

Dental Hygienists

Schedule of Dental Services and Fees for

Ontario Works Adults

Halton Oral Health Outreach

Dental Care Counts

2020



DENTAL HYGIENISTS
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 Hygienist codes and these codes can be submitted with the pre-determinations and claim forms.

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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 are 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 FOR DCC?

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 (DCC)

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 (DCC)

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.

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ONTARIO WORKS ADULTS (OWA)

PURPOSE OF THE OWA 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 FOR OWA?

- 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 (OWA)

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 (OWA)

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.

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DENTAL TREATMENT PROVIDER'S ROLE FOR OWA

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 Oral 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 Oral Health.

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FEE LEVELS

The fees listed in this schedule are the maximum fees for the covered services. Dental treatment providers who accept clients under this schedule 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.

LETTER OF EXPERTISE (DCC & OWA)

For certain services, a letter of expertise (LOE) must accompany the pre-determination. The need for an 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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Code	Description	P	DCC	OWA	Limit
When invoiced directly by an independently practicing Dental Hygienist who is registered with the College of Dental Hygienists of Ontario (CDHO).					
Diagnostic Services					
EXAMINATION					
Examination and Diagnosis, Complete Oral, to include: a) History, Medical and Dental b) Clinical Examination and Diagnosis of Hard and Soft tissues, including carious lesions, missing teeth, determination of pocket depth and location of periodontal pockets, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests/analysis, where necessary and any other pertinent factors. c) Radiographs extra, as required.					
00113	Examination and Diagnosis, Complete, Permanent Dentition to include: (a) Extended examination and diagnosis on permanent dentition, recording history, charting, treatment planning and case presentation, including above description	P	\$31.34	\$38.58	1 per 60 months, per patient, per dental treatment provider, per dental office address.
00122	Examination and Diagnosis, Specific Examination and evaluation of a specific situation		\$13.93	\$13.93	1 per 12 months, per patient, per dental treatment provider, per dental office address.
00123	Examination and Diagnosis, Emergency Examination and diagnosis for the investigation of discomfort and/or infection in a localized area		\$13.93	\$13.93	All emergency exams will be covered.
RADIOGRAPHS (Including Radiographic Examination and Diagnosis and Interpretation)					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. Maximum payable for periapical films is \$16.73 for both DCC and OWA.
Radiographs, Intraoral, Periapical					
00221	Single film		\$8.35	\$9.83	
00222	Two films		\$10.44	\$11.52	
00223	Three films		\$12.55	\$13.05	
00224	Four films	P	\$14.64	\$14.64	
00225	Five films	P	\$16.73	\$16.73	

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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 \$10.44 for DCC and \$11.52 for OWA.
00211	Single film		\$8.35	\$9.83	
00212	Two films		\$10.44	\$11.52	
Radiographs, Panoramic					<p>1 per 24 months, per patient, per dental treatment provider, per dental office address. 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"> 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 film; and 6) 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>
00241	Single film		\$ 31.54	\$ 29.48	

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Code	Description	P	DCC	OWA	Limit
Preventive Services					
Debridement (Scaling) and root planing are not routinely covered services. (Note: a unit of time equals 15 minutes)				DCC: Maximum of 8 units of scaling/root planing per year. Please note: A letter of expertise must accompany pre-determination. OWA: Maximum of 4 units (Scaling/Root Planing) per year. *COVERAGE FOR SCALING/ROOT PLANING WILL BE DETERMINED THROUGH HEALTH DEPARTMENT SCREENING ONLY. NO OTHER SCALING/ROOT PLANING WILL BE APPROVED.	
Scaling					
00511	One unit of time	P	\$27.87	*\$33.28	
00512	Two units	P	\$55.73	*\$66.57	
00513	Three units	P	\$83.60	*\$99.85	
00514	Four units	P	\$111.47	*\$133.12	
00517	One half unit	P	\$13.93	*\$16.64	
Root Planing					
00521	One unit of time	P	\$27.87	*\$33.28	
00522	Two units	P	\$55.73	*\$66.57	
00523	Three units	P	\$83.60	*\$99.85	
00524	Four units	P	\$111.47	*\$133.12	
00527	One half unit	P	\$13.93	*\$16.64	
TOBACCO-USE CESSATION SERVICES					
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.)					
00821	One unit of time		\$ 30.00	\$ 30.00	Maximum of one unit per patient per lifetime. Pre-determination must include a letter of expertise stating the services being provided.



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