



YUKON

NIHB Regional Dental Benefit Grid

Oral and Maxillofacial Surgeons

Effective Date
February 1, 2019

- 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.

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 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		\$101.38
Specific Examination 1 in any 12 months		
01204		\$42.17
Emergency Examination 1 in any 12 months		
01205		\$42.17
Specialist Examination and Diagnosis - Limited 1 in any 12 months		
01402		\$56.98
01602		\$50.57
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		\$114.99
02102		\$123.92
02121		\$107.33
02122		\$114.99
02123		\$123.92
02124		\$123.92
02125		\$128.11
Intraoral Radiographs (1-10 films) Include periapical, bitewing and occlusal radiographs. 10 in any 12 months		
02111		\$20.43
02112		\$30.69
02113		\$38.32
02114		\$47.26
02115		\$54.95
02116		\$63.87
02117		\$71.53
02118		\$81.77
02119		\$90.69
02120		\$98.38
02131		\$30.69
02132		\$43.44
02141		\$20.43

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Code	Lab	O. Surg
02142		\$30.69
02143		\$38.32
02144		\$47.26
Panoramic		
02601		\$85.84
Cephalometric		
02701		\$71.42
02702		\$73.83
Tomography		
02801		\$43.07
02802		\$43.07
02931		\$53.69
02932		\$95.99
02933		\$95.99
02934		\$95.99
0.3 LABORATORY TESTS		
04311	L	\$131.82
04312	L	\$213.12
04313	L	\$87.28
04321	L	\$116.87
04322	L	\$427.73
04323	L	\$116.87
4.0 PERIODONTICS		
42831		\$62.14
7.0 ORAL AND MAXILLOFACIAL SURGERY		
71101		\$144.11
71109		\$98.27
71201		\$289.76
71209		\$198.13
71211		\$299.56
71219		\$191.65
72111		\$198.13
72119		\$99.83
72211		\$344.96
72219		\$177.48
72221		\$508.97
72229		\$263.10
72231		\$531.46
72239		\$337.22
72311		\$96.68
72319		\$47.53
72321		\$170.17
72329		\$88.74
72331		\$317.34
72339		\$141.07
74111		\$435.42
74112		\$847.80

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Code	Lab	O. Surg
74121		\$429.26
74122		\$841.64
74211		\$435.42
74212		\$847.80
74221		\$429.26
74222		\$841.64
74611		\$429.26
74612		\$841.64
74621		\$444.58
74631		\$452.26
74632		\$847.80
75111		\$115.00
75112		\$115.00
75113		\$254.70
75121		\$213.12
75122		\$223.10
75123		\$275.99
75211		\$210.05
75212		\$496.26
75221		\$455.34
75301		\$197.78
75303		\$197.78
76941		\$536.58
76949		\$200.81
76951		\$91.98
76952		\$183.98
76961		\$203.88
76962		\$280.56
79601		\$82.78
79602		\$82.78
79605		\$82.78
79606		\$93.53
79701		\$560.26
79702		\$560.26
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.		
Nitrous oxide and oral sedation (stand-alone procedures and in combination)		
4 in any 12 month period		
92212		\$208.72
92213		\$274.15
92214		\$328.96
92215		\$328.96
92216		\$328.96
92217		\$328.96
92218		\$328.96
92222		\$110.08
92223		\$165.17

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Code	Lab	O. Surg
92224		\$220.24
92225		\$220.24
92226		\$220.24
92227		\$220.24
92228		\$220.24
92301		\$75.52
92302		\$146.66
92303		\$238.36
92304		\$317.80
92305		\$317.80
92306		\$317.80
92307		\$317.80
92308		\$317.80
92321		\$48.50
92322		\$96.98
92323		\$144.38
92324		\$192.85
92325		\$192.85
92326		\$192.85
92327		\$192.85
92328		\$192.85
92411		\$46.45
92412		\$84.46
92413		\$122.46
92414		\$160.46
92415		\$160.46
92416		\$160.46
92417		\$160.46
92418		\$160.46
92421		\$31.73
92431		\$130.91
92432		\$182.64
92433		\$234.36
92434		\$286.09
92435		\$286.09
92436		\$286.09
92437		\$286.09
92438		\$286.09
92441		\$86.62
92442		\$129.92
92443		\$173.23
92444		\$216.53
92445		\$216.53
92446		\$216.53
92447		\$216.53
92448		\$216.53
92451		\$105.10
92452		\$157.66

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Code	Lab	O. Surg
92453		\$275.08
92454		\$342.50
92455		\$342.50
92456		\$342.50
92457		\$342.50
92458		\$342.50

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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		\$149.70
0.2 LABORATORY TESTS		
When submitting requests of laboratory tests/analysis, a copy of the laboratory report is required.		
04101	L	\$72.08
04401	L	\$82.78
0.3 DIAGNOSTIC CASTS, UNMOUNTED		
04911		\$105.89
04913		\$137.67
3.0 ENDODONTICS		
Re-treatment of Root Canal Therapy, Apicoectomy and Retrofilling		
One (1) root canal re-treatment, one (1) apicoectomy and one (1) retrofilling per tooth, per lifetime		
33115		\$774.96
33125		\$1,108.43
33135		\$1,280.12
33145		\$1,273.61
33601		\$221.34
33602		\$312.12
33603		\$410.04
33604		\$424.32
33605		\$204.00
33611		\$74.46
33612		\$104.04
33613		\$146.88
33614		\$167.28
33621		\$555.90
33622		\$819.06
33623		\$943.50
33624		\$1,048.56
34111		\$475.32
34112		\$667.08
34121		\$475.32
34122		\$667.08
34123		\$761.94
34131		\$672.18
34132		\$795.60

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All Procedures in Schedule B have a Predetermination Requirement		
Code	Lab	O. Surg
34133		\$910.86
34134		\$991.44
34141		\$475.32
34142		\$667.08
34151		\$571.20
34152		\$761.94
34153		\$855.78
34161		\$571.20
34162		\$761.94
34163		\$855.78
34164		\$920.04
34211		\$68.34
34212		\$137.70
34221		\$70.38
34222		\$150.96
34223		\$220.32
34224		\$288.66
34231		\$70.38
34232		\$150.96
34233		\$220.32
34234		\$288.66
34241		\$70.38
34242		\$150.96
34251		\$70.38
34252		\$150.96
34253		\$220.32
34254		\$288.66
34261		\$70.38
34262		\$150.96
34263		\$220.32
34264		\$288.66
4.0 PERIODONTICS		
Management of Oral Disease		
Eligible once (1) in any twelve (12) month period.		
41211		\$85.90
41221		\$112.57
41231		\$112.57
Periodontal Splint or Ligation, Provisional, Extra Coronal		
43211		\$129.60
43221		\$78.02
43231		\$82.00
43241		\$89.92
43281		\$89.92
7.0 ORAL AND MAXILLOFACIAL SURGERY		
72511		\$300.48
72519		\$155.34
72521		\$444.58

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All Procedures in Schedule B have a Predetermination Requirement		
Code	Lab	O. Surg
72529		\$229.81
72531		\$454.80
72539		\$224.83
72541		\$224.83
72551		\$350.48
73121		\$195.72
73411		\$183.91
75302		\$197.78
75401		\$170.30
75403		\$157.66
75411		\$420.40
75412		\$525.50
76201		\$924.38
76301		\$798.92
79603		\$91.98
79604		\$91.98
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.		
94302		\$102.20
99222		I.C.