August 15, 2016

Communication to all NIHB General Practitioners & Specialists in Yukon

Effective September 1, 2016, the frequency for all eligible crowns, posts, cores, and post & core procedures, outlined below, will change from one (1) in any 36 months to four (4) in any 120 months.

Schedule B		
2.0 Restoration		
Procedure Code	Specialty	Type of Change
21301	GP/SP	Frequency change
21302	GP/SP	Frequency change
23601	GP/SP	Frequency change
23602	GP/SP	Frequency change
25731	GP/SP	Frequency change
25732	GP/SP	Frequency change
25733	GP/SP	Frequency change
25751	GP/SP	Frequency change
25752	GP/SP	Frequency change
25753	GP/SP	Frequency change
25754	GP/SP	Frequency change
25755	GP/SP	Frequency change
25756	GP/SP	Frequency change
25761	GP/SP	Frequency change
25762	GP/SP	Frequency change
25763	GP/SP	Frequency change
25764	GP/SP	Frequency change
25765	GP/SP	Frequency change
25766	GP/SP	Frequency change
27211	GP/SP	Frequency change
27301	GP/SP	Frequency change

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

Thank you.



YUKON NIHB Regional Dental Benefit Grid General Practitioners and Specialists

Effective Date April 1, 2016

- 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.



General Practitioners and Specialists

Code	Lab	GP	Anest	Endo	O.Med	O.Path	Ortho	Paed	Perio	Pros	Radio
0.0 DIAGNOSTIC		J.	,loot		- Annou	C.I util	574.10	· uou	. 0110	. 103	. iuuio
.1 EXAMINATIONS											
Maximum eligibility of	f avamination	ne: 200e 17±	un to 3 in an	v 12 month	e: under 17:	un to 4 in ar	v 12 months	Frequency	limitations to	aka into acco	nunt overal
nteraction between v		Ü	•	,	*	•	,				
period.	anous exam	mation servic	es rendered	by same ph	ovider, diller	ent provider	o within the a	anie onice c	i dilleterit or	noe, and the	ii eligibility
Specialty complete a	nd Specialty	limited exam	inations (perf	ormed by s	pecialists on	ly) will not co	ount against	the eligible r	naximum ex	aminations a	llowable.
Complete Oral Exan						77		3 3			
1 in any 60 months -		_	ation is provid	ded. it replac	ces the recal	I and the ne	w patient lim	ited examina	ation for the r	espective el	igible
period.			2				panoni			00,00000	.9.2.0
Primary and Mixed											
01101		\$82.28	I					\$98.74			
01102		\$115.65						\$138.79			
Permanent	L	ψ110.00	L	<u> </u>				ψ100.70		l	
Eligible only for client	s age 12 and	d older.									
01103	l	\$120.42						\$144.50			
New Patient Limited	<u> </u>	V.202	ļ	ļ.				4.11.00			
1 in a lifetime, with sa		or different of	rovider in the	same offic	е						
1 in any 12 months, v	•										
01201		\$44.11	T					\$52.93			
Recall Examination											
Age 17+: 1 in any 12	months; und	er age 17: 1	in any 6 mon	ths							
01202		\$34.59						\$41.51			
Specific/ Emergency	y Examination										
1 in any 12 months											
01204		\$39.35		\$39.35	\$39.35	\$47.21		\$47.21	\$39.35	\$39.35	
01205		\$39.35		\$39.35	\$39.35	\$47.21		\$47.21	\$39.35	\$39.35	
Specialist Examinat	ion and Dia	gnosis - Lim	ited	ı							
1 in any 12 months/ s		_		ion for the r	eferral)						
01502					·				\$33.92		
01503									\$44.82		
01802				\$47.19							
0.2 RADIOGRAPHS											
Intraoral, Complete	Series (7-16	films)									
1 in any 60 months		,									
Not to be covered in	conjunction v	vith a panora	mic radiograp	oh for the tir	ne period (6	0 months).					
02101	ĺ	\$107.31	<u> </u>	\$107.31		,		\$107.31	\$107.31	\$107.31	\$107.3°
02102		\$115.65		\$115.65				\$115.65	\$115.65	\$115.65	\$115.6
02117		\$66.75		\$66.75				\$66.75	\$66.75	\$66.75	\$66.7
02118		\$76.31		\$76.31				\$76.31	\$76.31	\$76.31	\$76.3
02119		\$84.64		\$84.64				\$84.64	\$84.64	\$84.64	\$84.64
02120		\$91.81		\$91.81				\$91.81	\$91.81	\$91.81	\$91.81
02121		\$100.17		\$100.17				\$100.17	\$100.17	\$100.17	\$100.17
02122		\$107.31		\$107.31				\$107.31	\$107.31	\$107.31	\$107.3
02123		\$115.65		\$115.65				\$115.65	\$115.65	\$115.65	\$115.65
02124		\$115.65		\$115.65				\$115.65	\$115.65	\$115.65	\$115.65
02125		\$115.65		\$115.65				\$115.65	\$115.65	\$115.65	\$115.6
Intraoral (1-6 films)		ψ.10.00		ψ. 10.00				ψ.10.00	ψ.10.00	ψ.10.00	Ψ110.00
6 in any 12 months											
02111		\$19.07		\$19.07				\$19.07	\$19.07	\$19.07	\$19.0
02111		\$28.63		\$28.63				\$28.63	\$28.63	\$28.63	\$28.6
02113	-	\$35.76		\$35.76				\$35.76	\$35.76	\$35.76	\$35.7
02113		\$44.11		\$44.11				\$44.11	\$44.11	\$44.11	\$44.1
02115		\$51.28		\$51.28				\$51.28	\$51.28	\$51.28	\$51.28
02116		\$51.28		\$59.61				\$59.61	\$59.61	\$59.61	\$59.6
02116		\$28.63		\$28.63				\$28.63	\$28.63	\$28.63	\$28.6
02131	-			\$40.54				·			
	-	\$40.54 \$19.07		· ·				\$40.54 \$19.07	\$40.54 \$10.07	\$40.54 \$10.07	\$40.5
02141	-	\$19.07		\$19.07				\$19.07	\$19.07	\$19.07	\$19.0
02142 02143		\$28.63 \$25.76		\$28.63				\$28.63 \$25.76	\$28.63 \$25.76	\$28.63 \$25.76	\$28.63
02143	1	\$35.76		\$35.76				\$35.76	\$35.76	\$35.76	\$35.76
02144		\$44.11	ı	\$44.11				\$44.11	\$44.11	\$44.11	\$44.1

General Practitioners and Specialists

	Lab	GP	Anest	Endo	O.Med	O.Path	Ortho	Paed	Perio	Pros	Radio
Panoramic											
in any 120 month											
Not to be covered i	n conjunction v		te series for th	•	riod (60 mon	ths).					
02601		\$66.75		\$66.75				\$66.75	\$66.75	\$66.75	\$66.75
0.3 LABORATORY	TESTS										
04311	L	\$102.52		\$123.03				\$123.03	\$123.03		
04312	L	\$165.74		\$198.89				\$198.89	\$198.89		
04313	L	\$67.88		\$81.46				\$81.46	\$81.46		
04321	L	\$90.89		\$109.06				\$109.06	\$109.06		
04322	L	\$332.64		\$399.17				\$399.17	\$399.17		
04323	L	\$90.89		\$109.06				\$109.06	\$109.06		
1.0 PREVENTIO	N										
Polishing											
Age 17+: 1 time in	any 12 months		7: 1 time in ar	ny 6 month	s. Note that	1 time coun	ts either for				
11101		\$31.88						\$31.88	\$31.88	\$31.88	
11107		\$15.93						\$15.93	\$15.93	\$15.93	
Scaling		de a tra la calabita		t a la a la a							
Age 0 to 11: 0.5 un Age 12 to 16: 1 uni	,										
Age 12 to 16. 1 unit Age 17+: 4 units in	•										
Predetermination is	•		•								
11111		\$58.03						\$58.03	\$58.03	\$58.03	
11112		\$116.05						\$116.05	\$116.05	\$116.05	
11113		\$174.08						\$174.08	\$174.08	\$174.08	
11114		\$232.10						\$232.10	\$232.10	\$232.10	
11117		\$29.52						\$29.52	\$29.52	\$29.52	
Topical Fluoride											
Eligible only for clie	nts under age	17: 1 in any 6	6 months								
12101		\$23.41						\$23.41	\$23.41		
Sealants/ Prevent	ve Resins										
Eligible only for clie	-	14 on the oc	clusal surface	of perman	ent molar te	eth and on t	ne lingual su	rface of pern	nanent maxil	lary incisor to	eeth where
surfaces are unres	ored.								ı		
13401		\$37.67						\$37.67			
13409		\$37.67						\$37.67			
13411	-										
		\$75.10						\$90.12			
13419		\$75.10 \$75.10									
13419 2.0 RESTORATI		\$75.10						\$90.12			
13419 2.0 RESTORATI Caries, Trauma ar	d Pain Contro	\$75.10						\$90.12			
13419 2.0 RESTORATION Caries, Trauma are Maximum two (2) to	nd Pain Contro eeth in a lifetim	\$75.10 bl e, as an eme						\$90.12 \$90.12			
13419 2.0 RESTORATION Caries, Trauma and Maximum two (2) to Caries, Trauma and	nd Pain Contro eeth in a lifetim d Pain Control	\$75.10 blue, as an eme should not be	e considered for	_	•	•		\$90.12 \$90.12 ving procedu	res: restorati	ions, open a	nd drain,
13419 2.0 RESTORATION Carles, Trauma ar Maximum two (2) to Carles, Trauma anoulpectomy, pulpot	nd Pain Contro eeth in a lifetim d Pain Control	\$75.10 bl e, as an eme should not be il if requested	e considered for	e date of s	•	•		\$90.12 \$90.12 ving procedu	res: restorati	ions, open a	nd drain,
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) to Caries, Trauma an oulpectomy, pulpot 20111	nd Pain Contro eeth in a lifetim d Pain Control	\$75.10 bl e, as an eme should not be il if requested \$72.73	e considered for	e date of s \$72.73	•	•		\$90.12 \$90.12 ving procedu	res: restorati	ions, open a	nd drain,
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) to Caries, Trauma an oulpectomy, pulpot 20111 20119	nd Pain Contro eeth in a lifetim d Pain Control	\$75.10 bl e, as an eme should not be il if requested \$72.73 \$36.95	e considered for	e date of s \$72.73 \$36.95	•	•		\$90.12 \$90.12 ving procedu \$87.27 \$44.34	res: restorati	ions, open a	nd drain,
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) to Caries, Trauma an- pulpectomy, pulpot 20111 20119 20121	nd Pain Contro eeth in a lifetim d Pain Control	\$75.10 bl e, as an eme should not be il if requested \$72.73 \$36.95 \$146.64	e considered for	\$72.73 \$36.95 \$146.64	•	•		\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97	res: restorati	ions, open a	nd drain,
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) to Caries, Trauma an- pulpectomy, pulpot 20111 20119 20121 20129	nd Pain Contro eeth in a lifetim d Pain Control	\$75.10 bl e, as an eme should not be il if requested \$72.73 \$36.95 \$146.64 \$72.73	e considered for	\$72.73 \$36.95 \$146.64 \$72.73	•	•		\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27	res: restorati	ions, open a	nd drain,
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) tr Caries, Trauma an- pulpectomy, pulpot 20111 20119 20121 20129 20131	nd Pain Contro eeth in a lifetim d Pain Control	\$75.10 bl e, as an eme should not be il if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20	e considered for	\$72.73 \$36.95 \$146.64 \$72.73 \$32.20	•	•		\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27 \$38.64	res: restorati	ions, open a	nd drain,
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) tr Caries, Trauma an pulpectomy, pulpot 20111 20119 20121 20129 20131 20139	d Pain Contro eeth in a lifetim d Pain Control omy, root cana	\$75.10 bl ee, as an eme should not be il if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48	e considered for	\$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48	•	•		\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27	res: restorati	ions, open a	nd drain,
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) tr Caries, Trauma an pulpectomy, pulpot 20111 20119 20121 20129 20131 20139 Restoration, Amal	d Pain Control eeth in a lifetim d Pain Control omy, root cana	\$75.10 bl e, as an eme should not be if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 site; Prefabri	e considered for with the same	e date of s \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 overage	ervice (DOS) and for the	same tooth.	\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27 \$38.64 \$18.58			
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) to Caries, Trauma an oulpectomy, pulpot 20111 20119 20121 20129 20131 20139 Restoration, Amal	d Pain Control eeth in a lifetim d Pain Control omy, root cana gam/ Compos h are eligible o	\$75.10 bl e, as an eme should not be if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 site; Prefabrically for clients	e considered for with the same	e date of s \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 overage	ervice (DOS) and for the	same tooth.	\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27 \$38.64 \$18.58			
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) to Caries, Trauma an oulpectomy, pulpot 20111 20119 20121 20129 20131 20139 Restoration, Amal Primary incisor teelor different provide	d Pain Control eeth in a lifetim d Pain Control omy, root cana gam/ Compos h are eligible o	\$75.10 bl e, as an eme should not be if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 site; Prefabrionly for clients office.	e considered for with the same	e date of s \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 overage	ervice (DOS) and for the	same tooth.	\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27 \$38.64 \$18.58			
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) tr Caries, Trauma an oulpectomy, pulpot 20111 20119 20121 20129 20131 20139 Restoration, Amal Primary incisor teelor different provide	d Pain Control eeth in a lifetim d Pain Control omy, root cana gam/ Compos h are eligible o	\$75.10 bl e, as an eme should not be if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 site; Prefabrically for clients office.	e considered for with the same	e date of s \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 overage	ervice (DOS) and for the	same tooth.	\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27 \$38.64 \$18.58 edit and 1 ir			
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) tr Caries, Trauma an oulpectomy, pulpot 20111 20119 20121 20129 20131 20139 Restoration, Amal Primary incisor tee or different provide 21111 21112	d Pain Control eeth in a lifetim d Pain Control omy, root cana gam/ Compos h are eligible o	\$75.10 bl e, as an eme should not be if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 bite; Prefabrionly for clients office.	e considered for with the same	e date of s \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 overage	ervice (DOS) and for the	same tooth.	\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27 \$38.64 \$18.58 edit and 1 ir \$114.44 \$135.92			
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) to Caries, Trauma an oulpectomy, pulpot 20111 20119 20121 20129 20131 20139 Restoration, Amal Primary incisor tee or different provide 21111 21112 21113	d Pain Control eeth in a lifetim d Pain Control omy, root cana gam/ Compos h are eligible o	\$75.10 bl e, as an eme should not be if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 bite; Prefabrionly for clients office. \$95.37 \$113.26 \$121.61	e considered for with the same	e date of s \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 overage	ervice (DOS) and for the	same tooth.	\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27 \$38.64 \$18.58 edit and 1 ir \$114.44 \$135.92 \$145.93			
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) to Caries, Trauma an culpectomy, pulpot 20111 20119 20121 20129 20131 20139 Restoration, Amal Primary incisor tee or different provide 21111 21112 21113 21114	d Pain Control eeth in a lifetim d Pain Control omy, root cana gam/ Compos h are eligible o	\$75.10 bl e, as an eme should not be if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 site; Prefabrial only for clients office. \$95.37 \$113.26 \$121.61 \$135.91	e considered for with the same	e date of s \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 overage	ervice (DOS) and for the	same tooth.	\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27 \$38.64 \$18.58 edit and 1 ir \$114.44 \$135.92 \$145.93 \$163.10			
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) to Caries, Trauma an culpectomy, pulpot 20111 20119 20121 20129 20131 20139 Restoration, Amal Primary incisor tee or different provide 21111 21112 21113 21114 21115	d Pain Control eeth in a lifetim d Pain Control omy, root cana gam/ Compos h are eligible o	\$75.10 bl e, as an eme should not be if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 site; Prefabrial only for clients office. \$95.37 \$113.26 \$121.61 \$135.91 \$181.21	e considered for with the same	e date of s \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 overage	ervice (DOS) and for the	same tooth.	\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27 \$38.64 \$18.58 edit and 1 ir \$114.44 \$135.92 \$145.93 \$163.10 \$217.46			
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) to Caries, Trauma an oulpectomy, pulpot 20111 20119 20121 20129 20131 20139 Restoration, Amal Primary incisor tee or different provide 21111 21112 21113 21114 21115 21121	d Pain Control eeth in a lifetim d Pain Control omy, root cana gam/ Compos h are eligible o	\$75.10 bl e, as an eme should not be if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 site; Prefabrially for clients office. \$95.37 \$113.26 \$121.61 \$135.91 \$181.21 \$95.37	e considered for with the same	e date of s \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 overage	ervice (DOS) and for the	same tooth.	\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27 \$38.64 \$18.58 edit and 1 ir \$114.44 \$135.92 \$145.93 \$163.10 \$217.46 \$114.44			
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) to Caries, Trauma an oulpectomy, pulpot 20111 20119 20121 20129 20131 20139 Restoration, Amal Primary incisor tee or different provide 21111 21112 21113 21114 21115 21121 21122	d Pain Control eeth in a lifetim d Pain Control omy, root cana gam/ Compos h are eligible o	\$75.10 bl e, as an eme should not be if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 site; Prefabrially for clients office. \$95.37 \$113.26 \$121.61 \$135.91 \$181.21 \$95.37 \$113.26	e considered for with the same	e date of s \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 overage	ervice (DOS) and for the	same tooth.	\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27 \$38.64 \$18.58 edit and 1 ir \$114.44 \$135.92 \$145.93 \$163.10 \$217.46 \$114.44 \$135.92			
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) to Caries, Trauma an oulpectomy, pulpot 20111 20119 20121 20129 20131 20139 Restoration, Amal Primary incisor tee or different provide 21111 21112 21113 21114 21115 21121 21122 21123	d Pain Control eeth in a lifetim d Pain Control omy, root cana gam/ Compos h are eligible o	\$75.10 bl e, as an eme should not be if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 site; Prefabrially for clients office. \$95.37 \$113.26 \$121.61 \$95.37 \$113.26 \$121.61 \$95.37 \$113.26 \$121.61	e considered for with the same	e date of s \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 overage	ervice (DOS) and for the	same tooth.	\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27 \$38.64 \$18.58 edit and 1 ir \$114.44 \$135.92 \$145.93 \$163.10 \$217.46 \$114.44 \$135.92 \$145.93			
13419 2.0 RESTORATI Caries, Trauma ar Maximum two (2) to Caries, Trauma an oulpectomy, pulpot 20111 20119 20121 20129 20131 20139 Restoration, Amal Primary incisor tee or different provide 21111 21112 21113 21114 21115 21121 21121	d Pain Control eeth in a lifetim d Pain Control omy, root cana gam/ Compos h are eligible o	\$75.10 bl e, as an eme should not be if requested \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 site; Prefabrially for clients office. \$95.37 \$113.26 \$121.61 \$135.91 \$181.21 \$95.37 \$113.26	e considered for with the same	e date of s \$72.73 \$36.95 \$146.64 \$72.73 \$32.20 \$15.48 overage	ervice (DOS) and for the	same tooth.	\$90.12 \$90.12 ving procedu \$87.27 \$44.34 \$175.97 \$87.27 \$38.64 \$18.58 edit and 1 ir \$114.44 \$135.92 \$145.93 \$163.10 \$217.46 \$114.44 \$135.92			

General Practitioners and Specialists

Code	Lab	GP	Anest	Endo	O.Med	O.Path	Ortho	Paed	Perio	Pros	Radio
21212	Ì	\$127.60						\$153.12		\$127.60	
21213		\$151.43						\$181.71		\$151.43	
21214		\$174.07						\$208.88		\$174.07	
21215		\$218.18						\$261.81		\$218.18	
21221		\$112.07						\$134.49		\$112.07	
21222		\$151.43						\$181.71		\$151.43	
21223		\$174.07						\$208.88		\$174.07	
21224		\$203.90						\$244.67		\$203.90	
21225		\$263.50						\$316.20		\$263.50	
21231		\$100.17						\$120.21		\$100.17	
21232		\$127.60						\$153.12		\$127.60	
21233		\$151.43						\$181.71		\$151.43	
21234		\$174.07						\$208.88		\$174.07	
21235		\$218.18						\$261.81		\$218.18	
21241		\$112.07						\$134.49		\$112.07	
21242		\$151.43						\$181.71		\$151.43	
21243		\$174.07						\$208.88		\$174.07	
21244		\$203.90						\$244.67		\$203.90	
21245		\$263.50						\$316.20		\$263.50	
21401		\$32.20						\$38.64			
21402		\$46.50						\$55.80			
21403		\$57.25						\$68.70			
21404		\$70.34						\$84.41			
21405		\$82.28						\$98.74			
22201		\$219.38						\$263.25		\$219.38	
22211		\$219.38						\$263.25		\$219.38	
22401		\$219.38						\$263.25		\$219.38	
22501		\$249.19						\$299.02		\$249.19	
23101		\$108.51						\$130.21		\$108.51	
23102		\$126.38						\$151.66		\$126.38	
23103		\$156.17						\$187.41		\$156.17	
23104		\$174.07						\$208.88		\$174.07	
23105		\$214.61						\$257.54		\$214.61	
23111		\$127.60						\$153.12		\$127.60	
23112		\$152.62						\$183.14		\$152.62	
23113		\$177.65						\$213.18		\$177.65	
23114		\$203.90						\$244.67		\$203.90	
23115		\$242.02						\$290.42		\$242.02	
23211		\$97.77						\$117.32		\$97.77	
23212		\$122.80						\$147.36		\$122.80	
23213		\$145.45						\$174.54		\$145.45	
23214		\$172.88						\$207.45		\$172.88	
23215		\$209.82						\$251.78		\$209.82	
23221		\$104.93						\$125.91		\$104.93	
23222		\$140.69						\$168.83		\$140.69	
23223		\$166.92						\$200.31		\$166.92	
23224		\$202.70						\$243.24		\$202.70	
23225		\$250.38						\$300.45		\$250.38	
23311		\$141.88						\$170.25		\$141.88	
23312		\$182.41						\$218.89		\$182.41	
23313		\$214.61						\$257.54		\$214.61	
23314		\$243.22						\$291.86		\$243.22	
23315		\$304.04						\$364.84		\$304.04	
23321		\$151.43						\$181.71		\$151.43	
23322		\$214.61						\$257.54		\$214.61	
23323		\$246.80						\$296.16		\$246.80	
23324		\$273.04						\$327.65		\$273.04	
23325		\$361.27						\$433.52		\$361.27	
23401		\$101.34						\$121.61		\$101.34	
23402	1	\$116.86						\$140.23		\$116.86	

General Practitioners and Specialists

Code	Lab	GP	Anest	Endo	O.Med	O.Path	Ortho	Paed	Perio	Pros	Radio
23403		\$132.34						\$158.81		\$132.34	
23404		\$147.85						\$177.43		\$147.85	
23405		\$187.19						\$224.63		\$187.19	
23411		\$116.86						\$140.23		\$116.86	
23412		\$133.51						\$160.21		\$133.51	
23413		\$151.43						\$181.71		\$151.43	
23414		\$169.31						\$203.18		\$169.31	
23415		\$214.61						\$257.54		\$214.61	
23501		\$87.03						\$104.43			
23502		\$104.93						\$125.91			
23503		\$116.86						\$140.23			
23504		\$135.91						\$163.10			
23505		\$181.21						\$217.46			
23511		\$126.38						\$151.66			
23512		\$151.43						\$181.71			
23513		\$177.65	+					\$213.18			
23514		\$213.41	 					\$256.10			
23515	+	\$219.38	+					\$263.25		1	
Post Removal		Ψ210.00						Ψ200.20			
1 in a lifetime, per p	ermanent toot	h									
25781		\$84.64		\$101.56				\$101.56			
25782		\$169.31		\$203.18				\$203.18			
Repair to Crowns		\$100.01	L	Ψ200.10				\$200.10		<u> </u>	
1 in any 36 months.	per tooth										
27721	, por tootii	\$141.88						I		I I	
27722	L	\$69.14									
Recementation of		\$ 00									
1 in any 36 months											
29101		\$75.10						\$90.12			
3.0 ENDODONTI	CS										
The NIHB Endodon		the met Ple	ase refer to the	2 Provider	Wahsita: ht	tn://www.nro	vider evnres	e-ecripte ca/	for informat	ion on the NI	HR dental
policies.	nic i olicy ilius	i be met. The	ase refer to the	o i iovidei	Website. III	.tp.//www.pro	wider.expres	is-scripts.ca/	ioi iiiioiiiiai	ion on the M	ib dentai
Pulpotomy/Pulpec	tomy										
Not covered for prin		eth									
32221		\$127.60	<u> </u>	\$153.12				\$153.12		1	
32222		\$127.60		\$153.12				\$153.12			
32232	+	\$87.03	+	\$104.43				\$104.43			
32311	+										
02011		\$185.00		\$223.10				\$223.10			
		\$185.99 \$222.96		\$223.19 \$267.55				\$223.19 \$267.55			
32312		\$222.96		\$267.55				\$267.55			
32312 32313		\$222.96 \$366.04		\$267.55 \$439.25				\$267.55 \$439.25			
32312 32313 32314		\$222.96 \$366.04 \$366.04		\$267.55 \$439.25 \$439.25				\$267.55 \$439.25 \$439.25			
32312 32313 32314 32321		\$222.96 \$366.04 \$366.04 \$185.99		\$267.55 \$439.25 \$439.25 \$223.19				\$267.55 \$439.25 \$439.25 \$223.19			
32312 32313 32314 32321 32322		\$222.96 \$366.04 \$366.04		\$267.55 \$439.25 \$439.25				\$267.55 \$439.25 \$439.25			
32312 32313 32314 32321 32322 Root Canal Therap	•	\$222.96 \$366.04 \$366.04 \$185.99 \$294.52	ulancy has been	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42	d gubeoguo	nt RCT proce	aduras rocui	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42	ination Pr	odatormina*io	n ie
32312 32313 32314 32321 32322 Root Canal Therag 3 in any 36 months	for all teeth.	\$222.96 \$366.04 \$366.04 \$185.99 \$294.52 Once the freq	uency has bee	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42	d, subseque	nt RCT proc	edures requi	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42	ination. Pre	edeterminatio	n is
32312 32313 32314 32321 32322 Root Canal Therag 3 in any 36 months required for 7's and	for all teeth.	\$222.96 \$366.04 \$366.04 \$185.99 \$294.52 Once the freqs.	uency has bee	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 en reached	d, subseque	nt RCT proce	edures requi	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 re predeterm	ination. Pre	edeterminatio	n is
32312 32313 32314 32321 32322 Root Canal Therag 3 in any 36 months required for 7's and	for all teeth.	\$222.96 \$366.04 \$366.04 \$185.99 \$294.52 Once the freqs.	uency has bee	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 en reached	d, subseque	nt RCT proce	edures requi	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 re predeterm \$567.98	ination. Pre	edeterminatio	n is
32312 32313 32314 32321 32322 Root Canal Therap 3 in any 36 months required for 7's and 33111 33121	for all teeth.	\$222.96 \$366.04 \$366.04 \$185.99 \$294.52 Once the freqs. \$473.32 \$698.68	uency has bee	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 en reached \$567.98 \$838.42	d, subseque	nt RCT proce	edures requ	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 re predeterm \$567.98 \$838.42	ination. Pre	edeterminatio	n is
32312 32313 32314 32321 32322 Root Canal Therap 3 in any 36 months required for 7's and 33111 33121 33131	for all teeth.	\$222.96 \$366.04 \$366.04 \$185.99 \$294.52 Once the freqs. \$473.32 \$698.68 \$796.44		\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 en reached \$567.98 \$838.42 \$955.73	d, subseque	nt RCT proc	edures requ	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 re predeterm \$567.98 \$838.42 \$955.73	ination. Pre	edeterminatio	n is
32312 32313 32314 32321 32322 Root Canal Therap 3 in any 36 months required for 7's and 33111 33121 33131 33141	for all teeth.	\$222.96 \$366.04 \$366.04 \$185.99 \$294.52 Once the freqs. \$473.32 \$698.68		\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 en reached \$567.98 \$838.42	d, subseque	nt RCT proce	edures requ	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 re predeterm \$567.98 \$838.42	ination. Pre	edeterminatio	n is
32312 32313 32314 32321 32322 Root Canal Therap 3 in any 36 months required for 7's and 33111 33121 33131 33141 Open and Drain	for all teeth.	\$222.96 \$366.04 \$366.04 \$185.99 \$294.52 Once the freq s. \$473.32 \$698.68 \$796.44 \$842.93		\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 en reached \$567.98 \$838.42 \$955.73 \$1,011.52	d, subseque	nt RCT proce	edures requi	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 re predeterm \$567.98 \$838.42 \$955.73 \$1,011.52	ination. Pre	edeterminatio	n is
32312 32313 32314 32321 32322 Root Canal Therap 3 in any 36 months required for 7's and 33111 33121 33131	for all teeth.	\$222.96 \$366.04 \$366.04 \$185.99 \$294.52 Once the freqs. \$473.32 \$698.68 \$796.44		\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 en reached \$567.98 \$838.42 \$955.73	d, subseque	nt RCT proce	edures requi	\$267.55 \$439.25 \$439.25 \$223.19 \$353.42 re predeterm \$567.98 \$838.42 \$955.73	ination. Pre	edeterminatio	n is

General Practitioners and Specialists

Code	Lab	GP	Anest	Endo	O.Med	O.Path	Ortho	Paed	Perio	Pros	Radio
		31	Airest	Liido	O.NICU	O. atti	Ortilo	i ded	1 0/10	1103	itadio
4.0 PERIODONTI	US										
Root Planing Age 0 to 11: 0.5 unit Age 12 to 16: 1 unit	in any 6 mon	ths in combina	ation with scal	ing;							
Age 17+: 4 units in a				g;							
Predetermination is	required for a		S.		ı				07.07	#50.00	
43421		\$56.06							\$67.27	\$56.06	
43422 43423		\$112.07 \$168.11							\$134.49 \$201.74	\$112.07 \$168.11	
43424		\$224.15							\$268.98	\$224.15	
43424		\$28.63							\$34.35	\$28.63	
Miscellaneous		Ψ20.03							ψ04.00	Ψ20.00	
42831		\$48.32						\$57.99	\$57.99		
5.0 PROSTHODO	NTICS - RE							70.100	,,,,,,,		
The NIHB Removab			st he met Ple	ease refer	to the Provi	der Website:	http://www.r	rovider expr	ess-scripts c	a/ for inform	ation on
he NIHB dental poli		,									
The fee paid for den	tures include:	s three (3) mo	onths post-inse	ertion care	including a	diustments a	nd modificat	ions. NIHB d	oes not cove	r anv other	denture-
related procedures											
The overall cost of r	eplacement fo	or a denture n	nay be adjuste	d in situa	tions where	claims for rel	ine/rebase w	ere paid with	nin three mor	ths prior to	the
request.											
Complete Dentures 1 per arch in any 96											
51101	L	\$653.37									
51102	L	\$711.79									
51103	L	\$1,304.35									
Denture Adjustmer	nts										
54201		\$59.61									
Repairs and Additi											
1 per prosthesis in a	iny 12 months				1						•
55101	L	\$76.31									
55102	L	\$76.31									
55201	L .	\$149.05									
55202	L .	\$149.05									
55203	L .	\$283.19									
55301	L	\$76.31									
55302	L	\$76.31									
55401 55402	L	\$149.05 \$149.05									
55403 Reline or Rebase	L	\$283.19				<u> </u>					
neime or Rebase 1 per prosthesis in a	inv 24 months	s									
56211		\$177.65									
56212	1	\$177.65									
56213	1	\$337.54									
56221	1	\$118.04									
56222		\$118.04									
56223	1	\$224.27									
56231	L	\$222.96									
56232	L	\$252.75									
56233	L	\$451.94									
56241	L	\$177.65									
56242	L	\$193.15									
56243	L	\$352.26									
56311	L	\$222.96									
56312	L	\$252.75									
56313	L	\$451.94									
	L	\$177.65									
56321	L	\$177.00									
56321 56322	L	\$177.65									

General Practitioners and Specialists

Code	Lab	GP	Anest Er	ndo	O.Med	O.Path	Ortho	Paed	Perio	Pros	Radio
Tissue Conditioning											
1 per prosthesis in any	24 months										
56511		\$89.43									
56512		\$89.43									
56513		\$169.92									
56521 56522		\$89.43 \$89.43									
56523		\$169.92									
56531		\$89.43									
56532		\$89.43									
56533		\$169.92									
7.0 ORAL AND MAX	(ILLOFAC		ERY						·		
71101		\$112.07						\$134.49	\$134.49	\$112.07	
71109		\$73.92						\$88.70	\$88.70	\$73.92	
71201		\$225.34							\$270.41	\$225.34	
71209		\$149.05							\$178.85	\$149.05	
71211		\$225.34									
71219		\$149.05									
72311		\$72.73						\$87.27	\$87.27	\$72.73	
72319		\$35.76						\$42.91	\$42.91	\$35.76	
74111		\$338.62						\$406.34	\$406.34		
74112		\$659.33						\$791.19	\$791.19		
74121		\$333.83						\$400.60	\$400.60		
74122		\$654.54						\$785.45	\$785.45		
74211		\$338.62						\$406.34	\$406.34		
74212		\$659.33						\$791.19	\$791.19		
74221		\$333.83						\$400.60	\$400.60		
74222		\$654.54						\$785.45	\$785.45		
74611		\$333.83						\$400.60	\$400.60		
74612		\$654.54						\$785.45	\$785.45		
74621 74631		\$345.75 \$351.72	¢/	22.06				\$414.90 \$422.06	\$414.90 \$422.06		
74632		\$659.33		91.19				\$791.19	\$791.19		
75111		\$89.43		07.32				\$107.32	\$107.32		
75112		\$89.43		07.32				\$107.32	\$107.32		
75113		\$198.07		237.69				\$237.69	\$237.69		
75121		\$165.74		98.89				\$198.89	\$198.89		
75122		\$173.51		208.21				\$208.21	\$208.21		
75123		\$214.64	\$2	257.56				\$257.56	\$257.56		
75211		\$163.35						\$196.02			
75212		\$385.94						\$463.13			
75221		\$354.12						\$424.95			
75301		\$153.82						\$184.58			
75303		\$153.82						\$184.58			
76941		\$417.30						\$500.76			
76949		\$156.17						\$187.41			
76951		\$71.53						\$85.84			
76952		\$143.08						\$171.70			
76961		\$158.56									
76962		\$218.18						ф 77 ОГ	Ф77 OF		
79601 79602		\$64.38 \$64.38						\$77.25 \$77.25	\$77.25 \$77.25	-	
79602 79605		\$64.38 \$64.38						\$77.25 \$77.25	\$77.25 \$77.25	-	
79606		\$72.73						\$87.27	\$87.27		
79701		\$435.71	 					Ψ01.21	Ψ01.21	+	
79702		\$435.71									
8.0 ORTHODONTIC	9	ψ.30.7 1									
The NIHB Orthodontic		be met. Ple	ease refer to the P	rovide	r Website: h	ttp://www.pro	vider.expres	s-scripts.ca/	for informati	on on the NI	HB dental
policies.	T	<u>.</u>							ı	T	
P1000		\$50.91					\$50.91	\$50.91			
P1100		\$289.75					\$289.75	\$289.75			

General Practitioners and Specialists

Code						reacterini	nation Re	quirement			
	Lab	GP	Anest	Endo	O.Med	O.Path	Ortho	Paed	Perio	Pros	Radio
.0 DIAGNOSTIC											
.1 EXAMINATIONS											
Maximum eligibility of	examination	ns: ages 17+	up to 3 in a	ny 12 mont	hs; under 17	: up to 4 in a	ny 12 month	s. Frequency	/ limitations t	ake into acc	ount over
nteraction between va	arious exam	nination servi	ces rendered	d by same p	rovider, diffe	rent provide	rs within the	same office	or different of	ffice, and the	eir eligibili
period.											
Specialty complete an	nd Specialty	limited exam	inations (pe	rformed by	specialists o	nly) will not c	ount agains	t the eligible i	maximum ex	aminations a	allowable.
First Dental Visit Exa											
Up to the age of three	(3) inclusiv	e									
00011		\$25.72						\$30.87			
Specialist Examinati											
I in any 60 months pe											
When a specialty com	iplete exam	ination is adju	udicated, it e	liminates s	pecialty limit	ed examinati	on within the	e same speci		<i>r</i> elve (12) m	onth perio
01501									\$134.48		
01801				\$84.12							
D.2 LABORATORY TI											
When submitting requ			ınalysis, a co			ort is require	d.	1			
04101	L	\$56.06		\$67.27				\$67.27	\$67.27		
04401	L	\$64.38						\$77.25	\$77.25		
D.3 DIAGNOSTIC CA	STS, UNMC	_				1					1
04911		\$88.24						\$88.24			
04913		\$114.73						\$114.73			
1.0 PREVENTION											
Interproximal Diskin	g of Teeth										
1 unit in any 12 month	ns										
16201		\$33.92									
Occlusal Adjustment											
Cost of one unit will be	e limited to	the cost of ha	ılf unit.								
16511		\$45.32								\$45.32	
16517		\$45.32								\$45.32	
										ψ10.0 <u>2</u>	
2.0 RESTORATION										\$40.0 <u>2</u>	
	l									ψ10.0 <u>2</u>	
Cores and Posts 1 in any 36 months, or	n permanen	•								¥10.02	
Cores and Posts 1 in any 36 months, o Eligible only for clients	n permanen s age 18 an	d older.								ψ10.0 <u>2</u>	
Cores and Posts 1 in any 36 months, or Eligible only for clients Cores are eligible only	n permanen s age 18 and y if existing	d older. restoration is	•	•	•					Ψ10.0 <u>2</u>	
Cores and Posts 1 in any 36 months, or Eligible only for clients Cores are eligible only Cores may be conside	n permanen s age 18 and y if existing ered for cov	d older. restoration is erage only in	conjunction	with an app	roved prede	termination of	•			¥10.02	
Cores and Posts 1 in any 36 months, or Eligible only for clients Cores are eligible only Cores may be conside A prefabricated post/p	n permanen s age 18 and y if existing gred for covi oin is eligible	d older. restoration is erage only in e only when ir	conjunction adequate c	with an apport	proved predents	termination of remaining to	retain a res	toration.	conjunction		oved
Cores and Posts 1 in any 36 months, or Eligible only for clients Cores are eligible only Cores may be conside A prefabricated post/p Prefabricated posts in	n permanen s age 18 and y if existing ered for covo in is eligible combinatio	d older. restoration is erage only in e only when ir	conjunction adequate c	with an apport	proved predents	termination of remaining to	retain a res	toration.	conjunction		oved
Cores and Posts 1 in any 36 months, or Eligible only for clients Cores are eligible only Cores may be conside A prefabricated post/p Prefabricated posts in oredetermination crow	n permanen s age 18 and y if existing ered for covo in is eligible combinatio	d older. restoration is erage only in e only when in on with core, i	conjunction adequate c	with an apport	proved predents	termination of remaining to	retain a res	toration.	conjunction	with an appr	oved
Cores and Posts I in any 36 months, or Eligible only for clients Cores are eligible only Cores may be conside A prefabricated post/p Prefabricated posts in oredetermination crow 21301	n permanen s age 18 and y if existing ered for covo in is eligible combinatio	d older. restoration is erage only in e only when in on with core, i	conjunction adequate c	with an apport	proved predents	termination of remaining to	retain a res	toration.	conjunction	with an appr \$177.43	oved
Cores and Posts I in any 36 months, or Eligible only for clients Cores are eligible only Cores may be conside A prefabricated post/p Prefabricated posts in oredetermination crow 21301 21302	n permanen s age 18 and y if existing ered for covo in is eligible combinatio	d older. restoration is erage only in e only when ir on with core, i	conjunction adequate c	with an apport	proved predents	termination of remaining to	retain a res	toration.	conjunction	with an appr	oved
Cores and Posts I in any 36 months, or Eligible only for clients Cores are eligible only Cores may be conside A prefabricated post/p Prefabricated posts in oredetermination crow 21301	n permanen s age 18 and y if existing ered for covo in is eligible combinatio	d older. restoration is erage only in e only when in on with core, i	conjunction adequate c	with an apport	proved predents	termination of remaining to	retain a res	toration.	conjunction	with an appr \$177.43	oved
Cores and Posts 1 in any 36 months, or Eligible only for clients Cores are eligible only Cores may be consided A prefabricated post/p Prefabricated posts in predetermination crow 21301 21302 23601 23602	n permanen s age 18 and y if existing ered for covo in is eligible combinatio	d older. restoration is erage only in e only when ir on with core, i \$147.85 \$147.85 \$141.88 \$141.88	conjunction adequate c	with an apport	proved predents	termination of remaining to	retain a res	toration. erage only in	conjunction	with an appr \$177.43	oved
Cores and Posts 1 in any 36 months, or Eligible only for clients Cores are eligible only Cores may be conside A prefabricated post/p Prefabricated posts in oredetermination crow 21301 21302 23601 23602 25731	n permanen s age 18 and y if existing ered for covo in is eligible combinatio	d older. restoration is erage only in e only when ir on with core, i \$147.85 \$147.85 \$141.88 \$141.88	conjunction adequate c	with an apport	proved predents	termination of remaining to	retain a res	storation. erage only in \$193.15	conjunction	with an appr \$177.43	oved
Cores and Posts I in any 36 months, or Eligible only for clients Cores are eligible only Cores may be consided a prefabricated posts in predetermination crow 21301 21302 23601 23602 25731 25732	n permanen s age 18 and y if existing ered for covo in is eligible combinatio	d older. restoration is erage only in e only when ir on with core, i \$147.85 \$147.85 \$141.88 \$141.88 \$160.96 \$257.52	conjunction adequate c	with an apport	proved predents	termination of remaining to	retain a res	storation. erage only in \$193.15 \$309.03	conjunction	with an appr \$177.43	oved
Cores and Posts I in any 36 months, or Eligible only for clients Cores are eligible only Cores may be consided prefabricated posts in predetermination crow 21301 21302 23601 23602 25731 25732 25733	n permanen s age 18 and y if existing ered for covo in is eligible combinatio	d older. restoration is erage only in e only when ir on with core, i \$147.85 \$147.85 \$141.88 \$160.96 \$257.52 \$354.10	conjunction adequate c	with an apport	proved predents	termination of remaining to	retain a res	storation. erage only in \$193.15	conjunction	with an appr \$177.43 \$177.43	oved
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Cores and Posts I in any 36 months, or Eligible only for clients Cores are eligible only Cores may be conside A prefabricated posts in Dredetermination crow 21301 21302 23601 23602 25731 25732 25733 25751 25752	n permanen s age 18 and y if existing ered for covo in is eligible combinatio	d older. restoration is erage only in e only when ir on with core, i \$147.85 \$147.85 \$141.88 \$160.96 \$257.52 \$354.10 \$190.26 \$217.01	conjunction adequate c	with an apport	proved predents	termination of remaining to	retain a res	storation. erage only in \$193.15 \$309.03	conjunction	\$177.43 \$177.43 \$177.43 \$228.32 \$260.41	oved
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General Practitioners and Specialists

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Code	Lab	GP	Anest	Endo	O.Med	O.Path	Ortho	Paed	Perio	Pros	Radio
rowns											
ligible once (1) in a	•	-									
he NIHB Crown Po	olicy must be	met. Please r	efer to the Pro	vider Webs	site: http://w	ww.provider	.express-scr	pts.ca/ for in	formation on	the NIHB	dental
olicies.				1		1		I	T		1
27211	L	\$786.90									
27301	L	\$729.66									
.0 ENDODONTI	cs										
he NIHB Endodon	tic Policy mus	t be met. Ple	ase refer to the	e Provider	Website: h	ttp://www.pro	vider.expres	s-scripts.ca/	for informati	ion on the N	IIHB dent
olicies.											
oot Canal Therap	у										
ligible three (3) in				uency has	been reach	ned, subsequ	ent RCT pro	cedures req	uire predeter	rmination.	
redetermination is	required for 7	's and 8's at a	all times.								
33111		\$473.32		\$567.98				\$567.98			
33121		\$698.68		\$838.42				\$838.42			
33131		\$796.44		\$955.73				\$955.73			
33141		\$842.93		\$1,011.52				\$1,011.52			
.0 PERIODONTI	CS										
lanagement of Or	al Disease										
ligible once (1) in a		2) month perio	od.								
41211	ĺ	\$69.14							\$82.97		
41221		\$90.61							\$108.73		1
41231	1	\$90.61							\$108.73		
Desensitization						l .					
41301		\$59.61		I					\$59.61		1
eriodontal Splint	or Ligation. I	1	Extra Coronal	I.		l		l	****		<u> </u>
43211	l Ligation, i	\$100.80	ZXII G G G G I G I G I						\$120.96		
43221		\$60.68							\$72.82		
43231		\$63.77							\$76.52		
43241		\$69.93							\$83.91		
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imited to those clie	ents with an id	entified period	•).					\$83.91		
eriodontal Re-Eva imited to those clied lot to be used in co 49101	ents with an id	uation entified period procedure co \$64.38	•	1.					\$77.25		
Periodontal Re-Eva imited to those clie lot to be used in co 49101 49102	ents with an id onjunction with	uation entified period procedure of \$64.38 \$64.38	•	1.							
eriodontal Re-Eva imited to those clie lot to be used in co 49101 49102	ents with an id onjunction with NTICS - RE	uation entified period procedure c \$64.38 \$64.38	ode 01502.						\$77.25 \$77.25		
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eriodontal Re-Evimited to those clied to be used in considerate of the second s	ents with an idenjunction with a idenj	uation lentified period procedure of \$64.38 \$64.38 SMOVABLE Intic Policy mu s three (3) mo riod. The fee	ode 01502. Ist be met. Ple onths post-inse	ease refer tertion care dentures in	including a	djustments a tissue condi	nd modificat tioner, but no	ons. NIHB do	\$77.25 \$77.25 ess-scripts.coes not cove sed reline/re	er any other base.	denture-
Periodontal Re-Evalumited to those clies to be used in considerable with the second se	ents with an idenjunction with a idenj	uation lentified period procedure of \$64.38 \$64.38 SMOVABLE Intic Policy mu s three (3) mo riod. The fee	ode 01502. Ist be met. Ple onths post-inse	ease refer tertion care dentures in	including a	djustments a tissue condi	nd modificat tioner, but no	ons. NIHB do	\$77.25 \$77.25 ess-scripts.coes not cove sed reline/re	er any other base.	denture-
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reriodontal Re-Evi imited to those clie to to be used in co 49101 49102 Department of the NIHB Removative NIHB dental politic field procedures of the overall cost of request. Complete/ Partial Coper arch in any 60 51301 51302 51303 51711 51712 51713 52101 52102 52103 52301 52302 52303	ents with an idenjunction with a construction in the identity of the	uation entified period procedure of \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$653.37 \$711.79 \$1,304.35 \$666.43 \$727.12 \$1,045.17 \$262.30 \$393.45 \$400.58 \$600.87	ode 01502. Ist be met. Ple onths post-inse for immediate nay be adjuste	ease refer tertion care dentures in	including a	djustments a tissue condi	nd modificat tioner, but no	ons. NIHB do	\$77.25 \$77.25 ess-scripts.coes not cove sed reline/re	er any other base.	denture-
eriodontal Re-Evimited to those clies to be used in content of the procedure of the overall cost of request. 50 PROSTHODO The NIHB Removative NIHB dental policy for the overall cost of repeated procedures of the overall cost of request. 50 PROSTHODO The NIHB dental policy for derivative NIHB dental policy for the overall cost of request. 50 PROSTHODO The NIHB Removative NIHB dental policy for dental policy for dental policy for the overall cost of request. 50 PROSTHODO The NIHB REMOVAL THE	ents with an idenjunction with a month and idenjunction and idenjunction with a month and idenjunction and idenjunction and idenjunction with a month and idenjunction with an idenjunction with a idenj	wation entified period procedure of \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$653.37 \$711.79 \$1,304.35 \$666.43 \$727.12 \$1,045.17 \$262.30 \$393.45 \$440.58 \$400.58 \$600.87 \$864.39	ode 01502. Ist be met. Ple onths post-inse for immediate nay be adjuste	ease refer tertion care dentures in	including a	djustments a tissue condi	nd modificat tioner, but no	ons. NIHB do	\$77.25 \$77.25 ess-scripts.coes not cove sed reline/re	er any other base.	denture-
eriodontal Re-Evimited to those clies to to be used in considerable to the used in considerable to the evidence of the NIHB Removative NIHB dental polimeter paid for derivative NIHB dental polimeter paid for derivative NIHB dental polimeter procedures in the overall cost of request. Somplete/ Partial Complete/ Parti	ents with an idenjunction with a more identification of the identificat	uation entified period procedure of \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$653.37 \$711.79 \$1,304.35 \$666.43 \$727.12 \$1,045.17 \$262.30 \$393.45 \$400.58 \$600.87 \$864.39 \$864.39	ode 01502. Ist be met. Ple onths post-inse for immediate nay be adjuste	ease refer tertion care dentures in	including a	djustments a tissue condi	nd modificat tioner, but no	ons. NIHB do	\$77.25 \$77.25 ess-scripts.coes not cove sed reline/re	er any other base.	denture-
reriodontal Re-Evi imited to those clie to to be used in co 49101 49102 Deprostrict The NIHB Removative NIHB dental politic fee paid for derelated procedures of the overall cost of request. Complete/ Partial	ents with an idenjunction with a month and idenjunction and idenjunction with a month and idenjunction and idenjunction and idenjunction with a month and idenjunction with an idenjunction with a idenj	wation entified period procedure of \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$653.37 \$711.79 \$1,304.35 \$666.43 \$727.12 \$1,045.17 \$262.30 \$393.45 \$440.58 \$400.58 \$600.87 \$864.39 \$1,296.61	ode 01502. Ist be met. Ple onths post-inse for immediate nay be adjuste	ease refer tertion care dentures in	including a	djustments a tissue condi	nd modificat tioner, but no	ons. NIHB do	\$77.25 \$77.25 ess-scripts.coes not cove sed reline/re	er any other base.	denture-
reriodontal Re-Evi imited to those clie to to be used in co 49101 49102 Deprose the NIHB Removative NIHB dental polities overall cost of reputation of the NIHB dental polities of the coverall cost of reputation of the NIHB dental polities of the coverall cost of reputation of the NIHB dental polities of the coverall cost of reputation of the name of t	ents with an idenjunction with a more identification of the identificat	uation entified period procedure of \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$64.38 \$653.37 \$711.79 \$1,304.35 \$666.43 \$727.12 \$1,045.17 \$262.30 \$393.45 \$400.58 \$600.87 \$864.39 \$864.39	ode 01502. Ist be met. Ple onths post-inse for immediate nay be adjuste	ease refer tertion care dentures in	including a	djustments a tissue condi	nd modificat tioner, but no	ons. NIHB do	\$77.25 \$77.25 ess-scripts.coes not cove sed reline/re	er any other base.	denture-

General Practitioners and Specialists

		All Pro	cedures in	Schedule	B have a	Predetermi	nation Rec	uirement			
Code	Lab	GP	Anest	Endo	O.Med	O.Path	Ortho	Paed	Perio	Pros	Radio
53203	L	\$1,112.40	7.0.000		00	0.1. 0.1.1	0.10			1.00	710000
53301	L	\$1,138.34									
53302	L	\$1,182.13									
7.0 ORAL AND N	/AXILLOFAC	CIAL SURG	ERY			L					
72111		\$149.05									
72119		\$75.10									
72211		\$268.28									
72219		\$133.51									
72221		\$395.83									
72229		\$197.92									
72231		\$413.31									
72239		\$262.26									
72321		\$132.34						\$158.81	\$158.81		
72329		\$66.75						\$80.10	\$80.10		
72331		\$246.80						•	****		
72339		\$106.12									
72511		\$233.68						\$280.42	\$280.42		
72519		\$116.86						\$140.23	\$140.23		
72521		\$345.75						\$414.90	\$414.90		1
72529		\$172.88						\$207.45	\$207.45		
72531		\$367.51						2207.10	\$441.01		1
72539		\$174.84							\$209.81		
72541		\$174.84							\$209.81		
72551		\$272.56							\$327.07		
73121		\$152.21							\$182.65		
73411		\$143.03							\$171.63		
75302		\$153.82							ψ171.00		
75401		\$132.45									
75402		\$571.98									
75403		\$122.61									
75411		\$326.94									
75412		\$408.68									
76201		\$718.89						\$862.67			
76301		\$621.33						\$745.59			
79603		\$71.53						\$85.84	\$85.84		
79604		\$71.53						\$85.84	\$85.84		
3.0 ORTHODON	TICS										
The NIHB Orthodor policies. Note: Appl and P1100.	ntic Policy mus										
80602		\$64.10						\$64.10			
80661		\$66.75						\$66.75			
80669		\$66.75						\$66.75			
80671		\$66.75						\$66.75			
80679		\$66.75						\$66.75			
81111	L	\$208.83						\$208.83			
81112	L	\$208.83						\$208.83			
81113	L	\$568.73						\$568.73			
81114	L	\$568.73						\$568.73			
81121	L	\$568.73						\$568.73			
81122	L	\$568.73						\$568.73			
81131	L	\$568.73						\$568.73			
	L	\$568.73						\$568.73			
81132		\$668.86					İ	\$668.86			
81132 81135	L			1	İ	1		\$820.29			
	L	\$820.29									1
81135		\$820.29 \$820.29						\$820.29			
81135 81211	L							\$820.29 \$192.26			
81135 81211 81212	L	\$820.29									
81135 81211 81212 81221	L L L	\$820.29 \$192.26						\$192.26			
81135 81211 81212 81221 81222	L L L	\$820.29 \$192.26 \$192.26						\$192.26 \$192.26			
81135 81211 81212 81221 81222 81231	L L L	\$820.29 \$192.26 \$192.26 \$568.73						\$192.26 \$192.26 \$568.73			

General Practitioners and Specialists

Code	Pros	Radio
81243 L \$192.26 \$192.26 81251 L \$820.29 \$820.29 81252 L \$820.29 \$820.29 81253 L \$820.29 \$820.29 81254 L \$820.29 \$984.35 P0500 \$27.44 \$27.44 \$27.44 P1200 \$1,850.85 \$1,850.85 \$1,850.85 P1300 \$1,550.71 \$1,550.71 \$1,550.71	1103	Nauro
81251 L \$820.29 \$820.29 81252 L \$820.29 \$820.29 81253 L \$820.29 \$820.29 81254 L \$820.29 \$984.35 P0500 \$27.44 \$27.44 \$27.44 P1200 \$1,850.85 \$1,850.85 \$1,850.85 P1300 \$1,550.71 \$1,550.71 \$1,550.71		
81252 L \$820.29 \$820.29 81253 L \$820.29 \$820.29 81254 L \$820.29 \$984.35 P0500 \$27.44 \$27.44 \$27.44 P1200 \$1,850.85 \$1,850.85 \$1,850.85 P1300 \$1,550.71 \$1,550.71 \$1,550.71		
81253 L \$820.29 \$820.29 81254 L \$820.29 \$984.35 P0500 \$27.44 \$27.44 \$27.44 P1200 \$1,850.85 \$1,850.85 \$1,850.85 P1300 \$1,550.71 \$1,550.71 \$1,550.71		
81254 L \$820.29 \$984.35 P0500 \$27.44 \$27.44 \$27.44 P1200 \$1,850.85 \$1,850.85 \$1,850.85 P1300 \$1,550.71 \$1,550.71 \$1,550.71		
P0500 \$27.44 \$27.44 \$27.44 P1200 \$1,850.85 \$1,850.85 \$1,850.85 P1300 \$1,550.71 \$1,550.71 \$1,550.71		+
P1300 \$1,550.71 \$1,550.71		
P1300 \$1,550.71 \$1,550.71		
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 \$162.32 \$194.78		
92213 \$213.20 \$255.84		
92214 \$255.83 \$307.00		
92215 \$255.83 \$307.00		
92216 \$255.83 \$307.00		
92217 \$255.83 \$307.00		
92218 \$255.83 \$307.00		
92222 \$85.61 \$102.74		
92223 \$128.46 \$154.15		
92224 \$171.28 \$205.53		
92225 \$171.28 \$205.53		
92226 \$171.28 \$205.53		
92227 \$171.28 \$205.53		
92228 \$171.28 \$205.53		
92301 \$58.72 \$70.46		
92302 \$114.07 \$136.88		
92303 \$185.36 \$222.43		
92304 \$247.14 \$296.57		
92305 \$247.14 \$296.57		
92306 \$247.14 \$296.57		
92307 \$247.14 \$296.57		
92308 \$247.14 \$296.57		
92321 \$37.72 \$45.26 \$45.26		
92322 \$75.42 \$90.51 \$90.51		
92323 \$112.29 \$134.74 \$134.74		
92324 \$149.98 \$179.98 \$179.98		
92325 \$149.98 \$179.98 \$179.98		
92326 \$149.98 \$179.98 \$179.98		
92327 \$149.98 \$179.98 \$179.98		
92328 \$149.98 \$179.98 \$179.98		
92411 \$21.47 \$25.76 \$21.4		
92412 \$49.99 \$49.99)	
92413 \$64.38 \$77.25 \$64.3	3	
92414 \$85.84 \$103.01 \$85.8-	<u> </u>	
92415 \$85.84 \$103.01 \$85.8-	1	
92416 \$85.84 \$103.01 \$85.8-	+	
92417 \$85.84 \$103.01 \$85.8-		
92418 \$85.84 \$103.01 \$85.8-		
92421 \$28.63 \$34.35 \$28.63	3	
92431 \$44.11 \$52.93 \$44.1	_	
92432 \$58.41 \$70.10 \$58.4		<u> </u>
92433 \$82.28 \$98.74 \$82.20	3	
92434 \$106.12 \$127.34 \$106.13	!	
92435 \$106.12 \$127.34 \$106.13	!	
92436 \$106.12 \$127.34 \$106.13	!	
92437 \$106.12 \$127.34 \$106.13	!	
92438 \$106.12 \$127.34 \$106.13	!	
92441 \$65.16 \$78.19 \$65.10	i	
92442 \$97.74 \$117.29 \$97.74	<u> </u>	
92443 \$130.31 \$156.38 \$130.3		

General Practitioners and Specialists

All Procedures in Schedule B have a Predetermination Requirement												
Code	Lab	GP	Anest	Endo	O.Med	O.Path	Ortho	Paed	Perio	Pros	Radio	
92444		\$162.89						\$195.47	\$162.89			
92445		\$162.89						\$195.47	\$162.89			
92446		\$162.89						\$195.47	\$162.89			
92447		\$162.89						\$195.47	\$162.89			
92448		\$162.89						\$195.47	\$162.89			
92451		\$81.74						\$98.08				
92452		\$122.61						\$147.13				
92453		\$213.93						\$256.72				
92454		\$266.37						\$319.64				
92455		\$266.37						\$319.64				
92456		\$266.37						\$319.64				
92457		\$266.37						\$319.64				
92458		\$266.37						\$319.64				
94302		\$95.37										
99111		I.C.							I.C.			
99222		I.C.		I.C.								
99333		I.C.							I.C.			