

1. INTRODUCTION

1.1	OVERVIEW	1◀▶8
1.2	MCP PUBLICATIONS	
1.2.1	MCP Dental Payment Schedule	1◀▶8
1.2.2	Newsletters	2◀▶8
1.2.3	Website	2◀▶8
1.3	ROLES & RESPONSIBILITIES	
1.3.1	Role of the Newfoundland and Labrador Dental Association.....	3◀▶8
1.3.2	Role of the Newfoundland and Labrador Dental Licensing Board	4◀▶8
1.3.3	Role of the Department of Health & Community Services	5◀▶8
1.4	COMMITTEES	
1.4.1	Dental Monitoring Committee	5◀▶8
1.4.2	Dental Services Liaison Committee	6◀▶8
1.5	DOHCS ORGANIZATIONAL CHART FOR MEDICAL/DENTAL SERVICES ..	8◀▶8

2. PROGRAMS AND SERVICES

2.1	OVERVIEW	1◀▶3
2.2	CHILDREN'S DENTAL HEALTH PROGRAM	1◀▶3
2.3	SURGICAL-DENTAL PROGRAM	1◀▶3
2.4	DENTAL BURSARY PROGRAM	2◀▶3
2.5	MEDICAL TRANSPORTATION ASSISTANCE PROGRAM	3◀▶3

3. PROVIDER REGISTRATION

3.1	OVERVIEW	1◀▶2
3.2	NEWFOUNDLAND AND LABRADOR DENTAL LICENSING BOARD	1◀▶2
3.3	REGISTRATION CHANGES	1◀▶2
3.4	TUTORIALS	2◀▶2

4. MCP BILLING SOFTWARE

4.1	OVERVIEW	1◀▶3
4.2	FEATURES OF TELECLAIM	
4.2.1	Claims Submission	1◀▶3
4.2.2	Windows Compatibility and Minimum Requirements	2◀▶3
4.2.3	E-Mail	2◀▶3
4.2.4	Electronic Billing Application	2◀▶3
4.2.5	Installation and Support	2◀▶3
4.2.6	Other Billing Software and Services	3◀▶3

5. FINANCIAL SERVICES

5.1	OVERVIEW	1◀▶2
5.2	QUERIES	1◀▶2
5.3	FINANCIAL STATEMENTS	2◀▶2

6. BENEFICIARY REGISTRATION

6.1	OVERVIEW	1◀▶4
6.2	ELIGIBILITY	1◀▶4
6.3	MCP CARDS	1◀▶4
6.4	INCOME SUPPORT RECIPIENTS	3◀▶4
6.5	NEWFOUNDLAND AND LABRADOR PRESCRIPTION DRUG PROGRAM – LOW INCOME RECIPIENTS	3◀▶4

7. INSURED SERVICES

7.1	OVERVIEW	1◀▶3
7.2	INSURED SERVICES	
7.2.1	Children’s Dental Program	1◀▶3
7.2.2	Surgical-Dental Program	1◀▶3
7.2.3	Income Support	1◀▶3
7.2.4	NLPDP – Access Plan	2◀▶2
7.3	DIFFERENCE BILLING	2◀▶3
7.4	PAYER OF LAST RESORT	3◀▶3

8. DENTAL CLAIMS

8.1	OVERVIEW	1◀▶29
8.2	SAMPLE CLAIMS	4◀▶29
8.2.1	Case 1—Pulpotomy and Restoration	4◀▶29
8.2.2	Case 2—Emergency Exam, X-Ray, Extraction and Restoration	6◀▶29

8.2.3	Case 3—Emergency Exam and X-Ray	9◀▶29
8.2.4	Case 4—Sealants	11◀▶29
8.2.5	Case 5—NLPDP Low Income Recipient, Restoration	13◀▶29
8.2.6	Case 6—Prior Approval, Emergency Exam, Periapical X-Ray, Root Canal, Crown	14◀▶29
8.2.7	Case 7—Surgical-Dental	18◀▶29
8.2.8	Case 8(A)—Surgical-Dental with Specialist Assistant	19◀▶29
8.2.8	Case 8(B)—Surgical-Dental, Specialist Assistant	20◀▶29
8.2.9	Case 9—Dental Specialist	21◀▶29
8.3	INDEPENDENT CONSIDERATION (IC) CLAIMS	22◀▶29
8.3.1	Case 1 Sample of IC—Surgical-Dental—Extraction of Impacted Tooth	23◀▶29
8.3.2	Case 2 Sample of IC—Periapical X-Ray	24◀▶29
8.3.3	Case 3 Sample of IC—Dental Surgery, General Dentist Assisting.	25◀▶29
8.3.4	Requirements for Billing of Certain Fee Codes Indicated as IC ...	26◀▶29
8.4	CODING SYSTEMS	27◀▶29
8.4.1	Remarks Codes	27◀▶29
8.4.2	Tooth Codes	28◀▶29
8.4.3	Diagnostic Codes	29◀▶29
8.4.3	Hospital Codes	29◀▶29

9. CLAIMS PROCESSING

9.1	TIME LIMITS	1◀▶9
9.2	CUT OFF AND PAY DATES	1◀▶9
9.3	CLAIMS PROCESSING	1◀▶9
9.3.1	Receipt	2◀▶9
9.3.2	Validation	2◀▶9
9.3.3	Assessment	2◀▶9
9.3.4	Payments	3◀▶9
9.4	CLAIM REQUESTS AND NOTICES	3◀▶9
9.4.1	Claim Categories	3◀▶9
9.4.2	Turn Around Document (TAD)—Requests for Information	3◀▶9
9.4.3	Turn Around Document (TAD)—Notice of Cancellation	5◀▶9

9.5	METHOD OF PAYMENT	6◀▶9
9.6	UNPAID CLAIM INQUIRIES	6◀▶9
9.7	CLAIM APPEAL PROCEDURES	6◀▶9
9.8	REMITTANCE STATEMENT – ELECTRONIC MEDIA	7◀▶9
9.8.1	Text Remittance Statement	7◀▶9
9.8.2	Remittance Detail Report	9◀▶9

10. AUDIT OF CLAIMS

10.1	OVERVIEW	1◀▶18
10.2	DENTAL AUDIT PROGRAM	
10.2.1	Audit Initiation Indicators	1◀▶18
10.2.1.1	Beneficiary Verification Audits	1◀▶18
10.2.1.2	Complaints or Voluntary Information	2◀▶18
10.2.1.3	Audits of Targeted Fee Codes	2◀▶18
10.2.2	Preliminary Audit	2◀▶18
10.2.3	Comprehensive Audit	2◀▶18
10.3	DENTIST INTERVIEW	3◀▶18
10.4	DENTAL MONITORING COMMITTEE (DMC)	4◀▶18
10.5	NOTIFICATION OF RECOVERIES	4◀▶18
10.6	ALTERNATE DISPUTE RESOLUTION (ADR) PROCESS	5◀▶18
10.7	HEARING BY AUDIT REVIEW BOARD	5◀▶18
10.8	MINISTERIAL ORDER	6◀▶18
10.9	APPEAL TO SUPREME COURT TRIAL DIVISION	6◀▶18

10.10 DENTAL CLAIMS AUDIT PROCESS—FLOW CHART	8◀▶18
10.10.1 Audit Initiation	9◀▶18
10.10.2 Preliminary Audit Stage	10◀▶18
10.10.3 Comprehensive Stage	11◀▶18
10.10.4 Dental Provider Interview	12◀▶18
10.10.5 Review by Dental Monitoring Committee (DMC)	13◀▶18
10.10.6 Notification	14◀▶18
10.10.7 Alternate Dispute Resolution (ADR)	15◀▶18
10.10.8 Hearing by Audit Review Board	16◀▶18
10.10.9 Ministerial Order	17◀▶18
10.10.10 Appeal to the Supreme Court Trial Division	18◀▶18



APPENDIX 1—FORMS

1. FORMS USED BY DENTAL PROVIDERS:

1.1 PROVIDER REGISTRATION FORM	1◀▶25
1.2 GUIDELINES FOR COMPLETION OF PROVIDER REGISTRATION FORM	3◀▶25
1.3 ASSIGNMENT OF PAYMENT AGREEMENT	7◀▶25
1.4 ELECTRONIC BILLING APPLICATION	8◀▶25
1.5 APPLICATION FOR RURAL DENTAL BURSARY PROGRAM	9◀▶25
1.6 APPLICATION FOR DENTAL SPECIALIST BURSARY PROGRAM	10◀▶25
1.7 REQUEST FOR RELEASE OF MCP BENEFICIARY NUMBER	11◀▶25
1.8 REQUEST FOR FORMS	12◀▶25
1.9 DENTAL PAPER CLAIM FORM	13◀▶25
1.10 DENTAL INDEPENDENT CONSIDERATION (I.C.) CLAIM FORM	14◀▶25
1.11 DENTAL PRIOR APPROVAL FORM	15◀▶25

2. FORMS USED BY BENEFICIARIES:

2.1 APPLICATION FOR NEWFOUNDLAND & LABRADOR HEALTH CARE COVERAGE	16◀▶25
2.2 NEWBORN/ADOPTED CHILD REGISTRATION FORM	18◀▶25
2.3 CHANGE OF NAME FORM	19◀▶25
2.4 CARD REPLACEMENT FORM	20◀▶25
2.5 NLPDP APPLICATION FOR ACCESS PLAN	21◀▶25
2.6 APPLICATION FOR MEDICAL TRANSPORTATION ASSISTANCE	23◀▶25
2.7 OUT-OF-PROVINCE CLAIM FORM	25◀▶25

APPENDIX 2—DIAGNOSTIC CODES

APPENDIX 3—HOSPITAL/FACILITY CODES

APPENDIX 4—ABBREVIATED TERMS



DENTAL PAYMENT SCHEDULE—GENERAL PRACTITIONERS



DENTAL PAYMENT SCHEDULE—SPECIALISTS



SURGICAL-DENTAL PAYMENT SCHEDULE

1. INTRODUCTION

1.1 OVERVIEW

The purpose of this Information Manual is to provide instructions on the preparation and the submission of dental claims for services insured under the Medical Care Plan and Dental Health Programs.

This document contains instructions on the completion of claims, the handling of queries on previously submitted claims, information on the payment process, sample claims for various services, information on dentist and beneficiary registration, and the Medical Care Insurance Act, etc.

This document is not intended to replace the MCP Dental Payment Schedule—it deals mainly with the process required for the submission of claims. If there is conflicting information, the MCP Dental Payment Schedules will prevail.

This document will be amended as necessary and new material or revisions to policies and procedures will be added to the document on the website at www.gov.nl.ca/mcp under the topic “Information for Providers”. When new material is added or edits made to existing information, MCP will send out a Newsletter informing dental providers of the specific changes to this document on the website.

1.2 MCP PUBLICATIONS

The following MCP publications are available upon request and are designed for your benefit. Please contact MCP at 1-800-563-1557 or (709) 292-4000 if you wish to obtain a copy of any of these documents:

1.2.1 MCP Dental Payment Schedule

This document identifies the amounts prescribed as payable and rules and conditions of payment under the Physicians and Fee Regulations (Schedule A), governed by the Medical Care Insurance Act for insured services rendered by licensed dental providers.

Amendments are mailed periodically and should be entered in the appropriate section of the Payment Schedule. The Payment Schedule is also available for download on the internet at www.gov.nl.ca/mcp under the topic “Information for Providers”. The Dental Payment Schedules can also be found in this Dental Information Manual.


1.2.2 Newsletters

MCP issues newsletters periodically to make dental providers aware of various matters such as claim processing period cut-offs, Payment Schedule amendments, etc. These are sent to all or to specific groups of dental providers depending on the topic. Access to MCP Newsletters is also available on the internet at www.gov.nl.ca/mcp under the topic 'Information for Providers'.

All Newsletters received should be read carefully to determine their impact on your practice. If the content of a newsletter is not clearly understood, you should contact MCP for clarification.

1.2.3 Website

The Newfoundland and Labrador Medical Care Plan website can be found at <http://www.health.gov.nl.ca/health/mcp/index.html>. Website contents include:

- [Am I Covered?](#)
- [Provider Information](#)
- [Forms](#)
- [Medical Claims History](#)
- [Contact MCP](#)
- [Medical Care Act](#)
- [Dental Health Plan](#)
- [Medical Travel Assistance](#)
- [Family Physicians Who Are Accepting New Patients](#)  - The College of Physicians and Surgeons of Newfoundland and Labrador provides assistance with finding family physicians accepting new patients.
- [Other Health Sites](#)

1.3 ROLES AND RESPONSIBILITIES

1.3.1 Role of the Newfoundland and Labrador Dental Association (NLDA)

The Newfoundland and Labrador Dental Association serves the interests and goals of its Members through advocacy, professional development and knowledge exchange to advise the dental profession and represents the dental profession both provincially and nationally.

It is the NLDA's objective to promote and advance dentistry, to increase the knowledge, skill, standard and proficiency of its Members in the practice of dentistry and to maintain the honor and integrity of the dental profession.

The NLDA works in close cooperation with Government to establish reasonable salary levels for Salaried Dentists, to establish fee levels for Government sponsored Dental Programs and to assist Government to develop program and policy as it relates to oral health in the Province. By agreement the NLDA and the Department of Health and Community Services will meet at least once quarterly to discuss items related to the provision of Oral Health services in the Province.

The location and contact information is:

The NLDA
The Fortis Building
Suite 401, 139 Water Street
St. John's, NL A1C 1B2

Telephone: 709 579-2362
Fax: 709 579- 1250
E-mail nfdental@nfld.net
Website: www.nlda.net

1.3.2 Role of the Newfoundland and Labrador Dental Licensing Board

The Newfoundland and Labrador Dental Board is the body that endeavors to act on behalf of the public to maintain access to a safe dental service in the province. Also, the Board hopes to ensure that those persons who provide such services are properly trained and continue to maintain a satisfactory level of competence appropriate to their individual license.

Roles and Responsibilities

- The Board shall maintain a register of all license holders and it shall be open to viewing by the public at all reasonable times.
- The Board shall be responsible for determining matters pertaining to the disciplining of license holders and will act to address all complaints.
- The Board shall make by-laws including the establishment of a Code of Ethics.
- The Board shall establish standards for the practice of dentistry, including standards of professional competence and of capacity and fitness to practice.
- The Board may make regulations respecting the education and practice experience requirements for the registration of Dentists and Dental Auxiliaries as approved by the Dental Act 2008.
- The Board shall be responsible for the registration and licensing of Professional Corporations.
- The Board shall make regulations defining dental auxiliaries, prescribing their qualifications and the services they may provide.
- The Board shall generally act to give effect to the Dental Act 2008 and its Regulations but also respect in principle and in action all other laws that may govern the province.

1.3.3 Role of the Department of Health and Community Services (DOHCS)

The Minister of Health and Community Services is responsible for the administration of the Medical Care Plan and the Dental Health Plan. The DOHCS, on behalf of the Minister, is responsible for the formulation of policy as well as decisions with respect to legal and financial matters associated with the operation of the Plans. An organizational chart depicting MCP operations has been included at the end of this section.

The Audit and Claims Integrity Division (ACID), under the direction of the Executive Director, is responsible for the overall operation of both Plans, and reports to the Assistant Deputy Minister, Corporate Services Branch, of the DOHCS. The administrative offices, management and staff within this Division that deal directly with the service delivery and auditing of both Plans, is commonly referred to as “MCP”.

The Regional Director (Grand Falls-Windsor) is responsible for the day to day operation of the Grand Falls-Windsor office of “MCP”, including full responsibility for Claims Operations and administrative responsibility for Public Services. The Claims Operations section is responsible for the processing and assessing of medical and dental claims, as well as participating in the production of various manuals (Physician Payment Schedules, Dental Payment Schedules, etc) related to the operation of the Plans. Public Services is responsible for the registration of beneficiaries and the issuance of “MCP” cards.

The Director of Dental Services is accountable for providing dental expertise to the Medical Services Branch of the Department of Health and Community Services with respect to the administration of the Dental Health Plan and the Surgical Dental Program and in matters relating to dentistry in accordance with established departmental policies and programs.

1.4 COMMITTEES

1.4.1 Dental Monitoring Committee (DMC)

Terms of Reference

- The Dental Monitoring Committee shall be appointed by the Department of Health and Community Services (DOHCS) and shall consist of a minimum of five members, three of whom shall be from the Newfoundland and Labrador Dental Association (NLDA), one from the DOHCS, and the Dental Director of MCP who will act as Chairperson.

- Appointments will be reviewed on a three year cycle, with no maximum consecutive terms.
- The Committee shall meet at the discretion of the Chairperson. (Quarterly meetings are expected to be the norm, but additional meetings can be called to address extra workload or to receive Committee input on issues relating to the Newfoundland and Labrador Dental Plan.)
- Results of Committee meetings will be relayed to the DOHCS (MCP) through the Chairperson.
- The Committee shall be assigned the responsibility of reviewing and settling contentious or complex claims which are referred through the Dental Director.
- The Committee may make recommendations to the DOHCS (MCP) on policy issues where it is deemed appropriate.
- The representatives will be remunerated in accordance with established Committee rates. Out of town members will be reimbursed for travel expenses.

1.4.2 Dental Services Liaison Committee

Terms of Reference

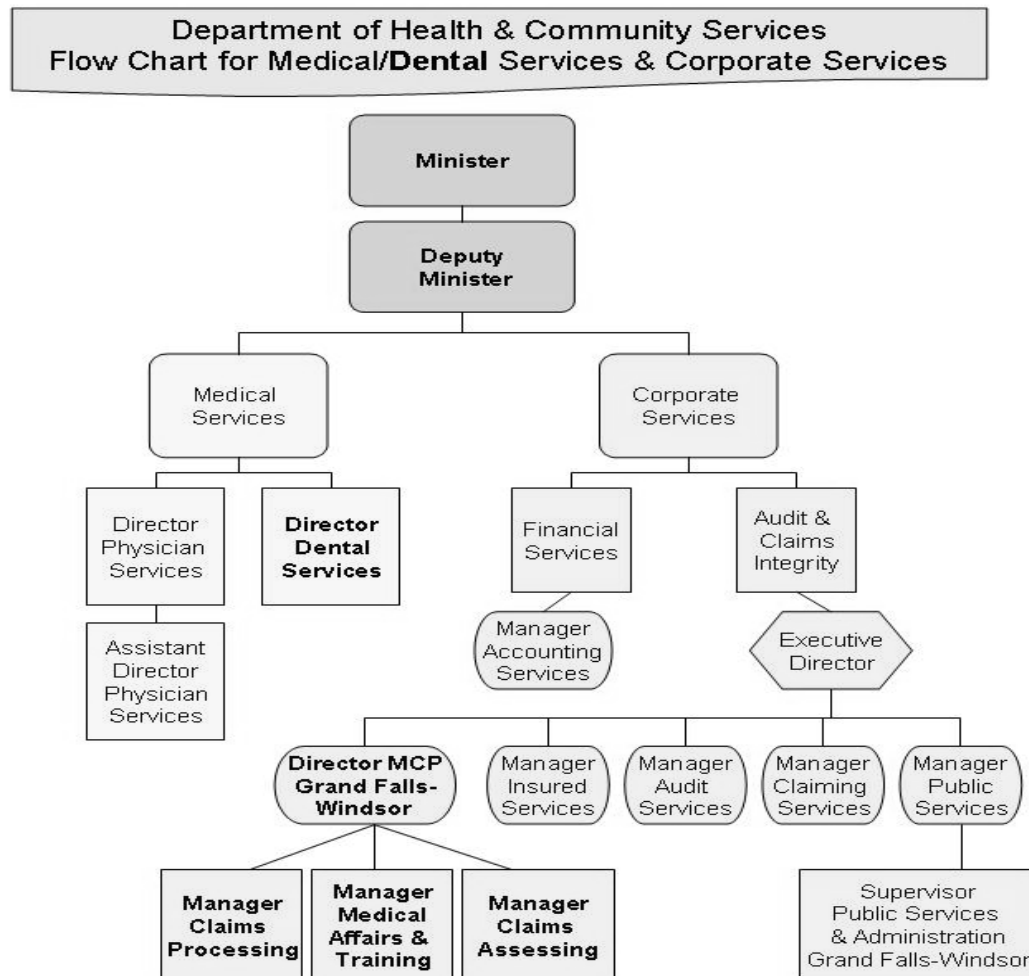
- *Purpose:* To establish a mechanism through which dental issues of mutual concern may be addressed collaboratively between Newfoundland and Labrador Dental Association (NLDA) and the Department of Health and Community Services (DOHCS), and to provide advice to the Minister related to these issues.
- *Membership:* The membership shall consist of three members from NLDA and three members from DOHCS. The Committee shall be co-chaired and shall alternate between NLDA and DOHCS. The Deputy Minister of the DOHCS and the NLDA shall agree on the chair for the initial meeting. The co-chairs shall then be chosen by the members of each representation.
- *Frequency of Meetings:* Meetings shall be held quarterly or at the call of the chairs for urgent issues that may arise between regular meetings.
- *Quorum:* Two members from NLDA and two members from the DOHCS shall constitute a quorum.

- *Record of Decisions:* A Record of Decisions shall be kept for all meetings. Otherwise, all discussions at the meetings shall be confidential, and there shall be no recordings of such discussions. Official recorded decisions shall be available to the Minister, the Deputy Minister, the Executive for the DOHCS, and the Executive Committee of the NLDA.
- *Voting:* All decisions of the Committee shall be made by consensus of both parties. Both parties will reserve the right to consult with their officials.
- *Location:* The time and location of the meetings shall be at the call of the Chairs.

Mandate

- To provide information and/or advice to the Minister on dental issues from a policy, systemic and strategic perspective.
- To generally explore options that would contribute to a sustainable health care system, and in particular, a sustainable public dental program, that maintains and/or enhances quality of services that is reasonably accessible to all.
- To create sub-committees as needed to review, analyze and provide advice on issues pertaining to the Newfoundland and Labrador Dental Program.
- To review the current policies and procedures between the NLDA and the DOHCS regarding professional services provided by NLDA members to clients of the dental programs.
- The Department will also use the Committee as a forum to consult with the NLDA on other policy matters, eg. Primary Health Care renewal.
- Issues of an operational nature are considered outside the mandate of the Committee and should first be directed through normal channels for resolution.

1.5 DOHCS ORGANIZATIONAL CHART FOR MEDICAL/DENTAL SERVICES



While there is no direct reporting structure between the Medical Services branch and the Audit & Claims Integrity division of MCP in Grand Falls-Windsor, considerable policy direction from the offices within the Medical Services branch is provided to the MCP managers in the Audit & Claims Integrity division in Grand Falls-Windsor.

2. PROGRAMS & SERVICES

2.1 OVERVIEW

This section outlines a list of programs and services available under the Dental Health Program and the Surgical Dental Program. It also contains the Bursary program information for dental providers.

2.2 CHILDREN'S DENTAL HEALTH PROGRAM

The Children's Dental Health Program provides universal access for eligible dental services for children age 12 years and under as well as for children age 13 to 17 years whose families are in receipt of Income Support benefits. Coverage is automatic for these children.

Coverage also includes 13 to 17 year olds living in families with low incomes. Families, who are not in receipt of Income Support, qualify under this new category. These families must first apply for coverage through the Newfoundland and Labrador Prescription Drug Program. A list of services covered can be found in Section 7—Insured Services. An example of the application form can be found in Appendix 1—Forms.

Services are only covered by the Dental Health Plan if they are received in Newfoundland and Labrador.

2.3 SURGICAL-DENTAL PROGRAM

The provincial Surgical-Dental Program is a component of the Medical Care Plan (MCP). Surgical-dental treatments provided to a beneficiary and carried out in a hospital by a licensed oral surgeon or dentist are covered by MCP if the treatment is specified in the Surgical-Dental Services Schedule.

All oral surgeons or dentists licensed to practice in Newfoundland and Labrador and who have hospital privileges are allowed to provide surgical-dental services. The dentist's license is issued by the Newfoundland and Labrador Dental Board.

Because the Surgical-Dental Program is a component of the MCP, management of the Program is linked to the MCP process regarding changes to the list of insured services.

Addition of a surgical-dental service to the list of insured services must be approved by the Minister.

2.4 DENTAL BURSARY PROGRAM

The Department's Dental Bursary Program has two components, the Rural Dental Bursary Program and the Specialist Bursary Program.

Students must apply annually for bursaries and are eligible to receive a maximum of three bursaries. In exchange for each bursary received, bursary recipients are required to commit to one year of service in rural or in-need areas of the province.

Recipients of the Rural Dental Bursary are required to fulfil their practice commitment in a rural area determined by the province. These areas have been designated and prioritized through discussions between the Department of Health and Community Services, the Newfoundland and Labrador Dental Association, the Newfoundland and Labrador Dental Licensing Board, and the Regional Health Authorities. An example of the "Application for Rural Dental Bursary Program" can be found in Appendix I – Forms.

For the Specialist Bursary Program, applicants are required to work in areas where specialists can practice upon graduation. Examples of dental specialists include endodontists, periodontists, oral surgeons, prosthodontists and orthodontists. An example of the "Application for Dental Specialist Bursary Program" can be found in Appendix I – Forms.

Recipients will be determined through a competitive application process and while the program is open to Canadian citizens, preference is given to students from Newfoundland and Labrador. To be eligible, an applicant must be accepted into an accredited dental program recognized by the Newfoundland and Labrador Dental Licensing Board. The awarding of bursaries will be determined by a committee comprised of Provincial Government representatives and members of the Newfoundland and Labrador Dental Association.

For the most recent list of under-serviced areas please contact the Director of Dental Services at (709) 758-1503.

2.5 MEDICAL TRANSPORTATION ASSISTANCE PROGRAM

The Medical Transportation Assistance Program provides financial assistance to residents of the province who must travel for insured services not available within their place of residency and/or province.

This program applies to services that are insured under the Surgical Dental Program but are not available in the province of Newfoundland and Labrador. Applications must be submitted for eligibility prior to leaving the province. See Appendix I for an example of the application form. The Medical Transportation Assistance Application form can also be found on the MCP website at <http://www.health.gov.nl.ca/health/forms/index.html#3>.

The Medical Transportation Assistance Program is only applicable to the Oral Surgery Program. The Children's Dental Program does not qualify as this program is not portable outside the province of Newfoundland and Labrador.

3. PROVIDER REGISTRATION

3.1 OVERVIEW

In order to submit claims for services insured under the *Newfoundland Medical Care Insurance Act*, providers must be registered with MCP. Upon registration, a dental provider is assigned a six-digit provider number for billing purposes. This number will be your unique identifier and must be quoted on all claims and correspondence sent to MCP.

A Provider Registration Form is used to obtain the necessary information to register a dentist or dental surgeon. This form can be used for initial registration, re-activation of a previous registration, or for changes to information previously given to MCP. The registration form, along with completion instructions, can be found in Appendix 1—Forms.

3.2 NEWFOUNDLAND AND LABRADOR DENTAL LICENSING BOARD

In order to be registered by MCP, a dentist or dental specialist must be registered with the Newfoundland and Labrador Dental Licensing Board and assigned a unique registration number. This number should be entered on the registration form or arrangements made with the association to have the number and other licensing information sent in writing to MCP.

3.3 REGISTRATION CHANGES

It is extremely important that registration information on file with MCP be kept current. MCP Physician Services should be notified of any changes in registration information. This is done by submitting an updated Provider Registration form. Failure to do this could result in a number of problems such as:

- claim payment delayed
- payments deposited to an incorrect bank account
- unnecessary queries on claims submitted
- correspondence sent to an outdated address

Provider registration changes can be mailed or faxed to:

Medical Care Plan—Medical Services
Department of Health & Community Services
Belvedere Building, 57 Margaret's Place
P.O. Box 8700
St. John's, NL A1B 4J6

Telephone: (709) 729-3508
Fax: (709) 729-5238

3.4 TUTORIALS

Training is available and strongly recommended to dental providers and their staff for instruction and education on MCP billing, the Payment Schedule and other tools necessary to submit claims to MCP, i.e. electronic billing program, TeleClaim. For information about this service, please contact our Claims Processing Division at 1-800-440-4405.

4. MCP BILLING SOFTWARE

4.1 OVERVIEW

MCP has developed its own claims preparation and reconciliation software, TeleClaim, which allows dental providers to electronically prepare claims for medical and dental services. It is available free of charge from MCP, by calling MCP Operations at (709)758-1530. TeleClaim training is also available by calling Medical Affairs & Training at (709) 292-4000 or 1-800-563-2163. TeleClaim enables:

- Submission of fee-for-service—surgical-dental and dental claims to MCP
- Processing of turn-around documents (TAD's) for fee-for-service dental claims

TeleClaim can be used either on a stand alone computer or in a network environment. Because of the diversity of network environments, **it is recommended** you seek the assistance of a computer professional for installation and support. It is also recommended that users have some training and/or experience in working with computers. (eg. using Windows Explorer, copying files from a CD, etc).

TeleClaim performs limited edit checks on the data entered for each claim. **It is the responsibility of the user to ensure that claim information is accurate.**

TeleClaim must be used in conjunction with MCP's transmission software package. All dental providers must send and receive data via MCP transmission software, whether TeleClaim or another billing software package is used.

4.2 FEATURES OF TELECLAIM

4.2.1 Claims Submission

- Data entry for fee-for-service dental claims and letters
- Submission file, remittance file, and outstanding claim reports
- TAD patient information, electronic replies on TADS, diagnostic codes, fee codes
- Utilities for purging files and data, compacting the database
- Fee-for-service dental claims reconciliation
- Help function

4.2.2 Windows Compatibility and Minimum Requirements (for a stand alone computer with a low volume of claims)

Information on Windows compatibility and minimum computer requirements to run MCP software is available from MCP Operations by calling 758-1530 or online at <http://www.health.gov.nl.ca/health/mcp/providers/teleclaim.html>.

4.2.3 E-Mail

It is helpful for users to have access to an e-mail system as this can help speed up support from MCP.

4.2.4 Electronic Billing Application

Physicians who wish to submit claims electronically must complete and submit an Electronic Billing Application. A sample of this form can be found in Appendix 1—Forms. This application is also available online at <http://www.health.gov.nl.ca/health/forms/index.html#3> in the Forms section, or from MCP Operations.

4.2.5 Installation and Support

MCP will provide TeleClaim support by telephone, however, we do **not** supply hardware or software support for other software packages, or for problems resulting from machine errors or operating environments. We recommend you seek the assistance of a computer professional for installation and support. MCP can provide only minimal assistance for network environments.

You may obtain a list of computer support companies from MCP Operations (online at <http://www.health.gov.nl.ca/health/mcp/providers/privatevendor.html>).

4.2.6 Other Billing Software and Services

Private vendors that have their own MCP billing and office management software are also available to assist providers with their electronic claim submission requirements. These private vendors, as well as some private billing services are listed under the link <http://www.health.gov.nl.ca/health/mcp/providers/privatevendor.html>.

5. FINANCIAL SERVICES

5.1 OVERVIEW

The Financial Services Division of the DOHCS is responsible for the final step in the claims processing stream. It is the responsibility of this Division to administer the bi-weekly payments; process payments under various block-funded, alternative funding arrangements; process claim adjustments that cannot be processed through the claims processing system and process retroactive fee payments as required.

5.2 QUERIES

All cheques and direct deposits are controlled centrally by the Expenditure Control and Compliance Division of the Comptroller General's Office, Department of Finance. Inquiries to this office may be directed to the following email address; apinquiries@gov.nl.ca . However, it is recommended that payment inquiries should first be directed to the appropriate DOHCS staff as noted below.

Manager of Accounting Services
Accounting Services Section
Financial Services Division
Department of Health & Community Services
P.O. Box 8700
St. John's, NL A1B 4J6
(709)729-2304

Accounting Clerk II
Accounting Services Section
Financial Services Division
Department of Health & Community Services
P.O. Box 8700
St. John's, NL A1B 4J6
(709)729-2199

Alternate contact (709)729-6870

5.3 FINANCIAL STATEMENTS

Fee-for-service dental providers are self employed operating in either sole practitioner or group practices operating at arms length to Government. It has been noted that many practices have incorporated as allowed under the *Dental Act, 2005*. Government has no legal obligation to provide statements of earnings (or T4's) to self employed individuals, limited companies or incorporated legal entities.

All MCP claim details and financial adjustment information is provided to dental providers in the bi-weekly remittance statements. Production of remittance statements is detailed elsewhere in this manual, refer to Section 9.8—Claims Processing, Remittance Statement—Electronic Media.

6. BENEFICIARY REGISTRATION

6.1 OVERVIEW

To be eligible for insured services under the Medical Care Plan, a resident must be registered with the Plan and must possess a health care identity card. MCP has specific rules which determine a resident's eligibility for registration and coverage. A list of these rules is available by request.

Generally, people who visit the MCP office, and who meet the eligibility requirements for registration, are issued a health care identity card immediately. In some cases there may be a delay while identity and eligibility documents are verified.

Parents of newborns are usually issued registration forms at the hospital where the children are born. Parents must complete these forms and forward them to MCP's Public Services section to complete the registration process and to obtain their child's MCP card.

As a convenience to the general public, we provide various registration forms to dental offices for patient use. We suggest that you keep an adequate supply of these forms on hand. Replacement forms may be obtained from MCP by completing and returning the Reorder Form provided for this purpose. Access to MCP forms is also available on the internet at www.health.gov.nl.ca/mcp under the "Forms" link. Examples of forms used for Beneficiaries can also be found in Appendix I—Forms.

6.2 ELIGIBILITY

Health care cards, or MCP cards, as they are usually known, are issued to each beneficiary who registers under the Plan. For further details on eligibility requirements, please refer to our website at http://www.health.gov.nl.ca/health/mcp/mcp_applications.html under the "Eligibility" link.

6.3 MCP CARDS

In May 2006, the DOHCS began issuing a new version of the MCP Card (see next page). The card contains several new features such as an expiry date, date of birth, gender and valid from date.

As of July 31, 2007 the Newfoundland and Labrador Medical Care Plan will no longer accept claims made under the old MCP Cards for payment of services. As well, no payments will be approved for claims where the date of service is after the expiry date on the new MCP card.

Sample of new MCP cards

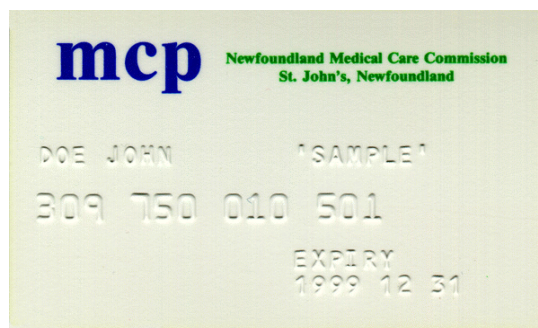
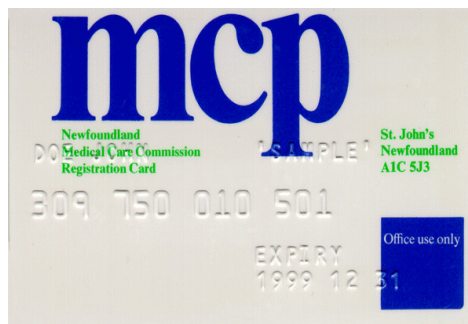
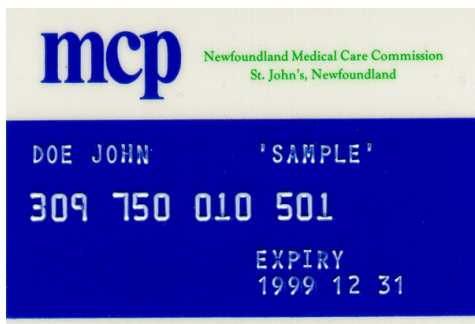
Valid May, 2006



Valid January, 2008



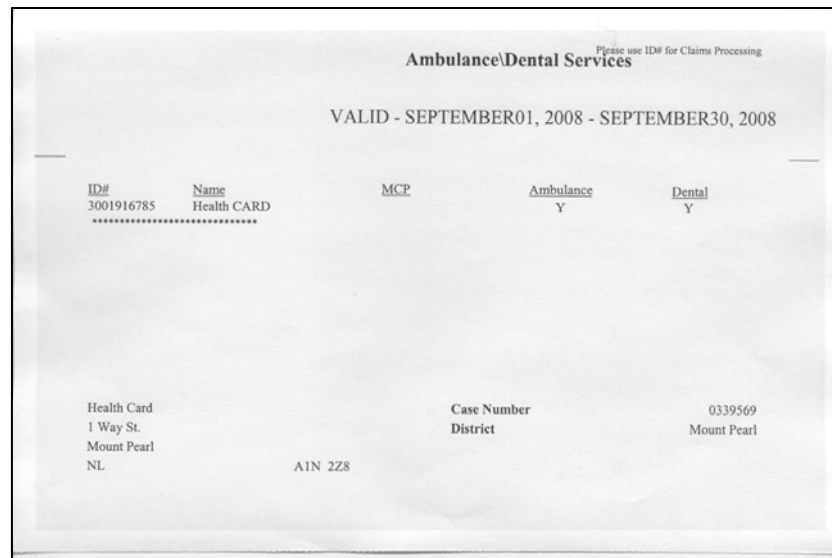
Samples of previously issued MCP cards, but no longer valid as of July 31, 2007



6.4 INCOME SUPPORT RECIPIENTS

The Children's Dental Health Program provides universal access for eligible dental services for children 12 years of age and under, as well as children 13-17 years old whose families are in receipt of Income Support benefits.

Example of Income Support Recipient Card for Dental Services



Ambulance\Dental Services

Please use ID# for Claims Processing

VALID - SEPTEMBER01, 2008 - SEPTEMBER30, 2008

ID#	Name	MCP	Ambulance	Dental
3001916785	Health CARD		Y	Y

Health Card
1 Way St.
Mount Pearl
NL

Case Number
District

0339569
Mount Pearl

A1N 228

6.5 NEWFOUNDLAND AND LABRADOR PRESCRIPTION DRUG PROGRAM—LOW INCOME RECIPIENTS

On September 1, 2007 coverage was expanded to provide dental services for children aged 13-17 years who are covered under the Access Plan component of the Newfoundland & Labrador Prescription Drug Program (NLPDP).

Low income families with children who are not in receipt of Income Support may qualify under this new category which is called “The Access Plan”. These families must first apply for coverage through the Newfoundland and Labrador Prescription Drug Program (see Appendix I for an example of the application form). This form is available at pharmacies, dental offices or accessed on the Newfoundland and Labrador Prescription Drug Program website at http://www.health.gov.nl.ca/health/prescription/nlpdp_application_form.pdf or by calling 1-888-859-3535.

Example of NLPDP Dental Health Program Beneficiary Eligibility Letter



Government of Newfoundland and Labrador
Department of Health and Community Services
Medical Care Plan

PARENT OR GUARDIAN OF

*Fname, *Lname
*Address 1
*Address 2
*City, NL
* Pcode

CARD NUMBER: * NLPDP PHN

EXPIRY DATE: * NLPDP DATE

NOTIFICATION OF EXTENSION OF BENEFITS UNDER THE NEWFOUNDLAND AND LABRADOR
DENTAL HEALTH PROGRAM

As part of your family's eligibility for coverage under the Newfoundland and Labrador Prescription Drug Program, we are pleased to advise you that your child also qualifies for coverage of eligible dental health services pursuant to the Newfoundland and Labrador Dental Health Program. A general list of the services covered under the Dental Health Program includes:

- examinations every 24 months,
- x-rays with some limitations,
- routine fillings and extractions and
- emergency examinations when the patient is seen for pain, infection or trauma.

You are advised to discuss dental treatment needs and options, including costs, with your dental health care provider prior to receiving services.

If you wish your child to be on file with your dentist as being eligible to receive these dental health services, you need only bring this letter (or a copy of this letter) to your dental office.

Please note that all children up to and including 12 years of age are automatically covered for eligible services under the Newfoundland and Labrador Dental Health Program. There is no need for a letter to obtain eligible services for children in that age group.

Eligibility is assessed on a yearly basis, based on your family income. Following each assessment a letter will be issued concerning your eligibility. Each new letter must be presented to your dentist.

Thank you for your cooperation in this matter. If you have any questions regarding the Newfoundland and Labrador Dental Health Program please contact the Dental Services Division at 709-292-4031.

Dental Services Division
Department of Health and Community Services

P.O. Box 5000, Grand Falls-Windsor, NL, Canada A2A 2Y4 t 709.292.4031 f 709.292.4053

7. INSURED SERVICES

7.1 OVERVIEW

The services covered, or insured, under the Newfoundland and Labrador Medical Care Plan (MCP), are listed in the Dental Payment Schedule. The authorization for this coverage is contained in the *Insured Services Regulations* made by the Provincial Cabinet in accordance with the *Newfoundland Medical Care Insurance Act*.

7.2 INSURED SERVICES

The Newfoundland and Labrador Dental Health Plan comprises of a Children's Dental Program component, Surgical-Dental component, an Income Support component and Low Income component.

7.2.1 The Children's Dental Program covers the following dental services for all children, up to and including age twelve:

- examinations (at 6 month intervals)
- cleanings (at 12 month intervals)
- fluoride applications (ages 6 to 12 at twelve month intervals), except in areas where the School Rinse Program is in place
- x-rays (with some limitations)
- routine fillings and extractions
- other specific procedures which require approval before treatment

7.2.2 The Surgical-Dental Program covers the following dental services:

- certain surgical-dental procedures which are medically necessary to be performed in hospital by a dentist or oral surgeon

7.2.3 Services are also available under the Income Support component to recipients of Income Support who are 13 to 17 years of age:

- examinations (every 24 months)
- x-rays (with some limitations)
- routing fillings and extractions
- emergency examinations, when patient seen for pain, infection or trauma

Adult recipients of Income Support are eligible for emergency examination as a result of pain, infection or trauma and extractions only.

7.2.4 NLPDP – Access Plan – Coverage also includes 13 to 17 year-olds living in families with low incomes (as specified in the Programs & Services section 6.5) who have qualified under the Newfoundland and Labrador's Prescription Drug Program – Access Plan are able to receive the following services:

- examinations (every 24 months)
- x-rays (with some limitations)
- routing fillings and extractions
- emergency examinations, when patient seen for pain, infection or trauma

Services are only covered by the Dental Health Plan if they are received in Newfoundland and Labrador.

7.3 DIFFERENCE BILLING

Difference billing applies to parents who have dental insurance. In the example of 80/20 dental coverage, the dentist will invoice MCP 20% of the fee listed in the MCP Payment Schedule for each service rendered.

The dentist will invoice the insurer or the parent the full 100% for services provided. There are two possible scenarios:

- a) If the dentist invoices the insurer directly and the insurer provides payment that is less than 80% of the MCP rate, the dentist may invoice the parent for the difference. This amount is called Difference Billing.
- b) If the dentist invoices the parent directly, the parent will pay the dentist the total 80% and will seek reimbursement from their insurer for the amount permitted under their policy. If there is a difference between what the parent pays the dentist and what they receive from their insurer, the parent will be responsible for this amount.

Insurance companies vary in the percentage they cover. If a parent/guardian has dental insurance, the dentist will determine the percentage of coverage paid by the insurer. For example, the dentist may determine that a parent has dental insurance that provides 80/20 coverage; in this case, the percentage not covered by the insurer (i.e. 20%) must be invoiced directly to MCP. The dentist will not require the parent to pay this amount and then seek reimbursement from MCP – refer to the Dental Payment Schedule for applicable amount. In such cases where parent/guardian does not have dental insurance, the dentist will invoice MCP the full amount of the listed fee in the MCP Dental Payment Schedule for that service. The parent will not be invoiced any amount. Please refer to the Dental Payment Schedule, page A-2.

7.3 PAYER OF LAST RESORT

Government will be the payer of last resort for insured dental services under the Dental Health Plan.

8. DENTAL CLAIMS

8.1 OVERVIEW

This section contains instructions covering the completion of the dental claim form. This form is to be used for claims submitted under both the Dental Health Plan and the Surgical-Dental Program which is part of the Medical Care Plan.

Each field on this sample has been described on the following pages. A more detailed overview of this claim entry screen may be found in the “HELP” function of TeleClaim 6.0.

Dental Claims: 977777 Dr. Jane Smith

Patient ID:	<input type="text"/>	+	Birth Date:	<input type="text"/>	Tooth No:	<input type="text"/>
Surname:	<input type="text"/>		Prov:	<input type="text"/>	M	O
Given Names:	<input type="text"/>		Sex:	<input type="text"/>	D	V
Service Date:	<input type="text"/>				L	
Fee Code:	<input type="text"/>				Income Support No:	<input type="text"/>
Units:	<input type="text"/>	Fee Claimed:	<input type="text"/>		Income Sup. File No:	<input type="text"/>
Co-Pay Code:	<input type="text"/>				Prior Appr. No:	<input type="text"/>
Co-Pay Amt:	<input type="text"/>				I.C.	<input type="checkbox"/>
Remarks:	<input type="text"/>				Comments: <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
Diag. Code:	<input type="text"/>					
Hospital No:	<input type="text"/>					
Capacity:	<input type="text"/>					
Referral:	<input type="text"/>					
Payee Number:	<input type="text"/>					

- **Dental Provider Number:** This is the dental provider’s MCP billing number, which is assigned by MCP when the dental provider completes the MCP registration process.
- **Dental Provider Name:** This is the name of the dentist providing the services.

- **Patient ID:** This is the patient's MCP number. Claims submitted without patient identity numbers cannot be processed for payment. Your office staff should remind patients to bring their cards to all appointments and should ask every patient to show his/her card upon arrival. If the patient does not provide his/her MCP card, it is the provider's option to bill that patient directly.
- **Patient Surname:** This information is not required to be submitted to MCP; however, most billing software, including TeleClaim 6.0, captures this information as an office management tool.
- **Patient Given Names:** This information is not required to be submitted to MCP; however, most billing software including TeleClaim 6.0 captures this information as an office management tool.
- **Income Support Number:** This information is required for all Income Support clients. Claims submitted without this number will not be processed for payment.
- **Income Support File Number:** This information is required for all Income Support clients. Claims submitted without this number will not be processed for payment.
- **Service Date:** The date insured services were provided to the patient.
- **Birth Date:** The patient's date of birth.
- **Province:** The patient's home province.
- **Sex:** The gender of the patient.
- **Diagnostic Code:** This section is optional for the Dental Health Plan but must be completed for surgical-dental claims.
- **Fee Code:** This is the fee code associated with the dental service provided to the patient, as listed in the MCP Dental Schedule.
- **Units:** This is the number of units of the dental service provided to the patient. For time based services, one unit is defined as a specific time period corresponding to a specific service/procedure, as listed in the MCP Dental Schedule.
- **Fee Claimed:** This is the fee amount that corresponds to the fee code listed in the MCP Dental Schedule, with Preamble rules applied.
- **Remarks Code:** This code should be entered if it is necessary to make MCP aware of some

pertinent information regarding the claim. Refer to *Coding Systems—Remarks Codes* in this section for a list of appropriate Remarks Codes to enter in this field. If there is no applicable fee code listed and it is necessary to convey additional information, the item must be billed “IC”.

- **Capacity:** This is the capacity of the dentist providing the services. The appropriate capacity codes are as follows:

○ Dentist/Oral/Surgeon	0
○ Assistant	1
○ Anaesthetist	3

- **Referral Code:** This must be completed by all specialists in order to be paid the specialty rate for procedures. The appropriate referral codes are as follows:

○ Non-referred	1
○ Referred	2

- **Hospital/Facility Number:** This section must be completed for surgical-dental claims only as applicable. Enter a four digit code for the applicable hospital as per the list of hospitals in Appendix 3—Hospital Codes.

- **Payee Number:** This area indicates to whom payment will be made for the service provided. If payment is assigned to another dental provider or institution please ensure the payee field is completed to appropriately reflect the payee number. An Assignment of Payment Agreement must be on file at MCP if payment is assigned to another dental provider or institution. Please refer to Appendix 1—Forms, for an example of the *Assignment of Payment Agreement* form.

The payee number must contain six digits. Therefore, if a three digit institution number is used as a payee number, then zeros must be added in front of the three digit number to make it a six digit number, eg. institution number 999 would be entered as 000999.

- **Independent Consideration (IC):** An entry into this field alerts MCP that the claim requires manual assessment. Some items in the Payment Schedule are flagged as IC and must be billed as such. Also, when a service rendered is not listed in the Dental Schedule, it must be labelled IC.

If the claim is being submitted for Independent Consideration, an “X” must be entered in this field. Additional information supporting the claim must be entered in the “Comments” section of the claim. Failure to comply with both of these issues could result in the claim being returned to the dental provider.

8.2 SAMPLE CLAIMS

The following pages contain samples of completed claims for several categories of services. These are designed to illustrate the use of various fee codes used within the system and their relationship to the claim data. The dentists', patients' names, and numbers are fictitious.

In the following cases, the fee codes and amounts may not correspond with the current Dental Schedule. Claims for services should be prepared using the current dental rates.

The examples are illustrated using MCP's TeleClaim 6.0. Your claims entry screen may look different if using other billing software. However, the principles of completing the claim will remain the same.

8.2.1 Case 1—Pulpotomy and Restoration

An eight year old boy, James W. Howse, visits Dr. Cindy Brown on May 3, 2010 for two fillings. One tooth (74) requires a pulpotomy and an MOD restoration and the second tooth (36) requires an MO restoration.

Fee Codes Used and Fees Claimed by Dr. Brown:

- Restoration, three surfaces, fee code 86440 at \$109.54, tooth 74, surface code MOD
- Pulpotomy, fee code 86770 at \$60.38, tooth code 74
- Restoration, two surfaces, fee code 86510 at \$106.46, surface code MO, tooth code 36

Case 1— Screen 1 of 3

Dental Claims: 922222 Dr. Cindy Brown

Patient ID: 419 992 780 504 + Birth Date: 1999/10/04 Tooth No: 74

Surname: Howse Prov: NL M ☒ O ☒ D ☒ V ☐ L ☐

Given Names: James W. Sex: M Income Support No:
Income Sup. File No:
Service Date: 2010/05/03 Fee Code: 864400 Restoration-Three Surface Primary + Prior Appr. No:
Units: 001 Fee Claimed: \$109.54 I.C.
Co-Pay Code: Co-Pay Amt: + Comments:
Remarks: +
Diag. Code: +
Hospital No: +
Capacity: 0 Dentist
Referral: 1 Non-Referral
Payee Number: 922222

History
Delete
Save/ Duplicate
Save
Cancel

Case 1—Screen 2 of 3

Dental Claims: 922222 Dr. Cindy Brown

Patient ID:	419 992 780 504	Birth Date:	1999/10/04	Tooth No:	74
Surname:	Howse	Prov:	NL	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	James W.	Sex:	M	Income Support No:	
Service Date:	2010/05/03			Income Sup. File No:	
Fee Code:	867700	Pulpotomy + final filling the same da		Prior Appr. No:	
Units:	001	Fee Claimed:	\$60.38	I.C.	<input type="checkbox"/>
Co-Pay Code:				Comments: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Co-Pay Amt:					
Remarks:					
Diag. Code:					
Hospital No:					
Capacity:	0 Dentist				
Referral:	1 Non-Referral				
Payee Number:	922222				

History

Delete

Save/Duplicate

Save

Cancel

Case 1—Screen 3 of 3

Dental Claims: 922222 Dr. Cindy Brown

Patient ID:	419 992 780 504	Birth Date:	1999/10/04	Tooth No:	36
Surname:	Howse	Prov:	NL	M	<input checked="" type="checkbox"/> O <input checked="" type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	James W.	Sex:	M	Income Support No:	
Service Date:	2010/05/03			Income Sup. File No:	
Fee Code:	865100	Restoration-Two Surface Permanen		Prior Appr. No:	
Units:	001	Fee Claimed:	\$106.46	I.C.	<input type="checkbox"/>
Co-Pay Code:				Comments: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Co-Pay Amt:					
Remarks:					
Diag. Code:					
Hospital No:					
Capacity:	0 Dentist				
Referral:	1 Non-Referral				
Payee Number:	922222				

History

Delete

Save/Duplicate

Save

Cancel

8.2.2 Case 2—Emergency Exam, X-Ray, Extraction and Restoration

A 14 year old boy, Robert Wells, a recipient of Income Support, visits Dr. S. Woods on August 18, 2010 complaining of a toothache. Upon examination and the taking of a periapical x-ray, Dr. Woods discovers his patient requires an extraction, tooth 16, and one filling, tooth 14, MOD restoration. These procedures are then performed.

Fee Codes Used and Fees Claimed by Dr. Woods:

- Emergency examination, fee code 861150 at \$40.35. Remarks Code 63 is entered on claim to indicate 'patient in pain'
- One periapical x-ray, fee code 862400 at \$17.12. A Remarks Code is required. In this case, Remarks Code 63 is acceptable
- Extraction, fee code 866150 at \$84.29, tooth 16
- Restoration, three surfaces, 864800 at \$142.64, tooth 14, surface code MOD
- As patient is an Income Support recipient, the valid Income Support Identification Number must be included on the claim as well as the Income Support File Number.

Case 2—Screen 1 of 4

Dental Claims: 95555 Dr. Steve Woods

Patient ID:	859 942 290 502	Birth Date:	1994/08/16	Tooth No:	
Surname:	Wells	Prov:	NL	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Robert	Sex:	M	Income Support No:	722345678
Service Date:	2010/08/18			Income Sup. File No:	66623201
Fee Code:	861150	Examination-Emergency		Prior Appr. No:	
Units:	001	Fee Claimed:	\$40.35	I.C.	<input type="checkbox"/>
Co-Pay Code:				Comments:	
Co-Pay Amt:					
Remarks:	63	PATIENT IN PAIN			
Diag. Code:					
Hospital No:					
Capacity:	0 Dentist				
Referral:	1 Non-Referred				
Payee Number:	95555				

Case 2—Screen 2 of 4

Dental Claims: 955555 Dr. Steve Woods

Patient ID:	859 942 290 502	Birth Date:	1994/08/16	Tooth No:	
Surname:	Wells	Prov:	NL	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Robert	Sex:	M	Income Support No:	722345678
Service Date:	2010/08/18			Income Sup. File No:	66623201
Fee Code:	862400	Radiographs-Periapical (one)		Prior Appr. No:	
Units:	001	Fee Claimed:	\$17.12	I.C.	<input type="checkbox"/>
Co-Pay Code:				Comments: <div style="border: 1px solid black; height: 100px;"></div>	
Co-Pay Amt:					
Remarks:	63	PATIENT IN PAIN			
Diag. Code:					
Hospital No:					
Capacity:	0 Dentist				
Referral:	1 Non-Referral				
Payee Number:	955555				

History

Delete

Save/Duplicate

Save

Cancel

Case 2—Screen 3 of 4

Dental Claims: 955555 Dr. Steve Woods

Patient ID:	859 942 290 502	Birth Date:	1994/08/16	Tooth No:	16
Surname:	Wells	Prov:	NL	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Robert	Sex:	M	Income Support No:	722345678
Service Date:	2010/08/18			Income Sup. File No:	66623201
Fee Code:	866150	Single Tooth Removal, 13 years an		Prior Appr. No:	
Units:	001	Fee Claimed:	\$84.29	I.C.	<input type="checkbox"/>
Co-Pay Code:				Comments: <div style="border: 1px solid black; height: 100px;"></div>	
Co-Pay Amt:					
Remarks:	63	PATIENT IN PAIN			
Diag. Code:					
Hospital No:					
Capacity:	0 Dentist				
Referral:	1 Non-Referral				
Payee Number:	955555				

History

Delete

Save/Duplicate

Save

Cancel

Case 2—Screen 4 of 4

Dental Claims: 955555 Dr. Steve Woods

Patient ID:	859 942 290 502	Birth Date:	1994/08/16	Tooth No:	14
Surname:	Wells	Prov:	NL	M	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Given Names:	Robert	Sex:	M	Income Support No:	722345678
Service Date:	2010/08/18			Income Sup. File No:	66623201
Fee Code:	864800	Restoration-three surfaces		Prior Appr. No:	
Units:	001	Fee Claimed:	\$142.64	I.C.	<input type="checkbox"/>
Co-Pay Code:				Comments:	
Co-Pay Amt:					
Remarks:					
Diag. Code:					
Hospital No:					
Capacity:	0 Dentist				
Referral:	1 Non-Referred				
Payee Number:	955555				

History
Delete
Save/
Duplicate
Save
Cancel

8.2.3 Case 3—Emergency Exam and X-ray

On June 2, 2010 a ten year old boy, Joey White, is seen by Dr. Brown as a follow up visit to trauma. Dr. Brown also takes a periapical x-ray to assess possible tooth fracture.

Fee Codes Used and Fees Claimed by Dr. Brown:

- Specific oral examination, fee code 861140 at \$38.05. This fee code requires a Remarks Code 66 to indicate ‘follow-up visit to trauma’ to be entered on claim
- One periapical x-ray, fee code 862400 at \$17.12. This fee code requires Remarks Code 80 to indicate ‘checking for possible tooth fracture’

Case 3—Screen 1 of 2

Dental Claims: 922222 Dr. Cindy Brown			
Patient ID:	869 973 220 500	Birth Date:	1997/11/17
Surname:	White	Prov:	NL
Given Names:	Joey	Sex:	M
Service Date:	2010/06/02	Tooth No:	
Fee Code:	861140	Income Support No:	
Units:	001	Income Sup. File No:	
Co-Pay Code:		Prior Appr. No:	
Co-Pay Amt:		I.C.	<input type="checkbox"/>
Remarks:	66	Comments:	
Diag. Code:			
Hospital No:			
Capacity:	0 Dentist		
Referral:	1 Non-Referred		
Payee Number:	922222		

[History](#)
[Delete](#)
[Save/
Duplicate](#)
[Save](#)
[Cancel](#)

Case 3—Screen 2 of 2

Dental Claims: 922222 Dr. Cindy Brown

Patient ID:	869 973 220 500	+	Birth Date:	1997/11/17	Tooth No:	
Surname:	White		Prov:	NL	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Joey		Sex:	M	Income Support No:	
Service Date:	2010/06/02				Income Sup. File No:	
Fee Code:	862400		Periapical X-Ray, one	+	Prior Appr. No:	
Units:	001		Fee Claimed:	\$17.12	I.C.	<input type="checkbox"/>
Co-Pay Code:				+	Comments:	
Co-Pay Amt:						
Remarks:	80		TO CHECK POSSIBLE TOOTH FR	+		
Diag. Code:				+		
Hospital No:				+		
Capacity:	0 Dentist					
Referral:	1 Non-Referral					
Payee Number:	922222					

History
Delete
Save/
Duplicate
Save
Cancel

8.2.4 Case 4—Sealants

An 11 year old boy, James Brown, saw Dr. John White to have sealants done on two permanent molars.

Fee Codes Used and Fees Claimed by Dr. White:

- Fee code 871800 billed for first sealant at \$24.34, tooth 36, surface code O
- Fee code 871810 billed for additional tooth at \$14.87, tooth 37, surface code O

Case 4—Claim 1, Screen 1

Patient ID:	189 962 570 504	Birth Date:	1996/09/13	Tooth No:	36
Surname:	Brown	Prov:	NL	M	<input type="checkbox"/> <input checked="" type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L
Given Names:	James	Sex:	M	Income Support No:	
Service Date:	2010/11/22			Income Sup. File No:	
Fee Code:	871800	Sealant-First Tooth		Prior Appr. No:	
Units:	001	Fee Claimed:	\$24.34	I.C.	<input type="checkbox"/>
Co-Pay Code:				Comments:	
Co-Pay Amt:					
Remarks:					
Diag. Code:					
Hospital No:					
Capacity:	0 Dentist				
Referral:	1 Non-Referral				
Payee Number:	933333				

History

Delete

Save/Duplicate

Save

Cancel

Case 4—Claim 2, Screen 1

Dental Claims: 933333 Dr. John White

Patient ID:	189 962 570 504	Birth Date:	1996/09/13	Tooth No:	37
Surname:	Brown	Prov:	NL	M	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	James	Sex:	M	Income Support No:	
Service Date:	2010/11/22			Income Sup. File No:	
Fee Code:	871810	Sealants-each additional tooth, sam	+	Prior Appr. No:	
Units:	001	Fee Claimed:	\$14.87	I.C.	<input type="checkbox"/>
Co-Pay Code:			+	Comments: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Co-Pay Amt:			+		
Remarks:			+		
Diag. Code:			+		
Hospital No:			+		
Capacity:	0 Dentist				
Referral:	1 Non-Referred				
Payee Number:	933333				

History

Delete

Save/
Duplicate

Save

Cancel

8.2.5 Case 5—NLPDP Low Income Recipient, Restoration

Dr. White sees 15 year old Sally Smith, who is a NLPDP Low Income Support Recipient, and requires a two surface restoration.

Fee Codes Used and Fees Claimed by Dr. White:

- An eligibility letter is provided to Low Income Support recipients by NLPDP that **must** be presented to the dental provider prior to claim submission.
- This NLPDP eligibility letter must be mailed or faxed to MCP at (709) 292-4053 – comments should be included on the electronic claim indicating “NLPDP eligibility letter has been sent to MCP”
- Restoration, two-surface fee code 864700 billed at \$117.26 indicating tooth number (25) and surfaces (MO) restored.

Case 5—Screen 1 of 1

Dental Claims: 933333 Dr. John White
_ □ ×

Patient ID:	749 920 405 513	+	Birth Date:	1992/02/09	Tooth No:	25
Surname:	Smith		Prov:	NL	M	<input checked="" type="checkbox"/> O <input checked="" type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Sally		Sex:	F	Income Support No:	
Service Date:	2010/08/19				Income Sup. File No:	
Fee Code:	864700	Restoration-two surface	+		Prior Appr. No:	
Units:	001	Fee Claimed:		\$117.26	I.C.	<input type="checkbox"/>
Co-Pay Code:			+		Comments: <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> NLPDP Eligibility Letter has been faxed to MCP. </div>	
Co-Pay Amt:			+			
Remarks:			+			
Diag. Code:			+			
Hospital No:			+			
Capacity:	0 Dentist					
Referral:	1 Non-Referred					
Payee Number:	933333					

History

Delete

Save/
Duplicate

Save

Cancel

8.2.6 Case 6—Prior Approval, Emergency Exam, Periapical X-Ray, Root Canal, Crown

On October 14, 2010, Mary Whelan, 12 years old, required dental treatment following an accident where she fell and fractured the crown of tooth 11. Dr. Woods does an emergency exam including a periapical x-ray. Findings confirm that the tooth crown is fractured but the root is intact. The tooth requires a root canal, post and core and porcelain jacket crown. Dr. Woods requests a Prior Approval (P.A.) from MCP for these procedures and receives same with P.A. #123456 for billing purposes. The root canal is completed on November 8, 2010 and the post and core and porcelain crown on December 14, 2010. Dr. Woods has made arrangements with MCP to have Dr. John White receive payment on his behalf, as a payee.

Fee Codes Used, Fees Claimed and procedures followed by Dr. White:

Claim 1—October 14, 2010

- Emergency examination, fee code 861150 at \$40.35. Remarks Code 65 is required—“patient seen as a result of trauma”
- Periapical x-ray, fee code 862400 at \$17.12. Remarks Code 65 is also required for this procedure
- Request for Prior Approval to MCP for the procedures required. An example of a Dental Prior Approval” request form can be found in Appendix I—Forms.

Claim 2—November 8, 2010

- Root canal, fee code 873390 at \$388.59, tooth code 11
- Prior Approval number must be quoted on claim

Claim 3—December 14, 2010

- Cast post and core, fee code 872900 at \$268.70, tooth code 11
- Porcelain jacket crown, fee code 873100 at \$622.86, tooth code 11
- Laboratory bill, fee code 860500 was billed at \$250, tooth code not required
- Prior Approval number must be quoted on claims

Case 6—Claim 1, Screen 1

Dental Claims: 955555 Dr. Steve Woods

Patient ID:	869 951 245 503	+	Birth Date:	1995/05/03	Tooth No:	
Surname:	Whalen		Prov:	NL	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Mary		Sex:	F	Income Support No:	
Service Date:	2010/10/14				Income Sup. File No:	
Fee Code:	861150		Examination-Emergency	+	Prior Appr. No:	
Units:	001		Fee Claimed:	\$40.35	I.C.	<input type="checkbox"/>
Co-Pay Code:				+	Comments: <div style="border: 1px solid gray; height: 100px; width: 100%;"></div>	
Co-Pay Amt:				+		
Remarks:				+		
Diag. Code:				+		
Hospital No:				+		
Capacity:	0 Dentist					
Referral:	1 Non-Referral					
Payee Number:	955555					

History
 Delete
 Save/
Duplicate
 Save
 Cancel

Case 6—Claim 1, Screen 2

Dental Claims: 955555 Dr. Steve Woods

Patient ID:	869 951 245 503	+	Birth Date:	1995/05/03	Tooth No:	
Surname:	Whalen		Prov:	NL	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Mary		Sex:	F	Income Support No:	
Service Date:	2010/10/14				Income Sup. File No:	
Fee Code:	862400		Radiographs-Periapical (one)	+	Prior Appr. No:	
Units:	001		Fee Claimed:	\$17.12	I.C.	<input type="checkbox"/>
Co-Pay Code:				+	Comments: <div style="border: 1px solid gray; height: 100px; width: 100%;"></div>	
Co-Pay Amt:				+		
Remarks:	65		PATIENT SEEN AS A RESULT OF	+		
Diag. Code:				+		
Hospital No:				+		
Capacity:	0 Dentist					
Referral:	1 Non-Referral					
Payee Number:	955555					

History
 Delete
 Save/
Duplicate
 Save
 Cancel

Case 6—Claim 3, Screen 2

Dental Claims: 955555 Dr. Steve Woods

Patient ID:	869 951 245 503	Birth Date:	1995/05/03	Tooth No:	11
Surname:	Whalen	Prov:	NL	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Mary	Sex:	F	Income Support No:	
Service Date:	2010/12/14			Income Sup. File No:	
Fee Code:	873100	Crowns, porcelain/ceramic		Prior Appr. No:	123456
Units:	001	Fee Claimed:	\$622.86	I.C.	<input type="checkbox"/>
Co-Pay Code:				Comments:	
Co-Pay Amt:					
Remarks:					
Diag. Code:					
Hospital No:					
Capacity:	0 Dentist				
Referral:	1 Non-Referral				
Payee Number:	955555				

History
 Delete
 Save/
Duplicate
 Save
 Cancel

Case 6—Claim 3, Screen 3

Dental Claims: 955555 Dr. Steve Woods

Patient ID:	869 951 245 503	Birth Date:	1995/05/03	Tooth No:	
Surname:	Whalen	Prov:	NL	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Mary	Sex:	F	Income Support No:	
Service Date:	2010/12/14			Income Sup. File No:	
Fee Code:	860500	Laboratory Fee		Prior Appr. No:	
Units:	001	Fee Claimed:	\$250.00	I.C.	<input type="checkbox"/>
Co-Pay Code:				Comments:	
Co-Pay Amt:					
Remarks:					
Diag. Code:					
Hospital No:					
Capacity:	0 Dentist				
Referral:	1 Non-Referral				
Payee Number:	955555				

History
 Delete
 Save/
Duplicate
 Save
 Cancel

8.2.7 Case 7—Surgical-Dental

Patient Chad Smith was involved in a motor vehicle accident in which he received a fractured mandible. Oral Surgeon, Dr. John White reduced the fracture on November 16, 2010.

Fee Codes Used and Fees Claimed by Dr. White:

- Fee Code 843340 at a rate of \$667.29.
- Diagnostic Code 802—to indicate “fracture of face bones”
- Referral Code 2—to indicate the patient was referred by another dentist or physician
- Hospital number—because the services are hospital based, the hospital number has been entered on the claim, in this case 0175 (Western Memorial Regional Hospital).

Case 7—Screen 1

Patient ID:	749 811 890 500	Birth Date:	1981/07/07	Tooth No:	
Surname:	Smith	Prov:	NL	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Chad	Sex:	M	Income Support No:	
Service Date:	2010/11/16			Income Sup. File No:	
Fee Code:	843340	Open Reduction (multiple), Mandible		Prior Appr. No:	
Units:	001	Fee Claimed:	\$667.29	I.C.	<input type="checkbox"/>
Co-Pay Code:				Comments:	
Co-Pay Amt:					
Remarks:					
Diag. Code:	0802	FRACTURE OF FACE BONES			
Hospital No:	0175	Memorial Hospital			
Capacity:	0 Dentist				
Referral:	2 Referred				
Payee Number:	933333				

8.2.8 Case 8(A)—Surgical-Dental with Specialist Assistant

In the previous example, Dr. White reduced a fractured mandible without assistance from an oral surgeon or other specialist. In this example, he had assistance from another specialist, Dr. Josh Green.

Fee Codes used and Fees Claimed by Dr. White:

- Fee Code 843340. Because a specialist assistant was required, the fee claimed must be claimed as 50% of the listed fee, \$667.24 X 150% (\$1000.94) = \$500.46. Each surgeon must bill this amount, \$500.46
- Diagnostic Code 802—to indicate “fracture of face bones”
- Referral Code 2—to indicate the patient was referred by another dentist or physician
- Hospital number—because the services are hospital based, the hospital number must be entered on the claim, in this case 0175 (Western Memorial Regional Hospital).

Case 8(A)—Screen 1

Dental Claims: 933333 Dr. John White

Patient ID:	429 540 015 014	Birth Date:	1954/01/01	Tooth No:	
Surname:	Hynes	Prov:	NL	M	<input type="checkbox"/> <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Helen	Sex:	F	Income Support No:	
Service Date:	2010/11/16			Income Sup. File No:	
Fee Code:	843340	Open Reduction (multiple), Mandible	+	Prior Appr. No:	
Units:	001	Fee Claimed:	\$500.46	I.C.	<input type="checkbox"/>
Co-Pay Code:			+	Comments: <div style="border: 1px solid gray; height: 100px;"></div>	
Co-Pay Amt:			+		
Remarks:			+		
Diag. Code:	0802	FRACTURE OF FACE BONES	+		
Hospital No:	0175	Western Memorial Hospital	+		
Capacity:	0 Dentist				
Referral:	2 Referred				
Payee Number:	933333				

History

Delete

Save/Duplicate

Save

Cancel

8.2.8 Case 8(B)—Surgical-Dental, Specialist Assistant

As previously stated in Case 8(A), Dr. Josh Green has been requested to assist Dr. White with a patient requiring an Open Reduction of Mandible.

Fee Codes used and Fees Claimed by Dr. Green:

- Fee Code 843340. Because a specialist assistant was required, the fee claimed must be claimed as 50% of the listed fee, \$667.29 X 150% (\$1000.94)= \$500.47. Each surgeon must bill this amount, \$500.47
- Diagnostic Code 802—to indicate “fracture of face bones”
- Capacity 1—because Dr. Green is the surgical assistant to Dr. White
- Referral Code 2—to indicate the patient was referred by another dentist or physician
- Hospital number—because the services are hospital based, the hospital number must be entered on the claim, in this case 0175 (Western Memorial Regional Hospital)

Case 8(B)—Screen1

Dental Claims: 966666 Dr. Josh Green

Patient ID:	429 540 015 014	+	Birth Date:	1954/01/01	Tooth No:	
Surname:	Hynes		Prov:	NL	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Helen		Sex:	F	Income Support No:	
Service Date:	2010/10/29				Income Sup. File No:	
Fee Code:	843340		Open Reduction (multiple), Mandible	+	Prior Appr. No:	
Units:	001		Fee Claimed:	\$500.47	I.C.	<input type="checkbox"/>
Co-Pay Code:				+	Comments:	
Co-Pay Amt:						
Remarks:				+		
Diag. Code:	0802		FRACTURE OF FACE BONES	+		
Hospital No:	0175		Memorial Hospital	+		
Capacity:	1 First Assistants for Surgical Procedure					
Referral:	2 Referred					
Payee Number:	966666					

History

Delete

Save/Duplicate

Save

Cancel

8.2.9 Case 9—Dental Specialist

Eight year old James Howse is referred to a Pedodontist, Dr. Jane Smith, for a grossly decayed molar. Dr. Smith determines that a metal prefabricated restoration is required (stainless steel crown).

Fee Codes used and Fees Claimed by Dr. Smith:

- Fee code 865600 is billed at \$170.47, tooth number 74
- Referral code '2' is used to indicate that the patient has been referred from another dental provider

Case 10—Screen 1

Dental Claims: 977777 Dr. Jane Smith

Patient ID:	419 992 780 504	Birth Date:	1999/10/04	Tooth No:	74
Surname:	Howse	Prov:	NL	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	James W.	Sex:	M	Income Support No:	
Service Date:	2010/09/23			Income Sup. File No:	
Fee Code:	865600	Primary Molar-Metal Prefabricated R		Prior Appr. No:	
Units:	001	Fee Claimed:	\$170.47	I.C.	<input type="checkbox"/>
Co-Pay Code:				Comments: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Co-Pay Amt:					
Remarks:					
Diag. Code:					
Hospital No:					
Capacity:	0 Dentist				
Referral:	2 Referred				
Payee Number:	977777				

History

Delete

Save/Duplicate

Save

Cancel

8.3 INDEPENDENT CONSIDERATION (IC) CLAIMS

Specific services are designated as billable on an “IC” basis only. Dentists and Oral Surgeons are required to identify claims for these services as IC and to provide additional applicable information, according to instructions in the Dental Payment Schedule or in this manual.

Services not listed in the Dental Payment Schedule, or for which a set fee is not listed, must be billed IC. For these services an IC claim must include:

- the time involved in direct continual attendance with the patient or in performing the procedure claimed, whichever applies
- a list of all examinations and procedures performed which are represented by the claim
- comparison in scope and difficulty of the procedure with other procedures listed in the Payment Schedule and
- a copy of the operative report along with the actual operating time for complex surgical procedures.

Examples of properly completed IC fields are shown on the pages which follow. Following these examples is a listing of the fee codes in the Dental Payment Schedule that must be marked IC, as well as the types of information required.

8.3.1 Case 1 Sample of IC—Surgical Dental—Extraction of Impacted Tooth

Patient Janice Green experienced recurrent bouts of infection involving an impacted tooth. An Oral Surgeon, Dr. White, received a referral from another dentist requesting that the tooth be surgically removed. Dr. White extracted that tooth on April 14, 2010 at the Western Memorial Regional Hospital.

Fee Codes Used and Fees Claimed by Dr. White:

- Fee Code 84062 at a rate of \$134.86.
- Diagnostic Code 523—to indicate “gingival and periodontal diseases”
- Referral Code 2—to indicate the patient was referred by another dentist or physician
- Tooth number—to indicate the tooth extracted
- Hospital number—because the services are hospital based, the hospital number has been entered on the claim, in this case 0213 (Central Newfoundland Regional Health Centre)
- I.C. field checked; comments required.

Case 1—Screen 1

Dental Claims: 944444 Dr. Bruce Legge

Patient ID:	369 760 455 500	Birth Date:	1976/02/14	Tooth No:	15
Surname:	Green	Prov:	NL	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Janice	Sex:	F	Income Support No:	
Service Date:	2010/04/14			Income Sup. File No:	
Fee Code:	840620	Extraction of Impacted Tooth	+	Prior Appr. No:	
Units:	001	Fee Claimed:	\$134.86	I.C.	<input checked="" type="checkbox"/>
Co-Pay Code:			+	Comments:	
Co-Pay Amt:				Patient experiencing recurrent infection involving impacted tooth.	
Remarks:			+		
Diag. Code:	0523	GINGIVAL AND PERIODONTAL DI	+		
Hospital No:	0213	Central NF Regional Hospital	+		
Capacity:	0 Dentist				
Referral:	2 Referred				
Payee Number:	944444				

8.3.2 Case 2 Sample of IC— Periapical X-Ray

An adult receiving Income Support, Debbie Young, visits Dr. Legge on July 9, 2010 with a severe toothache. Dr. Legge carried out an emergency examination and takes two periapical x-rays to determine the source of pain. Dr. Legge has made arrangements with MCP to have payments made to a dental clinic which is his employer.

Fee codes used and fees claimed by Dr. Legge:

Screen (1)

- Two periapical x-rays, fee code 86250, at \$22.44.
- Remarks Code 63 is required.
- The Income Support Number and Income Support File Number are required
- Since this service is not routinely covered for Income Support clients, an indication of 'Independent Consideration' is required as well as comments to support the need for this service.

Case 2—Screen 1

Dental Claims: 944444 Dr. Bruce Legge			
Patient ID:	899 672 095 507	Birth Date:	1967/07/27
Surname:	Young	Prov:	NL
Given Names:	Debbie	Sex:	F
Service Date:	2010/07/09	Tooth No:	
Fee Code:	862500	M	<input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Units:	001	Income Support No:	021406159
Co-Pay Code:		Income Sup. File No:	07140605
Co-Pay Amt:		Prior Appr. No:	
Remarks:	63	I.C.	<input checked="" type="checkbox"/>
Diag. Code:		Comments:	
Hospital No:		Patient in pain. Immediate need for periapical radiographs(2).	
Capacity:	0 Dentist		
Referral:	1 Non-Referred		
Payee Number:	001571		

History
Delete
Save/Duplicate
Save
Cancel

8.3.3 Case 3 Sample of IC—Dental Surgery, General Dentist Assisting

Dr. Brown (General Dentist) was asked to assist Dr. Black (Oral Surgeon) with a surgical dental case. Patient Holly Cole was having an osteotomy, maxilla, LeFort I procedure performed on September 30, 2010. As the dentist assisting with this procedure, Dr. Brown must submit his claims on an I.C. basis claiming 30% of the fee payable for the procedure performed. He billed for this service as per the sample claim attached.

Fee Codes and Fees Claimed by Dr. Brown:

- Fee Code 844500. Because an assistant was required, the fee claimed must be claimed as 30% of the listed fee, $\$1257.30 \times 30\% = \377.19 .
- Diagnostic Code 525—other diseases and conditions of the teeth and supporting structures.
- Referral Code 2—to indicate the patient was referred by another dentist or physician
- Capacity Code 1—to indicate Dr. Brown is assisting the procedure
- Hospital number 0264—because the services are hospital based, the hospital number must be entered on the claim, in this case 0264 (St. Clare's Hospital)
- Service date of 2010-09-30.
- Unit must be billed as 1.
- I.C. must be checked to indicate Independent Consideration is requested for this claim. Comments required.

Case 3,
Screen (1)

Dental Claims: 922222 Dr. Cindy Brown

Patient ID:	279 750 015 018	Birth Date:	1975/01/01	Tooth No:	
Surname:	Cole	Prov:	NL	M	<input type="checkbox"/> <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/>
Given Names:	Holly	Sex:	F	Income Support No:	
Service Date:	2010/09/30			Income Sup. File No:	
Fee Code:	844500	Osteotomy, maxilla, LeFort II		Prior Appr. No:	
Units:	001	Fee Claimed:	\$377.19	I.C.	<input checked="" type="checkbox"/>
Co-Pay Code:				Comments: Dr. Brown requested to assist Dr. Black.	
Co-Pay Amt:					
Remarks:					
Diag. Code:	0525	OTHER DISEASE AND CONDIT T			
Hospital No:	0264	St. Clare's Mercy Hospital			
Capacity:	1 First Assistants for Surgical Procedure				
Referral:	2 Referred				
Payee Number:	922222				

History
 Delete
 Save/
Duplicate
 Save
 Cancel

8.3.4 Requirements for Billing of Certain Fee Codes Indicated as IC

FEE CODE	IC INFORMATION REQUIRED
841780	As per Surgical-Dental preamble section 4.4.2.
842540	As per Surgical-Dental preamble section 4.4.2.
842640	As per Surgical-Dental preamble section 4.4.2.
842740	As per Surgical-Dental preamble section 4.4.2.
844160	As per Surgical-Dental preamble section 4.4.2.
845200	As per Surgical-Dental preamble section 4.4.2.
845520	As per Surgical-Dental preamble section 4.4.2.
845600	As per Surgical-Dental preamble section 4.4.2.
845620	As per Surgical-Dental preamble section 4.4.2.
845640	As per Surgical-Dental preamble section 4.4.2.
845660	As per Surgical-Dental preamble section 4.4.2.
845680	As per Surgical-Dental preamble section 4.4.2.
845700	As per Surgical-Dental preamble section 4.4.2.
846460	As per Surgical-Dental preamble section 4.4.2.
846820	As per Surgical-Dental preamble section 4.4.2.
847240	As per Surgical-Dental preamble section 4.4.2.
847300	Indicate fee code to which 40% applies.
847840	As per Surgical-Dental preamble section 4.4.2.
848060	As per Surgical-Dental preamble section 4.4.2.
848080	As per Surgical-Dental preamble section 4.4.2.

8.4 CODING SYSTEMS

The following coding systems are necessary for completion of claims—Remarks Codes, Diagnostic Codes, Hospital/Facility Codes.

8.4.1 Remarks Codes

The purpose of these codes is to indicate on the claim pertinent remarks regarding the claim being submitted. If a claim requires more than one Remarks Code, the details should be entered in the “Comments” section and the claim flagged as an “IC” claim. Some Remarks Codes are specific to certain services being rendered. Remarks Codes are listed below.

DENTAL REMARKS CODES

CODE	INTERPRETATION OF CODE	CODE	INTERPRETATION OF CODE
58	No permanent successor for deciduous tooth	71	Resubmission of previously cancelled claim
59	Patient has amelogenesis imperfecta	72	Congenitally missing tooth/teeth
60	Early eruption of tooth/teeth	73	Prior Approval requests to follow
61	RCT started prior to 13 th birthday	74	To check location of impacted tooth/teeth
63	Patient in pain	76	Urgent situation requiring immediate action
64	Infection present	77	Necrotic tooth
65	Patient seen as a result of trauma	78	Scaling to control purulent exudates
66	Follow-up visit to trauma	79	To check presence of supernumerary tooth/teeth
67	Not a duplicate service	80	To check possible tooth fracture
68	Panorex in lieu of multiple periapicals	81	To check eruption pattern
69	X-ray taken prior to extraction	83	To check vitality of tooth
70	X-ray taken prior to serial extractions		

8.4.2 Tooth Codes

The tooth codes which follow are the **International Tooth Identification System** of coding for teeth. These should be entered, if appropriate, on each claim submitted.

Tooth numbers must be entered on the claim in the tooth number field, and not in the comments field. This will ensure the correct information is transferred to patient history.

Claims which do not conform to the above system will be returned for correction. A separate claim must be submitted for each tooth treated.

PERMANENT DENTITION	
First Number on Patient's Upper Right Side 1 18 17 16 15 14 13 12 11	First Number on Patient's Upper Left Side 2 21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41 First Number on Patient's Lower Right Side 4	31 32 33 34 35 36 37 38 First Number on Patient's Lower Left Side 3
PRIMARY DENTITION	
First Number on Patient's Upper Right Side 5 55 54 53 52 51	First Number on Patient's Upper Left Side 6 61 62 63 64 65
85 84 83 82 81 First Number on Patient's Lower Right Side 8	71 72 73 74 75 First Number on Patient's Lower Left Side 7

8.4.3 Diagnostic Codes

Surgical dental claims submitted **must** contain a three digit diagnostic code based on the International Classification of Diseases (ICD-9) listing. These diagnostic codes are printed in a separate publication in both alphabetic and numerical sequence, and can also be found in Appendix 2—Diagnostic Codes. TeleClaim also includes a list of Diagnostic Codes.

8.4.4 Hospital Codes

Claims submitted for all services provided in hospital **must** contain the number of the hospital/facility where the work was done. The four digit hospital/facility number must be entered on the claim in the space provided. Hospital/facility numbers are shown in Appendix 3—Hospital/Facility Codes.

9. CLAIMS PROCESSING

This section outlines details of the claims payment process and related matters.

9.1 TIME LIMITS

Claims must be submitted within 90 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.

PLEASE DO NOT WAIT UNTIL THE DEADLINE. Claims may be sent to MCP in small or large batches, but we encourage dental providers to send batches to us at least twice a week. This allows MCP to process claims in a timely manner. Sometimes, providers save their batches and do not transmit the majority of their claims to MCP until the deadline for submissions (the cut-off date). If there is a problem with a batch, this may result in dental providers not receiving payment when it is expected.

9.2 CUT OFF AND PAY DATES

MCP has established twenty-six, two-week periods within the calendar year for the processing and payment of claims. Cut-off periods always end on a week day. Because a cut-off period cannot fall on a Statutory Holiday, a cut-off date that would, for example, fall on Monday May 19, 2008 (Victoria Day) would be moved ahead to the next day, Tuesday, May 20, 2008. Claims received after 3 p.m. on a cut-off date will be processed for payment in the next period. Claims processed in a two-week cycle are paid 21 days after the period cut-off. For example, if a cut-off date is Monday, July 7, 2008, the corresponding payment date would be Monday, July 28, 2008. A list of cut-off dates for the processing periods and the corresponding payment dates is published in a Newsletter shortly before the beginning of each calendar year. Access to MCP Newsletters is available on the internet at <http://www.health.gov.nl.ca/health/mcp/index.html> under the “Provider Information” link.

9.3 CLAIMS PROCESSING

The processing and payment of claims at MCP can be described in a series of steps or stages. The following is a brief overview:

9.3.1 Receipt

Every claim must have its own unique claim number. Within each claim (number), up to 99 items of service can be billed (99 lines). The computer automatically generates a claim and item number whenever a new claim item is keyed into the computer.

A collection of claims from one dental provider, submitted at the same time, is called a “batch”. Batches are commonly referred to as “files” in computer terminology and each file has its own file name. For example, the file number shown on this screen is 92222218.254.



Once a batch has been submitted, the computer generates a new claim number when data entry for the next batch has begun.

Files should contain the claims of one dental provider only. Several files, containing the claims of a number of dental providers may be grouped into one transmission.

When claim files are electronically sent to MCP, they are immediately acknowledged by a return message from the MCP computer. **Dental providers should ensure that an acknowledgement is received from the MCP computer when files are transmitted. If files are transmitted and an acknowledgement is not received, the transmission was, in all likelihood, not completed.** If this occurs, the transmission should be attempted again. If the second attempt fails, MCP should be contacted as soon as possible.

9.3.2 Validation

All claims are subjected to an extensive computerized validation process to detect any errors or omissions. Claims that do not pass the verification process are either rejected for review by MCP staff or returned to the dental provider. Other claims are returned to dental providers with instructions for correction and return.

9.3.3 Assessment

Claims which meet the validation criteria are subjected to a comprehensive computerized assessment process. In this process, the service is compared to other claims in each patient's history. Claims which do not meet the assessment criteria are either changed or cancelled automatically or are rejected for manual review by MCP staff. At this point, some manually assessed claims are reprocessed. Other claims are held while the dental provider is asked to provide clarification and/or additional information. Some claims are

returned as not payable because of General Preamble provisions.

During this stage, claims meeting the assessment criteria are added to each patient's claims history for use in the assessment of future claims.

9.3.4 Payments

In the payment step, the claims processed during the payment period are tabulated to produce bank deposits and remittance statements for each provider. Also, during this stage several management and control reports are produced for internal control at MCP.

Remittance statements are available through the electronic claims system. They can be retrieved electronically at any time once posted or upon the next claim file submission.

9.4 CLAIM REQUESTS AND NOTICES

9.4.1 Claim Categories

Claims received at MCP are entered into a computerized processing system where they are subjected to extensive validation and assessment criteria. Those claims which do not meet one or more of the validation rules are rejected for review by MCP staff. During the normal review, many of the claim items are corrected or judgement is exercised and the items are processed for payment.

Certain claims, because of errors or omissions, or due to the nature of the service claimed, require further information from the dental provider. These may be categorized as follows:

- Claims which have essential data missing are incomplete or contain errors. These are usually detected at the validation stage.
- Claims which do not pass our computerized assessment rules—where the Claims Assessor feels additional supporting information or clarification is required.
- Claims which were processed and accepted for payment recently which now are questioned because additional claims have been presented for that patient.

9.4.2 Turn Around Documents (TAD's)—Request for Information

Notices are produced for those claim items for which additional information is requested. These TADS, which MCP sends electronically or in paper form, contain the following:

- The dental provider's name and number.
- The date issued.
- The reason for the information request. This will consist of a Reason Code and a brief explanation of what is incorrect or why the information is requested.
- The claim item is printed as it appeared on the claim.
- Space is available for dental provider's comments in which additional information may be entered to support the claim or provide clarification.
- The name and/or division of the MCP staff member who sent the document. Any queries should be directed to his/her attention.

The necessary corrections, clarification, etc. should be entered as appropriate and returned to MCP as soon as possible.

A second, final request will be sent if a response is not received within 60 days. If there is no response to the second request after a further 30 days, the claim items will be cancelled or recovered. **It is in a dental provider's best interest** to respond promptly to requests for information. When claim items are cancelled or recovered as a result of "no response" to the request, the dental provider will be notified by letter.

In this example, the claim was submitted to MCP with the Patient ID number incorrect. The dental provider's office must enter the number in the usual location and resend.

Dental TAD - Request for Additional Information - 922222 Dr. Cindy Brown

Claim No:	0000658	Item:	92	Create Date:	2008/09/03	Tooth No:	00	<input type="checkbox"/> Attachments to Follow
Patient ID:	589 852 480 013					M	<input type="checkbox"/> O	<input type="checkbox"/> D
Surname:	O'Brien					V	<input type="checkbox"/> L	
Given Names:	Ian					Income Support No:	000000000	
Service Date:	2008/08/26					Income Sup. File No:	00000000	
Fee Code:	863550					Prior Appr. No:	000000	
Units:	001	Fee Claimed:	\$16.19			MCP Contact		
Co-Pay Code:	0					Name:	Dental Division (01)	
Co-Pay Amt:	\$0.00					Phone No:	(709) 292-4048	
Remarks:	00					Reasons		
Diag. Code:	0000					007-PATIENT NUMBER IS NOT ON FILE. PLEASE SUPPLY THE CORRECT NUMBER OR HAVE PATIENT REGISTER.		
Hospital No:	0000					MCP Remarks		
Capacity:	0 Dentist							
Referral:	1 Non-Referred							
Payee Number:	922222							
I.C.	<input type="checkbox"/>							
Comments:								

9.4.3 Turn Around Document (TAD)—Notice of Cancellation

In certain cases, MCP may find it necessary to cancel a claim item. When this occurs, the dental provider will receive a Notice of Cancellation. If the situation is such that information can be provided to support the reinstatement of the claim, this should be done in the same manner as is outlined under the preceding section—Requests for Information.

When notices of cancellation are received, the dental provider's record of outstanding claim items should be updated accordingly. This will eliminate subsequent queries to MCP to determine why the claim has not been paid. This procedure applies both to records contained in a computerized claim system and paper claim records.

In this example, the dental provider's office inadvertently billed MCP twice for the same service.

Dental TAD - Cancellation - 922222 Dr. Cindy Brown

Claim No:	0000658	Item:	16	Create Date:	2008/09/03	Tooth No:	00
Patient ID:	419 992 780 504			M	<input type="checkbox"/>	O	<input type="checkbox"/>
Surname:	Howse			D	<input type="checkbox"/>	V	<input type="checkbox"/>
Given Names:	James			L	<input type="checkbox"/>		
Service Date:	2008/08/21			Income Support No:	000000000		
Fee Code:	863500			Income Sup. File No:	00000000		
Units:	001	Fee Claimed:	\$5.39	Prior Appr. No:	000000		
Co-Pay Code:	0			MCP Contact			
Co-Pay Amt:	\$0.00			Name:	Dental Division (02)		
Remarks:	00			Phone No:	(709) 292-4048		
Diag. Code:	0000			Reasons			
Hospital No:	0000			504-YOU WERE PAID FOR A PROPHYLAXIS IN THE PREVIOUS/SUBSEQUENT 12 MONTHS			
Capacity:	0 Dentist			MCP Remarks			
Referral:	1 Non-Referred						
Payee Number:	922222						
I.C.	<input type="checkbox"/>						
Comments:							

☐ Attachments to Follow
 Display/Print
 View History
 Delete
 Save
 Close

9.5 METHOD OF PAYMENT

Dental providers are paid via electronic bank deposit. Under this method, the payment for the period is transferred electronically to a bank of the dental provider's choice. The funds are deposited on the published payment date.

9.6 UNPAID CLAIM INQUIRIES

Outlined below are procedures to follow in making enquiries on unpaid claims. These have been designed to expedite MCP's response to your enquiries:

- Before enquiring, check Remittance Statements to ensure the item(s) have not already been paid. (Refer to Section 9.8—Remittance Statement for explanation and example.)
- Check correspondence from MCP to ensure the item(s) have not been returned previously or are cases where MCP has requested additional information which has not been sent.
- Send enquiries to the attention of Claims Processing with the item(s) queried clearly indicated. Enquiries without proper information will be returned unchecked. (Electronically produced lists should be double spaced, claim item(s) in numeric order by claims and by item within claim number, and have patient name, PIN, date of service, fee code, and fee claimed.)
- Wait until four payment periods have elapsed since the claim submission date before making an enquiry. Enquiries must then be submitted within one month of the expiration of the waiting period.

9.7 CLAIM APPEAL PROCEDURES

Dental providers have the right to request a review of claim assessment decisions directly to MCP. Most matters related to the settlement of claims can be resolved by contacting Claims Processing/Assessing. Failing resolution at this level, the claims will be referred to Management. Issues which are not resolved at this level will be taken to the Dental Monitoring Committee. When requesting a claim assessment review, dental providers should quote the claim number and line item number as indicated on the Remittance Statement.

9.8 REMITTANCE STATEMENT—ELECTRONIC MEDIA

Remittance Statements are placed in a computer file which the dental providers may retrieve via telephone link with MCP's computer system. The statement on the MCP computer system may be retrieved when claims are submitted or by a connection to MCP made solely to retrieve the Remittance file.

These electronic Remittance Statements consist of two separate computer files.

9.8.1 Text remittance statements include the full information as follows, a text file which the dental provider is able to display and/or print on a computer. It should be printed, acted upon as necessary, and retained as a permanent record of MCP claim and other activity. An example is shown at the end of this section.

- **Bulletins and Messages**—This section contains information that MCP wishes to distribute to dental providers.
- **Legend of Standard Claim Reason Codes**—Claim items paid for an amount or with a fee code different than that claimed, have a Reason Code shown opposite that item on the Remittance Statement. These Reason Codes have been inserted automatically by our computerized assessment process or by an Assessor in Claims Processing. Commonly used explanations are called “Standard Claim Reason Codes”. If the Reason Code does not provide a satisfactory explanation, or, if there is a problem with the results of the assessment, queries should be directed to the Assessing Division of the Claims Department.
- **Legend of Special Claim Reason Codes**—Claim items paid for an amount or with a code different than that claimed have a Reason Code shown opposite that item on the Remittance Statement. When the explanation provided is not commonly used, Reason Code **999** will appear on the statement opposite that item. You will find the explanation for this “Special Claims Reason Codes” listing under the claim number concerned.
- **Summary Recap**—This is a summary of the amounts of claims paid. There are three categories of assigned payment arrangements:
 - claims for services performed by the dental provider and paid to the dental provider;
 - claims for services performed by the dental provider and paid to another dental provider or institution;
 - claims submitted by another dental provider and paid to you as the payee.

These payments to and from other dental providers only appear when the assigned

payment arrangements are in place with MCP.

- **Financial Adjustments Total**—This is a total of any financial adjustments and a final total of the payment for the period.

Example of Text Remittance Statement

```

_mcpqf2_APP_TELECL~2_Dental_TX[1].txt - Notepad
File Edit Format View Help

REPORT R621BV01      MCP INFORMATION SYSTEM      PROGRAM NO. L62150BV
DATE: 08/08/15      PROVIDER'S REMITTANCE STATEMENT  PAGE NO. 1
                      B U L L E T I N S           SEQ NO. 372

*****

NOTE: ANY QUERIES REGARDING MCP REMITTANCE
STATEMENTS SHOULD BE DIRECTED TO (709)292-4013

ON APRIL 1, 2008 MCP WILL APPLY A 3.02% INCREASE
TO SPECIALISTS CLAIMS PROCESSED WITH A DATE OF
SERVICE ON OR AFTER APRIL 1, 2008. GP'S WILL
CONTINUE TO RECEIVE THE 2% INCREASE CURRENTLY IN
PLACE. THE ON-CALL PER DIEMS AND THE GP FEE CODE
139 ARE EXEMPTED FROM THIS MOU INCREASE.

REPORT R621BV01      MCP INFORMATION SYSTEM      PROGRAM NO. L62150BV
DATE: 08/08/15      PROVIDER'S REMITTANCE STATEMENT  PAGE NO. 5
                      LEGEND OF STANDARD CLAIM REASON CODES  SEQ NO. 376
PAY PERIOD: 2008 11  PAYMENT DATE: 2008 08 25  CUTOFF DATE: 2008 08 05
PROVIDER NUMBER: 922222  DR CINDY BROWN

REASON
CODE  DESCRIPTION
-----
780  RECOVERED AS PER YOUR REQUEST
950  ADJUSTED AS PER YOUR REQUEST
NUMBER OF REASON CODES: 2

REPORT R621BV01      MCP INFORMATION SYSTEM      PROGRAM NO. L62150BV
DATE: 08/08/15      PROVIDER'S REMITTANCE STATEMENT  PAGE NO. 6
                      SUMMARY RECAP                  SEQ NO. 377
PAY PERIOD: 2008 11  PAYMENT DATE: 2008 08 25  CUTOFF DATE: 2008 08 05
PROVIDER'S NO. 922222  NAME  DR CINDY BROWN
                      DENTIST
                      PO BOX 1111
                      BELFORTE NL
                      A0A0A0
                      - ASSIGNED TO OTHERS- --- CHEQUE/DEPOSIT ---
                      TRANSACTIONS  AMOUNT  TRANSACTIONS  AMOUNT
PERFORMED BY PROVIDER:
PAID TO SELF:                      7 $      282.76
PAID TO PROVIDER:
PERFORMED BY 933333                1 $      16.19
PERFORMED BY 944444                2 $      53.31
TOTAL PAID BY OTHERS:              3 $      69.50
PAYMENT AMOUNT:                    10 $     352.26

THIS IS A NOTIFICATION OF PAYMENT BY DEPOSIT  0

```

9.8.2 The Remittance Detail Report consists of the detailed claims paid. This section, called a **Reconciliation Report**, contains information on claim items processed for payment within the processing cycle. There are normally one or more pages listing claim items submitted by a dental provider and paid to that same dental provider. It may also contain pages which list claims submitted by one dental provider and paid to another dental provider under assigned payment. Each group of claims in the three categories listed in the Summary Recap will be listed separately. The totals of each group are listed in the Summary Recap.

Example of a Remittance Statement (Reconciliation Report)

Reconciliation Report - Detailed

Zoom 100%

Remittance Detail for a Selected Payee 2008/09/16 - Provider 922222 - E1922222.811 Pay Date: 2008/08/25 Year: 2008 Period: 11

Claim	Fee Code	Fee Paid	Service Date	Premium		Reason Code	Payee	Recon Code
				Code	Paid			
0000001-01	867700	-\$52.95	2008/05/01	00	\$0.00	950	922222	MA - Matched with Amount
0000002-01	861150	\$36.36	2008/07/18	00	\$0.00	0	922222	EM - Exact Match
0000002-02	861150	\$36.36	2008/07/15	00	\$0.00	0	922222	EM - Exact Match
0000002-03	864300	\$83.41	2008/07/16	00	\$0.00	0	922222	EM - Exact Match
0000002-04	866160	\$40.64	2008/07/19	00	\$0.00	0	922222	MC - Matched with Record Changed
0000002-05	864200	\$55.53	2008/07/19	00	\$0.00	0	922222	EM - Exact Match
0000003-01	864300	\$83.41	2008/07/14	00	\$0.00	0	922222	EM - Exact Match
0000102-10	863550	\$16.19	2008/07/15	00	\$0.00	0	922222	UM - Unmatched
0000032-03	861100	\$26.45	2008/07/19	00	\$0.00	0	922222	UM - Unmatched
0000032-09	863500	\$26.86	2008/07/15	00	\$0.00	0	922222	UM - Unmatched

Total # Claims: 10

Total Amt Paid: \$352.26

Total Prem Paid: \$0.00

Pages: 1

10. AUDIT OF CLAIMS

10.1 OVERVIEW

This section has been included to provide a brief overview of MCP Dental Audit practices, policies, and procedures.

The main audit program in the Audit Services Division as it relates to Dental Services is comprised of three components: 1) Preliminary Audits; 2) Comprehensive Audits; and 3) Beneficiary Verification Audits. The first two investigate and corrects potential misbillings while the third is a confirmation that the beneficiary has received the service.

Dentists are entitled to payment for services which are rendered and appropriately recorded. The purpose of auditing a dentist's billing is to verify that services were paid in accordance with the rates and regulations specified in the MCP Dental Health Plan Payment Schedule.

Dental Audit is based primarily on the documentation contained in the dentist's record of service. In cases where specific elements of record/documentation requirements are specified in the Payment Schedule Preamble but do not appear in the patient's record of service, that element of service is deemed not to have been rendered and the fee component represented by that element is not payable.

In addition to the record of service, the Audit Services Division will also consider several other audit factors which include, but are not limited to, such items as, patterns of servicing, and information supplied by beneficiaries as well as other individuals.

The following description of the Dental Audit Program covers general dental audit procedures. There may be slight deviations to these procedures at times to allow for specific peculiarities of individual audits.

10.2 DENTAL AUDIT PROGRAM

10.2.1 Audit Initiation Indicators

Audits can be initiated based on the following indicators:

10.2.1.1 Beneficiary Verification Audits

This involves the random selection of claims on a regular basis and the sending of confirmation letters/questionnaires to beneficiaries for verification of recent

services. Audit verification is performed using a methodology which ensures that a sample of services billed by all dentists will be verified on a continual basis.

Whenever a discrepancy exists between the service billed and the information supplied by the beneficiary, the Audit Services Division may request the record of service from the dentist. Based upon the findings of a verification audit, an audit may proceed to the Dental Audit Program.

10.2.1.2 Complaints or Voluntary Information

Occasionally, the Audit Services Division receives complaints regarding the billings or pattern of practice of a particular dentist from a number of sources (eg. beneficiaries, other dentists, etc). These complaints are reviewed in conjunction with all available information. Records of service or other information may be requested from the dentist. After the review of this information, it may be decided to proceed to the Dental Audit Program.

10.2.1.3 Audits of Targeted Fee Codes

Such audits are initiated when certain services appear to be subject to widespread misinterpretation or incorrect billing. These audits are an important means by which Payment Schedule rules and definitions may be clarified, reviewed, and improved.

10.2.2 Preliminary Audit

As a result of any one or more of the preceding audit initiation indicators, a preliminary audit may be commenced. A small sample of claims for the service item in question is randomly selected for review. Dentists will be asked to provide copies of their records of service to substantiate their claims.

After the review of these records is completed, if no or insignificant amounts of misbilling is found, the audit is closed and the dentist is notified of the findings of the audit. Where minor billing errors have occurred, payment adjustments may be made.

10.2.3 Comprehensive Audit

As a result of any one or more of the preceding audit initiation indicators or a preliminary audit, a comprehensive audit may be commenced. The size of the sample is determined by a statistical formula. The period of audit for the comprehensive stage is normally two years. Dentists will be asked to provide copies of their records of service to substantiate their

claims.

Depending on the situation, records can be obtained by two means. The dentist may be required to provide photocopies of the sampled records of service. These copies can be mailed or hand delivered to the Audit Services Division within the time limit specified on the request.

Where necessary, the Audit Services Division may deem it necessary to retrieve the sampled records of service on-site by a team of audit staff. During the course of an On-Site Audit, the audit team retrieves and copies sampled records of service from the patient charts and depending on the situation, may interview selected beneficiaries, interview the dentist's staff, and perform other actions as deemed appropriate.

The records of service obtained by either method are reviewed by the Audit Services Division in conjunction with the Dental Director.

If the records combined with any other supporting evidence substantiate the dentist's billings, the audit is closed and the dentist is notified of the findings. In cases where a small percentage of misbilling is found, a direct recovery (claims adjustment) is made and the dentist is given instructions on proper billing procedures either by letter or in person.

If there is significant misbilling, the findings are extrapolated over the population of claims under audit and the dentist is notified of the audit findings.

At the discretion of the Audit Director, some cases may be presented to the Dental Monitoring Committee (DMC) for their recommendations.

10.3 DENTIST INTERVIEW

Before the information obtained in the comprehensive stage of the audit is finalized or presented to the DMC, dentists under audit may be contacted and requested to attend an Interview. At this interview, the Manager of Medical Audit and Compliance and the Dental Director discuss the issues which were found during the course of the audit. Dentists are offered the opportunity to respond to these issues by providing explanations and further information.

If the case is to go to the DMC, the Audit Services Division will inform the dentist of his/her right to make a written submission to be presented to the DMC for their consideration.

10.4 DENTAL MONITORING COMMITTEE (DMC)

Where significant service pattern deviations occur and substantial numbers of claims cannot be supported by record notations, or where significant discrepancies are detected, such cases may be referred for professional review by the DMC.

This Committee's mandate is to assess and make recommendations with regard to cases of dentist inappropriate billing.

10.5 NOTIFICATION OF RECOVERIES

The recommendations of the Audit Services Division are presented to the Minister of Health and Community Services. Where the Minister finds that an inappropriate pattern of practice exists or that certain services have been improperly billed or cannot otherwise be substantiated, the Audit Services Division may be issued a Ministerial Order instructing them to notify the dentist of the Department's intention to undertake a recovery of funds.

Recovery periods are normally two years but may vary depending upon any or all of the following factors:

- effective date of Payment Schedule conditions, legislative provisions or other agreements
- effective date of commencement of practice
- effective date of commencement of billing for service(s) in question; and legal time limitations

The actual amount to be recovered will be based upon the percentage of unsubstantiated claims within a statistically valid sample of all claims for one or more fee codes during the audit period and extrapolated to the population.

Should the audit findings indicate fraudulent activity, the Audit Services Division consults with the Justice Department who may in turn request a police investigation.

Should the audit findings indicate practices unbecoming a dentist or practices which endanger the public, the Audit Services Division reports its findings to the Newfoundland and Labrador Dental Licensing Board.

It should be noted that other penalties may also be applied in accordance with the *Medical Care Insurance Act*. These are as follows:

- imposing a ten percent financial penalty
- deeming the dentist to be non-participating
- reducing the amount payable for insured services

10.6 ALTERNATE DISPUTE RESOLUTION (ADR) PROCESS

Alternate Dispute Resolution is an alternative for resolving issues between the Audit Services Division and the dentist.

It is the intent of the Audit Services Division to:

- encourage a cooperative climate
- achieve fair and appropriate settlements, and
- avoid the excessive financial, psychological, and procedural costs associated with formal court proceedings.

As outlined in the notification letter, ADR must be requested by the dentist within thirty (30) days from the date of the notification letter.

The ADR Process has a maximum ninety (90) day time limit from the date of the first ADR meeting.

In the event that an agreement is reached, any adjustments to the recovery amount will be made accordingly. The audit will then proceed to the recovery stage as part of the ADR agreement. The dentist will waive the right to appeal the audit findings to the Audit Review Board.

If a mutually acceptable agreement is not reached within the ninety (90) day time limit, the conclusions and recovery amount stand and the audit will proceed to either recovery or a hearing before the Audit Review Board.

10.7 HEARING BY AUDIT REVIEW BOARD

In accordance with the *Medical Care Insurance Act*, upon notification of intent to proceed with a recovery, the dentist in question may make written representation of his/her position and request a hearing before a Review Board.

The Review Board shall consist of three (3) members nominated from a review panel consisting of up to fifteen (15) members (Section 15(7) of the Medical Care Insurance Act 1999). One (1) member is appointed by the Minister, one (1) member is appointed by the dentist under audit, and the remaining third member is jointly appointed by the Minister and the dentist. Where the Minister

and the dentist cannot agree on the joint member, the last person rejected by either of them shall be considered to be their nominee.

The members of the Board are selected from a Review Panel of up to fifteen (15) members who are appointed by the Lieutenant-Governor in Council. Five (5) of these members are physicians and two (2) of these members are dentists. They are selected from lists of nominees provided by the NLMA and the NLDA respectively.

At the Hearing, the dentist, witnesses (if any), the NLDA, and the Audit Services Division present oral and documentary evidence. The Committee considers all of this information and presents a written report with recommendations to the Minister.

10.8 MINISTERIAL ORDER

After considering the representations made by the NLDA, the report of the Review Board (if a hearing was held), the recommendations made by the DMC (if any) and the recommendations of the Audit Services Division, the Minister may:

- withhold from the dentist all or part of the money which has been claimed
- estimate and impose on the dentist a penalty of an amount not exceeding the amount of a loss sustained by the Crown together with 10% of the amount of the loss
- consider the dentist to be non-participating for the purposes of the Act either permanently or for the period specified in the order
- reduce the amount payable to a participating dentist for insured services by a percentage for a period specified in the order.

10.9 APPEAL TO SUPREME COURT TRIAL DIVISION

A dentist aggrieved with the Ministerial Order may file notice of appeal within sixty (60) days from the date on the Ministerial Order to a judge of the Supreme Court (Trial Division). Within fourteen (14) days after servicing this notice of appeal, the dentist shall apply to the judge for the appointment of a day for the hearing of the appeal.

The Minister shall produce all papers and documents in his/her possession relating to the audit to the judge. The judge will hear the appeal and the evidence brought forward by the dentist, Crown and the Minister. After considering all factors, the judge may:

- uphold the Ministerial Order
- amend the Ministerial Order

- revoke the Ministerial Order, or
- make another decision as deemed appropriate

Further appeal may be made to the Court of Appeal and the Supreme Court of Canada.

10.10 DENTAL CLAIMS AUDIT PROCESS—FLOW CHART

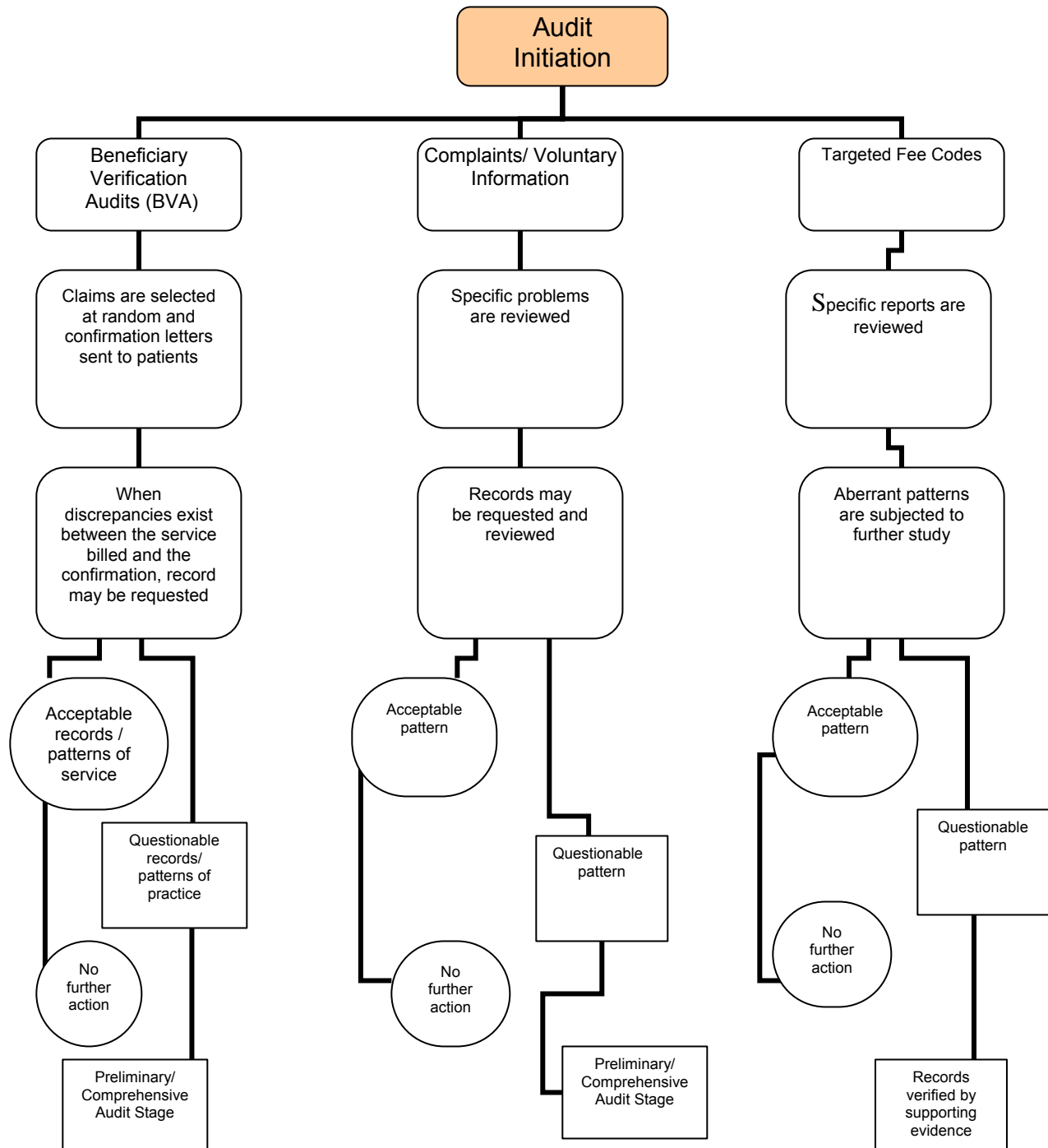
The following flow chart has been prepared in an attempt to present pictorially in logical sequence, the various steps and actions which are normally followed in relation to audits of dental claims.

Where exceptional circumstances apply, the procedures or investigative methods outlined in these charts may be modified to some extent.

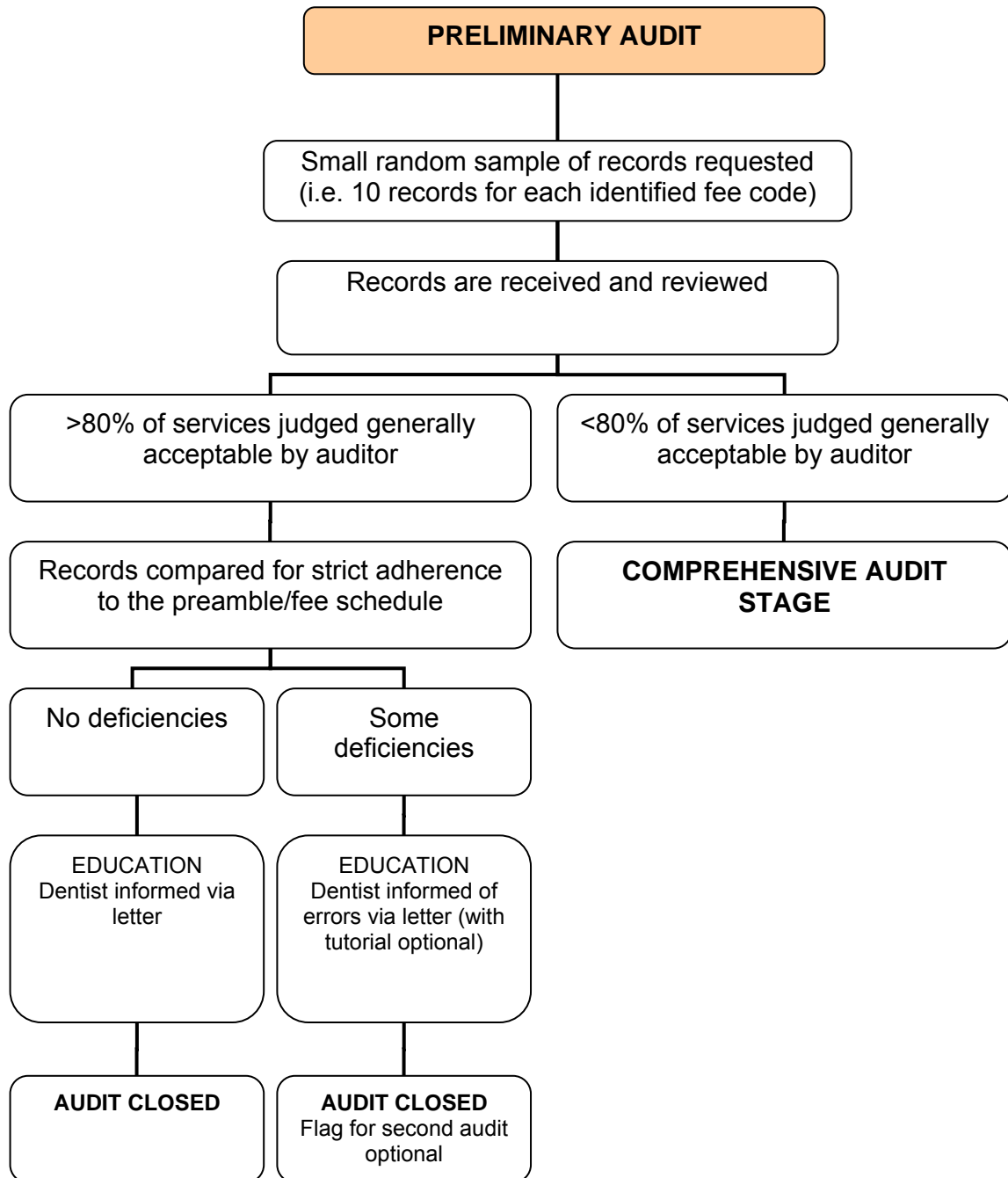
Provider Dental Audit Program

- 1. AUDIT INITIATION**
- 2. PRELIMINARY AUDIT STAGE**
- 3. COMPREHENSIVE AUDIT STAGE**
- 4. DENTAL PROVIDER INTERVIEW**
- 5. DENTAL MONITORING COMMITTEE (DMC)**
- 6. NOTIFICATION**
- 7. ALTERNATE DISPUTE RESOLUTION (ADR)**
- 8. HEARING BY AUDIT REVIEW BOARD**
- 9. MINISTERIAL ORDER**
- 10. APPEAL TO SUPREME COURT**

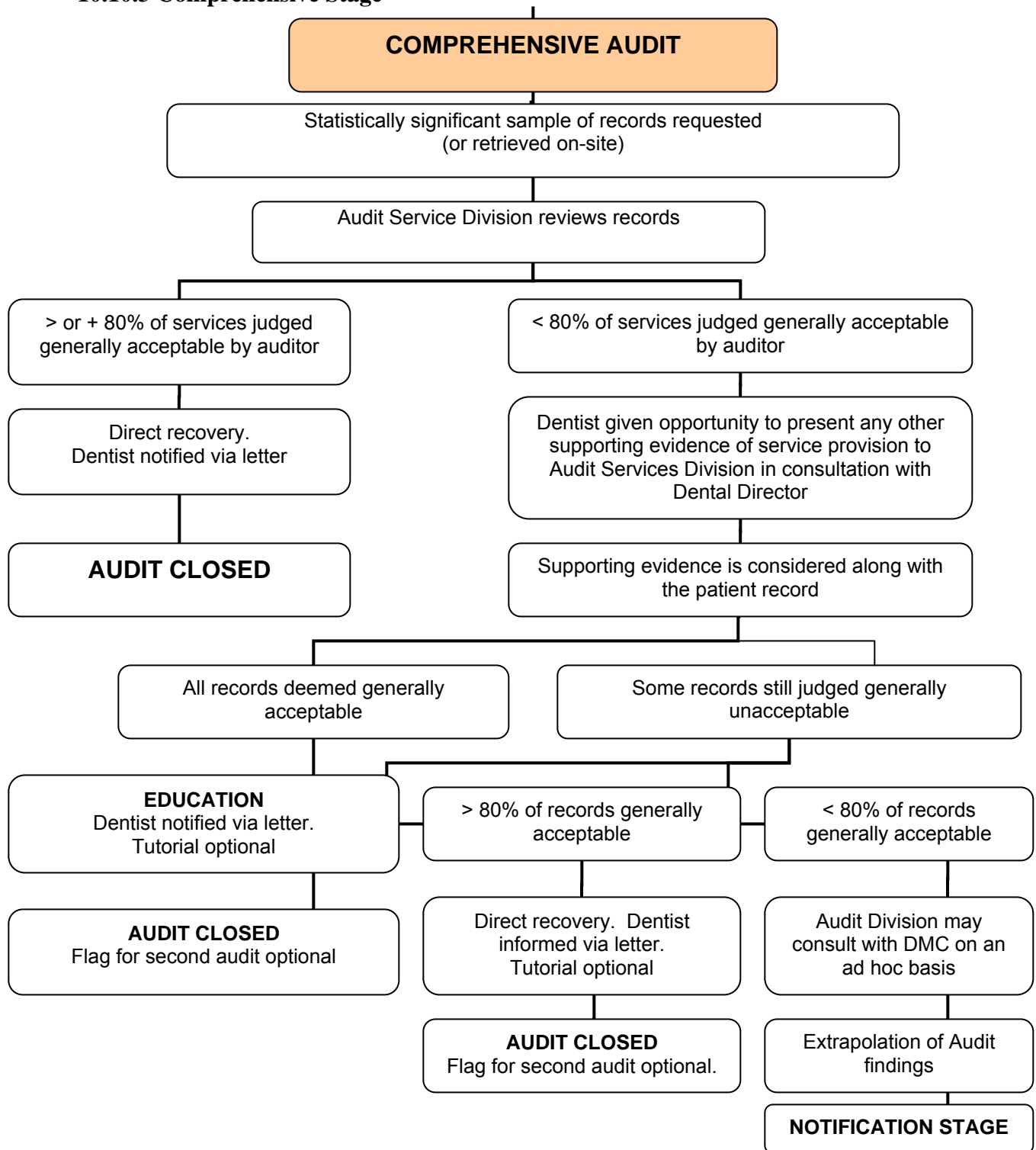
10.10.1 Audit Initiation



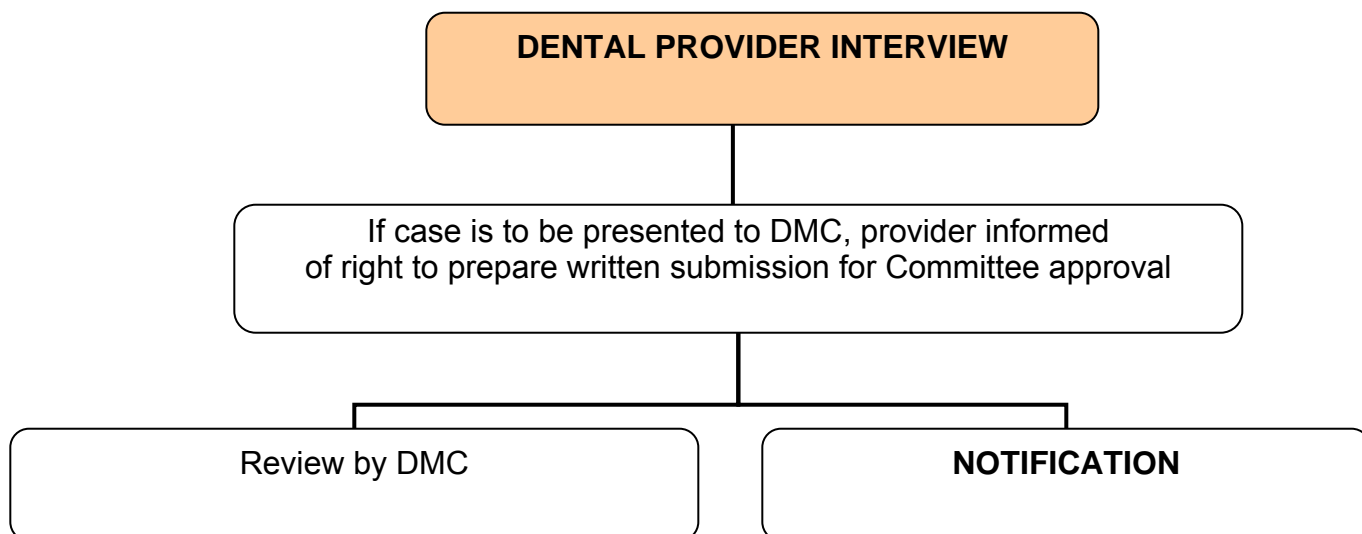
10.10.2 Preliminary Audit Stage



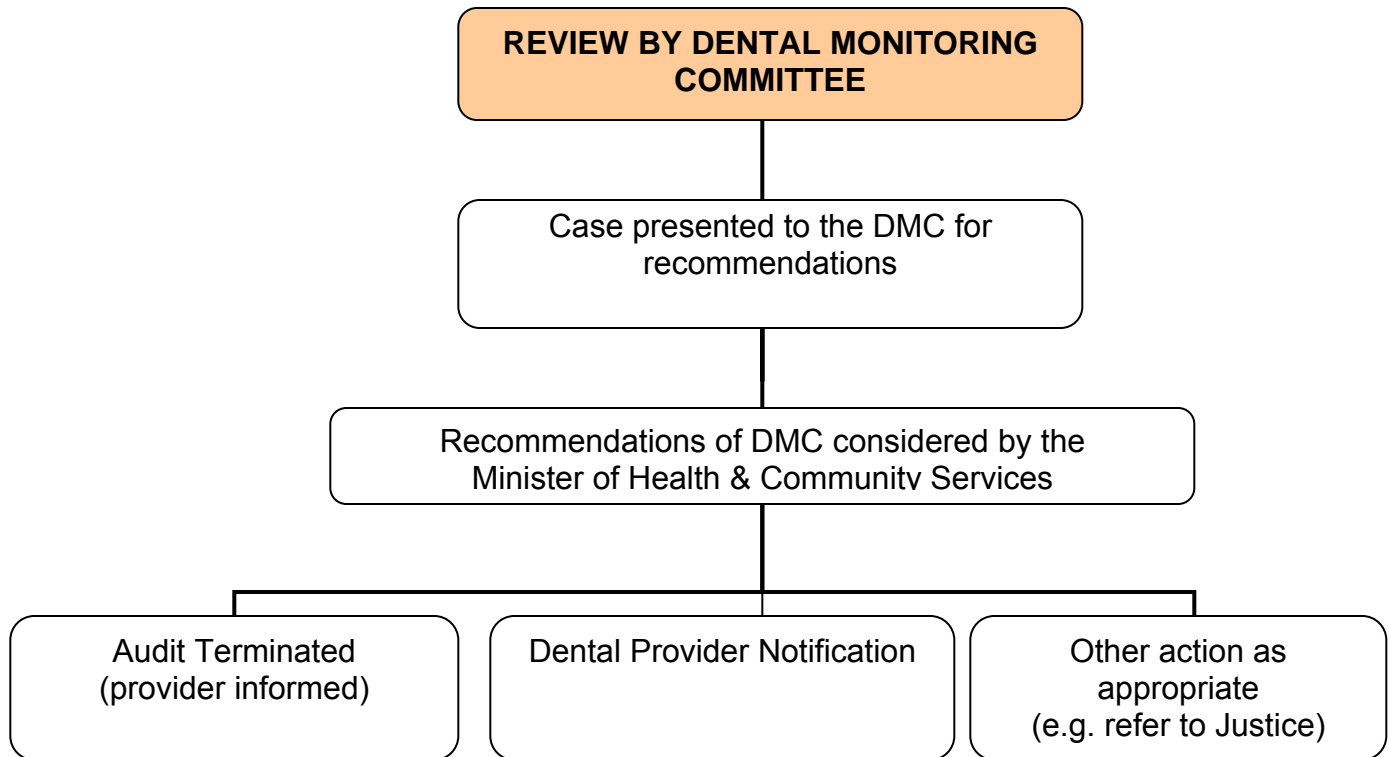
10.10.3 Comprehensive Stage



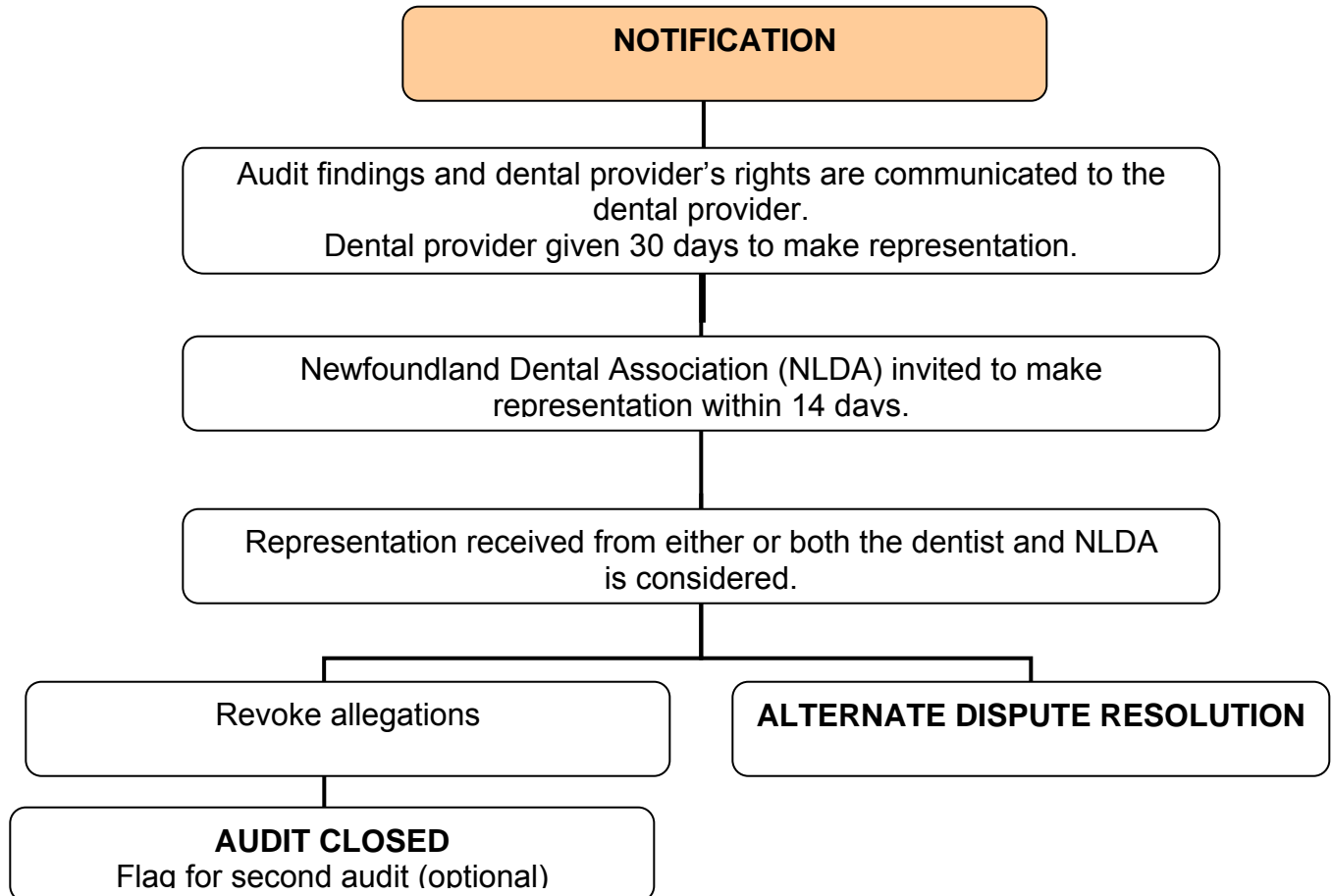
10.10.4 Dental Provider Interview



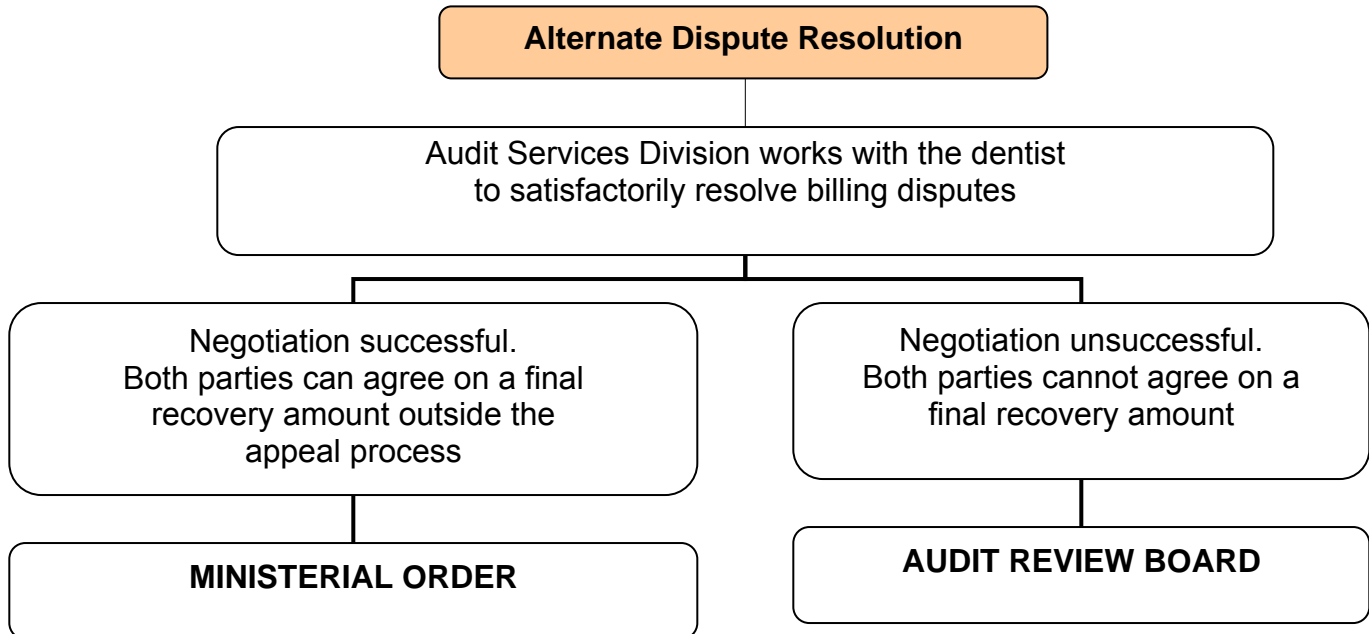
10.10.5 Review by the Dental Monitoring Committee (DMC)



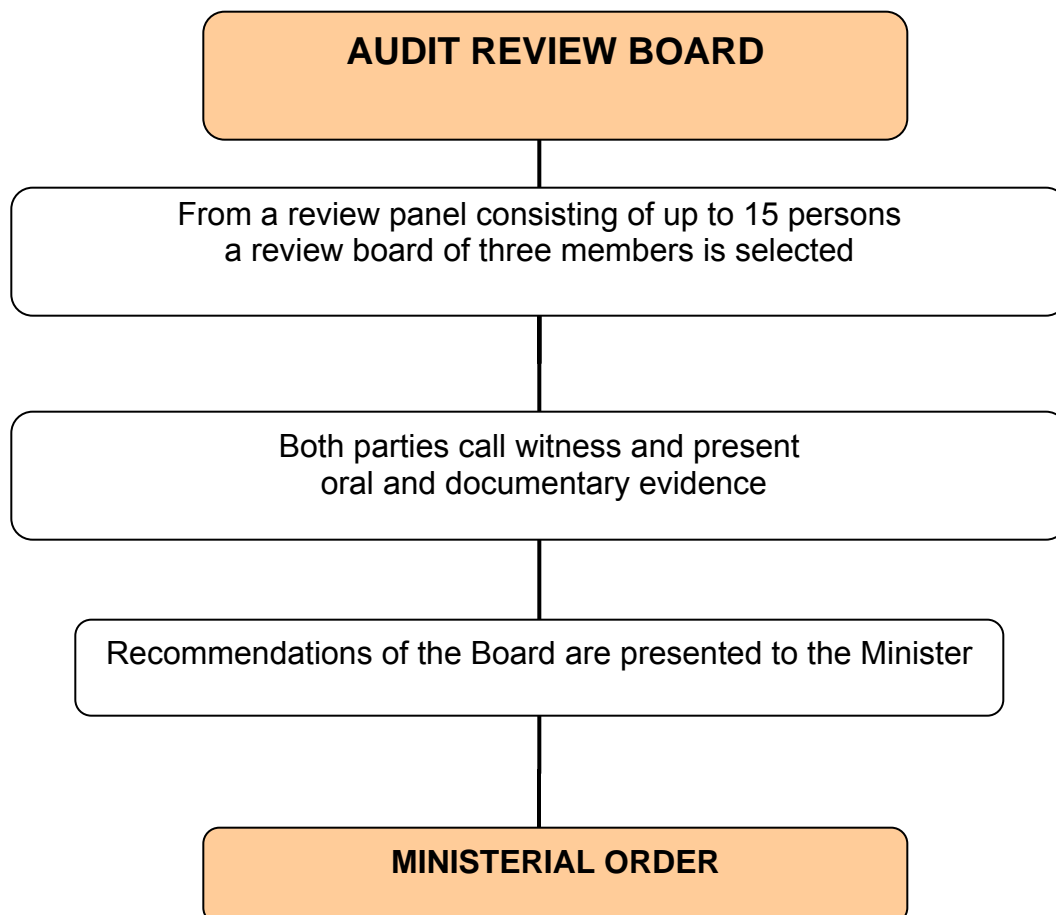
10.10.6 Notification



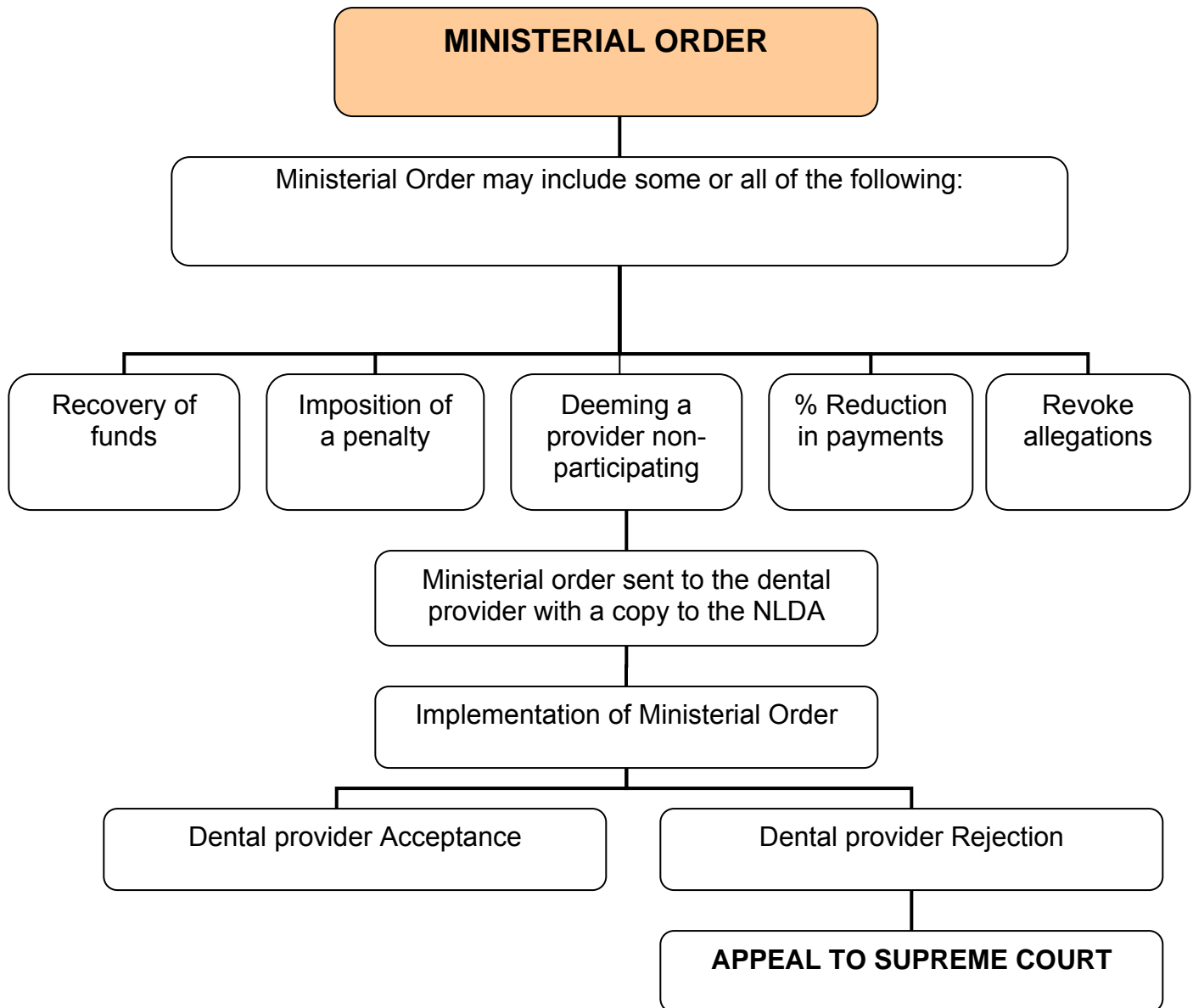
10.10.7 Alternate Dispute Resolution (ADR)



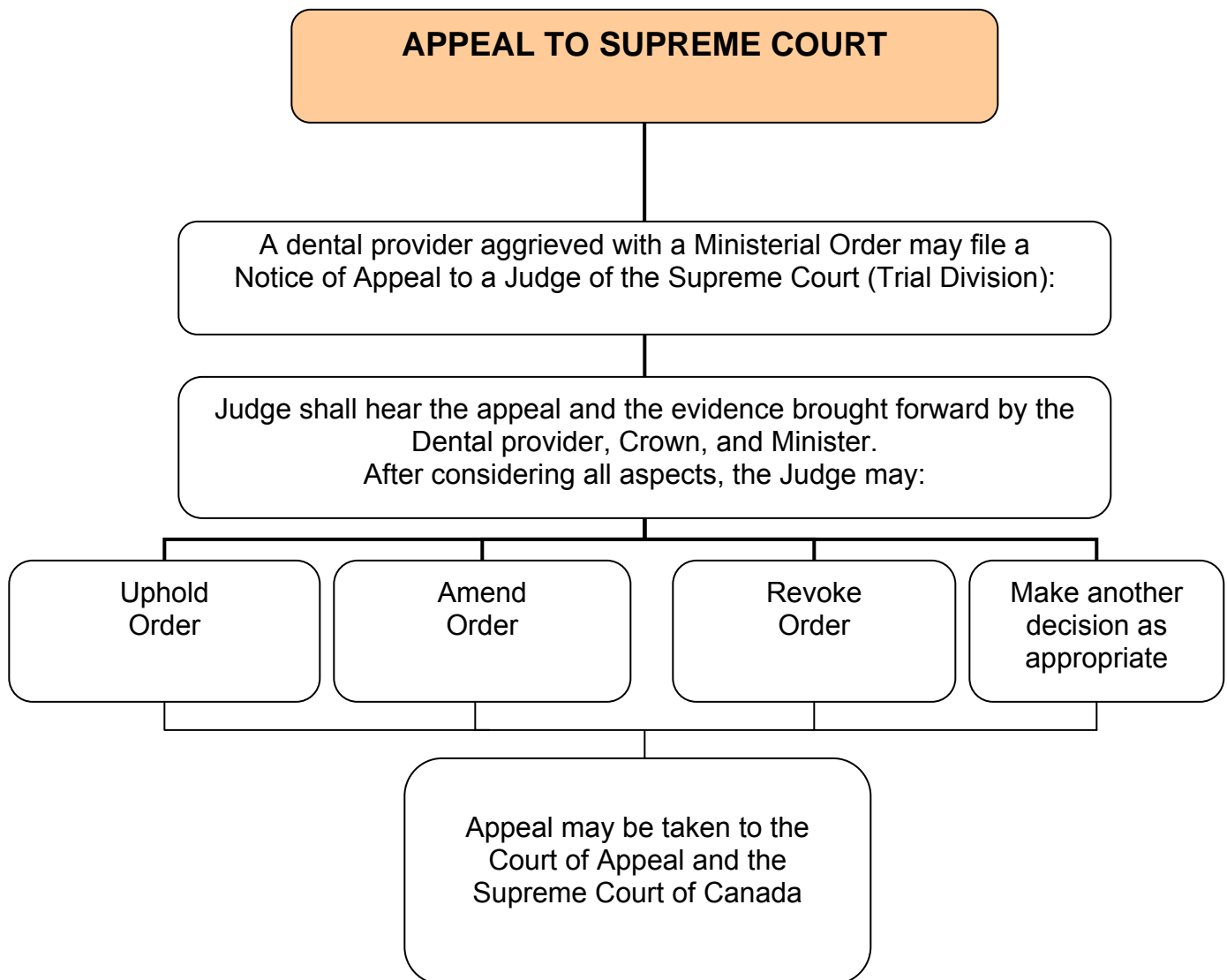
10.10.8 Hearing by Audit Review Board



10.10.9 Ministerial Order



10.10.10 Appeal to the Supreme Court Trial Division



EXAMPLES OF FORMS USED BY DENTAL PROVIDERS

1.1 PROVIDER REGISTRATION FORM



Government of Newfoundland and Labrador
Department of Health and Community Services
Physician Services Division

PROVIDER REGISTRATION FORM

Please Print

PAGE 1 OF 2

IF YOU ARE:

A New Registrant - complete all areas of this form.

Updating Your Current Registration Information - only complete areas where information has changed. **Provider Number** _____

PERSONAL INFORMATION

Surname			Given Name and Initial		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Place of Birth	MINIC Number	Social Insurance Number	

PROFESSIONAL INFORMATION

Graduation Code (See Table 1 Attached)	Date of Graduation with Professional Degree		Professional Category (See Table 2 Attached) <input type="checkbox"/> Medical <input type="checkbox"/> Dental	
College of Physicians and Surgeons	Effective Date of Licence	Practice Start Date	Specialty For Which You Are Licensed To Practice (See Table 5 Attached)	
email address				

PRACTICE INFORMATION

<input type="checkbox"/> Solo <input type="checkbox"/> Group	Activity Code (See Table 4 Attached)	Activity Start Date		Activity Stop Date
Termination Code	Termination Date	Spec Start Date	Spec Stop Date	Sub-specialty Code (See Table 3 Attached)
Street/P.O. Box		City/Town		
Province	Postal Code	Telephone Number (709)		

CORRESPONDENCE ADDRESS (Only if different from Practice Address)

Street/P.O. Box		City/Town
Province	Postal Code	Telephone Number (709)

Please complete over >

1.1 PROVIDER REGISTRATION FORM (cont'd)

PROVIDER REGISTRATION FORM

Please Print

PAGE 2 OF 2

PAYMENT INFORMATION

All payments will be paid using the banking information identified below. If no banking information is provided payment will be by cheque.			
To whom do you Assign Your MCP Payments:		<input type="checkbox"/> Self	<input type="checkbox"/> Other*
Name of Other* _____		Identity # of Other _____	
Bank Name	Branch Number	Code Number	Account Number
Assignment of Payment Agreement form must be completed.			

I hereby declare and affirm that I understand the content of all forms signed pursuant to this registration as a provider of service under the Newfoundland Medical Care Insurance Act, and that all information provided by me to MCP for purposes of this registration is accurate and true.

I acknowledge having reviewed and understand all pertinent information in relation to this registration with MCP, and I agree to abide by all terms and conditions therein contained, which terms and conditions shall form part of this application.

I agree to abide by the Newfoundland Medical Care Insurance Act and Regulations as they apply to the Medical Care Program or Dental Health Program.

Date _____ Signature _____

MCP PROVIDER NUMBER:

When all information is received and processed, a copy of this form along with a six (6) digit Provider Number will be forwarded to you. This Provider Number must be identified on all claims submitted to MCP.

For Office Use Only

Date Keyed: _____	Initials: _____	NEW PROVIDER NUMBER: _____
Board Information Date: _____		

Provider Registration, Physician Services Division
57 Margaret's Place, P.O. Box 8700
St. John's, Newfoundland, Canada, A1B 4J6
Telephone: (709) 729-3508
Facsimile: (709) 729-5238
www.gov.nf.ca/mcp

1.2 GUIDELINES FOR COMPLETION OF PROVIDER REGISTRATION FORM

Guidelines for Completion of MCP Provider Registration Form

All Providers	New providers and those registered previously, and subsequently terminated, must complete all <i>non-shaded</i> areas of the form.
Registration Changes	When submitting updated information, enter your provider number at the top of the form, your surname and given name, and complete only the areas where the information requires updating.
Shaded Areas	These areas are for MCP use only.

Personal Information

Surname	Enter the registrant's full surname containing each letter to block markings.
Given Name & Initial	Enter the registrant's first name and initial.
Male/Female	Check appropriate block to record registrant's gender.
Date of Birth	Enter the registrant's date of birth, in the order of year/month/day.
MINC Number	
S.I.N.	Enter the registrant's Social Insurance Number.

Professional Information

Grad Code	Enter the appropriate two digit code which can be obtained from Table 1 on page 3. This code is used to record the place of graduation that relates to the registrant's University of graduation. This refers to the basic Professional Degree and is not intended to include post graduate training resulting in specialty certification.
Grad Date	Enter the date of graduation from the University granting the basic Professional Degree. Enter the appropriate date in the order of year/month/day.
Professional Category	Enter the appropriate code which can be obtained from Table 2 on page 3. This code is used to designate the professional discipline of the registrant.
College of Physicians and Surgeons	Enter the licence number which was designated for the registrant by the Professional Board responsible.
Date of Registration with College	This is the date that the registrant achieved registration with the appropriate Professional Board. Enter the appropriate date in the order of year/month/day.
Practice Start Date	This is the date that the registrant anticipates that the actual practice of the Profession will begin and MCP claims will begin to be generated. Enter the appropriate date in the order of year/month/day.
Specialty Code	A specialty comprises an area of knowledge in addition to that for which the provider is certified by the College of Physician and Surgeons. If applicable, enter the appropriate code from Table 5 on page 4.

Practice Information

Practice Type	This indicates whether the registrant is to practice with a group or as a solo practitioner. Check appropriate block to record the practice type.
Activity Code	Enter the appropriate three digit code which can be obtained from Table 4 on page 3. This code is used to advise MCP of the nature of the practice in which the registrant will be engaging. If doing a locum tenens the attached "MCP Locum Documentation/Declaration" form must be completed

1.2 GUIDELINES FOR COMPLETION OF PROVIDER REGISTRATION FORM (cont'd)

Activity Start Date	This is used to advise MCP of the date at which the designated activity is deemed to be effective. Enter the appropriate date in the order of year/month/day.
Activity Stop Date	This is the date that will mark the end of the designated activity. If known, enter the appropriate date in the order of year/month/day.
Specialty Start Date	This is the date that the specialty became effective. Enter the appropriate date in the order of year/month/day.
Specialty Stop Date	This is the date the registrant wishes recognition of the specialty to cease. Enter the appropriate date in the order of year/month/day.
Sub-Specialty Code	Enter the specialty for which certification has been granted. Code can be obtained from Table 3 on page 3.
Practice Address	This designates the address at which the registrant will normally and usually practise. Enter the address, including postal code, containing each letter to block markings.
Telephone	Enter the telephone number at which the registrant can be contacted.

Correspondence Information

Correspondence Address	All correspondence from MCP to the registrant will be sent to the practice address unless indicated otherwise by the entry of information in the "Correspondence Address" block. Correspondence will not be divided between the two addresses, but will be "all inclusive" to one address or the other.
-------------------------------	---

Payment Information

To Whom Do You Assign Your MCP Payments	Self	>	If the registrant is to receive MCP payments for claims generated by the registrant check this block.
	Other	>	If any provider or institution, other than the registrant, is to receive MCP payments for claims generated by the registrant, enter the name of the provider or institution and complete the "Assignment of Payment Agreement" form on the reverse side of the Provider Registration form.
	Identity # of other	>	Enter the Identity Number of the provider or institution, other than the registrant, to whom or to which MCP payments are to be made for claims generated by the registrant. The provider or institution must be registered with MCP to receive assigned payments.

Electronic Deposit	To facilitate the electronic deposit of funds payable by MCP in response to claims submitted, the Bank Name, Branch No., Code No., and Account No., are required. This information can be found on the face of a standard cheque. Enter the appropriate bank information.
---------------------------	---

Declaration	<i>This should be dated and signed and the form sent to:</i>
--------------------	--

**Department of Health and Community Services
Provider Registration, Physician Services Division
Belvedere Property
P.O. Box 8700
St. John's, Newfoundland A1B 4J6**

MCP Provider Number	When the information submitted has been verified and processed, a six digit provider number will be issued. This number will be inserted on the Provider Registration form and a copy of the form will be returned to the provider
----------------------------	--

1.2 GUIDELINES FOR COMPLETION OF PROVIDER REGISTRATION FORM (cont'd)

TABLE 1 - GRADUATION CODES		
01 = Memorial University of Newfoundland	29 = Caribbean/Central & South America - other	59 = Japan
02 = Dalhousie University	30 = United Kingdom	60 = Iran
03 = Université Laval	31 = Ireland (Republic)	61 = People's Republic of China
04 = Université de Sherbrooke	32 = Poland	62 = Kuwait
05 = Université de Montréal	33 = France	63 = Sri Lanka
06 = McGill University	34 = Italy	64 = Thailand
07 = University of Ottawa	35 = Romania	65 = Taiwan
08 = Queen's University	36 = Czechoslovakia	66 = North Korea
09 = University of Toronto	37 = Germany	67 = South Korea
10 = McMaster University	38 = U.S.S.R.	68 = Malaysia
11 = University of Western Ontario	39 = Spain	69 = Asia - other
12 = University of Manitoba	40 = Belgium	70 = Australia
13 = University of Saskatchewan	41 = Hungary	71 = New Zealand
14 = University of Alberta	42 = Greece	72 = Iraq
15 = University of Calgary	43 = Switzerland	79 = Oceania - other
16 = University of British Columbia	44 = Yugoslavia	80 = Egypt
17 = Unknown Ontario University	45 = Sweden	81 = South Africa
18 = Unknown Alberta University	46 = Croatia	82 = Libya
90 = Unknown Quebec University	47 = Norway	83 = Nigeria
19 = Unknown University within Canada	48 = Bosnia	84 = Zambia
20 = U.S.A.	49 = Europe - other	85 = Zimbabwe
98 = Unknown country outside Canada & U.S.A.	50 = India	86 = Algeria
21 = Mexico	51 = Saudi Arabia	87 = Morocco
22 = Jamaica	52 = Lebanon	88 = Zaire
23 = Venezuela	53 = Philippines	89 = Africa - other
24 = Argentina	54 = Pakistan/Bangladesh	91 = Ghana
25 = Brazil	55 = Syria	92 = Mali
26 = Chile	56 = Israel	93 = Somalia
27 = Cuba	57 = Vietnam	94 = Kenya
28 = Haiti	58 = Hong Kong	95 = North America - Others Bermuda, Saint Pierre & Miquelon and Greenland
		99 = Unknown

TABLE 2 - PROFESSIONAL CATEGORY
D = Dental
M = Medical

TABLE 4 - ACTIVITY CODES
001 = Private Practice
011 = Private Practice Locum
021 = FFS Temporary Non-Replacement
100 = Full Time Teaching
101 = GFT - FFS
200 = Salaried
210 = Salaried Locum
300 = Salaried Resident
301 = FFS Resident
500 = Administration

TABLE 3 - SUB-SPECIALTY CODES	
010 = Cardiology	040 = Developmental Pediatrics
011 = Clinical Immunology and Allergy	041 = Pediatric Emergency Med
012 = Critical Care Medicine	042 = Neonatal-Perinatal Medicine
013 = Endocrinologist and Metabolism	043 = Pediatric-Hematology/Onc
014 = Gastroenterology	050 = Neuroradiology
015 = Geriatric Medicine	051 = Pediatric Radiology
016 = Hematology	060 = Forensic Pathology
017 = Infectious Disease	061 = Neuropathology
018 = Medical Oncology	070 = Thoracic Surgery
019 = Nephrology	071 = Vascular Surgery
020 = Palliative Medicine	072 = Colorectal Surgery
021 = Respiriology	073 = Surgical Oncology
022 = Rheumatology	074 = Pediatric General Surgery
023 = Clinical Pharmacology	090 = Gynecologic Oncology
024 = Emergency Medicine	091 = Gynecologic Reproductive Endocrinology/Infertility
025 = Occupational Medicine	092 = Maternal-Fetal Medicine

1.2 GUIDELINES FOR COMPLETION OF PROVIDER REGISTRATION FORM (cont'd)

TABLE 5 - PROVIDER SPECIALTY CODES			
Code	Specialty	Code	Specialty
001	General Practice	044	Paediatric Endocrinologist
002	Anaesthetist	045	Paediatric Respiriologist
004	Emergency Medicine Specialist	046	Paediatric Rheumatologist
006	Dermatologist	047	Paediatric Gastroenterologist
008	General Surgeon	048	Paediatric Oncologist
010	Cardiac Surgeon	049	Paediatric Nephrologist
011	Vascular Surgeon	050	Paediatric Immunologist
012	Thoracic Surgeon	051	Paediatric Haematologist
013	Internist	052	Neonatologist
015	Cardiologist	053	Physical Medicine Specialist
016	Endocrinologist	055	Plastic Surgeon
017	Respirologist	057	Psychiatrist
018	Rheumatologist	059	Urologist
019	Gastroenterologist	061	General Dentist
020	Medical Oncologist	062	Oral Surgeon
021	Nephrologist	063	Orthodontist
022	Immunologist	064	Periodontist
023	Haematologist	065	Pedodontist
024	Geriatric Medicine Specialist	066	Denturist
025	Medical Genetics Specialist	067	Pathologist
026	Nuclear Medicine Specialist	069	Radiologist
027	Infectious Disease Specialist	071	Optometrist
028	Neurologist	073	Dental Public Health
030	Neurosurgeon	074	Developmental Neurology
032	Gynaecologist	075	Developmental Paediatrician
034	Gynaecology Oncologist	076	Endodontist
035	Ophthalmologist	077	Radiation Oncologist
037	Orthopaedic Surgeon	080	Paediatric Surgeon
039	Otolaryngologist	081	Paediatric Internist
041	Paediatrician	082	Medical Officers of Health
043	Paediatric Cardiologist	089	Palliative Care

1.3 ASSIGNMENT OF PAYMENT AGREEMENT



Government of Newfoundland and Labrador
Department of Health and Community Services
Physician Services Division

MCP Assignment of Payment Agreement

Under the Newfoundland Medical Care Insurance Act, when payment for insured services rendered by a provider is assigned to another provider or institution, the Act requires that a formalized agreement exist between the parties concerned (Physicians and Fees Regulations, paragraph 10). Authorized signatures to this agreement will accomplish this requirement.

Under this agreement, the assignor (locum or associate, as appropriate) agrees to assign to the assignee (principal provider or institution, as appropriate) all monies paid by MCP on account of claims submitted to MCP for services rendered by the locum or associate, whether submitted by the assignor or assignee. For good consideration, both the assignee and the assignor shall be jointly and severally liable to MCP for any recoveries of monies due to MCP and related services performed by the assignor.

This is to certify that:

A payment agreement, effective from _____ to _____
(Date) (Date)
exists between Dr. _____
(Locum or Associate) (Provider Number)
and _____
(Principal Provider or Associate) (Provider or Institution Number)

and that both parties to the agreement agree that:

1. Payment by MCP for claims generated by the locum or associate, who must be identified on the claim, will be made to the principal provider or institution from the date of this agreement.
2. Authorized signatures for claims from the principal provider or institution are acknowledged as authorized by the locum or associate.
3. The principal provider or institution and the assignor accept joint responsibility for the accuracy and validity of all information entered on claims submitted to MCP under this agreement.
4. This agreement shall be cancelled by MCP upon receipt of written notice duly signed by either party to the agreement.

Signed _____ Date _____
(Assignor)

Signed _____ Date _____
(Principal Provider or Institution)

Belvedere Site, P.O. Box 8700, St. John's, NL, Canada A1B 4J6 t 709.729-3308 f 709.729.5238

1.4 ELECTRONIC BILLING APPLICATION



Government of Newfoundland and Labrador
Department of Health and Community Services
Medical Care Plan

Electronic Billing Application

mcp

SECTION A – All Providers Please Complete

Provider Name _____ Provider Number _____

Clinic Or Group Name (if applicable) _____

Street / P.O. Box _____

City / Town _____ Province _____ Postal Code _____

Telephone Number _____ Cell Phone Number _____ Fax Number _____

Electronic Billing Contact Person _____ Phone Number During Business Hours _____

NOTE Electronic remittance and TAD files can be received by only 1 billing site.

Have you been receiving electronic remittance and TAD files? ☐ Yes ☐ No

If Yes, should remittance and TAD files be redirected to the new site (the site to which you are requesting to be added or for which you are requesting software)? ☐ Yes ☐ No

SECTION B – To Be Added To An Existing Electronic Billing Site

Your Claim Type ☐ Medical ☐ Dental ☐ Both

User Name, if known, or Provider Names and Numbers at existing site: _____

Electronic Billing Software being used at existing site: _____

Software / Vendor Name _____

SECTION C – Software Request

Windows Operating System on computer where software will be installed (for example XP, Windows 7) _____

☐ MCP's Electronic Transmission Software

Please note that you must use a dial up modem for data transmission, and not, for example, a digital or cable modem.

☐ TeleClaim (MCP's Electronic Billing Software) Your Claim Type ☐ Medical ☐ Dental ☐ Both

If you will be using Electronic Billing Software other than MCP's TeleClaim, please supply the following information:

Software / Vendor Name _____


Provider's Signature: _____ Date: _____

Medical Care Plan
22 High Street, P. O. Box 5000
Grand Falls-Windsor NL Canada A2A 2Y4
Tel: 1-800-563-1557 Fax: 709-292-4052

<http://www.gov.nl.ca/mcp>

Medical Care Plan
57 Margaret's Place, P. O. Box 8700
St. John's NL Canada A1B 4J6
Tel: 1-800-563-1557 Fax: 709-758-1583
August, 2010

1.5 APPLICATION FOR RURAL DENTAL BURSARY PROGRAM


APPLICATION FOR RURAL DENTAL BURSARY PROGRAM

Applicant Information

Name: _____ Mailing Address: _____
Phone #: _____ Pager #: _____
Email: _____

As of July 1, 2007 will you be a: ☐ 1st Year Dental Student ☐ 2nd Year Dental Student
☐ 3rd Year Dental Student ☐ 4th Year Dental Student

Program Information

School attending: _____
Year(s) attending: _____

Confirmation of Previous Funding

Have you previously received funding under any other program?
☐ Yes ☐ No If yes please provide details: _____


I have read and understand all terms and conditions of this bursary: ☐ Yes ☐ No

Please attach three (3) reference letters or submit by separate cover before August 30, 2007.

Applicant Signature: _____ Date: _____

P.O. Box 8700, St. John's, Newfoundland and Labrador, Canada, A1B 4J6, Telephone (709)729-4029, Facsimile (709)729-5238

1.6 APPLICATION FOR DENTAL SPECIALIST BURSARY PROGRAM


APPLICATION FOR DENTAL SPECIALIST BURSARY PROGRAM

Applicant Information

Name: _____ Mailing Address: _____
Phone #: _____ Pager # _____
Email: _____

As of July 1, 2007 will you be in: ☐ 1st Year Specialty ☐ 2nd Year Specialty ☐ 3rd Year Specialty
☐ 4th Year Specialty ☐ 5th Year Specialty ☐ 6th Year Specialty

Specialty Information

School attending: _____ Specialty: _____
Year(s) attending: _____

Confirmation of Previous Funding

Have you previously received funding under any other program?
☐ Yes ☐ No If yes please provide details: _____

I have read and understand all terms and conditions of this bursary: ☐ Yes ☐ No

Please attach three (3) reference letters or submit by separate cover before **August 30, 2007**.

Applicant Signature: _____ Date: _____

P.O. Box 8700, St. John's, Newfoundland and Labrador, Canada. A1B 4J6, Telephone (709)729-4029, Facsimile (709)729-5238

1.7 REQUEST FOR RELEASE OF MCP BENEFICIARY NUMBER



Government of Newfoundland and Labrador
Department of Health and Community Services

Request for Release of Beneficiary MCP Number

Section 1				PATIENT'S PERSONAL INFORMATION	
Surname			Given Name and Initials		
Maiden Name (if applicable)		Gender – M/F		Birth Date – Year/Month/Day	
P.O. Box/Street Address					
City/Town		Province		Postal Code	
				Phone Number	
<p>I agree to allow the Newfoundland and Labrador Medical Care Commission to release my MCP Number to the health care provider/facility show below.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Signature of Patient or Guardian</p> <p>A parent or guardian may sign for a child under 16 years of age. A person holding power of attorney may sign for the represented individual.</p> </div> <div style="width: 10%; text-align: center;"> <p>Date</p> </div> <div style="width: 45%;"> <p>Signature of Authorized Facility Employee</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Date</p> </div> <div style="width: 10%; text-align: center;"> <p>Date</p> </div> <div style="width: 45%;"></div> </div>					

Section 2		PROVIDER/FACILITY	
Provider Billing Number		Facility Number	
Provider Name, Address, and Telephone Number		Facility Name, Address, and Telephone Number	

Section 3		FOR MCP USE ONLY	
		Patient's MCP Number	

<http://www.gov.nl.ca/mcp>

P.O. Box 5000, Grand Falls-Windsor, NL, Canada, A2A 2Y4 t 1.800.563.1557 f 709.292.4052

1.8 REQUEST FOR FORMS



Government of Newfoundland and Labrador
Department of Health and Community Services
Medical Care Plan

REQUEST FOR FORMS

Please allow 14 days for delivery

Provider/Institution Number

--	--	--	--	--	--

Provider/Institution Name

--

Mailing Address

	FORM DESCRIPTION	QUANTITY REQUESTED
M E D I C A L	Claim Forms	
	Claim Forms - Residents of Other Provinces	
	Claim Envelopes	
	Neo-Natal Claim Information Forms	
	Out-of-Province Claim For Physician Services	
	Independent Consideration (IC) Forms	
	Alternate Billing Claim Form	
	Patient Claim Application	

D E N T A L	Claim Forms	
	Claim Envelopes	
	Independent Consideration (IC) Forms	
	Prior Approval Forms	

O T H E R	Application for Newfoundland & Labrador Health Care Coverage	
	New Born Registration	
	Change of Name	
	Change of Address	
	Card Replacement	
	Request for Forms	

MCP Office Use: Order Filled By _____ Date _____

Medical Care Plan
22 High Street, P.O. Box 5000
Grand Falls-Windsor, NL, Canada, A2A 2Y4
Telephone: (709)292-4000 Facsimile: (709)292-4052

Medical Care Plan
Belvedere Building, 57 Margaret's Place, P.O. Box 8700
St. John's, NL, Canada, A1B 4J6
Telephone: (709)758-1600 Facsimile: (709)758-1694

Toll Free 1-800-563-1557
www.gov.nf.ca/mcp

1.9 DENTAL PAPER CLAIM FORM

Paper claims are pre-numbered with a unique claim number and have carbon duplicates for dental records. Submitting claims on copies of the following sample claim is **not** permitted. Forms are available upon request from MCP at 1-800-563-1557, (709) 292-4000, or (709) 292-4015.

mcp		DENTAL CLAIM FORM			
PLEASE PRINT - DO NOT FOLD OR STAPLE					
PATIENT'S NAME <small>SURNAME</small> _____ <small>FIRST NAME</small> _____			PROVIDER'S NAME <small>SURNAME</small> _____ <small>FIRST NAME</small> _____		
PATIENT'S IDENTITY NUMBER _____		PROVIDER'S NUMBER _____		PAYEE NUMBER _____	
SOCIAL ASSISTANCE NUMBER _____		SOC. SERV. FILE NO. _____			
CAPACITY	I.C.	REMARKS	REF	PRIOR APPROVAL NO.	DIAGNOSTIC CODE
PROCEDURES / SERVICES				HOSP. NO. _____	CLAIM NUMBER 3120730
SERVICE DATE <small>YEAR MONTH DAY</small> _____		FEE CODE _____	TOOTH DATA <small>NO. SURFACES</small> _____	UNITS _____	FEE CLAIMED _____
CO-PAY FEE _____		FEE CLAIMED _____			
MCP USE ONLY					
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <small>CODE</small>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <small>NO.</small>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <small>1</small>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <small>2</small>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <small>3</small>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <small>4</small>
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <small>5</small>		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <small>6</small>			
DATE CLAIM COMPLETED: <small>YEAR MONTH DAY</small> _____			I DECLARE THIS IS A CORRECT STATEMENT OF SERVICES PROVIDED BY ME IN ACCORDANCE WITH THE NEWFOUNDLAND MEDICAL CARE INSURANCE ACT.		
ORIGINAL - FORWARD TO MCP			PROVIDER'S SIGNATURE _____		

1.10 DENTAL INDEPENDENT CONSIDERATION (I.C.) CLAIM FORM



Government of Newfoundland and Labrador
Department of Health and Community Services

mcp

MEDICAL AND DENTAL INDEPENDENT CONSIDERATION (IC) CLAIM FORM

Patient Identity Number	Patient Surname Given Name

Provider Number	Payee Number	Provider Capacity	Claim Number

Provider Surname	Given Name

Important Note: The claim form accompanying this form must have the 'IC' field clearly marked 'X'.
Omissions may cause incorrect payment.

Item No.	Date of Service			Specific or Comparable Fee Code	Units	Exact Time Involved		TOOTH DATA						Fee Claimed
	Year	Month	Day			Hours	Minutes	Tooth No	Surfaces					
									M	O	D	V	I.	

If claim is for medical escort, indicate time of departure and arrival at the hospital with the patient.

Time of Departure	Time of Arrival	Total Time

Reason for Claiming I.C.

Provider's Signature	Date

**Submission procedures for Independent Consideration (I.C.) claims are specified in the
Physician & Dental Information Manuals**

P.O. Box 5000, 22 High Street, Grand Falls-Windsor, NL A2A 2Y4 • (709) 292-4048 • 1-800-563-2163 • www.gov.nl.ca/mcp

EXAMPLES OF FORMS USED BY BENEFICIARIES

2.1 APPLICATION FOR NEWFOUNDLAND & LABRADOR HEALTH CARE COVERAGE (PAGE 1)



APPLICATION FOR NEWFOUNDLAND & LABRADOR HEALTH CARE COVERAGE
Please read the back of this Application for important registration information

Government of Newfoundland and Labrador
Department of Health and Community Services

mcp

FOR OFFICE USE ONLY
Elig. Dt. _____ Term. Dt. _____

SECTION A ANSWER ALL OF THE FOLLOWING QUESTIONS (please print)

1. Have you or your dependents been registered with MCP before? ☐ Yes ☐ No
If YES, please list on a separate sheet the previous MCP numbers (if available) of all persons to be registered.
2. When did you arrive in Newfoundland & Labrador? _____
3. Why did you move to Newfoundland & Labrador? ☐ Work ☐ Study ☐ Other _____
4. How long do you intend to stay in Newfoundland & Labrador? _____
5. Are any of the people being registered a member of: ☐ Canadian Armed Forces ☐ NATO Forces ☐ RCMP
(Check one - if not applicable, leave blank)
6. Have all of your dependents moved with you to Newfoundland & Labrador? ☐ Yes ☐ No
If NO, please explain _____
7. Are you moving to Newfoundland & Labrador from another part of Canada? ☐ Yes ☐ No
If YES, which province or territory? _____
8. Are you moving to Newfoundland & Labrador from outside Canada? ☐ Yes ☐ No
If YES, which country? _____

SECTION B MAILING ADDRESS

Street/P.O. Box _____ City/Town _____
 Province _____ Postal Code _____ Telephone Number _____

SECTION C MARITAL STATUS

Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Common Law ☐

SECTION D LIST BELOW YOUR NAME AND THE NAMES OF ALL PERSONS REGISTERING FOR HEALTH CARE COVERAGE
(attach a separate sheet if more space required)

Surname	All Given Names	Maiden Name (if applicable)	Sex (M/F)	Birth Date (YY/MM/DD)	Previous Province Health Insurance No.

SECTION E DECLARATION
(It is an offense to give false information for the purpose of obtaining coverage under the Newfoundland & Labrador Medical Care Plan)

I hereby declare that the information given is correct and the person(s) listed on this form are residents of Newfoundland & Labrador.

Signature _____ Date _____

APPLICATION FOR NEWFOUNDLAND & LABRADOR HEALTH CARE COVERAGE

2.1 APPLICATION FOR NEWFOUNDLAND & LABRADOR HEALTH CARE COVERAGE (PAGE 2)



Government of Newfoundland and Labrador
Department of Health and Community Services

mcp

PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THE APPLICATION FOR NEWFOUNDLAND & LABRADOR HEALTH CARE COVERAGE

If you are applying for coverage with the Newfoundland & Labrador Medical Care Plan (MCP) for the first time, you must complete this form. If you are only applying for coverage for a newborn or adopted child, please complete the Newborn/Adopted Child Registration form instead.

DOCUMENTS YOU MUST SUBMIT WITH THIS APPLICATION

Applicants moving to Newfoundland & Labrador *from another part of Canada* must attach a copy of one of the following as proof of Canadian Citizenship:

- Social Insurance Card
- Unexpired Canadian Passport
- Canadian Birth Certificate
- Official Federal Government Identity Card or Federal Government document containing the Social Insurance Number and Name.

Applicants moving to Newfoundland & Labrador *from outside Canada* must attach a copy of official Immigration Documents for each person being registered.

Other documents may be requested by us to verify identity or eligibility. Please consult our information brochures or check with our office for more information on the documents you may need to submit. Original documents or good quality photocopies are acceptable. We will return your original documents after processing your application.

INELIGIBLE APPLICANTS

The following persons are not eligible for MCP coverage:

- Tourists, transients, and visitors
- Members of the RCMP, Canadian Armed Forces, or NATO Forces
- Inmates of federal prisons
- Certified refugees or refugee claimants
- Foreign students with student Visas

WAITING PERIOD

If you are moving to Newfoundland & Labrador from another province or territory, you will be covered by your previous Plan for the remainder of the month you arrived in Newfoundland & Labrador, plus two additional months. In order to allow sufficient time for a smooth change in coverage from your previous Plan to MCP, you should apply for coverage with MCP immediately upon arrival in Newfoundland & Labrador.

HEALTH CARE CARDS

If accepted for coverage, each person listed on the application will receive an MCP identity number and card. Keep the card with you at all times and present it each time you require medical services. A child's card should be entrusted to an adult for safekeeping. Contact MCP if your card becomes lost, stolen, damaged, or destroyed. Card replacement forms are also available at doctors' offices and hospitals throughout the province.

There are no charges or fees for MCP cards.

IT IS IMPORTANT THAT YOU NOTIFY MCP OF CHANGES TO YOUR NAME, ADDRESS, OR RESIDENCY STATUS

2.2 NEWBORN/ADOPTED CHILD REGISTRATION FORM



Government of Newfoundland and Labrador
Department of Health and Community Services

mcp

NEWBORN / ADOPTED CHILD REGISTRATION FORM

Please Print

MAILING ADDRESS

Street/P.O. Box		City/Town	
Province	Postal Code	Telephone Number (Home)	Telephone Number (Work)

INFORMATION FOR PARENT OR GUARDIAN OF CHILD BEING REGISTERED

MCP Registration Number	Surname	All Given Names	Birth Date (YY/MM/DD)

CHILD/CHILDREN TO BE REGISTERED

Surname	All Given Names	Sex (M/F)	Birth Date (YY/MM/DD)

DECLARATION (It is an offense to give false information for the purpose of obtaining coverage under the Newfoundland & Labrador Medical Care Plan)

I hereby declare that the information given is correct and the person(s) listed on this form are residents of Newfoundland & Labrador.	
Signature	Date

REQUIRED DOCUMENTATION

If registering a child/children through adoption, a copy of the official adoption papers, or the birth certificate in the child's new name, is required for each child.

If the surname of the child/children is different than that of the registering parent or guardian, a copy of the birth certificate is required for each child.

Medical Care Plan
22 High Street, P.O. Box 5000
Grand Falls-Windsor, NL, Canada, A2A 2Y4
Telephone: (709)292-4000 Facsimile: (709)292-4052

Toll Free: 1-800-563-1557
www.gov.nl.ca/mcp

Medical Care Plan
Belvedere Building, 57 Margaret's Place, P.O. Box 8700
St. John's, NL, Canada, A1B 4J6
Telephone: (709)758-1600 Facsimile: (709)758-1694

2.3 CHANGE OF NAME FORM



Government of Newfoundland and Labrador
Department of Health and Community Services

mcp

CHANGE OF NAME FORM

Please Print

REASON FOR NAME CHANGE			
MAILING ADDRESS			
Street/P.O. Box		City/Town	
Province	Postal Code	Telephone Number (Home)	Telephone Number (Work)
DETAILS OF NAME CHANGE			
MCP Registration Number	Previous Surname	Previous Given Names	
Sex (M/F)	Birth Date (YY/MM/DD)	New Surname	New Given Names
DECLARATION (It is an offence to give false information for the purpose of obtaining coverage under the Newfoundland & Labrador Medical Care Plan)			
I hereby declare that the information given is correct and the person(s) listed on this form are residents of Newfoundland & Labrador.			
Signature		Date	

REQUIRED DOCUMENTATION

- A copy of the Marriage Certificate is required for name changes due to marriage.
- A copy of the official Certificate of Divorce, or Birth Certificate is required for name changes due to divorce.
- A copy of the official Adoption Order, or Birth Certificate showing the new legal surname, is required for name changes due to adoption.
- A copy of the legal name change document, or Birth Certificate showing the new legal name, is required for legal name changes.

Please return your old MCP card with this application.

Medical Care Plan
22 High Street, P.O. Box 5000
Grand Falls-Windsor, NL, Canada, A2A 2Y4
Telephone: (709)292-4000 Facsimile: (709)292-4052

Toll Free: 1-800-563-1557
www.gov.nl.ca/mcp

Medical Care Plan
Belvedere Building, 57 Margaret's Place, P.O. Box 8700
St. John's, NL, Canada, A1B 4J6
Telephone: (709)758-1600 Facsimile: (709)758-1694

2.4 CARD REPLACEMENT FORM



Government of Newfoundland and Labrador
Department of Health and Community Services

mcp

CARD REPLACEMENT FORM

Replacement cards are provided free of charge
Please Print

REASON FOR REPLACEMENT			
MAILING ADDRESS			
Street/P.O. Box		City/Town	
Province	Postal Code	Telephone Number (Home)	Telephone Number (Work)
CARD REPLACEMENT FOR APPLICANT			
MCP Registration Number			
Surname		Maiden Name (if applicable)	
All Given Names			
Sex	Birth Date (YY/MM/DD)		
<input type="checkbox"/> Female	<input type="checkbox"/> Male		
CARD REPLACEMENT FOR AN ADDITIONAL FAMILY MEMBER			
MCP Registration Number			
Surname		Maiden Name (if applicable)	
All Given Names			
Sex	Birth Date (YY/MM/DD)		
<input type="checkbox"/> Female	<input type="checkbox"/> Male		
DECLARATION (it is an offense to give false information for the purpose of obtaining coverage under the Newfoundland & Labrador Medical Care Plan)			
I hereby declare that the information given is correct and the person(s) listed on this form are residents of Newfoundland & Labrador.			
Signature		Date	

Medical Care Plan
22 High Street, P.O. Box 5000
Grand Falls-Windsor, NL, Canada, A2A 2Y4
Telephone: (709)292-4000 Facsimile: (709)292-4052

Toll Free: 1-800-563-1557
www.gov.nl.ca/mcp

Medical Care Plan
Belvedere Building, 57 Margaret's Place, P.O. Box 8700
St. John's, NL, Canada, A1B 4J6
Telephone: (709)758-1600 Facsimile: (709)758-1694

2.5 NLPDP APPLICATION FOR ACCESS PLAN (PAGE 1)



Government of Newfoundland and Labrador
Department of Health and Community Services

Newfoundland and Labrador Prescription Drug Program (NLPDP) (Access Plan)

NEWFOUNDLAND AND LABRADOR DENTAL HEALTH PROGRAM

Eligibility under the Dental Health Program will depend upon the determination of your eligibility for the Access Plan under the Newfoundland and Labrador Prescription Drug Program (NLPDP). Therefore, once your application has been reviewed a letter of notification respecting your eligibility status for both the Access Plan and the Dental Health Program will be forthcoming.

The Dental Health Program provides coverage for **specified dental health** care services to 13-17 year olds in families (including single parents) with a total annual net income of \$30,000 or less where the family is approved for coverage under the Access Plan of the NLPDP.

Children, age 13-17 years, in these families, approved for coverage under the Access Plan, are automatically approved for coverage under the Dental Health Program. There is no separate application process for dental coverage. If you do not yet have coverage under the Access Plan, you must first apply for that coverage by completing the application form below.

Talk to your dentist about which dental care services are covered under the Dental Health Program.

Please note that all children up to and including 12 years of age are automatically covered for eligible services under the Newfoundland and Labrador Dental Health Program. There are no changes in eligibility for that age group.

SECTION A FAMILY STATUS

☐ Single ☐ Couple with no dependent children ☐ Family with dependent children (includes single parent families)

SECTION B PERSONAL INFORMATION

APPLICANT												SPOUSE (if applicable)											
Surname												Surname											
First Name						Initial						First Name						Initial					
MCP Number												MCP Number											
Date of Birth (yyyy - mm - dd)												Date of Birth (yyyy - mm - dd)											
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female												Gender <input type="checkbox"/> Male <input type="checkbox"/> Female											

MAILING ADDRESS

Street / P.O. Box			Building / Apartment Number		
City / Town	Province	Postal Code	Phone Number		

December 2007

2.5 NLPDP APPLICATION FOR ACCESS PLAN (PAGE 2)

SECTION C DEPENDENT INFORMATION - Include all dependent children living with you under the age of 18 or aged 18 to 20 and still attending high school. Please attach a confirmation letter from the school. Dependents living with you aged 18 or older but not attending high school, must complete their own application form. (If more space is required, please attach a separate sheet)											
Surname	First Name	Initial	Gender		Date of Birth			MCP Number			
			M	F	Year	Month	Day				

SECTION D PRIVATE DRUG INSURANCE/COVERAGE	
Do you, your spouse or dependent children have drug insurance coverage with a private insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, go to Section E)	
Name of Insurance Company (e.g. Blue Cross)	
Policy Number	Family Members Covered
Terms of Coverage (e.g. insurance pays 80% of costs of prescription drugs)	

SECTION E DECLARATION AND CONSENT	
<p>I declare that the information provided on this application is true and correct to the best of my knowledge. I understand that this information will be used to determine eligibility for a drug card with the Access Plan under the Newfoundland and Labrador Prescription Drug Program (NLPDP) as well as eligibility for the Dental Health Program and may be subject to verification by officials of the Department of Health and Community Services.</p> <p>For the purpose of verifying my eligibility for the drug program or dental program, and of auditing use of the drug card or dental coverage, I authorize the Department of Health and Community Services to obtain information from:</p> <ul style="list-style-type: none"> The Medical Care Plan (MCP) regarding my eligibility for provincial health benefits and release of my MCP number to be used for identification purposes on my drug card. Pharmacies, to access copies of prescriptions in order to verify claims billed to the NLPDP. Dentists, to verify claims billed to the Newfoundland and Labrador Dental Health Program. <p>I agree to notify the Newfoundland and Labrador Prescription Drug Program of any change in my financial circumstances so that my level of coverage can be adjusted accordingly.</p> <p>In order to verify financial information provided, I hereby consent to the release, by the Canada Revenue Agency to an official of the Department of Health and Community Services, of information from my income tax returns, and, if applicable, other required taxpayer information about me, including my dependent children, to be used solely for the purpose of determining and verifying my eligibility, entitlement for and the general administration and enforcement of the Newfoundland and Labrador Prescription Drug Program and will not be disclosed to any other person or organization without my approval.</p> <p>This authorization is valid for the current taxation year and each subsequent consecutive taxation year for which I will be in receipt of assistance under the Newfoundland and Labrador Prescription Drug Program. I understand that if I wish to withdraw this consent, I may do so at any time by writing to the Regional Director at the address identified below.</p>	
<p>_____ Printed Name of Applicant</p> <p>_____ Signature of Applicant</p> <p>_____ Social Insurance Number</p> <p>_____ Date</p>	<p>_____ Printed Name of Spouse</p> <p>_____ Signature of Spouse</p> <p>_____ Social Insurance Number</p> <p>_____ Date</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Please mail completed applications to: Newfoundland and Labrador Prescription Drug Program Assessment Office P.O. Box 510 Stephenville, NL, A2N 3B4</p> </div> <div style="width: 45%;"> <p>Contact Information: Toll free: 1-888-859-3535 Toll free fax: 1-888-272-2444 E-mail: LIDPinfo@gov.nl.ca</p> </div> </div>	

December 2007

2.6 APPLICATION FOR MEDICAL TRANSPORTATION ASSISTANCE (PAGE 2)

WHO QUALIFIES

Effective July 1, 2007

Residents of Newfoundland and Labrador who travel **commercial air and/or by private vehicle a distance greater than 200 km (one way)** to access medically necessary insured services. The program assists with the costs associated with registered purchased accommodation and eligible meal allowance when private vehicles are used. Private vehicle expenses, such as gas/car mileage are not claimable under this program:

- within the province when an insured service is not available in the area of residence; and
- outside the province when an insured service is not available within the province.
- escort as recommended by the referring physician

Medical Referrals

In Province

- in-province medical travel requires referral of a physician

Out-of-Province - Within Canada

- out-of-province medical travel requires referral of a specialized physician and **copy of supporting medical referral** to the Medical Consultant within Canada.

Out-of-Country

- out-of-country medical travel requires that the referring specialized physician must seek Prior Approval from the Medical Care Plan.

Excluded Persons

- Income Support Recipients as eligible medical travel costs may be funded through the Department of Human Resources, Labour & Employment
- Bone Marrow/Stem Cell and Organ Donors are eligible for financial assistance through the Eastern Regional Health Authority
- Persons who receive Medical Travel Assistance from Federal and/or Provincial Government Department(s), Agency(s), Regional Health Authority(s).

ELIGIBLE EXPENDITURES

The following allowable expenses are cost shared at 50% (after the applicable deductible):

Airfare

- economy ticket (official ticket receipt and boarding passes required)

Accommodations

- up to a maximum of \$125 per diem (official receipt required) when accommodations are provided by a registered accommodations provider.
- patients medically required to take up residence in another region of the province or another province/territory while receiving specialized medical treatment or awaiting transplantation shall claim up to a maximum of \$1,500 (official receipt required) for each period of 31 consecutive days
- if an escort is required, the escort is expected to share the same accommodations as the medically referred person unless the medically referred person is hospitalized.

Registered accommodations provider would be a hostel, hotel, motel and/or a licensed apartment provider, such as an apartment building.

The Program does not have a provision for claiming for accommodations provided by family/friends.

Meal Allowance

When accommodations are provided by a registered accommodations provider the following meal allowance provisions apply:

- in-province to a maximum of \$29 per diem per person
- out-of-province to a maximum of \$43 per diem per person
- patients medically required to take up residence in another area of the province or another province/territory while receiving specialized medical treatment or awaiting transplantation shall claim up to a maximum of \$700 for each period of 31 consecutive days.
- if an escort is required to accompany a patient while residing in another area of the province or another province/territory: the escort's maximum meal allowance is \$700 for each period of 31 consecutive days.

The Program does not have a provision for claiming for meals when accommodations are provided by family/friends.

Taxis

- airport to hotel/accommodations and return (official receipts required)
- hotel/accommodations to hospital and return(official receipts required)

Scheduled Transportation Services:

- Scheduled Transportation Services, such as registered bussing/minivan services. (official receipts required).

SUBMISSION OF CLAIM(S):

- claims must be submitted on a monthly basis for residents who require travel in excess of 31 consecutive days.
- claims for duration less than 31 days must be submitted within 12 months from the travel date.

HOW DOES THE PROGRAM WORK

- if the patient has private health insurance benefits, claims for this program, must be assessed by the private insurance prior to submitting to the Department for assessment. Please attach a copy of the private insurance assessment with your application form.

- eligible expenses under the program will be reduced by the amount paid by the private insurance plan prior to assessment under this Program. The balance of eligible expenses will be assessed based on the criteria/guidelines of the Program.

- \$400 deductible in any 12 month period from the date of the initial travel for residents on the island portion of the province. The first \$100 of claimable expenses in excess of \$400 will be reimbursed with the balance of remaining claimable expenditures cost shared at 50%.

- payment of first \$1,000 in any 12 month period from the date of the initial travel for Labrador residents with the balance of remaining claimable expenditures cost shared at 50%.

- claimable expenses in excess of \$5,000 during a 12 month period will be cost shared at 65%.

- patients are required to pay medical travel costs and make application for reimbursement of allowable expenses.

- The Department of Health and Community Services will not make pre-payment arrangements.

- applicants must provide official receipts for allowable expenses.

- The Department may request an applicant to seek prior approval if additional medical travel is required as follow up to the initial medical travel claim.

Allowable expenses will be assessed based on travel dates in relation to medical appointment/service date(s)

Personal care items, utilities, and long distance telephone calls are not eligible expenses

Website: www.health.gov.nl.ca/mcp/html/forms.htm
Email: francinasweetapple@gov.nl.ca

Expenses Claimed	Amounts
Airfare:	\$ _____
Dates: _____	
Registered Accommodations:	\$ _____
Dates: _____	
(Number of days x rate)	
Meals Allowance:	\$ _____
(based on registered accommodations)	
Dates: _____	
(Number of days x rate)	
Taxis:	\$ _____
Dates: _____	
Subtotal Claimed	\$ _____
Less: Private Insurance payments	\$ _____
Less: Deductible(if applicable)	\$ _____
Total Amount Claimed	\$ _____

2.7 OUT-OF-PROVINCE CLAIM FORM

mcp

Medical Care Plan
P.O. Box 5000, 22 High Street
Grand Falls-Windsor, NL A2A 2Y4
Telephone: (709) 292-4048 Toll Free: 1-800-563-2163
Fax: (709) 292-4053 <http://www.gov.nl.ca/mcp>

Out-of-Province Claim

Section A To be completed by the Patient or Parent/Guardian of the Patient (please type or print clearly)																																																																									
Patient's Surname				First Name				Initials		Medicare Number																																																															
Permanent Mailing Address						City		Province/State		Postal/Zip Code																																																															
Temporary Mailing Address						City		Province/State		Postal/Zip Code																																																															
Year		Birthdate Month		Day		Sex M <input type="checkbox"/> F <input type="checkbox"/>		Maiden/Birth Name		Name of Head of Household																																																															
Date of Departure from Home Year		Month		Day		Place Where Treated (Province, Territory)		Date of Arrival Year		Month																																																															
								Is this a permanent move? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Return Home Year																																																															
										Month																																																															
										Day																																																															
Give reason for absence from home: <input type="checkbox"/> Vacation <input type="checkbox"/> Business <input type="checkbox"/> Study (Name of Institution) _____ <input type="checkbox"/> Other _____																																																																									
Section B Declaration of Patient or Parent/Guardian of the Patient																																																																									
I hereby declare, conscientiously believing it to be true and knowing it to have the same effect as if it were made under oath and by virtue of the Canada Evidence Act, that the information given above is correct and that I am a beneficiary of the Medical Care Plan in the province of _____.																																																																									
I request that payment be made: <input type="checkbox"/> Directly to the treating physician <input type="checkbox"/> To the patient/contract holder <input type="checkbox"/> To a third party																																																																									
IF Third Party: Surname				First Name				Initials																																																																	
Address						City		Province/State		Postal/Zip Code																																																															
Signature of Patient (if other than patient, state relationship to patient)								Date		Home Telephone																																																															
										Work Telephone																																																															
Section C To be completed by treating Physician (please type or print clearly)																																																																									
Physician's Name and Initials						Specialty		<input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified																																																																	
Address						City		Province/State		Postal/Zip Code																																																															
If <input type="checkbox"/> Anaesthetist <input type="checkbox"/> Surgical Assist <input type="checkbox"/> Psychiatrist						Provide duration of service: Hours _____ Minutes _____																																																																			
Name of Referring Physician						Services Provided in: <input type="checkbox"/> Office <input type="checkbox"/> Hospital In-Patient <input type="checkbox"/> Home <input type="checkbox"/> Hospital Out-Patient				Invoice Number																																																															
If Hospital Services: Name of Hospital						Year		Admission Date Month		Day																																																															
										Discharge Date Year																																																															
										Month																																																															
										Day																																																															
Address						City		Province/State		Postal/Zip Code																																																															
Service Date(s)		Month		Year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td> </tr> </table>						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Procedure/Treatment				Fee Code		Fee		Date of Service Year		Month																																																															
								Day		Duration																																																															
Diagnosis and Other Remarks																																																																									
Claim Involves: <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Pensionable Disability <input type="checkbox"/> Pay Patient <input type="checkbox"/> Pay Physician – I accept the patient's payment plan as payment in full. <input type="checkbox"/> Automobile Accident <input type="checkbox"/> Other Third Party																																																																									
Physician's Signature						Date		Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French																																																																	

****Please provide original documentation.****

DIAGNOSTIC CODES

INFECTIOUS AND PARASITIC DISEASES

INTESTINAL INFECTIOUS DISEASES

- 001 Cholera
- 002 Typhoid and paratyphoid fevers
- 003 Other salmonella infections
- 004 Shigellosis
- 005 Other food poisoning (bacterial)
- 006 Amoebiasis
- 007 Other protozoal intestinal diseases
- 008 Intestinal infections due to other organisms
- 009 Ill-defined intestinal infections

TUBERCULOSIS

- 010 Primary tuberculous infection
- 011 Pulmonary tuberculosis
- 012 Other respiratory tuberculosis
- 013 Tuberculosis of meninges and central nervous system
- 014 Tuberculosis of intestines, peritoneum and mesenteric glands
- 015 Tuberculosis of bones and joints
- 016 Tuberculosis of genitourinary system
- 017 Tuberculosis of other organs
- 018 Miliary tuberculosis

OTHER BACTERIAL DISEASES

- 030 Leprosy
- 031 Diseases due to other mycobacteria
- 032 Diphtheria
- 033 Whooping cough
- 034 Streptococcal sore throat and scarlatina
- 035 Erysipelas
- 036 Meningococcal infection
- 037 Tetanus
- 038 Septicaemia

- 039 Actinomycotic infections
- 040 Other bacterial diseases
- 041 Bacterial infection in conditions classified elsewhere and of unspecified site

POLIOMYELITIS AND OTHER NON-ARTHROPOD-BORNE VIRAL DISEASES OF CENTRAL NERVOUS SYSTEM

- 045 Acute poliomyelitis
- 046 Slow virus infection of central nervous system
- 047 Meningitis due to enterovirus
- 048 Other enterovirus diseases of central nervous system
- 049 Other non-arthropod-borne viral diseases of central nervous system

VIRAL DISEASES ACCOMPANIED BY EXANTHEMA

- 050 Smallpox
- 051 Cowpox and paravaccinia
- 052 Chickenpox
- 053 Herpes zoster
- 054 Herpes simplex
- 055 Measles
- 056 Rubella
- 057 Other viral exanthemata

ARTHROPOD-BORNE VIRAL DISEASES

- 060 Yellow fever
- 061 Dengue
- 062 Mosquito-borne viral encephalitis
- 063 Tick-borne viral encephalitis
- 064 Viral encephalitis transmitted by other and unspecified arthropods
- 065 Arthropod-borne haemorrhagic fever
- 066 Other arthropod-borne viral diseases

OTHER DISEASES DUE TO VIRUSES AND CHLAMYDIAE

070	Viral hepatitis
071	Rabies
072	Mumps
073	Ornithosis
074	Specific diseases due to Coxsackie virus
075	Infectious mononucleosis
076	Trachoma
077	Other diseases of conjunctiva due to viruses and Chlamydiae
078	Other diseases due to viruses and Chlamydiae
079	Viral infection in conditions classified elsewhere and of unspecified site

RICKETTSIOSES AND OTHER ARTHROPOD-BORNE DISEASES

080	Louse-borne (epidemic) typhus
081	Other typhus
082	Tick-borne rickettsioses
083	Other rickettsioses
084	Malaria
085	Leishmaniasis
086	Trypanosomiasis
087	Relapsing fever
088	Other arthropod-borne diseases

SYPHILIS AND OTHER VENEREAL DISEASES

090	Congenital syphilis
091	Early syphilis, symptomatic
092	Early syphilis, latent
093	Cardiovascular syphilis
094	Neurosyphilis
095	Other forms of late syphilis, with symptoms
096	Late syphilis, latent
097	Other and unspecified syphilis
098	Gonococcal infections
099	Other venereal diseases

OTHER SPIROCHAETAL DISEASES

- 100 Leptospirosis
- 101 Vincent's angina
- 102 Yaws
- 103 Pinta
- 104 Other spirochaetal infection

MYCOSES

- 110 Dermatophytosis
- 111 Dermatomycosis, other and unspecified
- 112 Candidiasis
- 114 Coccidioidomycosis
- 115 Histoplasmosis
- 116 Blastomycotic infection
- 117 Other mycoses
- 118 Opportunistic mycoses

HELMINTHIASES

- 120 Schistosomiasis (bilharziasis)
- 121 Other trematode infections
- 122 Echinococcosis
- 123 Other cestode infection
- 124 Trichinosis
- 125 Filarial infection and dracontiasis
- 126 Ancylostomiasis and necatoriasis
- 127 Other intestinal helminthiases
- 128 Other and unspecified helminthiases
- 129 Intestinal parasitism, unspecified

OTHER INFECTIONS AND PARASITIC DISEASES

- 130 Toxoplasmosis
- 131 Trichomoniasis
- 132 Pediculosis and phthirus infestation
- 133 Acariasis
- 134 Other infestation

- 135 Sarcoidosis
- 136 Other and unspecified infectious and parasitic diseases

LATE EFFECTS OF INFECTIOUS AND PARASITIC DISEASES

- 137 Late effects of tuberculosis
- 138 Late effects of acute poliomyelitis
- 139 Late effects of other infectious and parasitic diseases

NEOPLASMS

MALIGNANT NEOPLASM OF LIP, ORAL CAVITY AND PHARYNX

- 140 Malignant neoplasm of lip
- 141 Malignant neoplasm of tongue
- 142 Malignant neoplasm of major salivary glands
- 143 Malignant neoplasm of gum
- 144 Malignant neoplasm of floor of mouth
- 145 Malignant neoplasm of other and unspecified parts of mouth
- 146 Malignant neoplasm of oropharynx
- 147 Malignant neoplasm of nasopharynx
- 148 Malignant neoplasm of hypopharynx
- 149 Malignant neoplasm of other and ill-defined sites within the lip, oral cavity and pharynx

MALIGNANT NEOPLASM OF DIGESTIVE ORGANS AND PERITONEUM

- 150 Malignant neoplasm of oesophagus
- 151 Malignant neoplasm of stomach
- 152 Malignant neoplasm of small intestine, including duodenum
- 153 Malignant neoplasm of colon
- 154 Malignant neoplasm of rectum, rectosigmoid junction and anus
- 155 Malignant neoplasm of liver and intrahepatic bile ducts
- 156 Malignant neoplasm of gallbladder and extrahepatic bile ducts
- 157 Malignant neoplasm of pancreas
- 158 Malignant neoplasm of retroperitoneum and peritoneum
- 159 Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum

MALIGNANT NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS

- 160 Malignant neoplasm of nasal cavities, middle ear and accessory sinuses
- 161 Malignant neoplasm of larynx
- 162 Malignant neoplasm of trachea, bronchus and lung
- 163 Malignant neoplasm of pleura
- 164 Malignant neoplasm of thymus, heart and mediastinum
- 165 Malignant neoplasm of other and ill-defined sites within the respiratory system and intrathoracic organs

MALIGNANT NEOPLASM OF BONE, CONNECTIVE TISSUE, SKIN AND BREAST

- 170 Malignant neoplasm of bone and articular cartilage
- 171 Malignant neoplasm of connective and other soft tissue
- 172 Malignant neoplasm of skin
- 173 Other malignant neoplasm of skin
- 174 Malignant neoplasm of female breast
- 175 Malignant neoplasm of male breast

MALIGNANT NEOPLASM OF GENITOURINARY ORGANS

- 179 Malignant neoplasm of uterus, part unspecified
- 180 Malignant neoplasm of cervix uteri
- 181 Malignant neoplasm of placenta
- 182 Malignant neoplasm of body of uterus
- 183 Malignant neoplasm of ovary and other uterine adnexa
- 184 Malignant neoplasm of other and unspecified female genital organs
- 185 Malignant neoplasm of prostate
- 186 Malignant neoplasm of testis
- 187 Malignant neoplasm of penis and other male genital organs
- 188 Malignant neoplasm of bladder
- 189 Malignant neoplasm of kidney and other and unspecified urinary organs

MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED SITES

- 190 Malignant neoplasm of eye
- 191 Malignant neoplasm of brain

192	Malignant neoplasm of other and unspecified parts of the nervous system
193	Malignant neoplasm of thyroid gland
194	Malignant neoplasm of other endocrine glands and related structures
195	Malignant neoplasm of other and ill-defined sites
196	Secondary and unspecified malignant neoplasm of lymph nodes
197	Secondary malignant neoplasm of respiratory and digestive systems
198	Secondary malignant neoplasm of other specified sites
199	Malignant neoplasm without specification of site

MALIGNANT NEOPLASM OF LYMPHATIC AND HAEMATOPOIETIC TISSUE

200	Lymphosarcoma and reticulosarcoma
201	Hodgkin's disease
202	Other malignant neoplasm of lymphoid and histiocystic tissue
203	Multiple myeloma and immunoproliferative neoplasms
204	Lymphoid leukaemia
205	Myeloid leukaemia
206	Monocytic leukaemia
207	Other specified leukaemia
208	Leukaemia of unspecified cell type

BENIGN NEOPLASMS

210	Benign neoplasm of lip, oral cavity and pharynx
211	Benign neoplasm of other parts of digestive system
212	Benign neoplasm of respiratory and intrathoracic organs
213	Benign neoplasm of bone and articular cartilage
214	Lipoma
215	Other benign neoplasm of connective and other soft tissues
216	Benign neoplasm of skin
217	Benign neoplasm of breast
218	Uterine leiomyoma
219	Other benign neoplasm of uterus
220	Benign neoplasm of ovary
221	Benign neoplasm of other female genital organs
222	Benign neoplasm of male genital organs
223	Benign neoplasm of kidney and other urinary organs
224	Benign neoplasm of eye
225	Benign neoplasm of brain and other parts of nervous system
226	Benign neoplasm of thyroid gland

- 227 Benign neoplasm of other endocrine glands and related structures
- 228 Haemangioma and lymphangioma, any site
- 229 Benign neoplasm of other and unspecified sites

CARCINOMA IN SITU

- 230 Carcinoma in situ of digestive organs
- 231 Carcinoma in situ of respiratory system
- 232 Carcinoma in situ of skin
- 233 Carcinoma in situ of breast and genitourinary system
- 234 Carcinoma in situ of other and unspecified sites

NEOPLASMS OF UNCERTAIN BEHAVIOUR

- 235 Neoplasm of uncertain behaviour of digestive and respiratory systems
- 236 Neoplasm of uncertain behaviour of genitourinary organs
- 237 Neoplasm of uncertain behaviour of endocrine glands and nervous system
- 238 Neoplasm of uncertain behaviour of other and unspecified sites and tissues

NEOPLASMS OF UNSPECIFIED NATURE

- 239 Neoplasm of unspecified nature

ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES AND IMMUNITY DISORDERS

DISORDERS OF THYROID GLAND

- 240 Simple and unspecified goitre
- 241 Non-toxic nodular goitre
- 242 Thyrotoxicosis with or without goitre
- 243 Congenital hypothyroidism
- 244 Acquired hypothyroidism
- 245 Thyroiditis
- 246 Other disorders of thyroid

DISEASES OF OTHER ENDOCRINE GLANDS

- 250 Diabetes mellitus
- 251 Other disorders of pancreatic internal secretion
- 252 Disorders of parathyroid gland
- 253 Disorders of the pituitary gland and its hypothalamic control
- 254 Diseases of thymus gland
- 255 Disorders of adrenal glands
- 256 Ovarian dysfunction
- 257 Testicular dysfunction
- 258 Polyglandular dysfunction and related disorders
- 259 Other endocrine disorders

NUTRITIONAL DEFICIENCIES

- 260 Kwashiorkor
- 261 Nutritional marasmus
- 262 Other severe protein-calorie malnutrition
- 263 Other and unspecified protein-calorie malnutrition
- 264 Vitamin A deficiency
- 265 Thiamine and niacin deficiency states
- 266 Deficiency of B-complex components
- 267 Ascorbic acid deficiency
- 268 Vitamin D deficiency
- 269 Other nutritional deficiencies

OTHER METABOLIC DISORDERS AND IMMUNITY DISORDERS

- 270 Disorders of amino-acid transport and metabolism
- 271 Disorders of carbohydrate transport and metabolism
- 272 Disorders of lipid metabolism
- 273 Disorders of plasma protein metabolism
- 274 Gout
- 275 Disorders of mineral metabolism
- 276 Disorders of fluid, electrolyte and acid-base balance
- 277 Other and unspecified disorders of metabolism
- 278 Obesity and other hyperalimentation
- 279 Disorders involving the immune mechanism

DISEASES OF BLOOD AND BLOOD-FORMING ORGANS

- 280 Iron deficiency anaemias
- 281 Other deficiency anaemias
- 282 Hereditary haemolytic anaemias
- 283 Acquired haemolytic anaemias
- 284 Aplastic anaemia
- 285 Other and unspecified anaemias
- 286 Coagulation defects
- 287 Purpura and other haemorrhagic conditions
- 288 Diseases of white blood cells
- 289 Other diseases of blood and blood-forming organs

MENTAL DISORDERS

ORGANIC PSYCHOTIC CONDITIONS

- 290 Senile and presenile organic psychotic conditions
- 291 Alcoholic psychoses
- 292 Drug psychoses
- 293 Transient organic psychotic conditions
- 294 Other organic psychotic conditions (chronic)

OTHER PSYCHOSES

- 295 Schizophrenic psychoses
- 296 Affective psychoses
- 297 Paranoid states
- 298 Other non-organic psychoses
- 299 Psychoses with origin specific to childhood

NEUROTIC DISORDERS, PERSONALITY DISORDERS, AND OTHER NON-PSYCHOTIC MENTAL DISORDERS

- 300 Neurotic disorders
- 301 Personality disorders
- 302 Sexual deviations and disorders
- 303 Alcohol dependence syndrome
- 304 Drug dependence
- 305 Non-dependent abuse of drugs
- 306 Physiological malfunction arising from mental factors
- 307 Special symptoms or syndromes not elsewhere classified
- 308 Acute reaction to stress
- 309 Adjustment reaction
- 310 Specific non-psychotic mental disorders following organic brain damage
- 311 Depressive disorder, not elsewhere classified
- 312 Disturbance of conduct not elsewhere classified
- 313 Disturbance of emotions specific to childhood and adolescence
- 314 Hyperkinetic syndrome of childhood
- 315 Specific delays in development
- 316 Psychic factors associated with diseases classified elsewhere

MENTAL RETARDATION

- 317 Mild mental retardation
- 318 Other specified mental retardation
- 319 Unspecified mental retardation

DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

INFLAMMATORY DISEASES OF THE CENTRAL NERVOUS SYSTEM

- 320 Bacterial meningitis
- 321 Meningitis due to other organisms
- 322 Meningitis of unspecified cause
- 323 Encephalitis, myelitis and encephalomyelitis
- 324 Intracranial and intraspinal abscess
- 325 Phlebitis and thrombophlebitis of intracranial venous sinuses
- 326 Late effects of intracranial abscess or pyogenic infection

HEREDITARY AND DEGENERATIVE DISEASES OF THE CENTRAL NERVOUS SYSTEM

- 330 Cerebral degenerations usually manifest in childhood
- 331 Other cerebral degenerations
- 332 Parkinson's disease
- 333 Other extrapyramidal disease and abnormal movement disorders
- 334 Spinocerebellar disease
- 335 Anterior horn cell disease
- 336 Other diseases of spinal cord
- 337 Disorders of the autonomic nervous system

OTHER DISORDERS OF THE CENTRAL NERVOUS SYSTEM

- 340 Multiple sclerosis
- 341 Other demyelinating diseases of central nervous system
- 342 Hemiplegia
- 343 Infantile cerebral palsy
- 344 Other paralytic syndrome
- 345 Epilepsy
- 346 Migraine
- 347 Cataplexy and narcolepsy
- 348 Other conditions of brain
- 349 Other and unspecified disorders of the nervous system

DISORDERS OF THE PERIPHERAL NERVOUS SYSTEM

- 350 Trigeminal nerve disorders
- 351 Facial nerve disorders
- 352 Disorders of other cranial nerves
- 353 Nerve root and plexus disorders
- 354 Mononeuritis of upper limb and mononeuritis multiplex
- 355 Mononeuritis of lower limb
- 356 Hereditary and idiopathic peripheral neuropathy
- 357 Inflammatory and toxic neuropathy
- 358 Myoneural disorders
- 359 Muscular dystrophies and other myopathies

DISORDERS OF THE EYE AND ADNEXA

- 360 Disorders of the globe
- 361 Retinal detachments and defects
- 362 Other retinal disorders
- 363 Chorioretinal inflammations and scars and other disorders of choroid
- 364 Disorders of iris and ciliary body
- 365 Glaucoma
- 366 Cataract
- 367 Disorders of refractions and accommodation
- 368 Visual disturbances
- 369 Blindness and low vision
- 370 Keratitis
- 371 Corneal opacity and other disorders of cornea
- 372 Disorders of conjunctiva
- 373 Inflammation of eyelids
- 374 Other disorders of eyelids
- 375 Disorders of lacrimal system
- 376 Disorders of the orbit
- 377 Disorders of optic nerve and visual pathways
- 378 Strabismus and other disorders of binocular eye movements
- 379 Other disorders of eye

DISEASES OF THE EAR AND MASTOID PROCESS

- 380 Disorders of external ear
- 381 Non-suppurative otitis media and Eustachian tube disorders
- 382 Suppurative and unspecified otitis media
- 383 Mastoiditis and related conditions
- 384 Other disorders of tympanic membrane
- 385 Other disorders of middle ear and mastoid
- 386 Vertiginous syndromes and other disorders of vestibular system
- 387 Otosclerosis
- 388 Other disorders of ear
- 389 Deafness

DISEASES OF THE CIRCULATORY SYSTEM

ACUTE RHEUMATIC FEVER

- 390 Rheumatic fever without mention of heart involvement
- 391 Rheumatic fever with heart involvement
- 392 Rheumatic chorea

CHRONIC RHEUMATIC HEART DISEASE

- 393 Chronic rheumatic pericarditis
- 394 Diseases of mitral valve
- 395 Diseases of aortic valve
- 396 Diseases of mitral and aortic valves
- 397 Diseases of other endocardial structures
- 398 Other rheumatic heart disease

HYPERTENSIVE DISEASE

- 401 Essential hypertension
- 402 Hypertensive heart disease
- 403 Hypertensive renal disease
- 404 Hypertensive heart and renal disease
- 405 Secondary hypertension

ISCHAEMIC HEART DISEASE

- 410 Acute myocardial infarction
- 411 Other acute and subacute form of ischaemic heart disease
- 412 Old myocardial infarction
- 413 Angina pectoris
- 414 Other forms of chronic ischaemic heart disease

DISEASES OF PULMONARY CIRCULATION

- 415 Acute pulmonary heart disease
- 416 Chronic pulmonary heart disease
- 417 Other diseases of pulmonary circulation

OTHER FORMS OF HEART DISEASE

- 420 Acute pericarditis
- 421 Acute and subacute endocarditis
- 422 Acute myocarditis
- 423 Other diseases of pericardium
- 424 Other diseases of endocardium
- 425 Cardiomyopathy
- 426 Conduction disorders
- 427 Cardiac dysrhythmias
- 428 Heart failure
- 429 Ill-defined descriptions and complications of heart disease

CEREBROVASCULAR DISEASE

- 430 Subarachnoid haemorrhage
- 431 Intracerebral haemorrhage
- 432 Other and unspecified intracranial haemorrhage
- 433 Occlusion and stenosis of precerebral arteries
- 434 Occlusion of cerebral arteries
- 435 Transient cerebral ischaemia
- 436 Acute but ill-defined cerebrovascular disease
- 437 Other and ill-defined cerebrovascular disease
- 438 Late effects of cerebrovascular disease

DISEASES OF ARTERIES, ARTERIOLES AND CAPILLARIES

- 440 Atherosclerosis
- 441 Aortic aneurysm
- 442 Other aneurysm
- 443 Other peripheral vascular disease
- 444 Arterial embolism and thrombosis
- 446 Polyarteritis nodosa and allied conditions

- 447 Other disorders of arteries and arterioles
- 448 Diseases of capillaries

DISEASES OF VEINS AND LYMPHATICS, AND OTHER DISEASES OF CIRCULATORY SYSTEM

- 451 Phlebitis and thrombophlebitis
- 452 Portal vein thrombosis
- 453 Other venous embolism and thrombosis
- 454 Varicose veins of lower extremities
- 455 Haemorrhoids
- 456 Varicose veins of other sites
- 457 Non-infective disorders of lymphatic channels
- 458 Hypotension
- 459 Other disorders of circulatory system

DISEASES OF THE RESPIRATORY SYSTEM

ACUTE RESPIRATORY INFECTIONS

- 460 Acute nasopharyngitis (common cold)
- 461 Acute sinusitis
- 462 Acute pharyngitis
- 463 Acute tonsillitis
- 464 Acute laryngitis and tracheitis
- 465 Acute upper respiratory infections of multiple or unspecified sites
- 466 Acute bronchitis and bronchiolitis

OTHER DISEASES OF UPPER RESPIRATORY TRACT

- 470 Deflected nasal septum
- 471 Nasal polyps
- 472 Chronic pharyngitis and nasopharyngitis
- 473 Chronic sinusitis
- 474 Chronic disease of tonsils and adenoids
- 475 Peritonsillar abscess
- 476 Chronic laryngitis and laryngotracheitis
- 477 Allergic rhinitis

478 Other diseases of upper respiratory tract

PNEUMONIA AND INFLUENZA

480 Viral pneumonia
481 Pneumococcal pneumonia
482 Other bacterial pneumonia
483 Pneumonia due to other specified organism
484 Pneumonia in infectious diseases classified elsewhere
485 Bronchopneumonia, organism unspecified
486 Pneumonia, organism unspecified
487 Influenza

CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND ALLIED CONDITIONS

490 Bronchitis, not specified as acute or chronic
491 Chronic bronchitis
492 Emphysema
493 Asthma
494 Bronchiectasis
495 Extrinsic allergic alveolitis
496 Chronic airways obstruction, not elsewhere classified

PNEUMOCONIOSES AND OTHER LUNG DISEASES DUE TO EXTERNAL AGENTS

500 Coal workers' pneumoconiosis
501 Asbestosis
502 Pneumoconiosis due to other silica or silicates
503 Pneumoconiosis due to other inorganic dust
504 Pneumoconiosis due to inhalation of other dust
505 Pneumoconiosis, unspecified
506 Respiratory conditions due to chemical fumes and vapors
507 Pneumonitis due to solids and liquids
508 Respiratory conditions due to other and unspecified external agents

OTHER DISEASES OF THE RESPIRATORY SYSTEM

- 510 Empysema
- 511 Pleurisy
- 512 Pneumothorax
- 513 Abscess of lung and mediastinum
- 514 Pulmonary congestion and hypostasis
- 515 Post inflammatory pulmonary fibrosis
- 516 Other alveolar and parietoalveolar pneumopathy
- 517 Lung involvement in conditions classified elsewhere
- 518 Other diseases of lung
- 519 Other diseases of respiratory system

DISEASES OF THE DIGESTIVE SYSTEM

DISEASES OF ORAL CAVITY, SALIVARY GLANDS AND JAWS

- 520 Disorders of tooth development and eruption
- 521 Diseases of hard tissues of teeth
- 522 Diseases of pulp and periapical tissues
- 523 Gingival and periodontal diseases
- 524 Dentofacial anomalies, including malocclusion
- 525 Other diseases and conditions of the teeth and supporting structures
- 526 Diseases of the jaws
- 527 Diseases of the salivary glands
- 528 Diseases of the oral soft tissues, excluding lesions specific for gingiva and tongue
- 529 Diseases and other conditions of the tongue

DISEASES OF OESOPHAGUS, STOMACH AND DUODENUM

- 530 Diseases of oesophagus
- 531 Gastric ulcer
- 532 Duodenal ulcer
- 533 Peptic ulcer, site unspecified
- 534 Gastrojejunal ulcer
- 535 Gastritis and duodenitis
- 536 Disorders of function of stomach
- 537 Other disorders of stomach and duodenum

APPENDICITIS

- 540 Acute appendicitis
- 541 Appendicitis, unqualified
- 542 Other appendicitis
- 543 Other diseases of appendix

HERNIA OF ABDOMINAL CAVITY

- 550 Inguinal hernia
- 551 Other hernia of abdominal cavity, with gangrene
- 552 Other hernia of abdominal cavity with obstruction, without mention of gangrene
- 553 Other hernia of abdominal cavity without mention of obstruction or gangrene

NON-INFECTIVE ENTERITIS AND COLITIS

- 555 Regional enteritis
- 556 Idiopathic proctocolitis
- 557 Vascular insufficiency of intestine
- 558 Other non-infective gastroenteritis and colitis

OTHER DISEASES OF INTESTINES AND PERITONEUM

- 560 Intestinal obstruction without mention of hernia
- 562 Diverticula of intestine
- 564 Functional digestive disorders, not elsewhere classified
- 565 Anal fissure and fistula
- 566 Abscess of anal and rectal regions
- 567 Peritonitis
- 568 Other disorders of peritoneum
- 569 Other disorders of intestine

OTHER DISEASES OF DIGESTIVE SYSTEM

- 570 Acute and subacute necrosis of liver
- 571 Chronic liver disease and cirrhosis
- 572 Liver abscess and sequelae of chronic liver disease
- 573 Other disorders of liver

- 574 Cholelithiasis
- 575 Other disorders of gallbladder
- 576 Other disorders of biliary tract
- 577 Diseases of pancreas
- 578 Gastrointestinal haemorrhage
- 579 Intestinal malabsorption

DISEASES OF THE GENITOURINARY SYSTEM

NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS

- 580 Acute glomerulonephritis
- 581 Nephrotic syndrome
- 582 Chronic glomerulonephritis
- 583 Nephritis and nephropathy, not specified as acute or chronic
- 584 Acute renal failure
- 585 Chronic renal failure
- 586 Renal failure, unspecified
- 587 Renal sclerosis, unspecified
- 588 Disorders resulting from impaired renal function
- 589 Small kidney of unknown cause

OTHER DISEASES OF URINARY SYSTEM

- 590 Infections of kidney
- 591 Hydronephrosis
- 592 Calculus of kidney and ureter
- 593 Other disorders of kidney and ureter
- 594 Calculus of lower urinary tract
- 595 Cystitis
- 596 Other disorders of bladder
- 597 Urethritis, not sexually transmitted, and urethral syndrome
- 598 Urethral stricture
- 599 Other disorders of urethra and urinary tract

DISEASES OF MALE GENITAL ORGANS

- 600 Hyperplasia of prostate
- 601 Inflammatory diseases of prostate
- 602 Other disorders of prostate
- 603 Hydrocele
- 604 Orchitis and epididymitis
- 605 Redundant prepuce and phimosis
- 606 Infertility, male
- 607 Disorders of penis
- 608 Other disorders of male genital organs

DISORDERS OF BREAST

- 610 Benign mammary dysplasias
- 611 Other disorders of breast

INFLAMMATORY DISEASE OF FEMALE PELVIC ORGANS

- 614 Inflammatory disease of ovary, fallopian tube, pelvic cellular tissue and peritoneum
- 615 Inflammatory diseases of uterus, except cervix
- 616 Inflammatory disease of cervix, vagina and vulva

OTHER DISORDERS OF FEMALE GENITAL TRACT

- 617 Endometriosis
- 618 Genital prolapse
- 619 Fistulae involving female genital tract
- 620 Non-inflammatory disorders of ovary, fallopian tube and broad ligament
- 621 Disorders of uterus, not elsewhere classified
- 622 Non-inflammatory disorders of cervix
- 623 Non-inflammatory disorders of vagina
- 624 Non-inflammatory disorders of vulva and perineum
- 625 Pain and other symptoms associated with female genital organs
- 626 Disorders of menstruation and other abnormal bleeding from female genital tract
- 627 Menopausal and postmenopausal disorders
- 628 Infertility, female
- 629 Other disorders of female genital organs

COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

PREGNANCY WITH ABORTIVE OUTCOME

- 630 Hydatidiform mole
- 631 Other abnormal product of conception
- 632 Missed abortion
- 633 Ectopic pregnancy
- 634 Spontaneous abortion
- 635 Legally induced abortion
- 636 Illegally induced abortion
- 637 Unspecified abortion
- 638 Failed attempted abortion
- 639 Complications following abortion and ectopic and molar pregnancies

COMPLICATION MAINLY RELATED TO PREGNANCY

- 640 Haemorrhage in early pregnancy
- 641 Antepartum haemorrhage, abruption placentae, and placenta praevia
- 642 Hypertension complicating pregnancy, childbirth and the puerperium
- 643 Excessive vomiting in pregnancy
- 644 Early or threatened labour
- 645 Prolonged pregnancy
- 646 Other complications of pregnancy, not elsewhere classified
- 647 Infective and parasitic conditions in the mother classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
- 648 Other current conditions in the mother classifiable elsewhere but complicating pregnancy, childbirth and the puerperium

NORMAL DELIVERY AND OTHER INDICATIONS FOR CARE IN PREGNANCY, LABOUR AND DELIVERY

- 650 Normal pregnancy
- 651 Multiple gestation
- 652 Malposition and malpresentation of fetus
- 653 Disproportion
- 654 Abnormality of organs and soft tissues of pelvis
- 655 Known or suspected fetal abnormality affecting management of mother
- 656 Other fetal and placental problems affecting management of mother

- 657 Polyhydramnios
- 658 Other problems associated with amniotic cavity and membranes
- 659 Other indications for care or intervention related to labour and delivery and not elsewhere classified.

COMPLICATIONS OCCURRING MAINLY IN THE COURSE OF LABOUR AND DELIVERY

- 660 Obstructed labour
- 661 Abnormality of forces of labour
- 662 Long labour
- 663 Umbilical cord complications
- 664 Trauma to perineum and vulva during delivery
- 665 Other obstetrical trauma
- 666 Postpartum haemorrhage
- 667 Retained placenta or membranes, without haemorrhage
- 668 Complication of the administration of anaesthetic or other sedation in labour and delivery
- 669 Other complications of labour and delivery, not elsewhere classified

COMPLICATIONS OF THE PUERPERIUM

- 670 Major puerperal infection
- 671 Venous complications in pregnancy and the puerperium
- 672 Pyrexia of unknown origin during the puerperium
- 673 Obstetrical pulmonary embolism
- 674 Other and unspecified complications of the puerperium, not elsewhere classified
- 675 Infections of the breast and nipple associated with childbirth
- 676 Other disorders of the breast associated with childbirth, and disorders of lactation

DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

INFECTIONS OF SKIN AND SUBCUTANEOUS TISSUE

- 680 Carbuncle and furuncle
- 681 Cellulitis and abscess of finger and toe
- 682 Other cellulites and abscess
- 683 Acute lymphadenitis
- 684 Impetigo

- 685 Pilonidal cyst
- 686 Other local infections of skin and subcutaneous tissue

OTHER INFLAMMATORY CONDITIONS OF SKIN AND SUBCUTANEOUS TISSUE

- 690 Erythematousquamous dermatosis
- 691 Atopic dermatitis and related conditions
- 692 Contact dermatitis and other eczema
- 693 Dermatitis due to taken internally substances
- 694 Bullous dermatoses
- 695 Erythematous conditions
- 696 Psoriasis and similar disorders
- 697 Lichen
- 698 Pruritus and related conditions

OTHER DISEASES OF SKIN AND SUBCUTANEOUS TISSUE

- 700 Corns and callosities
- 701 Other hypertrophic and atrophic conditions of skin
- 702 Other dermatoses
- 703 Diseases of nail
- 704 Diseases of hair and hair follicles
- 705 Disorders of sweat glands
- 706 Diseases of sebaceous glands
- 707 Chronic ulcer of skin
- 708 Urticaria
- 709 Other disorders of skin and subcutaneous tissue

DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

ARTHROPATHIES AND RELATED DISORDERS

- 710 Diffuse diseases of connective tissue
- 711 Arthropathy associated with infections
- 712 Crystal arthropathies
- 713 Arthropathy associated with other disorders classified elsewhere

- 714 Rheumatoid arthritis and other inflammatory polyarthropathies
- 715 Osteoarthritis and allied disorders
- 716 Other and unspecified arthropathies
- 717 Internal derangement of knee
- 718 Other derangement of joint
- 719 Other and unspecified disorder of joint

DORSOPATHIES

- 720 Ankylosing spondylitis and other inflammatory spondylopathies
- 721 Spondylosis and allied disorders
- 722 Intervertebral disc disorders
- 723 Other disorders of cervical region
- 724 Other and unspecified disorders of back

RHEUMATISM, EXCLUDING THE BACK

- 725 Polymyalgia rheumatica
- 726 Peripheral enthesopathies and allied syndromes
- 727 Other disorders of synovium, tendon and bursa
- 728 Disorders of muscle, ligament and fascia
- 729 Other disorders of soft tissues

OSTEOPATHIES, CHONDROPATHIES AND ACQUIRED MUSCULOSKELETAL DEFORMITIES

- 730 Osteomyelitis, periostitis and other infections involving bone
- 731 Osteitis deformans and osteopathies associated with other disorders classified elsewhere
- 732 Osteochondropathies
- 733 Other disorders of bone and cartilage
- 734 Flat foot
- 735 Acquired deformities of toe
- 736 Other acquired deformities of limbs
- 737 Curvature of spine
- 738 Other acquired deformity
- 739 Non-allopathic lesions, not elsewhere classified

CONGENITAL ANOMALIES

740	Anencephalus and similar anomalies
741	Spina bifida
742	Other congenital anomalies of nervous system
743	Congenital anomalies of eye
744	Congenital anomalies of ear, face and neck
745	Bulbus cordis anomalies and anomalies of cardiac septal closure
746	Other congenital anomalies of heart
747	Other congenital anomalies of circulatory system
748	Congenital anomalies of respiratory system
749	Cleft palate and cleft lip
750	Other congenital anomalies of upper alimentary tract
751	Other congenital anomalies of digestive system
752	Congenital anomalies of genital organs
753	Congenital anomalies of urinary system
754	Certain congenital musculoskeletal deformities
755	Other congenital anomalies of limbs
756	Other congenital musculoskeletal anomalies
757	Congenital anomalies of the integument
758	Chromosomal anomalies
759	Other and unspecified congenital anomalies

CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

760	Fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy
761	Fetus or newborn affected by maternal complications of pregnancy
762	Fetus or newborn affected by complications of placenta, cord and membranes
763	Fetus or newborn affected by other complications of labour and delivery
764	Slow fetal growth and fetal malnutrition
765	Disorders relating to short gestation and unspecified low birth weight
766	Disorders relating to long gestation and high birth weight
767	Birth trauma
768	Intrauterine hypoxia and birth asphyxia
769	Respiratory distress syndrome
770	Other respiratory conditions of fetus and newborn
771	Infections specific to the perinatal period
772	Fetal and neonatal haemorrhage
773	Haemolytic disease of fetus or newborn, due to isoimmunization
774	Other perinatal jaundice

- 775 Endocrine and metabolic disturbances specific to the fetus and newborn
- 776 Haematological disorders of fetus and newborn
- 777 Perinatal disorders of digestive system
- 778 Conditions involving the integument and temperature regulation of fetus and newborn
- 779 Other and ill-defined conditions originating in the perinatal period

SYMPTOMS, SIGNS AND ILL-DEFINED CONDITIONS

SYMPTOMS

- 780 No illness diagnosed
- 781 Symptoms involving nervous and musculoskeletal systems
- 782 Symptoms involving skin and other integumentary tissue
- 783 Symptoms concerning nutrition, metabolism and development
- 784 Symptoms involving head and neck
- 785 Symptoms involving cardiovascular system
- 786 Symptoms involving respiratory system and other chest symptoms
- 787 Symptoms involving digestive system
- 788 Symptoms involving urinary system
- 789 Other symptoms involving abdomen and pelvis

NON-SPECIFIC ABNORMAL FINDINGS

- 790 Non-specific findings on examination of blood
- 791 Non-specific findings on examination of urine
- 792 Non-specific abnormal findings in other body substances
- 793 Non-specific abnormal findings on radiological and other examinations of body structure
- 794 Non-specific abnormal results of function studies
- 795 Non-specific abnormal histological and immunological
- 796 Other non-specific abnormal findings

ILL-DEFINED AND UNKNOWN CAUSES OF MORBIDITY AND MORTALITY

- 797 Senility without mention of psychosis
- 798 Sudden death, cause unknown
- 799 Other ill-defined and unknown causes of morbidity and mortality

INJURY AND POISONING

FRACTURE OF SKULL

- 800 Fracture of vault of skull
- 801 Fracture of base of skull
- 802 Fracture of face bones
- 803 Other and unqualified skull fractures
- 804 Multiple fractures involving skull or face with other bones

FRACTURE OF SPINE AND TRUNK

- 805 Fracture of vertebral column without mention of spinal cord lesion
- 806 Fracture of vertebral column with spinal cord lesion
- 807 Fracture of rib(s), sternum, larynx and trachea
- 808 Fracture of pelvis
- 809 Ill-defined fractures of trunk

FRACTURE OF UPPER LIMB

- 810 Fracture of clavicle
- 811 Fracture of scapula
- 812 Fracture of humerus
- 813 Fracture of radius and ulna
- 814 Fracture of carpal bone(s)
- 815 Fracture of metacarpal bone(s)
- 816 Fracture of one or more phalanges of hand
- 817 Multiple fractures of hand bones
- 818 Ill-defined fractures of upper limb
- 819 Multiple fractures involving both upper limbs, and upper limb with rib(s) and sternum

FRACTURE OF LOWER LIMB

- 820 Fracture of neck of femur
- 821 Fracture of other and unspecified parts of femur
- 822 Fracture of patella
- 823 Fracture of tibia and fibula
- 824 Fracture of ankle
- 825 Fracture of one or more tarsal and metatarsal bones

- 826 Fracture of one or more phalanges of foot
- 827 Other, multiple and ill-defined fractures of lower limb
- 828 Multiple fractures involving both lower limbs, lower and upper limb, and lower limb(s) with rib(s) and sternum
- 829 Fracture of unspecified bones

DISLOCATION

- 830 Dislocation of jaw
- 831 Dislocation of shoulder
- 832 Dislocation of elbow
- 833 Dislocation of wrist
- 834 Dislocation of finger
- 835 Dislocation of hip
- 836 Dislocation of knee
- 837 Dislocation of ankle
- 838 Dislocation of foot
- 839 Other, multiple and ill-defined dislocations

SPRAINS AND STRAINS OF JOINTS AND ADJACENT MUSCLES

- 840 Sprains and strains of shoulder and upper arm
- 841 Sprains and strains of elbow and forearm
- 842 Sprains and strains of wrist and hand
- 843 Sprains and strains of hip and thigh
- 844 Sprains and strains of knee and leg
- 845 Sprains and strains of ankle and foot
- 846 Sprains and strains of sacroiliac region
- 847 Sprains and strains of other and unspecified parts of back
- 848 Other and ill-defined sprains and strains

INTRACRANIAL INJURY, EXCLUDING THOSE WITH SKULL FRACTURE

- 850 Concussion
- 851 Cerebral laceration and contusion
- 852 Subarachnoid, subdural and extradural haemorrhage, following injury
- 853 Other and unspecified intracranial haemorrhage following injury
- 854 Intracranial injury of other and unspecified nature

INTERNAL INJURY OF CHEST, ABDOMEN AND PELVIS

- 860 Traumatic pneumothorax and haemothorax
- 861 Injury to heart and lung
- 862 Injury to other and unspecified intrathoracic organs
- 863 Injury to gastrointestinal tract
- 864 Injury to liver
- 865 Injury to spleen
- 866 Injury to kidney
- 867 Injury to pelvic organs
- 868 Injury to other intra-abdominal organs
- 869 Injury to to unspecified or ill-defined organs

OPEN WOUND OF HEAD, NECK AND TRUNK

- 870 Open wound of ocular adnexa
- 871 Open wound of eyeball
- 872 Open wound of ear
- 873 Other open wound of head
- 874 Open wound of neck
- 875 Open wound of chest (wall)
- 876 Open wound of back
- 877 Open wound of buttock
- 878 Open wound of genital organs (external), including traumatic amputation
- 879 Open wound of other and unspecified sites, except limbs

OPEN WOUND OF UPPER LIMB

- 880 Open wound of shoulder and upper arm
- 881 Open wound of elbow, forearm and wrist
- 882 Open wound of hand except finger(s) alone
- 883 Open wound of finger(s)
- 884 Multiple and unspecified open wound of upper limb
- 885 Traumatic amputation of thumb (complete) (partial)
- 886 Traumatic amputation of other finger(s) (complete) (partial)
- 887 Traumatic amputation of arm and hand (complete) (partial)

OPEN WOUND OF LOWER LIMB

- 890 Open wound of hip and thigh
- 891 Open wound of knee, leg (except thigh) and ankle
- 892 Open wound of foot except toe(s) alone
- 893 Open wound of toe(s)
- 894 Multiple and unspecified open wound of lower limb
- 895 Traumatic amputation of toe(s) (complete) (partial)
- 896 Traumatic amputation of foot (complete) (partial)
- 897 Traumatic amputation of leg(s) (complete) (partial)

INJURY OF BLOOD VESSELS

- 900 Injury to blood vessels of head and neck
- 901 Injury to blood vessels of thorax
- 902 Injury to blood vessels of abdomen and pelvis
- 903 Injury to blood vessels of upper extremity
- 904 Injury to blood vessels of lower extremity and unspecified sites

LATE EFFECTS OF INJURIES, POISONINGS, TOXIC EFFECTS AND OTHER EXTERNAL CAUSES

- 905 Late effects of musculoskeletal and connective tissue injuries
- 906 Late effects of injuries to skin and subcutaneous tissues
- 907 Late effects of injuries to the nervous system
- 908 Late effects of other and unspecified injuries
- 909 Late effects of other and unspecified external causes

SUPERFICIAL INJURY

- 910 Superficial injury of face, neck and scalp except eye
- 911 Superficial injury of trunk
- 912 Superficial injury of shoulder and upper arm
- 913 Superficial injury of elbow, forearm and wrist
- 914 Superficial injury of hands(s) except finger(s) alone
- 915 Superficial injury of finger(s)
- 916 Superficial injury of hip, thigh, leg and ankle
- 917 Superficial injury of foot and toe(s)
- 918 Superficial injury of eye and adnexa
- 919 Superficial injury of other, multiple and unspecified sites

CONTUSION WITH INTAKE SKIN SURFACE

- 920 Contusion of face, scalp, and neck except eye(s)
- 921 Contusion of eye and adnexa
- 922 Contusion of trunk
- 923 Contusion of upper limb
- 924 Contusion of lower limb and of other and unspecified sites

CRUSHING INJURY

- 925 Crushing injury of face, scalp and neck
- 926 Crushing injury of trunk
- 927 Crushing injury of upper limb
- 928 Crushing injury of lower limb
- 929 Crushing injury of multiple and unspecified sites

EFFECTS OF FOREIGN BODY ENTERING THROUGH ORIFICE

- 930 Foreign body on external eye
- 931 Foreign body in ear
- 932 Foreign body in nose
- 933 Foreign body in pharynx and larynx
- 934 Foreign body in trachea, bronchus and lung
- 935 Foreign body in mouth, oesophagus and stomach
- 936 Foreign body in intestine and colon
- 937 Foreign body in anus and rectum
- 938 Foreign body in digestive system, unspecified
- 939 Foreign body in genitourinary tract

BURNS

- 940 Burn confined to eye and adnexa
- 941 Burn of face, head and neck
- 942 Burn of trunk
- 943 Burn of upper limb, except wrist and hand
- 944 Burn of wrist(s) and hand(s)
- 945 Burn of lower limb(s)
- 946 Burns of multiple specified sites
- 947 Burn on internal organs

- 948 Burns classified according to extent of body surface involved
949 Burn, unspecified

INJURY TO NERVES AND SPINAL CORD

- 950 Injury to optic nerve and pathways
951 Injury to other cranial nerve(s)
952 Spinal cord lesion without evidence of spinal bone injury
953 Injury to nerve roots and spinal plexus
954 Injury to other nerve(s) of trunk excluding shoulder and pelvic girdles
955 Injury to peripheral nerve(s) of shoulder girdle and upper limb
956 Injury to peripheral nerve(s) of pelvic girdle and lower limb
957 Injury to other and unspecified nerves

CERTAIN TRAUMATIC COMPLICATIONS AND UNSPECIFIED INJURIES

- 958 Certain early complications of trauma
959 Injury, other and unspecified

POISONING BY DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES

- 960 Poisoning by antibiotics
961 Poisoning by other anti-infectives
962 Poisoning by hormones and synthetic substitutes
963 Poisoning by primarily systemic agents
964 Poisoning by agents primarily affecting blood constituents
965 Poisoning by analgesics, antipyretics and antirheumatics
966 Poisoning by anticonvulsants and anti-Parkinsonism drugs
967 Poisoning by sedatives and hypnotics
968 Poisoning by other central nervous system depressants
969 Poisoning by psychotropic agents
970 Poisoning by central nervous system stimulants
971 Poisoning by drugs primarily affecting the autonomic nervous system
972 Poisoning by agents primarily affecting the cardiovascular system
973 Poisoning by agents primarily affecting the gastrointestinal system
974 Poisoning by water, mineral and uric acid metabolism drugs
975 Poisoning by agents primarily acting on the smooth and skeletal muscles and respiratory system
976 Poisoning by agents primarily affecting skin and mucous membrane,

- ophthalmological, otorhinolaryngological and dental drugs
- 977 Poisoning by other and unspecified drugs and medicaments
- 978 Poisoning by bacterial vaccines
- 979 Poisoning by other vaccines and biological substances

TOXIC EFFECTS OF SUBSTANCES CHIEFLY NON-MEDICINAL AS TO SOURCES

- 980 Toxic effect of alcohol
- 981 Toxic effect of petroleum products
- 982 Toxic effect of solvents other than petroleum-based
- 983 Toxic effect of corrosive aromatics, acids and caustic alkalis
- 984 Toxic effect of lead and its compounds (including fumes)
- 985 Toxic effect of other metals
- 986 Toxic effect of carbon monoxide
- 987 Toxic effect of other gases, fumes or vapours
- 988 Toxic effect of noxious substances eaten as food
- 989 Toxic effect of other substances, chiefly non-medicinal as to source

OTHER AND UNSPECIFIED EFFECTS OF EXTERNAL CAUSES

- 990 Effects of radiation, unspecified
- 991 Effects of reduced temperature
- 992 Effects of heat and light
- 993 Effects of air pressure
- 994 Effects of other external causes
- 995 Certain adverse effects not elsewhere classified

COMPLICATIONS OF SURGICAL AND MEDICAL CARE NOT ELSEWHERE CLASSIFIED

- 996 Complications peculiar to certain specified procedures
- 997 Complications affecting specified body systems, not elsewhere classified
- 998 Other complications of procedures, not elsewhere classified
- 999 Complications of medical care, not elsewhere classified

HOSPITAL CODES

EASTERN REGIONAL INTEGRATED HEALTH AUTHORITY		
Hospital Name	Location	Hospital Code
Dr. Walter Templeman Health Care Centre	Bell Island	0353
Bonavista Community Health Centre	Bonavista	0345
Burin Peninsula Health Centre	Burin	0302
Carbonear General Hospital	Carbonear	0230
Dr. G.B. Cross Memorial Hospital	Clareville	0248
Grand Bank Community Health Centre	Grand Bank	0016
Dr. A.A. Wilkinson Memorial Hospital	Old Perlican	0337
Placentia Health Care Centre	Placentia	0418
Health Sciences Centre	St. John's	0256
Janeway Children's Health & Rehabilitation Centre	St. John's	0281
Leonard A. Miller Centre	St. John's	0370
St. Clare's Mercy Hospital	St. John's	0264
Waterford Hospital	St. John's	0361
U.S. Memorial Community Health Centre	St. Lawrence	0022
Dr. Wm. H. Newhook Community Health Centre	Whitbourne	0400

CENTRAL REGIONAL INTEGRATED HEALTH AUTHORITY		
Hospital Name	Location	Hospital Code
Baie Verte Peninsula Health Centre	Baie Verte	0051
Dr. Hugh Twomey Health Centre	Botwood	0451
Brookfield/Bonnews Health Care Centre	Brookfield	0299
A.M. Guy Memorial Hospital	Buchans	0434
Fogo Island Hospital	Fogo	0329
James Paton Memorial Hospital	Gander	0205
Central Newfoundland Regional Health Centre	Grand Falls-Windsor	0213
Connaigre Peninsula Health Centre	Harbour Breton	0311
North Haven Emergency Centre	Lewisporte	0200
Green Bay Community Health Centre	Springdale	0426
Notre Dame Bay Memorial Health Centre	Twillingate	0221

WESTERN REGIONAL INTEGRATED HEALTH AUTHORITY

Hospital Name	Location	Hospital Code
Bonne Bay Health Centre	Bonne Bay	0442
Calder Health Care Centre	Burgeo	0388
Western Memorial Regional Hospital	Corner Brook	0175
Dr. Charles L. LeGrow Health Centre	Port aux Basques	0191
Sir Thomas Roddick Hospital	Stephenville	0183

LABRADOR-GRENFELL REGIONAL INTEGRATED HEALTH AUTHORITY

Hospital Name	Location	Hospital Code
Labrador Health Centre	Happy Valley-Goose Bay	0167
Captain William Jackman Memorial Hospital	Labrador City	0159
Rufus Guinchard Health Care Centre	Port Saunders	0396
Dr. Charles S. Curtis Memorial Hospital	St. Anthony	0141

ABBREVIATED TERMS

ACID	Audit & Claims Integrity Division
ADR	Alternate Dispute Resolution
BVA	Beneficiary Verification Audit
CDHP	Children's Dental Health Program
DHP	Dental Health Program
DIM	Dental Information Manual
DMC	Dental Monitoring Committee
DOB	Date of Birth
DOHCS	Department of Health & Community Services
HRLE	Human Resources, Labour & Employment
IC	Independent Consideration
ICD	International Classification of Diseases
IS	Income Support
LI	Low Income
MCIA	Medical Care Insurance Act
MCP	Medical Care Plan
NL	Newfoundland & Labrador
NLDA	Newfoundland & Labrador Dental Association
NLMA	Newfoundland & Labrador Medical Association
NLPDP	Newfoundland & Labrador Prescription Drug Program
PA	Prior Approval
PIN	Patient Identification Number
RC	Reason Code
ROS	Record of Service
SIN	Social Insurance Number
TAD	Turn Around Document
WHSCC	Workplace Health, Safety & Compensation Commission

Medical Care Plan

DENTAL INFORMATION MANUAL

Department
Of
Health &
Community
Services



Dental Information Manual

Medical Care Plan

Department of Health & Community Services

APRIL, 2011




Newfoundland
Labrador

DENTAL HEALTH PLAN

Table of Contents

DEFINITIONS.....	1
Fee	1
Difference Billing.....	1
Consultation	1
PAYMENT MODEL.....	1
DIFFERENCE BILLING	2
ELIGIBILITY	2
REMARKS CODES.....	3
PRIOR APPROVAL	3
INDEPENDENT CONSIDERATION.....	3
LABORATORY PROCEDURES.....	4
INCOME SUPPORT PROGRAM	4
PORTABILITY	4
AGE LIMITS	4
FREQUENCY.....	5
EXAMINATIONS, CLEANINGS, FLUORIDE, X-RAYS AND RESTORATIONS.....	5
ORTHODONTIC TREATMENT	6
FRACTURED PERMANENT ANTERIOR TEETH.....	7
DENTURES (ADULT DENTAL).....	7
MISCELLANEOUS	7
PEDODONTIST (PEDIATRIC DENTIST) COVERAGE	8

DENTAL HEALTH PLAN

Preamble

1. This Payment Schedule has been prepared to assist providers in the preparation of claims for insured services rendered under the Adult Dental Program, **effective January 1, 2012.**

2. **DEFINITIONS**

- 2.1 **Fee**

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

- 2.2 **Difference Billing**

- 2.2.1 This definition only applies to patients who have dental insurance.

- 2.2.2 The provider will then invoice the insurer or the patient the full 100% for services provided. There are two possible scenarios:

- (a) Where the private insurance coverage is 80%, if the provider invoices the insurer directly and the insurer provides payment that is less than 80% of the Dental Health Plan rate, the provider may invoice the patient for the difference. This amount is called Difference Billing.

- (b) Where the private insurance coverage is 80%, if the provider invoices the patient directly, the patient will pay the dentist the total 80% of the Dental Health Plan rate and will seek reimbursement from their insurer for the amount permitted under their policy. If there is a difference between what the patient pays the provider and what they receive from their insurer, the patient will be responsible for this amount.

- 2.3 **Consultation**

Refers to a situation wherein a Dentist, in light of their professional knowledge of a patient, requests the opinion of a Specialist because of a surgical-dental problem. The consultant is obliged to assess that problem fully, review the laboratory or other data and submit their views in writing to the referring physician. Patients referred for "treatment only" may not be claimed as a consultation. Prior approval to bill for this service is required.

3. **PAYMENT MODEL**

- 3.1 Government will be the payer of last resort for dental services under this plan. If a client has other insurance, the other insurer must be billed before billing the Dental Health Plan.

DENTAL HEALTH PLAN

Preamble

4. DIFFERENCE BILLING

In circumstances where a client has other insurance and the insurer's rates are below the rates listed in the Dental Health Plan Payment Schedule, the provider may Difference Bill the client to obtain the total fee listed in the Dental Health Plan Payment Schedule for each listed service.

5. ELIGIBILITY

5.1 This Plan provides payment for dental services through:

- (a) The Children's Dental Program: All services listed for individuals from birth to age 12, except where otherwise noted in the Payment Schedule.
- (b) The Income Support 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.
- (c) Access Plan Enhancement (Low Income): "Basic Services" only, as listed in the Payment Schedule, **for children 13-17 years of age who are eligible under the Access Plan.**
 - (i) Dental Health Plan coverage for eligible children is the same as the Income Support Program.
 - (ii) Applications and assessment of eligibility is through the Newfoundland and Labrador Prescription Drug Program (NLPDP) registration office in Stephenville.
 - (iii) Proof of eligibility must be given to the dental office at the time of presentation for treatment.
- (d) Adult Dental Program: "Basic Services" only plus a denture component as listed in the Adult Dental Program Payment Schedule.
 - (i) Limited to clients enrolled under the Foundation Plan, Access Plan and the 65Plus Plan of the Newfoundland and Labrador Prescription Drug Program (NLPDP).
 - (ii) Dental Health Plan coverage, for eligible adults, as listed in the Adult Payment Schedule. (Appendix 4)
 - (iii) No preventive services (no cleanings and/or fluorides)

DENTAL HEALTH PLAN

Preamble

(iv)Proof of eligibility required. For adults enrolled in The Foundation Plan from the DAES, an MCP number, DAES PIN number and File number are required for billing purposes. This will be the vast majority of cases.

For adults enrolled in The Foundation Plan but NOT transferred from DAES (eg: ambulance cards from Regional Health Authorities), confirmation of enrolment should be obtained from NLPDP offices and the MCP number will be the only identification needed upon submission of claim.

Confirmation of eligibility by dental offices can be done via a toll free number: 1-888-859-3535.

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

5.3 Providers who wish to explore the possibility of other treatment for individuals in this category should contact the Dental Director for verification of eligibility under the Dental Health Plan. For extraordinary cases, these requests may be placed before the Dental Monitoring Committee for final adjudication.

5.4 Only those dental services listed in this Payment Schedule, or specifically approved by the Dental Monitoring Committee, will be paid through the Dental Health Plan. Those which require Prior Approval are noted as such in the Payment Schedule.

6. 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 Information Manual.

7. PRIOR APPROVAL

A "Prior Approval" Number is required for dentures, root canal treatment, posts and post/cores, porcelain and porcelain fused to metal crowns under the Children's Dental Plan. A Prior Approval Number is not required for dentures under the Adult Dental Program.

8. INDEPENDENT CONSIDERATION

An Independent Consideration (IC) form may be used to explain a claim made without a required Prior Approval Number or where an adequate Remarks Code is not available.

DENTAL HEALTH PLAN

Preamble

9. LABORATORY PROCEDURES

9.1 A laboratory procedure done in-office may be claimed at a fee comparable to a Newfoundland commercial laboratory fee.

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

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

10. INCOME SUPPORT PROGRAM

10.1 The **Department of Advanced Education and Skills** does not authorize the provision of, or payment for, any dental treatment. The Department verifies only the patient's inability to pay for treatment.

10.2 All recipients of Income Support are enrolled in the Foundation Plan a valid MCP number, DAES identification number, DAES file number (Income Support Card) 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.

10.3 Fees payable by the Dental Health Plan are as listed in this Payment Schedule.

10.4 Scaling and/or other periodontal procedures are not eligible under the Adult Dental Program.

11. PORTABILITY

Benefits of this Plan are not portable outside the Province of Newfoundland and Labrador except for Newfoundland and Labrador children attending the Halifax School for the Blind.

12. AGE LIMITS

Except for root canal or crown/bridgework (when eligible) treatment must be begun within the appropriate age. Claims for treatment beyond the expiry limits of the Programs described will not be accepted for payment.

DENTAL HEALTH PLAN

Preamble

13. FREQUENCY

13.1 EXAMINATIONS, CLEANINGS, FLUORIDE, X-RAYS AND RESTORATIONS

- 13.1.1** Children up to and including age 12 are eligible for one examination every 6 months and one dental cleaning and 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.

Fluoride treatments are eligible to patients 6 to 12 years of age only.

In addition, single bitewing or periapical x-rays may be used if necessary to investigate an emergency situation. Such a situation will require specific and clearly detailed documentation. Claims for these cases must be submitted as IC.

- 13.1.2** For fillings of permanent teeth, the use of either amalgam or composite fillings will be at the discretion of the dentist and the Dental Health Plan rates listed will apply.

- 13.1.3** Sealants will be 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.

- 13.1.4** Persons aged 13 to 17, inclusive, and receiving Income Support or who are registered under the Access Plan (Low Income) 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.

Also, 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 IC; especially if the clinical situation required more than a single film. The appropriate Remarks Code is required.

DENTAL HEALTH PLAN

Preamble

- 13.1.5** **Persons aged 18 years and older and covered under the Foundation, Access and 65Plus Plans will be eligible for an examination and two bitewing x-rays every 36 months. Basic restorations as listed in the Adult Dental Payment Schedule are eligible once every 36 months. Cleanings and fluorides are not eligible under the Adult Dental Program.**

New dentures are eligible once every eight years. Repair/relines are eligible once within the eight year cycle.

- 13.1.6** Emergency examination - An emergency examination is payable when the patient is seen as a result of pain, infection or trauma. A Remarks Code is required for this fee code.

- 13.1.7** Specific oral examination - This category is intended to provide for services such as a follow up visit to emergency treatment, or for a specific reason that would not reasonably be expected to be determined at a regular or routine visit. It is not to be a vehicle to accommodate casual or non-emergent questions from parents relating to eruption patterns or perceived tooth anomalies. A Remarks Code is required for this fee code.

14. ORTHODONTIC TREATMENT

- 14.1** Orthodontic service is not included in the Dental Health Plan except if essential to the treatment of maxillary clefts of hard tissue or in other cases deemed appropriate by the Dental Monitoring Committee and in certain, very severe, cases of malocclusion in children of parents in receipt of Income Support.

Decision of approval for payment must be made by the Dental Monitoring Committee.

- 14.2** In a situation where a provider requests 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 Director, together with a detailed report of the malocclusion and its sequelae. Information should include details on Income Support, overbite, overjet, tissue impingement, speech problems, saliva control and the source of the request for treatment; whether coming from the provider, the patient or the patient's parent(s).

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

DENTAL HEALTH PLAN

Preamble

15. FRACTURED PERMANENT ANTERIOR TEETH

Under the Children's Dental Program, 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. Prior Approval is required.

16. DENTURES (ADULT DENTAL)

16.1 Standard dentures are covered under the Adult Dental Program at rates specified in this schedule.

- (i) Patients are eligible for a new denture once every eight years. Repairs and/or relines are eligible once within the eight year cycle (per denture).**
- (ii) Fees listed include laboratory costs**
- (iii) Denture fees are for standard type of denture**
- (iv) There is no balance billing for denture services**
- (v) In cases where a provider and patient agree to a specialized denture, the Adult Dental Program will pay to the maximum of a standard denture listed in the Payment Schedule toward the more expensive denture. The difference in cost will be the responsibility of the patient. If a standard denture is delivered, there will be no cost to the patient as per the no balance billing policy of the Dental Health Plan.**

17. MISCELLANEOUS

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

17.1.2 Restorations are payable in all deciduous canines.

17.1.3 Stainless steel crowns are restricted to deciduous molars.

17.1.4 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.

17.1.5 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.

DENTAL HEALTH PLAN

Preamble

18. PEDODONTIST (PEDIATRIC DENTIST) COVERAGE

18.1 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.

18.2 Fees for insured procedures performed by a certified Pedodontist on a non-referred patient will be those listed in the 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 Dental Health Plan Payment Schedule for Dental Specialists.

18.3 Any in-hospital treatment procedures performed by a certified Pedodontist 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.

ADULT DENTAL PROGRAM

GENERAL PROVIDERS

Code	Description	100%	20%	30%	40%	50%
DIAGNOSTIC SECTION						
EXAMINATIONS						
85501	- Limited oral (new patient)	34.64	6.93	10.39	13.86	17.32
85503	- Emergency (Remarks Code required)	41.96	8.39	12.59	16.78	20.98
RADIOGRAPHS						
Bitewing						
85507	- One (see Preamble)	17.80	3.56	5.34	7.12	8.90
85509	- Two (see Preamble)	23.34	4.67	7.00	9.34	11.67
Periapical						
85511	- One (Remarks Code required)	17.80	3.56	5.34	7.12	8.90
85512	- Two (Remarks Code required)	23.34	4.67	7.00	9.34	11.67
Panoramic						
85513	- One (Restricted to Oral Surgeon) (Remarks Code required)					
RESTORATIVE SECTION						
85514	- 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	77.34	15.47	23.20	30.94	38.67
DENTAL RESTORATIONS						
Primary Canine and Molar Teeth						
85515	- One surface	64.08	12.82	19.22	25.63	32.04
85517	- Two surface	96.26	19.25	28.88	38.50	48.13
85519	- Three surface	113.92	22.78	34.18	45.57	56.96
85521	- Four surface	132.57	26.51	39.77	53.03	66.29
Permanent Anteriors and Premolars						
85523	- One surface	84.52	16.90	25.36	33.81	42.26
85525	- Two surface	121.95	24.39	36.59	48.78	60.98
85527	- Three surface	148.35	29.67	44.51	59.34	74.18
85529	- Four surface or more	183.89	36.78	55.17	73.56	91.95
Permanent Molars - Amalgam Fillings						
85531	- One surface	80.60	16.12	24.18	32.24	40.30
85533	- Two surface	110.72	22.14	33.22	44.29	55.36
85535	- Three surface	148.53	29.71	44.56	59.41	74.27
85537	- Four surface	174.13	34.83	52.24	69.65	87.07
85539	- Five surface	205.55	41.11	61.67	82.22	102.78

ADULT DENTAL PROGRAM

GENERAL PROVIDERS

Code	Description	100%	20%	30%	40%	50%
Permanent Molars - Tooth Colored Bonded Fillings						
85541	- One surface	112.00	22.40	33.60	44.80	56.00
85543	- Two surface	158.07	31.61	47.42	63.23	79.04
85545	- Three surface	197.09	39.42	59.13	78.84	98.55
85547	- Four surface	238.56	47.71	71.57	95.42	119.28
85549	- Five surface	274.96	54.99	82.49	109.98	137.48
Retentive Pins						
85551	- One pin	20.28	4.06	6.08	8.11	10.14
85553	- Two or more pins	32.04	6.41	9.61	12.82	16.02

ORAL SURGERY SECTION

REMOVALS

85555	- Single tooth removal, uncomplicated	87.66	17.53	26.30	35.06	43.83
85557	- Each additional tooth removed in the same quadrant	46.90	9.38	14.07	18.76	23.45
85559	- Odontectomy, surgical approach, requiring surgical flap and/or sectioning of tooth (Except for third molar impactions, in which case the Surgical Dental Schedule should be used, noting the applicable restrictions)	170.96	34.19	51.29	68.38	85.48

PROSTHODONTICS REMOVABLE

DENTIST:

Complete Dentures, Standard

85561	- Denture: complete, upper Including laboratory fees	750.00	150.00	225.00	300.00	375.00
85562	- Denture: complete, lower Including laboratory fees	750.00	150.00	225.00	300.00	375.00
85564	- Denture complete reline, upper Including laboratory fees	211.00	42.20	63.60	84.40	105.50
85565	- Denture complete reline, lower Including laboratory fees	211.00	42.20	63.60	84.40	105.50
85566	- Denture immediate post extraction Insertion including laboratory fees	532.00	106.40	159.60	212.80	266.00
85567	- Repairs - \$42/15 minutes to maximum of \$120 including laboratory fees – per denture					

ADULT DENTAL PROGRAM

GENERAL PROVIDERS

Code	Description	100%	20%	30%	40%	50%
PARTIAL DENTURES						
85568	Denture: partial – upper Including laboratory fees	503.00	100.60	150.90	201.20	251.50
85569	Denture: partial – lower Including laboratory fees	503.00	100.60	150.90	201.20	251.50
85570	Denture: partial reline – upper Including laboratory fees	211.00	42.20	63.60	84.40	105.50
85571	Denture: partial reline– lower Including laboratory fees	211.00	42.20	63.60	84.40	105.50
85572	Repairs - \$42/15 minutes to maximum of \$120 including laboratory fees – per denture					
DENTURIST:						
Complete Dentures, Standard						
85573	Denture: complete, upper Including laboratory fees	646.00	129.20	193.80	258.40	323.00
85574	Denture: complete, lower Including laboratory fees	646.00	129.20	193.80	258.40	323.00
85576	Denture: complete, reline, upper Including laboratory fees	127.00	25.40	38.10	50.80	63.50
85577	Denture complete, reline- lower Including laboratory fees	127.00	25.40	38.10	50.80	63.50
85578	Repairs - \$34/15 minutes to maximum of \$90 - including laboratory fees					
PARTIAL DENTURES						
85579	Denture: partial – upper Including laboratory fees	494.00	98.80	148.20	197.60	247.00
85580	Denture: partial – lower Including laboratory fees	494.00	98.80	148.20	197.60	247.00
85581	Denture: partial reline – upper Including laboratory fees	127.00	25.40	38.10	50.80	63.50
85582	Denture: partial reline– lower Including laboratory fees	127.00	25.40	38.10	50.80	63.50
85583	Repairs - \$34/15 minutes to maximum of \$90 - including laboratory fees					

ADULT DENTAL PROGRAM

SPECIALISTS

Code	Description	100%	20%	30%	40%	50%
DIAGNOSTIC SECTION						
EXAMINATIONS						
85501	- Limited oral (new patient)	41.57	8.31	12.47	16.63	20.79
85503	- Emergency (Remarks Code required)	50.36	10.07	15.11	20.14	25.18
RADIOGRAPHS						
Bitewing						
85507	- One (see Preamble)	21.36	4.27	6.41	8.54	10.68
85509	- Two (see Preamble)	28.02	5.60	8.41	11.21	14.01
Periapical						
85511	- One (Remarks Code required)	21.36	4.27	6.41	8.54	10.68
85512	- Two (Remarks Code required)	28.02	5.60	8.41	11.21	14.01
Panoramic						
85513	- One (Restricted to Oral Surgeon) (Remarks Code required)	80.09	16.02	24.03	32.04	40.05
RESTORATION SECTION						
85514	- 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	92.81	18.56	27.84	37.12	46.41
DENTAL RESTORATIONS						
Primary Canine and Molar Teeth						
85515	- One surface	76.91	15.38	23.07	30.76	38.46
85517	- Two surface	115.51	23.10	34.65	46.20	57.76
85519	- Three surface	136.72	27.34	41.02	54.69	68.36
85521	- Four surface	159.09	31.82	47.73	63.64	79.55
Permanent Anteriors and Premolars						
85523	- One surface	101.42	20.28	30.43	40.57	50.71
85525	- Two surface	146.33	29.27	43.90	58.53	73.17
85527	- Three surface	178.01	35.60	53.40	71.20	89.01
85529	- Four surface or more	220.67	44.13	66.20	88.27	110.34

ADULT DENTAL PROGRAM

SPECIALISTS

Code	Description	100%	20%	30%	40%	50%
Permanent Molars - Amalgam Fillings						
85531	- One surface	96.72	19.34	29.02	38.69	48.36
85533	- Two surface	132.86	26.57	39.86	53.14	66.43
85535	- Three surface	178.24	35.65	53.47	71.30	89.12
85537	- Four surface	208.96	41.79	62.69	83.58	104.48
85539	- Five surface	246.66	49.33	74.00	98.66	123.33
Permanent Molars - Tooth Colored Bonded Fillings						
85541	- One surface	134.40	26.88	40.32	53.76	67.20
85543	- Two surface	189.69	37.94	56.91	75.88	94.85
85545	- Three surface	236.51	47.30	70.95	94.60	118.26
85547	- Four surface	286.27	57.25	85.88	114.51	143.14
85549	- Five surface	329.95	65.99	98.99	131.98	164.98
Retentive Pins						
85551	- One pin	24.34	4.87	7.30	9.74	12.17
85553	- Two or more pins	38.46	7.69	11.54	15.38	19.23

ORAL SURGERY SECTION

REMOVALS

85555	- Single tooth removal, uncomplicated	105.20	21.04	31.56	42.08	52.60
85557	- Each additional tooth removed in the same quadrant	56.28	11.26	16.88	22.51	28.14
85559	- Odontectomy, surgical approach, requiring surgical flap and/or sectioning of tooth (Except for third molar impactions, in which case the Surgical Dental Schedule should be used, noting the applicable restrictions)	205.14	41.03	61.54	82.06	102.57

DENTAL HEALTH PLAN

April 1, 2012

GENERAL PRACTITIONERS

High Freq Code	Code	Description	100%	20%	30%	40%	50%
	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.					
	86101	Surgical, Specific (Prior Approval required)					
EXAMINATIONS							
01	86110	Limited oral (recall patient)	31.74	6.35	9.52	12.70	15.87
02	86111	Limited oral (new patient)	36.03	7.21	10.81	14.41	18.02
	86114	Specific oral (Remarks Code required)	41.15	8.23	12.35	16.46	20.58
03	86115	Emergency (Remarks Code required)	43.64	8.73	13.09	17.46	21.82
RADIOGRAPHS							
Bitewing							
	86200	- one (see Preamble)	18.51	3.70	5.55	7.40	9.26
04	86210	- two (see Preamble)	24.27	4.85	7.28	9.71	12.14
Periapical							
05	86240	- one (Remarks Code required)	18.51	3.70	5.55	7.40	9.26
	86250	- two (Remarks Code required)	24.27	4.85	7.28	9.71	12.14
Panoramic							
	86280	-one (Restricted to Oral Surgeon) (Remarks Code required)					

DENTAL HEALTH PLAN

April 1, 2012

GENERAL PRACTITIONERS

High Freq Code	Code	Description	100%	20%	30%	40%	50%
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	80.43	16.09	24.13	32.17	40.22
DENTAL RESTORATIONS							
Primary Canine and Molar Teeth							
11	86420	- one surface	66.64	13.33	19.99	26.66	33.32
12	86430	- two surface	100.11	20.02	30.03	40.04	50.06
13	86440	- three surface	118.48	23.70	35.54	47.39	59.24
	86450	- four surface	137.87	27.57	41.36	55.15	68.94
Permanent Anteriors and Premolars							
14	86460	- one surface	87.90	17.58	26.37	35.16	43.95
	86470	- two surface	126.83	25.37	38.05	50.73	63.42
	86480	- three surface	154.28	30.86	46.28	61.71	77.14
	86490	- four surface or more	191.25	38.25	57.38	76.50	95.63
Permanent Molars - Amalgam Fillings							
15	86500	- one surface	83.82	16.76	25.15	33.53	41.91
16	86510	- two surface	115.15	23.03	34.55	46.06	57.58
	86520	- three surface	154.47	30.89	46.34	61.79	77.24
	86530	- four surface	181.10	36.22	54.33	72.44	90.55
	86540	- five surface	213.77	42.75	64.13	85.51	106.89
Permanent Molars - Tooth Colored Bonded Fillings							
	86501	- one surface	116.48	23.30	34.94	46.59	58.24
	86502	- two surface	164.39	32.88	49.32	65.76	82.2
	86503	- three surface	204.97	40.99	61.49	81.99	102.49
	86504	- four surface	248.10	49.62	74.43	99.24	124.05
	86505	- five surface	285.96	57.19	85.79	114.38	142.98
Retentive Pins							

DENTAL HEALTH PLAN**April 1, 2012****GENERAL PRACTITIONERS**

86550	- one pin	21.09	4.22	6.33	8.44	10.55
86551	- two pins	33.32	6.66	10.00	13.33	16.66

DENTAL HEALTH PLAN

April 1, 2012

GENERAL PRACTITIONERS

High Freq Code	Code	Description	100%	20%	30%	40%	50%
ORAL SURGERY SECTION							
REMOVALS							
18	86600	Single tooth removal, uncomplicated, birth to age 12	91.17	18.23	27.35	36.47	45.59
19	86610	Each additional tooth removed, same quadrant, birth to age 12	48.78	9.76	14.63	19.51	24.39
	86615	Single tooth removal, Income Support recipients aged 13 years and over ONLY	91.17	18.23	27.35	36.47	45.59
	86616	Each additional tooth removed in the same quadrant, Income Support recipients aged 13 years and over ONLY	48.78	9.76	14.63	19.51	24.39
	86620	Odontectomy, surgical approach, requiring surgical flap and/or sectioning of tooth (Except for third molar impactions, in which case the Surgical Dental Schedule should be used, noting the applicable restrictions)	177.80	35.56	53.34	71.12	88.90
TRAUMA & REPAIRS							
Replantation, repositioning avulsed tooth or teeth (including splinting per unit of time), permanent teeth only:							
	86671	- one unit	72.51 +L	14.5 +L	21.75 +L	29 +L	36.26 +L
	86672	- each additional unit	72.51	14.50	21.75	29.00	36.26
Splinting Removal							
	86673	- one unit	134.46	26.89	40.34	53.78	67.23
	86674	- each additional unit	134.46	26.89	40.34	53.78	67.23
PROSTHODONTICS REMOVABLE							
Complete Dentures, Standard							
	87600	- maxillary (Prior Approval required)	633.11 +L	126.62 +L	189.93 +L	253.24 +L	316.56 +L
	87601	- mandibular (Prior Approval required)	707.13 +L	141.43 +L	212.14 +L	282.85 +L	353.57 +L
	87602	- maxillary and mandibular, combined (Prior Approval required)	1222.31 +L	244.46 +L	366.69 +L	488.92 +L	611.16 +L

DENTAL HEALTH PLAN

April 1, 2012

GENERAL PRACTITIONERS

High Freq Code	Code	Description	100%	20%	30%	40%	50%
<u>ADDITIONAL SERVICES</u>							
PREVENTIVE SECTION							
6	86350	Dental cleaning	32.24	6.45	9.67	12.90	16.12
9	86355	Fluoride topical (not self-administered) insured for patient 6 to 12 years of age only	19.44	3.89	5.83	7.78	9.72
Sealants							
	87180	- first tooth	26.32	5.26	7.90	10.53	13.16
	87181	- each additional tooth, same quadrant	16.08	3.22	4.82	6.43	8.04
RESTORATIVE SECTION							
Metal Prefabricated Restorations							
17	86560	Primary molars only	165.94	33.19	49.78	66.38	82.97
Posts, Cast Metal (Including Core) as a Separate Procedure							
	87290	Single section (Prior Approval required)	290.63 +L	58.13 +L	87.19 +L	116.25 +L	145.32 +L
Posts, Cast Metal (Including Core) Concurrent with Impression for Crown							
	87295	Single section (Prior Approval required)	161.74 +L	32.35 +L	48.52 +L	64.7 +L	80.87 +L
Crowns, Porcelain/Ceramic							
	87310	Porcelain/ceramic jacket (Prior Approval required)	673.68 +L	134.74 +L	202.1 +L	269.47 +L	336.84 +L
Crowns, Porcelain/Ceramic, Fused to Metal							
	87311	Porcelain, fused to metal (Prior Approval required)	668.74 +L	133.75 +L	200.62 +L	267.5 +L	334.37 +L

DENTAL HEALTH PLAN

April 1, 2012

GENERAL PRACTITIONERS

High Freq Code	Code	Description	100%	20%	30%	40%	50%
ENDODONTIA							
Pulpectomy							
	86760	Deciduous molars and canines (use Remarks Code 77)	111.21	22.24	33.36	44.48	55.61
Pulpotomy, Devitalized, Primary Dentition							
20	86770	Pulpotomy + final filling the same day	65.31	13.06	19.59	26.12	32.66
Pulpotomy							
	86772	Permanent, anterior	103.33	20.67	31.00	41.33	51.67
Root Canal Treatment							
	87339	One canal (Prior Approval required)	420.30	84.06	126.09	168.12	210.15

DENTAL HEALTH PLAN

April 1, 2012

SPECIALISTS

High Freq Code	Code	Description	100%	20%	30%	40%	50%
	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.	253.44	50.69	76.03	101.38	126.72
	86101	Surgical, Specific (Prior Approval required)	101.34	20.27	30.40	40.54	50.67
EXAMINATIONS							
01	86110	Limited oral (recall patient)	38.11	7.62	11.43	15.24	19.06
02	86111	Limited oral (new patient)	43.23	8.65	12.97	17.29	21.62
	86114	Specific oral (Remarks Code required)	49.39	9.88	14.82	19.76	24.70
03	86115	Emergency (Remarks Code required)	52.37	10.47	15.71	20.95	26.19
RADIOGRAPHS							
Bitewing							
	86200	- one (see Preamble)	22.21	4.44	6.66	8.88	11.11
04	86210	- two (see Preamble)	29.14	5.83	8.74	11.66	14.57
Periapical							
05	86240	- one (Remarks Code required)	22.21	4.44	6.66	8.88	11.11
	86250	- two (Remarks Code required)	29.14	5.83	8.74	11.66	14.57
Panoramic							
	86280	-one (Restricted to Oral Surgeon) (Remarks Code required)	83.29	16.66	24.99	33.32	41.65

DENTAL HEALTH PLAN

April 1, 2012

SPECIALISTS

High Freq Code	Code	Description	100%	20%	30%	40%	50%
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	96.52	19.30	28.96	38.61	48.26
DENTAL RESTORATIONS							
Primary Canine and Molar Teeth							
11	86420	- one surface	79.99	16.00	24.00	32.00	40.00
12	86430	- two surface	120.13	24.03	36.04	48.05	60.07
13	86440	- three surface	142.19	28.44	42.66	56.88	71.10
	86450	- four surface	165.45	33.09	49.64	66.18	82.73
Permanent Anteriors and Premolars							
14	86460	- one surface	105.48	21.10	31.64	42.19	52.74
	86470	- two surface	152.18	30.44	45.65	60.87	76.09
	86480	- three surface	185.13	37.03	55.54	74.05	92.57
	86490	- four surface or more	229.50	45.90	68.85	91.80	114.75
Permanent Molars - Amalgam Fillings							
15	86500	- one surface	100.59	20.12	30.18	40.24	50.30
16	86510	- two surface	138.17	27.63	41.45	55.27	69.09
	86520	- three surface	185.37	37.07	55.61	74.15	92.69
	86530	- four surface	217.32	43.46	65.20	86.93	108.66
	86540	- five surface	256.53	51.31	76.96	102.61	128.27
Permanent Molars - Tooth Colored Bonded Fillings							
	86501	- one surface	139.78	27.96	41.93	55.91	69.89
	86502	- two surface	197.28	39.46	59.18	78.91	98.64
	86503	- three surface	245.97	49.19	73.79	98.39	122.99
	86504	- four surface	297.72	59.54	89.32	119.09	148.86
	86505	- five surface	343.15	68.63	102.95	137.26	171.58
Retentive Pins							

DENTAL HEALTH PLAN**April 1, 2012****SPECIALISTS**

86550	- one pin	25.31	5.06	7.59	10.12	12.66
86551	- two pins	40.00	8.00	12.00	16.00	20.00

DENTAL HEALTH PLAN

April 1, 2012

SPECIALISTS

High Freq Code	Code	Description	100%	20%	30%	40%	50%
ORAL SURGERY SECTION							
REMOVALS							
18	86600	Single tooth removal, uncomplicated, birth to age 12	109.41	21.88	32.82	43.76	54.71
19	86610	Each additional tooth removed, same quadrant, birth to age 12	58.53	11.71	17.56	23.41	29.27
	86615	Single tooth removal, Income Support recipients aged 13 years and over ONLY	109.41	21.88	32.82	43.76	54.71
	86616	Each additional tooth removed in the same quadrant, Income Support recipients aged 13 years and over ONLY	58.53	11.71	17.56	23.41	29.27
	86620	Odontectomy, surgical approach, requiring surgical flap and/or sectioning of tooth (Except for third molar impactions, in which case the Surgical Dental Schedule should be used, noting the applicable restrictions)	213.35	42.67	64.01	85.34	106.68
TRAUMA & REPAIRS							
Replantation, repositioning avulsed tooth or teeth (including splinting per unit of time), permanent teeth only:							
	86671	- one unit	87.01 +L	17.4 +L	26.1 +L	34.8 +L	43.51 +L
	86672	- each additional unit	87.01	17.40	26.10	34.80	43.51
Splinting Removal							
	86673	- one unit	161.36	32.27	48.41	64.54	80.68
	86674	- each additional unit	161.36	32.27	48.41	64.54	80.68
PROSTHODONTICS REMOVABLE							
Complete Dentures, Standard							
	87600	- maxillary (Prior Approval required)	759.74 +L	151.95 +L	227.92 +L	303.9 +L	379.87 +L
	87601	- mandibular (Prior Approval required)	848.55 +L	169.71 +L	254.57 +L	339.42 +L	424.28 +L
	87602	- maxillary and mandibular, combined (Prior Approval required)	1466.61 +L	293.32 +L	439.98 +L	586.64 +L	733.31 +L

DENTAL HEALTH PLAN

April 1, 2012

SPECIALISTS

High Freq Code	Code	Description	100%	20%	30%	40%	50%
<u>ADDITIONAL SERVICES</u>							
PREVENTIVE SECTION							
6	86350	Dental cleaning	38.69	7.74	11.61	15.48	19.35
9	86355	Fluoride topical (not self-administered) insured for patient 6 to 12 years of age only	23.33	4.67	7.00	9.33	11.67
Sealants							
	87180	- first tooth	31.60	6.32	9.48	12.64	15.80
	87181	- each additional tooth, same quadrant	19.29	3.86	5.79	7.72	9.65
RESTORATIVE SECTION							
Metal Prefabricated Restorations							
17	86560	Primary molars only	199.13	39.83	59.74	79.65	99.57
Posts, Cast Metal (Including Core) as a Separate Procedure							
	87290	Single section (Prior Approval required)	348.75 +L	69.75 +L	104.63 +L	139.5 +L	174.38 +L
Posts, Cast Metal (Including Core) Concurrent with Impression for Crown							
	87295	Single section (Prior Approval required)	194.08 +L	38.82 +L	58.22 +L	77.63 +L	97.04 +L
Crowns, Porcelain/Ceramic							
	87310	Porcelain/ceramic jacket (Prior Approval required)	808.41 +L	161.68 +L	242.52 +L	323.36 +L	404.21 +L
Crowns, Porcelain/Ceramic, Fused to Metal							
	87311	Porcelain, fused to metal (Prior Approval required)	802.5 +L	160.5 +L	240.75 +L	321 +L	401.25 +L

DENTAL HEALTH PLAN

April 1, 2012

SPECIALISTS

High Freq Code	Code	Description	100%	20%	30%	40%	50%
ENDODONTIA							
Pulpectomy							
	86760	Deciduous molars and canines (use Remarks Code 77)	133.45	26.69	40.04	53.38	66.73
Pulpotomy, Devitalized, Primary Dentition							
20	86770	Pulpotomy + final filling the same day	78.37	15.67	23.51	31.35	39.19
Pulpotomy							
	86772	Permanent, anterior	124.00	24.80	37.20	49.60	62.00
Root Canal Treatment							
	87339	One canal (Prior Approval required)	504.36	100.87	151.31	201.74	252.18

SURGICAL DENTAL PROCEDURES**April 1, 2012****Dentist Oral Surg****FOR GENERAL DENTISTS*****Services listed with no corresponding fees will require prior approval.*****SEDATION**

84038	Office Sedation		300.00
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NOTE:

- this service is restricted to the office of an Oral Surgeon and can be claimed once per office visit;
- this service can only be claimed when services being provided are insured and payable under the Surgical Dental Program; (See Preamble 13)

EXTRACTION OF ERUPTED TEETH (See Appendix A)

84040	Removal of erupted tooth, uncomplicated procedure	39.86	42.72
84042	Multiple removal, additional teeth, per tooth	17.67	22.09
84044	Surgical removal of erupted tooth, requires elevation of mucoperiosteal flap, and removal of bone and/or sectioning of tooth, includes routine post-op care	85.48	100.57
84046	Removal of residual roots, covered by soft tissue, single	59.66	86.78
84048	- each additional tooth, same quadrant	29.28	43.39
84050	Removal residual roots, covered by bone, single	112.09	130.17
84052	- each additional tooth, same quadrant	48.82	65.09

EXTRACTION OF IMPACTED TEETH (See Appendix B)

84060	Impaction, requires incision of overlying soft tissue and removal of tooth, per tooth, IOP (I.C. form required)	85.49	100.57
84062	Impaction, requires incision of overlying soft tissue, elevation of flap and either removal of bone or sectioning and removal of tooth, per tooth, IOP (I.C. form required)	136.47	151.63
84064	Impaction, requires incision of overlying soft tissue, elevation of flap and removal of completely bone covered tooth, per tooth, IOP, (I.C. form required)	171.95	202.29
84066	Impaction requires incision of overlying soft tissue, elevation of flap, removal of bone and/or sectioning of tooth for removal and/or presents unusual circumstances or difficulties. Operative report is required. IOP (I.C. form required)	187.08	230.24

SURGICAL DENTAL PROCEDURES**April 1, 2012****Dentist Oral Surg**

NOTE: For all following services, claims will be reviewed prior to payment whenever, in a category, more than one service is provided per patient at the same operation. Operative reports or I.C. forms may be required for such reviews.

SURGICAL EXPOSURE OF TEETH

84070	Surgical exposure, uncomplicated, soft tissue coverage, per tooth	89.91	112.39
84072	Surgical exposure, complex hard tissue, coverage, per tooth	123.62	146.10
84074	Surgical exposure, unerupted tooth with orthodontic attachment	241.53	301.91

SURGICAL MOVEMENT OF TEETH

84080	Repositioning, surgical, per tooth	146.10	179.81
84082	Transplantation, erupted tooth		269.73
84084	Transplantation, unerupted tooth		337.15

REMODELLING AND RECONTOURING ORAL TISSUES

ALVEOLOPLASTY: When teeth are extracted, trimming of bone and suturing are considered as part of the procedure. Should an Alveoloplasty be claimed together with fee codes for extractions, an OR report or I.C. form must accompany the claim.

84100	Alveoloplasty, in conjunction with extractions, per sextant, OR report or I.C. form required	50.57	67.43
84102	Alveoloplasty, not in conjunction with extractions, per sextant	78.15	105.36

Remodelling of Bone

84104	Mylohyoid ridge, remodelling		247.25
84106	Genial tubercles, remodelling		168.57

Excision of Bone

84108	Nasal bone		179.81
84110	Torus palatinus		258.48
84112	Torus mandibularis, per quadrant		168.57

SURGICAL DENTAL PROCEDURES**April 1, 2012**

		Dentist	Oral Surg
	Removal of Bone Exostosis Multiple		
84114	Quadrant		281.90
	Reduction of Bone, Tuberosity		
84116	Unilateral	105.36	131.70
	Gingivoplasty and/or Stomatoplasty		
84120	Gingivoplasty, per sextant	80.85	105.36
84122	Gingivectomy, per sextant	114.54	154.54
84124	Excision of vestibular hyperplastic tissue, per sextant		105.36
84126	Surgical shaving of papillary hyperplasia of the palate		179.00
84128	Excision of pericoronal gingiva (for retained tooth/implant), per tooth/implant		39.33
	Remodelling Floor of Mouth		
84130	Full arch lowering of the floor of the mouth, (excludes splint and model)		702.41
	Vestibuloplasty		
84132	Submucosal, per arch, uncomplicated (includes splint)		234.00
84134	Secondary epithelialization, uncomplicated, per arch		309.00
84136	Vestibuloplasty, with labial inverted flap, (secondary epithelialization, complicated)		618.70
84138	Vestibuloplasty, with skin graft		561.93
84140	Vestibuloplasty, with mucosal graft		618.70
	Alveolar Ridge Reconstruction		
84142	Alveolar ridge reconstruction, with autogenous bone/arch, per arch		839.58
84144	Ceramic grafting, per sextant		280.96
	TESTS, HISTOLOGICAL		
84150	Biopsy, soft oral tissue, by incision, IOP	80.85	105.36
84152	Biopsy, hard oral tissue, by incision, IOP		224.64

SURGICAL EXCISIONS**Surgical Excision, Tumours, Benign**

SURGICAL DENTAL PROCEDURES**April 1, 2012**

		Dentist	Oral Surg
84160	Tumours, benign, scar tissue, inflammatory or congenital lesions of soft tissue, less than 2 cm.	137.70	172.13
84162	Tumours, benign, scar tissue, inflammatory or congenital lesions of soft tissue, over 2 cm.	234.42	293.03
84164	Tumours, benign, bone tissue, less than 2 cm.	75.95	224.77
84166	Tumours, benign, bone tissue, over 2 cm.	144.55	337.15
84168	Extra large lesions over 3 cm. or complicated		669.76
Surgical Excisions, Tumours, Malignant			
84170	Tumours, malignant, soft tissue, less than 2 cm		196.67
84172	Tumours, malignant, soft tissue, over 2 cm.		337.15
84174	Tumours, malignant, bone tissue, less than 3 cm.		337.15
84176	Tumours, malignant, bone tissue, 3 - 6 cm.		561.93
84178	Large lesions over 6 cm. or complicated, (minimum value \$625.00)		I.C.
Cheiloplasty (lip shave)			
84180	Cheiloplasty, partial		252.87
84182	Cheiloplasty, total		412.95
Grafts, bone, to the jaw			
84190	Per graft		702.41
Augmentations, Prosthetic, of the Jaw			
84200	Implantation of intraosseous prosthesis(continuity defect)		702.41
84202	Removal of intraosseous prosthesis		309.05
84204	Augmentation of the chin		351.20
Surgical Excision of Cysts/Granulomas			
84210	Less than 2 cm.	157.68	197.10
84212	Over 2 cm.	493.92	617.40
84214	Cyst, complicated (over 6 cm.)		519.78

SURGICAL DENTAL PROCEDURES**April 1, 2012**

		Dentist	Oral Surg
84216	Marsupialization		363.74
SURGICAL INCISIONS			
Surgical Incision and Drainage and/or Exploration, Intraoral			
84220	Intraoral surgical exploration, soft tissue, IOP	87.59	109.49
84222	Intraoral abscess, soft tissue, IOP	40.41	56.18
84224	Intraoral abscess in major anatomical area with drain	161.70	217.75
Surgical incision and drainage and/or exploration, extraoral			
84230	Extraoral abscess, superficial, soft tissue	67.24	91.31
84232	Extraoral abscess, deep soft tissue, with drain	161.70	217.75
Surgical incision for Removal of Foreign Bodies			
84240	From skin or subcutaneous alveolar tissue	40.41	84.30
84242	Of reaction-producing foreign bodies		193.48
84244	Of needle from musculoskeletal system		193.48
Sequestrectomy (for Osteomyelitis)			
84250	Sequestrectomy, for osteomyelitis		210.72
84252	Sequestrectomy and saucerization		309.05
84254	Extraoral sequestrectomy (complicated) (minimum value \$343.75)		I.C.
Mandibulectomy			
84260	Partial (3 - 6 cm.)		615.60
84262	Hemi (6 - 12 cm.)		923.60
84264	Total (more than 12 cm.) (minimum value \$545.00)		I.C.
Maxillectomy			
84270	Partial (3 - 6 cm.)		302.04
84272	Hemi (6 - 12 cm.)		386.32

SURGICAL DENTAL PROCEDURES**April 1, 2012**

		Dentist	Oral Surg
84274	Total (more than 12 cm.) (minimum value \$545.00)		I.C.
	Apicoectomy		
84280	Apicoectomy and/or apical curettage, one root	128.02	168.57
84282	Apicoectomy and/or apical curettage, two roots	195.39	259.90
84284	Apicoectomy and/or apical curettage, three roots or more	262.76	351.20
	TREATMENT OF FRACTURES		
84300	Intermaxillary fixation, per arch	167.09	217.75
84302	Intramaxillary suspension (wiring)	167.09	217.75
84304	Circumzygomatic wiring, unilateral	97.03	126.43
84306	Removal of wire, plate and screw		309.05
84308	Removal of intermaxillary fixation, IOP	97.03	126.43
84310	Occlusal equilibration per arch, IOP		70.24
	Fractures, Reduction, Mandible		
84330	Closed (simple)	377.58	471.98
84332	Open (simple)	501.60	627.00
84334	Open (multiple)	1050.41	1313.01
	Fractures, Reduction, Maxilla		
	Horizontal, LeFort I		
84340	Closed (simple)	377.58	471.98
84342	Open (simple)	501.60	627.00
84344	Open (multiple)	512.04	1313.01
84346	Compound fracture of maxilla (requiring reduction and soft tissue repair)	512.04	667.29
	Pyramidal, LeFort II		
84350	Closed (simple)	323.40	471.98
84352	Open (unilateral)	397.51	667.29

SURGICAL DENTAL PROCEDURES

April 1, 2012

		Dentist	Oral Surg
84354	Open (bilateral)	512.04	1313.01
	Fractures, Reduction, Naso-orbital		
84360	Closed (simple)	323.40	421.44
84362	Open (single)	397.51	526.80
84364	Open (multiple)	512.04	667.29
	Fractures, Reduction, Malar Bone		
84370	Closed (simple)	199.43	531.17
84372	Open (simple)	296.45	535.13
84374	Open, complicated orbit involved	512.04	842.89
	Fractures, Reduction, Zygomatic Arch		
84380	Closed	199.43	265.43
84382	Open	296.45	531.17
	Fractures, Reduction, Craniofacial Dysfunction, LeFort III Transverse		
84390	Closed	397.51	526.80
84392	Open	512.04	1257.30
	Fractures, Reduction, Alveolar		
84400	Fracture, alveolar, debride, teeth removed - no fixation	97.03	126.43
84402	Reduction, alveolar, closed, with teeth	430.01	537.51
84404	Reduction, alveolar, open, with teeth	167.09	217.75
84406	Replantation, avulsed tooth (including splinting), single	132.05	316.08
84408	Replantation, avulsed teeth (including splinting), each additional	31.47	151.72
84410	Repositioning of traumatically displaced teeth (including splinting)	167.09	217.75
84412	Repairs, lacerations, uncomplicated, 5 cm. or less	75.46	98.33
84414	Repairs, lacerations, complicated, up to 5 cm.	97.03	126.43

SURGICAL DENTAL PROCEDURES**April 1, 2012**

		Dentist	Oral Surg
84416	Repairs, lacerations, complicated, over 5 cm (minimum value \$170.00)		I.C.
TREATMENT OF MAXILLOFACIAL DEFORMITIES			
Osteotomy, Ostectomy, Ramus of Mandible			
84426	Osteotomy, unilateral		1039.55
84428	Osteotomy, subcondylar, closed		1257.30
84430	Osteotomy, subcondylar, open		1321.18
84432	Osteotomy, ramus, oblique, extraoral		1321.18
84434	Osteotomy, ramus, oblique, intraoral		1321.18
84436	Osteotomy/ostectomy body of mandible		1321.18
84438	Osteotomy, coronoidectomy		564.84
84440	Osteotomy, condylar neck		1257.30
84442	Osteotomy, sagittal split		1321.18
Osteotomy, Miscellaneous			
84444	Osteotomy, oblique with bone graft		1614.96
84446	Osteotomy, inverted "L"		1257.30
84448	Osteotomy, "C"		1257.30
Osteotomy, Maxilla			
84450	Osteotomy, maxilla, LeFort II.		1321.18
84452	Osteotomy, maxilla, LeFort III.		1619.69
84454	Osteotomy, maxilla, LeFort IIII.		2233.83
84456	Additional to above requiring two segments		280.61
84458	Additional to above requiring three segments		561.31
84460	Additional to above requiring four segments		561.31

SURGICAL DENTAL PROCEDURES**April 1, 2012**

	Dentist	Oral Surg
84462	Additional to above requiring a cranial flap	469.55
84464	Closure of cleft fistula, alveolar	259.90
84466	Closure of cleft fistula, palatal	386.32
84468	Pharyngoplasty	386.32
84470	Submucous resection	253.84
Osteotomy, Maxilla/Mandible, Segmental Maxilla		
84480	Osteotomy, segmental, anterior	1178.79
84482	Osteotomy, segmental, posterior	1321.18
84484	Osteotomy, midpalate split, anterior	1257.30
84486	Osteotomy, midpalate split, complete	1257.30
Mandible		
84488	Osteotomy, segmental, anterior with transfer of mental eminence	1039.55
84490	Osteotomy, segmental, anterior without transfer of mental eminence	1039.55
84492	Osteotomy, segmental, posterior	1299.45
84494	Osteotomy, lower border, mandible	1299.45
84496	Osteotomy, total dento-alveolar	1321.18
Osteotomy, with "Interpositional Graft"		
84500	Using bone	1614.96
84502	Using alloplast	1614.96
84504	Using cartilage	1614.96
Genioplasty		
84510	Genioplasty, sliding	351.20
84512	Genioplasty, reduction	302.04

SURGICAL DENTAL PROCEDURES**April 1, 2012**

		Dentist	Oral Surg
84514	Genioplasty, augmentation with graft		552.56
84516	Myotomy, suprahyoid		351.20
	Miscellaneous Treatment of Maxillofacial Deformities		
84520	Corticotomy, per 9 cuts (maximum \$1118.75)		I.C.
84522	Interdental septotomy	114.54	154.54
84524	Surgical expansion of the palate		542.40
	Palatorraphy		
84530	Palatorraphy, anterior (closure of palatine fissure)		351.20
84532	Palatorraphy, posterior		351.20
84534	Palatorraphy, total		649.59
84536	Palatorraphy, with bone graft separate		783.00
84538	Palatorraphy, with bone graft to anterior alveolar ridge separate		607.50
	Frenectomy		
84540	Frenectomy	99.71	129.94
84542	Frenoplasty	99.71	129.94
	Glossectomy		
84550	Glossectomy, partial, anterior wedge		259.90
84552	Glossectomy, full postero-anterior wedge (minimum \$408.75)		I.C.
	Cleft Surgery		
84560	Primary unilateral cleft lip repair (minimum \$170.00)		I.C.
84562	Secondary unilateral cleft lip repair (minimum \$170.00)		I.C.
84564	Primary bilateral cleft lip repair (minimum \$170.00)		I.C.
84566	Secondary bilateral cleft lip repair (minimum \$170.00)		I.C.

SURGICAL DENTAL PROCEDURES**April 1, 2012**

		Dentist	Oral Surg
84568	Reconstruction of cleft lip with lip switch flap (minimum \$170.00)		I.C.
84570	Complex reconstruction or revision of cleft lip (minimum \$170.00)		I.C.
84572	Closure of alveolar cleft (see grafting codes)		435.49
Oronasal Fistula			
84580	Primary closure at time of initial surgery	195.39	259.90
84582	Secondary closure with palatal flap		351.20
84584	Secondary closure with pharyngeal flap		351.20
84586	Secondary closure with tongue flap		351.20
84588	Secondary closure with buccal flap		783.00
TREATMENT OF TEMPOROMANDIBULAR JOINT DYSFUNCTIONS			
TMJ, Dislocation, Management			
84600	TMJ, dislocation, open reduction, (exposure of joint)		561.93
84602	TMJ, dislocation, closed reduction, uncomplicated	80.85	105.36
84604	TMJ, dislocation, closed reduction, under G.A.	128.02	175.60
84606	TMJ, luxation reduction, without anaesthesia	80.85	105.36
84608	TMJ, luxation reduction, under G.A.	128.02	175.60
84610	TMJ, manipulation under anaesthesia	128.02	175.60
84612	TMJ, fixation (arch bars)		302.04
TMJ, Capsule, Management of			
84616	Menisectomy		491.17
84618	Capsulorrhaphy		561.93
84620	Myotomy, lateral pterygoid muscle		561.93

SURGICAL DENTAL PROCEDURES**April 1, 2012**

		Dentist	Oral Surg
84622	Plication, posterior attachment of the disk of the TMJ, in cases of internal derangement		1010.42
	TMJ, Condylar, Surgical		
84626	Condylectomy		491.17
84628	Condylotomy		477.63
84630	Osteotomy, oblique, with silastic interposition for ankylosis (graft)		1257.30
	TMJ, Articular Eminence, management of		
84634	Reconstruction of the glenoid fossa zygomatic arch and temporal bone (Obwegeser technique)		1562.20
84636	Articular eminence, arthroplasty		561.93
	TMJ, Arthrocentesis		
84640	Puncture and aspiration		70.24
	TMJ, Management by Injection		
84644	Anti-inflammatory drugs		70.24
84646	With sclerosing agent		I.C.
	TMJ, Appliance Splints for use ONLY in post surgical cases		
84650	Maxillary, IOP	99.72	129.94
84652	Mandibular, IOP	99.72	129.94
84654	Occlusal adjustment, per arch, IOP		70.24
	Arthrography of TMJ		
84660	Performing the Arthrographic procedure		145.78
	TREATMENT OF SALIVA GLANDS		
84670	Salivary duct, dilation, IOP		74.25
84672	Salivary duct, insertion of polyethylene tube		74.25

SURGICAL DENTAL PROCEDURES**April 1, 2012**

	Dentist	Oral Surg
84674 Salivary duct, sialodochoplasty		236.80
84676 Salivary duct, reconstruction		217.75
84678 Salivary duct, sialolithotomy anterior 1/3 of canal		217.75
84680 Salivary duct, sialolithotomy posterior 2/3 of canal		302.04
84682 Salivary duct, external approach (minimum \$268.75)		I.C.
84684 Excision of submandibular gland		529.45
84686 Excision of sublingual gland		331.76
84688 Excision of mucocele		154.54
84690 Excision of ranula		252.87
84692 Marsupialization of ranula		118.45
84694 Salivary gland removal, parotid		1235.18

TREATMENT OF NEUROLOGICAL DISTURBANCE**Neurological Disturbances, Trigeminal Nerve**

84700 Injection for destruction, IOP		152.40
84702 Avulsion at periphery		327.40
84704 Alcoholization of a branch, IOP		70.24
84706 Infiltration of a branch for diagnosis	26.94	35.12

Neurological Disturbances, Mental Nerve

84710 Transposition of		481.65
84712 Decompression of canal		392.20

Neurological Disturbances, Inferior Dental Nerve

84716 Complete avulsion		386.32
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SURGICAL DENTAL PROCEDURES**April 1, 2012**

		Dentist	Oral Surg
Neurological Disturbances Surgery			
84720	Injured nerve repair, primary		314.01
84722	Injured nerve repair, secondary		739.16
84724	Neural transposition and decompression		444.00
84726	Implantation of electrode for peripheral nerve stimulation		287.69
84728	Excision of tumour or neuroma		259.90
84730	Add 40% to basic fee when using operating microscope		I.C.
84732	Nerve repair with graft		379.53
ANTRAL SURGERY			
Antral Surgery, Recovering Foreign Bodies			
84740	Immediate recovery of dental root or foreign body from the antrum	195.39	259.90
84742	Immediate closure of antrum by another dental surgeon	195.39	259.90
84744	Delayed recovery of a dental root with oral antrostomy		351.20
84746	Antral surgery with nasal antrostomy		351.20
Antral Surgery, Lavage			
84750	Lavage, oral approach	33.24	68.20
84752	Lavage, nasal approach	33.24	68.20
Antral Surgery, Oro-antral Fistula Closure (same session)			
84758	Closure with buccal flap	195.39	259.90
84760	Closure with gold plate	195.39	259.90
84762	Closure with palatal flap	195.39	259.90
Antral surgery Oro-antral Fistula Closure (subsequent session)			
84766	Closure with buccal flap		783.00
84768	Closure with gold plate		351.20

SURGICAL DENTAL PROCEDURES**April 1, 2012**

		Dentist	Oral Surg
84770	Closure with palatal flap		351.20
	HAEMORRHAGE CONTROL		
84780	Secondary haemorrhage control, IOP	64.67	84.30
84782	Haemorrhage control using compression and haemostatic agent, IOP	64.67	84.30
84784	Haemorrhage control using haemostatic substances and sutures (includes removal of bony tissues if necessary), IOP (minimum \$204.50)		I.C.
	GRAFTS, SURGICAL		
	Harvesting of Intraoral Tissue for Grafting to Operative Site		
84800	Bone		224.77
84802	Cartilage		224.77
84804	Skin		85.22
84806	Mucosa		I.C.
84808	Muscle		I.C.
84810	Dermis		I.C.
	Harvesting of Extraoral Tissue for Grafting to Operative Site (to include ilium, rib, etc.)		
84820	Bone		421.44
84822	Cartilage		421.44
84824	Costochondral		235.98
84826	Skin		85.22
84828	Mucosa		85.22
84830	Fascia		128.52
84832	Muscle		128.52
84834	Dermis		128.52

SURGICAL DENTAL PROCEDURES**April 1, 2012**

		Dentist	Oral Surg
84836	Nerve		268.52
	Vascularized Tissue Flaps		
84840	Free		68.72
84842	Attached		68.72
	EMERGENCY PROCEDURES		
84850	Tracheotomy	195.39	259.90
84852	Crico-thyroidotomy	195.39	259.90
	APPLICATION OF SURGICAL SPLINTS		
84860	Study model, IOP	33.69	38.28
84862	Surgical template, IOP	53.90	70.24
84864	Surgical template with fixation clasp, IOP	134.76	175.60
84866	Surgical obturator, surgical or gunning splint, IOP	249.29	283.27

SURGICAL DENTAL**PREAMBLE**

1. This Payment Schedule identifies the amounts prescribed as payable and rules and conditions of payment under the Physicians and Fee Regulations, governed by the Medical Care Insurance Act for insured services rendered by licensed General Dentists (hereafter referred to as Dentists) and Specialists. The fees listed apply to services rendered on and after the "effective date" at the top of each page.

Additions, deletions and changes made to the Payment Schedule require approval by the Minister of Health and Community Services based on recommendation from MCP, in consultation with the Newfoundland and Labrador Dental Association.

Any changes made during the effective life of the Payment Schedule are published in MCP Newsletters. It is the responsibility of claiming Dentists and Specialists to ensure these changes are reflected in their billings.

2. **INTRODUCTION**

The Payment Schedule is divided into a number of sections:

- General Preamble
- Appendices
- Consultations/Visits
- Surgical Procedures

2.1 **General Preamble**

This section sets out the general definitions and constituent elements common to all insured services, as well as the specific elements for these services.

2.2 **Appendices**

This section gives details on specific policies referred to within the Preamble. These include:

- Extraction of Erupted Teeth
- Extraction of Impacted Teeth
- Non-Insured Services

2.3 **Consultations/Visits**

- (a) Consultation/Visit codes are listed for Dentists and Specialists.
- (b) Each Consultation/Visit Section is divided into sub-sections based on the site where the insured service is rendered. Namely:
- Hospital In-Patient
 - Hospital Out-Patient/Emergency
 - Oral Surgeon's Office

SURGICAL DENTAL**PREAMBLE**

2.4 Surgical Procedures

Fees for Dentists and Specialists may be listed for each procedure. Dentists bill for procedures using rates listed in the Dentist Column. Specialists bill for procedures using rates listed in the Specialist Column. Where no fee is listed in the Dentist Column, 83.3% of the amount listed in the Specialist Column will apply.

3. INSURED/NON-INSURED SERVICES**3.1 Insured Services**

An insured service is defined as one that is:

- (a) listed in Section 3(b) of the Medical Care Insurance Insured Services Regulations;
- (b) medically necessary. The clinical need of the provision and claim of an insured service may be evaluated by the Dental Monitoring Committee of MCP;

Policies on pre-existing conditions necessary to define "medical necessity" exist for the specific services to qualify as MCP insured services. These are listed as appendices to this Preamble or may be published in MCP Newsletters.

3.2 Non-Insured Services

The following situations/conditions qualify as non-insured services:

- (a) specific services as listed in Section 4 of the Medical Care Insurance Insured Services Regulations,

Queries as to the insurability of a specific service should be directed to the office of the Director of Dental Services,
- (b) any dental services provided at the request of a third party, or which are covered by other agencies,
- (c) dental services provided to patients not insured by MCP or any other provincial Health Care Plan,
- (d) services provided as a result of dental research and experimentation.

Payment for dental and professional services which are research-related or experimental are not the financial responsibility of MCP. Only those related to routine, accepted care of a patient's problem and that are not in support of the research related or experimental services are considered to be an insured service.

4. CLAIM SUBMISSION AND DOCUMENTATION REQUIREMENTS

- 4.1.1 All service items billed to MCP are the sole responsibility of the Dentist or Specialist rendering the service with respect to appropriate documentation and billing.

SURGICAL DENTAL

PREAMBLE

- 4.1.2 If a specific fee code for the service rendered is listed in the Payment Schedule, that fee code must be used in claiming for the service, without substitution.
- 4.1.3 Claims for services rendered in hospitals must include the hospital/facility number of the institution where the service was rendered.
- 4.1.4 For claiming purposes, date of service is the date of patient contact.
- 4.1.5 Documentation of services which are to be billed to MCP must be completed before claims for these services are submitted to MCP.
- 4.1.6 All claims submitted must be verifiable from the Dentist's and Specialist's records with regard to the examination and/or procedure claimed. Where specific elements of record requirement are listed in this Preamble, but do not appear in the patient record of that service, that element of the service is deemed not to have been rendered and the fee component represented by that element is not payable.
- 4.1.7 Referrals to a Dentist or Specialist that meet the conditions of eligibility for i) extraction of impacted teeth, or ii) extraction of erupted teeth, should be accompanied by a Referral Form which clearly states the medical/dental history that necessitates the extraction.
- 4.1.8 A Dentist or Specialist shall, upon request by MCP, make available to MCP copies of patient records as may be required to clarify or verify services for which fees have been claimed.
- 4.1.9 For MCP Audit purposes, it is required that Dentists and Specialists maintain records supporting services billed to MCP for a period of six years. MCP Audit is routinely two years.
- 4.2 **Timed Based Services**

Where an after hours fee code is applicable based on the time the consultation service is rendered, the starting time indicator for that service must appear in the patient's record.
- 4.3 **Procedures**

When a procedural fee is claimed, the patient record of that procedure must contain information which is sufficient to verify the type and extent of the procedure according to the fee(s) claimed.

For additional documentation requirements, refer to the specific codes being claimed.
- 4.4 **Independent Consideration (IC)**
 - 4.4.1 Specific services in this Schedule are designated as billable on an IC basis only. Dentists and Specialists are required to identify claims for these services as IC and to provide additional applicable information.
 - 4.4.2 Medically necessary services not listed in this Schedule, or for which a set fee is not listed, must be billed IC. For these services an IC claim must include:

SURGICAL DENTAL

PREAMBLE

- (a) the time involved performing the procedure claimed,
- (b) a list of all procedures performed which are represented by the claim,
- (c) the actual size of lesions removed or laceration repaired, or the area of any defect which was repaired, if applicable,
- (d) comparison in scope and difficulty of the procedure with other procedures listed in the Payment Schedule, and
- (e) a copy of the operative report along with the actual operating time for complex surgical procedures.

4.5 Use of Provider Number

- 4.5.1 Claims must be submitted using the Provider Number of the Dentist or Specialist who actually rendered the service.
- 4.5.2 Dentists and Specialists are required to request prior approval from MCP for all arrangements where payment is to be directed to a designated payee. The claim must indicate a designated payee in the Payee number section.

4.6 Time Limitations on Claim Submission

- 4.6.1 All claims must be submitted within 90 days of the date of service. In exceptional circumstances this time period may be extended. A letter giving a full explanation for lateness must be submitted to the Manager of Claims Processing for special consideration.
- 4.6.2 All queries from MCP must be answered within the times specified on the queries. If no time is specified, a reply must be received within 90 days of the date of query.
- 4.6.3 All requests for changes to claims and queries regarding claims must be submitted within 90 days after the date of payment for the claims concerned.

5. DEFINITIONS OF TERMS/CONDITIONS

5.1 Specialty Designation

Registration and designation as a Dentist or within a specialty field are as determined by the Newfoundland Dental Licensing Board for MCP billing purposes.

5.2 Age (unless otherwise specified)

- (a) Newborn (neonate) - up to and including 28 days of age,
- (b) Infant - 29 days up to but less than 2 years,
- (c) Child - 2 years up to and including 15 years,
- (d) Adolescent - 16 years up to and including 17 years, and

SURGICAL DENTAL**PREAMBLE**

(e) Adult - 18 years and over.

5.3 Transferral

5.3.1 A transferral, as distinguished from a referral, takes place where the responsibility for the care of an in-patient is completely transferred permanently or temporarily, from one Dentist or Specialist to another (e.g. where the first Dentist or Specialist is leaving temporarily on holidays and is unable to continue to care for the patient).

Transferral of an in-patient to a Dentist or Specialist should be considered as continuing care and the Dentist or Specialist to whom the patient is transferred is not entitled to claim for a consultation.

6. DEFINITIONS/REQUIREMENTS OF CONSULTATIONS**6.1 General Definition**

A consultation refers to a situation wherein a Dentist or Specialist, in light of his/her professional knowledge of a patient, requests the opinion of a Dentist or Specialist because of the complexity, obscurity or seriousness of the case. The consultant is obliged to assess that problem fully, review the laboratory or other data and submit his/her views in writing to the referring physician or dentist on the consultation form customarily used. Such an assessment requires a direct physical encounter with the patient including an appropriate physical examination.

6.2 Site

A consultation should be claimed under the appropriate fee code based on the site where the service was provided.

6.2.1 Hospital In-patient:

When a consultation is rendered to a registered hospital in-patient.

6.2.2 Hospital Out-patient/Emergency Department:

When a consultation is rendered to a patient who is not a registered in-patient, in an Out-patient Emergency Department of a designated hospital.

6.2.3 Office:

When a consultation is rendered to a patient by an Oral Surgeon in an Oral Surgeon's office.

Consultation and/or examination of a patient at a satellite clinic or a private dental office located in a hospital is not an insured service, with the exception of an Oral Surgeon's office.

SURGICAL DENTAL**PREAMBLE**

6.3 Rules Governing the Billing of a Consultation:**6.3.1 Referral for Treatment Only**

For purposes of the Surgical Dental Program, it is recognized that inherent in a Dental Consultation is the intent of the requesting practitioner to treat the patient, guided by the Consultant's advice. The referral of a patient to another practitioner for treatment only does not constitute a Dental Consultation.

A Consultation is not to be claimed when:

- (a) the patient presents to an Oral Surgeon's office without the prior knowledge of the primary Dentist or Specialist. The sending of a report to the primary Dentist or Specialist under these circumstances does not justify a consultation.
- (b) the primary Dentist or Specialist is not asked for professional advice but is simply asked by the patient for the name of an Oral Surgeon and the patient seeks out the specialist her/himself.
- (c) consults are required as a result of hospital policy and not medical necessity.

6.3.2 Consultation in Addition to Subsequent Surgical Procedure

An in-hospital consultation may be billed in addition to a subsequent surgical procedure only when:

- (a) the case is complex and requires extended time to investigate and treat trauma, infection, pathology or the medically compromised patient, or
- (b) a patient is admitted to hospital with a psychiatric illness.

A claim for a consultation in such a case will require adequate documentation and must be submitted IC.

6.4 Interval for the Billing of Consultations

Not more than one out-patient/emergency consultation may be claimed by the same Dentist or Specialist for the same patient within a 90 day period.

Not more than one office consultation may be claimed by the same Oral Surgeon for the same patient within a 90 day period.

Not more than one in-patient consultation may be claimed by the same Dentist or Specialist for the same patient within a 30 day period.

6.5 Subsequent Consultations

A subsequent consultation requires all of the elements of a full consultation and implies interval care by the primary Dentist or Specialist. The situation in which the consultant requests the patient to return for a later examination is not to be claimed as another consultation.

SURGICAL DENTAL**PREAMBLE**

6.6 Pedodontist (Pediatric Dentist) Consultations

- (a) Patients must be specifically referred to a Pediatric Dentist by a physician.
- (b) A copy of the consultation report has to be submitted with each claim.

6.7 Consultation After Hours

If a consultation is rendered after hours (see fee code definition), a higher fee amount may be claimed as indicated by the rate listed for the appropriate fee codes (84012, 84014, 84016, 84032, 84034 or 84036).

Where an after hours fee code is applicable based on the time the consultation service is rendered, a starting time indicator for that consultation must appear in the patient's record.

Statutory Holidays are as listed in the appropriate MCP Newsletter for that year and do not include additional Civic Holidays (e.g. Regatta Day). Premiums may be claimed for consultation services provided on the ACTUAL Statutory Holiday but not on a day held in lieu of the holiday.

6.8 Documentation

The acceptable method of documenting consultations will vary according to the site where the service is rendered:

- (a) Office consultations performed by Oral Surgeons must be documented with a written request from the referring Dentist, Specialist or Physician, a record of the history and physical examination, and a letter back to the referring Dentist, Specialist or Physician.
- (b) For in-patient consultations, the written request, history and physical examination, and reply to the referring Dentist, Specialist or Physician must be documented on the patient's hospital chart or the official hospital "Consultation Report" form.
- (c) For emergency department consultations made at the request of the emergency physician, the written request, history and physical examination, and reply to the referring physician must be documented on the patient's emergency department record or the official hospital "Consultation Report" form.
- (d) Emergency department consultations made at the request of a Dentist, Specialist or Physician who saw the patient in the community or at another facility must be documented with a written request from the referring Dentist, Specialist or Physician, a record of the history and physical examination, and a written reply to the referring Dentist, Specialist or Physician.

7. DEFINITIONS/REQUIREMENTS OF SPECIFIC EXAMINATION

- 7.1 A specific examination may be claimed by a Dentist or Specialist for the management of severe oral infection or facial pain which is not related to the provision of routine post operative care for that surgery.

SURGICAL DENTAL

PREAMBLE

7.2 Payment will require IC documentation, and a limit of three such examinations will apply per patient admission.

8. **SURGICAL PROCEDURES**

8.1 Surgical fee codes are "bundled" and not divisible. Unless otherwise stated, the fee listed for a surgical procedure includes the following:

- (a) routine in-hospital investigation and preparation of the patient in hospital,
- (b) the operative procedure,
- (c) total post-operative care of the patient within a period of 6 weeks including
 - i. all hospital visits except for insured specific examinations,
 - ii. two office visits subsequent to discharge from hospital, if necessary.

The normal post-operative period is deemed to be 42 days for all surgical procedures.

8.2 Unless otherwise stated

1. When more than one operative procedure is performed by the same surgeon at the same time under the same anaesthetic, the fee shall be the full fee for the major procedure; all other procedures shall be paid at the rate of eighty-five (85) percent of the listed fee for each procedure (exception Independent Operative Procedures, IOP's).
2. When a subsequent operation becomes necessary for the same condition because of a complication during the same hospitalization, the full fee will apply for each procedure.
3. When a subsequent operation becomes necessary for a new condition developing during the same hospitalization, the full fee will apply for each procedure.
4. When a surgical procedure must be repeated for the same condition during the same hospitalization or within normal convalescence, the tariff shall be the full fee for the initial procedure and half the usual fee for repeat procedure(s). This will not apply in cases where the subsequent operations are done by another surgeon.
5. When different operative procedures are done by two different surgeons under the same anaesthetic for different conditions, the fee will be 100% of the listed fee for each condition.
6. Where a Specialist requires the expertise of another Certified Specialist, or a General Surgeon, the fee for the procedures performed shall be 150% of the listed fee and shall be divided equally between the two surgeons.

8.3 **Soft Tissue Graft (skin, mucosa, fascia, muscle and nerve/bone and Cartilage Harvesting)**

For the purpose of this Schedule, cranial bone grafts are deemed not to be from intra-

SURGICAL DENTAL**PREAMBLE**

oral but rather extra-oral sites.

Bone shavings or alloplasts placed simultaneously around dental implants as the sole grafting procedure are not insured services.

8.4 Sedation

- (a) **restricted to office of an Oral Surgeon,**
- (b) **can be claimed once per office visit,**
- (c) **can be claimed only when services being provided are insured under the Surgical Dental Program,**
- (d) **not transferable to the Provincial Dental Program,**
- (e) **provider's remarks not required but a record of services performed must be maintained for audit purposes.**

8.5 Reconstruction

For the purpose of this Schedule, bone or alloplastic reconstruction do not include surgical resection or tissue harvest.

Nasal reconstruction done for cosmetic purposes is not an insured service.

8.6 Orthognathic Surgery

For the purpose of this Schedule rigid fixation includes bone plates, bicortical screws and K-wires. The fee payable for rigid fixation is for one application per side per arch.

8.7 Temporomandibular Joint

For the purposes of this Schedule, temporomandibular joint procedures are unilateral. If both joints are operated as the same surgery, the fee(s) for service(s) relating to the second joint is payable at 85% of the listed fee(s).

9. FRACTURES

9.1 Open reduction shall mean the reduction of a fracture by an operative procedure to include the exposure of the fracture, or internal skeletal wiring of the fracture, or placement of extrasketal pin fixation, such as the Roger Anderson type of apparatus.

9.2 Closed reduction shall mean the reduction of a fracture by simple application of arch bars and/or intermaxillary fixation such as used in a mandibular condylar fracture.

9.3 No reduction shall mean the treatment of a fracture by any method other than that designated in 1 or 2 above.

9.4 The stated fee covers full treatment including necessary after care up to 42 days by the Dentist or Specialist of same specialty. This includes the removal of a wire or

SURGICAL DENTAL

PREAMBLE

other device when used for traction or external fixation in the treatment of a fracture.

- 9.5 In multiple fractures or dislocations, the fee for the major procedure shall be the full fee and the other fractures or dislocations shall be at eighty-five (85) percent of the listed fees.
- 9.6 Compound fractures requiring extensive debridement should be billed IC at 150% of the listed fee for the closed reduction.
- 9.7 Open reduction of compound facial bone fractures requiring extensive debridement or reconstructive procedures to be assessed at double the operative fee. An IC form is required.
- 9.8 Where a patient is transferred to another surgeon for after-care of a fracture, the surgeon rendering the initial care shall receive 75% of the listed fee and the surgeon rendering the subsequent care 50% except where otherwise specified.

10. SURGICAL ASSISTANT'S SERVICES

- 10.1 Assistant's fees are payable by MCP only when the complexity of the procedure requires the presence of an assistant.
- 10.2 In surgical procedures requiring the presence of a Dentist as an assistant, the fee for the assistant shall be at 30% of the fee payable for the procedures performed.
- 10.3 Where the presence of a Specialist is required as an assistant because of the difficulty or complexity of a case, the fee payable will be 150% of the listed fee and shall be divided equally between the two providers.
- 10.4 When multiple or bilateral surgical procedures are done during the same anaesthetic, the assistant's fee shall be based on the total fees payable for the procedures performed at which he/she assisted. When bilateral procedures or surgical revisions are carried out at separate times with separate anaesthetics, the assistant shall be entitled to receive a full assistant's fee for each procedure.
- 10.5 In surgical procedures requiring more than one assistant, the second assistant shall compute his fees on the same basis as the first assistant.

Note: The time factor applicable to assistants in the Medical-Surgical Payment Schedule does not apply when fee code numbers in the Surgical-Dental Schedule are claimed.

11. MCP REGISTRATION

- 11.1 All Dentists and Specialists receiving funding from MCP for clinical services provided must be registered with MCP through completion of a Provider Registration Form.
- 11.2 Changes in practice (e.g. address, licensure status, banking information, method of remuneration, etc.) require notification to MCP prior to the changes being effective for billing purposes.

12. LOCUM COVERAGE

SURGICAL DENTAL

PREAMBLE

Written documentation of locum practice/services is required for all Dentists and Specialists. Contact MCP for current policy and forms.

EXTRACTION OF ERUPTED TEETH

The extraction of erupted teeth is not an insured benefit of the Surgical Dental Program of MCP except in the following situations:

1. Teeth in the line of an osseous fracture, removed at the time of treatment of the fracture(s).
2. Teeth involved in acute trauma, removed at the time of the initial presentation of the patient for treatment.
3. Teeth specifically associated with the treatment of tumours.
4. Teeth which are the direct or potential source of an infection which may compromise medical treatment for either of:
 - (a) diabetes mellitus
 - (b) bleeding dyscrasia
 - (c) steroid therapy
 - (d) immunosuppression
 - (e) organ transplant
 - (f) cardiac surgery (bypass, transplant, valves or septum)
 - (g) chemotherapy/radiation therapy
 - (h) psychiatric illness when the patient is hospitalized for treatment by a psychiatrist.

Numbers 1-4 above require a form to be signed by a medical or dental practitioner in which a request is made for the extraction of teeth and which clearly identifies the medical condition being treated.

5. Teeth which are the direct source of an acute dental infection which places the patient in immediate medical distress involving uncontrolled septicaemia or airway occlusion.

This presupposes an emergency situation. Documentation by IC Form or hospital record may be required.

EXTRACTION OF IMPACTED TEETH

The extraction of impacted teeth is not an insured benefit of the Surgical Dental Program of MCP except in cases where such removal of partially erupted, or of completely bone covered, impacted teeth is associated with one or more of the following situations:

1. There is a history of persistent or recurring infection associated with the impacted tooth. Treatment would indicate two or more courses of antibiotics.
2. Extraction is requested by a physician to prevent complications in medically compromised patients who are being treated by the physician for either of,
 - (a) Cardiac valvular disease
 - (b) Renal disease
 - (c) Haematological disorder
 - (d) Immunosuppressive disease
 - (e) Malignancies
 - (f) Insulin dependent diabetes, or
 - (g) Any other medical condition requiring in-hospital monitoring.
3. Extraction is surgically indicated to treat a cystic and/or neoplastic process which is evident on radiographic examination.
4. Extraction of the mandibular contralateral, partially erupted or completely bone covered, impacted tooth, potentially eligible for payment as described above, and as evidenced by clinical and radiographic data, is completed at the same appointment.

Copy of Hospital Operative Report of procedure is required.

SURGICAL DENTAL CONSULTATIONS/VISITS**April 1, 2012****Rate****Hospital In-Patient Consultation**

84002	Dentist	57.26
84004	Specialist	68.68

Hospital In-Patient Consultation (after hours)

Service rendered on Sundays and Statutory Holidays or between 6:00 p.m. and 8:00 a.m. Monday through Saturday

84012	Dentist	68.34
84014	Specialist	84.30

Hospital In-Patient

Specific Examination (ie. for hospital visits by a Dentist or Specialist for the management of severe oral infection, not related to the provision of post-operative care)

84018	Dentist	22.16
84020	Specialist	26.57

Hospital Out-Patient Consultation

84022	Dentist	57.26
84024	Specialist	68.68

Hospital Out-Patient Consultation (after hours)

84032	Dentist	68.34
84034	Specialist	84.30