

NON-INSURED HEALTH BENEFITS
MENTAL HEALTH COUNSELLING COVERAGE
Application

Privacy Statement:

The Nunatsiavut Government Non-Insured Health Benefits (NG NIHB) program only collects the information needed to administer the NG NIHB Program. We require the below information for the adjudication and payment of claims and for audit purposes. Your personal information will not be disclosed without your verbal or written 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:

- 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 and/or Indigenous Services Canada (ISC) prior to seeking coverage through the NG 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 NG NIHB Program.
- This form is to be submitted, reviewed and approved for counselling to be covered under the NG NIHB Program. Incomplete and/or illegible forms will be returned unprocessed. Please note that the initial Beneficiary sessions assessment (up to two hours) does not require prior approval with approved NG NIHB providers.

Coverage:

Every calendar year (January-December), NG NIHB Beneficiaries are eligible for coverage of **up to 22 hours of counselling** performed by an NG 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 along with the original approval letter.

NG NIHB MH office use only:

Application Received (yyyy-mm-dd):	Received By:
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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.

Claim – Complete Parts 1 & 3 and submit claim to mentalhealthNIHB@nunatsiavut.com

Part 1: Beneficiary and provider information (required)

Beneficiary Information

Surname (last name):	Given Name (first name):
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Nickname/Preferred Name:	Date of Birth:	N Number:
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Legal Guardian (if under the age of 18):

Beneficiary/Guardian Mailing Address:

City/Town:	Province:	Postal Code:
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Phone Number:	Email:
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Provider Information

Provider Name:	Professional Designation:
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Business Name:	Professional Registration:
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Mailing Address:

City/Town:	Province:	Postal Code:
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Phone Number:	Email:
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Other Insurance Coverage Information

Does The Beneficiary Have Access To Coverage For Mental Health Counselling Services Under Any Other Private Group Insurance, Workers Compensation Benefits Or Government Plan?	No	Yes
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If 'Yes', Policy Number:	Insuring Agency/Plan:
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Where a Beneficiary has other coverage, an explanation of benefits or other written confirmation from the other carrier will be required before a NG NIHB claim/request can be process (an email or letter from the carrier will suffice).

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 of service will be declined.

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). Please indicate what is being **requested** for counselling coverage.

Assessment/Counselling Start Date (YYYY-MM-DD)	Service Code and Name	Duration (hrs)	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). Please indicate what is being **claimed** for counselling coverage.

Date of Service (YYYY-MM-DD)	Service Code and Name	Duration (hrs)	Hourly Rate(\$)

Service code and name reference table

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

PRIOR APPROVAL/CLAIM SUBMISSIONS CAN BE SENT TO THE FOLLOWING CONTACT BELOW:

FOR MORE INFORMATION, PLEASE DIRECT QUESTIONS TO:

Email:

mentalhealthNIHB@nunatsiavut.com

Fax:

(709) 896-9751 (attention Mental Health NIHB)

Mail:

Nunatsiavut Government, Mental Health NIHB
 218 Kelland Drive
 P.O Box 496 Station C, A0P 1C0
 Happy Valley-Goose Bay, NL

Email:

mentalhealthNIHB@nunatsiavut.com

Regional Office:

(709) 896-9750

Toll Free:

1 (866) 606-9750

Fax:

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

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 communication preferences.