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NEW BRUNSWICK NIHB Regional Dental Benefit Grid Denturists

Effective Date
March 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.

NEW BRUNSWICK
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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	\$101.27			
10104	Emergency/ Specific Nature 1 in any 12 months	\$61.41			
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	\$573.54		\$292.06	
31320	c. mandibular	\$705.71		\$359.35	
31330	c. maxillary and mandibular	\$1,151.30		\$586.24	
<i>Overdenture</i>					
31610	c. maxillary	\$623.42		\$317.44	P
31620	c. mandibular	\$766.82		\$390.47	P
31630	c. maxillary and mandibular	\$1,251.19		\$399.73	P
Complete Dentures, Immediate 1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$723.15		\$368.25	P
31321	c. mandibular	\$816.98		\$416.02	P
31331	c. maxillary and mandibular	\$1,271.37		\$647.38	P
Complete and Partial Dentures Combined 1 per arch in any 96 months					
34701	c. maxillary/p. mandibular	\$1,097.91	L	\$558.88	P
43701	c. mandibular/p. maxillary	\$1,125.49	L	\$572.12	P
Partial Dentures Cast Frame 1 per arch in any 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$849.38	L	\$432.98	P
41124	p. mandibular	\$882.18	L	\$449.19	P
41134	p. maxillary and mandibular	\$1,572.97	L	\$800.98	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$820.45	L	\$417.78	P
41264	p. mandibular	\$856.68	L	\$436.26	P
41274	p. maxillary and mandibular	\$1,528.23	L	\$778.24	P
Partial Dentures Acrylic Base, w/ Clasps 1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$469.25		\$238.97	P
41620	p. mandibular	\$492.73		\$250.91	P
41630	p. maxillary and mandibular	\$865.80		\$437.80	P

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<i>Transitional</i>					
41710	p. maxillary	\$306.35		\$155.96	P
41720	p. mandibular	\$321.65		\$163.77	P
41730	p. maxillary and mandibular	\$565.18		\$287.78	P
Partial Dentures Acrylic Base, w/o Clasps 1 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$395.28		\$201.28	P
41622	p. mandibular	\$414.70		\$211.18	P
41632	p. maxillary and mandibular	\$728.74		\$371.08	P
<i>Transitional</i>					
41712	p. maxillary	\$235.94		\$120.13	P
41722	p. mandibular	\$247.74		\$126.15	P
41732	p. maxillary and mandibular	\$435.30		\$221.64	P
Relines 1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$157.05		\$79.96	
32120	c. mandibular	\$169.31		\$86.21	
32130	c. maxillary and mandibular	\$310.04		\$157.87	
42116	p. maxillary	\$169.31		\$86.21	
42126	p. mandibular	\$182.70		\$93.02	
42136	p. maxillary and mandibular	\$334.41		\$170.28	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$141.26		\$71.95	
32225	c. mandibular	\$152.37		\$77.59	
32235	c. maxillary and mandibular	\$278.93		\$142.03	
42210	p. maxillary	\$148.93		\$75.83	
42220	p. mandibular	\$161.02		\$81.99	
42230	p. maxillary and mandibular	\$294.59		\$150.02	
<i>Chairside</i>					
32316	c. maxillary	\$94.18		\$47.94	
32326	c. mandibular	\$102.25		\$52.07	
32336	c. maxillary and mandibular	\$186.59		\$95.00	
32418	c. maxillary	\$130.42		\$66.40	
32428	c. mandibular	\$140.58		\$71.59	
32438	c. maxillary and mandibular	\$258.03		\$131.38	
42316	p. maxillary	\$100.90		\$51.39	
42326	p. mandibular	\$109.61		\$55.81	
42336	p. maxillary and mandibular	\$200.00		\$101.85	
42418	p. maxillary	\$137.80		\$70.19	
42428	p. mandibular	\$148.92		\$75.83	
42438	p. maxillary and mandibular	\$272.84		\$138.94	
<i>Light/Cured</i>					
32410	c. maxillary	\$133.91		\$68.19	
32420	c. mandibular	\$144.73		\$73.69	
32430	c. maxillary and mandibular	\$264.71		\$134.78	
42416	p. maxillary	\$141.91		\$72.29	
42426	p. mandibular	\$153.56		\$78.18	
42436	p. maxillary and mandibular	\$280.69		\$142.93	

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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	\$195.43		\$99.51	
33127	c. mandibular	\$210.26		\$107.05	
33137	c. maxillary and mandibular	\$385.39		\$196.23	
43116	p. maxillary	\$215.09		\$109.53	
43126	p. mandibular	\$231.38		\$117.83	
43136	p. maxillary and mandibular	\$424.15		\$215.99	
<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	\$395.84		\$200.55	
Repairs and Additions					
1 per prosthesis in any 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$44.93	L	\$22.88	
36120	c. mandibular	\$44.93	L	\$22.88	
46110	p. maxillary	\$50.55	L	\$25.75	
46120	p. mandibular	\$50.55	L	\$25.75	
<i>w/ Impression</i>					
36210	c. maxillary	\$71.24	L	\$36.29	
36220	c. mandibular	\$71.24	L	\$36.29	
46210	p. maxillary	\$76.95	L	\$39.17	
46220	p. mandibular	\$76.95	L	\$39.17	
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$84.24	L	\$42.90	
46320	p. mandibular	\$84.24	L	\$42.90	
Tissue Conditioning					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$37.40		\$19.06	
37120	c. mandibular	\$41.15		\$20.94	
47110	p. maxillary	\$41.15		\$20.94	
47120	p. mandibular	\$44.89		\$22.86	
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