Appeal Process:

https://www.sac-isc.gc.ca/eng/1579538771806/1579538804799#a9d

General information for dental and orthodontic services

Clients eligible for the NIHB program have the right to appeal the denial of a benefit with the exception of items that are identified as exclusions.

There are 3 levels of appeal available to NIHB clients.

Each appeal level must be initiated with a written authorization (dated and signed letter, including the date of birth and identification (ID) number) by the client, the parent or legal guardian or a client representative.

All 3 levels of appeal must also include supporting documentation and new information from the dental or orthodontic service provider.

Each level of appeal is reviewed by a different dental professional.

Following the review of each level of appeal, the client, parent/legal guardian or client representative will be provided with a written explanation of the decision within thirty (30) business days after receiving completed appeal documentation, 80% of the time, under normal circumstances. For more details, please consult the section of the NIHB program website entitled After you submit your appeal.

Coordination of Benefits:

https://www.sac-isc.gc.ca/eng/1579538771806/1579538804799#a41

Clients are required to access private (employer-sponsored) health benefit plans for which they are eligible prior to accessing dental benefits under the NIHB program. The other payer will provide an Explanation of Benefit (EOB) form that must be sent to the NIHB program. The NIHB program will then coordinate payment with the other payer on eligible benefits. When an NIHB-eligible client is also covered by the Canadian Dental Care Plan (CDCP), claims should be submitted to the NIHB program first.

Where a client is no longer eligible for coverage from another payer, the provider or client can contact the NIHB Call Centre at Express Scripts Canada to update the client's profile.

NOTE – I confirmed with both call centres that provider offices can in fact update a client's profile

Predetermination (post determination)

https://www.sac-isc.gc.ca/eng/1579538771806/1579538804799#a9b

The NIHB Program aims to have dental predetermination adjudications within 15-business days, 80 per cent of the time, under normal circumstances.

Predetermination requests can be submitted **by mail or online**:

- Online submission: providers will need to create a secure web-based account on the Express Scripts Canada NIHB Provider and Client Website.
- Mail submissions must be addressed either to:
    - NIHB Dental Predetermination Centre (Dental Services) for dental predetermination requests; or
    - NIHB Dental Predetermination Centre (Orthodontic Services) for orthodontic predetermination requests

Predetermination requests **submitted by email will not be accepted** to ensure client confidentiality.

To amend a PD, contact the Dental Predetermination Centre

NIHB Dental Predetermination Centre contact information:

Dental services

Non-Insured Health Benefits
Address Locator: 1902D
Ottawa ON K1A 0K9

Telephone (toll-free): 1-855-618-6291
Fax (toll-free): 1-855-618-6290

Orthodontic services

Non-Insured Health Benefits
Address Locator: 1902C
Ottawa ON K1A 0K9

Telephone (toll-free): 1-866-227-0943
Fax (toll-free): 1-866-227-0957

Preventive and Periodontal Policy

https://www.sac-isc.gc.ca/eng/1579538771806/1579538804799#a8521

The general principles on the preventive and periodontal policy are as follows:

- Predetermination is not required for scaling and root planing services up to the annual maximum allowable units. For any additional units, predetermination is required (refer to table 8.5.2.1 Frequency guidelines for polishing, topical fluoride treatment, topical application of an antimicrobial or remineralization agent, scaling and root planing)
- Predetermination requests must be supported with all items listed in section 8.5.4 Predetermination documentation requirements for preventive and periodontal services
- All preventive and periodontal procedures claimed must be supported with proper, clear, and detailed documentation for verification purposes as per the terms and conditions of the NIHB program
- A procedure code or procedure name in a client record is not sufficient to substantiate a claim for payment

Laboratory fee submission

https://www.sac-isc.gc.ca/eng/1579538771806/1579538804799#a42

Certain dental services require laboratory work. Laboratory fee submissions will be considered for coverage under the NIHB program only in conjunction with an approved procedure code. The NIHB program coverage is limited to eligible laboratory expenses and does not extend to ancillary charges such as shipping, courier, freight, or other transportation costs. The NIHB program reserves the right to require a copy of the laboratory report and to adjust the laboratory fee requested by dental providers.

Dental Benefits Guide

- Provides information on the NIHB Program and its policies

https://www.sac-isc.gc.ca/eng/1579538771806/1579538804799

Dental Benefit Grids

- Outlines the NIHB program's established frequencies and coverage amounts, published annually (April 1)

https://nihb-ssna.express-scripts.ca/en/0205140506092019/04/0407

Dental Claims Submission Kit

- Sets out terms and conditions for the submission of a claim
- Outlines the role of the provider and contains all the information needed to submit claims

https://nihb-ssna.express-scripts.ca/en/0205140506092019/04/0403

LIST OF POLICY AND PROGRAM INFORMATION –

https://nihb-ssna.express-scripts.ca/en/0205140506092019/04/0416

NIHB – FAQ – New features to create and manage secondary web accounts

Online account troubleshoot FAQs

Dental Provider Quick Reference Sheets