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MANITOBA NIHB Regional Dental Benefit Grid Denturists

Effective Date
July 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	\$44.31			
10104	Emergency/ Specific Nature 1 in any 12 months	\$16.04			
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	\$502.19		\$274.86	
31320	c. mandibular	\$536.65		\$274.86	
31330	c. maxillary and mandibular	\$779.13		\$412.29	
<i>Overdenture</i>					
31610	c. maxillary	\$610.49		\$468.28	P
31620	c. mandibular	\$620.34		\$488.64	P
31630	c. maxillary and mandibular	\$923.12		\$717.69	P
Complete Dentures, Immediate					
1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$640.05		\$335.94	P
31321	c. mandibular	\$684.36		\$335.94	P
31331	c. maxillary and mandibular	\$993.29		\$503.91	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	\$541.58	L	\$447.92	P
41124	p. mandibular	\$556.35	L	\$447.92	P
41134	p. maxillary and mandibular	\$823.44	L	\$671.88	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$464.77	L	\$490.68	P
41264	p. mandibular	\$487.42	L	\$490.68	P
41274	p. maxillary and mandibular	\$714.14	L	\$736.01	P
Partial Dentures Acrylic Base, w/ Clasps					
1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$502.19		\$305.40	P
41620	p. mandibular	\$521.88		\$305.40	P
41630	p. maxillary and mandibular	\$768.05		\$458.10	P

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<i>Transitional</i>					
41710	p. maxillary	\$354.49		\$223.96	P
41720	p. mandibular	\$354.49		\$223.96	P
41730	p. maxillary and mandibular	\$531.73		\$335.94	P
Partial Dentures Acrylic Base, w/o Clasps					
1 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$462.80		\$254.50	P
41622	p. mandibular	\$497.26		\$254.50	P
41632	p. maxillary and mandibular	\$720.05		\$381.75	P
<i>Transitional</i>					
41712	p. maxillary	\$354.49		\$223.96	P
41722	p. mandibular	\$354.49		\$223.96	P
41732	p. maxillary and mandibular	\$531.73		\$335.94	P
Relines					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$161.48		\$87.55	
32120	c. mandibular	\$161.48		\$87.55	
32130	c. maxillary and mandibular	\$306.83		\$166.34	
42116	p. maxillary	\$161.48		\$87.55	
42126	p. mandibular	\$161.48		\$87.55	
42136	p. maxillary and mandibular	\$306.83		\$166.34	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$161.48		\$87.55	
32225	c. mandibular	\$161.48		\$87.55	
32235	c. maxillary and mandibular	\$306.82		\$166.34	
42210	p. maxillary	\$161.48		\$87.55	
42220	p. mandibular	\$161.48		\$87.55	
42230	p. maxillary and mandibular	\$306.82		\$166.34	
<i>Chairside</i>					
32316	c. maxillary	\$128.99			
32326	c. mandibular	\$139.82			
32336	c. maxillary and mandibular	\$255.38			
32418	c. maxillary	\$147.71			
32428	c. mandibular	\$147.71			
32438	c. maxillary and mandibular	\$280.64			
42316	p. maxillary	\$138.83			
42326	p. mandibular	\$216.62			
42336	p. maxillary and mandibular	\$337.69			
42418	p. maxillary	\$147.71			
42428	p. mandibular	\$147.71			
42438	p. maxillary and mandibular	\$280.65			
<i>Light/Cured</i>					
32410	c. maxillary	\$216.62			
32420	c. mandibular	\$216.62			
32430	c. maxillary and mandibular	\$411.60			
42416	p. maxillary	\$216.62			
42426	p. mandibular	\$216.62			
42436	p. maxillary and mandibular	\$411.60			

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Rebases					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
33117	c. maxillary	\$265.86		\$162.88	
33127	c. mandibular	\$265.86		\$162.88	
33137	c. maxillary and mandibular	\$505.13		\$309.47	
43116	p. maxillary	\$265.86		\$162.88	
43126	p. mandibular	\$265.86		\$162.88	
43136	p. maxillary and mandibular	\$505.13		\$309.47	
<i>Self-polymerized/ Lab Processed</i>					
33217	c. maxillary	\$180.20		\$91.62	
33227	c. mandibular	\$192.03		\$97.73	
33237	c. maxillary and mandibular	\$372.20		\$189.35	
43217	p. maxillary	\$192.03		\$97.73	
43227	p. mandibular	\$203.82		\$102.82	
43237	p. maxillary and mandibular	\$376.06		\$200.55	
Repairs and Additions					
1 per prosthesis in any 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$44.31	L	\$35.63	
36120	c. mandibular	\$44.31	L	\$35.63	
46110	p. maxillary	\$44.31	L	\$35.63	
46120	p. mandibular	\$44.31	L	\$35.63	
<i>w/ Impression</i>					
36210	c. maxillary	\$70.89	L	\$38.68	
36220	c. mandibular	\$70.89	L	\$38.68	
46210	p. maxillary	\$70.89	L	\$38.68	
46220	p. mandibular	\$70.89	L	\$38.68	
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$44.31	L	\$35.63	
46320	p. mandibular	\$44.31	L	\$35.63	
Tissue Conditioning					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$78.78			
37120	c. mandibular	\$78.78			
47110	p. maxillary	\$85.56		\$74.99	
47120	p. mandibular	\$85.56		\$74.99	
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