



November 23, 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 Ontario General Practitioners and Specialists NIHB Regional Dental Benefit Grid.

| SCHEDULE A 1.0 PREVENTION |
|--|
| <p>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.</p> <p>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.</p> |

| SCHEDULE A 4.0 PERIODONTICS |
|---|
| <p>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</p> <p>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.</p> |

For further information or questions, please contact the Ontario Regional Office at 1-613-952-0102 or toll-free at 1-888-283-8885.

Thank you.



Health
Canada

Santé
Canada

ONTARIO

NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

Effective Date

May 1, 2012

(Revised November 23, 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.

ONTARIO
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

| Code | Lab | GP | Anest | Endo | O. Surg | Ortho | Paed | Perio | Radio | 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. | | | | | | | | | | | |
| 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 | | \$56.16 | | | | | \$144.95 | | | | |
| 01102 | | \$84.25 | | | | | \$144.95 | | | | |
| Permanent Eligible only for clients age 12 and older. | | | | | | | | | | | |
| 01103 | | \$112.34 | | | | | \$144.95 | | | | |
| 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 | | | \$56.53 | | | \$56.53 | | \$55.26 | |
| Recall Examination Age 17+: 1/ any 12 months; under age 17: 1/ any 6 months | | | | | | | | | | | |
| 01202 | | \$25.58 | | | \$31.35 | | \$31.35 | \$31.35 | | | |
| Specific/ Emergency 1/ any 12 months | | | | | | | | | | | |
| 01204 | | \$54.90 | | \$65.88 | \$65.88 | | \$65.88 | \$65.88 | | \$65.88 | |
| 01205 | | \$54.90 | | \$65.88 | \$65.88 | | \$65.88 | \$65.88 | | \$65.88 | |
| Specialist Examination and Diagnosis - Limited 1/ any 12 months/ specialty (with GP referral) | | | | | | | | | | | |
| 01502 | | | | | | | | \$65.88 | | | |
| 01602 | | | | | \$65.88 | | | | | | |
| 01702 | | | | | | | | | | \$65.88 | |
| 01802 | | | | \$65.88 | | | | | | | |
| 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 | | \$98.82 | | \$118.59 | \$118.59 | | \$118.59 | | \$118.59 | \$118.59 | |
| 02102 | | \$106.51 | | \$127.81 | \$127.81 | | \$127.81 | \$127.81 | \$127.81 | \$127.81 | |
| 02117 | | \$54.27 | | \$65.13 | \$65.13 | | \$65.13 | \$65.13 | \$65.13 | \$65.13 | |
| 02118 | | \$59.95 | | \$71.94 | \$71.94 | | \$71.94 | \$71.94 | \$71.94 | \$71.94 | |
| 02119 | | \$65.21 | | \$78.25 | \$78.25 | | \$78.25 | \$78.25 | \$78.25 | \$78.25 | |
| 02120 | | \$70.87 | | \$85.05 | \$85.05 | | \$85.05 | \$85.05 | \$85.05 | \$85.05 | |
| 02121 | | \$76.15 | | \$91.37 | \$91.37 | | \$91.37 | \$91.37 | \$91.37 | \$91.37 | |
| 02122 | | \$81.81 | | \$98.17 | \$98.17 | | \$98.17 | \$98.17 | \$98.17 | \$98.17 | |
| 02123 | | \$87.08 | | \$104.49 | \$104.49 | | \$104.49 | \$104.49 | \$104.49 | \$104.49 | |
| 02124 | | \$92.75 | | \$111.29 | \$111.29 | | \$111.29 | \$111.29 | \$111.29 | \$111.29 | |
| 02125 | | \$98.02 | | \$117.61 | \$117.61 | | \$117.61 | \$117.61 | \$117.61 | \$117.61 | |
| Intraoral (1-6 films) 6/ any 12 months | | | | | | | | | | | |
| 02111 | | \$21.47 | | \$25.76 | \$25.76 | | \$25.76 | \$25.76 | \$25.76 | \$25.76 | |
| 02112 | | \$25.91 | | \$31.11 | \$31.11 | | \$31.11 | \$31.11 | \$31.11 | \$31.11 | |
| 02113 | | \$31.99 | | \$38.39 | \$38.39 | | \$38.39 | \$38.39 | \$38.39 | \$38.39 | |
| 02114 | | \$36.06 | | \$43.26 | \$43.26 | | \$43.26 | \$43.26 | \$43.26 | \$43.26 | |
| 02115 | | \$43.33 | | \$52.00 | \$52.00 | | \$52.00 | \$52.00 | \$52.00 | \$52.00 | |
| 02116 | | \$48.61 | | \$58.32 | \$58.32 | | \$58.32 | \$58.32 | \$58.32 | \$58.32 | |
| 02131 | | \$25.12 | | \$30.14 | \$30.14 | | \$30.14 | \$30.14 | \$30.14 | \$30.14 | |
| 02132 | | \$31.60 | | \$37.92 | \$37.92 | | \$37.92 | \$37.92 | \$37.92 | \$37.92 | |
| 02141 | | \$21.47 | | \$25.76 | \$25.76 | | \$25.76 | \$25.76 | \$25.76 | \$25.76 | |
| 02142 | | \$25.91 | | \$31.11 | \$31.11 | | \$31.11 | \$31.11 | \$31.11 | \$31.11 | |
| 02143 | | \$31.99 | | \$38.39 | \$38.39 | | \$38.39 | \$38.39 | \$38.39 | \$38.39 | |
| 02144 | | \$36.06 | | \$43.26 | \$43.26 | | \$43.26 | \$43.26 | \$43.26 | \$43.26 | |
| 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 | | \$50.22 | | \$60.27 | \$60.27 | | \$60.27 | \$60.27 | \$60.27 | \$60.27 | |

ONTARIO
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

| Code | Lab | GP | Anest | Endo | O. Surg | Ortho | Paed | Perio | Radio | Pros | O. Path |
|--|-----|----------|-------|----------|----------|-------|----------|----------|-------|----------|----------|
| 0.4 LABORATORY TESTS AND EXAMINATIONS, MISCELLANEOUS | | | | | | | | | | | |
| 04311 | L | \$59.88 | | \$71.86 | \$71.86 | | \$71.86 | \$71.86 | | \$71.86 | \$71.86 |
| 04312 | L | \$59.88 | | \$71.86 | \$71.86 | | \$71.86 | \$71.86 | | | \$71.86 |
| 04313 | L | \$62.71 | | | | | | | | | |
| 04321 | L | \$129.36 | | \$155.22 | \$155.22 | | \$155.22 | \$155.22 | | \$155.22 | \$155.22 |
| 04322 | L | \$129.36 | | \$155.22 | \$155.22 | | \$155.22 | \$155.22 | | \$155.22 | \$155.22 |
| 04323 | L | \$83.97 | | | | | | | | | |
| 1.0 PREVENTION | | | | | | | | | | | |
| Polishing | | | | | | | | | | | |
| Age 17+: 1 unit/ any 12 months; under age 17: 1 unit/ any 6 months | | | | | | | | | | | |
| 11101 | | \$14.69 | | | | | \$15.03 | \$15.03 | | \$15.03 | |
| 11107 | | \$14.69 | | | | | \$15.03 | \$15.03 | | \$15.03 | |
| 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 | | \$52.00 | | | | | \$52.00 | \$52.00 | | \$52.00 | |
| 11112 | | \$104.00 | | | | | \$104.00 | \$104.00 | | \$104.00 | |
| 11113 | | \$156.00 | | | | | \$156.00 | \$156.00 | | \$156.00 | |
| 11114 | | \$208.00 | | | | | \$208.00 | \$208.00 | | \$208.00 | |
| 11117 | | \$26.00 | | | | | \$26.00 | \$26.00 | | \$26.00 | |
| Topical Fluorides | | | | | | | | | | | |
| Eligible only for clients under age 17: 1/ any 6 months | | | | | | | | | | | |
| 12101 | | \$24.00 | | | | | \$24.00 | \$24.00 | | \$24.00 | |
| 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 | | \$25.00 | | | | | \$25.00 | | | \$25.00 | |
| 13409 | | \$13.00 | | | | | \$13.00 | | | \$13.00 | |
| 13411 | | \$38.01 | | | | | | | | | |
| 13419 | | \$29.55 | | | | | | | | | |
| 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 | | \$58.19 | | \$70.27 | | | \$70.27 | \$70.27 | | \$70.27 | |
| 20119 | | \$58.19 | | \$70.27 | | | \$70.27 | \$70.27 | | \$70.27 | |
| 20121 | | \$58.19 | | \$70.27 | | | \$70.27 | \$70.27 | | \$70.27 | |
| 20129 | | \$58.19 | | \$70.27 | | | \$70.27 | \$70.27 | | \$70.27 | |
| 20131 | | \$25.34 | | \$30.41 | | | \$29.44 | \$30.41 | | \$30.40 | |
| 20139 | | \$25.34 | | \$30.41 | | | \$29.44 | \$30.41 | | \$30.40 | |
| 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 | | \$50.69 | | | | | \$87.03 | | | | |
| 21112 | | \$97.27 | | | | | \$120.31 | | | | |
| 21113 | | \$111.16 | | | | | \$137.91 | | | | |
| 21114 | | \$155.45 | | | | | \$190.43 | | | | |
| 21115 | | \$155.45 | | | | | \$190.43 | | | | |
| 21121 | | \$50.69 | | | | | \$87.03 | | | | |
| 21122 | | \$97.27 | | | | | \$120.31 | | | | |
| 21123 | | \$111.16 | | | | | \$137.91 | | | | |
| 21124 | | \$155.45 | | | | | \$190.43 | | | | |
| 21125 | | \$155.45 | | | | | \$190.43 | | | | |
| 21211 | | \$50.69 | | | | | \$87.03 | | | \$87.03 | |
| 21212 | | \$97.27 | | | | | \$120.31 | | | \$120.31 | |
| 21213 | | \$111.16 | | | | | \$132.60 | | | \$132.60 | |
| 21214 | | \$181.43 | | | | | \$201.04 | | | \$201.04 | |
| 21215 | | \$181.43 | | | | | \$208.31 | | | \$208.31 | |
| 21221 | | \$63.36 | | | | | \$87.03 | | | \$87.03 | |
| 21222 | | \$111.16 | | | | | \$132.60 | | | \$132.60 | |
| 21223 | | \$138.96 | | | | | \$160.41 | | | \$160.41 | |

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 General Practitioners and Specialists
SCHEDULE A

| Code | Lab | GP | Anest | Endo | O. Surg | Ortho | Paed | Perio | Radio | Pros | O. Path |
|-------|-----|----------|-------|------|---------|-------|----------|-------|-------|----------|---------|
| 21224 | | \$234.39 | | | | | \$216.90 | | | \$216.90 | |
| 21225 | | \$234.89 | | | | | \$216.90 | | | \$216.90 | |
| 21231 | | \$50.69 | | | | | \$87.03 | | | \$87.03 | |
| 21232 | | \$97.27 | | | | | \$120.31 | | | \$120.31 | |
| 21233 | | \$111.16 | | | | | \$132.60 | | | \$132.60 | |
| 21234 | | \$181.43 | | | | | \$201.04 | | | \$201.04 | |
| 21235 | | \$181.43 | | | | | \$208.31 | | | \$208.31 | |
| 21241 | | \$63.36 | | | | | \$87.03 | | | \$87.03 | |
| 21242 | | \$111.16 | | | | | \$132.60 | | | \$132.60 | |
| 21243 | | \$138.96 | | | | | \$160.41 | | | \$160.41 | |
| 21244 | | \$234.39 | | | | | \$216.90 | | | \$216.90 | |
| 21245 | | \$234.39 | | | | | \$216.90 | | | \$216.90 | |
| 21401 | | \$17.71 | | | | | \$24.96 | | | \$24.96 | |
| 21402 | | \$29.56 | | | | | \$41.65 | | | \$41.65 | |
| 21403 | | \$39.41 | | | | | \$51.62 | | | \$51.62 | |
| 21404 | | \$51.23 | | | | | \$69.37 | | | \$69.37 | |
| 21405 | | \$66.98 | | | | | \$82.85 | | | \$82.85 | |
| 22201 | | \$155.45 | | | | | \$206.25 | | | \$206.25 | |
| 22211 | | \$155.45 | | | | | \$206.25 | | | \$206.25 | |
| 22401 | | \$155.45 | | | | | \$206.25 | | | \$206.25 | |
| 22501 | | \$155.45 | | | | | \$206.25 | | | \$206.25 | |
| 23101 | | \$93.08 | | | | | \$108.80 | | | \$108.80 | |
| 23102 | | \$119.67 | | | | | \$139.90 | | | \$139.90 | |
| 23103 | | \$161.43 | | | | | \$187.99 | | | \$187.99 | |
| 23104 | | \$219.00 | | | | | \$219.00 | | | \$219.00 | |
| 23105 | | \$219.00 | | | | | \$219.00 | | | \$219.00 | |
| 23111 | | \$106.38 | | | | | \$112.73 | | | \$112.73 | |
| 23112 | | \$132.96 | | | | | \$140.91 | | | \$140.91 | |
| 23113 | | \$176.10 | | | | | \$203.85 | | | \$203.85 | |
| 23114 | | \$231.01 | | | | | \$244.32 | | | \$244.32 | |
| 23115 | | \$231.01 | | | | | \$244.32 | | | \$244.32 | |
| 23211 | | \$93.08 | | | | | \$108.80 | | | \$108.80 | |
| 23212 | | \$146.76 | | | | | \$170.89 | | | \$170.89 | |
| 23213 | | \$161.43 | | | | | \$187.99 | | | \$187.99 | |
| 23214 | | \$219.00 | | | | | \$219.00 | | | \$219.00 | |
| 23215 | | \$219.00 | | | | | \$219.00 | | | \$219.00 | |
| 23221 | | \$106.38 | | | | | \$115.97 | | | \$115.97 | |
| 23222 | | \$161.43 | | | | | \$187.99 | | | \$187.99 | |
| 23223 | | \$176.10 | | | | | \$205.07 | | | \$205.07 | |
| 23224 | | \$257.94 | | | | | \$266.19 | | | \$266.19 | |
| 23225 | | \$257.94 | | | | | \$266.19 | | | \$266.19 | |
| 23311 | | \$106.38 | | | | | \$112.73 | | | \$112.73 | |
| 23312 | | \$161.43 | | | | | \$187.99 | | | \$187.99 | |
| 23313 | | \$176.10 | | | | | \$205.07 | | | \$205.07 | |
| 23314 | | \$248.39 | | | | | \$256.34 | | | \$256.34 | |
| 23315 | | \$248.39 | | | | | \$256.34 | | | \$256.34 | |
| 23321 | | \$119.67 | | | | | \$126.81 | | | \$126.81 | |
| 23322 | | \$176.10 | | | | | \$205.07 | | | \$205.07 | |
| 23323 | | \$190.78 | | | | | \$222.16 | | | \$222.16 | |
| 23324 | | \$263.44 | | | | | \$271.87 | | | \$271.87 | |
| 23325 | | \$263.44 | | | | | \$271.87 | | | \$271.87 | |
| 23401 | | \$93.08 | | | | | \$108.80 | | | \$108.80 | |
| 23402 | | \$119.67 | | | | | \$139.90 | | | \$139.90 | |
| 23403 | | \$146.76 | | | | | \$170.89 | | | \$170.89 | |
| 23404 | | \$151.95 | | | | | \$198.61 | | | \$198.61 | |
| 23405 | | \$155.45 | | | | | \$198.61 | | | \$198.61 | |
| 23411 | | \$106.38 | | | | | \$112.73 | | | \$112.73 | |
| 23412 | | \$132.96 | | | | | \$140.91 | | | \$140.91 | |
| 23413 | | \$155.45 | | | | | \$186.86 | | | \$186.86 | |
| 23414 | | \$155.45 | | | | | \$198.61 | | | \$198.61 | |
| 23415 | | \$155.45 | | | | | \$198.61 | | | \$198.61 | |
| 23501 | | \$90.98 | | | | | \$93.08 | | | | |
| 23502 | | \$146.76 | | | | | \$146.76 | | | | |
| 23503 | | \$155.45 | | | | | \$187.99 | | | | |

ONTARIO
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

| Code | Lab | GP | Anest | Endo | O. Surg | Ortho | Paed | Perio | Radio | Pros | O. Path |
|--|-----|----------|-------|------------|---------|-------|------------|----------|-------|----------|---------|
| 23504 | | \$155.45 | | | | | \$198.61 | | | | |
| 23505 | | \$155.45 | | | | | \$198.61 | | | | |
| 23511 | | \$106.38 | | | | | \$124.35 | | | | |
| 23512 | | \$155.45 | | | | | \$187.99 | | | | |
| 23513 | | \$155.45 | | | | | \$194.24 | | | | |
| 23514 | | \$155.45 | | | | | \$198.61 | | | | |
| 23515 | | \$155.45 | | | | | \$198.61 | | | | |
| Post Removal | | | | | | | | | | | |
| 1/ lifetime (permanent tooth) | | | | | | | | | | | |
| 25781 | | \$60.09 | | \$72.11 | | | \$72.11 | \$72.11 | | \$72.11 | |
| 25782 | | \$120.19 | | \$144.22 | | | \$144.22 | \$144.22 | | \$144.22 | |
| Repair to Crowns | | | | | | | | | | | |
| 1/ any 36 months/ per tooth | | | | | | | | | | | |
| 27721 | | \$217.18 | | | | | \$231.40 | | | \$231.40 | |
| 27722 | L | \$63.88 | | | | | | | | | |
| Recementation of Crowns | | | | | | | | | | | |
| 1/ any 36 months/ per tooth | | | | | | | | | | | |
| 29101 | | \$51.82 | | \$62.18 | | | \$62.18 | \$62.18 | | \$62.18 | |
| 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 | | \$95.32 | | \$128.33 | | | \$128.33 | | | \$128.33 | |
| 32222 | | \$152.89 | | \$186.95 | | | \$186.95 | | | \$186.95 | |
| 32232 | | \$47.66 | | \$68.66 | | | \$68.66 | | | \$68.66 | |
| 32311 | | \$95.32 | | \$207.23 | | | \$149.63 | | | \$149.63 | |
| 32312 | | \$101.92 | | \$214.78 | | | \$164.59 | | | \$164.59 | |
| 32313 | | \$152.89 | | \$306.49 | | | \$219.50 | | | \$219.50 | |
| 32314 | | \$178.37 | | \$401.97 | | | \$256.09 | | | \$256.09 | |
| 32321 | | \$95.32 | | \$133.42 | | | \$133.42 | | | \$133.42 | |
| 32322 | | \$95.32 | | \$137.31 | | | \$137.31 | | | \$137.31 | |
| 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 | | \$381.25 | | \$566.87 | | | \$566.87 | | | | |
| 33121 | | \$476.56 | | \$760.52 | | | \$760.52 | | | | |
| 33131 | | \$662.50 | | \$915.44 | | | \$915.44 | | | | |
| 33141 | | \$764.43 | | \$1,065.10 | | | \$1,065.10 | | | | |
| Open and Drain | | | | | | | | | | | |
| 39201 | | \$44.36 | | \$83.20 | | | \$69.72 | | | | |
| 39202 | | \$44.36 | | \$104.00 | | | \$69.72 | | | | |
| 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 | | \$47.14 | | | | | \$56.56 | \$56.56 | | \$56.56 | |
| 43422 | | \$94.27 | | | | | \$113.12 | \$113.12 | | \$113.12 | |
| 43423 | | \$141.41 | | | | | \$169.70 | \$169.70 | | \$169.70 | |
| 43424 | | \$188.56 | | | | | \$226.27 | \$226.27 | | \$226.27 | |
| 43427 | | \$23.57 | | | | | \$28.29 | \$28.29 | | \$28.29 | |
| Miscellaneous | | | | | | | | | | | |
| 42831 | | \$70.68 | | | \$86.64 | | \$86.64 | \$86.64 | | \$86.64 | |
| 5.0 PROSTHODONTICS - REMOVABLE | | | | | | | | | | | |
| Denture Adjustments | | | | | | | | | | | |
| After three (3) months insertion. | | | | | | | | | | | |
| 54201 | | \$53.80 | | | | | \$61.91 | | | \$61.91 | |
| Repairs and Additions | | | | | | | | | | | |
| 1/ prosthesis/ any 12 months | | | | | | | | | | | |
| 55101 | L | \$53.80 | | | | | \$61.91 | | | \$61.91 | |
| 55102 | L | \$53.80 | | | | | \$61.91 | | | \$61.91 | |
| 55201 | L | \$80.70 | | | | | \$92.85 | | | \$92.85 | |

ONTARIO
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

| Code | Lab | GP | Anest | Endo | O. Surg | Ortho | Paed | Perio | Radio | Pros | O. Path |
|---|-----|----------|-------|----------|----------|-------|----------|----------|-------|----------|---------|
| 55202 | L | \$80.70 | | | | | \$92.85 | | | \$92.85 | |
| 55203 | L | \$107.60 | | | | | \$123.81 | | | \$123.81 | |
| 55301 | L | \$53.80 | | | | | \$61.91 | | | \$61.91 | |
| 55302 | L | \$53.80 | | | | | \$61.91 | | | \$61.91 | |
| 55401 | L | \$161.39 | | | | | \$185.72 | | | \$185.72 | |
| 55402 | L | \$161.39 | | | | | \$185.72 | | | \$185.72 | |
| 55403 | L | \$215.18 | | | | | \$247.61 | | | \$247.61 | |
| Reline or Rebase | | | | | | | | | | | |
| 1/ prosthesis/ any 24 months | | | | | | | | | | | |
| 56211 | | \$215.18 | | | | | \$247.61 | | | \$247.61 | |
| 56212 | | \$215.18 | | | | | \$247.61 | | | \$247.61 | |
| 56213 | | \$268.98 | | | | | \$309.52 | | | \$309.52 | |
| 56221 | | \$215.18 | | | | | \$247.61 | | | \$247.61 | |
| 56222 | | \$215.18 | | | | | \$247.61 | | | \$247.61 | |
| 56223 | | \$268.98 | | | | | \$309.52 | | | \$309.52 | |
| 56231 | L | \$215.18 | | | | | \$247.61 | | | \$247.61 | |
| 56232 | L | \$268.98 | | | | | \$309.52 | | | \$309.52 | |
| 56233 | L | \$336.22 | | | | | \$386.91 | | | \$386.91 | |
| 56241 | L | \$215.18 | | | | | \$247.61 | | | \$247.61 | |
| 56242 | L | \$215.18 | | | | | \$247.61 | | | \$247.61 | |
| 56243 | L | \$336.22 | | | | | \$386.91 | | | \$386.91 | |
| 56311 | L | \$215.18 | | | | | \$247.61 | | | \$247.61 | |
| 56312 | L | \$215.18 | | | | | \$247.61 | | | \$247.61 | |
| 56313 | L | \$349.68 | | | | | \$402.38 | | | \$402.38 | |
| 56321 | L | \$215.18 | | | | | \$247.61 | | | \$247.61 | |
| 56322 | L | \$215.18 | | | | | \$247.61 | | | \$247.61 | |
| 56323 | L | \$349.68 | | | | | \$402.38 | | | \$402.38 | |
| Tissue Conditioning | | | | | | | | | | | |
| 1/ prosthesis/ any 24 months | | | | | | | | | | | |
| 56511 | | \$107.60 | | | \$129.23 | | \$123.81 | | | \$123.81 | |
| 56512 | | \$107.60 | | | \$129.23 | | \$123.81 | | | \$123.81 | |
| 56513 | | \$154.50 | | | | | | | | | |
| 56521 | | \$107.60 | | | \$129.23 | | \$123.81 | | | \$123.81 | |
| 56522 | | \$107.60 | | | \$129.23 | | \$123.81 | | | \$123.81 | |
| 56523 | | \$165.18 | | | | | | | | | |
| 56531 | | \$107.60 | | | \$129.23 | | \$123.81 | | | \$123.81 | |
| 56532 | | \$107.60 | | | \$129.23 | | \$123.81 | | | \$123.81 | |
| 56533 | | \$154.50 | | | | | | | | | |
| 7.0 ORAL AND MAXILLOFACIAL SURGERY | | | | | | | | | | | |
| 71101 | | \$106.09 | | \$126.84 | \$126.84 | | \$106.09 | \$126.84 | | \$126.84 | |
| 71109 | | \$38.48 | | \$38.48 | \$38.48 | | \$38.48 | \$38.48 | | \$38.48 | |
| 72311 | | \$78.43 | | | \$95.42 | | \$95.42 | \$95.42 | | \$95.42 | |
| 72319 | | \$61.82 | | | \$75.03 | | \$75.03 | \$75.03 | | \$75.03 | |
| 74111 | | \$258.94 | | | \$276.02 | | \$277.55 | | | | |
| 74112 | | \$276.20 | | | \$295.98 | | \$297.37 | | | | |
| 74121 | | \$219.51 | | | \$308.33 | | | | | | |
| 74122 | | \$304.85 | | | \$308.33 | | | | | | |
| 74211 | | \$170.69 | | | \$420.45 | | | | | | |
| 74212 | | \$253.37 | | | \$428.21 | | | | | | |
| 74221 | | \$233.95 | | | \$428.21 | | | | | | |
| 74222 | | \$352.29 | | | | | | | | | |
| 74611 | | \$208.41 | | | \$246.57 | | | | | | |
| 74612 | | \$230.23 | | | \$267.47 | | | | | | |
| 74621 | | \$268.34 | | | \$551.57 | | | | | | |
| 74631 | | \$246.57 | | | \$246.57 | | \$246.57 | | | | |
| 74632 | | \$267.47 | | | \$267.47 | | \$267.47 | | | | |
| 75111 | | \$78.43 | | \$214.65 | \$221.52 | | \$95.42 | \$214.65 | | | |
| 75112 | | \$78.43 | | \$171.45 | \$176.94 | | \$95.42 | \$171.45 | | | |
| 75113 | | \$177.33 | | | \$276.02 | | | \$276.02 | | | |
| 75121 | | \$172.62 | | \$272.25 | \$280.96 | | \$215.53 | | | | |
| 75122 | | \$172.62 | | \$292.05 | \$301.40 | | \$215.53 | | | | |
| 75123 | | \$192.15 | | | \$341.58 | | | | | | |
| 75211 | | \$112.97 | | | \$333.04 | | | | | | |
| 75212 | | \$345.50 | | | \$443.25 | | | | | | |

ONTARIO
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

| Code | Lab | GP | Anest | Endo | O. Surg | Ortho | Paed | Perio | Radio | Pros | O. Path |
|-------|-----|----------|-------|----------|----------|-------|----------|---------|-------|------|---------|
| 75221 | | \$317.02 | | | \$439.19 | | | | | | |
| 75301 | | \$306.44 | | | \$413.55 | | \$413.55 | | | | |
| 75303 | | \$137.70 | | | \$547.76 | | | | | | |
| 76941 | | \$126.27 | | \$148.23 | \$148.23 | | \$148.23 | | | | |
| 76949 | | \$126.27 | | \$148.23 | \$148.23 | | \$148.23 | | | | |
| 76951 | | \$70.56 | | \$82.19 | \$82.19 | | \$82.19 | | | | |
| 76952 | | \$141.08 | | \$164.85 | \$164.85 | | \$164.85 | | | | |
| 76961 | | \$86.32 | | | \$107.78 | | \$107.78 | | | | |
| 76962 | | \$126.27 | | | \$154.27 | | \$154.27 | | | | |
| 79601 | | \$35.27 | | | \$79.41 | | \$41.36 | \$50.08 | | | |
| 79602 | | \$35.27 | | | \$79.57 | | \$43.27 | \$67.26 | | | |
| 79605 | | \$43.18 | | | \$114.49 | | | | | | |
| 79606 | | \$50.55 | | | \$155.30 | | | | | | |
| 79701 | | \$390.05 | | | \$513.84 | | | | | | |
| 79702 | | \$390.05 | | | \$257.64 | | | | | | |

ONTARIO
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

| All Procedures in Schedule B have a Predetermination Requirement | | | | | | | | | | | |
|---|-----|----------|-------|----------|----------|-------|----------|----------|-------|----------|---------|
| Code | Lab | GP | Anest | Endo | O. Surg | Ortho | Paed | Perio | Radio | 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. | | | | | | | | | | | |
| 01501 | | | | | | | | \$175.68 | | | |
| 01601 | | | | | \$175.68 | | | | | | |
| 01701 | | | | | | | | | | \$175.68 | |
| 01801 | | | | \$175.68 | | | | | | | |
| Laboratory Tests | | | | | | | | | | | |
| 04101 | L | \$25.15 | | \$34.32 | \$34.32 | | \$34.32 | \$34.32 | | \$34.32 | \$34.32 |
| 04401 | L | \$50.30 | | \$60.35 | \$60.35 | | \$60.35 | \$60.35 | | \$60.35 | \$60.35 |
| Diagnostic Casts, Unmounted | | | | | | | | | | | |
| 04911 | | \$30.18 | | | \$36.21 | | \$36.21 | \$36.21 | | \$36.21 | |
| 04913 | | \$58.48 | | | | | | | | | |
| 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 | | \$24.14 | | | | | \$28.58 | | | \$32.12 | |
| Occlusal Adjustment/Equilibration Cost of one unit will be limited to the cost of half unit. | | | | | | | | | | | |
| 16511 | | \$30.58 | | | \$38.17 | | \$38.17 | | | \$38.17 | |
| 16517 | | \$29.63 | | | | | | | | | |
| 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 | | \$223.82 | | | | | \$273.65 | | | \$273.65 | |
| 21302 | | \$223.82 | | | | | \$273.65 | | | \$273.65 | |
| 23601 | | \$231.59 | | | | | \$268.06 | | | \$268.06 | |
| 23602 | | \$246.06 | | | | | \$284.81 | | | \$284.81 | |
| 25731 | | \$120.94 | | | | | \$139.56 | | | \$139.56 | |
| 25732 | | \$181.43 | | | | | \$209.34 | | | \$209.34 | |
| 25733 | | \$241.89 | | | | | \$279.11 | | | \$279.11 | |
| 25751 | | \$279.78 | | | | | \$298.20 | | | \$298.20 | |
| 25752 | | \$279.78 | | | | | \$298.20 | | | \$298.20 | |
| 25753 | | \$279.78 | | | | | \$298.20 | | | \$298.20 | |
| 25754 | | \$279.78 | | | | | \$298.20 | | | \$298.20 | |
| 25755 | | \$279.78 | | | | | \$298.20 | | | \$298.20 | |
| 25756 | | \$279.78 | | | | | \$298.20 | | | \$298.20 | |
| 25761 | | \$279.78 | | | | | \$298.20 | | | \$298.20 | |
| 25762 | | \$279.78 | | | | | \$298.20 | | | \$298.20 | |
| 25763 | | \$279.78 | | | | | \$298.20 | | | \$298.20 | |
| 25764 | | \$307.74 | | | | | \$331.32 | | | \$331.32 | |
| 25765 | | \$307.74 | | | | | \$331.32 | | | \$331.32 | |
| 25766 | | \$307.74 | | | | | \$331.32 | | | \$331.32 | |
| 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 | \$600.92 | | | | | \$600.92 | | | \$600.92 | |
| 27301 | L | \$518.48 | | | | | \$518.48 | | | \$518.48 | |

ONTARIO
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

| All Procedures in Schedule B have a Predetermination Requirement | | | | | | | | | | | |
|---|-----|------------|-------|------------|----------|-------|------------|----------|-------|------------|---------|
| Code | Lab | GP | Anest | Endo | O. Surg | Ortho | Paed | Perio | Radio | Pros | O. Path |
| 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 | | \$381.25 | | \$566.87 | | | \$566.87 | | | | |
| 33121 | | \$476.56 | | \$760.52 | | | \$760.52 | | | | |
| 33131 | | \$662.50 | | \$915.44 | | | \$915.44 | | | | |
| 33141 | | \$764.43 | | \$1,065.10 | | | \$1,065.10 | | | | |
| 4.0 PERIODONTICS | | | | | | | | | | | |
| Management of Oral Disease | | | | | | | | | | | |
| Eligible once (1) in any twelve (12) month period, at the cost of half (½) unit. | | | | | | | | | | | |
| 41211 | | \$70.68 | | | \$89.10 | | \$88.24 | \$88.24 | | \$88.24 | \$88.24 |
| 41221 | | \$70.68 | | | \$96.30 | | \$95.58 | \$95.58 | | \$95.58 | \$95.58 |
| 41231 | | \$70.68 | | | \$96.30 | | \$95.58 | \$95.58 | | \$95.58 | \$95.58 |
| Desensitization | | | | | | | | | | | |
| 41301 | | \$46.95 | | | | | \$62.87 | \$58.90 | | | |
| Periodontal Splint or Ligation, Provisional, Extra Coronal | | | | | | | | | | | |
| 43211 | | \$70.68 | | | \$77.92 | | \$80.63 | \$77.67 | | | |
| 43221 | | \$143.00 | | | \$163.43 | | \$163.10 | \$163.10 | | | |
| 43231 | | \$35.35 | | | \$76.16 | | \$43.61 | \$73.57 | | | |
| 43241 | | \$70.68 | | | \$77.92 | | \$80.63 | \$77.67 | | | |
| 43281 | | \$68.49 | | | \$85.51 | | \$85.41 | \$85.41 | | | |
| 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 | | \$70.68 | | | | | \$95.58 | \$95.58 | | | |
| 49102 | | \$70.68 | | | | | \$95.58 | \$95.58 | | | |
| 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 | \$641.65 | | | | | \$765.14 | | | \$765.14 | |
| 51102 | L | \$816.63 | | | | | \$973.80 | | | \$973.80 | |
| 51103 | L | \$1,049.96 | | | | | \$1,252.04 | | | \$1,252.04 | |
| 51301 | L | \$758.30 | | | | | \$904.25 | | | \$904.25 | |
| 51302 | L | \$933.30 | | | | | \$1,112.93 | | | \$1,112.93 | |
| 51303 | L | \$1,166.62 | | | | | \$1,391.15 | | | \$1,391.15 | |
| 51711 | L | \$817.25 | | | | | \$999.26 | | | \$999.26 | |
| 51712 | L | \$1,005.85 | | | | | \$1,229.86 | | | \$1,229.86 | |
| 51713 | L | \$1,290.13 | | | | | | | | | |
| 52101 | L | \$268.98 | | | | | \$309.52 | | | \$309.52 | |
| 52102 | L | \$268.98 | | | | | \$309.52 | | | \$309.52 | |
| 52103 | L | \$349.68 | | | | | \$402.38 | | | \$402.38 | |
| 52301 | L | \$466.66 | | | | | \$556.46 | | | \$556.46 | |
| 52302 | L | \$466.66 | | | | | \$556.46 | | | \$556.46 | |
| 52303 | L | \$641.65 | | | | | \$765.14 | | | \$765.14 | |
| 53101 | L | \$816.63 | | | | | \$973.80 | | | \$973.80 | |
| 53102 | L | \$816.63 | | | | | \$973.80 | | | \$973.80 | |
| 53103 | L | \$1,166.62 | | | | | \$1,391.15 | | | \$1,391.15 | |
| 53201 | L | \$758.30 | | | | | \$904.25 | | | \$904.25 | |
| 53202 | L | \$758.30 | | | | | \$904.25 | | | \$904.25 | |
| 53203 | L | \$1,108.29 | | | | | \$1,321.60 | | | \$1,321.60 | |
| 53301 | L | \$1,108.29 | | | | | \$1,321.60 | | | \$1,321.60 | |
| 53302 | L | \$1,108.29 | | | | | \$1,321.60 | | | \$1,321.60 | |
| 7.0 ORAL AND MAXILLOFACIAL SURGERY | | | | | | | | | | | |
| 71201 | | \$166.03 | | \$203.84 | \$203.84 | | \$203.89 | \$203.84 | | \$203.84 | |
| 71209 | | \$137.77 | | \$137.77 | \$137.77 | | \$137.77 | \$137.77 | | \$137.77 | |
| 71211 | | \$152.71 | | | | | | | | | |
| 71219 | | \$114.44 | | | | | | | | | |

ONTARIO
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

| All Procedures in Schedule B have a Predetermination Requirement | | | | | | | | | | | |
|--|-----|----------|-------|------|----------|-------|----------|----------|-------|----------|---------|
| Code | Lab | GP | Anest | Endo | O. Surg | Ortho | Paed | Perio | Radio | Pros | O. Path |
| 72111 | | \$166.03 | | | \$203.84 | | \$203.89 | \$203.84 | | \$203.84 | |
| 72119 | | \$137.77 | | | \$137.77 | | \$137.77 | \$137.77 | | \$137.77 | |
| 72211 | | \$249.04 | | | \$288.37 | | \$288.37 | \$288.37 | | \$288.37 | |
| 72219 | | \$187.66 | | | \$187.66 | | \$187.66 | \$187.66 | | \$187.66 | |
| 72221 | | \$275.27 | | | \$317.57 | | \$317.57 | \$317.57 | | \$317.57 | |
| 72229 | | \$205.71 | | | \$205.71 | | \$205.71 | \$205.71 | | \$205.71 | |
| 72231 | | \$363.42 | | | \$381.49 | | \$363.42 | \$363.42 | | \$363.42 | |
| 72239 | | \$247.51 | | | \$247.51 | | \$247.51 | \$247.51 | | \$247.51 | |
| 72321 | | \$156.86 | | | \$193.36 | | \$193.36 | \$193.36 | | \$193.36 | |
| 72329 | | \$97.39 | | | \$97.39 | | \$97.39 | \$97.39 | | \$97.39 | |
| 72331 | | \$172.62 | | | \$211.31 | | \$211.31 | \$211.31 | | \$211.31 | |
| 72339 | | \$137.77 | | | \$137.77 | | \$137.77 | \$137.77 | | \$137.77 | |
| 72511 | | \$78.43 | | | \$160.99 | | \$95.42 | \$95.42 | | | |
| 72519 | | \$78.43 | | | \$85.51 | | \$85.51 | \$85.51 | | | |
| 72521 | | \$258.94 | | | \$321.63 | | \$321.63 | \$321.63 | | | |
| 72529 | | \$209.51 | | | \$209.51 | | \$209.51 | \$209.51 | | | |
| 72531 | | \$258.94 | | | \$348.75 | | \$348.75 | \$348.75 | | | |
| 72539 | | \$209.51 | | | \$238.97 | | \$238.97 | \$238.97 | | | |
| 72541 | | \$156.52 | | | \$405.25 | | | \$405.25 | | | |
| 72551 | | \$244.01 | | | \$452.75 | | | \$452.75 | | | |
| 73121 | | \$172.63 | | | \$189.56 | | \$194.09 | \$189.56 | | | |
| 73411 | | \$172.62 | | | \$228.80 | | \$215.28 | | | | |
| 75302 | | \$384.73 | | | \$518.85 | | \$518.85 | | | | |
| 75401 | | \$115.58 | | | \$452.75 | | | | | | |
| 75402 | | \$512.05 | | | \$476.51 | | | | | | |
| 75403 | | \$109.76 | | | \$219.59 | | | | | | |
| 75411 | | \$292.68 | | | \$461.15 | | | | | | |
| 75412 | | \$365.85 | | | \$461.15 | | | | | | |
| 76201 | | \$481.87 | | | | | | | | | |
| 76301 | | \$574.02 | | | | | | | | | |
| 79603 | | \$78.43 | | | \$95.42 | | \$95.42 | | | | |
| 79604 | | \$78.43 | | | \$95.42 | | \$95.42 | | | | |

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 | | \$32.16 | | | | | \$38.59 | | | | |
| 80602 | | \$64.31 | | | | \$77.18 | \$77.18 | | | | |
| 80661 | | \$64.31 | | | | \$77.18 | \$77.18 | | | | |
| 80669 | | \$64.31 | | | | \$77.18 | \$77.18 | | | | |
| 80671 | | \$64.31 | | | | \$77.18 | \$77.18 | | | | |
| 80679 | | \$64.31 | | | | \$77.18 | \$77.18 | | | | |
| 81111 | L | \$192.93 | | | | \$197.69 | \$197.69 | | | | |
| 81112 | L | \$192.93 | | | | \$197.69 | \$197.69 | | | | |
| 81113 | L | \$192.93 | | | | \$197.69 | \$197.69 | | | | |
| 81114 | L | \$188.60 | | | | \$197.69 | \$197.69 | | | | |
| 81121 | L | \$192.93 | | | | \$197.69 | \$197.69 | | | | |
| 81122 | L | \$192.93 | | | | \$197.69 | \$197.69 | | | | |
| 81131 | L | \$257.26 | | | | \$263.57 | \$263.57 | | | | |
| 81132 | L | \$257.26 | | | | \$263.57 | \$263.57 | | | | |
| 81135 | L | \$385.89 | | | | \$395.35 | \$395.35 | | | | |
| 81211 | L | \$321.57 | | | | \$329.47 | \$329.47 | | | | |
| 81212 | L | \$321.57 | | | | \$329.47 | \$329.47 | | | | |
| 81221 | L | \$192.93 | | | | \$197.69 | \$197.69 | | | | |
| 81222 | L | \$192.93 | | | | \$197.69 | \$197.69 | | | | |
| 81231 | L | \$192.93 | | | | \$197.69 | \$197.69 | | | | |
| 81232 | L | \$192.93 | | | | \$197.69 | \$192.48 | | | | |
| 81241 | L | \$257.26 | | | | \$263.57 | \$263.57 | | | | |
| 81242 | L | \$257.26 | | | | \$263.57 | \$263.57 | | | | |
| 81243 | L | \$257.26 | | | | \$263.57 | \$263.57 | | | | |
| 81251 | L | \$450.20 | | | | \$461.25 | \$461.25 | | | | |
| 81252 | L | \$450.20 | | | | \$461.25 | \$461.25 | | | | |
| 81253 | L | \$385.89 | | | | \$395.35 | \$395.35 | | | | |

ONTARIO
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

| All Procedures in Schedule B have a Predetermination Requirement | | | | | | | | | | | |
|--|-----|------------|----------|----------|----------|-------|----------|----------|-------|------|---------|
| Code | Lab | GP | Anest | Endo | O. Surg | Ortho | Paed | Perio | Radio | Pros | O. Path |
| 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 | | | | | | | | | |
| 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 | \$208.35 | \$208.35 | \$215.02 | | \$188.64 | | | | |
| 92213 | | \$202.66 | \$259.20 | \$259.20 | \$259.20 | | \$251.19 | | | | |
| 92214 | | \$255.36 | \$310.50 | \$310.50 | \$310.50 | | \$307.28 | | | | |
| 92215 | | \$308.06 | \$381.96 | \$381.96 | \$381.96 | | \$369.12 | | | | |
| 92216 | | \$360.77 | \$436.12 | \$436.12 | \$436.12 | | \$433.57 | | | | |
| 92217 | | \$360.77 | \$436.12 | \$436.12 | \$436.12 | | \$433.57 | | | | |
| 92218 | | \$360.77 | \$436.12 | \$436.12 | \$436.12 | | \$433.57 | | | | |
| 92222 | | \$79.10 | \$83.61 | \$83.61 | \$83.61 | | \$83.61 | | | | |
| 92223 | | \$118.68 | \$124.47 | \$124.47 | \$124.47 | | \$124.47 | | | | |
| 92224 | | \$158.24 | \$166.28 | \$166.28 | \$166.28 | | \$166.28 | | | | |
| 92225 | | \$197.78 | \$208.08 | \$208.08 | \$208.08 | | \$208.08 | | | | |
| 92226 | | \$237.34 | \$248.94 | \$248.94 | \$248.94 | | \$248.94 | | | | |
| 92227 | | \$237.34 | \$248.94 | \$248.94 | \$248.94 | | \$248.94 | | | | |
| 92228 | | \$237.34 | \$248.94 | \$248.94 | \$248.94 | | \$248.94 | | | | |
| 92301 | | \$54.46 | | | | | | | | | |
| 92302 | | \$149.96 | \$203.85 | \$203.85 | \$203.85 | | \$188.64 | \$203.85 | | | |
| 92303 | | \$202.66 | \$252.90 | \$252.90 | \$252.90 | | \$251.19 | \$252.90 | | | |
| 92304 | | \$255.36 | \$308.43 | \$318.30 | \$318.30 | | \$307.28 | \$318.30 | | | |
| 92305 | | \$308.06 | \$369.61 | \$369.61 | \$369.61 | | \$369.12 | \$369.61 | | | |
| 92306 | | \$360.77 | \$420.92 | \$420.92 | \$420.92 | | \$420.92 | \$420.92 | | | |
| 92307 | | \$360.77 | \$420.92 | \$420.92 | \$420.92 | | \$420.92 | \$420.92 | | | |
| 92308 | | \$360.77 | \$420.92 | \$420.92 | \$420.92 | | \$420.92 | \$420.92 | | | |
| 92322 | | \$114.17 | | | | | | | | | |
| 92323 | | \$171.25 | | | | | | | | | |
| 92324 | | \$228.33 | | | | | | | | | |
| 92325 | | \$285.42 | | | | | | | | | |
| 92326 | | \$342.50 | | | | | | | | | |
| 92327 | | \$342.50 | | | | | | | | | |
| 92328 | | \$342.50 | | | | | | | | | |
| 92411 | | \$48.00 | | \$78.75 | \$81.27 | | \$57.11 | \$78.75 | | | |
| 92412 | | \$69.07 | | \$104.40 | \$107.74 | | \$81.20 | \$104.40 | | | |
| 92413 | | \$90.15 | | \$130.50 | \$134.68 | | \$105.27 | \$130.50 | | | |
| 92414 | | \$111.23 | | \$156.60 | \$161.61 | | \$134.01 | \$156.60 | | | |
| 92415 | | \$132.31 | | \$182.70 | \$182.70 | | \$164.92 | \$182.70 | | | |
| 92416 | | \$156.71 | | \$208.80 | \$208.80 | | \$195.81 | \$208.80 | | | |
| 92417 | | \$156.71 | | \$208.80 | \$208.80 | | \$195.81 | \$208.80 | | | |
| 92418 | | \$156.71 | | \$208.80 | \$208.80 | | \$195.81 | \$208.80 | | | |
| 92421 | | \$48.00 | | | \$85.91 | | \$57.11 | \$57.11 | | | |
| 92431 | | \$56.43 | | \$85.05 | \$87.77 | | \$80.38 | \$85.05 | | | |
| 92432 | | \$88.05 | | \$117.00 | \$117.00 | | \$108.91 | \$117.00 | | | |
| 92433 | | \$119.68 | | \$149.40 | \$149.40 | | \$146.38 | \$149.40 | | | |
| 92434 | | \$152.27 | | \$185.98 | \$185.98 | | \$190.27 | \$185.98 | | | |
| 92435 | | \$187.39 | | \$226.14 | \$226.14 | | \$234.14 | \$226.14 | | | |
| 92436 | | \$222.51 | | \$260.34 | \$260.34 | | \$278.03 | \$260.34 | | | |
| 92437 | | \$222.51 | | \$260.34 | \$260.34 | | \$278.03 | \$260.34 | | | |
| 92438 | | \$222.51 | | \$260.34 | \$260.34 | | \$278.03 | \$260.34 | | | |
| 92441 | | \$76.62 | \$106.65 | \$106.65 | \$110.06 | | \$96.37 | \$106.65 | | | |
| 92442 | | \$129.31 | \$160.20 | \$160.20 | \$160.20 | | \$155.97 | \$160.20 | | | |
| 92443 | | \$182.01 | \$225.19 | \$225.19 | \$225.19 | | \$217.47 | \$225.19 | | | |
| 92444 | | \$234.72 | \$281.25 | \$281.25 | \$281.25 | | \$279.30 | \$281.25 | | | |
| 92445 | | \$287.42 | \$337.31 | \$337.31 | \$337.31 | | \$341.15 | \$337.31 | | | |
| 92446 | | \$340.13 | \$393.37 | \$393.37 | \$393.37 | | \$402.98 | \$393.37 | | | |
| 92447 | | \$340.13 | \$393.37 | \$393.37 | \$393.37 | | \$402.98 | \$393.37 | | | |

ONTARIO
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

| All Procedures in Schedule B have a Predetermination Requirement | | | | | | | | | | | |
|--|-----|----------|----------|----------|----------|-------|----------|----------|-------|---------|---------|
| Code | Lab | GP | Anest | Endo | O. Surg | Ortho | Paed | Perio | Radio | Pros | O. Path |
| 92448 | | \$340.13 | \$393.37 | \$393.37 | \$393.37 | | \$402.98 | \$393.37 | | | |
| 92451 | | \$106.42 | | | | | | | | | |
| 92452 | | \$147.28 | | | | | | | | | |
| 92453 | | \$197.64 | | | | | | | | | |
| 92454 | | \$246.09 | | | | | | | | | |
| 92455 | | \$295.50 | | | | | | | | | |
| 92456 | | \$129.23 | | | | | | | | | |
| 92457 | | \$150.13 | | | | | | | | | |
| 92458 | | \$169.12 | | | | | | | | | |
| 94302 | | \$48.41 | | \$58.11 | \$58.91 | | \$58.11 | \$58.11 | | \$58.11 | |
| 99111 | | I.C. | | | | | | | | | |
| 99222 | | I.C. | | I.C. | I.C. | I.C. | I.C. | I.C. | | I.C. | I.C. |
| 99333 | | I.C. | | | | | | | | | |