



Health  
Canada

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

### **Effective Date**

June 1<sup>st</sup>, 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.

**NEW BRUNSWICK**  
**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		\$35.66
00112		\$53.50
00113		\$79.21
<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		\$26.01
<b>Specific Examination</b>		
1/any 12 months Frequency interacts with general practitioner's examination.		
00122		\$31.13
<b>0.2 RADIOGRAPHS</b>		
<b>Intraoral</b>		
10/ any 12 months		
00211		\$16.87
00212		\$23.34
00213		\$28.59
00214		\$33.75
00221		\$16.87
00222		\$23.34
00223		\$28.59
00224		\$33.75
00225		\$37.86
00226		\$41.52
<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		\$9.20
00537		\$4.60
<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		\$24.31
00603		\$14.37
<b>Varnish Flouride</b>		
Eligible only for clients under 17 years of age – 1 application/any 6 months		
00611		\$20.83

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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		\$47.94
00512		\$95.80
00513		\$143.82
00514		\$191.85
00517		\$23.97
<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		\$47.39
00522		\$94.67
00523		\$142.06
00524		\$189.44
00527		\$23.68

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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		\$21.77