

For our Dental Practitioners

Summer 2002

NEWS AND VIEWS

Welcome to the summer 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

SUBMISSION OF LABORATORY INVOICES

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

Invoices for In-Office Lab charges must be submitted on the practitioner's letterhead.

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".

NIHB DENT-29 FORM

The revised NIHB Dent-29 form has three check-boxes at the top of the form:

- FOR POST APPROVAL
- FOR PREDETERMINATION
- FOR CLAIM

In Post Approval situations the NIHB Dent-29 form

should be directed to the appropriate FNIHB Regional Office for post treatment approval.

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 will be in effect as of:

May 1, 2002

- Saskatchewan, Denturist

August 1, 2002

- Quebec, GP

September 1, 2002

- Ontario, Denturist
- Ontario, GP/SP

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

NIHB DENTAL PROVIDER AUDIT PROGRAM – NEXT-DAY QUALITY ASSURANCE PROGRAM

The **Next-Day Quality Assurance Program** implemented in 2001 consists of a review of a defined sample of claims submitted by providers the day following receipt by FCH.

As part of the Next-Day Quality Assurance Program, you may receive a short questionnaire by fax (or mail). The questionnaire (Faxback form) will ask that specific treatment details for a NIHB client be completed on the form, and faxed back (or mailed) to FCH.

These determinants are modified periodically over time, and other profile patterns are incorporated into the Next-Day Quality Assurance Program. If the information contained on the Faxback form indicates the inappropriate use of a procedure code, or if the Faxback is not completed and returned by the dental provider, claim reversals may be applied.

DENTAL PREDETERMINATION – YUKON TERRITORY

Yukon Territory providers are reminded that dental services requiring predetermination (with the exception of Orthodontic Predetermination – see article on "**Predetermination of Orthodontic Services**") must now

be obtained from the Northern Secretariat at the following address:

Northern Secretariat
First Nations and Inuit Health Branch
Health Canada
60 Queen Street
14th Floor, Address Locator 3914A
Ottawa ON K1P 5Y7

Tel.: **1-888-332-9222**
Fax: **1-800-949-2718**

PREDETERMINATION OF ORTHODONTIC SERVICES

All predetermination requests for orthodontic services must be submitted to the following address:

Orthodontic Review Centre
Non-Insured Health Benefits (NIHB)
First Nations & Inuit Health Branch (FNIHB)
Address Locator 1919A, Room 1913A
Tunney's Pasture
Ottawa ON K1A 0L3

Tel.: **1-866-227-0943**
Fax: **1-866-227-0957**

ORTHODONTIC INCREMENTAL PAYMENTS

Providers submitting more than one claim with orthodontic code P1300 (Incremental Orthodontic Payment) may receive a rejection message **R48 (PREDETERMINATION FOR THIS ITEM HAS BEEN USED UP BY PREVIOUS CLAIM)** even though the predetermination has not been fully used up.

Procedure code P1300 must be claimed in full, as approved on the Predetermination Confirmation Letter. Where incremental payments were approved, providers are required to contact the Orthodontic Review Centre to obtain a new predetermination.

In the meantime, if you receive this rejection and determine that your incremental orthodontic payment should have been paid, please contact our Toll-Free Inquiry Centre Representatives at **1-888-471-1111**.

PRE-VERIFICATION OF DENTAL SERVICES

FCH is unable to issue a pre-verification number for dental procedure codes that have already been pre-verified to another provider within the previous 6 months. A new pre-verification number can be issued once the original request is used up or expires.

PREDETERMINED SERVICES – SAME DATE OF SERVICE

Claims submitted with the same date of service, procedure code and predetermination number will result in the first claim line being paid and the remaining lines being rejected with message **R07 (THIS IS A DUPLICATE CLAIM.)**.

Should you provide multiple units of the same procedure code with the same predetermination number on the same date of service, it is necessary to have the predetermination amended to reflect the correct procedure code (e.g. 11112 + 11112 = 11114) in order to receive payment for the full fees.

PREDETERMINED SERVICES WITH CO-ORDINATION OF BENEFITS

For services requiring predetermination and where co-ordination of benefits with a primary carrier also applies, you are reminded to submit your **full** professional fee (rather than the remaining balance after payment from the primary carrier) for predetermination. The explanation of benefits (EOB) from the primary carrier indicating the expected or paid amount must also be submitted.

Failure to do so may result in a reduction in the amount paid to the provider as the Health Information Claims Processing System (HICPS) automatically calculates the difference due.

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