



## Complex Medical Dental Pilot – BC Government Funded Project

The Ministry of Social Development and Poverty Reduction has requested the BCDA to administer a \$50,000 Complex Medical Dental (CMD) Pilot project to provide dental coverage for eligible ministry clients with complex medical conditions, who require essential dental treatment to address an urgent or severe medical need.

**Project Timeline** - CMD Pilot funding will be available on a pre-approval basis for applications submitted to the BCDA between June 21, 2018 to January 31, 2019. Exceptions may be made in urgent cases, to grant a dental services provider with post-authorization for the coverage described under *Funding Limit*. As this is a pilot, funding is limited and grants will end once the funding is exhausted.

**Recipient Eligibility Criteria** - An individual is eligible to be provided with dental coverage under the CMD Pilot if the BCDA determines that the individual meets all the following criteria:

1. The individual is eligible for coverage under the ministry's dental program by being one of the following:
  - a. a recipient of Income Assistance or Disability Assistance/Person with Disabilities (PWD) benefits
  - b. a dependent of a person under (a.) or
  - c. a child eligible for the Healthy Kids Program
2. The individual has a medical condition listed in *Medical Service Commission Payment Schedule: Dental Services-Schedule B: Oral and Maxillofacial – February 1, 2018 (Attached as Schedule A1)*
3. The individual requires essential dental treatment to address an urgent or severe medical need related to that medical condition, which cannot be adequately addressed by any dental coverage provided by the ministry.

**Funding Limit** - The BCDA may provide an individual that meets the above stated *Eligibility Criteria* with one-time coverage:

- i. to a maximum of \$1,000 for dental treatment; and/or
- ii. to a maximum of \$500 for necessary sedation or general anesthetic;

In extraordinary cases, BCDA may seek the Ministry's approval to exceed the stated amounts.

### Accessing Funding -

Step 1 – All dental services providers must obtain pre-authorization from the BCDA for coverage under the CMD pilot by submitting a completed form (attached). BCDA's decision will be deemed final in all matters related to funding's approval, denial, pre-authorization and post-authorization.

Step 2 – Once the request has been reviewed by BCDA, a decision will be communicated to the service providers within five business days.

Step 3 – BCDA will pay dental services providers for treatment, after completion of the treatment and on receipt of a signed dental claim form from the dental services provider.

### Please note-

- Any payment made by the BCDA under this pilot will be provided to supplement another source of funding available to cover an eligible individual's dental treatment, including any private dental insurance and any program funded by the Province.
- The total combined amount a dental services provider receives under the pilot and any other source of funding to cover an eligible individual's dental treatment will not exceed BCDA fee guide rates for dental services providers, with the exception of a 10% premium provided to certified dental specialists.



# COMPLEX MEDICAL DENTAL PILOT APPLICATION

TO BE COMPLETED AND SUBMITTED BY DENTAL SERVICE PROVIDERS

This project is designed to provide dental coverage for eligible Ministry of Social Development and Poverty Reduction clients with a pre-existing medical condition (listed under *Medical Service Commission Payment Schedule: Dental Services-Schedule B: Oral and Maxillofacial – February 1, 2018*), requiring essential dental treatment to address an urgent or severe medical need.

### PATIENT INFORMATION:

Name \_\_\_\_\_

Date of birth (Day/Month/Year) \_\_\_\_\_ PHN (BC Care Card) # \_\_\_\_\_

Pre-existing medical condition as listed in Appendix 1 of MSC Payment Schedule: Dental Services

List Condition: \_\_\_\_\_

Eligible for coverage under Ministry of Social Development & Poverty Reduction’s dental supplement

Amount of coverage provided under ministry plan \$ \_\_\_\_\_

*Provide copy/screenshot/image with the application*

Private insurance  No  Yes If yes, name of insurer \_\_\_\_\_

*If patient has private insurance, apply for pre-determination of benefits and submit with the application*

**(✓ Check Box)** - all items listed below **must be** included with this application before sending to BCDA

Written report from each dentist involved in the proposed treatment

Standard dental claim form from each dentist with fees for proposed treatment

*(must include breakdown of lab fees and materials)*

Describe Urgent or Severe Medical Need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I consent to the disclosure of any personal information contained in this form to the British Columbia Dental Association and the Ministry of Social Development & Poverty Reduction for the purpose of administering this project.*

\_\_\_\_\_  
*Patient/Guardian Name (Please Print)*

\_\_\_\_\_  
*Signature of Patient/Guardian*

\_\_\_\_\_  
*Date: (Day/Month/Year)*

### Submit the completed application via:

Fax- 604 736 7588 or

In person or by mail to -

BRITISH COLUMBIA DENTAL ASSOCIATION - Member Services

#400-1765 West 8<sup>th</sup> Avenue, Vancouver, BC V6J 5C6

## SCHEDULE A1

### PRE-EXISTING MEDICAL CONDITIONS

Pre-existing medical conditions refers to serious and/or complex medical problems (usually under active treatment) which have a significant potential of increasing the risk of the dental procedure.

These pre-existing medical conditions include but are not limited to:

- (a) Central Nervous System Disorders
  - (i) significant disability due to cerebrovascular accident,
  - (ii) epilepsy or seizures that are difficult to control,
  - (iii) significant cerebral palsy, myasthenia gravis, muscular dystrophy,
  - (iv) significant dementia such as Alzheimer's Disease,
  - (v) other forms of active central nervous disorders where there is loss of sensory, motor, or autonomic function under medical treatment;
- (b) Cardiovascular Disorders
  - (i) significant disability due to myocardial infarction,
  - (ii) unstable angina on active treatment,
  - (iii) unstable, significantly elevated blood pressure on active treatment,
  - (iv) significant congestive heart failure,
  - (v) other forms of unstable cardiac disease under active treatment,
  - (vi) other cardiovascular disorders under treatment, including situations requiring extractions prior to cardiovascular surgery;
- (c) Respiratory Disorders
  - (i) unstable pulmonary disease under active management;
- (d) Renal Disorders
  - (i) unstable renal disease under active management;
- (e) Hematologic Disorders
  - (i) leukemias under chemotherapy,
  - (ii) hemophilias or other bleeding diathesis,
  - (iii) anemia with hemoglobin less than 10 grams %,
  - (iv) other unstable hematologic disorders under active management;
- (f) Hepatic Disorders
  - (i) hepatitis A, hepatitis B, hepatitis C under active management,
  - (ii) other significant hepatic diseases under active management;
- (g) Endocrine Disorders
  - (i) hypothalamic and pituitary disorders requiring steroid therapy,
  - (iii) other unstable endocrine disorders under active management;
- (h) Neoplastic Disorders
  - (ii) other unstable neoplastic disorders under active treatment;
- (i) Viral, Non Viral, Bacterial, Infectious or Immune Deficiency
  - (i) active herpes simplex,

- (ii) acquired immune deficiency syndrome,
- (iii) other unstable infectious disorders under active treatment;
- (j) Metabolic Disorders
  - (i) malignant hyperthermia,
  - (ii) other significant metabolic disorders under active treatment;
- (k) Other Disorders or Conditions
  - (i) medically proven contra-indication (e.g. allergy) to local anesthesia,
  - (ii) post radiation necrosis or sepsis,
  - (iii) significant mental illness or incompetence,
  - (iv) significant disability due to age or infirmity;

*Original Source: MSC Payment Schedule: Dental Services – Schedule B: Oral and Maxillofacial – February 1, 2018*