

## For our Dental Practitioners

Summer 2005

### NEWS AND VIEWS

Welcome to the summer 2005 edition of the Non-Insured Health Benefits (NIHB) quarterly newsletter. First Canadian Health (FCH) is now in its seventh 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 the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**, or send your correspondence to:

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

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

The new *NIHB Regional Dental Benefit Grids* for general practitioners (GP), specialists (SP) and denturists (DT) for the following provinces will be in effect as of:

#### July 1<sup>st</sup>, 2005

- British Columbia, GP & SP
- Manitoba, GP & SP
- Manitoba, DT

#### August 1<sup>st</sup>, 2005

- New Brunswick, GP
- New Brunswick, DT
- Newfoundland, GP
- Newfoundland, DT
- Nova Scotia, GP
- Prince Edward Island, GP

The new grids reflect the change in prices and eligible procedures. They will be sent to you prior to the effective date.

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

### REMOVAL OF THRESHOLD

Effective July 1<sup>st</sup>, 2005, the \$800.00 threshold will be removed from the system. Rejection message **R47 (THRESHOLD EXCEEDED. BENEFIT REQUIRES PREDETERMINATION)** will no longer exist. This means that a predetermination will only be required for codes indicated as

'P' in the *NIHB Regional Dental Benefit Grid*. All other **predetermination guidelines remain unchanged.**

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

### ENDODONTIC POLICY CHANGE

**Effective July 1, 2005**, endodontic therapy on anterior teeth (13-23,33-43 inclusive) (procedure codes 33111 and 33100) may be completed without predetermination. Predetermination for bicuspid and molar teeth remains mandatory.

#### Attention:

In order to ensure payment without rejection (error code R50), and until system changes can be made, it is recommended that providers contact their FNIHB Regional Office to obtain a predetermination number that must be provided on the claim submission.

### NIHB DENT-29 FORM REQUIREMENT CHANGE

Effective July 1<sup>st</sup>, 2005, FCH and the FNIHB Regional Offices will be accepting either one of the following for manual claim, predetermination and post approvals submissions:

- Standard Dental Claim Form
- Computer generated form
- ACDQ Dental Claim and Treatment Plan Form
- NIHB DENT-29 form

It will no longer be necessary to attach a NIHB DENT-29 form to the standard dental claim form, the computer generated form or the ACDQ dental claim and treatment plan form. To avoid claims being rejected or returned unprocessed to providers, all mandatory data elements (e.g. supporting documents, tooth charting, client identification, and/or band name/band number, family number, and date of birth) must be completed on the claim form, with the exception of the client signature.

The NIHB DENT-29 form must still be used for:

- Pay client claims
- Client reimbursements
- Claims payable to a third party

Providers can have a copy of the NIHB DENT-29 Form faxed to them by contacting the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

## CHANGE OF PROVIDER CONTACT INFORMATION

Providers are reminded to contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111** when they have a change of address or telephone/fax number. Failure to do so may result in delivery delays for payments and/or important provider communication.

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## CLIENT CALLS

Dental practitioners are requested to direct client inquiries to the appropriate FNIHB Regional Office. Please refer to the Directory insert in the pocket of your *NIHB Dental Practitioner Information Kit* for the telephone number and address of each FNIHB Regional Office.

The FCH NIHB Toll-Free Inquiry Centre provides services to NIHB providers only.

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## ELECTRONIC DATA INTERCHANGE (EDI) SYSTEM FOR REAL-TIME PROCESSING

CDAnet and *Réseau ACDQ* registered providers are encouraged to submit claims to the NIHB Program using the EDI system. The EDI system quickly verifies that all claim submission requirements are met in real-time.

To register for EDI, or to determine if you have already been set up to submit NIHB claims through EDI, please call the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

For further information on electronic claim submission through EDI, please refer to your *NIHB Dental Practitioner Information Kit*.

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## REJECTED CLAIMS

First Canadian Health (FCH) is committed to ensuring that providers receive prompt payment of their NIHB claims. Many claims are rejected during adjudication due to avoidable submission errors. This leads to delays in the payment of claims.

FCH has determined that the most frequent reasons why claims are rejected on the *NIHB Dental Claim Statement* are:

### R05 CLAIMANT COULD NOT BE VERIFIED AS AN NIHB CLIENT

The client verification problem may be due to:

- The claimant has not used his or her registered surname, given names or date of birth; or
- The claimant has made an error in specifying the client identification number.

In such cases, it may only be necessary for the client to provide more accurate client identification information.

If the claimant is not registered as an NIHB client, however, the claimant must register before services can be funded by the NIHB program.

## R28 CLIENT, PROVIDER OR BENEFIT DETAILS ON CLAIM DO NOT MATCH PD LETTER

The claim has not been paid because the client, provider or benefit details on the claim do not match those on the predetermination confirmation letter. If an error was made, supply the corrected information to FCH. **If the predetermination requires an amendment, providers must contact the appropriate FNIHB Regional Office.**

Providers must refer to the NIHB Predetermination Confirmation Letter for details on predetermined services before submitting a claim to FCH.

## R49 BENEFIT REQUIRES PREDETERMINATION

Certain dental procedures require predetermination from the First Nations and Inuit Health Branch (FNIHB) in order to establish NIHB funding responsibilities. These procedures are outlined in the current *NIHB Regional Dental Benefit Grid*. To obtain a predetermination, submit the request in writing with the supporting documentation to the appropriate FNIHB Regional Office. The predetermination number must then be referenced on the manual or electronic claim submission.

## R50 FREQUENCY OF THE CLAIM EXCEEDS THE MAXIMUM ALLOWED

The claim has not been paid because the procedure code exceeds the maximum allowed, as specified in the current *NIHB Regional Dental Benefit Grid*.

To verify frequency limitations, providers are encouraged to consult their *NIHB Regional Dental Benefit Grid*, and to call the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

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## ADDRESS ON THE PREDETERMINATION CONFIRMATION LETTERS FOR ORTHODONTIC SERVICES

Effective June 1<sup>st</sup> 2005, all confirmation letters for orthodontic services will indicate the address below:

Orthodontic Review Centre  
Non-Insured Health Benefits  
First Nations and Inuit Health Branch  
Health Canada  
Graham Spry Building  
250 Lanark Avenue, 6th Floor  
Postal Locator 2006C  
Ottawa, ON K1A 0K9

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Providers can download a current version of the *NIHB Dental Practitioner Information Kit* at the NIHB website:

**[www.hc-sc.gc.ca/fnihb-dgspni/fnihb/nihb](http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/nihb)**

Providers without internet access can contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

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