



July 5, 2013

Communication to all NIHB Denturists

A discrepancy was recently found in the Manitoba NIHB Regional Dental Benefit Grid for Denturists (effective July 1, 2013). The change listed below has been updated and highlighted in grey in the dental benefit grid.

EXAMINATIONS	
Procedure Code	Description/ Fee
10010	\$43.53

We apologize for any inconvenience this change may have caused. For further information or questions, please contact the Manitoba Regional Office toll-free at 1-877-505-0835.

Thank you.



MANITOBA NIHB Regional Dental Benefit Grid Denturists

Effective Date
July 1, 2013
(Revised July 5, 2013)

- The coverage of dental services provided through the NIHB 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.
- Please refer to the NIHB Dental Benefits Guide for further information on policies, guidelines and criteria of dental services eligible under the NIHB Program.
- Please refer to the NIHB Dental Claims Submission Kit for further information on terms and conditions for submitting a claim under the NIHB Program.

Laboratory Fees

- Predetermination Confirmation Letters

In-House and Commercial Laboratory Fee: “+L” will appear on predetermination letters where an in-house laboratory fee and/or a commercial laboratory fee are eligible.

- Claiming:

In-house laboratory fees will no longer be paid automatically. When submitting claims for procedure codes which have an in-house laboratory fee and/or a commercial laboratory fee eligible under the Program, denturists must submit using the appropriate in-house procedure code (98888) and/or commercial procedure code (98889) with the applicable dental procedure code, along with their respective fees

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.					
10010	General Oral Examination 1 in any 60 months	\$43.53			
10104	Emergency/ Specific Nature 1 in any 12 months	\$15.76			
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. NIHB does not cover any other denture-related procedures during this period. The fee for immediate complete dentures includes the tissue conditioner, but not the processed relines/rebase.					
Complete Dentures 1 per arch in any 96 months					
<i>Standard</i>					
31310	c. maxillary	\$493.31		\$274.86	P
31320	c. mandibular	\$527.16		\$274.86	P
31330	c. maxillary and mandibular	\$765.35		\$412.29	P
<i>Overdenture</i>					
31610	c. maxillary	\$599.70		\$468.28	P
31620	c. mandibular	\$609.37		\$488.64	P
31630	c. maxillary and mandibular	\$906.80		\$717.69	P
Complete Dentures, Immediate 1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$628.73		\$335.94	P
31321	c. mandibular	\$672.26		\$335.94	P
31331	c. maxillary and mandibular	\$975.73		\$503.91	P
Complete and Partial Dentures Combined 1 per arch in any 96 months					
34701	c. maxillary/p. mandibular	\$1,021.43	L	\$553.79	P
43701	c. mandibular/p. maxillary	\$1,021.43	L	\$553.79	P
Partial Dentures Cast Frame 1 per arch in any 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$532.00	L	\$447.92	P
41124	p. mandibular	\$546.51	L	\$447.92	P
41134	p. maxillary and mandibular	\$808.88	L	\$671.88	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$456.55	L	\$490.68	P
41264	p. mandibular	\$478.80	L	\$490.68	P
41274	p. maxillary and mandibular	\$701.51	L	\$736.01	P
Partial Dentures Acrylic Base, w/ Clasps 1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$493.31		\$305.40	P
41620	p. mandibular	\$512.65		\$305.40	P
41630	p. maxillary and mandibular	\$754.47		\$458.10	P
<i>Transitional</i>					
41710	p. maxillary	\$348.22		\$223.96	P
41720	p. mandibular	\$348.22		\$223.96	P
41730	p. maxillary and mandibular	\$522.33		\$335.94	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 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$454.62		\$254.50	P
41622	p. mandibular	\$488.47		\$254.50	P
41632	p. maxillary and mandibular	\$730.94		\$381.75	P
<i>Transitional</i>					
41712	p. maxillary	\$348.22		\$223.96	P
41722	p. mandibular	\$348.22		\$223.96	P
41732	p. maxillary and mandibular	\$522.33		\$335.94	P
Relines					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$158.62		\$87.55	
32120	c. mandibular	\$158.62		\$87.55	
32130	c. maxillary and mandibular	\$301.40		\$166.34	
42116	p. maxillary	\$158.62		\$87.55	
42126	p. mandibular	\$158.62		\$87.55	
42136	p. maxillary and mandibular	\$301.40		\$166.34	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$158.62		\$87.55	
32225	c. mandibular	\$158.62		\$87.55	
32235	c. maxillary and mandibular	\$301.39		\$166.34	
42210	p. maxillary	\$158.62		\$87.55	
42220	p. mandibular	\$158.62		\$87.55	
42230	p. maxillary and mandibular	\$301.39		\$166.34	
<i>Chairside</i>					
32316	c. maxillary	\$126.71			
32326	c. mandibular	\$137.35			
32336	c. maxillary and mandibular	\$250.86			
32418	c. maxillary	\$145.10			
32428	c. mandibular	\$145.10			
32438	c. maxillary and mandibular	\$275.68			
42316	p. maxillary	\$136.38			
42326	p. mandibular	\$212.79			
42336	p. maxillary and mandibular	\$331.72			
42418	p. maxillary	\$145.10			
42428	p. mandibular	\$145.10			
42438	p. maxillary and mandibular	\$340.00			
<i>Light/Cured</i>					
32410	c. maxillary	\$212.79			
32420	c.mandibular	\$212.79			
32430	c. maxillary and mandibular	\$404.32			
42416	p. maxillary	\$212.79			
42426	p. mandibular	\$212.79			
42436	p. maxillary and mandibular	\$404.32			

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NIHB Regional Dental Benefit Grid
DENTURISTS

Code	Service	Fee	Commercial Lab	In-House Lab	PD
Rebases					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
33117	c. maxillary	\$261.16		\$162.88	
33127	c. mandibular	\$261.16		\$162.88	
33137	c. maxillary and mandibular	\$496.20		\$309.47	
43116	p. maxillary	\$261.16		\$162.88	
43126	p. mandibular	\$261.16		\$162.88	
43136	p. maxillary and mandibular	\$496.20		\$309.47	
<i>Self-polymerized/ Lab Processed</i>					
33217	c. maxillary	\$177.01		\$91.62	
33227	c. mandibular	\$188.63		\$97.73	
33237	c. maxillary and mandibular	\$365.62		\$189.35	
43217	p. maxillary	\$188.63		\$97.73	
43227	p. mandibular	\$200.22		\$102.82	
43237	p. maxillary and mandibular	\$388.84		\$200.55	
Repairs and Additions					
1 per prosthesis in any 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$43.53	L	\$35.63	
36120	c. mandibular	\$43.53	L	\$35.63	
46110	p. maxillary	\$43.53	L	\$35.63	
46120	p. mandibular	\$43.53	L	\$35.63	
<i>w/ Impression</i>					
36210	c. maxillary	\$69.64	L	\$38.68	
36220	c. mandibular	\$69.64	L	\$38.68	
46210	p. maxillary	\$69.64	L	\$38.68	
46220	p. mandibular	\$69.64	L	\$38.68	
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$43.53	L	\$35.63	
46320	p. mandibular	\$43.53	L	\$35.63	
Tissue Conditioning					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$77.39			
37120	c. mandibular	\$77.39			
47110	p. maxillary	\$84.05		\$74.99	
47120	p. mandibular	\$84.05		\$74.99	
Adjustments					
58110	c. maxillary and mandibular; p. maxillary and mandibular (one unit of time)	\$41.60			
Laboratory Procedures					
98888	In Office	I.C.			P
98889	Commercial	I.C.			P