City of Hamilton
Special Supports Program
1550 Upper James St, Unit 14a
Hamilton, ON L9B 2L6

Discretionary Adult Emergency Dental Treatment Plan

For eligible:

- ✓ Ontario Works Adults
- ✓ Low Income Adults (Age 18-64)
- ✓ ODSP Adult Dependent

Schedule of Benefits and Fees

Effective: March 1, 2020

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Who is Eligible?

Program	Patient to provide:
Ontario Works Adults -age 18 years and over -resident of the City of Hamilton	Ontario Works Dental Benefit Eligibility Card for the month of treatment.
Ontario Disability Support Program Dependent Adults -age 18 years and over who are not covered on the ODSP Dental Card (i.e. not the ODSP applicant or spouse) -resident of the City of Hamilton	Dental Approval Letter that has been provided to the patient or directly to you by our office titled: *Dental Approval – ODSP Dependent Adult* for the month(s) of treatment.
Low Income Dental Program -non-socially assisted patients -age 18 years to 64 years -resident of the City of Hamilton	Dental Approval Letter that has been provided to the patient or directly to you by our office titled: *Dental Approval – Low Income* for the month(s) of treatment.

CONTACT INFORMATION

Dental Office **Re: claims Inquiry**	**Special Supports Program** **Phone:** 905-546-2424 x 2219 **Fax:** 905-546-2256 **Mailing address:** **City of Hamilton, Special Supports Program** **Payment Clerk** **1550 Upper James St, Unit 14a** **Hamilton, ON L9B 2L6**
Patient Inquiries	**Loss of Ontario Works dental card:** • **905-546-4800 and press "3" to request a card faxed to the dentist** **Financial Eligibility for ODSP dependent adult and Low Income:** • **Special Supports Case Aide 905-546-2590**
Dental and Denture website including fee guide	***www.hamilton.ca/support***

Ineligible under this fee schedule?

The following patients are covered under the MCSS Schedule of Dental Services and Fees and "NOT" the Adult Discretionary Dental Plan

• Ontario Works children (0-17 years) including children whose guardian receives Temporary Care Assistance under Ontario Works. These claims go to ACCERTA.
• Ontario Disability Support Program recipients, their spouses and dependent children (0-17 years) and Children whose parent(s) receive Assistance for Children with Severe Disability (ACSD). These claims go to ACCERTA.

What is NOT covered under this fee schedule

Ontario Works Adults who require cleaning (not a covered service in this fee guide) can contact the City of Hamilton Public Health Dental Clinic at 905-546-2424 ext. 3789 to schedule an appointment.

Extra or Balance Billing

Extra billing or balance billing is **NOT** permitted for services covered under this schedule. It is the responsibility of the treating dentist to discuss what is or is not covered under this schedule with their clients

Specialist Fees

Where a general dental practitioner has referred a patient to a specialist, the specialist will be reimbursed at the specialist rate provided that the proper procedure has been followed. Specialists must submit the name of the referring dentist on their claim form(s). A referral from the patient's medical practitioner will be accepted. In this situation, the physician's name and practice address should be submitted on the specialist's claim form(s). Speciality fees are only paid to service providers that perform services within their specialty.

Coordination of Benefits

Ontario Works is the second payer if client has private insurance.
Please complete a duplicate dental claim form and attach the Explanation of Benefits from the first payer. The maximum amount payable will not exceed the amounts shown in this schedule when combined with other plans.

Where a client has First Nations Inuit Health Branch (FNIHB) non-insured health benefits (NIHB), Ontario Works will be first payer.

Where and How Claims Should Be Submitted?

City of Hamilton
Special Supports Program
Attention: Claims Payment
1550 Upper James St, Unit 14a,
Hamilton, ON L9B 2L6

- **ORIGINAL claim forms must be submitted. Scans, photocopies and faxes are not accepted.**
- **Claims are to be sent in as treatment occurs. The only exception is for multiple appointment procedures, such as root canals, which should be submitted on completion of treatment.**
- **Ensure that your ODA/CDA approved claim form is completed fully and accurately, including signature of patient or guardian and the following sections:**
    - **Patient's name**
    - **Patient's address**
    - **Treating dentist's name**
    - **Unique identification number (UIN)**
    - **Office verification**
    - **Dental office address**
- Attach a copy of the **current** OW Dental Benefit Eligibility Card ("dental card") or the approval letter for the month of treatment. Each claim requires its own card – do not submit one card for a family.
- **If you do not attach a copy of the current dental card or the approval letter for the month of treatment, your claim will be denied.** It is the patient's responsibility to provide his/her dental card or approval letter to the dental practitioner, at the time of the appointment and it is the dental practitioner's responsibility to obtain and attach the dental card or approval letter with the claim. Dentists who do work **without** a dental card may not be covered for treatment/service.
- **Dental Card Replacement**: If a patient is missing his/her dental card or approval letter, the patient must call his/her case manager **prior to** receiving treatment at **905-546-4800 plus the extension number or "3"** to request that a replacement dental card or approval letter be faxed to the dental practitioner **prior** to treatment.

- Dentists who chose to see a patient without the dental card/ approval letter are doing so at their own expense. For example: a patient may not be eligible for OW and/or not qualify for the services.

- Failure to properly submit a claim with **all attachments,** including a pre-approval form for a full mouth clearance if applicable, will result in a denial of the claim by the City. The City assumes no responsibility for correcting a deficiency in the submission of a claim.

If you do not receive payment on submitted claims within 45 business days **please do not submit duplicate claim forms for payment. We ask that you please call (905) 546-2424, ext. 2219**, to verify whether or not your original claim was paid or received. If it was not received, instructions will be provided to you on what is necessary to have the claim paid as quickly as possible.

Year End

- Each year the service providers will receive notice as to the last date claims will be accepted and honoured for payment.

- Once this date has passed, no claims from the previous year will be accepted and/or honoured for payment.

General Descriptions and Limitations of the Adult Dental Program

- Pre-approvals will be honoured for 6 months from date of approval. Any claims submitted with expired pre-approvals will be paid in accordance with the fee guide limitation of 4 emergency or treatment visits per 12 month calendar period effective Jan-Dec.

- Treatment will be **per patient, per dental group, per address for all codes.**

- Treatment for **symptomatic emergency** dental situations only, involving pain, infection, trauma and/or pathology.

- Dentist can treat the **maximum of 4 symptomatic teeth per emergency or treatment visit** (any combination of fillings, root canals on the anterior front teeth only (1.3-2.3: 3.3-4.3) and/or extractions). **Limit of 4 emergency or treatment visits per 12 month calendar period effective Jan-Dec.** Please see the remainder of the fee guide for additional limitations for each procedure.

- Eligible care is limited to appropriate treatment of the specific emergency situation of the symptomatic patient.

- The dental plan is intended to be an access to urgent dental care for eligible adults and is NOT for the ongoing treatment of basic dental care.

- **Preauthorization:**
  Preauthorization is only accepted/required for **full mouth clearance**:
    - Requests can be submitted by mail or fax
    - Please include the following with your request:
        1. An estimate showing all procedure codes and fees.
        2. Written explanation regarding treatment plan for dentures.
        3. A copy of the current OW dental card, Low Income Letter or ODSP Dependent Adult Letter.
    - Any pre-authorization approvals issued will be valid for 6 months from the date of approval
    - **A copy of the pre-authorization approval form is required with each claim submitted for payment.**

- **No provision for treatment of primary teeth.**

Examinations

Procedure	Description	G.P.	S.P.	Limit
01205	Examination and diagnosis for the investigation of discomfort and/or infection in a localized area	19.00	22.81	Four (4) emergency exams in a twelve (12) month **calendar year** per patient.

Radiographs, Intraoral

Procedure	Description	G.P.	S.P.	Limit
Radiographs, Intraoral, Periapical				Periapical films are paid **cumulatively** up to the maximum payable of five (5) per twelve (12) month **calendar year** to a maximum of $27.02 for general practitioners and $32.42 for Specialists.
02111	single film	13.35	16.02	
02112	two films	16.33	19.60	
02113	three films	20.12	24.14	
02114	four films	22.52	27.03	
02115	five films	27.02	32.42	
Radiographs, Intraoral, Bitewing				Each bitewing counts as two (2) periapicals
02141	single film	13.35	16.02	
02142	two films	16.33	19.60	

Panoramic

Procedure	Description	G.P.	S.P.	Limit
Radiographs, Panoramic				One allowed every thirty-six (36) months per patient.
02601	single film	31.54	37.85	

Test/Analysis and Laboratory Examination and Diagnosis

Procedure	Description	G.P.	S.P.	Limit
Test/Analysis, Histological, Soft Tissue (Technical Procedure Only)				
04311	Biopsy, Soft Tissue - by puncture + L	38.01	45.61	
04312	Biopsy, Soft Tissue - by incision + L	38.01	45.61	
Test/Analysis, Histological, Hard Tissue (Technical Procedure Only)				
04321	Biopsy, Hard Tissue - by puncture + L	88.69	106.42	
04322	Biopsy, Hard Tissue - by incision + L	88.69	106.42	

Restorative Services

Treatment on retained primary teeth is not a covered service

Note: A maximum of four teeth in total may be treated per emergency (any combination of restorations, root canals (1.3-2.3: 3.3-4.3) and/or extractions)

Procedure	Description	G.P.	S.P.	Limit
Caries/Trauma/Pain Control (removal of carious lesions or existing restorations and placement of sedative / protective dressings, includes pulp caps when necessary, as a separate procedure)				Sedative dressing allowed only once per tooth. Six (6) weeks must elapse between the placement of the sedative and the placement of the permanent restoration in order for both services to be covered.
20111	First tooth	31.68	38.01	
20119	Each additional tooth, same quadrant	31.68	38.01	
Caries/Trauma/Pain Control (removal of carious lesions or existing restorations 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	31.68	38.01	
20129	Each additional tooth, same quadrant	31.68	38.01	
Trauma Control, Smoothing of Fractured Surfaces per tooth				
20131	First tooth	21.98	26.38	
20139	Each additional tooth, same quadrant	21.98	26.38	

Amalgam restorations - permanent bicuspid and anterior teeth, non-bonded

Procedure	Description	G.P.	S.P.	Limit
Restorations, Amalgam, Non-bonded, Permanent Bicuspids and Anteriors				Fees payable are determined by counting the total number of surfaces restored to a maximum of **five** (**5**) **surfaces per tooth**. Each surface will be paid once in a twenty-four (24) month period per patient.
21211	One surface	25.34	30.41	
21212	Two surfaces	55.49	66.59	
21213	Three surfaces	63.35	76.02	
21214	Four surfaces	76.02	91.22	
21215	Five surfaces or maximum surfaces per tooth	76.02	91.22	

Amalgam restorations - permanent molar teeth, non-bonded

Procedure	Description	G.P.	S.P.	Limit
Restorations, Amalgam, Non-bonded, Permanent Molars				Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth**. Each surface will be paid once in a twenty-four (24) month period per patient.
21221	One surface	31.68	38.01	
21222	Two surfaces	63.35	76.02	
21223	Three surfaces	79.32	95.17	
21224	Four surfaces	79.32	95.17	
21225	Five surfaces or maximum surfaces per tooth	79.32	95.17	

Amalgam restorations - permanent bicuspid and anterior teeth, bonded

Procedure	Description	G.P.	S.P.	Limit
Restorations, Amalgam, Bonded, Permanent Bicuspids and Anteriors				Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth**. Each surface will be paid once in a twenty-four (24) month period per patient.
21231	One surface	25.34	30.41	
21232	Two surfaces	55.49	66.59	
21233	Three surfaces	63.35	76.02	
21234	Four surfaces	76.02	91.22	
21235	Five surfaces or maximum surfaces per tooth	76.02	91.22	

Amalgam restorations - permanent molar teeth, bonded

Procedure	Description	G.P.	S.P.	Limit
Restorations, Amalgam, Bonded, Permanent Molars				Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth**. Each surface will be paid once in twenty-four (24) month period per patient.
21241	One surface	31.68	38.01	
21242	Two surfaces	63.35	76.02	
21243	Three surfaces	79.32	95.17	
21244	Four surfaces	79.32	95.17	
21245	Five surfaces or maximum surfaces per tooth	79.32	95.17	

Retentive Pins

Procedure	Description	G.P.	S.P.	Limit
Pins, Retentive per restoration (for amalgams and tooth coloured restorations)				Pins must be combined with restoration on same tooth, same day. Maximum of two (2) pins per tooth, within a twenty-four (24) month period per patient.
21401	One pin	10.91	13.08	
21402	Two pins	18.20	21.83	

Tooth colored/plastic restorations - permanent anterior teeth, non-bonded

Procedure	Description	G.P.	S.P.	Limit
Restorations, Tooth Coloured Permanent Anteriors Non Bonded Technique				Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth**. Each surface will be paid once in a twenty-four (24) month period per patient.
23101	One surface	44.34	53.22	
23102	Two surfaces	57.01	68.42	
23103	Three surfaces	87.17	104.59	
23104	Four surfaces	87.17	104.59	
23105	Five surfaces or maximum surfaces per tooth	97.56	117.07	

Tooth colored/plastic restorations - permanent bicuspid teeth, non-bonded

Procedure Description		G.P.	S.P.	Limit
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non-Bonded - Permanent Bicuspids				Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth**. Each surface will be paid once in a twenty-four (24) month period per patient.
23211	One surface	25.34	30.41	
23212	Two surfaces	55.49	66.59	
23213	Three surfaces	63.35	76.02	
23214	Four surfaces	76.02	91.22	
23215	Five surfaces or maximum surfaces per tooth	76.02	91.22	

Tooth colored/plastic restorations - permanent molar teeth, non-bonded

Procedure	Description	G.P.	S.P.	Limit
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non-Bonded - Permanent Molars				Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth**. Each surface will be paid once in a twenty-four (24) month period per patient.
23221	One surface	31.68	38.01	
23222	Two surfaces	63.35	76.02	
23223	Three surfaces	79.32	95.17	
23224	Four surfaces	79.32	95.17	
23225	Five surfaces or maximum surfaces per tooth	79.32	95.17	

Tooth colored/plastic restorations - permanent anterior teeth, bonded

Procedure	Description	G.P.	S.P.	Limit
Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closure)				Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth**. Each surface will be paid once in a twenty-four (24) month period per patient.
23111	One surface	50.68	60.81	
23112	Two surfaces (continuous)	63.35	76.02	
23113	Three surfaces (continuous)	95.02	114.03	
23114	Four surfaces (continuous)	95.02	114.03	
23115	Five surfaces or maximum surfaces per tooth	106.42	127.71	

Tooth colored/plastic restorations - permanent bicuspid teeth, bonded

Procedure	Description	G.P.	S.P.	Limit
Restorations, Tooth Coloured, Permanent Posteriors, Bonded Permanent Bicuspids				Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth**. Each surface will be paid once in a twenty-four (24) month period per patient.
23311	One surface	25.34	30.41	
23312	Two surfaces (continuous)	55.49	66.59	
23313	Three surfaces (continuous)	63.35	76.02	
23314	Four surfaces (continuous)	76.02	91.22	
23315	Five surfaces or maximum surfaces per tooth	76.02	91.22	

Tooth colored/plastic restorations - permanent molar teeth, bonded

Procedure	Description	G.P.	S.P.	Limit
Restorations, Tooth Coloured, Permanent Posteriors, Bonded Permanent Molars				Fees payable are determined by counting the total number of surfaces restored to a maximum of **five (5) surfaces per tooth**. Each surface will be paid once in a twenty-four (24) month period per patient.
23321	One surface	31.66	38.01	
23322	Two surfaces (continuous)	63.35	76.02	
23323	Three surfaces (continuous)	79.32	95.17	
23324	Four surfaces (continuous)	79.32	95.17	
23325	Five surfaces or maximum surfaces per tooth	79.32	95.17	

Endodontic Services

Note: A maximum of four teeth in total may be treated per emergency (any combination of restorations, root canals (1.3-2.3: 3.3-4.3) and/or extractions)

Procedure	Description	G.P.	S.P.	Limit
Pulpotomy, Permanent Teeth (as a separate emergency procedure)				Two (2) root canals are allowed within a twelve (12) months. Fees paid for previous pulpectomies/pulpotomies will be deducted from fees claimed for completed root canal treatment or extractions of the same tooth within twelve (12) months. Pulpectomies/pulpotomies and root canal therapy are covered expenses for the permanent upper/lower anterior teeth only (**1.3-2.3: 3.3-4.3**).
32221	Anterior teeth	63.35	76.02	
PULPECTOMY (An emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)				
Pulpectomy, Permanent Teeth ONLY				
32311	one canal	63.35	76.02	
32312	two canals	76.02	91.22	
32313	three canals	114.03	136.83	
Root Canals, Permanent Teeth ONLY, One Canal				
33111	one canal	253.39	304.06	
Root Canals, Permanent Teeth ONLY. Two Canals				
33121	two canals	316.74	380.08	
Root Canals, Permanent Teeth ONLY, Three Canals				
33131	three canals	494.11	592.92	

Periodontal Services

Procedure	Description	G.P.	S.P.	Limit
Periodontal Abscess or Pericoronitis, may include one or more of the following procedures: Lancing, Scaling, Curettage, Surgery or Medication				Maximum one unit per twelve (12) month calendar year per patient.
42831	One unit of time	38.01	45.61	

Oral and Maxillofacial Surgery

Note: A maximum of four teeth in total may be treated per emergency (any combination of restorations, root canals (1.3-2.3: 3.3-4.3) and/or extractions)

For full mouth clearance see pre-approval information on page 7 of this fee guide

Procedure	Description	G.P.	S.P.	Limit
Removals, Erupted Teeth, Uncomplicated				Any service related to space maintenance, crowding, and/or orthodontics is **NOT** covered.
71101	Single Tooth, Uncomplicated	38.01	45.61	
71109	Each additional tooth in same quadrant, same appointment	19.00	22.81	
Removals, Erupted Complicated				
71201	Odontectomy, (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth	88.69	106.42	
71209	Each additional tooth, same quadrant	88.69	106.42	
Removals, Impaction, Requiring Incision of Overlying Soft Tissue and Removal of Tooth				NOTE: When a tooth is extracted within twelve (12) months of being restored and/or endodontically treated, payment is limited to the greater of the fees payable for the extraction of the root canal and/or restoration.
72111	Single tooth	88.69	106.42	
72119	Each additional tooth, same quadrant	88.69	106.42	
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	133.03	159.64	
72219	Each additional tooth, same quadrant	133.03	159.64	
Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning and Removal of Tooth				
72221	Single tooth	177.37	212.84	
72229	Each additional tooth, same quadrant	177.37	212.84	
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	202.71	243.25	
72239	Each additional tooth, same quadrant	202.71	243.25	
Removals, Residual Roots, Erupted				
72311	First tooth	38.01	45.61	
72319	Each additional tooth, same quadrant	38.01	45.61	

Removals, Residual Roots, Soft Tissue Coverage				**Limit**
72321		76.02	91.22	
72329	Each additional tooth, same quadrant	76.02	91.22	
Removals, Residual Roots, Bone Tissue Coverage				
72331	First tooth	88.69	106.42	
72339	Each additional tooth, same quadrant	88.69	106.42	

Surgical incision

Procedure	Description	G.P.	S.P.	Limit
Surgical Incision and Drainage and/or Exploration, Intraoral Soft Tissue				
75111	Intraoral, Surgical Exploration, Soft Tissue	68.01	81.61	
75112	Intraoral, Abscess, Soft Tissue	68.01	81.61	

Avulsed tooth/teeth

Procedure	Description	G.P.	S.P.	Limit
Replantation, Avulsed Tooth/Teeth (including splinting)				
76941	First tooth	88.69	106.42	
76949	Each additional tooth	88.69	106.42	
Repositioning of Traumatically Displaced Teeth				
76951	One unit of time	31.68	38.01	

Adjunctive General Services

Procedure	Description	G.P.	S.P.	Limit
Nitrous Oxide Time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device				Nitrous Oxide is limited to four (4) units in a twelve (12) month calendar year per patient.
92411	One unit	16.98	20.38	
92412	Two units	29.66	35.58	
92413	Three units	42.34	50.81	
92414	Four units	55.01	66.00	