

# **mdha**

# **Dental Hygiene Services Fee Guide**

**2024**

**Prepared by:**



**Manitoba Dental  
Hygienists Association**

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# Manitoba Dental Hygienists Association

## 2024 Dental Hygiene Services Fee Guide

Prepared and published by the Manitoba Dental Hygienists Association (MDHA).

*MDHA provides this guide as a reference document only for dental hygiene practitioners. MDHA encourages practitioners to consider the many factors of their individual business when determining the fees, they will charge in their practice. Dental hygienists may choose to use the fees in this guide or may choose to set fees that differ from this guide. MDHA supports and encourages this diversity in the marketplace.*

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### GUIDELINES FOR USE

- 1. This is a comprehensive fee guide for the use of all Manitoba Dental Hygienists Association members. All codes within this fee guide are not necessarily applicable to every dental hygienist. It is the ethical, moral and legal responsibility of dental hygienists utilizing these codes to do so in a manner not conflicting with provincial regulations. Dental hygienists should ensure the services which they provide and bill for are included within their scope of practice. For any questions or concerns regarding your scope of practice, please contact the College of Dental Hygienists of Manitoba.**
2. The MDHA organized the service codes in relation to the five phases of care: assessment, dental hygiene diagnosis, treatment planning, treatment, and evaluation. Dental hygiene services have been classified into the following categories:  
00100 – 00499 assessment, dental hygiene diagnosis, and treatment planning  
00500 – 00999 dental hygiene treatment and evaluation
3. Specific service codes may refer to **UNITS OF TIME** or other charges. These are defined as follows:  
“**Unit of Time**” – each unit of time is fifteen (15) minutes  
“**IC**” – independent consideration  
“**+ L**” – an additional laboratory expense may be assessed  
“**+ E**” – an additional fee may be added for extra expenses incurred
4. Where a specific service code indicates a “tooth number” is required, the 2-digit International System of tooth numbering is to be applied. The first digit indicates the quadrant, the second digit indicates the tooth within the quadrant.

### First Digit Assignment

Permanent Teeth:	Deciduous Teeth:
Quadrant "1" – maxillary right	Quadrant "5" – maxillary right
" " "2" – maxillary left	" " "6" – maxillary left
" " "3" – mandibular left	" " "7" – mandibular left
" " "4" – mandibular right	" " "8" – mandibular right

### Second Digit Assignment

The first tooth at the midline of the arch is assigned tooth number "1". Counting continues to the third molar assigned tooth number "8". As an example, the permanent maxillary right first bicuspid would be assigned tooth number "14".

Supernumerary teeth should be assigned tooth number "99".

### Sextant Assignment:

The dental arch can be divided into six relatively equal sections. Sextant assignment can be used for recording periodontal charting or for treatment.

**Sextant 1:** tooth numbers 18–14

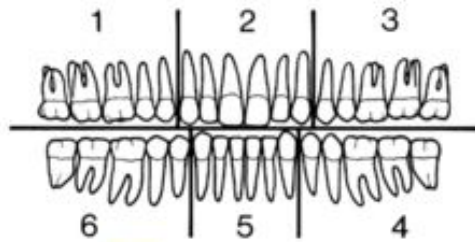
**Sextant 2:** tooth numbers 13–23

**Sextant 3:** tooth numbers 24–28

**Sextant 4:** tooth numbers 38–34

**Sextant 5:** tooth numbers 33–43

**Sextant 6:** tooth numbers 44–48



## Dental Hygiene Claim Form

To protect themselves from copyright infringements, it is important that all Manitoba dental hygienists that are members of CDHA who are submitting insurance claims use the CDHA Dental Hygiene Claim Form available on the CDHA website.

[http://files.cdha.ca/Profession/CDHA\\_UIN\\_Claim\\_Form.pdf](http://files.cdha.ca/Profession/CDHA_UIN_Claim_Form.pdf)

Notes:

The **Reassessment/Recall Examination (Assessment) (00121 Previous Client)** is provided for clients who have already undergone treatment and have been placed on a regular recall schedule for maintenance and control.

**The Specific and/or Limited Examination (00122)** is meant to be used for the evaluation of a specific oral situation *or* an incomplete dental hygiene examination performed under compromised situations (e.g., where a complete and comprehensive exam could not be performed due to extenuating circumstances). Please note that this code can be used for new or for previous clients.

It is only differentiated from the “Emergency Examination” in that the latter is a specific evaluation under emergency conditions, such as the investigation of pain and/or acute infection.

It is a misuse of the fee guide to charge for more units of time during an appointment than the total time the client was seated and attended by the dental hygienist. It is appropriate to bill for all the time that the dental hygienist takes to provide oral care. Additionally, the procedure code used must accurately reflect the service provided.

**SECTION 1: 00100 – 00499 ASSESSMENT, DENTAL HYGIENE DIAGNOSIS, AND TREATMENT PLANNING**

**00100 COMPLETE DENTAL HYGIENE EXAMINATION AND DIAGNOSIS (ASSESSMENT)**

Primary	00111	43.01
Mixed	00112	64.50
Permanent	00113	109.03
Edentulous	00114	49.32
Periodontal	00115	52.84
Case Presentation/Treatment Planning	00116	43.01

Notes:

00100 Complete Dental Hygiene Examination and Diagnosis (Assessment) includes:

- a) History – personal, medical, dental, oral health risk factors
- b) Vital signs – may include blood pressure, pulse, temperature
- c) Extra oral examination of the head and neck includes temporomandibular joint, lymph nodes, symmetry and skin lesions.
- d) Intra oral examination includes examining the lips, oral mucosa, frena, hard and soft palate pillars, oropharynx, tongue, floor of the mouth and salivary flow and assessment of edentulous arches.
- e) Dental hygiene examination includes developmental anomalies, risk assessment for caries and carious lesions, existing restorations, missing teeth, rotations, diastemas, contacts, occlusal relationships, parafunctional habits, attrition, abrasion, abfraction, erosion, pulp vitality, sensitivity and discomfort. The dental hygiene examination may include collaboration and/or referral with an oral health care provider.
- f) Periodontal assessment includes risk assessment for periodontal disease, bleeding upon probing, medications, local contributing risk factors, history of periodontitis, gingival health, sulcus depths, adequacy of attached gingiva, gingival inflammation, signs of disease progression: recession, clinical attachment level, furcation involvement, tooth mobility, occlusal trauma, mucogingival conditions, and may include radiograph interpretation and referral as necessary.
- g) Oral self care assessment includes oral hygiene and possibly microbiological assessment, general health activities and nutrition related to oral health.

Radiographs are not included. Radiographs are described in section 00200.

The dental hygienist may not use more than one examination from section 00100 at the same visit (i.e. cannot use both 00113 and 00115).

00111 Dental Hygiene Examination (Assessment): Complete: Primary Dentition to include:

Full mouth dental hygiene examination and dental hygiene diagnosis on primary dentition, recording medical and dental history, charting, treatment planning and case presentation, including above description as per 00100.

00112 Dental Hygiene Examination (Assessment): Complete: Mixed Dentition to include:

Full mouth dental hygiene examination and dental hygiene diagnosis on mixed dentition, recording medical and dental history, charting, treatment planning and case presentation, including above description as per 00100.

Eruption sequence, tooth size-jaw size assessment.

00113 Dental Hygiene Examination (Assessment): Complete: Permanent Dentition to include:

Full mouth dental hygiene examination and dental hygiene diagnosis on permanent dentition, recording medical and dental history, charting, treatment planning and case presentation, including above description as per 00100.

00114 Dental Hygiene Examination (Assessment): Complete: Edentulous (maxilla and mandible)

Full mouth dental hygiene examination and dental hygiene diagnosis of edentulous arches, recording medical and dental history, charting, treatment planning and case presentation, including above description as per 00100.

00115 Dental Hygiene Examination (Assessment): Complete: Periodontal

Full mouth dental hygiene examination and dental hygiene diagnosis (with emphasis on periodontal issues), recording medical and dental history, charting, treatment planning and case presentation, including above description as per 00100.

00116 Case Presentation/Treatment Planning

This service is for extra time spent on unusually complicated cases, for occasions when the client demands unusual time in explanation or for when diagnostic material is received from another source. Usual case presentation time and usual treatment planning time are implicit in the examination and diagnosis fee and in the radiographic interpretation fee.

## 00120 DENTAL HYGIENE EXAMINATION AND DIAGNOSIS (ASSESSMENT)

Reassessment/recall	00121	35.20
Emergency	00123	43.01
Periodontal limited	00124	35.20
Specific	00125	49.31
Limited, New Client	00126	49.31

### Notes:

#### 00121 Dental Hygiene Examination (Assessment): Reassessment/Recall (Previous Client)

Review and updating of all previously collected assessment data, analysis of revised assessment data, evaluation of previous interventions, modification of intervention plans and programs based on outcome measures, changing needs and new information, and case presentation. Update of services listed in 00100.

#### 00123 Dental Hygiene Examination (Assessment): Emergency

Dental hygiene examination and dental hygiene diagnosis under emergency conditions for the investigation of discomfort and/or infection in a localized area.

#### 00124 Dental Hygiene Examination (Assessment): Periodontal, Limited, Previous Client

Dental hygiene examination and dental hygiene diagnosis for the investigation of discomfort and/or infection of a specific area(s) of the periodontium.

#### 00125 Dental Hygiene Examination (Assessment): Specific

Dental hygiene examination, evaluation, and dental hygiene diagnosis of a specific oral situation (new or existing client)

#### 00126 Dental Hygiene Examination (Assessment): New Client

Dental hygiene examination, evaluation, and dental hygiene diagnosis under situations where a complete exam is not performed. May include PSR. (Not to be used in lieu of 00125 or 00121).

## 00130 FIRST DENTAL HYGIENE VISIT/ORIENTATION

First dental hygiene visit/orientation	00131	33.13
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### Notes:

Oral assessment for clients up to the age of 3 years inclusive. Assessment to include family dental history, dietary/feeding practices, oral habits, oral hygiene, fluoride exposure. Anticipatory guidance with parent/guardian to be conducted.

## 00200 RADIOGRAPHS AND PHOTOGRAPHS

### Intraoral bitewing

Single image	00211	21.24
Two images	00212	29.24
Three images	00213	37.27
Four images	00214	45.32
Five images	00215	53.34
Six images	00216	58.48

### Intraoral periapical

Single image	00221	21.24
Two images	00222	29.24
Three images	99223	37.27
Four images	00224	45.32
Five images	00225	53.34
Six images	00226	58.48
Seven images	00227	64.25
Eight images	00228	69.97
Each additional image > 8	00229	5.73

### Intraoral full mouth series

Minimum of 14 images	00231	115.51
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### Panoramic

Panoramic image	00241	77.30
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### Cephalometric

One image	00251	62.51
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Two images	00259	84.86
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**Duplication of radiographs**

Single image	00261	10.32
Two images	00262	15.02
Three images	00263	19.75
Four images	00264	24.43
Five images	00265	29.13
Six images	00266	33.84
Seven images	00267	38.54
Eight images	00268	43.23
Each additional image > 8	00269	4.70

**00270 VISUAL IMAGING (PHOTOGRAPHS AND VIDEOS) EXCLUDING RADIOGRAPHS, FOR PURPOSES OF DENTAL HYGIENE DIAGNOSIS**

1 photo	00271	18.11
2 photos	00272	27.41
3 photos	00273	36.69
Video	00278	18.11
Each additional photograph >3	00279	9.30

## 00300 TESTS/ANALYSIS AND LABORATORY PROCEDURES/INTERPRETATION

Tests and laboratory procedures including, but not limited to, the evaluation and identification of mucosal changes, presence of pathogens, caries or suspected caries. (Includes interpretation of findings).

*Note: Procedure codes in this section should be used only when indicated by clinical history and after an appropriate head and neck examination have been completed. (ie. Head & neck exam, caries risk assessment, periodontal assessment).*

### Caries Susceptibility Test (technical procedure only)

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Bacteriological Test for the Determination of Dental Caries Susceptibility ( + Lab)	00311	48.97 +L
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### Periodontal disease activity

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Microbiological test for the determination of pathological agents	00321	48.97 +L
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### Cancer testing (technical procedure only)

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Cytological smear from the oral cavity	00331	49.31 +L +E
Vital Staining of Oral Mucosal Tissues	00332	49.31 +L +E

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Direct fluorescence of oral mucosal tissues: direct visualization of alterations to autofluorescence in the oral cavity	00333	37.93
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### Non-Ionizing Scanning Procedure

Procedure to detect & monitor stages throughout the caries or suspected caries process, which involves quantifying, monitoring, and recording changes in enamel, dentin and cementum. (Includes dental hygiene diagnosis and interpretation of findings).

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One unit of time	00341	50.60
Two units of time	00342	101.19
One half unit of time	00347	25.30
Each unit over two units of time	00349	50.60

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**00400 STUDY MODELS (FOR DIAGNOSTIC PURPOSES)**

Impressions of Maxilla and/or Mandible	00401	53.45 +L
Fabrication/pouring and preparing casts	00402	46.11 +L

**SECTION 2: 00500 – 00999 DENTAL HYGIENE TREATMENT AND EVALUATION****00500 PERIODONTAL TREATMENT****Debridement**

1 unit of time	00511	52.96
2 units of time	00512	105.87
3 units of time	00513	158.92
4 units of time	00514	211.95
5 units of time	00515	264.92
6 units of time	00516	323.17
½ unit of time	00517	26.50
Each additional unit of time >6	00519	52.96

**Notes:**

May include supra and/or subgingival scaling and/or subgingival deplaquing.

**Root planning**

1 unit of time	00521	52.96
2 units of time	00522	105.87
3 units of time	00523	158.95
4 units of time	00524	211.95
5 units of time	00525	264.92
6 units of time	00526	323.18
½ unit of time	00527	26.50
Each additional unit of time >6	00529	52.96

**Notes:**

The definitive instrumentation of the root surface resulting in the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. The objective is to remove these contaminants while preserving the integrity of the root structure.

**Stain removal**

1 unit of time	00531	41.31
2 units of time	00532	83.90
½ unit of time	00537	20.65
Each additional unit of time >2	00539	41.31

**Notes:**

May include manual or mechanical methods, prophylaxis, ultrasonic, etc.

**Subgingival periodontal irrigation**

1 unit of time	00541	63.31
½ unit of time	00547	31.64
Each additional unit of time	00549	63.31

**Notes:**

Targeted lavage and subgingival delivery of a chemotherapeutic agent into a periodontal pocket.

**Management of oral mucosal disorders**

1 unit of time	00551	90.34
2 units of time	00552	180.66
3 units of time	00553	250.16
4 units of time	00554	333.53
½ unit of time	00557	54.19
Each additional unit of time >4	00559	84.78

**Notes:**

Includes education and counselling for disorders such as lichen planus, aphthous stomatis.

**00560 Management of Oral Manifestations of Systemic Disease**

1 unit of time	00561	48.52
2 units of time	00562	97.01
3 units of time	00563	145.52
4 units of time	00564	194.05
½ unit of time	00567	24.24
Each additional unit of time >4	00569	48.52

**Notes:**

Includes education and counselling for oral manifestations of systemic diseases, such as diabetes and lupus erythematosus, or for complications arising from chemotherapy or radiation therapy, such as upper respiratory infections and pernicious anemia.

**00570 Gingival Curettage**

One sextant	00571	35.57
Two sextants	00572	71.12
Three sextants	00573	106.70
Four sextants	00574	142.26
Five sextants	00575	177.83
Six sextants	00576	213.40

**Notes:**

Intentional removal of inflamed soft tissue that lines the wall of a pocket in conjunction with subgingival instrumentation—non surgical.

**00580 Chemotherapeutic/Photodisinfection Therapy**

1 unit of time	00581	IC +E
½ unit of time	00582	IC +E
Each additional unit of time	00583	IC +E

**Notes:**

Site specific delivery of a medication or photodisinfection therapy used to control periodontal infection.

## 00600 ADDITIONAL ORAL HEALTH SERVICES

### Sealants

1 <sup>st</sup> tooth in quadrant	00602	32.11
Each additional tooth in quadrant	00603	16.06

#### Notes:

Tooth number must be indicated on claim form.

### Application of anticariogenics/antimicrobial agents

1 unit of time	00606	50.91 +E
½ unit of time	00607	25.44 +E
Each additional unit of time	00609	50.91 +E

#### Notes:

Applied to hard tissue to suppress caries or to destroy or hinder the growth of microorganisms.

### Fluoride applications

Fluoride Treatment – Topical - Varnish	00611	30.12
Supervised, self-administered, in office	00612	28.54
Home – custom maxillary arch	00613	67.96 +L
Home – custom mandibular arch	00614	67.96 +L
Home – custom combined	00615	72.11 +L
Fluoride Treatment – Topical – All other products applied in office	00616	30.12

### Finishing restoration

May include polishing/finishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. Note: Not to be used at the initial placement of restoration.

1 unit of time	00621	49.08
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2 units of time	00622	98.18
3 units of time	00623	147.25
4 units of time	00624	196.37
½ unit of time	00627	24.54
Each additional unit of time >4	00629	49.08

Notes:

May include polishing/finishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc.

**Fabrication of sports guards**

Preformed – maxillary arch	00631	46.22
Preformed – mandibular arch	00632	46.22
Preformed – maxillary & mandibular arches	00633	92.44
Custom – maxillary arch	00634	73.40 +L
Custom – mandibular arch	00635	73.40 +L
Custom – maxillary & mandibular arch	00636	146.81

Notes:

May include the taking of impressions and the preparation of study models for the purpose of fabricating a mouth guard and subsequent insertion, fitting and education/instruction.

**Labeling removal prosthesis**

Labeling removable prosthesis	00638	40.31
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**Desensitization of teeth**

1 unit of time	00641	59.12
2 units of time	00642	118.14
½ unit of time	00647	29.54
Each additional unit of time >2	00649	59.08

Notes:

May involve the application of chemotherapeutic agents or the use of a variety of therapeutic procedures. More than one appointment or application may be necessary.

#### **Whitening of vital teeth in office**

1 unit of time	00651	84.78
2 units of time	00652	169.55
3 units of time	00653	254.70
½ unit of time	00657	55.60
Each additional unit of time >3	00659	84.78

#### **Whitening of vital teeth at home**

Maxillary arch	00661	IC +LE
Mandibular arch	00662	IC +LE
Maxillary and mandibular arch	00663	IC +LE

Notes:

Includes the fabrication of bleaching trays, product system for home use and follow-up care.

#### **00665 Placement of Preventive, Therapeutic and/or Temporary Restorations**

First Tooth, IST: Removal of soft debris (plaque and/or food particles) from the lesion and placement of fluoride-releasing material, such as glass ionomer cement	00666	105.28
Each additional tooth in the same quadrant – all procedures	00667	87.85
First Tooth, All other preventive, therapeutic and/or temporary restorations	00669	105.28

Notes:

Tooth number must be indicated on the claim form.

#### **000675 Resin Infiltration**

One Surface	00676	64.90
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Each additional surface over one	00677	33.71
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Placement of an infiltrating resin material for the purpose of filling the sub-surface porosity of an incipient, non-cavitated lesion for the purpose of strengthening, stabilizing and/or limiting the progression of the lesion

**Pulp vitality testing**

1 unit of time	00681	67.43
2 unit of time	00682	33.71
Each additional unit of time	00689	67.49

**Dentures/removable oral prosthesis, debridement and stain removal**

1 unit of time	00691	83.38 +L
½ unit of time	00697	51.41 +L
Each additional unit of time	00699	83.38 +L

Notes:

Including implant retained.

**00700 ORAL PAIN MANAGEMENT**

**Electronic dental anaesthesia**

1 unit of time	00711	48.65
2 units of time	00712	91.74
3 units of time	00713	134.82
4 units of time	00714	178.05
½ unit of time	00717	34.74
Each additional unit of time >4	00719	48.65

Notes:

Not to be used in conjunction with treatment procedures.

**Local anaesthesia**

Regional block	00721	26.50
Trigeminal division block	00722	26.50
Supraperiosteal infiltration	00723	26.50

Notes:

Not to be used in conjunction with treatment procedures.

**Acupuncture**

1 unit of time	00731	48.00
2 units of time	00732	52.80
3 units of time	00733	57.59
4 units of time	00734	62.39
½ unit of time	00737	24.00
Each additional unit of time >4	00739	48.00

**Nitrous oxide oxygen, conscious sedation**

1 unit of time	00741	62.60
2 units of time	00742	94.05
3 units of time	00743	125.47
4 units of time	00744	156.89
½ unit of time	00747	31.32
Each additional unit of time >4	00749	31.42

**00800 EDUCATION AND HABIT MODIFICATION****Counselling for diet as related to oral health**

1 unit of time	00811	37.51
2 units of time	00812	75.02

3 units of time	00813	112.51
4 units of time	00814	150.02
½ unit of time	00817	18.75
Each additional unit of time >4	00819	37.51

Notes:

Includes recording and analysis of dietary intake and consultation.

**Counselling for tobacco use cessation**

1 unit of time	00821	37.51
2 units of time	00822	75.02
3 units of time	00823	112.51
4 units of time	00824	150.02
½ unit of time	00827	18.75
Each additional unit of time >4	00829	37.51

**Counselling for oral self-examination**

1 unit of time	00831	37.51
2 units of time	00832	75.02
3 units of time	00833	112.51
4 units of time	00834	150.01
½ unit of time	00837	18.75
Each additional unit of time >4	00839	37.51

Notes:

Client–dental hygienist interaction to provide detailed instructions on self-examination techniques that allow the client to monitor changes in his or her extra or intraoral condition.

**Instruction in oral self care**

1 unit of time	00841	37.51
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2 units of time	00842	75.02
3 units of time	00843	112.51
4 units of time	00844	150.01
½ unit of time	00847	18.75
Each additional unit of time >4	00849	37.51

**Notes:**

Individual instruction (one instructor to one client and/or caregiver) that may include, but is not limited to, brushing and/or flossing and/or embrasure cleaning.

**Group presentations:** Note, this is not an insurance billable service.

1 unit of time	00851	IC
2 units of time	00852	IC
3 units of time	00853	IC
4 units of time	00854	IC
½ unit of time	00857	IC
Each additional unit of time >4	00859	IC

**00900 PERIODONTAL OUTCOME EVALUATION**

**Notes:**

The reassessment of periodontal health as a follow up to ongoing dental hygiene care/therapy. May include evaluation of conditions such as NUG, post surgery sites, etc.

**Evaluation of dental hygiene care/therapy**

1 unit of time	00911	47.26
2 units of time	00912	83.38
½ unit of time	00917	27.79
Each additional unit of time >2	00919	47.26

**Professional communications / Treatment Planning (client, family, and members of the health care team)**

1 unit of time	00921	IC+E
2 units of time	00922	IC+E
½ unit of time	00927	IC+E
Each additional unit of time >2	00929	IC+E

**Notes:**

May include family members, institution and/or other members of health care team. Only to be used in particularly complex or time intensive cases.

**Mobile dental hygiene services**

Home visit (scheduled, non-emergency)	00951	82.57
Institutional visit (scheduled, non-emergency)	00952	82.57
Emergency home visit (non-scheduled)	00953	82.57
Emergency institutional visit (non-scheduled)	00954	87.75

**Notes:**

May include, but is not limited to, mobile dental hygiene services being delivered to a single client in their primary place of residence (e.g. private home or care facility) in addition to procedures performed.

**00960 MANAGEMENT OF EXCEPTIONAL CLIENT**

1 unit of time	00961	41.74
2 units of time	00962	155.58
3 units of time	00963	233.36
4 units of time	00964	311.13
Each additional unit of time over four	00969	77.79

**Notes:**

These codes take into consideration the extra time needed to provide dental hygiene interventions. Only to be used in particularly complex or time-intensive cases.

**Missed or cancelled appointments**

In Office or Virtual Appointment, with insufficient notice	00981	30.05
Mobile Appointment, with insufficient notice	00982	30.05

**00970 CONSULTATION WITH CLIENT**

1 unit of time	00971	77.79
2 units of time	00972	155.58
Each additional unit over two	00973	77.79

**00990 MANAGEMENT DURING A PANDEMIC OR PUBLIC HEALTH CRISIS**

Provision of enhanced personal protective materials for non-aerosol generating procedures	00993	18.03
Provision of enhanced personal protective materials for aerosol generating procedures	00994	24.04

Note: Personal Protective Equipment includes gowns, masks, hair and shoe coverings, face shields, etc

**5000-5009 OROFACIAL MYOFUNCTIONAL THERAPY**

<b>Examination and Diagnosis: Stomatognathic, Dysfunctional, Comprehensive, to include:</b> (a) Client's history, including medical, dental, pain/dysfunction (b) Clinical examination, including general appraisal, examination of head and neck, musculoskeletal system (static and functional); intraoral examination of hard and soft tissues, including OMT occlusal analysis; consultation with other health care professionals; review of previous records, including radiographs, photographs, videos, and consultations	05001	IC
<b>Examination and Diagnosis: Stomatognathic, Dysfunctional, Limited</b> Clinical examination under situations where a complete assessment is not performed	05002	IC
<b>Examination and Diagnosis: Stomatognathic Dysfunctional, Limited (audio/video)</b> Virtual clinical examination under situations where a complete assessment is not performed	05003	IC
<b>Orofacial Myofunctional Therapy Examination:</b>	05004	IC

Reassessment (Previous Client) Review and updating of previously collected assessment data; analysis of revised assessment data; modifications to orofacial myofunctional therapy plans and programs based on outcome measures, changing needs, new information, and case presentation		
<b>Orofacial Myofunctional Therapy Examination:</b> Reassessment (previous client) (Audio/video appointment). Review and updating of previously collected assessment data; analysis of revised assessment data; modifications to orofacial myofunctional therapy plans and programs based on outcome measures, changing needs, new information, and case presentation.	05005	IC

**05010 OROFACIAL MYOFUNCTIONAL THERAPY**

For neuromuscular re-education exercises that support the development of optimal structure and function of the orofacial complex to address orofacial myofunctional disorders (OMDs). OMDs include, but are not limited to, abnormal orofacial rest posture of the tongue, lips, and/or mandible; open mouth posture; atypical swallowing/forward tongue movement; inefficient/insufficient chewing; inefficient breastfeeding; noxious oral habits; orofacial and jaw parafunctions; and concomitant systemic symptoms such as sleep interruptions (snoring, sleep apnea).

First unit of time per visit	05011	77.79
Two units of time	05012	155.59
Each additional unit of time over two	05019	77.79

**05020 OROFACIAL MYOFUNCTIONAL THERAPY (AUDIO/VIDEO)**

For virtual neuromuscular re-education exercises that support the development of optimal structure and function of the orofacial complex addressing orofacial myofunctional disorders (OMDs). OMDs include, but are not limited to, abnormal orofacial rest posture of the tongue, lips, and/or mandible; open mouth posture; atypical swallowing/forward tongue movement; inefficient/insufficient chewing; inefficient breastfeeding; noxious oral habits; orofacial and jaw parafunctions; and concomitant systemic symptoms such as sleep interruptions (snoring, sleep apnea).

First unit of time per visit	05021	77.79
Two units of time	05022	155.59
Each additional unit of time over two	05029	77.79

**05090 POSTAGE COSTS FOR SHIPPING OROFACIAL MYOFUNCTIONAL THERAPY RELATED MATERIALS**

Flat Rate	05090	18.03
Material Expense (includes cost of therapy kits)	05091	IC

**5300 COUNSELLING FOR TOBACCO USE CESSATION (AUDIO/VIDEO APPOINTMENT)**

One unit of time	05301	77.79
Two units of time	05302	155.58
Three units of time	05303	233.38
Four units of time	05304	311.18
One-half unit of time	05307	38.90
Each additional unit of time over four	05309	77.79

**5310 COUNSELLING FOR ORAL SELF-EXAMINATION (AUDIO/VIDEO APPOINTMENT)**

Client-dental hygienists' virtual interaction to provide detailed instructions on self-examination techniques that allow the client to monitor changes in his or her extra-or intraoral condition.

One unit of time	05311	77.79
Two units of time	05312	155.58
Three units of time	05313	233.38
Four units of time	05314	311.18
One-half unit of time	05317	38.90
Each additional unit of time over four	05319	77.79

**5320 INSTRUCTION ON ORAL SELF-CARE (AUDIO/VIDEO APPOINTMENT)**

Individual virtual instruction (one instructor to one client and/or caregiver) that may include, but is not limited to, brushing and/or flossing and/or embrasure cleaning.

One unit of time	05321	77.79
Two units of time	05322	155.58
Each additional unit of time over two	05329	77.79



**05330 GROUP PRESENTATIONS (AUDIO/VIDEO APPOINTMENT)**

Note – This is not an insurance billable service

One unit of time	05331	77.79
Two units of time	05332	155.58
Three units of time	05333	233.38
Four units of time	05334	311.18
One-half unit of time	05337	38.90
Each additional unit of time over four	05339	77.79

**05340 CASE PREDATION/TREATMENT PLANNING (INDIVIDUAL CLIENT) (AUDIO/VIDEO APPOINTMENT)**

This service is for extra time spent on unusually complicated cases, for occasions when the client demands unusual time in explanation or for when diagnostic material is received from another source. Usual case presentation time and usual treatment planning time are implicit in the examination and diagnosis fee and in the radiographic interpretation fee.

One unit of time	05341	77.79
Two units of time	05342	155.58
Three units of time	05343	233.38
Each additional unit of time over three	05349	77.79

**05350 CASE PRESENTATION/TREATMENT PLANNING (Client, Family, and Members of the Health Care Team) (audio/video appointment)**

May include family members, institutions and/or other members of the health care team. Only to be used in particularly complex or time-intensive cases.

One unit of time	05351	77.79
Two units of time	05352	155.58
One-half unit of time	05357	38.09
Each additional unit of time over two	05359	77.79

**05360 MANAGEMENT OF ORAL MUCOSAL DISORDERS (audio/video appointment)**

Includes virtual education and counselling for disorders such as lichen planus or aphthous stomatitis.

One unit of time	05361	77.79
Two units of time	05362	155.58
One-half unit of time	05367	38.90
Each additional unit of time over two	05359	77.79

**05370 MANAGEMENT OF ORAL MANIFESTATIONS OF SYSTEMIC DISEASE (audio/video appointment)**

Includes virtual education and counselling for oral manifestations of system diseases such as diabetes and lupus erythematosus, or for complications arising from chemotherapy or radiation therapy, such as upper respiratory infections and pernicious anemia.

One unit of time	05371	77.79
Two units of time	05372	155.58
One-half unit of time	05377	38.90
Each additional unit of time over two	05379	77.79

**05380 DENTAL HYGIENE EXAMINATION**

Emergency: Virtual dental hygiene examination and dental hygiene diagnosis under emergency conditions for the investigation of discomfort and/or infection in a localized area.	05380	81.48
Specific: Virtual dental hygiene examination, evaluation, and dental hygiene diagnoses of a specific oral situation (new or existing client)	05381	81.48

**05461 PRESCRIPTION, EMERGENCY DRUGS**

e.g. For a Periodontal Abscess	05461	43.41
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**05463 DISPENSING, NON-EMERGENCY DRUGS**

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e.g. Fluoride, Vitamins, Other Drugs/Medication

05463

43.41

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