

## 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 1-800-642-6543 or Alberta Blue Cross at 1-800-661-6995.

## Dental Benefits Schedule- Coverage Group 101

### Schedule of Covered Dental Procedures

Codes	DAC Code	Hygiene Code	Procedure Descriptions	General Pract.	Specialist	Denturists	Limitation
<b>DIAGNOSTIC</b>							
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		00113 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	01201 Examination and Diagnosis Limited Oral, New Patient	56.48	70.03	42.85	
	01202	10030	00121 01202 Limited oral, previous patient (recall)	56.48	70.03	42.85	
	01204		00122 01204 Specific examination	56.48	70.03		
	01205		00123 01205 Emergency	56.48	70.03		
01600			Examination and Diagnosis Surgical				
	01601		01601 General Exam	121.16	150.24		
	01602		01602 Specific Exam	60.23	74.68		
01700			Examinations and Diagnosis Prosthodontic				
	01701	10010	00114 01701 General Exam	87.20	108.13	58.81	
	01702	10104	01702 Specific Exam	55.82	69.21	35.29	
01800			Examination and Diagnosis Endodontic				
	01801		01801 General Exam	119.91	148.69		
	01802		01802 Specific Exam	71.59	88.78		
02100			Radiographs, intraoral				6 periapical radiographs per participant in any 12 month period (02111-02120).
	02110		02110 Periapical				
	02111		00221 02111 Single film	22.44	27.83		
	02112		00222 02112 Two films	36.90	45.76		
	02113		00223 02113 Three films	51.36	63.69		
	02114		00224 02114 Four films	65.82	81.62		
	02115		00225 02115 Five films	80.28	99.56		
	02116		00226 02116 Six films	94.74	117.49		

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<b>DIAGNOSTIC</b>							
02140			Bitewing (single or two films)				2 bitewing radiographs per participant in any 12 month period (02141 - 02146).
	02141	00211	Single film	22.44	27.83		
	02142	00212	Two films	36.90	45.76		
02600			Radiographs, Panoramic				
	02601	00241	Single film	73.61	91.28		1 panoramic radiograph per participant in any 5 year period.
<b>PREVENTIVE</b>							
11100			Polishing				
	11107	00537	One half unit of time	25.92	32.14		1 time unit of polishing per participant in any 12 month period.
	11101	00531	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	00517	One half unit of time	27.56	34.17		
	11111	00511	One unit of time	55.12	68.34		
	11112	00512	Two units of time	110.24	136.68		
	11113	00513	Three units of time	165.36	205.02		
	11114	00514	Four units of time	220.48	273.36		
	11115	00515	Five units of time	275.60	341.70		
	11116	00516	Six units of time	330.72	410.04		
<b>RESTORATIVE SERVICES</b>							
20100			Caries/Trauma/Pain Control				Not eligible in conjunction with filling restorations.
	20110	Caries/Trauma/Pain Control					
	20111	00666	First tooth	67.13	83.25		
	20119	00667	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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<b>RESTORATIVE SERVICES</b>							
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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<b>RESTORATIVE SERVICES</b>							
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		
<b>ENDODONTICS</b>							
33000			Root Canal Therapy				
33100			Root Canals, Permanent teeth, retained primary teeth				1 per tooth in any 24 month period.
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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Codes	DAC Code	Hygiene Code	Procedure Descriptions	General Pract.	Specialist	Denturists	Limitation
<b>ENDODONTICS</b>							
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 of 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		
<b>PERIODONTICS</b>							
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	00527	One half unit of time	29.29	36.31		
	43421	00521	one unit of time	58.58	72.62		
	43422	00522	two units of time	117.16	145.24		
	43423	00523	three units of time	175.74	217.86		
	43424	00524	four units of time	234.32	290.48		
	43425	00525	five units of time	292.90	363.10		
	43426	00526	six units of time	351.48	435.72		

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Codes	DAC Code	Hygiene Code	Procedure Descriptions	General Pract.	Specialist	Denturists	Limitation
<b>PROSTHODONTICS - REMOVABLE</b>							
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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<b>PROSTHODONTICS - REMOVABLE</b>							
53200 Dentures, partial, tooth-borne, Caste Frame, Connector, Clasps and Rests							
	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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<b>PROSTHODONTICS - REMOVABLE</b>							
56000 Dentures, Replication, Relining and Rebasing							
56200			Dentures, relining				1 reline per denture in any 24 month period. (56200) Not allowed within 3 months of the placement of the denture.
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.
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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Codes	DAC Code	Hygiene Code	Procedure Descriptions	General Pract.	Specialist	Denturists	Limitation
<b>ORAL AND MAXILLOFACIAL SURGERY</b>							
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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<b>ORAL AND MAXILLOFACIAL SURGERY</b>							
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		