

# Denturists

Schedule of Dental Services and Fees for

**Ontario Works Adults**

**Halton Oral Health Outreach**

**Dental Care Counts**

2020



**Denturists  
2020 Schedule of Dental Services and Fees  
Dental Care Counts & Ontario Works Adults**

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This schedule provides fees for covered services for two financial assistance programs that are administered by Halton Region's Health Department. The codes in this schedule are Denturist codes and these codes can be submitted with the pre-determinations and claim forms.

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**Note:**

*There is no balance-billing or extra billing to the client for covered services.*

**REMINDER: New dentures are no longer covered by DCC. Relines and repairs are still covered.**



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## **DENTAL CARE COUNTS (DCC)**

### **WHAT IS DENTAL CARE COUNTS (DCC)?**

Halton Region provides financial assistance through the Dental Care Counts fund to ensure older adults and adults with special needs residing in Halton Region have access to oral care. The priority is to ensure that these residents of Halton are free from pain and able to eat comfortably. Once a basic level of comfort has been achieved, it is expected that clients will work out an ongoing maintenance plan that they can afford with their dental treatment provider.

Halton Region does not intend to provide on-going regular dental care to adults through the DCC fund. The DCC fund is not an insurance plan.

Three types of care may be provided:

- Emergency care for conditions involving pain, infection, or trauma.
  - Care of existing denture(s) to restore function \*
  - Non-emergency dental services will only be covered to restore function \*
- \* "Function" refers to chewing ability, and speech.

### **WHO IS ELIGIBLE?**

Only residents of Halton Region are eligible. Applicants must contact the Health Department. The Health Department will identify eligible clients and issue a claim form, or notification, to either the dental treatment provider or to the client.

Adults who are 65 years and older must meet the following two criteria to be eligible for the DCC fund.

- Dental criterion: the individual has a dental condition needing immediate treatment.
- Financial criterion: the individual has no dental insurance or other form of dental coverage. The individual or designated guardian/caregiver will sign a declaration stating that they have no dental insurance and that the cost of dental treatment would result in financial hardship.

Adults who are 64 years and under must meet the following three criteria to be eligible for the DCC fund.

- Dental criterion: (as stated above)
- Financial criterion: (as stated above)
- Physiological criterion: the individual is not capable of taking care of themselves and performing the activities of daily living.

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**DENTAL EMERGENCIES**

Adults, who have qualified for DCC and have 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.

**DENTAL TREATMENT PROVIDER'S ROLE (for DCC)**

The provider determines the treatment needs for eligible DCC clients and will submit claims according to the *DCC Schedule of Dental Services and Fees*.

- Treatment up to \$200 may be provided without pre-determination, provided that the fee schedule does not indicate pre-determination is required (please see note below).
- Once treatment exceeds \$200, the provider must submit a pre-determination to Halton Region Oral Health for review to ensure that payment for services will be made under the DCC fund.

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 *DCC 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.**

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**FUNDING**

The Dental Care Counts fund is provided by the Regional Municipality of Halton, and is administered by Halton Region's Health Department.

**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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**ONTARIO WORKS ADULTS (OWA)**

**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 Dental 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 Dental 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 Dental 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.

#### FUNDING

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

#### 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 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	DCC	OWA	Limit	
<b>Diagnostic Services</b>						
<b>EXAMINATION</b>						
10104	Emergency / Specific Nature		\$ 21.49	\$ 18.99	<p><u>Specific Nature Exam:</u> 1 per 12 months, per patient, per dental treatment provider, per dental office address.</p> <p><u>Emergency Exam:</u> All emergency exams will be covered.</p> <p>Provider must specify emergency or specific nature on claim and/or on predetermination.</p>	
10010	Oral Examination	P	\$ 85.96	\$ 75.99	1 per 60 months, per patient, per dental treatment provider, per dental office address.	
<b>RADIOGRAPHS</b> Submit as per description below. (Including Radiographic Examination and Diagnosis and Interpretation)					<p>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.</p> <p>Maximum payable for periapical and occlusal films combined is equal to fee for 5 periapical films as per program.</p>	
<b>RADIOGRAPHS, INTRAORAL, PERIAPICAL</b>						
12111	Single film		\$ 15.10	\$ 13.34		
12112	Two films		\$ 18.47	\$ 16.32		
12113	Three films		\$ 22.75	\$ 20.10		
12114	Four films	P	\$ 25.47	\$ 22.51		
12115	Five films	P	\$ 30.55	\$ 27.01		
<b>RADIOGRAPHS, INTRAORAL, OCCLUSAL</b>						
12131	Single film		\$ 17.81	\$ 15.75		
12132	Two films		\$ 22.38	\$ 19.79		



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Code	Description	P	DCC	OWA	Limit
RADIOGRAPHS, INTRAORAL, BITEWING					Maximum payable for 2 bitewing films, per patient, per dental treatment provider, per 12 months is equal to fee for 2 bitewing films as per program.
12141	Single film		\$ 15.10	\$ 13.34	
12142	Two films		\$ 18.47	\$ 16.32	
RADIOGRAPHS, PANORAMIC					<p><b>1 per 24 months, per patient, per dental treatment provider, per dental office address.</b> 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"> <li>1) Facial trauma with symptoms of possible jaw fracture;</li> <li>2) Facial swelling of unknown etiology;</li> <li>3) Significant delayed eruption pattern;</li> <li>4) Severe gag reflex with multiple carious lesions;</li> <li>5) Diagnosis cannot be made using periapical film; and.</li> <li>6) Special circumstances clearly substantiated by the practitioner.</li> </ol> <p>One of the above criteria (<b>listing the number is acceptable</b>) must appear on the dental claim form for consideration of payment.</p>
12601	Single film		\$ 35.67	\$ 31.54	
<b>Tobacco-Use Cessation Services</b>					
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.)					Maximum of one unit per patient per lifetime.  Pre-determination must include a letter of expertise stating the services being provided.
78101	One unit of time		\$ 30.00	\$ 30.00	

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Code	Description	P	OWA Only	Limit
<b>Standard Denture(s) - Complete</b>				
COMPLETE DENTURE(S)				Limit of one new denture per arch per five years.
31310	Complete Maxillary	P	\$ 667.28	
31320	Complete Mandibular	P	\$ 827.02	
COMPLETE TRANSITIONAL DENTURE(S)				
31510	Complete Maxillary	P	\$ 318.85	
31520	Complete Mandibular	P	\$ 390.46	
COMPLETE IMMEDIATE DENTURE(S)				
31311	Complete Maxillary	P	\$ 770.71	
31321	Complete Mandibular	P	\$ 948.19	
COMPLETE IMMEDIATE TRANSITIONAL DENTURE(S)				
31511	Complete Maxillary	P	\$ 394.13	
31521	Complete Mandibular	P	\$ 485.11	
<b>Standard Denture(s) - Partial (Cast Frame)</b>				
FREE-END CAST FRAME				Limit of one new denture per arch per five years.
41114	Partial Maxillary	P	\$ 855.58	
41124	Partial Mandibular	P	\$ 892.70	
41144	Altered Cast Impression / with above codes	P	\$ 127.91	
TOOTH BORNE CAST FRAME				
41254	Partial Maxillary	P	\$ 831.10	
41264	Partial Mandibular	P	\$ 864.96	

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Code	Description	P	OWA Only	Limit
<b>Standard Denture(s) - Partial (Cast Frame), Immediate</b>				
FREE-END CAST FRAME - IMMEDIATE				Limit of one new denture per arch per five years.
41115	Partial Maxillary	P	\$ 964.31	
41125	Partial Mandibular	P	\$ 1,006.54	
TOOTH BORNE CAST FRAME - IMMEDIATE				
41215	Partial Maxillary	P	\$ 936.16	
41225	Partial Mandibular	P	\$ 975.53	
<b>Standard Denture(s) - Partial Acrylic Base, With Clasps</b>				
STANDARD WITH CLASPS				Limit of one new denture per arch per five years.
41610	Partial Maxillary	P	\$ 622.81	
41620	Partial Mandibular	P	\$ 654.84	
TRANSITIONAL WITH CLASPS				
41710	Partial Maxillary	P	\$ 436.36	
41720	Partial Mandibular	P	\$ 460.43	
<b>Standard Denture(s) - Partial Acrylic Base, No Clasps</b>				
STANDARD NO CLASPS (HEAT CURED)				Limit of one new denture per arch per five years.
41612	Partial Maxillary	P	\$ 518.57	
41622	Partial Mandibular	P	\$ 546.92	
TRANSITIONAL NO CLASPS (COLD CURED)				
41712	Partial Maxillary	P	\$ 340.07	
41722	Partial Mandibular	P	\$ 358.02	

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Code	Description	P	OWA Only	Limit
<b>Standard Denture(s) - Partial Acrylic Base Immediate, With Clasps</b>				
STANDARD - IMMEDIATE WITH CLASPS				Limit of one new denture per arch per five years.
41611	Partial Maxillary	P	\$ 689.11	
41621	Partial Mandibular	P	\$ 724.40	
TRANSITIONAL - IMMEDIATE WITH CLASPS				
41711	Partial Maxillary	P	\$ 485.93	
41721	Partial Mandibular	P	\$ 509.80	
<b>Standard Denture(s) - Partial Acrylic Base Immediate, No Clasps</b>				
STANDARD - IMMEDIATE NO CLASPS				Limit of one new denture per arch per five years.
41613	Partial Maxillary	P	\$ 577.93	
41623	Partial Mandibular	P	\$ 606.08	
TRANSITIONAL - IMMEDIATE NO CLASPS				
41713	Partial Maxillary	P	\$ 378.22	
41723	Partial Mandibular	P	\$ 395.96	
<b>Standard Denture(s) - Partial Resilient Base</b>				
41914	Partial Maxillary	P	\$ 637.09	Limit of one new denture per arch per five years.
41924	Partial Mandibular	P	\$ 660.96	

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Code	Description	P	DCC/OWA	Limit
<b>Reline(s)</b>				
LAB PROCESSED / FUNCTIONAL IMPRESSION				Limit of one reline per arch per 3 years.
32110	Complete Maxillary		\$ 182.78	
32120	Complete Mandibular		\$ 198.08	
42116	Partial Maxillary		\$ 198.08	
42126	Partial Mandibular	P	\$ 211.96	
SELF-POLYMERIZED / LAB PROCESSED				
32215	Complete Maxillary		\$ 164.63	
32225	Complete Mandibular		\$ 177.48	
42210	Partial Maxillary		\$ 173.20	
42220	Partial Mandibular		\$ 189.11	
32316	Complete Maxillary		\$ 102.00	
32326	Complete Mandibular		\$ 110.16	
42316	Partial Maxillary		\$ 109.34	
42326	Partial Mandibular		\$ 118.32	
CHAIRSIDE / PERMANENT ACRYLIC				
32418	Complete Maxillary		\$ 141.98	
32428	Complete Mandibular		\$ 151.78	
42418	Partial Maxillary		\$ 149.33	
42428	Partial Mandibular		\$ 159.94	
LIGHT CURED				
32410	Complete Maxillary		\$ 141.98	
32420	Complete Mandibular		\$ 151.78	
42416	Partial Maxillary		\$ 149.33	
42426	Partial Mandibular		\$ 159.94	

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Code	Description	P	DCC/OWA	Limit
<b>Reline(s) with Permanent Soft Lining</b>				
LAB PROCESSED / FUNCTIONAL IMPRESSION				Limit of one reline per arch per 3 years.
32510	Complete Maxillary	P	\$ 319.67	
32520	Complete Mandibular	P	\$ 334.76	
42516	Partial Maxillary	P	\$ 334.76	
42526	Partial Mandibular	P	\$ 349.04	
CHAIRSIDE / PERMANENT SOFT LINING				
32318	Complete Maxillary		\$ 190.94	
32328	Complete Mandibular	P	\$ 201.55	
42318	Partial Maxillary		\$ 197.47	
42328	Partial Mandibular	P	\$ 211.34	
<b>Rebase</b>				
LAB PROCESSED / FUNCTIONAL IMPRESSION				Limit of one rebase per arch per 3 years.
33117	Complete Maxillary	P	\$ 228.68	
33127	Complete Mandibular	P	\$ 244.60	
43116	Partial Maxillary	P	\$ 249.29	
43126	Partial Mandibular	P	\$ 269.69	
<b>Repairs</b>				
NO IMPRESSION				Limit of 4 repairs/additions per arch per year.
36110	Complete Maxillary		\$ 74.66	
36120	Complete Mandibular		\$ 74.66	
46110	Partial Maxillary		\$ 74.66	
46120	Partial Mandibular		\$ 74.66	

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Code	Description	P	DCC/OWA	Limit
WITH IMPRESSION				Limit of 4 repairs/additions per arch per year.
36210	Complete Maxillary		\$ 99.14	
36220	Complete Mandibular		\$ 99.14	
46210	Partial Maxillary		\$ 99.14	
46220	Partial Mandibular		\$ 99.14	
ADDITIONS - TEETH / CLASPS				
46310	Partial Maxillary		\$ 121.99	
46320	Partial Mandibular		\$ 121.99	

Tissue Conditioning				
				Limit of 4 procedures per arch per year.
37110	Complete Maxillary		\$ 39.98	
37120	Complete Mandibular		\$ 42.43	
47110	Partial Maxillary		\$ 42.43	
47120	Partial Mandibular		\$ 47.33	

Adjustments				
PER VISIT				If done by provider providing denture, adjustments are only covered 3 months after insertion.  Limit of 4 adjustments per arch per year.
38110	Complete Maxillary		\$ 37.54	
38120	Complete Mandibular		\$ 39.98	
48110	Partial Maxillary		\$ 39.17	
48120	Partial Mandibular		\$ 42.43	

