



Health
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QUEBEC

NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

Effective Date
June 1, 2014

- 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.
- Specialists are compensated at specialist rates for selected procedures within their specialty. For all other procedures, Specialists are compensated at General Practitioners' rates.

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	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		\$60.06					
01120		\$71.88					
01151				\$74.62			
01155				\$91.80			
Permanent							
Eligible only for clients age 12 and older							
01130		\$105.35					
01156				\$113.40			
Recall Examination							
Age 17+: 1 in any 12 months; under 17: 1 in any 6 months							
01152				\$61.05			
01200		\$58.10					
01250		\$44.31					
01255				\$61.39			
Specific/ Emergency Oral Examination							
1 in any 12 months							
01153				\$41.23			
01154				\$41.23			
01205					\$84.68		
01300		\$30.52					
01305					\$30.52		
01400		\$30.52					
01517							\$30.52
01713						\$46.73	
Specialist Examination - Limited							
1 in any 12 months/ specialty (with GP referral and justification for the referral)							
01405					\$30.52		
01516							\$58.10
01716						\$30.52	
01802			\$77.80				
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				\$74.83	\$74.83	\$74.83	\$136.87
Intraoral (1-6 films)							
6 in any 12 months							
02111		\$21.67				\$74.83	
02112		\$27.57					

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02113		\$35.46					
02114		\$45.30					
02115		\$54.16					
02116		\$64.01					
02121				\$21.67	\$21.67	\$21.67	\$21.67
02122					\$27.57	\$27.57	
02123					\$35.46		
02124					\$45.30		
02131		\$24.63					
02132		\$31.51					
02135					\$24.63	\$24.63	\$24.63
02139					\$15.76	\$15.76	\$15.76
02141		\$21.67					
02142		\$27.57					
02143		\$35.46					
02144		\$45.30					
02150				\$15.76	\$15.76	\$15.76	\$15.76
02154						\$45.30	
02171			\$21.67				
02172			\$27.57				
02173			\$35.46				
02174			\$45.30				
02175			\$54.16				
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		\$60.06					
02601			\$60.06				
02610				\$60.06	\$60.06	\$60.06	\$60.06
0.3 LABORATORY TESTS							
04302	L	\$109.30					
04305			\$188.74	\$188.74	\$188.74	\$92.57	\$188.74
04311	L	\$92.57					
04312	L	\$221.56					
04315			\$101.42	\$101.42	\$101.42	\$92.57	\$101.42
04316			\$254.04	\$254.04	\$238.29	\$221.56	\$254.04
04319	L						\$28.55
04324	L			\$148.42			
04325	L			\$124.60			
04326	L			\$297.77			
1.0 PREVENTION							
Prophylaxis Age 17+: 1 in any 12 months; under age 17: 1 in any 6 months							
11100		\$17.50					
11200		\$23.19					
11205					\$23.19		
11300		\$26.26					
11305					\$26.26		
11400				\$17.50			
11410				\$23.19			
11420				\$26.26			

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Code	Lab	GP	Endo	Paed	Perio	Pros	O. Med
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		\$39.00					
13404		\$31.00					
13430				\$39.00			
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		\$47.26	\$47.26			\$47.26	
20115				\$64.13			
20119			\$47.26				
20121		\$55.15					
20125				\$77.88			
20131		\$19.69					
20160				\$61.05			
20161		\$55.15					
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		\$44.31					
21102		\$90.58					
21103		\$109.30					
21104		\$138.83					
21105		\$144.74					
21121		\$44.31					
21122		\$90.58					
21123		\$109.30					
21124		\$138.83					
21125		\$144.74					
21141				\$59.55			
21142				\$123.69			
21143				\$148.42			
21144				\$188.74			
21145				\$241.88			
21151				\$76.96			
21152				\$140.18			
21153				\$173.16			
21154				\$210.73			
21155				\$280.36			
21161				\$61.39			
21162				\$126.44			
21163				\$151.17			
21164				\$197.90			
21165				\$248.29			

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Code	Lab	GP	Endo	Paed	Perio	Pros	O. Med
21211		\$45.30					
21212		\$93.54					
21213		\$112.25					
21214		\$146.71					
21215		\$185.12					
21221		\$61.05					
21222		\$106.35					
21223		\$138.83					
21224		\$170.35					
21225		\$217.61					
21231		\$45.30					
21232		\$93.54					
21233		\$112.25					
21234		\$146.71					
21235		\$185.12					
21241		\$61.05					
21242		\$106.35					
21243		\$138.83					
21244		\$170.35					
21245		\$217.61					
21251				\$83.37			
21252				\$142.93			
21253				\$188.74			
21254				\$229.97			
21255				\$291.35			
21261				\$84.29			
21262				\$151.17			
21263				\$178.66			
21264				\$234.55			
21265				\$297.77			
21271				\$95.28			
21272				\$173.16			
21273				\$214.39			
21274				\$275.78			
21275				\$330.75			
21301		\$21.67					
21302		\$35.46					
21303		\$47.26					
21304		\$58.10					
21391						\$38.70	
21392						\$62.10	
21393						\$85.50	
21394						\$113.40	
21395						\$279.65	
21411				\$27.05			
21412				\$46.73			
21413				\$62.30			
21414				\$77.88			
22201		\$126.33					
22211		\$144.74					
22305				\$195.95			

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Code	Lab	GP	Endo	Paed	Perio	Pros	O. Med
22315				\$223.55			
22401		\$144.74					
22410				\$182.32			
22501		\$183.15					
23111		\$81.74					
23112		\$92.57					
23113		\$164.45					
23114		\$224.51					
23115		\$224.51					
23118		\$239.28					
23131				\$107.20			
23132				\$124.60			
23133				\$223.55			
23134				\$304.18			
23135				\$323.42			
23211		\$81.74					
23212		\$135.89					
23213		\$155.58					
23214		\$209.74					
23215		\$239.28					
23220		\$57.11					
23221		\$88.62					
23222		\$143.76					
23223		\$176.26					
23224		\$226.47					
23225		\$276.70					
23311		\$61.05					
23312		\$69.91					
23313		\$126.04					
23314		\$144.74					
23315		\$144.74					
23331				\$109.94			
23332				\$184.16			
23333				\$207.06			
23334				\$261.12			
23335				\$322.50			
23340				\$108.11			
23341				\$120.94			
23342				\$193.32			
23343				\$238.21			
23344				\$306.01			
23345				\$372.89			
23411		\$69.91					
23412		\$113.24					
23413		\$143.76					
23414		\$144.74					
23415		\$144.74					
23421				\$89.60			
23422				\$100.44			
23423				\$183.15			
23424				\$252.08			

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Code	Lab	GP	Endo	Paed	Perio	Pros	O. Med
23425				\$252.08			
23521				\$93.45			
23522				\$152.09			
23523				\$192.40			
23524				\$234.55			
23525				\$313.34			
29120				\$119.11			
29145				\$74.02			
Repair to Crowns 1 in any 36 months, per tooth							
27236						\$239.28	
27722	L	\$89.60					
Post Removal 1 in a lifetime, per permanent tooth							
25785				\$155.75			
26709						\$218.06	
27731		\$55.99					
27732		\$111.98					
39501			\$337.16				
Recementation of Crowns 1 in any 36 months, per tooth							
26710						\$166.75	
27112						\$81.54	
27229						\$76.96	
27240						\$137.78	
29100		\$69.91					
29101			\$69.91				
29105					\$69.91		
29150				\$103.53			
29160				\$74.02			
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				\$109.03			
32340				\$118.19			
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		\$80.75					
32202		\$134.91					
32210		\$80.75					
32221			\$120.02				
32222			\$192.40				
32241				\$115.11			
32242				\$183.24			
32311			\$134.68				
32312			\$168.58				
32313			\$221.20				
32314			\$258.97				

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Code	Lab	GP	Endo	Paed	Perio	Pros	O. Med
32341				\$124.78			
32343				\$237.13			
33100		\$395.84					
33111			\$595.53				
33121			\$732.96				
33131			\$984.92				
33141			\$1,160.71				
33150				\$531.40			
33160				\$702.07			
33170				\$896.32			
33180				\$1,046.71			
33200		\$564.22					
33300		\$723.73					
33400		\$839.93					
33475		\$116.19					
39901		\$80.75					
39902		\$80.75					
39903		\$108.32					
39904		\$134.91					
39981		\$55.15					
39985		\$55.15					
Open/Drain							
35112			\$212.69				
35120						\$39.39	
35121			\$228.45				
35122						\$39.39	
35123						\$95.52	
39201		\$39.39	\$120.02				
39202		\$95.52	\$168.58				
39241				\$53.14			
39242				\$134.46			
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					
43413		\$139.00					
43414		\$180.00					
43417		\$31.00					
43431				\$56.00			
43432				\$98.00			
43433				\$139.00			
43434				\$180.00			

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Code	Lab	GP	Endo	Paed	Perio	Pros	O. Med
Miscellaneous							
41200		\$58.10					
42004					\$73.30		
45100						\$58.10	
45107						\$211.70	
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>The overall cost of replacement for a denture may be adjusted in situations where claims for reline/rebase were paid within three months prior to the request.</p>							
51100	L	\$643.00					
51110	L	\$827.14					
51120	L	\$1,205.24					
51505	L					\$2,534.21	
51506	L					\$1,539.22	
51508	L					\$992.56	
Denture Adjustments							
54209						114.22	
54250		\$43.33					
54251		\$43.33					
Repairs and Additions							
1 per prosthesis in any 12 months							
54405	L					\$194.97	
54406	L					\$287.51	
54407	L					\$380.08	
54408	L					\$406.67	
54409	L					\$276.70	
54415	L					\$276.70	
54416	L					\$344.64	
55101	L	\$50.22					
55102	L	\$50.22					
55103	L	\$50.22					
55104	L	\$50.22					
55201	L	\$106.35					
55202	L	\$106.35					
55203	L	\$106.35					
55204	L	\$106.35					
55520	L	\$106.35					
55530	L	\$106.35					
Relines or Rebases							
1 per prosthesis in any 24 months							
56200		\$170.35					
56201		\$170.35					
56204						\$309.19	
56205						\$257.98	
56206	L					\$450.00	
56210		\$170.35					

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Code	Lab	GP	Endo	Paed	Perio	Pros	O. Med
56211		\$170.35					
56215	L					\$643.99	
56220	L	\$197.92					
56221	L	\$197.92					
56222	L	\$324.94					
56225						\$450.00	
56230	L	\$197.92					
56231	L	\$197.92					
56232	L	\$324.94					
56255						\$808.09	
56260	L	\$197.92					
56261	L	\$197.92					
56262	L	\$197.92					
56263	L	\$197.92					
56265						\$622.31	
56280	L	\$324.94					
56290	L	\$324.94					
Tissue Conditioning							
1 per prosthesis in any 24 months							
54275						\$134.68	
56270		\$79.77					
56271		\$79.77					
56272		\$79.77					
56273		\$79.77					
7.0 ORAL AND MAXILLOFACIAL SURGERY							
71001						\$83.69	
71002						\$64.01	
71014						\$83.69	
71020	L					\$109.30	
71101		\$83.69					
71111		\$64.01					
71150				\$89.60			
71151				\$66.95			
71160				\$103.96			
71161				\$66.95			
71205			\$125.52				
72300		\$83.69					
72305			\$83.69				\$83.69
72405						\$55.15	
72445						\$55.15	
74108	L	\$200.87					
74170	L			\$252.87			
74180				\$256.02			
74408	L	\$190.05					
74650	L			\$235.34			
75100		\$55.15					
75101		\$228.45					
75110		\$128.00					
75301		\$204.82					
75310				\$221.55			
75315				\$312.43			

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Code	Lab	GP	Endo	Paed	Perio	Pros	O. Med
75361		\$122.10					
76945				\$87.96			
76946				\$108.11			
76950		\$66.95					
76955				\$75.13			
76956				\$75.13			
76965				\$78.77			
76990				\$39.39			
76991				\$44.31			
77905					\$101.42		
79601		\$31.51					
79602		\$65.98					
79615				\$133.92			

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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement							
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Code	Lab	GP	Endo	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					\$108.32		
01801			\$128.99				
01515							\$105.35
01725						\$105.35	
0.2 LABORATORY TESTS							
When submitting requests of laboratory tests/analysis, a copy of the laboratory report is required.							
04100	L	\$35.46					
04101			\$37.42				
04105	L				\$65.97		\$47.64
04106	L						\$70.55
04110	L			\$45.81			
04334	L						\$51.21
04335			\$56.80	\$56.80	\$56.80	\$42.35	\$113.61
04401	L	\$42.35					
04535					\$44.31		
0.3 DIAGNOSTIC CASTS, UNMOUNTED							
04501		\$30.52					
04502		\$30.52					
04505				\$122.10	\$30.52	\$30.52	
04950				\$30.52			
1.0 PREVENTION							
Interproximal Disking of Teeth							
1 unit in any 12 months							
13700		\$18.70					
13715				\$24.74			
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				\$393.05			
25736				\$442.52			
25737				\$494.75			

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Code	Lab	GP	Endo	Paed	Perio	Pros	O. Med
25738				\$167.39			
26621						\$435.20	
26622						\$503.91	
26623						\$570.79	
26631						\$488.33	
26632						\$539.64	
26633						\$605.61	
27114						\$271.81	
29501		\$151.64					
29502		\$189.05					
29503		\$231.39					
29600		\$138.83					
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					\$1,116.85	
27210	L	\$668.60					
27225	L					\$1,142.53	
27226	L			\$899.71			
27300	L	\$668.60					
27325	L			\$899.71			
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.							
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		\$395.84					
33111			\$595.53				
33121			\$732.96				
33131			\$984.92				
33141			\$1,160.71				
33150				\$531.40			
33160				\$702.07			
33170				\$896.32			
33180				\$1,046.71			
33200		\$564.22					
33300		\$723.73					
33400		\$839.93					
4.0 PERIODONTICS							
Desensitization							
12740						\$21.67	
13620				\$21.67			
41300		\$21.67					
41305					\$21.67		
Vestibuloplasty							
42315					\$454.62		

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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	Paed	Perio	Pros	O. Med
Periodontal Splint or Ligation, Extra Coronal							
23172				\$97.48		\$92.57	
23173						\$64.99	
23175						\$64.99	
23176						\$64.99	
43211		\$92.57					
43212		\$64.99					
43215					\$66.49		
43257					\$77.19		
43258					\$84.68		
43282				\$73.85			
43295		\$64.99					
Management of Oral Disease							
45105						\$46.27	
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		\$49.74					
42001		\$36.27					
43440					\$177.24		
Occlusal Equilibration Cost of one unit will be limited to the cost of half unit							
12163						\$36.92	
12164						\$36.92	
43300		\$36.92					
43320				\$41.85	\$36.92		
Miscellaneous							
40109						\$57.11	
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. The overall cost of replacement for a denture may be adjusted in situations where claims for reline/rebase were paid within three months prior to the request.							
Complete/ Partial/ Immediate Dentures 1 per arch in any 96 months							
51300	L	\$599.67					
51305	L					\$1,096.69	
51310	L	\$675.48		\$599.67			
51315	L					\$1,096.69	
51320	L	\$1,045.72		\$675.48			
51325	L					\$1,939.60	
51330	L			\$1,045.72			
51701	L	\$643.00					
51702	L	\$827.14					

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

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Code	Lab	GP	Endo	Paed	Perio	Pros	O. Med
51703	L	\$1,205.24					
52101	L	\$357.43					
52102	L	\$357.43					
52103	L	\$536.15					
52120	L	\$326.91					
52121	L	\$326.91					
52129	L	\$535.66					
52180	L					\$591.79	
52181	L					\$806.45	
52182	L					\$846.82	
52190						\$191.03	
52230	L	\$470.67					
52231	L	\$470.67					
52232	L	\$771.99					
52400	L	\$827.14					
52410	L	\$827.14					
52420	L	\$1,356.88					
52500	L	\$772.98					
52510	L	\$772.98					
52520	L	\$1,267.28					
52531	L	\$1,207.22					
52542	L	\$1,207.22					
53415	L					\$1,212.13	
53416	L					\$949.13	
53417	L					\$1,374.30	
53419	L					\$841.90	
7.0 ORAL AND MAXILLOFACIAL SURGERY							
71008						\$167.40	
71011						\$215.64	
71018						\$167.40	
71155				\$202.85			
71250				\$202.85			
72100		\$167.40					
72105			\$167.40				
72110		\$231.39					
72150				\$209.86			
72155				\$259.94			
72210		\$149.68					
72220		\$215.64					
72230		\$286.54					
72240		\$321.01					
72250				\$275.78			
72255				\$328.88			
72310		\$118.16					
72320		\$167.40					
72335				\$167.40			
72340				\$158.55			
72410		\$57.11					
72411		\$236.32					

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Code	Lab	GP	Endo	Paed	Perio	Pros	O. Med
72412		\$545.52					
72510				\$66.95			
72515				\$182.32			
72525				\$266.85			
72535				\$654.57			
73110		\$173.30					
73415				\$136.94			
76150				\$95.69			
76160				\$95.69			
76210		\$881.29					
76310		\$881.29					
77910					\$210.73		
77920					\$472.76		
77922					\$564.22		
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				\$51.01			
80671		\$75.82					
80672		\$31.50					
80675				\$75.82			
81101	L			\$543.54			
81102	L	\$543.54					
81103	L	\$543.54					
81104	L			\$543.54			
81105	L	\$602.63					
81106	L	\$602.63					
81107	L			\$602.63			
81108	L			\$602.63			
81109	L			\$543.54			
81110	L	\$543.54					
81111	L	\$543.54					
81115	L	\$543.54					
81116	L	\$543.54					
81119	L			\$543.54			
81136	L			\$543.54			
81137	L			\$543.54			
81171	L	\$869.47					
81172	L	\$869.47					
81173	L	\$869.47					
81174	L	\$682.39		\$682.39			
81175	L	\$514.01					
81176	L			\$869.47			
81177	L			\$869.47			
81178	L			\$869.47			
81201	L	\$652.83					
81202	L	\$652.83					
81203	L	\$346.61					
81204	L	\$346.61					

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Code	Lab	GP	Endo	Paed	Perio	Pros	O. Med
81205	L	\$346.61					
81206	L	\$346.61					
81207	L	\$491.35					
81208	L	\$491.35					
81209	L	\$476.59		\$476.59			
81210	L	\$543.54					
81215	L			\$652.83			
81216	L			\$652.83			
81221	L	\$196.40					
81222	L	\$196.40					
81233	L			\$346.61			
81234	L			\$346.61			
81244	L			\$346.61			
81247	L			\$346.61			
81261	L	\$281.62					
81271	L	\$225.50					
81283	L			\$281.62			
81285	L			\$221.55			
81286	L			\$1,337.19			
81287	L			\$747.02			
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		\$210.72					
92311		\$35.46					
92312		\$57.11					
92313		\$78.78					
92314		\$100.44					
92315		\$100.44					
92316		\$100.44					
92317		\$100.44					
92318		\$100.44					
92331		\$32.28					
92332		\$48.43					
92333		\$64.57					
92334		\$80.72					
92335		\$80.72					
92336		\$80.72					
92337		\$80.72					
92338		\$80.72					
92355				\$300.33			
92421		\$20.80					
92470				\$119.11			
94200		\$64.99					
94400		\$64.99					
94415					\$64.99		
99111		I.C.					