



**FIRST NATIONS AND INUIT HEALTH
NON-INSURED HEALTH BENEFITS PROGRAM**

**EYE PROSTHESIS – FEE GUIDE
ATLANTIC REGION
NEW BRUNSWICK**

Effective Date: May 28th, 2018

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines	Price
Eye Prosthesis, Left	99400005	Yes	3 years	\$1,998.00
Eye Prosthesis, Right	99400006	Yes	3 years	\$1,998.00
Scleral Shell, Left	99400802	Yes	3 years	\$2,805.00
Scleral Shell, Right	99400803	Yes	3 years	\$2,805.00
Adjustment for Eye Prosthesis, Left	99401185	Yes	1 year	\$400.00
Adjustment for Eye Prosthesis, Right	99401205	Yes	1 year	\$400.00
Eye Prosthesis-Polishing Left	99401184	No	1 year	\$80.00
Eye Prosthesis-Polishing Right	99401204	No	1 year	\$80.00