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# NOVA SCOTIA NIHB Regional Dental Benefit Grid Denturists

**Effective Date**  
May 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.



**NOVA SCOTIA**  
**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 <b>1 in any 60 months</b>	\$100.80		
10104	Emergency/ Specific Nature <b>1 in any 12 months</b>	\$66.85		
<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 relined/rebase.				
The overall cost of replacement for a denture may be adjusted in situations where claims for relined/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	\$529.66	\$270.07	
31320	c. mandibular	\$609.87	\$309.41	
<i>Overdenture</i>				
31610	c. maxillary	\$590.34	\$301.97	P
31620	c. mandibular	\$899.53	\$510.36	P
<b>Complete Dentures, Immediate</b>				
1 per arch in any 96 months				
<i>Standard</i>				
31311	c. maxillary	\$566.68	\$288.14	P
31321	c. mandibular	\$667.47	\$340.25	P
<b>Partial Dentures Cast Frame</b>				
1 per arch in any 96 months				
<i>Free End - Standard</i>				
41114	p. maxillary	\$565.66	\$287.09	P
41124	p. mandibular	\$617.08	\$313.67	P
<i>Tooth Borne - Standard</i>				
41254	p. maxillary	\$565.66	\$287.09	P
41264	p. mandibular	\$617.08	\$313.67	P
<b>Partial Dentures Acrylic Base, w/ Clasps</b>				
1 per arch in any 60 months				
<i>Standard</i>				
41610	p. maxillary	\$529.66	\$270.07	P
41620	p. mandibular	\$609.87	\$309.41	P
<i>Transitional</i>				
41710	p. maxillary	\$323.96	\$164.80	P
41720	p. mandibular	\$334.26	\$170.12	P

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<b>Partial Dentures Acrylic Base, w/o Clasps</b>				
1 per arch in any 60 months				
<i>Standard</i>				
41612	p. maxillary	\$465.91	\$236.05	P
41622	p. mandibular	\$543.03	\$275.39	P
<i>Transitional</i>				
41712	p. maxillary	\$281.79	\$142.48	P
41722	p. mandibular	\$316.77	\$160.56	P
<b>Relines</b>				
1 per prosthesis in any 24 months				
<i>Lab Processed/Functional Impression</i>				
32110	c. maxillary	\$175.87	\$89.31	
32120	c. mandibular	\$193.35	\$98.88	
42116	p. maxillary	\$183.06	\$93.56	
42126	p. mandibular	\$196.44	\$98.88	
<i>Self-polymerized/ Lab Processed</i>				
32215	c. maxillary	\$153.23	\$77.61	
32225	c. mandibular	\$165.57	\$84.00	
42210	p. maxillary	\$158.38	\$80.81	
42220	p. mandibular	\$174.84	\$89.31	
<i>Chairside</i>				
32316	c. maxillary	\$127.52	\$64.86	
32326	c. mandibular	\$139.88	\$71.24	
32418	c. maxillary	\$129.58	\$65.93	
32428	c. mandibular	\$141.93	\$71.24	
42316	p. maxillary	\$133.69	\$68.04	
42326	p. mandibular	\$150.16	\$76.56	
42418	p. maxillary	\$135.76	\$69.11	
42428	p. mandibular	\$148.10	\$74.43	
<i>Light/Cured</i>				
32410	c. maxillary	\$175.87	\$89.31	
32420	c. mandibular	\$194.38	\$97.83	
42416	p. maxillary	\$184.10	\$92.51	
42426	p. mandibular	\$196.44	\$98.88	
<b>Rebases</b>				
1 per prosthesis in any 24 months				
<i>Lab Processed/Functional Impression</i>				
33117	c. maxillary	\$210.84	\$107.39	
33127	c. mandibular	\$229.35	\$115.89	
43116	p. maxillary	\$221.11	\$112.71	
43126	p. mandibular	\$240.65	\$121.21	
<i>Self-polymerized/ Lab Processed</i>				
33217	c. maxillary	\$188.22	\$95.69	
33227	c. mandibular	\$200.57	\$102.07	
43217	p. maxillary	\$200.57	\$102.07	
43227	p. mandibular	\$212.88	\$107.39	

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<b>Repairs and Additions</b>				
1 per prosthesis in any 12 months				
<i>w/o Impression</i>				
36110	c. maxillary	\$61.71	\$27.65	
36120	c. mandibular	\$61.71	\$27.65	
46110	p. maxillary	\$61.71	\$27.65	
46120	p. mandibular	\$61.71	\$27.65	
<i>w/ Impression</i>				
36210	c. maxillary	\$90.49	\$39.35	
36220	c. mandibular	\$90.49	\$39.35	
46210	p. maxillary	\$90.49	\$39.35	
46220	p. mandibular	\$90.49	\$39.35	
<i>Addition of tooth or clasp</i>				
46310	p. maxillary	\$93.58	L \$42.53	
46320	p. mandibular	\$93.58	L \$42.53	
<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)		\$54.46	
71309	Matrix		\$17.31	
71310	Repair Model		\$17.31	
71311	Opposing Model		\$21.38	
71313	New Tooth (each)		\$29.52	
71314	Multiple Fracture		\$21.17	
71315	Addition (Flange)		\$28.00	
72021	Reinforcement (Wire Bar)		\$68.21	
<b>Tissue Conditioning</b>				
1 per prosthesis in any 24 months				
37110	c. maxillary	\$68.92		
37120	c. mandibular	\$68.92		
47110	p. maxillary	\$68.92		
47120	p. mandibular	\$68.92		
<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