



June 27, 2017

**Communication to all NIHB Independent Dental Hygienists in Nova Scotia**

Effective July 1, 2017, the fees for varnish fluoride procedures have changed as follows:

<b>Schedule A</b> 0.3 Preventive Varnish Fluoride		
<b>Procedure Code</b>	<b>Fee</b>	<b>Type of change</b>
00611	\$16.15	Modified

Effective June 23, 2017, coverage for sealants has been changed as follows:

- Coverage for sealants has been extended to include bicuspid.
- Coverage for sealants is now provided for eligible clients under 18 years of age (previously, the age limit was 14 years of age).
- There is a lifetime limit of 2 sealants per eligible tooth.

<b>Schedule A</b> 0.3 Preventive Sealants	
<b>Procedure Code</b>	<b>Type of change</b>
00602	Modified
00603	Modified

Effective April 1, 2017, the frequency for all eligible scaling and root planing procedures have changed as outlined below.

<b>Schedule A</b> 0.3 Preventive Scaling		
Age	From	To
0-11 Years	0.5 unit in any 6 months in combination with root planing	1 unit in any 12 months in combination with root planing
12-16 Years	1 unit in any 6 months in combination with root planing	2 units in any 12 months in combination with root planing



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<b>Schedule A</b> 0.3 Preventive Root Planing		
Age	From	To
0-11 Years	0.5 unit in any 6 months in combination with scaling	1 unit in any 12 months in combination with scaling
12-16 Years	1 unit in any 6 months in combination with scaling	2 units in any 12 months in combination with scaling

For further information or questions, please contact the Provider Claims Processing Call Centre at 1-888-511-4666.

Thank you.



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# **NOVA SCOTIA**

## **NIHB Regional Dental Benefit Grid**

### **Dental Hygienists**

#### **Effective Date**

March 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.



**NOVA SCOTIA**  
**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		\$33.82
00112		\$43.59
00113		\$57.85
<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		\$21.36
<b>Specific Examination</b> 1/any 12 months Frequency interacts with general practitioner's examination.		
00122		\$36.49
<b>0.2 RADIOGRAPHS</b>		
<b>Intraoral</b> 10/any 12 months		
00211		\$11.57
00212		\$15.13
00213		\$19.47
00214		\$23.21
00221		\$11.57
00222		\$15.13
00223		\$19.47
00224		\$23.21
00225		\$26.95
00226		\$30.70
<b>0.3 PREVENTIVE</b>		
<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		\$34.85
00512		\$69.70
00513		\$104.55
00514		\$139.40
00517		\$17.00

**NOVA SCOTIA**  
**NIHB Regional Dental Benefit Grid**  
Dental Hygienists  
**SCHEDULE A**

Code	Lab	HY
<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		\$31.15
00522		\$62.29
00523		\$93.44
00524		\$124.59
00527		\$16.02
<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 Fluoride</b>		
Eligible only for clients under 17 years of age – 1 application/any 6 months		
00611		\$13.60

**NOVA SCOTIA**  
**NIHB Regional Dental Benefit Grid**  
 Dental Hygienists  
**SCHEDULE B**

All Procedures in Schedule B have a Predetermination Requirement		
Code	Lab	HY
<b>0.1 PERIODONTICS</b>		
<b>Desensitization</b>		
00641		\$27.71