

For our Dental Practitioners

Winter 2002-2003

NEWS AND VIEWS

Welcome to the winter 2002-2003 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 contact 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

FUNDING OF SPACE MAINTAINERS AND MAINTENANCE OF SPACE MAINTAINERS UNDER THE NIHB PROGRAM

Since December 1, 2002, space maintainers and procedures associated with space maintainers are a funded benefit under the NIHB program only when associated with an orthodontic treatment plan. For the predetermination of orthodontic submissions for space maintainers, relevant diagnostic records including articulated models and radiographs need to be sent to the following address:

Orthodontic Review Centre
Non-Insured Health Benefits Program
First Nations and Inuit Health Branch
Address Locator 1919A, Room 1913A
Tunney's Pasture
Ottawa, Ontario K1A 0L3

To ensure prompt review, all orthodontic predetermination submissions must be sent to the address above.

NEW NIHB REGIONAL DENTAL BENEFIT GRIDS FOR GP AND SP

New NIHB Regional Dental Benefit Grids for GP and SP are in effect for the following provinces on **January 1, 2003**:

- Nova Scotia
- Newfoundland
- Prince Edward Island
- New Brunswick

Should you have any questions, please contact the FCH NIHB Toll-Free Inquiry Centre's customer service representatives at **1-888-471-1111**.

CLIENT INFORMATION ON CLAIM SUBMISSIONS

To ensure prompt payment of claims, the following client data elements must be provided on the NIHB DENT-29 form:

- Client identification number (see section 1.1 of the NIHB Dental Practitioner Information Kit)
- Surname (under which the client is registered)
- Given names (under which the client is registered)
- Date of birth (DD/MM/CCYY)

For a complete list of all other mandatory data elements for NIHB claim submissions, please refer to section 6 of the NIHB Dental Practitioner Information Kit.

PRESCRIPTION CODES

As of January 1, 2003, the following codes for prescriptions will no longer be a funded benefit under the NIHB Program in all provinces/territories:

CDA: 96101, 96102
PQ/GP: 96100, 96101

Should you have any questions, please contact the FCH NIHB Toll-Free Inquiry Centre's customer service representatives at **1-888-471-1111**.

LIBERTY HEALTH SUBMISSIONS AND FORMS

Liberty Health has not processed NIHB claim submissions since December 1, 1998. Therefore, NIHB claim or predetermination documents submitted to Liberty Health will be returned to the sender without any processing occurring through either FCH or FNIHB Regional Offices.

Please ensure NIHB claims are submitted to FCH using NIHB DENT-29 form issued after December 1, 1998, with the FCH address on the back. NIHB DENT-29 forms issued by Liberty Health are not acceptable.

To obtain a supply of up-to-date NIHB DENT-29 forms, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

REQUIREMENT FOR OFFICE VERIFICATION

It is mandatory that claims submitted to FCH for payment and predeterminations submitted to FNIHB Regional Offices have a provider signature stamp or original

provider signature. The signature has to be that of the provider who performed or will perform the procedure. No other signatures will be accepted.

CLAIM RESUBMISSION

First Canadian Health will accept correction to a previously paid claim on a NIHB Dental Claim Statement for re-processing. Corrections to claims should be indicated directly below the existing information and forwarded to FCH within 60 days of the statement date.

If a NIHB DENT-29 form is used for a correction to a previously submitted claim, then all mandatory data elements must be filled out accordingly as well as all supporting documentation (i.e. lab invoice, etc.) must be submitted with the NIHB DENT-29 form to FCH for processing.

PROVIDER CHANGE OF ADDRESS

Providers are required to inform FCH when they have a change of address. Failure to do so may result in a delay in receiving payment and will delay reception of bi-monthly statements and quarterly newsletters.

CORRECTIONS TO THE ONTARIO NIHB REGIONAL DENTAL BENEFIT GRID

The recent publication of the NIHB Regional Dental Benefit Grid which became effective September 1, 2002 has the following errors in the document which providers need to be aware of:

1. Procedure codes 43311 and 43312 on page 19 should have a "P" indicated in the PD column as predetermination for these services became necessary effective September 1, 2002.
 2. Procedure code 53714, altered cast technique, should have been published on page 24 with a price of \$104.81 for GP and \$125.77 for all dental specialists excluding oral medicine.
 3. In the introductory paragraph of section **6.0 Prosthodontics-Fixed**, page 27, the following sentence should have appeared as sentence two: "In anterior situations only, the alternate benefit for bonded external retention coverage as an exception under the NIHB Program is \$806.00 for a single arch and \$1152.00 for the combination of both arches".
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FNIHB REGIONAL OFFICE ADDRESSES

CHANGES

Atlantic

The address of the Atlantic FNIHB Regional Office has been changed. The address is as follows:

First Nations and Inuit Health Branch
Health Canada
Maritime Centre
1505 Barrington Street
15th Floor, Suite 1525
Halifax NS B3J 3Y6

Yukon, NWT and Nunavut

The postal code of the address for the Yukon, NWT and Nunavut FNIHB Regional Office at the Northern Secretariat has been changed. The address is as follows:

First Nations and Inuit Health Branch
Health Canada
14th Floor, Postal Locator 3914A
Sixty Queen Building
60 Queen Street
Ottawa ON K1A 0K9

These updates are on the January 2003 version of the NIHB DENT-29 form and the attached directory for insertion into the NIHB Dental Provider Information Kit.

Providers should note, however, that the updated address will not be on PD confirmation letters until April 2003.

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