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## **NEW BRUNSWICK** **NIHB Regional Dental Benefit Grid** **General Practitioners and Specialists**

### **Effective Date**

March 1, 2011

- 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 Provider Claims Processing Call Centre at 1-888-511-4666.



**NEW BRUNSWICK**  
**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		\$49.17				\$59.76				
01102		\$66.93				\$82.35				
01103		\$83.42				\$108.99				
<b>NP Limited</b>										
1/ provider/ lifetime										
01201		\$32.78				\$55.80			\$55.80	
<b>Recall Examination</b>										
Age 17+: 1/ 12 months; under age 17: 1/ 6 months										
01202		\$29.46				\$44.28				
<b>Specific/ Emergency</b>										
1/ 12 months										
01204		\$32.78	\$47.79	\$47.79		\$47.79	\$47.79			
01205		\$32.78	\$47.79	\$47.79		\$47.79	\$47.79			
<b>Specialist Examination and Diagnosis - Limited</b>										
1/ 12 months (with GP referral)										
01402				\$124.56						
01502							\$81.81			
01602				\$58.50						
01702									\$49.14	
01802			\$58.50							
<b>0.2 RADIOGRAPHS</b>										
<b>Radiographs Complete Series</b>										
1/ 60 months										
02101		\$82.03		\$99.63	\$99.63	\$99.63	\$99.63			
02102		\$88.85		\$107.64	\$107.64	\$107.64	\$107.64			
<b>Intraoral</b>										
6/ 12 months										
02111		\$17.77	\$21.24	\$21.24	\$21.24	\$21.24	\$21.24			
02112		\$24.58	\$29.25	\$29.25	\$29.25	\$29.25	\$29.25			
02113		\$30.11	\$35.91	\$35.91	\$35.91	\$35.91	\$35.91			
02114		\$35.54	\$43.83	\$43.83	\$43.83	\$43.83	\$43.83			
02115		\$39.87	\$47.79	\$47.79	\$47.79	\$47.79	\$47.79			
02116		\$43.73	\$53.10	\$53.10	\$53.10	\$53.10	\$53.10			
02117		\$47.88		\$58.50	\$58.50	\$58.50	\$58.50			
02118		\$51.93		\$63.81	\$63.81	\$63.81	\$63.81			
02119		\$56.07		\$69.12	\$69.12	\$69.12	\$69.12			
02120		\$60.12		\$74.43	\$74.43	\$74.43	\$74.43			
02121		\$64.26		\$79.74	\$79.74	\$79.74	\$79.74			
02122		\$68.41		\$85.05	\$85.05	\$85.05	\$85.05			
02123		\$72.46		\$90.36	\$90.36	\$90.36	\$90.36			
02124		\$76.60		\$95.67	\$95.67	\$95.67	\$95.67			
02125		\$80.65		\$100.98	\$100.98	\$100.98	\$100.98			
02131		\$23.20		\$27.90	\$27.90	\$27.90	\$27.90			
02132		\$35.54		\$43.83	\$43.83	\$43.83	\$43.83			
02141		\$17.77		\$21.24	\$21.24	\$21.24	\$21.24			
02142		\$24.58		\$29.25	\$29.25	\$29.25	\$29.25			
02143		\$30.11		\$35.91	\$35.91	\$35.91	\$35.91			
02144		\$35.54		\$42.48	\$42.48	\$42.48	\$42.48			

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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
<b>Panoramic</b>										
1/ 120 months; 2/ lifetime										
02601		\$53.31		\$76.59	\$76.59	\$76.59	\$76.59			
<b>0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS</b>										
04311	L	\$79.27		\$95.67		\$95.67				
04312	L	\$79.27		\$95.67		\$95.67				
04313	L	\$79.27		\$95.67		\$95.67				
04321	L	\$138.11		\$167.40		\$167.40				
04322	L	\$138.11		\$167.40		\$167.40				
04323	L	\$138.11		\$167.40		\$167.40				
<b>1.0 PREVENTATIVE SERVICES</b>										
<b>Polishing</b>										
Age 17+: 1/ 12 months; under age 17: 1/ 6 months										
11101		\$9.94				\$9.94	\$9.94		\$9.94	
11107		\$9.94				\$9.94	\$9.94		\$9.94	
<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		\$51.10				\$56.34	\$56.34		\$56.34	
11112		\$102.20				\$112.77	\$112.77		\$112.77	
11113		\$153.30				\$169.11	\$169.11		\$169.11	
11114		\$204.40				\$225.45	\$225.45		\$225.45	
11117		\$25.50				\$28.17	\$28.17		\$28.17	
<b>Topical Fluorides</b>										
Under age 17: 1/ 6 months										
12101		\$22.20				\$24.75	\$24.75		\$24.75	
<b>Sealants/ Preventative Resins</b>										
Under age 14: Erupted permanent molar where the occlusal surface is unrestored and permanent maxillary incisors lingual surface										
13401		\$25.40				\$27.63			\$27.63	
13409		\$15.00				\$15.84			\$15.84	
13411		\$41.62				\$50.85			\$50.85	
13419		\$28.63				\$35.01			\$35.01	
<b>2.0 RESTORATIVE SERVICES</b>										
<b>Caries/ Trauma and Pain Control</b>										
Maximum two (2) teeth per lifetime, emergency										
20111		\$58.92				\$72.09			\$72.09	
20119		\$45.30				\$60.03			\$60.03	
20121		\$71.35				\$86.76			\$86.76	
20129		\$71.35				\$86.76			\$86.76	
20131		\$23.29				\$27.99			\$27.99	
20139		\$19.15				\$22.68			\$22.68	
<b>Restoration, amalgam/ composite; prefabricated, full coverage</b>										
Primary incisor teeth are eligible only for clients under the age five (5)										
21111		\$49.81				\$61.29			\$61.29	
21112		\$73.20				\$88.38			\$88.38	
21113		\$84.98				\$112.59			\$112.59	
21114		\$115.18				\$140.13			\$140.13	
21115		\$126.23				\$153.45			\$153.45	
21121		\$49.81				\$61.29			\$61.29	
21122		\$73.20				\$88.38			\$88.38	
21123		\$84.98				\$112.59			\$112.59	

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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
21124		\$115.18				\$140.13			\$140.13	
21125		\$126.23				\$153.45			\$153.45	
21211		\$51.28				\$62.73			\$62.73	
21212		\$80.56				\$98.37			\$98.37	
21213		\$101.09				\$122.58			\$122.58	
21214		\$131.66				\$160.11			\$160.11	
21215		\$148.14				\$180.18			\$180.18	
21221		\$65.92				\$79.83			\$79.83	
21222		\$99.62				\$121.14			\$121.14	
21223		\$118.68				\$143.91			\$143.91	
21224		\$153.66				\$166.77			\$166.77	
21225		\$167.38				\$202.86			\$202.86	
21231		\$51.28				\$62.73			\$62.73	
21232		\$80.56				\$98.37			\$98.37	
21233		\$101.09				\$122.58			\$122.58	
21234		\$131.66				\$160.11			\$160.11	
21235		\$148.14				\$180.18			\$180.18	
21241		\$65.92				\$79.83			\$79.83	
21242		\$99.62				\$121.14			\$121.14	
21243		\$118.68				\$143.91			\$143.91	
21244		\$153.66				\$166.77			\$166.77	
21245		\$167.38				\$202.86			\$202.86	
21401		\$17.86				\$21.33			\$21.33	
21402		\$28.82				\$34.65			\$34.65	
21403		\$39.77				\$48.06			\$48.06	
21404		\$48.06				\$61.38			\$61.38	
21405		\$56.25				\$76.05			\$76.05	
22201		\$126.23				\$153.45			\$153.45	
22211		\$133.04				\$161.46			\$161.46	
22401		\$119.32				\$145.44			\$145.44	
22501		\$131.66				\$157.50			\$157.50	
23101		\$63.07				\$76.05			\$76.05	
23102		\$80.93				\$98.73			\$98.73	
23103		\$105.60				\$128.25			\$128.25	
23104		\$122.08				\$148.14			\$148.14	
23105		\$148.14				\$180.18			\$180.18	
23111		\$84.98				\$102.60			\$102.60	
23112		\$103.39				\$126.81			\$126.81	
23113		\$136.26				\$156.78			\$156.78	
23114		\$164.62				\$196.11			\$196.11	
23115		\$209.83				\$249.48			\$249.48	
23211		\$59.57				\$72.72			\$72.72	
23212		\$86.45				\$105.21			\$105.21	
23213		\$101.37				\$123.93			\$123.93	
23214		\$127.79				\$156.06			\$156.06	
23215		\$146.48				\$179.01			\$179.01	
23221		\$63.44				\$77.58			\$77.58	
23222		\$94.46				\$115.47			\$115.47	
23223		\$109.01				\$133.29			\$133.29	
23224		\$137.09				\$167.58			\$167.58	
23225		\$157.62				\$192.60			\$192.60	
23311		\$83.60				\$94.05			\$94.05	
23312		\$120.61				\$143.91			\$143.91	

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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
23313		\$144.00				\$170.73			\$170.73	
23314		\$179.72				\$206.64			\$206.64	
23315		\$213.51				\$256.50			\$256.50	
23321		\$86.82				\$99.72			\$99.72	
23322		\$131.38				\$156.78			\$156.78	
23323		\$158.82				\$183.87			\$183.87	
23324		\$197.77				\$240.84			\$240.84	
23325		\$232.94				\$283.59			\$283.59	
23401		\$57.64				\$69.39			\$69.39	
23402		\$75.77				\$93.42			\$93.42	
23403		\$101.55				\$122.76			\$122.76	
23404		\$117.94				\$142.83			\$142.83	
23405		\$119.32				\$145.44			\$145.44	
23411		\$74.76				\$91.17			\$91.17	
23412		\$90.78				\$109.71			\$109.71	
23413		\$124.57				\$151.02			\$151.02	
23414		\$119.32				\$145.44			\$145.44	
23415		\$119.32				\$145.44			\$145.44	
23501		\$55.24				\$65.16			\$65.16	
23502		\$83.32				\$101.88			\$101.88	
23503		\$92.99				\$113.85			\$113.85	
23504		\$117.57				\$143.73			\$143.73	
23505		\$133.04				\$145.44			\$145.44	
23511		\$78.44				\$81.18			\$81.18	
23512		\$106.34				\$100.63			\$100.63	
23513		\$122.73				\$118.13			\$118.13	
23514		\$133.04				\$136.80			\$136.80	
23515		\$133.04				\$140.13			\$140.13	
<b>Post Removal</b>										
1/ lifetime (permanent tooth)										
25781		\$58.10				\$60.66			\$60.66	
25782		\$116.10				\$121.32			\$121.32	
<b>Repair to Crowns</b>										
1/ crown/ 36 months										
27721		\$99.71				\$121.32			\$121.32	
27722	L	\$99.71				\$121.32			\$121.32	
<b>Recementation of Crowns</b>										
1/ crown/ 36 months										
29101		\$58.10				\$70.92			\$70.92	
<b>Removal of Crowns</b>										
1/ crown/ 36 months										
29301		\$58.10				\$70.92			\$70.92	
<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>										
32221		\$90.04	\$109.17			\$109.17				
32222		\$128.81	\$156.33			\$156.33				
32232		\$58.19	\$70.11			\$70.11				
32311		\$116.38	\$141.48			\$141.48				
32312		\$145.47	\$188.64			\$188.64				

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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
32313		\$186.99	\$242.55			\$242.55				
32314		\$228.61	\$296.46			\$296.46				
32321		\$90.04	\$109.17			\$109.17				
32322		\$98.33	\$119.97			\$119.97				
*33111		\$376.84	\$458.19			\$458.19				
39201		\$44.29	\$60.66			\$60.66				
39202		\$51.28	\$74.07			\$74.07				
<b>4.0 PERIODONTICS</b>										
<b>Root Planing</b>										
42831		\$58.10				\$70.92	\$70.92			
Age 12+: 4 units/ 12 months in combination with scaling; Under age 12: 1/ 12 months in combination with scaling										
43421		\$49.90				\$60.93	\$60.93			
43422		\$99.71				\$121.86	\$121.86			
43423		\$149.61				\$182.79	\$182.79			
43424		\$199.52				\$243.72	\$243.72			
43427		\$24.95				\$36.27	\$36.27			
<b>5.0 PROSTHODONTICS REMOVABLE</b>										
<b>Denture Adjustments</b>										
54201		\$58.10				\$60.66			\$60.66	
<b>Repairs and Additions</b>										
1/ prosthesis/ 12 months										
55101	L	\$47.05				\$56.61			\$56.61	
55102	L	\$47.05				\$56.61			\$56.61	
55201	L	\$77.62				\$102.42			\$102.42	
55202	L	\$77.62				\$102.42			\$102.42	
55203	L	\$79.36				\$210.69			\$210.69	
55301	L	\$47.05				\$68.76			\$68.76	
55302	L	\$47.05				\$68.76			\$68.76	
55401	L	\$91.43				\$110.52			\$110.52	
55402	L	\$91.43				\$110.52			\$110.52	
55403	L	\$172.45				\$210.69			\$210.69	
<b>Reline or Rebase</b>										
1/ prosthesis/ 24 months										
56211		\$144.09				\$181.89			\$181.89	
56212		\$144.09				\$181.89			\$181.89	
56213		\$273.17								
56221		\$135.71				\$180.54			\$180.54	
56222		\$135.71				\$180.54			\$180.54	
56223		\$257.70								
56231	L	\$169.04				\$204.84			\$204.84	
56232	L	\$189.76				\$230.40			\$230.40	
56233	L	\$340.38								
56241	L	\$153.76				\$187.29			\$187.29	
56242	L	\$153.76				\$187.29			\$187.29	
56243	L	\$291.40								
56311	L	\$169.04				\$204.84			\$204.84	
56312	L	\$177.33				\$215.64			\$215.64	
56313	L	\$325.56				\$384.03			\$384.03	
56321	L	\$150.99				\$183.24			\$183.24	
56322	L	\$150.99				\$183.24			\$183.24	
56323	L	\$286.98								

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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
<b>Tissue Conditioning</b>										
1/ prosthesis/ 24 months										
56511		\$78.90				\$95.67			\$95.67	
56512		\$78.90				\$95.67			\$95.67	
56513		\$149.71								
56521		\$78.90				\$95.67			\$95.67	
56522		\$78.90				\$95.67			\$95.67	
56531		\$78.90				\$95.67			\$95.67	
56532						\$95.67			\$95.67	
<b>7.0 ORAL SURGERY</b>										
71101		\$69.05		\$84.42		\$84.42	\$84.42			
71109		\$51.84		\$63.36		\$63.36	\$63.36			
72311		\$69.05		\$84.42		\$84.42				
72319		\$51.84		\$63.36		\$63.36				
74111		\$206.42		\$250.65		\$250.65				
74112		\$211.95		\$385.38		\$385.38				
74121				\$297.81		\$297.81				
74122				\$545.76		\$545.76				
74211				\$336.87		\$336.87				
74212				\$557.91		\$557.91				
74221				\$374.58		\$374.58				
74611		\$206.42		\$264.15		\$264.15				
74612		\$223.09		\$323.46		\$323.46				
74621				\$420.39		\$420.39				
74631		\$218.85		\$265.50		\$265.50				
74632		\$260.37		\$322.11		\$322.11				
75111		\$76.23		\$106.47		\$106.47				
75112		\$76.23		\$106.47		\$106.47				
75113		\$177.33		\$166.83		\$166.83				
75121		\$131.57		\$181.89		\$181.89				
75122		\$155.32		\$189.18		\$189.18				
75123		\$192.15		\$193.53		\$193.53				
75211				\$210.24		\$210.24				
75212				\$361.17		\$361.17				
75221				\$392.13		\$392.13				
75301				\$361.17		\$361.17				
75303				\$529.56		\$529.56				
76941		\$285.32		\$346.32		\$346.32				
76949		\$128.81		\$156.33		\$156.33				
76951		\$49.81		\$60.66		\$60.66				
76952		\$99.71		\$121.32		\$121.32				
76961		\$109.38		\$133.38		\$133.38				
76962		\$132.95		\$161.73		\$161.73				
77801		\$182.85		\$225.09		\$225.09				
77802		\$178.71		\$225.09		\$225.09				
77803		\$178.71		\$225.09		\$225.09				
79601		\$42.90		\$52.56		\$52.56				
79602		\$42.90		\$56.61		\$56.61				
79605				\$56.61		\$56.61				
79606				\$56.61		\$56.61				
79701				\$499.95		\$499.95				
79702				\$262.80		\$262.80				



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**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				\$118.26						
01501							\$124.92			
01601				\$118.26						
01701									\$74.43	
01801			\$118.26							
<b>0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS</b>										
04101	L	\$34.16		\$45.18		\$45.18				
04401	L	\$35.54		\$46.53		\$46.53				
04911		\$45.11		\$54.45		\$54.45			\$54.45	
<b>1.0 PREVENTATIVE SERVICES</b>										
<b>Appliances Periodontal</b>										
1/ 36 months										
14611	L	\$233.21				\$378.36	\$378.36			
14612	L	\$233.21				\$378.36	\$378.36			
<b>Appliances Periodontal - Maintenance</b>										
3/ 36 months										
14621	L	\$57.18				\$69.84	\$69.84			
14631		\$103.67				\$155.25	\$155.25			
<b>Interproximal Disking of Teeth</b>										
1/ 12 months - units of disking will be limited to the cost of half unit.										
16201		\$45.94				\$55.26				
16511		\$28.54				\$34.92	\$34.92		\$34.92	
<b>2.0 RESTORATIVE SERVICES</b>										
<b>Cores and Posts</b>										
1/ 36 months (permanent tooth)										
21301		\$137.18				\$166.77			\$166.77	
21302		\$137.18				\$166.77			\$166.77	
23601		\$142.71				\$173.43			\$173.43	
23602		\$163.52								
25731		\$113.61				\$137.43			\$137.43	
25732		\$170.33				\$207.54			\$207.54	
25733		\$217.47				\$264.15			\$264.15	
25751		\$202.28				\$245.25			\$245.25	
25752		\$259.08				\$315.27			\$315.27	
25753		\$306.13				\$371.97			\$371.97	
25754		\$202.28				\$245.25			\$245.25	
25755		\$259.08				\$315.27			\$315.27	
25756		\$306.13				\$364.59			\$364.59	
25761		\$202.28				\$245.25			\$245.25	
25762		\$259.08				\$315.27			\$315.27	
25763		\$306.13				\$371.97			\$371.97	
25764		\$252.09				\$295.74			\$295.74	
25765		\$299.50				\$351.36			\$351.36	
25766		\$346.92				\$406.89			\$406.89	

**NEW BRUNSWICK**  
**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>Crowns</b>										
Crown Policy										
27211	L	\$574.89				\$674.37			\$674.37	
27301	L	\$524.98				\$638.73			\$638.73	
<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		\$376.84	\$458.19			\$458.19				
33121		\$512.55	\$579.42			\$579.42				
33131		\$663.55	\$810.81			\$810.81				
33141		\$779.92	\$953.01			\$953.01				
<b>4.0 PERIODONTICS</b>										
41211		\$58.10				\$70.92	\$70.92			
41221		\$58.10				\$70.92	\$70.92			
41231		\$58.10				\$70.92	\$70.92			
41301		\$22.93				\$27.99	\$27.99			
43211		\$55.43		\$67.41		\$67.41	\$67.41			
43221		\$55.15		\$67.41		\$67.41	\$67.41			
43231		\$38.76		\$60.66		\$60.66	\$60.66			
43241		\$60.67		\$74.07		\$74.07	\$74.07			
43281		\$58.10		\$70.92		\$70.92	\$70.92			
49101		\$49.63				\$60.66	\$60.66		\$60.66	
49102		\$99.25				\$121.32	\$121.32		\$121.32	
<b>5.0 PROSTHODONTICS REMOVABLE</b>										
<b>Complete/ Partial/ Immediate Dentures</b>										
1/ arch/ 96 months										
51101	L	\$534.74				\$649.53			\$649.53	
51102	L	\$597.07				\$725.04			\$725.04	
51103	L	\$1,069.39				\$1,300.41			\$1,300.41	
51301	L	\$593.67				\$649.53			\$649.53	
51302	L	\$656.46				\$725.04			\$725.04	
51303	L	\$1,184.94				\$1,300.41			\$1,300.41	
51711	L	\$671.93				\$834.03			\$834.03	
51712	L	\$710.96				\$834.03			\$834.03	
51713	L	\$1,250.13				\$1,466.46			\$1,466.46	
52101	L	\$182.85				\$216.72			\$216.72	
52102	L	\$182.85				\$216.72			\$216.72	
52103	L	\$325.56				\$396.18			\$396.18	
52301	L	\$350.51				\$425.88			\$425.88	
52302	L	\$350.51				\$425.88			\$425.88	
52303	L	\$656.64				\$797.76			\$797.76	
53101	L	\$633.07				\$769.50			\$769.50	
53102	L	\$633.07				\$769.50			\$769.50	
53103	L	\$1,212.10				\$1,474.20			\$1,474.20	
53201	L	\$584.55				\$710.19			\$710.19	
53202	L	\$584.55				\$710.19			\$710.19	
53203	L	\$1,124.82				\$1,367.82			\$1,367.82	

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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
<b>7.0 ORAL SURGERY</b>										
71201		\$142.89		\$174.60		\$174.60	\$174.60			
71209		\$114.54		\$139.95		\$139.95	\$139.95			
72111		\$142.89		\$174.60		\$174.60				
72119		\$114.63		\$140.04		\$140.04				
72211		\$207.16		\$253.17		\$253.17				
72219		\$156.61		\$191.34		\$191.34				
72221		\$283.67		\$346.59		\$346.59				
72229		\$236.44		\$288.90		\$288.90				
72231		\$315.52		\$385.56		\$385.56				
72239		\$260.01		\$317.70		\$317.70				
72321		\$113.06		\$138.15		\$138.15				
72329		\$85.99		\$105.12		\$105.12				
72331		\$174.75		\$213.57		\$213.57				
72339		\$139.67		\$170.64		\$170.64				
72511		\$58.19		\$161.73		\$161.73				
72519		\$44.29		\$83.52		\$83.52				
72521		\$195.37		\$268.20		\$268.20				
72529		\$162.04		\$196.74		\$196.74				
72531		\$282.56		\$437.94		\$437.94				
72539		\$263.23		\$437.94		\$437.94				
72541		\$296.28		\$468.99		\$468.99				
72551		\$319.94		\$534.96		\$534.96				
73111		\$63.71		\$76.77		\$76.77				
73411				\$338.22		\$338.22				
75302		\$258.13		\$634.68		\$634.68				
75401				\$571.41		\$571.41				
75402				\$623.97		\$623.97				
75403				\$128.07		\$128.07				
75411				\$720.99		\$720.99				
75412				I.C.		I.C.				
79603		\$102.59		\$111.46						
79604				\$144.24		\$144.24				
<b>8.0 ORTHODONTIC SERVICES</b>										
80601		\$33.24				\$47.16				
80602		\$52.66			\$63.36	\$63.36				
80661		\$49.90			\$60.66	\$60.66				
80669		\$49.90			\$60.66	\$60.66				
80671		\$49.90			\$60.66	\$60.66				
80679		\$49.90			\$60.66	\$60.66				
81111	L	\$290.94			\$353.07	\$353.07				
81112	L	\$290.94			\$353.07	\$353.07				
81113	L	\$357.42			\$433.89	\$433.89				
81114	L	\$357.42			\$433.89	\$433.89				
81121	L	\$301.99			\$366.57	\$366.57				
81122	L	\$301.99			\$366.57	\$366.57				
81131	L	\$304.75			\$370.62	\$370.62				
81132	L	\$304.75			\$370.62	\$370.62				
81135	L	\$434.94			\$528.21	\$528.21				
81211	L	\$434.94			\$528.21	\$528.21				
81212	L	\$434.94			\$528.21	\$528.21				

**NEW BRUNSWICK**  
**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
81221	L	\$235.52			\$285.66	\$285.66				
81222	L	\$235.52			\$285.66	\$285.66				
81231	L	\$369.85			\$450.09	\$450.09				
81232	L	\$369.85			\$450.09	\$450.09				
81241	L	\$369.85			\$450.09	\$450.09				
81242	L	\$369.85			\$450.09	\$450.09				
81243	L	\$254.94			\$309.96	\$309.96				
81251	L	\$509.79			\$619.92	\$619.92				
81252	L	\$509.79			\$619.92	\$619.92				
81253	L	\$509.79			\$619.92	\$619.92				
<b>9.0 ADJUNCTIVE SERVICES</b>										
<b>Under age 12</b>										
92212				\$174.42		\$174.42				
92213				\$216.63		\$216.63				
92214				\$258.75		\$258.75				
92215				\$300.96		\$300.96				
92216				\$343.08		\$343.08				
92217				\$385.29		\$385.29				
92218				\$427.50		\$427.50				
92222				\$80.46		\$80.46				
92223				\$118.17		\$118.17				
92224				\$155.97		\$155.97				
92225				\$193.68		\$193.68				
92226				\$231.48		\$231.48				
92227				\$269.28		\$269.28				
92228				\$306.99		\$306.99				
92301				\$60.66		\$60.66	\$60.66			
92302				\$121.32		\$121.32	\$121.32			
92303				\$181.89		\$181.89	\$181.89			
92304				\$242.55		\$242.55	\$242.55			
92305				\$303.21		\$303.21	\$303.21			
92306				\$363.87		\$363.87	\$363.87			
92307				\$424.53		\$424.53	\$424.53			
92308				\$485.10		\$485.10	\$485.10			
92411		\$45.76		\$55.26		\$55.26	\$55.26			
92412		\$69.24		\$83.52		\$83.52	\$83.52			
92413		\$92.81		\$111.87		\$111.87	\$111.87			
92414		\$116.38		\$140.13		\$140.13	\$140.13			
92415		\$139.85		\$168.48		\$168.48	\$168.48			
92416		\$163.42		\$196.74		\$196.74	\$196.74			
92417		\$186.99		\$225.09		\$225.09	\$225.09			
92418		\$210.47		\$253.35		\$253.35	\$253.35			
92421		\$49.90		\$60.66		\$60.66	\$60.66			
92431		\$49.90		\$60.66		\$60.66	\$60.66			
92432		\$99.71		\$121.32		\$121.32	\$121.32			
92433		\$149.61		\$181.89		\$181.89	\$181.89			
92434		\$199.52		\$242.55		\$242.55	\$242.55			
92435		\$249.33		\$303.21		\$303.21	\$303.21			
92436		\$299.23		\$363.87		\$363.87	\$363.87			
92437		\$349.13		\$424.53		\$424.53	\$424.53			
92438		\$398.94		\$485.10		\$485.10	\$485.10			

**NEW BRUNSWICK**  
**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>
92441		\$49.90		\$60.66		\$60.66	\$60.66			
92442		\$99.71		\$121.32		\$121.32	\$121.32			
92443		\$149.61		\$181.89		\$181.89	\$181.89			
92444		\$199.52		\$242.55		\$242.55	\$242.55			
92445		\$249.33		\$303.21		\$303.21	\$303.21			
92446		\$299.23		\$363.87		\$363.87	\$363.87			
92447		\$349.13		\$424.53		\$424.53	\$424.53			
92448		\$398.94		\$485.10		\$485.10	\$485.10			
92451		I.C.		\$62.01		\$62.01	\$62.01			
92452		I.C.		\$124.02		\$124.02	\$124.02			
92453		I.C.		\$185.94		\$185.94	\$185.94			
92454		I.C.		\$247.95		\$247.95	\$247.95			
92455		I.C.		\$309.96		\$309.96	\$309.96			
92456		I.C.		\$371.97		\$371.97	\$371.97			
92457		I.C.		\$433.98		\$433.98	\$433.98			
92458		I.C.		\$495.90		\$495.90	\$495.90			
94302		\$63.71		\$78.12		\$78.12	\$78.12			
99111		I.C.				I.C.				
99222		I.C.	I.C.	I.C.		I.C.	I.C.		I.C.	
99333		I.C.				I.C.				

