CDHA NATIONAL LIST OF SERVICE CODES®

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CDHA NATIONAL LIST OF SERVICE CODES

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 licensed oral health care providers are integral members of the oral health care system. They provide preventive, educational, clinical and therapeutic services, and apply a process of care 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 national professional organization that provides services to its members including continuing education, professional development and representation to various external agencies. The mission of the CDHA is as follows:
CDHA exists so that its members are able to provide quality preventative, and therapeutic oral health care as well as health promotion for all members of the Canadian public.
We take an active role in ensuring that the public:
- have direct access to dental hygienists of choice.
- understand their rights as clients.
- understand the dental hygienist's role.

The content, organization and management of dental hygiene care is guided by the principles of accessibility for all the Canadian public to comprehensive oral health care and the promotion of oral health as an integral component of general health.

Over ninety per cent of dental hygienists in Canada are self regulating. The regulation of dental hygiene care is the responsibility of provincial dental hygiene regulatory authorities, as mandated by provincial legislation. The legislative trend in healthcare reform in Canada reflects increased direct access by the public to dental hygiene services.

The CDHA National List of Service Codes described in this document is intended for use by provincial dental hygiene associations for the purpose of selecting codes they wish to incorporate into their fee guides. Assignment of suggested fees to the service codes is not the mandate of CDHA, but rather, of the provincial dental hygiene associations. This document also provides the list of service codes and their definitions for dental hygienists using the CDHA National List of Service Codes and for third party dental plan administrators.
As a result of changes in legislation in most Canadian provinces, dental hygienists working independently or in alternative practice settings directly bill their clients and/or submit claims, on their clients’ behalf, for reimbursement from dental benefit plans. Dental hygienists practising independently may refer to the appropriate provincial dental hygiene fee guide to assist in billing clients. Direct billing is not intended for use by dental hygienists employed within traditional dental offices or in provinces where direct public access to dental hygiene care has not been legislated. All codes within the National List of Codes are not necessarily applicable to every province since regulations and scope of practice differ from province to province. 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 regulations. Dental hygienists should ensure the services for which they provide and bill are included within their scope of practice. Dental hygienists with questions regarding the scope of practice should contact the provincial dental hygiene regulatory authority for clarification.

**Benefit Plan Acceptance**

Most benefit plans include dental hygienists as eligible providers. Benefit plan administrators review and adapt their current processes to accommodate dental hygiene claims on an ongoing basis. The CDHA will continue to work with the benefits industry to support this process.

**Code Set Review**

CDHA will review the national list of service codes for additions, deletions and revisions. The CDHA encourages input into its review from provincial dental hygiene associations, dental hygienists, benefit plan administrators and other interested parties. Comments should be sent to the Canadian Dental Hygienists Association, 96 Centrepointe Drive, Ottawa, Ontario K2G 6B1 info@cdha.ca.
GUIDELINES FOR USE

1. The CDHA 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

2. 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

   “+ Lab” — an additional laboratory expense may be assessed

   “ + E” — an additional fee may be added for extra expenses incurred

3. 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

<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”
Notes:

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). 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 bill 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 dental hygienists provide oral care. Additionally, the procedure code used must match the service provided.
00100 – 00499 ASSESSMENT, DENTAL HYGIENE DIAGNOSIS AND TREATMENT PLANNING

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) 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, tonsillar pillars, oropharnyx, tongue, floor of the mouth, 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, abrasion, erosion, pulp vitality, sensitivity and discomfort. The dental 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.
National List of Service Codes

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: 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.
00120 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
National List of Service Codes

00213  Three films
00214  Four films
00215  Five films
00216  Six films

00220  Intraoral, Periapical

00221  Single film
00222  Two films
00223  Three films
00224  Four films
00225  Five films
00226  Six films
00227  Seven films
00228  Eight films
00229  Each additional film over eight

00230  Intraoral, Full Mouth Series

00231  Minimum of 14 films

00240  Panoramic

00241  One film

00250  Cephalometric

00251  One film
00259  Each additional film over one

00260  Duplication of Radiographs

00261  One film
00262  Two films
00263  Three films
00264  Four films
00265  Five films
00266  Six films
00267  Seven films
00268  Eight films
00269  Each additional film over eight
00270 PHOTOGRAFP FOR PURPOSES OF DENTAL HYGIENE DIAGNOSIS

- 00271 One photo
- 00272 Two photos
- 00273 Three photos
- 00279 Each additional photo over three

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.

- 00310 Caries Susceptibility Test (Technical procedure only)

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

- 00320 Periodontal Disease Activity test

- 00321 Microbiological Test for the Determination of Pathological Agents (or enzyme, immunological) (+ Lab)

- 00330 Cancer Testing (Technical procedure only)

- 00331 Cytological Smear from the Oral Cavity

- 00332 Vital Staining of Oral Mucosal Tissues

00400 STUDY MODELS (FOR DIAGNOSTIC PURPOSES)

- 00401 Impressions of Maxilla and/or Mandible
- 00402 Fabrication/Pouring and Preparing Casts (+ Lab)
### 00500 – 00999 DENTAL HYGIENE TREATMENT AND EVALUATION

Each unit of time is 15 minutes.

#### 00500 PERIODONTAL TREATMENT

00510 Debridement

- May include supra- and/or subgingival scaling and/or subgingival deplaquing.
- 00511 One unit of time
- 00512 Two units of time
- 00513 Three units of time
- 00514 Four units of time
- 00515 Five units of time
- 00516 Six units of time
- 00517 One-half unit of time
- 00519 Each additional unit over six

00520 Root Planing

- 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.

- 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 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 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 over one

00550 Management of Oral Mucosal Disorders

Includes education and counselling for disorders such as lichen planus, 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 over four

00560 Management of Oral Manifestations of Systemic Disease

Includes the education and counselling for oral manifestations of systemic disease or complications of medical therapy. Includes manifestations of systemic disease such as diabetes and lupus erythematosus, and complications from chemotherapy or radiation therapy (e.g. upper respiratory infections, 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 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 Application of Chemotherapeutic Agents

Controlled site specific, intra-sulcular delivery of a medication used to treat periodontal infection

00581 One unit of time (+E)
00582 One-half unit of time (+E)
00583 Each additional unit 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

00605 Application of Anticariogenic/Antimicrobial Agents

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

00606 One unit of time (+E)
00607 One-half unit of time (+E)
00609 Each additional unit over one (+E)

00610 Fluoride Applications

Fluoride Applications – In Office

00611 Fluoride Treatment – topical application
00612 Fluoride Treatment – supervised, self-administered
Fluoride, Custom Appliances - Home Application

00613 Fluoride, Custom Appliance – Maxillary Arch (+ Lab)(+E)
00614 Fluoride, Custom Appliance – Mandibular Arch (+ Lab)(+E)
00615 Fluoride, Custom Appliances – Maxillary + Mandibular Combined (+Lab) (+E)

00620 Finishing Restorations

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

00621 One unit of time
00622 Two units of time
00623 Three units of time
00624 Four units of time
00627 One-half unit of time
00629 Each additional unit over four

00630 Fabrication of Sports Guards

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

00631 Sports Guards, Preformed – Maxillary Arch
00632 Sports Guards, Preformed – Mandibular Arch
00633 Sports Guards, Preformed – Maxillary + Mandibular Combined

00634 Sports Guards, Custom – Maxillary Arch (+ Lab)
00635 Sports Guards, Custom – Mandibular Arch (+ Lab)
00636 Sports Guards, Custom – Maxillary + Mandibular Combined (+ Lab)

00638 Labelling of Removable Prosthesis
National List of Service Codes

00640 Desensitization of Teeth

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.

00641 One unit of time
00642 Two units of time
00647 One-half unit of time
00649 Each additional unit over two

00650 Whitening of Vital Teeth in Office

00651 One unit of time (+E)
00652 Two units of time (+E)
00653 Three units of time (+E)
00657 One-half unit of time (+E)
00659 Each additional unit over three (+E)

00660 Whitening of Vital Teeth at Home

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

00661 Maxillary Arch (+ Lab/E)
00662 Mandibular Arch (+ Lab/E)
00663 Maxillary and Mandibular Arches (+ Lab/E)

00665 Placement of Temporary Restoration

Tooth number must be indicated on the claim form.

00666 First tooth
00667 Each additional tooth in the same quadrant

00670 Temporary Recementation

Crowns, bridges, veneers etc., using temporary cement material

00671 One unit of time
00672 Two units of time
00673 Three units of time
00677 One-half unit of time
00679 Each additional unit over three
National List of Service Codes

00680  Pulp Vitality Testing
        00681  One unit of time
        00687  One-half unit of time
        00689  Each additional unit of time over one

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 over four

00720  Anesthesia, Local
        NOT to be used in conjunction with treatment procedures
        00721  Regional Block
        00722  Trigeminal Division Block
        00723  Supraperiosteal Infiltration

00730  Acupuncture
        00731  One unit of time
        00732  Two units of time
        00733  Three units of time
        00734  Four units of time
        00737  One-half unit of time
        00739  Each additional unit over four
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<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 over four</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<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 over four</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<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 over four (+E)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00830</td>
<td>Counselling for Oral Self-Examination</td>
</tr>
<tr>
<td></td>
<td>Client–dental hygienist interaction to provide detailed instructions on</td>
</tr>
<tr>
<td></td>
<td>self-examination techniques that allow the client to monitor changes in</td>
</tr>
<tr>
<td></td>
<td>his or her extra or intraoral condition.</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 over four</td>
</tr>
</tbody>
</table>
00840 Instruction in Oral Self Care

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.

00841 One unit of time
00842 Two units of time
00843 Three units of time
00844 Four units of time
00847 One-half unit of time
00849 Each additional unit over four

00850 Group Presentations

00851 One unit of time
00852 Two units of time
00853 Three units of time
00854 Four units of time
00857 One-half unit of time
00859 Each additional unit over four

00860 Oral Myofunctional Therapy

For the correction of oral habits such as mouthbreathing, abnormal swallowing and tongue thrust

00861 First unit of time per visit
00862 Two units
00869 Each additional unit over two

00900 PERIODONTAL OUTCOME EVALUATION

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.

00910 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 over two
00920  PROFESSIONAL COMMUNICATIONS/CASE PRESENTATION

May include family members, institution 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 over two

00950  MOBILE DENTAL HYGIENE SERVICES

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.

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

This takes 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 over four

00990  LABORATORY AND EXPENSE SERVICES

00991  “+Lab” Laboratory procedures
00992  “+E” Additional expense of materials
## CORRESPONDING CANADIAN DENTAL ASSOCIATION CODES
The following chart includes a brief description of each service code and, where applicable, the corresponding CDA code (Not to be Considered Direct Comparison – as reference only)

<table>
<thead>
<tr>
<th>CDHA CODE</th>
<th>CDHA NATIONAL LIST OF SERVICE CODES</th>
<th>REFLECTED IN CDA CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>00000 - 00499</td>
<td>Assessment, Dental Hygiene Diagnosis &amp; Treatment Planning</td>
<td></td>
</tr>
<tr>
<td>00100</td>
<td>Complete Examination and Diagnosis,</td>
<td></td>
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<tr>
<td>00111</td>
<td>Dental Hygiene Examination Primary Dentition</td>
<td>01101</td>
</tr>
<tr>
<td>00112</td>
<td>Dental Hygiene Examination Mixed Dentition</td>
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<td>00113</td>
<td>Dental Hygiene Examination Permanent Dentition</td>
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<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>00120</td>
<td>Dental Hygiene Examination and Diagnosis</td>
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<td>00121</td>
<td>Dental Hygiene Examination Routine Reassessment/Recall (Previous Client)</td>
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<td>00122</td>
<td>Dental Hygiene Examination Specific and/or Limited</td>
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<td>Dental Hygiene Examination Emergency</td>
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<td>Dental Hygiene Examination Periodontal, Limited, Previous Client</td>
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<td>First Dental Hygiene Visit/Orientation</td>
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<td>Radiographs and Photographs, including Interpretation for purposes of Dental Hygiene Examination</td>
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<td>00211-00216</td>
<td>Intraoral, Bitewing</td>
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<td>00221-00229</td>
<td>Intraoral, Periapical</td>
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<td>Intraoral, Full Mouth Series</td>
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<td>Panoramic</td>
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<td>00251-00259</td>
<td>Cephalometric</td>
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<td>00261-00269</td>
<td>Duplication of Radiographs</td>
<td>02911-02919</td>
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<td>00271-00279</td>
<td>Photographs</td>
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<td>Microbiological and Histological Tests</td>
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<td>Caries Susceptibility Test (technical procedure only)</td>
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<td>00321</td>
<td>Periodontal Disease Activity Test</td>
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<td>Oral Cancer Testing (technical procedure only)</td>
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<td>Cytological Smear from the Oral Cavity</td>
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<td>Vital Staining of Oral Mucosal Tissues</td>
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<td>Direct Fluorescence of Oral Mucosal Tissue</td>
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<td>Study Models for diagnostic purposes</td>
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<td>Impressions of Maxilla and Mandible</td>
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<td>Fabrication/Pouring and Preparing Casts</td>
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<td>00500-00799</td>
<td><strong>Dental Hygiene Treatment and Evaluation</strong></td>
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<td><strong>Periodontal Treatment</strong></td>
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<td>00511-00519</td>
<td>Debridement (supra/subgingival scaling and/or subgingival deplaquing)</td>
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<td>Root Planing</td>
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<td>Stain Removal</td>
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<td>00541-00549</td>
<td>Subgingival Periodontal Irrigation</td>
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<td>00551-00559</td>
<td>Management of Oral Mucosal Disorders</td>
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<td>00561-00569</td>
<td>Management of Oral Manifestations of Systemic Disease</td>
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<td>00571-00576</td>
<td>Gingival Currettage</td>
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<td>00581-00583</td>
<td>Application of Chemotherapeutic Agents</td>
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<td><strong>Additional Oral Health Services</strong></td>
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<tr>
<td>00602</td>
<td>Sealants - First tooth in quadrant</td>
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<td>Sealants – Each additional tooth in same quadrant</td>
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<td>00606-00609</td>
<td>Application of Antiocariogenic/Antimicrobial Agents</td>
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<td>In Office – Fluoride Treatment – topical application</td>
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<td>In Office – Fluoride Treatment – supervised, self-administered</td>
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<td>At Home – Custom Fluoride Appliance - Maxillary Arch</td>
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<td>At Home – Custom Fluoride Appliance – Mandibular Arch</td>
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<td>00615</td>
<td>At Home – Custom Fluoride Appliance – Maxillary + Mandibular Combined</td>
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<td>00621-00629</td>
<td>Finishing Restorations</td>
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<td>00631-00633</td>
<td>Sports Guard – Preformed</td>
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<td>00634-00636</td>
<td>Sports Guard – Processed</td>
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<td>00638</td>
<td>Labeling of Removable Prosthesis</td>
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<td>00641-00649</td>
<td>Desensitization</td>
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<td>00651-00659</td>
<td>Whitening of Vital Teeth In Office</td>
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<td>Whitening of Vital Teeth at Home - Maxillary Arch</td>
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<td>Whitening of Vital Teeth at Home - Mandibular Arch</td>
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<td>Whitening of Vital Teeth at Home - Both Maxillary and Mandibular Arches</td>
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<td>Placement of Temporary Restorations – First tooth in quadrant</td>
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<td>Placement of Temporary Restorations – Each additional tooth in same quadrant</td>
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<td>00671-00679</td>
<td>Temporary Recementation</td>
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<td>Pulp Vitality Testing</td>
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<td>Dentures Removable Oral Prosthesis, Debridement and Stain Removal</td>
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<td><strong>Oral Pain Management</strong></td>
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<td>00711-00719</td>
<td>Electronic Dental Anesthesia</td>
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<td>Anesthesia - Regional Block</td>
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<td>Anesthesia - Trigeminal Division Block</td>
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<td>Anesthesia - Supraperiosteal Infiltration</td>
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<td>00731-00739</td>
<td>Acupuncture</td>
<td>92521-92529</td>
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<td>00741-00749</td>
<td>Nitrous Oxide Oxygen Conscious Sedation</td>
<td>92411-92419</td>
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# National List of Service Codes

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<tr>
<th>CDHA CODE</th>
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<th>REFLECTED IN CDA CODE</th>
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<tr>
<td>00800</td>
<td><strong>Dental Hygiene Treatment and Evaluation</strong></td>
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<td>00811-00819</td>
<td>Counselling for Diet As Related to Oral Health</td>
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<td>Counselling for Tobacco Use Cessation</td>
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<td>Counselling for Oral Self Examination</td>
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<td>Instruction in Oral Self-Care</td>
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<td>Group Presentations</td>
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<td>00861-00869</td>
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<td><strong>Periodontal Outcome Evaluation</strong></td>
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<td>Evaluation of Dental Hygiene Care/Therapy</td>
<td>49101-49109</td>
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<td><strong>Professional Communication/Case Presentation</strong></td>
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<td>Professional Communication/ Case Presentation</td>
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<td>00950</td>
<td><strong>Mobile Dental Hygiene Services</strong></td>
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<td>00951</td>
<td>Home Visit (Scheduled, Non-Emergency)</td>
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<td>Institutional Visit (Scheduled, Non-Emergency)</td>
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<td>Emergency Home Visit (Non-scheduled)</td>
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<td>Emergency Institutional Visit (Non-scheduled)</td>
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<td>00960</td>
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<tr>
<td>00961</td>
<td>One unit of time</td>
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<tr>
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<td>Two units</td>
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<td>Three units</td>
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<td>Four units</td>
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<td>Each additional unit over four</td>
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<td>“+L” Laboratory procedures</td>
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<td>00992</td>
<td>“+E” Additional expense of materials</td>
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