QUEBEC NIHB Regional Dental Benefit Grid General Practitioners and Specialists

Effective Date May 1, 2017

- The coverage of dental services provided through the NIHB Program will be reimbursed in accordance with the terms and conditions of the Program.
- Schedule B Procedures require Predetermination.
- 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.
- Specialists are compensated at specialist rates for selected procedures within their specialty. For all other procedures, Specialists are compensated at General Practitioners' rates.

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



General Practitioners and Specialists

For	clients und	er ten (10) y	ears of age,	, certain den	tal services	are covere	d by the RAI	MQ.
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
0.0 DIAGNO	OSTIC							
0.1 EXAMIN	ATIONS							
Maximum eli	gibility of exan	ninations: age	s 17+: up to 3	in any 12 moi	nths; under 17	7: up to 4 in ar	y 12 months.	Frequency
limitations ta	ke into accour	nt overall inter	action betwee	n various exar	mination servi	ces rendered	by same provi	der, different
providers wit	hin the same of	office or differe	ent office, and	their eligibility	period.			
Specialty cor	mplete and Sp	ecialty limited	examinations	(performed by	y specialists o	only) will not co	ount against th	ne eligible
	aminations all							
=	ral Examinati							
1 in any 60 n	nonths - when	a complete e	xamination is p	provided, it rep	places the rec	all for the resp	ective eligible	period.
Primary and	Mixed Dentit	tion						
01110		\$63.86						
01120		\$76.43						
01151						\$79.34		
01155						\$97.62		
Permanent I	Dentition		<u> </u>			* -		
	for clients age	12 and older						
01130	l	\$112.02						
01156		********				\$120.57		
Recall Exam	nination					ψ.Ξο.σ.		
	n any 12 monti	hs: under 17:	1 in any 6 moi	nths				
01152	1		l			\$64.92		
01200		\$61.77				ψ01.02		
01250		\$47.11						
01255		Ψ7.11				\$65.27		
	ı II Examinatio	<u>l</u> n				ψ03.21		
1 in any 12 n		''						
01154		1	I			\$43.84		
01400		\$32.44				ψ+3.0+		
	Oral Examina							
1 in any 12 n		ition						
01153			I			\$43.84		
01105						ψ+3.0+	\$90.03	
01300		\$32.44					ψου.σο	
01305		Ψ32.44					\$32.44	
01505				\$32.44			φυ2.44	
01713	1			φυ2.44				\$49.68
	xamination -	Limited						φ49.00
-	nonths/special		ferral and just	ification for the	referral)			
01405	Попиль/эресіаі Т	T With Grade	lerrar and just		e relettal)	Π	\$22.44	
01405	+	1					\$32.44	¢22.44
			¢00.70					\$32.44
01802	DARUC	<u> </u>	\$82.72					
0.2 RADIOG								
	omplete Serie	s						
1 in any 60 n						(a.a		
	vered in conjur	nction with a p		ograph for the	time period (,	
02110			\$61.77			\$79.57	\$79.57	\$79.57
02111								\$79.57

General Practitioners and Specialists

For	clients und	er ten (10) ye	ars of age,	certain dent	al services	are covered	by the RAM	Q.
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
Intraoral (1-1			L					
10 in any 12 i	months							
02111		\$23.78						
02112		\$29.32						
02113		\$37.70						
02114		\$48.17						
02115		\$57.59						
02116		\$68.05						
02121			\$23.78			\$23.04	\$23.04	\$23.04
02122							\$29.32	\$29.32
02123							\$37.70	
02124							\$48.17	
02131		\$26.43						
02132		\$33.50						
02135			\$26.43			\$26.43	\$26.18	\$26.18
02139			\$32.60			\$32.60	\$16.76	\$16.76
02141		\$23.78						
02142		\$29.32						
02143		\$37.70						
02144		\$48.17						
02150			\$32.60			\$16.76	\$16.76	\$16.76
02154								\$48.17
02171			\$23.04					
02172			\$29.32					
02173			\$37.70					
02174			\$48.17					
02175			\$56.57					
	onths; up to 3 ered in conjur	in a lifetime	mplete series	for the time p	eriod (60 ma	onths).		
02600		\$63.86		j				
02601			\$62.73					
02610			\$59.90			\$63.86	\$63.86	\$63.86
0.3 LABORA	TORY TESTS		•	•			•	
04302	L	\$116.21						
04305			\$197.14	\$200.69		\$200.69	\$200.69	
04311	L	\$98.43						
04312	L	\$235.58						
04315			\$107.84	\$107.84		\$107.84	\$107.84	
04316			\$270.12	\$270.12		\$270.12	\$253.37	
04319	L			\$114.16				
04324	L					\$157.81		
04325	L					\$132.48		
04326	L					\$316.61		

General Practitioners and Specialists

	clients unde							
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
.0 PREVE	NTION							
Prophylaxis								
Age 17+: 1 in	any 12 month	is; under age 1	17: 1 in any 6	months				
11100		\$18.61						
11200		\$24.23						
11205							\$24.23	
11300		\$27.26						
11305							\$27.26	
11400						\$18.61		
11410						\$24.23		
11420						\$27.26		
12156								\$27.2
opical Fluo	ride							
ligible only f	for clients unde	er age 17: 1 in	any 6 months	3.				
12400		\$29.00				\$29.00		
it and Fissi	ure Sealants							
ligible only f	for clients unde	er age 14 on th	ne occlusal su	ırface of perm	anent molar t	eeth and on the	e lingual surfa	ce of
ermanent m	axillary incisor	teeth where s	urfaces are u	nrestored.				
13401		\$42.00						
13404		\$34.00					İ	
		ΨΟ 1.00						
13430		φο 1.00				\$50.40		
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur	ma and Pain C o (2) teeth in a ma and Pain C	Control lifetime, as an ontrol should r	not be conside			ction with any		
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur procedures: r	ma and Pain Coo (2) teeth in a ma and Pain Corestorations, operations, operati	Control lifetime, as an ontrol should r oen and drain,	not be conside			ction with any		
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur procedures: r DOS) and fo	ma and Pain C o (2) teeth in a ma and Pain C	Control lifetime, as an ontrol should r oen and drain, oth.	not be conside pulpectomy,			ction with any		
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur Procedures: r DOS) and fo	ma and Pain Coo (2) teeth in a ma and Pain Corestorations, operations, operati	Control lifetime, as an ontrol should r oen and drain,	not be conside			ction with any uested with the		
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur Procedures: r DOS) and for 20111 20115	ma and Pain Coo (2) teeth in a ma and Pain Corestorations, operations, operati	Control lifetime, as an ontrol should r oen and drain, oth.	not be conside pulpectomy, \$55.49			ction with any		
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur rocedures: r DOS) and fo 20111 20115 20119	ma and Pain Coo (2) teeth in a ma and Pain Corestorations, operations, operati	Control lifetime, as an ontrol should roen and drain, oth. \$55.49	not be conside pulpectomy,			ction with any uested with the		
13430 O RESTO Caries/Traur Maximum two Caries, Traur rocedures: r DOS) and for 20111 20115 20119 20121	ma and Pain Coo (2) teeth in a ma and Pain Corestorations, operations, operati	Control lifetime, as an ontrol should r oen and drain, oth.	not be conside pulpectomy, \$55.49			ction with any uested with the		
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur rocedures: r DOS) and for 20111 20115 20119 20121 20125	ma and Pain Coo (2) teeth in a ma and Pain Corestorations, operations, operati	Control lifetime, as an ontrol should roen and drain, oth. \$55.49	not be conside pulpectomy, \$55.49			ction with any uested with the		
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur rocedures: r DOS) and fo 20111 20115 20119 20121 20125 20131	ma and Pain Coo (2) teeth in a ma and Pain Corestorations, operations, operati	Control lifetime, as an ontrol should roen and drain, oth. \$55.49	not be conside pulpectomy, \$55.49			ction with any uested with the \$68.19		
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur rocedures: r DOS) and for 20111 20115 20119 20121 20125 20131 20160	ma and Pain Coo (2) teeth in a ma and Pain Corestorations, operations, operati	Control lifetime, as an ontrol should roen and drain, oth. \$55.49 \$84.57	not be conside pulpectomy, \$55.49			ction with any uested with the		
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur Procedures: r DOS) and for 20111 20115 20119 20121 20125 20131 20160 20161	ma and Pain C o (2) teeth in a ma and Pain C restorations, op or the same too	Control lifetime, as an ontrol should roen and drain, oth. \$55.49 \$84.57	\$55.49 \$84.57	pulpotomy, ro		ction with any uested with the \$68.19		
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur Procedures: r DOS) and for 20111 20115 20119 20121 20125 20131 20160 20161 Restorations	ma and Pain Co (2) teeth in a ma and Pain Co restorations, oper the same too	Control lifetime, as an ontrol should roen and drain, oth. \$55.49 \$84.57 \$24.67 \$58.64 omposite; ful	\$55.49 \$84.57	pulpotomy, ro	oot canal if req	section with any uested with the \$68.19 \$84.57	e same date o	f service
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur Procedures: r DOS) and for 20111 20115 20119 20121 20125 20131 20160 20161 Restorations Primary incisi	ma and Pain Co (2) teeth in a ma and Pain Co restorations, oper the same too	Sontrol lifetime, as an ontrol should roen and drain, oth. \$55.49 \$84.57 \$24.67 \$58.64 omposite; ful gible only for control should round r	\$55.49 \$84.57	pulpotomy, ro	oot canal if req	section with any uested with the \$68.19 \$84.57	e same date o	f service
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur rocedures: r DOS) and for 20111 20115 20119 20121 20125 20131 20160 20161 Restorations rimary incisiny 12 month	ma and Pain Co (2) teeth in a ma and Pain Co restorations, oper the same too	Sontrol lifetime, as an ontrol should roen and drain, oth. \$55.49 \$84.57 \$24.67 \$58.64 omposite; ful gible only for covider or difference.	\$55.49 \$84.57	pulpotomy, ro	oot canal if req	section with any uested with the \$68.19 \$84.57	e same date o	f service
13430 O RESTO Caries/Traur Maximum two Caries, Traur rocedures: r DOS) and for 20111 20115 20119 20121 20125 20131 20160 20161 Restorations rimary inciseny 12 month	ma and Pain Co (2) teeth in a ma and Pain Co restorations, oper the same too	Sontrol lifetime, as an ontrol should roen and drain, oth. \$55.49 \$84.57 \$24.67 \$58.64 omposite; ful gible only for covider or different \$47.11	\$55.49 \$84.57	pulpotomy, ro	oot canal if req	section with any uested with the \$68.19 \$84.57	e same date o	f service
13430 O RESTO Caries/Traur Maximum two Caries, Traur rocedures: r DOS) and for 20111 20115 20119 20121 20125 20131 20160 20161 Cestorations rimary inciseny 12 month	ma and Pain Co (2) teeth in a ma and Pain Co restorations, oper the same too	Sontrol lifetime, as an ontrol should roen and drain, oth. \$55.49 \$84.57 \$24.67 \$58.64 omposite; ful gible only for covider or different states and states are shown as a second states are sh	\$55.49 \$84.57	pulpotomy, ro	oot canal if req	section with any uested with the \$68.19 \$84.57	e same date o	f service
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur rocedures: r DOS) and for 20111 20115 20119 20121 20125 20131 20160 20161 Restorations Primary incis ny 12 month 21101 21102 21103	ma and Pain Co (2) teeth in a ma and Pain Co restorations, oper the same too	\$58.64 omposite; ful gible only for covider or different \$47.11 \$96.31 \$116.21	\$55.49 \$84.57	pulpotomy, ro	oot canal if req	section with any uested with the \$68.19 \$84.57	e same date o	f service
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur rocedures: r DOS) and for 20111 20115 20119 20121 20125 20131 20160 20161 Restorations rimary incis rny 12 month 21101 21102 21103 21104	ma and Pain Co (2) teeth in a ma and Pain Co restorations, oper the same too	Sontrol lifetime, as an ontrol should roen and drain, oth. \$55.49 \$84.57 \$24.67 \$58.64 omposite; ful gible only for covider or different special speci	\$55.49 \$84.57	pulpotomy, ro	oot canal if req	section with any uested with the \$68.19 \$84.57	e same date o	f service
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur rocedures: r DOS) and fo 20111 20115 20119 20121 20125 20131 20160 20161 Restorations rimary incis ny 12 month 21101 21102 21103 21104 21105	ma and Pain Co (2) teeth in a ma and Pain Co restorations, oper the same too	Sontrol lifetime, as an ontrol should roen and drain, oth. \$55.49 \$84.57 \$24.67 \$58.64 omposite; ful gible only for covider or differed supply for covider	\$55.49 \$84.57	pulpotomy, ro	oot canal if req	section with any uested with the \$68.19 \$84.57	e same date o	f service
13430 .0 RESTO Caries/Traur daximum two Caries, Traur rocedures: r DOS) and fo 20111 20115 20119 20121 20125 20131 20160 20161 Cestorations rimary incis rny 12 month 21101 21102 21103 21104 21105 21121	ma and Pain Co (2) teeth in a ma and Pain Co restorations, oper the same too	\$84.57 \$84.57 \$24.67 \$58.64 \$10 \$116.21 \$153.89 \$47.11	\$55.49 \$84.57	pulpotomy, ro	oot canal if req	section with any uested with the \$68.19 \$84.57	e same date o	f service
13430 .0 RESTO caries/Traur daximum two caries, Traur rocedures: r DOS) and for 20111 20115 20119 20121 20125 20131 20160 20161 cestorations rimary incis ny 12 month 21101 21102 21103 21104 21105 21121 21122	ma and Pain Co (2) teeth in a ma and Pain Co restorations, oper the same too	\$84.57 \$84.57 \$24.67 \$58.64 \$96.31 \$116.21 \$147.61 \$153.89 \$47.11 \$96.31	\$55.49 \$84.57	pulpotomy, ro	oot canal if req	section with any uested with the \$68.19 \$84.57	e same date o	f service
13430 .0 RESTO Caries/Traur Maximum two Caries, Traur rocedures: r DOS) and for 20111 20115 20119 20121 20125 20131 20160 20161 Cestorations rimary incise rny 12 month 21101 21102 21103 21104 21105 21121 21122 21123	ma and Pain Co (2) teeth in a ma and Pain Co restorations, oper the same too	\$55.49 \$84.57 \$24.67 \$58.64 \$0mposite; ful gible only for covider or different \$47.11 \$96.31 \$116.21 \$147.61 \$153.89 \$47.11 \$96.31 \$116.21	\$55.49 \$84.57	pulpotomy, ro	oot canal if req	section with any uested with the \$68.19 \$84.57	e same date o	f service
13430 2.0 RESTO Caries/Traur Maximum two Caries, Traur rocedures: r DOS) and for 20111 20115 20119 20121 20125 20131 20160 20161 Restorations Primary incis ny 12 month 21101 21102 21103 21104 21105 21121 21122	ma and Pain Co (2) teeth in a ma and Pain Co restorations, oper the same too	\$84.57 \$84.57 \$24.67 \$58.64 \$96.31 \$116.21 \$147.61 \$153.89 \$47.11 \$96.31	\$55.49 \$84.57	pulpotomy, ro	oot canal if req	section with any uested with the \$68.19 \$84.57	e same date o	f service

General Practitioners and Specialists

For	clients und	er ten (10) ye	ars of age	, certain den	tal services	are covered	by the RA	MQ.
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
21142						\$131.52		
21143						\$157.81		
21144						\$200.69		
21145						\$237.69		
21151						\$63.32		
21152						\$131.52		
21153						\$157.81		
21154						\$200.69		
21155						\$237.69		
21161						\$65.27		
21162						\$134.45		
21163						\$160.73		
21164						\$210.42		
21165						\$264.01		
21211		\$48.17						
21212		\$99.46						
21213		\$119.35						
21214		\$155.99						
21215		\$196.83						
21221		\$64.92						
21222		\$113.08						
21223		\$147.61						
21224		\$181.13						
21225		\$231.38						
21231		\$48.17						
21232		\$99.46						
21233		\$119.35						
21234		\$155.99						
21235		\$196.83						
21241		\$64.92						
21242		\$113.08						
21243		\$147.61						
21244		\$181.13						
21245		\$231.38						
21251						\$88.65		
21252						\$151.98		İ
21253						\$200.69		
21254						\$244.52		
21255						\$309.79		
21261						\$65.27		
21262						\$134.45		
21263						\$160.73		İ
21264						\$210.42		
21265						\$264.01		1
21271						\$88.65		
21272						\$151.98		<u> </u>
21273						\$200.69		
21274						\$244.52		
21275						\$309.79		

General Practitioners and Specialists

For	clients und	er ten (10) ye	ars of age	, certain den	tal services	s are covered	l by the RA	MQ.
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
21291								\$47.11
21292								\$96.31
21293								\$116.21
21294								\$147.61
21295								\$180.58
21296								\$180.58
21301		\$23.78						
21302		\$37.70						
21303		\$50.25						
21304		\$61.77						
21391								\$41.15
21392								\$66.03
21393								\$90.91
21394								\$120.57
21395								\$297.34
21411						\$28.76		
21412						\$49.68		
21413						\$66.24		
21414						\$82.80		
22201		\$146.23						
22211		\$153.89						
22305						\$208.34		
22315						\$237.69		
22401		\$153.89						
22410						\$194.73		
22501		\$194.73						
23111		\$86.92						
23112		\$98.43						
23113		\$174.86						
23114		\$238.72						
23115		\$238.72						
23118		\$298.62						
23131						\$113.99		
23132						\$132.48		
23133						\$237.69		
23134						\$319.00		
23135						\$343.88		
23181								\$86.92
23182								\$86.92
23183						İ		\$98.43
23184								\$174.86
23185								\$238.72
23186						İ		\$298.62
23191								\$88.97
23192								\$144.48
23193								\$165.43
23194								\$223.00
23195								\$254.42
23196				1				\$254.42

General Practitioners and Specialists

For	clients und	er ten (10) ye	ars of age	, certain den	tal services	are covered	l by the RA	MQ.
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
23211		\$88.97						
23212		\$144.48						
23213		\$165.43						
23214		\$223.00						
23215		\$254.42						
23220		\$60.71						
23221		\$102.18						
23222		\$152.86						
23223		\$187.41						
23224		\$240.80						
23225		\$294.20						
23311		\$64.92						
23312		\$74.33						
23313		\$134.02						
23314		\$146.23						
23315		\$146.23						
23331						\$116.90		
23332						\$195.81		
23333						\$220.15		
23334						\$277.64		
23335						\$342.91		
23340						\$112.92		
23341						\$128.58		
23342						\$205.55		
23343						\$253.28		
23344						\$325.37		
23345						\$396.49		
23411		\$74.33						
23412		\$120.40						
23413		\$152.86						
23414		\$153.89						
23415		\$153.89						
23421		·				\$95.26		
23422						\$106.79		
23423						\$194.73		
23424						\$208.34		
23425						\$208.34		
23521						\$99.37		
23522		+				\$161.71		
23523		+				\$204.57		
23524		+				\$237.69		<u> </u>
23525		+				\$237.69		
29120		+				\$126.65		
29145		+				\$77.31		<u> </u>
epair to Cro	owns					ψ. γ. σ. σ. τ		<u>I</u>
in any 36 m	onths, per too	oth						
27236								\$254.4
27722	L	\$95.26			·			

General Practitioners and Specialists

Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
Post Remov								
	e, per permane	ent tooth				***		
25785						\$165.61		
26709								\$231.8
27731		\$65.18						
27732		\$130.37	#050.50					
39501	ion of Crown		\$358.50					
	tion of Crowns nonths, per too							
26710	Tioritris, per toc	I I	T					\$177.3
27112								\$86.7
27229								\$81.8
27240						+		\$146.4
29100		\$74.33				+		ψ140.4
29150		Ψ14.00				\$110.08		
29160						\$78.70		
3.0 ENDOD	ONTICS					φ/0./0		
		cy must be met	Diagonarefo	n to the Drevie	dan Mahaita. I	- 44 m - / // - 11 - 11 - 11 - 11 - 11 - 11	: al a m a v m m a a a	a a rimta a a /
Not covered	Pulpectomy for primary inc	cisor teeth.						
32240						\$115.92		
						\$115.92		
32340						\$125.66		
Root Canal						\$125.66		
Root Canal 3 3 in any 36 n	nonths for all to	eeth. Once the			ned, subseque	\$125.66	dures require	
Root Canal 3 in any 36 no predetermina	nonths for all to	rmination is red			ned, subseque	\$125.66	dures require	
Root Canal 3 in any 36 n predetermina 32201	nonths for all to	rmination is red \$85.86			ned, subseque	\$125.66	dures require	
Root Canal 3 in any 36 no predetermina 32201 32202	nonths for all to	rmination is red \$85.86 \$143.45			ned, subseque	\$125.66	dures require	
Root Canal 3 in any 36 n predetermina 32201 32202 32210	nonths for all to	rmination is red \$85.86	quired for 8's a		ned, subseque	\$125.66	dures require	
Root Canal 3 in any 36 n oredetermina 32201 32202 32210 32221	nonths for all to	rmination is red \$85.86 \$143.45	quired for 8's a		ned, subseque	\$125.66	dures require	
Root Canal 33 in any 36 no predetermina 32201 32202 32210 32221 32222	nonths for all to	rmination is red \$85.86 \$143.45	quired for 8's a		ned, subseque	\$125.66 ent RCT proced	dures require	
Root Canal 33 in any 36 n oredetermina 32201 32202 32210 32221 32222 32241	nonths for all to	rmination is red \$85.86 \$143.45	quired for 8's a		ned, subseque	\$125.66 ent RCT proced	dures require	
Root Canal 33 in any 36 noredetermina 32201 32202 32210 32221 32222 32241 32242	nonths for all to	rmination is red \$85.86 \$143.45	\$127.62 \$204.57		ned, subseque	\$125.66 ent RCT proced	dures require	
Root Canal 3 in any 36 n predetermina 32201 32202 32210 32221 32222 32241 32242 32311	nonths for all to	rmination is red \$85.86 \$143.45	\$127.62 \$204.57		ned, subseque	\$125.66 ent RCT proced	dures require	
Root Canal 3 in any 36 noredetermina 32201 32202 32210 32221 32222 32241 32242 32311 32312	nonths for all to	rmination is red \$85.86 \$143.45	\$127.62 \$204.57 \$143.20 \$179.24		ned, subseque	\$125.66 ent RCT proced	dures require	
Root Canal 3 in any 36 n oredetermina 32201 32202 32210 32221 32222 32241 32242 32311 32312 32313	nonths for all to	rmination is red \$85.86 \$143.45	\$127.62 \$204.57 \$143.20 \$179.24 \$235.20		ned, subseque	\$125.66 ent RCT proced	dures require	
Root Canal 3 in any 36 n oredetermina 32201 32202 32210 32221 32222 32241 32242 32311 32312 32313 32314	nonths for all to	rmination is red \$85.86 \$143.45	\$127.62 \$204.57 \$143.20 \$179.24		ned, subseque	\$125.66 ent RCT proced \$122.39 \$194.82	dures require	
Root Canal 3 in any 36 n oredetermina 32201 32202 32210 32221 32222 32241 32242 32311 32312 32313 32314 32341	nonths for all to	rmination is red \$85.86 \$143.45	\$127.62 \$204.57 \$143.20 \$179.24 \$235.20		ned, subseque	\$125.66 ent RCT proced \$122.39 \$194.82	dures require	
Root Canal 3 in any 36 n oredetermina 32201 32202 32210 32221 32222 32241 32242 32311 32312 32313 32314 32341 32343	nonths for all to	rmination is rec \$85.86 \$143.45 \$85.86	\$127.62 \$204.57 \$143.20 \$179.24 \$235.20		ned, subseque	\$125.66 ent RCT proced \$122.39 \$194.82	dures require	
Root Canal 3 in any 36 noredetermina 32201 32202 32210 32221 32222 32241 32242 32311 32312 32313 32314 32343 33100	nonths for all to	rmination is red \$85.86 \$143.45	\$127.62 \$204.57 \$143.20 \$179.24 \$235.20 \$275.35		ned, subseque	\$125.66 ent RCT proced \$122.39 \$194.82	dures require	
Root Canal 3 in any 36 n predetermina 32201 32202 32210 32221 32222 32241 32242 32311 32312 32313 32314 32341 32343 33100 33111	nonths for all to	rmination is rec \$85.86 \$143.45 \$85.86	\$127.62 \$204.57 \$143.20 \$179.24 \$235.20 \$275.35		ned, subseque	\$125.66 ent RCT proced \$122.39 \$194.82	dures require	
Root Canal 3 in any 36 n predetermina 32201 32202 32210 32221 32222 32241 32242 32311 32312 32313 32314 32343 33100 33111 33121	nonths for all to	rmination is rec \$85.86 \$143.45 \$85.86	\$127.62 \$204.57 \$143.20 \$179.24 \$235.20 \$275.35 \$633.21 \$779.34		ned, subseque	\$125.66 ent RCT proced \$122.39 \$194.82	dures require	
Root Canal 3 in any 36 n predetermina 32201 32202 32210 32221 32222 32241 32242 32311 32312 32313 32314 32341 32343 33100 33111 33121 33131	nonths for all to	rmination is rec \$85.86 \$143.45 \$85.86	\$127.62 \$204.57 \$143.20 \$179.24 \$235.20 \$275.35 \$633.21 \$779.34 \$1,047.24		ned, subseque	\$125.66 ent RCT proced \$122.39 \$194.82	dures require	
Root Canal 3 in any 36 n oredetermina 32201 32202 32210 32221 32222 32241 32242 32311 32312 32313 32314 32343 33100 33111 33121 33131 33141	nonths for all to	rmination is rec \$85.86 \$143.45 \$85.86	\$127.62 \$204.57 \$143.20 \$179.24 \$235.20 \$275.35 \$633.21 \$779.34		ned, subseque	\$125.66 ent RCT procect \$122.39 \$194.82 \$132.67 \$252.14	dures require	
Root Canal 3 in any 36 n predetermina 32201 32202 32210 32221 32222 32241 32242 32311 32312 32314 32341 32341 32341 32341 33111 33121 33131 33141 33150	nonths for all to	rmination is rec \$85.86 \$143.45 \$85.86	\$127.62 \$204.57 \$143.20 \$179.24 \$235.20 \$275.35 \$633.21 \$779.34 \$1,047.24		ned, subseque	\$125.66 ent RCT proced \$122.39 \$194.82 \$132.67 \$252.14 \$565.02	dures require	
Root Canal 3 in any 36 n predetermina 32201 32202 32210 32221 32222 32241 32242 32311 32312 32313 32314 32341 32343 33100 33111 33121 33131 33141 33150 33160	nonths for all to	rmination is rec \$85.86 \$143.45 \$85.86	\$127.62 \$204.57 \$143.20 \$179.24 \$235.20 \$275.35 \$633.21 \$779.34 \$1,047.24		ned, subseque	\$125.66 ent RCT proced \$122.39 \$194.82 \$132.67 \$252.14 \$565.02 \$746.49	dures require	
Root Canal 3 in any 36 n predetermina 32201 32202 32210 32221 32222 32241 32242 32311 32312 32314 32341 32341 32341 32341 33111 33121 33131 33141 33150	nonths for all to	rmination is rec \$85.86 \$143.45 \$85.86	\$127.62 \$204.57 \$143.20 \$179.24 \$235.20 \$275.35 \$633.21 \$779.34 \$1,047.24		ned, subseque	\$125.66 ent RCT proced \$122.39 \$194.82 \$132.67 \$252.14 \$565.02	dures require	

General Practitioners and Specialists

Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
33300		\$769.53						
33400		\$893.07						
33475		\$123.54						
39901		\$85.86						
39902		\$85.86						
39903		\$115.18						
39904		\$143.45						
39981		\$58.64						
39985		\$58.64						
pen/Drain			<u> </u>					
35112			\$242.90					
35121			\$242.90					
39201		\$41.88	\$127.62					
39202		\$101.56	\$179.24					
39241						\$56.50		
39242						\$142.97		
age 0 to 11: age 12 to 16	: 2 units in any	2 months in cor	combination v	vith root plani				
Age 12 to 16 Age 17+: 4 u Predetermina	: 2 units in any nits in any 12 i		combination voination with r	vith root plani				Φ50.0
age 0 to 11: age 12 to 16 age 17+: 4 u Predetermina 12250	: 2 units in any nits in any 12 i	/ 12 months in omenths in combod for additional	combination voination with r	vith root plani				\$58.0
ge 0 to 11: ge 12 to 16 ge 17+: 4 u redetermina 12250 12252	: 2 units in any nits in any 12 i	/ 12 months in combot of for additional \$33.50	combination voination with r	vith root plani				\$58.0
age 0 to 11: age 12 to 16 age 17+: 4 u redetermina 12250 12252 12254	: 2 units in any nits in any 12 i	/ 12 months in omenths in combod for additional	combination voination with r	vith root plani			tro co	
age 0 to 11: age 12 to 16: age 17+: 4 use redeterminates 12250 12252 12254 43401	: 2 units in any nits in any 12 i	/ 12 months in combot of for additional \$33.50	combination voination with r	vith root plani			\$69.60	\$58.0
age 0 to 11: age 12 to 16 age 17+: 4 u redetermina 12250 12252 12254 43401 43402	: 2 units in any nits in any 12 i	/ 12 months in combot of for additional \$33.50	combination voination with r	vith root plani			\$120.00	\$58.0 \$58.0 \$100.0
age 0 to 11: age 12 to 16 age 17+: 4 u redetermina 12250 12252 12254 43401 43402 43403	: 2 units in any nits in any 12 i	/ 12 months in combot of for additional \$33.50	combination voination with r	vith root plani			\$120.00 \$169.20	\$58.0 \$100.0 \$141.0
age 0 to 11: age 12 to 16 age 17+: 4 u bredetermina 12250 12252 12254 43401 43402 43403 43404	: 2 units in any nits in any 12 i	/ 12 months in combot of for additional \$33.50	combination voination with r	vith root plani			\$120.00	\$58.0 \$100.0 \$141.0 \$182.0
ge 0 to 11: ge 12 to 16 ge 17+: 4 u redetermina 12250 12252 12254 43401 43402 43403 43404 43405	: 2 units in any nits in any 12 i	y 12 months in combod for additional \$33.50	combination voination with r	vith root plani			\$120.00 \$169.20	\$58.0 \$100.0 \$141.0
age 0 to 11: age 12 to 16 age 17+: 4 u bredetermina 12250 12252 12254 43401 43402 43403 43404 43405 43411	: 2 units in any nits in any 12 i	y 12 months in combot months in combot side for additional \$33.50 \$33.50 \$33.50	combination voination with r	vith root plani			\$120.00 \$169.20	\$58.0 \$100.0 \$141.0 \$182.0
age 0 to 11: age 12 to 16 age 17+: 4 u redetermina 12250 12252 12254 43401 43402 43403 43404 43405 43411 43412	: 2 units in any nits in any 12 i	\$33.50 \$33.50 \$58.00 \$100.00	combination voination with r	vith root plani			\$120.00 \$169.20	\$58.0 \$100.0 \$141.0 \$182.0
ge 0 to 11: ge 12 to 16 ge 17+: 4 u redetermina 12250 12252 12254 43401 43402 43403 43404 43405 43411 43412	: 2 units in any nits in any 12 i	\$33.50 \$33.50 \$34.50 \$34.50 \$35.50 \$35.50 \$35.50 \$55.00 \$100.00 \$141.00	combination voination with r	vith root plani			\$120.00 \$169.20	\$58.0 \$100.0 \$141.0 \$182.0
ge 0 to 11: ge 12 to 16 ge 17+: 4 u redetermina 12250 12252 12254 43401 43402 43403 43404 43405 43411 43412 43413	: 2 units in any nits in any 12 i	\$33.50 \$33.50 \$33.50 \$100.00 \$141.00	combination voination with r	vith root plani			\$120.00 \$169.20	\$58.0 \$100.0 \$141.0 \$182.0
ge 0 to 11: ge 12 to 16 ge 17+: 4 u redetermina 12250 12252 12254 43401 43402 43403 43404 43405 43411 43412 43413 43414	: 2 units in any nits in any 12 i	\$33.50 \$33.50 \$34.50 \$34.50 \$35.50 \$35.50 \$35.50 \$55.00 \$100.00 \$141.00	combination voination with r	vith root plani		\$58.00	\$120.00 \$169.20	\$58.0 \$100.0 \$141.0 \$182.0
ge 0 to 11: ge 12 to 16 ge 17+: 4 u redetermina 12250 12252 12254 43401 43402 43403 43404 43405 43411 43412 43413 43414 43417	: 2 units in any nits in any 12 i	\$33.50 \$33.50 \$33.50 \$100.00 \$141.00	combination voination with r	vith root plani		\$58.00 \$100.00	\$120.00 \$169.20	\$58.0 \$100.0 \$141.0 \$182.0
ge 0 to 11: ge 12 to 16 ge 17+: 4 u redetermina 12250 12252 12254 43401 43402 43403 43404 43405 43411 43412 43413 43414 43417 43431	: 2 units in any nits in any 12 i	\$33.50 \$33.50 \$33.50 \$100.00 \$141.00	combination voination with r	vith root plani		\$100.00	\$120.00 \$169.20	\$58.0 \$100.0 \$141.0 \$182.0
ge 0 to 11: ge 12 to 16 ge 17+: 4 u redetermina 12250 12252 12254 43401 43402 43403 43404 43405 43411 43412 43413 43414 43417 43431 43432 43433	: 2 units in any nits in any 12 i	\$33.50 \$33.50 \$33.50 \$100.00 \$141.00	combination voination with r	vith root plani		\$100.00 \$141.00	\$120.00 \$169.20	\$58.0 \$100.0 \$141.0 \$182.0
ge 0 to 11: ge 12 to 16 ge 17+: 4 u redetermina 12250 12252 12254 43401 43402 43403 43404 43405 43411 43412 43413 43414 43417 43431 43432 43433 43434	: 2 units in any 12 nits $33.50 \$33.50 \$33.50 \$100.00 \$141.00	combination voination with r	vith root plani		\$100.00	\$120.00 \$169.20	\$58.0 \$100.0 \$141.0 \$182.0	
age 0 to 11: age 12 to 16 age 17+: 4 u bredetermina 12250 12252 12254 43401 43402 43403 43404 43405 43411 43412 43413 43414 43417 43431 43432 43433	: 2 units in any 12 nits $33.50 \$33.50 \$33.50 \$100.00 \$141.00	combination voination with r	vith root plani		\$100.00 \$141.00	\$120.00 \$169.20	\$58.0 \$100.0 \$141.0 \$182.0	

General Practitioners and Specialists

For	clients unde	er ten (10) y	ears of age	, certain der	tal services	are covere	d by the RA	MQ.
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
5.0 PROST	HODONTICS	S - REMOVA	ABLE					
The NIHB Re	movable Pros	thodontic Poli	cy must be m	et. Please re	fer to the Prov	vider Website:		
	ovider.express							
	for dentures ir							
	er any other de				iod. The fee fo	or immediate o	dentures inclu	des the
	oner, but not t					alaimaa fan nali		
	ost of replacer nonths prior to		iture may be a	adjusted in sit	uations where	ciaims for reii	ne/rebase we	ere paid
	entures - Stan	•						
	any 96 months							
51100	L	\$683.68		I	Ι	<u> </u>		Γ
51110	L	\$879.48						
51120	L	\$1,281.50						
51505	L	ψ1,201.00						\$2,694.54
51506	L							\$1,636.61
51508	L							\$1,055.36
Denture Adju	_			I .		I		Ţ.,000.00
54209								\$121.45
54250		\$46.07						Ψ121.40
54251		\$46.07						
Repairs and	Additions	ψ-ιο.στ		<u> </u>				L
	sis in any 12 r	months						
54405	L I							\$207.31
54406	L							\$305.71
54407	L							\$404.13
54408	L							\$432.40
54409	L							\$294.20
54415	L							\$294.20
54416	L							\$366.44
55101	L	\$53.40						
55102	L	\$53.40						
55103	L	\$53.40						
55104	L	\$53.40						
55201	L	\$113.08						
55202	L	\$113.08						
55203	L	\$113.08						
55204	L	\$113.08						
55520	L	\$113.08						
55530	L	\$113.08						
Relines or R	ebases sis in any 24 r	months						
56200	0.5 III dily 24 I	\$181.13		1		<u> </u>		<u> </u>
56201		\$181.13						<u> </u>
56204		ψ101.10						\$328.75
56205								\$274.30
56206	L							\$478.47
56210		\$181.13						ψ 11 O. 41
56211		\$181.13						
56215	L	Ţ.01.10						\$684.73

General Practitioners and Specialists

For	clients und	ler ten (10) ye	ears of age	, certain den	tal services	are covered	d by the RA	MQ.
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
56220	L	\$210.45						
56221	L	\$210.45						
56222	L	\$345.50						
56225								\$478.47
56230	L	\$210.45						
56231	L	\$210.45						
56232	L	\$345.50						
56255								\$859.21
56260	L	\$210.45						
56261	L	\$210.45						
56262	L	\$210.45						
56263	L	\$210.45						
56265								\$661.68
56280	L	\$345.50						
56290	L	\$345.50						
Tissue Condi		months						
54275	olo III arry 2 I					ΙΙΙ		\$143.20
56270		\$84.81						ψ143.20
56271		\$84.81				+ +		
56272		\$84.81						
56273		\$84.81				+		
	ND MAYII	LOFACIAL SI	IRGERY					
71001	IND WAXIE	LOI ACIAL S	ONOLINI					\$93.37
71001						+		\$68.05
71002						+		\$169.13
71004						+		\$177.99
71000		\$93.37				+		ψ177.99
71101		\$68.05				+		-
71111		φ00.05				\$95.26		<u> </u>
71150						\$93.20 \$71.19		-
71160						\$110.53		-
71160						\$71.19		<u> </u>
71101		\$177.99				\$71.19		<u> </u>
72100		\$246.03				+		<u> </u>
72110		\$93.37				+		
74108	L	\$213.58				 		
74100	L	Ψ213.36				\$264.11		
74170						\$204.11		
74100	L	\$202.07				ΨΖ1 Ζ.ΖΖ		
74408	L L	φ202.07				\$250.23		
75100	<u> </u>	\$58.64				ΨΖΟυ.ΖΟ		
75100		\$242.90				 		
75101		\$136.10				 		
75110		\$136.10				 		
75301		φ∠11.10		+		\$235.57		
75310						\$326.32		
75315		\$129.82		+		φυ20.32		
76945		φ129.02		+		\$93.52		
10940		<u> </u>		<u> </u>		φઝ.52		<u> </u>

General Practitioners and Specialists

For	clients unde	er ten (10) y	ears of age	, certain der	ntal services	are covered	d by the RAI	MQ.
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
76946						\$114.95		
76950		\$71.19						
76955						\$79.88		
76956						\$79.88		
76990						\$41.88		
76991						\$47.11		
77905							\$107.84	
77910							\$224.06	
79601		\$33.50						
79602		\$70.16						
79615						\$142.39		
8.0 ORTHO	DONTICS							
	thodontic Polic on on the NIHB			er to the Prov	ider Website: I	nttp://www.pro	vider.express	-scripts.ca/
P1000		\$77.72			\$77.72	\$77.72		
P1100		\$310.90			\$310.90	\$310.90		

General Practitioners and Specialists

For						ion Require are covered		MQ.
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
0.0 DIAGNO	OSTIC							
0.1 EXAMINA								
		ninations: age:	s 17+: up to 3	in any 12 mor	nths: under 1	7: up to 4 in ar	v 12 months.	Frequency
						ces rendered		
		office or differe						
Specialty con	nplete and Sp	ecialty limited	examinations	(performed by	y specialists o	only) will not co	ount against th	ne eligible
	aminations all							
•	xamination -	-						
		ecialty (with GI						
				, it eliminates	specialty limi	ted examination	on within the s	ame
	nat twelve (12)) month period	1.			1	<u> </u>	
01135							\$115.18	
01515				\$112.02				
01725								\$112.0
01801			\$137.14					
	TORY TESTS							
When submit	tting requests	of laboratory t	ests/analysis,	a copy of the	laboratory re	port is required	d.	
04100	L	\$37.70						
04101			\$39.78					
04105	L			\$50.66			\$70.15	
04106	L			\$75.01				
04110	L					\$48.71		
04334	L			\$54.45				
04335			\$60.40	\$120.80		\$60.40	\$60.40	
04401	L	\$45.03						
04535							\$47.11	
0.3 DIAGNOS	STIC CASTS,	UNMOUNTE	D					
04501		\$32.44						
04502		\$32.44						
04505						\$129.82		
04950						\$32.44		
1.0 PREVEN	NTION					·		
	al Disking of	Teeth						
1 unit in any		i setti						
13700	12 1110111110	\$18.94				1		
2.0 RESTO	PATION	Ψ10.04						
Cores and P								
		ermanent tooth 18 and older.						
		disting restorat		than twelve (1	2) months old	4		
						a. etermination c	rown request	
Cores may be								
						ay be conside		
A prefabricate		bination with o	oro, irroraania					
A prefabricate Prefabricated	posts in com	bination with d ed predetermi						
A prefabricate Prefabricated	posts in com					\$417.92		
A prefabricated Prefabricated conjunction w	posts in com							
A prefabricate Prefabricated conjunction w 25735	posts in com					\$417.92 \$470.52 \$526.05		

General Practitioners and Specialists

All Procedures in Schedule B have a Predetermination Requirement For clients under ten (10) years of age, certain dental services are covered by the RAMQ.									
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros	
26622								\$535.79	
26623								\$606.90	
26631								\$519.23	
26632								\$573.79	
26633								\$643.93	
27114								\$289.0°	
29501		\$161.23							
29502		\$201.01							
29503		\$246.03							
29600		\$147.61							
The NIHB Cronformation o	n the NIHB de	ist be met. Plea	ase refer to th	e Provider W	ebsite: http://	www.provider.	express-script		
27202	L							\$1,187.52	
27210	L	\$710.90							
27225	L							\$1,214.82	
27300	L	\$710.90							
or information Root Canal ⁻ Eligible three	on on the NIHB Therapy (3) in any 36	dental policies months for all t	s. eeth. Once th	e frequency l	has been rea	http://www.prov ched, subsequ			
or information Root Canal Teligible three require prede	on on the NIHB Therapy (3) in any 36	dental policies months for all t Predetermination	s. eeth. Once th	e frequency l	has been rea				
or information Root Canal Teligible three require prede 33100	on on the NIHB Therapy (3) in any 36	dental policies months for all t	eeth. Once thon is required	e frequency l	has been rea				
or information or information of Canal Can	on on the NIHB Therapy (3) in any 36	dental policies months for all t Predetermination	eeth. Once thon is required \$633.21	e frequency l	has been rea				
or information of the control of the	on on the NIHB Therapy (3) in any 36	dental policies months for all t Predetermination	s. eeth. Once thon is required \$633.21 \$779.34	e frequency l	has been rea				
or information and information	on on the NIHB Therapy (3) in any 36	dental policies months for all t Predetermination	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea				
or information and control of the co	on on the NIHB Therapy (3) in any 36	dental policies months for all t Predetermination	s. eeth. Once thon is required \$633.21 \$779.34	e frequency l	has been rea	ched, subsequ			
or information and control of the co	on on the NIHB Therapy (3) in any 36	dental policies months for all t Predetermination	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea	ched, subsequ			
or information and control of the co	on on the NIHB Therapy (3) in any 36	dental policies months for all t Predetermination	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea	\$565.02 \$746.49			
or information and information	on on the NIHB Therapy (3) in any 36	dental policies months for all t Predetermination	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea	\$565.02 \$746.49 \$953.02			
or information and information	on on the NIHB Therapy (3) in any 36	months for all t Predetermination \$420.88	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea	\$565.02 \$746.49			
or information and information	on on the NIHB Therapy (3) in any 36	months for all t Predetermination \$420.88	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea	\$565.02 \$746.49 \$953.02			
or information or information of Canal Can	on on the NIHB Therapy (3) in any 36	months for all t Predetermination \$420.88 \$420.88 \$599.92 \$769.53	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea	\$565.02 \$746.49 \$953.02			
or information or information of Canal Can	on on the NIHB Therapy (3) in any 36	months for all t Predetermination \$420.88 \$420.88 \$420.88 \$420.88 \$420.88	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea	\$565.02 \$746.49 \$953.02			
or information or information of Canal Can	on on the NIHB Therapy (3) in any 36 etermination.	months for all t Predetermination \$420.88 \$420.88 \$599.92 \$769.53	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea	\$565.02 \$746.49 \$953.02			
or information or information of the control of the	on on the NIHB Therapy (3) in any 36 etermination. I	months for all t Predetermination \$420.88 \$420.88 \$420.88 \$420.88 \$420.88	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea	\$565.02 \$746.49 \$953.02			
or information or information of the control of the	on on the NIHB Therapy (3) in any 36 etermination. I	months for all t Predetermination \$420.88 \$420.88 \$420.88 \$420.88 \$420.88	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea	\$565.02 \$746.49 \$953.02			
or information or information of Canal Can	on on the NIHB Therapy (3) in any 36 etermination. I	s dental policies months for all t Predeterminatio \$420.88 \$420.88 \$599.92 \$769.53 \$893.07 \$123.54	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea	\$565.02 \$746.49 \$953.02			
or information and control of the co	on on the NIHE Therapy (3) in any 36 etermination. I	s dental policies months for all t Predeterminatio \$420.88 \$420.88 \$599.92 \$769.53 \$893.07 \$123.54	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea	\$565.02 \$746.49 \$953.02	ent RCT proce		
or information or information of Canal Can	on on the NIHE Therapy (3) in any 36 etermination. I	s dental policies months for all t Predeterminatio \$420.88 \$420.88 \$599.92 \$769.53 \$893.07 \$123.54	s. eeth. Once thon is required \$633.21 \$779.34 \$1,047.24	e frequency l	has been rea	\$565.02 \$746.49 \$953.02	ent RCT proce		
or information or information or information or information or canal and a sequence of the capacitant	on on the NIHE Therapy (3) in any 36 etermination. I	s dental policies months for all t Predeterminatio \$420.88 \$420.88 \$599.92 \$769.53 \$893.07 \$123.54	\$633.21 \$779.34 \$1,047.24 \$1,234.15	e frequency l	has been rea	\$565.02 \$746.49 \$953.02	ent RCT proce		
or information or information or information or information or canal and a sequence of the capacitant	on on the NIHE Therapy (3) in any 36 etermination. I	## style="background-color: blue;"> ## style="background-color: bl	\$633.21 \$779.34 \$1,047.24 \$1,234.15	e frequency l	has been rea	\$565.02 \$746.49 \$953.02	ent RCT proce		
or information of the control of the	on on the NIHE Therapy (3) in any 36 etermination. I	s dental policies months for all t Predeterminatio \$420.88 \$420.88 \$599.92 \$769.53 \$893.07 \$123.54 \$23.78	\$633.21 \$779.34 \$1,047.24 \$1,234.15	e frequency l	has been rea	\$565.02 \$746.49 \$953.02	ent RCT proce		

QUEBEC

NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

SCHEDULE B

For		rocedures in er ten (10) ye				•	ment d by the RAM	Q.
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
43257							\$80.63	
43258							\$90.03	
43295		\$69.10						
Age 17+: 4 ur		y 12 months in months in com						
42000		\$52.89						
42001		\$38.35					# 00.04	
43440							\$62.81	
43441							\$42.49	
Occlusal Equal Cost of one u		ted to the cost	of half unit					
12163								\$39.25
12164					_			\$39.25
43300		\$39.25		_	_	_		

5.0 PROSTHODONTICS - REMOVABLE

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 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.

Complete/Partial Cast/Immediate Dentures

1 per arch in any 96 months

Partial Acrylic Dentures

1 per arch in any 60 months

i per arch in	any 60 monti	IS			
51300	L	\$637.60			
51305	L				\$1,166.07
51310	L	\$718.21			
51315	L				\$1,166.07
51320	L	\$1,111.88			
51325	L				\$2,062.32
51701	L	\$683.68			
51702	L	\$879.48			
51703	L	\$1,281.50			
52101	L	\$380.04			
52102	L	\$380.04			
52103	L	\$577.86			
52120	L	\$347.60			
52121	L	\$347.60			
52129	L	\$569.55			
52180	L				\$629.24
52181	L				\$857.47
52182	L				\$900.40
52190					\$203.12
52230	L	\$500.45			
52231	L	\$500.45			

General Practitioners and Specialists

All Procedures in Schedule B have a Predetermination Requirement For clients under ten (10) years of age, certain dental services are covered by the RAMQ.									
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros	
52232	L	\$820.83							
52400	L	\$879.48							
52410	L	\$879.48							
52420	L	\$1,442.73							
52500	L	\$821.89							
52510	L	\$821.89							
52520	L	\$1,347.46							
52531	L	\$1,283.60							
52542	L	\$1,283.60							
53415	L							\$1,288.8	
53416	L							\$1,009.1	
53417	L							\$1,461.2	
53419	L							\$895.1	
.0 ORAL A	ND MAXILI	LOFACIAL SU	JRGERY						
72210		\$159.14							
72220		\$229.28							
72230		\$304.67							
72240		\$341.33							
72310		\$125.63							
72320		\$177.99							
72410		\$60.71							
72411		\$251.26							
72412		\$580.03							
72510						\$71.19			
72515						\$193.86			
72525						\$283.74			
73110		\$184.27							
76210		\$937.05							
76310		\$937.05							
77920							\$502.67		
77922							\$599.92		
r information	hodontic Poli n on the NIHE	cy must be met 3 dental policies section 8.0 Ortho	. Note: App	roved fees for	P1500 are ba	sed on the trea			
80671		\$80.62		1		φυ4.24	+		
80672		\$33.49		+					
80675		φυυ.49		+		\$80.62			
81101	L					\$577.93			
81102	L L	\$577.93				ψυ11.30			
81103	L L	\$577.93							
81104	L L	ψυ11.33				\$577.93			
81105	<u>_</u> L	\$640.76				ψυ11.90			
81105	<u>L</u>	\$640.76							
		ψυ-τυ. / υ		-		\$640.76			
81107	L					46/11 /6			

General Practitioners and Specialists

All Procedures in Schedule B have a Predetermination Requirement For clients under ten (10) years of age, certain dental services are covered by the RAMQ.									
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros	
81109	L					\$577.93			
81110	L	\$577.93							
81111	L	\$577.93							
81115	L	\$577.93							
81116	L	\$577.93							
81119	L					\$577.93			
81136	L					\$577.93			
81137	L					\$577.93			
81171	L	\$924.49							
81172	L	\$924.49							
81173	L	\$924.49							
81174	L	\$725.56							
81175	L	\$546.52							
81201	L	\$694.13							
81202	L	\$694.13							
81203	L	\$547.02							
81204	L	\$547.02							
81205	L	\$547.02							
81206	L	\$547.02							
81207	L	\$522.44							
81208	L	\$522.44							
81209	L	\$506.74							
81210	L	\$577.93							
81215	L					\$694.13			
81216	L					\$694.13			
81221	L	\$591.95							
81222	L	\$591.95							
81233	L					\$547.02			
81234	L					\$547.02			
81244	L					\$547.02			
81247	L					\$547.02			
81261	L	\$299.43							
81271	L	\$239.76							
81283	L					\$299.43			
P0500		\$41.90			\$41.90	\$41.90			
P1200		\$1,925.92			\$1,925.92	\$1,925.92			
P1300		\$1,604.94			\$1,604.94	\$1,604.94			
P1400		\$1,283.94			\$1,283.94	\$1,283.94			
	CTIVE GENE	ERAL SERVIC	CES						
HB Sedatio	n and Genera	al Anaesthesia	Policy must			rovider Websi	te:		
	ovider.express	s-scripts.ca/ for	information	on the NIHB of	dental policies.				
92224		\$224.05							
92311		\$38.76							
92312		\$66.07							
92313		\$93.37							
92314		\$120.68							
92315		\$120.68							
92316		\$120.68						<u></u>	

QUEBEC

NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

All Procedures in Schedule B have a Predetermination Requirement For clients under ten (10) years of age, certain dental services are covered by the RAMQ.									
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros	
92317		\$120.68							
92318		\$120.68							
92331		\$77.52							
92332		\$126.84							
92333		\$176.18							
92334		\$225.51							
92335		\$225.51							
92336		\$225.51							
92337		\$225.51							
92338		\$225.51							
92355						\$319.34			
92421		\$38.76							
92470						\$126.65			
94200		\$69.10							
94400		\$69.10							
99111		I.C.							