

YORK REGION ONTARIO WORKS ADULT DENTAL PROGRAM HANDBOOK

October 2024

INTRODUCTION

This handbook has been written for dental practitioners and outlines the policy and procedures for York Region Ontario Works (OW) Adult Dental Program.

Included in this handbook are the requirements for dental practitioners to:

- Verify eligibility for dental treatment
- Verify eligibility for denture treatment
- Submit claims to Accerta

The plan administrator for the York Region Ontario Works Dental Program is AccertaClaim ServiCorp Inc.

Visit york.ca/dental for more information on the York Region Ontario Works Adult Dental Program and to access the OW Dental Claim Form.

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The fees for service in the Ontario Works Adult Dental Program Handbook, October 2024 have been established by the Ministry of Children, Community and Social Services (MCCSS).

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OVERVIEW OF DENTAL SERVICES

The York Region Ontario Works Adult Dental Program provides dental benefits for the following clients:

- Ontario Works adult participants (18 and over)
- Ontario Disability Support Program (ODSP) dependent adults (18 and over)
- Eligible non-Social Assistance recipients (Non-SARS)

Children of Ontario Works and Ontario Disability Support Program recipients are covered through the Healthy Smiles Ontario (HSO) dental program. This program provides free dental care for children and youth 17 years of age or under. Please visit york.ca/dental for further information.

Seniors 65 years of age and older may be eligible for support through the Ontario Seniors Dental Care Program. This program provides free, routine dental services for low-income seniors. Please visit [York Region Seniors Dental Program](#) for more information.

Clients may also be eligible for the Canadian Dental Care Plan. Please visit the [Canadian Dental Care Plan](#) for more information.

Verifying Eligibility for Dental Services

Ontario Works Adult Clients

Ontario Works clients must provide the dental office with a piece of government identification or an Ontario Works statement of assistance. This identification authorizes the dentist to verify dental coverage on AccertaWorX and submit the claim to the plan administrator.

Effective October 1, 2024, the dental office is responsible for confirming eligibility for Ontario Works clients by using the Eligibility Verification Portal via [AccertaWorX](https://accertaworx.accerta.ca) at <https://accertaworx.accerta.ca> . Providers must register for an account with [AccertaWorX](#) to access the eligibility verification tool.

To verify eligibility, the dental office must:

1. Select **YOR** as the Group/Policy code
2. Enter the client's name and date of birth (DOB) or Ontario Works Member ID and date of birth (DOB)

If the client is eligible, the response from the portal will be "Client is eligible".

If the client is ineligible, please follow the steps under [Issues with Verifying Eligibility and Submitting Claims](#) as appropriate.

For issues with accessing the portal, please contact Accerta at 1-800-505-7430.

Ontario Disability Support Program (ODSP) Dependent Adults and Non-Social Assistance Recipients (Non-SARS)

ODSP Dependent Adults and Non-SARS clients require an approval letter to obtain dental services. Clients can request services through their ODSP caseworker or call York Region Access York (1-877-464-9675) and an approval letter will be sent to the dental office once authorized.

The information in the letter is used to complete the [OW Dental Claim Form](#). Please make sure the valid eligibility period is the same month the services are to be rendered.

What is covered under dental services for OW Adults, ODSP Dependent Adults, and Non-SARS?

Dental services are allowed for eligible OW, ODSP adults and Non-SARS according to the [MCCSS Schedule of Dental Services and Fees](#) and the [MCCSS Schedule of Dental Hygienist Services and Fees](#) unless listed as one of the services not covered under the York Region Ontario Works program (see below).

Dental practitioners can obtain a copy of the [MCCSS Schedule of Dental Services and Fees](#) on [AccertaWorX](#).

Referrals to specialists

Dentists will refer clients directly to specialists as needed using a standard referral form or letter. Referral information is documented on the [OW Dental Claim Form](#).

What is NOT covered under dental services for OW Adults, ODSP Dependent Adults and Non-SARS?

Services listed in the [MCCSS Schedule of Dental Services and Fees](#) that are **limited (coverage provided only for particular tooth numbers) or not covered** under the York Region OW Adult Dental Program are listed in Appendix 1 and include:

- Polishing (11107) is not covered
- Plastic resin restoration (2321 - 23215 and 23221 - 23225 and 23311 - 23315 and 23321 - 23325) in permanent molars and premolars (14, 15, 16, 17, 18, 24, 25, 26,27, 28, 34, 35, 36, 37, 38, 44, 45, 46,47,48) will only be provided at the cost of silver amalgams
- Posterior endodontic treatment (33131 and 33141) is only approved for anterior teeth and premolar teeth (11, 12, 13, 14, 15, 21, 22, 23, 24, 25, 31, 32, 33, 34, 35, 41, 42, 43, 44, 45)
- Anaesthesia services (General Anaesthetics, Deep Sedation or IV Sedation) (92212 - 92218 and 92222 - 92228 and 92302 - 92308 and 92441 - 92448) are not covered
- Only four units of scaling are covered. Additional units of scaling are not covered

OVERVIEW OF DENTURE SERVICES

The York Region Ontario Works Adult Dental Program provides denture treatment for the following clients:

- OW adults (18 and over) and dependent children
- ODSP recipients (including spouse, dependent adults (18 and over) and dependent children)
- Eligible Non-SARS and dependent children

Denture treatment for OW and ODSP dependent children and non-SARS children may not be covered by Healthy Smiles Ontario (HSO). Requests for dentures for children may be considered through York Region's OW Adult Dental Program.

Seniors 65 years of age and older may be eligible for support through the Ontario Seniors Dental Care Program. Please visit [York Region Seniors Dental Program](#) for more information.

Clients may also be eligible for the Canadian Dental Care Plan. Please visit the [Canadian Dental Care Plan](#) for more information.

Verifying Eligibility for Denture Treatment

Ontario Works Clients

The dental practitioner must obtain an authorization number for requests for new dentures from York Region Access York prior to providing denture treatment for OW clients to ensure dentures have not been received within the last five years. Dental practitioners must obtain an authorization number by calling York Region Access York at 1-877-464-9675.

Ontario Disability Support Program (ODSP) Clients

ODSP recipients who need help from the York Region OW Adult Dental Program with denture coverage are to call York Region Access York at 1-877-464-9675 to process their request. Follow the prompts for financial assistance.

A Service Representative from the Region will provide the dental practitioner with the appropriate letter to verify client eligibility.

Prior to starting treatment, the dental office must receive the client's approval letter from York Region. Please note treatment must begin within 60 days of the date of the approval letter.

Non-Social Assistance Recipients (Non-SARS)

Non-SARS who need help from the York Region OW Adult Dental Program with denture coverage are required to contact York Region Access York at 1-877-464-9675 to arrange for an appointment to determine eligibility prior to receiving denture treatment.

Prior to starting treatment, the dental office must receive the client's approval letter from York Region. Please note treatment must begin within 60 days of the date of the approval letter.

What is covered under the denture services for OW Adults, ODSP Dependent Adults and Non-SARS?

The denture treatment provided through the York Region OW Adult Dental Program is listed in *Appendix 2: Denturist Association of Ontario (DAO) treatment codes* and *Appendix 3: Ontario Dental Association (ODA) dental procedure codes*.

Denture services not listed in *Appendix 2: Denturist Association of Ontario (DAO) treatment codes* will not be reimbursed.

Cast Partial Dentures

Cast partial dentures are not specifically covered by York Region under the applicable Denturist Association of Ontario (DAO) treatment codes. Dental practitioners who choose to provide cast partial dentures to clients eligible for denture services may only bill at the cost of acrylic partials.

Five Year Denture Replacement Period

The replacement of dentures is authorized through this program **once every five years**, if required. The denture service provider must make all reasonable efforts to ensure all denture requests can last five years.

Prior approval is required to replace dentures within a five-year period

If dentures were issued within the last five years, prior approval from York Region is required to replace the denture. The patient must request a replacement through their caseworker. A written request for additional information will be sent to the dental practitioner for completion.

If replacement dentures are approved, a letter will be provided to the dental practitioner to verify eligibility for replacement. This letter must be submitted with the claim for reimbursement. York Region Ontario Works will not reimburse for dentures replaced within the five-year period without prior approval.

Reline or Repair of Dentures

Reline or repair of a denture which had been provided through the York Region OW Program does not require prior approval. The claim must include a copy of the lab bill and the reasons for the procedure.

Laboratory Fees

Laboratory fees may be claimed for dentures provided to eligible clients to a maximum allowable fee of **\$250.00 per new denture** for both in-house and commercial laboratory costs combined. Laboratory fees must indicate the procedure code(s) to which they apply.

- Maximum fee for denture repairs, relines, and rebase is \$150.00
- Maximum fee for denture polishing is \$30.00

For in-house laboratory procedures, submit in-office laboratory expenses. For Commercial Laboratory Procedures, a copy of the laboratory invoice or receipt of laboratory payment must be submitted with the claim form.

Referrals to specialists

Dentists will refer clients directly to specialists as needed using a standard referral form or letter. Referrals are documented on the [OW Dental Claim Form](#).

Referrals to denturists are **not** required when the patient:

- already has partial or complete dentures and needs repair, or
- is replacing existing dentures

SUBMITTING CLAIMS

Dental Services

Dental offices must submit the [OW Dental Claim Form](#).

Claim forms must be fully completed and endorsed by the dentist and the patient (parent/guardian). All claim payments are made to the treating dentist only.

Dental practitioners must submit the following documents to request reimbursement:

- a completed [OW Dental Claim Form](#) with signatures of the dental practitioner and OW or ODSP client
- an approval letter for ODSP dependent adults and non-SARS (18 and over)

Denture Services

Denture practitioners must submit the following documents to request reimbursement:

- a completed [OW Dental Claim Form](#) with signatures of the denture practitioner and OW or ODSP client
- an authorization number documented on the OW Dental Claim Form for OW clients for requests for new dentures
- a letter of eligibility for ODSP clients and Non-SARS

For replacement of lost dentures within the five-year period, a copy of the letter of eligibility must be submitted with the claim.

For replacement of dentures for any other reason within the five year period, an [OW Denture Replacement Form](#) must be provided by the dental practitioner to the Region prior to treatment. If approved, the letter of eligibility must be submitted with the claim.

Incomplete claims will be returned.

If the code(s) listed on the claim form does not appear in the schedule of fees that are covered, the service provider will not be reimbursed.

Accerta accepts Electronic Data Interchange (EDI) of dental claims for York Region. To submit EDI claims, the following process must be followed:

Transmission types include:

1. Dental Claim Submission
2. Dental Claims Reversal

EDI responses include:

1. Explanation of Benefits (EOB)
 - a) Results of adjudication
 - b) Partial or full reimbursement notices
2. Acknowledgment (ACK)
 - a) Response status message includes the reason for the response
 - I. Claim is rejected because of errors
 - II. Claim is received successfully by the carrier and is held for further processing

The primary Policy/Plan number for York Region Ontario Works is YOR.

Please use Accerta's carrier code (BIN 311140) by adding it under the TELUS Health Network.

Accerta also accepts claims by mail.

Mail claims and required documents to:

**Accerta Claims
Station "P", P.O. Box 310
Toronto, ON M5S 2S8.**

Please ensure that the required signatures and proper addresses appear on all claims.

For inquiries about claims processing or payments, please contact:

Accerta Customer Relations Representatives

In Toronto: Call 416-922-6565, Menu Option 1
 Outside of Toronto: Call 1-800-505-7430

Visit york.ca/dental for more information on the York Region OW Adult Dental Program.

ISSUES WITH VERIFYING ELIGIBILITY OR SUBMITTING CLAIMS

Please follow the appropriate process when encountering issues with using the AccertaWorX portal to verify eligibility and submit claims.

Issue	Process for Support
If you are having difficulty registering for the portal	Contact Accerta for support at: 416-922-6565 or toll free 1-800-505-7430
If you are having difficulty with or do not know how to conduct a search for eligibility verification	Contact Accerta for support at: 416-922-6565 or toll free 1-800-505-7430
If you are receiving an error message when trying to use the portal to verify eligibility	Contact Accerta for support at: 416-922-6565 or toll free 1-800-505-7430 Accerta can also verify eligibility by phone.
If the portal is unavailable	Contact Accerta for support at: 416-922-6565 or toll free 1-800-505-7430 Accerta can also verify eligibility by phone.
If you receive a “no match found” or “client is ineligible” message from an eligibility verification search	Please first check the following: <ul style="list-style-type: none"> • Correct policy code YOR has been selected • Date of Birth is entered in the correct format (yyyy/mm/dd) • Spelling of the person’s name (including any hyphens, apostrophes, spaces, etc.) • Member ID (9 digits with no dashes or spaces) Re-submit the search if any of the above have been entered incorrectly. If still receiving no match/client is ineligible, please contact Accerta at 416-922-6565 or toll free 1-800-505-7430 before informing the client to contact their caseworker. Accerta will work with you to troubleshoot any errors or connect you with the administrative office who will advise on the client’s eligibility.
If you are experiencing difficulty with submitting a claim or your claim has been denied	Contact Accerta for support at: 416-922-6565 or toll free 1-800-505-7430 If you are still experiencing issues with your claim being denied, please contact York Region Access York at 1-877-464-9675

APPENDIX 1: MCCSS FEE GUIDE CODES NOT COVERED UNDER THE DENTAL PROGRAM FOR OW/ODSP ADULTS

Ontario Dental Association (ODA) dental procedure codes	
ODA Code	Description
Polishing	
11107	One half unit
Root Canals, Permanent Teeth/Retained primary Teeth, Three Canals	
33131	Three canals
Root Canals, Permanent Teeth/Retained primary Teeth, Four or More Canals	
33141	Four or more canals
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non bonded – Permanent Bicuspid	
23211	One surface
23212	Two surfaces
23213	Three surfaces
23214	Four surfaces
23215	Five surfaces or maximum surfaces per tooth
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non bonded – Permanent Molars	
23221	One surface
23222	Two surfaces
23223	Three surfaces
23224	Four surfaces
23225	Five surfaces or maximum surfaces per tooth
Restorations, Tooth Coloured Permanent Posteriors – Bonded Permanent Bicuspid	
23311	One surface
23312	Two surfaces
23313	Three surfaces
23314	Four surfaces
23315	Five surfaces or maximum surfaces per tooth
Restorations, Tooth Coloured Permanent Posteriors – Bonded Permanent Molars	
23321	One surface
23322	Two surfaces
23323	Three surfaces
23324	Four surfaces
23325	Five surfaces or maximum surfaces per tooth
General Anaesthesia	
92212	Two units of time
92213	Three units
92214	Four units
92215	Five units
92216	Six units
92217	Seven units
92218	Eight units
Provision of facilities, equipment and support services, for general anaesthesia when provided by a separate practitioner	
92222	Two units of time
92223	Three units

Ontario Dental Association (ODA) dental procedure codes	
ODA Code	Description
92224	Four units
92225	Five units
92226	Six units
92227	Seven units
92228	Eight units
Anaesthesia, Deep Sedation	
92302	Two units of time
92303	Three units
92304	Four units
92305	Five units
92306	Six units
92307	Seven units
92308	Eight units
Parenteral Conscious Sedation regardless of method – IM or IV)	
92441	One unit of time
92442	Two units
92443	Three units
92444	Four units
92445	Five units
92446	Six units
92447	Seven units
92448	Eight units

APPENDIX 2: DENTURIST ASSOCIATION OF ONTARIO (DAO) TREATMENT CODES COVERED UNDER THIS PROGRAM

DAO Code	Description	Fee
Examinations		
10104	Specific examination	\$18.00
Adjunctive Services		
70210	Mouth guard, lab processed, per arch	\$74.00
Complete Dentures		
31310	Complete Maxillary	\$400.00
31320	Complete Mandibular	\$478.00
Complete Immediate Dentures		
31311	Complete Maxillary	\$456.00
31321	Complete Mandibular	\$533.00
Complete Transitional Dentures		
31510	Complete Maxillary	\$250.00
31520	Complete Mandibular	\$267.00
Complete Overdenture(s) (over naturally retained roots)		
31610	Complete Maxillary	\$483.00
31620	Complete Mandibular	\$561.00
Standard Dentures(s) Partial Acrylic Base – with clasps		
41610	Partial Maxillary	\$328.00
41620	Partial Mandibular	\$328.00

DAO Code	Description	Fee
Standard Dentures(s) Partial Acrylic Base – Immediate - with clasps		
41611	Partial Maxillary	\$349.00
41621	Partial Mandibular	\$349.00
Adjustments		
38110	Complete Maxillary	\$20.00
38120	Complete Mandibular	\$20.00
48110	Partial Maxillary	\$20.00
48120	Partial Mandibular	\$20.00
Repairs, No Impression		
36110	Complete Maxillary	\$44.00
36120	Complete Mandibular	\$44.00
46110	Partial Maxillary	\$44.00
46120	Partial Mandibular	\$44.00
Repairs, With Impression		
36210	Complete Maxillary	\$56.00
36220	Complete Mandibular	\$56.00
Repairs, Additions, teeth/clasps		
46310	Partial Maxillary	\$117.00
46320	Partial Mandibular	\$117.00
Reline(s), Chairside/Permanent acrylic		
32418	Complete Maxillary	\$83.00
32428	Complete Mandibular	\$83.00
Reline(s), Lab Processed/Functional impression		
32110	Complete Maxillary	\$133.00
32120	Complete Mandibular	\$155.00
42116	Partial Maxillary	\$128.00
42126	Partial Mandibular	\$128.00
32520	Complete Mandibular, Soft lining (moloplast B)	\$83.00
Rebase, Lab Processed/Functional Impression		
33117	Complete Maxillary	\$206.00
33127	Complete Mandibular	\$228.00
43116	Partial Maxillary	\$167.00
43126	Partial Mandibular	\$167.00
Rebase, Remake, Partials (using existing framework)		
46410	Partial Maxillary	\$277.00
46420	Partial Mandibular	\$277.00
Tissue Conditioning		
37110	Complete Maxillary	\$34.00
37120	Complete Mandibular	\$34.00
47110	Partial Maxillary	\$34.00
47120	Partial Mandibular	\$34.00
Adjunctive Services		
70150	Name in denture (per denture)	\$32.00
70160	Prophylaxis and polish (per denture)	\$27.00
Laboratory Procedures:		
98888	In-house Laboratory Procedures (defined as lab service(s) performed within the same business entity)	\$250.00

DAO Code	Description	Fee
		Maximum per new denture
98889	Commercial Laboratory Procedures (defined as an independent business which performs lab services and bills the dental practices for these services)	\$250.00 Maximum per new denture
Notes:		
<ul style="list-style-type: none"> • For In-house Laboratory procedures (code 98888), submit in-office expenses. • For Commercial Laboratory Procedures (code 98889), a copy of the laboratory invoice or receipt of laboratory payment must be submitted with the claim form. • Laboratory fees must appear with the procedure code(s) to which they apply. • The maximum laboratory fee per new denture is \$250.00 for both in-house and commercial laboratory costs combined. 		

APPENDIX 3: ONTARIO DENTAL ASSOCIATION (ODA) DENTAL PROCEDURE CODES COVERED UNDER THIS PROGRAM

Ontario Dental Association (ODA) dental procedure codes		
ODA Code	Description	Fee
<i>Examination and Diagnosis, Specific</i>		
01204	Examination and evaluation of a specific situation	\$18.00
<i>Appliances, Protective Mouth Guards</i>		
14502	Appliance, Protective Mouth Guard, Processed +L	\$74.00
<i>Dentures, Complete Standard</i>		
51101	Maxillary +L	\$400.00
51102	Mandibular +L	\$478.00
<i>Dentures, Surgical, Standard, (Immediate) (Includes first tissue conditioner, but not a processed reline)</i>		
51301	Maxillary +L	\$456.00
51302	Mandibular +L	\$533.00
<i>Dentures, Complete, Provisional</i>		
51601	Maxillary +L	\$250.00
51602	Mandibular +L	\$267.00
<i>Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, no Attachments</i>		
51711	Maxillary +L	\$483.00
51712	Mandibular +L	\$561.00
<i>Dentures, Partial, Acrylic Base (Immediate) (Includes first tissue conditioner, but not a processed reline)</i>		
52111	Maxillary +L	\$349.00
52112	Mandibular +L	\$349.00
<i>Dentures, Partial, Acrylic, With Metal Wrought/Cast Clasps and/or Rests</i>		
52301	Maxillary +L	\$328.00

Ontario Dental Association (ODA) dental procedure codes		
ODA Code	Description	Fee
52302	Mandibular +L	\$328.00
<i>Denture Adjustments, Partial or Complete Denture, Minor</i>		
54201	One unit of time +L	\$20.00
<i>Denture, Repair, Complete Denture, No Impression Required</i>		
55101	Maxillary +L	\$44.00
55102	Mandibular +L	\$44.00
<i>Denture, Repair, Complete Denture, Impression Required</i>		
55201	Maxillary +L	\$56.00
55202	Mandibular +L	\$56.00
<i>Denture, Repairs/Additions, Partial Denture, No Impression Required</i>		
55301	Maxillary +L	\$44.00
55302	Mandibular +L	\$44.00
<i>Denture, Repairs/Additions Partial Denture, Impression Required</i>		
55401	Maxillary +L	\$117.00
55402	Mandibular +L	\$117.00
<i>Denture, Reline, Direct Complete Denture</i>		
56211	Maxillary	\$83.00
56212	Mandibular	\$83.00
<i>Denture, Reline, Processed Complete Denture</i>		
56231	Maxillary +L	\$133.00
56232	Mandibular +L	\$155.00
<i>Denture, Reline, Processed, Partial Denture</i>		
56241	Maxillary +L	\$128.00
56242	Mandibular +L	\$128.00
<i>Denture, Rebase, Complete Denture</i>		
56311	Maxillary +L	\$206.00
56312	Mandibular +L	\$228.00
<i>Denture, Rebase, Partial Denture</i>		
56321	Maxillary +L	\$167.00
56322	Mandibular +L	\$167.00
<i>Denture, Remake, Using Existing Framework, Partial Denture (including articulation)</i>		
56411	Maxillary +L	\$277.00
56412	Mandibular +L	\$277.00
<i>Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture</i>		
56511	Maxillary	\$34.00
56512	Mandibular	\$34.00
<i>Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture</i>		
56521	Maxillary	\$34.00
56522	Mandibular	\$34.00
<i>Dentures/Implant Retained Prosthesis Prophylaxis and Polishing</i>		
55501	One unit of time +L	\$27.00
<i>Laboratory Procedures</i>		
99111	“+L” Commercial Laboratory Procedures (A commercial laboratory is defined as an independent business which performs laboratory services and bills	\$250.00 Maximum per new denture

Ontario Dental Association (ODA) dental procedure codes		
ODA Code	Description	Fee
	the dental practices for these services on a case by case basis)	
99333	“+L” In-Office Lab Procedures (An in-office laboratory is defined as laboratory service(s) performed within the same business entity)	\$250.00 Maximum per new denture
<p>Notes:</p> <ul style="list-style-type: none"> • For Commercial Laboratory Procedures (code 99111), a copy of the laboratory invoice or receipt of laboratory payment must be submitted with the claim form. • For In-house Laboratory procedures (code 99333), submit in-office expenses. • Laboratory fees must appear with the procedure code(s) to which they apply. • The maximum laboratory fee per new denture is \$250.00 for both in-house and commercial laboratory costs combined. 		