

# Dental Supplement

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## Hygienist



Ministry of Social Development  
and Poverty Reduction



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## **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) 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 \$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](http://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 |
|                     | <b><u>RADIOGRAPHS</u></b>  |                         |       |
| <b><u>Note:</u></b> | Radiographs will be limited to: <ul style="list-style-type: none"> <li>• \$54.71 every 2 calendar years for adults, and</li> <li>• \$70.49 every 2 calendar years for children under 19 years of age.</li> </ul> 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 |
| <b><u>Note:</u></b> | 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.  |                         |       |
|                     | <b><u>PERIODONTAL TREATMENT</u></b>  |                         |       |
|                     | <u>Scaling/Debridement</u>   |                         |       |
| <b><u>Note:</u></b> | 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"> <li>• \$266.04 per calendar year for adults, and</li> <li>• \$373.92 per calendar year for children under 19 years of age.</li> </ul>                             |                         |       |
| 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 |
|-------|-----------|-------|-------|

**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 |

Topical Fluoride Treatment

**Note:** 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 |
|-------|----------------------------|-----|-------|

**Code Change**

**RECEMENTATION**

|       |   |        |       |       |
|-------|---|--------|-------|-------|
| 00671 | Temporary recementation of crowns or bridge abutments | 1 unit | 41.95 | 51.64 |
|-------|---|--------|-------|-------|

**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.**