City of Hamilton
Healthy and Safe Communities
Special Supports Program
1550 Upper James St, Unit 14a
Hamilton, ON L9B 2L6

Schedule of Services and Fees: Discretionary Adult Emergency Dental Treatment Plan

For Eligible Ontario Works Adults
and ODSP-Dependent Adults
Effective: July 1, 2026

TABLE OF CONTENTS

Who is Eligible?

Ontario Works (OW) Adults

- Age 18 years and over
- Resident of the city of Hamilton

OW Requirements (patient to provide)

- Ontario Works Dental Benefit Eligibility Card or
- Proof of Assistance for the month of treatment.
  Can be provided by:
  - Producing a hard copy of the Proof of Assistance Screen in MyBenefits.
  - Displaying the Proof of Assistance Screen in MyBenefits.
  - Showing a screenshot of the Proof of Assistance Screen from MyBenefits.

Ontario Disability Support Program (ODSP) Dependent Adults

- Age 18 years and over who are not covered on the ODSP Dental Card (i.e. not the ODSP applicant or spouse)
- Resident of the city of Hamilton

ODSP Requirements (patient to provide)

- Dental Approval Letter that has been provided to the patient or directly to you by our office.

Contact Information

Dental Office/Claims Inquiry

Special Supports Program Contact

Phone: 905-546-2424 x 2219
Email: sspc@hamilton.ca

Mailing address:

City of Hamilton
Special Supports Program - Payment Clerks
1550 Upper James St, Unit 14a
Hamilton, ON L9B 2L6

Patient Inquiries

Ontario Works Dental Benefit Eligibility Card

Please call 905-546-4800 to request a card or to have one emailed to the dentist.

Financial eligibility for ODSP dependent adult

Please call Special Supports Case Aide 905-546-2590

Dental and Denture website including fee guide

www.hamilton.ca/support

Not Covered Under This Fee Schedule

Patients Not Covered

The following patients are not covered under the Adult Discretionary Dental Plan, they are covered under the MCSS Schedule of Dental Services and Fees.

- **Ontario Works children (0-17 years)** including children whose guardian receives Temporary Care Assistance under Ontario Works. These claims go to ACCERTA.
- **Ontario Disability Support Program** recipients, their spouses and dependent children (0-17 years) and Children whose parent(s) receive Assistance for Children with Severe Disability (ACSD). These claims go to ACCERTA**.**

Note: Ontario Works Adults who require cleaning (not a covered service in this fee guide) can contact the City of Hamilton Public Health Dental Clinic at 905-546-2424 ext. 3789 to schedule an appointment.

Billing and Fees Not Covered

Extra or Balance Billing

Extra billing or balance billing is **not** permitted for services covered under this schedule. It is the responsibility of the treating dentist to discuss what is or is not covered under this schedule with their clients.

Specialist Fees

Where a general dental practitioner has referred a patient to a specialist, the specialist will be reimbursed at the specialist rate provided that the proper procedure has been followed. Specialists must submit the name of the referring dentist on their claim form(s). A referral from the patient's medical practitioner will be accepted. In this situation, the physician's name and practice address should be submitted on the specialist's claim form(s). Specialty fees are only paid to service providers that perform services within their specialty.

Coordination of Benefits

Private insurance

Claims for services performed for patients who have dental benefits under a private dental plan contract or insurance policy must be submitted through the private plan first.
City of Hamilton Ontario Works will become the second payor through coordination of benefits. The dentist will balance bill the City of Hamilton Ontario Works program by submitting a duplicate dental claim form and attaching the Explanation of Benefits from the first payor.

The City of Hamilton will only cover up to the maximum amount shown for dental codes in the current schedule of dental benefits and fees, or the balance owing on a dental procedure code, whichever is less.

Where a client has First Nations Inuit Health Branch (FNIHB) non-insured health benefits (NIHB)**,** Ontario Works will be first payer.

Interim Federal Health Program (IFHP)

Ontario Works is the second payor for eligible services where the client has IFHP coverage. Please submit a duplicate dental claim form and attach documentation showing the amount paid by IFHP. The maximum amount payable will not exceed the amount shown in the Schedule of Services and Fees or the balance owing on a dental procedure code, whichever is less.

Canada Dental Care Plan (CDCP)

Ontario Works is the second payor if the client has CDCP coverage. Please complete a duplicate dental claim form and attach the Explanation of Benefits from Sun Life (CDCP). The maximum amount payable will not exceed the amount shown in the schedule or the balance owing on a dental procedure code, whichever is less.

- Dental Example #1 GP
  Emergency Exam and Diagnosis Code 01205
  - Provider charges $159.00 (as per Ontario Dental Association)
  - CDCP/Private Insurance pays $77.39.
  - OW fee schedule maximum payable $19.00.
  - Provider can bill up to $ 19.00 to OW.
  - Total provider receives $96.39. No balance billing to client.

- Dental Example #2 GP
  Radiograph Code 02111
  - Provider charges $41.00 (as per Ontario Dental Association)
  - CDCP pays $32.30.
  - OW fee schedule maximum payable $13.35.
  - Provider can bill up to $8.70 to OW.
  - Total provider receives $41.00. No balance billing to client.

Where and How Claims Should Be Submitted?

City of Hamilton
Special Supports Program Attention: Claims Payment
1550 Upper James St, Unit 14A
Hamilton, ON L9B 2L6

- **ORIGINAL claim forms** must be submitted by email or mail.
- Claims are to be **sent in as treatment occurs**. The only exception is for multiple appointment procedures, such as root canals, which should be submitted on completion of treatment.
- Ensure that your ODA/CDA approved claim form is **completed fully and accurately**,

including signature of patient or guardian and the following sections:
  - Patient's name
  - Patient's address
  - Treating dentist's name
  - Unique identification number (UIN)
  - Office verification
  - Dental office address
- Dentists to visually **verify eligibility** by noting on the invoice that eligibility has been 'visually verified'.
- It is the patient's responsibility to provide his/her dental card, **proof of assistance or approval letter to the dental practitioner, at the time of the appointment** and it is the dental practitioner's responsibility to note that eligibility for Ontario Works was 'visually verified' on the claim.
- **Dental Benefit Eligibility Card - Replacement:**
  If a patient is missing his/her dental card or approval letter, the patient must contact Ontario Works **prior to** receiving treatment at **905-546-4800** to request that a replacement dental card or approval letter be faxed or emailed to the dental practitioner **prior to** treatment.
  - Alternatively, dentist can also email OWClerkcentral@hamilton.ca directly to request a dental card. Please obtain consent for this information.
  - Dentists who chose to see a patient without the dental card/proof of assistance/ approval letter are doing so at their own expense. For example: a patient may not be eligible for OW and/or not qualify for the services.
  - Failure to properly submit a claim with all attachments, including a pre-approval form for a full mouth clearance, if applicable, will result in a denial of the claim by the City. The City of Hamilton assumes no responsibility for correcting a deficiency in the submission of a claim.

If you do not receive payment on submitted claims within 45 business days, **please do not submit duplicate claim forms for payment. We ask that you please call (905)546-2424, ext. 2219**, to verify whether your original claim was paid or received. If it was not received, instructions will be provided to you on what is necessary to have the claim paid as quickly as possible.

Year End

- Each year the service providers will receive notice as to the last date claims will be accepted and honoured for payment.
- Once this date has passed, no claims from the previous year will be accepted and/or honoured for payment.

General Descriptions and Limitations of the Adult Dental Program

- Pre-approvals will be honoured for 6 months from date of approval. Any claims submitted with expired pre-approvals will be paid in accordance with the fee guide.
- Treatment will be per patient, per dental group, per address for all codes.
- Treatment for **symptomatic emergency** dental situations only, involving pain, infection, trauma and**/**or pathology.
- Dentist can treat the **maximum of 4 symptomatic teeth per emergency or treatment visit** (any combination of fillings, root canals on the anterior front teeth only (1.3-2.3: 3.3-4.3) and/or extractions)**.** Please see the remainder of the fee guide for additional limitations for each procedure.
- Eligible care is limited to appropriate treatment of the specific emergency of the symptomatic patient.
- The dental plan is intended to be an access to urgent dental care for eligible adults and is **not** for the ongoing treatment of basic dental care.
- Preauthorization:
  Preauthorization is only accepted/required for **full mouth clearance**:
    - Requests can be submitted by mail, fax, or email at specialsupportsinvoices@hamilton.ca
    - Please include the following with your request:
        1. An estimate showing all procedure codes and fees.
        2. Written explanation regarding treatment plan for dentures.
        3. Note that the dental card, proof of assistance, or eligibility letter has been ‘visually verified’.
    - Any pre-authorization approvals issued will be valid for 6 months from the date of approval.
    - **A copy of the pre-authorization approval form is required with each claim submitted for payment.**
- **No provision for treatment of primary teeth.**

How will notification of approval be sent?

- Paid Payment Approved Invoice Information
- Dentist will receive by password protected email with detailed information on the approved amounts and codes.
- Dentist can choose to opt out of email and receive the paid payment information approved invoice through regular mail.

  Contact SSPC@hamilton.ca for more information.

Procedures

Examinations

Procedure	Description	G.P.	S.P.
01205	Exam and diagnosis for investigation of discomfort and/or infection in a localized area	19.00	22.81

Limit: New: No limits to emergency exams

Radiographs, Intraoral

Radiographs, Intraoral, Periapical

Procedure	Description	G.P.	S.P.
02111	single film	13.35	16.02
02112	two films	16.33	19.60
02113	three films	20.12	24.14
02114	four films	22.52	27.03
02115	five films	27.02	32.42

Limit: Periapical films are paid **cumulatively** up to maximum payable of five (5) per twelve (12) month **calendar year** to maximum of $27.02 for general practitioners (G.P.) and $32.42 for Specialists (S.P.).

Radiographs, Intraoral, Bitewing

Procedure	Description	G.P.	S.P.
02141	single film	13.35	16.02
02142	two films	16.33	19.60

Limit: Each bitewing counts as two (2) periapical.

Panoramic

Radiographs, Panoramic

Procedure	Description	G.P.	S.P.
02601	single film	31.54	37.85

Limit: One allowed every thirty-six (36) months per patient.

Test/Analysis and Laboratory Examination and Diagnosis

Test/Analysis, Histological, Soft Tissue (Technical Procedure Only)

Procedure	Description	G.P.	S.P.
04311	Biopsy, Soft Tissue - by puncture + L	38.01	45.61
04312	Biopsy, Soft Tissue - by incision + L	38.01	45.61

Limit:

Test/Analysis and Laboratory Examination and Diagnosis

Test/Analysis, Histological, Hard Tissue (Technical Procedure Only)

Procedure	Description	G.P.	S.P.
04321	Biopsy, Hard Tissue - by puncture + L	88.69	106.42
04322	Biopsy, Hard Tissue - by incision + L	88.69	106.42

Limit:

Restorative Services

Treatment on retained primary teeth is not a covered service.

Note: A maximum of **four teeth in total may be treated per emergency** (any combination of restorations, root canals (1.3-2.3: 3.3-4.3) and/or extractions)

Caries/Trauma/Pain Control

Caries/Trauma/Pain Control/Pulp Caps

(removal of carious lesions or existing restorations and placement of sedative/ protective dressings, includes pulp caps when necessary, as a separate procedure)

Procedure	Description	G.P.	S.P.
20111	First tooth	31.68	38.01
20119	Each additional tooth, same quadrant	31.68	38.01

Limit: Sedative dressing allowed only once per tooth.
Six (6) weeks must elapse between the placement of the sedative and the placement of the permanent restoration in order for both services to be covered.

Caries/Trauma/Pain Control/Pulp Caps/Band

(removal of carious lesions or existing restorations and placement of sedative/ protective dressings, includes pulp caps when necessary and the use of a band for retention and support, as a separate procedure)

Procedure	Description	G.P.	S.P.
20121	First tooth	31.68	38.01
20129	Each additional tooth, same quadrant	31.68	38.01

Limit: Sedative dressing allowed only once per tooth.

Six (6) weeks must elapse between the placement of the sedative and the placement of the permanent restoration in order for both services to be covered.

Trauma Control, Smoothing of Fractured Surfaces per tooth

Procedure	Description	G.P.	S.P.
20131	First tooth	21.98	26.38
20139	Each additional tooth, same quadrant	21.98	26.38

Limit: Sedative dressing allowed only once per tooth.

Six (6) weeks must elapse between the placement of the sedative and the placement of the permanent restoration for both services to be covered.

Amalgam restorations - permanent bicuspid and anterior teeth, non-bonded

Restorations, Amalgam, Non-bonded, Permanent Bicuspids and Anteriors

Procedure	Description	G.P.	S.P.
21211	One surface	25.34	30.41
21212	Two surfaces	55.49	66.59
21213	Three surfaces	63.35	76.02
21214	Four surfaces	76.02	91.22
21215	Five surfaces or maximum surfaces per tooth	76.02	91.22

Limit: Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth.**
Each surface will be paid once in a twenty-four (24) month period per patient.

Amalgam restorations - permanent molar teeth, non-bonded

Restorations, Amalgam, Non-bonded, Permanent Molars

Procedure	Description	G.P.	S.P.
21221	One surface	31.68	38.01
21222	Two surfaces	63.35	76.02
21223	Three surfaces	79.32	95.17
21224	Four surfaces	79.32	95.17
21225	Five surfaces or maximum surfaces per tooth	79.32	95.17

Limit: Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth**.

Each surface will be paid once in a twenty-four (24) month period per patient.

Amalgam restorations - permanent bicuspid and anterior teeth, bonded

Restorations, Amalgam, Bonded, Permanent Bicuspids and Anteriors

Procedure	Description	G.P.	S.P.
21231	One surface	25.34	30.41
21232	Two surfaces	55.49	66.59
21233	Three surfaces	63.35	76.02
21234	Four surfaces	76.02	91.22
21235	Five surfaces or maximum surfaces per tooth	76.02	91.22

Limit: Fees payable are determined by counting the total number of surfaces restored to a

maximum of f**ive (5) surfaces per tooth**.
Each surface will be paid once in a twenty-four (24) month period per patient.

Amalgam restorations - permanent molar teeth, bonded

Restorations, Amalgam, Bonded, Permanent Molars

Procedure	Description	G.P.	S.P.
21241	One surface	31.68	38.01
21242	Two surfaces	63.35	76.02
21243	Three surfaces	79.32	95.17
21244	Four surfaces	79.32	95.17
21245	Five surfaces or maximum surfaces per tooth	79.32	95.17

Limit: Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth**.

Each surface will be paid once in twenty-four (24) month period per patient.

Retentive Pins

Pins, Retentive per restoration (for amalgams and tooth-coloured restorations)

Procedure	Description	G.P.	S.P.
21401	One pin	10.91	13.08
21402	Two pins	18.20	21.83

Limit: Pins must be combined with restoration on same tooth, same day.
Maximum of two (2) pins per tooth, within a twenty-four (24) month period per patient.

Tooth colored/plastic restorations - permanent anterior teeth, non-bonded

Restorations, Tooth Coloured Permanent Anteriors Non Bonded Technique

Procedure	Description	G.P.	S.P.
23101	One surface	44.34	53.22
23102	Two surfaces	57.01	68.42
23103	Three surfaces	87.17	104.59
23104	Four surfaces	87.17	104.59
23105	Five surfaces or maximum surfaces per tooth	97.56	117.07

Limit: Fees payable are determined by counting the total number of surfaces restored to maximum of **five (5) surfaces per tooth.**

Each surface will be paid once in a twenty-four (24) month period per patient.

Tooth colored/plastic restorations - permanent bicuspid teeth, non-bonded

Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non-Bonded - Permanent Bicuspids

Procedure	Description	G.P.	S.P.
23211	One surface	25.34	30.41
23212	Two surfaces	55.49	66.59
23213	Three surfaces	63.35	76.02
23214	Four surfaces	76.02	91.22

23215	Five surfaces or maximum surfaces per tooth	76.02	91.22

Limit: Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth.**

Each surface will be paid once in a twenty-four (24) month period per patient.

Tooth colored/plastic restorations - permanent molar teeth, non-bonded

Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non-Bonded - Permanent Molars

Procedure	Description	G.P.	S.P.
23221	One surface	31.68	38.01
23222	Two surfaces	63.35	76.02
23223	Three surfaces	79.32	95.17
23224	Four surfaces	79.32	95.17
23225	Five surfaces or maximum surfaces per tooth	79.32	95.17

Limit: Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth**.

Each surface will be paid once in a twenty-four (24) month period per patient.

Tooth colored/plastic restorations - permanent anterior teeth, bonded

Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closure)

Procedure	Description	G.P.	S.P.
23111	One surface	50.68	60.81
23112	Two surfaces (continuous)	63.35	76.02
23113	Three surfaces (continuous)	95.02	114.03
23114	Four surfaces (continuous)	95.02	114.03
23115	Five surfaces or maximum surfaces per tooth	106.42	127.71

Limit: Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth**.

Each surface will be paid once in a twenty-four (24) month period per patient.

Tooth colored/plastic restorations - permanent bicuspid teeth, bonded

Restorations, Tooth Coloured, Permanent Posteriors, Bonded Permanent Bicuspids

Procedure	Description	G.P.	S.P.
23311	One surface	25.34	30.41
23312	Two surfaces (continuous)	55.49	66.59
23313	Three surfaces (continuous)	63.35	76.02
23314	Four surfaces (continuous)	76.02	91.22
23315	Five surfaces or maximum surfaces per tooth	76.02	91.22

Limit: Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth.**

Each surface will be paid once in a twenty-four (24) month period per patient.

Tooth colored/plastic restorations - permanent molar teeth, bonded

Restorations, Tooth Coloured, Permanent Posteriors, Bonded Permanent Molars

Procedure	Description	G.P.	S.P.
23321	One surface	31.66	38.01
23322	Two surfaces (continuous)	63.35	76.02
23323	Three surfaces (continuous)	79.32	95.17
23324	Four surfaces (continuous)	79.32	95.17
23325	Five surfaces or maximum surfaces per tooth	79.32	95.17

Limit: Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces** per tooth.

Each surface will be paid once in a twenty-four (24) month period per patient.

Endodontic Services

Note: A maximum of **four teeth in total may be treated per emergency** (any combination of restorations, root canals (1.3-2.3: 3.3-4.3) and/or extractions)

Pulpotomy, Permanent Teeth (as a separate emergency procedure)

Procedure	Description	G.P.	S.P.
32221	Anterior teeth	63.35	76.02

Limit: Two (2) root canals are allowed within twelve (12) months.

Fees paid for previous pulpectomies/pulpotomies will be deducted from fees claimed for completed root canal treatment or extractions of the same tooth within twelve (12) months.

Pulpectomies/pulpotomies and root canal therapy are covered expenses for the permanent upper/lower anterior teeth only (1.3-2.3: 3.3-4.3).

Pulpectomy

(An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)

Pulpectomy, Permanent Teeth ONLY

Procedure	Description	G.P.	S.P.
32311	one canal	63.35	76.02
32312	two canals	76.02	91.22
32313	three canals	114.03	136.83

Limit: Two (2) root canals are allowed within twelve (12) months.

Fees paid for previous pulpectomies/pulpotomies will be deducted from fees claimed for completed root canal treatment or extractions of the same tooth within twelve (12) months.

Pulpectomies/pulpotomies and root canal therapy are covered expenses for the permanent upper/lower anterior teeth only
(1.3-2.3: 3.3-4.3).

Root Canals, Permanent Teeth ONLY, One Canal

Procedure	Description	G.P.	S.P.
33111	one canal	253.39	304.06

Limit: Two (2) root canals are allowed within twelve (12) months.

Fees paid for previous pulpect-omies/pulpotomies will be deducted from fees claimed for completed root canal treatment or extractions of the same tooth within twelve (12) months.

Pulpectomies/pulpot-omies and root canal therapy are covered expenses for the permanent upper/lower anterior teeth only (1.3-2.3: 3.3-4.3).

Root Canals, Permanent Teeth ONLY. Two Canals

Procedure	Description	G.P.	S.P.
33121	two canals	316.74	380.08

Limit: Two (2) root canals are allowed within twelve (12) months.

Fees paid for previous pulpect-omies/pulpotomies will be deducted from fees claimed for completed root canal treatment or extractions of the same tooth within twelve (12) months.

Pulpectomies/pulpot-omies and root canal therapy are covered expenses for the permanent upper/lower anterior teeth only (1.3-2.3: 3.3-4.3).

Root Canals, Permanent Teeth ONLY, Three Canals

Procedure	Description	G.P.	S.P.
33131	three canals	494.11	592.92

Limit: Two (2) root canals are allowed within twelve (12) months.

Fees paid for previous pulpect-omies/pulpotomies will be deducted from fees claimed for completed root canal treatment or extractions of the same tooth within twelve (12) months.

Pulpectomies/pulpot-omies and root canal therapy are covered expenses for the permanent upper/lower anterior teeth only (1.3-2.3: 3.3-4.3).

Periodontal Services

Periodontal Abscess or Pericoronitis

May include one or more of the following procedures: Lancing, Scaling, Curettage, Surgery or Medication

Procedure	Description	G.P.	S.P.
42831	One unit of time	38.01	45.61

Limit: Maximum one unit per twelve (12) month calendar year per patient.

Oral and Maxillofacial Surgery

Note: A maximum of four teeth in total may be treated per emergency
(any combination of restorations, root canals (1.3-2.3: 3.3-4.3) and/or extractions).

For full mouth clearance see pre-approval information on page 7 of this fee guide.

Removals, Impactions

Removals, Erupted Teeth, Uncomplicated

Procedure	Description	G.P.	S.P.
71101	Single Tooth, Uncomplicated	38.01	45.61
71109	Each additional tooth in same quadrant, same appointment	19.00	22.81

Limit: Any service related to space maintenance, crowding, and/or orthodontics is **NOT** covered.

NOTE: When a tooth is extracted within twelve (12) months of being restored and/or endodontically treated, payment is limited to greater of fees payable for the extraction of the root canal and/or restoration.

Removals, Erupted Complicated

Procedure	Description	G.P.	S.P.
71201	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth	88.69	106.42
71209	Each additional tooth, same quadrant	88.69	106.42

Limit: Any service related to space maintenance, crowding, and/or orthodontics is **NOT** covered.

NOTE: When a tooth is extracted within twelve (12) months of being restored and/or endodontically treated, payment is limited to greater of fees payable for the extraction of the root canal and/or restoration.

Removals, Impaction, Requiring Incision of Overlying Soft Tissue and Removal of Tooth

Procedure	Description	G.P.	S.P.
72111	Single tooth	88.69	106.42
72119	Each additional tooth, same quadrant	88.69	106.42

Limit: Any service related to space maintenance, crowding, and/or orthodontics is **NOT** covered.

NOTE: When a tooth is extracted within twelve (12) months of being restored and/or endodontically treated, payment is limited to greater of fees payable for the extraction of the root canal and/or restoration.

Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap and EITHER Removal of Bone and Tooth OR Sectioning and Removal of Tooth

Procedure	Description	G.P.	S.P.
72211	Single tooth	133.03	159.64
72219	Each additional tooth, same quadrant	133.03	159.64

Limit: Any service related to space maintenance, crowding, and/or orthodontics is **NOT** covered.

NOTE: When a tooth is extracted within twelve (12) months of being restored and/or endodontically treated, payment is limited to greater of fees payable for the extraction of the root canal and/or restoration.

Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning and Removal of Tooth

Procedure	Description	G.P.	S.P.
72221	Single tooth	177.37	212.84
72229	Each additional tooth, same quadrant	177.37	212.84

Limit: Any service related to space maintenance, crowding, and/or orthodontics is **NOT** covered.

NOTE: When a tooth is extracted within twelve (12) months of being restored and/or endodontically treated, payment is limited to greater of fees payable for the extraction of the root canal and/or restoration.

Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND/OR Sectioning of the Tooth for Removal AND/OR presents Unusual Difficulties and Circumstances

Procedure	Description	G.P.	S.P.
72231	Single tooth	202.71	243.25
72239	Each additional tooth, same quadrant	202.71	243.25

Limit: Any service related to space maintenance, crowding, and/or orthodontics is **NOT** covered.

NOTE: When a tooth is extracted within twelve (12) months of being restored and/or endodontically treated, payment is limited to greater of fees payable for the extraction of the root canal and/or restoration.

Removals, Residual Roots, Erupted

Procedure	Description	G.P.	S.P.
72311	First tooth	38.01	45.61
72319	Each additional tooth, same quadrant	38.01	45.61

Limit: Any service related to space maintenance, crowding, and/or orthodontics is **NOT** covered.

NOTE: When a tooth is extracted within twelve (12) months of being restored and/or

endodontically treated, payment is limited to greater of fees payable for the extraction of the root canal and/or restoration.

Removals, Residual Roots, Soft Tissue Coverage

Procedure	Description	G.P.	S.P.
72321	First tooth	76.02	91.22
72329	Each additional tooth, same quadrant	76.02	91.22

Limit: Any service related to space maintenance, crowding, and/or orthodontics is **NOT** covered.

NOTE: When a tooth is extracted within twelve (12) months of being restored and/or endodontically treated, payment is limited to greater of fees payable for the extraction of the root canal and/or restoration.

Removals, Residual Roots, Bone Tissue Coverage

Procedure	Description	G.P.	S.P.
72331	First tooth	88.69	106.42
72339	Each additional tooth, same quadrant	88.69	106.42

Limit: Any service related to space maintenance, crowding, and/or orthodontics is **NOT** covered.

NOTE: When a tooth is extracted within twelve (12) months of being restored and/or endodontically treated, payment is limited to greater of fees payable for the extraction of the root canal and/or restoration.

Surgical Incision

Surgical Incision and Drainage and/or Exploration, Intraoral Soft Tissue

Procedure	Description	G.P.	S.P.
75111	Intraoral, Surgical Exploration, Soft Tissue	68.01	81.61
75112	Intraoral, Abscess, Soft Tissue	68.01	81.61

Limit: N/A

Avulsed tooth/teeth

Replantation, Avulsed Tooth/Teeth (including splinting)

Procedure	Description	G.P.	S.P.
76941	First tooth	88.69	106.42
76949	Each additional tooth	88.69	106.42

Limit: N/A

Repositioning of Traumatically Displaced Teeth

Procedure	Description	G.P.	S.P.
76951	One unit of time	31.68	38.01

Limit: N/A

Adjunctive General Services

Nitrous Oxide

Time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device.

Procedure	Description	G.P.	S.P.
92411	One unit	16.98	20.38
92412	Two units	29.66	35.58
92413	Three units	42.34	50.81
92414	Four units	55.01	66.00

Limit: Nitrous Oxide is limited to four (4) units in a twelve (12) month calendar year per patient.

For any questions, please see page 6 for contact information.