



April 1, 2017

Communication to all NIHB General Practitioners & Specialists in Northwest Territories

Effective April 1, 2017, the frequency for all eligible scaling and root planing procedures have changed as outlined below.

Schedule A 1.0 Prevention		
Age	From	To
0-11 Years	0.5 unit in any 6 months in combination with root planing	1 unit in any 12 months in combination with root planing
12-16 Years	1 unit in any 6 months in combination with root planing	2 units in any 12 months in combination with root planing

Schedule A 4.0 Periodontics		
Age	From	To
0-11 Years	0.5 unit in any 6 months in combination with scaling	1 unit in any 12 months in combination with scaling
12-16 Years	1 unit in any 6 months in combination with scaling	2 units in any 12 months in combination with scaling

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

Thank you.



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NORTHWEST TERRITORIES

NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

Effective Date
February 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.

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Anest	Endo	O. Med	O. Path	Ortho	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 Dentition											
01101		\$58.15						\$69.78			
01102		\$87.20						\$104.64			
Permanent Dentition											
Eligible only for clients age 12 and older.											
01103		\$87.20						\$104.64			
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		\$58.15						\$69.78			
Recall Examination											
Age 17+: 1 in any 12 months; under age 17: 1 in any 6 months											
01202		\$56.45						\$67.74			
Specific Examination											
1 in any 12 months											
01204		\$56.45		\$56.45	\$56.45	\$56.45		\$67.74	\$56.45	\$56.45	
Emergency Examination											
1 in any 12 months											
01205		\$56.45		\$56.45	\$56.45	\$56.45		\$67.74	\$56.45	\$56.45	
Specialist Examination and Diagnosis - Limited											
1 in any 12 months/ specialty (with GP referral and justification for the referral)											
01502									\$34.53		
01503									\$45.63		
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).											
02101		\$154.93		\$154.93				\$154.93	\$154.93	\$154.93	\$154.93
02102		\$154.93		\$154.93				\$154.93	\$154.93	\$154.93	\$154.93
02121		\$162.76		\$162.76				\$162.76	\$162.76	\$162.76	\$162.76
02122		\$170.59		\$170.59				\$170.59	\$170.59	\$170.59	\$170.59
02123		\$178.41		\$178.41				\$178.41	\$178.41	\$178.41	\$178.41
02124		\$186.24		\$186.24				\$186.24	\$186.24	\$186.24	\$186.24
02125		\$194.09		\$194.09				\$194.09	\$194.09	\$194.09	\$194.09
Intraoral (1-10 films)											
10 in any 12 months											
02111		\$22.56		\$22.56				\$22.56	\$22.56	\$22.56	\$22.56
02112		\$37.54		\$37.54				\$37.54	\$37.54	\$37.54	\$37.54
02113		\$54.22		\$54.22				\$54.22	\$54.22	\$54.22	\$54.22
02114		\$69.68		\$69.68				\$69.68	\$69.68	\$69.68	\$69.68
02115		\$83.71		\$83.71				\$83.71	\$83.71	\$83.71	\$83.71
02116		\$100.67		\$100.67				\$100.67	\$100.67	\$100.67	\$100.67
02117		\$116.14		\$116.14				\$116.14	\$116.14	\$116.14	\$116.14
02118		\$131.64		\$131.64				\$131.64	\$131.64	\$131.64	\$131.64
02119		\$147.08		\$147.08				\$147.08	\$147.08	\$147.08	\$147.08
02120		\$154.92		\$154.92				\$154.92	\$154.92	\$154.92	\$154.92
02131		\$38.67		\$38.67				\$38.67	\$38.67	\$38.67	\$38.67
02132		\$58.07		\$58.07				\$58.07	\$58.07	\$58.07	\$58.07

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Anest	Endo	O. Med	O. Path	Ortho	Paed	Perio	Pros	Radio
02141		\$23.23		\$23.23				\$23.23	\$23.23	\$23.23	\$23.23
02142		\$37.54		\$37.54				\$37.54	\$37.54	\$37.54	\$37.54
02143		\$54.22		\$54.22				\$54.22	\$54.22	\$54.22	\$54.22
02144		\$69.68		\$69.68				\$69.68	\$69.68	\$69.68	\$69.68
Panoramic											
1 in any 60 months; up to 3 in a lifetime Not to be covered in conjunction with a complete series for the time period (60 months).											
02601		\$77.40		\$77.40				\$77.40	\$77.40	\$77.40	\$77.40
0.3 LABORATORY TESTS											
04311	L	\$63.94						\$76.73	\$76.73		
04312	L	\$63.94						\$76.73	\$76.73		
04313	L	\$69.10						\$82.92	\$82.92		
04321	L	\$92.53						\$111.03	\$111.03		
04322	L	\$330.40						\$396.48	\$396.48		
04323	L	\$92.53						\$111.03	\$111.03		
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		\$23.08						\$23.08			
11107		\$11.54						\$11.54			
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		\$61.87						\$61.87			
11112		\$123.71						\$123.71			
11113		\$185.59						\$185.59			
11114		\$247.44						\$247.44			
11117		\$30.93						\$30.93			
Topical Fluoride											
Eligible only for clients under age 17: 1 in any 6 months.											
12101		\$29.39						\$29.39			
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		\$29.39						\$35.26			
13409		\$14.70						\$17.64			
13411		\$68.97						\$82.76			
13419		\$32.57						\$39.08			
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		\$71.21		\$71.21				\$85.45			
20119		\$71.21		\$71.21				\$85.45			
20121		\$180.60		\$180.60				\$216.72			
20129		\$180.60		\$180.60				\$216.72			
20131		\$34.41		\$34.41				\$41.29			
20139		\$34.41		\$34.41				\$41.29			
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		\$84.33						\$101.20			
21112		\$123.93						\$148.72			
21113		\$154.72						\$185.66			
21114		\$154.72						\$185.66			
21115		\$154.72						\$185.66			

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 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Anest	Endo	O. Med	O. Path	Ortho	Paed	Perio	Pros	Radio
21121		\$84.33						\$101.20			
21122		\$123.93						\$148.72			
21123		\$154.72						\$185.66			
21124		\$154.72						\$185.66			
21125		\$154.72						\$185.66			
21211		\$84.27						\$101.12		\$84.27	
21212		\$123.93						\$148.72		\$123.93	
21213		\$159.34						\$191.20		\$159.34	
21214		\$194.79						\$233.75		\$194.79	
21215		\$212.49						\$254.98		\$212.49	
21221		\$84.27						\$101.12		\$84.27	
21222		\$123.93						\$148.72		\$123.93	
21223		\$159.34						\$191.20		\$159.34	
21224		\$194.79						\$233.75		\$194.79	
21225		\$212.49						\$254.98		\$212.49	
21231		\$84.27						\$101.12		\$84.27	
21232		\$123.93						\$148.72		\$123.93	
21233		\$159.34						\$191.20		\$159.34	
21234		\$194.79						\$233.75		\$194.79	
21235		\$212.49						\$254.98		\$212.49	
21241		\$84.27						\$101.12		\$84.27	
21242		\$123.93						\$148.72		\$123.93	
21243		\$159.34						\$191.20		\$159.34	
21244		\$194.79						\$233.75		\$194.79	
21245		\$212.49						\$254.98		\$212.49	
21401		\$26.16						\$31.40			
21402		\$39.22						\$47.07			
21403		\$52.29						\$62.75			
21404		\$64.72						\$77.67			
21405		\$78.22						\$93.87			
22201		\$154.72						\$185.66			
22211		\$154.72						\$185.66			
22401		\$144.49						\$173.39			
22501		\$198.67						\$238.41			
23101		\$90.34						\$108.40			
23102		\$107.77						\$129.32			
23103		\$126.45						\$151.73			
23104		\$162.54						\$195.05			
23105		\$198.67						\$238.41			
23111		\$123.93						\$148.72			
23112		\$141.66						\$170.00			
23113		\$159.34						\$191.20			
23114		\$194.79						\$233.75			
23115		\$230.21						\$276.25			
23211		\$90.34						\$108.40			
23212		\$126.45						\$151.73			
23213		\$144.49						\$173.39			
23214		\$162.54						\$195.05			
23215		\$180.61						\$216.74			
23221		\$90.34						\$108.40			
23222		\$126.45						\$151.73			
23223		\$144.49						\$173.39			
23224		\$162.54						\$195.05			
23225		\$180.61						\$216.74			
23311		\$123.93						\$148.72			
23312		\$177.07						\$212.49			
23313		\$212.49						\$254.98			
23314		\$247.91						\$297.50			
23315		\$283.33						\$340.00			

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NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Anest	Endo	O. Med	O. Path	Ortho	Paed	Perio	Pros	Radio
23321		\$123.93						\$148.72			
23322		\$177.07						\$212.49			
23323		\$212.49						\$254.98			
23324		\$247.91						\$297.50			
23325		\$283.33						\$340.00			
23401		\$93.76						\$112.51			
23402		\$108.37						\$130.04			
23403		\$126.45						\$151.73			
23404		\$144.49						\$173.39			
23405		\$144.49						\$173.39			
23411		\$123.93						\$148.72			
23412		\$141.66						\$170.00			
23413		\$144.49						\$173.39			
23414		\$144.49						\$173.39			
23415		\$144.49						\$173.39			
23501		\$90.34						\$108.40			
23502		\$126.45						\$151.73			
23503		\$144.49						\$173.39			
23504		\$144.49						\$173.39			
23505		\$144.49						\$173.39			
23511		\$123.93						\$148.72			
23512		\$144.49						\$173.39			
23513		\$144.49						\$173.39			
23514		\$144.49						\$173.39			
23515		\$144.49						\$173.39			
Post Removal											
1 in a lifetime, per permanent tooth											
25781		\$74.95						\$89.93			
25782		\$149.89						\$179.87			
Repair to Crowns											
1 in any 36 months, per tooth											
27721		\$214.65									
27722	L	\$70.38									
Recementation of Crowns											
1 in any 36 months, per tooth											
29101		\$71.55						\$85.85			
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		\$137.02						\$164.43			
32222		\$137.02						\$164.43			
32232		\$65.25						\$78.30			
32311		\$102.76						\$123.31			
32312		\$137.02						\$164.43			
32313		\$171.27						\$205.52			
32314		\$205.53						\$246.64			
32321		\$102.76						\$123.31			
32322		\$171.27						\$205.52			

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Anest	Endo	O. Med	O. Path	Ortho	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 8's at all times.											
33111		\$529.40						\$635.28			
33121		\$799.20						\$959.04			
33131		\$913.37						\$1,096.04			
33141		\$1,109.08						\$1,330.90			
Open and Drain											
39201		\$65.99						\$79.18			
39202		\$65.99						\$79.18			
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		\$66.08									
43422		\$132.17									
43423		\$198.25									
43424		\$264.35									
43427		\$33.03									
Miscellaneous											
42831		\$49.19						\$59.03	\$59.03		
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	\$677.30									
51102	L	\$677.30									
51103	L	\$1,354.63									
Denture Adjustments											
54201		\$61.26									
Repairs and Additions											
1 per prosthesis in any 12 months											
55101	L	\$64.53									
55102	L	\$64.53									
55201	L	\$129.05									
55202	L	\$129.05									
55203	L	\$245.20									
55301	L	\$63.22									
55302	L	\$63.22									
55401	L	\$129.05									
55402	L	\$129.05									
55403	L	\$245.20									
Reline or Rebase											
1 per prosthesis in any 24 months											
56211		\$193.55									
56212		\$193.55									
56213		\$367.76									
56221		\$193.55									
56222		\$193.55									
56223		\$367.76									
56231	L	\$193.55									
56232	L	\$193.55									

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 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Anest	Endo	O. Med	O. Path	Ortho	Paed	Perio	Pros	Radio
56233	L	\$367.76									
56241	L	\$193.55									
56242	L	\$193.55									
56243	L	\$367.76									
56311	L	\$193.55									
56312	L	\$193.55									
56313	L	\$367.76									
56321	L	\$193.55									
56322	L	\$193.55									
56323	L	\$367.76									
Tissue Conditioning											
1 per prosthesis in any 24 months											
56511		\$129.05									
56512		\$129.05									
56513		\$245.20									
56521		\$129.05									
56522		\$129.05									
56523		\$245.20									
56531		\$129.05									
56532		\$129.05									
56533		\$245.20									
7.0 ORAL AND MAXILLOFACIAL SURGERY											
71101		\$82.36						\$98.83	\$98.83		
71109		\$49.42						\$59.31	\$59.31		
71201		\$179.35							\$215.22	\$179.35	
71209		\$107.61							\$129.14	\$107.61	
71211		\$179.35									
71219		\$107.61									
72311		\$73.91						\$88.69	\$87.12		
72319		\$44.36						\$53.24	\$52.30		
74111		\$221.68						\$266.02	\$266.02		
74112		\$288.12						\$345.75	\$345.75		
74121		\$266.04						\$319.25	\$319.25		
74122		\$352.61						\$423.14	\$423.14		
74211		\$221.68						\$266.02	\$266.02		
74212		\$288.12						\$345.75	\$345.75		
74221		\$266.04						\$319.25	\$319.25		
74222		\$352.61						\$423.14	\$423.14		
74611		\$254.94						\$305.93	\$305.93		
74612		\$338.57						\$406.28	\$406.28		
74621		\$310.39						\$372.47	\$372.47		
74631		\$254.94						\$305.93	\$305.93		
74632		\$338.57						\$406.28	\$406.28		
75111		\$162.61						\$195.13	\$195.13		
75112		\$162.61						\$195.13	\$195.13		
75113		\$201.64						\$241.96	\$241.96		
75121		\$169.97						\$203.96	\$203.96		
75122		\$176.63						\$211.96	\$211.96		
75123		\$218.50						\$262.20	\$262.20		
75211		\$366.73						\$440.08			
75212		\$392.89						\$471.46			
75221		\$360.49						\$432.59			
75301		\$518.54						\$622.25			
75303		\$518.54						\$622.25			
76941		\$277.09						\$332.51			
76949		\$277.09						\$332.51			
76951		\$85.01						\$102.02			
76952		\$169.97						\$203.96			
76961		\$177.33									

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 General Practitioners and Specialists
SCHEDULE A

Code	Lab	GP	Anest	Endo	O. Med	O. Path	Ortho	Paed	Perio	Pros	Radio
76962		\$199.53									
79601		\$73.92						\$88.70	\$88.70		
79602		\$77.60						\$93.12	\$93.12		
79605		\$77.60						\$93.12	\$93.12		
79606		\$77.60						\$93.12	\$93.12		
79701		\$443.55									
79702		\$443.55									
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.											
P1000		\$50.31					\$50.31	\$50.31			
P1100		\$286.36					\$286.36	\$286.36			

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement											
Code	Lab	GP	Anest	Endo	O. Med	O. Path	Ortho	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 Examination											
Up to the age of three (3) inclusive											
00011		\$55.69						\$66.83			
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								\$142.40			
0.2 LABORATORY TESTS											
When submitting requests of laboratory tests/analysis, a copy of the laboratory report is required.											
04101	L	\$55.25						\$66.30	\$66.30		
04401	L	\$55.25						\$66.30	\$66.30		
0.3 DIAGNOSTIC CASTS, UNMOUNTED											
04911		\$55.29						\$55.29			
04913		\$116.80						\$116.80			
1.0 PREVENTION											
Interproximal Disking of Teeth											
1 unit in any 12 months											
16201		\$26.44									
Occlusal Adjustment/Equilibration											
Cost of one unit will be limited to the cost of half unit.											
16511		\$34.48									
16517		\$34.48									
2.0 RESTORATION											
Cores and Posts											
4 in any 120 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		\$177.07								\$212.49	
21302		\$177.07								\$212.49	
23601		\$212.49									
23602		\$212.49									
25731		\$107.31						\$128.77			
25732		\$161.00						\$223.80			
25733		\$214.66						\$335.72			
25751		\$193.68								\$232.42	
25752		\$220.92								\$265.10	
25753		\$247.09								\$296.51	
25754		\$218.82									
25755		\$249.18									
25756		\$273.25									
25761		\$193.68								\$232.42	
25762		\$220.92								\$265.10	
25763		\$247.09								\$296.51	
25764		\$226.14									
25765		\$278.50									
25766		\$333.99									

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement											
Code	Lab	GP	Anest	Endo	O. Med	O. Path	Ortho	Paed	Perio	Pros	Radio
Crowns											
Eligible 4 in any 120 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	\$771.52									
27301	L	\$771.52									
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 8's at all times.											
33111		\$529.40						\$635.28			
33121		\$799.20						\$959.04			
33131		\$913.37						\$1,096.04			
33141		\$1,109.08						\$1,330.90			
4.0 PERIODONTICS											
Management of Oral Disease											
Eligible once (1) in any twelve (12) month period.											
41211		\$68.13							\$81.76		
41221		\$68.13							\$81.76		
41231		\$68.13							\$81.76		
Desensitization											
41301		\$68.13									
Periodontal Splint or Ligation, Provisional, Extra Coronal											
43211		\$109.63							\$131.55		
43221		\$61.77							\$74.13		
43231		\$68.35							\$82.02		
43241		\$68.35							\$82.02		
43281		\$68.35							\$82.02		
Periodontal Re-Evaluation/Evaluation											
Limited to those clients with an identified periodontal problem. Not to be used in conjunction with procedure code 01502.											
49101		\$64.90							\$77.88		
49102		\$64.90							\$77.88		
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/Partial Cast/Immediate Dentures											
1 per arch in any 96 months											
Partial Acrylic Dentures											
1 per arch in any 60 months											
51301	L	\$677.30									
51302	L	\$677.30									
51303	L	\$1,354.63									
51711	L	\$677.30									
51712	L	\$677.30									
51713	L	\$1,015.97									
52101	L	\$193.55									
52102	L	\$193.55									
52103	L	\$290.33									
52301	L	\$645.15									
52302	L	\$645.15									
52303	L	\$967.71									

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement

Code	Lab	GP	Anest	Endo	O. Med	O. Path	Ortho	Paed	Perio	Pros	Radio
53101	L	\$677.30									
53102	L	\$677.30									
53103	L	\$1,015.97									
53201	L	\$677.30									
53202	L	\$677.30									
53203	L	\$1,015.97									
53301	L	\$1,015.97									
53302	L	\$1,015.97									
7.0 ORAL AND MAXILLOFACIAL SURGERY											
72111		\$162.61									
72119		\$97.55									
72211		\$243.89									
72219		\$146.32									
72221		\$310.39									
72229		\$186.23									
72231		\$358.79									
72239		\$266.98									
72321		\$110.88							\$130.70		
72329		\$66.55							\$78.44		
72331		\$162.61									
72339		\$97.55									
72511		\$147.87						\$177.45	\$177.45		
72519		\$88.73						\$106.47	\$106.47		
72521		\$266.03						\$319.24	\$319.24		
72529		\$159.61						\$191.53	\$191.53		
72531		\$267.93							\$321.51		
72539		\$177.99							\$213.58		
72541		\$177.99							\$213.58		
72551		\$277.47							\$332.96		
73121		\$158.89							\$190.67		
73411		\$145.60							\$174.73		
75302		\$518.54									
75401		\$131.43									
75402		\$582.28									
75403		\$124.82									
75411		\$332.82									
75412		\$416.04									
76201		\$727.70						\$873.24			
76301		\$632.51						\$759.02			
79603		\$73.92						\$88.70	\$88.70		
79604		\$77.60						\$93.12	\$93.12		
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. Note: Approved fees for P1500 are based on the treatment plan provided. Please see Schedule A - Section 8.0 Orthodontics for procedures P1000 and P1100.											
80602		\$65.25						\$65.25			
80661		\$65.25						\$65.25			
80669		\$65.25						\$65.25			
80671		\$65.25						\$65.25			
80679		\$65.25						\$65.25			
81111	L	\$212.59						\$212.59			
81112	L	\$212.59						\$212.59			
81113	L	\$260.94						\$260.94			
81114	L	\$260.94						\$260.94			
81121	L	\$260.94						\$260.94			
81122	L	\$260.94						\$260.94			
81131	L	\$260.94						\$260.94			

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement

Code	Lab	GP	Anest	Endo	O. Med	O. Path	Ortho	Paed	Perio	Pros	Radio
81132	L	\$260.94						\$260.94			
81135	L	\$458.73						\$458.73			
81211	L	\$260.94						\$260.94			
81212	L	\$260.94						\$260.94			
81221	L	\$195.72						\$195.72			
81222	L	\$195.72						\$195.72			
81231	L	\$260.94						\$260.94			
81232	L	\$260.94						\$260.94			
81241	L	\$260.94						\$260.94			
81242	L	\$260.94						\$260.94			
81243	L	\$195.72						\$195.72			
81251	L	\$326.21						\$326.21			
81252	L	\$326.21						\$326.21			
81253	L	\$260.94						\$260.94			
81254	L	\$611.35									
P0500		\$27.11					\$27.11				
P1200		\$1,900.94					\$1,900.94	\$1,900.94			
P1300		\$1,584.12					\$1,584.12	\$1,584.12			
P1400		\$1,267.29					\$1,267.29	\$1,267.29			

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		\$165.28						\$198.34			
92213		\$247.92						\$297.51			
92214		\$330.56						\$396.68			
92215		\$330.56						\$396.68			
92216		\$330.56						\$396.68			
92217		\$330.56						\$396.68			
92218		\$330.56						\$396.68			
92222		\$165.28						\$198.34			
92223		\$247.92						\$297.51			
92224		\$330.56						\$396.68			
92225		\$330.56						\$396.68			
92226		\$330.56						\$396.68			
92227		\$330.56						\$396.68			
92228		\$330.56						\$396.68			
92301		\$59.78						\$71.73			
92302		\$116.12						\$139.35			
92303		\$188.08						\$225.70			
92304		\$251.59						\$301.91			
92305		\$251.59						\$301.91			
92306		\$251.59						\$301.91			
92307		\$251.59						\$301.91			
92308		\$251.59						\$301.91			
92321		\$62.90	\$75.48					\$75.48			
92322		\$125.81	\$150.98					\$150.98			
92323		\$188.70	\$226.44					\$242.77			
92324		\$251.59	\$301.91					\$301.91			
92325		\$251.59	\$301.91					\$301.91			
92326		\$251.59	\$301.91					\$301.91			
92327		\$251.59	\$301.91					\$301.91			
92328		\$251.59	\$301.91					\$301.91			
92411		\$30.67						\$36.81			
92412		\$46.03						\$55.24			
92413		\$65.54						\$78.65			
92414		\$83.15						\$99.78			
92415		\$83.15						\$99.78			

NORTHWEST TERRITORIES
NIHB Regional Dental Benefit Grid
 General Practitioners and Specialists
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement											
Code	Lab	GP	Anest	Endo	O. Med	O. Path	Ortho	Paed	Perio	Pros	Radio
92416		\$83.15						\$99.78			
92417		\$83.15						\$99.78			
92418		\$83.15						\$99.78			
92421		\$22.11						\$26.53			
92431		\$42.31						\$50.77			
92432		\$77.79						\$93.34			
92433		\$83.76						\$100.51			
92434		\$108.03						\$129.64			
92435		\$108.03						\$129.64			
92436		\$108.03						\$129.64			
92437		\$108.03						\$129.64			
92438		\$108.03						\$129.64			
92441		\$66.33						\$79.60			
92442		\$99.50						\$119.40			
92443		\$132.66						\$159.19			
92444		\$165.82						\$198.99			
92445		\$165.82						\$198.99			
92446		\$165.82						\$198.99			
92447		\$165.82						\$198.99			
92448		\$165.82						\$198.99			
92451		\$91.54						\$109.85			
92452		\$137.28						\$164.73			
92453		\$217.78						\$261.34			
92454		\$271.16						\$325.40			
92455		\$271.16						\$325.40			
92456		\$271.16						\$325.40			
92457		\$271.16						\$325.40			
92458		\$271.16						\$325.40			
94302		\$71.88									
99111		I.C.									
99222		I.C.						I.C.			
99333		I.C.									