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# QUEBEC NIHB Regional Dental Benefit Grid Denturists

**Effective Date**  
June 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.



**QUEBEC**  
**NIHB Regional Dental Benefit Grid**  
**DENTURISTS**

Code	Service	Fee	Commercial Lab	In-House Lab	PD
<b>EXAMINATIONS</b>					
Denturists Examination will not count against the eligible maximum examinations allowable for a client.					
10010	Oral Examination 1 in any 60 months	\$35.79			
10104	Emergency/ Specific Nature 1 in any 12 month period	\$35.79			
<b>REMOVABLE PROSTHODONTIC SERVICES</b>					
The NIHB Removable Prosthodontic Policy must be met. Please refer to the Provider Website: <a href="http://www.provider.express-scripts.ca/">http://www.provider.express-scripts.ca/</a> 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.					
<b>Complete Dentures</b>					
1 per arch in any 96 months					
<i>Standard</i>					
31310	c. maxillary	\$620.02		\$326.78	P
31320	c. mandibular	\$798.00		\$420.43	P
31330	c. maxillary and mandibular	\$1,170.39		\$615.89	P
<i>Overdenture</i>					
31610	c. maxillary	\$620.02		\$326.78	P
31620	c. mandibular	\$798.00		\$420.43	P
31630	c. maxillary and mandibular	\$1,063.50		\$560.41	P
<b>Complete Dentures - Immediate</b>					
1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$456.55		\$240.25	P
31321	c. mandibular	\$600.67		\$316.60	P
31331	c. maxillary and mandibular	\$916.96		\$482.53	P
<b>Complete and Partial Dentures Combined</b>					
1 per arch in any 96 months					
34701	c. upper/ p. lower	\$1,218.75		\$641.34	P
43701	p. upper/ c. lower	\$1,218.75		\$641.34	P
<b>Partial Dentures Cast Frame</b>					
1 per arch in any 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$773.81		\$407.20	P
41124	p. mandibular	\$773.81		\$407.20	P
41134	p. maxillary and mandibular	\$1,289.36		\$679.01	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$743.83		\$391.93	P
41264	p. mandibular	\$743.83		\$391.93	P
41274	p. maxillary and mandibular	\$1,239.07		\$652.54	P
<b>Partial Dentures Acrylic Base - w/ Clasps</b>					
1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$445.90		\$235.16	P
41620	p. mandibular	\$445.90		\$235.16	P
41630	p. maxillary and mandibular	\$723.51		\$380.73	P
<i>Transitional</i>					
41710	p. maxillary	\$347.25		\$183.24	P
41720	p. mandibular	\$347.25		\$183.24	P
41730	p. maxillary and mandibular	\$569.71		\$300.31	P

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<b>Partial Dentures Acrylic Base - w/o Clasps</b>					
1 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$297.92		\$156.77	P
41622	p. mandibular	\$297.92		\$156.77	P
41632	p. maxillary and mandibular	\$496.20		\$261.63	P
<i>Transitional</i>					
41712	p. maxillary	\$247.62		\$130.30	P
41722	p. mandibular	\$247.62		\$130.30	P
41732	p. maxillary and mandibular	\$471.06		\$248.39	P
<b>Relines</b>					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$109.30		\$103.53	
32120	c. mandibular	\$116.55		\$110.40	
32130	c. maxillary and mandibular	\$203.13		\$192.40	
42116	p. maxillary	\$137.84		\$130.56	
42126	p. mandibular	\$148.48		\$140.64	
42136	p. maxillary and mandibular	\$262.12		\$248.29	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$173.14			
32225	c. mandibular	\$188.63			
32235	c. maxillary and mandibular	\$317.26			
42210	p. maxillary	\$187.66			
42220	p. mandibular	\$190.55			
42230	p. maxillary and mandibular	\$339.51			
<i>Chairside</i>					
32316	c. maxillary	\$126.71			
32326	c. mandibular	\$137.35			
32336	c. maxillary and mandibular	\$250.86			
32418	c. maxillary	\$173.14			
32428	c. mandibular	\$188.63			
32438	c. maxillary and mandibular	\$317.26			
42316	p. maxillary	\$125.57			
42326	p. mandibular	\$145.39			
42336	p. maxillary and mandibular	\$257.41			
42418	p. maxillary	\$223.44			
42428	p. mandibular	\$227.30			
42438	p. maxillary and mandibular	\$428.20			
<i>Light/Cured</i>					
32410	c. maxillary	\$198.29			
32420	c. mandibular	\$212.79			
32430	c. maxillary and mandibular	\$347.25			
42416	p. maxillary	\$223.44			
42426	p. mandibular	\$227.30			
42436	p. maxillary and mandibular	\$369.49			
<b>Rebases</b>					
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	

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<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	\$297.92			
43227	p. mandibular	\$312.43			
43237	p. maxillary and mandibular	\$555.21			
<b>Repairs and Additions</b>					
1 per prosthesis in any 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$79.32			
36120	c. mandibular	\$88.98			
46110	p. maxillary	\$85.11			
46120	p. mandibular	\$89.96			
<i>w/ Impression</i>					
36210	c. maxillary	\$118.97			
36220	c. mandibular	\$123.81			
46210	p. maxillary	\$139.28			
46220	p. mandibular	\$143.15			
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$162.50			
46320	p. mandibular	\$164.44			
<b>Tissue Conditioning</b>					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$54.17			
37120	c. mandibular	\$59.97			
47110	p. maxillary	\$63.84			
47120	p. mandibular	\$65.77			
<b>Adjustments</b>					
58110	c. maxillary and mandibular; p. maxillary and mandibular (one unit of time)	\$41.60			
<b>Laboratory Procedures</b>					
98888	In Office	I.C.			P
98889	Commercial	I.C.			P