



# NIHB NEWSLETTER

NEWS AND INFORMATION FOR NIHB PROVIDERS

NIHB CLAIMS SERVICES PROVIDER WEBSITE  
<http://provider.esicanada.ca/>

## MS&E Providers



Winter 2010

### NIHB FORMS

**Download** from the NIHB Claims Services Provider Website

<http://provider.esicanada.ca/>

or contact the  
Provider Claims Processing Call Centre

### CLAIMS PROCESSING SERVICES CONTACT INFORMATION

#### Inquiries, Password Resets, and Comments

1-888-511-4666

#### Extended Hours

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

#### Mail MS&E Claims to:

ESI Canada  
NIHB MS&E Claims  
P.O. Box 1365, Station K  
Toronto, ON  
M4P 3J4

#### Fax Completed

**MS&E Provider Agreements to:**  
Fax No.: 905-712-0669

#### Mail all Other Correspondence to:

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

### NEW Post Office Box Address for Mailing Medical Supplies and Equipment Claims

In October, ESI Canada streamlined the Non Insured Health Benefits (NIHB) paper claims process and implemented a NEW post office (P.O.) box address for mailing Medical Supplies and Equipment (MS&E) claims.

The NEW address was updated on the NIHB Medical Supplies and Equipment Claim Form and is available for download on the NIHB Claims Services Provider Website or by contacting the Provider Claims Processing Call Centre. Please continue to use your existing supply of NIHB MS&E Claim Forms prior to replenishing.

#### New Address:

ESI Canada  
NIHB MS&E Claims  
P.O. Box 1365, Station K  
Toronto, ON M4P 3J4

### Find the Information/ Forms You Require Quickly!

#### NIHB Claims Services Provider Website

The **NIHB MS&E Provider Documentation** page accessed from the **MS&E Providers** link located on the "Welcome Providers" page has undergone a re-organization to *help providers find the information and forms they require quickly!*

The **NIHB MS&E Provider Documentation** page has been reorganized into three sections as follows:

- **Registration**  
Step-by-step instructions on registration.
- **MS&E Forms**  
Forms are categorized for ease of reference and available for download in Portable Document Format (PDF) format.
- **Contacts**  
Contact information providing the hours of operation, phone and fax numbers, and addresses for the ESI Canada Provider Claims Processing Call Centre; and, a direct link to the NIHB Program located on Health Canada's website.

The forms mentioned above are provided in a PDF format. PDF files require Adobe® Acrobat® Reader® to view. To download the software, click on the link "Get ADOBE® READER®" located at the bottom of the **NIHB MS&E Provider Documentation** page.

### NIHB Provider Re-registration Hotline

On October 12, 2010, ESI Canada discontinued the use of the local and toll-free NIHB Provider Re-registration Hotline telephone numbers: 905-712-8615 and 1-888-677-0111, ext. 7015. These numbers were originally set up last year during the high volume Provider Re-registration period.

Please refer all your re-registration questions to the Provider Claims Processing Call Centre.

## NEW INFORMATION

### Changes to Benefits List

The following changes have been updated to the Benefits and Criteria - Medical Supplies and Equipment section located on Health Canada's website at:

<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/med-equip/criter/index-eng.php>

This information may also be accessed on the NIHB Claims Services Provider Website by clicking on the **Benefits and Criteria** link.

New Benefit Codes Added:	
99400899	Replacement Cosmetic Hose
99400900	Tubes/ Dome OTE - Right Set of 4 (Max. \$20)
99400901	Honey Dressings

Benefit Codes Renamed:	
99400866	Tubes/ Dome OTE - Left Set of 4 (Max. \$20)
99400449	Elastic Bandages
99400684	Footrest
99400694	Head Rest

Discontinued Benefit Codes as of December 1, 2010:	
99400728	Continent Diversion Dressing 4x4
99400452	Absorptive Dressing
99400685	Footrest, Fixed, Adult
99400686	Footrest, Adjustable, Child
99400687	Footrest, Adjustable, Adult
99400688	Footrest, L Shaped, Child
99400689	Footrest, L Shaped, Adult
99400695	Head Rest, Comp/ Design, Adult
99400696	Head Rest, Contoured, Child
99400697	Head Rest, Contoured, Adult
99400700	Head Rest, Flat, Adjust, Child
99400701	Head Rest, Flat, Adjust, Adult

Max Cat Added:	
99400398	Ostomy Barrier Powder: 3 per 3 Months (28.3 g/ 1 oz.)

**Note** Benefit code 99400452 Absorptive Dressing has been discontinued since more specific benefit codes exist for this type of item. The following benefit codes: 99400457 Gauze Abdominal Pad; 99400196 Gauze Non-sterile 2x2; and 99400756 Gauze 3x3 can be used to claim for absorbing dressing without a Prior Approval (PA).

### Revised Medical Supplies and Equipment Prior Approval Forms

The following NIHB MS&E Prior Approval Forms have been revised to a more user-friendly format, allowing providers to complete the forms online and print:

- NIHB Hearing Aid and Hearing Aid Repair Confirmation Form

- NIHB Hearing Aid and Hearing Aid Repair Prior Approval Form
- NIHB General Medical Supplies and Equipment Prior Approval Form
- NIHB Orthotics-Custom Footwear-Prosthetics-Pressure Garments Prior Approval Form
- NIHB Oxygen and Respiratory Medical Supplies and Equipment Prior Approval Form

All NIHB forms are available on the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

## REMINDERS

### Fast and Efficient Electronic Funds Transfer Claim Payments

*Electronic Funds Transfer (EFT) is free and secure.*

The electronic delivery deposits your claim payments directly into your designated bank account on the day the payment is issued and you still continue to receive mailed statements for reconciliation.

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

#### Sign up is easy as 1, 2, 3...

1. Complete the attached Modification to Pharmacy and MS&E Provider Information Form.
2. Attach a VOID cheque (photocopy is acceptable if faxing).
3. Fax or mail the form and VOID cheque to:

**Fax No.: 905-712-0669**  
 ESI Canada  
 Provider Relations  
 5770 Hurontario Street, 10th Floor  
 Mississauga, ON L5R 3G5

### Medical Supplies & Equipment Prior Approval Requests

Prior Approval (PA) requests for medical supplies and equipment, as well as amendments to an approved PA (e.g., change of item number, cost, quantity, effective date or repeats on a PA already granted) are obtained from the respective FNIH Regional Office.

A PA number starts with the letter E and is followed by seven (7) digits (e.g., E1234567). This number is entered electronically on the claims processing system, and the date of service (dispense date) may be defined on the Prior Approval Confirmation Letter. Providers are advised to retain the Prior Approval Confirmation Letter for billing purposes and/ or to validate any discrepancies. When submitting the claim, please be sure to include the date of service (dispense date) with the claim.

#### How the Provider Claims Processing Call Centre Can Assist

The customer service representatives can assist the provider by advising the status of their PA (approved, on hold or

declined); or information on how to transfer the PA request to a new provider number when ownership of the MS&E location has changed. However, the customer service representatives do *not* have the access to create or edit a PA.

**Note** Providers are still required to call their respective FNIH Regional Office to initiate a PA.

## Shipping Costs and the Use of Delivery Codes

The delivery of medical supplies and equipment must be billed separately and not included in the price of the supplies or equipment. The NIHB Program does not cover local delivery of medical items and supplies; but may cover and reimburse the delivery charges when the provider ships the medical item(s) to the client utilizing a shipping company. The provider must then provide a copy of the way bill to obtain reimbursement from the NIHB Program.

NIHB Program delivery benefit codes (all requiring a PA) are:

Delivery Charge Code	Description
99400819	Mobility Equipment
99400820	Incontinence Supplies (Ostomy)
99400262	Oxygen and Respiratory Supplies

If the item provided to the client does not fall under one of these categories, please contact your respective FNIH Regional Office.

## Provider Claims Processing Call Centre

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

The call centre is set up to receive calls from registered providers or providers who wish to register with the NIHB Program. However, from time to time clients contact the call centre with inquiries. **Please advise your clients to contact their respective Health Canada FNIH Regional Office.**

A list of the FNIH Regional Offices and phone numbers is available on Health Canada's website at:

<http://www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/nihbr-ssnar-eng.php>

## Change in Provider Information

In order to keep our provider records up-to-date and avoid unpaid claims, and non-delivery of communications (e.g., provider statements, newsletters, etc.), it is important to inform ESI Canada of any changes.

### Types of changes include:

- Name and ownership of your business
- Any provider information (e.g., address, phone, fax, e-mail address)

These changes need to be identified and completed on the attached Modification to Pharmacy and MS&E Provider Information Form and sent to ESI Canada as indicated on the form.

## Registering Additional Locations

Please be sure to register all locations with ESI Canada in order to avoid disruption of service for claims processing and payment services. Any provider claims submitted without first registering the new location with ESI Canada will be returned.

If you have not already registered the new location, please complete and submit the ESI Canada Medical Supplies & Equipment Provider Agreement as soon as possible.

The Agreement can be downloaded from the NIHB Claims Services Provider Website or requested from the Provider Claims Processing Call Centre. When completed, please fax the Agreement to ESI Canada at 905-712-0669.

**Note** Each MS&E location is assigned its *own* **Provider Number** (one Provider Number per location).

## Billing and Payment Guidelines

In order to expedite payments, providers when required are encouraged to submit manual claims **at least every two weeks** using one of the following billing methods:

- Computer generated form
- NIHB Medical Supplies & Equipment Claim Form

**Note** Reversals and corrections (with the stated reason for reversal) to previously paid claims should be submitted on your NIHB MS&E Claim Statement.

Regardless of the billing method used, all required data elements must be provided to ensure the efficient payment of claims. Data elements must be submitted in the same order as displayed on the NIHB MS&E Claim Form.

## Provider Guide for Medical Supplies & Equipment Benefits

The Provider Guide for Medical Supplies & Equipment Benefits provides information on the Health Canada NIHB Program and policies relevant to MS&E providers. It explains the extent and limitations of the NIHB Program's MS&E benefits by describing the important elements of each associated policy.

This Provider Guide is intended to supplement the information contained in the Medical Supplies & Equipment Claims Submission Kit, which explains the process for MS&E providers to submit claims for payment of services rendered to eligible NIHB clients.

Both documents are available on the NIHB Claims Services Provider Website and can be accessed once you sign in.

To locate the:

- Provider Guide for Medical Supplies & Equipment Benefits, click on the MS&E link "**Policy and Program Information**". Also available on the Health Canada website at:  
<http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/medequip/2009-prov-fourm-guide/index-eng.php>
- Medical Supplies & Equipment Claims Submission Kit, click on the MS&E link "**Claims Submission Kit**"

## Password Resets

If you require a password reset to access the NIHB Claims Services Provider Website, please contact the Provider Claims Processing Call Centre at 1-888-511-4666 (press 4 for "Technical Assistance on the Provider Website").

## Quantity Limitations for MS&E Items

MS&E items that have an annual quantity limitation must be provided and claimed for no more than a three-month period at a time. This applies to items with or without a PA number.

Items must be claimed in individual units, not packages or boxes, unless otherwise indicated (e.g., gloves) as indicated in the NIHB Medical Supplies and Equipment Claims Submission Kit.

E.g., 99400259 – Batteries for Left Hearing Aid

A maximum of fifteen (15) individual batteries can be claimed every three (3) months. Claims for MS&E items that are submitted with quantities in excess of the amount allowed during the three-month period are subject to reversal or recovery through the NIHB Audit Program.

## FOR YOUR INFORMATION

### Medical Supplies & Equipment Claims Submission Kit

The “Medical Supplies & Equipment Claims Submission Kit” and “Medical Supplies & Equipment Claims Submission Kit: Attachments” files will be combined into one PDF file entitled “NIHB Medical Supplies & Equipment Claims Submission Kit”. In addition, various sections will be revised.

The updated Medical Supplies & Equipment Claims Submission Kit will be available in the first quarter of 2011. The Kit may be viewed or downloaded from the NIHB Claims Services Provider Website or requested by contacting the Provider Claims Processing Call Centre. ESI Canada contact information can be found on the front page of this Newsletter.

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

**ESI Canada requires 10 business days advance notice for any changes to your profile.** It is the responsibility of the Provider to notify ESI Canada in writing of any changes to their required Pharmacy and/ or Medical Supplies and Equipment information. **Select ALL applicable SECTIONS to be changed:**

### CURRENT PROVIDER INFORMATION (*Mandatory*)

Provider No.: \_\_\_\_\_ Language Preference:  English  French  
 Operating Name: \_\_\_\_\_  
 Legal Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City/ Province/ Postal Code: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

#### SECTION A – OPERATING NAME CHANGE

**Effective Date:** \_\_\_\_\_  
 Same Legal Name      **Current Operating Name:** \_\_\_\_\_  
 Same Legal Name      **\*New Legal Name:** \_\_\_\_\_  
  
**\*If the Legal Name is also changed, this form is not to be used. Please complete a new ESI Canada Pharmacy Agreement / ESI Canada MS&E Provider Agreement and obtain a new Provider Number.**

#### SECTION B – ADDRESS CHANGE

**Effective Date:** \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
  
 Preferred Communication Mode: **ALL communications are sent by e-mail unless otherwise specified. Please select one:**  
 E-mail Address: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_       Mail

#### SECTION C – PAYMENT INFORMATION CHANGE (*Electronic Funds Transfer*)

**Effective Date:** \_\_\_\_\_ **ATTACH A VOID CHEQUE (do NOT send by e-mail)**  
 NEW Banking Information       REPLACE Banking Information  
 Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_  
 Branch Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
  
 Bank No.: | | | | Branch/ Transit No.: | | | | Account No.: | | | |

#### SECTION D – DISPENSING FEE CHANGE (*Non-Quebec Pharmacies ONLY*)

**Effective Date:** \_\_\_\_\_ CURRENT U&C Fee: \_\_\_\_\_ NEW U&C Fee: \_\_\_\_\_

#### SECTION E – SOFTWARE VENDOR CHANGE

**Effective Date:** \_\_\_\_\_ Software Vendor Supplier Name: \_\_\_\_\_

COMPLETED BY (Must be owner or director of the business)

\_\_\_\_\_ Full Name (please print)

\_\_\_\_\_ Position/ Title

\_\_\_\_\_ Signature

\_\_\_\_\_ Today's Date

**Return the completed, signed form (and VOID cheque, if applicable) by fax or mail to ESI Canada, Attention: Provider Relations, 5770 Hurontario St., 10<sup>th</sup> Floor, Mississauga, ON L5R 3G5, Fax No.: 905-712-0669. QUESTION OR COMMENTS? Please contact the Provider Claims Processing Call Centre at 1-888-511-4666.**