



Health  
Canada

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# **ALBERTA**

## **NIHB Regional Dental Benefit Grid**

### **Dental Hygienists**

#### **Effective Date**

June 1<sup>st</sup>, 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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Dental Hygienists  
**SCHEDULE A**

Code	Lab	HY
<b>0.1 DIAGNOSTIC</b>		
<b>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		\$79.84
<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		\$21.64
00212		\$36.02
00213		\$50.46
00214		\$64.92
00221		\$21.64
00222		\$36.02
00223		\$50.46
00224		\$64.92
00225		\$79.40
00226		\$93.78
<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. 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		\$30.16
00603		\$15.06
<b>Varnish Flouride</b>		
Eligible only for clients under 17 years of age – 1 application/any 6 months		
00611		\$30.16

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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		\$63.49
00512		\$126.97
00513		\$190.48
00514		\$253.96
00517		\$31.70
<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>Atraumatic Restorative Treatment (ART)</b>		
Once in a lifetime, per tooth.		
00667		\$56.39
00669		\$28.76

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**SCHEDULE B**

All Procedures in Schedule B have a Predetermination Requirement		
Code	Lab	HY
<b>0.1 PERIODONTICS</b>		
Desensitization		
00641		\$57.78