



Health
Canada

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QUEBEC

NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

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.

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

For clients under ten (10) years of age, certain dental services are covered by the RAMQ.								
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
0.0 DIAGNOSTIC								
0.1 EXAMINATIONS								
Maximum eligibility of examinations: ages 17+: up to 3 in any 12 months; under 17: up to 4 in any 12 months. Frequency limitations take into account overall interaction between various examination services rendered by same provider, different providers within the same office or different office, and their eligibility period. Specialty complete and Specialty limited examinations (performed by specialists only) will not count against the eligible maximum examinations allowable.								
Complete Oral Examination								
1 in any 60 months - when a complete examination is provided, it replaces the recall for the respective eligible period.								
Primary and Mixed Dentition								
01110		\$63.86						
01120		\$76.43						
01151						\$79.34		
01155						\$97.62		
Permanent Dentition								
Eligible only for clients age 12 and older								
01130		\$112.02						
01156						\$120.57		
Recall Examination								
Age 17+: 1 in any 12 months; under 17: 1 in any 6 months								
01152						\$64.92		
01200		\$61.77						
01250		\$47.11						
01255						\$65.27		
Specific Oral Examination								
1 in any 12 months								
01154						\$43.84		
01400		\$32.44						
Emergency Oral Examination								
1 in any 12 months								
01153						\$43.84		
01205							\$90.03	
01300		\$32.44						
01305							\$32.44	
01517				\$32.44				
01713								\$49.68
Specialist Examination - Limited								
1 in any 12 months/specialty (with GP referral and justification for the referral)								
01405							\$32.44	
01716								\$32.44
01802			\$82.72					
0.2 RADIOGRAPHS								
Intraoral, Complete Series								
1 in any 60 months Not to be covered in conjunction with a panoramic radiograph for the time period (60 months).								
02110			\$61.77			\$79.57	\$79.57	\$79.57
02111								\$79.57

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
Intraoral (1-10 films)								
10 in any 12 months								
02111		\$23.78						
02112		\$29.32						
02113		\$37.70						
02114		\$48.17						
02115		\$57.59						
02116		\$68.05						
02121			\$23.78			\$23.04	\$23.04	\$23.04
02122							\$29.32	\$29.32
02123							\$37.70	
02124							\$48.17	
02131		\$26.43						
02132		\$33.50						
02135			\$26.43			\$26.43	\$26.18	\$26.18
02139			\$32.60			\$32.60	\$16.76	\$16.76
02141		\$23.78						
02142		\$29.32						
02143		\$37.70						
02144		\$48.17						
02150			\$32.60			\$16.76	\$16.76	\$16.76
02154								\$48.17
02171			\$23.04					
02172			\$29.32					
02173			\$37.70					
02174			\$48.17					
02175			\$56.57					
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).								
02600		\$63.86						
02601			\$62.73					
02610			\$59.90			\$63.86	\$63.86	\$63.86
0.3 LABORATORY TESTS								
04302	L	\$116.21						
04305			\$197.14	\$200.69		\$200.69	\$200.69	
04311	L	\$98.43						
04312	L	\$235.58						
04315			\$107.84	\$107.84		\$107.84	\$107.84	
04316			\$270.12	\$270.12		\$270.12	\$253.37	
04319	L			\$114.16				
04324	L					\$157.81		
04325	L					\$132.48		
04326	L					\$316.61		

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
1.0 PREVENTION								
Prophylaxis								
Age 17+: 1 in any 12 months; under age 17: 1 in any 6 months								
11100		\$18.61						
11200		\$24.23						
11205							\$24.23	
11300		\$27.26						
11305							\$27.26	
11400						\$18.61		
11410						\$24.23		
11420						\$27.26		
12156								\$27.26
Topical Fluoride								
Eligible only for clients under age 17: 1 in any 6 months.								
12400		\$29.00				\$29.00		
Pit and Fissure Sealants								
Eligible only for clients under age 14 on the occlusal surface of permanent molar teeth and on the lingual surface of permanent maxillary incisor teeth where surfaces are unrestored.								
13401		\$42.00						
13404		\$34.00						
13430						\$50.40		
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		\$55.49	\$55.49					
20115						\$68.19		
20119			\$84.57					
20121		\$84.57						
20125						\$84.57		
20131		\$24.67						
20160						\$83.07		
20161		\$58.64						
Restorations, Amalgam/Composite; full preformed crowns								
Primary incisor teeth are eligible only for clients under age 5. Restorations are subject to the distinct surface edit and 1 in any 12 months for same provider or different provider in the same office.								
21101		\$47.11						
21102		\$96.31						
21103		\$116.21						
21104		\$147.61						
21105		\$153.89						
21121		\$47.11						
21122		\$96.31						
21123		\$116.21						
21124		\$147.61						
21125		\$153.89						
21141						\$63.32		

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
21142						\$131.52		
21143						\$157.81		
21144						\$200.69		
21145						\$237.69		
21151						\$63.32		
21152						\$131.52		
21153						\$157.81		
21154						\$200.69		
21155						\$237.69		
21161						\$65.27		
21162						\$134.45		
21163						\$160.73		
21164						\$210.42		
21165						\$264.01		
21211		\$48.17						
21212		\$99.46						
21213		\$119.35						
21214		\$155.99						
21215		\$196.83						
21221		\$64.92						
21222		\$113.08						
21223		\$147.61						
21224		\$181.13						
21225		\$231.38						
21231		\$48.17						
21232		\$99.46						
21233		\$119.35						
21234		\$155.99						
21235		\$196.83						
21241		\$64.92						
21242		\$113.08						
21243		\$147.61						
21244		\$181.13						
21245		\$231.38						
21251						\$88.65		
21252						\$151.98		
21253						\$200.69		
21254						\$244.52		
21255						\$309.79		
21261						\$65.27		
21262						\$134.45		
21263						\$160.73		
21264						\$210.42		
21265						\$264.01		
21271						\$88.65		
21272						\$151.98		
21273						\$200.69		
21274						\$244.52		
21275						\$309.79		

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
21291								\$47.11
21292								\$96.31
21293								\$116.21
21294								\$147.61
21295								\$180.58
21296								\$180.58
21301		\$23.78						
21302		\$37.70						
21303		\$50.25						
21304		\$61.77						
21391								\$41.15
21392								\$66.03
21393								\$90.91
21394								\$120.57
21395								\$297.34
21411						\$28.76		
21412						\$49.68		
21413						\$66.24		
21414						\$82.80		
22201		\$146.23						
22211		\$153.89						
22305						\$208.34		
22315						\$237.69		
22401		\$153.89						
22410						\$194.73		
22501		\$194.73						
23111		\$86.92						
23112		\$98.43						
23113		\$174.86						
23114		\$238.72						
23115		\$238.72						
23118		\$298.62						
23131						\$113.99		
23132						\$132.48		
23133						\$237.69		
23134						\$319.00		
23135						\$343.88		
23181								\$86.92
23182								\$86.92
23183								\$98.43
23184								\$174.86
23185								\$238.72
23186								\$298.62
23191								\$88.97
23192								\$144.48
23193								\$165.43
23194								\$223.00
23195								\$254.42
23196								\$254.42

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
23211		\$88.97						
23212		\$144.48						
23213		\$165.43						
23214		\$223.00						
23215		\$254.42						
23220		\$60.71						
23221		\$102.18						
23222		\$152.86						
23223		\$187.41						
23224		\$240.80						
23225		\$294.20						
23311		\$64.92						
23312		\$74.33						
23313		\$134.02						
23314		\$146.23						
23315		\$146.23						
23331						\$116.90		
23332						\$195.81		
23333						\$220.15		
23334						\$277.64		
23335						\$342.91		
23340						\$112.92		
23341						\$128.58		
23342						\$205.55		
23343						\$253.28		
23344						\$325.37		
23345						\$396.49		
23411		\$74.33						
23412		\$120.40						
23413		\$152.86						
23414		\$153.89						
23415		\$153.89						
23421						\$95.26		
23422						\$106.79		
23423						\$194.73		
23424						\$208.34		
23425						\$208.34		
23521						\$99.37		
23522						\$161.71		
23523						\$204.57		
23524						\$237.69		
23525						\$237.69		
29120						\$126.65		
29145						\$77.31		
Repair to Crowns								
1 in any 36 months, per tooth								
27236								\$254.42
27722	L	\$95.26						

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
Post Removal								
1 in a lifetime, per permanent tooth								
25785						\$165.61		
26709								\$231.86
27731		\$65.18						
27732		\$130.37						
39501			\$358.50					
Recementation of Crowns								
1 in any 36 months, per tooth								
26710								\$177.31
27112								\$86.70
27229								\$81.83
27240								\$146.49
29100		\$74.33						
29150						\$110.08		
29160						\$78.70		
3.0 ENDODONTICS								
The NIHB Endodontic Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.								
Pulpotomy/Pulpectomy								
Not covered for primary incisor teeth.								
32240						\$115.92		
32340						\$125.66		
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.								
32201		\$85.86						
32202		\$143.45						
32210		\$85.86						
32221			\$127.62					
32222			\$204.57					
32241						\$122.39		
32242						\$194.82		
32311			\$143.20					
32312			\$179.24					
32313			\$235.20					
32314			\$275.35					
32341						\$132.67		
32343						\$252.14		
33100		\$420.88						
33111			\$633.21					
33121			\$779.34					
33131			\$1,047.24					
33141			\$1,234.15					
33150						\$565.02		
33160						\$746.49		
33170						\$953.02		
33180						\$1,112.93		
33200		\$599.92						

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For clients under ten (10) years of age, certain dental services are covered by the RAMQ.								
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
33300		\$769.53						
33400		\$893.07						
33475		\$123.54						
39901		\$85.86						
39902		\$85.86						
39903		\$115.18						
39904		\$143.45						
39981		\$58.64						
39985		\$58.64						
Open/Drain								
35112			\$242.90					
35121			\$242.90					
39201		\$41.88	\$127.62					
39202		\$101.56	\$179.24					
39241						\$56.50		
39242						\$142.97		
4.0 PERIODONTICS								
Scaling								
Age 0 to 11: 1 unit in any 12 months in combination with root planing;								
Age 12 to 16: 2 units in any 12 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.								
12250								\$58.00
12252		\$33.50						
12254		\$33.50						
43401							\$69.60	\$58.00
43402							\$120.00	\$100.00
43403							\$169.20	\$141.00
43404							\$218.40	\$182.00
43405								\$187.58
43411		\$58.00						
43412		\$100.00						
43413		\$141.00						
43414		\$182.00						
43417		\$33.00						
43431						\$58.00		
43432						\$100.00		
43433						\$141.00		
43434						\$182.00		
Miscellaneous								
41200		\$61.77						
42004							\$77.94	

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
5.0 PROSTHODONTICS - REMOVABLE								
<p>The NIHB Removable Prosthodontic Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.</p> <p>The fee paid for dentures includes three (3) months post-insertion care including adjustments and modifications. NIHB does not cover any other denture-related procedures during this period. The fee for immediate dentures includes the tissue conditioner, but not the processed reline/rebase.</p> <p>The overall cost of replacement for a denture may be adjusted in situations where claims for reline/rebase were paid within three months prior to the request.</p> <p>Complete Dentures - Standard 1 per arch in any 96 months</p>								
51100	L	\$683.68						
51110	L	\$879.48						
51120	L	\$1,281.50						
51505	L							\$2,694.54
51506	L							\$1,636.61
51508	L							\$1,055.36
Denture Adjustments								
54209								\$121.45
54250		\$46.07						
54251		\$46.07						
Repairs and Additions								
1 per prosthesis in any 12 months								
54405	L							\$207.31
54406	L							\$305.71
54407	L							\$404.13
54408	L							\$432.40
54409	L							\$294.20
54415	L							\$294.20
54416	L							\$366.44
55101	L	\$53.40						
55102	L	\$53.40						
55103	L	\$53.40						
55104	L	\$53.40						
55201	L	\$113.08						
55202	L	\$113.08						
55203	L	\$113.08						
55204	L	\$113.08						
55520	L	\$113.08						
55530	L	\$113.08						
Relines or Rebases								
1 per prosthesis in any 24 months								
56200		\$181.13						
56201		\$181.13						
56204								\$328.75
56205								\$274.30
56206	L							\$478.47
56210		\$181.13						
56211		\$181.13						
56215	L							\$684.73

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
56220	L	\$210.45						
56221	L	\$210.45						
56222	L	\$345.50						
56225								\$478.47
56230	L	\$210.45						
56231	L	\$210.45						
56232	L	\$345.50						
56255								\$859.21
56260	L	\$210.45						
56261	L	\$210.45						
56262	L	\$210.45						
56263	L	\$210.45						
56265								\$661.68
56280	L	\$345.50						
56290	L	\$345.50						
Tissue Conditioning								
1 per prosthesis in any 24 months								
54275								\$143.20
56270		\$84.81						
56271		\$84.81						
56272		\$84.81						
56273		\$84.81						
7.0 ORAL AND MAXILLOFACIAL SURGERY								
71001								\$93.37
71002								\$68.05
71004								\$169.13
71008								\$177.99
71101		\$93.37						
71111		\$68.05						
71150						\$95.26		
71151						\$71.19		
71160						\$110.53		
71161						\$71.19		
72100		\$177.99						
72110		\$246.03						
72300		\$93.37						
74108	L	\$213.58						
74170	L					\$264.11		
74180						\$272.22		
74408	L	\$202.07						
74650	L					\$250.23		
75100		\$58.64						
75101		\$242.90						
75110		\$136.10						
75301		\$217.78						
75310						\$235.57		
75315						\$326.32		
75361		\$129.82						
76945						\$93.52		

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
76946						\$114.95		
76950		\$71.19						
76955						\$79.88		
76956						\$79.88		
76990						\$41.88		
76991						\$47.11		
77905							\$107.84	
77910							\$224.06	
79601		\$33.50						
79602		\$70.16						
79615						\$142.39		
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		\$77.72			\$77.72	\$77.72		
P1100		\$310.90			\$310.90	\$310.90		

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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement								
For clients under ten (10) years of age, certain dental services are covered by the RAMQ.								
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
0.0 DIAGNOSTIC								
0.1 EXAMINATIONS								
Maximum eligibility of examinations: ages 17+: up to 3 in any 12 months; under 17: up to 4 in any 12 months. Frequency limitations take into account overall interaction between various examination services rendered by same provider, different providers within the same office or different office, and their eligibility period.								
Specialty complete and Specialty limited examinations (performed by specialists only) will not count against the eligible maximum examinations allowable.								
Specialist Examination - Complete								
1 in any 60 months per specialty (with GP referral and justification for the referral).								
When a specialty complete examination is adjudicated, it eliminates specialty limited examination within the same specialty in that twelve (12) month period.								
01135							\$115.18	
01515				\$112.02				
01725								\$112.02
01801			\$137.14					
0.2 LABORATORY TESTS								
When submitting requests of laboratory tests/analysis, a copy of the laboratory report is required.								
04100	L	\$37.70						
04101			\$39.78					
04105	L			\$50.66			\$70.15	
04106	L			\$75.01				
04110	L					\$48.71		
04334	L			\$54.45				
04335			\$60.40	\$120.80		\$60.40	\$60.40	
04401	L	\$45.03						
04535							\$47.11	
0.3 DIAGNOSTIC CASTS, UNMOUNTED								
04501		\$32.44						
04502		\$32.44						
04505						\$129.82		
04950						\$32.44		
1.0 PREVENTION								
Interproximal Disking of Teeth								
1 unit in any 12 months								
13700		\$18.94						
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.								
25735						\$417.92		
25736						\$470.52		
25737						\$526.05		
26621								\$462.74

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All Procedures in Schedule B have a Predetermination Requirement								
For clients under ten (10) years of age, certain dental services are covered by the RAMQ.								
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
26622								\$535.79
26623								\$606.90
26631								\$519.23
26632								\$573.79
26633								\$643.93
27114								\$289.01
29501		\$161.23						
29502		\$201.01						
29503		\$246.03						
29600		\$147.61						
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.								
27202	L							\$1,187.52
27210	L	\$710.90						
27225	L							\$1,214.82
27300	L	\$710.90						
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.								
33100		\$420.88						
33111			\$633.21					
33121			\$779.34					
33131			\$1,047.24					
33141			\$1,234.15					
33150						\$565.02		
33160						\$746.49		
33170						\$953.02		
33180						\$1,112.93		
33200		\$599.92						
33300		\$769.53						
33400		\$893.07						
33475		\$123.54						
4.0 PERIODONTICS								
Desensitization								
41300		\$23.78						
41305							\$23.78	
Vestibuloplasty								
42315							\$483.39	
Periodontal Splint or Ligation, Extra Coronal								
43211		\$98.43						
43212		\$69.10						
43215							\$70.70	

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All Procedures in Schedule B have a Predetermination Requirement								
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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
43257							\$80.63	
43258							\$90.03	
43295		\$69.10						
Root Planing								
Age 0 to 11: 1 unit in any 12 months in combination with scaling;								
Age 12 to 16: 2 units in any 12 months in combination with scaling;								
Age 17+: 4 units in any 12 months in combination with scaling;								
42000		\$52.89						
42001		\$38.35						
43440							\$62.81	
43441							\$42.49	
Occlusal Equilibration								
Cost of one unit will be limited to the cost of half unit								
12163								\$39.25
12164								\$39.25
43300		\$39.25						
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								
51300	L	\$637.60						
51305	L							\$1,166.07
51310	L	\$718.21						
51315	L							\$1,166.07
51320	L	\$1,111.88						
51325	L							\$2,062.32
51701	L	\$683.68						
51702	L	\$879.48						
51703	L	\$1,281.50						
52101	L	\$380.04						
52102	L	\$380.04						
52103	L	\$577.86						
52120	L	\$347.60						
52121	L	\$347.60						
52129	L	\$569.55						
52180	L							\$629.24
52181	L							\$857.47
52182	L							\$900.40
52190								\$203.12
52230	L	\$500.45						
52231	L	\$500.45						

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
52232	L	\$820.83						
52400	L	\$879.48						
52410	L	\$879.48						
52420	L	\$1,442.73						
52500	L	\$821.89						
52510	L	\$821.89						
52520	L	\$1,347.46						
52531	L	\$1,283.60						
52542	L	\$1,283.60						
53415	L							\$1,288.83
53416	L							\$1,009.18
53417	L							\$1,461.25
53419	L							\$895.17
7.0 ORAL AND MAXILLOFACIAL SURGERY								
72210		\$159.14						
72220		\$229.28						
72230		\$304.67						
72240		\$341.33						
72310		\$125.63						
72320		\$177.99						
72410		\$60.71						
72411		\$251.26						
72412		\$580.03						
72510						\$71.19		
72515						\$193.86		
72525						\$283.74		
73110		\$184.27						
76210		\$937.05						
76310		\$937.05						
77920							\$502.67	
77922							\$599.92	
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.								
80610						\$54.24		
80671		\$80.62						
80672		\$33.49						
80675						\$80.62		
81101	L					\$577.93		
81102	L	\$577.93						
81103	L	\$577.93						
81104	L					\$577.93		
81105	L	\$640.76						
81106	L	\$640.76						
81107	L					\$640.76		
81108	L					\$640.76		

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
81109	L					\$577.93		
81110	L	\$577.93						
81111	L	\$577.93						
81115	L	\$577.93						
81116	L	\$577.93						
81119	L					\$577.93		
81136	L					\$577.93		
81137	L					\$577.93		
81171	L	\$924.49						
81172	L	\$924.49						
81173	L	\$924.49						
81174	L	\$725.56						
81175	L	\$546.52						
81201	L	\$694.13						
81202	L	\$694.13						
81203	L	\$547.02						
81204	L	\$547.02						
81205	L	\$547.02						
81206	L	\$547.02						
81207	L	\$522.44						
81208	L	\$522.44						
81209	L	\$506.74						
81210	L	\$577.93						
81215	L					\$694.13		
81216	L					\$694.13		
81221	L	\$591.95						
81222	L	\$591.95						
81233	L					\$547.02		
81234	L					\$547.02		
81244	L					\$547.02		
81247	L					\$547.02		
81261	L	\$299.43						
81271	L	\$239.76						
81283	L					\$299.43		
P0500		\$41.90			\$41.90	\$41.90		
P1200		\$1,925.92			\$1,925.92	\$1,925.92		
P1300		\$1,604.94			\$1,604.94	\$1,604.94		
P1400		\$1,283.94			\$1,283.94	\$1,283.94		
9.0 ADJUNCTIVE GENERAL SERVICES								
NIHB Sedation and General Anaesthesia Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.								
92224		\$224.05						
92311		\$38.76						
92312		\$66.07						
92313		\$93.37						
92314		\$120.68						
92315		\$120.68						
92316		\$120.68						

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
92317		\$120.68						
92318		\$120.68						
92331		\$77.52						
92332		\$126.84						
92333		\$176.18						
92334		\$225.51						
92335		\$225.51						
92336		\$225.51						
92337		\$225.51						
92338		\$225.51						
92355						\$319.34		
92421		\$38.76						
92470						\$126.65		
94200		\$69.10						
94400		\$69.10						
99111		I.C.						