

ONTARIO WORKS ADULT

Emergency Denture Services

Denturist Fee Schedule

Parry Sound District

May 2012

Maximum Fees

Maximum fees and laboratory charges payable by Parry Sound District Ontario Works are as listed in this schedule.

Maximum coverage for services involving dentures is \$500.00 per denture or \$1,000.00 per set of dentures per patient.

Predeterminations

A predetermination for dentures must be submitted for approval, including codes and fees, as well as a completed Ontario Works – Denture Coverage Form.

Predeterminations and denture coverage forms should be sent to:

Simcoe Muskoka District Health Unit

Barrie by the Bay

403-80 Bradford Street

Barrie, ON L4N 6S7

Any questions call **705-721-7520** or toll free at **1-877-721-7520, ext. 8810**.

Payment

Ontario Works Adult denture vouchers and claims are to be submitted to Ontario Works office for payment.

District of Parry Sound Social Services

Ontario Works

76 Church Street

Parry Sound, ON P2A 1Z1

705-746-8886 ext. 251

800-461-4464 (toll free)

or

South River Social Services

Ontario Works

16 Toronto Ave.

P.O. Box 1600

South River, ON P0A 1X0

705-386-2358 ext. 246

800-661-3230 (toll free)

All forms are available on our website at *www.simcoemuskokahealth.org* under *Health Professionals – Dental Professionals – OW/ODSP*.

REMINDER

1. Ontario Works will cover **one** set of dentures per patient.
2. Relines for immediate dentures will not be covered within **6 months** post insertion
3. Relines for standard dentures will not be covered within **2 years** post insertion
4. Maximum coverage for relines will be **once every two years**
5. Maximum coverage for rebases or remakes will be **once every four years** and four years post insertion.
6. Maximum coverage for repair and additions will be **once per 12 month period** and 1 year post insertion
7. Denture approvals will **not be considered** until all approved restorative, periodontal and endodontic treatments have been completed
 - Not all missing teeth will be approved for replacement by partial dentures. Scientific evidence has demonstrated that only four occluding premolar and/or molar teeth are necessary for proper function. If the patient has at least four occluding back teeth the OW Program will not reimburse for the construction of partial dentures.
 - Missing anterior teeth from the canines forward will be considered for partial denture replacement if there is enough space to place an artificial tooth.
 - Patients should have had a new patient examination within the last 5 years to make sure that there are no hidden problems with the teeth or oral tissues.
 - Construction of dentures will not be approved unless the patient has completed all restorative, endodontic and periodontal treatments, all approved by the dental consultant.

**PARRY SOUND DISTRICT ONTARIO WORKS ADULT
EMERGENCY DENTURE SERVICES**

Denturist Fee Schedule

May 2012

Code	Description	Fee	Lab	Total
DIAGNOSTIC				
10010	General Oral Examination			19.00
DENTURE SERVICES <i>** All services require prior authorization **</i> Maximum fees and laboratory charges payable by Ontario Works are as listed in this schedule. Maximum coverage for services involving dentures is \$500.00 per denture or \$1,000.00 per set of dentures per patient				
DENTURES, COMPLETE				
Dentures, Complete, Standard				
31310	Maxillary + L			500.00
31320	Mandibular + L			500.00
Dentures, Surgical, Standard (Immediate) (including tissue conditioner, but does not include hard relines, but does include three months post insertion care)				
31311	Maxillary + L			500.00
31321	Mandibular + L			500.00
PARTIAL DENTURE, ACRYLIC				
Dentures, Partial, Acrylic Base, (Transitional) The terminology - temporary, provisional, thumb plate, flipper, spacer, is often used to describe a transitional partial denture. It is more commonly used to replace anterior teeth.				
41710	Maxillary + L	126.71	169.69	296.40
41720	Mandibular + L	126.71	179.99	306.70
Dentures, Partial, Acrylic Base, (Immediate) - Relines will not be covered within 6 months of insertion				
41613	Maxillary + L	145.60	225.77	371.37
41623	Mandibular + L	145.60	236.17	381.77
Dentures, Partial, Acrylic, With Metal Wrought/Cast Clasps and/or Rests				
41610	Maxillary + L	237.10	242.41	479.51
41620	Mandibular + L	237.10	255.94	493.04

Code	Description	Fee	Lab	Total
Dentures, Partial, Acrylic, With Metal Wrought/Cast Clasps and/or Rests, (Immediate) - Relines will not be covered within 6 months of insertion				
41611	Maxillary + L			500.00
41621	Mandibular + L			500.00
DENTURES, PARTIAL, FREE END, CAST WITH ACRYLIC BASE				
Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests				
41114	Maxillary + L + CL			500.00
41124	Mandibular + L + CL			500.00
DENTURES, PARTIAL, FREE END, CAST WITH ACRYLIC BASE (IMMEDIATE)				
Dentures, Partial, Free End, Cast Frame/Connector, Clasps and Rests (Immediate) + 1st Tissue Conditioner Relines will not be covered within 6 months of insertion				
41115	Maxillary + L + CL			500.00
41125	Mandibular + L + CL			500.00
DENTURES, PARTIAL, CAST WITH ACRYLIC BASE				
Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests				
41254	Maxillary + L + CL			500.00
41264	Mandibular + L + CL			500.00
Dentures, Partial, Tooth Borne, Cast Frame/Connector, Clasps and Rests, (Immediate) - Relines will not be covered within 6 months of insertion				
41215	Maxillary + L + CL			500.00
41225	Mandibular + L + CL			500.00
DENTURE REPAIRS/ADDITIONS (one repair or addition will be covered once per 12 month period, 1 year post insertion)				
Denture, Repair, Complete Denture, No Impression Required				
36110	Maxillary + L	18.42	22.89	41.31
36120	Mandibular + L	18.42	22.89	41.31
Denture, Repair, Complete Denture, Impression Required				
36210	Maxillary + L	33.05	31.21	64.26
36220	Mandibular + L	33.05	31.21	64.26

Code	Description	Fee	Lab	Total
Denture, Repairs/Additions, Partial Denture, No Impression Required				
46110	Maxillary + L	18.42	22.89	41.31
46120	Mandibular + L	18.42	22.89	41.31
Denture, Repairs/Additions, Partial Denture, Impression Required				
46210	Maxillary + L	33.05	31.21	64.26
46220	Mandibular + L	33.05	31.21	64.26
Denture Additions, Partial Denture, Teeth/Clasps				
46310	Maxillary + L	48.88	31.21	80.09
46320	Mandibular + L	48.88	31.21	80.09
DENTURE DUPLICATION, REBASING, RELINING, REMAKE (one reline will be covered every two years and for standard dentures relines will not be covered within 2 years post insertion) (one rebase or remake will be covered every 4 years and will not be covered within 4 years post insertion)				
Denture, Reline, Direct Complete Denture				
32418	Maxillary			79.87
32428	Mandibular			79.87
Denture, Reline, Direct Partial Denture				
42418	Maxillary			79.87
42428	Mandibular			79.87
Denture, Reline, Processed Complete Denture				
32110	Maxillary + L	80.88	70.75	151.63
32120	Mandibular + L	80.88	78.03	158.91
Denture, Reline, Processed Partial Denture				
42116	Maxillary + L	110.97	78.03	189.00
42126	Mandibular + L	110.97	82.19	193.16
Denture, Rebase, Complete Denture				
33117	Maxillary + L	132.39	88.43	220.82
33127	Mandibular + L	132.39	94.68	227.07

Code	Description	Fee	Lab	Total
Denture, Rebase, Partial Denture				
43116	Maxillary + L	132.39	97.80	230.19
43126	Mandibular + L	132.39	105.08	237.47
Denture, Remake, Using Existing Framework, Partial Denture				
46410	Maxillary + L	173.12	97.80	270.92
46420	Mandibular + L	173.12	105.08	278.20