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MANITOBA NIHB Regional Dental Benefit Grid Denturists

Effective Date
July 1, 2016

- 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:

“+L” will appear on predetermination letters where laboratory fees are eligible.

- Claiming:

When submitting claims for procedure codes which have laboratory fees eligible under the Program, denturists must submit using procedure code (98888) – Laboratory Fee (excluding 71309, 71310, 71311, 71313, 71314, 71315, 71010, 72021).

Should you have any questions, please contact the Provider Claims Processing Call Centre at 1-888-511-4666.

MANITOBA
NIHB Regional Dental Benefit Grid
DENTURISTS

Code	Service	Fee	Laboratory Fee	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	\$46.28		
10104	Emergency/ Specific Nature 1 in any 12 months	\$16.76		
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 dentures includes the tissue conditioner, but not the processed relined/rebase. The overall cost of replacement for a denture may be adjusted in situations where claims for relined/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	\$524.52	\$287.09	
31320	c. mandibular	\$560.51	\$287.09	
<i>Overdenture</i>				
31610	c. maxillary	\$637.63	\$489.11	P
31620	c. mandibular	\$647.93	\$510.36	P
Complete Dentures, Immediate 1 per arch in any 96 months				
<i>Standard</i>				
31311	c. maxillary	\$668.51	\$350.87	P
31321	c. mandibular	\$714.79	\$350.87	P
Partial Dentures Cast Frame 1 per arch in any 96 months				
<i>Free End - Standard</i>				
41114	p. maxillary	\$565.66	\$467.84	P
41124	p. mandibular	\$581.09	\$467.84	P
<i>Tooth Borne - Standard</i>				
41254	p. maxillary	\$485.43	\$512.50	P
41264	p. mandibular	\$509.09	\$512.50	P
Partial Dentures Acrylic Base, w/ Clasps 1 per arch in any 60 months				
<i>Standard</i>				
41610	p. maxillary	\$524.52	\$318.98	P
41620	p. mandibular	\$545.09	\$318.98	P
<i>Transitional</i>				
41710	p. maxillary	\$370.26	\$233.92	P
41720	p. mandibular	\$370.26	\$233.92	P
Partial Dentures Acrylic Base, w/o Clasps 1 per arch in any 60 months				
<i>Standard</i>				
41612	p. maxillary	\$483.38	\$265.82	P
41622	p. mandibular	\$519.37	\$265.82	P

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<i>Transitional</i>				
41712	p. maxillary	\$370.26	\$233.92	P
41722	p. mandibular	\$370.26	\$233.92	P
Relines				
1 per prosthesis in any 24 months				
<i>Lab Processed/Functional Impression</i>				
32110	c. maxillary	\$168.66	\$91.45	
32120	c. mandibular	\$168.66	\$91.45	
42116	p. maxillary	\$168.66	\$91.45	
42126	p. mandibular	\$168.66	\$91.45	
<i>Self-polymerized/ Lab Processed</i>				
32215	c. maxillary	\$168.66	\$91.45	
32225	c. mandibular	\$168.66	\$91.45	
42210	p. maxillary	\$168.66	\$91.45	
42220	p. mandibular	\$168.66	\$91.45	
<i>Chairside</i>				
32316	c. maxillary	\$84.84	\$49.88	
32326	c. mandibular	\$91.97	\$54.07	
32418	c. maxillary	\$97.16	\$57.12	
32428	c. mandibular	\$97.16	\$57.12	
42316	p. maxillary	\$91.32	\$53.69	
42326	p. mandibular	\$142.48	\$83.77	
42418	p. maxillary	\$97.16	\$57.12	
42428	p. mandibular	\$97.16	\$57.12	
<i>Light/Cured</i>				
32410	c. maxillary	\$193.41	\$32.84	
32420	c. mandibular	\$193.41	\$32.84	
42416	p. maxillary	\$193.41	\$32.84	
42426	p. mandibular	\$193.41	\$32.84	
Rebases				
1 per prosthesis in any 24 months				
<i>Lab Processed/Functional Impression</i>				
33117	c. maxillary	\$277.68	\$170.12	
33127	c. mandibular	\$277.68	\$170.12	
43116	p. maxillary	\$277.68	\$170.12	
43126	p. mandibular	\$277.68	\$170.12	
<i>Self-polymerized/ Lab Processed</i>				
33217	c. maxillary	\$188.22	\$95.69	
33227	c. mandibular	\$200.57	\$102.07	
43217	p. maxillary	\$200.57	\$102.07	
43227	p. mandibular	\$212.88	\$107.39	
Repairs and Additions				
1 per prosthesis in any 12 months				
<i>w/o Impression</i>				
36110	c. maxillary	\$46.28	\$37.22	
36120	c. mandibular	\$46.28	\$37.22	
46110	p. maxillary	\$46.28	\$37.22	
46120	p. mandibular	\$46.28	\$37.22	

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Code	Service	Fee	Laboratory Fee	PD
<i>w/ Impression</i>				
36210	c. maxillary	\$74.04		\$40.40
36220	c. mandibular	\$74.04		\$40.40
46210	p. maxillary	\$74.04		\$40.40
46220	p. mandibular	\$74.04		\$40.40
<i>Addition of tooth or clasp</i>				
46310	p. maxillary	\$46.28	L	\$37.22
46320	p. mandibular	\$46.28	L	\$37.22
Additional Repair Materials (ARM)				
To be used, when appropriate, in addition to eligible regular repair procedure codes. Submissions involving multiple claim lines for the same ARM code must be submitted as post-determinations to the Dental Predetermination Centre (DPC) for review.				
71010	Clasp (wrought)			\$46.01
71309	Matrix			\$14.25
71310	Repair Model			\$14.25
71311	Opposing Model			\$26.80
71313	New Tooth (each)			\$12.62
71314	Multiple Fracture			\$18.73
71315	Addition (Flange)			\$18.73
72021	Reinforcement (Wire Bar)			\$38.68
Tissue Conditioning				
1 per prosthesis in any 24 months				
37110	c. maxillary	\$82.28		
37120	c. mandibular	\$82.28		
47110	p. maxillary	\$167.68		
47120	p. mandibular	\$167.68		
Adjustments				
58110	c. maxillary and mandibular; p. maxillary and mandibular (one unit of time)	\$44.23		
Laboratory Procedure				
98888	Laboratory Fee	I.C.		P