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# **MANITOBA**

## **NIHB Regional Dental Benefit Grid**

### **Dental Hygienists**

**Effective Date**  
May 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.



**MANITOBA**  
**NIHB Regional Dental Benefit Grid**  
Dental Hygienists  
**SCHEDULE A**

Code	Lab	HY
<b>0.0 DIAGNOSTIC</b>		
<b>0.1 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		\$22.97
00112		\$54.57
00113		\$71.51
<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		\$24.20
<b>Specific Examination</b> 1/any 12 months Frequency interacts with general practitioner's examination.		
00122		\$32.20
<b>0.2 RADIOGRAPHS</b>		
<b>Intraoral</b> 10/any 12 months		
00211		\$13.85
00212		\$19.10
00213		\$24.34
00214		\$29.58
00221		\$13.85
00222		\$19.10
00223		\$24.34
00224		\$29.58
00225		\$34.82
00226		\$38.19
<b>0.3 PREVENTIVE</b>		
<b>Scaling</b> 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		\$42.67
00512		\$85.34
00513		\$128.01
00514		\$170.68
00517		\$21.34

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Code	Lab	HY
<b>Root Planing</b>		
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		\$36.30
00522		\$72.62
00523		\$108.92
00524		\$145.24
00527		\$18.15
<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		\$24.99
00603		\$12.50
<b>Varnish Fluoride</b>		
Eligible only for clients under 17 years of age - 1 application/any 6 months.		
00611		\$15.90
<b>Interim Stabilization Therapy (IST)</b>		
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
<b>0.1 PERIODONTICS</b>		
<b>Desensitization</b>		
00641		\$38.26