



### NEW INFORMATION

#### Billing Process for Additional Repair Materials Procedure Codes for Denturists

The additional repair materials (ARM) procedure codes (71309, 71310, 71311, 71313, 71314, 71315, 71010 and 72021) are assigned a fixed internal lab fee. They are to be used only in conjunction with, and in addition to, eligible regular repair procedure codes when appropriate.

The following regular repair procedure codes: 36110, 36120, 46110, 46120, 36210, 36220, 46210, 46220, 46310 and 46320 have a frequency limitation of one (1) per prosthesis in any 12-month period. In situations where a repair code is ineligible due to R50 (frequency is exceeded) or R29 (repair code is not eligible - exclusion), the ARM code(s) is also ineligible.

In order to avoid a claim rejection or delays in processing, please refer to the submission guidelines below when submitting a claim for ARM procedure codes:

- All submissions for eligible repair codes associated with ARM code(s) that have only one (1) claim line per specific ARM code must be sent directly to Express Scripts Canada for payment, as they do not require a predetermination (PD).
- All submissions for eligible repair codes associated with ARM code(s) that have multiple claim lines for the same ARM code must be sent to the Dental Predetermination Centre (DPC) for predetermination (PD).

#### Part A: Examples of Direct Submissions to Express Scripts Canada

Send claim to Express Scripts Canada			
Example 1: Repair which includes one (1) tooth or one (1) clasp			
Claim Line	Procedure Code	Description of Service	Fee Claimed
Line 1	46310*	Repair, Partial Maxillary, Addition of tooth or clasp	\$
Line 2	98888	Laboratory Fees	\$
<b>Total Fee Claimed</b>			<b>\$</b>

\*Fees for code 46310 include the addition of one (1) tooth or one (1) clasp.

Send claim to Express Scripts Canada			
Example 2: Repair which includes two (2) teeth or a combination of one (1) tooth and one (1) clasp			
Claim Line	Procedure Code	Description of Service	Fee Claimed
Line 1	46310*	Repair, Partial Maxillary, Addition of tooth or clasp	\$
Line 2	98888	Laboratory Fees	\$
Line 3	71313**	Additional Tooth– per tooth	\$
<b>Total Fee Claimed</b>			<b>\$</b>

\*Fees for code 46310 include the addition of one (1) tooth or one (1) clasp.

\*\*Code 71313 is to be used for the addition of any subsequent tooth.

Send to Express Scripts Canada			
Example 3: Repair of a complete upper denture and the addition of one (1) tooth.			
Claim Line	Procedure Code	Description of Service	Fee Claimed
Line 1	36110*	Repairs-Complete Upper – no impression	\$
Line 2	98888	Laboratory Fees	\$
Line 3	71310	Repair Model	\$
Line 4	71313**	Additional Tooth – per tooth	\$
<b>Total Fee Claimed</b>			<b>\$</b>

\*When the repair is solely to add teeth, the first tooth is included in the fee for code 36110.

\*\*Code 71313 is to be used for the addition of any subsequent tooth.

#### Part B: Examples of Submissions to Dental Predetermination Centre

All repairs involving the addition of three (3) or more teeth, three (3) or more clasps or a combination of teeth and clasps involving multiple lines for the same ARM code on the same date of service must be sent to the Dental Predetermination Centre (DPC) for predetermination.

Send to the DPC			
Example 1: Addition of three (3) teeth			
Claim Line	Procedure Code	Description of Service	Fee Claimed
Line 1	46310*	Partial Maxillary, Addition of tooth or clasp	\$
Line 2	98888	Laboratory Fees	\$
Line 3	71313	Additional Tooth – per tooth	\$
Line 4	71313	Additional Tooth – per tooth	\$
<b>Total Fee Claimed</b>			<b>\$</b>

\*Fees for code 46310 include the addition of one (1) tooth or one (1) clasp.

**Note:** In case of multiple claim lines for code 71313, the DPC will combine the amounts on one (1) claim line.

### Orthodontic Policy Update

Revisions to the NIHB Orthodontic Policy were completed on July 30, 2018. The revised Orthodontic Policy can be found in [section 8.8 of the NIHB Dental Benefits Guide](#).

### Special Provision for Children Up to 18 Months of Age

In order to allow time for parents to register their infants, NIHB provides coverage for unregistered infants up to 18 months of age.

For an unregistered child, providers can contact the [NIHB DPC](#) in order to request a temporary NIHB client number.

### Revised 2018 Claims Submission Kit

The 2018 Kit has been revised and is available at [provider.express-scripts.ca/dental/claims-submission-kit](http://provider.express-scripts.ca/dental/claims-submission-kit). Providers who do not have Internet access or email are invited to contact the Provider Claims Processing Call Centre to request a copy.

### REMINDERS

#### Submitting Duplicate Claim Submissions May Cause Processing Delays

Providers should avoid submitting the same claim multiple times for processing. The standard processing time for claims at Express Scripts Canada is 3 days from the date the claim is received, and submitting the same claim multiple times may result in slower processing times. Statements are available on the 1st and 16th of each month. Please check your bi-monthly statements to verify claims.

#### Requirement to Complete Part 3A of Coordination of Benefits Section of Claim Form

When filling out claim forms, providers are required to complete the Coordination of Benefits (COB) portion of PART 3A. If the client's other coverage has been terminated or if coverage is with NIHB only, the COB section should be marked "NO" for COB. Providers often forget to include the COB information and the claim is not processed without it. Express Scripts Canada will notify the provider using the Provider Return Letter that a new completed claim form is required. Fillable claim forms are available at [provider.express-scripts.ca](http://provider.express-scripts.ca).

### Partial Denture Trial Project

On February 19, 2018, the NIHB Program launched the Partial Denture Trial Project. Providers wishing to participate are asked to submit their predetermination request and completed NIHB Partial Denture Trial Project Form by fax to the dedicated toll free fax number 1 (833) 517-0378. For detailed information on the NIHB Partial Denture Trial Project, providers may refer to the [February 2018 broadcast message](#) available on Express Scripts Canada's provider website.

### Standard Root Canal Treatments are Schedule "A" Services

These procedures do **not** require predetermination, with the exception of third molars and situations where the frequency has been reached. There is a frequency limitation of three (3) root canal treatments (RCT) procedures in 36 months for all teeth. To verify eligibility, providers are encouraged to contact Express Scripts Canada directly.

Claims for RCT must be sent to Express Scripts Canada by fax, mail or by using the EDI system. Claims for clients having alternative coverage (COB) can only be sent by fax or mail. As a reminder, providers are responsible for ensuring compliance with NIHB coverage criteria and guidelines as stated in the Endodontic Policy.

In an effort to streamline processes and avoid wait times for clients and providers, the following changes have been made to the processes for requesting Schedule A endodontic services:

1. If services provided are **within frequency limitations**, a claim form must be sent directly to **Express Scripts Canada** for payment processing.
2. If services provided are **above frequency limitations**, a PD must be sent to the Dental Predetermination Centre (DPC) for review. Frequency must be verified by contacting Express Scripts Canada. The following message must be **clearly indicated** on the request:
  - "Please review – Frequency"
3. If the **provider is uncertain whether the tooth meets the** Endodontic Policy, a PD must be sent to the DPC for review. The following message must be **clearly indicated** on the request:
  - "Please review – Borderline policy compliance"

**Note:** The same processes apply for post-determination.

## NIHB PROGRAM AND EXPRESS SCRIPTS CANADA CONTACT INFORMATION

### EXPRESS SCRIPTS CANADA

Provider Claims Processing  
Call Centre

**Please have your provider number  
readily available**

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 claims to:

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

##### Fax claims to:

1 (888) 249-6098

#### Provider Relations Department

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

##### Fax Completed Enrolment Forms to:

1 (855) 622-0669

#### Other Correspondence

##### Mail to:

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

### NIHB PROGRAM DENTAL BENEFITS

#### NIHB Dental Predetermination Centre (DPC)

##### Dental Services

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

**Indigenous Services Canada  
200 Eglantine Driveway  
Address Locator 1902D  
Ottawa, ON K1A 0K9**

Toll Free Telephone 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**

**Indigenous Services Canada  
200 Eglantine Driveway  
Address Locator 1902C  
Ottawa, ON K1A 0K9**

Toll Free Telephone No.: 1 (866) 227-0943  
Toll Free Fax No.: 1 (866) 227-0957

#### PREDETERMINATIONS

##### British Columbia

The dental PD process is not centralized for the BC Region. All PD, client reimbursement and appeal requests are handled by the First Nations Health Authority.

**First Nations Health Authority  
757 West Hastings Street  
Suite 540**

**Vancouver, BC V6C 3E6**

Telephone No.: 1 (888) 321-5003  
Fax No.: 1 (604) 666-5815

#### NIHB Forms

**Download** from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre.