



Yukon Dental Program

Schedule 1: Dental Schedule



Yukon Dental Program

Dental Schedule

Within its limits, this service schedule aims to provide emergency and basic dental services to eligible clients. These services are those required to relieve pain and infection, prevent disease, and restore chewing and social function.

Service code	Description	Limit	
Diagnostics			
Examination and diagnosis, clinical oral		<ul style="list-style-type: none"> Up to three in any 12 months Excludes emergency examination 	
Examination and diagnosis, complete oral (by dentist)			
01101	Primary dentition	One in any 60 months	
01102	Mixed dentition		
01103	Permanent dentition		
Examination and diagnosis, limited oral (by dentist)			
01202	Previous patient (recall)	One in any six months	
01204	Specific	One in any 12 months	
01205	Emergency		
Radiographs			
Radiographs, intraoral			
02101	Pedodontic, complete series (minimum of 12 films including bitewings)	One in any 60 months	
02102	Adult, complete series (minimum of 16 films including bitewings)		
Periapical			
02111	Single film	Any combination (periapical, bitewing and occlusal radiographs), eight in any 12 months	
02112	Two films		
02113	Three films		
02114	Four films		
02115	Five films		
02116	Six films		
02117	Seven films		
02118	Eight films		
Occlusal			
02131	Single film		
02132	Two films		
Bitewing			
02141	Single film		
02142	Two films		
02143	Three films		

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Service code	Description	Limit
02144	Four films	
	Radiographs, panoramic	Three per lifetime, covered when required due to facial trauma, facial swelling of unknown etiology, severe gag reflex, or special circumstances clearly substantiated by the practitioner
02601	Single film	
Tests and laboratory examinations		
Tests, histological		
Soft tissue		
04311	Biopsy, soft oral tissue: by puncture + L	
04312	Biopsy, soft oral tissue: by incision + L	
Hard tissue		
04322	Biopsy, hard oral tissue: by incision + L	
Preventive		
Polishing		One unit of time in any 12 months
11101	One unit of time	
11107	1/2 unit	
	Scaling	<ul style="list-style-type: none"> • Age zero to six: 1/2 unit in any 12 months in combination with root planing • Age seven to 11: one unit in any 12 months in combination with root planing • Age 12 to 16: two units in any 12 months in combination with root planing • Age 17+: four units in any 12 months in combination with root planing
11111	One unit of time	
11112	Two units	
11113	Three units	
11114	Four units	
11117	1/2 unit	
Fluoride treatments		<ul style="list-style-type: none"> • Under age 17: One in any six months • Age 17+: One in any 12 months
12111	Rinse	
12112	Gel/foam, topical	
12113	Varnish	

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Service code		Description	Limit
		Sealants, pit and fissure (acid etch preparation included)	<ul style="list-style-type: none"> Eligible only those under age 17, on occlusal surface of permanent molars (16, 26, 36, 46, 17, 27, 37, 47), bicuspid (14, 15, 24, 25, 34, 35, 44, 45), and lingual surface of permanent maxillary incisors (11, 12, 21, 22), where surfaces are unrestored Lifetime limit of two sealants/preventive restorative resins per eligible tooth
13401	First tooth		
13409	Each additional tooth same quadrant		
		Preventive restorative resin	<ul style="list-style-type: none"> Eligible only those under age 17, on occlusal surface of permanent molars (16, 26, 36, 46, 17, 27, 37, 47), bicuspid (14, 15, 24, 25, 34, 35, 44, 45), and lingual surface of permanent maxillary incisors (11, 12, 21, 22), where surfaces are unrestored Lifetime limit of two sealants/preventive restorative resins per eligible tooth
13411	First tooth		
13419	Each additional tooth same quadrant		
		Topical applicants – to hard tissues, antimicrobial agents	<ul style="list-style-type: none"> Includes silver diamine fluoride (SDF) Two treatments in any 12 months
13601	One unit of time + E		
Restorative			
		Caries, trauma and pain control	<ul style="list-style-type: none"> Caries, trauma and pain control not considered for coverage in conjunction with the following procedures: restorations, open and drain, pulpectomy, pulpotomy, root canal if requested with the same date of service and for the same tooth
		Caries/trauma/pain control	

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Service code	Description	Limit
Removal of carious lesions or existing restorations and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure		
20111	First tooth	
20119	Each additional tooth same quadrant	
Caries/trauma/pain control Removal of carious lesions or existing restorations and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support, as a separate procedure		
20121	First tooth	
20129	Each additional tooth same quadrant	
Trauma control, smoothing of fractured surfaces		
20131	First tooth	
20139	Each additional tooth same quadrant	
Restoration, amalgam, primary teeth		
Amalgam, non-bonded, primary teeth		
21111	One surface	
21112	Two surfaces	
21113	Three surfaces	
21114	Four surfaces	
21115	Five surfaces	
Amalgam, bonded, primary teeth		
21121	One surface	
21122	Two surfaces	
21123	Three surfaces	
21124	Four surfaces	
21125	Five surfaces	
Restorations, amalgam, permanent teeth		
Permanent bicuspids and anteriors, non-bonded		
21211	One surface	
21212	Two surfaces	
21213	Three surfaces	
21214	Four surfaces	
21215	Five surfaces	
Permanent molars, non-bonded		
21221	One surface	
21222	Two surfaces	
21223	Three surfaces	
21224	Four surfaces	
21225	Five surfaces	
Permanent bicuspids and anteriors, bonded		

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Service code	Description	Limit
21231	One surface	
21232	Two surfaces	
21233	Three surfaces	
21234	Four surfaces	
21235	Five surfaces	
Permanent molars, bonded		
21241	One surface	
21242	Two surfaces	
21243	Three surfaces	
21244	Four surfaces	
21245	Five surfaces	
Restorations, amalgam cores		
21301	In conjunction with crown	
21302	In conjunction with crown (bonded)	
Pins, retentive, per restoration		
21401	One pin	
21402	Two pins	
21403	Three pins	
Restorations, prefabricated, full coverage		
Metal, primary teeth		
22201	Primary anterior	
22202	Primary anterior – open face	
22211	Primary posterior	
22212	Primary posterior – open face	
Metal, permanent teeth		
22311	Permanent posterior	
Plastic, primary teeth		
22401	Primary anterior	
Plastic, permanent teeth		
22501	Permanent anterior	
Restorations, tooth coloured/plastic with silver fillings		
Permanent anteriors, non etch technique		
23101	One surface	
23102	Two surfaces	
23103	Three surfaces	
23104	Four surfaces	
23105	Five surfaces	
Permanent anteriors, etch/bond technique		
<i>Not to be used for veneer applications or diastema closures</i>		
23111	One surface	
23112	Two surfaces	
23113	Three surfaces	

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Service code	Description	Limit
23114	Four surfaces	
23115	Five surfaces	
Permanent posteriors, tooth coloured/plastic with silver filings, non etch		
Bicuspid		
23211	One surface	
23212	Two surfaces	
23213	Three surfaces	
23214	Four surfaces	
23215	Five surfaces	
Molars		
23221	One surface	
23222	Two surfaces	
23223	Three surfaces	
23224	Four surfaces	
23225	Five surfaces	
Permanent posteriors, tooth coloured, etch/bond technique		
Bicuspid		
23311	One surface	
23312	Two surfaces	
23313	Three surfaces	
23314	Four surfaces	
23315	Five surfaces	
Molars		
23321	One surface	
23322	Two surfaces	
23323	Three surfaces	
23324	Four surfaces	
23325	Five surfaces	
Primary, anterior, tooth coloured, non etch		
23401	One surface	
23402	Two surfaces	
23403	Three surfaces	
23404	Four surfaces	
23405	Five surfaces	
Primary, anterior, tooth coloured, etch/bond technique		
23411	One surface	
23412	Two surfaces	
23413	Three surfaces	
23414	Four surfaces	
23415	Five surfaces	

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Service code	Description	Limit
<i>Primary, posterior, tooth coloured/plastic with silver filings, non etch</i>		
23501	One surface	
23502	Two surfaces	
23503	Three surfaces	
23504	Four surfaces	
23505	Five surfaces	
<i>Primary, posterior, tooth coloured, etch/bond technique</i>		
23511	One surface	
23512	Two surfaces	
23513	Three surfaces	
23514	Four surfaces	
23515	Five surfaces	
<i>Tooth coloured or plastic with silver filings, cores</i>		
23601	In conjunction with crown	
23602	Etch/bonded in conjunction with crown	
<i>Posts</i>		
<i>Prefabricated retentive</i>		
25731	One post	
<i>Post removal</i>		
25781	One unit of time	
25782	Two units	
Crowns, single units (only)		<ul style="list-style-type: none"> • Four in any 120 months • Eligibility criteria: incisors; canines; bicuspid and first molars; second molars where the first molar is missing and the second molar is in occlusion with a prosthetic or natural molar; third molars where the first and the second molars are missing and the third molar is in occlusion with a prosthetic or natural molar; adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) with absence of furcation involvement; adequate remaining non-diseased tooth structure to ensure that biologic width (3 mm) is maintained and adequate ferrule (1.5 mm) is achieved during restoration • Crowns should not be considered: to only improve aesthetics; to treat



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Service code		Description	Limit
			sensitivity due to cracked tooth syndrome, erosion, abrasion or attrition; treat stress fractures or chipping on teeth that have a minimal restoration or no restoration; for high caries risk individuals or those with generalized moderate to severe periodontal disease when there is evidence of longstanding, uncontrolled and/or untreated rampant biological disease (either caries or periodontal disease)
Crowns, porcelain/ceramic			
27201	Jacket + L		
Crowns, porcelain/ceramic fused to metal			
27211	Crown + L		
Crowns, metal, cast, including zirconia			
27301	Full case, uncomplicated + L		
Repairs			
Inlays, onlays or crowns, porcelain/ceramic (single units)			
27721	Direct		
Restorative services, other			
Recementation/rebonding			
29101	One unit of time		
Endodontics			
Pulp chamber, treatment			
Pulpotomy			
Permanent teeth (as a separate emergency procedure)			
32221	Anterior and bicuspid teeth		
32222	Molar teeth		
Primary teeth			
32231	As a separate procedure		
32232	Concurrent with restorations (but excluding final restoration)		
Pulpectomy			
As separate emergency procedure			
Pulpectomy, permanent teeth/retained primary teeth			
32311	One canal		
32312	Two canals		
32313	Three canals		
32314	Four canals		



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Service code		Description	Limit
Pulpectomy, primary teeth			
32321	Anterior tooth		
32322	Posterior tooth		
Root canal therapy		<ul style="list-style-type: none"> • Eligibility criteria: incisors; bicuspid; first and second molars; adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) with absence of furcation involvement; adequate remaining non-diseased tooth structure to ensure that biologic width (3 mm) can be maintained during restoration • Root canal therapy should not be considered for high caries risk individuals or those with generalized moderate to severe periodontal disease when there is evidence of longstanding, uncontrolled and/or untreated rampant biological disease (either caries or periodontal disease) 	
Root canals, permanent teeth/retained primary teeth, one canal			
33111	One canal		
33115	Retreatment of previously completed therapy	One per tooth per lifetime	
Root canals, permanent teeth/retained primary teeth, two canals			
33121	Two canals		
33125	Retreatment of previously completed therapy	One per tooth per lifetime	
Root canals, permanent teeth/retained primary teeth, three canals			
33131	Three canals		
33135	Retreatment of previously completed therapy	One per tooth per lifetime	
Root canals, permanent teeth/retained primary teeth, four canals			
33141	Four canals or more		
33145	Retreatment of previously completed therapy	One per tooth per lifetime	
Apexification/apical closure/induction of hard tissue repair			

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Service code	Description	Limit
<i>Includes biomechanical preparation and placement of dentogenic media</i>		
33601	One canal	
33602	Two canals	
33603	Three canals	
33604	Four canals or more	
<i>Re-insertion of dentogenic media per visit</i>		
33611	One canal	
33612	Two canals	
33613	Three canals	
33614	Four canals or more	
<i>Obturation of apexified canal</i>		
33621	One canal	
33622	Two canals	
33623	Three canals	
33624	Four canals	
Periapical services		One per tooth per lifetime
<i>Apicoectomy/apical curettage</i>		
<i>Maxillary anterior</i>		
34111	One root	
34112	Two roots	
<i>Maxillary bicuspid</i>		
34121	One root	
34122	Two roots	
34123	Three roots	
<i>Maxillary molar</i>		
34131	One root	
34132	Two roots	
34133	Three roots	
34134	Four or more roots	
<i>Mandibular anterior</i>		
34141	One root	
34142	Two roots	
<i>Mandibular bicuspid</i>		
34151	One root	
34152	Two roots	
34153	Three roots	
<i>Mandibular molar</i>		
34161	One root	
34162	Two roots	
34163	Three roots	
34164	Four or more roots	

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Service code	Description	Limit
Retrofilling		
Maxillary anterior		
34211	One canal	
34212	Two or more canals	
Maxillary bicuspid		
34221	One canal	
34222	Two canals	
34223	Three canals	
34224	Four or more canals	
Maxillary molar		
34231	One canal	
34232	Two canals	
34233	Three canals	
34234	Four or more canals	
Mandibular anterior		
34241	One canal	
34242	Two or more canals	
Mandibular bicuspid		
34251	One canal	
34252	Two canals	
34253	Three canals	
34254	Four or more canals	
Mandibular molar		
34261	One canal	
34262	Two canals	
34263	Three canals	
34264	Four or more canals	
Endodontic procedures, miscellaneous		
<i>Open and drain (separate emergency procedures)</i>		
39201	Anteriors and bicuspid	
39202	Molars	
Periodontics		
Periodontal services, non surgical		
<i>Oral disease, management of</i>		
<i>Oral manifestations, oral mucosal disorders</i>		
<i>Mucocutaneous disorders and diseases of localized mucosal conditions, e.g. lichen planus, aphthous stomatitis, benign mucous membrane pemphigoid, pemphigus, salivary gland tumours, leukoplakia with and without dysplasia, neoplasms, hairy leukoplakia, polyps, verrucae, fibroma, etc.</i>		
41211	One unit of time	



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Service code		Description	Limit
41212	Two units		
		Oral manifestations of systemic disease	
		Oral manifestation of systemic disease or complications of medical therapy, e.g. complications of chemotherapy, radiation therapy, post operative neuropathics, post surgical or radiation therapy, dysfunction, oral manifestation of lupus erythematoses and systemic disease including leukemia, diabetes and bleeding disorders (for example, haemophilia)	
41231	One unit of time		
41232	Two units		
		Periodontal procedures, adjunctive	
		Root planing, periodontal	<ul style="list-style-type: none"> • Age 0 to 6: 1/2 unit in any 12 months in combination with scaling • Age 7 to 11: 1 unit in any 12 months in combination with scaling • Age 12 to 16: 2 units in any 12 months in combination with scaling • Age 17+: 4 units in any 12 months in combination with scaling
		Root planing	
43421	One unit of time		
43422	Two units		
43423	Three units		
43424	Four units		
43427	1/2 unit		
		Prosthodontics - removable	
		Dentures, complete and partial <i>Includes impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including three months post-insertion care</i>	<ul style="list-style-type: none"> • Complete/partial cast/immediate dentures: one per arch in any 96 months • Partial acrylic dentures: one per arch in any 60 months • For partial dentures, all basic treatment must be completed, including control of caries and periodontal disease for all teeth and restoration of major structural defects in the abutment teeth; abutment teeth should have adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1); the space to be replaced is greater than or



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Service code		Description	Limit
			equal to the corresponding natural teeth (vertically and horizontally).
Complete dentures, standard			
51101	Maxillary + L		
51102	Mandibular + L		
Dentures, surgical, standard (immediate) Includes tissue conditioner, but does not include hard relines, but does include three months post-insertion care			
51301	Maxillary + L		
51302	Mandibular + L		
Dentures, partial, acrylic			
Acrylic, with metal wrought/cast clasps and/or rests			
52301	Maxillary + L		
52302	Mandibular + L		
Acrylic, with metal wrought palatal/lingual bar and clasps and/or rests			
52401	Maxillary + L		
52402	Mandibular + L		
Dentures, partial, cast with acrylic base			
Free end, cast frame/connector, clasps and rests			
53101	Maxillary + L		
53012	Mandibular + L		
Tooth borne, cast frame/connector, clasps and rests			
53201	Maxillary + L		
53202	Mandibular + L		
Denture, adjustments After three months insertion or by other than the dentist providing prosthesis			
Partial or complete denture, minor			
54201	One unit of time + L		
Denture, repairs/additions			One per prosthesis in any 12 months
Repair, complete denture, no impression required			
55101	Maxillary + L		
55102	Mandibular + L		
Repair, complete denture, impression required			
55201	Maxillary + L		
55202	Mandibular + L		
Repairs/additions, partial denture, no impression requires			
55301	Maxillary + L		
55302	Mandibular + L		
Repairs/additions, partial denture, impression requires			
55401	Maxillary + L		

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Service code	Description	Limit
55402	Mandibular + L	
Dentures, duplication, relining and rebasing		One per prosthesis in any 24 months
<i>Reline, direct, complete denture</i>		
56211	Maxillary + L	
56212	Mandibular + L	
<i>Reline, direct, partial denture</i>		
56221	Maxillary + L	
56222	Mandibular + L	
<i>Reline, processed, complete denture</i>		
56231	Maxillary + L	
56232	Mandibular + L	
<i>Reline, processed, complete denture</i>		
56241	Maxillary + L	
56242	Mandibular + L	
<i>Dentures, rebasing</i>		
<i>Complete denture</i>		
56311	Maxillary + L	
56312	Mandibular + L	
<i>Partial denture</i>		
56321	Maxillary + L	
56322	Mandibular + L	
<i>Dentures, tissue conditioning</i>		One per prosthesis in any 24 months
<i>Denture, tissue conditioning, per appointment, complete denture</i>		
56511	Maxillary	
56512	Mandibular	
<i>Denture, tissue conditioning, per appointment, partial denture</i>		
56521	Maxillary	
56522	Mandibular	
Oral and maxillofacial surgery		
Removals, (extractions), erupted teeth		
<i>Uncomplicated</i>		
71101	Single tooth, uncomplicated	
71109	Each additional tooth, same quadrant, same appointment	
<i>Complicated</i>		
71201	Erupted tooth, surgical approach, requiring surgical flap and/or sectioning of	

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Service code	Description	Limit
	tooth. May also include additional time required or difficult access.	
71209	Each additional tooth, same quadrant	
71211	Erupted tooth, surgical approach, requiring elevation of a flap, removal of bone, and may include sectioning of tooth. This code is intended for particularly difficult extractions that require flap/bone section.	
Removals, (extractions), surgical		
<i>Removals, impactions, soft tissue coverage</i>		
72111	Single tooth	
72119	Each additional tooth, same quadrant	
<i>Removals, impactions, involving tissue and/or bone coverage</i>		
Requiring incision of overlying soft tissue, elevation of a flap, and either removal of bone and tooth or sectioning and removal of tooth		
72211	Single tooth	
72219	Each additional tooth, same quadrant	
Requiring incision of overlying soft tissue, elevation of a flap, removal of bone and sectioning of tooth for removal		
72221	Single tooth	
72229	Each additional tooth, same quadrant	
<i>Removals, (extractions), residual roots</i>		
<i>Removals, residual roots, erupted</i>		
72311	Single tooth	
72319	Each additional tooth, same quadrant	
<i>Removals, residual roots, soft tissue coverage</i>		
72321	Single tooth	
72329	Each additional tooth, same quadrant	
<i>Removals, residual roots, bone tissue coverage</i>		
72331	Single tooth	
72339	Each additional tooth, same quadrant	
<i>Surgical exposure of teeth</i>		
<i>Surgical exposure, unerupted, uncomplicated, soft tissue coverage</i> <i>Includes operculectomy</i>		
72511	Single tooth	
72519	Each additional tooth, same quadrant	
Remodelling and recontouring oral tissue		
<i>Alveoplasty</i>		
<i>Alveoplasty, in conjunction with multiple extractions</i>		
73111	Per site	

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Service code		Description	Limit
Alveoplasty, not in conjunction with extractions			
73121	Per site		
Surgical excision			
Not in conjunction with tooth removal, including biopsy, and based on size of lesion, not length of incision			
Surgical excision, tumors, benign			
Scar tissue, inflammatory or congenital lesions of soft tissue of the oral cavity			
74111	1 cm and under		
74112	1-2 cm		
Bone tissue			
74121	1 cm and under		
74122	1-2 cm		
Surgical excision, cysts/granulomas (based on cyst size)			
Enucleation of cyst/granuloma, odontogenic and non-odontogenic, requiring prior removal of bony tissue and suture(s)			
74611	1 cm and under		
74612	1-2 cm		
Marsupialization			
74621	Cyst		
Excision of cyst			
74631	1 cm and under		
74632	1-2 cm		
Surgical incisions			
Surgical incision and drainage and/or exploration, intraoral			
Soft tissue			
75111	Surgical exploration		
75112	Abscess		
Hard tissue			
75121	Trephination and drainage		
Surgical incision and drainage and/or exploration, extraoral			
	Soft tissue		
75211	Abscess, superficial		
	Surgical incision for removal of foreign bodies		
75301	Removal, from skin or subcutaneous alveolar tissue		
75302	Removal, of reaction-producing foreign bodies		
Fractures, treatment of			
Fractures, reductions, alveolar			



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Service code	Description	Limit
Replantation, avulsed tooth/teeth Includes splinting		
76941	Replantation, first tooth	
76949	Each additional tooth	
Repositioning of traumatically displaced teeth		
76951	One unit of time	
76952	Two units	
Repairs, lacerations, uncomplicated, intraoral or extraoral		
76961	2 cm or less	
76962	2-4 cm	
Oral surgery procedures, other		
Post surgical care Required by complications and unusual circumstances		
79601	Subsequent to initial post-surgical treatment, minor, by treating dentist	
79602	Minor, by other treating dentist	
79605	Alveolitis, treatment of (without anesthesia)	
79606	Alveolitis, treatment of (with anesthesia)	
Adjunctive general services		
Anesthesia		
Anesthesia, conscious sedation		
Inhalation technique (nitrous oxide and oxygen)		
92411	One unit of time	
92412	Two units	
92413	Three units	
92414	Four units	
92415	Five units	
92416	Six units	
92417	Seven units	
92418	Eight units	
Oral sedation		
92421	One unit of time	
92422	Two units	
92423	Three units	
92424	Four units	
92425	Five units	
92426	Six units	
92427	Seven units	
92428	Eight units	
Nitrous oxide with oral sedation		



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Service code	Description	Limit
92431	One unit of time	
92432	Two units	
92433	Three units	
92434	Four units	
92435	Five units	
92436	Six units	
92437	Seven units	
92438	Eight units	
<i>Parenteral conscious sedation (regardless of method IM or IV)</i>		
92441	One unit of time	
92442	Two units	
92443	Three units	
92444	Four units	
92445	Five units	
92446	Six units	
92447	Seven units	
92448	Eight units	
<i>Combined techniques of inhalation plus intravenous and/or intramuscular injection</i>		
92451	One unit of time	
92452	Two units	
92453	Three units	
92454	Four units	
92455	Five units	
92456	Six units	
92457	Seven units	
92458	Eight units	
<i>Laboratory, expense, and professional service procedures</i>		
99111	I.C. "+ L" commercial laboratory procedures	
99333	I.C. "+ L" in-office laboratory procedures	