

Healthy Smiles Ontario Schedule of Dental Services and Fees

(Non-Dentist Providers)

***Ministry of Health and Long-Term Care
Effective October 2010***



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THE SCHEDULE EXPLAINED

This schedule lists services for the Healthy Smiles Ontario Program (i.e. “the program”). Providers will only be reimbursed for services as listed within this schedule and provided in the province of Ontario.

INFORMATION FOR THE TREATING PROVIDER

1) Who is eligible for the Program:

- Children who meet the following criteria:
 - They are 17 years of age or under;
 - They are residents of Ontario;
 - Their family’s Adjusted Family Net Income of \$20,000 or below;
 - They do not have access to any form of dental coverage. This includes coverage under Ontario Works [OW], Ontario Disability Support Program [ODSP], Assistance for Children with Severe Disabilities [ACSD], Non-Insured Health Benefits Program [NIHB], the Interim Federal Health Program or any form of private dental plan.
- Providers may wish to direct unregistered children and their families who may be eligible for the program to their local public health unit (PHU) to be assessed for eligibility for the program.

2) How do children apply for the Program?

- To apply for the program, clients must complete and submit an application form to their local PHU. If they qualify for the Program, the PHU will issue them a Client Card that has a unique client identifier and “Card Expiration Date.”

3) How long is eligibility?

- Program duration will vary depending on the circumstances; however, each Client Card is issued for a one-year time period or up their 18th birthday (the earlier of the two dates), as indicated by the “Card Expiration Date.”

4) How do I verify client is eligible for the Program?

- Before providing services under this program, providers must check the client’s “Client Card” to confirm that the card expiration date has not passed.

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5) What services are covered under the Program?

- This Schedule outlines the services covered and eligible for payment under this program. This program will not provide reimbursement for services not listed in this schedule.

6) Who can administer services under the Program?

- To be a participating provider in the program:
 - (ii) the dental hygienists must be a member in good standing of the College of Dental Hygienists of Ontario (CDHO); and
 - (iii) the physician anaesthetist must be a member in good standing of the College of Physicians and Surgeons of Ontario.

7) What is the claims procedure/ payment process?

- Providers must submit a completed claim form (note claim form includes invoices as submitted by physician anaesthetists) to the local PHU (indicated on the Client Card) to obtain payment for services rendered under this program. By submitting a claim for services under this program to the public health unit, the provider is accepting all terms and conditions set out under this Schedule.
- Dental hygienists must sign each claim form submitted. Additionally, they must list their registration number as issued by the College of Dental Hygienists of Ontario (CDHO) under the “CDHO Registration #” field of the Dental Hygienist section of the form.
- The “Client/Parent/Guardian” section (starting with “I understand that the fees in this claim form...”) does not apply to the program, and therefore should not be signed by either the Client/Parent or Guardian. The Healthy Smiles Ontario is a government dental program and not a private insurance plan, therefore this section is not applicable.
- If using the “Standard Dental Hygiene Claim Form”, the client’s Healthy Smiles Ontario Number and card version number shown on the Client Card should be listed under the “Certificate#/S.I.N.#/ID#” field of the “Employee/Plan member/Subscriber Information” section of the form. The name of the program (“Healthy Smiles Ontario Program”) should be listed under the “Insurer/agency/plan” field of the “Employee/Plan member/Subscriber Information” section.

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- The treatment codes indicated on page 17 are to be used when invoiced directly by a qualified physician who is registered with the College of Physicians and Surgeons of Ontario (CPSO). Physician Anaesthetists must indicate the following on each invoice that is submitted to the PHU: program name (Healthy Smiles Ontario Program), name of the treating dentist, date the treatment was provided, their CPSO # as issued by the College of Physicians and Surgeons of Ontario, client's name and client's Healthy Smiles Ontario Number and card version as indicated on the Healthy Smiles Ontario Client Card.
- As with all claim processes, claim forms must be completed using Fédération Dentaire Internationale (FDI) nomenclature and tooth charting codes (i.e., international tooth numbers).
- If it is necessary to re-submit a claim form it must be clearly marked "DUPLICATE".
- Incomplete forms include forms with incorrect, illegible, or missing information and will be returned for clarification and/or correction.
- It is requested that claims be submitted for services rendered under the program within one month of administering treatment. It is a requirement that claims must be submitted prior to February 28th of the next fiscal year in order to be considered valid. PHUs will not remit payment for claims/invoices if received after February 28th of the next year.
- The PHU or Government of Ontario reserves the right to require the production of further information by the submitting provider to substantiate a claim, in accordance with applicable law (including, for greater certainty, claims for which payment may have already been made at the time of the request).
- There is no requirement for pre-determination / pre-approval of services as part of this program. As such, administrators shall not question a provider's clinical findings or judgment. There is no requirement for a provider to provide radiographs, study models or any other diagnostic material for dental treatment (planned or performed) under the Healthy Smiles Ontario Schedule.
- Providers will not be reimbursed for retroactive billing for services rendered to children before they were registered for the program, as per the "Registration Date" on the Client Card.
- PHUs will provide verbal and written notification to providers if a client has lost/ misplaced their Client Card, and a new Client Card has been issued with a new version number. In situations where a client presents with an invalid client card to obtain services, providers should immediately contact the public health unit for direction

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- If services are rendered to children without a valid Client Card or if services provided are not covered and paid under the program as outlined in this Schedule, providers are responsible for making payment arrangements directly with the parent/ guardian or youth (where parent/ guardian is absent).
- Providers agree to repay to the relevant public health unit(s) or the Government of Ontario, on demand, any amounts that may be paid in respect of: inaccurate claims, claims for which reasonably requested supporting information is not provided, or payments that may be made in error by the health unit(s). It should be noted that inaccurate claims include claims that are not submitted in accordance with any of the terms set out in this schedule or claims for services that are inaccurately reported on the claim form.

8) What are the fee levels/ reimbursement rates of the Program?

- The maximum allowable fees for the program's covered services are set out in this Schedule.
- Providers who accept program clients agree to seek payment for covered services only from the local PHU and agree that this payment will constitute payment in full for those services (i.e., providers may not balance-bill or extra-bill for covered services).
- The Ministry of Health and Long-Term Care will advise practitioners if changes are made to the Schedule.

9) How do I make referrals to dentists or specialists?

- If the attending dental hygienist deems it necessary to refer a child to a dentist or specialist the PHU must be notified by including the name of the referring dental hygienist on the claim form to the PHU, and include the reason for referral and the specialist's contact details in the "For additional notes, assessment, special considerations" section of the form.
- If the referring dental hygienist completes an examination (with radiographs) and refers all treatment to another provider, the maximum examination fee payable to the first dental hygienist will be the equivalent of a specific examination fee.

10) What is the relationship with Social Assistance and Other Government Dental Programs?

- Children whose parents receive social assistance, should seek dental services through the appropriate social assistance program (i.e., Ontario Works [OW], Ontario Disability Support Program [ODSP] or Assistance for Children with Severe Disabilities [ASCD]) and are NOT eligible for coverage under this program.

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- Children who are entitled to dental benefits under the Non-Insured Health Benefits (NIHB) program and Interim Federal Health Program should seek services under those federal programs and are NOT eligible for coverage under this program. Should benefits under one of these other programs end, children/youth may be eligible for coverage under this program.

11) What are the responsibilities of the local public health unit for program eligibility and administration?

- 1) PHUs are responsible for assessing program eligibility within their jurisdiction and issuing a Client Card once the child is registered in the program. The Client Card is non-transferable and can only be used by the registered child.
- 2) PHUs will not remunerate for dental services not listed in this Schedule or for services obtained out of province.
- 3) PHUs are responsible for reissuing expired, lost or misplaced Client Cards to eligible clients according to program policies. PHUs are responsible for notifying the client's provider (both verbally and in writing) to indicate the version of the reissued Client Card.
- 4) In situations of misuse of a Client Card by the client, the PHU will immediately terminate the child's service under the program, and may seek reimbursement directly from the client for services rendered. In these instances, PHUs are responsible for notifying the dentist that the client is no longer eligible for dental services under the program. Claims rendered in good faith prior to this date will be processed.
- 5) Payment of claims are the responsibility of the PHU whose jurisdiction covers the area in which the child resides.
- 6) PHUs are responsible for remitting remuneration to treating providers for completed claims as soon as reasonably possible, and not more than twenty days of the receipt of the completed claim form, except in extraordinary situations.

Healthy Smiles Ontario Schedule of Dental Services and Fees (Non-Dentist Providers)

Public Health Unit/Department: Dental Contact Information

Table 1: Public Health Unit/Department Dental Contact Information

| | | |
|--|--|---|
| <p>Algoma Public Health 6th Floor, Civic Centre 99 Foster Drive Sault Ste. Marie ON P6A 5X6 Tel: (705) 759-5282 Fax: (705) 541-7386</p> | <p>Brant County Health Unit 194 Terrace Hill Street Brantford ON N3R 1G7 Tel: (519) 753-4937, ext. 450 Fax: (519) 753-2140</p> | <p>Chatham-Kent Public Health Unit 435 Grand Avenue West P.O. Box 1136 Chatham ON N7M 5L8 Tel: (519) 352-7270 Fax: (519) 352-2166</p> |
| <p>Durham Region Health Department Oral Health Division P.O. Box 730 Whitby ON L1N 0B2 Tel: (905) 723-1365, ext. 3149 Toll Free: 1-866-853-1326 Fax: (905) 723-9482</p> | <p>Eastern Ontario Health Unit 1000 Pitt Street Cornwall ON K6J 5T1 Tel: (613) 933-1375 Toll-free: 1-800-267-7120 Fax: (613) 933-7930</p> | <p>Elgin St. Thomas Public Health 99 Edward Street St. Thomas ON N5P 1Y8 Tel: (519) 631-9900, ext. 229 and 245 Fax: (519) 633-0468</p> |
| <p>Grey-Bruce Health Unit 101 17th St. E. Owen Sound ON N4K 0A5 Phone – 519-376-9420 ext. 1410 Fax – 519-376-6310</p> | <p>Haldimand-Norfolk Health Unit 12 Gilbertson Drive P.O. Box 247 Simcoe ON N3Y 4L1 Tel: (519) 426-6170 Fax : (519) 426-9974</p> | <p>Haliburton, Kawartha, Pine Ridge District Health Unit 200 Rose Glen Road Port Hope ON L1A 3V6 Tel: (905) 885-9100, ext. 247 Fax: (905) 885-1484</p> |
| <p>Halton Region Health Department 1151 Bronte Road Oakville ON L6M 3L1 Tel: 905-825-6000 ext. 7834 Toll Free: 1-866-442-5866 Fax: (905) 825-2247</p> | <p>City of Hamilton Public Health Services Dental Program 1447 Upper Ottawa Street Hamilton ON L8W 3J6 Tel: (905) 546-2424, ext. 3787 Fax: (905) 546-3659</p> | <p>Hastings & Prince Edward Counties Health Unit 179 North Park Street Belleville ON K8P 4P1 Tel: (613) 966-5513, ext. 394 Fax: (613) 966-7896</p> |

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| | | |
|--|---|---|
| <p>Huron County Health Unit 77722B London Rd., R.R. #5 Clinton, ON, N0M 1L0 Phone 519-482-3416 ext. 2231 and 2733 fax 519-482-7820 Toll Free 1-877-837-6143</p> | <p>Kingston, Frontenac and Lennox & Addington Public Health 221 Portsmouth Avenue Kingston ON K7M 1V5 Tel: (613) 549-1232 Toll-free: 1-800-267-7875, ext. 218 Fax: (613) 549-1799</p> | <p>County of Lambton Child Health & Dental Services Department 160 Exmouth Street Point Edward, ON N7T 7Z6 Phone: 519 383-8331, ext. 3531 Fax: 519-383-6078</p> |
| <p>Leeds, Grenville & Lanark District Health Unit 458 Laurier Blvd. Brockville ON K6V 7A3 Tel: (613) 345-5685 Toll-free: 1-800-660-5853 Fax: (613) 345-2879</p> | <p>Middlesex-London Health Unit 50 King Street London ON N6A 5L7 Tel: (519) 663-5317, ext. 2231 Fax: (519) 663-8235</p> | <p>Niagara Region Public Health Department 2201 St. David's Rd Campbell East P.O. Box 1052, Station Main Thorold ON L2V 0A2 Tel: (905) 688-3762, ext. 7203 or 7201 Toll Free: 1-800-263-7248 Fax: (905) 682-3901</p> |
| <p>North Bay Parry Sound District Health Unit 681 Commercial Street North Bay ON P1B 4E7 Tel: (705) 474-1400 Fax: (705) 474-1708</p> | <p>Northwestern Health Unit Preventive Dental Services 209-308 Second Street South Kenora, ON P9N 1G4 Tel: (807) 468-3436 ext. 329 Fax: (807) 468-8940</p> | <p>Ottawa Public Health 400 - 1580 Merivale Road Ottawa ON K2G 4B5 Tel: (613) 580-6744, ext. 23510 Fax: (613) 580-9645</p> |

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| | | |
|--|---|---|
| <p>Oxford County Public Health & Emergency Services 410 Buller Street Woodstock ON N4S 4N2 Tel: (519) 539-9800 Toll free: 1-800-755-0394 Fax: (519) 539-6206</p> | <p>Peel Public Health 10 Peel Centre Dr., Suite B PO Box 2009, STN B Brampton, ON L6T OE5 Phone: (905) 791-7800 Fax: (905) 458-5158</p> | <p>Perth District Health Unit 653 West Gore Street Stratford ON N5A 1L4 Tel: (519) 271-7600, ext. 262 Toll free: 1-877-271-7348 Fax: (519) 271-8243</p> |
| <p>Peterborough-County City Health Unit 10 Hospital Drive Peterborough ON K9J 8M1 Tel: (705) 743-1003 ext. 295 Fax: (705) 743-3865</p> | <p>Porcupine Health Unit Dental Services 102-273 Third Avenue Timmins ON P4N 1E2 Tel: (705) 267-1181, ext. 44 and 320. Fax: (705) 267-1406</p> | <p>Renfrew County & District Health Unit 7 International Drive Pembroke ON K8A 6W5 Tel: (613) 735-8661 Fax: (613) 735-3067</p> |
| <p>Simcoe Muskoka District Health Unit 15 Sperling Drive Barrie ON L4M 6K9 Tel: (705) 721-7520 Fax: (705) 734-9369</p> | <p>Sudbury & District Health Unit 1300 Paris Street Sudbury ON P3E 3A3 Tel: (705) 522-9200, ext. 236 Fax: (705) 677-9617</p> | <p>Thunder Bay District Health Unit 999 Balmoral Street Thunder Bay ON P7B 6E7 Tel: (807) 625-5984 Fax: (807) 623-2369</p> |
| <p>Timiskaming Health Unit 421 Shepherdson Road New Liskeard ON P0J 1P0 Tel: (705) 647-4305, ext. 354 Fax: (705) 647-5779</p> | <p>Toronto Public Health All enquiries/claims to: 235 Danforth Avenue, 3rd Floor Toronto ON M4K 1N2 Tel: (416) 392-0946 Fax: (416) 392-3035</p> <p>Head Office: 277 Victoria Street, 5th Floor Toronto ON M5B 1W2 Tel: (416) 392-0442</p> | <p>Region of Waterloo Public Health 99 Regina Street South Box 1633 Waterloo ON N2J 4V3 Tel: Dental Services (519) 883-2222 Fax: (519) 883-2229</p> |

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| | | |
|---|---|--|
| Wellington-Dufferin-Guelph Public Health 474 Wellington Road 18, Suite 100 RR#1 Fergus ON N1M 2W3 Tel: (519) 846-2715 Fax: (519) 846-0323 | Windsor-Essex County Health Unit 1005 Ouellette Ave. Windsor, ON N9A 4J8 ph: 519-258-2146 ext 1135 fax: 519-258-2531 | York Region Community & Health Services Department 22 Prospect Street Newmarket ON L3Y 3S9 Tel: (905) 895-4512 Toll free: 1-800-735-6625 Fax: (905) 895-7520 |
|---|---|--|

PRIVACY

- Personal health information collected from providers under this program is used by the Ministry of Health and Long-Term Care and local public health units for claims payment and program reviews. Accordingly, providers may disclose this information to public health units or the Ministry of Health and Long-Term Care without patient consent, in accordance with sections 38(1)(b) and 39(1)(b) of the *Personal Health Information Protection Act*, 2004. Questions concerning the collection of this information should be directed to the local public health unit or the ServiceOntario INFOLine at 1-866-532-3161 (Toll-free) or 1-800-387-5559 (TTY toll-free) or 416-327-4282 (Toronto only).
- The Healthy Smiles Ontario Schedule of Dental Services and Fees (Non-Dentist Providers) is not intended nor should it be relied upon to determine the scope of practice of dental hygienists in Ontario. The Schedule is an administrative tool distributed to dental hygienists, so that they may provide service to clients in the Healthy Smiles Ontario program and bill for the services provided. Questions regarding the scope of practice of dental hygienists in Ontario should be referred to the College of Dental Hygienists of Ontario (CDHO)

1. Assessment Services

Table 2: Assessment Services

| EXAMINATION AND ASSESSMENT | | | |
|--|---|---------------|---|
| All clients are covered for any TWO examinations, from the list below, in any 12 month period provided these examinations are within the frequency limitations described below. Please note that while all emergency exams are covered, they count toward the two exam limitation in any 12 month period. Consequently, if a client has two or more emergency exams in a 12 month period, they would not be covered for any routine or non-emergency exams in that period. A recall exam or a new client exam is payable when 9 months have elapsed between these services. | | | |
| Examination and Assessment, New Client | | | |
| Code | Description | Hygienist Fee | Limit |
| 00111 | Examination and Assessment, New Client, Primary | 19.29 | 1 per 60 months, per client, per dental hygienist OR dental hygiene office. |
| 00112 | Examination and Assessment, New Client, Mixed | 28.94 | |
| 00113 | Examination and Assessment, New Client, Permanent | 38.58 | |

Table 3 : Examination and Assessment

| EXAMINATION AND ASSESSMENT | | | |
|--|--|---------------|---|
| A recall exam or a new client exam is payable when 9 months have elapsed between these services. | | | |
| Code | Description | Hygienist Fee | Limit |
| 00122 | Examination and Assessment, Previous Client, Specific | 13.93 | 1 per 12 months, per client, per dental hygienist OR dental hygiene office. |
| 00123 | Examination and Assessment, Previous Client, Emergency | 13.93 | All emergency exams will be covered. There is no limit on the number of emergency exams that will be covered. |

Healthy Smiles Ontario Schedule of Dental Services and Fees (Non-Dentist Providers)

Table 4 : Radiographs

| RADIOGRAPHS | | | |
|---|--------------|---------------|-------|
| + Radiographs, Intraoral, Periapical | | | |
| Code | Description | Hygienist Fee | Limit |
| 00222 | Two images | 11.52 | |
| 00223 | Three images | 13.05 | |
| 00224 | Four images | 14.64 | |
| 00225 | Five images | 16.73 | |
| 00226 | Six images | 16.73 | |
| 00227 | Seven images | 16.73 | |
| 00228 | Eight images | 16.73 | |
| Radiographs, Intraoral, Bitewing | | | |
| 00211 | Single image | 9.83 | |
| 00212 | Two images | 11.52 | |

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| | | | |
|--------------------------|--------------|-------|---|
| Radiographs, Panoramic + | | | 1 per 24 months, per client, per dental hygienist OR dental hygiene office. Except in an emergency when criteria 1, 2, 5 or 6 applies. Maximum payable is \$28.90. |
| 00241 | Single image | 29.48 | <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 image; 6. and 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> |

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2. Preventive Services

Table 5 : Maintenance Care Services (recall)

| MAINTENANCE CARE SERVICES (RECALL) | | | |
|---|---------------|---------------|--|
| STAIN REMOVAL | | | |
| Code | Description | Hygienist Fee | Limit |
| 00537 | One half unit | 7.58 | 1 per 9 months when performed in conjunction with a recall exam and stain removal. |

Table 6 : Periodontal Debridement

| PERIODONTAL DEBRIDEMENT | | | |
|--------------------------------|---------------------|---------------|---|
| Code | Description | Hygienist Fee | Limit |
| 00511 | One unit of time | 33.28 | A combined maximum (Scaling/Root Planing) 4 units per 12 months, per client, per dental hygienist OR dental hygiene office. |
| 00512 | Two units of time | 66.57 | |
| 00513 | Three units of time | 99.85 | |
| 00514 | Four units of time | 133.12 | |
| 00517 | One half unit | 16.64 | |

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Table 7 : Fluoride Application

| FLUORIDE APPLICATION | | | |
|-----------------------------|--|---------------|---|
| Code | Description | Hygienist Fee | Limit |
| 00611 | Fluoride Application, Topical, in office | 8.35 | <p>Coverage is limited to situations where two or more of the following criteria apply:</p> <ol style="list-style-type: none"> 1. Water fluoride content is less than 0.3 ppm, 2. Past history of smooth surface decay in the last three years 3. Present smooth surface decay 4. Evidence of long standing poor oral hygiene 5. A severe medically compromised patient 6. Xerostomia – radiation or drug induced <p>Two of the above criteria (listing numbers are acceptable) must appear on the dental claim form for consideration of payment</p> |

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PREVENTIVE SERVICES (MISCELLANEOUS)

Table 8 : Sealants

| Sealants | | | |
|----------|-------------------------|---------------|--|
| Code | Description | Hygienist Fee | Limit |
| 00602 | First tooth in quadrant | 11.24 | Coverage is limited to permanent molars. Replacement is not covered within 1 year. |

Table 9 : Mouth Protector (Protective Appliance)

| Mouth Protector (Protective Appliance) | | | |
|--|---|---------------|---|
| Code | Description | Hygienist Fee | Limit |
| 00634 | Mouth Protector, Processed Maxillary arch | 31.04 + lab | 1 per 12 months, per client, per dental hygienist OR dental hygiene office. |
| 00635 | Mouth Protector, Processed, Mandibular arch | 31.04 + lab | |
| 00636 | Mouth Protector, Processed, Maxillary and mandibular arches | 43.89+ lab | |

3. Restorative Services

Table 10 : Caries, Trauma and Pain Control

| CARIES, TRAUMA AND PAIN CONTROL | | | |
|--|---|----------------------|---|
| Code | Description | Hygienist Fee | Limit |
| 00666 | Temporary Restoration - First tooth in quadrant | 26.89 | The final restoration is payable after 7 days have elapsed. |
| 00667 | Temporary Restoration - Each additional tooth in quadrant | 13.74 | |

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4. Periodontal Services

Table 11 : Management of Oral Disease

| MANAGEMENT OF ORAL DISEASE | | | |
|-----------------------------------|----------------------------|---------------|-------|
| Code | Description | Hygienist Fee | Limit |
| 00551 | Management of oral disease | 17.14 | |

Table 12 : Root planing, Periodontal

| ROOT PLANING, PERIODONTAL | | | |
|----------------------------------|--------------------------------------|---|-------|
| Root Planing | | A combined maximum (Scaling/Root Planing) 4 units per 12 months, per client, per dental hygienist OR dental hygiene office. | |
| Code | Description | Hygienist Fee | Limit |
| 00521 | Root planing - one unit of time | 33.28 | |
| 00522 | Root planing - two units of time | 66.56 | |
| 00523 | Root planing - three units of time | 99.85 | |
| 00524 | Root planing - four units of time | 133.12 | |
| 00527 | Root planing – one half unit of time | 16.64 | |

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Table 13 : Anticariogenics and/or antimicrobial agents

| ANTICARIOGENICS AND/OR ANTIMICROBIAL AGENTS | | | |
|--|------------------|---------------|--|
| Code | Description | Hygienist Fee | Limit |
| Application of anticariogenics, antimicrobials | | | One unit per visit, 2 visits per 12 months, per client, per dental hygienist OR dental hygiene office. E = \$5:00 and is included in the reimbursement rate. |
| 00606 | One unit of time | 23.20 | |

5. Adjunctive General Services

Table 14 : Adjunctive General Services

| LABORATORY PROCEDURES | | | |
|------------------------------|----------------------------------|---------------|--|
| Code | Description | Hygienist Fee | Limit |
| 00991 | Laboratory expenses and services | Cost | The amount listed on the invoice will be paid in full. 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 00991). |
| 00992 | Expenses | Cost | |

Treatment Codes for Physician Anaesthetists

Table 15 : Treatment code for General Anaesthesia Deep Sedation

| GENERAL ANAESTHESIA/ DEEP SEDATION | | | |
|---|---|--------|-----------------------------|
| Code | Description | Fee | Limits |
| MDGA2 | Anaesthesia, General, Two units of time | 134.45 | Limit of 8 units per visit. |
| MDGA3 | Three units | 171.26 | |
| MDGA4 | Four units | 208.07 | |
| MDGA5 | Five units | 244.91 | |
| MDGA6 | Six units | 281.70 | |
| MDGA7 | Seven units | 318.53 | |
| MDGA8 | Eight units | 355.33 | |
| MDDS2 | Anaesthesia, Deep Sedation, Two units of time | 124.11 | |
| MDDS3 | Three units | 160.94 | |
| MDDS4 | Four units | 197.75 | |
| MDDS5 | Five units | 234.56 | |
| MDDS6 | Six units | 271.38 | |
| MDDS7 | Seven units | 308.19 | |
| MDDS8 | Eight units | 345.03 | |

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Table 16 : Provision of facilities, equipment and support services for general anaesthesia

| Provision of facilities, equipment and support services for general anaesthesia | | | |
|--|-------------------|--------|-----------------------------|
| Code | Description | Fee | Limits |
| MDFE2 | Two units of time | 46.61 | Limit of 8 units per visit. |
| MDFE3 | Three units | 69.91 | |
| MDFE4 | Four units | 93.20 | |
| MDFE5 | Five units | 116.48 | |
| MDFE6 | Six units | 139.78 | |
| MDFE7 | Seven units | 163.06 | |
| MDFE8 | Eight units | 186.37 | |

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