

NEW INFORMATION

Revised 2015 NIHB Orthodontic Policy

As part of its continuous cycle of policy reviews, the NIHB Program revised the Orthodontic Policy document in May 2015 (last updated in 2011).

Dental providers are informed that while the principles and criteria in the 2011 NIHB Orthodontic Policy have not been changed, the document has been revised to bring greater transparency and clarity to established guidelines and criteria, and to incorporate all guidelines and criteria into a single document rather than separate bulletins/newsletters.

The revised Orthodontic Policy document can be consulted and downloaded at the following address: http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_dent/2011-07_ortho_poli/index-eng.php

The NIHB Dental Benefits Guide has been updated to reflect the content of the 2015 Orthodontic Policy. The guide can be downloaded at: http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_dent/2014-guide/index-eng.php

REMINDERS

Eligibility for Partial Dentures for Clients with Periodontal Disease

In situations where a client presents evidence of periodontal disease, the NIHB Program will not consider coverage for a cast partial denture. However, in such situations, the Program will consider coverage for an acrylic partial denture, provided that the case meets the criteria stipulated within the Removable Prosthodontic Policy.

The NIHB Program defines evidence of periodontal disease to be when more than half of the remaining teeth are affected. Additionally, the NIHB Program will not cover a cast partial denture if the abutment teeth do not have adequate periodontal support, as demonstrated by a crown to root ratio of 1:1 and absence of active periodontal disease.

Outcome of Predetermination Review

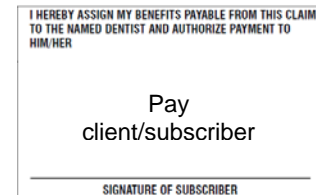
Mailed and/or faxed predetermination (PD) confirmation letters contain important information regarding the results of the predetermination submissions.

The **predetermination line level comments** section, located in the lower portion of PD confirmation letters, provides important details regarding the review outcome (approved, denied or on hold) of a submission such as: start date for approvals, specific rationale for denials, required missing information for on hold submissions, etc.

Writing Pay Client/Subscriber on Dental Claim Forms

By writing *pay client/subscriber* on standard dental claim forms (regardless if the client signs the waiver box), funds will be paid directly to the NIHB client rather than the dental provider (see fig.1).

Fig.1: Example of using *pay client/subscriber* on the standard dental form.



I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE NAMED DENTIST AND AUTHORIZE PAYMENT TO HIM/HER

Pay
client/subscriber

SIGNATURE OF SUBSCRIBER

Submission Requirements for Predetermination, Post-Determination and Appeals for Dental Services

The NIHB Program requires the following standard documentation and information for the review of any predetermination, post-determination (post-approval) and appeal requests for dental services (these requirements do not apply to orthodontic services):

- Predetermination/post-determination request on **one of the following forms**: the Standard Dental Claim Form, the ACDQ Dental Claim and Treatment Form, a computer generated form or the NIHB Dental Claim Form (Dent-29).
- **Comprehensive treatment plan** from the treating and/or referring dentist/specialist, indicating all completed treatment and pending treatment needs including restorative, periodontal, prosthodontic, endodontic, orthodontic and surgical services.
- **Current conventional or digital radiographs** (within last twelve months).
 - a) Periapical and bitewing radiographs must be:
 - Of good diagnostic quality (i.e. size, resolution, contrast).
 - Mounted and labelled with the date of service, client name and provider name.
 - b) A panoramic radiograph may be submitted in addition to, but not in place of bitewing and periapical radiographs.

Please note: If duplicate radiographs are submitted they must identify the right or left side of the client's mouth. When submitting enlarged digital radiographs (of any type), please print a measurement scale on the radiograph to facilitate the assessment. Radiographs submitted on a CD are not acceptable.

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

- Notation of all missing teeth.
- Periodontal charting, and/or Periodontal Screening and Recording (PSR) and/or Periodontal assessment.
- Periodontal tooth specific measurements (six (6) sites/tooth), where applicable. Please refer to the appropriate policy in the Dental Benefits Guide.
- All pertinent clinical findings/notes supporting the predetermination request.

Please note: At Health Canada's request, other documentation may be required. The above requirements must be submitted during each submission as the NIHB Program does not retain this documentation for future use. For example, if an appeal is being submitted following the denial of a request for coverage of dental services, then all applicable documentation and information must be resubmitted along with a letter signed by the client.

Client Questions

For responses to questions regarding the NIHB Program, providers should have the client contact Health Canada directly (contact information on the last page of the newsletter).

Provider Questions

For responses to questions regarding the NIHB Program, providers should use the toll free number for Express Scripts Canada Provider Claims Processing Call Centre.

Help Express Scripts Canada Serve Providers Better

Feedback on the service received from the NIHB Provider Claims Processing Call Centre is valuable and can be used to improve services to all NIHB providers. If there are questions regarding the service received through the NIHB Provider Claims Processing Call Centre please contact Express Scripts Canada and have the following information available:

- Provider number
- Date and time of the call
- The name of the customer service representative
- The details regarding the call

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, BC V6C 3E6**

Telephone: 1-888-321-5003
Fax: 1-604-666-5815