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December 10, 2010

Communication to all NIHB Denturists

A discrepancy was recently found in the Northwest Territories Denturists NIHB Regional Dental Benefit Grid (effective May 1, 2010). The change listed below has been updated in the dental benefit grid.

Adjunctive Service	
Procedure Code	Description/ Fee
70040	Removed

We apologize for any inconvenience this may have caused regarding these changes. For further information or questions, please contact the Northern Regional Office, toll-free at 1-888-332-9222.

Thank you.



NORTHWEST TERRITORIES 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.

NORTHWEST TERRITORIES
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	\$66.95			
10104	Emergency/ Specific Nature 1/ 12 month period	\$39.14			
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	\$397.84		\$375.00	P
31320	c. mandibular	\$397.84		\$375.00	P
31330	c. maxillary and mandibular	\$795.68		\$750.00	P
Complete Dentures Immediate, 1/ arch/ 96 months					
<i>Standard</i>					
31311	c. maxillary	\$451.91		\$375.00	P
31321	c. mandibular	\$451.91		\$375.00	P
31331	c. maxillary and mandibular	\$903.83		\$750.00	P
<i>Overdenture</i>					
31611	Complete Upper Immed Overdent	\$451.91		\$375.00	P
31621	Complete Lower Immed Overdent	\$451.91		\$375.00	P
31631	c. maxillary and mandibular	\$903.83		\$750.00	P
Partial Dentures Cast Frame 1/ arch/ 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$397.84	L	\$375.00	P
41124	p. mandibular	\$397.84	L	\$375.00	P
41134	p. maxillary and mandibular	\$795.68	L	\$750.00	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$397.84	L	\$375.00	P
41264	p. mandibular	\$397.84	L	\$375.00	P
41274	p. maxillary and mandibular	\$795.68	L	\$750.00	P
<i>Overdenture</i>					
41510	p. maxillary	\$537.66	L	\$360.00	P
41520	p. mandibular	\$537.66	L	\$360.00	P
41530	p. maxillary and mandibular	\$1,075.32	L	\$720.00	P
Partial Dentures Cast Frame Immediate, w/ Clasps, 1/ arch, 96 months					
<i>Free End - Standard</i>					
41115	p. maxillary	\$519.77	L	\$380.00	P
41125	p. mandibular	\$519.77	L	\$380.00	P
<i>Tooth Borne - Standard</i>					
41215	p. maxillary	\$519.77	L	\$380.00	P
41225	p. mandibular	\$519.77	L	\$380.00	P
<i>Overdenture</i>					
41511	p. maxillary	\$627.27	L	\$420.00	P
41521	p. mandibular	\$627.27	L	\$420.00	P

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
DENTURISTS

Code	Service	Fee	Commercial Lab	In-House Lab	PD
Partial Dentures Acrylic Base					
w/ Clasps, 1/ arch/ 96 months					
<i>Standard</i>					
41610	p. maxillary	\$399.38		\$300.00	P
41620	p. mandibular	\$399.38		\$300.00	P
41630	p. maxillary and mandibular	\$798.77		\$600.00	P
Partial Dentures Acrylic Base					
w/o Clasps, 1/ arch/ 96 months					
<i>Standard</i>					
41612	p. maxillary	\$389.34		\$210.00	P
41622	p. mandibular	\$389.34		\$210.00	P
41632	p. maxillary and mandibular	\$778.68		\$420.00	P
Partial Dentures Acrylic Base					
Immediate, w/ Clasps, 1/ arch/ 96 months					
<i>Standard</i>					
41611	p. maxillary	\$432.86		\$320.00	P
41621	p. mandibular	\$432.86		\$320.00	P
Partial Dentures Acrylic Base					
Immediate, w/ o Clasps, 1/ arch/ 96 months					
<i>Standard</i>					
41613	p. maxillary	\$391.92		\$260.00	P
41623	p. mandibular	\$391.92		\$260.00	P
Relines					
1/ prosthesis/ 24 months					
<i>Processed</i>					
32215	c. maxillary	\$135.45		\$110.00	
32225	c. mandibular	\$135.45		\$110.00	
32235	c. maxillary and mandibular	\$270.89		\$220.00	
42210	p. maxillary	\$135.45		\$110.00	
42220	p. mandibular	\$135.45		\$110.00	
42230	p. maxillary and mandibular	\$270.89		\$220.00	
Rebases					
1/ prosthesis/ 24 months					
<i>Lab Processed</i>					
33110	c. maxillary	\$261.84			
33120	c. mandibular	\$261.84			
43110	p. maxillary	\$261.84			
43120	p. mandibular	\$261.84			
Repairs and Additions					
1/ prosthesis/ 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$48.67	L		
36120	c. mandibular	\$48.67	L		
46110	p. maxillary	\$48.67	L		
46120	p. mandibular	\$48.67	L		
<i>w/ Impression</i>					
36210	c. maxillary	\$87.60	L		
36220	c. mandibular	\$87.60	L		
46210	p. maxillary	\$87.60	L		
46220	p. mandibular	\$87.60	L		
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$92.47	L		

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
DENTURISTS

Code	Service	Fee	Commercial Lab	In-House Lab	PD
46320	p. mandibular	\$92.47	L		
Tissue Conditioning					
1/ prosthesis/ 24 months					
37110	c. maxillary	\$48.67			
37120	c. mandibular	\$48.67			
47110	p. maxillary	\$48.67			
47120	p. mandibular	\$48.67			
Adjustments					
More than three (3) months after insertion					
38110	c. maxillary	\$43.81			
38120	c. mandibular	\$43.81			
48110	p. maxillary	\$43.81			
48120	p. mandibular	\$43.81			