

Healthy Smiles Ontario Schedule of Services and Fees for Non-Dentist Providers

Ministry of Health

Effective January 1, 2016

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Disclaimer

The Healthy Smiles Ontario Schedule of Dental Services and Fees for Non-Dentist Providers is not intended nor should it be relied upon to determine the scope of practice of dental hygienists, denturists or physician anaesthetists in Ontario. The Schedule is an administrative tool distributed to providers, so that they may provide services to clients in the Healthy Smiles Ontario program and bill for the services provided. Questions regarding the scope of practice should be referred to the appropriate regulatory college.

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The Schedule Explained

This schedule describes the services covered and eligible for payment under the Healthy Smiles Ontario (HSO) Program for dental hygienists, denturists and physician anaesthetists. Specific limitations are noted in the “limit” column where applicable. Some services require pre-authorization. For these services, “pre-authorization required” is stated in bold in the limit column of the Schedule. Criteria for pre-authorization are also described in the “limit” column.

This schedule also includes services and specific limitations for the Dental Special Care Plan (DSCP). DSCP services and limitations are denoted in a bolded, shaded box within the schedule marked “DSCP”.

Healthy Smiles Ontario Program

The HSO Program provides free dental care for eligible children and youth aged 17 and under. HSO has three streams to address a continuum of oral health need in the eligible population:

- The Core Services Stream;
- The Emergency and Essential Services Stream; and
- The Preventive Services Only Stream (delivered through Public Health Unit clinics).

Eligibility for the HSO Program

Core Services Stream

Children from low-income families are eligible for the Healthy Smiles Ontario program if they meet the following criteria:

- 17 years of age or younger; and
- Resident of Ontario; and
- Adjusted Family Net Income at or below the level at which they would qualify for at least 90% of the maximum Ontario Child Benefit.

Income eligibility is based on a household’s Adjusted Family Net Income (AFNI), as is the case for the Ontario Child Benefit (OCB), and adjusts based on the number of dependent children.

In addition, social assistance recipients, or children from families in receipt of social assistance benefits, 17 years of age and under, will be automatically enrolled in the Healthy Smiles Ontario Program. Specifically, this includes children aged 17 and under in receipt of:

- Basic financial assistance or extended health benefits under Ontario Works (including Temporary Care Assistance but excluding Emergency Assistance);
- Income support or Extended Health Benefits or Transitional Health Benefits under the Ontario Disability Support Program; or
- Assistance for Children with Severe Disabilities (child in receipt of the benefit only).

Children of families with other insurance are not excluded; however they are required to access their other dental insurance prior to accessing the HSO Program.

Emergency and Essential Services Stream (EESS)

The HSO program includes the Emergency and Essential Services Stream (EESS) to address emergency and/or essential oral health needs. Eligibility for the EESS is determined by clinical assessment and attestation of financial hardship by the child (parent/guardian).

I. Clinical Eligibility:

A child/youth is identified with an emergency or essential dental condition, where:

Emergency: The patient presents with pain, infection, haemorrhage, trauma, or pathology that requires immediate clinical treatment.

Essential: The patient presents with lost restorations, caries into the dentine, periodontal conditions, or pathology that, without treatment, will lead to haemorrhage, pain or infection requiring immediate clinical treatment.

Where:

- Pain is defined as a condition(s) which is/are presently causing pain or have/has caused pain in the week immediately preceding (excluding pain related to exfoliation and/or eruption of teeth);
- Infection is defined as abscesses and/or acute gingival conditions requiring immediate clinical treatment (e.g. necrotizing ulcerative gingivitis);
- Haemorrhage is defined as a sudden or serious loss of blood associated with trauma to the orofacial tissues;
- Trauma is defined as injury to the orofacial tissues that requires clinical treatment;

- Caries is defined as open carious lesions into the dentine. The lesions should be obvious enough that the parent or guardian can easily see them. Lesions would be equivalent to the International Caries Detection and Assessment System (ICDAS) codes 5 or 6¹;
- Periodontal conditions are defined as a condition of the periodontium which is not reversible by adequate oral hygiene, and require clinical treatment; and
- Pathology is defined as any specific pathological condition of the orofacial tissues where investigation is required for diagnosis and clinical treatment².

II. Financial Eligibility:

The child/youth or family's income is equivalent to a level at which they would be in receipt of the Ontario Child Benefit; OR
The child/youth or family would suffer "financial hardship" if providing the necessary dental care would result in any one of the following:

- Inability to pay rent/mortgage;
- Inability to pay for household bills;
- Inability to buy groceries for the family; or
- The child/youth or family will be required to seek help from a food bank in order to provide food.

Children and youth meeting the eligibility criteria for the EESS will be enrolled by the Public Health Unit or a fee-for- service provider. The majority of children will be identified and enrolled by local Public Health Units; however there may be some circumstances where a child may be identified by a fee-for-service provider (e.g., outside of business hours). If the fee-for-service provider performs an examination to determine clinical eligibility for the EESS, the provider will be reimbursed for an emergency or specific examination.

1 ICDAS Foundation. International Caries Detection and Assessment System (ICDAS) [Internet]. Leeds, UK: ICDAS Foundation; c2017 [cited 2017 Dec 29]. Available from: www.icdas.org

2 Regezi JA, Sciubba JJ, Jordan RCK. Oral pathology: clinical pathologic correlations. 6th ed. St. Louis, MO: Elsevier; 2012.

- If the child is determined to be clinically *eligible* for the EESS, the child (parent/guardian) may fill out an application form for the EESS, including attesting to financial hardship. Further details on enrolment for the EESS are described on page 10 below.
- If the child is determined to be clinically *ineligible* for the EESS (does not present with an emergency and/or essential oral health condition), the child (parent/guardian) is not required to attest to financial hardship on the EESS application form. The provider must indicate on the EESS application form that the child/youth was ineligible. The provider must then submit the application form to Accerta (via mail or secure fax). Accerta will respond with an ID number to permit billing for the exam.

Children and youth enrolled in the EESS have access to the full basket of services covered in the Schedule. They will have 6 months to complete their treatment from the date of their enrolment, or up to the date of their 18th birthday (the earlier of the two dates), as indicated by the expiry date on the front of their HSO dental card. Children and youth enrolled in the EESS will not be automatically re-assessed on an annual basis but can re-apply.

Please note: each child/youth is allowed a maximum of three (3) enrollments in the EESS during their lifetime.

Note: Children and youth that present after hours with an emergency and who meet the clinical and financial criteria for EESS are covered for a limited basket of emergency services prior to full enrollment (which can only be completed during business hours (Monday-Friday 8am-8pm). See “After-Hours Emergency Visits” on page 14 for details.

Program Enrolment

Core Services Stream

To apply for coverage through the Healthy Smiles Ontario Program, applicants (the child or parent/guardian) must complete and submit an application to the Ministry of Health.

There are two ways to apply:

1. Through an online application portal at www.ontario.ca/healthysmiles (English) or www.ontario.ca/beauxsourires (French). To complete the application, a signed Consent Form must also be completed and mailed.
2. By mailing an HSO application form. Applicants can download application forms from the HSO website at www.ontario.ca/healthysmiles (English) or www.ontario.ca/beauxsourires (French) or obtain application forms from their local Public Health Unit or Service Ontario locations. Completed applications must be mailed to:

Healthy Smiles Ontario

33 King Street West
PO Box 645
Oshawa ON
L1H 8X1

Applicants will receive a notification by mail once the application form has been processed.

Once a child or youth is enrolled in the Healthy Smiles Ontario Program, their eligibility will be automatically assessed each benefit year and annual notices will be sent to the client on their enrolment status. The full benefit year runs from August 1 – July 31 each year. Applications may be submitted at any time during the year.

Eligible social assistance recipients and/or children from families in receipt of social assistance benefits 17 years of age and under will be automatically enrolled in the Healthy Smiles Ontario Program.

Emergency and Essential Services Stream (EESS)

Once a child has been identified with an emergency and/or essential oral health condition, they may apply to the Emergency and Essential Services Stream of the HSO program. Applicants must complete an EESS application form and attest to financial hardship (defined on page 8). The EESS is designed to ensure that no child goes without emergency or essential care due to the inability to pay.

Applicants may enroll for the EESS through their local Public Health Unit or through a fee-for-service provider. It is expected that the majority of children will continue to be identified and enrolled by local Public Health Units; however there may be some circumstances where a child may be identified by a fee-for-service provider and/or may seek service directly at a dental hygienist's office.

A child/youth must meet both clinical and financial eligibility criteria for the EESS. Providers are asked to assess the child/youth for clinical eligibility and assist the child/youth and/or family to complete the EESS application form which includes attesting to financial hardship.

EESS application forms will be available online at www.ontario.ca/healthysmiles (English) or www.ontario.ca/beauxsourires (French) as of January 1, 2016.

EESS application forms must be mailed or submitted via secure fax to Accerta for processing:

AccertaClaim Servcorp Inc.
Healthy Smiles Ontario Contact Centre
Station P, P.O. Box 2286
Toronto, ON
M5S 3J8

Secure Fax: 416-354-2354 or toll-free at 1-877-258-3392

Eligibility will be assessed and confirmed by the Program Administrator as quickly as possible. Application forms submitted that do not require any clarification, follow-up and/or additional information will be processed within 15 minutes when received by fax during Accerta's Contact Centre business hours (Monday to Friday 8am-8pm). If an EESS application form is received outside of regular business hours, the application will be processed when regular business hours resume and a response will be provided to the provider with an eligibility determination within one business day.

Please note, providers should not submit completed HSO EESS applications directly to the Ministry of Health, as this will prevent appropriate processing for enrolment and cause unnecessary delays.

Once enrolment has been confirmed and the provider has been notified by fax or telephone, the provider may proceed with treatment. An HSO dental card will be mailed to the client by Accerta. The provider may also choose to notify the client of the result of their application.

Children and youth enrolled in the EESS will have access to the full basket of services covered in the Schedule. They will have 6 months to complete their treatment from the date of enrolment, or up to the date of their 18th birthday (the earlier of the two dates), as indicated by the expiry date on the front of their dental card. Children and youth enrolled in the EESS will not be automatically re-assessed on an annual basis however they can re-apply.

Please note: each child/youth is allowed a maximum of three (3) enrollments in the EESS during their lifetime.

In situations [which are expected to be limited] where a fee-for-service provider performs an examination to determine clinical eligibility for the EESS, and the child/youth is deemed clinically ineligible, the provider will still be reimbursed for an emergency or specific examination. The provider must indicate on the EESS application form that the child/youth was clinically ineligible. The provider must then submit the application form to Accerta (via mail or secure fax). Accerta will respond with an ID number to permit billing for the exam.

Length of Eligibility

Core Services Stream

Each HSO dental card is issued for a full benefit year (August 1—July 31) or up to the date of the client's 18th birthday (the earlier of the two dates), as indicated by the expiry date on the front of the card. Enrolment is automatically re-assessed on an annual basis.

Emergency and Essential Services Stream

Eligibility duration for EESS is based on a 6 month rolling duration from the date of enrolment. Children and youth enrolled in the EESS have 6 months to complete their treatment from the date of their enrolment, or up to the date of their 18th birthday (the earlier of the two dates), as indicated by the expiry date on their dental card. Once enrolled, children and youth will be eligible to receive the services required to treat their emergency and/or essential oral health conditions. Children and youth enrolled in the EESS will not be re-assessed on an annual basis but can re-apply.

Please note: each child/youth is allowed a maximum of three (3) enrollments in the EESS during their lifetime.

Verification of Eligibility: Healthy Smiles Ontario Dental Card

Once a client has been deemed eligible for the program, a Healthy Smiles Ontario dental card will be issued and mailed.

Core Services Stream




Cards for children and youth enrolled in the Core Services Stream are valid for up to one benefit year (August 1 – July 31) from the enrolment date and will expire at the end of each benefit year (July 31) or the 18th birthday of the recipient (the earlier of the two dates), as indicated by the expiry date on the front of their HSO dental card.

Emergency and Essential Services Stream

Cards for children and youth enrolled in the EESS are valid for 6 months from the date of enrolment, or up to the date of their 18th birthday (the earlier of the two dates), as indicated by the expiry date on the front of their HSO dental card.

The HSO dental card is non-transferable and can only be used by the registered child. Clients must present their dental card to the provider at each visit in order to obtain services. Providers should not render services under the HSO Program unless a valid HSO card is presented.

A sample of the Healthy Smiles Ontario dental card is show below.

 	<p>JANE DOE 123456 CLIENT ID / No. D'IDENTIFICATION DU CLIENT</p> <p>YYYY - MM - DD EXPIRY DATE / DATE D'EXPIRATION</p> <p>HSO PLAN ID / No. D'IDENTIFICATION DU RÉGIME</p>	<p>This card is the property of the Ministry of Health and Long-Term Care and must be returned on demand. It signifies that you are eligible for no-cost dental services under the Healthy Smiles Ontario Program until the 'Expiry Date' shown on the front of this card. You are not responsible for paying for services rendered by dental providers under the Program. You must present this card to all dental providers in order to obtain services under the Healthy Smiles Ontario Program. This card is non-transferable, and is void if lost/stolen.</p> <p>Cette carte appartient au ministère de la Santé et des Soins de longue durée et doit être retournée sur demande. Cela signifie que vous êtes admissible à des services dentaires gratuits en vertu du Programme Beaux sourires Ontario jusqu'à la date d'expiration qui apparaît au recto de cette carte. Vous n'avez pas à payer les services fournis par des fournisseurs de soins dentaires dans le cadre de ce Programme. Vous devez présenter cette carte à tous les fournisseurs de soins dentaires afin d'obtenir des services dans le cadre du Programme Beaux sourires Ontario. Cette carte est non transférable et elle devient non valide en cas de perte ou de vol.</p> <p>Providers: For EDI claims, please submit to Accerta using Carrier ID 311140</p> <p>Fournisseurs : Veuillez soumettre les demandes d'échange de données informatisées (EDI) à Accerta au moyen du No d'identification du titulaire 311140.</p>
	<p>Questions? Des Questions?</p>	<p>1.844.296.6306 TTY 1.800.387.5559 ontario.ca/healthysmiles ontario.ca/beauxsourires</p>

In situations of misuse of a dental card by the client, Accerta will immediately terminate the child's coverage under the program and may seek reimbursement directly from the client for services rendered. In these instances, Accerta is responsible for notifying the provider that the client is no longer eligible for services under the Program. Claims rendered in good faith prior to this date will be processed.

For lost or stolen cards, the client and/or parent/guardian must contact the ServiceOntario INFOLine toll-free at 1-844-296-6306 (Canada). TTY users can call 416-327-4282 (TTY GTA) or toll-free at 1-800-387-5559 (TTY Canada).

Dental Special Care Plan

The Dental Special Care Plan provides coverage for additional services and/or limitations for Ontario Disability Support Program (ODSP) and Assistance for Children with Severe Disabilities (ACSD) clients whose medical and/or psychosocial condition, or prescribed medication or medical treatment impacts their oral health and/or dental treatment. Or whose oral health impacts their medical and/or psychosocial condition and/or their medical treatment.

DSCP services and limitations are denoted in a bolded, shaded box within the schedule marked “DSCP”. DSCP services include:

- Additional Routine Recall Examinations (00121)
- Additional Stain Removal (00531, 00537)
- Additional Debridement/Root Planing (00511-00519,00521-00529)
- Additional Fluoride (00611, 00616)
- Additional Application of Anticariogenics/antimicrobials (00606, 00607)
- Custom Fluoride Appliances (00613-00615)

A treating provider can submit a request to enrol a child in the DSCP using a standard claim form which must include:

- Dental hygienist name, address & unique identification number (or CDHO registration number);
- Dentist hygienist signature;
- Client name & HSO number;
- The medical and/or psychosocial condition, prescribed medication or medical treatment that impacts their oral health and/or dental treatment AND/OR their oral health condition that impacts their medical and/or psychosocial condition and/or their medical treatment; and
- If available, a list of any supporting documentation provided (e.g., letter from physician/specialist, etc.).

This enrollment request must clearly indicate “DSCP” and must be submitted by the provider to Accerta, with any supporting documentation. The request and supporting documentation will be reviewed by Accerta. A response will be provided by telephone or fax within 2 business days from the date the pre-authorization request is received.

Once Accerta has confirmed eligibility, DSCP clients can receive DSCP services and limitations in the Schedule for up to 5 years or up to the date of their 18th birthday as long as they continue to be eligible for HSO.

Prior to the child’s DSCP eligibility expiration date, providers will be notified by Accerta to re-submit a new DSCP pre-authorization request.

After-Hours Emergency Visits

An after-hours emergency situation occurs when a child or youth not enrolled on the HSO Program presents at a dental hygienist's office with an emergency oral health condition outside of the Program Administrator's Contact Centre business hours (Monday to Friday 8am-8pm).

If the child meets the clinical eligibility requirements for EESS, the provider must have the child (parent/guardian) complete and sign the EESS application form. This includes attesting to financial hardship as defined on the application form. This ensures that the eligibility criteria for the EESS have been met and the child (parent/guardian) has provided consent for the collection, use and disclosure of their information for purposes of delivering and administering the HSO program.

The following business day, providers must submit the completed and signed application form to Accerta. Accerta will notify the provider the following business day to confirm whether the child has been successfully enrolled onto the EESS and to provide the child's unique HSO number. The provider will then submit any claims for emergency services performed during the visit using the client's HSO number. Once enrolment has been confirmed, the provider may also proceed with any subsequent treatment of emergency or essential conditions. An HSO dental card will be mailed to the client. The provider may also choose to notify the client of the result of their application.

If the child does not meet the clinical eligibility for EESS, the provider must have the child (parent/guardian) complete and sign Sections 1, 2, and 4 only in the EESS application form.

The following business day, providers must submit the application form to Accerta. Accerta will notify the provider the following business day to provide the child's unique HSO number. The provider can then submit a claim for an emergency or specific examination.

For children/youth already enrolled in HSO (presents with a valid HSO dental card), providers will be reimbursed for any services within the limitations described in the Schedule. An emergency or specific exam and any radiographs will also be reimbursed in the event the child/youth has exceeded the limitations in the Schedule.

Only treatment for the relief of pain for the presenting emergency condition will be covered prior to Accerta enrolling the child onto the EESS. Only the services in the table below will be considered for payment at the fees set out in the Schedule.

Code(s)	Service Description	Limitation
00123	Examination/Assessment - Emergency	
00221 00222 00223	Radiographs, Intraoral periapical	Maximum 3 per emergency visit, per patient, per dentist, per address.
00211 00212	Radiographs, Intraoral bitewing	Maximum 2 per emergency visit, per patient, per dentist, per address.
00241	Radiographs, Panoramic	Maximum 1 per emergency visit, per patient, per dentist, per address.
00666 00667 00669	Placement of temporary restorations	

Once the child is enrolled onto the EESS, the child will have access to all of the services in the HSO Schedule. The services delivered during the emergency appointment will count towards the limitations in the HSO Schedule.

Pre-Authorizations

Eligible children may be granted access to additional services and/or limitations in the schedule. For these services,

“pre-authorization required” is stated in the limit column of the Schedule. Criteria for pre-authorization are also described in the “limit” column. Pre-authorization is required prior to beginning treatment.

Pre-authorization requests can be submitted using a standard claim form. The claim form must clearly indicate “pre-authorization” or “estimate” and must include:

- Dental hygienist name, address & unique identification number (or CHDO registration number);
- Dental hygienist signature;

- Client name & HSO number;
- The services that are recommended (including total number of units);
- Identification or listing of pre-authorization criteria;
- If available, a list of any supporting documentation provided (e.g., letter from physician/specialist, etc.)

Pre-authorization requests must be submitted by the treating provider to Accerta with any supporting documentation. The provider must note pre-authorization criteria on the request as indicated in the “limit” column of the Schedule.

The request and any supporting documentation will be reviewed by Accerta. Accerta will respond to pre-authorization requests within 2 business days from the date the pre-authorization request is received. Once approved, pre- authorizations are valid for up to 12 months provided the client remains eligible and enrolled in the Program.

Submission of Dental Claims

Treating providers must submit a claim form to Accerta to obtain payment for services rendered under this Program. By submitting a claim for services under this Program, the provider is assumed to have accepted the terms and conditions set out in this Schedule.

Claims may be mailed, sent via secure fax, or submitted electronically (EDI) to Accerta: AccertaClaim Servcorp Inc.

Healthy Smiles Ontario Contact Centre Station P,
P.O. Box 2286
Toronto, ON
M5S 3J8

Secure Fax: 416-354-2354 or toll-free at 1-877-258-3392

Accerta Carrier Code: 311140

For mailed paper-based claims forms, the treating provider must sign each claim form submitted. Additionally, treating providers must list their unique identification number or CDHO registration number under the “Unique No” or “CDHO Registration #” field of the form. The “Patient Signature” section does not apply to the program, and therefore should not be signed by the client. The client’s identification number located on the front of their HSO dental card should be listed under the “Client/Patient ID or “certificate#/SIN#/ID#” field on the claim form. The name of the program (Healthy Smiles Ontario Program) should be listed under the “Insurer/Administrator” field.

For EDI submission of claims, transmission types include:

1. Dental Claim Submission
2. Dental Claim Reversal

EDI responses include:

1. Explanation of Benefit (EOB)
 - a. Results of adjudication.
 - b. Partial or full reimbursement notices.
2. Acknowledgements (ACK)
 - a. Response status message indicates the reason for the response.
 - i. Claim is rejected because of errors (please call Accerta at 416-363-3377 or toll-free at 1-877-258-2658 for assistance).
 - ii. Claim is received successfully by the carrier and is held for further processing.

The Primary Policy/Plan Number is HSO. Please use Accerta's carrier code 311140 by adding it under the Instream network.

Claim forms must be completed using Fédération Dentaire Internationale (FDI) nomenclature and tooth charting codes (i.e., international tooth numbers). Incomplete forms include forms with incorrect, illegible, or missing information and will be returned for clarification and/or correction. If it is necessary to re-submit a claim form, it must be clearly marked "duplicate".

Providers should endeavour to submit claims for initial processing within **30 days** from the date the services were provided. Claims are to be sent in as treatment occurs, except for multiple appointment procedures, which should be submitted on completion of the treatment.

Accerta, on behalf of the Ministry of Health, reserves the right to require the submission of further information by the provider to substantiate a claim, in accordance with applicable law (including, for greater certainty, claims for which payment may have already been made at the time of the request).

Providers will not be reimbursed for retroactive billing for services rendered to children before they were enrolled onto the HSO Program except for the specific list of emergency services noted under the EECS (for after-hours/emergency circumstances).

If services are rendered without a valid HSO dental card, or if services provided are not covered and paid under the Program as described in this Schedule, service providers may be responsible for making payment arrangements directly with the child (parent/guardian).

Service providers agree to repay to Accerta, or the Ministry of Health, on demand, any amounts that

may be paid in respect of: fraudulent claims, claims for which reasonably requested supporting information is not provided, claims that are not submitted in accordance with any of the terms set out in this Schedule, or payments that may be made in error.

Claims Processing and Adjudication

In order to ensure that the correct practitioner is reimbursed and that reimbursement is sent to the correct practice address, the following information is required on all claim forms:

- The treating dental hygienist's name;
- The treating dental hygienist's unique identification number; and
- The treating dental hygienist's address.

Extra billing is not permitted for services covered and paid for under this Schedule. A provider may bill the client (parent/guardian) for services not covered and not paid for under this Schedule.

Providers can find information about claims, pre-authorizations and payment by accessing Accerta's secure web portal AccertaWorX at <https://accertaworx.accerta.ca>.

AccertaWorX also provides access to electronic copies of the HSO Schedule(s), program forms and newsletters.

To gain access to AccertaWorX, dental providers must complete and sign an application form. Application forms can be obtained by contacting Accerta.

Reimbursement Rates

The maximum payable fees for HSO covered services are set out in this Schedule. Providers may not extra-bill for services covered and paid for under this Schedule.

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

Coordination of Benefits

Any existing dental insurance coverage for clients must be utilized before resorting to the HSO Program. As well, if a specific service is not covered in the private insurance plan's fee schedule (e.g., the patient has exhausted the total value of their coverage, or their plan offers a specific service at a lesser frequency/volume than HSO), benefits may be coordinated.

Authorized Service Providers

Children and youth can receive services through a local Public Health Unit, community dental clinic and/or a participating fee-for-service dental professional. Participating providers include:

- A dentist in good standing with the Royal College of Dental Surgeons of Ontario (RCDSO);
- A registered dental hygienist in good standing with the College of Dental Hygienists of Ontario (CDHO);
- A registered denturist in good standing with the College of Denturists of Ontario (CDO); or
- A physician anaesthetist in good standing with the College of Physicians and Surgeons of Ontario.

Referrals to Other Providers/Specialists

If a referring provider completes an examination (with or without radiographs) and refers all treatment to another provider, the first provider will be reimbursed for an emergency or specific examination and any radiographs.

Responsibility of the Program Administrator (Accerta)

Accerta is responsible for enrolling children and youth onto the HSO Program and issuing dental cards for enrolled clients. Accerta also re-issues expired, lost or misplaced cards to eligible clients according to program policies.

Accerta reviews, processes and adjudicates all Healthy Smiles Ontario claims. Accerta is responsible for remitting remuneration to treating providers for completed claims as soon as reasonably possible, and not more than thirty (30) days after receipt of a claim or invoice where no follow-up, clarifications and/or further action is required. Accerta also reviews, processes and adjudicates all pre-authorization requests, including requests for the DSCP.

Accerta is also responsible for coordinating benefits for clients and addressing a variety of inquiries from clients, their families and providers.

Program Administrator Contact Information

AccertaClaim Servcorp Inc.
Healthy Smiles Ontario Contact Centre Station P,
P.O. Box 2286
Toronto, ON M5S 3J8

Accerta Carrier Code: 311140
Telephone: 416-363-3377 / 1-877-258-2658
Secure Fax: 416-354-2354 / 1-877-258-3392
Email: HSOInfo@accerta.ca

For information about claims, pre-authorizations and payment, providers may access Accerta's secured web portal AccertaWorX at <https://accertaworx.accerta.ca>.

AccertaWorX also provides access to electronic copies of the HSO Schedule(s), program forms and newsletters.

To gain access to AccertaWorX, providers must complete and sign an application form. Application forms can be obtained by contacting Accerta.

Responsibility of the Local Public Health Unit

Public Health Units are responsible for assisting children and/or families to enrol in the Healthy Smiles Ontario Program. Public Health Units will help children and families to establish an oral health home, including helping to ensure that young children receive their first visit within 6 months of the eruption of the first tooth, or by one year of age.

Public Health Units have a role in identifying children and youth in need of oral health services and providing services (where clinics are in operation) and/or assisting clients in finding participating providers.

Public Health Units will also provide case management (e.g., following children from screening to ensure treatment is initiated) and providing follow-up services to clients and their families, including communicating with Accerta and providers to ensure that clients have completed treatment.

Public Health Unit Contact Information

Contact information for all Public Health Units in Ontario can be found on the Ministry of Health's website using the following URL: www.ontario.ca/healthysmiles.

Notice of Collection

Personal Health and other Information collected for the purposes of the Healthy Smiles Ontario Program, is collected under the authority of the *Health Protection and Promotion Act, 1990* 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 relevant Public Health Unit (where relevant and/or known), the Ministry of Health or Accerta.

Consent pertaining to the collection, use and disclosure of personal information is included on the Healthy Smiles Ontario Application Form(s) and Parent Notification Forms (PNF). The collection of this consent authorizes the provider to release confidential personal information contained on the forms to Accerta, the Ministry of Health and local Public Health Units for the purposes of delivering the Program.

Privacy

Personal health information collected from providers under this Program is used by the Ministry of Health, Accerta and local Public Health Units for claims payment and other program management purposes. Accordingly, providers may disclose personal health information to the Ministry of Health or Accerta without additional patient consent, in accordance with sections 38(1)(b) and 39(1)(b) of the *Personal Health Information Protection Act, 2004*. Questions concerning the collection of this information should be directed to Accerta, the local Public Health Unit (where relevant and/or known) or the ServiceOntario INFOLine at 1-866-532-3161 (Toll-free) or 1-800-387-5559 (TTY toll-free) or 416-327-4282 (Toronto only).

Treatment Codes for Dental Hygienists

1. Assessment Services

First Dental Hygiene Visit/Orientation			
Oral assessment for clients up to age 3 years inclusive.			
Code	Description	Dental Hygienist Fee	Limit
00131	First dental hygiene visit/orientation	9.04	Maximum 1 per client, per dental hygienist, per address.
Examination/Assessment – New Client			
Only one new client exam OR routine recall exam, per client, per dental hygienist, per address will be covered if performed on the same client within a 6 month period.			
Code	Description	Dental Hygienist Fee	Limit
00111	Primary, complete	19.29	1 per 60 months, per client, per dental hygienist, per address.
00112	Mixed, complete	28.94	
00113	Permanent, complete	38.58	

Examination and Assessment – Previous Client			
Only one new client exam OR routine recall exam, per client, per dental hygienist, per address will be covered if performed on the same client within a 6 month period.			
Code	Description	Dental Hygienist Fee	Limit
00121	Routine reassessment/recall (previous client)	14.97	1 per 6 months, per client, per dental hygienist, per address.
00123	Emergency	13.93	
00125	Specific (new or existing client)	13.93	Maximum 1 per 12 months, per client, per dental hygienist, per address.
00126	Limited, New Client	13.93	Maximum 1 per 12 months, per client, per dental hygienist, per address.

DSCP	Examination and Assessment – Previous Client			
	Code	Description	Dental Hygienist Fee	Limit
	00121	Routine reassessment/recall (previous client)	14.97	<p>Combined maximum HSO and DSCP of 4 per 12 months, per client, per dental hygienist, per address.</p> <p>Child/youth must meet DSCP criteria and must be enrolled in the DSCP (see Dental Special Care Plan on page 14 for details).</p>

Radiographs			
Intraoral Periapical			
Code	Description	Dental Hygienist Fee	Limit
00221	One image	9.83	Maximum 8 images per 12 months, per client, per dental hygienist, per address.
00222	Two images	11.52	
00223	Three images	13.05	
00224	Four images	14.64	
00225	Five images	16.73	
00226	Six images	18.81	
00227	Seven images	19.95	
00228	Eight images	21.56	
Intraoral Bitewing			
Code	Description	Dental Hygienist Fee	Limit
00211	One image	9.83	Maximum 2 images per 6 months, per client, per dental hygienist, per address.
00212	Two images	11.52	

Panoramic			
Code	Description	Dental Hygienist Fee	Limit
00241	One image	31.54	<p>Maximum 1 per 24 months, per client, per dental hygienist, per address except in emergency situations.</p> <p>Only covered when:</p> <ul style="list-style-type: none"> There is facial trauma with symptoms of possible jaw fracture; or There is a significant delayed eruption pattern; or Diagnosis cannot be made using a periapical image. <p>One of the above criteria (listing the number is acceptable) must appear on the claim for consideration of payment.</p>

2. Preventive Services

Stain Removal			
Code	Description	Dental Hygienist Fee	Limit
00537	½ unit of time	7.58	Maximum 1 per 6 months, per client, per dental hygienist, per address.

DSCP	Stain Removal			
	Code	Description	Dental Hygienist Fee	Limit
	00531	One unit of time	15.15	Combined maximum HSO and DSCP of 3 units per 12 months, per client, per dental hygienist, per address. Child/youth must meet DSCP criteria and must be enrolled in the DSCP (see Dental Special Care Plan on page 14 for details).
	00537	½ unit of time	7.58	

Debridement			
Code	Description	Dental Hygienist Fee	Limit
00511	One unit of time	33.28	Maximum 1 unit per 12 months, per client, per dental hygienist, per address, for clients 11 years of age and younger. Additional units require pre-authorization up to a maximum of 4 units combined (Debridement/ Root Planing) per 12 months, per client, per dental hygienist, per address.
00512	Two units of time	66.57	
00513	Three units of time	99.85	
00514	Four units of time	133.12	
00517	½ unit of time	16.64	<p>Combined maximum (Debridement/Root Planing) 2 units per 12 months, per client, per dental hygienist, per address, for clients aged 12-17 years. Additional units require pre-authorization up to a maximum of 4 units combined (Debridement/ Root Planing) per 12 months, per client, per dental hygienist, per address.</p> <p>Pre-authorization criteria include:</p> <ol style="list-style-type: none"> 1. Presence of calculus; and 2. Evidence of gingival inflammation; and/or 3. Dental or medical condition where gingival or periodontal disease is not reversible by adequate oral hygiene, and requires clinical instrumentation or treatment; and/or 4. Prior to major cardiac, transplant or other surgery where dental cleaning is requested by the client's medical/dental practitioner. <p>Criteria (listing the numbers is acceptable) must appear on the pre-authorization request. If applicable, the dental or medical condition must also be noted on the pre-authorization request.</p>

DSCP	Debridement			
	Code	Description	Dental Hygienist Fee	Limit
	00511	One unit of time	33.28	Combined maximum (Scaling/Root Planing) of 12 units HSO and DSCP combined, per 12 months, per client, per dental hygienist, per address. Child/youth must meet DSCP criteria and must be enrolled in the DSCP (see Dental Special Care Plan on page 14 for details).
	00512	Two units of time	66.57	
	00513	Three units of time	99.85	
	00514	Four units of time	133.12	
	00515	Five units of time	166.04	
	00516	Six units of time	199.69	
	00517	½ unit of time	16.64	
	00519	each additional unit of time >6	33.28	

Fluoride Applications			
Code	Description	Dental Hygienist Fee	Limit
00611	Topical varnish in-office	8.35	Combined maximum 4 applications per 12 months, per client, per dental hygienist, per address.
00616	Topical fluoride in-office, all products except varnish	8.35	

DSCP	Fluoride Applications			
	Code	Description	Dental Hygienist Fee	Limit
	00611	Topical varnish in-office	8.35	As required. Child/youth must meet DSCP criteria and must be enrolled in the DSCP (see Dental Special Care Plan on page 14 for details).
	00616	Topical fluoride in-office, all products except varnish	8.35	As required. Child/youth must meet DSCP criteria and must be enrolled in the DSCP (see Dental Special Care Plan on page 14 for details).

DSCP	Fluoride Applications			
	Code	Description	Dental Hygienist Fee	Limit
	00613	Home - custom maxillary arch	22.38 + lab	As required. Child/youth must meet DSCP criteria and must be enrolled in the DSCP (see Dental Special Care Plan on page 14 for details).
	00614	Home - custom mandibular arch	22.38 + lab	
	00615	Home - custom combined	31.97 + lab	

Sealants			
Code	Description	Dental Hygienist Fee	Limit
00602	First tooth in quadrant	11.24	Coverage is limited to permanent molars (16, 26, 36, 46 and 17, 27, 37, 47). Replacement is not covered within 1 year.
00603	Each additional tooth in quadrant	6.97	
Application of Anticariogenics/antimicrobials agents to hard tissues			
Code	Description	Dental Hygienist Fee	Limit
00606	One unit of time	23.20	Maximum 2 units per 12 months, per client, per dental hygienist, per address. Reimbursement rates include any additional expenses (+exp).
00607	½ unit of time	11.60	

DSCP	Application of Anticariogenics/antimicrobials agents to hard tissues		
	Code	Description	Limit
	00606	One unit of time	As required.
	00607	½ unit of time	Child/youth must meet DSCP criteria and must be enrolled in the DSCP (see Dental Special Care Plan on page 14 for details). Reimbursement rates include any additional expenses (+exp).

Mouth Protectors			
Code	Description	Dental Hygienist Fee	Limit
00634	Custom - Maxillary arch	31.04 + lab	Maximum 1 per 12 months, per client, per dental hygienist, per address.
00635	Custom - Mandibular arch	31.04 + lab	
00636	Custom - Maxillary & Mandibular Arches	43.89 + lab	

3. Temporary Restorative Services

Placement of Temporary Restorations			
Code	Description	Dental Hygienist Fee	Limit
00666	Interim Stabilization Therapy (IST) - First tooth in quadrant	26.89	
00667	Each additional tooth same quadrant – all procedures	26.89	
00669	1st tooth – all other temporary restorations	13.74	

4. Periodontal Services

Management of Oral Mucosal Disorders			
Code	Description	Dental Hygienist Fee	Limit
00551	One unit of time	17.14	
00552	Two units of time	34.29	
Management of Oral Manifestations of Systemic Disease			
Code	Description	Dental Hygienist Fee	Limit
00561	One unit of time	17.14	
00562	Two units of time	34.29	

Root Planing			
Code	Description	Dental Hygienist Fee	Limit
00521	One unit of time	33.28	<p>Combined maximum (Debridement/Root Planing) of 2 units per 12 months, per client, per dental hygienist, per address, for clients aged 12-17 years.</p> <p>Additional units require pre-authorization up to a maximum of 4 units combined (Debridement/Root Planing) per 12 months, per client, per dental hygienist, per address.</p> <p>Pre-authorization criteria include:</p> <ol style="list-style-type: none"> 1. Presence of calculus; and 2. Evidence of gingival inflammation; and/or 3. Dental or medical condition where gingival or periodontal disease is not reversible by adequate oral hygiene, and requires clinical instrumentation or treatment; and/or 4. Prior to major cardiac, transplant or other surgery where dental cleaning is requested by the client's medical/dental practitioner. <p>Criteria (listing the numbers is acceptable) must appear on the pre-authorization request. If applicable, the dental or medical condition must also be noted on the pre- authorization request.</p>
00522	Two units of time	66.56	
00523	Three units of time	99.85	
00524	Four units of time	133.12	
00527	½ half unit of time	16.64	

DSCP	Root Planing			
	Code	Description	Dental Hygienist Fee	Limit
	00521	One unit of time	33.28	Combined maximum (Scaling) of 12 units HSO and DSCP combined per 12 months, per client, per dental hygienist, per address. Child/youth must meet DSCP criteria and must be enrolled in the DSCP (see Dental Special Care Plan on page 14 for details).
	00522	Two units of time	66.56	
	00523	Three units of time	99.85	
	00524	Four units of time	133.12	
	00525	Five units of time	166.04	
	00526	Six units of time	199.68	
	00527	½ half unit of time	16.64	
	00529	each additional unit of time >6	33.28	

5. Adjunctive General Services

Laboratory and Expense Services			
<p>'+ lab' means that an additional laboratory expense may be assessed with the procedure code.</p> <p>'+ exp' means that additional expenses such as courier costs may be assessed with the procedure code. Unless otherwise specified, reimbursement for '+ exp' is included in the fee.</p> <p>When filling out the third party claim forms, these codes must follow immediately after the corresponding treatment code carried out by the dental hygienist, so as to correlate the lab expenses with the correct procedures.</p>			
Code	Description	Dental Hygienist Fee	Limit
00991	+ lab	I.C	<p>00991 is covered in conjunction with codes which carry the + lab designation.</p> <p>The amount listed on the invoice will be paid in full. Laboratory fees must appear immediately below the procedure code(s) to which they apply.</p>
00992	+ exp	N/A	Additional expenses for applicable services are included in the fee.

Treatment Codes for Denturists

Examinations			
Only one general oral examination OR annual/recall/recare exam, per client, per denturist, per address will be covered if performed on the same client within a 6 month period.			
Code	Description	Denturist Fee	Limit
10010	General Oral Examination Extensive examination of the pre-prosthetic, edentulous, or partially edentulous mouth, visual, digital and mirror examination of the oral structures, head and neck (including the TMJ & lymph nodes), oral mucosa, lips, tongue, oral pharynx, salivary glands, musculature, and other associated stomatognathic structures. Also included in this exam is a detailed Medical, Dental & Prosthetic history to be completed on a regulatory approved form including a thorough charting of the oral structures.	62.75	Maximum 1 per 60 months, per client, per denturist, per address.
10104	Emergency/Specific nature Examination and evaluation of a specific situation in a localized area.	33.00	
10105	Annual/Recall/Recare	29.75	Maximum 1 per 6 months, per client, per denturist, per address.
NOTE: Partial dentures are covered for the replacement of permanent anterior teeth only (13-23 and 33-43). Unless specified otherwise, reimbursement rates include the laboratory component (+CL).			

Standard Denture(s) - Complete			
Complete Denture(s) Includes impressions, bite registration, try-in, insertion, and opposing model where required.			
Code	Description	Denturist Fee	Limit
31310	Complete Maxillary + CL	485.62	Note the reason that complete dentures are needed, where known (e.g. trauma, caries) on the claim form. Reimbursement rates include the laboratory component (+ CL).
31320	Complete Mandibular +CL	602.41	
Standard Denture(s) Partial Acrylic Base - With Clasps			
Standard With Clasps Includes impressions, bite registration, try-in, insertion, and opposing model where required.			
Code	Description	Denturist Fee	Limit
41610	Partial Maxillary + CL	453.52	For the replacement of permanent anterior teeth only (13-23 and 33-43). Note the reason that complete dentures are needed, where known (e.g. trauma, caries) on the claim form. Reimbursement rates include the laboratory component (+ CL).
41620	Partial Mandibular + CL	476.06	

Adjustments			
Per Visit			
Code	Description	Denturist Fee	Limit
38110	Complete Maxillary	29.36	Covered after three months post insertion OR by other than the dentist/denturist providing the prosthesis. Reimbursement rates include the laboratory component (+ CL).
38120	Complete Mandibular	31.42	
48110	Partial Maxillary	30.74	
48120	Partial Mandibular	33.47	
Repairs			
No Impression			
Code	Description	Denturist Fee	Limit
36110	Complete Maxillary + ARM + CL	34.15	Reimbursement rates include in-house laboratory fees, commercial laboratory fees (+CL) and Additional Repair Materials (ARM).
36120	Complete Mandibular + ARM + CL	34.15	
46110	Partial Maxillary + ARM + CL	34.15	
46120	Partial Mandibular + ARM + CL	34.15	

With Impression			
Code	Description	Denturist Fee	Limit
36210	Complete Maxillary + ARM + CL	53.97	Reimbursement rates include in-house laboratory fees, commercial laboratory fees (+CL) and Additional Repair Materials (ARM).
36220	Complete Mandibular + ARM + CL	53.97	
46210	Partial Maxillary + ARM + CL	53.97	
46220	Partial Mandibular + ARM + CL	53.97	
Relines			
Lab Processed/Functional Impression			
Code	Description	Denturist Fee	Limit
32110	Complete Maxillary + CL	132.51	Reimbursement rates include the laboratory component (+CL).
32120	Complete Mandibular + CL	143.43	
42116	Partial Maxillary + CL	143.43	
42126	Partial Mandibular + CL	153.68	
Self-polymerized/Lab Processed			
Code	Description	Denturist Fee	Limit
32215	Complete Maxillary + CL	119.34	Reimbursement rates include the laboratory component (+CL).
32225	Complete Mandibular + CL	129.74	
42210	Partial Maxillary + CL	126.46	
42220	Partial Mandibular + CL	137.96	

Chairside/Permanent Acrylic			
Code	Description	Denturist Fee	Limit
32418	Complete Maxillary	112.23	Reimbursement rates include the laboratory component (+CL).
32428	Complete Mandibular	119.89	
42418	Partial Maxillary	118.25	
42428	Partial Mandibular	125.91	
Laboratory Procedures			
<p>'+ CL' = Commercial Laboratory charges/cost of cast frame and/or lab costs. CL may also need to be used in addition to fees for procedures where a commercial lab is necessary, such as adding cast metal strengtheners to full dentures.</p> <p>When filling out the third party claim forms, these codes must follow immediately after the corresponding treatment code carried out by the denturist, so as to correlate the lab expenses with the correct procedures.</p>			
Code	Description	Denturist Fee	Limit
98889	Commercial Lab Fee (for codes with "+CL")	I.C	<p>98889 is covered in conjunction with codes which carry the + CL designation.</p> <p>Unless otherwise specified, reimbursement rates include the laboratory component (+CL).</p> <p>The amount listed on the invoice will be paid in full. Laboratory fees must appear immediately below the procedure code(s) to which they apply.</p>

Treatment Codes for Physician Anaesthetists

When invoiced directly by a qualified Physician who is registered with the College of Physicians and Surgeons of Ontario. A maximum of 10 units of any combination of anaesthesia/sedative techniques below are covered in any 12 month period, per client, per physician, per address. Additional units require pre-authorization and will only be covered in the situations where the client requires more than one visit to complete dental treatment. Physician-anaesthetists may be required to submit sedation records.

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.

General Anesthesia

Code	Description	MD Fee	Limit
MDGA2	Two units of time (30 minutes)	134.45	Maximum of 10 units per 12 months per patient, per physician, per address. Additional units require pre-authorization . Pre-authorization request must document reason for additional units.
MDGA3	Three units (45 minutes)	171.26	
MDGA4	Four units (60 minutes)	208.07	
MDGA5	Five units (75 minutes)	244.91	
MDGA6	Six units (90 minutes)	281.70	
MDGA7	Seven units (105 minutes)	318.53	
MDGA8	Eight units (120 minutes)	355.53	
MDGA9	Each additional unit over eight (15 minutes)	34.78	

Provision of facilities, equipment and support services for general anaesthesia			
Code	Description	MD Fee	Limit
MDFE2	Two units of time (30 minutes)	46.61	Maximum of 10 units per 12 months per patient, per physician, per address. Additional units require pre-authorization . Pre-authorization request must document reason for additional units.
MDFE3	Three units (45 minutes)	69.91	
MDFE4	Four units (60 minutes)	93.20	
MDFE5	Five units (75 minutes)	116.48	
MDFE6	Six units (90 minutes)	139.78	
MDFE7	Seven units (105 minutes)	163.06	
MDFE8	Eight units (120 minutes)	186.37	
MDFE9	Each additional unit over eight (15 minutes)	24.91	

Anaesthesia, Deep Sedation			
Code	Description	MD Fee	Limit
MDDS2	Two units of time (30 minutes)	124.11	Maximum of 10 units per 12 months per patient, per physician, per address. Additional units require pre-authorization . Pre-authorization request must document reason for additional units.
MDDS3	Three units (45 minutes)	160.94	
MDDS4	Four units (60 minutes)	197.75	
MDDS5	Five units (75 minutes)	234.56	
MDDS6	Six units (90 minutes)	271.38	
MDDS7	Seven units (105 minutes)	308.19	
MDDS8	Eight units (120 minutes)	345.03	
MDDS9	Each additional unit over eight (15 minutes)	34.78	