

SERVICE AGREEMENT

THIS AGREEMENT made effective the 1st day of July, 2023 (the "Effective Date").

BETWEEN:

HIS MAJESTY THE KING,
in right of The Province of Saskatchewan,
as represented by the Minister of Health
(Hereinafter referred to as the "Ministry")

- and -

The College of Dental Surgeons of Saskatchewan
(hereinafter referred to as the "College")

WHEREAS Saskatchewan Regulation 65/66 under *The Health Administration Act*, cited as the "Saskatchewan Assistance Plan Supplementary Health Benefits Regulations", empowers the Ministry to pay part or the whole of the cost of providing health services to such classes of persons as may be designated by the Lieutenant Governor in Council;

AND WHEREAS Clause 9(g) of the Regulations provides for the payment of dental services in accordance with the provisions of an agreement entered into from time to time between the College and the Ministry;

NOW THEREFORE the parties agree as follows:

1. The scope of services that may be provided by dentists to beneficiaries of Supplementary Health and Family Health Benefits, the payment schedules, and the conditions of payment for such services, are to be as set forth in the Supplementary Health and Benefits Dental Benefits Fee Schedule and the Supplementary Health and Benefits Dental Benefits Orthodontic Benefits Fee Schedule hereinafter called the "Schedules" which are attached to and form part of this Agreement.
2. Payment rates set out in the Schedules are in effect for services provided during the period of July 1, 2023, through June 30, 2024 inclusive, and shall continue after the expiry date of the said June 30, 2024 until it is replaced by another Agreement or notice of termination is given in writing by either part to the other.

3. For dental services, where the Schedules permit the charging of a fee, a dentist shall not charge a beneficiary a combined fee of the Schedule amount and an additional fee, in an amount exceeding the lower of either the customary fee for that service or the fee outlined in the "College of Dental Surgeons of Saskatchewan Suggested Fee Guide", as amended from time to time.
4. Any additional fee being considered under paragraph 3 must be fully disclosed to and accepted by the beneficiary or his or her legal guardian prior to the commencement of the service.
5. The College shall indemnify and hold harmless the Minister, its officers, directors, employees, agents, successors, administrators, assigns, contractors and subcontractors of, from and against any claims, liabilities, losses, damages, costs, expenses, causes of action, judgments, settlements or other proceedings of any nature or kind.
6. The College shall at all times maintain at its own cost and expense for the term of this agreement, such insurance coverage of a type and amounts that are reasonable having regard to the nature of the College's activities and the risks associated with those activities.
7. The College expressly acknowledges and agrees that it has no authority to act as an agent of the Government of Saskatchewan or the Ministry and will not hold itself out as such an agent.
8. This Agreement shall be in force from July 1, 2023, through June 30, 2024. The Agreement may be terminated within ninety days if notice of termination is provided in writing by one party to the other party to this Agreement.
9. No amendment or variation of this Agreement will operate to change or vary the terms, obligations, or conditions hereof except upon mutual agreement by the parties and signed by authorized representatives of each party.
10. Payment by the Ministry of any amounts pursuant to this Agreement is subject to section 33(2) of *The Financial Administration Act, 1993 of Saskatchewan*.
11. This Agreement may be executed by the parties in separate counterparts, each of which when so executed and delivered shall be an original, but all such counterparts shall together constitute one and the same instrument. A portable document format (PDF) copy of an executed counterpart signature page will be as valid as an originally executed counterpart for purposes of signing this Agreement.

[Signatures are on following page]

IN WITNESS WHEREOF this Agreement has been duly executed by the authorized representatives of the parties, effective as of the date written above, regardless of the date(s) of signing.

Executed on behalf of the Ministry this 2 day of April, 2024



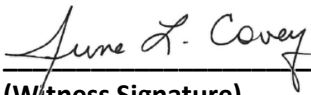
(Signature)

Ingrid Kirby

(Please print name)


Acting Deputy Minister - April 2, 2024

(Please print title)



(Witness Signature)

Executed on behalf of the College this 10 day of April, 2024




(Signature)

Dr. Derek Thiessen

(Please print name)

CDSS President

(Please print title)



(Witness Signature)



**Saskatchewan
Ministry of
Health**

**SUPPLEMENTARY HEALTH BENEFITS
and
FAMILY HEALTH BENEFITS
DENTAL BENEFITS FEE SCHEDULE**

July 1, 2023

Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Telephone: 1-800-266-0695
(306) 787-3124 (Regina)
Fax: (306) 787-8679

SUPPLEMENTARY HEALTH AND FAMILY HEALTH BENEFITS
DENTAL BENEFITS FEE SCHEDULE

REFERENCE NOTES

The Saskatchewan Ministry of Health applies this fee schedule to dental services provided to eligible beneficiaries of Supplementary Health (SHB) and Family Health Benefits (FHB). The objective of SHB and FHB coverage is to provide the basic dental care necessary for the maintenance of good oral health.

1. ELIGIBILITY

Eligibility for SHB can be confirmed on the Medical Supplies and Services Claims System (MSSCS) or the Provider Coverage Viewer using the patient's nine-digit Health Services Number.

Children under the age of 18 of families who are recipients of FHB are eligible for full SHB dental benefits as outlined in this fee schedule. Adult FHB recipients do not have coverage for dental services.

In rare circumstances, the Ministry of Social Services will issue documentation showing eligibility for Temporary Health Coverage (THC). THC provides adult beneficiaries with Emergency Coverage only. Child beneficiaries are eligible for full SHB dental benefits.

Questions regarding eligibility showing in MSSCS can be directed to (306) 787-3124 (in Regina) or 1-800-266-0695.

2. EMERGENCY COVERAGE

Services eligible under emergency coverage are listed under *Emergency Dental Benefits* on pages 8 and 18 of this fee schedule.

3. PRIOR APPROVALS

Service code numbers prefixed with "PA" require prior approval before payment is guaranteed. Refer to the MSSCS Dental User Guide for prior approval instructions.

4. SERVICE LIMITATIONS

Please note that many services are limited within specific time periods. These limitations are noted under the section headings or within the service descriptions. Dental service history is available in the MSSCS.

5. CONSIDERATION ON AN EXCEPTION BASIS

Applications for services beyond the limitations noted in this schedule, or for services not covered in this schedule, will be considered in exceptional circumstances on a case-by-case basis. Requests for consideration on an exception basis must include a detailed explanation of the beneficiary's case (including properly mounted radiographs when relevant). If the need is created by a medical problem, a physician's report should be provided in support of the application.

Requests for polishing and scaling procedures every 6 months may be considered for patients with a disability that prevents them from adequately cleaning their teeth. **An explanation of how the disability limits the patient's ability to properly clean his/her teeth is required on the claim form.**

Endodontic treatment (restricted to anterior teeth) will only be considered when there is an excellent prognosis for the affected tooth and the surrounding dentition. To assess long term prognosis of the affected tooth and surrounding dentition, please submit the following with the request for prior approval:

- Mounted periapical radiograph of the affected tooth
- Mounted bitewing radiographs
- Identification of missing teeth in the upper and lower quadrants
- Description of general oral health

Please note: Posterior endodontics will not be considered.

For services approved on an exception basis where there is no equivalent service code and fee in this schedule, reimbursement will be at a rate of 90 percent of the College of Dental Surgeons of Saskatchewan's *Suggested Fee Guide* for the current year.

Exception Requests are to be emailed to: dental@health.gov.sk.ca

6. PAYMENT OF CLAIMS

Refer to the MSSCS Dental User Guide for claim submission and payment information.

Accounts must be submitted within 12 months of the date of treatment.

The intent of the Saskatchewan Regulation 65/66 is that payments made pursuant to these regulations constitute payment in full for the services for which the payments were made.

In providing professional services to a SHB beneficiary, the dentist agrees not to charge any fees or surcharges to the Government of Saskatchewan or to the beneficiary beyond the fees and surcharges set out in this fee schedule, except where permitted in this schedule.

Cancelled or missed appointments:

In the case of cancelled or missed appointments, dentists may charge beneficiaries (94303) in the amount of \$15.00.

Balance Billing

Balance billing is permitted when:

- A beneficiary has chosen to upgrade to a cast metal denture.
- The beneficiary has FHB coverage.
- It has been determined that the beneficiary is accessing/or has accessed third party insurance or another benefit program.

Dentists are permitted to balance bill the difference between the fees outlined in this schedule and the lesser of their usual or customary fee for the service or the fee prescribed in the College of Dental Surgeons of Saskatchewan's *Suggested Fee Guide*.

Balance billing costs should not be directly offset onto an SHB beneficiary unless there is a prearranged agreement (i.e., upgrading a particular service/accessing another benefit program).

7. PROSTHODONTICS

Prior Approval is required for all complete or partial denture and reline service codes (see reference note 3).

All fees for services provided three months post insertion are included in the initial fee for a denture.

COMPLETE DENTURES

Complete dentures will be replaced only on the basis of demonstrated need after a minimum period of 60 months.

PARTIAL DENTURES

Partial dentures may be approved when:

- One or more of the 1's, 2's or 3's are missing (under the age of 18, only clasplless partials will be provided unless more than 2 anteriors are missing in one arch); or
- Five or more of the 4's to 7's are missing in one arch, including at least one of the 6's.

Ensure a 5-year prognosis is evident before submitting a request for a partial denture. If a partial denture is provided, the patient will not be considered for a partial or complete denture in the same arch within a period of 5 years.

Applications for partial dentures must be made in writing, together with mounted radiographs of the supporting and surrounding teeth. Applications must clearly describe which teeth are being placed on the partial denture.

Applications are to be emailed to: dental@health.gov.sk.ca

RELINES

Relines are limited to one per service per 36-month period. The fee includes all adjustments and modifications.

Relines are not payable until 3 months post insertion.

REPAIRS

Denture repairs are limited to one per denture in a 12-month period. The addition of teeth to a partial denture provided by this program will not be paid within 24 months of the initial insertion (without prior approval).

8. PROSTHODONTICS PAYMENTS

CO-PAYMENT

Patients will make a co-payment, as required by Regulation, for complete and clasp type partial dentures. The co-payment is a maximum of \$15.00 per denture. The co-payment fee will be paid by the SHB for government wards and inmates of provincial correctional centres.

Claims for complete and partial dentures must be signed by the patient at the time of insertion.

INVOICING LAB COSTS FOR DENTURES

"+LAB" appended to the professional fee means that the dental laboratory will submit a claim directly to SHB for its fee. A copy of the *Approval for Payment* form must

accompany the order to the laboratory.

Only dental laboratories located in Saskatchewan, which charge according to the *SHB and FHB Dental Laboratory Payment Schedule*, are eligible for payment by this program.

INVOICING LAB COSTS FOR DENTURE REPAIRS

"+L" and "+L*" appended to the professional fee means that the dental office will submit claims for both its professional fee and the laboratory fee for the repair.

- 99111 is to be used for the laboratory fee for space maintainers and acrylic repairs.
- 99112 is to be used for submitting 50% of the cost of the laboratory fee for cast metal repairs. ***The patient is responsible for the remaining 50% of the cost of the laboratory fee for cast metal repairs.***
- Attach a copy of the laboratory invoice to the claim.

Payment to the laboratory is the dentist's responsibility.

UNCLAIMED DENTURES

Dentures that have not been picked up by the patient within 90 days of manufacture may be invoiced at 75% of the professional fee (please include an explanation).

9. SPACE MAINTAINERS

Space maintainers are indicated when the primary first molar is lost and:

- the permanent first molar has not yet erupted to the plane of occlusion, or
- in instances of mild or no crowding, the first molar has erupted but there is at least 1mm of bone overlying the unerupted first bicuspid.

Space maintainers are NOT indicated in severely crowded cases if the mixed dentition analysis reveals an arch length deficiency of four (4) or more millimetres per quadrant.

Current, dated mounted radiographs (bitewings and/or panorex) must be submitted at the time of request that adequately reveal the amount of bone overlying the unerupted first bicuspid.

Please provide the tooth number of the tooth that has been/will be removed.

Please note: There is a limit of one unilateral per quadrant (15101 or 15201) or one lingual holding arch (15103) per arch every 5 years.

CODE 15101 AND 15201 GUIDELINES

Procedure codes 15101 and 15201 are for the maintenance of space for missing primary first and/or second molars.

The fees for codes 15101 and 15201 do not include laboratory charges. Attach a copy of

the laboratory bill and invoice using code 99111 for the laboratory fee.

CODE 15103 GUIDELINES

Procedure code 15103 is payable only in situations where there is a deep bite (greater than 50% overbite) and in conjunction with missing c's, d's or e's and/or those with hypertonic musculature (please submit a photograph of mentalis area for the hypertonic musculature).

The fee for code 15103 does not include laboratory charges. Attach a copy of the laboratory bill and invoice using code 99111 for the laboratory fee.

10. TOOTH NUMBERS

Tooth numbers are required for all relevant services, such as: emergency exams, radiographs, extractions, restorations, partial dentures, etc.

Please use tooth #95 for supernumerary extractions (#96 for a second tooth).

11. AUDIT

Services are subject to audit.

12. ACCESS

Access to the Provider Coverage Viewer can be arranged by contacting eHealth's Service Desk at 1-888-316-7446 (Regina: (306) 337-0600).

Access to MSSCS can be arranged by emailing: suphealth@health.gov.sk.ca

EMERGENCY DENTAL BENEFITS

**Effective
July 1, 2023**

Adult SHB recipients with Emergency Benefits Only are limited to the emergency services listed on this page.

The tooth number must be provided on the claim form for all emergency procedure codes.

01205	Examination – emergency (includes prescription), limited to one per six month period ○ Beneficiaries with "Full Dental Benefits" are not eligible for this service.	\$48.80
02111	Periapical radiograph – one image	\$20.30
20111	Caries control – removal of carious lesions and placement of sedative dressing, limited to once per tooth. (Excludes primary anterior teeth.)	\$100.00
71101	Extraction, first tooth in each quadrant	\$133.60
71109	Extraction, each additional tooth in same quadrant	\$107.20

Please Note: More than two extractions per quadrant requires prior approval.

DIAGNOSTIC

Only one of procedure codes 01201 or 01202 will be funded in a 12-month period.

A maximum of four films or one panorex will be funded in a 12-month period.

01201	Examination & diagnosis – Limited, Oral, New Patient	\$42.40
01202	Examination – previous patient - recall exam	\$32.80
01701	Examination – prosthodontic (edentulous patient), limited to once in a 60-month period	\$76.80
02111	Periapical radiograph, single film	\$20.30
02112	Periapical radiograph, two films	\$28.00
02113	Periapical radiograph, three films	\$35.20
02114	Periapical radiograph, four films	\$43.10
02141	Bitewing radiograph, single film	\$20.30
02142	Bitewing radiograph, two films	\$28.00
02143	Bitewing radiograph, three films	\$35.20
02144	Bitewing radiograph, four films	\$43.10
02601	Panoramic radiograph (panorex), can be substituted in place of four films	\$67.00

PREVENTIVE

Procedure codes 11101, 13217 and 13601 are limited to once each in a 12-month period.

Only one of procedure codes 12111, 12112 or 12113 will be permitted in a 12 month period.

Procedure code 13601 is permitted in addition to 12111, 12112 or 12113.

Scaling procedure codes are limited to a total of two units in a 12-month period.

11101	Polishing – one half unit of time	\$16.40
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**Effective
July 1, 2023**

11111	Scaling – one unit of time (age 14 and older)	\$40.00
11112	Scaling – two units of time (age 14 and older)	\$80.00
11117	Scaling – one half unit of time (age 14 and older)	\$20.00
12111	Fluoride Tx, topical, whole mouth, Rinse (age 17 and under)	\$16.80
12112	Fluoride Tx, topical, whole mouth, Gel or Foam (age 17 and under)	\$20.00
12113	Fluoride Tx, topical, whole mouth Varnish (age 17 and under)	\$24.00
13217	Oral hygiene instruction – one half unit of time (age 13 and under)	\$15.20
13601	Topical Application to Hard Tissue Lesion(s) of An Antimicrobial or Remineralization Agent (Silver Diamine Fluoride (SDF)) – one unit of time (age 17 and under)	\$56.80

Sealants

Limited to once every three years.

Limited to patients age 13 and under.

13401	Pit and fissure sealant – single tooth, permanent molar only	\$25.60
13409	Pit and fissure sealant – additional permanent molar in the same quadrant	\$20.80

Space Maintainers

Missing tooth number is required on claim form.

Pre-treatment mounted radiographs must be attached to claim form.

Fees do not include laboratory charges. Attach a copy of the laboratory bill and invoice using code 99111 for the laboratory fee.

See page 6, reference note 9 for more information.

+L – dentist to bill for lab work under code 99111.

15101	Space maintainer – band type, fixed unilateral. <i>Limited to once per quadrant every five years.</i>	\$118.40 +L
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**Effective
July 1, 2023**

15103	Space maintainer – band type, fixed bilateral, soldered lingual arch. <i>Limited to once per arch every five years.</i>	\$196.00 +L
15201	Space maintainer – stainless steel crown type, fixed. <i>Limited to once per quadrant every five years.</i>	\$147.20 +L

RESTORATIVE SERVICES

Restorations to tooth numbers 51, 52, 61, 62, 71, 72, 81 and 82 are not covered services.

Limit of one restoration per tooth per 12-month period.

Total surfaces whether continuous or not.

Tooth number must be identified.

Restorations – Amalgam, Primary and Permanent Posterior and Anterior teeth 53, 63, 73, 83)

20111	Caries control – removal of carious lesions and placement of sedative dressing. Other restorations are not payable within 3 months of a sedative dressing. Limited to once per tooth. Excludes primary anterior teeth.	\$100.00
21111	Primary dentition, one surface	\$109.60
21112	Primary dentition, two surfaces	\$146.40
21113	Primary dentition, three or more surfaces	\$168.00
21211	Permanent bicuspids, one surface	\$137.60
21212	Permanent bicuspids, two surfaces	\$186.40
21213	Permanent bicuspids, three surfaces	\$219.20
21214	Permanent bicuspids, four surfaces	\$262.40
21215	Permanent bicuspids, five or maximum surfaces per tooth	\$321.60
21221	Permanent molars, one surface	\$150.40
21222	Permanent molars, two surfaces	\$202.40
21223	Permanent molars, three surfaces	\$243.20
21224	Permanent molars, four surfaces	\$292.00
21225	Permanent molars, five or maximum surfaces per tooth	\$350.40

Procedure codes 22201, 22211, 22311 and 29101 are limited to one per tooth in a 60-month period.

22201	Crown – prefabricated, metal, primary anterior	\$179.20
22211	Crown – prefabricated, metal, primary posterior	\$179.20
22311	Crown – prefabricated, metal, permanent posterior	\$179.20
29101	Recementation (<i>crowns or space maintainers must have been placed more than 3 months prior to service date</i>)	\$104.80

Restorations – Tooth Coloured / Plastic With/ Without Silver Filling/ Bonded Technique

Limit of one restoration per tooth per 12-month period.

Total surfaces whether continuous or not.

Tooth number must be identified.

23111	Permanent anterior, one surface	\$125.60
23112	Permanent anterior, two surfaces	\$168.80
23113	Permanent anterior, three surfaces	\$203.20
23114	Permanent anterior, four surfaces	\$243.20
23115	Permanent anterior, five or maximum surfaces per tooth	\$292.00

Restorations – Tooth Coloured, Primary and Permanent, Bonded Technique (including teeth 53, 63, 73, 83)

Restorations to tooth numbers 51, 52, 61, 62, 71, 72, 81 and 82 are not covered services.

Limit of one restoration per tooth per 12-month period.

Total surfaces whether continuous or not.

Tooth number must be identified.

Dentists are permitted to charge a fee to those clients choosing composite fillings in posterior teeth. This fee is to be the difference in cost between the fees outlined below and the lesser of either the dentist’s usual/customary fee for the service or the fee prescribed in the *Suggested Fee Guide* of the College of Dental Surgeons of Saskatchewan.

Effective
July 1, 2023

The additional costs permitted above must be fully disclosed to and accepted by the beneficiary or his or her legal guardian **prior** to the commencement of the service.

23311	Permanent bicuspid, one surface	\$144.80
23312	Permanent bicuspid, two surfaces	\$196.00
23313	Permanent bicuspid, three surfaces	\$235.20
23314	Permanent bicuspid, four surfaces	\$282.40
23315	Permanent bicuspid, five or maximum surfaces per tooth	\$338.40
23321	Permanent molars, one surface	\$158.40
23322	Permanent molars, two surfaces	\$213.60
23323	Permanent molars, three surfaces	\$256.00
23324	Permanent molars, four surfaces	\$307.20
23325	Permanent molars, five or maximum surfaces per tooth	\$368.80
23411	Primary Anterior dentition, one surface (<i>restricted to 53,63,73,83</i>)	\$123.20
23412	Primary Anterior dentition, two surfaces (<i>restricted to 53,63,73,83</i>)	\$166.40
23413	Primary Anterior dentition, three or more surfaces (<i>restricted to 53,63,73,83</i>)	\$200.00
23511	Primary Posterior dentition, one surface	\$144.80
23512	Primary Posterior dentition, two surfaces	\$196.00
23513	Primary Posterior dentition, three or more surfaces	\$235.20

ENDODONTICS

32232	Pulpotomy – primary tooth. (<i>Limited to once per tooth. Tooth number must be identified</i>)	\$84.00
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DENTURES

Prior Approval required if noted "PA".

+LAB – dental lab to invoice directly.

Effective
July 1, 2023

Dentures – Complete, Standard

Patient co-payment of \$15.00 per denture.

PA 51101	Maxillary	\$851.20 +LAB
PA 51102	Mandibular	\$927.20 +LAB

Dentures – Partial, Acrylic without Clasps

Patient co-payment of \$15.00 per denture.

PA 52201	Maxillary	\$311.20 +LAB
PA 52202	Mandibular	\$311.20 +LAB

Dentures – Partial, Acrylic with Wrought Clasps

Patient co-payment of \$15.00 per denture.

PA 52301	Maxillary	\$488.00 +LAB
PA 52302	Mandibular	\$488.00 +LAB

Denture Adjustment

54201	Adjustment of partial or complete denture when done more than 3 months after initial placement. Limit of 1 per denture per 12-month period. (Indicate upper or lower denture on claim form.)	\$80.80
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Acrylic Denture Repairs

Limited to one of each of the following service codes in a 12-month period.

Addition of teeth to a partial denture will not be paid within 24 months of the initial insertion.

+L – dentist to bill for lab work under code 99111.

55101	Repair – maxillary denture, no impression	\$67.20 +L
55102	Repair – mandibular denture, no impression	\$67.20 +L
55201	Repair – maxillary denture, impression required	\$131.20 +L
55202	Repair – mandibular denture, impression required	\$131.20 +L

Effective
July 1, 2023

Acrylic Denture Relines

Limited to one of each of the following service codes in a 36-month period.

Not payable until 3 months post insertion.

+LAB – dental lab to invoice directly.

PA 56211	Reline – self-curing, maxillary	\$211.20
PA 56212	Reline – self-curing, mandibular	\$211.20
PA 56231	Reline – processed, maxillary	\$248.80 +LAB
PA 56232	Reline – processed, mandibular	\$248.80 +LAB

Upgrade to Cast Metal Partial

Clients have the option of choosing a cast metal partial rather than an acrylic partial by paying the difference in cost between the fee outlined below and the lesser of either the dentist's usual/customary fee for the service or the fee prescribed in the *Suggested Fee Guide* of the College of Dental Surgeons of Saskatchewan.

All lab services for cast metal partial dentures must be billed using the codes and fees below.

PA 53101	Maxillary	\$488.00
PA 53102	Mandibular	\$488.00

Cast Metal Partial Repairs

Limited to one of each of the following service codes in a 12-month period.

Addition of teeth to a partial denture will not be paid within 24 months of the initial insertion.

+L* – Dentist to bill for lab work as code 99112 at 50% of the lab cost (include copy of invoice).

The patient is responsible for the remaining 50% of lab work.

55301	Repair – maxillary denture, no impression	\$67.20 +L*
55302	Repair – mandibular denture, no impression	\$67.20 +L*

	Effective July 1, 2023
55401 Repair – maxillary denture, impression required	\$132.00 +L*
55402 Repair – mandibular denture, impression required	\$132.00 +L*

Cast Metal Partial Relines

Limited to one of each of the following service codes in a 36-month period.

Not payable until 3 months post insertion.

PA 56221 Reline – self-curing, maxillary	\$211.20
PA 56222 Reline – self-curing, mandibular	\$211.20
PA 56241 Reline – processed, maxillary	\$246.20
PA 56242 Reline – processed, mandibular	\$246.20

ORAL SURGERY

Tooth number required on claim form for the following codes.

Extraction, Uncomplicated

71101 First tooth in each quadrant	\$133.60
71109 Each additional tooth in same quadrant	\$107.20

Extraction, Complicated, Surgical approach requiring surgical flap and/or section of tooth

Claim to include mounted radiographs and a detailed explanation.

71201 First tooth in each quadrant	\$228.00
71209 Each additional tooth in same quadrant	\$182.40
72111 Soft tissue impaction	\$237.60
72211 Semi-osseous unerupted impaction (bone removal)	\$325.20
72231 Unerupted and impacted, full osseous, unusual difficulties and circumstances (may include supernumerary teeth)	\$478.40
72321 Root removal – soft tissue coverage requiring flap	\$190.40
72331 Root removal – totally covered by bone	\$253.60
76941 Reposition or replantation, avulsed tooth including splinting, first tooth in arch	\$380.50
76949 Reposition or replantation, avulsed tooth including splinting, each additional tooth in arch	\$136.10

Effective
July 1, 2023

ADJUNCTIVE GENERAL SERVICES

91231	Behavioural management of a child under 7 years of age, in office only (cannot be charged in conjunction with 94301 or 94302 or the anaesthesia codes on page 19).	Up to \$108.80
	<i>25% of professional fee to a maximum of \$108.80</i>	
94301	Institutional visit (hospital, special care home), during regular scheduled office hours; maximum one visit per day per institution.	\$47.20
94302	Institutional visit (hospital, special care home), unscheduled, after regular scheduled office hours; maximum one visit per day per institution.	\$66.40
	<i>An explanation is required on the claim form.</i>	

CERTIFIED SPECIALIST SURCHARGE

00002 **Surcharge on general practice fees for services provided by a dentist holding a specialist licence with the exception of the service codes listed under the following sections.** 15% of general practitioner fee

ORAL AND MAXILLOFACIAL SURGERY

**Effective
July 1,2023**

As provided by a dentist holding a specialist licence in oral surgery

01601	Examination – surgical, general ○ Payment is limited to once in a 12-month period. ○ Beneficiaries with "Emergency Coverage Only" are not eligible for this service.	\$195.20
01602	Examination – surgical, specific ○ Payment is limited to once in a 12-month period. ○ Tooth number required. ○ Beneficiaries with "Emergency Coverage Only" are eligible for this service.	\$97.60
02601	Panoramic radiograph (panorex), can be substituted in place of four films	\$68.80
Oral Surgery		
Tooth number required for all of the following codes.		
71101	Removal of first tooth in each quadrant, uncomplicated	\$163.20
71109	Removal of subsequent tooth in each quadrant	\$107.20
71201	Complicated surgical approach to an erupted or fractured tooth requiring a surgical flap and/or sectioning of tooth	\$303.20
72111	Soft tissue impaction	\$316.80
72211	Semi-osseous unerupted impaction (bone removal)	\$365.60
72231	Unerupted and impacted, full osseous, unusual difficulties and circumstances (may include supernumerary teeth)	\$512.80
72321	Root removal – soft tissue coverage requiring flap	\$234.40

ORAL AND MAXILLOFACIAL SURGERY

**Effective
July 1,2023**

72331 Root removal – totally covered by bone \$321.60

ADJUNCTIVE GENERAL SERVICES

ANAESTHESIA – CONSCIOUS SEDATION

Only one form of sedation may be charged per visit.

Sedation cannot be charged in conjunction with code 91231.

Unit of time defined as 15 minutes.

		GENERAL PRACTITIONER	SPECIALIST
		Effective July 1, 2023	
	Nitrous oxide		
92411	One unit of time	\$51.20	\$88.90
92412	Two or more units of time	\$85.60	\$119.20
	Nitrous oxide with oral sedation		
92431	One unit of time	\$91.20	\$96.80
92432	Two or more units of time	\$155.20	\$155.20
	Parenteral conscious sedation (intravenous or intramuscular)		
92441	One unit of time	\$62.40	\$120.00
92442	Two or more units of time	\$124.80	\$183.20
	Combined techniques of inhalation plus intravenous and/or intramuscular injection		
92451	One unit of time	n/a	\$117.60
92452	Two or more units of time	\$221.60	\$234.40



**Saskatchewan
Ministry of
Health**

**SUPPLEMENTARY HEALTH BENEFITS
and
FAMILY HEALTH BENEFITS

ORTHODONTIC
BENEFITS FEE SCHEDULE**

July 1, 2023

Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Telephone: 1-800-266-0695
(306) 787-3124 (Regina)
Fax: (306) 787-8679

SUPPLEMENTARY HEALTH AND FAMILY HEALTH BENEFITS ORTHODONTIC BENEFITS FEE SCHEDULE

REFERENCE NOTES

The Saskatchewan Ministry of Health applies this fee schedule to orthodontic services provided to eligible beneficiaries of Supplementary Health (SHB) and Family Health Benefits (FHB). The objective of SHB and FHB coverage is to provide orthodontic benefits to those assessed with severe crippling malocclusion.

1. ELIGIBILITY

A patient with less than three months of SHB or FHB coverage remaining will not be considered for orthodontic treatment.

Eligibility for SHB can be confirmed on the Medical Supplies and Services Claims System (MSSCS) or the Provider Coverage Viewer using the patient's nine-digit Health Services Number.

Children under the age of 18 of families who are recipients of FHB are eligible for orthodontic benefits as outlined in this fee schedule. Adult FHB recipients do not have coverage for dental services.

Questions regarding eligibility showing in MSSCS can be directed to (306) 787-3124 (in Regina) or 1-800-266-0695.

2. ORTHODONTIC TREATMENT

The objective of the SHB/FHB is to provide major orthodontic treatment for beneficiaries with severe crippling malocclusions.

Please screen clients – do not complete full assessments (service code 01910) on clients whose malocclusions may not be considered severe.

Payment for service code 01910 (consultation, treatment plan and full records) may not be processed for cases where the malocclusion is not considered severe.

In borderline cases where the malocclusion may be considered less than severe crippling, please complete an examination and take 2 to 3 pictures (service code 01900). Submit the pictures with a letter requesting approval to proceed. The Saskatchewan Ministry of Health will assess the extent of the malocclusion and advise if full records should be submitted.

Non surgical

A maximum of 24 active treatments (monthly maintenance) will be considered.

Surgical

A maximum of 32 active treatments (monthly maintenance) will be considered.

Preliminary/minor treatment

Preliminary or minor treatment may be covered if such treatment will prevent a severe crippling malocclusion. Payment under this category will preclude any future payment for orthodontic treatment for the patient.

These treatment plans should clearly indicate:

- the fee of the partial treatment/appliance, and
- the number of active months of treatment.

3. ORAL HEALTH

Payment for orthodontic treatment beyond an examination (service code 01900) requires that the patient:

- has excellent oral health, and
- is free of dental caries.

Please screen clients – do not complete full assessments (service code 01910) on clients with less than excellent oral health.

Payment for service code 01910 (consultation, treatment plan and full records) may not be processed for cases where the oral health is not considered excellent.

In borderline cases where the excellence of the oral health is in question, please complete an examination and take 2 to 3 pictures (service code 01900). Submit the pictures with a letter requesting approval to proceed. The Saskatchewan Ministry of Health will assess the oral hygiene and advise if full records should be submitted. If the pictures fail to show excellent oral health, consideration for orthodontic treatment will be delayed until evidence is provided that demonstrates the requirements have been achieved.

Pictures submitted as part of the orthodontic records must be of excellent diagnostic quality and clearly show all areas of the mouth to assist with assessment.

4. AUTHORIZATION TO PROCEED

It is recommended that offices seek prior approval before providing any services in order to:

- Ensure that the client has coverage in place.
- Ensure that the client has had the required diagnostic and preventative treatment to achieve excellent oral health. It is recommended that offices confirm that the client

has had a dental examination, cleaning and completed all restorative treatment within the past 12 months.

- Ensure that the client is eligible for treatment. All services except monthly maintenance are limited to once per patient. Exceptions may be made with prior approval.

Submissions for orthodontic treatment must be accompanied by a treatment plan, photograph of models, panorex radiograph and colour photographs.

All records are reviewed by a consulting orthodontist.

5. PATIENT COMPLIANCE

Patients who do not maintain their oral health or who miss a total of three active treatment monthly maintenance appointments should have their treatment terminated.

Parents/guardians must be informed of this policy prior to taking records.

If treatment is terminated, a de-banding fee (service code 85000) will be paid in addition to the regular monthly maintenance fee (service code 81500).

6. TREATMENT IN PROGRESS

A patient may present in your office who started active treatment while receiving social assistance in another province. If the patient has SHB or FHB, continuation of the treatment requires submission of a treatment plan and complete pre-treatment records for consideration.

If treatment is approved, the benefits payable will be modified according to the circumstances. If treatment is not approved, one de-banding fee (service code 85000) may be paid.

SHB and FHB will not participate in treatment that is underway in any circumstances other than that described above. Applications should not be made where a contract exists between a client and an orthodontist and treatment has already started.

Clients undergoing approved orthodontic treatment who lose SHB or FHB coverage are eligible for ongoing orthodontic benefits through SHB/FHB.

Clients undergoing approved orthodontic treatment who leave the province of Saskatchewan are eligible for ongoing orthodontic benefits only until their Saskatchewan Health benefits are terminated.

7. PAYMENT OF CLAIMS

Refer to the MSSCS Dental User Guide for claim submission and payment information.

Accounts must be submitted within 12 months of the date of treatment.

The intent of the Saskatchewan Regulation 65/66 is that payments made pursuant to these regulations constitute payment in full for the services for which the payments were made.

In providing professional services to a SHB beneficiary, the dentist agrees not to charge any fees or surcharges to the Government of Saskatchewan or to the beneficiary beyond the fees and surcharges set out in this fee schedule, except where permitted in this schedule.

Cancelled or missed appointments

In the case of cancelled or missed appointments, dentists may charge beneficiaries (94303) in the amount of \$15.00.

Balance Billing

Balance billing is permitted when:

- A beneficiary has FHB coverage
- It has been determined that the beneficiary is accessing/or has accessed third party insurance or another benefit program.

Dentists are permitted to balance bill the difference between fees outlined in this schedule and the lesser of their usual or customary fee for the service or the fee prescribed in the College of Dental Surgeons of Saskatchewan's *Suggested Fee Guide*.

Balance billing costs should not be directly offset onto an SHB beneficiary unless there is a prearranged agreement (ie. accessing another benefit program).

8. AUDIT

Services are subject to audit.

9. ACCESS

Access to the Provider Coverage Viewer can be arranged by contacting eHealth's Service Desk at 1-888-316-7446 (Regina: (306) 337-0600).

Access to MSSCS can be arranged by emailing: suphealth@health.gov.sk.ca

**SUPPLEMENTARY HEALTH AND FAMILY HEALTH BENEFITS
MAJOR ORTHODONTICS FEE SCHEDULE**

CODE	DESCRIPTION	RATE Effective July 1, 2023
01900	Examination and Pictures	\$58.00
01910	Consultation, Treatment Plan and Full Records ♦ (including models, panorex radiograph, encephalogram and color photographs)	\$260.00
<p>♦ Please screen clients – do not complete full assessments on clients whose malocclusions may not be considered severe or on clients with less than excellent oral health.</p>		
81000	Starting Fee	\$1,226.00
81500	Active Treatment Monthly Maintenance <ul style="list-style-type: none"> • Non surgical – up to 24 months • Surgical – up to 32 months 	\$156.00
83000	Retainer, Retainer Check Visits and Final Records	\$547.00
85000	De-banding Fee	\$116.00

NOTES:

Payment for records will not be made unless the records are submitted with a treatment plan and a request to provide treatment.

The de-banding fee (service code 85000) may be claimed only in relation to reference notes 5 or 6 (see page 4).