

# **PAYMENT SCHEDULE INDEX**

## **MEDICAL AND HEALTH CARE SERVICES REGULATIONS PERTAINING TO DENTAL AND ORTHODONTIC SERVICES**

**SCHEDULE A: DENTAL SURGERY (General Dental Practitioners) SECTION A**

**SCHEDULE B: ORAL AND MAXILLOFACIAL SPECIALISTS SECTION B**

**SCHEDULE C: ORTHODONTIC SPECIALISTS SECTION C**

**SCHEDULE D: ORAL MEDICINE SPECIALISTS SECTION D**

**SCHEDULE E: DENTAL TECHNICAL PROCEDURES SECTION E**

## Section 19 of the Medical and Health Care Services Regulations of the *Medicare Protection Act*

### Section (i)

#### Dental and orthodontic services

- 19** (1) Subject to section 27, a dental or orthodontic service is a benefit if the service is
- (a) related to the remedying of a disorder of the oral cavity or a functional component of mastication,
  - (b) listed in a payment schedule for dentists and described in subsection (2),
  - (c) rendered by an enrolled dentist, and
  - (d) described in an adequate clinical record.
- (2) The following apply for the purpose of subsection (1) (a) or (b)
- (a) an oral surgical procedure rendered to a beneficiary who
    - (i) has been properly admitted to a hospital, or
    - (ii) is a patient under the Day Care Services Program and for whom hospitalization is medically required for the safe and proper performance of the surgery,
  - (b) a medically required service rendered in association with, and followed by, an oral surgical procedure meeting the requirements of paragraph (a),
  - (c) a medically required service rendered by a specialist in oral medicine to a beneficiary with a severe systemic disease,
  - (d) orthodontic service provided by a dentist only if
    - (i) the beneficiary is 20 years of age or younger, and
    - (ii) the service arises as part of or following plastic surgical repair performed by a medical practitioner in the treatment of severe congenital facial abnormalities, or
  - (e) a dental technical procedure provided by a dentist if rendered in conjunction with an oral surgical procedure meeting the requirements of paragraph (a).
- (3) There will not be payment for a service covered by subsection (2) (d) or (e) if performed outside British Columbia unless the service is rendered
- (a) by a person authorized to practice dentistry in the place where the service is rendered,
  - (b) to a beneficiary who resides in British Columbia for whom the location for the service nearest the place of residence is outside British Columbia but in Canada, and
  - (c) following approval of payment of the service by the commission.