

Dental Supplement

Hygienist



Ministry of
Social Development



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Social Development

MINISTRY OF SOCIAL DEVELOPMENT

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Hygienist - Part A - Preamble to Dental

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 - Hygienist* 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 dentist.

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 (ii) under the Eligibility Information section.

Adults

Adult clients who are eligible for basic coverage 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.

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 - Hygienist* and these fees represent the maximum amount the Ministry can pay for the services billed.

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.

Payment Process continued

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 hygienist 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 hygienist performing the service(s). Claims, resubmissions and adjustment requests must bear the hygienist’s signature. This confirms the work was completed and accurately billed. The hygienist 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.

MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT

Schedule of Fee Allowances – Hygienist Effective April 1, 2010

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

Note: All radiographs will be limited to 54.71 per patient every 2 calendar years. A complete series, fee item 00231 or twelve films, will be paid only once every 3 years.

Radiographs must be made available to the dentist upon referral or to the patient upon request.

Intraoral – Bitewing

00211	Single Film	9.95
00212	Two Films	13.59
00213	Three Films	17.31
00214	Four Films	21.04

Intraoral – Periapical

00221	Single Film	9.95
00222	Two Films	13.59
00223	Three Films	17.31
00224	Four Films	21.04
00225	Five Films	24.76
00226	Six Films	28.44
00227	Seven Films	32.12
00228	Eight Films	35.88
00229	Each additional film over eight, up to twelve	for each film, add 3.66
00231	Intraoral, full mouth series	minimum 12 films 50.52
00241	Panoramic Film	38.76

Note: Fee item 00241 is limited to once in a three-year period.

PERIODONTAL TREATMENT

Scaling

Fee items numbers 00511 to 00529, as well as dentist's fee item 42111 (surgical curettage which includes definitive root planning) in total will be limited to a dollar maximum of \$266.04 per patient per calendar year.

Note:

00511	Scaling – one unit	22.17
00512	Scaling – two units	44.34
00513	Scaling – three units	66.51
00514	Scaling – four units	88.68
00515	Scaling – five units	110.85
00516	Scaling – six units	133.02
00517	Scaling – ½ unit	11.08
00519	Scaling – each additional unit over six	22.17

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
	<u>Root Planing</u>	
00521	Root planing – one unit	22.17
00522	Root planing – two units	44.34
00523	Root planing – three units	66.51
00524	Root planing – four units	88.68
00525	Root planing – five units	110.85
00526	Root planing – six units	133.02
00527	Root planing – ½ unit	11.08
00529	Root planing – each additional unit over six	22.17

Polishing – The removal of stain and plaque with the use of rubber cups, brushes or air polishers. May include manual or mechanical methods, prophylaxis, ultrasonic, etc. Polishing should also consist of interproximal flossing and a recall review of oral hygiene procedures and techniques.

Note: 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, stain removal) visits. For Patients with half of their natural dentition, i.e., edentulous on one arch, fee 00531 will be paid at one-half of the listed fee.

00531	Polishing	24.03
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SEALANTS

Pit and Fissure Sealants

Note: Sealants will be paid once per tooth per lifetime on permanent caries-free occlusal surfaces on bicuspid and molars for children under 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.

00602	Single tooth	15.45
00603	Each additional tooth in same quadrant	8.58

Topical Fluoride Treatment

Note: 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.

00611	Topical Fluoride Treatment	9.39
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RECEMENTATION

Note: Fee item 00671 is limited to 1 unit per tooth, per year. Tooth number required.

00671	Recementation of crowns or bridge abutments	1 unit	41.95
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Note: All frequency limitations in this schedule also include services performed by a dentist.