



Health
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NEWFOUNDLAND AND LABRADOR NIHB Regional Dental Benefit Grid Dental Hygienists

Effective Date

June 1st, 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.

NEWFOUNDLAND AND LABRADOR
NIHB Regional Dental Benefit Grid
Dental Hygienists
SCHEDULE A

Code	Lab	HY
0.1 DIAGNOSTIC		
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		\$35,66
00112		\$53,50
00113		\$74,92
Recall Examination		
Age 17+: 1/any 12 months Under age 17: 1/any 6 months Frequency interacts with general practitioner's examination.		
00121		\$26,01
Specific Examination		
1/any 12 months Frequency interacts with general practitioner's examination.		
00122		\$39,62
0.2 RADIOGRAPHS		
Intraoral		
10/ any 12 months		
00211		\$15,80
00212		\$20,73
00213		\$25,46
00214		\$29,59
00221		\$15,80
00222		\$20,73
00223		\$25,46
00224		\$29,59
00225		\$34,72
00226		\$38,78
0.3 PREVENTIVE		
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		\$11,58
00537		\$5,79
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		\$29,78
00603		\$22,33
Varnish Flouride		
Eligible only for clients under 17 years of age – 1 application/any 6 months		
00611		\$19,30

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Code	Lab	HY
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		\$46,77
00512		\$93,77
00513		\$140,65
00514		\$187,54
00517		\$23,43
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		\$49,96
00522		\$99,91
00523		\$149,87
00524		\$199,83
00527		\$24,98

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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement		
Code	Lab	HY
0.1 PERIODONTICS		
Desensitization		
00641		\$41,22