



Health
Canada

Santé
Canada

MANITOBA NIHB Regional Dental Benefit Grid Denturists

Effective Date
September 1, 2012

- 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 Provider Claims Processing Call Centre at 1-888-511-4666.

MANITOBA
NIHB Regional Dental Benefit Grid
DENTURISTS

Code	Service	Fee	Commercial Lab	In-House Lab	PD
EXAMINATIONS					
Denturists Examination will not count against the eligible maximum examinations allowable for a client.					
<i>Standard</i>					
10010	General Oral Examination 1/ any 60 months	\$30.96			
10104	Emergency/ Specific Nature 1/ any 12 months	\$15.48			
REMOVABLE PROSTHODONTIC SERVICES					
The NIHB Removable Prosthodontic Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.					
The fee paid for dentures includes three (3) months post-insertion care including adjustments and modifications. The fee for immediate complete dentures includes the tissue conditioner, but not the processed reline/rebase.					
Complete Dentures 1/ arch/ any 96 months					
<i>Standard</i>					
31310	c. maxillary	\$484.59		\$270.00	P
31320	c. mandibular	\$517.84		\$270.00	P
31330	c. maxillary and mandibular	\$751.82		\$405.00	P
<i>Overdenture</i>					
31610	c. maxillary	\$589.10		\$460.00	P
31620	c. mandibular	\$598.60		\$480.00	P
31630	c. maxillary and mandibular	\$890.77		\$705.00	P
Complete Dentures, Immediate 1/ arch/ any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$617.61		\$330.00	P
31321	c. mandibular	\$660.37		\$330.00	P
31331	c. maxillary and mandibular	\$958.48		\$495.00	P
Complete and Partial Dentures Combined 1/ arch/ any 96 months					
34701	c. maxillary/p. mandibular	\$1,003.37	L	\$544.00	P
43701	c. mandibular/p. maxillary	\$1,003.37	L	\$544.00	P
Partial Dentures Cast Frame 1/ arch/ any 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$522.59	L	\$440.00	P
41124	p. mandibular	\$536.85	L	\$440.00	P
41134	p. maxillary and mandibular	\$794.58	L	\$660.00	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$448.48	L	\$482.00	P
41264	p. mandibular	\$470.33	L	\$482.00	P
41274	p. maxillary and mandibular	\$689.11	L	\$723.00	P
Partial Dentures Acrylic Base, w/ Clasps 1/ arch/ any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$484.59		\$300.00	P
41620	p. mandibular	\$503.59		\$300.00	P
41630	p. maxillary and mandibular	\$741.13		\$450.00	P
<i>Transitional</i>					
41710	p. maxillary	\$342.06		\$220.00	P
41720	p. mandibular	\$342.06		\$220.00	P
41730	p. maxillary and mandibular	\$513.09		\$330.00	P

MANITOBA
NIHB Regional Dental Benefit Grid
DENTURISTS

Code	Service	Fee	Commercial Lab	In-House Lab	PD
Partial Dentures Acrylic Base, w/o Clasps					
1/ arch/ any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$446.58		\$250.00	P
41622	p. mandibular	\$479.83		\$250.00	P
41632	p. maxillary and mandibular	\$718.02		\$375.00	P
<i>Transitional</i>					
41712	p. maxillary	\$342.06		\$220.00	P
41722	p. mandibular	\$342.06		\$220.00	P
41732	p. maxillary and mandibular	\$513.09		\$330.00	P
Relines					
1/ prosthesis/ any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$155.82		\$86.00	
32120	c. mandibular	\$155.82		\$86.00	
32130	c. maxillary and mandibular	\$296.07		\$163.40	
42116	p. maxillary	\$155.82		\$86.00	
42126	p. mandibular	\$155.82		\$86.00	
42136	p. maxillary and mandibular	\$296.07		\$163.40	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$155.82		\$86.00	
32225	c. mandibular	\$155.82		\$86.00	
32235	c. maxillary and mandibular	\$296.06		\$163.40	
42210	p. maxillary	\$155.82		\$86.00	
42220	p. mandibular	\$155.82		\$86.00	
42230	p. maxillary and mandibular	\$296.06		\$163.40	
<i>Chairside</i>					
32316	c. maxillary	\$124.47			
32326	c. mandibular	\$134.92			
32336	c. maxillary and mandibular	\$246.42			
32418	c. maxillary	\$142.53			
32428	c. mandibular	\$142.53			
32438	c. maxillary and mandibular	\$270.81			
42316	p. maxillary	\$133.97			
42326	p. mandibular	\$209.03			
42336	p. maxillary and mandibular	\$325.85			
42418	p. maxillary	\$142.53			
42428	p. mandibular	\$142.53			
42438	p. maxillary and mandibular	\$333.99			
<i>Light/Cured</i>					
32410	c. maxillary	\$209.03			
32420	c. mandibular	\$209.03			
32430	c. maxillary and mandibular	\$397.17			
42416	p. maxillary	\$209.03			
42426	p. mandibular	\$209.03			
42436	p. maxillary and mandibular	\$397.17			
Rebases					
1/ prosthesis/ any 24 months					
<i>Lab Processed/Functional Impression</i>					
33117	c. maxillary	\$256.54		\$160.00	
33127	c. mandibular	\$256.54		\$160.00	
33137	c. maxillary and mandibular	\$487.43		\$304.00	

MANITOBA
NIHB Regional Dental Benefit Grid
DENTURISTS

Code	Service	Fee	Commercial Lab	In-House Lab	PD
43116	p. maxillary	\$256.54		\$160.00	
43126	p. mandibular	\$256.54		\$160.00	
43136	p. maxillary and mandibular	\$487.43		\$304.00	
<i>Self-polymerized/ Lab Processed</i>					
33217	c. maxillary	\$173.88		\$90.00	
33227	c. mandibular	\$185.29		\$96.00	
33237	c. maxillary and mandibular	\$359.16		\$186.00	
43217	p. maxillary	\$185.29		\$96.00	
43227	p. mandibular	\$196.68		\$101.00	
43237	p. maxillary and mandibular	\$381.96		\$197.00	
Repairs and Additions					
1/ prosthesis/ any 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$42.76	L	\$35.00	
36120	c. mandibular	\$42.76	L	\$35.00	
46110	p. maxillary	\$42.76	L	\$35.00	
46120	p. mandibular	\$42.76	L	\$35.00	
<i>w/ Impression</i>					
36210	c. maxillary	\$68.41	L	\$38.00	
36220	c. mandibular	\$68.41	L	\$38.00	
46210	p. maxillary	\$68.41	L	\$38.00	
46220	p. mandibular	\$68.41	L	\$38.00	
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$42.76	L	\$35.00	
46320	p. mandibular	\$42.76	L	\$35.00	
Tissue Conditioning					
1/ prosthesis/ any 24 months					
37110	c. maxillary	\$76.02			
37120	c. mandibular	\$76.02			
47110	p. maxillary	\$82.56		\$73.66	
47120	p. mandibular	\$82.56		\$73.66	
Adjustments					
More than three (3) months after insertion.					
58110	c. maxillary and mandibular; p. maxillary and mandibular (one unit of time)	\$40.86			
Laboratory Procedures					
98888	In Office	I.C.			P
98889	Commercial	I.C.			P