

**Memorandum of Agreement
Children's Dental Health Plan**

BETWEEN: HER MAJESTY THE QUEEN IN RIGHT OF NEWFOUNDLAND AND LABRADOR, as represented by the Minister of Health and Community Service ("the Minister")

AND: The NEWFOUNDLAND AND LABRADOR DENTAL ASSOCIATION ("NLDA")

(collectively referred to as the "parties")

WHEREAS: The NLDA represents NLDA member dentists of the province of Newfoundland and Labrador;

WHEREAS: The Minister is desirous of providing publicly funded dental health care to children and youth of the province of Newfoundland and Labrador

THEREFORE, the Parties agree to the conditions and provisions stipulated in the following Memorandum of Agreement.

1.0 DEFINITION

1.1 "Dentist" includes for the purposes of this Agreement, a dental specialist.

2.0 PURPOSE

2.1 The Children's Dental Health Plan includes the following programs:

- a) Children's Dental Program includes all services listed for individuals under the age of thirteen years, except where otherwise noted in the CDHP Payment Schedule.
- b) Youth Income Support Dental Program includes "Basic" Services only, as listed in the payment schedule in this Memorandum of Agreement for children 13 to 17 years of age inclusive whose family are recipients of Income Support; and
- c) Low Income (Access) Dental Program includes "Basic" Services only, as listed in the payment schedule in this Memorandum of Agreement for youth who are eligible for and enrolled in the Access Plan of the Newfoundland and Labrador Prescription Drug Program.

3.0 DURATION

- 3.1 The parties agree that this agreement will be effective April 1, 2022 and will expire March 31, 2026:
- A. The first year of the agreement will commence April 1, 2022 and will expire March 31, 2023;
 - B. The second year of the agreement will commence April 1, 2023 and will expire March 31, 2024;
 - C. The third year of the agreement will commence April 1, 2024 and will expire March 31, 2025; and
 - D. The fourth year of the agreement will commence April 1, 2025 and will expire March 31, 2026.
- 3.2 The NLDA will inform the Department of Health and Community Services (DOHCS) in writing within six (6) months prior to expiry of this Agreement of its intention to negotiate a new Agreement.

4.0 FEES

- 4.1 The maximum allowable fees payable by DOHCS for dental services covered under the Children's Dental Health Plan are set out in the Children's Dental Health Plan Payment Schedule and appended hereto as Appendix "A". Dentists who accept patients under the Children's Dental Health Plan agree that payment under the Children's Dental Health Plan Payment Schedule will constitute payment in full by DOHCS for services covered under the Children's Dental Health Plan.
- 4.2 Specialist fees are the negotiated rates for a general dentist plus 20%.
- 4.3 The parties agree that fees paid by DOHCS to NLDA members under the Children's Dental Health Plan Payment Schedule for each service covered under the CDHP will increase according to the following schedule with the exception of code 86560 (fee code 86560 will be held at \$193.75 for general dentists and \$232.50 for specialists):

| Year 1 | Year 2 | Year 3 | Year 4 |
|--------|--------|--------|--------|
| 16.2% | 0% | 0% | 0% |

- 4.4 For services not covered under the Children's Dental Health Plan, the dentist may enter into a payment arrangement directly with the patient/guardian. In no circumstances will DOHCS be expected or required to pay for services rendered outside of the CDHP. Services adjudicated by the Dental Monitoring Committee will be accepted as recommendations only and coverage will be at the discretion of the Minister.

5.0 PAYER OF LAST RESORT

- 5.1 The Parties agree that the DOHCS is payer of last resort. If the patient or parent/guardian has dental insurance, then that insurance plan will serve as payer of first resort.
- 5.2 The dentist will ask the patient prior to the provision of services whether they have dental insurance and have the patient fill out and sign a form indicating yes or no to private insurance coverage.
- 5.3 If the patient has dental insurance, the dentist will invoice the full fee for service to the insurance plan, as payer of first resort. The residual not paid by the insurance plan will be invoiced to the CDHP.
- 5.4 The residual invoiced to the CDHP will be calculated as the difference between the amount listed in the 2022 NLDA published fee guide and the corresponding 2022 amount paid by the insurance plan as payer of first resort. The residual amount paid will not exceed the amount as prescribed in the CDHP Dental Health Plan Payment Schedule.
- 5.5 If the patient does not have dental insurance, the dentist will invoice the CDHP according to the CDHP Dental Health Plan Payment Schedule for the full amount of the listed fee for that service. The patient will not be invoiced any amount for any service.

6.0 CLAIMS INTEGRITY

- 6.1 Claims submitted to MCP are subject to audit by the Audit Division of MCP using the same policy/procedures employed in the audit of the Surgical Dental Program.
- 6.2 The dentist is responsible for record keeping. In the event of a request for services provided or audit, those services not itemized and described are deemed not to have been provided.
- 6.3 Government agrees to publish the steps followed in an audit on its website under Provider Information section.

7.0 DENTAL MONITORING COMMITTEE

7.1 The Dental Monitoring Committee is continued as per the Terms of Reference attached hereto as Appendix "B".

8.0 DENTAL LIAISON COMMITTEE

8.1 The Dental Liaison Committee is continued.

9.0 NOTICES

9.1 Any notice to be given by one party to the other according to this Agreement shall be delivered personally or by courier; electronic mail; or mailed by prepaid registered post to the following address:

to the NLDA:

c/o Ms. Amanda Squires, Executive Director
Newfoundland and Labrador Dental Association
Suite 102, 1 Centennial St.
Mt. Pearl, NL A1N 0C9
nfdental@nfld.net

to the Minister:

c/o Dr. E.J. Williams, Dental Consultant
Department of Health & Community Services
Government of Newfoundland and Labrador
P. O. Box 8700
St. John's, NL A1B 4J6

Or such other address that the Parties may advise in writing from time to time.

9.2 The parties agree to provide written notice to each other in the event that their contact information changes.

9.3 When the DOHCS sends general communication to all members of the NLDA, the NLDA will be copied on same.

10.0 AMENDMENTS IN WRITING

10.1 This Agreement can only be amended in writing when signed by each of the parties, following which such written amendment will be attached to, and form part of this Agreement.

11.0 ENTIRE AGREEMENT

- 11.1 This Agreement constitutes the entire agreement between the Parties with respect to the subject matter of this Agreement and supersedes all previous negotiations, communications and other agreements.
- 11.2 The Parties agree that nothing in this Agreement derogates from the Parties' legislated responsibilities or the Minister's ability, at their sole discretion, to make operational, program or policy changes.

12.0 WAIVER


- 12.1 The failure of a Party to insist upon or enforce in any instance strict performance by the other Party of any terms of this Agreement or to exercise any rights herein conferred shall not be construed as a waiver or a relinquishment to any extent of that Party's right to assert or rely upon any such terms or rights on any future occasion.

13.0 GENERAL

- 13.1 If any provision of this Agreement is determined to be invalid or unenforceable, in whole or in part, such invalidity or unenforceability shall attach only to such provision, and all other provisions hereof shall continue in full force and effect.
- 13.2 The division of this Agreement into articles and sections and the insertion of headings are for convenience of reference only and shall not affect the construction or interpretation of this Agreement.
- 13.3 This Agreement shall ensure to the benefit of, and be binding upon, the respective successors and permitted assigns of the Parties.
- 13.4 This Agreement shall be governed and construed in accordance with the laws of the Province of Newfoundland and Labrador.
- 13.5 Dental Health Program statistics will be shared with the NLDA. These statistics will include fee codes by capacity as well as other statistics as agreed upon by the NLDA and government. Statistics will be cleaned of any personal/private information.

IN WITNESS WHEREOF the parties have executed this agreement on the 4th day of May, 2022.

SIGNED on behalf of Her Majesty the Queen in Right of Newfoundland and Labrador by the Honourable John Haggie, Minister of Health and Community Services, in the presence of the witness hereto subscribing:

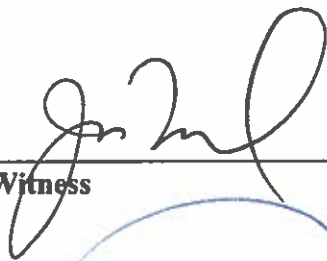


Witness

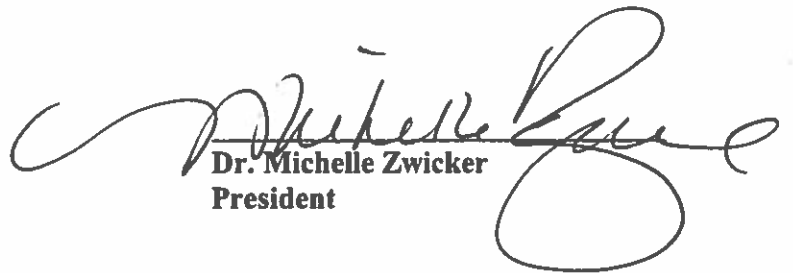


Hon. John Haggie

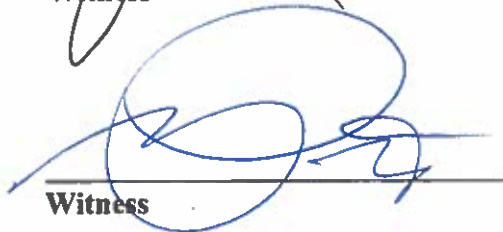
SIGNED on behalf of the Newfoundland and Labrador Dental Association by its proper officers in the presence of the witness hereto subscribing:



Witness



Dr. Michelle Zwicker
President



Witness



Amanda Squires
Executive Director

DENTAL HEALTH PLAN

APPENDIX "A"

CDHP Preamble

1. This Payment Schedule has been prepared to assist dentists in the preparation of claims for eligible services rendered under the Dental Health Plan, effective April 1, 2022.

2. DEFINITIONS

2.1 Fee

The amount listed in the CDHP Payment Schedule for each service covered under the Children's Dental Health Plan.

2.2 Emergency Exam

Refers to a situation where a dentist sees a patient on an emergency basis, diagnoses the presenting complaint and provides treatment. The patient must be seen on an urgent basis as a result of pain, infection or trauma (Remarks Codes 63, 64 or 65). Patients presenting with an infection may qualify for an emergency exam if treatment consists of prescribing an antibiotic for future extraction/treatment of the tooth. The subsequent extraction/treatment must be performed within one month of the initial presentation. The extraction/treatment appointment does not qualify for an emergency exam. Emergency exams are not eligible on the day of service when treatment is performed in a scheduled hospital (Operating Room) environment. Follow-up appointments to an emergency presentation cannot be billed as an emergency appointment.

3 ELIGIBILITY

3.1 This Plan provides payment for dental services through:

- (a) The Children's Dental Program: All services listed for individuals under the age of thirteen years, except where otherwise noted in the Payment Section.
- (b) The Income Support Youth Program: "Basic" Services only, as listed in the Payment Schedule, for children 13-17 years of age inclusive whose family are recipients of Income Support. Proof of eligibility required. For adults enrolled in the Foundation Plan from the Department of Children, Seniors and Social Development (CSSD): an MCP number, CSSD PIN and File number are required for billing purposes. This will be the vast majority of cases.

To aid assessors on Regional Health Authority (RHA) eligible patients, a note on your submission for payment, indicating "RHA Coverage" will help prevent Turn Around Documents (TADs).

Eligibility letters for beneficiaries not transferred from CSSD will have the designation RHA on top right of the body of the letter.

- (c) Access Plan Youth Enhancement (Low Income): "Basic" Service only, as listed in the Payment Schedule, for children 13-17 years of age inclusive who are enrolled in the Access Plan of the Newfoundland and Labrador Prescription Drug Program (NLPDP).

3.2 Proof of eligibility must be given to the dental office at the time of presentation for treatment.

3.3 For existing programs as well as any formally announced expansions to the Dental Health Plan, the Dentist should ensure that the patient presents the necessary documentation indicating eligibility for dental services.

3.4 Dentists who wish to explore the possibility of other treatment for individuals in this category should contact the Dental Consultant for verification of eligibility in the Dental Health Plan before bringing the request to the CSSD.

3.5 Only those dental services listed in this Payment Schedule, or specifically authorized through the issuance of a Prior Approval, will be paid through the Dental Health Plan. Those which require Prior Approval are noted as such in the CDHP Payment Schedule.

4. REMARKS CODES

Fee codes that require Remarks Codes are identified in the Payment Schedule by an asterisk(*). A listing of these codes is shown in the Dental Information Manual.

Code 63: Patient seen as a result of pain

Code 64: Patient seen as a result of infection

Code 65: Patient seen as a result of trauma

5. PRIOR APPROVAL

Certain fee codes require Prior Approval as identified in the CDHP Payment Schedule. For these services, a Prior Approval is required before payment.

6. INDEPENDENT CONSIDERATION (I.C.)

An I.C. form may be used to explain a claim made without a required Prior Approval Number or where an adequate Remarks Code is not available.

7. TIME LIMITS

Claims must be submitted within 120 days from the date services are completed. Late claims should be sent as a separate batch apart from regular claims. A letter referring to the batch number, giving a full explanation for the delay should be sent to the Claims Processing Manager.

8. LABORATORY PROCEDURES

8.1 A laboratory procedure done in-office may be claimed at a fee comparable to a Newfoundland commercial laboratory fee and to a maximum of 2/3 of the service fee requiring the laboratory work.

8.2 For laboratory procedures, a billing statement is not routinely required, but verification of the claimed amount must be available upon request by MCP.

8.3 All laboratory procedures must be claimed using fee code 86050.

9. INCOME SUPPORT PROGRAM

9.1 CSSD does not authorize the provision of, or payment for, any dental treatment which is payable by MCP. The Department verifies only the patient's inability to pay for treatment.

9.2 Income Support recipients must have evidence of inability to pay from CSSD. For all recipients the identification number (Income Support Card Number) and the patient's File Number must be noted on the claim form.

NOTE: Providers should verify the date/validity of these numbers and be prepared to substantiate that validity for the date of the dental service rendered.

9.3 Scaling, or other periodontal procedures is not provided in this Plan.

10. PORTABILITY

Benefits of this Plan are not portable outside the Province of Newfoundland and Labrador.

11. LIMITS

Except for root canal or crown/bridge work treatment begun within the appropriate age, claims for treatment beyond the expiry limits of the Programs described will not be accepted for payment.

12. FREQUENCY OF EXAMINATIONS, CLEANINGS, FLUORIDE, X-RAYS AND RESTORATIONS

12.1. Children under the age of thirteen are eligible for one examination every 6 months and one dental cleaning and fluoride treatment every 12 months.

Children aged 6 to 12 years are eligible for one fluoride treatment every 12 months.

Bitewing x-rays are payable at the rate of two per patient, at two-year intervals when related to routine dental examinations.

Single periapical x-rays may be used if necessary to investigate an emergency situation. Such a situation will require specific and clearly detailed documentation and will require a Remarks Code or be submitted as I.C.

12.2 For deciduous teeth, the MCP Payment Schedule is based upon the cost of amalgam fillings. Parents may request composite fillings for deciduous teeth and may pay the variance between MCP Payment Schedule fee code range 86420 to 86450 and the comparable NLDA fee codes that provide for composite fillings.

12.3 For fillings of permanent teeth, the use of either amalgam or composite fillings will be at the discretion of the dentist and the CDHP rates listed will apply.

13. SEALANTS

Sealants are limited to permanent molar teeth and restricted to occlusal surfaces only.

All Children under the Children's Dental Health Plan (CDHP) aged 5 to 12 years inclusive are eligible.

Sealants will be limited to one application per tooth under the CDHP.

Claims for sealants will be denied if treatment history shows restorations involving occlusal surfaces.

14. YOUTH PROGRAMS

- 14.1 Persons aged 13 to 17 inclusive, receiving Income Support or whose families are enrolled in the Access Plan of the NLPDP, are eligible for one examination every 24 months (determined from the month in which the last examination was performed) and two bitewing x-rays every 24 months.

A single bitewing or periapical x-ray film may be used if necessary to resolve an emergency situation. Such a situation will require specific and clearly detailed documentation. Claims must be submitted as I.C., especially if the clinical situation required more than a single film, and the appropriate Remarks Code is required.

- 14.2 Emergency examination: An emergency examination is payable when the patient is seen on an urgent basis as a result of pain, infection or trauma. A Remarks Code is required for this fee code.

14.3 Specific oral examination

This category is intended to provide for a follow-up appointment to an emergency when the emergency was the result of trauma. This fee code requires a Remarks Code.

15. ORTHODONTIC TREATMENT

- 15.1 Orthodontic service is not included in the Dental Health Plan except if it is essential to the treatment of maxillary clefts of hard tissue - or in other cases approved following recommendation by the Dental Monitoring Committee.

- 15.2 In a situation where a provider requests MCP approval of payment for Orthodontic Treatment, the provider should obtain a "Prior Approval" for payment for study models. These models should be forwarded to the Dental Consultant, together with a detailed report of the malocclusion and its sequelae. Information should include financial need, functionality, pain and the source of the request for treatment; whether coming from the dentist, the patient, or from the patient's parent(s).

A decision will be made by the Dental Consultant as to the necessity of a full orthodontic workup by the dentist and its presentation to the Monitoring Committee.

16. FRACTURED PERMANENT ANTERIOR TEETH

16.1 Payment for Porcelain Crowns or Porcelain fused to Metal Crowns is restricted to permanent anterior teeth which also require pulpal treatment as a result of traumatic fracture.

16.2 Crowns will not be paid for teeth that required endodontic treatment but damage to the tooth consisted of involvement of two surfaces or less.

16.3 Restoration to seal an access opening is not deemed a surface for the intent of the above position.

17. ENDODONTIC SERVICES

17.1 Limited to permanent anterior teeth.

17.2 Root Canal must have been necessitated as a result of trauma.

17.3 History of trauma must be documented and include date of trauma, condition of tooth prior to trauma and any treatment provided prior to the start of endodontic treatment.

17.4 A Prior Approval is required.

18. MISCELLANEOUS

18.1 Deciduous central and lateral incisors are covered only for removal.

18.2 Restorations are payable in all deciduous canines.

18.3 Stainless steel crowns are restricted to deciduous molars.

18.4 Restorations redone within a 5 month interval are not payable at full fees except if the repeat restoration was the result of trauma. A claim should be submitted as IC with an explanation.

18.5 A full fee for a permanent restoration is not payable if a sedative dressing (86400) was placed the same day or in the previous 42 days.

19. PEDODONTIST (PEDIATRIC DENTIST) COVERAGE

19.1 Patients may be referred to a certified Pedodontist by a dentist or physician when the referral is necessitated by the complex nature of the dental problem. The name of the referring practitioner must be retained by the Pedodontist as part of the Patient's Treatment Record.

19.2 Fees for insured procedures, performed by a certified Pedodontist on a non-referred patient, will be those listed in the MCP Dental Health Plan Payment Schedule for general dentists.

Fees for insured procedures, performed by a certified Pedodontist on properly referred patients, will be those listed in the MCP Dental Health Plan Payment Schedule for Dental Specialists.

19.3 Any in-hospital treatment procedures performed by a certified Pedodontist, and which are covered by the MCP Surgical-Dental Program, should be billed to that Program, according to the MCP Surgical-Dental rates, definitions and guidelines.

19.4 Services provided wholly by a licensed Level II assistant or a dental hygienist must be billed at general dentist rates.

Appendix "B"

Dental Monitoring Committee

Terms of Reference

PURPOSE

The Committee shall be assigned the responsibility of reviewing and making recommendations to the DOHCS Minister regarding complex dental claims which are referred to the Committee by the DOHCS Dental Consultant.

MEMBERSHIP

- The Dental Monitoring Committee shall consist of:
 - Five voting members, all of whom shall be dentists licensed to practice in Newfoundland and Labrador;
 - The DOHCS's Dental Consultant shall be a permanent, non-voting committee member;
 - The DOHCS's MCP Manager of Claims Processing shall be a permanent non-voting member;
 - The DOHCS may appoint one administrative support position as a permanent non-voting committee member.
- The NLDA may recommend individuals as candidates for the position of voting member, and the Minister of the DOHCS shall consider such recommendations. Voting members shall be appointed by the Minister for a three year term.
- Whenever possible, to ensure continuity of committee experience, terms for voting members will be staggered.
- No voting member shall serve more than two consecutive terms. A voting member may serve subsequent terms provided there is a three year break in service after their two consecutive terms.

COMMITTEE CHAIR

- The Dental Consultant shall be the chairperson.
- Meetings will not proceed in the absence of the Chairperson, unless they have appointed a DOHCS representative to act in their stead.

QUORUM

- Three voting members shall constitute a quorum.

MEETING TIMES AND DATES

- The committee will meet quarterly.
- The dates of the meeting will be made available to the NLDA six months in advance of future DMC meetings.
- The NLDA will be informed of any rescheduling of meetings.
- Additional meetings may be called at the discretion of the chairperson.

RECORDS OF DECISIONS

- A Record of Decisions shall be kept by the Chairperson for all meetings. All discussions shall be held under executive privilege.
- A Record of Decisions shall be made available to the DOHCS Minister and NLDA Executive Committee following the meeting of the DMC.
- The format of the Record of Decisions will be agreed upon by NLDA Executive Committee and the Dental Consultant.

REMUNERATION

- Voting members will be remunerated in accordance with established committee rates as per government policy.
- Out of town voting members will be reimbursed for travel expenses as per current government policy.

VOTING

- All decisions of the committee shall be by majority vote.

April 1, 2022

**CHILDREN'S DENTAL HEALTH PLAN
GENERAL PRACTITIONERS**

High
Freq.

| Code | Code | Description | Rate |
|------|-------|---|-------|
| | 86050 | Laboratory Fee (see Preamble) | |
| | | <u>BASIC SERVICES</u> | |
| | | DIAGNOSTIC SECTION | |
| | | CONSULTATIONS (See definition in Preamble) | |
| | 86100 | Consultation (Prior Approval Required) Examination and Diagnosis, Surgical, General (a) History, Medical and Dental (b) Clinical Examination as below, may include in-depth analysis of medical status, medication, anaesthetic and surgical risk, initial consultation with referring dentist or physician, parent or guardian, evaluation or source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors, TMJ, or where the patient is to be admitted to hospital for dental procedures. | |
| | 86101 | Surgical, Specific (Prior Approval required) | |
| | | EXAMINATIONS | |
| 01 | 86110 | Limited oral (recall patient) | 45.75 |
| 02 | 86111 | Limited oral (new patient) | 48.86 |
| | 86114 | Specific oral (*Remarks Code required) | 59.18 |
| 03 | 86115 | Emergency (*Remarks Code required) | 59.18 |
| | | RADIOGRAPHS | |
| | | Bitewing | |
| | 86200 | - one (see Preamble) | 23.51 |
| 04 | 86210 | - two (see Preamble) | 30.80 |
| | | Periapical | |
| 05 | 86240 | - one (Remarks Code required) | 23.51 |
| | 86250 | - two (Remarks Code required) | 30.80 |
| | | Panoramic | |
| | 86280 | - one (Restricted to Oral Surgeon) (*Remarks Code required) | |

April 1, 2022

**CHILDREN'S DENTAL HEALTH PLAN
GENERAL PRACTITIONERS**

| High Freq. Code | Code | Description | Rate |
|---|-------|--|--------|
| RESTORATIVE SECTION | | | |
| REMOVALS | | | |
| 10 | 86400 | Removal of carious lesion or existing restoration and the placement of sedative/protective dressing when not done the same day or within 42 days of the subsequent final restoration | 109.15 |
| DENTAL RESTORATIONS | | | |
| Primary Canine and Molar Teeth | | | |
| 11 | 86420 | - one surface | 103.34 |
| 12 | 86430 | - two surface | 151.33 |
| 13 | 86440 | - three surface | 176.07 |
| | 86450 | - four surface or more | 213.42 |
| Permanent Anteriors and Premolars | | | |
| 14 | 86460 | - one surface | 136.01 |
| | 86470 | - two surface | 182.06 |
| | 86480 | - three surface | 210.26 |
| | 86490 | - four surface or more | 272.38 |
| Permanent Molars – Amalgam Fillings | | | |
| 15 | 86500 | - one surface | 112.80 |
| 16 | 86510 | - two surface | 154.94 |
| | 86520 | - three surface | 206.72 |
| | 86530 | - four surface | 245.03 |
| | 86540 | - five surface | 287.64 |
| Permanent Molars – Tooth Colored Bonded Fillings | | | |
| | 86501 | - one surface | 156.74 |
| | 86502 | - two surface | 221.21 |
| | 86503 | - three surface | 275.81 |
| | 86504 | - four surface | 333.84 |
| | 86505 | - five surface | 384.77 |
| Retentive Pins | | | |
| | 86550 | - one pin | 28.63 |
| | 86551 | - two pins | 45.21 |

April 1, 2022

CHILDREN'S DENTAL HEALTH PLAN
GENERAL PRACTITIONERS

High
Freq.

| Code | Code | Description | Rate |
|---|-------|--|-------------|
| ORAL SURGERY SECTION | | | |
| REMOVALS | | | |
| 18 | 86600 | Single tooth removal, uncomplicated, birth to age 12 | 123.69 |
| 19 | 86610 | Each additional tooth removed, same quadrant, birth to age 12 | 88.36 |
| | 86615 | Single tooth removal, Income Support recipients aged 13 years and over ONLY | 123.69 |
| | 86616 | Each additional tooth removed in the same quadrant, Income Support recipients aged 13 years and over ONLY | 88.36 |
| | 86620 | Odontectomy, surgical approach, requiring surgical flap, removal of bone and/or sectioning of tooth (Except for third molar impactions, in which case the Surgical Dental Schedule should be used, noting the applicable restrictions) | 241.22 |
| | 86621 | Each additional tooth removed in the same quadrant | 181.47 |
| TRAUMA & REPAIRS | | | |
| Replantation, repositioning avulsed tooth or teeth (including splinting per unit of time), permanent teeth only: | | | |
| | 86671 | - one unit | 104.10 +L |
| | 86672 | - each additional unit | 104.10 |
| Splinting Removal | | | |
| | 86673 | - one unit | 170.72 |
| | 86674 | - each additional unit | 170.72 |
| PROSTHODONTICS REMOVABLE | | | |
| Compete Dentures, Standard | | | |
| | 87600 | - maxillary (Prior Approval required) | 858.89 +L |
| | 87601 | - mandibular (Prior Approval required) | 959.34 +L |
| | 87602 | - maxillary and mandibular, combined (Prior Approval required) | 1,658.21 +L |

April 1, 2022

CHILDREN'S DENTAL HEALTH PLAN
GENERAL PRACTITIONERS

High
Freq.
Code

Code Description

Rate

ADDITIONAL SERVICES

PREVENTIVE SECTION

| | | | |
|---|-------|--|-------|
| 6 | 86350 | Dental Cleaning | 41.18 |
| 9 | 86355 | Fluoride topical (not self-administered) insured for patient 6 to 12 years of age only | 24.68 |
| | | Sealants | |
| | 87180 | - first tooth | 37.83 |
| | 87181 | - each additional tooth, same quadrant | 28.40 |

RESTORATIVE SECTION

| | | | |
|----|-------|--|-----------|
| | | Metal Prefabricated Restorations | |
| 17 | 86560 | Primary molars only | 193.75 |
| | | Posts, Cast Metal (Including Core) as a Separate Procedure | |
| | 87290 | Single section (Prior Approval required) | 394.29 +L |
| | | Posts, Cast Metal (Including Core) Concurrent with Impression for Crown | |
| | 87295 | Single Section (Prior Approval required) | 219.40 +L |
| | | Crowns, Porcelain/Ceramic | |
| | 87310 | Porcelain/Ceramic jacket (Prior Approval required) | 918.31 +L |
| | | Crowns, Porcelain/Ceramic, Fused to Metal | |
| | 87311 | Porcelain, fused to metal (Prior Approval required) | 913.95 +L |

ENDODONTIA

| | | | |
|----|-------|--|--------|
| | | Pulpectomy | |
| | 86760 | Deciduous molars and canines | 160.15 |
| | | Pulpotomy, Devitalized, Primary Dentition | |
| 20 | 86770 | Pulpotomy + final filling the same day | 83.95 |
| | | Pulpotomy | |
| | 86772 | Permanent, anterior | 132.87 |
| | | Root Canal Treatment | |
| | 87339 | One canal (Prior Approval required) | 540.41 |

April 1, 2022

**CHILDREN'S DENTAL HEALTH PLAN
SPECIALISTS**

| High Freq. Code | Code | Description | Rate |
|-----------------------|-------|---|---------------|
| | 86050 | Laboratory Fee (see Preamble) | |
| | | <u>BASIC SERVICES</u> | |
| | | DIAGNOSTIC SECTION | |
| | | CONSULTATIONS (see definition in Preamble) | |
| | 86100 | Consultation (Prior Approval required) Examination and Diagnosis, Surgical, General (a) History, Medical and Dental (b) Clinical Examination as below, may include in-depth analysis of medical status, medication, anaesthetic and surgical risk, initial consultation with referring dentist or physician, parent or guardian, evaluation of source of chief complaint, evaluation of pulpal vitality, mobility of teeth, occlusal factors, TMJ, or where the patient is to be admitted to hospital for dental procedures. | 343.82 |
| | 86101 | Surgical Specific (Prior Approval required) | 137.52 |
| | | EXAMINATIONS | |
| 01 | 86110 | Limited oral (recall patient) | 54.90 |
| 02 | 86111 | Limited oral (new patient) | 58.63 |
| | 86114 | Specific oral (*Remarks Code required) | 71.02 |
| 03 | 86115 | Emergency (*Remarks Code required) | 71.02 |
| | | RADIOGRAPHS | |
| | | Bitewing | |
| | 86200 | - one (see Preamble) | 28.21 |
| 04 | 86210 | - two (see Preamble) | 36.97 |
| | | Periapical | |
| 05 | 86240 | - one (Remarks Code required) | 28.21 |
| | 86250 | - two (Remarks Code required) | 36.97 |
| | | Panoramic | |
| | 86280 | - one (Restricted to Oral Surgeon) (*Remarks Code required) | 105.74 |

April 1, 2022

**CHILDREN'S DENTAL HEALTH PLAN
SPECIALISTS**

| High Freq. Code | Code | Description | Rate |
|---|-------|--|--------|
| RESTORATIVE SECTION | | | |
| REMOVALS | | | |
| 10 | 86400 | Removal of carious lesion or existing restoration and the placement of sedative/protective dressing when not done the same day or within 42 days of the subsequent final restoration | 130.98 |
| DENTAL RESTORATIONS | | | |
| Primary Canine and Molar Teeth | | | |
| 11 | 86420 | - one surface | 124.00 |
| 12 | 86430 | - two surface | 181.59 |
| 13 | 86440 | - three surface | 211.28 |
| | 86450 | - four surface or more | 256.11 |
| Permanent Anteriors and Premolars | | | |
| 14 | 86460 | - one surface | 163.21 |
| | 86470 | - two surface | 218.47 |
| | 86480 | - three surface | 252.32 |
| | 86490 | - four surface or more | 326.86 |
| Permanent Molars – Amalgam Fillings | | | |
| 15 | 86500 | - one surface | 135.35 |
| 16 | 86510 | - two surface | 185.93 |
| | 86520 | - three surface | 248.06 |
| | 86530 | - four surface | 294.04 |
| | 86540 | - five surface | 345.17 |
| Permanent Molars – Tooth Colored Bonded Fillings | | | |
| | 86501 | - one surface | 188.09 |
| | 86502 | - two surface | 265.45 |
| | 86503 | - three surface | 330.97 |
| | 86504 | - four surface | 400.61 |
| | 86505 | - five surface | 461.73 |
| Retentive Pins | | | |
| | 86550 | - one pin | 34.36 |
| | 86551 | - two pins | 54.26 |

April 1, 2022

**CHILDREN'S DENTAL HEALTH PLAN
SPECIALISTS**

High
Freq.

| Code | Description | Rate |
|---|---|-------------|
| ORAL SURGERY SECTION | | |
| REMOVALS | | |
| 18 | 86600 Single tooth removal, uncomplicated, birth to age 12 | 148.43 |
| 19 | 86610 Each additional tooth removed, same quadrant, birth to age 12 | 106.03 |
| | 86615 Single tooth removal, Income Support recipients aged 13 years and over ONLY | 148.43 |
| | 86616 Each additional tooth removed in the same quadrant, Income Support recipients aged 13 years and over ONLY | 106.03 |
| | 86620 Odontectomy, surgical approach, requiring surgical flap and removal of bone. May require sectioning of tooth (Except for third molar impactions, in which case the Surgical Dental Schedule should be used, noting the applicable restrictions) | 289.46 |
| | 86621 Each additional tooth removed same quadrant..... | 217.77 |
| TRAUMA & REPAIRS | | |
| Replantation, repositioning avulsed tooth or teeth (including splinting per unit of time), permanent teeth only: | | |
| | 86671 - one unit | 124.92 +L |
| | 86672 - each additional unit | 124.92 |
| Splinting Removal | | |
| | 86673 - one unit | 204.87 |
| | 86674 - each additional unit | 204.87 |
| PROSTHODONTICS REMOVABLE | | |
| Compete Dentures, Standard | | |
| | 87600 - maxillary (Prior Approval required) | 1,030.67 +L |
| | 87601 - mandibular (Prior Approval required) | 1,151.20 +L |
| | 87602 - maxillary and mandibular, combined (Prior Approval required) | 1,989.85 +L |

CHILDREN'S DENTAL HEALTH PLAN
SPECIALISTS

| High Freq. Code | Code | Description | Rate |
|--|-------|--|-------------|
| ADDITIONAL SERVICES | | | |
| PREVENTIVE SECTION | | | |
| 6 | 86350 | Dental cleaning | 49.42 |
| 9 | 86355 | Fluoride topical (not self-administered) insured for patient 6 to 12 years of age only | 29.62 |
| Sealants | | | |
| | 87180 | - first tooth | 45.40 |
| | 87181 | - each additional tooth, same quadrant | 34.08 |
| RESTORATIVE SECTION | | | |
| Metal Prefabricated Restorations | | | |
| 17 | 86560 | Primary molars only | 232.50 |
| Posts, Cast Metal (Including Core) as a Separate Procedure | | | |
| | 87290 | Single section (Prior Approval required) | 473.15 +L |
| Posts, Cast Metal (including Core) Concurrent with Impression for Crown | | | |
| | 87295 | Single section (Prior Approval required) | 263.28 +L |
| Crowns, Porcelain/Ceramic | | | |
| | 87310 | Porcelain/Ceramic jacket (Prior Approval required) | 1,101.97 +L |
| Crowns, Porcelain/Ceramic, Fused to Metal | | | |
| | 87311 | Porcelain, fused to metal (Prior Approval required) | 1,096.74 +L |
| ENDODONTIA | | | |
| Pulpectomy | | | |
| | 86760 | Deciduous molars and canines (*use Remarks Code 77) | 192.18 |
| Pulpotomy, Devitalized, Primary Dentition | | | |
| 20 | 86770 | Pulpotomy + final filling the same day | 100.75 |
| Pulpotomy | | | |
| | 86772 | Permanent, anterior | 159.45 |
| Root Canal Treatment | | | |
| | 87339 | One Canal (Prior Approval required) | 648.49 |