

SUPPLEMENTARY DENTAL COVERAGE - (AISH AND CHILDREN IN CARE CLIENTS)
Effective July 1, 2017 to June 30, 2019

Supplementary Dental Coverage is provided to Assured Income for the Severely Handicapped (AISH) recipients and their dependents, and to children in the custody and/or under the guardianship of a director under the Child, Youth and Family Enhancement Act (“CYFEA”) or subject to an agreement under sections 57.2(1) (enhancement agreement with youth) and 57.3 (support and financial assistance agreement with 18-20 year olds) of the CYFEA.

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 C.

For the purpose of this schedule "a year" means twelve (12) consecutive months.

Benefits included are subject to the following limitations:

1.1 No payment shall be made for orthodontics for adults 18 years of age or older, except where the approval was received prior to the 18th birthday and treatment has been started prior to termination of eligibility.

1.2 No payment shall be made for orthodontics for children where the total fee involved, including work-up costs, is in excess of \$500.00 unless the child is under the guardianship of a director under the Child, Youth and Family Enhancement Act.

1.3 For children under the guardianship of a director under the Child, Youth and Family Enhancement Act, payment may exceed \$500.00 where there has been predetermination that the condition is a severely handicapping malocclusion and procedures are recommended by the Alberta Dental Services Corporation Committee and approved by the Minister designate.

2 No payment will be made for polishing treatment to a patient prior to full-mouth extraction.

3 Where full-mouth extractions are required, no payment will be made for impactions unless the reason for such satisfies the Alberta Dental Services Corporation Review Committee.

4 No payment will be made for crowns for posterior teeth. Crowns for anterior teeth require approval by the Alberta Dental Services Corporation Review Committee.

5 Whenever, as a result of handicapping condition, a patient proves to be an unusually difficult dental challenge, the dentist may submit to the Alberta Dental Services Corporation Review Committee a written recommendation for the appropriate fees.

6 Where a specific treatment procedure involving a tooth or mouth (including orthodontics), 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 procedure.

7 No payment shall be made for periodontal treatment except for one unit of desensitization, post surgical and displacement dressings, and four units of periodontal scaling performed by a generalist or eight units of periodontal scaling performed by a specialist, unless the treatment procedures are recommended by the Alberta Dental Services Corporation Review Committee and approved by the Minister designate.

8 Where a restoration is provided, no payment will be made for a stainless steel crown or prefabricated plastic crown for 30 days.

The following services may be provided:

Procedure	Code	2017/2019 Fees	Lab Fees	Specialist Fees (\$)
DIAGNOSTIC				
Examinations, Complete Oral (Children once in 12 months, Adults once in 24 months)				
Primary dentition	1101	\$48.47		\$60.11
Mixed dentition	1102	\$72.73		\$90.18
Permanent dentition	1103	\$72.73		\$90.18
Examinations, Limited Oral				
New Patient	1201	\$48.47		\$60.11
Recall (once/6 months per dentist)	1202	\$48.47		\$60.11
Specific	1204	\$48.47		\$60.11
Emergency	1205	\$48.47		\$60.11
Analysis Mixed Dentition	1206	\$48.47		\$60.11
Examinations, Stomatognathic Dysfunctional				
Comprehensive	1301	\$133.31		\$165.30
Limited	1302	\$53.32		\$66.11
Oral Pathology				
General	1401	\$106.64		\$132.23

Specific	1402	\$53.32		\$66.11
Periodontal				
General	1501	\$159.96		\$198.34
Specific	1502	\$53.32		\$66.11
Surgical				
General	1601	\$106.64		\$132.23
Specific	1602	\$53.32		\$66.11
Prosthodontic				
General	1701	\$72.73		\$90.18
Specific	1702	\$48.47		\$60.11
Fixed Oral Rehabilitation	1703	\$106.64		\$132.23
Endodontic				
Complete	1801	\$106.64		\$132.23
Specific	1802	\$53.32		\$66.11
Orthodontic (Children under the age of 18 years)				
General	1901	\$266.59	\$82.43	\$330.57
Specific	1902	\$53.32		\$66.11
		2017/2019		
Procedure	Code	Fees	Lab Fees	Specialist Fees (\$)
Radiographs, Periapical (maximum 6 films per year)	2111	\$19.36		\$24.00
	2112	\$32.25		\$39.99
	2113	\$45.16		\$56.01
	2114	\$58.10		\$72.04
	2115	\$71.04		\$88.10
	02116, 17, 18, 19, 20	\$83.93		\$104.07
Occlusal (maximum 2 films per year)	2131	\$32.25		\$39.99
	02132, 33, 34	\$48.41		\$60.04
Radiographs - Bitewing (max 2 films per year)	2141	\$19.36		\$24.00
	02142, 43, 44, 45, 46	\$32.25		\$39.99
Radiographs, Extraoral (maximum 2 films per year)	2201	\$48.41		\$60.04
	2202	\$80.69		\$100.05
Radiographs, Sialography (maximum 2 films per year)	2401	\$48.41		\$60.04

	2402	\$80.69		\$100.05
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	\$64.55		\$80.03
Radiographs, Cephalometric (maximum 2 films per year, Ortho only)	2701	\$77.21		\$95.74
	2702	\$121.08		\$150.14
Radiographs, Tomography (maximum 2 films per year)	2931	\$77.21		\$95.74
	2932	\$121.12		\$150.19
Pulp Vitality Test (one unit per visit)	4501	\$46.06		\$57.12
Casts, Diagnostic (one per year)				
Unmounted	4911	\$46.06	\$23.07	\$57.12
Mounted	4921	\$69.09	\$36.61	\$85.67

Procedure	Code	2017/2019 Fees	Lab Fees	Specialist Fees (\$)
Casts, diagnostic, Orthodontic	4931	\$92.13	\$82.42	\$114.24
Treatment Planning (maximum one unit of time per year)	05101, 09	\$48.47		\$60.11
PREVENTIVE				
Polishing (two units per twelve months)	11101	\$46.06		\$57.12
	11102	\$92.13		\$114.24
1/2 unit of time	11107	\$23.03		\$28.55
Maximum four units for generalists and eight units for specialists	11111	\$48.47		\$60.11
	11112	\$96.97		\$120.24
	11113	\$145.45		\$180.36
	11114	\$193.93		\$240.46
	11115	\$242.41		\$300.59
	11116	\$290.89		\$360.72
	11117	\$24.25		\$30.06
	11119	\$48.47		\$60.11

Fluoride Treatments (Children aged 4 to 17, once a year. Children under 4 and adults 18 and over do not qualify for fluoride.)	12101	\$23.03		\$28.55
Sealants, Pit and Fissure (Children aged 4 to 17)	13401	\$23.03		\$28.55
	13409	\$11.51		\$14.28
Appliance, Control of Oral Habits, Maxillary/Mandibular				
Removable	14101, 02	\$319.91	\$200.60	\$396.69
Fixed/cemented	14201, 02	\$373.24	\$207.87	\$462.82
Adjustments, repairs, maintenance				
one unit of time	14401	\$53.32	\$75.11	\$66.11
two units of time	14402	\$106.64	\$75.11	\$132.23
three units of time	14403	\$159.96	\$75.11	\$198.34
each additional unit over three	14409	\$53.32		\$66.11
Space Maintainers				
Band Type	15101	\$159.96	\$51.14	\$198.34
	15102	\$159.96	\$109.32	\$198.34
	15103	\$213.27	\$127.34	\$264.46
	15104, 05	\$213.27	\$186.76	\$264.46
Stainless steel crown type	15201	\$159.96	\$42.53	\$198.34
	15202	\$159.96	\$57.58	\$198.34
Cast type, Fixed	15301, 02	\$159.96		\$198.34
		2017/2019		
Procedure	Code	Fees	Lab Fees	Specialist Fees (\$)
Acrylic, Removable	15401	\$159.96	\$173.53	\$198.34
	15402	\$159.96	\$191.56	\$198.34
	15403	\$159.96	\$172.02	\$198.34
Acid etched, pontic type	15501	\$159.96	\$24.02	\$198.34
Maintenance	15601	\$53.32		\$66.11
	15602	\$106.64	\$53.65	\$132.23
	15603	\$106.64	\$42.06	\$132.23
	15604	\$50.90		\$63.12
Disking of Teeth (maximum 2 units per year)	16201	\$46.06		\$57.12
	16202	\$92.13		\$114.24
Recontouring of Teeth for Functional Resasons, each unit of time	16401, 09	\$50.90		\$63.12
Occulusal Adjustment/Equilibration (maximum two units per year)				

One Unit of Time	16511	\$56.84		\$70.48
Two units	16512,13,14, 19	\$113.68		\$140.97
RESTORATIVE SERVICES				
Caries, Trauma, Pain Control, Sedative/Protective Dressing	20111, 19	\$51.91		\$64.37
	20121, 29	\$77.88		\$96.57
Trauma Control, Smoothing of Fractured Surfaces per Tooth	20131, 39	\$24.72		\$30.65
Restorations, Amalgam, Primary Teeth				
Non-Bonded, Primary Teeth	21111	\$60.60		\$75.14
	21112	\$89.07		\$110.46
	21113	\$114.53		\$142.02
	21114	\$139.98		\$173.58
	21115	\$152.69		\$189.34
Bonded, Primary Teeth	21121	\$72.73		\$90.18
	21122	\$101.80		\$126.23
	21123	\$127.26		\$157.79
	21124	\$152.69		\$189.34
	21125	\$165.44		\$205.14
Procedure	Code	2017/2019 Fees	Lab Fees	Specialist Fees (\$)
Restorations, Amalgam, Permanent Teeth				
Non-Bonded, Permanent Bicuspid and Anteriors	21211	\$60.60		\$75.14
	21212	\$89.07		\$110.46
	21213	\$114.53		\$142.02
	21214	\$139.98		\$173.58
	21215	\$152.69		\$189.34
Non-Bonded, Permanent Molars	21221	\$60.60		\$75.14
	21222	\$89.07		\$110.46
	21223	\$114.53		\$142.02
	21224	\$139.98		\$173.58
	21225	\$152.69		\$189.34
Bonded, Permanent Bicuspid and Anteriors	21231	\$72.73		\$90.18
	21232	\$101.80		\$126.23
	21233	\$127.26		\$157.79
	21234	\$152.69		\$189.34
	21235	\$165.44		\$205.14

Bonded, Permanent Molars	21241	\$72.73		\$90.18
	21242	\$101.80		\$126.23
	21243	\$127.26		\$157.79
	21244	\$152.69		\$189.34
	21245	\$165.44		\$205.14
Restorations, Amalgam, Cores in conjunction with crown	21301	\$127.26		\$157.79
	21302	\$139.98		\$173.58
Pins, Retentive	21401	\$18.80		\$23.31
	21402	\$28.18		\$34.94
	21403	\$37.59		\$46.61
	21404	\$46.99		\$58.26
	21405	\$56.38		\$69.91
Restorations, Prefabricated, Metal				
Primary Anterior	22201	\$114.53		\$142.02
	22202	\$139.98		\$173.58
Primary Posterior	22211	\$114.53		\$142.02
	22212	\$139.98		\$173.58
Permanent Anterior	22301	\$152.69		\$189.34
	22302	\$178.15		\$220.91
Permanent Posterior	22311	\$152.69		\$189.34
	22312	\$178.15		\$220.91
Restorations, Prefabricated, Plastic				
Primary	22401, 11	\$103.84		\$128.76
Procedure	Code	2017/2019 Fees	Lab Fees	Specialist Fees (\$)
Permanent	22501, 11	\$142.77		\$177.05
Restorations, Tooth Coloured, Permanent				
Permanent Anteriors, Non Bonded	23101	\$64.90		\$80.47
	23102	\$77.88		\$96.57
	23103	\$90.85		\$112.65
	23104	\$116.81		\$144.84
	23105	\$142.77		\$177.05
Permanent Anterior, Bonded	23111	\$89.07		\$110.46
	23112	\$101.80		\$126.23
	23113	\$114.53		\$142.02
	23114	\$139.98		\$173.58
	23115	\$165.44		\$205.14
Permanent Bicuspid, Non Bonded	23211	\$64.90		\$80.47
	23212	\$90.85		\$112.65

	23213	\$103.84		\$128.76
	23214	\$116.81		\$144.84
	23215	\$129.81		\$160.96
Permanent Molars, Non Bonded	23221	\$64.90		\$80.47
	23222	\$90.85		\$112.65
	23223	\$103.84		\$128.76
	23224	\$116.81		\$144.84
	23225	\$129.81		\$160.96
Permanent Bicuspid, Bonded	23311	\$89.07		\$110.46
	23312	\$127.26		\$157.79
	23313	\$152.69		\$189.34
	23314	\$178.15		\$220.91
	23315	\$203.61		\$252.47
Permanent Molars, Bonded	23321	\$89.07		\$110.46
	23322	\$127.26		\$157.79
	23323	\$152.69		\$189.34
	23324	\$178.15		\$220.91
	23325	\$203.61		\$252.47
Restorations, Tooth Coloured, Primary				
Anterior, Non Bonded	23401	\$64.90		\$80.47
	23402	\$77.88		\$96.57
	23403	\$90.85		\$112.65
	23404	\$116.81		\$144.84
	23405	\$142.77		\$177.05
		2017/2019		
Procedure	Code	Fees	Lab Fees	Specialist Fees (\$)
Anterior, Bonded	23411	\$89.07		\$110.46
	23412	\$101.80		\$126.23
	23413	\$114.53		\$142.02
	23414	\$139.98		\$173.58
	23415	\$165.44		\$205.14
Posterior, Non Bonded	23501	\$64.90		\$80.47
	23502	\$90.85		\$112.65
	23503	\$103.84		\$128.76
	23504	\$116.81		\$144.84
	23505	\$129.81		\$160.96
Posterior, Bonded	23511	\$89.07		\$110.46
	23512	\$127.26		\$157.79
	23513	\$152.69		\$189.34
	23514	\$178.15		\$220.91

	23515	\$203.61		\$252.47
Restorations, Tooth Coloured, Plastic with Silver Fillings, in conjunction with crown	23601, 02	\$127.26		\$157.79
Pins, retentive, One pin/tooth	25601	\$27.69	\$25.54	\$34.34
Two pins/tooth	25602	\$55.36	\$51.08	\$68.65
Three pins/tooth	25603	\$82.50	\$76.62	\$102.30
Four pins/tooth	25604	\$102.86	\$102.15	\$127.55
Five pin/tooth	25605	\$118.68	\$127.70	\$147.16
Posts, Cast Metal, Single section	25711	\$207.67	\$234.07	\$257.52
Two sections	25712	\$259.59	\$264.10	\$321.89
Three sections	25713	\$311.52	\$294.14	\$386.29
Posts, Cast Metal, Concurrent with impression for crown, Single section	25721	\$103.84	\$201.93	\$128.76
Two sections	25722	\$155.75	\$231.96	\$193.13
Three sections	25723	\$207.67	\$262.04	\$257.52
Post, Prefabricated Retentive	25731	\$77.88		\$96.57
	25732	\$155.75		\$193.13
	25733	\$233.63		\$289.70
Post, Prefabricated Retentive & Cast Core, One post and cost core	25741	\$155.75	B.R.	\$193.13
Two posts and cast core	25742	\$207.67	B.R.	\$257.52
Three posts and cast core	25743	\$259.59	B.R.	\$321.89
Post Removal, One unit of time	25781	\$54.40		\$67.45
Two units of time	25782	\$108.76		\$134.87
Three units of time	25783	\$163.16		\$202.31
Four units of time	25784	\$217.54		\$269.75
		2017/2019		
Procedure	Code	Fees	Lab Fees	Specialist Fees (\$)
Each additional unit over four	25789	\$54.40		\$67.45
Crowns Plastic, Processed	27111	\$415.34	\$167.45	\$515.03
Complicated	27112	\$415.34	\$167.45	\$515.03
Transitional, indirect	27113	\$155.75	\$167.45	\$193.13
Crowns Plastic, Direct, Transitional (chairside)	27121	\$77.88		\$96.57
Crowns, Porcelain/Ceramic Jacket	27201	\$559.85	\$272.04	\$694.21
Complicated	27202	\$652.63	\$272.04	\$809.26
Crowns, Porcelain/Ceramic Fused to Metal Base	27211	\$559.85	\$271.18	\$694.21
Complicated	27212	\$652.63	\$315.70	\$809.26

Crowns, Metal, Full Cast	27301	\$559.85	\$312.94	\$694.21
Complicated	27302	\$652.63	\$312.94	\$809.26
Crowns, Metal 3/4 Partial Veneer	27311	\$559.85	\$264.40	\$694.21
Complicated	27312	\$652.63	\$264.40	\$809.26
With direct tooth coloured corner	27313	\$598.24	\$279.41	\$741.82
Crowns made to an existing Partial Denture Clasp, Each crown	27401, 09	\$46.99		\$58.26
Copings, Metal/Plastic, Transfer (thimble type)				
As a separate procedure	27511	\$207.67	\$195.04	\$257.52
With impression for crown	27521	\$51.91	\$195.04	\$64.37
Repairs, inlays, onlays or crown, plastic or porcelain. Ceramic, direct	27711, 21	\$51.91		\$64.37
Recontouring of existing crowns, per tooth, each unit of time	27801, 09	\$51.91		\$64.37
Natural Tooth Preparation, Placement of Pulp Chamber Restoration and Fluoride	28101	\$129.81		\$160.96
Prefabricated Attachment	28102	\$155.75	B.R.	\$193.13
Coping Crowns, Metal Cast				
No Attachment Indirect	28211, 12	\$207.67	\$195.04	\$257.52
With Attachment Indirect	28221	\$259.59	\$315.21	\$321.89
Recementation/Rebonding, Inlays, Onlays, Crowns, Veneers, Natural Tooth Fragments, One unit of time	29101	\$51.91	B.R.	\$64.37
Two Units	29102	\$103.84	B.R.	\$128.76
Three Units	29103	\$155.75	B.R.	\$193.13
Four Units	29104	\$207.67		\$257.52
Removals, Inlays/Onlays, Crowns, Veneers, One unit of time	29301	\$51.91		\$64.37
Two Units	29302	\$103.84		\$128.76
		2017/2019		
Procedure	Code	Fees	Lab Fees	Specialist Fees (\$)
Three Units	29303	\$155.75		\$193.13
Four Units	29304	\$207.67		\$257.52
ENDODONTICS				
Pulpotomy (as a separate Emergency Procedure)				
Anterior and Bicuspid Teeth	32221	\$103.84		\$128.76
Molar Teeth	32222	\$103.84		\$128.76
Primary Teeth	32231	\$98.91		\$122.64

Primary Tooth Concurrent with Restoration	32232	\$49.44		\$61.31
Pulpectomy (as an Emergency Procedure)				
Permanent Teeth/Retained Primary Teeth, One canal	32311	\$77.88		\$96.57
Two Canals	32312	\$103.84		\$128.76
Three Canals	32313	\$129.81		\$160.96
Four Canals or more	32314	\$155.75		\$193.13
Pulpectomy Primary Anterior	32321	\$77.88		\$96.57
Pulpectomy, Primary Posterior	32322	\$129.81		\$160.96
Root Canals, Permanent/Retained Primary Teeth				
One Canal	33111	\$441.31		\$547.22
Difficult/Exceptional/Calcified	33112, 13, 14	\$571.04		\$708.10
Retreatment	33115	\$571.04		\$708.10
Two Canals	33121	\$666.23		\$826.13
Difficult/Exceptional/Calcified	33122, 23, 24	\$802.19		\$994.71
Retreatment	33125	\$802.19		\$994.71
Three Canals	33131	\$761.39		\$944.13
Difficult/Exceptional/Calcified	33132, ,33, 34	\$897.36		\$1,112.73
Retreatment	33135	\$897.36		\$1,112.73
Four or more canals	33141	\$924.56		\$1,146.45
Difficult/Exceptional/Calcified	33142, 43, 44	\$1,060.51		\$1,315.03
Retreatment	33145	\$1,060.51		\$1,315.03
Apexification/apical Closure/ Induction of Hard Tissue Repair				
One Canal	33601	\$163.16		\$202.31
Two Canals	33602	\$244.74		\$303.48
Three Canals	33603	\$326.30		\$404.62
Four or more Canals	33604	\$435.09		\$539.51
Re-insertion of Dentogenic Media Per Visit, One Canal	33611	\$81.59		\$101.16
		2017/2019		
Procedure	Code	Fees	Lab Fees	Specialist Fees (\$)
Two Canals	33612	\$108.76		\$134.87
Three Canals	33613	\$163.16		\$202.31
Four or more Canals	33614	\$217.54		\$269.75
Apicoetomy/Apical Curettage				

Maxillary Anterior-one root	34111	\$284.27		\$352.49
Two Roots	34112	\$415.23		\$514.89
Maxillary Bicuspid - one root	34121	\$355.91		\$441.33
Two Roots	34122	\$474.55		\$588.45
Three Roots	34123	\$593.19		\$735.56
Maxillary Molar - one root	34131	\$355.91		\$441.33
Two Roots	34132	\$474.55		\$588.45
Three or more Roots	34133	\$711.84		\$882.67
Mandibular Anterior - one root	34141	\$341.11		\$422.97
Two or more Roots	34142	\$474.55		\$588.45
Mandibular Bicuspid - one root	34151	\$415.23		\$514.89
Two Roots	34152	\$533.87		\$662.00
Three or more Roots	34153	\$652.51		\$809.12
Mandibular Molar - one root	34161	\$415.23		\$514.89
Two Roots	34162	\$533.87		\$662.00
Three or more Roots	34163	\$711.84		\$882.67
Retrofilling				
Maxillary Anterior, One Canal	34211	\$56.85		\$70.50
Two or more Canals	34212	\$113.70		\$140.99
Maxillary Bicuspid - One Canal	34221	\$56.85		\$70.50
Two Canals	34222	\$113.70		\$140.99
Three Canals	34223	\$170.55		\$211.49
Four or more canals	34224	\$227.43		\$282.01
Maxillary Molar - One Canal	34231	\$56.85		\$70.50
Two Canals	34232	\$113.70		\$140.99
Three Canals	34233	\$173.10		\$214.65
Four or more canals	34234	\$227.41		\$281.99
Mandibular Anterior - One Canal	34241	\$56.85		\$70.50
Two or more Canals	34242	\$113.70		\$140.99
Mandibular Bicuspid - One Canal	34251	\$56.85		\$70.50
Two Canals	34252	\$113.70		\$140.99
Three Canals	34253	\$170.55		\$211.49
Four or more canals	34254	\$227.41		\$281.99
Mandibular Molar - One Canal	34261	\$56.85		\$70.50
Two Canals	34262	\$113.70		\$140.99
Three Canals	34263	\$170.55		\$211.49
Four or more canals	34264	\$227.43		\$282.01
Procedure	Code	2017/2019 Fees	Lab Fees	Specialist Fees (\$)
Retreatment, Apicoectomy/Apical Curettage				

Maxillary Anterior-One Root	34311	\$341.11		\$422.97
Two Roots	34312	\$474.55		\$588.45
Maxillary Bicuspid - One Root	34321	\$415.23		\$514.89
Two Roots	34322	\$563.54		\$698.78
Three Roots	34323	\$711.84		\$882.67
Maxillary Molar - One Root	34331	\$415.23		\$514.89
Two Roots	34332	\$563.45		\$698.67
Three Roots	34333	\$830.48		\$1,029.79
Mandibular Anterior - One Root	34341	\$426.39		\$528.74
Two Roots	34342	\$593.19		\$735.56
Mandibular Bicuspid - One Root	34351	\$474.55		\$588.45
Two Roots	34352	\$652.51		\$809.12
Three Roots	34353	\$771.16		\$956.23
Mandibular Molar - One Root	34361	\$474.55		\$588.45
Two Roots	34362	\$622.85		\$772.33
Three Roots	34363	\$830.48		\$1,029.79
Aputations, Root, One Root	34411	\$170.55		\$211.49
Two Roots	34412	\$284.27		\$352.49
Hemisection, Maxillary Bicuspid/Molar, Mandibular Molar	34421, 22, 23	\$170.55		\$211.49
Decompression, Perio-Radicular Lesion, First Visit	34431	\$227.41		\$281.99
Each Additional Visit	34432	\$113.70		\$140.99
Surgery, Endodontic, Exploratory				
Maxillary - Anterior	34441	\$170.55		\$211.49
Bicuspid	34442	\$227.41		\$281.99
Molar	34443	\$284.27		\$352.49
Mandibular - Anterior	34444	\$170.55		\$211.49
Bicuspid	34445	\$227.41		\$281.99
Molar	34446	\$284.27		\$352.49
Removal, Intentional of Tooth, Apical Filling and Replantation				
Single Rooted Tooth	34451	\$237.29		\$294.23
Two Rooted Tooth	34452	\$355.91		\$441.33
Three Rooted Tooth	34453	\$474.55		\$588.45
Perforation/Resorptive Defect, Pulp Chamber Repair or Root Repair				
Non-surgical, per Tooth	34511	\$51.91		\$64.37
Surgical - Anterior	34521	\$56.85		\$70.50
Bicuspid	34522	\$113.70		\$140.99
Molar	34523	\$170.55		\$211.49

Procedure	Code	2017/2019 Fees	Lab Fees	Specialist Fees (\$)
Enlargement, Canal and/or Pulp Chamber	34601	\$54.40		\$67.45
In Calcified Canals	34602	\$163.16		\$202.31
Isolation of Endodontic Tooth/Teeth for Asepsis	39101	\$103.84		\$128.76
Open and Drain (separate emergency procedures)	39201, 02	\$46.99		\$58.26
Through Artificial Crown (in addition to procedure)	39211, 12	\$51.91		\$64.37
Bleaching Endodontically Treated Tooth/Teeth, One unit of time	39311	\$51.91		\$64.37
Two Units	39312	\$103.84		\$128.76
Three Units	39313	\$155.75		\$193.13
Each Additional Unit Over Three	39319	\$51.91		\$64.37
Exploratory Access Through Clinical Crown of Previously Treated Tooth				
Anterior/Bicuspid	39411, 12	\$46.99		\$58.26
Molar	39413	\$51.91		\$64.37
PERIODONTICS (Page 1, point 7)				
Desensitization, One Unit of Time (as a separate procedure)	41301	\$51.91		\$64.37
Periodontal Surgery				
Gingival Curettage	42111	\$135.95		\$168.58
Gingivoplasty	42201	\$163.16		\$202.31
Gingivectomy- Uncomplicated	42311	\$185.35		\$229.84
With Curettage	42321	\$247.13		\$306.45
Gingival Fiber Incision (per Tooth)	42331, 39	\$46.99		\$58.26
Flap Approach				
With Osteoplasty/ Ostectomy	42411	\$710.55		\$881.08
With Curettage of Osseous Defect	42421	\$401.60		\$497.98
With Curettage and Osteoplasty	42431	\$617.86		\$766.15
Exploratory (for diagnosis)	42441	\$339.82		\$421.38
Grafts, Soft Tissue, Pedicle				
Including Apically or Lateral Sliding and Rotated Flaps	42511	\$415.11		\$514.74
Periostial Stimulation (in addition)	42512	\$49.44		\$61.31
Coronally Positioned	42521	\$415.11		\$514.74
Periostial Stimulation (in addition)	42522	\$49.44		\$61.31

Free Soft Tissue	42531	\$415.11		\$514.74
With Free Graft Place in Pedicle Donor Site	42541	\$484.31		\$600.55
Procedure	Code	2017/2019 Fees	Lab Fees	Specialist Fees (\$)
Grafts, Free Connective Tissue				
For Root Coverage	42551	\$484.31		\$600.55
For Ridge Augmentation	42561	\$588.09		\$729.22
Connective Tissue, Pedicle with Free Graft for Root Coverage	42571	\$553.49		\$686.32
Gingival Onlay (for ridge augmentation)	42581	\$588.09		\$729.22
Grafts, Osseous Tissue, Autograft	42611	\$691.86		\$857.90
Allograft	42621	\$691.86		\$857.90
Guided Tissue Regeneration - Non-resorbable Membrane, Surgical Re-entry for Removal	42711	\$1,050.36		\$1,302.45
Proximal Wedge Procedure	42811	\$289.13		\$358.53
With Flap Curettage and Osectomy/Osteoplasty	42819	\$380.51		\$471.84
Post Surgical Periodontal Treatment Visit or Dressing Change (by dentist other than operating dentist)				
One Unit of Time	42821	\$49.44		\$61.31
Two Units	42822	\$98.91		\$122.64
Three Units	42823	\$148.35		\$183.96
Each Additional Unit Over Three	42829	\$49.44		\$61.31
Periodontal Abscess or Pericoronitis, may include: Lancing, Scaling, Curettage, Surgery or Medication (maximum two units)				
One Unit of Time	42831	\$51.91		\$64.37
Two Units	42832	\$103.84		\$128.76
Occlusal Adjustment/Equilibration (maximum two units per year)				
Root Planning, One Unit of Time	43421	\$51.91		\$64.37
Two Units	43422	\$103.84		\$128.76
Three Units	43423	\$155.75		\$193.13
Four Units	43424	\$207.67		\$257.52
Five Units	43425	\$259.59		\$321.89
Six Units	43426	\$311.52		\$386.29
1/2 Time Unit	43427	\$25.96		\$32.19
Each Additional Unit Over Six	43429	\$51.91		\$64.37

Antimicrobial Agents, Topical Application, Each Unit of Time	43511, 19	\$49.44		\$61.31
Periodontal Re-evaluation				
One Unit of Time	49101	\$49.06		\$60.83
Two Units	49102	\$98.91		\$122.64
		2017/2019		
Procedure	Code	Fees	Lab Fees	Specialist Fees (\$)
Each Additional Unit Over Two	49109	\$49.44		\$61.31
Irrigation, Subgingival, Each Unit of Time	49211, 19	\$51.92		\$64.38
PROSTHODONTICS - REMOVABLE (NOTE 1)				
Denture Complete, Standard	51101, 02	\$519.19	\$338.48	\$643.79
Resilient Liner (Lab)	51104		\$75.11	
Dentures, Surgical, Standard (Immediate)	51301, 02	\$519.19	\$367.51	\$643.79
Dentures, Complete, Transitional (temporary), Maxillary/Mandibular	51601, 02	\$346.17	\$261.94	\$429.24
Complete Overdentures, Maxillary/Mandibular	51711, 12	\$519.19	\$337.18	\$643.79
Immediate Complete Overdentures, Maxillary/Mandibular	51811, 12	\$519.19	\$390.05	\$643.79
Dentures, Partial, Acrylic Base, Without Clasps (Provisional)	52101, 02	\$148.35	\$222.24	\$183.96
Dentures, Partial, Acrylic Base, Without Clasps (Immediate)	52111, 12	\$148.35	\$205.12	\$183.96
Dentures, Partial, Acrylic, Resilient Retainer	52201, 02	\$148.35	\$239.67	\$183.96
Immediate	52211, 12	\$148.35	\$265.21	\$183.96
Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests	52301, 02	\$494.53	\$342.53	\$613.22
Immediate	52311, 12	\$494.53	\$368.09	\$613.22
Dentures, Partial, Acrylic, with Metal Wrought Palata/Lingual Bar and Clasps and/or Rest	52401, 02	\$494.53	\$395.11	\$613.22
Immediate	52411, 12	\$494.53	\$420.66	\$613.22
Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests	53101, 02	\$519.19	\$373.33	\$643.79
Altered Cast Impression Technique	53104	\$51.91	\$29.46	\$64.37

Immediate	53111, 12	\$519.19	\$448.41	\$643.79
Dentures, Partial, Tooth Born, Cast Frame/Connector, Clasps and Rests				
	53201, 02	\$519.19	\$373.33	\$643.79
Immediate	53211, 12	\$519.19	\$448.41	\$643.79
Procedure	Code	2017/2019 Fees	Lab Fees	Specialist Fees (\$)
Dentures Adjustments, Partial or Complete, Minor				
One Unit of Time	54201	\$46.99	B.R.	\$58.26
Two Units	54202	\$93.97	B.R.	\$116.53
Denture Repair, Complete				
No Impression Required	55101, 02	\$49.44	\$59.76	\$61.31
Impression Required	55201, 02	\$98.91	\$97.36	\$122.64
Denture Repairs/Additions, Partial				
No Impression Required	55301, 02	\$49.44	\$76.63	\$61.31
Impression Required	55401, 02	\$98.91	\$97.57	\$122.65
Dentures/Implant Retained Prosthesis Prophylaxis and Polishing	55501, 09	\$46.99	B.R.	\$58.26
Denture Reline				
Direct - Complete	56211, 12	\$148.35		\$183.96
Partial	56221, 22	\$148.35		\$183.96
Processed - Complete	56231, 32	\$148.35	\$103.66	\$183.96
Partial	56241, 42	\$148.35	\$98.28	\$183.96
Denture Rebase-Complete	56311, 12	\$148.35	\$124.63	\$183.96
Partial	56321, 22	\$148.35	\$124.63	\$183.96
Processed, Functional-Complete	56331, 32	\$247.26	\$124.63	\$306.59
Partial	56341, 42	\$247.26	\$124.63	\$306.59
Tissue Conditioning - Complete	56511, 12	\$98.91	B.R.	\$122.65
Partial	56521, 22	\$98.91	B.R.	\$122.65
Dentures, Service (Resetting)	56602	\$207.67	\$127.98	\$257.52
PROSTHODONTICS - FIXED				
Replace Broken Prefabricated				
Attachable Facings, One Unit of Time	66111	\$51.91	\$57.07	\$64.37
Two Units	66112	\$103.84	\$57.07	\$128.76
Three Units	66113	\$155.75	\$57.07	\$193.13
Four units	66114	\$207.67	\$57.07	\$257.52
Each Additional Unit Over Three	66119	\$51.91		\$64.37

Removal, Fixed Bridge, One Unit				
	66211	\$56.85		\$70.50
Two Units	66212	\$113.70		\$140.99
Three Units	66213	\$170.55		\$211.49
Four units	66214	\$227.41		\$281.99
Each Additional Unit Over Three	66219	\$56.85		\$70.50
Repairs, Recementation of Fixed Bridge, One Unit	66301	\$51.91	\$75.90	\$64.37
Two Units	66302	\$103.84	\$75.90	\$128.76
Three Units	66303	\$155.75	B.R.	\$193.13
Four units	66304	\$207.68	B.R.	\$257.53
Each Additional Unit Over Three	66309	\$51.91	B.R.	\$64.37
		2017/2019		
Procedure	Code	Fees	Lab Fees	Specialist Fees (\$)
Repairs, Porcelain, Ceramic, Plastic, Composite, Direct, Each Tooth	66711, 19	\$108.76		\$134.87
Repairs, Soder Indexing to Repair Broken Solder Joint, Each Unit	66721, 29	\$51.91	B.R.	\$64.37
EMERGENCY ORAL & MAXILLOFACIAL SURGERY				
Removals, Erupted Teeth				
Uncomplicated	71101, 09	\$60.60		\$75.14
Complicated	71201, 09	\$119.97		\$148.77
Removal requiring flap	71211, 19	\$119.97		\$148.77
Removals, Impaction, Soft Tissue Coverage	72111, 19	\$108.76		\$134.87
Removals, Impactions, Involving Tissue and/or Bone Coverage	72211, 19	\$163.14		\$202.29
	72221, 29	\$217.54		\$269.75
	72231, 39	\$296.60		\$367.77
Removals, Residual Roots	72311, 19	\$49.44		\$61.31
	72321, 29	\$74.18		\$91.98
	72331, 39	\$108.76		\$134.87
Surgical Exposure, Un-erupted, Uncomplicated, Soft Tissue Coverage (includes operculectomy)	72511, 19	\$98.91		\$122.64
Surgical Exposure, Complex, Hard Tissue Coverage	72521, 29	\$177.96		\$220.67

Surgical Exposure, Unerupted Tooth, with Orthodontic Attachment	72531, 39	\$237.29		\$294.23
Surgical Exposure, Unerupted Tooth, Soft Tissue Coverage with Positioning of Attached Gingivae	72541	\$148.35		\$183.96
Surgical Exposure, Unerupted Tooth, Hard Tissue Coverage with Positioning of Attached Gingivae	72551	\$197.80		\$245.29
Transplantation of Erupted Tooth	72611, 19	\$296.60		\$367.77
Trasplantation of Unerupted Tooth	72621, 29	\$355.91		\$441.33
Repositioning, Surgical	72631, 39	\$217.54		\$269.75
Unerupted Tooth Follicle	72711, 19	\$217.54		\$269.75
		2017/2019 Fees	Lab Fees	Specialist Fees (\$)
Procedure	Code			
Alveoloplasty, in Conjunction with Extractions, per Sextant	73111	\$49.44		\$61.31
Surgical Incision and Drainage and/or Exploration, Intraoral Soft Tissue	75111	\$108.76		\$134.87
Replantation, Avulsed Tooth/Teeth (including splinting)	76941, 49	\$185.35		\$229.84
Repositioning of Traumatically Displaced Teeth, One Unit of Time	76951	\$56.85		\$70.50
Two Units	76952	\$113.70		\$140.99
Each Additional Unit Over Two	76959	\$56.85		\$70.50
Post Surgical Care				
Minor by Treating Dentist	79601	\$49.44		\$61.31
Minor by Other Than Treating Dentist	79602	\$51.91		\$64.37
Major by Treating Dentist	79603	\$51.91		\$64.37
Major by Other Than Treating Dentist	79604	\$51.91		\$64.37
Alveolitis, Treatment of, With or Without Anesthesia	79605, 06	\$51.91		\$64.37

ORTHODONTICS				
Orthodontic Observation & Adjustments, per Appointment				
For Tooth Guidance	80601	\$54.40		\$67.45
To Orthodontic Appliances	80602	\$54.40		\$67.45
Repairs to Removal of Fixed Appliances (not including removal and recementation) One Unit of Time	80631	\$54.40	\$75.11	\$67.45
Two Units	80632	\$108.76	\$75.11	\$134.87
Each Additional Unit Over Two	80639	\$54.40		\$67.45
Alterations to Removal of Fixed Appliances, One Unit of Time	80641	\$54.40	\$75.11	\$67.45
Two Units	80642	\$108.76	\$75.11	\$134.87
Each Additional Unit Over Two	80649	\$54.40		\$67.45
Recementation of Fixed Appliances, per Unit of Time	80651, 59	\$54.40		\$67.45
Separation (except where included in the fabrication of an appliance), per Unit of Time	80661, 69	\$54.40		\$67.45
Procedure	Code	2017/2019 Fees	Lab Fees	Specialist Fees (\$)
Removal of Fixed Orthodontic Appliances (by a practitioner other than the original treatment practice or practitioner), per Unit of Time	80671, 79	\$54.40		\$67.45
Appliances, Removable, Space Regaining, Maxillary/Mandibular				
Unilateral	81111, 12	\$217.54	\$245.75	\$269.75
Bilateral	81113, 14	\$217.54	\$245.75	\$269.75
Appliances, Removable, Cross-bite Correction, Maxillary/Mandibular	81121, 22	\$217.54	\$231.54	\$269.75
Appliances, Removable, Dental Arch Expansion, Maxillary/Mandibular	81131, 32	\$217.54	\$247.46	\$269.75
Appliances, Removable, Closure of Diastemas, Maxillary/Mandibular	81141, 42	\$217.54	\$245.75	\$269.75

Appliances, Removable, Alignment of Anterior Teeth, Maxillary/Mandibular	81151, 52	\$217.54	\$251.22	\$269.75
Appliances, Fixed, Space Regaining (lingual/labial arch with molar bands, tubes, locks), Maxillary/Mandibular	81211, 12	\$217.54	\$269.07	\$269.75
Appliances, Fixed, Space Regaining, Unilateral, Maxillary/Mandibular	81221, 22	\$163.16	\$144.19	\$202.31
Appliances, Fixed, Cross-bite Correction, Maxillary/Mandibular				
Anterior	81231, 32	\$217.54	\$275.65	\$269.75
Posterior	81241, 42	\$217.54	\$275.65	\$269.75
Two-Molar Band	81243	\$163.16	\$111.94	\$202.31
Appliances, Fixed, Dental Arch Expansion, Maxillary/Mandibular	81251, 52	\$271.94	\$275.65	\$337.20
Maxillary, Rapid Expansion	81253	\$217.54	\$301.03	\$269.75
Appliances, Fixed, Closure of Diastemas, Maxillary/Mandibular	81261, 62	\$217.54	\$235.61	\$269.75
Appliances, Fixed, Alignment of Incisor Teeth, Maxillary/Mandibular	81271, 72	\$271.94	\$296.00	\$337.20
Grassline/Elastic Ligatures, per visit	81281	\$54.40	B.R.	\$67.45
Procedure	Code	2017/2019 Fees	Lab Fees	Specialist Fees (\$)
Appliances, Fixed, Mechanical Eruption, Maxillary/Mandibular				
Impaction	81291, 92	\$217.54	\$296.00	\$269.75
Erupted	81293, 94	\$217.54	\$296.00	\$269.75
Appliances, Removable, Retention				
Maxillary/Mandibular	83101, 02	\$163.16	\$207.87	\$202.31
Tooth Positioner	83103	\$163.16	\$215.86	\$202.31
Appliances, Fixed Cemented, Retention, Maxillary/Mandibular	83201, 02	\$217.54	\$150.51	\$269.75
Permanent Dentition - Please refer to 1.2, 1.2 and 1.3 on page 1 of this schedule				
Class I Malocclusion	84101			
Class II Malocclusion	84201			
Class III Malocclusion	84301			

Malocclusions Not Requiring Complete Banding - Permanent Dentition	84401			
Mixed Class I Malocclusion	85101			
Class II Malocclusion	85201			
Class III Malocclusion	85301			
Mixed Dentition				
Class I Malocclusion	88101			
Class II Malocclusion	88201			
Class III Malocclusion	88301			
ADJUNCTIVE GENERAL SERVICES				
Palliative (emergency) Treatment of Dental Pain, Minor Procedure (maximum 4 units per occurrence)				
One Unit of Time	91111	\$46.99		\$58.26
Two Units	91112	\$93.97		\$116.53
Three Units	91113	\$140.95		\$174.78
Each Additional Unit Over Three	91119	\$46.99		\$58.26
Management of Exceptional Patient				
One Unit of Time	91231	\$54.40		\$67.45
Two Units	91232	\$108.76		\$134.87
Three Units	91233	\$163.16		\$202.31
Four Units	91234	\$217.54		\$269.75
Each Additional Unit Over Four	91239	\$54.40		\$67.45
		2017/2019 Fees	Lab Fees	Specialist Fees (\$)
General Anesthesia				
(All General Anesthetic Requires Review Committee Approval with a medical history provided)				
Two Units of Time	92212	\$103.84		\$128.76
Three Units	92213	\$155.75		\$193.13
Four Units	92214	\$207.67		\$257.52
Five Units	92215	\$259.59		\$321.89
Six Units	92216	\$311.52		\$386.29
Seven Units	92217	\$363.43		\$450.66
Eight Units	92218	\$415.34		\$515.03
Each Additional Unit Over Eight	92219	\$51.91		\$64.37
Provision of Dental & Anesthetic Facilities, Equipment and Supplies				
Two Units of Time	92222	\$103.84		\$128.76
Three Units	92223	\$155.75		\$193.13
Four Units	92224	\$207.67		\$257.52

Five Units	92225	\$259.59		\$321.89
Six Units	92226	\$311.52		\$386.29
Seven Units	92227	\$363.43		\$450.66
Eight Units	92228	\$415.34		\$515.03
Each Additional Unit Over Eight	92229	\$51.91		\$64.37
Anesthesia, Deep Sedation				
Two Units of Time	92302	\$93.97		\$116.53
Three Units	92303	\$140.95		\$174.78
Four Units	92304	\$187.94		\$233.04
Five Units	92305	\$234.93		\$291.31
Six Units	92306	\$281.91		\$349.58
Seven Units	92307	\$328.90		\$407.84
Eight Units	92308	\$375.89		\$466.10
Each Additional Unit Over Eight	92309	\$46.99		\$58.26
Conscious Sedation				
Nitrous Oxide				
One Unit of Time	92411	\$24.84		\$30.80
Two Units	92412	\$37.27		\$46.21
Three Units	92413	\$49.69		\$61.61
Four Units	92414	\$62.12		\$77.03
Five Units	92415	\$74.53		\$92.42
Six Units	92416	\$86.97		\$107.84
Seven Units	92417	\$99.40		\$123.26
Eight Units	92418	\$111.82		\$138.66
Each Additional Unit Over Eight	92419	\$12.43		\$15.42
Procedure	Code	2017/2019 Fees	Lab Fees	Specialist Fees (\$)
Oral Sedation				
One Unit of Time	92421	\$24.84		\$30.79
Two Units	92422	\$37.27		\$46.21
Three Units	92423	\$49.69		\$61.62
Four Units	92424	\$62.11		\$77.04
Five Units	92425	\$74.54		\$92.42
Six Units	92426	\$86.97		\$107.84
Seven Units	92427	\$99.40		\$123.26
Eight Units	92428	\$111.82		\$138.66
Each Additional Unit Over Eight	92429	\$12.43		\$15.42
Nitrous Oxide with Oral Sedation				
One Unit of Time	92431	\$24.84		\$30.79
Two Units	92432	\$37.27		\$46.21

Three Units	92433	\$49.69		\$61.62
Four Units	92434	\$62.11		\$77.04
Five Units	92435	\$74.54		\$92.42
Six Units	92436	\$86.97		\$107.84
Seven Units	92437	\$99.40		\$123.26
Eight Units	92438	\$111.82		\$138.66
Each Additional Unit Over Eight	92439	\$12.43		\$15.42
Parenteral Conscious Sedation				
One Unit of Time	92441	\$24.84		\$30.80
Two Units	92442	\$37.27		\$46.21
Three Units	92443	\$49.69		\$61.61
Four Units	92444	\$62.12		\$77.03
Five Units	92445	\$74.53		\$92.42
Six Units	92446	\$86.97		\$107.84
Seven Units	92447	\$99.40		\$123.26
Eight Units	92448	\$111.82		\$138.66
Each Additional Unit Over Eight	92449	\$12.43		\$15.42
Institutional Visits (one per day per institution)	94301	\$46.99		\$58.26
After regular scheduled office hours	94302	\$58.16		\$72.11
Emergency Prescriptions	96102	\$30.59		\$37.94

*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, neurolept 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 the 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 developmental disability, 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.

