

DENTAL ASSISTANCE FOR SENIORS PROGRAM
Schedule of Covered Dental Procedures and Fees
Effective July 1, 2021

USCLS Code	DAC Code	Hygiene Code	Procedure Description	Generalist	Specialist	Denturist	Limitation
DIAGNOSTIC							
EXAMINATIONS							
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		
RADIOGRAPHS							
PERIAPICALS							
Six Periapical radiographs in any 12 month period 02111 - 02120							
02111		00221	Periapical single film	\$ 26.00	\$ 32.24		
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		
BITEWINGS							
Two bitewing radiographs in any 12 month period 02141 - 02146							
02141		00211	Bitewing single film	\$ 26.00	\$ 32.24		
02142		00212	Bitewing two films	\$ 43.00	\$ 53.32		
PANORAMIC							
One panoramic radiograph in any 5 year period							
02601		00241	Panoramic	\$ 84.00	\$ 104.16		
PREVENTATIVE							
POLISHING							
One time unit of polishing in any 12 month period							
11101		00531	Polishing one unit	\$ 60.00	\$ 74.40		
11107		00537	Polishing half unit	\$ 30.00	\$ 37.20		
SCALING							
Six time units of scaling and root planing combined in any 12 month period							
11111		00511	Scaling one unit	\$ 63.34	\$ 78.54		
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		
RESTORATIVE SERVICES							
CARIES/TRAUMA/PAIN CONTROL							
Not eligible in conjunction with restorations, extractions, or root canal							
20111		00666	Caries/Trauma/Pain Control first tooth	\$ 105.85	\$ 131.25		
20119		00667	each additional tooth, same quadrant	\$ 81.31	\$ 100.82		
CARIES/TRAUMA/ PAIN CONTROL							
20131			Trauma Control first tooth	\$ 38.00	\$ 47.12		
20139			each additional tooth, same quadrant	\$ 32.26	\$ 40.00		
RESTORATIONS							

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			Amalgam, non bonded, permanent bicuspid and anteriors				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		
			Amalgam, non bonded, permanent molars				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		
			PINS, RETENTIVE, PER RESTORATION				
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		
			Restorations, tooth coloured, permanent anteriors, bonded technique				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		
			Restorations, tooth coloured, permanent bicuspids, bonded technique				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		
			Restorations, tooth coloured, permanent molars, bonded technique				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		
ENDODONTICS							
			Root Canals, permanent teeth, retained primary teeth, one canal				One per tooth in any 24 month period
33111			One canal	\$ 599.00	\$ 742.76		
33112			Difficult access	\$ 762.89	\$ 945.98		
33113			Exceptional anatomy	\$ 762.89	\$ 945.98		
33114			Calcified canal	\$ 762.89	\$ 945.98		

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			Root Canals, permanent teeth, retained primary teeth, two canals				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		
			Root Canals, permanent teeth, retained primary teeth, three canals				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		
			Root Canals, permanent teeth, retained primary teeth, four or more canals				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		
PERIODONTICS							
			Periodontal abscess or pericoronitis				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		
			Root Planing				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		
PROSTHODONTICS - REMOVABLE							
			Dentures, Complete, Standard				
51101	31310		Maxillary + Lab	\$ 731.77	\$ 907.39	\$ 647.98	
51102	31320		Mandibular + Lab	\$ 731.77	\$ 907.39	\$ 647.98	One upper and one lower denture in any 5 year period
51104	73008		Resilient Liner (Lab)	\$ -	\$ -	\$ -	One liner per denture in any 5 year period
			Dentures, Complete, Surgical				
51301	31311		Maxillary + Lab	\$ 800.00	\$ 992.00	\$ 744.61	
51302	31321		Mandibular + Lab	\$ 800.00	\$ 992.00	\$ 744.61	
			Dentures, Partial, Cast with Acrylic base				
		41612	Maxillary + Lab			\$ 215.80	
		41622	Mandibular + Lab			\$ 215.80	
			Dentures, Partial, Acrylic, Surgical without clasps				
		41613	Maxillary + Lab			\$ 215.80	
		41623	Mandibular + Lab			\$ 215.80	

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			Dentures, Partial, Free End, Cast Frame/Connector, Clasps And Rests				
53101	41114		Maxillary + Lab	\$ 750.00	\$ 930.00	\$ 604.15	
53102	41124		Mandibular + Lab	\$ 750.00	\$ 930.00	\$ 604.15	
			Dentures, Partial, Free End, Cast Frame/Connector, Clasps And Rests, Immediate				
53111	41115		Maxillary + Lab	\$ 741.17	\$ 919.50	\$ 597.50	
53112	41125		Mandibular + Lab	\$ 741.17	\$ 919.50	\$ 597.50	
			Dentures, Partial, Tooth Borne,Cast Frame/Connector, Clasps And Rests				
53201	41254		Maxillary + Lab	\$ 752.00	\$ 932.48	\$ 605.64	
53202	41264		Mandibular + Lab	\$ 752.00	\$ 932.48	\$ 605.64	
			Dentures, Partial, Tooth Borne,Cast Frame/Connector, Clasps And Rests, Immediate				
53211	41215		Maxillary + Lab	\$ 777.00	\$ 963.48	\$ 623.54	
53212	41225		Mandibular + Lab	\$ 777.00	\$ 963.48	\$ 623.54	
			Denture Adjustment				
54201	58110		One unit of time	\$ 61.00	\$ 75.64	\$ 47.54	
			Denture Repairs/Additions, Complete Denture, no Impression				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	
			Denture Repairs/Additions, Complete Denture, Impression required				
55201	36210		Maxillary + Lab	\$ 130.00	\$ 161.20	\$ 114.06	
55202	36220		Mandibular + Lab	\$ 130.00	\$ 161.20	\$ 114.06	
			Dentures Repairs/Additions, Partial Denture, no impression				
55301	46110		Maxillary + Lab	\$ 69.00	\$ 85.56	\$ 59.08	
55302	46120		Mandibular + Lab	\$ 69.00	\$ 85.56	\$ 59.08	
			Denture Repairs/Additions, Partial Denture, Impression required				
55401	46210		Maxillary + Lab	\$ 132.00	\$ 163.68	\$ 114.85	
55402	46220		Mandibular + Lab	\$ 132.00	\$ 163.68	\$ 114.85	
			Denture, Reline, direct complete denture				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	
			Denture, Reline, direct, partial denture				
56221	42418		Maxillary + Lab	\$ 195.00	\$ 241.80	\$ 167.60	
56222	42428		Mandibular + Lab	\$ 195.00	\$ 241.80	\$ 167.60	
			Denture, Reline, processed, complete denture				
56231	32215		Maxillary + Lab	\$ 207.00	\$ 256.68	\$ 193.94	
56232	32225		Mandibular + Lab	\$ 207.00	\$ 256.68	\$ 193.94	
			Denture, Reline, processed, partial denture				

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56241	42210		Maxillary + Lab	\$ 196.90	\$ 244.16	\$ 185.44	
56242	42220		Mandibular + Lab	\$ 196.90	\$ 244.16	\$ 185.44	
			Denture, Tissue Conditioning, Complete denture, per appointment				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	
			Denture, Tissue Conditioning, Partial denture, per appointment				
56521	47110		Maxillary + Lab	\$ 128.00	\$ 158.72	\$ 111.32	
56522	47120		Mandibular + Lab	\$ 128.00	\$ 158.72	\$ 111.32	
ORAL AND MAXILLOFACIAL SURGERY							
			Removal/Extraction, Erupted Teeth, Uncomplicated				
71101			Single tooth	\$ 117.00	\$ 145.08		
71109			Each additional tooth, same quadrant	\$ 109.20	\$ 135.41		
			Removal/Extraction, Erupted Teeth, Complicated				
71201			Single tooth	\$ 213.00	\$ 264.12		
71209			Each additional tooth, same quadrant	\$ 202.80	\$ 251.47		
			Removal/Extraction, Surgical				
72111			Single tooth	\$ 223.00	\$ 276.52		
72119			Each additional tooth, same quadrant	\$ 191.00	\$ 236.84		
			Removal/Extraction, Impactions, involving tissue and/or bone coverage				
72211			Single tooth	\$ 272.00	\$ 337.28		
72219			Each additional tooth, same quadrant	\$ 239.36	\$ 296.81		
			Removal/Extraction, impaction, requiring incision of overlying soft tissue, elevation of flap and removal of bone				
72221			Single tooth	\$ 346.51	\$ 429.23		
72229			Each additional tooth, same quadrant	\$ 277.71	\$ 344.36		
			Removal/Extraction, impaction, requiring incision of overlying soft tissue, elevation of flap and removal of bone or presents unusual difficulties				
72231			Single tooth	\$ 410.00	\$ 508.40		
72239			Each additional tooth, same quadrant	\$ 360.80	\$ 447.40		
			Removal/Extractions, residual roots				
72311			First tooth	\$ 85.00	\$ 105.40		
72319			Each additional tooth, same quadrant	\$ 80.00	\$ 99.20		
			Removal/Extractions, residual roots, soft tissue coverage				
72321			First tooth	\$ 126.60	\$ 156.98		
72329			Each additional tooth, same quadrant	\$ 104.92	\$ 130.10		
			Removal/Extractions, residual roots, bone tissue coverage				
72331			First tooth	\$ 210.00	\$ 260.40		
72339			Each additional tooth, same quadrant	\$ 162.84	\$ 201.92		

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ADJUNCTIVE GENERAL SERVICES						
			Anesthesia, General, includes pre-anesthesia, evaluation and post anesthesia follow up			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	
			Provision of Facilities, Equipment and Support services for General Anesthesia when provided by a separate practitioner			
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	
			Anesthesia, Deep Sedation			
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	
			Provision of Facilities, Equipment and Support services for Deep Sedation when provided by a separate practitioner			
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	