

April 1, 2009

**TO: Registered NIHB Denturists in Northwest Territories**

Dear Provider:

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

The NIHB Regional Dental Benefit Grid for Northwest Territories is effective April 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,

Dr. Ronald Kelly  
Regional Dental Officer, Northern Region  
Non-Insured Health Benefits

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

# **NORTHWEST TERRITORIES REGION**

## **NIHB REGIONAL DENTAL BENEFIT GRID**

**Denturists**

### **EFFECTIVE DATE**

**April 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.

**NORTHWEST TERRITORIES  
NIHB DENTURISTS DENTAL BENEFIT GRID**

Code	Service	Fee	L	PD	Eligibility
<b>Examinations</b>					
Standard					
10010	Oral Exam	\$65.00			1/60 months
10104	Emergency/Specific Nature	\$38.00			1/12 month period
<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> 1/arch/96 months					
Standard					
31310	c. maxillary	\$761.25		P	
31320	c. mandibular	\$761.25		P	
31330	c. maxillary and mandibular	\$1,522.50		P	
<b>Complete Dentures - Immediate</b> 1/arch/96 months					
Standard					
31311	c. maxillary	\$813.75		P	
31321	c. mandibular	\$813.75		P	
31331	c. maxillary and mandibular	\$1,627.50		P	
Overdenture					
31611	c. maxillary	\$813.75		P	
31621	c. mandibular	\$813.75		P	
31631	c. maxillary and mandibular	\$1,627.50		P	
<b>Partial Dentures Cast Frame</b> 1/arch/96 months					
Free end-standard					
41114	p. maxillary	\$761.25	L	P	
41124	p. mandibular	\$761.25	L	P	
41134	p. maxillary and mandibular	\$1,522.50	L	P	
Tooth borne-standard					
41254	p. maxillary	\$761.25	L	P	
41264	p. mandibular	\$761.25	L	P	
41274	p. maxillary and mandibular	\$1,522.50	L	P	
Overdenture					
41510	p. maxillary	\$882.00	L	P	
41520	p. mandibular	\$882.00	L	P	
41530	p. maxillary and mandibular	\$1,764.00	L	P	
<b>Partial Dentures Cast Frame - Immediate w/clasps</b> 1/arch/96 months					
Free end-standard					
41115	p. maxillary	\$884.63	L	P	
41125	p. mandibular	\$884.63	L	P	
Tooth borne-standard					
41215	p. maxillary	\$884.63	L	P	
41225	p. mandibular	\$884.63	L	P	
Overdenture					
41511	p. maxillary	\$1,029.00	L	P	
41521	p. mandibular	\$1,029.00	L	P	
<b>Partial Dentures Acrylic Base - with clasps</b> 1/arch/96 months					
Standard					

Code	Service	Fee	L	PD	Eligibility
41610	p. maxillary	\$687.75		P	
41620	p. mandibular	\$687.75		P	
41630	p. maxillary and mandibular	\$1,375.50		P	
<b>Partial Dentures Acrylic Base - w/o clasps</b>					<b>1/arch/96 months</b>
Standard					
41612	p. maxillary	\$588.00		P	
41622	p. mandibular	\$588.00		P	
41632	p. maxillary and mandibular	\$1,176.00		P	
<b>Partial Dentures Acrylic Base - Immediate w/clasps</b>					<b>1/arch/96 months</b>
Standard					
41611	p. maxillary	\$740.25		P	
41621	p. mandibular	\$740.25		P	
<b>Partial Dentures Acrylic Base - Immediate, w/o clasps</b>					<b>1/arch/96 months</b>
Standard					
41613	p. maxillary	\$640.50		P	
41623	p. mandibular	\$640.50		P	
<b>Relines</b>					<b>1/prosthesis/24 months</b>
Processed					
32215	c. maxillary	\$241.50			
32225	c. mandibular	\$241.50			
32235	c. maxillary and mandibular	\$483.00			
42210	p. maxillary	\$241.50			
42220	p. mandibular	\$241.50			
42230	p. maxillary and mandibular	\$483.00			
<b>Rebases</b>					<b>1/prosthesis/24 months</b>
Lab Processed					
33110	c. maxillary	\$254.21			
33120	c. mandibular	\$254.21			
43110	p. mandibular	\$254.21			
43120	p. maxillary and mandibular	\$254.21			
<b>Repairs and Additions</b>					<b>1/prosthesis/12 months</b>
w/o impression					
36110	c. maxillary	\$47.25	L		
36120	c. mandibular	\$47.25	L		
46110	p. maxillary	\$47.25	L		
46120	p. mandibular	\$47.25	L		
w/ impression					
36210	c. maxillary	\$85.05	L		
36220	c. mandibular	\$85.05	L		
46210	p. maxillary	\$85.05	L		
46220	p. mandibular	\$85.05	L		
add./teeth/clasp					
46310	p. maxillary	\$89.78	L		
46320	p. mandibular	\$89.78	L		
<b>Tissue Conditioning</b>					<b>1/prosthesis/24 months</b>
37110	c. maxillary	\$47.25			
37120	c. mandibular	\$47.25			
47110	p. maxillary	\$47.25			
47120	p. mandibular	\$47.25			

Code	Service	Fee	L	PD	Eligibility
<b>Adjustments (more than 3 months after insertion)</b>					
38110	c. maxillary	\$42.53			
38120	c. mandibular	\$42.53			
48110	p. maxillary	\$42.53			
48120	p. mandibular	\$42.53			
<b>Adjunctive Service</b>					
70040	Office visit after hours	\$42.53			
<b>Laboratory Procedures</b>					
98888	In Office	I.C.			
98889	Commercial	I.C.			