



June 23, 2009

**TO: Registered Denturists in Manitoba**

**Non-Insured Health Benefits (NIHB) Fee Schedule**

Attached please find your copy of the new NIHB Regional Benefit Grid for Denturists in Manitoba.

The NIHB Regional Benefit Grid for Denturists in Manitoba is **effective August 1, 2009** for services provided on or after that date. The Health Information and Claims Processing System (HICPS) will be updated to reflect the new rates indicated in your copy of the fee schedule.

**Please note:**

Effective August 1, 2009, if claims are submitted with fees prior to the August 1, 2009 change, they are not automatically adjusted upward to the new rates. Please ensure your office submits the correct (new) fees for dates of service on or after August 1, 2009.

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

Sincerely,

Dr. Terry Hupman  
Regional Dental Officer  
Manitoba Region

cc: Manitoba Denturists Association

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

## **MANITOBA REGION**

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

**Denturists**

#### **EFFECTIVE DATE**

**August 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”. 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  
MANITOBA REGION**

Code	Service	Fee	L	PD	Eligibility
<b>Examinations</b>					
Standard					
10010	Oral Exam	\$30.00			<b>1/60 months</b>
10104	Emergency/Specific Nature	\$15.00			<b>1/12 months</b>
<b>Prostodontics 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	\$681.00		P	
31320	c. mandibular	\$712.50		P	
Overdenture					
31610	c. maxillary	\$970.00		P	
31620	c. mandibular	\$999.00		P	
<b>Complete Dentures - Immediate</b> <span style="float:right"><b>1/arch/96 months</b></span>					
Standard					
31311	c. maxillary	\$867.00		P	
31321	c. mandibular	\$907.50		P	
<b>Partial Dentures Cast Frame</b> <span style="float:right"><b>1/arch/96 months</b></span>					
Free end-standard					
41114	p. maxillary	\$886.80		P	
41124	p. mandibular	\$900.30		P	
Tooth borne-standard					
41254	p. maxillary	\$858.80		P	
41264	p. mandibular	\$879.50		P	
<b>Partial Dentures Acrylic Base - with clasps</b> <span style="float:right"><b>1/arch/96 months</b></span>					
Standard					
41610	p. maxillary	\$711.00		P	
41620	p. mandibular	\$729.00		P	
<b>Partial Dentures Acrylic Base - w/o clasps</b> <span style="float:right"><b>1/arch/96 months</b></span>					
Standard					
41612	p. maxillary	\$625.00		P	
41622	p. mandibular	\$656.50		P	
<b>Partial Dentures Acrylic Base - Immediate, w/o clasps</b> <span style="float:right"><b>1/arch/96 months</b></span>					
Standard					
41613	p. maxillary	\$707.00		P	
41623	p. mandibular	\$738.50		P	
<b>Relines</b> <span style="float:right"><b>1/prosthesis/24 months</b></span>					
Lab Processed					
32110	c. maxillary	\$226.00			
32120	c. mandibular	\$226.00			
42116	p. maxillary	\$226.00			
42126	p. mandibular	\$226.00			

Code	Service	Fee	L	PD	Eligibility
Self-polymerized					
32215	c. maxillary	\$226.00			
32225	c. mandibular	\$226.00			
42210	p. maxillary	\$226.00			
42220	p. mandibular	\$226.00			
<b>Rebases</b>					<b>1/prosthesis/24 months</b>
Lab Processed with functional impression					
33117	c. maxillary	\$387.00			
33127	c. mandibular	\$387.00			
43116	p. maxillary	\$387.00			
43126	p. mandibular	\$387.00			
<b>Repairs and Additions</b>					<b>1/prosthesis/12 months</b>
w/ impression					
36210	c. maxillary	\$81.10	L		
36220	c. mandibular	\$81.10	L		
46210	p. maxillary	\$95.30	L		
46220	p. mandibular	\$95.30	L		
w/o impression					
36110	c. maxillary	\$61.00	L		
36120	c. mandibular	\$61.00	L		
46110	p. maxillary	\$62.50	L		
46120	p. mandibular	\$62.50	L		
add./teeth/clasp					
46310	p. maxillary	\$67.30	L		
46320	p. mandibular	\$67.30	L		
<b>Tissue Conditioning</b>					<b>1/prosthesis/24 months</b>
37110	c. maxillary	\$67.50			
37120	c. mandibular	\$67.50			
<b>Adjustments (more than three months after insertion)</b>					
38111	c. maxillary	\$31.50			
38121	c. mandibular	\$31.50			
48111	p. maxillary	\$31.50			
48121	p. mandibular	\$31.50			
<b>Adjunctive Service</b>					
70040	Office Visit - after hours	\$58.50		P	