

March 1, 2009

**TO: Registered NIHB Denturists in Nova Scotia**

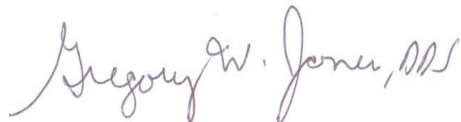
Dear Provider:

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

The NIHB Regional Dental Benefit Grid for Nova Scotia is effective March 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 cursive script that reads "Gregory W. Jones, D.D.S.".

Dr. Gregory W. Jones D.D.S  
Regional Dental Officer, Atlantic Region  
Non-Insured Health Benefits

cc: Nova Scotia Denturists Association

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

**NOVA SCOTIA**  
**NIHB REGIONAL DENTAL BENEFIT GRID**  
**Denturists**

**EFFECTIVE DATE**

**March 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.

**NOVA SCOTIA  
NIHB DENTURISTS DENTAL BENEFIT GRID**

Code	Service	Fee	L	PD	Eligibility
<b>Examinations</b>					
Standard					
10010	Oral Exam	\$88.20			1/arch/60months
10104	Emergency/Specific Nature	\$58.50			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> <span style="float: right;"><b>1/arch/96 months</b></span>					
Standard					
31310	c. maxillary	\$703.50		P	
31320	c. mandibular	\$808.90		P	
31330	c. maxillary and mandibular	\$1,426.60		P	
<b>Complete Dentures - Immediate</b> <span style="float: right;"><b>1/arch/96 months</b></span>					
Standard					
31311	c. maxillary	\$751.00		P	
31321	c. mandibular	\$886.30		P	
31331	c. maxillary and mandibular	\$1,553.40		P	
<b>Complete and Partial Dentures Combined</b> <span style="float: right;"><b>1/arch/96 months</b></span>					
34701	c. upper/p. lower	\$1,521.70	L	P	
43701	c. lower/p. upper	\$1,559.00	L	P	
<b>Partial Dentures Cast Frame</b> <span style="float: right;"><b>1/arch/96 months</b></span>					
Free end-standard					
41114	p. maxillary	\$750.10	L	P	
41124	p. mandibular	\$818.20	L	P	
41134	p. maxillary and mandibular	\$1,482.50	L	P	
Tooth borne-standard					
41254	p. maxillary	\$750.10	L	P	
41264	p. mandibular	\$818.20	L	P	
41274	p. maxillary and mandibular	\$1,482.50	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	\$837.80	L	P	
41125	p. mandibular	\$903.10	L	P	
41135	p. maxillary and mandibular	\$1,656.10	L	P	
Tooth borne-standard					
41215	p. maxillary	\$837.80	L	P	
41225	p. mandibular	\$903.10	L	P	
41235	p. maxillary and mandibular	\$1,656.10	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	\$703.50		P	
41620	p. mandibular	\$808.90		P	
41630	p. maxillary and mandibular	\$1,426.60		P	
Transitional					
41710	p. maxillary	\$422.80		P	

Code	Service	Fee	L	PD	Eligibility
41720	p. mandibular	\$443.30		P	
41730	p. maxillary and mandibular	\$793.10		P	
<b>Partial Dentures Acrylic Base - w/o clasps</b>					<b>1/arch/96 months</b>
Standard					
41612	p. maxillary	\$616.80		P	
41622	p. mandibular	\$720.40		P	
41632	p. maxillary and mandibular	\$1,253.20		P	
Transitional					
41712	p. maxillary	\$373.30		P	
41722	p. mandibular	\$420.00		P	
41732	p. maxillary and mandibular	\$709.20		P	
<b>Partial Dentures Acrylic Base - Immediate w/clasps</b>					<b>1/arch/96 months</b>
Standard					
41611	p. maxillary	\$738.40		P	
41621	p. mandibular	\$869.60		P	
41631	p. maxillary and mandibular	\$1,522.80		P	
Transitional					
41711	p. maxillary	\$486.10		P	
41721	p. mandibular	\$508.50		P	
41731	p. maxillary and mandibular	\$910.70		P	
<b>Partial Dentures Acrylic Base - Immediate, w/o clasps</b>					<b>1/arch/96 months</b>
Standard					
41613	p. maxillary	\$664.40		P	
41623	p. mandibular	\$796.90		P	
41633	p. maxillary and mandibular	\$1,377.30		P	
Transitional					
41713	p. maxillary	\$420.00		P	
41723	p. mandibular	\$466.70		P	
41733	p. mandibular	\$802.50		P	
<b>Relines</b>					<b>1/prosthesis/24 months</b>
Lab Processed with functional impression					
32110	c. maxillary	\$233.20			
32120	c. mandibular	\$256.60			
32130	c. maxillary and mandibular	\$489.90			
42116	p. maxillary	\$242.60			
42126	p. mandibular	\$259.40			
42136	p. maxillary and mandibular	\$502.00			
Processed					
32215	c. maxillary	\$202.50			
32225	c. mandibular	\$219.30			
32235	c. maxillary and mandibular	\$421.80			
42210	p. maxillary	\$209.90			
42220	p. mandibular	\$232.30			
42230	p. maxillary and mandibular	\$442.30			
<b>Rebases</b>					<b>1/prosthesis/24 months</b>
Lab Processed with functional impression					
33117	c. maxillary	\$279.90			
33127	c. mandibular	\$303.20			

Code	Service	Fee	L	PD	Eligibility
33137	c. maxillary and mandibular	\$583.20			
43116	p. maxillary	\$293.00			
43126	p. mandibular	\$318.20			
43136	p. maxillary and mandibular	\$611.20			
<b>Repairs and Additions</b>					<b>1/prosthesis/12 months</b>
w/o impression					
36110	c. maxillary	\$52.20	L		
36120	c. mandibular	\$52.20	L		
46110	p. maxillary	\$52.20	L		
46120	p. mandibular	\$52.20	L		
w/ impression					
36210	c. maxillary	\$77.40	L		
36220	c. mandibular	\$77.40	L		
46210	p. maxillary	\$77.40	L		
46220	p. mandibular	\$77.40	L		
add./teeth/clasp					
46310	p. maxillary	\$80.10	L		
46320	p. mandibular	\$80.10	L		
<b>Tissue Conditioning</b>					<b>1/prosthesis/24 months</b>
37110	c. maxillary	\$58.50			
37120	c. mandibular	\$58.50			
47110	p. maxillary	\$58.50			
47120	p. mandibular	\$58.50			
<b>Adjustments (more than three months after insertion)</b>					
38110	c. maxillary	\$58.50			
38120	c. mandibular	\$58.50			
48110	p. maxillary	\$58.50			
48120	p. mandibular	\$58.50			
<b>Adjunctive Service</b>					
70040	Office visit after hours	\$54.00			
<b>Laboratory Procedures</b>					
98888	In Office	I.C.			
98889	Commercial	I.C.			