

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child
	<u>Extractions (removals), Residuals Roots</u>		
Note:	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	89.78
72319	Each additional tooth, same quadrant	42.15	67.15
	Residual root - Soft Tissue Coverage		
72321	First Tooth	124.76	175.85
72329	Each additional tooth in same quadrant	88.84	132.08
	Residual root - Bone Tissue Coverage		
72331	First Tooth	143.78	204.05
72339	Each additional tooth in same quadrant	94.91	152.85
	<u>Surgical Exposure of Teeth</u>		
72511	Surgical Exposure, unerupted, uncomplicated, soft tissue coverage (includes operculectomy)	124.20	152.11
72521	Surgical Exposure, complex, hard tissue coverage	183.27	224.08
72611	Transplantation of erupted tooth (including splinting)	307.62	380.65
	<u>Enucleation, Surgical</u>		
Note:	Extraction of associated primary tooth included in fee.		
72711	Unerupted Tooth and Follicle	first tooth	124.20
72719		each additional tooth, same quadrant	99.21
	<u>Alveolar or Gingival Reconstruction</u>		
	Alveoplasty - Bone remodeling of ridge with soft tissue revisions		
Note:	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. Sextant number and the tooth numbers of the area treated must be noted on claim.		
73111	Alveoplasty with multiple extractions	per sextant	65.38
		per anterior tooth	10.90
		per posterior tooth	13.08
	Edentulous, not in conjunction with extractions		
73121	Alveoplasty, edentulous	per sextant	79.53
		per anterior tooth area	13.26
		per posterior tooth area	15.91

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child
	<u>Excision of Bone</u>		
73152	Excision of Torus Palatinus	224.44	276.02
	Excision of Torus Mandibularis		
73153	Unilateral	142.32	175.11
73154	Bilateral	231.00	284.19
73222	Excision of Vestibular Hyperplasia	140.55	172.14
73223	Surgical shaving of papillary hyperplasia of the palate	140.55	172.14
73224	Excision of pericoronal gingiva for retained teeth	33.50	40.88
Note:	Fee item 73224 is not covered if done for crown lengthening.		
73231	Excision of hyperplastic tissue		
		per sextant	144.87
		per anterior tooth	24.15
		per posterior tooth	28.97
73421	Vestibuloplasty - sulcus deepening and ridge reconstruction		
		per sextant	255.16
	<u>Surgical Excision</u>		
Note:	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	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
75112	Intraoral incision and drainage of abscess		47.25
Note:	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.		

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child
75211	Extraoral incision and drainage of abscess (superficial)	86.90	106.85
	Surgical incision for removal of foreign bodies (does not include wire or bar splints)		
75301	Removal, from skin or subcutaneous alveolar tissue	82.12	100.91
75302	Removal of reaction-producing foreign bodies	82.12	100.91
	<u>Fractures and Dislocations</u>		
76201	Simple fracture of the mandible (closed reduction)	373.16	460.04
76301	Simple fracture of the maxilla (closed reduction)	404.35	496.84
76911	Fracture of Alveolus including debridement and necessary extractions	310.13	383.61
	Replantation of an avulsed tooth (including splinting)		
76941	Replantation, first tooth	221.29	273.06
76949	Each additional tooth	84.09	102.40
	Repositioning of Traumatically Displaced Teeth		
Note:	Limited to permanent anterior teeth only, including repositioning, repair and splinting. Tooth number required. Maximum 3 units will be paid per tooth.		
76951	One unit	38.27	46.75
76952	Two unit	76.54	93.49
76959	Each additional unit over two	38.27	46.75
	Repair of Uncomplicated Lacerations, Intraoral or Extraoral		
76961	2 cm or less	84.15	103.14
76962	2 – 4 cm	115.70	141.72
76963	over 5 cm	138.76	170.66
	<u>Frenectomy</u>		
Note:	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	178.82
77802	Lower	146.29	178.82
	<u>Temporomandibular Joint</u>		
78102	Management of TMJ dislocation, closed reduction, uncomplicated	98.06	120.20
78601	Management of TMJ by injection with anti-inflammatory drugs	98.76	120.20
79101	Dilation of salivary duct	34.82	42.67
79111	Sialolithotomy of salivary duct (anterior 1/3 of canal)	93.69	114.27
	<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	103.14
79331	Oro-antral fistula closure with buccal flap (same session)	178.57	219.63
79341	Oro-antral fistula closure with buccal flap (subsequent session)	187.14	230.02

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child
	<u>Post-operative complications</u>		
79601	Post-operative complications, subsequent to initial post surgical treatment.	33.50	40.81
	Note: Post-operative complications will be paid only if performed 4 or more days after surgery and not after 45 days post surgery. This fee item is limited to three services per patient per quadrant per lifetime and is inclusive of the examination fee.		
	MISCELLANEOUS		
	<u>Anesthesia</u>		
	Note: When delivering sedation and general anaesthetic, dentists must meet the regulatory requirements set out by the College of Dental Surgeons of BC. General Anaesthetic and Intravenous sedation (in office)		
92215	per hour or portion thereof	50.57	192.92
	Note: 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 a severe mental or physical disability that prevents a dentist from providing necessary treatment without the administration of a GA or sedation. Treatment start and finish times must accompany your claim. Pre and post-operative observation periods are not included.		
	New Conscious Sedation		
	Note: Conscious sedation is <u>only covered for children under 19 years of age</u> , and only when necessary for the safe performance of dental treatment or when the dentist is prevented from providing necessary treatment without sedation. Fee items 92411 to 92418 and 92431 to 92438 in total will be limited to a maximum of 8 units per calendar year. Treatment start and finish times must accompany your claim. Time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device. Pre and post-operative observation periods are not included.		
	New Nitrous Oxide		
92411	One Unit	n/a	30.64
92412	Two Units	n/a	55.20
92413	Three Units	n/a	79.39
92414	Four Units	n/a	103.88
92415	Five Units	n/a	129.11
92416	Six Units	n/a	153.59
92417	Seven Units	n/a	178.08
92418	Eight Units	n/a	202.57

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child
New	Nitrous Oxide with Oral Sedation		
	Refer to detailed notes under Conscious Sedation		
92431	One Unit	n/a	86.07
92432	Two Units	n/a	120.95
92433	Three Units	n/a	155.08
92434	Four Units	n/a	189.95
92435	Five Units	n/a	224.08
92436	Six Units	n/a	258.96
92437	Seven Units	n/a	293.09
92438	Eight Units	n/a	327.96
	<u>Professional Consultations</u>		
93111	Consultation, with Member of the Profession (by dentist other than practitioner providing treatment)	30.58	39.99
	Note: 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.		
93320	Pre-Anaesthetic Work-up Fee	40.02	n/a
	Administrative preparation for an adult patient who is physically and/or mentally disabled and requires 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).		
	<u>Professional Visits</u>		
94102	Emergency Visit – House Call When one must immediately leave home, office or hospital.	44.60	53.65
94301	Hospital (Institutional) Visit	39.37	47.56
	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 or the claim may be refused or reduced. 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.

Quadrant	Supernumerary tooth #
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 both the sextant number and specific tooth numbers of the area treated. See example below:

Procedure Code	Description of Service	Tooth/Sextant Code	Total Fee (adult)
42311	Gingivectomy	05	146.85
42311	Gingivectomy Anterior	04 - 11	24.48
42311	Gingivectomy Posterior	08 - 47	29.37
Or			
42311	Gingivectomy Anterior	07 - 31, 32, 33	73.44

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

Part C - Preamble - Emergency Dental Supplements - Dentist

Emergency Dental Supplements is available for all eligible Ministry of Social Development and Poverty Reduction (Ministry) 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 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 Part D - *Schedule of Fee Allowances – Emergency Dental – Dentist* outlines the allowable services and fees associated with the Ministry's Emergency Dental Supplements. It contains the rules, frequency and financial limits associated with each service. All frequency limitations also include services performed by a denturist and hygienist.

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 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 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.

Steps to confirm a patient's eligibility:

- 1. Obtain the patient's Personal Health Number (PHN) from their CareCard, BC Driver's Licence or BC Services Card.**
- 2. Access PROVIDERnet at www.providernet.ca to confirm active coverage and look up any 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 for any treatment completed under the Emergency Dental 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.

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 11 of the *Schedule of Fee Allowances – Emergency Dental – Dentist*.

Claim Submission:

Dentists can submit claims electronically to Pacific Blue Cross via CDAnet for services provided under a patient's Emergency Coverage.

Detailed information on how to submit claims through PROVIDERnet are outlined in Pacific Blue Cross' Dental Provider Reference Guide which can be found on their website: <https://www.pac.bluecross.ca/>

Some exclusions from CDAnet are:

- 1. Submissions that require explanations on the claim form (e.g.: General Anaesthetic, certain denture claims i.e.: initial denture with no associated extractions billed, etc.) and/or,**
- 2. Submissions that require supporting documentation (e.g.: lab slips, clinical descriptions, diagnoses, radiographs, photographs, etc.)**

Claims, including previously noted claims excluded from CDAnet process, may also be submitted on a standard dental claim form and sent to:

Pacific Blue Cross – Ministry Dental Program PO Box 65339 Vancouver, BC V5N 5P3

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.

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.

Payment Process, continued

The dentist must bill the actual services(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 sent by paper must bear the dentist's signature. This confirms the work was completed and accurately billed. The dentist remains solely responsible for all claims submitted.

Every time a claim is submitted, electronically or by paper, 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.

Note: Oral and dental surgery performed in hospital is to be billed to the Medical Services Plan of British Columbia. Claim forms and billing information can be found at: <http://www2.gov.bc.ca/gov/content/health>.

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 or the claim may be refused or reduced. 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.

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

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child
<u>Full Coverage Pre-fabricated Restorations, continued</u>			
22301	Stainless steel restoration (permanent anterior)	119.10	152.11
22311	Stainless steel restoration (permanent posterior)	119.10	152.11
22401	Plastic Pre-fabricated restoration (primary anterior)	119.10	152.11
22501	Plastic Pre-fabricated restoration (permanent anterior)	135.52	175.11

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

Bonded - Anterior

23111	One surface	75.47	90.52
23112	Two surfaces	90.56	109.07
23113	Three surfaces	114.46	137.27
23114	Four surfaces	141.99	171.40
23115	Five surfaces (maximum)	171.65	202.57

Bonded - Bicuspid

23311	One surface	87.91	104.62
23312	Two surfaces	122.65	144.69
23313	Three surfaces	144.04	176.60
23314	Four surfaces	177.11	216.66
23315	Five surfaces (maximum)	203.58	239.67

Bonded – Molars

23321	One surface	94.21	113.53
23322	Two surfaces	144.04	173.63
23323	Three surfaces	174.08	209.24
23324	Four surfaces	209.19	250.80
23325	Five surfaces (maximum)	243.18	297.54

Tooth Coloured – Primary teeth

Bonded - Anterior

23411	One surface	69.63	88.30
23412	Two surfaces	88.21	113.53
23413	Three surfaces	98.30	126.14
23414	Four surfaces	112.33	144.69
23415	Five surfaces (maximum)	127.50	164.72

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child
	Bonded - Molars		
23511	One surface	78.43	94.98
23512	Two surfaces	111.12	135.39
23513	Three surfaces	128.95	158.05
23514	Four surfaces	153.98	188.47
23515	Five surfaces	179.08	219.63
	<u>Retentive Post</u>		
25731	Prefabricated, Retentive - 1 post	94.66	122.43
Note:	Fee item 25731 is limited to once per tooth in a five-year period and only paid in conjunction with a restoration.		
29101	Recementation of crowns or bridge abutments	1 unit 41.95	54.61
Note:	Fee item 29101 is limited to 1 unit per tooth, per calendar year. Tooth number required.		
<u>ENDODONTICS</u>			
<u>TREATMENT OF PULP CHAMBER (excluding final restoration)</u>			
Pulpotomy, Permanent teeth (as a separate emergency procedure)			
Note:	MAXIMUM TWO TEETH MAY BE TREATED PER EMERGENCY VISIT. 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	83.10
32222	Molars	66.44	83.85
	Pulpotomy, Primary teeth		
32231	As a separate procedure	48.62	60.92
32232	Concurrent with restorations (but excluding final restoration)	41.57	52.01
	<u>Open and Drain (Separate Emergency Procedure)</u>		
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	57.58
39202	Molars	46.04	57.58

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child

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	66.41
41212	Two units	89.80	132.82

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	31.16
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PROSTHODONTICS

54201	Minor denture adjustments	One unit	36.18	47.78
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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.

Denture Repairs/Additions

Note: Fees paid for denture repairs and additions are based on the listed dentist fee plus total lab fee charged. The Ministry will cover lab fees at reasonable and customary amounts for Denture Repairs/Additions. The amount charged must be billed as two amounts (dentist fee plus lab fee) and lab slips must be available on request. 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.

Billing Change

Complete Denture

Not Requiring an Impression

55101	Maxillary	46.50 + L	60.99 + L
55102	Mandibular	46.50 + L	60.99 + L

Partial Denture

Not Requiring an Impression

55301	Maxillary	46.50 + L	60.99 + L
55302	Mandibular	46.50 + L	60.99 + L

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child
	<u>Denture Relining</u>		
	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.		
56211	Reline maxillary complete denture (direct)	108.39	180.31
56212	Reline mandibular complete denture (direct)	108.39	204.05
56221	Reline maxillary partial denture (direct)	72.29	143.95
56222	Reline mandibular partial denture (direct)	72.29	156.56

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	89.04
71109	Each additional tooth in same quadrant	45.59	58.77

Complicated (surgical approach)

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

71201	Single tooth	130.27	173.63
71209	Each additional tooth in same quadrant	85.98	130.59

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

71211	Single tooth	201.55	273.80
71219	Each additional tooth in same quadrant	133.03	205.53

Impacted teeth (Unerupted)

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

72111	Single tooth	130.27	174.37
72119	Each additional tooth in same quadrant	85.98	130.59

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child
	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	273.80
72219	Each additional tooth in same quadrant	99.17	205.53
	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	284.93
72229	Each additional tooth in same quadrant	138.58	213.70
	<u>Extractions (removals), Residuals Roots</u>		
Note:	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.		
	Residual root - Erupted		
72311	First tooth	63.84	89.78
72319	Each additional tooth, same quadrant	42.15	67.15
	Residual root - Soft Tissue Coverage		
72321	First Tooth	124.76	175.85
72329	Each additional tooth in same quadrant	88.84	132.08
	Residual root - Bone Tissue Coverage		
72331	First Tooth	143.78	204.05
72339	Each additional tooth in same quadrant	94.91	152.85
	<u>Alveoplasty - Bone remodeling of ridge with soft tissue revisions</u>		
Note:	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. Sextant number and the tooth numbers of the area treated are required.		
73111	Alveoplasty with multiple extractions	per sextant	
		per anterior tooth	65.38
		per posterior tooth	10.90
			13.08
			16.03
73121	Alveoplasty, edentulous	per sextant	79.53
		per anterior tooth area	13.26
		per posterior tooth area	15.91
			19.44

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)		
		Adult	Child	
	<u>Surgical Excision</u>			
	Note: 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	213.70
74112		1 - 2 cm	349.21	418.49
74121	Resection of benign tumor of bone tissue	1 cm and under	177.11	212.21
74122		1 - 2 cm	347.10	417.75
	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	264.89
74612		1 - 2 cm	380.77	469.69
74631	Excision of Cyst	1 cm and under	186.42	228.54
74632		1 - 2 cm	349.21	418.49
75112	Intraoral Incision and Drainage of Abscess		47.25	57.80
	Note: 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	106.85
	<u>Fractures and Dislocations</u>			
76201	Simple fracture of the mandible (closed reduction)		373.16	460.04
76301	Simple fracture of the maxilla (closed reduction)		404.35	496.84
76911	Fracture of Alveolus including debridement and necessary extractions		310.13	383.61
	Replantation of an avulsed tooth (including splinting)			
76941	Replantation, first tooth		221.29	273.06
76949	Each additional tooth		84.09	102.40
	Repositioning of Traumatically Displaced Teeth			
	Note: Limited to permanent anterior teeth only, including repositioning, repair and splinting. Tooth number required. Maximum 3 units will be paid per tooth.			
76951	One unit		38.27	46.75
76952	Two unit		76.54	93.49
76959	Each additional unit over two		38.27	46.75

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child
	<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	103.14
79331	Oro-antral fistula closure with buccal flap (same session)	178.57	219.63
79341	Oro-antral fistula closure with buccal flap (subsequent session)	187.14	230.02
79601	<u>Post-operative complications</u> , subsequent to initial post surgical treatment.	33.50	40.81

Note: Post-operative complications will be paid only if performed 4 or more days after surgery and not after 45 days post surgery. This fee item is limited to three services per patient per quadrant per lifetime and is inclusive of the examination fee.

ANAESTHESIA

Note: When delivering sedation and general anaesthetic, dentists must meet the regulatory requirement set out by the College of Dental Surgeons of BC.

92215	General Anaesthetic (GA) and Intravenous sedation (in office)		
	per hour or portion thereof	50.57	192.92

Note: 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 a severe mental or physical disability that prevents a dentist from providing necessary dental treatment without the administration of a GA or sedation.

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

New

Conscious Sedation

Note: Conscious sedation is only covered for children under 19 years of age, and only when necessary for the safe performance of dental treatment or when the dentist is prevented from providing necessary dental treatment without sedation.

Fee items 92411 to 92418 and 92431 to 92438 in total will be limited to a maximum of 4 units per emergency visit.

Treatment start and finish times must accompany your claim. Time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device. Pre and post-operative observation periods are not included.

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)	
		Adult	Child
	Nitrous Oxide		
92411	One Unit	n/a	30.64
92412	Two Units	n/a	55.20
92413	Three Units	n/a	79.39
92414	Four Units	n/a	103.88
	Nitrous Oxide with Oral Sedation		
92431	One Unit	n/a	86.07
92432	Two Units	n/a	120.95
92433	Three Units	n/a	155.08
92434	Four Units	n/a	189.95

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 or the claim may be refused or reduced.

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

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 both the sextant number and specific tooth numbers of the area treated. See example below:

Procedure Code	Description of Service	Tooth/Sextant Code	Total Fee (adult)
42311	Gingivectomy	05	146.85
42311	Gingivectomy Anterior	04 - 11	24.48
42311	Gingivectomy Posterior	08 - 47	29.37
Or			
42311	Gingivectomy Anterior	07 - 31, 32, 33	73.44

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 and Poverty Reduction (Ministry) Dental Supplements is to provide coverage for basic dental services to eligible individuals who receive assistance through the BC Employment and Assistance Program. The attached Part F- *Schedule of Fee Allowances – Crown and Bridgework* outlines the eligible services and fee associated with the Crown and Bridgework Supplement. It contains the rules, and frequency limits associated with each service.

The following information provides details on the Ministry's Crown and Bridgework Supplement, how to confirm eligibility and how to obtain preauthorization and payment for services rendered.

Eligibility for Crown and Bridgework Supplement

It is important to note that the Ministry provides varying levels of benefits and some individuals may not have coverage for the 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's *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.

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

Note: Eligibility for the Crown and Bridge Supplement cannot be confirmed using PROVIDERnet.

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 removable 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.

Procedures for Requesting Preauthorization, continued:

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
Ministry Dental Program
P.O. Box 65339
Vancouver, BC
V5N 5P3**

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
Ministry Dental Program
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 Supplements.

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.

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION

Schedule of Fee Allowances - Crown and Bridgework

Effective April 1, 2010

FEE NO.	FEE DESCRIPTION	FEE AMOUNT (\$)
CROWNS		
<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
BRIDGES		
<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
CORES		
<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