

Dental Office User Guide

CDAnet Office Number

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Introduction to the CDAnet network

Welcome to CDAnet!

Enclosed you will find the dentist's copy of the signed CDAnet Subscription Agreement for your files. This form also indicates your CDAnet office number, CDA unique ID number and start date. Please try to begin processing your claims through CDAnet on this date. Please write your CDAnet office number on the cover of this manual for ease of reference.

This User Guide has been provided to assist you with sending your claims electronically through CDAnet and Réseau ACDQ/CDAnet. 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 on line with CDAnet. Your software vendor will inform you when additional carriers are to be added to your system.

Please ensure that your staff is fully trained on CDAnet prior to using the system. This training is offered by your software vendor.

This User Guide covers Versions 2 and 3 of CDAnet and offers an introduction into the options, which will become available on Version 4.0. This new version will become available to you through your software vendor in 1998.

What is CDAnet?

The Canadian Dental Association, in conjunction with provincial associations, insurance carriers, network suppliers and dental system vendors, has established a network that allows you to submit claims and pretreatment plans electronically (EDI). This network is called CDAnet. CDAnet provides you with an efficient method of sending information to insurance carriers and reduces the turnaround time for claim payment.

Lost or delayed claim forms will become things of the past, and patient queries regarding procedures and coverage may be answered within minutes!

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. Sample forms currently being used by dental offices for the purpose of collecting this information are shown in Appendix A (pages 30-31). You may wish to use one of these forms, 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

Please begin using CDAnet on your assigned start date. Although it may not always be possible to begin right away, please make an effort to send claims electronically as soon as you are able.

Patient Authorization

The Executive Council of the Canadian Dental Association requires that you obtain patient signatures authorizing your office to submit their claims electronically. Additional signatures must also be obtained for those patients for which 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 that 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.

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 forms which may be photocopied onto labels for this purpose have been provided for your convenience and can be found in **Appendix D (pages 37-38)**.

Explanation of Benefits and Claim Acknowledgement

You must give the patient a Claim Acknowledgement or Explanation of Benefits (EOB), whichever is returned electronically from the claims processor, BEFORE they leave the office. This is the patient's receipt for the claim sent.

Dentist's Change of Address

Please ensure that you advise the CDAnet at 1-800-267-9701 immediately of any changes of address, as this information is required by the claims processors. If the third party companies are unaware of such changes, transmission errors might occur.

Addition or Change of Associate

When an associate joins a dental office, he/she must send a completed CDAnet Subscription Agreement to CDA in order to be added to the CDAnet system. Please call the CDA to request additional Subscription Agreements. When an associate leaves your practice, you must inform the CDAnet office in order that we may remove the departing dentist's name from your office address and designated office number.

Change of Software Vendor

Please advise CDAnet at 1-800-267-9701 if you change software vendors, as this information is required by the networks to ensure successful claims transmission.

Membership

Continued membership in the Canadian Dental Association and/or your provincial association is a requirement of CDAnet.

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.
- 👉 Attempts to access services other than those described in this User Guide.
- 👉 Any other fraudulent practices related to the use of CDAnet.

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

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. Additional information regarding EOBs may be found in the section titled Claims.

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 adjudication is performed by the insurance carrier, 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 and EOBs may be found in the section entitled Claims. For more details on accessing your mailbox, please refer to the section, "Request for Outstanding Transactions".

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 for more information.

To Submit a Claim

SEND ONLY VALID CLAIMS; do not test the system by sending invalid claims.

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: All dental procedures or treatments rendered for a single patient are to be submitted as one claim on the day of treatment. Late claims will not be adjudicated electronically by the claims processor. 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.

The EOB or Claim Acknowledgement must be given to the patient before he or she leaves the dental office. Patients must always receive this as 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. Telephone numbers are provided in the Help! section, page 25. A cheque will be mailed to the insured, or, in some cases, directly to the dentist. A sample EOB form is shown on the next page.

THE ABC COMPANY OF CANADA

EXPLANATION OF BENEFITS

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 NOTES	TH#	DATE	CHARGE	ELIGIBLE	DEDUCT AT	BENEFIT	
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

The headings on the EOB are described below:

Dentist	The dentist's name.
Unique ID No.	The dentist's 9-digit provider ID number, assigned by the CDA.
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.
Birthdate	The insured's birthdate.
Certificate No.	The insured's identification number.
Patient	The patient's name.
Birthdate	The patient's birthdate.
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 may 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 for further instruction on this procedure.

The Claim Acknowledgement must 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.

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. Refer to the chapter titled Help! if you require further assistance.

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 walk-out bill produced by your computer system. A Claim Acknowledgement reflects the submitted amount only, the amount payable may differ.

THE ABC COMPANY OF CANADA
CLAIM ACKNOWLEDGEMENT

DATE: MAY 15, 1996
DISPOSITION:

CARRIER CLAIM NO. ABC00000083742

DENTIST: DR. T.G. WILSON
ADDRESS: 4710 MERRYVILLE RD.
SUITE 901
TORONTO ON M9P 3A8

UNIQUE ID NO. 012345678
TELEPHONE 416 767-8463

DENTAL OFFICE CLAIM REFERENCE NO. 123456

PATIENT: ANDREW G PATTERSON
POLICY #: 6771
INSURED: ANDREW G PATTERSON
INSURED ADDRESS: 1556 LINDEN DRIVE
WILLOWDALE ON M1X 9Z9
CERTIFICATE NO: DMW8A

BIRTHDATE: JAN 21, 1954
DIVISION/SECTION NO: 55

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

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

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	The dentist's name.
Address	The dentist's address.
Unique ID No.	The dentist's 9-digit provider ID number, assigned by the CDA.
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.
Birthdate	The patient's birthdate.
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.

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.

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 "Policyholder/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 Request for Outstanding Transactions should be initiated by the dental office regularly. This mailbox is referred to as the pended claims file in Versions 2 and 3. 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 Assure Health Inc. 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. If the claim was received by the network or claims processor, a response will later be found in the mailbox.

We are asking for your cooperation in checking 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.

Pretreatment Plans

A pretreatment 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 pretreatment plans electronically, thereby reducing turnaround time and preventing lost and/or misplaced forms. Occasionally, additional information related to the pretreatment plan, such as x-rays, may need to be mailed to the claims processor.

To submit a pretreatment plan

Enter the information required for a pretreatment 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 pretreatment 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 pretreatment plan in Real time then a Pretreatment EOB will be printed. If not, then the third party response will indicate that either a Pretreatment EOB will be sent electronically at a later time, or that the review of the pretreatment plan will be mailed.

Coordination Of Benefits

For Version 2 and 3 Claims:

The Canadian Life and Health Insurance Association provides 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 birthdate in the calendar year is used as the primary carrier. For example, if Mrs. Smith's birthdate is February 14 and Mr. Smith's birthdate 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.

For Version 4 Claims:

(Version 4.0 is now available to you, contact your software vendor for details)

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.

Plain Paper Claim Form

DATE: SEPT 15, 1996	CARRIER CLAIM NO. ABC00000093752	PREDETERMINATION NO.
DENTIST: DR. A. SMITH	UNIQUE ID NO. 012345678	OFFICE NO. 0001
ADDRESS: 10 JOHN ST. SUITE 115 TORONTO ON M4C 1A6	TELEPHONE 416 889-6574	
DENTAL OFFICE CLAIM REFERENCE NO. 124489	OFFICE VERIFICATION:	
PATIENT: ANITA LYONS	BIRTHDATE: JAN 14, 1940	
PATIENT'S OFFICE ACCOUNT NO: 57388		
PATIENT'S ADDRESS: 16 FOREST DRIVE SCARBOROUGH ON L2R 7Y3		

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: _____

<u>INSURANCE INFORMATION:</u>	<u>PRIMARY</u>	<u>SECONDARY</u>
CARRIER:	THE ABC COMPANY	THE XYZ COMPANY
ADDRESS:	2277 MAPLE AVE. TORONTO ON L3P 5H6	1399 OAK ST. 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. WEST HILL ON L2R 7Y3	16 FOREST DR. WEST HILL ON L2R 7Y3
RELATIONSHIP TO PATIENT:	SELF	SPOUSE

PATIENT INFORMATION:

1. If dependent, indicate: Student _____ Handicapped _____ 5. Is treatment for orthodontic purposes? Yes- No- X

2. Name of student's school: _____ 6. I understand that the fees listed in this claim may not be covered by or may exceed my plan benefits.

3. Is treatment resulting from an accident? Yes- No- X 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, or bridge? Yes- No- is, correct, and certify that the information given If no, give date of initial placement: _____ 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 _____ 4. Policy/Contract Holder _____

2. Date Dependent Covered _____ Authorized Signature _____

3. Date Terminated _____ Position _____ Date _____

Summary Reconciliation

(This option is available through Version 4.0 only)

A summary reconciliation is retrieved, from networks which 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. Refer to the chapter titled Help! if you require further assistance.

Payment Reconciliation

(This option is available through Version 4.0 only)

A payment reconciliation is retrieved, from networks or carriers which support this feature, to provide the claim settlement details for claims which 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. Refer to the chapter titled Help! if you require further assistance.

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.

Help!

At times, you may require assistance in solving problems related to CDAnet. The following pages offer suggestions as to whom to contact for particular concerns.

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.

Network vendors such as **BCE Emergis Inc. (BCE)** of Mississauga, Ontario, and **National Data Corporation (NDC)** of Don Mills, Ontario, provide your office with the ability to submit claims electronically through CDAnet. **Pacific Blue Cross**, formed by the merger of MSA and CU&C, is a network operating in British Columbia, and **Réseau Dentaide** in the province of Québec.

If your claim is denied access to the network, verify that all dentist and patient information has been entered correctly and resubmit. If still unsuccessful, contact the network directly.

BCE Emergis Inc.	(800) 668-1608	
Dentaide	(800) 361-5305	(514) 223-2506
National Data Corporation	(800) 461-6682	(416) 445-7151
Alberta Blue Cross	(800) 661-7671	
Pacific Blue Cross	(800) 487-3228	(604) 419-2222

For questions regarding benefit calculation and payment you should contact the appropriate claims processor. Their telephone numbers are listed on the next page:

Claims Processor**Telephone**

Aetna Canada	(416) 480-6283	or (416) 864-8151
Alberta School Employee Benefit Plan	(403) 488-0991	
Beneplan	(416) 863-6718	
Blue Cross (Ontario)	(800) 619-8680	
Canada Life	Western provinces (800) 663-0711	Vancouver 669-2111
	Quebec (800) 363-3520	Montreal 874-1838
	Ontario/Manitoba (800) 387-4492	Toronto 597-1456
	Eastern provinces (800) 565-0759	Halifax 423-1144
Clarica (<i>formerly</i> The Mutual Group)	(800) 948-1048	
The Empire Life Insurance Company	(613) 548-1890	
The Equitable Life Insurance Company	(519) 886-5210	
The Great West Life Assurance Co. (<i>Including</i> London Life and Prudential)	(800) 957-9777	For service in English
	(800) 704-4007	For service in French
	(800) 663-2817	For service in Montreal
Green Shield Canada	(800) 265-5615	
Imperial Life Financial	(800) 263-1810	or (416) 926-2600
Industrial-Alliance Pacific Life Insurance Company	(877) 804-9917	
Liberty Health	(800) 268-3763	or (905) 946-4050
Manulife Financial	Eastern provinces (800) 265-2260	or (519)747-7000
	Western provinces (800) 265-6392	
Maritime Life	Vancouver (604) 689-1429	
	Toronto (416) 440-3180	
	Montreal (514) 288-9014	
	Halifax (902) 453-4300	
Merx Health Corporation	(888) 846-6601	or (877) 864-6379
MDM	(877) 804-9917	
Pacific Blue Cross	(888) 275-4672	or (604) 419-2300
National Life	(800) 668-8270	
Royal Bank of Canada	(888) 614-3333	
The Standard Life Assurance Company	(800) 499-4415	For service in English
	(800) 499-4425	For service in French
Sun Life of Canada	(800) 361-2128	For service in English
	(800) 363-0636	For service in French
	(514) 866-3506	For service in Montreal

CDAnet should be contacted whenever you add or remove an associate, change vendors or change address. If you encounter an error message such as invalid provider number, verify that the 4-digit CDAnet office number and 9-digit unique provider number assigned to you by CDA have been entered correctly. If problem persists, call CDAnet at (800) 267-9701 for assistance. You may also contact CDAnet by e-mail at pgaron@cda-adc.ca or by fax at (613) 523-7070.

Frequently Asked Questions About CDAnet

What if my patient deals with a claims processor that is not participating in CDAnet? The insured should continue to submit his or her claims in the usual manner.

Can I send a claim after normal business hours or on weekends? Yes, you will receive a Claim Acknowledgement shortly after submitting the claim.

What do I do if a claim or predetermination is rejected? You will receive an error message on your screen explaining the reason for rejection. Attempt to correct the error(s) and resubmit the claim or predetermination using the same claim reference number if applicable. If your system does not accept the changes, call your software vendor.

Why did I receive a message advising me that I am not authorized to access CDAnet? If you recently subscribed to CDAnet, you should contact the CDA to verify that you and the claims processors are using the same identification numbers.

Can I reverse a claim that was submitted yesterday? 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 EOB or Claim Acknowledgement, and inform the Claims Department of the error.

I tried to reverse a claim, and received a message asking me to try again later. What happened? The claims processor was unable to handle your request for a 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 above for manual sending of a claim reversal.

I received a message stating "Network error, please resubmit claim". Is there something wrong with my computer system? No, this message indicates that there was a temporary transmission problem. Try submitting the claim again.

How should I notify the claims processors of the address change when I move my dental office? Call CDAnet at (800) 267-9701. Please provide them with any changes to telephone numbers and additions or deletions of associates from your practice. The CDA will notify the carriers.

How do I change a patient's address? Update the information in your computer. The new address will be reflected on subsequent claims.

I received a message stating "Error code ____". What does this mean? Contact your software vendor to request that descriptions be added to these error codes.

Appendix A

Patient Insurance Information

The BCE Emergis Card (*Formerly the Assure Card*)

Many of your patients now carry a plastic card, similar in size to a credit card, to be used for insurance identification purposes. It is called the BCE Emergis Card (*Assure Card*). While some cards may have different artwork than others (depending on the insurance carrier and/or policyholder), all cards will contain the same information. The BCE Emergis Card (*Assure Card*) logo will appear on all cards to allow easy recognition.

As the BCE Emergis Card (*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 BCE Emergis Card (*Assure Card*) is illustrated below:

A	B	C
12 12345	123456789	
JOHN W. SMITH		

A - Carrier 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.

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.

The format for entering these numbers on your computer system differs by insurance carrier. The entries required are described in the chart on the next page.

Claims Submission Guide

BCE Emergis INC. (BCE) COMPANIES

<u>Claims Processor</u>	<u>Policy No.</u>	<u>Division No.</u>	<u>Certificate No.</u>
Alberta School Emp.	6 digits	n/a	9 digits, numeric (SIN)
Canada Life Assurance Co.	3-5 digits	n/a	1-9 digits, numeric
Clarica	1-5 digits	n/a	usually numeric
Equitable Life	5 digits	n/a	9-10 digits, numeric
Great West Life Assurance (Incl. London Life and Prudential)	1-6 digits	n/a	1-9 digits, alphanumeric
Imperial Life Financial	6 digits	4 digits	9 digits
Industrial-Alliance Pacific Life Ins.	5 digit	n/a	1-9 digits
National Life	4-8 digits	n/a	8 or 9 digits
Royal Bank of Canada	6-8 digits	n/a	
Standard Life	3-5 digits	n/a	1-9 digits, alphanumeric

Note: For all Interassure Carriers listed above, Policy No. is numeric only and cannot have any dashes; Division No. is not used; and the Certificate No. sometimes contains the SIN and/or letters, and dashes are not necessary.

NATIONAL DATA CORPORATION (NDC)/ACE COMPANIES

Aetna Canada	4-6 digits	8 digits	1-10 digits, num or a/n
Beneplan			
Blue Cross (Ontario)	5 digits	3 digits	11 digits, num
Empire Life	5 digits, a/n	3 digits, alphanum	9 digits, numeric
Green Shield Canada	1-5 digits	3 digits, alphanum	3-11 digits, numeric
Liberty Health	4-6 digits	n/a	1-11 digits, alphanumeric
Manulife Financial	4-6 digits	3 digits	9 digits, numeric
Maritime Life Assurance	1-6 digits	n/a	1-10 digits, alphanumeric
MDM	n/a	n/a	11 digits, numeric
Merx Health Corporation	4-6 digits	n/a	10 digits, alphanumeric
Sun Life of Canada	3-6 digits	n/a	alphanumeric

Note for Green Shield claims: A 3-character prefix code entered in the Division/Section number field can be used to identify the group. A 2-digit suffix code is to be added to the cardholder ID number to identify the subscriber or dependant. (e.g. 00-cardholder, 01-spouse, 21-second spouse (*remarried*), 02-first dependant, 03-second dependant, etc.)

Note for Empire Life claims: The first character of the policy/plan number is alpha and must be capitalized followed by four numeric characters. (e.g. G001) The division/section number is mandatory, alpha numeric and 3 characters in length. It may be all numeric or a mix. Leading zeros should be entered and any alpha character capitalized. (e.g. 001 or 01A)

PACIFIC BLUE CROSS	7 digits (D+6 numbers)	n/a	10 digits, alphanumeric (+2 for dependants)
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Sample Information Forms for Patients

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. This appendix provides you with samples of forms which are being used in many dental offices.

CDAnet PATIENT INFORMATION FORM

INSURED PATIENT INFORMATION

Name of patient _____

Name of policy holder _____

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 policy holder _____

Date of birth _____

Insurance Company _____ Policy No _____

Subscriber ID number _____

Place of employment _____

Relationship of patient to policy holder: Dependant _____ Spouse _____

AUTHORIZED CONSENT TO RELEASE INFORMATION

I authorize release, to my dental benefits plan administrator, information contained in claims submitted electronically.

Signature of patient, parent or guardian

Date

CDAnet and You

Electronic Claims Submission is now a reality in our office. This new service has been developed jointly by some insurance carriers and your dentist to offer better service to you.

In the past, our computer has printed an Insurance Claim Form for you. It has been your responsibility to complete and sign the form and mail it to your insurance company for processing. After a few weeks, you receive a cheque from your insurance company in the mail, along with a statement called the "Explanation of Benefits" (EOB) which explains the portion of the claim that is covered in your dental plan.

Today, as a participant in Electronic Claims Submission, your experience will be slightly different. Your insurance claim form will be sent automatically to your carrier by our computer, therefore you will not receive a paper claim. In its place, you will receive one of two forms before you leave our office. You may receive a "Claim Acknowledgement" form which comes directly from the insurance carrier. This form verifies that your dental claim has been received by them for processing. The second applies to claims processors who can actually process your claim instantaneously, in which case you will receive an "Explanation of Benefits" form which indicates the exact amount of the claim for which you will be reimbursed.

Electronic Claims Submission saves you the effort and cost of mailing the insurance form yourself - your dentist has provided this service for you. As well, your claims processor will be able to process your claim faster, which means that you will receive your cheque in a more timely fashion than before.

Unfortunately, not all claims processors are currently accepting claims submitted electronically. Some will likely be joining the system in future. By obtaining the information requested below, we can offer you better service even if you continue to receive a paper claim form. We therefore ask that you return this form to us, either on your next visit, or by mail. Thank you.

Name of policy holder _____ S.I.N. _____

Employer: Name _____

Address _____

Telephone # _____

Insurance Company: _____

Group # _____ Suffix/Division # _____

Certificate or Subscriber ID# _____

Dependents & Spouse Name _____ Birthdate _____

Name _____ Birthdate _____

Appendix B

Claims Processor ID Numbers

The claims processor ID numbers or bin numbers are the codes you must enter into your computer system in order to access the third party claims processors through CDAnet. Please ask your software vendor for assistance in entering these numbers.

BCE Emergis INC. (BCE)

Claims processed in REAL time:

Alberta School Employee Benefit Plan	000027
Canada Life Assurance Company	000014
Clarica (<i>formerly</i> The Mutual Group)	000019
The Great West Life Assurance Company (<i>Including</i> London Life and Prudential)	000011
Imperial Life Financial	000022
Industrial-Alliance Pacific Life Insurance Company	000024
National Life	000021
RBC Insurance (Royal Bank of Canada)	000041
The Standard Life Assurance Company	000020

Claims processed on BATCH:

The Equitable Life Insurance Company	000029
--------------------------------------	--------

Dentaide

Claims processed in REAL time:

Desjardins-Laurentian Life Insurance	000051
Centre Dentaide	610518
SSQ SOCIÉTÉ D=assurance-vie Inc.	000079

National Data Corporation (NDC)

Claims processed in REAL time:

Aetna Canada	610070
Manulife Financial	610059
Maritime Life Assurance Company	000034
MDM	601052
Merx Health Corporation	610099
Sun Life of Canada	000016

Claims processed on BATCH:

Blue Cross (Ontario)	610047
Beneplan	410008
The Empire Life Insurance Company	000033
Green Shield Canada	000102
Liberty Health	311113

Alberta Blue Cross (Version 4.03 certified only)

000090

Pacific Blue Cross (Version 3.0 certified only)

000064

Appendix C

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 Tooth 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

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 and Réseau ACDQ/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
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 D

Patient Authorization Labels

The following two pages are sample sheets which you can use to create labels for insertion in your files (Avery Shipping Labels 5163). 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 log book, or with individual labels such as these. The patient's signature must remain on file for three years.

<p>I hereby assign my benefits, payable from claims submitted electronically, to Dr. _____ and authorize payment directly to him/her.</p> <p>This authorization shall continue in effect until the undersigned revoked the same.</p> <p>_____ Signature of patient, parent or Guardian Date</p>	<p>I hereby assign my benefits, payable from claims submitted electronically, to Dr. _____ and authorize payment directly to him/her.</p> <p>This authorization shall continue in effect until the undersigned revoked the same.</p> <p>_____ Signature of patient, parent or Guardian Date</p>
<p>I hereby assign my benefits, payable from claims submitted electronically, to Dr. _____ and authorize payment directly to him/her.</p> <p>This authorization shall continue in effect until the undersigned revoked the same.</p> <p>_____ Signature of patient, parent or Guardian Date</p>	<p>I hereby assign my benefits, payable from claims submitted electronically, to Dr. _____ and authorize payment directly to him/her.</p> <p>This authorization shall continue in effect until the undersigned revoked the same.</p> <p>_____ Signature of patient, parent or Guardian Date</p>
<p>I hereby assign my benefits, payable from claims submitted electronically, to Dr. _____ and authorize payment directly to him/her.</p> <p>This authorization shall continue in effect until the undersigned revoked the same.</p> <p>_____ Signature of patient, parent or Guardian Date</p>	<p>I hereby assign my benefits, payable from claims submitted electronically, to Dr. _____ and authorize payment directly to him/her.</p> <p>This authorization shall continue in effect until the undersigned revoked the same.</p> <p>_____ Signature of patient, parent or Guardian Date</p>
<p>I hereby assign my benefits, payable from claims submitted electronically, to Dr. _____ and authorize payment directly to him/her.</p> <p>This authorization shall continue in effect until the undersigned revoked the same.</p> <p>_____ Signature of patient, parent or Guardian Date</p>	<p>I hereby assign my benefits, payable from claims submitted electronically, to Dr. _____ and authorize payment directly to him/her.</p> <p>This authorization shall continue in effect until the undersigned revoked the same.</p> <p>_____ Signature of patient, parent or Guardian Date</p>

<p>I authorize release, to my dental benefits plan administrator and CDA, information contained in claims submitted electronically.</p> <p>This authorization shall continue in effect until the undersigned revoked the same.</p> <p>_____ Signature of patient, parent or Guardian Date</p>	<p>I authorize release, to my dental benefits plan administrator and CDA, information contained in claims submitted electronically.</p> <p>This authorization shall continue in effect until the undersigned revoked the same.</p> <p>_____ Signature of patient, parent or guardian Date</p>
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<p>I authorize release, to my dental benefits plan administrator and CDA, information contained in claims submitted electronically.</p> <p>This authorization shall continue in effect until the undersigned revoked the same.</p> <p>_____ Signature of patient, parent or Guardian Date</p>	<p>I authorize release, to my dental benefits plan administrator and CDA, information contained in claims submitted electronically.</p> <p>This authorization shall continue in effect until the undersigned revoked the same.</p> <p>_____ Signature of patient, parent or Guardian Date</p>

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