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# QUEBEC 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.



**QUEBEC**  
**NIHB Regional Dental Benefit Grid**  
**DENTURISTS**

Code	Service	Fee	Commercial Lab	In-House Lab	PD
<b>EXAMINATIONS</b>					
Denturists Examination will not count against the eligible maximum examinations allowable for a client.					
10010	Oral Examination 1 in any 60 months	\$36.43			
10104	Emergency/ Specific Nature 1 in any 12 month period	\$36.43			
<b>REMOVABLE PROSTHODONTIC SERVICES</b>					
The NIHB Removable Prosthodontic Policy must be met. Please refer to the Provider Website: <a href="http://www.provider.express-scripts.ca/">http://www.provider.express-scripts.ca/</a> 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.					
<b>Complete Dentures</b>					
1 per arch in any 96 months					
<i>Standard</i>					
31310	c. maxillary	\$631.18		\$326.78	
31320	c. mandibular	\$812.36		\$420.43	
31330	c. maxillary and mandibular	\$1,082.66		\$560.41	
<i>Overdenture</i>					
31610	c. maxillary	\$631.18		\$326.78	P
31620	c. mandibular	\$812.36		\$420.43	P
31630	c. maxillary and mandibular	\$1,082.64		\$560.41	P
<b>Complete Dentures - Immediate</b>					
1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$464.77		\$240.25	P
31321	c. mandibular	\$611.48		\$316.60	P
31331	c. maxillary and mandibular	\$807.19		\$417.64	P
<b>Complete and Partial Dentures Combined</b>					
1 per arch in any 96 months					
34701	c. upper/ p. lower	\$1,240.69		\$641.34	P
43701	p. upper/ c. lower	\$1,240.69		\$641.34	P
<b>Partial Dentures Cast Frame</b>					
1 per arch in any 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$787.74		\$407.20	P
41124	p. mandibular	\$787.74		\$407.20	P
41134	p. maxillary and mandibular	\$1,181.61		\$610.80	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$757.22		\$391.93	P
41264	p. mandibular	\$757.22		\$391.93	P
41274	p. maxillary and mandibular	\$1,135.83		\$587.90	P
<b>Partial Dentures Acrylic Base - w/ Clasps</b>					
1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$453.93		\$235.16	P
41620	p. mandibular	\$453.93		\$235.16	P
41630	p. maxillary and mandibular	\$680.90		\$352.74	P
<i>Transitional</i>					
41710	p. maxillary	\$353.50		\$183.24	P
41720	p. mandibular	\$353.50		\$183.24	P
41730	p. maxillary and mandibular	\$530.25		\$274.86	P

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<b>Partial Dentures Acrylic Base - w/o Clasps</b>					
1 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$303.28		\$156.77	P
41622	p. mandibular	\$303.28		\$156.77	P
41632	p. maxillary and mandibular	\$454.92		\$235.16	P
<i>Transitional</i>					
41712	p. maxillary	\$252.08		\$130.30	P
41722	p. mandibular	\$252.08		\$130.30	P
41732	p. maxillary and mandibular	\$378.12		\$195.45	P
<b>Relines</b>					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$111.27		\$103.53	
32120	c. mandibular	\$118.65		\$110.40	
32130	c. maxillary and mandibular	\$218.42		\$203.23	
42116	p. maxillary	\$140.32		\$130.56	
42126	p. mandibular	\$151.15		\$140.64	
42136	p. maxillary and mandibular	\$276.90		\$257.64	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$176.26			
32225	c. mandibular	\$192.03			
32235	c. maxillary and mandibular	\$349.88			
42210	p. maxillary	\$191.04			
42220	p. mandibular	\$193.98			
42230	p. maxillary and mandibular	\$365.77			
<i>Chairside</i>					
32316	c. maxillary	\$128.99			
32326	c. mandibular	\$139.82			
32336	c. maxillary and mandibular	\$255.38			
32418	c. maxillary	\$176.26			
32428	c. mandibular	\$192.03			
32438	c. maxillary and mandibular	\$349.88			
42316	p. maxillary	\$127.83			
42326	p. mandibular	\$148.01			
42336	p. maxillary and mandibular	\$262.04			
42418	p. maxillary	\$227.46			
42428	p. mandibular	\$231.39			
42438	p. maxillary and mandibular	\$435.91			
<i>Light/Cured</i>					
32410	c. maxillary	\$201.86			
32420	c. mandibular	\$216.62			
32430	c. maxillary and mandibular	\$353.50			
42416	p. maxillary	\$227.46			
42426	p. mandibular	\$231.39			
42436	p. maxillary and mandibular	\$376.14			
<b>Rebases</b>					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
33117	c. maxillary	\$180.20		\$90.60	
33127	c. mandibular	\$192.03		\$97.73	
33137	c. maxillary and mandibular	\$353.62		\$178.91	
43116	p. maxillary	\$193.98		\$100.78	
43126	p. mandibular	\$210.72		\$107.91	
43136	p. maxillary and mandibular	\$384.47		\$198.26	

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<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	\$353.62		\$179.88	
43217	p. maxillary	\$303.28			
43227	p. mandibular	\$318.05			
43237	p. maxillary and mandibular	\$590.26			
<b>Repairs and Additions</b>					
1 per prosthesis in any 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$80.75			
36120	c. mandibular	\$90.58			
46110	p. maxillary	\$86.64			
46120	p. mandibular	\$91.58			
<i>w/ Impression</i>					
36210	c. maxillary	\$121.11			
36220	c. mandibular	\$126.04			
46210	p. maxillary	\$141.79			
46220	p. mandibular	\$145.73			
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$165.43			
46320	p. mandibular	\$167.40			
<b>Tissue Conditioning</b>					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$55.15			
37120	c. mandibular	\$61.05			
47110	p. maxillary	\$64.99			
47120	p. mandibular	\$66.95			
<b>Adjustments</b>					
58110	c. maxillary and mandibular; p. maxillary and mandibular (one unit of time)	\$42.35			
<b>Laboratory Procedures</b>					
98888	In Office	I.C.			P
98889	Commercial	I.C.			P