

**DENTAL ASSISTANCE FOR SENIORS PROGRAM**  
**Schedule of Covered Dental Procedures and Fees**  
**Effective July 1, 2020**

USCLS Code	DAC Code	Hygiene Code	Procedure Description	Generalist	Specialist	Denturist	Limitation
<b>DIAGNOSTIC</b>							
<b>EXAMINATIONS</b>							
01103		00113	Complete Oral Exam	\$ 98.00	\$ 121.52		Allowed once in 24 months
01201	10020		New Patient Limited Exam	\$ 62.94	\$ 78.05	\$ 47.25	Allowed once in 12 months
01202	10030	00121	Recall Exam	\$ 62.94	\$ 78.05	\$ 47.25	Allowed once in 12 months
01204		00122	Specific Exam	\$ 62.94	\$ 78.05		Allowed once in 12 months
01205		00123	Emergency Exam	\$ 62.94	\$ 78.05		
01601			Surgical General Exam	\$ 145.00	\$ 179.80		Either 01601 or 01602 is allowed once in 12 months
01602			Surgical Specific Exam	\$ 89.00	\$ 110.36		
01701	10010	00114	Prosthodontic General Exam	\$ 104.54	\$ 129.63	\$ 68.56	Either 01701/10010 or 01702/10104 is allowed once in 12 months
01702	10104		Prosthodontic Specific Exam	\$ 73.00	\$ 90.52	\$ 43.60	
01801			Endodontic General Exam	\$ 140.00	\$ 173.60		Either 01801 or 01802 is allowed once in 12 months
01802			Endodontic Specific Exam	\$ 100.00	\$ 124.00		
<b>RADIOGRAPHS</b>							
<b>PERIAPICALS</b>							
02111		00221	Periapical single film	\$ 26.00	\$ 32.24		Six Periapical radiographs in any 12 month period 02111 - 02120
02112		00222	Periapical two films	\$ 43.00	\$ 53.32		
02113		00223	Periapical three films	\$ 58.04	\$ 71.97		
02114		00224	Periapical four films	\$ 75.00	\$ 93.00		
02115		00225	Periapical five films	\$ 90.03	\$ 111.64		
02116		00226	Periapical six films	\$ 106.30	\$ 131.81		
<b>BITEWINGS</b>							
02141		00211	Bitewing single film	\$ 26.00	\$ 32.24		Two bitewing radiographs in any 12 month period 02141 - 02146
02142		00212	Bitewing two films	\$ 43.00	\$ 53.32		
<b>PANORAMIC</b>							
02601		00241	Panoramic	\$ 84.00	\$ 104.16		One panoramic radiograph in any 5 year period
<b>PREVENTATIVE</b>							
<b>POLISHING</b>							
11101		00531	Polishing one unit	\$ 60.00	\$ 74.40		One time unit of polishing in any 12 month period
11107		00537	Polishing half unit	\$ 30.00	\$ 37.20		
<b>SCALING</b>							
11111		00511	Scaling one unit	\$ 63.34	\$ 78.54		Six time units of scaling and root planing combined in any 12 month period
11112		00512	Scaling two units	\$ 126.68	\$ 157.08		
11113		00513	Scaling three units	\$ 190.02	\$ 235.62		
11114		00514	Scaling four units	\$ 253.36	\$ 314.16		
11115		00515	Scaling five units	\$ 316.70	\$ 392.70		
11116		00516	Scaling six units	\$ 380.04	\$ 471.24		
11117		00517	Scaling half unit	\$ 31.67	\$ 39.27		
<b>RESTORATIVE SERVICES</b>							
<b>CARIES/TRAUMA/PAIN CONTROL</b>							
20111		00666	Caries/Trauma/Pain Control first tooth	\$ 105.85	\$ 131.25		Not eligible in conjunction with restorations, extractions, or root canal
20119		00667	each additional tooth, same quadrant	\$ 81.31	\$ 100.82		
<b>CARIES/TRAUMA/ PAIN CONTROL</b>							
20131			Trauma Control first tooth	\$ 38.00	\$ 47.12		
20139			each additional tooth, same quadrant	\$ 32.26	\$ 40.00		

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<b>RESTORATIONS</b>						
			<b>Amalgam, non bonded, permanent bicuspid and anteriors</b>			One per surface in any 24 month period to the dollar maximum of a five surface restoration per tooth
21211			One surface	\$ 90.00	\$ 111.60	
21212			Two surfaces	\$ 125.00	\$ 155.00	
21213			Three surfaces	\$ 158.93	\$ 197.07	
21214			Four surfaces	\$ 190.53	\$ 236.26	
21215			Five Surfaces	\$ 211.00	\$ 261.64	
			<b>Amalgam, non bonded, permanent molars</b>			One per surface in any 24 month period to the dollar maximum of a five surface restoration per tooth
21221			One surface	\$ 93.54	\$ 115.99	
21222			Two surfaces	\$ 129.00	\$ 159.96	
21223			Three surfaces	\$ 160.65	\$ 199.21	
21224			Four surfaces	\$ 197.50	\$ 244.90	
21225			Five surfaces	\$ 228.00	\$ 282.72	
			<b>PINS, RETENTIVE, PER RESTORATION</b>			
21401			One pin	\$ 27.00	\$ 33.48	
21402			Two pins	\$ 39.50	\$ 48.98	
21403			Three pins	\$ 51.00	\$ 63.24	
21404			Four pins	\$ 66.84	\$ 81.64	
21405			Five pins or more	\$ 77.00	\$ 95.48	
			<b>Restorations, tooth coloured, permanent anteriors, bonded technique</b>			One per surface in any 24 month period to the dollar maximum of a five surface restoration per tooth
23111			One surface	\$ 123.00	\$ 152.52	
23112			Two surfaces (continuous)	\$ 144.00	\$ 178.56	
23113			Three surfaces (continuous)	\$ 170.00	\$ 210.80	
23114			Four surfaces (continuous)	\$ 205.33	\$ 254.61	
23115			Five surfaces (continuous)	\$ 249.00	\$ 308.76	
			<b>Restorations, tooth coloured, permanent bicuspid, bonded technique</b>			One per surface in any 24 month period to the dollar maximum of a five surface restoration per tooth
23311			One surface	\$ 129.00	\$ 159.96	
23312			Two surfaces	\$ 180.00	\$ 223.20	
23313			Three surfaces	\$ 212.20	\$ 263.13	
23314			Four surfaces	\$ 247.26	\$ 306.60	
23315			Five surfaces	\$ 280.16	\$ 347.40	
			<b>Restorations, tooth coloured, permanent molars, bonded technique</b>			One per surface in any 24 month period to the dollar maximum of a five surface restoration per tooth
23321			One surface	\$ 135.24	\$ 167.70	
23322			Two surfaces	\$ 190.00	\$ 235.60	
23323			Three surfaces	\$ 226.00	\$ 280.24	
23324			Four surfaces	\$ 260.00	\$ 322.40	
23325			Five surfaces	\$ 299.00	\$ 370.76	
<b>ENDODONTICS</b>						
			<b>Root Canals, permanent teeth, retained primary teeth, one canal</b>			One per tooth in any 24 month period
33111			One canal	\$ 599.00	\$ 742.76	
33112			Difficult access	\$ 762.89	\$ 945.98	

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33113			Exceptional anatomy	\$ 762.89	\$ 945.98	
33114			Calcified canal	\$ 762.89	\$ 945.98	
			<b>Root Canals, permanent teeth, retained primary teeth, two canals</b>			One per tooth in any 24 month period
33121			Two canals	\$ 879.00	\$ 1,089.96	
33122			Difficult access	\$ 1,045.00	\$ 1,295.84	
33123			Exceptional anatomy	\$ 1,045.00	\$ 1,295.84	
33124			Calcified canal	\$ 1,045.00	\$ 1,295.84	
			<b>Root Canals, permanent teeth, retained primary teeth, three canals</b>			One per tooth in any 24 month period
33131			Three canals	\$ 1,027.00	\$ 1,273.48	
33132			Difficult access	\$ 1,182.33	\$ 1,466.09	
33133			Exceptional anatomy	\$ 1,182.33	\$ 1,466.09	
33134			Calcified canal	\$ 1,182.33	\$ 1,466.09	
			<b>Root Canals, permanent teeth, retained primary teeth, four or more canals</b>			One per tooth in any 24 month period
33141			Four or more canals	\$ 1,229.00	\$ 1,523.96	
33142			Difficult access	\$ 1,348.00	\$ 1,671.52	
33143			Exceptional anatomy	\$ 1,348.00	\$ 1,671.52	
33144			Calcified canal	\$ 1,348.00	\$ 1,671.52	
<b>PERIODONTICS</b>						
			<b>Periodontal abscess or pericoronitis</b>			1 time unit of periodontal abscess or pericoronitis per appointment to a maximum of 3 time units in any 12 month period.
42831			One unit of time	\$ 68.74	\$ 85.24	
			<b>Root Planing</b>			Six time units of scaling and root planing combined per participant in any 12 month period
43421		00521	One unit of time	\$ 68.04	\$ 84.38	
43422		00522	Two units of time	\$ 136.08	\$ 168.76	
43423		00523	Three units of time	\$ 204.12	\$ 253.14	
43424		00524	Four units of time	\$ 272.16	\$ 337.52	
43425		00525	Five units of time	\$ 340.20	\$ 421.90	
43426		00526	Six units of time	\$ 408.24	\$ 506.28	
43427		00527	Half unit of time	\$ 34.02	\$ 42.19	
<b>PROSTHODONTICS - REMOVABLE</b>						
			<b>Dentures, Complete, Standard</b>			
51101	31310		Maxillary + Lab	\$ 731.77	\$ 907.39	\$ 647.98
51102	31320		Mandibular + Lab	\$ 731.77	\$ 907.39	\$ 647.98
51104	73008		Resilient Liner (Lab)	\$ -	\$ -	\$ -
			<b>Dentures, Complete, Surgical</b>			
51301	31311		Maxillary + Lab	\$ 800.00	\$ 992.00	\$ 744.61
51302	31321		Mandibular + Lab	\$ 800.00	\$ 992.00	\$ 744.61
			<b>Dentures, Partial, Cast with Acrylic base</b>			
	41612		Maxillary + Lab			\$ 215.80
	41622		Mandibular + Lab			\$ 215.80

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			<b>Dentures, Partial, Acrylic, Surgical without clasps</b>				
	41613		Maxillary + Lab			\$ 215.80	
	41623		Mandibular + Lab			\$ 215.80	
			<b>Dentures, Partial, Free End, Cast Frame/Connector, Clasps And Rests</b>				
53101	41114		Maxillary + Lab	\$ 750.00	\$ 930.00	\$ 604.15	
53102	41124		Mandibular + Lab	\$ 750.00	\$ 930.00	\$ 604.15	
			<b>Dentures, Partial, Free End, Cast Frame/Connector, Clasps And Rests, Immediate</b>				
53111	41115		Maxillary + Lab	\$ 741.17	\$ 919.50	\$ 597.50	
53112	41125		Mandibular + Lab	\$ 741.17	\$ 919.50	\$ 597.50	
			<b>Dentures, Partial, Tooth Borne,Cast Frame/Connector, Clasps And Rests</b>				
53201	41254		Maxillary + Lab	\$ 752.00	\$ 932.48	\$ 605.64	
53202	41264		Mandibular + Lab	\$ 752.00	\$ 932.48	\$ 605.64	
			<b>Dentures, Partial, Tooth Borne,Cast Frame/Connector, Clasps And Rests, Immediate</b>				
53211	41215		Maxillary + Lab	\$ 777.00	\$ 963.48	\$ 623.54	
53212	41225		Mandibular + Lab	\$ 777.00	\$ 963.48	\$ 623.54	
			<b>Denture Adjustment</b>				
54201	58110		One unit of time	\$ 61.00	\$ 75.64	\$ 47.54	
			<b>Denture Repairs/Additions, Complete Denture, no Impression</b>				One denture repair or adjustment per denture in any 12 month period not allowed within 3 months of the placement of the denture
55101	36110		Maxillary + Lab	\$ 65.00	\$ 80.60	\$ 55.87	
55102	36120		Mandibular + Lab	\$ 65.00	\$ 80.60	\$ 55.87	
			<b>Denture Repairs/Additions, Complete Denture, Impression required</b>				
55201	36210		Maxillary + Lab	\$ 130.00	\$ 161.20	\$ 114.06	
55202	36220		Mandibular + Lab	\$ 130.00	\$ 161.20	\$ 114.06	
			<b>Dentures Repairs/Additions, Partial Denture, no impression</b>				
55301	46110		Maxillary + Lab	\$ 69.00	\$ 85.56	\$ 59.08	
55302	46120		Mandibular + Lab	\$ 69.00	\$ 85.56	\$ 59.08	
			<b>Denture Repairs/Additions, Partial Denture, Impression required</b>				
55401	46210		Maxillary + Lab	\$ 132.00	\$ 163.68	\$ 114.85	
55402	46220		Mandibular + Lab	\$ 132.00	\$ 163.68	\$ 114.85	
			<b>Denture, Reline, direct complete denture</b>				One reline per denture in any 24 month period. Not allowed within 3 months of the placement of the denture
56211	32418		Maxillary + Lab	\$ 190.00	\$ 235.60	\$ 164.08	
56212	32428		Mandibular + Lab	\$ 190.00	\$ 235.60	\$ 164.08	
			<b>Denture, Reline, direct, partial denture</b>				
56221	42418		Maxillary + Lab	\$ 195.00	\$ 241.80	\$ 167.60	
56222	42428		Mandibular + Lab	\$ 195.00	\$ 241.80	\$ 167.60	

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			<b>Denture, Reline, processed, complete denture</b>				
56231	32215		Maxillary + Lab	\$ 207.00	\$ 256.68	\$ 193.94	
56232	32225		Mandibular + Lab	\$ 207.00	\$ 256.68	\$ 193.94	
			<b>Denture, Reline, processed, partial denture</b>				
56241	42210		Maxillary + Lab	\$ 196.90	\$ 244.16	\$ 185.44	
56242	42220		Mandibular + Lab	\$ 196.90	\$ 244.16	\$ 185.44	
			<b>Denture, Tissue Conditioning, Complete denture, per appointment</b>				Not allowed within 3 months of the placement of the denture
56511	37110		Maxillary + Lab	\$ 128.55	\$ 159.40	\$ 111.09	
56512	37120		Mandibular + Lab	\$ 128.55	\$ 159.40	\$ 111.09	
			<b>Denture, Tissue Conditioning, Partial denture, per appointment</b>				
56521	47110		Maxillary + Lab	\$ 128.00	\$ 158.72	\$ 111.32	
56522	47120		Mandibular + Lab	\$ 128.00	\$ 158.72	\$ 111.32	
<b>ORAL AND MAXILLOFACIAL SURGERY</b>							
			<b>Removal/Extraction, Erupted Teeth, Uncomplicated</b>				
71101			Single tooth	\$ 117.00	\$ 145.08		
71109			Each additional tooth, same quadrant	\$ 109.20	\$ 135.41		
			<b>Removal/Extraction, Erupted Teeth, Complicated</b>				
71201			Single tooth	\$ 213.00	\$ 264.12		
71209			Each additional tooth, same quadrant	\$ 202.80	\$ 251.47		
			<b>Removal/Extraction, Surgical</b>				
72111			Single tooth	\$ 223.00	\$ 276.52		
72119			Each additional tooth, same quadrant	\$ 191.00	\$ 236.84		
			<b>Removal/Extraction, Impactions, involving tissue and/or bone coverage</b>				
72211			Single tooth	\$ 272.00	\$ 337.28		
72219			Each additional tooth, same quadrant	\$ 239.36	\$ 296.81		
			<b>Removal/Extraction, impaction, requiring incision of overlying soft tissue, elevation of flap and removal of bone</b>				
72221			Single tooth	\$ 346.51	\$ 429.23		
72229			Each additional tooth, same quadrant	\$ 277.71	\$ 344.36		
			<b>Removal/Extraction, impaction, requiring incision of overlying soft tissue, elevation of flap and removal of bone or presents unusual difficulties</b>				
72231			Single tooth	\$ 410.00	\$ 508.40		
72239			Each additional tooth, same quadrant	\$ 360.80	\$ 447.40		
			<b>Removal/Extractions, residual roots</b>				
72311			First tooth	\$ 85.00	\$ 105.40		
72319			Each additional tooth, same quadrant	\$ 80.00	\$ 99.20		

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			<b>Removal/Extractions, residual roots, soft tissue coverage</b>				
72321			First tooth	\$ 126.60	\$ 156.98		
72329			Each additional tooth, same quadrant	\$ 104.92	\$ 130.10		
			<b>Removal/Extractions, residual roots, bone tissue coverage</b>				
72331			First tooth	\$ 210.00	\$ 260.40		
72339			Each additional tooth, same quadrant	\$ 162.84	\$ 201.92		
<b>ADJUNCTIVE GENERAL SERVICES</b>							
			<b>Anesthesia, General, includes pre-anesthesia, evaluation and post anesthesia follow up</b>				Only allowed a) In conjunction with 4 or more extractions (same appt) b) If medically necessary and the reason is submitted in writing for approval to Alberta Dental Service Corporation Review Committee
92212			Two units of time	\$ 158.34	\$ 196.34		
92213			Three units of time	\$ 237.51	\$ 294.51		
92214			Four units of time	\$ 316.68	\$ 392.68		
			<b>Provision of Facilities, Equipment and Support services for General Anesthesia when provided by a separate practitioner</b>				
92222			Two units of time	\$ 176.34	\$ 218.66		
92223			Three units of time	\$ 264.51	\$ 327.99		
92224			Four units of time	\$ 352.68	\$ 437.32		
			<b>Anesthesia, Deep Sedation</b>				
92302			Two units of time	\$ 165.50	\$ 205.22		
92303			Three units of time	\$ 248.52	\$ 307.83		
92304			Four units of time	\$ 331.00	\$ 410.44		
			<b>Provision of Facilities, Equipment and Support services for Deep Sedation when provided by a separate practitioner</b>				
92322			Two units of time	\$ 95.40	\$ 118.30		
92323			Three units of time	\$ 143.10	\$ 177.45		
92324			Four units of time	\$ 190.80	\$ 236.60		