

For our Dental Practitioners

Fall 2007

NEWS AND VIEWS

Welcome to the fall 2007 edition of the Non-Insured Health Benefits (NIHB) quarterly newsletter. First Canadian Health (FCH) is now in its ninth 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

NEW NIHB PROGRAM INFORMATION

PRICING UPDATES

New NIHB Dental Pricing will be in effect on **September 1, 2007** in the following provinces:

- British Columbia, General Practitioners and Specialists
- British Columbia, Denturists
- Manitoba, General Practitioners and Specialists
- Manitoba, Denturists

New NIHB Dental Pricing will be in effect on **November 1, 2007** in the following provinces:

- New Brunswick, General Practitioners and Specialists
- New Brunswick, Denturists
- Newfoundland, General Practitioners and Specialists
- Newfoundland, Denturists
- Nova Scotia, General Practitioners and Specialists
- Nova Scotia, Denturists
- Prince Edward Island, General Practitioners and Specialists
- Prince Edward Island, Denturists

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

REMOVAL OF CLIENT CONSENT WARNING MESSAGE W82

The NIHB warning message **W82 Client Has Not Provided Consent** will no longer appear on the NIHB Dental Claim Statements effective October 12th, 2007. The removal of this message will not impact claim payments in any way.

Should you have any questions regarding the removal of the W82 warning message, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

CLAIM SUBMISSIONS FOR RESTORATIVE SERVICES ON PERMANENT POSTERIOR TEETH

Where, at the same sitting, in order to conserve tooth structure, two separate restorations are performed on the same tooth involving a common surface, when one restoration might have been done, this should be considered as one restoration in assessing the fee. The claim submission will receive a warning message of **W32 Duplicate Surface On Previous Claim. Payment Limited To Unique Surfaces**. The anterior teeth policy remains the same as per the Dental Health Provider Information Kit.

A complete list of warning and rejection codes is included in the NIHB Dental Health Provider Information Kit.

NIHB PROGRAM REMINDERS

REVERSING ELECTRONIC DATA INTERCHANGE (EDI) CLAIMS

Corrections to claims submitted electronically must be completed on the same day as the original claim submission. To have a claim reversed or adjusted at a later date, make the correction on the applicable NIHB Dental Claim Statement, and submit it to FCH for adjustment.

REQUIREMENTS FOR OFFICE VERIFICATION

It is mandatory that claims submitted to FCH for payment and predeterminations submitted to First Nations and Inuit Health (FNIH) Regional Offices have a provider signature stamp or original provider signature. The signature has to be that of the provider who performed or will perform the procedure. No other signatures will be accepted.

TERMS AND CONDITIONS OF THE NIHB PROGRAM

Dentists are financially responsible for all services billed and paid to their provider number, regardless of whether they are an owner, partner and/or associate in the dental office. The submission of a claim indicates the dentist's understanding and acceptance of the Terms and Conditions of the NIHB Program, which includes administrative audit and recovery where deemed appropriate.

MANUAL SUBMISSIONS TO FCH AND FNIH

REGIONAL OFFICES

FCH would like to remind providers of the submissions that can be made with different forms associated with the NIHB Program:

Dent-29 Form

- Claims paid to providers
- Predetermination requests to FNIH Regional Offices
- Pay client claims
- Claims payable to third party
- Client reimbursement

Standard Dental Claim Form, ACDQ Dental Claim and Treatment Form, and Computer Generated Form

- Claims paid to providers
- Predetermination requests to FNIH Regional Offices

NIHB Client Reimbursement Request Form

- Client reimbursement (Providers must attach a completed Standard Dental Claim Form, Association des chirurgiens dentistes du Québec (ACDQ) Dental Claim and Treatment Form, Computer Generated Form, or NIHB Dent-29 Form. If a portion of the service was paid by a third party, providers also need to include the Explanation of Benefits).

Providers are also reminded that they are to assist NIHB clients in the completion and submission of claim forms for client reimbursements. All mandatory data elements, such as supporting documents, tooth charting, client identification, client address, band number and/or family number and date of birth, must be completed on claim forms.

Most forms associated with the program are available for download from the NIHB website. Providers can visit the "Resources and Forms" section under "Health Provider Information" at:

www.healthcanada.gc.ca/nihb

CONTACT INFORMATION FOR THE FNIH

ONTARIO REGIONAL DENTAL UNIT

Providers that wish to contact the Ontario Regional Office regarding predeterminations and post approvals may call the Toll-Free phone number **1-888-283-8885**.

To download the current version of the NIHB Dental Health Provider Information Kit from the NIHB website, visit:

www.healthcanada.gc.ca/nihb

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