

For our Dental Practitioners

Summer 2003

NEWS AND VIEWS

Welcome to the summer 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 GRIDS FOR GENERAL PRACTITIONERS, SPECIALISTS AND DENTURISTS

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

July 1, 2003

- Northwest Territories, GP
- Nunavut, GP
- Ontario, GP/SP
- Ontario, Denturist

The new grids reflect 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**.

CLIENT CONSENT WARNING MESSAGE W82

The following warning message has been reintroduced and will be displayed for each paid claim line on your NIHB Dental Claim Statement for clients who have not provided consent:

W82 – Client has not provided consent

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

2003 PROCEDURE CODE CHANGES

Dental providers are reminded that the only procedure codes that can be used under the NIHB Program are the procedure codes currently published in the NIHB Regional Dental Benefit Grids for Dentists and Denturists. The new procedure codes (noted below in brackets) published in the 2003 suggested provincial/territorial associations fee guides cannot be accommodated at this time.

Until further notice, for First Nations and Inuit clients receiving services under the NIHB Dental Program:

- Dentists should continue to use the procedure codes identified in bold in the following list:

13502 (14502), **13701** (16201), **43311** (16511),
43312 (16512), **43611** (14611), **43612** (14612),
43621 (14621), **43622** (14622), **43623** (14623),
43629 (43629), **43631** (14631), **43711** (14711),
43712 (14712), **43721** (14721), **43722** (14722),
43731 (14731), **43732** (14732), **43733** (14733),
43739 (14739), **43741** (14741), **43801** (14811),
43802 (14812), **43811** (14821), **43812** (14822),
43813 (14823), **43819** (14829)

- Denturists should continue to use the procedure codes identified in bold in the following list:

32210 (32215), **32220** (32225), **32230** (32235),
32310 (32316), **32320** (32326), **32330** (32336),
33110 (33117), **33120** (33127), **33130** (33137),
42110 (42116), **42120** (42126), **42130** (42136),
42310 (42316), **42320** (42326), **42330** (42336),
43110 (43116), **43120** (43126), **43130** (43136)

DENTAL PROVIDER ON-SITE AUDIT UPDATE

The Non-Insured Health Benefits (NIHB) Program, the Dental Regulatory Authorities (DRA), the Canadian Dental Association (CDA) and the provincial dental associations have reached an agreement on a protocol with respect to the Dental Provider Audit Program of the NIHB Program.

The protocol has been developed to ensure that the following two objectives are met:

- Health Canada's requirement to maintain accountability for the appropriate expenditure of public funds; and
- The DRA's obligation to protect the public interest through the regulation of the profession of dentistry.

The protocol consists of three options available to each DRA. The options are as follows:

- Option A:**
Referral to the Dental Regulatory Authority (DRA);
- Option B:**
Dental Regulatory Authority/Health Canada Conjoint On-site Investigation/Audit; and
- Option C:**
Health Canada Administrative On-Site Audit.

The following list outlines the options selected by the provincial/territorial DRAs:

- Option A:**
Quebec, Ontario, Manitoba and Saskatchewan
- Option B:**
Alberta
- Option C:**
Newfoundland and Labrador, Nova Scotia, New Brunswick, Prince Edward Island, British Columbia, Yukon, Northwest Territories and Nunavut

The option selected by each DRA has been implemented and an evaluation of the effectiveness of the protocol will follow.

COORDINATION OF BENEFITS (COB)

Where a client has third party coverage for a portion of their claim with a provincial/territorial or private health care plan, **all** claim submissions must first be sent to the third party carrier. Once an Explanation of Benefits (EOB) is received from the third party carrier, the EOB must be attached to a claim and submitted to FCH for COB and payment.

For those clients with a third party coverage which covers a portion of their claim, COB for the NIHB Program will be based on the Canadian Life and Health Insurance Association (CLHIA) guidelines.

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. Upon completion of the Alberta phase, 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. In addition, providers will receive the updated NIHB Dental Practitioner Information Kit (DPIK) containing real-time claim processing procedures.

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