

CHILD HEALTH BENEFIT – DENTAL COVERAGE

Effective July 1, 2017 to June 30, 2019

- Child Health Benefits (CHB) dental coverage is provided to dependent children enrolled in the Alberta Child Health Benefit (ACHB) program and dependent children of Income Support recipients in the Learner category and children enrolled in the Child and Youth Support Program. Note: children of other Income Support and Alberta Adult Health Benefit (AAHB) program recipients are provided coverage through Schedule E.
- For the period commencing July 1, 2017 through to June 30, 2019, the Minister will compensate Members for the cost of providing Services to Clients, in accordance with the fees set out in Schedule A.
- For the purpose of this schedule "a year" means twelve (12) consecutive months.

The following services may be provided:

Procedure	Code	2017/2019 Fees (\$)	LAB Fees (\$)	Specialist Fees (\$)
DIAGNOSTIC				
Examinations, Complete Oral (once per year per dentist)				
Primary dentition	1101	\$54.18		\$67.18
Mixed dentition	1102	\$81.29		\$100.80
Permanent dentition	1103	\$81.29		\$100.80
Examination Recall (once per 6 months per dentist)	1202	\$54.18		\$67.18
Examinations, Specific	1204	\$54.18		\$67.18
Emergency	1205	\$54.18		\$67.18
Surgical, Specific	1602	\$59.59		\$73.89
Specific Endodontic	1802	\$59.59		\$73.89
Radiographs, Perapical (maximum 6 films per year)	2111	\$21.63		\$26.83
	2112	\$36.04		\$44.69
	2113	\$50.48		\$62.60
	2114	\$64.93		\$80.52
	2115	\$79.41		\$98.47
	02116,17, 18, 19, 20	\$93.80		\$116.31
Radiographs, Bitewing (maximum 2 films per year)	2141	\$21.63		\$26.83
	2142,43, 44,45,46	\$36.04		\$44.69
Procedure	Code	2017/2019 Fees (\$)	LAB Fees (\$)	Specialist Fees (\$)

Radiographs, Panoramic (once every five years, except for patients referred to an oral and maxillofacial surgeon, who may take a panoramic film as required.)	2601	\$72.14		\$89.46
Pulp Vitality Test (one unit per visit)	4501	\$51.48		\$63.83
Casts, Diagnostic (one per year)	4911	\$51.48	\$27.11	\$63.83
PREVENTIVE				
Polishing (two units per twelve months)	11101	\$51.48		\$63.83
	11102	\$102.97		\$127.68
	11107	\$25.74		\$31.91
Scaling (maximum four units per twelve months)	11111	\$54.18		\$67.18
	11112	\$108.38		\$134.39
	11113	\$162.56		\$201.58
	11114	\$216.74		\$268.76
	11117	\$27.09		\$33.60
Fluoride Treatments (Children aged 4 to 17, once a year. Children under 4 and adults 18 and over do not qualify for fluoride.)	12101	\$25.74		\$31.91
Sealants, Pit and Fissure (Children aged 4 to 17)	13401	\$25.74		\$31.91
	13409	\$12.86		\$15.96
Space Maintainers				\$0.00
Band Type	15101	\$178.77	\$60.16	\$221.68
	15102	\$178.77	\$128.60	\$221.68
	15103	\$238.37	\$149.82	\$295.57
	15104,05	\$238.37	\$219.69	\$295.57
Acrylic, Removable	15401	\$178.77	\$204.13	\$221.68
	15402	\$178.77	\$204.13	\$221.68
	15403	\$178.77	\$204.13	\$221.68
Acid Etched, Pontic Type	15501	\$178.77	\$28.27	\$221.68
Space Maintainers, Maintenance	15601	\$59.59	\$0.00	\$73.89
	15602	\$119.18	\$63.12	\$147.79
	15603	\$119.24	\$49.47	\$147.86
	15604	\$56.89		\$70.55

Procedure	Code	2017/2019 Fees (\$)	LAB Fees (\$)	Specialist Fees (\$)
Disking of Teeth (maximum 2 units per year)	16201	\$51.48		\$63.83
	16202	\$102.97		\$127.68
RESTORATIVE SERVICES				
Caries, Trauma, Pain Control, Sedative/Protective Dressing	20111	\$58.02		\$71.95
	20119	\$58.02		\$71.95
Trauma Control, Smoothing of Fractured Surfaces per Tooth	20131	\$27.63		\$34.27
	20139	\$27.63		\$34.27
Restorations, Amalgam, Primary Teeth				
Non-Bonded, Primary Teeth	21111	\$67.72		\$83.98
	21112	\$99.56		\$123.45
	21113	\$128.01		\$158.73
	21114	\$156.45		\$193.99
	21115	\$170.66		\$211.62
Bonded, Primary Teeth	21121	\$81.29		\$100.80
	21122	\$113.77		\$141.08
	21123	\$142.22		\$176.35
	21124	\$170.66		\$211.62
	21125	\$184.90		\$229.28
Restorations, Amalgam, Permanent Teeth				
Non-Bonded, Permanent Bicuspid and Anteriors	21211	\$67.72		\$83.98
	21212	\$99.56		\$123.45
	21213	\$128.01		\$158.73
	21214	\$156.45		\$193.99
	21215	\$170.66		\$211.62
Non-Bonded, Permanent Molars	21221	\$67.72		\$83.98
	21222	\$99.56		\$123.45
	21223	\$128.01		\$158.73
	21224	\$156.45		\$193.99
	21225	\$170.66		\$211.62
Bonded, Permanent Bicuspid and Anteriors	21231	\$81.29		\$100.80
	21232	\$113.77		\$141.08

	21233	\$142.22		\$176.35
	21234	\$170.66		\$211.62
	21235	\$184.90		\$229.28
Procedure	Code	2017/2019 Fees (\$)	LAB Fees (\$)	Specialist Fees (\$)
Bonded, Permanent Molars	21241	\$81.29		\$100.80
	21242	\$113.77		\$141.08
	21243	\$142.22		\$176.35
	21244	\$170.66		\$211.62
	21245	\$184.90		\$229.28
Pins, Retentive	21401	\$21.01		\$26.04
	21402	\$31.50		\$39.06
	21403	\$42.01		\$52.09
	21404	\$52.52		\$65.12
	21405	\$63.01		\$78.14
Restorations, Prefabricated, Metal				
Primary Anterior	22201	\$128.01		\$158.73
	22202	\$156.45		\$193.99
Primary Posterior	22211	\$128.01		\$158.73
	22212	\$156.45		\$193.99
Permanent Anterior	22301	\$170.66		\$211.62
	22302	\$199.12		\$246.90
Permanent Posterior	22311	\$170.66		\$211.62
	22312	\$199.12		\$246.90
Restorations, Prefabricated, Plastic				
Primary	22401,11	\$116.06		\$143.90
Permanent	22501, 11	\$159.57		\$197.87
Restorations, Tooth Coloured, Permanent				
Permanent Anteriors, Non Bonded	23101	\$72.54		\$89.94
	23102	\$87.05		\$107.93
	23103	\$101.55		\$125.91
	23104	\$130.55		\$161.88
	23105	\$159.57		\$197.87
Permanent Anterior, Bonded	23111	\$99.56		\$123.45
	23112	\$113.77		\$141.08
	23113	\$128.01		\$158.73
	23114	\$156.45		\$193.99

	23115	\$184.90		\$229.28
Permanent Bicuspid, Non Bonded	23211	\$72.54		\$89.94
	23212	\$101.55		\$125.91
	23213	\$116.06		\$143.90
	23214	\$128.17		\$158.94
	23215	\$145.07		\$179.89
		2017/2019		
Procedure	Code	Fees (\$)	LAB Fees (\$)	Specialist Fees (\$)
Permanent Molars, Non Bonded	23221	\$72.54		\$89.94
	23222	\$101.55		\$125.91
	23223	\$116.06		\$143.90
	23224	\$130.55		\$161.88
	23225	\$145.07		\$179.89
Permanent Bicuspid, Bonded	23311	\$99.56		\$123.45
	23312	\$142.22		\$176.35
	23313	\$170.66		\$211.62
	23314	\$199.12		\$246.90
	23315	\$227.56		\$282.18
Permanent Molars, Bonded	23321	\$99.56		\$123.45
	23322	\$142.22		\$176.35
	23323	\$170.66		\$211.62
	23324	\$199.12		\$246.90
	23325	\$227.56		\$282.18
Restorations, Tooth Coloured, Primary				
Anterior, Non Bonded	23401	\$72.54		\$89.94
	23402	\$87.05		\$107.93
	23403	\$101.55		\$125.91
	23404	\$130.55		\$161.88
	23405	\$159.57		\$197.87
Anterior, Bonded	23411	\$99.56		\$123.45
	23412	\$113.77		\$141.08
	23413	\$128.04		\$158.78
	23414	\$156.45		\$193.99
	23415	\$184.90		\$229.28
Posterior, Non Bonded	23501	\$72.19		\$89.53
	23502	\$101.55		\$125.91
	23503	\$116.06		\$143.90
	23504	\$130.55		\$161.88

	23505	\$145.07		\$179.89
Posterior, Bonded	23511	\$99.56		\$123.45
	23512	\$142.22		\$176.35
	23513	\$170.66		\$211.62
	23514	\$199.12		\$246.90
	23515	\$231.13		\$286.61
Post, Prefabricated Retentive	25731	\$87.05		\$107.93
	25732	\$174.07		\$215.86
	25733	\$261.12		\$323.79
Procedure	Code	2017/2019 Fees (\$)	LAB Fees (\$)	Specialist Fees (\$)
Recementation/Rebonding, Inlays, Onlays, Crowns	29101	\$58.02	B.R.	\$71.94
	29102	\$116.06	B.R.	\$143.90
ENDODONTICS				
Pulpotomy (as a separate Emergency Procedure)				
Anterior and Bicuspid Teeth	32221	\$116.06		\$143.90
Molar Teeth	32222	\$116.06		\$143.90
Primary Teeth	32231	\$110.55		\$137.07
Primary Tooth Concurrent with Restoration	32232	\$55.26		\$68.52
Pulpectomy (as an Emergency Procedure)				
Permanent Teeth/Retained Primary Teeth, One canal	32311	\$87.05		\$107.93
Two Canals	32312	\$116.06		\$143.90
Three Canals	32313	\$145.07		\$179.89
Four Canals or more	32314	\$174.07		\$215.86
Pulpectomy Primary Anterior	32321	\$87.05		\$107.93
Pulpectomy, Primary Posterior	32322	\$145.07		\$179.89
Root Canals, Permanent/Retained Primary Teeth				
(Approved for Anterior Teeth ONLY 13, 12, 11, 21, 22,23, 33, 32, 31, 41, 42, 43) (Requests for Posterior root canals for Children require ADSC Review Committee)				
One Canal	33111	\$493.23		\$611.60
Two or More Canals	33121	\$744.61		\$923.32
Periapical Services (Approved for Anterior Teeth Only)				
Apicoectomy/Apical Curettage				
Maxillary Anterior, One Root	34111	\$317.71		\$393.96

Two Roots	34112	\$464.08		\$575.46
Mandibular Anterior, One Root	34141	\$381.24		\$472.74
Two Roots	34142	\$530.38		\$657.68
Retrofilling				
Maxillary Anterior, One Canal	34211	\$63.54		\$78.79
Two or More Canals	34212	\$127.08		\$157.58
Mandibular Anterior, One Canal	34241	\$63.54		\$78.79
Two or More Canals	34242	\$127.08		\$157.58
Open and Drain (Separate Emergency Procedures)	39201, 02	\$52.52		\$65.12
PERIODONTICS				
Periodontal Abscess or Pericoronitis, may include one or more of the following procedures: Lancing Scaling, Curettage, Surgery or Medication				
One Unit of Time	42831	\$58.02		\$71.94
Two Units	42832	\$116.06		\$143.90
Procedure	Code	2017/2019 Fees (\$)	LAB Fees (\$)	Specialist Fees (\$)
PROSTHODONTICS- REMOVABLE (NOTE 1)				
Dentures, Complete, Standard	51101, 02	\$580.27	\$398.21	\$719.53
Resilient Liner (Lab)	51104		\$88.35	
Dentures, Surgical, Standard (Immediate)	51301, 02	\$580.27	\$432.32	\$719.53
Dentures, Partial, Acrylic Base, Without Clasps (Provisional)	52101, 02	\$165.81	\$261.45	\$205.60
Dentures, Partial, Acrylic Base, Without Clasps (Immediate)	52111, 12	\$165.81	\$241.30	\$205.60
Dentures, partial, acrylic with metal wrought/cast clasps and/or rests	52301, 02	\$542.16	\$342.52	\$672.28
Dentures, partial, free end, case frame/connector, clasps and rests	53101, 02	\$580.28	\$373.33	\$719.54
Dentures Adjustments, Partial or Complete, Minor				
One Unit of Time	54201	\$52.52	B.R.	\$65.12
Two Units	54202	\$105.03	B.R.	\$130.23
Denture Repair, Complete				
No Impression Required	55101, 02	\$55.26	\$70.30	\$68.52
Impression Required	55201, 02	\$110.55	\$114.51	\$137.07
Dentures, Repairs/Additions, Partial				

No Impression Required	55301, 02	\$55.26	\$90.14	\$68.52
Impression Required	55401, 02	\$110.55	\$114.79	\$137.07
Dentures/Implant Retained Prosthesis Prophylaxis and Polishing	55501, 09	\$52.52	B.R.	\$65.12
Denture Reline				
Direct - Complete	56211, 12	\$165.81		\$205.60
Partial	56221, 22	\$165.81		\$205.60
Processed - Complete	56231, 32	\$165.81	\$121.96	\$205.60
Partial	56241, 42	\$165.81	\$115.62	\$205.60
Denture Rebase - Complete	56311, 12	\$165.81	\$146.62	\$205.60
Partial	56321, 22	\$165.81	\$146.62	\$205.60
Processed, Functional - Complete	56331, 32	\$276.34	\$146.62	\$342.67
Partial	56341, 42	\$276.34	\$146.62	\$342.67
Tissue Conditioning - Complete	56511, 12	\$110.55	B.R.	\$137.07
Partial	56521, 22	\$110.55	B.R.	\$137.07
Dentures, Services (Resetting)	56602	\$232.11	\$158.09	\$287.82
PROSTHODONTICS - FIXED				
Repairs, Recementation of Fixed Bridge	66301	\$58.02	\$89.28	\$71.94
	66302	\$116.06	\$89.28	\$143.90
Procedure	Code	2017/2019 Fees (\$)	LAB Fees (\$)	Specialist Fees (\$)
EMERGENCY ORAL & MAXILLOFACIAL SURGERY				
Removals, Erupted Teeth				
Uncomplicated	71101, 09	\$67.72		\$83.98
Complicated	71201, 09	\$134.09		\$166.26
Removal requiring flap	71211, 19	\$134.09		\$166.26
Removals, Impactions, Soft Tissue Coverage	72111, 19	\$121.56		\$150.73
Removals, Impactions, Involving Tissue and/or Bone Coverage	72211, 19	\$182.33		\$226.09
	72221, 29	\$243.13		\$301.49
	72231, 39	\$331.49		\$411.04
Removals, Residual Roots	72311, 19	\$55.26		\$68.52
	72321, 29	\$82.90		\$102.80
	72331, 39	\$121.56		\$150.73
Surgical Incision and Drainage and/or Exploration, Intra-oral Tissue	75111	\$121.56		\$150.73

Post Surgical Care (Minor by Other Than Treating Dentist)	79602	\$58.02		\$71.95
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ADJUNCTIVE GENERAL SERVICES

**General Anesthesia
(All General Anesthetic Requires Review Committee Approval with a medical history provided)**

Two Units of Time	92212	\$108.21		\$134.17
Three Units	92213	\$157.58		\$201.26
Four Units	92214	\$216.40		\$268.32
Five Units	92215	\$270.50		\$335.40
Six Units	92216	\$324.62		\$402.53
Seven Units	92217	\$378.70		\$469.60
Eight Units	92218	\$432.80		\$536.68
Each Additional Unit Over Eight	92219	\$54.09		\$67.08

Provision of Dental & Anesthetic Facilities, Equipment and Supplies

Two Units of Time	92222	\$108.21		\$134.17
Three Units	92223	\$157.58		\$201.26
Four Units	92224	\$216.40		\$268.32
Five Units	92225	\$270.50		\$335.40
Six Units	92226	\$324.62		\$402.53
Seven Units	92227	\$378.70		\$469.60
Eight Units	92228	\$432.80		\$536.68
Each Additional Unit Over Eight	92229	\$54.09		\$67.08

Procedure	Code	2017/2019 Fees (\$)	LAB Fees (\$)	Specialist Fees (\$)
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Anesthesia, Deep Sedation

Two Units of Time	92302	\$97.92		\$121.42
Three Units	92303	\$146.86		\$182.09
Four Units	92304	\$195.83		\$242.83
Five Units	92305	\$244.78		\$303.55
Six Units	92306	\$293.75		\$364.26
Seven Units	92307	\$342.72		\$424.98
Eight Units	92308	\$391.68		\$485.68
Each Additional Unit Over Eight	92309	\$48.96		\$60.71

Conscious Sedation

Nitrous Oxide

One Unit of Time	92411	\$27.76		\$34.42
Two Units	92412	\$41.65		\$51.65

Three Units	92413	\$55.54		\$68.86
Four Units	92414	\$69.43		\$86.09
Five Units	92415	\$83.31		\$103.30
Six Units	92416	\$97.20		\$120.53
Seven Units	92417	\$111.09		\$137.76
Eight Units	92418	\$124.97		\$154.97
Each Additional Unit Over Eight	92419	\$13.89		\$17.22
Oral Sedation				
One Unit of Time	92421	\$27.76		\$34.42
Two Units	92422	\$41.65		\$51.65
Three Units	92423	\$55.54		\$68.86
Four Units	92424	\$69.43		\$86.09
Five Units	92425	\$83.31		\$103.30
Six Units	92426	\$97.20		\$120.53
Seven Units	92427	\$111.09		\$137.76
Eight Units	92428	\$124.97		\$154.97
Each Additional Unit Over Eight	92429	\$13.89		\$17.22
Nitrous Oxide with Oral Sedation				
One Unit of Time	92431	\$27.76		\$34.42
Two Units	92432	\$41.65		\$51.65
Three Units	92433	\$55.54		\$68.86
Four Units	92434	\$69.43		\$86.09
Five Units	92435	\$83.31		\$103.30
Six Units	92436	\$97.20		\$120.53
Seven Units	92437	\$111.09		\$137.76
Eight Units	92438	\$124.97		\$154.97
Each Additional Unit Over Eight	92439	\$13.89		\$17.22
Procedure	Code	2017/2019 Fees (\$)	LAB Fees (\$)	Specialist Fees (\$)
Parenteral Conscious Sedation				
One Unit of Time	92441	\$27.76		\$34.42
Two Units	92442	\$41.65		\$51.65
Three Units	92443	\$55.54		\$68.86
Four Units	92444	\$69.43		\$86.09
Five Units	92445	\$83.31		\$103.30
Six Units	92446	\$97.20		\$120.53
Seven Units	92447	\$111.09		\$137.76
Eight Units	92448	\$124.97		\$154.97

Each Additional Unit Over Eight	92449	\$13.89		\$17.22
Institutional Visits (one per day per institution)	94301	\$52.52		\$65.12
	94302	\$65.00		\$80.60
Emergency Prescriptions	96102	\$34.20		\$42.41

*Where no applicable specialist fee is indicated, the general dentist fee will apply.

By submitting a claim for services listed herein, a claimant is agreeing to be bound by the general terms and conditions associated with such claims, which can be found at either the Alberta Dental Association & College (www.dentalhealthalberta.ca) or Alberta Dental Services Corporation (www.adsc.org) websites, and any further terms and conditions contained herein.

All claim inquiries should be directed to Alberta Dental Services Corporation at 1-800-232-1997

Note 1:

Where a specific treatment requiring multiple appointments is being rendered and termination of eligibility occurs, there shall be a period of thirty days allowed for completion of that specific treatment.

Claims for prosthodontic services must only be submitted for payment after the date of insertion and not before.

Payments for New Prosthodontic Services, Relines and Rebases and Repairs and Miscellaneous Services are subject to the following conditions:

New Prosthodontics

- Pre-authorization required if replacement partial or denture is provided;
- One complete or partial denture per arch every five years;
- Complete or partial denture(s) replacement may be provided upon pre-authorization, when a denture is broken beyond repair or is irretrievably lost;
- Complete or partial denture(s) replacement is limited to one arch within five years of placement of initial denture;
- Immediate temporary complete or partial denture(s) is limited to one per arch every five years.
- If a new complete denture is required within six months of receiving a reline or a rebase, submission of a treatment plan for Review Committee approval is required, before service can commence.
- Should a new complete denture be required within six months of a partial placement, submission of a treatment plan for Review Committee approval is required.
- Where a new complete denture is required, only minor repairs will be permitted in order to provide the Patient with temporary service while the new denture is being constructed.

- Dentists will provide free of charge three (3) months post insertion care on all new, complete or partial denture(s), and/or relines/rebases, specified in this Schedule.

Relines and Rebases

- One reline or rebase per arch, every two years;
- If reline or rebase is required within six months of date of insertion of new denture(s), submission of a treatment service plan is required for Review Committee approval, prior to the service being provided;
- If relines or rebases are required within two years of date of last reline or rebase, submission of a treatment service plan is required for Review Committee approval, prior to service being provided.

Repairs and Miscellaneous Services

- Pre-authorization is required with procedure codes: 56511, 56512, 56602, 55501 and 55509.
- Tissue conditioning is provided prior to the insertion of a Standard Denture or in the case of a Surgical Immediate denture, the service is provided as post insertion care. Tissue conditioning is limited to two services per arch, every two years.
- Out of office calls are limited to patients in hospitals, auxiliary hospitals, and nursing homes;
- Denture reset (code 56602), one per arch every five years;
- Denture reset (code 56602) if required within twelve months of receiving initial denture(s), submission of a treatment service plan is required for Review Committee approval, prior to service being provided;
- Denture prophylaxis and polish is limited to once every twelve months per arch;
- Post insertion adjustments are limited to a maximum of three per arch per year. They are also only permitted after three months post insertion. Units of time are fifteen minute intervals with a maximum two time units per adjustment.
- Submission of a treatment service plan for Review Committee approval is required if tissue conditioning is needed with a functional impression reline/rebase.

DENTAL BENEFIT ADMINISTRATION

- Alberta Dental Service Corporation will administer on behalf of Alberta Health, the pre- authorization and review committee adjudication and effect payment for eligible claims.
- The Alberta Dental Services Corporation is instructed to authorize payment for general anesthesia, neuroleptic anesthesia, intravenous sedation or the provision of dental anesthetic facilities, equipment, and supplies **ONLY UNDER EXTRAORDINARY CIRCUMSTANCES. ANY VERIFICATION OF EXTRAORDINARY CIRCUMSTANCES IS UP TO THE PRACTITIONER TO SUBSTANTIATE.**

This authorization is meant only for those circumstances where the delivery of the dental service would not be possible under local anesthesia or local anesthesia and nitrous-oxide/oxygen sedation alone and in those circumstances where the provision of dental services under local anesthesia or local anesthesia and nitrous-oxide/oxygen sedation could negatively impact on a individuals pre-existing systemic disease, physical condition or general health or where the patient's physical and/or mental condition, age, developmental age, or behavioral disorder contraindicates treatment under local anesthesia or local anesthesia and nitrous-oxide oxygen sedation. Instances where such requests may be granted include patients with severe mental or physical handicaps, e.g., cerebral palsy, severe mental retardation, etc., patients with severe infections in whom local anesthesia alone may not provide profound pain control or patients with severe management or behavioral issues which are not amenable to treatment with local anesthesia alone.

THIS AUTHORIZATION IS NOT MEANT TO FACILITATE THE PROVISION OF INDICATED DENTAL TREATMENT FOR THE CONVENIENCE OF THE PATIENT OR THE PRACTITIONER i.e. ANY DIFFICULT TO MANAGE PATIENT.

