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December 10, 2010

Communication to all NIHB Denturists

Discrepancies were recently found in the Alberta Denturists NIHB Regional Dental Benefit Grid (effective May 1, 2010). The changes listed below have been updated in the dental benefit grid.

Partial Dentures Acrylic Base - Immediate, w/o clasps	
Lab Processed with functional impression	
Procedure Code	Description/ Fee
32110	Removed
32120	Removed
42116	Removed
42126	Removed

We apologize for any inconvenience this may have caused regarding these changes. For further information or questions, please contact the Alberta Regional Office at 1-780-495-2516 or toll-free at 1-888-495-2516.

Thank you.



ALBERTA NIHB Regional Dental Benefit Grid Denturists

Effective Date
May 1, 2010

- The coverage of dental services provided through the NIHB Dental Program will be reimbursed in accordance with the terms and conditions of the Program.
- Predetermination is required for specific procedures identified in this document with a “P”, or procedures that are Independent Consideration (I.C.). Please review carefully before treatment.
- Post Determination may be considered in cases specified in the NIHB Dental Claims Submission Kit.
- Please refer to the NIHB Provider Guide for Dental Benefits and the NIHB Dental Policy Framework for further information on policies, guidelines and criteria of dental services eligible under the NIHB Program.

Laboratory Fees

- Predetermination Confirmation Letters:
 - In-House Laboratory Fee: While the applicable in-house laboratory fee does not appear on the letter, it will be approved in conjunction with the professional fee.
 - Commercial Laboratory Fee: A “+L” will appear on predetermination letters where an external lab fee is allowed.
- Claiming:
 - In-House Laboratory Fee: When submitting a claim where in-house lab is allowed, only claim the professional fee. Please do not claim the in-house laboratory fee as this will be approved in conjunction with the professional fee and will be paid at the time of claims processing.
 - Commercial Laboratory Fee: Please continue to submit commercial lab fees when submitting claims.

Should you have any questions, please contact the NIHB Provider Claims Processing Call Centre at 1-888-511-4666.

ALBERTA
NIHB Regional Dental Benefit Grid
DENTURISTS

Code	Service	Fee	Commercial Lab	In-House Lab	PD
EXAMINATIONS					
<i>Standard</i>					
10010	Oral Examination 1/ 60 months	\$52.20			
10104	Emergency/ Specific Nature 1/ 12 month period	\$32.40			
PROSTHODONTICS REMOVABLE					
The fee paid for dentures includes three (3) months post-insertion care including adjustments and modifications. NIHB does not cover any other denture procedures (e.g., adjustments) during this period. For immediate dentures, an additional relines is permitted.					
Complete Dentures 1/ arch/ 96 months					
<i>Standard</i>					
31310	c. maxillary	\$496.80		\$370.00	P
31320	c. mandibular	\$496.80		\$370.00	P
Complete Dentures Immediate, 1/ arch/ 96 months					
<i>Standard</i>					
31311	c. maxillary	\$496.80		\$370.00	P
31321	c. mandibular	\$496.80		\$370.00	P
<i>Overdenture</i>					
31611	Complete Upper Immed Overdent	\$529.20		\$394.00	P
31621	Complete Lower Immed Overdent	\$529.20		\$394.00	P
Partial Dentures Cast Frame 1/ arch/ 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$529.20	L	\$394.00	P
41124	p. mandibular	\$529.20	L	\$394.00	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$529.20	L	\$394.00	P
41264	p. mandibular	\$529.20	L	\$394.00	P
Partial Dentures Cast Frame Immediate, w/ Clasps, 1/ arch/ 96 months					
<i>Free End - Standard</i>					
41115	p. maxillary	\$529.20	L	\$394.00	P
41125	p. mandibular	\$529.20	L	\$394.00	P
<i>Tooth Borne - Standard</i>					
41215	p. maxillary	\$529.20	L	\$394.00	P
41225	p. mandibular	\$529.20	L	\$394.00	P
Partial Dentures Acrylic Base w/ Clasps, 1/ arch/ 96 months					
<i>Standard</i>					
41610	p. maxillary	\$450.90		\$335.00	P
41620	p. mandibular	\$450.90		\$335.00	P
<i>Overdenture</i>					
41810	p. maxillary	\$450.90		\$335.00	P
41811	p. maxillary	\$450.90		\$335.00	P
41820	p. mandibular	\$450.90		\$335.00	P
41821	p. mandibular	\$450.90		\$335.00	P

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NIHB Regional Dental Benefit Grid
DENTURISTS

Code	Service	Fee	Commercial Lab	In-House Lab	PD
Partial Dentures Acrylic Base					
w/o Clasps, 1/ arch/ 96 months					
<i>Transitional</i>					
41712	p. maxillary	\$176.40		\$132.00	P
41722	p. mandibular	\$176.40		\$132.00	P
Partial Dentures Acrylic Base					
Immediate w/ Clasps, 1/ arch/ 96 months					
<i>Standard</i>					
41611	p. maxillary	\$450.90		\$335.00	P
41621	p. mandibular	\$450.90		\$335.00	P
Partial Dentures Acrylic Base					
Immediate, w/o Clasps, 1/ arch/ 96 months					
<i>Standard</i>					
41613	p. maxillary	\$269.10		\$201.00	P
41623	p. mandibular	\$269.10		\$201.00	P
Relines					
1/ prosthesis/ 24 months					
<i>Direct</i>					
32418	c. maxillary	\$135.00			
32428	c. mandibular	\$135.00			
42418	p. maxillary	\$135.00			
42428	p. mandibular	\$135.00			
<i>Processed</i>					
32215	c. maxillary	\$148.50		\$111.00	
32225	c. mandibular	\$148.50		\$111.00	
42210	p. maxillary	\$148.50		\$111.00	
42220	p. mandibular	\$148.50		\$111.00	
Rebases					
1/ prosthesis/ 24 months					
<i>Lab Processed with Functional Impression</i>					
33117	c. maxillary	\$218.70		\$162.00	
33127	c. mandibular	\$218.70		\$162.00	
43116	p. maxillary	\$218.70		\$162.00	
43126	p. mandibular	\$218.70		\$162.00	
Repairs and Additions					
1/ prosthesis/ 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$45.00	L	\$35.00	
36120	c. mandibular	\$45.00	L	\$35.00	
46110	p. maxillary	\$45.00	L	\$35.00	
46120	p. mandibular	\$45.00	L	\$35.00	
<i>w/ Impression</i>					
36210	c. maxillary	\$90.90	L	\$68.00	
36220	c. mandibular	\$90.90	L	\$68.00	
46210	p. maxillary	\$90.90	L	\$68.00	
46220	p. mandibular	\$90.90	L	\$68.00	
Tissue Conditioning					
1/ prosthesis/ 24 months					
37110	c. maxillary	\$90.90			
37120	c. mandibular	\$90.90			
47110	p. maxillary	\$90.90			
47120	p. mandibular	\$90.90			

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NIHB Regional Dental Benefit Grid
DENTURISTS

Code	Service	Fee	Commercial Lab	In-House Lab	PD
Adjustments					
More than three (3) months after insertion					
58110	One unit of time	\$38.70			
ADJUNCTIVE SERVICE					
70040	Office visit after hours	\$39.50			P