



## NIHB Dental Claims Submission Kit



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# 1. Introduction

## 1.1 General Terms

The terms and conditions for submitting a Claim under the Non-Insured Health Benefits (NIHB) Program are listed in the Dental Provider Enrolment Form, and are described in this NIHB Dental Claims Submission Kit (also referred to as the “Kit”). Express Scripts Canada reserves the right to update this Kit or the Dental Provider Enrolment Form as needed.

The dental benefits are available to eligible First Nations and recognized Inuit Clients only when all of the conditions are met:

- The procedure is ordered or performed by a qualified dental practitioner who is legally able to practice their profession in the province or territory of Canada in which the service is rendered.
- The procedure ordered or performed is eligible for coverage under the NIHB Program.
- Predetermination (PD), when required, has been provided by First Nations and Inuit Health (FNIH) Regional Offices or by the First Nations and Inuit Health Branch (FNIHB) Orthodontic Review Centre (ORC) prior to the service being rendered.
- The procedure is not available to the Client under a provincial, territorial or third party health care plan.
- The Client is a resident in Canada and is covered or eligible to be covered under the provincial or territorial medical program.

## 1.2 Purpose of this Kit

The Kit is designed to help Providers understand how Express Scripts Canada’s Health Information and Claims Processing Services (HICPS) system operates. It outlines the role of the Provider, and contains all the information Providers need to submit Claims.

It is important for the Provider to understand all of the terms and conditions defined in the Kit to ensure the accuracy of any Claims submitted. It is the Providers’ responsibility to have the most current version of this Kit available for reference at all times. It is expected of the Provider to obtain an up to date version of the Kit at the beginning of each Release quarter (February, May, August, and November) of each year. A copy may be downloaded from the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca) or through a request made to Express Scripts Canada for a paper copy.

Updates to this Kit are posted on the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca) periodically, and advertised through the Non-Insured Health Benefits (NIHB) Newsletter for Dental Practitioners.

Should you have any questions or comments regarding the Kit, contact the Express Scripts Canada, Provider Claims Processing Call Centre at 1-888-511-4666.

## 1.3 Interpretation

In the event that the terms and conditions of the Kit contradict the terms and conditions of the Dental Provider Enrolment Form, the provisions of this Kit shall prevail.

In the event this Kit does not address a Claims submission data or data transmission matter, or in the event of uncertainty as to a term or condition, the Provider may contact Express Scripts Canada, and Express Scripts Canada will address the issue or provide direction to resolve the question. Where an agreement as to the approach or interpretation cannot be reached, Health Canada will issue a direction pertaining to the issue.

## 1.4 Health Information and Claims Processing Services

Health Information and Claims Processing Services (HICPS) is the electronic Claims adjudication system which automatically receives, processes, and approves or denies dental Claims based on NIHB Program rules.

HICPS captures Claims sent electronically from the Provider. An electronic data network processes them and returns an electronic response. Data is transmitted respecting the format specified by the current CDAnet Electronic Claim Standard<sup>1</sup> or Réseau ACDQ (Association des chirurgiens dentistes du Québec).

HICPS handles manual Claims for:

- Claims that are paid directly to the Provider who has performed the dental services and processed according to standard system edits (Pay Provider).
- Claims that are paid directly to the Client or third party as per the Provider's instructions.
- Claims that are paid directly to the Client or third party, as per the FNIH Regional Office's instructions - Client Reimbursement (CR).

Unless otherwise indicated, a Claim is a Pay Provider Claim.

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<sup>1</sup> To obtain a copy of the CDAnet Electronic Claim Standard, contact the Canadian Dental Association.

## 2. Legal Definitions and Glossary Terms

### 2.1 Legal Definitions

The following terms are used in this Kit as short forms, which the meanings are described below. For a list of terms and phrases and their program meanings, that are relevant for background information for this Kit, and the NIHB Program, refer to the Glossary Terms ([Section 2.2 Glossary Terms](#)).

Term	Description
<b>Claim</b>	A Claim for payment submitted by a Provider to Express Scripts Canada for provision of dental services to Clients in accordance with the Dental Provider Enrolment Form and the Kit.
<b>Client</b>	A person who is eligible to receive NIHB Dental Services in accordance with the eligibility criteria in <a href="#">Section 6.1 Client Identification and Eligibility</a> of the Kit.
<b>COB</b>	Coordination of Benefits between two dental benefit plans, whether public, private or a combination of public and private coverage.
<b>Dental Provider Enrolment Form</b>	The Express Scripts Canada Dental Provider Enrolment Form and any amendments made thereto in writing.
<b>Express Scripts Canada</b>	Express Scripts Canada is responsible for the processing of Claims submitted through the NIHB Program.
<b>FNIH</b>	First Nations and Inuit Health Branch Regional Office(s) of Health Canada.
<b>FNIHB</b>	First Nations and Inuit Health Branch of Health Canada.
<b>Health Canada</b>	Department of Health (Canada).
<b>Health Information and Claims Processing Services (HICPS)</b>	Health Information and Claims Processing Services System, which include all services used to process NIHB Program Claims, to support Providers with the processing and settlement of Claims, and to ensure compliance with NIHB Program policies, including audit, reporting and financial control practices.
<b>NIHB Dental Claims Submission Kit (or “Kit”)</b>	The Kit is provided by Express Scripts Canada. This Kit is updated periodically, and sets out additional terms and conditions for the submission of Claims under the Dental Provider Enrolment Form.
<b>NIHB Program (or “Program”)</b>	Non-Insured Health Benefits Program of Health Canada, which provides coverage for a specified range of, among other things, dental services not covered by other benefit plans, to recognized First Nations and Inuit.
<b>Other Coverage</b>	Means benefits, available to Clients of the NIHB Program, in whole or in part, from a provincial, territorial or third party health care plan or program.
<b>Provider</b>	The owner or operator of dental services which are licensed or territorial by the appropriate provincial regulatory authority and have signed the Dental Provider Enrolment Form and are accepted by Express Scripts Canada.
<b>Provider Guide for Dental Benefits</b>	The document which supports this Kit and which provides information on the administration of the NIHB Program, its policies, and the extent and limitations of the Program’s benefit coverage.

<b>Term</b>	<b>Description</b>
<b>Provider Identification Number</b>	A reference number that a Provider uses as identification and to receive payment. This number can be a license number or a proprietary number, depending on the Provider type.
<b>Provider Statement - Dental</b>	Provider statements that are sent by Express Scripts Canada to both Clients and Providers and provide necessary information (for example, professional fee; net amount, and amount claimed) with regard to dental Claim payment information.
<b>PWGSC</b>	Department of Public Works Government Services Canada.

## 2.2 Glossary Terms

The following terms are used in this Kit as short forms, and their definitions are detailed in the chart below:

<b>Term</b>	<b>Description</b>
<b>CDAnet</b>	CDAnet is the agreement between the dental professional and the insurance carriers on the format in which the information normally found on dental Claims is forwarded to the respective carrier electronically.
<b>Delisted</b>	A delisted dental service Provider is one who is no longer an eligible NIHB Provider and therefore cannot submit Claims through the NIHB Program as of the effective date indicated in the Express Scripts Canada letter to such Provider.
<b>EFT</b>	Electronic Funds Transfer (EFT) is a system of transferring money from one bank account directly to another without any paper money changing hands.
<b>INAC</b>	Refers to the Department of Indian and Northern Affairs Canada, also known as the Department of Indian Affairs and Northern Development (DIAND), which is the department responsible for two mandates: <ul style="list-style-type: none"> <li>(i) First Nation and Inuit affairs and</li> <li>(ii) Northern development, which together support Canada's Aboriginal and northern peoples in the pursuit of healthy and sustainable communities and social development objectives.</li> </ul>
<b>NIHB</b>	Non-Insured Health Benefits (NIHB) Program. Health Canada's First Nations and Inuit Health Branch (FNIHB) is responsible for the policy and management of this program.
<b>PIPEDA</b>	The Personal Information Protection and Electronic Documents Act is an act to support and promote electronic commerce by protecting personal information that is collected, used or disclosed in certain circumstances, by providing for the use of electronic means, to communicate or record, information or transactions, and by amending the Canada Evidence Act, the Statutory Instruments Act and the Statute Revision Act.
<b>Regional Dental Officer or Dental Consultant</b>	A dentist that provides expert or professional advice on the payment of a dental Claim or service.

## 3. Background

### 3.1 Roles and Responsibilities of Health Canada

Health Canada is the federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. Its goal is that Canada's population be one of the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.

Provinces and territories have primary jurisdiction over health. Health care services include insured hospital care and primary health care, such as physicians and other health professional services. Like any other residents, First Nations and Inuit access these insured services through provincial and territorial governments.

There are a number of health-related goods and services that are not insured by provinces and territories or other private insurance plans. To support First Nations and Inuit in reaching an overall health status that is comparable with other Canadians living in similar geographic circumstances, the NIHB Program provides coverage for a limited range of dental care, drugs, vision care, medical supplies and equipment, short-term crisis intervention, mental health counselling, and medical transportation when they are not insured elsewhere.

Health Canada's FNIHB is responsible for the policy and management of the NIHB Program.

First Nations and Inuit Health Branch (FNIHB) Head Quarters (HQ) including the ORC is located in Ottawa, responsible for establishing NIHB policy and managing the NIHB Program, contracting the processing of Claims, establishing rules and guidelines for the provision of benefits including defining NIHB benefits, and determining Program guidelines.

FNIHB has regional offices (known as FNIH Regional Offices) in eight geographical regions. Each Regional Office is responsible for implementing national policy in the regions and communicating this policy to Providers, Clients, and provincial governments, negotiating contracts with Providers and establishing pricing guidelines, resolving certain suspended Claim conditions, assisting Clients with questions concerning the NIHB Program and directing Clients to the appropriate source to obtain the necessary Client Identification Numbers.

### 3.2 Role and Responsibilities of Express Scripts Canada

Express Scripts Canada, pursuant to a contract with Department of Public Works Government Services Canada (PWGSC) and Health Canada, administers the HICPS for dental benefits covered by the NIHB Program. The responsibility encompasses all aspects of dental benefit processing and payment of Claims and extends to Provider enrolment, verification, audit, and recovery where deemed appropriate.

Express Scripts Canada has the authority and responsibility to ensure that Claims paid for services provided to Clients are made in accordance with the NIHB Program policies and are consistent with the Claims Submission Guidelines outlined in the Kit.

In the context of dental benefit management, Express Scripts Canada is not an insurance company, but is mandated to receive, analyze and proceed with payment of, as applicable, all Claims submitted electronically or manually by Providers through the NIHB Program.

For more information, contact the Provider Claims Processing Call Centre at 1-888-511-4666.

### 3.3 Role and Responsibilities of Providers

It is important that Providers read and understand the terms and conditions of the NIHB Program. The submission of a Claim by a Provider indicates understanding and acceptance of the terms and conditions for submitting Claims through the NIHB Program, as well as the requisite Provider eligibility requirements as defined in [Section 5.1 Provider Eligibility Requirements](#) and [Section 6. Terms and Conditions](#) of the Kit. Provider non-compliance with these terms and conditions may result in suspension, termination, delisting or removal of billing privileges under the NIHB Program, as well as any recovery measures, if required.

For more information, contact the Provider Claims Processing Call Centre at 1-888-511-4666.

## 4. Express Scripts Canada Privacy Policies

Express Scripts Canada must follow all applicable privacy laws. Express Scripts Canada’s privacy policy is based on applicable privacy laws in Canada, including the federal Personal Information Protection and Electronic Documents Act (PIPEDA) and the Privacy Act.

For more information regarding Express Scripts Canada’s Privacy Policy, contact:

<b>E-mail:</b>	ESICanada_privacy@express-scripts.com
<b>Website:</b>	<a href="http://www.express-scripts.ca/privacy/">www.express-scripts.ca/privacy/</a>
<b>Telephone:</b>	1-888-677-0111 (ask for the Privacy Officer)
<b>Mail:</b>	<b>Attention:</b> Privacy Office Express Scripts Canada 5770 Hurontario Street, 10 <sup>th</sup> Floor, Mississauga, ON, L5R 3G5

## 5. Provider Enrolment

Providers wishing to submit Claims for services provided to Clients must enroll and sign a Dental Provider Enrolment Form with Express Scripts Canada. By enrolling with Express Scripts Canada, Providers benefit from many services, including access to the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca) regular NIHB Program information updates through newsletters, and availability of an EFT system, which enables rapid and efficient Claim payments.

The effective date of enrolment is the date on which both parties have signed the Dental Provider Enrolment Form.

The end date of enrolment is the:

- Date the Provider notifies Express Scripts Canada in writing that they no longer choose to be a Provider.

- Date stated in the letter issued by Express Scripts Canada informing the Provider of the effective date of delisting.
- Date the Provider enrolment is terminated according to the termination provision outlined in [Section 5.2.3 Termination of Provider Enrolment](#) of the Kit.

Providers are responsible for work completed and claimed under a Provider Identification Number, regardless of the business arrangements in place between the Providers in an office or clinic.

## 5.1 Provider Eligibility Requirements

To be eligible for enrolment with Express Scripts Canada under the NIHB Program, the Provider shall be bound by and comply with the provisions of all applicable laws, rules and regulations of the provincial or territorial statutory organizations and other governmental bodies having jurisdiction over Providers. The Provider shall maintain, at all times, all required federal, provincial, or territorial and local licenses, certificates and permits that are necessary to allow the provision of dental services to Clients.

Licensure is validated prior to enrolment through communication with the provincial or territorial licensing bodies. Licensure is re-validated in writing on an on-going basis by Provider Relations Department. For more information, contact the Provider Claims Processing Call Centre at 1-888-511-4666.

Out-of-country Providers may be enrolled with the NIHB Program with approval from FNIHB.

## 5.2 Enrolment Process

Providers are assigned a Provider Identification Number and an Office Identification Number upon signing a Dental Provider Enrolment Form. These numbers are used to identify the Provider, to properly pay the Provider for Claims adjudicated by Express Scripts Canada and to ensure payments for the services are directed to the correct office location. The individual Provider Identification Number must be used when submitting all Claims for payment and in all communication with Express Scripts Canada. For dental Provider's having more than one office location, multiple Office Identification Numbers are maintained with the same Provider Identification Number.

### How to Enroll:

1. Visit the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca) for a copy of the Dental Provider Enrolment Form or contact the Provider Claims Processing Call Centre at 1-888-511-4666 to request a copy of the Dental Provider Enrolment Form. The items are sent to the dentist by fax, e-mail, or mail.
2. Fax or mail the completed Dental Provider Enrolment Form to:

Fax	Mail
905-712-0669	<b>Attention:</b> Provider Relations Department Express Scripts Canada 5770 Hurontario Street, 10th Floor, Mississauga, ON L5R 3G5

### 5.2.1 Change of Provider Information

Providers must inform Express Scripts Canada immediately upon change of any information provided at the time of enrolment. They may use the Express Scripts Canada Modifications to Dental Provider Information Form located on the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca) or request a copy of the form by contacting the Provider Claims Processing Call Centre directly at 1-888-511-4666.

### 5.2.2 Enrolment Documentation

The Express Scripts Canada Dental Provider Enrolment Form sets forth the relationship between the Dental Providers and Express Scripts Canada for the NIHB Program. Signing and completing the Dental Provider Enrolment Form signifies a Provider's interest in participating in the NIHB Program. Once the enrolment has been approved by the appropriate FNIH Regional Office, Providers are eligible to submit Claims which must adhere to the terms and conditions of the NIHB Program, as outlined in this Kit and other NIHB communications. The completed Dental Provider Enrolment Form can be faxed to Express Scripts Canada, Provider Relations Department at 905-712-0669.

The NIHB Program policy, Claim submission, and payment information is made available to Providers through the:

- Kit.
- Provider Guide for Dental Benefits.
- Regular updates located on the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca)
- Non-Insured Health Benefits Bulletins.
- Non-Insured Health Benefits Newsletters.
- Ad hoc Broadcast Messages.

Providers may download a copy of the Express Scripts Canada Modifications to Dental Provider Information Form from the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca) to complete any of the following:

- Enrolment and Termination.
- Request to submit Claims using the Electronic Data Interchange (EDI) or CDAnet Electronic Claim Standard<sup>2</sup> or Réseau ACDQ (Association des chirurgiens dentistes du Québec).
- Change of current information (for example, address).
- Start, change, or stop an EFT.

### 5.2.3 Termination of Provider Enrolment

The Provider's enrolment may be terminated at any time by the Provider or by Health Canada, through the provision of thirty (30) days' written notice to terminate.

On instances where, as determined by Express Scripts Canada or Health Canada, the Claims submitted by a Provider create a financial risk to the program, termination of Provider enrolment may be exercised by Express Scripts Canada after consultation with Health Canada. This measure is intended to be used by Express Scripts Canada only in exceptional

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<sup>2</sup> To obtain a copy of the CDAnet Electronic Claim Standard, contact the Canadian Dental Association.

circumstances and based on analysis of Claims submitted in light of the terms and conditions of the program.

Upon termination, Express Scripts Canada is unable to process further Claims from the Provider dated after the termination date. The Provider may, however, submit Claims for services provided prior to the termination date, and any amounts owed to the Provider by Express Scripts Canada up to the termination date, will be paid within sixty (60) days of the termination.

Termination of Provider enrolment does not terminate any rights or obligations of the Provider or Express Scripts Canada regarding the Provider Audit Program activities ([Section 7. Provider Audit](#)).

## 6. Terms and Conditions

The following terms and conditions must be adhered to for Claim submission and payment:

- Provider licensure and eligibility requirements ([Section 5.1 Provider Eligibility Requirements](#)).
- Client eligibility requirements ([Section 6.1 Client Identification and Eligibility](#)).
- Requirements for Coordination of Benefits ([Section 6.2 Coordination of Benefits](#)).
- Submission process and supporting documentation requirements ([Section 6.3 Claims Submission and Processing](#)).
- Requirements for Providers on the use of treatment codes and standard definitions, and list of services ([Section 6.3 Claims Submission and Processing](#)).
- Benefit coverage and/ or applicable limitations ([Section 6.4 NIHB Benefit Coverage and Limitation](#)).
- Requirements to submit to and assist in any audit conducted by Express Scripts Canada of Claims submitted through the NIHB Program ([Section 7. Provider Audit](#)).
- Requirements to maintain relevant documentation and records ([Section 7.5 Documentation Requirements for Audit Purposes](#)).

### 6.1 Client Identification and Eligibility

The Provider is responsible 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. A Client must be identified as a resident of Canada, and one status of the following:

- Eligible First Nations, including registered Indians according to the Indian Act.
- An Inuk recognized by one of the Inuit Land Claim Organizations;

To facilitate verification, the following Client identification information must be provided for each Claim:

- Surname (under which the Client is registered).
- Given names (under which the Client is registered).
- Date of birth (YYYY-MM-DD).
- Client Identification Number.

All NIHB Program Claims, PDs, and Post Determinations are verified to ensure that Client eligibility requirements are met. Claims, PDs, and Post Determinations with missing Client identification are returned to the Provider for completion.

It is recommended that Clients who have identification cards present them on each visit to the Provider to ensure that the Client information is entered correctly and to protect against mistaken identity.

### 6.1.1 Inuit Clients

One of the following identifiers is required for recognized Inuit Clients:

- **Government of the Northwest Territories (NWT) Health Plan Number:** Inuit Clients from the Northwest Territories may present a health plan number issued by the Government of the Northwest Territories (GNWT). This number is valid in any region of Canada and is cross-referenced to the FNIHB Client Identification Number. This number begins with the letter "T" and is followed by seven digits.
- **Government of Nunavut (NU) Health Plan Number:** Inuit Clients from Nunavut may present a health plan number issued by the Government of Nunavut. This number is valid in any region of Canada and is cross-referenced to the FNIHB Client Identification Number. This is a nine-digit number starting with a "1" and ending with a "5".
- **FNIHB Client Identification Number (N-Number):** This is a Client Identification Number issued by FNIHB to recognized Inuit Clients. This number begins with the letter "N" and is followed by eight digits.

The NWT/ NU Health Canada Card or letter (Health Canada letterhead) identifying the individual and accompanied by picture identification as sufficient identification for Clients.

### 6.1.2 First Nations Clients

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

1. INAC registration number (also known as the Department of Indian Affairs and Northern Development (DIAND) Treaty or Status number) – This is a ten-digit number issued by INAC. The INAC registration number is the preferred method of identifying First Nations Clients.

The ten-digit INAC Registration Number consists of the following:

- The first three digits represent the band with which the individual is associated; and
- Where applicable, the remaining seven digits uniquely identify the individual.

Should you have any questions please direct them to the Provider Claims Processing Call Centre at 1-888-511-4666.

2. Band Number and Family Number – If an INAC Number is not available, a Band Number, and Family Number may also be used as Client identification where applicable.
3. FNIHB Client Identification Number (B-Number) – In specific and exceptional cases some Clients may have numbers issued by FNIHB. This number begins with the letter B, and is followed by eight digits.

### 6.1.3 Excluded Individuals

The following individuals are not eligible to receive benefits through the NIHB Program:

- Enrolled First Nations and Inuit Clients incarcerated in a federal, provincial, territorial or municipal corrections facility are the responsibility of the correctional facility;
- Children in the care of provincial social service agencies are the responsibility of the province; and
- Those individuals who are in a provincially funded institutional setting.

Requests to access benefits for these individuals should be submitted to the appropriate facility/organization.

### 6.1.4 Non-Insured Health Benefits Provided Through First Nations and Inuit Organizations

The NIHB Program is sometimes administered by First Nations Organizations and/or Provincial and Territorial health authorities through specific arrangements. These arrangements may lead to the creation of alternate health service delivery models.

Providers are notified, through the NIHB Newsletters, of changes to the NIHB Program. At that time, members of those groups receive benefits through their First Nations or Inuit organizations rather than through the NIHB Program. Providers are directed to the appropriate First Nations or Inuit organizations for further information.

## 6.2 Coordination of Benefits

Providers must confirm with each Client for each Claim whether Other Coverage exists. If the Client confirms that Other Coverage exists, the Provider must submit the Claim to the other payer first before submitting for NIHB Program coverage. Third party carriers may be provincial/ territorial or private health care plans and can include Social Services, Workers Compensation Board (WCB), and employee Benefit Programs. After the third party processes the Claim and generates a Provider Statement – Dental, the statement and a copy of the Claim can be sent to Express Scripts Canada for processing.



The NIHB Program is only responsible for eligible Claims which are not covered by another third party plan

### 6.2.1 COB with Provincial or Territorial Plans

The NIHB Program requires that Clients access the benefits available to them through their provincial or territorial program. Claims submitted where the services are covered under a provincial or territorial program are rejected.

For services rendered where the provincial or territorial program requires a co-payment, Providers must submit the co-payment to Express Scripts Canada using the Procedure Code of the service performed. The amount declared as co-payment on the Claim form must equal exactly the co-payment as indicated on the Explanation of Benefits (EOB).

Benefits available under these Provincial Programs must be billed directly to the applicable Program:

<b>Provincial Program</b>	<b>Description</b>
<b>Newfoundland and Labrador</b>	Newfoundland and Labrador Medical Care Plan (MCP) - The Children Dental Program for Clients up to 12 years of age inclusive.
<b>Nova Scotia</b>	Nova Scotia Medical Services Insurance (MSI) - Children's Dental Program for Clients up to the end of the month in which they turn ten years of age.
<b>Québec</b>	Québec Health Insurance Plan - Régime d'assurance maladie du Québec - RAMQ - Dental Services Program for Clients up to nine years of age inclusive.
<b>Saskatchewan</b>	Medical Care Insurance Plan - Anesthesia services in approved hospitals for children under 14 years of age. Certain procedures performed by specialists and general practice dentists are covered for all Clients by the Saskatchewan Medical Care Insurance Plan (MCIP). Refer to the current MCIP Payment Schedule for Insured Services provided by a Dentist.
<b>Alberta</b>	Alberta Health Care Insurance Plan -- Anesthesia and facility fees may be payable by the provincial medical plan. These eligible Claims may not be submitted to Express Scripts Canada.
<b>Manitoba</b>	Manitoba Health Services Insurance Plan - Certain dental anaesthetic benefits are available to children through the province of Manitoba.
<b>Yukon</b>	Yukon Health and Social Services - Certain dental benefits are available to children through the YCDP (Yukon Children's Dental Program).
<b>Northwest Territories</b>	NWT Health and Social Services -- Certain dental benefits are available to children through the Government of NWT.
<b>Nunavut</b>	Nunavut Health and Social Services - Certain dental benefits are available to children through the Government of Nunavut.
<b>Provincial and Municipal Social Services Plans</b>	Most provinces and municipalities provide certain dental benefits for recipients of provincial or municipal social assistance.

## 6.2.2 Coordination with Third Party Health Care Plans

Claims submitted where the services are covered by a third party are rejected with Message R30 - Client has Alternative Coverage. Contact the FNIH Regional Office or Message R31 - Client has Alternative Coverage. Contact Express Scripts Canada". Providers must obtain the information on third party coverage from Clients. If coverage exists, the Claims must be submitted directly by the Provider or the Client to the appropriate third party payer.

Where a third party payer has paid less than the current Provincial/ Territorial Fee Guide in effect for a service and the service is also eligible under the NIHB Program, a Claim may be submitted to Express Scripts Canada. The Claim Form must indicate the original full fee for each service provided. Express Scripts Canada calculates the third party coverage and pays the balance owing. An EOB must be submitted with the Claim Form. For more

information, Providers must contact the Provider Claims Processing Call Centre 1-888-511-4666.

### **6.2.3 Coordination of Benefits (Terminations)**

Claims submitted for Clients who no longer have coverage with a third party must be supported with a letter from the Client or the Provider. The letter needs to include confirmation from the Client that primary coverage does not exist. The record of this change must be kept on any hardcopy or electronic version of the Client file, stating that they no longer have third party coverage with the effective termination date of the third party coverage.

## **6.3 Claims Submission and Processing**

Claims with a service date prior to the closing of the record or the termination of billing privileges will be considered for payment up to one year from the date of service only. Claims with a service date on and subsequent to the end date of enrolment or the date of termination are not be eligible for payment to the Provider.

Eligible codes under the NIHB Program can be found in the NIHB Regional Dental Benefit Grids, General Practitioner and Specialists (containing Schedules A and B), located on the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca) (select Dental Benefit Grids). Providers may also request a copy of the schedules by contacting the Provider Claims Processing Call Centre directly at 1-888-511-4666.

### **6.3.1 Electronic Claims Submission (EDI)**

Providers submitting Claims using the EDI system must first register with CDAnet (contact the Provider Claims Processing Call Centre at 1-888-511-4666 for more information).

Claims submitted using the EDI system are either accepted or rejected in real-time. Each dental Claim must be submitted to Express Scripts Canada in the most current CDAnet Claims transmission standard for processing and payment. For details, refer to the Attachments to the Kit located on the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca)

#### **6.3.1.1 Claims not Supported by Electronic Data Interchange (EDI) System**

Certain Claim submissions still require manual Claim Forms. If these submissions are sent electronically, an acknowledgement is returned to the Provider requesting a manual submission. For details, refer to the Attachments to the Kit located on the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca)

### **6.3.2 Manual Claims Submission**

Manual Claims must be submitted to Express Scripts Canada using one of the following:

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



Quebec Dental Providers are required to submit Claims for payment using the NIHB Dental Claim Form (Dent-29), completed and signed by the Client or parent/guardian. If the Provider chooses to submit Claims using an ACDQ Standard Dental Claim Form, which also requires signature of Client or parent/guardian, or through Electronic Data Interchange (EDI), the Provider must retain a NIHB Dental Claim Form (Dent 29), completed and signed by the Client or parent/guardian in the patient chart for each Claim submitted for payment.

For a full list of required Data Elements, refer to the Kit Attachments, Electronic Data Interchange (EDI) – Required Data Elements located on the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca)

### 6.3.3 Old Claims

Claims older than one (1) year from the date of service are not be accepted for processing and will not be considered for payment.

### 6.3.4 Selected Billing Rules

- **Orthodontic Payment Codes (not Procedure Codes):**

The orthodontic alpha-numeric Payment Codes or the exact wording indicated in the table below must be used, or the NIHB Dental Claim Form (Dent-29) is returned to the Provider unprocessed.

Payment Code	Exact Wording
P1000	Examination
P1100	Diagnostic Records
P1101	Diagnostic Records and Examination
P1200	Initial Payment
P1300	Incremental Payment
P1400	Final Payment
P1450	Final Payment – Objectives Not Met
P1500	Initial Payment - Interceptive
P1600	Incremental Payment – Interceptive
P1700	Final Payment - Interceptive

- **General Anesthesia Services:**

When submitting an EDI or a manual Claim for anesthesia services, the Claim must be accompanied by an associated dental Procedure Code with the same Date of Service (DOS). Failure to submit the Claim without a verified associated dental Procedure Code, results in the Claim line being rejected.

- **Laboratory Fees:**

**EDI Claim Submissions - Lab Fees:** When submitting a Claim using the EDI system for Procedure Codes eligible for lab fees, the Claim must be submitted with both the professional fee amount, and the lab fee amount on the same Claim line. Failure to do so results in the Claim being rejected.

If two lab fees are submitted on the same Claim, the total laboratory fee allowed is returned in the eligible amount for Lab Code 1 field.

**Manual Claim Submissions - Lab Fees:** When submitting a manual Claim for Procedure Codes eligible for laboratory fees, the codes must be submitted with both a professional fee amount, and a laboratory fee amount on the same Claim line. It is not mandatory for a laboratory invoice to be submitted with the Claim.

If a Provider attaches a laboratory invoice to a Claim, and the laboratory fee claimed is different from the amount on the laboratory invoice, the Claim is returned to the Provider unprocessed.

### 6.3.5 Universal Descriptions and Codes

When submitting either an EDI or manual Claim for procedures that require a/ an quadrant, surface, arch, or sextant description, Providers must use the following codes:

Codes and Descriptions
<p><b>Quadrant Codes:</b></p> <ul style="list-style-type: none"> <li>• Code 10 for Upper Right</li> <li>• Code 20 for Upper Left</li> <li>• Code 30 for Lower Left</li> <li>• Code 40 for Lower Right</li> </ul>
<p><b>Surface Codes:</b></p> <ul style="list-style-type: none"> <li>• Code L for Lingual</li> <li>• Code M for Mesial</li> <li>• Code I for Incisal</li> <li>• Code B for Buccal</li> <li>• Code V for Labial Anterior</li> <li>• Code F for Facial</li> <li>• Code D for Distal</li> <li>• Code O for Occlusal</li> </ul>
<p><b>Arch Codes:</b></p> <ul style="list-style-type: none"> <li>• Code 00 for Full Mouth</li> <li>• Code 01 for Maxillary</li> <li>• Code 02 for Mandibular</li> </ul>
<p><b>Sextant Codes:</b></p> <ul style="list-style-type: none"> <li>• Code 03 designates from 18-14</li> <li>• Code 04 designates from 13-23</li> <li>• Code 05 designates from 24-28</li> <li>• Code 06 designates from 38-34</li> </ul>

Codes and Descriptions
<ul style="list-style-type: none"><li>• Code 07 designates from 33-43</li><li>• Code 08 designates from 44-48</li></ul>



## 6.3.6 Dental Claims Reversal

### Electronic Data Interchange (EDI) Claim Reversal

A Claim reversal transaction is used to reverse a previously submitted and paid EDI Claim. A 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: Attachments, Section 11.1 Provider Statement – Dental, Messages and Explanations.

To successfully reverse a claim, the Provider must follow the instructions provided by the dental software vendor.

When a Claim reversal is submitted, an electronic Claim reversal response is sent to the Provider. If the reversal is accepted, the system reverses the impact of the original Claim and the original Claim does not appear on the Provider's statement. If the reversal is rejected, the Provider must correct the error(s) and resubmit the Claim reversal.

### Manual Claim Reversal

A manual Claim reversal is submitted on the Provider Statement - Dental as outlined in the NIHB Dental Claims Submission Kit Attachments, Section 11.1 Provider Statement – Dental, Messages and Explanations.

### 6.3.6.1 Mandatory Information in Transmission and Submission Options

For a comprehensive review of mandatory information in transmissions and submission options, refer to the Kit: Attachments.

### 6.3.6.2 Provider Statement – Dental, Messages and Explanations

HICPS assigns a three-character Reject and Warning Code along with messages that appear on the Provider Statement - Dental. A Reject Code, composed of an "R" followed by two numeric characters and a text message, explains why the Claim was rejected. A Warning Code, composed of a "W" followed by two numeric characters and a text message, explains that the Claim was adjudicated with modifications; where applicable.

For a list of the Provider Statement – Dental, Messages and Explanations (cross-referenced with the applicable CDAnet Codes), refer to the NIHB Dental Claims Submission Kit: Attachments located on the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca)

## 6.4 NIHB Benefit Coverage and Limitations

For a complete list of eligible benefits, benefits with NIHB Program limitations and services requiring PD, refer to the current NIHB Regional Dental Benefit Grid based on the Canadian Dental Association Uniform System of Coding & List of Services, ACDQ – Québec Association Fee Guide, FDSQ – Québec Specialists Fee Guide, DAC – Denturist's Association of Canada Fee Guide excluding Alberta Denturist's Fee Guide or Provincial Dental Fee Guides (GP and Specialists) excluding Alberta. View the Dental Benefit Grids

located on the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca) or contact the Provider Claims Processing Call Centre at 1-888-511-4666 to request a copy.

Further information on alternate benefits, filling restrictions, laboratory fee submissions, general anesthesia, and facility Claims can be found in the Provider Guide for Dental Benefits located on the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca) (select Policy and Program Information) or by contacting your FNIH Regional Office to request a copy.

## 7. Provider Audit

### 7.1 Overview

As the NIHB Program is a publicly funded Program, it is a requirement to account for the expenditure of public funds. The Provider Audit Program contributes to the fulfillment of this accountability. The submission of a Claim by a Provider indicates the Provider has read and understands the terms and conditions outlined in this Kit and allows Express Scripts Canada to verify paid Claims against dental records to confirm the Claims have been billed in compliance with the terms and conditions of the NIHB Program.

The audit activities are conducted on paid Claims. The period of audit coverage will be at the discretion of Express Scripts Canada.

All audit activities from the selection of Providers for audit, to issuance of audit documentation to Providers regarding the findings, are reviewed and approved by representatives of Health Canada.

Health Canada and Express Scripts Canada highly regard and value the services provided to Clients. The Provider Audit Program shares information with Providers about proper billing methods, and verifies paid Claims against the NIHB Program billing requirements.

### 7.2 Audit Objectives

The objectives of the Provider Audit Program are to:

- Detect billing and Claim irregularities.
- Ensure that Providers have retained the appropriate documentation, meeting both provincial/ territorial and federal regulations as well as NIHB Program requirements in support of each Claim.
- Ensure that services paid for by the NIHB Program have been received by Clients (for example, the service billed on behalf of a Client was received by that Client).
- Ensure that the services were received by eligible Clients.
- Validate active licensure of Providers.
- Ensure compliance with NIHB Program.

The Provider audit process does not focus on professional practice issues. It is recognized that it is the responsibility of the jurisdiction's regulatory body to investigate professional practice issues. If a practice related issue arises during an audit and if the issue cannot be resolved directly with the Provider, the auditor or Health Canada may refer the matter to the appropriate regulatory body.

## 7.3 Provider Responsibility

The Provider shall cooperate with Express Scripts Canada in all audit activities. Upon request, the Provider shall grant office or clinic access to Express Scripts Canada or a third party authorized by Express Scripts Canada to inspect, review and reproduce, during regular business hours, any dental records maintained by the Provider pertaining to Clients, or the Dental Provider Enrolment Form or the Kit, as Express Scripts Canada deems necessary to determine compliance with the terms outlined in these documents.

## 7.4 Provider Audit Components

Express Scripts Canada contacts the Provider at least three weeks prior to the proposed on-site audit date. Every effort is made to accommodate the Provider's schedule in determining the audit date. The date agreed upon for the on-site audit is confirmed with the Provider.

The auditor(s) will need:

- Work space, chairs;
- Access to a photocopier;
- Access to an electrical outlet(s);
- Access to and assistance in retrieving Client charts and/ or records; and
- Access to the individual who will be responding to the audit report.

The auditor arrives at approximately 9 a.m. or at mutually agreed upon time. The audit is expected to take until 5 p.m. each scheduled audit day (unless otherwise mutually agreed-upon). At 9 a.m. on the first day of the audit, the auditor provides a brief orientation to the Audit Process and answers any questions.

To carry out the components of the NIHB Program, Express Scripts Canada requires access to information including, but not limited to the following:

- Client's charts/ records.
- Documentation of service delivered and received by the Client.
- Laboratory invoices (where applicable).
- Evidence of additional coverage (to coordinate benefits).

### 7.4.1 Next Day Claims Verification

The Next Day Claims Verification (NDCV) Program consists of a review of Claims submitted by Providers the day following receipt by Express Scripts Canada (for example, routine hygiene treatment associated with a specific or emergency exam on the same DOS).

### 7.4.2 Client Confirmation Program

Confirmation consists of a monthly mailing to a randomly selected sample of Clients to confirm the receipt of the service that has been billed on their behalf.

### 7.4.3 Provider Profiling Program

Profiling consists of a review of the billings of all Providers against selected criteria and the determination of the most appropriate follow up activity if concerns are identified. All Claims are subject to an audit review.

#### 7.4.4 Desk Audit Program

This consists of a review of a defined sample of Claims focusing on a particular issue evident in a Provider's billings. The Provider is requested to submit records to Express Scripts Canada for administrative review.

#### 7.4.5 On-Site Audit Program

An on-site audit consists of the selection of a sample of Claims for validation with a Provider's records through an on-site audit. Providers are not randomly selected for audit and may be selected as a result of information gained through many of the components of the Provider Audit Program.

### 7.5 Documentation Requirements for Audit Purposes

Providers must retain Client records and charts, electronic or hard copies, in accordance with provincial or territorial requirements. Client records must support the services rendered and claimed. Express Scripts Canada uses the descriptions as outlined in the Canadian Dental Association Uniform System of Coding & List of Services, ACDQ – Québec Association Fee Guide, FDSQ – Québec Specialists Fee Guide, DAC – Denturist's Association of Canada Fee Guide excluding Alberta Denturist's Fee Guide or Provincial Dental Fee Guides (GP and Specialists) excluding Alberta.

Proper, clear, and detailed documentation is expected for verification against the NIHB Program's terms and conditions and policies. A Procedure Code or procedure name is not sufficient in a Client record to support payment. Providers must document progress notes within the treatment portion of the Client record and the 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.

#### 7.5.1 Supporting Documentation

Examples of appropriate supporting documentation include, but are not limited to:

- **Examination and Diagnosis, Emergency** - Area of discomfort and/ or infection (for example, Tooth Number, Sextant, etc.), diagnosis, treatment provided (X-rays, anesthetic, etc.) and any other relevant information.
- **Prevention, Four Units of Scaling** - Documentation of condition to include but not limited to calculus, bleeding, pockets, use of local anesthetic, or degree of periodontal disease and any other relevant information.
- **Restorations** - Tooth Number, Tooth Surface(s), area(s) of decay and/ or fracture and any other relevant information.
- **Complicated Extraction (Erupted Tooth, Surgical Approach)** - Tooth Number, anesthetic used, surgical flap and/ or sectioning of tooth and any other relevant clinical information.
- **Commercial Invoices and Original Laboratory Invoices.**
- **Desensitization** - Tooth Number and/ or area and name of medicinal aid applied and any other relevant clinical information.

## 7.5.2 Provider Audit Program Information

For more information about the Provider administration Provider Audit Program activities, refer to the:

- NIHB Program Annual Report.
- Reference Documents.
- Express Scripts Canada Dental Provider Enrolment Form.
- Non-Insured Health Benefits Newsletters (issued quarterly).
- Provider Guide for Dental Benefits.
- Additional Information.

Providers requiring additional information about the Provider Audit Program may contact Express Scripts Canada in writing at the following address:

Attention: Manager, Business Integrity (Dental and Medical Supplies & Equipment)  
 Express Scripts Canada  
 3080 Yonge Street, Suite 3002  
 Toronto, Ontario M4N 3N1

### Additional Information

Providers may refer to the Express Scripts Canada Dental Provider Enrolment Form, the Provider Guide for Dental Benefits, including the various NIHB Regional Dental Benefit Grids, and the NIHB Dental Newsletter (issued quarterly) located on the NIHB Claims Services Provider Website at [www.provider.express-scripts.ca](http://www.provider.express-scripts.ca)

The NIHB Program Annual Report may be viewed and downloaded from the Health Canada Website at [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca) (select First Nations, Inuit & Aboriginal Health, and Non-Insured Health Benefits for First Nations and Inuit) or obtain a copy by contacting your FNIH Regional Office.

## 8. Contact Information

Source	Details	
Express Scripts Canada Provider Claims Processing Call Centre	1-888-511-4666	
Express Scripts Canada Provider Relations Department	<b>Fax</b> 905-712-0669	<b>Mail</b> <b>Attention:</b> Provider Relations Dept. Express Scripts Canada 5770 Hurontario Street, 10 <sup>th</sup> Floor, Mississauga, ON L5R 3G5
NIHB Claims Services Provider Website	<a href="http://www.provider.express-scripts.ca">www.provider.express-scripts.ca</a>	

General inquiries, e-mail the Provider Relations Department at [NIHBProviderRelations@express-scripts.ca](mailto:NIHBProviderRelations@express-scripts.ca)

## 9. Really Simple Syndication Feeds

Really Simple Syndication (RSS) enables Providers to keep automatically informed of new information and updates to the Health Canada Website. When a Provider signs up for the RSS feed, a message appears in the feed-reader every time new information is added to that section of the Health Canada Website. Updates usually include a headline with a small amount of type, either a summary or a lead-in to the larger story. RSS feeds have addresses similar to web pages, but operate on a different format; in order to receive information from them a Provider's computer must be equipped with an aggregator or feed-reader: a number of them are available free online. Adding a new Website (RSS feed) to an aggregator is a simple process of going to the site in question, clicking on the RSS or XML button on the homepage or copying and pasting the URL, depending on the type of aggregator. Either method makes the feed available to Providers, instantly and regularly.

### Websites

Health Canada:

[www.hc-sc.gc.ca](http://www.hc-sc.gc.ca) (visit First Nations, Inuit & Aboriginal Health, and then Non-Insured Health Benefits for First Nations and Inuit)

Express Scripts Canada:

[www.express-scripts.ca](http://www.express-scripts.ca)

## 10. Annexes

- NIHB Dental Claim Form
- Provider Statement - Dental
- Predetermination Confirmation Letter
- NIHB Completion of Active Orthodontic Treatment Form
- NIHB Orthodontic Summary Sheet
- Express Scripts Canada Modification to Dental Provider Information Form

## 11. NIHB Dental Claims Submission Kit: Attachments

11.1 Provider Statement – Dental, Messages and Explanations

11.2 Submission Options and Mandatory Data to be Submitted in Dental Claims

11.3 Predeterminations