



**NIHB**

NON-INSURED HEALTH  
BENEFITS PROGRAM

# DIRECTIVE

## DENTAL CARE REQUESTS – OUT-OF-REGION SERVICES

DIRECTIVES DENTAL CARE  
REQUESTS

### Endodontic Treatments:

- Endodontic treatments on molars must be performed by an endodontist in order to ensure quality of care, avoid repeated North–South travel, and limit treatment failures.
- Any incomplete root canal treatment will be reimbursed at the rate applicable to a pulpectomy.

### Crown Requests:

- The endodontic treatment must have been completed more than three months prior, with radiographic confirmation (periapical and bitewing).
- A comprehensive periodontal assessment is required (probing measurements on 6 sites per tooth).

### High Caries Risk Cases:

- In the presence of high caries risk, restorations must be completed before any other request is submitted.
- In cases of endodontic emergency, a request for pulpectomy or pulpotomy must be submitted rather than a complete endodontic treatment.
- Caries risk must be reassessed prior to any endodontic treatment request.

INVOICES SUBMISSION

### Depending on the case, please attach the following documents to your request:

- For endodontic treatment: a copy of the post-endodontic periapical radiograph is always required.
- For a panoramic radiograph (Panorex): attach a copy with the payment request. Please note that the panoramic radiograph will not be covered if it is already included in the referral letter from the Northern dentist.

### For each request, we must receive:

- The provider must send the request to : [ssna.rrsssn@ssss.gouv.qc.ca](mailto:ssna.rrsssn@ssss.gouv.qc.ca)  
Payment is made by direct deposit within a period of 5 weeks. A payment notice will be sent to you by email.

### The request must include:

- **Beneficiary information:** name, date of birth, beneficiary number (5 digits, Makivvik card), full address.
- **Provider information:** name, telephone number, address, license number, void cheque specimen

## FOR MORE INFORMATION

Web Site	<a href="#">Refer to the Dental Care Policy.</a>
Phone:	844-442-6442 (NHIB)
Email:	<a href="mailto:ssna.rrsssn@ssss.gouv.qc.ca">ssna.rrsssn@ssss.gouv.qc.ca</a>



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