

Bulletin



Bulletin Number 9078	Date April 1, 2006	Direct inquiries to Ministry of Health and Long-Term Care Processing Office (address below)
Distribution Dental Surgeons		

SUBJECT: CHANGES TO DENTAL SCHEDULE OF BENEFITS - APRIL 1, 2006
(Year 5 of the multi-year funding agreement)

- 1) Fee Increases
- 2) New Fee Codes
- 3) List of Existing Codes with Fee Increases
- 4) List of New Fee Codes

1) Fee Increases

The 5 year funding agreement between the Ministry of Health and Long-Term Care and the Ontario Dental Association (ODA) provides for an annual incremental fee increase of 2% plus an annual incremental repair to base amount of 1% which can also be applied to fees. This fee increase will be applied to 102 designated fee codes for year 5 of the agreement (commencing April 1, 2006). See Section 3) and 4) for details.

2) New Fee Codes

The agreement provides for annual targeted funding to introduce six (6) new fee codes.

Please Note: The six (6) new fee codes being introduced include codes in the Salivary Glands and Premiums and Unlisted Procedures sections of the schedule. **These six codes become effective on March 1, 2007.** See Section 4) for the list of new codes.

Office locations

Barrie 34 Simcoe St. Suite 102 L4N 6T4	Etobicoke 3300 Bloor St. W., Unit 142 M8X 2W8	Hamilton 119 King St. W 10th fl. P.O. Box 2280, Stn. A L8P 4Y7	Kenora 220-808 Robertson St. P9N 1X9	Kingston 1055 Princess St. P.O. Box 9000 K7L 5A9	Kitchener 1400 Weber St. E. Unit B2 N2A 3Z8	London 217 York St., 5th Floor Station A N6A 5P9
Mississauga 201 City Centre Dr. P.O. Box 7020, Stn. A L5B 2T4	Newmarket 465 Davis Dr. Unit 108 L3Y 8T2	North Bay 101-447 McKeown Ave. P1B 9S9	North York 4400 Dufferin St N Unit A4-A5 M3H 6A8	Oakville Oakville Town Centre II 220 North Service Rd. W. L6M 2Y3	Oshawa Exec. Tower, Oshawa Centre. 419 King St. W. P.O. Box 635 L1J 7J2	Ottawa Fuller Building 75 Albert Street K1P 5Y9
Ottawa Government Service Centre 110 Laurier Ave W K1P 1J1	Owen Sound 1400 1st Ave. W Suite # 2. N4K 6Z9	Peterborough 300 Water St, 1st Fl North Tower K9J 3C7	St. Catharines 301 St. Paul St. Mezzanine Level L2R 3M8	Sarnia 452 Christina St. N. N7T 5W4	Sault Ste. Marie Roberta Bondar Place 70 Foster Dr., Ste. 100 P6A 6V4	Scarborough 2063 Lawrence Ave. E. M1R 2Z4
Sudbury 199 Larch St., Suite 801 P3E 5R1	Thunder Bay 435 James St. S. , Suite 113 P7E 6T1	Timmins 38 Pine St. N., Suite 110 P4N 6K6	Toronto 47 Sheppard Ave.E. Suite 417 M2N 7E7	Toronto-Downtown 777 Bay St. Suite M212 M5G 2C8	Windsor 1427 Ouellette Ave. N8X 1K1	Head Office P.O. Box 48 Kingston, ON K7L 5J3

3) List of Existing Codes with Fee Increases

OHIP	INTL.	Description	Revised DDS	Revised Specialist
T540	77100	Subcondylar osteotomy - closed	--	913.14
T740	--	Subcondylar osteotomy – unilateral - closed	--	792.71
T541	77120	Subcondylar osteotomy - extraoral	--	1321.18
T741		Subcondylar osteotomy – unilateral - extraoral	--	792.71
T542	77130	Oblique osteotomy of ramus – extraoral	--	1321.18
T742		Oblique osteotomy of ramus – unilateral – extraoral	--	792.71
T543	77140	Oblique osteotomy of ramus - intraoral	--	1321.18
T743		Oblique osteotomy of ramus – unilateral - intraoral	--	792.71
T544	77150	Body osteotomy or ostectomy	--	1321.18
T744		Body osteotomy or ostectomy - unilateral	--	792.71
T545	77160	Coronoidectomy - unilateral	--	564.84
T546	77170	Osteotomy of the condylar neck - unilateral	--	564.84
T547	77180	Sagittal split osteotomy - intraoral	--	1321.18
T747		Sagittal split osteotomy – unilateral - intraoral	--	792.71
T548	77190	Sagittal split osteotomy - extraoral	--	1321.18
T748		Sagittal split osteotomy – unilateral - extraoral	--	792.71
T550	77210	Inverted L osteotomy	--	1321.18
T750		Inverted L osteotomy - unilateral	--	792.71
T551	77220	C osteotomy	--	1321.18
T751		C osteotomy - unilateral	--	792.71
T558	77440	Anterior segmental osteotomy, mandible	--	1178.79
T559	77450	Anterior segmental osteotomy, with transfer of mental eminence	--	1321.18
T560		Anterior segmental osteotomy, without transfer of mental eminence	--	1321.18
T561	77460	Posterior segmental osteotomy of the mandible	--	1321.18
T579		Posterior segmental osteotomy of the mandible - unilateral	--	792.71
T562	77461	Full arch dentoalveolar osteotomy of the mandible	--	1321.18
T565	77530	Genioplasty (including alloplast)	--	552.56
T567	77550	Lower border osteotomy of the mandible (unilateral)	--	659.42
T126		Rigid internal Fixation – add per side per site	--	100.41
T555	77400	Anterior segmental osteotomy maxilla	--	1178.79
T556	77410	Posterior segmental osteotomy maxilla	--	1321.18
T553		Posterior segmental osteotomy maxilla - unilateral	--	792.71
T532	77300	In one segment	--	1321.18
T022		In two segments - add	--	299.89
T023		In three or more segments - add	--	600.73
T534		In one segment	--	1321.18
T024		In two segments - add	--	299.89
T025		In three or more segment - add	--	600.73
T030		With SMR - add		206.97
T536		In one segment	--	1399.81
T026		In two segments - add	--	299.89

T027		In three or more segments - add	--	600.73
T538		In one segment	--	1541.73
T028		In two segments - add	--	258.68
T029		In three or more segments - add	--	517.44
T031		With pharyngoplasty - add	--	310.52
T040		With closure alveolar fistula - add	--	387.86
T041		With bone graft - add	--	245.58
T042		With closure hard plate fistula - add	--	517.44
T043		With bone graft - add	--	245.58
T554	77320	LeFort II osteotomy	--	1493.09
T200	77330	LeFort III osteotomy	--	2059.22
T212		Cranioplasty	--	1379.30
T213		Cranial vault reshaping	--	1875.85
T214		Nasal reconstruction	--	1765.50
T201		Cranial flap – unilateral add	--	432.85
T202		Cranial flap – bilateral add	--	628.78
T219		TMJ Arthrography		134.38
T220	78500	Arthrocentesis	--	96.58
T225	78600	Injection into joint – therapeutic drug	--	96.58
T454		Excision - sublingual gland	--	331.76
T455		Excision – submandibular gland	--	529.45
T590	78100	Dislocation – open reduction	--	491.17
T591	78110	Dislocation – closed reduction	44.61	53.59
T592	78120	Manipulation under general anaesthesia (not to be billed with any other TMJ surgery)	--	106.53
T593	78200	Meniscectomy	--	491.17
T594	78210	Capsulorrhaphy (not to be billed with any other TMJ procedure)	--	491.17
T595	78220	Lateral pterygoid myotomy (not to be billed with any other TMJ procedure)	--	491.17
T596	78300	Condylectomy or condyloplasty	--	491.17
T599	78400	Arthroplasty of articular eminence	--	562.18
T527	78230	Plication of disc posterior attachment, includes capsulorrhaphy	--	1010.42
T598	78320	Osteotomy – ramus with interpositional alloplastic material for ankylosis	--	718.01
T528	78410	Reconstruction of glenoid fossa, zygomatic arch and temporal bone autogenous tissue, graft or prosthesis	--	1562.20
T531		Repair or reconstruction of TMJ disc with tissue graft or prosthesis (includes meniscectomy)	--	1127.33
T533		Reconstruction of mandibular condyle with prosthesis or tissue graft	--	1127.33
T535		Removal of temporary intra-articular implant	--	174.15
T231		Arthroscopy – single portal (to include diagnostic arthroscopy, indirect lysis of adhesions, lavage and manipulation)	--	487.78
T232		Debridement – using hinged instrument, shaver cautery or laser (one or two spaces) - add	--	390.23
T233		With biopsy, or subsynovial injection steroid or removal of foreign body - add	--	45.53
T234		With synovectomy and direct lysis of adhesion (one or two spaces) - add	--	311.75

T235		Abrasion arthroplasty - add	--	390.23
T236		With Menisectomy (total) - add	--	292.67
T237		With Lateral ligament release - add	--	195.11
T238		With anterior release of disc	--	260.15
T239		With disc plication	--	487.78
T901		Removal of single erupted tooth (per quadrant)	35.60	42.72
T902		Removal of each additional erupted tooth in the same quadrant	18.41	22.09
T903		Removal of each erupted tooth - complicated	83.82	100.57
T904		Removal of each tooth covered by soft tissue	83.82	100.57
T905		Removal of each erupted tooth – partial bony impaction	126.41	151.63
T906		Removal of each tooth – complete bony impaction	167.71	201.28
T907		Removal of each tooth – unusual position, age factor, (incl. supernumerary)	191.95	230.24
T908		with soft tissue coverage	72.42	86.77
T909		with bone tissue coverage	83.82	100.57
T910		uncomplicated soft tissue coverage	35.60	42.72
T911		complicated hard tissue coverage	126.41	151.63
T912		with orthodontic attachment	251.60	301.91
T925		Maxillary labial frenectomy	67.87	81.42
T926		Mandibular labial frenectomy	67.87	81.42
T927		Maxillary Z-frenoplasty	67.87	81.42
T928		Mandibular Z-frenoplasty	67.87	81.42
T936		Alveoloplasty independent of tooth extraction per quadrant	42.46	51.05

4) List of New Fee Codes effective March 1, 2007.

OHIP	INTL.	Description	Revised DDS	Revised Specialist
T456		Excision, subtotal, parotid gland	--	771.14
T457		Excision, total, parotid gland	--	1138.64
T458		Parotid biopsy	--	214.74
T811		Premium for a consultation or visit between 5:00p.m. and Midnight, or on a Saturday, Sunday or holiday.	30% of claim	30% of claim
T812		Premium for any consultation or visit to a patient in an Intensive care facility (e.g., ICU or CCU)	30% of claim	30% of claim
T813		Premium for a consultation or visit between midnight and 7:00 a.m.	50% of claim	50% of claim

This Bulletin is a general summary provided for information purposes only. Physicians, dental surgeons, hospitals and other health care providers are directed to review the *Health Insurance Act*, Regulation 552 and the Schedules under that regulation, for the complete text of the provisions. You can access this information on-line at <http://www.e-laws.gov.on.ca/>. In the event of a discrepancy between this bulletin and the Act or regulations and/or Schedules under regulations, the text of the Act, regulations and/or Schedules prevail.