

## STANDARD DENTAL COVERAGE - ALBERTA WORKS PROGRAM ADULTS

### Effective July 1, 2017 to Current

Adult dental coverage is provided to all adult recipients (individuals 18 years of age or older) receiving benefits from Income Supports (Expected to Work or Barriers to Full Employment), Learners, or Alberta Adult Health Benefit (AAHB) recipients, including AAHB recipients who previously were recipients of Assured Income for the Severely Handicapped (AISH).

#### Notes:

- Where a restoration is provided, no payment will be made for a stainless steel crown or prefabricated plastic crown for 30 days.
- Where specific treatment requires multiple appointments and termination of benefits occurring, then coverage will be extended to a maximum of thirty days in order to allow for completion of that specific treatment.
- For the period commencing July 1, 2017 through to Current, the Minister will compensate Members for the cost of providing Services to Clients, in accordance with the fees set out in Schedule B.
- For the purpose of this schedule "a year" means twelve (12) consecutive months.

The following services may be provided:

| Procedure  | Code           | Fees (\$) | LAB Fees (\$) | Specialist Fees (\$) |
|--|----------------|-----------|---------------|----------------------|
| <b>DIAGNOSTIC</b>  |                |           |               |                      |
| Exam - Comprehensive for permanent dentition (every 24 months) | 1103           | \$72.73   |               | \$90.18              |
| Examination, Emergency   | 1205           | \$48.48   |               | \$60.12              |
| Radiographs, Periapical (maximum 6 films per year)             | 2111           | \$19.35   |               | \$24.00              |
|  | 2112           | \$32.25   |               | \$39.99              |
|  | 2113           | \$45.16   |               | \$56.00              |
|  | 2114           | \$58.10   |               | \$72.04              |
|  | 2115           | \$71.04   |               | \$88.11              |
|  | 02116 to 02125 | \$83.93   |               | \$104.07             |
| Radiographs - Bitewing (max 2 films per year)                  | 2141           | \$19.35   |               | \$24.00              |

|   |                                |                  |                      |                             |
|---|--------------------------------|------------------|----------------------|-----------------------------|
|   | 2142, 43,<br>44, 45,<br>and 46 | \$32.25          |                      | \$39.99                     |
| <b>Procedure</b>  | <b>Code</b>                    | <b>Fees (\$)</b> | <b>LAB Fees (\$)</b> | <b>Specialist Fees (\$)</b> |
| 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          | \$0.00               | \$80.04                     |
| Pulp Vitality Test (one unit per visit)   | 4501                           | \$46.06          | \$0.00               | \$57.12                     |
| <b>PREVENTIVE</b>   |                                |                  |                      |                             |
| Polishing (two units per twelve months)   | 11101                          | \$46.06          | \$0.00               | \$57.12                     |
|   | 11102                          | \$92.13          | \$0.00               | \$114.24                    |
| Half unit of time   | 11107                          | \$23.04          | \$0.00               | \$28.55                     |
| Scaling (maximum four units per twelve months)  | 11111                          | \$48.48          | \$0.00               | \$60.12                     |
|   | 11112                          | \$96.97          | \$0.00               | \$120.25                    |
|   | 11113                          | \$145.45         | \$0.00               | \$180.36                    |
|   | 11114                          | \$193.92         | \$0.00               | \$240.46                    |
|   | 11117                          | \$24.24          | \$0.00               | \$30.06                     |
| <b>RESTORATIVE SERVICES (AS AN EMERGENCY SERVICE ONLY)</b>  |                                |                  |                      |                             |
| Caries, Trauma, Pain Control, Sedative/ Protective Dressing   | 20111                          | \$51.91          | \$0.00               | \$64.37                     |
|   | 20119                          | \$51.91          | \$0.00               | \$64.37                     |
| Trauma Control, Smoothing of Fractured Surfaces per Tooth   | 20131                          | \$24.72          | \$0.00               | \$30.66                     |
|   | 20139                          | \$24.72          | \$0.00               | \$30.66                     |
| <b>Restorations, Amalgam, Primary Teeth</b>   |                                |                  |                      |                             |
| Non-bonded, Primary Teeth   | 21111                          | \$60.60          | \$0.00               | \$75.14                     |
|   | 21112                          | \$89.07          | \$0.00               | \$110.46                    |
|   | 21113                          | \$114.54         | \$0.00               | \$142.02                    |
|   | 21114                          | \$139.98         | \$0.00               | \$173.57                    |
|   | 21215                          | \$152.70         | \$0.00               | \$189.35                    |
| Bonded, Primary Teeth   | 21121                          | \$72.73          | \$0.00               | \$90.18                     |
|   | 21122                          | \$101.79         | \$0.00               | \$126.23                    |
|   | 21123                          | \$127.27         | \$0.00               | \$157.80                    |

|  |             |                  |                      |                             |
|--|-------------|------------------|----------------------|-----------------------------|
|  | 21124       | \$152.70         | \$0.00               | \$189.35                    |
|  | 21125       | \$165.44         | \$0.00               | \$205.14                    |
| <b>Restorations, Amalgam, Permanent Teeth</b>                          |             |                  |                      |                             |
| Non-bonded, Permanent Bicuspid and Anteriors                           | 21211       | \$60.60          | \$0.00               | \$75.14                     |
|  | 21212       | \$89.07          | \$0.00               | \$110.46                    |
|  | 21213       | \$114.54         | \$0.00               | \$142.02                    |
|  | 21214       | \$139.98         | \$0.00               | \$173.57                    |
|  | 21215       | \$152.70         | \$0.00               | \$189.35                    |
| <b>Procedure</b>   | <b>Code</b> | <b>Fees (\$)</b> | <b>LAB Fees (\$)</b> | <b>Specialist Fees (\$)</b> |
| Non-Bonded, Permanent Molars   | 21221       | \$60.60          |                      | \$75.14                     |
|  | 21222       | \$89.07          |                      | \$110.46                    |
|  | 21223       | \$114.54         |                      | \$142.02                    |
|  | 21224       | \$139.98         |                      | \$173.57                    |
|  | 21225       | \$152.70         |                      | \$189.35                    |
| Restoration, Amalgam, Bonded, Permanent Bicuspid, Anteriors and Molars | 21231       | \$72.73          |                      | \$90.18                     |
|  | 21232       | \$101.79         |                      | \$126.23                    |
|  | 21233       | \$127.26         |                      | \$157.80                    |
|  | 21234       | \$152.70         |                      | \$189.35                    |
|  | 21235       | \$165.44         |                      | \$205.14                    |
| Bonded, Permanent Molars   | 21241       | \$72.73          |                      | \$90.21                     |
|  | 21242       | \$101.79         |                      | \$126.23                    |
|  | 21243       | \$127.26         |                      | \$157.80                    |
|  | 21244       | \$152.70         |                      | \$189.35                    |
|  | 21245       | \$165.44         |                      | \$205.14                    |
| 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                     |
| <b>Restorations, Prefabricated, Metal</b>                              |             |                  |                      |                             |
| Primary Anterior   | 22201       | \$114.54         |                      | \$142.02                    |
|  | 22202       | \$139.98         |                      | \$173.57                    |
| Primary Posterior  | 22211       | \$114.54         |                      | \$142.02                    |
|  | 22212       | \$139.98         |                      | \$173.57                    |
| Permanent Anterior   | 22301       | \$152.70         |                      | \$189.35                    |

|  |           |          |                      |                             |
|--|-----------|----------|----------------------|-----------------------------|
|  | 22302     | \$178.16 |                      | \$220.91                    |
| Permanent Posterior                            | 22311     | \$152.70 |                      | \$189.35                    |
|  | 22312     | \$178.16 |                      | \$220.91                    |
| <b>Restorations, Prefabricated, Plastic</b>    |           |          |                      |                             |
| Primary  | 22401, 11 | \$103.84 |                      | \$128.76                    |
| Permanent                                      | 22501, 11 | \$142.78 |                      | \$177.05                    |
| <b>Restorations, Tooth Coloured, Permanent</b> |           |          |                      |                             |
| Permanent Anteriors, Non Bonded                | 23101     | \$64.90  |                      | \$80.48                     |
|  | 23102     | \$77.88  |                      | \$96.57                     |
|  | 23103     | \$90.86  |                      | \$112.66                    |
|  | 23104     | \$116.81 |                      | \$144.85                    |
|  | 23105     | \$142.78 |                      | \$177.05                    |
|  |           |          | <b>LAB Fees (\$)</b> | <b>Specialist Fees (\$)</b> |
| Permanent Anterior, Bonded                     | 23111     | \$89.07  |                      | \$110.46                    |
|  | 23112     | \$101.79 |                      | \$126.23                    |
|  | 23113     | \$114.54 |                      | \$142.02                    |
|  | 23114     | \$139.98 |                      | \$173.57                    |
|  | 23115     | \$165.44 |                      | \$205.14                    |
| Permanent Bicuspid, Non Bonded                 | 23211     | \$64.90  |                      | \$80.48                     |
|  | 23212     | \$90.86  |                      | \$112.66                    |
|  | 23213     | \$103.84 |                      | \$128.76                    |
|  | 23214     | \$116.81 |                      | \$144.85                    |
|  | 23215     | \$129.81 |                      | \$160.97                    |
| Permanent Molars, Non Bonded                   | 23221     | \$64.90  |                      | \$80.48                     |
|  | 23222     | \$90.86  |                      | \$112.66                    |
|  | 23223     | \$103.84 |                      | \$128.76                    |
|  | 23224     | \$116.81 |                      | \$144.85                    |
|  | 23225     | \$129.81 |                      | \$160.97                    |
| Permanent Bicuspid, Bonded                     | 23311     | \$89.07  |                      | \$110.46                    |
|  | 23312     | \$127.26 |                      | \$157.80                    |
|  | 23313     | \$152.70 |                      | \$189.35                    |
|  | 23314     | \$178.16 |                      | \$220.91                    |
|  | 23315     | \$203.61 |                      | \$252.48                    |
| Permanent Molars, Bonded                       | 23321     | \$89.07  |                      | \$110.46                    |
|  | 23322     | \$127.26 |                      | \$157.80                    |
|  | 23323     | \$152.70 |                      | \$189.35                    |
|  | 23324     | \$178.16 |                      | \$220.91                    |
|  | 23325     | \$203.61 |                      | \$252.48                    |

| <b>Restorations, Tooth Coloured, Primary</b>         |       |          |                      |                             |
|--|-------|----------|----------------------|-----------------------------|
| Anterior, Non Bonded                                 | 23401 | \$64.90  |                      | \$80.48                     |
|  | 23402 | \$77.88  |                      | \$96.57                     |
|  | 23403 | \$90.86  |                      | \$112.66                    |
|  | 23404 | \$116.81 |                      | \$144.85                    |
|  | 23405 | \$142.78 |                      | \$177.05                    |
| Anterior, Bonded                                     | 23411 | \$89.07  |                      | \$110.46                    |
|  | 23412 | \$101.79 |                      | \$126.23                    |
|  | 23413 | \$114.54 |                      | \$142.02                    |
|  | 23414 | \$139.98 |                      | \$173.57                    |
|  | 23415 | \$165.44 |                      | \$205.14                    |
| Posterior, Non Bonded                                | 23501 | \$64.90  |                      | \$80.48                     |
|  | 23502 | \$90.86  |                      | \$112.66                    |
|  | 23503 | \$103.84 |                      | \$128.76                    |
|  | 23504 | \$116.81 |                      | \$144.85                    |
|  | 23505 | \$129.81 |                      | \$160.97                    |
|  |       |          | <b>LAB Fees (\$)</b> | <b>Specialist Fees (\$)</b> |
| Posterior, Bonded                                    | 23511 | \$89.07  |                      | \$110.46                    |
|  | 23512 | \$127.26 |                      | \$157.80                    |
|  | 23513 | \$152.70 |                      | \$189.35                    |
|  | 23514 | \$178.16 |                      | \$220.91                    |
|  | 23515 | \$203.61 |                      | \$252.48                    |
| Recementation/Rebonding, Inlays, Onlays, Crowns      | 29101 | \$51.91  | B.R.                 | \$64.37                     |
|  | 29102 | \$103.84 | B.R.                 | \$128.76                    |
| <b>ENDODONTICS</b>                                   |       |          |                      |                             |
| <b>Pulpotomy (as a separate Emergency Procedure)</b> |       |          |                      |                             |
| Anterior and Bicuspid Teeth                          | 32221 | \$103.84 |                      | \$128.76                    |
| Molar Teeth  | 32222 | \$103.84 |                      | \$128.76                    |
| Primary Teeth  | 32231 | \$98.91  |                      | \$122.65                    |
| Primary Tooth Concurrent with Restoration            | 32232 | \$49.44  |                      | \$61.31                     |
| <b>Pulpectomy (as an Emergency Procedure)</b>        |       |          |                      |                             |
| Permanent Teeth/Retained Primary Teeth, One canal    | 32311 | \$77.88  |                      | \$96.57                     |
| Two Canals   | 32312 | \$103.84 |                      | \$128.76                    |
| Three Canals   | 32313 | \$129.81 |                      | \$160.97                    |

|  |           |          |  |          |
|--|-----------|----------|--|----------|
| Four Canals or more  | 32314     | \$155.75 |  | \$193.12 |
| Pulpectomy Primary Anterior  | 32321     | \$77.88  |  | \$96.57  |
| Pulpectomy, Primary Posterior  | 32322     | \$129.81 |  | \$160.97 |
| <b>Root Canals, Permanent/Retained Primary teeth<br/>(approved for Anterior teeth ONLY 13,12,11, 21,22,23,33,32,31,41,42,43)</b> |           |          |  |          |
| One Canal  | 33111     | \$441.31 |  | \$547.22 |
| Two or More Canals   | 33121     | \$666.23 |  | \$826.13 |
| <b>Periapical Services (Approved for Anterior Teeth Only)</b>  |           |          |  |          |
| <b>Apicoectomy/Apical Curettage</b>  |           |          |  |          |
| Maxillary Anterior, One Root   | 34111     | \$284.28 |  | \$352.49 |
| Two Roots  | 34112     | \$415.23 |  | \$514.89 |
| Mandibular Anterior, One Root  | 34141     | \$341.11 |  | \$422.97 |
| Two Roots  | 34142     | \$474.55 |  | \$588.45 |
| <b>Retrofilling</b>  |           |          |  |          |
| Maxillary Anterior, One Canal  | 34211     | \$56.85  |  | \$70.50  |
| Two or More Canals   | 34212     | \$113.70 |  | \$140.99 |
| Mandibular Anterior, One Canal   | 34241     | \$56.85  |  | \$70.50  |
| Two or More Canals   | 34242     | \$113.70 |  | \$140.99 |
| Open and Drain (Separate Emergency Procedures)   | 39201, 02 | \$46.99  |  | \$58.26  |

| Procedure   | Code      | Fees (\$) | LAB Fees (\$) | Specialist Fees (\$) |
|---|-----------|-----------|---------------|----------------------|
| <b>PERIODONTIC</b>  |           |           |               |                      |
| <b>Periodontals Abscess or Pericoronitis, may include one or more of the following procedures: Lancing, Scaling, Curettage, Surgery or Medication</b> |           |           |               |                      |
| One Unit of Time  | 42831     | \$51.91   |               | \$64.37              |
| Two Units   | 42832     | \$103.84  |               | \$128.76             |
| <b>PROSTHODONTICS - REMOVABLE (NOTE 1)</b>  |           |           |               |                      |
| Dentures, Complete, Standard  | 51101, 02 | \$519.18  | \$338.49      | \$643.79             |
| Resilient Liner (Lab)   | 51104     |           | \$75.11       |                      |
| Dentures, Surgical, Standard (Immediate)  | 51301, 02 | \$519.18  | \$367.51      | \$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 with metal wrought/cast clasps and/or rests | 52301, 02   | \$494.53         | \$342.52             | \$613.22                    |
| Dentures, partial, free end, case frame/connector, clasps and rests    | 53101, 02   | \$519.18         | \$373.33             | \$643.79                    |
| <b>Dentures Adjustments, Partial or Complete, Minor</b>                |             |                  |                      |                             |
| One Unit of Time   | 54201       | \$46.99          | B.R.                 | \$58.26                     |
| Two Units  | 54202       | \$93.98          | B.R.                 | \$116.53                    |
| <b>Denture Repair, Complete</b>  |             |                  |                      |                             |
| No Impressions Required  | 55101, 02   | \$49.44          | \$59.77              | \$61.31                     |
| Impression Required  | 55201, 02   | \$98.91          | \$97.36              | \$122.65                    |
| <b>Denture, Repairs/Additions, Partial</b>                             |             |                  |                      |                             |
| No Impression Required   | 55301, 02   | \$49.44          | \$76.64              | \$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                     |
| <b>Denture Reline</b>  |             |                  |                      |                             |
| 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         | \$98.29              | \$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, Services (Resetting)   | 56602       | \$207.67         | \$127.98             | \$257.52                    |
| <b>Procedure</b>   | <b>Code</b> | <b>Fees (\$)</b> | <b>LAB Fees (\$)</b> | <b>Specialist Fees (\$)</b> |
| <b>PROSTHODONTICS - FIXED</b>  |             |                  |                      |                             |

|  |       |          |         |          |
|--|-------|----------|---------|----------|
| Repairs, Recementation of Fixed Bridge | 66301 | \$51.91  | \$75.90 | \$64.37  |
|  | 66302 | \$103.84 | \$75.90 | \$128.76 |

**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 |  | \$367.78 |
| Removals, Residual Roots   | 72311, 19 | \$49.44  |  | \$61.31  |
|  | 72321, 29 | \$74.17  |  | \$91.98  |
|  | 72331, 39 | \$108.76 |  | \$134.87 |
| Surgical Incision and Drainage and/or Exploration, Intra-oral Tissue | 75111     | \$108.76 |  | \$134.87 |
| Post Surgical Care (Minor by Other Than Treating Dentist)            | 79602     | \$51.91  |  | \$64.37  |

**ADJUNCTIVE GENERAL SERVICES**

**General Anesthesia**

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

|                                 |       |          |  |          |
|---------------------------------|-------|----------|--|----------|
| Two Units of Time               | 92212 | \$96.57  |  | \$119.74 |
| Three Units                     | 92213 | \$144.85 |  | \$179.61 |
| Four Units                      | 92214 | \$193.12 |  | \$239.49 |
| Five Units                      | 92215 | \$241.40 |  | \$299.35 |
| Six Units                       | 92216 | \$289.70 |  | \$359.23 |
| Seven Units                     | 92217 | \$337.98 |  | \$419.10 |
| Eight Units                     | 92218 | \$386.27 |  | \$478.96 |
| Each Additional Unit over Eight | 92219 | \$48.28  |  | \$59.87  |

**Provision of Dental & Anesthetic Facilities, Equipment and Supplies**

|                   |       |          |  |          |
|-------------------|-------|----------|--|----------|
| Two Units of Time | 92222 | \$96.57  |  | \$119.74 |
| Three Units       | 92223 | \$144.85 |  | \$179.61 |
| Four Units        | 92224 | \$193.12 |  | \$239.49 |
| Five Units        | 92225 | \$241.40 |  | \$299.35 |

|   |             |                  |                      |                             |
|---|-------------|------------------|----------------------|-----------------------------|
| Six Units                               | 92226       | \$289.70         |                      | \$359.23                    |
| Seven Units                             | 92227       | \$337.98         |                      | \$419.10                    |
| Eight Units                             | 92228       | \$386.27         |                      | \$478.96                    |
| Each Additional Unit over Eight         | 92229       | \$48.28          |                      | \$59.87                     |
| <b>Procedure</b>                        | <b>Code</b> | <b>Fees (\$)</b> | <b>LAB Fees (\$)</b> | <b>Specialist Fees (\$)</b> |
| <b>Anesthesia, Deep Sedation</b>        |             |                  |                      |                             |
| Two Units of Time                       | 92302       | \$87.39          |                      | \$108.36                    |
| Three Units                             | 92303       | \$131.08         |                      | \$162.54                    |
| Four Units                              | 92304       | \$174.78         |                      | \$216.72                    |
| Five Units                              | 92305       | \$218.48         |                      | \$270.92                    |
| Six Units                               | 92306       | \$262.17         |                      | \$325.09                    |
| Seven Units                             | 92307       | \$305.88         |                      | \$379.28                    |
| Eight Units                             | 92308       | \$349.57         |                      | \$433.47                    |
| Each Additional Unit over Eight         | 92309       | \$43.69          |                      | \$54.18                     |
| <b>Conscious Sedation</b>               |             |                  |                      |                             |
| <b>Nitrous Oxide</b>                    |             |                  |                      |                             |
| One Unit of Time                        | 92411       | \$24.84          |                      | \$30.79                     |
| Two Units                               | 92412       | \$37.27          |                      | \$46.21                     |
| Three Units                             | 92413       | \$49.69          |                      | \$61.62                     |
| Four Units                              | 92414       | \$62.11          |                      | \$77.04                     |
| Five Units                              | 92415       | \$74.54          |                      | \$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                     |
| <b>Oral Sedation</b>                    |             |                  |                      |                             |
| 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                     |
| <b>Nitrous Oxide with Oral Sedation</b> |             |                  |                      |                             |

|                                 |             |                  |                      |                             |
|---------------------------------|-------------|------------------|----------------------|-----------------------------|
| 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                     |
|                                 |             |                  |                      |                             |
| <b>Procedure</b>                | <b>Code</b> | <b>Fees (\$)</b> | <b>LAB Fees (\$)</b> | <b>Specialist Fees (\$)</b> |

**Parenteral Conscious Sedation**

|  |       |          |  |          |
|--|-------|----------|--|----------|
| One Unit of Time                                 | 92441 | \$24.84  |  | \$30.79  |
| Two Units  | 92442 | \$37.27  |  | \$46.21  |
| Three Units                                      | 92443 | \$49.69  |  | \$61.62  |
| Four Units                                       | 92444 | \$62.11  |  | \$77.04  |
| Five Units                                       | 92445 | \$74.54  |  | \$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  |
| Institution Visits (one per day per institution) | 94301 | \$46.99  |  | \$58.26  |
|  | 94302 | \$58.17  |  | \$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](http://www.dentalhealthalberta.ca)) or Alberta Dental Services Corporation ([www.adsc.org](http://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 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.**