



April 1, 2017

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

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

<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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# **MANITOBA**

## **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.

**MANITOBA**  
**NIHB Regional Dental Benefit Grid**  
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		\$22.56
00112		\$53.50
00113		\$70.25
<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		\$23.78
<b>Specific Examination</b>		
1/any 12 months Frequency interacts with general practitioner's examination.		
00122		\$31.63
<b>0.2 RADIOGRAPHS</b>		
<b>Intraoral</b>		
10/ any 12 months		
00211		\$13.61
00212		\$18.76
00213		\$23.91
00214		\$29.06
00221		\$13.61
00222		\$18.76
00223		\$23.91
00224		\$29.06
00225		\$34.21
00226		\$37.51
<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		\$12.04
00537		\$6.02
<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		\$24.48
00603		\$12.24

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**SCHEDULE A**

Code	Lab	HY
<b>Varnish Flouride</b>		
Eligible only for clients under 17 years of age – 1 application/any 6 months		
00611		\$15.56
<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		\$40.46
00512		\$80.92
00513		\$121.38
00514		\$161.84
00517		\$20.23
<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		\$35.66
00522		\$71.34
00523		\$106.99
00524		\$142.67
00527		\$17.83
<b>Interim Stabilization Therapy (IST)</b>		
Once in a lifetime, per tooth.		
00666		\$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>		
<b>Desensitization</b>		
00641		\$37.59