

Please note: The National Coding System for dental services contains over 2000 codes and descriptions for dental services. This Abbreviated Suggested Fee Guide lists the most frequently used codes based on patient treatment needs in Nova Scotia. Please contact the NSDA to inquire about additional codes that aren't listed in this guide. Codes for all services can be obtained from your dental office. The suggested fees shown are the result of detailed economic research and reflect the average theoretical general dental practice in Nova Scotia. This Abbreviated Suggested Fee Guide does not reflect any particular practice's fees.

**ABBREVIATED SUGGESTED FEE GUIDE 2009
NOVA SCOTIA DENTAL ASSOCIATION**

		Code	Fee
DIAGNOSTIC			
Complete Oral Exam	- primary dentition	01101	38.00
	- mixed dentition	01102	49.00
	- permanent dentition	01103	65.00
Standard Oral Examination (or Recall)		01202	24.00
Specific Oral Examination		01204	41.00
Emergency Oral Examination		01205	41.00
Radiographs	- complete series	02102	76.00
	- single film	02111	13.00
	- two films	02112	17.00
	- three films	02113	21.00
	- four films	02114	24.00
Panoramic Film	- single film	02601	51.00
Diagnostic Casts - Unmounted		04911	33.00 + LAB
PREVENTIVE			
Polishing	- one unit of time	11101	24.00
	- two units	11102	48.00
Scaling	- one unit of time	11111	35.00
Topical Fluoride		12101	15.00
Sealants	- single tooth	13401	20.00
	- each additional tooth in same quadrant	13409	14.00
Periodontal Appliances		- Maxillary 14611	243.00 + LAB
		- Mandibular 14612	243.00 + LAB
Space Maintainer, Band Type	- fixed, unilateral	15101	133.00 + LAB
	- fixed, bilateral	15103	147.00 + LAB
Occlusal Adjustment / Equilibration		16511	65.00 /Unit
Caries Control	- first tooth	20111	78.00
	- each additional tooth in same quadrant	20119	78.00
AMALGAM RESTORATIONS (non bonded)			
Primary Teeth	- one surface	21111	69.00
	- two surfaces	21112	90.00
	- three surfaces	21113	101.00
	- four surfaces	21114	110.00
	- five surfaces or maximum surfaces per tooth	21115	135.00
Permanent Anterior & Bicuspid Teeth	- one surface	21211	82.00
	- two surfaces	21212	105.00
	- three surfaces	21213	131.00
	- four surfaces	21214	153.00
	- five surfaces or maximum surfaces per tooth	21215	188.00
Permanent Molar Teeth	- one surface	21221	91.00
	- two surfaces	21222	109.00
	- three surfaces	21223	148.00

	- four surfaces	21224	188.00
	- five surfaces or maximum surfaces per tooth	21225	227.00
Retentive Pins	- one pin	21401	19.00
	- two pins	21402	31.00
	- three pins	21403	34.00

TOOTH COLOURED RESTORATIONS (bonded technique)

Permanent Anteriors	- one surface	23111	104.00
	- two surfaces (continuous)	23112	118.00
	- three surfaces (continuous)	23113	144.00
	- four surfaces (continuous)	23114	190.00
	- five surfaces (conti., max. surfaces / tooth)	23115	255.00
Permanent Bicuspid	- one surface	23311	124.00
	- two surfaces	23312	152.00
	- three surfaces	23313	207.00
	- four surfaces	23314	254.00
	- five surfaces or maximum surfaces per tooth	23315	290.00

		Code	Fee
Permanent Molar Teeth	- one surface	23321	131.00
	- two surfaces	23322	155.00
	- three surfaces	23323	215.00
	- four surfaces	23324	261.00
	- five surfaces or maximum surfaces per tooth	23325	328.00

TOOTH COLOURED RESTORATIONS, VENEER APPLICATIONS

Prefabricated, Direct Chairside - Bonded	23121	213.00
Non-Prefabricated, Direct Buildup - Bonded	23122	214.00

CROWNS (single restorations)

Porcelain / Ceramic / Polymer Glass Fused to Metal Base	27211	560.00 + LAB	
Full, Cast Metal	27301	560.00 + LAB	
3/4, Cast Metal	27311	560.00 + LAB	
Prefabricated Metal Crown	- primary anterior	22201	126.00
	- primary posterior	22211	121.00
Posts, Cast Metal (including core) as a Separate Procedure, Single Section	25711	266.00 + LAB	
Posts, Prefabricated Retentive, One Post	25731	126.00 + EXP	
Posts, Prefabricated, with Non-bonded Core for Crown Restoration	- with amalgam core + pins, where applicable	25751	185.00 + EXP
	- with composite core + pins, where applicable	25754	209.00 + EXP

ENDODONTICS

Pulpotomy (separate emergency procedure)			
	- permanent anterior and bicuspid teeth, excl. final restoration	32221	87.00
	- primary tooth as a separate procedure	32231	70.00
Root Canals, Permanent Teeth / Retained Primary Teeth (uncomplicated)			
	- one canal	33111	348.00
	- two canals	33121	497.00
	- three canals	33131	646.00
	- four canals or more	33141	786.00

PERIODONTICS

Root Planing		43421	35.00 /Unit
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PROSTHODONTICS - REMOVABLE

Dentures, Complete, Standard		- Maxillary 51101	726.00 + LAB
		- Mandibular 51102	797.00 + LAB
Partial Dentures - Cast Frame / Connector		- Maxillary 53201	726.00 + LAB
		- Mandibular 53202	726.00 + LAB
Minor Denture Adjustments		54201	60.00 /U+LAB
Relining Dentures (complete)	- direct reline	- Maxillary 56211	197.00
		- Mandibular 56212	197.00
	- processed reline	- Maxillary 56231	264.00 + LAB
		- Mandibular 56232	272.00 + LAB

ORAL SURGERY

Surgical Removal of:			
- Erupted teeth	- single tooth, uncomplicated	71101	103.00
	- each additional in same quadrant	71109	69.00
	- complicated, requiring surgical flap	71201	206.00
- Impacted teeth	- soft tissue coverage	72111	206.00
	- partial bone coverage	72211	249.00
	- complete bone coverage	72221	345.00

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