EXPRESS SCRIPTS®

NIHB NEWSLETTER

NEWS AND INFORMATION FOR NIHB PROVIDERS

NIHB CLAIMS SERVICES PROVIDER WEBSITE

Non Insured Health Benefits (NIHB)

www.provider.esicanada.ca

Dental Providers

Summer 2011

NIHB Forms

Download from the
NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre
www.provider.esicanada.ca

EXPRESS SCRIPTS CANADA

Provider Claims Processing Call Centre

Inquiries and Password Resets
1-888-511-4666

Extended Hours
Monday to Friday:
6:30 a.m. to 8:30 p.m. Eastern Time
Excluding Statutory Holidays

Dental Claims

Mail Dental claims to:
Express Scripts Canada
NIHB Dental Claims
3080 Yonge Street, Suite 3002,
Toronto, ON M4N 3N1

Dental Provider Enrolment

Fax Completed
Dental Provider Enrolment Form to:
Fax No.: 905-712-0669

Other Correspondence

Mail to:
Express Scripts Canada
5770 Hurontario Street, 10th Floor
Mississauga, ON L5R 3G5

NIHB DENTAL PROGRAM

Each additional Dental Office must be enrolled in the NIHB Program with its own Office ID *prior* to services rendered

Health Canada Regional Offices

PREDETERMINATIONS

Region	Phone
Alberta	1-888-495-2516
Atlantic	1-800-565-3294
British Columbia	1-888-321-5003
Manitoba	1-877-505-0835
Northwest Territories/Nunavut/Yukon	1-888-332-9222
Ontario	1-888-283-8885
Quebec	1-877-483-5501
Saskatchewan	1-877-780-5458

Health Canada Orthodontic Review Centre

1-866-227-0943
Fax: 1-866-227-0957

Published by ♦ Express Scripts Canada ♦ 5770 Hurontario Street, 10th Floor, Mississauga, ON L5R 3G5

NEW INFORMATION

ESI Canada Rebranding Announcement

We are pleased to confirm that ESI Canada is now conducting business as Express Scripts Canada. This change represents a shift to more closely align with our Express Scripts international corporate brand.

We will no longer use the "ESI Canada" brand name or logo in our communications. Instead, we will use "Express Scripts Canada" brand name and the "Express Scripts" corporate logo.

Express Scripts Canada is a registered business name of ESI Canada, an Ontario partnership, and therefore this branding change will not affect contracts, as both names remain legally valid. Express Scripts Canada continues to be dedicated to meeting the unique needs of our clients. This branding change has been communicated to the healthcare provider community.

Forms are presently being revised with the new Express Scripts logo and will soon replace the present forms located on the NIHB Claims Services Provider Website. Please note all present forms located on the NIHB Claims Services Provider Website are valid for use.

Revised Dental Policies

As part of a standard process, the NIHB Program reviewed the following dental policies to enhance their clarity and effectiveness. The aim of the review was to improve the national adjudication process and providers' comprehension concerning the NIHB Program policies, guidelines and criteria.

To consult the content of the revised policies, please refer to the attached documents:

- Endodontic Policy
- Crown Policy
- Removable Prosthodontic Policy
- Orthodontic Policy.

New Client Reimbursement Form

In order for a client to seek reimbursement for a dental and/or an orthodontic service, they must submit the following:

- Original receipt(s) for proof of payment (credit card/debit (Interac) slips are not acceptable forms for proof of payment).
- Signed and completed (all applicable parts) NIHB Client Reimbursement Request Form; and

  One of the following:
  - Association des Chirurgiens Dentistes du Québec Dental Claim and Treatment Plan Form
  - Standard Dental Claim Form
  - Canadian Association of Orthodontics Information Form.
- A NIHB Dental Claim Form (Dent29E) completed and signed along with the original receipt and the Explanation of Benefits (EOB) statement, if applicable, is sufficient for client reimbursement.
- A detailed statement or EOB statement for all other health plan(s)/program(s), if applicable. This form explains what has been covered/paid by client's other health plan(s)/program(s).

Note Original receipts are not required when submitting the detailed statement or EOB statement as the other health plan(s)/program(s) requires them. In such cases, a copy of the original receipt is acceptable.

The new Client Reimbursement Claim Form can be found and downloaded by accessing the following link:

www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/form_reimburse-rembourse-eng.php

The NIHB Dental Claim Form (Dent29E) can be found and downloaded by accessing the following link:

www.provider.esicanada.ca/dentists.html

Procedure Codes with a Six Month Frequency Limitation

The Express Scripts Canada adjudication system uses calendar days to determine the number of days elapsed for procedure codes with a frequency limitation of six months. However, there is presently a system inefficiency which is resulting in claims being rejected with Error Code R50 - "Service claimed exceeds the maximum allowed" because the system calculation is using six months plus one day.

Express Scripts Canada is currently working on resolving this issue. In the interim, providers **must** obtain a Predetermination Number for the service.

REMINDERS

NIHB Dental Claim Forms/Requests

Please be reminded of the different types of claim forms/ requests for Dental, and the location where they should be sent upon completion:

Forms/Requests	Location
NIHB Dental Claim Forms	Express Scripts Canada
Predetermination and Client Reimbursement Requests for Orthodontic Related Services	Orthodontic Review Centre (ORC)
Predetermination and Client Reimbursement Requests for Dental Related Services	Health Canada Regional Office

Please refer to the *front page* of this NIHB Dental Newsletter for contacts.

Please note that Predeterminations (PD), post-determinations, and client reimbursement requests/inquiries must be sent to the respective Health Canada Regional Office corresponding to the region where the service will be or has been rendered and not to the Health Canada Regional Office of the client's place of residence.

Maryland Bridges

The NIHB Program published in the NIHB Newsletter, Spring 2011 that fixed bridges (alternate benefits) along with related Procedure Codes (e.g. repairs, re-cementations, re-insertions) have been classified as exclusions under the NIHB Program as of April 1, 2011. Please be advised that since Maryland Bridges are fixed bridges, they have been classified as exclusions.

Diagnostic Records Submissions

In order for Health Canada to assess a request against established policies, it is imperative for the supporting documentation to be current and of good diagnostic quality.

- **Conventional or digital radiographs (Periapical, Bitewing, Panoramic* and Cephalometric*)**
  - Taken and dated within last twelve months of the submission;
  - Good diagnostic quality (i.e., size, resolution and contrast); and
  - Mounted and labeled with the date, client name, and provider name.

  Note: If duplicate radiographs are submitted, they must identify the right or left side of the client's mouth.
- **Models:**
  - Study model: trimmed and marked or with an occlusal registration;
  - Diagnostic orthodontic model*: trimmed with occlusal registration.
- **Photographs*:**
  - Clear and of good diagnostic quality.

*Please communicate with the Health Canada Regional Office or the ORC for consideration.

When accessing the appeal process and the supporting documentation is not considered "current", please communicate with the Health Canada Regional Office or the ORC to seek consideration for updated supporting documentation.

Intraoral Radiographs and Panoramic Radiographs

In situations where, seven (7) or more intraoral radiographs have been paid under the NIHB Program, coverage of a panoramic radiograph will not be considered for the time period (60 months) and vice versa.

Dental providers are reminded that the frequency eligibility for seven (7) or more intraoral radiographs (complete series) is once in 60 months, and for a panoramic radiograph is once in 120 months, up to two (2) in a lifetime.

Alveoloplasty Procedures

The NIHB Program will consider coverage for alveoloplasty services (Procedure Code 73111; for the Québec Region 73100, 73110, 71120) only when performed in conjunction with simple extractions (Procedure Codes 71101 and 71109; for the Québec Region 71101, 71150, 71160, 71205, 77905, 71001, 71111, 71151, 71161, 71002) on the same date of service, provided that the number of extracted teeth must be at least two (2) adjacent teeth.

Complicated (Surgical) Extractions

The NIHB Program would like to remind dental providers that they need to provide radiographs when they send a PD request for complicated (surgical) extractions; and, in addition, if they submit post-determination, clinical notes are required to support their requests for Program coverage.

Submission of In-House Lab Fees for Denturists

When billing for Procedure Codes that require an In-House Laboratory Fee, please submit the Professional Fee only.

Denturists are not required to submit the internal lab fee on their manual claim submissions as the laboratory fee will automatically be added to the paid Professional Fee amount at the time of claim adjudication (based on the allowed lab fee defined within the respective fee guide). The claim form should reflect your Professional Fee and the total amount claimed for your claim submission

The claims adjudication system, determines the allowed Professional Fee amount then adds the internal lab fee (defined in the dental schedule) to the allowed Professional Fee for a **combined** payment of *Professional Fee* and *Laboratory Fee*.

Responsibilities of the Provider Claims Processing Call Centre

The Express Scripts Canada bilingual call centre is open extended hours to respond to Canada-wide telephone inquiries from enrolled Dental providers regarding the NIHB Program. Please refer to the *front page* of this newsletter for more details of the call centre.

To expedite your inquiries when contacting the call centre, please have your Express Scripts Canada unique Provider Number (*not License Number*) ready to provide to the customer service representative.

Examples of the type of calls handled through the Call Centre include:

- Verification of:
  - Client's eligibility
  - Provider enrolment
  - Claims status and benefit related questions
  - Eligible NIHB benefits and frequency limits for benefits
  - Tooth condition (absent, present).
- Explanation of:
  - Information documented in the NIHB Dental Claims Submission Kit, Provider Guide for Dental Benefits, NIHB Dental Newsletters, and NIHB Bulletins.
- Requests for the claims adjudication system communication materials to be sent by e-mail, fax or mail.

From time to time, *clients* may contact the call centre with inquiries - please advise the clients to contact their respective Health Canada Regional Office.

Electronic Funds Transfer

Electronic Funds Transfer (EFT) deposits your claim payments directly into your designated bank account on the day the payment is issued; you will still continue to receive mailed statements for reconciliation.

Using EFT to receive your claim payments will avoid the delays in the mail delivery up to two weeks depending on the region (local and within a province) and reduce the risk of misplaced or stolen cheques.

Sign up is easy as 1, 2, 3…

1. Complete the Payment Information section on the Modification to Dental Provider Information Form.
2. Sign the form and attach a VOID cheque or an official bank letter.
3. Fax or mail the form and VOID cheque or an official bank letter as indicated on the form (photocopy of VOID cheque is acceptable if faxing).

The Modification to Dental Provider Information Form can be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

Real Time Claim Submissions via Electronic Data Interchange (EDI)

Why not consider it today!

If you do not currently submit your dental claims electronically, submission of claims via Electronic Data Interchange (EDI) allows your claims to be adjudicated in real time directly from your office software so you and your client know the result of the claim immediately.

To purchase software compliant with CDAnet Electronic Claim Standard, Denturists Association of Canada (DACnet) or Réseau de l'Association des chirurgiens dentistes du Québec (ACDQ), contact your dental association for a list of certified software vendors.

Electronic Claims Submission

Dental providers may submit electronic claims up to 30 calendar days from the date the dental services were provided using EDI for real time adjudication.

This option is available to dental providers 24 hours a day, seven (7) days a week; excluding system down-time of:

- Standard service window on Fridays, 12 a.m. to 6 a.m. Eastern Time (as required)
- Maintenance service window from Sundays, 12 a.m. to 6 a.m. Eastern Time.

Same Day Claim Reversal

A claim reversal transaction is used to reverse a previously submitted and paid EDI Claim. An electronic claim may only be reversed using the EDI system on the **same day that it was submitted**.

To reverse a claim after the date of submission, follow the manual procedures outlined in the NIHB Dental Claims Submission Kit. The Kit may be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

How to Change Provider Information

It is important to inform Express Scripts Canada of any changes to your contact information as this is how we communicate with you.

Keeping Dental providers' records up-to-date will avoid unpaid claims and non-delivery of communications (e.g., Health Canada faxes, claim statements, newsletters, etc.).

A verbal request is accepted at the Provider Claims Processing Call Centre to change the following important provider information:

- Fax Number
- Phone Number
- E-mail address
- *Correction* to your current address
- Preferred communication method (e-mail, fax or mail).

All other changes to provider information must be completed on the Modification to Dental Provider Information Form, signed by the applicant, and submitted by fax or mail as indicated on the form.

These types of changes include:

- New complete address (e.g., moved)
- Name of clinic/office
- Banking information (change or setup)
- Becoming an incorporated dental provider
- No longer working at a specific clinic/office.

The Modification to Dental Provider Information Form can be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

Enrolling Additional Offices

All locations must be enrolled with Express Scripts Canada in order to avoid disruption of service for Claims processing and payment services.

If you have not already enrolled a new office, please complete and sign an Express Scripts Canada Dental Provider Enrolment Form and **fax to Express Scripts Canada at 905-712-0669**. The Enrolment Form can be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

NIHB Dental Claims Submission Kit

The NIHB Dental Claims Submission Kit and NIHB Dental Claims Submission Kit: Attachments documents have been combined into one document and entitled NIHB Dental Claims Submission Kit. In addition, various sections have been revised.

The Kit can be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

Please note, providers will be informed of the availability of the updated Kit via statement message, and by announcement on the NIHB Claims Services Provider Website.

NIHB Regional Dental Benefit Grids

All NIHB Regional Dental Benefit Grids (General Practitioners and Specialists, Denturists) for each province/territory can be located on the NIHB Claims Services Provider Website at **www.provider.esicanada.ca** along with the latest updates, errata's, and amendments.

Upon entering your username and password, within the Dental section, click **Dental Benefit Grids** and choose the province/territory of choice.

The Non-Insured Health Benefits (NIHB) Program

Important notice regarding the Endodontic Trial Project

As of April 1 2011, the Non-Insured Health Benefits (NIHB) Program has initiated a nationwide two year endodontic trial project to assess the merits, feasibility, and the appropriateness of removing the predetermination requirement for standard root canal treatment (RCT) procedures on bicuspids and first molars (more information may be found on the 'Spring 2011 Dental Newsletter' available on the Express Scripts Canada Dental Provider website: http://www.provider.esicanada.ca/)

The general conditions of the Trial Project are as follows:

- The predetermination requirement has been removed for standard root canal treatment (RCT) procedures on permanent bicuspids and first molars including the following procedure codes:
  - 33111, 33121, 33131, 33141; and
  - Québec : 33100, 33200, 33300, 33400, 33475, 33111 EN, 33121 EN, 33131 EN, 33141 EN, 33150 PA, 33160 PA, 33170 PA, 33180 PA.
- A frequency limitation of three (3) standard RCT procedures in 36 months has been system implemented for all teeth. Once the frequency has been reached, subsequent standard RCT procedures require a predetermination.
- All claimed endodontic services must meet the restorability criteria of the current Endodontic Policy.
- NIHB Headquarters (HQ) will contact providers of randomly selected paid standard root canal cases to request all supporting documentation outlined in the endodontic policy. Failure to submit required documentation may result in recoveries.
- NIHB HQ will communicate directly with treating providers for cases that did not meet the endodontic policy.
- Health Canada Regional Offices also maintain the right to request supporting documentation for paid endodontic cases which will be reviewed against the NIHB endodontic policy.

Endodontic Policy July 2011

1.0 General Principles

- Predetermination **is required** for root canal treatment (RCT) on premolars and molars. For the duration of the trial project, bicuspids and first molars do not require predetermination. However, second and third molars continue to require predetermination as per the endodontic policy.

- Predetermination **is not required** for RCT on anterior teeth (13 - 23, and 33 - 43 inclusive); however the NIHB Program reserves the right to request preoperative records to ensure compliance with the endodontic policy**.**

- There is a frequency limitation of three (3) standard RCT procedures in 36 months for all teeth. Once the frequency has been reached, subsequent standard RCT procedures require a predetermination.

- The NIHB Program will consider coverage for a RCT when both the eligibility and restorability criteria have been met and the need of the requested treatment for the health of the client is evident and supported in the documentation submitted.

- The NIHB Program will not consider coverage for a RCT for high caries risk individuals or those with generalized moderate to severe periodontal disease when there is evidence of long-standing, uncontrolled and/or untreated rampant biological disease (either caries or periodontal disease)**.**

2.0 Predetermination Documentation Requirement for Root Canal Treatment

- **Predetermination request on one of the following forms**: Complete Standard Dental Claim Form, or ACDQ Dental Claim and Treatment Form, or computer generated form, or NIHB Dent-29 Form.

- **Current conventional or digital radiographs** (within last twelve months):
  - Periapical and bitewing radiographs:
    - must be of good diagnostic quality (i.e., size, resolution, contrast); and
    - must be mounted and labelled with the date, client name and provider name.

- A panoramic radiograph may be submitted in addition to, but not in place of bitewing and periapical radiographs.

  Please note: if duplicate radiographs are submitted they must identify the right or left side of the client's mouth.

- **Comprehensive treatment plan:** from the treating dentist and/or referring dentist indicating all completed treatment and pending treatment needs including restorative, periodontal, prosthodontic, endodontic, and surgical services.

- **Notation of all missing teeth**

- **Periodontal charting, or Periodontal Screening and Recording (PSR), or Periodontal assessment**

3.0 Tooth Eligibility

The NIHB Program will consider coverage of an RCT on:
- incisors, canines, bicuspids and first molars; and
- second molars: may be considered for coverage where the first molar is missing and the second molar is in occlusion with a prosthetic or natural molar.

4.0 Tooth Restorability

The NIHB Program will consider coverage of an RCT when **all** of the following criteria are met:
- Adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on submitted radiographs with absence of furcation involvement;
- Adequate remaining non-diseased tooth structure to ensure that biologic width can be maintained during restoration; and
- A tooth that does not require any additional dental treatment such as crown lengthening, root resectioning or orthodontic treatment.

Please note:
- Incomplete approved RCT requests will be paid to the equivalent of a pulpectomy.
- The final fee for a RCT includes the cost associated with a pulpectomy/pulpotomy and open and drain within the three month period prior to the completion of the RCT, when performed by the same provider/ same office.
- The final fee for a RCT or pulpectomy/pulpotomy includes the fee for the temporary restoration and its replacement if required.

- Coverage for pulpectomy/pulpotomy is once (1) per tooth/per lifetime.
- Pulpotomies and pulpectomies are not eligible on primary incisor teeth number 51, 52, 61, 62, 71, 72, 81, 82.

The Non-Insured Health Benefits (NIHB) Program

Crown Policy July 2011

1.0 General Principles

- The Non-Insured Health Benefits Program (NIHB) will consider coverage for a crown when both the eligibility and restorability criteria have been met.
- All crowns require a predetermination.
- Only single unit metal or porcelain-fused to metal crowns are eligible under the NIHB Program.
- All basic treatment addressing any existing active biological disease (caries and periodontal), must be completed before submitting requests for crowns.
- The NIHB Program will not consider coverage for a crown:
  - to improve aesthetics;
  - to treat sensitivity due to cracked tooth syndrome, erosion, abrasion or attrition;
  - to treat stress fractures or chipping on teeth that have a minimal restoration or no restoration; and
  - for high caries risk individuals or those with generalized moderate to severe periodontal disease when there is evidence of long-standing, uncontrolled and/or untreated rampant biological disease (either caries or periodontal disease).

2.0 Predetermination Documentation Requirement for Crowns

- **Predetermination request on one of the following forms**: Complete Standard Dental Claim Form, or ACDQ Dental Claim and Treatment Form, or computer generated form, or NIHB Dent-29 Form.

- **Current conventional or digital radiographs** (within last twelve months):
  - Periapical and bitewing radiographs:
    - must be of good diagnostic quality (i.e., size, resolution, contrast); and
    - must be mounted and labelled with the date, client name and provider name.
  - A postoperative periapical radiograph must be submitted for a tooth that has been endodontically treated in the last 12 months.

- A panoramic radiograph may be submitted in addition to, but not in place of bitewing and periapical radiographs.

  Please note: if duplicate radiographs are submitted they must identify the right or left side of the client's mouth.

- **Comprehensive treatment plan:** from the treating dentist and/or referring dentist, indicating all completed treatment and pending treatment needs including restorative, periodontal, prosthodontic, endodontic, and surgical services.

- **Notation of all missing teeth**

- **Periodontal charting, or Periodontal Screening and Recording (PSR), or Periodontal assessment**

3.0 Tooth Eligibility

The NIHB Program will consider coverage of a single unit crown for:

- incisors, canines, bicuspids and first molars;
- second molars: may be considered for coverage where the first molar is missing and the second molar is in occlusion with a prosthetic or natural molar;
- clients 18 years of age and older; and
- eligible teeth, once per tooth in any eight (8) year period (96 months).

4.0 Tooth Restorability

The NIHB Program will consider coverage of a single unit crown on endodontically and non-endodontically treated teeth when **all** of the following criteria are met:

- Adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on submitted radiographs with absence of furcation involvement;
- Adequate remaining non-diseased tooth structure to ensure that biologic width is maintained and adequate ferrule is achieved during restoration;
- An extensively restored tooth (more than four adjacent surfaces), where the existing tooth structure can no longer support the direct restoration and where there is a repeated history of restoration failure;
- A tooth that does not require any additional treatment such as crown lengthening, root resectioning or orthodontic treatment; and
- Endodontically treated teeth must be proven successful as demonstrated on a postoperative periapical radiograph showing that healing has occurred.

5.0 Non-Inserted Crown Policy

The NIHB Program may consider paying up to 20% of the current NIHB professional fee and 100% of the laboratory fee, if applicable, for non-inserted crowns under the following conditions:

- The crown has been completed but not inserted due to circumstances beyond the control of the dental provider;
- The provider has made substantial efforts to contact the client to schedule an insertion appointment; and
- The provider has communicated the details of the situation in writing to the Regional Dental Office.

Please note: A non-inserted crown that has been claimed and paid in full, without complying with the above noted conditions, will result in recovery.

Health Canada Santé Canada

Your health and safety… our priority. *Votre santé et votre sécurité… notre priorité.*

The Non-Insured Health Benefits (NIHB) Program

Removable Prosthodontic Policy July 2011

1.0 General Principles

- Predetermination is required for complete and partial dentures.

- Complete and partial dentures supported by implants along with all implant related procedures are not a covered benefit under the Non-Insured Health Benefits (NIHB) Program (exclusions).

2.0 Removable Partial Dentures

2.1 General Principles

Removable partial dentures are covered once in any eight (8) year period (96 months) per arch. Within this period, replacement with any type of removable denture (including complete dentures) may not be considered for coverage; however, they may be considered for modifications as per the needs of the client.

2.2 Predetermination Documentation Requirement for Partial Dentures

- **Predetermination request on one of the following forms**: Complete Standard Dental Claim Form, or ACDQ Dental Claim and Treatment Form, or computer generated form, or NIHB Dent-29 Form.

- **Current conventional or digital radiographs** (within last twelve months):
  - Periapical radiographs of abutment teeth and bitewing radiographs:
    - must be of good diagnostic quality (i.e., size, resolution, contrast); and
    - must be mounted and labelled with the date, client name and provider name.
  - A panoramic radiograph may be submitted in addition to, but not in place of bitewing and periapical radiographs.

Canada

Please note: if duplicate radiographs are submitted they must identify the right or left side of the client's mouth.

- **Comprehensive treatment plan:** from the treating dentist and/or referring dentist indicating all completed treatment and pending treatment needs including restorative, periodontal, prosthodontic, endodontic, and surgical services.

- **Notation of all missing teeth**

- **Periodontal charting, or Periodontal Screening and Recording (PSR), or Periodontal assessment**

Please note: At the request of the Regional Dental Office, diagnostic models or other documentation may be required.

2.3 Eligibility

The NIHB Program will consider coverage for a partial denture for teeth numbered 16 to 26 and 36 to 46 inclusive, under the following conditions:

- **General conditions:**
    - All basic treatment must be completed including:
        - control of caries and of periodontal and periapical disease for all teeth; and
        - restoration of major structural defects in the abutment teeth;
    - The space to be replaced is greater than or equal to the corresponding natural teeth;
    - All abutment teeth must have a crown to root ratio of at least 1:1; and
    - If there is an existing partial denture, it must be at least eight (8) years old.

Please note: If there is evidence of periodontal disease, the NIHB Program may cover up to the cost of a removable acrylic partial denture.

- **Specific conditions:**
    - There must be one or more missing teeth in the anterior sextant; or
    - There must be two or more missing posterior teeth in a quadrant excluding second and third molars.

3.0 Complete Dentures

3.1 General Principles

- Complete dentures are covered once in any eight (8) year period per arch.
- For replacement of a standard complete denture that is at least eight (8) years old, dental providers have the option to fax their request directly to the Regional Dental Office. Dental providers must confirm clients' eligibility with Express Scripts Canada before faxing the request to the Regional Dental Office. All requests must still comply with current regional supporting documentation requirements.
- The fee for complete dentures includes three months post-insertion care including adjustments and modifications.
- The fee for immediate complete dentures includes the tissue conditioner, but not the processed reline/rebase.

3.2 Predetermination Documentation Requirement for Complete Dentures

- **Predetermination request on one of the following forms**: Complete Standard Dental Claim Form, or ACDQ Dental Claim and Treatment Form, or computer generated form, or NIHB Dent-29 Form.
- **Notation of all missing teeth or Planned Extractions**
- **Panoramic X-ray (if available)**

Please note: At the request of the Regional Dental Office, diagnostic models or other documentation may be required.

3.3 Eligibility

The NIHB Program will consider coverage for a complete denture:

- For an initial placement; or
- For replacement of an existing complete denture that is at least eight (8) years old.

4.0 Non-Inserted Removable Prosthodontic Policy

4.1 Standard Partial Dentures and Complete Dentures

The NIHB Program may consider paying up to 20% of the current NIHB professional fee and 100% of the laboratory fee, if applicable, for non-inserted dentures under the following conditions:

- The denture has been completed but not inserted due to circumstances beyond the control of the dental provider;
- The provider has made substantial efforts to contact the client to schedule an insertion appointment; and
- The provider has communicated the details of the situation in writing to the Regional Dental Office.

4.2 Immediate Dentures

The NIHB Program may consider paying up to 100% of the current NIHB professional fee and 100% of the laboratory fee, if applicable, for non-inserted immediate dentures under the following conditions:

- The provider who fabricated the immediate denture is different from the provider who was scheduled to do the extraction(s) and insertion;
- Substantial efforts have been made by both providers to contact the client to reschedule the missed extraction/insertion appointment; and
- The provider who fabricated the immediate denture has communicated the details of the situation in writing to the Regional Dental Office.

Please note: A non-inserted denture (any type) that has been claimed and paid in full, without complying with the above noted conditions, will result in recovery.

The Non-Insured Health Benefits (NIHB) Program

Orthodontic Policy July 2011

The NIHB Program covers a limited range of orthodontic services for eligible First Nations and Inuit clients when there is a severe and functionally handicapping malocclusion.

Predetermination is required for all orthodontic services.

The NIHB Program covers orthodontic services for cases characterized by the following clinical criteria:

- Dento-facial anomalies, such as cleft lip and palate - No age restriction; and
- Combination of marked skeletal discrepancy and a marked dental discrepancy (anteroposterior, transverse, and/or vertical) - Under 18 years of age.

The purpose of the orthodontic treatment must be to resolve the identified discrepancies.

The NIHB Program covers three (3) types of orthodontic treatment modalities:

1. Comprehensive treatment for severe and functionally handicapping malocclusion;
2. Limited treatment for severe and functionally handicapping malocclusion; and
3. Interceptive and/or Preventive treatment for severe and functionally handicapping malocclusion.

The overall cost for multiple phases of treatment cannot exceed the total fee of what would be charged for malocclusion of similar severity treated in one phase. For limited and interceptive/preventive treatment, the NIHB orthodontist fee is calculated by using the respective general practitioner provincial/territorial NIHB grid. Laboratory fees and adjustments costs are added to the approved professional fee. The final amount approved for an orthodontist is then adjusted with an increase of 20%.

The NIHB Program **does not** cover orthodontic treatment to address the following:

- Facial esthetics (e.g. significant crowding associated with a functional buccal segment);
- Psychological purposes (e.g. self-esteem cases);

- Temporomandibular disorders;
- Non-handicapping malocclusion (e.g. crossbite relationships without an associated significant functional shift); or
- Skeletal discrepancies with a functional pattern.