

June 2009

Subject: Dental Fee Grid for the Quebec Region

Dental Providers

On **June 1st 2009** the Non-Insured Health Benefits (NIHB) Dental Fee Grid for providers in Quebec Region will be adjusted to reflect 90% of the ACDQ, the Federation of Dental Specialists and the Denturists Association of Quebec **2008** Fee Guides for dental treatment services. Guidelines for services will continue as per the NIHB Dental Health Provider Information Kit and information provided subsequently from First Nations & Inuit Health Branch (FNIHB).

Predeterminations adjudicated **before June 1st 2009** will be paid at the previous fee grid rate, as indicated on the confirmation letter, regardless of the date of service.

Predeterminations adjudicated on or **after June 1st 2009** will be paid at the new grid rates.

Claims will be paid at the new rates when date of services is on or after **June 1st 2009** *provided that your office has submitted at the new rates or your Association or Federation usual customary fee*. FCH will not amend your claims to the new grid rates.

I take this opportunity to thank the dental providers for the care they provide to First Nations and Inuits.

Best regards,

Jocelyn Lemieux, DDS
Regional Dental Officer, Quebec Region
FNIH, Professional Services

Encl.

QUEBEC REGION

NIHB REGIONAL DENTAL BENEFIT GRID Denturists

EFFECTIVE DATE

June 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.

**QUEBEC
NIHB DENTURISTS DENTAL BENEFIT GRID**

Code	Service	Fee	L	PD	Eligibility
Examinations					
Standard					
10010	Oral Exam	\$32.40			1/60 months
10104	Emergency/Specific Nature	\$32.40			1/12 month period
Prosthetics 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 relin is permitted.					
Complete Dentures 1/arch/96 months					
Standard					
31310	c. maxillary	\$875.50		P	
31320	c. mandibular	\$1,127.50		P	
31330	c. maxillary and mandibular	\$1,652.00		P	
Complete Dentures - Immediate 1/arch/96 months					
Standard					
31311	c. maxillary	\$644.00		P	
31321	c. mandibular	\$848.40		P	
31331	c. maxillary and mandibular	\$1,294.50		P	
Complete and Partial Dentures Combined 1/arch/96 months					
34701	c. upper/p. lower	\$1,645.50		P	
43701	p. upper/c. lower	\$1,645.50		P	
Partial Dentures Cast Frame 1/arch/96 months					
Free end-standard					
41114	p. maxillary	\$1,092.00		P	
41124	p. mandibular	\$1,092.00		P	
41134	p. maxillary and mandibular	\$1,820.00		P	
Tooth borne-standard					
41254	p. maxillary	\$1,050.00		P	
41264	p. mandibular	\$1,050.00		P	
41274	p. maxillary and mandibular	\$1,750.00		P	
Partial Dentures Cast Frame - Immediate w/clasps 1/arch/96 months					
Free end-standard					
41115	p. maxillary	\$980.00		P	
41125	p. mandibular	\$980.00		P	
41135	p. maxillary and mandibular	\$1,680.00		P	
Tooth borne-standard					
41215	p. maxillary	\$910.00		P	
41225	p. mandibular	\$910.00		P	
41235	p. maxillary and mandibular	\$1,610.00		P	
Partial Dentures Acrylic Base - with clasps 1/arch/96 months					
Standard					
41610	p. maxillary	\$630.00		P	
41620	p. mandibular	\$630.00		P	
41630	p. maxillary and mandibular	\$1,022.00		P	
Transitional					
41710	p. maxillary	\$490.00		P	
41720	p. mandibular	\$490.00		P	

Code	Service	Fee	L	PD	Eligibility
41730	p. maxillary and mandibular	\$805.00		P	
Partial Dentures Acrylic Base - w/o clasps					1/arch/96 months
Standard					
41612	p. maxillary	\$420.00		P	
41622	p. mandibular	\$420.00		P	
41632	p. maxillary and mandibular	\$700.00		P	
Transitional					
41712	p. maxillary	\$350.00		P	
41722	p. mandibular	\$350.00		P	
41732	p. maxillary and mandibular	\$655.00		P	
Partial Dentures Acrylic Base - Immediate w/clasps					1/arch/96 months
Standard					
41611	p. maxillary	\$490.00		P	
41621	p. mandibular	\$490.00		P	
41631	p. maxillary and mandibular	\$840.00		P	
Transitional					
41711	p. maxillary	\$476.00		P	
41721	p. mandibular	\$476.00		P	
41731	p. maxillary and mandibular	\$805.00		P	
Partial Dentures Acrylic Base - Immediate, w/o clasps					1/arch/96 months
Standard					
41613	p. maxillary	\$420.00		P	
41623	p. mandibular	\$420.00		P	
41633	p. maxillary and mandibular	\$700.00		P	
Transitional					
41713	p. maxillary	\$385.00		P	
41723	p. mandibular	\$385.00		P	
41733	p. maxillary and mandibular	\$630.00		P	
Relines					1/prosthesis/24 months
Lab Processed with functional impression					
32110	c. maxillary	\$198.00			
32120	c. mandibular	\$211.50			
32130	c. maxillary and mandibular	\$369.00			
42116	p. maxillary	\$250.20			
42126	p. mandibular	\$269.10			
42136	p. maxillary and mandibular	\$476.10			
Self-polymerized					
32215	c. maxillary	\$157.50			
32225	c. mandibular	\$171.00			
32235	c. maxillary and mandibular	\$288.00			
42210	p. maxillary	\$170.10			
42220	p. mandibular	\$172.80			
42230	p. maxillary and mandibular	\$307.80			
Rebases					1/prosthesis/24 months
Lab Processed with functional impression					
32217	c. maxillary	\$252.00			
32227	c. mandibular	\$270.00			
32237	c. maxillary and mandibular	\$486.00			
43217	p. maxillary	\$270.00			

Code	Service	Fee	L	PD	Eligibility
43227	p. mandibular	\$283.50			
43237	p. maxillary and mandibular	\$504.00			
Repairs and Additions					1/prosthesis/12 months
w/o impression					
36110	c. maxillary	\$72.00			
36120	c. mandibular	\$81.00			
46110	p. maxillary	\$77.40			
46120	p. mandibular	\$81.90			
w/ impression					
36210	c. maxillary	\$108.00			
36220	c. mandibular	\$112.50			
46210	p. maxillary	\$126.00			
46220	p. mandibular	\$129.60			
add./teeth/clasp					
46310	p. maxillary	\$147.60			
46320	p. mandibular	\$149.40			
Tissue Conditioning					1/prosthesis/24 months
37110	c. maxillary	\$49.50			
37120	c. mandibular	\$54.00			
47110	p. maxillary	\$57.60			
47120	p. mandibular	\$59.40			
Adjustments (more than 3 months after insertion)					
38110	c. maxillary	\$67.50			
38120	c. mandibular	\$72.00			
48110	p. maxillary	\$84.60			
48120	p. mandibular	\$89.10			
Adjunctive Service					
70040	Office visit after hours	\$84.60		P	