



Yukon Dental Program

Policy Manual

June 2023



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A.1: Eligibility

Unit: Yukon Dental Program	Effective date: January 20, 2023
Branch: Insured Health Services	Last updated: January 20, 2023
Policy number: A.1	Review date: January 20, 2025

Purpose

This policy describes who is eligible for the Yukon Dental Program and how eligibility for the Yukon Dental Program is assessed.

Policy

1. The applicant must meet the eligibility criteria in order to be considered for coverage under the Yukon Dental Program (YDP).
2. In order for children to be considered as part of the household size composition, or as part of the household size composition and eligible for the YDP, the applicant must be found eligible for coverage under the YDP and children must be listed:
 - on Part 2: children's information section of the YDP application form; and
 - as a dependant on the applicant's electronic medical record.
3. For children to be considered as eligible for the YDP, all criteria outlined in policy statement 2 must be met and children must not have access to, or be eligible for dental insurance as outlined in policy statement 7.

Eligibility criteria

4. Applicants must be 19 years of age or older.
5. Applicants must have a valid Yukon Health Care Insurance Plan number.
6. Applicants must have a gross income that is less than the income threshold based on household size, as outlined in [Appendix A](#).
7. Unless otherwise specified in this policy, applicants must not have access to, or be eligible for dental insurance through:
 - private insurance plans;
 - provincial or territorial insurance plans;
 - the Canada Dental Benefit;
 - social programs (for example, the Children's Dental Program);
 - social service programs (for example, Family and Children's Services);
 - Non-Insured Health Benefits; or
 - any other program that provides dental coverage.

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8. Applicants who are eligible for health care benefit coverage through the Pharmacare and Extended Health Care Benefits program are eligible to apply to the YDP for a top-up of their coverage amount.

- Applicants must otherwise meet the eligibility criteria outlined in this policy.

Application to the YDP

9. Applicants must apply to the YDP using the application form.
10. One application form is required per applicant.
11. Application forms may be submitted to the YDP in person, via mail or online.
12. Only completed application forms will be processed.
13. Unless otherwise specified in this policy, a copy of the applicant's Notice of Assessment from the most recent tax year must be included with the application form.
14. In exceptional circumstances where an applicant has been in receipt of social assistance and has not filed an income tax return, a letter from the office from which the applicant receives their social assistance may be considered in lieu of a Notice of Assessment as part of their first application to the YDP.
- Letters may be accepted from:
 - Yukon government's Income Support Services;
 - a self-governing Yukon First Nation; and
 - Crown Indigenous Relations and Northern Affairs Canada.
 - Letters must confirm that the applicant:
 - was in receipt of social assistance for the entire fiscal year prior to the date of application to the YDP; and
 - reported no employment earnings during the fiscal year prior to the date of application to the YDP.
15. In exceptional circumstances, with approval from the manager, individuals who are under 19 years of age may apply to the YDP as applicants.
- Exceptional circumstances include, but are not limited to, applicants under 19 years of age who are living:
 - independent from their parents or guardians;
 - in the Gadzoosdaa student residence; or

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- with an extended family member under an informal arrangement (that is, without the involvement of Family and Children's Services).
 - Applicants under 19 years of age must either sign an attestation form or provide supporting documentation that confirms the nature of their exceptional circumstance.
 - Applicants under 19 years of age who have never filed income taxes with the Canada Revenue Agency are exempt from providing a Notice of Assessment as part of their first application to the YDP.
 - Using the attestation form, applicants under 19 years of age must attest to having never filed income taxes.
 - Applicants under 19 years of age must meet all other eligibility requirements outlined in this policy, unless otherwise specified in this policy.
 - Application packages submitted by applicants under 19 years of age will be considered by the manager on a case-by-case basis.
16. In exceptional circumstances where an applicant has become a new resident to Canada less than one year from the date of their application to the YDP and has not filed an income tax return, proof of temporary or permanent resident status and an attestation form may be considered in lieu of a Notice of Assessment.
- Applicants who are new residents to Canada must provide documentation that confirms the date they became a temporary or permanent resident of Canada.
 - Using the attestation form, applicants who are new residents to Canada must attest that they have:
 - never filed income taxes in Canada; and
 - a gross income that is less than the income threshold based on household size, as outlined in [Appendix A](#).
17. The dental program officer has the authority to request information that is relevant and necessary for purposes of establishing an applicant's eligibility for the YDP.
- The dental program officer will make requests for more information in writing.
 - Applicants are responsible for providing requested information to the YDP.
18. The YDP will hold applications that require more information for a maximum of one calendar month from the date on which the request for more information is sent to the applicant.

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- The dental program officer will return applications to applicants if the requested information is not received within one calendar month from the date on which the request for more information is sent.

19. The dental program officer determines applicants' eligibility for the YDP.

20. Applicants may appeal their eligibility determination in accordance with [policy A.6](#).

Reapplication to the YDP

21. Applicants must apply to the YDP before June 30 of each year in order to maintain their dental benefit coverage.

- Applicants can apply as early as April 1 for the next benefit year.

Definitions

Applicant: An individual making an application for dental coverage under the Yukon Dental Program.

Benefit year: The period from July 1 of the current year to June 30 of the following year.

Children: One or more individuals under 19 years of age who are listed as a dependant on the applicant's electronic medical record.

Children's Dental Program: Provides dental services to Yukon children. These services are available to all children from newborn to Grade 12, depending on place of residence.

Family and Children's Services: A Government of Yukon office that is responsible for ensuring that children are protected from abuse and neglect, and receive the care essential for their well-being.

Fiscal year: A 12-month period, beginning on April 1 of one year and ending on March 31 of the following year.

Gadzoosdaa student residence: A dormitory located in Whitehorse that brings together rural high school students to pursue educational opportunities.

Gross income: The applicant's total income as reported to the Canada Revenue Agency in the previous tax year.

Household: An applicant together with the applicant's children.

Manager: The manager of Insured Health Services' Extended Health Care Benefits unit.

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Notice of Assessment: An evaluation of the applicant's income tax return that the Canada Revenue Agency sends each year after the income tax return is filed.

Pharmacare and Extended Health Care Benefits program: An Insured Health Services program that assists seniors with the cost of prescription drugs, dental care, eye care and medical-surgical supplies and equipment.

Registration and Claims Unit: An Insured Health Services program that is responsible for enrolling Yukoners onto the Yukon Health Care Insurance Program and issuing health care insurance cards.

Related policies and other documents

- A.2: Enrolment
- A.3: Coverage
- A.6: Appeals

APPROVED BY:	Stephen Doyle	Director, Insured Health Review & Strategic Planning
DATE:	2023/01/20	

APPROVED BY:	Amy Riske	Assistant Deputy Minister, Innovation, Quality and Performance
DATE:	2023/01/20	

Appendix A

Unit: Yukon Dental Program	Effective date: January 1, 2023
Branch: Insured Health Services	Last updated: January 1, 2023
Appendix: A	Review date: January 1, 2025

Appendix A

Household size	Household composition	Annual income threshold
One person	One applicant	\$60,000
Two people	One applicant + one child	\$77,000
Three people	One applicant + two children	\$90,000
Four people	One applicant + three children	\$101,000
Five people	One applicant + four children	\$111,000
Six people	One applicant + five children	\$120,000
Seven people	One applicant + six children	\$128,000
Eight people	One applicant + seven children	\$135,000
Nine people	One applicant + eight children	\$142,000
Ten people	One applicant + nine children	\$149,000

A.2: Enrolment

Unit: Yukon Dental Program	Effective date: May 16, 2023
Branch: Insured Health Services	Last updated: May 16, 2023
Policy number: A.2	Review date: May 16, 2025

Purpose

This policy describes the enrolment of members in the Yukon Dental Program, including sharing information with the benefits carrier.

Policy

1. The dental program officer must assess the age of all members.
2. Members determined to be 60 years of age or older will have their eligibility for the Pharmacare and Extended Health Care Benefits program cross-referenced using the electronic medical record.
 - Members who are eligible for the Pharmacare and Extended Health Care Benefits program will only be eligible for a top-up coverage amount in accordance with [policy A.3](#).
3. The Yukon Dental Program (YDP) will share member information with the benefits carrier using:
 - an initial enrolment spreadsheet for members who are new to the YDP and have never been issued a certificate ID number;
 - an initial reinstatement spreadsheet for members who have been enrolled in the YDP previously and, as such, have been issued a certificate ID number; or
 - the benefits carrier's portal for members who are enrolled and/or reinstated after the start of the benefit year.

Enrolments

4. For enrolments prior to the start of the benefit year, the dental program officer may enrol members with the initial enrolment spreadsheet.
5. For enrolments after the start of the benefit year, the dental program officer may enrol members directly through the benefits carrier's portal.

Reinstatements

6. The YDP may reinstate members for the following benefit year once the previous year's notice of assessment is available.
7. For reinstatements prior to the start of the benefit year, the dental program officer may reinstate members with the initial reinstatement spreadsheet.
8. For reinstatements after the start of the benefit year, the dental program officer may reinstate members directly through the benefits carrier's portal.

A.2: Enrolment

Unit: Yukon Dental Program	Effective date: May 16, 2023
Branch: Insured Health Services	Last updated: May 16, 2023
Policy number: A.2	Review date: May 16, 2025

Definitions

Benefit year: The period from July 1 of the current year to June 30 of the following year.

Benefits carrier: A vendor, contracted by the Government of Yukon, to administer and provide coverage for the Yukon Dental Program.

Eligibility date: The day the dental program officer completes the member's enrolment in the Yukon Dental Program.

Member: An individual who has been determined eligible for the Yukon Dental Program in accordance with [policy A.1](#).

Pharmacare and Extended Health Care Benefits program: An Insured Health Services program that assists seniors with the cost of prescription drugs, dental care, eye care and medical-surgical supplies and equipment.

Related policies and other documents

- [A.1: Eligibility](#)
- [A.3: Coverage](#)

APPROVED BY:	Stephen Doyle	Director, Insured Health Review & Strategic Planning
DATE:	2023/05/16	

APPROVED BY:	Amy Riske	Assistant Deputy Minister, Innovation, Quality and Performance
DATE:	2023/05/19	

A.3: Coverage

Unit: Yukon Dental Program	Effective date: May 16, 2023
Branch: Insured Health Services	Last updated: May 16, 2023
Policy number: A.3	Review date: May 16, 2025

Purpose

This policy describes the maximum amount members are eligible to receive for dental coverage under the Yukon Dental Program.

Policy

1. Members must be eligible for, and enrolled in, the Yukon Dental Program (YDP) in order to receive coverage for dental services. See [policy A.1](#) for more information about eligibility; see [policy A.2](#) for more information about enrollment.
2. The YDP covers basic dental services necessary to:
 - relieve pain and infection;
 - prevent disease; and
 - restore chewing or social function.
3. Members are eligible to receive coverage for dental services included in [Schedule 1](#).
4. The YDP covers dental services in accordance with the descriptions and limits of dental services outlined in [Schedule 1](#).
5. The YDP will only cover dental services provided in Yukon.
6. Members are eligible to receive a maximum of:
 - \$1,300 in coverage per benefit year if they do not have access to any other dental coverage or benefits; or
 - \$600 in coverage per benefit year, if they are eligible for the Pharmacare and Extended Health Care Benefits program.
 - Members must access benefits from the YDP before accessing benefits from the Pharmacare and Extended Health Care Benefits program.
7. Members cannot bring forward unused coverage amounts from the current benefit year to any subsequent benefit year.
8. The dental service provider, the benefits carrier and the member are collectively responsible for monitoring the balance of the member's coverage amount.
9. In exceptional circumstances, the YDP may consider providing supplementary coverage in accordance with [policy A.4](#) and/or denture coverage in accordance with [policy A.5](#).
 - In either case, the member must first exhaust their available coverage benefits for the year.

A.3: Coverage

Unit: Yukon Dental Program	Effective date: May 16, 2023
Branch: Insured Health Services	Last updated: May 16, 2023
Policy number: A.3	Review date: May 16, 2025

10. The benefits carrier will issue payment directly to the dental service provider upon receipt of an invoice.

- Members will not issue payment to the dental service provider and will not receive direct reimbursement from the YDP.

11. Where the benefits carrier denies dental service coverage – whether because the member has already reached their maximum coverage amount or because the YDP does not cover the dental service – the benefits carrier will issue an explanation of benefits to the member, outlining the reason for the denial.

12. Members may appeal coverage amounts and decisions in accordance with [policy A.6](#).

Definitions

Benefit year: The period from July 1 of the current year to June 30 of the following year.

Benefits carrier: A vendor, contracted by the Government of Yukon, to administer and provide coverage for the Yukon Dental Program.

Member: An individual who is eligible for, and enrolled in, the Yukon Dental Program.

Pharmacare and Extended Health Care Benefits program: An Insured Health Services program that assists seniors with the cost of prescription drugs, dental care, eye care and medical-surgical supplies and equipment.

Related policies and other documents

- A.1: Eligibility
- A.2: Enrolment
- A.4: Supplemental coverage
- A.5: Denture coverage
- A.6: Appeals

APPROVED BY:	Stephen Doyle	Director, Insured Health Review & Strategic Planning
DATE:	2023/01/27	

A.3: Coverage

Unit: Yukon Dental Program	Effective date: May 16, 2023
Branch: Insured Health Services	Last updated: May 16, 2023
Policy number: A.3	Review date: May 16, 2025

APPROVED BY:	Amy Riske	Assistant Deputy Minister, Innovation, Quality and Performance
DATE:	2023/01/27	

A.4: Supplemental coverage

Unit: Yukon Dental Program	Effective date: March 23, 2023
Branch: Insured Health Services	Last updated: March 23, 2023
Policy number: A.4	Review date: March 23, 2025

Purpose

This policy describes who is eligible for supplemental coverage, when supplemental coverage may be considered and how much members are eligible to receive for supplemental coverage.

Policy

1. This policy does not apply to [policy A.5](#) denture coverage.
2. Supplemental coverage provides funding for dental services that exceed the member's maximum coverage amount outlined in [policy A.3](#).
3. Supplemental coverage is only available to members.
4. The benefits carrier must inform the Director, in writing, if the total cost for all services requested exceeds \$5,000.
5. The benefits carrier must approve all requests for supplemental coverage in advance of the member receiving the service.
6. Supplemental coverage requests are discretionary in nature and, as such, the benefits carrier considers all requests on a case-by-case basis.
7. All requests for supplemental coverage will be considered in accordance with the Yukon Dental Program's (YDP) general principle of providing basic dental services necessary to:
 - relieve pain and infection;
 - prevent disease; and
 - restore chewing or social function.
8. Supplemental coverage will only be considered when the member's need:
 - is likely to lead to a negative medical outcome if not mitigated immediately;
 - is related to, or the direct result of, a severe and prolonged disability;
 - is the result of a medically diagnosed illness (for example, oral cancer);
 - must be met before a member is able to undergo a necessary medical procedure (for example, surgery); or
 - is the result of a recent unforeseen and unexpected event (for example, a fall or facial trauma).
9. The request for supplemental coverage must clearly identify how the member meets the applicable requirement outlined in policy statement 8.

A.4: Supplemental coverage

Unit: Yukon Dental Program	Effective date: March 23, 2023
Branch: Insured Health Services	Last updated: March 23, 2023
Policy number: A.4	Review date: March 23, 2025

10. The benefits carrier may contact the Director to consult on cases, as needed.

11. The member can appeal their eligibility for supplemental coverage in accordance with [policy A.6](#).

Definitions

Director: The Director of Insured Health Review & Strategic Planning.

Disability: Impairment in a person's body structure or function, or mental functioning (for example, loss of limb, loss of vision or memory loss); or an activity limitation, such as difficulty seeing, hearing, walking or problem solving.

Member: An individual who is eligible for, and enrolled in, the Yukon Dental Program.

Related policies and other documents

- A.1: Eligibility
- A.2: Enrolment
- A.3: Coverage
- A.6: Appeals
- Schedule 1
- Schedule 2

APPROVED BY:	Stephen Doyle	Director, Insured Health Review & Strategic Planning
DATE:	2023/03/23	

APPROVED BY:	Amy Riske	Assistant Deputy Minister, Innovation, Quality and Performance
DATE:	2023/03/23	

A.5: Denture coverage

Unit: Yukon Dental Program	Effective date: January 27, 2023
Branch: Insured Health Services	Last updated: January 27, 2023
Policy number: A.5	Review date: January 27, 2025

Purpose

This policy describes the maximum amount members are eligible to receive for denture coverage under the Yukon Dental Program.

Policy

1. Members must be eligible for, and enrolled in, the Yukon Dental Program (YDP) in order to receive coverage for denture services. See [policy A.1](#) for more information about eligibility; see [policy A.2](#) for more information about enrollment.
2. Members are eligible to receive coverage for denture services included in [Schedule 1](#) and [Schedule 2](#).
3. The YDP covers denture services in accordance with the descriptions and limits of denture services outlined in [Schedule 1](#) and [Schedule 2](#).
4. The YDP will only cover denture services provided in Yukon.
5. The YDP will cover the full cost of dentures when dentures are required.
 - Members must utilize the maximum coverage available to them for the benefit year in accordance with [policy A.3](#) before additional coverage is provided.
6. The benefits carrier will issue payment directly to the denture service provider upon receipt of an invoice.
 - Members will not issue payment to the denture service provider and will not receive direct reimbursement from the YDP.
7. Members may appeal decisions in accordance with [policy A.6](#).

Definitions

Benefit year: The period from July 1 of the current year to June 30 of the following year.

Benefits carrier: A vendor, contracted by the Government of Yukon, to administer and provide coverage for the Yukon Dental Program.

Member: An individual who is eligible for, and enrolled in, the Yukon Dental Program.

Pharmacare and Extended Health Care Benefits program: An Insured Health Services program that assists seniors with the cost of prescription drugs, dental care, eye care and medical-surgical supplies and equipment.

A.5: Denture coverage

Unit: Yukon Dental Program	Effective date: January 27, 2023
Branch: Insured Health Services	Last updated: January 27, 2023
Policy number: A.5	Review date: January 27, 2025

Related policies and other documents

- A.1: Eligibility
- A.2: Enrollment
- A.3: Coverage
- A.6: Appeals
- Schedule 2

APPROVED BY:	Stephen Doyle	Director, Insured Health Review & Strategic Planning
DATE:	2023/01/27	

APPROVED BY:	Amy Riske	Assistant Deputy Minister, Innovation, Quality and Performance
DATE:	2023/01/27	

A.6: Appeals

Unit: Yukon Dental Program	Effective date: February 10, 2023
Branch: Insured Health Services	Last updated: February 10, 2023
Policy number: A.6	Review date: February 10, 2025

Purpose

This policy describes the process for appealing a decision made by the Yukon Dental Program or the benefits carrier.

Policy

1. Applicants have the right to appeal decisions made by the Yukon Dental Program (YDP) related to program eligibility and/or service delivery.
2. Members have the right to appeal decisions made by the benefits carrier related to:
 - coverage amounts;
 - dental services;
 - denture services; and/or
 - service delivery.

Applicant appeals

3. The dental program officer must:
 - address appeals in a timely manner; and
 - report all appeals to the Director and manager via email.
4. Applicants must submit appeals either verbally or in writing within 30 days from the day the applicant receives a denial letter.
 - Written appeals must be addressed to the YDP and include:
 - the applicant's name;
 - the applicant's contact information; and
 - a detailed explanation of the decision the applicant is appealing.
5. The dental program officer must:
 - explain to the applicant how their eligibility for the YDP was assessed in accordance with [policy A.1](#); and
 - inform the applicant about the appeals process in accordance with this policy.
6. In the event the manager is unable to resolve the applicant's appeal, the appeal will be elevated to the Director.

A.6: Appeals

Unit: Yukon Dental Program	Effective date: February 10, 2023
Branch: Insured Health Services	Last updated: February 10, 2023
Policy number: A.6	Review date: February 10, 2025

7. The dental program officer, manager and Director (as applicable) must document all interactions related to the applicant's appeal in the contact note and save it to the YDP folder.
8. The dental program officer must note the appeal decision in the application log.

Member appeals

9. The benefits carrier will review and adjudicate all appeals made by members in accordance with the benefits carrier's appeal or complaints process.
 - o The benefits carrier may consult with the Director regarding the interpretation of [policies A.3, A.4 and A.5](#).

Definitions

Appeal: To express dissatisfaction or discontent with a decision made by a program area, with the intent of having a higher decision-maker review the decision to ensure the decision-maker handled the decision fairly and appropriately.

Applicant: An individual making an application for dental coverage under the Yukon Dental Program.

Director: The Director of Insured Health Review & Strategic Planning.

Manager: The manager of Insured Health Services' Extended Health Care Benefits unit.

Member: An individual who is eligible for, and enrolled in, the Yukon Dental Program.

Related policies and other documents

- A.1: Eligibility
- A.3: Coverage
- A.4: Supplementary coverage
- A.5: Denture coverage
- Schedule 1
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A.6: Appeals

Unit: Yukon Dental Program	Effective date: February 10, 2023
Branch: Insured Health Services	Last updated: February 10, 2023
Policy number: A.6	Review date: February 10, 2025

APPROVED BY:	Alanna Hennessey for Stephen Doyle	A/Director, Insured Health Review & Strategic Planning
DATE:	2023/02/10	

APPROVED BY:	Amy Riske	Assistant Deputy Minister, Innovation, Quality and Performance
DATE:	2023/02/13	



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 monthsExcludes 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)		
01201	New patient	One in any 12 months
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		Any combination (periapical, bitewing and occlusal radiographs), eight in any 12 months
02111	Single film	
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	

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Service code	Description	Limit
02143	Three films	
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+: six 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	

Yukon Dental Program

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 bicuspid 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 bicuspid 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 Not to be used for veneer applications or diastema closures		
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 fillings, 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
		Primary, posterior, tooth coloured/plastic with silver filings, non etch	
23501		One surface	
23502		Two surfaces	
23503		Three surfaces	
23504		Four surfaces	
23505		Five surfaces	
		Primary, posterior, tooth coloured, etch/bond technique	
23511		One surface	
23512		Two surfaces	
23513		Three surfaces	
23514		Four surfaces	
23515		Five surfaces	
		Tooth coloured or plastic with silver filings, cores	
23601		In conjunction with crown	
23602		Etch/bonded in conjunction with crown	
		Posts	
		Prefabricated retentive	
25731		One post	
		Post removal	
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
		Includes biomechanical preparation and placement of dentogenic media	
33601		One canal	
33602		Two canals	
33603		Three canals	
33604		Four canals or more	
		Re-insertion of dentogenic media per visit	
33611		One canal	
33612		Two canals	
33613		Three canals	
33614		Four canals or more	
		Obturation of apexified canal	
33621		One canal	
33622		Two canals	
33623		Three canals	
33624		Four canals	
		Periapical services	One per tooth per lifetime
		Apicoectomy/apical curettage	
		Maxillary anterior	
34111		One root	
34112		Two roots	
		Maxillary bicuspid	
34121		One root	
34122		Two roots	
34123		Three roots	
		Maxillary molar	
34131		One root	
34132		Two roots	
34133		Three roots	
34134		Four or more roots	
		Mandibular anterior	
34141		One root	
34142		Two roots	
		Mandibular bicuspid	
34151		One root	
34152		Two roots	
34153		Three roots	
		Mandibular molar	
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			
Open and drain (separate emergency procedures)			
39201	Anteriors and bicuspid		
39202	Molars		
Periodontics			
Periodontal services, non surgical			
Oral disease, management of			
Oral manifestations, oral mucosal disorders			
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.			
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 reline, 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	
Dentures, rebasing		
<i>Complete denture</i>		
56311	Maxillary + L	
56312	Mandibular + L	
<i>Partial denture</i>		
56321	Maxillary + L	
56322	Mandibular + L	
Dentures, tissue conditioning		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	



Yukon Dental Program

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		
Removals, impactions, soft tissue coverage		
72111	Single tooth	
72119	Each additional tooth, same quadrant	
Removals, impactions, involving tissue and/or bone coverage		
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	
Removals, (extractions), residual roots		
Removals, residual roots, erupted		
72311	Single tooth	
72319	Each additional tooth, same quadrant	
Removals, residual roots, soft tissue coverage		
72321	Single tooth	
72329	Each additional tooth, same quadrant	
Removals, residual roots, bone tissue coverage		
72331	Single tooth	
72339	Each additional tooth, same quadrant	
Surgical exposure of teeth		
Surgical exposure, unerupted, uncomplicated, soft tissue coverage Includes operculectomy		
72511	Single tooth	
72519	Each additional tooth, same quadrant	
Remodelling and recontouring oral tissue		
Alveoplasty		
Alveoplasty, in conjunction with multiple extractions		
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	



Yukon Dental Program

Schedule 2: Denturist Schedule



Yukon Dental Program

Denturist Schedule

Within its limits, this service schedule aims to provide emergency and basic denturist 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
Examinations		
10010	General Oral Examination	One in any 60 months
10104	Emergency/Specific Nature	One in any 12 months
Removable Prosthodontic Services		
<ul style="list-style-type: none">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 equal to the corresponding natural teeth (vertically and horizontally).The fee for complete and partial dentures may include, if required, impressions, models and opposing models, bite registration, articulation, try-in, and insertion. The fee also includes a 3-month period of post-insertion care.The fee for immediate dentures includes the tissue conditioner, but not the processed reline/rebase.Denture adjustments done on the same date of service and in conjunction with the delivery of new dentures, denture repairs, relines, rebases and/or tissue conditioning, are included in the fees billed and paid for these services.The overall cost of replacement for a denture may be adjusted in situations where claims for reline/rebase were paid within three months prior to the request.		
Complete dentures (one or more completely edentulous arch)		
31310	Complete Maxillary - Standard	One per arch in any 96 months
31320	Complete Mandibular - Standard	
Complete denture(s) - immediate/surgical		
31311	Complete Maxillary - Standard - Immediate/Surgical	One per arch in any 96 months
31321	Complete Mandibular - Standard - Immediate/Surgical	
Partial denture(s) - cast frames with clasps and/or rests		
41114	Partial Maxillary - Standard - Free-End - Cast with Clasps and/or Rests	One per arch in any 96 months
41124	Partial Mandibular - Standard - Free-End - Cast with Clasps and/or Rests	
41254	Partial Maxillary - Standard - Toothborne - Cast with Clasps and/or Rests	
41264	Partial Mandibular - Standard - Toothborne - Cast with Clasps and/or Rests	
Partial denture(s) - reinforced		
41145	Partial Maxillary - Reinforced - Free-end or Toothborne	One per arch in any 96 months

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Service Code	Description	Limit
41146	Partial Mandibular - Reinforced - Free-end or Toothborne	
Partial denture(s) acrylic base with clasps and/or rests or resilient retainers		
41610	Partial Maxillary - Standard - Acrylic Base with Clasps and/or Rests or Resilient Retainers	One per arch in any 60 months
41620	Partial Mandibular - Standard - Acrylic Base with Clasps and/or Rests or Resilient Retainers	
41710	Partial Maxillary - Transitional - Acrylic Base with Clasps and/or Rests or Resilient Retainers	
41720	Partial Mandibular - Transitional - Acrylic Base with Clasps and/or Rests or Resilient Retainers	
Partial denture(s) acrylic base - no clasps		
41612	Partial Maxillary - Standard - Acrylic Base no Clasps	One per arch in any 60 months
41622	Partial Mandibular - Standard - Acrylic Base no Clasps	
41712	Partial Maxillary - Transitional - Acrylic Base no Clasps	
41722	Partial Mandibular - Transitional - Acrylic Base no Clasps	
Reline(s)		
32110	Complete Maxillary - Reline - Lab Processed - Heat Cured	One per prosthesis in any 24 months
32120	Complete Mandibular - Reline - Lab Processed - Heat Cured	
32215	Complete Maxillary - Reline - Lab Processed - Self-Polymerized	
32225	Complete Mandibular - Reline - Lab Processed - Self-Polymerized	
32410	Complete Maxillary - Reline - Chairside - Light Cured	
32420	Complete Mandibular - Reline - Chairside - Light Cured	
32418	Complete Maxillary - Reline - Chairside - Acrylic	
32428	Complete Mandibular - Reline - Chairside - Acrylic	
42116	Partial Maxillary - Reline - Lab Processed - Heat Cured	
42126	Partial Mandibular - Reline - Lab Processed - Heat Cured	
42210	Partial Maxillary - Reline - Lab Processed - Self-Polymerized	
42220	Partial Mandibular - Reline - Lab Processed - Heat Cured	
42416	Partial Maxillary - Reline - Chairside - Light Cured	
42426	Partial Mandibular - Reline - Chairside - Light Cured	
42418	Partial Maxillary - Reline - Chairside - Acrylic	
42428	Partial Mandibular - Reline - Chairside – Acrylic	
Rebase(s)		
33117	Complete Maxillary - Rebase - Lab Processed - Heat Cured	One per prosthesis in any 24 months
33127	Complete Mandibular - Rebase - Lab Processed - Heat Cured	

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Service Code	Description	Limit
33217	Complete Maxillary - Rebase - Lab Processed - Self-Polymerized	
33227	Complete Mandibular - Rebase - Lab Processed - Self-Polymerized	
43116	Partial Maxillary - Rebase - Lab Processed - Heat Cured	
43126	Partial Mandibular - Rebase - Lab Processed - Heat Cured	
43217	Partial Maxillary - Rebase - Lab Processed - Self-Polymerized	
43227	Partial Mandibular - Rebase - Lab Processed - Self-Polymerized	
Repair(s)		
36110	Complete Maxillary - Repair - No Impression	<ul style="list-style-type: none">One per prosthesis in any 12 months.The fee for a complete denture repair solely to add teeth includes the cost of the first tooth.
36120	Complete Mandibular - Repair - No impression	
36210	Complete Maxillary - Repair - With Impression	
36220	Complete Mandibular - Repair - With Impression	
46110	Partial Maxillary - Repair - No Impression	
46120	Partial Mandibular - Repair - No Impression	
46210	Partial Maxillary - Repair - With Impression	
46220	Partial Mandibular - Repair - With Impression	
Addition to existing partial- (note to dentist - utilize appropriate 70,000 series codes if additional teeth and/or clasps are required)		
46310	Partial Maxillary - addition of tooth or an addition of one clasp	
46320	Partial Mandibular - addition of tooth or an addition of one clasp	
Tissue conditioning/temporary liner		
37110	Complete Maxillary - Tissue Conditioning/Temporary Liner - per visit	One per prosthesis in any 24 months
37120	Complete Mandibular - Tissue Conditioning/Temporary Liner - per visit	
47110	Partial Maxillary - Tissue Conditioning/Temporary Liner - per visit	
47120	Partial Mandibular - Tissue Conditioning/Temporary Liner - per visit	
Adjustment(s) (to be billed by 'per visit' or 'unit of time')		
38110	Complete Maxillary - Adjustment - per visit or per unit of time	
38120	Complete Mandibular - Adjustment - per visit or per unit of time	
48110	Partial Maxillary - Adjustment - per visit or per unit of time	
48120	Partial Mandibular - Adjustment - per visit or per unit of time	
Adjunctive services/ materials		
71010	Clasp - Wrought (each)	

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Service Code	Description	Limit
98888	Laboratory Fee	
Additional repair materials		
71309	Matrix - lab produced - no impression	
71310	Repair Model - lab produced - no impression	
71311	Opposing Model - impression required	
71313	New Tooth (each)	
71314	Multiple Fracture - per denture	
71315	Addition - Flange - per denture	
Reinforcements		
72021	Wire Reinforcement – Maxillary	
72022	Wire Reinforcement – Mandibular	

