



Denturists' 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 Denturist Rates Schedule will be covered unless prior approval has been provided by GreenShield Insurance. Procedures may be restricted by number, time units, or other criteria.
2. Payment will not be made by GreenShield Insurance for an approved denturist procedure claim received more than six months from the date of the completion of treatment.
3. 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 the 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.

4. Private dental plan coverage or public dental coverage (e.g. Canadian Dental Care Plan (CDCP) coverage) must be billed first. The ESIA Denturist Plan may also be billed for remaining balances as long as:
 - a) The portion of the payment from the ESIA Denturist Plan does not exceed the fee listed in this Manual (which represents 80% of the 2022 Denturist Society of Nova Scotia fee guide).
 - b) The procedures being provided are listed in the ESIA Denturist Rates Schedule.
 - Please note that there are procedures that CDCP may cover that the ESIA Denturist Plan does not, and therefore the ESIA Denturist Plan is unable to pay remaining balances for these procedures.
5. 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. Manual submission with written explanation of start date.

Supporting Documentation

6. 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 other supporting documentation is available on providerConnect™.

Procedure Limitations

8. No payment shall be made for the same denturist procedure provided on the same tooth, same surface, within a 180-day period.
9. 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.
10. ESIA clients may be eligible for assistance to cover the cost of dentures. Denturists must be licensed in the province of Nova Scotia.

Dentures

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

13. 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)

14. An ESIA recipient or applicant may be eligible for assistance with essential medical treatments that are not covered by the ESIA Denturist Plan.
15. 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.
16. The 'Request for Essential Medical Treatment (REMT)' form must be completed by a dentist, physician, or nurse practitioner, providing details of all of 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.
17. The dentist, physician, or nurse practitioner will submit the 'REMT' form to the Denturist Plan Administrator for review of the requested treatment plan.

- a) Note: the REMT form cannot be completed by a denturist and must be completed by a dentist, physician, or nurse practitioner.
18. The dental consultant at the Denturist 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.
19. 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.
20. 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 denture 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 Denturist Rates Schedule

Procedure Code	Description	Fee
Diagnostic		
10010	General Oral Examination	\$96.00
10020	Limited Exam New Patient (Emergency or Specific)	\$61.60
10030	Limited Exam Previous Patient (Recall, Emergency, and Specific)	\$61.60
Dentures		
31310	Complete Standard Maxillary Denture	\$722.50 + LAB
31320	Complete Standard Mandibular Denture	\$787.40 + LAB
Complete Denture(s) Immediate/Surgical		
31311	Complete Maxillary	\$801.90 + LAB
31321	Complete Mandibular	\$895.10 + LAB
Dentures, Reline, Processed, Complete Denture		
32110	Maxillary	\$200.50 + LAB
32120	Mandibular	\$220.80 + LAB
Relines, Chairside Softlining		
Payable only as part of a prior-approved treatment plan.		
32318	Complete Maxillary	\$189.90 + LAB
32328	Complete Mandibular	\$220.80 + LAB
Denture, Rebase, Processed		
33117	Maxillary	\$321.10 + LAB
33127	Mandibular	\$331.20 + LAB
Denture Repairs		
36110	Complete Maxillary Repair - No Impression	\$66.50 + LAB
36120	Complete Mandibular Repair - No Impression	\$66.50 + LAB
36210	Complete Maxillary Repair - with Impression	\$97.00 + LAB
36220	Complete Mandibular Repair - with impression	\$97.00 + LAB
ARM fees need to be billed separately using the procedure codes below. Not as a LAB.		
Additional Repair Material (ARM)		
71309	Matrix – Lab Produced – No Impression	\$21.60
71310	Repair Model/Lab Produced – No Impression	\$21.60
71311	Opposing Model – With Impression	\$51.20
71313	Additional Tooth – Per Tooth	\$32.80
71314	Multiple Fractures – Per Denture	\$36.80
71315	Additional Flange – Per Denture	\$73.60

Tissue Conditioning, Complete Denture		
Tissue conditioning is limited to two (2) services per arch in conjunction with new dentures, relines or rebases. If dentures have been done, tissue reconditioning can only be provided to the standard dentures.		
37110	Maxillary	\$73.60
37120	Mandibular	\$73.60
Partial Dentures Acrylic Base - With Clasp		
41610	Partial Maxillary	\$616.40 + LAB
41620	Partial Mandibular	\$708.60 + Lab
Partial Denture(s) – Reinforced – Free-end or Toothborne		
41145	Partial Maxillary	\$616.40 + LAB
41146	Partial Mandibular	\$708.60 + LAB
Partial Dentures Acrylic Base - Without Clasps		
41612	Partial Maxillary	\$515.60 + LAB
41622	Partial Mandibular	\$600.90 + LAB
Partial Denture(s) Acrylic Base - Immediate with Clasps		
41611	Partial Maxillary	\$615.30 + LAB
41621	Partial Mandibular	\$725.20 + LAB
Partial Denture(s) Acrylic Base Immediate/Surgical Without Clasps		
41613	Partial Maxillary	\$554.20 + LAB
41623	Partial Mandibular	\$664.60 + LAB
Relines, Processed		
42116	Partial Maxillary	\$210.10 + LAB
42126	Partial Mandibular	\$224.40 + LAB
RELINES - Payable Only As Part Of A Prior-Approved Treatment Plan		
Payable only as part of a prior-approved treatment plan.		
42318	Partial Maxillary	\$205.30 + LAB
42328	Partial Mandibular	\$220.80 + LAB
Rebase, Processed		
43116	Partial Maxillary	\$251.90 + LAB
43126	Partial Mandibular	\$273.400 + LAB
Repairs		
46110	Partial Maxillary - No Impression	\$66.50 + LAB
46120	Partial Mandibular - No Impression	\$66.50 + LAB
46210	Partial Maxillary - with Impression	\$97.00+ LAB
46220	Partial Mandibular - with Impression	\$97.00+ LAB
Tissue Conditioning, Partial Denture		
Tissue conditioning is limited to two (2) services per arch in conjunction with new dentures, relines or rebases. If dentures have been done, tissue reconditioning can only be provided to the standard dentures.		

47110	Partial Maxillary	\$73.60
47120	Partial Mandibular	\$73.60