Ontario

# Schedule of Benefits

***Dental Services***
***Under the***
***Health Insurance Act***
***(October 30, 2024***
***(effective April 1, 2024))***

**Ministry of Health**

# SERVICES OF DENTISTS

## GENERAL PREAMBLE

The following apply to Parts I, II and III

1. A service described in this Schedule includes all in-hospital visits, the in-hospital operative procedure, the usual postoperative care and one post discharge follow-up visit.

2. The services rendered by dentists that are prescribed as insured services are the services set out in Parts I, II and III of the Schedule of Dental Benefits.

3. "Specialist" means,

   a. with respect to dental services rendered in Ontario, a dental surgeon who holds a specialty certificate of registration from the Royal College of Dental Surgeons of Ontario.

   b. with respect to dental services rendered elsewhere in Canada, a dental surgeon who holds a designation from a professional regulatory body in the Canadian province or territory outside of Ontario where the services are rendered that, in the opinion of the General Manager, is equivalent to the designation referred to in clause (a),

      or

   c. with respect to dental services rendered outside Canada, a dental surgeon who holds a designation in the jurisdiction outside Canada where the services are rendered that, in the opinion of the General Manager, is equivalent to the designation referred to in clause (a).

4. **Subsequent Operative Procedures**

   When complications occur following a procedure and a subsequent procedure becomes necessary for the same condition, or for a new condition, the full listed fee shall be payable for each procedure.

5. **Premiums**

   **Non-elective dental surgical procedures and oral and maxillofacial surgical procedures**
   When such services commence after 5:00 p.m. and before midnight, or on a Saturday, Sunday or Holiday, the amount payable for the service(s) is increased by 30% (T809).

   When such services commence between midnight and 7:00 a.m. any night of the week, the amount payable for the service is increased by 50% (T810).

**[Commentary:**

1. It is a condition for the performance and for payment of the insured services prescribed under the regulation subsection (6); that hospitalization in a public hospital graded under the *Public Hospitals Act* as Groups A, B, C or D (i.e. an acute care hospital) is medically necessary, and that these services be performed by a dentist who has been appointed to the dental/ medical staff of the respective hospital.
2. Six (6) new codes identified by an asterisk (*), listed in this schedule (3 codes in the Salivary Glands section and 3 codes in the Premiums and Unlisted procedures section), do not become effective until March 1, 2007.]

# SERVICES OF DENTISTS



## PART I

## PREAMBLE

**1. Multiple Operative Procedures**

When more than one procedure is performed at the same time, the major procedure is payable at the listed fee, and subsequent procedures performed at the same time are payable at 85% of the listed fee, except where multiple procedures are identified in this Schedule by a specific add-on code. An operative report or explanation should be submitted with the claim for independent consideration, upon request by the medical/dental consultant.

**2. Consultation, Visits**

Patient Consultations:

A consultation is an insured service only when rendered in a hospital. A private dental office situated in a hospital is not considered to be “in a hospital” for the purpose of a consultation.

A consultation is a service provided upon a written request from a referring physician or dentist who, in light of his/her professional knowledge of the patient, requires the opinion of another dentist (“the consultant”) competent to give advice in this field, because of the complexity, obscurity or seriousness of the case or because another opinion is requested by the patient or an authorized person acting on his/her behalf. Except where otherwise specified, the consultant’s service is insured only when the consultant renders an assessment "including the review of all relevant data". An assessment is defined as requiring a direct physical encounter with the patient including any appropriate physical examination.

A consultation is also insured when rendered by a dentist(s) (in addition to the first consultant) whose expertise is (are) also required provided that the additional dentist(s) also render(s) an assessment of the patient at the same time for the same condition and records a separate consultation report on the chart.

Consultations are limited to one consultation per year, per patient, by any one dentist, except where the same patient is referred to the same consultant a second time within the year with a clearly defined, unrelated diagnosis, where an additional consultation is then payable.

Benefits are payable for follow up assessments carried out in hospital when claimed under T651. Additional dentists whose expertise is (are) also required and who examine the patient at the same time for the same condition and who also record a separate consultation report on the chart may bill for a consultation fee.

Any T650 or T651 billings submitted in excess of one per patient per day per dentist are payable at zero.

When billing code T650 in conjunction with odontectomy codes, in order to remunerate the provision of T650 on the same day as an extraction, an emergency consultation report or prior approval form indicating either the nature of the emergency, or the exceptional circumstance/medical rationale for same-day consultation must be submitted for manual review in support of the claim. Failure to do so will result in the claim not being paid.

Diagnostic Consultations:

A diagnostic consultation requires the review of a patient's history and any clinical findings, the analysis of submitted material and the submission of a written report.

An in-hospital diagnostic consultation fee is payable when an oral pathologist provides a consultation with respect to tissue, histology slides, and/or laboratory test results of the patient of another dentist or physician.

An in-hospital diagnostic consultation fee is also payable when an oral radiologist or a dentist appointed as a consultant to Cancer Care Ontario provides a consultation with respect to diagnostic images of the patient of another dentist or physician.

A hospital consultation fee (T650) is payable in addition to the listed surgical procedure fee when a prior elective assessment has not been performed out of hospital.

Visits:

A visit fee (T652) is payable for a visit by a dentist to an admitted bed patient, and that visit is for the purpose of observing, assessing or evaluating the patient with respect to whom the dentist rendered a prior consultation or has undertaken a surgical procedure during a previous hospital admission and where the patient has been readmitted for management of a dental condition. One visit per patient, per day is payable commencing the day after the day of the initial consultation. The dentist must attend at the visit and record a progress note on the patient's medical chart.

**3. Surgical Assistant**

Assistants' fees are payable by the Plan only when the complexity of the procedure requires the assistance of a second surgeon. The fee payable for assisting a physician (T644) at a surgical procedure listed in the Schedule of Benefits Physician Services under the *Health Insurance Act* is 30% of the surgical fee set out in the Schedule of Benefits Physicians Services under the *Health Insurance Act.*

Code T643 when rendered with the following procedures is payable at zero:

T650, T651, T652, T653, T654, T330, T331, T332, T333, T334, T335, T336, T337, T338, T339, T341, T342, T343, T344, T348, T349, T350, T660, T662, T663, T665, T667, T668, T669, T396, T401, T395, T387, T402, T388, T403, T404, T406, T390, T391, T394, T370, T371, T760, T761, T601, T602, T580, T581, T620, T622, T623, T624, T628, T629, T701, T702, T705, T706, T703, T707, T704, T708, T709, T710, T711, T712, T901, T902, T903, T904, T905, T906, T907, T908, T909, T910, T911, T912, T925, T926, T927, T928, T936

If a procedure falls into the above category of services, a letter from the surgeon explaining the necessity for an assistant must accompany all such claims for independent consideration, or they will be paid at zero.

Claims will only be paid for surgery that is related to the scope of practice of the oral and maxillofacial surgeon.

**4. Soft Tissue Graft (skin, mucosa, fat, muscle and nerve/Bone and Cartilage Harvesting)**

When harvested by the primary or second surgeon during the same surgery, the fee payable for the initial harvest from a maxillofacial site by each surgeon is payable at 100% of the listed fee. Each subsequent harvest during the same surgery from a separate maxillofacial site is payable at 85% of the listed fee.

When harvested by the primary or second surgeon during the same surgery, the fee payable for the initial harvesting from a non maxillofacial (remote donor site) is payable at 100% of the listed fee. Each subsequent harvest during the same surgery from a separate non-maxillofacial donor site is payable at 85% of the listed fee.

For the purpose of this Schedule, cranial bone grafts are deemed not to be maxillofacial but rather remote sites.

Bone shavings or alloplasts placed simultaneously around dental implants as the sole grafting procedure are not insured services.

Arch reconstruction procedures are insured at the listed fee when performed simultaneously with implant placement.

**5. Reconstruction**

For the purpose of this Schedule, bone or alloplastic reconstruction do not include surgical resection or tissue harvest.

Nasal reconstruction (T363) done for cosmetic purposes is not an insured service.

**6. Fractures and Dislocation**

For the purpose of this Schedule rigid fixation includes bone plates, bicortical screws and K-wires. The fee payable for rigid fixation is for one application per side per facial bone.

For the purpose of this Schedule, procedures that are incidental to the primary procedure, such as the placement of arch bars or the wiring of dentures or splints are payable at 85% of the listed fee except where such placement(s) or wiring is or are identified in this Schedule by a specific add-on code.

Where, as part of a fracture and/or dislocation, it is necessary to remove diseased or fractured teeth, the fee for the removal of such diseased or fractured teeth is payable at 85% of the listed fee. Prior approval for payment for removal of teeth is not required in these circumstances.

Maxillomandibular fixation is included in the reduction benefit.

**PART 1**

**7. Orthognathic Surgery**

For the purpose of this Schedule rigid fixation includes bone plates, bicortical screws and K-wires. The fee payable for rigid fixation is for one application per side per facial bone.

Passive placement of occlusal index splint(s) is included in intermaxillary fixation except where the splint is directly wired to a jaw or teeth. In such circumstances, the placement is a separate insured service not included in the intermaxillary fixation.

When performed in conjunction with an osteotomy, application of arch bars, splints and intermaxillary fixation is or are payable at 85% of the appropriate listed fixation fee except where such application(s) or fixation is or are identified in this Schedule by a specific add-on code.

Genioplasty (T565) done for cosmetic reasons is not an insured service.

**8. Temporomandibular Joint**

For the purposes of this Schedule, temporomandibular joint procedures are unilateral. If both joints are operated at the same surgery, the fee(s) for service(s) relating to the second joint is payable at 85% of the listed fee(s).

**9. Unlisted Procedures**

Independent consideration will be given to claims (T800) for other dental and oral and maxillofacial surgery procedures not listed in this Schedule.

Benefits for unlisted procedures will be assessed by comparing the fee claimed to procedures listed in the Schedule which require comparable responsibility and skill. Supporting information must be submitted with the claim.

Despite the above, dental implants are not insured services under any circumstances.

**10. Virtual Care Services**

**SERVICES BY TELEPHONE OR VIDEO**

| OHIP | INTL | | D.D.S | Spec |
|---|---|---|---|---|
| T655 | | Consultation | 67.57 | 81.04 |
| T656 | | Follow-up assessments within 12 months of initial consultation same diagnosis | 54.89 | 62.72 |
| T814 | | Premium for a consultation or visit between 5:00 p.m. and midnight, or on a Saturday, Sunday or holiday | 30% of amt payable | 30% of amt payable |
| T815 | | Premium for any consultation or visit to a patient in an intensive care facility (e.g., ICU or CCU) | 30% of amt payable | 30% of amt payable |
| T816 | | Premium for a consultation or visit between midnight and 7:00 a.m. | 50% of amt payable | 50% of amt payable |

**Note:**

1. Despite any requirement in the Schedule of Dental Benefits or Regulation 552 under the Health Insurance Act that a direct physical encounter occur between the dental surgeon and the patient the services described above as T655, T656, T814, T815 and T816 are insured when the following conditions are met:
   - **a.** The service is personally rendered by the dental surgeon.
   - **b.** Other than a direct physical encounter, all the conditions for the appropriate consultation, assessment or visit as described in the Schedule of Dental Benefits have been met.
2. T655 and T656 require the dental surgeon to be located in a public hospital graded under the Public Hospitals Act as Group A, B, C or D when the service is rendered; the patient may be at the location of their choice.
3. T655 is limited to one consultation per year, per patient, by any one dentist, except where the same patient is referred to the same consultant a second time within the year with a clearly defined, unrelated diagnosis, where an additional consultation is then payable.
4. T656 is limited to one service per patient, per day by any one dentist.
5. Should an in-person encounter be required to complete the service, the in-person encounter is included as part of the Service by Telephone or Video (T655 or T656) and is not separately payable.
6. T655 or T656 include the provision of a new prescription or prescription renewal if rendered.
7. Dental surgeons are eligible for applicable premiums listed in the table above only related to the provision of the virtual care services (T655, T656).

**8.** The services must be documented on the patient's medical record (including the start and stop times) or the service is not eligible for payment.

**[Commentary:**

**1.** See Part 1 Preamble of the Schedule of Dental Benefits for further requirements for billing of services.

**2.** T656 is payable for telephone or video follow-up assessments of either an in-person, telephone or video consultation.

**3.** T655, T656 should follow the Standard of Practice on Virtual Care from the Royal College of Dental Surgeons of Ontario (RCDSO).]

# SERVICES OF DENTISTS

**PART 1**

| OHIP | INTL | | D.D.S | Spec |
|---|---|---|---|---|
| | | **CONSULTATIONS AND VISITS** | | |
| | | **See point 2 of Part I Preamble to this Schedule (page D2)** | | |
| T650 | 93100 | Consultation in hospital | 67.57 | 81.04 |
| T651 | | Follow-up assessments within 12 months of initial consultation same diagnosis, in hospital, emergency or outpatient department | 54.89 | 62.72 |
| T652 | | Hospital visit, admitted bed patient | 36.70 | 45.79 |
| T653 | | Examination under general anesthesia (sole procedure) | 36.70 | 45.79 |
| T654 | | - with diagnostic imaging (may be billed in addition to T653) ... add | 31.36 | 39.21 |
| | | **EMERGENCY PROCEDURES** | | |
| T630 | 79401 | Control of bleeding secondary to dental extraction | 75.52 | 90.50 |
| T631 | 79603 | Post-surgical care, minor | 16.77 | 20.10 |
| T632 | 79604 | Post-surgical care, major | 37.12 | 44.54 |
| | | **SURGICAL ASSISTING** | | |
| T643 | | Assisting at major oral and maxillofacial surgical procedure | 30% of surgical fee | 30% of surgical fee |
| T644 | | Assisting at physician's surgery | 30% of surgical fee‡ | 30% of surgical fee‡ |
| | | **GINGIVOPLASTY AND VESTIBULOPLASTY** | | |
| T330 | 73119 | Gingivoplasty independent of tooth extraction, per quadrant | 34.60 | 41.60 |
| T331 | 73121 | Excision of vestibular hyperplastic tissue, per quadrant | — | 124.54 |
| T332 | 73123 | Surgical shaving of papillary hyperplasia of the palate | — | 179.00 |
| T333 | 73130 | Remodelling of the mylohyoid ridge | — | 126.40 |
| T334 | 73131 | Remodelling of the genial tubercles | — | 161.79 |
| T335 | 73132 | Excision of nasal spine | — | 126.40 |
| T336 | 73133 | Excision of torus palatinus | 234.90 | 281.90 |
| T337 | 73134 | Excision of torus mandibularis, unilateral | 234.90 | 281.90 |
| T338 | 73135 | Excision of torus mandibularis, bilateral | 234.90 | 281.90 |
| T339 | 73140 | Excision of multiple exostoses, per quadrant | 234.90 | 281.90 |
| | | **Reduction tuberoplasty** | | |
| T341 | 73150 | - unilateral | — | 131.70 |
| T342 | 73151 | - bilateral | — | 263.30 |
| | | **Augmentation pterygomaxillary tuberoplasty** | | |
| T343 | 73160 | - unilateral | — | 131.70 |
| T344 | 73161 | - bilateral | — | 263.30 |
| T345 | 73200 | Full arch lowering of floor of mouth | — | 395.20 |
| T346 | 73201 | Partial arch lowering of floor of mouth | — | 234.00 |
| | | **Submucous vestibuloplasty** | | |
| T347 | 73300 | - maxilla | — | 234.00 |
| T348 | 73301 | - mandible | — | 234.00 |
| | | **Vestibuloplasty** | | |
| T349 | 73310 | - with secondary epithelialization, maxilla | — | 309.20 |
| T350 | 73311 | - with secondary epithelialization, mandible | — | 309.20 |
| T351 | 73330 | - with skin graft, maxilla | — | 552.80 |
| T352 | 73331 | - with skin graft, mandible | — | 552.80 |
| T353 | 73340 | - with mucosal graft, maxilla | — | 618.70 |
| T354 | 73341 | - with mucosal graft, mandible | — | 618.70 |

**[Commentary:**

‡As per the Schedule of benefits - Physician Services

# SERVICES OF DENTISTS

**PART 1**

| OHIP | INTL | | D.D.S | Spec |
|---|---|---|---|---|
| | | **BIOPSY AND CYTOLOGY** | | |
| T660 | 04300 | Biopsy of oral tissue – soft | 75.52 | 90.50 |
| T662 | 04330 | Cytological or bacteriological smear | 25.15 | 27.52 |
| T663 | | Biopsy of oral tissue - bone and/or cartilage | 232.59 | 287.54 |
| T665 | 04315 | Aspiration of oral tissue – soft | —- | 32.38 |
| T667 | 04316 | Aspiration of oral tissue – bone and/or cartilage | —- | 48.45 |
| T668 | | Needle aspiration, extraoral lesion - soft | —- | 96.00 |
| T669 | | Needle aspiration, extraoral lesion - bone and/or cartilage | —- | 121.60 |
| | | **SURGICAL EXPOLARATION, INCISION AND SEQUESTRECTOMY** | | |
| T396 | | Exploration of soft tissue (as sole surgical procedure) per quadrant – intraoral | —- | 140.15 |
| T401 | 75100 | Incision and drainage of soft tissue – intraoral | 37.12 | 44.54 |
| T395 | | Incision and drainage of major anatomical spaces, other than vestibular or palatal space – intraoral | —- | 228.30 |
| T387 | | Exploration of bone or cartilage (as sole surgical procedure) per quadrant – intraoral | —- | 283.57 |
| T402 | 75110 | Trephination and drainage of bone and/or cartilage tissue – intraoral | 87.42 | 104.90 |
| T388 | | Exploration of soft tissue (as sole surgical procedure) per quadrant – extraoral | —- | 341.63 |
| T403 | 75200 | Incision and drainage of soft tissue – extraoral | —- | 186.37 |
| T393 | | Incision and drainage of major anatomical spaces(s), other than vestibular space – extraoral | —- | 492.83 |
| T389 | | Exploration of bone or cartilage (as sole surgical procedure) per quadrant - extraoral | —- | 543.12 |
| T404 | 75500 | Sequestrectomy for osteomyelitis – intraoral | —- | 159.74 |
| T405 | 75501 | Sequestrectomy for osteomyelitis – extraoral | —- | 359.94 |
| T406 | 75510 | Sequestrectomy and saucerization | —- | 386.24 |
| | | **CYSTS AND TUMOURS** | | |
| | | **Note:**<br>Includes biopsy unless separate quick section is performed at same operation. | | |
| | | **Excision of cyst** | | |
| T390 | 74408 | - under 1 cm | 172.31 | 206.69 |
| T391 | 74401 | - 1 cm to 3 cm | —- | 220.33 |
| T392 | 74411 | - over 3 cm | —- | 375.08 |
| T394 | 74410 | Marsupialization of cyst (includes 12 post surgical visits) | —- | 465.59 |
| | | **Resection of benign soft tissue lesion** | | |
| T370 | 74108 | - under 1 cm | 172.31 | 206.69 |
| T371 | 74109 | - 1 cm to 3 cm | —- | 252.29 |
| T368 | | - greater than 3 cm | —- | 790.27 |
| | | **Excision of benign tumour of bone** | | |
| T369 | | - less than 1 cm | —- | 206.50 |
| T372 | 74110 | - 1 cm to 3 cm | —- | 220.33 |
| T373 | 74118 | - over 3 cm | —- | 375.08 |
| T374 | 74200 | - oral cavity or lip – under 3 cm | —- | 220.33 |
| | | **Excision malignant tumour, soft tissue oral cavity** | | |
| T375 | | - over 3 cm | —- | 375.08 |
| | | **Excision malignant tumour of bone** | | |
| T376 | 74210 | - under 3 cm | —- | 220.33 |
| T377 | 74218 | - over 3 cm | —- | 375.08 |
| T378 | 74220 | Cheiloplasty (lip shave) | —- | 528.58 |

**MAXILLECTOMY/MANDIBULECTOMY**

**Partial mandibulectomy**

| | | | | | |
|---|---|---|---|---|---|
| T407 | 75531 | - up to 3 cm | | — | 787.97 |
| T408 | 75532 | - over 3 cm | | — | 1182.21 |
| T409 | 75540 | Total mandibulectomy | | — | 1773.06 |

**Partial maxillectomy**

| | | | | | |
|---|---|---|---|---|---|
| T427 | 75551 | - up to 3 cm | | — | 787.97 |
| T428 | 75552 | - over 3 cm | | — | 1182.21 |
| T429 | 75560 | Total maxillectomy | | — | 1773.06 |
| T445 | | - interim stabilization with bone plate – per side | add | — | 297.92 |

**RECONSTRUCTION**

**Reconstruction of mandible**

| | | | | | |
|---|---|---|---|---|---|
| T382 | | - unilateral, partial | | — | 1175.92 |
| T383 | | - complete (including condyle) – unilateral | | — | 1449.78 |
| T384 | | - bilateral, partial | | — | 1605.99 |
| T385 | | - bilateral | | — | 2532.63 |
| T386 | | Construction of developmentally absent condyle and vertical ramus – unilateral | | — | 2062.08 |

**Reconstruction of maxilla**

| | | | | | |
|---|---|---|---|---|---|
| T361 | | - unilateral | | — | 1175.92 |
| T362 | | - bilateral | | — | 1605.99 |
| T363 | | Nasal reconstruction not for cosmetic purposes | | — | 2048.00 |
| T364 | | - stabilzation with plating or crib – per side | add | — | 243.20 |

**Alveolar ridge reconstruction: with autogenous bone and/or alloplastic material per arch**

| | | | | | |
|---|---|---|---|---|---|
| T359 | | - maxilla | | — | 1074.66 |
| T360 | | - mandible | | — | 1074.66 |

**ONLAY BONE GRAFTS AND/OR ALLOGRAFTS FOR RECONSTRUCTION (not for cosmetic purposes)**

**Mandible**

| | | | | | |
|---|---|---|---|---|---|
| T101 | | - unilateral | | — | 307.20 |
| T102 | | - bilateral | | — | 394.90 |

**Maxilla**

| | | | | | |
|---|---|---|---|---|---|
| T105 | | - unilateral | | — | 307.20 |
| T106 | | - bilateral | | — | 394.90 |

**Zygoma**

| | | | | | |
|---|---|---|---|---|---|
| T109 | | - unilateral | | — | 263.00 |
| T110 | | - bilateral | | — | 350.60 |

**Temporal**

| | | | | | |
|---|---|---|---|---|---|
| T113 | | - unilateral | | — | 350.60 |
| T114 | | - bilateral | | — | 438.25 |

**Frontal**

| | | | | | |
|---|---|---|---|---|---|
| T117 | | - unilateral | | — | 350.60 |
| T118 | | - bilateral | | — | 438.25 |
| T111 | | Nasal bones | | — | 350.60 |
| T112 | | Nasal cartilage | | — | 350.60 |
| T210 | | Bone graft to standard osteotomy site, unless included in the description of the surgery – per site | add | — | 208.00 |
| T211 | | Membrane guided bone regeneration – per site | add | — | 75.00 |

**HARVESTING OF TISSUE**

**Bone**

| | | | | | |
|---|---|---|---|---|---|
| T260 | | - intraoral | | — | 168.35 |
| T261 | | - extraoral maxillofacial | | — | 247.53 |
| T262 | | - rib | | — | 274.34 |
| T263 | | - iliac crest | | — | 274.34 |
| T264 | | - calvarial | | — | 274.34 |
| T265 | | - tibia | | — | 274.34 |
| T266 | | Cartilage | | — | 247.53 |
| T267 | | Skin | | — | 78.56 |
| T268 | | Mucosa | | — | 78.56 |
| T269 | | Fascia | | — | 118.47 |
| T270 | | Muscle | | — | 118.47 |
| T271 | | Dermis | | — | 118.47 |
| T272 | | Fat | | — | 118.47 |
| T273 | | Nerve – intraoral | | — | 195.16 |
| T274 | | Nerve – extraoral | | — | 247.53 |

**FRACTURES**

**Note:**
For cranial flap approach to treat upper or midface fractures, add code T201 or T202.

**Mandible**

| | | | | | |
|---|---|---|---|---|---|
| T430 | 76210 | Closed reduction (will not be paid with T431 – T433) | | 483.57 | 604.13 |

**Open reduction**

| | | | | | |
|---|---|---|---|---|---|
| T431 | 76220 | - single | | — | 802.56 |
| T432 | 76230 | - double | | — | 1095.19 |
| T433 | 76240 | - multiple | | — | 1680.65 |
| T426 | | - with rigid internal fixation –per side | add | — | 140.94 |

**Maxilla LeFort I**

| | | | | | |
|---|---|---|---|---|---|
| T440 | 76310 | Closed reduction (will not be paid with T441 – T443) | | 483.57 | 604.13 |

**Open reduction**

| | | | | | |
|---|---|---|---|---|---|
| T441 | 76320 | - single | | — | 802.56 |
| T442 | 76330 | - double | | — | 1095.19 |
| T443 | 76340 | - multiple | | — | 1680.65 |
| T426 | | - with rigid internal fixation – per side | add | — | 140.94 |

**Maxilla LeFort II**

| | | | | | |
|---|---|---|---|---|---|
| T450 | 76410 | Closed reduction (will not be paid with T451 or T452) | | — | 604.13 |

**Open reduction**

| | | | | | |
|---|---|---|---|---|---|
| T451 | 76420 | - unilateral | | — | 802.56 |
| T452 | 76430 | - bilateral | | — | 1680.65 |
| T426 | | - with rigid internal fixation - per side | add | — | 140.94 |

**Cranofacial Dysjunction LeFort III**

| | | | | | |
|---|---|---|---|---|---|
| T425 | | Closed reduction | | — | 1680.65 |
| T424 | 76820 | Open reduction | | — | 2490.47 |
| T426 | | - with rigid internal fixation – per side | add | — | 140.94 |

PART 1

| OHIP | INTL | | D.D.S | Spec |
|---|---|---|---|---|
| | | **Nasal Ethmoid** | | |
| | | **Nasal Bones** | | |
| T463 | | Closed reduction | —- | 290.85 |
| T464 | | Open reduction (including nasal septum) | —- | 621.56 |
| | | **Nasal-ethmoid Complex** | | |
| T465 | | Open reduction (including canthal ligament repair) | —- | 1001.19 |
| T426 | | - with rigid internal fixation – per sid ... add | —- | 140.94 |
| | | **Orbital Rim** | | |
| | | **Open reduction** | | |
| T460 | 76510 | - transcutaneous approach | —- | 896.99 |
| T461 | 76520 | - transoral approach | —- | 679.90 |
| T462 | 76530 | Orbital blowout – isolated injury | —- | 1000.76 |
| T426 | | - with rigid internal fixation – per side ... add | —- | 140.94 |
| T468 | | - with antral packing ... add | —- | 140.94 |
| | | **Malar** | | |
| T470 | 76620 | Reduction – transoral approach | —- | 679.90 |
| T471 | | Reduction – transcutaneous approach | —- | 684.97 |
| T426 | | - with rigid internal fixation – per side ... add | —- | 140.94 |
| | | **Zygomatic Arch** | | |
| T480 | 76710 | Open reduction – transoral approach | —- | 339.75 |
| T481 | 76720 | Transcutaneous approach | —- | 679.90 |
| T426 | | - with rigid internal fixation - per side ... add | —- | 140.94 |
| | | **Alveolus** | | |
| | | **Fracture of alveolus** | | |
| T488 | | - closed | 573.54 | 688.01 |
| T489 | | - open | 782.63 | 897.10 |
| T491 | 76940 | Reimplantation of avulsed or subluxated tooth (including root canal therapy and surgery) | 283.6 | 340.36 |
| T426 | | - with rigid internal fixation – per side ... add | —- | 140.94 |
| | | **Frontal Sinus** | | |
| T493 | | Anterior table and/or posterior table repair – local access | —- | 734.42 |
| T494 | | - with coronal incision and pericranial flap to obliterate sinus and nasal frontal duct to include cranialization – per side ... add | —- | 619.52 |
| T495 | | - with fat to obliterate sinus and nasal frontal duct ... add | —- | 185.86 |
| T496 | | - nasal frontal duct reconstruction with stent or creating opening into ethmoid sinuses ... add | —- | 124.03 |
| T426 | | - with rigid internal fixation – per side ... add | —- | 140.94 |

PART 1

| OHIP | INTL | | D.D.S | Spec |
|---|---|---|---|---|
| | | **LACERATIONS, SCAR REVISION, CLEFT LIP, ORO-NASAL FISTULAS** | | |
| | | **Repair of uncomplicated laceration, intraoral or extraoral** | | |
| T501 | 76950 | - under 2 cm | 57.09 | 68.64 |
| T507 | | - 2 cm to 5 cm | 112.70 | 135.22 |
| T508 | | - over 5 cm | —- | 173.99 |
| | | **Involving both skin and mucosa** | | |
| T504 | 76960 | - under 2 cm | —- | 131.51 |
| T505 | 76961 | - over 2 cm | —- | 292.22 |
| | | **Repair of complicated laceration and/or scar revision (including local tissue shifts) - intraoral and extraoral** | | |
| T520 | 76970 | - under 2.5 cm | —- | 90.09 |
| T521 | 76971 | - 2.6 cm to 5 cm | —- | 144.21 |
| T522 | 76972 | - over 5 cm | —- | 288.26 |
| T530 | | Split thickness skin graft to face | —- | 350.00 |
| | | **Cleft Lip** | | |
| T523 | 77630 | Unilateral repair | —- | 513.65 |
| T524 | 77640 | Reconstruction with lip switch flap | —- | 628.57 |
| | | **Complex reconstruction or revision** | | |
| T525 | 77645 | - unilateral | —- | 591.60 |
| T526 | | - bilateral | —- | 1188.00 |
| | | **Oral Nasal Fistula (not to include alveolar bone graft)** | | |
| T510 | | Primary closure at time of initial surgery | —- | 238.85 |
| | | **Secondary closure** | | |
| T511 | | - with palatal flap | —- | 783.00 |
| T512 | | - with pharyngeal flap | —- | 1201.50 |
| T513 | | - with tongue flap | —- | 1201.50 |
| T514 | | - with buccal flap | —- | 783.00 |
| | | **Cleft Palate** | | |
| | | **Palatorrhaphy** | | |
| T568 | 77700 | - anterior | —- | 607.50 |
| T569 | 77710 | - posterior | —- | 742.50 |
| T570 | 77720 | - total | —- | 1201.50 |

# SERVICES OF DENTISTS

**PART 1**

| OHIP | INTL | | | D.D.S | Spec |
|---|---|---|---|---|---|
| | | **FIXATION** | | | |
| T410 | 76100 | Maxillomandibular fixation | | —- | 139.78 |
| T121 | | - application of arch bar, and/or splint and/or wiring of dentures – one | add | 150.94 | 188.70 |
| T122 | | - application of arch bar(s), and/or splint(s) and/or wiring of dentures – two | add | 242.36 | 302.92 |
| T125 | | - application of arch bar(s), and/or splint(s) and/or wiring of dentures – three or more | add | 326.68 | 394.11 |
| T126 | | Rigid internal fixation – per side – per facial bone | | —- | 128.52 |
| T412 | 76120 | - circumzygomatic wiring – each | add | —- | 48.90 |
| T413 | 76130 | - peralveolar or transpalatal wiring – each | add | —- | 48.90 |
| T414 | 76140 | - nasal spine wiring – each | add | —- | 48.90 |
| T415 | 76150 | - piriform aperature wiring – each | add | —- | 48.90 |
| T416 | 76160 | - circumandibular wiring - (payment limited to a maximum of three) – each | add | —- | 48.90 |
| T419 | 76191 | - orbital suspension – each | add | —- | 203.78 |
| T420 | 76192 | Extraskeletal suspension (e.g. Head Frame) | | —- | 275.33 |
| T437 | | - metal or allogeneic crib for particulate bone graft | add | —- | 243.20 |
| T422 | 76196 | Removal of arch splint(s) | | —- | 93.70 |
| T439 | | Removal of transosseous wire(s) - per operative site | | 107.57 | 129.60 |
| T423 | 76197 | Removal of fixation screw(s) and/or plate(s) – per operative site | | —- | 215.14 |
| T435 | | Removal of maxillomandibular fixation devices | | —- | 150.77 |
| T436 | | Removal of extraskeletal suspension | | —- | 148.97 |
| T589 | 74303 | Removal of intraosseous prosthesis (not to include dental implants) | | —- | 892.68 |
| T438 | | Removal of TMJ Fossa Prosthesis or Condylar Prosthesis or major reconstruction plate - per device | | —- | 892.68 |

## ORTHOGNATHIC SURGERY

**Note:**
Osteotomies are considered bilateral unless otherwise stated.

### Mandibular Osteotomies

#### Subcondylar osteotomy

| | | | | | |
|---|---|---|---|---|---|
| T540 | 77100 | - closed | | —- | 913.14 |
| T740 | | - unilateral - closed | | —- | 792.71 |
| T541 | 77120 | - extraoral | | —- | 1321.18 |
| T741 | | - unilateral - extraoral | | —- | 792.71 |

#### Oblique osteotomy of ramus

| | | | | | |
|---|---|---|---|---|---|
| T542 | 77130 | - extraoral | | —- | 1321.18 |
| T742 | | - unilateral - extraoral | | —- | 792.71 |
| T543 | 77140 | - intraoral | | —- | 1321.18 |
| T743 | | - unilateral - intraoral | | —- | 792.71 |
| T544 | 77150 | Body osteotomy or ostectomy | | —- | 1321.18 |
| T744 | | - unilateral | | —- | 792.71 |
| T545 | 77160 | Coronoidectomy - unilateral | | —- | 564.84 |
| T546 | 77170 | Osteotomy of the condylar neck - unilateral | | —- | 564.84 |

#### Sagittal split osteotomy

| | | | | | |
|---|---|---|---|---|---|
| T547 | 77180 | - intraoral | | —- | 1321.18 |
| T747 | | - unilateral - intraoral | | —- | 792.71 |
| T548 | 77190 | - extraoral | | —- | 1321.18 |
| T748 | | - unilateral - extraoral | | —- | 792.71 |
| T550 | 77210 | Inverted L osteotomy | | —- | 1321.18 |
| T750 | | - unilateral | | —- | 792.71 |
| T551 | 77220 | C osteotomy | | —- | 1321.18 |
| T751 | | - unilateral | | —- | 792.71 |

#### Anterior segmental osteotomy

| | | | | | |
|---|---|---|---|---|---|
| T558 | 77440 | - mandible | | —- | 1178.79 |
| T559 | 77450 | - with transfer of mental eminence | | —- | 1321.18 |
| T560 | 77451 | - without transfer of mental eminence | | —- | 1321.18 |
| T561 | 77460 | Posterior segmental osteotomy of the mandible | | —- | 1321.18 |
| T579 | | - unilateral | | —- | 792.71 |
| T562 | 77461 | Full arch dentoalveolar osteotomy of the mandible | | —- | 1321.18 |
| T565 | 77530 | Genioplasty (including alloplast) | | —- | 552.56 |
| T567 | 77550 | Lower border osteotomy of the mandible (unilateral) | | —- | 659.42 |
| T126 | | Rigid internal fixation – add per side per facial bone | | —- | 128.52 |

### Midface Osteotomies

| | | | | | |
|---|---|---|---|---|---|
| T555 | 77400 | Anterior segmental osteotomy maxilla | | —- | 1178.79 |
| T556 | 77410 | Posterior segmental osteotomy maxilla | | —- | 1321.18 |
| T553 | | - unilateral | | —- | 792.71 |

#### LeFort I Advancement

| | | | | | |
|---|---|---|---|---|---|
| T532 | 77300 | - in one segment | | —- | 1321.18 |
| T022 | | - in two segments | add | —- | 299.89 |
| T023 | | - in three or more segments | add | —- | 600.73 |
| T126 | | - rigid internal fixation – per side per facial bone | add | —- | 128.52 |

| PART 1 OHIP | INTL | | | D.D.S | Spec |
|---|---|---|---|---|---|
| | | **LeFort I Intrusion** | | | |
| T534 | | - in one segment | | —- | 1321.18 |
| T024 | | - in two segments | add | —- | 299.89 |
| T025 | | - in three or more segments | add | —- | 600.73 |
| T030 | | - with SMR | add | —- | 206.97 |
| T126 | | - rigid internal fixation – per side per facial bone | add | —- | 128.52 |
| | | **LeFort I Extrusion** | | | |
| T536 | | - in one segment | | —- | 1399.81 |
| T026 | | - In two segments | add | —- | 299.89 |
| T027 | | - in three or more segments | add | —- | 600.73 |
| T126 | | - rigid internal fixation – per side per facial bone | add | —- | 128.52 |
| | | **LeFort I In Cleft Patient** | | | |
| T538 | | - in one segment | | —- | 1541.73 |
| T028 | | - in two segments | add | —- | 258.68 |
| T029 | | - in three or more segments | add | —- | 517.44 |
| T030 | | - with SMR | add | —- | 206.97 |
| T031 | | - with pharyngoplasty | add | —- | 310.52 |
| T040 | | - with closure alveolar fistula | add | —- | 387.86 |
| T041 | | - with bone graft | add | —- | 245.58 |
| T042 | | - with closure hard palate fistula | add | —- | 517.44 |
| T043 | | - with bone graft | add | —- | 245.58 |
| T126 | | - rigid internal fixation – per side per facial bone | add | —- | 128.52 |
| | | **LeFort II** | | | |
| T554 | 77320 | LeFort II osteotomy | | —- | 1493.09 |
| T126 | | - rigid internal fixation – per side per facial bone | add | —- | 128.52 |
| | | **LeFort III** | | | |
| T200 | 77330 | LeFort III osteotomy | | —- | 2059.22 |
| T126 | | - rigid internal fixation – per side per facial bone | add | —- | 128.52 |
| | | **Craniofacial Surgery** | | | |
| T212 | | Cranioplasty | | —- | 1379.30 |
| T213 | | Cranial vault reshaping | | —- | 1875.85 |
| T214 | | Nasal reconstruction | | —- | 1765.50 |
| | | **Cranial flap** | | | |
| T201 | | - unilateral | add | —- | 432.85 |
| T202 | | - bilateral | add | —- | 628.78 |
| T126 | | - rigid internal fixation – per side per facial bone | add | —- | 128.52 |

**DISTRACTION OSTEOGENESIS**

**Note:**
Fees are for device placement and do not include the fee for the osteotomy.

**Note:**
Fees do not include postoperative activation visits.

**Insertion Distraction Osteogenesis Device**

**Mandible - intraoral**

| | | | | |
|---|---|---|---|---|
| T670 | - unilateral | add | — | 500.00 |
| T671 | - bilateral | add | — | 1000.00 |

**Mandible - extraoral**

| | | | | |
|---|---|---|---|---|
| T672 | - unilateral | add | — | 750.00 |
| T673 | - bilateral | add | — | 1250.00 |

**Maxilla - intraoral**

| | | | | |
|---|---|---|---|---|
| T674 | - unilateral | add | — | 500.00 |
| T675 | - bilateral | add | — | 1000.00 |

**Maxilla - extraoral**

| | | | | |
|---|---|---|---|---|
| T676 | - unilateral | add | — | 750.00 |
| T677 | - bilateral | add | — | 1250.00 |

**Mandibular alveolus**

| | | | | |
|---|---|---|---|---|
| T678 | - unilateral | add | — | 500.00 |
| T679 | - bilateral | add | — | 1000.00 |

**Maxillary alveolus**

| | | | | |
|---|---|---|---|---|
| T680 | - unilateral | add | — | 500.00 |
| T681 | - bilateral | add | — | 1000.00 |

**Temporomandibular joint**

| | | | | |
|---|---|---|---|---|
| T682 | - unilateral | add | — | 800.00 |
| T683 | - bilateral | add | — | 1600.00 |

**Cranium**

| | | | | |
|---|---|---|---|---|
| T684 | - unilateral | add | — | 800.00 |
| T685 | - bilateral | add | — | 1600.00 |

**Orbit**

| | | | | |
|---|---|---|---|---|
| T686 | - unilateral | add | — | 800.00 |
| T687 | - bilateral | add | — | 1600.00 |

**Zygoma**

| | | | | |
|---|---|---|---|---|
| T688 | - unilateral | add | — | 800.00 |
| T689 | - bilateral | add | — | 1600.00 |

| | | | | |
|---|---|---|---|---|
| T690 | Removal of device - per device | | — | 250.00 |

PART 1

| OHIP | INTL | | D.D.S | Spec |
|---|---|---|---|---|
| | | **TEMPOROMANDIBULAR JOINT** | | |
| T219 | | TMJ Arthrography | —- | 134.38 |
| T220 | 78500 | Arthrocentesis | —- | 96.58 |
| T225 | 78600 | Injection into joint – therapeutic drug | —- | 96.58 |
| | | **Dislocation** | | |
| T590 | 78100 | - open reduction | —- | 491.17 |
| T591 | 78110 | - closed reduction | 44.61 | 53.59 |
| T592 | 78120 | Manipulation under general anaesthesia (not to be billed with any other TMJ surgery) | —- | 106.53 |
| T593 | 78200 | Menisectomy | —- | 491.17 |
| T594 | 78210 | Capsulorrhaphy (not to be billed with any other TMJ surgery) | —- | 491.17 |
| T595 | 78220 | Lateral pterygoid myotomy (not to be billed with any other TMJ surgery) | —- | 491.17 |
| T596 | 78300 | Condylectomy or condyloplasty | —- | 491.17 |
| T599 | 78400 | Arthroplasty of articular eminence | —- | 562.18 |
| T527 | 78230 | Plication of disc posterior attachment (includes capsulorrhaphy) | —- | 1010.42 |
| T598 | 78320 | Osteotomy – ramus with interpositional alloplastic material for ankylosis | —- | 718.01 |
| T528 | 78410 | Reconstruction of glenoid fossa, zygomatic arch and temporal bone autogenous tissue, graft or prosthesis | —- | 1562.20 |
| T531 | | Repair or reconstruction of TMJ disc with tissue graft or prosthesis (includes menisectomy) | —- | 1127.33 |
| T533 | | Reconstruction of mandibular condyle with prosthesis or tissue graft | —- | 1127.33 |
| T535 | | Removal of temporary intra-articular implant | —- | 174.15 |
| T537 | | - revision surgery – previous open TMJ arthrotomy ... add | —- | 25% to listed fee |
| | | **TMJ Arthroscopic Surgery** | | |
| T231 | | Arthroscopy – single portal (to include diagnostic arthroscopy, indirect lysis of adhesions, lavage and manipulation) | —- | 487.78 |
| | | **Procedures performed through additional portals (ie. Other than the first or primary arthroscopy portal)** | | |
| T232 | | - debridement using hinged instrument, shaver, cautery or laser (1 or 2 spaces) ... add | —- | 390.23 |
| T233 | | - with biopsy, or subsynovial injection steroid or removal of foreign body ... add | —- | 45.53 |
| T234 | | - with synovectomy and direct lysis of adhesion (1 or 2 spaces) ... add | —- | 311.75 |
| T235 | | - abrasion arthroplasty ... add | —- | 390.23 |
| T236 | | - with menisectomy (total) ... add | —- | 292.67 |
| T237 | | - with lateral ligament release ... add | —- | 195.11 |
| T238 | | - with anterior release of disc ... add | —- | 260.15 |
| T239 | | - with disc plication ... add | —- | 487.78 |

PART 1

| OHIP | INTL | | | D.D.S | Spec |
|---|---|---|---|---|---|
| | | **NEUROLOGICAL DISTURBANCES** | | | |
| T619 | | Physiologic monitoring (e.g., stimulation and recording evoked potentials) | | —- | 265.21 |
| T610 | 79201 | Injection of nerve (lytic destruction or steriod) | | —- | 152.40 |
| | | **Peripheral nerve avulsion** | | | |
| T611 | 79202 | - partial | | —- | 327.40 |
| T612 | 79203 | - total | | —- | 673.20 |
| T613 | 79204 | Transposition of mental nerve | | —- | 444.00 |
| T614 | 79205 | Decompression of inferior alveolar nerve | | —- | 329.20 |
| T607 | | Decompression of infraorbital nerve intraoral facial approach - anterior | | —- | 676.20 |
| T608 | | Decompression of infraorbital nerve transantral approach - posterior | | —- | 1044.93 |
| T633 | | Primary repair | | —- | 289.47 |
| T634 | | Secondary repair | | —- | 681.39 |
| T635 | | - neuroma excision and biopsy | add | —- | 86.61 |
| T647 | | - fascicular anastomosis | add | —- | 738.80 |
| T636 | | - with nerve graft (includes harvesting) | add | —- | 349.86 |
| T637 | | - with conduit (up to 3 cm) (includes harvesting) | add | —- | 232.75 |
| T638 | | - with conduit (over 3 cm) (includes harvesting) | add | —- | 306.25 |
| T639 | | - with fibrin adhesive per anastomosis | add | —- | 67.38 |
| T609 | | - with laser coagulation | add | —- | 67.38 |
| T618 | 79240 | - when operating microscope required for any of the above procedures | add | —- | 40% to basic fee |
| T605 | | - when injury older than eight weeks | add | —- | 30% to basic fee |
| T645 | | Trigger point injection for chronic pain | per site | —- | 32.00 |
| T646 | | Diagnostic or therapeutic nerve block | per site | —- | 64.00 |
| | | **SALIVARY GLANDS** | | | |
| T760 | 79101 | Dilation of salivary duct | | —- | 74.25 |
| T761 | 79102 | Insertion of polyethylene tube in duct | | —- | 74.25 |
| T601 | 79103 | Sialodochoplasty | | —- | 236.80 |
| | | **Sialolithotomy** | | | |
| T602 | 79104 | - anterior 1/3 of duct | | 73.70 | 88.50 |
| T603 | 79105 | - posterior 2/3 of duct | | —- | 143.70 |
| T454 | | Excision – sublingual gland | | —- | 331.76 |
| T455 | | Excision – submandibular gland | | —- | 529.45 |
| T456 | | *Excision, subtotal, parotid gland | | | 771.14 |
| T457 | | *Excision, total, parotid gland | | | 1138.64 |
| T458 | | *Parotid biopsy | | | 214.74 |
| | | **[Commentary:**<br>* effective March 1, 2007] | | | |
| T606 | 79109 | Marsupialization of ranula | | —- | 118.45 |
| T230 | 79113 | Reconstruction of salivary duct | | —- | I.C. |

PART 1

| OHIP | INTL | | D.D.S | Spec |
|---|---|---|---|---|
| | | **FRENECTOMY/GLOSSECTOMY/MYOTOMY** | | |
| T580 | 77840 | Lingual frenectomy or Z plasty | 55.10 | 66.35 |
| T581 | 77850 | Lingual frenectomy or Z plasty with genioglossus myotomy | —- | 91.00 |
| | | **Partial glossectomy** | | |
| T582 | 77860 | - anterior wedge | —- | 163.70 |
| T583 | 77870 | - anterior-posterior wedge | —- | 268.30 |
| T204 | 77540 | Suprahyoid myotomy | —- | 218.40 |
| | | **MAXILLARY SINUS** | | |
| T664 | | Exploration of maxillary sinus via antrostomy | —- | 122.85 |
| T666 | | - with fibre-optic scope ... add | —- | 101.25 |
| T620 | 79301 | Recovery of dental root or foreign body from antrum immediate | —- | 113.80 |
| T622 | 79303 | Delayed recovery root or foreign body via antrostomy | —- | 168.40 |
| T623 | 79304 | Antrum lavage - transoral approach | —- | 68.20 |
| T624 | 79305 | Antrum lavage - transnasal approach | —- | 68.20 |
| T625 | 79306 | Closure of oro-antral fistula | —- | 192.80 |
| T628 | 79309 | Transnasal antrostomy | —- | 80.10 |
| T629 | | Antral packing | | 111.48 |
| | | **TRACHEOTOMY** | | |
| T310 | | Tracheotomy | — | 145.00 |
| T311 | | - with anterior cricoid split ... add | — | 71.50 |
| T312 | | Insertion of laryngeal or tracheal stent | — | 196.00 |
| | | **PREMIUMS AND UNLISTED PROCEDURES** | | |
| T800 | | Independent Consideration will be given to claims for other dental surgical procedures approved by the Ontario Dental Association but not listed specifically in this Schedule | I.C. | I.C. |

Despite the above, dental implants are not insured services under any circumstances.

| | | | | |
|---|---|---|---|---|
| T809 | | Premium when non-elective surgical procedures commence between 5:00 p.m. and midnight, or on a Saturday, Sunday or holiday | 30% of amt payable | 30% of amt payable |
| T810 | | Premium when non-elective surgical procedures commence between midnight and 7:00 a.m. any night of the week | 50% of amt payable | 50% of amt payable |
| T811 | | *Premium for a consultation or visit between 5:00 p.m. and midnight, or on a Saturday, Sunday or holiday | 30% of amt payable | 30% of amt payable |
| T812 | | *Premium for any consultation or visit to a patient in an intensive care facility (e.g., ICU or CCU) | 30% of amt payable | 30% of amt payable |
| T813 | | *Premium for a consultation or visit between midnight and 7:00 a.m. | 50% of amt payable | 50% of amt payable |

**[Commentary:**
* effective March 1, 2007]

# SERVICES OF DENTISTS

**PART 2**

## PART II

## PREAMBLE

1. The services listed in this section are insured only if performed in conjunction with one or more of the services listed in Part I or Part III and only when the two or more services are associated anatomically.

2. **Multiple Operative Procedures**

   When more than one procedure is performed at the same time, the major procedure is payable at the listed fee, and subsequent procedures performed at the same time are payable at 85% of the listed fee, except where multiple procedures are identified in this Schedule by a specific add-on code.

# SERVICES OF DENTISTS

**PART 2**

| OHIP | INTL | | D.D.S | Spec |
|---|---|---|---|---|

**Note:**
The services listed below are insured only if performed in conjunction with one or more of the procedures listed in Part I or III and only when the 2 or more services are associated anatomically.

**ROOT RESECTION AND APICAL CURETTAGE**

**Apical curettage and/or root resection**

**One root**

| | | | | | |
|---|---|---|---|---|---|
| T701 | 34101 | - uncomplicated | | 171.30 | 205.50 |
| T705 | 34111 | - with simultaneous endodontia | add | 111.40 | 133.60 |
| T702 | 34102 | - complicated | | 205.00 | 246.00 |
| T706 | 34112 | with simultaneous endodontia | add | 136.65 | 164.00 |

**Two roots**

| | | | | | |
|---|---|---|---|---|---|
| T703 | 34103 | - same tooth | | 239.60 | 287.60 |
| T707 | 34114 | - with simultaneous endodontia | add | 171.30 | 205.50 |

**Three or more roots**

| | | | | | |
|---|---|---|---|---|---|
| T704 | 34104 | - same tooth | | 274.20 | 329.05 |
| T708 | 34115 | - with simultaneous endodontia | add | 222.80 | 267.30 |

**Root - end fillings**

| | | | | | |
|---|---|---|---|---|---|
| T709 | 34201 | One root - uncomplicated | | 205.00 | 246.00 |
| T710 | 34202 | One root - complicated | | 274.20 | 329.05 |
| T711 | 34212 | Two roots – same tooth | | 274.20 | 329.05 |
| T712 | 34213 | Three roots – same tooth | | 325.70 | 390.80 |

**Note:**
Services listed under codes T709 – T712 include root-end filling, apical curettage and root resection.

## PART III

## PREAMBLE

1. The services listed in this section are insured only when hospitalization is medically necessary and prior approval has been given by the OHIP Dental or Medical Consultant. Approved procedures must be completed within one year of the date of approval.

   The request for “Prior Approval” must be provided to the Dental or Medical Consultant before the date of service except for an emergency procedure or in exceptional circumstances. Appropriate documentation or explanation must be provided to substantiate this claim.

2. The requirement for prior approval does not apply to teeth extracted from the line of fracture. The fee for such extractions is payable at 85% of the listed fee.

3. The requirement for prior approval does not apply to teeth extracted in conjunction with removal of a cyst greater than 1 cm, or in conjunction with any tumour. The fee for such extractions is payable at 85% of the listed fee.

4. When more than one procedure is performed in the same quadrant, the major procedure is payable at the listed fee, and subsequent procedures performed at the same time are payable at 85% of the listed fee, except where multiple procedures are identified by a specific add-on code. The reduction to 85% of the listed fee does not apply to procedure T902. Tooth identification numbers and corresponding procedure codes must accompany the claim.

5. If the services listed in this section are performed in conjunction with one or more services listed in Part I or Part II at the same time, the major procedure is payable at the listed fee, and subsequent procedures performed at the same time are payable at 85% of the listed fee, except where multiple procedures are identified in the Schedule as an add-on code. The reduction to 85% does not apply to procedure T902.

6. All services listed in this section include curettage of any apical lesion(s) up to 1 cm where required.

7. All services listed in this section include bone contouring and suturing, where required.

# SERVICES OF DENTISTS

**PART 3**

| OHIP | INTL | | D.D.S | Spec |
|---|---|---|---|---|

**Note:**

1. The services listed in this section are insured only when hospitalization is medically necessary and prior approval has been given by the OHIP Dental or Medical Consultant.
2. The request for "Prior approval" must be provided to the OHIP Dental or Medical Consultant before the date of service except for an emergency procedure or in exceptional circumstances. Approved procedures must be completed within one year of the date of approval.
3. The amount payable for T650 is zero when it is rendered in conjunction with Part III procedures for which prior approval has been granted.

**ODONTECTOMY**

| | | | | |
|---|---|---|---|---|
| T901 | 71101 | Removal of single erupted tooth - per quadrant | 39.16 | 46.99 |
| T902 | 71111 | Removal of each additional erupted tooth in the same quadrant | 20.25 | 24.30 |
| T903 | 72100 | Removal of each erupted tooth – complicated | 92.20 | 110.63 |
| T904 | 72210 | Removal of each tooth covered by soft tissue | 92.20 | 110.63 |
| T905 | 72220 | Removal of each impacted tooth, partial bony impaction | 139.05 | 166.79 |
| T906 | 72230 | Removal of each impacted tooth, complete bony impaction | 184.48 | 221.41 |
| T907 | 72240 | Removal of each impacted tooth, unusual position, age factor (incl. super-numerary) | 211.15 | 253.26 |

**Removal of residual dental root**

| | | | | |
|---|---|---|---|---|
| T908 | 72310 | - with soft tissue coverage | 79.66 | 95.45 |
| T909 | 72320 | - with bone tissue coverage | 92.20 | 110.63 |

**Note:**
The above listed surgical services include necessary suturing. An impacted tooth is one which is prevented from its normal path or eruption by hard tissue (tooth or bone).

**Surgical exposure of each unerupted tooth**

| | | | | |
|---|---|---|---|---|
| T910 | 72410 | Uncomplicated soft tissue coverage | 35.60 | 42.72 |
| T911 | 72411 | Complicated hard tissue coverage | 126.41 | 151.63 |
| T912 | 72412 | With orthodontic attachment | 251.60 | 301.91 |

**FRENECTOMY**

| | | | | |
|---|---|---|---|---|
| T925 | 77800 | Maxillary labial frenectomy | 67.87 | 81.42 |
| T926 | 77810 | Mandibular labial frenectomy | 67.87 | 81.42 |
| T927 | 77820 | Maxillary Z frenoplasty | 67.87 | 81.42 |
| T928 | 77830 | Mandibular Z frenoplasty | 67.87 | 81.42 |

**ALVEOLOPLASTY**

| | | | | |
|---|---|---|---|---|
| T936 | 73110 | Alveoloplasty independent of tooth extraction - per quadrant | 42.46 | 51.05 |

# SERVICES OF DENTISTS

## NOT ALLOCATED

# SERVICES OF DENTISTS

**CODE INDEX**

| Code | Description | D.D.S. | Spec | Page |
|---|---|---|---|---|
| T022 | in two segments add | —- | 299.89 | D - 14 |
| T023 | in three or more segments add | —- | 600.73 | D - 14 |
| T024 | in two segments add | —- | 299.89 | D - 15 |
| T025 | in three or more segments add | —- | 600.73 | D - 15 |
| T026 | In two segments add | —- | 299.89 | D - 15 |
| T027 | in three or more segments add | —- | 600.73 | D - 15 |
| T028 | in two segments add | —- | 258.68 | D - 15 |
| T029 | in three or more segments add | —- | 517.44 | D - 15 |
| T030 | with SMR add | —- | 206.97 | D - 15 |
| T031 | with pharyngoplasty add | —- | 310.52 | D - 15 |
| T040 | with closure alveolar fistula add | —- | 387.86 | D - 15 |
| T041 | with bone graft add | —- | 245.58 | D - 15 |
| T042 | with closure hard palate fistula add | —- | 517.44 | D - 15 |
| T043 | with bone graft add | —- | 245.58 | D - 15 |
| T101 | unilateral | —- | 307.20 | D - 9 |
| T102 | bilateral | —- | 394.90 | D - 9 |
| T105 | unilateral | —- | 307.20 | D - 9 |
| T106 | bilateral | —- | 394.90 | D - 9 |
| T109 | unilateral | —- | 263.00 | D - 9 |
| T110 | bilateral | —- | 350.60 | D - 9 |
| T111 | Nasal bones | —- | 350.60 | D - 9 |
| T112 | Nasal cartilage | —- | 350.60 | D - 9 |
| T113 | unilateral | —- | 350.60 | D - 9 |
| T114 | bilateral | —- | 438.25 | D - 9 |
| T117 | unilateral | —- | 350.60 | D - 9 |
| T118 | bilateral | —- | 438.25 | D - 9 |
| T121 | application of arch bar, and/or splint and/or wiring of dentures – one add | 150.94 | 188.70 | D - 13 |
| T122 | application of arch bar(s), and/or splint(s) and/or wiring of dentures – two add | 242.36 | 302.92 | D - 13 |
| T125 | application of arch bar(s), and/or splint(s) and/or wiring of dentures – three or more add | 326.68 | 394.11 | D - 13 |
| T126 | rigid internal fixation – per side per facial bone add | —- | 128.52 | D -13, 14, 15, |
| T200 | LeFort III osteotomy | —- | 2059.22 | D - 15 |
| T201 | unilateral add | —- | 432.85 | D - 15 |

# SERVICES OF DENTISTS

| Code | Description | D.D.S. | Spec | Page |
|---|---|---|---|---|
| T202 | bilateral add | — | 628.78 | D - 15 |
| T204 | Suprahyoid myotomy | — | 218.40 | D - 19 |
| T210 | Bone graft to standard osteotomy site, unless included in the description of the | — | 208.00 | D - 9 |
| T211 | Membrane guided bone regeneration – per site add | — | 75.00 | D - 9 |
| T212 | Cranioplasty | — | 1379.30 | D - 15 |
| T213 | Cranial vault reshaping | — | 1875.85 | D - 15 |
| T214 | Nasal reconstruction | — | 1765.50 | D - 15 |
| T219 | TMJ Arthrography | — | 134.38 | D - 17 |
| T220 | Arthrocentesis | — | 96.58 | D - 17 |
| T225 | Injection into joint – therapeutic drug | — | 96.58 | D - 17 |
| T230 | Reconstruction of salivary duct | — | I.C. | D - 18 |
| T231 | Arthroscopy – single portal (to include diagnostic arthroscopy, indirect lysis of adhesions, lavage | — | 487.78 | D - 17 |
| T232 | debridement using hinged instrument, shaver, cautery or laser (1 or 2 spaces) add | — | 390.23 | D - 17 |
| T233 | with biopsy, or subsynovial injection steroid or removal of foreign body add | — | 45.53 | D - 17 |
| T234 | with synovectomy and direct lysis of adhesion (1 or 2 spaces) add | — | 311.75 | D - 17 |
| T235 | abrasion arthroplasty add | — | 390.23 | D - 17 |
| T236 | with menisectomy (total) add | — | 292.67 | D - 17 |
| T237 | with lateral ligament release add | — | 195.11 | D - 17 |
| T238 | with anterior release of disc add | — | 260.15 | D - 17 |
| T239 | with disc plication add | — | 487.78 | D - 17 |
| T260 | intraoral | — | 168.35 | D - 10 |
| T261 | extraoral maxillofacial | — | 247.53 | D - 10 |
| T262 | rib | — | 274.34 | D - 10 |
| T263 | iliac crest | — | 274.34 | D - 10 |
| T264 | calvarial | — | 274.34 | D - 10 |
| T265 | tibia | — | 274.34 | D - 10 |
| T266 | Cartilage | — | 247.53 | D - 10 |
| T267 | Skin | — | 78.56 | D - 10 |
| T268 | Mucosa | — | 78.56 | D - 10 |
| T269 | Fascia | — | 118.47 | D - 10 |
| T270 | Muscle | — | 118.47 | D - 10 |
| T271 | Dermis | — | 118.47 | D - 10 |
| T272 | Fat | — | 118.47 | D - 10 |

# SERVICES OF DENTISTS

| Code | Description | D.D.S. | Spec | Page |
|---|---|---|---|---|
| T273 | Nerve – intraoral | — | 195.16 | D - 10 |
| T274 | Nerve – extraoral | — | 247.53 | D - 10 |
| T310 | Tracheotomy | — | 145.00 | D - 19 |
| T311 | with anterior cricoid split add | — | 71.50 | D - 19 |
| T312 | Insertion of laryngeal or tracheal stent | — | 196.00 | D - 19 |
| T330 | Gingivoplasty independent of tooth extraction, per quadrant | 34.60 | 41.60 | D - 6 |
| T331 | Excision of vestibular hyperplastic tissue, per quadrant | — | 124.54 | D - 6 |
| T332 | Surgical shaving of papillary hyperplasia of the palate | — | 179.00 | D - 6 |
| T333 | Remodelling of the mylohyoid ridge | — | 126.40 | D - 6 |
| T334 | Remodelling of the genial tubercles | — | 161.79 | D - 6 |
| T335 | Excision of nasal spine | — | 126.40 | D - 6 |
| T336 | Excision of torus palatinus | 234.90 | 281.90 | D - 6 |
| T337 | Excision of torus mandibularis, unilateral | 234.90 | 281.90 | D - 6 |
| T338 | Excision of torus mandibularis, bilateral | 234.90 | 281.90 | D - 6 |
| T339 | Excision of multiple exostoses, per quadrant | 234.90 | 281.90 | D - 6 |
| T341 | unilateral | — | 131.70 | D - 6 |
| T342 | bilateral | — | 263.30 | D - 6 |
| T343 | unilateral | — | 131.70 | D - 6 |
| T344 | bilateral | — | 263.30 | D - 6 |
| T345 | Full arch lowering of floor of mouth | — | 395.20 | D - 6 |
| T346 | Partial arch lowering of floor of mouth | — | 234.00 | D - 6 |
| T347 | maxilla | — | 234.00 | D - 6 |
| T348 | mandible | — | 234.00 | D - 6 |
| T349 | with secondary epithelialization, maxilla | — | 309.20 | D - 6 |
| T350 | with secondary epithelialization, mandible | — | 309.20 | D - 6 |
| T351 | with skin graft, maxilla | — | 552.80 | D - 6 |
| T352 | with skin graft, mandible | — | 552.80 | D - 6 |
| T353 | with mucosal graft, maxilla | — | 618.70 | D - 6 |
| T354 | with mucosal graft, mandible | — | 618.70 | D - 6 |
| T359 | maxilla | — | 1074.66 | D - 9 |
| T360 | mandible | — | 1074.66 | D - 9 |
| T361 | unilateral | — | 1175.92 | D - 9 |
| T362 | bilateral | — | 1605.99 | D - 9 |
| T363 | Nasal reconstruction not for cosmetic purposes | — | 2048.00 | D - 9 |
| T364 | stabilzation with plating or crib – per side add | — | 243.20 | D - 9 |

# SERVICES OF DENTISTS

| Code | Description | D.D.S. | Spec | Page |
|---|---|---|---|---|
| T368 | greater than 3 cm | — | 790.27 | D - 8 |
| T369 | less than 1 cm | — | 206.50 | D - 8 |
| T370 | under 1 cm | 172.31 | 206.69 | D - 8 |
| T371 | 1 cm to 3 cm | — | 252.29 | D - 8 |
| T372 | 1 cm to 3 cm | — | 220.33 | D - 8 |
| T373 | over 3 cm | — | 375.08 | D - 8 |
| T374 | oral cavity or lip – under 3 cm | — | 220.33 | D - 8 |
| T375 | over 3 cm | — | 375.08 | D - 8 |
| T376 | under 3 cm | — | 220.33 | D - 8 |
| T377 | over 3 cm | — | 375.08 | D - 8 |
| T378 | Cheiloplasty (lip shave) | — | 528.58 | D - 8 |
| T382 | unilateral, partial | — | 1175.92 | D - 9 |
| T383 | complete (including condyle) – unilateral | — | 1449.78 | D - 9 |
| T384 | bilateral, partial | — | 1605.99 | D - 9 |
| T385 | bilateral | — | 2532.63 | D - 9 |
| T386 | Construction of developmentally absent condyle and vertical ramus – unilateral | — | 2062.08 | D - 9 |
| T387 | Exploration of bone or cartilage (as sole surgical procedure) per quadrant – intraoral | — | 283.57 | D - 8 |
| T388 | Exploration of soft tissue (as sole surgical procedure) per quadrant – extraoral | — | 341.63 | D - 8 |
| T389 | Exploration of bone or cartilage (as sole surgical procedure) per quadrant - extraoral | — | 543.12 | D - 8 |
| T390 | under 1 cm | 172.31 | 206.69 | D - 8 |
| T391 | 1 cm to 3 cm | — | 220.33 | D - 8 |
| T392 | over 3 cm | — | 375.08 | D - 8 |
| T393 | Incision and drainage of major anatomical spaces(s), other than vestibular space – extraoral | — | 492.83 | D - 8 |
| T394 | Marsupialization of cyst (includes 12 post surgical visits) | — | 465.59 | D - 8 |
| T395 | Incision and drainage of major anatomical spaces, other than vestibular or palatal space – | — | 228.30 | D - 8 |
| T396 | Exploration of soft tissue (as sole surgical procedure) per quadrant – intraoral | — | 140.15 | D - 8 |
| T401 | Incision and drainage of soft tissue – intraoral | 37.12 | 44.54 | D - 8 |
| T402 | Trephination and drainage of bone and/or cartilage tissue – intraoral | 87.42 | 104.90 | D - 8 |
| T403 | Incision and drainage of soft tissue – extraoral | — | 186.37 | D - 8 |
| T404 | Sequestrectomy for osteomyelitis – intraoral | — | 159.74 | D - 8 |
| T405 | Sequestrectomy for osteomyelitis – extraoral | — | 359.94 | D - 8 |

# SERVICES OF DENTISTS

| Code | Description | D.D.S. | Spec | Page |
|---|---|---|---|---|
| T406 | Sequestrectomy and saucerization | —- | 386.24 | D - 8 |
| T407 | up to 3 cm | —- | 787.97 | D - 9 |
| T408 | over 3 cm | —- | 1182.21 | D - 9 |
| T409 | Total mandibulectomy | —- | 1773.06 | D - 9 |
| T410 | Maxillomandibular fixation | —- | 139.78 | D - 13 |
| T412 | circumzygomatic wiring – each add | —- | 48.90 | D - 13 |
| T413 | peralveolar or transpalatal wiring – each add | —- | 48.90 | D - 13 |
| T414 | nasal spine wiring – each add | —- | 48.90 | D - 13 |
| T415 | piriform aperature wiring – each add | —- | 48.90 | D - 13 |
| T416 | circumandibular wiring - (payment limited to a maximum of three) – each add | —- | 48.90 | D - 13 |
| T419 | orbital suspension – each add | —- | 203.78 | D - 13 |
| T420 | Extraskeletal suspension (e.g. Head Frame) | —- | 275.33 | D - 13 |
| T422 | Removal of arch splint(s) | —- | 93.70 | D - 13 |
| T423 | Removal of fixation screw(s) and/or plate(s) – per operative site | —- | 215.14 | D - 13 |
| T424 | Open reduction | —- | 2490.47 | D - 10 |
| T425 | Closed reduction | —- | 1680.65 | D - 10 |
| T426 | with rigid internal fixation – per side add | —- | 140.94 | D - 10, 11 |
| T427 | up to 3 cm | —- | 787.97 | D - 9 |
| T428 | over 3 cm | —- | 1182.21 | D - 9 |
| T429 | Total maxillectomy | —- | 1773.06 | D - 9 |
| T430 | Closed reduction (will not be paid with T431 – T433) | 483.57 | 604.13 | D - 10 |
| T431 | single | —- | 802.56 | D - 10 |
| T432 | double | —- | 1095.19 | D - 10 |
| T433 | multiple | —- | 1680.65 | D - 10 |
| T435 | Removal of maxillomandibular fixation devices | —- | 150.77 | D - 13 |
| T436 | Removal of extraskeletal suspension | —- | 148.97 | D - 13 |
| T437 | metal or allogeneic crib for particulate bone graft add | —- | 243.20 | D - 13 |
| T438 | Removal of TMJ Fossa Prosthesis or Condylar Prosthesis or major reconstruction plate - per | —- | 892.68 | D - 13 |
| T439 | Removal of transosseous wire(s) - per operative site | 107.57 | 129.60 | D - 13 |
| T440 | Closed reduction (will not be paid with T441 – T443) | 483.57 | 604.13 | D - 10 |
| T441 | single | —- | 802.56 | D - 10 |
| T442 | double | —- | 1095.19 | D - 10 |
| T443 | multiple | —- | 1680.65 | D - 10 |
| T445 | interim stabilization with bone plate – per side add | —- | 297.92 | D - 9 |

# SERVICES OF DENTISTS

| Code | Description | D.D.S. | Spec | Page |
|---|---|---|---|---|
| T450 | Closed reduction (will not be paid with T451 or T452) | — | 604.13 | D - 10 |
| T451 | unilateral | — | 802.56 | D - 10 |
| T452 | bilateral | — | 1680.65 | D - 10 |
| T454 | Excision – sublingual gland | — | 331.76 | D - 18 |
| T455 | Excision – submandibular gland | — | 529.45 | D - 18 |
| T456 | *Excision, subtotal, parotid gland | | 771.14 | D - 18 |
| T457 | *Excision, total, parotid gland | | 1138.64 | D - 18 |
| T458 | *Parotid biopsy | | 214.74 | D - 18 |
| T460 | transcutaneous approach | — | 896.99 | D - 11 |
| T461 | transoral approach | — | 679.90 | D - 11 |
| T462 | Orbital blowout – isolated injury | — | 1000.76 | D - 11 |
| T463 | Closed reduction | — | 290.85 | D - 11 |
| T464 | Open reduction (including nasal septum) | — | 621.56 | D - 11 |
| T465 | Open reduction (including canthal ligament repair) | — | 1001.19 | D - 11 |
| T468 | with antral packing add | — | 140.94 | D - 11 |
| T470 | Reduction – transoral approach | — | 679.90 | D - 11 |
| T471 | Reduction – transcutaneous approach | — | 684.97 | D - 11 |
| T480 | Open reduction – transoral approach | — | 339.75 | D - 11 |
| T481 | Transcutaneous approach | — | 679.90 | D - 11 |
| T488 | closed | 573.54 | 688.01 | D - 11 |
| T489 | open | 782.63 | 897.10 | D - 11 |
| T491 | Reimplantation of avulsed or subluxated tooth (including root canal therapy and surgery) | 283.60 | 340.36 | D - 11 |
| T493 | Anterior table and/or posterior table repair – local access | — | 743.42 | D - 11 |
| T494 | with coronal incision and pericranial flap to obliterate sinus and nasal frontal duct to include | — | 619.52 | D - 11 |
| T495 | with fat to obliterate sinus and nasal frontal duct add | — | 185.86 | D - 11 |
| T496 | nasal frontal duct reconstruction with stent or creating opening into ethmoid sinuses add | — | 124.03 | D - 11 |
| T501 | under 2 cm | 57.09 | 68.64 | D - 12 |
| T504 | under 2 cm | — | 131.51 | D - 12 |
| T505 | over 2 cm | — | 292.22 | D - 12 |
| T507 | 2 cm to 5 cm | 112.70 | 135.22 | D - 12 |
| T508 | over 5 cm | — | 173.99 | D - 12 |
| T510 | Primary closure at time of initial surgery | — | 238.85 | D - 12 |
| T511 | with palatal flap | — | 783.00 | D - 12 |
| T512 | with pharyngeal flap | — | 1201.50 | D - 12 |

# SERVICES OF DENTISTS

| Code | Description | D.D.S. | Spec | Page |
|---|---|---|---|---|
| T513 | with tongue flap | —- | 1201.50 | D - 12 |
| T514 | with buccal flap | —- | 783.00 | D - 12 |
| T520 | under 2.5 cm | —- | 90.09 | D - 12 |
| T521 | 2.6 cm to 5 cm | —- | 144.21 | D - 12 |
| T522 | over 5 cm | —- | 288.26 | D - 12 |
| T523 | Unilateral repair | —- | 513.65 | D - 12 |
| T524 | Reconstruction with lip switch flap | —- | 628.57 | D - 12 |
| T525 | unilateral | —- | 591.60 | D - 12 |
| T526 | bilateral | —- | 1188.00 | D - 12 |
| T527 | Plication of disc posterior attachment (includes capsulorrhaphy) | —- | 1010.42 | D - 17 |
| T528 | Reconstruction of glenoid fossa, zygomatic arch and temporal bone autogenous tissue, graft or | —- | 1562.20 | D - 17 |
| T530 | Split thickness skin graft to face | —- | 350.00 | D - 12 |
| T531 | Repair or reconstruction of TMJ disc with tissue graft or prosthesis (includes menisectomy) | —- | 1127.33 | D - 17 |
| T532 | in one segment | —- | 1321.18 | D - 14 |
| T533 | Reconstruction of mandibular condyle with prosthesis or tissue graft | —- | 1127.33 | D - 17 |
| T534 | in one segment | —- | 1321.18 | D - 15 |
| T535 | Removal of temporary intra-articular implant | —- | 174.15 | D - 17 |
| T536 | in one segment | —- | 1399.81 | D - 15 |
| T537 | revision surgery – previous open TMJ arthrotomy add | —- | 25% to | D - 17 |
| T538 | in one segment | —- | 1541.73 | D - 15 |
| T540 | closed | —- | 913.14 | D - 14 |
| T541 | extraoral | —- | 1321.18 | D - 14 |
| T542 | extraoral | —- | 1321.18 | D - 14 |
| T543 | intraoral | —- | 1321.18 | D - 14 |
| T544 | Body osteotomy or ostectomy | —- | 1321.18 | D - 14 |
| T545 | Coronoidectomy - unilateral | —- | 564.84 | D - 14 |
| T546 | Osteotomy of the condylar neck - unilateral | —- | 564.84 | D - 14 |
| T547 | intraoral | —- | 1321.18 | D - 14 |
| T548 | extraoral | —- | 1321.18 | D - 14 |
| T550 | Inverted L osteotomy | —- | 1321.18 | D - 14 |
| T551 | C osteotomy | —- | 1321.18 | D - 14 |
| T553 | unilateral | —- | 792.71 | D - 14 |
| T554 | LeFort II osteotomy | —- | 1493.09 | D - 15 |
| T555 | Anterior segmental osteotomy maxilla | —- | 1178.79 | D - 14 |

# SERVICES OF DENTISTS

| Code | Description | D.D.S. | Spec | Page |
|---|---|---|---|---|
| T556 | Posterior segmental osteotomy maxilla | —- | 1321.18 | D - 14 |
| T558 | mandible | —- | 1178.79 | D - 14 |
| T559 | with transfer of mental eminence | —- | 1321.18 | D - 14 |
| T560 | without transfer of mental eminence | —- | 1321.18 | D - 14 |
| T561 | Posterior segmental osteotomy of the mandible | —- | 1321.18 | D - 14 |
| T562 | Full arch dentoalveolar osteotomy of the mandible | —- | 1321.18 | D - 14 |
| T565 | Genioplasty (including alloplast) | —- | 552.56 | D - 14 |
| T567 | Lower border osteotomy of the mandible (unilateral) | —- | 659.42 | D - 14 |
| T568 | anterior | —- | 607.50 | D - 12 |
| T569 | posterior | —- | 742.50 | D - 12 |
| T570 | total | —- | 1201.50 | D - 12 |
| T579 | unilateral | —- | 792.71 | D - 14 |
| T580 | Lingual frenectomy or Z plasty | 55.10 | 66.35 | D - 19 |
| T581 | Lingual frenectomy or Z plasty with genioglossus myotomy | —- | 91.00 | D - 19 |
| T582 | anterior wedge | —- | 163.70 | D - 19 |
| T583 | anterior-posterior wedge | —- | 268.30 | D - 19 |
| T589 | Removal of intraosseous prosthesis (not to include dental implants) | —- | 892.68 | D - 13 |
| T590 | open reduction | —- | 491.17 | D - 17 |
| T591 | closed reduction | 44.61 | 53.59 | D - 17 |
| T592 | Manipulation under general anaesthesia (not to be billed with any other TMJ surgery) | —- | 106.53 | D - 17 |
| T593 | Menisectomy | —- | 491.17 | D - 17 |
| T594 | Capsulorrhaphy (not to be billed with any other TMJ surgery) | —- | 491.17 | D - 17 |
| T595 | Lateral pterygoid myotomy (not to be billed with any other TMJ surgery) | —- | 491.17 | D - 17 |
| T596 | Condylectomy or condyloplasty | —- | 491.17 | D - 17 |
| T598 | Osteotomy – ramus with interpositional alloplastic material for ankylosis | —- | 718.01 | D - 17 |
| T599 | Arthroplasty of articular eminence | —- | 562.18 | D - 17 |
| T601 | Sialodochoplasty | —- | 236.80 | D - 18 |
| T602 | anterior 1/3 of duct | 73.70 | 88.50 | D - 18 |
| T603 | posterior 2/3 of duct | —- | 143.70 | D - 18 |
| T605 | when injury older than eight weeks add | —- | 30% to | D - 18 |
| T606 | Marsupialization of ranula | —- | 118.45 | D - 18 |
| T607 | Decompression of infraorbital nerve intraoral facial approach - anterior | —- | 676.20 | D - 18 |

# SERVICES OF DENTISTS

| Code | Description | D.D.S. | Spec | Page |
|---|---|---|---|---|
| T608 | Decompression of infraorbital nerve transantral approach - posterior | —- | 1044.93 | D - 18 |
| T609 | with laser coagulation add | —- | 67.38 | D - 18 |
| T610 | Injection of nerve (lytic destruction or steriod) | —- | 152.40 | D - 18 |
| T611 | partial | —- | 327.40 | D - 18 |
| T612 | total | —- | 673.20 | D - 18 |
| T613 | Transposition of mental nerve | —- | 444.00 | D - 18 |
| T614 | Decompression of inferior alveolar nerve | —- | 329.20 | D - 18 |
| T618 | when operating microscope required for any of the above procedures add | —- | 40% to | D - 18 |
| T619 | Physiologic monitoring (e.g., stimulation and recording evoked potentials) | —- | 265.21 | D - 18 |
| T620 | Recovery of dental root or foreign body from antrum immediate | —- | 113.80 | D - 19 |
| T622 | Delayed recovery root or foreign body via antrostomy | —- | 168.40 | D - 19 |
| T623 | Antrum lavage - transoral approach | —- | 68.20 | D - 19 |
| T624 | Antrum lavage - transnasal approach | —- | 68.20 | D - 19 |
| T625 | Closure of oro-antral fistula | —- | 192.80 | D - 19 |
| T628 | Transnasal antrostomy | —- | 80.10 | D - 19 |
| T629 | Antral packing | | 111.48 | D - 19 |
| T630 | Control of bleeding secondary to dental extraction | 75.52 | 90.50 | D - 6 |
| T631 | Post-surgical care, minor | 16.77 | 20.10 | D - 6 |
| T632 | Post-surgical care, major | 37.12 | 44.54 | D - 6 |
| T633 | Primary repair | —- | 289.47 | D - 18 |
| T634 | Secondary repair | —- | 681.39 | D - 18 |
| T635 | neuroma excision and biopsy add | —- | 86.61 | D - 18 |
| T636 | with nerve graft (includes harvesting) add | —- | 349.86 | D - 18 |
| T637 | with conduit (up to 3 cm) (includes harvesting) add | —- | 232.75 | D - 18 |
| T638 | with conduit (over 3 cm) (includes harvesting) add | —- | 306.25 | D - 18 |
| T639 | with fibrin adhesive per anastomosis add | —- | 67.38 | D - 18 |
| T643 | Assisting at major oral and maxillofacial surgical procedure | 30% of | 30% of | D - 6 |
| T644 | Assisting at physician’s surgery | 30% of | 30% of | D - 6 |
| T645 | Trigger point injection for chronic pain per site | —- | 32.00 | D - 18 |
| T646 | Diagnostic or therapeutic nerve block per site | —- | 64.00 | D - 18 |
| T647 | fascicular anastomosis add | —- | 738.80 | D - 18 |
| T650 | Consultation in hospital | 67.57 | 81.04 | D - 6 |
| T651 | Follow-up assessments within 12 months of initial consultation same diagnosis, in hospital, | 54.89 | 62.72 | D - 6 |

# SERVICES OF DENTISTS

| Code | Description | D.D.S. | Spec | Page |
|---|---|---|---|---|
| T652 | Hospital visit, admitted bed patient | 36.70 | 45.79 | D - 6 |
| T653 | Examination under general anesthesia (sole procedure) | 36.70 | 45.79 | D - 6 |
| T654 | with diagnostic imaging (may be billed in addition to T653) add | 31.36 | 39.21 | D - 6 |
| T655 | Consultation | 67.57 | 81.04 | D - 4 |
| T656 | Follow-up assessments within 12 months of initial consultation same diagnosis | 54.89 | 62.72 | D - 4 |
| T660 | Biopsy of oral tissue – soft | 75.52 | 90.50 | D - 8 |
| T662 | Cytological or bacteriological smear | 25.15 | 27.52 | D - 8 |
| T663 | Biopsy of oral tissue - bone and/or cartilage | 232.59 | 287.54 | D - 8 |
| T664 | Exploration of maxillary sinus via antrostomy | — | 122.85 | D - 19 |
| T665 | Aspiration of oral tissue – soft | — | 32.38 | D - 8 |
| T666 | with fibre-optic scope add | — | 101.25 | D - 19 |
| T667 | Aspiration of oral tissue – bone and/or cartilage | — | 48.45 | D - 8 |
| T668 | Needle aspiration, extraoral lesion - soft | — | 96.00 | D - 8 |
| T669 | Needle aspiration, extraoral lesion - bone and/or cartilage | — | 121.60 | D - 8 |
| T670 | unilateral add | — | 500.00 | D - 16 |
| T671 | bilateral add | — | 1000.00 | D - 16 |
| T672 | unilateral add | — | 750.00 | D - 16 |
| T673 | bilateral add | — | 1250.00 | D - 16 |
| T674 | unilateral add | — | 500.00 | D - 16 |
| T675 | bilateral add | — | 1000.00 | D - 16 |
| T676 | unilateral add | — | 750.00 | D - 16 |
| T677 | bilateral add | — | 1250.00 | D - 16 |
| T678 | unilateral add | — | 500.00 | D - 16 |
| T679 | bilateral add | — | 1000.00 | D - 16 |
| T680 | unilateral add | — | 500.00 | D - 16 |
| T681 | bilateral add | — | 1000.00 | D - 16 |
| T682 | unilateral add | — | 800.00 | D - 16 |
| T683 | bilateral add | — | 1600.00 | D - 16 |
| T684 | unilateral add | — | 800.00 | D - 16 |
| T685 | bilateral add | — | 1600.00 | D - 16 |
| T686 | unilateral add | — | 800.00 | D - 16 |
| T687 | bilateral add | — | 1600.00 | D - 16 |
| T688 | unilateral add | — | 800.00 | D - 16 |
| T689 | bilateral add | — | 1600.00 | D - 16 |
| T690 | Removal of device - per device | — | 250.00 | D - 16 |

# SERVICES OF DENTISTS

| Code | Description | D.D.S. | Spec | Page |
|---|---|---|---|---|
| T701 | uncomplicated | 171.30 | 205.50 | D - 21 |
| T702 | complicated | 205.00 | 246.00 | D - 21 |
| T703 | same tooth | 239.60 | 287.60 | D - 21 |
| T704 | same tooth | 274.20 | 329.05 | D - 21 |
| T705 | with simultaneous endodontia add | 111.40 | 133.60 | D - 21 |
| T706 | with simultaneous endodontia add | 136.65 | 164.00 | D - 21 |
| T707 | with simultaneous endodontia add | 171.30 | 205.50 | D - 21 |
| T708 | with simultaneous endodontia add | 222.80 | 267.30 | D - 21 |
| T709 | One root - uncomplicated | 205.00 | 246.00 | D - 21 |
| T710 | One root - complicated | 274.20 | 329.05 | D - 21 |
| T711 | Two roots – same tooth | 274.20 | 329.05 | D - 21 |
| T712 | Three roots – same tooth | 325.70 | 390.80 | D - 21 |
| T740 | unilateral - closed | — | 792.71 | D - 14 |
| T741 | unilateral - extraoral | — | 792.71 | D - 14 |
| T742 | unilateral - extraoral | — | 792.71 | D - 14 |
| T743 | unilateral - intraoral | — | 792.71 | D - 14 |
| T744 | unilateral | — | 792.71 | D - 14 |
| T747 | unilateral - intraoral | — | 792.71 | D - 14 |
| T748 | unilateral - extraoral | — | 792.71 | D - 14 |
| T750 | unilateral | — | 792.71 | D - 14 |
| T751 | unilateral | — | 792.71 | D - 14 |
| T760 | Dilation of salivary duct | — | 74.25 | D - 18 |
| T761 | Insertion of polyethylene tube in duct | — | 74.25 | D - 18 |
| T800 | Independent Consideration will be given to claims for other dental surgical procedures approved | I.C. | I.C. | D - 19 |
| T809 | Premium when non-elective surgical procedures commence between 5:00 p.m. and midnight, or | 30% of | 30% of | D - 19 |
| T810 | Premium when non-elective surgical procedures commence between midnight and 7:00 a.m. any | 50% of | 50% of | D - 19 |
| T811 | Premium for a consultation or visit between 5:00 p.m. and midnight, or on a Saturday, Sunday or holiday | 30% of | 30% of | D - 19 |
| T812 | *Premium for any consultation or visit to a patient in an intensive care facility (e.g., ICU or CCU) | 30% of | 30% of | D - 19 |
| T813 | *Premium for a consultation or visit between midnight and 7:00 a.m. | 50% of | 50% of | D - 19 |
| T814 | Premium for a consultation or visit between 5:00 p.m. and midnight, or on a Saturday, Sunday or | 30% of | 30% of | D - 4 |
| T815 | Premium for any consultation or visit to a patient in an intensive care facility (e.g., ICU or CCU) | 30% of | 30% of | D - 4 |

# SERVICES OF DENTISTS

| Code | Description | D.D.S. | Spec | Page |
|---|---|---|---|---|
| T816 | Premium for a consultation or visit between midnight and 7:00 a.m. | 50% of | 50% of | D - 4 |
| T901 | Removal of single erupted tooth - per quadrant | 39.16 | 46.99 | D - 23 |
| T902 | Removal of each additional erupted tooth in the same quadrant | 20.25 | 24.30 | D - 23 |
| T903 | Removal of each erupted tooth – complicated | 92.20 | 110.63 | D - 23 |
| T904 | Removal of each tooth covered by soft tissue | 92.20 | 110.63 | D - 23 |
| T905 | Removal of each impacted tooth, partial bony impaction | 139.05 | 166.79 | D - 23 |
| T906 | Removal of each impacted tooth, complete bony impaction | 184.48 | 221.41 | D - 23 |
| T907 | Removal of each impacted tooth, unusual position, age factor (incl. super-numerary) | 211.15 | 253.26 | D - 23 |
| T908 | with soft tissue coverage | 79.66 | 95.45 | D - 23 |
| T909 | with bone tissue coverage | 92.20 | 110.63 | D - 23 |
| T910 | Uncomplicated soft tissue coverage | 35.60 | 42.72 | D - 23 |
| T911 | Complicated hard tissue coverage | 126.41 | 151.63 | D - 23 |
| T912 | With orthodontic attachment | 251.60 | 301.91 | D - 23 |
| T925 | Maxillary labial frenectomy | 67.87 | 81.42 | D - 23 |
| T926 | Mandibular labial frenectomy | 67.87 | 81.42 | D - 23 |
| T927 | Maxillary Z frenoplasty | 67.87 | 81.42 | D - 23 |
| T928 | Mandibular Z frenoplasty | 67.87 | 81.42 | D - 23 |
| T936 | Alveoloplasty independent of tooth extraction - per quadrant | 42.46 | 51.05 | D - 23 |