

For our Dental Practitioners

Fall 2003

NEWS AND VIEWS

Welcome to the fall 2003 edition of the Non-Insured Health Benefits (NIHB) quarterly newsletter. First Canadian Health (FCH) is now in its fifth 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 contact the FCH NIHB Toll-Free Inquiry Centre Representatives at **1-888-471-1111**, or send your correspondence to:

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

NEW NIHB REGIONAL DENTAL BENEFIT GRID FOR GENERAL PRACTITIONERS AND SPECIALISTS IN MANITOBA

The new NIHB Regional Dental Benefit Grid for General Practitioners and Specialists in **Manitoba** will be in effect as of **October 1, 2003**.

The new grid reflects the change in prices and eligible procedures. Providers should receive their grids shortly.

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

DATE OF SERVICE ON THE NIHB DENT-29 FORM

Providers are reminded to enter the date(s) of service in Part 1 of the NIHB DENT-29 form using the format DD/MM/CCYY (e.g., enter July 21, 2001 as 21/07/2001). When submitting a claim with one or more dates of service either place the date beside each claim line or enter the date beside the first claim line and draw an arrow or quotation marks below to indicate the same date of service. This is to ensure that claims are processed accurately and not rejected due to a missing or incorrect date.

For additional information, please refer to Section 6.2 of the NIHB Dental Practitioner Information Kit (DPIK) which outlines the required data elements on the NIHB DENT-29 form.

REMINDER TO PROVIDERS

The date for consent has been changed to March 1, 2004. The W82 warning message (CLIENT HAS NOT PROVIDED CONSENT) will continue to appear for each paid claim line on the NIHB Dental Claim Statement as a reminder that the client has not provided consent. Continue to provide services as usual during this period.

For additional information on the consent initiative, providers must contact the NIHB Consent Information Centre at **1-888-751-5011**.

SUBMISSION OF CLAIMS FOR SERVICES WITH A PREDETERMINATION/PRE-VERIFICATION NUMBER

Providers must record the predetermination/pre-verification number(s) in the "PREDETERMINATION/PRE-VERIFICATION NO." column in Part 1 of the NIHB DENT-29 form when submitting a manual claim.

To ensure that each claim line is processed correctly, place the predetermination/pre-verification number(s) beside **each** applicable claim line, or enter the number beside the first claim line and draw an arrow or quotation marks below to indicate which procedures apply to the same predetermination/pre-verification number. The absence of such a reference will result in only the first claim line being processed with the predetermination/pre-verification number.

Providers are reminded to refer to the Predetermination Confirmation Letter for details pertaining to the approval before submitting a claim for predetermined services.

For additional information, please refer to Sections 5.2 and 5.3 of the NIHB Dental Practitioner Information Kit (DPIK), which explain how to bill for services with a predetermination/pre-verification number.

COPIES OF COMMUNICATION MATERIALS

Providers are reminded that claim submission and audit requirements are outlined in the NIHB Dental Practitioner Information Kit as well as the quarterly NIHB Dental Newsletter. It is important that your dental office retains the most current documentation to ensure compliance with the audit process.

Providers may obtain an up-to-date practitioner kit and back issues of newsletters through the NIHB website at:

www.hc-sc.gc.ca/fnihb-dgspni/fnihb/nihb

If you do not have Internet access, contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

ELECTRONIC DATA INTERCHANGE (EDI) SYSTEM FOR REAL-TIME PROCESSING

The implementation of an EDI system for real-time claim processing began in Alberta on April 1, 2003 as part of a national roll-out. Real-time claim processing will be gradually implemented in each region. Prior to regional implementation, providers registered with CDAnet and meeting specific criteria, will be contacted individually by FCH to make arrangements for real-time claim processing.

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

UPDATED NIHB DENTAL PRACTITIONER INFORMATION KIT

The updated version of the NIHB Dental Practitioner Information Kit (DPIK) is now available for printing on the NIHB website at the following URL address:

www.hc-sc.gc.ca/fnihb-dgspni/fnihb/nihb

Please replace your current copy of the NIHB DPIK with the updated version. If you do not have Internet access, contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

VALID CLIENT IDENTIFICATION NUMBER FOR RECOGNIZED INUIT

Recognized Inuit accessing NIHB benefits anywhere in Canada can use their NWT or Nunavut health care number as a valid client identification number.

For further information, please refer to Section 1.1.3 of the NIHB Dental Practitioner Information Kit (DPIK).

CLIENT CALLS

Dental practitioners are requested to direct client inquiries to the appropriate FNIHB Regional Office. Please refer to the Directory insert in the pocket of your NIHB Dental Practitioner Information Kit (DPIK) for the telephone number and address of each FNIHB Regional Office.

The FCH NIHB Toll-Free Inquiry Centre provides services to NIHB providers only.

ADDRESS CORRECTION FOR THE ORTHODONTIC REVIEW CENTRE

The address for the Orthodontic Review Centre has been updated as follows:

Orthodontic Review Centre
Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
Postal Locator 1919A
Tunney's Pasture
Ottawa, ON K1A 0L3

Providers should note that, for all orthodontic services processed by the Orthodontic Review Centre, the address of the centre is now reflected on predetermination confirmation letters.

NEXT DAY CLIENT VERIFICATION PROGRAM

The Next Day Client Verification Program is an ongoing process consisting of a review of a sample of claims the day following receipt by FCH. The process involves confirmation of the services provided to NIHB clients, and in some instances, may result in claims being reversed or reversed and reprocessed for a lower amount so that the payment is in line with the NIHB guidelines.

If providers receive a Dental Faxback Confirmation Form C, they must fax the completed form back to the FCH Audit Department within 3 days, or mail within 2 weeks. The provider must confirm the information by signing the Dental Faxback Confirmation Form C. Signature stamps are not accepted. If the faxback form is not returned, the claim is automatically reversed.

If for any reason a provider cannot adhere to the timeline, the provider must contact the FCH Audit Department to make alternate arrangements. The contact information can be found on the Dental Faxback Confirmation Form C.

For additional information on the FCH Dental Provider Audit Program, please refer to Section 8 of the NIHB Dental Practitioner Information Kit (DPIK).
