



Suggested Fee Guide for Dental Hygienists

January 1, 2019

©2019 Ontario Dental Hygienists' Association
All rights reserved

USER GUIDE FOR 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 hygienists practising independently 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 are expected to 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 National List of Service Codes® provides a description of the expectations of service for the codes used in this Fee Guide. The ODHA Fee Guide is not intended for use by dental hygienists employed within traditional dental offices.

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 evidence-based 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 or paying for dental hygiene services, and there is no obligation to follow the suggested fees in the Fee Guide.

©2019 Ontario Dental Hygienists' Association

All rights reserved. No part of this work covered by the publisher's copyright may be reproduced or copied in any form or by any means (graphic, electronic or mechanical, including photocopying, recording, recording taping, or information and retrieval systems) without the written permission of the publishers.

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

‘tooth number’

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

Code / Service		ODHA 2019 suggested fee
00100	Dental hygiene examination/assessment and diagnosis	
Primary, complete	00111	\$38.86
Mixed, complete	00112	\$58.29
Permanent, complete	00113	\$97.13
Edentulous, complete	00114	\$38.86
Periodontal, complete	00115	\$58.29
Case presentation/treatment planning – <i>unusually</i> complicated case – (each unit of time is 15 minutes)		
1 unit of time	00116	\$38.64
2 units of time	00117	\$77.28
3 units of time	00118	\$115.92
each additional unit of time >3	00119	\$38.64
00120	Limited dental hygiene examination/assessment and diagnosis	
Routine reassessment/recall (previous client)	00121	\$28.34
Emergency	00123	\$28.34 to \$63.76
Periodontal, limited, previous client	00124	\$28.34 to \$63.76
Specific (new or existing client)	00125	\$28.34 to \$63.76
Limited, new client	00126	\$28.34 to \$63.76
00130	First dental hygiene visit/orientation	
	00131	\$18.21
00200	Radiographs and photographs (including interpretation for purposes of dental hygiene diagnosis)	
00210	Intraoral bitewing	
1 image	00211	\$19.43
2 images	00212	\$22.46
3 images	00213	\$25.50
4 images	00214	\$28.54
5 images	00215	\$31.57
6 images	00216	\$34.61
00220	Intraoral periapical	
1 image	00221	\$19.43
2 images	00222	\$22.46
3 images	00223	\$25.50
4 images	00224	\$28.54
5 images	00225	\$31.57
6 images	00226	\$34.61
7 images	00227	\$37.64
8 images	00228	\$40.68
each additional image >8	00229	\$3.04
00230	Intraoral, full mouth series	
minimum 14 images	00231	\$80.51
00240	Panoramic	
1 image	00241	\$57.68

Code / Service		ODHA 2019 suggested fee	
	00250 Cephalometric		
1 image		00251	\$53.49
each additional image >1		00259	\$18.21
	00260 Duplication of radiographs		
1 image		00261	\$12.14
2 images		00262	\$13.11
3 images		00263	\$14.08
4 images		00264	\$15.06
5 images		00265	\$16.03
6 images		00266	\$17.00
7 images		00267	\$17.97
8 images		00268	\$18.94
each additional image >8		00269	\$0.97
	00270 Photographs for purposes of dental hygiene diagnosis		
1 photo		00271	\$18.21
2 photos		00272	\$21.86
3 photos		00273	\$25.50
each additional photograph >3		00279	\$3.64
	00300 Tests/Analysis and laboratory procedures/interpretation		
	00310 Caries susceptibility test		
bacteriological test		00311	\$19.32 to \$32.19 + lab
	00320 Periodontal disease activity test		
microbiological test		00321	\$19.32 to \$32.19 + lab
	00330 Oral cancer testing (technical procedure only)		
oral cavity cytological smear		00331	\$38.63 + lab + exp
oral mucosal tissue vital staining		00332	\$38.63
oral mucosal tissue direct fluorescence		00333	\$38.63
	00340 Non-ionizing scanning procedure (each unit of time is 15 minutes)		
1 unit of time		00341	\$42.50
2 units of time		00342	\$84.99
½ unit of time		00347	\$21.25
each additional unit of time >2		00349	\$42.50
	00400 Study models (for diagnostic purposes)		
impression(s) – maxilla and/or mandible		00401	\$34.61
fabrication/pouring/preparing casts		00402	\$17.30 + lab
	00500 Periodontal treatment (each unit of time is 15 minutes)		
	00510 Debridement		
1 unit of time		00511	\$54.80
2 units of time		00512	\$109.62
3 units of time		00513	\$164.44
4 units of time		00514	\$219.24
5 units of time		00515	\$274.06
6 units of time		00516	\$328.86
½ unit of time		00517	\$27.41
each additional unit of time >6		00519	\$54.80
	00520 Root planing		
1 unit of time		00521	\$54.80
2 units of time		00522	\$109.62
3 units of time		00523	\$164.44
4 units of time		00524	\$219.24
5 units of time		00525	\$274.06
6 units of time		00526	\$328.86

Code / Service		ODHA 2019 suggested fee
½ unit of time	00527	\$27.41
each additional unit of time >6	00529	\$54.80
00530	Stain removal	
1 unit of time	00531	\$31.71
2 units of time	00532	\$63.41
½ unit of time	00537	\$15.85
each additional unit of time >2	00539	\$31.71
00540	Subgingival periodontal irrigation	
1 unit of time	00541	\$47.79
½ unit of time	00547	\$23.90
each additional unit of time	00549	\$47.79
00550	Management of oral mucosal disorders	
1 unit of time	00551	\$38.64
2 units of time	00552	\$77.28
3 units of time	00553	\$115.92
4 units of time	00554	\$154.57
½ unit of time	00557	\$19.32
each additional unit of time >4	00559	\$38.64
00560	Management of oral manifestations of systemic disease	
1 unit of time	00561	\$38.64
2 units of time	00562	\$77.28
3 units of time	00563	\$115.92
4 units of time	00564	\$154.57
½ unit of time	00567	\$19.32
each additional unit of time >4	00569	\$38.64
00570	Gingival curettage	
1 sextant	00571	\$28.33
2 sextants	00572	\$56.67
3 sextants	00573	\$85.01
4 sextants	00574	\$113.35
5 sextants	00575	\$141.68
6 sextants	00576	\$170.02
00580	Chemotherapeutic / photodisinfection therapy	
1 unit of time	00581	\$51.86 + exp
½ unit of time	00582	\$25.93 + exp
each additional unit of time	00583	\$51.86 + exp
00600	Other oral services (each unit of time is 15 minutes)	
00601	Sealants – must include tooth number(s)	
1st tooth in quadrant	00602	\$23.80
each additional tooth in quadrant	00603	\$13.52
00605	Application of anticariogenic/antimicrobial agents to hard tissues	
1 unit of time	00606	\$42.50 + exp
½ unit of time	00607	\$21.25 + exp
each additional unit of time	00609	\$42.50 + exp
00610	Fluoride applications	
Topical varnish in-office <i>All other in-office fluoride products use code 00616</i>	00611	\$22.95
Supervised, self-administered in-office	00612	\$17.20
Home - custom maxillary arch	00613	\$50.18 + lab + exp
Home - custom mandibular arch	00614	\$50.18 + lab + exp
Home - custom combined	00615	\$71.67 + lab + exp
Topical fluoride in-office, all products except varnish	00616	\$22.95

Code / Service		ODHA 2019 suggested fee	
00620 Finishing restoration			
1 unit of time		00621	\$32.79
2 units of time		00622	\$65.57
3 units of time		00623	\$98.35
4 units of time		00624	\$131.13
½ unit of time		00627	\$16.39
each additional unit of time >4		00629	\$32.79
00630 Mouth protectors			
preformed – maxillary arch		00631	\$24.29 + exp
preformed – mandibular arch		00632	\$24.29 + exp
preformed – maxillary & mandibular arches		00633	\$36.43 + exp
custom – maxillary arch		00634	\$91.06 + lab + exp
custom – mandibular arch		00635	\$91.06 + lab + exp
custom – maxillary & mandibular arches		00636	\$109.28 + lab + exp
00638 Labeling removable prosthesis			
labeling removable prosthesis		00638	\$42.50 + exp
00640 Desensitization			
1 unit of time		00641	\$42.50
2 units of time		00642	\$84.99
½ unit of time		00647	\$21.25
each additional unit of time >2		00649	\$42.50
00650 Whitening vital teeth in office			
1 unit of time		00651	\$48.69 + exp
2 units of time		00652	\$97.38 + exp
3 units of time		00653	\$146.06 + exp
½ unit of time		00657	\$24.36 + exp
each additional unit of time >3		00659	\$48.69 + exp
00660 Whitening vital teeth at home			
maxillary arch		00661	\$145.71 + lab + exp
mandibular arch		00662	\$145.71 + lab + exp
maxillary and mandibular arches		00663	\$212.49 + lab + exp
00665 Placement temporary restorations – must include tooth number(s)			
Interim Stabilization Therapy (IST) – 1 st tooth in quadrant		00666	\$61.44
each additional tooth same quadrant - all procedures		00667	\$61.44
1 st tooth – all other temporary restorations		00669	\$31.40
00670 Temporary recementation			
1 unit of time		00671	\$61.44
2 units of time		00672	\$122.88
each additional unit of time >2		00679	\$61.44
00680 Pulp vitality testing			
1 unit of time		00681	\$40.07
2 units of time		00682	\$80.14
3 units of time		00683	\$120.20
each additional unit of time >3		00689	\$40.07
00690 Denture/removable prosthesis prophylaxis and stain removal			
1 unit of time		00691	\$48.57
½ unit of time		00697	\$24.29
each additional unit of time		00699	\$48.57

Code / Service		ODHA 2019 suggested fee	
	00700	Pain management (each unit of time is 15 minutes)	
	00710	Electronic dental anaesthesia	
1 unit of time		00711	\$40.07
2 units of time		00712	\$44.08
3 units of time		00713	\$48.08
4 units of time		00714	\$52.09
½ unit of time		00717	\$33.59
each additional unit of time >4		00719	\$4.01
	00720	Local anaesthesia	
regional block		00721	\$14.57
trigeminal division block		00722	\$14.57
supraperiosteal infiltration		00723	\$14.57
	00730	Acupuncture	
1 unit of time		00731	\$40.07
2 units of time		00732	\$44.08
3 units of time		00733	\$48.08
4 units of time		00734	\$52.09
½ unit of time		00737	\$33.59
each additional unit of time >4		00739	\$4.01
	00740	Nitrous oxide, conscious sedation	
1 unit of time		00741	\$60.72
2 units of time		00742	\$121.42
3 units of time		00743	\$182.14
4 units of time		00744	\$242.85
½ unit of time		00747	\$30.36
each additional unit of time >4		00749	\$60.72
	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	\$42.50
2 units of time		00812	\$84.99
3 units of time		00813	\$127.49
4 units of time		00814	\$169.99
½ unit of time		00817	\$21.25
each additional unit of time >4		00819	\$42.50
	00820	Counseling for tobacco use cessation	
1 unit of time		00821	\$42.50 + exp
2 units of time		00822	\$84.99 + exp
3 units of time		00823	\$127.49 + exp
4 units of time		00824	\$169.99 + exp
½ unit of time		00827	\$21.25 + exp
each additional unit of time >4		00829	\$42.50 + exp
	00830	Counseling for oral self-exam	
1 unit of time		00831	\$42.50
2 units of time		00832	\$84.99
3 units of time		00833	\$127.49
4 units of time		00834	\$169.99
½ unit of time		00837	\$21.25
each additional unit of time >4		00839	\$42.50

Code / Service		ODHA 2019 suggested fee
00840	Instruction in oral self care	
1 unit of time	00841	\$42.50
2 units of time	00842	\$84.99
3 units of time	00843	\$127.49
4 units of time	00844	\$169.99
½ unit of time	00847	\$21.25
each additional unit of time >4	00849	\$42.50
00850	Group presentations (including preparation)	
1 unit of time	00851	\$42.50
2 units of time	00852	\$84.99
3 units of time	00853	\$127.49
4 units of time	00854	\$169.99
½ unit of time	00857	\$21.25
each additional unit of time >4	00859	\$42.50
00860	Orofacial myofunctional therapy	
1 unit of time	00861	\$58.39
2 units of time	00862	\$116.78
each additional unit of time >2	00869	\$58.39
00900	Outcome evaluation (each unit of time is 15 minutes)	
00910	Evaluation of dental hygiene care	
1 unit of time	00911	\$42.50
2 units of time	00912	\$84.99
½ unit of time	00917	\$21.25
each additional unit of time >2	00919	\$42.50
00920	Professional communications / case presentations	
1 unit of time	00921	\$42.50
2 units of time	00922	\$84.99
½ unit of time	00927	\$21.25
each additional unit of time >2	00929	\$42.50
00950	Mobile services	
Home visit	00951	\$35.41 to \$70.85
Institutional visit	00952	\$35.41 to \$70.85
Emergency home visit	00953	\$53.43 to \$100.18
Emergency institutional visit	00954	\$53.43 to \$100.18
00960	Exceptional client management (complex or time-intensive) (each unit of time is 15 minutes)	
1 unit of time	00961	\$61.97
2 units of time	00962	\$123.92
3 units of time	00963	\$185.89
4 units of time	00964	\$247.85
each additional unit of time >4	00969	\$61.97
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