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# **SASKATCHEWAN**

## **NIHB Regional Dental Benefit Grid**

### **Denturists**

#### **Effective Date**

April 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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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	General Oral Examination 1 in any 60 months	\$56.88			
10104	Emergency/ Specific Nature 1 in any 12 months	\$34.46			
<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	\$712.91		\$376.66	
31320	c. mandibular	\$748.35		\$397.02	
31330	c. maxillary and mandibular	\$1,215.09		\$652.54	
<i>Overdenture</i>					
31610	c. maxillary	\$1,015.20		\$539.54	P
31620	c. mandibular	\$1,069.36		\$568.04	P
31630	c. maxillary and mandibular	\$1,745.83		\$926.38	P
<b>Complete Dentures, Immediate</b> 1 per arch in any 96 months					
<i>Standard</i>					
31311	c. maxillary	\$778.87		\$412.29	P
31321	c. mandibular	\$821.21		\$434.69	P
31331	c. maxillary and mandibular	\$1,367.71		\$725.83	P
<b>Complete and Partial Dentures Combined</b> 1 per arch in any 96 months					
34701	c. maxillary/p. mandibular	\$1,502.62	L	\$757.39	P
43701	c. mandibular/p. maxillary	\$1,519.35	L	\$766.55	P
<b>Partial Dentures Cast Frame</b> 1 per arch in any 96 months					
<i>Free End - Standard</i>					
41114	p. maxillary	\$760.16	L	\$383.79	P
41124	p. mandibular	\$777.89	L	\$392.95	P
41134	p. maxillary and mandibular	\$1,539.04	L	\$775.72	P
<i>Tooth Borne - Standard</i>					
41254	p. maxillary	\$759.19	L	\$382.77	P
41264	p. mandibular	\$778.87	L	\$391.93	P
41274	p. maxillary and mandibular	\$1,538.06	L	\$774.70	P
<b>Partial Dentures Acrylic Base, w/ Clasps</b> 1 per arch in any 96 months					
<i>Standard</i>					
41610	p. maxillary	\$650.86		\$328.81	P
41620	p. mandibular	\$682.39		\$345.10	P
41630	p. maxillary and mandibular	\$1,333.25		\$673.92	P

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<i>Transitional</i>					
41710	p. maxillary	\$423.41		\$213.78	P
41720	p. mandibular	\$446.07		\$223.96	P
41730	p. maxillary and mandibular	\$869.47		\$437.74	P
<b>Partial Dentures Acrylic Base, w/o Clasps</b> 1 per arch in any 96 months					
<i>Standard</i>					
41612	p. maxillary	\$547.48		\$276.90	P
41622	p. mandibular	\$574.07		\$289.11	P
41632	p. maxillary and mandibular	\$1,121.55		\$566.01	P
<i>Transitional</i>					
41712	p. maxillary	\$327.90		\$165.93	P
41722	p. mandibular	\$343.65		\$173.06	P
41732	p. maxillary and mandibular	\$671.54		\$338.99	P
<b>Relines</b> 1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
32110	c. maxillary	\$204.82		\$108.93	
32120	c. mandibular	\$204.82		\$108.93	
32130	c. maxillary and mandibular	\$389.14		\$206.96	
42116	p. maxillary	\$204.82		\$108.93	
42126	p. mandibular	\$204.82		\$108.93	
42136	p. maxillary and mandibular	\$389.14		\$206.96	
<i>Self-polymerized/ Lab Processed</i>					
32215	c. maxillary	\$204.82		\$108.93	
32225	c. mandibular	\$204.82		\$108.93	
32235	c. maxillary and mandibular	\$409.62		\$217.85	
42210	p. maxillary	\$204.82		\$108.93	
42220	p. mandibular	\$204.82		\$108.93	
42230	p. maxillary and mandibular	\$409.62		\$217.85	
<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	\$169.36		\$89.58	
32428	c. mandibular	\$169.36		\$89.58	
32438	c. maxillary and mandibular	\$321.79		\$170.21	
42316	p. maxillary	\$100.90		\$51.39	
42326	p. mandibular	\$94.53		\$50.90	
42336	p. maxillary and mandibular	\$200.00		\$101.85	
42418	p. maxillary	\$169.36		\$89.58	
42428	p. mandibular	\$169.36		\$89.58	
42438	p. maxillary and mandibular	\$321.85		\$170.21	
<i>Light/Cured</i>					
32410	c. maxillary	\$154.60		\$82.46	
32420	c. mandibular	\$154.60		\$82.46	
32430	c. maxillary and mandibular	\$293.73		\$156.67	
42416	p. maxillary	\$154.60		\$82.46	
42426	p. mandibular	\$154.60		\$82.46	
42436	p. maxillary and mandibular	\$293.73		\$158.71	

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<b>Rebases</b>					
1 per prosthesis in any 24 months					
<i>Lab Processed/Functional Impression</i>					
33117	c. maxillary	\$387.97		\$205.64	
33127	c. mandibular	\$387.97		\$205.64	
33137	c. maxillary and mandibular	\$737.13		\$390.71	
43116	p. maxillary	\$387.97		\$205.64	
43126	p. mandibular	\$387.97		\$205.64	
43136	p. maxillary and mandibular	\$737.13		\$390.71	
<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	
<b>Repairs and Additions</b>					
1 per prosthesis in any 12 months					
<i>w/o Impression</i>					
36110	c. maxillary	\$45.30	L	\$24.43	
36120	c. mandibular	\$45.30	L	\$24.43	
46110	p. maxillary	\$45.30	L	\$24.43	
46120	p. mandibular	\$45.30	L	\$24.43	
<i>w/ Impression</i>					
36210	c. maxillary	\$62.04	L	\$31.56	
36220	c. mandibular	\$62.04	L	\$31.56	
46210	p. maxillary	\$62.04	L	\$31.56	
46220	p. mandibular	\$62.04	L	\$31.56	
<i>Add/ Teeth/ Clasp</i>					
46310	p. maxillary	\$69.91	L	\$37.67	
46320	p. mandibular	\$69.91	L	\$37.67	
<b>Tissue Conditioning</b>					
1 per prosthesis in any 24 months					
37110	c. maxillary	\$59.08		\$31.56	
37120	c. mandibular	\$59.08		\$31.56	
47110	p. maxillary	\$59.08		\$31.56	
47120	p. mandibular	\$59.08		\$31.56	
<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