

**MCSS Schedule of Dental Hygienist Services and Fees**  
**April 2009**

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# Ministry of Community and Social Services Schedule of Dental Hygienist Services and Fees

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## MCSS Schedule of Dental Hygienist Services and Fees

### SOCIAL ASSISTANCE LEGISLATION

There are three types of social assistance available under the following program names:

- **Ontario Works** (OW), including Temporary Care Assistance
- **Ontario Disability Support Program** (ODSP)
- **Assistance for Children with Severe Disabilities** (ACSD)

The Ontario Works Act replaced the General Welfare Assistance Act as of May 1, 1998.

The Ontario Disability Support Program Act was proclaimed June 1, 1998.

### THE SCHEDULE EXPLAINED

This schedule is for dental hygienists who have been approved by the College of Dental Hygienists of Ontario to self-initiate dental hygienist services.

This schedule lists services for both the **Mandatory Basic Dental Care Plan** and the **Dental Special Care Plan (DSCP)**. The Mandatory Basic Dental Care plan covers ODSP, ACSD, children of OW participants and children in receipt of Temporary Care Assistance (OW).

The Dental Special Care Plan is intended to augment the Mandatory Basic Dental Care Plan for only **ODSP/ACSD patients** whose:

- Disability, prescribed medications or prescribed medical treatment directly impacts on their oral health.

The DSCP services are highlighted as follows in the schedule:

**Ministry of Community and Social Services Schedule of Dental Hygienist Services and Fees**

Dental Special Care Plan (DSCP)	<b>EXAMINATION AND ASSESSMENT</b> Additional coverage beyond the limits listed above is available through the Dental Special Care Plan (DSCP) for those patients under ODSP/ACSD who are eligible for DSCP. A pre-determination is required for approval of any additional coverage under DSCP.		
	00121	Examination and Assessment, Previous Client, Routine Recall	14.97
			<b>DSCP Limit:</b> Maximum, 4 per 12 months, per client, per hygienist, per address (MCSS and DSCP combined). Pre-determination required for additional coverage beyond the MCSS limit.

All DSCP services require predetermination. Instructions for pre-determining DSCP services are available in the section “Pre-determination of Benefits” starting on Page 5.

The services covered under the **Dental Special Care Plan (DSCP)** are:

- Additional Recall Examinations (00121)
- Additional Stain Removal (00537)
- Additional Periodontal Debridement/Root Planing (00511-00519, 00521-00529)
- Additional Fluoride Application (00611)
- Custom Fluoride Application (00613-00615)

Specific limits for dental hygienist services under the Mandatory Basic and Special Care Plans are noted in the ‘Limit’ column where applicable. Some services require a note or specific criteria on the dental claim form to be considered for payment. These requirements are listed in the ‘Limit’ column beside the associated procedure codes.

## ELIGIBILITY INFORMATION

### *Who is eligible?*

Clients who are eligible for **Mandatory Basic Dental Care** under this schedule are:

- Ontario Disability Support Program recipients, their spouses and dependent children (0-17 years)
- Children whose parent(s) receive Assistance for Children with Severe Disabilities(ACSD)
- Children whose guardian receives Temporary Care Assistance under Ontario Works
- Dependent children (0-17 years) whose parents are Ontario Works participants

Clients who are eligible for **Dental Special Care Plan** under this schedule are:

- ODSP/ACSD clients whose disability, prescribed medications or prescribed medical treatment directly impacts on their oral health.

### *Who is not eligible for benefits outlined in this Schedule?*

- **Adult Ontario Works participants:**  
Municipalities may provide dental coverage for adult Ontario Works participants as a discretionary benefit (usually emergency and/or denture benefits.)
- **ODSP Dependent Adults:**  
Eligible Dependents of ODSP recipients 18 years and over other than the recipient's spouse. Municipalities may provide dental coverage for ODSP dependent adults as a discretionary benefit (usually emergency and/or denture

benefits).

Municipalities may choose to provide other discretionary dental services to ODSP clients and Ontario Works participants, such as orthodontic and denture services which are not covered under this schedule.

***How does the dental office verify eligibility for patients?***

How do I know if someone is eligible for benefits outlined in this Schedule?	
Adults (other than dependent adults) and children under ODSP and children who receive an ACSD benefit	Children whose parents are Ontario Works participants and children in receipt of Temporary Care Assistance
Dental card will indicate: <ul style="list-style-type: none"> <li>• the program name</li> <li>• eligibility for 'basic' dental care</li> <li>• valid benefit month</li> </ul>	Municipal documentation will indicate: <ul style="list-style-type: none"> <li>• the program name</li> <li>• eligibility for 'basic' dental care</li> <li>• valid benefit month</li> </ul> <b>Contact your local Ontario Works office or Ontario Works dental plan administrator.</b>

***Is the FBA Table of Benefits still valid?***

Yes. Until the Family Benefits Act is rescinded, only persons who are still actively in receipt of FBA are eligible for the FBA Table of Benefits.

**PRE-DETERMINATION OF BENEFITS**

With the exception of the Dental Special Care Plan, there is no pre-determination requirement.

***When to pre-determine services?***

A pre-determination of benefits is only required for services listed under the **Dental Special Care Plan**. The purpose of pre-determining benefits is to allow dental hygienists to confirm that services covered under the Dental Special Care Plan are eligible. Pre-determination cannot be used to question a dental hygienist's clinical findings or judgment. The **Dental Special Care Plan** provides coverage for additional services for ODSP/ACSD patients whose disabilities, prescribed medication or medical treatment directly impacts on their oral health necessitating one or more of the services listed in the Dental Special Care Plan. The Dental Special Care Plan also provides coverage for periodontal debridement and/or root planing (00511-00519, 00521-00529) once only prior to major cardiac, transplant or other surgery where dental cleaning is requested by the patient's medical/dental practitioner. The dental hygienist must indicate the specific condition being treated (for additional information, refer to the 'DSCP Limit:' in the 'Limit' column of this schedule). A pre-determination for services beyond the schedule may be submitted for approval by the plan administrator for persons with severe disabilities.

**Note: For adults (except for dependent adults) and children under ODSP and children covered under ACSD, please contact Accerta.**



***Do topical fluorides, panoramic radiographs, have to be pre-determined?***

No.

However, the eligibility requirements remain in place. Many services in this Schedule are covered only under specific circumstances (e.g., fluoride, panoramic radiographs). This schedule lists the criteria or limits that apply to each service in the 'Limit' column. In order for the plan administrator to determine liability for these services, the dental hygienist must indicate the specific eligibility criteria that is/are applicable to the claim. This information must be provided in the "Registered Dental Hygienist Use (Additional Information only)" box on the National Dental Hygiene Claim Form.

The services that require additional information are:

Procedure Code	Description	Requirement	Page number
00241	Radiographs, Panoramic, Single film	List one criteria on dental hygiene claim form	16
00611	Fluoride Application – Topical – in office	List two criteria on dental hygiene claim form	18

***How long is the pre-determination of benefits valid?***

The pre-determination of benefits for Dental Special Care Plan services (DSCP), issued by the dental plan administrator, is valid for five years from the date of issue. Note, that the client must be eligible for coverage in the month that treatment is rendered.

***Can the pre-determination of benefits be appealed?***

Yes. Dental Hygienists may appeal the plan administrator's decision respecting the pre-determination of benefits. Appeals are to be made to the plan administrator. Details about the appeal process will be available from the dental plan administrator at the request of the dental hygienist.

***How to pre-determine services:***

***How to determine when to submit a pre-treatment form?***

A Pre-treatment form must be submitted for those Dental Special Care Plan services indicated in the schedule.

Example:

Dental Special Care Plan (DSCP)	<b>EXAMINATION AND ASSESSMENT</b> Additional coverage beyond the limits listed above is available through the Dental Special Care Plan (DSCP) for those clients under ODSP/ACSD who are eligible for DSCP. A pre-determination is required for approval of any additional coverage under DSCP.			
	00121	Examination and Assessment, Previous Client, Routine Recall	14.97	<b>DSCP Limit:</b> Maximum, 4 per 12 months, per client, per hygienist, per address (MCSS and DSCP combined). Pre-determination required for additional coverage beyond the MCSS limit.

***What pre-treatment form can be submitted?***

The Standard Dental Pre-treatment Form may be used for all patients.

***What vital information is required on a pre-treatment form?***

- Dental hygienist signature
- Dental hygienist name, address & unique ID number
- client/patient signature to authorize the release of personal information to the plan administrator for pre-determination purposes
- cardholder name & case ID number
- name of plan: ODSP/ACSD
- client/patient name & ID number
- The DSCP services that are recommended
- Confirmation that disability, medical condition or medication will have a direct impact on their oral health – For Dental Special Care Plan requests place (DSCP) on the pre-treatment form
- The specific applicable criteria as listed in the MCSS Schedule

***Will X-rays and/or study models be required?***

No. There is no requirement for a dental hygienist to provide radiographs, study models or any other diagnostic material for dental hygienist treatment (planned or performed) under the MCSS Schedule.

### ***Where should pre-treatment forms be mailed?***

Pre-treatment forms for adults and children under ODSP/ACSD are to be submitted to AccertaClaim Servcorp Inc. (ACCERTA).

### ***When should a reply to a pre-treatment form be expected?***

The dental plan administrator is expected to reply within 5 working days from the date it receives the pre-treatment form request.

## **SUBMISSION OF DENTAL CLAIMS**

<b>Where do I send my claims?</b>	
For adults and children under ODSP, children covered under ACSD or Family Benefits clients	For children whose parents are Ontario Works participants
<ul style="list-style-type: none"> <li>• ACCERTA Toronto "P", P.O. Box 310, Toronto, Ontario M5S 2S8</li> </ul>	<ul style="list-style-type: none"> <li>• varies depending on the municipality</li> <li>• <b><i>contact your local Ontario Works office or Ontario Works dental plan administrator .</i></b></li> </ul>

### ***What forms are required when submitting a claim?***

ACCERTA can accept National Dental Hygiene Claim Forms only. This includes pre-printed or computer generated claim forms.

### ***When should claims be submitted?***

Claims are to be sent in **as treatment occurs**.

**Ontario Works** claims submitted to the dental plan administrator must be accompanied with the original card or a readable photocopy.

### ***Annual Deadline for Claims Submissions***

Claims must be received by dental plan administrator for initial processing within 12 months of the date the services were provided.

## **CLAIMS PROCESSING AND ADJUDICATION**

### ***What happens when a patient visits more than one dental hygienist?***

Dental hygienists will be reimbursed for treatment provided when a client exceeds frequency limitations by attending more than one dental hygienist.

### ***Is Extra or Balance Billing acceptable?***

No. Extra billing or balance billing is not permitted for services covered and paid for under this schedule for children and adults on the Ontario Disability Support Program, ACSD clients or children whose parents are Ontario Works participants. A dental hygienist may bill the patient (parent/guardian) for services not covered and not paid for under this schedule.

### ***How to avoid reimbursement delays?***

In order to ensure that the correct practitioner is reimbursed and that the reimbursement is sent to the correct practice address, the following information is required on all claim forms:

- the treating dental hygienist's name;
- the treating dental hygienist's unique identification number (UIN); and
- the treating dental hygienist's address

### ***How is frequency of services calculated?***

Frequency and annual maximums will be calculated based on a 12 month rolling period.

***How will radiographs be reimbursed?***

Periapical films are paid cumulatively up to the maximum payable per client, per dental hygienist per 12 month period.  
For example:

If 00222 is claimed, the amount payable is \$11.52.

If 00221 is subsequently claimed, the amount payable is \$1.53.

This represents the difference between the amount previously paid \$11.52 and the maximum for 3 periapical films which is \$13.05.

### ***Co-ordination of Benefits***

Claims for services performed for patients who have dental benefits under a private dental plan contract or insurance policy, must be submitted through the private plan first. If the amount paid under any other plan is equal to, or greater than, the fee shown in this schedule, there will be no co-ordination of benefits.

If the amount paid by the first payor is less than the fees in this schedule, or if the first payor declines payment, benefits may be co-ordinated through this plan. Please complete a duplicate dental claim form and attach the Explanation of Benefits from the first payor. The maximum payable from all plans combined will be the amount shown in this schedule.

Please note, First Nations Inuit Health Branch (FNIHB) staff have advised that where a client is eligible for coverage under the Non-Insured Health Benefits (NIHB) program and OW or ODSP/ACSD, the NIHB program is the second payor.



## OTHER INFORMATION

### *Questions about claims processing or payments:*

Contacts	For adults (except dependent adults) and children under ODSP and children covered under ACSD	For children of Ontario Works participants and children in receipt of Temporary Care Assistance (OW)
Claims processing and payment Questions	<p>Please call ACCERTA:  <b>In Toronto call: 416-922-6565</b></p> <p><b>Outside of Toronto call:</b>  <b>1-800-505-7430</b></p>	<p>Where the dental plan administrator for Ontario Works is not Accerta, please contact the Ontario Works office or the dental plan administrator for that municipality to discuss the procedures to submit claims.</p>
Explanation of error messages – complete listing	<p>Please visit ACCERTA website at  <b><a href="http://www.accerta.ca">www.accerta.ca</a></b></p>	

# MCSS Schedule of Dental Hygienist Services and Fees

Code	Description	Hygienist Fee	Limit
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## ASSESSMENT SERVICES

EXAMINATION AND ASSESSMENT			<p>All clients are covered for any <b><u>TWO examinations, from the list below, in any 12 month period</u></b> provided these examinations are within the frequency limitations described below.</p> <p>Please note that while all emergency exams are covered, they count toward the two exam limitation in any 12 month period. Consequently, if a patient has two or more emergency exams in a 12 month period, they would not be covered for any routine or non-emergency exams in that period.</p> <p>A recall exam or a new client exam is payable when 9 months have elapsed between these services.</p>
Examination and Assessment, New Client			1 per 60 months, per client, per hygienist, per address.
00111	Examination and Assessment, New Client, Primary	19.29	
00112	Examination and Assessment, New Client, Mixed	28.94	
00113	Examination and Assessment, New Client, Permanent	38.58	

EXAMINATION AND ASSESSMENT			<p>A recall exam or a new client exam is payable when 9 months have elapsed between these services.</p>
00121	Examination and Assessment, Previous Client, Routine Recall	14.97	1 per 9 months, per client, per hygienist, per address.
00122	Examination and Assessment, Previous Client, Specific	13.93	1 per 12 months, per client, per hygienist, per address.
00123	Examination and Assessment, Previous Client, Emergency	13.93	<p>All emergency exams will be covered.</p> <p>There is no limit on the number of emergency exams that will be covered.</p>

Dental Special  
Care Plan  
(DSCP)

EXAMINATION AND ASSESSMENT			
00121	Examination and Assessment, Previous Client, Routine Recall	14.97	<p><b>DSCP Limit:</b> Maximum, 4 per 12 months, per client, per hygienist, per address (MCSS and DSCP combined). Pre-determination required for additional coverage beyond the MCSS limit.</p>

**MCSS Schedule of Dental Hygienist Services and Fees**

Code	Description	Hygienist Fee	Limit
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<b>RADIOGRAPHS</b> +			Maximum of 8 periapical films per 12 months, per client, per hygienist, per address (except when required in an emergency situation) are paid cumulatively. Maximum payable for periapical and occlusal films combined is \$16.40.
Radiographs, Intraoral, Periapical			
00221	Single film	9.83	
00222	Two films	11.52	
00223	Three films	13.05	
00224	Four films	14.64	
00225	Five films	16.73	
00226	Six Films	16.73	
00227	Seven Films	16.73	
00228	Eight Films	16.73	
Radiographs, Intraoral, Bitewing			Maximum payable for 2 bitewing films, per client, per hygienist, per 9 months is \$11.29
00211	Single film	9.83	
00212	Two films	11.52	
Radiographs, Panoramic			<p>1 per 24 months, per client, per hygienist. <b>Except in an emergency when criteria 1, 2, 5 or 6 applies.</b> Maximum payable is \$28.90.</p> <p>These radiographs are covered when required due to:</p> <ol style="list-style-type: none"> <li>1. facial trauma with symptoms of possible jaw fracture;</li> <li>2. facial swelling of unknown etiology,</li> <li>3. significant delayed eruption pattern;</li> <li>4. severe gag reflex with multiple carious lesions;</li> <li>5. diagnosis cannot be made using periapical film;</li> <li>6. and special circumstances clearly substantiated by the practitioner.</li> </ol> <p>One of the above criteria (<b>listing the number is acceptable</b>) must appear on the dental claim form for consideration of payment.</p>
00241	Single film	29.48	

# MCSS Schedule of Dental Hygienist Services and Fees

Code	Description	Hygienist Fee	Limit
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## PREVENTIVE SERVICES

### MAINTENANCE CARE SERVICES (RECALL)

STAIN REMOVAL		1 per 9 months when performed in conjunction with a recall exam and stain removal.	
00537	One half unit	7.58	

Dental Special Care Plan (DSCP)	<b>STAIN REMOVAL</b> Additional frequency/units of time beyond the limits listed above are available through the Dental Special Care Plan (DSCP) for those clients under ODSP/ACSD who are eligible for DSCP. A pre-determination is required for approval of any additional coverage under DSCP.		<b>DSCP Limit:</b> Maximum, 4 occurrences per 12 months, per client, per hygienist, per address (MCSS and DSCP combined) when performed in conjunction with a recall exam and stain removal.  Pre-determination required for additional coverage beyond the MCSS limit.
	00537	One half unit	7.58

<b>PERIODONTAL DEBRIDEMENT</b>		A combined maximum (Scaling/Root Planing) 4 units per 12 months, per client, per hygienist.	
00511	One unit of time	33.28	
00512	Two units	66.57	
00513	Three units	99.85	
00514	Four units	133.12	
00517	One half unit	16.64	

Dental Special Care Plan (DSCP)	<b>PERIODONTAL DEBRIDEMENT</b>		<b>DSCP Limit:</b> Coverage is available for an additional 8 units of scaling and/or root planing per 12 months, per client, per hygienist. (Maximum of 12 units of scaling and/or root planing under MCSS and DSCP combined, per 12 months, per client, per hygienist).  Pre-determination is required for the additional 8 units of scaling and/or root planing only.
	00511	One unit of time	33.28
	00512	Two units of time	66.57
	00513	Three units of time	99.85
	00514	Four units of time	133.12
	00515	Five units of time	166.04
	00516	Six units of time	199.69
	00517	One half unit of time	16.64
	00519	Each additional unit of time over six	33.28
		Covered on a periodic or ongoing basis as a result of increased susceptibility to periodontal disease as a result of the disability, prescribed medication or prescribed medical treatment <b>OR</b> once only prior to major cardiac, transplant or other surgery where dental cleaning is requested by the patient's medical/dental practitioner.	

# MCSS Schedule of Dental Hygienist Services and Fees

Code	Description	Hygienist Fee	Limit
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<b>FLUORIDE APPLICATION</b>		<p>Coverage is limited to situations where <b>two or more</b> of the following criteria apply:</p> <ol style="list-style-type: none"> <li>1. Water fluoride content is less than 0.3 ppm,</li> <li>2. Past history of smooth surface decay in the last three years</li> <li>3. Present smooth surface decay</li> <li>4. Evidence of long standing poor oral hygiene</li> <li>5. A severe medically compromised patient</li> <li>6. Xerostomia – radiation or drug induced</li> </ol> <p><b>Two</b> of the above criteria (listing numbers are acceptable) must appear on the dental claim form for consideration of payment.</p>	
00611	Fluoride Application, Topical, in office	8.35	

Dental Special Care Plan (DSCP)	FLUORIDE APPLICATION		<p><b>DSCP Limit:</b> As required, to address high risk of caries for patients who are at high risk as a direct result of their disability, prescribed medication or prescribed medical treatment.</p>
	00611	Fluoride Application, Topical, in office	8.35

Dental Special Care Plan (DSCP)	<b>FLUORIDE HOME</b>		<b>DSCP Limit:</b> Lifetime maximum of one maxillary and one mandibular appliance per patient. Covered when required to address reduced salivary flow due to head and neck irradiation or to address patients with chronic dry mouth as a result of their disability, prescribed medication or prescribed medical treatment.	
	Fluoride, (home application) The following procedure codes are covered under the DSCP only for those patients under ODSP/ACSD who are eligible for DSCP. A pre-determination is required for approval of coverage under DSCP.			
	00613	Fluoride Application – Home – Custom Maxillary Arch		22.38 + lab
	00614	Fluoride Application – Home – Custom Mandibular Arch		22.38 + lab
	00615	Fluoride Application – Custom Combined		31.97 + lab

## PREVENTIVE SERVICES, MISCELLANEOUS

Sealants		<p>Restricted to first permanent molar up to the 8<sup>th</sup> birthday only and to the second permanent molar up to the 14<sup>th</sup> birthday only.</p>	
00602	First tooth in quadrant	11.24	

Mouth Protector (Protective Appliance)		<p>Ages 0 - 17 - 1 per 12 months, per patient, per hygienist, per address. Age 18 and over - 1 per 60 months, per patient, per hygienist, per address.</p>	
00634	Mouth Protector, Processed Maxillary arch	31.04 + lab	
00635	Mouth Protector, Processed, Mandibular arch	31.04 + lab	
00636	Mouth Protector, Processed, Maxillary and mandibular arches	43.89+ lab	

**MCSS Schedule of Dental Hygienist Services and Fees**

Code	Description		Hygienist Fee	Limit
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**RESTORATIVE SERVICES**

**CARIES, TRAUMA AND PAIN CONTROL**

The final restoration is payable after 7 days have elapsed.

00666	Temporary Restoration - First tooth in quadrant	26.89
00667	Temporary Restoration - Each additional tooth in quadrant	13.74

## MCSS Schedule of Dental Hygienist Services and Fees

Code	Description	Hygienist Fee	Limit
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### PERIODONTAL SERVICES

#### MANAGEMENT OF ORAL DISEASE

00551	Management of oral disease	17.14	
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#### ROOT PLANING, PERIODONTAL

Root Planing		A combined maximum (Scaling/Root Planing) 4 units per 12 months, per patient, per hygienist.	
00521	Root planing - one unit of time	33.28	
00522	Root planing - two units of time	66.56	
00523	Root planing - three units of time	99.85	
00524	Root planing - four units of time	133.12	
00527	Root planing – one half unit of time	16.64	

#### ROOT PLANING

Dental Special Care Plan (DSCP)			<b>DSCP Limit:</b> Coverage is available for an additional 8 units of scaling and/or root planing per 12 months, per client, per hygienist. (Maximum of 12 units of scaling and/or root planing under MCSS and DSCP combined, per 12 months, per client, per hygienist).  Pre-determination is required for the additional 8 units of scaling and/or root planing only.	
	00521	Root planing - one unit of time	33.28	
	00522	Root planing - two units of time	66.56	
	00523	Root planing - three units of time	99.85	
	00524	Root planing - four units of time	133.12	
	00525	Root planing - five units of time	166.04	
	00526	Root planing - six units of time	199.68	
	00527	Root planing - one half unit of time	16.64	
	00529	Root planing - each additional unit > 6	33.28	

#### ANTICARIOGENICS AND/OR ANTIMICROBIAL AGENTS

Application of anticariogenics, antimicrobials			
00606	One unit of time	18.20 + exp	One unit per visit, 2 visits per 12 months, per client, per hygienist, per address.

**MCSS Schedule of Dental Hygienist Services and Fees**

Code	Description	Hygienist Fee	Limit
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**ADJUNCTIVE GENERAL SERVICES**

**CONSCIOUS SEDATION**

			8 units per visit.
00741	Conscious sedation, nitrous oxide, one unit of time	14.39	
00742	Conscious sedation, nitrous oxide, two units of time	34.45	
00743	Conscious sedation, nitrous oxide, three units of time	56.11	
00744	Conscious sedation, nitrous oxide, four units of time	76.41	

**LABORATORY PROCEDURES**

			The amount listed on the invoice will be paid in full. Laboratory fees must appear immediately below the procedure code(s) to which they apply. A copy of the Laboratory Invoice, or receipt of laboratory payment, must be submitted with the claim form for Commercial Laboratory Procedures (code 00991).
00991	Laboratory expenses and services	Cost	
00992	Expenses	Cost	