



# TRUST FUNDS



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Effective date - January 1, 2023. Coverage for eligible members of the ACAW Health & Wellness Plan  
Frequently Used Dental Codes

<u>Exams</u>		<u>Bridgework</u>		<u>Restorations (Fillings)</u>	
01103 (Adult complete)	\$ 137.39	67201/11 (Abutment) + lab	\$ 1,157.83	21301 or 23312	\$ 227.49
01101 (Child complete)	\$ 88.57	62501 (Pontic) + lab	\$ 531.44	21302	\$ 254.61
01202 (Recall)	\$ 88.57	29101/09 (Removal)	\$ 103.36		
<u>X-rays</u>		<u>Extractions</u>		22301 or 22311	\$ 304.01
02111 (Single PA)	\$ 34.26	71101/09	\$ 154.42	22302 or 22312	\$ 354.69
02142 (Bitewings)	\$ 55.82	71201/09	\$ 278.49	22501 or 22511	\$ 284.25
02601 (Panorex)	\$ 111.73	72111/19	\$ 278.49	22601 or 22611	\$ 279.97
02101 (Full mouth series)	\$ 228.54	72211	\$ 412.97		
		72221	\$ 550.64	23101	\$ 129.78
		72231	\$ 750.74	23102	\$ 147.02
<u>Polish and Fluoride</u>		<u>Anesthesia</u>		23103	\$ 206.76
11101	\$ 79.75	<i>Covered in conjunction with oral surgery only</i>		23104	\$ 225.12
12111 to 12114	\$ 33.33	<u>Nitrous Oxide</u>		23105	\$ 268.75
		92411	\$ 62.87	23122	\$ 382.84
		92412	\$ 94.32		
		92413	\$ 125.78	23311	\$ 164.53
<u>Scaling</u>		92414	\$ 157.24	23312 or 23512	\$ 229.20
<i>Maximum 16 units per calendar year</i>		<u>Intravenous sedation</u>		23313 or 23513	\$ 268.43
11111	\$ 88.57	92431	\$ 43.00	23314	\$ 331.35
11112	\$ 177.14	92432	\$ 64.52	23315	\$ 376.40
11113	\$ 265.72	92433	\$ 86.03	23321	\$ 171.98
11114	\$ 354.29	92434	\$ 107.54	23324	\$ 352.05
<u>Sealants</u>		<u>General Anesthesia</u>		23325	\$ 407.43
13401	\$ 39.88	92212/22	\$ 262.82	22401 or 22411	\$ 206.74
13409	\$ 19.93	92213/23	\$ 394.23	23501	\$ 126.33
<u>Bruxism Appliance (Nightguard)</u>		92214/24	\$ 525.64	23502	\$ 165.38
14611/12 Upper/Lower	\$ 481.22	92215/25	\$ 657.05	23503	\$ 190.65
		<u>Orthodontic</u>		23504	\$ 205.58
<u>Crowns</u>		<i>Dependent child only.</i>		23505	\$ 251.54
23601 (Build-up)	\$ 253.34	<i>Must be age 6 up to and including age 18</i>		23601 (In conjunction with crown)	\$ 253.34
25731 (Post)	\$ 182.66	<i>Lifetime maximum payable is \$3,500.00</i>		23602 (In conjunction with crown)	\$ 304.01
27211 (Crown) +lab	\$ 1,114.61	<u>Removable appliances</u>			
<u>Stainless steel crowns</u>		81111/12 + lab	\$ 384.71	<u>Primary Anteriors</u>	
22201/11	\$ 238.30	<u>Observation and adjustments</u>		23401	\$ 124.03
22202	\$ 293.69	80601/02	\$ 94.14	23402	\$ 152.77
22212	\$ 315.26	<u>Full banding</u>		23403	\$ 179.17
<u>Endodontic (Root Canal)</u>		<u>Fixed Appliances</u>		23404	\$ 226.27
33111	\$ 764.00	84101... up to maximum of \$3,500.00		23405	\$ 275.65
33121	\$ 1,153.39	84201... up to maximum of \$3,500.00		<u>Miscellaneous</u>	
33131	\$ 1,318.14	84301... up to maximum of \$3,500.00		21401 (One pin for filling)	\$ 37.84
33134	\$ 1,598.43	85101/85201 (see 84101 & 84201)		21402 (Two pins for filling)	\$ 54.48
33141	\$ 1,636.20	85301 (see 84301)		16101 (Finishing restorations)	\$ 85.80
<u>Root Planing</u>		<u>Removable Appliances</u>		16511 (Occlusal Adjustments)	\$ 100.59
<i>Maximum 16 units per calendar year</i>		88101.... up to maximum of \$3,500.00		20111/9 (Caries Trauma/pain) up to	\$ 179.77
43421	\$ 89.88	88201.... up to maximum of \$3,500.00		32221/2 (Pulpotomy)	\$ 183.75
43422	\$ 179.77	88301.... up to maximum of \$3,500.00		39201/02 (Open and Drain)	\$ 87.53
43423	\$ 269.65	<u>Exams</u>		41301 (Desensitize)	\$ 91.87
43424	\$ 359.53	<i>Exam allowance includes models, x-rays, diagnostics records and case presentation</i>		91121 (Emergency Pain Treatment)	\$ 125.16
<u>Dentures</u>		01901	\$ 487.54	96101 (Prescription)	\$ 39.78
Complete upper and lower + lab		01902	\$ 97.81	<u>DENTURIST SERVICES</u>	
51101/02 (Standard)	\$ 1,078.60			01701 (Exam)	\$ 88.44
51301/02 (Immediate)	\$ 1,078.60			Upper or Lower Denture (Full or Partial) + Lab	\$ 968.37
Partial upper and lower+ lab				Complete Upper/Lower + lab (31330)	\$ 1,936.76
53101/02	\$ 1,078.60			56211/41 (Relines)	\$ 232.15
				56511/12/21/22 (tissue cond)	\$ 154.76

### IMPORTANT INFORMATION TO AVOID CLAIM RETURN AND PROCESSING DELAYS

A **fully completed and signed** "Standard Dental Claim Form" - available from your dentist - is required for processing claims.

Dental forms can be emailed to [dentalclaims@acawtrustfunds.ca](mailto:dentalclaims@acawtrustfunds.ca). "Signature on file" is **not acceptable**.

**Maximum Payable per Calendar year is \$4,250.00. Major dental treatment over \$1,000.00 -- preauthorization recommended.**

The "Frequently Used Dental Codes" lists the maximum benefit that is payable for services rendered in AB and may be lower in other jurisdictions