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July 19, 2013

Communication to all NIHB General Practitioners and Specialists

Effective August 1, 2013, Procedure Code 11107 will be reinstated as an eligible dental service under the Non-Insured Health Benefits Program. The change listed below has been updated and highlighted in grey in the revised dental benefit grid.

SCHEDULE A		
1.0 PREVENTION		
Specialty	Procedure Code	Description/ Fee
GP	11107	\$11.95

For further information or questions, please contact the Northern Regional Office toll-free at 1-855-618-6291.

Thank you.



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NUNAVUT

NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

Effective Date
April 1, 2013
(Revised August 1, 2013)

- The coverage of dental services provided through the NIHB Program will be reimbursed in accordance with the terms and conditions of the Program.
- Schedule B Procedures require Predetermination.
- Please refer to the NIHB Dental Benefits Guide for further information on policies, guidelines and criteria of dental services eligible under the NIHB Program.
- Please refer to the NIHB Dental Claims Submission Kit for further information on terms and conditions for submitting a claim under the NIHB Program.

Should you have any questions, please contact the Provider Claims Processing Call Centre at 1-888-511-4666.

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

Code	Lab.	GP	O. Surg	Ortho.	Paed.	Perio.
0.0 DIAGNOSTIC						
0.1 EXAMINATIONS						
Maximum eligibility of examinations: ages 17+: up to 3 in any 12 months; under 17: up to 4 in any 12 months. 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. Specialty complete and Specialty limited examinations (performed by specialists only) will not count against the eligible maximum examinations allowable.						
Complete Oral Examination and Diagnosis						
1 in 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		\$53.72			\$59.09	
01102		\$80.57			\$88.63	
Permanent						
Eligible only for clients age 12 and older.						
01103		\$80.57			\$88.63	
New Patient Limited						
1 in a lifetime, with same provider or different provider in the same office 1 in any 12 months, with different provider in a different office						
01201		\$53.72	\$53.72		\$59.09	
Recall Examination						
Age 17+: 1 in any 12 months; under age 17: 1 in any 6 months						
01202		\$53.72	\$53.72		\$59.09	
Specific/ Emergency Examinations						
1 in any 12 months						
01204		\$53.72	\$53.72		\$59.09	
01205		\$53.72	\$53.72		\$59.09	
Specialist Examination and Diagnosis - Limited						
1 in any 12 months/ specialty (with GP referral and justification for the referral)						
01402			\$48.37			
01502						\$31.91
01503						\$42.15
01602			\$62.60			
0.2 RADIOGRAPHS						
Intraoral, Complete Series (7-16 films)						
1 in any 60 months Not to be covered in conjunction with a panoramic radiograph for the time period (60 months).						
02101		\$143.13	\$143.13			
02102		\$143.13	\$143.13			
02117		\$107.30	\$107.30			
02118		\$121.61	\$121.61			
02119		\$135.88	\$135.88			
02120		\$143.12	\$143.12			
02121		\$150.36				
02122		\$157.60				
02123		\$164.83				
02124		\$172.07				
02125		\$179.31				

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Code	Lab.	GP	O. Surg	Ortho.	Paed.	Perio.
Intraoral (1-6 films)						
6 in any 12 months						
02111		\$21.46	\$21.46			
02112		\$35.73	\$35.73			
02113		\$50.09	\$50.09			
02114		\$64.38	\$64.38			
02115		\$78.73	\$78.73			
02116		\$93.01	\$93.01			
02131		\$35.73	\$35.73			
02132		\$53.64	\$53.64			
02141		\$21.46	\$21.46			
02142		\$35.73	\$35.73			
02143		\$50.09	\$50.09			
02144		\$64.38	\$64.38			
Panoramic						
1 in any 120 months; up to 2 in a lifetime Not to be covered in conjunction with a complete series for the time period (60 months).						
02601		\$71.51	\$71.51			
0.3 LABORATORY TESTS						
04311	L	\$59.08	\$70.91		\$64.99	\$64.99
04312	L	\$59.08	\$70.91		\$64.99	\$64.99
04313	L	\$63.84	\$76.61		\$70.22	\$70.22
04321	L	\$85.48	\$102.58		\$94.03	\$94.03
04322	L	\$305.25	\$366.31		\$335.77	\$335.77
04323	L	\$85.48	\$102.58		\$94.03	\$94.03
1.0 PREVENTION						
Polishing						
Age 17+: 1 unit in any 12 months; under age 17: 1 unit in any 6 months						
11101		\$23.89				
11107		\$11.95				
Scaling						
Age 0 to 11: 0.5 unit in any 6 months in combination with root planing; Age 12 to 16: 1 unit in any 6 months in combination with root planing; Age 17+: 4 units in any 12 months in combination with root planing; Predetermination is required for additional units.						
11111		\$62.05				
11112		\$124.08				
11113		\$186.15				
11114		\$248.18				
11117		\$31.03				
Topical Fluoride						
Eligible only for clients under age 17: 1 in any 6 months						
12101		\$29.47				
Sealants/ Preventive Resins						
Eligible only for clients under age 14 on the occlusal surface of permanent molar teeth and on the lingual surface of permanent maxillary incisor teeth where surfaces are unrestored.						
13401		\$29.47				
13409		\$14.74				
13411		\$63.71			\$70.08	
13419		\$30.08			\$33.09	

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 General Practitioners and Specialists
SCHEDULE A

Code	Lab.	GP	O. Surg	Ortho.	Paed.	Perio.
2.0 RESTORATION						
Caries, Trauma and Pain Control						
Maximum two (2) teeth in a 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		\$65.79			\$72.37	
20119		\$65.79			\$72.37	
20121		\$166.85			\$183.54	
20129		\$166.85			\$183.54	
20131		\$31.79			\$34.97	
20139		\$31.79			\$34.97	
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 in any 12 months for same provider or different provider in the same office.						
21111		\$77.92			\$85.71	
21112		\$114.50			\$125.96	
21113		\$142.94			\$157.23	
21114		\$142.94			\$157.23	
21115		\$142.94			\$157.23	
21121		\$77.92			\$85.71	
21122		\$114.50			\$125.96	
21123		\$142.94			\$157.23	
21124		\$142.94			\$157.23	
21125		\$142.94			\$157.23	
21211		\$77.86			\$85.64	
21212		\$114.50			\$125.96	
21213		\$147.20			\$161.92	
21214		\$179.97			\$197.97	
21215		\$196.31			\$215.94	
21221		\$77.86			\$85.64	
21222		\$114.50			\$125.96	
21223		\$147.20			\$161.92	
21224		\$179.97			\$197.97	
21225		\$196.31			\$215.94	
21231		\$77.86			\$85.64	
21232		\$114.50			\$125.96	
21233		\$147.20			\$161.92	
21234		\$179.97			\$197.97	
21235		\$196.31			\$215.94	
21241		\$77.86			\$85.64	
21242		\$114.50			\$125.96	
21243		\$147.20			\$161.92	
21244		\$179.97			\$197.97	
21245		\$196.31			\$215.94	
21401		\$24.17			\$26.58	
21402		\$36.24			\$39.86	
21403		\$48.31			\$53.15	
21404		\$59.80			\$65.78	
21405		\$72.27			\$79.49	

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Code	Lab.	GP	O. Surg	Ortho.	Paed.	Perio.
22201		\$142.94			\$157.23	
22211		\$142.94			\$157.23	
22401		\$133.50			\$146.85	
22501		\$183.55			\$201.90	
23101		\$83.46			\$91.80	
23102		\$99.56			\$109.52	
23103		\$116.82			\$128.50	
23104		\$150.18			\$165.19	
23105		\$183.55			\$201.90	
23111		\$114.50			\$125.96	
23112		\$130.88			\$143.97	
23113		\$147.20			\$161.92	
23114		\$179.97			\$197.97	
23115		\$212.68			\$233.95	
23211		\$83.46			\$91.80	
23212		\$116.82			\$128.50	
23213		\$133.50			\$146.85	
23214		\$150.18			\$165.19	
23215		\$166.86			\$183.55	
23221		\$83.46			\$91.80	
23222		\$116.82			\$128.50	
23223		\$133.50			\$146.85	
23224		\$150.18			\$165.19	
23225		\$166.86			\$183.55	
23311		\$114.50			\$125.96	
23312		\$163.59			\$179.95	
23313		\$196.31			\$215.94	
23314		\$229.04			\$251.94	
23315		\$261.76			\$287.93	
23321		\$114.50			\$125.96	
23322		\$163.59			\$179.95	
23323		\$196.31			\$215.94	
23324		\$229.04			\$251.94	
23325		\$261.76			\$287.93	
23401		\$86.62			\$95.28	
23402		\$100.12			\$110.13	
23403		\$116.82			\$128.50	
23404		\$133.50			\$146.85	
23405		\$133.50			\$146.85	
23411		\$114.50			\$125.96	
23412		\$130.88			\$143.97	
23413		\$133.50			\$146.85	
23414		\$133.50			\$146.85	
23415		\$133.50			\$146.85	
23501		\$83.46			\$91.80	
23502		\$116.82			\$128.50	
23503		\$133.50			\$146.85	
23504		\$133.50			\$146.85	
23505		\$133.50			\$146.85	
23511		\$114.50			\$125.96	
23512		\$133.50			\$146.85	

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NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab.	GP	O. Surg	Ortho.	Paed.	Perio.
23513		\$133.50			\$146.85	
23514		\$133.50			\$146.85	
23515		\$133.50			\$146.85	
Post Removal						
1 in a lifetime, per permanent tooth						
25781		\$69.24			\$76.17	
25782		\$138.48			\$152.33	
Repair to Crowns						
1 in any 36 months, per tooth						
27721		\$198.30			\$218.13	
27722	L	\$65.03			\$71.53	
Recementation of Crowns						
1 in any 36 months, per tooth						
29101		\$66.10			\$72.71	
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		\$126.59			\$139.25	
32222		\$126.59			\$139.25	
32232		\$60.28			\$66.30	
32311		\$94.94			\$104.43	
32312		\$126.59			\$139.25	
32313		\$158.23			\$174.05	
32314		\$189.88			\$208.87	
32321		\$94.94			\$104.43	
32322		\$158.23			\$174.05	
Root Canal Therapy						
3 in 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		\$489.09			\$538.00	
33121		\$738.36			\$812.19	
33131		\$843.84			\$928.22	
33141		\$1,024.65			\$1,127.11	
Open and Drain						
39201		\$60.96			\$67.05	
39202		\$60.96			\$67.05	
4.0 PERIODONTICS						
Root Planing						
Age 0 to 11: 0.5 unit in any 6 months in combination with scaling; Age 12 to 16: 1 unit in any 6 months in combination with scaling; Age 17+: 4 units in any 12 months in combination with scaling; Predetermination is required for additional units.						
43421		\$61.04				
43422		\$122.10				
43423		\$183.15				
43424		\$244.23				
43427		\$30.52				

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 General Practitioners and Specialists
SCHEDULE A

Code	Lab.	GP	O. Surg	Ortho.	Paed.	Perio.
Miscellaneous						
42831		\$45.45	\$54.54		\$50.00	\$50.00
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.						
The fee paid for dentures includes three (3) months post-insertion care including adjustments and modifications. NIHB does not cover any other denture-related procedures during this period. The fee for immediate dentures includes the tissue conditioner, but not the processed reline/rebase. For immediate dentures, an additional reline is permitted.						
Denture Adjustments						
54201		\$56.60				
Repairs and Additions						
1 per prosthesis in any 12 months						
55101	L	\$59.62				
55102	L	\$59.62				
55201	L	\$119.22				
55202	L	\$119.22				
55203	L	\$226.52				
55301	L	\$58.40				
55302	L	\$58.40				
55401	L	\$119.22				
55402	L	\$119.22				
55403	L	\$226.52				
Reline or Rebase						
1 per prosthesis in any 24 months						
56211		\$178.82				
56212		\$178.82				
56213		\$339.76				
56221		\$178.82				
56222		\$178.82				
56223		\$339.76				
56231	L	\$178.82				
56232	L	\$178.82				
56233	L	\$339.76				
56241	L	\$178.82				
56242	L	\$178.82				
56243	L	\$339.76				
56311	L	\$178.82				
56312	L	\$178.82				
56313	L	\$339.76				
56321	L	\$178.82				
56322	L	\$178.82				
56323	L	\$339.76				
Tissue Conditioning						
1 per prosthesis in any 24 months						
56511		\$119.22				
56512		\$119.22				
56513		\$226.52				
56521		\$119.22				
56522		\$119.22				

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 General Practitioners and Specialists
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Code	Lab.	GP	O. Surg	Ortho.	Paed.	Perio.
56523		\$226.52				
56531		\$119.22				
56532		\$119.22				
56533		\$226.52				
7.0 ORAL AND MAXILLOFACIAL SURGERY						
71101		\$76.09	\$91.29		\$83.69	\$83.69
71109		\$45.66	\$54.77		\$50.22	\$50.22
72311		\$68.28	\$81.94		\$75.10	\$75.10
72319		\$40.99	\$49.18		\$45.09	\$45.09
74111		\$204.80	\$245.78		\$225.28	\$225.28
74112		\$266.19	\$319.43		\$292.81	\$292.81
74121		\$245.79	\$294.92		\$270.36	\$270.36
74122		\$325.78	\$390.96		\$358.36	\$358.36
74211		\$204.80	\$245.76		\$225.28	\$225.28
74212		\$266.19	\$319.42		\$292.81	\$292.81
74221		\$245.79	\$294.94		\$270.36	\$270.36
74222		\$325.78	\$390.94		\$358.36	\$358.36
74611		\$235.53	\$282.65		\$259.09	\$259.09
74612		\$312.79	\$375.35		\$344.07	\$344.07
74621		\$286.76	\$344.09		\$315.44	\$315.44
74631		\$235.53	\$282.65		\$259.09	\$259.09
74632		\$312.79	\$375.35		\$344.07	\$344.07
75111		\$150.23	\$180.28		\$165.25	\$165.25
75112		\$150.23	\$180.28		\$165.25	\$165.25
75113		\$186.29	\$223.55		\$204.92	\$204.92
75121		\$157.02	\$188.42		\$172.72	\$172.72
75122		\$163.18	\$195.81		\$179.49	\$179.49
75123		\$201.87	\$242.24		\$222.06	\$222.06
75211		\$338.81	\$406.58		\$372.69	
75212		\$362.98	\$435.57		\$399.28	
75221		\$333.05	\$399.66		\$366.35	
75301		\$526.97	\$632.36		\$579.66	
75303		\$526.97	\$632.36		\$579.66	
76941		\$255.99	\$307.16		\$281.58	
76949		\$255.99	\$307.16		\$281.58	
76951		\$78.54	\$94.24		\$86.39	
76952		\$157.02	\$188.42		\$172.72	
76961		\$163.82	\$196.59			
76962		\$184.33	\$221.19			
79601		\$68.29	\$81.95		\$75.12	\$75.12
79602		\$71.69	\$86.03		\$78.86	\$78.86
79605		\$71.69	\$86.03		\$78.86	\$78.86
79606		\$71.69	\$86.03		\$78.86	\$78.86
79701		\$409.78	\$491.73			
79702		\$409.78	\$491.73			

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

All Procedures in Schedule B have a Predetermination Requirement						
Code	Lab	GP	O. Surg	Ortho	Paed	Perio
0.0 DIAGNOSTIC						
0.1 EXAMINATIONS						
Maximum eligibility of examinations: ages 17+: up to 3 in any 12 months; under 17: up to 4 in any 12 months. 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. Specialty complete and Specialty limited examinations (performed by specialists only) will not count against the eligible maximum examinations allowable.						
First Dental Visit Examinations						
Up to the age of three (3) inclusive						
00011		\$56.49			\$62.14	
Specialist Examinations and Diagnosis - Complete						
1 in any 60 months per specialty (with GP referral and justification for the referral). When a specialty complete examination is adjudicated, it eliminates specialty limited examination within the same specialty in that twelve (12) month period.						
01401			\$127.10			
01501						\$131.56
01601			\$88.98			
0.2 LABORATORY TESTS						
When submitting predetermination requests of laboratory tests/analysis, a copy of the laboratory report is required.						
04101	L	\$51.04	\$61.28		\$56.15	\$56.15
04401	L	\$51.04	\$61.28		\$56.15	\$56.15
0.3 DIAGNOSTIC CASTS, UNMOUNTED						
04911		\$51.08	\$61.30			
04913		\$107.90	\$129.48			
1.0 PREVENTION						
Interproximal Disking of Teeth						
1 unit in any 12 months						
16201		\$26.88			\$29.56	
Occlusal Adjustment/Equilibration						
Cost of one unit will be limited to the cost of half unit.						
16511		\$33.82			\$37.20	
16517		\$33.82			\$37.20	
2.0 RESTORATION						
Cores and Posts						
1 in any 36 months, on permanent tooth only Eligible only for clients age 18 and older. Cores are eligible only if existing restoration is greater than twelve (12) months old. Cores may be considered for coverage only in conjunction with an approved predetermination crown request. A prefabricated post/pin is eligible only when inadequate coronal tooth structure is remaining to retain a restoration. Prefabricated posts in combination with core, including pin(s) where applicable, may be considered for coverage only in conjunction with an approved predetermination crown request.						
21301		\$163.59			\$179.95	
21302		\$163.59			\$179.95	
23601		\$196.31			\$215.94	
23602		\$196.31			\$215.94	
25731		\$99.15			\$109.07	

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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement						
Code	Lab	GP	O. Surg	Ortho	Paed	Perio
25732		\$148.73			\$163.60	
25733		\$198.31			\$218.14	
25751		\$178.94			\$196.84	
25752		\$204.10			\$224.51	
25753		\$228.28			\$251.10	
25754		\$202.18			\$222.40	
25755		\$230.21			\$253.23	
25756		\$252.45			\$277.70	
25761		\$178.94			\$196.84	
25762		\$204.10			\$224.51	
25763		\$228.28			\$251.10	
25764		\$208.92			\$229.82	
25765		\$257.30			\$283.03	
25766		\$308.56			\$339.41	
Crowns Eligible once (1) in any 36 months per client 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	\$712.78			\$784.06	
27301	L	\$712.78			\$784.06	
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 Eligible three (3) in 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		\$489.09			\$538.00	
33121		\$738.36			\$812.19	
33131		\$843.84			\$928.22	
33141		\$1,024.65			\$1,127.11	
4.0 PERIODONTICS Management of Oral Disease Eligible once (1) in any twelve (12) month period.						
41211		\$62.95	\$75.54			\$69.25
41221		\$80.92	\$97.10			\$89.01
41231		\$62.95	\$75.54			\$69.25
Desensitization						
41301		\$62.95				
Periodontal Splint or Ligation, Provisional, Extra Coronal						
43211		\$111.42	\$122.56		\$122.56	\$122.56
43221		\$57.07	\$62.78		\$62.78	\$62.78
43231		\$69.47	\$76.42		\$76.42	\$76.42
43241		\$69.47	\$76.42		\$76.42	\$76.42
43281		\$69.47	\$69.47		\$76.42	\$76.42

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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement						
Code	Lab	GP	O. Surg	Ortho	Paed	Perio
Periodontal Re-Evaluation/Evaluation						
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		\$59.95				\$65.95
49102		\$119.89				\$131.88
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.						
The fee paid for dentures includes three (3) months post-insertion care including adjustments and modifications. NIHB does not cover any other denture-related procedures during this period. The fee for immediate dentures includes the tissue conditioner, but not the processed relin/rebase. For immediate dentures, an additional relin is permitted.						
Complete/ Partial/ Immediate Dentures						
1 per arch in any 96 months						
51101	L	\$625.74				
51102	L	\$625.74				
51103	L	\$1,251.50				
51301	L	\$625.74				
51302	L	\$625.74				
51303	L	\$1,251.50				
51711	L	\$625.74				
51712	L	\$625.74				
51713	L	\$938.62				
52101	L	\$178.82				
52102	L	\$178.82				
52103	L	\$268.23				
52301	L	\$596.02				
52302	L	\$596.02				
52303	L	\$894.04				
53101	L	\$625.74				
53102	L	\$625.74				
53103	L	\$938.62				
53201	L	\$625.74				
53202	L	\$625.74				
53203	L	\$938.62				
53301	L	\$938.62				
53302	L	\$938.62				
7.0 ORAL AND MAXILLOFACIAL SURGERY						
71201		\$165.69	\$193.03		\$182.26	\$182.26
71209		\$99.42	\$119.29		\$109.36	\$109.36
71211		\$165.69	\$198.83		\$182.26	
71219		\$99.42	\$119.30		\$109.36	
72111		\$150.23	\$175.02		\$165.25	
72119		\$90.13	\$108.15		\$99.15	
72211		\$225.32	\$262.51		\$247.86	
72219		\$135.18	\$162.22		\$148.70	
72221		\$286.76	\$344.09		\$315.44	
72229		\$172.06	\$206.47		\$189.27	

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 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement						
Code	Lab	GP	O. Surg	Ortho	Paed	Perio
72231		\$331.48	\$397.78		\$364.63	
72239		\$246.65	\$295.98		\$271.32	
72321		\$102.44	\$122.90		\$112.69	\$112.69
72329		\$61.47	\$73.75		\$67.61	\$67.61
72331		\$150.23	\$180.28		\$165.25	\$165.25
72339		\$90.13	\$108.15		\$99.15	\$99.15
72511		\$136.61	\$163.94		\$150.27	\$150.27
72519		\$81.97	\$98.38		\$90.17	\$90.17
72521		\$245.78	\$294.90		\$270.35	\$270.35
72529		\$147.47	\$176.96		\$162.21	\$162.21
72531		\$247.53	\$297.03		\$272.28	\$272.28
72539		\$164.44	\$197.33		\$180.88	\$180.88
72541		\$164.44	\$197.33		\$180.88	\$180.88
72551		\$256.35	\$307.62		\$281.99	\$281.99
73121		\$161.46	\$193.76		\$177.61	\$177.61
73411		\$134.52	\$161.42			\$147.97
75302		\$526.97	\$632.36		\$579.66	
75401		\$121.43	\$145.71			
75402		\$537.95	\$645.54			
75403		\$115.31	\$138.37			
75411		\$307.49	\$368.98			
75412		\$384.36	\$461.23			
76201		\$739.54	\$887.44		\$813.49	
76301		\$584.35	\$701.22		\$642.79	
79603		\$68.29	\$81.95		\$75.12	\$75.12
79604		\$71.69	\$86.02		\$78.86	\$78.86
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.						
80602		\$60.28				
80661		\$60.28				
80669		\$60.28				
80671		\$60.28				
80679		\$60.28				
81111	L	\$196.40				
81112	L	\$196.40				
81113	L	\$241.08				
81114	L	\$241.08				
81121	L	\$241.08				
81122	L	\$241.08				
81131	L	\$241.08				
81132	L	\$241.08				
81135	L	\$466.19				
81211	L	\$241.08				
81212	L	\$241.08				
81221	L	\$180.82				
81222	L	\$180.82				
81231	L	\$241.08				
81232	L	\$241.08				
81241	L	\$241.08				

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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement						
Code	Lab	GP	O. Surg	Ortho	Paed	Perio
81242	L	\$241.08				
81243	L	\$180.82				
81251	L	\$301.37				
81252	L	\$301.37				
81253	L	\$241.08				
81254	L	\$621.27				
9.0 ADJUNCTIVE GENERAL SERVICES						
NIHB Sedation and General Anaesthesia Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.						
92212		\$152.66	\$152.66		\$152.66	
92213		\$200.51	\$200.51		\$200.51	
92214		\$240.61	\$240.61		\$240.61	
92215		\$240.61	\$240.61		\$240.61	
92216		\$240.61	\$240.61		\$240.61	
92217		\$240.61	\$240.61		\$240.61	
92218		\$240.61	\$240.61		\$240.61	
92222		\$118.53	\$118.53		\$118.53	
92223		\$185.95	\$185.95		\$185.95	
92224		\$254.24	\$254.24		\$254.24	
92225		\$254.24	\$254.24		\$254.24	
92226		\$254.24	\$254.24		\$254.24	
92227		\$254.24	\$254.24		\$254.24	
92228		\$254.24	\$254.24		\$254.24	
92301		\$55.23	\$55.23		\$55.23	
92302		\$107.28	\$107.28		\$107.28	
92303		\$174.33	\$174.33		\$174.33	
92304		\$232.44	\$232.44		\$232.44	
92305		\$232.44	\$232.44		\$232.44	
92306		\$232.44	\$232.44		\$232.44	
92307		\$232.44	\$232.44		\$232.44	
92308		\$232.44	\$232.44		\$232.44	
92411		\$28.34	\$28.34		\$28.34	
92412		\$42.52	\$42.52		\$42.52	
92413		\$60.55	\$60.55		\$60.55	
92414		\$76.83	\$76.83		\$76.83	
92415		\$76.83	\$76.83		\$76.83	
92416		\$76.83	\$76.83		\$76.83	
92417		\$76.83	\$76.83		\$76.83	
92418		\$76.83	\$76.83		\$76.83	
92421		\$20.43	\$20.43		\$20.43	
92431		\$39.10	\$39.10		\$39.10	
92432		\$71.87	\$71.87		\$71.87	
92433		\$77.39	\$77.39		\$77.39	
92434		\$99.80	\$99.80		\$99.80	
92435		\$99.80	\$99.80		\$99.80	
92436		\$99.80	\$99.80		\$99.80	
92437		\$99.80	\$99.80		\$99.80	
92438		\$99.80	\$99.80		\$99.80	
92441		\$61.29	\$61.29		\$61.29	

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

All Procedures in Schedule B have a Predetermination Requirement						
Code	Lab	GP	O. Surg	Ortho	Paed	Perio
92442		\$91.93	\$91.93		\$91.93	
92443		\$122.56	\$122.56		\$122.56	
92444		\$153.20	\$153.20		\$153.20	
92445		\$153.20	\$153.20		\$153.20	
92446		\$153.20	\$153.20		\$153.20	
92447		\$153.20	\$153.20		\$153.20	
92448		\$153.20	\$153.20		\$153.20	
92451		\$84.57	\$84.57		\$84.57	
92452		\$126.83	\$126.83		\$126.83	
92453		\$201.20	\$201.20		\$201.20	
92454		\$250.52	\$250.52		\$250.52	
92455		\$250.52	\$250.52		\$250.52	
92456		\$250.52	\$250.52		\$250.52	
92457		\$250.52	\$250.52		\$250.52	
92458		\$250.52	\$250.52		\$250.52	
94302		\$66.40				
99111		I.C.	I.C.			
99222		I.C.	I.C.			
99333		I.C.	I.C.			