

Suggested Fee Guide for Registered Dental Hygienists

January 1, 2026

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USER GUIDE FOR REGISTERED DENTAL HYGIENISTS

The content, organization and management of dental hygiene care is guided by the principle 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 hygiene business owners in Ontario in setting the fees they charge for their professional services. The ODHA Fee Guide is not intended for use by registered dental hygienists employed within traditional dental offices.

It is a guide only; adherence to the guide is not obligatory. Each registered dental hygienist will set fees to reflect their specific practice realities and local circumstances and requirements.

Registered dental hygienists are expected to follow their code of ethics and standards of practice when determining the value of a dental hygiene service. Dental hygienists are responsible for ensuring they adhere to their scope of practice when providing professional services and for fees charged associated with those services. To be fair, transparent and consistent with treatment time, all procedure codes selected must accurately reflect the actual services performed during an appointment.

This Fee Guide does not provide guidance on dental hygiene scope of practice. Questions regarding scope of practice should be addressed to the College of Dental Hygienists of Ontario.

This Fee Guide uses the CDHA National List of Service Codes© produced by the Canadian Dental Hygienists Association (CDHA). The CDHA National List of Service Codes© provides a description of the expectations of service for the codes used in this Fee Guide.

A unit of time is defined as fifteen (15) minutes of procedure time. A half unit of time is defined as up to seven and a half minutes of procedure time.

To provide clarification:

Code 0100 - Dental hygiene examination/assessment and diagnosis:
The code series 00100 ‘Dental hygiene examination/assessment and diagnosis’ includes items such as: medical, dental, and personal history; extraoral and intraoral examinations; periodontal assessment (e.g., sulcus depths, bleeding upon probing, recession, clinical attachment level, etc.); oral self-care assessment; dental hygiene diagnosis; treatment planning; and case presentation, along with the appropriate documentation of the findings/assessment.

00510 - Debridement
May include supra- and/or subgingival scaling and/or subgingival deplaquing. Debridement time includes the time the registered dental hygienist spends:

- Reviewing the client’s chart to prepare for the procedure;
- administering topical anesthetic when required (or local anesthetic provided by a dentist working in the dental hygiene owned business);
- performing the procedure;
- providing postoperative instructions (as required); and
- recording treatment notes in the client’s chart.

Scaling time does not include procedures such as: Dental hygiene examination/assessment and diagnosis; radiographs; or instruction in oral self-care; etc.

There are separate ODHA codes for these services. It is important to note procedure codes and units of time must accurately reflect the service(s) provided. It is considered misuse of the ODHA Suggested Fee Guide to charge for more units of time than the total time the client was seated and attended by the registered dental hygienist during the appointment.

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Dental Hygiene Claim Form

To protect themselves from copyright infringements, it is important all Ontario registered dental hygienists who are not members of CDHA submit insurance claims use the standard dental hygiene claim form attached to this Fee Guide and available on the ODHA website.

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 evidence-based feedback to the ODHA in writing.

Members and third parties are reminded 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 registered dental hygienist or third-party billing or paying 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'

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

'+ exp'

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

'c.s.'

- the fee is client specific and determined by the individual time and circumstances of the service provided

'tooth number'

- when a service code requires a "tooth number", the 2-digit International System of tooth numbering is to be used

Service / Code		ODHA 2026 suggested fee
00100	***Dental hygiene examination/assessment and diagnosis***	
Primary, complete	00111	$63.80
Mixed, complete	00112	$95.70
Permanent, complete	00113	$133.99
Edentulous, complete	00114	$57.42
Periodontal, complete	00115	$89.32
Case presentation/treatment planning – ***unusually*** complicated case – ***(each unit of time is 15 minutes)***		
1 unit of time	00116	$50.94
2 units of time	00117	$101.86
3 units of time	00118	$152.81
each additional unit of time >3	00119	$50.94
00120	**Limited dental hygiene examination/assessment and diagnosis**	
Routine reassessment/recall (previous client)	00121	$38.28
Emergency	00123	$44.66 to $89.32
Periodontal, limited, previous client	00124	$44.66 to $89.32
Specific (new or existing client)	00125	$44.66 to $89.32
Limited, new client	00126	$44.66 to $89.32
00130	**First dental hygiene visit/orientation (for clients up to age 3 inclusive)**	
	00131	$34.45
00200	***Radiographs and photographs (including interpretation for purposes of dental hygiene diagnosis)***	
00210	**Intraoral bitewing**	
1 image	00211	$25.61
2 images	00212	$29.61
3 images	00213	$33.61
4 images	00214	$37.61
5 images	00215	$41.61
6 images	00216	$45.62
00220	**Intraoral periapical**	
1 image	00221	$25.61
2 images	00222	$29.61
3 images	00223	$33.61
4 images	00224	$37.61
5 images	00225	$41.61
6 images	00226	$45.62
7 images	00227	$49.62
8 images	00228	$53.62
each additional image >8	00229	$4.00

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Service / Code			ODHA 2026 suggested fee
00230	**Intraoral, full mouth series**		
minimum 14 images		00231	$106.14
00240	**Panoramic**		
1 image		00241	$76.03
00250	**Cephalometric**		
1 image		00251	$70.52
each additional image >1		00259	$24.00
00260	**Duplication of radiographs**		
1 image		00261	$16.01
2 images		00262	$17.28
3 images		00263	$18.56
4 images		00264	$19.86
5 images		00265	$21.14
6 images		00266	$22.41
7 images		00267	$23.69
8 images		00268	$24.98
each additional image >8		00269	$1.28
00270	**Photographs for purposes of dental hygiene diagnosis**		
1 photo		00271	$24.00
2 photos		00272	$28.82
3 photos		00273	$33.61
Video		00278	$25.52
each additional photograph >3		00279	$4.79
00300	***Tests/Analysis and laboratory procedures/Interpretation***		
00310	**Caries susceptibility test**		
Bacteriological test		00311	$31.90 - $53.14 + lab
00320	**Periodontal disease activity test**		
Microbiological test		00321	$31.90 - $53.14 + lab
00330	**Oral cancer testing (technical procedure only)**		
Oral cavity cytological smear		00331	$51.04 + lab + exp
Oral mucosal tissue vital staining		00332	$51.04
Oral mucosal tissue direct fluorescence		00333	$51.04
00340	**Non-ionizing scanning procedure (each unit of time is 15 minutes)**		
1 unit of time		00341	$56.02
2 units of time		00342	$112.02
½ unit of time		00347	$28.01
each additional unit of time >2		00349	$56.02
00400	**Study models (for diagnostic purposes)**		
impression(s) – maxilla and/or mandible		00401	$45.62
fabrication/pouring/preparing casts		00402	$22.81 + lab
00500	***Periodontal treatment (each unit of time is 15 minutes)***		
00510	**Debridement**		
1 unit of time		00511	$75.09
2 units of time		00512	$143.98
3 units of time		00513	$212.88
4 units of time		00514	$281.77
5 units of time		00515	$350.67
6 units of time		00516	$419.19
½ unit of time		00517	$35.07

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Service / Code		ODHA 2026 suggested fee
each additional unit of time >6	00519	68.89
00520	**Root planing**	
1 unit of time	00521	$75.09
2 units of time	00522	$143.98
3 units of time	00523	$212.88
4 units of time	00524	$281.77
5 units of time	00525	$350.67
6 units of time	00526	$419.19
½ unit of time	00527	$35.07
each additional unit of time >6	00529	$68.89
00530	**Stain removal**	
1 unit of time	00531	$40.46
2 units of time	00532	$80.91
½ unit of time	00537	$20.23
each additional unit of time >2	00539	$40.46
00540	**Subgingival periodontal irrigation**	
1 unit of time	00541	$68.89
½ unit of time	00547	$35.07
each additional unit of time	00549	$68.89
00550	**Management of oral mucosal disorders**	
1 unit of time	00551	$50.94
2 units of time	00552	$101.86
3 units of time	00553	$152.81
4 units of time	00554	$203.75
½ unit of time	00557	$25.47
each additional unit of time >4	00559	$50.94
00560	**Management of oral manifestation of systemic disease**	
1 unit of time	00561	$50.94
2 units of time	00562	$101.86
3 units of time	00563	$152.81
4 units of time	00564	$203.75
½ unit of time	00567	$25.47
each additional unit of time >4	00569	$50.94
00570	**Gingival curettage**	
1 sextant	00571	$68.89
2 sextants	00572	$137.79
3 sextants	00573	$206.68
4 sextants	00574	$275.58
5 sextants	00575	$344.47
6 sextants	00576	$413.00
00580	**Chemotherapeutic/Photodisinfection therapy**	
1 unit of time	00581	$70.96 + exp
½ unit of time	00582	$36.13 + exp
each additional unit of time	00583	$70.96 + exp
00600	***Other oral services (each unit of time is 15 minutes)***	
00601	**Sealants – must include tooth number(s)**	
1st tooth in quadrant	00602	$35.21
each additional tooth in quadrant	00603	$17.83
00605	**Application of anticariogenic/antimicrobial agents to hard tissues**	
1 unit of time	00606	$56.02 + exp
½ unit of time	00607	$28.01 + exp

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Service / Code		ODHA 2026 suggested fee
each additional unit of time	00609	$56.02 + exp
00610	**Fluoride applications**	
Topical varnish in-office *All other in-office fluoride products use code 00616*	00611	$34.45
Supervised, self-administered in-office	00612	$23.04
Home - custom maxillary arch	00613	$67.23 + lab + exp
Home - custom mandibular arch	00614	$67.23 + lab + exp
Home - custom combined	00615	$96.03 + lab + exp
Topical fluoride in-office, all products except varnish	00616	$33.18
00620	**Finishing restoration**	
1 unit of time	00621	$43.22
2 units of time	00622	$86.43
3 units of time	00623	$129.65
4 units of time	00624	$172.85
½ unit of time	00627	$21.61
each additional unit of time >4	00629	$43.22
00630	**Mouth protectors**	
Preformed – maxillary arch	00631	$32.01 + exp
Preformed – mandibular arch	00632	$32.01 + exp
Preformed – maxillary & mandibular arches	00633	$48.02 + exp
Custom – maxillary arch	00634	$120.02 + lab + exp
Custom – mandibular arch	00635	$120.02 + lab + exp
Custom – maxillary & mandibular arches	00636	$144.06 + lab + exp
00638	**Labeling removable prosthesis**	
Labeling removable prosthesis	00638	$56.02 + exp
00640	**Desensitization**	
1 unit of time	00641	$56.02
2 units of time	00642	$112.02
½ unit of time	00647	$28.01
each additional unit of time >2	00649	$56.02
00650	**Whitening vital teeth in office**	
1 unit of time	00651	$64.19 + exp
2 units of time	00652	$128.36 + exp
3 units of time	00653	$192.54 + exp
½ unit of time	00657	$32.10 + exp
each additional unit of time >3	00659	$64.19 + exp
00660	**Whitening vital teeth at home**	
Maxillary arch	00661	$192.08 + lab + exp
Mandibular arch	00662	$192.08 + lab + exp
Maxillary and mandibular arches	00663	$280.10 + lab + exp
00665	**Placement temporary restorations – must include tooth number(s)**	
Interim Stabilization Therapy (IST) – 1st tooth in quadrant	00666	$80.99
each additional tooth same quadrant - all procedures	00667	$41.39
1st tooth – all other temporary restorations	00669	$80.99
00675	**Resin infiltration**	
one surface	00676	c.s.(client specific)
each surface >1	00677	c.s.
00680	**Pulp vitality testing**	
1 unit of time	00681	$52.81
2 units of time	00682	$105.63

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Service / Code		ODHA 2026 suggested fee
3 units of time	00683	$158.45
each additional unit of time >3	00689	$52.81
00690	**Denture/removable prosthesis prophylaxis and stain removal**	
1 unit of time	00691	$64.03
½ unit of time	00697	$32.01
each additional unit of time	00699	$64.03
00700	***Pain management (each unit of time is 15 minutes)***	
00710	**Electronic dental anaesthesia**	
1 unit of time	00711	$52.81
2 units of time	00712	$58.10
3 units of time	00713	$63.38
4 units of time	00714	$68.66
½ unit of time	00717	$44.28
each additional unit of time >4	00719	$5.28
00720	**Local anaesthesia**	
Regional block	00721	$19.20
Trigeminal division block	00722	$19.20
Supraperiosteal infiltration	00723	$19.20
00740	**Nitrous oxide, conscious sedation**	
1 unit of time	00741	c.s.(client specific)
2 units of time	00742	c.s.
3 units of time	00743	c.s.
4 units of time	00744	c.s.
½ unit of time	00747	c.s.
each additional unit of time >4	00749	c.s.
00800	***Education and habit modification (each unit of time is 15 minutes)***	
00810	**Counseling for diet related to oral health**	
1 unit of time	00811	$56.02
2 units of time	00812	$112.02
3 units of time	00813	$168.06
4 units of time	00814	$224.08
½ unit of time	00817	$28.01
each additional unit of time >4	00819	$56.02
00820	**Counseling for tobacco use cessation**	
1 unit of time	00821	$56.02 + exp
2 units of time	00822	$112.02 + exp
3 units of time	00823	$168.06 + exp
4 units of time	00824	$224.08 + exp
½ unit of time	00827	$28.01 + exp
each additional unit of time >4	00829	$56.02 + exp
00830	**Counseling for oral self-exam**	
1 unit of time	00831	$56.02
2 units of time	00832	$112.02

Service / Code		ODHA 2026 suggested fee
3 units of time	00833	$168.06
4 units of time	00834	$224.08
½ unit of time	00837	$28.01
each additional unit of time >4	00839	$56.02
00840	**Instruction in oral self-care**	

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1 unit of time	00841	$56.02
2 units of time	00842	$112.02
3 units of time	00843	$168.06
4 units of time	00844	$224.08
½ unit of time	00847	$28.01
each additional unit of time >4	00849	$56.02
0850	**Group presentations (including preparation)**	
1 unit of time	00851	c.s.(client specific)
2 units of time	00852	c.s.
3 units of time	00853	c.s.
4 units of time	00854	c.s.
½ unit of time	00857	c.s.
each additional unit of time >4	00859	c.s.
00900	***Outcome evaluation (each unit of time is 15 minutes)***	
00910	**Evaluation of dental hygiene care**	
1 unit of time	00911	$56.02
2 units of time	00912	$112.02
½ unit of time	00917	$28.01
each additional unit of time >2	00919	$56.02
00920	**Professional communications/Case presentations/Treatment Planning**	
1 unit of time	00921	$56.02
2 units of time	00922	$112.02
½ unit of time	00927	$28.01
each additional unit of time >2	00929	$56.02
00950	**Mobile services**	
Home visit	00951	$46.68 to $94.15
Institutional visit	00952	$46.68 to $94.15
Emergency home visit	00953	$70.43 to $132.07
Emergency institutional visit	00954	$70.43 to $132.07
00960	**Exceptional client management – (complex/time consuming case)** ***(each unit of time is 15 minutes)***	
1 unit of time	00961	$81.69
2 units of time	00962	$163.35
3 units of time	00963	$245.03
4 units of time	00964	$326.71
each additional unit of time >4	00969	$81.69
00970	**Consultation with client**	
1 unit of time	00971	$56.02
2 units of time	00972	$112.02
each additional unit of time >2	00979	$56.02
00980	**Missed or cancelled appointment – insufficient notice**	
Virtual/in-office	00981	c.s.(client specific)
Mobile	00982	c.s.
00990	**Laboratory and expense services**	
+ lab	00991	

Service / Code		**ODHA 2026 suggested fee**
+ exp	00992	
Pandemic PPE - Non-aerosol generating procedure	00993	$9.94 to $16.15
Pandemic PPE – Aerosol generating procedure	00994	$18.63 to $25.06

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05000	***Orofacial Myofunctional Therapy (OMT)***	
Exam/assessment/diagnosis	05001	$127.61
Limited exam/assessment/diagnosis	05002	$95.70
Reassessment	05004	$51.04
05010	**OMT**	
1 unit of time	05011	$84.22
2 units of time	05012	$168.44
½ unit of time	05017	$42.11
each additional unit of time >2	05019	$84.22
05090	**OMT postage/expense**	
Postage costs	05090	cs (client specific)
Expense	05091	cs
AUDIO/VIDEO APPOINTMENTS		
05000	**Audio/Video Orofacial Myofunctional Therapy (OMT)**	
A/V Limited exam/assessment/diagnosis	05003	$95.70
A/V Reassessment	05005	$51.04
05020	**Audio/Video OMT**	
1 unit of time	05021	$84.22
2 units of time	05022	$168.44
½ unit of time	05027	$42.11
each additional unit of time >2	05029	$84.22
05300	**Audio/Video counseling for tobacco use cessation**	
1 unit of time	05301	$56.02 + exp
2 units of time	05302	$112.02 + exp
3 units of time	05303	$168.06 + exp
4 units of time	05304	$224.08 + exp
½ unit of time	05307	$28.01 + exp
each additional unit of time >4	05309	$56.02 + exp
05310	**Audio/Video counseling for oral self-exam**	
1 unit of time	05311	$56.02
2 units of time	05312	$112.02
3 units of time	05313	$168.06
4 units of time	05314	$224.08
½ unit of time	05317	$28.01
each additional unit of time >4	05319	$56.02
05320	**Audio/Video instruction on oral self-care**	
1 unit of time	05321	$56.02
2 units of time	05322	$112.02
each additional unit of time >2	05329	$56.02
05330	**Audio/Video group presentations (including preparation)**	
1 unit of time	05331	c.s.(client specific)
2 units of time	05332	c.s.
3 units of time	05333	c.s.
4 units of time	05334	c.s.
½ unit of time	05337	c.s.
each additional unit of time >4	05339	c.s.

Service / Code		**ODHA 2026 suggested fee**
05340	**Audio/Video case presentation/treatment planning**	
1 unit of time	05341	$56.02

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2 units of time	05342	$112.02
3 units of time	05343	$168.06
each additional unit of time >3	05349	$56.02
05350	**Audio/Video professional communication/case presentation**	
1 unit of time	05351	$56.02
2 units of time	05352	$112.02
½ unit of time	05357	$28.01
each additional unit of time >2	05359	$56.02
05360	**Audio/Video oral mucosal disorders management**	
1 unit of time	05361	$50.94
2 units of time	05362	$101.86
3 units of time	05363	$152.81
4 units of time	05364	$203.75
½ unit of time	05367	$25.47
each additional unit of time >4	05369	$50.94
05370	**Audio/Video manifestations of systemic disease management**	
1 unit of time	05371	$50.94
2 units of time	05372	$101.86
3 units of time	05373	$152.81
4 units of time	05374	$203.75
½ unit of time	05377	$25.47
each additional unit of time >4	05379	$50.94
05380	**Audio/Video dental hygiene assessment/examination**	
Emergency	05380	$44.66
Specific	05381	$44.66
05460	**Drugs**	
Prescription, emergency drugs	05461	c.s.(client specific)
Dispensing, non-emergency drugs	05463	c.s.

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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 day	mo	yr	Description of service provided	Procedure code	Intl. Tooth code	Dental hygienist's fee	Laboratory or Expense charge	Total

This is an accurate statement of services performed and the total fee dues and payable:

_____ CDHO reg'n# _____
(dental hygienist signature)

Total fee for service

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 (if not self) day mo year	If child: □ student □ disabled Name of school
Are any of the services provided under any other Group Insurance, Dental, WSIB or Government Plan? □ yes □ no		If yes, plan name and #
Is any of the required treatment as the result of an accident? □ yes □ 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

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