



Hamilton

DISCRETIONARY DENTURE PROGRAM

SCHEDULE OF BENEFITS AND FEES

Effective: August 1, 2021

ONTARIO WORKS, ONTARIO DISABILITY SUPPORT PROGRAM & LOW INCOME (18 - 64 years of age)

**City of Hamilton Special Supports
Program**

**1550 Upper James St, Unit 14a
Hamilton ON L9B 2L6**

**Healthy and Safe Communities
Department**

August 2021 Schedule of Discretionary Denture Benefits and Fees For City of Hamilton, OW/ODSP and Low Income

****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.

Programs

Ontario Works & Ontario Disability Support Program Participants:

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

Low Income Program Participants 18 to 64 years of age:

Special Supports financial assistance must first be determined prior to determining eligibility for dentures. Special Supports Funding Applications can be requested to be mailed to applicants by calling Special Supports or by completing the online application form at <https://www.hamilton.ca/social-services/support-programs/special-supports-program>.

Contact Information

Mailing Address: Special Supports Program
1550 Upper James St. Unit 14a, Hamilton ON L9B 2L6

Special Supports Program and Eligibility Related Inquiries:

Special Supports Case Aides
Phone: 905-546-2590
Fax: 905-546-2476

Dentist/Denturist Payment Inquiries:

Special Supports Payment Clerks
Phone: 905-546-2424 x.2219
Fax: 905-546-2256

August 2021 Schedule of Discretionary Denture Benefits and Fees For City of Hamilton, OW/ODSP and Low Income

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.
- Low Income recipients who want to make changes to what has been approved from the original pre-determination must have their eligibility re-assessed by calling the Special Supports Program Case Aide at 905-546-2590 and the original approval letter must be returned to the Special Supports Program.

General Descriptions and Limitations of the Denture Program

Time Frames for eligibility, replacement, relines and repairs:

1. Full dentures and partials are allowed every 10 years. If a partial denture is inserted, only a full denture will be approved for the difference.
2. 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
3. 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.

August 2021 Schedule of Discretionary Denture Benefits and Fees For City of Hamilton, OW/ODSP and Low Income

4. Repairs and additions will be covered once per 12-month period, 1 year after insertion date.
5. Any approval or denial decision made **prior** to August 1st will stand under the previous Denture Program criteria and will not be reversed. Estimates submitted August 1st forward will follow the 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

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. If the amount paid under any other plan is equal to or greater than the fee shown in this schedule, there will be no coordination 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 coordinated 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 has 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 payer.

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

***August 2021 Schedule of Discretionary Denture Benefits and Fees
For City of Hamilton, OW/ODSP and Low Income***

Where to Submit Claims?

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.

**August 2021 Schedule of Discretionary Denture Benefits and Fees
For City of Hamilton, OW/ODSP and Low Income**

Procedure Description	Fees
Complete Dentures	
Complete Maxillary: ODA Codes: 51101 51301 Denturist Codes: 31310 31311	\$453
Complete Mandibular: ODA Codes: 51102 51302 Denturist Codes: 31320 31321	\$510
Partial Dentures – Acrylic Base	
Partial Maxillary: ODA Codes: 52111 52201 52211 52301 52311 52401 52411 Denturist Codes: 41610 41611 41612 41613	\$275
Partial Mandibular: ODA Codes: 52112 52202 52212 52302 52312 52402 52412 Denturist Codes: 41620 41621 41622 41623	\$275
Partial Dentures – Cast with Acrylic Base	
Partial Maxillary: ODA Codes: 53101 53111 53201 53211 Denturist Codes: 41114 41115 41215 41254	\$487
Partial Mandibular: ODA Codes: 53102 53112 53202 53212 Denturist Codes: 41124 41125 41225 41264	\$487
Repairs/Additions	
No Impression -Complete Maxillary, Complete Mandibular, Partial Maxillary or Partial Mandibular: ODA Codes: 55101 55102 55301 55302 Denturist Codes: 36110 36120 46110 46120	\$54
With Impression - Complete Maxillary, Complete Mandibular, Partial Maxillary or Partial Mandibular: ODA Codes: 55201 55202 55401 55402 Denturist Codes: 36210 36220 46210 46220 46310 46320	\$72

**August 2021 Schedule of Discretionary Denture Benefits and Fees
For City of Hamilton, OW/ODSP and Low Income**

Procedure Description	Fees
Relining	
Complete or Partial Maxillary: ODA Codes: 56211 56221 56231 56241 Denturist Codes: 32110 32215 32316 32410 32418 42116 42210 42316 42416 42418	\$101
Complete or Partial Mandibular: ODA Codes: 56212 56222 56232 56242 Denturist Codes: 32120 32225 32326 32420 32428 42126 42220 42326 42426 42428	\$101