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ONTARIO NIHB Regional Dental Benefit Grid Denturists

Effective Date
May 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.

ONTARIO
NIHB Regional Dental Benefit Grid
DENTURISTS

Code	Service	Fee	Commercial Lab	In-House Lab	PD
EXAMINATIONS					
Denturists Examination will not count against the eligible maximum examinations allowable for a client.					
10010	General Oral Examination 1 in any 60 months	\$103.39			
10104	Emergency/ Specific Nature 1 in any 12 months	\$54.16			
REMOVABLE PROSTHODONTIC SERVICES					
The NIHB Removable Prosthodontic Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ 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.					
Complete Dentures 1 per arch in any 96 months					
<i>Standard</i>					
31310	c. maxillary	\$520.90		\$273.59	
31320	c. mandibular	\$652.83		\$332.66	
31330	c. maxillary and mandibular	\$880.30		\$454.69	
<i>Overdenture</i>					
31610	c. maxillary	\$565.20		\$294.31	P
31620	c. mandibular	\$695.17		\$362.71	P
31630	c. maxillary and mandibular	\$945.28		\$492.77	P
Complete Dentures, Immediate 1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$601.64		\$316.08	P
31321	c. mandibular	\$741.47		\$387.58	P
31331	c. maxillary and mandibular	\$1,007.33		\$527.75	P
Complete and Partial Dentures Combined 1 per arch in any 96 months					
34701	c. maxillary/p. mandibular	\$1,251.53	L	\$384.48	P
43701	c. mandibular/p. maxillary	\$1,330.30	L	\$425.93	P
Partial Dentures Cast Frame 1 per arch in any 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$745.40	L	\$122.28	P
41124	p. mandibular	\$773.95	L	\$136.80	P
41134	p. maxillary and mandibular	\$1,139.51	L	\$194.31	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$714.88	L	\$122.28	P
41264	p. mandibular	\$739.50	L	\$136.80	P
41274	p. maxillary and mandibular	\$1,090.79	L	\$194.31	P
Partial Dentures Acrylic Base, w/ Clasps 1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$488.40		\$253.90	P
41620	p. mandibular	\$512.02		\$267.37	P
41630	p. maxillary and mandibular	\$750.32		\$390.95	P

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<i>Transitional</i>					
41710	p. maxillary	\$342.66		\$177.21	P
41720	p. mandibular	\$359.40		\$188.62	P
41730	p. maxillary and mandibular	\$526.55		\$274.37	P
Partial Dentures Acrylic Base, w/o Clasps 1 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$406.67		\$211.41	P
41622	p. mandibular	\$428.33		\$222.81	P
41632	p. maxillary and mandibular	\$626.25		\$325.67	P
<i>Transitional</i>					
41712	p. maxillary	\$266.84		\$137.83	P
41722	p. mandibular	\$279.65		\$147.16	P
41732	p. maxillary and mandibular	\$409.87		\$213.74	P
Relines 1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$143.76		\$73.58	
32120	c. mandibular	\$153.62		\$81.87	
32130	c. maxillary and mandibular	\$282.51		\$147.68	
42116	p. maxillary	\$153.62		\$81.87	
42126	p. mandibular	\$166.41		\$86.01	
42136	p. maxillary and mandibular	\$304.03		\$159.49	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$127.03		\$68.40	
32225	c. mandibular	\$139.82		\$71.50	
32235	c. maxillary and mandibular	\$253.51		\$132.91	
42210	p. maxillary	\$135.89		\$70.47	
42220	p. mandibular	\$147.71		\$77.72	
42230	p. maxillary and mandibular	\$269.42		\$140.78	
<i>Chairside</i>					
32316	c. maxillary	\$128.99			
32326	c. mandibular	\$139.82			
32336	c. maxillary and mandibular	\$255.37			
32418	c. maxillary	\$180.20			
32428	c. mandibular	\$192.03			
32438	c. maxillary and mandibular	\$353.62			
42316	p. maxillary	\$138.83			
42326	p. mandibular	\$149.68			
42336	p. maxillary and mandibular	\$274.08			
42418	p. maxillary	\$189.05			
42428	p. mandibular	\$202.84			
42438	p. maxillary and mandibular	\$372.30			
<i>Light/Cured</i>					
32410	c. maxillary	\$180.20			
32420	c. mandibular	\$192.03			
32430	c. maxillary and mandibular	\$353.62			
42416	p. maxillary	\$189.05			
42426	p. mandibular	\$138.83			
42436	p. maxillary and mandibular	\$311.49			

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Rebases					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
33117	c. maxillary	\$180.20		\$92.23	
33127	c. mandibular	\$192.03		\$99.49	
33137	c. maxillary and mandibular	\$353.62		\$182.13	
43116	p. maxillary	\$193.98		\$102.59	
43126	p. mandibular	\$210.72		\$109.85	
43136	p. maxillary and mandibular	\$384.47		\$201.82	
<i>Self-polymerized/ Lab Processed</i>					
33217	c. maxillary	\$180.20		\$92.23	
33227	c. mandibular	\$192.03		\$99.49	
33237	c. maxillary and mandibular	\$353.62		\$182.13	
43217	p. maxillary	\$192.03		\$99.49	
43227	p. mandibular	\$203.82		\$104.67	
43237	p. maxillary and mandibular	\$376.06		\$193.95	
Repairs and Additions					
1 per prosthesis in any 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$56.12	L		
36120	c. mandibular	\$56.12	L		
46110	p. maxillary	\$56.12	L		
46120	p. mandibular	\$56.12	L		
<i>w/ Impression</i>					
36210	c. maxillary	\$86.64	L		
36220	c. mandibular	\$86.64	L		
46210	p. maxillary	\$86.64	L		
46220	p. mandibular	\$86.64	L		
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$116.19	L		
46320	p. mandibular	\$116.19	L		
Tissue Conditioning					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$50.22			
37120	c. mandibular	\$54.16			
47110	p. maxillary	\$54.16			
47120	p. mandibular	\$60.06			
Adjustments					
58110	c. maxillary and mandibular; p. maxillary and mandibular (one unit of time)	\$42.35			
Laboratory Procedures					
98888	In Office	I.C.			P
98889	Commercial	I.C.			P