

NEW INFORMATION

New NIHB Claims Services Provider Website

The NIHB Claims Services Provider Website has been redesigned for ease of access, and will no longer require a login ID and password. Providers can continue to access Express Scripts Canada corporate website or go directly to www.provider.express-scripts.ca. Please bookmark this address for future reference.

NIHB Dental Predetermination Centre Updates

September 2015 marked two years of centralization of the processing of dental predetermination (PD) services at NIHB Headquarters in Ottawa.

The NIHB Program has worked to make this transition as smooth as possible for providers and clients, and has remained committed to adopting efficiencies in an effort to reach excellence in service delivery. As a result, the NIHB Dental Predetermination Centre (DPC) is pleased to report that the current PD turnaround time has been maintained at the established standard of ten (10) business days.

The NIHB Program thanks all dental providers for their patience and continued commitment to provide oral health services to First Nations and Inuit clients.

Choose Fax Option to Receive Your Predetermination Letters

In order to reduce the time it takes to receive the outcome of PD submissions, providers are strongly encouraged to select fax as their preferred method of receiving PD letters. Providers will receive PD letters on the same day that PD adjudications are complete, when sent by fax as opposed to mail.

To change your PD communication preference from mail to fax, please complete and submit section A of the NIHB Program Modification to Dental Provider Information Form found at www.provider.express-scripts.ca/documents/Dental/Forms/English/NIHB_Program_Modification_to_Dental_Provider_Information_Form.pdf or contact the Express Scripts Canada Provider Claims Processing Call Centre.

If you wish to receive general NIHB Program communications (e.g. newsletters) by email, rather than mail or fax, you may make this change or selection at the same time.

Change to Denturist Additional Repair Materials (ARM) Procedure Codes

As a result of collaboration between the NIHB Program and The Denturist Association of Canada (DAC), as of October 19, 2015, the following Additional Repair Materials (ARM) procedure codes are categorized as eligible services under the NIHB Program: 71310, 71311, 71313, 71314, 71315, 71010 and 72021.

These codes are assigned a fixed internal lab fee only and are to be used, when appropriate, in addition to eligible regular repair procedure codes. (The NIHB eligible regular repair procedure codes are the following: 36110, 36120, 46110, 46120, 36210, 36220, 46210, 46220, 46310 and 46320. Please be reminded that these procedure codes have a frequency limitation of 1 (one) per prosthesis in any 12-month period).

Denturist enrolled with the NIHB Program are invited to consult the Express Scripts Canada website at www.provider.express-scripts.ca, and download a copy of their respective NIHB fee grid including information on these new procedure codes and their applicable fees.

It is important to note that NIHB will consider coverage for these specified ARM procedure codes only when claimed in conjunction with eligible regular repair procedure codes on the same date of service (DOS). Cases of non-compliance with this policy, including submissions of one or more of these ARM codes as stand-alone procedures, will be subject to audit and result in payment reversal. Providers are reminded to retain clear and detailed documentation in client records and charts to support each claim, in accordance with provincial/territorial and federal regulations and NIHB Program requirements. Please note that a procedure code or procedure name on its own in a client record is not sufficient to support payment.

These specified ARM procedure codes, as with the eligible regular repair procedure codes, do not require a PD and can be sent directly to Express Scripts Canada for payment **except** where a submission involves multiple claim lines for the same ARM code for the same client on the same DOS (see examples below). Denturists must send submissions involving multiple claim lines for the same ARM code as post-determinations (post-approvals) to the DPC for review. If such submissions are sent directly to Express Scripts Canada and not supported by a PD number, only the first ARM claim line will be paid and all duplicate ARM claim lines will be rejected. The rejected claim lines will then need to be submitted to the DPC for review. (Examples provided on the following page.)

NIHB Program and Express Scripts Canada Contact Information can be found on the last page of this NIHB Newsletter.

www.provider.express-scripts.ca

Published jointly by Express Scripts Canada and Health Canada

Examples:

- 1) Submission to be sent directly to ESC:
46310 – Partial Maxillary, Additions/Teeth/Clasps
71313 – Additional tooth
- 2) Submission to be sent to DPC for post-determination:
46310 – Partial Maxillary, Additions/Teeth/Clasps
71313 – Additional tooth
71313 – Additional tooth

NIHB Annual Report 2013/2014

Providers may wish to consult the Program's Annual Report, which provides national and regional data on the Program's eligible client population, expenditures, benefit utilization and NIHB's efforts in the area of client safety. A summary of the 2013/2014 NIHB Annual Report can be found at: www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/2014_rpt/index-eng.php, where you can also order a copy of the report.

REMINDERS

IMPORTANT: Mailing Address for Submitting Predetermination Requests

Dental providers must mail all PD requests to the NIHB DPC in Ottawa. Sending PD requests to Express Scripts Canada or to regional offices will result in delays.

NIHB Audit Program

The objective of the NIHB Audit Program is to ensure the Program is appropriately billed by providers for the benefits and services provided in compliance with ESC's Dental Claims Submission Kit and NIHB's Dental Benefits Guide, including:

- Detecting and preventing inappropriate billing practices
- Ensuring that providers have retained the appropriate supporting documentation, meeting both provincial/territorial and federal regulations as well as Program requirements to support each claim
- Ensuring that services paid for by the Program have been received by clients (for example, the service billed on behalf of a client was received by that client)
- Ensuring that the services were received by eligible clients
- Validating active licensure of providers

In order to meet this objective, providers may be subject to the following administrative audits:

- **Next Day Claims Verification**
The Next Day Claims Verification (NDCV) Program consists of a review of claims submitted by providers the day following receipt by Express Scripts Canada. The provider is requested to submit records for an administrative review.
- **Client Confirmation Program**
Confirmation consists of a monthly mailing to a randomly selected sample of clients to confirm the receipt of the service that has been billed on their behalf.

- **Provider Profiling Program**

Profiling consists of a review of the billings of all providers against selected criteria and the determination of the most appropriate follow up activity.

- **Desk Audit Program**

This consists of a review of a defined sample of claims focusing on a particular issue evident in a provider's billings. The provider is requested to submit records for administrative review.

- **On-Site Audit Program**

An on-site audit consists of the selection of a sample of claims to be validated against client records through an on-site audit. Providers may be selected as a result of information gained through the other components of the NIHB Audit Program, and any additional information received.

Documentation Requirements for Audit Purposes

Providers must retain client records and charts, electronic hard copies, in accordance with provincial/territorial requirements which support the services rendered and claimed. When reviewing documentation for audit purposes, Express Scripts Canada uses the descriptions outlined in the following documents: Canadian Dental Association Uniform System of Coding and List of Services, *Association des chirurgiens dentistes du Québec (ACDQ)* – Fee Guide and Description of Dental Treatment Services, Denturist Association of Canada Fee Guide and/or Provincial/Territorial Dental Fee Guides (Denturists, General Practitioners and Specialists) excluding Alberta.

Detailed information regarding the Audit Program is located in Express Scripts Canada Dental Claims Submission Kit, (section 5). A current version can be found at www.provider.express-scripts.ca or by contacting the Provider Claims Processing Call Centre.

Clarification on Service Delivery for Crowns

As indicated in the Spring 2014 NIHB Newsletter, **only** single unit metal (27301; QC: 27300 GP, 27202 PR) and porcelain fused to metal (27211; QC: 27210 GP, 27225 PR) crowns are eligible for coverage under the NIHB Program. All other crowns are excluded under the Program and are not eligible for coverage or considered for appeal.

The NIHB Program will **not** consider the re-submission for payment in a situation where a provider decides to remove the ineligible crown inserted initially (e.g. zirconia, e-max, etc.) and replace it with an eligible crown. Claim payments for crowns must not be submitted for payment prior to the cementation/insertion date.

Laboratory Fee Submission

Where there is a commercial laboratory charge in conjunction with professional services provided, the commercial laboratory amount shown on the claim form must be the exact amount on the commercial laboratory invoice/receipt. When several commercial laboratory charges occur for one service, the laboratory charges are to be consolidated into one total charge on the claim form.

Keep copies of all commercial laboratory invoices/receipts as per the record keeping guidelines that are specific to the provincial/territorial regulatory body. They are requested for the purposes of claims validation.

Please ensure all applicable lab invoices are submitted (as well as chart notes related to the date of service) at the time of an audit request.

Dental Provider Verification on Claim Forms

Dental providers must sign the completed claim form or use the registered signature stamp provided by their dental association. Signatures and initials from other staff members are not acceptable on claim forms and will be returned. In such situations, please resubmit the claim with the provider's signature.

Updating Your Contact Information

If your business contact information has changed, please complete and submit a Modification to Dental Provider Information Form available at www.provider.express-scripts.ca/documents/Dental/Forms/English/NIHB_Program_Modification_to_Dental_Provider_Information_Form.pdf.

NIHB PROGRAM AND EXPRESS SCRIPTS CANADA CONTACT INFORMATION

EXPRESS SCRIPTS CANADA

Provider Claims Processing

Call Centre

**Please have your Provider Number
readily available**

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 Relations

Department & Provider Enrolments

*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:

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

Other Correspondence

Mail to:

Express Scripts Canada
5770 Hurontario St., 10th Floor,
Mississauga, ON L5R 3G5

NIHB Forms

Download from the

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

www.provider.express-scripts.ca

NIHB PROGRAM DENTAL BENEFITS

NIHB Dental Predetermination Centre (DPC)

Dental Services

**Non-Insured Health Benefits
First Nations and Inuit Health Branch**

Health Canada

**Address Locator 1902D
2nd Floor, Jeanne Mance Building
200 Eglantine Driveway
Ottawa, ON K1A 0K9**

Toll Free Phone No.: 1-855-618-6291

Toll Free Fax No.: 1-855-618-6290

Orthodontic Services

**Non-Insured Health Benefits
First Nations and Inuit Health Branch**

Health Canada

**Address Locator 1902C
2nd Floor, Jeanne Mance Building
200 Eglantine Driveway
Ottawa, ON K1A 0K9**

Toll Free Phone No.: 1-866-227-0943

Toll Free Fax No.: 1-866-227-0957

PREDETERMINATIONS

British Columbia

The dental PD process will not be centralized for the BC Region. As of October 1, 2013, all PD, client reimbursement and appeal requests are handled by the British Columbia First Nations Health Authority.

British Columbia First Nations Health Authority

**757 West Hastings Street
Suite 540
Vancouver, BC V6C 3E6**

Telephone: 1-888-321-5003

Fax: 1-604-666-5815