



ONTARIO WORKS DENTAL BENEFITS

Adult Ontario Works Recipients

Region of Durham Departments of Health and Social Services

Effective for services provided after January 1, 2018

The fees paid are the same as those published in the current [MCSS Schedule of Dental Services and Fees](#). The Region will honour fee increases as approved by the MCSS.

Region of Durham Adult Ontario Works Dental Benefits

Scope of the program

This is a discretionary service offered by the Region of Durham. The objective of this program is to have access to treatment for the immediate relief of pain and infection of up to two teeth.

Definition

A dental emergency involves bleeding, pain, infection or trauma. Treatment required is specific to the identified emergency and the symptomatic relief of the associated pain and distress.

Additional treatment may be considered if it addresses a condition likely to cause pain or infection within the immediate future. Pre-approval from the Oral Health Director at the Health Department is required prior to treatment being rendered. A treatment plan accompanied by radiographs is required for consideration.

What the Plan Covers

- 1. Examinations** - any combination of specific examination/emergency examination is payable to a maximum of three in a twelve month period, per patient per dentist
- 2. Preventive Services – there are no preventive services covered under the OW adult program.**
- 3. Restorative Services** - No surface can be paid more than once per twelve month period per patient per dentist.
Restorations are paid cumulatively to the maximum payable per surface, per tooth.
In order to be paid for restorations you must include the proper procedure code, international tooth code (tooth numbers) and the names of the surfaces restored.
For supernumerary tooth, please use tooth number “99”.
- 4. Endodontic Treatment** –Endodontic treatment is not a normally covered service; however as a discretionary benefit Social Services will allow exceptions for anterior teeth provided these teeth are symptomatic, periodontally stable, can be maintained without crowns and have a good prognosis. Needs to be predetermined and approved.
- 5. Surgery** - Removal, (Extractions), Erupted Teeth
First Tooth/surgical site (segment) – Highest Maximum Payable
Each additional tooth/surgical site (segment) – Lowest Maximum Payable
If a tooth is extracted within 2 months of being restored and or endodontically treated by the same dentist or dental office payment is limited to the greater of the fees payable for the extraction or the root canal and or the restoration.

6. General anaesthesia and conscious sedation are not covered services-unless predetermined and approved.

Schedule of Fees

The Region of Durham does not publish a separate fee guide for Adult Ontario Works recipients. The codes used and fees paid are the same as those published in the current [MCSS Schedule of Dental Services and Fees](#). The Region will honour fee increases as approved by the MCSS. The definitions of services are as noted in the current ODA schedule of benefits.

Discretionary Benefits

Your patient may be eligible for services not listed above. Durham Region does offer discretionary benefits for adult OW and ODSP recipients. Benefits may include root canal treatment of anterior teeth, removable prosthodontic treatment including complete and partial dentures, relines and repairs. Endodontic treatment of premolars and posterior teeth, crowns and fixed prosthodontics are not covered expenses.

Who is eligible?

Adults 18 years of age and older who are in receipt of Ontario Works Benefits for the Region of Durham.

Children under 18 years of age that are **not dependents** and are in receipt of Ontario Works Benefits are considered as adults under the plan.

ODSP clients receive basic care under the Schedule of Dental Services and Fees, Ministry of Community and Social Services. These claims should be submitted to ACCERTA. ODSP recipients may be eligible for discretionary benefits through the Region, including dentures and endodontic therapy of anterior teeth. Those pre-determinations should be sent to the Oral Health Division, at the address noted below.

Co-ordination of Benefits

Where a client is eligible for coverage under any dental insurance, Ontario Works is the second payer. If the amount paid under any other plan is equal to or greater than the fees shown in the most current MCSS Schedule of dental services and fees there will be no co-ordination of benefits.

Verifying Eligibility

Ontario Works' recipients must provide evidence of current Ontario Works eligibility. Clients receive a monthly "card" on their cheque stub which has their case identification number, social services office number and benefit period showing they are covered for the date of the actual appointment. If an adult attends your office for emergency treatment without a dental card you should not provide treatment. You can call our office and we may be able to confirm eligibility. A card must be provided every time they attend as their eligibility can change from month to month. OW will only pay claims for clients who are currently receiving benefits. The dental card must be submitted with every claim to the health department **NO PHOTOCOPIES WILL BE ACCEPTED**. We recommend that you keep a copy of the card in your records.

Claims

Claims should be submitted on a standard dental claim form with the dental card attached. The patient must sign the claim. The dental office must stamp the claim with the office stamp and the dentist must sign the claim.

Where do I send my claims?

Claims are to be submitted to: Oral Health Division
Durham Region Health Department
P.O. Box 730
Whitby, Ontario L1N 0B2.
Telephone: (905) 723-1365
Fax: (905) 723-9482
Toll free: 1-866- 853-1326

NOTE: *Claim forms, for dental treatment provided in the previous year, must be received by Health Department by the end of February. Please note we will honour claims within a 12 month rolling period.*

Predetermination

↳ Predetermination of benefits is required for any treatment other than that provided at the initial appointment to relieve pain, or beyond the two teeth treatable with the card. Exception to this requirement is when antibiotic therapy is necessary prior to the extraction of a tooth.

- ↵ Predeterminations must be mailed in, including radiographs and/or a letter of expertise.
- ↵ A standard predetermination form is to be submitted, which must include patient's date of birth and Case Id number.
- ↵ **Patient must sign the predetermination form** to authorize the release of personal information to the health unit.
- ↵ The approved predetermination of benefits given by the health unit is valid for six months from the date of issue, **provided that the client is still eligible** for the coverage in the month that treatment is rendered.
- ↵ Since this program is intended for the treatment of emergency situations, after the expiry date of an approved predetermination, resubmission of the predetermination is required with an explanation as to why the treatment has been delayed.

Ontario Works Durham Region Policies and Procedures

- ↵ Patients must obtain Dental Cards from their Social Worker **PRIOR** to attending for dental treatment.
- ↵ Extra billing or balance billing is not permitted for services covered and paid for under the schedule. A dentist may bill the patient for **services not covered** under this schedule if the client has been advised and they have consented to the treatment and the cost.
- ↵ Where a general practitioner has referred a client to a specialist, the specialist will be reimbursed at the specialist rate. **General practitioners must** indicate the name and address of the specialist to whom the client is being referred, with their claim form. **Specialists must** submit the name and address of the referring dentist on their claim form and their letter of referral.
- ↵ Frequency limitations and annual maximums will be calculated on an as per patient, per dentist and per office, per 12 month period basis, based on date of service, not a calendar year.
- ↵ Any request from dental offices for approval of dental services should be directed to the Health Department and not Social Services.
- ↵ When submitting claim forms we require the following information:
 - ✓ Durham Social Services Dental Card
 - ✓ Name, address and telephone number of patient and of the benefit holder
 - ✓ Case Id number
 - ✓ Date of birth of patient
 - ✓ Claim form signed by client

- ✓ Claim form stamped with office stamp and signed by dentist
- ✓ And if required x-rays, intra-oral photographs and / or a letter of expertise.

↪ Forms with incorrect, illegible, or missing information will be returned for clarification and/or corrections.

↪ When submitting a claim clearly state the name of the insuring agency as **ONTARIO WORKS**.

**Region of Durham Ontario Works Dental Schedule of Benefits
Adult Emergency Program**

0.0 – Diagnostic Services

A brief explanation is required on a claim form for claims submitted for “examination and radiographs” only to confirm services were required to address an emergency situation. (e.g. referral to specialist, treatment being submitted on a separate claim or patient complaining of pain but no treatment required, etc.)

Examinations

ANY COMBINATION OF SPECIFIC EXAMINATION/EMERGENCY EXAMINATION IS PAYABLE TO A MAXIMUM OF THREE IN A TWELVE MONTH PERIOD, PER PATIENT PER DENTIST OR DENTAL OFFICE

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	Examination and Diagnosis, Specific	--	--	3/12 mths	--
--	Examination and Diagnosis, Emergency	--	--	3/12 mths	--

Radiographs, Intraoral

The maximum payable for intraoral radiographs is three films per 12 month period.

Panoramic

Panoramic radiographs are only covered when required due to conditions such as facial swelling with symptoms of possible jaw fracture; facial swelling of unknown etiology; multiple extractions, severe gag reflex with multiple carious lesions; and the special circumstances must be clearly defined by the practitioner on the claim form in order to be paid.

Test/Analysis and Laboratory Examination and Diagnosis

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	Biopsy, Soft Tissue - by puncture + L	--	--	--	--
--	Biopsy, Soft Tissue - by Incision + L	--	--	--	--
--	Biopsy, Hard Tissue - by puncture + L	--	--	--	--
--	Biopsy, Hard Tissue - by Incision + L	--	--	--	--

Code G.P. * - Maximum payable for Specialists
- Maximum payable for General Practitioners

**Region of Durham Ontario Works Dental Schedule of Benefits
Adult Emergency Program**

2.0 - Restorative Services

- Note 1** No surface can be paid more than once per twelve month period per patient per office. Restorations are paid accumulatively to the maximum payable per surface, per tooth.
- Note 2** In order to be paid for restorations you must include the proper procedure code, international tooth code (tooth numbers) and the names of the surfaces restored.
- Note 3** For supernumary tooth, please use tooth number "99".
- Note 4** If the same tooth is restored and then extracted within a two month period only the more expensive service will be paid for.
- Note 5** Please note – endodontic treatment of permanent molars is not a covered expense under OW. If a tooth is treated with and emergency pulpotomy or pulpectomy and restoration and then extracted within a 2 month period only the extraction will be paid for.

CARIES/TRAUMA/ PAIN CONTROL

In order to be paid for the sedative dressing the permanent restoration will not be payable unless a **minimum of 7 days** has elapsed.

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	First tooth - sedative dressing and pulp caps	--	--	--	--
--	Each additional tooth, same quadrant	--	--	--	--
--	First tooth - sedative dressing, pulp caps	--	--	--	--
--	Each additional tooth requiring retentive band, same quadrant	--	--	--	--
--	Trauma Control, smoothing of fractured surfaces of tooth, 1st tooth	--	--	--	--
--	Each additional tooth	--	--	--	--

Restorations

Amalgam restorations – Non-Bonded, Primary Teeth

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces	--	--	--	--

Amalgam restorations – Bonded, Primary Teeth

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

Amalgam restorations - permanent bicuspid and anterior teeth, non-bonded

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

Amalgam restorations - permanent molar teeth, non-bonded

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

Amalgam restorations - permanent bicuspid and anterior teeth, bonded

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surfaces	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

Amalgam restorations - permanent molar teeth, bonded

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surfaces	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

Amalgam restorations - permanent molar teeth, bonded

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

Retentive Pins

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Pin	--	--	--	--
--	Two Pins	--	--	--	--
--	Three Pins	--	--	--	--

Tooth Coloured, Restorations, Non Acid Etch

Restorations, Tooth Coloured/Plastic with Silver Fillings, Primary, Anterior, Non Acid Etch

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces (continuous)	--	--	--	--
--	Three Surfaces (continuous)	--	--	--	--
--	Four Surfaces (continuous)	--	--	--	--
--	Five Surfaces (continuous) or maximum surfaces per tooth	--	--	--	--

Restorations, Tooth Coloured/Plastic with Silver Fillings, Primary, Posteriors, Non Acid Etch

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

Tooth coloured/plastic restorations with Silver Fillings - permanent anterior teeth, non acid etch

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

Tooth coloured/plastic restorations with Silver Fillings- permanent bicuspid teeth, non acid etch

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

Tooth coloured/plastic restorations with Silver Fillings - permanent molar teeth, non acid etch

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

Tooth Coloured, Restorations, Acid-Etch Technique**Tooth Coloured, Restorations, Primary, anterior, Acid Etch/Bond Technique**

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces (continuous)	--	--	--	--
--	Three Surfaces (continuous)	--	--	--	--
--	Four Surfaces (continuous)	--	--	--	--
--	Five Surfaces (continuous) or maximum surfaces per tooth	--	--	--	--

Tooth Coloured, Restorations, Primary, Posterior, Acid Etch/Bond Technique

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

Tooth coloured restorations - permanent anterior teeth, acid etch

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

Tooth coloured restorations - permanent bicuspid teeth, acid etch

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

Tooth coloured restorations - permanent molar teeth, acid etch

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One Surface	--	--	--	--
--	Two Surfaces	--	--	--	--
--	Three Surfaces	--	--	--	--
--	Four Surfaces	--	--	--	--
--	Five Surfaces or maximum surfaces per tooth	--	--	--	--

**Region of Durham Ontario Works Dental Schedule of Benefits
Adult Emergency Program**

3.0 – Root Canal Therapy

- Note 1** Pulpectomy / pulpotomy on permanent teeth/retained primary teeth are approved emergency procedures if the tooth can be reasonably expected to be restored with a conventional direct restoration; Only one pulpectomy or pulpotomy will be paid for a given tooth. Claim must be accompanied with a radiograph.
- Note 2** Root canal therapies are only covered for the twelve anterior teeth 23, 22, 21, 11, 12, 13 33, 32, 31, 41, 42, 43; Pre-determination is required with an accompanying radiograph prior to payment approval. Only teeth that can be restored with a direct filling will be approved. Teeth must have a healthy amount of bone support.
- Note 3** Please note that endodontic treatment of permanent molars is not a covered expense under OW. If a tooth is treated with an emergency pulpotomy / pulpectomy and restoration and then extracted by the same dentist / dental office within a 2 month period only the extraction will be paid for.

**Region of Durham Ontario Works Dental Schedule of Benefits
Adult Emergency Program**

4.0 – Periodontal Services

Treatment of Periodontal Abscess or Pericoronitis

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	One unit of time	--	--	--	--

**Region of Durham Ontario Works Dental Schedule of Benefits
Adult Emergency Program**

7.0 – Oral and Maxillofacial Surgery

Removal, (Extractions), Erupted Teeth

First Tooth/surgical site (segment) – Highest Maximum Payable

Each additional tooth/surgical site (segment) – Lowest Maximum Payable

Routine prophylactic removal of wisdom teeth is not covered by this program

Impaction codes are only payable if there is radiographic evidence that the tooth is actually impacted.

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	Single Tooth, Uncomplicated	--	--	--	--
--	Each additional tooth same quadrant, same appointment	--	--	--	--

You must send in a radiograph or letter of expertise to support the use of complicated extraction codes.

Removal, Erupted Teeth, Complicated

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	Removal, erupted tooth, complicated flap and/or sectioning of tooth	--	--	--	--
--	Each additional tooth in same quadrant/sextant	--	--	--	--

Removals, Impaction, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	Removal, impaction requiring incision of soft tissue	--	--	--	P
--	Each additional tooth in same quadrant/sextant	--	--	--	P

Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap and EITHER Removal of Bone and Tooth OR Sectioning and Removal of Tooth

Procedure	Description	G.P. *	S.P. **	Limit	Pre'd
--	Removal, impaction requiring soft tissue incision and either removal of bone and tooth or sectioning and removal of tooth	--	--	--	P
--	Each additional tooth in same quadrant/sextant	--	--	--	P
--	Removal of impaction requiring soft tissue incision, flap, removal of bone and sectioning of tooth for removal	--	--	--	P
--	Each additional tooth in same quadrant/sextant	--	--	--	P
--	Removal of impaction requiring soft tissue incision, flap, removal of bone and/or sectioning of the tooth and/or presents unusual difficulties and circumstances	--	--	--	P
--	Each additional tooth in same quadrant/sextant	--	--	--	P
--	Removal of erupted residual roots, first tooth	--	--	--	--
--	Each additional tooth in same quadrant/sextant	--	--	--	--
--	Removal of unerupted residual roots, soft tissue covered, first tooth	--	--	--	--
--	Each additional tooth in same quadrant/sextant	--	--	--	--
--	Removal of unerupted residual roots, bone coverage, first tooth	--	--	--	--
--	Each additional tooth in same quadrant/sextant	--	--	--	--

Surgical Incision

Procedure	Description	G.P. *	S.P. **	Limit	Pre'D
--	Surgical incision and drainage, soft tissue	--	--	--	P

Avulsed tooth/teeth

Procedure	Description	G.P. *	S.P. **	Limit	Pre'D
--	Replantation, avulsed anterior tooth, including splinting	--	--	--	P
--	Each additional tooth in same quadrant/sextant	--	--	--	P

**Region of Durham Ontario Works Dental Schedule of Benefits
Adult Emergency Program**

9.0 Adjunctive General Services

Procedure	Description	G.P. *	S.P. **	Limit	Pre'D
--	General anaesthesia and conscious sedation must be pre'd	--	--	--	P

Region of Durham Ontario Works Dental Schedule of Benefits
Discretionary Program: Additional Dental Benefits for OW Adults and ODSP Clients

When a client requires treatment not covered by the OW program funding may be available. Prior to treatment being rendered an estimate must be pre-authorized by the Oral Health Director.

Green cards, yellow cards (LEAP), or a voucher will be issued, if the services are approved, to cover the following services for clients of Social Services. Clients must seek assessment and confirm their eligibility for these additional services from their case worker prior to attending for dental care.

ODSP clients must confirm their financial eligibility for any discretionary benefits to be approved; dental office must submit an estimate to the Oral Health Division.

DENTURES Predetermination on Form

For all dental practitioners, dentists and denturists the following rates apply. The Regions fees only cover the provision of acrylic dentures. **These fees include laboratory fees:**

PLEASE USE USC and LS codes (CDA CODES)

- | | |
|-------------------------------------|-------------------------------------------------|
| ➤ One denture, partial or complete | \$450.00 + lab (max. lab fee \$250 per denture) |
| ➤ Two dentures, partial or complete | \$900.00 + lab (max. lab fee \$250 per denture) |
| ➤ Reline or rebase denture | \$150.00 + lab (\$250 + Lab for two) |
| ➤ Basic repair of denture | \$ 50 + lab |

What about Immediate Dentures

While we recognize that immediate dentures may be the preferred treatment choice for many clients the OW dental benefits program does not specifically cover this treatment. We do not cover soft relines. We do not cover a permanent reline less than 1 year from the time of insertion of the denture.

ROOT CANAL TREATMENT

This service is considered for anterior teeth only, where restoration of the tooth can be completed using a simple direct restoration only. **The fee payable is \$253.39.**

An estimate with radiograph must be submitted prior to treatment for consideration. This is a discretionary benefit and may be denied if the tooth is considered non-restorable or to have a poor prognosis.

CROWNS & POSTS ARE NOT COVERED UNDER THIS PROGRAM.