

## For our Dental Practitioners

Fall 2002

### NEWS AND VIEWS

Welcome to the fall 2002 edition of our quarterly newsletter. We are now in 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

### NEW WARNING MESSAGES: W81 AND W82

You will notice the following warning messages on your NIHB Dental Claims Statement for each line:

**W81 - Client has provided consent**

**W82 - Client has not provided consent**

You are not required to act upon these messages as they are for information purposes only.

### THRESHOLD INCREASE

The threshold at which predetermination for basic services is required has increased from \$600 to \$800 per 12 month period.

All codes indicated as 'P' in your NIHB Regional Dental Benefit Grid continue to require predetermination regardless of the threshold.

All other predetermination guidelines remain unchanged.

Should you have any questions, please contact our Toll-Free Inquiry Centre Representatives at **1-888-471-1111**.

### NEW NIHB REGIONAL DENTAL BENEFIT GRID FOR GENERAL PRACTITIONERS, SPECIALISTS AND DENTURISTS

The new NIHB Regional Dental Benefit Grid for General Practitioners, Specialists and Denturists for the following

provinces are in effect as of the dates indicated below:

#### August 1, 2002

Quebec, GP

#### September 1, 2002

Yukon, GP/SP

Manitoba, Denturist

Ontario, GP/SP

Ontario, Denturist

You should have received your new grid which reflects the change in prices. Should you have any questions, please contact our Toll-Free Inquiry Centre Representatives at **1-888-471-1111**.

### NIHB DENT-29 FORM USED AS A CLAIM

To ensure prompt payment of claims, please check the date printed in the bottom left hand corner of any NIHB Dent-29 forms currently in your office. To prevent unnecessary delays in claims processing and payment, please destroy any NIHB Dent-29 forms dated prior to December 1998. Forms printed prior to December 1998 are not accepted by FCH and will be returned to you. Supplies of the new NIHB Dent-29 forms can be requested from the FCH NIHB Toll Free Inquiry Centre at **1-888-471-1111**.

Computer generated and standard dental claim forms may be submitted if all data elements are present and a current NIHB Dent-29 form is attached. The appropriate box: "For Post Approval", "For Predetermination" or "For Claim" must be checked off on the NIHB Dent-29 form. Additionally, the "Signature of Client (Parent/Guardian)" field must be completed on the NIHB Dent-29. If it is a post approval, a predetermination or a claim for a new client, question 3B must be answered. (For further information please see DPK section 6.)

Please ensure that your FCH provider number is included on all claims submissions.

### SUBMISSION OF SUPPORTING INFORMATION WITH NIHB DENT-29 FORM USED AS A CLAIM

Dental practitioners are reminded that FCH does not require the submission of any supporting documentation, with the exception of laboratory invoices and Explanation of Benefits (EOB), for claim payment. Additional items included with your claim are unnecessary.

However, supporting documentation such as study models, radiographs and photographs should continue to be sent to

the FNIHB Regional Office in your area, or to the Orthodontic Review Centre, when appropriate, for predetermination and post approval purposes.

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### **SUBMISSION OF LABORATORY INVOICES**

Dental practitioners are reminded that laboratory invoices (original or photocopy) must be attached to the NIHB Dent-29 claim form to be eligible for reimbursement. NIHB Dent-29 forms with laboratory invoices that have been altered will be returned to the dental practitioner with a Provider Return Letter.

Invoices for in-office lab fees must be submitted on the dental practitioner's letterhead.

Should you have any questions, please contact our Toll-Free Inquiry Centre Representatives at **1-888-471-1111**.

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### **NIHB DENTAL CLAIMS STATEMENT CORRECTIONS/RESUBMISSIONS**

FCH has separate procedures for claim resubmissions (where the original has not been processed by FCH) and for corrections to claims. Using the appropriate procedure will assist in prompt claims payment.

When you have submitted an original claim for payment and have not received payment or rejection of claim information for that claim on your NIHB Dental Claims Statement you should resubmit the claim. To facilitate processing, all NIHB Dent-29 claim form resubmissions must be clearly marked "RESUBMISSION" at the top of the form. A photocopy of the original NIHB Dent-29 form for the claim can be submitted. Original copies of claims are required except in the case of claim resubmission.

When you have submitted an original claim for payment and need to make a claims correction or adjustment, you do not need to send in a new claim. Doing so will create unnecessary delays. The NIHB Dental Claims Statement should be used to reconcile accounts. Corrections to claims should be indicated directly below the existing information on the NIHB Dental Claims Statement and forwarded to FCH within 60 days of the statement date for re-adjudication of the claim.

**Please ensure that corrections made are clear and legible. Do not alter or erase the existing information. If you are submitting a photocopy of your NIHB Dental Claims Statement, please check that the photocopy is clear and complete.**

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### **NIHB DENT-29 FORM REQUIRED DATA ELEMENTS**

Section 6 of the Dental Practitioner Information Kit contains a list of the NIHB Dent-29 form required data elements.

Here are the common missing data elements that will result in the claim returned to you unprocessed:

- client and provider address (including postal code);
- client identification information;
- stamped or signed office verification, and
- client signature.

Missing required data elements will result in the NIHB Dent-29 form being returned to you unprocessed for correction.

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### **SASKATCHEWAN'S TOLL-FREE NUMBER**

Please note the toll-free number for providers calling the Saskatchewan Dental Office from outside of the Regina area: **1-877-780-5458**. The number for providers calling from the Regina area is **(306) 780-5458**.

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Attached are replacement pages for your NIHB Dental Practitioner Information Kit (DPIK). Please remove the existing pages and insert the revised ones.