



November 2, 2012

Communication to all NIHB General Practitioners and Specialists

Based on the revised Preventive and Periodontal Policy (effective September 1, 2012), the following changes have been made to the Newfoundland and Labrador General Practitioners and Specialists NIHB Regional Dental Benefit Grid.

SCHEDULE A

1.0 PREVENTION

Old:

Scaling

Age 12+: 4 units/ any 12 months in combination with root planing;
Under age 12: 1 unit/ any 12 months in combination with root planing
Predetermination is required over four (4) units.

Revised:

Scaling

Age 0 to 11: 0.5 unit/ any 6 months in combination with root planing;
Age 12 to 16: 1 unit/ any 6 months in combination with root planing;
Age 17+: 4 units/ any 12 months in combination with root planing;
Predetermination is required for additional units.

SCHEDULE A

4.0 PERIODONTICS

Old:

Root Planing

Age 12+: 4 units/ any 12 months in combination with scaling;
Under age 12: 1 unit/ any 12 months in combination with scaling

Revised:

Root Planing

Age 0 to 11: 0.5 unit/ any 6 months in combination with scaling;
Age 12 to 16: 1 unit/ any 6 months in combination with scaling;
Age 17+: 4 units/ any 12 months in combination with scaling;
Predetermination is required for additional units.

For further information or questions, please contact the NIHB National Dental Predetermination Centre toll-free at 1-855-618-6291.

Thank you.



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NEWFOUNDLAND AND LABRADOR

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

Effective Date

March 1, 2012

(Revised November 2, 2012)

- 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.

NEWFOUNDLAND AND LABRADOR
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio
0.1 DIAGNOSTIC							
Maximum eligibility of examinations: ages 17+: up to 3/ any 12 months; under 17: up to 4/ any 12 months Specialty complete and Specialty limited examinations (performed by specialists only) will not count against the eligible maximum examinations allowable. Frequency limitations take into account overall interaction between various examination services rendered by same provider, different providers within the same office or different office, and their eligibility period.							
Complete/ Oral Examination and Diagnosis							
1/ any 60 months - when a complete examination is provided, it replaces the recall and the new patient limited examination for the respective eligible period.							
Primary and Mixed							
01101		\$45.72				\$57.01	
01102		\$68.41				\$71.26	
Permanent							
Eligible only for clients age 12 and older.							
01103		\$76.58				\$91.22	
NP Limited							
1/ lifetime/same provider or different provider in the same office 1/ any 12 months/different provider in a different office							
01201		\$33.45				\$43.19	
Recall Examination							
Age 17+: 1/ any 12 months; under age 17: 1/ any 6 months							
01202		\$29.46				\$43.19	
Specific/ Emergency							
1/ any 12 months							
01204		\$38.20	\$54.00	\$54.00		\$54.00	\$54.00
01205		\$40.51	\$84.38	\$84.38		\$84.38	\$84.38
Specialist Examination and Diagnosis - Limited							
1/ any 12 months/ specialty (with GP referral)							
01402				\$71.26			
01502							\$94.43
01602				\$94.12			
01802			\$57.01				
0.2 RADIOGRAPHS							
Intraoral, Complete Series (7-16 films)							
1/ any 60 months Not to be covered in conjunction with a panoramic radiograph for the time period (60 months).							
02101		\$79.22		\$101.89	\$101.89	\$101.89	\$101.89
02102		\$89.96		\$113.52	\$113.52	\$113.52	\$113.52
02117		\$47.11		\$59.44	\$59.44	\$59.44	\$59.44
02118		\$52.11		\$63.40	\$63.40	\$63.40	\$63.40
02119		\$57.25		\$70.01	\$70.01	\$70.01	\$70.01
02120		\$62.24		\$77.59	\$77.59	\$77.59	\$77.59
02121		\$67.38		\$83.51	\$83.51	\$83.51	\$83.51
02122		\$72.13		\$89.42	\$89.42	\$89.42	\$89.42
02123		\$76.80		\$95.90	\$95.90	\$95.90	\$95.90
02124		\$81.56					
02125		\$88.27					

NEWFOUNDLAND AND LABRADOR
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio
Intraoral (1-6 films)							
6/ any 12 months							
02111		\$17.18	\$24.08	\$24.08	\$24.08	\$24.08	\$24.08
02112		\$22.53	\$28.69	\$28.69	\$28.69	\$28.69	\$28.69
02113		\$27.66	\$34.07	\$34.07	\$34.07	\$34.07	\$34.07
02114		\$32.15	\$39.48	\$39.48	\$39.48	\$39.48	\$39.48
02115		\$37.74	\$46.57	\$46.57	\$46.57	\$46.57	\$46.57
02116		\$42.14	\$52.17	\$52.17	\$52.17	\$52.17	\$52.17
02131		\$22.60		\$28.65	\$28.65	\$28.65	\$28.65
02132		\$32.67		\$44.43	\$44.43	\$44.43	\$44.43
02141		\$17.18		\$24.08	\$24.08	\$24.08	\$24.08
02142		\$22.53		\$29.13	\$29.13	\$29.13	\$29.13
02143		\$27.66		\$36.86	\$36.86	\$36.86	\$36.86
02144		\$32.15		\$43.72	\$43.72	\$43.72	\$43.72
Panoramic							
1/ any 120 months; up to 2/ lifetime							
Not to be covered in conjunction with a complete series for the time period (60 months).							
02601		\$54.03		\$71.28	\$71.28	\$71.28	\$71.28
0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS							
04311	L	\$83.02		\$121.99		\$121.99	
04312	L	\$84.36		\$121.99		\$121.99	
04313	L	\$70.69		\$104.29		\$104.29	
04321	L	\$123.41		\$161.97		\$161.97	
04322	L	\$123.41		\$188.44		\$188.44	
04323	L	\$114.62		\$147.55		\$147.55	
1.0 PREVENTION							
Polishing							
Age 17+: 1 unit/ any 12 months; under age 17: 1 unit/ any 6 months							
11101		\$12.91				\$13.21	\$13.21
11107		\$12.91				\$13.21	\$13.21
Scaling							
Age 0 to 11: 0.5 unit/ any 6 months in combination with root planing;							
Age 12 to 16: 1 unit/ any 6 months in combination with root planing;							
Age 17+: 4 units/ any 12 months in combination with root planing;							
Predetermination is required for additional units.							
11111		\$50.73				\$50.73	
11112		\$101.71				\$101.71	
11113		\$152.55				\$152.55	
11114		\$203.41				\$203.41	
11117		\$25.42				\$25.42	
Topical Fluorides							
Eligible only for clients under age 17: 1/ any 6 months							
12101		\$20.94				\$20.94	
Sealants/ Preventive Resins							
Eligible only for clients under age 14 on erupted permanent molars where the occlusal surface is unrestored and permanent maxillary incisors lingual surface.							
13401		\$27.95				\$27.95	
13409		\$20.96				\$20.96	
13411		\$49.41				\$57.65	
13419		\$37.56				\$54.60	

NEWFOUNDLAND AND LABRADOR
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio
2.0 RESTORATION							
Caries/ Trauma and Pain Control							
Maximum two (2) teeth per lifetime, as an emergency Caries/Trauma and Pain Control should not be considered for coverage in conjunction with any of the following procedures: restorations, open and drain, pulpectomy, pulpotomy, root canal if requested with the same date of service (DOS) and for the same tooth.							
20111		\$74.69				\$86.97	
20119		\$62.18				\$77.54	
20121		\$83.68				\$98.02	
20129		\$57.01				\$98.02	
20131		\$26.99				\$30.95	
20139		\$21.88				\$26.80	
Restoration, Amalgam/ Composite; Prefabricated, Full Coverage							
Primary incisor teeth are eligible only for clients under age 5. Restorations are subject to the distinct surface edit and 1/ any 12 months for same provider or different provider in the same office.							
21111		\$52.81				\$57.01	
21112		\$84.78				\$102.93	
21113		\$94.94				\$114.90	
21114		\$119.34				\$148.04	
21115		\$135.26				\$162.15	
21121		\$52.81				\$57.01	
21122		\$84.78				\$102.93	
21123		\$94.94				\$114.90	
21124		\$119.34				\$148.04	
21125		\$135.26				\$162.15	
21211		\$63.96				\$64.56	
21212		\$98.68				\$111.95	
21213		\$116.19				\$129.41	
21214		\$138.70				\$167.25	
21215		\$161.76				\$194.88	
21221		\$77.19				\$80.97	
21222		\$106.04				\$127.75	
21223		\$141.46				\$157.04	
21224		\$167.11				\$201.30	
21225		\$196.84				\$229.63	
21231		\$63.96				\$64.56	
21232		\$98.68				\$111.95	
21233		\$139.65				\$158.94	
21234		\$165.58				\$189.04	
21235		\$179.30				\$216.02	
21241		\$77.19				\$80.97	
21242		\$106.04				\$127.75	
21243		\$141.46				\$157.04	
21244		\$167.11				\$201.30	
21245		\$196.84				\$229.63	
21401		\$19.60				\$25.08	
21402		\$30.93				\$42.95	
21403		\$39.69				\$55.78	
21404		\$48.48				\$72.51	
21405		\$58.23				\$89.24	
22201		\$151.81				\$164.61	
22211		\$154.08				\$179.41	
22401		\$98.81				\$171.02	

NEWFOUNDLAND AND LABRADOR
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio
22501		\$119.72				\$172.34	
23101		\$76.30				\$89.75	
23102		\$94.03				\$115.40	
23103		\$127.78				\$167.13	
23104		\$154.04				\$166.65	
23105		\$177.49				\$217.46	
23111		\$97.86				\$106.84	
23112		\$129.47				\$128.49	
23113		\$147.80				\$179.01	
23114		\$195.44				\$225.30	
23115		\$237.49				\$270.03	
23211		\$64.65				\$79.28	
23212		\$93.88				\$114.73	
23213		\$110.14				\$135.10	
23214		\$138.73				\$170.19	
23215		\$159.11				\$195.17	
23221		\$69.67				\$104.58	
23222		\$103.74				\$129.92	
23223		\$119.71				\$149.93	
23224		\$150.50				\$188.51	
23225		\$172.97				\$216.68	
23311		\$104.45				\$113.43	
23312		\$148.00				\$162.20	
23313		\$178.28				\$200.29	
23314		\$211.67				\$248.24	
23315		\$239.70				\$274.75	
23321		\$107.26				\$118.45	
23322		\$151.38				\$178.53	
23323		\$188.75				\$213.38	
23324		\$228.46				\$254.80	
23325		\$263.33				\$292.37	
23401		\$69.91				\$66.62	
23402		\$92.56				\$104.31	
23403		\$115.12				\$124.19	
23404		\$136.80				\$141.05	
23405		\$150.13				\$162.57	
23411		\$85.09				\$91.45	
23412		\$104.71				\$113.32	
23413		\$139.53				\$148.23	
23414		\$151.81				\$171.02	
23415		\$151.81				\$171.02	
23501		\$68.73				\$65.07	
23502		\$108.34				\$108.48	
23503		\$120.79				\$118.56	
23504		\$152.68				\$140.93	
23505		\$154.08				\$159.07	
23511		\$90.42				\$103.02	
23512		\$119.99				\$121.47	
23513		\$141.20				\$141.33	
23514		\$154.08				\$168.74	
23515		\$154.08				\$171.02	

NEWFOUNDLAND AND LABRADOR
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio
Post Removal							
1/ lifetime (permanent tooth)							
25781		\$65.19					
25782		\$130.06					
Repair to Crowns							
1/ any 36 months/ per tooth							
27721		\$121.96				\$130.00	
27722	L	\$163.03					
Recementation of Crowns							
1/ any 36 months/ per tooth							
29101		\$61.93				\$77.61	
3.0 ENDODONTICS							
The NIHB Endodontic Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.							
Pulpotomy/Pulpectomy							
Not covered for primary incisor teeth.							
32221		\$95.93	\$117.45			\$117.45	
32222		\$128.58	\$160.48			\$160.48	
32232		\$60.62	\$78.35			\$78.35	
32311		\$115.65	\$199.47			\$199.47	
32312		\$150.81	\$209.50			\$209.50	
32313		\$193.64	\$303.10			\$303.10	
32314		\$166.37	\$410.40			\$410.40	
32321		\$94.15	\$113.43			\$113.43	
32322		\$112.32	\$135.32			\$135.32	
Root Canal Therapy							
3/ any 36 months for all teeth. Once the frequency has been reached, subsequent RCT procedures require predetermination. Predetermination is required for 7's and 8's at all times.							
33111		\$390.21	\$479.17			\$479.17	
33121		\$526.63	\$635.29			\$635.29	
33131		\$707.26	\$852.93			\$852.93	
33141		\$850.55	\$985.87			\$985.87	
Open and Drain							
39201		\$54.77	\$82.46			\$82.46	
39202		\$57.44	\$82.46			\$82.46	
4.0 PERIODONTICS							
Root Planing							
Age 0 to 11: 0.5 unit/ any 6 months in combination with scaling; Age 12 to 16: 1 unit/ any 6 months in combination with scaling; Age 17+: 4 units/ any 12 months in combination with scaling; Predetermination is required for additional units.							
43421		\$51.07					\$76.73
43422		\$102.15					\$153.47
43423		\$153.22					\$230.18
43424		\$204.27					\$306.92
43427		\$25.54					\$38.37
Miscellaneous							
42831		\$59.64					\$83.51
5.0 PROSTHODONTICS - REMOVABLE							
Denture Adjustments							
After three (3) months insertion.							
54201		\$61.30					

NEWFOUNDLAND AND LABRADOR
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio
Repairs and Additions							
1/ prosthesis/ any 12 months							
55101	L	\$45.78					
55102	L	\$45.78					
55201	L	\$75.68					
55202	L	\$75.68					
55203	L	\$102.87					
55301	L	\$45.25					
55302	L	\$45.25					
55401	L	\$93.64					
55402	L	\$93.64					
55403	L	\$147.10					
Reline or Rebase							
1/ prosthesis/ any 24 months							
56211		\$157.58					
56212		\$157.58					
56213		\$240.87					
56221		\$142.64					
56222		\$156.31					
56223		\$252.86					
56231	L	\$192.55					
56232	L	\$211.91					
56233	L	\$346.09					
56241	L	\$185.68					
56242	L	\$186.11					
56243	L	\$314.14					
56311	L	\$196.84					
56312	L	\$217.49					
56313	L	\$371.26					
56321	L	\$186.19					
56322	L	\$192.38					
56323	L	\$359.64					
Tissue Conditioning							
1/ prosthesis/ any 24 months							
56511		\$85.48					
56512		\$85.48					
56513		\$165.18					
56521		\$85.48					
56522		\$85.48					
56523		\$165.18					
56531		\$85.48					
56532		\$85.48					
56533		\$165.18					
7.0 ORAL AND MAXILLOFACIAL SURGERY							
71101		\$84.63		\$85.51		\$85.51	
71109		\$45.28		\$46.00		\$46.00	
72311		\$71.98		\$85.82		\$85.82	
72319		\$44.61		\$61.53		\$61.53	
74111		\$229.08		\$250.08			
74112		\$205.23		\$353.98			
74121		\$226.53		\$308.73			
74122		\$314.61		\$380.11			

NEWFOUNDLAND AND LABRADOR
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio
74211		\$176.15		\$320.67			
74212		\$264.21		\$352.74			
74221		\$264.21		\$352.74			
74222		\$352.29					
74611		\$247.37		\$303.53			
74612		\$230.23		\$362.35			
74621		\$276.93		\$352.94			
74631		\$217.11					
74632		\$267.47		\$390.81			
75111		\$90.93		\$167.18			
75112		\$90.70		\$140.28			
75113		\$183.00		\$224.44			
75121		\$103.57		\$280.55			
75122		\$160.29		\$280.55			
75123		\$198.30		\$315.62			
75211		\$145.58		\$283.49			
75212		\$356.56		\$384.80			
75221		\$327.16		\$490.97			
75301		\$241.24		\$364.49			
75303		\$440.35		\$384.80			
76941		\$283.68		\$404.99			
76949		\$166.73		\$160.34			
76951		\$67.32		\$82.86			
76952		\$134.61		\$165.72			
76961		\$130.43		\$161.87			
76962		\$186.07		\$194.81			
79601		\$55.18		\$56.05			
79602		\$53.47		\$65.53			
79605		\$65.52		\$72.65			
79606		\$69.10		\$64.87			
79701		\$402.53		\$580.00			
79702		\$402.53		\$285.04			

NEWFOUNDLAND AND LABRADOR
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
0.1 DIAGNOSTIC							
Maximum eligibility of examinations: ages 17+: up to 3/ any 12 months; under 17: up to 4/ any 12 months Specialty complete and Specialty limited examinations (performed by specialists only) will not count against the eligible maximum examinations allowable. Frequency limitations take into account overall interaction between various examination services rendered by same provider, different providers within the same office or different office, and their eligibility period.							
First Dental Visit Examinations							
Up to the age of three (3) inclusive							
00011		\$24.71					
Specialist Examinations and Diagnosis - Complete							
1/ any 60 months per specialty (with GP referral)							
When a specialty complete examination is adjudicated, it eliminates specialty limited examination within the same specialty in that twelve (12) month period.							
01401				\$142.53			
01501							\$151.08
01601				\$235.30			
01801			\$142.82				
Laboratory Tests							
04101	L	\$38.12		\$49.00		\$49.00	
04401	L	\$38.52		\$51.90		\$51.90	
Diagnostic Casts, Unmounted							
04911		\$40.82		\$53.67		\$53.67	
04913		\$81.63					
1.0 PREVENTION							
Interproximal Disking of Teeth							
1 unit/ any 12 months							
Cost of one unit will be limited to the cost of half unit.							
16201		\$24.80				\$30.67	
Occlusal Adjustment/Equilibration							
Cost of one unit will be limited to the cost of half unit.							
16511		\$32.91				\$40.50	
16517		\$32.90					
2.0 RESTORATION							
Cores and Posts							
1/ any 36 months (permanent tooth)							
Eligible only for clients age 18 and older.							
Cores are eligible only if existing restoration is greater than twelve (12) months old.							
Prefabricated post/pins are considered for coverage in conjunction with core for crown restoration only.							
Cores are considered for coverage only if submitted with a crown request.							
21301		\$153.41				\$182.86	
21302		\$153.41				\$182.86	
23601		\$162.01				\$184.25	
23602		\$197.46					
25731		\$129.51				\$158.52	
25732		\$190.85				\$233.60	
25733		\$247.83				\$303.36	
25751		\$210.30					
25752		\$242.69					
25753		\$278.40					

NEWFOUNDLAND AND LABRADOR
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
25754		\$218.55					
25755		\$249.74					
25756		\$286.63					
25761		\$210.30					
25762		\$242.69					
25763		\$278.40					
25764		\$246.48					
25765		\$299.15					
25766		\$359.99					
Crowns The NIHB Crown Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.							
27211	L	\$620.87				\$747.31	
27301	L	\$564.31				\$690.76	
3.0 ENDODONTICS The NIHB Endodontic Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies. Root Canal Therapy - 3/ any 36 months for all teeth. Once the frequency has been reached, subsequent RCT procedures require predetermination. Predetermination is required for 7's and 8's at all times.							
33111		\$390.21	\$479.17			\$479.17	
33121		\$526.63	\$635.29			\$635.29	
33131		\$707.26	\$852.93			\$852.93	
33141		\$850.55	\$985.87			\$985.87	
4.0 PERIODONTICS Management of Oral Disease Eligible once (1) in any twelve (12) month period, at the cost of half (½) unit.							
41211		\$62.52					\$76.92
41221		\$55.01					\$81.00
41231		\$59.56					
Desensitization							
41301		\$42.14					\$64.71
Periodontal Splint or Ligation, Provisional, Extra Coronal							
43211		\$61.79		\$76.91		\$76.91	\$76.91
43221		\$59.90		\$82.56		\$82.56	\$82.56
43231		\$81.07		\$75.93		\$75.93	\$75.93
43241		\$106.00		\$83.58		\$83.58	\$83.58
43281		\$55.80		\$69.59		\$69.59	\$69.59
Periodontal Re-Evaluation/Evaluation Applies to the evaluation of ongoing periodontal treatment or to a post-surgical re-evaluation performed more than one (1) month after surgery, or if performed by another practitioner. Limited to those clients with an identified periodontal problem, in continuing care with a periodontist. Not to be used in conjunction with procedure code 01502.							
49101		\$51.47					\$78.49
49102		\$89.32					\$156.98

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All Procedures in Schedule B have a Predetermination Requirement							
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio
5.0 PROSTHODONTICS - REMOVABLE							
The NIHB Removable Prosthodontic Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.							
Complete/ Partial/ Immediate Dentures							
1/ arch/ any 96 months							
51101	L	\$587.78					
51102	L	\$656.50					
51103	L	\$1,134.82					
51301	L	\$617.08					
51302	L	\$696.05					
51303	L	\$1,257.43					
51711	L	\$700.13					
51712	L	\$759.98					
51713	L	\$1,331.88					
52101	L	\$282.23					
52102	L	\$282.23					
52103	L	\$423.35					
52301	L	\$370.52					
52302	L	\$370.52					
52303	L	\$711.51					
53101	L	\$659.94					
53102	L	\$659.94					
53103	L	\$1,221.20					
53201	L	\$619.58					
53202	L	\$619.58					
53203	L	\$1,205.80					
53301	L	\$1,117.36					
53302	L	\$1,180.06					
7.0 ORAL AND MAXILLOFACIAL SURGERY							
71201		\$165.08		\$205.51		\$205.51	
71209		\$114.44		\$162.10		\$162.10	
71211		\$165.08		\$205.51		\$205.51	
71219		\$114.44		\$162.10		\$162.10	
72111		\$174.02		\$206.35		\$206.35	
72119		\$116.69		\$144.59		\$144.59	
72211		\$224.03		\$278.17		\$278.17	
72219		\$158.90		\$224.21		\$224.21	
72221		\$304.79		\$373.24			
72229		\$167.30		\$326.66			
72231		\$340.93		\$444.04		\$444.04	
72239		\$242.29		\$395.47		\$395.47	
72321		\$136.87		\$160.79		\$160.79	
72329		\$87.09		\$118.36		\$118.36	
72331		\$212.96		\$241.09		\$241.09	
72339		\$149.14		\$198.56		\$198.56	
72511		\$81.51		\$206.88		\$206.88	
72519		\$43.14		\$144.59		\$144.59	
72521		\$243.93		\$335.76		\$335.76	
72529		\$150.99		\$215.99		\$215.99	
72531		\$301.99		\$430.90		\$430.90	
72539		\$226.94		\$420.17		\$420.17	

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All Procedures in Schedule B have a Predetermination Requirement							
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio
72541		\$161.53		\$423.27			
72551		\$251.82		\$535.85			
73121		\$156.94		\$192.27		\$192.27	\$192.27
73411		\$132.14		\$476.13			
75302		I.C.		\$598.58			
75401		\$122.37		\$558.05			
75402		\$528.44		\$812.37			
75403		\$113.27		\$85.51			
75411		\$302.05		\$792.35			
75412		\$377.56		\$785.55			
76201		\$642.20					
76301		\$574.02					
79603		\$76.30		\$93.96			
79604		\$71.22		\$97.04			

8.0 ORTHODONTICS

The NIHB Orthodontic Policy must be met. Please refer to the Provider Website:
<http://www.provider.express-scripts.ca/> for information on the NIHB dental policies.
 Forward all orthodontic requests to the Orthodontic Review Centre (ORC).

80601		\$41.26				I.C.	
80602		\$60.99			I.C.	I.C.	
80661		\$56.40			I.C.	I.C.	
80669		\$56.40			I.C.	I.C.	
80671		\$54.24			I.C.	I.C.	
80679		\$54.24			I.C.	I.C.	
81111	L	\$304.77				I.C.	
81112	L	\$304.77				I.C.	
81113	L	\$502.46				I.C.	
81114	L	\$502.46				I.C.	
81121	L	\$363.69				I.C.	
81122	L	\$363.69				I.C.	
81131	L	\$376.91				I.C.	
81132	L	\$376.91				I.C.	
81135	L	\$448.75					
81211	L	\$516.12				I.C.	
81212	L	\$516.12				I.C.	
81221	L	\$339.44				I.C.	
81222	L	\$339.44				I.C.	
81231	L	\$437.65				I.C.	
81232	L	\$437.65				I.C.	
81241	L	\$441.61				I.C.	
81242	L	\$454.87				I.C.	
81243	L	\$301.27					
81251	L	\$537.30				I.C.	
81252	L	\$537.30				I.C.	
81253	L	\$537.30					
81254	L	\$321.56					
89501	L	\$264.31					
89502	L	\$264.31					
89503	L	\$991.14					
89504	L	\$991.14					
89505	L	\$1,984.20					

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All Procedures in Schedule B have a Predetermination Requirement							
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio
89506	L	\$3,964.59					
9.0 ADJUNCTIVE GENERAL SERVICES							
NIHB General Anaesthesia and Sedation Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.							
92212		I.C.		\$194.69		\$194.69	
92213		I.C.		\$264.92		\$264.92	
92214		I.C.				\$334.70	
92215		I.C.					
92216		I.C.					
92217		I.C.					
92218		I.C.					
92222		I.C.		\$163.40			
92223		I.C.		\$234.49			
92224		I.C.		\$306.01			
92225		I.C.		\$377.47			
92226		I.C.		\$448.58			
92227		I.C.		\$520.08			
92228		I.C.		\$591.18			
92301		I.C.		\$92.94		\$92.94	\$92.94
92302		I.C.		\$170.68		\$170.68	\$170.68
92303		I.C.		\$224.25		\$224.25	\$224.25
92304		I.C.		\$277.25		\$277.25	\$277.25
92305		I.C.		\$330.81		\$330.81	\$330.81
92306		I.C.		\$384.23		\$384.23	\$384.23
92307		I.C.		\$437.35		\$437.35	\$437.35
92308		I.C.		\$490.34		\$490.34	\$490.34
92322		I.C.					
92323		I.C.					
92324		I.C.					
92325		I.C.					
92326		I.C.					
92327		I.C.					
92328		I.C.					
92411		I.C.		\$43.63		\$43.63	\$43.63
92412		I.C.		\$74.26		\$74.26	\$74.26
92413		I.C.		\$104.11		\$104.11	\$104.11
92414		I.C.		\$134.33		\$134.33	\$134.33
92415		I.C.		\$164.58		\$164.58	\$164.58
92416		I.C.		\$192.46		\$192.46	\$192.46
92417		I.C.		\$224.65		\$224.65	\$224.65
92418		I.C.		\$254.87		\$254.87	\$254.87
92421		I.C.		I.C.		I.C.	I.C.
92431		I.C.		\$67.69		\$67.69	\$67.69
92432		I.C.		\$135.39		\$135.39	\$135.39
92433		I.C.		\$203.08		\$203.08	\$203.08
92434		I.C.		\$270.77		\$270.77	\$270.77
92435		I.C.		\$338.47		\$338.47	\$338.47
92436		I.C.		\$406.15		\$406.15	\$406.15
92437		I.C.		\$473.84		\$473.84	\$473.84
92438		I.C.		\$541.55		\$541.55	\$541.55
92441		I.C.		\$89.76		\$89.76	\$89.76

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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement							
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio
92442		I.C.		\$145.86		\$145.86	\$145.86
92443		I.C.		\$201.96		\$201.96	\$201.96
92444		I.C.		\$258.06		\$258.06	\$258.06
92445		I.C.		\$314.17		\$314.17	\$314.17
92446		I.C.		\$370.27		\$370.27	\$370.27
92447		I.C.					
92448		I.C.					
92451		I.C.		\$109.04		\$109.04	\$109.04
92452		I.C.		\$217.74		\$217.74	\$217.74
92453		I.C.		\$272.27		\$272.27	\$272.27
92454		I.C.		\$326.81		\$326.81	\$326.81
92455		I.C.		\$381.35		\$381.35	\$381.35
92456		I.C.		\$435.90		\$435.90	\$435.90
92457		I.C.					
92458		I.C.					
94302		\$86.05		\$85.31		\$85.31	\$85.31
99111		I.C.					
99222		I.C.	I.C.	I.C.		I.C.	I.C.
99333		I.C.					