minute time unit:

Part 1: Examination and Diagnosis

01702 Examination and diagnosis, prosthodontic, specific

Part 2: Prosthetics, Removable—50000–59999

Dentures, Complete

Includes impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including 3 months post-insertion care.

- 1 Dentures, complete, equilibrated** (involves remounted equilibration on a semi adjustable articulator)
 - 51201 Maxillary + L
 - 51202 Mandibular + L
 - 51204 Liners, resilient in addition to above
- 2 Dentures, surgical, standard (immediate)** (includes tissue conditioner, but does not include hard relines, but does include 3 months post insertion care)
 - 51301 Maxillary + L
 - 51302 Mandibular + L
- 3 Dentures, complete, transitional (temporary)**
 - 51601 Maxillary + L

51602 Mandibular + L

4 Dentures, complete, overdenture

51701 Maxillary + L

51702 Mandibular + L

5 Dentures, complete, overdentures (immediate)

51801 Maxillary + L

51802 Mandibular + L

6 Dentures, complete, attached to implants

Dentures, removable, tissue bone, with independent attachments secured to implants

51921 Maxillary + L

51922 Mandibular + L

Dentures, Partial, Acrylic

1 Dentures, partial, acrylic base (transitional) (with or without clasps)

52101 Maxillary + L

52102 Mandibular + L

2 Dentures, partial, acrylic base (immediate)

52111 Maxillary + L

52112 Mandibular + L

3 Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests

52301 Maxillary + L

52302 Mandibular + L

4 Dentures, partial, acrylic, with metal wrought/cast clasps and/or rests (immediate)

52311 Maxillary + L

52312 Mandibular + L

5 Dentures, partial, overdenture, acrylic, with cast/wrought clasps and/or rests

52501 Maxillary + L

52502 Mandibular + L

6 Dentures, partial, overdenture, acrylic, with cast/wrought clasps and/or rests (immediate)

52511 Maxillary + L

52512 Mandibular + L

Dentures, Partial, Cast with Acrylic Base

1 Dentures, partial, free end, cast frame/connector, clasps and rests

53101 Maxillary + L

53102 Mandibular + L

53104 Altered cast impression technique in conjunction with 53101, 53102, 53103 + L

2 Dentures, partial, tooth borne, cast frame/connector, clasps and rests

53201 Maxillary + L

53202 Mandibular + L

3 Dentures, partial, cast, precision attachments

53401 Maxillary + L

53402 Mandibular + L

4 Dentures, partial, cast, semi-precision attachments

53501 Maxillary + L

53502 Mandibular + L

5 Dentures, partial, cast, overdenture, removeable

53701 Maxillary + L

53702 Mandibular + L

53704 Altered cast impression technique done in conjunction with 53701, 53702 and 53703 + L

Dentures, Adjustments

(After 3 months post-insertion or by other than the dentist who provided the prosthesis.)

1 Denture adjustments, partial or complete denture, minor

54201 1 unit of time + L

2 Denture adjustments, partial or complete denture, remount and occlusal equilibration

54301 Maxillary + L

54302 Mandibular + L

Dentures, Repairs/Additions

1 Denture, repair, complete denture, no impression required

55101 Maxillary + L

55102 Mandibular + L

2 Denture, repair, complete denture, impression required

55201 Maxillary + L

55202 Mandibular + L

3 Denture, repairs/additions, partial denture, no impression required

55301 Maxillary + L

55302 Mandibular + L

4 Denture, repairs/additions, partial denture, impression required

55401 Maxillary + L

55402 Mandibular + L

5 Dentures, implant retained prosthesis, prophylaxis and polishing

55501 1 unit of time + L

55509 Each additional unit of time

Dentures, Duplication, Relining and Rebasing

1 Dentures, duplication

Denture, duplication, complete denture

56111 Maxillary + L

56112 Mandibular + L

2	Dentures, relining
	<u>Denture, reline, direct, complete denture</u>
56211	Maxillary
56212	Mandibular
	<u>Denture, reline, direct, partial denture</u>
56221	Maxillary
56222	Mandibular
	<u>Denture, reline, processed, complete denture</u>
56231	Maxillary + L
56232	Mandibular + L
	<u>Denture, reline, processed, partial denture</u>
56241	Maxillary + L
56242	Mandibular + L
	<u>Denture, reline, processed, functional impression requiring 3 appointments, partial denture</u>
56261	Maxillary + L
56262	Mandibular + L
3	Dentures, remake
	<u>Denture, remake, using existing framework, partial denture</u>
56411	Maxillary + L
56412	Mandibular + L

Dentures, Tissue Conditioning

1	Denture, tissue conditioning, per appointment, complete denture
56511	Maxillary + L
56512	Mandibular + L
2	Denture, tissue conditioning, per appointment, partial denture
56521	Maxillary + L
56522	Mandibular + L

Dentures, Miscellaneous Services

56601	Resilient liner, in relined or rebased denture (in addition to reline or rebase of denture) + L
56602	Resetting of teeth (not including reline or rebase of denture) + L

Prostheses

1	Prosthesis, facial
57101	Orbital + L
57102	Nose + L
57103	Ear + L
57104	Patch + L
57105	Facial, complex + L
57106	Facial Moulage impression
57108	Ocular conformer prosthesis
57109	Ocular prosthesis

2	Prosthesis, maxillofacial, obturators
57202	Obturator (definitive) (prosthesis extra) + L
57203	Obturator (post-surgical) (prosthesis extra) + L
57204	Obturator (temporary) (prosthesis extra) + L
57208	Obturator prosthesis, modification (relines or repairs) + L
57209	Speech aid prosthesis
3	Prosthesis, maxillofacial, other
57301	Velar (speech) bulb (prosthesis and obturator extra) + L
57302	Velar lift button, mechanical (prosthesis and obturator extra) + L (palatal lift prosthesis)
57304	Retention, magnetic (prosthesis extra) + L
57305	Guide plane, condylar (prosthesis extra) + L
57308	Skull plate, customized + L
57311	Feeding appliance (for infants with cleft palate) + L
57321	Lingual prosthesis
57341	Mandibular resection prosthesis with guide flange + L
57342	Mandibular resection prosthesis without guide flange + L
4	Prosthesis, temporomandibular joint
57401	Exerciser, trismus, therapy + L
5	Prosthesis, splints
57503	Gunning (upper and lower) + L
57504	Bar splint, labial and lingual + L
57505	Scaffolding, rhinoplastic (nasal stent) + L
57507	Template, surgical + L
57508	Commissure splint + L
6	Prosthesis, stents
57601	Ridge extension + L
57602	Maxillary and mandibular + L
57603	Skin grafts
57604	Mucous membrane grafts (mucosal guard)
7	Prosthesis, radiation appliances
57651	Radiation vehicle carrier + L
57652	Radiation protection shield (extra-oral) + L
57653	Radiation protection shield (intra-oral) + L
57660	Prosthesis, stents, decompression

***E" means Expenses

***L" means Laboratory Fees

***PA" means Prior Approval from the Corporation that administers the M.S.I. Plan for the Province

Insured Dental Services Tariff

Schedule E: Mentally Challenged Program

The Mentally Challenged Program provides the insured dental services set out for the Children's Oral Health Program in Schedule B for residents (as defined in the M.S.I. Regulations) who are considered by a physician to be mentally handicapped.

The fee for an insured dental service provided under this Schedule to a mentally handicapped resident is the fee set out in the Nova Scotia Dental Association Schedule of Fees at the general practitioner rate, unless the

service is provided in a hospital, in which case the fee is the fee set out in the Nova Scotia Dental Association Schedule of Fees at the general practitioner rate, plus 30%.

In order for an insured dental service to be provided in a hospital, a physician must indicate that a hospital setting is required to meet the resident's dental needs.

If major restorative treatment is required, pre-authorization must be obtained from the Corporation that administers the M.S.I. Plan for the Province before beginning treatment.

There is no coverage under the Mentally Challenged Program for services performed outside the Province.

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