



November 12, 2015

### Communication to all NIHB Denturists in Yukon

Effective October 19, 2015, the following Additional Repair Materials (ARM) procedure codes are now eligible services under the NIHB Program: 71010, 71310, 71311, 71313, 71314, 71315, and 72021. These codes are assigned a fixed internal lab fee only and are to be used, when appropriate, in addition to eligible regular repair procedure codes\*.

These specified ARM procedure codes, as with the eligible regular repair codes, do not require predetermination (PD) and can be sent directly to ESC for payment **EXCEPT** where a submission involves multiple claim lines for the same ARM code, for the same client, on the same DOS (see examples below). **Denturists must send submissions involving multiple claim lines for the same ARM code as post-determinations (post-approvals) to the Dental Predetermination Centre (DPC) for review.** If such submissions are sent directly to ESC and not supported by a PD number, only the first ARM claim line will be paid and all duplicate ARM claim lines will be rejected. The rejected claim lines will then need to be submitted to DPC for review.

Examples:

\* NIHB eligible regular repair codes: 36110, 36120, 46110, 46120, 36210, 36220, 46210, 46220, 46310, 46320. Please be reminded that these procedure codes have a frequency limitation of 1 (one) per prosthesis in any 12 month period.

- 1) Submission to be sent directly to ESC:  
46310 – Partial Maxillary, Additions/Teeth/Clasps  
71313 – Additional tooth
- 2) Submission to be sent to DPC for post-determination:  
46310 – Partial Maxillary, Additions/Teeth/Clasps  
71313 – Additional tooth  
71313 – Additional tooth

Additional Repair Materials			
Procedure Code	Description	In-House Lab Fee	Type of change
71010	CLASP (WROUGHT)	\$53.50	Added
71310	REPAIR MODEL	\$17.00	Added
71311	OPPOSING MODEL	\$26.33	Added
71313	ADDITIONAL TOOTH	\$30.50	Added
71314	MULTIPLE FRACTURE	\$20.80	Added
71315	ADDITION (FLANGE)	\$27.50	Added
72021	REINFORCEMENT (WIRE BAR)	\$67.00	Added

For further information or questions, please contact the Provider Claims Processing Call Centre at 1-888-511-4666.

Thank you.





Health  
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# YUKON NIHB Regional Dental Benefit Grid Denturists

**Effective Date**  
February 1, 2015

- 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.



**YUKON**  
**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	\$75.15			
10104	Emergency/ Specific Nature 1 in any 12 months	\$43.93			
<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	\$549.23		\$340.68	
31320	c. mandibular	\$549.23		\$340.68	
31330	c. maxillary and mandibular	\$823.85		\$511.03	
<i>Overdenture</i>					
31610	c. maxillary	\$549.23		\$340.68	P
31620	c. mandibular	\$549.23		\$340.68	P
31630	c. maxillary and mandibular	\$823.85		\$511.03	P
<b>Complete Dentures, Immediate</b> 1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$549.23		\$340.68	P
31321	c. mandibular	\$549.23		\$340.68	P
31331	c. maxillary and mandibular	\$823.85		\$511.03	P
<b>Complete and Partial Dentures Combined</b> 1 per arch in any 96 months					
34701	c. maxillary/p. mandibular	\$1,066.86	L	\$568.19	P
43701	c. mandibular/p. maxillary	\$1,066.86	L	\$568.19	P
<b>Partial Dentures Cast Frame</b> 1 per arch in any 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$549.23	L	\$340.68	P
41124	p. mandibular	\$549.23	L	\$340.68	P
41134	p. maxillary and mandibular	\$823.85	L	\$511.03	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$549.23	L	\$340.68	P
41264	p. mandibular	\$549.23	L	\$340.68	P
41274	p. maxillary and mandibular	\$823.85	L	\$511.03	P
<b>Partial Dentures Acrylic Base, w/ Clasps</b> 1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$400.07		\$213.07	P
41620	p. mandibular	\$400.07		\$213.07	P
41630	p. maxillary and mandibular	\$600.11		\$319.61	P

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<i>Transitional</i>					
41710	p. maxillary	\$250.19		\$147.27	P
41720	p. mandibular	\$250.19		\$147.27	P
41730	p. maxillary and mandibular	\$375.82		\$220.91	P
<b>Partial Dentures Acrylic Base, w/o Clasps</b>					
1 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$297.19		\$184.35	P
41622	p. mandibular	\$297.19		\$184.35	P
41632	p. maxillary and mandibular	\$446.27		\$276.53	P
<i>Transitional</i>					
41712	p. maxillary	\$198.01		\$137.87	P
41722	p. mandibular	\$198.01		\$137.87	P
41732	p. maxillary and mandibular	\$297.03		\$206.80	P
<b>Relines</b>					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$136.94		\$84.94	
32120	c. mandibular	\$136.94		\$84.94	
32130	c. maxillary and mandibular	\$260.17		\$161.40	
42116	p. maxillary	\$136.94		\$84.94	
42126	p. mandibular	\$136.94		\$84.94	
42136	p. maxillary and mandibular	\$260.17		\$161.40	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$150.52		\$79.38	
32225	c. mandibular	\$150.52		\$79.38	
32235	c. maxillary and mandibular	\$225.79		\$119.08	
42210	p. maxillary	\$150.52		\$79.38	
42220	p. mandibular	\$150.52		\$79.38	
42230	p. maxillary and mandibular	\$225.79		\$119.08	
<i>Chairside</i>					
32316	c. maxillary	\$132.34			
32326	c. mandibular	\$132.34			
32336	c. maxillary and mandibular	\$251.45			
32418	c. maxillary	\$137.16			
32428	c. mandibular	\$137.16			
32438	c. maxillary and mandibular	\$260.60			
42316	p. maxillary	\$142.44			
42326	p. mandibular	\$142.44			
42336	p. maxillary and mandibular	\$260.60			
42418	p. maxillary	\$137.16			
42428	p. mandibular	\$137.16			
42438	p. maxillary and mandibular	\$260.60			
<i>Light/Cured</i>					
32410	c. maxillary	\$184.89			
32420	c. mandibular	\$184.89			
32430	c. maxillary and mandibular	\$351.28			
42416	p. maxillary	\$193.97			
42426	p. mandibular	\$193.97			
42436	p. maxillary and mandibular	\$368.54			

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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	\$202.05		\$125.34	
33127	c. mandibular	\$202.05		\$125.34	
33137	c. maxillary and mandibular	\$383.92		\$238.13	
43116	p. maxillary	\$311.76		\$193.38	
43126	p. mandibular	\$311.76		\$193.38	
43136	p. maxillary and mandibular	\$592.34		\$367.43	
<i>Self-polymerized/ Lab Processed</i>					
33217	c. maxillary	\$184.89		\$94.00	
33227	c. mandibular	\$184.89		\$94.00	
33237	c. maxillary and mandibular	\$351.28		\$178.61	
43217	p. maxillary	\$197.02		\$100.27	
43227	p. mandibular	\$197.02		\$100.27	
43237	p. maxillary and mandibular	\$374.35		\$190.52	
<b>Repairs and Additions</b>					
1 per prosthesis in any 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$67.97			
36120	c. mandibular	\$67.97			
46110	p. maxillary	\$67.97			
46120	p. mandibular	\$67.97			
<i>w/ Impression</i>					
36210	c. maxillary	\$133.54			
36220	c. mandibular	\$133.54			
46210	p. maxillary	\$133.54	L		
46220	p. mandibular	\$133.54	L		
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$133.54			
46320	p. mandibular	\$133.54			
<b>Tissue Conditioning</b>					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$101.03			
37120	c. mandibular	\$101.03			
47110	p. maxillary	\$101.03			
47120	p. mandibular	\$101.03			
<b>Adjustments</b>					
58110	c. maxillary and mandibular; p. maxillary and mandibular (one unit of time)	\$43.45			
<b>Laboratory Procedures</b>					
98888	In Office	I.C.			P
98889	Commercial	I.C.			P