# Oral Health Providers Toolkit

Government of Canada Gouvernement du Canada

Canada

# INDEX

ORAL HEALTH
PROVIDERS TOOLKIT


- PREAUTHORIZATION CHECKLIST FOR PARTIAL DENTURES ..................................... 3
- PREAUTHORIZATION CHECKLIST FOR CROWNS ........................................................ 4
- PREAUTHORIZATION CHECKLIST FOR ADDITIONAL UNITS OF SCALING ........... 5
- PROVIDER PARTICIPATION OPTIONS TO THE CDCP ........................................................ 6
- SERVICES AT A GLANCE - IMPLANTS ........................................................................ 9
- COMMERCIAL LABORATORY FEES REIMBURSEMENT UPDATE ............................ 10
- CDCP DENTAL BENEFITS GUIDE AND BENEFIT GRIDS ................................................ 11
- CDCP INFORMATION FOR PROVIDERS ........................................................................ 13
- CDCP INFORMATION FOR PROVIDERS ON MEMBER ELIGIBILITY REVIEW........ 14
- EXAMPLES OF BENEFIT PERIOD AND FREQUENCY PERIOD ..................................... 16

Canadian Dental Care Plan

Régime canadien de soins dentaires

# Preauthorization Checklist for Partial Dentures

The CDCP preauthorizationprocess differs from privateinsurance plansand thecoveragecriteria are more stringent. For preauthorization purposes, the CDCP assesses requests based on clinical criteria established by Health Canada, which also take into account basic treatment needs that may impact the service being requested. In those instances, basic treatment needs are defined as any treatment required to address any existing active biological disease (caries, periodontal and periapical).
**Not all requests for preauthorization will be approved**.

One of the criteria that providers **may not be used to** is that there must be **one or more missing teeth in the anterior sextant** or there must be **two or more posterior teeth in a quadrant, excluding the second (7's) and third (8's) molars**.

Please **first** refer to the CDCP Dental Benefits Guide at Canada.ca/dental-guide for the general

principles and eligibility criteria that are specific to partial dentures.

Here is a checklist of the necessary documentation to be submitted:

- □ a completed claim form indicating the procedure code requested;
- □ treatment plan details indicating all relevant completed and pending treatment needs - **or** - based on the provider's scope of practice, confirmation that potential basic needs are being referred and/or to be addressed;
- □ **dated** periapical radiographs of abutment teeth **and dated** bitewing radiographs taken within the last 12 months. If radiographs are not available, we need **one** of the following:
  - □ **two dated** photos of the maxillary and mandibular arches, one for the upper arch and one for the lower arch; **or**
  - □ **two dated** photos of stone models, including one of the upper arch model and one of the lower arch model; **or**
  - □ **dated** stone models of the upper and lower arches.
- □ a notation of all missing teeth - **or** - the most recent panoramic radiograph; □

a notation of any planned extractions before the partial denture placement.

It's important to note that complete and partial dentures supported by implants as well as all implant-related procedures are **not** covered under the CDCP.

**Watch this video: Preauthorization Process: Partial Dentures**

Government of Canada Gouvernement du Canada

Canada

Canadian Dental Care Plan

Régime canadien de soins dentaires

# Preauthorization Checklist for Crowns

The Canadian Dental Care Plan (CDCP) preauthorization process differs from private insurance plans and the coverage criteria are more stringent. For preauthorization purposes, the CDCP assesses requests based on clinical criteria established by Health Canada, which also take into account basic treatment needs that may impact the service being requested. In those instances, basic treatment needs are defined as any treatment required to address any existing active biological disease (caries, periodontal and periapical). **Not all requests for preauthorization will be approved**.

Please **first** refer to the CDCP Dental Benefits Guide at Canada.ca/dental-guide for the general principles and eligibility criteria that are specific to crowns.

Here is a checklist of the necessary documentation to be submitted:

- □ a completed claim form indicating the procedure code for the crown;
- □ treatment plan details indicating all relevant completed and pending treatment needs - or - based on the provider's scope of practice, confirmation that potential basic needs are being referred and/or to be addressed;
- □ **dated** periapical and bitewing radiographs taken within the last 12 months;
- □ **Revised:** a complete **dated** periodontal chart, including 6 periodontal measurements per tooth, from within the last 12 months. If a complete periodontal chart is not available, on an interim basis, a **dated** Periodontal Screening and Recording (also known as PSR) for each sextant along with periodontal measurements of 6 sites for each tooth requested from within the last 12 months will be considered;
- □ any pertinent clinical findings and notes supporting the request.

It's important to note that any type of crown supported by implants, as well as all implant-related procedures, are **not** covered under the CDCP.

***Revised: 06/09/2025***

Canadian Dental Care Plan

Régime canadien de soins dentaires

# Preauthorization Checklist for Additional Units of Scaling

The CDCP preauthorization process differs from private insurance plans and the coverage criteria are more stringent. For preauthorization purposes, the CDCP assesses requests based on clinical criteria established by Health Canada, which also take into account basic treatment needs that may impact the service being requested. In those instances, basic treatment needs are defined as any treatment required to address any existing active biological disease (caries, periodontal and periapical).
**Not all requests for preauthorization will be approved**.

Please **first** refer to the CDCP Dental Benefits Guide at Canada.ca/dental-guide for the general principles and eligibility criteria that are specific to additional units of scaling.

Here is a checklist of the necessary documentation to be submitted:

- □ a completed claim form indicating the procedure codes for the additional units;
- □ any pertinent clinical findings and notes supporting the request including any pertinent information on the client's medical condition relative to periodontal disease and prescribed medication;
- □ a complete **dated** periodontal chart, including periodontal measurements. If completion of the periodontal chart is not possible, a rationale is required to explain why the chart is incomplete;
- □ **dated** periapical **and** bitewing radiographs taken within the last 12 months;

  **Note:** The CDCP will consider preauthorization submissions from oral health providers who are not authorized to prescribe radiographs in their jurisdiction. When radiographs cannot be provided, the CDCP will consider alternative documentation along with a rationale for why radiographs are not available.

  The alternative documentation could include, but is not limited to and does not always require, photos. If photos are submitted, they must be dated, and they will only be used to help validate information provided in the required documentation. **A decision cannot be made solely on photos.**
- □ treatment plan details indicating all relevant completed and pending treatment needs - **or** - based on the provider's scope of practice, confirmation that potential basic needs are being referred and/or to be addressed.

**Watch this video: Preauthorization Process: Additional units of scaling**

## Participation in the CDCP

To facilitate access to the CDCP for eligible Canadian residents, there will be two ways for oral health providers to participate in the CDCP and provide care to CDCP clients; either by:

1. Signing up formally through Sun Life (currently possible).
2. Submitting claims directly to Sun Life for payment, on a claim-by-claim basis (as of July 8). Please note, **there will be no retractive payment to providers who provided treatment under this option prior to July 8**).

In both options, oral health providers agree to bill Sun Life directly for payment of services covered under the CDCP to limit out-of-pocket costs for CDCP clients. Currently, only Electronic Data Interchange (EDI) claims are accepted and processed. Starting in November 2024, both EDI and paper claims will be accepted and processed.

**Note:** There is no option for CDCP clients to get reimbursement from Sun Life. Therefore, CDCP clients are not to be asked to pay the full cost upfront. CDCP clients should only pay any outstanding amount not covered by the plan, if applicable.

In all cases, by submitting a CDCP claim and accepting payment, providers agree to the Billing Agreement of the CDCP, either on a claim-by-claim basis or by signing up with Sun Life.

Before providing care to CDCP clients, providers will still need to:

1. confirm client eligibility for the CDCP through their existing patient intake process
2. confirm the client is covered for select services
3. submit a claim with assignment of benefits (non-assigned claims will be rejected)

### Provider participation options to the CDCP

| CDCP Process | Signed up provider | Claim-by-Claim provider |
|---|---|---|
| **Accepting the CDCP Billing Agreement** | Providers who sign-up to the CDCP will review and accept the CDCP Claims Processing and Payment Terms (Billing Agreement), which will apply to all claims submitted under the CDCP. **This will only need to be done once.** Providers can sign up to the CDCP with Sun Life either by:<br>• logging in to their Sun Life Direct account and clicking on the CDCP banner on the homepage; or.<br>• printing the participation form on the Sun Life website and mailing it to Sun Life. | Providers will submit a claim to Sun Life for services covered under the CDCP. By doing so, the provider will agree to the CDCP Claims Processing and Payment Terms (Billing Agreement) for the specific claim being submitted as is the case with private plans. **The provider makes a decision to agree to the Billing Agreement each time a claim is submitted under the CDCP.** Claim-by-claim providers can decide to officially sign up to the CDCP at any time. |

| CDCP Process | Signed up provider | Claim-by-Claim provider |
| --- | --- | --- |
| | **Providers have the option to opt-out at any time by contacting Sun Life at 1-888-888-8110.** | |
| **Confirming a CDCP client's eligibility** | Providers can confirm a client's coverage start date is active, their co-payment level and covered services by:<br>• submitting an Electronic Data Interchange (EDI) estimate;<br>• calling Sun Life's dedicated CDCP contact center at 1-888-888-8110; or<br>• using the CDCP coverage look up tool in Sun Life Direct. | Providers can confirm a client's coverage start date is active, their co-payment level and covered services by:<br>• submitting an Electronic Data Interchange (EDI) estimate; or<br>• calling Sun Life's dedicated CDCP contact center at 1-888-888-8110. |
| **Claims Submission** | The provider will enter all information required for the claim, including their client's CDCP plan number (333333), member ID and service details.<br>When the claim is sent successfully, the provider will receive an Explanation of Benefits (EOB) that includes the total amount paid to the provider. | The provider will enter all information required for the claim, including their client's CDCP plan number (333333), member ID and service details.<br>When the claim is sent successfully, the provider will receive an Explanation of Benefits (EOB) that includes the total amount paid to the provider.<br>The Explanation of Benefits will include a notice of acceptance**:**<br>"By having made this submission, you agree to be subject to the terms of the CDCP Claims Processing and Payment Terms (Billing Agreement) which can be found at http://www.sunlife.ca/CDCP.<br>Should you wish to withdraw your submission, you are able to do so electronically if it is done on the same day as the submission was made, or otherwise by contacting Sun Life's CDCP call centre at 1-888-888-8110." |
| **CDCP Provider Search Tool** | Providers will appear in the CDCP Provider Search tool (they can still decide not to be listed if they wish).<br><br>Providers can create their extended profile through their Sun Life Direct account. | Providers will not appear in the CDCP Provider Search tool. |

**What providers need to know about payment**

If a provider is using Sun Life Direct, they will receive payment by Electronic Fund Transfers (EFT) or cheque, according to their preference.

Only providers with a Sun Life Direct Account can receive payment by EFT.

If a provider is not using Sun Life Direct, Sun Life will issue payment by cheque, using the mailing information provided when the provider signed up or that is provided through EDI. If a provider wishes to change their mailing address, they can contact the call centre at 1-888-888-8110.

Claims submitted by EDI will be processed in the same turnaround time for all providers treating CDCP clients; providers will be paid within 48 hours initially and moving towards a 24-hour turnaround time. Providers will receive notification that their claim statements are in their Sun Life Direct account.

If they're paid by cheque, providers will receive CDCP payments and accompanying statements monthly.

# Services at a Glance — Implants

**Dental implants and all implant-related procedures are not covered under the Canadian Dental Care Plan (CDCP). This includes:**

- Implant placement and ridge augmentation
- Implant-supported crowns, bridges, or dentures
- Surgical replacement of implants

## Why aren't implants covered?

The CDCP prioritizes prevention and basic treatments that prevent and treat oral diseases and/or the consequences of oral diseases including exams, cleanings, fillings, extractions, and crowns. Dental implants and all implant-related procedures (including complete and partial dentures or crowns supported by implants) are exclusions that are always outside the scope of the CDCP and are not eligible for coverage at any time. They are not considered basic treatment required to achieve and maintain oral health. Additionally, repairs, relines, or adjustments to existing implant dentures are also excluded.

## What is covered instead?

| Treatment | Notes |
|---|---|
| **Complete dentures** | Conventional full dentures are covered. |
| **Partial dentures** | For the replacement of at least one anterior tooth, or two or more posterior teeth. Preauthorization required. |
| **Tooth extractions** | Including surgical extractions. |
| **Fillings and root canals** | For treating decay and infection. |
| **Crowns** | To restore teeth that cannot be fixed with basic fillings. Preauthorization required. |

## Need help?

- For more information on services covered, consult the CDCP Dental Benefits Guide or call Sun Life, the administrator of the CDCP, at 1-888-888-8110.

Canadian Dental Care Plan

Régime canadien de soins dentaires

# Commercial Laboratory Fees Reimbursement Update

## What's new?

As of October 17, 2025, the Canadian Dental Care Plan (CDCP) has set limits on how much the plan covers for commercial laboratory fees to ensure sound management of public funds.

As of April 1, 2026, there will be an increase in the portion of the commercial lab fees that will be covered by the plan.

## What does this mean for you?

Your bill for oral health services is finalized on the date the service is provided.

Given the new limits introduced on October 17, 2025, CDCP members may have seen an increase in their out-of-pocket expenses if the laboratory fee portion of their bill is higher than the maximum amount the CDCP will cover. As with all services under the plan, CDCP members will have to pay any amount not covered directly to their oral health provider.

Due to the increase effective April 1, 2026, if you have treatment completed on or after that date, you may pay a lower cost than your estimate given it was provided between October 17, 2025 and March 31, 2026.

## How will this change affect your coverage?

If the commercial laboratory fee is higher than the amount the CDCP will cover, you will have to pay the difference. This may happen even if a pre-approved estimate initially indicated you would have to pay a different amount. This cost is in addition to your co-payment amounts, if a co-payment is applicable to you.

Before receiving treatment, you should discuss with your provider to make sure you understand your coverage and the portion of any fees you may have to pay. Your provider can submit a new estimate; however, it will add delays to your planned treatment.

For any questions, please contact the Sun Life CDCP Contact Centre at 1-888-888-8110.

# Overview of April 2026 updates to the Canadian Dental Care Plan Dental Benefits Guide and Benefit Grids

As part of an annual update cycle, the Canadian Dental Care Plan (CDCP) Dental Benefits Guide and CDCP Dental Benefit Grids will be updated on April 1, 2026.

The CDCP fees are increasing on this date and new grids for each profession and province/territory will be available on the Sun Life Website. CDCP fees are reassessed annually to reflect new scientific evidence, inflation, and cost changes over time.

Additionally, some adjustments will be made to the CDCP basket of service, effective April 1, 2026. More details will be available in the updated CDCP Dental Benefits Guide. Here is an overview of those changes.

**Note**: All codes provided in this document are to help with understanding the changes. The CDCP Benefit Grids remain the definitive source.

| Change | Description |
|---|---|
| Commercial laboratory fees (increase) | There will be a moderate increase in the amount that can be reimbursed by the CDCP for commercial laboratory fees. No retroactive or grandfathering provisions will apply.<br><br>This will apply to all codes through which a commercial lab fee is billed. |
| Desensitization codes (schedule change) | All desensitization services will now require preauthorization (previously 2 units could be billed without preauthorization).<br><br>For ACDQ: 41306 and 41307<br>For CDA: 41301 and 41302<br>For CDHA: 00641, 00642. Additionally, the code for a half unit (00647) will be published in the grids.<br>For FDSQ: 41305 periodontists |
| Complete immediate dentures (schedule and frequency changes) | Certain types of complete immediate dentures will no longer require preauthorization. They will be grouped into the same frequency (once per lifetime) as provisional/transitional complete dentures which are already available without preauthorization.<br><br>For situations where a client requires dentures following extractions, a provider can determine whether to provide a transitional/provisional denture, or an immediate denture (not both). These would be available within a combined frequency limit of one prosthesis per arch per lifetime. The client |

| Change | Description |
| --- | --- |
| | Would be eligible for a standard denture or overdenture 6 months after the transitional/provisional denture, or 96 months after an immediate denture.<br><br>For ACDQ: 51300, 51310, 51320<br>For CDA: 51301, 51302, 51303 / 51611, 51612, 51613<br>For DAC: 31311 and 31321 / 31511 and 31521<br>For FDSQ: Prosthodontists: 51305, 51315, 51325 |
| Denture liners (new codes available) | Additional types of denture liners will be available without preauthorization.<br><br>For CDA: 51104 and 56601<br>For DAC: 73008, 32318, 32328, 42318, 42328, 32510, 32520, 42516, 42526 |
| Periapical radiographs (new codes available) | Dental hygienists will be able to claim the codes for radiographs (7 and 8 images, periapicals) without preauthorization. This is an administrative change that will enable dental hygienists to submit claims more accurately.<br><br>For CDHA: 00227 and 00228 |
| Sedation codes (alignment to 2025 USC&LS codes) | The grids will be updated on April 1, 2026, to align with the changes made to sedation codes in the 2025 USC&LS. |
| Previously implemented December 2025 changes | The changes implemented in December 2025 were reflected in the CDCP Dental Benefits Guide, but not in the CDCP Benefit Grids (for example, the change to remove same/different provider and provider office from consideration of exam frequency limits).<br><br>On April 1, 2026, the CDCP Benefit Grids will be fully up to date with both the December 2025 and the April 2026 changes. |

Canadian Dental Care Plan

Régime canadien de soins dentaires

# Information for Providers
## Onboarding of Eligible Canadians Aged 18 to 64

Providers will now be able to offer care to even more Canadians in need. Applications for the Canadian Dental Care Plan (CDCP) for eligible Canadian residents of all ages are opening throughout the month of May, with coverage starting for some as early as June 1, 2025.

It is important to note that coverage start dates may vary based on when the application is received by Service Canada and when enrolment is completed.

The Government of Canada is sending letters to eligible Canadian residents aged 18 to 64 to encourage them to apply. You and your clients can visit Canada.ca/dental for more information.

## What does this mean for providers and their staff?

Eligible applicants will receiveadetermination letter from the Government of Canada confirming their eligibility under the CDCP. **This determination letter will include their member ID, coverage start date, and co-payment level.**

New CDCP members will receivea welcome package from Sun Life with their physical CDCP member card, but do not need to wait fortheir card to seek care. **CDCP clients can seek treatment once they have their member ID and coverage start date, and are encouraged to bring their determination letter with them to their appointment**.

Providers and their staff should continue to be diligent about **confirming that their CDCP clients' coverage is in effect at the time of appointment and when services are rendered**. There will be no retroactive payments for services rendered prior to the start date of their benefit coverage.

Client coverage can be confirmed by:

- submitting an Electronic Data Interchange (EDI) estimate.
- calling Sun Life's dedicated CDCP contact center at 1-888-888-8110.
- using the CDCP coverage look-up tool in Sun Life Direct.

There are **no changes to the CDCP Billing Agreement**. Providers who accept to treat CDCP clients agree to bill and receive payment directly from Sun Life. CDCP clients will not be reimbursed for services or costs covered by the plan.

Providers should continue to discuss any services or costs not covered with their patients before providing care. **CDCP clients should only pay their provider for amounts or services not covered by the plan, as well as their co-payment** (if applicable).

Providers can direct their clients to call the Service Canada CDCP Contact Centre should they have questions on their application, or visit Canada.ca/dental.

Canadian Dental Care Plan

Régime canadien de soins dentaires

# Important Information for Providers

# Member Eligibility Review

The Government of Canada has implemented a Member Eligibility Review (MER) process for the Canadian Dental Care Plan (CDCP), taking necessary steps to verify the continued eligibility of enrolled members. This process happens after a member has been confirmed as eligible for the plan and could result in members having their coverage end during the benefit year.

## What does this mean for my CDCP clients?

- As part of the MER process, CDCP members may receive Notices of CDCP Eligibility Review from the Government of Canada requiring them to provide supporting documentation to confirm their eligibility (for example, documentation to explain why their T4 tax slip says their employer offers coverage but they attested that they do not have access to coverage).
- Unlike the annual CDCP renewal process, Eligibility Review is performed after a member is enrolled in the plan and could happen at any point throughout the benefit year. This means that if found ineligible through the MER process, CDCP members' coverage will end immediately, and their oral health services will no longer be covered under the plan.

  **It is for this reason that providers should always verify their clients' CDCP eligibility before appointments and their coverage at the time of treatment or services and not only during the renewal period.**
- Once the Review process is complete, CDCP members who are no longer eligible will receive a Notice of Decision on CDCP Eligibility Review letter confirming that they are no longer eligible with the end date of their coverage.
- CDCP members who received care during a period where they were ineligible may also have to repay the costs of the care they received while they were wrongly enrolled in the plan.
- If someone who has been deemed ineligible experiences a change in their situation in the future (e.g. they lose their job and don't have access to coverage anymore), and they become eligible for the plan, they may reapply to the CDCP but they may be asked to provide additional documentation given they were previously found to be ineligible.
- CDCP members can visit Canada.ca/dental for more information.

## What does this mean for oral health providers?

If your CDCP client is determined to be ineligible for the plan per the MER process, their coverage will end, and any claims for treatment or services provided on or after that date will be declined and not covered under the CDCP.

- If your CDCP client received care prior to their coverage end date, and you have yet to submit the claims, you have a year from the date of service to submit the claims.

Providers should continue to verify clients' CDCP coverage before providing treatment or service at every appointment.

The CDCP will not require oral health providers to reimburse the plan for services rendered to ineligible CDCP clients if their coverage has been terminated by the Government of Canada.

If a provider is aware that their CDCP client has private dental insurance or coverage,

they **should not bill the CDCP** and may wish to make their client aware that the Government of Canada does conduct MER processes and **that members found to be ineligible may have to repay the cost of any care they received.**

- Providers **should not** recommend that their clients cancel private dental insurance or coverage to obtain coverage under the CDCP.

## Examples of benefit period and frequency period

The Canadian Dental Care Plan (CDCP) helps make the cost of oral health care more affordable and covers a wide variety of services. Most services have established frequency limits and some require prior approval before they can be eligible for coverage under the plan.

CDCP clients who have reached the frequency limits for services covered under the plan may wonder when those services will be covered again. The frequency period for those services will not be the same as the CDCP **benefit coverage**.

- A **benefit coverage period** is a fixed yearly period when an individual is eligible under the CDCP for coverage of services under the plan before needing to renew their coverage.
- A **frequency period** is a rolling period used to define when services already covered up to the frequency limits can be covered again under the plan. This period is based on the first day a claim is made for that specific service.

The following examples are for illustrative purposes only. You can review Canada.ca/dental-guide for more information on what services are covered by the CDCP and how often you can access them.

| Examples of frequency period | What it means for CDCP clients |
|---|---|
| John, 67-years-old, applied and was approved for coverage under the CDCP. His coverage started on August 12, 2024 and is valid until June 30, 2025 (the end of the benefit coverage period). John saw an oral health provider on September 15, 2024 and the provider billed the CDCP for a recall examination and 2 units (30 minutes) of scaling. Both of those services have frequency limits under the CDCP. | |
| A recall examination is eligible once every **12 months*** | The soonest the CDCP will cover the cost of John's recall examination will be **September 16, 2025*** (this is on the premise that John is still eligible under the CDCP at that time). |
| Up to 4 units of scaling (1 unit = 15 minutes) are eligible every **12 months*** | If needed, John will be able to receive 2 more units (2 x 15 minutes) of scaling before September 15, 2025, since he only received 2 out of the 4 units available under the plan's 12-month frequency limits.<br><br>Once all 4 units have been used, the soonest John will be eligible for 4 units of scaling will be **September 16, 2025*** (this is on the premise that John is still eligible under the CDCP at that time). |

**Note*:** The CDCP may consider coverage beyond frequency limits for eligible oral health care services, through preauthorization. Requests must be submitted by your oral health provider for preauthorization with supporting documentation.

**Always check if services are eligible and will be covered under the CDCP before receiving care by asking your oral health provider or by calling Sun Life at 1-888-888-8110.**