



Dentists' Manual

Employment Support and Income Assistance (ESIA)
Administered by GreenShield Insurance

Introduction

The Nova Scotia Department of Opportunities and Social Development (DOSD) has created a list of dental procedures that are covered for eligible recipients of the Employment Support & Income Assistance (ESIA) Program. Procedures will be paid at fees established by DOSD. Procedures are for emergencies only where a condition(s) require immediate attention. The program is not intended to provide comprehensive or preventative basic dental care.

1 – ESIA Dental Services Eligibility

Coverage may be provided under the following condition(s):

1. for the relief of pain;
2. for control of prolonged bleeding;
3. for treatment of swollen tissue;
4. for provision or repair of broken dentures; and/or
5. for dental problems identified as barriers to employment (approval from a caseworker is required).

Only the most cost-effective treatment plan meeting the above noted condition(s) will be covered.

2 – Guidelines

1. Only the procedures and applicable fees listed in the ESIA Dental Rates Schedule will be covered unless prior approval has been provided by GreenShield Insurance.
2. Specialist fees for certain procedures are not covered. For these procedures, GreenShield Insurance will reimburse specialists at the general practitioners' rate only. If no specialist fee is listed in the ESIA Dental Rates Schedule, the general practitioners' rates apply.
3. Fees for certain procedures may be restricted by number, time units, or other criteria.
4. Payment will not be made by GreenShield Insurance for an approved dental procedure claim received more than six months from the date of the completion of treatment.
5. Prior approval should be obtained before treatment commences, including financial discussions regarding any out-of-pocket expenses that the patient may incur. Emergency is determined by treating provider. Claims for treatment procedures requiring multiple appointments must be submitted the day the final treatment is complete and not before. In the case of prosthodontic procedures, this would be the date of insertion.
6. Children who are covered by the MSI Children's Oral Health Program are not eligible for coverage under the ESIA Dental Plan.
7. Private dental plan coverage or public dental coverage (e.g. Canadian Dental Care Plan (CDCP) must be billed first. The ESIA Dental Plan may also be billed for remaining balances as long as:
 - a) The portion of the payment from the ESIA Dental Plan does not exceed the fee listed in this Manual (which represents 80% of the 2022 Nova Scotia Dental Association fee guide).
 - b) The procedures provided are listed in the ESIA Dental Rates Schedule.
 - Please note that there are procedures that CDCP may cover that the ESIA Dental Plan does not, and therefore the ESIA Dental Plan is unable to pay remaining balances for these procedures.
8. When termination of eligibility occurs and appointments remain to complete a procedure already started, treatment must be completed within 30 days from the date of termination of coverage.

Supporting Documentation

9. GreenShield Insurance may request documentation to support pre-determinations and

claims, such as but not limited to, radiographs, chart entries and diagnostics. Digital submission of radiographs and supporting documentation is available on providerConnect™.

Procedure Limitations

10. A panoramic radiograph is payable only if rendered by an Oral Surgeon. Only one panoramic radiograph will be covered per five-year period. Panoramic radiographs are not payable if they are taken for orthodontic reasons.
11. No payment shall be made for the same dental procedure provided on the same tooth, same surface, within a 180-day period.
12. Scaling is limited to four fifteen-minute units of time per 12-month period and must be provided as a service to relieve pain, control bleeding, or treat swollen tissue. Coverage for scaling is not provided as a preventive benefit. Any additional scaling units required beyond four in a 12-month period must be pre-approved.
13. Root canal therapy is covered for anterior (front) teeth only and must be pre-approved.
14. Tissue conditioning is limited to two procedures per arch in conjunction with new dentures, relines or rebases. If dentures have been done, tissue conditioning can only be provided prior to the insertion of standard dentures and three months after the insertion of immediate dentures.
15. Surgical consultations are payable only with referral from a Medical Doctor or General Dentist.
16. Alveoloplasty is not payable if it is performed in conjunction with an extraction(s) on the same day.
17. ESIA clients may be eligible for assistance to cover the cost of dentures. Prior approval should be obtained before treatment commences, including financial discussions regarding any out-of-pocket expenses that the patient may incur. Denturists must be licensed in the province of Nova Scotia.

Dentures

18. Only one denture reline or rebase will be covered per arch per two-year period.
19. Only one complete or partial denture is covered per arch every five years and only if necessary to replace.

20. Denture relines or rebases will not be covered within 6 months of the date of insertion of a new denture.

Requests for Essential Medical Treatment (REMT)

21. An ESIA recipient or applicant may be eligible for assistance with essential medical treatments that are not covered by the ESIA Dental Plan.
22. To be considered, it must be established that there is a properly diagnosed disease, injury, disability or other serious health issues, and there is convincing evidence that the prescribed treatment is appropriate and effective in terms of medical efficacy and health outcomes and can be provided at reasonable cost.
23. The 'Request for Essential Medical Treatment (REMT)' form must be completed by a dentist, physician, or nurse practitioner, providing details of all the following:
 - a) The existence of a diagnosed disease, injury, disability or serious health issue.
 - b) All other alternative items and services available through the provincial insured health services (MSI), private insurances, privately / publicly funded organizations and / or otherwise provided by Government have been attempted or considered and the reasons they were not successful in addressing the medical condition.
 - c) The cost of the recommended treatment and the alternatives considered (if known).
 - d) There is medical evidence of the appropriateness, necessity and effectiveness of the requested item or service.
24. The dentist will submit the 'REMT' form to the Dental Plan Administrator for review of the requested treatment plan.

25. The dental consultant at the Dental Plan Administrator will review the treatment plan and may consult with the referring dentist. The dental consultant will determine if it meets the criteria of the ESIA Medical – Essential Treatment policy.
26. The dental consultant will contact the ESIA Policy Division and provide the outcome of the review and their recommendations. The ESIA Policy Division will make a final decision on whether the procedure is approved or not and communicate the decision to the ESIA Specialist in the region.
27. If an ESIA recipient or applicant has concerns with the decision they can meet with their ESIA Caseworker who will discuss the outcome of the review with the recipient or applicant, and if the procedure is recommended, they may move forward with payment for the dental procedure.

Note: REMT forms are only to be used by dentists requesting a procedure code not covered by the program. REMT forms are not to be submitted for any remaining balances or for the additional 20% fee coverage. ESIA Clients are responsible for payment of any remaining balance after ESIA Dental Plan coverage.

3 – Administration and Reimbursement

1. Administered by GreenShield Insurance.
2. Providers can contact GreenShield Insurance Contact Center (1-833-739-4035) or may submit an estimate for confirmation of eligibility before commencing treatment. Confirmation of emergency is determined by the treating provider.

Confirmation of eligibility requires:

this confirms the client is registered with GreenShield Insurance.

- Patient's name
- Patient's health card number

Confirmation of services requires:

this confirms procedure is listed as an insured benefit under the program and client within any frequency limitation but treating provider determines if procedure required due to emergency.

- Patient's name
- Patient's health card number
- Provider's unique ID number
- Procedure code(s) & Fee(s)
- Date(s) of Service
- Other relevant information required on standard dental claim form(s)

3. A claim requires:

- Any standard dental claim form
- Approved procedure(s) with relevant information
- Indication on the form the claim is for an ESIA client
- Provider's signature
- Date treatment began, Date treatment completed

4. Submit claims to GreenShield Insurance electronically via your office software, or via providerConnect™ by uploading a claim.

If unable to submit electronically, for any reason, postal mail is a last resort option.

Electronically (ASync or ITRANS):

Policy/Plan ID: 99999
BIN: 000102
More Info: Contact inquiries/approvals/billing below.

By Mail:

GreenShield Insurance

ATTENTION: DHW/DOSD Dental Department

P.O. Box 1671
Windsor, ON.,
N9A 0C6

providerConnect™:
<https://www.providerconnect.ca/>

Note:

Reimbursement is through Electronic Funds Transfer (EFT) and payment is made biweekly and statements are available online. Registration or changes to banking information must be done via providerConnect™ secure services.

4 – ESIA Dental Rates Schedule

Procedure Code	Description	General Practitioner Fee	Specialist Fee
Diagnostic			
01205	Emergency Oral Examination	\$48.80	80.84
02111	Radiographs - Single Film	\$15.20	\$32.40
02112	Radiographs - Two Films	\$20.80	\$39.60
02131	Occlusal Radiograph - Single Film	\$25.60	\$32.00
Scaling			
11111	Scaling - one unit	\$38.64	\$74.40
11112	Scaling - two units	\$77.28	\$148.80
11113	Scaling - three units	\$115.92	\$223.20
11114	Scaling - four units	\$154.56	\$297.60
11117	Scaling - half unit	\$19.36	\$37.60
Caries/Trauma/Pain Control			
20111	Caries/Trauma/Pain Control first tooth	\$98.40	\$107.52
20119	each additional tooth (same quadrant)	\$98.40	\$107.52
20131	Smoothing of Fractured Surfaces first tooth	\$40.80	\$40.80
20139	each additional tooth (same quadrant)	\$40.80	\$40.80
Amalgam Restorations (Non-Bonded Technique)			
21211	Permanent Anterior and Premolars one surface	\$117.60	\$117.60
21212	two surfaces	\$148.80	\$148.80
21213	three surfaces	\$180.80	\$180.80
21214	four surfaces	\$200.80	\$222.08
21215	five surfaces or maximum surfaces per tooth	\$264.00	\$264.00
21221	Permanent Molars one surface	\$122.40	\$133.76
21222	two surfaces	\$155.20	\$167.04
21223	three surfaces	\$188.80	\$200.96
21224	four surfaces	\$209.60	\$256.00
21225	five surfaces or maximum surfaces per tooth	\$275.20	\$275.20
Amalgam Restorations (Bonded Technique)			
Paid at rate of non-bonded amalgam restorations			
	Permanent Anterior and Premolars		

21231	one surface	\$117.60	\$117.60
21232	two surfaces	\$148.80	\$148.80
21233	three surfaces	\$180.80	\$180.80
21234	four surfaces	\$200.80	\$232.32
21235	five surfaces or maximum surfaces per tooth	\$264.00	\$264.00
Permanent Molars			
21241	one surface	\$122.40	\$133.76
21242	two surfaces	\$155.20	\$167.04
21243	three surfaces	\$180.80	\$200.96
21244	four surfaces	\$209.60	\$266.88
21245	five surfaces	\$275.20	\$282.24
Retentive Pins			
21401	one pin	\$24.00	\$32.80
21402	two pins	\$37.60	\$56.00
21403	three pins	\$51.20	\$70.40
21404	four pins	\$64.80	\$91.20
21405	five pins	\$79.20	\$104.80
Tooth Coloured Restorations			
Permanent Anteriors			
23111	one surface	\$109.60	\$111.36
23112	two surfaces	\$139.20	\$154.88
23113	three surfaces	\$168.20	\$185.60
23114	four surfaces	\$198.40	\$240.64
23115	five surfaces or maximum surfaces per tooth	\$260.80	\$309.60
Permanent Premolars			
23311	one surface	\$130.40	\$135.68
23312	two surfaces	\$165.60	\$169.60
23313	three surfaces	\$200.80	\$216.80
23314	four surfaces	\$236.00	\$255.36
23315	five surfaces or maximum surfaces per tooth	\$310.40	\$310.40
Tooth-Coloured Restorations Permanent Molars			
Permanent Molars			
23321	one surface	\$136.00	\$148.48
23322	two surfaces	\$172.80	\$185.60
23323	three surfaces	\$209.60	\$223.36
23324	four surfaces	\$246.40	\$279.04
23325	five surfaces	\$324.00	\$332.00
25754	Anterior Teeth only-with composite core + pins, where applicable	\$261.60 + Materials	\$382.72 + Materials
Endodontics			

32221	Pulpotomy - permanent anterior and premolars (excluding final restoration)	\$112.80	\$152.00
33111	Root Canals, Permanent Anteriors- one canal	\$356.00	\$591.12
Prosthodontics - Removable			
Complete Dentures, Standard			
51101	Maxillary	\$665.60 + LAB	
51102	Mandibular	\$802.40 + LAB	
Dentures, Surgical, Standard (Immediate)			
51301	Maxillary	\$797.60 + LAB	
51302	Mandibular	\$872.00 + LAB	
Dentures, Partial, Acrylic Base (Immediate)			
52111	Maxillary	\$501.60 + LAB	
52112	Mandibular	\$501.60 + LAB	
Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests			
Partial Dentures (Acrylic)			
52301	Maxillary	\$501.60 + LAB	
52302	Mandibular	\$501.60 + LAB	
Dentures, Repairs (Three Months After Insertion)			
Repairs, Complete Denture No Impression Required			
55101	Maxillary	\$53.60 + LAB	
55102	Mandibular	\$53.60 + LAB	
Repairs, Complete Denture Impression Required			
55201	Maxillary	\$95.20 + LAB	
55202	Mandibular	\$95.20 + LAB	
Repairs, Partial Denture No Impression Required			
55301	Maxillary	\$53.60 + LAB	
55302	Mandibular	\$53.60 + LAB	
Repairs, Partial Denture Impression Required			
55401	Maxillary	\$132.00 + LAB	
55402	Mandibular	\$132.00 + LAB	
Dentures Relines and Rebases			
Only one reline or rebase will be covered per arch per two-year period. Relines and rebases are not covered within 6 months of the date of insertion of a new denture.			
Reline, Complete Denture			
56211	Maxillary	\$229.60	
56212	Mandibular	\$229.60	
Reline, Partial Denture			

56221	Maxillary	\$195.20	
56222	Mandibular	\$201.60	
Reline, Complete Denture (Processed)			
56231	Maxillary	\$308.80 + LAB	
56232	Mandibular	\$317.60 + LAB	
Reline, Partial Denture (Processed)			
56241	Maxillary	\$279.20 + LAB	
56242	Mandibular	\$308.80 + LAB	
Rebase, Complete Denture			
56311	Maxillary	\$306.40 + LAB	
56312	Mandibular	\$355.20 + LAB	
Rebase, Partial Denture			
56321	Maxillary	\$280.80 + LAB	
56322	Mandibular	\$296.00 + LAB	
Dentures, Therapeutic Tissue Conditioning			
Complete Denture			
56511	Maxillary	\$118.40	
56512	Mandibular	\$118.40	
Partial Denture			
56521	Maxillary	\$118.40	
56522	Mandibular	\$118.40	
Oral Surgery			
01601	Surgical Consultation (Payable only with a referral from a Medical Doctor or a General Dentist)		\$130.00
Panoramic Radiograph			
Payable only if rendered by an Oral Surgeon. Limited to one film per five-year period. Not payable for orthodontic reasons.			
02601	Single Film	\$54.40	\$68.00
Surgical Removal of Erupted teeth:			
71101	single tooth, uncomplicated	\$116.80	\$139.49
71109	each additional in same quadrant, same appointment	\$88.00	\$88.00
71201	complicated, requiring surgical flap	\$219.20	\$268.56
71209	each additional in same quadrant, same appointment	\$164.80	\$224.00
Removal, Impacted Teeth			
Payable only as part of a prior-approved treatment plan.			
72111	single tooth	\$212.80	\$279.36
72119	each additional tooth, same quadrant	\$159.20	\$224.00

Removal, Residual Roots, Erupted			
72311	first tooth	\$89.60	\$123.12
72319	each additional tooth, same quadrant	\$67.20	\$92.00
Removal, Residual Roots, Soft Tissue Coverage			
72321	first tooth	\$162.40	\$215.87
72329	each additional tooth, same quadrant	\$121.60	\$177.60
Removal, Residual Roots, Bone Tissue Coverage			
72331	first tooth	\$321.60	\$321.60
72339	each additional tooth, same quadrant	\$241.60	\$244.00
Alveoloplasty			
73121	Per Sextant (Requires pre-approval)	\$189.60	\$190.40
Gingivoplasty			
73211	Per Sextant	\$80.00	\$261.36
Sedation (Requires pre-approval)			
92431	One Unit of Time	\$69.85	\$87.31
92432	Two Units of Time	\$138.00	\$172.50