



Withdrawal and administrative management of care covered by the RAMQ

To all administrative staff members of dentists who have withdrawn

Withdrawal is a pressure tactic that dentists are using to show their dissatisfaction with the negotiations with the Ministère de la Santé et des Services Sociaux (MSSS) concerning the agreement that expired on April 1, 2015. This collective movement aims to gain recognition for the value of their contribution to the public oral health plan and the importance of maintaining such a plan to ensure that all Quebecers, especially vulnerable segments of the population, have access to dental care.

This pressure tactic has no effect on the accessibility and the quality of care enjoyed by patients who are covered under the public plan. However, it may require you to be more involved.

I- Change in the claim process

For dentists who have withdrawn, the process of claiming payments from the RAMQ changes significantly. In fact, the dentists concerned must fill out and sign the claim for payment form (form 4432 — see annex II), which lists the treatments provided. And **patients must mail their claim to the RAMQ.**

II- RAMQ billing process

Dentists who have withdrawn

1. All information about the treatment is entered in the software (client account), without anything being sent to the RAMQ¹.
2. Claims for payment are processed individually with form 4432, which must be completed and signed by dentists or their authorized representatives. This means that all information must be transcribed on the paper form.
 - It is important to include the billing details, i.e. the codes, and specify, where applicable, the amounts associated with special cases: children under 6 years of age (code n°. 94540) and asepsis (code n°. 94541).
 - If necessary, refer to the list of the main codes in annex I.
3. The form is printed, signed and mailed by patients to the RAMQ.
4. The RAMQ sends the payment to the patients, who are responsible for remitting it to their dentist.
5. Once the payment has been received, it is entered in the software to conclude the transaction.

1. When you enter the information in your software, the RAMQ rules apply, especially as concerns special cases such as supplements for children under 6 years of age (code n°. 94540) and asepsis (code n°. 94541). **These amounts must however be specified on form 4432.**



III- How to properly inform your patients

It is recommended that you let your patients know that you have withdrawn when they make an appointment with you. You have been provided with documentation to help you properly inform them.

BEFORE you treat patients, give them

- The notice of withdrawal, which explains what withdrawal is and reminds them of what their responsibilities are.

The Quebec Health Insurance Act requires you to give your patients, prior to treatment, a notice in writing that has been signed and dated by the dentist or the dentist's authorized representative.

AFTER you treat patients, give them

- The duly completed, signed and dated form 4432. The instructions on how to properly fill out the form are appended to this document.
- A white envelope, with or without a stamp (at your discretion). You can even mail the envelope yourself!

For assistance in answering questions from patients, you can refer to the document entitled "Key Messages", which is included in the withdrawal kit sent to your dentist.

We are aware of the additional administrative burden that withdrawal may cause and thank you for the invaluable assistance you provide to your dentist.

President,

Carl Tremblay, DMD



Main codes and rates for treatments covered by the RAMQ

(in French only)

		\$
94540	Supplément pour enfant de moins de six ans	7,50
94541	Supplément pour l'asepsie	6,50
01120	Examen d'une personne assurée de moins de 12 ans	46,75
01130	Examen d'une personne assurée de 12 ans ou plus	58,25
01300	Examen d'urgence	27,00
13200	Enseignement et démonstration des mesures d'hygiène buccale	9,75
11200	Nettoyage des dents	31,75
43500	Détartrage	55,75
12400	Application topique de fluorure	13,75
23101	Matériau Classe I incisive 89	68,00
23101	Esthétique linguale 92	68,00
23103	Classe III mésiale 90	76,75
23103	Distale 91	76,75
23104	Classe IV mésiale 95	138,00
23104	Distale 96	138,00
23102	Classe V buccale 93	68,00
23102	Linguale 94	68,00
23105	Reconstitution complète du tiers incisif comprenant toute autre obturation sur la même dent 97	184,00
23108	Reconstitution complète d'une dent en matériau esthétique 87	188,00

Molaire primaire

21999	Valeur de base	16,50
21101	Une surface	23,75
21102	Deux surfaces	63,50
21103	Trois surfaces	79,75
21104	Quatre surfaces	106,50
21105	Cinq surfaces	141,25

Prémolaire

21999	Valeur de base	16,50
21211	Une surface	23,75
21212	Deux surfaces	66,00
21213	Trois surfaces	82,25
21214	Quatre surfaces	112,25
21215	Cinq surfaces	146,25

Molaire permanente

\$

21999	Valeur de base	16,50
21221	Une surface	36,75
21222	Deux surfaces	76,50
21223	Trois surfaces	105,75
21224	Quatre surfaces	132,47
21225	Cinq surfaces	175,00

En matériau esthétique

23999	Valeur de base	16,50
23301	Une surface	56,25
23302	Deux surfaces	102,50

Couronne préfabriquée

27403	Postérieure primaire	128,00
27411	Antérieure permanente	128,00

Endodontie

32211	Pulpotomie sur dent primaire	71,25
32310	Pulpectomie sur dent primaire	71,25

Ablation simple de dent

71101	Première dent	83,75
71111	Chaque dent additionnelle	58,75

Ablation complexe de dent

(comprenant l'ablation du sac adamantin ou folliculaire, si indiqué)

72100	Ablation de dent ayant fait éruption, nécessitant un lambeau et/ou une odontectomie	147,50
72210	Ablation de dent dont la surface occlusale est entièrement couverte par le tissu muqueux	132,00
72220	Ablation de dent ayant fait éruption et nécessitant un lambeau, une exérèse de tissu osseux (ostectomie) et par la suite des points de suture, à l'exception des cas prévus ci-après	176,00

Remplacement suite à une chirurgie

Complète

51101	Supérieure	717,00
51111	Inférieure	924,00
51121	Supérieure et inférieure	1 275,00

Partielle

52241	Supérieure avec ou sans crochets ou appuis	439,00
52251	Inférieure avec ou sans crochets ou appuis	439,00
52261	Supérieure et inférieure avec ou sans crochets ou appuis	797,00

4432 Form-Instructions

(in French only)



Demande de paiement
(professionnel désengagé)

**Remember to
enter your
number!**

1. Renseignements sur le professionnel

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Nom de famille	Prénom	Rôle	Numéro du professionnel

2. Renseignements sur la personne assurée

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Nom de famille	Prénom	Número d'assurance maladie
Diagnostic	Date de naissance Année Mois Jour <input type="text"/> <input type="text"/> <input type="text"/>	
	Sexe <input type="checkbox"/> M <input type="checkbox"/> F	

3. Renseignements sur les services couverts

[illegible]

In this section, enter:

- a single date for the services provided;
- the place where they were provided (office address);
- all billing information;
- the billing details and, where applicable, the amounts associated with special cases: children under 6 (code n°. 94540) and asepsis (code n°. 94541).

4. Signature du professionnel

Je certifie avoir rendu les services inscrits à la section 3.

Signature du professionnel

You must sign and give the form to your insured

Note : Ce formulaire n'est pas une facture. Voyez les directives

You must sign and give the form to your insured patients. To simplify the mailing process, you can give them a white envelope (without your office's letterhead on it), and a stamp.