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December 10, 2010

Communication to all NIHB General Practitioners and Specialists

Discrepancies were recently found in the Prince Edward Island General Practitioners and Specialists NIHB Regional Dental Benefit Grid (effective April 1, 2010). The changes listed below have been updated and highlighted in grey in the dental benefit grid.

<b>SCHEDULE A</b>		
7.0 ORAL SURGERY		
<b>Specialty</b>	<b>Procedure Code</b>	<b>Description/ Fee</b>
GP	79402	\$ 76.50
O. Surg	79402	\$ 140.58
GP	79403	\$ 76.50
O. Surg	79403	\$ 84.96
GP	79404	\$ 94.50
O. Surg	79404	\$ 165.96
<b>Note</b> The above listed Procedure Codes have also been <b>removed</b> from <i>Schedule B</i> .		

We apologize for any inconvenience this may have caused regarding these changes. For further information or questions, please contact the Atlantic Regional Office at 1-902-426-2656 or toll-free at 1-800-565-3294.

Thank you.





Health  
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## **PRINCE EDWARD ISLAND** **NIHB Regional Dental Benefit Grid** **General Practitioners and Specialists**

**Effective Date**  
April 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.



**PRINCE EDWARD ISLAND**  
**NIHB Regional Dental Benefit Grid**  
 General Practitioners and Specialists  
**SCHEDULE A**

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
<b>0.1 DIAGNOSTIC</b>										
Maximum eligibility of examinations: ages 17+: up to 3/ 12 months; under 17: up to 4/ 12 months.										
<b>Complete/ Extended Oral Examination and Diagnosis</b>										
1/ 60 months - when a complete examination is provided, it replaces the recall examination for the period										
01101		\$22.50				\$79.92				
01102		\$69.30				\$117.45				
01103		\$92.70				\$130.41				
<b>NP Limited</b>										
1/ provider/ lifetime										
01201		\$25.20				\$48.24				
<b>Recall Examination</b>										
Age 17+: 1/ 12 months; under age 17: 1/ 6 months										
01202		\$22.50				\$44.37				
<b>Specific/ Emergency</b>										
1/ 12 months										
01204		\$29.70		\$46.71		\$63.99				
01205		\$30.60		\$46.71		\$63.99				
<b>Specialist Examination and Diagnosis - Limited</b>										
1/ 12 months (with GP referral)										
01402				\$74.12						
01602				\$86.04						
<b>0.2 RADIOGRAPHS</b>										
<b>Radiographs Complete Series</b>										
1/ 60 months										
02101		\$81.00				\$81.00				
02102		\$87.30								
<b>Intraoral</b>										
6/ 12 months										
02111		\$17.10		\$17.10		\$24.93				
02112		\$20.70		\$20.70		\$29.25				
02113		\$26.10		\$26.10		\$35.64				
02114		\$29.70		\$29.70		\$39.06				
02115		\$35.10		\$35.10		\$35.10				
02116		\$39.60		\$39.60		\$39.60				
02117		\$44.10				\$44.10				
02118		\$48.60				\$48.60				
02119		\$53.10				\$53.10				
02120		\$57.60								
02121		\$62.10								
02122		\$66.60								
02123		\$71.10								
02124		\$75.60								
02125		\$80.10								
02131		\$20.70								
02132		\$26.10								
02133		\$31.50								
02141		\$17.10				\$22.86				
02142		\$20.70				\$30.06				
02143		\$26.10				\$26.10				
02144		\$29.70				\$29.70				
02145		\$35.10				\$35.10				
02146		\$39.60				\$39.60				

**PRINCE EDWARD ISLAND**  
**NIHB Regional Dental Benefit Grid**  
 General Practitioners and Specialists  
**SCHEDULE A**

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
<b>Panoramic</b>										
1/ 120 months; 2/ lifetime										
02601		\$45.00		\$45.00		\$53.55				
<b>Radiographs: Computerized Axial Tomograms, Positron Emission Tomography, Magnetic Resonance Images</b>										
02801		\$24.75				\$24.75				
02802		\$24.75				\$24.75				
<b>0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS</b>										
04101	L	\$40.50								
04311	L	\$47.70		\$108.18						
04312	L	\$47.70		\$108.18						
04313	L	\$59.40		\$88.47						
04321	L			\$190.08						
04322	L			\$223.20						
04323	L			\$151.74						
04401	L	\$32.40								
<b>1.0 PREVENTATIVE SERVICES</b>										
<b>Polishing</b>										
Age 17+: 1/ 12 months; under age 17: 1/ 6 months - units of polishing will be limited to the cost of half unit										
11101		\$14.40				\$14.40				
11102		\$14.40				\$14.40				
11107		\$14.40				\$14.40				
<b>Scaling</b>										
Age 12+: 4 units/ 12 months in combination with root planing; Under age 12: 1/ 12 months in combination with root planing										
11111		\$31.50				\$31.50				
11112		\$63.00				\$63.00				
11113		\$94.50				\$94.50				
11114		\$126.00				\$126.00				
11117		\$16.20				\$16.20				
<b>Topical Fluorides</b>										
Under age 17: 1/ 6 months										
12101		\$15.30				\$15.30				
12102		\$12.60				\$12.60				
<b>Sealants/ Preventative Resins</b>										
Under age 14: Erupted permanent molar where the occlusal surface is unrestored and permanent maxillary incisors lingual surface										
13401		\$18.90				\$34.47				
13409		\$10.80				\$20.34				
13411		\$46.80				\$46.80				
13419		\$31.50				\$31.50				
<b>Interproximal Disking of Teeth</b>										
1/ 12 months - units of disking will be limited to the cost of half unit.										
16201		\$29.70				\$49.86				
16511		\$25.20				\$25.20				
16517		\$25.20								
<b>2.0 RESTORATIVE SERVICES</b>										
<b>Caries/ Trauma and Pain Control</b>										
Maximum two (2) teeth per lifetime, emergency										
20111		\$73.80				\$99.27				
20119		\$54.00				\$84.51				
20121		\$73.80				\$100.44				
20129		\$54.00				\$100.44				

**PRINCE EDWARD ISLAND**  
**NIHB Regional Dental Benefit Grid**  
 General Practitioners and Specialists  
**SCHEDULE A**

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
20131		\$24.30				\$24.30				
20139		\$24.30				\$24.30				
<b>Restoration, amalgam/ composite; prefabricated, full coverage</b>										
Primary incisor teeth are eligible only for clients under the age five (5)										
21111		\$52.20				\$71.46				
21112		\$82.80				\$108.27				
21113		\$99.00				\$124.11				
21114		\$109.80				\$171.36				
21115		\$109.80				\$177.57				
21121		\$52.20				\$71.46				
21122		\$82.80				\$108.27				
21123		\$99.00				\$124.11				
21124		\$109.80				\$171.36				
21125		\$109.80				\$177.57				
21211		\$52.20				\$78.30				
21212		\$102.60				\$114.93				
21213		\$117.90				\$132.03				
21214		\$130.50				\$171.36				
21215		\$138.60				\$177.57				
21221		\$82.80				\$92.70				
21222		\$99.90				\$113.04				
21223		\$131.40				\$147.15				
21224		\$158.40				\$184.86				
21225		\$180.00				\$208.26				
21231		\$52.20				\$78.30				
21232		\$102.60				\$114.93				
21233		\$117.90				\$132.03				
21234		\$130.50				\$171.36				
21235		\$138.60				\$177.57				
21241		\$77.40				\$87.84				
21242		\$99.90				\$113.04				
21243		\$131.40				\$147.15				
21244		\$158.40				\$184.86				
21245		\$170.10				\$208.26				
21401		\$17.10								
21402		\$27.00								
21403		\$29.70								
21404		\$36.00								
21405		\$41.40								
22201		\$143.10								
22211		\$143.10				\$185.67				
22301		\$143.10								
22311		\$143.10				\$185.67				
22401						\$185.67				
22501		\$143.10				\$185.67				
22511		\$143.10								
23111		\$90.90				\$106.02				
23112		\$113.40				\$132.48				
23113		\$144.90				\$174.78				
23114		\$179.10				\$217.89				
23115		\$192.60				\$244.17				
23311		\$95.40				\$106.83				
23312		\$145.80				\$163.26				

**PRINCE EDWARD ISLAND**  
**NIHB Regional Dental Benefit Grid**  
 General Practitioners and Specialists  
**SCHEDULE A**

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
23313		\$159.30				\$178.38				
23314		\$196.20				\$226.89				
23315		\$214.20				\$244.17				
23321		\$107.10				\$119.97				
23322		\$159.30				\$178.38				
23323		\$172.80				\$193.50				
23324		\$213.30				\$240.66				
23325		\$240.30				\$269.10				
23411		\$96.30				\$107.82				
23412		\$120.60				\$135.09				
23413		\$148.50				\$166.32				
23414		\$148.50				\$185.67				
23415		\$148.50				\$185.67				
23511		\$96.30				\$107.82				
23512		\$143.10				\$163.26				
23513		\$143.10				\$181.44				
23514		\$143.10				\$185.67				
23515		\$143.10				\$185.67				
<b>Post Removal</b>										
1/ lifetime (permanent tooth)										
25781		\$50.40								
25782		\$100.80								
<b>Repair to Crowns</b>										
1/ crown/ 36 months										
27711		\$93.60								
27721		\$104.40								
27722	L	\$186.30								
<b>Recementation of Crowns</b>										
1/ crown/ 36 months										
29101		\$49.50				\$55.44				
<b>Removal of Crowns</b>										
1/ crown/ 36 months										
29301		\$54.00								
<b>3.0 ENDODONTICS</b>										
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.										
<b>Root Canal Therapy</b>										
*33111 Endodontics Policy - <b>Predetermination is required for all teeth except anterior permanent teeth 13-23 and 33-43</b>										
32221		\$75.60				\$129.51				
32222		\$120.60				\$164.52				
32231		\$74.70				\$128.34				
32232		\$45.90				\$69.30				
32311		\$99.90								
32312		\$125.10								
32313		\$172.80								
32314		\$199.80								
32321		\$75.60				\$134.64				
32322		\$75.60				\$138.60				
*33111		\$303.30								
39201		\$52.20								
39202		\$56.70								



**PRINCE EDWARD ISLAND**  
**NIHB Regional Dental Benefit Grid**  
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**SCHEDULE A**

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
<b>4.0 PERIODONTICS</b>										
42831		\$42.30								
<b>Root Planing</b>										
Age 12+: 4 units/ 12 months in combination with scaling; Under age 12: 1/ 12 months in combination with scaling										
43421		\$31.50								
43422		\$63.00								
43423		\$94.50								
43424		\$126.00								
43427		\$16.20								
<b>5.0 PROSTHODONTICS REMOVABLE</b>										
<b>Denture Adjustments</b>										
54201		\$54.00								
54202		\$108.00								
54209		\$54.00								
<b>Repairs and Additions</b>										
1/ prosthesis/ 12 months										
55101	L	\$44.10								
55102	L	\$44.10								
55201	L	\$69.30								
55202	L	\$69.30								
55301	L	\$44.10								
55302	L	\$44.10								
55401	L	\$83.70								
55402	L	\$69.30								
55403	L	\$111.60								
<b>Reline or Rebase</b>										
1/ prosthesis/ 24 months										
56211		\$158.40								
56212		\$158.40								
56213		\$220.50								
56221		\$141.30								
56222		\$143.10								
56223		\$224.10								
56231	L	\$180.00								
56232	L	\$209.70								
56233	L	\$352.08								
56241	L	\$172.80								
56242	L	\$172.80								
56243	L	\$309.60								
56251	L	\$220.50								
56252	L	\$220.50								
56253	L	\$399.28								
56261	L	\$215.10								
56262	L	\$215.10								
56311	L	\$195.30								
56312	L	\$217.80								
56313	L	\$374.70								
56321	L	\$178.20								
56322	L	\$184.50								
56323	L	\$328.48								

**PRINCE EDWARD ISLAND**  
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 General Practitioners and Specialists  
**SCHEDULE A**

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
<b>Tissue Conditioning</b>										
1/ prosthesis/ 24 months										
56511		\$81.90								
56512		\$81.90								
56513		\$147.52								
56521		\$81.90								
56522		\$81.90								
<b>7.0 ORAL SURGERY</b>										
71101		\$79.20		\$108.18		\$101.25				
71109		\$47.70		\$53.46		\$53.46				
72311		\$76.50		\$108.18						
72319		\$45.90		\$53.91						
74111		\$254.70		\$285.30						
74112		\$236.67		\$252.36						
74121				\$262.89						
74122				\$284.76						
74611		\$199.80		\$223.74						
74612		\$306.86		\$284.76						
74631				\$210.24						
74632		\$306.86		\$284.76						
75111		\$76.50		\$164.34						
75112		\$76.50		\$104.67						
75121				\$245.07						
75122				\$262.89						
75211				\$283.95						
75212				\$377.91						
75221				\$311.67						
75301				\$372.24						
75302				\$438.39						
76141				\$112.23						
76142				\$123.57						
76911				\$264.78						
76912				\$300.87						
76921				\$403.02						
76922				\$425.52						
76941		\$169.20		\$303.84						
76949		\$169.20		\$178.83						
76951		\$68.40		\$76.59						
76952		\$136.80		\$153.18						
76961		\$84.60		\$143.01						
76962		\$146.13		\$164.70						
77801		\$169.20		\$189.54						
77802		\$169.20		\$189.54						
77803		\$169.20		\$254.79						
78102				\$208.17						
79101				\$161.64						
79402		\$76.50		\$140.58						
79403		\$76.50		\$84.96						
79404		\$94.50		\$165.96						
79601		\$57.60		\$69.30						
79602		\$57.60		\$87.12						
79603		\$76.50		\$104.67						

**PRINCE EDWARD ISLAND**  
**NIHB Regional Dental Benefit Grid**  
 General Practitioners and Specialists  
**SCHEDULE A**

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
79604		\$76.50		\$108.00						
79605		\$76.50		\$97.65						
79606		\$76.50		\$97.65						



**PRINCE EDWARD ISLAND**  
**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
<b>0.1 DIAGNOSTIC</b>										
Maximum eligibility of examinations: ages 17+: up to 3/ 12 months; under 17: up to 4/ 12 months.										
<b>Specialist Examination and Diagnosis - Complete</b>										
1/ 60 months (with GP referral)										
01401				\$148.23						
01601				\$172.26						
01901		\$118.80								
1/ 12 months										
01902		\$36.00								
<b>0.2 RADIOGRAPHS</b>										
02501		\$20.70				\$20.70				
02502		\$26.10				\$26.10				
02503		\$31.50				\$31.50				
02504		\$54.00				\$54.00				
02701		\$37.80				\$49.59				
02702		\$53.10				\$69.03				
02703		\$67.50				\$88.02				
02704						\$107.46				
02751		\$49.50				\$64.71				
02752		\$99.00				\$129.42				
<b>0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS</b>										
04801		\$17.10				\$25.02				
04802		\$25.20				\$34.83				
04803		\$28.80				\$40.95				
04809		\$4.50				\$6.75				
04911		\$28.80		\$28.80		\$33.12			\$34.56	
04931	L	\$40.50				\$50.58				
<b>1.0 PREVENTATIVE SERVICES</b>										
<b>Appliances Periodontal</b>										
1/ 36 months										
14611	L	\$216.00								
14612	L	\$216.00								
<b>Appliances Periodontal - Maintenance</b>										
3/ 36 months										
14621	L	\$32.40								
14631		\$64.80								
<b>2.0 RESTORATIVE SERVICES</b>										
<b>Cores and Posts</b>										
1/ 36 months (permanent tooth)										
21301		\$131.40								
21302		\$131.40								
23601		\$161.10								
23602		\$164.70								
25731		\$108.00								
25732		\$162.00								
25733		\$216.00								
25751		\$166.50								
25752		\$189.90								
25753		\$212.40								
25754		\$191.70								
25755		\$214.20								

**PRINCE EDWARD ISLAND**  
**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
25756		\$234.90								
25761		\$166.50								
25762		\$189.90								
25763		\$212.40								
25764		\$194.40								
25765		\$239.40								
25766		\$287.10								
<b>Crowns</b>										
Crown Policy										
27211	L	\$489.60								
27301	L	\$489.60								
<b>3.0 ENDODONTICS</b>										
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.										
<b>Root Canal Therapy</b>										
<b>*33111 Endodontics Policy - Predetermination is required for all teeth except anterior permanent teeth 13-23 and 33-43</b>										
*33111		\$303.30								
33121		\$378.90								
33131		\$523.80								
33141		\$603.90								
33601		\$242.10				\$327.42				
33602		\$322.20				\$429.30				
33603		\$403.20				\$576.99				
33604		\$483.30				\$800.28				
34111		\$213.30		\$403.92						
34121		\$213.30		\$403.92						
34122		\$298.80		\$604.44						
34131		\$213.30		\$504.09						
34132		\$298.80		\$672.30						
34133		\$341.10		\$769.50						
34141		\$213.30		\$403.92						
34151		\$255.60		\$504.09						
34161		\$255.60		\$504.09						
34162		\$341.10		\$705.96						
34211		\$42.30		\$65.61						
34221		\$42.30		\$111.06						
34222		\$53.10		\$142.56						
34231		\$53.10		\$111.06						
34232		\$63.90		\$143.91						
34233		\$85.50		\$180.00						
34241		\$42.30		\$111.06						
34251		\$42.30		\$111.06						
34261		\$53.10		\$111.06						
34262		\$63.90		\$143.91						
<b>4.0 PERIODONTICS</b>										
41211		\$42.30								
41221		\$42.30								
41231		\$42.30								
41301		\$35.10								
42201		\$203.40								

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 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
42311		\$203.40								
42321		\$225.90								
42331		\$39.60								
42339		\$39.60								
42531		\$270.90								
42551		\$359.10								
42821		\$39.60								
43511		\$42.30								
43519		\$42.30								
49101		\$42.30					\$86.04			
49102		\$84.60					\$172.08			
49109		\$42.30					\$86.04			
<b>5.0 PROSTHODONTICS REMOVABLE</b>										
<b>Complete/ Partial/ Immediate Dentures</b>										
1/ arch/ 96 months										
51101	L	\$551.70								
51102	L	\$617.40								
51103	L	\$1,055.70								
51301	L	\$617.40								
51302	L	\$675.00								
51303	L	\$1,150.20								
51711	L	\$680.40								
51712	L	\$727.20								
51713	L	\$1,267.20								
51811	L	\$680.40								
51812	L	\$727.20								
52101	L	\$235.80				\$270.18				
52102	L	\$235.80				\$270.18				
52103	L	\$432.00								
52111	L	\$295.20								
52112	L	\$295.20								
52201	L	\$505.80								
52202	L	\$567.90								
52211	L	\$556.20								
52212	L	\$621.00								
52213	L	\$1,052.10								
52301	L	\$362.70								
52302	L	\$362.70								
52303	L	\$674.10								
52311	L	\$404.10								
52312	L	\$404.10								
52313	L	\$750.60								
53101	L	\$617.40								
53102	L	\$617.40								
53103	L	\$1,114.20								
53104	L	\$64.80								
53111	L	\$582.30								
53112	L	\$620.10								
53113	L	\$1,138.50								
53201	L	\$597.60								
53202	L	\$597.60								

**PRINCE EDWARD ISLAND**  
**NIHB Regional Dental Benefit Grid**  
 General Practitioners and Specialists  
**SCHEDULE B**

<b>All Procedures in Schedule B have a Predetermination Requirement</b>										
<b>Code</b>	<b>Lab</b>	<b>GP</b>	<b>Endo</b>	<b>O. Surg</b>	<b>Ortho</b>	<b>Paed</b>	<b>Perio</b>	<b>Radio</b>	<b>Pros</b>	<b>O. Path</b>
53203	L	\$1,150.20								
53211	L	\$582.30								
53212	L	\$620.10								
53213	L	\$1,138.50								
53301	L	\$1,057.50								
53302	L	\$1,116.00								
<b>6.0 PROSTHODONTICS FIXED</b>										
Alternate benefit applies, approved as an exception. Maximum \$950.00 including Lab										
66111	L	\$45.00								
66112	L	\$90.00								
66113	L	\$135.00								
66211		\$47.70								
66212		\$95.40								
66213		\$143.10								
66301	L	\$49.50								
66302	L	\$99.00								
66303	L	\$148.50								
66711		\$87.30								
66719		\$87.30								
66721	L	\$45.00								
66729		\$45.00								
66731	L	\$270.00								
66739	L	\$270.00								
<b>7.0 ORAL SURGERY</b>										
71201		\$173.70		\$234.90						
71209		\$104.40		\$117.45						
72111		\$173.70		\$234.90						
72119		\$104.40		\$117.45						
72211		\$252.00		\$282.24						
72219		\$151.20		\$169.38						
72221		\$347.40		\$389.07						
72229		\$208.80		\$233.82						
72231		\$382.50		\$428.40						
72239		\$229.50		\$257.04						
72321		\$153.00		\$171.36						
72329		\$91.80		\$102.78						
72331		\$169.20		\$234.90						
72339		\$101.70		\$135.90						
72511		\$76.50		\$210.24						
72519		\$45.90		\$105.75						
72521		\$254.70		\$285.30						
72529		\$153.00		\$178.65						
72531		\$254.70		\$313.92						
72539		\$153.00		\$221.58						
72541		\$254.70		\$345.51						
72551		\$298.80		\$386.01						
72631				\$406.26						
72639				\$271.89						
72711				\$244.26						
72719				\$183.60						
73111		\$84.60		\$125.46						



**PRINCE EDWARD ISLAND**  
**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
73222				\$235.35						
73223				\$252.36						
73231		\$279.90		\$313.47						
73241		\$144.00		\$206.73						
73411				\$359.28						
73421				\$484.56						
73431				\$446.76						
73451				\$621.36						
75401				\$386.01						
75402				\$423.45						
75411				\$392.67						
75412				\$589.41						
79311				\$434.61						
79312				\$544.23						
79331		\$590.40		\$661.23						
79333		\$712.80		\$798.30						
79341				\$578.79						
79343				\$586.80						
<b>8.0 ORTHODONTIC SERVICES</b>										
80601		\$48.60								
80602		\$54.90								
80631	L	\$51.30								
80632	L	\$102.60								
80639		\$51.30								
80641		\$51.30								
80642		\$102.60								
80649		\$51.30								
80651		\$45.90								
80659		\$45.90								
80661		\$56.70								
80669		\$56.70								
80671		\$50.40								
80679		\$50.40								
<b>9.0 ADJUNCTIVE SERVICES</b>										
<b>Under age 12</b>										
92212				\$187.56		\$187.56				
92213				\$233.28		\$233.28				
92214				\$279.45		\$279.45				
92215				\$325.62		\$325.62				
92216				\$371.79		\$371.79				
92217				\$417.96		\$417.96				
92218				\$464.13		\$464.13				
92219				\$46.17		\$46.17				
92222				\$119.70		\$119.70				
92223				\$159.03		\$159.03				
92224				\$199.17		\$199.17				
92225				\$239.40		\$239.40				
92226				\$278.64		\$278.64				
92227				\$318.87		\$318.87				
92228				\$358.20		\$358.20				
92229				\$40.14		\$40.14				

**PRINCE EDWARD ISLAND**  
**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
92301				\$109.26						
92302				\$183.51						
92303				\$227.61						
92304				\$271.35						
92305				\$315.09						
92306				\$358.83						
92307				\$402.57						
92308				\$446.31						
92309				\$44.55						
92411		\$39.60		\$70.92		\$48.69				
92412		\$68.40		\$93.96		\$76.59				
92413		\$97.20		\$117.45		\$108.90				
92414		\$126.00		\$141.12		\$126.00				
92415		\$154.80		\$173.34		\$154.80				
92416		\$183.60		\$205.65		\$183.60				
92417		\$212.40		\$237.87		\$212.40				
92418		\$241.20		\$270.18		\$241.20				
92419		\$28.80		\$32.22		\$28.80				
92421		\$39.60		\$74.97						
92431		\$39.60		\$76.59						
92432		\$68.40		\$105.30						
92433		\$97.20		\$134.46						
92434		\$126.00		\$163.62						
92435		\$154.80		\$192.78						
92436		\$183.60		\$221.94						
92437		\$212.40		\$251.10						
92438		\$241.20		\$277.83						
92439		\$28.80		\$32.22						
92441		\$52.20		\$96.03		\$52.20				
92442		\$83.70		\$144.18						
92443		\$115.20		\$191.97						
92444		\$146.70		\$239.76						
92445		\$178.20		\$287.55						
92446		\$209.70		\$335.34						
92447		\$241.20		\$383.13						
92448		\$272.70		\$410.67						
92449		\$31.50		\$47.79						
94302		\$54.90		\$81.90						
96201		\$26.10								
96202		\$26.10								
99111		I.C.		I.C.						
99333				I.C.						