



November 9, 2018

Communication to all NIHB Oral and Maxillofacial Surgeons in Yukon

Effective November 9, 2018, the predetermination requirement has been removed for the oral sedation code 92421. In addition, there is a frequency limitation of four (4) minimal sedation sessions in any 12 month period.

Schedule A	
9.0 Adjunctive General Services	
Procedure Code	Type of change
92411	Frequency change
92412	Frequency change
92413	Frequency change
92414	Frequency change
92415	Frequency change
92416	Frequency change
92417	Frequency change
92418	Frequency change
92421	Predetermination removal and Frequency change
92431	Frequency change
92432	Frequency change
92433	Frequency change
92434	Frequency change
92435	Frequency change
92436	Frequency change
92437	Frequency change
92438	Frequency change

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

Thank you.



Government
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du Canada

YUKON

NIHB Regional Dental Benefit Grid

Oral and Maxillofacial Surgeons

Effective Date
February 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.

YUKON
NIHB Regional Dental Benefit Grid
 Oral and Maxillofacial Surgeons
SCHEDULE A

Code	Lab	O. Surg
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		
01601		\$97.95
Specific Examination		
1 in any 12 months		
01204		\$40.74
Emergency Examination		
1 in any 12 months		
01205		\$40.74
Specialist Examination and Diagnosis - Limited		
1 in any 12 months		
01402		\$53.25
01602		\$48.86
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		\$111.10
02102		\$119.73
02121		\$103.70
02122		\$111.10
02123		\$119.73
02124		\$119.73
02125		\$119.73
Intraoral Radiographs (1-10 films)		
Include periapical, bitewing and occlusal radiographs.		
10 in any 12 months		
02111		\$19.74
02112		\$29.65
02113		\$37.02
02114		\$45.66
02115		\$53.09
02116		\$61.71
02117		\$69.11
02118		\$79.00
02119		\$87.62
02120		\$95.05
02131		\$29.65
02132		\$41.97
02141		\$19.74

YUKON
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 Oral and Maxillofacial Surgeons
SCHEDULE A

Code	Lab	O. Surg
02142		\$29.65
02143		\$37.02
02144		\$45.66
Panoramic		
02601		\$82.93
Cephalometric		
02701		\$69.00
02702		\$69.00
Tomography		
02801		\$40.25
02802		\$40.25
02931		\$51.87
02932		\$92.74
02933		\$92.74
02934		\$92.74
0.3 LABORATORY TESTS		
04311	L	\$127.37
04312	L	\$205.91
04313	L	\$84.33
04321	L	\$112.92
04322	L	\$413.26
04323	L	\$112.92
4.0 PERIODONTICS		
42831		\$60.03
7.0 ORAL AND MAXILLOFACIAL SURGERY		
71101		\$139.24
71109		\$91.84
71201		\$279.96
71209		\$185.17
71211		\$279.96
71219		\$185.17
72111		\$185.17
72119		\$93.30
72211		\$333.30
72219		\$165.86
72221		\$491.76
72229		\$245.89
72231		\$513.48
72239		\$325.82
72311		\$90.36
72319		\$44.42
72321		\$164.41
72329		\$82.93
72331		\$306.61
72339		\$131.84
74111		\$420.70
74112		\$819.13
74121		\$414.74
74122		\$813.18

YUKON
NIHB Regional Dental Benefit Grid
 Oral and Maxillofacial Surgeons
SCHEDULE A

Code	Lab	O. Surg
74211		\$420.70
74212		\$819.13
74221		\$414.74
74222		\$813.18
74611		\$414.74
74612		\$813.18
74621		\$429.54
74631		\$436.96
74632		\$819.13
75111		\$111.11
75112		\$111.11
75113		\$246.08
75121		\$205.91
75122		\$215.56
75123		\$266.66
75211		\$202.94
75212		\$479.48
75221		\$439.94
75301		\$191.10
75303		\$191.10
76941		\$518.44
76949		\$194.02
76951		\$88.87
76952		\$177.76
76961		\$196.98
76962		\$271.06
79601		\$79.99
79602		\$79.99
79605		\$79.99
79606		\$90.36
79701		\$541.31
79702		\$541.31
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		\$201.66
92213		\$264.88
92214		\$317.83
92215		\$317.83
92216		\$317.83
92217		\$317.83
92218		\$317.83
92222		\$106.36
92223		\$159.59
92224		\$212.79
92225		\$212.79
92226		\$212.79
92227		\$212.79
92228		\$212.79
92301		\$72.96

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 Oral and Maxillofacial Surgeons
SCHEDULE A

Code	Lab	O. Surg
92302		\$141.71
92303		\$230.29
92304		\$307.04
92305		\$307.04
92306		\$307.04
92307		\$307.04
92308		\$307.04
92321		\$46.86
92322		\$93.70
92323		\$139.50
92324		\$186.33
92325		\$186.33
92326		\$186.33
92327		\$186.33
92328		\$186.33
92411		\$44.88
92412		\$81.60
92413		\$118.32
92414		\$155.04
92415		\$155.04
92416		\$155.04
92417		\$155.04
92418		\$155.04
92431		\$126.48
92432		\$176.46
92433		\$226.44
92434		\$276.42
92435		\$276.42
92436		\$276.42
92437		\$276.42
92438		\$276.42
92441		\$80.95
92442		\$121.43
92443		\$161.90
92444		\$202.37
92445		\$202.37
92446		\$202.37
92447		\$202.37
92448		\$202.37
92451		\$101.55
92452		\$152.33
92453		\$265.78
92454		\$330.92
92455		\$330.92
92456		\$330.92
92457		\$330.92
92458		\$330.92

YUKON
NIHB Regional Dental Benefit Grid
 Oral and Maxillofacial Surgeons
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement		
Code	Lab	O. Surg
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 Examinations and Diagnosis - Complete		
1 in any 60 months		
When a specialty complete examination is adjudicated, it eliminates specialty limited examination within the same specialty in that twelve (12) month period.		
01401		\$139.91
0.2 LABORATORY TESTS		
When submitting requests of laboratory tests/analysis, a copy of the laboratory report is required.		
04101	L	\$69.65
04401	L	\$79.99
0.3 DIAGNOSTIC CASTS, UNMOUNTED		
04911		\$105.89
04913		\$137.67
4.0 PERIODONTICS		
Management of Oral Disease		
Eligible once (1) in any twelve (12) month period.		
41211		\$85.89
41221		\$112.57
41231		\$112.57
Periodontal Splint or Ligation, Provisional, Extra Coronal		
43211		\$125.23
43221		\$75.38
43231		\$79.23
43241		\$86.88
43281		\$86.88
7.0 ORAL AND MAXILLOFACIAL SURGERY		
72511		\$290.32
72519		\$145.18
72521		\$429.54
72529		\$214.78
72531		\$441.60
72539		\$217.22
72541		\$217.22
72551		\$338.62
73121		\$189.10
73411		\$177.69
75302		\$191.10
75401		\$164.55
75403		\$152.33
75411		\$406.17
75412		\$507.74
76201		\$893.13

YUKON
NIHB Regional Dental Benefit Grid
 Oral and Maxillofacial Surgeons
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement		
Code	Lab	O. Surg
76301		\$771.92
79603		\$88.87
79604		\$88.87
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.		
92421		\$29.65
94302		\$98.74
99222		I.C.