

**ORTHODONTIC SPECIALISTS  
SCHEDULE C**

**Effective February 1, 2018**



**Ministry of Health**  
Medical Beneficiaries Branch

## **SCHEDULE C: ORTHODONTIC SPECIALISTS**

Orthodontic Services for Severe Congenital.....	C-2
Cranial-Facial Anomalies (Other Than Cleft Lip/Palate).....	C-2
Observation and Adjustments.....	C-3
Speech Obturator.....	C-4
Full Alignment and Retention.....	C-5
Treatment Phase (Includes Prophylaxis).....	C-6

## **ORTHODONTIC SPECIALISTS SCHEDULE C**

### **Tariff of Fees Approved and/or Prescribed as the Payment Schedule Effective February 1, 2018**

**The additional MSP benefit for the payment of orthodontic services for MSP beneficiaries reads as follows:**

- (i) Consequential necessary orthodontic service in the care of a cleft lip and (or) cleft palate only where that service arises as part of or following plastic surgical repair performed by a medical practitioner in the treatment of severe congenital facial abnormalities as the Commission may determine, when provided by a dental surgeon who is a member in good standing of the College of Dental Surgeons of British Columbia for an insured person 20 years of age or younger, shall be paid under the Plan at a tariff of fees approved or prescribed by the Commission in the schedule of costs, but there shall be no payment for dentures, appliances or prostheses or for general dental services.
- (ii) Consequential necessary orthodontic services in the care of a cleft lip or cleft palate or both, performed outside the Province but in Canada by a person entitled to practise dental surgery in the place where the service is rendered, at a tariff of fees approved by the Commission in the schedule of costs, so long as the service is rendered
  - (a) as part of or following plastic surgical repair of the cleft lip or cleft palate by a medical practitioner,
  - (b) to an insured person 20 years of age or younger who resides in an area in the Province where the nearest location for the service is outside the Province, and
  - (c) following approval of payment of the service by the Commission.
- (iii) Fee items designated with an asterisk (\*) are only billable when done in conjunction with treatment planning in association with the Cleft Lip/Palate Program at the Children's and Women's Health Centre of BC Branch.

Fee Code	Description	\$Feb 1, 2018	\$Apr 1, 2018
----------	-------------	---------------	---------------

**ORTHODONTIC SERVICES FOR SEVERE CONGENITAL CRANIAL-FACIAL ANOMALIES (OTHER THAN CLEFT LIP/PALATE)**

03952	Initial examination - includes a clinical orthodontic examination and an explanation as to the nature of the problem and an approximation of the treatment time and fee involved	87.59	88.03
03953	Diagnostic phase - if treatment is contemplated, further information is required. In addition to the initial examination a complete orthodontic diagnosis is necessary and will include diagnostic models and facial, profile, and intraoral photographs and radiographs	280.31	281.71
03954	Case analysis and consultation phase - includes treatment planning, consultation, and case presentation based on the materials gathered in the diagnostic phase	204.38	205.40

**DECIDUOUS (ages 0-6 years approx.)**

03955	(a) <u>Simple</u> - Malocclusion requiring the use of a removable appliance or simple fixed appliance for a period not expected to exceed six months	2,623.08	2,636.20
03956	(b) <u>Complex</u> - Malocclusion requiring two or more removable appliances or simple fixed appliances for a period not expected to exceed twelve months		
03957	(c) <u>Severe</u> - Malocclusion requiring two or more removable appliances and/or fixed appliances for a period expected to exceed twelve months	Individual Consideration	Individual Consideration

**MIXED DENTITION (Ages 7-10 Years Approx.)**

03958	(a) <u>Simple</u> - Malocclusion requiring the use of removable appliance or simple fixed appliance for a period not expected to exceed six months	Individual Consideration	Individual Consideration
03959	(b) <u>Complex</u> - Malocclusion requiring two or more removable appliances or simple fixed appliances for a period not expected to exceed twelve months	Individual Consideration	Individual Consideration
03960	(c) <u>Severe</u> - Malocclusion requiring two or more removable appliances and/or fixed appliances for a period expected to exceed twelve months	Individual Consideration	Individual Consideration

**PERMANENT DENTITION (ages 11-20 years approx.)**

03961	(a) <u>Simple</u> - Malocclusion possibly requiring a removable appliance and usually requiring fixed appliances in both arches and retention in which the total treatment and supervision period is not expected to exceed 26 months	Individual Consideration	Individual Consideration
-------	---	--------------------------	--------------------------

Fee Code	Description	\$Feb 1, 2018	\$Apr 1, 2018
03962	(b) <u>Complex</u> - Malocclusion possibly requiring a removable appliance and usually requiring full fixed appliances of both arches in which the total treatment period plus the retention period is not expected to exceed 30 months	Individual Consideration	Individual Consideration
03963	(c) <u>Severe</u> - Malocclusion possibly requiring a removable appliance and usually requiring full fixed appliances of box arches in which the total treatment period is expected to exceed 36 months	Individual Consideration	Individual Consideration
<b>CLEFT LIP AND/OR PALATE - CARE OF NEWBORN</b>			
03964	Initial examination - will include a clinical orthodontic examination and an explanation as to the nature of the problem and an approximation of the treatment time and fee involved	87.59	88.03
03965	Orthodontic care of newborn (less than two years of age): Bone moving procedures, including post-procedural visits. Additional procedures by report. Orthodontic care of newborn requiring a nasal stint – to include examination and post procedural visits. Fee includes of laboratory component and appropriate continuing care:	1,221.02	1,227.13
039966*	- unilateral	3,510.03	3,527.58
039967*	- bilateral	4,467.32	4,489.66
<b><u>OBSERVATION AND ADJUSTMENTS</u></b>			
<b>(a) Observations (as a separate procedure) to be payable up to a maximum of once per quarter</b>			
03966	Tooth eruption, position, etc.	35.03	35.21
03967	Serial extraction supervision with tooth guidance	52.59	52.85
<b>(b) Adjustments and activation (where not included in treatment plan)</b>			
03968	Removable appliance	39.71	39.91
03969	Fixed appliance - to be payable to a maximum of 12 per year	36.85	37.03
<b>INITIAL EXPANSION AND CORRECTIVE DENTAL ALIGNMENT</b>			
03970	Initial examination - will include a clinical orthodontic examination and an explanation as to the nature of the problem and an approximation of the treatment time and fee involved	87.59	88.03
03971	Diagnostic phase - if treatment is contemplated, further information is required. In addition to the initial examination, a complete orthodontic diagnosis is necessary and will include diagnostic models, facials, profile, and intraoral photographs and radiographs	280.31	281.71

Fee Code	Description	\$Feb 1, 2018	\$Apr 1, 2018
03972	Case analysis and consultation phase - includes treatment planning, consultation and case presentation based on the materials gathered in the diagnostic phase	204.38	205.40

**TREATMENT PHASE (includes prophylaxis)**

Professional component for fabrication and placement of orthodontic bands or full chromium crowns with brackets and the necessary rotation and expansion mechanism. Also instruction in oral hygiene. This phase also includes alignment of dental units, tooth guidance, adjustment or change of orthodontic appliances, retainers, and retention adjustments:

03973	(a) Simple - Malocclusions requiring uncomplicated expansion mechanics and limited banding in the upper arch only	2,541.96	2,554.67
03974	(b) Complex - Malocclusions requiring one complex fixed expansion appliance and limited banding in the upper dental arch only	951.86	956.62
	Quarterly rate:	3,807.43	3,826.47
03975	(c) Severe - Malocclusions that require one or more complex expansion appliances and limited banding in both dental arches	1,167.93	1,173.77
	Quarterly rate:	4,671.65	4,695.01

**SPEECH OBTURATOR**

39976*	Palatal Fistula Obturator – Professional procedures for a palatal fistula obturator - to include impressions, models, fabrication, delivery, adjustments and instructions - for the first 6 months	1,062.21	1,067.52
39977*	Continuing care of Palatal Fistula Obturator – Professional adjustments and instructions for a palatal fistula obturator, spaced at minimum intervals of 3 months	44.92	45.14
39978*	Remake of Palatal Fistula Obturator – Professional procedures for the replacement of a palatal fistula obturator due to significant dental development - to include impressions, models, fabrication, delivery, adjustments and instructions for the first 6 months for a patient with an existing palatal fistula obturator that has been in service at least 18 months	704.42	707.94
39979*	Speech Obturator – Professional procedures for a speech obturator with a nasopharyngeal bulb - to include impressions, radiographs, models, fabrication, delivery, adjustments, consultations with the speech pathologists and instructions - for the first 9 months	7,001.67	7,036.68
39980*	Simple Continuing Care of Speech Obturator – Professional adjustments and instructions for speech obturator, spaced at minimum intervals of 3 months	89.82	90.27

<b>Fee Code</b>	<b>Description</b>	<b>\$Feb 1, 2018</b>	<b>\$Apr 1, 2018</b>
39981*	Complex Continuing Care of Speech Obturator – Professional procedures for speech obturator - to include complex changes and instructions requiring at least two appointments and lab time – at minimum intervals of 6 months	449.17	451.42
39982*	Speech Obturator Remake – Professional procedures for the replacement of a speech obturator due to significant dental development - to include impressions, radiographs, models, fabrication, delivery, adjustments, consultations with the speech pathologists and instructions for a patient with an existing speech obturator that has been in service at least 18 months	4,665.84	4,689.17
39983*	Speech Lift – Professional procedures for a speech lift with soft palate extension - to include impressions, radiographs, models, fabrication, delivery, adjustments, consultations with the speech pathologists and instructions for the first 6 months	5,308.19	5,334.73
39984*	Continuing Care of Speech Lift – Professional adjustments and instructions for speech lift spaced at minimum intervals of 3 months	67.38	67.72
39985*	Speech Lift Remake – Professional procedures for the replacement of a speech lift due to significant dental development - to include impressions, radiographs, models, fabrication, delivery, adjustments, consultations with the speech pathologists and instructions for a patient with a speech lift that has been in service at least 18 months	3,538.79	3,556.48

**FULL ALIGNMENT AND RETENTION**

03978	Initial examination - includes a clinical orthodontic examination and an explanation as to the nature of the problem and an approximation of the treatment time and fee involved	87.59	88.03
03979	Diagnostic phase - if treatment is contemplated further information is required. In addition to the initial examination, a complete orthodontic diagnosis is necessary and will include diagnostic models, and facial, profile, and intraoral photographs and radiographs	280.31	281.71
03980	Case analysis and consultation phase - includes treatment planning, consultation, and case presentation based on the materials gathered in the diagnostic phase	204.38	205.40

Fee Code	Description	\$Feb 1, 2018	\$Apr 1, 2018
----------	-------------	---------------	---------------

**TREATMENT PHASE (includes prophylaxis)**

Professional component for fabrication and placement of orthodontic bands or full chromium crowns with brackets and the necessary rotation and expansion mechanisms. Also instruction in oral hygiene. This phase also includes alignment of dental units, tooth guidance, adjustment or change of orthodontic appliances, retainers, and retention adjustments:

**CLASS I MALOCCLUSIONS**

03981	(a) <u>Simple</u> - malocclusions requiring banding in both arches and retention in which the total treatment and supervision period is not expected to exceed 26 months	1,635.09	1,643.27
	Quarterly rate:	6,540.32	6,573.02
03982	(b) <u>Complex</u> - malocclusions usually requiring full banding of both arches and in which the total treatment period plus the retention period is not expected to exceed 30 months	1,722.68	1,731.29
	Quarterly rate:	6,890.72	6,925.17
03983	(c) <u>Severe</u> - malocclusions usually requiring full banding of both arches and in which the total treatment period plus the retention period is not expected to exceed 36 months	1,810.26	1,819.31
	Quarterly rate:	7,241.10	7,277.31

**CLASS II MALOCCLUSIONS**

03984	(a) <u>Simple</u> - malocclusions requiring banding in both arches and retention in which the total treatment and supervision period is not expected to exceed 26 months	1,810.26	1,819.31
	Quarterly rate:	7,241.10	7,277.31
03985	(b) <u>Complex</u> - malocclusions usually requiring full banding of both arches and in which the total treatment period plus the retention period is not expected to exceed 30 months	1,897.86	1,907.35
	Quarterly rate:	7,591.46	7,629.42
03986	(c) <u>Severe</u> - malocclusions usually requiring full banding of both arches and in which the total treatment period plus the retention period is not expected to exceed 36 months	1,985.44	1,995.37
	Quarterly rate:	7,941.83	7,981.54



Fee Code	Description	\$Feb 1, 2018	\$Apr 1, 2018
<b>CLASS III MALOCCLUSIONS</b>			
03987	(a) <u>Simple</u> - Malocclusions requiring banding in both arches and retention in which the total treatment and supervision period is not expected to exceed 26 months	1,810.26	1,819.31
	Quarterly rate:	7241.10	7277.31
03988	(b) <u>Complex</u> - Malocclusions usually requiring full banding of both arches and in which the total treatment period plus the retention period is not expected to exceed 30 months	1,897.86	1,907.35
	Quarterly rate:	7591.46	7629.42
03989	(c) <u>Severe</u> - Malocclusions usually requiring full banding of both arches and in which the total treatment period plus the retention period is not expected to exceed 36 months	1,985.44	1,995.37
	Quarterly rate:	7941.83	7981.54

**Explanatory Notes:**

1. For unusually complex procedures, for established but infrequently performed procedures which are not listed in the Orthodontic Payment Schedule, for which the orthodontist desires independent consideration to be given by MSP, a claim should be submitted under miscellaneous fee code 09998. When submitting claims under a miscellaneous fee code, you should include your estimate of an appropriate fee, details of the calculation of that fee and sufficient documentation of your services (such as the operative report) to substantiate the claim. Claims made under the miscellaneous codes will be adjudicated in equity with services of similar responsibility, skill and duration.

2. The bracketed fee amounts listed for fee items 03974 - 03975, and 03981 - 03989 are approximate amounts for the initial 25% down payment of the total contract fee value.