

September 1, 2009

TO: Registered NIHB Denturists in British Columbia

Dear Provider:

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

The NIHB Regional Dental Benefit Grid for British Columbia is effective September 1, 2009. The Health Information and Claims Processing System (HICPS) has been updated 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,

Tara Bjornson
Manager, Non-Insured Health Benefits
First Nations and Inuit Health
British Columbia Region

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

BRITISH COLUMBIA REGION
NIHB REGIONAL DENTAL BENEFIT GRID
Denturists

EFFECTIVE DATE

September 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
BRITISH COLUMBIA REGION**

Code	Service	Fee	L	PD	Eligibility
Examinations					
Standard					
10010	Oral Exam	\$40.50			1/60 months
10104	Emergency/Specific Nature	\$22.50			1/12 month period
Prostodontics Removable					
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.					
Complete Dentures 1/arch/96 months					
Standard					
31310	c. maxillary	\$723.60		P	
31320	c. mandibular	\$723.60		P	
31330	c. maxillary and c. mandibular	\$1,447.20		P	
Complete Dentures - Immediate 1/arch/96 months					
Standard					
31311	c. maxillary	\$840.40		P	
31321	c. mandibular	\$840.40		P	
31331	c. maxillary and c. mandibular	\$1,680.00		P	
Partial Dentures Cast Frame 1/arch/96 months					
Free end-standard					
41114	p. maxillary	\$835.70	L	P	
41124	p. mandibular	\$835.70	L	P	
Tooth borne-standard					
41254	p. maxillary	\$835.70	L	P	
41264	p. mandibular	\$835.70	L	P	
Partial Dentures Cast Frame - Immediate w/clasps 1/arch/96 months					
Free end-standard					
41115	p. maxillary	\$1,073.80	L	P	
41125	p. mandibular	\$1,073.80	L	P	
Tooth borne-standard					
41215	p. maxillary	\$1,073.80	L	P	
41225	p. mandibular	\$1,073.80	L	P	
Partial Dentures Acrylic Base - with clasps 1/arch/96 months					
Standard					
41610	p. maxillary	\$560.30	L	P	
41620	p. mandibular	\$560.30	L	P	
Transitional					
41710	p. maxillary	\$350.20	L	P	
41720	p. mandibular	\$350.20	L	P	
Partial Dentures Acrylic Base - w/o clasps 1/arch/96 months					
Standard					
41612	p. maxillary	\$466.90		P	
41622	p. mandibular	\$466.90		P	

Code	Service	Fee	L	PD	Eligibility
Transitional					
41712	p. maxillary	\$326.80		P	
41722	p. mandibular	\$326.80		P	
Partial Dentures Acrylic Base - Immediate w/clasps					1/arch/96 months
Standard					
41611	p. maxillary	\$607.00	L	P	
41621	p. mandibular	\$607.00	L	P	
Partial Dentures Acrylic Base - Immediate, w/o clasps					1/arch/96 months
Standard					
41613	p. maxillary	\$560.00		P	
41623	p. mandibular	\$560.00		P	
Relines					1/prosthesis/24 months
Lab Processed/Functional Impression					
32110	c. maxillary	\$256.80			
32120	c. mandibular	\$256.80			
42110	p. maxillary	\$256.80			
42120	p. mandibular	\$256.80			
Self-polymerized					
32210	c. maxillary	\$102.60			
32220	c. mandibular	\$102.60			
42210	p. maxillary	\$84.00			
42220	p. mandibular	\$84.00			
Rebases					1/prosthesis/12 months
Lab Processed					
33110	c. maxillary	\$303.50			
33120	c. mandibular	\$303.50			
43110	p. maxillary	\$280.10			
43120	p. mandibular	\$280.10			
Repairs and Additions					1/prosthesis/12 months
w/o impression					
36110	c. maxillary	\$95.00	L		
36120	c. mandibular	\$95.00	L		
46110	p. maxillary	\$95.00	L		
46120	p. mandibular	\$95.00	L		
w/impression					
36210	c. maxillary	\$108.50	L		
36220	c. mandibular	\$108.50	L		
46210	p. maxillary	\$108.50	L		
46220	p. mandibular	\$108.50	L		
add./teeth/clasp					
46310	p. maxillary	\$123.50	L		
46320	p. mandibular	\$123.50	L		
Tissue Conditioning					1/prosthesis/24 months
37110	c. maxillary	\$65.40			
37120	c. mandibular	\$65.40			
47110	p. maxillary	\$65.40			

Code	Service	Fee	L	PD	Eligibility
47120	p. mandibular	\$65.40			
Adjustments (more than three months after insertion)					
38110	c. maxillary	\$27.00			
38120	c. mandibular	\$27.00			
48110	p. maxillary	\$27.00			
48120	p. mandibular	\$27.00			