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SASKATCHEWAN

NIHB Regional Dental Benefit Grid

Denturists

Effective Date
April 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.

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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	\$55.87			
10104	Emergency/ Specific Nature 1 in any 12 months	\$33.85			
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	\$700.30		\$376.66	P
31320	c. mandibular	\$735.12		\$397.02	P
31330	c. maxillary and mandibular	\$1,193.61		\$652.54	P
<i>Overdenture</i>					
31610	c. maxillary	\$997.25		\$539.54	P
31620	c. mandibular	\$1,050.45		\$568.04	P
31630	c. maxillary and mandibular	\$1,714.96		\$926.38	P
Complete Dentures, Immediate 1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$765.10		\$412.29	P
31321	c. mandibular	\$806.69		\$434.69	P
31331	c. maxillary and mandibular	\$1,343.53		\$725.83	P
Complete and Partial Dentures Combined 1 per arch in any 96 months					
34701	c. maxillary/p. mandibular	\$1,476.05	L	\$757.39	P
43701	c. mandibular/p. maxillary	\$1,492.49	L	\$766.55	P
Partial Dentures Cast Frame 1 per arch in any 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$746.72	L	\$383.79	P
41124	p. mandibular	\$764.14	L	\$392.95	P
41134	p. maxillary and mandibular	\$1,511.83	L	\$775.72	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$745.77	L	\$382.77	P
41264	p. mandibular	\$765.10	L	\$391.93	P
41274	p. maxillary and mandibular	\$1,510.86	L	\$774.70	P
Partial Dentures Acrylic Base, w/ Clasps 1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$639.35		\$328.81	P
41620	p. mandibular	\$670.32		\$345.10	P
41630	p. maxillary and mandibular	\$1,309.68		\$673.92	P
<i>Transitional</i>					
41710	p. maxillary	\$415.92		\$213.78	P
41720	p. mandibular	\$438.18		\$223.96	P
41730	p. maxillary and mandibular	\$854.10		\$437.74	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	\$537.80		\$276.90	P
41622	p. mandibular	\$563.92		\$289.11	P
41632	p. maxillary and mandibular	\$1,101.72		\$566.01	P
<i>Transitional</i>					
41712	p. maxillary	\$322.10		\$165.93	P
41722	p. mandibular	\$337.57		\$173.06	P
41732	p. maxillary and mandibular	\$659.67		\$338.99	P
Relines					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$201.20		\$108.93	
32120	c. mandibular	\$201.20		\$108.93	
32130	c. maxillary and mandibular	\$382.26		\$206.96	
42116	p. maxillary	\$201.20		\$108.93	
42126	p. mandibular	\$201.20		\$108.93	
42136	p. maxillary and mandibular	\$382.26		\$206.96	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$201.20		\$108.93	
32225	c. mandibular	\$201.20		\$108.93	
32235	c. maxillary and mandibular	\$402.38		\$217.85	
42210	p. maxillary	\$201.20		\$108.93	
42220	p. mandibular	\$201.20		\$108.93	
42230	p. maxillary and mandibular	\$402.38		\$217.85	
<i>Chairside</i>					
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	\$166.37		\$89.58	
32428	c. mandibular	\$166.37		\$89.58	
32438	c. maxillary and mandibular	\$316.10		\$170.21	
42316	p. maxillary	\$99.12		\$51.39	
42326	p. mandibular	\$92.86		\$50.90	
42336	p. maxillary and mandibular	\$196.46		\$101.85	
42418	p. maxillary	\$166.37		\$89.58	
42428	p. mandibular	\$166.37		\$89.58	
42438	p. maxillary and mandibular	\$316.16		\$170.21	
<i>Light/Cured</i>					
32410	c. maxillary	\$151.87		\$82.46	
32420	c.mandibular	\$151.87		\$82.46	
32430	c. maxillary and mandibular	\$288.54		\$156.67	
42416	p. maxillary	\$151.87		\$82.46	
42426	p. mandibular	\$151.87		\$82.46	
42436	p. maxillary and mandibular	\$288.54		\$158.71	

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Rebases					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
33117	c. maxillary	\$381.11		\$205.64	
33127	c. mandibular	\$381.11		\$205.64	
33137	c. maxillary and mandibular	\$724.10		\$390.71	
43116	p. maxillary	\$381.11		\$205.64	
43126	p. mandibular	\$381.11		\$205.64	
43136	p. maxillary and mandibular	\$724.10		\$390.71	
<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	\$44.50	L	\$24.43	
36120	c. mandibular	\$44.50	L	\$24.43	
46110	p. maxillary	\$44.50	L	\$24.43	
46120	p. mandibular	\$44.50	L	\$24.43	
<i>w/ Impression</i>					
36210	c. maxillary	\$60.94	L	\$31.56	
36220	c. mandibular	\$60.94	L	\$31.56	
46210	p. maxillary	\$60.94	L	\$31.56	
46220	p. mandibular	\$60.94	L	\$31.56	
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$68.67	L	\$37.67	
46320	p. mandibular	\$68.67	L	\$37.67	
Tissue Conditioning					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$58.04		\$31.56	
37120	c. mandibular	\$58.04		\$31.56	
47110	p. maxillary	\$58.04		\$31.56	
47120	p. mandibular	\$58.04		\$31.56	
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