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# NOVA SCOTIA NIHB Regional Dental Benefit Grid Denturists

**Effective Date**  
March 1, 2014

- 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.



**NOVA SCOTIA**  
**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	\$96.51			
10104	Emergency/ Specific Nature 1 in any 12 months	\$64.01			
<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. The overall cost of replacement for a denture may be adjusted in situations where claims for reline/rebase were paid within three months prior to the request.					
<b>Complete Dentures</b> 1 per arch in any 96 months					
<i>Standard</i>					
31310	c. maxillary	\$507.11		\$258.57	
31320	c. mandibular	\$583.91		\$296.24	
31330	c. maxillary and mandibular	\$1,091.02		\$554.81	
<i>Overdenture</i>					
31610	c. maxillary	\$565.20		\$289.11	P
31620	c. mandibular	\$861.23		\$488.64	P
31630	c. maxillary and mandibular	\$1,069.82		\$583.31	P
<b>Complete Dentures, Immediate</b> 1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$542.55		\$275.88	P
31321	c. mandibular	\$639.05		\$325.76	P
31331	c. maxillary and mandibular	\$1,121.55		\$570.08	P
<b>Complete and Partial Dentures Combined</b> 1 per arch in any 96 months					
34701	c. maxillary/p. mandibular	\$1,097.91	L	\$558.88	P
43701	c. mandibular/p. maxillary	\$1,125.49	L	\$572.12	P
<b>Partial Dentures Cast Frame</b> 1 per arch in any 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$541.58	L	\$274.86	P
41124	p. mandibular	\$590.81	L	\$300.31	P
41134	p. maxillary and mandibular	\$1,131.38	L	\$576.19	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$541.58	L	\$274.86	P
41264	p. mandibular	\$590.81	L	\$300.31	P
41274	p. maxillary and mandibular	\$1,131.38	L	\$576.19	P
<b>Partial Dentures Acrylic Base, w/ Clasps</b> 1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$507.11		\$258.57	P
41620	p. mandibular	\$583.91		\$296.24	P
41630	p. maxillary and mandibular	\$1,091.02		\$554.81	P

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<i>Transitional</i>					
41710	p. maxillary	\$310.17		\$157.79	P
41720	p. mandibular	\$320.03		\$162.88	P
41730	p. maxillary and mandibular	\$630.20		\$320.67	P
<b>Partial Dentures Acrylic Base, w/o Clasps</b> 1 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$446.07		\$226.00	P
41622	p. mandibular	\$519.91		\$263.66	P
41632	p. maxillary and mandibular	\$964.98		\$490.68	P
<i>Transitional</i>					
41712	p. maxillary	\$269.80		\$136.41	P
41722	p. mandibular	\$303.28		\$153.72	P
41732	p. maxillary and mandibular	\$572.11		\$291.15	P
<b>Relines</b> 1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$168.38		\$85.51	
32120	c. mandibular	\$185.12		\$94.67	
32130	c. maxillary and mandibular	\$335.82		\$171.18	
42116	p. maxillary	\$175.26		\$89.58	
42126	p. mandibular	\$188.08		\$94.67	
42136	p. maxillary and mandibular	\$345.18		\$175.05	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$146.71		\$74.31	
32225	c. mandibular	\$158.52		\$80.42	
32235	c. maxillary and mandibular	\$305.25		\$154.74	
42210	p. maxillary	\$151.64		\$77.37	
42220	p. mandibular	\$167.40		\$85.51	
42230	p. maxillary and mandibular	\$320.03		\$161.86	
<i>Chairside</i>					
32316	c. maxillary	\$122.10		\$62.10	
32326	c. mandibular	\$133.93		\$68.21	
32336	c. maxillary and mandibular	\$243.22		\$123.79	
32418	c. maxillary	\$124.06		\$63.12	
32428	c. mandibular	\$135.89		\$68.21	
32438	c. maxillary and mandibular	\$246.97		\$124.76	
42316	p. maxillary	\$128.00		\$65.15	
42326	p. mandibular	\$143.76		\$73.30	
42336	p. maxillary and mandibular	\$258.16		\$131.53	
42418	p. maxillary	\$129.98		\$66.17	
42428	p. mandibular	\$141.79		\$71.26	
42438	p. maxillary and mandibular	\$258.16		\$130.56	
<i>Light/Cured</i>					
32410	c. maxillary	\$168.38		\$85.51	
32420	c. mandibular	\$186.10		\$93.66	
32430	c. maxillary and mandibular	\$336.76		\$170.21	
42416	p. maxillary	\$176.26		\$88.57	
42426	p. mandibular	\$188.08		\$94.67	
42436	p. maxillary and mandibular	\$346.12		\$174.08	

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<b>Rebases</b>					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
33117	c. maxillary	\$201.86		\$102.82	
33127	c. mandibular	\$219.58		\$110.96	
33137	c. maxillary and mandibular	\$400.37		\$203.09	
43116	p. maxillary	\$211.70		\$107.91	
43126	p. mandibular	\$230.40		\$116.05	
43136	p. maxillary and mandibular	\$420.02		\$212.76	
<i>Self-polymerized/ Lab Processed</i>					
33217	c. maxillary	\$180.20		\$91.62	
33227	c. mandibular	\$192.03		\$97.73	
33237	c. maxillary and mandibular	\$372.20		\$189.35	
43217	p. maxillary	\$192.03		\$97.73	
43227	p. mandibular	\$203.82		\$102.82	
43237	p. maxillary and mandibular	\$395.84		\$200.55	
<b>Repairs and Additions</b>					
1 per prosthesis in any 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$59.08	L	\$26.47	
36120	c. mandibular	\$59.08	L	\$26.47	
46110	p. maxillary	\$59.08	L	\$26.47	
46120	p. mandibular	\$59.08	L	\$26.47	
<i>w/ Impression</i>					
36210	c. maxillary	\$86.64	L	\$37.67	
36220	c. mandibular	\$86.64	L	\$37.67	
46210	p. maxillary	\$86.64	L	\$37.67	
46220	p. mandibular	\$86.64	L	\$37.67	
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$89.60	L	\$40.72	
46320	p. mandibular	\$89.60	L	\$40.72	
<b>Tissue Conditioning</b>					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$65.98			
37120	c. mandibular	\$65.98			
47110	p. maxillary	\$65.98			
47120	p. mandibular	\$65.98			
<b>Adjustments</b>					
58110	c. maxillary and mandibular; p. maxillary and mandibular (one unit of time)	\$42.35			
<b>Laboratory Procedures</b>					
98888	In Office	I.C.			P
98889	Commercial	I.C.			P