SPECIALISTS

High Freq.							
	Code	Description	100%	20%	30%	40%	50%
	86050	Laboratory Fee (see Preamble)					
		BASIC SERVICES					
		DIAGNOSTIC SECTION					
	86100	CONSULTATIONS (see definition in Preamble) Consultation (Prior Approval required) Examination and Diagnosis, Surgical,	295.89	59.18	88.77	118.36	147.95
		General (a) History, Medical and Dental (b) Clinical Examination as below, may include in-depth analysis of medical status, medication, anaesthetic and surgical risk, initial consultation with referring dentist or physician, parent or					
	86101	guardian, evaluation of source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors, TMJ, or where the patient is to be admitted to hospital for dental procedures. Surgical Specific (Prior Approval					
		required)	118.35	23.67	35.51	47.34	59.18
		EXAMINATIONS					
01	86110	Limited oral (recall patient)	47.24	9.45	14.17	18.90	23.62
02	86111	Limited oral (new patient)	50.47	10.09	15.14	20.19	25.24
03	86114 86115	Specific oral (Remarks Code required) Emergency (Remarks Code required)	61.12 61.12	12.22 12.22	18.34 18.34	24.45 24.45	30.56 30.56
00	00110		01.12	12.22	10.54	24.40	30.30
		RADIOGRAPHS					
		Bitewing					
	86200	- one (see Preamble)	24.27	4.85	7.28	9.71	12.14
04	86210	- two (see Preamble)	31.83	6.37	9.55	12.73	15.92
		Periapical					
05	86240	- one (Remarks Code required)	24.27	4.85	7.28	9.71	12.14
	86250	- two (Remarks Code required)	31.83	6.37	9.55	12.73	15.92
	86280	Panoramic - one (Restricted to Oral Surgeon)					
		(Remarks Code required)	91.00	18.20	27.30	36.40	45.50



SPECIALISTS

High							
Freq.		Description	100%	20%	30%	40%	50%
		RESTORATIVE SECTION					
		REMOVALS					
10	86400	Removal of carious lesion or existing restoration and the placement of sedative/protective dressing when not done the same day or within 42 days of the subsequent final restoration	109.36	21.87	32.81	43.74	54.68
		DENTAL RETORATIONS					
11 12 13	86420 86430 86440 86450	Primary Canine and Molar Teeth - one surface - two surfaces - three surfaces - four surfaces	106.76 156.34 181.91 220.49	21.35 31.27 36.38 44.10	32.03 46.90 54.57 66.15	42.70 62.54 72.76 88.20	53.38 78.17 90.96 110.25
14	86460 86470 86480 86490	Permanent Anteriors and Premolars - one surface - two surfaces - three surfaces - four surfaces or more	140.45 188.03 217.14 281.28	28.09 37.61 43.43 56.26	42.14 56.41 65.14 84.38	56.18 75.21 86.86 112.51	70.23 94.02 108.57 140.64
15 16	86500 86510 86520 86530 86540	Permanent Molars – Amalgam Fillings - one surface - two surfaces - three surfaces - four surfaces - five surfaces	116.48 160.01 202.54 253.15 288.78	23.30 32.00 40.51 50.63 57.76	34.94 48.00 60.76 75.95 86.63	46.59 64.00 81.02 101.26 115.51	58.24 80.01 101.27 126.58 144.39
	86501 86502 86503 86504 86505	Permanent Molars – Tooth Colored Bonded Fillings - one surface - two surfaces - three surfaces - four surfaces - five surfaces	152.73 224.51 268.76 325.29 374.94	30.55 44.90 53.75 65.06 74.99	45.82 67.35 80.63 97.59 112.48	61.09 89.80 107.50 130.12 149.98	76.37 112.26 134.38 162.65 187.47
	86550 86551	- one pin	29.56 46.70	5.91 9.34	8.87 14.01	11.82 18.68	14.78 23.35



SPECIALISTS

High Freq. Code	Code	Description	100%	20%	30%	40%	50%
		ORAL SURGERY SECTION					
		REMOVALS					
18	86600	Single tooth removal, uncomplicated, birth					
19	86610	to age 12 Each additional tooth removed, same	119.55	23.91	35.87	47.82	59.78
	86615	quadrant, birth to age 12Single tooth removal, Income Support	91.26	18.25	27.38	36.50	45.63
	86616	recipients aged 13 years and over ONLY Each additional tooth removed in the	119.55	23.91	35.87	47.82	59.78
	86620	same quadrant, Income Support recipients aged 13 years and over ONLY Odontectomy, surgical approach requiring surgical flap, removal of bone and/or sectioning of tooth (Except for third molar impactions, in which case the Surgical	91.26	18.25	27.38	36.50	45.63
		Dental Schedule should be used, noting the applicable restrictions)	249.11	49.82	74.73	99.64	124.56
	86671 86672	TRAUMA & REPAIRS Replantation, repositioning avulsed tooth or teeth (including splinting per unit of time), permanent teeth only: - one unit	107.54 +L 107.54	21.51 +L 21.51	32.26 +L 32.26	43.02 +L 43.02	53.77 +L 53.77
	86673 86674	Splinting Removal - one unit	176.31 176.31	35.26 35.26	52.89 52.89	70.52 70.52	88.16 88.16
		PROSTHODONTICS REMOVABLE					
8	37600 37601 37602	Compete Dentures, Standard - maxillary (Prior Approval required) mandibular (Prior Approval required) maxillary and mandibular, combined	830.11 +L 927.14 +L	166.02 +L 185.43 +L	249.03 +L 278.14 +L	332.04 +L 370.86 +L	415.06 +L 463.57 +L
		(Prior Approval required)	1,602.37 +L	320.47 +L	480.71 +L	640.95 +L	801.19 +L

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SPECIALISTS

High Free Cod		Description	100%	20%	30%	40%	50%
		ADDITIONAL SERVICES					
6	86350 86355	PREVENTIVE SECTION Dental cleaning	42.55	8.51	12.77	17.02	21.28
		insured for patient 6 to 12 years of age only	25.49	5.10	7.65	10.20	12.75
	87180	Sealants - first tooth	39.07	7.81	11.72	15.63	19.54
	87181	- each additional tooth, same quadrant	29.32	5.86	8.80	11.73	14.66
		RESTORATIVE SECTION					
17	86560	Metal Prefabricated Restorations Primary molars only	232.50	46.50	69.75	93.00	116.25
	87290	Posts, Cast Metal (Including Core) as a Separate Procedure Single section (Prior Approval required)	407.19 +L	81.44 +L	122.16 +L	162.88 +L	203.60 +L
	07200	Posts, Cast Metal (including Core)	407.10 12	01.4472	122.10 12	102.00 12	200.00 12
	87295	Concurrent with Impression for Crown Single section (Prior Approval required)	226.57 +L	45.31 +L	67.97 +L	90.63 +L	113.29 +L
	87310	Crowns, Porcelain/Ceramic Porcelain/Ceramic jacket (Prior Approval required)	948.33 +L	189.67 +L	284.5 +L	379.33 +L	474.17 +L
	87311	Crowns, Porcelain/Ceramic, Fused to Metal Porcelain, fused to metal (Prior Approval required)	939.78 +L	187.96 +L	281.93 +L	375.91 +L	469.89 +L
		ENDODONTIA					
	86760	Pulpectomy Deciduous molars and canines (use Remarks Code 77)	165.40	33.08	49.62	66.16	82.70
20	86770	Pulpotomy, Devitalized, Primary Dentition Pulpotomy + final filling the same day	86.70	17.34	26.01	34.68	43.35
	86772	Pulpotomy Permanent, anterior	137.22	27.44	41.17	54.89	68.61
	87339	Root Canal Treatment One Canal (Prior Approval required)	558.07	111.51	167.42	223.23	279.04

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