



CANADIAN DENTAL ASSOCIATION

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# **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. All staff processing claims are encouraged to read the manual carefully. **Your software vendor will inform you when additional carriers are to be added to your Practice Management Software. For the most up to date list of carriers and the types of claims they accept, refer to the [CDAnet Network and Carrier Support Transaction List](#).**

Please ensure that your staff is fully trained on CDAnet. **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 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 directly to the carrier using the ITRANS Claim Service or the CCDWS. 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. 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 A. 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.

Each patient must sign a statement authorizing the dental office to send his or her claims electronically. 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 C.

### Patient Information

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 A.

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. The CDAnet Networks & Insurance Carrier Information details on CDAnet insurance carriers, including: age limits, policies and supported transactions is listed on the CDAnet Supported Transaction document available at [www.cdanel.ca](http://www.cdanel.ca). 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 CDA of office information changes**

It is important to advise CDA 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 information, including address and email
- 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 CDA of office information changes

The appropriate CDAnet forms to change/update office information can be downloaded from the CDAnet website at [www.cdanel.ca](http://www.cdanel.ca) and faxed to 613-523-7070.

## **Membership**

CDAnet is available to dentists who are members of CDA's corporate members, and CDA Affiliate Members (Quebec dentists who join CDA directly).

## **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.cdanet.ca](http://www.cdanet.ca).
- 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 using the CDA ITRANS Claim Service or the CCDWS software, 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](http://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. To see what version each claims processor supports, see [www.cdanet.ca](http://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. .

## 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 you continue to have errors, 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
<b>Dentist</b>	Name of Dentist Providing Service.
<b>Unique ID No.</b>	9-digit provider ID number assigned by the CDA, to the dentist providing the service.
<b>Dental Office Claim Reference No.</b>	A sequential number identifying the claim submission, which is generated automatically by your computer system.
<b>Policy #</b>	The patient's insurance policy number.
<b>Division/Section No.</b>	The division or section number related to the policy number, if applicable.
<b>Insured</b>	The insured's name.
<b>Birth date</b>	The insured's birth date.
<b>Certificate No.</b>	The insured's identification number.
<b>Patient</b>	The patient's name.
<b>Birth date</b>	The patient's birth date.
<b>Relationship To Insured</b>	The patient's relationship to the insured.
<b>Claim No.</b>	The third party's claim reference number, if applicable.
<b>Date Submitted</b>	The date that the claim was submitted through CDAnet.
<b>Procedure</b>	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.
<b>Th #</b>	The tooth number, if applicable.
<b>Date</b>	The date of service.
<b>Charge</b>	The total fee charged for the procedure.
<b>Eligible</b>	The amount eligible for payment.
<b>Deduct</b>	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.
<b>At</b>	The percentage insured.
<b>Benefit</b>	The benefit amount payable.
<b>Notes</b>	Note number(s) referring to the descriptions of procedures listed at bottom of page, if applicable.
<b>Expected Pymt Date</b>	The expected payment date.
<b>Total Payable To Insured/Provider</b>	The total amount payable to the insured, or to the dentist if the claim is assigned.
<b>Payee's Address</b>	The payee's address.
<b>Notes</b>	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:

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



**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:

<b>Employer</b>	The employer's name.
<b>Date Coverage Commenced</b>	The initial date of coverage for the insured.
<b>Date Dependent Covered</b>	The initial date of coverage for the insured.
<b>Date Terminated</b>	The last day of insurance coverage.
<b>Signature Of Authorized Official</b>	The signature of the person certifying that the insured's information is correct.
<b>Authorization Date</b>	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. 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  
**DENTIST:** DR. A. SMITH  
**ADDRESS:** 10 JOHN ST.  
 SUITE 115  
 TORONTO ON M4C 1A6  
**DENTAL OFFICE CLAIM REFERENCE NO.** 124489  
**PATIENT:** ANITA LYONS  
**PATIENT'S OFFICE ACCOUNT NO:** 57388  
**PATIENT'S ADDRESS:** 16 FOREST DRIVE  
 SCARBOROUGH ON L2R 7Y3  
**CARRIER CLAIM NO.** ABC00000093752  
**PREDETERMINATION NO.**  
**UNIQUE ID NO.** 012345678  
**OFFICE NO.** 0001  
**TELEPHONE** 416 889-6574  
**OFFICE VERIFICATION:**  
**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:**

<u>INSURANCE INFORMATION:</u>	<u>PRIMARY</u>	<u>SECONDARY</u>
<b>CARRIER:</b>	THE ABC COMPANY	THE XYZ COMPANY
<b>ADDRESS:</b>	2277 MAPLE AVE. TORONTO ON L3P 5H6	1399 OAK ST. LONDON ON M4R 2B6
<b>POLICY #:</b>	4567	3321
<b>INSURED NAME:</b>	ANITA LYONS	MARK LYONS
<b>BIRTHDATE:</b>	JAN 14, 1940	FEB 20, 1941
<b>CERTIFICATE NO:</b>	123456789	987654321
<b>EMPLOYER:</b>	J. WICKSON & CO.	LOW INC.
<b>INSURED ADDRESS:</b>	16 FOREST DR. WEST HILL ON L2R 7Y3	16 FOREST DR. WEST HILL ON L2R 7Y3
<b>RELATIONSHIP TO PATIENT:</b>	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 _____ | 4. Policy/Contract Holder  |
| 2. Date Dependent Covered _____  | Authorized Signature _____ |
| 3. Date Terminated _____         |                            |
| Position _____ Date _____        |                            |



## 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.**

### 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 listed on the CDAnet Supported Transaction document available at [www.cdanet.ca](http://www.cdanet.ca).

### CDAnet Networks

**Networks** such as **TELUS Health Solutions and instream** provide your office with the ability to submit claims electronically. **Alberta Blue Cross** is also a network 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. Refer to the list of CDAnet transactions supported by the Networks & Insurance Carriers document available at [www.cdanet.ca](http://www.cdanet.ca).

## 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. The CDAnet Supported Transaction document is available at [www.cdanet.ca](http://www.cdanet.ca).

### Subscribe to CDAnet

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

A. CDAnet is available to dentists who are members of CDA's corporate members, and CDA Affiliate Members (Quebec dentists who join CDA directly).

### 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. Refer to the list of CDAnet transactions supported by the Networks & Insurance Carriers document available at [www.cdanet.ca](http://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, 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](http://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](http://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 must 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 Appendix C - 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.

#### **Q. What information is on an insurance card?**

**A.** 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, employee ID and cardholder ID.

Some patients may carry a plastic or paper card that identifies the insurance carrier. These cards may have different artwork (depending on the insurance carrier and/or plan sponsor), however, all cards will contain the same information. The carrier logo usually appears on all cards to allow easy recognition.

## **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 make changes to your office information through CDA Practice Support Services at <https://services.cda-adc.ca>. 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 CDA Practice Support Services Help Desk at [pss@cda-adc.ca](mailto:pss@cda-adc.ca) or 1-866-788-1212, Monday to Friday from 7:30 AM to 8:00 PM Eastern Standard Time 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. Go to the CDAnet Supported Transaction document available at [www.cdanet.ca](http://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, contact the CDA Practice Support Services Help Desk at [pss@cda-adc.ca](mailto:pss@cda-adc.ca) or 1-866-788-1212, Monday to Friday from 7:30 AM to 8:00 PM Eastern Standard Time.

### **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 (available at [www.cdanet.ca](http://www.cdanet.ca)) and make any necessary changes. If you're unsure on how to change this information, contact your software vendor for additional help.

**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 B – 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 to update the information found in your software to correct the above issue.

**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 to ITRANS and the CCDWS 24 hours a day, seven days a week, including holidays. If the carrier system is not available, the ITRANS system and the CCDWS 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 at [www.cdanet.ca](http://www.cdanet.ca).

**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).

**Support Contact Information**

**Q. How do I contact the CDA Practice Support Services Help Desk**

**A.** CDA Practice Support Services Help Desk  
Tel.: 1-866-788-1212 Monday to Friday from 7:30 AM to 8:00 PM Eastern Standard Time  
Email: [pss@cda-adc.ca](mailto:pss@cda-adc.ca)

## Appendix A – 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 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

## Appendix B – 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



<b>Error Code</b>	<b>Message</b>
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

<b>Error Code</b>	<b>Message</b>
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 C - 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

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Signature of subscriber                      Date

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Signature of subscriber                      Date

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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



