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ONTARIO NIHB Regional Dental Benefit Grid Denturists

Effective Date
May 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.

ONTARIO
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	\$101.56			
10104	Emergency/ Specific Nature 1 in any 12 months	\$53.20			
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	\$511.69		\$268.75	P
31320	c. mandibular	\$641.29		\$326.78	P
31330	c. maxillary and mandibular	\$1,028.20		\$534.45	P
<i>Overdenture</i>					
31610	c. maxillary	\$555.21		\$289.11	P
31620	c. mandibular	\$682.88		\$356.30	P
31630	c. maxillary and mandibular	\$1,115.26		\$579.24	P
Complete Dentures, Immediate 1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$591.00		\$310.49	P
31321	c. mandibular	\$728.36		\$380.73	P
31331	c. maxillary and mandibular	\$1,111.38		\$577.21	P
Complete and Partial Dentures Combined 1 per arch in any 96 months					
34701	c. maxillary/p. mandibular	\$1,229.40	L	\$377.68	P
43701	c. mandibular/p. maxillary	\$1,306.78	L	\$418.40	P
Partial Dentures Cast Frame 1 per arch in any 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$732.22	L	\$120.12	P
41124	p. mandibular	\$760.27	L	\$134.38	P
41134	p. maxillary and mandibular	\$1,284.53	L	\$290.13	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$702.24	L	\$120.12	P
41264	p. mandibular	\$726.42	L	\$134.38	P
41274	p. maxillary and mandibular	\$1,223.60	L	\$290.13	P
Partial Dentures Acrylic Base, w/ Clasps 1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$479.76		\$249.41	P
41620	p. mandibular	\$502.97		\$262.64	P
41630	p. maxillary and mandibular	\$882.15		\$460.14	P
<i>Transitional</i>					
41710	p. maxillary	\$336.60		\$174.08	P
41720	p. mandibular	\$353.05		\$185.28	P
41730	p. maxillary and mandibular	\$620.02		\$322.71	P

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Partial Dentures Acrylic Base, w/o Clasps					
1 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$399.48		\$207.67	P
41622	p. mandibular	\$420.76		\$218.87	P
41632	p. maxillary and mandibular	\$738.99		\$384.80	P
<i>Transitional</i>					
41712	p. maxillary	\$262.12		\$135.39	P
41722	p. mandibular	\$274.71		\$144.56	P
41732	p. maxillary and mandibular	\$482.66		\$251.45	P
Relines					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$141.22		\$72.28	
32120	c. mandibular	\$150.90		\$80.42	
32130	c. maxillary and mandibular	\$277.51		\$145.07	
42116	p. maxillary	\$150.90		\$80.42	
42126	p. mandibular	\$163.47		\$84.49	
42136	p. maxillary and mandibular	\$298.65		\$155.75	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$124.78		\$67.19	
32225	c. mandibular	\$137.35		\$70.24	
32235	c. maxillary and mandibular	\$250.52		\$128.27	
42210	p. maxillary	\$133.49		\$69.22	
42220	p. mandibular	\$145.10		\$76.35	
42230	p. maxillary and mandibular	\$263.09		\$137.43	
<i>Chairside</i>					
32316	c. maxillary	\$126.71			
32326	c. mandibular	\$137.35			
32336	c. maxillary and mandibular	\$249.55			
32418	c. maxillary	\$177.01			
32428	c. mandibular	\$188.63			
32438	c. maxillary and mandibular	\$346.28			
42316	p. maxillary	\$136.38			
42326	p. mandibular	\$147.03			
42336	p. maxillary and mandibular	\$260.20			
42418	p. maxillary	\$185.71			
42428	p. mandibular	\$199.25			
42438	p. maxillary and mandibular	\$366.60			
<i>Light/Cured</i>					
32410	c. maxillary	\$177.01			
32420	c. mandibular	\$188.63			
32430	c. maxillary and mandibular	\$346.28			
42416	p. maxillary	\$185.71			
42426	p. mandibular	\$136.38			
42436	p. maxillary and mandibular	\$263.09			

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Rebases					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
33117	c. maxillary	\$177.01		\$90.60	
33127	c. mandibular	\$188.63		\$97.73	
33137	c. maxillary and mandibular	\$345.32		\$178.91	
43116	p. maxillary	\$190.55		\$100.78	
43126	p. mandibular	\$206.99		\$107.91	
43136	p. maxillary and mandibular	\$377.67		\$196.47	
<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	\$55.13	L		
36120	c. mandibular	\$55.13	L		
46110	p. maxillary	\$55.13	L		
46120	p. mandibular	\$55.13	L		
<i>w/ Impression</i>					
36210	c. maxillary	\$85.11	L		
36220	c. mandibular	\$85.11	L		
46210	p. maxillary	\$85.11	L		
46220	p. mandibular	\$85.11	L		
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$114.14	L		
46320	p. mandibular	\$114.14	L		
Tissue Conditioning					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$49.33			
37120	c. mandibular	\$53.20			
47110	p. maxillary	\$53.20			
47120	p. mandibular	\$59.00			
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