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# Dental Benefits Guide: Non-Insured Health Benefits program

**Effective date: April 29, 2022**

This guide provides information on the Indigenous Services Canada Non-Insured Health Benefits (NIHB) program and its policies relevant to dental providers and clients. It explains the extent and limitations of the NIHB program's dental benefit by describing the important elements of each associated policy. It also lists website addresses to provide dental providers and clients quick access to related forms and more detailed program information.

Refer to the Dental Claims Submission Kit available on the Express Scripts Canada NIHB provider and client website for the process to submit claims for payment of services rendered to eligible clients.

## Table of contents


- 1.0 Introduction
  - 1.1 NIHB program dental benefits
  - 1.2 Purpose of the Dental Benefit Guide
- 2.0 General principles
- 3.0 Terms and conditions
- 4.0 Payment and reimbursement
  - 4.1 Coordination of benefits
  - 4.2 Laboratory fee submission
- 5.0 Privacy statement
- 6.0 Definitions
- 7.0 Submission requirements
- 8.0 NIHB dental procedures

- 8.1 Diagnostic services
  - 8.1.1 Examinations
  - 8.1.2 Radiographs
    - 8.1.2.1 Frequency guidelines for radiographs
    - 8.1.2.2 Cone beam computerized tomographies
  - 8.1.3 Laboratory tests, analysis
- 8.2 Preventive services
  - 8.2.1 Frequency guidelines for interproximal disking of teeth
  - 8.2.2 Oral appliances for sleep apnea
- 8.3 Restorative services
  - 8.3.1 Restorations, primary teeth
  - 8.3.2 Restorations, permanent teeth
  - 8.3.3 Caries, trauma and pain control
  - 8.3.4 Cores and posts
  - 8.3.5 Crowns
    - 8.3.5.1 General principles
    - 8.3.5.2 Eligibility criteria
      - 8.3.5.2.1 Tooth eligibility
      - 8.3.5.2.2 Tooth restorability
    - 8.3.5.3 Documentation requirements for predetermination and post-determination
    - 8.3.5.4 Non-Inserted Crown Policy
- 8.4 Endodontic services
  - 8.4.1 General principles
  - 8.4.2 Eligibility criteria
    - 8.4.2.1 Tooth eligibility
    - 8.4.2.2 Tooth restorability
  - 8.4.3 Pulpectomies and pulpotomies
  - 8.4.4 Documentation requirements for predetermination and post-determination

- 8.5 Periodontal services
  - 8.5.1 General principles
  - 8.5.2 Preventive services
    - 8.5.2.1 Frequency guidelines for polishing, topical fluoride treatment, topical application of an antimicrobial or remineralization agent, scaling and root planing
    - 8.5.2.2 Sealants and preventive resin restorations
  - 8.5.3 Periodontal services
    - 8.5.3.1 Scaling and root planing (additional units)
    - 8.5.3.2 Surgical services
  - 8.5.4 Predetermination documentation requirements for preventive and periodontal services
- 8.6 Prosthodontic services – removable prosthodontics
  - 8.6.1 Partial Denture Trial Project
    - 8.6.1.1 General trial conditions
    - 8.6.1.2 Compliance monitoring
  - 8.6.2 General principles
  - 8.6.3 Removable partial dentures
    - 8.6.3.1 General principles
    - 8.6.3.2 Predetermination documentation requirements for partial dentures
    - 8.6.3.3 Eligibility
  - 8.6.4 Complete dentures
    - 8.6.4.1 General principles
    - 8.6.4.2 Predetermination documentation requirements for complete dentures
    - 8.6.4.3 Eligibility
  - 8.6.5 Non-inserted Removable Prosthodontic Policy
    - 8.6.5.1 Standard partial and complete dentures
    - 8.6.5.2 Immediate partial and complete dentures
- 8.7 Oral surgery services
- 8.8 Orthodontic services

        - 8.8.1 General principles
        - 8.8.2 Eligibility criteria
        - 8.8.3 Orthodontic submissions review process and documentation requirements
            - 8.8.3.1 Step 1: Application of the Modified Handicapping Labio-Lingual Deviation (HLD) Index
            - 8.8.3.2 Step 2: Additional consideration
    - 8.9 Adjunctive services
        - 8.9.1 General principles
        - 8.9.2 Minimal sedation
            - 8.9.2.1 General principles
            - 8.9.2.2 Coverage eligibility
        - 8.9.3 Moderate sedation
            - 8.9.3.1 General principles
            - 8.9.3.2 Coverage eligibility
        - 8.9.4 Deep sedation and general anesthesia
            - 8.9.4.1 General principles
            - 8.9.4.2 Coverage eligibility
        - 8.9.5 Documentation requirements for predetermination and post-determination
- 9.0 Appendices
    - Appendix A: NIHB Regional Dental Benefit Grids
    - Appendix B: NIHB Dental Predetermination Centre contact information
    - Appendix C: Client eligibility
    - Appendix D: Appeal process
    - Appendix E: Provider Claim Verification Program (PCVP)


# 1.0 Introduction

The NIHB program provides eligible First Nations and Inuit with coverage for a range of medically necessary health benefits when these benefits are not otherwise covered by:

- private health insurance plans
- provincial/territorial health insurance plans
- social programs

The benefits provided under the NIHB program include:

- prescription drugs and over-the-counter medications
- dental care
- vision care
- medical supplies and equipment
- mental health counselling
- medical transportation (to access medical services not available on-reserve or in the community of residence)

## 1.1 NIHB program dental benefits

The NIHB program's dental benefit covers the following services:

- diagnostic
- preventive
- restorative
- endodontic
- periodontal
- removable prosthodontic
- oral surgery
- orthodontic
- adjunctive

The individual services are listed in the NIHB Regional Dental Benefit Grids available on the Express Scripts Canada NIHB provider and client website and are based on:

- Canadian Dental Association (CDA) Uniform System of Coding & List of Services
- Association des chirurgiens dentistes du Québec (ACDQ) Fee Guide
- Fédération des dentistes spécialistes du Québec (FDSQ) Fee Guide
- Denturist Association of Canada (DAC) Procedure Codes Master List
- Canadian Dental Hygienists Association (CDHA) National List of Service Codes

Terms and conditions for coverage are detailed in section 3.0 Terms and conditions

### 1.2 Purpose of the Dental Benefit Guide

The Dental Benefits Guide summarizes the terms and conditions, criteria, guidelines and policies under which the NIHB program covers dental services for eligible First Nations and Inuit clients.

As policies and procedures evolve, the guide is updated accordingly and dental providers are advised of these changes through the program's newsletters and bulletins available on the Express Scripts Canada NIHB provider and client website and other communication tools.

**Dental providers are advised to read and retain the most current version of the guide to ensure continued compliance with the terms and conditions of their NIHB Billing Agreement.** In the event of a contradiction between document versions, the provisions of the Indigenous Services Canada web-posted guide, along with the latest NIHB dental publications and Regional Dental Benefit Grids, will prevail.

# 2.0 General principles

- The NIHB Dental Benefits Guide applies to the coverage of dental benefits by the NIHB Dental Predetermination Centre or by First Nations or Inuit Health Authorities or organizations (including territorial governments) who, under a contribution agreement, have assumed responsibility for the administration and coverage of dental benefits to eligible clients.

- Dental benefits are covered in accordance with the mandate of the NIHB program. NIHB clients do not pay deductibles or co-payments. The NIHB program encourages dental providers to bill the program directly and not to balance-bill clients so that clients do not face charges at the point of service.
- The NIHB program provides benefits based on policies established to provide eligible clients with access to benefits not otherwise available under federal, provincial, territorial or private health plans.
- The NIHB program covers most dental procedures that treat dental disease or the consequences of dental disease.
- Coverage of dental services is determined on an individual basis taking into consideration criteria such as the client's oral health status.
- The NIHB program will consider coverage beyond its frequency limitations for eligible dental services required as a result of trauma, as long as the client's condition meets the established policies, guidelines and criteria.
- Certain dental services are not covered under the NIHB program (for example, temporomandibular joint therapy and appliances, extensive rehabilitation and cosmetic treatment). These services are defined as exclusions and cannot be considered for appeal.
- Consistent with the NIHB program policies for all benefits, the program does not cover any dental procedures related to non-eligible dental services, nor does it cover dental procedures related to a dental service reviewed by the program where it did not meet the established policies, guidelines and criteria.
- Dental benefits must be provided by an NIHB recognized dental provider who is licensed and in good standing with the regulatory body of the province/territory in which they practice. A dental provider includes:
    - a dentist
    - a dental specialist
    - an independent dental hygienist
    - a denturist
- The dental provider may provide eligible clients with medically necessary NIHB eligible dental services, provided that the services are rendered within the NIHB program which includes:
    - policies
    - guidelines and criteria
    - frequency limitations
    - predetermination requirements

- When claiming for services, it is the dental provider's responsibility to:
    - verify the eligibility of the client
    - ensure that no limitations will be exceeded; and
    - ensure compliance with NIHB coverage criteria, guidelines and policies

# 3.0 Terms and conditions

To be eligible for payment of services rendered, dental providers must adhere to the terms and conditions of the NIHB program. These are detailed in the Dental Claims Submission Kit available on the Express Scripts Canada NIHB provider and client website, including the procedures for verifying client eligibility and submitting NIHB benefit claims.

Dental providers are to assist NIHB clients in completing and submitting claim forms for client reimbursements. Along with supporting documentation attached to claim forms, the mandatory data elements that must be completed on forms include:

- tooth number
- procedure code
- date of service (DOS)
- client identification
- client address
- band number and/or family number
- date of birth
- provider information
- provider and client (parent/legal guardian) signatures

# 4.0 Payment and reimbursement

Dental providers are encouraged to enroll with the NIHB program and to send their claims directly to Express Scripts Canada so that clients do not pay fees at the point of service. For some clients, balance billing and charging up front for services are barriers to accessing medically necessary dental services.

All claims must be received by the NIHB program within one (1) year from the date of service to be eligible for payment or reimbursement. The service must be an eligible benefit under the NIHB program as of the date of service, and all policies and requirements for coverage apply.

This policy applies to payments to NIHB enrolled providers for services rendered, and reimbursements to clients who have paid fees directly to an NIHB-recognized provider for eligible services.

**Note:**

- The One (1) Year Policy applies to the initial claim submission and includes all subsequent resubmissions following a rejection under NIHB (for example, missing required data elements; incorrect procedure code used, client has alternative coverage, etc.).
- The coordination of benefits with other plans must also be completed within one (1) year from the date of service.

Claims older than one (1) year from the date of service are not eligible for payment or client reimbursement and therefore will not be accepted for processing.

All requests for client reimbursement of eligible benefits must include:

- receipt(s) for proof of payment;
- **NIHB Client Reimbursement Form** completed and signed; and
- **ONE** of the following:
    - Association des chirurgiens dentistes du Québec (ACDQ) Dental Claim and Treatment Plan Form
    - Standard Dental Claim Form; or
    - Canadian Association of Orthodontics Information Form

    **OR**

- receipt(s) for proof of payment; and
- **NIHB Dental Claim Form (DENT-29)** completed and signed

If applicable, a detailed statement or Explanation of Benefits (EOB) from all other health plan(s)/program(s) must be provided.

**Note:** Credit card/debit (Interac) slips, cash register receipts or statements of account are not accepted.

### Quick links

- NIHB Client Reimbursement Form available on the Express Scripts Canada NIHB provider and client website
- NIHB Dental Claim, Predetermination & Post-Determination Form (Dent-29) available on the Express Scripts Canada NIHB provider and client website

### 4.1 Coordination of benefits

Clients are required to access any public or private health or provincial/territorial programs for which they are eligible prior to accessing the NIHB program. When an NIHB-eligible client is also covered by another public or private health care plan, claims must be submitted to the client's other health care or benefits plan first. 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.

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.

### 4.2 Laboratory fee submission

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. However, the NIHB program reserves the right to require a copy of the laboratory report and to adjust the laboratory fee requested by dental providers.

# 5.0 Privacy statement

Indigenous Services Canada's NIHB program has the responsibility to protect personal information under its control in accordance with the *Privacy Act* and its related Treasury Board policy and directives, and is responsible for ensuring that the personal information collected is limited to that which is necessary to administer the program.

For more information, please contact Indigenous Services Canada's Access to Information and Privacy (ATIP) Coordinator at 819-997-8277 or aadnc.atiprequest-aiprpdemande.aandc@canada.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

# 6.0 Definitions

**Exceptions:** These are dental procedures that are outside the NIHB program scope of benefits or procedures that require special consideration. Requests must be supported with a rationale and predetermination is mandatory.

**Exclusions:** These are dental procedures that are outside the mandate of the NIHB program and will not be considered for coverage nor considered for appeal, for example, temporomandibular joint therapy and appliances, fixed prosthodontics (bridges and all bridge related procedures), implants and all implant related procedures, veneers, cosmetic services, ridge augmentation, and appliances to treat bruxism.

**Frequency limitation:** Limitations put against procedure codes so maximums are not exceeded, as specified in the current NIHB Regional Dental Benefit Grids and in the present Dental Benefits Guide.

**Predetermination (PD):** Predetermination is a method for the administration and adjudication of dental benefits. Predetermination is seeking review prior to proceeding with treatment and enables both the dental provider and client to understand the benefit coverage commitments.

**Post-determination:** Post-determination is a method for the administration and adjudication of dental benefits for service which has been rendered. This is a submission that will be considered for coverage under specific circumstances under the NIHB program and must be supported with a rationale.

**Appeal process:** This is a client (parent/guardian)-initiated process seeking reconsideration of a denied request under the NIHB program. Note that exclusions are not considered for appeal.

**NIHB dental provider:** A licensed dental professional who is in good standing with the regulatory body in the province or territory in which they practice and who is enrolled with the NIHB program.

**Current radiograph:** Radiographs that are dated within one year (in other words, within the last twelve months) of the submission.

# 7.0 Submission requirements

The NIHB program requires the following standard documentation and information for the review of any predetermination and post-determination request:

- predetermination/post-determination request on **one** of the following forms:
    - Standard Dental Claim Form
    - Association des chirurgiens dentistes du Québec (ACDQ) Dental Claim and Treatment Form
    - computer generated form
    - Canadian Dental Hygienists Association (CDHA) National Dental Hygiene Claim Form
    - NIHB Dental Claim Form (Dent-29)
- comprehensive treatment plan from the treating and/or referring dental provider, indicating all completed treatments **and** pending treatment needs, including restorative, periodontal, removable prosthodontic, endodontic, orthodontic and surgical services
- current conventional or digital radiographs (within last twelve months):
    - periapical and bitewing radiographs:
        - must be of good diagnostic quality (in other words, size, resolution, contrast); and
        - must be mounted and labelled with the date of service, client name and provider name
    - a panoramic radiograph may be submitted in addition to, but not in place of bitewing and periapical radiographs
      **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, dental providers are requested to print a measurement scale on the radiographs to facilitate the assessment.

- notation of all missing teeth
- periodontal charting, and/or Periodontal Screening and Recording (PSR), and/or Periodontal assessment
- periodontal tooth specific measurements (6 sites/tooth), where applicable (Refer to the appropriate policy in this guide)
- all pertinent clinical findings/notes supporting the predetermination request
- at NIHB's request, other documentation may be required

**Note:** It is mandatory for dental providers to maintain a client chart/record documenting and supporting the services provided, claimed, and paid for by the NIHB program. A procedure code and/or name of services rendered are not sufficient in a client chart/record to adequately support the validation of a payment. This statement applies to all claim requests under the NIHB program.

# 8.0 NIHB dental procedures

## 8.1 Diagnostic services

### 8.1.1 Examinations

Clients under seventeen (17) years of age are eligible for up to four (4) examinations and those seventeen (17) and older are eligible for up to three (3) examinations in any twelve (12) month period provided these examinations are within their frequency limitations and carried out by legally licensed dental professionals.

These examinations can include:

- examination and diagnosis complete
- examination and diagnosis limited, new patient
- examination and diagnosis recall
- examination and diagnosis specific

- examination and diagnosis emergency

Frequency limitations take into account overall interactions between various examination services rendered by the same provider, different providers within the same office or different offices, as well as the eligibility period for each service.

Examinations performed by dental specialists and denturists do not count against the maximum number of eligible annual examinations.

**Frequency guidelines for examinations**

| Dental procedure | Frequency guidelines |
|---|---|
| Complete oral examination and diagnosis | 1 in any 60 months<br><br>When a complete examination is provided, it replaces the recall examination and the new patient limited examination for the respective eligible period. |
| New patient limited | 1 in a lifetime, with same provider or different provider in the same office<br><br>1 in any 12 months, with different provider in a different office |
| Recall examination | Age 17+: 1 in any 12 months<br><br>Under age 17: 1 in any 6 months |

| Frequency guidelines for examinations | |
|---|---|
| **Dental procedure** | **Frequency guidelines** |
| Specific examination | 1 in any 12 months |
| Emergency examinations | 1 in any 12 months |
| Specialist Examinations and Diagnosis - complete (require predetermination) | 1 in any 60 months per specialty (with GP referral and justification for the referral)<br><br>When a specialist complete examination is adjudicated within a twelve (12) month period, it eliminates specialist limited examination within the same specialty in that twelve (12) month period. |
| Specialist examination and diagnosis - limited | 1 in any 12 months by specialty (with GP referral and justification for the referral) |

### 8.1.2 Radiographs

All radiographs submitted with a treatment plan must be current, mounted, dated with the date of service, and of good diagnostic quality. Both dental provider and client names must be indicated on the mount. Whenever duplicate radiographs are submitted, the dental provider must indicate on the radiograph whether the radiograph is on the right or left side of the client's mouth.

When submitting enlarged digital radiographs, of any type, dental providers are requested to print a measurement scale on the radiograph to facilitate the assessment.

Radiographs are considered "current" for predetermination purposes if dated within one year of the predetermination submission.

#### 8.1.2.1 Frequency guidelines for radiographs

**Frequency guidelines for radiographs**

| Dental procedure | Frequency guidelines |
|---|---|
| Intraoral periapical radiographs (11-15 films), complete series | 1 in any 60 months<br><br>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 radiographs | 1 in any 60 months; up to 3 in a lifetime<br><br>Not to be covered in conjunction with periapical radiographs (11-15 films) or a complete series for the time period (60 months) |

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

#### 8.1.2.2 Cone beam computerized tomographies

Cone beam computerized tomographies (CBCT) are **not** eligible services under the NIHB program.

However, a CBCT will be considered for coverage **on an exception** basis under the following circumstances:

- localization of unerupted or impacted teeth and proximal to important anatomical structures
- assessment of endodontically treated teeth for re-treatment and apicoectomy/retrofilling
- dentoalveolar trauma
- assessment of selected cases of infrabony periodontal defects, when conventional radiography is inconclusive to lead a treatment decision
- orthognathic surgery

These services require predetermination and must be supported by chart notes/reports.

**Note:** Coverage of a CBCT for caries detection or orthodontic evaluations **will not** be considered.

### 8.1.3 Laboratory tests, analysis

When submitting requests for coverage of laboratory tests/analysis, a copy of the laboratory report is required.

## 8.2 Preventive services

For preventive services including polishing, scaling, topical fluoride treatments, pit and fissure sealants/preventive restorative resin services, please refer to the Preventive and Periodontal Policy in section 8.5 Periodontal services.

### 8.2.1 Frequency guidelines for interproximal disking of teeth

**Frequency guidelines for interproximal disking of teeth**

| Dental procedure | Frequency guidelines |
|---|---|
| Interproximal disking of teeth (requires predetermination) | 1 unit in any 12 months |

### 8.2.2 Oral appliances for sleep apnea

Oral appliances for sleep apnea are **not** eligible services under the NIHB program. However, they will be considered for coverage **on an exception** basis for mild and moderate sleep apnea cases, under the following conditions:

- the request has been submitted for predetermination
- the client is 18 years of age or older
- NIHB records indicate that:
    - the client met the NIHB criteria for a Continuous Positive Airway Pressure (CPAP) rental trial
    - CPAP therapy was trialed for a minimum period of three (3) months; and
    - the client was unable to adhere to CPAP therapy during the trial period as deemed by the NIHB Medical Supplies and Equipment (MSE) benefit unit review process
- the request is supported with a current prescription within 12 months from a physician or nurse practitioner
- the oral sleep apnea appliance is requested within 24 months of the CPAP trial

**Note:** Oral appliances to treat snoring will **not** be considered for coverage.

For information regarding CPAP therapy or other NIHB Medical Supplies and Equipment benefits, clients are encouraged to contact their physician or nurse practitioner.

## 8.3 Restorative services

Repeat restorations/extensions for the same tooth performed by the same provider or different provider in the same office, excluding a core or crown, within a two (2) year time frame are subject to audit and require a written rationale documented in the client's chart on the date of service delivery.

Restorations for incisal wear involving enamel and dentin are considered cosmetic/aesthetic services (exclusions) under the NIHB program and therefore will not be considered for payment.

### 8.3.1 Restorations, primary teeth

Requirements for restoration of **primary incisor teeth 51, 52, 61, 62, 71, 72, 81, 82**:

- clients must be under the age of five
- tooth is eligible once (1) in any 12-month period by the same provider, or different provider in the same office
- no combination of procedure codes, surfaces, classes involving, or not, distinct claim lines for the same tooth, should exceed in one visit the cost applicable to the collective number of procedure code/surfaces/classes restored, up to a maximum cost of a polycarbonate crown (the lesser amount to be paid)
- when both composite and amalgam procedure codes are billed on the same tooth, the system will pay the cost of the lesser amount up to a maximum cost of a polycarbonate crown (the lesser amount to be paid)
- bonded amalgams are covered at the rate of a non-bonded equivalent

Requirements for restoration of **primary teeth 53, 54, 55, 63, 64, 65, 73, 74, 75, 83, 84, 85**:

- tooth is eligible once (1) in any 12-month period by the same provider, or different provider in the same office
- no combination of procedure codes, surfaces, classes involving, or not, distinct claim lines for the same tooth, should exceed in one visit the cost applicable to the collective number of procedure code/surfaces/classes restored, up to a maximum cost of a stainless steel crown (SS) (the lesser amount to be paid)
- when both composite and amalgam procedure codes are billed on the same tooth, the system will pay the cost of the lesser amount up to a maximum cost of a SS crown (the lesser amount to be paid)

- bonded amalgams are covered at the rate of a non-bonded equivalent

### 8.3.2 Restorations, permanent teeth

Requirements for restoration of permanent anterior and posterior teeth:

- tooth is eligible once (1) in any 12-month period by the same provider, or different provider in the same office
- no combination of procedure codes, surfaces, classes involving, or not, distinct claim lines for the same tooth, should exceed in one visit the cost applicable to the collective number of distinct surfaces restored, up to a maximum cost of five surface restorations or complete tooth reconstruction (the lesser amount to be paid)
- when both composite and amalgam procedure codes are billed on the same tooth, the system will pay the cost of the lesser amount up to a maximum cost of an amalgam five surface restoration/complete tooth reconstruction (the lesser amount to be paid)
- bonded amalgams are covered at a rate of a non-bonded equivalent

### 8.3.3 Caries, trauma and pain control

If requested for the same date of service and for the same tooth, caries, trauma and pain control procedures will not be considered for coverage in conjunction with any of the following procedures:

- restorations
- open and drain
- pulpectomy
- pulpotomy
- root canal

| Frequency guidelines for caries, trauma and pain control | |
|---|---|
| **Dental procedure** | **Frequency guidelines** |
| Caries, trauma and pain control | Maximum 2 teeth in a lifetime, as an emergency |

### 8.3.4 Cores and posts

Cores are eligible **only** if the existing restoration is greater than twelve (12) months old, and will be considered for coverage **only** in conjunction with an approved predetermination crown request.

Bonded amalgam cores are covered at a rate of a non-bonded equivalent.

A prefabricated post/pin is eligible only when inadequate coronal tooth structure is remaining to retain a restoration.

Prefabricated posts in combination with core, including pin(s) where applicable, will be considered for coverage **only** in conjunction with an approved predetermination crown request. When a prefabricated post, pin(s), and a core procedure codes are requested individually for the same tooth for a crown, the program will adjust the fee at the rate of the combination procedure code.

Cores, and prefabricated posts in combination with cores, are eligible only for clients 18 years of age and older.

| Frequency guidelines for cores and posts | |
|---|---|
| **Dental procedure** | **Frequency guidelines** |
| Cores and posts (require predetermination) | 4 in any 10 years per client (permanent teeth only) |
| Post removal | 1 in a lifetime, per permanent tooth |

### 8.3.5 Crowns

**Crown Policy**

#### 8.3.5.1 General principles

- The following types of single unit crowns are eligible for coverage:
    - cast full metal
    - porcelain/ceramic-fused to metal
    - porcelain/ceramic
- These services require predetermination
- The NIHB program will consider coverage of crowns for clients 18 years of age and older
- There is a frequency limitation of:
    - four (4) crowns in any 10 year period per client

    - one (1) crown per eligible tooth in any eight (8) year period (96 months)
- The NIHB program will consider coverage of a crown when both the tooth eligibility and restorability criteria have been met
- Any types of crowns supported by implants, as well as all implant related procedures are **not** covered under the NIHB program. These procedures are considered exclusions and are not considered for appeal.
- All basic treatment addressing any existing active biological disease (caries and periodontal), must be completed before submitting requests for crowns
- The NIHB program will not consider coverage of a crown:
    - to improve aesthetics
    - to treat sensitivity due to: cracked tooth syndrome, erosion, abrasion or attrition
    - to treat stress fractures or chipping on teeth that have a minimal restoration or no restoration
    - for high caries risk individuals or those with generalized moderate to severe periodontal disease when there is evidence of long-standing, uncontrolled and/or untreated rampant biological disease (either caries or periodontal disease)

#### 8.3.5.2 Eligibility criteria

##### 8.3.5.2.1 Tooth eligibility

The NIHB program will consider coverage of a single unit crown on:

- incisors, canines, bicuspids, first and second molars; and
- third molars where the first and the second molars are missing and the third molar is in occlusion with a prosthetic or natural molar

##### 8.3.5.2.2 Tooth restorability

The NIHB program will consider coverage of a single unit crown on endodontically and non-endodontically treated teeth when **all** of the following criteria are met:

- adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on submitted radiographs with absence of furcation involvement

- absence of active periodontal disease
- adequate remaining non-diseased tooth structure to ensure that biologic width (3 mm) is maintained and adequate ferrule (1.5 mm) is achieved during restoration
- an extensively restored tooth where the existing tooth structure can no longer support a direct restoration. The program defines an extensively restored tooth as follows:
    - for all anterior teeth (endodontically and non-endodontically treated): restoration/loss of tooth structure involves the entire incisal edge, from mesial to distal, and extends cervically to both interproximal contacts
    - for endodontically treated premolars and molars: restoration/loss of tooth structure involves three or more continuous surfaces and involves either both mesial and distal marginal ridges, or the entire destruction of a cusp, as demonstrated with radiographs. In addition, providers have the choice to submit photographs, if available
    - for non-endodontically treated premolars and molars: restoration/loss of tooth structure involves five continuous surfaces
- a mesio-distal space (vertically and horizontally) equivalent to that of the natural tooth with no loss of space due to caries or crowding
- a tooth that does not require any additional treatment, such as crown lengthening, root re-sectioning or orthodontic treatment
- endodontically treated teeth must be proven successful as demonstrated on a postoperative periapical radiograph showing that healing has occurred

#### 8.3.5.3 Documentation requirements for predetermination and post-determination

- Predetermination and post-determination must be requested on **one** of the following completed forms:
    - Standard Dental Claim Form
    - Association des chirurgiens dentistes du Québec (ACDQ) Dental Claim and Treatment Form
    - computer generated form
    - NIHB Dental Claim Form (DENT-29)
- Proposed treatment plan
- Radiographs (within last twelve months):
    - periapical and bitewing radiographs

    - **postoperative** periapical radiograph must be submitted for a tooth that has been endodontically treated in the last 12 months
    - panoramic radiograph when it is not possible to obtain periapical or bitewing radiographs
- Photographs of tooth (teeth), if available
- Notation of all missing teeth
- Periodontal charting, and/or Periodontal Screening and Recording (PSR), and/or Periodontal assessment
- Periodontal measurements (6 sites/tooth) for the tooth/teeth under review

**Note: For detailed specifications, please refer to section 7.0 Submission requirements.**

#### 8.3.5.4 Non-Inserted Crown Policy

For non-inserted crowns, the NIHB program will consider paying up to 20% of the current NIHB professional fee and up to 100% of a reasonable laboratory fee associated with the fabrication of a crown, if applicable, under the following conditions:

- the crown 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

**Note:** A non-inserted crown that has been claimed without complying with the above noted conditions and has been paid in full by the NIHB program will result in a payment recovery.

**Frequency guidelines for crowns**

| Dental procedure | Frequency guidelines |
|---|---|
| Crowns (require predetermination) | 4 in any 10 years per client<br><br>1 per eligible tooth in any eight (8) year period (96 months) |
| Repair to crowns | 1 in any 36 months, per tooth |
| Recementation of crowns | 1 in any 36 months, per tooth |

## 8.4 Endodontic services

**Endodontic Policy**

### 8.4.1 General principles

- Predetermination **is not required** for standard root canal treatment (RCT) on anterior teeth, bicuspids, and first and second molars
- Predetermination **is required** for root canal re-treatment, apicoectomy, retrofilling on all teeth, and standard root canal treatment on third molars
- There is a frequency limitation of three (3) standard root canal treatment procedures in any 36 month period for all teeth. Once the frequency has been reached, subsequent root canal treatment procedures require predetermination.

- There is a frequency limitation of one (1) root canal re-treatment, one (1) apicoectomy, and one (1) retrofilling per tooth, per lifetime
- The NIHB program will consider coverage for a root canal treatment when the tooth eligibility and restorability criteria have been met
- The NIHB program will not consider coverage for a root canal treatment for high caries risk individuals or those with generalized moderate to severe periodontal disease when there is evidence of long-standing, uncontrolled, and/or untreated rampant biological disease (either caries or periodontal disease)
- While assessing predetermination submissions for other dental services, any paid standard root canal treatment observed in the supporting documentation provided that were claimed without a predetermination and determined non-compliant with the Endodontic Policy, will be subject to payment recovery
- For recurrent non-compliant providers, the NIHB program may reinstate the predetermination requirement for a standard root canal treatment

### 8.4.2 Eligibility criteria

#### 8.4.2.1 Tooth eligibility

The NIHB program will consider coverage of a root canal treatment on:

- incisors, canines, bicuspids, first and second molars; and
- third molars where the first and the second molars are missing and the third molar is in occlusion with a prosthetic or natural molar

#### 8.4.2.2 Tooth restorability

The NIHB program will consider coverage of a root canal treatment when **all** of the following criteria are met:

- adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on submitted radiographs with absence of furcation involvement
- absence of active periodontal disease
- adequate remaining non-diseased tooth structure to ensure that biologic width (3 mm) can be maintained during restoration
- a mesio-distal space (vertically and horizontally) equivalent to that of the natural tooth with no loss of space due to caries or crowding; and

- a tooth that does not require any additional dental treatment such as crown lengthening, root resectioning or orthodontic treatment

### 8.4.3 Pulpectomies and pulpotomies

- Coverage for pulpectomy/pulpotomy is one (1) per tooth/per lifetime
- Pulpotomies and pulpectomies are not eligible on primary incisor (teeth number 51, 52, 61, 62, 71, 72, 81 and 82)
- Incomplete approved root canal treatment requests will be paid to the equivalent of a pulpectomy
- The final fee for a root canal treatment includes the cost associated with a pulpectomy/pulpotomy and open and drain within the three month period prior to the completion of the root canal treatment, when performed by the same provider/same office
- The final fee for a root canal treatment or pulpectomy/pulpotomy includes the fee for the temporary restoration and its replacement if required
- Stainless steel crowns are indicated for restoring teeth following either a pulpectomy or pulpotomy

### 8.4.4 Documentation requirements for predetermination and post-determination

- Predetermination and post-determination must be requested on **one** of the following completed forms:
    - Standard Dental Claim Form
    - Association des chirurgiens dentistes du Québec (ACDQ) Dental Claim and Treatment Plan Form
    - computer generated form
    - NIHB Dental Claim Form (DENT-29)
- Proposed treatment plan
- Radiographs (within last twelve months):
    - periapical and bitewing radiographs
    - a panoramic radiograph when is not possible to obtain periapical or bitewing radiographs
- Notation of all missing teeth

- Periodontal charting, and/or Periodontal Screening and Recording (PSR), and/or Periodontal assessment
- Periodontal measurements (6 sites/tooth) for the tooth/teeth under review

**Note: For detailed specifications, please refer to section 7.0 Submission requirements.**

**Frequency guidelines for root canal therapy**

| Dental procedure | Frequency guidelines |
|---|---|
| Standard root canal therapy | 3 root canal treatments in any 36 months for all teeth |
| Root canal re-treatment, apicoectomy, retrofilling | 1 root canal re-treatment, 1 apicoectomy and 1 retrofilling per tooth, per lifetime |

## 8.5 Periodontal services

**Preventive and Periodontal Policy**

### 8.5.1 General principles

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

### 8.5.2 Preventive services

#### 8.5.2.1 Frequency guidelines for polishing, topical fluoride treatment, topical application of an antimicrobial or remineralization agent, scaling and root planing

**Frequency guidelines**

| Age | 0-11 years | 12-16 years | 17+ years |
|---|---|---|---|
| Recall exam<br>Annual maximum Footnote* | 1 in any 6 month period | 1 in any 6 month period | 1 in any 12 month period |
| Polishing<br>Annual maximum | 1 time in any 6 month period | 1 time in any 6 month period | 1 time in any 12 month period |
| Topical fluoride<br>Annual maximum (includes fluoride varnish and other topical fluoride eligible treatments) | 1 treatment in any 6 month period | 1 treatment in any 6 month period | 1 treatment in any 12 month period |

| Frequency guidelines | | | |
|---|---|---|---|
| **Age** | **0-11 years** | **12-16 years** | **17+ years** |
| Topical application to hard tissue lesion(s) of an antimicrobial or remineralization agent (includes silver diamine fluoride) | 3 treatments in any 12 month period | 3 treatments in any 12 month period | 1 treatment in any 12 month period |
| Scaling in combination with root planing<br>Annual maximum (no predetermination) | 1 unit in any 12 month period | 2 units in any 12 month period | 4 units in any 12 month period |
| **Footnote for table 8**<br>Please refer to section 8.1 Diagnostic services for frequency guidelines.<br>Return to footnote*referrer | | | |

#### 8.5.2.2 Sealants and preventive resin restorations

- Clients seventeen (17) years of age and under are covered for sealants and preventive resin restorations on the occlusal surface of permanent molars (16, 26, 36, 46, 17, 27, 37, 47), bicuspids (14, 15, 24, 25, 34, 35, 44, 45); and on the lingual surface of permanent maxillary incisors (11, 12, 21, 22), where surfaces are unrestored
- There will be a lifetime limit of two (2) sealants/preventive resin restorations per eligible tooth

### 8.5.3 Periodontal services

#### 8.5.3.1 Scaling and root planing (additional units)

- Predetermination is required for the NIHB program to consider coverage for additional units of scaling and root planing over the maximum allowable units covered without predetermination (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)
- Eligibility for additional units of scaling and root planing will be based on several factors including:
    - the severity of periodontal disease based on current (within the last 12 months) clinical notes, diagnosis and prognosis, complete periodontal charting, and radiographs
    - comprehensive treatment plan addressing all client oral health needs
    - the date of the last visit for periodontal and preventive services
    - the regularity and compliance of periodontal maintenance; and
    - medical condition relative to periodontal diseases including any prescribed medication

#### 8.5.3.2 Surgical services

- Periodontal surgeries **are not** eligible services under the NIHB program, however certain surgeries will be considered for coverage on an exception basis (predetermination required):
    - gingivoplasties/gingivectomies for the treatment of drug-induced gingival hyperplasia that is unresponsive to non-surgical periodontal therapy; and
    - gingival grafts for the treatment of gingival recession leading to minimally attached/keratinized gingiva on a tooth that is a critical abutment for a removable prosthesis

      **Note:** Coverage of gingival grafts for teeth with chronic periodontal disease or performed for esthetic purposes will not be considered.

### 8.5.4 Predetermination documentation requirements for preventive and periodontal services

The NIHB program requires the following documentation for the review of a preventive/periodontal service predetermination request:

- predetermination requested on one of the following forms:
    - Standard Dental Claim Form

    - Association des chirurgiens dentistes du Québec (ACDQ) Dental Claim and Treatment Form
    - computer generated form
    - Canadian Dental Hygienists Association (CDHA) National Dental Hygiene Claim Form
    - NIHB Dental Claim Form (Dent-29)
- comprehensive treatment plan from the treating and/or referring dental provider, indicating all completed treatment **and** pending treatment needs including restorative, periodontal, prosthodontic, endodontic, orthodontic, and surgical services
- current conventional or digital radiographs (within the last twelve months):
    - periapical and bitewing radiographs:
        - must be of good diagnostic quality (in other words, size, resolution, contrast), and
        - must be mounted and labeled with the date of service, client name, and provider name
    - a panoramic radiograph may be submitted in addition to, but not in place of bitewing and periapical radiographs
      **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, dental providers are requested to print a measurement scale on the radiograph to facilitate the assessment.
- periodontal charting with information regarding:
    - missing teeth
    - probing depths (6 sites/tooth)
    - recession
    - area of minimal attached gingiva
    - mobility
    - bleeding on probing, suppuration
    - plaque (generalized/localized, minimal/moderate/abundant)
    - calculus (generalized/localized, minimal/moderate/abundant)
    - furcation; and
    - abscess/fistula
- periodontal diagnosis and prognosis

- all pertinent clinical findings/notes supporting the predetermination request

**Frequency guidelines for the management of oral disease**

| Dental procedure | Frequency guidelines |
|---|---|
| Management of oral disease (require predetermination) | Eligible once (1) in any twelve (12) month period |

## 8.6 Prosthodontic services – removable prosthodontics

### 8.6.1 Partial Denture Trial Project

Starting February 19, 2018, the Non-Insured Health Benefits (NIHB) program, in consultation with the Canadian Dental Association (CDA), the Association des chirurgiens dentistes du Québec (ACDQ), and The Denturist Association of Canada (The DAC), initiated a nationwide eight year Partial Denture Trial Project. The project will assess the merits, feasibility and appropriateness of a streamlined predetermination (PD) submission process for partial dentures under the NIHB program's dental benefit.

All predetermination requests under the trial project must be sent **by fax** to **1-833-517-0378**.

#### 8.6.1.1 General trial conditions:

- Providers should read the NIHB Partial Denture Trial Project Form as it contains all the requirements under the project, including the criteria for coverage and consequence of non-compliance
- The trial project is open to all dentists and denturists enrolled with the NIHB program

- Participation in the trial project is voluntary. Providers can decide to participate by submitting qualifying partial denture cases to the dedicated fax line. Providers who choose not to participate are to submit their partial denture cases through the regular predetermination (PD) process instead
- Under the trial project, NIHB will accept faxed predetermination submissions at the dedicated toll free number for new or replacement partial dentures meeting the frequency requirements as outlined in the NIHB Removable Prosthodontic Policy
- Each predetermination submitted under the trial project must be accompanied by a completed and signed NIHB Partial Denture Trial Project Form available on the Express Scripts Canada NIHB provider and client website
- **All other dental services requiring predetermination, including partial denture cases that do not meet frequency requirements, must be mailed to the Dental Predetermination Centre as per the regular predetermination process.** Any such predetermination requests submitted to the trial project fax will not be processed and the provider will be notified

**Note: The program reserves the right to make changes to the trial project and to discontinue it at any time. Providers will be informed in a timely manner of such changes.**

The following table summarizes and compares the trial project submission process to the regular predetermination process for partial dentures under the NIHB program:

| | **Accepted cases under the Partial Denture Trial Project** | **All other cases must follow the regular predetermination submission process** |
|---|---|---|
| **Type of cases submitted** | Eligible partial dentures meeting frequency requirements | All other eligible services requiring predetermination, including partial dentures not meeting frequency requirements |
| **Predetermination request must be submitted by:** | Fax: 1-833-517-0378 | Mail: Dental Predetermination Centre<br>200 Eglantine Driveway |

| | Accepted cases under the Partial Denture Trial Project | All other cases must follow the regular predetermination submission process |
|---|---|---|
| | | Address Locator 1902D<br>Ottawa, ON K1A 0K9 |
| **NIHB Partial Denture Trial Project Form** | Required for each case;<br>Fax: 1-833-517-0378 | Not required |
| **Supporting documentation** | Do not send documentation;<br>Keep it on file for the duration of the project | Mail documentation to the DPC |
| **Periodontal criteria** | The periodontal criteria below will **not** be applied for the duration of the project | The periodontal criteria below will **not** be applied for the duration of the project |

Periodontal criteria:

"All abutment teeth must have: adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on submitted radiographs; and absence of active periodontal disease".

"If there is evidence of periodontal disease, the NIHB program will not consider coverage for a cast partial denture. However, in such situations, the program may consider coverage for an acrylic partial denture."

| | Accepted cases under the Partial Denture Trial Project | All other cases must follow the regular predetermination submission process |
|---|---|---|
| (References from section 8.6.3.3 Eligibility.) | | |

#### 8.6.1.2 Compliance monitoring

During the trial project, the NIHB Program will conduct compliance monitoring with the criteria described in section A of the NIHB Partial Denture Trial Project Form, which includes the following measures:

- Providers may be randomly selected and requested to submit to the program supporting documentation pertaining to selected trial project cases
- A NIHB Partial Denture Trial Project Committee will be established to assess selected paid partial dentures against the trial criteria
- Failure to submit the required documentation when requested or non-compliance with the NIHB Partial Denture Trial Project criteria will result in recovery of 100% of the provider's professional fee paid by the NIHB program per partial denture. Where funds have been recovered, the provider cannot bill the client for these recovered amounts. Note that laboratory fees will not be subject to recovery
- Repeated non-compliance with the trial project criteria may result in the provider being removed from the trial project, and therefore the provider will need to submit all cases through the regular predetermination submission process

### Removable Prosthodontic Policy

#### 8.6.2 General principles

The general principles of the Removable Prosthodontic Policy are as follows:

- Predetermination is required for complete and partial dentures
- Complete and partial dentures supported by implants as well as all implant related procedures are not a covered benefit under the NIHB program (exclusions)
- The fee for complete and partial dentures includes a three (3) month period of post-insertion care
- Denture adjustments done on the same date of service and in conjunction with the delivery of new dentures, denture repairs, relines, rebases and/or tissue conditioning, are included in the fees billed and paid for these services
- The fee for immediate dentures includes the tissue conditioner, but not the processed reline/rebase
- The overall cost of replacement for a denture may be adjusted in situations where the client's history shows that claims for reline/rebase were paid within three months prior to the request

### 8.6.3 Removable partial dentures

#### 8.6.3.1 General principles

The general principles of removable partial dentures are as follows:

- Removable partial acrylic dentures are covered once in any five (5) year period (60 months) per arch
- Removable partial cast dentures are covered once in any eight (8) year period (96 months) per arch
- Within their respective period, replacement with any type of removable denture (including complete dentures) will not be considered for coverage; however, they will be considered for modifications as per the needs of the client

#### 8.6.3.2 Predetermination documentation requirements for partial dentures

The NIHB program requires the following standard documentation for the review of a partial denture predetermination request:

- predetermination requested on one of the following forms:
    - Standard Dental Claim Form

    - Association des chirurgiens dentistes du Québec (ACDQ) Dental Claim and Treatment Form
    - computer generated form
    - 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):
    - periapical radiographs of abutment teeth and bitewing radiographs:
        - must be of good diagnostic quality (in other words, size, resolution, contrast); and
        - must be mounted and labelled with the date of service, client name and provider name
    - a panoramic radiograph may be submitted in addition to, but not in place of bitewing and periapical radiographs
      **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, dental providers are requested to print a measurement scale on the radiograph to facilitate the assessment.
- notation of all missing teeth
- periodontal charting, and/or Periodontal Screening and Recording (PSR), and/or Periodontal assessment Footnote1
- periodontal measurements (6 sites/tooth) for all of the abutment teeth Footnote1
- all pertinent clinical findings/notes supporting the predetermination request

**Note:** At NIHB's request, diagnostic models or other documentation may be required.

#### 8.6.3.3 Eligibility

The NIHB program will consider coverage for a partial denture for teeth numbered 16 to 26 and 36 to 46 inclusive, under the following conditions:

- **General conditions:**

    - All basic treatment must be completed including:
        - control of caries and of periodontal and periapical disease for all teeth; and
        - restoration of major structural defects in the abutment teeth
    - The space to be replaced is greater than or equal to the corresponding natural teeth (vertically and horizontally)
    - All abutment teeth must have:
        - adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on submitted radiographs Footnote1; and
        - absence of active periodontal disease Footnote1
    - If there is an existing partial cast denture, it must be at least eight (8) years old
    - If there is an existing partial acrylic denture, it must be at least five (5) years old

      **Note:** If there is 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. Footnote1
- **Specific conditions:**
    - There must be one or more missing teeth in the anterior sextant
      or
    - There must be two or more missing posterior teeth in a quadrant excluding second and third molars

### 8.6.4 Complete dentures

#### 8.6.4.1 General principles

The general principles of complete dentures are as follows:

- Complete dentures are covered once in any eight (8) year period per arch
- Predetermination is not required for the replacement of standard removable complete denture provided that the existing denture is at least eight (8) years old. Dental providers should confirm client eligibility by contacting the NIHB Call Centre at Express Scripts Canada prior to providing the service

#### 8.6.4.2 Predetermination documentation requirements for complete dentures

The NIHB program requires the following documentation for the review of a complete denture predetermination request:

- predetermination requested on one of the following forms:
    - Complete Standard Dental Claim Form
    - Association des chirurgiens dentistes du Québec (ACDQ) Dental Claim and Treatment Form
    - computer generated form
    - NIHB Dental Claim Form (Dent-29)
- notation of all missing teeth or planned extractions
- panoramic X-ray (if available)
- all pertinent clinical findings/notes supporting the predetermination request

**Note:** At NIHB's request, diagnostic models or other documentation may be required.

#### 8.6.4.3 Eligibility

The NIHB program will consider coverage for a complete denture:

- for an initial placement; or
- for replacement of an existing complete denture that is at least eight (8) years old

### 8.6.5 Non-inserted Removable Prosthodontic Policy

#### 8.6.5.1 Standard partial and complete dentures

For non-inserted standard partial and complete dentures, the NIHB program will consider paying up to 50% of the current NIHB professional fee and up to 100% of a reasonable laboratory fee associated with the fabrication of a denture, if applicable, under the following conditions:

- the partial or complete denture has been fabricated 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; and
- the provider has communicated the details of the situation in writing to the NIHB Dental Predetermination Centre.

#### 8.6.5.2 Immediate partial and complete dentures

For non-inserted immediate partial and complete dentures, the NIHB program will consider paying up to 50% of the current NIHB professional fee and up to 100% of a reasonable laboratory fee associated with the fabrication of a denture, if applicable, 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; and
- the provider who manufactured the immediate denture has communicated the details of the situation **in writing** to the NIHB Dental Predetermination Centre.

**Note:**

- A non-inserted denture of any type that has been claimed without complying with the above noted conditions and has been paid in full by the NIHB program will result in a payment recovery.
- At the NIHB program's discretion, providers may be required to provide a detailed invoice for any laboratory work.

**Frequency guidelines for dentures**

| Dental procedure | Frequency guidelines |
|---|---|
| Complete/partial cast dentures (require predetermination) | 1 per arch in any 96 months. |

| Frequency guidelines for dentures | |
|---|---|
| **Dental procedure** | **Frequency guidelines** |
| Partial acrylic dentures (require predetermination) | 1 per arch in any 60 months |
| Repairs/additions | 1 per prosthesis in any 12 months. |
| Reline/rebase | 1 per prosthesis in any 24 months. |
| Tissue conditioning | 1 per prosthesis in any 24 months. |

## 8.7 Oral surgery services

Implants and ridge augmentation are exclusions under the NIHB program.

Surgical extractions as well as major surgical procedures require predetermination and must be supported by clinical findings/notes and radiographs.

Surgical extraction requests may be submitted as post-determinations and must be supported by clinical findings/notes and radiographs in order to be considered for coverage.

## 8.8 Orthodontic services

**Orthodontic Policy**

### 8.8.1 General principles

- The NIHB program provides coverage for a specified range of medically necessary orthodontic services for eligible First Nations and Inuit clients, when there is a **severe and functionally handicapping malocclusion** as set out by the Modified Handicapping Labio-Lingual Deviation (HLD) Index. The documents Modified HLD Index and Modified HLD Index – Guidelines are available on the Express Scripts Canada NIHB provider and client website
- The NIHB program covers three (3) types of orthodontic treatment:
    1. Comprehensive
    2. Limited
    3. Interceptive
- The overall cost of multiple phases of orthodontic treatment shall not exceed the total fee of one comprehensive phase, up to the maximum regional NIHB fee
- Predetermination **is required for all** orthodontic services, with the exception of orthodontic examination and orthodontic diagnostic records
- Clients are eligible for coverage for orthodontic services once in a lifetime
- Submissions for orthodontic services will be reviewed using the two-step process detailed in Section 8.8.3 Orthodontic submissions review process and documentation requirements

### 8.8.2 Eligibility criteria

The NIHB program will consider coverage for orthodontic treatment when eligibility and clinical criteria are met.

- **Age**

  Children:

    - Under 18 years of age that meet the clinical criteria of a severe and functionally handicapping malocclusion, taking into consideration any clinical evidence associated with the child's condition that impacts the child

Adults:

  - 18 years of age and over with a craniofacial anomaly (for example, cleft lip and palate) that is associated with a severe and functionally handicapping malocclusion
- **Clinical criteria**
  - A severe and functionally handicapping malocclusion as set out by the Modified Handicapping Labio-Lingual Deviation (HLD) Index
  - Pain/discomfort associated with a severe and functionally handicapping malocclusion
- **Oral health status**
  - Client must have been caries-free for a period of six (6) months prior to submitting the predetermination request; in other words, all basic dental treatment addressing any existing caries, must be completed six (6) months prior to submission; and
  - Client must have maintained a good oral hygiene for a period of six (6) months prior to submitting the predetermination request

**Note:** NIHB must be advised in writing by the treating provider if treatment has been discontinued due to non-compliance or poor oral health.

### 8.8.3 Orthodontic submissions review process and documentation requirements

The NIHB Program must receive the complete predetermination documents prior to the client's 18th birthday[Footnote2] for the request to be considered for review (not applicable to craniofacial anomaly cases).

#### 8.8.3.1 Step 1: Application of the Modified Handicapping Labio-Lingual Deviation (HLD) Index

- Submissions will be reviewed against the Modified HLD Index
- Predetermination must be requested on one of the following completed forms:
  - Canadian Association of Orthodontist (CAO) Standard Orthodontic Information Form
  - Standard Dental Claim Form
  - Association des Chirurgiens Dentistes du Québec (ACDQ) Dental Claim and Treatment Plan Form

    - Computer generated form
    - NIHB Dental Claim Form (DENT-29)
- Pre-treatment diagnostic records must include the following:
    - diagnostic orthodontic models (in any of the formats below)
        - physical models: either trimmed stone models or 3D–printed models with the centric occlusion position marked
        - photo models where overjet, overbite and labio-lingual spread are documented in millimeters (mm)
    - cephalometric radiograph with associated scale for calibration
    - photographs: frontal and profile views; intra-oral depicting right and left occlusal relationship as well as anterior views
    - panoramic radiograph

**Note:** Written confirmation of client's oral health status from the general practitioner may be requested upon the review of the case.

#### 8.8.3.2 Step 2: Additional consideration

- Applicable in situations where the client's condition requires additional consideration beyond **Step 1**
- Submissions will be reviewed against all objective clinical medical/dental evidence supported with appropriate documentation for **each** of the following four (4) areas:
    1. principal diagnosis and significant associated diagnoses
    2. clinical significance or functional impairment related to any clinical signs or symptoms
    3. specific services to be rendered and anticipated time for achievement of goals
    4. any other relevant documentation available which may assist NIHB in making a determination of the severe and functionally handicapping malocclusion

**Note:**

- If all of the clinical medical/dental evidence supported with appropriate documentation listed above is provided in Step 1, it will be reviewed at Step 2
- Additional clinical medical/dental evidence supported with documentation maybe requested upon the review of Step 2
- Subjective statements submitted must be substantiated by objective clinical medical/dental evidence and supported with appropriate documentation

## 8.9 Adjunctive services

### Sedation and General Anesthesia Policy

#### 8.9.1 General principles

- The NIHB program provides coverage for the following sedation services:
    - Minimal sedation
    - Moderate sedation
    - Deep sedation and general anesthesia (including facilities where applicable)
- Fees for eligible sedation and general anesthesia codes include the cost of sedation medication and the induction technique procedure, regardless of route of administration (for example, parenteral, injection)
- Providers must adhere to the conditions of licensing, certification, and accreditation as per provincial or territorial dental regulations
- Where applicable, pediatric treatment under sedation and general anesthesia is to include stainless steel crowns. As per the Non-Insured Health Benefits Oral Health Advisory Committee recommendations and in agreement with the American Academy of Pediatric Dentistry and the Canadian Academy of Pediatric Dentistry, stainless steel crowns **are indicated in the following situations**:
    - restoration of primary and permanent teeth with extensive caries, cervical decalcification, and/or developmental defects (for example, hypoplasia, hypocalcification)
    - following pulpotomy or pulpectomy
    - when failure of other available restorative materials is likely (for example, interproximal caries extending beyond line angles, patients with bruxism)
    - definitive restorative treatment for high caries-risk children
    - intermediate restoration of fractured teeth

#### 8.9.2 Minimal sedation

##### 8.9.2.1 General principles

- Apply to nitrous oxide, a single oral sedative drug, or a combination of nitrous oxide and a single oral sedative drug
- Predetermination is not required for minimal sedation eligible procedure codes
- There is a frequency limitation of 4 sessions in any twelve (12) month period
- Additional sessions above frequency will be considered through predetermination with written justification

#### 8.9.2.2 Coverage eligibility

Clients aged 0 to 11 years

- Treatment cannot be rendered in a normal clinical setting without sedation

Clients aged 12 years and older

- Treatment attempted and was unsuccessful in a normal clinical setting without sedation; or
- Significant mental and/or physical impairment

### 8.9.3 Moderate sedation

#### 8.9.3.1 General principles

- Predetermination is required for moderate sedation; in emergency situations, post-determination will be considered
- Providers are to ensure that other modes of sedation (for example, minimal sedation) have been attempted in a normal clinical setting, when possible, prior to requesting moderate sedation
- There is a frequency limitation of one (1) session in any twelve (12) month period
- Additional sessions above frequency will be considered with written justification

- To limit the associated risks with repeat moderate sedation sessions, when possible, providers are strongly encouraged to complete all necessary treatment in one session

#### 8.9.3.2 Coverage eligibility

Clients aged 0 to 11 years

- Complex or extensive treatment needs; or
- Age-related behaviour management issues, significant mental and/or physical impairment

Clients aged 12 years and older

- Complex or extensive treatment needs; or
- Significant mental and/or physical impairment

### 8.9.4 Deep sedation and general anesthesia

#### 8.9.4.1 General principles

- Predetermination is required for deep sedation and general anesthesia; in emergency situations, post-determination will be considered
- Providers are to ensure that other modes of sedation (for example, minimal and moderate sedation), when possible, have been attempted in a normal clinical setting prior to requesting deep sedation or general anesthesia
- There is a frequency limitation of one (1) session in any twelve (12) month period
- To limit the associated risks with repeat deep sedation or general anesthesia sessions, when possible, providers are strongly encouraged to complete all necessary treatment in one session
- Pediatric clients who require more than one (1) deep sedation/general anesthesia session should be considered for referral to a specialist, when possible

#### 8.9.4.2 Coverage eligibility

Clients aged 0 to 11 years

- Complex or extensive treatment needs, when all deciduous molars are erupted; or
- Age-related behaviour management issues, significant mental and/or physical impairment

Clients aged 12 years and older

- Complex or extensive treatment needs; or
- Significant mental and/or physical impairment

**8.9.5 Documentation requirements for predetermination and post-determination**

- Predetermination and post-determination must be requested on **one** of the following completed forms:
    - Standard Dental Claim Form
    - Association des chirurgiens dentistes du Québec (ACDQ) Dental Claim and Treatment Plan Form
    - computer generated form
    - NIHB Dental Claim Form (DENT-29)
- Planned/proposed treatment to be completed during sedation session
- Duration of sedation session as indicated by time in (HH:MM) and time out (HH:MM) is required for moderate, deep and general anesthesia sedation services
- Radiographs (within the last twelve months):
    - Preoperative periapical and bitewing radiographs (if preoperative radiographs cannot be taken due to uncooperative behaviour, perioperative or postoperative radiographs may be submitted);
      or
    - A panoramic radiograph when it is not possible to obtain periapical or bitewings

**Note: For detailed specifications, please refer to section 7.0 Submission requirements in the NIHB Dental Benefits Guide.**

# 9.0 Appendices

## Appendix A: NIHB Regional Dental Benefit Grids

The NIHB Regional Dental Benefit Grids list what services are eligible by placing benefits into two schedules:

- **Schedule A:** outlines services that may be completed and billed directly to the claims processor for payment (without requiring predetermination)
- **Schedule B:** outlines services that require predetermination

NIHB Regional Dental Benefit Grids are located on the Express Scripts Canada NIHB provider and client website.

## Appendix B: NIHB Dental Predetermination Centre contact information

### Dental services

Non-Insured Health Benefits
First Nations and Inuit Health Branch
Indigenous Services Canada
200 Eglantine Driveway
Address Locator 1902D
Ottawa, Ontario K1A 0K9

Toll-Free Telephone: 1-855-618-6291
Toll-Free Fax: 1-855-618-6290

### Orthodontic services

Non-Insured Health Benefits
First Nations and Inuit Health Branch

Indigenous Services Canada
200 Eglantine Driveway
Address Locator 1902C
Ottawa, ON K1A 0K9

Toll-Free Telephone: 1-866-227-0943
Toll-Free Fax: 1-866-227-0957

## Appendix C: Client eligibility

To be eligible, a client must be a resident of Canada, and **one** of the following:

- a registered First Nations individual who is registered according to the *Indian Act* (commonly referred to as a "status Indian")
- an Inuk recognized by one of the Inuit land claim organizations
- a child less than 18 months of age, whose parent is an NIHB-eligible client

Refer to the NIHB client eligibility webpage or contact the NIHB regional office for information.

More detailed information about the identification and eligibility of clients is also provided in section 4. Client Identification and Eligibility of the Dental Claims Submission Kit available on the Express Scripts Canada NIHB provider and client website.

## Appendix D: Appeal process

### 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 three levels of appeal available to NIHB clients. Appeals must be submitted in writing (dated and signed letter) and must be initiated by the client or a parent/guardian.

Clients can submit appeal requests by mail or online. For online submission, clients will need to create a secure web-based account on the Express Scripts Canada NIHB provider and client website. For mail submissions, please find the instructions below.

At each level, the appeal must be accompanied by supporting documentation. Each level of appeal is reviewed by a different dental professional.

Following the review of each level of appeal, the client/parent/guardian will be provided with a written explanation of the decision within 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 website entitled After you submit your appeal.

### Specific information for orthodontic services

In order for a client to be eligible to appeal a decision regarding orthodontic services, a Predetermination submission must have been received by NIHB Dental Predetermination Centre (Orthodontic services) prior to the client's 18th birthday (not applicable in craniofacial anomaly cases).

All three levels of appeal must be accompanied with the supporting documentation provided by the dental practitioner and be completed prior to the client's 19th birthday (not applicable in craniofacial anomaly cases).

The review for all three levels of appeal will be based on the most current records obtained prior to the commencement of orthodontic treatment.

If a client chooses to start an orthodontic treatment after the request for coverage was denied by the NIHB program, the client may still access the appeal process, as long as the treatment was predetermined before the age of 18, and all levels of appeal are completed before the age of 19 (not applicable in craniofacial anomaly cases). In such situation, all three (3) levels of appeal must be initiated and submitted with all the documentation and information required for predetermination within one year period from the date of service or insertion date. For the complete list of submission requirements, refer to section 8.8.3 Orthodontic submissions review process and documentation requirements.

### Mailing instructions

Please label your submission **"APPEALS – CONFIDENTIAL"** and address it either to the **NIHB Dental Predetermination Centre (Dental Services)** for dental appeals, or **NIHB Dental Predetermination Centre (Orthodontic services)** for orthodontic appeals.

- **Level 1 Appeal:**
  The client/parent/guardian must initiate the appeal process and address their submission to the Director, Dental Policy Development Division and forward their documentation to the NIHB Dental Predetermination Centre.
- **Level 2 Appeal:**
  If the client/parent/guardian does not agree with the Level 1 appeal decision, they may initiate the second level of appeal. The submission should be addressed to the Director, Benefit Management and Review Services Division, and the documentation forwarded to the NIHB Dental Predetermination Centre.
- **Level 3 Appeal:**
  If the client/parent/guardian does not agree with the Level 2 appeal decision, they may initiate the third and final level of appeal. The submission should be addressed to the NIHB Director General, and the documentation forwarded to the NIHB Dental Predetermination Centre.

### Quick links

- Appealing a decision under the NIHB program
- Contact the NIHB program – Dental benefits

### Appendix E: Provider Claim Verification Program (PCVP)

As part of the NIHB program's risk management activities, Indigenous Services Canada has mandated its claims processor to maintain a set of pre-payment and post-payment processes, including claim verification activities.

This function incorporates the review of claims against records to confirm compliance with the terms and conditions of the NIHB program. If under any circumstances it is found that a provider has inappropriately billed the program, claim payments will be recovered; either by direct payment from the provider or withheld from future provider claim statements.

Detailed information about claim verification procedures is included in section 6. Provider Claim Verification Program of the Dental Claims Submission Kit available on the Express Scripts Canada NIHB provider and client website.

## Footnotes

**Footnote 1**

Not applicable for the duration of the trial project.

Return to first footnote1referrer

**Footnote 2**

As per the July 2018 Orthodontic Policy update, clients who did not receive approval for orthodontic coverage between March 24, 2016 and July 31, 2018 can resubmit their original request for consideration under the updated criteria and process outlined in this section. Clients must submit a signed letter, requesting a reconsideration of the case, as well as pre-treatment orthodontic diagnostic records obtained through their orthodontist. As per the updated criteria outlined in section 8.8.2 Eligibility criteria, pain or discomfort associated with a severe and functionally handicapping malocclusion will be considered for coverage.

Return to footnote2Referrer

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Date modified:

2022-04-29

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