

# **DENTAL TECHNICAL PROCEDURES SCHEDULE E**

**Effective February 1, 2017**



**Ministry of Health**  
Medical Beneficiaries Branch

## SCHEDULE E: DENTAL TECHNICAL PROCEDURES

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# DENTAL TECHNICAL PROCEDURES SCHEDULE E

Tariff of Fees Approved and/or Prescribed as the Payment Schedule  
Effective February 1, 2017

Fee Code	Description	\$Feb 1, 2017	\$Apr 1, 2017
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**NOTES:**

1. Only covered by the Medical Services Plan when done by an oral and maxillofacial specialist or orthodontist for the following:

(a) In conjunction with the hospital-based surgical correction of malocclusion of patients registered with the Orthodontic Program for Cleft Lip/Palate and Severe Congenital Cranial-facial Anomalies. This includes all children whose orthodontic care is paid for by the Government of BC and where the severity of the case involves both orthodontic treatment and in hospital surgery of the facial skeletal structure.

(b) Patients registered with the British Columbia Cancer Agency Dental Department;

(c) Patients registered with the Prosthodontic Management of Severe Dental Facial Anomalies Program administered by the B.C.D.A.

2. Maximum Fees - Patient Cannot be extra billed

(a) Maximum fee per jaw/per patient/per lifetime. Patient cannot be extra billed.	1,377.73	1,384.62
(b) Maximum fee for 2 jaw surgery per patient/per lifetime. Patient cannot be extra billed.	2,296.24	2,307.72

3. A unit of time is 15 minutes.

**Intraoral Radiographs**

**Periapical:**

03831	Single film	14.48	14.55
03832	Two films	19.94	20.04
03833	Three films	25.34	25.47
03834	Four films	30.77	30.92
03835	Five films	36.17	36.35
03836	Six films	41.59	41.80

**Occlusal:**

03841	Single film	18.90	18.99
03842	Two films	27.97	28.11

Fee Code	Description	\$Feb 1, 2017	\$Apr 1, 2017
<b>Panoramic Radiographs</b>			
03803	Pre-treatment, post-treatment (each) ( <i>maximum 3</i> )	56.73	57.01
<b>Cephalometric Radiographs, pre-treatment, post treatment</b>			
03804	Single film	37.05	37.24
03805	Two films	61.38	61.69
03806	Additional films ( <i>maximum 6</i> )	24.34	24.46
03807	*Per unit of time	68.77	69.11
<b>TMJ Radiographs</b>			
03809	Tomography, single view	50.93	51.18
03810	Tomography, two views	63.80	64.12
03811	Radiographs, TMJ, one film	37.05	37.24
03812	Radiographs, TMJ, two films	61.38	61.69
03813	Radiographs, TMJ, three films	85.49	85.92
03814	Radiographs, TMJ, four films	112.32	112.88
03830	Each additional film over four ( <i>maximum 6</i> )	24.34	24.46
<b>Radiographs/Duplications</b>			
03844	Single film	6.67	6.70
03845	Two films	13.11	13.18
03846	Three films	19.79	19.89
03847	Each additional film over three ( <i>maximum 10</i> )	3.80	3.82
<b>Photographs:</b>			
03815	First photograph	14.84	14.91
03816	Each additional ( <i>maximum 36</i> )	4.92	4.94
<b>Diagnostic models:</b>			
03817	Upper and lower	62.79	63.10
<b>Duplicate models:</b>			
03818	Upper and lower	34.38	34.55
<b>Casts, Diagnostic, Mounted:</b>			
03819	- Per mounting (one or more sets may be required depending upon necessity for segmental model surgery)	74.63	75.00
<b>Casts, Diagnostic:</b>			
03820	Mounted using facebow and occlusal records	272.44	273.80

Fee Code	Description	\$Feb 1, 2017	\$Apr 1, 2017
	<b>Diagnostic (gnathological wax-up) model surgery:</b>		
03821	*One unit of time	68.77	69.11
03822	*Two units of time	137.53	138.22
03823	*Three units of time	206.30	207.33
<b>Appliances - Removable/Retention (Splint)</b>			
	<b>Orthognathic Splint:</b>		
03824	Maxillary	286.52	287.95
03825	Mandibular	286.52	287.95
	<b>Palatal Stent:</b>		
03826	Palatal stent	57.29	57.58