



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 Nova Scotia 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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NOVA SCOTIA

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.

NOVA SCOTIA
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Path
0.1 DIAGNOSTICS									
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		\$36.11				\$64.80		\$64.80	
01102		\$46.55				\$93.60		\$93.60	
Permanent									
Eligible only for clients age 12 and older.									
01103		\$61.77				\$126.90		\$126.90	
NP Limited									
1/ lifetime/same provider or different provider in the same office 1/ any 12 months/different provider in a different office									
01201		\$24.71				\$53.10		\$53.10	
Recall Examination									
Age 17+: 1/ any 12 months; under age 17: 1/ any 6 months									
01202		\$22.81				\$52.20		\$52.20	\$52.20
Specific/ Emergency									
1/ any 12 months									
01204		\$38.96	\$49.50	\$49.50		\$49.50	\$49.50	\$49.50	
01205		\$38.96	\$49.50	\$49.50		\$49.50	\$49.50	\$49.50	
Specialist Examination and Diagnosis - Limited									
1/ any 12 months/ specialty (with GP referral)									
01402				\$47.51		\$47.51		\$47.51	\$47.51
01502							\$93.12		
01602				\$53.21					
01702								\$51.31	
01802			\$52.26						
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		\$56.06		\$92.70		\$92.70	\$92.70	\$92.70	\$92.70
02102		\$72.21		\$105.30		\$105.30	\$105.30	\$105.30	\$105.30
02117		\$34.21		\$51.30	\$51.30	\$51.30	\$51.30	\$51.30	\$51.30
02118		\$38.01		\$56.70	\$56.70	\$56.70	\$56.70	\$56.70	\$56.70
02119		\$43.71		\$60.30	\$60.30	\$60.30	\$60.30	\$60.30	\$60.30
02120		\$48.46		\$63.90	\$63.90	\$63.90	\$63.90	\$63.90	\$63.90
02121		\$54.16		\$68.40	\$68.40	\$68.40	\$68.40	\$68.40	\$68.40
02122		\$57.96		\$73.80	\$73.80	\$73.80	\$73.80	\$73.80	\$73.80
02123		\$61.77		\$81.00	\$81.00	\$81.00	\$81.00	\$81.00	\$81.00
02124		\$65.56		\$85.50	\$85.50	\$85.50	\$85.50	\$85.50	\$85.50
02125		\$68.41		\$90.90	\$90.90	\$90.90	\$90.90	\$90.90	\$90.90

NOVA SCOTIA
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Path
Intraoral (1-6 films)									
6/ any 12 months									
02111		\$12.35	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00
02112		\$16.15	\$28.80	\$28.80	\$28.80	\$28.80	\$28.80	\$28.80	\$28.80
02113		\$19.95	\$30.60	\$30.60	\$30.60	\$30.60	\$30.60	\$30.60	\$30.60
02114		\$22.81	\$34.20	\$34.20	\$34.20	\$34.20	\$34.20	\$34.20	\$34.20
02115		\$26.60	\$38.70	\$38.70	\$38.70	\$38.70	\$38.70	\$38.70	\$38.70
02116		\$30.40	\$44.10	\$44.10	\$44.10	\$44.10	\$44.10	\$44.10	\$44.10
02131		\$20.91		\$28.80	\$28.80	\$28.80	\$28.80	\$28.80	\$28.80
02132		\$31.35		\$38.70	\$38.70	\$38.70	\$38.70	\$38.70	\$38.70
02141		\$12.35		\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00
02142		\$16.15		\$28.80	\$28.80	\$28.80	\$28.80	\$28.80	\$28.80
02143		\$19.95		\$33.30	\$33.30	\$33.30	\$33.30	\$33.30	\$33.30
02144		\$23.76		\$38.70	\$38.70	\$38.70	\$38.70	\$38.70	\$38.70
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		\$48.46		\$63.00	\$63.00	\$63.00	\$63.00	\$63.00	\$63.00
0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS									
04311	L	\$76.02		\$135.90		\$135.90		\$135.90	\$135.90
04312	L	\$76.02		\$135.90		\$135.90		\$135.90	\$135.90
04313	L			\$143.48		\$143.48		\$143.48	\$143.48
04321	L	\$90.27		\$95.75		\$95.75		\$95.75	\$95.75
04322	L	\$90.27		\$95.75		\$95.75		\$95.75	\$95.75
04323	L	\$90.27		\$95.75		\$95.75		\$95.75	\$95.75
1.0 PREVENTION									
Polishing									
Age 17+: 1 unit/ any 12 months; under age 17: 1 unit/ any 6 months									
11101		\$10.13				\$10.37	\$10.37	\$10.37	
11107		\$10.13				\$10.37	\$10.37	\$10.37	
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		\$37.00				\$37.00	\$37.00	\$37.00	
11112		\$74.00				\$74.00	\$74.00	\$74.00	
11113		\$111.00				\$111.00	\$111.00	\$111.00	
11114		\$148.00				\$148.00	\$148.00	\$148.00	
11117		\$19.00				\$19.00	\$19.00	\$19.00	
Topical Fluorides									
Eligible only for clients under age 17: 1/ any 6 months									
12101		\$15.00				\$15.00	\$15.00	\$15.00	
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		\$20.00				\$20.00		\$20.00	
13409		\$14.00				\$14.00		\$14.00	
13411		\$40.86				\$54.90			
13419		\$40.86				\$54.90		\$54.90	

NOVA SCOTIA
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Path
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		\$74.11				\$80.76		\$80.76	
20119		\$74.11				\$80.76		\$80.76	
20121		\$83.61				\$95.02		\$95.02	
20129		\$83.61				\$95.02		\$95.02	
20131		\$30.40				\$34.21		\$34.21	
20139		\$30.40				\$34.21		\$34.21	
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		\$65.56				\$62.71		\$62.71	
21112		\$85.51				\$103.57		\$103.57	
21113		\$95.97				\$113.07		\$113.07	
21114		\$104.52				\$135.00		\$135.00	
21115		\$119.72				\$149.40		\$149.40	
21121		\$65.56				\$62.71		\$62.71	
21122		\$85.51				\$103.57		\$103.57	
21123		\$95.97				\$113.07		\$113.07	
21124		\$104.52				\$135.00		\$135.00	
21125		\$128.27				\$157.73		\$157.73	
21211		\$77.92				\$60.81		\$60.81	
21212		\$99.76				\$104.52		\$104.52	
21213		\$124.47				\$114.02		\$114.02	
21214		\$145.38				\$154.87		\$154.87	
21215		\$178.63				\$190.03		\$190.03	
21221		\$86.46				\$76.97		\$76.97	
21222		\$103.57				\$123.52		\$123.52	
21223		\$140.62				\$144.43		\$144.43	
21224		\$178.63				\$178.63		\$178.63	
21225		\$215.69				\$232.79		\$232.79	
21231		\$77.92				\$60.81		\$60.81	
21232		\$99.76				\$104.52		\$104.52	
21233		\$124.47				\$114.02		\$114.02	
21234		\$145.38				\$154.87		\$154.87	
21235		\$178.63				\$190.03		\$190.03	
21241		\$86.46				\$76.97		\$76.97	
21242		\$103.57				\$123.52		\$123.52	
21243		\$140.62				\$144.43		\$144.43	
21244		\$178.63				\$178.63		\$178.63	
21245		\$215.69				\$232.79		\$232.79	
21401		\$18.05				\$29.70		\$29.70	
21402		\$29.45				\$53.10		\$53.10	
21403		\$32.30				\$64.80		\$64.80	
21404		\$38.96				\$85.50		\$85.50	
21405		\$46.55				\$99.00		\$99.00	
22201		\$119.72				\$149.40		\$149.40	
22211		\$114.96				\$148.50		\$148.50	

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 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Path
22401		\$119.72				\$147.31		\$147.31	
22501		\$119.72				\$151.20		\$151.20	
23101		\$65.09							
23102		\$83.52							
23103		\$108.98							
23104		\$125.99							
23105		\$152.88							
23111		\$98.81				\$100.71		\$100.71	
23112		\$112.12				\$121.62		\$121.62	
23113		\$136.82				\$170.10		\$170.10	
23114		\$180.53				\$223.20		\$223.20	
23115		\$242.29				\$295.54		\$295.54	
23211		\$61.27							
23212		\$89.22							
23213		\$104.61							
23214		\$131.88							
23215		\$151.17							
23221		\$65.47							
23222		\$97.48							
23223		\$112.50							
23224		\$141.48							
23225		\$157.69							
23311		\$117.82				\$114.02		\$114.02	
23312		\$144.43				\$154.87		\$154.87	
23313		\$196.68				\$212.84		\$212.84	
23314		\$241.34				\$242.29		\$242.29	
23315		\$275.54				\$298.35		\$298.35	
23321		\$124.47				\$122.57		\$122.57	
23322		\$147.28				\$154.87		\$154.87	
23323		\$204.28				\$202.39		\$202.39	
23324		\$247.99				\$242.29		\$242.29	
23325		\$311.65				\$326.86		\$326.86	
23401		\$59.48							
23402		\$78.19							
23403		\$104.80							
23404		\$121.71							
23405		\$123.14							
23411		\$81.71				\$88.37		\$88.37	
23412		\$99.76				\$99.76		\$99.76	
23413		\$124.47				\$133.97		\$133.97	
23414		\$119.72				\$147.31		\$147.31	
23415		\$119.72				\$147.31		\$147.31	
23501		\$57.01							
23502		\$85.99							
23503		\$95.97							
23504		\$121.33							
23505		\$126.14							
23511		\$83.61				\$87.41		\$87.41	
23512		\$104.52				\$111.17		\$111.17	
23513		\$128.27				\$142.53		\$142.53	
23514		\$119.72				\$147.31		\$147.31	
23515		\$119.72				\$147.31		\$147.31	

NOVA SCOTIA
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Path
Post Removal									
1/ lifetime (permanent tooth)									
25781		\$64.61				\$73.16		\$73.16	
25782		\$129.23				\$146.33		\$146.33	
Repair to Crowns									
1/ any 36 months/ per tooth									
27721		\$114.02				\$140.87		\$140.87	
27722	L	\$185.29							
Recementation of Crowns									
1/ any 36 months/ per tooth									
29101		\$62.71				\$81.90		\$81.90	
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		\$82.66	\$143.10			\$143.10			
32222		\$98.81	\$143.10			\$143.10			
32232		\$68.41	\$84.60			\$84.60			
32311		\$113.07	\$157.50			\$157.50			
32312		\$173.88	\$208.08			\$208.08			
32313		\$274.73	\$305.00			\$305.00			
32314		\$275.67	\$305.00			\$305.00			
32321		\$70.31	\$86.40			\$86.40			
32322		\$103.57	\$91.22			\$91.22			
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		\$330.65	\$476.10			\$476.10			
33121		\$472.23	\$585.90			\$585.90			
33131		\$613.80	\$783.90			\$783.90			
33141		\$746.83	\$909.00			\$909.00			
Open and Drain									
39201		\$61.77	\$81.90			\$81.90			
39202		\$61.77	\$81.90			\$81.90			
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		\$33.25				\$72.00	\$72.00	\$72.00	
43422		\$66.51				\$144.00	\$144.00	\$144.00	
43423		\$99.76				\$216.00	\$216.00	\$216.00	
43424		\$133.02				\$288.00	\$288.00	\$288.00	
43427		\$17.10							
Miscellaneous									
42831		\$50.36				\$108.00	\$108.00	\$108.00	
5.0 PROSTHODONTICS - REMOVABLE									
Denture Adjustments									
After three (3) months.									
54201		\$57.01				\$74.70		\$74.70	

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SCHEDULE A

Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Path
Repairs and Additions									
1/ prosthesis/ any 12 months									
55101	L	\$42.76				\$69.30		\$69.30	
55102	L	\$42.76				\$69.30		\$69.30	
55201	L	\$76.97				\$141.30		\$141.30	
55202	L	\$76.97				\$141.30		\$141.30	
55203	L	\$125.47				\$269.85		\$269.85	
55301	L	\$42.76				\$69.30		\$69.30	
55302	L	\$42.76				\$69.30		\$69.30	
55401	L	\$107.37				\$141.30		\$141.30	
55402	L	\$107.37				\$141.30		\$141.30	
55403	L	\$204.01				\$269.85		\$269.85	
Reline or Rebase									
1/ prosthesis/ any 24 months									
56211		\$187.18				\$243.90		\$243.90	
56212		\$187.18				\$243.90		\$243.90	
56213		\$355.65				\$475.08		\$475.08	
56221		\$158.68				\$243.90		\$243.90	
56222		\$164.38				\$243.90		\$243.90	
56223		\$306.91				\$475.08		\$475.08	
56231	L	\$250.84				\$423.90		\$423.90	
56232	L	\$258.44				\$423.90		\$423.90	
56233	L	\$483.82				\$820.94		\$820.94	
56241	L	\$227.09				\$280.80		\$280.80	
56242	L	\$251.80				\$296.45		\$296.45	
56243	L	\$454.95				\$541.59		\$541.59	
56311	L	\$248.94				\$421.20		\$421.20	
56312	L	\$288.85				\$421.20		\$421.20	
56313	L	\$510.89				\$891.26		\$891.26	
56321	L	\$228.04				\$280.80		\$280.80	
56322	L	\$240.39				\$296.45		\$296.45	
56323	L	\$445.01				\$541.59		\$541.59	
Tissue Conditioning									
1/ prosthesis/ any 24 months									
56511		\$96.92				\$124.20		\$124.20	
56512		\$96.92				\$124.20		\$124.20	
56513		\$184.14				\$235.64		\$235.64	
56521		\$96.92				\$124.20		\$124.20	
56522		\$96.92				\$124.20		\$124.20	
56523		\$184.14				\$235.64		\$235.64	
56531		\$81.42				\$92.29		\$92.29	
56532		\$85.48				\$92.29		\$92.29	
56533		\$158.56				\$184.57		\$184.57	
7.0 ORAL AND MAXILLOFACIAL SURGERY									
71101		\$97.86		\$89.32		\$89.32	\$89.32	\$89.32	
71109		\$65.56		\$41.81		\$41.81	\$41.81	\$41.81	
72311		\$74.11		\$91.22		\$91.22		\$91.22	
72319		\$49.41		\$86.40		\$86.40		\$86.40	
74111		\$168.17		\$226.80		\$226.80		\$226.80	
74112		\$205.23		\$279.00		\$279.00		\$279.00	
74121		\$277.44		\$302.15		\$302.15		\$302.15	
74122		\$351.56		\$367.71		\$367.71		\$367.71	

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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Path
74211		\$176.15		\$302.15		\$302.15		\$302.15	
74212		\$264.21		\$338.26		\$338.26		\$338.26	
74221		\$264.21		\$339.21				\$339.21	
74222		\$352.29							
74611		\$284.10		\$315.45		\$315.45		\$315.45	
74612		\$321.16		\$366.76		\$366.76		\$366.76	
74621		\$276.93		\$305.00		\$305.00		\$305.00	
74631		\$284.10		\$305.96		\$305.96		\$305.96	
74632		\$321.16		\$366.76		\$366.76		\$366.76	
75111		\$105.47		\$191.70		\$191.70		\$191.70	\$191.70
75112		\$105.47		\$191.70		\$191.70		\$191.70	\$191.70
75113		\$183.00		\$118.82		\$118.82		\$118.82	\$118.82
75121		\$103.57		\$243.90		\$243.90		\$243.90	\$243.90
75122		\$182.43		\$228.48		\$228.48		\$228.48	\$228.48
75123		\$198.30		\$295.86		\$295.86			\$295.86
75211		\$116.59		\$420.92		\$420.92		\$420.92	
75212		\$356.56		\$295.87		\$278.89			
75221		\$327.16		\$295.87		\$295.87			
75301		\$110.12		\$420.92		\$420.92		\$420.92	
75303		\$440.35		\$205.57		\$205.57			
76941		\$307.86		\$393.30		\$393.30		\$393.30	
76949		\$156.78		\$197.10		\$197.10		\$197.10	
76951		\$74.11		\$96.30		\$96.30		\$96.30	
76952		\$148.23		\$192.60		\$192.60		\$192.60	
76961		\$155.82		\$191.93		\$191.93		\$191.93	
76962		\$191.93		\$211.11		\$211.11			
79601		\$71.26		\$52.26		\$52.26		\$52.26	
79602		\$71.26		\$52.26		\$52.26		\$52.26	
79605		\$44.56		\$52.26		\$52.26		\$52.26	
79606		\$52.17		\$52.26		\$52.26		\$52.26	
79701		\$402.53		\$565.35		\$565.35		\$565.35	
79702		\$402.53		\$283.15		\$283.15		\$283.15	

NOVA SCOTIA
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	Pros	O. Path
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		\$23.76							
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		\$142.53		\$142.53	\$142.53
01501							\$142.53		
01601				\$87.41					
01701								\$114.02	
01801			\$139.67						
Laboratory Tests									
04101	L	\$34.21		\$45.90		\$45.90		\$45.90	\$45.90
04401	L	\$30.40		\$53.10		\$53.10		\$53.10	\$53.10
Diagnostic Casts, Unmounted									
04911		\$31.35		\$56.70		\$56.70		\$56.70	
04913		\$62.70							
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		\$26.13				\$33.30		\$33.30	
Occlusal Adjustment/Equilibration Cost of one unit will be limited to the cost of half unit.									
16511		\$30.88				\$38.70	\$38.70	\$38.70	
16517		\$30.88							
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		\$121.62				\$109.27		\$109.27	
21302		\$121.62				\$109.27		\$109.27	
23601						\$129.23		\$129.23	
23602		\$131.13				\$138.72		\$138.72	
25731		\$119.72				\$153.00		\$153.00	
25732		\$200.49				\$243.24		\$243.24	
25733		\$250.84				\$311.40		\$311.40	
25751		\$175.78				\$310.50		\$310.50	
25752		\$225.19				\$385.20		\$385.20	
25753		\$276.49				\$461.70		\$461.70	
25754		\$198.59				\$340.20		\$340.20	

NOVA SCOTIA
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement									
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25755		\$247.04				\$419.40		\$419.40	
25756		\$299.30				\$493.20		\$493.20	
25761		\$175.78				\$310.50		\$310.50	
25762		\$225.19				\$385.20		\$385.20	
25763		\$276.49				\$461.70		\$461.70	
25764		\$209.03				I.C.		I.C.	
25765		\$257.49				I.C.		I.C.	
25766		\$308.81				I.C.		I.C.	
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	\$532.09				\$994.50		\$994.50	
27301	L	\$532.09				\$936.90		\$936.90	
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		\$330.65	\$476.10			\$476.10			
33121		\$472.23	\$585.90			\$585.90			
33131		\$613.80	\$783.90			\$783.90			
33141		\$746.83	\$909.00			\$909.00			
4.0 PERIODONTICS									
Management of Oral Disease									
Eligible once (1) in any twelve (12) month period, at the cost of half (½) unit.									
41211		\$58.91				\$80.10	\$80.10	\$80.10	
41221		\$50.36				\$80.10	\$80.10	\$80.10	
41231		\$57.01				\$80.10	\$80.10	\$80.10	\$80.10
Desensitization									
41301		\$29.45				\$80.10	\$80.10	\$80.10	\$80.10
Periodontal Splint or Ligation, Provisional, Extra Coronal									
43211		\$57.96		\$81.00		\$81.00	\$81.00		
43221		\$57.96		\$81.00		\$81.00	\$81.00		
43231		\$148.23		\$87.48		\$87.48	\$87.48		
43241		\$197.64		\$210.94		\$210.94	\$210.94		
43281		\$45.60		\$68.40		\$68.40	\$68.40		
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		\$43.99					\$76.97		
49102		\$70.68					\$153.92		

NOVA SCOTIA
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

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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	\$689.82				\$1,204.20		\$1,204.20	
51102	L	\$757.28				\$1,385.10		\$1,385.10	
51103	L	\$1,085.32				\$2,502.72		\$2,502.72	
51301	L	\$681.26				\$1,324.80		\$1,324.80	
51302	L	\$743.98				\$1,602.00		\$1,602.00	
51303	L	\$1,068.94				\$3,185.90		\$3,185.90	
51711	L	\$799.09				I.C.		I.C.	
51712	L	\$858.94				I.C.		I.C.	
51713	L	\$1,243.53							
52101	L	\$408.57				\$508.33		\$508.33	
52102	L	\$408.57				\$508.33		\$508.33	
52103	L	\$612.85				\$935.91		\$935.91	
52301	L	\$408.57				\$621.00		\$621.00	
52302	L	\$408.57				\$621.00		\$621.00	
52303	L	\$612.85						\$1,311.23	
53101	L	\$729.73						I.C.	
53102	L	\$729.73						I.C.	
53103	L	\$1,094.59						I.C.	
53201	L	\$689.82						I.C.	
53202	L	\$689.82						I.C.	
53203	L	\$1,034.73						I.C.	
53301	L	\$1,108.29						I.C.	
53302	L	\$1,108.29						I.C.	
7.0 ORAL AND MAXILLOFACIAL SURGERY									
71201		\$195.73		\$220.44		\$220.44		\$220.44	
71209		\$130.18		\$208.80		\$208.80		\$208.80	
71211		\$195.73		\$220.44		\$220.44		\$220.44	
71219		\$130.18		\$208.80		\$208.80		\$208.80	
72111		\$195.73		\$220.44		\$220.44		\$220.44	
72119		\$130.18		\$208.80		\$208.80		\$208.80	
72211		\$236.59		\$307.80		\$307.80		\$307.80	
72219		\$157.73		\$307.80		\$307.80		\$307.80	
72221		\$327.80		\$362.96		\$362.96		\$362.96	
72229		\$218.54		\$343.80		\$343.80		\$343.80	
72231		\$376.27		\$483.30		\$483.30		\$483.30	
72239		\$250.84		\$483.30		\$483.30		\$483.30	
72321		\$133.97		\$168.11		\$168.11		\$168.11	
72329		\$89.32		\$162.90		\$162.90		\$162.90	
72331		\$275.54		\$241.34		\$241.34		\$241.34	
72339		\$183.39		\$228.60		\$228.60		\$228.60	
72511		\$62.71		\$207.00		\$207.00		\$207.00	
72519		\$41.81		\$207.00		\$207.00		\$207.00	
72521		\$244.19		\$343.80		\$343.80		\$343.80	
72529		\$162.48		\$343.80		\$343.80		\$343.80	
72531		\$273.65		\$459.00		\$459.00		\$459.00	
72539		\$182.43		\$459.00		\$459.00	\$459.00	\$459.00	

NOVA SCOTIA
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement									
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72541		\$161.53		I.C.		I.C.			
72551		\$251.82		I.C.		I.C.			
73121		\$167.23		\$188.13		\$188.13	\$188.13		
73411		\$223.28		\$639.00		\$639.00		\$639.00	
75302		\$110.12		\$752.52		\$752.52		\$752.52	
75401		\$119.28		\$656.56		\$656.56		\$656.56	
75402		\$528.44		\$1,134.50		\$1,134.50		\$1,134.50	
75403		\$113.27		I.C.		I.C.			
75411		\$302.05		\$1,131.64		\$1,131.64		\$1,131.64	
75412		\$377.56		I.C.		I.C.			
76201		\$497.29							
76301		\$574.02							
79603		\$71.26		\$93.91		\$93.91		\$93.91	
79604		\$71.26		\$91.80		\$91.80		\$91.80	

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		\$31.35							
80602		\$65.56							
80661		\$55.11							
80669		\$41.90							
80671		\$55.11							
80679		\$55.11							
81111	L	\$192.93							
81112	L	\$192.93							
81113	L	\$605.26							
81114	L	\$605.26							
81121	L	\$433.27							
81122	L	\$433.27							
81131	L	\$466.53							
81132	L	\$466.53							
81135	L	\$385.89							
81211	L	\$605.26							
81212	L	\$605.26							
81221	L	\$433.27							
81222	L	\$433.27							
81231	L	\$605.26							
81232	L	\$605.26							
81241	L	\$616.65							
81242	L	\$616.65							
81243	L	\$307.86							
81251	L	\$591.01							
81252	L	\$591.01							
81253	L	\$687.92							
81254	L	\$591.01							
89501	L	\$264.31							
89502	L	\$264.31							

NOVA SCOTIA
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	Pros	O. Path
89503	L	\$991.14							
89504	L	\$991.14							
89505	L	\$1,984.20							
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		\$149.96		\$180.53		\$180.53			
92213		\$196.96		\$270.80		\$270.80			
92214		\$236.36		\$356.31		\$356.31			
92215		\$275.74		\$441.83		\$441.83			
92216		\$315.13		\$532.09		\$532.09			
92217		\$342.90		\$622.36		\$622.36			
92218		\$342.90		\$712.63		\$712.63			
92222		\$79.10		\$220.44		\$220.44			
92223		\$118.68		\$330.65		\$330.65			
92224		\$158.24		\$440.87		\$440.87			
92225		\$190.35		\$551.10		\$551.10			
92226		\$190.35		\$661.32		\$661.32			
92227		\$190.35		\$771.53		\$771.53			
92228		\$190.35		\$881.75		\$881.75			
92301		I.C.		I.C.		I.C.	I.C.		
92302		I.C.		I.C.		I.C.	I.C.	I.C.	
92303		I.C.		I.C.		I.C.	I.C.		
92304		I.C.		I.C.		I.C.	I.C.		
92305		I.C.		I.C.		I.C.	I.C.		
92306		I.C.		I.C.		I.C.	I.C.		
92307		I.C.		I.C.		I.C.	I.C.		
92308		I.C.		I.C.		I.C.	I.C.		
92322		\$114.17							
92323		\$171.25							
92324		\$228.33							
92325		\$285.42							
92326		\$342.50							
92327		\$342.50							
92328		\$342.50							
92411		\$27.55		\$33.25		\$33.25	\$33.25	\$33.25	
92412		\$55.11		\$66.51		\$66.51	\$66.51	\$66.51	
92413		\$82.66		\$99.76		\$99.76	\$99.76	\$99.76	
92414		\$110.22		\$133.02		\$133.02	\$133.02	\$133.02	
92415		\$137.77		\$166.28		\$166.28	\$166.28	\$166.28	
92416		\$165.33		\$199.54		\$199.54	\$199.54	\$199.54	
92417		\$192.88		\$232.79		\$232.79	\$232.79	\$232.79	
92418		\$220.44		\$265.10		\$265.10	\$265.10	\$265.10	
92421		I.C.		I.C.		I.C.	I.C.	I.C.	
92431		I.C.		\$64.61		\$64.61	\$64.61		
92432		I.C.		\$129.23		\$129.23	\$129.23		
92433		I.C.		\$193.83		\$193.83	\$193.83		
92434		I.C.		\$258.44		\$258.44	\$258.44		
92435		I.C.		\$323.06		\$323.06	\$323.06		
92436		I.C.		\$387.67		\$387.67	\$387.67		

NOVA SCOTIA
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

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92437		I.C.		\$452.27		\$452.27	\$452.27		
92438		I.C.		\$516.89		\$516.89	\$516.89		
92441		I.C.		I.C.		I.C.	I.C.	I.C.	
92442		I.C.		I.C.		I.C.	I.C.	I.C.	
92443		I.C.		I.C.		I.C.	I.C.	I.C.	
92444		I.C.		I.C.		I.C.	I.C.	I.C.	
92445		I.C.		I.C.		I.C.	I.C.	I.C.	
92446		I.C.		I.C.		I.C.	I.C.	I.C.	
92447		I.C.							
92448		I.C.							
92451		\$75.52	\$103.12	I.C.		I.C.	I.C.	I.C.	
92452		\$113.27		I.C.		I.C.	I.C.	I.C.	
92453		\$197.64		I.C.		I.C.	I.C.	I.C.	
92454		\$246.09		I.C.		I.C.	I.C.	I.C.	
92455		\$295.50		I.C.		I.C.	I.C.	I.C.	
92456		\$295.50		I.C.		I.C.	I.C.	I.C.	
92457		\$295.50		I.C.		I.C.	I.C.	I.C.	
92458		\$295.50		I.C.		I.C.	I.C.	I.C.	
94302		\$81.71		\$99.44		\$99.44	\$99.44	\$99.44	
99111		I.C.				I.C.		I.C.	
99222		I.C.							
99333		I.C.				I.C.			