



Health
Canada

Santé
Canada

BRITISH COLUMBIA NIHB Regional Dental Benefit Grid Denturists

Effective Date
June 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.

BRITISH COLUMBIA
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	\$44.31			
10104	Emergency/ Specific Nature 1 in any 12 months	\$24.63			
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. The overall cost of replacement for a denture may be adjusted in situations where claims for reline/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	\$506.12		\$265.70	
31320	c. mandibular	\$506.12		\$265.70	
31330	c. maxillary and mandibular	\$759.18		\$398.55	
<i>Overdenture</i>					
31610	c. maxillary	\$556.35		\$290.13	P
31620	c. mandibular	\$556.35		\$290.13	P
31630	c. maxillary and mandibular	\$834.52		\$435.20	P
Complete Dentures, Immediate 1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$586.87		\$309.47	P
31321	c. mandibular	\$586.87		\$309.47	P
31331	c. maxillary and mandibular	\$880.31		\$464.21	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	\$583.91	L	\$307.44	P
41124	p. mandibular	\$583.91	L	\$307.44	P
41134	p. maxillary and mandibular	\$875.88	L	\$461.15	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$583.91	L	\$307.44	P
41264	p. mandibular	\$583.91	L	\$307.44	P
41274	p. maxillary and mandibular	\$875.88	L	\$461.15	P
Partial Dentures Acrylic Base, w/ Clasps 1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$390.92	L	\$206.65	P
41620	p. mandibular	\$390.92	L	\$206.65	P
41630	p. maxillary and mandibular	\$586.37		\$309.98	P

BRITISH COLUMBIA
NIHB Regional Dental Benefit Grid
DENTURISTS

Code	Service	Fee	Commercial Lab	In-House Lab	PD
<i>Transitional</i>					
41710	p. maxillary	\$244.20		\$129.29	P
41720	p. mandibular	\$244.20		\$129.29	P
41730	p. maxillary and mandibular	\$366.30		\$193.93	P
Partial Dentures Acrylic Base, w/o Clasps 1 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$325.92		\$172.04	P
41622	p. mandibular	\$325.92		\$172.04	P
41632	p. maxillary and mandibular	\$488.89		\$258.06	P
<i>Transitional</i>					
41712	p. maxillary	\$228.45		\$120.12	P
41722	p. mandibular	\$228.45		\$120.12	P
41732	p. maxillary and mandibular	\$342.66		\$180.19	P
Relines 1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$179.21		\$94.67	
32120	c. mandibular	\$179.21		\$94.67	
32130	c. maxillary and mandibular	\$340.50		\$179.88	
42116	p. maxillary	\$179.21		\$94.67	
42126	p. mandibular	\$179.21		\$94.67	
42136	p. maxillary and mandibular	\$340.50		\$179.88	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$127.03		\$67.19	
32225	c. mandibular	\$127.03		\$67.19	
32235	c. maxillary and mandibular	\$241.36		\$127.66	
42210	p. maxillary	\$59.08		\$30.54	
42220	p. mandibular	\$59.08		\$30.54	
42230	p. maxillary and mandibular	\$112.25		\$58.03	
<i>Chairside</i>					
32316	c. maxillary	\$128.99		\$64.50	
32326	c. mandibular	\$128.99		\$64.50	
32336	c. maxillary and mandibular	\$245.08		\$122.55	
32418	c. maxillary	\$83.68		\$40.72	
32428	c. mandibular	\$83.68		\$40.72	
32438	c. maxillary and mandibular	\$159.00		\$77.37	
42316	p. maxillary	\$94.53		\$50.90	
42326	p. mandibular	\$94.53		\$50.90	
42336	p. maxillary and mandibular	\$179.61		\$96.71	
42418	p. maxillary	\$83.68		\$40.72	
42428	p. mandibular	\$83.68		\$40.72	
42438	p. maxillary and mandibular	\$159.00		\$77.37	
<i>Light/Cured</i>					
32410	c. maxillary	\$196.93		\$101.80	
32420	c. mandibular	\$196.93		\$101.80	
32430	c. maxillary and mandibular	\$374.19		\$193.42	
42416	p. maxillary	\$189.05		\$94.53	
42426	p. mandibular	\$189.05		\$94.53	
42436	p. maxillary and mandibular	\$359.20		\$179.61	

BRITISH COLUMBIA
NIHB Regional Dental Benefit Grid
DENTURISTS

Code	Service	Fee	Commercial Lab	In-House Lab	PD
Rebases					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
33117	c. maxillary	\$211.70		\$111.98	
33127	c. mandibular	\$211.70		\$111.98	
33137	c. maxillary and mandibular	\$402.25		\$212.76	
43116	p. maxillary	\$195.94		\$102.82	
43126	p. mandibular	\$195.94		\$102.82	
43136	p. maxillary and mandibular	\$372.31		\$195.35	
<i>Self-polymerized/ Lab Processed</i>					
33217	c. maxillary	\$139.90		\$76.35	
33227	c. mandibular	\$139.90		\$76.35	
33237	c. maxillary and mandibular	\$265.81		\$145.07	
43217	p. maxillary	\$139.90		\$76.35	
43227	p. mandibular	\$139.90		\$76.35	
43237	p. maxillary and mandibular	\$265.81		\$145.07	
Repairs and Additions					
1 per prosthesis in any 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$49.24	L	\$50.90	
36120	c. mandibular	\$49.24	L	\$50.90	
46110	p. maxillary	\$49.24	L	\$50.90	
46120	p. mandibular	\$49.24	L	\$50.90	
<i>w/ Impression</i>					
36210	c. maxillary	\$64.01	L	\$50.90	
36220	c. mandibular	\$64.01	L	\$50.90	
46210	p. maxillary	\$64.01	L	\$50.90	
46220	p. mandibular	\$64.01	L	\$50.90	
<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	\$45.30		\$24.43	
37120	c. mandibular	\$45.30		\$24.43	
47110	p. maxillary	\$45.30		\$24.43	
47120	p. mandibular	\$45.30		\$24.43	
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