

SCHEDULE A

SERVICES

COMPLETE AND PARTIAL DENTURE SERVICES (STANDARD AND SUPPLEMENTARY BENEFITS) 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 Alberta Blue Cross (ABC) Review Committee (the “Review Committee”) prior to providing any Services and shall inform Clients of their contractual requirement 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. 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. In order to receive payment for Services, every Member who treats a Client must provide three months post insertion care as a warranty on new complete or partial dentures, relines, and/or rebases.

6. 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.
7. Claims for Services must only be submitted for payment after the date of insertion but no later than six months from the date of completion of Services, directly to the ABC. Members acknowledge that claims older than six months will be refused for payment by the ABC.
8. Members acknowledge that Clients are solely responsible for all costs pertaining to Services that are not specified in this Schedule and Schedule A.1 (an "Enhancement") and any procedures related to the preparation or completion of the Enhancement. Claims submitted in respect of Enhancements will be denied and the Member will not be entitled to any compensation from the Minister.
9. Members must ask each Client if they have insurance coverage from other sources (eg. 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.
10. At the Minister's request, and at no additional cost 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 payment on any and all claims until the additional material or information has been provided to the Minister or to the ABC directly.
11. Payment for New Denture Services, Replacement Dentures, Relines and Rebases and Repairs and Miscellaneous Services are subject to the following specific conditions:

11.1 New Denture Services

- a) Pre-authorization from the Minister's Agent, ABC, is required.
- b) One complete or partial denture per arch may be funded every five years for each Client.
- c) Immediate temporary complete or partial dentures are limited to one per arch every five years per Client.
- d) If a new complete denture is required within six months of receiving a reline, rebase, or partial replacement, submission of a treatment plan for Review Committee approval is required, before Service can commence.

- e) Where a new complete denture is required, only minor repairs will be permitted on the current denture in order to provide the Client with temporary service while the new denture is being constructed.

11.2 Replacement Dentures

- a) Replacement complete or partial dentures may be provided upon the pre-authorization of the Minister's Agent, ABC, if the denture is broken beyond repair or irretrievably lost.

11.3 Relines and Rebases

- a) Pre-authorization is required from ABC.
- b) One reline or rebase per arch may be funded every two years for each Client.
- c) If reline or rebase is required within six months of date of insertion of new denture(s), submission of a treatment service plan is required for Review Committee approval, prior to the service being provided.

11.4 Repairs and Miscellaneous Services

- a) Pre-authorization from ABC is required with procedure codes: 37110, 37120, 47110, 47120, 56602, 70160, and 70161.
- b) Tissue conditioning is provided prior to the insertion of a Standard Denture or in the case of a Surgical Immediate denture, the service is provided as post insertion care. Tissue conditioning is limited to two services per arch, every two years.
- c) Out of office calls by Members are limited to Clients in hospitals, auxiliary hospitals, and nursing homes.
- d) Denture resets (code 56602) may be funded at a frequency of one per arch every five years per Client.
- e) Denture resets (code 56602) may be funded within twelve months of receiving initial denture(s), if there is a need and if a treatment service plan has been submitted to the Review Committee for approval, prior to service being provided.
- f) Denture prophylaxis and polish is limited to once every twelve months per arch.
- g) Procedure codes 71313, 71008, 71010 must be claimed per tooth or clasp.

- h) Post insertion adjustments are limited to a maximum of three per arch per year for any Client and are only permitted after three months post insertion. Units of time (fifteen-minute intervals) are limited to a maximum two time units per adjustment.
- i) Submission of a treatment service plan for Review Committee approval is required if tissue conditioning is needed with a functional impression reline/rebase.

Schedule A.1

NOTE: Standard Denture Coverage (Reference Type A) refers to all adult Income Support clients and their dependents, including Alberta Adult Health Benefits clients and their dependents, children enrolled in the Alberta Child Health Benefit program, and children in the Child and Youth Support Program under Section 105.8 of the *Child, Youth and Family Enhancement Act* (“CYFEA”).

Supplementary Denture Coverage (Reference Type B) refers to Assured Income for the Severely Handicapped Clients and their dependents and to children in the custody and/or under the guardianship of a director under the CYFEA or subject to an agreement under sections 57.2(1) (enhancement agreement with youth) or 57.3 (support and financial support agreement with 18- 20 year olds) of the CYFEA.

As the agent for the Minister, ABC will administer the preauthorization, the Review Committee approval, the claim and adjudication processes and will effect payment to eligible claims, for the services specified in Schedule A.1.

Description	USCLS Code	DENTURIST CODE	Total (\$)	REFERENCE TYPE
Standard Denture	51101, 02	31310/31320	943.18	A & B
Resilient Liner (Lab)	51104	73008	157.85	A & B
Standard Surgical Denture	51301, 02	31311/31321	982.64	A & B
Transitional -Temporary Denture	51601, 02	31511/31521	606.94	B
Surgical Denture –Over-dentures	51811, 12	31611/31621	948.33	B
Partial- Acrylic Base, Without Clasps –Transitional	52101, 02	41612/41622	358.02	A & B
Surgical Partial- Acrylic Base, Without Clasps	52111, 12	41613/41623	306.99	A & B
Partial - Acrylic, Resilient Retainer	52201, 02		306.99	B
Partial - Surgical Acrylic, Resilient Retainer	52211, 12		306.99	B
Partial - Acrylic with Wrought/Cast Clasps and/or Rests	52301, 02	41610/41620	866.50	B
Partial - Surgical Acrylic with Wrought/Cast Clasps and/or Rests	52311, 12	41611/41621	866.50	B

Description	USCLS Code	DENTURIST CODE	Total (\$)	REFERENCE TYPE
Partial - Acrylic with Wrought Palatal /Lingual Bar, Clasps and/or Rests	52401, 02		866.50	B
Partial - Surgical Acrylic with Wrought Palatal /Lingual Bar, Clasps and/or Rests	52411, 12		866.50	B
Cast Partial Acrylic - Free End with Clasps and Rests	53101, 02	41114/41124	1014.73	B
Altered Cast Impression	53104	41144	124.30	B
Surgical Cast Partial - Free End	53111, 12	41115/41125	1014.73	B
Cast Partial Acrylic - Tooth Borne with Clasps and Rests	53201, 02	41254/41264	1014.73	B
Surgical Cast Partial - Tooth Borne	53211, 12	41215/41225	1014.73	B
Adjustments - One unit of Time	54201	58110	52.50	A & B
Two units of Time	54202	58120	105.02	A & B
Denture Repairs				
No Impression Required	55101, 02	36110/36120	87.82	A & B
Impression Required	55201, 02	36210/36220	173.70	A & B
Partial Repairs				
No Impression Required	55301, 02	46110/46120	87.82	A & B
Impression Required	55401, 02	46210/46220	175.24	A & B
Prosthesis Prophylaxis & Polishing	55501, 09	70160/70161	52.50	A & B
Denture Reline – Direct	56211, 12	32418/32428	165.77	A & B
Partial Reline – Direct	56221, 22	42418/42428	165.77	A & B
Denture Reline – Processed	56231, 32	32215/32225	277.84	A & B
Partial Reline – Processed	56241, 42	42210/42220	277.84	A & B
Denture Rebase	56311, 12	33217/33227	292.84	A & B
Partial Rebase	56321, 22	43217/43227	292.84	A & B
Denture Rebase with Functional Impression	56331, 32	33117/33127	428.30	A & B
Partial Rebase with Functional Impression	56341, 42	43116/43126	428.30	A & B
Tissue Conditioning Complete	56511, 12,	37110/37120	110.52	A & B
Tissue Conditioning Partial	56521, 22	47110/47120	110.52	A & B
Dentures Reset	56602		389.90	A & B
Model	58008	71310	14.81	A & B
Repair, Add teeth	58009	71313	17.77	A & B
Repair, Cast Clasp	58010	71008	116.44	A & B
Repair, Wrought Clasp	58011	71010	33.57	A & B

Description	USCLS Code	DENTURIST CODE	Total (\$)	REFERENCE TYPE
Multiple Fractures	58012	71314	26.65	A & B
Wire/Mesh Strengthening	58013	72001	33.57	A & B
General Exam *	01701	10010	81.27	A & B
Specific Exam *	01702	10104	54.17	A & B
Institutional Visits (one per day per institution)	94301	70020	52.50	B

Limited to only one exam (general or specific) code per client per calendar year.