



Health
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BRITISH COLUMBIA

NIHB Regional Dental Benefit Grid

Dental Hygienists

Effective Date

June 1, 2017

- The coverage of dental services provided through the NIHB Program will be reimbursed in accordance with the terms and conditions of the Program.
- Eligible dental services must be provided in accordance with the respective dental hygienist provincial regulations and scope of practice.
- 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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SCHEDULE A

Code	Lab	HY
0.0 DIAGNOSTIC		
0.1 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		\$49.11
00112		\$68.61
00113		\$71.72
Recall Examination Age 17+: 1/any 12 months Under age 17: 1/any 6 months Frequency interacts with general practitioner's examination.		
00121		\$20.83
Specific Examination 1/any 12 months Frequency interacts with general practitioner's examination.		
00122		\$26.13
0.2 RADIOGRAPHS		
Intraoral 10/any 12 months		
00211		\$13.26
00212		\$18.23
00213		\$23.14
00214		\$28.21
00221		\$13.26
00222		\$18.23
00223		\$23.14
00224		\$28.21
00225		\$33.19
00226		\$38.18
0.3 PREVENTIVE		
Scaling Age 0 to 11: 1 unit/any 12 months in combination with root planing Age 12 to 16: 2 units/any 12 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		\$31.37
00512		\$62.73
00513		\$94.10
00514		\$125.46
00517		\$15.73

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Root Planing		
Age 0 to 11: 1 unit/any 12 months in combination with scaling Age 12 to 16: 2 units/any 12 months in combination with scaling Age 17+: 4 units/any 12 months in combination with scaling Predetermination is required for additional units.		
00521		\$27.14
00522		\$54.28
00523		\$81.42
00524		\$108.57
00527		\$13.59
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		\$12.08
00537		\$6.04
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		\$22.27
00603		\$12.24
Varnish Fluoride		
Eligible only for clients under 17 years of age - 1 application/any 6 months.		
00611		\$11.99
Interim Stabilization Therapy (IST)		
Removal of soft debris (plaque and/or food particles) from the lesion and placement of fluoride-releasing glass ionomer cement. Once in a lifetime, per tooth.		
00666		\$57.41
00667		\$29.28

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SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement		
Code	Lab	HY
0.1 PERIODONTICS		
Desensitization		
00641		\$38.18