CANADIAN DENTAL ASSOCIATION

# CDAnet

## Dental Office User Guide

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# Introduction to CDAnet

Welcome to CDAnet!

This User Guide has been provided to assist you in sending claims electronically through CDAnet formatted messages. Please give this manual to your office manager and keep it beside the computer. All staff processing claims are encouraged to read the manual carefully. The User Guide contains a list of those insurance companies currently accepting dental claims electronically with CDAnet along with their corresponding ID numbers and processor contact phone numbers. **Your software vendor will inform you when additional carriers are to be added to your system. For the most up to date list of carriers and the types of claims they accept please refer to the CDAnet section at www.cdanet.ca.**

Please ensure that your staff is fully trained on CDAnet prior to using the system. **Please contact your software vendor to arrange for a training session. This training is only offered by your software vendor.** We therefore encourage you to always maintain your support contact with your vendor, so that you can receive all of the CDAnet updates regularly.

# What is CDAnet?

CDAnet is the agreement between the dental profession and the insurance carriers on the format in which the information normally found on dental claims will be forwarded to the respective carrier electronically (CDAnet formatted message).

Developed and managed by the dental profession, CDAnet makes it possible for dentists to send a patient's insurance claim form directly to the carrier using either a telephone modem or the Internet via the ITRANS Claim Service. Because dental claims are forwarded to the respective insurance carrier electronically, patients are no longer required to send in their forms.

Processing the dental claims (CDAnet formatted message) electronically:

- Allows carriers to process them and reimburse patients for the covered portion of their treatment more quickly.
- Eliminates delays caused by late or lost mail.
- Reduces the time it takes for patients to be reimbursed for treatment by half.

**How will CDAnet affect my computer system?**

Your dental software vendor has made changes to your computer system to allow for the electronic transmission of claim information to claims processors. In order to submit a claim through CDAnet, you may be required to enter some additional information that was not previously required. Because the additional details are specific to your computer system, your dental software vendor will advise you of such changes.

**Will there be any change in office procedures?**

Since your computer system may require additional information about each patient, it may be

necessary to request these details at every patient's first appointment after you begin using CDAnet. A sample form currently being used by dental offices for the purpose of collecting this information is shown in Appendix C. You may wish to use this form, or create your own.

To prevent errors and possible rejection of claims due to invalid information, please remind patients to inform your office of any changes in address, employer, policy number or related information upon arrival for an appointment. You may wish to confirm the insurance information before submitting a claim.

**Before the patient leaves the office, you will receive a Claim Acknowledgement or Explanation of Benefits from the claims processor. The form must be given to the patient prior to his/her leaving the office as a receipt that their claim was sent.**

## Rules and Regulations

**CDAnet Start Date**
The start date is an estimate of when the dentist will be able to transmit claims to most insurance carriers; however, some carriers are able to accept electronic claims within a day or two of CDAnet processing the subscription agreement. Try to send claims electronically as soon as you are able.

**Patient Authorization**
Offices are required to obtain patient signatures authorizing your office to submit their claims electronically. Additional signatures must also be obtained for those patients for whom you accept assignment of benefits. Original copies of the patient's authorization must be kept on file for three years. Please note that a parent or guardian must sign on behalf of the children under the age of 18.

For each patient participating in CDAnet the following wording should accompany the signature:

> **I authorize release; to my dental benefits plan administrator and the CDA, information contained in claims submitted electronically. I also authorize the communication of information related to the coverage of services described to the named dentist.**
> **This authorization shall continue in effect until the undersigned revokes the same.**
>
> **Signature of patient, parent or guardian _____ Date: _____**

For each patient for which you accept assignment of benefits, the following wording should accompany the signature:

> **I hereby assign my benefits, payable from claims submitted electronically, to Dr. _____and authorize payment directly to him/her.**
>
> **This authorization shall continue in effect until the undersigned revokes the same.**
>
> _____ _____
> **Signature of subscriber** **Date:**

Sample label forms that may be photocopied for this purpose can be found in Appendix E.

**Patient Information**
In order to submit claims through CDAnet, your dental office requires insurance information that you may not have on file. You may wish to ask your patients to complete a standard

information form so that you have all the necessary details on hand. A Patient Information Form can be found in Appendix C.

It is important that your office maintains patient information records, including address information. To ensure that cheques are appropriately mailed by insurance carriers to patients, your office should confirm patient information each time a patient visits your office. If the patient information has changed, you must update the information in your software.

**Electronic Submission of Aged Claims**

While it is expected that all claims will be transmitted on the date of service, problems may arise which do not allow for the transmission of the claims until a later date. Please refer to Appendix B – CDAnet Networks & Insurance Carrier Information for details on CDAnet insurance carriers including: age limits, policies and supported transactions. Note: claims older than the insurance carrier age limit must be printed and cannot be transmitted electronically.

**Explanation of Benefits and Claim Acknowledgement**

It is a mandatory requirement that a copy of the EOB be printed and given to the patient in all cases where an EOB is received. This is the patient's receipt for the claim sent. The printing of an office copy of the EOB is at the discretion of the office.

**Subscribing a dentist to CDAnet**

A CDAnet Subscription Agreement must be completed in order for the dentist to be added to the CDAnet system. The CDAnet Subscription Agreement details the terms and conditions regarding the application for, and the terms and conditions regarding the use of CDAnet. Every dentist in a CDAnet office who plans to submit claims in his or her name must read and accept these terms and conditions before accessing CDAnet.

**How and when to advise CDAnet of office information changes**

It is important to advise CDAnet immediately of any office information changes as claims processors and networks require this information to ensure successful claims transmission. If the third party companies are unaware of such changes, transmission errors might occur.

Types of office changes/updates that require CDAnet notification

Listed below are the types of changes that require CDAnet notification:

- Subscribing a dentist to CDAnet
- Change of CDAnet office address information
- Addition or deletion of dentist to a CDAnet office
- Change in office practice management software
- Addition or closing of a CDAnet office

How to advise CDAnet of office information changes

The appropriate CDAnet forms to change/update office information can be downloaded from the CDAnet website at www.cda-adc.ca/cdanet and faxed to 613-523-7070, or the CDAnet forms can be faxed to your office by calling the CDAnet Help Desk at 1-800-267-9701 using the automated voice messaging system.

**Membership**

Continued membership in the Canadian Dental Association and/or your provincial association is a requirement of CDAnet. Should a dentist not maintain their membership, they will be advised to renew ASAP or be removed from the system. Please ensure that the subscribing associate is an active member of the CDA or provincial association prior to submitting a CDAnet form.

**Prohibited Practices**

- Use of non-certified software to submit claims and predeterminations through CDAnet. Contact the Canadian Dental Association if you are unsure of the status of your software. A list of certified CDAnet software vendors is available from the CDA website at www.cda-adc.ca/cdanet.

- Attempts to access services other than those described in this User Guide.

- All dental procedures or treatments provided to a single patient are to be submitted as one claim on the day of treatment. Splitting services from one appointment into two claims, or any other manipulation to influence adjudication, is forbidden.

- Any other fraudulent practices related to the use of CDAnet.

- Sending claims under another dentist's Unique ID Number.

- Sending claims from another dentist's patients under your Unique ID Number.

**Failure to comply with the preceding provisions will result in termination of services provided by the networks.**

**CDAnet Claim Submission Basics: Understanding Your Responsibilities**

When it comes to sending dental claims for your patients, whether you send the claims with a modem or on the Internet with ITRANS, you are using the CDAnet system. The fundamental element of the CDAnet system for the dentist is the CDAnet Subscription Agreement that all dentists who transmit claims must agree to (see the agreement at www.cdanet.ca). The subscription agreement is several pages in length, but there is one sentence that captures a main part of the dentist's obligations.

The sentence reads that when a claim is sent, the dentist named as the sender of the claim certifies that, "…the dental claim is an accurate statement of services performed, the provider who performed them, the office at which they were performed and of the total fee payable…"

This means that:

- Only the treating dentist can send the claim.
- A dentist cannot send a claim for services provided by another dentist or another independent provider such as an independent dental hygienist.
- The Provider Office Number must be the office number of the location where the services were provided.

Claims for services provided by an associate or locum dentist must be sent under the unique identification number (UIN) of the associate or locum dentist, not the host dentist. It also means that a dental hygienist who is working independently cannot bring claims for the services provided as an independent back to the dental office and submit those claims under the UIN of a dentist at that office location.

Increasingly, new satellite practices are set up with computers networked back to the main office and all the claims are sent from the main office computer. However, even though it is more convenient to receive assigned benefit cheques at the main office, the claims must be sent with the office ID for the satellite office. The purpose of the Provider Office Number field in an e-claim is to record where the services were provided, not facilitate administrative payment processes. However, if a claim is being transmitted to a claims processor that supports version 4 of the CDAnet Messaging Standard, then the field Billing OfficeNumber can identify the main practice office.

This feature is not available for claims processors who can only receive version 2 claims.

*"...a claim has to clearly identify who provided the services, where they were provided, what services were provided, and the total fees."*

To see what version each claims processor supports, see www.cdanet.ca. Your software vendor can assist in getting the most out of your system to meet your business needs.

Although there are new ways dental practices can be structured administratively, and there are new ways to deliver dental services, the basics of benefit claim submission remain the same: a claim has to clearly identify who provided the services, where they were provided, what services were provided, and the total fees. The other "basic" that cannot be overlooked is obtaining proper written consent from the patient for the transmission of their benefit claims.

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# Claims

**Real Time Claim Processing**
Real time processing means that when you submit a claim, the claims processor will adjudicate it and send a response back to you immediately (approximately 20-40 seconds).

An Explanation of Benefits (EOB) is returned for a claim that is adjudicated in Real time. However, a Claim Acknowledgement (CA) may be sent back if the insurance company chooses to look into the claim further.

In some instances, a claim adjudicated in Real time may be rejected due to errors. If this occurs an error message will be displayed on your screen. Correct the error(s) and resubmit the claim.
**If still unsuccessful, contact your software vendor for assistance.**

**Batch Processing**
Batch processing means that the insurance carrier will adjudicate all claims at a predetermined time rather than on an as received basis. The claim will usually be adjudicated later in the day or overnight.

A Claim Acknowledgement is always returned for a claim that is received for batch processing. Once the insurance carrier performs adjudication, an Explanation of Benefits (EOB) will be sent to the patient by mail. Or, if the payment is assigned, the EOB will be returned electronically or by mail to your office. It is important that you check your mailbox frequently in order to receive responses from the insurance carriers.

Further information regarding Claim Acknowledgements may be found on page 11. For more details on accessing your mailbox, please refer to the section, "Request for Outstanding Transactions" on page 18.

Pretreatment plans are always batch processed. A message will be displayed on your computer screen advising you that the pretreatment plan was received successfully. The claims processor's approval or denial of the pretreatment plan will be sent by mail to the insured. Please refer to the section on Pretreatment Plans on page 19 for more information.

**To Submit a Claim**
**SEND ONLY VALID CLAIMS**; do not attempt to test the system by sending invalid claims.
**All claims must be sent under the dentist's name that is providing the service.**

Enter the information required for a claim as defined by your computer system. Confirm that information regarding the insured/patient is correct. Follow the instructions supplied by your dental software vendor.

Note: The number of performed procedures permitted in a claim is between 1 - 7. If more than 7 procedures are required, a second claim can be sent for the balance of the procedures.

The claims processor will not adjudicate late claims electronically. Dental offices must not submit the same claim twice.

If the claim is sent successfully, you will receive an Explanation of Benefits for claims processed in Real time, or a Claim Acknowledgement if the claim is processed in Batch mode. These forms should print automatically at your office. If this is not the case, contact your software vendor.

When a third party adjudicates a claim in Real time, the resulting EOB is returned electronically to you shortly after claim submission. One EOB is printed for an unassigned claim. For an assigned claim, your computer system might print two EOBs, one for you and one for the patient, or only one EOB for the patient. You may also contact your software vendor to arrange for one or more printouts to be generated from your system.

The Explanation of Benefits or Claim Acknowledgement must be given to the patient before he or she leaves the dental office. Patients must always receive this as a receipt of the procedures performed prior to leaving the dental office. Inform your patient that any questions regarding the benefit calculation should be directed to the claims processor. A cheque will be mailed to the insured or for assigned benefits, directly to the dentist. A sample EOB form is shown on the next page.

## Sample - Explanation of Benefits Form

THE ABC COMPANY OF CANADA

**DENTIST:** DR. L. MACDONALD **UNIQUE ID NO.** 012345678
**DENTAL OFFICE CLAIM REFERENCE NO.** 123456

**POLICY #:** 70009 **DIVISION/SECTION NO:** 1702
**INSURED:** LINDA J SMITH **BIRTHDATE:** MAY 26, 1960
**CERTIFICATE NO:** 98794

**PATIENT:** LINDA J SMITH **BIRTHDATE:** MAY 26, 1960
**RELATIONSHIP TO INSURED:** SELF

**INSURANCE COMPANY CLAIM NUMBER: ABC00000094561** **Date Submitted:** AUG 10, 1996

| PROCEDURE | TH# | DATE | CHARGE | ELIGIBLE | DEDUCT AT | BENEFIT | NOTES |
|---|---|---|---|---|---|---|---|
| 01202 Recall exam | | AUG/10/96 | 21.77 | 21.77 | 100% | 21.77 | |
| 12101 Fluoride | | AUG/10/96 | 17.41 | 0.00 | | 0.00 | 01 |

**Expected Pymt Date:** AUG 17, 1996 **TOTAL PAYABLE TO INSURED:** **$ 21.77**
**Payee's Address:** 1736 COOKE ST.
UNIT 49
TORONTO ON LOC 1L0

**Notes:**
01 - This procedure is not covered under the terms of your contract.

This Claim Has Been Submitted Electronically On Your Behalf By Your Dentist
Please Direct Any Inquiries To Your Insurer.
Expenses Not Payable May Be Considered For Income Tax Purposes
Please Retain Copy

## Explanation of Benefits Form Headings

The headings on the EOB are described below:

| HEADING | DESCRIPTION |
|---|---|
| **Dentist** | Name of Dentist Providing Service. |
| **Unique ID No.** | 9-digit provider ID number assigned by the CDA, to the dentist providing the service. |
| **Dental Office Claim Reference No**. | A sequential number identifying the claim submission, which is generated automatically by your computer system. |
| **Policy #** | The patient's insurance policy number. |
| **Division/Section No.** | The division or section number related to the policy number, if applicable. |
| **Insured** | The insured's name. |
| **Birth date** | The insured's birth date. |
| **Certificate No**. | The insured's identification number. |
| **Patient** | The patient's name. |
| **Birth date** | The patient's birth date. |
| **Relationship To Insured** | The patient's relationship to the insured. |
| **Claim No.** | The third party's claim reference number, if applicable. |
| **Date Submitted** | The date that the claim was submitted through CDAnet. |
| **Procedure** | The dental procedure code submitted for the claim, or the procedure code inserted by the third party. Note: In some cases, a procedure code submitted might not be the one that is paid under the insurance policy. The EOB will include the covered procedure code. For insurance carrier inserted procedure codes, a note may refer back to the original procedure line number. This situation is likely to occur with package codes when not all procedures are covered, or when submitted procedures make up a package code. |
| **Th #** | The tooth number, if applicable. |
| **Date** | The date of service. |
| **Charge** | The total fee charged for the procedure. |
| **Eligible** | The amount eligible for payment. |
| **Deduct** | The deductible associated with the procedure. If the claims processor cannot split the deductible amount on a procedural basis, a total deductible amount will be printed on a separate line. |
| **At** | The percentage insured. |
| **Benefit** | The benefit amount payable. |
| **Notes** | Note number(s) referring to the descriptions of procedures listed at bottom of page, if applicable. |
| **Expected Pymt Date** | The expected payment date. |
| **Total Payable To Insured/Provider** | The total amount payable to the insured, or to the dentist if the claim is assigned. |
| **Payee's Address** | The payee's address. |
| **Notes** | Text related to the note number(s) beside procedure lines, if applicable. |

**Claim Acknowledgement**

When a claim cannot be adjudicated in Real time, a Claim Acknowledgement is returned to you. For an unassigned claim, an EOB will be mailed to the insured. For an assigned claim, an EOB may be returned to your office electronically.

If an EOB is forwarded electronically, you will be able to access and print the EOB from your mailbox. Please refer to Request for Outstanding Transactions on page 18 for further instruction on this procedure.

It is mandatory that a copy of the Claim Acknowledgement be given to the patient before he or she leaves the office. This form provides the patient with a record of the claim, which you submitted to the claims processor on their behalf. The printing of the claim acknowledgement for office use is at the discretion of the office.

If the claim is rejected, you will receive an error message on your computer screen or printer explaining the reason for rejection. Correct the error(s) and resubmit the claim.

**Note:** A claim that is not adjudicated in Real time may later be rejected during Batch processing. If this situation occurs, the claims processor will contact either the insured or your office.

If no response is received for the claim, check your mailbox later for an EOB or Claim Acknowledgement. If an EOB or Claim Acknowledgement cannot be retrieved, resubmit the claim.

A sample Claim Acknowledgement is shown on the next page. Note that the format of a Claim Acknowledgement may differ slightly because it might be combined with the patient's walkout bill produced by your computer system. A Claim Acknowledgement reflects the submitted amount only: the amount payable may differ.

## Sample – Claim Acknowledgement Form

THE ABC COMPANY OF CANADA

**DATE:** MAY 15, 1996 **CARRIER CLAIM NO.** ABC00000083742
**DISPOSITION:**

**DENTIST:** DR. T.G. WILSON **UNIQUE ID NO.** 012345678
**ADDRESS:** 4710 MERRYVILLE RD.
SUITE 901 **TELEPHONE** 416 767-8463
TORONTO ON M9P 3A8

**DENTAL OFFICE CLAIM REFERENCE NO**. 123456

**PATIENT:** ANDREW G PATTERSON **BIRTHDATE:** JAN 21, 1954
**POLICY #:** 6771 **DIVISION/SECTION NO:** 55
**INSURED:** ANDREW G PATTERSON
**INSURED ADDRESS:** 1556 LINDEN DRIVE
WILLOWDALE ON M1X 9Z9
**CERTIFICATE NO:** DMW8A

| PROCEDURE | | TH# | SURF | DATE | CHARGE LAB | TOTAL |
|---|---|---|---|---|---|---|
| 01205 | Emergency exam | | | MAY/15/96 | 87.06 | 87.06 |
| 02141 | Single bitewing x-ray | | | MAY/15/96 | 15.29 | 15.29 |

**BENEFIT AMOUNT IS PAYABLE TO:** INSURED **TOTAL SUBMITTED** **$ 102.35**

THIS CLAIM HAS BEEN SUBMITTED ELECTRONICALLY - THIS IS A RECEIPT ONLY

**Acknowledgement Form Headings**

The headings found on the sample Claim Acknowledgement are described as follows:

| HEADING | DESCRIPTION |
|---|---|
| **Date** | The date that the Claim Acknowledgement was printed. |
| **Carrier Claim No.** | The claims processor's claim reference number, if applicable. |
| **Disposition** | A message regarding the claim transaction, if applicable. |
| **Dentist** | Name of dentist providing service. |
| **Address** | The dentist's address. |
| **Unique ID No.** | 9-digit provider ID number assigned by the CDA, to the dentist providing the service. |
| **Telephone** | The dentist's telephone number. |
| **Dental Office Claim Reference No.** | A sequential number identifying the claim submission automatically generated by your computer system. |
| **Patient** | The patient's name. |
| **Birth date** | The patient's birth date. |
| **Insured Address** | The insured's address. |
| **Policy #** | The insured's policy number. |
| **Division/Section No.** | The division or section number related to the policy number, if applicable. |
| **Insured** | The insured's name. |
| **Certificate No.** | The insured's identification number. |
| **Procedure** | The dental procedure code submitted for the claim. |
| **Th #** | The tooth number, if applicable. |
| **Surface** | The tooth surface, if applicable. |
| **Date** | The date of service. |
| **Charge** | The charge for the procedure. |
| **Lab** | The lab fee charged for the procedure. |
| **Benefit Amount is Payable To** | The benefit payee. |
| **Total Submitted** | The total charges submitted for the claim. Note: The amount payable may differ |

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**Employer Certified Claims**

Some claims must be signed and certified by the insured's employer before being processed by the claims processor. These claims cannot be adjudicated in Real time.

For this type of claim, an Employer Certified Form will be returned to you shortly after claim submission. This form will advise the insured that an authorized signature must first be obtained, following which the Employer Certified Form can be mailed to the claims processor.

Some employers require forms with slightly different information. In this situation, simply staple the Employer Certified Form to the patient's form.

A sample Employer Certified Form is shown on the next page.

## Sample - Employer Certified Form

THE ABC COMPANY OF CANADA

**DATE:** MAY 15, 1996 **CARRIER CLAIM NO.** ABC00000083742
**DISPOSITION:**

**DENTIST:** DR. T.G. WILSON **UNIQUE ID NO.** 012345678
**ADDRESS:** 4710 MERRYVILLE RD.
SUITE 901 **TELEPHONE** 416 767-8463
TORONTO ON M9P 3A8

**DENTAL OFFICE CLAIM REFERENCE NO.** 123456

**PATIENT:** ANDREW G PATTERSON **BIRTHDATE:** JAN 21, 1954
**POLICY #:** 6771 **DIVISION/SECTION NO:** 55
**INSURED:** ANDREW G PATTERSON
**INSURED ADDRESS:** 1556 LINDEN DRIVE
WILLOWDALE ON M1X 9Z9
**CERTIFICATE NO:** DMW8A

| PROCEDURE | TH # | SURF | DATE | CHARGE LAB | TOTAL |
|---|---|---|---|---|---|
| 01103 Initial exam | | | May/15/96 | 87.06 | 87.06 |

**BENEFIT AMOUNT IS PAYABLE TO:** INSURED **TOTAL SUBMITTED:** **$ 87.06**

**POLICYHOLDER/EMPLOYER - CERTIFICATION:**
**EMPLOYER:** _____

**DATE COVERAGE COMMENCED:** _____
**DATE DEPENDENT COVERED:** _____ **DATE TERMINATED:** _____

**SIGNATURE OF AUTHORIZED OFFICIAL:** _____

**AUTHORIZATION DATE:** _____

THIS CLAIM HAS BEEN SUBMITTED ELECTRONICALLY TO:
THE ABC COMPANY OF CANADA
PLEASE TAKE THIS FORM TO YOUR EMPLOYER FOR CERTIFICATION

**Employer Certified Form Headings**

The headings on the Employer Certified Form are similar to those used on the Claim Acknowledgement, with the exception of an additional area to be completed by the insured's employer. The "Policy holder/Employer Certification" section of the form is described below:

| | |
|---|---|
| **Employer** | The employer's name. |
| **Date Coverage Commenced** | The initial date of coverage for the insured. |
| **Date Dependent Covered** | The initial date of coverage for the insured. |
| **Date Terminated** | The last day of insurance coverage. |
| **Signature Of Authorized Official** | The signature of the person certifying that the insured's information is correct. |
| **Authorization Date** | The date that the claim was certified. |

**Reversing a Claim**
A claim submitted in error may be voided by performing a claim reversal. A claim reversal voids all procedures that were part of the original claim.

A claim may only be reversed using CDAnet on the same day that it was submitted. If you notice that a claim is invalid on a following day, notify the claims processor either by phone or by mail, quoting the carrier claim number and the dental office claim reference number as shown on the EOB or Claim Acknowledgement as soon as possible.

**To reverse a claim:**
Enter the information required for a claim reversal as defined by your computer system. Be sure to indicate the same carrier claim number and dental office claim reference number as shown on the Claim Acknowledgement or Explanation of Benefits. Follow the instructions supplied by your dental software vendor.

If the reversal is successful, you will receive a message on your computer screen advising you of this.

If the reversal is rejected, you will receive an error message on your computer screen explaining the reason for rejection. If possible, correct the error(s) and resubmit the claim reversal. If the reason for rejection cannot be corrected, notify the third party either by phone or by mail that the original claim was invalid.

## Pended Claims/Request for Outstanding Transactions

The dental office should initiate the Request for Outstanding Transactions regularly. This mailbox is referred to as the pended claims file in Version 2. It contains responses from the claims processors that are sent after the Real time transaction takes place. Please note that this feature is available through TELUS Health Solutions - Group A and Continovation Services Inc (ITRANS) only. Assignment practices tend to have more EOBs sent to their mailbox, and should therefore check their mailbox daily. The types of responses that are placed in the mailbox for the dentist are outlined below:

a) EOB Response
b) Claim Acknowledgement
c) Outstanding Transaction Response
d) Predetermination EOB
e) Predetermination Acknowledgement
f) E-mail Response

Occasionally, a claim or predetermination is submitted and the dentist receives a response from the network. This occurs when the network accepts the claim on behalf of the claims processor. Dentists can recognize a response from a network by the message "Transaction Received by _____ Network. Check Mailbox Tomorrow".

It is important for the dentist to check the mailbox after receiving this message, as there might be an additional message from the claims processor. The third party may also send a claim/predetermination rejection to the mailbox. The dentist needs to receive this message to know to resubmit the claim.

The claims processor might also send an Explanation of Benefits as a follow-up response to the original Claim Acknowledgement. This will only occur for assigned claims, once the adjudication process has been completed by the carrier.

If the connection between the dental office and the network is lost during transmission, a dentist should check their mailbox. If after the claim was sent no response was received and if the claim was received by the network or claims processor, a response will later be found in the mailbox.

Check your mailbox regularly. This will ensure that all responses are received. If you have any questions regarding how to complete this transaction, please contact your software vendor for assistance.

## Pre-treatment Plans (Predetermination)

A pre-treatment plan is used to submit information to the third party regarding planned treatment so that the patient is aware of his or her portion of the overall cost. CDAnet allows you to submit pre-treatment plans electronically, thereby reducing turnaround time and preventing lost and/or misplaced forms. Occasionally, additional information related to the pre-treatment plan, such as x-rays, may need to be mailed to the claims processor.

**To Submit a Pre-treatment Plan**

Enter the information required for a pre-treatment plan as defined by your computer system. Ensure that all information for the patient/insured is correct. Follow the instructions provided by your dental software vendor.

If the pre-treatment plan is sent successfully, you will receive a message on your computer screen advising you of this. If the claims processor is able to evaluate the pre-treatment plan in Real time then a Pre-treatment EOB will be printed. If not, then the third party response will indicate that either a Pre-treatment EOB will be sent electronically at a later time, or the review of the pre-treatment plan will be mailed.

# Coordination of Benefits

**Coordination of Benefits for Version 2**
The Canadian Life and Health Insurance Association provide these guidelines for Coordination of Benefits:

If the patient has dental coverage, their insurance carrier is the primary carrier.

If the patient is a dependent, the insurance carrier for the parent (or covered person) with the earlier birth date in the calendar year is used as the primary carrier. For example, if Mrs. Smith's birth date is February 14 and Mr. Smith's birth date is August 11, then the insurance carrier for Mrs. Smith is the primary carrier for the Smiths' dependent children.

Both an EOB and a dental claim form will be printed if a claim involving COB is adjudicated in Real time. The dental claim form may be a standard claim form or, if your office has only one printer, a "Plain Paper Claim Form" as shown on the next page. The headings on this form are similar to those found on the standard claim form.

**Coordination of Benefits for Version 4 Claims**
Claims should first be transmitted through CDAnet for the primary carrier. An EOB will be printed for the primary carrier; the handling of a COB will depend upon several factors:

- If the secondary coverage is adjudicated by the same party as the primary coverage, such as when the primary and secondary carriers are the same, then a second EOB for the secondary carrier may be printed.

- If the secondary carrier accepts COB Claim Transactions then a claim will be transmitted to the secondary carrier, including a copy of the EOB from the primary carrier. An EOB from the secondary carrier will be printed if the secondary claim is adjudicated in Real time.

- If the secondary carrier does not accept COB Claims then a dental claim form will be printed for the secondary coverage.

## Sample - Plain Paper Claim Form

**DATE:** SEPT 15, 1996

**CARRIER CLAIM NO.** ABC00000093752
**PREDETERMINATION NO.**

**DENTIST:** DR. A. SMITH
**ADDRESS:** 10 JOHN ST.
SUITE 115
TORONTO ON M4C 1A6

**UNIQUE ID NO.** 012345678
**OFFICE NO.** 0001
**TELEPHONE** 416 889-6574

**DENTAL OFFICE CLAIM REFERENCE NO.** 124489

**OFFICE VERIFICATION:**

**PATIENT:** ANITA LYONS
**PATIENT'S OFFICE ACCOUNT NO:** 57388
**PATIENT'S ADDRESS:** 16 FOREST DRIVE
SCARBOROUGH ON L2R 7Y3

**BIRTHDATE:** JAN 14, 1940

| DATE | PROCEDURE | | TH # | SURF | CHARGE | LAB | TOTAL |
|---|---|---|---|---|---|---|---|
| SEPT/15/96 | 01205 | Emergency exam | | | 87.06 | | 87.06 |

**BENEFIT AMOUNT IS PAYABLE TO:** INSURED
**TOTAL SUBMITTED** **$ 87.06**

This is an accurate statement of services performed and the total fee payable E. & OE.

**PATIENT AUTHORIZATION TO PAY BENEFIT TO DENTIST:**

| **INSURANCE INFORMATION:** | **PRIMARY** | **SECONDARY** |
|---|---|---|
| **CARRIER:** | THE ABC COMPANY | THE XYZ COMPANY |
| **ADDRESS:** | 2277 MAPLE AVE.<br>TORONTO ON L3P 5H6 | 1399 OAK ST.<br>LONDON ON M4R 2B6 |
| **POLICY #:** | 4567 | 3321 |
| **INSURED NAME:** | ANITA LYONS | MARK LYONS |
| **BIRTHDATE:** | JAN 14, 1940 | FEB 20, 1941 |
| **CERTIFICATE NO:** | 123456789 | 987654321 |
| **EMPLOYER:** | J. WICKSON & CO. | LOW INC. |
| **INSURED ADDRESS:** | 16 FOREST DR.<br>WEST HILL ON L2R 7Y3 | 16 FOREST DR.<br>WEST HILL ON L2R 7Y3 |
| **RELATIONSHIP TO PATIENT:** | SELF | SPOUSE |

**PATIENT INFORMATION:**

1. If dependent, indicate: Student___ Handicapped
2. Name of student's school:
3. Is treatment resulting from an accident? Yes No
   If yes, give date of accident:
4. Is this an initial placement for dentures, crown or bridge?
   Yes No
   If no, give date of initial placement:
5. Is treatment for orthodontic purposes? Yes No

6. I understand that the fees listed in this claim may not be covered by or may exceed my plan benefits. I understand that I am financially responsible to my dentist for the entire treatment amount. I authorize the release of any information or records requested in respect of this claim to the insurer/plan administrator, and certify that the information given is, correct, and complete to the best of my knowledge. Insured's Signature: _____

**INSTRUCTION FOR SUBMISSION/DENTIST'S COMMENTS:**

**POLICY HOLDER/EMPLOYER CERTIFICATION:**

1. Date Coverage Commenced _____
2. Date Dependent Covered _____
3. Date Terminated_____
   Position_____ Date _____

4. Policy/Contract Holder
   Authorized Signature _____

## Summary Reconciliation

(This option is available through Version 4.0 only)

A summary reconciliation is retrieved, from networks that support this feature, to confirm the claim settlement details which have been indicated on EOBs received on a specified business day. When networks provide settlement for a day's claims via electronic funds transfer this reconciliation may serve as a detailed backup to the amount settled.

**To Submit a Summary Reconciliation Request:**

- Follow the instructions supplied by your dental software vendor regarding submitting a request for summary reconciliation. Ensure that you correctly enter the date for which the reconciliation is requested.

If the request is sent successfully, you will receive a message on your computer screen advising you of this. Your dental software will either print the reconciliation information or store it to be used in clearing an EFT payment.

If the request is rejected, you will receive an error message on your computer screen explaining the reason for the rejection. Correct the error(s) and resubmit the request.

**Payment Reconciliation**

(This option is available through Version 4.0 only)

Payment reconciliation is retrieved, from networks or carriers that support this feature, to provide the claim settlement details for claims that have been settled with a bulk payment.

**To Submit a Payment Reconciliation Request:**

- Follow the instructions supplied by your dental software vendor regarding submitting a request for payment reconciliation. Ensure that you correctly enter the settlement date for which the reconciliation is requested.

If the request is sent successfully, you will receive a message on your computer screen advising you of this. Your dental software will either print the reconciliation information or store it to be used in clearing the bulk payment. If the request is rejected, you will receive an error message on your computer screen explaining the reason for the rejection. Correct the error(s) and resubmit the request.

## E-mail Transmissions

Version 4.0 of CDAnet will allow carriers and networks to send messages to your dental office regarding issues related to the electronic claims submission process. This will greatly assist the transfer of information needed for efficient claims adjudication and provide a means for the networks to inform you of any changes or problem areas.

## Attachments

Attachments may now be sent with Version 4.1 only; these attachments may consist of XRAYS or other oral images, or documents describing treatment plans or other pertinent information.

**The Attachment message is an *optional* message for application software. A vendor does not need to support this message type if they choose not to. Any supporting material for a claim needs to be physically mailed if the carrier or the application software does not support this message type. The ITRANS Clinical Document Service may be used to send attachments to other dentists and health care providers and carriers who support this message type.**

**Image Specifications:**
Black & White: XRAYS and other black and white images must be scanned in 8 or 16Bit Greyscale at a resolution between 150 DPI and 300 DPI inclusive.

Colour: Intra-oral and other images, pictures, must be scanned in 16, 24 or 32bit Colour at a resolution between 300 DPI and 600 DPI inclusive.

Care must be taken to ensure that only originals are scanned to ensure optimum digital image quality and thereby usability of the image.

Document must be submitted in ASCII text or Microsoft Word formats.

## Carrier and Network Information

At times, you may require assistance in solving problems related to CDAnet. The following offer suggestions to address particular concerns.

**Networks & Insurance Carriers that support CDAnet**
The format for entering numbers on your computer system differs by insurance carrier. The details on the types of transactions supported by the Networks & Insurance Carriers are attached in Appendix B. This information is available on the CDA website at:
http://www.cda-adc.ca/cdanet/.

**CDAnet Networks**
**Networks** such as **TELUS Health Solutions and Continovation Services Inc. (ITRANS)** provide your office with the ability to submit claims electronically. **Pacific Blue Cross** is a network operating in British Columbia. **Alberta Blue Cross** and **Manitoba Blue Cross** are also networks facilitating receipt and adjudication of electronic claims.

If your claim is denied access to the network, verify that all dentist and patient information has been entered correctly. The error message appearing on your screen will indicate where the problem lies, and you should contact the network directly. Please refer to the List of

Transactions supported by the Networks & Insurance Carriers in Appendix B for contact information.

**Problems with Modem or Connecting to the Network**

If you have problems with your modem or connecting to the network, this is likely a software or hardware problem and should be addressed to your software vendor. A list of certified CDAnet vendors is available on the CDA website at: http://www.cda-adc.ca/cdanet/.

## Frequently Asked Questions about CDAnet

**CDAnet Resources**

**Q. What CDAnet resources are available?**

**A.** The CDAnet Dental Office User Guide is provided to assist you in sending claims electronically through CDAnet formatted messages. All staff processing claims are encouraged to read the Dental Office User Guide.

**A.** The CDAnet Supported Transaction document provides a detailed list of the types of transactions supported by the networks and insurance carriers on CDAnet. It also lists the Help Desk phone numbers, carrier IDs and carrier policy information. Download the CDAnet Supported Transaction document from www.cdanet.ca.

**Subscribe to CDAnet**

**Q. Who can subscribe to CDAnet?**

**A.** You can subscribe to CDAnet when you are a licensed dentist and a member in good standing with the provincial/territorial dental association. Do not submit the CDAnet Subscription Agreement form until the license and membership information is confirmed. Download the CDAnet Subscription Agreement from www.cdanet.ca.

**Q. How do I subscribe to CDAnet?**

**A.** Each dentist in an office who plans to transmit claims must complete a CDAnet Subscription Agreement form (page 4 of the CDAnet Subscription Agreement) to subscribe to CDAnet.

**Q. What are the steps to subscribe to CDAnet?**

| | |
|---|---|
| Step 1 | Complete all the mandatory fields on the CDAnet Subscription Agreement form. |
| Step 2 | Sign the completed form to confirm agreement to all the terms and conditions regarding the use of CDAnet. |
| Step 3 | Fax the completed CDAnet Subscription Agreement form to 613-523-7070. |
| Step 4 | CDAnet will contact the office to provide a CDAnet unique identification number (UIN), a CDAnet office number (if not already assigned) and start |

| | |
|---|---|
| | date. |

**Q. How do I subscribe to CDAnet from multiple offices?**

**A.** To transmit claims from multiple offices, you must submit one CDAnet Subscription Agreement form per office.

**Dentist UIN – What you need to know**

**Q. When is it appropriate to send a claim under the UIN of a different dentist for services I provided?**

**A.** Never. Claims must always be sent under the Unique Identification Number (UIN) of the treating dentist. For services provided by an associate dentist, the claim must be sent under the UIN of the associate. However, if a claim is being transmitted to a claims processor that supports version 4 of the CDAnet Messaging Standard, then the field Billing Provider Number can identify the dentist who is to receive assigned benefits. This feature is not available for claims processors who can only receive version 2 claims. Download the CDAnet Supported Transaction document from www.cdanet.ca.

**Q. Can I transmit claims for hygiene services provided by an independent dental hygienist?**

**A.** No. An independent dental hygienist must submit benefit claims under her or his own Unique Identification Number (UIN) as an independent dental hygienist using their own system, not CDAnet. When transmitting dental claims with a modem or on the Internet with ITRANS, only the services provided by the treating dentist or a dental hygienist employed by the dentist can be transmitted under the dentist's UIN.

**Q. How do I request to Change to a Dentist UIN?**

**A.** The Unique Identification Number (UIN) changes when a dentist becomes a certified specialist. The UIN is suspended when there is a change to license status. Use Request to Change/Suspend Dentist UIN form to request CDAnet to change a UIN due to a specialty registration, or to suspend the UIN due to a change in license status. CDAnet will inform all carriers/claims processors of the changes. You do not need to contact the carriers. The change in UIN will apply to all the CDAnet offices you are registered in. Download CDAnet forms from www.cdanet.ca.

**Office ID for Satellite Office Setup**

**Q. We are opening a satellite office and will network the computers there to the main office – do we still need a different office ID for the satellite office?**

**A.** Yes. More and more practices are choosing to network the computers from satellite offices so all the claims are transmitted from the main office. Although it may make administrative sense that those claims would have the office ID of the main office so that any cheques for assigned reimbursements would be delivered to the main office, the purpose of the Provider Office Field in an electronic claim is to identify the location where the services were provided. This is reinforced in the CDAnet Subscription Agreement each CDAnet dentist signs where it states that the dentist certifies that, "…the dental claim is an accurate statement of services

performed, the provider who performed them, the Office at which they were performed and of the total fee payable…"

If a claim is being transmitted to a claims processor that supports version 4 of the CDAnet Messaging Standard, then the field Billing Office Number can identify the main practice office. This feature is not available for claims processors who can only receive version 2 claims. Download the CDAnet Supported Transaction document from www.cdanet.ca.

**Patient Information**

**Q. Do patients need to sign anything to transmit claims electronically and how do I change patient address information?**

**A.** Yes, a patient has to sign a statement authorizing the dental office to transmit his or her claims electronically. The authorization information and a template for printing authorization labels can be found in the CDAnet Dental Office User Guide (see Appendix E - Patient Authorization Labels).

**Q. How do I change a patient's address?**

**A.** Update the information on your computer. The new address will be reflected on subsequent claims.

**Office Information Changes**

**Q. The dental office information has been changed, the office is moving, or closing, or a dentist is no longer working from the CDAnet office. What should I do?**

**A.** CDAnet must be notified if any of the office information has changed. You can notify CDAnet of changes by completing the CDAnet Update Dental Office Information form. This form can be downloaded from the CDAnet website at www.cdanet.ca or retrieved through the CDAnet fax back system at 1-800-267-9701. CDAnet will inform all carriers/claims processors of your office changes. You do not need to contact the carriers.

**Claims Processing Procedures and Transmission Issues**

**Q. Why did I receive a message advising me that I am not authorized to access CDAnet?**

**A.** If you recently subscribed to CDAnet and are unable to transmit claims to any of the CDAnet insurance carriers, contact the CDAnet Help Desk at 1-800-267-9701 between 9 a.m. and 5 p.m. (EST) to verify that you and the claims processors are using the same identification numbers.

**Q. I cannot transmit claims to an insurance carrier and cannot correct an error message? What should I do?**

**A.** In the event that dental office staff cannot correct an error message, the problem should be referred back to the networks, as they are the ones sending the message back on behalf of the insurance carrier. The networks can pull up the claim (using the CDAnet office number) and find out why the error was sent. Before you call the network, make sure that you have noted the CDAnet error message you received, have the CDAnet office number and the dentist unique identification number (UIN) ready. (Download the CDAnet Supported Transaction

document from www.cdanet.ca for network help desk phone numbers).

**Q. What if the network has not received my claim?**

**A.** Contact your software vendor for support.

**Q. What should I do if a claim or predetermination is rejected?**

**A.** You will receive an error message on your screen explaining the reason for rejection. Correct the error(s) and resubmit the claim or predetermination, using a new claim reference number. If your system does not accept the changes, call the applicable carrier. If you receive an error that you don't understand, call the CDAnet Help Desk for technical support at 1-800-267-9701, select option 1, between 9 a.m. and 5 p.m. (EST) Monday to Friday or email cdanet@cda-adc.ca.

**Q. I received a message stating "Network error, please resubmit claim." Is there something wrong with my computer system?**

**A.** No, this message indicates that there was a temporary transmission problem. Try submitting the claim again.

**Q. I'm getting an invalid carrier ID code. What does that mean?**

**A.** It means that the ID number you have programmed for the insurance company is incorrect. Verify the information on the CDAnet Supported Transaction document and make any necessary changes. If you're unsure on how to change this information, contact your software vendor for additional help. Download the CDAnet Supported Transaction document from www.cdanet.ca.

**Q. I received a message stating "Error code ". What does this mean?**

**A.** Contact your software vendor to request that descriptions be added to these error codes. A list of error codes can also be found in your CDAnet Dental Office User Guide (see Appendix D – List of Error Codes)

**Q. The icon (or window B, depending on the software) is not giving me the option to use CDAnet. Why not?**

**A.** Either the dentist record in your software is not configured to allow electronic claims or the carrier record in your software does not indicate support for electronic claims. Contact your software vendor in order to update the information found in your software to correct the above issue.

**Q. I'm receiving the error code "Datapac not responding." What does that mean?**

**A.** This error does not apply to ITRANS users. DATApac has been phased out by TELUS Health Solutions. Offices can contact the TELUS Help Desk at 1-866-272-2204.

**Q. Can I send claims after normal business hours?**

**A.** Yes, you will receive a Claim Acknowledgement shortly after submitting the claim. CDAnet claims may be transmitted by telephone modem between 5:30 a.m. and 1 a.m. (EST) seven days a week, excluding statutory holidays. CDAnet claims may be transmitted to ITRANS 24 hours a day, seven days a week, including holidays. If the carrier system is not available, the ITRANS system will acknowledge receipt of the claim, and forward the claim to the carrier system when it becomes available.

**Q. Can I reverse a claim that was submitted yesterday?**

**A.** No, a claim reversal can only be performed on CDAnet on the same day the claim was submitted. Call or write the claims processor, quoting the claim reference number shown on the Explanation of Benefits or Claim Acknowledgement, and inform the Claims Department of the error. If the dental office staff does not know how to do a claim reversal, they should contact their insurance carrier for information. If the claim cannot be reversed on the same day due to errors, the dental office must send a manual claim form with a letter referencing the initial claim to the insurance company.

**Q. I tried to reverse a claim, and received a message asking me to try again later. What happened?**

**A.** The claims processor was unable to handle your request for a claim reversal at the time it was submitted. Try to reverse the claim again later in the day. If you are unable to reverse the claim on the same day, follow the procedures outlined in the question for sending a claim reversal manually.

**Q. What if a patient deals with a claims processor that is not participating in CDAnet?**

**A.** The insured should continue to submit his or her claims on paper.

**Q. Where do I receive updates?**

**A.** Your software vendor supplies updates to your practice management software. Updates such as new carriers, carrier networks and supported transactions types will appear on the CDAnet website on the News page, and in the supported transactions list on the Networks and Insurance Carriers page.

**Q. What is the difference between Batch Mode and Real Time?**

**A. Batch processing** means that the insurance carrier will adjudicate all claims at a predetermined time rather than on an as received basis. When a claim is sent to a batch processing system, you will receive a Claim Acknowledgement in response, not an Explanation of Benefits. The claim will usually be adjudicated later in the day or overnight.

**A. Real time processing** means that when you submit a claim, the claims processor will adjudicate it and send an Explanation of Benefits response back to you immediately (approximately 20-40 seconds).

**ITRANS**

**Q. How do I contact ITRANS?**

**A.** ITRANS Help Desk
Tel.: 1-866-788-1212 between 9 a.m. and 5 p.m. (EST) Monday to Friday
Email: Support@goitrans.com
Website: www.goitrans.com

# Appendix A – Sample Insurance Cards

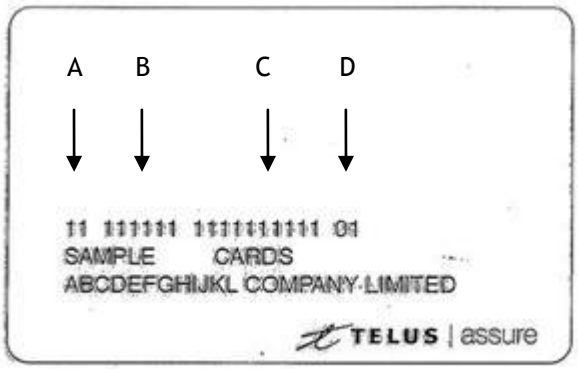
Some of the terms used on dental claim forms may be unfamiliar to you. Policy number may also be referred to as group number, plan number and control number. Division number is also called section number, suffix number and unit number. Subscriber ID is also known as certificate number, SIN, employee ID and cardholder ID.

Below are sample insurance cards.

**The TELUS | Assure Card (formerly the BCE Emergis or Emergis Card)**
Some patients may carry a plastic or paper card identified as the TELUS | Assure Card *(formerly the BCE Emergis or Emergis card)*. These cards may have different artwork (depending on the insurance carrier and/or plan sponsor), however, all cards will contain the same information. The TELUS | Assure logo will appear on all cards to allow easy recognition.

As the TELUS | Assure Card is issued for both drug and dental plans, some of the information on the card may not apply to dental claims.

A sample of the TELUS | Assure Card is illustrated below:




**A - ID** This is the identification number of the insurance carrier.

**B - Policy Number** This is the insured's policy number.

**C - Certificate Number** This is the insured's certificate number.

**D - Issue Number** Not applicable to dental plans (can be ignored).

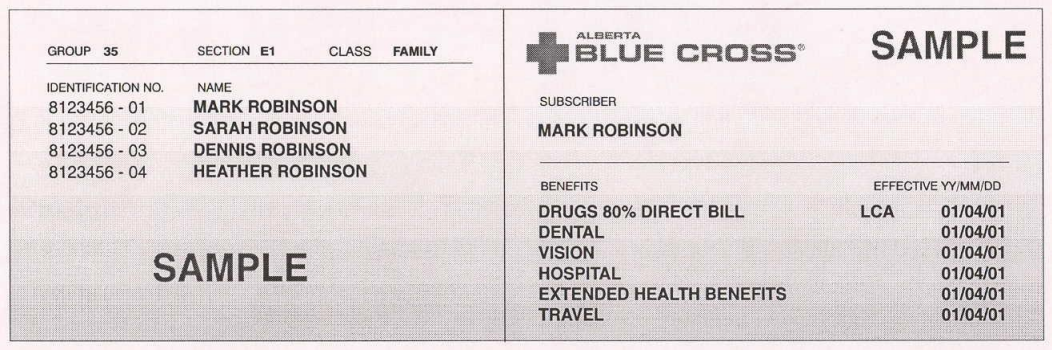
## AGA Benefit Card

**AGA Benefit Card**

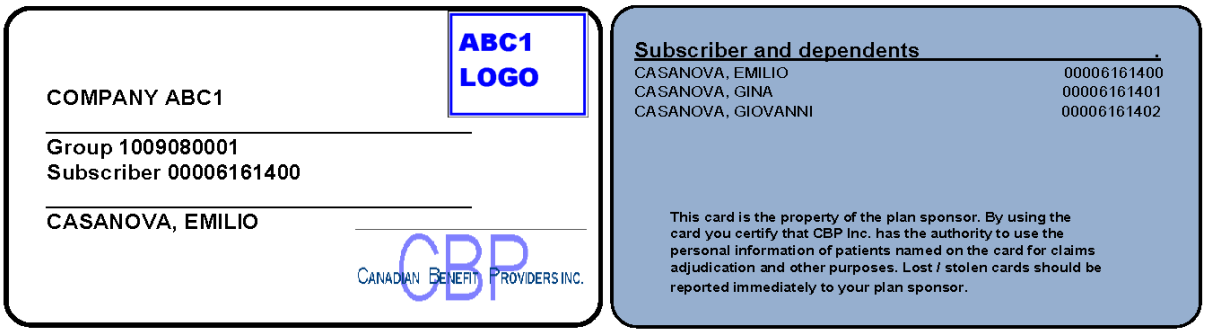
| Label | Description | Example |
|---|---|---|
| Carrier ID | This 2-digit number refers to the employee benefit plan | 35 |
| Group Number | The 6-digit code identifies the insured policy number | 000123 |
| Certificate Number | Refers to the unique 10-digit number assigned to the Employee. | 0OTISMA001 |
| Issue number | Not applicable to dental plans (can be ignored) | 01 |
| Name | Refers to the name of the cardholder. | OTIS MANON |
| Company Name | Name of the Cardholder's company | ABCD INC. |

For any concerns, the client may call the Customer Service Number ( Mon-Fri 8am to midnight ET, Sat/Sun/Civic Holidays 9am to 8pm ET, Statutory Holidays 12pm to 8pm ET) at 866-272-2204

## Alberta Blue Cross




## Canadian Benefit Providers (CBP)



## Claimsecure

## Empire Life Insurance

'
**A** L'EMPIRE, COMPAGNIE D'ASSURANCE-VIE
THE EMPIRE LIFE INSURANCE COMPANY
**B** Smith, John
**C** ABC Industries Limited

**D** G1234 **E** 001 **F** 000000078 **G** 09 Oct 1959 **H** Other

I J K
Dental Family 28Nov1997

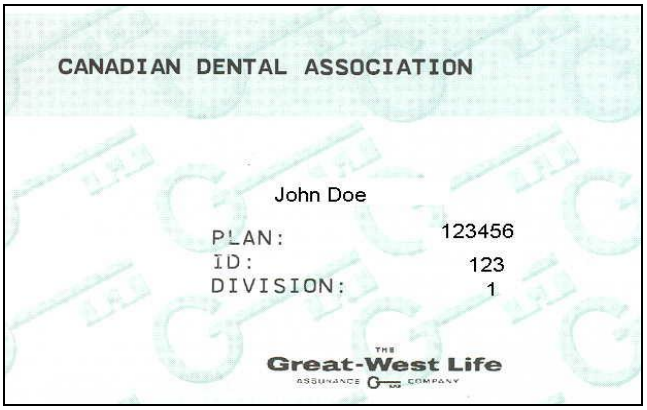
## ESORSE Benefit Card

Upon enrollment, ESORSE will issue a Benefit Card to its subscribers. Such card will have to be presented to provider for any drugs and dental services, in accordance to its plans. A subscriber may have multiple dependants who are also allowed to avail of prescribed drugs and dental services.

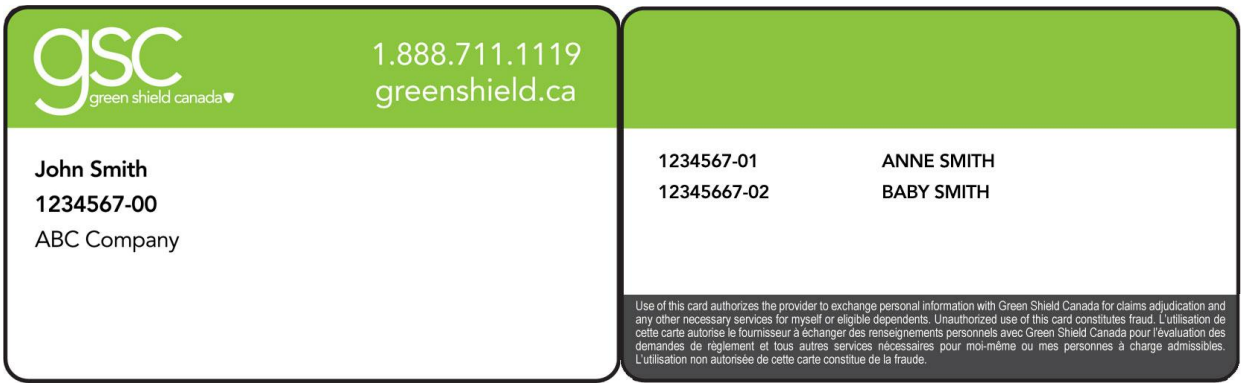
For easy identification, the card includes the following information:

| Position | Label | Description | Example |
|---|---|---|---|
| FRONT | Carrier | This 2-digit number refers to the employee benefit plan | 01 |
| | Group | The 4-digit code identifies the Employer | 1234 |
| | Certificate # | Refers to the unique 10-digit Number assigned to the Employee. The card can be shared by more than one dependants. The system has the capability to determine from the Certificate Number (on the card) and Birthday (of the patient) if the patient or the cardholder are eligible on the plan. | 0000123456 |
| | Name | Refers to the name of the cardholder. | John Doe |
| | Company Logo | Logo of the Cardholder's company | |
| BACK | ESORSE Logo | Company Logo of ESORSE Corporation | |
| | Contact Number | For any concerns, the client may call Customer Service Number printed on the card (Business Hours: 9am to 6pm EST, Monday to Friday except Holidays) | 1-877-637-6773 |

## Great West Life



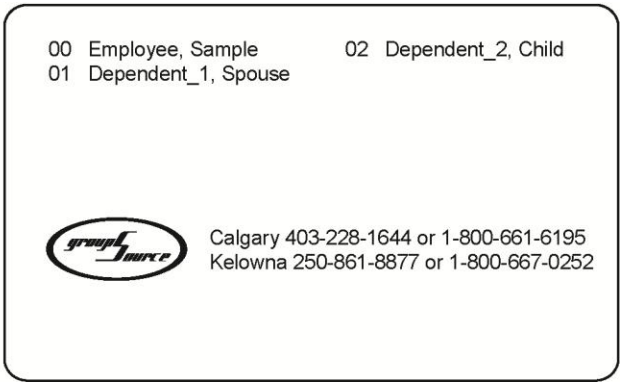

## Green Shield



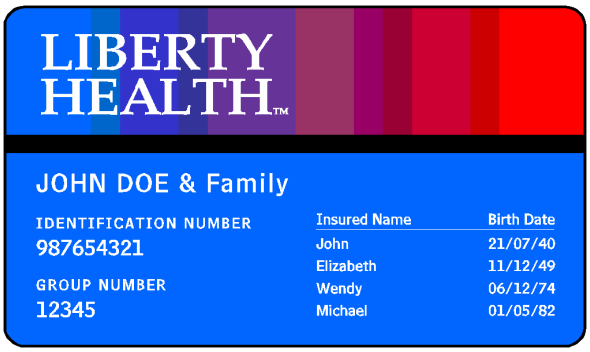
## Group Medical Services

## Groupe Premier Médicale

## groupSource



## Liberty Health

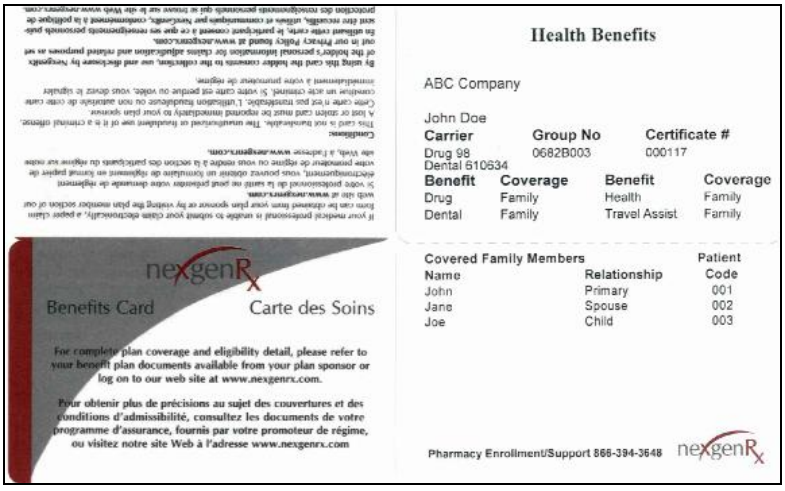



## Manitoba Blue Cross

## Medavie Blue Cross

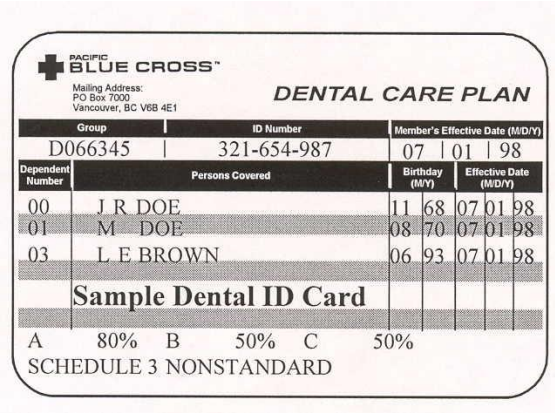
## MDM

## NexgenRx Inc.




## Quikcard

## Pacific Blue Cross


PACIFIC BLUE CROSS™

Mailing Address:
PO Box 7000
Vancouver, BC V6B 4E1

DENTAL CARE PLAN

| Group | ID Number | Member's Effective Date (M/D/Y) |
|---|---|---|
| D066345 | 321-654-987 | 07 01 98 |

| Dependent Number | Persons Covered | Birthday (M/Y) | Effective Date (M/D/Y) |
|---|---|---|---|
| 00 | J R DOE | 11 68 | 07 01 98 |
| 01 | M DOE | 08 70 | 07 01 98 |
| 03 | L E BROWN | 06 93 | 07 01 98 |

Sample Dental ID Card

A 80% B 50% C 50%

SCHEDULE 3 NONSTANDARD

## SSQ Financial Group (SSQ)

## The Co-Operators

the co-operators
A Better Place For You

## Your new Co-operators card is here!

Your plan sponsor has chosen to provide you with group benefits from the leading Canadian owned multi-product insurer, The Co-operators. With over 60 years experience, The Co-operators has provided Canadians and their families with group benefits through their employers and associations.

Take this card with you when you visit a provider of a covered service (i.e. your pharmacist). In many cases they will be able to submit your claim to The Co-operators for immediate adjudication without the need for you to mail a paper claim form. Many health professionals have this capability and will inform you the extent of the claim payment immediately.

We have provided a duplicate card for you, your spouse or dependant child. If you don't need both, keep one in a safe place. **After detaching the card, fold along the perforation and keep in your wallet.**

## How to Submit a Claim

Take your Co-operators card with you when you obtain covered services and present it when it's time to pay. **If your pharmacist is not yet enrolled in the network, they should call the toll free line at the bottom of the card.** If the provider does not or cannot submit your claim electronically, you should arrange payment and keep the detailed receipt. Obtain a claim form from your plan administrator or online at **www.cooperators.ca**, complete the required information, attach the receipts **(retain copies for your records)** and send the completed form to the Co-operators Life Insurance Company.

We are committed to making your claims experience a positive one, but if you have any questions:

**Contact us toll free at 1-800-667-8164**

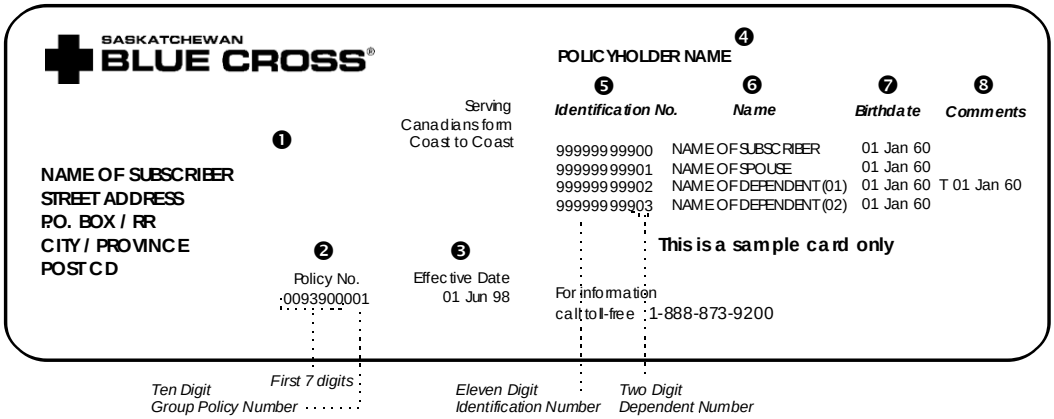
nexgenRx

the co-operators
A Better Place For You

## Saskatchewan Blue Cross Identification Card

Saskatchewan Blue Cross subscribers eligible for coverage are issued an identification card.

Front of Identification Card
Please note that **each** participant has an eleven (11) digit identification number.

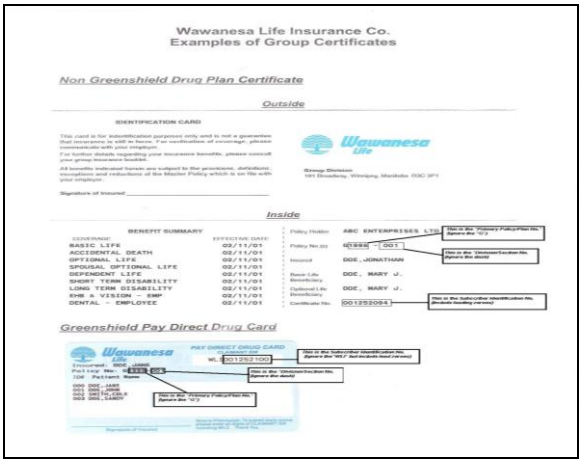



The following information can be found on the front of the Identification Card.

1. Subscriber's name and address
2. Policy Number (including section number)
3. Effective date of coverage
4. Name of policyholder
5. Participant's unique identification number
6. Participant's name
7. Participant's date of birth
8. Comments relating to participant

- In the **Primary Policy Plan Number** field, enter the first 7 digits of the Policy Number exactly as shown on the card (e.g. 0093900).
- In the **Division/Section Number** field, enter the remaining 3 digits of the Policy Number (e.g. 001).
- In the **ID Number** field, enter the 11-digit Identification Number found on the right side of our Saskatchewan Blue Cross card. Please note your vendor software may require splitting this entry into two separate fields; entering the first 9-digits into one field and the last 2-digits into the other.

## Wawanesea



# Appendix B – CDAnet Networks & Insurance Carrier Information

**CDAnet Networks, Carriers and Supported Transactions (June 14, 2013)**

Notify CDAnet of required changes to this document at: cdanet@cda-adc.ca

| **Network**/Carrier Information | | | | | Policy Information | | | Supported CDAnet Transactions | | | | | | | | | | | | | | | | | | Additional Information |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Claims | | | | | Predeterminations | | | | O/S Tx | | Sum. Recon. | | Pmt. Recon. | | COB | Eligibility | | |
| **Network**<br>Carrier | Phone | CDAnet ID/ BIN | CDAnet Version | Age limit (in days) | Policy Number | Division Number | Certificate Number | Claim (01) | Claim Acknowledgement (11) | Claim EOB (21) | Claim Reversal (02) | Claim Rev Response (12) | Predetermination (03) | Predet Acknowledg. (13) | Predetermination EOB (23) | Pred Multi-Page | Request for Outstanding Transaction (04) | Outstanding Response (14) | Summary Reconcil (05) | Summary Response (15) | Payment Reconcil (06) | Payment Response (16) | COB Claim (07) | Eligibility (08) | Eligibility Response (18) | Notes |
| **Alberta Blue Cross** | 800-661-7671 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alberta Blue Cross including Alberta School Empoyee Benefit Plan (800-567-8104) | 800-661-7671 | 000090 | v.2, v.4 | 7 | 1-5 digits, alphanum. | 1-3 digits alphanum | 1-10 digits, alphanum. | X | X | X | X | X | X | X | X | X | X | X | | | | | X | | | |
| | | | | | 6 digits | | 9 digits, numeric (SIN) | | | | | | | | | | | | | | | | | | | |
| **CDCS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CDCS (BATCH) | 705-675-2222 | 610129 | v.4 | 365 | 8 digits | n/a | 10 digits, alphanum. | X | X | | X | X | X | X | | | | | | | | | | | | |
| **Continovation Services Inc. (ITRANS)** | 866-788-1212 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADSC- Alberta Dental Services Corporation (Alberta Employment, Immigration, and Industry Program) (Quikcard) | 800-232-1997 | 000105 | v.4 | 14 | n/a | n/a | 7-10 numeric | X | X | X | X | X | X | X | X | | X | X | | | | | X | | | |
| Benecaid Health Benefit Solutions (Express Scripts Canada) | 800-563-3274 | 610708 | v.4 | 7 | | | | X | X | X | X | X | X | X | | | | | | | | | | | | |
| Boilermakers National Benefit Plan (Canada) (BATCH) (McAteer Group) | 800-668-7547 | 000116 | v.4 | 365 | Boilers | N/A | Boilers | X | X | | | | X | X | | | | | | | | | | | | |
| Carpenters and Allied Workers Local 27 – Shingling and Siding Division Health Benefit Plan (McAteer Group) | 800-263-3564 | 000117 | v.4 | 365 | 27S&S | N/A | 27S&S | X | X | | | | X | X | | | | | | | | | | | | |
| Co-Operators (The) | 800-667-8164 | 606258 | v.4 | 365 | 3 and 7 numeric | 1 and 5 digits numeric | 1 and 10 digits numeric | X | X | X | X | X | X | X | X | | X | X | | | | | | | | |
| Cowan Insurance Group (Express Scripts Canada) (Express Scripts Canada) | 800-563-3274 | 610153 | v.4 | 7 | | | | X | X | | X | X | | | | | | | | | | | | | | |
| DeltaWare Systems - Nunatsiavut Government | 877-201-6771 | 610172 | v.4 | 7 | | | | X | X | X | X | X | | | | | | | | | | | | | | |
| Desjardins Financial Security (Express Scripts Canada) | 800-563-3274 | 000051 | v.4 | 7 | 6 digits | 4 digits | 9 digits | X | X | X | | | | | | | | | | | | | | | | |
| GMS - Group Medical Services (Express Scripts Canada) | 800-563-3274 | 610217 | v.4 | 7 | 1-12 digits | 1-12 digits | 1-12 digits | X | X | X | X | X | X | X | | | | | | | | | | | | |
| GMS SK - Group Medical Services (Express Scripts Canada) | 800-563-3274 | 610218 | v.4 | 7 | 1-12 digits | 1-12 digits | 1-12 digits | X | X | X | X | X | X | X | | | | | | | | | | | | |
| Groupe Premier Médical Inc (Express Scripts Canada) | 800-563-3274 | 610266 | v.4 | 7 | 1-7, alphanumeric | n/a | 1-12 digits | X | X | | X | X | | | | | | | | | | | | | | |
| groupSource LP | 866-862-5246 | 605064 | v.4 | 7 | 6 digits | n/a | 7 or 10 digits | X | X | X | X | X | | | | | | | | | | | | X | X | Primary Code C17 required |
| Humania Assurance Inc. (formerly La Survivance) (Express Scripts Canada) | 800-563-3274 | 000080 | v.4 | 7 | | | | X | X | X | | | | | | | | | | | | | | | | |
| Local 1030 Pension and Health Benefit Plan (BATCH) (McAteer Group) | 800-263-3564 | 000118 | 4 | 365 | Local1030 | | Local1030 | X | X | | | | X | X | | | | | | | | | | | | |
| PBAS Group (The) | Winnipeg: 800-952-9932<br>St John's: 800-563-1930 | 610256 | v.4 | 30 | 3 or 5 digits | n/a | n/a or 9 digits | X | X | X | | | X | X | X | | X | X | | | | | | | | |
| NexGen RX | 866-394-3648 | 610634 | v.4 | 365 | 8 digits alphanum | 3 alpha | 10 numeric | X | X | X | X | X | X | X | X | | | | | | | | | | | |
| Non-Insured Health Benefits NIHB Program (Express Scripts Canada) | 888-511-4666 | 610124 | v.4 | 7 | 10 digits | n/a | n/a | X | X | X | X | X | X | | | | | | | | | | | | | |
| Nova Scotia Medical Services Insurance - MSI (Quikcard) | 888-846-4484 | 000108 | v.4 | 14 | 2 digits | H or O | numeric | X | X | X | X | X | X | X | X | | X | X | | | | | X | | | |
| Nova Scotia Department of Community Services - Employment Support and Income Assistance - ESIA (Quikcard) | 888-846-4484 | 000109 | v.4 | 14 | 2 digits | | numeric | X | X | X | X | X | X | X | X | | X | X | | | | | X | | | |
| Quikcard | (West) 800-232-1997<br>(East) 888-846-4484 | 000103 | v.4 | 14 | 5 alphanum. | n/a | 6-10 alphanum. | X | X | X | X | X | X | X | X | | X | X | | | | | X | | | |
| Sheet Metal Workers Local 30 Benefit Plan (BATCH) (McAteer Group) | 800-263-3564 | 000119 | V4 | 365 | SMW30 | | SMW30 | X | X | | | | X | X | | | | | | | | | | | | |
| Syndicat des Fonctionnaires Municipaux de Montreal (Express Scripts Canada) | 800-563-3274 | 610677 | v.4 | 365 | | | | X | X | | X | X | | | | | | | | | | | | | | |
| The Building Union of Canada (BATCH) (McAteer Group) | 800-263-3564 | 000120 | v.4 | 365 | BUC | n/a | BUC | X | X | | | | X | X | | | | | | | | | | | | |
| U.A. Local 787 Health Trust Fund (BATCH) | 866-946-2220 | 000110 | v.4 | 365 | UA787 | N/A | UA787 | X | X | | | | X | X | | | | | | | | | | | | |
| U.A. Local 46 Health Plan (BATCH) | 800-263-3564 | 000115 | v.4 | 365 | UA46 | N/A | UA46 | X | X | | | | X | X | | | | | | | | | | | | |
| U-L Mutual (UV mutuelle) (Express Scripts Canada) | 800-563-3274 | 610643 | v.4 | 7 | | | | X | X | | X | X | | | | | | | | | | | | | | |
| **Manitoba Blue Cross** | 888-596-1032 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manitoba Blue Cross | 800-873-2583 | 000094 | v.4 | 365 | 1-5 digits | n/a | 1-10 digits, alphanum. | X | X | X | X | X | X | X | X | | X | X | | | | | X | | | |
| **Pacific Blue Cross** | 800-487-3228 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pacific Blue Cross | 888-275-4672 | 000064 | v.4 | 365 | 7 digits | n/a | 10 digits, alphanum. | X | X | X | | | X | X | | | | | | | | | | | | |
| **TELUS Health Solutions - Group A** | 866-272-2204 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equitable Life (BATCH) | 800-722-6615 | 000029 | v.2 | 365 | 5 digits | n/a | 9-10 digits, numeric | X | X | | X | X | X | X | | | | | | | | | | | | |
| Great West Life Assurance Company (The) | 800-957-9777 | 000011 | v.2 | 8 | 1-6 digits | n/a | 1-9 digits, alphanum. | X | X | X | X | X | X | X | | | | | | | | | | | | |
| Industrial Alliance | 514-499-3800 | 000060 | v.2 | 10 | 5 digits | n/a | 1-9 digits | X | X | X | X | X | X | X | | | | | | | | | | | | |
| Industrial Alliance Pacific Life Insurance Co. | 514-499-3800 | 000024 | v.2 | 10 | 5 digits | n/a | 1-9 digits | X | X | X | X | X | X | X | | | | | | | | | | | | |
| Johnston Group (BATCH) | 800-665-3365 | 627223 | v.2 | 365 | 5 digits | n/a | 5-9 digits, numeric | X | X | X | X | X | X | X | | | | | | | | | | | | |
| National Life of Canada | 800-668-8270 | 000021 | v.2 | 7 | 3-5 digits | n/a | 1-9 digits, alphanum. | X | X | X | X | X | X | X | | | | | | | | | | | | |
| Sunlife of Canada | 800-361-2128 | 000016 | v.2 | 365 | 1-5 digits | n/a | usually numeric | X | X | X | X | X | X | X | | | | | | | | | | | | |

**CDAnet Networks, Carriers and Supported Transactions (June 14, 2013)**

Notify CDAnet of required changes to this document at: cdanet@cda-adc.ca

| **Network**/Carrier Information | | | | | Policy Information | | | Supported CDAnet Transactions | | | | | | | | | | | | | | | | | | | | Additional Information |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Claims | | | | | Predeterminations | | | | O/S Tx | | Sum. Recon. | | Pmt. Recon. | | COB | Elgibility | | | | |
| **Network**<br>Carrier | Phone | CDAnet ID/ BIN | CDAnet Version | Age limit (in days) | Policy Number | Division Number | Certificate Number | Claim (01) | Claim Acknowledgement (11) | Claim EOB (21) | Claim Reversal (02) | Claim Rev Response (12) | Predetermination (03) | Predet Acknowledg. (13) | Predetermination EOB (23) | Pred Multi-Page | Request for Outstanding Transaction (04) | Outstanding Response (14) | Summary Reconcil (05) | Summary Response (15) | Payment Reconcil (06) | Payment Response (16) | COB Claim (07) | Eligibility (08) | Eligibility Response (18) | Notes |
| **TELUS Health Solutions - Group B** | 866-272-2204 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accerta | 416-922-6565 | 311140 | v.4 | 365 | 12 alphanum. | n/a | 12 alphanum. | X | X | X | X | X | | | | | | | | | | | | X | X | | | |
| Association des policières et policiers du Québec (APPQ) (BATCH) | 450-922-5414 ext. 7 | 628112 | v.4 | 365 | | | | X | X | | X | X | X | X | | | | | | | | | X | | | | | |
| Assumption Life | 888-869-9797 | 610191 | v.4 | 7 | | | | X | X | X | | X | | | | | | | | | | | | | | | | |
| Autoben | 877-944-7100 | 628151 | v.4 | 365 | 10 digits | 9 digits | 12 digits | X | | | X | | X | X | | | | | | | | | | | | | | |
| Benecaid Health Benefit Solutions (Express Scripts Canada) | 800-563-3274 | 610708 | v.4 | 7 | | | | X | X | X | X | X | X | X | | | | | | | | | | | | | | |
| Benefits Trust (The) (BATCH) - Formerly the Crowder Group | 416-498-7723 | 610146 | v.2 | 365 | | | | X | X | | | | | | | | | | | | | | | | | | | |
| Beneplan | 800-387-1670 | 400008 | v.4 | 7 | 1-6 digits | 3 digits, alphanum | 9 digits | X | X | | X | X | X | X | | | | | | | | | | | | | | |
| Canadian Benefit Providers (CBP) | 800-944-9166 ext 280 | 610202 | v.4 | 7 | 10 digits | n/a | 11 digits | X | X | X | X | X | X | X | X | | | | | | | | | X | | | | |
| Capitale | 800-563-3274 | 600502 | v.4 | 7 | | | | X | X | X | | | | | | | | | | | | | | | | | | |
| Claimsecure | 888-513-4464 | 610099 | v.4 | 365 | 4-6 digits | n/a | 10 digits, alphanum. | X | X | X | | | | | | | | | | | | | | | | | | |
| Commission de la construction du Quebec (CCQ) | 514-736-6711 | 000036 | v.2 | 7 | 6 digits | 4 digits | 10 digits, numeric | X | X | X | X | X | | | | | | | | | | | | | | | | |
| Coughlin & Associates | 877-768-3378 | 610105 | v.4 | 7 | 4-6 digits | 2 digits | 3-10 digits, alphanum. | X | X | X | X | X | X | X | X | | | | | | | | | | | | | |
| Co-Operators (The) | 800-667-8164 | 606258 | v.4 | 365 | 3 and 7 numeric | 1 and 5 digits numeric | 1 and 10 digits numeric | X | X | X | X | X | X | X | X | | X | X | | | | | | | | | | |
| Cowan Insurance Group (Express Scripts Canada) | 800-563-3274 | 610153 | v.4 | 7 | | | | X | X | | X | X | | | | | | | | | | | | | | | | |
| DeltaWare Systems - Nunatsiavut Government | 877-201-6771 | 610172 | v.4 | 7 | | | | X | X | X | X | X | | | | | | | | | | | | | | | | |
| Desjardins Financial Security (Express Scripts Canada) | 800-563-3274 | 000051 | v.4 | 7 | 6 digits | 4 digits | 9 digits | X | X | X | | | | | | | | | | | | | | | | | | |
| Empire Life Insurance Group (The) | 800-267-0215 | 000033 | v.4 | 365 | 5 digits, a/n | 3 digits, alphanum | 9 digits, numeric | X | X | | | | X | X | | | | | | | | | | | | | | |
| ESORSE Corporation | 877-637-6773 | 610650 | v.4 | 7 | n/a | 4 digits | 10 digits | X | X | X | X | X | X | X | X | | | | X | X | X | X | X | | | | | |
| FAS Administrators | 800-770-2998 | 610614 | v.4 | 7 | 6 digits | n/a | 9 digits, numeric | X | X | X | X | X | X | X | | | | | | | | | | | | | | |
| Green Shield Canada | 800-265-5615 | 000102 | v.4 | 365 | num. | n/a | 3-12 digits, alphanum. | X | X | | X | X | X | X | | | | | | | | | X | | | | | |
| GMS - Group Medical Services (Express Scripts Canada) | 800-563-3274 | 610217 | v.4 | 7 | 1-12 digits | 1-12 digits | 1-12 digits | X | X | X | X | X | X | X | | | | | | | | | | | | | | |
| GMS SK - Group Medical Services (Express Scripts Canada) | 800-563-3274 | 610218 | v.4 | 7 | 1-12 digits | 1-12 digits | 1-12 digits | X | X | X | X | X | X | X | | | | | | | | | | | | | | |
| Groupe Financier AGA Inc. | (866) 272-2204 | 610226 | v.4 | 7 | | | | X | X | X | X | X | X | X | X | | | | | | | | | | | | | |
| Groupe Premier Médical Inc (Express Scripts Canada) | 800-563-3274 | 610266 | 4.03 | 7 | 1-7, alphanumeric | n/a | 1-12 digits | X | X | | X | X | | | | | | | | | | | | | | | | |
| Johnson Inc. | 800-638-4753 | 627265 | v.4 | 7 | 1-5 digits | 1-3 digits | 1-9 digits, numeric | X | X | | | | | | | | | | | | | | | | | | | |
| Humania Assurance Inc. (formerly La Survivance) (Express Scripts Canada) | 800-563-3274 | 000080 | v.4 | 7 | | | | X | X | X | | | | | | | | | | | | | | | | | | |
| Lee Power (BATCH) | 613-236-9007 | 627585 | v.2 | 365 | 5 digits | n/a | 1-9 digits, numeric | X | X | | | | | | | | | | | | | | | | | | | |
| Liberty (BATCH) | 800-268-3763 | 311113 | v.2 | 365 | 4-6 digits | n/a | 1-11digits, alphanum. | X | X | | X | X | X | X | | | | | | | | | | | | | | |
| Manion Wilkins | 416-234-3511 | 610158 | v.4 | 365 | 9 digits | 3 digits | 9 digits | X | X | X | X | X | X | X | X | X | | | | | | | X | X | | | | |
| Manulife Financial | East: 800-265-2260<br>West: 800-265-6392 | 610059 | v.2 | 365 | 4-6 digits | 3 digits | 9 digits, numeric | X | X | X | X | X | X | X | | | | | | | | | | | | | | |
| Medavie Blue Cross | 800-667-4511 | 610047 | v.2 | 365 | 8 digits | n/a | 11 digits, numeric | X | X | | | | | | | | | | | | | | | | | | | |
| Interim Federal Health Program - IFHP (Medavie Blue Cross) | 888-614-1880 | 610047 | v.2 | 30 | 8 digits | n/a | 8 digits, numeric | X | X | | | | | | | | | | | | | | | | | | | |
| MDM | 800-838-1531 | 601052 | v.2 | 7 | n/a | n/a | 11 digits, numeric | X | X | X | X | X | X | X | | | | | | X | | X | | | X | | | |
| NexGen RX | 866-394-3648 | 610634 | v.4 | 365 | 8 digits alphanum | 3 alpha | 10 numeric | X | X | X | X | X | X | X | X | | | | | | | | | | | | | |
| Non-Insured Health Benefits NIHB Program (Express Scripts Canada) | 888-511-4666 | 610124 | v.4 | 7 | 10 digits | n/a | n/a | X | X | X | X | X | X | | | | | | | | | | | | | | | |
| RWAM Insurance | 519-669-1632 | 610616 | v.4 | 365 | 1-5 digits | 1-3 digits | 1-9 digits, numeric | X | X | | X | X | | | | | | | | | | | | | | | | |
| Saskatchewan Medavie Blue Cross (BATCH) | 306-244-1192 | 000096 | v.2 | 365 | 7 digits | 3 digits | 11 digits | X | X | | | | | | | | | | | | | | | | | | | |
| SES Benefits | 877-713-7379 | 610196 | v.4 | 7 | | | | X | X | X | X | X | | | | | | | | | | | | | | | | |
| SSQ Societe d'Assurance-Vie Inc. | 800-563-3274 | 000079 | v.4 | 365 | | | | X | X | X | X | X | X | X | X | | | | | | | | X | | | | | |
| Standard Life Assurance Company (The) | 800-499-4415 (English)<br>800-499-4425 (français) | 000020 | v.4 | 7 | 3-5 digits | n/a | 1-9 digits, alphanum. | X | X | X | X | X | X | X | | | | | | | | | X | | | | | |
| Syndicat des Fonctionnaires Municipaux de Montreal (Express Scripts Canada) | 800-563-3274 | 610677 | v.4 | 365 | | | | X | X | | X | X | | | | | | | | | | | | | | | | |
| U-L Mutual (UV mutuelle) (Express Scripts Canada) | 800-563-3274 | 610643 | v.4 | 7 | | | | X | X | | X | X | | | | | | | | | | | | | | | | |
| Wawanesa (BATCH) | 204-985-3940 | 311109 | v.2 | 7 | 4 digits | 3 digits | 9 digits, numeric | X | X | | X | X | X | X | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# Appendix C – Patient Information Form

**INSURED PATIENT INFORMATION**

Name of patient _____

Name of policyholder _____

Date of birth _____

Insurance Company _____ Policy No _____

Subscriber ID number _____

Place of employment _____

Relationship of patient to policy holder: _____Dependant _____Spouse _____

Are you claiming from more than one insurance company? No _____ Yes _____
If yes, complete the following section

**SECONDARY INSURANCE INFORMATION**

Name of policyholder _____

Date of birth _____

Insurance Company _____ Policy No _____

Subscriber ID number _____

Place of employment _____

Relationship of patient to policyholder: Dependant _____ Spouse _____

**AUTHORIZED CONSENT TO RELEASE INFORMATION**

I authorize release, to my dental benefits plan administrator, information contained in claims submitted electronically. I also authorize the communication of information related to the coverage of services described, to the named dentist.

_____ _____
Signature of patient, parent or guardian Date

# Appendix D – List of Error Codes

| Error Code | Message |
|---|---|
| 001 | Missing/Invalid Transaction Prefix |
| 002 | Missing/Invalid Dental Claim # or Office Sequence # |
| 003 | Missing/Invalid Version Number |
| 004 | Missing/Invalid Transaction Code |
| 005 | Missing/Invalid Carrier Identification Number |
| 006 | Missing/Invalid Software System ID |
| 007 | Missing/Invalid Dentist Unique ID (Provider Number) |
| 008 | Missing/Invalid Dental Office Number |
| 009 | Missing/Invalid Primary Policy/Plan Number |
| 010 | Missing/Invalid Division/Section Number |
| 011 | Missing/Invalid Subscriber Identification Number |
| 012 | Missing/Invalid Relationship Code |
| 013 | Missing/Invalid Patient's Sex |
| 014 | Missing/Invalid Patient's Birthday |
| 015 | Missing Patient's Last Name |
| 016 | Missing Patient's First Name |
| 017 | Missing/Invalid Eligibility Exception Code |
| 018 | Missing Name of School |
| 019 | Missing Subscriber's Last Name or Name did not match to the one on file |
| 020 | Missing Subscriber's First Name or Name did not match to the one on file |
| 021 | Missing Subscriber's Address |
| 022 | Missing Subscriber's City |
| 023 | Missing/Invalid Subscriber's Postal Code |
| 024 | Invalid Language of Insured |
| 025 | Missing/Invalid Subscriber's Birthday |
| 026 | Invalid Secondary Carrier ID Number |
| 027 | Missing/Invalid Secondary Policy/Plan Number |
| 028 | Missing/Invalid Secondary Division/Section Number |
| 029 | Missing/Invalid Secondary Plan Subscriber Number |
| 030 | Missing/Invalid Secondary Subscriber's Birthday |
| 031 | Claim should be submitted to secondary carrier first (secondary is the primary carrier) |
| 032 | Missing/Invalid Payee |
| 033 | Invalid Accident Date |
| 034 | Missing/Invalid Number of Procedures Performed |
| 035 | Missing/Invalid Procedure Code |
| 036 | Missing/Invalid Date of Service |
| 037 | Missing/Invalid International Teeth or Sextant, Quadrant Arch Designation |
| 038 | Missing/Invalid Tooth Surface |
| 039 | Invalid Date of Initial Placement (Upper) |
| 040 | Missing/Invalid Response re: Treatment Required for Orthodontic Purposes |
| 041 | Missing/Invalid Dentist's Fee Claimed |
| 042 | Missing/Invalid Lab Fee |
| 043 | Missing/Invalid Unit of Time |
| 044 | Message Length Field did not match length of message received |
| 045 | Missing/Invalid E-Mail / Materials Forwarded Flag |
| 046 | Missing/Invalid Claim Reference Number |
| 047 | Provider is not authorized to Access CDAnet |
| 048 | Please Submit Claim Manually |
| 049 | No outstanding responses from the network requested |

| Error Code | Message |
|---|---|
| 050 | Missing/Invalid Procedure Line Number |
| 051 | Predetermination number not found |
| 052 | At least one service must be entered for a claim/predetermination |
| 053 | Missing/Invalid Subscriber's province |
| 054 | Subscriber ID on reversal did not match that on file |
| 055 | Reversal not for today's transaction |
| 056 | Provider's specialty code does not match that on file |
| 057 | Missing/Invalid response to Question "Is this an initial placement (Upper)" |
| 058 | Number of procedures found did not match with number indicated |
| 059 | Dental Office Software is not certified to submit transactions to CDAnet |
| 060 | Claim Reversal Transaction cannot be accepted now, please try again later today. |
| 061 | Network Error, please re-submit transaction |
| 062 | Missing/Invalid Payee CDA Provider Number |
| 063 | Missing/Invalid Payee Provider Office Number |
| 064 | Missing/Invalid Referring Provider |
| 065 | Missing/Invalid Referral Reason Code |
| 066 | Missing/Invalid Plan Flag |
| 067 | Missing NIHB Plan fields |
| 068 | Missing/Invalid Band Number |
| 069 | Missing/Invalid Family Number |
| 070 | Missing/Invalid Missing Teeth Map |
| 071 | Missing/Invalid Secondary Relationship Code |
| 072 | Missing/Invalid Procedure Type Codes |
| 073 | For Future Use |
| 074 | Date of Service is a future date |
| 075 | Date of Service is more than one year old |
| 076 | Group not acceptable through EDI |
| 077 | Procedure Type not supported by carrier |
| 078 | Please submit pre-authorization manually |
| 079 | Duplicate claim |
| 080 | Missing/Invalid Carrier Transaction Counter |
| 081 | Invalid Eligibility Date |
| 082 | Invalid Card Sequence/Version Number |
| 083 | Missing/Invalid Secondary Subscriber's Last Name |
| 084 | Missing/Invalid Secondary Subscriber's First Name |
| 085 | Invalid Secondary Subscriber's Middle Initial |
| 086 | Missing Secondary Subscriber's Address Line 1 |
| 087 | Missing Secondary Subscriber's City |
| 088 | Missing Secondary Subscriber's Province/State Code |
| 089 | Invalid Secondary Subscriber's Postal/Zip Code |
| 090 | Missing/Invalid response to Question: Is this an Initial Placement Lower |
| 091 | Missing/Invalid Date of Initial Placement Lower |
| 092 | Missing/Invalid Maxillary Prosthesis Material |
| 093 | Missing/Invalid Mandibular Prosthesis Material |
| 094 | Missing/Invalid Extracted Teeth Count |
| 095 | Missing/Invalid Extracted Tooth Number |
| 096 | Missing/Invalid Extraction Date |
| 097 | Invalid Reconciliation Date |
| 098 | Missing/Invalid Lab Procedure Code |
| 099 | Invalid Encryption Code |
| 100 | Invalid Encryption |

| Error Code | Message |
|---|---|
| 101 | Invalid Subscriber's Middle Initial |
| 102 | Invalid Patient's Middle Initial |
| 103 | Missing/Invalid Primary Dependent Code |
| 104 | Missing/Invalid Secondary Dependent Code |
| 105 | Missing/Invalid Secondary Card Sequence/Version Number |
| 106 | Missing/Invalid Secondary Language |
| 107 | Missing/Invalid Secondary Coverage Flag |
| 108 | Secondary Coverage Fields Missing |
| 109 | Missing/Invalid Secondary Sequence Number |
| 110 | Missing/Invalid Orthodontic Record Flag |
| 111 | Missing/Invalid First Examination Fee |
| 112 | Missing/Invalid Diagnostic Phase Fee |
| 113 | Missing/Invalid Initial Payment |
| 114 | Missing/Invalid Payment Mode |
| 115 | Missing/Invalid Treatment Duration |
| 116 | Missing/Invalid Number of Anticipated Payments |
| 117 | Missing/Invalid Anticipated Payment Amount |
| 118 | Missing/Invalid Lab Procedure Code #2 |
| 119 | Missing/Invalid Lab Procedure Fee #2 |
| 120 | Missing/Invalid Estimated Treatment Starting Date |
| 121 | Primary EOB Altered from the Original |
| 122 | Data no longer available |
| 123 | Missing/Invalid Reconciliation Page Number |
| 124 | Transaction Type not supported by the carrier |
| 125 | Transaction Version not supported |
| 997 | Last Transaction Unreadable |
| 998 | Reserved by CDAnet for future use |
| 999 | Host Processing Error - Resubmit Claim Manually |

Note: Not all error codes will apply to your version of CDAnet; this list is intended for reference only.

## Appendix E - Patient Authorization Labels

The following two pages are sample sheets, which you can use to create labels for insertion in your files. The patient must provide your office with his or her authorization for claims to be sent electronically and for any assignment of benefits you undertake. You may wish to obtain this authorization using a central logbook, or with individual labels such as these.

I hereby assign my benefits, payable from claims submitted Electronically, to Dr. _____
And authorize payment directly to him/her.

This authorization shall continue in effect until the undersigned revokes the same.

_____ _____
Signature of subscriber Date

I hereby assign my benefits, payable from claims submitted Electronically, to Dr. _____
And authorize payment directly to him/her.

This authorization shall continue in effect until the undersigned revokes the same.

_____ _____
Signature of subscriber Date

I hereby assign my benefits, payable from claims submitted Electronically, to Dr. _____
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_____ _____
Signature of subscriber Date

I hereby assign my benefits, payable from claims submitted Electronically, to Dr. _____
And authorize payment directly to him/her.

This authorization shall continue in effect until the undersigned revokes the same.

_____ _____
Signature of subscriber Date

I authorize release, to my benefits plan administrator and CDA, information contained in claims submitted electronically. I also authorize the communication of information related to the coverage of services described to the named Dentist.

This authorization shall continue in effect until the undersigned revokes the same.

_____ _____.
Signature of patient, parent or Guardian Date

I authorize release, to my benefits plan administrator and CDA, information contained in claims submitted electronically. I also authorize the communication of information related to the coverage of services described to the named Dentist.

This authorization shall continue in effect until the undersigned revokes the same.

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Signature of patient, parent or Guardian Date

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