

**CDSS BILLING AND FEES STANDARD**

**JUNE 10, 2020 PROPOSED DRAFT**



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**(Please refer to complete appended CDSS Fee Guide)**

**Relevant Bylaw 3.1(2)(c)**

1. A dentist (**dentists and only dentists are granted the comprehensive list of authorized** practices below) is authorized, **subject to the terms, conditions, limitations of that person's license and requirements for competent practice**. The only provider qualified to arrive at a definitive diagnosis is the dentist, upon whom the final responsibility of the diagnosis and treatment planning rests. Members are obligated to inform patients, in each facility in which they are connected, regarding the importance of a comprehensive examination at least every two years by a dentist and the patient record must indicate any patient refusal.
2. The EXAMINATION AND DIAGNOSIS, COMPLETE ORAL is to include:
3. History, medical and dental;
4. Clinical Examination and Diagnosis of Hard and Soft tissues, including the following as necessary: Carious lesions, missing teeth, determination of sulcular depth and location of periodontal pockets, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests/analysis, and any other pertinent factors, radiographs extra, as required;
5. Examination and Diagnosis, Complete, Primary Dentition, to include: Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description.
6. Examination and Diagnosis, Complete, Mixed Dentition, to include:
7. Extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including above description;
8. Eruption sequence, tooth size - jaw size assessment.
9. Examination and Diagnosis, Complete, Permanent Dentition, to include:
10. Extended examination and diagnosis on permanent dentition, recording history, charting, treatment planning and case presentation, including above description.
11. Examination coding/billing:
12. Screening observations may be made by assistants, therapists, and hygienists and may include, as necessary and as may be identified in a written protocol, the following: radiographs, photos, videos, recording of screening observations including medical health information dental history, chief complaint, soft tissue, lymph nodes, periodontium, occlusal screening, caries, etc. and treatment plan options.
13. **A Dentist must attend the patient in person to finalize Comprehensive (Complete) Examinations (01101-01103) and Limited Examinations (01201 and 01202) before these codes are billed**. Involvement of the dentist by real time videoconferencing (skype, facetime, etc.) may be useful in emergency or specific examination situations but is not equivalent to the dentist’s in person involvement in the Comprehensive Examination, Diagnosis and Treatment Planning unless the dentist can show evidence that it is equivalent. **[DDA 23(1); MCPPS, ACFD Competency 1.2]**
14. The code 01202, the Previous Patient (Recall) Examination is provided for patients who have already undergone treatment and have been placed on a regular recall schedule for maintenance and control and can only be billed once the dentist has performed the required elements (comprehensive checking of occlusion and appliances), in addition to the portion that may have been done by a therapist or hygienist related to/within their authorized practice.
15. The code 01204 examination, diagnosis, and evaluation of a specific situation. This is not to be used as a substitute for limited exam code 01201 and 01202.
16. The code 01205, examination and diagnosis for the investigation of discomfort and /or infection in a localized area This is not to be used as a substitute for limited exam code 01201 and 01202.
17. Where a "Limited Oral Examination" is followed by a "Complete Oral Examination is unreasonable to charge for both. Third party payers may not pay for a 01101-01103 code, under some circumstances, if they have already paid for one of the codes 01201, 01202, 01204, 01205.
18. **The MOH/Supplementary Health and Family Health Benefits Program (refer to current schedule) does not recognize the 01101, 01102 and 01103 New Patient Exam codes, instead listing the following examination codes:**
19. **01201, Examination-New Patient**
20. **01202, Examination-previous Patient-Recall Exam, and**
21. **01205, Emergency (includes prescription), limited to one per 6-month period**

**These code descriptors do not include the requirement for a dentist (checking of occlusion and appliances) but when used by therapist or hygienist, they must be used within their respective authorized practice.**

1. Appropriate use of the **clinic and billing numbers. [MCPPS 2, III, iv]** The coding system (USC&LS) is proprietary and is owned by the CDA and is created for dentists. The descriptors are developed by the CDA and its partners. The CDSS owns and approves the CDSS Fee Guide for the use of its members.
2. Members **must make patient centered specific orders or maintain written protocols** for ordering diagnostic tests and to comply with the *Radiation Health and Safety Regulations* (2005) and **Radiation and Imaging Standard [MCPPS 2, I,v]** for imaging to be performed by dental therapists, hygienists, and assistants, unless in the case of dental therapists and dental hygienists, the diagnostic imaging (radiographs) is performed pursuant to and within their authorized practice.