

Dental Supplement

Hygienist



Ministry of Social Development
and Poverty Reduction



Ministry of
Social Development
and Poverty Reduction

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The *Schedule of Fee Allowances - Hygienist* lists 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.

Hygienist - Part A - Preamble to Dental

The overall intent of the Ministry of Social Development and Poverty Reduction (Ministry) Dental Supplements is to provide coverage for basic dental and emergency dental services to eligible individuals who receive assistance through the BC Employment and Assistance and Employment (BCEA) Program and children in low-income families. The attached Part B - *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 when performed by an independent hygienist. It contains the rules, frequency and financial limits associated with each service. All frequency limitations also include services performed by a dentist and denturist.

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 the Ministry provides varying levels of benefits and some individuals may have coverage for basic dental services with a 2-year limit while others are limited to emergency dental services only. To ensure active coverage is in place and to confirm the type and amount of coverage available, eligibility must be confirmed for all patients prior to proceeding with any treatment. Procedures for confirming eligibility for your patients are outlined on page (ii) under the Eligibility Information section.

BCEA Adults

Adults who are eligible for basic dental services under Ministry Dental Supplements are eligible for a \$1,000 limit every 2-year period beginning on January 1st of every odd numbered year. The applicable fees for services provided to adult patients are listed in the *Schedule of Fee Allowances – Hygienist* under the column marked “Adult”.

BCEA Children

Children (under 19 years of age) covered under the Ministry Dental Supplement are eligible for a \$2,000 limit for basic dental services every 2-year period beginning on January 1st of every odd numbered year.

Healthy Kids

Dependent children (under 19 years of age) eligible for Supplementary Benefits 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 \$2,000 limit for basic dental services every 2-year period beginning on January 1st of every odd numbered year.

The applicable fees for services provided to BCEA Children and Healthy Kids patients are listed in the *Schedule of Fee Allowances – Hygienist* under the column marked “Child”.

Eligibility Information

Eligibility must be confirmed for all patients prior to treatment. 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.

Steps to confirm a patient's eligibility:

- 1. Obtain the patient's Personal Health Number (PHN) from their CareCard or BC Services Card.**
- 2. Access PROVIDERnet at www.providernet.ca to confirm active coverage and look up plan limits available for services, or contact 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 the Healthy Kids Program have questions related to their coverage, they should be referred to the Ministry's 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 patient'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.

Payment Process, continued

Note: Claims requiring review by a 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 hygienist must bill the actual service(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.

Every time a claim is submitted, it indicates the dental practitioners understanding of, and agreement with the terms, conditions and guidelines set out in this fee schedule. The Ministry will not pay for services rendered by a dental practitioner who is not registered to practice in BC, or provides services outside their scope of practice, or outside of limits and conditions on their practice.

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

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION

Schedule of Fee Allowances – Hygienist
Effective September 1, 2017

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child
<u>RADIOGRAPHS</u>			
<u>Note:</u>	Radiographs will be limited to: <ul style="list-style-type: none"> • \$54.71 every 2 calendar years for adults, and • \$70.49 every 2 calendar years for children under 19 years of age. A complete series, fee item 00231 or twelve films, will be paid only once every 3 years. Fee item 00241, panoramic film, is excluded from the 2 year radiograph limit for children. Radiographs must be made available to the dentist upon referral or to the patient upon request.		
<u>Intraoral – Bitewing</u>			
00211	Single Film	9.95	12.80
00212	Two Films	13.59	17.59
00213	Three Films	17.31	22.33
00214	Four Films	21.04	27.19
<u>Intraoral – Periapical</u>			
00221	Single Film	9.95	12.80
00222	Two Films	13.59	17.59
00223	Three Films	17.31	22.33
00224	Four Films	21.04	27.19
00225	Five Films	24.76	31.98
00226	Six Films	28.44	36.88
00227	Seven Films	32.12	41.51
00228	Eight Films	35.88	46.34
00229	Each additional film over eight, up to twelve	for each film, add 3.66	4.82
00231	Intraoral, full mouth series	minimum 12 films 50.52	70.19
00241	Panoramic Film	38.76	48.38
<u>Note:</u>	Fee item 00241 is limited to once in a three-year period. Not included in the two year radiograph limit for children under 19 years of age.		
<u>PERIODONTAL TREATMENT</u>			
<u>Scaling/Debridement</u>			
<u>Note:</u>	Fee items numbers 00511 to 00529, and equivalent dentist's fee items, including 42111 (surgical curettage which includes definitive root planning) in total are limited to a dollar maximum of: <ul style="list-style-type: none"> • \$266.04 per calendar year for adults, and • \$373.92 per calendar year for children under 19 years of age. 		
00511	Scaling – one unit	22.17	27.45
00512	Scaling – two units	44.34	54.91
00513	Scaling – three units	66.51	82.36

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child
00514	Scaling – four units	88.68	109.82
00515	Scaling – five units	110.85	137.27
00516	Scaling – six units	133.02	164.72
00517	Scaling – ½ unit	11.08	13.73
00519	Scaling – each additional unit over six	22.17	27.45

Root Planing

00521	Root planing – one unit	22.17	27.45
00522	Root planing – two units	44.34	54.91
00523	Root planing – three units	66.51	82.36
00524	Root planing – four units	88.68	109.82
00525	Root planing – five units	110.85	137.27
00526	Root planing – six units	133.02	164.72
00527	Root planing – ½ unit	11.08	13.73
00529	Root planing – each additional unit over six	22.17	27.45

Note: Polishing – The removal of stain and plaque that may include manual or mechanical methods, prophylaxis, ultrasonic, etc. Polishing should also consist of interproximal flossing and a review of oral hygiene techniques.

The Ministry will pay a maximum of one polishing per adult in a calendar year. Children under 19 years of age are covered for two polishing procedures per calendar year.

A minimum of 60 days must elapse between preventive 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	26.45
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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.

00602	Single tooth	n/a	20.37
00603	Each additional tooth in same quadrant	n/a	11.24

Note: Topical Fluoride Treatment
Coverage for the application of topical fluoride is limited to children under 19 years of age and to a maximum of two fluoride treatments per calendar year.

00616	Topical Fluoride Treatment	n/a	10.76
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Code Change

RECEMENTATION

00671	Temporary recementation of crowns or bridge abutments	1 unit	41.95	51.64
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Note: Fee item 00671 is limited to 1 unit per tooth, per year. Tooth number required.

Note: All frequency limitations in this schedule also include services performed by a dentist.