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MANITOBA NIHB Regional Dental Benefit Grid Denturists

Effective Date
August 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.

Canada

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DENTURISTS

Code	Service	Fee	Commercial Lab	In-House Lab	PD
EXAMINATIONS					
<i>Standard</i>					
10010	Oral Examination 1/ 60 months	\$30.00			
10104	Emergency/ Specific Nature 1/ 12 month period	\$15.00			
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	\$459.00		\$270.00	P
31320	c. mandibular	\$490.50		\$270.00	P
<i>Overdenture</i>					
31610	c. maxillary	\$558.00		\$460.00	P
31620	c. mandibular	\$567.00		\$480.00	P
Complete Dentures Immediate, 1/ arch/ 96 months					
<i>Standard</i>					
31311	c. maxillary	\$585.00		\$330.00	P
31321	c. mandibular	\$625.50		\$330.00	P
Partial Dentures Cast Frame 1/ arch/ 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$495.00		\$440.00	P
41124	p. mandibular	\$508.50		\$440.00	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$424.80		\$482.00	P
41264	p. mandibular	\$445.50		\$482.00	P
Partial Dentures Acrylic Base w/ Clasps, 1/ arch/ 96 months					
<i>Standard</i>					
41610	p. maxillary	\$459.00		\$300.00	P
41620	p. mandibular	\$477.00		\$300.00	P
Partial Dentures Acrylic Base w/ o Clasps, 1/ arch/ 96 months					
<i>Standard</i>					
41612	p. maxillary	\$423.00		\$250.00	P
41622	p. mandibular	\$454.50		\$250.00	P
Partial Dentures Acrylic Base Immediate w/ o Clasps, 1/ arch/ 96 months					
<i>Standard</i>					
41613	p. maxillary	\$450.00		\$305.00	P
41623	p. mandibular	\$481.50		\$305.00	P
Relines 1/ prosthesis/ 24 months					
<i>Lab Processed</i>					
32110	c. maxillary	\$147.60		\$86.00	
32120	c. mandibular	\$147.60		\$86.00	
42116	p. maxillary	\$147.60		\$86.00	

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42126	p. mandibular	\$147.60		\$86.00	
Self-Polymerized					
32215	c. maxillary	\$147.60		\$86.00	
32225	c. mandibular	\$147.60		\$86.00	
42210	p. maxillary	\$147.60		\$86.00	
42220	p. mandibular	\$147.60		\$86.00	
Rebases					
1/ prosthesis/ 24 months					
<i>Lab Processed with Functional Impression</i>					
33117	c. maxillary	\$243.00		\$160.00	
33127	c. mandibular	\$243.00		\$160.00	
43116	p. maxillary	\$243.00		\$160.00	
43126	p. mandibular	\$243.00		\$160.00	
Repairs and Additions					
1/ prosthesis/ 12 months					
<i>w/ Impression</i>					
36210	c. maxillary	\$64.80	L	\$38.00	
36220	c. mandibular	\$64.80	L	\$38.00	
46210	p. maxillary	\$64.80	L	\$38.00	
46220	p. mandibular	\$64.80	L	\$38.00	
<i>w/o Impression</i>					
36110	c. maxillary	\$40.50	L	\$35.00	
36120	c. mandibular	\$40.50	L	\$35.00	
46110	p. maxillary	\$40.50	L	\$35.00	
46120	p. mandibular	\$40.50	L	\$35.00	
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$40.50	L	\$35.00	
46320	p. mandibular	\$40.50	L	\$35.00	
Tissue Conditioning					
1/ prosthesis/ 24 months					
37110	c. maxillary	\$72.00			
37120	c. mandibular	\$72.00			
Adjustments					
More than three (3) months after insertion					
38110	c. maxillary	\$34.20			
38120	c. mandibular	\$34.20			
48110	p. maxillary	\$34.20			
48120	p. mandibular	\$34.20			
ADJUNCTIVE SERVICE					
70040	Office visit after hours	\$67.50			P