

DENTAL TECHNICAL PROCEDURES SCHEDULE E

Effective February 1, 2018



Ministry of Health
Beneficiary Services Branch

SCHEDULE E: DENTAL TECHNICAL PROCEDURES

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DENTAL TECHNICAL PROCEDURES SCHEDULE E

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

Fee Code	Description	\$Feb 1, 2018	\$Apr 1, 2018
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NOTES:

1. Only covered by the Medical Services Plan when done by an oral and maxillofacial specialist or orthodontist for the following:

(a) In conjunction with the hospital-based surgical correction of malocclusion of patients registered with the Orthodontic Program for Cleft Lip/Palate and Severe Congenital Cranial-facial Anomalies. This includes all children whose orthodontic care is paid for by the Government of BC and where the severity of the case involves both orthodontic treatment and in hospital surgery of the facial skeletal structure.

(b) Patients registered with the British Columbia Cancer Agency Dental Department;

(c) Patients registered with the Prosthodontic Management of Severe Dental Facial Anomalies Program administered by the B.C.D.A.

2. Maximum Fees - Patient Cannot be extra billed

(a) Maximum fee per jaw/per patient/per lifetime. Patient cannot be extra billed.	1,404.00	1,411.02
(b) Maximum fee for 2 jaw surgery per patient/per lifetime. Patient cannot be extra billed.	2,340.03	2,351.73

3. A unit of time is 15 minutes.

Intraoral Radiographs

Periapical:

03831	Single film	14.75	14.82
03832	Two films	20.32	20.42
03833	Three films	25.83	25.96
03834	Four films	31.35	31.51
03835	Five films	36.86	37.04
03836	Six films	42.39	42.60

Occlusal:

03841	Single film	19.26	19.36
03842	Two films	28.50	28.64

Fee Code	Description	\$Feb 1, 2018	\$Apr 1, 2018
Panoramic Radiographs			
03803	Pre-treatment, post-treatment (each) (<i>maximum 3</i>)	57.81	58.10
Cephalometric Radiographs, pre-treatment, post treatment			
03804	Single film	37.76	37.95
03805	Two films	62.55	62.86
03806	Additional films (<i>maximum 6</i>)	24.80	24.92
03807	*Per unit of time	70.08	70.43
TMJ Radiographs			
03809	Tomography, single view	51.90	52.16
03810	Tomography, two views	65.02	65.35
03811	Radiographs, TMJ, one film	37.76	37.95
03812	Radiographs, TMJ, two films	62.55	62.86
03813	Radiographs, TMJ, three films	87.12	87.56
03814	Radiographs, TMJ, four films	114.46	115.03
03830	Each additional film over four (<i>maximum 6</i>)	24.80	24.92
Radiographs/Duplications			
03844	Single film	6.79	6.82
03845	Two films	13.36	13.43
03846	Three films	20.17	20.27
03847	Each additional film over three (<i>maximum 10</i>)	3.87	3.89
Photographs:			
03815	First photograph	15.12	15.20
03816	Each additional (<i>maximum 36</i>)	5.01	5.04
Diagnostic models:			
03817	Upper and lower	63.98	64.30
Duplicate models:			
03818	Upper and lower	35.03	35.21
Casts, Diagnostic, Mounted:			
03819	- Per mounting (one or more sets may be required depending upon necessity for segmental model surgery)	76.05	76.43
Casts, Diagnostic:			
03820	Mounted using facebow and occlusal records	277.63	279.02

Fee Code	Description	\$Feb 1, 2018	\$Apr 1, 2018
	Diagnostic (gnathological wax-up) model surgery:		
03821	*One unit of time	70.08	70.43
03822	*Two units of time	140.16	140.86
03823	*Three units of time	210.23	211.28
Appliances - Removable/Retention (Splint)			
	Orthognathic Splint:		
03824	Maxillary	291.98	293.44
03825	Mandibular	291.98	293.44
	Palatal Stent:		
03826	Palatal stent	58.39	58.68