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Canada

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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. Procedure Code 11101 has also been added for Perio. The changes listed below have been updated and highlighted in grey in the revised dental benefit grid.

SCHEDULE A		
1.0 PREVENTION		
Specialty	Procedure Code	Description/ Fee
GP, Paed., Perio.	11107	\$15.26
Perio	11101	\$30.52

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

Thank you.



Health
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YUKON

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.

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

Code	Lab.	GP	Endo.	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		\$77.39				\$85.11	\$77.39
01102		\$108.77				\$119.65	\$108.77
Permanent							
Eligible only for clients age 12 and older.							
01103		\$113.25				\$124.58	\$113.25
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		\$41.48	\$41.48	\$41.48		\$45.64	\$41.48
Recall Examination							
Age 17+: 1 in any 12 months; under age 17: 1 in any 6 months							
01202		\$32.53	\$32.53	\$32.53		\$35.78	\$32.53
Specific/ Emergency Examinations							
1 in any 12 months							
01204		\$37.00	\$37.00	\$37.00		\$40.70	\$37.00
01205		\$37.00	\$37.00	\$37.00		\$40.70	\$37.00
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				\$44.39			
01802			\$44.39				
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		\$100.92	\$100.92	\$100.92		\$100.92	\$100.92
02102		\$108.77	\$108.77	\$108.77		\$108.77	\$108.77
02117		\$62.78	\$62.78	\$62.78		\$62.78	\$62.78
02118		\$71.77	\$71.77	\$71.77		\$71.77	\$71.77
02119		\$79.60	\$79.60	\$79.60		\$79.60	\$79.60
02120		\$86.35	\$86.35	\$86.35		\$86.35	\$86.35
02121		\$94.21	\$94.21	\$94.21		\$94.21	\$94.21
02122		\$100.92	\$100.92	\$100.92		\$100.92	\$100.92
02123		\$108.77	\$108.77	\$108.77		\$108.77	\$108.77
02124		\$108.77	\$108.77	\$108.77		\$108.77	\$108.77
02125		\$108.77	\$108.77	\$108.77		\$108.77	\$108.77

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

Code	Lab.	GP	Endo.	O. Surg	Ortho.	Paed.	Perio.
Intraoral (1-6 films)							
6 in any 12 months							
02111		\$17.94	\$17.94	\$17.94		\$17.94	\$17.94
02112		\$26.93	\$26.93	\$26.93		\$26.93	\$26.93
02113		\$33.63	\$33.63	\$33.63		\$33.63	\$33.63
02114		\$41.48	\$41.48	\$41.48		\$41.48	\$41.48
02115		\$48.22	\$48.22	\$48.22		\$48.22	\$48.22
02116		\$56.07	\$56.07	\$56.07		\$56.07	\$56.07
02131		\$26.93	\$26.93	\$26.93		\$26.93	\$26.93
02132		\$38.12	\$38.12	\$38.12		\$38.12	\$38.12
02141		\$17.94	\$17.94	\$17.94		\$17.94	\$17.94
02142		\$26.93	\$26.93	\$26.93		\$26.93	\$26.93
02143		\$33.63	\$33.63	\$33.63		\$33.63	\$33.63
02144		\$41.48	\$41.48	\$41.48		\$41.48	\$41.48
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		\$62.78	\$62.78	\$62.78		\$62.78	\$62.78
0.3 LABORATORY TESTS							
04311	L	\$96.42	\$115.71	\$115.72		\$106.07	\$115.72
04312	L	\$155.87	\$187.04	\$187.04		\$171.44	\$187.04
04313	L	\$63.84	\$76.61	\$76.61		\$70.22	\$76.61
04321	L	\$85.48	\$102.58	\$102.58		\$94.03	\$102.58
04322	L	\$312.85	\$375.43	\$375.41		\$344.12	\$375.41
04323	L	\$85.48	\$102.58	\$102.58		\$94.03	\$102.58
1.0 PREVENTION							
Polishing							
Age 17+: 1 unit in any 12 months; under age 17: 1 unit in any 6 months							
11101		\$30.52				\$30.52	\$30.52
11107		\$15.26				\$15.26	\$15.26
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		\$54.00				\$54.00	\$54.00
11112		\$108.00				\$108.00	\$108.00
11113		\$162.00				\$162.00	\$162.00
11114		\$216.00				\$216.00	\$216.00
11117		\$27.00				\$27.00	\$27.00
Topical Fluoride							
Eligible only for clients under age 17: 1 in any 6 months							
12101		\$22.00				\$22.00	\$22.00
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		\$35.00				\$35.00	
13409		\$35.00				\$35.00	
13411		\$70.63				\$77.69	
13419		\$70.63				\$77.69	

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

Code	Lab.	GP	Endo.	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		\$68.40				\$75.25	
20119		\$34.75				\$38.23	
20121		\$137.92				\$151.71	
20129		\$68.40				\$75.25	
20131		\$30.28				\$33.30	
20139		\$14.56				\$16.02	
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		\$89.70				\$98.67	
21112		\$106.52				\$117.18	
21113		\$114.37				\$125.80	
21114		\$127.83				\$140.61	
21115		\$170.43				\$187.47	
21121		\$107.37				\$118.11	
21122		\$124.78				\$137.25	
21123		\$133.49				\$146.84	
21124		\$140.25				\$154.27	
21125		\$181.85				\$200.03	
21211		\$94.21	\$94.21			\$103.63	
21212		\$120.00	\$120.00			\$131.99	
21213		\$142.42	\$142.42			\$156.65	
21214		\$163.71	\$163.71			\$180.08	
21215		\$205.20	\$205.20			\$225.72	
21221		\$105.40	\$105.40			\$115.94	
21222		\$142.42	\$142.42			\$156.65	
21223		\$163.71	\$163.71			\$180.08	
21224		\$191.76	\$191.76			\$210.93	
21225		\$247.82	\$247.82			\$272.60	
21231		\$94.21	\$94.21			\$103.63	
21232		\$120.00	\$120.00			\$131.99	
21233		\$142.42	\$142.42			\$156.65	
21234		\$163.71	\$163.71			\$180.08	
21235		\$205.20	\$205.20			\$225.72	
21241		\$105.40	\$105.40			\$115.94	
21242		\$142.42	\$142.42			\$156.65	
21243		\$163.71	\$163.71			\$180.08	
21244		\$191.76	\$191.76			\$210.93	
21245		\$247.82	\$247.82			\$272.60	
21401		\$30.28				\$33.30	
21402		\$43.73				\$48.11	
21403		\$53.84				\$59.23	
21404		\$66.16				\$72.78	
21405		\$77.39				\$85.11	
22201		\$206.33				\$226.96	

YUKON
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 General Practitioners and Specialists
SCHEDULE A

Code	Lab.	GP	Endo.	O. Surg	Ortho.	Paed.	Perio.
22211		\$206.33				\$226.96	
22401		\$206.33	\$206.33			\$226.96	
22501		\$234.36	\$234.36			\$257.80	
23101		\$102.05	\$102.05			\$112.27	
23102		\$118.86	\$118.86			\$130.75	
23103		\$146.88	\$146.88			\$161.58	
23104		\$163.71	\$163.71			\$180.08	
23105		\$201.85	\$201.85			\$222.03	
23111		\$120.00	\$120.00			\$131.99	
23112		\$143.54	\$143.54			\$157.90	
23113		\$167.08	\$167.08			\$183.79	
23114		\$191.76	\$191.76			\$210.93	
23115		\$227.62	\$227.62			\$250.40	
23211		\$91.95	\$91.95			\$101.14	
23212		\$115.49	\$115.49			\$127.05	
23213		\$136.80	\$136.80			\$150.47	
23214		\$162.59	\$162.59			\$178.86	
23215		\$197.34	\$197.34			\$217.08	
23221		\$98.68	\$98.68			\$108.55	
23222		\$132.32	\$132.32			\$145.54	
23223		\$156.98	\$156.98			\$172.68	
23224		\$190.64	\$190.64			\$209.71	
23225		\$235.48	\$235.48			\$259.03	
23311		\$133.44	\$133.44			\$146.79	
23312		\$171.55	\$171.55			\$188.71	
23313		\$201.85	\$201.85			\$222.03	
23314		\$228.75	\$228.75			\$251.61	
23315		\$285.94	\$285.94			\$314.53	
23321		\$142.42	\$142.42			\$156.65	
23322		\$201.85	\$201.85			\$222.03	
23323		\$232.12	\$232.12			\$255.33	
23324		\$256.79	\$256.79			\$282.45	
23325		\$339.77	\$339.77			\$373.74	
23401		\$95.31				\$104.83	
23402		\$109.90				\$120.90	
23403		\$124.47				\$136.92	
23404		\$139.06				\$152.95	
23405		\$176.05				\$193.65	
23411		\$109.90				\$120.90	
23412		\$125.57				\$138.13	
23413		\$142.42				\$156.65	
23414		\$159.24				\$175.17	
23415		\$201.85				\$222.03	
23501		\$81.85				\$90.04	
23502		\$98.68				\$108.55	
23503		\$109.90				\$120.90	
23504		\$127.83				\$140.61	
23505		\$170.43				\$187.47	
23511		\$118.86				\$130.75	
23512		\$142.42				\$156.65	
23513		\$167.08				\$183.79	

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

Code	Lab.	GP	Endo.	O. Surg	Ortho.	Paed.	Perio.
23514		\$200.72				\$220.80	
23515		\$206.33				\$226.96	
Post Removal							
1 in a lifetime, per permanent tooth							
25781		\$79.60	\$95.52			\$87.57	
25782		\$159.24	\$191.08			\$175.17	
Repair to Crowns							
1 in any 36 months, per tooth							
27721		\$133.44				\$146.79	
27722	L	\$65.03				\$71.53	
Recementation of Crowns							
1 in any 36 months, per tooth							
29101		\$70.63	\$70.63			\$77.69	
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		\$120.00	\$144.00			\$131.99	
32222		\$120.00	\$144.00			\$131.99	
32232		\$81.85	\$98.22			\$90.04	
32311		\$174.92	\$209.91			\$192.42	
32312		\$209.70	\$251.63			\$230.67	
32313		\$344.26	\$413.11			\$378.67	
32314		\$344.26	\$413.10			\$378.67	
32321		\$174.92	\$209.91			\$192.42	
32322		\$276.99	\$332.38			\$304.68	
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		\$445.16	\$534.19			\$489.68	
33121		\$657.11	\$788.52			\$722.82	
33131		\$749.05	\$898.87			\$823.96	
33141		\$792.78	\$951.33			\$872.04	
Open and Drain							
39201		\$90.83	\$108.99			\$108.99	
39202		\$90.83	\$108.99			\$99.91	
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		\$52.72				\$52.72	\$52.72
43422		\$105.40				\$105.40	\$105.40
43423		\$158.11				\$158.11	\$158.11
43424		\$210.82				\$210.82	\$210.82
43427		\$26.93				\$26.93	\$26.93
Miscellaneous							
42831		\$45.45		\$54.54		\$50.00	\$54.54

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 General Practitioners and Specialists
SCHEDULE A

Code	Lab.	GP	Endo.	O. Surg	Ortho.	Paed.	Perio.
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		\$56.07				\$56.07	
Repairs and Additions 1 per prosthesis in any 12 months							
55101	L	\$71.77				\$71.77	
55102	L	\$71.77				\$71.77	
55201	L	\$140.18				\$140.18	
55202	L	\$140.18				\$140.18	
55203	L	\$266.34				\$266.34	
55301	L	\$71.77				\$71.77	
55302	L	\$71.77				\$71.77	
55401	L	\$140.18				\$140.18	
55402	L	\$140.18				\$140.18	
55403	L	\$266.34				\$266.34	
Reline or Rebase 1 per prosthesis in any 24 months							
56211		\$167.08				\$167.08	
56212		\$167.08				\$167.08	
56213		\$317.46				\$317.46	
56221		\$111.01				\$111.01	
56222		\$111.01				\$111.01	
56223		\$210.92				\$210.92	
56231	L	\$209.70				\$209.70	
56232	L	\$237.71				\$237.71	
56233	L	\$425.05				\$425.05	
56241	L	\$167.08				\$167.08	
56242	L	\$181.65				\$181.65	
56243	L	\$331.30				\$331.30	
56311	L	\$209.70				\$209.70	
56312	L	\$237.71				\$237.71	
56313	L	\$425.05				\$425.05	
56321	L	\$167.08				\$167.08	
56322	L	\$181.65				\$181.65	
56323	L	\$331.81				\$331.81	
Tissue Conditioning 1 per prosthesis in any 24 months							
56511		\$84.11				\$84.11	
56512		\$84.11				\$84.11	
56513		\$159.81				\$159.81	
56521		\$84.11				\$84.11	
56522		\$84.11				\$84.11	
56523		\$159.81				\$159.81	
56531		\$84.11				\$84.11	

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 General Practitioners and Specialists
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Code	Lab.	GP	Endo.	O. Surg	Ortho.	Paed.	Perio.
56532		\$84.11				\$84.11	
56533		\$159.81				\$159.81	
7.0 ORAL AND MAXILLOFACIAL SURGERY							
71101		\$105.40		\$126.49		\$115.94	\$126.49
71109		\$69.52		\$83.41		\$76.47	\$83.41
72311		\$68.40		\$82.09		\$75.25	\$82.09
72319		\$33.63		\$40.35		\$37.00	\$40.35
74111		\$318.47		\$382.15		\$350.31	\$382.15
74112		\$620.10		\$744.12		\$682.11	\$744.12
74121		\$313.97		\$376.76		\$345.37	\$376.76
74122		\$615.60		\$738.73		\$677.17	\$738.73
74211		\$318.47		\$382.17		\$350.32	\$382.17
74212		\$620.10		\$744.13		\$682.11	\$744.13
74221		\$313.97		\$376.77		\$345.37	\$376.77
74222		\$615.60		\$738.73		\$677.17	\$738.73
74611		\$313.97		\$376.76		\$345.37	\$376.76
74612		\$615.60		\$738.73		\$677.17	\$738.73
74621		\$325.18		\$390.23		\$357.72	\$390.23
74631		\$330.79	\$396.95	\$396.95		\$363.87	\$396.95
74632		\$620.10	\$744.13	\$744.13		\$682.12	\$744.13
75111		\$84.11	\$84.11	\$100.93		\$92.52	\$100.93
75112		\$84.11	\$84.11	\$100.93		\$92.53	\$100.93
75113		\$186.29	\$186.29	\$223.55		\$204.92	\$223.55
75121		\$155.87	\$155.87	\$187.04		\$171.44	\$187.04
75122		\$163.18	\$163.18	\$195.81		\$179.49	\$195.81
75123		\$201.87	\$201.87	\$242.24		\$222.06	\$242.24
75211		\$153.62		\$184.36		\$168.98	
75212		\$362.98		\$435.57		\$399.28	
75221		\$333.05		\$399.66		\$366.35	
75301		\$144.67		\$173.57		\$159.13	
75303		\$144.67		\$173.60		\$159.13	
76941		\$392.47		\$470.95		\$431.72	
76949		\$146.88		\$176.28		\$161.56	
76951		\$67.28		\$80.74		\$74.00	
76952		\$134.57		\$161.50		\$148.03	
76961		\$149.13		\$178.96		\$149.13	
76962		\$205.20		\$246.24		\$205.20	
79601		\$60.55		\$72.66		\$66.61	\$72.66
79602		\$60.55		\$72.66		\$66.61	\$72.66
79605		\$60.55		\$72.66		\$66.61	\$72.66
79606		\$68.40		\$82.09		\$75.24	\$82.09
79701		\$409.78		\$491.73			
79702		\$409.78		\$491.73			

YUKON
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
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		\$24.19				\$26.61	
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							\$126.47
01601				\$88.98			
01801			\$79.12				
0.2 LABORATORY TESTS							
When submitting predetermination requests of laboratory tests/analysis, a copy of the laboratory report is required.							
04101	L	\$52.72	\$63.25	\$63.25		\$58.00	\$63.25
04401	L	\$60.55	\$72.66	\$72.66		\$66.61	\$72.66
0.3 DIAGNOSTIC CASTS, UNMOUNTED							
04911		\$82.99		\$99.58		\$82.99	
04913		\$107.90		\$129.48		\$107.90	
1.0 PREVENTION							
Interproximal Disking of Teeth							
1 unit in any 12 months							
16201		\$31.91				\$35.11	
Occlusal Adjustment/Equilibration							
Cost of one unit will be limited to the cost of half unit.							
16511		\$42.62				\$46.89	\$42.62
16517		\$42.62				\$46.89	
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		\$139.06	\$139.06			\$152.95	
21302		\$139.06	\$139.06			\$152.95	
23601		\$133.44	\$133.44			\$146.79	
23602		\$133.44	\$133.44			\$146.78	
25731		\$151.38	\$151.38			\$166.52	

YUKON
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
25732		\$242.20				\$266.43	
25733		\$333.04				\$366.35	
25751		\$178.94				\$196.84	
25752		\$204.10				\$224.51	
25753		\$228.28				\$251.10	
25754		\$202.16				\$222.38	
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	\$740.08				\$814.08	
27301	L	\$686.25				\$754.87	
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		\$445.16	\$534.19			\$489.68	
33121		\$657.11	\$788.52			\$722.82	
33131		\$749.05	\$898.87			\$823.96	
33141		\$792.78	\$951.33			\$872.04	
4.0 PERIODONTICS Management of Oral Disease Eligible once (1) in any twelve (12) month period.							
41211		\$65.03		\$78.04		\$65.03	\$78.04
41221		\$85.22		\$102.26		\$85.22	\$102.26
41231		\$85.22		\$102.26		\$85.22	\$102.26
Desensitization							
41301		\$56.07				\$56.07	\$56.07
Periodontal Splint or Ligation, Provisional, Extra Coronal							
43211		\$94.80		\$104.28		\$104.28	\$104.28
43221		\$57.07		\$62.78		\$62.78	\$62.78
43231		\$59.97		\$65.97		\$65.97	\$65.97
43241		\$65.77		\$72.35		\$72.35	\$72.35
43281		\$65.77		\$65.77		\$72.35	\$72.35
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		\$60.55				\$60.55	\$72.66
49102		\$121.10				\$121.10	\$145.32

YUKON
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
5.0 PROSTHODONTICS - REMOVABLE							
<p>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.</p> <p>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.</p> <p>Complete/ Partial/ Immediate Dentures 1 per arch in any 96 months</p>							
51101	L	\$614.50				\$614.50	
51102	L	\$669.43				\$669.43	
51103	L	\$1,226.74				\$1,226.74	
51301	L	\$614.50				\$614.50	
51302	L	\$669.43				\$669.43	
51303	L	\$1,226.74				\$1,226.74	
51711	L	\$626.78				\$626.78	
51712	L	\$683.85				\$683.85	
51713	L	\$982.98				\$982.98	
52101	L	\$246.69				\$246.69	
52102	L	\$246.69				\$246.69	
52103	L	\$370.04				\$370.04	
52301	L	\$376.75				\$376.75	
52302	L	\$376.75				\$376.75	
52303	L	\$565.12				\$565.12	
53101	L	\$812.96				\$812.96	
53102	L	\$812.96				\$812.96	
53103	L	\$1,219.45				\$1,219.45	
53201	L	\$697.46				\$697.46	
53202	L	\$697.46				\$697.46	
53203	L	\$1,046.21				\$1,046.21	
53301	L	\$1,070.60				\$1,070.60	
53302	L	\$1,111.79				\$1,111.79	
7.0 ORAL AND MAXILLOFACIAL SURGERY							
71201		\$211.94		\$254.32		\$233.12	\$254.32
71209		\$140.18		\$168.21		\$154.20	\$168.21
71211		\$232.12		\$278.55		\$255.34	
71219		\$140.18		\$168.21		\$154.20	
72111		\$140.18		\$163.32		\$154.20	
72119		\$70.63		\$84.77		\$77.69	
72211		\$252.32		\$302.77		\$277.55	
72219		\$125.57		\$150.70		\$138.13	
72221		\$372.28		\$446.73		\$409.50	
72229		\$186.14		\$223.37		\$204.76	
72231		\$388.71		\$466.46		\$427.58	
72239		\$246.65		\$295.98		\$271.32	
72321		\$124.47		\$149.38		\$136.92	\$149.38
72329		\$62.78		\$75.33		\$69.06	\$75.33
72331		\$232.12		\$278.55		\$255.33	\$278.55
72339		\$99.80		\$119.77		\$109.78	\$119.77
72511		\$219.77		\$263.73		\$241.74	\$263.73

YUKON
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
72519		\$109.90		\$131.88		\$120.90	\$131.88
72521		\$325.18		\$390.23		\$357.70	\$390.23
72529		\$162.59		\$195.11		\$178.85	\$195.11
72531		\$345.64		\$414.77		\$380.21	\$414.77
72539		\$164.44		\$197.33		\$180.88	\$197.33
72541		\$164.44		\$197.33		\$180.88	\$197.33
72551		\$256.35		\$307.62		\$281.99	\$307.62
73121		\$143.15		\$171.79		\$157.47	\$157.47
73411		\$134.52		\$161.42			\$161.42
75302		\$144.67		\$173.57		\$159.13	
75401		\$124.57		\$149.49			
75402		\$537.95		\$645.54			
75403		\$115.31		\$138.37			
75411		\$307.49		\$368.98			
75412		\$384.36		\$461.23			
76201		\$676.11		\$811.34		\$743.73	
76301		\$584.35		\$701.22		\$642.79	
79603		\$67.28		\$80.74		\$74.01	\$80.74
79604		\$67.28		\$80.74		\$74.01	\$80.74

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			\$60.28	\$60.28	
80661		\$62.78			\$62.78	\$62.78	
80669		\$62.78			\$62.78	\$62.78	
80671		\$62.78			\$62.78	\$62.78	
80679		\$62.78			\$62.78	\$62.78	
81111	L	\$196.40			\$196.40	\$196.40	
81112	L	\$196.40			\$196.40	\$196.40	
81113	L	\$534.88			\$534.88	\$534.88	
81114	L	\$534.88			\$534.88	\$534.88	
81121	L	\$534.88			\$534.88	\$534.88	
81122	L	\$534.88			\$534.88	\$534.88	
81131	L	\$534.88			\$534.88	\$534.88	
81132	L	\$534.88			\$534.88	\$534.88	
81135	L	\$629.06			\$629.06	\$629.06	
81211	L	\$771.48			\$771.48	\$771.48	
81212	L	\$771.48			\$771.48	\$771.48	
81221	L	\$180.82			\$180.82	\$180.82	
81222	L	\$180.82			\$180.82	\$180.82	
81231	L	\$534.88			\$534.88	\$534.88	
81232	L	\$534.88			\$534.88	\$534.88	
81241	L	\$534.88			\$534.88	\$534.88	
81242	L	\$534.88			\$534.88	\$534.88	
81243	L	\$180.82			\$180.82	\$180.82	
81251	L	\$771.48			\$771.48	\$771.48	
81252	L	\$771.48			\$771.48	\$771.48	
81253	L	\$771.48			\$771.48	\$771.48	
81254	L	\$771.48			\$771.48	\$771.48	

YUKON
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
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		\$80.52		\$80.52		\$80.52	
92223		\$120.82		\$120.82		\$120.82	
92224		\$161.09		\$161.09		\$161.09	
92225		\$161.09		\$161.09		\$161.09	
92226		\$161.09		\$161.09		\$161.09	
92227		\$161.09		\$161.09		\$161.09	
92228		\$161.09		\$161.09		\$161.09	
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		\$20.20		\$20.20		\$20.20	
92412		\$47.02		\$47.02		\$47.02	
92413		\$60.55		\$60.55		\$60.55	
92414		\$80.73		\$80.73		\$80.73	
92415		\$80.73		\$80.73		\$80.73	
92416		\$80.73		\$80.73		\$80.73	
92417		\$80.73		\$80.73		\$80.73	
92418		\$80.73		\$80.73		\$80.73	
92421		\$26.93		\$26.93		\$26.93	
92431		\$41.48		\$41.48		\$41.48	
92432		\$54.94		\$54.94		\$54.94	
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	
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	

YUKON
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
92451		\$76.88		\$76.88		\$76.88	
92452		\$115.31		\$115.31		\$115.31	
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		\$89.70	\$89.70			\$89.70	
99111		I.C.		I.C.		I.C.	I.C.
99222		I.C.	I.C.				
99333		I.C.		I.C.		I.C.	I.C.