



June 9, 2011

**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 June 1, 2011). All changes listed below have been updated, only the changes for June 9, 2011 are highlighted in grey in the dental benefit grid.

<b>SCHEDULE A</b>		
0.0 DIAGNOSTIC SERVICES		
<b>Specialty</b>	<b>Procedure Code</b>	<b>Description/ Fee</b>
Lab	01110	No Fee
GP	01110	\$56.16
Lab	01120	No Fee
GP	01120	\$67.21
Lab	01130	No Fee
GP	01130	\$98.51
OS	01154*	No Fee
PA	01154*	\$40.50
Lab	01200	No Fee
GP	01200	\$54.32
Lab	01250**	No Fee
GP	01250**	\$41.43
OS	01255**	No Fee
PA	01255**	\$60.30

\* Moved to **Specific/Emergency Oral Examination** subsection

\*\* Moved to **Recall Examination** subsection

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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## **QUEBEC**

# **NIHB Regional Dental Benefit Grid**

### **General Practitioners and Specialists**

**Effective Date**  
June 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.



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

Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
<b>0.0 DIAGNOSTIC SERVICES</b>								
Maximum eligibility of examinations: ages 17+: up to 3/ 12 months; under 17: up to 4/ 12 months.								
<b>EXAMINATIONS</b>								
<b>Complete Oral Examination</b>								
1/ 60 months - when a complete examination is provided, it replaces the recall examination for the period								
01110		\$56.16						
01120		\$67.21						
01130		\$98.51						
<b>Recall Examination</b>								
Age 17+: 1/ 12 months; age 10 to under 17: 1/ 6 months; under age 10 covered by RAMQ								
01200		\$54.32						
01250		\$41.43						
01255					\$60.30			
<b>Specific/ Emergency Oral Examination</b>								
1/ 12 months								
01154					\$40.50			
01300		\$28.54						
01400		\$28.54						
<b>Specialist Examination - Limited</b>								
1/ 12 months (with GP referral)								
01405						\$59.40		
01516								\$90.00
01611				\$58.50				
01716							\$90.90	
01802			\$71.10					
<b>Specialist Examination - Complete</b>								
1/ 60 months (with GP referral)								
01151					\$72.00			
01515								\$185.40
01725							\$225.90	
<b>RADIOGRAPHS</b>								
<b>Radiographs Complete Series</b>								
1/ 60 months								
02110				\$125.10	\$126.90	\$130.50	\$144.90	
<b>Intraoral Radiographs</b>								
6/ 12 months								
02111		\$20.26						
02112		\$25.78						
02113		\$33.15						
02114		\$42.35						
02115		\$50.64						
02116		\$59.85						
02121				\$20.70	\$26.10	\$19.33	\$21.60	\$20.70
02122						\$25.78		
02123						\$35.10		
02124						\$42.35		
02125						\$51.30		
02126						\$58.92		
02131		\$23.02						
02132		\$29.46						
02135				\$27.90		\$30.60	\$33.30	\$27.90
02139				\$14.73		\$13.81	\$17.49	\$14.73

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Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
02141		\$20.26						
02142		\$25.78						
02143		\$33.15						
02144		\$42.35						
02150				\$14.73	\$19.33	\$13.81	\$18.41	\$14.73
02154							\$45.90	
02171			\$24.30					
02172			\$29.70					
02173			\$34.20					
02174			\$39.59					
02175			\$44.19					
<b>Panoramic Radiographs</b>								
1/ 120 months; 2/ lifetime								
02600		\$56.16						
02601			\$39.59					
02610				\$63.90	\$80.10	\$64.80	\$79.20	\$63.90
<b>LABORATORY TESTS AND EXAMINATIONS</b>								
04302	L	\$102.20						
04305			\$55.24			\$184.50	\$185.40	\$185.40
04311	L	\$86.55						
04312	L	\$207.16						
04315							\$92.70	\$92.70
04316						\$217.80	\$232.20	\$232.20
04324	L				\$145.80			
04325	L				\$122.40			
04326	L				\$292.50			
<b>1.0 PREVENTIVE SERVICES</b>								
<b>Prophylaxis</b>								
Age 17+: 1/ 12 months; under age 17: 1/ 6 months in combination with scaling								
11100		\$16.37						
11200		\$21.69						
11205						\$21.69		
11300		\$24.55						
11305						\$24.55		
11400					\$16.37			
11410					\$21.69			
11420					\$24.55			
<b>Topical Application of Fluoride</b>								
Under age 17: 1/ 6 months								
12400		\$26.00			\$31.50			
<b>Pit and Fissure Sealants</b>								
Under age 14: Erupted permanent molar where the occlusal surface is unrestored and permanent maxillary incisors lingual surface								
13401		\$36.00						
13404		\$28.00						
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
<b>2.0 RESTORATIVE SERVICES</b>								
<b>Caries/ Trauma and Pain Control</b>								
Maximum two (2) teeth per lifetime, emergency								
20111		\$44.19	\$77.40				\$64.80	
20115					\$63.00			
20119			\$77.40					
20121		\$51.56						
20131		\$18.41						
<b>Restorations, amalgam/ composite; full preformed crowns</b>								
Restorations are covered by the RAMQ for children under 10 years of age.								
Restorative services for primary incisor teeth are eligible only for clients under the age of five (5).								
Restorations are subject to the distinct surface edit and 1/12 months edit for same provider/same office.								
21101		\$41.43						
21102		\$84.70						
21103		\$102.20						
21104		\$129.82						
21105		\$135.34						
21121		\$41.43						
21122		\$84.70						
21123		\$102.20						
21124		\$129.82						
21125		\$135.34						
21211		\$42.35						
21212		\$87.47						
21213		\$104.96						
21214		\$137.18						
21215		\$173.09						
21221		\$57.08						
21222		\$99.44						
21223		\$129.82						
21224		\$159.28						
21225		\$203.47						
21231		\$42.35						
21232		\$87.47						
21233		\$104.96						
21234		\$137.18						
21235		\$173.09						
21241		\$57.08						
21242		\$99.44						
21243		\$129.82						
21244		\$159.28						
21245		\$203.47						
21301		\$20.26						
21302		\$33.15						
21303		\$44.19						
21304		\$54.32						
22211		\$135.34						
22401		\$135.34						
22501		\$171.25						
23111		\$76.42						
23112		\$86.55						
23113		\$153.76						
23114		\$209.92						

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Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
23115		\$209.92						
23118		\$223.73						
23211		\$76.42						
23212		\$127.06						
23213		\$145.47						
23214		\$196.11						
23215		\$223.73						
23220		\$53.40						
23221		\$82.86						
23222		\$134.42						
23223		\$164.81						
23224		\$211.76						
23225		\$258.72						
23311		\$57.08						
23312		\$65.37						
23313		\$117.85						
23314		\$135.34						
23315		\$135.34						
23411		\$65.37						
23412		\$105.88						
23413		\$134.42						
23414		\$135.34						
23415		\$135.34						
<b>Repair to Crowns</b> 1/ crown/ 36 months								
27722	L	\$83.78						
27236							\$218.70	
<b>Post Removal</b> 1/ lifetime (permanent tooth)								
26709							\$214.20	
27712		\$114.17						
<b>Recementation of Crowns</b> 1/ crown/ 36 months								
27240							\$132.30	
29100		\$65.37						
29101			\$68.40					
<b>Removal of Crowns</b> 1/ crown/ 36 months								
27715							\$55.80	
29300		\$51.56						
29301			\$68.40					
<b>3.0 ENDODONTIC SERVICES</b>								
The anterior teeth requiring endodontic therapy must meet the criteria as per Endodontic Policy prior to proceeding with treatment.								
32201		\$75.50						
32202		\$126.14						
32210		\$75.50						
32221			\$117.90					
32222			\$189.00					
32241					\$107.10			
32242					\$180.00			
32311			\$132.30					
32312			\$165.60					



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Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
32313			\$212.40					
32314			\$236.70					
32341					\$116.10			
32343					\$227.70			
33100		\$370.12						
33111			\$585.00					
35122							\$83.70	
35123							\$125.10	
39201		\$36.83	\$117.90					
39202		\$89.31	\$165.60					
39241					\$52.20			
39242					\$125.10			
39901		\$75.50						
39902		\$75.50						
39903		\$101.28						
39981		\$51.56						
39985		\$51.56						
<b>4.0 PERIODONTAL SERVICES</b>								
<b>Scaling</b>								
Age 17+: 3/ 12 months; under age 17: 2/ 12 months in combination with prophylaxis.								
43401						\$61.20		
43402						\$113.40		
43403						\$163.80		
43404						\$212.40		
43411		\$54.00						
43412		\$96.00						
43413		\$137.00						
43414		\$178.00						
43417		\$29.00						
43431					\$61.20			
43432					\$112.50			
43433					\$153.00			
43434					\$193.50			
<b>Management of Oral Disease</b>								
41200		\$54.32						
<b>5.0 PROSTHODONTIC SERVICES</b>								
<b>REMOVABLE PROSTHODONTICS</b>								
<b>Denture Adjustments</b>								
54250		\$40.51						
54251		\$40.51						
<b>Repairs and Additions</b>								
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	\$46.96						
55102	L	\$46.96						
55103	L	\$46.96						

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Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
55104	L	\$46.96						
55201	L	\$99.44						
55202	L	\$99.44						
55203	L	\$99.44						
55204	L	\$99.44						
55520	L	\$99.44						
55530	L	\$99.44						
<b>Relines or Rebases</b>								
1/ prosthesis/ 24 months								
56200		\$159.28						
56201		\$159.28						
56204							\$282.60	
56205							\$235.80	
56206	L						\$411.30	
56210		\$159.28						
56211		\$159.28						
56215	L						\$588.60	
56220	L	\$185.06						
56221	L	\$185.06						
56222	L	\$303.83						
56225							\$411.30	
56230	L	\$185.06						
56231	L	\$185.06						
56232	L	\$303.83						
56255							\$793.80	
56260	L	\$185.06						
56261	L	\$185.06						
56262	L	\$185.06						
56263	L	\$185.06						
56265							\$568.80	
56280	L	\$303.83						
56290	L	\$303.83						
<b>Tissue Conditioning</b>								
1/ Prosthesis/ 24 months								
54275							\$132.30	
56270		\$74.58						
56271		\$74.58						
56272		\$74.58						
56273		\$74.58						
<b>7.0 ORAL SURGERY SERVICES</b>								
70430				\$207.00				
70441				\$139.50				
70442				\$252.00				
71101		\$78.26						
71111		\$59.85						
71205				\$162.00				
72300		\$78.26						
72305				\$162.00				
74108	L	\$187.82						
74230				\$252.00				
74240				\$297.00				
74408	L	\$177.70						

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Code	Lab	GP	Endo	O. Surg	Paed	Perio	Pros	O. Med
74611				\$297.00				
75100		\$51.56						
75101		\$213.60						
75110		\$119.69						
75115				\$188.74				
75215				\$274.50				
75301		\$191.51						
75315				\$346.50				
75316				\$252.00				
75361		\$114.17						
76945				\$940.50				
76950		\$62.61						
76955	L			\$756.00				
76960				\$184.50				
77801		\$177.70						
77802		\$177.70						
77803		\$187.82						
77805				\$274.50		\$259.20		
77815				\$274.50				
77845				\$369.00				
79601		\$29.46						
79602		\$61.69						
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
<b>0.0 DIAGNOSTIC SERVICES</b>								
<b>EXAMINATIONS</b>								
<b>Specialist Examination - Complete</b> 1/ 60 months (with GP referral)								
01135						\$99.00		
01610				\$121.50				
01801			\$117.90					
<b>LABORATORY TESTS AND EXAMINATIONS</b>								
04100	L	\$33.15						
04101			\$34.20					
04105								\$46.80
04105	L					\$64.80		
04110	L				\$45.00			
04335					\$56.70		\$55.80	\$111.60
04401	L	\$39.59						
04501		\$28.54						
04502		\$28.54						
04505						\$77.40	\$87.30	
04535						\$40.50		
<b>1.0 PREVENTIVE SERVICES</b>								
<b>Interproximal Disking</b> 1/ 12 months								
13700		\$34.99						
13715					\$48.60			
<b>2.0 RESTORATIVE SERVICES</b>								
<b>Posts</b> 1/ 36 months (permanent tooth)								
25751		\$271.61						
25752		\$306.59						
25753		\$346.18						
26621							\$427.50	
26622							\$495.00	
26623							\$560.70	
26631							\$479.70	
26632							\$530.10	
26633							\$594.90	
27114							\$252.90	
29501		\$141.79						
29502		\$176.77						
29503		\$216.36						
29600		\$129.82						
<b>Crowns</b>								
27202	L						\$1,097.10	
27210	L	\$625.16						
27225	L						\$1,097.10	
27300	L	\$625.16						
<b>3.0 ENDODONTIC SERVICES</b>								
33100		\$370.12						
33111			\$585.00					
33121			\$720.00					

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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	Paed	Perio	Pros	O. Med
33131			\$967.50					
33141			\$1,080.00					
33200		\$527.56						
33300		\$676.71						
33400		\$785.36						
<b>4.0 PERIODONTAL SERVICES</b>								
41300		\$20.26						
41305						\$54.00		
42000		\$18.41						
42001		\$18.41						
42315						\$423.00		
43211		\$86.55						
43212		\$60.77						
43215						\$60.77		
43257						\$34.99		
43258						\$77.40		
43282					\$67.50			
43295		\$60.77						
43440						\$309.60		
<b>Occlusal Equilibration</b>								
43300		\$34.53						
43320						\$41.85		
<b>Splinting</b>								
23172					\$89.10		\$104.40	
23173							\$156.60	
23174							\$362.70	
23175							\$235.80	
23176							\$427.50	
<b>5.0 PROSTHODONTIC SERVICES</b>								
<b>REMOVABLE PROSTHODONTICS</b>								
<b>Complete/ Partial/ Immediate Dentures</b>								
1/ arch/ 96 months								
51100	L	\$601.22						
51110	L	\$773.39						
51120	L	\$1,126.94						
51300	L	\$560.71						
51305	L						\$1,077.30	
51310	L	\$631.60						
51315	L						\$1,077.30	
51320	L	\$977.78						
51325	L						\$1,905.30	
51505	L						\$2,489.40	
51506	L						\$1,512.00	
51701	L	\$601.22						
51702	L	\$773.39						
51703	L	\$1,126.94						
52120	L	\$305.67						
52121	L	\$305.67						
52129	L	\$500.86						
52180	L						\$540.90	
52181	L						\$737.10	

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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
52182	L						\$774.00	
52230	L	\$440.09						
52231	L	\$440.09						
52232	L	\$721.83						
52400	L	\$773.39						
52410	L	\$773.39						
52420	L	\$1,268.72						
52500	L	\$722.75						
52510	L	\$722.75						
52520	L	\$1,184.94						
52530	L	\$1,128.78						
53415	L						\$1,190.70	
53417	L						\$1,350.00	
<b>7.0 ORAL SURGERY SERVICES</b>								
71206				\$112.50				
72100		\$156.52						
72105				\$188.74				
72110		\$216.36						
72210		\$139.95						
72220		\$201.63						
72230		\$267.92						
72235				\$346.50				
72236				\$274.50				
72240		\$300.15						
72310		\$110.48						
72320		\$156.52						
72325				\$184.50				
72410		\$53.40						
72411		\$220.97						
72412		\$510.07						
72415				\$515.59				
72416				\$346.50				
72510				\$207.00				
73110		\$162.04						
75415				\$531.00				
76150					\$87.47			
76160					\$87.47			
76170				\$324.00				
<b>8.0 ORTHODONTIC SERVICES</b>								
80671		\$70.89						
81102	L	\$508.23						
81103	L	\$508.23						
81105	L	\$563.47						
81106	L	\$563.47						
81110	L	\$508.23						
81111	L	\$508.23						
81115	L	\$508.23						
81116	L	\$508.23						

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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
<b>9.0 ADJUNCTIVE SERVICES</b>								
<b>General Anaesthesia</b>								
92225				\$229.50				
92305				\$229.50		\$53.10		
92306						\$35.10		
92311		\$33.15						
92312		\$53.40						
92313		\$73.66						
92314		\$93.91						
92315		\$114.17						
92316		\$134.42						
92317		\$154.68						
92318		\$174.93						
92335				\$229.50		\$78.30		
92345	L					\$30.60		
94200		\$60.77						
94400		\$60.77						
94415				\$83.70		\$62.61		