



December 10, 2010

Communication to all NIHB General Practitioners and Specialists

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

SCHEDULE A		
0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS		
Specialty	Procedure Code	Description/ Fee
O. Med	04105	Lab Indicator Removed
Paed	04110	\$ 45.00

SCHEDULE B		
3.0 ENDODONTICS		
Root Canal Therapy		
*33100/ *33111 Endodontics Policy - Predetermination is required for all teeth except anterior permanent teeth 13-23 and 33-43		
Specialty	Procedure Code	Description/ Fee
GP	*33100	\$ 361.80

SCHEDULE B		
7.0 ORAL SURGERY		
Specialty	Procedure Code	Description/ Fee
O. Surg	72235	\$ 346.50
O. Surg	72236	\$ 274.50

We apologize for any inconvenience this may have caused regarding these changes. For further information or questions, please contact the Quebec Regional Office at 1-514-283-5501 or toll-free at 1-877-483-5501.

Thank you.



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NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

Effective Date
July 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.

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

Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
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								
01110		\$54.90						
01120		\$65.70						
01130		\$96.30						
01154					\$40.50			
Recall Examination								
Age 17+: 1/ 12 months; age 10 to under 17: 1/ 6 months; under age 10 covered by RAMQ								
01200		\$53.10						
Specific/ Emergency								
1/ 6 months under age 10								
01250		\$40.50						
01255					\$60.30			
1/ 12 months								
01300		\$27.90						
01400		\$27.90						
Specialist Examination and Diagnosis - Limited								
1/ 12 months (with GP referral)								
01405						\$59.40		
01516								\$90.00
01611				\$58.50				
01716							\$90.90	
01802			\$71.10					
0.2 RADIOGRAPHS								
Radiographs Complete Series								
1/ 60 months								
02110				\$125.10	\$126.90	\$130.50	\$144.90	
Intraoral								
6/ 12 months								
02111		\$19.80						
02112		\$25.20						
02113		\$32.40						
02114		\$41.40						
02115		\$49.50						
02116		\$58.50						
02121				\$20.70	\$26.10	\$18.90	\$21.60	\$20.70
02122						\$25.20		
02123						\$35.10		
02124						\$41.40		
02125						\$51.30		
02126						\$57.60		
02131		\$22.50						
02132		\$28.80						
02135				\$27.90		\$30.60	\$33.30	\$27.90
02139				\$14.40		\$13.50	\$17.10	\$14.40
02141		\$19.80						
02142		\$25.20						
02143		\$32.40						
02144		\$41.40						
02150				\$14.40	\$18.90	\$13.50	\$18.00	\$14.40

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 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
02154							\$45.90	
02171			\$24.30					
02172			\$29.70					
02173			\$34.20					
02174			\$38.70					
02175			\$43.20					
Panoramic								
1/ 120 months; 2/ lifetime								
02600		\$54.90						
02601			\$38.70					
02610				\$63.90	\$80.10	\$64.80	\$79.20	\$63.90
Radiographs: Computerized Axial Tomograms, Positron Emission Tomography, Magnetic Resonance Images								
02805				\$23.40		\$20.70	\$22.50	\$102.15
02806					\$30.60			
0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS								
04100	L	\$32.40						
04101			\$34.20					
04105								\$46.80
04105	L					\$64.80		
04110	L				\$45.00			
04302	L	\$99.90						
04305			\$54.00			\$184.50	\$185.40	\$185.40
04311	L	\$84.60						
04312	L	\$202.50						
04315							\$92.70	\$92.70
04316						\$217.80	\$232.20	\$232.20
04324	L				\$145.80			
04325	L				\$122.40			
04326	L				\$292.50			
04335					\$56.70		\$55.80	\$111.60
04401	L	\$38.70						
04535						\$40.50		
1.0 PREVENTATIVE SERVICES								
Polishing								
Age 17+: 1/ 12 months; under age 17: 1/ 6 months in combination with scaling;								
11100		\$36.00						
11200		\$47.70						
11205						\$56.70		
11300		\$54.00						
11305						\$73.80		
11400					\$51.30			
11410					\$65.70			
11420					\$75.60			
Topical Fluorides								
Under age 17: 1/ 6 months								
12400		\$22.50			\$31.50			
Sealants/ Preventative Resins								
Under age 14: Erupted permanent molar where the occlusal surface is unrestored and permanent maxillary incisors lingual surface								
13401		\$31.50						
13404		\$24.30						
13430					\$45.00			

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NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
13700		\$34.20						
13715					\$48.60			

2.0 RESTORATIVE SERVICES

Restorations are covered by the RAMQ for children under ten (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).

Caries/ Trauma and Pain Control
 Maximum two (2) teeth per lifetime, emergency

20111		\$43.20	\$77.40				\$64.80	
20115					\$63.00			
20119			\$77.40					
20121		\$50.40						
20131		\$18.00						

Restoration, amalgam/ composite; prefabricated, full coverage
 Restorations are covered by the RAMQ for children under 10 years of age

21101		\$40.50						
21102		\$82.80						
21103		\$99.90						
21104		\$126.90						
21105		\$132.30						
21121		\$40.50						
21122		\$82.80						
21123		\$99.90						
21124		\$126.90						
21125		\$132.30						
21211		\$41.40						
21212		\$85.50						
21213		\$102.60						
21214		\$134.10						
21215		\$169.20						
21221		\$55.80						
21222		\$97.20						
21223		\$126.90						
21224		\$155.70						
21225		\$198.90						
21231		\$41.40						
21232		\$85.50						
21233		\$102.60						
21234		\$134.10						
21235		\$169.20						
21241		\$55.80						
21242		\$97.20						
21243		\$126.90						
21244		\$155.70						
21245		\$198.90						
21301		\$19.80						

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Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
21302		\$32.40						
21303		\$43.20						
21304		\$53.10						
22211		\$132.30						
22311		\$150.30						
22401		\$132.30						
22411		\$132.30						
22501		\$167.40						
22511		\$167.40						
23111		\$74.70						
23112		\$84.60						
23113		\$150.30						
23114		\$205.20						
23115		\$205.20						
23118		\$218.70						
23210		\$44.10						
23211		\$74.70						
23212		\$124.20						
23213		\$142.20						
23214		\$191.70						
23215		\$218.70						
23220		\$52.20						
23221		\$81.00						
23222		\$131.40						
23223		\$161.10						
23224		\$207.00						
23225		\$252.90						
23311		\$55.80						
23312		\$63.90						
23313		\$115.20						
23314		\$132.30						
23315		\$132.30						
23411		\$63.90						
23412		\$103.50						
23413		\$131.40						
23414		\$132.30						
23415		\$132.30						
Repair to Crowns								
1/ crown/ 36 months								
27715							\$55.80	
27721		\$77.40						
27722	L	\$81.90						
27236							\$218.70	
Post Removal								
1/ lifetime (permanent tooth)								
26709							\$214.20	
27712		\$111.60						
Recementation of Crowns								
1/ crown/ 36 months								
27240							\$132.30	
29100		\$63.90						
29101			\$68.40					

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 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
Removal of Crowns								
1/ crown/ 36 months								
29300		\$50.40						
29301			\$68.40					
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								
*33100/ *33111 Endodontics Policy - Predetermination is required for all teeth except anterior permanent teeth 13-23 and 33-43								
32201		\$73.80						
32202		\$123.30						
32210		\$73.80						
32221			\$117.90					
32222			\$189.00					
32241					\$107.10			
32242					\$180.00			
32311			\$132.30					
32312			\$165.60					
32313			\$212.40					
32314			\$236.70					
32341					\$116.10			
32343					\$227.70			
*33100		\$361.80						
*33111			\$585.00					
35122							\$83.70	
35123							\$125.10	
39201		\$36.00	\$117.90					
39202		\$87.30	\$165.60					
39240					\$52.20			
39241					\$52.20			
39242					\$125.10			
39901		\$73.80						
39902		\$73.80						
39903		\$99.00						
4.0 PERIODONTICS								
Scaling								
Age 17+: 3/ 12 months; under age 17: 2/ 12 months in combination with polishing.								
11120					\$55.80			
43401						\$61.20		
43402						\$113.40		
43403						\$163.80		
43404						\$212.40		
43411		\$47.70						
43412		\$85.50						
43413		\$122.40						
43414		\$159.30						
43417		\$25.20						
43431					\$61.20			
43432					\$112.50			
43433					\$153.00			
43434					\$193.50			

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Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
Occlusal/ Adjustment/ Equilibration								
43300		\$33.75						
43320						\$41.85		
5.0 PROSTHODONTICS REMOVABLE								
Denture Adjustments								
54250		\$39.60						
54251		\$39.60						
Repairs and Additions								
1/ prosthesis/ 12 months								
54405	L						\$178.20	
54406	L						\$262.80	
54407	L						\$347.40	
54408	L						\$371.70	
54409	L						\$252.90	
54415	L						\$252.90	
54416	L						\$315.00	
55101	L	\$45.90						
55102	L	\$45.90						
55103	L	\$45.90						
55104	L	\$45.90						
55201	L	\$97.20						
55202	L	\$97.20						
55203	L	\$97.20						
55204	L	\$97.20						
55520	L	\$97.20						
55530	L	\$97.20						
Reline or Rebase								
1/ prosthesis/ 24 months								
56200		\$155.70						
56201		\$155.70						
56204							\$282.60	
56205							\$235.80	
56206	L						\$411.30	
56210		\$155.70						
56211		\$155.70						
56215	L						\$588.60	
56220	L	\$180.90						
56221	L	\$180.90						
56222	L	\$297.00						
56225							\$411.30	
56230	L	\$180.90						
56231	L	\$180.90						
56232	L	\$297.00						
56255							\$793.80	
56260	L	\$180.90						
56261	L	\$180.90						
56262	L	\$180.90						
56263	L	\$180.90						
56265							\$568.80	
56280	L	\$297.00						
56290	L	\$297.00						

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NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
Tissue Conditioning								
1/ Prosthesis/ 24 months								
54275							\$132.30	
56270		\$72.90						
56271		\$72.90						
56272		\$72.90						
56273		\$72.90						
7.0 ORAL SURGERY								
70430				\$207.00				
70441				\$139.50				
70442				\$252.00				
70610				\$58.50				
71101		\$76.50						
71111		\$58.50						
71205				\$162.00				
71206				\$112.50				
72300		\$76.50						
72305				\$162.00				
72310		\$108.00						
74108	L	\$183.60						
74109		\$91.80						
74230				\$252.00				
74231				\$162.00				
74240				\$297.00				
74241				\$162.00				
74408	L	\$173.70						
74409		\$91.80						
74410		\$50.40						
74611				\$297.00				
74619				\$162.00				
75100		\$50.40						
75101		\$208.80						
75110		\$117.00						
75115				\$184.50				
75215				\$274.50				
75301		\$187.20						
75315				\$346.50				
75316				\$252.00				
75361		\$111.60						
76910		\$371.70						
76911		\$510.30		\$274.50				
76912		\$624.60		\$391.50				
76913		\$756.00		\$481.50				
76914				\$576.00				
76935				\$387.00				
76945				\$940.50				
76950		\$61.20						
76951		\$32.40						
76952		\$126.90						
76953		\$61.20						
76955	L			\$756.00				
76960				\$184.50				

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NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
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Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
76961				\$94.50				
76970				\$342.00				
76971				\$162.00				
77801		\$173.70						
77802		\$173.70						
77803		\$183.60						
77805				\$274.50		\$259.20		
77815				\$274.50				
77845				\$369.00				
78104				\$184.50				
78105				\$274.50				
78110		\$90.90						
79101				\$162.00				
79103		\$152.10						
79104		\$183.60						
79105		\$515.70						
79106		\$731.70						
79111				\$274.50				
79112				\$576.00				
79113		\$108.00		\$940.50				
79123				\$391.50				
79124				\$391.50				
79144		\$284.40						
79412				\$207.00		\$98.10		
79601		\$28.80						
79602		\$60.30						
79615				\$117.00				

QUEBEC
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	Paed	Perio	Pros	O. Med
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)								
01135						\$99.00		
01151					\$72.00			
01515								\$185.40
01610				\$121.50				
01725							\$225.90	
01801			\$117.90					
0.2 RADIOGRAPHS								
02504		\$115.20						
02510					\$167.40			
02516				\$82.80		\$90.90	\$100.80	\$82.80
02701		\$52.20						
02702		\$78.30						
02710				\$63.90	\$80.10	\$72.00	\$81.90	
02715								\$92.70
02920		\$121.50						
03110				\$23.40		\$16.20	\$18.90	\$23.40
03111				\$18.90		\$9.00	\$11.70	\$18.90
0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS								
04501		\$27.90						
04502		\$27.90						
04505						\$77.40	\$87.30	
04801		\$19.80						
04802		\$24.30						
04803		\$28.80						
04809		\$7.20						
04810					\$27.00			
04811					\$9.00			
04904	L					\$567.90		
2.0 RESTORATIVE SERVICES								
Restorations are covered by the RAMQ for under ten (10) years of age								
Posts								
1/ 36 months (permanent tooth)								
25751		\$265.50						
25752		\$299.70						
25753		\$338.40						
26621							\$427.50	
26622							\$495.00	
26623							\$560.70	
26631							\$479.70	
26632							\$530.10	
26633							\$594.90	
27114							\$252.90	
29501		\$138.60						
29502		\$172.80						
29503		\$211.50						
29600		\$126.90						

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NIHB Regional Dental Benefit Grid
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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement								
Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
Crowns								
Crown Policy								
27202	L						\$1,097.10	
27210	L	\$611.10						
27225	L						\$1,097.10	
27300	L	\$611.10						
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								
*33100/ *33111 Endodontics Policy - Predetermination is required for all teeth except anterior permanent teeth								
13-23 and 33-43								
*33100		\$361.80						
*33111			\$585.00					
33121			\$720.00					
33131			\$967.50					
33141			\$1,080.00					
33200		\$515.70						
33300		\$661.50						
33400		\$767.70						
33521		\$202.50						
33522		\$306.00						
33523		\$401.40						
33531		\$101.70						
33532		\$129.60						
33533		\$157.50						
33541		\$159.30						
33542		\$209.70						
33543		\$260.10						
33601			\$567.00					
33602			\$661.50					
33603			\$921.60					
33604			\$992.70					
34101		\$353.70						
34103		\$459.90						
34104		\$547.20						
34105			\$511.20					
34106			\$608.40					
34107			\$608.40					
34108			\$730.80					
34109			\$341.10					
34201		\$423.90						
34205			\$675.00					
34206			\$810.00					
34207			\$765.00					
34208			\$900.00					
34209			\$425.70					
34212		\$493.20						
34215		\$623.70						
39981		\$50.40						
39985		\$50.40						

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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement								
Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
4.0 PERIODONTICS								
41200		\$53.10						
41300		\$19.80						
41305						\$54.00		
42000		\$122.40						
42001		\$28.80						
42003		\$265.50						
42005						\$237.60		
42006						\$351.00		
42008						\$268.20		
42010		\$170.10						
42100		\$554.40						
42200		\$393.30						
42205						\$515.70		
42210					\$60.30			
42300	L	\$393.30						
42305						\$515.70		
42306						\$603.00		
42315						\$423.00		
42330		\$90.90						
42331		\$48.60						
42350					\$67.50			
42441		\$319.50						
42560		\$438.30						
43440						\$309.60		
43631	L	\$115.20						
Periodontal Appliance 1/ 36 months								
43611	L	\$331.20						
43612	L	\$331.20						
Periodontal Appliance Maintenance 3/ 36 months								
43622	L	\$96.30						
5.0 PROSTHODONTICS REMOVABLE								
Complete/ Partial/ Immediate Dentures 1/ arch/ 96 months								
51100	L	\$587.70						
51110	L	\$756.00						
51120	L	\$1,101.60						
51300	L	\$548.10						
51305	L						\$1,077.30	
51310	L	\$617.40						
51315	L						\$1,077.30	
51320	L	\$955.80						
51325	L						\$1,905.30	
51505	L						\$2,489.40	
51506	L						\$1,512.00	
51510	L						\$1,512.00	
51600	L	\$354.60						
51610	L	\$354.60						
51620	L	\$581.40						
51701	L	\$587.70						

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All Procedures in Schedule B have a Predetermination Requirement								
Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
51702	L	\$756.00						
51703	L	\$1,101.60						
52120	L	\$298.80						
52121	L	\$298.80						
52122	L	\$413.10						
52123	L	\$413.10						
52124	L	\$677.70						
52129	L	\$489.60						
52180	L						\$540.90	
52181	L						\$737.10	
52182	L						\$774.00	
52230	L	\$430.20						
52231	L	\$430.20						
52232	L	\$705.60						
52400	L	\$756.00						
52410	L	\$756.00						
52420	L	\$1,240.20						
52500	L	\$706.50						
52510	L	\$706.50						
52520	L	\$1,158.30						
52530	L	\$1,103.40						
53415	L						\$1,190.70	
53417	L						\$1,350.00	
53418							\$342.00	
6.0 PROSTHODONTICS FIXED								
Alternate benefit applies, approved as an exception. Maximum \$1,099.00 including Lab								
66600		\$81.90						
66601	L	\$117.00						
66610		\$59.40						
66620	L	\$67.50						
66710		\$77.40						
66720	L	\$59.40						
67005							\$218.70	
67108							\$54.90	
67111							\$95.40	
7.0 ORAL SURGERY								
72100		\$153.00						
72105				\$184.50				
72110		\$211.50						
72210		\$136.80						
72220		\$197.10						
72230		\$261.90						
72235				\$346.50				
72236				\$274.50				
72240		\$293.40						
72320		\$153.00						
72325				\$184.50				
72410		\$52.20						
72411		\$216.00						
72412		\$498.60						
72415				\$504.00				
72416				\$346.50				

QUEBEC
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	Paed	Perio	Pros	O. Med
72440		\$393.30						
72450		\$245.70						
72510				\$207.00				
72801				\$598.50				
72802				\$805.50				
72803				\$873.00				
72811				\$657.00				
72812				\$850.50				
72813				\$940.50				
73110		\$158.40						
73121				\$252.00				
73123		\$205.20						
73133	L	\$416.70						
73134	L	\$346.50						
73135	L	\$488.70						
73140	L	\$158.40						
73150		\$214.20						
73151		\$381.60						
73152				\$459.00				
73153				\$436.50				
73154				\$873.00				
73171		\$93.60		\$274.50				
73172		\$106.20		\$481.50				
73173		\$155.70						
73174		\$198.90						
73175		\$249.30						
73176		\$293.40						
73181		\$93.60						
73182		\$106.20						
73183		\$141.30						
73184		\$185.40						
73185		\$236.70						
73186		\$279.00						
73191				\$229.50				
73192				\$369.00				
73193				\$274.50				
73194				\$850.50				
73223				\$414.00				
73231				\$229.50				
73241				\$229.50				
73381		\$167.40						
73382		\$236.70						
73383		\$328.50						
73384		\$466.20						
73401		\$236.70						
73402		\$328.50						
73403		\$466.20						
73404		\$609.30						
73615				\$504.00				
73616				\$346.50				
73619	L			\$1,242.00				
73625				\$850.50				

QUEBEC
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	Paed	Perio	Pros	O. Med
73626				\$576.00				
73629	L			\$1,791.00				
75415				\$531.00				
79301		\$187.20						
79303		\$371.70						
79304		\$126.00						
79305		\$126.00						
79306		\$193.50						
79307		\$193.50						
79308		\$193.50						
79313				\$711.00				
79330				\$274.50				
79340				\$711.00				
8.0 ORTHODONTIC SERVICES								
Orthodontic Policy								
14201	L	\$316.80						
14202	L	\$316.80						
81102	L	\$496.80						
81103	L	\$496.80						
81105	L	\$550.80						
81106	L	\$550.80						
81110	L	\$496.80						
81111	L	\$496.80						
81115	L	\$496.80						
81116	L	\$496.80						
81125	L	\$396.00						
81126	L	\$396.00						
81130	L	\$396.00						
81131	L	\$396.00						
81161	L	\$396.00						
81162	L	\$396.00						
9.0 ADJUNCTIVE SERVICES								
General Anaesthesia								
Under age 12								
92225				\$229.50				
92305				\$229.50		\$53.10		
92306						\$35.10		
92311		\$32.40						
92312		\$52.20						
92313		\$72.00						
92314		\$91.80						
92315		\$111.60						
92316		\$131.40						
92317		\$151.20						
92318		\$171.00						
92319		\$19.80						
92335				\$229.50		\$78.30		
92345	L					\$30.60		
94200		\$59.40						
94216						\$56.70		
94400		\$59.40						
94415				\$83.70		\$61.20		