

For our Dental Practitioners

Winter 2007-2008

NEWS AND VIEWS

Welcome to the Winter 2007-2008 edition of the Non-Insured Health Benefits (NIHB) quarterly newsletter. First Canadian Health (FCH) is now in its 10th 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 PROGRAM INFORMATION

PRICING UPDATES

New NIHB dental pricing will be in effect on **January 1, 2008** for:

- Ontario, General Practitioners and Specialists
- Ontario, Denturists

The new grids reflect changes in prices and eligible procedure codes. They were sent to providers prior to the effective date.

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

ELECTRONIC CLAIM SUBMISSIONS FOR DENTURISTS

FCH and the NIHB Program are pleased to announce that registered NIHB denturists can now submit their claims to FCH electronically, as long as they have a Denturist Association of Canada (DACnet™) number. Please note that the submission of electronic claims requires that the denturist's provider number be updated to a 9-digit DACnet™ compliant number. FCH will be required to update your FCH provider number accordingly.

If you are interested in submitting your claims electronically, please call the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111** to have your file updated.

CHANGES TO THE PROVIDER INFORMATION FORM

Effective March 1, 2008, the Provider Information Form will be referred to as the Provider Registration Form. Further, a new field has been added to the form where providers must indicate their status within a dental office by marking one of the following boxes:

- Associate
- Owner and/or Owner Partner

Please note that the Provider Registration Form is a two-page document. A completed and signed form must be returned to the Provider Registration Department to complete the registration process.

Should you have any questions regarding the completion of the Provider Registration Form, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

NIHB PROGRAM REMINDERS

PREDETERMINATION (PD) FOR A FREQUENCY LIMITED PROCEDURE CODE

PD numbers are authorization numbers granted by NIHB Regional Offices and may be issued, on an exception basis, for procedure codes where frequency limitations have been exceeded (i.e., scaling/root planing, radiographs, etc.).

To obtain a PD number, please refer to the procedures detailed in the NIHB Dental Health Provider Information Kit (DHPIK) – *Policies and Procedures: Predetermination: Responsibilities, Services and Definitions*.

PREDETERMINATION REQUIREMENTS FOR NIHB REGIONAL DENTAL BENEFIT GRID (SCHEDULE B)

Certain dental procedure codes require predetermination from NIHB. These procedure codes are outlined in the current *NIHB Regional Dental Benefit Grid* (Schedule B). To obtain a predetermination, providers must submit the request manually to the NIHB Regional Office.

If you have not received your copy of the *NIHB Regional Dental Benefit Grid*, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

REQUIREMENTS FOR MANUAL DENTAL CLAIM SUBMISSIONS

Providers are reminded to complete all the required data elements of one of the following: Standard Dental Claim Form, ACDQ Dental Claim and Treatment Plan Form (for Quebec), NIHB DENT-29 or computer generated form.

Failure to complete the required data elements on the form may result in the claim being returned unprocessed to the provider for completion.

Please complete all mandatory fields on the form to ensure prompt payment:

- Client's surname and given name;
- Client's complete address including postal code;
- Client signature (for Quebec only);
- Complete provider identification information including provider's name and address;
- Stamp or signed office verification/signature of provider;
- Client Identification Number - the unique number used to identify a client;
- Band Number - the 3 digit band number is only applicable to First Nations clients;
- Family Number - the 4 or 5 digit family number is only applicable to First Nations clients;
- Date of Birth - the client's complete date of birth in day-month-year format;
- Date of Service - the date on which the services were provided;
- Procedure Code - the procedure code corresponding to the applicable procedure;
- Name and Policy No. provided under any other group insurance or dental plan - mandatory on all claim submissions (if coordination of benefits applies, Explanation of Benefits (EOB) from the third party carrier must accompany the claim submission)

ORTHODONTIC REQUIREMENTS

The client's condition must meet the clinical criteria and guidelines established by the NIHB Program for their orthodontic treatment to be funded. **A predetermination must be obtained from the Orthodontic Review Centre (ORC) prior to commencing any orthodontic treatment.**

Please note: In certain circumstances, the ORC may accept a post-approval request for **diagnostic services**, subject to established NIHB guidelines and criteria. Please communicate with the ORC for more information.

1. Claim Submissions for Orthodontic Payment Codes (Not Procedure Codes)

Claims for orthodontic services can only be submitted manually. Payment codes or the exact wording of the code description must be used, otherwise the claim form will be returned to the provider unprocessed.

These are the orthodontic alpha-numeric payment codes that must be used:

Examination - payment code P1000

Diagnostic Records - payment code P1100

Diagnostic Records and Examination - payment code P1101

Initial Payment - payment code P1200

Incremental Payment - payment code P1300

Final Payment - payment code P1400

The above alpha-numeric payment codes can be found in the following section of the NIHB DHPK-*Billing and Payment: Selected Billing Rules.*

2. Predetermination Submission Requirements for Orthodontic Treatment

Submissions for predetermination of orthodontic treatment must include the following:

- Diagnostic models(trimmed)/working models (trimmed)*
- Cephalometric radiograph & tracings
- Panoramic radiograph or full mouth series*
- Photographs: intra-oral and extra-oral
- Treatment objectives*
- Client information & parent/guardian signature*
- Provider information & office verification/signature of provider*

*Identifies submission requirements for interceptive cases.

By providing complete submission requirements, the ORC can process your predetermination request in a timely manner and avoid unnecessary delays.

Please direct your correspondence, including requests for funding of orthodontic treatment, to the following address:

**Orthodontic Review Centre
Non-Insured Health Benefits
First Nations & Inuit Health Branch
Health Canada
5th Floor, Postal Locator 4005A
55 Metcalfe Street
Ottawa, ON K1A 0K9**

Providers and clients may contact the Orthodontic Review Centre toll-free number at **1-866-227-0943** or fax information to the toll-free fax at **1-866-227-0957**.

We encourage you to download the current version of the NIHB Dental Health Provider Information Kit from the NIHB website at the following address:

www.healthcanada.gc.ca/nihb

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