

For our Dental Practitioners

Spring 2006

NEWS AND VIEWS

Welcome to the spring 2006 edition of the Non-Insured Health Benefits (NIHB) quarterly newsletter. First Canadian Health (FCH) is now in its eighth 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 at **1-888-471-1111**, or send your correspondence to:

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

UP AND COMING ON THE WEB

New and easy access to NIHB Provider Information Kits is coming soon! Starting in the spring of 2006, accessing Provider Information on Health Canada's website will be quicker and easier. We are currently combining the Provider Information Kits into one central site that will allow you to view and print the material in a few simple steps.

Visit the new site at <http://www.healthcanada.gc.ca/nihb>, you can find the revised kits under 'Health Provider Information.'

CHANGES TO THE ELECTRONIC CLAIMS SUBMISSION NETWORK

Emergis Inc. completed an upgrade of its electronic claims submission network in February 2006. As a result, it is necessary that all Canadian claims processing software be reconfigured in order to permit claims submission to insurers, third party payers, and claim adjudicators via the improved network.

If your office has received a "Host Unavailable" or "Host Time Out" message while attempting to submit claims electronically, FCH recommends that you contact your software vendor for assistance in completing the necessary upgrades. If you require further information, please contact the FCH NIHB Toll Free Inquiry Centre at **1-888-471-1111**.

SUBMISSION PROCEDURES FOR STANDARD DENTAL CLAIM FORMS

When submitting claims on Standard Dental Claim Forms it is essential that the patient receiving treatment, regardless of age, be listed as the "Employee/Plan Member/Subscriber" in Part 2 of the Standard Dental Claim Form. The client ID number for a minor may closely resemble that of their parents; however, it is still a unique number identifying the patient as the subscribing plan member under the NIHB program. Accordingly, the patient's personal information, and not their parent or guardian's, should appear in Part 2 of the form.

Please contact the FCH NIHB Toll Free Inquiry Centre at **1-888-471-1111** if you require more information about submitting claims to the NIHB Program.

SUBMITTING CORRECTIONS - MANUAL CLAIMS

Providers must submit their corrections on the NIHB Dental Claim Statement or on a new claim form. Providers must also use the statement to request the reversal of paid claims. These are the only acceptable formats when submitting corrections.

If submitting for changes using the statement, please indicate any corrections or reversal requests directly beneath the relevant claim information. FCH must receive the corrected statement within 60 days of the statement date in order to re-adjudicate the claim. Please submit the entire page of the statement to ensure the availability of all information required for the prompt adjudication of the claim.

If using a new claim form; standard or NIHB Dent-29, to correct a previously submitted claim, all mandatory data elements must be present and any applicable documents attached. Please indicate the nature of the requested change in the area of the claim form marked "Dentist's comments."

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

SUBMITTING CORRECTIONS - EDI CLAIMS

Corrections and reversals for EDI claim submissions must take place on the same day as the original claim submission. If any changes are required after the day of the original claim submission, FCH must complete them manually.

When submitting corrections or reversal requests please use one of the following forms and follow the instructions from the preceding article titled "Submitting Corrections - Manual Claims":

- NIHB Dental Claim Statement
- Standard Dental Claim Form
- NIHB Dent-29 Form

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

SUBMISSIONS WITH THIRD PARTY COVERAGE

When submitting Coordination of Benefits (COB) claims to FCH, the entire Explanation of Benefits (EOB) page from the third party carrier is required. Please include all relevant information applicable to any rejection codes on the EOB including descriptions or definitions of the carrier's rejection codes. To comply with federal privacy legislation, please censor information pertaining to other clients with a dark permanent marker.

ENDODONTIC THERAPY – PREDETERMINATION REQUIREMENTS AND THE NEXT DAY CLAIMS VERIFICATION (NDCV) PROCESS

FCH would like to remind providers that the predetermination requirements for root canal therapy on bicuspid and molars (non-anterior teeth) remain mandatory. Currently, all claims submitted for code 33111 (33100 in Quebec) on bicuspid and molars (non-anterior teeth) without a predetermination number are subject to the NDCV audit. FCH reverses and returns these claims to the provider.

Please call the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111** if you have any questions regarding this or any other requirements of the NIHB program.

BILLING "IN-OFFICE/IN-HOUSE" LAB FEES

Invoices submitted for "in-office" or "in-house" lab fees must be on the dental practitioner's letterhead. It is not acceptable to add "in-house" or "in-office" charges to a lab invoice from another service provider.

For further information on submitting lab charges, please consult Section 5.4.3.2. of the NIHB Dental Practitioner Information Kit or call the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

REQUIREMENTS FOR OFFICE VERIFICATION

It is mandatory that claims submitted to FCH for payment have a provider signature stamp or original provider signature. The signature has to be that of the provider who

performed the procedure and must correspond to the provider's identification number. FCH returns claims with missing or contradictory office verification information to the provider unprocessed.

MISSING TEETH

Please remember to indicate only those teeth that are no longer present in the mouth as missing on claims submissions. Inappropriate charting of missing teeth will cause payment rejections on future claims.

If you have questions or concerns regarding missing teeth, please call the FCH NIHB Toll Free Inquiry Centre at **1-888-471-1111**.

Providers can download a current version of the NIHB Dental Practitioner Information Kit from the NIHB website at:

www.hc-sc.gc.ca/fnih-spni/pubs/nihb-ssna_e.html

Providers without internet access can contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.