



Suggested Fee Guide for Dental Hygienists

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USER GUIDE FOR DENTAL HYGIENISTS

The content, organization and management of dental hygiene care is guided by the principles of accessibility for all Canadians to comprehensive oral health care and the promotion of oral health as an integral component of general health.

The purpose of this Fee Guide is to provide guidance to dental hygienists in Ontario in setting the fees that they charge for their professional services. It is a guide only; adherence to the guide is not obligatory. Each dental hygienist will set his or her fees to reflect practice realities and local circumstances and requirements. Dental hygienists must follow their code of ethics and standards of practice when determining the value of a dental hygiene service.

This Fee Guide uses the CDHA National List of Service Codes[®] that has been produced by the Canadian Dental Hygienists Association (CDHA). The CDHA states that the National Dental Hygiene System of Service is not intended for use by dental hygienists employed within traditional dental offices or in provinces where this type of public access to dental hygiene care has not been legislated.

Dental Hygiene Claim Form

To protect themselves from copyright infringements, it is important that all Ontario dental hygienists who are submitting insurance claims use either the standard dental hygiene claim form attached to this Fee Guide and available on the ODHA website or if they are members of CDHA, the CDHA Dental Hygiene Claim Form.

Review

ODHA will periodically review the suggested fees and will submit any suggestions for the coding system to the CDHA so it can take these under advisement in its own review. Members are encouraged to submit their feedback to the ODHA in writing.

Members and third parties are reminded that the suggested fees contained in the Fee Guide were prepared by the Ontario Dental Hygienists' Association to provide a guideline of fees considered to be fair and reasonable. The suggested fees are a guideline only. The suggested fees are not binding on any dental hygienist or third party billing for dental hygiene services, and there is no obligation to follow the suggested fees in the Fee Guide.

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In this fee guide:

'+ lab'

- means that an additional laboratory expense may be assessed with the procedure code
- the code for laboratory expense is 00991

'+ exp'

- means that additional expenses such as courier costs may be assessed with the procedure code
- the code for an additional expense is 00992

Code / Service		ODHA 2012 suggested fee
00100	Examination/Assessment - new client	
Primary	00111	\$33.29
Mixed	00112	\$49.94
Permanent	00113	\$83.23
Edentulous	00114	\$33.29
Periodontal	00115	\$49.94
00120	Examination/Assessment – previous client	
Routine recall	00121	\$24.28
Specific	00122	\$24.28 to \$54.63
Emergency	00123	\$24.28 to \$54.63
Periodontal, limited	00124	\$24.28 to \$54.63
00130	First dental hygiene visit/orientation	
	00131	\$15.61
00200	Radiographs	
00210	Intraoral bitewing	
1 film	00211	\$16.65
2 films	00212	\$19.25
3 films	00213	\$21.85
4 films	00214	\$24.45
5 films	00215	\$27.05
6 films	00216	\$29.65
00220	Intraoral periapical	
1 film	00221	\$16.65
2 films	00222	\$19.25
3 films	00223	\$21.85
4 films	00224	\$24.45
5 films	00225	\$27.05
6 films	00226	\$29.65
7 films	00227	\$32.25
8 films	00228	\$34.85
each additional film >8	00229	\$2.60
00230	Intraoral, full mouth series	
minimum 14 films	00231	\$68.98
00240	Panoramic	
1 film	00241	\$49.42
00250	Cephalometric	
1 film	00251	\$45.83
each additional film >1	00259	\$15.61

	00260	Duplication of radiographs	
1 film			00261 \$10.40
2 films			00262 \$11.24
3 films			00263 \$12.07
4 films			00264 \$12.90
5 films			00265 \$13.73
6 films			00266 \$14.57
7 films			00267 \$15.40
8 films			00268 \$16.23
each additional film >8			00269 \$0.83
	00270	Photographs	
1 photo			00271 \$15.61
2 photos			00272 \$18.73
3 photos			00273 \$21.85
each additional photograph >3			00279 \$3.12
	00300	Microbiological and histological tests	
	00310	Caries susceptibility	
bacteriological test			00311 \$16.55 to \$27.59 + lab
	00320	Periodontal disease activity	
microbiological test			00321 \$16.55 to \$27.59 + lab
	00330	Cancer testing	
cytological smear			00331 \$33.11 + lab + exp
vital staining			00332 \$33.11
direct fluorescence			00333 \$33.11
	00400	Study models	
taking impressions			00401 \$29.65
fabrication/pouring/preparing casts			00402 \$14.83 + lab
	00500	Periodontal treatment (each unit of time is 15 minutes)	
	00510	Debridement	
1 unit of time			00511 \$48.56
2 units of time			00512 \$97.12
3 units of time			00513 \$145.69
4 units of time			00514 \$194.24
5 units of time			00515 \$242.81
6 units of time			00516 \$291.36
½ unit of time			00517 \$24.28
each additional unit of time >6			00519 \$48.56
	00520	Root planing	
1 unit of time			00521 \$48.56
2 units of time			00522 \$97.12
3 units of time			00523 \$145.69
4 units of time			00524 \$194.24
5 units of time			00525 \$242.81
6 units of time			00526 \$291.36
½ unit of time			00527 \$24.28
each additional unit of time >6			00529 \$48.56
	00530	Stain removal	
1 unit of time			00531 \$28.09
2 units of time			00532 \$56.18
½ unit of time			00537 \$14.05
each additional unit of time >2			00539 \$28.09

	00540	Subgingival periodontal irrigation	
1 unit of time		00541	\$40.95
½ unit of time		00547	\$20.48
each additional unit of time		00549	\$40.95
	00550	Management of oral mucosal disorders	
1 unit of time		00551	\$33.11
2 units of time		00552	\$66.22
3 units of time		00553	\$99.33
4 units of time		00554	\$132.44
½ unit of time		00557	\$16.55
each additional unit of time >4		00559	\$33.11
	00560	Management of oral manifestations of systemic disease	
1 unit of time		00561	\$33.11
2 units of time		00562	\$66.22
3 units of time		00563	\$99.33
4 units of time		00564	\$132.44
½ unit of time		00567	\$16.55
each additional unit of time >4		00569	\$33.11
	00570	Gingival curettage	
1 sextant		00571	\$24.28
2 sextants		00572	\$48.56
3 sextants		00573	\$72.84
4 sextants		00574	\$97.12
5 sextants		00575	\$121.40
6 sextants		00576	\$145.68
	00580	Intrasulcular application of chemotherapeutic agents	
1 unit of time		00581	\$45.95 + exp
½ unit of time		00582	\$22.97 + exp
each additional unit of time		00583	\$45.95 + exp
	00600	<i>Other oral services (each unit of time is 15 minutes)</i>	
	00601	Sealants	
1st tooth in quadrant		00602	\$19.42
each additional tooth in quadrant		00603	\$11.04
	00605	Application of anticariogenics/antimicrobials	
1 unit of time		00606	\$36.41 + exp
½ unit of time		00607	\$18.21 + exp
each additional unit of time		00609	\$36.41 + exp
	00610	Fluoride applications	
Topical in office		00611	\$18.73
Supervised, self-administered office		00612	\$14.03
Home - custom maxillary arch		00613	\$40.95 + lab
Home - custom mandibular arch		00614	\$40.95 + lab
Home - custom combined		00615	\$58.49 + lab
	00620	Finishing restoration	
1 unit of time		00621	\$28.09
2 units of time		00622	\$56.18
3 units of time		00623	\$84.27
4 units of time		00624	\$112.36
½ unit of time		00627	\$14.05
each additional unit of time >4		00629	\$28.09

	00630	Mouth protectors	
performed – maxillary arch			00631 \$20.81 + exp
performed – mandibular arch			00632 \$20.81 + exp
performed – maxillary & mandibular arches			00633 \$31.21 + exp
processed – maxillary arch			00634 \$78.03 + lab
processed – mandibular arch			00635 \$78.03 + lab
processed – maxillary & mandibular arches			00636 \$93.64 + lab
	00638	Labeling removable prosthesis	
labeling removable prosthesis			00638 \$36.41 + exp
	00640	Desensitization	
1 unit of time			00641 \$36.41
2 units of time			00642 \$72.83
½ unit of time			00647 \$18.21
each additional unit of time >2			00649 \$36.41
	00650	Bleaching vital teeth in office	
1 unit of time			00651 \$41.72 + exp
2 units of time			00652 \$83.44 + exp
3 units of time			00653 \$125.15 + exp
½ unit of time			00657 \$20.87 + exp
each additional unit of time >3			00659 \$41.72 + exp
	00660	Bleaching vital teeth at home	
maxillary arch			00661 \$124.85 + lab + exp
mandibular arch			00662 \$124.85 + lab + exp
maxillary and mandibular arch			00663 \$182.07 + lab + exp
	00665	Placement temporary restorations	
1st tooth in quadrant			00666 \$52.64
each added tooth same quadrant			00667 \$26.90
	00670	Recementation	
1 unit of time			00671 \$52.64
2 units of time			00672 \$105.29
3 units of time			00673 \$157.93
½ unit of time			00677 \$26.32
each additional unit of time >3			00679 \$52.64
	00680	Pulp vitality testing	
1 unit of time			00681 \$34.33
½ unit of time			00687 \$17.17
each additional unit of time			00689 \$34.33
	00690	Denture/removable prosthesis prophylaxis and polishing	
1 unit of time			00691 \$41.62 + lab
½ unit of time			00697 \$20.81 + lab
each additional unit of time			00699 \$41.62 + lab
	00700	<i>Pain management (each unit of time is 15 minutes)</i>	
	00710	Electronic dental anaesthesia	
1 unit of time			00711 \$34.33
2 units of time			00712 \$37.77
3 units of time			00713 \$41.20
4 units of time			00714 \$44.63
½ unit of time			00717 \$28.79
each additional unit of time >4			00719 \$3.43

	00720	Local anaesthesia	
regional block			00721 \$12.48
trigeminal division block			00722 \$12.48
supraperiosteal infiltration			00723 \$12.48
	00730	Acupuncture	
1 unit of time			00731 \$34.33
2 units of time			00732 \$37.77
3 units of time			00733 \$41.20
4 units of time			00734 \$44.63
½ unit of time			00737 \$28.79
each additional unit of time >4			00739 \$3.43
	00740	Nitrous oxide, conscious sedation	
1 unit of time			00741 \$52.02
2 units of time			00742 \$104.04
3 units of time			00743 \$156.06
4 units of time			00744 \$208.08
½ unit of time			00747 \$26.01
each additional unit of time >4			00749 \$52.02
	00800	<i>Education and habit modification (each unit of time is 15 minutes)</i>	
	00810	Counseling for diet	
1 unit of time			00811 \$36.41
2 units of time			00812 \$72.83
3 units of time			00813 \$109.24
4 units of time			00814 \$145.66
½ unit of time			00817 \$18.21
each additional unit of time >4			00819 \$36.41
	00820	Counseling for tobacco use cessation	
1 unit of time			00821 \$36.41
2 units of time			00822 \$72.83
3 units of time			00823 \$109.24
4 units of time			00824 \$145.66
½ unit of time			00827 \$18.21
each additional unit of time >4			00829 \$36.41
	00830	Counseling for oral self-exam	
1 unit of time			00831 \$36.41
2 units of time			00832 \$72.83
3 units of time			00833 \$109.24
4 units of time			00834 \$145.66
½ unit of time			00837 \$18.21
each additional unit of time >4			00839 \$36.41
	00840	Instruction in oral self care	
1 unit of time			00841 \$36.41
2 units of time			00842 \$72.83
3 units of time			00843 \$109.24
4 units of time			00844 \$145.66
½ unit of time			00847 \$18.21
each additional unit of time >4			00849 \$36.41

	00850	Group presentations (including preparation)	
1 unit of time		00851	\$36.41
2 units of time		00852	\$72.83
3 units of time		00853	\$109.24
4 units of time		00854	\$145.66
½ unit of time		00857	\$18.21
each additional unit of time >4		00859	\$36.41
	00860	Oral myofunctional therapy	
1 unit of time		00861	\$50.03
2 units of time		00862	\$100.06
each additional unit of time >2		00863	\$50.03
	00900	Outcome evaluation (each unit of time is 15 minutes)	
	00910	Evaluation of dental hygiene care	
1 unit of time		00911	\$36.41
2 units of time		00912	\$72.83
½ unit of time		00917	\$18.21
each additional unit of time >2		00919	\$36.41
	00920	Professional communications / case presentations	
1 unit of time		00921	\$36.41
2 units of time		00922	\$72.83
½ unit of time		00927	\$18.21
each additional unit of time >2		00929	\$36.41
	00950	Mobile services	
Home visit		00951	\$30.35 to \$60.70
Institutional visit		00952	\$30.35 to \$60.70
Emergency home visit		00953	\$45.78 to \$85.84
Emergency institutional visit		00954	\$45.78 to \$85.84
	00960	Exceptional client	
1 unit of time		00961	\$53.09
2 units of time		00962	\$106.18
3 units of time		00963	\$159.28
4 units of time		00964	\$212.37
each additional unit of time >4		00969	\$53.09
	00990	Laboratory and expense services	
+ lab		00991	
+ exp		00992	

Standard Dental Hygiene Claim Form

Top section of form is completed by dental hygienist :

CLIENT	Last name:	
	First name:	
	Address:	
	Unit/Apt#:	City:
	Prov:	Postal Code:

DENTAL HYGIENE PRACTICE	CDHO Registration #	
	Name:	
	Address:	
	Suite#:	City:
	Prov:	Postal Code:
	Telephone:	Fax:

I hereby assign my benefits payable from this claim to the dental hygienist identified here and authorize payment directly to him/her.

(signature of subscriber)

For additional notes, assessment, special considerations:

I understand that the fees listed in this claim may not be covered by my plan or may exceed the benefits of my plan. I acknowledge that I am responsible for the total fee shown below to the dental hygienist identified above and further acknowledge that the said fee is accurate. I agree to the release by the dental hygienist of any information necessary with respect to this claim to my insurance company or plan administrator.

(signature of client/parent/guardian)

Service provided:

Date of service			Description of service provided	Procedure code	Intl. Tooth code	Dental hygienist's fee	Laboratory or Expense charge	Total
day	mo	yr						
This is an accurate statement of services performed and the total fee dues and payable:							Total fee for service	
_____ (dental hygienist signature) CDHO reg'n# _____								

Employee/Plan member/Subscriber Information:

Group policy/plan#	Division/section#	Employee/plan member/subscriber name (please print)							
Employer	Certificate#/S.I.N.#/ID#								
Insurer/agency/plan	Employee/member/subscriber date of birth						day	mo	year

Client Information:

Relationship to employee/plan member/subscriber	Client date of birth	day	mo	year	If child: <input type="checkbox"/> student <input type="checkbox"/> disabled
	(if not self)				Name of school
Are any of the services provided under any other Group Insurance, Dental, WSIB or Government Plan?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, plan name and #			
Is any of the required treatment as the result of an accident?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, provide details separately			

I hereby authorize the release of any information or records requested in respect of this claim to the insurer/plan administrator and certify that the information given is true, accurate and complete to the best of my knowledge.

signature of employee/plan member/subscriber

date