



Health
Canada

Santé
Canada

NORTHWEST TERRITORIES **NIHB Regional Dental Benefit Grid** **General Practitioners and Specialists**

Effective Date
April 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.

NORTHWEST TERRITORIES
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		\$51.13				\$56.24				
01102		\$76.70				\$84.38				
01103		\$76.70				\$84.38				
NP Limited										
1/ provider/ lifetime										
01201		\$51.13		\$61.35		\$56.24				
Recall Examination										
Age 17+: 1/ 12 months; under age 17: 1/ 6 months										
01202		\$49.64				\$54.60				
Specific/ Emergency										
1/ 12 months										
01204		\$49.64		\$59.58		\$54.60				
01205		\$49.64				\$54.60				
Specialist Examination and Diagnosis - Limited										
1/ 12 months (with GP referral)										
01602				\$59.58						
0.2 RADIOGRAPHS										
Radiographs Complete Series										
1/ 60 months										
02101		\$136.24		\$136.24		\$149.87				
02102		\$136.24		\$136.24		\$149.87				
Intraoral										
6/ 12 months										
02111		\$19.84		\$20.43		\$21.82				
02112		\$33.02		\$34.01		\$36.33				
02113		\$47.67		\$47.67		\$52.44				
02114		\$61.28		\$61.28		\$67.41				
02115		\$74.94		\$74.94		\$82.44				
02116		\$88.54		\$88.54		\$97.40				
02117		\$102.13		\$102.13		\$112.34				
02118		\$115.76		\$115.76		\$127.34				
02119		\$129.34		\$129.34		\$142.27				
02120		\$136.23		\$136.23		\$149.86				
02131		\$34.01		\$34.01		\$37.42				
02132		\$51.06		\$51.06		\$56.16				
02141		\$20.43		\$20.43		\$22.48				
02142		\$33.02		\$34.01		\$36.33				
02143		\$47.67		\$47.67		\$52.44				
02144		\$61.28		\$61.28		\$67.41				
Panoramic										
1/ 120 months; 2/ lifetime										
02601		\$68.07		\$68.07		\$74.87				
0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS										
04311	L	\$56.24		\$67.50		\$61.87				
04312	L	\$56.24		\$67.50		\$61.87				
04322	L	\$290.55		\$348.67		\$319.61				

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
1.0 PREVENTATIVE SERVICES										
Polishing										
Age 17+: 1/ 12 months; under age 17: 1/ 6 months										
11101		\$20.67				\$20.67				
Scaling										
Age 12+: 4 units/ 12 months in combination with root planing; Under age 12: 1/ 12 months in combination with root planing										
11111		\$54.49				\$59.94				
11112		\$108.96				\$119.86				
11113		\$163.46				\$179.81				
11114		\$217.93				\$239.72				
Topical Fluorides										
Under age 17: 1/ 6 months										
12101		\$25.88				\$28.47				
Sealants/ Preventative Resins										
Under age 14: Erupted permanent molar where the occlusal surface is unrestored and permanent maxillary incisors lingual surface										
13401		\$25.88				\$28.47				
13409		\$12.95				\$14.25				
13411		\$60.64				\$66.71				
2.0 RESTORATIVE SERVICES										
Caries/ Trauma and Pain Control										
Maximum two (2) teeth per lifetime, emergency										
20111		\$62.63				\$68.89				
20119		\$62.63				\$68.89				
20121		\$158.82				\$174.71				
20129		\$158.82				\$174.71				
20131		\$30.26				\$33.29				
20139		\$30.26				\$33.29				
Restoration, amalgam/ composite; prefabricated, full coverage										
Primary incisor teeth are eligible only for clients under the age five (5). Restorations are subject to the distinct surface edit and 1/12 month for same provider/same office.										
21111		\$74.17				\$81.58				
21112		\$108.99				\$119.89				
21113		\$136.06				\$149.66				
21114		\$136.06				\$149.66				
21115		\$136.06				\$149.66				
21121		\$74.17				\$81.58				
21122		\$108.99				\$119.89				
21123		\$136.06				\$149.66				
21124		\$136.06				\$149.66				
21125		\$136.06				\$149.66				
21211		\$74.11				\$81.51				
21212		\$108.99				\$119.89				
21213		\$140.12				\$154.14				
21214		\$171.31				\$188.45				
21215		\$186.86				\$205.55				
21221		\$74.11				\$81.51				
21222		\$108.99				\$119.89				
21223		\$140.12				\$154.14				
21224		\$171.31				\$188.45				
21225		\$186.86				\$205.55				

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
21231		\$74.11				\$81.51				
21232		\$108.99				\$119.89				
21233		\$140.12				\$154.14				
21234		\$171.31				\$188.45				
21235		\$186.86				\$205.55				
21241		\$74.11				\$81.51				
21242		\$108.99				\$119.89				
21243		\$140.12				\$154.14				
21244		\$171.31				\$188.45				
21245		\$186.86				\$205.55				
21401		\$23.00				\$25.30				
21402		\$34.50				\$37.94				
21403		\$45.99				\$50.60				
21404		\$56.92				\$62.61				
21405		\$68.79				\$75.66				
22201		\$136.06				\$149.66				
22211		\$136.06				\$149.66				
22401		\$127.07				\$139.77				
22501		\$174.71				\$192.18				
23101		\$79.44				\$87.38				
23102		\$94.77				\$104.24				
23103		\$111.19				\$122.31				
23104		\$142.95				\$157.25				
23105		\$174.71				\$192.18				
23111		\$108.99				\$119.89				
23112		\$124.58				\$137.04				
23113		\$140.12				\$154.14				
23114		\$171.31				\$188.45				
23115		\$202.44				\$222.69				
23211		\$79.44				\$87.38				
23212		\$111.19				\$122.31				
23213		\$127.07				\$139.77				
23214		\$142.95				\$157.25				
23215		\$158.83				\$174.72				
23221		\$79.44				\$87.38				
23222		\$111.19				\$122.31				
23223		\$127.07				\$139.77				
23224		\$142.95				\$157.25				
23225		\$158.83				\$174.72				
23311		\$108.99				\$119.89				
23312		\$155.72				\$171.29				
23313		\$186.86				\$205.55				
23314		\$218.01				\$239.81				
23315		\$249.16				\$274.08				
23321		\$108.99				\$119.89				
23322		\$155.72				\$171.29				
23323		\$186.86				\$205.55				
23324		\$218.01				\$239.81				
23325		\$249.16				\$274.08				
23401		\$82.45				\$90.70				
23402		\$95.30				\$104.84				
23403		\$111.19				\$122.31				
23404		\$127.07				\$139.77				

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
23405		\$127.07				\$139.77				
23411		\$108.99				\$119.89				
23412		\$124.58				\$137.04				
23413		\$127.07				\$139.77				
23414		\$127.07				\$139.77				
23415		\$127.07				\$139.77				
23501		\$79.44				\$87.38				
23502		\$111.19				\$122.31				
23503		\$127.07				\$139.77				
23504		\$127.07				\$139.77				
23505		\$127.07				\$139.77				
23511		\$108.99				\$119.89				
23512		\$127.07				\$139.77				
23513		\$127.07				\$139.77				
23514		\$127.07				\$139.77				
23515		\$127.07				\$139.77				
Post Removal										
1/ lifetime (permanent tooth)										
25781		\$65.91				\$72.50				
25782		\$131.81				\$145.00				
Repair to Crowns										
1/ crown/ 36 months										
27721		\$188.75				\$207.63				
Recementation of Crowns										
1/ crown/ 36 months										
29101		\$62.92				\$69.22				
Removal of Crowns										
1/ crown/ 36 months										
29301		\$62.92				\$69.22				
3.0 ENDODONTICS										
Functionality and restorability of the teeth requiring endodontic therapy must meet the criteria as per NIHB Dental Policy Framework prior to proceeding with treatment.										
Root Canal Therapy - 3/36 months for all teeth. Predetermination is required for 7's and 8's.										
Pulpotomy/Pulpectomy										
32221		\$120.49				\$132.54				
32222		\$120.49				\$132.54				
32232		\$57.37				\$63.11				
32311		\$90.37				\$99.40				
32312		\$120.49				\$132.54				
32313		\$150.61				\$165.66				
32314		\$180.74				\$198.82				
32321		\$90.37				\$99.40				
32322		\$150.61				\$165.66				
Root Canal Therapy										
33111		\$465.54				\$512.09				
33121		\$702.81				\$773.09				
33131		\$803.22				\$883.54				
33141		\$975.32				\$1,072.85				
Open and Drain										
39201		\$58.02				\$63.82				
39202		\$58.02				\$63.82				

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
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		\$58.10				\$63.91				
43422		\$116.22				\$127.84				
43423		\$174.33				\$191.76				
43424		\$232.47				\$255.71				
5.0 PROSTHODONTICS REMOVABLE										
Denture Adjustments										
54201		\$53.88				\$59.27				
Repairs and Additions										
1/ prosthesis/ 12 months										
55101	L	\$56.75				\$62.42				
55102	L	\$56.75				\$62.42				
55201	L	\$113.48				\$124.83				
55202	L	\$113.48				\$124.83				
55301	L	\$55.59				\$61.14				
55302	L	\$55.59				\$61.14				
55401	L	\$113.48				\$124.83				
55402	L	\$113.48				\$124.83				
Reline or Rebase										
1/ prosthesis/ 24 months										
56211		\$170.21				\$187.23				
56212		\$170.21				\$187.23				
56221		\$170.21				\$187.23				
56222		\$170.21				\$187.23				
56231	L	\$170.21				\$187.23				
56232	L	\$170.21				\$187.23				
56241	L	\$170.21				\$187.23				
56242	L	\$170.21				\$187.23				
56311	L	\$170.21				\$187.23				
56312	L	\$170.21				\$187.23				
56321	L	\$170.21				\$187.23				
56322	L	\$170.21				\$187.23				
Tissue Conditioning										
1/ prosthesis/ 24 months										
56511		\$113.48				\$124.83				
56512		\$113.48				\$124.83				
56521		\$113.48				\$124.83				
56522		\$113.48				\$124.83				
7.0 ORAL SURGERY										
71101		\$72.42		\$86.90		\$79.66				
71109		\$43.46		\$52.13		\$47.80				
72311		\$64.99		\$77.99		\$71.49				
72319		\$39.02		\$46.81		\$42.91				
74111		\$194.94		\$233.94		\$214.44				
74112		\$253.37		\$304.05		\$278.71				
74121		\$233.95		\$280.73		\$257.35				
74122		\$310.10		\$372.14		\$341.11				
74611		\$224.20		\$269.04		\$246.62	\$224.20			
74612		\$297.73		\$357.28		\$327.50				

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
74621		\$272.96		\$327.53		\$300.25				
74631		\$224.20		\$269.04		\$246.62				
74632		\$297.73		\$357.28		\$327.50				
75111		\$142.99		\$171.60		\$157.30				
75112		\$142.99		\$171.60		\$157.30				
75121		\$149.46		\$179.35		\$164.41				
75211		\$322.50		\$387.01		\$354.76				
75301		\$851.55		\$1,021.85		\$936.70				
76941		\$243.66		\$292.37		\$268.03				
76949		\$243.66		\$292.37		\$268.03				
76951		\$74.76		\$89.70		\$82.24				
76952		\$149.46		\$179.35		\$164.41	\$149.46			
76961		\$155.93		\$187.12		\$171.52				
76962		\$175.46		\$210.54		\$193.01				
77801		\$143.84		\$172.59		\$158.23				
77802		\$143.84		\$172.59		\$158.23				
77803		\$143.84		\$172.59		\$158.23				
79601		\$65.00		\$78.00		\$71.50				
79602		\$68.24		\$81.89		\$75.07				
79605		\$68.24		\$81.89		\$75.07				
79606		\$68.24		\$81.89		\$75.07				

NORTHWEST TERRITORIES
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
0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS										
04101	L	\$48.59		\$58.33		\$53.45				
04401	L	\$48.59		\$58.33		\$53.45				
04911		\$48.62				\$53.48				
1.0 PREVENTATIVE SERVICES										
Interproximal Disking of Teeth										
1/ 12 months - units of disking will be limited to the cost of half unit										
16201		\$48.84				\$53.72				
16511		\$32.19				\$35.42				
2.0 RESTORATIVE SERVICES										
Cores and Posts										
1/ 36 months (permanent tooth)										
21301		\$155.72				\$171.29				
21302		\$155.72				\$171.29				
23601		\$186.86				\$205.55				
23602		\$186.86				\$205.55				
25731		\$94.38				\$103.82	\$94.38			
25732		\$188.75				\$207.63				
25733		\$283.14				\$311.45				
Crowns										
Crown Policy										
27211	L	\$678.47				\$746.32				
27301	L	\$678.47		\$678.47		\$746.32				
3.0 ENDODONTICS										
Functionality and restorability of the teeth requiring endodontic therapy must meet the criteria as per NIHB Dental Policy Framework prior to proceeding with treatment.										
Root Canal Therapy - 3/36 months for all teeth. Predetermination is required for 7's and 8's.										
33111		\$465.54				\$512.09				
33121		\$702.81				\$773.09				
33131		\$803.22				\$883.54				
33141		\$975.32				\$1,072.85				
4.0 PERIODONTICS										
41211		\$59.92				\$65.91				
41221		\$77.03				\$84.74				
41231		\$59.92				\$65.91				
41301		\$59.92				\$65.91				
43211		\$96.41		\$96.41		\$96.41	\$96.41			
43221		\$54.32		\$54.32		\$54.32	\$54.32			
43231		\$60.10		\$60.10		\$60.10	\$60.10			
43241		\$60.10		\$60.10		\$60.10	\$60.10			
43281		\$60.10		\$60.10		\$60.10	\$60.10			
49101		\$57.06				\$62.77				
49102		\$114.12				\$125.53				
5.0 PROSTHODONTICS REMOVABLE										
Complete/ Partial/ Immediate Dentures										
1/ arch/ 96 months										
51101	L	\$595.62				\$655.18				
51102	L	\$595.62				\$655.18				
51103	L	\$1,191.25				\$1,310.38				
51301	L	\$595.62				\$655.18				
51302	L	\$595.62				\$655.18				

NORTHWEST TERRITORIES
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
51303	L	\$1,191.25				\$1,310.38				
51711	L	\$1,185.44				\$1,303.99				
51712	L	\$1,185.44				\$1,303.99				
52101	L	\$170.21				\$187.23				
52102	L	\$170.21				\$187.23				
52301	L	\$567.33				\$624.06				
52302	L	\$567.33				\$624.06				
53101	L	\$595.62				\$655.18				
53102	L	\$595.62				\$655.18	\$595.62			
53201	L	\$595.62				\$655.18				
53202	L	\$595.62				\$655.18	\$595.62			
7.0 ORAL SURGERY										
71201		\$157.71		\$183.74		\$173.48				
71209		\$94.63		\$113.55		\$104.09				
72111		\$142.99		\$166.60		\$157.30				
72119		\$85.79		\$102.95		\$94.37				
72211		\$214.48		\$249.87		\$235.93				
72219		\$128.67		\$154.41		\$141.54				
72221		\$272.96		\$327.53		\$300.25	\$272.96			
72229		\$163.78		\$196.53		\$180.16				
72321		\$97.51		\$116.99		\$107.26				
72329		\$58.51		\$70.20		\$64.36				
72331		\$142.99		\$171.60		\$157.30				
72339		\$85.79		\$102.95		\$94.37				
72511		\$130.03		\$156.05		\$143.04				
72519		\$78.02		\$93.64		\$85.83				
72521		\$233.94		\$280.71		\$257.34				
72529		\$140.37		\$168.44		\$154.40				
73111		\$64.99		\$77.99		\$71.49				
75302		\$851.55		\$1,021.85		\$936.70				
8.0 ORTHODONTIC SERVICES										
80601		\$57.37				\$63.11				
80602		\$57.37				\$63.11				
80661		\$57.37				\$63.11				
80669		\$57.37				\$63.11				
80671		\$57.37				\$63.11				
80679		\$57.37				\$63.11				
81113	L	\$229.48				\$252.43				
81114	L	\$229.48				\$252.43				
81121	L	\$229.48				\$252.43				
81122	L	\$229.48				\$252.43				
81131	L	\$229.48				\$252.43				
81132	L	\$229.48				\$252.43				
81211	L	\$229.48				\$252.43				
81212	L	\$229.48				\$252.43				
81221	L	\$172.11				\$189.32				
81222	L	\$172.11				\$189.32				
81231	L	\$229.48				\$252.43				
81232	L	\$229.48				\$252.43				
81241	L	\$229.48				\$252.43				
81242	L	\$229.48				\$252.43				

NORTHWEST TERRITORIES
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
81243	L	\$172.11				\$189.32				
81251	L	\$286.86				\$315.54				
81252	L	\$286.86				\$315.54				
81253	L	\$229.48				\$252.43				
9.0 ADJUNCTIVE SERVICES										
Under age 12										
92222		\$306.90		\$306.90		\$306.90				
92301		\$52.57		\$52.57		\$52.57				
92302		\$102.11		\$102.11		\$102.11				
92411		\$26.98		\$31.43		\$26.98				
92412		\$40.47		\$47.14		\$40.47				
92421		\$19.45		\$22.67		\$19.45				
92431		\$37.22		\$37.22		\$37.22				
92432		\$68.41		\$68.41		\$68.41				
92441		\$58.34		\$58.34		\$58.34				
92442		\$87.50		\$87.50		\$87.50				
94302		\$63.21				\$63.21				
99111		I.C.		I.C.		I.C.				
99222		I.C.		I.C.		I.C.				
99333		I.C.		I.C.		I.C.				