



April 1, 2017

Communication to all NIHB Independent Dental Hygienists in Nova Scotia

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

Schedule A 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

Schedule A 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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NIHB Regional Dental Benefit Grid

Dental Hygienists

Effective Date

March 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.

NOVA SCOTIA
NIHB Regional Dental Benefit Grid
Dental Hygienists
SCHEDULE A

Code	Lab	HY
0.0 DIAGNOSTIC		
0.1 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		\$33.82
00112		\$43.59
00113		\$57.85
Recall Examination Age 17+: 1/any 12 months Under age 17: 1/any 6 months Frequency interacts with general practitioner's examination.		
00121		\$21.36
Specific Examination 1/any 12 months Frequency interacts with general practitioner's examination.		
00122		\$36.49
0.2 RADIOGRAPHS		
Intraoral 10/any 12 months		
00211		\$11.57
00212		\$15.13
00213		\$19.47
00214		\$23.21
00221		\$11.57
00222		\$15.13
00223		\$19.47
00224		\$23.21
00225		\$26.95
00226		\$30.70
0.3 PREVENTIVE		
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		\$34.85
00512		\$69.70
00513		\$104.55
00514		\$139.40
00517		\$17.00

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NIHB Regional Dental Benefit Grid
Dental Hygienists
SCHEDULE A

Code	Lab	HY
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		\$31.15
00522		\$62.29
00523		\$93.44
00524		\$124.59
00527		\$16.02
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		\$9.09
00537		\$4.54
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		\$19.55
00603		\$14.45
Varnish Fluoride		
Eligible only for clients under 17 years of age – 1 application/any 6 months		
00611		\$13.60

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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement		
Code	Lab	HY
0.1 PERIODONTICS		
Desensitization		
00641		\$27.71