

Children In Need Of Treatment (CINOT) Schedule of Dental Services and Fees (Dentist Providers)

***Ministry of Health Promotion
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Who is Eligible?

Eligibility is based on the following four criteria, ALL of which must be met:

1. Ontario Resident Criteria

Children must be residents of Ontario and possess a valid Ontario Health Card Number (OHCN). Children of “visa students” are not considered to be residents of Ontario.

2. Age Criteria

Children who are Ontario Residents up to their 18th birthday. NB: For the purpose of administering this program, children of “visa students” are not considered to be residents of Ontario.

3. Dental Criteria

Eligible children are those with dental conditions requiring emergency or essential care. See the “Definitions for the Purpose of Determining CINOT Dental Eligibility” section (page 13).

4. Financial Criteria

Families of children fulfilling eligibility requirements “1” and “2”, may qualify for this program if they have **no** dental insurance or other form of coverage (e.g., social assistance) in respect to the services set out in this Schedule. The parents/guardians must sign a written declaration stating that they have no dental insurance and that the cost of dental treatment for their child would result in financial hardship to the family. Children whose parents receive social assistance should be treated through the appropriate social assistance program (i.e., Ontario Works [OW], Ontario Disability Support Program [ODSP], or Assistance for Children with Severe Disabilities [ACSD]) and not through the CINOT program, because funding and coverage for social assistance program recipients differs from CINOT.

Provision of the CINOT program is a requirement under the Ontario Ministry of Health and Long-Term Care’s *Ontario Public Health Standards*, provided under the *Health Protection and Promotion Act*. The program was designed as an adjunct to other dental public health programs and is NOT a dental insurance plan. **It is designed to provide the current course of treatment only, not ongoing care.** Its purpose is to ensure that no child goes without essential/emergency dental care due to lack of ability to pay. Preventive services and follow-up monitoring are also requirements under the Ontario Ministry of Health and Long-Term Care’s *Ontario Public Health Standards*. Local health units will usually provide these services.

Verifying Eligibility

Either (1) a CINOT Claim Form (CCF) will be mailed or faxed directly to the dental office with the child's information already completed (e.g., name, date of birth, etc.), **or** (2) the parent/guardian will be in possession of the CCF upon making the dental appointment. The CCF is valid for **six months from the date of issue** listed on the form. It is only valid for the specified child and not the child's siblings. If an extension is required (e.g., due to scheduling for a general anaesthetic) you must contact the health unit **before** the claim expires.

Responsibility of the local health unit/department as program administrator

1. Health units offer case identification in accordance with the Ministry of Health and Long-Term Care or the Ministry of Health Promotion policy.
2. The health unit will notify parents or guardians of children identified, as having emergency or essential dental conditions. They must complete a declaration regarding dental insurance or other coverage and financial hardship for their child to be eligible for the CINOT program. They must also sign a Freedom of Information waiver to authorize the dental providers to release the information to the health unit, the Ministry of Health and Long-Term Care, the Ministry of Health Promotion and/or the Ministry of Community and Social Services.
3. Eligible children may attend an Ontario dentist of their choice providing that the dentist agrees to participate in the CINOT program. Where geographic necessity requires a child to leave the province for specialist treatment, the health unit requires annual Ministry of Health Promotion approval prior to issuing a claim form to the dentist/specialist.
4. Health units will offer the parent/guardian a screening within five working days from the date the request was received (i.e., the screening appointment date will be within five working days of the day the parent/guardian contacts the health unit). Screening is an assessment to determine if a child meets the CINOT eligibility criteria.
5. A uniquely numbered CINOT Claim Form (CCF) will be issued for the child. The CCF is valid for six months from the **date of issue**. NB: If you require an extension to this time frame (e.g., due to scheduling for a general anaesthetic) you must contact the health unit **before** the claim expires.
6. Health units will respond to pre-determination requests within five working days from the date the request was received.
7. When a dentist submits a CCF, the health unit will authorize payment for covered services and all predeterminations (where applicable) listed in the CINOT *Schedule of Dental Services and Fees*, provided that the claim is submitted within six months from its date of issue.
8. Where the health unit/department fails to authorize payment under #7 (above) and the dental provider has complied with all of the policies and procedures as set out in this Schedule, the Medical Officer of Health will review the dental provider's claim, if a written request to do so is submitted by the dental provider.
9. The health unit, in accordance with the *Ontario Public Health Standards*, will provide or pay for any necessary Preventive services and follow-up.
10. Regular communication must be maintained with the local dental community.

Responsibility of the local health unit as program administrator (continued)

11. Claims are the responsibility of the health unit whose jurisdiction covers the area in which the **child resides**.
12. Specialist fees have been assigned throughout the schedule and will be paid when the specialist's RCDSO speciality code (e.g., 1 for Endodontics, 2 for Oral Pathology, etc.) is selected during data entry.
13. In situations of fiscal constraint, a health unit or the province may withdraw services marked with "P", for a defined period of time. The time period must not exceed the remainder of the fiscal year. Where this situation applies, health unit staff and/or the Ministry of Health Promotion will take appropriate steps to communicate the situation and time frame to dental providers. In situations where local fiscal pressures apply, the health unit will inform the Ministry of Health Promotion.

Please note: Changes to public health's mandatory programs may periodically require alterations to any, or all, of the above responsibilities. Any changes will be communicated in a timely manner.

Responsibility of the treating dentist

1. Verification of Eligibility

- (a) Children who qualify for assistance under this program will have a numbered CINOT Claim Form (CCF) issued in their name.
- (b) For emergency treatment see section 7 (page 10).
- (c) If the family is not applying for assistance under CINOT, the dentist should complete the “dentist section” of the Parent Notification Form (PNF) and return the PNF to the local health unit. The child will then be removed from the health unit’s CINOT follow-up records as monitoring the treatment of the child will become the treating dentist’s responsibility.

2. Conditions for Payment

Payment for covered services, as set out in this Schedule, is made to participating practitioners. To be a participating practitioner,

- (a)
 - (i) the **dentist** must be a member in good standing of the Royal College of Dental Surgeons of Ontario (RCDSO) or, be a member of his or her provincial licensing body and have prior approval from the Ministry of Health Promotion before initiation of treatment; or
 - (ii) the **dental hygienist** must be a member in good standing of the College of Dental Hygienists of Ontario (CDHO); or
 - (iii) the **denturist** must be a member in good standing of The College of Denturists of Ontario; or
 - (iv) the **physician anaesthetist** must be a member in good standing of The College of Physician and Surgeons of Ontario.
- (b) agree to seek payment for covered services from the health unit/department and not from the parents or guardian of the child (**i.e., the practitioner will not balance-bill or extra-bill for covered services**);
- (c) agree to follow the policies and procedures set out in this Schedule;
- (d) submit a claim form to the health unit when treatment is complete, or no more frequently than once per month; and
- (e) submit claims within six months from their date of issue.

Practitioners who **do not** wish to participate in the CINOT program should inform the public health dentist of the local health unit/department (listed on pages 15 and 16).

3. Covered Services

The *Schedule of Dental Services and Fees* contains a listing of services covered under the CINOT Program. Some services require pre-determination prior to service provision. These services are marked with a “P” beside the procedure code. For these services, practitioners should forward a treatment plan or letter of expertise, with supporting information (including radiographs if applicable), to the public health dentist at the local health unit. It may be necessary to convene a local review committee to adjudicate complex treatment plans.

Responsibility of the treating dentist (continued)

Once the health unit approves a child for coverage under the CINOT program, the child is covered for one course of treatment. “One course of treatment” is the time period from approval, until the last treating dentist checks the box on the CINOT Claim Form which states “Treatment Plan is Now Complete.”

4. Fee Levels

The maximum allowable fees for CINOT covered services are set out in this fee schedule. Practitioners who accept CINOT patients agree to seek payments for covered services **only** from the health unit/department and agree that this payment will constitute payment in full for those services (i.e., practitioners may not balance-bill or extra-bill for covered services).

For services not covered by CINOT (i.e., not listed in the *CINOT Schedule of Dental Services and Fees*), the practitioner may enter into a payment arrangement directly with the parent or guardian.

The Ministry of Health Promotion will advise practitioners if changes are made to the Schedule.

5. Claims Procedure

Practitioners must submit claims for payment using the individualized CCF. Practitioners may **attach** a standard or computer-generated claim form to the CCF.

Dentists may also use a standard claim form for emergencies or if additional pages are required. Please indicate the appropriate claim number on **all** standard claim forms.

Claim forms should be completed using Fédération Dentaire Internationale (FDI) nomenclature and charting codes listed in the *CINOT Schedule of Dental Services and Fees*.

If it is necessary to re-submit a claim form, it must be clearly marked “DUPLICATE”.

Forms with incorrect, illegible, or missing information will be returned for clarification and/or correction.

Practitioners must sign each CCF submitted. The practitioner will also include their registration number provided by their regulatory College. The practitioner must also indicate in the “Practitioner’s Comments” section of the claim form whether the patient’s treatment plan is “complete” or “incomplete”. A new CCF will be issued each time a CCF is submitted until the CCF is marked “treatment complete” or the child is referred to another practitioner.

Responsibility of the treating dentist (continued)

6. (A) Referrals: Dentist to another dentist

If the attending dentist deems it necessary to refer a child to another dentist, the health unit **must be notified**. The referring dentist must submit the claim form to the health unit for payment of services rendered, and include the reason for referral and the new dentist's name in the "Practitioner's Comments" section of the form.

Where a referral to a dentist outside of the province is required, the referring dentist must seek prior approval from the health unit.

If the referring dentist has completed an examination only (or with radiographs) and refers all treatment, the maximum examination fee payable to the referring dentist will be the equivalent of a specific examination fee. If the referring dentist has finished his or her component of the treatment, the claim form should be marked "treatment complete". A new CCF will be sent to the second dentist.

Any dentist to whom a child has been referred must indicate, on the CCF, the name of the referring dentist.

(B) Referrals: Dental hygienist to dentist

If the attending dental hygienist deems it necessary to refer a child to a dentist, the health unit **must be notified**. The referring dental hygienist must submit the claim form to the health unit for payment of services rendered, and include the reason for referral and the dentist's name in the "Practitioner's Comments" section of the form.

If the referring dental hygienist has completed an examination only and refers all treatment, the maximum examination fee payable to the referring dental hygienist will be the equivalent of a specific examination fee. If the referring dental hygienist has finished his or her component of the treatment, the claim form should be marked "treatment complete". A new CCF will be sent to the dentist.

Any dentist to whom a child has been referred must indicate, on the CCF, the name of the referring dental hygienist.

(C) Referrals: Denturist to dentist

If the attending denturist deems it necessary to refer a child to a dentist, the health unit **must be notified**. The referring denturist must submit the claim form to the health unit for payment of services rendered, and include the reason for referral and the dentist's name in the "Practitioner's Comments" section of the form.

If the referring denturist has finished his or her component of the treatment, the claim form should be marked "treatment complete". A new CCF will be sent to the dentist.

Responsibility of the treating dentist (continued)

Any dentist to whom a child has been referred, must indicate, on the CCF, the name of the referring dentist.

(D) Dentist to dental hygienist

If the attending dentist deems it necessary to refer a child to a dental hygienist, the health unit **must be notified**. The referring dentist must submit the claim form to the health unit for payment of services rendered, and include the reason for referral and the dental hygienist's name in the "Practitioner's Comments" section of the form.

If the referring dentist has completed an examination only (or with radiographs) and refers all treatment, the maximum examination fee payable to the referring dentist will be the equivalent of a specific examination fee. If the referring dentist has finished his or her component of the treatment, the claim form should be marked "treatment complete". A new CCF will be sent to the dental hygienist.

(E) Dentist to denturist

If the attending dentist deems it necessary to refer a child to a denturist, the health unit **must be notified**. The referring dentist must submit the claim form to the health unit for payment of services rendered, and include the reason for referral and the denturist's name in the "Practitioner's Comments" section of the form.

If the referring dentist has completed an examination only (or with radiographs) and refers all treatment, the maximum examination fee payable to the referring dentist will be the equivalent of a specific examination fee. If the referring dentist has finished his or her component of the treatment, the claim form should be marked "treatment complete". A new CCF will be sent to the denturist.

(F) Referrals to the health unit

Occasionally, children in need of urgent treatment may be referred to the health unit by a dental office, school, or another health professional or family member. The health unit will offer case identification for these referrals within **five** working days from the date of contact.

In unusual circumstances (e.g., geographic isolation) where case identification is difficult, dentists and/or dental hygienists and/or denturists may submit a written treatment plan directly to the health unit with supporting evidence, including radiographs, to verify eligibility.

7. Emergency Dental Care

In some instances, children may present for emergency dental care without first being case identified by the health unit. Only an emergency exam and treatment for the relief of pain for the presenting emergency condition will be covered. The health unit **must**

Responsibility of the treating dentist (continued)

be contacted on the next working day to arrange for an emergency claim number. The Parent Notification Form (PNF) must be signed **before** a CINOT Claim Form (CCF) will be issued. This will ensure that the CINOT criteria have been met and that the Freedom of Information waiver has been signed by the parent to authorize the dentist to release the patient's confidential information.

Other services will not be reimbursed if provided at the emergency appointment, prior to the child having been admitted to the program by the local health unit.

8. Responsible Use of Radiographs

The number of radiographs required for a patient should be determined upon completion of a clinical examination using the ALARA principle and in keeping with guidelines issued by the Royal College of Dental Surgeons of Ontario (RCDSO) and the College of Dental Hygienists of Ontario (CDHO).

9. Orders and Prescriptions (where services are being provided by a Registered Dental Hygienist or Dental Assistant)

Radiographs must be prescribed by a qualified practitioner in keeping with the *Healing Arts Radiation Protection Act, 1990* (HARP). The fees and codes listed in this Schedule are for taking of radiographs after the prescription from a qualified practitioner has been obtained.

Some other procedures may also require a prescription depending on the child's qualifying conditions.

10. Specialists (Dentists)

When children are referred to a specialist, as recognized by the RCDSO, such services performed by the specialist are eligible for reimbursement at the speciality fee as indicated in the *Schedule of Dental Services and Fees*. The name of the referring dentist **must** appear on the claim form in order for the specialist fee to be considered. Services provided by a specialist without a referral will be reimbursed at the general practitioner rate.

11. Pre-determination

Pre-determination for services allows a provider to confirm that the planned treatment is eligible and that procedure limitations have not been exceeded. It is a plan requirement only for those services marked "P".

12. For additional copies of this Schedule, please call 416-327-8820 or download a copy from the Ministry of Health Promotion's website at: http://www.mhp.gov.on.ca/english/health_promotion/CINOT-DentistFeeSchedule-January2009.pdf

Freedom of Information

Personal Information (e.g., name, address, Ontario Health Card Number, etc.) contained on the CCF is collected under the authority of the *Health Protection and Promotion Act*, and the *Personal Health Information Protection Act, 2004*. This information is used for claims payment and program management. Questions concerning the collection of this information should be directed to the public health dentist at the local public health unit.

The consent pertaining to the collection, use and disclosure of this personal information is contained on the Parent Notification Form (PNF) which must be signed by the parent or guardian before the child is admitted to the program. This authorizes the dentist to release the confidential information contained on the CCF to the health unit, the Ministry of Health and Long-Term Care, the Ministry of Health Promotion, the Ministry of Community and Social Services, and any other agency funding the treatment for the purpose of providing payment for the child's dental treatment.

Program funding

As one of public health's mandatory programs, CINOT is cost-shared between the province and the municipality in which the child resides.

Relationship with Social Assistance and Other Programs

Children whose parents receive social assistance should be treated through the appropriate social assistance program (i.e., Ontario Works [OW], Ontario Disability Support Program [ODSP]) or Assistance for Children with Severe Disabilities [ASCD], and not through the CINOT program. Note: Funding and coverage for social assistance program recipients differs from CINOT.

Children who are entitled to dental benefits under the Non-Insured Health Benefits (NIHB) program are entitled to CINOT coverage. NIHB becomes the second payor.

Definitions for the purposes of determining CINOT dental eligibility:

Note: The following definitions are for use in the CINOT program and are not intended to represent standards of practice.

Pain

- Conditions which are presently causing pain or have caused pain frequently in the week immediately preceding eligibility determination.

Infection

- Visually apparent abscesses or swellings, and/or acute gingival conditions requiring immediate attention (e.g. necrotizing ulcerative gingivitis and any suppurative gingival conditions that would cause abnormal or extreme gingival conditions).

Haemorrhage

- Haemorrhage associated with trauma or accidents.

Trauma

- To the premaxilla, maxilla, and/or mandible which affects the teeth and supporting structures.

Pathology

- Any specific pathological condition of the hard or soft tissues where further investigation is recommended; or developmental anomalies or pathology of a potentially serious nature.
- The following are excluded as entry criteria: (1) Children with cleft lip and palate (who should be referred to the Cleft Lip and Palate Program); and (2) children with abnormal placement of successor teeth. Children with abnormal placement of successor teeth or cleft lip and palate will be considered for CINOT eligibility if they meet the four program criteria for other conditions.

Caries

- Large open lesions in permanent teeth well into the dentine, or in crucial primary teeth that, if left untreated, the child might be deemed to be in a state of dental neglect and thus eligible for referral to a Children's Aid Society under the *Child and Family Services Act*. The lesions should be obvious enough that the parent or guardian can readily see them.

Definitions for the purpose of determining CINOT dental eligibility (continued)

Radiographic determination of CINOT eligibility

- Where geographic necessity prevents case identification of the child, a referral to the health unit requesting CINOT coverage may arise directly from a dental office. A dentist who makes a referral to the health unit to assess eligibility for CINOT must provide evidence demonstrating that the dental criteria for CINOT eligibility has been met.

Periodontal Disease

- Which is not reversible by adequate oral hygiene, and requires clinical instrumentation or treatment (e.g., acute necrotizing ulcerative gingivitis).

Crucial Primary Teeth

- Maxillary deciduous incisors for children under 4 years of age.
- First deciduous molars for children under 8 years of age.
- Second deciduous molars and cuspids for children under 11 years of age.

Emergency

- The patient presents with pain, acute infection, haemorrhage, trauma or acute pathology.

Essential

- The patient presents with conditions, which will shortly lead to pain, acute infection, haemorrhage or acute pathology.

Public Health Unit/Department: Dental Contact Information

<p>Algoma Public Health 6th Floor, Civic Centre 99 Foster Drive Sault Ste. Marie ON P6A 5X6 Tel: (705) 759-5282 Fax: (705) 541-7386</p>	<p>Brant County Health Unit 194 Terrace Hill Street Brantford ON N3R 1G7 Tel: (519) 753-4937, ext. 450 Fax: (519) 753-2140</p>	<p>Chatham-Kent Public Health Unit 435 Grand Avenue West P.O. Box 1136 Chatham ON N7M 5L8 Tel: (519) 352-7270 Fax: (519) 352-2166</p>
<p>Durham Region Health Department Oral Health Division P.O. Box 730 Whitby ON L1N 0B2 Tel: (905) 723-1365, ext. 3149 Toll Free: 1-866-853-1326 Fax: (905) 723-9482</p>	<p>Eastern Ontario Health Unit 1000 Pitt Street Cornwall ON K6J 5T1 Tel: (613) 933-1375 Fax: (613) 933-7930</p>	<p>Elgin St. Thomas Public Health 99 Edward Street St. Thomas ON N5P 1Y8 Tel: (519) 631-9900, ext. 236 or 259 Fax: (519) 633-0468</p>
<p>Grey-Bruce Health Unit 920 1st Avenue West Owen Sound ON N4K 4K5 Tel: (519) 376-9420 Fax: (519) 371-6005</p>	<p>Haldimand-Norfolk Health Unit 12 Gilbertson Drive P.O. Box 247 Simcoe ON N3Y 4L1 Tel: (519) 426-6170 Fax : (519) 426-9974</p>	<p>Haliburton, Kawartha, Pine Ridge District Health Unit 200 Rose Glen Road Port Hope ON L1A 3V6 Tel: (905) 885-9100, ext. 247 Fax: (905) 885-1484</p>
<p>Halton Region Health Department 1151 Bronte Road Oakville ON L6M 3L1 Tel: (905) 825-6000 Toll Free: 1-866-442-5866 Fax: (905) 825-2247</p>	<p>City of Hamilton Public Health Services Dental Program 1447 Upper Ottawa Street Hamilton ON L8W 3J6 Tel: (905) 546-2424, ext. 3787 Fax: (905) 546-3659</p>	<p>Hastings & Prince Edward Counties Health Unit 179 North Park Street Belleville ON K8P 4P1 Tel: (613) 966-5513, ext. 282 Fax: (613) 966-7896</p>
<p>Huron County Health Unit 77722B London Road Highway #4, R.R. #5 Clinton ON N0M 1L0 Tel: (519) 482-3416 Fax: (519) 482-7820</p>	<p>Kingston, Frontenac and Lennox & Addington Public Health 221 Portsmouth Avenue Kingston ON K7M 1V5 Tel: (613) 549-1232 Toll-free: 1-800-267-7875, ext. 218 Fax: (613) 549-1799</p>	<p>County of Lambton Children Services Department 160 Exmouth Street Point Edward ON N7T 7Z6 Tel: (519) 383-8331, ext. 3531 Fax: (519) 383-6078</p>
<p>Leeds, Grenville & Lanark District Health Unit 458 Laurier Blvd. Brockville ON K6V 7A3 Tel: (613) 345-5685 Fax: (613) 345-2879</p>	<p>Middlesex-London Health Unit 50 King Street London ON N6A 5L7 Tel: (519) 663-5317, ext. 2231 Fax: (519) 663-8235</p>	<p>Niagara Region Public Health Department 2201 St. David's Rd Campbell East P.O. Box 1052, Station Main Thorold ON L2V 0A2 Tel: (905) 688-3762, ext. 7203 or 7201 Toll Free: 1-800-263-7248 Fax: (905) 682-3901</p>
<p>North Bay Parry Sound District Health Unit 681 Commercial Street North Bay ON P1B 4E7 Tel: (705) 474-1400 Fax: (705) 474-8252</p>	<p>Northwestern Health Unit 209-308 Second Street South Kenora ON P9N 1G4 Tel: (807) 468-2144 Fax: (807) 468-4934</p>	<p>Ottawa Public Health 400 - 1580 Merivale Road Ottawa ON K2G 4B5 Tel: (613) 580-6744, ext. 23510 Fax: (613) 580-9645</p>

CINOT Schedule of Dental Services and Fees (Dentist Providers)

<p>Oxford County Public Health & Emergency Services 410 Buller Street Woodstock ON N4S 4N2 Tel: (519) 539-9800 Toll free: 1-800-755-0394 Fax: (519) 539-6206</p>	<p>Peel Public Health 9445 Airport Road, 3rd floor West Tower Brampton ON L6S 4J3 Tel: (905) 791-7800 Fax: (905) 458-5158</p>	<p>Perth District Health Unit 653 West Gore Street Stratford ON N5A 1L4 Tel: (519) 271-7600, ext. 262 Toll free: 1-877-271-7348 Fax: (519) 271-8243</p>
<p>Peterborough-County City Health Unit 10 Hospital Drive Peterborough ON K9J 8M1 Tel: (705) 743-1000 Fax: (705) 743-4321</p>	<p>Porcupine Health Unit Dental Services 102-273 Third Avenue Timmins ON P4N 1E2 Tel: (705) 267-1181, ext. 44 Fax: (705) 267-1406</p>	<p>Renfrew County & District Health Unit 7 International Drive Pembroke ON K8A 6W5 Tel: (613) 735-8661 Fax: (613) 735-3067</p>
<p>Simcoe Muskoka District Health Unit 15 Sperling Drive Barrie ON L4M 6K9 Tel: (705) 721-7520 Fax: (705) 734-9369</p>	<p>Sudbury & District Health Unit 1300 Paris Street Sudbury ON P3E 3A3 Tel: (705) 522-9200, ext. 236 Fax: (705) 677-9617</p>	<p>Thunder Bay District Health Unit 999 Balmoral Street Thunder Bay ON P7B 6E7 Tel: (807) 625-5984 Fax: (807) 623-2369</p>
<p>Timiskaming Health Unit 421 Shepherdson Road New Liskeard ON P0J 1P0 Tel: (705) 647-4305, ext. 354 Fax: (705) 647-5779</p>	<p>Toronto Public Health All CINOT enquiries/claims to: 235 Danforth Avenue, 3rd Floor Toronto ON M4K 1N2 Tel: (416) 392-0946 Fax: (416) 392-3035</p> <p>Head Office: 277 Victoria Street, 5th Floor Toronto ON M5B 1W2 Tel: (416) 392-0442</p>	<p>Region of Waterloo Public Health 99 Regina Street South Box 1633 Waterloo ON N2J 4V3 Tel: Dental Services (519) 883-2222 Tel: CINOT/OW (519) 883-2225 Fax: (519) 883-2229</p>
<p>Wellington-Dufferin-Guelph Public Health 474 Wellington Road 18, Suite 100 RR#1 Fergus ON N1M 2W3 Tel: (519) 846-2715 Fax: (519) 846-0323</p>	<p>Windsor-Essex County Health Unit 1005 Ouellette Avenue Windsor ON N9A 4J8 Tel: (519) 258-2146, ext. 1341 Fax: (519) 258-2790</p>	<p>York Region Community & Health Services Department 22 Prospect Street Newmarket ON L3Y 3S9 Tel: (905) 895-4512 Toll free: 1-800-735-6625 Fax: (905) 895-7520</p>

CINOT Schedule of Dental Services and Fees (Dentist Providers)

0.0 Diagnostic Services

Examination and Diagnosis, Clinical Oral

Only one examination code per dental office per course of treatment is covered (unless pre-determination is obtained) with the following exception. When a child has attended a dental office for treatment of an emergency (prior to being admitted to the program), one complete or specific examination will be covered subsequent to an emergency examination by the same dentist. When a dentist provides an examination (with or without radiographs) and refers the child to a specialist, the referring dentist will be reimbursed for a specific examination. The specialist may submit a claim for any one of the following examination codes. Limit of one complete examination (01101-01103) per patient, per 60 months, per dentist OR dental office.

Examination and Diagnosis, Complete Oral, to include:

- a) History, Medical and Dental
- b) Clinical Examination and Diagnosis of Hard and Soft tissues, including carious lesions, missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, interproximal tooth contact relationships, occlusion of teeth, TMJ, pulp vitality tests/analysis, where necessary and any other pertinent factors
- c) Radiographs extra, as required

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	DAnae	Pros	Limit
01101	Examination and Diagnosis, Complete, Primary Dentition, to include: (a) Extended examination and diagnosis on primary dentition, recording history, charting, treatment planning and case presentation, including above description		38.02	45.62	45.62	45.62	45.62	45.62	45.62	45.62	45.62	Limit of 1 per patient, per 60 months, per dentist OR dental office
01102	Examination and Diagnosis, Complete, Mixed Dentition, to include: (a) Extended examination and diagnosis on mixed dentition, recording history, charting, treatment planning and case presentation, including above description; (b) Eruption sequence, tooth size - jaw size assessment		57.01	68.41	68.41	68.41	68.41	68.41	68.41	68.41	68.41	
01103	Examination and Diagnosis, Complete, Permanent Dentition, to include: Extended examination and diagnosis on permanent dentition, recording history, charting, treatment planning and case presentation, including above description		76.01	91.21	91.21	91.21	91.21	91.21	91.21	91.21	91.21	
01202	Examination and Diagnosis, Limited Oral, Previous Patient (recall) Examination with mirror and explorer of hard and soft tissues, including checking of occlusion and appliances, but not including specific test/analysis as for Complete Oral Examination		19.00	22.80	22.80	22.80	22.80	22.80	22.80	22.80	22.80	
01204	Examination and Diagnosis, Specific Examination and evaluation of a specific situation		19.00	22.80	22.80	22.80	22.80	22.80	22.80	22.80	22.80	
01205	Examination and Diagnosis, Emergency Examination and diagnosis for the investigation of discomfort and/or infection in a localized area		19.00	22.80	22.80	22.80	22.80	22.80	22.80	22.80	22.80	

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Radiographs, Intraoral												
The maximum payable for any intraoral radiographs (i.e., periapical, occlusal and bitewing), per course of treatment, shall not exceed \$29.82 or the fee for six periapical films. Exception – intraoral radiographs for the treatment of a patient presenting with an emergency condition, will be covered in the event that the limitation of six films has been reached. The fees listed below are for taking the radiograph after receiving a prescription from a qualified practitioner in accordance with HARP legislation.												
Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros	Limit
02111	Periapical, Single film		13.35	16.02	16.02	16.02	16.02	16.02	16.02	16.02	16.02	Per course of treatment \$30.42 or the fee for 6 films
02112	Periapical, Two films		16.33	19.60	19.60	19.60	19.60	19.60	19.60	19.60	19.60	
02113	Periapical, Three films		20.11	24.13	24.13	24.13	24.13	24.13	24.13	24.13	24.13	
02114	Periapical, Four films		22.52	27.02	27.02	27.02	27.02	27.02	27.02	27.02	27.02	
02115	Periapical, Five films		27.02	32.42	32.42	32.42	32.42	32.42	32.42	32.42	32.42	
02116	Periapical, Six films		30.42	36.50	36.50	36.50	36.50	36.50	36.50	36.50	36.50	
02131	Occlusal, Single film		15.76	18.91	18.91	18.91	18.91	18.91	18.91	18.91	18.91	
02132	Occlusal, Two films		19.80	23.76	23.76	23.76	23.76	23.76	23.76	23.76	23.76	
02141	Bitewing, Single film		13.35	16.02	16.02	16.02	16.02	16.02	16.02	16.02	16.02	
02142	Bitewing, Two films		16.33	19.60	19.60	19.60	19.60	19.60	19.60	19.60	19.60	
Radiographs, Extraoral												
Panoramic radiographs will be covered when required due to: facial trauma with symptoms of possible jaw fracture; facial swelling of unknown etiology, significant delayed eruption pattern; severe gag reflex with multiple carious lesions; and special circumstances clearly substantiated by the practitioner. When a panoramic radiograph is taken for a child presenting with an emergency, the reason (from the aforementioned list) should be noted in the "for practitioner use only" section of the CINOT Claim Form. The Health unit will adjudicate this post-treatment. Limit of one panoramic radiograph every 36 months per dentist OR dental office.												
02601	Panoramic, Single film		31.54	37.85	37.85	37.85	37.85	37.85	37.85	37.85	37.85	Limit of one panoramic radiograph every 36 months per dentist OR dental office
Test/Analysis Histopathological (technical procedure only)												
04311	Biopsy, Soft Oral Tissue - by Puncture + L		38.02	45.62	45.62	45.62	45.62	45.62	45.62		45.62	
04312	Biopsy, Soft Oral Tissue - by Incision + L		38.02	45.62	45.62	45.62	45.62	45.62	45.62		45.62	
04321	Biopsy, Hard Oral Tissue - by Puncture + L		88.70	106.44	106.44	106.44	106.44	106.44	106.44		106.44	
04322	Biopsy, Hard Oral Tissue - by Incision + L		88.70	106.44	106.44	106.44	106.44	106.44	106.44		106.44	

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros	Limit
1.0 Preventive Services												
Scaling												
Scaling will be covered for removal of calculus that is resulting in gingivitis or periodontal disease.												
11111	One unit of time	P	38.02						45.62			Four units of scaling per course of treatment
11112	Two units	P	76.01						91.21			
11113	Three units	P	114.04						136.85			
11114	Four units	P	152.03						182.44			
11117	One half unit	P	19.00						22.80			
Fluoride Treatments												
Coverage is limited to situations where <u>two</u> or more of the following criteria apply: 1) water fluoride content is less than 0.3 ppm; 2) past history of smooth surface decay in the last three years; 3) present smooth surface decay.												
12101	Fluoride Treatment, Topical Application		15.21						18.25			
Sealants, Pit and Fissure (Mechanical and/or chemical preparation included)												
Coverage is limited to permanent molars.												
13401	First tooth		15.97									Coverage is limited to permanent molars Replacement is not covered within 1 year.
13409	Each additional tooth same quadrant		8.77									

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros	Limit
2.0 Restorative Services												
<p>When separate amalgam or tooth coloured restorations are performed on the same tooth at the same appointment, reimbursement will be calculated by counting the total number of surfaces restored. Reimbursement will be limited to five surfaces per tooth, per dentist OR dental office, for amalgam or tooth coloured restorations.</p> <p>Payment for restorations on primary teeth shall not exceed the cost of crowns covered under section 2.0 (Restorative Services) of this Schedule. In (amalgam or tooth coloured) restorative situations where this limitation applies, an alternative benefit, equivalent to the cost of crown codes 22201, 22211 and 22401 shall be provided for settlement purposes.</p>												
<p>1. Primary Incisors: For children 4 years of age and older, endodontic and restorative services for upper primary incisors are not covered services. Extraction of these teeth is a covered service. Under special circumstances (e.g. no permanent successor tooth or markedly delayed eruption), the public health dentist may authorize payment for other courses of treatment. These will require pre-determination. Only extraction of lower primary incisors is covered by this program.</p>												
<p>2. Primary First Molars: For children 8 years of age and older, endodontic and restorative services on primary first molars are not covered services. Extraction of these teeth is a covered service. Under special circumstances (e.g., no permanent successor tooth or where greater than two thirds of the root structure is remaining), the public health dentist may authorize payment for other courses of treatment. These will require pre-determination.</p>												
<p>3. Primary Cuspids and Second Primary Molars: For children 11 years of age and older, endodontic and restorative services for primary cuspids and second molars are not covered services. Extraction of these teeth is a covered service. Under special circumstances (e.g., no permanent successor tooth or markedly delayed eruption), the public health dentist may authorize payment for other courses of treatment. These will require pre-determination.</p>												
<p>4. Tooth Surfaces: No repeat surface (or pins) will be paid more than once in any 12 month period when the subsequent restoration is placed by the same dentist OR dental office. The amount paid for the previous restoration will be deducted from the amount claimed for the new restoration if performed by the same dentist OR dental office for the same patient within 12 months. In the event of trauma, which results in fracture of the restoration and/or surrounding tooth structure, the replacement restoration will be covered. The treating dentist must note this situation in the "for dentist use only" section of the CINOT Claim Form.</p>												
<p>5. Extraction: When a tooth is extracted within two months of being restored and/or endodontically treated by the same dentist OR dental office, payment is limited to the greater of the fees payable for the extraction of the root canal and restoration.</p>												
Caries, Trauma and Pain Control												
Caries/Trauma/Pain Control (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary, as a separate procedure)												
20111	First tooth		31.68					38.02				The final restoration is payable after 7 days have elapsed.
20119	Each additional tooth same quadrant		31.68					38.02				
Caries/Trauma/Pain Control (removal of carious lesions or existing restorations or gingivally attached tooth fragment and placement of sedative/protective dressings, includes pulp caps when necessary and the use of a band for retention and support, as a separate procedure)												
20121	First tooth		31.68					38.02				
20129	Each additional tooth same quadrant		31.68					38.02				
Restorations, Amalgam												
Restorations, Amalgam, Non-Bonded, Primary Teeth												
21111	One surface		25.35					30.42				
21112	Two surfaces		55.51					66.61				
21113	Three surfaces		63.35					76.02				
21114	Four surfaces		76.01					91.21				
21115	Five surfaces or maximum surfaces per tooth		76.01					91.21				
Restorations, Amalgam, Bonded, Primary Teeth												
21121	One surface		25.35					30.42				
21122	Two surfaces		55.51					66.61				
21123	Three surfaces		63.35					76.02				

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros	Limit
21124	Four surfaces		76.01					91.21				
21125	Five surfaces or maximum surfaces per tooth		76.01					91.21				
Restorations, Amalgam, Non-Bonded, Permanent Bicuspid and Anteriors												
21211	One surface		25.35					30.42				
21212	Two surfaces		55.51					66.61				
21213	Three surfaces		63.35					76.02				
21214	Four surfaces		76.01					91.21				
21215	Five surfaces or maximum surfaces per tooth		76.01					91.21				
Restorations, Amalgam, Non-Bonded, Permanent Molars												
21221	One surface		31.68					38.02				
21222	Two surfaces		63.35					76.02				
21223	Three surfaces		79.34					95.21				
21224	Four surfaces		79.34					95.21				
21225	Five surfaces or maximum surfaces per tooth		79.34					95.21				
Restorations, Amalgam, Bonded, Permanent Bicuspid and Anteriors												
21231	One surface		25.35					30.42				
21232	Two surfaces		55.51					66.61				
21233	Three surfaces		63.35					76.02				
21234	Four surfaces		76.01					91.21				
21235	Five surfaces or maximum surfaces per tooth		76.01					91.21				
Restorations, Amalgam, Bonded, Permanent Molars												
21241	One surface		31.68					38.02				
21242	Two surfaces		63.35					76.02				
21243	Three surfaces		79.34					95.21				
21244	Four surfaces		79.34					95.21				
21245	Five surfaces or maximum surfaces per tooth		79.34					95.21				
Pins, Retentive per restoration (for amalgams and tooth coloured restorations)												
21401	One pin		10.91					13.09				Maximum 3/tooth
21402	Two pins		18.20					21.84				
21403	Three pins		24.28					29.14				
Restorations, Prefabricated, Metal, Primary Teeth												
22201	Primary Anterior		95.02					114.02				
22211	Primary Posterior		95.02					114.02				
Restorations, Prefabricated, Metal Permanent Teeth												
22311	Permanent Posterior		95.02					114.02				
Restorations, Prefabricated, Plastic, Primary Teeth												
22401	Primary Anterior		95.02					114.02				
Restorations, Prefabricated, Plastic, Permanent Teeth												
22501	Permanent Anterior		95.02					114.02				

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros	Limit
Restorations, Tooth Coloured												
Restorations, Tooth Coloured Permanent Anteriors Non-Bonded Technique												
23102	Two surfaces (continuous)		57.01					68.41				
23103	Three surfaces (continuous)		87.17					104.60				
23104	Four surfaces (continuous)		87.17					104.60				
23105	Five surfaces (continuous, maximum surfaces per tooth)		97.56					117.07				
Restorations, Permanent Anteriors, Bonded Technique (not to be used for Veneer Applications or Diastema Closures)												
23111	One surface		50.68					60.82				
23112	Two surfaces (continuous)		63.35					76.02				
23113	Three surfaces (continuous)		95.02					114.02				
23114	Four surfaces (continuous)		95.02					114.02				
23115	Five surfaces (continuous, maximum surfaces per tooth)		106.44					127.73				
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non-Bonded – Permanent Bicuspids												
23211	One surface		44.34					53.21				
23212	Two surfaces		79.34					95.21				
23213	Three surfaces		87.17					104.60				
23214	Four surfaces		104.65					125.58				
23215	Five surfaces or maximum surfaces per tooth		104.65					125.58				
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Permanent Posteriors, Non-Bonded – Permanent Molars												
23221	One surface		50.68					60.82				
23222	Two surfaces		87.17					104.60				
23223	Three surfaces		95.02					114.02				
23224	Four surfaces		114.04					136.85				
23225	Five surfaces or maximum surfaces per tooth		114.04					136.85				
Restorations, Tooth Coloured, Permanent Posteriors – Bonded Permanent Bicuspids												
23311	One surface		50.68					60.82				
23312	Two surfaces		87.17					104.60				
23313	Three surfaces		95.02					114.02				
23314	Four surfaces		114.04					136.85				
23315	Five surfaces or maximum surfaces per tooth		114.04					136.85				
Restorations, Tooth Coloured, Permanent Posteriors – Bonded Permanent Molars												
23321	One surface		57.01					68.41				
23322	Two surfaces		95.02					114.02				
23323	Three surfaces		102.88					123.46				
23324	Four surfaces		123.65					148.38				
23325	Five surfaces or maximum surfaces per tooth		123.65					148.38				

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	DAnae	Pros	Limit
Restorations, Tooth Coloured, Primary Anterior, Non-Bonded												
23401	One surface		44.34					53.21				
23402	Two surfaces (continuous)		57.01					68.41				
23403	Three surfaces (continuous)		79.34					95.21				
23404	Four surfaces (continuous)		79.34					95.21				
23405	Five surfaces or maximum surfaces per tooth		79.34					95.21				
Restorations, Tooth Coloured, Primary Anterior, Bonded Technique												
23411	One surface		50.68					60.82				
23412	Two surfaces (continuous)		63.35					76.02				
23413	Three surfaces (continuous)		87.17					104.60				
23414	Four surfaces (continuous)		87.17					104.60				
23415	Five surfaces or maximum surfaces per tooth		87.17					104.60				
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Primary, Posterior, Non-Bonded												
23501	One surface		44.34					53.21				
23502	Two surfaces		79.34					95.21				
23503	Three surfaces		87.17					104.60				
23504	Four surfaces		95.02					114.02				
23505	Five surfaces or maximum surfaces per tooth		95.02					114.02				
Restorations, Tooth Coloured/Plastic, Primary, Posterior, Bonded Technique												
23511	One surface		50.68					60.82				
23512	Two surfaces		87.17					104.60				
23513	Three surfaces		95.02					114.02				
23514	Four surfaces		95.02					114.02				
23515	Five surfaces or maximum surfaces per tooth		95.02					114.02				
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Cores												
Coverage for crowns and posts is limited to permanent anterior teeth. The following teeth are covered: 13, 12, 11, 21, 22, 23, 33, 32, 31, 41, 42, 43, when there is no continual history of caries, no continual history of use of the CINOT program, the overall condition of the mouth is healthy, and no fiscal constraint at the local or provincial level.												
Restorations, Tooth Coloured/Plastic with/without Silver Filings, Cores												
23601	Restoration, Tooth Coloured, Non-Bonded Core, in conjunction with crown	P	114.04					136.85			134.16	
Posts												
Posts, Cast Metal (including core) as a Separate Procedure												
25711	Single section + L	P	228.04					273.65			268.28	
Posts, Cast Metal (including core) Concurrent with Impression for Crown												
25721	Single section + L	P	114.04					136.85			134.16	
Posts, Prefabricated, Retentive and Cast Core + L + E												
25741	One post and cast core + L + E	P	152.03					182.44			178.86	
Posts, Prefabricated, with Non-Bonded Core for Crown Restoration [including pin(s) where applicable] + E												
25751	One post, with Non-Bonded amalgam core and pin(s) + E	P	114.04					136.85			134.16	

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	DAnae	Pros	Limit
25754	One post, with Non-Bonded composite core and pin(s) + E	P	114.04					136.85			134.16	
Posts, Prefabricated, with Bonded Core for Crown Restoration [including pin(s) where applicable] + E												
25761	One post, with Bonded amalgam core and pin(s) + E	P	101.36					151.39			119.24	
25764	One post, with Bonded composite core and pin(s) + E	P	126.16					151.39			148.43	
Crowns, Single Units (only)												
Crowns, Acrylic/Composite/Compomer, Indirect												
27113	Crown, Acrylic/Composite/Compomer, Provisional (Long Term), Indirect (lab fabricated/relined intra-orally) + L	P	95.02					114.02			111.79	
Crowns, Acrylic/Composite/Compomer, Direct												
27121	Crown, Acrylic/Composite/Compomer, Direct, Provisional (chairside) + E	P	126.70					152.04			149.06	
Crowns, Porcelain/Ceramic/Polymer Glass												
Crowns, Porcelain/Ceramic/Polymer Glass												
27201	Crown, Porcelain/Ceramic/Polymer Glass + L	P	443.42					532.10			521.68	
27211	Crown, Porcelain/Ceramic/Polymer Glass fused to metal base + L	P	443.42					532.10			521.68	

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros	Limit	
3.0 Endodontic Services													
See restoration of primary teeth. Payment for endodontic treatment of primary teeth will be limited to the codes 32231, 32232, 32321 and 32322.													
Where services are provided, within 3 months by the same dentist OR dental office, the maximum fee payable, for any combination of pulpotomy, pulpectomy and root canal therapy, will be limited to the fee for the root canal therapy.													
When a tooth is extracted within two months of being restored and/or endodontically treated by the same dentist OR dental office, payment is limited to the greater of the fees payable for the extraction or the root canal and restoration.													
Pulpotomy													
Pulpotomy, Permanent Teeth (as a separate emergency procedure)													
32221	Anterior and Bicuspid Teeth		63.35	76.02				76.02				Where services are provided within 3 months by the same dentist, OR dental office, the maximum fee payable, for any combination of pulpotomy, pulpectomy and root canal therapy, will be limited to the fee for the root canal therapy	
32222	Molar Teeth		114.04	136.85			136.85						
Pulpotomy, Primary Teeth													
32231	Primary Dentition, as a Separate Procedure		63.35	76.02			76.02						
32232	Primary Dentition, Concurrent with Restorations (but excluding final restoration)		31.68	38.02			38.02						
Pulpectomy (As an emergency procedure and/or as a pre-emptive phase to the preparation of the root canal system for obturation)													
Not to be used as part of root canal treatment performed by the same dentist OR dental office.													
Pulpectomy, Permanent Teeth/Retained Primary Teeth													
32311	One canal		63.35	76.02			76.02						
32312	Two canals		76.01	91.21			91.21						
32313	Three canals		114.04	136.85			136.85						
Pulpectomy, Primary Teeth													
32321	Anterior Tooth		63.35	76.02			76.02						
32322	Posterior Tooth		63.35	76.02			76.02						
Root Canal Therapy													
CINOT only pays for completed work. A post-treatment obturation radiograph must accompany the CCF for reimbursement, to confirm that treatment has been completed. Radiographs will be returned to the treating dentist.													
Only one root canal procedure is payable per tooth. "P" is not required for permanent anterior teeth (teeth 13 -23 and 33-43) if the maximum number of teeth to be treated is two or less.													
Root canal therapy will be covered for permanent molar teeth where these teeth are restorable with an amalgam restoration; tooth coloured restoration or a stainless steel crown covered on the CINOT program.													
To include: treatment plan, clinical procedures (i.e., pulpectomy biomechanical preparation, chemotherapeutic treatment and obturation), with appropriate radiographs and excluding final restoration. To exclude pre-operative examination and diagnosis, diagnostic radiographs and tests and final restoration.													
Root Canals, Permanent Teeth/Retained Primary Teeth													
33111	One canal	P	253.39	304.07			304.07						
33121	Two canals	P	316.74	380.09			380.09						
33131	Three canals	P	494.11	592.93			592.93						
33141	Four or more canals	P	570.12	684.14			684.14						

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros
Apexification/Apexogenesis/Induction of Hard Tissue Repair (to include biomedical preparation and placement of dentogenic media)											
Only one apexification fee is payable per tooth. Pre-determination is required prior to commencement of the apexification and prior to commencement of the subsequent root canal treatment. A post-treatment obturation radiograph must accompany the CCF for reimbursement. Radiographs will be returned to the treating dentist.											
33601	One canal	P	228.04	273.65				273.65			
33602	Two canals	P	304.07	364.88				364.88			
33603	Three canals	P	380.08	456.10				456.10			
Re-insertion of Dentogenic Media per visit											
33611	One canal	P	76.01	91.21				91.21			
33612	Two canals	P	95.02	114.02				114.02			
33613	Three canals	P	114.04	136.85				136.85			
Apicoectomy/Apical Curettage											
Maxillary Anterior											
34111	One root	P	221.72	266.06							
Mandibular Anterior											
34141	One root	P	221.72	266.06							
Retrofilling											
Maxillary Anterior											
34211	One canal	P	44.34	53.21							
34212	Two canals	P	55.51	66.61							
Mandibular Anterior											
34241	One canal	P	44.34	53.21							
34242	Two canals	P	55.51	66.61							

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros	Limit
4.0 Periodontal Services												
Periodontal Surgery, Gingivectomy (The procedure by which gingival deformities are reshaped and reduced to create normal and functional form, when the pocket is uncomplicated by extension into the underlying bone)												
Gingivectomy, Uncomplicated												
42311	Per sextant		199.68						239.62			Coverage is limited to cases involving gingival hyperplasia that is directly related to a specific drug or hereditary syndrome. Note drug or syndrome on the claim form.
Periodontal Surgery, Miscellaneous Procedures												
Post Surgical Periodontal Treatment Visit per Dressing Change												
42821	One unit of time	P	31.68						38.02			
42822	Two units	P	63.35						76.02			
42823	Three units	P	95.02						114.02			
Periodontal Services, Miscellaneous												
This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one month after surgery or if performed by another practitioner.												
Periodontal Re-evaluation/Evaluation. This follow-up service applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one month after surgery or if performed by another practitioner.												
49101	One unit of time	P	38.02						45.62			
49102	Two units	P	76.01						91.21			

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros	Limit
5.0 Prosthodontic Services												
A copy of the laboratory invoice or receipt of payment must be submitted with the CCF for payment of laboratory fee code 99111.												
Dentures, Complete												
Dentures, Complete, Standard												
51101	Maxillary + L	P	418.10								501.72	
51102	Mandibular + L	P	532.11								638.53	
51103	Maxillary plus Mandibular (combined) + L	P	813.25								975.90	
Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth with/without Coping Crowns, no Attachments												
51711	Maxillary + L	P	583.34								700.01	
51712	Mandibular + L	P	717.91								861.49	
Dentures, Partial, Acrylic, Resilient Retainer												
52201	Maxillary + L	P	266.06								319.27	
52202	Mandibular + L	P	266.06								319.27	
52203	Maxillary plus Mandibular (combined) + L	P	380.08								456.10	
Dentures, Partial, Acrylic with Metal Wrought/Cast Clasps and/or Rests												
52301	Maxillary + L	P	304.07								364.88	
52302	Mandibular + L	P	304.07								364.88	
52303	Maxillary plus Mandibular (combined) + L	P	418.10								501.72	
Dentures, Partial, Acrylic with Metal Wrought Palatal/Lingual Bar and Clasps and/or Rests												
52401	Maxillary + L	P	304.07								364.88	
52402	Mandibular + L	P	304.07								364.88	
52403	Maxillary plus Mandibular (combined) + L	P	418.10								501.72	
Dentures, Partial, Overdenture, Acrylic, with Wrought/Cast Clasps and/or Rests Supported by Natural Teeth with/without Coping Crowns, No Attachments												
52711	Maxillary + L	P	628.23								753.88	
52712	Mandibular + L	P	762.84								915.41	
Dentures, Adjustments (after three months post insertion or by other than the dentist providing prosthesis)												
Denture Adjustments, Partial or Complete Denture, Minor												
54201	One unit of time + L	P	31.68								38.02	After three months post insertion or by another dentist
Dentures, Repairs/Additions												
Denture, Repair, Complete Denture, No Impression Required												
55101	Maxillary + L		15.97								19.16	
55102	Mandibular + L		15.97								19.16	
Denture, Repair, Complete Denture, Impression Required												
55201	Maxillary + L		31.68								38.02	
55202	Mandibular + L		31.68								38.02	
55203	Maxillary plus Mandibular (combined) + L		47.64								57.17	

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros	Limit
Denture, Repairs/Additions, Partial Denture, No Impression Required												
55301	Maxillary + L		15.97								19.16	
55302	Mandibular + L		15.97								19.16	
Denture, Repairs/Additions, Partial Denture, Impression Required												
55401	Maxillary + L		31.68								38.02	
55402	Mandibular + L		31.68								38.02	
Dentures, Relining (Does not include Remount)												
Denture, Reline, Processed, Complete Denture												
56231	Maxillary + L	P	126.70								152.04	
56232	Mandibular + L	P	158.37								190.04	
56233	Maxillary plus Mandibular (combined) + L	P	197.89								237.47	
Denture, Reline, Processed, Partial Denture												
56241	Maxillary + L	P	126.70								152.04	
56242	Mandibular + L	P	126.70								152.04	
56243	Maxillary plus Mandibular (combined) + L	P	197.89								237.47	

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros	Limit
6.0 Prosthodontic Services - Fixed												
For the replacement of permanent anterior teeth only. The following (pontic) teeth are covered: 13, 12, 11, 21, 22, 23, 33, 32, 31, 41, 42, 43.												
Pontics, Bridge												
Pontics, Porcelain/Ceramic/Polymer Glass												
62501	Pontics, Porcelain/Ceramic/Polymer Glass Fused to Metal + L	P	219.60								263.52	
Pontics, Acrylic/Composite/Compomer												
62701	Pontics, Acrylic/Composite/Compomer, Processed to Metal + L	P	175.94								211.13	
Repairs, Reinsertion/Recementation												
Repairs, Reinsertion/Recementation (+L where charges are incurred during the repair of bridge)												
66301	One unit of time + L	P	38.02								45.62	
Retainers, Full, Cast Metal												
Retainers, Cast Metal, Onlay (bonded external retention/partial coverage – e.g., Maryland Bridge)												
67341	Retainer, Cast Metal, Onlay, with or without perforations, Bonded to Abutment Tooth, (Pontic extra) + L	P	95.02								114.02	

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros	Limit
7.0 Oral and Maxillofacial Surgery												
The following surgical services include necessary suturing and one post-operative treatment (when required). When a combination of simple extractions (7***1) and surgical extractions (7***9) are performed in the same quadrant at the same appointment, code 7***1 applies to the surgical extraction(s).												
The removal of more than one bicuspid or the removal of more than one 3 rd molar at one time, requires confirmation on the dental claim form that the extractions are not for Orthodontic purposes and/or the tooth is symptomatic.												
When a tooth is extracted within two months of being restored and/or endodontically treated by the same dentist OR dental office, payment is limited to the greater of the fees payable for the extraction of the root canal and restoration.												
Removals, (Extractions), Erupted Teeth												
Removals, Erupted Teeth, Uncomplicated												
71101	Single tooth, Uncomplicated		38.02			45.62		45.62				
71109	Each additional tooth same quadrant, same appointment		19.00			22.80		22.80				
Removals, Erupted Teeth, Complicated												
When claiming for a complicated extraction, please provide a brief explanation (of the condition(s) which required a surgical, rather than an uncomplicated extraction) in the "comments" section of the CCF.												
71201	Odontectomy (extraction), Erupted Tooth, Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth		88.70			106.44		106.44				
71209	Each additional tooth, same quadrant		88.70			106.44		106.44				
Removals, Impactions, Soft Tissue Coverage												
All of the following codes require the submission of a radiograph(s) and a letter of expertise with the CCF.												
Removals, Impaction, Requiring Incision of Overlying Soft Tissue and Removal of the Tooth												
72111	Single tooth	P	88.70			106.44		106.44				
72119	Each additional tooth, same quadrant	P	88.70			106.44		106.44				
Removals, Impactions, Involving Tissue and/or Bone Coverage												
All of the following codes require the submission of a radiograph(s) and a letter of expertise with the CCF.												
Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap and EITHER Removal of Bone OR Sectioning and Removal of Tooth												
72211	Single tooth	P	133.04			159.65		159.65				
72219	Each additional tooth, same quadrant	P	133.04			159.65		159.65				
Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of Tooth for Removal												
72221	Single tooth	P	177.37			212.84		212.84				
72229	Each additional tooth, same quadrant	P	177.37			212.84		212.84				
Removals, Impactions, Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND/OR Sectioning of Tooth for Removal AND/OR presents Unusual Difficulties and Circumstances												
72231	Single tooth	P	202.71			243.25		243.25				
72239	Each additional tooth, same quadrant	P	202.71			243.25		243.25				
Removals, (Extractions), Residual Roots												
Removal, Residual Roots, Erupted												
72311	First tooth		38.02			45.62		45.62				
72319	Each additional tooth, same quadrant		38.02			45.62		45.62				

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros	Limit
Removal, Residual Roots, Soft Tissue Coverage												
72321	First tooth		76.01			91.21		91.21				
72329	Each additional tooth, same quadrant		76.01			91.21		91.21				
Removals, Residual Roots, Bone Tissue Coverage												
72331	First tooth		88.70			106.44		106.44				
72339	Each additional tooth, same quadrant		88.70			106.44		106.44				
Surgical Excision, Tumours, Benign												
For use at a separate site from an extracted tooth.												
Tumours, Benign, Scar Tissue, Inflammatory or Congenital Lesions of Soft Tissue of the Oral Cavity												
74111	1 cm and under		133.04		159.65	159.65		159.65				
74112	1-2 cm		144.08		172.90	172.90		172.90				
Surgical Excision, Cysts/Granulomas (Based on Cyst Size)												
For use at a separate site from an extracted tooth.												
Excision of Cyst												
74631	1 cm and under		133.04		159.65	159.65		159.65				
74632	1-2 cm		144.08		172.90	172.90		172.90				
Surgical Incision and Drainage and/or Exploration, Intraoral												
Surgical Incision and Drainage and/or Exploration, Intraoral, Soft Tissue												
75111	Intraoral, Surgical Exploration, Soft Tissue		38.02	45.62	45.62	45.62		45.62				
Replantation, Avulsed Tooth/Teeth (including splinting)												
76941	Replantation, first tooth		88.70			106.44		106.44				
76949	Each additional tooth		88.70			106.44		106.44				
Repositioning of Traumatically Displaced Teeth												
76951	One unit of time		31.68			38.02		38.02				
76952	Two units of time		63.35			76.02		76.02				
76959	Each additional unit over two		31.68			38.02		38.02				
Lacerations, Repairs												
Repairs, Lacerations, Uncomplicated, Intraoral or Extraoral												
76961	2 cm or less		44.34			53.21		53.21				
76962	2-4 cm		44.34			53.21		53.21				
Post Surgical Care (Required by complications and unusual circumstances)												
The date of the surgical procedure, the date of the first post-operative visit and the reason for the second post-operative visit must be noted in the "For Dentist Use Only" section of the CINOT Claim Form.												
79601	Post Surgical Care, Subsequent to Initial Post Surgical Treatment, Minor, by Treating Dentist		19.32					23.18				
79602	Post Surgical Care, Minor, by Other Than Treating Dentist		19.32					23.18				
79603	Post Surgical Care, Major, by Treating Dentist		46.01					55.21				
79604	Post Surgical Care, Major, by Other Than Treating Dentist		46.01					55.21				

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	DAnae	Pros	Limit
9.0 Adjunctive General Services												
This program allows for either a Parenteral OR Nitrous Oxide sedation, if performed on the same client on the same date of service. Claims received with both services performed on the same day will result in the payment of only one service. In cases where an examination cannot be done prior to the general anaesthetic, post treatment approvals are acceptable.												
Anaesthesia, General												
Coverage for general anaesthesia and deep sedation is limited to dentists qualified for this sedative/anaesthetic technique under the RCDSO Guidelines For Use of Sedation and General Anaesthesia in Dental Practice of a qualified physician-anaesthetist.												
When a physician-anaesthetist provides the general anaesthetic, the treating dentist should note the physician's name in the comments box on the claim form (for cross-referencing with the physician invoice). Physician-anaesthetists should invoice the program directly for their services, using the CINOT Claim Form (CCF) provided by the local public health unit.												
General Anaesthesia												
92212	Two units of time		112.04	134.45	134.45	134.45		134.45	134.45	134.45		Limit of 10 units (of General Anaesthesia and/or Deep Sedation) per course of treatment.
92213	Three units		142.72	171.26	171.26	171.26		171.26	171.26	171.26		
92214	Four units		173.39	208.07	208.07	208.07		208.07	208.07	208.07		
92215	Five units		204.09	244.91	244.91	244.91		244.91	244.91	244.91		
92216	Six units		234.75	281.70	281.70	281.70		281.70	281.70	281.70		
92217	Seven units		265.43	318.52	318.52	318.52		318.52	318.52	318.52		
92218	Eight units		296.11	355.33	355.33	355.33		355.33	355.33	355.33		
92219	Each additional unit over eight	P	28.99	34.79	34.79	34.79		34.79	34.79	34.79		No pre-determination is required for 8 units or less per course of treatment. For units beyond this limit, pre-determination is required and this will be based on time required for the noted procedures.
Anaesthesia, Deep Sedation												
Anaesthesia, Deep Sedation (a controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including inability to respond purposefully to verbal command. These states apply to any technique that has depressed the patient beyond conscious sedation except general anaesthesia. Any intravenous technique leading to these conditions in a patient including neuroleptanalgesia/anaesthesia would fall within this category of service) (includes pre-anaesthetic evaluation and post anaesthetic follow-up).												
92302	Two units of time		103.43	124.12	124.12	124.12		124.12	124.12	124.12		Limit of 10 units (of General Anaesthesia and/or Deep Sedation) per course of treatment.
92303	Three units		134.11	160.93	160.93	160.93		160.93	160.93	160.93		
92304	Four units		164.79	197.75	197.75	197.75		197.75	197.75	197.75		
92305	Five units		195.46	234.55	234.55	234.55		234.55	234.55	234.55		
92306	Six units		226.15	271.38	271.38	271.38		271.38	271.38	271.38		
92307	Seven units		256.83	308.20	308.20	308.20		308.20	308.20	308.20		
92308	Eight units		287.52	345.02	345.02	345.02		345.02	345.02	345.02		
92309	Each additional unit over eight	P	28.99	34.79	34.79	34.79		34.79	34.79	34.79		No pre-determination is required for 8 units or less per course of treatment. For units beyond this limit, pre-determination is required and this will be based on time required for the noted procedures.
Anaesthesia, Conscious Sedation												
A medically controlled state of depressed consciousness that allows protective reflexes to be maintained, retains the patient's ability to maintain a patent airway independently and continuously and permits appropriate response by the patient to physical stimulation or verbal command, e.g., "open your eyes" (includes pre-anaesthetic evaluation and post-anaesthetic follow-up)												
Nitrous Oxide. Time is measured from the placement of the inhalation device and terminates with the removal of the inhalation device.												
92411	One unit of time		16.98	20.38	20.38	20.38		20.38	20.38	20.38		Pre-determination is only required for greater than 8 units in any one appointment. There is no limit on the total
92412	Two units		29.66	35.59	35.59	35.59		35.59	35.59	35.59		
92413	Three units		42.34	50.81	50.81	50.81		50.81	50.81	50.81		
92414	Four units		55.02	66.02	66.02	66.02		66.02	66.02	66.02		

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	DAnae	Pros	number of units per course of treatment.
92415	Five units		67.70	81.24	81.24	81.24		81.24	81.24	81.24		
92416	Six units		80.38	96.46	96.46	96.46		96.46	96.46	96.46		
92417	Seven units		93.03	111.64	111.64	111.64		111.64	107.30	107.30		
92418	Eight units		105.71	126.85	126.85	126.85		126.85	121.93	121.93		
92419	Each additional unit over eight	P	13.98	16.78	16.78	16.78		16.78	16.13	16.13		
Nitrous Oxide with Oral Sedation (Time measured with the administration of nitrous oxide and terminates with the release of the patient from the treatment/recovery room)												
92431	One unit of time		26.50	31.80	31.80	31.80		31.80	31.80	31.80		Pre-determination is only required for greater than 8 units in any one appointment. There is no limit on the total number of units per course of treatment.
92432	Two units		46.32	55.58	55.58	55.58		55.58	55.58	55.58		
92433	Three units		66.13	79.36	79.36	79.36		79.36	79.36	79.36		
92434	Four units		85.96	103.15	103.15	103.15		103.15	103.15	103.15		
92435	Five units		105.76	126.91	126.91	126.91		126.91	126.91	126.91		
92436	Six units		125.60	150.72	150.72	150.72		150.72	150.72	150.72		
92437	Seven units		136.06	163.27	163.27	163.27		163.27	163.27	163.27		
92438	Eight units		165.23	198.28	198.28	198.28		198.28	198.28	198.28		
92439	Each additional unit over eight	P	19.57	23.48	23.48	23.48		23.48	23.48	23.48		
Parenteral Conscious Sedation (regardless of method – IM or IV)												
92441	One unit of time		56.05	67.26	67.26	67.26		67.26	67.26	67.26		Pre-determination is only required for greater than 8 units in any one appointment. There is no limit on the total number of units per course of treatment.
92442	Two units		80.10	96.12	96.12	96.12		96.12	96.12	96.12		
92443	Three units		104.16	124.99	124.99	124.99		124.99	124.99	124.99		
92444	Four units		128.24	153.89	153.89	153.89		153.89	153.89	153.89		
92445	Five units		152.32	182.78	182.78	182.78		182.78	182.78	182.78		
92446	Six units		176.39	211.67	211.67	211.67		211.67	211.67	211.67		
92447	Seven units		200.46	240.55	240.55	240.55		240.55	240.55	240.55		
92448	Eight units		224.54	269.45	269.45	269.45		269.45	269.45	269.45		
92449	Each additional unit over eight	P	25.76	30.91	30.91	30.91		30.91	30.91	30.91		
Provision of facilities, equipment and support services for general anaesthesia when provided by a separate practitioner												
NOTE: The equipment, facilities and support services for general anaesthetic may be provided by the practitioner who provides the dental treatment or the practitioner who provides the general anaesthesia or a practitioner who provides neither the treatment nor the general anaesthesia. A dentist who provides the dental treatment, the general anaesthetic and the facility cannot use the following codes.												
When a physician-anaesthetist provides the general anaesthetic, the treating dentist should note the physician's name in the comments box on the claim form (for cross-referencing with the physician invoice). Physician-anaesthetists should invoice the program directly for their services, using the CINOT Claim Form (CCF) provided by the local public health unit.												
92222	Two units of time		38.84	46.61	46.61	46.61		46.61	46.61	46.61		Limit of 10 units per course of treatment.
92223	Three units		58.26	69.91	69.91	69.91		69.91	69.91	69.91		
92224	Four units		77.66	93.19	93.19	93.19		93.19	93.19	93.19		No predetermination is required for 8 units or less per course of treatment. For units beyond this limit, predetermination is required and this will be based on time required for the noted procedures.
92225	Five units		97.07	116.48	116.48	116.48		116.48	116.48	116.48		
92226	Six units		116.48	139.78	139.78	139.78		139.78	139.78	139.78		
92227	Seven units		135.88	163.06	163.06	163.06		163.06	163.06	163.06		
92228	Eight units		155.32	186.38	186.38	186.38		186.38	186.38	186.38		
92229	Each additional unit over eight	P	20.76	24.91	24.91	24.91		24.91	24.91	24.91		

CINOT Schedule of Dental Services and Fees (Dentist Providers)

Proc	Description	P	GP	Endo	O.Path	O.Surg	Ortho	Paed	Perio	Radio	Pros	Limit
Laboratory Procedures												
A copy of the laboratory invoice, or receipt of laboratory payment, must be submitted with the claim form for codes 99111 and 99222. The amount listed on the invoice will be paid in full. For 99333, please submit in-office laboratory expenses. Laboratory fees MUST appear immediately below the procedure code(s) to which apply.												
99111	"+" Commercial Laboratory Procedures (A commercial laboratory is defined as an independent business which performs laboratory services and bills the dental practices for these services on a case by case basis)		I.C									
99222	Laboratory charges for oral pathology biopsy services when provided in conjunction with surgical services from 30000, 40000 or 70000 code series		I.C									
99333	"+" In-office Laboratory Procedures (An in-office laboratory is defined as a laboratory service(s) performed within the same business entity)		I.C									

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