

Dentists

Schedule of Dental Services and Fees for
Ontario Works Adults

2017



2017
Ontario Works Adults - Schedule of Dental Services and Fees

PURPOSE OF THE PROGRAM

Halton Region does not intend to provide on-going regular dental care to adults in the Ontario Works (OW) program. The OW Adults dental program is not an insurance plan. This program provides three types of care:

- Emergency care for conditions involving pain, infection, or trauma.
- Denture care to restore chewing ability and/or speech.
- Non-emergency dental services will only be covered under special circumstances.

WHO IS ELIGIBLE?

- Adults who are currently on OW.
- Confirmation must be received by the dental office from the Health Department via telephone or the Ontario Works Adults – dental claim form.
- If treatment is not occurring during business hours, the dental office must call Halton Region on the next business day. Business hours are 8:30 a.m. to 4:30 p.m., Monday to Friday.
- Should more treatment be required past the expiry date, contact Halton Region to re-verify eligibility.
- Only residents of Halton Region are eligible.

DENTAL EMERGENCIES

Adults in the OW program, with a dental emergency, can be seen by a dental treatment provider immediately. A dental emergency involves pain, infection or trauma.

If treatment is not occurring during business hours, the dental office must call Halton Region on the next business day. Business hours are 8:30 a.m. to 4:30 p.m., Monday to Friday.

NON-EMERGENCIES

Adults with non-emergency dental conditions must first be screened by Halton Region Oral Health staff. To schedule a screening appointment, please call Halton Region at 905-825-6000.

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DENTAL TREATMENT PROVIDER'S ROLE

The provider determines the treatment needs for OW Adults clients and will submit claims according to the OW Adults schedule of fees.

- For emergency care up to a maximum of \$200.00, the provider may treat the urgent need and submit a claim form, provided that the fee schedule does not indicate pre-determination is required (please see note below).
- For non-emergency care, the provider must submit a treatment plan to Oral Health at Halton Region prior to beginning treatment.

Note: Some services require pre-determination prior to service provision. These services are marked with a "P" beside the procedure code. For these services, providers must forward a pre-determination and information, as indicated in the *Ontario Works Adults - Schedule of Dental Services and Fees* or as requested by Halton Region Oral Health.

FEE LEVELS

The fees listed in this schedule are the maximum fees for the covered services. Dental treatment providers who accept clients under this fund agree to provide the covered services for the specified fees only. The fees constitute full payment for services, and there is no balance-billing or extra-billing to the client for covered services.

For services provided by registered dental specialists, specialist fees are given.

LABORATORY FEES

A copy of the laboratory invoice(s) must accompany the claim form.

FUNDING

This program is funded by Halton Region's Social & Community Services Department, and is administered by the Halton Region Health Department, Oral Health.

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LETTER OF EXPERTISE

For certain services, a letter of expertise (LOE) must accompany the pre-determination. The need for a LOE is indicated in the "Limit" column of the fee schedule. The LOE should provide information which supports the need for coverage of this service for this patient.

The LOE should be submitted on office letterhead and be signed by the dental treatment provider. The letter must include: patient's name; date of birth; name of dental treatment provider; and office address. It may include the following information: clinical findings; diagnosis; prognosis if treatment is provided; prognosis if treatment is not provided; and impact of treatment/non-treatment on the patient's ability to function.

The LOE may include radiographs if available.

OTHER INFORMATION

If you have additional questions about this fund please contact Halton Region at 905-825-6000.

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Code	Description	P	General	Specialist	Limit
Diagnostic Services					
EXAMINATION					
Examination and Diagnosis, Complete Oral, to include: a) History, Medical and Dental b) Clinical Examination and Diagnosis of Hard and Soft tissues, including carious lesions, missing teeth, determination of pocket depth and location of periodontal pockets, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests/analysis, where necessary and any other pertinent factors. c) Radiographs extra, as required.					
01103	Examination and Diagnosis, Complete, Permanent Dentition to include: (a) Extended examination and diagnosis on permanent dentition, recording history, charting, treatment planning and case presentation, including above description	P	\$ 75.99	\$ 91.19	1 per 60 months, per patient, per dental treatment provider, per dental office address.
01204	Examination and Diagnosis, Specific Examination and evaluation of a specific situation		\$ 18.99	\$ 22.79	1 per 12 months, per patient, per dental treatment provider, per dental office address.
01205	Examination and Diagnosis, Emergency Examination and diagnosis for the investigation of discomfort and/or infection in a localized area		\$ 18.99	\$ 22.79	All emergency exams will be covered.
RADIOGRAPHS (Including Radiographic Examination and Diagnosis and Interpretation)					
Radiographs, Intraoral, Periapical					Maximum of 5 periapical films per 12 months, per patient, per dental treatment provider, per dental office address (except when required in an emergency situation) are paid cumulatively. Maximum payable for periapical and occlusal films combined is \$27.01 for general practitioners and \$32.42 for specialists.
02111	Single film		\$ 13.34	\$ 16.00	
02112	Two films		\$ 16.32	\$ 19.58	
02113	Three films		\$ 20.10	\$ 24.12	
02114	Four films	P	\$ 22.51	\$ 27.02	
02115	Five films	P	\$ 27.01	\$ 32.42	
Radiographs, Intraoral, Occlusal					
02131	Single film		\$ 15.75	\$ 18.90	
02132	Two films		\$ 19.79	\$ 23.75	

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Code	Description	P	General	Specialist	Limit
Radiographs, Intraoral, Bitewing					Maximum payable for 2 bitewing films, per patient, per dental treatment provider, per 12 months is \$16.32 for general practitioners and \$19.58 for specialists.
02141	Single film		\$ 13.34	\$ 16.00	
02142	Two films		\$ 16.32	\$ 19.58	
Radiographs, Panoramic					<p>1 per 24 months, per patient, per dental treatment provider, per dental office address. Except in an emergency when criteria 1, 2, 5 or 6 applies (see below).</p> <p>These radiographs are covered when required due to:</p> <ol style="list-style-type: none"> 1) facial trauma with symptoms of possible jaw fracture; 2) facial swelling of unknown etiology; 3) significant delayed eruption pattern; 4) severe gag reflex with multiple carious lesions; 5) diagnosis cannot be made using periapical film; and 6) special circumstances clearly substantiated by the practitioner. <p>One of the above criteria (listing the number is acceptable) must appear on the dental claim form for consideration of payment.</p>
02601	Single film		\$ 31.54	\$ 37.84	
TEST/ANALYSIS HISTOPATHOLOGICAL (Technical Procedure Only)					
Test/Analysis, Histological, Soft Tissue (technical procedure only)					
04311	Biopsy, Soft Oral Tissue - by Puncture + L		\$ 38.00	\$ 45.59	
04312	Biopsy, Soft Oral Tissue - by Incision + L		\$ 38.00	\$ 45.59	
Test/Analysis, Histological, Hard Tissue (technical procedure only)					
04321	Biopsy, Hard Oral Tissue - by Puncture + L		\$ 88.66	\$ 106.40	
04322	Biopsy, Hard Oral Tissue - by Incision + L		\$ 88.66	\$ 106.40	

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Code	Description	P	General	Specialist	Limit
Preventive Services					
SCALING Scaling and root planing are not routinely covered services - SEE LIMITS. (Note: A unit of time equals 15 minutes)					Maximum of 4 units scaling/root planing per year. *COVERAGE FOR SCALING/ROOT PLANING WILL BE DETERMINED THROUGH HEALTH DEPARTMENT SCREENING ONLY. NO OTHER SCALING/ROOT PLANING WILL BE APPROVED.
11111	One unit of time	*	\$ 38.01	\$ 45.61	
11112	Two units	*	\$ 76.02	\$ 91.22	
11113	Three units	*	\$ 114.03	\$ 136.83	
11114	Four units	*	\$ 152.03	\$ 182.44	
11117	One half unit	*	\$ 19.00	\$ 22.81	
Restorative Services					
Where at the same sitting in order to conserve tooth structure, separate amalgam/tooth coloured restorations are performed on the same tooth, the fee should be determined by counting the total number of surfaces restored. Maximum allowable for amalgam/tooth coloured restorations is five surfaces per tooth. No repeat surface (or pins) will be paid more than once in any 12 month period when the subsequent restoration is placed by the same dentist. The amount paid for the previous restoration will be deducted from the amount claimed for the new restoration if performed by the same dentist for the same patient within the 12 month period.					
CARIES, TRAUMA AND PAIN CONTROL					The final restoration is payable after 7 days have elapsed.
Caries, Trauma and Pain Control (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure)					
20111	First tooth		\$ 31.66	\$ 38.00	
20119	Each additional tooth, same quadrant		\$ 31.66	\$ 38.00	
Caries, Trauma and Pain Control (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support, as a separate procedure)					
20121	First tooth		\$ 31.66	\$ 38.00	
20129	Each additional tooth, same quadrant		\$ 31.66	\$ 38.00	

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Code	Description	P	General	Specialist	Limit
RESTORATIONS - AMALGAM					
Restorations, Amalgam, Non-bonded, Retained Primary Teeth					
21111	One surface		\$ 25.34	\$ 30.40	
21112	Two surfaces		\$ 55.48	\$ 66.57	
21113	Three surfaces		\$ 63.33	\$ 75.99	
21114	Four surfaces		\$ 75.99	\$ 91.19	
21115	Five surfaces or maximum surfaces per tooth		\$ 75.99	\$ 91.19	
Restorations, Amalgam, Bonded, Retained Primary Teeth					
21121	One surface		\$ 25.34	\$ 30.40	
21122	Two surfaces		\$ 55.48	\$ 66.57	
21123	Three surfaces		\$ 63.33	\$ 75.99	
21124	Four surfaces		\$ 75.99	\$ 91.19	
21125	Five surfaces or maximum surfaces per tooth		\$ 75.99	\$ 91.19	
Restorations, Amalgam, Non-bonded, Permanent Bicuspid and Anteriors					
21211	One surface		\$ 25.34	\$ 30.40	
21212	Two surfaces		\$ 55.48	\$ 66.57	
21213	Three surfaces		\$ 63.33	\$ 75.99	
21214	Four surfaces		\$ 75.99	\$ 91.19	
21215	Five surfaces or maximum surfaces per tooth		\$ 75.99	\$ 91.19	
Restorations, Amalgam, Non-bonded, Permanent Molars					
21221	One surface		\$ 31.66	\$ 38.00	
21222	Two surfaces		\$ 63.33	\$ 75.99	
21223	Three surfaces		\$ 79.28	\$ 95.15	
21224	Four surfaces		\$ 79.28	\$ 95.15	
21225	Five surfaces or maximum surfaces per tooth		\$ 79.28	\$ 95.15	
Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors					
21231	One surface		\$ 25.34	\$ 30.40	
21232	Two surfaces		\$ 55.48	\$ 66.57	
21233	Three surfaces		\$ 63.33	\$ 75.99	
21234	Four surfaces		\$ 75.99	\$ 91.19	
21235	Five surfaces or maximum surfaces per tooth		\$ 75.99	\$ 91.19	

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Code	Description	P	General	Specialist	Limit
Restorations, Amalgam, Bonded, Permanent Molars					
21241	One surface		\$ 31.66	\$ 38.00	
21242	Two surfaces		\$ 63.33	\$ 75.99	
21243	Three surfaces		\$ 79.28	\$ 95.15	
21244	Four surfaces		\$ 79.28	\$ 95.15	
21245	Five surfaces or maximum surfaces per tooth		\$ 79.28	\$ 95.15	
Retentive Pins					
Pins, Retentive per restoration (for amalgams and tooth coloured restorations)					Coverage is limited to 3 pins per permanent tooth, per patient, per dental treatment provider, per address.
21401	One pin		\$ 10.90	\$ 13.09	
21402	Two pins		\$ 18.19	\$ 21.83	
21403	Three pins		\$ 24.27	\$ 29.11	
21404	Four pins		\$ 24.27	\$ 29.11	
21405	Five pins or more		\$ 24.27	\$ 29.11	
RESTORATIONS - TOOTH COLOURED / PLASTIC WITH / WITHOUT SILVER FILINGS					
Restorations, Tooth Coloured Permanent Anteriors Non Bonded Technique					
23101	One surface		\$ 44.32	\$ 53.18	
23102	Two surfaces (continuous)		\$ 57.00	\$ 68.39	
23103	Three surfaces (continuous)		\$ 87.14	\$ 104.56	
23104	Four surfaces (continuous)		\$ 87.14	\$ 104.56	
23105	Five surfaces or maximum surfaces per tooth		\$ 97.52	\$ 117.03	
Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closure)					
23111	One surface		\$ 50.65	\$ 60.79	
23112	Two surfaces (continuous)		\$ 63.33	\$ 75.99	
23113	Three surfaces (continuous)		\$ 94.98	\$ 113.97	
23114	Four surfaces (continuous)		\$ 94.98	\$ 113.97	
23115	Five surfaces or maximum surfaces per tooth		\$ 106.39	\$ 127.65	
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non Bonded - Permanent Bicuspid					
23211	One surface		\$ 44.32	\$ 53.18	
23212	Two surfaces		\$ 79.28	\$ 95.15	
23213	Three surfaces		\$ 87.14	\$ 104.56	
23214	Four surfaces		\$ 104.62	\$ 125.55	
23215	Five surfaces or maximum surfaces per tooth		\$ 104.62	\$ 125.55	

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Code	Description	P	General	Specialist	Limit
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non Bonded - Permanent Molars					
23221	One surface		\$ 50.65	\$ 60.79	
23222	Two surfaces		\$ 87.14	\$ 104.56	
23223	Three surfaces		\$ 94.98	\$ 113.97	
23224	Four surfaces		\$ 113.99	\$ 136.78	
23225	Five surfaces or maximum surfaces per tooth		\$ 113.99	\$ 136.78	
Restorations, Tooth Coloured, Permanent Posteriors - Bonded Permanent Bicuspid					
23311	One surface		\$ 50.65	\$ 60.79	
23312	Two surfaces		\$ 87.14	\$ 104.56	
23313	Three surfaces		\$ 94.98	\$ 113.97	
23314	Four surfaces		\$ 113.99	\$ 136.78	
23315	Five surfaces or maximum surfaces per tooth		\$ 113.99	\$ 136.78	
Restorations, Tooth Coloured Permanent Posteriors - Bonded Permanent Molars					
23321	One surface		\$ 57.00	\$ 68.39	
23322	Two surfaces		\$ 94.98	\$ 113.97	
23323	Three surfaces		\$ 102.84	\$ 123.40	
23324	Four surfaces		\$ 123.61	\$ 148.33	
23325	Five surfaces or maximum surfaces per tooth		\$ 123.61	\$ 148.33	
Restorations, Tooth Coloured, Retained Primary Anterior Non Bonded					
23401	One surface		\$ 44.32	\$ 53.18	
23402	Two surfaces (continuous)		\$ 57.00	\$ 68.39	
23403	Three surfaces (continuous)		\$ 79.28	\$ 95.15	
23404	Four surfaces (continuous)		\$ 79.28	\$ 95.15	
23405	Five surfaces or maximum surfaces per tooth		\$ 79.28	\$ 95.15	
Restorations, Tooth Coloured, Retained Primary Anterior, Bonded Technique					
23411	One surface		\$ 50.65	\$ 60.79	
23412	Two surfaces (continuous)		\$ 63.33	\$ 75.99	
23413	Three surfaces (continuous)		\$ 87.14	\$ 104.56	
23414	Four surfaces (continuous)		\$ 87.14	\$ 104.56	
23415	Five surfaces or maximum surfaces per tooth		\$ 87.14	\$ 104.56	

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Code	Description	P	General	Specialist	Limit	
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Retained Primary Posterior, Non Bonded						
23501	One surface		\$ 44.32	\$ 53.18		
23502	Two surfaces		\$ 79.28	\$ 95.15		
23503	Three surfaces		\$ 87.14	\$ 104.56		
23504	Four surfaces		\$ 94.98	\$ 113.97		
23505	Five surfaces or maximum surfaces per tooth		\$ 94.98	\$ 113.97		
Restorations, Tooth Coloured/Plastic, Retained Primary Posterior, Bonded Technique						
23511	One surface		\$ 50.65	\$ 60.79		
23512	Two surfaces		\$ 87.14	\$ 104.56		
23513	Three surfaces		\$ 94.98	\$ 113.97		
23514	Four surfaces		\$ 94.98	\$ 113.97		
23515	Five surfaces or maximum surfaces per tooth		\$ 94.98	\$ 113.97		
CROWNS, SINGLE UNITS					Maximum of 3 crowns per five years. Limit of one crown, per tooth, per lifetime.	
27211	Crown, Porcelain/Ceramic Fused to Metal Base +L	P	\$ 452.13	\$ 542.55	A letter of expertise and radiograph must accompany pre-determination.	
27301	Full, Cast Metal + L	P	\$ 372.02	\$ 446.43		
29101	Recementation / Rebonding of Inlay / Onlay / Crown + L		\$ 42.14	\$ 50.56	Maximum coverage for code 29101 is 2 times per year without pre-determination.	
Endodontics						
PULPOTOMY					Maximum payable equals root canal therapy minus pulpectomy/pulpotomy, if completed within three months by the same dental treatment provider.	
Pulpotomy, Permanent Teeth (as a separate emergency procedure)						
32221	Anterior and Bicuspid Teeth		\$ 63.33	\$ 75.99		
32222	Molar Teeth		\$ 113.99	\$ 136.78		
PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)					Maximum payable equals root canal therapy minus pulpectomy/pulpotomy, if completed within three months by the same dental treatment provider.	
Pulpectomy, Permanent Teeth/Retained Primary Teeth						
32311	One canal		\$ 63.33	\$ 75.99		
32312	Two canals		\$ 75.99	\$ 91.19		
32313	Three canals		\$ 113.99	\$ 136.78		
32314	Four canals		\$ 136.67	\$ 164.00		

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Code	Description	P	General	Specialist	Limit
ROOT CANAL THERAPY To include: treatment plan, clinical procedures (i.e. pulpectomy, biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs, excluding final restoration.					Limit of 3 root canal procedures per five years. Limit of one root canal procedure, per tooth, per lifetime. Maximum payable equals root canal therapy minus pulpectomy/pulpotomy, if completed within three months by the same dental treatment provider.
Root Canals, Permanent Teeth / Retained Primary Teeth, One Canal					
33111	One canal	P	\$ 253.29	\$ 303.94	
Root Canals, Permanent Teeth / Retained Primary Teeth, Two Canals					
33121	Two canals	P	\$ 316.62	\$ 379.94	
Root Canals, Permanent Teeth / Retained Primary Teeth, Three Canals					
33131	Three canals	P	\$ 494.11	\$ 592.92	
Root Canals, Permanent Teeth / Retained Primary Teeth, Four or More Canals					
33141	Four or more canals	P	\$ 570.13	\$ 684.14	
Periodontal Services					
PERIODONTAL ABSCESS This may include one or more of the following procedures: Lancing, Scaling, Curettage, Surgery or Medication (Note: One unit of time equals 15 minutes)					Maximum of 2 units per year
42831	One unit of time		\$ 38.01	\$ 45.61	
42832	Two units		\$ 76.02	\$ 91.22	
ROOT PLANING, PERIODONTAL Scaling and root planing are not routinely covered services - SEE LIMITS. (Note: A unit of time equals 15 minutes)					Maximum of 4 units scaling/root planing per year. *COVERAGE FOR SCALING/ROOT PLANING WILL BE DETERMINED THROUGH HEALTH DEPARTMENT SCREENING ONLY. NO OTHER SCALING/ROOT PLANING WILL BE APPROVED.
43421	One unit of time	*	\$ 38.01	\$ 45.61	
43422	Two units	*	\$ 76.02	\$ 91.22	
43423	Three units	*	\$ 114.03	\$ 136.83	
43424	Four units	*	\$ 152.03	\$ 182.44	
43427	One half unit	*	\$ 19.00	\$ 22.81	

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Code	Description	P	General	Specialist	Limit	
Prosthodontic Services						
A copy of the laboratory invoice or receipt of payment must be submitted for payment of laboratory fee code 99111						
DENTURES, COMPLETE To include: impressions, initial and final jaw relation records, try-in evaluation and check records, insertion and adjustments, including three months post insertion care.					Limit of one new denture per arch per 5 years.	
Dentures, Complete, Standard						
51101	Maxillary + L	P	\$ 472.77	\$ 567.32		
51102	Mandibular + L	P	\$ 585.18	\$ 702.22		
51104	Liners, Processed, Resilient in addition to above	P	\$ 125.40	\$ 150.48		
Dentures, Surgical, Standard (Immediate) (Includes first tissue conditioner, but not a processed reline.)						
51301	Maxillary +L	P	\$ 543.38	\$ 652.06		
51302	Mandibular + L	P	\$ 668.78	\$ 802.54		
Dentures, Complete, Provisional						
51601	Maxillary +L	P	\$ 228.11	\$ 273.73		
51602	Mandibular +L	P	\$ 304.15	\$ 364.98		
Dentures, Complete, Provisional, Surgical (Immediate) (Includes first tissue conditioner but not a processed reline.)						
51611	Maxillary +L	P	\$ 494.25	\$ 593.10		
51612	Mandibular +L	P	\$ 608.30	\$ 729.96		
DENTURES, PARTIAL, ACRYLIC						Limit of one new denture per arch per 5 years.
Dentures, Partial, Acrylic Base (Provisional) (With or Without Clasps)						
52101	Maxillary + L	P	\$ 190.09	\$ 228.11		
52102	Mandibular + L	P	\$ 190.09	\$ 228.11		
Dentures, Partial, Acrylic Base (Immediate) (Includes first tissue conditioner, but not a processed reline.)						
52111	Maxillary + L	P	\$ 228.11	\$ 273.73		
52112	Mandibular + L	P	\$ 228.11	\$ 273.73		
Dentures, Partial, Acrylic Base (Immediate) Provisional (with or without clasps) (Includes first tissue conditioner, but not a processed reline.)						
52121	Maxillary + L	P	\$ 228.11	\$ 273.73		
52122	Mandibular + L	P	\$ 228.11	\$ 273.73		

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Code	Description	P	General	Specialist	Limit
Dentures, Partial, Acrylic, Resilient Retainer					
52201	Maxillary + L	P	\$ 300.85	\$ 361.02	
52202	Mandibular + L	P	\$ 300.85	\$ 361.02	
Dentures, Partial, Acrylic, Resilient Retainer (Immediate) (Includes first tissue conditioner, but not a processed reline.)					
52211	Maxillary + L	P	\$ 355.29	\$ 426.34	
52212	Mandibular + L	P	\$ 355.29	\$ 426.34	
Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests					
52301	Maxillary + L	P	\$ 343.83	\$ 412.60	
52302	Mandibular + L	P	\$ 343.83	\$ 412.60	
Dentures, Partial, Acrylic, with Metal Wrought/Cast Clasps and/or Rests (Immediate) (Includes first tissue conditioner, but not a processed reline.)					
52311	Maxillary + L	P	\$ 397.09	\$ 476.50	
52312	Mandibular + L	P	\$ 397.09	\$ 476.50	
Dentures, Partial, Acrylic, with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests					
52401	Maxillary + L	P	\$ 343.83	\$ 412.60	
52402	Mandibular + L	P	\$ 343.83	\$ 412.60	
Dentures, Partial, Acrylic, with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests (Immediate) (Includes first tissue conditioner, but not a processed reline.)					
52411	Maxillary + L	P	\$ 397.09	\$ 476.50	
52412	Mandibular + L	P	\$ 397.09	\$ 476.50	
DENTURES, PARTIAL, CAST WITH ACRYLIC BASE					
Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests					
Limit of one new denture per arch per 5 years.					
53101	Maxillary + L	P	\$ 585.18	\$ 702.22	
53102	Mandibular + L	P	\$ 585.18	\$ 702.22	
53104	Altered Cast Impression technique in conjunction with 53101 and 53102 + L	P	\$ 83.60	\$ 100.32	
Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests (Immediate) (Includes first tissue conditioner, but not a processed reline.)					
53111	Maxillary + L	P	\$ 668.78	\$ 802.54	
53112	Mandibular + L	P	\$ 668.78	\$ 802.54	

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Code	Description	P	General	Specialist	Limit	
Dentures, Partial, Tooth-Borne, Cast Frame/Connector, Clasps and Rests						
53201	Maxillary + L	P	\$ 543.38	\$ 652.06		
53202	Mandibular + L	P	\$ 543.38	\$ 652.06		
53205	Unilateral, one piece casting, clasps and pontics + L	P	\$ 190.09	\$ 228.11		
Dentures, Partial, Tooth-Borne, Cast Frame/Connector, Clasps and Rests, (Immediate) (Includes first tissue conditioner, but not a processed reline)						
53211	Maxillary + L	P	\$ 626.98	\$ 752.38		
53212	Mandibular + L	P	\$ 626.98	\$ 752.38		
53215	Unilateral, one piece casting, clasps and pontics + L	P	\$ 228.11	\$ 273.73		
DENTURES, ADJUSTMENTS					If done by provider providing denture, adjustments are only covered 3 months after insertion. Limit of 4 denture adjustments per arch per year.	
Denture Adjustments, Partial or Complete Denture, Minor						
54201	One unit of time + L		\$ 35.82	\$ 42.98		
54202	Two units + L		\$ 71.70	\$ 86.04		
54209	Each additional unit over two		\$ 35.82	\$ 42.98		
Denture Adjustments, Partial or Complete Denture, Remount and Occlusal Equilibration						
54301	Maxillary + L		\$ 107.54	\$ 129.04		
54302	Mandibular + L		\$ 107.54	\$ 129.04		
Denture Adjustments, Complete Denture, With Cast Metal Occlusal Surfaces, Remount and Occlusal Equilibration						
54401	Maxillary + L		\$ 107.54	\$ 129.04		
54402	Mandibular + L		\$ 107.54	\$ 129.04		
Denture Adjustments, Partial Denture, With Cast Metal Occlusal Surfaces, Remount and Occlusal Equilibration						
54501	Maxillary + L		\$ 107.54	\$ 129.04		
54502	Mandibular + L		\$ 107.54	\$ 129.04		
DENTURES, REPAIRS/ADDITIONS					Limit of 4 repairs / additions per arch per year.	
Denture , Repair, Complete Denture, No Impression Required						
55101	Maxillary + L		\$ 18.05	\$ 21.66		
55102	Mandibular + L		\$ 18.05	\$ 21.66		

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Code	Description	P	General	Specialist	Limit		
Denture, Repair, Complete Denture, Impression Required							
55201	Maxillary + L		\$ 35.82	\$ 42.98			
55202	Mandibular + L		\$ 35.82	\$ 42.98			
Denture , Repair/Additions, Partial Denture, No Impression Required							
55301	Maxillary + L		\$ 18.05	\$ 21.66			
55302	Mandibular + L		\$ 18.05	\$ 21.66			
Denture, Repair/Additions Partial Denture, Impression Required							
55401	Maxillary + L		\$ 35.82	\$ 42.98			
55402	Mandibular + L		\$ 35.82	\$ 42.98			
DENTURES, RELINING (Does not include Remount - see 54000 series)						Limit of one reline per arch per 3 years.	
Denture, Reline, Direct Complete Denture							
56211	Maxillary		\$ 71.70	\$ 86.04			
56212	Mandibular		\$ 71.70	\$ 86.04			
Denture, Reline, Direct Partial Denture							
56221	Maxillary		\$ 71.70	\$ 86.04			
56222	Mandibular		\$ 71.70	\$ 86.04			
Denture, Reline, Processed Complete Denture							
56231	Maxillary + L		\$ 143.26	\$ 171.92			
56232	Mandibular + L		\$ 179.08	\$ 214.90			
Denture, Reline, Processed, Partial Denture							
56241	Maxillary + L		\$ 143.26	\$ 171.91			
56242	Mandibular + L		\$ 143.26	\$ 171.91			
Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Complete Denture							
56251	Maxillary + L		\$ 179.23	\$ 215.08			
56252	Mandibular + L		\$ 179.23	\$ 215.08			
Denture, Reline, Processed, Functional Impression Requiring Three Appointments, Partial Denture							
56261	Maxillary + L		\$ 179.23	\$ 215.08			
56262	Mandibular + L		\$ 179.23	\$ 215.08			

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Code	Description	P	General	Specialist	Limit
DENTURES, REBASING (where the vestibular tissue-contacting surfaces are modified)					Limit of one rebase per arch per 3 years.
Dentures, Rebase, Complete Denture					
56311	Maxillary + L		\$ 143.39	\$ 172.07	
56312	Mandibular + L		\$ 143.39	\$ 172.07	
Denture, Rebase, Partial Denture					
56321	Maxillary + L		\$ 143.39	\$ 172.06	
56322	Mandibular + L		\$ 143.39	\$ 172.06	
Denture, Rebase, Complete Denture Processed, Functional Impression Requiring Three Appointments					
56331	Maxillary + L		\$ 143.39	\$ 172.06	
56332	Mandibular + L		\$ 179.23	\$ 215.08	
Denture, Rebase, Partial Denture Processed, Functional Impression Requiring Three Appointments					
56341	Maxillary + L		\$ 179.23	\$ 215.08	
56342	Mandibular + L		\$ 179.23	\$ 215.08	
DENTURES, REMAKE					
Denture, Remake, Using Existing Framework, Partial Denture (including articulation)					
56411	Maxillary + L		\$ 152.07	\$ 182.49	
56412	Mandibular + L		\$ 152.07	\$ 182.49	
DENTURES, THERAPEUTIC TISSUE CONDITIONING					Limit of 4 procedures per arch per year.
Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture					
56511	Maxillary		\$ 35.82	\$ 42.98	
56512	Mandibular		\$ 35.82	\$ 42.98	
Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture					
56521	Maxillary		\$ 35.82	\$ 42.98	
56522	Mandibular		\$ 35.82	\$ 42.98	
Fixed Prosthodontics					
66301	Repairs, re-cementation of bridge (+L where incurred during the repair of the bridge)		\$ 42.98	\$ 51.57	Maximum coverage for code 66301 is 2 times per year without pre-determination.

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Code	Description	P	General	Specialist	Limit
Oral and Maxillofacial Surgery					
For examination and radiographs, refer to Diagnostic Services. The removal of more than one bicuspid or the removal of more than one 3rd molar at one time, requires confirmation on the dental claim form that the extractions are not for Orthodontic purposes and/or the tooth is symptomatic.					
REMOVALS, EXTRACTIONS, ERUPTED TEETH					
Removals, Erupted Teeth, Uncomplicated					
71101	Single tooth, uncomplicated		\$ 38.00	\$ 45.59	
71109	Each additional tooth same quadrant, same appointment		\$ 18.99	\$ 22.79	
Removals, Erupted Teeth, Complicated					
71201	Odontectomy (extraction), erupted tooth, surgical approach requiring surgical flap and/or sectioning of tooth		\$ 88.66	\$ 106.40	
71209	Each additional tooth, same quadrant		\$ 88.66	\$ 106.40	
REMOVALS, IMPACTIONS, SOFT TISSUE COVERAGE					
Removals, Impaction Requiring Incision of Overlying Soft Tissue and Removal of the Tooth					
72111	Single tooth		\$ 88.66	\$ 106.40	
72119	Each additional tooth, same quadrant		\$ 88.66	\$ 106.40	
REMOVALS, IMPACTIONS, INVOLVING TISSUE AND/OR BONE COVERAGE					
Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap and EITHER Removal of Bone and Tooth OR Sectioning and Removal of Tooth					
72211	Single Tooth		\$ 132.99	\$ 159.58	
72219	Each additional tooth, same quadrant		\$ 132.99	\$ 159.58	
Removals, Impactions Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of the Tooth for Removal					
72221	Single Tooth		\$ 177.30	\$ 212.75	
72229	Each additional tooth, same quadrant		\$ 177.30	\$ 212.75	
Removals, Impactions Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND/OR Sectioning of the Tooth for Removal AND/OR presents Unusual Difficulties and Circumstances					
72231	Single Tooth		\$ 202.63	\$ 243.16	
72239	Each additional tooth, same quadrant		\$ 202.63	\$ 243.16	

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Code	Description	P	General	Specialist	Limit
REMOVALS, (EXTRACTIONS), RESIDUAL ROOTS					
Removals, Residual Roots, Erupted					
72311	First tooth		\$ 38.00	\$ 45.59	
72319	Each additional tooth, same quadrant		\$ 38.00	\$ 45.59	
Removals, Residual Roots, Soft Tissue Coverage					
72321	First tooth		\$ 75.99	\$ 91.19	
72329	Each additional tooth, same quadrant		\$ 75.99	\$ 91.19	
Removals, Residual Roots, Bone Tissue Coverage					
72331	First tooth		\$ 88.66	\$ 106.40	
72339	Each additional tooth, same quadrant		\$ 88.66	\$ 106.40	
Tobacco-Use Cessation Services					
To include: Identifying patients who use tobacco, informing patients of oral health consequences associated with tobacco; advising tobacco users to quit; provide appropriate self-help material and discuss treatment options. (Note: A unit of time equals 15 minutes.)					
98101	One unit of time	P	\$30.00	\$ 36.00	Maximum of one unit per patient per lifetime. Pre-determination must include a letter of expertise stating the services being provided.
Laboratory Procedures					
This code is used in conjunction with the "+L" designation following the specific codes in the guide. The addition of these codes are to facilitate computer or manual input for third party claims processing, personal records and statistics, providing one description for a specific procedure code. When filling out third party claim forms, these codes must follow immediately after the corresponding dental procedure code carried out by the dental treatment provider, so as to correlate the lab expenses with the correct procedures. The following services are only covered when claimed in conjunction with codes which carry the +L designation.					For 99333, please submit in-office laboratory expenses. Laboratory fees must appear immediately below the procedure code(s) to which they apply. A copy of the Laboratory Invoice, or receipt of laboratory payment, must be submitted with the claim form for Commercial Laboratory Procedures (code 99111).
99111	"+L" Commercial Laboratory Procedures (A commercial laboratory is defined as an independent business which performs laboratory services and bills the dental practices for these services on a case by case basis)	P			
99222	Laboratory charges for oral pathology biopsy services when provided in conjunction with surgical services from the 30000 and 70000 code series.	P			
99333	"+L" In-Office Laboratory Procedures (an in-office laboratory is defined as a laboratory service(s) performed within the same business entity)	P			



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