



## **Mental Health Counselling Coverage Application for Beneficiaries of the Labrador Inuit Lands Claim**

### **Privacy Statement:**

The Nunatsiavut Government, Non Insured Health Benefits (NIHB) program only collects the information needed to administer the NIHB Program. We require the bellow information for the adjudication and payment of claims and for audit purposes. Your personal information will not be disclosed without your consent, except in accordance with subsection 8(2) of the Privacy Act. For more information, please contact the Nunatsiavut Government, Department of Health and Social Development, Non Insured Health Benefits.

### **Eligibility:**

- Clients must be Beneficiaries of the Labrador Inuit Land Claims Agreement. Questions about Beneficiary status must be directed the Nunatsiavut Government Registrar of Beneficiaries.
- Service providers must already be an approved NIHB mental health provider with the Nunatsiavut Government prior to seeking coverage through the NIHB program
- Mental wellness services must first be considered through other coverage options (e.g. provincial/territorial services, employee assistance programs, health insurance, community programs, etc.), prior to seeking coverage through the NIHB Program.
- This form is to be submitted, reviewed and approved for counselling to be covered under the Nunatsiavut Government NIHB Program. Incomplete and/or illegible forms will be returned unprocessed. Please note that the initial client sessions assessment (up to two hours) does not require prior approval with approved NIHB providers.

### **Coverage:**

Every calendar year (January-December), NIHB clients are eligible for coverage of up to 22 hours of counselling performed by an NIHB-eligible provider. Additional hours in the same calendar year may be covered on an exception basis, and an application for an extension request must be submitted for review.

NIHB MH Office use Only:			
Date application received (YYYY-MM-DD)		Received by:	

### NIHB MENTAL HEALTH COUNSELLING SERVICES PRIOR APPROVAL/CLAIM FORM

This is a dual-purpose form for submitting a prior approval or claim. Please ensure you complete the appropriate fields as indicated. Please choose ONE from the following options:

- Prior approval (PA) – Complete Parts 1 & 2 and submit PA request to [mentalhealthNIHB@nunatsiavut.com](mailto:mentalhealthNIHB@nunatsiavut.com)
- Claim – Complete Parts 1 & 3 and submit claim to [mentalhealthNIHB@nunatsiavut.com](mailto:mentalhealthNIHB@nunatsiavut.com)

#### Part 1: Client Information/Provider Information (required)

CLIENT INFORMATION	
Surname (last name):	
Given name (first name):	
Nunatsiavut Government Beneficiary #:	
Date of Birth:	
Legal Guardian (if under the age of 18)	
Client/Guardian Contact information:	
Telephone:	
Address:	
Email address:	

PROVIDER INFORMATION	
Provider Name:	
Business Name:	
Professional Designation:	
Professional Registration:	
Provider Contact information:	
Telephone:	
Mailing Address:	
Email Address:	

All claims, regardless of submission method, including documentation to support coordination of benefits (if applicable), must be received by the NG within one (1) year from the date of service to be eligible for payment. Claims older than one (1) year from the date for service will be rejected.

DOES THE CLIENT HAVE ACCESS TO COVERAGE FOR MENTAL HEALTH COUNSELLING SERVICES PROVIDED UNDER ANY OTHER PRIVATE GROUP INSURANCE, WORKERS COMPENSATION BENEFITS OR GOVERNMENT PLAN?

NO

YES, (If yes, please provide):

Policy number:	
Name of insuring plan or agency:	

Where a client has other coverage, an explanation of benefits or other written confirmation from the other carrier will be required before a NIHB claim/request can be processed (an email or letter from the carrier will suffice).

**TABLE 1:**

Service Code	Service Name
MHA01	Initial assessment, individual
MHA04	Initial assessment, telehealth
MHA05	Initial assessment, couples/group of 2
MHC01	Counselling session, individual
MHC02	Counselling session, family
MHC03	Counselling session, group
MHC04	Counselling session, telehealth
MHC05	Counselling session, couples/group of 2

**Part 2: Prior approval request to be completed by the provider:**

Every calendar year (January-December) coverage is available for up to 22 hours of counselling (2 hours of initial assessment, and up to 20 hours of counselling coverage). Using the table above, please indicate what is being requested for counselling coverage.

Assessment/Counselling Start Date (YYYY-MM-DD)	Service code (see chart above)	Service Name (see above)	Duration (hours)	Hourly Rate (\$)

**Part 3: Claim submission to be completed by the provider:**

Every calendar year (January-December) coverage is available for up to 22 hours of counselling (2 hours of initial assessment, and up to 20 hours of counselling coverage). Using the table above, please indicate what is being requested for counseling coverage.

Date of Service (YYYY-MM-DD)	Service code (see chart above)	Service Name (see above)	Duration (hours)	Hourly Rate (\$)

PRIOR APPROVAL/CLAIM SUBMISSIONS CAN BE SENT TO THE FOLLOWING CONTACT BELOW	
<a href="mailto:mentalhealthNIHB@nunatsiavut.com">mentalhealthNIHB@nunatsiavut.com</a>  Fax: (709) 896-9751 (attention mental health NIHB)	Nunatsiavut Government, Mental Health NIHB 218 Kelland Drive P.O Box 496 Station C, A0P 1C0 Happy Valley-Goose Bay, NL

**Prior approval requests/claim submissions will be assessed and the provider will be advised of the outcome, by the method they have specified in their communications preferences.**

**For more information, please direct questions to: [mentalhealthNIHB@nunatsiavut.com](mailto:mentalhealthNIHB@nunatsiavut.com)**

Nunatsiavut Government, Dept. of Health & Social Development

Regional office: (709) 896-9750

Toll free: 1 (866) 606-9750

Fax: (709) 896-9751 (attention mental health NIHB)