

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.

**2011 ABBREVIATED SUGGESTED FEE GUIDE
NOVA SCOTIA DENTAL ASSOCIATION**

		Code	Sug. Fee	
DIAGNOSTIC				
Complete Oral Exam	- primary dentition	01101	39.00	
	- mixed dentition	01102	50.00	
	- permanent dentition	01103	69.00	
Standard Oral Examination (or Recall)		01202	27.00	
Specific Oral Examination		01204	42.00	
Emergency Oral Examination		01205	42.00	
Radiographs	- complete series	02102	84.00	
	- single image	02111	14.00	
	- two images	02112	19.00	
	- three images	02113	24.00	
	- four images	02114	27.00	
Panoramic image	- single image	02601	56.00	
Diagnostic Cast - Unmounted		04911	21.00	+ LAB
PREVENTIVE				
Polishing	- one unit of time	11101	25.00	
	- two units	11102	50.00	
Scaling	- one unit of time	11111	37.00	
Topical Fluoride		12101	15.00	
Sealants	- single tooth	13401	20.00	
	- each additional tooth in same quadrant	13409	14.00	
Periodontal Appliances	- Maxillary	14611	250.00	+ LAB
	- Mandibular	14612	250.00	+ LAB
Space Maintainer, Band Type	- fixed, unilateral	15101	136.00	+ LAB
	- fixed, bilateral	15103	150.00	+ LAB
Occlusal Adjustment / Equilibration		16511	67.00	/U
Caries Control	- first tooth	20111	83.00	
	- each additional tooth in same quadrant	20119	83.00	
AMALGAM RESTORATIONS (non bonded)				
Primary Teeth	- one surface	21111	74.00	
	- two surfaces	21112	96.00	
	- three surfaces	21113	107.00	
	- four surfaces	21114	117.00	
	- five surfaces or maximum surfaces per tooth	21115	143.00	
Permanent Anterior & Bicuspid Teeth	- one surface	21211	87.00	
	- two surfaces	21212	115.00	
	- three surfaces	21213	139.00	
	- four surfaces	21214	168.00	
	- five surfaces or maximum surfaces per tooth	21215	200.00	

Permanent Molar Teeth	- one surface	21221	102.00
	- two surfaces	21222	117.00
	- three surfaces	21223	157.00
	- four surfaces	21224	199.00
	- five surfaces or maximum surfaces per tooth	21225	261.00
Retentive Pins	- one pin	21401	21.00
	- two pins	21402	35.00
	- three pins	21403	39.00

TOOTH COLOURED RESTORATIONS (bonded technique)

Permanent Anteriors	- one surface	23111	106.00
	- two surfaces (continuous)	23112	120.00
	- three surfaces (continuous)	23113	147.00
	- four surfaces (continuous)	23114	193.00
	- five surfaces (conti., max. surfaces / tooth)	23115	260.00
Permanent Bicuspid	- one surface	23311	126.00
	- two surfaces	23312	156.00
	- three surfaces	23313	210.00
	- four surfaces	23314	258.00
	- five surfaces or maximum surfaces per tooth	23315	295.00
Permanent Molar Teeth	- one surface	23321	132.00
	- two surfaces	23322	158.00
	- three surfaces	23323	216.00
	- four surfaces	23324	263.00
	- five surfaces or maximum surfaces per tooth	23325	330.00

TOOTH COLOURED RESTORATIONS, VENEER APPLICATIONS

Prefabricated, Direct Chairside - Bonded	23121	220.00
Non-Prefabricated, Direct Buildup - Bonded	23122	223.00

CROWNS (single restorations)

Porcelain / Ceramic / Polymer Glass Fused to Metal Base	27211	587.00	+ LAB
Full, Cast Metal	27301	587.00	+ LAB
3/4, Cast Metal	27311	587.00	+ LAB
Prefabricated Metal Crown			
- primary anterior	22201	130.00	
- primary posterior	22211	127.00	
Posts, Cast Metal (including core) as a Separate Procedure, Single Section	25711	277.00	+ LAB
Posts, Prefabricated Retentive, One Post	25731	132.00	+ EXP
Posts, Prefabricated, with Non-bonded Core for Crown Restoration			
- with amalgam core + pins, where applicable	25751	193.00	+ EXP
- with composite core + pins, where applicable	25754	219.00	+ EXP

ENDODONTICS

Pulpotomy (separate emergency procedure)		
- permanent anterior and bicuspid teeth, excl. final restoration	32221	89.00
- primary tooth as a separate procedure	32231	71.00

Root Canals, Permanent Teeth / Retained Primary Teeth (uncomplicated)

- one canal	33111	361.00
- two canals	33121	512.00
- three canals	33131	668.00
- four canals or more	33141	812.00

PERIODONTICS

Root Planing	43421	37.00	/U
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PROSTHODONTICS - REMOVABLE

Dentures, Complete, Standard	- Maxillary	51101	741.00	+ LAB
	- Mandibular	51102	856.00	+ LAB
Partial Dentures - Cast Frame / Connector	- Maxillary	53201	777.00	+ LAB
	- Mandibular	53202	777.00	+ LAB
Minor Denture Adjustments		54201	64.00	/U+LAB
Relining Dentures (complete)	- direct reline	- Maxillary	56211	211.00
		- Mandibular	56212	211.00
	- processed reline	- Maxillary	56231	283.00 + LAB
		- Mandibular	56232	291.00 + LAB

ORAL SURGERY

Surgical Removal of:				
- Erupted teeth	- single tooth, uncomplicated	71101	104.00	
	- 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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