



December 17, 2018

### Communication to all NIHB General Practitioners in Quebec

Effective January 1, 2019, in order to reflect ACDQ's new fluoride treatment code structure, NIHB is introducing the following changes to the codes for fluoride treatments covered under the Program:

<b>Schedule A</b>				
1.0 Prevention				
Specialty	Procedure Code	Description	Fee	Type of change
GP	12103	Fluoride Treatment, Varnish		Discontinued
GP	12410	Fluoride Treatment, Varnish	\$32.00	New

Effective December 5, 2018, clients 17 years of age and older will be eligible for fluoride treatments, once in any twelve month period, as outlined below. Coverage remains the same for clients under the age of 17.

<b>Schedule A</b>	
1.0 Prevention	
Topical Fluoride Includes Fluoride Varnish and other Topical Fluoride treatments.	
Age	Frequency
under age 17	one in any 6 month period
age 17+	one in any 12 month period



Effective November 9, 2018, the predetermination requirement has been removed for the minimal sedation codes outlined below. In addition, there is a frequency limitation of four (4) minimal sedation sessions in any 12 month period.

<b>Schedule A</b>		
9.0 Adjunctive General Services		
Procedure Code	Specialty	Type of change
92311	GP	Predetermination removal and Frequency change
92312	GP	Predetermination removal and Frequency change
92313	GP	Predetermination removal and Frequency change
92314	GP	Predetermination removal and Frequency change
92315	GP	Predetermination removal and Frequency change
92316	GP	Predetermination removal and Frequency change
92317	GP	Predetermination removal and Frequency change
92318	GP	Predetermination removal and Frequency change
92421	GP	Predetermination removal and Frequency change
92470	PA	Predetermination removal and Frequency change

Effective October 1, 2018, the fees for the following NIHB Orthodontic Unique Procedure Codes have been changed as indicated below:

<b>Schedule B</b>		
8.0 Orthodontics		
Procedure Code	Fee	Type of change
P1200	\$2,134.74	Modified
P1300	\$1,778.95	Modified
P1400	\$1,423.14	Modified

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

Thank you.



## **QUEBEC**

# **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.



**QUEBEC**  
**NIHB Regional Dental Benefit Grid**  
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**SCHEDULE A**

<b>For clients under ten (10) years of age, certain dental services are covered by the RAMQ.</b>								
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
<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</b>								
1 in any 60 months - when a complete examination is provided, it replaces the recall for the respective eligible period.								
<b>Primary and Mixed Dentition</b>								
01110		\$64.95						
01120		\$77.73						
01151						\$80.69		
01155						\$99.28		
<b>Permanent Dentition</b>								
Eligible only for clients age 12 and older								
01130		\$113.92						
01156						\$122.62		
<b>Recall Examination</b>								
Age 17+: 1 in any 12 months; under 17: 1 in any 6 months								
01152						\$66.02		
01200		\$62.82						
01250		\$47.91						
01255						\$66.38		
<b>Specific Oral Examination</b>								
1 in any 12 months								
01154						\$44.59		
01400		\$32.99						
01516				\$99.45				
<b>Emergency Oral Examination</b>								
1 in any 12 months								
01153						\$44.59		
01205							\$91.56	
01300		\$32.99						
01305							\$32.99	
01517				\$32.99				
01713								\$50.52
<b>Specialist Examination - Limited</b>								
1 in any 12 months/specialty (with GP referral and justification for the referral)								
01405							\$32.99	
01716								\$32.99
01802			\$84.13					

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
<b>0.2 RADIOGRAPHS</b>								
<b>Intraoral Periapical Radiographs (11-15 films), Complete Series</b>								
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).								
02110						\$80.92	\$80.92	\$80.92
02111		\$24.18						\$80.92
<b>Intraoral Radiographs (1-10 films)</b>								
Includes periapical, bitewing and occlusal radiographs.								
10 in any 12 months								
02111		\$24.18						\$80.92
02112		\$29.82						
02113		\$38.34						
02114		\$48.99						
02115		\$58.57						
02116		\$69.21						
02121						\$23.43	\$23.43	\$23.43
02122							\$29.82	\$29.82
02123							\$38.34	\$38.34
02124							\$48.99	
02131		\$26.88						
02132		\$34.07						
02135							\$26.63	\$26.63
02139							\$17.04	\$17.04
02141		\$24.18						
02142		\$29.82						
02143		\$38.34						
02144		\$48.99						
02150							\$17.04	\$17.04
02154								\$48.99
02171			\$23.43					
02172			\$29.82					
02173			\$38.34					
02174			\$48.99					
02175			\$57.53					
<b>Panoramic</b>								
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).								
02600		\$64.95						
02601			\$51.00					
02610						\$64.95	\$64.95	\$64.95
<b>0.3 LABORATORY TESTS</b>								
04302	L	\$118.19						
04305			\$70.00				\$204.10	
04311	L	\$100.10						
04312	L	\$239.58						
04316							\$257.68	

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<b>Code</b>	<b>Lab</b>	<b>GP</b>	<b>Endo</b>	<b>O. Med</b>	<b>Ortho</b>	<b>Paed</b>	<b>Perio</b>	<b>Pros</b>
04319	L			\$36.00				
04324	L					\$160.49		
04325	L					\$134.73		
04326	L					\$321.99		
<b>1.0 PREVENTION</b>								
<b>Prophylaxis</b>								
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		
12155								\$24.23
12156								\$27.26
<b>Topical Fluoride</b>								
Includes Fluoride Varnish and other Topical Fluoride treatments. Eligible only for clients under age 17: 1 in any 6 months.								
12400		\$26.00				\$26.00		
<b>Fluoride Varnish</b>								
12103		\$32.00				\$32.00		
<b>Pit and Fissure Sealants/Preventive Resin Restorations</b>								
Eligible only for clients 17 years of age and under, on the occlusal surface of permanent molars and bicuspids, and on the lingual surface of permanent maxillary incisors where the surfaces are unrestored. There is a lifetime limit of 2 sealants/preventive resin restorations per eligible tooth.								
13401		\$43.00						
13404		\$35.00						
13430						\$51.60		
23210		\$52.17						
23220		\$61.74						
23330						\$62.61		
23340						\$109.00		
<b>2.0 RESTORATION</b>								
<b>Caries/Trauma and Pain Control</b>								
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		\$56.43	\$56.43					
20115						\$69.35		
20119			\$75.00					
20121		\$86.01						
20125						\$86.01		
20131		\$25.09						
20160						\$74.00		
20161		\$59.64						

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<b>For clients under ten (10) years of age, certain dental services are covered by the RAMQ.</b>								
Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
<b>Restorations, Amalgam/Composite; full preformed crowns</b>								
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		\$47.91						
21102		\$97.95						
21103		\$118.19						
21104		\$150.12						
21105		\$156.51						
21121		\$47.91						
21122		\$97.95						
21123		\$118.19						
21124		\$150.12						
21125		\$156.51						
21141						\$64.40		
21142						\$133.76		
21143						\$160.49		
21144						\$204.10		
21145						\$241.73		
21151						\$64.40		
21152						\$133.76		
21153						\$160.49		
21154						\$204.10		
21155						\$241.73		
21161						\$66.38		
21162						\$136.74		
21163						\$163.46		
21164						\$214.00		
21165						\$268.50		
21211		\$48.99						
21212		\$101.15						
21213		\$121.38						
21214		\$158.64						
21215		\$200.18						
21221		\$66.02						
21222		\$115.00						
21223		\$150.12						
21224		\$184.21						
21225		\$235.31						
21231		\$48.99						
21232		\$101.15						
21233		\$121.38						
21234		\$158.64						
21235		\$200.18						
21241		\$66.02						
21242		\$115.00						
21243		\$150.12						
21244		\$184.21						
21245		\$235.31						
21251						\$90.16		



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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
21252						\$154.56		
21253						\$204.10		
21254						\$248.68		
21255						\$315.06		
21261						\$66.38		
21262						\$136.74		
21263						\$163.46		
21264						\$214.00		
21265						\$268.50		
21271						\$90.16		
21272						\$154.56		
21273						\$204.10		
21274						\$248.68		
21275						\$315.06		
21291								\$47.91
21292								\$97.95
21293								\$118.19
21294								\$150.12
21295								\$183.65
21296								\$183.65
21301		\$24.18						
21302		\$38.34						
21303		\$51.10						
21304		\$62.82						
21391								\$41.85
21392								\$67.15
21393								\$92.46
21394								\$122.62
21395								\$302.39
21411						\$29.25		
21412						\$50.52		
21413						\$67.37		
21414						\$84.21		
22201		\$148.72						
22211		\$156.51						
22305						\$211.88		
22315						\$241.73		
22401		\$156.51						
22410						\$198.04		
22501		\$198.04						
23111		\$88.40						
23112		\$100.10						
23113		\$177.83						
23114		\$242.78						
23115		\$242.78						
23118		\$303.70						
23131						\$115.93		
23132						\$134.73		
23133						\$241.73		

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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
23134						\$324.42		
23135						\$349.73		
23181								\$88.40
23182								\$88.40
23183								\$100.10
23184								\$177.83
23185								\$242.78
23186								\$303.70
23191								\$90.48
23192								\$146.94
23193								\$168.24
23194								\$226.79
23195								\$258.75
23196								\$258.75
23211		\$90.48						
23212		\$146.94						
23213		\$168.24						
23214		\$226.79						
23215		\$258.75						
23221		\$103.92						
23222		\$155.46						
23223		\$190.60						
23224		\$244.89						
23225		\$299.20						
23311		\$66.02						
23312		\$75.59						
23313		\$136.30						
23314		\$148.72						
23315		\$148.72						
23331						\$118.89		
23332						\$199.14		
23333						\$223.89		
23334						\$282.36		
23335						\$348.74		
23341						\$130.77		
23342						\$209.04		
23343						\$257.59		
23344						\$330.90		
23345						\$403.23		
23411		\$75.59						
23412		\$122.45						
23413		\$155.46						
23414		\$156.51						
23415		\$156.51						
23421						\$96.88		
23422						\$108.61		
23423						\$198.04		
23424						\$211.88		
23425						\$211.88		

**QUEBEC**  
**NIHB Regional Dental Benefit Grid**  
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**SCHEDULE A**

<b>For clients under ten (10) years of age, certain dental services are covered by the RAMQ.</b>								
<b>Code</b>	<b>Lab</b>	<b>GP</b>	<b>Endo</b>	<b>O. Med</b>	<b>Ortho</b>	<b>Paed</b>	<b>Perio</b>	<b>Pros</b>
23521						\$101.06		
23522						\$164.46		
23523						\$208.05		
23524						\$241.73		
23525						\$241.73		
29120						\$128.80		
29145						\$52.00		
<b>Repair to Crowns</b> 1 in any 36 months, per tooth								
27236								\$258.75
27722	L	\$96.88						
<b>Post Removal</b> 1 in a lifetime, per permanent tooth								
25785						\$168.43		
26709								\$235.80
27731		\$66.29						
27732		\$132.59						
39501			\$364.59					
<b>Recementation of Crowns</b> 1 in any 36 months, per tooth								
26710								\$180.32
27112								\$88.17
27229								\$83.22
27240								\$148.98
29100		\$75.59						
29150						\$111.95		
29160						\$80.04		
<b>3.0 ENDODONTICS</b>								
The NIHB Endodontic 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.								
<b>Pulpotomy/Pulpectomy</b> Not covered for primary incisor teeth.								
32240						\$117.89		
32340						\$127.80		
<b>Root Canal Therapy</b> 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		\$87.32						
32202		\$145.89						
32210		\$87.32						
32221			\$129.79					
32222			\$208.05					
32241						\$124.47		
32242						\$198.13		
32311			\$145.63					
32312			\$182.29					
32313			\$239.20					
32314			\$280.03					
32341						\$134.93		

**QUEBEC**  
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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
32343						\$256.43		
33100		\$428.03						
33111			\$643.97					
33121			\$792.59					
33131			\$1,065.04					
33141			\$1,255.13					
33150						\$574.63		
33160						\$759.18		
33170						\$969.22		
33180						\$1,131.85		
33200		\$610.12						
33300		\$782.61						
33400		\$908.25						
33475		\$125.64						
39901		\$87.32						
39902		\$87.32						
39903		\$117.14						
39904		\$145.89						
39981		\$59.64						
39985		\$59.64						
<b>Open/Drain</b>								
35112			\$247.03					
35121			\$247.03					
39201		\$42.59	\$129.79					
39202		\$103.29	\$182.29					
39241						\$57.46		
39242						\$145.40		
<b>4.0 PERIODONTICS</b>								
<b>Scaling</b>								
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
43401							\$69.60	\$58.00
43402							\$120.00	\$100.00
43403							\$169.20	\$141.00
43404							\$218.40	\$182.00
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		

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
<b>Miscellaneous</b>								
41200		\$62.82						
42004							\$79.26	
<b>5.0 PROSTHODONTICS - REMOVABLE</b>								
<p>The NIHB Removable Prosthodontic 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.</p> <p>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 reline/rebase.</p> <p>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.</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><b>Complete Dentures - Standard</b>            1 per arch in any 96 months</p>								
51100	L	\$695.30						
51110	L	\$894.43						
51120	L	\$1,303.29						
51505	L							\$2,740.35
51506	L							\$1,664.43
51508	L							\$1,073.30
<b>Denture Adjustments</b>								
54209								\$123.51
54250		\$46.85						
54251		\$46.85						
<b>Repairs and Additions</b> 1 per prosthesis in any 12 months								
54405	L							\$210.83
54406	L							\$310.91
54407	L							\$411.00
54408	L							\$439.75
54409	L							\$299.20
54415	L							\$299.20
54416	L							\$372.67
55101	L	\$54.31						
55102	L	\$54.31						
55103	L	\$54.31						
55104	L	\$54.31						
55201	L	\$115.00						
55202	L	\$115.00						
55203	L	\$115.00						
55204	L	\$115.00						
55520	L	\$115.00						
55530	L	\$115.00						
<b>Relines or Rebases</b> 1 per prosthesis in any 24 months								
56200		\$184.21						
56201		\$184.21						
56204								\$334.34
56205								\$278.96

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<b>Code</b>	<b>Lab</b>	<b>GP</b>	<b>Endo</b>	<b>O. Med</b>	<b>Ortho</b>	<b>Paed</b>	<b>Perio</b>	<b>Pros</b>
56206	L							\$486.60
56210		\$184.21						
56211		\$184.21						
56215	L							\$696.37
56220	L	\$214.03						
56221	L	\$214.03						
56222	L	\$351.37						
56225								\$486.60
56230	L	\$214.03						
56231	L	\$214.03						
56232	L	\$351.37						
56255								\$873.82
56260	L	\$214.03						
56261	L	\$214.03						
56262	L	\$214.03						
56263	L	\$214.03						
56265								\$672.93
56280	L	\$351.37						
56290	L	\$351.37						
<b>Tissue Conditioning</b>								
1 per prosthesis in any 24 months								
54275								\$145.63
56270		\$86.25						
56271		\$86.25						
56272		\$86.25						
56273		\$86.25						
<b>7.0 ORAL AND MAXILLOFACIAL SURGERY</b>								
71001								\$94.96
71002								\$69.21
71004								\$172.01
71008								\$181.02
71101		\$94.96						
71111		\$69.21						
71150						\$96.88		
71151						\$72.40		
71155						\$217.22		
71160						\$112.41		
71161						\$72.40		
71250						\$217.22		
72100		\$181.02						
72110		\$250.21						
72300		\$94.96						
74108	L	\$217.21						
74170	L					\$267.00		
74180						\$276.85		
74230	L						\$260.65	
74231	L						\$174.25	
74240							\$326.40	
74241							\$177.65	

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
74408	L	\$205.51						
74650	L					\$254.48		
75100		\$59.64						
75101		\$247.03						
75110		\$138.41						
75301		\$221.48						
75310						\$239.57		
75315						\$203.00		
75361		\$132.03						
76945						\$95.11		
76946						\$116.90		
76950		\$72.40						
76955						\$81.24		
76956						\$81.24		
76990						\$42.59		
76991						\$47.91		
77905							\$109.67	
77910							\$227.87	
79601		\$34.07						
79602		\$71.35						
79615						\$144.81		
<b>8.0 ORTHODONTICS</b>								
The NIHB Orthodontic 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.								
P1000		\$79.04			\$79.04	\$79.04		
P1100		\$316.19			\$316.19	\$316.19		





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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
<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 - Complete</b>								
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							\$117.14	
01515				\$113.92				
01725								\$113.92
01801			\$139.47					
<b>0.2 LABORATORY TESTS</b>								
When submitting requests of laboratory tests/analysis, a copy of the laboratory report is required.								
04100	L	\$38.34						
04101			\$40.46					
04105	L			\$51.52			\$71.34	
04106	L			\$76.29				
04110	L					\$49.54		
04334	L			\$55.38				
04335				\$122.85		\$61.43		
04401	L	\$45.80						
04535							\$47.91	
<b>0.3 DIAGNOSTIC CASTS, UNMOUNTED</b>								
04501		\$32.99						
04502		\$32.99						
04950						\$32.99		
<b>1.0 PREVENTION</b>								
<b>Interproximal Disking of Teeth</b>								
1 unit in any 12 months								
13700		\$19.26						
<b>2.0 RESTORATION</b>								
<b>Cores and Posts</b>								
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						\$425.02		
25736						\$478.52		
25737						\$534.99		
26621								\$470.61
26622								\$544.90

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
26623								\$617.22
26631								\$528.06
26632								\$583.54
26633								\$654.88
27114								\$293.92
29501		\$163.97						
29502		\$204.43						
29503		\$250.21						
29600		\$150.12						
<b>Crowns</b>								
Eligible 4 in any 120 months per client								
The NIHB Crown 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.								
27202	L							\$1,207.71
27210	L	\$722.99						
27225	L							\$1,235.47
27300	L	\$722.99						
<b>3.0 ENDODONTICS</b>								
The NIHB Endodontic 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.								
<b>Root Canal Therapy</b>								
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		\$428.03						
33111			\$643.97					
33121			\$792.59					
33131			\$1,065.04					
33141			\$1,255.13					
33150						\$574.63		
33160						\$759.18		
33170						\$969.22		
33180						\$1,131.85		
33200		\$610.12						
33300		\$782.61						
33400		\$908.25						
33475		\$125.64						
<b>4.0 PERIODONTICS</b>								
<b>Desensitization</b>								
41300		\$24.18						
41305							\$24.18	
<b>Vestibuloplasty</b>								
42315							\$491.61	
<b>Periodontal Splint or Ligation, Extra Coronal</b>								
43211		\$100.10						
43212		\$70.27						
43215							\$71.90	
43257							\$10.00	

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Code	Lab	GP	Endo	O. Med	Ortho	Paed	Perio	Pros
43258							\$91.56	
43295		\$70.27						
<b>Root Planing</b>								
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		\$53.79						
42001		\$39.00						
43440							\$63.88	
43441							\$43.21	
<b>Occlusal Equilibration</b>								
Cost of one unit will be limited to the cost of half unit								
12163								\$39.92
12164								\$39.92
43300		\$39.92						
<b>5.0 PROSTHODONTICS - REMOVABLE</b>								
The NIHB Removable Prosthodontic 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. 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.								
<b>Complete/Partial Cast/Immediate Dentures</b>								
1 per arch in any 96 months								
<b>Partial Acrylic Dentures</b>								
1 per arch in any 60 months								
51300	L	\$648.44						
51305	L							\$1,185.89
51310	L	\$730.42						
51315	L							\$1,185.89
51320	L	\$1,130.78						
51325	L							\$2,097.38
51701	L	\$695.30						
51702	L	\$894.43						
51703	L	\$1,303.29						
52101	L	\$386.50						
52102	L	\$386.50						
52103	L	\$587.68						
52120	L	\$353.51						
52121	L	\$353.51						
52129	L	\$579.23						
52180	L							\$639.94
52181	L							\$872.05
52182	L							\$915.71
52190								\$206.57
52230	L	\$508.96						
52231	L	\$508.96						

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<b>For clients under ten (10) years of age, certain dental services are covered by the RAMQ.</b>								
<b>Code</b>	<b>Lab</b>	<b>GP</b>	<b>Endo</b>	<b>O. Med</b>	<b>Ortho</b>	<b>Paed</b>	<b>Perio</b>	<b>Pros</b>
52232	L	\$834.78						
52400	L	\$894.43						
52410	L	\$894.43						
52420	L	\$1,467.26						
52500	L	\$835.86						
52510	L	\$835.86						
52520	L	\$1,370.37						
52531	L	\$1,305.42						
52542	L	\$1,305.42						
53415	L							\$1,310.74
53416	L							\$1,026.34
53417	L							\$1,486.09
53419	L							\$910.39
<b>7.0 ORAL AND MAXILLOFACIAL SURGERY</b>								
72210		\$161.85						
72220		\$233.18						
72230		\$309.85						
72240		\$347.13						
72310		\$127.77						
72320		\$181.02						
72410		\$61.74						
72411		\$255.53						
72412		\$589.89						
72510						\$72.40		
72515						\$197.16		
72525						\$288.56		
73110		\$187.40						
76210		\$952.98						
76310		\$952.98						
77920							\$511.22	
77922							\$610.12	
<b>8.0 ORTHODONTICS</b>								
The NIHB Orthodontic 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. 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						\$55.16		
80671		\$81.99						
80672		\$34.06						
80675						\$81.99		
81101	L					\$587.75		
81102	L	\$587.75						
81103	L	\$587.75						
81104	L					\$587.75		
81105	L	\$651.65						
81106	L	\$651.65						
81107	L					\$651.65		
81108	L					\$651.65		
81109	L					\$587.75		

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<b>Code</b>	<b>Lab</b>	<b>GP</b>	<b>Endo</b>	<b>O. Med</b>	<b>Ortho</b>	<b>Paed</b>	<b>Perio</b>	<b>Pros</b>
81110	L	\$587.75						
81111	L	\$587.75						
81115	L	\$587.75						
81116	L	\$587.75						
81119	L					\$587.75		
81136	L					\$587.75		
81137	L					\$587.75		
81171	L	\$940.21						
81172	L	\$940.21						
81173	L	\$940.21						
81174	L	\$737.89						
81175	L	\$555.81						
81201	L	\$705.93						
81202	L	\$705.93						
81203	L	\$556.32						
81204	L	\$556.32						
81205	L	\$556.32						
81206	L	\$556.32						
81207	L	\$531.32						
81208	L	\$531.32						
81209	L	\$515.35						
81210	L	\$587.75						
81215	L					\$705.93		
81216	L					\$705.93		
81221	L	\$602.01						
81222	L	\$602.01						
81223	L					\$243.84		
81233	L					\$556.32		
81234	L					\$556.32		
81244	L					\$556.32		
81247	L					\$556.32		
81261	L	\$304.52						
81271	L	\$243.84						
81283	L					\$304.52		
P0500		\$42.61			\$42.61	\$42.61		
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		
<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.								
92224		\$227.86						
92311		\$39.42						
92312		\$67.19						
92313		\$94.96						
92314		\$122.73						
92315		\$122.73						

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<b>For clients under ten (10) years of age, certain dental services are covered by the RAMQ.</b>								
<b>Code</b>	<b>Lab</b>	<b>GP</b>	<b>Endo</b>	<b>O. Med</b>	<b>Ortho</b>	<b>Paed</b>	<b>Perio</b>	<b>Pros</b>
92316		\$122.73						
92317		\$122.73						
92318		\$122.73						
92331		\$78.84						
92332		\$129.00						
92333		\$179.18						
92334		\$229.34						
92335		\$229.34						
92336		\$229.34						
92337		\$229.34						
92338		\$229.34						
92355						\$324.77		
92421		\$39.42						
92470						\$128.80		
94200		\$70.27						
94400		\$70.27						
99111		I.C.						