



SCHEDULE OF PROCEDURES AND FEES

The procedures and fees in this Schedule of Procedures are subject to change without prior notice at the sole discretion of Alberta Seniors and Community Supports.

Procedures are available only to seniors who meet program eligibility requirements. Program eligibility requirements are subject to change without prior notice. An individual's program eligibility may change if there are changes to certain personal information, including but not limited to: income, marital status, and residency.

Eligible procedures may be subject to maximum claimable amounts and/or frequency limitations.

The provisions of this Schedule of Procedures do not constitute a contract, express or implied, between any applicant and Alberta Seniors and Community Supports or Alberta Blue Cross.

While due caution has been exercised in the preparation and presentation of this information, it does not necessarily constitute the most up-to-date, accurate, or complete statement of program parameters and should be treated as informational only.

For further information, contact us toll free at 1-800-642-3853 or Alberta Blue Cross at 1-800-661-6995.

Dental Benefits Schedule- Coverage Group 101

Schedule of Covered Dental Procedures

Codes	DAC Code	Procedure Descriptions	General Pract. Fees	Specialist Fees	Denturists fees	Limitation
DIAGNOSTIC						
01000		Examination and Diagnosis, Clinical Oral				Not more than 1 exam per day per participant. 1 of any complete or general examination per participant in any 3 years per provider (applies to procedure codes 01103, 01601, 01701, 01801).
	01103	Examination and Diagnosis, Complete, Permanent Dentition	86.97	107.84		
01200		Examination and diagnosis, limited oral				1 of any limited recall or specified examination per participant in any 12 month period per provider. (01201, 01202, 01204, 01602, 01702, 01802). Emergency exams are unlimited. (01205)
	01201	10020 Examination and Diagnosis Limited Oral, New Patient	56.48	70.03	42.85	
	01202	10030 Limited oral, previous patient (recall)	56.48	70.03	42.85	
	01204	Specific examination	56.48	70.03		
	01205	Emergency	56.48	70.03		
01600		Examination and Diagnosis Surgical				
	01601	General Exam	121.16	150.24		
	01602	Specific Exam	60.23	74.68		
01700		Examinations and Diagnosis Prosthodontic				
	01701	10010 General Exam	87.20	108.13	58.81	
	01702	10104 Specific Exam	55.82	69.21	35.29	
01800		Examination and Diagnosis Endodontic				
	01801	General Exam	119.91	148.69		
	01802	Specific Exam	71.59	88.78		
02100		Radiographs, intraoral				6 periapical radiographs per participant in any 12 month period (02111-02120).
	02110	Periapical				
	02111	Single film	22.44	27.83		
	02112	Two films	36.90	45.76		
	02113	Three films	51.36	63.69		
	02114	Four films	65.82	81.62		
	02115	Five films	80.28	99.56		
	02116	Six films	94.74	117.49		

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DIAGNOSTIC

02140		Bitewing (single or two films)				2 bitewing radiographs per participant in any 12 month period (02141 - 02146).
	02141	Single film	22.44	27.83		
	02142	Two films	36.90	45.76		
02600		Radiographs, Panoramic				
	02601	Single film	73.61	91.28		1 panoramic radiograph per participant in any 5 year period.

PREVENTIVE

11100		Polishing				
	11107	One half unit of time	25.92	32.14		1 time unit of polishing per participant in any 12 month period.
	11101	One unit of time	51.84	64.28		
11110		Scaling				6 time units of scaling and root planing per participant in any 12 month period.
	11117	One half unit of time	27.56	34.17		
	11111	One unit of time	55.12	68.34		
	11112	Two units of time	110.24	136.68		
	11113	Three units of time	165.36	205.02		
	11114	Four units of time	220.48	273.36		
	11115	Five units of time	275.60	341.70		
	11116	Six units of time	330.72	410.04		

RESTORATIVE SERVICES

20100		Caries/Trauma/Pain Control				Not eligible in conjunction with filling restorations.
20110		Caries/Trauma/Pain Control				
	20111	First tooth	67.13	83.25		
	20119	Each additional tooth, same quadrant	67.13	83.25		
20130		Trauma Control, smoothing of fractured surfaces (per tooth)				
	20131	First tooth	30.15	37.39		
	20139	Each additional tooth, same quadrant	30.15	37.39		

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21000		Restorations, Amalgam				
21200		Restorations, Amalgam, permanent teeth				1 per surface in any 24 month period to the dollar maximum of a 5 surface restoration per tooth.
	21210	Restorations, Amalgam, non-bonded, permanent bicuspid & anteriors				
	21211	One surface	74.48	92.36		
	21212	Two surfaces	109.34	135.59		
	21213	Three surfaces	137.75	170.82		
	21214	Four surfaces	167.84	208.13		
	21215	Five surfaces or maximum surfaces per tooth	183.87	228.00		
21220		Restorations, Amalgam, non-bonded, permanent molars				
	21221	One surface	75.46	93.57		
	21222	Two surfaces	110.49	137.01		
	21223	Three surfaces	139.76	173.30		
	21224	Four surfaces	169.98	210.78		
	21225	Five surfaces or maximum surfaces per tooth	189.33	234.77		
21400		Pins, retentive per restoration				
	21401	One pin	23.29	28.89		
	21402	Two pins	33.93	42.08		
	21403	Three pins	46.68	57.88		
	21404	Four pins	56.70	70.32		
	21405	Five pins or more	68.61	85.07		
23000		Restorations, Tooth Coloured/Plastic with/without silver filings				
23100		Restorations, tooth coloured, permanent anteriors, non acid etch				1 per surface in any 24 month period to the dollar maximum of a 5 surface restoration per tooth.
23110		Restorations, permanent anteriors, bonded technique				
	23111	One surface	107.00	132.67		
	23112	Two surfaces (continuous)	122.19	151.52		
	23113	Three surfaces (continuous)	141.67	175.67		
	23114	Four surfaces (continuous)	172.08	213.38		
	23115	Five surfaces (continuous) or maximum surfaces per tooth	199.29	247.12		

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RESTORATIVE SERVICES

23300		Restorations, tooth coloured, permanent posteriors--bonded				
23310		Permanent Bicuspid				
	23311	One surface	107.92	133.83		
	23312	Two surfaces	154.31	191.35		
	23313	Three surfaces	184.06	228.24		
	23314	Four surfaces	214.53	266.03		
	23315	Five surfaces or maximum surfaces per tooth	244.72	303.45		
23320		Permanent molars				
	23321	One surface	109.08	135.27		
	23322	Two surfaces	154.49	191.57		
	23323	Three surfaces	184.64	228.96		
	23324	Four surfaces	215.48	267.20		
	23325	Five surfaces or maximum surfaces per tooth	247.09	306.38		

ENDODONTICS

33000		Root Canal Therapy				
33100		Root Canals, Permanent teeth, retained primary teeth				1 per tooth in any 24 month period. I
33110		Root Canals, Permanent teeth, retained primary teeth, one canal				
	33111	One canal	504.02	624.99		
	33112	Difficult access	631.76	783.38		
	33113	Exceptional anatomy	631.76	783.38		
	33114	Calcified canal	631.76	783.38		
33120		Root Canals, Permanent teeth, retained primary teeth, two canals				
	33121	Two canals	757.38	939.15		
	33122	Difficult access	912.62	1,131.65		
	33123	Exceptional anatomy	912.62	1,131.65		
	33124	Calcified canal	912.62	1,131.65		

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ENDODONTICS

33130		Root Canals, Permanent teeth, retained primary teeth, three canals				
	33131	Three canals	864.17	1,071.56		
	33132	Difficult access	1,055.94	1,309.37		
	33133	Exceptional anatomy	1,055.94	1,309.37		
	33134	Calcified canal	1,055.94	1,309.37		
33140		Root Canals, Permanent teeth, retained primary teeth, four or more canals				
	33141	Four or more canals	1,044.15	1,294.75		
	33142	Difficult access	1,214.61	1,506.11		
	33143	Exceptional anatomy	1,214.61	1,506.11		
	33144	Calcified canal	1,214.61	1,506.11		

PERIODONTICS

42000		Periodontal Services, Surgical				
42800		Periodontal Surgery, miscellaneous procedures				1 time unit of periodontal abscess or pericoronitis per participant per appointment to a maximum of 3 time units in any 12 month period.
42830		Periodontal abscess or pericoronitis				
	42831	One unit of time	59.73	74.07		
43000		Periodontal Procedures, Adjunctive				
43400		Root planing, periodontal				6 time units of scaling and root planing per participant in any 12 month period.
43420		Root planing				
	43427	One half unit of time	29.29	36.31		
	43421	one unit of time	58.58	72.62		
	43422	two units of time	117.16	145.24		
	43423	three units of time	175.74	217.86		
	43424	four units of time	234.32	290.48		
	43425	five units of time	292.90	363.10		
	43426	six units of time	351.48	435.72		

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Codes	DAC Code	Procedure Descriptions	General Pract. Fees	Specialist Fees	Denturists fees	Limitation
PROSTHODONTICS - REMOVABLE						
51000		Denture Complete				Lab charges will be covered at the usual and customary charges.
51100		Denture Complete, Standard				1 upper and/or 1 lower denture per participant in any 5 year period.
	51101	31310 Maxillary Lab	613.82	761.13	558.03	1 liner per denture per participant in any 5 year period.
	51102	31320 Mandibular Lab	613.82	761.13	558.03	
	51104	73008 Resilient Liner Lab	346.36	346.36		
51300		Dentures, surgical, standard				
	51301	31311 Maxillary Lab	642.73	796.98	622.26	
	51302	31321 Mandibular Lab	642.73	796.98	622.28	
53000		Dentures, Partial, Cast with Acrylic Base				
53100		Dentures, Partial, Free End, Cast Frame, Connector, Clasps and Rests				
	53101	41114 Maxillary Lab	720.22	893.06	581.08	
	53102	41124 Mandibular Lab	720.22	893.06	581.08	
	53111	41115 Maxillary Lab	720.22	893.06	581.08	
	53112	41125 Mandibular Lab	720.22	893.06	581.08	
53200		Dentures, partial, tooth-borne, Caste Frame, Connector, Clasps and Rests				
	53201	41254 Maxillary Lab	720.22	893.06	581.08	
	53202	41264 Mandibular Lab	720.22	893.06	581.08	

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	53211	41215 Maxillary Lab	720.22	893.06	581.08	
	53212	41225 Mandibular Lab	720.22	893.06	581.08	
54000	Dentures, Adjustment					1 denture repair or adjustment per denture in any 12 month period.
54200	Denture adjustments, partial or complete minor					Not allowed within 3 months of the placement of the denture.
	54201	58110 one unit of time	56.99	70.66	44.61	
55000	Dentures, Repairs/Additions					1 denture repair or adjustment per denture in any 12 month period.
55100	Denture, repair, complete denture, no impression req'd					
	55101	36110 Maxillary Lab	58.64	72.71	50.89	
	55102	36120 Mandibular Lab	58.64	72.71	50.89	
55200	Denture, repair, complete denture, impression req'd					
	55201	36210 Maxillary Lab	126.13	156.41	110.76	
	55202	36220 Mandibular Lab	126.13	156.41	110.76	
55300	Denture, repairs/additions, partial denture, no impression req'd					
	55301	46110 Maxillary Lab	61.06	75.71	52.98	
	55302	46120 Mandibular Lab	61.06	75.71	52.98	
55400	Denture, repairs/additions, partial denture, impression req'd					
	55401	46210 Maxillary Lab	119.41	148.07	104.85	
	55402	46220 Mandibular Lab	119.41	148.07	104.85	

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PROSTHODONTICS - REMOVABLE

56000		Dentures, Replication, Relining and Rebasing				
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56200		Dentures, relining				1 reline per denture in any 24 month period. (56200) Not allowed within 3 months of the placement of the denture.
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56210		Denture, reline, direct complete denture				
	56211	32418 Maxillary	176.76	219.19	153.39	
	56212	32428 Mandibular	176.76	219.19	153.39	

56220		Denture, reline, direct, partial denture				
	56221	42418 Maxillary	175.94	218.16	152.68	
	56222	42428 Mandibular	175.94	218.16	152.68	

56230		Denture, reline, processed, complete denture				
	56231	32215 Maxillary Lab	176.78	219.21	169.23	
	56232	32225 Mandibular Lab	176.78	219.21	169.23	

56240		Denture, reline, processed, partial denture				
	56241	42210 Maxillary Lab	171.90	213.16	164.55	
	56242	42220 Mandibular Lab	175.01	217.01	167.54	

56500		Therapeutic Tissue Conditioning				Not allowed within 3 months of the placement of the denture.
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56510		Denture: Therapeutic Tissue Conditioning, Per Appointment, Complete Dentures				
	56511	37110 Maxillary	112.91	140.02	99.04	
	56512	37120 Mandibular	112.91	140.02	99.04	

56520		Denture: Therapeutic Tissue Conditioning, Per Appointment, Partial Denture				
	56521	47110 Maxillary	115.48	143.20	101.40	
	56522	47120 Mandibular	115.48	143.20	101.40	

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Schedule of Covered Dental Procedures

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ORAL AND MAXILLOFACIAL SURGERY						
71000		Removals, (extractions), Erupted Teeth				
71100		Removals, erupted teeth, uncomplicated				
	71101	Single tooth	74.88	92.86		
	71109	Each additional tooth, same quadrant, same appointment	71.57	88.75		
71200		Removals, erupted teeth, complicated				
	71201	Odontectomy, (extraction), erupted tooth, surgical approach, requiring surgical flap and/or resectioning	147.33	182.69		
	71209	Each additional tooth, same quadrant	143.81	178.33		
72000		Removals, (Extractions), Surgical				
72100		Removals, impaction, soft tissue coverage				
	72110	Removals, impaction, requiring incision of overlying soft tissue and removal of tooth				
	72111	Single tooth	132.02	163.71		
	72119	Each additional tooth, same quadrant	124.83	154.79		
72200		Removals, impactions, involving tissue and/or bone coverage				
	72210	Removals, impaction, requiring incision of overlying soft tissue, elevation of flap and either removal of bone and tooth or sections				
	72211	Single tooth	194.01	240.57		
	72219	Each additional tooth, same quadrant	190.66	236.43		
72220		Removals, impaction, requiring incision of overlying soft tissue, elevation of flap and removal of bone				
	72221	Single tooth	262.00	324.88		
	72229	Each additional tooth, same quadrant	249.67	309.59		
72230		Removals, impaction, requiring incision of overlying soft tissue, elevation of flap and removal of bone or presents unusual difficulties				
	72231	Single tooth	366.36	454.29		
	72239	Each additional tooth, same quadrant	363.81	451.13		

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ORAL AND MAXILLOFACIAL SURGERY

72300		Removals, (extractions), residual roots				
	72311	First tooth	55.26	68.52		
	72319	Each additional tooth, same quadrant	54.90	68.08		
72320		Removals, residual roots, soft tissue coverage				
	72321	First tooth	101.64	126.03		
	72329	Each additional tooth, same quadrant	90.98	112.81		
72330		Removals, residual roots, bone tissue coverage				
	72331	First tooth	130.23	161.48		
	72339	Each additional tooth, same quadrant	124.83	154.79		