

**ORAL MEDICINE SPECIALISTS  
SCHEDULE D**

**Effective February 1, 2018**



**Ministry of Health**  
Beneficiary Services Branch

## SCHEDULE D: ORAL MEDICINE SPECIALISTS

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## ORAL MEDICINE SPECIALISTS SCHEDULE D

**This Fee Schedule is Limited to Those Specialists  
Certified in Oral Medicine  
Effective February 1, 2018**

Fee Code	Description	\$Feb 1, 2018	\$Apr 1, 2018
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### **OUT-OF-OFFICE HOURS PREMIUMS**

#### **Explanatory Notes:**

- (i) A call- out charge is **in addition to fee item 35000 and emergency surgery**. It applies only to those consultations/surgeries initiated and rendered within the designated time limits.
- (ii) Call-out charges apply only when the Oral Medicine Specialist is specially called to render emergency or non-elective services and only when the Oral Medicine Specialist must travel to the hospital to attend the patient(s).
- (iii) For these fee items the claim must state both the time called and the time service rendered.
- (iv) The continuing care surcharge applies also to surgical assistant fees also.
- (v) Continuing care surcharges are payable to Oral Medicine Specialists only when the primary service to which the continuing care surcharges apply are payable by MSP on a fee-for-service basis.

#### **Call-Out Charges**

03730	Evening (call placed between 1800 hours and 2300 hours and service rendered between 1800 hours and 0800 hours)	50.28	50.53
03731	Night (call placed and service rendered between 2300 hours and 0800 hours)	70.58	70.93
03732	Saturday, Sunday or Statutory Holiday (call placed between 0800 hours and 1800 hours)	50.28	50.53

#### **Continuing Care Operative Surcharges**

Applicable only to emergency surgery or non-emergency surgery which, because of intervening emergency surgery, commences within the designated times. Applicable only to surgical procedure(s) requiring general anesthesia or neuroleptic anesthesia and/or requiring at least 45 minutes of surgical time.

35023	Evening (1800 hours to 2300 hours) - 32.77% of surgical (or assistant) fee		
	- minimum charge	50.28	50.53
	- maximum charge	346.71	348.44
35024	Night (2300 hours to 0800 hours) - 52.54% of surgical (or assistant) fee		

Fee Code	Description	\$Feb 1, 2018	\$Apr 1, 2018
	- minimum charge	70.58	70.93
	- maximum charge	486.88	489.31
35025	Saturday, Sunday or Statutory Holiday (call placed between 0800 hrs and 1800 hrs) - 32.77% of surgical (or assistant) fee		
	- minimum charge	50.28	50.53
	- maximum charge	346.71	348.44
	<b>Notes:</b>		
(i)	When surgery commences within evening time period (1800 – 2300 hrs) and continues into night time period (2300 – 0800 hrs), the appropriate item for billing is determined by the period in which the major portion of the surgical time is spent.		
(ii)	When emergency surgery commences prior to 1800, even if the major portion of surgical time is after 1800, surgical surcharges are not applicable.		
(iii)	If emergency surgery commences prior to 0800 and continues after 0800, surcharges are applicable to the entire surgical time.		
(iv)	Claim must state time surgery commenced.		
<b>Consultations/Visits</b>			
03770	Diagnostic Examination and Consultation: Stomatognathic, dysfunctional, oral pathology – complex (involving review of records, head and neck examination, appropriate diagnostic tests) <ul style="list-style-type: none"> <li>• Can only be billed once per new patient; or</li> <li>• For a new referral for another oral issue, after 6 months</li> </ul>	259.77	261.07
03785	Hospital visit, follow-up <b>Note:</b> Not payable when performed same day as procedure	60.65	60.95
<b>Biopsy, Incision</b>			
03771	Soft tissue	130.02	130.67
03772	Hard tissue	187.45	188.39
<b>Biopsy, Excision</b>			
03773	Soft tissue ≤ 1 cm	255.17	256.45
03774	Soft tissue >1 cm	494.99	497.46
03775	Hard tissue <1 cm	251.02	252.28
<b>Laser Surgery</b>			
	Surgery with CO2 laser for removal of a histologically diagnosed oral pre-malignant lesion:		
03713	- under general anesthesia - single intra-oral site	233.60	234.77
03714	- under general anesthesia - multiple intra-oral sites	350.39	352.14
03719	- under local anesthesia – single intra-oral site ≤ 1 cm	146.01	146.74
03720	- under local anesthesia – single intra-oral site >1 cm	233.60	234.77
03721	- under local anesthesia – multiple intra-oral sites	350.39	352.14

Fee Code	Description	\$Feb 1, 2018	\$Apr 1, 2018
	<b>Notes:</b>		
(i)	<i>If surgery with CO<sub>2</sub> laser performed same day as incisional biopsy, each claim must state time service was rendered.</i>		
(ii)	<i>03773, 03774, 03775 not billable same day as CO<sub>2</sub> laser removal.</i>		
<b>Anesthetic / Analgesic Procedures</b>			
03776	Regional nerve block	39.11	39.31
03777	Divisional nerved block	130.40	131.05
03778	Trigger point injection therapy	45.64	45.87
03797	Trigger point injection therapy – each additional injection same side, same appointment, to a total of at most 4 additional injections per side after the first injection on that side	30.29	30.44
03779	Anaesthetic and analgesic procedure: vapocoolant spray	84.77	85.19
03782	Intralesional injection - per site	41.23	41.44
<b>Salivary Gland Procedures</b>			
03783	Measurement of salivary flow, resting and stimulated, whole or per gland	32.59	32.75
03784	Salivary gland duct dilatation and/or catheterization	58.70	58.99
03785	Hospital visit, follow-up	60.65	60.95
	<b>Note:</b> <i>Not payable when performed same day as procedure</i>		
<b>Orofacial Pain and Temporomandibular Disorders</b>			
	Closed reduction of TM joint dislocation		
03788	- without sedation/anesthesia	139.41	140.11
03789	- with sedation/anesthesia	169.53	170.38
03790	TM joint luxation - without sedation/anesthesia	139.41	140.11
03791	TM joint luxation - with sedation/anesthesia	169.54	170.39
03792	Arthrocentesis	140.02	140.72
03793	Arthrocentesis and lavage	139.41	140.11
<b>Incision and Drainage of Abscess</b>			
03794	Intraoral (superficial)	82.07	82.48
03795	Intraoral (deep)	233.60	234.77
<b>Counselling</b>			
03796	Rehabilitation Conference – where a certified specialist in Oral Medicine is involved with the patient and one or more family members - per half hour or major portion thereof, to a maximum of two hours for any one patient.	65.00	65.33