



MANITOBA

NIHB Regional Dental Benefit Grid

General Practitioners and Specialists

Effective Date
May 1, 2018

- 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
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 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		\$27.48						\$95.83			
01102		\$85.56						\$102.67			
Permanent Dentition											
Eligible only for clients age 12 and older.											
01103		\$85.56						\$102.67			
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		\$35.46						\$42.55			
Recall Examination											
Age 17+: 1 in any 12 months; under age 17: 1 in any 6 months											
01202		\$28.95						\$36.94			
Specific Examination											
1 in any 12 months											
01204		\$38.52		\$38.52	\$38.52	\$38.52		\$46.22	\$38.52	\$38.52	
Emergency Examination											
1 in any 12 months											
01205		\$33.59		\$33.59	\$33.59	\$33.59		\$40.31	\$33.59	\$33.59	
Specialist Examination and Diagnosis - Limited											
1 in any 12 months/specialty (with GP referral and justification for the referral)											
01402					\$53.25	\$66.45					
01502									\$35.12		
01503									\$46.41		
01702										\$47.91	
01802				\$63.35							
0.2 RADIOGRAPHS											
Intraoral Periapical Radiographs (11-15 films), Complete Series											
1 in any 60 months											
Periapical Radiographs (11-15 films), Complete Series, and any combination of intraoral radiographs (periapicals, bitewings and occlusal) exceeding 10 films, are not to be covered in conjunction with a panoramic radiograph for the time period (60 months).											
02101		\$70.33		\$70.33				\$70.33	\$70.33	\$70.33	\$70.33
02102		\$90.22		\$90.22				\$90.22	\$90.22	\$90.22	\$90.22
02121		\$68.08		\$68.08				\$68.08	\$68.08	\$68.08	\$68.08
02122		\$72.56		\$72.56				\$72.56	\$72.56	\$72.56	\$72.56
02123		\$77.05		\$77.05				\$77.05	\$77.05	\$77.05	\$77.05
02124		\$81.52		\$81.52				\$81.52	\$81.52	\$81.52	\$81.52
02125		\$86.01		\$86.01				\$86.01	\$86.01	\$86.01	\$86.01
Intraoral Radiographs (1-10 films)											
Includes periapical, bitewing and occlusal radiographs.											
10 in any 12 months											
02111		\$16.58		\$16.58				\$16.58	\$16.58	\$16.58	\$16.58
02112		\$22.85		\$22.85				\$22.85	\$22.85	\$22.85	\$22.85
02113		\$29.13		\$29.13				\$29.13	\$29.13	\$29.13	\$29.13
02114		\$35.39		\$35.39				\$35.39	\$35.39	\$35.39	\$35.39
02115		\$41.66		\$41.66				\$41.66	\$41.66	\$41.66	\$41.66
02116		\$45.68		\$45.68				\$45.68	\$45.68	\$45.68	\$45.68
02117		\$50.17		\$50.17				\$50.17	\$50.17	\$50.17	\$50.17
02118		\$54.64		\$54.64				\$54.64	\$54.64	\$54.64	\$54.64

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SCHEDULE A

Code	Lab	GP	Anest	Endo	O. Med	O. Path	Ortho	Paed	Perio	Pros	Radio
02119		\$59.13		\$59.13				\$59.13	\$59.13	\$59.13	\$59.13
02120		\$63.61		\$63.61				\$63.61	\$63.61	\$63.61	\$63.61
02131		\$25.09		\$25.09				\$25.09	\$25.09	\$25.09	\$25.09
02132		\$38.21		\$38.21				\$38.21	\$38.21	\$38.21	\$38.21
02141		\$16.58		\$16.58				\$16.58	\$16.58	\$16.58	\$16.58
02142		\$22.85		\$22.85				\$22.85	\$22.85	\$22.85	\$22.85
02143		\$29.13		\$29.13				\$29.13	\$29.13	\$29.13	\$29.13
02144		\$35.39		\$35.39				\$35.39	\$35.39	\$35.39	\$35.39
Panoramic											
1 in any 60 months; up to 3 in a lifetime Not to be covered in conjunction with Periapical Radiographs (11-15 films), Complete Series, and any combination of intraoral radiographs (periapicals, bitewings and occlusal) exceeding 10 films for the time period (60 months).											
02601		\$62.28		\$62.28				\$62.28	\$62.28	\$62.28	\$62.28
0.3 LABORATORY TESTS											
04311	L	\$58.23		\$72.34	\$69.88	\$72.34		\$72.34	\$72.34		
04312	L	\$98.28		\$117.94	\$117.94	\$117.94		\$117.94	\$117.94		
04313	L	\$72.52		\$87.02	\$87.02	\$87.02		\$87.02	\$87.02		
04321	L	\$97.12		\$116.54	\$116.54	\$116.54		\$116.54	\$116.54		
04322	L	\$177.17		\$224.39	\$212.60	\$224.39		\$224.39	\$224.67		
04323	L	\$97.12		\$116.54	\$116.54	\$116.54		\$116.54	\$116.54		
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		\$14.17						\$14.17	\$14.17	\$14.17	
11107		\$7.09						\$7.09	\$7.09	\$7.09	
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.											
11111		\$51.80						\$51.80	\$62.16	\$51.80	
11112		\$103.60						\$103.60	\$124.32	\$103.60	
11113		\$155.40						\$155.40	\$186.48	\$155.40	
11114		\$207.20						\$207.20	\$248.64	\$207.20	
11117		\$25.90						\$25.90	\$31.08	\$25.90	
Topical Fluoride											
Includes Fluoride Varnish and other Topical Fluoride treatments. Eligible only for clients under age 17: 1 in any 6 months.											
12101		\$16.30						\$16.30	\$16.30		
Fluoride Varnish											
12103		\$22.30						\$22.30	\$22.30		
Sealants/Preventive Resins											
Eligible only for clients 17 years of age and under, on the occlusal surface of permanent molars and bicuspid, and on the lingual surface of permanent maxillary incisors, where surfaces are unrestored. There is a lifetime limit of 2 sealants/preventive resins restorations per eligible tooth.											
13401		\$30.20						\$36.24			
13409		\$15.10						\$18.12			
13411		\$43.81						\$57.34			
13419		\$35.75						\$57.34			
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		\$82.23		\$82.23				\$98.68			
20119		\$68.62		\$68.62				\$82.34			
20121		\$90.22		\$90.22				\$108.26			
20129		\$90.22		\$90.22				\$108.26			

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20131		\$27.79		\$27.79				\$33.35			
20139		\$13.40		\$13.40				\$16.08			
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		\$59.76						\$71.71			
21112		\$94.25						\$113.10			
21113		\$104.46						\$125.35			
21114		\$116.82						\$140.18			
21115		\$145.94						\$175.13			
21121		\$59.76						\$71.71			
21122		\$94.25						\$113.10			
21123		\$104.46						\$125.35			
21124		\$116.82						\$140.18			
21125		\$145.94						\$175.13			
21211		\$72.56						\$87.07		\$72.56	
21212		\$103.92						\$124.70		\$103.92	
21213		\$126.41						\$151.69		\$126.41	
21214		\$154.36						\$185.23		\$154.36	
21215		\$183.39						\$220.07		\$183.39	
21221		\$86.81						\$104.17		\$86.81	
21222		\$121.47						\$145.76		\$121.47	
21223		\$146.30						\$175.56		\$146.30	
21224		\$181.95						\$218.34		\$181.95	
21225		\$217.51						\$261.01		\$217.51	
21231		\$72.56						\$87.07		\$72.56	
21232		\$103.92						\$124.70		\$103.92	
21233		\$126.41						\$151.69		\$126.41	
21234		\$154.36						\$185.23		\$154.36	
21235		\$183.39						\$220.07		\$183.39	
21241		\$86.81						\$104.17		\$86.81	
21242		\$121.47						\$145.76		\$121.47	
21243		\$146.30						\$175.56		\$146.30	
21244		\$181.95						\$218.34		\$181.95	
21245		\$217.51						\$261.01		\$217.51	
21401		\$21.29						\$25.55		\$25.55	
21402		\$32.17						\$38.60		\$38.60	
21403		\$43.01						\$51.61		\$51.61	
21404		\$53.89						\$64.67		\$64.67	
21405		\$64.75						\$77.70		\$77.70	
22201		\$149.07						\$178.88		\$149.07	
22211		\$149.07						\$178.88		\$149.07	
22401		\$130.61						\$156.73		\$130.61	
22501		\$165.49						\$216.81		\$165.49	
23101		\$72.94						\$87.53		\$72.94	
23102		\$93.59						\$112.31		\$93.59	
23103		\$122.13						\$146.56		\$122.13	
23104		\$141.18						\$169.42		\$141.18	
23105		\$171.32						\$205.58		\$171.32	
23111		\$103.30						\$123.96		\$103.30	
23112		\$136.74						\$164.09		\$136.74	
23113		\$164.48						\$197.38		\$164.48	
23114		\$193.07						\$231.68		\$193.07	
23115		\$226.48						\$276.28		\$226.48	
23211		\$68.65						\$82.38		\$68.65	
23212		\$99.98						\$119.98		\$99.98	
23213		\$117.23						\$140.68		\$117.23	
23214		\$147.78						\$177.34		\$147.78	
23215		\$169.40						\$203.28		\$169.40	

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23221		\$73.37						\$88.04		\$73.37	
23222		\$109.25						\$131.10		\$109.25	
23223		\$126.07						\$151.28		\$126.07	
23224		\$158.55						\$190.26		\$158.55	
23225		\$176.71						\$212.05		\$176.71	
23311		\$114.40						\$137.28		\$114.40	
23312		\$163.40						\$196.08		\$163.40	
23313		\$194.77						\$233.72		\$194.77	
23314		\$229.52						\$275.42		\$229.52	
23315		\$263.21						\$315.85		\$263.21	
23321		\$122.91						\$147.49		\$122.91	
23322		\$178.19						\$213.83		\$178.19	
23323		\$213.49						\$256.19		\$213.49	
23324		\$252.82						\$303.38		\$252.82	
23325		\$291.51						\$349.81		\$291.51	
23401		\$66.65						\$79.98		\$66.65	
23402		\$87.62						\$105.14		\$87.62	
23403		\$110.73						\$132.88		\$110.73	
23404		\$110.73						\$144.72		\$110.73	
23405		\$110.73						\$147.99		\$110.73	
23411		\$87.80						\$105.36		\$87.80	
23412		\$121.30						\$145.56		\$121.30	
23413		\$143.87						\$172.64		\$143.87	
23414		\$149.07						\$178.88		\$149.07	
23415		\$149.07						\$178.88		\$149.07	
23501		\$63.89						\$76.67			
23502		\$96.38						\$115.66			
23503		\$107.56						\$129.07			
23504		\$135.95						\$163.14			
23505		\$141.35						\$169.62			
23511		\$103.19						\$123.83			
23512		\$142.36						\$170.83			
23513		\$149.07						\$178.88			
23514		\$149.07						\$178.88			
23515		\$149.07						\$178.88			
Post Removal											
1 in a lifetime, per permanent tooth											
25781		\$65.91		\$92.43				\$89.02		\$89.02	
25782		\$131.82		\$184.86				\$178.03		\$178.03	
Repair to Crowns											
1 in any 36 months, per tooth											
27721		\$120.14								\$144.17	
27722	L	\$141.10								\$169.32	
Recementation of Crowns											
1 in any 36 months, per tooth											
29101		\$65.91						\$79.09		\$79.09	
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		\$84.67		\$101.60				\$101.60			
32222		\$118.26		\$141.91				\$141.91			
32232		\$59.84		\$71.81				\$71.81			
32311		\$116.73		\$140.57				\$140.08			
32312		\$146.83		\$176.20				\$176.20			
32313		\$176.94		\$223.37				\$212.33			
32314		\$207.04		\$282.93				\$248.45			

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32321		\$98.49		\$118.19				\$118.19			
32322		\$101.15		\$121.38				\$137.12			
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		\$392.58		\$471.10				\$471.10			
33121		\$549.22		\$659.06				\$659.06			
33131		\$716.79		\$860.15				\$860.15			
33141		\$838.07		\$1,005.68				\$1,005.68			
Open and Drain											
39201		\$72.84		\$87.41				\$79.70			
39202		\$72.84		\$87.41				\$87.41			
4.0 PERIODONTICS											
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;											
Predetermination is required for additional units.											
43421		\$43.44						\$52.13			
43422		\$86.88						\$104.26			
43423		\$130.33						\$156.40			
43424		\$173.77						\$208.52			
43427		\$21.72						\$26.06			
Miscellaneous											
42831		\$61.02						\$73.22	\$73.22		
5.0 PROSTHODONTICS - REMOVABLE											
The NIHB Removable Prosthodontic Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.											
The fee for complete and partial dentures includes a three (3) month period of post-insertion care. The fee for immediate dentures includes the tissue conditioner, but not the processed relines/rebase.											
Denture adjustments done on the same date of service and in conjunction with the delivery of new dentures, denture repairs, relines, rebases and/or tissue conditioning, are included in the fees billed and paid for these services.											
The overall cost of replacement for a denture may be adjusted in situations where claims for relines/rebase were paid within three months prior to the request.											
Complete Dentures - Standard											
1 per arch in any 96 months											
51101	L	\$630.05								\$756.06	
51102	L	\$701.55								\$841.86	
51103	L	\$1,003.17								\$1,203.80	
Denture Adjustments											
54201		\$58.51								\$67.90	
Repairs and Additions											
1 per prosthesis in any 12 months											
55101	L	\$49.63								\$55.50	
55102	L	\$49.63								\$55.50	
55201	L	\$85.73								\$94.90	
55202	L	\$85.73								\$94.90	
55203	L	\$140.60								\$174.24	
55301	L	\$49.63								\$55.50	
55302	L	\$49.63								\$55.50	
55401	L	\$101.69								\$122.03	
55402	L	\$101.69								\$122.03	
55403	L	\$194.02								\$232.82	
Reline or Rebase											
1 per prosthesis in any 24 months											
56211		\$148.89								\$492.26	
56212		\$148.89								\$492.26	
56213		\$267.46								\$935.30	
56221		\$148.89								\$492.26	

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56222		\$148.89								\$492.26	
56223		\$267.46								\$935.30	
56231	L	\$203.18								\$476.47	
56232	L	\$203.18								\$476.47	
56233	L	\$365.76								\$905.30	
56241	L	\$191.70								\$476.47	
56242	L	\$191.70								\$476.47	
56243	L	\$365.76								\$905.30	
56311	L	\$207.30								\$476.47	
56312	L	\$207.30								\$476.47	
56313	L	\$365.76								\$905.30	
56321	L	\$191.70								\$476.47	
56322	L	\$191.70								\$476.47	
56323	L	\$331.89								\$905.30	
Tissue Conditioning											
1 per prosthesis in any 24 months											
56511		\$82.88								\$99.46	
56512		\$82.88								\$99.46	
56513		\$138.38								\$166.06	
56521		\$82.88								\$99.46	
56522		\$82.88								\$99.46	
56523		\$138.38								\$166.06	
56531		\$72.84								\$87.41	
56532		\$72.84								\$87.41	
56533		\$138.38								\$166.06	
7.0 ORAL AND MAXILLOFACIAL SURGERY											
71101		\$100.33						\$120.40	\$120.40	\$100.33	
71109		\$80.27						\$96.32	\$96.32	\$80.27	
71201		\$189.38						\$227.26	\$227.26	\$189.38	
71209		\$151.50						\$181.80	\$181.80	\$151.50	
71211		\$171.13									
71219		\$136.91									
72311		\$100.33						\$120.40	\$116.30		
72319		\$80.27						\$96.32	\$93.04		
74111		\$194.48			\$233.38	\$262.82		\$262.82	\$262.82		
74112		\$237.35			\$284.82	\$478.20		\$499.82	\$499.82		
74121		\$253.85			\$304.62	\$304.62		\$304.62	\$304.62		
74122		\$352.55			\$423.06	\$498.16		\$498.16	\$498.16		
74211		\$197.40			\$236.88	\$439.56		\$439.56	\$439.56		
74212		\$293.02			\$351.62	\$432.42		\$432.42	\$432.42		
74221		\$270.56			\$324.67	\$512.88		\$512.88	\$512.88		
74222		\$663.23			\$795.88	\$795.88		\$795.88	\$795.88		
74611		\$241.03			\$289.24	\$289.24		\$289.24	\$289.24		
74612		\$397.57			\$477.08	\$477.08		\$477.08	\$477.08		
74621		\$310.33		\$372.40	\$372.40	\$491.23		\$491.23	\$491.23		
74631		\$243.31		\$291.97	\$291.97	\$291.97		\$291.97	\$291.97		
74632		\$299.73		\$499.82	\$359.68	\$499.82		\$499.82	\$499.82		
75111		\$77.09		\$92.51	\$92.51	\$92.51		\$92.51	\$92.51		
75112		\$88.27		\$105.92				\$110.28	\$113.21		
75113		\$205.07		\$246.08				\$246.08	\$246.08		
75121		\$169.90		\$203.88				\$203.88	\$203.88		
75122		\$179.63		\$215.56				\$215.56	\$215.56		
75123		\$222.21		\$266.65				\$266.65	\$266.65		
75211		\$130.65		\$156.78				\$282.13			
75212		\$399.57		\$479.48				\$479.48			
75221		\$366.62		\$439.94				\$439.94			
75301		\$123.41		\$148.09				\$148.09			
75303		\$127.34		\$152.81				\$366.85			
76941		\$177.20						\$212.64			

MANITOBA
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
76949		\$109.68						\$131.62			
76951		\$57.68						\$69.22			
76952		\$115.35						\$138.42			
76961		\$66.98									
76962		\$66.98									
79601		\$52.42		\$62.90	\$62.90	\$62.90		\$62.90	\$62.90		
79602		\$52.42		\$62.90	\$62.90	\$62.90		\$62.90	\$62.90		
79605		\$49.93						\$59.92	\$59.92		
79606		\$58.48						\$73.50	\$73.50		
79701		\$451.09									
79702		\$355.50									
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		\$57.84					\$57.84	\$57.84			
P1100		\$291.60					\$291.60	\$291.60			

MANITOBA
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											
01011		\$26.63						\$31.96			
Specialist Examination 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.											
01401					\$139.91	\$148.01					
01501									\$165.49		
01701										\$60.04	
01801				\$96.88							
0.2 LABORATORY TESTS											
When submitting requests of laboratory tests/analysis, a copy of the laboratory report is required.											
04101	L	\$38.26		\$45.91	\$45.91	\$45.91		\$45.91	\$45.91		
04401	L	\$44.73		\$53.68	\$53.68	\$53.68		\$53.68	\$53.68		
0.3 DIAGNOSTIC CASTS, UNMOUNTED											
04911		\$57.01						\$65.97			
04913		\$139.04						\$139.04			
1.0 PREVENTION											
Interproximal Disking of Teeth											
1 unit in any 12 months											
16201		\$26.26									
Occlusal Adjustment/Equilibration											
Cost of one unit will be limited to the cost of half unit.											
16511		\$30.46								\$30.46	
16517		\$30.46								\$30.46	
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		\$144.95								\$177.29	
21302		\$144.95								\$177.29	
23601		\$138.60								\$165.40	
23602		\$164.20								\$209.61	
25731		\$166.52						\$320.97		\$320.97	
25732		\$224.68						\$404.36		\$404.36	
25733		\$306.48						\$485.25		\$485.25	
25751		\$234.24								\$303.71	
25752		\$278.87								\$433.81	
25753		\$324.23								\$450.53	
25754		\$231.76								\$303.71	
25755		\$278.87								\$433.81	
25756		\$324.23								\$450.53	
25761		\$234.24								\$303.71	
25762		\$278.87								\$433.81	
25763		\$324.23								\$450.53	

MANITOBA
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
25764		\$237.35								\$469.68	
25765		\$292.31								\$570.69	
25766		\$350.53								\$580.05	
Crowns											
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	\$636.64								\$763.97	
27301	L	\$636.64								\$763.97	
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		\$392.58		\$471.10				\$471.10			
33121		\$549.22		\$659.06				\$659.06			
33131		\$716.79		\$860.15				\$860.15			
33141		\$838.07		\$1,005.68				\$1,005.68			
4.0 PERIODONTICS											
Management of Oral Disease											
Eligible once (1) in any twelve (12) month period.											
41211		\$29.75			\$35.70	\$71.66			\$71.66		
41221		\$25.82			\$30.98	\$37.63			\$37.63		
41231		\$29.75			\$35.70	\$35.70			\$35.70		
Desensitization											
41301		\$45.79							\$45.79		
Periodontal Splint or Ligation, Provisional, Extra Coronal											
43211		\$63.58							\$76.30		
43221		\$45.84							\$68.15		
43231		\$60.55							\$72.66		
43241		\$47.44							\$70.55		
43281		\$47.66							\$70.36		
Periodontal Re-Evaluation/Evaluation											
Limited to those clients with an identified periodontal problem. Not to be used in conjunction with procedure code 01502.											
49101		\$49.30							\$59.16		
49102		\$49.30							\$59.16		
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 for complete and partial dentures includes a three (3) month period of post-insertion care. The fee for immediate dentures includes the tissue conditioner, but not the processed relined/rebase.											
Denture adjustments done on the same date of service and in conjunction with the delivery of new dentures, denture repairs, relines, rebases and/or tissue conditioning, are included in the fees billed and paid for these services.											
The overall cost of replacement for a denture may be adjusted in situations where claims for relined/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	\$710.77								\$1,119.01	
51302	L	\$778.06								\$1,362.61	
51303	L	\$1,058.38								\$1,861.22	
51711	L	\$632.79								\$999.70	
51712	L	\$704.77								\$1,138.44	
51713	L	\$1,003.17								\$1,602.79	
52101	L	\$272.70								\$327.24	

MANITOBA
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
52102	L	\$272.70								\$327.24	
52103	L	\$366.23								\$439.48	
52301	L	\$415.68								\$488.70	
52302	L	\$415.68								\$488.70	
52303	L	\$599.72								\$719.66	
53101	L	\$721.51								\$929.28	
53102	L	\$721.51								\$929.28	
53103	L	\$1,104.43								\$1,393.92	
53201	L	\$665.80								\$895.48	
53202	L	\$665.80								\$895.48	
53203	L	\$1,019.31								\$1,343.23	
53301	L	\$1,241.97								\$1,490.36	
53302	L	\$1,241.97								\$1,490.36	

7.0 ORAL AND MAXILLOFACIAL SURGERY

72111		\$189.38									
72119		\$151.50									
72211		\$254.07									
72219		\$203.25									
72221		\$342.04									
72229		\$273.62									
72231		\$395.34									
72239		\$316.27									
72321		\$158.30							\$158.30		
72329		\$118.70							\$118.70		
72331		\$223.53									
72339		\$178.81									
72511		\$104.19						\$125.03	\$165.10		
72519		\$78.12						\$174.11	\$174.11		
72521		\$261.77						\$444.15	\$444.73		
72529		\$196.28						\$444.15	\$444.73		
72531		\$301.37							\$429.20		
72539		\$226.03							\$280.08		
72541		\$68.48							\$82.18		
72551		\$136.97							\$164.36		
73121		\$122.01							\$146.41		
73411		\$152.81							\$359.04		
75302		\$123.41		\$148.09							
75401		\$133.66		\$160.39							
75403		\$126.94		\$152.33	\$152.33	\$152.33					
75411		\$349.32									
75412		\$423.11									
76201		\$557.28						\$668.74			
76301		\$663.84						\$796.61			
79603		\$74.06		\$88.87	\$88.87	\$88.87		\$88.87	\$88.87		
79604		\$74.06		\$88.87	\$88.87	\$88.87		\$88.87	\$88.87		

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		\$55.16						\$55.16			
80661		\$53.25						\$53.25			
80669		\$53.25						\$53.25			
80671		\$57.40						\$57.40			
80679		\$57.40						\$57.40			
81111	L	\$216.20						\$216.20			
81112	L	\$216.20						\$216.20			
81113	L	\$307.51						\$307.51			

MANITOBA
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
81114	L	\$307.51						\$307.51			
81121	L	\$307.51						\$307.51			
81122	L	\$307.51						\$307.51			
81131	L	\$307.51						\$307.51			
81132	L	\$307.51						\$307.51			
81135	L	\$432.45						\$432.45			
81211	L	\$326.77						\$326.77			
81212	L	\$326.77						\$326.77			
81221	L	\$326.77						\$326.77			
81222	L	\$326.77						\$326.77			
81231	L	\$326.77						\$326.77			
81232	L	\$326.77						\$326.77			
81241	L	\$326.77						\$326.77			
81242	L	\$326.77						\$326.77			
81243	L	\$326.77						\$326.77			
81251	L	\$477.98						\$477.98			
81252	L	\$477.98						\$477.98			
81253	L	\$477.98						\$477.98			
81254	L	\$477.98						\$477.98			
P0500		\$31.16					\$31.16	\$31.16			
P1200		\$1,995.08					\$1,995.08	\$1,995.08			
P1300		\$1,662.57					\$1,662.57	\$1,662.57			
P1400		\$1,330.04					\$1,330.04	\$1,330.04			
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		\$176.59	\$211.91					\$211.91			
92213		\$220.73	\$264.88					\$264.88			
92214		\$264.86	\$317.83					\$317.83			
92215		\$309.00	\$370.80					\$370.80			
92216		\$353.13	\$423.76					\$423.76			
92217		\$353.13	\$423.76					\$423.76			
92218		\$353.13	\$423.76					\$423.76			
92222		\$115.96	\$139.15					\$139.15			
92223		\$158.94	\$190.73					\$190.73			
92224		\$201.95	\$242.34					\$242.34			
92225		\$244.94	\$293.93					\$293.93			
92226		\$287.95	\$345.54					\$345.54			
92227		\$287.95	\$345.54					\$345.54			
92228		\$287.95	\$345.54					\$345.54			
92301		\$61.03	\$73.24					\$73.24			
92302		\$118.09	\$141.71					\$141.71			
92303		\$191.91	\$230.29					\$230.29			
92304		\$255.87	\$307.04					\$307.04			
92305		\$319.85	\$383.82					\$383.82			
92306		\$356.49	\$427.79					\$427.79			
92307		\$356.49	\$427.79					\$427.79			
92308		\$356.49	\$427.79					\$427.79			
92321		\$39.05	\$46.86					\$46.86			
92322		\$78.09	\$93.71					\$93.71			
92323		\$116.25	\$139.50					\$139.50			
92324		\$155.28	\$186.34					\$186.34			
92325		\$194.33	\$233.20					\$233.20			
92326		\$232.47	\$278.96					\$278.96			
92327		\$232.47	\$278.96					\$278.96			
92328		\$232.47	\$278.96					\$278.96			
92411		\$48.92	\$58.70					\$58.70	\$48.92		

MANITOBA
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
92412		\$73.46	\$88.15					\$88.15	\$73.46		
92413		\$98.00	\$117.60					\$117.60	\$98.00		
92414		\$122.55	\$147.06					\$147.06	\$122.55		
92415		\$147.10	\$176.52					\$176.52	\$147.10		
92416		\$171.64	\$205.97					\$205.97	\$171.64		
92417		\$171.64	\$205.97					\$205.97	\$171.64		
92418		\$171.64	\$205.97					\$205.97	\$171.64		
92421		\$22.49	\$27.66					\$27.66	\$22.49		
92431		\$118.61	\$162.86					\$142.33	\$118.61		
92432		\$146.30	\$175.56					\$175.56	\$146.30		
92433		\$173.97	\$208.76					\$208.76	\$173.97		
92434		\$201.66	\$241.99					\$241.99	\$201.66		
92435		\$230.57	\$276.68					\$276.68	\$230.57		
92436		\$258.42	\$310.10					\$310.10	\$258.42		
92437		\$258.42	\$310.10					\$310.10	\$258.42		
92438		\$258.42	\$310.10					\$310.10	\$258.42		
92441		\$106.43	\$127.72					\$127.72	\$106.43		
92442		\$128.49	\$154.19					\$154.19	\$128.49		
92443		\$192.74	\$231.29					\$231.29	\$192.74		
92444		\$198.25	\$237.90					\$237.90	\$198.25		
92445		\$228.58	\$274.30					\$274.30	\$228.58		
92446		\$258.92	\$310.70					\$310.70	\$258.92		
92447		\$258.92	\$310.70					\$310.70	\$258.92		
92448		\$258.92	\$310.70					\$310.70	\$258.92		
92451		\$121.41	\$145.69					\$145.69			
92452		\$155.81	\$186.97					\$186.97			
92453		\$178.43	\$214.12					\$214.12			
92454		\$201.06	\$241.27					\$241.27			
92455		\$223.70	\$268.44					\$268.44			
92456		\$246.32	\$295.58					\$295.58			
92457		\$246.32	\$295.58					\$295.58			
92458		\$246.32	\$295.58					\$295.58			
94302		\$71.88									
99111		I.C.								I.C.	
99222		I.C.		I.C.	I.C.	I.C.		I.C.	I.C.		
99333		I.C.								I.C.	