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NOVA SCOTIA 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.

NOVA SCOTIA
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	\$94.80			
10104	Emergency/ Specific Nature 1 in any 12 months	\$62.88			
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					
<i>Standard</i>					
31310	c. maxillary	\$498.14		\$258.57	P
31320	c. mandibular	\$573.59		\$296.24	P
31330	c. maxillary and mandibular	\$1,071.73		\$554.81	P
<i>Overdenture</i>					
31610	c. maxillary	\$555.21		\$289.11	P
31620	c. mandibular	\$846.00		\$488.64	P
31630	c. maxillary and mandibular	\$1,050.90		\$583.31	P
Complete Dentures, Immediate 1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$532.96		\$275.88	P
31321	c. mandibular	\$627.75		\$325.76	P
31331	c. maxillary and mandibular	\$1,101.72		\$570.08	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					
<i>Free End - Standard</i>					
41114	p. maxillary	\$532.00	L	\$274.86	P
41124	p. mandibular	\$580.36	L	\$300.31	P
41134	p. maxillary and mandibular	\$1,111.38	L	\$576.19	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$532.00	L	\$274.86	P
41264	p. mandibular	\$580.36	L	\$300.31	P
41274	p. maxillary and mandibular	\$1,111.38	L	\$576.19	P
Partial Dentures Acrylic Base, w/ Clasps 1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$498.14		\$258.57	P
41620	p. mandibular	\$573.59		\$296.24	P
41630	p. maxillary and mandibular	\$1,071.73		\$554.81	P
<i>Transitional</i>					
41710	p. maxillary	\$304.69		\$157.79	P
41720	p. mandibular	\$314.37		\$162.88	P
41730	p. maxillary and mandibular	\$619.06		\$320.67	P

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NIHB Regional Dental Benefit Grid
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Partial Dentures Acrylic Base, w/o Clasps					
1 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$438.18		\$226.00	P
41622	p. mandibular	\$510.72		\$263.66	P
41632	p. maxillary and mandibular	\$947.92		\$490.68	P
<i>Transitional</i>					
41712	p. maxillary	\$265.03		\$136.41	P
41722	p. mandibular	\$297.92		\$153.72	P
41732	p. maxillary and mandibular	\$561.99		\$291.15	P
Relines					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$165.40		\$85.51	
32120	c. mandibular	\$181.85		\$94.67	
32130	c. maxillary and mandibular	\$329.88		\$171.18	
42116	p. maxillary	\$172.16		\$89.58	
42126	p. mandibular	\$184.75		\$94.67	
42136	p. maxillary and mandibular	\$339.08		\$175.05	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$144.12		\$74.31	
32225	c. mandibular	\$155.72		\$80.42	
32235	c. maxillary and mandibular	\$299.85		\$154.74	
42210	p. maxillary	\$148.96		\$77.37	
42220	p. mandibular	\$164.44		\$85.51	
42230	p. maxillary and mandibular	\$314.37		\$161.86	
<i>Chairside</i>					
32316	c. maxillary	\$119.94		\$62.10	
32326	c. mandibular	\$131.56		\$68.21	
32336	c. maxillary and mandibular	\$238.92		\$123.79	
32418	c. maxillary	\$121.87		\$63.12	
32428	c. mandibular	\$133.49		\$68.21	
32438	c. maxillary and mandibular	\$242.60		\$124.76	
42316	p. maxillary	\$125.74		\$65.15	
42326	p. mandibular	\$141.22		\$73.30	
42336	p. maxillary and mandibular	\$253.60		\$131.53	
42418	p. maxillary	\$127.68		\$66.17	
42428	p. mandibular	\$139.28		\$71.26	
42438	p. maxillary and mandibular	\$253.60		\$130.56	
<i>Light/Cured</i>					
32410	c. maxillary	\$165.40		\$85.51	
32420	c. mandibular	\$182.81		\$93.66	
32430	c. maxillary and mandibular	\$330.81		\$170.21	
42416	p. maxillary	\$173.14		\$88.57	
42426	p. mandibular	\$184.75		\$94.67	
42436	p. maxillary and mandibular	\$340.00		\$174.08	

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Rebases					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
33117	c. maxillary	\$198.29		\$102.82	
33127	c. mandibular	\$215.70		\$110.96	
33137	c. maxillary and mandibular	\$393.29		\$203.09	
43116	p. maxillary	\$207.96		\$107.91	
43126	p. mandibular	\$226.33		\$116.05	
43136	p. maxillary and mandibular	\$412.59		\$212.76	
<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	\$58.04	L	\$26.47	
36120	c. mandibular	\$58.04	L	\$26.47	
46110	p. maxillary	\$58.04	L	\$26.47	
46120	p. mandibular	\$58.04	L	\$26.47	
<i>w/ Impression</i>					
36210	c. maxillary	\$85.11	L	\$37.67	
36220	c. mandibular	\$85.11	L	\$37.67	
46210	p. maxillary	\$85.11	L	\$37.67	
46220	p. mandibular	\$85.11	L	\$37.67	
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$88.02	L	\$40.72	
46320	p. mandibular	\$88.02	L	\$40.72	
Tissue Conditioning					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$64.81			
37120	c. mandibular	\$64.81			
47110	p. maxillary	\$64.81			
47120	p. mandibular	\$64.81			
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