



NEW INFORMATION

Update on Silver Diamine Fluoride

In February 2017, silver diamine fluoride (SDF) was approved in Canada for use in caries prevention and caries reversal. However, the NIHB Program does not currently provide coverage for the use of SDF. This product is under review as the Program seeks expert advice on its clinical effectiveness from the NIHB Oral Health Advisory Committee.

At this time, Program coverage includes topical fluorides and fluoride varnish services for children 16 years of age and under, with a frequency of one (1) treatment in any six (6) month period. Fluoride services are not covered for adults.

The NIHB Program reserves the right to initiate payment recovery if SDF services are inappropriately claimed under an NIHB eligible procedure code.

Clarification on Residual Roots Extraction Codes

Providers must use the appropriate procedure codes for residual roots (root tip) extractions. The table below lists these NIHB eligible procedure codes, which are also available in the [NIHB Regional Dental Benefit Grids](#) at provider.express-scripts.ca.

Canadian Dental Association (CDA)	Association des chirurgiens dentistes du Québec (ACDQ)/ Fédération des dentistes spécialistes du Québec (FDSQ)
72311, 72319	72300 (GP), 72305 (OS)
72321, 72329	72310 (GP)
72331, 72339	72320 (GP), 72325 (OS)

The procedure codes and their descriptive are clearly specified in the dental association guides and cannot be used interchangeably.

The NIHB Program reserves the right to initiate payment recovery if residual root extractions are inappropriately billed under a different NIHB eligible extraction procedure code.

Coverage for Restorations due to Incisal Wear

Please note that restorations for incisal wear, involving enamel, dentin or enamel and dentin are considered cosmetic/aesthetic services and are therefore exclusions under the NIHB Program. Please refer to the Dental Benefit Guide for further information on exclusions.

Electronic Claims for Fluoride Varnish

As announced in the Fall NIHB newsletter, effective July 1, 2017 the fluoride varnish benefit code (12103) was added to the NIHB Program coverage. If dental providers are experiencing difficulties submitting electronic claims with this code, please contact the software vendor to ensure the code has been added to the system. If dental providers are still having difficulties submitting claims electronically, please submit claims manually (by fax or mail) using a claim form that is available at provider.express-scripts.com. Dental providers must indicate the following information on the form: procedure code 12103 and NIHB procedure fees.

2018 NIHB Dental Fee Updates

NIHB regional dental fee updates have been scheduled to take place from February to June 2018 as indicated in the table below. The updated fees will appear in the NIHB Regional Dental Benefit Grids, organized by general practitioners (GP), specialists (SP), oral surgeons (OS), denturists (DN) and dental hygienists (HY). The grids contain maximum NIHB fees for eligible procedure codes.

The 2018 NIHB Regional dental fee updates are planned for the following dates:

NIHB Dental Fee Updates	Province/Territory
February 1, 2018	Saskatchewan Northwest Territories Nunavut Yukon
March 1, 2018	New Brunswick Newfoundland & Labrador Nova Scotia Prince Edward Island
April 1, 2018	Alberta Ontario
May 1, 2018	Quebec Manitoba
June 1, 2018	British Columbia

NIHB Regional [Dental Benefit Grids](#) are available on the [NIHB Claims Services Provider Website](#) along with the latest updates, errata and amendments. Upon entering the Dental section, select Dental Benefit Grids and then choose the current year and the desired province/territory and corresponding provider specialty (e.g., GPSP, HY, DN and OS).

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 Guides, the Denturists Association of Canada (DAC) Procedure Codes Master List, and the Canadian Dental Hygienists Association (CDHA) national list of codes.

Consulting the Dental Benefits Guide

To reflect current NIHB Program policies, the [Dental Benefits Guide](#) will be updated on a quarterly basis, concurrent with the NIHB Dental newsletters. Providers are encouraged to update their printed or electronic copies by visiting canada.ca/nihb.

Transition of the First Nations and Inuit Health Branch to the new Department of Indigenous Services

The Government of Canada recently announced plans to create a new department of Indigenous Services. Bringing indigenous programs and services together in one department will create opportunities to address the key building blocks of indigenous wellness in a more coordinated and seamless way. As part of this transformation, it is expected that programs and services currently delivered by the First Nations and Inuit Health Branch (FNIHB) of Health Canada, including the NIHB Program, will become part of the new department of Indigenous Services in the future.

Please be assured that this transition will not affect services to NIHB clients or benefit providers. NIHB provider enrolment and claims processing will not be affected by this change. In addition, NIHB Program contact information will remain the same until further notice. More information about the department's creation will be provided once it is available.

REMINDERS

Non-Inserted Removable Prosthodontic Policy

The NIHB Program would like to remind providers of the requirements for Program coverage of non-inserted partial and complete dentures.

Standard Partial Dentures and Complete Dentures

The NIHB Program will consider paying up to 20% of the current NIHB professional fee and 100% of the laboratory fee, if applicable, for non-inserted dentures under the following conditions:

- The denture has been completed but not inserted due to circumstances beyond the control of the dental provider
- The provider has made substantial efforts to contact the client to schedule an insertion appointment
- The provider has communicated the details of the situation in writing to the NIHB Dental Predetermination Centre (DPC)

Immediate Dentures

The NIHB Program will consider paying up to 100% of the current NIHB professional fee and 100% of the laboratory fee, if applicable, for non-inserted immediate dentures under the following conditions:

- The provider who manufactured the immediate denture is different from the provider who was scheduled to do the extraction(s) and insertion
- Substantial efforts have been made by both providers to contact the client to reschedule the missed extraction/insertion appointment
- The provider who manufactured the immediate denture has communicated the details of the situation **in writing** to the NIHB DPC

Please note that a non-inserted denture (any type) that has been claimed and paid in full, without complying with the above noted conditions, will result in a payment recovery.

Procedure Codes for Denturist Additional Repair Materials

The additional repair materials (ARM) procedure codes (71309, 71310, 71311, 71313, 71314, 71315, 71010 and 72021) are assigned only a fixed internal lab fee and are to be used, when appropriate, only in conjunction with and in addition to eligible regular repair procedure codes*.

These ARM procedure codes, as with eligible regular repair codes, do not require a predetermination (PD). They can be sent directly to Express Scripts Canada for payment **except** where a submission involves multiple claim lines for the same ARM code, for the same client, on the same DOS (see examples below). Denturists must send submissions involving multiple claim lines for the same ARM code as post-determinations (post-approvals) to the DPC for review. If such submissions are sent directly to Express Scripts Canada and not supported by a PD number, only the first ARM claim line will be paid and all duplicate ARM claim lines will be rejected. The rejected claim lines will then need to be submitted to DPC for review.

* The following regular repair procedure codes have a frequency limitation of 1 (one) per prosthesis in any 12-month period: 36110, 36120, 46110, 46120, 36210, 36220, 46210, 46220, 46310 and 46320.

Examples with single or multiple claim lines:

- 1) Submission to be sent directly to Express Scripts Canada:
 - 46310 – Partial Maxillary, Addition of tooth or clasp
 - 71313 – New Tooth (each)
- 2) Submission to be sent to DPC for post-determination:
 - 46310 – Partial Maxillary, Addition of tooth or clasp
 - 71313 – New Tooth (each)
 - 71313 – New Tooth (each)

Clarification of the Orthodontic Policy

The NIHB Program provides coverage for a limited range of orthodontic services for eligible clients when there is a severe and functionally handicapping malocclusion, as set out by the established clinical criteria, which are a combination of marked skeletal and dental discrepancies.

To be eligible for coverage for orthodontic treatment, a client's condition must meet one of the following clinical criteria:

- Crossbite associated with a significant and clear functional shift
- Severe overbite with evident soft tissue injury (> 2/3 overlap with impinging of the palate)
- Severe open bite (≥ 5 mm)
- Severe overjet, positive (≥ 7 mm) or negative (≤ -4 mm)
- Lack of function of posterior teeth and no anterior guidance

The Orthodontic Policy is published on the Health Canada website in the [Dental Benefits Guide](#) (refer to section 8.8 Orthodontic Services).

Based on the current evidence, there is no clinically therapeutic reason to provide coverage for orthodontic care for the treatment of pain, temporomandibular disorders (TMD) and impacted teeth.

With the application of the current NIHB criteria, any instance of pain associated with malocclusion and complications associated with impacted teeth would be covered under the existing clinical criteria for orthodontic coverage.

Oral Health Status Requirement for Orthodontic Coverage

A PD **is required for all** orthodontic services, with the exception of orthodontic examination and orthodontic diagnostic records.

It is very important to note that the client must be caries-free and maintain good oral hygiene for a period of six (6) months prior to submitting the PD request for orthodontic coverage. In addition, all basic dental treatment addressing any existing caries must be completed six (6) months prior to submission. The NIHB Program will require a written confirmation of the client's oral health status from the general practitioner to support the PD request.

NIHB Coverage for Radiographs

The NIHB Program provides coverage for various types of radiographs, subject to frequency guidelines. It is important that providers **verify clients' eligibility for coverage prior to providing the service** by contacting Express Scripts Canada's Provider Claims Processing Call Centre at 1 (888) 511-4666

For specific frequency guidelines, please consult the following table or refer to the [Dental Benefits Guide \(section 8.1.2. Radiographs\)](#).

Dental Procedure	Frequency Guidelines
Intraoral periapical radiographs (11-15 films), complete series	1 in any 60 months Not to be covered in conjunction with a panoramic radiograph for the time period (60 months)
Intraoral radiographs (1-10 films) (includes periapical, bitewing and occlusal radiographs)	10 in any 12 months
Panoramic radiograph	1 in any 60 months; up to 3 in a lifetime Not to be covered in conjunction with periapical radiographs (11-15 films) or a complete series for the time period (60 months)

Note that any combination of intraoral radiographs (periapicals, bitewings and occlusal) exceeding 10 films, are not covered in conjunction with a panoramic radiograph for the time period (60 months) and vice versa.

NIHB PROGRAM AND EXPRESS SCRIPTS CANADA CONTACT INFORMATION

EXPRESS SCRIPTS CANADA

Provider Claims Processing Call Centre

***Please have your provider number
readily available***

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 claims to:

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

Fax claims to:

1 (888) 249-6098

Provider Relations Department

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

Fax Completed Enrolment Forms to:

1 (855) 622-0669

Other Correspondence

Mail to:

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

NIHB PROGRAM DENTAL BENEFITS

NIHB Dental Predetermination Centre (DPC)

Dental Services

**Non-Insured Health Benefits
First Nations and Inuit Health Branch**

**Health Canada
200 Eglantine Driveway
Address Locator 1902D
Ottawa, ON K1A 0K9**

Toll Free Telephone 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
200 Eglantine Driveway
Address Locator 1902C
Ottawa, ON K1A 0K9**

Toll Free Telephone No.: 1 (866) 227-0943
Toll Free Fax No.: 1 (866) 227-0957

PREDETERMINATIONS

British Columbia

The dental PD process is not centralized for the BC Region. All PD, client reimbursement and appeal requests are handled by the First Nations Health Authority.

**First Nations Health Authority
757 West Hastings Street
Suite 540
Vancouver, BC V6C 3E6**

Telephone No.: 1 (888) 321-5003
Fax No.: 1 (604) 666-5815

NIHB Forms

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