

## ACADEMIC EMPLOYEES DENTAL PLAN - Group Contract 50832

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### COVERED DENTAL SERVICES

### 2017 Ontario Dental Association Procedure Code

#### PREVENTIVE DENTAL PROCEDURES - SCHEDULE A (TYPE A)

#### Diagnostic Services

Clinical oral complete examination and diagnosis	01101, 01102, 01103
Clinical oral limited examination and diagnosis	01202, 01204, 01205
Intraoral radiographs	
- complete series	02101, 02102
- periapical	02111-02125 inclusive
- occlusal	02131-02136 inclusive
- bitewing	02141-02146 inclusive
Extraoral radiographs	
- extraoral	02201, 02202, 02203, 02204, 02209
- sialography	02401, 02402, 02409
- use of radiopaque dyes to demonstrate lesions	02411, 02412, 02419
- temporomandibular joint	02504, 02509
- panoramic	02601
- cephalometric	02701, 02702, 02703, 02704, 02709
- cephalometric including tracing and interpretation	02751, 02752, 02759
- interpretation of radiographs where either films or interpretation is from another source	02801, 02802, 02809
Tomography radiographs	02931, 02932, 02933, 02934, 02939
Hand and wrist radiographs	02941
Test/Analysis and Laboratory procedures/interpretation and/or reports	
- microbiological	04101
- caries susceptibility (bacteriological)	04201
- histopathological (biopsy soft and hard oral tissue)	04311, 04312, 04321, 04322
- cytological smear	04401
Supplementary Diagnostic Procedures	
- diagnostic photographs	04801, 04802, 04803, 04809
Diagnostic Casts	
- unmounted	04911, 04912, 04913
- mounted	04922, 04923
Consultation between patient and dentist	05201, 05202, 05209

#### Preventive Services

Polishing	11101, 11102, 11107, 11109
Scaling	11111-11117 inclusive, 11119
Fluoride Treatment	12101
Nutritional Counselling	13101, 13102, 13103, 13104, 13109
Oral Hygiene Instruction	
- individual instruction	13211, 13212, 13213, 13214, 13219
- group instruction	13221, 13222, 13223, 13224, 13229
- re-instruction excluding audio-visual time	13231, 13232, 13237, 13239
Other preventive services	
- pit and fissure sealants	13401, 13409
- protective mouth guards	14502
- finishing restorations	16101, 16102, 16103, 16104, 16109
- interproximal discing of teeth	16201, 16202
- Occlusal adjustment/equilibration	16511, 16512, 16513, 16514, 16519
Periodontal Appliance (including bruxism appliance)	
- maxillary and mandibular	14611, 14612
- adjustments and repair	14621, 14622, 14623, 14629
- relines	14631

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Space Maintainers	
- <i>band type</i>	15101, 15103, 15104, 15105
- <i>stainless steel crown type</i>	15201, 15202
- <i>cast type</i>	15301, 15302
- <i>removable acrylic</i>	15401, 15402, 15403
- <i>bonded pontic type</i>	15501
- <i>maintenance of space maintainers</i>	15601, 15602, 15603, 15604

### Restorative Services

Caries, Trauma and Pain Control	20111, 20119, 20121, 20129
Trauma control - smoothing of fractured surfaces	20131, 20139
Amalgam Restorations	
- <i>non-bonded on primary teeth</i>	21111 - 21115 inclusive
- <i>bonded on primary teeth</i>	21121 - 21125 inclusive
- <i>non-bonded, permanent bicuspid and anteriors</i>	21211 - 21215 inclusive
- <i>non-bonded, permanent molars</i>	21221 - 21225 inclusive
- <i>bonded, permanent bicuspid and anteriors</i>	21231 - 21235 inclusive
- <i>bonded, permanent molars</i>	21241 - 21245 inclusive
<i>Retentive Pins</i>	21401 - 21405 inclusive
Prefabricated full-coverage restorations	
- <i>metal, primary teeth</i>	22201, 22211
- <i>metal, permanent teeth</i>	22301, 22311
- <i>plastic, primary teeth</i>	22401, 22411
- <i>plastic, permanent teeth</i>	22501, 22511
Tooth Coloured Restorations	
- <i>non-bonded technique primary anterior</i>	23401 - 23405 inclusive
- <i>non-bonded technique primary posterior with/without silver fillings</i>	23501 - 23505 inclusive
- <i>non-bonded technique permanent anteriors</i>	23101 - 23105 inclusive
- <i>non-bonded technique permanent bicuspid with/without silver fillings</i>	23211 - 23215 inclusive
- <i>non-bonded technique permanent molars with/without silver fillings</i>	23221 - 23225 inclusive
- <i>bonded technique primary anterior</i>	23411 - 23415 inclusive
- <i>bonded technique primary posterior</i>	23511 - 23515 inclusive
- <i>bonded technique, permanent anteriors</i>	23111 - 23115 inclusive
- <i>bonded technique, permanent bicuspid</i>	23311 - 23315 inclusive
- <i>bonded technique, permanent molars</i>	23321 - 23325 inclusive
Veneer Applications	23121, 23122

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### COVERED DENTAL SERVICES

### 2017 Ontario Dental Association Procedure Code

#### ENDODONTIC, PERIODONTAL, SURGICAL AND ADJUNCTIVE GENERAL SERVICES - SCHEDULE B (TYPE B)

##### Endodontic Services

Pulpotomy	
- permanent teeth	32221, 32222
- primary teeth	32231, 32232
Pulpectomy	
- permanent teeth/retained primary teeth	32311, 32312, 32313, 32314
- primary teeth	32321, 32322
Root Canal Therapy	
- permanent teeth/retained primary teeth - one canal	33111 - 33116 inclusive
- permanent teeth/retained primary teeth - two canals	33121 - 33126 inclusive
- permanent teeth/retained primary teeth - three canals	33131 - 33136 inclusive
- permanent teeth/retained primary teeth - four or more canals	33141 - 33146 inclusive
- primary teeth	33401, 33402, 33403
Apexification/Apexogenesis/Induction of Hard Tissue Repair	33601 - 33604 inclusive
Reinsertion of Dentogenic Media	33611 - 33614 inclusive
Surqical (Periapical) Services	
- apicoectomy/apical curettage	34111, 34112, 34121, 34122, 34123, 34131, 34132, 34133, 34134, 34141, 34142, 34151, 34152, 34153, 34161, 34162, 34163, 34164
- retrofilling	34211, 34212, 34221, 34222, 34223, 34224, 34231, 34232, 34233, 34234, 34241, 34242, 34251, 34252, 34253, 34254, 34261, 34262, 34263, 34264
Endodontic Miscellaneous Surqical Services	
- Root amputations	34411, 34412
- Hemisection	34421, 34422, 34423
- Exploratory Surqery	34441 - 34446 inclusive
- Intentional removal of tooth, apical filling and replantation	34451, 34452, 34453
Perforations	
- non-surgical perforations/resorptive defects, pulp chamber repair or root repair	34511
- surgical perforations/resorptive defects, pulp chamber repair or root repair	34521, 34522, 34523
Other Endodontic Procedures	
- canal and/or pulp chamber enlargement (preparation of post space)	34602
- isolation of endodontic tooth/teeth for asepsis	39101
- open and drain (separate emergency procedures)	39201, 39202
- opening through artificial crown	39211, 39212
Non Vital Bleaching	
- bleaching endodontically treated tooth/teeth	39311, 39312, 39313, 39319

##### Periodontal Services

Non-Surgical Procedures	
- oral manifestations, oral mucosal disorders, mucocutaneous disorders and diseases of localized mucosal conditions	41211, 41212, 41213, 41214, 41219
- disorders of oral facial sensation and motor dysfunction of the jaw	41221, 41222, 41223, 41224, 41229
- oral manifestation of systemic disease or complications of medical therapy	41231, 41232, 41233, 41234, 41239
- desentization	41301, 41302, 41309

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Surgical Procedures	
- <i>gingival curettage</i>	42111
- <i>gingivoplasty</i>	42201
- <i>gingivectomy</i>	42311
- <i>gingival fiber incision</i>	42331, 42339
- <i>flap approach with osteoplasty/osteotomy, with curettage of osseous defect, with curettage of osseous defect and osteoplasty, exploratory (for diagnosis)</i>	42411, 42421, 42431, 42441
- <i>soft tissue grafts</i>	42511, 42521, 42531, 42551, 42561, 42581
- <i>osseous tissue grafts</i>	42611, 42621
- <i>guided tissue regeneration</i>	42701, 42702, 42703
- <i>proximal wedge procedure</i>	42811, 42819
- <i>post-surgical periodontal treatment visit per dressing change</i>	42821, 42822, 42823, 42829
- <i>periodontal abscess of pericoronitis including lancing, scaling, curettage, surgery or medication</i>	42831, 42832, 42833, 42834, 42839
Periodontal provisional, intra coronal or extra coronal splinting or ligation	43111, 43211, 43231, 43241, 43261
Periodontal root planing	43421 - 43427 inclusive, 43429
Topical application of chemotherapeutic and/or antimicrobial agents	43511, 43519
Periodontal re-evaluation/evaluation (more than one month after surgery or if performed by another practitioner)	49101, 49102, 49109

### Surgical Services

Erupted Teeth Removals (Extractions)	
- uncomplicated	71101, 71109
- complicated	71201, 71209
Removals, Impactions, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth	72111, 72119
Removals, Impactions, Involving Tissue and/or Bone Coverage	
- <i>removals, impactions, requiring incision or overlying soft tissue, elevation of a flap and either removal of bone and tooth or sectioning and removal of tooth</i>	72211, 72219
- <i>removals, impaction, requiring incision of overlying soft tissue, elevation of a flap, removal of bone and sectioning of tooth for removal</i>	72221, 72229
- <i>removals, impactions, requiring incision or overlying soft tissue, elevation of a flap, removal of bone and/or sectioning of the tooth for removal and/or presents unusual difficulties and circumstances</i>	72231, 72239
Residual Root Removals (Extractions)	
- <i>residual roots, erupted</i>	72311, 72319
- <i>residual roots, soft tissue coverage</i>	72321, 72329
- <i>residual roots, bone tissue coverage</i>	72331, 72339
Surgical Exposure of Teeth	
- <i>unerupted, uncomplicated, soft tissue coverage</i>	72511, 72519
- <i>complex hard tissue coverage</i>	72521, 72529
Surgical Movement of Teeth	
- <i>transplantation of erupted tooth</i>	72611, 72619
- <i>surgical repositioning</i>	72631, 72639
Surgical Enucleation of unerupted tooth and follicle	72711, 72719
Removal of a Fractured Cusp as a Separate Procedure	72801, 72809
Remodeling and Recontouring Oral Tissues	
- <i>alveoloplasty in conjunction with extractions</i>	73111
- <i>alveoloplasty not in conjunction with extractions</i>	73121
- <i>excision of bone</i>	73152, 73153, 73154
- <i>removal of bone, exostosis, multiple</i>	73161
- <i>reduction of bone, tuberosity</i>	73171, 73172

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Gingivoplasty and/or Stomatoplasty	
- <i>independenet procedure</i>	73211, 73221, 73222, 73223
- <i>vestibuloplasty, sub mucous</i>	73411
- <i>vestibuloplasty, with secondary epithelization</i>	73431
Surgical Excision, Benign Tumors	74111 - 74118 inclusive
Surgical Excision, Cyst/Granulomas	74631 - 74638 inclusive
Surgical Incision and Drainage and/or Exploration, Intraoral	
- <i>soft tissue</i>	75111, 75112
- <i>hard tissue</i>	75121, 75122
- <i>removal of foreign bodies</i>	75301, 75302
Fractures, Reductions, Mandibular	76201 - 76204 inclusive
Fractures, Reductions, Maxillary, Horizontal Le Fort's I	76301 - 76304 inclusive
Fractures, Reductions, Alveolar	
- <i>debridement, teeth removal</i>	76911, 76912, 76913
- <i>replantation, avulsed tooth/teeth (including splinting)</i>	76941, 76949
- <i>repositioning of traumatically displaced teeth</i>	76951, 76952, 76956, 76959
<i>Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral</i>	76961, 76962, 76963
Frenectomy/Frenoplasty	77801, 77802, 77803
Salivary Duct, Sialolithotomy	79111
Antral Surgery	
- <i>recovery, foreign bodies</i>	79311, 79312, 79313
- <i>lavaqe</i>	79321, 79322
- <i>oro-antral fistula closure, same session</i>	79331, 79332, 79333
- <i>oro antral fistula closure, subsequent session</i>	79341, 79342, 79343
Sinus Osseous Augmentation	
- <i>open lateral approach</i>	79351, 79352, 79353
- <i>indirect inferior</i>	79354 79355, 79356
Control of Hemorrhage	79402, 79403, 79404
Harvesting of Intraoral Tissue for Grafting to Operative Site	
- <i>bone</i>	79511
- <i>mucosa</i>	79514
Harvesting Extraoral Tissue for Grafting to Operative Site	79521
Harvesting and Preparation of Platelet Rich Plasma	79541
Delivery of Growth Factors	
- <i>autoloqous</i>	79551
- <i>allogenic</i>	79552
- <i>human recombinant</i>	79553
Post Surqical Care	79601 - 79604 inclusive

### Adjunctive General Services

Anaesthesia	
- <i>regional block (not in conjunction with operative or surgical procedures)</i>	92101
- <i>trigeminal division block (not in conjunction with operative or surgical procedures)</i>	92102
General Anaesthesia	
- <i>general anaesthesia</i>	92212 - 92219 inclusive
- <i>Provision of facilities, equipment and support services for general anaesthesia when provided by a separate practitioner</i>	92222 - 92229 inclusive
Deep Sedation Anaesthesia	92302 - 92309 inclusive
Conscious Sedation Anaesthesia (subject to Regulatory Authority Guidelines)	
- <i>nitrous oxide</i>	92411 - 92419 inclusive
- <i>oral sedation</i>	92421 - 92429 inclusive
- <i>nitrous oxide with oral sedation</i>	92431 - 92439 inclusive
- <i>parenternal conscious sedation (regardless of method - IM or IV)</i>	92441 - 92449 inclusive

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Consultation with Member of the Professional or other Healthcare Providers, in or out of the office	93111, 93112, 93119
Professional Visits	
- house calls, non-emergency and emergency (in addition to the procedure performed)	94101, 94102
- office or institutional visit, unscheduled, after regular office hours (in addition to service performed)	94302
Therapeutic Injections	
- intramuscular drug injection	96201
- intravenous drug injection	96202

### REMOVABLE PROSTHETICS (DENTURES) - SCHEDULE C (TYPE C)

#### Complete Dentures - maxillary and/or mandibular

Complete Standard Denture - includes processed liners and three months post-insertion care	51101, 51102, 51104
Complete Standard Immediate Denture following surgery - includes first tissue conditioner and three months post insertion care but not processed relines	51301, 51302
Complete Overdentures, tissue borne supported by natural teeth	51711, 51712
Complete Overdentures, tissue borne supported by implants	51721, 51722
Complete Immediate Overdentures, tissue borne, supported by natural teeth	51811, 51812
Complete Immediate Overdentures, tissue borne, supported by implants	51821, 51822

#### Partial Dentures - maxillary and/or mandibular

Acrylic Base Partial Denture - Provisional, With or Without Clasps	52101, 52102
Immediate Acrylic Base Partial Denture - includes first tissue conditioner but not a provisional relines	52111, 52112
Acrylic Partial Denture, Resilient Retainer	52201, 52202
Immediate Acrylic Partial Denture, Resilient Retainer - includes first tissue conditioner but not process relines	52211, 52212
Acrylic Partial Denture with Metal Wrought/Cast Clasps and/or Rests	52301, 52302
Immediate Acrylic Partial Denture with Metal Wrought/Cast Clasps and/or Rests - includes first tissue conditioner but not a processed relines	52311, 52312
Acrylic Partial Denture with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests	52401, 52402
Immediate Acrylic Partial Denture with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests - includes first tissue conditioner but not a processed relines	52411, 52412
Free End Partial Dentures, Cast Frame/Connector, Clasps and Rests	53101, 53102
- altered cast impression technique in conjunction with above	53104
Immediate Free End Partial Dentures, Cast Frame/Connector, Clasps and Rests - includes first tissue conditioner but not a processed relines	53111, 53112
Tooth Borne Partial Denture, Cast Frame/Connector, Clasps and Rests	53201, 53202
- unilateral, one piece casting, clasps and pontics	53205
Immediate Tooth Borne Partial Denture, Cast Frame/Connector, Clasps and Rests - includes first tissue conditioner but not a processed relines	53211, 53212
- unilateral, one piece casting, clasps and pontics	53215
Partial Denture, Cast, Precision Attachments	53401, 53402
Cast Partial Denture, Semi-Precision Attachments	53501, 53502
Cast Partial Denture, Stress Breaker Attachments	53611, 53612, 53613, 53621, 53622, 53623
Cast Partial Overdentures Supported by Natural Teeth with or without Coping Crowns, no attachments	53711, 53712
- altered cast impression technique in conjunction with above	53714

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### Denture Adjustments

Denture Adjustments, Partial or Complete Denture, Minor	54201, 54202, 54209
Denture Adjustments, Partial or Complete Denture, Remount and Occlusal Equilibration	54301, 54302
Denture Adjustments, Complete Denture with Cast Metal Occlusal Surfaces, Remount and Occlusal Equilibration	54401, 54402
Denture Adjustments, Partial Denture, with Cast Metal Occlusal Surfaces, Remount and Occlusal Equilibration	54501, 54502

### Denture Repairs/Additions

Repair to Complete Denture, No Impression Required	55101, 55102
Repair to Complete Denture, Impression Required	55201, 55202
Repair/Additions to Partial Denture, No Impression Required	55301, 55302
Repair/Additions to Partial Denture, Impression Required	55401, 55402
Dentures, Implant Retained Prosthesis Prophylaxis and Polishing	55501, 55509

### Denture Relining

Reline Direct Complete Denture	56211, 56212
Reline Direct Partial Denture	56221, 56222
Reline, Processed Complete Denture	56231, 56232
Reline, Processed Partial Denture	56241, 56242
Reline Complete Denture, Processed, functional Impression Requiring Three Appointments	56251, 56252
Reline Partial Denture, Processed, functional Impression Requiring Three Appointments	56261, 56262

### Denture Rebasing

Rebase Complete Denture	56311, 56312
Rebase Partial Denture	56321, 56322
Rebase Complete Denture Processed, Functional Impression requiring 3 Appointments	56331, 56332
Rebase Partial Denture Processed, Functional Impression requiring 3 Appointments	56341, 56342

### Denture Remake

Partial Denture Remake using Existing Framework (including articulation)	56411, 56412
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### Therapeutic Tissue Conditioning

Therapeutic Tissue Conditioning, per Appointment, Complete Denture	56511, 56512
Therapeutic Tissue Conditioning, per Appointment, Partial Denture	56521, 56522
Tissue Conditioning, per Appointment, Complete Overdenture Supported by Natural Teeth	56531, 56532
Tissue Conditioning, per Appointment, Complete Overdenture, Implant Support	56541, 56542
Tissue Conditioning, per Appointment, Partial Overdenture Supported by Natural Teeth	56551, 56552
Tissue Conditioning, per Appointment, Partial Overdenture, Implant Support	56561, 56562

### Miscellaneous Denture Services

Resetting of Teeth not including reline or rebase of denture	56602
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**ORTHODONTIC PROCEDURES - SCHEDULE D (TYPE D)**

**Diagnostic Services**

Orthodontic cast 04931

**Orthodontic Services**

Orthodontic observation and adjustment  
 - *orthodontic observation* 80601  
 - *orthodontic observation and adjustment* 80602  
 Repairs 80631, 80632, 80639  
 Alterations 80641, 80642, 80649  
 Recementation 80651, 80659  
 Separation 80661, 80669

**Orthodontic Appliances**

Appliances to Control Oral Habits  
 - *removable* 14101, 14102  
 - *cemented* 14201, 14202  
 - *motivation of patient - psychological approach* 14301  
 - *adjustments, repairs, maintenance* 14401, 14402, 14403, 14409  
 Myofunctional Therapy 14311, 14312, 14319  
 Removable  
 - *space regaining* 81111, 81112, 81113, 81114  
 - *cross-bite correction* 81121, 81122  
 - *dental arch expansion* 81131, 81132, 81135  
 - *closure of diastemas* 81141, 81142  
 - *alignment of anterior teeth* 81151, 81152  
 Fixed or Cemented  
 - *space regaining* 81211, 81212  
 - *space regaining, unilateral* 81221, 81222  
 - *cross-bite correction, anterior* 81231, 81232  
 - *cross-bite correction, posterior* 81241, 81242, 81243  
 - *dental arch expansion* 81251, 81252, 81253, 81254  
 - *closure of diastemas* 81261, 81262  
 - *alignment of incisor teeth* 81271, 81272  
 - *mechanical eruption of tooth/teeth* 81291, 81292, 81293, 81294  
 Retention Appliances  
 - *removable* 83101, 83102  
 - *fixed/cemented* 83201, 83202

**INLAYS, ONLAYS, CROWNS AND BRIDGES - SCHEDULE E (TYPE E)  
(NON-COSMETIC BASIS)**

**Restorations**

Inlays Restorations  
 - *Metal Inlays* 25111, 25112, 25113  
 - *Composite/Compomer Inlays, Indirect (Bonded)* 25121, 25122, 25123  
 - *Porcelain/Ceramic/Polymer Glass Inlays (Non-Bonded)* 25131, 25132, 25133  
 Onlay Restorations  
 - *Onlays, Cast Metal, Indirect* 25511  
 - *Onlays, Composite/Compomer, Processed (Bonded)* 25521  
 - *Onlays, Porcelain/Ceramic/Polymer Glass (Bonded)* 25531  
 Retentive Pins (for Inlays, Onlays and Crowns per tooth) 25601 - 25605 inclusive



## ACADEMIC EMPLOYEES DENTAL PLAN - Group Contract 50832

This document provides a description of the covered services under the Academic Employees' Dental Plan along with the related procedure code from the 2013 ODA Suggested Fee Guide for General Practitioners. Please refer to your benefit booklet for details on dollar and time limitations applicable to the various types and levels of service. **PLEASE NOTE: The "codes" themselves change from time to time and may not necessarily be the code used by your dentist at the time your dentist provides the service. Only your dentist knows and is able to clearly identify the code to be used for the services he provides. If you have any questions, you should consult your dentist.**

<b>COVERED DENTAL SERVICES</b>	<b>2017 Ontario Dental Association Procedure Code</b>
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### Crowns - Single Restorations Only

Posts	
- Posts, cast metal (including core) as a separate procedure	25711, 25712, 25713
- Posts, cast metal (including core) current with impression for crown	25721, 25722, 25723
- Posts, prefabricated retentive and cast core	25741, 25742, 25743
- Posts, prefabricated with non-bonded core for crown restoration (including pin(s) where applicable)	25751 - 25756 inclusive
- Posts, prefabricated, with bonded core for crown restoration, including pins where applicable	25761 - 25766 inclusive
- Provisional Posts	25771
- Post removal	25781, 25782, 25783, 25784, 25789
Mesostructures, Osseo-integrated Implant Supported	26101, 26102, 26103
Amalgam Core Restorations	21301, 21302
Tooth coloured/plastic restorations with/without silver fillings, cores	23601, 23602
Crowns, Acrylic/Composite/Compomer	
- Indirect	27111, 27113
- direct, provisional	27121
- cast metal base indirect	27131
Crowns, Porcelain/Ceramic/Polymer Glass	
- porcelain/ceramic/polymer glass	27201
- porcelain/ceramic/polymer glass fused to metal	27211
Crowns, Full, Cast Metal	
- crowns, full, cast metal	27301
- crowns made to an existing partial denture clasp (additional to crown)	27401, 27409
- copings, metal/acrylic, transfer (thimble), as a separate procedure	27511
- copings, metal/acrylic, transfer (thimble), concurrent with impression for crown	27521
Laboratory processed veneers	
- Acrylic/composite/compomer - bonded; porcelain/ceramic/polymer glass - bonded	27601, 27602
Repairs	
- Inlays, Onlays or Crowns, Acrylic/composite/compomer (single units)	27711
- Inlays, Onlays or Crowns, porcelain/ceramic/polymer glass single units	27721
Restorative procedures, overdentures direct	
- Natural tooth preparation, placement of pulp chamber restoration natural tooth	28101
- natural tooth preparation, fluoride application vital tooth	28102
- prefabricated attachment, as in internal or external overdenture retentive device, direct to a natural tooth	28103
- implant-supported prefabricated attachment as an overdenture retentive device, direct	28105
Restorative Procedures, Overdentures Indirect	
- coping crowns, cast metal, no attachments	28211, 28215
- coping crowns, cast metal, with attachments	28221, 28225
Recementation/rebonding, inlays/onlays/crowns/veneers/posts/natural tooth fragments (single units only)	29101 - 29104 inclusive
Removal, inlays/onlays/crowns/veneers (single units only)	29301 - 29304 inclusive

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<b>COVERED DENTAL SERVICES</b>	<b>2017 Ontario Dental Association Procedure Code</b>
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### Prosthodontics - Fixed

Pontics, Bridge	
- cast metal pontics	62101, 62102, 62103
- porcelain/ceramic/polymer glass pontics - fused to metal/ceramic/polymer glass/aluminous	62501, 62502
- acrylic/composite/compomer pontics - processed to metal, processed indirect (provisional), bonded to adjacent teeth direct (provisional)	62701, 62702, 62703
- natural tooth pontics, bonded to adjacent teeth (provisional)	62801
- recontouring of retainer/pontics (of existing bridgework)	63001, 63009
Repairs, Replacement, Reinsertion/Recementation	
- replace broken prefabricated attachable facings	66111, 66112, 66113, 66114, 66119
- repairs, removal, fixed bridge/prosthesis	66211, 66212, 66213, 66214, 66219
- repairs, reinsertion/recementation	66301, 66302, 66303, 66304, 66309
Repairs, Fixed Bridge/Prosthesis	
- porcelain/ceramic/polymer glass/plastic/composite/compomer, direct	66711, 66719
- solder indexing to repair broken solder joint	66721, 66729
- repair fractured porcelain/metal pontic with telescoping type crown	66731, 66739

### Retainers

Retainers, Acrylic/Composite/Compomer with or without Cast or Prefabricated Metal Bases	
- Acrylic/Composite/Compomer, indirect	67111
- Acrylic/Composite/Compomer, direct	67121
- Acrylic/Composite/Compomer, cast metal base indirect	67131
Retainers, Porcelain/Ceramic/Polymer Glass	
- Porcelain/ceramic/polymer glass, full coverage	67201
- Porcelain/ceramic/polymer glass fused to metal based	67211
- Porcelain/ceramic/polymer glass, partial coverage, bonded	67221
Retainers, Full, Cast Metal	
- cast metal	67301
- metal, inlay	67321, 67322
- cast metal onlay (internal retention type)	67331
- cast metal onlay (bonded external retention/partial coverage)	67341
Fixed Prosthesis, Abutments/Retainers	
- abutment preparation under existing partial denture clasp, in addition to retainer codes	67501
- telescoping crown	67502
Fixed Prosthetics, Porcelain, to replace a substantial portion of the alveolar process	69101
Fixed Prosthetics, Retentive Pins	69301 - 69305 inclusive