

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

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***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 18<sup>th</sup> 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 who have been 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 provider 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 dental provider of their choice providing the provider 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 dental provider.
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 provider submits a CCF, the health unit will authorize payment for covered services and all pre-determinations (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. 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 dental hygienist, denturist, or physician anaesthetist

### 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 dental provider should complete the "dental provider 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 provider'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 Physicians 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 dental hygienist, denturist, or physician anaesthetist (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 practitioner 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., dentists 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.

Dental providers may also use a standard dental 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 dental hygienist, denturist, or physician anaesthetist (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 dental hygienist, denturist, or physician anaesthetist (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. As part of the emergency dental care, a dentist may refer a child to a registered dental hygienist. This referral may include an order. Only an

emergency exam and treatment for the relief of pain for the presenting emergency condition will be covered. The health unit **must 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

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 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".

#### 11. 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-Non-DentistFeeSchedule-January2009.pdf](http://www.mhp.gov.on.ca/english/health_promotion/CINOT-Non-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 providers 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 purpose 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 dental provider 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><b>Algoma Public Health</b><br/>6<sup>th</sup> Floor, Civic Centre<br/>99 Foster Drive<br/>Sault Ste. Marie ON P6A 5X6<br/>Tel: (705) 759-5282<br/>Fax: (705) 541-7386</p>                          | <p><b>Brant County Health Unit</b><br/>194 Terrace Hill Street<br/>Brantford ON N3R 1G7<br/>Tel: (519) 753-4937, ext. 450<br/>Fax: (519) 753-2140</p>  | <p><b>Chatham-Kent Public Health Unit</b><br/>435 Grand Avenue West<br/>P.O. Box 1136<br/>Chatham ON N7M 5L8<br/>Tel: (519) 352-7270<br/>Fax: (519) 352-2166</p>  |
| <p><b>Durham Region Health Department</b><br/>Oral Health Division<br/>P.O. Box 730<br/>Whitby ON L1N 0B2<br/>Tel: (905) 723-1365, ext. 3149<br/>Toll Free: 1-866-853-1326<br/>Fax: (905) 723-9482</p> | <p><b>Eastern Ontario Health Unit</b><br/>1000 Pitt Street<br/>Cornwall ON K6J 5T1<br/>Tel: (613) 933-1375<br/>Fax: (613) 933-7930</p>   | <p><b>Elgin St. Thomas Public Health</b><br/>99 Edward Street<br/>St. Thomas ON N5P 1Y8<br/>Tel: (519) 631-9900, ext. 236 or 259<br/>Fax: (519) 633-0468</p>  |
| <p><b>Grey-Bruce Health Unit</b><br/>920 1<sup>st</sup> Avenue West<br/>Owen Sound ON N4K 4K5<br/>Tel: (519) 376-9420<br/>Fax: (519) 371-6005</p>  | <p><b>Haldimand-Norfolk Health Unit</b><br/>12 Gilbertson Drive<br/>P.O. Box 247<br/>Simcoe ON N3Y 4L1<br/>Tel: (519) 426-6170<br/>Fax: (519) 426-9974</p>   | <p><b>Haliburton, Kawartha, Pine Ridge District Health Unit</b><br/>200 Rose Glen Road<br/>Port Hope ON L1A 3V6<br/>Tel: (905) 885-9100, ext. 247<br/>Fax: (905) 885-1484</p>   |
| <p><b>Halton Region Health Department</b><br/>1151 Bronte Road<br/>Oakville ON L6M 3L1<br/>Toll Free: 1-866-442-5866<br/>Tel: (905) 825-6000<br/>Fax: (905) 825-2247</p>                               | <p><b>City of Hamilton Public Health Services</b><br/>Dental Program<br/>1447 Upper Ottawa Street<br/>Hamilton ON L8W 3J6<br/>Tel: (905) 546-2424, ext. 3787<br/>Fax: (905) 546-3659</p>                             | <p><b>Hastings &amp; Prince Edward Counties Health Unit</b><br/>179 North Park Street<br/>Belleville ON K8P 4P1<br/>Tel: (613) 966-5513, ext. 282<br/>Fax: (613) 966-7896</p>   |
| <p><b>Huron County Health Unit</b><br/>77722B London Road<br/>Highway #4, R.R. #5<br/>Clinton ON N0M 1L0<br/>Tel: (519) 482-3416<br/>Fax: (519) 482-7820</p>   | <p><b>Kingston, Frontenac and Lennox &amp; Addington Public Health</b><br/>221 Portsmouth Avenue<br/>Kingston ON K7M 1V5<br/>Tel: (613) 549-1232<br/>Toll-free: 1-800-267-7875, ext. 218<br/>Fax: (613) 549-1799</p> | <p><b>County of Lambton</b><br/>Children Services Department<br/>160 Exmouth Street<br/>Point Edward ON N7T 7Z6<br/>Tel: (519) 383-8331, ext. 3531<br/>Fax: (519) 383-6078</p>  |
| <p><b>Leeds, Grenville &amp; Lanark District Health Unit</b><br/>458 Laurier Blvd.<br/>Brockville ON K6V 7A3<br/>Tel: (613) 345-5685<br/>Fax: (613) 345-2879</p>                                       | <p><b>Middlesex-London Health Unit</b><br/>50 King Street<br/>London ON N6A 5L7<br/>Tel: (519) 663-5317, ext. 2231<br/>Fax: (519) 663-8235</p>   | <p><b>Niagara Region Public Health Department</b><br/>2201 St. David's Rd Campbell East<br/>P.O. Box 1052, Station Main<br/>Thorold ON L2V 0A2<br/>Tel: (905) 688-3762, ext. 7203 or 7201<br/>Toll Free: 1-800-263-7248<br/>Fax: (905) 682-3901</p> |
| <p><b>North Bay Parry Sound District Health Unit</b><br/>681 Commercial Street<br/>North Bay ON P1B 4E7<br/>Tel: (705) 474-1400<br/>Fax: (705) 474-8252</p>  | <p><b>Northwestern Health Unit</b><br/>209-308 Second Street South<br/>Kenora ON P9N 1G4<br/>Tel: (807) 468-2144<br/>Fax: (807) 468-4934</p>   | <p><b>Ottawa Public Health</b><br/>400 - 1580 Merivale Road<br/>Ottawa ON K2G 4B5<br/>Tel: (613) 580-6744, ext. 23510<br/>Fax: (613) 580-9645</p>   |
| <p><b>Oxford County Public Health &amp; Emergency</b></p>  | <p><b>Peel Public Health</b></p>   | <p><b>Perth District Health Unit</b></p>  |

**CINOT Schedule of Dental Services and Fees (Non-Dentist Providers)**

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

# Treatment Codes for Dental Hygienists

When invoiced directly by an independently practicing Dental Hygienist who is registered with the College of Dental Hygienists of Ontario (CDHO).

The health unit's public health dentist is required to review all pre-determination submissions.

| Proc  | Description   | P | RDH   |  |  |  |  |  |  |  |  | Limit   |
|---|---|---|-------|--|--|--|--|--|--|--|--|---|
| <b>Examination (when invoiced directly by an independently practicing Registered Dental Hygienist)</b>  |   |   |       |  |  |  |  |  |  |  |  |   |
| Only one examination code per dental hygienist per course of treatment is covered (unless pre-determination is obtained). When a dental hygienist provides an examination and refers the child to a dentist, the referring dental hygienist will be reimbursed for 00122 (Examination, Specific). Limit of one complete examination (00111-00113) per patient, per 60 months, per dental hygienist. |   |   |       |  |  |  |  |  |  |  |  |   |
| Examination, New Client. Includes:  |   |   |       |  |  |  |  |  |  |  |  |   |
| a) History – personal, medical, dental, oral health risk factors  |   |   |       |  |  |  |  |  |  |  |  |   |
| b) Vital signs – may include blood pressure, pulse, temperature   |   |   |       |  |  |  |  |  |  |  |  |   |
| c) Extra oral – head and neck   |   |   |       |  |  |  |  |  |  |  |  |   |
| d) Intra oral – clinical examination of hard and soft tissues, which may include, but is not limited to: carious lesions, unreplaced missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, implants, interproximal tooth contact relationships, occlusion of teeth, TMJ function, presence of hard/soft deposits, pulp vitality tests, when warranted, etc.         |   |   |       |  |  |  |  |  |  |  |  |   |
| e) Recording of current self care practices   |   |   |       |  |  |  |  |  |  |  |  |   |
| Radiographs are not included; if taken, they are charged according to section 00200   |   |   |       |  |  |  |  |  |  |  |  |   |
| The dental hygienist may not charge the client for more than one examination from section 00100 on the same visit   |   |   |       |  |  |  |  |  |  |  |  |   |
| 00111   | Examination: Primary Dentition, to include: Full mouth examination and dental hygiene assessment on primary dentition, recording history, charting, treatment planning and case presentation, including above description as per 00100 (Examination, New Client)  |   | 13.93 |  |  |  |  |  |  |  |  | Limit of one complete examination (00111-00113) per patient, per 60 months, per dental hygienist. |
| 00112   | Examination: Mixed Dentition, to include: a) Full mouth examination and dental hygiene assessment on mixed dentition, recording history, charting, treatment planning and case presentation, including above description as per 00100 (Examination, New Client). b) Eruption sequence, tooth size-jaw size assessment |   | 17.41 |  |  |  |  |  |  |  |  |   |
| 00113   | Examination: Permanent Dentition, to include: Full mouth examination and dental hygiene assessment on permanent dentition, recording history, charting, treatment planning and case presentation, including above description as per 00100 (Examination, New Client)  |   | 31.34 |  |  |  |  |  |  |  |  |   |
| 00122   | Examination: Specific. Examination and evaluation of a specific situation   |   | 13.93 |  |  |  |  |  |  |  |  |   |
| 00123   | Examination: Emergency. Examination for the investigation of discomfort and/or infection in a localized area.   |   | 13.93 |  |  |  |  |  |  |  |  |   |
|   |   |   |       |  |  |  |  |  |  |  |  |   |
|   |   |   |       |  |  |  |  |  |  |  |  |   |
|   |   |   |       |  |  |  |  |  |  |  |  |   |

**CINOT Schedule of Dental Services and Fees (Non-Dentist Providers)**

| Proc   | Description                              | P | RDH    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Limit  |
|--|--|---|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Radiographs, Intraoral</b>  |  |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The maximum payable for any intraoral radiographs (i.e., periapical, occlusal and bitewing), per course of treatment, shall not exceed \$18.44 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 <i>HARP</i> legislation.  |  |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00211  | Bitewing, Single film                    |   | 8.35   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Per course of treatment - \$18.81 or the fee for 6 films |
| 00212  | Bitewing, Two films                      |   | 10.44  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00221  | Periapical, Single film                  |   | 8.35   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00222  | Periapical, Two films                    |   | 10.44  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00223  | Periapical, Three films                  |   | 12.55  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00224  | Periapical, Four films                   |   | 14.64  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00225  | Periapical, Five films                   |   | 16.73  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00226  | Periapical, Six films                    |   | 18.81  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Panoramic</b>   |  |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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. The fees listed below are for taking the radiograph after receiving a prescription from a qualified practitioner in accordance with <i>HARP</i> legislation. |  |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00240  | Panoramic                                |   | 31.54  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1/36 months  |
| <b>Debridement (Scaling)</b>   |  |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Debridement will be covered for removal of calculus that is resulting in gingivitis or periodontal disease.  |  |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00511  | One unit of time                         | P | 27.87  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Four units of scaling per course of treatment            |
| 00512  | Two units of time                        | P | 55.73  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00513  | Three units of time                      | P | 83.60  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00514  | Four units of time                       | P | 111.47 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00517  | One half unit of time                    | P | 13.93  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Fluoride Applications</b>   |  |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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.  |  |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00611  | Fluoride Treatment – topical application |   | 8.35   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Sealants</b>  |  |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Coverage is limited to permanent molars.   |  |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 00601  | First tooth in quadrant                  |   | 11.15  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Replacements will not be covered within 12 months        |
| 00602  | Each additional tooth in same quadrant   |   | 6.97   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Treatment Codes for Denturists

When invoiced directly by an independently practicing Denturist who is registered with the College of Denturists of Ontario (CDO).

The health unit's public health dentist is required to review all pre-determination submissions.

| Proc   | Description               | P | RD     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Limit |
|--|---------------------------|---|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|
| <b>Denture Services</b>  |                           |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| Unless specified with a "+ L", denturist service reimbursement rates include the laboratory component. Where applicable, a copy of the laboratory invoice must be submitted with the CCF for payment of laboratory fee code 98888. |                           |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| <b>Complete Dentures</b>   |                           |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 31310  | Complete Maxillary        | P | 485.62 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 31320  | Complete Mandibular       | P | 602.41 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 31330  | Complete Max. & Mand.     | P | 972.61 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| <b>Overdenture</b>   |                           |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 31610  | Complete Maxillary        | P | 525.92 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 31620  | Complete Mandibular       | P | 646.81 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| <b>Adjustments (after three months post insertion OR by other than the denturist providing the prosthesis)</b>   |                           |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 38110  | Complete Maxillary        |   | 29.36  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 38120  | Complete Mandibular       |   | 31.42  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 48110  | Partial Maxillary         |   | 30.74  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 48120  | Partial Mandibular        |   | 33.47  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| <b>Partial Dentures Resilient Base</b>   |                           |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 41914  | Partial Maxillary + CL    | P | 368.82 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 41924  | Partial Mandibular + CL   | P | 387.27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 41934  | Partial Max. & Mand. + CL | P | 680.29 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| <b>Partial Dentures Acrylic Base with Clasps – Standard with Clasps</b>  |                           |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 41610  | Partial Maxillary         | P | 453.52 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 41620  | Partial Mandibular        | P | 476.06 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 41630  | Partial Max. & Mand.      | P | 835.32 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| <b>Partial Dentures Acrylic Base – Immediate with Clasps. Overdentures with Clasps</b>   |                           |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| <b>Note: Fees include 3 months post insertion care/tissue care/tissue conditioner. Fees do not include permanent relines/Refer to codes 42000 series.</b>  |                           |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 41811  | Partial Maxillary         | P | 586.71 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 41821  | Partial Mandibular        | P | 614.72 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| <b>Repairs – No Impression</b>   |                           |   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 36110  | Complete Maxillary        |   | 34.15  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 36120  | Complete Mandibular       |   | 34.15  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 46110  | Partial Maxillary         |   | 34.15  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 46120  | Partial Mandibular        |   | 34.15  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |

**CINOT Schedule of Dental Services and Fees (Non-Dentist Providers)**

| Proc   | Description   | P | RD     |    |  |  |  |  |  |  |  |  |
|--|---|---|--------|----|--|--|--|--|--|--|--|--|
| <b>Repairs – With Impression</b>                     |   |   |        |    |  |  |  |  |  |  |  |  |
| 36210  | Complete Maxillary  |   | 53.97  |    |  |  |  |  |  |  |  |  |
| 36220  | Complete Mandibular   |   | 53.97  |    |  |  |  |  |  |  |  |  |
| 46210  | Partial Maxillary   |   | 53.97  |    |  |  |  |  |  |  |  |  |
| 46220  | Partial Mandibular  |   | 53.97  |    |  |  |  |  |  |  |  |  |
| <b>Relines – Lab Processed/Functional Impression</b> |   |   |        |    |  |  |  |  |  |  |  |  |
| 32110  | Complete Maxillary  | P | 132.51 |    |  |  |  |  |  |  |  |  |
| 32120  | Complete Mandibular   | P | 143.43 |    |  |  |  |  |  |  |  |  |
| 32130  | Complete Max. & Mand.   | P | 263.65 |    |  |  |  |  |  |  |  |  |
| 42116  | Partial Maxillary   | P | 143.43 |    |  |  |  |  |  |  |  |  |
| 42126  | Partial Mandibular  | P | 153.68 |    |  |  |  |  |  |  |  |  |
| 42136  | Partial Max. & Mand.  | P | 282.76 |    |  |  |  |  |  |  |  |  |
| <b>Lab Fees for Repairs</b>                          |   |   |        |    |  |  |  |  |  |  |  |  |
| 98888  | In-House Lab Fee. Complete or Partial (Max. or Mand.) / no impression and Complete or Partial (Max. or Mand.) / impression ( for codes with "+L") |   |        | IC |  |  |  |  |  |  |  |  |
| 98889  | Commercial Lab Fee (for codes with "+CL")   |   |        | IC |  |  |  |  |  |  |  |  |

## Treatment Codes for Physician Anaesthetists

When invoiced directly by a qualified Physician who is registered with the College of Physicians and Surgeons of Ontario.

The health unit's public health dentist is required to review all pre-determination submissions.

| Proc   | Description                                   | P | MD     |  |  |  |  |  |  |  |  | Limit  |
|--|---|---|--------|--|--|--|--|--|--|--|--|--|
| <b>General Anaesthesia/Deep Sedation</b>   |   |   |        |  |  |  |  |  |  |  |  |  |
| MDGA2  | Anaesthesia, General, Two units of time       |   | 134.45 |  |  |  |  |  |  |  |  | Limit of 10 units per course of treatment.<br><br>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. |
| MDGA3  | Three units                                   |   | 171.26 |  |  |  |  |  |  |  |  |  |
| MDGA4  | Four units                                    |   | 208.07 |  |  |  |  |  |  |  |  |  |
| MDGA5  | Five units                                    |   | 244.91 |  |  |  |  |  |  |  |  |  |
| MDGA6  | Six units                                     |   | 281.70 |  |  |  |  |  |  |  |  |  |
| MDGA7  | Seven units                                   |   | 318.53 |  |  |  |  |  |  |  |  |  |
| MDGA8  | Eight units                                   |   | 355.33 |  |  |  |  |  |  |  |  |  |
| MDGA9  | Each additional unit over eight               | p | 34.78  |  |  |  |  |  |  |  |  |  |
| MDDS2  | Anaesthesia, Deep Sedation, Two units of time |   | 124.11 |  |  |  |  |  |  |  |  |  |
| MDDS3  | Three units                                   |   | 160.94 |  |  |  |  |  |  |  |  |  |
| MDDS4  | Four units                                    |   | 197.75 |  |  |  |  |  |  |  |  |  |
| MDDS5  | Five units                                    |   | 234.56 |  |  |  |  |  |  |  |  |  |
| MDDS6  | Six units                                     |   | 271.38 |  |  |  |  |  |  |  |  |  |
| MDDS7  | Seven units                                   |   | 308.19 |  |  |  |  |  |  |  |  |  |
| MDDS8  | Eight units                                   |   | 345.03 |  |  |  |  |  |  |  |  |  |
| MDDS9  | Each additional unit over eight               | p | 34.78  |  |  |  |  |  |  |  |  |  |
| <b>Provision of facilities, equipment and support services for general anaesthesia</b> |   |   |        |  |  |  |  |  |  |  |  |  |
| MDFE2  | Two units of time                             |   | 46.61  |  |  |  |  |  |  |  |  | Limit of 10 units per course of treatment.<br><br>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. |
| MDFE3  | Three units                                   |   | 69.91  |  |  |  |  |  |  |  |  |  |
| MDFE4  | Four units                                    |   | 93.20  |  |  |  |  |  |  |  |  |  |
| MDFE5  | Five units                                    |   | 116.48 |  |  |  |  |  |  |  |  |  |
| MDFE6  | Six units                                     |   | 139.78 |  |  |  |  |  |  |  |  |  |
| MDFE7  | Seven units                                   |   | 163.06 |  |  |  |  |  |  |  |  |  |
| MDFE8  | Eight units                                   |   | 186.37 |  |  |  |  |  |  |  |  |  |
| MDFE9  | Each additional unit over eight               | P | 24.91  |  |  |  |  |  |  |  |  |  |

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