



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 Quebec General Practitioners and Specialists NIHB Regional Dental Benefit Grid.

| SCHEDULE A |
|---|
| 4.0 PERIODONTAL SERVICES |
| Old: Scaling Age 17+: 3/ 12 months; under age 17: 2/ 12 months in combination with prophylaxis. |
| 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 B |
|--|
| 4.0 PERIODONTAL SERVICES |
| New Subheading: 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; |
| Note that the following codes have been moved to that subcategory: 42000, 42001 and 43440 |

For further information or questions, please contact the Quebec Regional Office at 1-514-283-5501 or toll-free at 1-877-483-5501.

Thank you.



Health
Canada

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NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

Effective Date

June 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.

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

| Code | Lab | GP | Endo | O. Surg | Ortho | Paed | Perio | Pros | O. Med |
|---|-----|----------|---------|----------|-------|----------|----------|----------|----------|
| 0.0 DIAGNOSTIC SERVICES | | | | | | | | | |
| Maximum eligibility of examinations: ages 17+: up to 3/ 12 months; under 17: up to 4/ 12 months. | | | | | | | | | |
| EXAMINATIONS | | | | | | | | | |
| Complete Oral Examination | | | | | | | | | |
| 1/ 60 months - when a complete examination is provided, it replaces the recall examination for the period | | | | | | | | | |
| 01110 | | \$57.96 | | | | | | | |
| 01120 | | \$69.36 | | | | | | | |
| 01130 | | \$101.66 | | | | | | | |
| Recall Examination | | | | | | | | | |
| Age 17+: 1/ 12 months; age 10 to under 17: 1/ 6 months; under age 10 covered by RAMQ | | | | | | | | | |
| 01200 | | \$56.06 | | | | | | | |
| 01250 | | \$42.76 | | | | | | | |
| 01255 | | | | | | \$60.30 | | | |
| Specific/ Emergency Oral Examination | | | | | | | | | |
| 1/ 12 months | | | | | | | | | |
| 01154 | | | | | | \$40.50 | | | |
| 01300 | | \$29.45 | | | | | | | |
| 01400 | | \$29.45 | | | | | | | |
| Specialist Examination - Limited | | | | | | | | | |
| 1/ 12 months (with GP referral) | | | | | | | | | |
| 01405 | | | | | | | \$59.40 | | |
| 01516 | | | | | | | | | \$90.00 |
| 01611 | | | | \$61.77 | | | | | |
| 01716 | | | | | | | | \$95.97 | |
| 01802 | | | \$75.07 | | | | | | |
| Specialist Examination - Complete | | | | | | | | | |
| 1/ 60 months (with GP referral) | | | | | | | | | |
| 01151 | | | | | | \$72.00 | | | |
| 01515 | | | | | | | | | \$185.40 |
| 01725 | | | | | | | | \$225.90 | |
| RADIOGRAPHS | | | | | | | | | |
| Radiographs Complete Series | | | | | | | | | |
| 1/ 60 months | | | | | | | | | |
| 02110 | | | | \$132.08 | | \$133.97 | \$137.77 | \$152.97 | |
| Intraoral Radiographs | | | | | | | | | |
| 6/ 12 months | | | | | | | | | |
| 02111 | | \$20.91 | | | | | | | |
| 02112 | | \$26.60 | | | | | | | |
| 02113 | | \$34.21 | | | | | | | |
| 02114 | | \$43.71 | | | | | | | |
| 02115 | | \$52.26 | | | | | | | |
| 02116 | | \$61.77 | | | | | | | |
| 02121 | | | | \$21.86 | | \$26.10 | \$19.95 | \$22.81 | \$21.86 |
| 02122 | | | | | | | \$26.60 | | |
| 02123 | | | | | | | \$37.06 | | |
| 02124 | | | | | | | \$43.71 | | |
| 02125 | | | | | | | \$54.16 | | |
| 02126 | | | | | | | \$60.81 | | |
| 02131 | | \$23.76 | | | | | | | |
| 02132 | | \$30.40 | | | | | | | |
| 02135 | | | | \$29.45 | | | \$30.60 | \$33.30 | \$29.45 |
| 02139 | | | | \$15.20 | | | \$14.25 | \$18.05 | \$15.20 |
| 02141 | | \$20.91 | | | | | | | |
| 02142 | | \$26.60 | | | | | | | |
| 02143 | | \$34.21 | | | | | | | |
| 02144 | | \$43.71 | | | | | | | |
| 02150 | | | | \$15.20 | | \$19.95 | \$14.25 | \$19.00 | \$15.20 |
| 02154 | | | | | | | | \$48.46 | |

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

| Code | Lab | GP | Endo | O. Surg | Ortho | Paed | Perio | Pros | O. Med |
|---|-----|----------|---------|---------|-------|----------|----------|----------|----------|
| 02171 | | | \$25.66 | | | | | | |
| 02172 | | | \$31.35 | | | | | | |
| 02173 | | | \$36.11 | | | | | | |
| 02174 | | | \$40.86 | | | | | | |
| 02175 | | | \$45.60 | | | | | | |
| Panoramic Radiographs | | | | | | | | | |
| 1/ 120 months; 2/ lifetime | | | | | | | | | |
| 02600 | | \$57.96 | | | | | | | |
| 02601 | | | \$40.86 | | | | | | |
| 02610 | | | | \$67.46 | | \$80.10 | \$68.41 | \$79.20 | \$67.46 |
| LABORATORY TESTS AND EXAMINATIONS | | | | | | | | | |
| 04302 | L | \$105.47 | | | | | | | |
| 04305 | | | \$57.01 | | | | \$184.50 | \$185.40 | \$185.40 |
| 04311 | L | \$89.32 | | | | | | | |
| 04312 | L | \$213.79 | | | | | | | |
| 04315 | | | | | | | | \$97.86 | \$97.86 |
| 04316 | | | | | | | \$229.94 | \$245.14 | \$245.14 |
| 04324 | L | | | | | \$145.80 | | | |
| 04325 | L | | | | | \$122.40 | | | |
| 04326 | L | | | | | \$292.50 | | | |
| 1.0 PREVENTIVE SERVICES | | | | | | | | | |
| Prophylaxis | | | | | | | | | |
| Age 17+: 1/ 12 months; under age 17: 1/ 6 months in combination with scaling | | | | | | | | | |
| 11100 | | \$16.89 | | | | | | | |
| 11200 | | \$22.38 | | | | | | | |
| 11205 | | | | | | | \$22.90 | | |
| 11300 | | \$25.34 | | | | | | | |
| 11305 | | | | | | | \$25.91 | | |
| 11400 | | | | | | \$17.29 | | | |
| 11410 | | | | | | \$22.90 | | | |
| 11420 | | | | | | \$25.91 | | | |
| Topical Application of Fluoride | | | | | | | | | |
| Under age 17: 1/ 6 months | | | | | | | | | |
| 12400 | | \$27.00 | | | | \$27.00 | | | |
| Pit and Fissure Sealants | | | | | | | | | |
| Under age 14: Erupted permanent molar where the occlusal surface is unrestored and permanent maxillary incisors lingual surface | | | | | | | | | |
| 13401 | | \$37.00 | | | | | | | |
| 13404 | | \$29.00 | | | | | | | |
| 13430 | | | | | | \$37.00 | | | |
| 2.0 RESTORATIVE SERVICES | | | | | | | | | |
| Caries/ Trauma and Pain Control | | | | | | | | | |
| Maximum two (2) teeth per lifetime, emergency | | | | | | | | | |
| 20111 | | \$45.60 | \$77.40 | | | | | \$68.41 | |
| 20115 | | | | | | \$63.00 | | | |
| 20119 | | | \$77.40 | | | | | | |
| 20121 | | \$53.21 | | | | | | | |
| 20131 | | \$19.00 | | | | | | | |
| 20161 | | \$53.21 | | | | | | | |
| Restorations, amalgam/ composite; full preformed crowns | | | | | | | | | |
| Restorations are covered by the RAMQ for children under 10 years of age. | | | | | | | | | |
| Restorative services for primary incisor teeth are eligible only for clients under the age of five (5). | | | | | | | | | |
| Restorations are subject to the distinct surface edit and 1/12 months edit for same provider/same office. | | | | | | | | | |
| 21101 | | \$42.76 | | | | | | | |
| 21102 | | \$87.41 | | | | | | | |
| 21103 | | \$105.47 | | | | | | | |
| 21104 | | \$133.97 | | | | | | | |
| 21105 | | \$139.67 | | | | | | | |
| 21121 | | \$42.76 | | | | | | | |

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| Code | Lab | GP | Endo | O. Surg | Ortho | Paed | Perio | Pros | O. Med |
|-------|-----|----------|------|---------|-------|------|-------|------|--------|
| 21122 | | \$87.41 | | | | | | | |
| 21123 | | \$105.47 | | | | | | | |
| 21124 | | \$133.97 | | | | | | | |
| 21125 | | \$139.67 | | | | | | | |
| 21211 | | \$43.71 | | | | | | | |
| 21212 | | \$90.27 | | | | | | | |
| 21213 | | \$108.32 | | | | | | | |
| 21214 | | \$141.57 | | | | | | | |
| 21215 | | \$178.63 | | | | | | | |
| 21221 | | \$58.91 | | | | | | | |
| 21222 | | \$102.62 | | | | | | | |
| 21223 | | \$133.97 | | | | | | | |
| 21224 | | \$164.38 | | | | | | | |
| 21225 | | \$209.98 | | | | | | | |
| 21231 | | \$43.71 | | | | | | | |
| 21232 | | \$90.27 | | | | | | | |
| 21233 | | \$108.32 | | | | | | | |
| 21234 | | \$141.57 | | | | | | | |
| 21235 | | \$178.63 | | | | | | | |
| 21241 | | \$58.91 | | | | | | | |
| 21242 | | \$102.62 | | | | | | | |
| 21243 | | \$133.97 | | | | | | | |
| 21244 | | \$164.38 | | | | | | | |
| 21245 | | \$209.98 | | | | | | | |
| 21301 | | \$20.91 | | | | | | | |
| 21302 | | \$34.21 | | | | | | | |
| 21303 | | \$45.60 | | | | | | | |
| 21304 | | \$56.06 | | | | | | | |
| 22201 | | \$121.91 | | | | | | | |
| 22211 | | \$139.67 | | | | | | | |
| 22401 | | \$139.67 | | | | | | | |
| 22501 | | \$176.73 | | | | | | | |
| 23111 | | \$78.87 | | | | | | | |
| 23112 | | \$89.32 | | | | | | | |
| 23113 | | \$158.68 | | | | | | | |
| 23114 | | \$216.64 | | | | | | | |
| 23115 | | \$216.64 | | | | | | | |
| 23118 | | \$230.89 | | | | | | | |
| 23211 | | \$78.87 | | | | | | | |
| 23212 | | \$131.13 | | | | | | | |
| 23213 | | \$150.13 | | | | | | | |
| 23214 | | \$202.39 | | | | | | | |
| 23215 | | \$230.89 | | | | | | | |
| 23220 | | \$55.11 | | | | | | | |
| 23221 | | \$85.51 | | | | | | | |
| 23222 | | \$138.72 | | | | | | | |
| 23223 | | \$170.08 | | | | | | | |
| 23224 | | \$218.54 | | | | | | | |
| 23225 | | \$267.00 | | | | | | | |
| 23311 | | \$58.91 | | | | | | | |
| 23312 | | \$67.46 | | | | | | | |
| 23313 | | \$121.62 | | | | | | | |
| 23314 | | \$139.67 | | | | | | | |
| 23315 | | \$139.67 | | | | | | | |
| 23411 | | \$67.46 | | | | | | | |
| 23412 | | \$109.27 | | | | | | | |
| 23413 | | \$138.72 | | | | | | | |
| 23414 | | \$139.67 | | | | | | | |

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|--|-----|----------|----------|---------|-------|----------|----------|----------|--------|
| 23415 | | \$139.67 | | | | | | | |
| Repair to Crowns | | | | | | | | | |
| 1/ crown/ 36 months | | | | | | | | | |
| 27722 | L | \$86.46 | | | | | | | |
| 27236 | | | | | | | | \$230.89 | |
| Post Removal | | | | | | | | | |
| 1/ lifetime (permanent tooth) | | | | | | | | | |
| 26709 | | | | | | | | \$214.20 | |
| 27712 | | \$117.82 | | | | | | | |
| Recementation of Crowns | | | | | | | | | |
| 1/ crown/ 36 months | | | | | | | | | |
| 27240 | | | | | | | | \$135.34 | |
| 29100 | | \$67.46 | | | | | | | |
| 29101 | | | \$72.21 | | | | | | |
| Removal of Crowns | | | | | | | | | |
| 1/ crown/ 36 months | | | | | | | | | |
| 27715 | | | | | | | | \$58.91 | |
| 29300 | | \$53.21 | | | | | | | |
| 29301 | | | \$68.40 | | | | | | |
| 3.0 ENDODONTIC SERVICES | | | | | | | | | |
| The anterior teeth requiring endodontic therapy must meet the criteria as per Endodontic Policy prior to proceeding with treatment. | | | | | | | | | |
| 32201 | | \$77.92 | | | | | | | |
| 32202 | | \$130.18 | | | | | | | |
| 32210 | | \$77.92 | | | | | | | |
| 32221 | | | \$117.90 | | | | | | |
| 32222 | | | \$189.00 | | | | | | |
| 32241 | | | | | | \$113.07 | | | |
| 32242 | | | | | | \$180.00 | | | |
| 32311 | | | \$132.30 | | | | | | |
| 32312 | | | \$165.60 | | | | | | |
| 32313 | | | \$217.29 | | | | | | |
| 32314 | | | \$249.89 | | | | | | |
| 32341 | | | | | | \$122.57 | | | |
| 32343 | | | | | | \$232.94 | | | |
| 33100 | | \$381.96 | | | | | | | |
| 33111 | | | \$585.00 | | | | | | |
| 33475 | | \$112.12 | | | | | | | |
| 35122 | | | | | | | | \$83.70 | |
| 35123 | | | | | | | | \$125.10 | |
| 39201 | | \$38.01 | \$117.90 | | | | | | |
| 39202 | | \$92.17 | \$165.60 | | | | | | |
| 39241 | | | | | | \$52.20 | | | |
| 39242 | | | | | | \$132.08 | | | |
| 39901 | | \$77.92 | | | | | | | |
| 39902 | | \$77.92 | | | | | | | |
| 39903 | | \$104.52 | | | | | | | |
| 39904 | | \$130.18 | | | | | | | |
| 39981 | | \$53.21 | | | | | | | |
| 39985 | | \$53.21 | | | | | | | |
| 4.0 PERIODONTAL SERVICES | | | | | | | | | |
| 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. | | | | | | | | | |
| 43401 | | | | | | | \$55.00 | | |
| 43402 | | | | | | | \$97.00 | | |
| 43403 | | | | | | | \$138.00 | | |

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| Code | Lab | GP | Endo | O. Surg | Ortho | Paed | Perio | Pros | O. Med |
|-----------------------------------|-----|----------|------|---------|-------|----------|----------|----------|--------|
| 43404 | | | | | | | \$179.00 | | |
| 43411 | | \$55.00 | | | | | | | |
| 43412 | | \$97.00 | | | | | | | |
| 43413 | | \$138.00 | | | | | | | |
| 43414 | | \$179.00 | | | | | | | |
| 43417 | | \$30.00 | | | | | | | |
| 43431 | | | | | | \$55.00 | | | |
| 43432 | | | | | | \$97.00 | | | |
| 43433 | | | | | | \$138.00 | | | |
| 43434 | | | | | | \$179.00 | | | |
| Management of Oral Disease | | | | | | | | | |
| 41200 | | \$56.06 | | | | | | | |
| 5.0 PROSTHODONTIC SERVICES | | | | | | | | | |
| REMOVABLE PROSTHODONTICS | | | | | | | | | |
| Denture Adjustments | | | | | | | | | |
| 54250 | | \$41.81 | | | | | | | |
| 54251 | | \$41.81 | | | | | | | |
| Repairs and Additions | | | | | | | | | |
| 1/ prosthesis/ 12 months | | | | | | | | | |
| 54405 | L | | | | | | | \$188.13 | |
| 54406 | L | | | | | | | \$277.44 | |
| 54407 | L | | | | | | | \$366.76 | |
| 54408 | L | | | | | | | \$392.42 | |
| 54409 | L | | | | | | | \$267.00 | |
| 54415 | L | | | | | | | \$267.00 | |
| 54416 | L | | | | | | | \$332.56 | |
| 55101 | L | \$48.46 | | | | | | | |
| 55102 | L | \$48.46 | | | | | | | |
| 55103 | L | \$48.46 | | | | | | | |
| 55104 | L | \$48.46 | | | | | | | |
| 55201 | L | \$102.62 | | | | | | | |
| 55202 | L | \$102.62 | | | | | | | |
| 55203 | L | \$102.62 | | | | | | | |
| 55204 | L | \$102.62 | | | | | | | |
| 55520 | L | \$102.62 | | | | | | | |
| 55530 | L | \$102.62 | | | | | | | |
| Relines or Rebases | | | | | | | | | |
| 1/ prosthesis/ 24 months | | | | | | | | | |
| 56200 | | \$164.38 | | | | | | | |
| 56201 | | \$164.38 | | | | | | | |
| 56204 | | | | | | | | \$298.35 | |
| 56205 | | | | | | | | \$248.94 | |
| 56206 | L | | | | | | | \$434.22 | |
| 56210 | | \$164.38 | | | | | | | |
| 56211 | | \$164.38 | | | | | | | |
| 56215 | L | | | | | | | \$621.41 | |
| 56220 | L | \$190.98 | | | | | | | |
| 56221 | L | \$190.98 | | | | | | | |
| 56222 | L | \$313.55 | | | | | | | |
| 56225 | | | | | | | | \$434.22 | |
| 56230 | L | \$190.98 | | | | | | | |
| 56231 | L | \$190.98 | | | | | | | |
| 56232 | L | \$313.55 | | | | | | | |
| 56255 | | | | | | | | \$793.80 | |
| 56260 | L | \$190.98 | | | | | | | |
| 56261 | L | \$190.98 | | | | | | | |
| 56262 | L | \$190.98 | | | | | | | |
| 56263 | L | \$190.98 | | | | | | | |

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|----------------------------------|-----|----------|------|----------|-------|------|-------|----------|--------|
| 56265 | | | | | | | | \$600.50 | |
| 56280 | L | \$313.55 | | | | | | | |
| 56290 | L | \$313.55 | | | | | | | |
| Tissue Conditioning | | | | | | | | | |
| 1/ Prosthesis/ 24 months | | | | | | | | | |
| 54275 | | | | | | | | \$132.30 | |
| 56270 | | \$76.97 | | | | | | | |
| 56271 | | \$76.97 | | | | | | | |
| 56272 | | \$76.97 | | | | | | | |
| 56273 | | \$76.97 | | | | | | | |
| 7.0 ORAL SURGERY SERVICES | | | | | | | | | |
| 70430 | | | | \$218.54 | | | | | |
| 70441 | | | | \$139.50 | | | | | |
| 70442 | | | | \$266.05 | | | | | |
| 71101 | | \$80.76 | | | | | | | |
| 71111 | | \$61.77 | | | | | | | |
| 71205 | | | | \$171.03 | | | | | |
| 72300 | | \$80.76 | | | | | | | |
| 72305 | | | | \$162.00 | | | | | |
| 74108 | L | \$193.83 | | | | | | | |
| 74230 | | | | \$252.00 | | | | | |
| 74240 | | | | \$313.55 | | | | | |
| 74408 | L | \$183.39 | | | | | | | |
| 74611 | | | | \$297.00 | | | | | |
| 75100 | | \$53.21 | | | | | | | |
| 75101 | | \$220.44 | | | | | | | |
| 75110 | | \$123.52 | | | | | | | |
| 75115 | | | | \$194.78 | | | | | |
| 75215 | | | | \$274.50 | | | | | |
| 75301 | | \$197.64 | | | | | | | |
| 75315 | | | | \$346.50 | | | | | |
| 75316 | | | | \$252.00 | | | | | |
| 75361 | | \$117.82 | | | | | | | |
| 76945 | | | | \$940.50 | | | | | |
| 76950 | | \$64.61 | | | | | | | |
| 76955 | L | | | \$756.00 | | | | | |
| 76960 | | | | \$184.50 | | | | | |
| 79601 | | \$30.40 | | | | | | | |
| 79602 | | \$63.66 | | | | | | | |
| 79615 | | | | \$123.52 | | | | | |

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 General Practitioners and Specialists
SCHEDULE B

| All Procedures in Schedule B have a Predetermination Requirement | | | | | | | | | |
|--|-----|----------|------------|----------|-------|---------|----------|------------|----------|
| Code | Lab | GP | Endo | O. Surg | Ortho | Paed | Perio | Pros | O. Med |
| 0.0 DIAGNOSTIC SERVICES | | | | | | | | | |
| EXAMINATIONS | | | | | | | | | |
| Specialist Examination - Complete | | | | | | | | | |
| 1/ 60 months (with GP referral) | | | | | | | | | |
| 01135 | | | | | | | \$104.52 | | |
| 01610 | | | | \$128.27 | | | | | |
| 01801 | | | \$124.47 | | | | | | |
| LABORATORY TESTS AND EXAMINATIONS | | | | | | | | | |
| 04100 | L | \$34.21 | | | | | | | |
| 04101 | | | \$36.11 | | | | | | |
| 04105 | | | | | | | | | \$46.80 |
| 04105 | L | | | | | | \$64.80 | | |
| 04110 | L | | | | | \$45.00 | | | |
| 04335 | | | | | | \$56.70 | | \$55.80 | \$111.60 |
| 04401 | L | \$40.86 | | | | | | | |
| 04501 | | \$29.45 | | | | | | | |
| 04502 | | \$29.45 | | | | | | | |
| 04505 | | | | | | | \$77.40 | \$87.30 | |
| 04535 | | | | | | | \$42.76 | | |
| 1.0 PREVENTIVE SERVICES | | | | | | | | | |
| Interproximal Disking | | | | | | | | | |
| 1/ 12 months | | | | | | | | | |
| 13700 | | \$18.05 | | | | | | | |
| 13715 | | | | | | \$24.30 | | | |
| 2.0 RESTORATIVE SERVICES | | | | | | | | | |
| Posts | | | | | | | | | |
| 1/ 36 months (permanent tooth) | | | | | | | | | |
| 25751 | | \$280.30 | | | | | | | |
| 25752 | | \$316.40 | | | | | | | |
| 25753 | | \$357.26 | | | | | | | |
| 26621 | | | | | | | | \$427.50 | |
| 26622 | | | | | | | | \$495.00 | |
| 26623 | | | | | | | | \$560.70 | |
| 26631 | | | | | | | | \$479.70 | |
| 26632 | | | | | | | | \$530.10 | |
| 26633 | | | | | | | | \$594.90 | |
| 27114 | | | | | | | | \$267.00 | |
| 29501 | | \$146.33 | | | | | | | |
| 29502 | | \$182.43 | | | | | | | |
| 29503 | | \$223.28 | | | | | | | |
| 29600 | | \$133.97 | | | | | | | |
| Crowns | | | | | | | | | |
| 27202 | L | | | | | | | \$1,097.10 | |
| 27210 | L | \$645.17 | | | | | | | |
| 27225 | L | | | | | | | \$1,122.33 | |
| 27300 | L | \$645.17 | | | | | | | |
| 3.0 ENDODONTIC SERVICES | | | | | | | | | |
| 33100 | | \$381.96 | | | | | | | |
| 33111 | | | \$585.00 | | | | | | |
| 33121 | | | \$720.00 | | | | | | |
| 33131 | | | \$967.50 | | | | | | |
| 33141 | | | \$1,140.19 | | | | | | |
| 33200 | | \$544.44 | | | | | | | |
| 33300 | | \$698.36 | | | | | | | |
| 33400 | | \$810.49 | | | | | | | |

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

| All Procedures in Schedule B have a Predetermination Requirement | | | | | | | | | |
|--|-----|------------|------|---------|-------|---------|----------|------------|--------|
| Code | Lab | GP | Endo | O. Surg | Ortho | Paed | Perio | Pros | O. Med |
| 4.0 PERIODONTAL SERVICES | | | | | | | | | |
| 41300 | | \$20.91 | | | | | | | |
| 41305 | | | | | | | \$54.00 | | |
| 42315 | | | | | | | \$446.58 | | |
| 43211 | | \$89.32 | | | | | | | |
| 43212 | | \$62.71 | | | | | | | |
| 43215 | | | | | | | \$64.16 | | |
| 43257 | | | | | | | \$36.94 | | |
| 43258 | | | | | | | \$81.71 | | |
| 43282 | | | | | | \$71.26 | | | |
| 43295 | | \$62.71 | | | | | | | |
| 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; | | | | | | | | | |
| 42000 | | \$48.00 | | | | | | | |
| 42001 | | \$35.00 | | | | | | | |
| 43440 | | | | | | | \$171.90 | | |
| Occlusal Equilibration | | | | | | | | | |
| 43300 | | \$16.04 | | | | | | | |
| 43320 | | | | | | | \$19.88 | | |
| Splinting | | | | | | | | | |
| 23172 | | | | | | \$94.07 | | \$110.22 | |
| 23173 | | | | | | | | \$165.33 | |
| 23174 | | | | | | | | \$382.91 | |
| 23175 | | | | | | | | \$235.80 | |
| 23176 | | | | | | | | \$451.32 | |
| 5.0 PROSTHODONTIC SERVICES | | | | | | | | | |
| REMOVABLE PROSTHODONTICS | | | | | | | | | |
| Complete/ Partial/ Immediate Dentures | | | | | | | | | |
| 1/ arch/ 96 months | | | | | | | | | |
| 51100 | L | \$620.46 | | | | | | | |
| 51110 | L | \$798.14 | | | | | | | |
| 51120 | L | \$1,163.00 | | | | | | | |
| 51300 | L | \$578.65 | | | | | | | |
| 51305 | L | | | | | | | \$1,077.30 | |
| 51310 | L | \$651.81 | | | | | | | |
| 51315 | L | | | | | | | \$1,077.30 | |
| 51320 | L | \$1,009.07 | | | | | | | |
| 51325 | L | | | | | | | \$1,905.30 | |
| 51505 | L | | | | | | | \$2,489.40 | |
| 51506 | L | | | | | | | \$1,512.00 | |
| 51701 | L | \$620.46 | | | | | | | |
| 51702 | L | \$798.14 | | | | | | | |
| 51703 | L | \$1,163.00 | | | | | | | |
| 52101 | L | \$344.90 | | | | | | | |
| 52102 | L | \$344.90 | | | | | | | |
| 52103 | L | \$517.36 | | | | | | | |
| 52120 | L | \$315.45 | | | | | | | |
| 52121 | L | \$315.45 | | | | | | | |
| 52129 | L | \$516.89 | | | | | | | |
| 52180 | L | | | | | | | \$571.05 | |
| 52181 | L | | | | | | | \$778.18 | |
| 52182 | L | | | | | | | \$817.14 | |
| 52230 | L | \$454.17 | | | | | | | |
| 52231 | L | \$454.17 | | | | | | | |

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| All Procedures in Schedule B have a Predetermination Requirement | | | | | | | | | |
|--|-----|------------|------|----------|-------|---------|-------|------------|--------|
| Code | Lab | GP | Endo | O. Surg | Ortho | Paed | Perio | Pros | O. Med |
| 52232 | L | \$744.93 | | | | | | | |
| 52400 | L | \$798.14 | | | | | | | |
| 52410 | L | \$798.14 | | | | | | | |
| 52420 | L | \$1,309.32 | | | | | | | |
| 52500 | L | \$745.88 | | | | | | | |
| 52510 | L | \$745.88 | | | | | | | |
| 52520 | L | \$1,222.86 | | | | | | | |
| 52530 | L | \$1,164.90 | | | | | | | |
| 53415 | L | | | | | | | \$1,190.70 | |
| 53417 | L | | | | | | | \$1,350.00 | |
| 7.0 ORAL SURGERY SERVICES | | | | | | | | | |
| 71206 | | | | \$118.77 | | | | | |
| 72100 | | \$161.53 | | | | | | | |
| 72105 | | | | \$194.78 | | | | | |
| 72110 | | \$223.28 | | | | | | | |
| 72210 | | \$144.43 | | | | | | | |
| 72220 | | \$208.08 | | | | | | | |
| 72230 | | \$276.49 | | | | | | | |
| 72235 | | | | \$346.50 | | | | | |
| 72236 | | | | \$289.80 | | | | | |
| 72240 | | \$309.75 | | | | | | | |
| 72310 | | \$114.02 | | | | | | | |
| 72320 | | \$161.53 | | | | | | | |
| 72325 | | | | \$194.78 | | | | | |
| 72410 | | \$55.11 | | | | | | | |
| 72411 | | \$228.04 | | | | | | | |
| 72412 | | \$526.39 | | | | | | | |
| 72415 | | | | \$532.09 | | | | | |
| 72416 | | | | \$365.81 | | | | | |
| 72510 | | | | \$207.00 | | | | | |
| 73110 | | \$167.23 | | | | | | | |
| 75415 | | | | \$560.59 | | | | | |
| 76150 | | | | | | \$92.34 | | | |
| 76160 | | | | | | \$92.34 | | | |
| 76170 | | | | \$324.00 | | | | | |
| 76210 | | \$850.40 | | | | | | | |
| 76310 | | \$850.40 | | | | | | | |
| 8.0 ORTHODONTIC SERVICES | | | | | | | | | |
| 80671 | | \$73.16 | | | | | | | |
| 81102 | L | \$524.49 | | | | | | | |
| 81103 | L | \$524.49 | | | | | | | |
| 81105 | L | \$581.50 | | | | | | | |
| 81106 | L | \$581.50 | | | | | | | |
| 81110 | L | \$524.49 | | | | | | | |
| 81111 | L | \$524.49 | | | | | | | |
| 81115 | L | \$524.49 | | | | | | | |
| 81116 | L | \$524.49 | | | | | | | |
| 81171 | L | \$839.00 | | | | | | | |
| 81172 | L | \$839.00 | | | | | | | |
| 81173 | L | \$839.00 | | | | | | | |
| 81174 | L | \$658.47 | | | | | | | |
| 81175 | L | \$495.99 | | | | | | | |
| 81201 | L | \$629.95 | | | | | | | |
| 81202 | L | \$629.95 | | | | | | | |
| 81203 | L | \$334.46 | | | | | | | |
| 81204 | L | \$334.46 | | | | | | | |
| 81205 | L | \$334.46 | | | | | | | |
| 81206 | L | \$334.46 | | | | | | | |

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 General Practitioners and Specialists
SCHEDULE B

| All Procedures in Schedule B have a Predetermination Requirement | | | | | | | | | |
|--|-----|----------|------|----------|-------|------|---------|------|--------|
| Code | Lab | GP | Endo | O. Surg | Ortho | Paed | Perio | Pros | O. Med |
| 81207 | L | \$474.13 | | | | | | | |
| 81208 | L | \$474.13 | | | | | | | |
| 81209 | L | \$459.88 | | | | | | | |
| 81210 | L | \$524.49 | | | | | | | |
| 81261 | L | \$271.75 | | | | | | | |
| 81271 | L | \$217.59 | | | | | | | |
| 9.0 ADJUNCTIVE SERVICES | | | | | | | | | |
| General Anaesthesia | | | | | | | | | |
| 92224 | | \$203.33 | | | | | | | |
| 92225 | | | | \$242.29 | | | | | |
| 92229 | | \$50.36 | | | | | | | |
| 92305 | | | | \$242.29 | | | \$56.06 | | |
| 92306 | | | | | | | \$37.06 | | |
| 92311 | | \$34.21 | | | | | | | |
| 92312 | | \$55.11 | | | | | | | |
| 92313 | | \$76.02 | | | | | | | |
| 92314 | | \$96.92 | | | | | | | |
| 92315 | | \$117.82 | | | | | | | |
| 92316 | | \$138.72 | | | | | | | |
| 92317 | | \$159.63 | | | | | | | |
| 92318 | | \$180.53 | | | | | | | |
| 92331 | | \$31.15 | | | | | | | |
| 92332 | | \$46.73 | | | | | | | |
| 92333 | | \$62.31 | | | | | | | |
| 92334 | | \$77.89 | | | | | | | |
| 92335 | | \$93.47 | | \$242.29 | | | \$82.66 | | |
| 92336 | | \$109.05 | | | | | | | |
| 92337 | | \$109.05 | | | | | | | |
| 92338 | | \$109.05 | | | | | | | |
| 92345 | L | | | | | | \$32.30 | | |
| 92421 | | \$20.07 | | | | | | | |
| 94200 | | \$62.71 | | | | | | | |
| 94400 | | \$62.71 | | | | | | | |
| 94415 | | | | \$83.70 | | | \$64.61 | | |
| 99111 | | I.C. | | | | | | | |