



Health  
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# **NOVA SCOTIA**

## **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.

**NOVA SCOTIA**  
**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		\$33.22
00112		\$42.82
00113		\$56.82
<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		\$20.99
<b>Specific Examination</b>		
1/any 12 months Frequency interacts with general practitioner's examination.		
00122		\$35.84
<b>0.2 RADIOGRAPHS</b>		
<b>Intraoral</b>		
10/ any 12 months		
00211		\$11.36
00212		\$14.87
00213		\$19.13
00214		\$22.80
00221		\$11.36
00222		\$14.87
00223		\$19.13
00224		\$22.80
00225		\$26.48
00226		\$30.16
<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		\$9.09
00537		\$4.54
<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		\$19.55
00603		\$14.45
<b>Varnish Flouride</b>		
Eligible only for clients under 17 years of age – 1 application/any 6 months		
00611		\$13.60

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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		\$34.00
00512		\$68.00
00513		\$102.00
00514		\$136.00
00517		\$17.00
<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		\$30.60
00522		\$61.19
00523		\$91.79
00524		\$122.38
00527		\$15.73

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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		\$27.22