

**Nova Scotia Dental Association**  
**2019 ABBREVIATED FEE GUIDE**

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

|   |   | Code  | Sug.<br>Fee  |
|---|---|-------|--------------|
| <b>DIAGNOSTIC</b>                                     |   |       |              |
| 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 | 108.00       |
|   | - single image                                | 02111 | 17.00        |
|   | - two images                                  | 02112 | 24.00        |
|   | - three images                                | 02113 | 30.00        |
|   | - four images                                 | 02114 | 36.00        |
| Panoramic image                                       | - single image                                | 02601 | 71.00        |
| Diagnostic Cast - Unmounted                           |   | 04911 | 32.00 + LAB  |
| <b>PREVENTIVE</b>                                     |   |       |              |
| Polishing   | - one unit of time                            | 11101 | 30.00        |
|   | - two units                                   | 11102 | 60.00        |
| Scaling   | - one unit of time                            | 11111 | 43.00        |
| Fluoride Treatment                                    | - rinse                                       | 12111 | 13.00        |
| Fluoride Treatment                                    | - gel or foam                                 | 12112 | 18.00        |
| Sealants  | - single tooth                                | 13401 | 24.00        |
|   | - each additional tooth in same quadrant      | 13409 | 17.00        |
| Periodontal Appliances                                | - Maxillary                                   | 14611 | 288.00 + LAB |
|   | - Mandibular                                  | 14612 | 288.00 + LAB |
| Space Maintainer, Band Type                           | - fixed, unilateral                           | 15101 | 154.00 + LAB |
|   | - fixed, bilateral                            | 15103 | 169.00 + LAB |
| Occlusal Adjustment / Equilibration                   |   | 16511 | 87.00 /U     |
| Caries Control  | - first tooth                                 | 20111 | 109.00       |
|   | - each additional tooth in same quadrant      | 20119 | 109.00       |
| <b>AMALGAM RESTORATIONS (non bonded)</b>              |   |       |              |
| Primary Teeth   | - one surface                                 | 21111 | 96.00        |
|   | - two surfaces                                | 21112 | 121.00       |
|   | - three surfaces                              | 21113 | 147.00       |
|   | - four surfaces                               | 21114 | 163.00       |
|   | - five surfaces or maximum surfaces per tooth | 21115 | 215.00       |
| Permanent Anterior & Bicuspid Teeth                   | - one surface                                 | 21211 | 129.00       |
|   | - two surfaces                                | 21212 | 164.00       |
|   | - three surfaces                              | 21213 | 199.00       |
|   | - four surfaces                               | 21214 | 221.00       |
|   | - five surfaces or maximum surfaces per tooth | 21215 | 290.00       |
| Permanent Molar Teeth                                 | - one surface                                 | 21221 | 135.00       |
|   | - two surfaces                                | 21222 | 171.00       |
|   | - three surfaces                              | 21223 | 208.00       |
|   | - four surfaces                               | 21224 | 231.00       |
|   | - five surfaces or maximum surfaces per tooth | 21225 | 303.00       |
| Retentive Pins  | - one pin                                     | 21401 | 28.00        |
|   | - two pins                                    | 21402 | 44.00        |
|   | - three pins                                  | 21403 | 60.00        |
| <b>TOOTH COLOURED RESTORATIONS (bonded technique)</b> |   |       |              |
| Permanent Anteriors                                   | - one surface                                 | 23111 | 121.00       |
|   | - two surfaces (continuous)                   | 23112 | 153.00       |
|   | - three surfaces (continuous)                 | 23113 | 186.00       |
|   | - four surfaces (continuous)                  | 23114 | 218.00       |
|   | - five surfaces (cont. max. surfaces / tooth) | 23115 | 287.00       |
| Permanent Bicuspids                                   | - one surface                                 | 23311 | 144.00       |
|   | - two surfaces                                | 23312 | 182.00       |
|   | - three surfaces                              | 23313 | 221.00       |
|   | - four surfaces                               | 23314 | 260.00       |
|   | - five surfaces or maximum surfaces per tooth | 23315 | 342.00       |

|  |  |              |       |              |
|--|--|--------------|-------|--------------|
| Permanent Molar Teeth  | - one surface  |              | 23321 | 150.00       |
|  | - two surfaces   |              | 23322 | 190.00       |
|  | - three surfaces   |              | 23323 | 231.00       |
|  | - four surfaces  |              | 23324 | 271.00       |
|  | - five surfaces or maximum surfaces per tooth                    |              | 23325 | 357.00       |
| <b>TOOTH COLOURED RESTORATIONS, VENEER APPLICATIONS</b>                    |  |              |       |              |
| Prefabricated, Direct Chairside - Bonded                                   |  |              | 23121 | 260.00       |
| Non-Prefabricated, Direct Buildup - Bonded                                 |  |              | 23122 | 264.00       |
| <b>CROWNS (single restorations)</b>  |  |              |       |              |
| Porcelain / Ceramic / Polymer Glass Fused to Metal Base                    |  |              | 27211 | 711.00 + LAB |
| Cast Metal   |  |              | 27301 | 711.00 + LAB |
| 3/4, Cast Metal  |  |              | 27311 | 711.00 + 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 | 339.00 + LAB |
| Posts, Prefabricated Retentive, One Post                                   |  |              | 25731 | 162.00 + EXP |
| Posts, Prefabricated, with Non-bonded Core for Crown Restoration           |  |              |       |              |
|  | - with amalgam core + pins, where applicable                     |              | 25751 | 239.00 + EXP |
|  | - with composite core + pins, where applicable                   |              | 25754 | 272.00 + EXP |
| <b>ENDODONTICS</b>   |  |              |       |              |
| 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      |
| <b>PERIODONTICS</b>  |  |              |       |              |
| Root Planing   |  |              | 43421 | 43.00 /U     |
| <b>PROSTHODONTICS - REMOVABLE</b>  |  |              |       |              |
| 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  | - Maxillary  | 56211 | 260.00       |
|  |  | - Mandibular | 56212 | 260.00       |
|  | - processed reline   | - Maxillary  | 56231 | 350.00 + LAB |
|  |  | - Mandibular | 56232 | 360.00 + LAB |
| <b>ORAL SURGERY</b>  |  |              |       |              |
| Surgical Removal of:   |  |              |       |              |
| - Erupted teeth  |  |              |       |              |
|  | - single tooth, uncomplicated                                    |              | 71101 | 134.00       |
|  | - each additional in same quadrant                               |              | 71109 | 89.00        |
|  | - complicated, requiring surgical flap                           |              | 71201 | 258.00       |
| - Impacted teeth   |  |              |       |              |
|  | - soft tissue coverage   |              | 72111 | 241.00       |
|  | - partial bone coverage  |              | 72211 | 288.00       |
|  | - complete bone coverage   |              | 72221 | 397.00       |