



Hamilton

City of Hamilton  
Healthy and Safe Communities  
Special Supports Program  
1550 Upper James St, Unit 14a  
Hamilton, ON L9B 2L6

# **Schedule of Services and Fees: Discretionary Denture Program**

Ontario Works and  
Ontario Disability Support Program  
(18-64 Years of Age)

**Effective: January 20, 2026**

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**\*\*IMPORTANT NOTE\*\***

**All full dentures, partial dentures, relines, repairs and additions must be preauthorized prior to commencement of treatment.**

Patient eligibility for the Denture Program is determined by the Special Supports Program.

## **Pre-Determinations**

All pre-determinations must be signed by the patient **prior** to submitting to the Special Supports Program for eligibility and approval.

Any Pre-determination received without a signature will not be considered for review of eligibility. It is requested that the consumer contribution for the dentures be discussed with the patient prior to submitting a pre-determination.

Pre-Determinations with Canadian Dental Care Plan (CDCP) or Private Insurance. The City of Hamilton Special Supports program will be the second payor for dentures when clients are covered through the Canadian Dental Care Plan or Private Insurance. For CDCP, pre-determinations must be submitted with the Sun Life Dental estimate attached outlining the eligible amount under the CDCP. For other insurance, the pre-determination must be submitted with the private insurance dental estimate attached outlining the eligible amount under the private plan. The dentist/denturist will then balance bill to the City of Hamilton Special Supports program. The City of Hamilton will only cover denture codes in the current schedule of denture benefits and fees.

### **Denture Example #1**

- Denturist submits pre-determination for client with Sunlife (CDCP) or Private Insurance payment estimate.
- Complete Upper Denture Code 31310
- Denturist charges \$1500.00
- CDCP pays \$724.32.
- OW pays \$703.22 (current fee schedule)
- Provider can bill up to \$703.22 to Special Supports.
- Total provider receives \$1,427.54. Provider can balance bill to client \$72.46.

Note: If dentures are approved by the City of Hamilton Special Supports Program and the client obtains CDCP coverage after receiving approval from Special Supports, the amount paid by the City of Hamilton will be the difference after CDCP payment to the maximum fee schedule.

### **Example # 2**

- Complete Upper Denture Code 31310 Predetermination received by City of Hamilton Ontario Works program.

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- Denturists charge \$1200.00 – no CDCP or other coverage indicated on Part 3 of Pre-determination form.
- Special Supports approved maximum OW fee schedule rate of \$703.33 for code 31310.
- Patient obtains CDCP coverage 2 weeks after Special Supports approval.
- Denturist completed service and submitted claim form to Special Supports with Sun Life Payment statement/Explanation of Benefits (EOB) attached.
- CDCP paid maximum \$732.42 for fee code 31310.
- Denturists charge \$1200-\$732.42 (CDCP coverage) = \$467.58 balance to be paid by the City of Hamilton.
- Any additional fees not covered in the Discretionary Denture Program Schedule of Services and Fees are the responsibility of the client (example, lab fees)

## Programs

### **Ontario Works and Ontario Disability Support Program Participants:**

Pre-determination must be e-mailed, faxed or mailed to the Special Supports Program.

## Contact Information

### **Special Supports Program and Eligibility Related Inquiries:**

Special Supports Case Aides

Phone: 905-546-2590

Fax: 905-546-2476

[support@hamilton.ca](mailto:support@hamilton.ca)

### **Dentist/Denturist Payment Inquiries:**

Special Supports Payment Clerks

Phone: 905-546-2424 ext. 2219

[sspc@hamilton.ca](mailto:sspc@hamilton.ca)

### **Mailing Address:**

Special Supports Program

1550 Upper James St. Unit 14a

Hamilton ON L9B 2L6

## Approvals

- Once determination of eligibility is made for the requested dentures, reline, repair and/or addition, an authorization approval letter will be provided to the patient to take to the dentist/denturist who provided the pre-determination.
- Authorization approval letters are valid only for the dentist/denturist specified on the approval letter. **All procedures must be completed as approved.**
- Authorization approval letters are valid for 120 days from the approval date. If an extension is required, the dentist/denturist must contact the Special Supports Case Aide at 905-546-2590.
- In the event the patient decides to use an alternative dentist/denturist, the "original" authorization approval letter must be returned to Special Supports Program with an explanation prior to starting the process over again.

## General Descriptions and Limitations of the Denture Program

### Time Frames for eligibility, replacement, relines and repairs:

- Full dentures and partials are allowed every 8 years. If a partial denture is inserted, only a full denture will be approved for the difference i.e. full denture less the partial denture.
- There is no consideration for the following (but not limited to):
  - Provisional/Transitional Dentures
  - Over dentures
  - Denture Adjustments
  - Replications
  - Rebasing
  - Remake
  - Therapeutic Tissue Conditioning
  - Implants
- Relines will be covered every 2 years. If an immediate denture (full or partial) is provided to the patient, a reline will not be covered for the first two years from date of insertion.
- Repairs and additions will be covered once per 12-month period, 1 year after insertion date.
- Any approval or denial decision made prior to September 15, 2025, will stand under previous Denture Program criteria, and will not be reversed. Estimates submitted September 15, 2025, forward will follow new program criteria.

## **Extra or Balance Billing**

A dentist or denturist may charge the patient for any balance over the approved fee covered in this schedule or for services not covered and not paid for under the Denture Program, Schedule of Benefits. It is requested that the **consumer contribution for the dentures be discussed with the patient prior to submitting a pre-determination**.

## **Co-ordination of Benefits**

### **Private Insurance**

Claims for services performed for patients who have denture benefits under a private dental plan contract or insurance policy must be submitted through the private plan first.

City of Hamilton Ontario Works will become the second payor through coordination of benefits. The dentist/denturist will balance bill the City of Hamilton Ontario Works program by completing a duplicate dental claim form and attaching the Explanation of Benefits from the first payor.

The City of Hamilton will only cover up to the maximum amount shown for denture codes in the current schedule of denture benefits and fees or the balance owing on a denture procedure code, whichever is less. Any remaining balance will be the client/patient's responsibility. As a reminder, we do not cover lab fees.

Where a client has coverage through First Nations Inuit Health Branch (FNIHB), Non-Insured Health Benefits (NIHB), Ontario Works will be the first payor.

### **Canada Dental Care Plan**

City of Hamilton Ontario Works will become the second payor through coordination of benefits as dentists/denturists will bill the Canada Dental Care Plan first.

The dentist/denturist will balance bill the City of Hamilton Ontario Works program by completing a duplicate dental claim form and attaching the Explanation of Benefits from CDCP. The City of Hamilton will only cover up to the maximum denture codes in the current schedule of denture benefits and fees. Any remaining balance will be the client/patient's responsibility. As a reminder, we do not cover lab fees.

## **How to Submit a Claim?**

- Claims are only to be submitted once dentures/partials are inserted or when the repair, reline or addition is completed.
- Ensure that your ODA/CDA approved claim form is completed in full and accurate, including signature of patient or guardian and office verification (Treating dentist's name, unique identification number (UIN) and address).

- Attach all applicable documentation with each claim submission:
  - e.g.: Original Approval Letter, Sun Life (CDCP) Payment statement/Explanation of Benefits (EOB)

## Where to Submit Claims?

- Invoices can be emailed directly to the Special Supports Program at: [SpecialSupportsInvoices@hamilton.ca](mailto:SpecialSupportsInvoices@hamilton.ca).
- Invoices will still be accepted by postal mail however emailed invoices will be preferred:

City of Hamilton - Special Supports Payment Clerks  
1550 Upper James St. Unit 14a,  
Hamilton, ON. L9B 2L6

## Non-Receipt of Payment

If Special Supports payment has not been received within 45 days of submission of claim:

- **Do not submit a duplicate claim form.**
- **Please contact the Special Supports Payment Clerks at (905) 546-2424 x.2219 who can verify if your original claim was paid and/or received.**
- If payment has not been received, instructions will be provided regarding what is required/necessary to have the claim paid as quickly as possible.

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## Procedures

Complete Dentures	Provider	Codes	Fees
Complete Maxillary	ODA	51101	\$901.85
		51301	\$1,065.90
	Denturist	31310	\$703.22
		31311	\$757.00
Complete Mandibular	ODA	51102	\$1,147.50
		51302	\$1,310.70
	Denturist	31320	\$859.00
		31321	\$928.00

Partial Dentures – Acrylic Base	Provider	Codes	Fees
Partial Maxillary	ODA	52111	\$447.10
		52201	\$548.25
		52211	\$548.25
		52301	\$652.89
		52311	\$742.90
		52401	\$652.89
		52411	\$652.89
	Denturist	41610	\$643.00
		41611	\$600.60
		41612	\$538.00
Partial Mandibular	ODA	41613	\$505.07
		52112	\$447.10
		52202	\$548.25
		52212	\$548.25
		52302	\$652.89
		52312	\$742.90
		52402	\$652.89
	Denturist	52412	\$652.89
		41620	\$690.73
		41621	\$633.70
		41622	\$566.00
		41623	\$529.66

Schedule of Services and Fees: Discretionary Denture Program

<b>Partial Dentures – Case with Acrylic Base</b>	<b>Provider</b>	<b>Codes</b>	<b>Fees</b>
<b>Partial Maxillary</b>	<b>ODA</b>	53101	\$1,147.50
		53111	\$1,147.50
		53201	\$1,065.90
		53211	\$1,065.90
	<b>Denturist</b>	41114	\$798.00
		41115	\$798.00
		41215	\$798.00
		41254	\$769.00
<b>Partial Mandibular</b>	<b>ODA</b>	53102	\$1,147.50
		53112	\$1,147.50
		53202	\$1,065.90
		53212	\$1,065.90
	<b>Denturist</b>	41124	\$837.00
		41125	\$837.00
		41225	\$837.00
		41264	\$806.00

<b>Repairs/Additions</b>	<b>Provider</b>	<b>Codes</b>	<b>Fees</b>
<b>No Impression</b>	<b>ODA</b>	55101	\$80.75
		55102	\$80.75
		55301	\$79.90
		55302	\$79.90
	<b>Denturist</b>	36110	\$57.80
		36120	\$57.80
		46110	\$57.80
		46120	\$57.80
<b>With Impression</b>	<b>ODA</b>	55201	\$119.85
		55202	\$119.85
		55401	\$235.45
		55402	\$235.45
	<b>Denturist</b>	36210	\$86.70
		36220	\$86.70
		46210	\$86.70
		46220	\$86.70
		46310	\$105.40
		46320	\$105.40

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Relining	Provider	Codes	Fees
<b>Complete or Partial Maxillary</b>	ODA	56211	\$306.85
		56221	\$294.32
		56231	\$301.06
		56241	\$301.06
	Denturist	32110	\$193.00
		32215	\$171.51
		32316	\$171.51
		32410	\$149.00
		32418	\$149.00
		42116	\$207.39
<b>Complete or Partial Mandibular</b>	ODA	42210	\$183.46
		42316	\$183.46
		42416	\$156.00
		42418	\$156.00
	Denturist	56212	\$306.85
		56222	\$294.32
		56232	\$376.34
		56242	\$301.06
		32120	\$207.39
		32225	\$188.77