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December 10, 2010

Communication to all NIHB Denturists

A discrepancy was recently found in the Saskatchewan Denturists NIHB Regional Dental Benefit Grid (effective July 1, 2010). The change listed below has been updated and highlighted in grey in the dental benefit grid.

| Adjunctive Service | |
|---------------------------|---------------------------|
| Procedure Code | Description/ Fee |
| 70040 | PD Indicator Added |

We apologize for any inconvenience this may have caused regarding these changes. For further information or questions, please contact the Saskatchewan Regional Office at 1-306-780-5458 or toll-free at 1-877-780-5458.

Thank you.



Health
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SASKATCHEWAN

NIHB Regional Dental Benefit Grid

Denturists

Effective Date
July 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.

SASKATCHEWAN
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 | \$51.98 | | | |
| 10104 | Emergency/ Specific Nature 1/ 12 month period | \$31.50 | | | |
| 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 | \$651.60 | | \$370.00 | P |
| 31320 | c. mandibular | \$684.00 | | \$390.00 | P |
| 31330 | c. maxillary and mandibular | \$1,110.60 | | \$641.00 | P |
| <i>Overdenture</i> | | | | | |
| 31610 | c. maxillary | \$927.90 | | \$530.00 | P |
| 31620 | c. mandibular | \$977.40 | | \$558.00 | P |
| 31630 | c. maxillary and mandibular | \$1,595.70 | | \$910.00 | P |
| Complete Dentures Immediate, 1/ arch/ 96 months | | | | | |
| <i>Standard</i> | | | | | |
| 31311 | c. maxillary | \$711.90 | | \$405.00 | P |
| 31321 | c. mandibular | \$750.60 | | \$427.00 | P |
| 31331 | c. maxillary and mandibular | \$1,250.10 | | \$713.00 | P |
| <i>Overdenture</i> | | | | | |
| 31611 | Complete Upper Immed Overdent | \$991.80 | | \$586.00 | P |
| 31621 | Complete Lower Immed Overdent | \$1,043.10 | | \$594.00 | P |
| 31631 | c. maxillary and mandibular | \$1,722.60 | | \$981.00 | P |
| Partial Dentures Cast Frame 1/ arch/ 96 months | | | | | |
| <i>Free End - Standard</i> | | | | | |
| 41114 | p. maxillary | \$694.80 | L | \$377.00 | P |
| 41124 | p. mandibular | \$711.00 | L | \$386.00 | P |
| 41134 | p. maxillary and mandibular | \$1,406.70 | L | \$762.00 | P |
| 41144 | alt. cast impression | \$146.70 | | \$79.00 | P |
| <i>Tooth Borne - Standard</i> | | | | | |
| 41254 | p. maxillary | \$693.90 | L | \$376.00 | P |
| 41264 | p. mandibular | \$711.90 | L | \$385.00 | P |
| 41274 | p. maxillary and mandibular | \$1,405.80 | L | \$761.00 | P |
| <i>Overdenture</i> | | | | | |
| 41510 | p. maxillary | \$720.30 | | \$514.00 | P |
| 41520 | p. mandibular | \$720.30 | | \$514.00 | P |
| 41530 | p. maxillary and mandibular | \$1,140.60 | | \$1,028.00 | P |
| 41540 | alt. cast impression | \$146.70 | | \$79.00 | P |
| Partial Dentures Cast Frame Immediate, w/ Clasps, 1/ arch/ 96 months | | | | | |
| <i>Free End - Standard</i> | | | | | |
| 41115 | p. maxillary | \$754.20 | L | \$409.00 | P |
| 41125 | p. mandibular | \$908.10 | L | \$492.00 | P |
| 41135 | p. maxillary and mandibular | \$1,662.30 | L | \$901.00 | P |

SASKATCHEWAN
NIHB Regional Dental Benefit Grid
DENTURISTS

| Code | Service | Fee | Commercial Lab | In-House Lab | PD |
|--|-----------------------------|------------|----------------|--------------|----|
| <i>Tooth Borne - Standard</i> | | | | | |
| 41215 | p. maxillary | \$754.20 | L | \$409.00 | P |
| 41225 | p. mandibular | \$908.10 | L | \$492.00 | P |
| 41235 | p. maxillary and mandibular | \$1,662.30 | L | \$901.00 | P |
| <i>Overdenture</i> | | | | | |
| 41511 | p. maxillary | \$720.30 | | \$578.00 | P |
| 41521 | p. mandibular | \$720.30 | | \$578.00 | P |
| 41531 | p. maxillary and mandibular | \$1,140.60 | | \$1,156.00 | P |
| Partial Dentures Acrylic Base w/ Clasps, 1/ arch/ 96 months | | | | | |
| <i>Standard</i> | | | | | |
| 41610 | p. maxillary | \$594.90 | | \$323.00 | P |
| 41620 | p. mandibular | \$623.70 | | \$339.00 | P |
| 41630 | p. maxillary and mandibular | \$1,218.60 | | \$662.00 | P |
| <i>Transitional</i> | | | | | |
| 41710 | p. maxillary | \$387.00 | | \$210.00 | P |
| 41720 | p. mandibular | \$407.70 | | \$220.00 | P |
| 41730 | p. maxillary and mandibular | \$794.70 | | \$430.00 | P |
| <i>Overdenture</i> | | | | | |
| 41810 | p. maxillary | \$711.90 | | \$385.00 | P |
| 41820 | p. mandibular | \$747.90 | | \$406.00 | P |
| 41830 | p. maxillary and mandibular | \$1,459.80 | | \$791.00 | P |
| Partial Dentures Acrylic Base w/o Clasps, 1/ arch/ 96 months | | | | | |
| <i>Standard</i> | | | | | |
| 41612 | p. maxillary | \$500.40 | | \$272.00 | P |
| 41622 | p. mandibular | \$524.70 | | \$284.00 | P |
| 41632 | p. maxillary and mandibular | \$1,025.10 | | \$556.00 | P |
| <i>Transitional</i> | | | | | |
| 41712 | p. maxillary | \$299.70 | | \$163.00 | P |
| 41722 | p. mandibular | \$314.10 | | \$170.00 | P |
| 41732 | p. maxillary and mandibular | \$613.80 | | \$333.00 | P |
| <i>Overdenture</i> | | | | | |
| 41812 | p. maxillary | \$618.30 | | \$336.00 | P |
| 41822 | p. mandibular | \$648.90 | | \$353.00 | P |
| 41832 | p. maxillary and mandibular | \$1,267.20 | | \$689.00 | P |
| Partial Dentures Acrylic Base Immediate, w/ Clasps, 1/ arch/ 96 months | | | | | |
| <i>Standard</i> | | | | | |
| 41611 | p. maxillary | \$655.20 | | \$355.00 | P |
| 41621 | p. mandibular | \$692.10 | | \$375.00 | P |
| 41631 | p. maxillary and mandibular | \$1,347.30 | | \$730.00 | P |
| <i>Transitional</i> | | | | | |
| 41711 | p. maxillary | \$450.90 | | \$244.00 | P |
| 41721 | p. mandibular | \$474.30 | | \$257.00 | P |
| 41731 | p. maxillary and mandibular | \$925.20 | | \$501.00 | P |
| <i>Overdenture</i> | | | | | |
| 41811 | p. maxillary | \$772.20 | | \$417.00 | P |
| 41821 | p. mandibular | \$811.80 | | \$439.00 | P |
| 41831 | p. maxillary and mandibular | \$1,584.00 | | \$856.00 | P |

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DENTURISTS

| Code | Service | Fee | Commercial Lab | In-House Lab | PD |
|---|-----------------------------|------------|----------------|--------------|----|
| Partial Dentures Acrylic Base | | | | | |
| Immediate, w/o Clasps, 1/ arch/ 96 months | | | | | |
| <i>Standard</i> | | | | | |
| 41613 | p. maxillary | \$562.50 | | \$305.00 | P |
| 41623 | p. mandibular | \$591.30 | | \$320.00 | P |
| 41633 | p. maxillary and mandibular | \$1,153.80 | | \$625.00 | P |
| <i>Transitional</i> | | | | | |
| 41713 | p. maxillary | \$361.80 | | \$196.00 | P |
| 41723 | p. mandibular | \$380.70 | | \$207.00 | P |
| 41733 | p. maxillary and mandibular | \$742.50 | | \$403.00 | P |
| <i>Overdenture</i> | | | | | |
| 41813 | p. maxillary | \$682.20 | | \$370.00 | P |
| 41823 | p. mandibular | \$717.30 | | \$389.00 | P |
| 41833 | p. maxillary and mandibular | \$1,399.50 | | \$759.00 | P |
| Relines | | | | | |
| 1/ prosthesis/ 24 months | | | | | |
| <i>Lab Processed with Functional Impression</i> | | | | | |
| 32110 | c. maxillary | \$187.20 | | \$107.00 | |
| 32120 | c. mandibular | \$187.20 | | \$107.00 | |
| 32130 | c. maxillary and mandibular | \$374.40 | | \$214.00 | |
| 42116 | p. maxillary | \$187.20 | | \$107.00 | |
| 42126 | p. mandibular | \$187.20 | | \$107.00 | |
| 42136 | p. maxillary and mandibular | \$374.40 | | \$214.00 | |
| <i>Processed</i> | | | | | |
| 32215 | c. maxillary | \$187.20 | | \$107.00 | |
| 32225 | c. mandibular | \$187.20 | | \$107.00 | |
| 32235 | c. maxillary and mandibular | \$374.40 | | \$214.00 | |
| 42210 | p. maxillary | \$187.20 | | \$107.00 | |
| 42220 | p. mandibular | \$187.20 | | \$107.00 | |
| 42230 | p. maxillary and mandibular | \$374.40 | | \$214.00 | |
| <i>Temporary</i> | | | | | |
| 32316 | c. maxillary | \$86.40 | | \$50.00 | |
| 32326 | c. mandibular | \$86.40 | | \$50.00 | |
| 32336 | c. maxillary and mandibular | \$172.80 | | \$100.00 | |
| 42316 | p. maxillary | \$86.40 | | \$50.00 | |
| 42326 | p. mandibular | \$86.40 | | \$50.00 | |
| 42336 | p. maxillary and mandibular | \$172.80 | | \$100.00 | |
| Rebases | | | | | |
| 1/ prosthesis/ 24 months | | | | | |
| <i>Lab Processed with Functional Impression</i> | | | | | |
| 33117 | c. maxillary | \$354.60 | | \$202.00 | |
| 33127 | c. mandibular | \$354.60 | | \$202.00 | |
| 33137 | c. maxillary and mandibular | \$709.20 | | \$404.00 | |
| 43116 | p. maxillary | \$354.60 | | \$202.00 | |
| 43126 | p. mandibular | \$354.60 | | \$202.00 | |
| 43136 | p. maxillary and mandibular | \$709.20 | | \$404.00 | |
| Repairs and Additions | | | | | |
| 1/ prosthesis/ 12 months | | | | | |
| <i>w/o Impression</i> | | | | | |
| 36110 | c. maxillary | \$41.40 | L | \$24.00 | |
| 36120 | c. mandibular | \$41.40 | L | \$24.00 | |
| 46110 | p. maxillary | \$41.40 | L | \$24.00 | |

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DENTURISTS

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|--|--------------------------|---------|----------------|--------------|----|
| 46120 | p. mandibular | \$41.40 | L | \$24.00 | |
| <i>w/ Impression</i> | | | | | |
| 36210 | c. maxillary | \$56.70 | L | \$31.00 | |
| 36221 | c. mandibular | \$56.70 | L | \$31.00 | |
| 46210 | p. maxillary | \$56.70 | L | \$31.00 | |
| 46220 | p. mandibular | \$56.70 | L | \$31.00 | |
| <i>Add/ Teeth/ Clasp</i> | | | | | |
| 46310 | p. maxillary | \$63.90 | L | \$37.00 | |
| 46320 | p. mandibular | \$63.90 | L | \$37.00 | |
| Tissue Conditioning | | | | | |
| 1/ prosthesis/ 24 months | | | | | |
| 37110 | c. maxillary | \$54.00 | | \$31.00 | |
| 37120 | c. mandibular | \$54.00 | | \$31.00 | |
| 47110 | p. maxillary | \$54.00 | | \$31.00 | |
| 47120 | p. mandibular | \$54.00 | | \$31.00 | |
| Adjustments | | | | | |
| More than three (3) months after insertion | | | | | |
| 38110 | c. maxillary | \$19.80 | | | |
| 38120 | c. mandibular | \$19.80 | | | |
| 48110 | p. maxillary | \$19.80 | | | |
| 48120 | p. mandibular | \$19.80 | | | |
| ADJUNCTIVE SERVICE | | | | | |
| 70040 | Office visit after hours | \$44.10 | | | P |