

# **mdha**

# **Dental Hygiene Services Fee Guide**

**2025**

**Prepared by:**



**Manitoba Dental  
Hygienists Association**

**1079 Wellington Ave, Winnipeg, MB R3E 3E8**

# Manitoba Dental Hygienists Association

## 2025 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.*

This guide is created for the use of members of the (MDHA). Other hygienists or organizations wishing to use the information in this document may only do so with written permission from the MDHA.

All Rights Reserved. No part of this publication may be reproduced in whole or in part or by any means now or later developed, or copied, fixed, stored or recorded in any material form or in any manner including by any electronic, mechanical or other means, or in or into any information storage and retrieval system, or used in any database or machine-readable form or to create any work that is based upon or derived from any part of the publication, without the prior written permission of the MDHA.

### 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.**
- 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
- 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
- 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

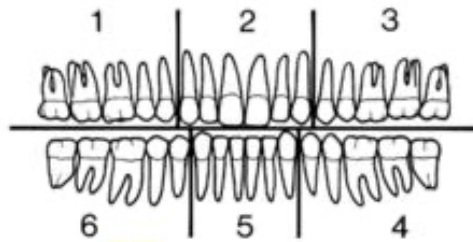
**Sextant 2:** tooth numbers 13–23

**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	45.16
Mixed	00112	67.73
Permanent	00113	114.48
Edentulous	00114	51.79
Periodontal	00115	55.49
Case Presentation/Treatment Planning	00116	45.16

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	36.96
Emergency	00123	45.16
Periodontal limited	00124	36.96
Specific	00125	51.78
Limited, New Client	00126	51.78

### 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	34.79
--	-------	-------

### 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	22.63
Two images	00212	30.52
Three images	00213	38.41
Four images	00214	46.30
Five images	00215	54.19
Six images	00216	59.48

### Intraoral periapical

Single image	00221	22.63
Two images	00222	30.52
Three images	99223	38.41
Four images	00224	46.30
Five images	00225	54.19
Six images	00226	59.48
Seven images	00227	64.77
Eight images	00228	70.08
Each additional image > 8	00229	5.73

### Intraoral full mouth series

Minimum of 14 images	00231	121.28
----------------------	-------	--------

### Panoramic

Panoramic image	00241	79.32
-----------------	-------	-------

### Cephalometric

One image	00251	65.63
-----------	-------	-------



Two images	00259	89.10
------------	-------	-------

**Duplication of radiographs**

Single image	00261	10.84
Two images	00262	15.77
Three images	00263	20.73
Four images	00264	25.65
Five images	00265	30.59
Six images	00266	35.54
Seven images	00267	40.47
Eight images	00268	45.39
Each additional image > 8	00269	4.93

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

1 photo	00271	19.02
2 photos	00272	28.78
3 photos	00273	38.53
Video	00278	19.02
Each additional photograph >3	00279	9.77

## 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)

---

Bacteriological Test for the Determination of Dental Caries Susceptibility ( + Lab)	00311	51.42 +L
---	-------	----------

---

### Periodontal disease activity

---

Microbiological test for the determination of pathological agents	00321	51.42 +L
---	-------	----------

---

### Cancer testing (technical procedure only)

---

Cytological smear from the oral cavity	00331	51.78 +L +E
Vital Staining of Oral Mucosal Tissues	00332	51.78 +L +E

---

Direct fluorescence of oral mucosal tissues: direct visualization of alterations to autofluorescence in the oral cavity	00333	39.83
---	-------	-------

---

### 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).

---

One unit of time	00341	53.13
Two units of time	00342	106.25
One half unit of time	00347	26.56
Each unit over two units of time	00349	53.13

---

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

Impressions of Maxilla and/or Mandible	00401	56.12 +L
Fabrication/pouring and preparing casts	00402	48.42 +L

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

1 unit of time	00511	65.60
2 units of time	00512	131.20
3 units of time	00513	196.80
4 units of time	00514	262.40
5 units of time	00515	328.00
6 units of time	00516	393.60
½ unit of time	00517	32.80
Each additional unit of time >6	00519	65.60

**Notes:**

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

**Root planning**

1 unit of time	00521	65.60
2 units of time	00522	131.20
3 units of time	00523	196.80
4 units of time	00524	262.40
5 units of time	00525	328.00
6 units of time	00526	393.60
½ unit of time	00527	32.80
Each additional unit of time >6	00529	65.60

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	50.60
2 units of time	00532	101.20
½ unit of time	00537	25.30
Each additional unit of time >2	00539	50.60

Notes:

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

**Subgingival periodontal irrigation**

1 unit of time	00541	66.48
½ unit of time	00547	33.23
Each additional unit of time	00549	66.48

Notes:

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

**Management of oral mucosal disorders**

1 unit of time	00551	94.86
2 units of time	00552	189.69
3 units of time	00553	262.67
4 units of time	00554	350.21
½ unit of time	00557	56.90
Each additional unit of time >4	00559	89.20

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	50.94
2 units of time	00562	101.86
3 units of time	00563	152.79
4 units of time	00564	203.75
½ unit of time	00567	25.45
Each additional unit of time >4	00569	50.94

**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	37.35
Two sextants	00572	74.68
Three sextants	00573	112.03
Four sextants	00574	149.37
Five sextants	00575	186.73
Six sextants	00576	224.07

**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	43.15
Each additional tooth in quadrant	00603	37.13

#### Notes:

Tooth number must be indicated on claim form.

### Application of anticariogenics/antimicrobial agents

1 unit of time	00606	53.45 +E
½ unit of time	00607	26.73 +E
Each additional unit of time	00609	53.45 +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	32.20
Supervised, self-administered, in office	00612	29.97
Home – custom maxillary arch	00613	71.36 +L
Home – custom mandibular arch	00614	71.36 +L
Home – custom combined	00615	75.72 +L
Fluoride Treatment – Topical – All other products applied in office	00616	25.70

### 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	51.54
----------------	-------	-------

2 units of time	00622	103.09
3 units of time	00623	154.61
4 units of time	00624	206.18
½ unit of time	00627	25.77
Each additional unit of time >4	00629	51.54

**Notes:**

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

**Fabrication of sports guards**

Preformed – maxillary arch	00631	48.53
Preformed – mandibular arch	00632	48.53
Preformed – maxillary & mandibular arches	00633	97.07
Custom – maxillary arch	00634	77.07 +L
Custom – mandibular arch	00635	77.07 +L
Custom – maxillary & mandibular arch	00636	154.16

**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	42.32
-------------------------------	-------	-------

**Desensitization of teeth**

1 unit of time	00641	60.09
2 units of time	00642	120.18
½ unit of time	00647	30.05
Each additional unit of time >2	00649	60.09

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	89.02
2 units of time	00652	178.03
3 units of time	00653	267.44
½ unit of time	00657	58.38
Each additional unit of time >3	00659	89.02

**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	110.54
Each additional tooth in the same quadrant – all procedures	00667	92.25
First Tooth, All other preventive, therapeutic and/or temporary restorations	00669	110.54

Notes:

Tooth number must be indicated on the claim form.

**000675 Resin Infiltration**

One Surface	00676	68.14
-------------	-------	-------



Each additional surface over one	00677	35.40
----------------------------------	-------	-------

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	70.81
2 unit of time	00682	141.62
½ unit of time	00687	35.41
Each additional unit of time	00689	70.81

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

1 unit of time	00691	87.55 +L
½ unit of time	00697	53.98 +L
Each additional unit of time	00699	87.55 +L

Notes:

Including implant retained.

**00700 ORAL PAIN MANAGEMENT**

**Electronic dental anaesthesia**

1 unit of time	00711	51.08
2 units of time	00712	96.32
3 units of time	00713	141.56
4 units of time	00714	186.95
½ unit of time	00717	36.48
Each additional unit of time >4	00719	51.08

Notes:

Not to be used in conjunction with treatment procedures.

**Local anaesthesia**

Regional block	00721	27.83
Trigeminal division block	00722	27.83
Supraperiosteal infiltration	00723	27.83

Notes:

Not to be used in conjunction with treatment procedures.

**Acupuncture**

1 unit of time	00731	50.40
2 units of time	00732	55.44
3 units of time	00733	60.47
4 units of time	00734	65.51
½ unit of time	00737	25.20
Each additional unit of time >4	00739	50.40

**Nitrous oxide oxygen, conscious sedation**

1 unit of time	00741	64.40
2 units of time	00742	96.72
3 units of time	00743	129.01
4 units of time	00744	161.35
½ unit of time	00747	32.20
Each additional unit of time >4	00749	64.40

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

1 unit of time	00811	39.38
2 units of time	00812	78.77

3 units of time	00813	118.14
4 units of time	00814	157.52
½ unit of time	00817	19.69
Each additional unit of time >4	00819	39.38

Notes:

Includes recording and analysis of dietary intake and consultation.

### **Counselling for tobacco use cessation**

1 unit of time	00821	39.38
2 units of time	00822	78.77
3 units of time	00823	118.14
4 units of time	00824	157.52
½ unit of time	00827	19.69
Each additional unit of time >4	00829	39.38

### **Counselling for oral self-examination**

1 unit of time	00831	39.38
2 units of time	00832	78.77
3 units of time	00833	118.14
4 units of time	00834	157.51
½ unit of time	00837	19.69
Each additional unit of time >4	00839	39.38

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	39.38
----------------	-------	-------

2 units of time	00842	78.77
3 units of time	00843	118.14
4 units of time	00844	157.51
½ unit of time	00847	19.69
Each additional unit of time >4	00849	39.38

**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	49.62
2 units of time	00912	87.55
½ unit of time	00917	29.18
Each additional unit of time >2	00919	49.62

**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	86.69
Institutional visit (scheduled, non-emergency)	00952	86.69
Emergency home visit (non-scheduled)	00953	86.69
Emergency institutional visit (non-scheduled)	00954	92.13

**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	43.83
2 units of time	00962	163.35
3 units of time	00963	245.03
4 units of time	00964	326.68
Each additional unit of time over four	00969	81.68

**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	31.55
Mobile Appointment, with insufficient notice	00982	31.55

**00970 CONSULTATION WITH CLIENT**

1 unit of time	00971	81.68
2 units of time	00972	163.37
Each additional unit over two	00973	81.68

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

Provision of enhanced personal protective materials for non-aerosol generating procedures	00993	18.93
Provision of enhanced personal protective materials for aerosol generating procedures	00994	25.24

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	81.68
Two units of time	05012	163.37
Each additional unit of time over two	05019	81.68

### 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	81.68
Two units of time	05022	163.37
Each additional unit of time over two	05029	81.68

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

Flat Rate	05090	19.88
Material Expense (includes cost of therapy kits)	05091	IC

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

One unit of time	05301	81.68
Two units of time	05302	163.35
Three units of time	05303	245.05
Four units of time	05304	326.74
One-half unit of time	05307	40.85
Each additional unit of time over four	05309	81.68

**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	81.68
Two units of time	05312	163.35
Three units of time	05313	245.05
Four units of time	05314	326.74
One-half unit of time	05317	40.85
Each additional unit of time over four	05319	81.68

**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	81.68
Two units of time	05322	163.35
Each additional unit of time over two	05329	81.68



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

Note – This is not an insurance billable service

One unit of time	05331	81.68
Two units of time	05332	163.35
Three units of time	05333	245.05
Four units of time	05334	326.74
One-half unit of time	05337	40.85
Each additional unit of time over four	05339	81.68

**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	81.68
Two units of time	05342	163.35
Three units of time	05343	245.05
Each additional unit of time over three	05349	81.68

**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	81.68
Two units of time	05352	163.35
One-half unit of time	05357	40.85
Each additional unit of time over two	05359	81.68

**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	81.68
Two units of time	05362	163.35
One-half unit of time	05367	40.85
Each additional unit of time over two	05359	81.68

**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	81.68
Two units of time	05372	163.35
One-half unit of time	05377	40.85
Each additional unit of time over two	05379	81.68

**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	85.56
Specific: Virtual dental hygiene examination, evaluation, and dental hygiene diagnoses of a specific oral situation (new or existing client)	05381	85.56

**05461 PRESCRIPTION, EMERGENCY DRUGS**

e.g. For a Periodontal Abscess	05461	45.58
--------------------------------	-------	-------

**05463 DISPENSING, NON-EMERGENCY DRUGS**

---

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

05463

45.58

---