

**June 2009**

**Subject: Dental Fee Grid for the Quebec Region**

Dental Providers

On **June 1<sup>st</sup> 2009** the Non-Insured Health Benefits (NIHB) Dental Fee Grid for providers in Quebec Region will be adjusted to reflect 90% of the ACDQ, the Federation of Dental Specialists and the Denturists Association of Quebec **2008** Fee Guides for dental treatment services. Guidelines for services will continue as per the NIHB Dental Health Provider Information Kit and information provided subsequently from First Nations & Inuit Health Branch (FNIHB).

Predeterminations adjudicated **before June 1<sup>st</sup> 2009** will be paid at the previous fee grid rate, as indicated on the confirmation letter, regardless of the date of service.

Predeterminations adjudicated on or **after June 1<sup>st</sup> 2009** will be paid at the new grid rates.

**Claims** will be paid at the new rates when date of services is on or after **June 1<sup>st</sup> 2009** *provided that your office has submitted at the new rates or your Association or Federation usual customary fee*. FCH will not amend your claims to the new grid rates.

I take this opportunity to thank the dental providers for the care they provide to First Nations and Inuits.

Best regards,

Jocelyn Lemieux, DDS  
Regional Dental Officer, Quebec Region  
FNIH, Professional Services

Encl.

## ***QUEBEC REGION***

### ***NIHB REGIONAL DENTAL BENEFIT GRID General Practitioners and Specialists***

#### ***EFFECTIVE DATE***

***June 1, 2009***

- *The coverage of dental services provided through the NIHB Dental Program will be in accordance with the terms and conditions of the Program.*
- *Post-Determination will be considered in cases specified in the NIHB Provider Information Kit.*
- *Schedule B procedures require predetermination.*
- *NIHB Dental Program Guidelines (limited list) are attached for ease of reference.*

## NIHB Dental Program Guidelines\*

*\* Disclaimer: The information provided on this list is for general information purposes and is a limited list. For further reference please see the "NIHB Dental Framework".*

Services	Guidelines - Timeframe is based on a rolling year ie; 12 months refers to any given 12 month period
<b>Examinations</b>	
<i>Maximum eligibility of examinations: ages 17+: up to 3/12 months; under 17: up to 4/12 months. All eligible procedure codes under the Diagnostic section count against maximum allowable.</i>	
Complete/Extended Oral Examination and Diagnosis	1/60 months - when a complete examination is provided, it replaces the recall examination for the period.
NP Limited/Recall	Ages 17+: 1/12 months; under 17: 2/12 months
Specific/Emergency	1/12 months
Specialist Examination and Diagnosis	1/12 months (with GP referral)
<b>Radiographs</b>	
Intraoral	6/12 months
Radiographs Complete Series	1/60 months
Panoramic	1/120 months; 2/lifetime
<b>Preventive</b>	
Polishing	Ages 17+: 1/12 months; under 17: 2/12 months in combination with scaling
Scaling	Max. 4 units/12 months in combination with polishing
Topical Fluorides	Ages under 17: 2/12 months
Pit and Fissure Sealants	Ages under 14 : erupted permanent molar where the occlusal surface is unrestored and permanent maxillary incisors lingual surface.
Interproximal Disking of Teeth	1/12 months
<b>Restorative</b>	
Caries/Trauma and Pain Control	Max 2 teeth per lifetime, emergency
Restoration, amalgam /composite; Prefabricated, Full Coverage	Restorations are covered by the RAMQ for children under 10 years of age.
Cores and Posts	1/36 months (permanent tooth) - <b>Predetermination Required</b>
Post Removal	1/lifetime (permanent tooth)
Crowns	Crown Policy - <b>Predetermination Required</b>
Repair to Crowns	1/crown/lifetime
Recementation of Crowns	1/crown/lifetime
Removal of Crowns	1/crown/lifetime
<b>Endodontics - Predetermination Required</b>	
Root Canal Therapy	Endodontic Policy - <b>No Predetermination Required for anterior permanent teeth (13-23, 33-43)</b>
<b>Periodontics</b>	
Occusal Adjustment/Equilibration	Payment for an incident of occusal adjustment/equilibration will be limited to the cost of one half unit.
Appliances Periodontal	1/36 months - <b>Predetermination Required</b>
Appliances Periodontal - Maintenance	3/36 months - <b>Predetermination Required</b>
<b>Prosthodontics Removable</b>	
Complete/Partial/Immediate Dentures	1/arch/96 months - <b>Predetermination Required</b>
Repairs and Additions	1/prosthesis/12 months
Reline or Rebase	1/prosthesis/24 months
Tissue Conditioning	1/prosthesis/24 months
<b>Oral Surgery</b>	
Simple extractions	<b>No Predetermination Required</b>
Complex extractions	<b>Predetermination Required</b>
<b>Orthodontics - Predetermination Required</b>	
Interceptive treatment	Orthodontic Policy
Comprehensive Treatment	Orthodontic Policy
<b>Adjunctive General - Predetermination Required</b>	
General Anaesthesia/Facilities	Ages under 12

**QUEBEC, NIHB REGIONAL DENTAL BENEFIT GRID  
GENERAL PRACTITIONERS AND SPECIALISTS  
SCHEDULE A**

Proc	Lab	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
<b>0.1 - DIAGNOSTIC</b>								
01110		\$53.10						
01120		\$63.90						
01130		\$93.60						
01154					\$39.60			
01200		\$51.30						
01250		\$39.60						
01255					\$59.40			
01300		\$27.00						
01400		\$27.00						
01405						\$58.50		
01516								\$61.20
01611				\$54.00				
01716							\$89.10	
01802			\$71.10					
<b>0.2 - RADIOGRAPHS</b>								
02110				\$125.10	\$124.20	\$127.80	\$142.20	
02111		\$18.90						
02112		\$24.30						
02113		\$31.50						
02114		\$40.50						
02115		\$48.60						
02116		\$56.70						
02121				\$20.70	\$25.20	\$18.00	\$20.70	\$20.70
02122						\$24.30		
02123						\$34.20		
02124						\$40.50		
02125						\$50.40		
02126						\$56.70		
02131		\$21.60						
02132		\$27.90						
02135				\$27.90		\$29.70	\$32.40	\$27.90
02139				\$14.40		\$12.60	\$16.20	\$14.40
02141		\$18.90						
02142		\$24.30						
02143		\$31.50						
02144		\$40.50						

Proc	Lab	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
02150				\$14.40	\$18.00	\$12.60	\$17.10	\$14.40
02154							\$45.00	
02171			\$24.30					
02172			\$29.70					
02173			\$34.20					
02174			\$38.70					
02175			\$43.20					
02600		\$53.10						
02601			\$38.70					
02610				\$63.90	\$78.30	\$63.90	\$77.40	\$63.90
02805				\$23.40		\$20.25	\$22.05	\$102.15
02806					\$30.15			
<b>0.4 - LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS</b>								
04100	L	\$31.50						
04101			\$34.20					
04105						\$63.90		\$46.80
04110	L				\$44.10			
04302	L	\$97.20						
04305			\$54.00			\$180.90	\$185.40	\$185.40
04311	L	\$81.90						
04312	L	\$197.10						
04315							\$92.70	\$92.70
04316						\$213.30	\$232.20	\$232.20
04324	L				\$143.10			
04325	L				\$119.70			
04326	L				\$287.10			
04335					\$55.80		\$55.80	\$111.60
04401	L	\$37.80						
04535						\$39.60		
<b>1.0 - PREVENTIVE SERVICES</b>								
11100		\$35.10						
11120					\$54.90			
11200		\$46.80						
11205						\$55.80		
11300		\$53.10						
11305						\$72.00		
11400					\$50.40			
11410					\$64.80			
11420					\$73.80			

Proc	Lab	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
12400		\$21.60			\$30.60			
13401		\$30.60						
13404		\$23.40						
13430					\$44.10			
13700		\$33.30						
13715					\$44.10			

**2.0 - RESTORATIVE SERVICES - Restorations are covered by the RAMQ for children under 10 years of age.**

In posterior and anterior restorative situations where at the same sitting, in order to conserve tooth structure, separate amalgam/tooth coloured restorations are performed on the same tooth, the fee should be determined by counting the total number of surfaces restored. Maximum allowable for amalgam/tooth coloured restorations is five surfaces per tooth. Bonded amalgams are funded at a rate of a non-bonded equivalent.

Payment for restoration of primary teeth shall not exceed the cost of stainless steel/polycarbonate crowns. In amalgam/tooth coloured restorative situations where this limitation applies, an alternate benefit equivalent to stainless steel/polycarbonate crowns shall be provided for settlement purposes.

Please note that composite veneers and implants are not benefits under this program. Replacement of restorations within a 2 year time frame is subject to audit and requires a rationale, within same office/provider, same tooth, same surface(s).

20111		\$41.40	\$77.40				\$63.90	
20115					\$62.10			
20119			\$77.40					
20121		\$49.50						
20131		\$17.10						
21101		\$39.60						
21102		\$81.00						
21103		\$97.20						
21104		\$124.20						
21105		\$129.60						
21121		\$39.60						
21122		\$81.00						
21123		\$97.20						
21124		\$124.20						
21125		\$129.60						
21211		\$40.50						
21212		\$83.70						
21213		\$99.90						
21214		\$130.50						
21215		\$164.70						
21221		\$54.90						
21222		\$95.40						

Proc	Lab	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
21223		\$124.20						
21224		\$152.10						
21225		\$193.50						
21231		\$40.50						
21232		\$83.70						
21233		\$99.90						
21234		\$130.50						
21235		\$164.70						
21241		\$54.90						
21242		\$95.40						
21243		\$124.20						
21244		\$152.10						
21245		\$193.50						
21301		\$18.90						
21302		\$31.50						
21303		\$41.40						
21304		\$52.20						
23111		\$72.90						
23112		\$81.90						
23113		\$146.70						
23114		\$199.80						
23115		\$199.80						
23118		\$213.30						
23210		\$43.20						
23211		\$72.90						
23212		\$121.50						
23213		\$138.60						
23214		\$186.30						
23215		\$212.40						
23220		\$51.30						
23221		\$79.20						
23222		\$127.80						
23223		\$157.50						
23224		\$201.60						
23225		\$246.60						
23311		\$54.90						
23312		\$62.10						
23313		\$112.50						
23314		\$129.60						

Proc	Lab	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
23315		\$129.60						
23411		\$62.10						
23412		\$101.70						
23413		\$127.80						
23414		\$129.60						
23415		\$129.60						
26709							\$375.30	
27236							\$214.20	
27240							\$129.60	
27403		\$129.60						
27413		\$146.70						
27421		\$129.60						
27422		\$129.60						
27423		\$163.80						
27424		\$163.80						
27712		\$108.90						
27715							\$93.60	
27721		\$246.60						
27722	L	\$80.10						
29100		\$62.10						
29101			\$68.40					
29300		\$49.50						
29301			\$68.40					
<b>3.0 - ENDODONTICS</b>								
32201		\$72.00						
32202		\$120.60						
32210		\$72.00						
32221			\$117.90					
32222			\$189.00					
32241					\$105.30			
32242					\$176.40			
32311			\$132.30					
32312			\$165.60					
32313			\$212.40					
32314			\$236.70					
32341					\$113.40			
32343					\$223.20			
33100		\$352.80						
33111			\$567.00					



Proc	Lab	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
35122							\$81.90	
35123							\$122.40	
39201		\$35.10	\$117.90					
39202		\$84.60	\$165.60					
39240					\$51.30			
39241					\$51.30			
39242					\$122.40			
39901		\$72.00						
39902		\$72.00						
39903		\$96.30						
<b>4.0 - PERIODONTICS</b>								
43300		\$32.85						
43320						\$40.95		
43401						\$60.30		
43402						\$111.60		
43403						\$160.20		
43404						\$207.90		
43411		\$46.80						
43412		\$83.70						
43413		\$119.70						
43414		\$155.70						
43417		\$24.30						
43431					\$60.30			
43432					\$110.70			
43433					\$150.30			
43434					\$189.90			
<b>5.0 - PROSTHODONTICS</b>								
54250		\$38.70						
54251		\$38.70						
54275							\$129.60	
54405	L						\$174.60	
54406	L						\$257.40	
54407	L						\$340.20	
54408	L						\$364.50	
54409	L						\$247.50	
54415	L						\$247.50	
54416	L						\$308.70	
55101	L	\$44.10						
55102	L	\$44.10						

Proc	Lab	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
55103	L	\$44.10						
55104	L	\$44.10						
55201	L	\$95.40						
55202	L	\$95.40						
55203	L	\$95.40						
55204	L	\$95.40						
55520	L	\$95.40						
55530	L	\$95.40						
56200		\$152.10						
56201		\$152.10						
56204							\$277.20	
56205							\$231.30	
56206	L						\$403.20	
56210		\$152.10						
56211		\$152.10						
56215	L						\$576.90	
56220	L	\$176.40						
56221	L	\$176.40						
56222	L	\$289.80						
56225							\$403.20	
56230	L	\$176.40						
56231	L	\$176.40						
56232	L	\$289.80						
56255							\$778.50	
56260	L	\$176.40						
56261	L	\$176.40						
56262	L	\$176.40						
56263	L	\$176.40						
56265							\$558.00	
56270		\$71.10						
56271		\$71.10						
56272		\$71.10						
56273		\$71.10						
56280	L	\$289.80						
56290	L	\$289.80						
<b>7.0 - ORAL SURGERY</b>								
70430				\$202.50				
70441				\$135.00				
70442				\$247.50				

Proc	Lab	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
70610				\$54.00				
71101		\$67.50						
71111		\$49.50						
71205				\$157.50				
71206				\$108.00				
72300		\$60.30						
72305				\$157.50				
72310		\$105.30						
74108	L	\$178.20						
74109		\$90.00						
74230				\$247.50				
74231				\$157.50				
74240				\$292.50				
74241				\$157.50				
74408	L	\$170.10						
74409		\$90.00						
74410		\$49.50						
74611				\$292.50				
74619				\$157.50				
75100		\$49.50						
75101		\$204.30						
75110		\$114.30						
75115				\$180.00				
75215				\$270.00				
75301		\$182.70						
75315				\$382.50				
75316				\$292.50				
75361		\$108.90						
76910		\$361.80						
76911		\$497.70		\$270.00				
76912		\$609.30		\$382.50				
76913		\$737.10		\$472.50				
76914				\$562.50				
76935	L			\$810.00				
76945				\$922.50				
76950		\$59.40						
76951		\$31.50						
76952		\$124.20						
76953		\$59.40						

Proc	Lab	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
76955	L			\$742.50				
76960				\$180.00				
76961				\$90.00				
76970				\$337.50				
76971				\$157.50				
77801		\$170.10						
77802		\$170.10						
77803		\$178.20						
77805				\$270.00		\$253.80		
77815				\$270.00				
77845				\$360.00				
78104				\$180.00				
78105				\$270.00				
78110		\$88.20						
79101				\$157.50				
79103		\$148.50						
79104		\$178.20						
79105		\$503.10						
79106		\$712.80						
79111				\$270.00				
79112				\$562.50				
79113		\$105.30		\$922.50				
79123				\$382.50				
79124				\$382.50				
79144		\$277.20						
79401		\$49.50						
79412				\$202.50		\$96.30		
79601		\$27.90						
79602		\$58.50						
79615				\$112.50				

**QUEBEC, NIHB REGIONAL DENTAL BENEFIT GRID  
GENERAL PRACTITIONERS AND SPECIALISTS  
\*SCHEDULE B\***

**\*ALL PROCEDURES IN SCHEDULE B HAVE A PREDETERMINATION REQUIREMENT\***

Proc	L	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
<b>0.1 - DIAGNOSTIC</b>								
01135						\$97.20		
01151					\$70.20			
01515								\$185.40
01610				\$117.00				
01725							\$221.40	
01801			\$117.90					
<b>0.2 - RADIOGRAPHS</b>								
02504		\$112.50						
02510					\$163.80			
02516				\$82.80		\$89.10	\$99.00	\$82.80
02701		\$50.40						
02702		\$75.60						
02710				\$63.90	\$78.30	\$70.20	\$80.10	
02715								\$92.70
02920		\$117.90						
03110				\$23.40		\$15.30	\$18.00	\$23.40
03111				\$18.90		\$8.10	\$10.80	\$18.90
<b>0.4 - LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS</b>								
04501		\$27.00						
04502		\$27.00						
04505						\$75.60	\$85.50	
04801		\$18.90						
04802		\$23.40						
04803		\$27.90						
04809		\$6.30						
04810					\$26.10			
04811					\$8.10			
04904	L					\$557.10		
<b>2.0 - RESTORATIVE SERVICES - Restorations are covered by the RAMQ for children under 10 years of age.</b>								
25751		\$260.10						
25752		\$292.50						
25753		\$330.30						
26621							\$419.40	
26622							\$485.10	
26623							\$549.90	

Proc	L	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
26631							\$470.70	
26632							\$519.30	
26633							\$583.20	
27114							\$247.50	
27202	L						\$1,452.60	
27210	L	\$594.90						
27225	L						\$1,452.60	
27300	L	\$594.90						
29501		\$135.90						
29502		\$168.30						
29503		\$206.10						
29600		\$124.20						
<b>3.0 - ENDODONTICS</b>								
33121			\$709.20					
33131			\$930.60					
33141			\$992.70					
33200		\$502.20						
33300		\$644.40						
33400		\$748.80						
33521		\$197.10						
33522		\$297.90						
33523		\$391.50						
33531		\$99.00						
33532		\$126.90						
33533		\$153.00						
33541		\$155.70						
33542		\$204.30						
33543		\$252.90						
33601			\$567.00					
33602			\$661.50					
33603			\$921.60					
33604			\$992.70					
34101		\$344.70						
34103		\$448.20						
34104		\$533.70						
34105			\$511.20					
34106			\$608.40					
34107			\$608.40					
34108			\$730.80					
34109			\$341.10					
34201		\$413.10						

Proc	L	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
34205			\$657.00					
34206			\$779.40					
34207			\$709.20					
34208			\$873.90					
34209			\$425.70					
34212		\$480.60						
34215		\$607.50						
39981		\$49.50						
39985		\$49.50						
<b>4.0 - PERIODONTICS</b>								
41200		\$52.20						
41300		\$18.90						
41305						\$53.10		
42000		\$118.80						
42001		\$27.90						
42003		\$258.30						
42005						\$233.10		
42006						\$343.80		
42008						\$262.80		
42010		\$166.50						
42100		\$503.10						
42200		\$383.40						
42205						\$505.80		
42210					\$59.40			
42300	L	\$383.40						
42305						\$505.80		
42306						\$591.30		
42315						\$414.90		
42330		\$89.10						
42331		\$47.70						
42350					\$66.60			
42441		\$311.40						
42560		\$426.60						
43440						\$303.30		
43611	L	\$323.10						
43612	L	\$323.10						
43622	L	\$93.60						
43631	L	\$112.50						
<b>5.0 - PROSTHODONTICS REMOVABLE</b>								
51100	L	\$572.40						
51110	L	\$737.10						

Proc	L	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
51120	L	\$1,073.70						
51300	L	\$534.60						
51305	L						\$1,779.30	
51310	L	\$601.20						
51315	L						\$1,779.30	
51320	L	\$931.50						
51325	L						\$2,315.70	
51505	L						\$4,308.30	
51506	L						\$2,322.90	
51510	L						\$2,322.90	
51600	L	\$345.60						
51610	L	\$345.60						
51620	L	\$567.00						
51701	L	\$572.40						
51702	L	\$737.10						
51703	L	\$1,073.70						
52120	L	\$290.70						
52121	L	\$290.70						
52122	L	\$402.30						
52123	L	\$402.30						
52124	L	\$660.60						
52129	L	\$477.00						
52180	L						\$764.10	
52181	L						\$953.10	
52182	L						\$1,049.40	
52230	L	\$419.40						
52231	L	\$419.40						
52232	L	\$687.60						
52400	L	\$737.10						
52410	L	\$737.10						
52420	L	\$1,208.70						
52500	L	\$688.50						
52510	L	\$688.50						
52520	L	\$1,129.50						
52530	L	\$1,075.50						
53415	L						\$1,818.00	
53417	L						\$2,076.30	
53418							\$335.70	
<b>6.0 - PROSTHODONTICS - FIXED (Alternate benefit applies, approved as an exception) - Maximum \$1071.00 Incl. Lab</b>								
66600		\$80.10						



Proc	L	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
66601	L	\$114.30						
66610		\$58.50						
66620	L	\$65.70						
66710		\$246.60						
66720	L	\$58.50						
67005							\$214.20	
67108							\$93.60	
67111							\$93.60	
<b>7.0 - ORAL SURGERY</b>								
72100		\$124.20						
72105				\$247.50				
72210		\$124.20						
72220		\$182.70						
72230		\$246.60						
72235				\$337.50				
72236				\$270.00				
72240		\$277.20						
72320		\$149.40						
72325				\$247.50				
72410		\$50.40						
72411		\$210.60						
72412		\$486.00						
72415				\$495.00				
72416				\$337.50				
72440		\$383.40						
72450		\$239.40						
72510				\$202.50				
72801				\$585.00				
72802				\$787.50				
72803				\$855.00				
72811				\$643.50				
72812				\$832.50				
72813				\$922.50				
73110		\$154.80						
73121				\$247.50				
73123		\$199.80						
73133	L	\$406.80						
73134	L	\$338.40						
73135	L	\$476.10						
73140	L	\$154.80						
73150		\$208.80						

Proc	L	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
73151		\$372.60						
73152				\$585.00				
73153				\$427.50				
73154				\$855.00				
73171		\$90.90		\$270.00				
73172		\$103.50		\$472.50				
73173		\$152.10						
73174		\$193.50						
73175		\$243.00						
73176		\$286.20						
73181		\$90.90						
73182		\$103.50						
73183		\$137.70						
73184		\$180.90						
73185		\$230.40						
73186		\$272.70						
73191				\$225.00				
73192				\$360.00				
73193				\$270.00				
73194				\$832.50				
73223				\$405.00				
73231				\$225.00				
73241				\$225.00				
73381		\$163.80						
73382		\$230.40						
73383		\$320.40						
73384		\$454.50						
73401		\$230.40						
73402		\$320.40						
73403		\$454.50						
73404		\$594.00						
73615				\$495.00				
73616				\$337.50				
73619	L			\$1,215.00				
73625				\$832.50				
73626				\$562.50				
73629	L			\$1,755.00				
75415				\$517.50				
79301		\$182.70						
79303		\$361.80						
79304		\$122.40						

Proc	L	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
79305		\$122.40						
79306		\$189.00						
79307		\$189.00						
79308		\$189.00						
79313				\$697.50				
79330				\$270.00				
79340				\$697.50				
<b>8.0 - ORTHODONTIC SERVICES</b>								
14201	L	\$308.70						
14202	L	\$308.70						
81102	L	\$484.20						
81103	L	\$484.20						
81105	L	\$537.30						
81106	L	\$484.20						
81110	L	\$484.20						
81111	L	\$484.20						
81115	L	\$484.20						
81116	L	\$484.20						
81125	L	\$386.10						
81126	L	\$386.10						
81130	L	\$386.10						
81131	L	\$386.10						
81161	L	\$386.10						
81162	L	\$386.10						
<b>9.0 - ADJUNCTIVE SERVICES</b>								
92225				\$225.00				
92305				\$225.00		\$52.20		
92306						\$34.20		
92311		\$31.50						
92312		\$50.40						
92313		\$68.40						
92314		\$87.30						
92315		\$106.20						
92316		\$124.20						
92317		\$143.10						
92318		\$162.00						
92319		\$18.90						
92335				\$225.00		\$76.50		
92345	L					\$29.70		
94200		\$58.50						
94216						\$55.80		

Proc	L	GP	Endo	O.Surg	Paed	Perio	Pros	O.Med
94400		\$58.50						
94415				\$81.00		\$60.30		