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# **MANITOBA**

## **NIHB Regional Dental Benefit Grid**

### **Oral and Maxillofacial Surgeons**

**Effective Date**  
May 1, 2017

- 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.



**MANITOBA**  
**NIHB Regional Dental Benefit Grid**  
 Oral and Maxillofacial Surgeons  
**SCHEDULE A**

Code	Lab	O. Surg
<b>0.0 DIAGNOSTIC</b>		
<b>0.1 EXAMINATIONS</b>		
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.		
<b>Complete Oral Examination and Diagnosis</b>		
01601		\$145.54
<b>Specific Examination</b>		
1 in any 12 months		
01204		\$37.88
<b>Emergency Examination</b>		
1 in any 12 months		
01205		\$33.03
<b>Specialist Examination and Diagnosis - Limited</b>		
1 in any 12 months		
01402		\$52.36
01602		\$65.34
<b>0.2 RADIOGRAPHS</b>		
<b>Intraoral, Complete Series</b>		
1 in any 60 months		
Not to be covered in conjunction with a panoramic radiograph for the time period (60 months).		
02101		\$69.15
02102		\$88.71
02121		\$66.94
02122		\$71.35
02123		\$75.76
02124		\$80.16
02125		\$84.57
<b>Intraoral (1-10 films)</b>		
10 in any 12 months		
02111		\$16.30
02112		\$22.47
02113		\$28.64
02114		\$34.80
02115		\$40.96
02116		\$44.92
02117		\$49.33
02118		\$53.73
02119		\$58.14
02120		\$62.55
02131		\$24.67
02132		\$37.57
02141		\$16.30
02142		\$22.47
02143		\$28.64
02144		\$34.80

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Code	Lab	O. Surg
<b>Panoramic</b>		
02601		\$72.20
<b>Cephalometric</b>		
02701		\$67.85
02702		\$67.85
<b>Tomography</b>		
02801		\$23.77
02802		\$23.77
02931		\$59.36
02932		\$91.19
02933		\$91.19
02934		\$91.19
<b>0.3 LABORATORY TESTS</b>		
04311	L	\$72.34
04312	L	\$115.97
04313	L	\$85.57
04321	L	\$168.26
04322	L	\$224.39
04323	L	\$168.26
<b>4.0 PERIODONTICS</b>		
42831		\$72.00
<b>7.0 ORAL AND MAXILLOFACIAL SURGERY</b>		
71101		\$118.39
71109		\$94.71
71201		\$223.46
71209		\$178.77
71211		\$201.92
71219		\$166.31
72111		\$223.46
72119		\$178.77
72211		\$299.78
72219		\$239.82
72221		\$403.58
72229		\$322.86
72231		\$466.48
72239		\$373.17
72311		\$118.39
72319		\$94.71
72321		\$188.88
72329		\$151.10
72331		\$263.74
72339		\$210.98
74111		\$262.82
74112		\$499.82
74121		\$299.54
74122		\$498.16
74211		\$439.56
74212		\$432.42
74221		\$512.88

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Code	Lab	O. Surg
74222		\$782.57
74611		\$284.40
74612		\$469.11
74621		\$491.23
74631		\$287.09
74632		\$499.82
75111		\$90.96
75112		\$113.21
75113		\$241.96
75121		\$200.48
75122		\$211.96
75123		\$262.20
75211		\$282.13
75212		\$471.46
75221		\$432.59
75301		\$145.61
75303		\$366.85
76941		\$209.09
76949		\$129.42
76951		\$68.07
76952		\$136.10
76961		\$79.04
76962		\$161.96
79601		\$61.85
79602		\$61.85
79605		\$58.92
79606		\$73.50
79701		\$586.29
79702		\$586.29
<b>9.0 ADJUNCTIVE GENERAL SERVICES</b>		
NIHB Sedation and General Anaesthesia Policy must be met. Please refer to the Provider Website: <a href="http://www.provider.express-scripts.ca/">http://www.provider.express-scripts.ca/</a> for information on the NIHB dental policies.		
92212		\$208.37
92213		\$260.45
92214		\$312.52
92215		\$364.60
92216		\$416.68
92217		\$416.68
92218		\$416.68
92222		\$136.82
92223		\$187.54
92224		\$238.29
92225		\$289.02
92226		\$339.76
92227		\$339.76
92228		\$339.76
92301		\$72.01
92302		\$139.35
92303		\$226.44
92304		\$301.91

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Code	Lab	O. Surg
92305		\$377.40
92306		\$420.63
92307		\$420.63
92308		\$420.63
92321		\$46.08
92322		\$92.13
92323		\$137.17
92324		\$183.22
92325		\$229.29
92326		\$274.30
92327		\$274.30
92328		\$274.30
92411		\$57.72
92412		\$86.67
92413		\$115.64
92414		\$144.60
92415		\$173.56
92416		\$202.53
92417		\$202.53
92418		\$202.53
92431		\$139.50
92432		\$172.10
92433		\$204.70
92434		\$237.30
92435		\$205.60
92436		\$230.45
92437		\$230.45
92438		\$230.45
92441		\$125.10
92442		\$151.61
92443		\$223.41
92444		\$297.89
92445		\$344.61
92446		\$391.33
92447		\$391.33
92448		\$391.33
92451		\$143.26
92452		\$183.85
92453		\$210.54
92454		\$237.23
92455		\$263.95
92456		\$290.64
92457		\$290.64
92458		\$290.64

**MANITOBA**  
**NIHB Regional Dental Benefit Grid**  
 Oral and Maxillofacial Surgeons  
**SCHEDULE B**

<b>All Procedures in Schedule B have a Predetermination Requirement</b>		
Code	Lab	O. Surg
<b>0.0 DIAGNOSTIC</b>		
<b>0.1 EXAMINATIONS</b>		
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.		
<b>Specialist Examination and Diagnosis - Complete</b>		
1 in any 60 months		
When a specialty complete examination is adjudicated, it eliminates specialty limited examination within the same specialty in that twelve (12) month period.		
01401		\$137.57
<b>0.2 LABORATORY TESTS</b>		
When submitting requests of laboratory tests/analysis, a copy of the laboratory report is required.		
04101	L	\$45.14
04401	L	\$52.77
<b>0.3 DIAGNOSTIC CASTS, UNMOUNTED</b>		
04911		\$71.93
04913		\$162.01
<b>4.0 PERIODONTICS</b>		
<b>Management of Oral Disease</b>		
Eligible once (1) in any twelve (12) month period.		
41211		\$71.66
41221		\$37.63
41231		\$35.64
<b>Periodontal Splint or Ligation, Provisional, Extra Coronal</b>		
43211		\$75.02
43221		\$68.15
43231		\$71.45
43241		\$70.55
43281		\$56.23
<b>7.0 ORAL AND MAXILLOFACIAL SURGERY</b>		
72511		\$164.92
72519		\$174.11
72521		\$444.15
72529		\$444.15
72531		\$428.64
72539		\$280.08
72541		\$81.23
72551		\$162.46
73121		\$143.97
73411		\$359.04
75302		\$145.61
75401		\$157.72
75402		\$698.73
75403		\$149.78
75411		\$781.45
75412		\$499.24

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**SCHEDULE B**

<b>All Procedures in Schedule B have a Predetermination Requirement</b>		
Code	Lab	O. Surg
76201		\$657.55
76301		\$783.29
79603		\$87.38
79604		\$87.38
<b>9.0 ADJUNCTIVE GENERAL SERVICES</b>		
NIHB Sedation and General Anaesthesia Policy must be met. Please refer to the Provider Website: <a href="http://www.provider.express-scripts.ca/">http://www.provider.express-scripts.ca/</a> for information on the NIHB dental policies.		
92421		\$27.66
94302		\$88.65
99222		I.C.