



ESI CANADA®

PROVIDER CLAIMS PROCESSING CALL CENTRE  
1-888-511-4666

# NIHB NEWSLETTER

NEWS AND INFORMATION FOR NIHB PROVIDERS

NIHB CLAIMS SERVICES PROVIDER WEBSITE  
<http://provider.esicanada.ca/>

## Dental Providers



Winter 2010

### NIHB FORMS

**Download** from the NIHB Claims Services  
Provider Website

<http://provider.esicanada.ca/>

or contact the  
Provider Claims Processing Call Centre

### CLAIMS PROCESSING SERVICES CONTACT INFORMATION

#### **Inquiries, Password Resets, and Comments**

1-888-511-4666

#### **Extended Hours**

Monday to Friday  
6:30 a.m. to 8:30 p.m. Eastern Time,  
Excluding Statutory Holidays

#### **Mail Dental claims to:**

ESI Canada  
NIHB Dental Claims  
3080 Yonge Street, Suite 3002  
Toronto, ON  
M4N 3N1

#### **Fax Completed**

#### **Dental Provider Enrolment Forms to:**

Fax No.: 905-712-0669

#### **Mail all Other Correspondence to:**

ESI Canada  
5770 Hurontario Street, 10<sup>th</sup> Floor  
Mississauga, ON  
L5R 3G5

### Message to Dental Providers

from

Health Canada's

### Non-Insured Health Benefits (NIHB) Program

Health Canada's NIHB Program wants to formally thank you and your staff for the important role you play in the delivery of essential oral health care services to First Nations and Inuit people across Canada. Without your commitment and participation, the Program could not function as well as it does.

We appreciate that there have been unique challenges with the shift in the Program's administration between claim processors, and we acknowledge that there have been legitimate concerns related to the Enrolment process, the Provider Audit Program, and the time it takes to process Predetermination (PD) requests and claims for payment.

We appreciate your patience and are pleased to confirm that progress has already been made toward resolution of these inconveniences. Rest assured we will continue working closely with our claims processors, your representatives, and as appropriate your Colleges to address your concerns.

Please accept our sincere thanks for your ongoing support and contributions. We are committed to keeping you updated on the progress we are making to address your concerns as we strive to simplify processes for you, your staff, and our clients.

## NEW INFORMATION

### Find the Information/ Forms You Require Quickly!

#### NIHB Claims Services Provider Website

The **NIHB Dental Provider Documentation** page accessed from the **Dental Providers** link located on the "Welcome Providers" page has undergone a re-organization to *help providers find the information and forms they require quickly!*

The **NIHB Dental Provider Documentation** page has been reorganized into three sections as follows:

- **Enrolment**  
Step-by-step instructions on enrolment.
- **Dental Forms**  
Forms are categorized for ease of reference and available for download in Portable Document Format (PDF) format.
- **Contacts**  
Contact information providing the hours of operation, phone and fax numbers, and addresses for the ESI Canada Provider Claims Processing Call Centre; and, a direct link to the NIHB Program located on Health Canada's website.

The forms mentioned above are provided in PDF format. PDF files require Adobe® Acrobat® Reader® to view. To download the software, click on the link "Get ADOBE® READER®" located at the bottom of the **NIHB Dental Provider Documentation** page.

#### NIHB Provider Re-registration Hotline

On October 12, 2010, ESI Canada discontinued the use of the local and toll-free NIHB Provider Re-registration Hotline telephone numbers: 905-712-8615 and 1-888-677-0111, ext. 7015. These numbers were originally set up last year during the high volume Provider Re-registration period.

Please refer all your re-enrolment questions to the Provider Claims Processing Call Centre.

#### 2010 NIHB Dental Fee Updates

The NIHB Regional Dental Benefit Grids contain provincial/territorial procedure codes and fees which are used for dental claims.

The grids are no longer mailed out to providers as they are available for download on the NIHB Claims Services Provider Website or by contacting the Provider Claims Processing Call Centre.

The completed 2010 NIHB dental fee updates for General Practitioners (GP), Specialists (SP), and Denturists (DN) are as follows:

NIHB Dental Fee Updates	Province/ Territory
April 1, 2010	New Brunswick (GP,SP,DN) Newfoundland & Labrador (GP,SP,DN) Nova Scotia (GP,SP,DN) Prince Edward Island (GP,SP,DN)
May 1, 2010	Nunavut (GP,SP,DN) Yukon (GP,SP,DN) Northwest Territories (GP,SP,DN) Alberta (GP,SP,DN)
July 1, 2010	Quebec (GP, SP, DN) Ontario (GP, SP) Saskatchewan (GP, SP, DN)
August 1, 2010	Manitoba (GP, SP, DN) British Columbia (GP, SP)
<b>Note 2009</b> Denturist fees still apply for <b>Ontario</b> and <b>British Columbia</b> Denturist grids as no dental fee updates were made for 2010.	

#### Important Notice Effective December 10, 2010

Revised grids will be available on December 10, 2010 on the NIHB Claims Services Provider Website with Errata letters highlighting the discrepancies for each regional grid.

We apologize for the inconvenience this may have caused and recommend you re-visit the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to download or obtain a copy of the most up-to-date grid for your province.

## REMINDERS

### Fast and Efficient Electronic Funds Transfer Claim Payments

*Electronic Funds Transfer (EFT) is free and secure.*

The electronic delivery deposits your claim payments directly into your designated bank account on the day the payment is issued and you still continue to receive mailed statements for reconciliation.

Using EFT will avoid the delays in the mail delivery up to two weeks depending on the region (local and within a province), and the risk of misplaced, or stolen cheques.

#### Sign up is easy as 1, 2, 3...

1. Complete the attached Modification to Dental Provider Information Form.
2. Attach a VOID cheque (photocopy is acceptable if faxing)
3. Fax or mail the form and VOID cheque to:

**Fax No.: 905-712-0669**

ESI Canada

Provider Relations

5770 Hurontario Street, 10th Floor

Mississauga, ON L5R 3G5

## Real Time Claim Submissions via Electronic Data Interchange (EDI)

*Why not consider it today!*

If you do not currently submit dental claims electronically, submitting your claims via EDI, your claims are expedited in *real time* directly from your office software so you and your client know the result of the claim immediately.

To purchase software compliant with CDAnet Electronic Claim Standard, Denturists Association of Canada (DACnet) or Réseau de l'Association des chirurgiens dentistes du Québec (ACDQ), contact your association for a list of certified software vendors.

## Password Resets

If you require a password reset to access the NIHB Claims Services Provider Website, please contact the Provider Claims Processing Call Centre at 1-888-511-4666 (press 4 for "Technical Assistance on the Provider Website").

## Provider Claims Processing Call Centre

To expedite your inquiries when contacting the call centre, please have your ESI Canada **Provider Number** (*not License Number*) ready to provide to the customer service representative.

The call centre is set up to receive calls from enrolled providers or providers who wish to enroll with the NIHB Program. However, from time to time clients contact the call centre with inquiries. **Please advise your clients to contact their respective Health Canada FNIH Regional Office.**

A list of the FNIH Regional Offices and phone numbers is available on Health Canada's website at:

<http://www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/nihbr-ssnar-eng.php>

## Change in Provider Information

In order to keep our provider records up-to-date and avoid unpaid claims, and non-delivery of communications (e.g., provider statements, newsletters, etc.), it is important to inform ESI Canada of any changes.

Types of changes include:

- Name and ownership of your business
- Any provider information (e.g., address, phone, fax, e-mail address)
- Becoming an incorporated business
- No longer working at a specific clinic/ office

These changes need to be identified and completed on the *attached* Modification to Dental Provider Information Form, and sent to ESI Canada as indicated on the form.

## Enrolling Additional Business Offices

Please be sure to enroll all additional offices with ESI Canada in order to avoid disruption of service for claims processing and payment services. Any provider claims submitted without first enrolling the new office with ESI Canada will be returned.

If you have not already enrolled the new office, please complete and submit the ESI Canada Dental Provider Enrolment Form as soon as possible.

The enrolment form can be downloaded from the NIHB Claims Services Provider Website or requested from the Provider Claims Processing Call Centre. When completed,

please fax the enrolment form to ESI Canada at 905-712-0669.

## Billing and Payment Guidelines

In order to expedite payments, when required providers are encouraged to submit manual claims **at least every two weeks** using one of the following billing methods:

- Standard Dental Claim Form
- Computer generated form
- ACDQ Dental Claim and Treatment Form
- NIHB Dental Claim Form (Dent-29)

**Note** Reversals and corrections (with the stated reason for reversal) to previously paid claims should be submitted on your NIHB Dental Claim Statement.

Regardless of the billing method used, all required data elements must be provided to ensure the efficient payment of claims. Data elements must be submitted in the same order as displayed on the NIHB Dental Claim Form.

## Provider Guide for Dental Benefits

The Provider Guide for Dental Benefits provides information on the Health Canada NIHB Program and policies relevant to dental providers. It explains the extent and limitations of the NIHB Program's dental benefits by describing the important elements of each associated policy, the full details of which are outlined in the NIHB Dental Policy Framework (October 2005), the relevant NIHB Dental/ Orthodontic Bulletins.

The guide is intended to supplement the information contained in the Dental Claims Submission Kit, which explains the process for dental providers to submit claims for payment of services rendered to eligible NIHB clients.

Both documents are available on the NIHB Claims Services Provider Website and can be accessed once you sign in.

To locate the:

- Provider Guide for Dental Benefits, click on the Dental link "**Policy and Program Information**". Also available on the Health Canada website at:  
<http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/dent/2009-prov-fourm-guide/index-eng.php>
- Dental Claims Submission Kit, click on the Dental link "**Claims Submission Kit**"

## Predetermination/ Post-Determination Requests – FNIH Regional Office

All Predetermination (PD) and/ or Post-Determination Requests are acquired through the respective FNIH Regional Office. However, the Provider Claims Processing Call Centre customer service representatives can inform the provider whether the request was approved or declined by the FNIH Regional Office.

### Predetermination

Predetermination (PD) is a method for the administration and adjudication of dental benefits. PD is seeking review prior to commencement of treatment and enables both the dental provider and client to understand the proposed treatment and coverage commitments.

**Post-Determination**

Post-determination (or Post-Approval) is a method for the administration and adjudication of dental benefits for service which has been rendered. This is a submission that may be considered for coverage under specific circumstances under the NIHB Program.

**Sending a Predetermination/ Post-Determination Request to the Correct Office**

Providers are reminded that requests for PDs and Post Determinations must be sent to their respective FNIH Regional Office and/ or the Orthodontic Review Centre (ORC).

Please refer to the Health Canada website addresses listed below:

- FNIH Regional Office locations  
<http://www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/nihbr-ssnar-eng.php>
- Orthodontic Review Centre  
<http://www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/nihbpa-ssnaap-eng.php#orc>

**Treatment Requiring Predetermination**

These treatments include all dental services listed in the NIHB Regional Dental Benefit Grid Schedule B (GP/SP), all denturists services displayed with a “P” (Predetermination), and any services exceeding the program limitation.

**NIHB Dental Claim Statement – W10 Message Code**

Any message code **W10** appearing beside a negative (-) dollar amount on your NIHB Dental Claim Statement is a *claim reversal*.

The negative (-) dollar amount is deducted from the Total Amount Payable.

*Sample Copy of NIHB Dental Claim Statement*

SURNAME PROF. FEE	LAB FEE	GIVEN NAMES		DATE OF BIRTH		RESPONSE CODES
		3RD PARTY	AMT CLAIMED	NET AMT		
103.78-	0.00	93.40-	10.38-	10.38-	W10	
24.65-	0.00	22.18-	2.47-	2.47-	W10	
108.96-	0.00	0.00	108.96-	108.96-	W10	
237.39-	0.00	115.58-	121.81-	121.81-		
				Total Amount Submitted:	Total Amount Payable:	
				\$8510.12	\$6773.13	
				Total Amount Paid/(Owing):	\$6773.13	

**Client's Eligibility for General Anaesthesia/ Sedation**

**General Principles**

Clients with medical or physical impairment/ conditions (e.g., severe medical/ systemic status) with extensive treatment needs, and where previous attempts in the dental chair under local anaesthesia have failed may be eligible to receive coverage for general anaesthesia or sedation.

To limit the associated risks, dental providers must ensure (where possible) that all dental services performed under general anaesthesia are completed in one session.

**Conditions**

- Clients under 12 years of age:  
Eligible First Nations and Inuit children under 12 years of age must meet all of the following criteria to receive coverage for general anaesthesia or sedation for dental services:
    - Have severe age-related behaviour management limitations
    - Previous attempts in the dental chair under local anaesthesia have failed; and
    - All deciduous teeth must be erupted.
  - Clients 12 years of age and older:  
Eligible First Nations and Inuit people 12 years of age and older must require one of the following dental treatment to receive coverage for general anaesthesia or sedation:
    - Significant surgical procedures including three or more extractions of fully or partially impacted teeth OR;
    - Full mouth clearance involving 10 or more teeth.
- Note** General anaesthesia/ sedation is not covered for the management of dental anxiety for patients 12 years of age and older.

**Clarification of the Payment Structure of the Restoration Policy**

The NIHB Program would like to clarify the payment structure/ level of the restorative policy. The restorative policy can also be found by referring to the Section 8.3 in the “Dental Provider Guide” page 10 and/ or by accessing directly the following web link:

<http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/dent/2009-prov-four-guide/index-eng.php#a83>

For restorative services on permanent anterior and posterior teeth, when performed on the same client, same tooth and same date of service, the fee is determined by counting the total number of distinct surfaces/ classes restored up to the cost of a five (5) surface/ complete tooth reconstruction restoration procedure code.

For restorative services on primary incisors, only eligible for clients under the age of five (5), when performed on the same client, same tooth and same date of service, the fee is determined by counting the total number of distinct surfaces/ classes restored up to the cost of a polycarbonate crown.

For restorative services on primary cuspids and primary molars, when performed on the same client, same tooth and same date of service, the fee is determined by counting the total number of distinct surfaces/ classes restored up to the cost of a stainless steel crown.

Bonded amalgam is covered at the rate of non-bonded amalgam.

Composite and amalgam procedures for the same client, same tooth and same date of service are covered at the rate of non-bonded amalgam.

The NIHB Program would like to thank you for your support as you continue to provide health services to First Nations and Inuit clients.

## FOR YOUR INFORMATION

### **Dental Claims Submission Kit**

The “Dental Claims Submission Kit” and “Dental Claims Submission Kit: Attachments” files will be combined into one PDF file and entitled “NIHB Dental Claims Submission Kit”. In addition, various sections will be revised.

The updated Dental Claims Submission Kit will be available in the first quarter of 2011. The Kit may be viewed or downloaded from the NIHB Claims Services Provider Website or requested by contacting the Provider Claims Processing Call Centre. ESI Canada contact information can be found on the front page of this Newsletter.

Please note, providers will be informed of the availability of the updated Kit via statement message, and announcement on the NIHB Claims Services Provider Website.





# MODIFICATION TO DENTAL PROVIDER INFORMATION FORM

ESI Canada requires 10 business days advance notice for any changes to your profile. It is the responsibility of the Provider to notify ESI Canada in writing of any changes to their required Dental information. Please complete the Provider Information Section, and ALL other applicable SECTIONS.

## PROVIDER INFORMATION (Mandatory to Complete)

Provider Number: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Preferred Communication Mode (All communications are sent by e-mail unless other specified) Select **one**:  E-mail  Fax  Mail

<input type="checkbox"/> SECTION A – CONTACT INFORMATION (Change)	
OLD ADDRESS	NEW ADDRESS
Effective Date: _____	
Clinic Name: _____	Clinic Name: _____
Street Address: _____	Street Address: _____
Suite/ P.O. Box: _____	Suite/ P.O. Box: _____
City: _____	City: _____
Province: _____ Postal Code: _____	Province: _____ Postal Code: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
E-mail Address: _____	E-mail Address: _____

<input type="checkbox"/> SECTION B – ADDITIONAL OFFICES (Set Up or Change)	
If you have more than two (2) additional offices, please provide the information on a separate page and attach.	
ADDITIONAL OFFICE #1	ADDITIONAL OFFICE #2
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French	Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French
Office ID (CDAnet/ DACnet/ ACDQ): _____	Office ID (CDAnet/ DACnet/ ACDQ): _____
Start Date: _____	Start Date: _____
Clinic Name: _____	Clinic Name: _____
Address: _____	Address: _____
City/ Prov/ Postal Code: _____	City/ Prov/ Postal Code: _____
Phone No.: _____	Phone No.: _____
Fax No.: _____	Fax No.: _____

<input type="checkbox"/> SECTION C – PAYMENT INFORMATION (Change or Set Up for Electronic Funds Transfer)
Complete the Effective Date and checkbox for attaching a sample VOID cheque to instruct ESI Canada to set up or change direct EFT PAYMENTS. This form authorizes deposits to the account and does not authorize withdrawals or any other transactions with respect to the account. All information will be treated as PRIVATE AND CONFIDENTIAL. You must advise ESI Canada promptly of any changes to bank, branch or account number.
Effective Date: _____ <input type="checkbox"/> VOID CHEQUE (Photocopy of VOID cheque is acceptable when faxing)

<input type="checkbox"/> SECTION D – OTHER CHANGES (Incorporation, Specialty Change, Change Software Vendor, Other)
Effective Date: _____ <input type="checkbox"/> Incorporation
<input type="checkbox"/> Specialty Change: _____
<input type="checkbox"/> Change Software Vendor (Name): _____
<input type="checkbox"/> Other (Description of Change): _____

Print Full Name/ Applicant Completing the Form \_\_\_\_\_ Provider Signature (NO STAMPS) \_\_\_\_\_ Date \_\_\_\_\_

Return the completed, signed form (and VOID cheque, if applicable) by fax or mail to: ESI Canada, Attention: Provider Relations, 5770 Hurontario St., 10<sup>th</sup> Floor, Mississauga, ON L5R 3G5, Fax Number: 905-712-0669. **QUESTIONS?** Contact the Provider Claims Processing Call Centre at 1-888-511-4666.