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# BRITISH COLUMBIA NIHB Regional Dental Benefit Grid Denturists

**Effective Date**  
August 1, 2016

- 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:

“+L” will appear on predetermination letters where laboratory fees are eligible.

- Claiming:

When submitting claims for procedure codes which have laboratory fees eligible under the Program, denturists must submit using procedure code (98888) – Laboratory Fee (excluding 71309, 71310, 71311, 71313, 71314, 71315, 71010, 72021).

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	Laboratory Fee	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	\$46.28		
10104	Emergency/ Specific Nature 1 in any 12 months	\$25.72		
<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 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	\$528.63	\$277.52	
31320	c. mandibular	\$528.63	\$277.52	
<i>Overdenture</i>				
31610	c. maxillary	\$581.09	\$303.03	P
31620	c. mandibular	\$581.09	\$303.03	P
<b>Complete Dentures, Immediate</b> 1 per arch in any 96 months				
<i>Standard</i>				
31311	c. maxillary	\$612.97	\$323.24	P
31321	c. mandibular	\$612.97	\$323.24	P
<b>Partial Dentures Cast Frame</b> 1 per arch in any 96 months				
<i>Free End - Standard</i>				
41114	p. maxillary	\$609.87	\$321.11	P
41124	p. mandibular	\$609.87	\$321.11	P
<i>Tooth Borne - Standard</i>				
41254	p. maxillary	\$609.87	\$321.11	P
41264	p. mandibular	\$609.87	\$321.11	P
<b>Partial Dentures Acrylic Base, w/ Clasps</b> 1 per arch in any 60 months				
<i>Standard</i>				
41610	p. maxillary	\$408.30	\$215.84	P
41620	p. mandibular	\$408.30	\$215.84	P
<i>Transitional</i>				
41710	p. maxillary	\$255.06	\$135.04	P
41720	p. mandibular	\$255.06	\$135.04	P
<b>Partial Dentures Acrylic Base, w/o Clasps</b> 1 per arch in any 60 months				
<i>Standard</i>				
41612	p. maxillary	\$340.41	\$179.69	P
41622	p. mandibular	\$340.41	\$179.69	P
<i>Transitional</i>				
41712	p. maxillary	\$238.61	\$125.46	P
41722	p. mandibular	\$238.61	\$125.46	P

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Code	Service	Fee	Laboratory Fee	PD
<b>Relines</b>				
1 per prosthesis in any 24 months				
<i>Lab Processed/ Functional Impression</i>				
32110	c. maxillary	\$187.18	\$98.88	
32120	c. mandibular	\$187.18	\$98.88	
42116	p. maxillary	\$187.18	\$98.88	
42126	p. mandibular	\$187.18	\$98.88	
<i>Self-polymerized/ Lab Processed</i>				
32215	c. maxillary	\$132.68	\$70.18	
32225	c. mandibular	\$132.68	\$70.18	
42210	p. maxillary	\$61.71	\$31.89	
42220	p. mandibular	\$61.71	\$31.89	
<i>Chairside</i>				
32316	c. maxillary	\$134.72	\$67.37	
32326	c. mandibular	\$134.72	\$67.37	
32418	c. maxillary	\$87.41	\$42.53	
32428	c. mandibular	\$87.41	\$42.53	
42316	p. maxillary	\$98.74	\$53.16	
42326	p. mandibular	\$98.74	\$53.16	
42418	p. maxillary	\$87.41	\$42.53	
42428	p. mandibular	\$87.41	\$42.53	
<i>Light/Cured</i>				
32410	c. maxillary	\$205.69	\$106.33	
32420	c. mandibular	\$205.69	\$106.33	
42416	p. maxillary	\$197.46	\$98.74	
42426	p. mandibular	\$197.46	\$98.74	
<b>Rebases</b>				
1 per prosthesis in any 24 months				
<i>Lab Processed/ Functional Impression</i>				
33117	c. maxillary	\$221.11	\$116.96	
33127	c. mandibular	\$221.11	\$116.96	
43116	p. maxillary	\$204.65	\$107.39	
43126	p. mandibular	\$204.65	\$107.39	
<i>Self-polymerized/ Lab Processed</i>				
33217	c. maxillary	\$146.12	\$79.75	
33227	c. mandibular	\$146.12	\$79.75	
43217	p. maxillary	\$146.12	\$79.75	
43227	p. mandibular	\$146.12	\$79.75	
<b>Repairs and Additions</b>				
1 per prosthesis in any 12 months				
<i>w/o Impression</i>				
36110	c. maxillary	\$51.43	\$53.16	
36120	c. mandibular	\$51.43	\$53.16	
46110	p. maxillary	\$51.43	\$53.16	
46120	p. mandibular	\$51.43	\$53.16	
<i>w/ Impression</i>				
36210	c. maxillary	\$66.85	\$53.16	
36220	c. mandibular	\$66.85	\$53.16	
46210	p. maxillary	\$66.85	\$53.16	
46220	p. mandibular	\$66.85	\$53.16	
<i>Addition of tooth or clasp</i>				
46310	p. maxillary	\$66.85	\$69.11	L
46320	p. mandibular	\$66.85	\$69.11	L

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Code	Service	Fee	Laboratory Fee	PD
<b>Additional Repair Materials (ARM)</b>				
To be used, when appropriate, in addition to eligible regular repair procedure codes. Submissions involving multiple claim lines for the same ARM code must be submitted as post-determinations to the Dental Predetermination Centre (DPC) for review.				
71010	Clasp (wrought)		\$50.90	
71309	Matrix		\$15.27	
71310	Repair Model		\$15.27	
71311	Opposing Model		\$26.80	
71313	New Tooth (each)		\$31.05	
71314	Multiple Fracture		\$21.17	
71315	Addition (Flange)		\$28.00	
72021	Reinforcement (Wire Bar)		\$61.08	
<b>Tissue Conditioning</b>				
1 per prosthesis in any 24 months				
37110	c. maxillary	\$72.84		
37120	c. mandibular	\$72.84		
47110	p. maxillary	\$72.84		
47120	p. mandibular	\$72.84		
<b>Adjustments</b>				
58110	c. maxillary and mandibular; p. maxillary and mandibular (one unit of time)	\$44.23		
<b>Laboratory Procedure</b>				
98888	Laboratory Fee	I.C.		P