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June 19, 2013

Communication to all NIHB General Practitioners and Specialists

A discrepancy was recently found in the Quebec General Practitioners and Specialists NIHB Regional Dental Benefit Grid (effective June 1, 2013). The change listed below has been updated and highlighted in grey in the dental benefit grid.

SCHEDULE B		
9.0 ADJUNCTIVE GENERAL SERVICES		
Specialty	Procedure Code	Description/ Fee
O. Surg	92335	\$246.65

We apologize for any inconvenience this change may have caused. For further information or questions, please contact the Quebec Regional Office toll-free at 1-855-618-6291.

Thank you.



Health
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QUEBEC

NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

Effective Date

June 1, 2013

(Revised June 19, 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.

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

For clients under ten (10) years of age, certain dental services are covered by the RAMQ.									
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
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									
1 in any 60 months - when a complete examination is provided, it replaces the recall for the respective eligible period									
Primary and Mixed									
01110		\$59.00							
01120		\$70.61							
Permanent									
Eligible only for clients age 12 and older									
01130		\$103.49							
Recall Examination									
Age 17+: 1 in any 12 months; under 17: 1 in any 6 months									
01152						\$59.97			
01200		\$57.07							
01250		\$43.53							
01255						\$60.30			
Specific/ Emergency Oral Examination									
1 in any 12 months									
01153						\$40.50			
01154						\$40.50			
01205							\$83.18		
01300		\$29.98							
01305							\$29.98		
01400		\$29.98							
01517									\$29.98
01713								\$45.90	
Specialist Examination - Limited									
1 in any 12 months/ specialty (with GP referral and justification for the referral)									
01405							\$29.98		
01516									\$57.07
01611				\$62.88					
01716								\$29.98	
01802			\$76.42						
0.2 RADIOGRAPHS									
Intraoral, Complete Series									
1 in any 60 months									
Not to be covered in conjunction with a panoramic radiograph for the time period (60 months).									
02110				\$73.51		\$73.51	\$73.51	\$73.51	
Intraoral (1-6 films)									
6 in any 12 months									
02111		\$21.29						\$73.51	
02112		\$27.08							
02113		\$34.83							
02114		\$44.50							
02115		\$53.20							
02116		\$62.88							
02121				\$21.29		\$21.29	\$21.29	\$21.29	\$21.29
02122							\$27.08	\$27.08	
02123							\$34.83		
02124							\$44.50		
02131		\$24.19							
02132		\$30.95							

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 General Practitioners and Specialists
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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
02135				\$24.19			\$24.19	\$24.19	\$24.19
02139				\$15.48			\$15.48	\$15.48	\$15.48
02141		\$21.29							
02142		\$27.08							
02143		\$34.83							
02144		\$44.50							
02150				\$15.48		\$15.48	\$15.48	\$15.48	\$15.48
02154								\$44.50	
02171			\$21.29						
02172			\$27.08						
02173			\$34.83						
02174			\$44.50						
02175			\$53.20						
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).									
02600		\$59.00							
02601			\$59.00						
02610				\$59.00		\$59.00	\$59.00	\$59.00	\$59.00
0.3 LABORATORY TESTS									
04302	L	\$107.37							
04305			\$185.40	\$185.40		\$185.40	\$185.40	\$90.93	\$185.40
04311	L	\$90.93							
04312	L	\$217.64							
04315			\$99.63			\$99.63	\$99.63	\$90.93	\$99.63
04316			\$249.55	\$249.55		\$249.55	\$234.08	\$217.64	\$249.55
04319	L								\$28.05
04324	L					\$145.80			
04325	L					\$122.40			
04326	L					\$292.50			
1.0 PREVENTION									
Prophylaxis									
Age 17+: 1 in any 12 months; under age 17: 1 in any 6 months									
11100		\$17.19							
11200		\$22.78							
11205							\$22.78		
11300		\$25.80							
11305							\$25.80		
11400						\$17.19			
11410						\$22.78			
11420						\$25.80			
Topical Fluoride									
Eligible only for clients under age 17: 1 in any 6 months									
12400		\$28.00				\$28.00			
Pit and Fissure Sealants									
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		\$38.00							
13404		\$30.00							
13430						\$38.00			
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		\$46.42	\$46.42					\$46.42	
20115						\$63.00			

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NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
20119			\$46.42						
20121		\$54.17							
20125						\$76.50			
20131		\$19.34							
20160						\$59.97			
20161		\$54.17							
Restorations, Amalgam/ Composite; full preformed crowns									
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.									
21101		\$43.53							
21102		\$88.98							
21103		\$107.37							
21104		\$136.38							
21105		\$142.18							
21121		\$43.53							
21122		\$88.98							
21123		\$107.37							
21124		\$136.38							
21125		\$142.18							
21141						\$58.50			
21142						\$121.50			
21143						\$145.80			
21144						\$185.40			
21145						\$237.60			
21151						\$75.60			
21152						\$137.70			
21153						\$170.10			
21154						\$207.00			
21155						\$275.40			
21161						\$60.30			
21162						\$124.20			
21163						\$148.50			
21164						\$194.40			
21165						\$243.90			
21211		\$44.50							
21212		\$91.89							
21213		\$110.27							
21214		\$144.12							
21215		\$181.85							
21221		\$59.97							
21222		\$104.47							
21223		\$136.38							
21224		\$167.34							
21225		\$213.76							
21231		\$44.50							
21232		\$91.89							
21233		\$110.27							
21234		\$144.12							
21235		\$181.85							
21241		\$59.97							
21242		\$104.47							
21243		\$136.38							
21244		\$167.34							
21245		\$213.76							
21251						\$81.90			
21252						\$140.40			
21253						\$185.40			

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For clients under ten (10) years of age, certain dental services are covered by the RAMQ.									
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
21254						\$225.90			
21255						\$286.20			
21261						\$82.80			
21262						\$148.50			
21263						\$175.50			
21264						\$230.40			
21265						\$292.50			
21271						\$93.60			
21272						\$170.10			
21273						\$210.60			
21274						\$270.90			
21275						\$324.90			
21301		\$21.29							
21302		\$34.83							
21303		\$46.42							
21304		\$57.07							
21411						\$26.57			
21412						\$45.90			
21413						\$61.20			
21414						\$76.50			
22201		\$124.10							
22211		\$142.18							
22305						\$192.49			
22315						\$219.60			
22401		\$142.18							
22410						\$179.10			
22501		\$179.91							
23111		\$80.29							
23112		\$90.93							
23113		\$161.54							
23114		\$220.54							
23115		\$220.54							
23118		\$235.05							
23131						\$105.30			
23132						\$122.40			
23133						\$219.60			
23134						\$298.80			
23135						\$317.70			
23211		\$80.29							
23212		\$133.49							
23213		\$152.83							
23214		\$206.03							
23215		\$235.05							
23220		\$56.10							
23221		\$87.05							
23222		\$141.22							
23223		\$173.14							
23224		\$222.47							
23225		\$271.81							
23311		\$59.97							
23312		\$68.67							
23313		\$123.81							
23314		\$142.18							
23315		\$142.18							
23331						\$108.00			
23332						\$180.90			
23333						\$203.40			

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 General Practitioners and Specialists
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For clients under ten (10) years of age, certain dental services are covered by the RAMQ.									
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
23334						\$256.50			
23335						\$316.80			
23340						\$106.20			
23341						\$118.80			
23342						\$189.90			
23343						\$234.00			
23344						\$300.60			
23345						\$366.30			
23411		\$68.67							
23412		\$111.24							
23413		\$141.22							
23414		\$142.18							
23415		\$142.18							
23421						\$88.02			
23422						\$98.66			
23423						\$179.91			
23424						\$247.62			
23425						\$247.62			
23521						\$91.80			
23522						\$149.40			
23523						\$189.00			
23524						\$230.40			
23525						\$307.80			
29120						\$117.00			
29145						\$72.71			
Repair to Crowns 1 in any 36 months, per tooth									
27236								\$235.05	
27722	L	\$88.02							
Post Removal 1 in a lifetime, per permanent tooth									
25785						\$153.00			
26709								\$214.20	
27731		\$55.00							
27732		\$110.00							
39501			\$331.20						
Recementation of Crowns 1 in any 36 months, per tooth									
26710								\$163.80	
27112								\$80.10	
27229								\$75.60	
27240								\$135.34	
29100		\$68.67							
29101			\$68.67						
29105							\$68.67		
29150						\$101.70			
29160						\$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.									
32240						\$107.10			
32340						\$116.10			

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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
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.									
32201		\$79.32							
32202		\$132.52							
32210		\$79.32							
32221			\$117.90						
32222			\$189.00						
32241						\$113.07			
32242						\$180.00			
32311			\$132.30						
32312			\$165.60						
32313			\$217.29						
32314			\$254.39						
32341						\$122.57			
32343						\$232.94			
33100		\$388.84							
33111			\$585.00						
33121			\$720.00						
33131			\$967.50						
33141			\$1,140.19						
33150						\$522.00			
33160						\$689.66			
33170						\$880.47			
33180						\$1,028.20			
33200		\$554.24							
33300		\$710.93							
33400		\$825.08							
33475		\$114.14							
39901		\$79.32							
39902		\$79.32							
39903		\$106.40							
39904		\$132.52							
39981		\$54.17							
39985		\$54.17							
Open/Drain									
35112			\$208.93						
35120								\$38.69	
35121			\$224.41						
35122								\$38.69	
35123								\$93.83	
39201		\$38.69	\$117.90						
39202		\$93.83	\$165.60						
39241						\$52.20			
39242						\$132.08			
4.0 PERIODONTICS									
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.									
43401							\$56.00		
43402							\$98.00		
43403							\$139.00		
43404							\$180.00		
43411		\$56.00							
43412		\$98.00							

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For clients under ten (10) years of age, certain dental services are covered by the RAMQ.									
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
43413		\$139.00							
43414		\$180.00							
43417		\$31.00							
43431						\$56.00			
43432						\$98.00			
43433						\$139.00			
43434						\$180.00			
Miscellaneous									
41200		\$57.07							
42004							\$72.00		
45100								\$57.07	
45107								\$207.96	
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 relines/rebase. For immediate dentures, an additional relines is permitted.									
Denture Adjustments									
54250		\$42.56							
54251		\$42.56							
Repairs and Additions									
1 per prosthesis in any 12 months									
54405	L							\$191.52	
54406	L							\$282.43	
54407	L							\$373.36	
54408	L							\$399.48	
54409	L							\$271.81	
54415	L							\$271.81	
54416	L							\$338.55	
55101	L	\$49.33							
55102	L	\$49.33							
55103	L	\$49.33							
55104	L	\$49.33							
55201	L	\$104.47							
55202	L	\$104.47							
55203	L	\$104.47							
55204	L	\$104.47							
55520	L	\$104.47							
55530	L	\$104.47							
Relines or Rebases									
1 per prosthesis in any 24 months									
56200		\$167.34							
56201		\$167.34							
56204								\$303.72	
56205								\$253.42	
56206	L							\$442.04	
56210		\$167.34							
56211		\$167.34							
56215	L							\$632.60	
56220	L	\$194.42							
56221	L	\$194.42							
56222	L	\$319.19							
56225								\$442.04	
56230	L	\$194.42							
56231	L	\$194.42							
56232	L	\$319.19							

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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
56255								\$793.80	
56260	L	\$194.42							
56261	L	\$194.42							
56262	L	\$194.42							
56263	L	\$194.42							
56265								\$611.31	
56280	L	\$319.19							
56290	L	\$319.19							
Tissue Conditioning									
1 per prosthesis in any 24 months									
54275								\$132.30	
56270		\$78.36							
56271		\$78.36							
56272		\$78.36							
56273		\$78.36							
7.0 ORAL AND MAXILLOFACIAL SURGERY									
70430				\$222.47					
70441				\$139.50					
70442				\$270.84					
71001								\$82.21	
71002								\$62.88	
71014								\$82.21	
71020	L							\$107.37	
71101		\$82.21							
71111		\$62.88							
71150						\$88.02			
71151						\$65.77			
71160						\$102.12			
71161						\$65.77			
71205			\$123.30						
72300		\$82.21							
72305			\$82.21	\$162.00					\$82.21
72405								\$54.17	
72445								\$54.17	
74108	L	\$197.32							
74170	L					\$248.40			
74180						\$251.49			
74230				\$252.00					
74240				\$319.19					
74408	L	\$186.69							
74611				\$297.00					
74650	L					\$231.18			
75100		\$54.17							
75101		\$224.41							
75110		\$125.74							
75115				\$269.29					
75215				\$279.44					
75301		\$201.20							
75310						\$217.63			
75315				\$346.50		\$306.91			
75316				\$252.00					
75361		\$119.94							
76945				\$940.50		\$86.40			
76946						\$106.20			
76950		\$65.77							
76955	L			\$756.00		\$73.80			
76956						\$73.80			

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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
76960				\$184.50					
76965						\$77.38			
76990						\$38.69			
76991						\$43.53			
77905							\$99.63		
79601		\$30.95							
79602		\$64.81							
79615				\$125.74		\$131.55			
79710				\$812.50					

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NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement For clients under ten (10) years of age, certain dental services are covered by the RAMQ.									
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
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.									
Specialist Examination - 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.									
01135							\$106.40		
01610				\$130.58					
01620				\$1,310.64					
01801			\$126.71						
01151						\$73.30			
01515									\$103.49
01725								\$103.49	
0.2 LABORATORY TESTS									
When submitting predetermination requests of laboratory tests/analysis, a copy of the laboratory report is required.									
04100	L	\$34.83							
04101			\$36.76						
04105	L						\$64.80		\$46.80
04106	L								\$69.30
04110	L					\$45.00			
04334	L								\$50.30
04335			\$55.80	\$55.80		\$55.80	\$55.80	\$41.60	\$111.60
04401	L	\$41.60							
04535							\$43.53		
0.3 DIAGNOSTIC CASTS, UNMOUNTED									
04501		\$29.98							
04502		\$29.98							
04505				\$111.60			\$29.98	\$29.98	
04950						\$29.98			
1.0 PREVENTION									
Interproximal Disking of Teeth									
1 unit in any 12 months									
13700		\$18.37							
13715						\$24.30			
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.									
25735						\$386.10			
25736						\$434.70			
25737						\$486.00			
26621								\$427.50	
26622								\$495.00	
26623								\$560.70	
26631								\$479.70	

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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
26632								\$530.10	
26633								\$594.90	
27114								\$267.00	
29501		\$148.96							
29502		\$185.71							
29503		\$227.30							
29600		\$136.38							
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.									
27202	L							\$1,097.10	
27210	L	\$656.78							
27225	L							\$1,122.33	
27226	L					\$883.80			
27300	L	\$656.78							
27325	L					\$883.80			
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.									
33100		\$388.84							
33111			\$585.00						
33121			\$720.00						
33131			\$967.50						
33141			\$1,140.19						
33150						\$522.00			
33160						\$689.66			
33170						\$880.47			
33180						\$1,028.20			
33200		\$554.24							
33300		\$710.93							
33400		\$825.08							
33475		\$114.14							
4.0 PERIODONTICS									
Desensitization									
12740								\$21.29	
13620						\$21.29			
41300		\$21.29							
41305							\$21.29		
Vestibuloplasty									
42315							\$446.58		
Periodontal Splint or Ligation, Extra Coronal									
23172						\$95.76		\$90.93	
23173								\$63.84	
23175								\$63.84	
23176								\$63.84	
43211		\$90.93							
43212		\$63.84							
43215							\$65.31		
43257							\$75.83		
43258							\$83.18		

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

All Procedures in Schedule B have a Predetermination Requirement									
For clients under ten (10) years of age, certain dental services are covered by the RAMQ.									
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
43282						\$72.54			
43295		\$63.84							
Management of Oral Disease									
45105								\$45.45	
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;									
42000		\$48.86							
42001		\$35.63							
43440							\$174.11		
Occlusal Equilibration									
Cost of one unit will be limited to the cost of half unit									
12163								\$36.27	
12164								\$36.27	
43300		\$36.27							
43320						\$41.11	\$36.27		
Miscellaneous									
40109								\$56.10	
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.									
Complete/ Partial/ Immediate Dentures									
1 per arch in any 96 months									
51100	L	\$631.63							
51110	L	\$812.51							
51120	L	\$1,183.93							
51300	L	\$589.07							
51305	L							\$1,077.30	
51310	L	\$663.54				\$589.07			
51315	L							\$1,077.30	
51320	L	\$1,027.23				\$663.54			
51325	L							\$1,905.30	
51330	L					\$1,027.23			
51505	L							\$2,489.40	
51506	L							\$1,512.00	
51508	L							\$975.01	
51701	L	\$631.63							
51702	L	\$812.51							
51703	L	\$1,183.93							
52101	L	\$351.11							
52102	L	\$351.11							
52103	L	\$526.67							
52120	L	\$321.13							
52121	L	\$321.13							
52129	L	\$526.19							
52180	L							\$581.33	
52181	L							\$792.19	
52182	L							\$831.85	
52190								\$187.65	
52230	L	\$462.35							
52231	L	\$462.35							

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SCHEDULE B

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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
52232	L	\$758.34							
52400	L	\$812.51							
52410	L	\$812.51							
52420	L	\$1,332.89							
52500	L	\$759.31							
52510	L	\$759.31							
52520	L	\$1,244.87							
52531	L	\$1,185.87							
52542	L	\$1,185.87							
53415	L							\$1,190.70	
53416	L							\$932.35	
53417	L							\$1,350.00	
53419	L							\$827.01	
7.0 ORAL AND MAXILLOFACIAL SURGERY									
71008								\$164.44	
71011								\$211.83	
71018								\$164.44	
71155						\$199.26			
71205				\$171.03					
71206				\$120.91					
71250						\$199.26			
72100		\$164.44							
72105			\$164.44	\$270.83					
72110		\$227.30							
72150						\$206.15			
72155						\$255.34			
72210		\$147.03							
72220		\$211.83							
72230		\$281.47							
72235				\$346.50					
72236				\$295.02					
72240		\$315.33							
72250						\$270.90			
72255						\$323.06			
72310		\$116.07							
72320		\$164.44							
72325				\$198.29					
72335						\$164.44			
72340						\$155.75			
72410		\$56.10							
72411		\$232.14							
72412		\$535.87							
72415				\$541.67					
72416				\$365.81					
72510				\$207.00		\$65.77			
72515						\$179.10			
72525						\$262.13			
72535						\$643.00			
73110		\$170.24							
73121				\$252.00					
73415						\$134.52			
75415				\$570.68					
75700				\$469.12					
76150						\$94.00			
76160						\$94.00			

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

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Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
76170				\$324.00					
76201				\$938.25					
76210		\$865.71							
76301				\$914.07					
76310		\$865.71							
77910							\$207.00		
77920							\$464.40		
77922							\$554.24		
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.									
80610						\$50.11			
80671		\$74.48							
80675						\$74.48			
81101	L					\$533.93			
81102	L	\$533.93							
81103	L	\$533.93							
81104	L					\$533.93			
81105	L	\$591.97							
81106	L	\$591.97							
81107	L					\$591.97			
81108	L					\$591.97			
81109	L					\$533.93			
81110	L	\$533.93							
81111	L	\$533.93							
81115	L	\$533.93							
81116	L	\$533.93							
81119	L					\$533.93			
81136	L					\$533.93			
81137	L					\$533.93			
81171	L	\$854.10							
81172	L	\$854.10							
81173	L	\$854.10							
81174	L	\$670.32				\$670.32			
81175	L	\$504.92							
81176	L					\$854.10			
81177	L					\$854.10			
81178	L					\$854.10			
81201	L	\$641.29							
81202	L	\$641.29							
81203	L	\$340.48							
81204	L	\$340.48							
81205	L	\$340.48							
81206	L	\$340.48							
81207	L	\$482.66							
81208	L	\$482.66							
81209	L	\$468.16				\$468.16			
81210	L	\$533.93							
81215	L					\$641.29			
81216	L					\$641.29			
81221	L	\$192.93							
81222	L	\$192.93							
81233	L					\$340.48			
81234	L					\$340.48			
81244	L					\$340.48			

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

All Procedures in Schedule B have a Predetermination Requirement For clients under ten (10) years of age, certain dental services are covered by the RAMQ.									
Code	Lab	GP	Endo	O. Surg	Ortho	Paed	Perio	Pros	O. Med
81247	L					\$340.48			
81261	L	\$276.64							
81271	L	\$221.51							
81283	L					\$276.64			
81285	L					\$217.63			
81286	L					\$1,313.55			
81287	L					\$733.81			
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.									
92224		\$206.99							
92305				\$183.78					
92311		\$34.83							
92312		\$56.10							
92313		\$77.39							
92314		\$98.66							
92315		\$98.66							
92316		\$98.66							
92317		\$98.66							
92318		\$98.66							
92331		\$31.71							
92332		\$47.57							
92333		\$63.43							
92334		\$79.29							
92335		\$79.29		\$246.65					
92336		\$79.29							
92337		\$79.29							
92338		\$79.29							
92355				\$295.02					
92421		\$20.43							
92470						\$117.00			
94200		\$63.84							
94400		\$63.84							
94415				\$63.84			\$63.84		
99111		I.C.							