

**Nova Scotia Dental Association
2018 ABBREVIATED FEE GUIDE**

(Refer to complete Guide for items not listed below or for detailed code descriptions.)

		Code	Sug. Fee
DIAGNOSTIC			
Complete Oral Exam	- primary dentition	01101	53.00
	- mixed dentition	01102	68.00
	- permanent dentition	01103	93.00
Standard Oral Examination (or Recall)		01202	32.00
Specific Oral Examination		01204	50.00
Emergency Oral Examination		01205	51.00
Radiographs	- complete series	02102	105.00
	- single image	02111	17.00
	- two images	02112	23.00
	- three images	02113	29.00
	- four images	02114	35.00
Panoramic image	- single image	02601	69.00
Diagnostic Cast - Unmounted		04911	29.00 + LAB
PREVENTIVE			
Polishing	- one unit of time	11101	29.00
	- two units	11102	58.00
Scaling	- one unit of time	11111	42.00
Topical Fluoride		12101	18.00
Sealants	- single tooth	13401	24.00
	- each additional tooth in same quadrant	13409	17.00
Periodontal Appliances	- Maxillary	14611	281.00 + LAB
	- Mandibular	14612	281.00 + LAB
Space Maintainer, Band Type	- fixed, unilateral	15101	151.00 + LAB
	- fixed, bilateral	15103	166.00 + LAB
Occlusal Adjustment./ Equilibration		16511	87.00 /U
Caries Control	- first tooth	20111	107.00
	- each additional tooth in same quadrant	20119	107.00
AMALGAM RESTORATIONS (non bonded)			
Primary Teeth	- one surface	21111	94.00
	- two surfaces	21112	119.00
	- three surfaces	21113	144.00
	- four surfaces	21114	160.00
	- five surfaces or maximum surfaces per tooth	21115	210.00
Permanent Anterior & Bicuspid Teeth	- one surface	21211	127.00
	- two surfaces	21212	161.00
	- three surfaces	21213	195.00
	- four surfaces	21214	217.00
	- five surfaces or maximum surfaces per tooth	21215	285.00
Permanent Molar Teeth	- one surface	21221	132.00
	- two surfaces	21222	168.00
	- three surfaces	21223	204.00
	- four surfaces	21224	226.00
	- five surfaces or maximum surfaces per tooth	21225	297.00
Retentive Pins	- one pin	21401	26.00
	- two pins	21402	42.00
	- three pins	21403	58.00
TOOTH COLOURED RESTORATIONS (bonded technique)			
Permanent Anteriors	- one surface	23111	118.00
	- two surfaces (continuous)	23112	150.00
	- three surfaces (continuous)	23113	182.00
	- four surfaces (continuous)	23114	214.00
	- five surfaces (cont. max. surfaces / tooth)	23115	282.00
Permanent Bicuspids	- one surface	23311	141.00
	- two surfaces	23312	179.00
	- three surfaces	23313	217.00
	- four surfaces	23314	255.00
	- five surfaces or maximum surfaces per tooth	23315	335.00

Permanent Molar Teeth	- one surface	23321	147.00
	- two surfaces	23322	187.00
	- three surfaces	23323	226.00
	- four surfaces	23324	266.00
	- five surfaces or maximum surfaces per tooth	23325	350.00
TOOTH COLOURED RESTORATIONS, VENEER APPLICATIONS			
Prefabricated, Direct Chairside - Bonded		23121	256.00
Non-Prefabricated, Direct Buildup - Bonded		23122	259.00
CROWNS (single restorations)			
Porcelain / Ceramic / Polymer Glass Fused to Metal Base		27211	696.00 + LAB
Cast Metal		27301	696.00 + LAB
3/4, Cast Metal		27311	696.00 + LAB
Prefabricated Metal Crown	- primary anterior	22201	162.00
	- primary posterior	22211	162.00
Posts, Cast Metal (including core) as a Separate Procedure, Single Section		25711	332.00 + LAB
Posts, Prefabricated Retentive, One Post		25731	159.00 + EXP
Posts, Prefabricated, with Non-bonded Core for Crown Restoration			
	- with amalgam core + pins, where applicable	25751	234.00 + EXP
	- with composite core + pins, where applicable	25754	266.00 + EXP
ENDODONTICS			
Pulpotomy (separate emergency procedure)			
	- permanent anterior and bicuspid teeth, excl. final restoration	32221	112.00
	- primary tooth as a separate procedure	32231	89.00
Root Canals, Permanent Teeth / Retained Primary Teeth (uncomplicated)			
	- one canal	33111	445.00
	- two canals	33121	632.00
	- three canals	33131	826.00
	- four canals or more	33141	1002.00
PERIODONTICS			
Root Planing		43421	42.00 /U
PROSTHODONTICS - REMOVABLE			
Dentures, Complete, Standard	- Maxillary	51101	792.00 + LAB
	- Mandibular	51102	955.00 + LAB
Partial Dentures - Cast Frame / Connector			
	- Maxillary	53201	960.00 + LAB
	- Mandibular	53202	960.00 + LAB
Minor Denture Adjustments		54201	78.00 /U+LAB
Relining Dentures (complete)	- direct reline	56211	260.00
	- Mandibular	56212	260.00
	- processed reline	56231	350.00 + LAB
	- Mandibular	56232	360.00 + LAB
ORAL SURGERY			
Surgical Removal of:			
- Erupted teeth	- single tooth, uncomplicated	71101	131.00
	- each additional in same quadrant	71109	87.00
	- complicated, requiring surgical flap	71201	254.00
- Impacted teeth	- soft tissue coverage	72111	241.00
	- partial bone coverage	72211	288.00
	- complete bone coverage	72221	397.00