



Health  
Canada

Santé  
Canada

# **NUNAVUT**

## **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.



**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
<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		\$51.13								
01102		\$76.70								
01103		\$76.70								
<b>NP Limited</b>										
1/ provider/ lifetime										
01201		\$51.13		\$61.35						
<b>Recall Examination</b>										
Age 17+: 1/ 12 months; under age 17: 1/ 6 months										
01202		\$51.13								
<b>Specific/ Emergency</b>										
1/ 12 months										
01204		\$51.13		\$61.37						
01205		\$51.13								
<b>Specialist Examination and Diagnosis - Limited</b>										
1/ 12 months (with GP referral)										
01602				\$59.58						
<b>0.2 RADIOGRAPHS</b>										
<b>Radiographs Complete Series</b>										
1/ 60 months										
02101		\$136.24		\$136.24						
02102		\$136.24		\$136.24						
<b>Intraoral</b>										
6/ 12 months										
02111		\$20.43		\$20.43						
02112		\$34.01		\$34.01						
02113		\$47.67		\$47.67						
02114		\$61.28		\$61.28						
02115		\$74.94		\$74.94						
02116		\$88.54		\$88.54						
02117		\$102.13		\$102.13						
02118		\$115.76		\$115.76						
02119		\$129.34		\$129.34						
02120		\$136.23		\$136.23						
02131		\$34.01		\$34.01						
02132		\$51.06		\$51.06						
02141		\$20.43		\$20.43						
02142		\$34.01		\$34.01						
02143		\$47.67		\$47.67						
02144		\$61.28		\$61.28						
<b>Panoramic</b>										
1/ 120 months; 2/ lifetime										
02601		\$68.07		\$68.07						
<b>0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS</b>										
04311	L	\$56.24		\$67.50						
04312	L	\$56.24		\$67.50						
04322	L	\$290.55		\$348.67						

**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
<b>1.0 PREVENTATIVE SERVICES</b>										
<b>Polishing</b>										
Age 17+: 1/ 12 months; under age 17: 1/ 6 months										
11101		\$22.74								
<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		\$59.94								
11112		\$119.85								
11113		\$179.80								
11114		\$239.72								
<b>Topical Fluorides</b>										
Under age 17: 1/ 6 months										
12101		\$28.47								
<b>Sealants/ Preventative Resins</b>										
Under age 14: Erupted permanent molar where the occlusal surface is unrestored and permanent maxillary incisors lingual surface.										
13401		\$28.47								
13409		\$14.24								
13411		\$60.64								
<b>2.0 RESTORATIVE SERVICES</b>										
<b>Caries/ Trauma and Pain Control</b>										
Maximum two (2) teeth per lifetime, emergency										
20111		\$62.63								
20119		\$62.63								
20121		\$158.82								
20129		\$158.82								
20131		\$30.26								
20139		\$30.26								
<b>Restoration, amalgam/ composite; prefabricated, full coverage</b>										
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								
21112		\$108.99								
21113		\$136.06								
21114		\$136.06								
21115		\$136.06								
21121		\$74.17								
21122		\$108.99								
21123		\$136.06								
21124		\$136.06								
21125		\$136.06								
21211		\$74.11								
21212		\$108.99								
21213		\$140.12								
21214		\$171.31								
21215		\$186.86								
21221		\$74.11								
21222		\$108.99								
21223		\$140.12								
21224		\$171.31								
21225		\$186.86								

**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
21231		\$74.11								
21232		\$108.99								
21233		\$140.12								
21234		\$171.31								
21235		\$186.86								
21241		\$74.11								
21242		\$108.99								
21243		\$140.12								
21244		\$171.31								
21245		\$186.86								
21401		\$23.00								
21402		\$34.50								
21403		\$45.99								
21404		\$56.92								
21405		\$68.79								
22201		\$136.06								
22211		\$136.06								
22401		\$127.07								
22501		\$174.71								
23101		\$79.44								
23102		\$94.77								
23103		\$111.19								
23104		\$142.95								
23105		\$174.71								
23111		\$108.99								
23112		\$124.58								
23113		\$140.12								
23114		\$171.31								
23115		\$202.44								
23211		\$79.44								
23212		\$111.19								
23213		\$127.07								
23214		\$142.95								
23215		\$158.83								
23221		\$79.44								
23222		\$111.19								
23223		\$127.07								
23224		\$142.95								
23225		\$158.83								
23311		\$108.99								
23312		\$155.72								
23313		\$186.86								
23314		\$218.01								
23315		\$249.16								
23321		\$108.99								
23322		\$155.72								
23323		\$186.86								
23324		\$218.01								
23325		\$249.16								
23401		\$82.45								
23402		\$95.30								
23403		\$111.19								
23404		\$127.07								

**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
23405		\$127.07								
23411		\$108.99								
23412		\$124.58								
23413		\$127.07								
23414		\$127.07								
23415		\$127.07								
23501		\$79.44								
23502		\$111.19								
23503		\$127.07								
23504		\$127.07								
23505		\$127.07								
23511		\$108.99								
23512		\$127.07								
23513		\$127.07								
23514		\$127.07								
23515		\$127.07								
<b>Post Removal</b>										
1/ lifetime (permanent tooth)										
25781		\$65.91								
25782		\$131.81								
<b>Repair to Crowns</b>										
1/ crown/ 36 months										
27721		\$188.75								
<b>Recementation of Crowns</b>										
1/ crown/ 36 months										
29101		\$62.92								
<b>Removal of Crowns</b>										
1/ crown/ 36 months										
29301		\$62.92								
<b>3.0 ENDODONTICS</b>										
Functionality and restorability of the teeth requiring endodontic therapy must meet the criteria as per NIHB Dental Policy Framework prior to proceeding with treatment.										
<b>Root Canal Therapy - 3/36 months for all teeth. Predetermination is required for 7's and 8's.</b>										
<b>Pulpotomy/Pulpectomy</b>										
32221		\$120.49								
32222		\$120.49								
32232		\$57.37								
32311		\$90.37								
32312		\$120.49								
32313		\$150.61								
32314		\$180.74								
32321		\$90.37								
32322		\$150.61								
<b>Root Canal Therapy</b>										
33111		\$465.54								
33121		\$702.81								
33131		\$803.22								
33141		\$975.32								
<b>Open and Drain</b>										
39201		\$58.02								
39202		\$58.02								

**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
<b>4.0 PERIODONTICS</b>										
<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		\$58.10								
43422		\$116.22								
43423		\$174.33								
43424		\$232.47								
<b>5.0 PROSTHODONTICS REMOVABLE</b>										
<b>Denture Adjustments</b>										
54201		\$53.88								
<b>Repairs and Additions</b>										
1/ prosthesis/ 12 months										
55101	L	\$56.75								
55102	L	\$56.75								
55201	L	\$113.48								
55202	L	\$113.48								
55301	L	\$55.59								
55302	L	\$55.59								
55401	L	\$113.48								
55402	L	\$113.48								
<b>Reline or Rebase</b>										
1/ prosthesis/ 24 months										
56211		\$170.21								
56212		\$170.21								
56221		\$170.21								
56222		\$170.21								
56231	L	\$170.21								
56232	L	\$170.21								
56241	L	\$170.21								
56242	L	\$170.21								
56311	L	\$170.21								
56312	L	\$170.21								
56321	L	\$170.21								
56322	L	\$170.21								
<b>Tissue Conditioning</b>										
1/ prosthesis/ 24 months										
56511		\$113.48								
56512		\$113.48								
56521		\$113.48								
56522		\$113.48								
<b>7.0 ORAL SURGERY</b>										
71101		\$72.42		\$86.90						
71109		\$43.46		\$52.13						
72311		\$64.99		\$77.99						
72319		\$39.02		\$46.81						
74111		\$194.94		\$233.94						
74112		\$253.37		\$304.05						
74121		\$233.95		\$280.73						
74122		\$310.10		\$372.14						
74611		\$224.20		\$269.04						
74612		\$297.73		\$357.28						

**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
74621		\$272.96		\$327.53						
74631		\$224.20		\$269.04						
74632		\$297.73		\$357.28						
75111		\$142.99		\$171.60						
75112		\$142.99		\$171.60						
75121		\$149.46		\$179.35						
75211		\$322.50		\$387.01						
75301		\$851.55		\$1,021.85						
76941		\$243.66		\$292.37						
76949		\$243.66		\$292.37						
76951		\$74.76		\$89.70						
76952		\$149.46		\$179.35						
76961		\$155.93		\$187.12						
76962		\$175.46		\$210.54						
77801		\$143.84		\$172.59						
77802		\$143.84		\$172.59						
77803		\$143.84		\$172.59						
79601		\$65.00		\$78.00						
79602		\$68.24		\$81.89						
79605		\$68.24		\$81.89						
79606		\$68.24		\$81.89						



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

<b>All Procedures in Schedule B have a Predetermination Requirement</b>										
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Radio	Pros	O. Path
<b>0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS</b>										
04101	L	\$48.59		\$58.33						
04401	L	\$48.59		\$58.33						
04911		\$48.62								
<b>1.0 PREVENTATIVE SERVICES</b>										
<b>Interproximal Disking of Teeth</b>										
1/ 12 months - units of disking will be limited to the cost of half unit.										
16201		\$48.84								
16511		\$32.19								
<b>2.0 RESTORATIVE SERVICES</b>										
<b>Cores and Posts</b>										
1/ 36 months (permanent tooth)										
21301		\$155.72								
21302		\$155.72								
23601		\$186.86								
23602		\$186.86								
25731		\$94.38								
25732		\$188.75								
25733		\$283.14								
<b>Crowns</b>										
Crown Policy										
27211	L	\$678.47								
27301	L	\$678.47								
<b>3.0 ENDODONTICS</b>										
Functionality and restorability of the teeth requiring endodontic therapy must meet the criteria as per NIHB Dental Policy Framework prior to proceeding with treatment.										
<b>Root Canal Therapy</b> - 3/36 months for all teeth. Predetermination is required for 7's and 8's.										
33111		\$465.54								
33121		\$702.81								
33131		\$803.22								
33141		\$975.32								
<b>4.0 PERIODONTICS</b>										
41211		\$59.92								
41221		\$77.03								
41231		\$59.92								
41301		\$59.92								
43211		\$106.06		\$106.06		\$106.06	\$106.06			
43221		\$54.32		\$54.32		\$54.32	\$54.32			
43231		\$66.12		\$66.12		\$66.12	\$66.12			
43241		\$66.12		\$66.12		\$66.12	\$66.12			
43281		\$66.12		\$66.12		\$66.12	\$66.12			
49101		\$57.06								
49102		\$114.12								
<b>5.0 PROSTHODONTICS REMOVABLE</b>										
<b>Complete/ Partial/ Immediate Dentures</b>										
1/ arch/ 96 months										
51101	L	\$595.62								
51102	L	\$595.62								
51103	L	\$1,191.25								
51301	L	\$595.62								
51302	L	\$595.62								

**NUNAVUT**  
**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>
51303	L	\$1,191.25								
51711	L	\$1,185.44								
51712	L	\$1,185.44								
52101	L	\$170.21								
52102	L	\$170.21								
52301	L	\$567.33								
52302	L	\$567.33								
53101	L	\$595.62								
53102	L	\$595.62								
53201	L	\$595.62								
53202	L	\$595.62								
<b>7.0 ORAL SURGERY</b>										
71201		\$157.71		\$183.74						
71209		\$94.63		\$113.55						
72111		\$142.99		\$166.60						
72119		\$85.79		\$102.95						
72211		\$214.48		\$249.87						
72219		\$128.67		\$154.41						
72221		\$272.96		\$327.53						
72229		\$163.78		\$196.53						
72321		\$97.51		\$116.99						
72329		\$58.51		\$70.20						
72331		\$142.99		\$171.60						
72339		\$85.79		\$102.95						
72511		\$130.03		\$156.05						
72519		\$78.02		\$93.64						
72521		\$233.94		\$280.71						
72529		\$140.37		\$168.44						
73111		\$64.99		\$77.99						
75302		\$851.55		\$1,021.85						
<b>8.0 ORTHODONTIC SERVICES</b>										
80601		\$57.37								
80602		\$57.37								
80661		\$57.37								
80669		\$57.37								
80671		\$57.37								
80679		\$57.37								
81113	L	\$229.48								
81114	L	\$229.48								
81121	L	\$229.48								
81122	L	\$229.48								
81131	L	\$229.48								
81132	L	\$229.48								
81211	L	\$229.48								
81212	L	\$229.48								
81221	L	\$172.11								
81222	L	\$172.11								
81231	L	\$229.48								
81232	L	\$229.48								
81241	L	\$229.48								
81242	L	\$229.48								

**NUNAVUT**  
**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>
81243	L	\$172.11								
81251	L	\$286.86								
81252	L	\$286.86								
81253	L	\$229.48								
<b>9.0 ADJUNCTIVE SERVICES</b>										
<b>Under age 12</b>										
92222		\$112.82		\$112.82						
92301		\$52.57		\$52.57						
92302		\$102.11		\$102.11						
92411		\$26.98		\$31.43						
92412		\$40.47		\$47.14						
92421		\$19.45		\$22.67						
92431		\$37.22		\$37.22						
92432		\$68.41		\$68.41						
92441		\$58.34		\$58.34						
92442		\$87.50		\$87.50						
94302		\$63.21								
99111		I.C.		I.C.						
99222		I.C.		I.C.						
99333		I.C.		I.C.						