



Health  
Canada

Santé  
Canada

# BRITISH COLUMBIA NIHB Regional Dental Benefit Grid Denturists

**Effective Date**  
June 1, 2013

- The coverage of dental services provided through the NIHB Program will be reimbursed in accordance with the terms and conditions of the Program.
- Predetermination is required for specific procedures identified in this document with a “P”, or procedures that are Independent Consideration (I.C.). Please review carefully before treatment.
- Please refer to the NIHB Dental Benefits Guide for further information on policies, guidelines and criteria of dental services eligible under the NIHB Program.
- Please refer to the NIHB Dental Claims Submission Kit for further information on terms and conditions for submitting a claim under the NIHB Program.

## **Laboratory Fees**

- Predetermination Confirmation Letters

In-House and Commercial Laboratory Fee: “+L” will appear on predetermination letters where an in-house laboratory fee and/or a commercial laboratory fee are eligible.

- Claiming:

In-house laboratory fees will no longer be paid automatically. When submitting claims for procedure codes which have an in-house laboratory fee and/or a commercial laboratory fee eligible under the Program, denturists must submit using the appropriate in-house procedure code (98888) and/or commercial procedure code (98889) with the applicable dental procedure code, along with their respective fees

Should you have any questions, please contact the Provider Claims Processing Call Centre at 1-888-511-4666.



**BRITISH COLUMBIA**  
**NIHB Regional Dental Benefit Grid**  
**DENTURISTS**

Code	Service	Fee	Commercial Lab	In-House Lab	PD
<b>EXAMINATIONS</b>					
Denturists Examination will not count against the eligible maximum examinations allowable for a client.					
10010	General Oral Examination 1 in any 60 months	\$43.53			
10104	Emergency/ Specific Nature 1 in any 12 months	\$24.19			
<b>REMOVABLE PROSTHODONTIC SERVICES</b>					
The NIHB Removable Prosthodontic Policy must be met. Please refer to the Provider Website: <a href="http://www.provider.express-scripts.ca/">http://www.provider.express-scripts.ca/</a> for information on the NIHB dental policies. The fee paid for dentures includes three (3) months post-insertion care including adjustments and modifications. NIHB does not cover any other denture-related procedures during this period. The fee for immediate complete dentures includes the tissue conditioner, but not the processed reline/rebase.					
<b>Complete Dentures</b> 1 per arch in any 96 months					
<i>Standard</i>					
31310	c. maxillary	\$497.17		\$265.70	P
31320	c. mandibular	\$497.17		\$265.70	P
31330	c. maxillary and mandibular	\$994.35		\$531.40	P
<i>Overdenture</i>					
31610	c. maxillary	\$546.51		\$290.13	P
31620	c. mandibular	\$546.51		\$290.13	P
31630	c. maxillary and mandibular	\$819.76		\$435.20	P
<b>Complete Dentures, Immediate</b> 1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$576.49		\$309.47	P
31321	c. mandibular	\$576.49		\$309.47	P
31331	c. maxillary and mandibular	\$1,160.71		\$610.80	P
<b>Complete and Partial Dentures Combined</b> 1 per arch in any 96 months					
34701	c. maxillary/p. mandibular	\$1,021.43	L	\$553.79	P
43701	c. mandibular/p. maxillary	\$1,021.43	L	\$553.79	P
<b>Partial Dentures Cast Frame</b> 1 per arch in any 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$573.59	L	\$307.44	P
41124	p. mandibular	\$573.59	L	\$307.44	P
41134	p. maxillary and mandibular	\$860.39	L	\$461.15	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$573.59	L	\$307.44	P
41264	p. mandibular	\$573.59	L	\$307.44	P
41274	p. maxillary and mandibular	\$860.39	L	\$461.15	P
<b>Partial Dentures Acrylic Base, w/ Clasps</b> 1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$384.01	L	\$206.65	P
41620	p. mandibular	\$384.01	L	\$206.65	P
41630	p. maxillary and mandibular	\$576.00		\$309.98	P
<i>Transitional</i>					
41710	p. maxillary	\$239.88		\$129.29	P
41720	p. mandibular	\$239.88		\$129.29	P
41730	p. maxillary and mandibular	\$359.82		\$193.93	P

**BRITISH COLUMBIA**  
**NIHB Regional Dental Benefit Grid**  
**DENTURISTS**

Code	Service	Fee	Commercial Lab	In-House Lab	PD
<b>Partial Dentures Acrylic Base, w/o Clasps</b>					
1 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$320.16		\$172.04	P
41622	p. mandibular	\$320.16		\$172.04	P
41632	p. maxillary and mandibular	\$480.25		\$258.06	P
<i>Transitional</i>					
41712	p. maxillary	\$224.41		\$120.12	P
41722	p. mandibular	\$224.41		\$120.12	P
41732	p. maxillary and mandibular	\$336.60		\$180.19	P
<b>Relines</b>					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$176.04		\$94.67	
32120	c. mandibular	\$176.04		\$94.67	
32130	c. maxillary and mandibular	\$334.48		\$179.88	
42116	p. maxillary	\$176.04		\$94.67	
42126	p. mandibular	\$176.04		\$94.67	
42136	p. maxillary and mandibular	\$334.48		\$179.88	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$124.78		\$67.19	
32225	c. mandibular	\$137.35		\$70.24	
32235	c. maxillary and mandibular	\$250.52		\$128.27	
42210	p. maxillary	\$58.04		\$30.54	
42220	p. mandibular	\$58.04		\$30.54	
42230	p. maxillary and mandibular	\$263.09		\$137.43	
<i>Chairside</i>					
32316	c. maxillary	\$126.71			
32326	c. mandibular	\$137.35			
32336	c. maxillary and mandibular	\$250.86			
32418	c. maxillary	\$82.20		\$40.72	
32428	c. mandibular	\$82.20		\$40.72	
32438	c. maxillary and mandibular	\$156.19		\$77.37	
42316	p. maxillary	\$92.86		\$50.90	
42326	p. mandibular	\$92.86		\$50.90	
42336	p. maxillary and mandibular	\$176.43		\$96.71	
42418	p. maxillary	\$82.20		\$40.72	
42428	p. mandibular	\$82.20		\$40.72	
42438	p. maxillary and mandibular	\$156.19		\$77.37	
<i>Light/Cured</i>					
32410	c. maxillary	\$193.45		\$101.80	
32420	c. mandibular	\$193.45		\$101.80	
32430	c. maxillary and mandibular	\$367.57		\$193.42	
42416	p. maxillary	\$185.71			
42426	p. mandibular	\$199.25			
42436	p. maxillary and mandibular	\$365.72			

**BRITISH COLUMBIA**  
**NIHB Regional Dental Benefit Grid**  
**DENTURISTS**

Code	Service	Fee	Commercial Lab	In-House Lab	PD
<b>Rebases</b>					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
33117	c. maxillary	\$207.96		\$111.98	
33127	c. mandibular	\$207.96		\$111.98	
33137	c. maxillary and mandibular	\$395.14		\$212.76	
43116	p. maxillary	\$192.48		\$102.82	
43126	p. mandibular	\$192.48		\$102.82	
43136	p. maxillary and mandibular	\$365.73		\$195.35	
<i>Self-polymerized/ Lab Processed</i>					
33217	c. maxillary	\$137.43		\$76.35	
33227	c. mandibular	\$137.43		\$76.35	
33237	c. maxillary and mandibular	\$365.62		\$189.35	
43217	p. maxillary	\$137.43		\$76.35	
43227	p. mandibular	\$137.43		\$76.35	
43237	p. maxillary and mandibular	\$388.84		\$200.55	
<b>Repairs and Additions</b>					
1 per prosthesis in any 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$48.37	L	\$50.90	
36120	c. mandibular	\$48.37	L	\$50.90	
46110	p. maxillary	\$48.37	L	\$50.90	
46120	p. mandibular	\$48.37	L	\$50.90	
<i>w/ Impression</i>					
36210	c. maxillary	\$62.88	L	\$50.90	
36220	c. mandibular	\$62.88	L	\$50.90	
46210	p. maxillary	\$62.88	L	\$50.90	
46220	p. mandibular	\$62.88	L	\$50.90	
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$62.88	L	\$66.17	
46320	p. mandibular	\$62.88	L	\$66.17	
<b>Tissue Conditioning</b>					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$44.50		\$24.43	
37120	c. mandibular	\$44.50		\$24.43	
47110	p. maxillary	\$44.50		\$24.43	
47120	p. mandibular	\$44.50		\$24.43	
<b>Adjustments</b>					
58110	c. maxillary and mandibular; p. maxillary and mandibular (one unit of time)	\$41.60			
<b>Laboratory Procedures</b>					
98888	In Office	I.C.			P
98889	Commercial	I.C.			P