

## Dental Services Committee (DSC) Interpretive Bulletin

Volume 1, No. 1  
July 13, 2010

### ***Introduction of the Dental Services Committee & Clarification of the Process for billing Reconstruction Codes***

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#### **Introduction**

##### **What is the Dental Services Committee (DSC)?**

The Dental Services Committee (DSC) consists of membership from both the Ministry of Health and Long-Term Care and the Ontario Dental Association (ODA). The DSC provides a structured forum for the parties to discuss issues of mutual concern. The mandate of the DSC includes making recommendations for appropriate provider-focused educational activities to improve the delivery of OHIP funded dental services in Ontario.

##### **What is an Interpretive Bulletin?**

Interpretive Bulletins are prepared jointly by the MOHLTC and the ODA via the DSC to provide guidance on issues of mutual interest to dentists who provide OHIP insured dental services. Bulletins are provided for education and information purposes only. The information provided in the Bulletin is based on the Schedule of Benefits — Dental Services under the *Health Insurance Act* (April 1, 2006) (Dental Schedule). While the ODA and MOHLTC make every effort to ensure that Bulletins are accurate, the *Health Insurance Act* (HIA) and its regulations (including the Dental Schedule) are the ultimate authority in this regard. Changes in the statutes, regulations, or case law may affect the accuracy or currency of the information provided in a Bulletin. In the event of a discrepancy, the HIA, regulations and/or Dental Schedule prevail over a Bulletin.

DSC Interpretive bulletins and all other MOHLTC bulletins are available on the Ministry website: [http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/bulletin\\_mn.html](http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/bulletin_mn.html)

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#### **Purpose**

The purpose of this Interpretive Bulletin is to provide further clarification on the application and interpretation for the billing of reconstruction codes T382, T384, T385, T361, T362, T359 and T360 as listed in Part I of the Dental Schedule.

**General payment principles for all dental services contained in the Dental Schedule include:**

- Eligibility for all OHIP insured dental services requires that the services to be provided in a public hospital graded under the Public Hospitals Act as a Group A, B, C, or D hospital.

## **Arch reconstruction and implant placement**

### **When is arch reconstruction and implant placement eligible for payment under OHIP?**

The services described by T359 and T360 (Alveolar ridge reconstruction: with autogenous bone and/or alloplastic material per arch maxilla or mandible) are only eligible for payment when either lateral or vertical augmentation is rendered for the purpose of treatment of ridge atrophy to maintain the structural integrity of the hard and soft tissues in preparation of pre-prosthetic and implant surgery.

T359 and T360 are not insured by OHIP when:

- (a) rendered for the sole purpose of socket preservation

### **When are the mandible and maxilla reconstruction codes (T382, T384, T385, T361 and T362) eligible for payment?**

Dental codes T382, T384, T385, T361 and T362 are eligible for payment when reconstruction follows a partial or complete resection after ablation of mandibular and maxillary pathology. These services are not insured by OHIP for pre-prosthetic reconstruction.

### **What are the appropriate dental procedure codes for a sinus lift procedure, or subantral augmentation for pre-prosthetic preparation including implants?**

It would be appropriate to bill T555, T556 or T553 for a sinus lift procedure. The interpositional bone graft codes (T210 and T211 where applicable) are also eligible for payment in cases where bone grafts are performed for pre prosthetic preparation and implant placement. Fee codes T361 and T362 are not appropriate for the purpose of sinus lift or subantral augmentation for preprosthetic preparation. If lateral or vertical alveolar ridge augmentation is carried out simultaneous to the sinus lift, then T359 and/or T360 are also eligible for payment.

The regulatory provisions for payment of OHIP insured dental services are found in the *Health Insurance Act* under Regulation 552, Section 16. The Dental Schedule may be accessed on-line at:

[http://www.health.gov.on.ca/english/providers/program/ohip/sob/sob\\_mn.html](http://www.health.gov.on.ca/english/providers/program/ohip/sob/sob_mn.html)

### **Your feedback is welcomed and appreciated!**

The members of the Dental Services Committee invite comments and feedback from all dentists currently registered to provide OHIP insured services listed in the Dental Schedule.

Should you have any questions or possible topics for future issues of this publication, please contact Linda Samek via e-mail at: [lsamek@oda.on.ca](mailto:lsamek@oda.on.ca)

For specific inquiries on Dental Schedule interpretation, please submit your questions IN WRITING to:

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