Health Canada Santé Canada

NEW BRUNSWICK
NIHB Regional Dental Benefit Grid
Denturists

Effective Date
March 1, 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.

Canada

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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**	$99.48			
10104	Emergency/ Specific Nature **1 in any 12 months**	$60.32			
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 reline/rebase.					
Complete Dentures 1 per arch in any 96 months					
Standard					
31310	c. maxillary	$563.40		$292.06	P
31320	c. mandibular	$693.23		$359.35	P
31330	c. maxillary and mandibular	$1,130.94		$586.24	P
Overdenture					
31610	c. maxillary	$612.40		$317.44	P
31620	c. mandibular	$753.26		$390.47	P
31630	c. maxillary and mandibular	$1,229.07		$399.73	P
Complete Dentures, Immediate 1 per arch in any 96 months					
Standard					
31311	c. maxillary	$710.36		$368.25	P
31321	c. mandibular	$802.53		$416.02	P
31331	c. maxillary and mandibular	$1,248.89		$647.38	P
Complete and Partial Dentures Combined 1 per arch in any 96 months					
34701	c. maxillary/p. mandibular	$1,078.50	L	$558.88	P
43701	c. mandibular/p. maxillary	$1,105.59	L	$572.12	P
Partial Dentures Cast Frame 1 per arch in any 96 months					
Free End - Standard					
41114	p. maxillary	$834.36	L	$432.98	P
41124	p. mandibular	$866.58	L	$449.19	P
41134	p. maxillary and mandibular	$1,545.16	L	$800.98	P
Tooth Borne - Standard					
41254	p. maxillary	$805.94	L	$417.78	P
41264	p. mandibular	$841.53	L	$436.26	P
41274	p. maxillary and mandibular	$1,501.21	L	$778.24	P
Partial Dentures Acrylic Base, w/ Clasps 1 per arch in any 96 months					
Standard					
41610	p. maxillary	$460.95		$238.97	P
41620	p. mandibular	$484.02		$250.91	P
41630	p. maxillary and mandibular	$850.49		$437.80	P
Transitional					
41710	p. maxillary	$300.93		$155.96	P
41720	p. mandibular	$315.96		$163.77	P
41730	p. maxillary and mandibular	$555.19		$287.78	P

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Partial Dentures Acrylic Base, w/o Clasps 1 per arch in any 96 months					
Standard					
41612	p. maxillary	$388.29		$201.28	P
41622	p. mandibular	$407.37		$211.18	P
41632	p. maxillary and mandibular	$715.85		$371.08	P
Transitional					
41712	p. maxillary	$231.77		$120.13	P
41722	p. mandibular	$243.36		$126.15	P
41732	p. maxillary and mandibular	$427.60		$221.64	P
Relines 1 per prosthesis in any 24 months					
Lab Processed/Functional Impression					
32110	c. maxillary	$154.27		$79.96	
32120	c. mandibular	$166.32		$86.21	
32130	c. maxillary and mandibular	$304.56		$157.87	
42116	p. maxillary	$166.32		$86.21	
42126	p. mandibular	$179.47		$93.02	
42136	p. maxillary and mandibular	$328.50		$170.28	
Self-polymerized/ Lab Processed					
32215	c. maxillary	$138.76		$71.95	
32225	c. mandibular	$149.68		$77.59	
32235	c. maxillary and mandibular	$274.00		$142.03	
42210	p. maxillary	$146.30		$75.83	
42220	p. mandibular	$158.17		$81.99	
42230	p. maxillary and mandibular	$289.38		$150.02	
Chairside					
32316	c. maxillary	$92.51		$47.94	
32326	c. mandibular	$100.44		$52.07	
32336	c. maxillary and mandibular	$183.29		$95.00	
32418	c. maxillary	$128.11		$66.40	
32428	c. mandibular	$138.09		$71.59	
32438	c. maxillary and mandibular	$253.47		$131.38	
42316	p. maxillary	$99.12		$51.39	
42326	p. mandibular	$107.67		$55.81	
42336	p. maxillary and mandibular	$196.46		$101.85	
42418	p. maxillary	$135.36		$70.19	
42428	p. mandibular	$146.29		$75.83	
42438	p. maxillary and mandibular	$268.02		$138.94	
Light/Cured					
32410	c. maxillary	$131.54		$68.19	
32420	c.mandibular	$142.17		$73.69	
32430	c. maxillary and mandibular	$260.03		$134.78	
42416	p. maxillary	$139.40		$72.29	
42426	p. mandibular	$150.84		$78.18	
42436	p. maxillary and mandibular	$275.73		$142.93	

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Rebases 1 per prosthesis in any 24 months					
Lab Processed/Functional Impression					
33117	c. maxillary	$191.97		$99.51	
33127	c. mandibular	$206.54		$107.05	
33137	c. maxillary and mandibular	$378.58		$196.23	
43116	p. maxillary	$211.29		$109.53	
43126	p. mandibular	$227.29		$117.83	
43136	p. maxillary and mandibular	$416.65		$215.99	
Self-polymerized/ Lab Processed					
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					
w/o Impression					
36110	c. maxillary	$44.14	L	$22.88	
36120	c. mandibular	$44.14	L	$22.88	
46110	p. maxillary	$49.66	L	$25.75	
46120	p. mandibular	$49.66	L	$25.75	
w/ Impression					
36210	c. maxillary	$69.98	L	$36.29	
36220	c. mandibular	$69.98	L	$36.29	
46210	p. maxillary	$75.59	L	$39.17	
46220	p. mandibular	$75.59	L	$39.17	
Add/ Teeth/ Clasp					
46310	p. maxillary	$82.75	L	$42.90	
46320	p. mandibular	$82.75	L	$42.90	
Tissue Conditioning 1 per prosthesis in any 24 months					
37110	c. maxillary	$36.74		$19.06	
37120	c. mandibular	$40.42		$20.94	
47110	p. maxillary	$40.42		$20.94	
47120	p. mandibular	$44.10		$22.86	
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