



Health  
Canada

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# **SASKATCHEWAN**

## **NIHB Regional Dental Benefit Grid**

### **Dental Hygienists**

#### **Effective Date**

June 1<sup>st</sup>, 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.

**SASKATCHEWAN**  
**NIHB Regional Dental Benefit Grid**  
Dental Hygienists  
**SCHEDULE A**

| Code   | Lab | HY      |
|--|-----|---------|
| <b>0.1 DIAGNOSTIC</b>  |     |         |
| <b>Examinations</b>  |     |         |
| Maximum eligibility:<br>Age 17 and over – up to 3/any 12 months<br>Under 17 years of age – up to 4/any 12 months<br>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. |     |         |
| <b>Complete Examination</b>  |     |         |
| 1/any 60 months<br>When a complete examination is provided, it replaces the recall for the respective eligible period.   |     |         |
| 00111  |     | \$35.66 |
| 00112  |     | \$53.50 |
| 00113  |     | \$74.29 |
| <b>Recall Examination</b>  |     |         |
| Age 17+: 1/any 12 months<br>Under age 17: 1/any 6 months<br>Frequency interacts with general practitioner's examination.   |     |         |
| 00121  |     | \$23.60 |
| <b>Specific Examination</b>  |     |         |
| 1/any 12 months<br>Frequency interacts with general practitioner's examination.  |     |         |
| 00122  |     | \$29.42 |
| <b>0.2 RADIOGRAPHS</b>   |     |         |
| <b>Intraoral</b>   |     |         |
| 10/ any 12 months  |     |         |
| 00211  |     | \$16.18 |
| 00212  |     | \$21.33 |
| 00213  |     | \$27.97 |
| 00214  |     | \$34.10 |
| 00221  |     | \$16.18 |
| 00222  |     | \$21.33 |
| 00223  |     | \$27.97 |
| 00224  |     | \$34.10 |
| 00225  |     | \$41.96 |
| 00226  |     | \$46.33 |
| <b>0.3 PREVENTIVE</b>  |     |         |
| <b>Polishing</b>   |     |         |
| Age 17+: 1 time in any 12 months; under age 17: 1 time in any 6 months.<br>Note that 1 time counts either for one unit or for 1/2 unit.  |     |         |
| 00531  |     | \$11.26 |
| 00537  |     | \$5.64  |
| <b>Sealants</b>  |     |         |
| 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  |     | \$23.37 |
| 00603  |     | \$15.57 |
| <b>Varnish Flouride</b>  |     |         |
| Eligible only for clients under 17 years of age – 1 application/any 6 months   |     |         |
| 00611  |     | \$18.17 |

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| Code  | Lab | HY       |
|---|-----|----------|
| <b>Scaling</b>  |     |          |
| 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   |     | \$31.15  |
| 00512   |     | \$62.31  |
| 00513   |     | \$93.45  |
| 00514   |     | \$124.60 |
| 00517   |     | \$15.57  |
| <b>Root Planing</b>   |     |          |
| 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   |     | \$27.97  |
| 00522   |     | \$55.94  |
| 00523   |     | \$83.93  |
| 00524   |     | \$111.90 |
| 00527   |     | \$13.98  |

**SASKATCHEWAN**  
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**SCHEDULE B**

| All Procedures in Schedule B have a Predetermination Requirement |     |         |
|--|-----|---------|
| Code   | Lab | HY      |
| <b>0.1 PERIODONTICS</b>  |     |         |
| <b>Desensitization</b>   |     |         |
| 00641  |     | \$44.86 |