



EXPRESS SCRIPTS®

# NIHB NEWSLETTER

NEWS AND INFORMATION FOR NIHB PROVIDERS

NIHB CLAIMS SERVICES PROVIDER WEBSITE

Non Insured Health Benefits (NIHB)

[www.provider.express-scripts.ca](http://www.provider.express-scripts.ca)

Dental Providers



Summer 2012

## NIHB Forms

**Download** from the

NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre

[www.provider.express-scripts.ca](http://www.provider.express-scripts.ca)

## NIHB PROGRAM DENTAL BENEFITS

Health Canada Regional Offices

### 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

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

#### Fax Completed

#### Dental Provider Enrolment Form to:

**NEW** Toll Free Fax No.: 1-855-622-0669

#### Other Correspondence

#### Mail to:

Express Scripts Canada  
5770 Hurontario Street, 10<sup>th</sup> Floor  
Mississauga, ON L5R 3G5

### PREDETERMINATIONS

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
Québec	1-877-483-5501
Saskatchewan	1-877-780-5458

Health Canada  
Orthodontic Review Centre (ORC)

Phone No.: 1-866-227-0943

Fax No.: 1-866-227-0957

NEW INFORMATION

**Centralization of NIHB Dental Predetermination Services in Ottawa**

As part of the Government of Canada's Economic Action Plan 2012, NIHB Program will be centralizing the processing of dental predetermination services at NIHB Headquarters in Ottawa. The goal of centralization is to gain efficiencies through consolidation. Processing of dental predetermination and related services will be transferred from Health Canada Regional Offices to Ottawa in a phased approach starting September 2012. NIHB is confident that this transition will be as smooth as possible for both providers and clients.

Effective **September 1, 2012**, all **Northern Region** dental predeterminations, client reimbursements, and appeals must be sent to the new NIHB Dental Predetermination Centre (DPC) located in Ottawa.

Effective **October 1, 2012**, all **Saskatchewan Region** dental predeterminations, client reimbursements, and appeals must also be sent to the new DPC located in Ottawa.

Additional information including the address of the new Dental Predetermination Centre will be sent directly to providers. Effective dates related to the transfer from other Regions to Ottawa will follow in the fall newsletter.

Please note that all electronic and manual claims not requiring predetermination, as well as inquiries to related to client eligibility, frequency and compliance with NIHB coverage criteria, guidelines and policies, should continue to be directed to Express Scripts Canada.

**2012 NIHB Dental Fee Updates**

The NIHB Regional Dental Benefit Grids for General Practitioners (GP), Specialists (SP), and Denturists (DN) contain eligible NIHB procedure codes and fees used for the submission of dental claims. The procedure codes listed in the grids are based on the Canadian Dental Association (CDA) Uniform System of Coding and List of Services, Association des chirurgiens dentistes du Québec (ACDQ) and Fédération des dentistes spécialistes du Québec (FDSQ) Fee Guide, and Denturists Association of Canada (DAC) Fee Guide.

The 2012 NIHB dental fee updates are as follows:

NIHB Dental Fee Updates	Province/Territory
March 1, 2012	New Brunswick Newfoundland & Labrador Nova Scotia Prince Edward Island
April 1, 2012	Northwest Territories Nunavut Saskatchewan Yukon Territories
May 1, 2012	Alberta Ontario
June 1, 2012	British Columbia Québec
September 1, 2012	Manitoba

NIHB Regional Dental Benefit Grids are located on the NIHB Claims Services Provider Website along with the latest updates, errata and amendments. Upon entering your username and password, within the Dental section click **Dental Benefit Grids** and choose the current year and province/territory of choice.

**Changes Concerning the NIHB Provider Guide for Dental Benefits**

The NIHB Program would like to inform providers that as of July 2012, the NIHB Provider Guide for Dental Benefits has been renamed as follows: NIHB Dental Benefits Guide. With this change it is expected that NIHB providers and clients would be equally encouraged to seek the necessary information regarding the NIHB Program's dental benefit by consulting the guide.

In addition, the following sections of the guide were changed:

- Section 2.0 General Principles, subsection 2.7;
- Section 4.0 Payment and Reimbursement;
- Section 8.3.5 Crowns: Crown Policy, subsection 4.0 Tooth Restorability;
- Section 8.4 Endodontic Services: Endodontic Policy, subsection 4.0 Tooth Restorability;
- Section 9.0 Appendices:
  - o Subsection B, Health NIHB Regional Office Contact Information; and
  - o Subsection D, Appeal Process.

The Health Canada and Express Scripts Canada websites will be modified to reflect this change. Providers are strongly encouraged to download and use the most current version of the document to ensure continued compliance with the NIHB Program terms and conditions, policies, guidelines, and criteria.

**Mailing Orthodontic Models and Diagnostic Records**

The Orthodontic Review Centre (ORC) receives large quantities of mail each day that requires sorting and processing in preparation for review. Dental providers that submit diagnostic records for review often mail the models in a box separate from the diagnostic records which do not always arrive at the same time, which increases the time it takes for the ORC to receive all of the necessary documentation. In order to accelerate the process and avoid delays in reviewing orthodontic requests, the ORC would like to encourage dental providers to submit their orthodontic models and diagnostic records in the same packaging.

**Claim Corrections and Adjustments**

Please note adjustments to previously paid claims must be submitted to Express Scripts Canada as corrections noted on your NIHB Dental Claim Statement.

**Provider Payment (Orthodontic Treatments)**

The Orthodontic Review Centre (ORC) is responsible for assessing predetermination submissions for orthodontic treatment under the NIHB Program. Once coverage for an orthodontic treatment has been approved and the service has been rendered, dental providers are required to submit their payment requests via standard mail directly to:

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

In order to avoid delays in processing your payment request(s), **one of the following claim forms** must be **completed and signed** and submitted directly to Express Scripts Canada:

- NIHB Dental Claim Form (Dent-29);
- Standard Dental Claim Form;
- Computer generated form.

Payments can only be processed if they have all the following information. Please ensure that the following data elements are completed for payment requests:

- Predetermination number;
- Payment code (s) or specific wording;
- Provider requested fee(s);
- Third party coverage confirmation;
- Client name, registration number, address, and date of birth;
- Provider name, address, registration number; and
- Client/parent/guardian and provider signatures.

All payment inquiries must be directed to the Provider Claims Processing Call Centre. The ORC cannot respond to inquiries regarding payment. To ensure timely payment, please forward your payment requests directly to Express Scripts Canada.

### Revised NIHB Sedation and General Anaesthesia Policy

As part of an on-going Health Canada policy process, the NIHB Program reviewed its General Anaesthesia and Sedation policy to enhance its clarity and effectiveness. The main objective of the revised policy is to minimize the health risks associated with general anaesthesia for NIHB clients. The revised policy will be effective as of September 1, 2012.

The Dental Benefits Guide, and the Dental Policies Section found on the Health Canada website will be modified to reflect the revised content of the policy.

### Revised NIHB Preventive and Periodontal Policy

The NIHB Program reviewed its current Periodontal Policy. The main objective of the review was to enhance its clarity and effectiveness. The revised policy will be effective as of September 1, 2012.

The Dental Benefits Guide, and the Dental Policies Section found on the Health Canada website will be modified to reflect the revised content of the policy.

### NIHB Crown and Endodontic Policies – New Restorability Criterion

As of July 1, 2012 the NIHB Program added a new restorability criterion pertaining to its Crown and Endodontic Policies. The new criterion is as follows:

*“The NIHB Program will consider coverage of a single unit crown or a root canal treatment for an eligible tooth when the mesio-distal width is equivalent to that of the natural tooth with no loss of space due to caries or crowding.”*

The Dental Benefits Guide, and the Dental Policies Section found on the Health Canada website will be modified to reflect this addition.

### Alveoloplasty Procedures

Dental providers are informed that as of the effective date of their regional 2012 NIHB dental fee updates, the NIHB Program will consider coverage for alveoloplasty services (procedure code 73121; for Québec 73110 GP, 73121 OS) only when performed as a stand-alone procedure, not in conjunction with extractions. Predetermination (PD) is required before proceeding with treatment.

### Frenectomy Procedures

Dental providers are informed that as of the effective date of their regional 2012 NIHB dental fee updates, the frenectomy procedures are no longer eligible services under the NIHB Program.

### REMINDERS

#### Clarification on Service Delivery – Crowns

Dental providers are reminded that only single unit metal or porcelain fused to metal crowns are eligible for coverage under the NIHB Program. All other types of crowns are exclusions under the Program and are not eligible for coverage nor considered for appeal.

If under any circumstances, a dental provider delivered a crown other than those that are eligible for coverage, billed, and was paid for by the NIHB Program, all monies will be recovered.

#### Submitting Dental Manual Claims

Express Scripts Canada is receiving a high volume of manual dental claims that are being returned due to incorrect or missing information supplied on the form (i.e., missing or incomplete payee address, missing verification/signature of provider, provider number/name and office verification do not match, etc.).

In order to ensure swift claims processing, the following information must be completed by the provider and included on the designated claim form:

#### Client Information

- Client surname, given name, address, and payee address (if different from the Client address).

#### Provider Information

- Provider number, dental provider's name, provider's address where work was completed (**must correspond with the current address in the NIHB Program's adjudication system**), and office verification/signature of provider.

#### Claim Information

- Date of service (YYYY-MM-DD), procedure code, international tooth code, tooth surfaces, professional fee, laboratory fee, total fee and total fee submitted, and Predetermination number (if applicable).

#### Client Identification

- Client identification number, band number and family number and date of birth.

**Note** Providers **must** attach the applicable Explanation of Benefits (EOB) to reflect the third party payment.

One of the following designated claim forms must be completed, signed, and submitted with the request:

- Standard Dental Claim Form, Computer generated form, and/or *NIHB Dental Claim Form* (Dent-29).

## Client Reimbursement Required Documentation

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). An original receipt, in other words an official dental office statement of account must include client's name, date of service, provider's name and/or provider's office name, description of service (s) and total amount paid.

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

- NIHB Client Reimbursement Form **completed** and **signed** ; and **one** of the following:
  - o Association des Chirurgiens Dentistes du Québec Dental Claim and Treatment Plan Form
  - o Standard Dental Claim Form
  - o Canadian Association of Orthodontics Information Form
- EOB statement for all other health plan(s)/program(s), if applicable. This statement explains what has been covered/paid by a client other health plan(s)/program(s).

**Important** A *NIHB Dental Claim Form* (NIHB Dent-29) **completed** and **signed** along with the original receipt and the EOB statement, if applicable, is sufficient for client reimbursement.

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](http://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.express-scripts.ca/dentists.html](http://www.provider.express-scripts.ca/dentists.html)

## Prosthetic Policy

### Eligibility within frequency

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 (partial and complete dentures) may not be considered for coverage; however, they may be considered for modifications as per the needs of the client.

### Predetermination (PD) fax option

Dental providers have the option to fax a PD request directly to their respective Health Canada Regional Office **only** for the replacement of a standard complete denture that is at least eight (8) years old. Dental providers must confirm clients' eligibility with Express Scripts Canada before faxing the request. All requests must still comply with current regional supporting documentation requirements.

### Billing requirement

When claiming for dentures, dental providers are reminded to use the insertion appointment date as the date of service (DOS) on the claim form.

## Post-Surgical Care

Dental providers are reminded that the first post-surgical care procedure following an extraction performed by the same dental provider or different dental provider in the same office is not covered under the NIHB Program as its cost is included in the extraction fee.

Please note that in situations where a post-surgical care appointment is to treat alveolitis (dry socket), the appropriate alveolitis procedure code must be used to submit the claim (79605 or 79606; for Québec, 79601 GP, 79615 OS/PA). The treatment performed and post-operative diagnosis, must be documented in the clients' chart/progress notes.