



Health
Canada

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ONTARIO

NIHB Regional Dental Benefit Grid

Dental Hygienists

Effective Date

June 1st, 2016

(Version 2.0 – June 15, 2016)

- 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.

Should you have any questions, please contact the Provider Claims Processing Call Centre at 1-888-511-4666.

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SCHEDULE A

Code	Lab	HY
0.1 DIAGNOSTIC		
Examinations		
Maximum eligibility: Age 17 and over – up to 3/any 12 months Under 17 years of age – up to 4/any 12 months Frequency limitations take into account the overall interaction between various examination services rendered by the same provider, a different provider within the same office or a different office, and their eligibility period.		
Complete Examination		
1/any 60 months When a complete examination is provided, it replaces the recall for the respective eligible period.		
00111		\$35.66
00112		\$53.50
00113		\$89.16
Recall Examination		
Age 17+: 1/any 12 months Under age 17: 1/any 6 months Frequency interacts with general practitioner's examination.		
00121		\$23.54
Specific Examination		
1/any 12 months Frequency interacts with general practitioner's examination.		
00122		\$42.27
0.2 RADIOGRAPHS		
Intraoral		
10/ any 12 months		
00211		\$19.86
00212		\$24.27
00213		\$29.44
00214		\$33.18
00221		\$19.86
00222		\$24.27
00223		\$29.44
00224		\$33.18
00225		\$39.86
00226		\$44.87
0.3 PREVENTIVE		
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.		
00531		\$13.17
00537		\$6.59
Sealants		
Eligible only for clients under 14 years of age on erupted permanent molar when the occlusal surface is unrestored and permanent maxillary incisors lingual surface.		
00602		\$23.80
00603		\$13.60
Varnish Flouride		
Eligible only for clients under 17 years of age – 1 application/any 6 months		
00611		\$22.10

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Scaling		
Age 0 to 11: 0.5 unit/any 6 months in combination with root planing Age 12 to 16: 1 unit/any 6 months in combination with root planing Age 17+: 4 units/any 12 months in combination with root planing Predetermination is required for additional units.		
00511		\$47.70
00512		\$95.39
00513		\$143.08
00514		\$190.79
00517		\$24.29
Root Planing		
Age 0 to 11: 0.5 unit/any 6 months in combination with scaling Age 12 to 16: 1 unit/any 6 months in combination with scaling Age 17+: 4 units/any 12 months in combination with scaling Predetermination is required for additional units.		
00521		\$43.37
00522		\$86.73
00523		\$130.11
00524		\$173.49
00527		\$21.68
Interim Stabilization Therapy (IST)		
Once in a lifetime, per tooth.		
00666		\$56.39
00669		\$28.76

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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement		
Code	Lab	HY
0.1 PERIODONTICS		
Desensitization		
00641		\$43.21