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# PRINCE EDWARD ISLAND NIHB Regional Dental Benefit Grid Denturists

**Effective Date**  
May 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.



**PRINCE EDWARD ISLAND**  
**NIHB Regional Dental Benefit Grid**  
**DENTURISTS**

Code	Service	Fee	Laboratory Fee	PD
<b>EXAMINATIONS</b>				
Denturists Examination will not count against the eligible maximum examinations allowable for a client.				
10010	General Oral Examination <b>1 in any 60 months</b>	\$102.85		
10104	Emergency/ Specific Nature <b>1 in any 12 months</b>	\$56.57		
<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 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	\$565.66	\$385.96	
31320	c. mandibular	\$565.66	\$385.96	
<i>Overdenture</i>				
31610	c. maxillary	\$580.06	\$304.10	P
31620	c. mandibular	\$580.06	\$304.10	P
<b>Complete Dentures, Immediate</b>				
1 per arch in any 96 months				
<i>Standard</i>				
31311	c. maxillary	\$565.66	\$409.36	P
31321	c. mandibular	\$565.66	\$409.36	P
<b>Partial Dentures Cast Frame</b>				
1 per arch in any 96 months				
<i>Free End - Standard</i>				
41114	p. maxillary	\$560.51	\$362.58	P
41124	p. mandibular	\$560.51	\$362.58	P
<i>Tooth Borne - Standard</i>				
41254	p. maxillary	\$565.66	\$340.25	P
41264	p. mandibular	\$565.66	\$340.25	P
<b>Partial Dentures Acrylic Base, w/ Clasps</b>				
1 per arch in any 60 months				
<i>Standard</i>				
41610	p. maxillary	\$452.52	\$297.71	P
41620	p. mandibular	\$452.52	\$297.71	P
<i>Transitional</i>				
41710	p. maxillary	\$201.57	\$140.35	P
41720	p. mandibular	\$201.57	\$140.35	P
<b>Partial Dentures Acrylic Base, w/o Clasps</b>				
1 per arch in any 60 months				
<i>Standard</i>				
41612	p. maxillary	\$363.06	\$220.10	P
41622	p. mandibular	\$379.50	\$228.60	P
<i>Transitional</i>				
41712	p. maxillary	\$201.57	\$140.35	P
41722	p. mandibular	\$201.57	\$140.35	P

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Code	Service	Fee	Laboratory Fee	PD
<b>Relines</b>				
1 per prosthesis in any 24 months				
<i>Lab Processed/Functional Impression</i>				
32110	c. maxillary	\$174.84		\$159.49
32120	c. mandibular	\$174.84		\$159.49
42116	p. maxillary	\$153.23		\$118.03
42126	p. mandibular	\$169.69		\$125.46
<i>Self-polymerized/ Lab Processed</i>				
32215	c. maxillary	\$132.68		\$106.33
32225	c. mandibular	\$143.98		\$113.77
42210	p. maxillary	\$137.81		\$109.52
42220	p. mandibular	\$152.21		\$116.96
<i>Chairside</i>				
32316	c. maxillary	\$143.98		\$61.71
32326	c. mandibular	\$154.78		\$66.33
32418	c. maxillary	\$118.71		\$89.03
32428	c. mandibular	\$134.59		\$100.94
42316	p. maxillary	\$120.95		\$51.84
42326	p. mandibular	\$136.06		\$58.31
42418	p. maxillary	\$123.42		\$92.57
42428	p. mandibular	\$121.06		\$90.80
<i>Light/Cured</i>				
32410	c. maxillary	\$113.89		\$74.33
32420	c. mandibular	\$121.36		\$79.20
42416	p. maxillary	\$119.49		\$77.98
42426	p. mandibular	\$128.20		\$83.66
<b>Rebases</b>				
1 per prosthesis in any 24 months				
<i>Lab Processed/Functional Impression</i>				
33117	c. maxillary	\$308.54		\$212.65
33127	c. mandibular	\$308.54		\$212.65
43116	p. maxillary	\$231.41		\$132.91
43126	p. mandibular	\$231.41		\$132.91
<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
<b>Repairs and Additions</b>				
1 per prosthesis in any 12 months				
<i>w/o Impression</i>				
36110	c. maxillary	\$40.45		\$26.40
36120	c. mandibular	\$40.45		\$26.40
46110	p. maxillary	\$40.45		\$26.40
46120	p. mandibular	\$40.45		\$26.40
<i>w/ Impression</i>				
36210	c. maxillary	\$56.01		\$36.55
36220	c. mandibular	\$56.01		\$36.55
46210	p. maxillary	\$56.01		\$36.55
46220	p. mandibular	\$56.01		\$36.55
<i>Addition of tooth or clasp</i>				
46310	p. maxillary	\$59.12	L	\$38.58
46320	p. mandibular	\$59.12	L	\$38.58

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Code	Service	Fee	Laboratory Fee	PD
<b>Additional Repair Materials (ARM)</b>				
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)		\$54.46	
71309	Matrix		\$17.31	
71310	Repair Model		\$17.31	
71311	Opposing Model		\$26.80	
71313	New Tooth (each)		\$31.05	
71314	Multiple Fracture		\$21.17	
71315	Addition (Flange)		\$28.00	
72021	Reinforcement (Wire Bar)		\$68.21	
<b>Tissue Conditioning</b>				
1 per prosthesis in any 24 months				
37110	c. maxillary	\$61.71		
37120	c. mandibular	\$61.71		
47110	p. maxillary	\$61.71		
47120	p. mandibular	\$61.71		
<b>Adjustments</b>				
58110	c. maxillary and mandibular; p. maxillary and mandibular (one unit of time)	\$44.23		
<b>Laboratory Procedure</b>				
98888	Laboratory Fee	I.C.		P