

## For our Dental Practitioners

Fall 2000

### NEWS AND VIEWS

Welcome to the Fall edition of our quarterly newsletter for the year 2000. We are now into our second year of operations as the claims processor under the Non-Insured Health Benefits (NIHB) Program contract with First Nations and Inuit Health Branch (FNIHB) of Health Canada.

Again, First Canadian Health would like to thank you for your support as you continue to provide quality health services to registered Indians, recognised Inuit and Innu clients of the NIHB Program.

As always, your comments and questions are welcome. Please call our First Canadian Health (FCH) NIHB Toll-Free Inquiry Centre's Customer Service Representatives at **1-888-471-1111**, or send your correspondence to our mailing address.

### FIRST NATIONS AND INUIT HEALTH BRANCH (FNIHB)

Effective July 1, 2000, the name of Health Canada's Medical Services Branch (MSB) was changed to First Nations and Inuit Health Branch (FNIHB).

The Dental Practitioner Information Kit (DPIK) has been updated to reflect the new name: First Nations and Inuit Health Branch (FNIHB).

Attached are revised pages for your NIHB Dental Practitioner Information Kit (DPIK). Please remove the existing pages from your DPIK, and insert the revised ones.

### SPOTLIGHT ON... FIRST CANADIAN HEALTH'S CLERICAL DEPARTMENT

First Canadian Health's (FCH) Clerical Department consists of six staff members who are responsible for receiving all incoming mail. Our clerical department receives up to 4500 claims a day from across Canada. This department is also responsible for dental claims registration activities in compliance with the NIHB guidelines. Registration of dental claims allows First Canadian Health's customer service representatives to respond to your calls from the moment your claim arrives by mail.

**NIHB DENTAL PROVIDER AUDIT FRAMEWORK**  
FCH has implemented a Dental Provider Audit Framework on the Non-Insured Health Benefits Program. The components of the audit plan are outlined below.

- 1) The **Next-Day Quality Assurance Program** consists of the review of a defined sample of claims submitted by providers the day following receipt by First Canadian Health. Providers may be contacted to ensure compliance with NIHB Program policies and procedures.
- 2) The **Client Confirmation Program** consists of a quarterly mailout to a randomly selected number of NIHB clients to confirm the treatment that has been billed on their behalf.
- 3) The **Provider Profiling Program** consists of a review of the billings of all providers against selected criteria and the determination of the most appropriate follow up activity if concerns are identified.
- 4) The **On-site Audit Program** consists of the selection of a focused sample of claims for validation with provider's records through an on-site visit.

### NON-INSURED HEALTH BENEFITS (NIHB) FALL SCHEDULE OF PAYMENTS FOR 2000

The following is the Non-Insured Health Benefits (NIHB) schedule of payments for cheques or Electronic Funds Transfer (EFT).

CUT-OFF DATE	CHEQUE DATE	EFT DEPOSIT DATE
01-Oct-00	02-Oct-00	06-Oct-00
15-Oct-00	16-Oct-00	20-Oct-00
01-Nov-00	02-Nov-00	08-Nov-00
15-Nov-00	16-Nov-00	22-Nov-00
01-Dec-00	02-Dec-00	08-Dec-00
15-Dec-00	16-Dec-00	22-Dec-00

### ADMINISTRATIVE FEE FOR DUPLICATE STATEMENT

Beginning December 1, 2000, an administrative fee of \$25.00 will now apply for duplicate statement requests. Requests must be made in writing to First Canadian Health (FCH) and include a cheque for \$25.00.

If the FCH payment cheque corresponding to the statement has not been cashed and a sufficient amount of time has passed, the \$25.00 administrative fee will not apply and the provider's \$25.00 cheque will be returned with the copy of the statement.

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## REMINDER FOR DENTAL SPECIALISTS

FNIHB would like to remind Dental Specialists in the area of Oral Pathology, Periodontics, Oral and Maxillofacial Surgery, Prosthodontics and Endodontics that the following are the codes for complete and specific oral examinations by specialty:

Oral Pathology: 01401 & 01402  
Oral Medicine in Québec: 01515 & 01516

Periodontics: 01501 & 01502  
In Québec: 01135 & 01405

Oral and Maxillofacial Surgery: 01601 & 01602  
In Québec: 01610 & 01611

Prosthodontics: 01701 & 01702  
In Québec: 01716 & 01725

Endodontics (including Québec): 01801 & 01802

For all other specialists areas, the codes associated with General Practitioners for complete and specific oral examinations apply.

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## POST TREATMENT APPROVALS

FNIHB has begun full implementation of the policy associated with issuance of post treatment approvals for elective dental services provided by any dental practitioner under the NIHB Program. Please refer to section 2.10.2 of your NIHB Dental Practitioner Information Kit for the conditions and criteria for granting post approval under the NIHB Program. Any elective service rendered beyond those listed in section 2.10.2 requires that a written explanation accompany the Dent-29 Claim Form before evaluation will occur. Failure to provide an explanation will result in rejection of the entire submission as the treatment rendered will be ineligible for coverage under the NIHB Program.

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## NIHB DENT-29 CLAIM FORMS SENT TO LIBERTY HEALTH/BLUE CROSS

Please be advised that NIHB Dent-29 claim forms sent in error by the dental office to the prior contractor (Liberty Health/Blue Cross), will no longer be forwarded to First Canadian Health for payment. All NIHB Dent-29 claim forms should be sent to First Canadian Health at 3080 Yonge Street, Suite 3002, Toronto, ON, M4N 3N1.

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## PAY CLIENT CLAIMS FOR CHILDREN UNDER 16 YEARS OF AGE

Dental practitioners are reminded that, when completing a Pay Client on the NIHB Dent-29 claim form for children

under 16 years of age, the parent or guardian's full name and address must be indicated on the NIHB Dent-29 claim form, as Pay Client payments for services rendered to children can only be made to the parent or guardian.

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## DENTAL CLAIMS FOR INFANTS

Dental practitioners should be aware that, when providing dental care to infants, dental claims may NOT be submitted for payment under the parent or guardian's Identification Number. Infants must be registered under their own Identification Number in order to have dental claims paid to the dental practitioner or to the parent/guardian. Parents or guardians of unregistered infants should be directed to their Band Office.

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## ALTERED COMMERCIAL LABORATORY INVOICES

As per the Dental Practitioner Information Kit (DPIK) Sub-Section 2.4, laboratory invoices (original or photocopy) must be attached to the claim form to be eligible for reimbursement. The commercial laboratory invoice must not be altered in any way by the dental practitioner. NIHB Dent-29 claim forms with laboratory invoices containing alterations will be returned to the practitioner with a Provider Return Letter.

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## APPEAL PROCEDURES

There are three levels of appeal available under the NIHB Program, which only the client can initiate. At each stage, the appeal must be accompanied by supporting information from the prescriber or provider, therefore, it is important that the following information be included along with your letter:

1. The condition (diagnosis and prognosis) for which the benefit or service is being requested;
2. Alternatives that have been tried; or Alternative therapies that have been tried;
3. Relevant diagnostic test results;
4. Justification for the proposed benefit or service.

The appeal will be reviewed by the appropriate independent consultant, who provides a recommendation to the FNIHB staff. The final decision will be made by FNIHB staff based on the consultant's recommendation, client's specific needs, the availability of alternatives, and NIHB policy.

Information sheets for each region outlining the three levels of appeal and the addresses are available from your regional First Nations and Inuit Branch offices or on the NIHB website at [www.hc-sc.gc.ca/msb/nihb](http://www.hc-sc.gc.ca/msb/nihb).

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## NEW DENTURIST PROCEDURE CODES FOR ONTARIO REGION

Effective July 1, 2000, since the HICPS System has been updated for Ontario region only, Denturists will no longer require predetermination for procedure codes 32418, 32428, 32438, 42418, 42428 and 42438 as these codes and prices are now on the system. The frequency limitation of once per prosthesis per 24-month period still applies.

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## NIHB REGIONAL DENTAL BENEFIT GRIDS FOR ONTARIO REGION FOR DENTISTS AND DENTURISTS

The NIHB Regional Dental Benefit Grids for Ontario Region for Dentists (effective July 01, 2000) and Denturists (effective February 01, 2000) were distributed to all NIHB registered providers in Ontario during the month of July, 2000. The Health Information and Claims Processing System (HICPS) at First Canadian Health (FCH) has been changed to reflect the rates indicated in these documents. Should you require a copy of the document relevant to your area of expertise or have any questions regarding these documents, you should contact the First Canadian Health (FCH) NIHB Toll-Free Inquiry Centre at 1-888-471-1111.

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