

SCHEDULE A

DENTAL HYGIENE SERVICES EFFECTIVE JUNE 3, 2024

GENERAL

1. Members may provide Services to a Client only upon a Client presenting to the treating member a Ministry-issued Services card, which provides the name of the Client and their dependents and other personally-identifying information, if required (“Services Card”).
2. Upon receipt of a Services Card, Members must verify that:
 - (a) The person who presents a Services Card is in fact the Client or the Client’s guardian;
 - (b) That the Client is eligible for Services; and
 - (c) That the Client or their guardian(s), as appropriate, sign all claim forms, except for computer-produced claim forms, in which case the Client or guardian’s signature, certifying receipt of Services, must be on file, and where possible, Clients or their guardians provide two pieces of identification.
3. Members will obtain authorization or approval from the Review Committee of Alberta Blue Cross (ABC) (the “Review Committee”) prior to providing any services and shall inform Clients of their contractual requirements to obtain prior authorization or Review Committee approval. Members acknowledge that the Minister will not be responsible for payment of services if prior authorization of the Review Committee has not been obtained.
4. The Minister will compensate Members for the cost of providing services to Clients, in accordance with the fees set out in Schedule A.1, A.2, and A.3. In each subsequent year the Memorandum of Understanding between the Minister and the College is in effect, the fees will be adjusted by the Minister applying the percentage change in the Consumer Price Index for Canada from the previous year, as published by Statistics Canada.
5. Where a specific treatment requiring multiple appointments is being rendered and termination of Client eligibility occurs prior to completion of treatment, there shall be a period of thirty days allowed for completion of that specific treatment.
6. Claims for Services must be submitted for payment no later than six months from the date of completion of services, directly to ABC. Members acknowledge that claims older than six months will be refused for payment by ABC.

7. Members acknowledge that Clients are solely responsible for all costs pertaining to services that are not specified in this Schedule and Schedule A.1, A.2, and A.3 (an "Enhancement") and any procedures related to the preparation or completion of the Enhancement. Claims submitted in respect to Enhancements will be denied and the Member will not be entitled to any compensation from the Minister.
8. Members must ask each Client if they have insurance coverage from other sources (e.g. employer's coverage, auto insurance policies in the event of a motor vehicle accident, etc.) so that the Client applies such coverage to the cost of Services. The Minister may provide funding in accordance with the terms of this schedule only after such funds have been exhausted.
9. At the Minister's request, and at no additional costs to the Minister, Members shall cooperate to provide additional material or information relating to a claim, and Members acknowledge the Minister's right to withhold payments on any and all claims until the additional material or information has been provided to the Minister or to ABC directly.

SCHEDULE A.1

**CHILD HEALTH BENEFIT DENTAL HYGIENE COVERAGE
EFFECTIVE JUNE 3, 2024**

Child Health Benefits dental hygiene coverage is provided to dependent children in low income families enrolled in the Alberta Child Health Benefit (ACHB) and to the dependent children under Section 105.8 of the *Child, Youth and Family Enhancement Act* (Child and Youth Support Program).

The following services may be provided, subject to the condition that no payment will be made for polishing treatment to a Client prior to full mouth extraction.

ABC will administer the preauthorization, Review Committee Approval and the claim and adjudication processes with respect to the services identified below.

PROCEDURE	USCLS CODE	CDHA CODE	FEES
DIAGNOSTIC			
Examinations, Specific	01204	00122	60.55
Emergency	01205	00123	60.55
Radiographs, Per-apical (Maximum 6 films per year) *See note below*	02111	00221	24.16
	02112	00222	40.28
	02113	00223	56.40
	02114	00224	72.55
	02115	00225	88.74
	02116-02125	00226-00229	104.81
Radiographs, bitewing (Maximum 2 films per year) *See note below*	02141	00211	24.16
	02142-02146	00212-00216	40.28
Radiographs, Panoramic (Once every five years, except for patients referred to an oral and maxillofacial surgeon, who may take a panoramic film as required.) *See note below*	02601	00241	80.61
PREVENTATIVE			
Polishing (Once per year, maximum two units)	11101	00531	57.53
	11102	00532	115.06
	11107	00537	28.76
Scaling (eight-time units of scaling in any 12-month period. No exception requests for additional units will be accepted.)	11111	00511	60.55

	11112	00512	121.12
	11113	00513	181.66
	11114	00514	242.20
	11115	00515	302.75
	11116	00516	363.29
	11117	00517	30.27
	11119	00519	60.55
Fluoride Treatments, (Children aged 4 to 17, once per year, Children under 4 and adults 18 and over do not qualify for fluoride.)	12101	00611	28.76
Sealants, Pit and Fissure first tooth in a quadrant (Children aged 4 to 17)	13401	00602	28.76
Sealants, each additional tooth in the same quadrant	13409	00603	14.39

Note: All Radiographs must be made in (2 sets). A copy must be made available to a dentist upon request at no charge.

For the period commencing July 1, 2017 through to Current, the Minister will compensate Members for cost of providing services to clients, in accordance with the fees set out in Schedule A.1.

SCHEDULE A.2
SUPPLEMENTARY DENTAL HYGIENE COVERAGE
EFFECTIVE JUNE 3, 2024

Supplementary dental hygiene coverage is provided to Assured Income for the Severely Handicapped (AISH) clients and their dependents and to children in the custody and/or under the guardianship of a director under the *Child, Youth and Family Enhancement Act* (CYFEA) or subject to an agreement under sections 572(1) (enhancement agreement with 18-20 year olds) of the CYFEA.

The following services may be provided, subject to the condition that no payment will be made for polishing treatment to a client prior to full mouth extraction.

ABC will administer the preauthorization, Review Committee Approval and the claim and adjudication processes with respect to the Services identified below.

PROCEDURE	USCLS CODE	CDHA CODE	FEES
DIAGNOSTIC			
Examinations, Specific	01204	00122	54.17
Emergency	01205	00123	54.17
Radiographs, Periapical (Maximum 6 films per year) *See note below*	02111	00221	21.63
	02112	00222	36.04
	02113	00223	50.47
	02114	00224	64.92
	02115	00225	79.38
	02116-02125	00226-00229	93.79
Radiographs, Bitewing (Maximum 2 films per year) *See note below*	02141	00211	21.63
	02142-02146	00212-00216	36.04
Radiographs, Panoramic (Once every five years, except for patients referred to an oral and maxillofacial surgeon, who may take a panoramic film as required.) *See note below*	02601	00241	72.11
PREVENTATIVE			
Polishing (Once per year, maximum two units)	11101	00531	51.47
	11102	00532	102.94
	11107	00537	25.74

Scaling (eight-time units of scaling and root planing combined per participant in any 12-month period. No exception requests for additional units will be accepted.)	11111	00511	54.17
	11112	00512	108.36
	11113	00513	162.53
	11114	00514	216.70
	11115	00515	270.88
	11116	00516	325.05
	11117	00517	27.08
	11119	00519	54.17
Fluoride Treatments (Children aged 4 to 17, once a year. Children under 4 and adults 18 and over do not qualify for fluoride.)	12101	00611	25.74
Sealants, Pit and Fissure first tooth in quadrant (Children aged 4 to 17)	13401	00602	25.74
Sealants, each additional tooth same quadrant	13409	00603	12.87
Root Planing (eight-time units of scaling and root planing combined per participant in any 12-month period. No exception requests for additional units will be accepted.)	43421	00521	58.01
	43422	00522	116.03
	43423	00523	174.02
	43424	00524	232.05
	43425	00525	290.07
	43426	00526	348.10
	43427	00527	29.01
	43429	00529	58.01

Note: All Radiographs must be made in (2 sets). A copy must be made available to a dentist upon request at no charge.

The Minister will compensate Members for cost of providing services to clients, in accordance with the fees set out in Schedule A.2.

**SCHEDULE A.3
INCOME SUPPORT DENTAL HYGIENIST COVERAGE
EFFECTIVE JUNE 3, 2024**

Income Support Dental Hygienist Benefits are provided to all Income Support Clients and their dependents (excluding the children of Learners who are covered under Schedule A.1), and Alberta Adult Health Benefit (AAHB) clients and their dependents.

The following services may be provided, subject to the condition that no payment will be made for polishing treatment to a client prior to full mouth extraction.

ABC will administer the preauthorization, Review Committee Approval and the claim and adjudication processes with respect to the Services identified below.

PROCEDURE	USCLS CODE	CDHA CODE	2017 FEES
DIAGNOSTIC			
Examinations, Specific	01204	00122	54.17
Emergency	01205	00123	54.17
Radiographs, Periapical (Maximum 6 films per year) *See note below*	02111	00221	21.63
	02112	00222	36.04
	02113	00223	50.47
	02114	00224	64.92
	02115	00225	79.40
	02116-02125	00226-00229	93.79
Radiographs, Bitewing (Maximum 2 films per year) *See note below*	02141	00211	21.63
	02142-02146	00212-00216	36.04
Radiographs, Panoramic (Once every five years, except for patients referred to an oral and maxillofacial surgeon, who may take a panoramic film as required.) *See note below*	02601	00241	72.11
PREVENTATIVE			
Polishing (Once a year, maximum two units)	11101	00531	51.47

	11102	00532	105.32
	11107	00537	25.74
Scaling (eight-time units of scaling in any 12-month period. No exception requests for additional units will be accepted.)	11111	00511	54.17
	11112	00512	108.36
	11113	00513	162.53
	11114	00514	216.70
	11115	00515	270.88
	11116	00516	325.05
	11117	00517	27.08
	11119	00519	54.17
Fluoride Treatments (children aged 4 to 17 once a year. Children under 4 and adults 18 and over do not qualify for fluoride.)	12101	00611	25.74
Sealants, Pit and fissure first tooth in quadrant (children aged 4 to 17)	13401	00602	25.74
Sealants, each additional tooth same quadrant	13409	00603	12.87

Note: All Radiographs must be made in (2 sets). A copy must be made available to a dentist upon request at no charge.

The Minister will compensate Members for cost of providing services to clients, in accordance with the fees set out in Schedule A.3.