

Important Information

The Cleft Palate Dental Indemnity Program is designed to supplement third party coverage, and is not intended as an alternative to it.

Treatment plans and claims are to be submitted to a third party insurer before being submitted to the Program. Proof of coverage by an insurer, a government program or another agency must be provided when submitting claims to the Cleft Palate Dental Indemnity Program.

This brochure is intended to be a general guide to the Cleft Palate Dental Indemnity Program, and coverage is subject to change from time to time. Final funding decisions are based on the relevant Ministerial Order, available from your service provider or the program administrator (to call toll free, dial 310-000 then (780) 422-6423).

For more detailed information on the Cleft Palate Dental Indemnity Program, please contact one of these clinics:

Cleft Lip and Palate Clinic
University of Alberta Hospital
Stollery Children's Hospital
WMC 1G1.13
8440 112 Street
Edmonton, Alberta T6G 2B7
Phone: (780) 407-6994
Fax: (780) 407-6586

Cleft Lip and Palate Clinic
Alberta Children's Hospital
1820 Richmond Rd SW
Calgary, Alberta T2T 5C7
Phone: (403) 943-7308
Fax: (403) 244-8317

Cleft

Palate

Dental

Indemnity

Program



What is the Cleft Palate Dental Indemnity Program?

The Cleft Palate Dental Indemnity Program provides eligible Albertans born with a cleft palate with funding for specific dental treatment directly related to the cleft site.

Program Eligibility Criteria

To be eligible, a patient must:

- Be a resident of Alberta and registered and entitled to coverage under the Alberta Health Care Insurance Plan (AHCIP);
- Be under the age of 25 years as of January 1, 2005 (subject to limited exceptions);
- Have a congenital cleft affecting the alveolus or the hard palate resulting in orthodontic implications;
- Be registered at a Cleft Palate Clinic in Alberta; and
- Have exhausted third party insurance coverage and all other provincial or federal government benefit programs.

General Program Information

- Payments will be based on the Program's standard benefit schedule or the service provider's fees, whichever is less.
- Service provider fees over and above the standard benefit schedule are the patient's/guardian's financial responsibility.
- Subject to limited exceptions specified in this brochure, coverage is restricted to treatment on the two teeth on either side of the cleft.
- Pre-authorization is required for any general anaesthetic service or treatment that exceeds \$400. To qualify for payment, treatment must begin within six months of receipt of authorization.
- Claims must be submitted within 12 months of the date of service.
- Funding approved for a specific dental service cannot be applied toward any other dental service.
- The dental services must be performed in Alberta unless they are unavailable or there are extenuating circumstances.
- Approval of coverage may be withdrawn if a patient does not comply with treatment protocols.

Coverage under the Program

1) Diagnostic Services

- One initial complete exam per specialty for services directly related to the treatment of the cleft area.
- One recall exam by a dentist or pedodontist per 12-month period.
- Two recall exams by an oral maxillofacial surgeon relating to a procedure not insured by the AHCIP.
- Cleft periapical radiographs and maxillary occlusal radiographs as required.
- One panoramic radiograph per five-year period.
- Cephalometric radiograph when required in conjunction with an insured oral maxillofacial surgery service, comprehensive orthodontic treatment or insertion of a speech appliance.

2) Preventative Services

- One unit of scaling, one unit of polishing and one fluoride treatment per 12-month period when the services are provided by a dentist or pedodontist.
- Two additional units of scaling per year if performed by a periodontist.
- One unit of dental-related nutritional counselling and/or oral hygiene instruction per 12-month period for pediatric patients with a high caries index.
- Pit and fissure sealants once per tooth for the first permanent molars and the two teeth on either side of the cleft.

3) Restorative Services

- Basic restorative services, when applicable, for the two teeth on either side of the cleft.

4) Periodontic Services

- Periodontic services for the maintenance and stability of teeth and soft tissues directly

associated with the cleft site, or for the abutment of teeth involved in the prosthetic restoration of missing teeth associated with the cleft.

5) Endodontic Services

- Endodontic services (including root canal therapy), where applicable, for the maintenance of permanent dentition on the two teeth on either side of the cleft.

6) Prosthodontic Services

- Removable and fixed prostheses to replace missing teeth in the cleft area, i.e.,
 - Standard partial/complete denture;
 - Dental implants;
 - Fixed bridgework up to two teeth on either side of the cleft;
 - Upper denture payable at 100% of the standard schedule rates;
 - A complete lower denture payable at 50% of the standard schedule rates when there is a complete upper denture.
- Replacement of a removable or fixed prosthesis after five years if deemed necessary. (Replacement or modification within five years of initial placement will be considered only for patients where replacement or modification is required due to changes in the arch form or to surgical procedures).
- A maximum of one denture reline per three-year period.
- Neonatal appliances fabricated by a dentist when prescribed by treating specialist or oral and maxillofacial surgeon.

7) Oral & Maxillofacial Surgery Services

- Dental extractions associated with the cleft.
- Pre-surgical work-up (e.g. radiographs, models) when required for an insured oral surgical procedure listed in the Schedule of oral Maxillofacial Surgery Benefits or a procedure eligible under the Cleft Palate Dental Indemnity Program.

8) Orthodontic Services

- The benefit paid for orthodontic services includes all active treatment, retainers, orthodontic records, observation appointments and radiographs.

9) Emergency Services

- Emergency services may be covered if the service relates to the dentition or soft tissues in direct association with the cleft site and result from injury or a developmental anomaly.

10) Facility Fees

- Facility fees associated with general anaesthesia for services that are not insured under the AHCIP.

11) Anaesthesia Services

- General and neurolept anaesthesia when administered by a physician in a hospital or an accredited non-hospital surgical facility.
- General anaesthesia and deep sedation must be pre-authorized by a program dental consultant.

12) Speech Appliances

- Speech appliances if prescribed by a speech, language and pathology member of a Cleft Palate Clinic specialist team.
- Replacement or modification of a removable speech appliance (only where new permanent teeth render changes necessary).

Excluded Services

- Services received before the patient meets program eligibility criteria or before receiving authorization when required.
- Dental services which are not directly related or required solely due to a cleft of an alveolar ridge or hard palate.
- Replacement of dental implants.
- Local anaesthesia and general and neurolept anaesthesia where administered by a dentist (including any related facility fees).
- Replacement of a lost or damaged prosthesis or appliance.
- Repair and maintenance of a prosthesis or appliance.
- Replacement of a failed prosthesis or appliance when failure is the result of inappropriate use or non-compliance with treatment protocols.
- Laboratory, diagnostic, therapeutics and other services provided under contract with the regional health authority.
- Any health care goods or services – including general anaesthesia – that are eligible for coverage under the AHCIP, or are part of an insured service provided in a hospital or in a private facility under contract with the regional health authority.
- Pre-surgical work-ups for procedures that are not insured by the AHCIP or not listed in the Cleft Palate Dental Indemnity Program Schedule of Benefits.
- Goods or services deemed by the program administration to be experimental, the subject of clinical trials, inappropriate in view of the patient's condition, non-compliant with accepted standards of practice, or not endorsed by the Alberta Dental Association and College.
- Subsistence, travel/mileage and accommodation costs for the person receiving eligible goods or services under the program and anyone who accompanies that person.
- Services provided to patients not entitled to coverage under the AHCIP.