



	Program	AccessAbility Supports	
	Subject	Assured Income – Medical Supports	Policy # 3.8
Effective Date: March 26, 2019		Authorized by:	
Revised Date:		Deputy Minister Mark Spidel	

1.0 PURPOSE

1.1 To provide applicants financial support for their medical, optical, and dental needs.

2.0 DEFINITIONS

- 2.1 **Applicant:** a person who applies for AccessAbility Supports (AAS), on whose behalf an application is made, or a person who receives AAS.
- 2.2 **Health Care Practitioner:** an individual, who is qualified to provide health care services, has an active license to practice, and has the authority to diagnose medical conditions.
- 2.3 **Health Care Professional:** an individual who is qualified to provide health care services, such as an occupational therapist, speech language pathologist, physiotherapist or nurse.
- 2.4 **Person with a disability:** a person with a substantial physical, intellectual, sensory, neurological, or mental impairment that is continuous or recurrent and is expected to last for at least one year and the direct and cumulative effect of the impairment on the person’s ability to attend to his or her personal care, function in the community, or function in a workplace results in a substantial restriction in one or more of these activities of daily living.

3.0 POLICY STATEMENT

- 3.1 Applicants will have access to the prescription medications and medical supplies they require, whether they are related to their disability or not.
- 3.2 Applicants will have access to appropriate basic optical and dental care.
- 3.3 A person with a disability may require greater access to preventative dental services than a person without a disability.

4.0 PROCEDURE STATEMENT

- 4.1 Applicants who qualify for Assured Income (AI) are eligible for the Social Assistance Drug Program through the Provincial Pharmacy. The AAS Coordinator will advise the applicant that they may get their eligible prescription medications filled at the pharmacy of their choice by providing their prescription to the pharmacist and identifying they are in receipt of AI. The AAS Coordinator will advise the applicant on the process of getting an Exceptional Drug Request completed by the prescribing Health Care Practitioner for any medications that are not eligible under the program. The AAS Coordinator will not reimburse for the cost of medications.
- 4.2 Applicants who qualify for AI may be eligible for medical supplies that are not directly related to the applicant's disability. The applicant shall provide the AAS Coordinator with documentation outlining the need for the medical supplies, including what is required, why it is required, and for how long the supplies are required, from a Health Care Practitioner or Health Care Professional. The AAS coordinator will work with the applicant to case plan how to best meet the need.
- 4.3 Applicants who qualify for AI may be eligible for medical equipment that is not directly related to the applicant's disability. The applicant shall provide the AAS Coordinator with documentation outlining the need for the medical equipment from the appropriate Health Care Practitioner or Health Care Professional. The AAS coordinator will determine if the equipment is available through the department's equipment recycling program. If it is not available, the AAS Coordinator may require two quotes to ensure the applicant's need is met in the most financially responsible manner.
- 4.4 Applicants who qualify for AI shall be eligible for essential vision or eye care. This includes assistance with the cost of eye or vision exams and the provision or necessary replacement of basic frames and lenses. Eye exams may be approved every two years. Consideration for the approval of more frequent exams can be made for children under 14 years of age, adults over 50 years of age, or applicants who have been diagnosed with an eye disease or other condition which may impact their vision. The AAS Coordinator will approve the cost of the exam and basic frames and lenses as per the Schedule of Approved Optical and Dental Benefits. Any costs above those on the schedule require a written explanation from the dispenser prior to approval. The AAS Coordinator will consult with a team lead or supervisor on these cases.
- 4.5 Applicants who qualify for AI shall be eligible for basic dental services to maintain proper oral hygiene and health. For applicants who qualify for AI, this includes diagnostic services, emergency services, and prosthetic services. Restorative services may also be completed for all applicants provided the services are for teeth in the smile area. The smile area is considered the teeth from 1-3 to 2-3, and 3-3 to 4-3. Applicants who qualify for the Children's Dental Program shall only be eligible for services required to be performed by an uncovered specialist. (ie. Oral Surgeon)

- 4.6 Where the applicant is the person with a disability, and the disability may impair their ability to provide for their own proper oral hygiene, the applicant will qualify for diagnostic services, emergency services, prosthetic services, and restorative services.
- 4.7 An applicant who requires dental services shall contact the AAS Coordinator with the time and date of the appointment and the name of the dentist. The AAS Coordinator will contact the dentist to provide the approval of diagnostic and emergency services up to \$90. If the applicant requires services over \$90, the dentist will send the predetermination to the Dental Services Support Worker. Dental services shall be covered at the rates prescribed in the Schedule of Approved Optical and Dental Benefits.

5.0 ATTACHMENTS

- 5.1 Schedule of Approved Optical and Dental Benefits

HISTORY:

Schedule of Approved Optical and Dental Benefits

Optical

Eye Exam	\$54
Single Vision Glasses	\$115
Bi-focal Glasses	\$145

Dental

Service	DAPEI Code	Denturist Code	April 2017/18	April 2018/19
1. Diagnostic Services				➤
Examination				➤
Standard	1201	30103	31.52	32.15 ➤
Recall	1202		28.65	29.23 ➤
Emerg*	1205	30104	38.20	38.97 ➤
Specific*	1204	30102	37.25	37.99 ➤
Radiographs				➤
PA-1	2111		21.01	21.43 ➤
PA-2	2112		25.79	26.30 ➤
PA-3	2113		31.52	32.15 ➤
PA-4	2114		36.29	37.02 ➤
PA-5	2115		42.02	42.86 ➤
BW-1	2141		21.01	21.43 ➤
BW-2	2142		25.79	26.30 ➤
BW-3	2143		31.52	32.15 ➤
BW-4	2144		36.29	37.02 ➤
BW-5	2145		42.02	42.86 ➤
2. Emergency Services – General Practitioner				➤
Extractions				➤
Single Tooth	71101		99.33	101.32 ➤
Additional	71109		60.17	61.37 ➤
Complicated – surgical	71201		209.16	213.37 ➤
Complicated – additional**	71209			➤
Impacted Teeth				➤
- Soft tissue	72111		218.71	223.09 ➤
- Bone coverage	72211		276.02	281.54 ➤
- Bone coverage + sectioning	72221		437.43	446.18 ➤
Sedative Dressing	20111		85.00	86.70 ➤
Other – per unit	91111		43.93	44.81 ➤

- An emergency or specific exam will not be claimed if the extraction is done on the same day
- Additional surgical extractions in the same quadrant will be paid as “routine” additional extractions unless evidence can be provided for the need for an additional surgical extraction.

Service	DAPEI Code	Denturist Code	April 2017/18	April 2018/19
3. Prosthetic Services				
Complete Dentures				
Maxillary (Upper)	51101	31310	600.11	612.12
Mandibular (Lower)	51102	31320	689.25	703.04
Maxillary and Mandibular	51103	31330	1178.74	1202.31
Complete Maxillary and cast lower partial	53301	34701	1181.12	1204.75
Removable Partial Dentures				
Maxillary acrylic – no clasps	52101	41712	253.10	258.16
Mandibular acrylic – no clasps	52102	41722	253.10	258.16
Maxillary acrylic with wrought clasps	52301	41710	405.12	413.22
Mandibular acrylic with wrought clasps	52302	41720	405.12	413.22
Mandibular cast – free end	53102	41124	689.25	703.04
4. Denture Repairs				
Maxillary complete – no impression	55101	36110	46.96	47.90
Mandibular complete – no impression	55102	36120	46.96	47.90
Maxillary partial – no impression	55301	46110	48.55	49.52
Mandibular partial – no impression	55302	46120	48.55	49.52
Maxillary complete – impression required	55201	36210	74.02	75.50
Mandibular complete – impression required	55202	26220	74.02	75.50
Maxillary partial – impression required	55401	46210	90.73	92.55
Mandibular partial – impression required	55402	46220	90.73	92.55
Maxillary partial addition – clasps or teeth	55401	46310	90.73	92.55
teeth involving clasps or abutment teeth	55301		48.55	49.52
Mandibular partial addition – clasps or teeth	55402	46320	90.73	92.55
teeth involving clasps or abutment teeth	55302		48.55	49.52
Reline maxillary complete – direct	56211	32316	169.53	172.92
Reline mandibular complete – direct	56212	32326	169.53	172.92
Reline maxillary complete – processed	56231	32510	192.61	196.46
Reline mandibular complete – processed	56232	32520	224.45	228.93
Rebase maxillary complete	56311	33117	209.32	213.51
Rebase mandibular complete	56312	33127	233.20	237.86
Commercial laboratory procedure	99111		Cost	Cost
In-Office laboratory procedure	99333	98888	Cost	Cost
5. Preventative Service				
Dental prophylaxis	11101		31.52	32.15
Dental Scaling	11111		37.25	37.99
Fluoride treatment – limited to age 17 and younger	12101		18.15	18.51

Service	DAPEI Code	Denturist Code	April 2017/18	April 2018/19
6. Restorative Services				➤
Amalgam Restorations				➤
Permanent bicuspid				➤
- 1 surface	21211		66.86	68.19
- 2 surface	21212		126.07	128.59
- 3 surface	21213		149.95	152.95
- 4 surface	21214		166.19	169.51
- 5 surface	21215		176.69	180.22
Permanent molar				➤
- 1 surface	21221		106.97	109.11
- 2 surface	21222		134.67	137.36
- 3 surface	21223		171.92	175.35
- 4 surface	21224		208.21	212.37
- 5 surface	21225		236.86	241.60
Retentive Pins				➤
- 1 pin	21401		22.92	23.88
- 2 pins	21402		31.52	32.45
- 3 pins	21403		38.20	38.97
Composite Restorations				➤
- 1 surface	23111		103.15	105.21
- 2 surface (continuous)	23112		129.89	132.49
- 3 surface (continuous)	23113		165.23	168.53
- 4 surface (continuous)	23114		205.34	209.45
- 5 surface (continuous)	23115		221.58	229.01
7. Endodontics				➤
Pulpectomy – one canal anterior only	33111		396.36	404.29
8. Emergency Services by Oral Surgeon				➤
Exam – surgical specific	1602		106.11	106.92
Exam of previous patient by O/S	1204		81.00	81.00
Extractions – erupted teeth				➤
- Single tooth	71101		132.03	136.08
- Each additional tooth, same quadrant*	71109		83.70	85.68
Extractions – impacted teeth (only for pain, Infection)				➤
- Erupted (complicated surg. Approach)	71201		257.58	266.49
- Soft tissue coverage	72111		269.73	279.45
- Impacted (partial bone coverage)	72211		310.50	315.90
- Impacted (complete bone coverage)	72221		491.94	492.93
Panorax – radiographs	2601		58.50	59.40

➤ Additional surgical extractions in the same quadrant will be paid as “routine” additional extractions unless evidence can be provided for the need for an additional surgical extraction.