

## For our Dental Practitioners

Spring 2001

### NEWS AND VIEWS

Welcome to the spring edition of our quarterly newsletter for the year 2001. We are now into our third year of operations as the claims processor for the NIHB Program of the First Nations and Inuit Health Branch (FNIHB) of Health Canada.

Again, FCH would like to thank you for your support as you continue to provide quality health services to First Nations and Inuit clients of the NIHB Program.

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

FCH Provider Relations  
3080 Yonge Street, Suite 3002  
Toronto, ON M4N 3N1

### NIHB DENTAL PROVIDER AUDIT FRAMEWORK

FCH conducts dental provider audit activities on behalf of the NIHB Program. These activities address the needs of the NIHB Program to comply with accountability requirements for the use of public funds and to ensure provider compliance with the terms and conditions outlined in the NIHB Dental Provider Information Kit. The components of the Dental Audit Framework are outlined below.

The **Next-Day Quality Assurance Program** consists of a review of a defined sample of claims submitted by providers the day following receipt by FCH. Providers may be contacted to ensure compliance with NIHB Program policies and procedures.

The **Client Confirmation Program** consists of a quarterly mailing to a randomly selected number of NIHB clients to confirm the receipt of the benefit that has been billed on their behalf.

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.

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.

### ENDODONTIC THERAPY

Dental providers are reminded that opening and drainage as well as pulpotomy and pulpectomy services are included as part of the price associated with root canal treatment. Therefore, all claim submissions for endodontically treated teeth on which opening and drainage, pulpotomy and/or pulpectomy services have been performed as separate procedures should be adjusted downward to reflect the costs associated with these procedures, if these services are performed within a three month period by the same dental provider.

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.

### CLIENT ADDRESS FIELD ON CLAIM AND PREDETERMINATION SUBMISSIONS

The completion of the Client Address field on the Dent-29 form is mandatory. Dental practitioners must complete this information prior to submitting the claim to FCH for processing and payment. Claims received at FCH office without the full client address will be returned to the provider for completion.

For all predetermination submissions, providers are required to indicate the full client address on the Dent-29 predetermination form.

### CUSTOMER SERVICE UPDATE

The FCH NIHB Toll-Free Inquiry Centre team of sixteen customer service representatives (CSR) is equipped to effectively respond to provider inquiries relating to:

- General Information
- Client Eligibility
- Benefit Eligibility
- Pre-verification
- Billing and Payment

We have developed a customer access strategy to meet your needs.

The FCH NIHB Toll-Free Inquiry Centre answers an average of 20,000 calls monthly from dental providers across Canada during our service hours of 7:30 am to 5:30 pm local time in all regions. We are concentrating on operational efficiencies to continue improvements in our service level, and recently have adjusted our shift times to better service providers during peak periods.

The primary function of the FCH NIHB Toll-Free Inquiry Centre is to respond to inquiries from all NIHB registered dental providers. Providers are asked to have their provider number ready prior to calling into the FCH NIHB Toll-Free Inquiry Centre to ensure inquiries are expedited in a timely manner.

Please do not release the FCH NIHB Toll-Free Inquiry Centre's telephone number to NIHB clients. All NIHB client calls and concerns should be directed to the appropriate First Nations and Inuit Health Branch (FNIHB) Regional Office.

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## CLIENT REIMBURSEMENTS

Under the NIHB Program, clients can be reimbursed in one of two ways depending on whether or not predetermination is required. For basic services that do not require predetermination, the client can be paid directly by FCH by submission of the Dent-29 claim form directly to the FCH office for processing and settlement purposes.

Providers are reminded that:

- the claim and the pay client/guardian boxes must be checked off on the Dent-29 form;
- the payee name and address information is required for clients under 16 years of age;
- the client signature is required on the Dent-29 form;
- the date of service, procedure codes, tooth, quadrant and/or sextant codes, if applicable, are indicated;
- professional and laboratory fees, if applicable, are indicated;
- the preverification number, if applicable, is provided;
- an explanation of benefits (EOB), if applicable, from any third party carrier be attached; and
- an official office receipt indicating client payment to the provider's office be included with the submission before forwarding the Dent-29 claim form to FCH for processing and settlement purposes.

In cases where predetermination is required, a predetermination submission should be forwarded to the appropriate FNIHB Regional Office prior to the commencement of treatment. Following receipt of a confirmation letter, treatment can be completed and the client can then be reimbursed directly by FCH. All that is required, is that a Dent-29 claim submission containing the information as indicated in paragraph two be forwarded directly to FCH for processing and settlement. In these cases, the predetermination number should be indicated on the Dent-29 claim form.

In situations where emergency services for clients are provided that normally require predetermination under the NIHB Program, a Dent-29 post approval submission should be directed to the appropriate FNIHB Regional Office for post treatment approval. The information indicated in paragraph two still applies for this type of

submission, however, following receipt of your submission and evaluation of the services rendered, the FNIHB Regional Office will convert the Dent-29 form to a claim submission and forward the Dent-29 form directly to FCH on behalf of the client for reimbursement. This is the only situation in which FNIHB Regional Offices will forward Dent-29 claim submissions directly to FCH for processing and settlement purposes.

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## CLAIM DATES

Providers are reminded that "Dates of Service" on claims must accurately reflect the actual date of service of the procedures as recorded in your patient history chart, and should not be modified in any way. Adherence to this standard by the dental provider/office is subject to audit within the Dental Audit program.

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## APPEAL PROCESS

When a client is denied a benefit, three levels of appeal are available under the NIHB Program, which only the client can initiate. At each level, the appeal must be submitted in writing and must be accompanied by supporting information from the health care provider. The following information should be included:

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

A health care consultant, who will provide a recommendation to First Nations and Inuit Health Branch (FNIHB), will review the appeal. The final decision will be made by FNIHB, based on the consultant's recommendation, client's specific needs, the availability of alternatives, and NIHB policy.

Information sheets outlining the three levels of appeal and the addresses are available from the FNIHB Regional Offices or on the NIHB web site at the following address:

[www.hc-sc.gc.ca/msb/nihb/prod\\_e.htm](http://www.hc-sc.gc.ca/msb/nihb/prod_e.htm)

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## ONTARIO REGION: PREDETERMINATION SUBMISSION ERRORS

Over the past few months First Nations and Inuit Health Branch (FNIHB) Ontario Regional Office has undertaken to review and analyse errors associated with predetermination submissions from dental providers which result in rejection of these submissions back to the providers for additional information and resubmission to FNIHB before evaluation can occur. The most common reasons for errors are as follows, with the first bullet being the most frequent reason and errors being sorted by frequency of occurrence in descending order:

- Providers have submitted a Dent-29 claim document

not a Dent-29 predetermination document to FNIHB Ontario Regional Office for processing and settlement purposes. Providers are reminded that all Dent-29 claim submissions are to be directed to FCH for processing and payment purposes not the Ontario Regional Office. Submission of claim documents to the Ontario Regional Office will result in rejection of the claim documents back to the provider for redirection to FCH for processing and settlement.

- ❑ Dent-29 predetermination documents with questions A (third party coverage) and B (missing tooth information) in Part 3 of the Dent-29 form not being answered. Providers are reminded that the information in Part 3 of the Dent-29 form is mandatory on all predetermination submissions. Failure to provide this information will result in rejection of the Dent-29 form back to the provider for completion and resubmission to FNIHB for processing.
- ❑ Submission of Dent-29 predetermination forms for crowns and endodontic services without attaching a justifying narrative, specific tooth periodontal charting or radiographs. Providers are reminded that this information is mandatory before evaluation of these services can occur. Failure to provide this necessary information will result in rejection of the submission back to the provider for this additional information and resubmission to FNIHB for processing.
- ❑ Submission of standard predetermination forms without an accompanying Dent-29 form. Providers are reminded that standard predetermination forms are unacceptable for processing under the NIHB Program unless submitted in conjunction with a Dent-29 form. Failure to submit the Dent-29 form will result in rejection of the standard predetermination form back to the provider with a request to attach a Dent-29 form and then resubmit to FNIHB for processing.

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## **PACIFIC REGION: PREDETERMINATION OF DENTAL BENEFITS - DENTURES**

The staff at the FNIHB Pacific Regional Office Dental Predetermination Unit have the responsibility to:

- ❑ Ensure that predeterminations are processed within ten (10) working days from date of receipt of complete information.
- ❑ Communicate with dental providers and their associations in order to ensure the efficient and expedient predetermination of dental treatment plans and to provide relevant program information, benefit clarification and FNIHB program issues when necessary.

Please assist the FNIHB Pacific Predetermination Unit with the above by ensuring that ALL denture requests include a brief description of the need to place or replace the existing denture. While age is a factor of condition, in

a needs based program, it is not a reason for replacement. The FNIHB Pacific Predetermination Unit cannot process your request without this vital detail. Occasionally, they are able to call your office to obtain the missing information, however, time constraints often force them to return the incomplete form to you. This may involve an avoidable delay of needed treatment. They appreciate your consideration in ensuring that this description is contained in your initial submission.

The FNIHB Pacific Predetermination Unit realise that this request involves additional time on your part as they work together to responsibly administer this needs based program. For denture requests only, they are now able to receive predeterminations on Dent-29 forms by fax at **604-666-5815**. Faxes are often difficult to read, please print clearly and, if possible, photocopy the form and then fax the photocopy, to ensure the most legible result.

Please do not hesitate to call the FNIHB Pacific Predetermination Unit at **1-888-321-5003** should you have any questions or concerns.

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## **PACIFIC REGION: ADDRESS/SIGNATURE STAMP AND PD SUBMISSION**

For improved service and prompt return of radiographs, please stamp **ALL** copies of the Dent-29 form when using an address or signature stamp. Also, when submitting Dent-29 forms for predetermination and postdetermination, please include one copy for records, one for claim and one for prompt return of radiographs. In addition, the x-rays should be labelled with the client and the practitioner's name.

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## **NEW NIHB REGIONAL DENTAL BENEFIT GRID FOR GENERAL PRACTITIONERS, SPECIALISTS AND DENTURISTS**

The new NIHB Regional Dental Benefit Grid for General Practitioners (GP), Specialists (SP) and Denturists for the following provinces will be in effect as of:

### **April 1, 2001**

- ❑ Manitoba, GP & SP
- ❑ Saskatchewan, GP & SP
- ❑ British Columbia, GP & SP
- ❑ Ontario Denturists
- ❑ Northwest Territories/Nunavut, GP

### **May 1, 2001**

- ❑ Alberta, GP & SP
- ❑ Alberta Denturist,
- ❑ Quebec, GP

You can expect to receive your copy of the new NIHB Regional Dental Benefit Grid shortly.

Should you have any questions, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

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