

For our Dental Practitioners

Fall/Winter 2001 – Spring 2002

NEWS AND VIEWS

Welcome to the combined fall/winter 2001 and spring 2002 edition of our quarterly newsletter for the year 2001-2002. We are now into our fourth year of operations as the claims processor for the NIHB Program of the First Nations and Inuit Health Branch (FNIHB) of Health Canada.

Again, FCH would like to thank you for your support as you continue to provide quality health services to First Nations and Inuit clients of the NIHB Program.

As always, your comments and questions are welcome. Please call our Toll-Free Inquiry Centre Representatives at **1-888-471-1111**, or send your correspondence to:

FCH Provider Relations
3080 Yonge Street, Suite 3002
Toronto, ON M4N 3N1

NIHB DENTAL CLAIM PROCESSING SYSTEM UPGRADES

We will be upgrading the NIHB dental claims processing system on March 30th, 31st and April 1st. As the system upgrades will occur in the background, we do not anticipate any service disruptions during these three days.

As a result of these system upgrades, the format of the NIHB PD Confirmation Letter and NIHB Dental Claims Statement will be enhanced to include new fields. System upgrades will also include new and amended reject/warning messages on the NIHB Dental Claims Statement.

Should you have questions on the upgrades to the NIHB dental claims processing system, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

NEW, CHANGED AND DELETED REJECT/WARNING MESSAGES

The NIHB dental claims processing system assigns three-character reject and warning codes that appear along with text explanations on your NIHB Dental Claims Statement. Reject codes are composed of an "R" followed by two numeric characters. The codes and corresponding text messages explain why a claim was rejected. Warning codes are composed of a "W" followed by two numeric characters. The codes and corresponding text messages explain that a claim was processed but with modifications. As part of the upgrades to the current NIHB dental claims

processing system, new messages have been introduced and some existing messages amended.

NEW MESSAGES:

- R28** CLIENT, PROVIDER OR BENEFIT DETAILS ON CLAIM DO NOT MATCH PREDETERMINATION LETTER
- R39** INVALID PROCEDURE CODE
- R43** LAB FEE MUST BE SUBMITTED FOR SPECIFIED PROCEDURE CODE
- R44** LAB OR EXPENSE FEE NOT ALLOWED FOR SPECIFIED PROCEDURE CODE
- R45** INVALID LAB OR EXPENSE PROCEDURE CODE
- R47** THRESHOLD EXCEEDED. BENEFIT REQUIRES PREDETERMINATION
- R66** DATE OF SERVICE MUST BE AFTER DOB
- W13** PLEASE NOTE CORRECTED PROVIDER NO. FOR FUTURE CLAIMS
- W27** PRE-VERIFICATION FOR THIS ITEM HAS BEEN USED UP BY PREVIOUS CLAIM
- W31** REDUCED TO MAXIMUM SURFACES ALLOWED PER TOOTH INCLUDING PREVIOUS CLAIM
- W32** DUPLICATE SURFACE ON PREVIOUS CLAIM. PAYMENT LIMITED TO UNIQUE SURFACES

AMENDED MESSAGES:

- R10** INVALID PROVIDER NO.
- R30** CLIENT HAS ALTERNATIVE COVERAGE. CONTACT FNIHB
- W10** THIS IS A CLAIM REVERSAL

EDIT FOR SAME DAY EXTRACTIONS IN THE SAME QUADRANT

The system edit for extractions on the same date of service in the same quadrant has been expanded to include all extraction procedure codes (removal of erupted teeth and surgical removals).

If a paid extraction is found in the same quadrant on the same date of service, the warning message W30 "CLAIM REDUCED FROM SINGLE TO ADDITIONAL EXTRACTION, SAME QUADRANT" will appear on your statement for the claim line in question.

SUBMISSION OF LAB FEE ON THE NIHB DENT-29 FORM

All procedure codes which are eligible for lab fees must be submitted with a professional fee amount and a lab fee amount on the same claim line. If a lab fee amount is not submitted for a lab eligible procedure code, the claim line in question will be rejected with the R43 message, "LAB FEE MUST BE SUBMITTED FOR SPECIFIED PROCEDURE CODE".

CLAIM REVERSALS

Please note, if a claim line must be reversed on a claim document, all claim lines on that claim document have to be reversed. The reversed claim will appear on the NIHB Dental Claim Statement. The W10 code will be printed next to each claim line for the reversed claim. The corresponding message ("THIS IS A CLAIM REVERSAL") will appear at the end of the statement.

PREDETERMINATION CONFIRMATION LETTER ENHANCEMENTS

The following improvements will be made to the Predetermination Confirmation Letter:

- Multiple letters produced on the same date for a provider will be mailed in one envelope.
 - The provider number will be printed following the client details.
 - Start and end dates for predetermination will be printed for each approved procedure code.
 - A reminder note 'THE ABOVE PREDETERMINATION NUMBER AND PROVIDER NO. MUST BE QUOTED ON YOUR CLAIM' is printed at the bottom.
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NIHB DENTAL CLAIM STATEMENT ENHANCEMENTS

The following improvements will be made to the NIHB Dental Claim Statement:

- Response codes (reject and warning codes) have been repositioned to the right hand side of the statement.
- Where a credit balance is owing to FCH, the credit balance portion will be expanded to include the following terms:
 - **Total Net Amount** (net amount paid for all claims on current statement).
 - **Credit Balance Forwarded** (amount owing to FCH prior to the current statement run, expressed as a negative amount).
 - **Current Credit Balance** (if applicable, the amount owing to FCH after the current statement

run, expressed as a negative amount).

Total Net Amount – Credit Balance Forwarded =
Current Credit Balance

The following fields will be added in place of the existing DOC/INV No. field on the statement:

- CLAIM/REG No. (registration number assigned by FCH).
- DOC NO. (document number from the NIHB DENT-29 form, pre-printed at the bottom right hand corner).

The following fields will be deleted from the statement:

- BAND (the client's band number).
 - FAMILY (the client's family number).
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NIHB DENT-29 FORM USED AS A CLAIM

As of August 1, 2001, claims must be submitted to FCH on NIHB DENT-29 forms printed by FCH on or after December 1998. Any other claim forms will be returned to you.

If your office claims for dental services rendered to NIHB clients using Standard Dental Claim Forms, an NIHB DENT-29 form printed after December 1998 must be attached.

Please request new NIHB DENT-29 forms from the FCH NIHB Toll-Free Inquiry Centre and destroy any NIHB DENT-29 forms currently in your office if the date on the form is prior to December 1998. (Date of form is located in bottom left hand corner margin.)

REQUIREMENT FOR CLIENT SIGNATURE

The signature of the client or parent/guardian is mandatory for all claims and must be on the NIHB DENT-29 form. **If the client signature field is not completed, the claim will be returned to the provider.**

In the case of children under the age of consent (16 years of age) who attend subsequent dental appointments without a parent or guardian, 'signature on file' must appear in the client, parent/guardian signature field on the NIHB DENT-29 form, and a **signed NIHB DENT-29 form must be retained in the patient's chart.** This is an important policy from the point of view of provider liability and program audit requirements.

CLAIM CORRECTION AND RESUBMISSION

The NIHB Dental Claims Statement must be used to reconcile your accounts and should be referenced when making inquiries. Corrections to claims must be indicated directly below the existing information on the NIHB Dental Claim Statement and a photocopy forwarded to First

Canadian Health within 60 days of the statement date for re-adjudication of the claim. **Do not alter or erase the existing information.**

Do not resubmit the claim on a new NIHB DENT-29 form, by fax, or on a photocopied NIHB DENT-29 form. Claims resubmitted by these methods will be returned.

“POST APPROVAL” OF DENTAL TREATMENT

All data elements necessary for a claim submission to FCH are mandatory for Post Approval of services on the NIHB DENT-29 form. Forward Post Approvals to the Regional FNIHB Offices for consideration. (If all data elements are included on the NIHB DENT-29 form, FNIHB will forward the document to FCH for processing once they have reviewed the form and issued a PD number where request for predetermination has been granted.) Otherwise, a back-dated PD number will be issued for eligible services and the form will be returned to you.

- ❑ NIHB DENT-29 form printed on or after December 1998 (as indicated in the bottom left margin);
- ❑ Post Approval must be written clearly at the top of the NIHB DENT-29 form;
- ❑ The 'For Claim' box should be ticked;
- ❑ A client's complete mailing address, including a postal code, must be indicated and legible;
- ❑ A provider's complete mailing address and unique provider number must be indicated and legible;
- ❑ A payee's name and address must be indicated for all clients who are under sixteen years of age if Pay Client/Guardian box is checked off;
- ❑ The signature of client over the age of 16 must be provided;
- ❑ The signature of parent/guardian must be provided for children under the age of consent or an NIHB DENT-29 form must be completed with “Signature on File” in the case of children under the age of consent, attending subsequent dental appointments without a parent or guardian. An NIHB DENT-29 form with the original parent or guardian's signature must be retained in the patient's chart;
- ❑ The office verification stamp or signature of the provider must be provided;
- ❑ Date of service must be indicated on all claim lines as well as all service details such as procedure codes, tooth codes and, as applicable, surfaces, quadrant, sextant or arch information.
- ❑ A professional fee, laboratory fee and total fee must be indicated for each procedure line;
- ❑ Pre-verification numbers must be indicated, if applicable;
- ❑ Part 2 of the NIHB DENT-29 form must be completed; and,
- ❑ Part 3 of the NIHB DENT-29 form must be completed in its entirety including missing teeth. An EOB must be attached to the NIHB DENT-29 form if

co-ordination of benefits applies.

LONG PLAIN (BAND 287)

As of October 1, 2001, the NIHB Program will no longer process dental claims for client from Long Plain Band, 287.

Claims with a date of service after October 1, 2001, regardless of whether they have been predetermined by the Regional FNIHB Offices, must be sent to the Long Plain Dental Manager for payment.

Ms. Marg Myran
A/Program Manager
Long Plain Dental Program
Box 580,
Portage la Prairie, Manitoba
R1N 3B9

For information on Long Plain client eligibility, or to obtain information on the Long Plain Dental Plan, please contact the Long Plain office at **1-888-834-9768** or fax your request for information to **(204) 252-2151**.

Until February 1, 2002, FCH will continue to forward claims submitted in error to FCH to the Long Plain Dental Manager. As of February 2, 2002, FCH will return inappropriately submitted claims to the provider for resubmission to the Long Plain Dental Manager.

ANISHINAABE MINO-AYAAWIN INC. (AMA) CLIENTS

As of October 1, 2001, the NIHB Program will no longer process dental claims for clients from Anishinaabe Mino-Ayaawin Inc. (AMA) which includes the following Bands:

Band 268 – Kinonjeoshtegon
Band 269 – Peguis
Band 271 – Lake Manitoba
Band 272 – Fairford
Band 274 – Little Saskatchewan
Band 275 – Lake St. Martin
Band 316 – Dauphin River

Claims with a date of service after October 1, 2001 regardless of whether they have been predetermined by a Regional FNIHB Office, must be sent to the AMA Dental Manager for payment.

Dr. Ron Moneczka
Program Manager
AMA Dental Program
401-286 Smith Street
Winnipeg, Manitoba
R3C 1K4

For information on AMA client eligibility, or to obtain

information on the AMA Dental Plan, please contact the AMA office at **1-888-486-4960** or fax your request for information to **(204) 943-2134**.

Until February 1, 2002, FCH will continue to forward claims submitted in error to FCH to the AMA Dental Manager. As of February 2, 2002, FCH will return inappropriately submitted claims to the provider for resubmission to the AMA Dental Manager.

NEW TELEPHONE NUMBER AND FAX NUMBER FOR THE NISGA'A VALLEY HEALTH BOARD

Dental providers requiring predetermination for services to Nisga'a First Nations must call **1-888-233-2212** or **(250) 633-5000**, or fax requests to the Nisga'a Valley Health Board NIHB office at **(250) 633-2512**.

For information on Nisga'a First Nations client eligibility, or to obtain information on the Nisga'a Valley Health Board Dental plan, please contact the Nisga'a Valley NIHB office at **1-888-233-2212**.

The Nisga'a Valley Health Board represents the following First Nations Bands:

- 671 – Gingolx (Kincolith)
- 677 – Gitlakdamix (New Aiyanih)
- 678 – Lakalzap (Greenville)
- 679 – Gitwinksihlkw (Canyon City)

Attached is a replacement NIHB Dental Practitioner Information Kit (DPIK). The revised kit includes updated dental messages, claim form, confirmation letter and statement samples resulting from the NIHB dental claims processing system upgrade. Please replace all existing kit pages with this revised kit.
