

## For our Dental Practitioners

Summer 2000

### NEWS AND VIEWS

Welcome to the Summer 2000 edition of our quarterly newsletter for registered Dental Practitioners to the Non-Insured Health Benefits (NIHB) Program through First Canadian Health.

Again, First Canadian Health would like to thank you for your support as you continue to provide quality health services to Registered Indians, Eligible Inuit and Eligible 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.

### SPOTLIGHT ON..... PROVIDER RELATIONS DEPARTMENT

First Canadian Health's Provider Relations Department is responsible for all First Canadian Health communications to providers, including NIHB Newsletters and Provider Information Kits. This Department is also responsible for all dental provider registration activities in compliance with NIHB program guidelines.

### ACCEPTABLE NIHB DENT-29 CLAIM FORMS

To ensure prompt payment of claims, your office should submit claims for services rendered to NIHB clients on a NIHB Dent-29 Claim Form printed after April 1997.

NIHB Dent-29 Claim Forms printed prior to April 1997 are no longer accepted by First Canadian Health, and will be returned to you with a correct version of the NIHB Dent-29 Claim Form for completion and resubmission.

If your office claims for dental services rendered to NIHB clients using Standard Dental Claim Forms, it is required that a NIHB Dent-29 Claim Form be attached to the Standard Claim Form and that the "Signature of Client (Parent/Guardian)" field of the NIHB Dent-29 be completed.

Attached is a revised page for Sub-Section 5.7 of the Dental Practitioner Information Kit (DPIK). Please remove the existing page from the DPIK and insert the revised one.

### CLIENT/PARENT/GUARDIAN SIGNATURE

The "Signature of Client (Parent/Guardian)" field of the NIHB Dent-29 Claim Form must be completed with an original client signature or, in the case of children under the age of consent who attend subsequent dental appointments without a parent or guardian, with "Signature on File" (please refer to Sub-Section 5.7 of the Dental Practitioner Information Kit for further information).

This is an important requirement from the point of view of provider liability and program audit requirements.

Attached is a revised page for Sub-Section 5.7 of the Dental Practitioner Information Kit (DPIK). Please remove the existing page from the DPIK and insert the revised one.

### CO-ORDINATION OF BENEFITS (COB) CLAIMS

For eligible NIHB clients with private insurance plans, Coordination Of Benefits (COB) will be made up to the maximum of the current provincial fee guide rates rather than to the NIHB Program rates, **if NIHB is the second payer**. Where a third-party payor has reimbursed less than the current fee guide in effect for the province or territory for a service and the service is also eligible under the NIHB Program, the NIHB Dent-29 claim form must indicate the original full fees for services provided. First Canadian Health will calculate the third-party coverage and pay the balance owing to the provider.

Should you have any questions on this matter, please contact the First Canadian Health Toll-Free Inquiry Centre at 1-888-471-1111.

Attached is a revised page for Sub-Section 4.3 of the Dental Practitioner Information Kit (DPIK). Please remove the existing page from the DPIK and insert the revised one.

### PREDETERMINATION NUMBERS

When submitting a claim that has been approved with a predetermination number, the predetermination number must be indicated in the column, "Predetermination/Preverification Number" on the NIHB Dent-29 form. **Do not attach** the Predetermination Confirmation Letter.

## **R27 REJECTIONS**

To avoid having claims rejected with an R27 error message (PREDETERMINATION NUMBER IS INVALID), please ensure that:

- the predetermination number, client number, procedure/tooth code and tooth surfaces or arch, quadrant or sextant codes, where appropriate, are as specified on the Predetermination Confirmation Letter, and
- the provider number is as printed on your bimonthly NIHB Dental Claim Statement.

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## **PREDETERMINATION OF FIXED PROSTHETICS AS AN ALTERNATE BENEFIT**

When Medical Services Branch (MSB) considers fixed prosthetics as an alternate benefit to partial denture entitlement, the prosthesis(es) must replace all the missing teeth in the respective arch(s) that would normally be replaced by the partial denture(s). Should space(s) where teeth are recorded as missing in section three of the NIHB Dent-29 Claim Form be closed, please document this and include radiographs of such areas with your original predetermination submission. Failure to do so will result in needless rejection(s) of the original predetermination submission with a request that the provider include this missing information by re-submission before evaluation can occur.

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## **AMENDING A PREDETERMINATION ISSUED BY MEDICAL SERVICES BRANCH (MSB) REGIONAL OFFICES**

To amend a Predetermination Number for dental services rendered to NIHB clients, contact your regional Medical Services Branch (MSB) office listed on the directory, located inside your NIHB Dental Practitioner Information Kit (DPIK).

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## **NIHB DENT-29 CLAIM FORM REQUESTS**

When requesting NIHB Dent-29 Claim Forms, Dental Practitioner Information Kits or Regional Dental Benefit Grids/Schedules from First Canadian Health NIHB Toll-Free Inquiry Centre, please allow sufficient time for delivery of items through Canada Post. In particular, please ensure you are requesting enough NIHB Dent-29 Claim Forms to last for a sufficient amount of time before your supply becomes depleted.

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## **LONG PLAIN (BAND 287)**

Effective June 1, 2000, the Long Plain First Nations Band of Manitoba has assumed complete management of dental services provided to its members. Long Plain's claims became ineligible for payment through Health Canada's NIHB Health Information and Claims Processing System

(HICPS) operated by First Canadian Health (FCH).

Claims for these clients (Band 287) should be submitted to:

Ms. Marg Myran  
A/Program Manager  
Long Plain Dental Program  
Box 580, Portage la Prairie  
Manitoba R1N 3B9

For information on Long Plain First Nations client eligibility, or to receive information on the Long Plain Dental Plan, please contact the Long Plain First Nations NIHB office at **1-888-834-9768**.

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## **ANISHINAABE MINO-AYAAWIN INC. (AMA)**

Effective June 1, 2000, the Anishinaabe Mino-Ayaawin Inc.—(AMA) of Manitoba has assumed complete management of dental services provided to its members. AMA's claims became ineligible for payment through Health Canada's NIHB System operated by First Canadian Health. (FCH).

Anishinaabe Mino-Ayaawin Inc. (AMA) includes the following bands:

Band 268 - Kinonjeoshtegon  
Band 269 - Peguis  
Band 271 - Lake Manitoba  
Band 272 - Fairford  
Band 274 - Little Saskatchewan  
Band 275 - Lake St. Martin  
Band 316 - Dauphin River

Claims for these clients should be submitted to:

Dr. Ron Monczka  
Program Manager  
AMA Dental Program  
401-286 Smith Street  
Winnipeg, Manitoba  
R3C 1K4

For information on the AMA client eligibility, or to receive information on the AMA Dental Plan, please contact the AMA NIHB office at **1-888-486-4960** or by fax at (204) 943 - 2134.

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## **NIHB REGIONAL DENTAL GRID FOR-MANITOBA REGION ONLY**

Manitoba dental practitioners are advised of an inconsistency found on page 37 of the NIHB Regional Dental Grid (Manitoba Region) which came into effect on April 1, 2000. Code series 92212 to 92219 require predetermination and are indicated as "P" in this document. Therefore, the heading "Without Predetermination" of these procedure codes should read "With Predetermination".

## **CHANGE OF ADDRESS FOR MANITOBA**

### **PREDETERMINATIONS**

Effective June 1, 2000, dental providers from Manitoba must submit all dental predetermination requests and inquiries to the following address:

Dental Predetermination Centre  
Manitoba Regional Office  
Medical Services Branch  
3<sup>rd</sup> Floor, Suite 300  
391 York Avenue  
Winnipeg, Manitoba  
R3C 4W1

Toll-Free: 1-800-665-8507

Fax: 1-204-984-5798

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