

February 1, 2009

**TO: Registered NIHB Denturists in Alberta**

Dear Provider:

Attached please find your copy of the new NIHB Dental Benefit Grid for Denturists in Alberta.

The NIHB Regional Dental Benefit Grid for Alberta is effective February 1, 2009. The Health Information and Claims Processing System (HICPS) has been changed to reflect the new rates indicated in your copy of the grid.

Should you have any questions, please contact the First Canadian Health NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

Sincerely,

A handwritten signature in black ink, appearing to read 'P. Allewell', written in a cursive style.

Dr. Patricia Allewell  
Regional Dental Officer, Alberta Region  
Non-Insured Health Benefits

cc: Alberta Denturists Association

**Aussi disponible en français au numéro 1-888-471-1111**

## **Alberta REGION**

### **NIHB REGIONAL DENTAL BENEFIT GRID Denturists**

#### **EFFECTIVE DATE**

**February 1, 2009**

- Dental services provided through the NIHB Dental Program will be reimbursed in accordance with the terms and conditions outlined herein.
- Predetermination is required for specific procedures identified in this document with a “P”, or procedures that are I.C. Please review carefully before treatment.
- Post treatment approval will be considered, except in those cases specified in the NIHB Dental Practitioner Information Kit.

**NIHB DENTURISTS DENTAL BENEFIT GRID  
ALBERTA REGION**

Code	Service	Fee	L	PD	Eligibility
<b>Examinations</b>					
Standard					
10010	Oral Exam	\$49.50			<b>1 for problem in question</b>
10104	Emergency/Specific Nature	\$30.60			<b>1/12 month period</b>
<b>Prosthodontics Removable</b>					
The fee paid for dentures includes 3 months post-insertion care including adjustments and modifications. FNIHB does not cover any other denture procedures (e.g. adjustments) during this period. For immediate dentures, an additional reline is permitted.					
<b>Complete Dentures</b> <span style="float:right"><b>1/arch/96 months</b></span>					
Standard					
31310	c. maxillary	\$821.70		P	
31320	c. mandibular	\$821.70		P	
<b>Complete Dentures - Immediate</b> <span style="float:right"><b>1/arch/96 months</b></span>					
Standard					
31311	c. maxillary	\$874.30		P	
31321	c. mandibular	\$874.30		P	
Transitional					
31511	c. maxillary	\$522.70		P	
31521	c. mandibular	\$522.70		P	
Overdenture					
31611	c. maxillary	\$874.30		P	
31621	c. mandibular	\$874.30		P	
<b>Partial Dentures Cast Frame</b> <span style="float:right"><b>1/arch/96 months</b></span>					
Free end-standard					
41114	p. maxillary	\$874.30	L	P	
41124	p. mandibular	\$874.30	L	P	
Tooth borne-standard					
41254	p. maxillary	\$874.30	L	P	
41264	p. mandibular	\$874.30	L	P	
<b>Partial Dentures Cast Frame - Immediate w/clasps</b> <span style="float:right"><b>1/arch/96 months</b></span>					
Free end-standard					
41115	p. maxillary	\$874.30	L	P	
41125	p. mandibular	\$874.30	L	P	
Tooth borne-standard					
41215	p. maxillary	\$874.30	L	P	
41225	p. mandibular	\$874.30	L	P	
<b>Partial Dentures Acrylic Base - with clasps</b> <span style="float:right"><b>1/arch/96 months</b></span>					
Standard					
41610	p. maxillary	\$745.50		P	
41620	p. mandibular	\$745.50		P	
Overdenture					
41810	p. maxillary	\$745.50		P	
41820	p. mandibular	\$745.50		P	
<b>Partial Dentures Acrylic Base - w/o clasps</b> <span style="float:right"><b>1/arch/96 months</b></span>					
Transitional					
41712	p. maxillary	\$292.40		P	
41722	p. mandibular	\$292.40		P	

Code	Service	Fee	L	PD	Eligibility
<b>Partial Dentures Acrylic Base - Immediate w/clasps</b>					<b>1/arch/96 months</b>
Standard					
41611	p. maxillary	\$745.50		P	
41621	p. mandibular	\$745.50		P	
<b>Partial Dentures Acrylic Base - Immediate, w/o clasps</b>					<b>1/arch/96 months</b>
Standard					
41613	p. maxillary	\$292.40		P	
41623	p. mandibular	\$292.40		P	
<b>Relines</b>					<b>1/prosthesis/24 months</b>
Direct					
32418	c. maxillary	\$127.80			
32428	c. mandibular	\$127.80			
42418	p. maxillary	\$127.80			
42428	p. mandibular	\$127.80			
Lab Processed with functional impression					
32110	c. maxillary	\$361.00			
32120	c. mandibular	\$361.00			
42116	p. maxillary	\$361.00			
42126	p. mandibular	\$361.00			
Processed					
32215	c. maxillary	\$245.40			
32225	c. mandibular	\$245.40			
42210	p. maxillary	\$245.40			
42220	p. mandibular	\$245.40			
<b>Rebases</b>					<b>1/prosthesis/24 months</b>
Lab Processed with functional impression					
33117	c. maxillary	\$361.00			
33127	c. mandibular	\$361.00			
43116	p. maxillary	\$361.00			
43126	p. mandibular	\$361.00			
<b>Repairs and Additions</b>					<b>1/prosthesis/12 months</b>
w/o impression					
36110	c. maxillary	\$75.30	L		
36120	c. mandibular	\$75.30	L		
46110	p. maxillary	\$75.30	L		
46120	p. mandibular	\$75.30	L		
w/ impression					
36210	c. maxillary	\$150.40	L		
36220	c. mandibular	\$150.40	L		
46210	p. maxillary	\$150.40	L		
46220	p. mandibular	\$150.40	L		
<b>Tissue Conditioning</b>					<b>1/prosthesis/24 months</b>
37110	c. maxillary	\$86.40			
37120	c. mandibular	\$86.40			
47110	p. maxillary	\$86.40			
47120	p. mandibular	\$86.40			
<b>Adjustments (more than three months after insertion)</b>					
58110	One unit of time	\$36.90			
<b>Adjunctive Service</b>					

Code	Service	Fee	L	PD	Eligibility
70020	Out of Office (house or institution)	\$67.50			
<b>Laboratory Procedures</b>					
98888	In Office	I.C.			
98889	Commercial	I.C.			