



Dental Providers



Spring 2011

NIHB Forms

Download from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre

[www.provider.esicanada.ca](http://www.provider.esicanada.ca)

Health Canada Regional Offices

Visit Health Canada's website to view a complete provincial list of Regional Offices

[www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/nihbr-ssnar-eng.php](http://www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/nihbr-ssnar-eng.php)

Provider Claims Processing Call Centre

Inquiries and Password Resets

1-888-511-4666

Extended Hours

Monday to Friday:

6:30 a.m. to 8:30 p.m. Eastern Time

Excluding Statutory Holidays

Dental Claims

Mail Dental claims to:

ESI Canada

NIHB Dental Claims

3080 Yonge Street, Suite 3002

Toronto, ON M4N 3N1

Dental Provider Enrolment

Fax Completed

Dental Provider Enrolment Form to:

Fax No.: 905-712-0669

Other Correspondence

Mail to:

ESI Canada

5770 Hurontario Street, 10<sup>th</sup> Floor

Mississauga, ON L5R 3G5

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NEW INFORMATION

**2011 NIHB Dental Fee Updates**

The Non-Insured Health Benefits (NIHB) Program recently communicated its new approach to dental compensation. The goal of this compensation model is first, to improve access to basic preventive services for the Program clients and second, to provide stable and regular increases for the Program dental providers.

The model includes the following:

- Compensation for selected basic preventive services (scaling, topical fluoride and sealants) will increase to 100% of the 2010 provincial/ territorial fee guide. This improvement in the level of coverage is made in recognition of the value of these dental services in the prevention and treatment of oral diseases.
- Most fees will increase at the rate of National CPI plus 0.5% based on the current NIHB fee grid. This compensation model was applied in a few regions some time ago and proved to offer stable yearly increases for dental providers and sustainable and cost-effective Program management. This year's increase is 2.3%.

The compensation for tooth polishing will be limited to 40% of the 2009 provincial/ territorial fee guide plus (National CPI plus 0.5%). The reduction in the level of coverage is made based on the recognized and accepted low oral benefit of this service.

**Note** Not all Specialty (SP) fees have been subject to change under this compensation model at this time. The NIHB Program is reviewing the compensation model for Specialists. Based on the schedule below, your most recent version of the NIHB Dental Grid can be found on the NIHB Claims Services Provider Website.

NIHB Dental Fee Updates	Province/ Territory
March 1, 2011	New Brunswick Nova Scotia Prince Edward Island Newfoundland & Labrador
April 1, 2011	Saskatchewan Nunavut Yukon Northwest Territories
May 1, 2011	Alberta Ontario
June 1, 2011	British Columbia Quebec
July 1, 2011	Manitoba

**NIHB Program Dental Changes**

**1. Endodontic Trial Project**

The NIHB Program will be initiating a nationwide two (2) year trial project as of April 1, 2011, to assess the merits, feasibility and the appropriateness of removing the Predetermination (PD) requirement for standard Root Canal Treatment (RCT) procedures on bicuspid and first molars.

The Program is currently in discussions with the Canadian Dental Association (CDA) and the Association des chirurgiens dentistes du Québec (ACDQ).

An Endodontic Trial Project Committee will be established to evaluate and assess randomly selected paid standard root canals against the current Endodontic Policy, guidelines, and criteria. Should one of your cases be identified in the sampling, you will be contacted by NIHB Headquarters with a request to provide all necessary documentation for the assessment of the case.

The NIHB Program would like to remind providers that all claimed endodontic services must meet the current Endodontic Policy.

For more detailed information on the Endodontic Policy, please refer to the Provider Guide for Dental Benefits (**Section 8.4 Endodontic Services**). The document can be found and downloaded from the Health Canada website at [www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/dent/2010-prov-fourth-guide/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/dent/2010-prov-fourth-guide/index-eng.php) or the NIHB Claims Services Provider Website (select **Policy and Program Information**).

The general conditions of the Trial Project are as follows:

- NIHB Headquarters will contact providers of randomly selected paid standard root canal cases to request all supporting documentation outlined in the endodontic policy. Failure to submit required documentation may result in recoveries.
- The PD requirement will be removed for the following specific Root Canal Therapy (RCT) procedure codes on permanent bicuspid and first molars:
  - 33111, 33121, 33131, 33141
  - **Québec:** 33100, 33200, 33300, 33400, 33475, 33111 EN, 33121 EN, 33131 EN, 33141 EN, 33150 PA, 33160 PA, 33170 PA, 33180 PA
- A frequency limitation of three (3) standard root canal procedures in 36 months will be system implemented for all teeth. Once the frequency has been reached, subsequent standard root canal procedures will require a PD.
- NIHB Headquarters will be responsible to communicate directly with treating providers on behalf of the Endodontic Trial Project Committee for cases that did not meet the endodontic policy.
- Providers can choose to continue to submit a PD request to their respective Health Canada Regional Office where the submission will be reviewed in accordance to the NIHB endodontic policy.

During the trial period, Health Canada Regional Offices maintain the right to request supporting documentation for paid endodontic cases, which will be reviewed against the NIHB endodontic policy.

**2. Bruxism Appliances**

As of April 1, 2011, in the context of the announced changes, bruxism appliances along with related procedure codes (e.g., repairs) will be removed from the NIHB Program benefit list and will be classified as a non-eligible benefit (exclusion).

\*Program changes outlined in the "NIHB Dental Newsletter, Spring 2011" supersede all previous NIHB

communications and procedure codes related to bruxism appliances that may be listed on *current* NIHB grids.

**3. Fixed Prosthodontics (Alternate Benefit)**

As of April 1, 2011, fixed bridges, also known as alternate benefit, along with related procedure codes (e.g., repairs, re-cementations, re-insertions) will be removed from the NIHB Program benefit list and will be classified as a non-eligible benefit (exclusion). In the context of the NIHB Program benefit changes, due to very low demand and initiation rates, the Program decided to remove this dental service from the benefit list.

\*Program changes outlined in the “NIHB Dental Newsletter, Spring 2011” supersede all previous NIHB communications and procedure codes related to fixed prosthodontics that may be listed on current NIHB grids.

**4. Replacement of Standard Complete Dentures**

As of April 1, 2011, for the replacement of a complete standard denture, dental providers will have the option to fax their PD request directly to their respective Health Canada Regional Office, provided that the existing denture is at least eight years old. All requests must comply with current regional supporting documentation requirements. The proposed change should improve NIHB clients’ access and facilitate the adjudication process for these requests.

**Notes:**

- Dental providers should continue to confirm clients’ eligibility with ESI Canada before faxing the request to their respective Health Canada Regional Office.
- The regular NIHB service standards apply to both faxed and mailed submissions.
- The PD via fax option does not apply to requests for a combination prosthodontic (complete standard and partial denture) submission.

**Coordination of Benefits Claims**

Some Coordination of Benefit (COB) claims adjudicated by the claims processing system were overpaying or underpaying providers.

As of December 1, 2010 a workaround has been implemented to adjudicate all COB claims in accordance to Health Canada policies and guidelines.

There is no change in how you submit a COB claim. Continue to complete the NIHB Dental Claim Form (Dent-29), Standard Dental Claim Form, computer generated form, or ACDQ Dental Claim and Treatment Form indicating your Professional Fee request, and attach the Explanation of Benefits (EOB) of the third party share. ESI Canada will ensure that the COB is applied, as required, and that the reimbursed amount does not exceed the NIHB Fee listed in the Regional Dental Benefit Grid.

**Submission of In-House Lab Fees for Denturists**

**When billing for procedure codes that require an In-House Laboratory fee, please submit only the professional fee.**

The professional fee noted on the Predetermination Confirmation Letter includes only the approved professional fee component of the total denturist fee. While the applicable in-house laboratory fee does not appear on the letter, it has been approved in conjunction with the professional fee and will be paid at the time of claims processing.

Should you have questions or require further clarification, please do not hesitate to contact the Provider Claims Processing Call Centre.

**Co-ordination of Benefits Calculation for Orthodontic Coverage**

Claim submissions and PD requests for orthodontic services, involving a Provincial/Territorial Plan or COB with a third party health care plan may only be submitted manually to the Orthodontic Review Centre (ORC). In addition, an EOB statement must be accompanied. This statement identifies the percentage of coverage and the annual or lifetime maximum if applicable. Third party carriers may include Social Services, Worker Compensation Boards (WCB), and employee Benefit Programs.

Payment Calculation Structure	
<b>Comprehensive Treatment</b>	
P1200	Initial Payment - Initiation of Treatment - 30% of Approved Treatment Fee
P1300	Incremental Payment - 9 Months After Treatment is Initiated - 25% of Approved Treatment Fee
P1300	Incremental Payment - 15 Months After Treatment is Initiated - 25% of Approved Treatment Fee
P1400	Final Payment - When Active Orthodontic Treatment has been Completed - 20% of Approved Treatment Fee

<b>Interceptive/ Preventative or Limited Orthodontic Treatment</b>	
For active treatment time less than one (1) year, the fees are proportioned as follows:	
P1500	Initial Payment - Initiation of Treatment, 80% of Approved Treatment Fee
P1700	Final Payment - When Active Orthodontic Treatment has been completed, 20% of Approved Treatment Fee
For active treatment time more than one (1) year, the fees are proportioned as follows:	
P1500	Initial Payment - Initiation of Treatment, 40% of Approved Treatment Fee
P1600	Incremental Payment - 40% of Approved Treatment Fee
P1700	Final Payment - When Active Orthodontic Treatment has been completed, 20% of Approved Treatment Fee

**Termination of Third Party Health Care Plans for Orthodontic Services**

Claims and PD submitted for clients who no longer have third party coverage or whose coverage has changed, must be supported with a letter from the client/ parent/ legal guardian or the provider.

The supporting letter must include confirmation from the client/ parent/ legal guardian that primary coverage no longer exists, along with the effective termination or change in coverage date of the third party coverage.

Upon receipt of this information, the ORC will amend the approved fees on valid PD applicable.

### NIHB Program - Client Identification

Providers are reminded that it is their responsibility to verify that a client is eligible for benefit coverage under the NIHB Program, and to identify the existence of other benefit coverage, if applicable.

An eligible client must be identified as a resident of Canada and have status under one of the following:

- Eligible First Nations, a registered Indian according to the Indian Act
- An Inuk recognized by one of the Inuit Land Claim Organizations
- An infant less than one year of age, whose parent is an eligible client.

#### Recognized Inuit clients who are registered under the NIHB Program with one of the following identifiers:

- Government of the Northwest Territories (GNWT) Health Plan Number
- Government of Nunavut (NU) Health Plan Number
- FNIHB Client Identification Number (N-Number).

#### Required Client Identification Numbers for Eligible First Nations Clients

One of the following identifiers is required for recognized eligible First Nations Clients:

- INAC Registration Number
- Band Number and Family Number
- FNIHB Client Identification Number.

For more detailed information with respect to required identifiers for recognized Inuit and First Nations clients, please refer to the NIHB Dental Claims Submission Kit, Section: **Client Identification and Eligibility**.

Indian and Northern Affairs Canada (INAC) began to issue the Secure Certificate of Indian Status (SCIS), more commonly referred to as a Status card. This new SCIS card features several security improvements that significantly reduce the risk of unauthorized alterations or duplication. This helps to ensure the ongoing integrity of the programs and services by protecting client from incidences of fraud and identity theft.

Clients may begin presenting these new cards as a form of identification. For more information, consult the website [www.ainc-inac.gc.ca/br/is/scs/index-eng.asp](http://www.ainc-inac.gc.ca/br/is/scs/index-eng.asp)

Clients may also be presenting a temporary confirmation of registration document that can be used while clients are waiting for their new SCIS card to be issued.

## REMINDERS

### Responsibilities of the Provider Claims Processing Call Centre

The bilingual call centre is open extended hours to respond to Canada-wide telephone inquiries from enrolled Dental providers regarding the NIHB Program.

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.

Examples of the type of calls handled through the Provider Claims Processing Call Centre include:

- Verification of:
  - Client's benefit eligibility
  - Provider enrolment status
  - Claims status and benefit related questions
  - Eligible NIHB benefits and frequency limits for benefit items.
- Explanation of:
  - Information documented in the NIHB Claims Submission Kit, Provider Guide for Dental Benefits, NIHB Newsletters, and NIHB Bulletins.
- Requests for the claims adjudication system communication materials to be sent by e-mail, fax or mail.

From time to time, *clients* may contact the call centre with inquiries. Please advise the clients to contact their respective Health Canada Regional Office or Orthodontic Review Centre (ORC).

### Electronic Funds Transfer

Electronic Funds Transfer (EFT) deposits your claim payments directly into your designated bank account on the day the payment is issued; you will still continue to receive mailed statements for reconciliation.

Using EFT to receive your claim payments 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 "Section C – Payment Information" on the *ESI Canada Modification to Dental Provider Information Form*.
2. Sign the form and attach a VOID cheque or an official bank letter.
3. Fax or mail the form and VOID cheque or an official bank letter as indicated on the form (photocopy of VOID cheque is acceptable if faxing).

The *ESI Canada Modification to Dental Provider Information Form* can be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

### Real Time Claim Submissions via Electronic Data Interchange

*Why not consider it today!*

If you do not currently submit your dental claims electronically, submission of claims via Electronic Data

Interchange (EDI) allows your claims to be 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.

## Electronic Claims Submission

Dental providers may submit electronic claims up to 30 calendar days from the date the dental services were provided using EDI for real time adjudication.

This option is available to dental providers 24 hours a day, seven (7) days a week; excluding system down-time of:

- Standard service window on Fridays, 12 a.m. to 6 a.m. Eastern Time (as required)
- Maintenance service window from Sundays, 12 a.m. to 6 a.m. Eastern Time.

## Same Day Reversal

A claim reversal transaction is used to reverse a previously submitted and paid EDI Claim. An electronic claim may only be reversed using the EDI system on the **same day that it was submitted**.

To reverse a claim after the date of submission, follow the manual procedures outlined in the NIHB Dental Claims Submission Kit. The Kit may be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

## How to Change Provider Information

**It is important to inform ESI Canada of any changes to your contact information as this is how we communicate with you.**

Keeping Dental provider records up-to-date will avoid unpaid claims and non-delivery of communications (e.g., Health Canada faxes, claim statements, newsletters, etc.).

A verbal request is accepted at the Provider Claims Processing Call Centre to change the following important provider information:

- Fax Number
- Phone Number
- E-mail address
- *Correction* to your current address
- Preferred communication method (e-mail, fax or mail).

All other changes to provider information must be completed on the *ESI Canada Modification to Dental Provider Information Form*, signed by the applicant, and submitted by fax or mail as indicated on the form.

These types of changes are:

- New complete address (e.g., moved)
- Name of clinic/ office
- Becoming an incorporated dental provider
- No longer working at a specific clinic/ office.

The *ESI Canada Modification to Dental Provider Information Form* can be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

## Enrolling Additional Offices

It is important 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 to ESI Canada from a non-enrolled office will be returned.

If you have not already enrolled a new office, please complete and sign an *ESI Canada Dental Provider Enrolment Form* and **fax to ESI Canada at 905-712-0669**. The Enrolment Form can be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

## Orthodontic Claims Payment Policy

Claims must be submitted to the ORC within one year from the date on which the service was provided.

Please submit to:

### Orthodontic Review Centre

55 Metcalfe Street, 5<sup>th</sup> Floor, Ottawa ON K1A 0K9

This policy applies to payments to providers for services rendered, and reimbursements to clients who have paid fees directly to a provider for services.

## Dental Claims Submission Kit

The "Dental Claims Submission Kit" and "Dental Claims Submission Kit: Attachments" documents have been combined into one and entitled "NIHB Dental Claims Submission Kit". In addition, various sections have been revised.

All Kits can be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

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

## Restorative Services

All teeth are eligible to be restored once in any twelve (12) month period by the same provider or the same office. All additional restorative claims within the twelve (12) month period are rejected.

For more detailed information, please refer to the Provider Guide for Dental Benefits (select **Section 8.3 Restorative Services**). Visit Health Canada's website to download the Provider Guide for Dental Benefits at [www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/\\_dent/2010-prov-fourn-guide/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_dent/2010-prov-fourn-guide/index-eng.php) or visit the NIHB Claims Services Provider Website (select **Policy and Program Information**).

## Change of Address

As of January 31, 2011, the Northern Region address changed as follows:

### FNHI Northern Region

Yukon, Northwest Territories, and Nunavut Office  
First Nations and Inuit Health  
Health Canada  
Qualicum Building  
2936 Baseline Road, Tower A - 4th Floor  
Ottawa, ON K1A 0K9  
Toll Free Number: 1-888-332-9222