



# York Region Ontario Works Adult Dental Program Handbook

May 2018



## Introduction

This handbook has been written for dental practitioners and outlines the policy and procedures for York Region Community and Health Services Department, Ontario Works (OW) 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  
Station "P"  
P.O. Box 310  
Toronto ON, M5S 2S8

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

Visit [www.york.ca/teeth](http://www.york.ca/teeth) for more information on the York Region OW Dental Program and to access the OW Dental Claim Form.

## Copyright

The fees for service in the Ontario Works Dental Program Handbook, January 2014 have been established by the Regional Municipality of York.

The Denturist Association of Canada is the owner of the copyright of the Denturist of Ontario (DAO) Treatment Codes.

The Canadian Dental Association is the owner of the copyright and other intellectual property rights to the USC&LS. The Ontario Dental Association is the owner of the copyright and other intellectual property rights in the ODA Suggested Fee Guide for General Practitioners™, the ODA Table of Benefits™, and the selection and arrangement of the dental procedure codes and descriptors in the Dental Schedule.



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## Overview of Dental Services

### Discretionary Dental Program for OW Adults, ODSP Dependent Adults (18 and over) and Eligible Non-Social Assistance Recipients

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

- OW adult participants (18 and over)
- ODSP dependent adults (18 and over)
- Eligible non-Social Assistance recipients (Non-SARS)

### Verifying Eligibility for Dental Services

Dental practitioners must verify eligibility for the York Region OW Dental Program by obtaining a copy of required documents from the patient prior to starting treatment.

Copies of the client's documents must be submitted with the claim for reimbursement. Claims will be returned if documentation is not submitted.

York Region Ontario Works will not reimburse treatment fees if the client was not eligible for the services provided.

### Required Documents

The client must supply documentation to confirm they are eligible for Ontario Works (OW) or Ontario Disability Support Program (ODSP) for the month in which the dental treatment is provided.

Required documentation for dental treatment includes:

1. OW Dental Card for the month of treatment
2. Letter of Approval for ODSP and Non-SARS clients

### Eligibility Verification

If the OW patient does not have the OW Dental Card at the time of treatment, the Dental practitioner must contact Accerta before proceeding with treatment to verify eligibility.

Accerta can be reached at 1-800-505-7430.

Please Note: it can take up to 1 week for Accerta to receive the eligibility details for newly eligible clients.



## Discretionary Dental Services Covered for OW Adults and ODSP Dependent Adults (18 and over)

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

Dental practitioners who require an additional copy of the current [MCSS Schedule of Dental Services and Fees](#) should contact Accerta at 1-800-505-7430.

## MCSS Fee Guide Codes Not Covered for Discretionary Dental Program for OW Adults and ODSP Dependent Adults

Services listed in the [MCSS Schedule of Dental Services and Fees](#) that are not covered under the York Region OW discretionary 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

### 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.

## Overview of Denture Services

### Discretionary Denture Program for OW Adults/ODSP/Non-SARS

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

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



## Verifying Eligibility for Denture Treatment

It is the responsibility of the dental practitioner to confirm that the patient is eligible under the York Region Ontario Works Dental Program prior to beginning denture treatments.

### Ontario Works Adults

The dental practitioner must obtain an authorization number from York Region's Access York prior to providing denture treatment for OW adults to ensure dentures have not been received within the last five years. Ontario Works adult participants must supply all of the following documentation to confirm they are eligible for denture services:

1. OW Dental Card for the month of treatment and
2. Authorization number for denture treatment (dental practitioner obtains by calling 1-877-464-9675)

### ODSP Recipients

ODSP recipients who need help from the York Region OW Adult Dental Program with denture coverage are to call 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 client must provide the dental practitioner with an eligibility letter. Please note treatment must begin within 60 days of the date of the approval letter.

### Non-Social Assistance Recipients

Non-SARS who need help from the York Region OW Adult Dental Program with denture coverage are required to contact York Region's Access York at 1-877-464-9675 to arrange for an in-person appointment to determine eligibility prior to receiving denture treatment. Eligible clients will receive an approval letter to provide the dental practitioner. Please note treatment must begin within 60 days of the date of the approval letter.

## Denture Treatment Covered

The denture treatment provided through the York Region OW 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 five year period

If dentures were issued within the last five years, prior approval from Social Services is required to replace the denture. The patient must request a replacement through their Social Assistance Case Coordinator. 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 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 practitioners must submit the following documents to request reimbursement:

- a completed [Ontario Works Claim Form](#) with signatures of the dental practitioner and OW or ODSP client/guardian
- a copy of the OW Dental Card for the current month listing the name of the client
- an approval letter for ODSP dependent adults (18 and over) and Non-SARS

### Denture Treatment Claim

Dental practitioners must submit the following documents to request reimbursement:

- a completed Ontario Works Claim Form with signatures of the dental practitioner and OW or ODSP client
- an authorization number documented on the OW Dental Claim Form for OW clients
- 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.

Mail claims and required documents to:

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

Dental Providers will also be able to submit claims online via [accertaworx.accerta.ca](http://accertaworx.accerta.ca).

Primary Policy/Plan Number is YOR

Please ensure that required signatures and proper addresses appear on all claims and that a copy of the Dental Identification Card is attached.

For billing inquiries, please call Accerta at 1-800-505-7430.

- Visit [www.york.ca/teeth](http://www.york.ca/teeth) for more information on the York Region OW Dental Program and to access the OW Dental Claim Form.





## Appendix 1: MCSS Fee Guide Codes Not Covered under the Discretionary 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



## Appendix 1: MCSS Fee Guide Codes Not Covered under the Discretionary Dental Program for OW/ODSP Adults

### Ontario Dental Association (ODA) dental procedure codes

ODA Code	Description
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



## Appendix 1: MCSS Fee Guide Codes Not Covered under the Discretionary Dental Program for OW/ODSP Adults

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



## Appendix 2: Denturist Association of Ontario (DAO) Treatment Codes Covered Under this Program

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



## Appendix 2: Denturist Association of Ontario (DAO) Treatment Codes Covered Under this Program

DAO Code	Description	Fee
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



## Appendix 2: Denturist Association of Ontario (DAO) Treatment Codes Covered Under this Program

DAO Code	Description	Fee
Laboratory Procedures:		
98888	In-house Laboratory Procedures (defined as lab service(s) performed within the same business entity)	\$250.00 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:

- 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
Examination and Diagnosis, Specific		
01204	Examination and evaluation of a specific situation	\$18.00
Appliances, Protective Mouth Guards		
14502	Appliance, Protective Mouth Guard, Processed +L	\$74.00
Dentures, Complete Standard		
51101	Maxillary +L	\$400.00
51102	Mandibular +L	\$478.00
Dentures, Surgical, Standard, (Immediate) (Includes first tissue conditioner, but not a processed reline)		
51301	Maxillary +L	\$456.00
51302	Mandibular +L	\$533.00
Dentures, Complete, Provisional		
51601	Maxillary +L	\$250.00
51602	Mandibular +L	\$267.00
Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth with or without Coping Crowns, no Attachments		
51711	Maxillary +L	\$483.00
51712	Mandibular +L	\$561.00
Dentures, Partial, Acrylic Base (Immediate) (Includes first tissue conditioner, but not a processed reline)		
52111	Maxillary +L	\$349.00





## Appendix 3: Ontario Dental Association (ODA) Dental Procedure Codes Covered Under this Program

### Ontario Dental Association (ODA) dental procedure codes

ODA Code	Description	Fee
52112	Mandibular +L	\$349.00

#### Dentures, Partial, Acrylic, With Metal Wrought/Cast Clasps and/or Rests

52301	Maxillary +L	\$328.00
52302	Mandibular +L	\$328.00

#### Denture Adjustments, Partial or Complete Denture, Minor

54201	One unit of time +L	\$20.00
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#### Denture, Repair, Complete Denture, No Impression Required

55101	Maxillary +L	\$44.00
55102	Mandibular +L	\$44.00

#### Denture, Repair, Complete Denture, Impression Required

55201	Maxillary +L	\$56.00
55202	Mandibular +L	\$56.00

#### Denture, Repairs/Additions, Partial Denture, No Impression Required

55301	Maxillary +L	\$44.00
55302	Mandibular +L	\$44.00

#### Denture, Repairs/Additions Partial Denture, Impression Required

55401	Maxillary +L	\$117.00
55402	Mandibular +L	\$117.00

#### Denture, Reline, Direct Complete Denture

56211	Maxillary	\$83.00
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## Appendix 3: Ontario Dental Association (ODA) Dental Procedure Codes Covered Under this Program

### Ontario Dental Association (ODA) dental procedure codes

ODA Code	Description	Fee
56212	Mandibular	\$83.00
Denture, Reline, Processed Complete Denture		
56231	Maxillary +L	\$133.00
56232	Mandibular +L	\$155.00
Denture, Reline, Processed, Partial Denture		
56241	Maxillary +L	\$128.00
56242	Mandibular +L	\$128.00
Denture, Rebase, Complete Denture		
56311	Maxillary +L	\$206.00
56312	Mandibular +L	\$228.00
Denture, Rebase, Partial Denture		
56321	Maxillary +L	\$167.00
56322	Mandibular +L	\$167.00
Denture, Remake, Using Existing Framework, Partial Denture (including articulation)		
56411	Maxillary +L	\$277.00
56412	Mandibular +L	\$277.00
Denture, Therapeutic Tissue Conditioning, per appointment, Complete Denture		
56511	Maxillary	\$34.00
56512	Mandibular	\$34.00
Denture, Therapeutic Tissue Conditioning, per appointment, Partial Denture		



## Appendix 3: Ontario Dental Association (ODA) Dental Procedure Codes Covered Under this Program

### Ontario Dental Association (ODA) dental procedure codes

ODA Code	Description	Fee
56521	Maxillary	\$34.00
56522	Mandibular	\$34.00
Dentures/Implant Retained Prosthesis Prophylaxis and Polishing		
55501	One unit of time +L	\$27.00
Laboratory Procedures		
99111	<p>“+L” Commercial Laboratory Procedures</p> <p>(A commercial laboratory is defined as an independent business which performs laboratory services and bills the dental practices for these services on a case by case basis)</p>	<p>\$250.00</p> <p>Maximum per new denture</p>
99333	<p>“+L” In-Office Lab Procedures</p> <p>(An in-office laboratory is defined as laboratory service(s) performed within the same business entity)</p>	<p>\$250.00</p> <p>Maximum per new denture</p>

#### Notes:

- 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.

