

# Dental Supplement

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## Dentist



Ministry of  
Social Development

# MINISTRY OF SOCIAL DEVELOPMENT

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The *Preamble - Emergency Dental and Denture Supplements - Dentist* provides details on the Ministry's Emergency Dental and Denture Supplements and information on how to confirm eligibility and obtain payment for services rendered.

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The *Schedule of Fee Allowances - Emergency Dental - Dentist* lists the eligible services and fees associated with the Ministry's Emergency Dental and Denture Supplements. It contains the rules, frequency and financial limits associated with each service.

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The *Preamble - Crown and Bridgework Supplement* provides details on the Ministry's Crown and Bridgework Supplement and information on how to confirm eligibility, request pre-authorization and obtain payment for services rendered.

Part F - Schedule of Fee Allowances - Crown and Bridgework page 1

The *Schedule of Fee Allowance - Crown and Bridgework* lists the eligible services and fees associated with the Ministry's Crown and Bridgework Supplement. It contains the rules, frequency and financial limits associated with each service.

## **Part A - Preamble - Dental Supplements - Dentist**

The overall intent of the Ministry of Social Development (Ministry) Dental Supplements is to provide coverage for basic dental services to eligible Employment and Assistance and Employment and Assistance for Persons with Disabilities clients. The attached *Schedule of Fee Allowances - Dentist* outlines the eligible services and fees associated with the Ministry's Dental Supplements and the provision of basic dental services. It contains the rules, frequency and financial limits associated with each service. All frequency limitations also include services performed by a denturist or hygienist.

The following information provides details on the Ministry's Dental Supplements, how to confirm eligibility and obtain payment for services rendered.

### **Eligibility for Dental Supplements**

It is important to note that not all Ministry clients are entitled to basic dental services through the Ministry's Dental Supplements. To ensure active coverage is in place, eligibility must be confirmed for all clients prior to proceeding with any treatment. Procedures for confirming eligibility for your patients are outlined on page (v) under the Eligibility Information section.

#### **Adults**

Adult clients who are eligible for basic dental services under Ministry Dental Supplements are eligible for a \$1000 limit every 2-year period beginning on January 1st of every odd numbered year.

#### **Children**

Dependent children (under 19 years of age) of clients in receipt of income assistance, disability assistance, hardship assistance or children under the Child in the Home of a Relative (CIHR) program are eligible for a \$1400 limit every 2-year period beginning on January 1st of every odd numbered year.

#### **Healthy Kids**

Dependent children (under 19 years of age) whose parent(s) receive premium assistance through the Medical Services Plan (MSP) are eligible for dental supplements through the Healthy Kids program. Children covered under the Healthy Kids program have a \$1400 limit every 2-year period beginning on January 1st of every odd numbered year, starting in 2009.

## **Emergency Dental and Denture Supplements**

For Ministry clients who are not eligible for the previously noted 2-year limit or those who have exhausted their limit, some short-term assistance may be available through Emergency Dental and Denture Supplements. Children covered under the Healthy Kids program are also eligible for Emergency Dental and Denture Supplements. Emergency Dental allows for treatment of an eligible person who needs immediate attention to relieve pain, or to control infection or bleeding or if a person's health or welfare is otherwise immediately jeopardized.

Specific and comprehensive information regarding allowable emergency services along with their associated fees, rules and restrictions and billing information can be found under Part C - *Preamble - Emergency Dental and Denture Supplements* and Part D - *Schedule of Fee Allowances - Emergency Dental - Dentist*. Emergency services must be billed on a separate claim form.

## **Denture Policy**

### **Initial Placement – Complete Denture(s)**

All Ministry clients, including those with Emergency Supplement coverage only, are eligible for a single complete denture (upper or lower), or complete dentures if the dentures are required as a result of extractions for the relief of pain resulting in full clearance of the arch/arches. This clearance must have taken place in the preceding six months. If extractions were completed in the hospital, a comment must be noted on the claim form that indicates date and place of surgery. To ensure active coverage is in place, eligibility must be confirmed for all clients prior to proceeding with any treatment. Procedures for confirming eligibility for your patients are outlined on page (v) under the Eligibility Information section.

The number of extractions required is not limited, but the extractions must result in full clearance and either be completed using the patient's basic dental limit or meet the criteria under the Emergency Dental and Denture Supplements. Refer to the *Schedule of Fee Allowances - Emergency Dental – Dentist* for detailed information.

The denture fee items are restricted to 51101, 51102, 51301 and 51302.

For those clients that have a 2-year limit, funds still available within that limit will be utilized to pay for the denture(s) with the remaining balance for the denture(s) paid over limit.

**Note:** Coverage for dentures is normally limited to once per arch every five years, however, payment of a **partial** denture within the past five years will not preclude provision of a complete denture as a result of full clearance. Conversely, partial dentures should not be used as provisional or temporary appliances.

## **Denture Policy, continued**

### **Initial Placement – Partial Denture(s) in excess of the basic dental limit**

It is important to note that not all Ministry clients qualify for partial dentures. Eligibility for this service must be confirmed prior to beginning treatment. See the Eligibility Information section on page (v).

For eligible clients, partial dentures will be considered in excess of their limit, if all of the following conditions apply:

1. At least one extraction is required for relief of pain and the extraction has been done in the preceding six months,
2. The extraction(s) must result in 3 or more adjacent/contiguous missing teeth on the same arch, and
3. The Ministry has not paid for a denture on the same arch within the past five years.

Fee items will be restricted to the 52000 series outlined in the *Schedule of Fee Allowances - Dentist*. No cast dentures will be covered in excess of the client's limit.

Funds still available within the client's limit will be utilized first with the remaining balance for denture(s) paid over limit. It is expected that the patient's basic treatment (extractions, filling, etc.) will have been accomplished within the confines of the client's limit unless treatment qualifies under the Emergency Dental and Dentures Supplements criteria. Refer to the *Schedule of Fee Allowances - Emergency Dental - Dentist* for detailed information. There is no ability to approve extractions, fillings, etc. over the client's limit or outside the Emergency Dental and Denture Supplements.

### **Replacement Dentures (partial or complete) in excess of the basic dental limit**

It is important to note that not all Ministry clients qualify for replacement dentures. Eligible clients must have 2 years continuous Ministry coverage. Eligibility for this service must be confirmed prior to beginning treatment. See the Eligibility Information section on page (v).

The Ministry will pay for denture(s) only once every five years. Note: an exception to this would be if the current denture(s) was a partial and the replacement denture(s) is complete in conjunction with full clearance of teeth (see above under Initial Placement – Complete Dentures).

Fee items will be restricted to the 51100 series for complete dentures and 52000 for partial dentures outlined in the *Schedule of Fee Allowances - Dentist*. No cast dentures will be covered in excess of the client's limit. Funds still available within the client's limit will be utilized first with the remaining balance for denture(s) paid over limit.

### **Relines, Rebases and other denture related treatment**

No other denture treatment will be considered over the client's limit as urgent needs can be met through either the Emergency Dental and Denture Supplements or within the client's limit.

## **General Anaesthetic (GA) and IV sedation in Dental Office**

Limited coverage for GA/IV sedation in office is available under fee code 92215 (previous code used was 92444). Refer to the detailed information and restrictions noted under fee code 92215 in the *Schedule of Fee Allowances – Dentist*. Eligibility for this service must be confirmed prior to treatment. See the Eligibility Information section on page (v).

## **General Anaesthetic (GA) and IV Sedation in a Private Facility**

The Ministry does not cover GA and IV sedation facility fees. Effective April 2003, the management of all private facility fees was transferred to the Provincial Health Services Authority (PHSA) Children's and Women's Health Centre (CWHC). For specific information on coverage of facility fees, contact CWHC at 1-604-875-2345.

## **Access to Additional \$1000 of Basic Dental Services When Treatment is Completed in an Approved Private Facility Or Hospital**

If your client is found eligible and dental treatment is performed under GA/IV sedation in hospital through the Medical Services Plan (MSP) or in an approved facility through the above noted agency, access to an additional \$1000 of basic dental treatment is available. You must ensure you have noted on your claim form that treatment was performed under GA or IV sedation in an approved private facility or hospital. The name of the private facility or hospital is also required.

The additional \$1000 over the client's limit is a once yearly supplement but can be utilized over multiple GA/IV sedation appointments should more than one appointment be necessary. An example would be if a child has a GA and uses up their \$1400 biennial limit plus \$100 of the additional limit and then a second GA is necessary, the patient would have access to the remaining \$900 that year.

**Note:** The eligible dental services will be paid at rates in accordance with the *Schedule of Fee Allowances – Dentist*. All rules, frequency and financial limits associated with each service still apply. There is no provision to exceed time and financial limited services (i.e.: 2 year filling limits). The additional \$1000 of basic dental services is not available when treatment is done in office.

## **Crown and Bridge Supplement**

Specific and comprehensive information regarding allowable services along with their associated fees, rules and restrictions and billing information can be found under Part E - *Preamble - Crown and Bridgework Supplement* and Part F - *Schedule of Fee Allowances - Crown and Bridgework*.

## **Eligibility Information**

**Eligibility must be confirmed for all clients**, including those covered by the Emergency Dental and Denture Supplement. We recommend you request picture identification in addition to their Personal Health Number (PHN) from new patients.

You must confirm that there are sufficient funds available within your patient's limit to pay for scheduled services and previous dental history should be checked for time-limited procedures. Treatment involving more than one practitioner or a specialist should be coordinated to ensure sufficient funds are available for all services planned.

To ensure that your patient has active Ministry sponsored coverage and to determine the level of this coverage, eligibility must be confirmed immediately prior to providing service, as coverage can change from month to month.

**Eligibility is confirmed by obtaining the client's Personal Health Number (PHN) and contacting Pacific Blue Cross at:**

**Vancouver: 1-604-419-2780      All other Communities: 1-800-665-1297**

If Ministry clients or parents of children covered through Healthy Kids have questions, they should be referred to the Dental Information Line at 1-866-866-0800.

## **Payment Process**

Claims must be submitted on a standard dental claim form and sent to:

**Pacific Blue Cross  
PO Box 65339  
Vancouver, BC  
V5N 5P3**

Claims under the Ministry's Dental Supplements will be paid in accordance with the *Schedule of Fee Allowances - Dentist* and these fees represent the maximum amount the Ministry can pay for the services billed.

Certified specialists, including oral surgeons may receive an additional 10% on services billed. Refer to page 23 of the *Schedule of Fee Allowances – Dental – Dentist*

Treatment completed under the Emergency Dental and Dentures Supplements must be submitted on a separate claim form and will be paid in accordance with the *Schedule of Fee Allowances - Emergency Dental – Dentist*.

## **Payment Process, continued**

To facilitate payment, it is essential that the submitted claim form be completed as accurately and thoroughly as possible using the client's name and PHN. Where a claim form is correctly completed and the service provided is an eligible service covered by the Ministry, payment can be expected within 30 days of receipt of the claim. Rebilling within 30 days may not only hold up payment of the original claim, but will also delay the processing of subsequent claims.

**Note:** Claims requiring review by the Ministry's dental consultant may take longer to process.

All claims are processed on a "first come, first served" basis therefore timely submission is encouraged. Claims must be submitted within one year of the date of service. No payment will be made on any claim received later than one year from the date of service. If there is an error on your billing, subsequent claims may jeopardize the payment of your rebilling.

The dentist must bill the actual procedure(s) rendered. An alternative fee item number should not be substituted. All claims must be submitted under the payment number of the dentist performing the service(s). Claims, resubmissions and adjustment requests must bear the dentist's signature. This confirms the work was completed and accurately billed. The dentist remains solely responsible for all claims submitted.

Where payment of a claim has been adjusted or refused, your remittance statement will include an explanation code.

**Note:** Oral and dental surgery performed in hospital is to be billed to the Medical Services Plan of British Columbia. The agency's address is:

Medical Services Plan  
PO Box 9480  
Victoria, BC  
V8W 9E7



# MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT

## Schedule of Fee Allowances – Dentist Effective April 1, 2010

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
<b><u>DIAGNOSTIC SERVICES</u></b>		
<b><u>CLINICAL ORAL EXAMINATIONS</u></b> (by Dentist)		
<b><u>Note:</u></b>	All examinations in any combination are limited to once per calendar year and 60 days must elapse between exams with the exception of fee items 01204/01205 - Specific or Emergency Oral Examinations and 01601 - Examination and Diagnosis, Surgical by Oral Surgeon.	
	A complete examination will not be paid for any patient more than once in any three-year period. In addition, fee items 01101 to 01103 are limited to once per patient per lifetime to any one practitioner and are billable for a new patient only, previous emergency or specific examinations (fee items 01204 and 01205) excepted.	
01101	Complete Examination and Diagnosis on Primary Dentition –  Recording history, charting, treatment planning and case presentation. To include: a) History, detailed medical and dental b) Clinical examination and diagnosis of hard and soft tissues, including carious lesions, missing teeth, determination of sulcular depth and location of periodontal pockets, gingival contours, mobility of teeth, recession, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests where necessary and any other pertinent factors	40.13
01102	Complete Examination and Diagnosis on Mixed Dentition –  Recording history, charting, treatment planning and case presentation. To include: a) Extended examination as described above under fee item 01101 b) Eruption sequence, tooth size, jaw size assessment	56.15
<b><u>Note:</u></b>	Fee items 01101 and 01102 are to be utilized for a new patient only with <u>significant clinical problems</u> , either abnormal craniofacial growth and development (e.g., cleft palate), or a medically compromised patient (e.g., hemophilia) or unusual dental disease such as amelogenesis imperfecta, dentogenesis imperfecta, and abnormal periodontal conditions. <b>Excessive decay alone does not constitute a significant clinical problem as noted above.</b> <u>Nature of significant clinical problem must be indicated on claim.</u>	
01103	Complete Examination and Diagnosis on Permanent Dentition –  Recording history, charting, treatment planning and case presentation. To include: a) History, detailed medical and dental b) Clinical examination and diagnosis of hard and soft tissues, including carious lesions, missing teeth, determination of sulcular depth and location of periodontal pockets, gingival contours, mobility of teeth, recession, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests where necessary and any other pertinent factors.	58.74

<b>FEE NO.</b>	<b>FEE DESCRIPTION</b>	<b>FEE AMOUNT (\$)</b>
01201	Standard Oral Examination of New Patient –  Examination with mirror and explorer of hard and soft tissues including checking and recording of occlusions and appliances but not including specific tests.	24.35
<b>Note:</b>	Fee item 01201 will only be paid if the practitioner has not seen the patient before; previous emergency or specific examinations (fee items 01204 and 01205) excepted.	
01202	Previous Patient (recall) Oral Examination –  Re-examination of a patient who is attending on a regular basis as described under 01201.	17.40
01204	Specific Oral Examination – (not included in the once per year exam limit) Examination, evaluation, diagnosis and recording of a specific situation.	21.75
01205	Emergency Oral Examination – (not included in the once per year exam limit) Examination and diagnosis for the investigation of discomfort and/or infection in a localized area.	21.75
<b>Note:</b>	Multiple billings of fee items 01204/01205 will be subject to review by the Ministry.	
01601	Examination and Diagnosis, Surgical by Oral Surgeon (not included in the once per year exam limit) To include: a) History, Medical and Dental b) Clinical examination as above, may include in-depth analysis of medical status, medication, anaesthetic and surgical risk, initial consultation with referring dentist or physician, parent or guardian, evaluation of source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors, TMJ, or where the patient is to be admitted to hospital for dental procedures.	64.61
<b>Note:</b>	Billing of fee item 01601 is limited to Certified Oral Surgeons only. Fee items 01204/01205 should be used for subsequent examinations of same patient and/or where examination does not include components outlined above. The additional 10% specialist fee does not apply to fee item 01601.	
01701	Edentulous Examination and Diagnosis –  Detailed medical and dental history (including prosthetic history), visual and digital examination of the oral structures, head and neck (including TMJ), lips, oral mucosa, tongue, oral pharynx, salivary glands, and lymph nodes.	39.37
<b>Note:</b>	Fee item 01701 is limited to one in a five-year period.	
01702	Specific Edentulous Examination, Note and Record –  Visual and digital examination of the oral structures, head and neck, including T.M.J., lips, oral mucosa, tongue, oral pharynx, salivary glands, and lymph nodes.	18.53

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
<u>RADIOGRAPHS</u>		
<b>Note:</b>	All radiographs will be limited to 54.71 per patient every 2 calendar years. A complete series, fee items 02101 or 02102 or thirteen films, fee item 02123, will be paid only once every 3 years.	
<u>Complete Full Mouth Series (including bitewings)</u>		
02101	Pedodontic	50.52
02102	Adult	54.71
	minimum 12 films	
	minimum 13 films	
<u>Intraoral – Periapical</u>		
02111	Single Film	9.95
02112	Two Films	13.59
02113	Three Films	17.31
02114	Four Films	21.04
02115	Five Films	24.76
02116	Six Films	28.44
02117	Seven Films	32.12
02118	Eight Films	35.88
02119	Nine Films	39.52
02120	Ten Films	43.31
02121	Eleven Films	47.11
02122	Twelve Films	50.90
02123	Thirteen Films	54.71
<u>Intraoral – Occlusal</u>		
02131	Single Film	13.92
02132	Two Films	19.47
02133	Three Films	25.89
<u>Intraoral – Bitewing</u>		
02141	Single Film	9.95
02142	Two Films	13.59
02143	Three Films	17.31
02144	Four Films	21.04
<u>Extraoral</u>		
02201	Single Film	24.14
02202	Two Films	35.33
02203	Three Films	46.53
<u>Temporomandibular joint film</u> one film = 2 views		
02501	Single film	25.32
02502	Two films	42.02
02601	Panoramic Film	38.76
<b>Note:</b>	Fee item 02601 is limited to once in a three-year period.	
<u>Cephalometric Films</u>		
02701	Single Film	25.80
02702	Two Films	42.54

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
<u>TEST AND LABORATORY EXAMINATIONS</u>		
<u>Biopsy</u>		
04311	Soft Tissue – by Puncture	54.53
04312	Soft Tissue – by Incision	88.11
04322	Hard Tissue – by Incision	176.38
<u>Pulp vitality test</u>		
<b>Note:</b>	Limited to 1 unit per quadrant in a six-month period. Tooth number required on claim.	
04501	One unit	45.88
04507	½ unit	22.91
<u>DIAGNOSTIC MODELS (Including interpretation and laboratory costs)</u>		
<b>Note:</b>	Diagnostic models will be limited to once every three years. Not billable up to 90 days prior to space maintainers, occlusal guards or prosthetic appliances being fabricated.	
04911	Casts, diagnostic, unmounted, trimmed	43.29
<u>PREVENTIVE SERVICES</u>		
<u>Polishing</u> - The removal of stain and plaque with the use of rubber cups, brushes or air polishers. Polishing should also consist of interproximal flossing and a recall review of oral hygiene procedures and techniques.		
<b>Note:</b>	The Ministry will pay a maximum of one polishing procedures per person in a calendar year. A minimum of 60 days must elapse between preventive (exam, polishing) visits. For patients with half of their natural dentition, i.e., edentulous on one arch, fee 11101 will be paid at one-half of the listed fee.	
11101	Polishing	24.03
<u>Scaling</u>		
<b>Note:</b>	Fee item numbers 11111 to 11119, 43421 to 43429, and 42111 in total will be limited to a dollar maximum of \$266.04 per patient per calendar year.	
11111	Scaling – one unit	22.17
11112	Scaling – two units	44.34
11113	Scaling – three units	66.51
11114	Scaling – four units	88.68
11115	Scaling – five units	110.85
11116	Scaling – six units	133.02
11117	Scaling – ½ unit	11.08
11119	Scaling – each additional unit over six	22.17
<u>Topical Fluoride Treatment</u>		
<b>Note:</b>	The application of topical fluoride is paid only for children under 19 years of age. A maximum of one fluoride treatment will be covered for children per calendar year.	

<b>FEE NO.</b>	<b>FEE DESCRIPTION</b>	<b>FEE AMOUNT (\$)</b>
12101	Topical Fluoride Treatment	9.39
	<u>Pit and Fissure Sealants</u>	
<b>Note:</b>	Sealants will be paid once per tooth per lifetime on permanent caries-free occlusal surfaces on bicuspid and molars for children <u>under</u> 15 years of age. If an occlusal restoration is necessary within one year of a sealant, the fee for the sealant will be deducted from the restoration charge if performed by the same practitioner.	
13401	Single tooth	15.45
13409	Each additional tooth in same quadrant	8.58
	<u>Appliances, periodontal</u> (bruxing or occlusal guard).	
<b>Note:</b>	Fees 14611 and 14612 are inclusive of the cost of study models and patients are limited to one guard (either 14611 or 14612) in any five-year period. Patients that have upper and/or lower complete dentures are not eligible for these fee items.	
14611	Maxillary	244.35
14612	Mandibular	244.35
	<u>Space Maintenance</u> (including design, models, fabrication and insertion)	
<b>Note:</b>	Space maintainers will only be paid in cases when used to maintain space where a deciduous tooth has been lost prematurely and the appliance is used to retain space pending the normal eruption of the subsequent permanent tooth. It is not billable when used to obtain more space or maintain space when no permanent tooth eruption is expected.	
	Limited to 1 unilateral space maintainer per quadrant OR 1 bilateral space maintainer per arch per 12 months.	
15101	Unilateral - Band Type – Fixed	138.36
<b>Note:</b>	Indicate number of extracted tooth.	
15103	Bilateral - Band Type – Fixed (soldered lingual arch)	201.47
<b>Note:</b>	Arch number required.	
15601	Adjustment and/or Recementation of Space Maintainers	32.69
<b>Note:</b>	Arch code required. Fee item 15601 will not be paid to the practitioner who seated the appliance within 6 months of insertion.	
15603	Repair of Space Maintainers	32.69
<b>Note:</b>	Arch code required. Fee item 15603 includes recementation and is limited to a maximum of \$65.38 per year.	

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
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Disking of Primary Teeth (interproximal)

**Note:** Tooth numbers required. Maximum one unit per date of service to a maximum of 2 units per calendar year. Limited to primary dentition.

16201	Disking, per unit	30.99
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Occlusal Adjustment/Equilibration

**Note:** May require several sessions and is not to be used by the dentist responsible for the delivery and post-insertion care of:

1. single restorations (20000 Restorative code series) at the same appointment;
2. removable prostheses (50000 Removable Prosthodontics codes series) by the same dentist for a period of six months.

Services billed under fees 16511 to 16519 will be limited to a dollar maximum of \$385.14 per patient per calendar year. Indicate tooth numbers on claim.

16511	One unit	48.14
16512	Two units	96.28
16513	Three units	144.42
16514	Four units	192.57
16517	½ unit	24.07
16519	Each additional units over four	48.14

**RESTORATIVE SERVICES**

Treatment of Dental Caries

Removal of carious lesion or existing restoration and placement of sedative/protective dressing. Includes local anaesthetic and pulp protection.

**Note:** Tooth number required. Fee items 20111/20119 will not be paid subsequent to root canal therapy or in conjunction with a restoration, an open and drain (Fee 39201/39202), pulp-capping (Fee 20141), pulpotomy (Fee 32231/32222/32231/32232) or pulpectomy (Fee 32321/32322).

20111	Treatment of Dental Caries - First tooth	57.20
20119	Each additional tooth in same quadrant	28.56

Pulp Capping

Performed at the same appointment as the permanent restoration, to include placement of Ca(OH)<sub>2</sub>. This base material procedure is to be used where pulp exposure is evident. It is not to be used where decay removal is slightly below ideal preparation depths. This service is not eligible when performed in conjunction with an open and drain (Fee 39201/39202), treatment of dental caries (Fee 20111/20119), pulpotomy (Fee 32221/32222/32231/32232) or pulpectomy (Fee 32321/32322).

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
20141	Direct pulp capping – in conjunction with final restoration	19.34

AMALGAM RESTORATIONS

**Note:** Maximum fee allowance is five surfaces or the dollar equivalent per tooth in a two-year period. Tooth numbers are required. When billing for restorations, the total number of surfaces restored in that sitting on that tooth should be billed cumulatively. Where two different filling materials are used, these restorations may be billed separately.

Amalgam – Primary teeth

Non-bonded		
21111	One surface	53.72
21112	Two surfaces	64.49
21113	Three surfaces	69.50
21114	Four surfaces	73.79
21115	Five surfaces (maximum)	98.47
Bonded		
21121	One surface	63.60
21122	Two surfaces	74.44
21123	Three surfaces	79.29
21124	Four surfaces	83.34
21125	Five surfaces (maximum)	108.34

Amalgam – Permanent teeth

Non-bonded - Anterior and Bicuspid Teeth

21211	One surface	57.20
21212	Two surfaces	72.90
21213	Three surfaces	86.09
21214	Four surfaces	101.06
21215	Five surfaces (maximum)	118.29

Non-bonded - Molars

21221	One surface	64.16
21222	Two surfaces	86.09
21223	Three surfaces	98.87
21224	Four surfaces	125.17
21225	Five surfaces (maximum)	143.21

Bonded - Anterior and Bicuspid Teeth

21231	One surface	66.99
21232	Two surfaces	82.69
21233	Three surfaces	95.65
21234	Four surfaces	114.16

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
21235	Five surfaces (maximum)	127.92
	Bonded - Molars	
21241	One surface	74.03
21242	Two surfaces	95.80
21243	Three surfaces	108.82
21244	Four surfaces	134.63
21245	Five surfaces (maximum)	152.92

#### Retentive Pins

**Note:** Pins are only paid in conjunction with an amalgam or tooth coloured restoration to a maximum of four pins per tooth in a two-year period.

21401	One pin	18.04
21402	Two pins	25.00
21403	Three pins	31.72
21404	Four pins (maximum)	38.35

#### FULL COVERAGE PRE-FABRICATED RESTORATIONS

**Note:** Limited to one per tooth in a two-year period. No further restorations on the same tooth will be paid within 2 years of placement of a stainless steel or plastic pre-fabricated crown. If a pre-fabricated crown is placed within 2 years of a restoration, the fee for the restoration will be deducted from the pre-fabricated crown charge.

22201	Stainless steel crown (primary anterior)	119.10
22211	Stainless steel crown (primary posterior)	119.10
22301	Stainless steel crown (permanent anterior)	119.10
22311	Stainless steel crown (permanent posterior)	119.10
22401	Plastic pre-fabricated crown (primary anterior)	119.10
22501	Plastic pre-fabricated crown (permanent anterior)	135.52

#### TOOTH COLOURED RESTORATIONS

**Note:** Maximum fee allowance is five surfaces or the dollar equivalent per tooth in a two-year period. Tooth numbers are required. When billing for restorations, the total number of surfaces restored in that sitting on that tooth should be billed cumulatively. Where two different filling materials are used, these restorations may be billed separately.

#### Tooth Coloured – Permanent Teeth

##### Non-bonded - Anterior

23101	One surface	65.16
23102	Two surfaces	74.64
23103	Three surfaces	92.54
23104	Four surfaces	113.55
23105	Five surfaces (maximum)	137.21

##### Bonded - Anterior

23111	One surface	75.47
23112	Two surfaces	90.56



FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
23113	Three surfaces	114.46
23114	Four surfaces	141.99
23115	Five surfaces (maximum)	171.65

Tooth Coloured – Permanent Teeth, continued

Non-bonded - Bicuspid

23211	One surface	60.91
23212	Two surfaces	76.38
23213	Three surfaces	89.73
23214	Four surfaces	107.56
23215	Five surfaces (maximum)	130.54

Non-bonded - Molars

23221	One surface	65.31
23222	Two surfaces	87.15
23223	Three surfaces	103.23
23224	Four surfaces	125.84
23225	Five surfaces (maximum)	156.18

Bonded - Bicuspid

23311	One surface	87.91
23312	Two surfaces	122.65
23313	Three surfaces	144.04
23314	Four surfaces	177.11
23315	Five surfaces (maximum)	203.58

Bonded - Molars

23321	One surface	94.21
23322	Two surfaces	144.04
23323	Three surfaces	174.08
23324	Four surfaces	209.19
23325	Five surfaces (maximum)	243.18

Tooth Coloured – Primary Teeth

Non-bonded - Anterior

23401	One surface	60.22
23402	Two surfaces	81.46
23403	Three surfaces	85.56
23404	Four surfaces	97.62
23405	Five surfaces (maximum)	110.97

Bonded - Anterior

23411	One surface	69.63
23412	Two surfaces	88.21

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
23413	Three surfaces	98.30
23414	Four surfaces	112.33
23415	Five surfaces (maximum)	127.50

Tooth Coloured – Primary Teeth, continued

Non-bonded - Molars

23501	One surface	54.23
23502	Two surfaces	76.68
23503	Three surfaces	87.08
23504	Four surfaces	99.29
23505	Five surfaces (maximum)	112.41

Bonded - Molars

23511	One surface	78.43
23512	Two surfaces	111.12
23513	Three surfaces	128.95
23514	Four surfaces	153.98
23515	Five surfaces	179.08

Posts

**Note:** Limited to once per tooth in a 5 year period.

25731	Prefabricated, Retentive - 1 post	94.66
25732	Prefabricated, Retentive - 2 posts same tooth	151.78

29101	Recementation of crowns or bridge abutments	1 unit	41.95
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**Note:** Fee item 29101 is limited to 1 unit per tooth, per year. Tooth number required.

**ENDODONTICS**

TREATMENT OF PULP CHAMBER (excluding final restoration)

Pulpotomy, Permanent teeth (as a separate emergency procedure)

**Note:** Limited to once per tooth per lifetime and cannot be billed in conjunction with open and drain, pulp capping, treatment of dental caries, pulpectomy or RCT.

32221	Anterior and bicuspid	66.44
32222	Molars	66.44

Pulpotomy, Primary teeth

32231	As a separate procedure	48.62
32232	Concurrent with restorations (but excluding final restoration)	41.57

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
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Pulpectomy

**Note:** Limited to primary teeth only and payable once per tooth per lifetime.

32321	Anterior tooth	88.14
32322	Posterior tooth	139.49

ROOT CANAL THERAPY

**Note:** Paid once per tooth per lifetime on permanent teeth or retained primary teeth ONLY. Where there is no permanent successor, the dentist must indicate on claim that tooth is a retained primary tooth. The listed fee includes any procedural radiographs, vitality test and open and drain. Post-operative radiographs may be requested to support claims for two canals on permanent cuspid or anterior teeth.

33111	One canal	254.17
33121	Two canals	330.93
33131	Three canals	469.13
33141	Four or more canals	521.77

Apexification (induced apical closure)

**Note:** Paid on permanent teeth only once per tooth per lifetime and to include biomechanical preparation and placement of dentogenic media.

33601	Apexification one canal (first visit including pulpectomy)	83.21
33602	Apexification two canals (first visit including pulpectomy)	117.34
33603	Apexification three canals (first visit including pulpectomy)	154.51
33604	Apexification four canals (first visit including pulpectomy)	159.66

**Note:** Re-insertion of dentogenic media will be paid on permanent teeth only to a maximum of three times per tooth per lifetime.

33611	Re-Insertion of dentogenic media per visit one canal	27.76
33612	Re-Insertion of dentogenic media per visit two canals	38.84
33613	Re-Insertion of dentogenic media per visit three canals	55.52
33614	Re-Insertion of dentogenic media per visit four canals	62.58

PERIAPICAL SERVICES

Apicoectomy – Separate procedure with curettage

**Note:** An apicoectomy performed on the same day as root canal therapy on the same tooth will be paid at one-half of the listed fee. If an apicoectomy and a surgical excision are performed on the same date of service, the surgical excision is paid at 100% of the listed fee and the apicoectomy is paid at 50%.

<u>Maxillary Anterior</u>		
34111	One root	218.37
34112	Two roots	259.33
<u>Maxillary Bicuspid</u>		
34121	One root	223.45
34122	Two roots	271.16

<b>FEE NO.</b>	<b>FEE DESCRIPTION</b>	<b>FEE AMOUNT (\$)</b>
34123	Three roots	311.06
	Maxillary Molar	
34131	One root	259.10
34132	Two roots	306.36
34133	Three roots	350.73
34134	Four or more roots	395.03
	<u>Apicoectomy, continued</u>	
	Mandibular Anterior	
34141	One root	223.45
34142	Two root or more roots	267.90
	Mandibular Bicuspid	
34151	One root	223.45
34152	Two roots	267.90
34153	Three or more roots	312.27
	Mandibular Molar	
34161	One root	259.10
34162	Two roots	306.36
34163	Three roots	350.73
34164	Four or more roots	395.03
	<u>Retrofilling performed in conjunction with Apical Surgery</u>	
	Maxillary Anterior	
34211	One canal	38.84
34212	Two canals	77.52
	Maxillary Bicuspid	
34221	One canal	40.43
34222	Two canals	85.63
34223	Three canals	124.24
34224	Four or more canals	163.08
	Maxillary Molar	
34231	One canal	40.43
34232	Two canals	85.63
34233	Three canals	124.24
34234	Four or more canals	163.08
	Mandibular Anterior	
34241	One canal	40.43
34242	Two or more canals	85.63
	Mandibular Bicuspid	
34251	One canal	40.43
34252	Two canals	85.63
34253	Three canals	124.24
34254	Four canals	163.08
	Mandibular Molar	
34261	One canal	40.43
34262	Two canals	85.63

<b>FEE NO.</b>	<b>FEE DESCRIPTION</b>	<b>FEE AMOUNT (\$)</b>
34263	Three canals	124.24
34264	Four or more canals	163.08

Amputations (include recontouring tooth and furca)

**Note:** Root amputations performed at the same time as root canal therapy and/or apicoectomy will be paid at one-half of the listed fee.

34411	Amputation of one root	193.11
34412	Amputation of two roots	231.72

Hemisection

**Note:** Hemisections performed at the same time as root canal therapy and/or apicoectomy will be paid at one-half of the listed fee.

34422	Maxillary molar	109.45
34423	Mandibular molar	104.29

Open and Drain (Separate Emergency Procedure)

**Note:** Limited to once per tooth per lifetime. Tooth number required. If this procedure is followed within 60 days by Root Canal Therapy (RCT), the fee for the open and drain will be deducted. Following an open and drain, a permanent restoration on a posterior tooth will not be paid without evidence of intervening RCT. If open and drain (Fee 39201/39202) and intraoral incision and drainage of abscess (Fee 75112) are performed on the same day, fee 75112 will be paid at one-half of the listed fee.

39201	Anterior and Bicuspid	46.04
39202	Molars	46.04

**PERIODONTAL SERVICES**

Oral Manifestations, Oral Mucosal Disorders

Mucocutaneous disorders and diseases of localized mucosal conditions, for example: lichen planus, aphthous stomatitis, benign mucous membrane pemphigoid, pemphigus, salivary gland tumours, leukoplakia with and without dysplasia, neoplasms, hairy leukoplakia, polyps, verrucae, or fibroma.

**Note:** Fee items 41211 to 41213 in total will be limited to a dollar maximum of \$359.20 per patient per calendar year. Indicate diagnosis on claim form.

41211	One unit	44.90
41212	Two units	89.80
41213	Three units	134.70

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
	<u>Periodontal Surgery</u>	
<b>Note:</b>	Fee item numbers 11111 to 11117, 43421 to 43429, and 42111 in total will be limited to a dollar maximum of \$266.04 per patient per calendar year. Tooth numbers and area treated are required in order to process claims for fee item 42111. When an entire sextant is not involved, the fee will be adjusted according to the number of teeth treated.	
42111	Surgical curettage, to include Definitive Root Planing	
	Per sextant	146.85
	Per anterior tooth	24.48
	Per posterior tooth	29.37
	<u>Periodontal Surgery, continued</u>	
<b>Note:</b>	Fee item numbers 42201, 42311 and 42411 are limited to once per sextant in a five-year period. Tooth numbers and area treated must be noted on claim. When an entire sextant is not involved, the fee will be adjusted according to the number of teeth treated.	
42201	Periodontal Surgical, Gingivoplasty	
	Per sextant	146.85
	Per anterior tooth	24.48
	Per posterior tooth	29.37
42311	Periodontal Surgical, Gingivectomy	
	The procedure by which gingival deformities are reshaped and reduced to create normal and functional forms, when the pocket is uncomplicated by extension into the underlying bone.	
	Per sextant	146.85
	Per anterior tooth	24.48
	Per posterior tooth	29.37
	<u>Periodontal Surgery, Flap Approach</u>	
42411	Flap Approach with Osteoplasty/Ostectomy	
	Per sextant	615.30
	Per anterior tooth	102.55
	Per posterior tooth	123.06
	<u>Periodontal Splinting or Ligation</u>	
43231	Wire Ligation	Per joint 62.20
<b>Note:</b>	Fee item 43231 is limited to a maximum 4 joints per year	
	<u>Root Planing, Periodontal</u>	
<b>Note:</b>	Fee item numbers 11111 to 11117, 43421 to 43429, and 42111 in total will be limited to a dollar maximum of \$266.04 per patient per calendar year.	
43421	Root planing – one unit	22.17
43422	Root planing – two units	44.34
43423	Root planing – three units	66.51
43424	Root planing – four units	88.68
43425	Root planing – five units	110.85

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
43426	Root planing – six units	133.02
43427	Root planing – ½ unit	11.08
43429	Root planing – each additional unit over six	22.17

Refer to page 4 for Scaling – fee items 11111 – 11119.

### **PROSTHODONTICS - REMOVABLE**

**Note:** Dentures are an eligible item once every five years. The replacement of dentures within five years of original insertion will normally not be paid by the Ministry. Refer to Denture Policy. Lab fees are included in the listed fee unless otherwise indicated. Arch code required.

#### **COMPLETE DENTURES**

Includes:

- impressions
- initial and final jaw relation records
- try-in evaluation and check records
- insertion
- adjustments (includes 6 months post-insertion care)

51101	Complete Maxillary Denture	757.50
51102	Complete Mandibular Denture	780.75

#### **IMMEDIATE COMPLETE DENTURES**

Also includes:

- six month post-insertion care, including all tissue conditioners but does not include hard/permanent relines.

51301	Immediate Complete Maxillary Denture	789.75
51302	Immediate Complete Mandibular Denture	816.00

#### **PARTIAL DENTURES**

Includes:

- diagnostic models, analysis and design
- tooth preparation and master impression
- bite registration, mold selection and shade
- try-in
- insertion and occlusal equilibration
- adjustments – (up to 6 months post-insertion)

**Note:** These services are not billable if to be followed by fixed prosthetic replacements. Temporary or provisional appliances are not covered.

#### **Partial dentures, Acrylic**

52101	Acrylic base, with or without clasps Maxillary	306.00
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FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
52102	Mandibular	320.25
	Acrylic partial with Resilient Retainer	
52201	Maxillary	630.00
52202	Mandibular	696.75
	Acrylic partial with metal wrought/cast clasps and/or rests	
52301	Maxillary	468.00
52302	Mandibular	489.00
	Acrylic partial with metal wrought palatal/lingual bar and clasps and/or rests	
52401	Maxillary	510.00
52402	Mandibular	539.25
	<u>Partial dentures, Cast</u>	
	Free End, Cast Frame/Connector with clasps and rests	
53101	Maxillary	902.25
53102	Mandibular	947.25
	Tooth Borne, Cast Frame/Connector with clasps and rests	
53201	Maxillary	819.75
53202	Mandibular	809.25
	<u>Minor denture adjustments</u>	
<b>Note:</b>	Limited to one unit per arch, per date of service to a maximum of 2 units per arch in a calendar year. Arch code required. These items are not payable within six months of insertion of prostheses.	
54201	One unit	36.18
54202	Two units	72.40
	<u>Denture Repairs/Additions</u>	
<b>Note:</b>	Fees paid for denture repairs and additions are based on the listed dentist fee plus total lab fee charged. The total fee must be billed as one amount (dentist fee plus lab fee) and lab slips <u>must</u> be sent with claim. Arch code required. Multiple billings for repairs to dentures are subject to review by the Ministry.	
	Complete Denture	
	Not Requiring an Impression	
55101	Maxillary	46.50 + L
55102	Mandibular	46.50 + L
	Impression Required	
55201	Maxillary	91.48 + L
55202	Mandibular	91.48 + L
	Partial Denture	
	Not Requiring an Impression	
55301	Maxillary	46.50 + L
55302	Mandibular	46.50 + L



FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
55401	Impression Required Maxillary	91.48 + L
55402	Mandibular	91.48 + L

Denture Relines and Rebases

**Note:** Relines and rebases are limited to a combined maximum of once per arch in a two-year period and are not billable within the six-month post-insertion period of the dentures. Lab fees included. Arch code required.

Relines

56211	Reline maxillary complete denture (direct)	108.39
56212	Reline mandibular complete denture (direct)	108.39
56221	Reline maxillary partial denture (direct)	72.29
56222	Reline mandibular partial denture (direct)	72.29
56231	Reline maxillary complete denture (processed)	212.38
56232	Reline mandibular complete denture (processed)	229.07
56241	Reline maxillary partial denture (processed)	172.94
56242	Reline mandibular partial denture (processed)	186.59
56251	Reline maxillary complete denture (processed), functional impression requiring 3 appointments	264.72
56252	Reline mandibular complete denture (processed), functional impression requiring 3 appointments	284.44
56261	Reline maxillary partial denture (processed), functional impression requiring 3 appointments	236.65
56262	Reline mandibular partial denture (processed), functional impression requiring 3 appointments	246.51

Rebases

56311	Rebase maxillary complete denture	232.86
56312	Rebase mandibular complete denture	250.31
56321	Rebase maxillary removable partial denture	191.76
56322	Rebase mandibular removable partial denture	210.86

Tissue Conditioning

**Note:** Fee item numbers 56511, 56512, 56521 and 56522 are billable twice per arch per year only before a reline or the fabrication of a replacement denture. They are not billable during 6 months post-insertion period. Arch code required.

56511	Maxillary complete denture – per appointment	54.31
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FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
56512	Mandibular complete denture – per appointment	54.31
56521	Maxillary partial denture – per appointment	54.31
56522	Mandibular partial denture – per appointment	54.31

Miscellaneous Denture Services

56601	Resilient liner in new, relined or rebased denture(s) – arch code required.	54.31
59601	Examination and Diagnosis, Prosthetic by Prescribing Dentist	22.68

Post-insertion examination of the partial prosthesis made and inserted by a denturist. Evaluation of fit of framework, acrylic saddle area(s) and occlusion.

**Note:** Limited to one per partial denture in a five-year period.

**ORAL SURGERY**

**Note:** When multiple surgical procedures are performed on one quadrant on the same date of service, the most expensive procedure will be paid at 100% and the lesser procedures will be paid at 50%, with the exception of multiple extractions in the same quadrant. Surgical services include the necessary local anaesthetic, removal of excess gingival tissue, suturing and all routine post-operative care. Pre-operative radiograph(s) may be requested to support claims for the extraction of impacted teeth.

EXTRACTIONS (REMOVALS)

Erupted teeth

Uncomplicated

71101	Single tooth	69.02
71109	Each additional tooth in same quadrant	45.59

Complicated (surgical approach)

Extraction, erupted tooth, requiring surgical flap and/or sectioning of tooth

71201	Single tooth	130.27
71209	Each additional tooth in same quadrant	85.98

Extraction, erupted tooth, requiring elevation of a flap, removal of bone AND section of tooth for removal of tooth

71211	Single Tooth	201.55
71219	Each additional tooth in same quadrant	133.03

Impacted teeth (Unerupted)

Extraction, impacted tooth, soft tissue coverage requiring incision of overlying soft tissue and removal of tooth

72111	Single tooth	130.27
72119	Each additional tooth in same quadrant	85.98

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
	Extraction, impacted tooth 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 (Partial Bone Covered).	
72211	Single tooth	150.25
72219	Each additional tooth in same quadrant	99.17
	Extraction, impacted tooth involving tissue and bone coverage requiring incision of overlying soft tissue, elevation of flap, removal of bone AND sectioning of tooth for removal (Complete Bone Covered).	
72221	Single tooth	209.96
72229	Each additional tooth in same quadrant	138.58
<u>Extractions (removals), Residuals Roots</u>		
<b>Note:</b>	Residual root removal is paid on a per tooth basis, not per root and are paid once per tooth per lifetime. Residual root removal will not be paid to the same practitioner who performed the original extraction within 90 days of the extraction.	
	Residual root – Erupted	
72311	First tooth	63.84
72319	Each additional tooth, same quadrant	42.15
	Residual root - Soft Tissue Coverage	
72321	First Tooth	124.76
72329	Each additional tooth in same quadrant	88.84
	Residual root - Bone Tissue Coverage	
72331	First Tooth	143.78
72339	Each additional tooth in same quadrant	94.91
<u>Surgical Exposure of Teeth</u>		
72511	Surgical Exposure, unerupted, uncomplicated, soft tissue coverage (includes operculectomy)	124.20
72521	Surgical Exposure, complex, hard tissue coverage	183.27
72611	Transplantation of erupted tooth (including splinting)	307.62
<u>Enucleation, Surgical</u>		
<b>Note:</b>	Extraction of associated primary tooth included in fee.	
72711	Unerrupted Tooth and Follicle	first tooth 124.20
72719	each additional tooth, same quadrant	99.21

Alveolar or Gingival Reconstruction

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
	Alveoplasty - Bone remodeling of ridge with soft tissue revisions	
<b>Note:</b>	Fee item 73111 will only be paid when two or more extractions are done in the same sextant. Fee paid for fee items 73111 and 73121 is based on the number of teeth or tooth areas treated. This information must be indicated on the claim.	
73111	Alveoplasty with multiple extractions	65.38
	per sextant	
	per anterior tooth	10.90
	per posterior tooth	13.08
	Edentulous, not in conjunction with extractions	
73121	Alveoplasty, edentulous	79.53
	per sextant	
	per anterior tooth area	13.26
	per posterior tooth area	15.91
	<u>Excision of Bone</u>	
73152	Excision of Torus Palatinus	224.44
	Excision of Torus Mandibularis	
73153	Unilateral	142.32
73154	Bilateral	231.00
73222	Excision of Vestibular Hyperplasia	140.55
73223	Surgical shaving of papillary hyperplasia of the palate	140.55
73224	Excision of pericoronal gingiva for retained teeth	33.50
<b>Note:</b>	Fee item 73224 is not covered if done for crown lengthening.	
73231	Excision of hyperplastic tissue	144.87
	per sextant	
	per anterior tooth	24.15
	per posterior tooth	28.97
73421	Vestibuloplasty - sulcus deepening and ridge reconstruction	255.16
	per sextant	
	<u>Surgical Excision</u>	
<b>Note:</b>	Claims for fee item numbers 74111, 74112, 74121, 74122, 74611, 74612, 74631 and 74632 are paid inclusive of any associated extraction(s). The fee paid is based on the size of the lesion NOT length of the incision. If an apicoectomy and a surgical excision are performed on the same date of service, the surgical excision is paid at 100% and the apicoectomy is paid at 50%.	
74111	Resection of benign tumor of soft tissue	179.30
74112		349.21
	1 cm and under	
	1 - 2 cm	
74121	Resection of benign tumor of bone tissue	177.11
74122		347.10
	1 cm and under	
	1 - 2 cm	

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic requiring prior removal of bony tissue and subsequent suture(s)	
74611	1 cm and under	215.87
74612	1 – 2 cm	380.77
74631	Excision of Cyst	186.42
74632	1 - 2 cm	349.21
75112	Intraoral incision and drainage of abscess	47.25
<b>Note:</b>	Fee item 75112 is limited to once per tooth per lifetime. Tooth number required. If open and drain (Fee 39201/39202) or RCT and intraoral incision and drainage of abscess are performed on the same day, fee 75112 will be paid at one-half of the listed fee. Not billable in conjunction with an extraction.	
75211	Extraoral incision and drainage of abscess (superficial)	86.90
	Surgical incision for removal of foreign bodies (does not include wire or bar splints)	
75301	Removal, from skin or subcutaneous alveolar tissue	82.12
75302	Removal of reaction-producing foreign bodies	82.12
	<u>Fractures and Dislocations</u>	
76201	Simple fracture of the mandible (closed reduction)	373.16
76301	Simple fracture of the maxilla (closed reduction)	404.35
76911	Fracture of Alveolus including debridement and necessary extractions	310.13
	Replantation of an avulsed tooth (including splinting)	
76941	Replantation, first tooth	221.29
76949	Each additional tooth	84.09
	Repositioning of Traumatically Displaced Teeth	
<b>Note:</b>	Limited to permanent anterior teeth only, including repositioning, repair and splinting. Maximum 3 units will be paid per tooth.	
76951	One unit	38.27
76952	Two unit	76.54
76959	Each additional unit over two	38.27
	Repair of Uncomplicated Lacerations, Intraoral or Extraoral	
76961	2 cm or less	84.15
76962	2 – 4 cm	115.70
76963	over 5 cm	138.76
	<u>Frenectomy</u>	
<b>Note:</b>	Fee items 77801 and 77802 are limited to three per arch per lifetime and must be billed with an arch code.	
77801	Upper	146.29
77802	Lower	146.29

<b>FEE NO.</b>	<b>FEE DESCRIPTION</b>	<b>FEE AMOUNT (\$)</b>
	<u>Temporomandibular Joint</u>	
78102	Management of TMJ dislocation, closed reduction, uncomplicated	98.06
78601	Management of TMJ by injection with anti-inflammatory drugs	98.76
79101	Dilation of salivary duct	34.82
79111	Sialolithotomy of salivary duct (anterior 1/3 of canal)	93.69
	<u>Antral Surgery</u>	
79311	Immediate recovery of a dental root or foreign body from the antrum (associated with and at the same time as extraction)	83.90
79331	Oro-antral fistula closure with buccal flap (same session)	178.57
79341	Oro-antral fistula closure with buccal flap (subsequent session)	187.14
	<u>Post-operative complications</u>	
79601	Post-operative complications, subsequent to initial post surgical treatment.	33.50
<b>Note:</b>	Post-operative complications will be paid only if performed 4 or more days after surgery and not after 30 days post surgery. This fee item is limited to three services per patient per quadrant per lifetime and is inclusive of the examination fee.	
	<b><u>MISCELLANEOUS</u></b>	
92215	General Anaesthetic and Intravenous sedation (in office) per hour or portion thereof	50.57
<b>Note:</b>	Treatment start and finish times must accompany your claim. Pre and post-operative observation periods are not included. GA or IV sedation (in office) will only be considered for coverage for children under 19 years of age where necessary for the safe performance of dental treatment; and children and adults with severe mental or physical disabilities that prevents a dentist from providing necessary dental treatment without the administration of an anaesthetic or sedation.	
	<u>Professional Consultations</u>	
93111	Consultation, with Member of the Profession (by dentist other than practitioner providing treatment)	30.58
<b>Note:</b>	Includes the practitioner's examination fee but does not include such diagnostic items as pulp vitality tests, radiographs or study models. This fee is only to be used by a practitioner other than the practitioner providing treatment and a referral must be noted on the claim card.	

<b>FEE NO.</b>	<b>FEE DESCRIPTION</b>	<b>FEE AMOUNT (\$)</b>
93320	Pre-Anaesthetic Work-up Fee	40.02

Administrative preparation for physically and/or mentally challenged adult (18 years of age and older) patients requiring dental treatment under General Anaesthetic or IV sedation in a hospital or an accredited private GA facility. To include consultation with physicians, group home administrators or care workers.

**Note:** This fee will only be paid in conjunction with treatment performed in hospital or an accredited private GA facility and must be billed at the same time as the dental treatment. Name of facility must be noted on claim form. This item will not be paid in conjunction with fee item 92215 – GA or IV sedation (in office).

Professional Visits

94102	Emergency Visit – House Call When one must immediately leave home, office or hospital.	44.60
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94301	Hospital (Institutional) Visit	39.37
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**Note:** Fee item 94301 is billable only when treating a patient who resides in a hospital or institutional facility. It is not billable if the patient is admitted to the hospital specifically for the purpose of dental services. A practitioner is restricted to billing a maximum of one visit per day regardless of the number of patients attended, or institutions visited. The name and address of the institution must be noted on the claim.

**Specialist Referrals**

Certified specialists, including oral surgeons may receive an additional 10% on services billed from the *Schedule of Fee Allowances – Dentist*. The Ministry contractor must have a record of the specialty on their billing system and the referring practitioner must be indicated on the claim form. If either of these is missing, the claim will be refused or reduced. If the referring practitioner is a Medical Doctor, please indicate this clearly on the claim form. As fee item 01601 – Examination and Diagnosis, Surgical by Oral Surgeon is restricted for use by Oral Surgeons only the additional 10% will not be applied to this fee item.

**Unit of Time**

One unit of time = 15 minutes.

Procedures billed on a per unit basis must reflect the predominant service done during the unit, or half unit of time.

**Supernumerary Teeth**

To identify where the tooth is located, use the following tooth numbers when submitting a claim for services performed on supernumerary teeth. Also indicate the tooth numbers in the area around the supernumerary tooth on the claim form.

<b>Quadrant</b>	<b>Supernumerary tooth #</b>
Quadrant # 1	19

Quadrant # 2	29
Quadrant # 3	39
Quadrant # 4	49

**Services Per Sextant**

When an entire sextant is not involved, the fee will be adjusted according to the number of teeth treated. When more than one sextant is billed, each should be on a separate claim line. This also applies if only one or two teeth are involved. In this instance, indicate the specific tooth numbers. See example below.

Procedure Code	Description of Service	Tooth/Sextant Code	Total Fee
42311	Gingivectomy	05	146.85
42311	Gingivectomy Anterior	11	24.48
42311	Gingivectomy Posterior	47	29.37

Or

42311	Gingivectomy Anterior	31, 32, 33	73.44
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**Note: All frequency limitations in this schedule also include services performed by a dentist or hygienist.**



## **Part C - Preamble - Emergency Dental and Denture Supplements - Dentist**

Emergency Dental and Denture Supplements is available for all eligible Ministry of Social Development clients, including those who do not have a 2-year limit under the Ministry's Dental Supplements or those who have exhausted their limit. Children covered under the Healthy Kids program are also eligible for Emergency Dental and Denture Supplements. Emergency Dental allows for treatment of an eligible person who needs immediate attention to relieve pain, or to control infection or bleeding or if a person's health or welfare is otherwise immediately jeopardized.

The attached *Schedule of Fee Allowances – Emergency Dental – Dentist* outlines the allowable services and fees associated with the Ministry's Emergency Dental and Denture Supplements. It contains the rules, frequency and financial limits associated with each service. All frequency limitations also include services performed by a dentist.

Each emergency visit is restricted to the procedures and limitations outlined in this schedule (i.e., two restorations for pain relief per visit). Services outside this schedule (i.e., dentures, root canal treatment, restorations in excess of the 2 year maximum) will not be covered and any work beyond the immediate relief of pain will not be considered.

Frequency of emergencies (i.e., individual patients with multiple visits) and treatment provided will be monitored by the Ministry. Where concerns arise, Ministry staff will address these issues with the dentist.

The following information provides details on how to confirm eligibility and obtain payment for services rendered.

### **Eligibility Information**

**Eligibility must be confirmed for all clients**, including those covered by the Emergency Dental and Denture Supplement. We recommend you request picture identification in addition to their Personal Health Number (PHN) from new patients.

You must confirm that there is active coverage and previous dental history should be checked for time-limited procedures. Treatment involving more than one practitioner or a specialist should be coordinated to ensure no duplicated services are planned.

To ensure that your patient has active Ministry sponsored coverage and to determine the level of this coverage, eligibility must be confirmed immediately prior to providing service, as coverage can change from month to month.

**Eligibility is confirmed by obtaining the client's Personal Health Number (PHN) and contacting Pacific Blue Cross at:**

**Vancouver: 1-604-419-2780      All other Communities: 1-800-665-1297**

If Ministry clients or parents of children covered through Healthy Kids have questions, they should be referred to the Dental Information Line at 1-866-866-0800.

## **Payment Process**

Claims must be submitted on a standard dental claim form and sent to:

**Pacific Blue Cross  
PO Box 65339  
Vancouver, BC  
V5N 5P3**

Claims under the Ministry's Dental Supplements will be paid in accordance with the *Schedule of Fee Allowances – Emergency Dental - Dentist* and these fees represent the maximum amount the Ministry can pay for the services billed.

Certified specialists, including oral surgeons may receive an additional 10% on services billed. Refer to page 12 of the *Schedule of Fee Allowances – Emergency Dental – Dentist*.

Claims for any treatment completed under the Emergency Dental and Dentures Supplements must be submitted on a separate claim form and you must clearly indicate that the services were provided for the immediate relief of pain or as an emergency.

To facilitate payment, it is essential that the submitted claim form be completed as accurately and thoroughly as possible using the client's name and PHN. Where a claim form is correctly completed and the service provided is an eligible service covered by the Ministry, payment can be expected within 30 days of receipt of the claim. Rebilling within 30 days may not only hold up payment of the original claim, but will also delay the processing of subsequent claims.

**Note:** Claims requiring review by the Ministry's dental consultant may take longer to process.

All claims are processed on a "first come, first served" basis therefore timely submission is encouraged. Claims must be submitted within one year of the date of service. No payment will be made on any claim received later than one year from the date of service. If there is an error on your billing, subsequent claims may jeopardize the payment of your rebilling.

The dentist must bill the actual procedure(s) rendered. An alternative fee item number should not be substituted. All claims must be submitted under the payment number of the dentist performing the service(s). Claims, resubmissions and adjustment requests must bear the dentist's signature. This confirms the work was completed and accurately billed. The dentist remains solely responsible for all claims submitted.

Where payment of a claim has been adjusted or refused, your remittance statement will include an explanation code.

**Note:** Oral surgery performed in hospital is to be billed to the Medical Services Plan.

**MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT**

**Schedule of Fee Allowances – Emergency Dental – Dentist**  
**Effective April 1, 2010**

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
<b><u>DIAGNOSTIC SERVICES</u></b>		
<u>ORAL EXAMINATIONS (by dentist)</u>		
01204	Specific Oral Examination (not included in the once per year exam limit)  Examination, evaluation, diagnosis and recording of a specific situation.	21.75
01205	Emergency Oral Examination (not included in the once per year exam limit)  Examination and diagnosis for the investigation of discomfort and/or infection in a localized area.	21.75
<b><u>Note:</u></b>	Multiple billings of fee items 01204/01205 will be subject to review by the Ministry.	
<u>RADIOGRAPHS</u>		
<b><u>Note:</u></b>	Maximum 2 intraoral films per emergency visit	
<u>Intraoral – Periapical</u>		
02111	Single film	9.95
02112	Two films	13.59
<u>Intraoral – Bitewing</u>		
02141	Single film	9.95
02142	Two films	13.59
<u>Extraoral</u>		
02601	Panoramic Film	38.76
<b><u>Note:</u></b>	Fee item 02601 is limited to once every three years.	
<u>SCALING</u>		
<b><u>Note:</u></b>	Only one unit of <u>either</u> scaling (fee item 11111) or root planing (fee item 43421) will be paid per emergency visit.	
11111	Scaling – one unit	22.17

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
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**RESTORATIVE SERVICES**

**Note:** **MAXIMUM TWO TEETH MAY BE TREATED PER EMERGENCY VISIT.**  
All items in this section must be billed with a tooth number

Treatment of Dental Caries

Removal of carious lesion or existing restoration and placement of sedative/protective dressing. Includes local anaesthetic and pulp protection.

**Note:** Fee items 20111/20119 will not be paid subsequent to root canal therapy or in conjunction with a restoration, an open and drain, pulp-capping, pulpotomy or pulpectomy.

20111	Treatment of Dental Caries – first tooth	57.20
20119	Each additional tooth in same quadrant	28.56

Pulp Capping

**Note:** Performed at the same appointment as the permanent restoration, to include placement of Ca(OH)<sub>2</sub>. This base material procedure is to be used where pulp exposure is evident. It is not to be used where decay removal is slightly below ideal preparation depths. This service is not eligible when performed in conjunction with an open and drain, treatment of dental caries, pulpotomy or pulpectomy.

20141	Direct pulp capping – in conjunction with final restoration	19.34
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RESTORATIONS

AMALGAM RESTORATIONS

**Note:** Maximum fee allowance is five surfaces or the dollar equivalent per tooth in a two-year period. Tooth numbers are required. When billing for restorations, the total number of surfaces restored in that sitting on that tooth should be billed cumulatively. Where two different filling materials are used, these restorations may be billed separately.

Amalgam – Primary teeth

Non-bonded

21111	One surface	53.72
21112	Two surfaces	64.49
21113	Three surfaces	69.50
21114	Four surfaces	73.79
21115	Five surfaces (maximum)	98.47

Bonded

21121	One surface	63.60
21122	Two surfaces	74.44
21123	Three surfaces	79.29
21124	Four surfaces	83.34
21125	Five surfaces (maximum)	108.34

<b>FEE NO.</b>	<b>FEE DESCRIPTION</b>	<b>FEE AMOUNT (\$)</b>
	<u>Amalgam – Permanent teeth</u>	
	Non-bonded - Anterior and Bicuspid Teeth	
21211	One surface	57.20
21212	Two surfaces	72.90
21213	Three surfaces	86.09
21214	Four surfaces	101.06
21215	Five surfaces (maximum)	118.29
	Non-bonded - Molars	
21221	One surface	64.16
21222	Two surfaces	86.09
21223	Three surfaces	98.87
21224	Four surfaces	125.17
21225	Five surfaces (maximum)	143.21
	Bonded - Anterior and Bicuspid Teeth	
21231	One surface	66.99
21232	Two surfaces	82.69
21233	Three surfaces	95.65
21234	Four surfaces	114.16
21235	Five surfaces (maximum)	127.92
	Bonded - Molars	
21241	One surface	74.03
21242	Two surfaces	95.80
21243	Three surfaces	108.82
21244	Four surfaces	134.63
21245	Five surfaces (maximum)	152.92
	<u>Retentive Pins</u>	
<b>Note:</b>	Pins are only paid in conjunction with an amalgam or tooth coloured restoration to a maximum of four pins per tooth in a two-year period.	
21401	One pin	18.04
21402	Two pins	25.00
21403	Three pins	31.72
21404	Four pins (maximum)	38.35

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
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Full Coverage Pre-fabricated Restorations

**Note:** Limited to one per tooth in a two-year period. No further restorations on the same tooth will be paid within 2 years of placement of a stainless steel or plastic pre-fabricated crown. If a pre-fabricated crown is placed within 2 years of a restoration, the fee for the restoration will be deducted from the pre-fabricated crown charge.

22201	Stainless steel crown (primary anterior)	119.10
22211	Stainless steel crown (primary posterior)	119.10
22301	Stainless steel crown (permanent anterior)	119.10
22311	Stainless steel crown (permanent posterior)	119.10
22401	Plastic Pre-fabricated crown (primary anterior)	119.10
22501	Plastic Pre-fabricated crown (permanent anterior)	135.52

TOOTH COLOURED RESTORATIONS

**Note:** Maximum fee allowance is five surfaces or the dollar equivalent per tooth in a two-year period. Tooth numbers are required. When billing for restorations, the total number of surfaces restored in that sitting on that tooth should be billed cumulatively. Where two different filling materials are used, these restorations may be billed separately.

Tooth Coloured – Permanent teeth

Non-bonded - Anterior

23101	One surface	65.16
23102	Two surfaces	74.64
23103	Three surfaces	92.54
23104	Four surfaces	113.55
23105	Five surfaces (maximum)	137.21

Bonded - Anterior

23111	One surface	75.47
23112	Two surfaces	90.56
23113	Three surfaces	114.46
23114	Four surfaces	141.99
23115	Five surfaces (maximum)	171.65

Non-bonded - Bicuspid

23211	One surface	60.91
23212	Two surfaces	76.38
23213	Three surfaces	89.73
23214	Four surfaces	107.56
23215	Five surfaces (maximum)	130.54

<b>FEE NO.</b>	<b>FEE DESCRIPTION</b>	<b>FEE AMOUNT (\$)</b>
<u>Tooth Coloured – Permanent teeth, continued</u>		
Non-bonded - Molars		
23221	One surface	65.31
23222	Two surfaces	87.15
23223	Three surfaces	103.23
23224	Four surfaces	125.84
23225	Five surfaces (maximum)	156.18
Bonded - Bicuspid		
23311	One surface	87.91
23312	Two surfaces	122.65
23313	Three surfaces	144.04
23314	Four surfaces	177.11
23315	Five surfaces (maximum)	203.58
Bonded – Molars		
23321	One surface	94.21
23322	Two surfaces	144.04
23323	Three surfaces	174.08
23324	Four surfaces	209.19
23325	Five surfaces (maximum)	243.18
<u>Tooth Coloured – Primary teeth</u>		
Non-bonded - Anterior		
23401	One surface	60.22
23402	Two surfaces	81.46
23403	Three surfaces	85.56
23404	Four surfaces	97.62
23405	Five surfaces (maximum)	110.97
Bonded - Anterior		
23411	One surface	69.63
23412	Two surfaces	88.21
23413	Three surfaces	98.30
23414	Four surfaces	112.33
23415	Five surfaces (maximum)	127.50

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
	<u>Tooth Coloured – Primary teeth, continued</u>	
	Non-bonded - Molars	
23501	One surface	54.23
23502	Two surfaces	76.68
23503	Three surfaces	87.08
23504	Four surfaces	99.29
23505	Five surfaces (maximum)	112.41
	Bonded - Molars	
23511	One surface	78.43
23512	Two surfaces	111.12
23513	Three surfaces	128.95
23514	Four surfaces	153.98
23515	Five surfaces	179.08
	<u>Retentive Post</u>	
<b>Note:</b>	Limited to once per tooth in a five-year period and only paid in conjunction with a restoration.	
25731	Prefabricated, Retentive - 1 post	94.66
29101	Recementation of crowns or bridge abutments	1 unit 41.95
<b>Note:</b>	Fee item 29101 is limited to 1 unit per tooth, per year. Tooth number required.	
	<b><u>ENDODONTICS</u></b>	
	<u>TREATMENT OF PULP CHAMBER (excluding final restoration)</u>	
	Pulpotomy, Permanent teeth (as a separate emergency procedure)	
<b>Note:</b>	<b>MAXIMUM TWO TEETH MAY BE TREATED PER EMERGENCY VISIT.</b> Limited to once per tooth per lifetime and cannot be billed in conjunction with open and drain, pulp capping, treatment of dental caries, pulpectomy or RCT.	
32221	Anterior and bicuspid	66.44
32222	Molars	66.44
	Pulpotomy, Primary teeth	
32231	As a separate procedure	48.62
32232	Concurrent with restorations (but excluding final restoration)	41.57



FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
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Open and Drain (Separate Emergency Procedure)

**Note:** **MAXIMUM OF TWO TEETH MAY BE TREATED PER EMERGENCY VISIT.**  
 Open and Drain is limited to once per tooth per lifetime. Tooth number required. Following an open and drain, a permanent restoration on a posterior tooth will not be paid without evidence of intervening root canal treatment. If open and drain and intraoral incision and drainage of abscess (fee item 75112) are performed on the same day, fee 75112 will be paid at one-half of the listed fee.

39201	Anterior and Bicuspid	46.04
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39202	Molars	46.04
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**PERIODONTAL SERVICES**

Oral Manifestations, Oral Mucosal Disorders

Mucocutaneous disorders and diseases of localized mucosal conditions, for example: lichen planus, aphthous stomatitis, benign mucous membrane pemphigoid, pemphigus, salivary gland tumours, leukoplakia with and without dysplasia, neoplasms, hairy leukoplakia, polyps, verrucae, or fibroma.

**Note:** Maximum two units per emergency visit. Indicate diagnosis on claim form.

41211	One unit	44.90
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41212	Two units	89.80
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Root Planing

**Note:** Only 1 unit of either scaling (fee item 11111) or root planing (fee item 43411) will be paid per emergency visit.

43421	Root Planing – one unit	22.17
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**PROSTHODONTICS**

54201	Minor denture adjustments	1 unit	36.18
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**Note:** Limited to two units per arch per calendar year and not more than one unit per arch per date of service/emergency visit. Adjustments are not payable within six months of insertion of prosthesis.

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
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Denture Repairs/Additions

**Note:** Fees paid for denture repairs and additions are based on the listed dentist fee plus total lab fee charged. The total fee must be billed as one amount (dentist fee plus lab fee) and lab slips must be sent with claim. Arch code required. Multiple billings for repairs to dentures are subject to review by the Ministry. Only repairs without impression are covered. Repairs with impression are not an eligible item under Emergency Dental. Multiple billings for repairs to dentures are subject to review by the Ministry.

Complete Denture

Not Requiring an Impression

55101	Maxillary	46.50 + L
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55102	Mandibular	46.50 + L
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Partial Denture

Not Requiring an Impression

55301	Maxillary	46.50 + L
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55302	Mandibular	46.50 + L
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Denture Relining

**Note:** Relines are limited to once per arch in a two-year period and are not billable within the six-month post-insertion period of the denture(s). Only direct relines will be covered. A lab-processed reline is not an eligible item under Emergency Dental. Arch code required.

56211	Reline maxillary complete denture (direct)	108.39
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56212	Reline mandibular complete denture (direct)	108.39
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56221	Reline maxillary partial denture (direct)	72.29
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56222	Reline mandibular partial denture (direct)	72.29
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FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
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**ORAL SURGERY**

**Note:** If multiple extractions or full clearance of an arch or arches is required, this may be completed in one or more appointments as warranted. When multiple surgical procedures are performed in one quadrant on the same date of service, the most expensive procedure will be paid at 100% and the lesser procedures will be paid at 50%, with the exception of multiple extractions in the same quadrant. Surgical services include the necessary local anaesthetic, removal of excess gingival tissue, suturing and all routine post-operative care. Pre-operative radiograph(s) may be requested to support claims for the extraction of impacted teeth.

**EXTRACTIONS (REMOVALS)**

**Erupted teeth**

Uncomplicated

71101	Single tooth	69.02
71109	Each additional tooth in same quadrant	45.59

Complicated (surgical approach)

71201	Extraction, erupted tooth, requiring surgical flap and/or sectioning of tooth Single tooth	130.27
71209	Each additional tooth in same quadrant	85.98

Extraction, erupted tooth requiring elevation of a flap, removal of bone and section of tooth for removal of tooth

71211	Single tooth	201.55
71219	Each additional tooth in same quadrant	133.03

**Impacted teeth (Unerupted)**

Extraction, impacted tooth, soft tissue coverage requiring incision of overlying soft tissue and removal of tooth

72111	Single tooth	130.27
72119	Each additional tooth in same quadrant	85.98

Extraction, impacted tooth involving tissue and/or bone coverage requiring incision of overlying soft tissue, elevation of flap and EITHER removal of bone and tooth OR sectioning and removal of tooth (Partial Bone Covered)

72211	Single tooth	150.25
72219	Each additional tooth in same quadrant	99.17

Extraction, impacted tooth involving tissue and bone coverage requiring incision of overlying soft tissue, elevation of flap, removal of bone AND sectioning of tooth for removal (Complete Bone Covered)

72221	Single tooth	209.96
72229	Each additional tooth in same quadrant	138.58

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
	<u>Extractions (removals), Residuals Roots</u>	
	<b>Note:</b> Residual root removal is paid on a per tooth basis, not per root and is paid once per tooth per lifetime. Residual root removal will not be paid to the same practitioner who performed the original extraction within 90 days of the extraction.	
72311	Residual root - Erupted First tooth	63.84
72319	Each additional tooth, same quadrant	42.15
	Residual root - Soft Tissue Coverage	
72321	First Tooth	124.76
72329	Each additional tooth in same quadrant	88.84
	Residual root - Bone Tissue Coverage	
72331	First Tooth	143.78
72339	Each additional tooth in same quadrant	94.91
	<u>Alveoplasty</u> - Bone remodeling of ridge with soft tissue revisions	
	<b>Note:</b> Fee item 73111 will only be paid when two or more extractions are done in the same sextant. Fee paid for fee items 73111 and 73121 is based on the number of teeth or tooth areas treated. This information must be indicated on the claim.	
73111	Alveoplasty with multiple extractions	per sextant 65.38 per anterior tooth 10.90 per posterior tooth 13.08
73121	Alveoplasty, edentulous	per sextant 79.53 per anterior tooth area 13.26 per posterior tooth area 15.91
	<u>Surgical Excision</u>	
	<b>Note:</b> Claims for fee item numbers 74111, 74112, 74121, 74122, 74611, 74612, 74631 and 74632 <u>are</u> paid inclusive of any associated extraction(s). The fee paid is based on the size of the lesion NOT length of the incision.	
74111	Resection of benign tumor of soft tissue	1 cm and under 179.30
74112		1 - 2 cm 349.21
74121	Resection of benign tumor of bone tissue	1 cm and under 177.11
74122		1 - 2 cm 347.10
	Enucleation of Cyst/Granuloma, Odontogenic and Non-Odontogenic requiring prior removal of bony tissue and subsequent suture(s)	
74611		1 cm and under 215.87
74612		1 - 2 cm 380.77
74631	Excision of Cyst	1 cm and under 186.42
74632		1 - 2 cm 349.21

<b>FEE NO.</b>	<b>FEE DESCRIPTION</b>	<b>FEE AMOUNT (\$)</b>
75112	Intraoral Incision and Drainage of Abscess	47.25
<b>Note:</b>	Fee item 75112 is limited to once per tooth per lifetime. Tooth number is required. If open and drain or RCT and intraoral incision and drainage of abscess (fee item 75112) are performed on the same day, fee 75112 will be paid at one-half of the listed fee. Not billable in conjunction with an extraction.	
75211	Extraoral Incision and Drainage of Abscess (superficial)	86.90
	<u>Fractures and Dislocations</u>	
76201	Simple fracture of the mandible (closed reduction)	373.16
76301	Simple fracture of the maxilla (closed reduction)	404.35
76911	Fracture of Alveolus including debridement and necessary extractions	310.13
	Replantation of an avulsed tooth (including splinting)	
76941	Replantation, first tooth	221.29
76949	Each additional tooth	84.09
	Repositioning of Traumatologically Displaced Teeth	
<b>Note:</b>	Limited to permanent anterior teeth only, including repositioning, repair and splinting. Maximum 3 units will be paid per tooth.	
76951	One unit	38.27
76952	Two unit	76.54
76959	Each additional unit over two	38.27
	<u>Antral Surgery</u>	
79311	Immediate recovery of a dental root or foreign body from the antrum (associated with and at the same time as extraction)	83.90
79331	Oro-antral fistula closure with buccal flap (same session)	178.57
79341	Oro-antral fistula closure with buccal flap (subsequent session)	187.14
	<u>Post-operative complications</u>	
79601	Post-operative complications, subsequent to initial post surgical treatment.	33.50
<b>Note:</b>	Post-operative complications will be paid only if performed 4 or more days after surgery and not after 30 days post surgery. This fee item is limited to three services per patient per quadrant per lifetime and is inclusive of the examination fee.	

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
	<b><u>MISCELLANEOUS</u></b>	
92215	General Anaesthetic and Intravenous sedation (in office)  per hour or portion thereof	50.57

**Note:** Treatment start and finish times must accompany your claim. Pre and post-operative observation periods are not included.

GA or IV sedation (in office) will only be considered for coverage for children under 19 years of age where necessary for the safe performance of dental treatment; and children and adults with severe mental or physical disabilities that prevents a dentist from providing necessary dental treatment without the administration of an anaesthetic or sedation.

### **Specialist Referrals**

Certified specialists, including oral surgeons, may receive an additional 10% on services billed from the *Schedule of Fee Allowances – Emergency Dental - Dentist*. The Ministry must have a record of the specialty on their billing system and the referring practitioner must be indicated on the claim form. If either of these is missing, the claim will be refused or reduced. If the referring practitioner is a Medical Doctor, please indicate this clearly on the claim form.

### **Unit of Time**

One unit of time = 15 minutes.

Procedures billed on a per unit basis must reflect the predominant service done during the unit, or half unit of time.

### **Supernumerary Teeth**

Use tooth numbers 19, 29, 39 or 49 when submitting a claim for services performed on supernumerary teeth. Indicate the tooth numbers of the area around the supernumerary tooth in the description of service column on the claim form.

Quadrant	Supernumerary tooth #
Quadrant #1	19
Quadrant #2	29
Quadrant #3	39
Quadrant #4	49

**Note:** All frequency limitations in this schedule also include services performed by a denturist or hygienist.

## **Part E - Preamble - Crown and Bridgework Supplement**

The overall intent of the Ministry of Social Development Dental Supplements is to provide coverage for basic dental services to eligible Employment and Assistance and Employment and Assistance for Persons with Disabilities clients.

### **Eligibility for Crown and Bridgework Supplement**

The ministry recognizes that in some exceptional circumstances the appropriate treatment for a compromised tooth is a crown or bridgework. An exception to the general policy of providing a conservative dental restoration or removable prosthetic may be considered if the individual meets the criteria of specific ministry categories and the ministry is of the opinion that the person has a dental condition that cannot be corrected through the provision of basic dental services because:

- (a) the dental condition precludes the provision of the restorative services set out under the Restorative Services section of the *Ministry of Housing and Social Development Schedule of Fee Allowances – Dentist*, and
- (b) one or more of the following circumstances exist:
  - i. the dental condition precludes the use of a removable prosthetic;
  - ii. the person has a physical impairment that makes it impossible for him or her to place a removable prosthetic;
  - iii. the person has an allergic reaction or other intolerance to the composition or materials used in a removable prosthetic;
  - iv. the person has a mental condition that makes it impossible for him or her to assume responsibility for a removable prosthetic.

It is important to note that when a case presents an option of effective remedial treatment by the use of either:

- an amalgam, composite or prefabricated restoration or a removable prosthetic, or
  - a crown or bridgework,
- the restoration or removable prosthetic must be used.

In all instances the affected tooth or teeth must have functional occlusion and must be periodontally sound with a good, long-term prognosis.

### **General Information:**

Porcelain-Fused-to-Metal (PFM) crowns/bridges will not be approved for tooth numbers 6, 7 and 8. Only full cast metal (gold) crowns/bridges will be covered for molar teeth. It is important to note that if a PFM crown or bridge is placed on molar teeth, the ministry will not pay the equivalent fee to a gold crown or bridge. All crown and bridgework services (crowns, fixed bridge restoration and buildups/cores) are limited to once every five years from the original insertion date.

**General Information continued:**

Treatment plan approval must be obtained in writing through the Ministry dental contractor, prior to treatment. Only treatment outlined in the *Schedule of Fee Allowances - Crown and Bridgework* will be considered for coverage under this program. A ministry contracted dental consultant reviews the requests for crown and bridgework.

**Procedures for Confirming Eligibility:**

As not all ministry clients are eligible for the Crown and Bridgework Supplement and coverage can change from month to month, eligibility must be confirmed prior to requesting treatment approval and again immediately prior to commencing with treatment to ensure the approval is still valid.

**Eligibility is confirmed by obtaining the client's Personal Health Number (PHN) and contacting Pacific Blue Cross at:**

**Vancouver: 1-604-419-2780 All other Communities: 1-800-665-1297**

**Procedures for Requesting Preauthorization:**

A request for preauthorization for a crown or bridge must be submitted in writing to Pacific Blue Cross (PBC) outlining the proposed treatment plan on a standard dental claim form marked "FOR PREAUTHORIZATION." When submitting a request, it is essential that PBC be provided with all relevant information to support the request. Applications for this type of work must include the following:

- crown and/or bridge treatment plan including tooth number(s) and fee codes;
- current, mounted periapical radiograph(s) of the tooth or teeth involved and bitewing or panorex radiograph(s) showing the remaining dentition;\*
- a list of client's missing dentition and existing removal prostheses;
- a clinical explanation as to necessity; (i.e., why the client's needs cannot be met under the Restorative Services section in the *Schedule of Fee Allowances - Dentist*); and
- relevant information regarding the client's medical condition(s) that would support the need for a crown or bridge.

\*When the patient cannot tolerate a radiograph, a photograph and full explanation is required.

Failure to provide any of the above-noted information will result in the treatment plan being returned and unnecessary delays in the adjudication of the request.

The treatment plan and accompanying documentation should be sent to:

**Pacific Blue Cross  
P.O. Box 65339  
Vancouver, BC  
V5N 5P3**



**Procedures for Requesting Preauthorization continued:**

Once a decision has been reached on the requested dental treatment, the dental office will receive written notification. Treatment should not begin until the dental office has received the decision in writing from PBC and the patient's eligibility is confirmed. If treatment is provided prior to approval or if the patient's coverage has cancelled, payment will be denied.

Approvals are valid for one year from date of approval and only if eligibility requirements have been met at the time the services are provided. The dentist who received approval must provide the treatment. If circumstances change and the approved treatment is to be completed by another dentist, Pacific Blue Cross must be contacted to amend the approval before treatment is started.

**Payment Process:**

When the approved treatment has been completed, claims must be submitted on a standard dental claim form to:

**Pacific Blue Cross  
P.O. Box 65339  
Vancouver, BC  
V5N 5P3**

Treatment that is approved under the Ministry Crown and Bridgework Supplement will be paid in excess of the patient's basic dental limit and in accordance with the rates outlined in the *Schedule of Fee Allowances – Crown and Bridgework* and, where applicable, are inclusive of lab fees. No lab slips are required. These fees represent the maximum amount the Ministry can pay for the services billed.

All other dental treatment must be completed either within the patient's basic dental limit or in accordance with the Emergency Dental and Denture Supplements.

**MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT**

**Schedule of Fee Allowances - Crown and Bridgework**

**Effective April 1, 2010**

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
<b>CROWNS</b>		
<u>Note:</u> Limited to one per tooth in a five-year period. Only full cast metal crowns will be considered on tooth numbers 6, 7 and 8.		
27301	Crown, Full Cast Metal	*539.90
27211	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	*624.20
27213	Crown, Porcelain/Ceramic/Polymer Glass, Fused to Metal Base, with Porcelain Margin	*624.20
<b>BRIDGES</b>		
<u>Note:</u> Limited to one per tooth in a five-year period. Only full cast metal retainers and pontics will be considered on tooth numbers 6, 7 and 8.		
<u>Retainers:</u>		
67211	Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	*623.30
67301	Full, Metal Cast	*562.81
<u>Pontics:</u>		
62101	Cast Metal	*313.75
62501	Porcelain/Ceramic/Polymer Glass, Fused to Metal Base	*372.75
<b>CORES</b>		
<u>Note:</u> Limited to one per tooth in a five-year period.		
21301	Non-Bonded Amalgam Core, in conjunction with Crown	80.70
21302	Bonded Amalgam Core, in conjunction with Crown	90.41
23601	Non-Bonded Composite Core, in Conjunction with Crown	90.56
23602	Bonded Composite Core, in Conjunction with Crown	90.56

\*Denotes Lab fee(s) included