Preparing your orthodontics claim
What is Orthodontics?

Orthodontics is a specialized field of dentistry where treatment aims to help correct the misalignment of teeth and jaw structure to improve overall oral health. Orthodontics can be done by a specialist – an Orthodontist – or a general dentist who has some training in the field. Orthodontic treatment can involve both a significant financial and time investment, although this is not always the case. Some providers may offer discounts on treatment costs if the full service fee is paid up front. Often, patients aren’t able to do this, due to the high cost of most services, and opt for a regular payment plan, paying for services as they are completed. Check with your insurance company to find out whether they offer reimbursement for a lump sum payment, or will consider claims for orthodontic services only as (or shortly after) they are completed, and reimburse you according to your plan’s orthodontic coverage terms.
How much does your Manulife group plan cover?

Your Manulife group benefit plan may include orthodontics coverage as part of your dental benefit. It’s best to check the details of your coverage carefully as orthodontic coverage typically has a unique set of maximums and limitations that apply specifically to this benefit.

To get a sense of what kind of expenses your plan may cover, you will need to work with your dentist/orthodontist to have him or her submit a pre-treatment plan, or estimate, to Manulife before any actual treatment is started. Manulife will evaluate the information provided and determine the amounts that may be eligible under the terms of your plan.

What is a procedure code and why don’t orthodontists use them?

Each time you go to the dentist, the services you receive – x-rays, polishing or even fillings – are all recorded separately using codes that tell your insurance company what was done, how much time each service took to complete, what the dentist charges to do that particular service and even which teeth received treatment. These are procedure codes. Your insurance company receives these codes, compares them to the price list or fee guide that your employer chose for your dental plan, evaluates the regular treatment options available for a service, and decides whether the two match up under the terms of your plan so your claim can be paid.

Since orthodontics is so specialized, and the treatment options are unique for each patient, orthodontists don’t actually use procedure codes to describe the services they perform. They use a treatment plan to document the patient’s condition, the course of action to remedy it, and estimate how long it might take for the corrective work to be completed. Your insurance company evaluates the recommended treatment and advises you of the amount eligible according to the terms of your employer’s plan.

Sometimes when general dentists perform orthodontic treatment, they do use procedure codes to submit claims. When this occurs, the procedure code submitted for the treatment is evaluated under the basic or non-orthodontic portion of your plan’s coverage.
# Obtaining a pre-treatment estimate

Orthodontic treatment generally follows this path:

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>1. Need Established</strong></td>
<td>The need is established through a general dentist. The patient may be referred to an orthodontist.</td>
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<td><strong>2. Diagnostic Consultation</strong></td>
<td>The patient is assessed and the course of treatment is determined. To reach a diagnosis, molds or models of the patient's teeth might be taken. Specialized dental x-rays or oral exams may also be required to help ensure a thorough analysis.</td>
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<td><strong>3. Pre-Treatment Plan / Treatment Estimate</strong></td>
<td>If not provided automatically, you may want to ask for one to be prepared at this point. It should include a description of the findings of assessments completed during the diagnostic consultation, the recommended course of treatment, an estimate of anticipated length of time for treatment to be completed, and outline any financial terms/options available to the patient. At this point, you can submit this paperwork to your insurance company so they can review it against your plan's coverage. If you have coverage available through more than one plan, be sure to send it to all insurance companies involved.</td>
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<tr>
<td><strong>4. Evaluation of Pre-Treatment Plan / Treatment Estimate by Insurance Company</strong></td>
<td>Upon receipt, your insurance company will analyze all the information outlined and compare it to the terms of coverage your employer has set up for your benefits plan. Your insurance company will provide you with the results of the assessment, showing how much of the expense your plan will cover and how much you will be responsible for.</td>
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<tr>
<td><strong>5. Decision</strong></td>
<td>Once you review this information, you will know what the financial implications of proceeding with treatment will be, and for how long.</td>
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<td><strong>6. Period of Adjustment</strong></td>
<td>If you decide to proceed with treatment, this is the actual timeframe where the treatment and adjustments to teeth take place. This can range anywhere from a few months to several years, depending on the patient’s needs and treatment plan.</td>
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<td><strong>7. Period of Retention</strong></td>
<td>After adjustments have been completed, there is usually a period of time where the patient must wear retention appliances or devices to keep everything in place. In some cases there can be a final retention period payment due at this time.</td>
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Submitting claims after treatment has started

If you receive notification from your insurance company of any amount your plan will cover, in a lot of cases, as you complete payments for each course of the full treatment, you can submit receipts to claim the eligible reimbursement amount. Again, if you have paid the full amount of the treatment in advance, first check with your insurance company to be sure they will reimburse a single claim for the full amount.

For any claim, you must supply your plan information (plan contract number, plan member certificate number) and a receipt, showing the amount paid, a description and the date of service, with your claim form. You may be required to have the orthodontist or general dentist sign the claim form and record your own signature as plan member to be sure there are no payment delays.

When claiming for amounts covered under a scheduled payment arrangement, be sure to send in your receipts as they become available. Don’t wait to submit them all together. Since you have already submitted a pre-treatment plan/estimate there should be no surprises in terms of the amount laid out in that document. The estimate statement you received from your insurance company will outline the amount you will be reimbursed and for how long, taking into account any maximums or limitations set out for your plan.

Examples of descriptions of services

- Diagnostic fees
- Ortho exam
- Monthly adjustment
- Monthly fee
- Retainer fee
Frequently Asked Questions

Q: “My plan rules state that a patient’s orthodontic treatment must start before they turn 19. My daughter has just been referred to an orthodontist, and she is turning 19 next week. She is a full-time student so she’s still considered one of my eligible dependants, but since she’s turning 19 so soon, will my plan cover the orthodontics?”

A: For your daughter’s treatment to be eligible, both the diagnosis and actual treatment phases must have started before she turned 19. Your question indicates that she has just received the referral. Unfortunately, just the referral doesn’t necessarily qualify her for the coverage.

Q: “My son’s orthodontist gave him the choice of having “coloured” braces. Would these be covered?”

A: Generally, all types of orthodontic appliances are considered, as long as they are installed by a qualified orthodontist or general dentist. This could include traditional stainless steel, fluorescent coloured, or elastics or brackets – even the new “vanity” type of appliances such as “a” invisible braces.

Q: “Can I get braces for myself or is it just for my kids?”

A: Check your plan’s coverage carefully. If “adult orthodontics” is covered, then you can proceed with getting a pre-treatment estimate.

Helpful resources on Orthodontics

For more information, visit:

The Canadian Dental Associate website at [www.cda-adc.ca](http://www.cda-adc.ca)
The Canadian Association of Orthodontists website at [www.cao-aco.org](http://www.cao-aco.org)