

**Nova Scotia Dental Association  
2022 ABBREVIATED FEE GUIDE**

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

	<b>Code</b>	<b>Sug. Fee</b>
<b>DIAGNOSTIC</b>		
Complete Oral Exam	- primary dentition	01101 63.00
	- mixed dentition	01102 81.00
	- permanent dentition	01103 112.00
Standard Oral Examination (or Recall)		01202 38.00
Specific Oral Examination		01204 60.00
Emergency Oral Examination		01205 61.00
Radiographs	- complete series	02102 117.00
	- single image	02111 19.00
	- two images	02112 26.00
	- three images	02113 32.00
	- four images	02114 39.00
Panoramic image	- single image	02601 78.00
Diagnostic Cast - Unmounted		04911 45.00 + LAB
<b>PREVENTIVE</b>		
Polishing	- one unit of time	11101 33.00
	- two units	11102 66.00
Scaling	- one unit of time	11111 48.30
Fluoride Treatment	- rinse	12111 15.00
Fluoride Treatment	- gel or foam	12112 21.00
Sealants	- single tooth	13401 25.00
	- each additional tooth in same quadrant	13409 18.00
Periodontal Appliances	- Maxillary	14611 317.00 + LAB
	- Mandibular	14612 317.00 + LAB
Space Maintainer, Band Type	- fixed, unilateral	15101 167.00 + LAB
	- fixed, bilateral	15103 184.00 + LAB
Occlusal Adjustment / Equilibration		16511 97.00 /U
Caries Control	- first tooth	20111 123.00
	- each additional tooth in same quadrant	20119 123.00
<b>AMALGAM RESTORATIONS (non bonded)</b>		
Primary Teeth	- one surface	21111 108.00
	- two surfaces	21112 138.00
	- three surfaces	21113 167.00
	- four surfaces	21114 185.00
	- five surfaces or maximum surfaces per tooth	21115 244.00
Permanent Anterior & Bicuspid Teeth	- one surface	21211 147.00
	- two surfaces	21212 186.00
	- three surfaces	21213 226.00
	- four surfaces	21214 251.00
	- five surfaces or maximum surfaces per tooth	21215 330.00
Permanent Molar Teeth	- one surface	21221 153.00
	- two surfaces	21222 194.00
	- three surfaces	21223 236.00
	- four surfaces	21224 262.00
	- five surfaces or maximum surfaces per tooth	21225 344.00
Retentive Pins	- one pin	21401 30.00
	- two pins	21402 47.00
	- three pins	21403 64.00
<b>TOOTH COLOURED RESTORATIONS (bonded technique)</b>		
Permanent Anteriors	- one surface	23111 137.00
	- two surfaces	23112 174.00
	- three surfaces	23113 211.00
	- four surfaces	23114 248.00
	- five surfaces or maximum surfaces per tooth	23115 326.00
Permanent Bicuspids	- one surface	23311 163.00
	- two surfaces	23312 207.00
	- three surfaces	23313 251.00
	- four surfaces	23314 295.00
	- five surfaces or maximum surfaces per tooth	23315 388.00

Permanent Molar Teeth	- one surface	23321	170.00
	- two surfaces	23322	216.00
	- three surfaces	23323	262.00
	- four surfaces	23324	308.00
	- five surfaces or maximum surfaces per tooth	23325	405.00
<b>TOOTH COLOURED RESTORATIONS, VENEER APPLICATIONS</b>			
Prefabricated, Direct Chairside - Bonded		23121	306.00
Non-Prefabricated, Direct Buildup - Bonded		23122	310.00
<b>CROWNS (single restorations)</b>			
Porcelain / Ceramic / Polymer Glass Fused to Metal Base		27211	842.00 + LAB
Cast Metal		27301	842.00 + LAB
3/4, Cast Metal		27311	842.00 + LAB
Prefabricated Metal Crown	- primary anterior	22201	192.00
	- primary posterior	22211	192.00
Posts, Cast Metal (including core) as a Separate Procedure, Single Section		25711	401.00 + LAB
Posts, Prefabricated Retentive, One Post		25731	192.00 + EXP
Posts, Prefabricated, with Non-bonded Core for Crown Restoration			
	- with amalgam core + pins, where applicable	25751	285.00 + EXP
	- with composite core + pins, where applicable	25754	327.00 + EXP
<b>ENDODONTICS</b>			
Pulpotomy (separate emergency procedure)			
	- permanent anterior and bicuspid teeth, excl. final restoration	32221	141.00
	- primary tooth as a separate procedure	32231	112.00
Root Canals, Permanent Teeth / Retained Primary Teeth (uncomplicated)			
	- one canal	33111	445.00
	- two canals	33121	771.00
	- three canals	33131	985.00
	- four canals or more	33141	1198.00
<b>PERIODONTICS</b>			
Root Planing		43421	48.30 /U
<b>PROSTHODONTICS - REMOVABLE</b>			
Dentures, Complete, Standard	- Maxillary	51101	832.00 + LAB
	- Mandibular	51102	1003.00 + LAB
Partial Dentures - Cast Frame / Connector			
	- Maxillary	53201	1059.00 + LAB
	- Mandibular	53202	1059.00 + LAB
Minor Denture Adjustments		54201	99.00 /U+LAB
Relining Dentures (complete)	- direct reline	56211	287.00
	- Mandibular	56212	287.00
	- processed reline	56231	386.00 + LAB
	- Mandibular	56232	397.00 + LAB
<b>ORAL SURGERY</b>			
Surgical Removal of:			
- Erupted teeth	- single tooth, uncomplicated	71101	146.00
	- each additional in same quadrant	71109	110.00
	- complicated, requiring surgical flap	71201	274.00
- Impacted teeth	- soft tissue coverage	72111	266.00
	- partial bone coverage	72211	315.00
	- complete bone coverage	72221	430.00
<b>LABORATORY AND EXPENSES</b>			
Provision of additional personal protective equipment required by the COVID-19 pandemic			
Per appointment,	- non-aerosol generating procedures	99901	I.C.
	- aerosol generating procedures	99902	I.C.