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ALBERTA NIHB Regional Dental Benefit Grid Denturists

Effective Date
May 1, 2014

- 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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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	\$57.11			
10104	Emergency/ Specific Nature 1 in any 12 months	\$35.46			
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 relined/rebase. The overall cost of replacement for a denture may be adjusted in situations where claims for relined/rebase were paid within three months prior to the request.					
Complete Dentures 1 per arch in any 96 months					
<i>Standard</i>					
31310	c. maxillary	\$543.54		\$376.66	
31320	c. mandibular	\$543.54		\$376.66	
31330	c. maxillary and mandibular	\$815.31		\$564.99	
<i>Overdenture</i>					
31610	c. maxillary	\$578.99		\$401.09	P
31620	c. mandibular	\$578.99		\$401.09	P
31630	c. maxillary and mandibular	\$868.49		\$601.64	P
Complete Dentures, Immediate 1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$543.54		\$376.66	P
31321	c. mandibular	\$543.54		\$376.66	P
31331	c. maxillary and mandibular	\$815.31		\$564.99	P
Complete and Partial Dentures Combined 1 per arch in any 96 months					
34701	c. maxillary/p. mandibular	\$1,039.82	L	\$553.79	P
43701	c. mandibular/p. maxillary	\$1,039.82	L	\$553.79	P
Partial Dentures Cast Frame 1 per arch in any 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$578.99	L	\$401.09	P
41124	p. mandibular	\$578.99	L	\$401.09	P
41134	p. maxillary and mandibular	\$868.49	L	\$601.64	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$578.99	L	\$401.09	P
41264	p. mandibular	\$578.99	L	\$401.09	P
41274	p. maxillary and mandibular	\$868.49	L	\$601.64	P
Partial Dentures Acrylic Base, w/ Clasps 1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$493.32		\$341.03	P
41620	p. mandibular	\$493.32		\$341.03	P
41630	p. maxillary and mandibular	\$739.98		\$511.55	P

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<i>Transitional</i>					
41710	p. maxillary	\$248.14		\$134.38	P
41720	p. mandibular	\$248.14		\$134.38	P
41730	p. maxillary and mandibular	\$372.21		\$201.56	P
Partial Dentures Acrylic Base, w/o Clasps 1 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$294.42		\$204.62	P
41622	p. mandibular	\$294.42		\$204.62	P
41632	p. maxillary and mandibular	\$441.63		\$306.93	P
<i>Transitional</i>					
41712	p. maxillary	\$192.99		\$134.38	P
41722	p. mandibular	\$192.99		\$134.38	P
41732	p. maxillary and mandibular	\$289.49		\$201.56	P
Relines 1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$239.28		\$164.92	
32120	c. mandibular	\$239.28		\$164.92	
32130	c. maxillary and mandibular	\$454.63		\$313.34	
42116	p. maxillary	\$239.28		\$164.92	
42126	p. mandibular	\$239.28		\$164.92	
42136	p. maxillary and mandibular	\$454.63		\$313.34	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$162.47		\$113.00	
32225	c. mandibular	\$162.47		\$113.00	
32235	c. maxillary and mandibular	\$308.69		\$214.70	
42210	p. maxillary	\$162.47		\$113.00	
42220	p. mandibular	\$162.47		\$113.00	
42230	p. maxillary and mandibular	\$308.69		\$214.70	
<i>Chairside</i>					
32316	c. maxillary	\$147.71			
32326	c. mandibular	\$147.71			
32336	c. maxillary and mandibular	\$280.65			
32418	c. maxillary	\$147.71			
32428	c. mandibular	\$147.71			
32438	c. maxillary and mandibular	\$280.65			
42316	p. maxillary	\$147.71			
42326	p. mandibular	\$147.71			
42336	p. maxillary and mandibular	\$280.65			
42418	p. maxillary	\$147.71			
42428	p. mandibular	\$147.71			
42438	p. maxillary and mandibular	\$280.65			
<i>Light/Cured</i>					
32410	c. maxillary	\$180.20			
32420	c. mandibular	\$180.20			
32430	c. maxillary and mandibular	\$342.38			
42416	p. maxillary	\$180.20			
42426	p. mandibular	\$180.20			
42436	p. maxillary and mandibular	\$342.38			

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Rebases					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
33117	c. maxillary	\$239.28		\$164.92	
33127	c. mandibular	\$239.28		\$164.92	
33137	c. maxillary and mandibular	\$454.63		\$313.34	
43116	p. maxillary	\$239.28		\$164.92	
43126	p. mandibular	\$239.28		\$164.92	
43136	p. maxillary and mandibular	\$454.63		\$313.34	
<i>Self-polymerized/ Lab Processed</i>					
33217	c. maxillary	\$190.05		\$132.34	
33227	c. mandibular	\$190.05		\$132.34	
33237	c. maxillary and mandibular	\$361.10		\$251.45	
43217	p. maxillary	\$190.05		\$132.34	
43227	p. mandibular	\$190.05		\$132.34	
43237	p. maxillary and mandibular	\$361.10		\$251.45	
Repairs and Additions					
1 per prosthesis in any 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$49.24	L	\$35.63	
36120	c. mandibular	\$49.24	L	\$35.63	
46110	p. maxillary	\$49.24	L	\$35.63	
46120	p. mandibular	\$49.24	L	\$35.63	
<i>w/ Impression</i>					
36210	c. maxillary	\$99.46	L	\$69.22	
36220	c. mandibular	\$99.46	L	\$69.22	
46210	p. maxillary	\$99.46	L	\$69.22	
46220	p. mandibular	\$99.46	L	\$69.22	
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$64.01	L	\$66.17	
46320	p. mandibular	\$64.01	L	\$66.17	
Tissue Conditioning					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$99.46			
37120	c. mandibular	\$99.46			
47110	p. maxillary	\$99.46			
47120	p. mandibular	\$99.46			
Adjustments					
58110	c. maxillary and mandibular; p. maxillary and mandibular (one unit of time)	\$42.35			
Laboratory Procedures					
98888	In Office	I.C.			P
98889	Commercial	I.C.			P