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December 10, 2010

Communication to all NIHB General Practitioners and Specialists

A discrepancy was recently found in the Nunavut General Practitioners and Specialists NIHB Regional Dental Benefit Grid (effective May 1, 2010). The change listed below has been updated and highlighted in grey in the dental benefit grid.

SCHEDULE B		
4.0 PERIODONTICS		
Specialty	Procedure Code	Description/ Fee
Paed	49109	\$ 55.78

We apologize for any inconvenience this may have caused regarding these changes. For further information or questions, please contact the Northern Regional Office, toll-free at 1-888-332-9222.

Thank you.



Health
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NUNAVUT

NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

Effective Date
May 1, 2010

- The coverage of dental services provided through the NIHB Dental Program will be reimbursed in accordance with the terms and conditions of the Program.
- Post Determination may be considered in cases specified in the NIHB Dental Claims Submission Kit.
- Schedule B Procedures require Predetermination.
- Please refer to the NIHB Provider Guide for Dental Benefits and the NIHB Dental Policy Framework for further information on policies, guidelines and criteria of dental services eligible under the NIHB Program.

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

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
0.1 DIAGNOSTIC										
Maximum eligibility of examinations: ages 17+: up to 3/ 12 months; under 17: up to 4/ 12 months.										
Complete/ Extended Oral Examination and Diagnosis										
1/ 60 months - when a complete examination is provided, it replaces the recall examination for the period										
01101		\$49.98								
01102		\$74.98								
01103		\$74.98								
NP Limited										
1/ provider/ lifetime										
01201		\$49.98		\$59.97						
Recall Examination										
Age 17+: 1/ 12 months; under age 17: 1/ 6 months										
01202		\$49.98								
Specific/ Emergency										
1/ 12 months										
01204		\$49.98		\$59.99						
01205		\$49.98								
Specialist Examination and Diagnosis - Limited										
1/ 12 months (with GP referral)										
01602				\$58.24						
0.2 RADIOGRAPHS										
Radiographs Complete Series										
1/ 60 months										
02101		\$133.18		\$133.18						
02102		\$133.18		\$133.18						
Intraoral										
6/ 12 months										
02111		\$19.97		\$19.97						
02112		\$33.25		\$33.25						
02113		\$46.60		\$46.60						
02114		\$59.90		\$59.90						
02115		\$73.26		\$73.26						
02116		\$86.55		\$86.55						
02117		\$99.83		\$99.83						
02118		\$113.16		\$113.16						
02119		\$126.43		\$126.43						
02120		\$133.17		\$133.17						
02131		\$33.25		\$33.25						
02132		\$49.91		\$49.91						
02133		\$66.54		\$66.54						
02141		\$19.97		\$19.97						
02142		\$33.25		\$33.25						
02143		\$46.60		\$46.60						
02144		\$59.90		\$59.90						
Panoramic										
1/ 120 months; 2/ lifetime										
02601		\$66.54		\$66.54						
Radiographs: Computerized Axial Tomograms, Positron Emission Tomography, Magnetic Resonance Images										
02801		\$26.24		\$26.24						
02802		\$26.24		\$26.24						

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS										
04101	L	\$47.50		\$57.02						
04311	L	\$54.98		\$65.98						
04312	L	\$54.98		\$65.98						
04322	L	\$284.02		\$340.83						
04401	L	\$47.50		\$57.02						
1.0 PREVENTATIVE SERVICES										
Polishing										
Age 17+: 1/ 12 months; under age 17: 1/ 6 months - units of polishing will be limited to the cost of half unit										
11101		\$24.61								
Scaling										
Age 12+: 4 units/ 12 months in combination with root planing; Under age 12: 1/ 12 months in combination with root planing										
11111		\$50.24								
11112		\$100.49								
11113		\$150.74								
11114		\$200.98								
Topical Fluorides										
Under age 17: 1/ 6 months										
12101		\$23.89								
12102		\$23.89								
Sealants/ Preventative Resins										
Under age 14: Erupted permanent molar where the occlusal surface is unrestored and permanent maxillary incisors lingual surface										
13401		\$23.89								
13409		\$11.95								
13411		\$59.28								
Interproximal Disking of Teeth										
1/ 12 months - units of disking will be limited to the cost of half unit.										
16201		\$47.74								
16511		\$31.47								
2.0 RESTORATIVE SERVICES										
Caries/ Trauma and Pain Control										
Maximum two (2) teeth per lifetime, emergency										
20111		\$61.22								
20119		\$61.22								
20121		\$155.25								
20129		\$155.25								
20131		\$29.58								
20139		\$29.58								
Restoration, amalgam/ composite; prefabricated, full coverage										
Primary incisor teeth are eligible only for clients under the age five (5)										
21111		\$72.50								
21112		\$106.54								
21113		\$133.00								
21114		\$133.00								
21115		\$133.00								
21121		\$72.50								
21122		\$106.54								
21123		\$133.00								
21124		\$133.00								
21125		\$133.00								

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NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
21211		\$72.44								
21212		\$106.54								
21213		\$136.97								
21214		\$167.46								
21215		\$182.66								
21221		\$72.44								
21222		\$106.54								
21223		\$136.97								
21224		\$167.46								
21225		\$182.66								
21231		\$72.44								
21232		\$106.54								
21233		\$136.97								
21234		\$167.46								
21235		\$182.66								
21241		\$72.44								
21242		\$106.54								
21243		\$136.97								
21244		\$167.46								
21245		\$182.66								
21401		\$22.48								
21402		\$33.72								
21403		\$44.96								
21404		\$55.64								
21405		\$67.24								
22201		\$133.00								
22211		\$133.00								
22301		\$177.34								
22311		\$177.34								
22401		\$124.21								
22411		\$124.21								
22501		\$170.78								
22511		\$170.78								
23101		\$77.65								
23102		\$92.64								
23103		\$108.69								
23104		\$139.74								
23105		\$170.78								
23111		\$106.54								
23112		\$121.78								
23113		\$136.97								
23114		\$167.46								
23115		\$197.89								
23211		\$77.65								
23212		\$108.69								
23213		\$124.21								
23214		\$139.74								
23215		\$155.26								
23221		\$77.65								
23222		\$108.69								
23223		\$124.21								
23224		\$139.74								
23225		\$155.26								

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
23311		\$106.54								
23312		\$152.22								
23313		\$182.66								
23314		\$213.11								
23315		\$243.56								
23321		\$106.54								
23322		\$152.22								
23323		\$182.66								
23324		\$213.11								
23325		\$243.56								
23401		\$80.60								
23402		\$93.16								
23403		\$108.69								
23404		\$124.21								
23405		\$124.21								
23411		\$106.54								
23412		\$121.78								
23413		\$124.21								
23414		\$124.21								
23415		\$124.21								
23501		\$77.65								
23502		\$108.69								
23503		\$124.21								
23504		\$124.21								
23505		\$124.21								
23511		\$106.54								
23512		\$124.21								
23513		\$124.21								
23514		\$124.21								
23515		\$124.21								
Post Removal										
1/ lifetime (permanent tooth)										
25781		\$64.43								
25782		\$128.85								
Repair to Crowns										
1/ crown/ 36 months										
27711		\$184.51								
27721		\$184.51								
Recementation of Crowns										
1/ crown/ 36 months										
29101		\$61.51								
Removal of Crowns										
1/ crown/ 36 months										
29301		\$61.51								
3.0 ENDODONTICS										
Functionality and restorability of the anterior teeth requiring endodontic therapy must meet the criteria as per NIHB Dental Policy Framework prior to proceeding with treatment.										
Root Canal Therapy										
*33111 Endodontics Policy - Predetermination is required for all teeth except anterior permanent teeth 13-23 and 33-43										
32221		\$117.78								
32222		\$117.78								
32231		\$112.19								

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
32232		\$56.08								
32311		\$88.34								
32312		\$117.78								
32313		\$147.22								
32314		\$176.68								
32321		\$88.34								
32322		\$147.22								
*33111		\$455.07								
39201		\$56.72								
39202		\$56.72								
4.0 PERIODONTICS										
Root Planing										
Age 12+: 4 units/ 12 months in combination with scaling;										
Under age 12: 1/ 12 months in combination with scaling										
43421		\$56.79								
43422		\$113.61								
43423		\$170.41								
43424		\$227.24								
5.0 PROSTHODONTICS REMOVABLE										
Denture Adjustments										
54201		\$52.67								
54202		\$82.94								
54209		\$52.67								
Repairs and Additions										
1/ prosthesis/ 12 months										
55101	L	\$55.47								
55102	L	\$55.47								
55201	L	\$110.93								
55202	L	\$110.93								
55301	L	\$54.34								
55302	L	\$54.34								
55401	L	\$110.93								
55402	L	\$110.93								
Reline or Rebase										
1/ prosthesis/ 24 months										
56211		\$166.38								
56212		\$166.38								
56221		\$166.38								
56222		\$166.38								
56231	L	\$166.38								
56232	L	\$166.38								
56241	L	\$166.38								
56242	L	\$166.38								
56251	L	\$277.28								
56252	L	\$277.28								
56261	L	\$277.28								
56262	L	\$277.28								
56311	L	\$166.38								
56312	L	\$166.38								
56321	L	\$166.38								
56322	L	\$166.38								

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
Tissue Conditioning										
1/ prosthesis/ 24 months										
56511		\$110.93								
56512		\$110.93								
56521		\$110.93								
56522		\$110.93								
7.0 ORAL SURGERY										
71101		\$70.79		\$84.95						
71109		\$42.48		\$50.96						
72311		\$63.53		\$76.24						
72319		\$38.14		\$45.76						
74111		\$190.56		\$228.68						
74112		\$247.67		\$297.21						
74121		\$228.69		\$274.42						
74122		\$303.13		\$363.77						
74611		\$219.16		\$262.99						
74612		\$291.04		\$349.25						
74621		\$266.82		\$320.17						
74631		\$219.16		\$262.99						
74632		\$291.04		\$349.25						
75111		\$139.78		\$167.74						
75112		\$139.78		\$167.74						
75121		\$146.10		\$175.32						
75211		\$315.25		\$378.31						
75301		\$832.40		\$998.88						
75302		\$832.40		\$998.88						
76116		\$228.69		\$274.42						
76141		\$127.09		\$152.51						
76142		\$127.09		\$152.51						
76911		\$713.71		\$856.46						
76912		\$713.71		\$856.46						
76921		\$713.71		\$856.46						
76922		\$713.71		\$856.46						
76941		\$238.18		\$285.80						
76949		\$238.18		\$285.80						
76951		\$73.08		\$87.68						
76952		\$146.10		\$175.32						
76961		\$152.42		\$182.91						
76962		\$171.52		\$205.81						
77801		\$140.61		\$168.71						
77802		\$140.61		\$168.71						
77803		\$140.61		\$168.71						
78102		\$121.52		\$145.81						
79101		\$104.82		\$125.79						
79601		\$63.54		\$76.25						
79602		\$66.71		\$80.05						
79605		\$66.71		\$80.05						
79606		\$66.71		\$80.05						

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement										
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
0.1 DIAGNOSTIC										
Maximum eligibility of examinations: ages 17+: up to 3/ 12 months; under 17: up to 4/ 12 months.										
Specialist Examination and Diagnosis - Complete										
1/ 60 months (with GP referral)										
01901		\$274.91								
1/ 12 months										
01902		\$54.98								
0.2 RADIOGRAPHS										
02501		\$49.90		\$49.90						
02502		\$83.20		\$83.20						
02503		\$116.54		\$116.54						
02504		\$149.81		\$149.81						
02701		\$79.63		\$79.63						
02702		\$124.85		\$124.85						
02703		\$167.87		\$167.87						
02704		\$208.05		\$208.05						
02751		\$54.98		\$54.98						
02752		\$109.96		\$109.96						
02931		\$79.63								
02932		\$124.90								
02933		\$69.24								
02934		\$208.05								
0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS										
04801		\$11.89		\$14.24						
04802		\$23.74		\$28.50						
04803		\$35.64		\$42.76						
04809		\$11.89		\$14.24						
04911		\$47.53								
04931	L	\$95.01								
1.0 PREVENTATIVE SERVICES										
Appliances Periodontal										
1/ 36 months										
14611	L	\$306.75								
14612	L	\$306.75								
Appliances Periodontal - Maintenance										
3/ 36 months										
14621	L	\$55.78								
14631		\$167.38								
2.0 RESTORATIVE SERVICES										
Cores and Posts										
1/ 36 months (permanent tooth)										
21301		\$152.22								
21302		\$152.22								
23601		\$182.66								
23602		\$182.66								
25731		\$92.26								
25732		\$184.51								
25733		\$276.77								

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement										
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
Crowns										
Crown Policy										
27211	L	\$663.22								
27301	L	\$663.22								
3.0 ENDODONTICS										
Functionality and restorability of the anterior teeth requiring endodontic therapy must meet the criteria as per NIHB Dental Policy Framework prior to proceeding with treatment.										
Root Canal Therapy										
*33111 Endodontics Policy - Predetermination is required for all teeth except anterior permanent teeth 13-23 and 33-43										
*33111		\$455.07								
33115		\$588.87								
33121		\$687.01								
33125		\$827.21								
33131		\$785.16								
33135		\$925.37								
33141		\$953.39								
33145		\$1,093.58								
33601		\$168.24								
33602		\$252.37								
33603		\$336.50								
33604		\$448.66								
34111		\$293.14		\$351.77						
34121		\$367.01		\$440.40						
34122		\$489.35		\$587.23						
34131		\$367.01		\$440.40						
34132		\$489.35		\$587.23						
34133		\$734.05		\$880.86						
34141		\$351.78		\$422.12						
34151		\$428.19		\$513.83						
34161		\$428.19		\$513.83						
34162		\$550.52		\$660.63						
34211		\$58.64		\$70.36						
34221		\$58.64		\$70.36						
34222		\$117.26		\$140.70						
34231		\$58.64		\$70.36						
34232		\$117.26		\$140.70						
34233		\$175.87		\$211.05						
34241		\$58.64		\$70.36						
34251		\$58.64		\$70.36						
34261		\$58.64		\$70.36						
34262		\$117.26		\$140.70						
4.0 PERIODONTICS										
41211		\$58.57								
41221		\$75.30								
41231		\$58.57								
41301		\$58.57								
42201		\$184.04								
42311		\$209.10								
42331		\$52.98								
42339		\$52.98								

NUNAVUT
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement										
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
42521		\$468.28								
42531		\$468.28								
42551		\$546.33								
42821		\$55.78								
43511		\$55.78								
43519		\$55.78								
49101		\$55.78								
49102		\$111.55								
49109		\$55.78				\$55.78				
5.0 PROSTHODONTICS REMOVABLE										
Complete/ Partial/ Immediate Dentures										
1/ arch/ 96 months										
51101	L	\$582.23								
51102	L	\$582.23								
51103	L	\$1,164.47								
51301	L	\$582.23								
51302	L	\$582.23								
51303	L	\$1,164.47								
51711	L	\$1,158.79								
51712	L	\$1,158.79								
51811	L	\$582.23								
51812	L	\$582.23								
51813	L	\$1,164.47								
52101	L	\$166.38								
52102	L	\$166.38								
52201	L	\$166.38								
52202	L	\$166.38								
52301	L	\$554.57								
52302	L	\$554.57								
52401	L	\$554.57								
52402	L	\$554.57								
53101	L	\$582.23								
53102	L	\$582.23								
53104	L	\$58.23								
53201	L	\$582.23								
53202	L	\$582.23								
53811	L	\$934.56								
53812	L	\$934.56								
53813	L	\$773.86								
53814		\$192.56								
6.0 PROSTHODONTICS FIXED										
Alternate benefit applies, approved as an exception. Maximum \$1,003.13 including Lab										
66211		\$65.72								
66212		\$131.44								
66213		\$197.17								
66221		\$65.72								
66222		\$131.44								
66223		\$197.17								
66251		\$65.72								
66252		\$131.44								
66253		\$197.17								

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NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement										
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
66301	L	\$60.02								
66302	L	\$120.04								
66303	L	\$180.04								
66711		\$125.74								
66719		\$125.74								
66721	L	\$60.02								
66729		\$60.02								
7.0 ORAL SURGERY										
71201		\$154.16		\$179.61						
71209		\$92.50		\$111.00						
72111		\$139.78		\$162.85						
72119		\$83.86		\$100.64						
72211		\$209.66		\$244.25						
72219		\$125.78		\$150.94						
72221		\$266.82		\$320.17						
72229		\$160.10		\$192.11						
72321		\$95.32		\$114.36						
72329		\$57.19		\$68.62						
72331		\$139.78		\$167.74						
72339		\$83.86		\$100.64						
72511		\$127.11		\$152.54						
72519		\$76.27		\$91.53						
72521		\$228.68		\$274.40						
72529		\$137.21		\$164.65						
72711		\$266.82		\$320.17						
72719		\$160.10		\$192.11						
73111		\$63.53		\$76.24						
73222		\$139.78		\$167.74						
73223		\$248.09		\$297.70						
73231		\$139.78		\$167.74						
73421		\$107.17		\$128.62						
79311		\$454.68		\$545.62						
79331		\$436.54		\$523.85						
79333		\$436.54		\$523.85						
79341		\$436.54		\$523.85						
79343		\$436.54		\$523.85						
8.0 ORTHODONTIC SERVICES										
80601		\$56.08								
80602		\$56.08								
80631	L	\$56.08								
80632	L	\$112.16								
80639		\$56.08								
80641		\$56.08								
80642		\$112.16								
80649		\$56.08								
80651		\$56.08								
80659		\$56.08								
80661		\$56.08								
80669		\$56.08								
80671		\$56.08								
80679		\$56.08								

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All Procedures in Schedule B have a Predetermination Requirement										
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
81113	L	\$224.32								
81114	L	\$224.32								
81121	L	\$224.32								
81122	L	\$224.32								
81131	L	\$224.32								
81132	L	\$224.32								
81211	L	\$224.32								
81212	L	\$224.32								
81221	L	\$168.24								
81222	L	\$168.24								
81231	L	\$224.32								
81232	L	\$224.32								
81241	L	\$224.32								
81242	L	\$224.32								
81243	L	\$168.24								
81251	L	\$280.41								
81252	L	\$280.41								
81253	L	\$224.32								
81291	L	\$224.32								
81292	L	\$224.32								
81293	L	\$224.32								
81294	L	\$224.32								
83101	L	\$168.24								
83102	L	\$168.24								
83201	L	\$224.32								
83202	L	\$224.32								
9.0 ADJUNCTIVE SERVICES										
Under age 12										
92222		\$110.28		\$110.28						
92229		\$165.43		\$165.43						
92301		\$51.39		\$51.39						
92302		\$99.81		\$99.81						
92309		\$149.70		\$149.70						
92411		\$26.37		\$30.72						
92412		\$39.56		\$46.08						
92419		\$13.19		\$15.39						
92421		\$19.01		\$22.16						
92431		\$36.38		\$36.38						
92432		\$66.87		\$66.87						
92439		\$18.20		\$18.20						
92441		\$57.03		\$57.03						
92442		\$85.53		\$85.53						
92449		\$28.52		\$28.52						
94302		\$61.79								
96201		\$28.88		\$34.66						
96202		\$28.88		\$34.66						
96203		\$28.88		\$34.66						
99111		I.C.		I.C.						
99222		I.C.		I.C.						
99333		I.C.		I.C.						