

NEW INFORMATION

NIHB Dental Predetermination Centre

The NIHB Program centralized the processing of dental predetermination (PD) services at NIHB Headquarters in Ottawa, with the exception of British Columbia (BC) Region, where claims are processed by the BC First Nations Health Authority (FNHA). Dental PD, client reimbursement, and appeal requests are now processed by the NIHB Dental Predetermination Centre (DPC). The NIHB DPC continues to move toward improving turnaround time for the adjudication of dental treatment requests. The NIHB Program remains committed to adopting efficiencies in an effort to provide excellence in service delivery.

2014 NIHB Dental Fee Updates

The NIHB Regional Dental Benefit Grids for General Practitioners (GP), Specialists (SP), and Denturists (DN) contain eligible NIHB procedure codes and fees used for the submission of dental claims. The procedure codes listed in the grids are based on the Canadian Dental Association (CDA) Uniform System of Coding and List of Services, Association des chirurgiens dentistes du Québec (ACDQ) and Fédération des dentistes spécialistes du Québec (FDSQ) Fee Guide, and Denturists Association of Canada (DAC) Guide.

The 2014 NIHB dental fee updates are planned for the following dates:

NIHB Dental Fee Updates	Province/Territory
March 1, 2014	New Brunswick Newfoundland & Labrador Nova Scotia Prince Edward Island
April 1, 2014	Northwest Territories Nunavut Saskatchewan Yukon
May 1, 2014	Alberta Ontario
June 1, 2014	British Columbia Quebec
July 1, 2014	Manitoba

NIHB Regional Dental Benefit Grids are located on Express Scripts Canada's NIHB Claims Services Provider Website at www.provider.express-scripts.ca along with the latest updates, errata and amendments. Upon entering your username and password within the Dental section, click **Dental Benefit Grids** and choose the current year and corresponding province/territory. For providers without access to the internet, please contact the Express Scripts Canada Provider Claims Processing Centre at 1-888-511-4666 to request a copy.

Clarification on Crown Coverage

As indicated in the Winter 2013 NIHB Newsletter, dental providers are reminded that only single unit metal (27301; QC: 27300 GP,

27325 PA, 27202 PR) and porcelain fused to metal (27211; QC: 27210 GP, 27226 PA, 27225 PR) crowns are eligible for coverage under the NIHB Program. All other crowns are exclusions under the Program and are not eligible for coverage nor considered for appeal.

If under any circumstances, a dental provider inserted a crown other than those that are eligible for coverage, billed, and was paid for by the NIHB Program, all monies will be recovered. Note that the eight (8) years frequency takes effect from the latest insertion date of a crown regardless if monies are recovered. Also, neither Express Scripts Canada nor Health Canada will consider the re-submission for payment in a situation where a provider decides to remove the ineligible crown (e.g. zirconia, e-max, etc.) and replace it with an eligible crown.

Claim payments for crowns must not be submitted for payment prior to cementation/insertion date.

2014 NIHB Dental Benefits Guide

The Dental Benefits Guide 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.

This guide is a supplement of the information contained in the Dental Claims Submission Kit and can be found on the NIHB Claims Services Provider Website at www.provider.express-scripts.ca under "Policy and Program Information" or on the Health Canada Website under: www.hc-sc.gc.ca/guide

REMINDERS

Endodontic Trial Project

The NIHB Program is pleased to announce that the Endodontic Trial Project has been extended until March 31, 2016.

As of April 1, 2011, providers are reminded that the NIHB Program initiated a two-year Endodontic Trial Project nationwide 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 general conditions applying to Endodontic Trial Project extension period include:

- No PD required for standard RCT procedure codes on permanent bicuspid and first molars. PD is required for second and third molars at all times.
- Frequency limitation of three (3) standard root canal procedures in 36 months for all teeth. Once the frequency has been reached, subsequent standard root canal procedures will require PD.

**NIHB Program and Express Scripts Canada
Contact Information can be found on the last page of this
NIHB Newsletter**

- All claimed endodontic services must meet the current NIHB Endodontic Policy.
- The NIHB Program will continue to conduct samplings of randomly selected paid standard root canals which will be assessed against the current NIHB Endodontic Policy. All supporting documentation must be submitted upon request, otherwise subject to payment reversal.
- Non-compliant cases are subject to payment reversal.
- While assessing PD submissions for other dental services (e.g. crowns), any paid RCT observed in the supporting documentation provided, claimed without a PD and determined non-compliant will be subject to payment reversal.
- For recurrent non-compliant providers, the NIHB Program will reinstate the PD requirement.

For more detailed information on the NIHB Endodontic Policy, please refer to the NIHB Dental Benefit Guide's Endodontic Services section. This document can be found and downloaded from the Health Canada website at: www.hc-sc.gc.ca/guide

The NIHB Dental Predetermination Centre (DPC) maintains the right to request supporting documentation for paid endodontic cases not supported with a PD, which will be reviewed against the NIHB Endodontic Policy. Cases that do not meet the endodontic policy may result in recoveries.

Compensation for Complicated and Surgical Extractions for Primary Teeth

Effective December 1, 2013, all primary teeth complicated and surgical extractions are compensated as uncomplicated extractions.

Process for Coordination of Benefits (COB)/ Explanation of Benefits

Claims that are submitted with coordination of benefits (COB) must be accompanied with an explanation of benefits (EOB) in order for the claim to be processed. Express Scripts Canada will reject COB claims where there is no EOB attached.

Reasons why a claim is returned due to COB:

1. Date of Service (DOS) on the claim form, and EOB from the primary payor do not match.
2. Procedure codes on claim form and EOB from primary payor do not match.
3. Client has two (2) different carriers and only one (1) EOB was submitted.
4. EOB does not include the reason why the claim was rejected by the primary payor.
5. Express Scripts Canada does not accept the Reconciliation Summary report as an EOB. We require the EOB from the primary payor.
6. EOB amounts from the primary carrier must be on the EOB, not recorded on the claim form.

Reminder NIHB clients that have alternate health coverage are required to access that coverage prior to claiming benefits under the NIHB Program. The NIHB Program will then coordinate payment with the other payer on eligible benefits.

Submitting Dental Manual Claims

Express Scripts Canada is receiving a high volume of manual dental claim forms that are returned due to incorrect or missing information on the form. Most common errors are found in the **Provider Information and Client Identification sections**.

Providers are reminded of the **mandatory data elements** (as noted in the NIHB Dental Claims Submission Kit) to be completed on the designated claim form prior to submission.

Note Providers need to indicate which specific claim line a predetermination (PD) applies to on the dental claim form.

Pay Client/Guardian Claims

Claims that indicate "Pay Client/Guardian" will ensure the claim payment is made out to the client. Please do not indicate 'Pay Client/Guardian' if payment is to be made to the provider.

Examination Codes

The procedure code used to describe the dental examination must reflect the intent and scope of the examination performed.

As an example, the recall examination and diagnosis code is used for the re-examination of a regular patient. Under the NIHB Program, this procedure is covered once (1) in any 12 months for clients over the age of 17 and once in any six (6) months for clients under the age of 17. The specific oral examination and diagnosis code is covered once in any 12 months and is used to examine and evaluate a specific situation such as lost fillings, broken dentures, etc. Providers are reminded to submit the appropriate code for the corresponding procedure examination or procedure.

Digital Charting Requirements

A procedure code or procedure name is **not** sufficient in a client record to support payment. Proper, clear, and detailed documentation is required for verification against the NIHB Program's billing criteria. Providers must document progress notes within the treatment portion of the client record. Providers who are fully computerized must document additional progress notes within the treatment portion of the client record. The automatic generation of the procedure description alone is not sufficient. Please refer to Section 5.3.5.1 – Documentation Requirements for Audit Purposes in the NIHB Dental Claims Submission Kit for further information. The NIHB Dental Claims Submission Kit can be downloaded from Express Scripts Canada's NIHB Claims Services Provider Website at www.provider.express-scripts.ca/dentists.html. For Providers without access to the internet, please contact the Express Scripts Canada Provider Claims Processing Centre at 1-888-511-4666 to request a copy.

Submission of Predetermination Requests

Express Scripts Canada and centralized regions are receiving predetermination (PD) requests from dental providers. Express Scripts Canada does not process such requests. **All PD requests (orthodontic and dental) must be sent to the NIHB Dental Predetermination Centre (DPC). PD dental requests for BC clients must be sent to the BC First Nations Health Authority for adjudication.** Contact information is available at the back of this newsletter.

Incomplete Predetermination Submissions

The NIHB DPC and the BC First Nations Health Authority for BC clients will return incomplete predetermination (PD) submissions unprocessed.

In situations where dental providers are in receipt of their unprocessed PD submission from the NIHB Program with an indication that there are missing items that prevent the review process, dental providers must resubmit their original request including all necessary items, those previously enclosed and the missing documentation. For the list of missing items, it is important to refer to the "predetermination line level comments" section on the PD confirmation letter.

NIHB PROGRAM AND EXPRESS SCRIPTS CANADA CONTACT INFORMATION

EXPRESS SCRIPTS CANADA

Provider Claims Processing Call Centre

Please have your Provider Number readily available

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:

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

Dental Provider Relations Department & Provider Enrolments

*Each additional Dental office must be enrolled
with the NIHB Program with its
own Office ID prior to services being rendered*

Fax Completed

Dental Provider Enrolment Form to:

Toll Free Fax No.: 1-855-622-0669

Other Correspondence

Mail to:

Express Scripts Canada
5770 Hurontario St., 10th Floor,
Mississauga, ON L5R 3G5

NIHB Forms

Download from the

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

www.provider.express-scripts.ca

NIHB PROGRAM DENTAL BENEFITS

NIHB Dental Predetermination Centre (DPC)

Dental Services

Non-Insured Health Benefits

First Nations and Inuit Health Branch

Health Canada

Address Locator 1902D

2nd Floor, Jeanne Mance Building

200 Eglantine Driveway

Ottawa, ON K1A 0K9

Toll Free Phone No.: 1-855-618-6291

Toll Free Fax No.: 1-855-618-6290

Orthodontic Services

Non-Insured Health Benefits

First Nations and Inuit Health Branch

Health Canada

Address Locator 1902C

2nd Floor, Jeanne Mance Building

200 Eglantine Driveway

Ottawa, ON K1A 0K9

Toll Free Phone No.: 1 866 227 0943

Toll Free Fax No.: 1 866 227 0957

PREDETERMINATIONS

British Columbia

The dental PD process will not be centralized for the BC Region. As of October 1, 2013, all PD, client reimbursement and appeal requests are handled by the British Columbia First Nations Health Authority.

British Columbia First Nations Health Authority

757 West Hastings Street

Suite 540

Vancouver, British Columbia V6C 3E6

Telephone: 1-888-321-5003

Fax: 1-604-666-5815