



June 27, 2017

### Communication to all NIHB Independent Dental Hygienists in Alberta

Effective July 1, 2017, the fees for varnish fluoride procedures have changed as follows:

<b>Schedule A</b> 0.3 Preventive Varnish Fluoride		
<b>Procedure Code</b>	<b>Fee</b>	<b>Type of change</b>
00611	\$35.87	Modified

Effective June 23, 2017, coverage for sealants has been changed as follows:

- Coverage for sealants has been extended to include bicuspid.
- Coverage for sealants is now provided for eligible clients under 18 years of age (previously, the age limit was 14 years of age).
- There is a lifetime limit of 2 sealants per eligible tooth.

<b>Schedule A</b> 0.3 Preventive Sealants	
<b>Procedure Code</b>	<b>Type of change</b>
00602	Modified
00603	Modified

Effective April 1, 2017, the frequency for all eligible scaling and root planing procedures have changed as outlined below.

<b>Schedule A</b> 0.3 Preventive Scaling		
Age	From	To
0-11 Years	0.5 unit in any 6 months in combination with root planing	1 unit in any 12 months in combination with root planing
12-16 Years	1 unit in any 6 months in combination with root planing	2 units in any 12 months in combination with root planing



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<b>Schedule A</b> 0.3 Preventive Root Planing		
Age	From	To
0-11 Years	0.5 unit in any 6 months in combination with scaling	1 unit in any 12 months in combination with scaling
12-16 Years	1 unit in any 6 months in combination with scaling	2 units in any 12 months in combination with scaling

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

Thank you.



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# **ALBERTA**

## **NIHB Regional Dental Benefit Grid**

### **Dental Hygienists**

**Effective Date**  
April 1, 2017

- The coverage of dental services provided through the NIHB Program will be reimbursed in accordance with the terms and conditions of the Program.
- Eligible dental services must be provided in accordance with the respective dental hygienist provincial regulations and scope of practice.
- 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.



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

Code	Lab	HY
<b>0.0 DIAGNOSTIC</b>		
<b>0.1 Examinations</b>		
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.		
<b>Complete Examination</b>		
1/any 60 months When a complete examination is provided, it replaces the recall for the respective eligible period.		
00111		\$53.24
00112		\$79.84
00113		\$82.74
<b>Recall Examination</b>		
Age 17+: 1/any 12 months Under age 17: 1/any 6 months Frequency interacts with general practitioner's examination.		
00121		\$53.24
<b>Specific Examination</b>		
1/any 12 months Frequency interacts with general practitioner's examination.		
00122		\$54.19
<b>0.2 RADIOGRAPHS</b>		
<b>Intraoral</b>		
10/any 12 months		
00211		\$22.02
00212		\$36.68
00213		\$51.41
00214		\$66.11
00221		\$22.02
00222		\$36.68
00223		\$51.41
00224		\$66.11
00225		\$80.84
00226		\$95.49
<b>0.3 PREVENTIVE</b>		
<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		\$70.15
00512		\$140.30
00513		\$210.48
00514		\$280.63
00517		\$35.02

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

Code	Lab	HY
<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		\$61.86
00522		\$123.72
00523		\$186.34
00524		\$247.47
00527		\$31.19
<b>Polishing</b>		
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		\$22.31
00537		\$11.15
<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		\$33.32
00603		\$16.65
<b>Varnish Fluoride</b>		
Eligible only for clients under 17 years of age – 1 application/any 6 months		
00611		\$33.32
<b>Atraumatic Restorative Treatment (ART)</b>		
Removal of carious tooth tissues using hand instruments and placement of fluoride-releasing glass ionomer cement. Once in a lifetime, per tooth.		
00668		\$57.41
00667		\$29.28

**ALBERTA**  
**NIHB Regional Dental Benefit Grid**  
Dental Hygienists  
**SCHEDULE B**

All Procedures in Schedule B have a Predetermination Requirement		
Code	Lab	HY
<b>0.1 PERIODONTICS</b>		
<b>Desensitization</b>		
00641		\$58.82