CDHA NATIONAL LIST OF SERVICE CODES

Prepared and Published by The Canadian Dental Hygienists Association

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BACKGROUND

“Dental hygienists are the only health professionals whose primary concern is the prevention of oral disease” (Health and Welfare Canada, 1988). Dental hygienists, as regulated oral health care providers, are integral members of the oral health care system. They provide preventive, educational, clinical, and therapeutic services, applying process of care methodology that includes assessment, dental hygiene diagnosis, treatment planning, treatment, and evaluation. Registered dental hygienists have a unique body of knowledge, distinct expertise, recognized standards of education and practice, and a Code of Ethics.

The Canadian Dental Hygienists Association (CDHA) is the collective national voice of more than 28,400 registered dental hygienists and provides a variety of services to its members. Its mission is as follows:

CDHA exists so that its members are able to provide quality preventive and therapeutic oral health care as well as health promotion for the Canadian public.

CDHA’s board of directors sets the strategic direction for the association, which takes the form of specific measurable outcomes called “ends.”

1. **Public Policy Environment**: Public policy environment is increasingly favourable to members’ ability to practise as primary health care providers.
2. **Public Recognition**: Members’ value is recognized by the Canadian public.
3. **Professional Practice**: Members have the resources to work independently and interprofessionally as an integral part of the health care team.
   - National Professional Standards—Members are aware of and have access to professional standards.
4. **Professional Knowledge**: Members create, contribute to, and utilize a growing body of professional knowledge and research.
   - Leadership—Members’ potential for professional leadership is developed.

CDHA plays an active role in ensuring that the public:

- Has direct access to dental hygienists of choice.
- Understands their rights as clients.
- Understands the dental hygienist’s role as primary oral healthcare provider.

The content, organization, and management of dental hygiene care is guided by the principles of accessibility for the Canadian public to comprehensive oral health care and the promotion of oral health as an integral component of general health.
Most dental hygienists in Canada are self-regulated. The regulation of dental hygiene care is the responsibility of provincial dental hygiene and territorial health regulatory authorities, as mandated by legislation. The legislative trend in health care reform in Canada reflects increased direct access by the public to dental hygiene services. The following is a link to dental hygiene regulation in Canada: http://files.cdha.ca/profession/DHP_Canada_june2016.pdf

CDHA’s National List of Service Codes is intended for use by provincial/territorial dental hygiene associations who publish suggested fees (if applicable) in their dental hygiene service guides. In addition, this document is intended to provide third-party dental plan administrators with service code definitions that apply to the practice of dental hygiene.

Changes in legislation in most Canadian jurisdictions permit dental hygienists who practise independently or in alternative practice settings to directly charge fees for dental hygiene services. They may also submit claims, on their clients’ behalf, to third-party payers for reimbursement from dental benefit plans. Not all codes described in the National List of Service Codes are applicable to every province or territory because regulations and scope of practice differ among provinces and territories. It is the ethical, moral, and legal responsibility of dental hygienists utilizing these codes to do so in a manner not conflicting with their provincial/territorial regulations. Dental hygienists should ensure that the services they provide and for which they charge fees are included within their scope of practice. Dental hygienists with questions regarding scope of practice should contact their provincial/territorial dental hygiene regulatory authority for clarification.

BENEFIT PLAN ACCEPTANCE

Most benefit plans include dental hygienists as eligible providers. The majority also accept electronic submission of claims through CDHA-ACHDnet™. CDHA will continue to work with the benefits industry to support this process.

CODE SET REVIEW

CDHA will review and update the National List of Service Codes on an ongoing basis, making additions, deletions, and revisions as necessary. CDHA encourages input into its review from provincial and territorial dental hygiene associations and regulatory authorities, dental hygienists, benefit plan administrators, and other interested parties. Comments should be sent to the Canadian Dental Hygienists Association, 1122 Wellington Street West, Ottawa, Ontario, K1Y 2Y7 or info@cdha.ca.
GUIDELINES FOR USE

1. CDHA has organized the service codes according to the dental hygiene process of care: Assessment, Dental Hygiene Diagnosis, Treatment Planning, Treatment, and Evaluation.

2. Dental hygiene services are 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 services. These are defined as follows:
   - “Unit of time” – each unit of time is fifteen (15) minutes
   - “+ Lab” – an additional laboratory expense may be assessed
   - “+ E” – an additional fee may be added for extra expenses incurred

4. When a specific service code indicates that 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

<table>
<thead>
<tr>
<th>Permanent teeth:</th>
<th>Deciduous teeth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadrant 1 – maxillary right</td>
<td>Quadrant 5 – maxillary right</td>
</tr>
<tr>
<td>Quadrant 2 – maxillary left</td>
<td>Quadrant 6 – maxillary left</td>
</tr>
<tr>
<td>Quadrant 3 – mandibular left</td>
<td>Quadrant 7 – mandibular left</td>
</tr>
<tr>
<td>Quadrant 4 – mandibular right</td>
<td>Quadrant 8 – mandibular right</td>
</tr>
</tbody>
</table>

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


**The Reassessment/Recall Examination (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.
## Updates to the CDHA National List of Service Codes

<table>
<thead>
<tr>
<th>CODE</th>
<th>TYPE OF CHANGE</th>
<th>2012 SERVICE CODES</th>
<th>NOTE</th>
<th>2017 SERVICE CODES</th>
<th>CDA USC&amp;LS</th>
</tr>
</thead>
<tbody>
<tr>
<td>00100-00499</td>
<td>New</td>
<td>Dental Hygiene Assessment, Diagnosis and Treatment Planning</td>
<td>New code</td>
<td>Case Presentation/Treatment Planning</td>
<td></td>
</tr>
<tr>
<td>00116</td>
<td>New</td>
<td>NA</td>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>00330</td>
<td>Edit</td>
<td>Cancer Testing</td>
<td>Added &quot;Oral&quot;</td>
<td>Oral Cancer Testing</td>
<td></td>
</tr>
<tr>
<td>00331</td>
<td></td>
<td>Cytological Smear from the Oral Cavity</td>
<td></td>
<td>Cytological Smear from the Oral Cavity</td>
<td>04401-04403</td>
</tr>
<tr>
<td>00332</td>
<td></td>
<td>Vital Staining of Oral Mucosal Tissues</td>
<td></td>
<td>Vital Staining of Oral Mucosal Tissues</td>
<td></td>
</tr>
<tr>
<td>00500-00999</td>
<td>Edit</td>
<td>Dental Hygiene Treatment and Evaluation</td>
<td>Revised title and descriptor: &quot;Photodisinfection&quot;</td>
<td>Chemotherapeutic/Photodisinfection Therapy</td>
<td></td>
</tr>
<tr>
<td>00580</td>
<td></td>
<td>Application of Chemotherapeutic Agents</td>
<td></td>
<td>Site specific delivery of a medication or photodisinfection therapy used to control periodontal infection.</td>
<td></td>
</tr>
<tr>
<td>00581</td>
<td></td>
<td>One unit of time (+E)</td>
<td></td>
<td>One unit of time (+E)</td>
<td>43521-43529</td>
</tr>
<tr>
<td>00582</td>
<td></td>
<td>One-half unit of time (+E)</td>
<td></td>
<td>One-half unit of time (+E)</td>
<td></td>
</tr>
<tr>
<td>00583</td>
<td></td>
<td>Each additional unit over one (+E)</td>
<td></td>
<td>Each additional unit of time over one (+E)</td>
<td></td>
</tr>
<tr>
<td>CODE</td>
<td>TYPE OF CHANGE</td>
<td>2012 SERVICE CODES</td>
<td>NOTE</td>
<td>2017 SERVICE CODES</td>
<td>CDA USC&amp;LS</td>
</tr>
<tr>
<td>--------</td>
<td>----------------</td>
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<td>------</td>
<td>--------------------</td>
<td>------------</td>
</tr>
<tr>
<td>00500-00999</td>
<td>Dental Hygiene Treatment and Evaluation</td>
<td>00610</td>
<td>Edit</td>
<td>Fluoride Applications, Fluoride Applications - In Office</td>
<td>00611</td>
</tr>
</tbody>
</table>
|        |                | 00611 | Edit | Fluoride Treatment - topical application | 00611 | Fluoride Treatment - Topical - Varnish
For all other fluoride products applied in office see code 00616 below |
|        |                | 00612 | No change | Fluoride Treatment supervised, self-administered | 00612 | Fluoride Treatment - Supervised, self-administered |
|        |                | 00613 | New code | Fluoride, Custom Appliances - Home Application | 00613 | Fluoride, Custom Appliances - Home Application |
|        |                | 00614 | New code | Fluoride, Custom Appliances - Mandibular Arch (+ Lab) (+E) | 00614 | Fluoride, Custom Appliances - Mandibular Arch (+ Lab) (+E) |
|        |                | 00615 | New code | Fluoride, Custom Appliances - Maxillary + Mandibular Combined (+ Lab) (+E) | 00615 | Fluoride, Custom Appliances - Maxillary + Mandibular Combined (+ Lab) (+E) |
|        |                | 00616 | New code | Fluoride Treatment - Topical - All Other Products Applied In Office | 00616 | Fluoride Treatment - Topical - All Other Products Applied In Office |
|        |                | 00665 | Edit | Placement of Temporary Restoration | 00666 | 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 | New | First Tooth
ART: Removal of carious tooth tissues using hand instruments and placement of an adhesive restorative material, preferably a fluoride-releasing material, such as glass ionomer cement |
|        |                | 00667 | New | First Tooth
All other preventive, therapeutic and/or temporary restorations |
|        |                | NA | New code | Placement of Preventive, Therapeutic and/or Temporary Restorations
Preventive, therapeutic and/or temporary interventions that include minimally invasive procedures such as interim stabilization therapy (IST) and atraumatic restorative treatment (ART). |
|        |                | NA | Revised Title and Description | Tooth number must be indicated on the claim form. |
|        |                | NA | Revised description | Tooth number must be indicated on claim form. |
|        |                | 00666 | Edit | 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 |
|        |                | 00667 | Edit | Each additional tooth in the same quadrant
Added "all procedures" |
|        |                | 00668 | New | First Tooth
ART: Removal of carious tooth tissues using hand instruments and placement of an adhesive restorative material, preferably a fluoride-releasing material, such as glass ionomer cement |
|        |                | 00669 | New | First Tooth
All other preventive, therapeutic and/or temporary restorations |
<table>
<thead>
<tr>
<th>CODE</th>
<th>TYPE OF CHANGE</th>
<th>2012 SERVICE CODES</th>
<th>NOTE</th>
<th>2017 SERVICE CODES</th>
<th>CDA USC&amp;LS</th>
</tr>
</thead>
<tbody>
<tr>
<td>00860</td>
<td>Edit</td>
<td>Oral Myofunctional Therapy</td>
<td>Revised Title</td>
<td>Orofacial Myofunctional Therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>For the correction of oral</td>
<td></td>
<td>For evaluation and neuromuscular re-education to</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>habits such as mouthbreathing</td>
<td></td>
<td>optimize the muscles and the function of the orofacial</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>and abnormal swallowing</td>
<td></td>
<td>complex to treat or manage orofacial myofunctional</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>and tongue thrust</td>
<td></td>
<td>disorders (OMDs). OMDs include, but are not limited to,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>abnormal orofacial rest posture (of the tongue, lips</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>and/or mandible), open mouth posture, atypical</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>swallowing, inefficient/insufficient chewing,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>inefficient breast feeding, noxious oral habits, &quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>tongue thrust,&quot; orofacial and jaw parafunctions,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>snoring, and sleep apnea.</td>
<td></td>
</tr>
<tr>
<td>No change</td>
<td>00861 First</td>
<td>One unit of time per visit</td>
<td>No change</td>
<td>00861 First unit of time per visit</td>
<td>14311</td>
</tr>
<tr>
<td></td>
<td>unit of time</td>
<td></td>
<td></td>
<td>00862 Two units</td>
<td>14312</td>
</tr>
<tr>
<td></td>
<td></td>
<td>two units</td>
<td></td>
<td>00869 Each additional unit of time over two</td>
<td>14319</td>
</tr>
<tr>
<td>00910</td>
<td>Edit</td>
<td>Evaluation of Dental Hygiene</td>
<td>Revised Title</td>
<td>Evaluation/Re-evaluation of Dental Hygiene Care/Therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Care/Therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No change</td>
<td>00911 One unit</td>
<td>One unit of time</td>
<td>No change</td>
<td>00911 One unit of time</td>
<td>49101</td>
</tr>
<tr>
<td></td>
<td>unit of time</td>
<td></td>
<td></td>
<td>00912 Two units</td>
<td>49102</td>
</tr>
<tr>
<td></td>
<td></td>
<td>two units</td>
<td></td>
<td>00917 One-half unit of time</td>
<td>49103</td>
</tr>
<tr>
<td></td>
<td></td>
<td>One-half unit of time</td>
<td></td>
<td>00919 Each additional unit over two</td>
<td>49109</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Each additional unit over</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>two</td>
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</tr>
</tbody>
</table>
00100 COMPLETE DENTAL HYGIENE EXAMINATION AND DIAGNOSIS

Includes:

a) History: personal, medical, dental, oral health risk factors.

b) Vital signs: may include blood pressure, pulse, temperature.

c) Extraoral examination of the head and neck, including temporomandibular joint, lymph nodes, symmetry, and skin lesions.

d) Intraoral examination of the lips, oral mucosa, frena, hard and soft palate, tonsillar pillars, oropharynx, tongue, floor of the mouth, salivary flow, and assessment of edentulous arches.

e) Dental hygiene examination: 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 examination may also include collaboration and/or referral with an oral health care provider.

f) Periodontal assessment: 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: oral hygiene and possibly microbiological assessment, review of 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 code from section 00100 at the same visit (i.e., cannot use both 00113 and 00115).
00111  **Dental Hygiene Examination: Complete, Primary Dentition to include:**

a) 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: Complete, Mixed Dentition to include:**

a) 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.

b) Eruption sequence, tooth size-jaw size assessment.

00113  **Dental Hygiene Examination: Complete, Permanent Dentition to include:**

a) 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: Complete, Edentulous (maxilla and mandible)**

a) 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: Complete, Periodontal**

a) 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.

00116  One unit of time

00117  Two units of time

00118  Three units of time

00119  Each additional unit of time over three
00120  LIMITED DENTAL HYGIENE EXAMINATION AND DIAGNOSIS

00121  Dental Hygiene Examination: 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.

00122  Dental Hygiene Examination: Specific and/or Limited
Dental hygiene examination, evaluation, and dental hygiene diagnosis of a specific oral situation or a dental hygiene examination and dental hygiene diagnosis under compromised situations (e.g., where a complete exam could not be performed due to extenuating or challenging circumstances).

00123  Dental Hygiene Examination: 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: Periodontal, Limited, Previous Client
Dental hygiene examination and dental hygiene diagnosis for the investigation of discomfort and/or infection of specific area(s) of the periodontium.

00130  FIRST DENTAL HYGIENE VISIT/ORIENTATION
Oral assessment for clients up to the age of 3 years inclusive. Assessment to include: familial dental history; dietary/feeding practices; oral habits; oral hygiene; fluoride exposure. Anticipatory guidance with parent/guardian to be conducted.

00131  First dental hygiene visit/orientation

00200  RADIOGRAPHS AND PHOTOGRAPHS, INCLUDING INTERPRETATION FOR PURPOSES OF DENTAL HYGIENE DIAGNOSIS

00210  Intraoral, Bitewing
00211  Single film
00212  Two films
00213  Three films
00214  Four films
00215  Five films
00216  Six films
### CDHA NATIONAL LIST OF SERVICE CODES

#### 2017 Edition

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00220</td>
<td><strong>Intraoral, Periapical</strong></td>
</tr>
<tr>
<td>00221</td>
<td>Single film</td>
</tr>
<tr>
<td>00222</td>
<td>Two films</td>
</tr>
<tr>
<td>00223</td>
<td>Three films</td>
</tr>
<tr>
<td>00224</td>
<td>Four films</td>
</tr>
<tr>
<td>00225</td>
<td>Five films</td>
</tr>
<tr>
<td>00226</td>
<td>Six films</td>
</tr>
<tr>
<td>00227</td>
<td>Seven films</td>
</tr>
<tr>
<td>00228</td>
<td>Eight films</td>
</tr>
<tr>
<td>00229</td>
<td>Each additional film over eight</td>
</tr>
<tr>
<td>00230</td>
<td><strong>Intraoral, Full Mouth Series</strong></td>
</tr>
<tr>
<td>00231</td>
<td>Minimum of 14 films</td>
</tr>
<tr>
<td>00240</td>
<td><strong>Panoramic</strong></td>
</tr>
<tr>
<td>00241</td>
<td>One film</td>
</tr>
<tr>
<td>00250</td>
<td><strong>Cephalometric</strong></td>
</tr>
<tr>
<td>00251</td>
<td>One film</td>
</tr>
<tr>
<td>00259</td>
<td>Each additional film over one</td>
</tr>
<tr>
<td>00260</td>
<td><strong>Duplication of Radiographs</strong></td>
</tr>
<tr>
<td>00261</td>
<td>One film</td>
</tr>
<tr>
<td>00262</td>
<td>Two films</td>
</tr>
<tr>
<td>00263</td>
<td>Three films</td>
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<td>00264</td>
<td>Four films</td>
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<td>Seven films</td>
</tr>
<tr>
<td>00268</td>
<td>Eight films</td>
</tr>
<tr>
<td>00269</td>
<td>Each additional film over eight</td>
</tr>
<tr>
<td>00270</td>
<td><strong>PHOTOGRAPHS FOR PURPOSES OF DENTAL HYGIENE DIAGNOSIS</strong></td>
</tr>
<tr>
<td>00271</td>
<td>One photo</td>
</tr>
<tr>
<td>00272</td>
<td>Two photos</td>
</tr>
<tr>
<td>00273</td>
<td>Three photos</td>
</tr>
<tr>
<td>00279</td>
<td>Each additional photo over three</td>
</tr>
</tbody>
</table>
### 00300 MICROBIOLOGICAL AND HISTOLOGICAL TESTS

Tests for microscopic evaluation of oral mucosa, identification of mucosal changes, and/or presence of pathogens. *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.*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00310</td>
<td>Caries Susceptibility Test (Technical procedure only)</td>
</tr>
<tr>
<td>00311</td>
<td>Bacteriological Test for the Determination of Dental Caries Susceptibility (+ Lab)</td>
</tr>
<tr>
<td>00320</td>
<td>Periodontal Disease Activity Test</td>
</tr>
<tr>
<td>00321</td>
<td>Microbiological Test for the Determination of Pathological Agents (or enzyme, immunological) (+ Lab)</td>
</tr>
<tr>
<td>00330</td>
<td>Oral Cancer Testing (Technical procedure only)</td>
</tr>
<tr>
<td>00331</td>
<td>Cytological Smear from the Oral Cavity</td>
</tr>
<tr>
<td>00332</td>
<td>Vital Staining of Oral Mucosal Tissues</td>
</tr>
<tr>
<td>00333</td>
<td>Direct Fluorescence of Oral Mucosal Tissues: direct visualization of alterations to autofluorescence in the oral cavity</td>
</tr>
</tbody>
</table>

### 00400 STUDY MODELS (FOR DIAGNOSTIC PURPOSES)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00401</td>
<td>Impressions of Maxilla and/or Mandible</td>
</tr>
<tr>
<td>00402</td>
<td>Fabrication/Pouring and Preparing Casts (+ Lab)</td>
</tr>
</tbody>
</table>

### 00500 - 00999 DENTAL HYGIENE TREATMENT AND EVALUATION

Each unit of time is 15 minutes.

### 00500 PERIODONTAL TREATMENT

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00510</td>
<td>Debridement</td>
</tr>
<tr>
<td>00511</td>
<td>One unit of time</td>
</tr>
<tr>
<td>00512</td>
<td>Two units of time</td>
</tr>
<tr>
<td>00513</td>
<td>Three units of time</td>
</tr>
<tr>
<td>00514</td>
<td>Four units of time</td>
</tr>
<tr>
<td>00515</td>
<td>Five units of time</td>
</tr>
<tr>
<td>00516</td>
<td>Six units of time</td>
</tr>
<tr>
<td>00517</td>
<td>One-half unit of time</td>
</tr>
<tr>
<td>00519</td>
<td>Each additional unit of time over six</td>
</tr>
</tbody>
</table>
00520 Root Planing
The definitive instrumentation of the root surface resulting in the removal of cementum and dentin that are 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.
00521 One unit of time
00522 Two units of time
00523 Three units of time
00524 Four units of time
00525 Five units of time
00526 Six units of time
00527 One-half unit of time
00529 Each additional unit of time over six

00530 Stain Removal
May include manual or mechanical methods, prophylaxis, ultrasonic, etc.
00531 One unit of time
00532 Two units of time
00537 One-half unit of time
00539 Each additional unit of time over two

00540 Subgingival Periodontal Irrigation
Targeted lavage and subgingival delivery of a chemotherapeutic agent into a periodontal pocket.
00541 One unit of time
00547 One-half unit of time
00549 Each additional unit of time over one

00550 Management of Oral Mucosal Disorders
Includes education and counselling for disorders such as lichen planus or aphthous stomatitis.
00551 One unit of time
00552 Two units of time
00553 Three units of time
00554 Four units of time
00557 One-half unit of time
00559 Each additional unit of time over four
00560 Management of Oral Manifestations of Systemic Disease
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.
00561 One unit of time
00562 Two units of time
00563 Three units of time
00564 Four units of time
00567 One-half unit of time
00569 Each additional unit of time over four

00570 Gingival Curettage
Intentional removal of inflamed soft tissue that lines the wall of a pocket in conjunction with subgingival instrumentation—non surgical.
00571 One sextant
00572 Two sextants
00573 Three sextants
00574 Four sextants
00575 Five sextants
00576 Six sextants

00580 Chemotherapeutic/Photodisinfection Therapy
Site specific delivery of a medication or photodisinfection therapy used to control periodontal infection.
00581 One unit of time (+E)
00582 One-half unit of time (+E)
00583 Each additional unit of time over one (+E)

00600 ADDITIONAL ORAL HEALTH SERVICES

00601 Sealants
Tooth number must be indicated on claim form.
00602 First tooth in quadrant
00603 Each additional tooth in same quadrant
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00605</td>
<td><strong>Application of Anticariogenic/Antimicrobial Agents</strong></td>
</tr>
<tr>
<td></td>
<td>Agents are applied to hard tissue to suppress caries or to destroy or hinder</td>
</tr>
<tr>
<td></td>
<td>the growth of microorganisms.</td>
</tr>
<tr>
<td>00606</td>
<td>One unit of time (+E)</td>
</tr>
<tr>
<td>00607</td>
<td>One-half unit of time (+E)</td>
</tr>
<tr>
<td>00609</td>
<td>Each additional unit of time over one (+E)</td>
</tr>
<tr>
<td>00610</td>
<td><strong>Fluoride Applications</strong></td>
</tr>
<tr>
<td></td>
<td>Fluoride Applications In Office</td>
</tr>
<tr>
<td>00611</td>
<td>Fluoride Treatment - Topical - Varnish</td>
</tr>
<tr>
<td></td>
<td>For all other fluoride products applied in office see code 00616 below</td>
</tr>
<tr>
<td>00612</td>
<td>Fluoride Treatment - Supervised, self-administered</td>
</tr>
<tr>
<td></td>
<td>Fluoride, Custom Appliances - Home Application</td>
</tr>
<tr>
<td>00613</td>
<td>Fluoride, Custom Appliance - Maxillary Arch (+ Lab) (+E)</td>
</tr>
<tr>
<td>00614</td>
<td>Fluoride, Custom Appliance - Mandibular Arch (+ Lab) (+E)</td>
</tr>
<tr>
<td>00615</td>
<td>Fluoride, Custom Appliances - Maxillary + Mandibular Combined (+ Lab) (+E)</td>
</tr>
<tr>
<td>00616</td>
<td>Fluoride Treatment - Topical - All Other Products Applied In Office</td>
</tr>
<tr>
<td>00620</td>
<td><strong>Finishing Restorations</strong></td>
</tr>
<tr>
<td></td>
<td>May include polishing/finishing, removal of overhangs, refining marginal</td>
</tr>
<tr>
<td></td>
<td>ridges and occlusal surfaces, etc.</td>
</tr>
<tr>
<td>00621</td>
<td>One unit of time</td>
</tr>
<tr>
<td>00622</td>
<td>Two units of time</td>
</tr>
<tr>
<td>00623</td>
<td>Three units of time</td>
</tr>
<tr>
<td>00624</td>
<td>Four units of time</td>
</tr>
<tr>
<td>00627</td>
<td>One-half unit of time</td>
</tr>
<tr>
<td>00629</td>
<td>Each additional unit of time over four</td>
</tr>
<tr>
<td>00630</td>
<td><strong>Fabrication of Sports Guards</strong></td>
</tr>
<tr>
<td></td>
<td>May include the taking of impressions and the preparation of cast models for</td>
</tr>
<tr>
<td></td>
<td>the purpose of fabricating a sports guard and subsequent insertion, fitting,</td>
</tr>
<tr>
<td></td>
<td>and education/instruction.</td>
</tr>
<tr>
<td>00631</td>
<td>Sports Guards, Preformed - Maxillary Arch</td>
</tr>
<tr>
<td>00632</td>
<td>Sports Guards, Preformed - Mandibular Arch</td>
</tr>
<tr>
<td>00633</td>
<td>Sports Guards, Preformed - Maxillary + Mandibular Combined</td>
</tr>
<tr>
<td>00634</td>
<td>Sports Guards, Custom - Maxillary Arch (+ Lab)</td>
</tr>
<tr>
<td>00635</td>
<td>Sports Guards, Custom - Mandibular Arch (+ Lab)</td>
</tr>
<tr>
<td>00636</td>
<td>Sports Guards, Custom - Maxillary + Mandibular Combined (+ Lab)</td>
</tr>
<tr>
<td>Code</td>
<td>Service Description</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>00638</td>
<td>Labelling of Removable Prosthesis</td>
</tr>
<tr>
<td>00640</td>
<td>Desensitization of Teeth</td>
</tr>
<tr>
<td></td>
<td>May involve the application of chemotherapeutic agents or the use of a variety of</td>
</tr>
<tr>
<td></td>
<td>therapeutic procedures. More than one appointment or application may be necessary.</td>
</tr>
<tr>
<td>00641</td>
<td>One unit of time</td>
</tr>
<tr>
<td>00642</td>
<td>Two units of time</td>
</tr>
<tr>
<td>00647</td>
<td>One-half unit of time</td>
</tr>
<tr>
<td>00649</td>
<td>Each additional unit of time over two</td>
</tr>
<tr>
<td>00650</td>
<td>Whitening of Vital Teeth in Office</td>
</tr>
<tr>
<td>00651</td>
<td>One unit of time (+E)</td>
</tr>
<tr>
<td>00652</td>
<td>Two units of time (+E)</td>
</tr>
<tr>
<td>00653</td>
<td>Three units of time (+E)</td>
</tr>
<tr>
<td>00657</td>
<td>One-half unit of time (+E)</td>
</tr>
<tr>
<td>00659</td>
<td>Each additional unit of time over three (+E)</td>
</tr>
<tr>
<td>00660</td>
<td>Whitening of Vital Teeth at Home</td>
</tr>
<tr>
<td></td>
<td>Includes the fabrication of whitening trays, product system for home use, and</td>
</tr>
<tr>
<td></td>
<td>follow-up care.</td>
</tr>
<tr>
<td>00661</td>
<td>Maxillary Arch (+ Lab/E)</td>
</tr>
<tr>
<td>00662</td>
<td>Mandibular Arch (+ Lab/E)</td>
</tr>
<tr>
<td>00663</td>
<td>Maxillary and Mandibular Arches (+ Lab/E)</td>
</tr>
<tr>
<td>00665</td>
<td>Placement of Preventive, Therapeutic and/or Temporary Restorations</td>
</tr>
<tr>
<td></td>
<td>Preventive, therapeutic and/or temporary interventions that include minimally</td>
</tr>
<tr>
<td></td>
<td>invasive procedures such as interim stabilization therapy (IST) and atraumatic</td>
</tr>
<tr>
<td></td>
<td>restorative treatment (ART).</td>
</tr>
<tr>
<td></td>
<td>Tooth number must be indicated on claim form.</td>
</tr>
<tr>
<td>00666</td>
<td>First Tooth, IST: Removal of soft debris (plaque and/or food particles) from the</td>
</tr>
<tr>
<td></td>
<td>lesion and placement of fluoride-releasing material, such as glass ionomer cement</td>
</tr>
<tr>
<td>00667</td>
<td>Each additional tooth in the same quadrant - all procedures</td>
</tr>
<tr>
<td>00668</td>
<td>First Tooth, ART: Removal of carious tooth tissues using hand instruments and</td>
</tr>
<tr>
<td></td>
<td>placement of an adhesive restorative material, preferably a fluoride-releasing</td>
</tr>
<tr>
<td></td>
<td>material, such as glass ionomer cement</td>
</tr>
<tr>
<td>00669</td>
<td>First Tooth, All other preventive, therapeutic and/or temporary restorations</td>
</tr>
</tbody>
</table>
00670  Temporary Recementation
Crows, bridges, veneers, etc., using temporary cement material.
   00671  One unit of time
   00672  Two units of time
   00679  Each additional unit of time over two

00680  Pulp Vitality Testing
   00681  One unit of time
   00682  Two units of time
   00683  Three units of time
   00689  Each additional unit of time over three

00690  Dentures/Removable Oral Prosthesis, Debridement, and Stain Removal
Including implant retained.
   00691  One unit of time
   00697  One-half unit of time
   00699  Each additional unit of time over one

00700  ORAL PAIN MANAGEMENT

00710  Electronic Dental Anesthesia
Not to be used in conjunction with treatment procedures.
   00711  One unit of time
   00712  Two units of time
   00713  Three units of time
   00714  Four units of time
   00717  One-half unit of time
   00719  Each additional unit of time over four

00720  Anesthesia, Local
Not to be used in conjunction with treatment procedures.
   00721  Regional Block
   00722  Trigeminal Division Block
   00723  Supraperiosteal Infiltration
<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00730</td>
<td>Acupuncture</td>
</tr>
<tr>
<td>00731</td>
<td>One unit of time</td>
</tr>
<tr>
<td>00732</td>
<td>Two units of time</td>
</tr>
<tr>
<td>00733</td>
<td>Three units of time</td>
</tr>
<tr>
<td>00734</td>
<td>Four units of time</td>
</tr>
<tr>
<td>00737</td>
<td>One-half unit of time</td>
</tr>
<tr>
<td>00739</td>
<td>Each additional unit of time over four</td>
</tr>
<tr>
<td>00740</td>
<td>Nitrous Oxide Oxygen Conscious Sedation</td>
</tr>
<tr>
<td>00741</td>
<td>One unit of time</td>
</tr>
<tr>
<td>00742</td>
<td>Two units of time</td>
</tr>
<tr>
<td>00743</td>
<td>Three units of time</td>
</tr>
<tr>
<td>00744</td>
<td>Four units of time</td>
</tr>
<tr>
<td>00747</td>
<td>One-half unit of time</td>
</tr>
<tr>
<td>00749</td>
<td>Each additional unit of time over four</td>
</tr>
<tr>
<td>00800</td>
<td>EDUCATION AND HABIT MODIFICATION</td>
</tr>
<tr>
<td>00810</td>
<td>Counselling for Diet as Related to Oral Health</td>
</tr>
<tr>
<td></td>
<td>Includes recording and analysis of dietary intake and consultation.</td>
</tr>
<tr>
<td>00811</td>
<td>One unit of time</td>
</tr>
<tr>
<td>00812</td>
<td>Two units of time</td>
</tr>
<tr>
<td>00813</td>
<td>Three units of time</td>
</tr>
<tr>
<td>00814</td>
<td>Four units of time</td>
</tr>
<tr>
<td>00817</td>
<td>One-half unit of time</td>
</tr>
<tr>
<td>00819</td>
<td>Each additional unit of time over four</td>
</tr>
<tr>
<td>00820</td>
<td>Counselling for Tobacco Use Cessation</td>
</tr>
<tr>
<td>00821</td>
<td>One unit of time (+E)</td>
</tr>
<tr>
<td>00822</td>
<td>Two units of time (+E)</td>
</tr>
<tr>
<td>00823</td>
<td>Three units of time (+E)</td>
</tr>
<tr>
<td>00824</td>
<td>Four units of time (+E)</td>
</tr>
<tr>
<td>00827</td>
<td>One-half unit of time (+E)</td>
</tr>
<tr>
<td>00829</td>
<td>Each additional unit of time over four (+E)</td>
</tr>
<tr>
<td>Code</td>
<td>Service Description</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>00830</td>
<td><strong>Counselling for Oral Self-Examination</strong></td>
</tr>
<tr>
<td>00831</td>
<td>One unit of time</td>
</tr>
<tr>
<td>00832</td>
<td>Two units of time</td>
</tr>
<tr>
<td>00833</td>
<td>Three units of time</td>
</tr>
<tr>
<td>00834</td>
<td>Four units of time</td>
</tr>
<tr>
<td>00837</td>
<td>One-half unit of time</td>
</tr>
<tr>
<td>00839</td>
<td>Each additional unit of time over four</td>
</tr>
<tr>
<td>00840</td>
<td><strong>Instruction in Oral Self-Care</strong></td>
</tr>
<tr>
<td>00841</td>
<td>One unit of time</td>
</tr>
<tr>
<td>00842</td>
<td>Two units of time</td>
</tr>
<tr>
<td>00843</td>
<td>Three units of time</td>
</tr>
<tr>
<td>00844</td>
<td>Four units of time</td>
</tr>
<tr>
<td>00847</td>
<td>One-half unit of time</td>
</tr>
<tr>
<td>00849</td>
<td>Each additional unit of time over four</td>
</tr>
<tr>
<td>00850</td>
<td><strong>Group Presentations</strong></td>
</tr>
<tr>
<td>00851</td>
<td>One unit of time</td>
</tr>
<tr>
<td>00852</td>
<td>Two units of time</td>
</tr>
<tr>
<td>00853</td>
<td>Three units of time</td>
</tr>
<tr>
<td>00854</td>
<td>Four units of time</td>
</tr>
<tr>
<td>00857</td>
<td>One-half unit of time</td>
</tr>
<tr>
<td>00859</td>
<td>Each additional unit of time over four</td>
</tr>
</tbody>
</table>
00860 Orofacial Myofunctional Therapy
For evaluation and neuromuscular re-education to optimize the muscles and
the function of the orofacial complex to treat or manage 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, inefficient/insufficient chewing, inefficient breast feeding, noxious
oral habits, “tongue thrust,” orofacial and jaw parafunctions, snoring, and
sleep apnea.
00861 First unit of time per visit
00862 Two units
00869 Each additional unit of time over two

00900 PERIODONTAL OUTCOME EVALUATION
The reassessment of periodontal health as a follow up to ongoing dentalhygiene
care/initial therapy. May include evaluation of conditions such as Necrotizing
Ulcerative Gingivitis (NUG), and postsurgery sites, etc.

00910 Evaluation/Re-evaluation of Dental Hygiene Care/Therapy
00911 One unit of time
00912 Two units of time
00917 One-half unit of time
00919 Each additional unit of time over two

00920 PROFESSIONAL COMMUNICATIONS/CASE PRESENTATION
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.
00921 One unit of time
00922 Two units of time
00927 One-half unit of time
00929 Each additional unit of time over two
00950  MOBILE DENTAL HYGIENE SERVICES

May include, but are 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.

00951  Home Visit (Scheduled, Non-Emergency)
00952  Institutional Visit (Scheduled, Non-Emergency)
00953  Emergency Home Visit (Non-scheduled)
00954  Emergency Institutional Visit (Non-scheduled)

00960  MANAGEMENT OF EXCEPTIONAL CLIENT

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.

00961  One unit of time
00962  Two units
00963  Three units
00964  Four units
00969  Each additional unit of time over four

00990  LABORATORY AND EXPENSE SERVICES

00991  “+Lab” Laboratory procedures
00992  “+E” Additional expense of materials
## Appendix A
### CORRESPONDING CANADIAN DENTAL ASSOCIATION (USC&LS) CODES

The following chart includes a brief description of each service code and, where applicable, the corresponding USC&LS Uniform System of Coding and List of Services

*(Not to be considered as a direct comparison - for reference only)*

<table>
<thead>
<tr>
<th>CDHA CODE</th>
<th>CDHA NATIONAL LIST OF SERVICE CODES</th>
<th>REFLECTED IN USC&amp;LS CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>00100–00499</td>
<td>Assessment, Dental Hygiene Diagnosis &amp; Treatment Planning</td>
<td></td>
</tr>
<tr>
<td><strong>00100</strong></td>
<td><strong>Complete Examination and Diagnosis</strong></td>
<td>01101</td>
</tr>
<tr>
<td>00111</td>
<td>Dental Hygiene Examination, Primary Dentition</td>
<td></td>
</tr>
<tr>
<td>00112</td>
<td>Dental Hygiene Examination, Mixed Dentition</td>
<td>01102</td>
</tr>
<tr>
<td>00113</td>
<td>Dental Hygiene Examination, Permanent Dentition</td>
<td>01103</td>
</tr>
<tr>
<td>00114</td>
<td>Dental Hygiene Examination, Edentulous (Maxilla and Mandible)</td>
<td>01701</td>
</tr>
<tr>
<td>00115</td>
<td>Dental Hygiene Examination, Periodontal</td>
<td>01501</td>
</tr>
<tr>
<td>00116-00119</td>
<td>Case Presentation/Treatment Planning</td>
<td>05101-05109</td>
</tr>
<tr>
<td><strong>00120</strong></td>
<td><strong>Limited Examination and Diagnosis</strong></td>
<td>01202</td>
</tr>
<tr>
<td>00121</td>
<td>Dental Hygiene Examination, Routine Reassessment/Recall (Previous Client)</td>
<td>01205</td>
</tr>
<tr>
<td>00122</td>
<td>Dental Hygiene Examination, Specific and/or Limited</td>
<td>01201,01204</td>
</tr>
<tr>
<td>00123</td>
<td>Dental Hygiene Examination, Emergency</td>
<td>01205</td>
</tr>
<tr>
<td>00124</td>
<td>Dental Hygiene Examination, Periodontal, Limited, Previous Client</td>
<td>01502</td>
</tr>
<tr>
<td><strong>00130</strong></td>
<td><strong>First Dental Hygiene Visit/Orientation</strong></td>
<td>00011</td>
</tr>
<tr>
<td>00131</td>
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### CDHA NATIONAL LIST OF SERVICE CODES

#### 2017 Edition

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