



NORTHWEST TERRITORIES

NIHB Regional Dental Benefit Grid

Denturists

Effective Date
February 1, 2019

- 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 identified with 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

- NIHB Dental Benefit Grid:

“L” designation under the Laboratory Fee column corresponds to external commercial laboratory fee expenses allowed for certain procedure codes (variable 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).



Reminder: Additional Repair Materials (ARM) procedure codes

The ARM procedure codes (71309, 71310, 71311, 71313, 71314, 71315, 71010, 72021) are assigned only a fixed internal lab fee and are to be used, when appropriate, only in addition to eligible regular repair procedure codes*.

These specified ARM procedure codes, as with the eligible regular repair codes, do not require predetermination (PD) and can be sent directly to Express Scripts Canada for payment **EXCEPT** where a submission involves multiple claim lines for the same ARM code, for the same client, on the same DOS. **Denturists must send submissions involving multiple claim lines for the same ARM code as post-determinations (post-approvals) to the Dental Predetermination Centre (DPC) for review.** If such submissions are sent directly to Express Scripts Canada and not supported by a PD number, only the first ARM claim line will be paid and all duplicate ARM claim lines will be rejected. The rejected claim lines will then need to be submitted to DPC for review.

* NIHB eligible regular repair codes: 36110, 36120, 46110, 46120, 36210, 36220, 46210, 46220, 46310, 46320. Please be reminded that these procedure codes have a frequency limitation of 1 (one) per prosthesis in any 12 month period.

For more information on the billing process for the Additional Repair Materials (ARM) procedure codes, please refer to the NIHB Newsletter Fall 2018 at:
http://provider.express-scripts.ca/Documents/Dental/Newsletters/2018/NIHB_Dental_Newsletter_Fall_2018_ROC.pdf

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

NORTHWEST TERRITORIES
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 | \$78.01 | | |
| 10104 | Emergency/Specific Nature 1 in any 12 months | \$50.41 | | |
| 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 for complete and partial dentures may include, if required, impressions, models and opposing models, bite registration, articulation, try-in, and insertion. The fee also includes a three (3) month period of post-insertion care. | | | | |
| The fee for immediate dentures includes the tissue conditioner, but not the processed reline/rebase. | | | | |
| Denture adjustments done on the same date of service and in conjunction with the delivery of new dentures, denture repairs, relines, rebases and/or tissue conditioning, are included in the fees billed and paid for these services. | | | | |
| 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 | \$512.54 | \$420.12 | |
| 31320 | c. mandibular | \$512.54 | \$420.12 | |
| <i>Overdenture</i> | | | | |
| 31610 | c. maxillary | \$512.54 | \$420.12 | P |
| 31620 | c. mandibular | \$512.54 | \$420.12 | P |
| Complete Dentures, Immediate | | | | |
| 1 per arch in any 96 months | | | | |
| <i>Standard</i> | | | | |
| 31311 | c. maxillary | \$582.19 | \$420.12 | P |
| 31321 | c. mandibular | \$582.19 | \$420.12 | P |
| Partial Dentures Cast Frame | | | | |
| 1 per arch in any 96 months | | | | |
| <i>Free End - Standard</i> | | | | |
| 41114 | p. maxillary | \$512.54 | \$420.12 | P |
| 41124 | p. mandibular | \$512.54 | \$420.12 | P |
| <i>Tooth Borne - Standard</i> | | | | |
| 41254 | p. maxillary | \$512.54 | \$420.12 | P |
| 41264 | p. mandibular | \$512.54 | \$420.12 | P |
| <i>Free End or Tooth Borne - Standard</i> | | | | |
| 41145 | p. maxillary | \$459.23 | \$306.15 | P |
| 41146 | p. mandibular | \$512.01 | \$306.15 | P |
| Partial Dentures Acrylic Base, w/ Clasps | | | | |
| 1 per arch in any 60 months | | | | |
| <i>Standard</i> | | | | |
| 41610 | p. maxillary | \$480.87 | \$336.09 | P |
| 41620 | p. mandibular | \$480.87 | \$336.09 | P |
| <i>Transitional</i> | | | | |
| 41710 | p. maxillary | \$272.91 | \$160.64 | P |
| 41720 | p. mandibular | \$272.91 | \$160.64 | P |

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
DENTURISTS

| Code | Service | Fee | Laboratory Fee | PD |
|--|---------------|----------|----------------|----|
| Partial Dentures Acrylic Base, w/o Clasps | | | | |
| 1 per arch in any 60 months | | | | |
| <i>Standard</i> | | | | |
| 41612 | p. maxillary | \$468.78 | \$235.27 | P |
| 41622 | p. mandibular | \$468.78 | \$235.27 | P |
| <i>Transitional</i> | | | | |
| 41712 | p. maxillary | \$215.99 | \$150.40 | P |
| 41722 | p. mandibular | \$215.99 | \$150.40 | P |
| Relines | | | | |
| 1 per prosthesis in any 24 months | | | | |
| <i>Lab Processed/Functional Impression</i> | | | | |
| 32110 | c. maxillary | \$163.08 | \$123.24 | |
| 32120 | c. mandibular | \$163.08 | \$123.24 | |
| 42116 | p. maxillary | \$179.40 | \$134.45 | |
| 42126 | p. mandibular | \$179.40 | \$134.45 | |
| <i>Self-polymerized/Lab Processed</i> | | | | |
| 32215 | c. maxillary | \$172.75 | \$123.24 | |
| 32225 | c. mandibular | \$172.75 | \$123.24 | |
| 42210 | p. maxillary | \$172.75 | \$123.24 | |
| 42220 | p. mandibular | \$172.75 | \$123.24 | |
| <i>Chairside</i> | | | | |
| 32316 | c. maxillary | \$85.13 | \$61.99 | |
| 32326 | c. mandibular | \$85.13 | \$61.99 | |
| 32418 | c. maxillary | \$86.58 | \$63.04 | |
| 32428 | c. mandibular | \$86.58 | \$63.04 | |
| 42316 | p. maxillary | \$89.91 | \$65.46 | |
| 42326 | p. mandibular | \$89.91 | \$65.46 | |
| 42418 | p. maxillary | \$86.58 | \$63.04 | |
| 42428 | p. mandibular | \$86.58 | \$63.04 | |
| <i>Light/Cured</i> | | | | |
| 32410 | c. maxillary | \$116.71 | \$84.97 | |
| 32420 | c. mandibular | \$116.71 | \$84.97 | |
| 42416 | p. maxillary | \$122.45 | \$89.15 | |
| 42426 | p. mandibular | \$122.45 | \$89.15 | |
| Rebases | | | | |
| 1 per prosthesis in any 24 months | | | | |
| <i>Lab Processed/Functional Impression</i> | | | | |
| 33117 | c. maxillary | \$195.62 | \$131.86 | |
| 33127 | c. mandibular | \$195.62 | \$131.86 | |
| 43116 | p. maxillary | \$195.62 | \$143.85 | |
| 43126 | p. mandibular | \$195.62 | \$143.85 | |
| <i>Self-polymerized/Lab Processed</i> | | | | |
| 33217 | c. maxillary | \$201.69 | \$102.54 | |
| 33227 | c. mandibular | \$201.69 | \$102.54 | |
| 43217 | p. maxillary | \$212.20 | \$107.88 | |
| 43227 | p. mandibular | \$212.20 | \$107.88 | |

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
DENTURISTS

| Code | Service | Fee | Laboratory Fee | PD |
|--|--|---------|----------------|----|
| Repairs and Additions | | | | |
| 1 per prosthesis in any 12 months. The fee for a complete denture repair solely to add teeth includes the cost of the first tooth. | | | | |
| <i>w/o Impression</i> | | | | |
| 36110 | c. maxillary | \$35.81 | \$26.87 | |
| 36120 | c. mandibular | \$35.81 | \$26.87 | |
| 46110 | p. maxillary | \$35.81 | \$26.87 | |
| 46120 | p. mandibular | \$35.81 | \$26.87 | |
| <i>w/ Impression</i> | | | | |
| 36210 | c. maxillary | \$69.65 | \$43.19 | |
| 36220 | c. mandibular | \$69.65 | \$43.19 | |
| 46210 | p. maxillary | \$69.65 | \$43.19 | |
| 46220 | p. mandibular | \$69.65 | \$43.19 | |
| Addition of tooth or clasp | | | | |
| "L" is considered only for addition of a cast clasp | | | | |
| 46310 | p. maxillary | \$68.08 | L \$51.07 | |
| 46320 | p. mandibular | \$68.08 | L \$51.07 | |
| Additional Repair Materials (ARM) | | | | |
| To be used, when appropriate, only 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 (each) | | \$61.40 | |
| 71309 | Matrix - Lab produced, no impression | | \$19.51 | |
| 71310 | Repair Model - Lab produced, no impression | | \$19.51 | |
| 71311 | Opposing Model - impression required | | \$30.21 | |
| 71313 | New Tooth (each) | | \$35.00 | |
| 71314 | Multiple Fracture - per denture | | \$23.87 | |
| 71315 | Addition - flange - per denture | | \$31.57 | |
| 72021 | Reinforcement - wire bar | | \$76.90 | |
| Tissue Conditioning | | | | |
| 1 per prosthesis in any 24 months | | | | |
| 37110 | c. maxillary | \$62.68 | | |
| 37120 | c. mandibular | \$62.68 | | |
| 47110 | p. maxillary | \$62.68 | | |
| 47120 | p. mandibular | \$62.68 | | |
| Adjustments | | | | |
| 58110 | c. maxillary and mandibular; p. maxillary and mandibular (one unit of time) | \$49.87 | | |
| Laboratory Procedure | | | | |
| 98888 | Laboratory Fee | I.C. | | P |