



Hamilton

DISCRETIONARY DENTURE PROGRAM

SCHEDULE OF BENEFITS AND FEES

Effective: June 1, 2024, to December 31, 2024

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**

****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
support@hamilton.ca

Dentist/Denturist Payment Inquiries:

Special Supports Payment Clerks
Phone: 905-546-2424 x.2219
Fax: 905-546-2256
sspc@hamilton.ca

**June 1 – December 31, 2024, Schedule of Denture Benefits and Fees
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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 5 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.

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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 June 1st, 2024, will stand under the previous Denture Program criteria and will not be reversed. Estimates submitted June 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

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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 to 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.

**June 1 – December 31, 2024, Schedule of Denture Benefits and Fees
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Procedure Description:

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		
		41613	\$505.07		
		Partial Mandibular	ODA	52112	\$447.10
				52202	\$548.25
52212	\$548.25				
52302	\$652.89				
52312	\$742.90				
52402	\$652.89				
52412	\$652.89				
Denturist	41620	\$690.73			
	41621	\$633.70			
	41622	\$566.00			
	41623	\$529.66			

**June 1 – December 31, 2024, Schedule of Denture Benefits and Fees
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Procedure Description:

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

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

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Procedure Description:

Relining	Provider	Codes	Fees
Complete or Partial Maxillary	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
		42210	\$183.46
		42316	\$183.46
		42416	\$156.00
		42418	\$156.00
Complete or Partial Mandibular	ODA	56212	\$306.85
		56222	\$294.32
		56232	\$376.34
		56242	\$301.06
	Denturist	32120	\$207.39
		32225	\$188.77
		32326	\$188.77
		32420	\$158.00
		32428	\$158.00
		42126	\$223.46
		42220	\$199.41
		42326	\$199.41
		42426	\$165.00
		42428	\$165.00