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: July 1, 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), Interim Federal Health Plan (IFHP), 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, Interim Federal Health 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 including IFHP, the pre-determination must be submitted with the insurance dental estimate attached outlining the eligible amount under the private plan or IFHP. 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), IFHP 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.
- 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.

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

Dentist/Denturist Payment Inquiries:

Special Supports Payment Clerks
Phone: 905-546-2424 ext. 2219
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 and Interim Federal Health Plan (IHFP)

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

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 and lab fees in the current schedule of denture benefits and fees. Any remaining balance will be the client/patient's responsibility.

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 accurately, 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.

- 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.

Procedures

Complete Dentures	Provider	Codes	Fees	Lab Fees (effective July 1st, 2026)
Complete Maxillary	**ODA**	51101	$901.85	L
Complete Maxillary	**ODA**	51301	$1,065.90	L
Complete Maxillary	**Denturist**	31310	$703.22	$429.16
Complete Maxillary	**Denturist**	31311	$757.00	$547.20
Complete Mandibular	**ODA**	51102	$1,147.50	L
Complete Mandibular	**ODA**	51302	$1,310.70	L
Complete Mandibular	**Denturist**	31320	$859.00	$510.19
Complete Mandibular	**Denturist**	31321	$928.00	$620.80

Partial Dentures – Acrylic Base	Provider	Codes	Fees	Lab Fees (effective July 1st, 2026)
Partial Maxillary	**ODA**	52111	$447.10	L
Partial Maxillary	**ODA**	52201	$548.25	L
Partial Maxillary	**ODA**	52211	$548.25	
Partial Maxillary	**ODA**	52301	$652.89	L
Partial Maxillary	**ODA**	52311	$742.90	L
Partial Maxillary	**ODA**	52401	$652.89	L
Partial Maxillary	**ODA**	52411	$652.89	
Partial Maxillary	**Denturist**	41610	$643.00	$381.98
Partial Maxillary	**Denturist**	41611	$600.60	$ 504.80
Partial Maxillary	**Denturist**	41612	$538.00	$319.64
Partial Maxillary	**Denturist**	41613	$505.07	$448.80
Partial Mandibular	**ODA**	52112	$447.10	L
Partial Mandibular	**ODA**	52202	$548.25	L
Partial Mandibular	**ODA**	52212	$548.25	
Partial Mandibular	**ODA**	52302	$652.89	L
Partial Mandibular	**ODA**	52312	$742.90	L
Partial Mandibular	**ODA**	52402	$652.89	L
Partial Mandibular	**ODA**	52412	$652.89	
Partial Mandibular	**Denturist**	41620	$690.73	$421.13
Partial Mandibular	**Denturist**	41621	$633.70	$540.80
Partial Mandibular	**Denturist**	41622	$566.00	$335.67
Partial Mandibular	**Denturist**	41623	$529.66	$464.00

Partial Dentures – Case with Acrylic Base	**Provider**	**Codes**	**Fees**	**Lab Fees** (effective July 1st, 2026)
Partial Maxillary	**ODA**	53101	$1,147.50	L
Partial Maxillary	**ODA**	53111	$1,147.50	
Partial Maxillary	**ODA**	53201	$1,065.90	L
Partial Maxillary	**ODA**	53211	$1,065.90	
Partial Maxillary	**Denturist**	41114	$798.00	$482.74
Partial Maxillary	**Denturist**	41115	$798.00	
Partial Maxillary	**Denturist**	41215	$798.00	
Partial Maxillary	**Denturist**	41254	$769.00	$463.06
Partial Mandibular	**ODA**	53102	$1,147.50	L
Partial Mandibular	**ODA**	53112	$1,147.50	
Partial Mandibular	**ODA**	53202	$1,065.90	L
Partial Mandibular	**ODA**	53212	$1,065.90	
Partial Mandibular	**Denturist**	41124	$837.00	$505.86
Partial Mandibular	**Denturist**	41125	$837.00	
Partial Mandibular	**Denturist**	41225	$837.00	
Partial Mandibular	**Denturist**	41264	$806.00	$485.56

Repairs/Additions	**Provider**	**Codes**	**Fees**	**Lab Fees** (effective July 1st, 2026)
No Impression	**ODA**	55101	$80.75	L
No Impression	**ODA**	55102	$80.75	L
No Impression	**ODA**	55301	$79.90	L
No Impression	**ODA**	55302	$79.90	L
No Impression	**Denturist**	36110	$57.80	$40.07
No Impression	**Denturist**	36120	$57.80	$40.07
No Impression	**Denturist**	46110	$57.80	$40.07
No Impression	**Denturist**	46120	$57.80	$40.07
With Impression	**ODA**	55201	$119.85	L
With Impression	**ODA**	55202	$119.85	L
With Impression	**ODA**	55401	$235.45	L
With Impression	**ODA**	55402	$235.45	L
With Impression	**Denturist**	36210	$86.70	$60.54
With Impression	**Denturist**	36220	$86.70	$60.54
With Impression	**Denturist**	46210	$86.70	$60.54
With Impression	**Denturist**	46220	$86.70	$60.54
With Impression	**Denturist**	46310	$105.40	$73.91
With Impression	**Denturist**	46320	$105.40	$73.91

Relining	Provider	Codes	Fees	Lab Fees (effective July 1st, 2026)
Complete or Partial Maxillary	**ODA**	56211	$306.85	n/a
Complete or Partial Maxillary	**ODA**	56221	$294.32	n/a
Complete or Partial Maxillary	**ODA**	56231	$301.06	L
Complete or Partial Maxillary	**ODA**	56241	$301.06	L
Complete or Partial Maxillary	**Denturist**	32110	$193.00	$118.42
Complete or Partial Maxillary	**Denturist**	32215	$171.51	$104.17
Complete or Partial Maxillary	**Denturist**	32316	$171.51	
Complete or Partial Maxillary	**Denturist**	32410	$149.00	$95.70
Complete or Partial Maxillary	**Denturist**	32418	$149.00	$95.70
Complete or Partial Maxillary	**Denturist**	42116	$207.39	$127.33
Complete or Partial Maxillary	**Denturist**	42210	$183.46	$111.30
Complete or Partial Maxillary	**Denturist**	42316	$183.46	
Complete or Partial Maxillary	**Denturist**	42416	$156.00	$99.03
Complete or Partial Maxillary	**Denturist**	42418	$156.00	$99.03
Complete or Partial Mandibular	**ODA**	56212	$306.85	n/a
Complete or Partial Mandibular	**ODA**	56222	$294.32	n/a
Complete or Partial Mandibular	**ODA**	56232	$376.34	L
Complete or Partial Mandibular	**ODA**	56242	$301.06	L
Complete or Partial Mandibular	**Denturist**	32120	$207.39	$127.33
Complete or Partial Mandibular	**Denturist**	32225	$188.77	$113.97
Complete or Partial Mandibular	**Denturist**	32326	$188.77	
Complete or Partial Mandibular	**Denturist**	32420	$158.00	$100.44
Complete or Partial Mandibular	**Denturist**	32428	$158.00	$100.44
Complete or Partial Mandibular	**Denturist**	42126	$223.46	$136.23
Complete or Partial Mandibular	**Denturist**	42220	$199.41	$123.76
Complete or Partial Mandibular	**Denturist**	42326	$199.41	
Complete or Partial Mandibular	**Denturist**	42426	$165.00	$107.27
Complete or Partial Mandibular	**Denturist**	42428	$165.00	$107.27