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## **NEW BRUNSWICK** **NIHB Regional Dental Benefit Grid** **Dental Hygienists**

**Effective Date**  
March 1, 2018

- 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.



**NEW BRUNSWICK**  
**NIHB Regional Dental Benefit Grid**  
Dental Hygienists  
**SCHEDULE A**

| Code   | Lab | HY       |
|--|-----|----------|
| <b>0.0 DIAGNOSTIC</b>  |     |          |
| <b>0.1 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><br>1/any 60 months<br>When a complete examination is provided, it replaces the recall for the respective eligible period.  |     |          |
| 00111  |     | \$37.58  |
| 00112  |     | \$56.37  |
| 00113  |     | \$82.01  |
| <b>Recall Examination</b><br>Age 17+: 1/any 12 months<br>Under age 17: 1/any 6 months<br>Frequency interacts with general practitioner's examination.  |     |          |
| 00121  |     | \$27.41  |
| <b>Specific Examination</b><br>1/any 12 months<br>Frequency interacts with general practitioner's examination.   |     |          |
| 00122  |     | \$32.23  |
| <b>0.2 RADIOGRAPHS</b>   |     |          |
| <b>Intraoral Radiographs</b><br>Include periapical and bitewing radiographs<br>10/any 12 months  |     |          |
| 00211  |     | \$17.47  |
| 00212  |     | \$24.16  |
| 00213  |     | \$29.60  |
| 00214  |     | \$34.93  |
| 00221  |     | \$17.47  |
| 00222  |     | \$24.16  |
| 00223  |     | \$29.60  |
| 00224  |     | \$34.93  |
| 00225  |     | \$39.19  |
| 00226  |     | \$42.99  |
| <b>0.3 PREVENTIVE</b>  |     |          |
| <b>Scaling</b><br>Age 0 to 11: 1 unit in any 12 months in combination with root planing<br>Age 12 to 16: 2 units in any 12 months in combination with root planing<br>Age 17+: 4 units in any 12 months in combination with root planing<br>Predetermination is required for additional units.   |     |          |
| 00511  |     | \$49.90  |
| 00512  |     | \$99.71  |
| 00513  |     | \$149.69 |
| 00514  |     | \$199.58 |
| 00517  |     | \$24.99  |

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| Code  | Lab | HY       |
|---|-----|----------|
| <b>Root Planing</b>   |     |          |
| Age 0 to 11: 1 unit in any 12 months in combination with scaling<br>Age 12 to 16: 2 units in any 12 months in combination with scaling<br>Age 17+: 4 units in any 12 months in combination with scaling<br>Predetermination is required for additional units.         |     |          |
| 00521   |     | \$49.06  |
| 00522   |     | \$98.01  |
| 00523   |     | \$147.08 |
| 00524   |     | \$196.13 |
| 00527   |     | \$24.52  |
| <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   |     | \$9.20   |
| 00537   |     | \$4.60   |
| <b>Sealants</b>   |     |          |
| Eligible only for clients 17 years of age and under, on the occlusal surface of permanent molars and bicuspid, and on the lingual surface of permanent maxillary incisors, where surfaces are unrestored. There is a lifetime limit of 2 sealants per eligible tooth. |     |          |
| 00602   |     | \$25.33  |
| 00603   |     | \$14.88  |
| <b>Fluoride Varnish</b>   |     |          |
| Eligible only for clients under 17 years of age: 1 treatment/any 6 months.  |     |          |
| 00611   |     | \$24.23  |

**NEW BRUNSWICK**  
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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  |     | \$22.54 |