Health Canada Santé Canada

NOVA SCOTIA
Canadian Dental Care Plan (CDCP)
2026 Dental Benefit Grid
Independent Dental Hygienists

- To be eligible for payment of services rendered, oral health providers must adhere to the CDCP Claims Processing and Payment Terms.

- Eligible oral health care services must be provided in accordance with the respective dental hygienist provincial regulations and scope of practice.

- Please refer to the CDCP Dental Benefits Guide for further information on policies, including criteria, guidelines, and limitations, under which the CDCP covers oral health care services for eligible CDCP clients.

- "L" designation under the Commercial Laboratory Fee column corresponds to laboratory fee expenses allowed for certain procedure codes (variable laboratory fees).

Should you have any questions, please contact the Sun Life's CDCP Contact Centre at 1-888-888-8110 or consult the CDCP Dental Benefits Guide on the Government of Canada website for more information.

Schedule A

0.0 DIAGNOSTIC

Examinations

- Up to 3 exams in any 12 months.
- Frequency limitations take into account overall interaction between various examination services and their eligibility period.

Complete Examination

- 1 in any 60 months
- When a complete examination is provided, it replaces the recall for the respective eligible period.

Code	Commercial Laboratory Fee	Dental Hygienist
00111		$51.46
00112		$65.84
00113		$90.06
00115		$78.66

Recall Examination

- 1 in any 12 months
- Frequency interacts with general practitioner's recall/specific/new patient limited examination.

Code	Commercial Laboratory Fee	Dental Hygienist
00121		$30.78

Specific Examination

- 1 in any 12 months
- Frequency interacts with general practitioner's recall/specific/new patient limited examination.
- When performed in conjunction with recall services, a specific examination will be considered as a recall examination and frequency limitations for recall examinations will be applied.

Code	Commercial Laboratory Fee	Dental Hygienist
00125		$49.20

Limited (New Client) Examination

- 1 in any 12 months in lieu of a recall examination.
- Frequency interacts with general practitioner's recall/specific/new patient limited examination.

Code	Commercial Laboratory Fee	Dental Hygienist
00126		$32.99

First Dental Hygiene Visit/Orientation

- Up to the age of 3 inclusive.
- Once in a lifetime

Code	Commercial Laboratory Fee	Dental Hygienist
00131		$30.56

Radiographs

Intraoral Radiographs

- Includes periapical and bitewing radiographs.
- 8 in any 12 months

Code	Commercial Laboratory Fee	Dental Hygienist
00211		$18.26

Code	Commercial Laboratory Fee	Dental Hygienist
00212		$24.93
00213		$31.16
00214		$37.53
00221		$18.26
00222		$24.93
00223		$31.16
00224		$37.53
00225		$43.63
00226		$49.86
00227		$56.10
00228		$62.33

Microbiological Test for the Determination of Pathological Agents

- 1 in any 12 months

Code	Commercial Laboratory Fee	Dental Hygienist
00321	L	$77.56

Cytological Smear from the Oral Cavity

- 1 in any 12 months

Code	Commercial Laboratory Fee	Dental Hygienist
00331	L	$62.33

1.0 PREVENTIVE

Scaling

- Age 0 to 11: ½ unit in any 12 months
- Age 12 to 16: 1 unit in any 12 months
- Age 17+: 4 units in any 12 months in combination with root planing
- Preauthorization is required for additional units.

Code	Commercial Laboratory Fee	Dental Hygienist
00511		$54.00
00512		$108.00
00513		$162.00
00514		$216.00
00517		$27.00

Root Planing

- Age 17+: 4 units in any 12 months in combination with scaling
- Preauthorization is required for additional units.

Code	Commercial Laboratory Fee	Dental Hygienist
00521		$48.73
00522		$97.49
00523		$146.21
00524		$194.94
00527		$25.07

Polishing

- ½ unit in any 12 months

Code	Commercial Laboratory Fee	Dental Hygienist
00537		$9.43

Sealants

- Eligible only for clients 17 years of age and under, on occlusal surface of permanent molars, bicuspids and lingual surface of permanent maxillary incisors, where surfaces are unrestored. Third molars, permanent canines and mandibular incisors are not eligible.
- 2 sealants/preventive restorative resins per eligible tooth in a lifetime

Code	Commercial Laboratory Fee	Dental Hygienist
00602		$31.00
00603		$22.00

Application of Anticariogenic/Antimicrobial Agents

- Includes Silver Diamine Fluoride (SDF).
- 2 treatments in any 12 months

Code	Commercial Laboratory Fee	Dental Hygienist
00606		$43.00
00607		$19.35

Topical Fluoride (includes fluoride varnish and other topical fluoride eligible treatments)

- Age 0 to 16: 1 in any 6 months
- Age 17+: 1 in any 12 months

Code	Commercial Laboratory Fee	Dental Hygienist
00611		$29.00
00616		$16.03

Interim Stabilization Therapy (IST) / Atraumatic Restorative Treatment (ART)

- IST - Removal of soft debris (plaque and/or food particles) from the lesion and placement of fluoride releasing glass ionomer cement.
- 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.
- Once in a lifetime, per tooth

Code	Commercial Laboratory Fee	Dental Hygienist
00666		$105.17
00667		$52.51
00668		$105.17

Laboratory Fee

- Laboratory code to accompany procedure codes eligible for lab.

Code	Commercial Laboratory Fee	Dental Hygienist
00991	L	I.C.

Schedule B

All procedures require preauthorization. Orthodontics can be requested at a date to be determined.

4.0 PERIODONTICS

Desensitization

- 2 in any 12 months

Code	Commercial Laboratory Fee	Dental Hygienist
00641		$44.04
00642		$88.07
00647		$22.02