



June 1, 2015

Communication to all NIHB General Practitioners and Specialists

Discrepancies were recently found in the Nunavut General Practitioners and Specialists NIHB Regional Dental Benefit Grids (effective February 1, 2015). The changes listed below have been updated and highlighted in grey in the dental benefit grids.

SCHEDULE A			
7.0 ORAL AND MAXILLOFACIAL SURGERY			
Specialty	Procedure Code	Fee	Type of Change
GP/Perio/Prosthodontics	71201		Added
GP/Perio/Prosthodontics	71209		Added
GP	71211		Added
GP	71219		Added

SCHEDULE B			
7.0 ORAL AND MAXILLOFACIAL SURGERY			
Specialty	Procedure Code	Fee	Type of Change
GP/Perio/Prosthodontics	71201		Removed
GP/Perio/Prosthodontics	71209		Removed
GP	71211		Removed
GP	71219		Removed

SCHEDULE B			
2.0 RESTORATION			
Specialty	Procedure Code	Fee	Type of Change
Prosthodontics	21301	\$170.86	Added
Prosthodontics	21302	\$170.86	Added
Prosthodontics	25751	\$186.90	Added
Prosthodontics	25752	\$213.17	Added
Prosthodontics	25753	\$238.43	Added
Prosthodontics	25761	\$186.90	Added
Prosthodontics	25762	\$213.17	Added
Prosthodontics	25763	\$238.43	Added

For further information or questions, please contact the Provider Claims Processing Call Centre at 1-888-511-4666.

Thank you.



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NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

Effective Date

February 1, 2015

(Revised June 1, 2015 v 3.0)

- 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.

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

Code	Lab	GP	Anest	Endo	O.Med	O.Path	Paed	Perio	Pros	Radio
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		\$56.11					\$61.71			
01102		\$84.15					\$92.58			
Permanent										
Eligible only for clients age 12 and older.										
01103		\$84.15					\$92.58			
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		\$56.11					\$61.71			
Recall Examination										
Age 17+: 1 in any 12 months; under age 17: 1 in any 6 months										
01202		\$56.11					\$61.71			
Specific/ Emergency Examinations										
1 in any 12 months										
01204		\$56.11		\$56.11	\$56.11	\$56.11	\$61.71	\$56.11	\$56.11	
01205		\$56.11		\$56.11	\$56.11	\$56.11	\$61.71	\$56.11	\$56.11	
Specialist Examination and Diagnosis - Limited										
1 in any 12 months/ specialty (with GP referral and justification for the referral)										
01502								\$33.32		
01503								\$44.03		
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		\$149.50		\$149.50			\$149.50	\$149.50	\$149.50	\$149.50
02102		\$149.50		\$149.50			\$149.50	\$149.50	\$149.50	\$149.50
02117		\$112.07		\$112.07			\$112.07	\$112.07	\$112.07	\$112.07
02118		\$127.02		\$127.02			\$127.02	\$127.02	\$127.02	\$127.02
02119		\$141.93		\$141.93			\$141.93	\$141.93	\$141.93	\$141.93
02120		\$149.49		\$149.49			\$149.49	\$149.49	\$149.49	\$149.49
02121		\$157.05		\$157.05			\$157.05	\$157.05	\$157.05	\$157.05
02122		\$164.61		\$164.61			\$164.61	\$164.61	\$164.61	\$164.61
02123		\$172.16		\$172.16			\$172.16	\$172.16	\$172.16	\$172.16
02124		\$179.72		\$179.72			\$179.72	\$179.72	\$179.72	\$179.72
02125		\$187.29		\$187.29			\$187.29	\$187.29	\$187.29	\$187.29
Intraoral (1-6 films)										
6 in any 12 months										
02111		\$22.42		\$22.42			\$22.42	\$22.42	\$22.42	\$22.42
02112		\$37.32		\$37.32			\$37.32	\$37.32	\$37.32	\$37.32
02113		\$52.32		\$52.32			\$52.32	\$52.32	\$52.32	\$52.32
02114		\$67.24		\$67.24			\$67.24	\$67.24	\$67.24	\$67.24
02115		\$82.23		\$82.23			\$82.23	\$82.23	\$82.23	\$82.23
02116		\$97.14		\$97.14			\$97.14	\$97.14	\$97.14	\$97.14
02131		\$37.32		\$37.32			\$37.32	\$37.32	\$37.32	\$37.32
02132		\$56.03		\$56.03			\$56.03	\$56.03	\$56.03	\$56.03

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

Code	Lab	GP	Anest	Endo	O.Med	O.Path	Paed	Perio	Pros	Radio
02141		\$22.42		\$22.42			\$22.42	\$22.42	\$22.42	\$22.42
02142		\$37.32		\$37.32			\$37.32	\$37.32	\$37.32	\$37.32
02143		\$52.32		\$52.32			\$52.32	\$52.32	\$52.32	\$52.32
02144		\$67.24		\$67.24			\$67.24	\$67.24	\$67.24	\$67.24
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		\$74.69		\$74.69			\$74.69	\$74.69	\$74.69	\$74.69
0.3 LABORATORY TESTS										
04311	L	\$61.70					\$67.88	\$67.88		
04312	L	\$61.70					\$67.88	\$67.88		
04313	L	\$66.68					\$73.34	\$73.34		
04321	L	\$89.28					\$98.21	\$98.21		
04322	L	\$318.82					\$350.70	\$350.70		
04323	L	\$89.28					\$98.21	\$98.21		
1.0 PREVENTION										
Polishing										
Age 17+: 1 time in any 12 months; under age 17: 1 time in any 6 months. Note that 1 time counts either for one unit or for 1/2 unit.										
11101		\$24.95					\$24.95	\$24.95	\$24.95	
11107		\$12.49					\$12.49	\$12.49	\$12.49	
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		\$64.84					\$64.84		\$64.84	
11112		\$129.65					\$129.65		\$129.65	
11113		\$194.51					\$194.51		\$194.51	
11114		\$259.32					\$259.32		\$259.32	
11117		\$34.96					\$34.96		\$34.96	
Topical Fluoride										
Eligible only for clients under age 17: 1 in any 6 months										
12101		\$30.80					\$30.80	\$30.80		
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		\$30.80								
13409		\$15.40								
13411		\$66.55					\$73.19			
13419		\$31.42					\$34.57			
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		\$68.71		\$68.71			\$75.59			
20119		\$68.71		\$68.71			\$75.59			
20121		\$174.27		\$174.27			\$191.70			
20129		\$174.27		\$174.27			\$191.70			
20131		\$33.20		\$33.20			\$36.53			
20139		\$33.20		\$33.20			\$36.53			
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		\$81.38					\$89.52			
21112		\$119.59					\$131.56			

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Code	Lab	GP	Anest	Endo	O.Med	O.Path	Paed	Perio	Pros	Radio
21113		\$149.29					\$164.22			
21114		\$149.29					\$164.22			
21115		\$149.29					\$164.22			
21121		\$81.38					\$89.52			
21122		\$119.59					\$131.56			
21123		\$149.29					\$164.22			
21124		\$149.29					\$164.22			
21125		\$149.29					\$164.22			
21211		\$81.32					\$89.45		\$81.32	
21212		\$119.59					\$131.56		\$119.59	
21213		\$153.75					\$169.12		\$153.75	
21214		\$187.97					\$206.77		\$187.97	
21215		\$205.04					\$225.55		\$205.04	
21221		\$81.32					\$89.45		\$81.32	
21222		\$119.59					\$131.56		\$119.59	
21223		\$153.75					\$169.12		\$153.75	
21224		\$187.97					\$206.77		\$187.97	
21225		\$205.04					\$225.55		\$205.04	
21231		\$81.32					\$89.45		\$81.32	
21232		\$119.59					\$131.56		\$119.59	
21233		\$153.75					\$169.12		\$153.75	
21234		\$187.97					\$206.77		\$187.97	
21235		\$205.04					\$225.55		\$205.04	
21241		\$81.32					\$89.45		\$81.32	
21242		\$119.59					\$131.56		\$119.59	
21243		\$153.75					\$169.12		\$153.75	
21244		\$187.97					\$206.77		\$187.97	
21245		\$205.04					\$225.55		\$205.04	
21401		\$25.25					\$27.76			
21402		\$37.85					\$41.64			
21403		\$50.46					\$55.52			
21404		\$62.46					\$68.70			
21405		\$75.48					\$83.02			
22201		\$149.29					\$164.22		\$149.29	
22211		\$149.29					\$164.22		\$149.29	
22401		\$139.43					\$153.38		\$139.43	
22501		\$191.71					\$210.87		\$191.71	
23101		\$87.17					\$95.88		\$87.17	
23102		\$103.99					\$114.39		\$103.99	
23103		\$122.01					\$134.21		\$122.01	
23104		\$156.85					\$172.53		\$156.85	
23105		\$191.71					\$210.87		\$191.71	
23111		\$119.59					\$131.56		\$119.59	
23112		\$136.70					\$150.37		\$136.70	
23113		\$153.75					\$169.12		\$153.75	
23114		\$187.97					\$206.77		\$187.97	
23115		\$222.14					\$244.35		\$222.14	
23211		\$87.17					\$95.88		\$87.17	
23212		\$122.01					\$134.21		\$122.01	
23213		\$139.43					\$153.38		\$139.43	
23214		\$156.85					\$172.53		\$156.85	
23215		\$174.28					\$191.71		\$174.28	
23221		\$87.17					\$95.88		\$87.17	
23222		\$122.01					\$134.21		\$122.01	
23223		\$139.43					\$153.38		\$139.43	
23224		\$156.85					\$172.53		\$156.85	

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SCHEDULE A

Code	Lab	GP	Anest	Endo	O.Med	O.Path	Paed	Perio	Pros	Radio
23225		\$174.28					\$191.71		\$174.28	
23311		\$119.59					\$131.56		\$119.59	
23312		\$170.86					\$187.95		\$170.86	
23313		\$205.04					\$225.55		\$205.04	
23314		\$239.22					\$263.14		\$239.22	
23315		\$273.40					\$300.73		\$273.40	
23321		\$119.59					\$131.56		\$119.59	
23322		\$170.86					\$187.95		\$170.86	
23323		\$205.04					\$225.55		\$205.04	
23324		\$239.22					\$263.14		\$239.22	
23325		\$273.40					\$300.73		\$273.40	
23401		\$90.47					\$99.52		\$90.47	
23402		\$104.57					\$115.02		\$104.57	
23403		\$122.01					\$134.21		\$122.01	
23404		\$139.43					\$153.38		\$139.43	
23405		\$139.43					\$153.38		\$139.43	
23411		\$119.59					\$131.56		\$119.59	
23412		\$136.70					\$150.37		\$136.70	
23413		\$139.43					\$153.38		\$139.43	
23414		\$139.43					\$153.38		\$139.43	
23415		\$139.43					\$153.38		\$139.43	
23501		\$87.17					\$95.88			
23502		\$122.01					\$134.21			
23503		\$139.43					\$153.38			
23504		\$139.43					\$153.38			
23505		\$139.43					\$153.38			
23511		\$119.59					\$131.56			
23512		\$139.43					\$153.38			
23513		\$139.43					\$153.38			
23514		\$139.43					\$153.38			
23515		\$139.43					\$153.38			
Post Removal										
1 in a lifetime, per permanent tooth										
25781		\$72.32					\$79.56			
25782		\$144.64					\$159.10			
Repair to Crowns										
1 in any 36 months, per tooth										
27721		\$207.12								
27722	L	\$67.92								
Recementation of Crowns										
1 in any 36 months, per tooth										
29101		\$69.04					\$75.94			
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		\$132.22					\$145.45			
32222		\$132.22					\$145.45			
32232		\$62.97					\$69.24			
32311		\$99.16					\$109.07			
32312		\$132.22					\$145.45			
32313		\$165.27					\$181.79			
32314		\$198.33					\$218.16			
32321		\$99.16					\$109.07			
32322		\$165.27					\$181.79			

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

Code	Lab	GP	Anest	Endo	O.Med	O.Path	Paed	Perio	Pros	Radio
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		\$510.84					\$561.92			
33121		\$771.19					\$848.31			
33131		\$881.36					\$969.50			
33141		\$1,070.21					\$1,177.23			
Open and Drain										
39201		\$63.67					\$70.03			
39202		\$63.67					\$70.03			
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		\$63.76							\$63.76	
43422		\$127.53							\$127.53	
43423		\$191.30							\$191.30	
43424		\$255.09							\$255.09	
43427		\$31.88							\$31.88	
Miscellaneous										
42831		\$47.47					\$52.22	\$52.22		
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.										
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 Dentures - Standard										
1 per arch in any 96 months										
51101	L	\$653.56								
51102	L	\$653.56								
51103	L	\$1,307.15								
Denture Adjustments										
54201		\$59.12								
Repairs and Additions										
1 per prosthesis in any 12 months										
55101	L	\$62.27								
55102	L	\$62.27								
55201	L	\$124.53								
55202	L	\$124.53								
55203	L	\$236.60								
55301	L	\$61.00								
55302	L	\$61.00								
55401	L	\$124.53								
55402	L	\$124.53								
55403	L	\$236.60								
Reline or Rebase										
1 per prosthesis in any 24 months										
56211		\$186.77								
56212		\$186.77								
56213		\$354.87								
56221		\$186.77								
56222		\$186.77								

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 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Anest	Endo	O.Med	O.Path	Paed	Perio	Pros	Radio
56223		\$354.87								
56231	L	\$186.77								
56232	L	\$186.77								
56233	L	\$354.87								
56241	L	\$186.77								
56242	L	\$186.77								
56243	L	\$354.87								
56311	L	\$186.77								
56312	L	\$186.77								
56313	L	\$354.87								
56321	L	\$186.77								
56322	L	\$186.77								
56323	L	\$354.87								
Tissue Conditioning										
1 per prosthesis in any 24 months										
56511		\$124.53								
56512		\$124.53								
56513		\$236.60								
56521		\$124.53								
56522		\$124.53								
56523		\$236.60								
56531		\$124.53								
56532		\$124.53								
56533		\$236.60								
7.0 ORAL AND MAXILLOFACIAL SURGERY										
71101		\$79.47					\$87.42	\$87.42	\$79.47	
71109		\$47.69					\$52.45	\$52.45	\$47.69	
71201		\$173.06						\$190.36	\$173.06	
71209		\$103.84						\$114.22	\$103.84	
71211		\$173.06								
71219		\$103.84								
72311		\$71.32					\$78.44	\$78.44	\$71.32	
72319		\$42.81					\$47.09	\$47.09	\$42.81	
74111		\$213.91					\$235.30	\$235.30		
74112		\$278.03					\$305.83	\$305.83		
74121		\$256.72					\$282.39	\$282.39		
74122		\$340.26					\$374.30	\$374.30		
74211		\$213.91					\$235.30	\$235.30		
74212		\$278.03					\$305.83	\$305.83		
74221		\$256.72					\$282.39	\$282.39		
74222		\$340.26					\$374.30	\$374.30		
74611		\$246.00					\$270.61	\$270.61		
74612		\$326.70					\$359.37	\$359.37		
74621		\$299.51					\$329.47	\$329.47		
74631		\$246.00					\$270.61	\$270.61		
74632		\$326.70					\$359.37	\$359.37		
75111		\$156.91					\$172.59	\$172.59		
75112		\$156.91					\$172.59	\$172.59		
75113		\$194.57					\$214.03	\$214.03		
75121		\$164.01					\$180.40	\$180.40		
75122		\$170.44					\$187.47	\$187.47		
75123		\$210.84					\$231.94	\$231.94		
75211		\$353.88					\$389.26			
75212		\$379.12					\$417.04			
75221		\$347.86					\$382.64			
75301		\$550.41					\$605.43			

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Code	Lab	GP	Anest	Endo	O.Med	O.Path	Paed	Perio	Pros	Radio
75303		\$550.41					\$605.43			
76941		\$267.38					\$294.10			
76949		\$267.38					\$294.10			
76951		\$82.03					\$90.24			
76952		\$164.01					\$180.40			
76961		\$171.11								
76962		\$192.53								
79601		\$71.33					\$78.46	\$78.46		
79602		\$74.88					\$82.37	\$82.37		
79605		\$74.88					\$82.37	\$82.37		
79606		\$74.88					\$82.37	\$82.37		
79701		\$428.01								
79702		\$428.01								

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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement										
Code	Lab	GP	Anest	Endo	O.Med	O.Path	Paed	Perio	Pros	Radio
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		\$59.01					\$64.90			
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.										
01501								\$137.41		
0.2 LABORATORY TESTS										
When submitting requests of laboratory tests/analysis, a copy of the laboratory report is required.										
04101	L	\$53.31					\$58.65	\$58.65		
04401	L	\$53.31					\$58.65	\$58.65		
0.3 DIAGNOSTIC CASTS, UNMOUNTED										
04911		\$53.35					\$53.35			
04913		\$112.70					\$112.70			
1.0 PREVENTION										
Interproximal Disking of Teeth										
1 unit in any 12 months										
16201		\$28.07								
Occlusal Adjustment/Equilibration										
Cost of one unit will be limited to the cost of half unit.										
16511		\$35.33							\$35.33	
16517		\$35.33							\$35.33	
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		\$170.86							\$170.86	
21302		\$170.86							\$170.86	
23601		\$205.04								
23602		\$205.04								
25731		\$103.55					\$113.92			
25732		\$155.35					\$170.87			
25733		\$207.13					\$227.84			
25751		\$186.90							\$186.90	
25752		\$213.17							\$213.17	
25753		\$238.43							\$238.43	
25754		\$211.17								
25755		\$240.44								
25756		\$263.67								
25761		\$186.90							\$186.90	
25762		\$213.17							\$213.17	
25763		\$238.43							\$238.43	

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All Procedures in Schedule B have a Predetermination Requirement										
Code	Lab	GP	Anest	Endo	O.Med	O.Path	Paed	Perio	Pros	Radio
25764		\$218.21								
25765		\$268.74								
25766		\$322.28								
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	\$744.48								
27301	L	\$744.48								
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		\$510.84					\$561.92			
33121		\$771.19					\$848.31			
33131		\$881.36					\$969.50			
33141		\$1,070.21					\$1,177.23			
4.0 PERIODONTICS										
Management of Oral Disease										
Eligible once (1) in any twelve (12) month period.										
41211		\$65.75						\$72.33		
41221		\$65.75						\$72.33		
41231		\$65.75						\$72.33		
Desensitization										
41301		\$65.75						\$65.75		
Periodontal Splint or Ligation, Provisional, Extra Coronal										
43211		\$116.38						\$128.01		
43221		\$59.61						\$65.57		
43231		\$72.56						\$79.82		
43241		\$72.56						\$79.82		
43281		\$72.56						\$79.82		
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		\$62.62						\$68.89		
49102		\$62.62						\$68.89		
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.										
The overall cost of replacement for a denture may be adjusted in situations where claims for relin/rebase were paid within three months prior to the request.										
Complete/ Partial/ Immediate Dentures										
1 per arch in any 96 months										
51301	L	\$653.56								
51302	L	\$653.56								
51303	L	\$1,307.15								
51711	L	\$653.56								
51712	L	\$653.56								
51713	L	\$980.36								
52101	L	\$186.77								

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52102	L	\$186.77								
52103	L	\$280.16								
52301	L	\$622.53								
52302	L	\$622.53								
52303	L	\$933.79								
53101	L	\$653.56								
53102	L	\$653.56								
53103	L	\$980.36								
53201	L	\$653.56								
53202	L	\$653.56								
53203	L	\$980.36								
53301	L	\$980.36								
53302	L	\$980.36								
7.0 ORAL AND MAXILLOFACIAL SURGERY										
72111		\$156.91								
72119		\$94.14								
72211		\$235.34								
72219		\$141.19								
72221		\$299.51								
72229		\$179.71								
72231		\$346.22								
72239		\$257.62								
72321		\$106.99					\$117.70	\$117.70		
72329		\$64.21					\$70.62	\$70.62		
72331		\$156.91								
72339		\$94.14								
72511		\$142.69					\$156.95	\$156.95		
72519		\$85.62					\$94.18	\$94.18		
72521		\$256.71					\$282.38	\$282.38		
72529		\$154.02					\$169.42	\$169.42		
72531		\$258.54						\$284.39		
72539		\$171.75						\$188.93		
72541		\$171.75						\$188.93		
72551		\$267.74						\$294.53		
73121		\$168.64						\$185.51		
73411		\$140.50						\$154.55		
75302		\$550.41								
75401		\$126.83								
75402		\$561.87								
75403		\$120.44								
75411		\$321.16								
75412		\$401.45								
76201		\$772.42					\$849.66			
76301		\$610.34					\$671.37			
79603		\$71.33					\$78.46	\$78.46		
79604		\$74.88					\$82.37	\$82.37		
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		\$62.97					\$62.97			
80661		\$62.97					\$62.97			
80669		\$62.97					\$62.97			
80671		\$62.97					\$62.97			
80679		\$62.97					\$62.97			
81111	L	\$205.14					\$205.14			

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Code	Lab	GP	Anest	Endo	O.Med	O.Path	Paed	Perio	Pros	Radio
81112	L	\$205.14					\$205.14			
81113	L	\$251.80					\$251.80			
81114	L	\$251.80					\$251.80			
81121	L	\$251.80					\$251.80			
81122	L	\$251.80					\$251.80			
81131	L	\$251.80					\$251.80			
81132	L	\$251.80					\$251.80			
81135	L	\$486.92					\$486.92			
81211	L	\$251.80					\$251.80			
81212	L	\$251.80					\$251.80			
81221	L	\$188.86					\$188.86			
81222	L	\$188.86					\$188.86			
81231	L	\$251.80					\$251.80			
81232	L	\$251.80					\$251.80			
81241	L	\$251.80					\$251.80			
81242	L	\$251.80					\$251.80			
81243	L	\$188.86					\$188.86			
81251	L	\$314.77					\$314.77			
81252	L	\$314.77					\$314.77			
81253	L	\$251.80					\$251.80			
81254	L	\$648.89					\$648.89			

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		\$159.45					\$159.45			
92213		\$209.43					\$209.43			
92214		\$251.31					\$251.31			
92215		\$251.31					\$251.31			
92216		\$251.31					\$251.31			
92217		\$251.31					\$251.31			
92218		\$251.31					\$251.31			
92222		\$123.80					\$123.80			
92223		\$194.22					\$194.22			
92224		\$265.55					\$265.55			
92225		\$265.55					\$265.55			
92226		\$265.55					\$265.55			
92227		\$265.55					\$265.55			
92228		\$265.55					\$265.55			
92301		\$57.68					\$57.68			
92302		\$112.05					\$112.05			
92303		\$182.08					\$182.08			
92304		\$242.77					\$242.77			
92305		\$242.77					\$242.77			
92306		\$242.77					\$242.77			
92307		\$242.77					\$242.77			
92308		\$242.77					\$242.77			
92321		\$37.05	\$37.05				\$37.05			
92322		\$74.09	\$74.09				\$74.09			
92323		\$110.30	\$110.30				\$110.30			
92324		\$147.33	\$147.33				\$147.33			
92325		\$147.33	\$147.33				\$147.33			
92326		\$147.33	\$147.33				\$147.33			
92327		\$147.33	\$147.33				\$147.33			
92328		\$147.33	\$147.33				\$147.33			
92411		\$29.60					\$29.60	\$29.60		

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Code	Lab	GP	Anest	Endo	O.Med	O.Path	Paed	Perio	Pros	Radio
92412		\$44.42					\$44.42	\$44.42		
92413		\$63.24					\$63.24	\$63.24		
92414		\$80.24					\$80.24	\$80.24		
92415		\$80.24					\$80.24	\$80.24		
92416		\$80.24					\$80.24	\$80.24		
92417		\$80.24					\$80.24	\$80.24		
92418		\$80.24					\$80.24	\$80.24		
92421		\$21.34					\$21.34	\$21.34		
92431		\$40.83					\$40.83	\$40.83		
92432		\$75.06					\$75.06	\$75.06		
92433		\$80.83					\$80.83	\$80.83		
92434		\$104.24					\$104.24	\$104.24		
92435		\$104.24					\$104.24	\$104.24		
92436		\$104.24					\$104.24	\$104.24		
92437		\$104.24					\$104.24	\$104.24		
92438		\$104.24					\$104.24	\$104.24		
92441		\$64.01					\$64.01	\$64.01		
92442		\$96.01					\$96.01	\$96.01		
92443		\$128.01					\$128.01	\$128.01		
92444		\$160.01					\$160.01	\$160.01		
92445		\$160.01					\$160.01	\$160.01		
92446		\$160.01					\$160.01	\$160.01		
92447		\$160.01					\$160.01	\$160.01		
92448		\$160.01					\$160.01	\$160.01		
92451		\$88.33					\$88.33			
92452		\$132.47					\$132.47			
92453		\$210.15					\$210.15			
92454		\$261.66					\$261.66			
92455		\$261.66					\$261.66			
92456		\$261.66					\$261.66			
92457		\$261.66					\$261.66			
92458		\$261.66					\$261.66			
94302		\$69.36								
99111		I.C.								
99222		I.C.								
99333		I.C.								