

Denturist and Dental Hygienist Provider Manual



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*Optimizing the
Value of Health
Benefits*

Any comments or requests for information may be transmitted to:

Express Scripts Canada

Attention: Provider Relations

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The terms of the Denturist and Dental Hygienist Provider Manual are in addition to the terms and conditions of the Denturist Provider Enrolment Form¹ and Dental Hygienist Provider Enrolment Form².

¹ The Denturist Provider Enrolment Form is the agreement governing the electronic adjudication by Express Scripts Canada of claims submitted by the Dental Provider on behalf of a Member and entered into between Express Scripts Canada and the Provider, whether directly or through an association which the Provider is a member of and to which the clinic has assigned the authority to enter into such agreement on its behalf.

² The Dental Hygienist Provider Enrolment Form is the agreement governing the electronic adjudication by Express Scripts Canada of claims submitted by the Dental Provider on behalf of a Member and entered into between Express Scripts Canada and the Provider, whether directly or through an association which the Provider is a member of and to which the clinic has assigned the authority to enter into such agreement on its behalf

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Document Revision and History

Version No.	Date	Details
1.0	December 2012	New Document
2.0	February 2014	Revision
3.0	April 2014	Revision
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1. Glossary

Refer to the Glossary below for a list of Express Scripts Canada terms and definitions, which are relevant for background information for this Denturist and Dental Hygienist Provider Manual (the “Manual”).

Term	Definitions
Appendices	Each of the Appendices A, B, C and D attached hereto and incorporated herein by this reference are substantially representative of the forms detailed throughout this Manual, each of which may be updated or modified, by Express Scripts Canada, at its sole discretion, without the necessity of revising the representative form as attached hereto.
Benefits Administrator	The individual responsible for administering the Dental Benefit Plan details with the Carrier on behalf of the employees.
Carrier	The insurance company, insurer, and insurance carrier. Refer to Client below.
CDHA	Canadian Dental Hygienists Association.
CDHA-ACHDnet™	The electronic claims network for Dental Hygienists.
Claim	<p>A request for reimbursement of expenses incurred for Covered Services. A Claim may include one or more transaction lines. For the purpose of this Manual, assigned Claim, manual Claim, and Member Submitted Claim are defined as follows:</p> <ul style="list-style-type: none"> • “Assigned Claim” - a service submitted by Electronic Data Interchange (EDI) and directly paid to the Provider by Electronic Funds Transfer (EFT). • “Manual Claim” - a service submitted by a Provider or Member in any manner other than by Express Scripts Canada’s online adjudication system without payment by Express Scripts Canada to said Provider or Member, unless otherwise agreed between the parties. • “Member Submitted Claim” - a service for which the Member paid directly to the Provider without payment by Express Scripts Canada to said Member, submitted electronically by a Provider.
Client	The insurance carrier, third party administrator (TPA), employer or other organization having principal financial responsibility for payment of Covered Services provided to Members under a Dental Benefit Plan.
Coordination of Benefits (COB)	Coordination of benefits between two dental benefit plans, whether they are both private, or a mix of public and private coverage.
Co-payment	That portion of the total charge for each Covered Service procedure code that a Member is required to pay to the Provider, in accordance with that Member’s Dental Benefit Plan whether designated as a “co-payment” or “deductible.”

Term	Definitions
Covered Services	A synonym of Dental Service which is a transaction or a procedure that is provided to a Member and designated as reimbursable by a Dental Benefit Plan.
DAC	Denturist Association of Canada.
DACnet™	The electronic claims network for Denturists.
Deductible	The aggregate periodic amount a Member is required to pay for Covered Services or Dental Services (or, under a comprehensive health insurance policy, covered medical benefits) before becoming entitled to the benefits under the applicable Plan, in addition to the Co-payments.
Dental Benefit Plan or Plan	A healthcare plan pursuant to which dental benefits are available to Members.
Dental Practice Management System	Software used by a Dental office to capture all relevant data when dispensing Covered Services and Dental Services.
Dental Services	A synonym of Covered Services and means those dental care services that are covered under a Plan.
Denturist and Dental Hygienist Provider Manual	Documentation of procedures provided by Express Scripts Canada for Providers rendering Covered Services and Dental Services to Members and policies and procedures to be followed by each Provider in order to receive payment from Express Scripts Canada.
Identification Card	The printed identification card issued to a Member pursuant to the applicable Dental Benefit Plan bearing the Express Scripts logo, and the Client's logo.
Member	A subscriber and their spouse/partner and eligible dependents to whom benefits are available, pursuant to a Dental Benefit Plan.
NIHB Program	Non-Insured Health Benefits (NIHB) Program. The NIHB Program is not governed by this Denturist and Dental Hygienist Provider Manual.

Term	Definitions
Predetermination (PD)	An estimated amount of reimbursement provided for a Covered Service or Dental Service based on a description of the services to be performed so that the Member has an idea of how much would be covered under the Plan prior to expenses being incurred, and a Claim being submitted.
Provider	A dental care professional, denturist or registered dental hygienist who has completed a Denturist Provider Enrolment Form or a Dental Hygienist Provider Enrolment Form pursuant to which Express Scripts Canada would provide reimbursement for certain services it provides to Members. When applicable, and to the extent Express Scripts Canada can implement a requirement for each Provider to have all licenses legally required in the provinces and territories in which such they operate.
RTP	Real-Time Processing.
Software Provider	The entity providing a Dental Office with a Dental Practice Management System.
Usual and Customary Provincial or Territorial Fee Guide Fees	The lowest price of a Covered Service charged by the Provider to customers of its business who are not Members, and are not covered by any dental insurance plan on the date it is provided (including, any discounts or special promotions offered on such date by the Provider).

2. Introduction

2.1 Overview

Express Scripts Canada's activities go far beyond simple electronic adjudication of healthcare Claims. Express Scripts Canada offers its Clients special services such as:

- Benefit Plan Design and Management
- Dental Plan Utilization Review
- Clinical Programs
- Innovative and Flexible Claims Adjudication
- Provider and Member Verifications
- Dental Audits
- Dental Network Management
- Dental - Provider Call Centre.

2.2 Role of Express Scripts Canada

Express Scripts Canada's mission is to be a leader in progressive healthcare initiatives by employing its professional expertise, leading-edge information management systems, and technology to ensure high-quality, cost-effective healthcare products to its customers.

What does Healthcare Claims Adjudication Consist of?

In the context of dental benefit management, a Claims adjudicator is not an insurance company, but is rather mandated by its Clients to receive, analyze and proceed with payment of, as applicable, all Claims submitted electronically by Providers on behalf of the Client's Members.

As a Claims adjudicator, Express Scripts Canada is a third party to the relationship between the Client and its Member, and as such, does not interfere with such relationship nor interfere with the Member-Provider relationship, which Express Scripts Canada recognizes as a crucial element of therapy.

2.3 Express Scripts Canada Clients

Express Scripts Canada represents the following Canadian insurance benefits and/or administrative services entities for Dental Services:

Insurance/Claim Services Provider
Belairdirect
NIHB**
Cowan Insurance Group
GMS
GMSI
PMG/GPM

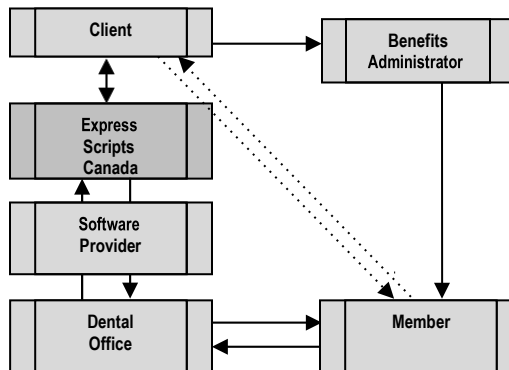
Please refer to your Dental Practice Management System for the carrier number for the above insurance/claim services providers.

** As the Claims processor for Health Canada's Non-Insured Health Benefits (NIHB) Program, Express Scripts Canada is pleased to support the Dental professionals across Canada as they provide services to registered First Nations and recognized Inuit, although Claims under the NIHB Program are not governed under this Manual.

Denturist and Dental Hygienist Providers wishing to submit Claims for services eligible through the NIHB Program must enrol in the NIHB Program by fully completing and signing the Non-Insured Health Benefits (NIHB) Program Dental Provider Enrolment Package located online at: <https://nihb-ssna.express-scripts.ca/> or by contacting the Provider Claims Processing Call Centre at 1-888-511-4666.

2.4 Claim Submission Relationship

The diagram below sets forth the typical relationships between all players involved in Claim transmission as well as explanations.



The Client has entered into an agreement with Express Scripts Canada, whereby Express Scripts Canada manages the Client's Dental Benefit Plans on its behalf. Clients offer various Dental Benefit Plans, covering a multitude of Members.

The Member can send Claims in writing directly to the Client or present an Identification Card at the dental office when requesting a service to be rendered. Upon presentation of the Identification Card, the Provider captures the necessary information for electronic transmission of the Claim to Express Scripts Canada within the Dental Practice Management System.

When electronically transmitted to Express Scripts Canada by the Provider, a Claim is automatically assessed and a response is transmitted to the dental office. The Provider provides the Member with an invoice detailing the electronic transmission, as appropriate.

2.5 General Terms

Certain terms and conditions governing the relationship between the Provider and Express Scripts Canada are set forth in the Denturist Provider Enrolment Form and Dental Hygienist Provider Enrolment Form. This Manual provides additional terms and conditions that govern the relationship between Provider and Express Scripts Canada. Express Scripts Canada reserves the right to update this Manual as it sees fit, in its sole discretion.

2.6 Manual Purpose

The Manual is designed to assist Providers in understanding how Express Scripts Canada's adjudication system works and for Providers to understand their obligations. The following *Section 3, Adjudication System Overview* outlines the role of the Providers, as well as provides the information Providers require in order to submit Claims electronically.

Please note that the information contained herein is general, and therefore does not necessarily reflect in detail the information observed by the laboratory personnel when capturing information in the Dental Practice Management System. Indeed, as Providers use different Dental Practice Management Systems, some of which provide for more steps to be completed automatically without the Providers effort or even being aware. Express Scripts Canada cannot reflect all possibilities in this Manual. Nevertheless, we trust that you will find the Manual helpful and informative.

Should you have any questions or comments regarding this Manual or need to inform Express Scripts Canada of changed provider information, contact the Provider Call Centre at 1-800-563-3274, after pressing 1 (English) or 2 (French), press 3 for Dental.

3. Adjudication System Overview

3.1 Real-Time Processing System

Real-Time Processing (RTP) refers to the capacity of Express Scripts Canada's electronic Claims adjudication system to virtually automatically receive, process, and return the adjudication results of Dental Claims, all within seconds.

Express Scripts Canada's RTP system (hereinafter referred to as "Express Scripts Canada's system") eliminates paperwork and the risk for Members to have their Claim(s) rejected after initiating their treatment. Express Scripts Canada's system is available to eligible Providers nationwide.

3.2 System Functionality

Express Scripts Canada's system captures Claims sent through a Personal Computer (PC)-based Dental Practice Management System via an electronic data network, processes the Claims, and returns an electronic response. The data is transmitted respecting the format specified by the current DACnet™/CDHA-ACHDnet™ Electronic Claim Standard.

4. Provider Enrolment Form

The approval and execution of a fully completed Denturist Provider Enrolment Form (refer to [Sample Denturist Provider Enrolment Form](#)) or the Dental Hygienist Provider Enrolment Form (refer to [Sample Dental Hygienist Provider Enrolment Form](#)) and applicable Exhibits is required in order to become a participating Provider. All offices must be enrolled *prior* to Dental Services rendered; otherwise, claims submitted prior to enrolment will be rejected. Express Scripts Canada requires a fully completed Denturist Provider Enrolment Form or Dental Hygienist Provider Enrolment Form for *each* Provider and any additional offices. Notwithstanding the foregoing, a provider who submits a Claim and is reimbursed by Express Scripts Canada is subject to the terms and conditions of this Manual.

4.1 Unique Provider Number

Upon approval of enrolment, a unique Provider Number will be assigned to each Provider, and a unique Office ID will be assigned to each office/clinic by the Denturist Association of Canada (DAC) or the Canadian Dental Hygienist Association (CDHA).

The unique Provider Number is required on all correspondence with Express Scripts Canada and includes such items as Claims submissions and Predetermination (PD) requests.

4.2 Provider Information

Denturist and Dental Hygienist Providers must notify Express Scripts Canada of all Provider information changes. Modifications for Denturist and Dental Hygienist Providers may be submitted by the Provider to Express Scripts Canada directly by utilizing the Dental Provider Modification Form (refer to [Sample Dental Provider Modification Form](#)) for changes such as:

- Phone number
- Fax Number
- E-mail address.

Contact the Provider Call Centre at 1-800-563-3274 to obtain the Dental Provider Modification Form and return the completed form back to Express Scripts Canada through the options indicated on the form.

4.3 Supremacy

In the event that the terms and conditions of the Manual contradict the terms and conditions of the Denturist Provider Enrolment Form or the Dental Hygienist Provider Enrolment Form, the provisions of the Manual shall prevail.

4.4 Liability Insurance/Indemnification

Each Provider is to maintain in full force and effect throughout the term of the Denturist Provider Enrolment Form or the Dental Hygienist Provider Enrolment Form, such policies of general liability, professional liability, and other insurance of the types and amounts as are reasonable and customarily carried by Providers with respect to their operations. Such policies shall include comprehensive general liability coverage and professional liability insurance covering personal and bodily injury claims from Members.

The Provider shall provide Express Scripts Canada with 30 days' prior written notice in the event of termination or material modification of any such insurance policy.

Express Scripts Canada shall not be liable or suffer loss for any claim, injury, demand or judgment of any kind whatsoever arising out of the sale, preparation and dispense or performance of the dental treatment, consultation, communication of information on the service use of any medication/material or any other service provided, records made or dental study of such records, by the Provider pursuant to this Manual and the Denturist Provider Enrolment Form or Dental Hygienist Provider Enrolment Form.

Regardless of the insurance coverage required herein above, the Provider shall indemnify, defend and hold harmless Express Scripts Canada, its officers, directors, and employees against the full amount of any and all loss, expense, claim, or damage arising out of or attributable to any of the foregoing.

4.5 Dental Reimbursement

Express Scripts Canada will reimburse Providers in a timely manner, in accordance with the terms and conditions of the applicable Denturist Provider Enrolment Form or Dental Hygienist Provider Enrolment Form and of the Manual, and following a specific and pre-determined method of payment.

a) Total Allowable Cost

The total reimbursement to the Provider by Express Scripts Canada and the Member (including co-payments if applicable) for Covered Services, shall not exceed the lesser of

- (i) the Provider's Usual and Customary Services Fee; or,
- (ii) the lowest total price charged by Provider for the Covered Service other than one in which the Provincial/Federal governments of Canada are the payer.

b) Net Payments

The Provider will receive payment from Express Scripts Canada for Dental Services as determined to be eligible for reimbursement by the applicable Sponsor. Applicable co-payments and deductibles will be subtracted from such payment (the resulting amount is herein referred to as a "Net Payment").

c) Payment Errors

Any payments made to the Provider in excess or below of any amount properly determined to be due by Express Scripts Canada, if any, under the Denturist Provider Enrolment Form or Dental Hygienist Provider Enrolment Form and this Manual, due to an error by either party, inaccurate Claims submission or information submitted by Provider or due to any other reason, including, but not limited to, any audit deficiencies (as further described in Section 7 of this Manual), may be recovered.

Express Scripts Canada shall notify the Provider in writing of the situation. In the event of excess payment(s), Express Scripts Canada shall, at its discretion, have the right to either offset the excess payment amount or require immediate reimbursement from the Provider. In the event of an underpayment, please contact the Provider Call Centre at 1-800-563-3274.

d) Payment Schedule

Providers shall be paid twice a month. For the purposes of this Manual, a "Payment Cycle" refers either to (i) the period of time starting on the 1st day of the month and ending on the 15th of such month or (ii) to the period of time starting on the 16th day of the month and ending on the last day of the month. For each individual Payment Cycle, the corresponding EFT payment will be issued to the Provider on the second business day following the end of a Payment Cycle.

e) Payment Method

Electronic Funds Transfer (EFT) is the required electronic payment method for Providers which allows your bank to deposit your Claim payments directly into the designated bank account indicated on the Denturist Provider Enrolment Form or Dental Hygienist Provider Enrolment Form on the day the payment is issued.

EFT is a **fast, secure, confidential** and **efficient** means of payment delivery. It is the Provider's responsibility to advise Express Scripts Canada promptly of any changes to banking information, such as, bank, branch or account number.

f) Dental Provider Remittance Statement

Claims adjudicated during a Payment Cycle will be summarized on the Express Scripts Canada Dental Provider Remittance Statement (refer to [Sample Dental Provider Remittance Statement](#)).

The Express Scripts Canada Dental Provider Remittance Statement can be accessed via ESCstatement.ca

4.6 Disputed Claims

The Provider agrees to review each Express Scripts Canada Dental Provider Remittance Statement to verify accuracy. To dispute a Claim, the Provider must notify Express Scripts Canada in writing within 30 days of the date of each Dental Provider Remittance Statement, listing the details of the disputed Claim. Express Scripts Canada is responsible for remitting additional payments for such Claims only if properly notified within the time frame, and the disputed information is verified and agreed to by Express Scripts Canada.

Express Scripts Canada is not held responsible if the Provider does not provide notification in the manner and time frame specified above.

5. Electronic Claims Submission

Express Scripts Canada's system is designed to process information transmitted in accordance with the most recent version of the DACnet™, CDHA-ACHDnet™ Electronic Claim Standards.

The system can automatically verify eligibility and coverage, and calculate Copayment, co-insurance or annual Deductibles when the Member has received a Dental Service.

A Claim reference number is generated for each transmission. Rejected Claims are accompanied by the appropriate Message Code and explanation.

5.1 Mandatory Information in Transmissions

In addition to the information that is mandatory in the creation of a Member's file within the Dental Practice Management System, Provider must ensure that the following information is provided (keyed) when transmitting a Claim:

1. For the insurance coverage: the carrier number; group number; Member identification number; and relationship code is required.
2. For the Dental Service: the Dental Procedure Code of the Covered Service laboratory or professional fee is required - (Provider must submit it on the same line as the Covered Service).

5.2 Transmission Delays

Electronic Claims or resubmissions must be transmitted within three hundred and sixty-five (365) days of the service date. Claims or resubmissions transmitted after this three hundred and sixty-five (365) day period will be rejected.

5.3 Claim Reversal

A Claim reversal transaction is used to reverse a previously submitted and paid Electronic Data Interchange (EDI) Claim. **A Claim may only be reversed using the EDI system on the same day that it was submitted** as per the DACnet™, CDHA-ACHDnet™ Electronic Claim Standards.

To successfully reverse a Claim, the Provider must follow the instructions provided by the Dental software vendor. If this option is not available, the Provider may contact the Provider Call Centre at 1-800-563-3274 to request the Claim reversal be completed on their behalf.

When a Claim reversal is submitted, an electronic Claim reversal response is sent to the Provider. If the reversal is accepted, the system reverses the impact of the original Claim so it does not appear on the Express Scripts Canada Dental Provider Remittance Statement (refer to [Sample Dental Provider Remittance Statement](#)). If the reversal is rejected, the Provider must correct the error(s) and resubmit the Claim reversal.

5.4 Coordination of Benefits

Coordination of Benefits (COB) is a mechanism used when a Member is covered by more than one Dental Benefit Plan. Coordination avoids duplicate payments and ensures that the total amount paid under overall coverage does not exceed 100% of the expenses incurred by the Member.

The first ranking Client (called the first payer) pays the Claim by applying the parameters specific to its Dental Benefit Plan. The Claim is then transmitted “electronically” or “manually” to the second ranking Client (called the second payer), who eventually completes the payment based on its own Dental Benefit Plan. For this purpose, the Claim transmitted to the second payer must only include the amount remaining, following adjudication by the first payer.

6. Dental Benefit Plan Limitations

6.1 General Limitations

There are many ways to treat a particular dental problem or condition, and the cost of different procedures, services, courses of treatment and materials may vary considerably. The Client or plan sponsor may cover a less expensive procedure, rejecting what was originally suggested by the Provider, which will provide a professionally adequate result that is consistent with the accepted standards of dental practice, and may base benefits on that procedure.

The difference between the amount payable by the Client and the Provider's charge is the Member's responsibility. Provider is required to obtain a PD and communicate to the Member what amount they will be liable to pay.

6.2 Exclusions

Coverage of Dental Services depends on the applicable Dental Benefit Plan which may have limitations and/or exclusions, such as, but not limited to the following:

- Any dental procedure which is not included in the list of eligible Dental Services.
- Services or supplies performed or provided in connection with an ineligible service or supply.
- Temporo-mandibular joint-related problems (TMJ).
- Dental care, services or supplies which are primarily for cosmetic purposes, as determined by the Client, or plan administrator.
- Services not performed in an independent dental hygiene practice.
- Conditions arising from war (whether or not war is declared), participation in any civil commotion, insurrection or riot, or while serving in the armed forces.
- Services or supplies to the extent to which the covered person is entitled to receive benefits or reimbursement under any government plan.
- Services or supplies which would be available without charge if this coverage was not in effect.
- Self-inflicted injury.
- Committing, or attempting to commit a criminal act under legislation in the jurisdiction where the act was attempted or committed.
- Failure to complete Claim forms or other documentation, transfer of files, or failing to keep a scheduled appointment.
- Implants and related services.
- Laboratory fees which exceed reasonable and customary charges, as determined by the insurer, or plan administrator.

6.3 Predeterminations

For the sake of ensuring appropriate dental plan utilization and the optimal use of certain specific innovative and expensive procedures, and in order to control related costs, some Clients have elected to have such Dental Services require a Predetermination (PD) for coverage under certain Dental Benefit Plans.

Therefore, unless the Member meets specific criteria and Provider has obtained a PD for the Dental Service to be covered, the Claim may be rejected.

In such instances, the Provider will receive one of the following response Message Codes, depending on the Dental Benefit Plan details, such as, but not limited to:

Note The **Message Code** that corresponds with each message may differ depending on the vendor software; however, the message will be the same.

Message Code	Message
01	X-RAY REQUIRED.
02	DENTURE INFORMATION REQUIRED.
03	X-RAY PLUS DENTURE INFORMATION REQUIRED.
04	PREDETERMINATION REQUIRED.
05	APPROVAL OF DENTAL CONSULTANT REQUIRED.
06	MUST BE PROCESSED MANUALLY BY CARRIER.
07	LAB BILL RECEIPT REQUIRED.

Message Code	Message
08	EXPENSE BILL RECEIPT REQUIRED.
09	X-RAY PLUS LAB BILL REQUIRED.
10	X-RAY, DENTURE INFORMATION, AND LAB BILL RECEIPT REQUIRED.
11	X-RAY PLUS CHARTING REQUIRED.
12	X-RAY; USED WHEN THE COSMETIC CLAUSE APPLIES.
13	X-RAY; USED WHEN THE ALTERNATE BENEFIT CLAUSE APPLIES.
14	X-RAY; USED WHEN BOTH THE COSMETIC AND ALTERNATE BENEFIT CLAUSES APPLY.
15	X-RAY PLUS LAB BILL REQUIRED; USED WHEN THE COSMETIC CLAUSE APPLIES.
16	X-RAY PLUS LAB BILL REQUIRED; USED WHEN THE ALTERNATE BENEFIT CLAUSE APPLIES.
17	X-RAY PLUS LAB BILL REQUIRED; USED WHEN BOTH THE COSMETIC AND ALTERNATE BENEFIT CLAUSES APPLY.
18	DENTURE INFORMATION; USED WHEN THE EXTRACTION CLAUSE DOES NOT APPLY.
19	X-RAY PLUS DENTURE INFORMATION; USED WHEN THE EXTRACTION CLAUSE DOES NOT APPLY.
20	DENTURE INFORMATION; USED WHEN THE EQUIVALENT CLAUSE DOES NOT APPLY.
21	X-RAY PLUS DENTURE INFORMATION; USED WHEN THE EQUIVALENT CLAUSE DOES NOT APPLY.
22	DENTURE INFORMATION; USED WHEN THE DOVETAIL CLAUSE DOES NOT APPLY.
23	X-RAY PLUS DENTURE INFORMATION; USED WHEN THE DOVETAIL CLAUSE DOES NOT APPLY.
24	NO GP EQUIVALENT.
25	MULTIPLE GP EQUIVALENTS.
26	NO ACDQ/CDA EQUIVALENT.
27	MULTIPLE ACDQ/CDA EQUIVALENTS.

PD for coverage of a Dental Service can be obtained by sending a manual PD to the Member's insurance carrier or electronically, when available.

6.4 EDI Claim Submissions – Predetermined Treatment

Although PD requests may have not been submitted using EDI, the resulting Claims may be submitted electronically.

When submitting a Claim for PD services using EDI, Providers must record the PD Number from the Predetermination Confirmation Letter in the correct field. Since EDI allows *only* one PD Number per Claim, services involving multiple procedures issued with different PD Numbers must be submitted as separate Claims.

6.5 Manual Claim Submissions – Predetermined Treatment

When submitting a manual Claim for a PD procedure, Providers must record the applicable PD Number on the Claim line for the approved Procedure Code. If more than one Procedure Code has been issued a PD Number, write the PD Number next to each applicable Claim line.

Failure to write the PD Number next to each applicable Claim line may result in the Claim being rejected if another Claim for the same procedure has already been processed.

6.6 Rejection Codes

When a PD has been recorded on an EDI or manual Claim as a reject, such Claims may be rejected for the following reasons, but not limited to:

Message Code	Explanation
P02 Claim Detail Does Not Match Predetermination Detail	The Procedure Code, tooth code and/or surface code on the Claim does match the information on the PD for the PD number entered.
P03 Predetermination Number Has Been Previously Claimed	The PD number submitted on the Claim has already been paid for with another Claim.
P04 Electronic Submission Not Allowed for This Claim Due To Predetermination	A Claim for a PD service must be submitted manually. EDI Claims are not authorized. Submit a manual Claim.
P06 Proc Code Rejected or Denied on Predetermination	The Procedure Code on the PD has been rejected or deleted.

7. Audits

On behalf of its customers, Express Scripts Canada reviews Claims to ensure accuracy in payment in conjunction with plan and fee guide parameters. The audits also ensure that Claims paid are aligned with customer contracts and adjudication guidelines.

Express Scripts Canada can investigate up to two (2) years of Claims. A complete analysis of the data is completed, x-rays and Member's file are examined, and statistical information based on the Provider's Claims history is compiled. The results are then reviewed with our dental consultant for a recommendation of any necessary or suggested action.

Express Scripts Canada's actions can involve communicating with the Provider to discuss any areas of concern or issues, reversing Claims, recovery of funds, and potential termination of the Provider's EDI submission privileges with Express Scripts Canada.

7.1 Audit Program

The Express Scripts Canada Dental Audit Program includes a variety of verifications, including but not limited to:

a) Member Verification

A letter can be sent to the Member to validate the date of services, the type of treatments received, and the amount charged. The Member's response may lead to further

communication with the Provider.

b) Next Day Audit Review

The Next Day Claims Verification (NDCV) Program consists of a review of a defined sample of Claims submitted by Providers, the day following receipt by Express Scripts Canada.

Providers may be contacted to submit copies of Member records, odontograms, periodontal charts, radiographs, and/or lab invoices for review. If the requested documents are not submitted for review, or if any discrepancies are detected through this process, the audited claim may be reversed or adjusted.

c) Desk Audit

Periodically or randomly, a Provider may be requested to submit applicable Member records and/or chart notes particular to a specified set of Claims to Express Scripts Canada for review.

d) On-Site Audit

The auditor visits the office to perform a comprehensive review of claims submitted against Sponsor or Member records and charts for validation and accuracy.

Further requests of information may be asked of the Sponsor, Member and/or the Provider following the desk or onsite review. Additional correspondence may include, but not be limited to; requests for x-rays, study models, appointment schedule or a letter of explanation from the Provider for identified specific Claims, and services or submission patterns/trends.

7.2 Provider Responsibility

The Provider shall cooperate with Express Scripts Canada in all audit activities.

Upon request, the Provider shall grant office or clinic access to Express Scripts Canada or a third party authorized by Express Scripts Canada, to inspect, review, and reproduce during regular business hours any Member records maintained by the Provider pertaining to Members, or its requirements for enrolment to be a Provider to Members as Express Scripts Canada deems necessary to determine compliance with the terms outlined in these documents.

7.3 Documentation Requirements for Audit Purposes

Providers must retain Member records, charts, invoice and payment history in either electronic or hard copy form all in accordance with, or as allowed by provincial, territorial and federal regulations.

Express Scripts Canada uses the descriptions as outlined in the Canadian Dental Hygienists Association National List of Service Codes, the Denturist's Association of Canada's Fee Guide and all applicable Provincial Fee Guides excluding Alberta Denturist's Fee Guide. Member records must support the services rendered and claimed.

Proper, clear, and detailed documentation is expected for verification. A procedure code or procedure name is not sufficient in a Member record to support payment. Providers must document progress notes within the treatment portion of the Member record, and Providers who are fully computerized must document additional progress notes within the treatment portion of the Member record. The automatic generation of the procedure description alone is not sufficient.

Appropriate supporting documentation includes, but is not limited to:

- Clinical examination findings and subsequent Diagnosis.
- Area(s) of discomfort and/or infection (i.e., Tooth Number, Sextant, Arch, etc.), treatment provided (X-rays, denture adjustment, name of medicinal desensitizing aid applied etc.), and any other relevant information.
- Periodontal charting, Recession, Treatment Plan, Clinical Oral Examination, Occlusion, Completed Odontogram.
- The degree/presence of calculus, plaque, bleeding, pocket depths, periodontal disease or the use of local anaesthetic and any other relevant information.
- Appointment schedule
- Commercial Invoices and In-house Laboratory Invoices.

7.4 Desk and On-Site Audit Guidelines

a) Compliance with Audit Procedures

Failure to comply with any Express Scripts Canada audit procedures will result in adjustment or reversal of and, where applicable, compensation for all concerned Claims and may result in termination of the Denturist Provider Enrolment Form and Dental Hygienist Provider Enrolment Form at Express Scripts Canada's sole determination.

b) Audit Response

Providers are given the opportunity to respond to audit findings within thirty (30) days from the date of the audit report letter accompanying the Initial Audit Report. If no response, such as follow up documentation to support Provider's opposition to the findings, is received in such thirty (30) day period the audit is deemed final. If response is received in such time period, Express Scripts Canada will review the follow-up documentation provided in support of disputed Claims, following which a Final Report will be issued to the Provider and the Provider will be informed of the final determination and of any necessary compensatory adjustment.

c) Express Scripts Canada Privacy Policies

Express Scripts Canada must follow all applicable privacy laws. Express Scripts Canada's privacy policy is based on applicable privacy laws in Canada, including the federal Personal Information Protection and Electronic Documents Act (PIPEDA) and the Privacy Act.

For more information regarding Express Scripts Canada's Privacy Policy, contact the Privacy Officer at Express Scripts Canada utilizing one of the following contact methods:

- **E-mail:**
ExpressScriptsCanada_Privacy@Express-Scripts.com
- **Website:**
[Privacy Policy | Express Scripts Canada](#)
- **Telephone:**
1-888-677-0111 (ask for the Privacy Officer)

- **Mail:**
Express Scripts Canada
Attention: Privacy Office
6985 Financial Drive, Suite 300
Mississauga, ON L5N 0G3

8. Contact Us

Inquiries regarding a specific Claim, payment issues, retrieval and completion of the Denturist Provider Enrolment Form, Dental Hygienist Provider Enrolment Form, or a change in Dental office ownership or address, contact the Provider Call Centre:

- **Toll Free:** 1-800-563-3274
- **Hours of Operation:** Monday to Friday, 8 a.m., to 8:30 p.m., Eastern Time

Outside of these hours of operation, we kindly ask that you leave a detailed message with your Provider Number and a Customer Service Representative will return your call the following business day.

The Provider Call Centre is for **Providers** only.

Please do *not* refer Members to contact the Call Centre for inquiries regarding their Dental benefits plan coverage or eligibility.

Please note that Express Scripts Canada cannot change any eligibility information (including, without limitation, coverage, date of birth, etc.).

Therefore, in such instances where the eligibility of a Member is in question, please refer the cardholder (beneficiary of the insurance) to the Benefits Administrator at their place of employment.

Everyone pays for fraud and we all have a role to play in combatting it. If you suspect fraudulent activity is occurring, we encourage you to report it. With your help, ESC can help reduce fraud and continue our anti-fraud efforts.

Fraud Tip Hotline: 1 888 677-0111, ext. 64227

9. Software Certification/Network Communications

For inquiries regarding Network communication issues for both Denturist and Dental Hygienist Providers, contact:

Network Communication Issues

TELUS Health

Erik Noolandi
Account Director, Claims Exchange and Flexit360
Health Benefits Management
Phone: 416-906-3842
Email: erik.noolandi@telus.com

instream

Help Desk available Monday to Friday 9 a.m., to 5 p.m.,
Easter Time

5335 Canotek Rd. Unit 102

Ottawa, Ontario, K1J 9L4

Phone: 833-58-CLAIM (833-582-5246)

instreamcanada.com

Certified Software Vendors

The practice management software sold by software vendors is listed on the CDAnet website. These software vendors have passed the CDAnet certification process. This means these products are certified for the electronic submission of dental insurance Claims according to the CDAnet messaging standard.

To view a current list of certified vendors, click on the direct link listed below, which leads to the Canadian Dental Association website:

www.cda-adc.ca/en/services/cdanet/certified_vendors.asp

10. Appendices


[*Sample Denturist Provider Enrolment Form*](#)

[*Sample Dental Hygienist Provider Enrolment Form*](#)

[*Sample Dental Provider Remittance Statement*](#)

[*Sample Dental Provider Modification Form*](#)

Appendix A – Sample Denturist Provider Enrolment Form


EXPRESS SCRIPTS®

DENTURIST PROVIDER ENROLMENT FORM

Return the completed, signed form with VOID cheque (photocopy of VOID cheque is acceptable) or Official Bank Letter by:
 Uploading to: Provider Contact Form under the section Healthcare Providers – Become a Healthcare Provider
<https://www.express-scripts.ca/healthcare-providers/become-a-provider>

Fax to: 1 855 622-0669
 Mail to: Express Scripts Canada, Attention: Provider Relations
 6985 Financial Drive, Suite 300
 Mississauga, ON L5N 0G3
(If necessary, complete another form for additional offices)

Provider Information:	Payment Information – Electronic Funds Transfer (EFT):								
Office/Clinic ID (DACCnet™): _____ Provider Number: _____ *License No.: _____ Surname: _____ First Name: _____ Street Address: _____ Suite / PO Box: _____ City / Prov. / Postal Code: _____ Phone No.: _____ Fax No.: _____ Email Address: _____ Language: <input type="radio"/> English <input type="radio"/> French <small>*Assigned by the appropriate Provincial / Territory Licensing Body. By signing the Enrolment Form, Providers attest to their registration and good standing with their respective Dental Provider Provincial / Territory Licensing Body.</small>	I instruct ESO to set up or update the Provider's direct EFT payments. This form authorizes deposits to the bank account indicated and does not authorize withdrawals or any other transactions with respect to the bank account. All information will be treated as PRIVATE AND CONFIDENTIAL. The Provider will advise ESO promptly of any changes to the bank, branch or account number. The Provider understands that EFT is the only payment option available for claims reimbursement. Banking Information Attach: <input type="radio"/> VOID Cheque OR <input type="radio"/> Official Bank Letter A copy of a pre-printed VOID cheque or Official Bank Letter is required. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Institution No./ Bank Code</td> <td style="width: 50%; padding: 2px;">Branch/ Transit No.</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Account No.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	Institution No./ Bank Code	Branch/ Transit No.			Account No.			
Institution No./ Bank Code	Branch/ Transit No.								
Account No.									

After you complete, sign and return this Denturist Provider Enrolment Form, Express Scripts Canada will review the information contained herein and once approved, Express Scripts Canada will authorize the applicant (you) as a Provider (the "Provider") allowing you to submit claims directly to Express Scripts Canada for payment of eligible services provided to Members who are eligible for dental benefits under certain dental benefit plans.

Provider's submission of claims to Express Scripts Canada will be subject to the terms and conditions of this Denturist Provider Enrolment Form and those of the Denturist and Dental Hygienist Provider Manual (the "Manual") (collectively, "Express Scripts Canada's Terms and Conditions"). Please note the Manual is updated from time to time at Express Scripts Canada's sole discretion.


As signatory to this form, you will be responsible for all services billed by Provider, and paid for by Express Scripts Canada, regardless of the corporate structure of the clinic from which you operate. A submission of a claim under your unique Provider Number indicates your understanding and acceptance of Express Scripts Canada's Terms and Conditions. Provider attests to their enrolment and good standing with their respective Dental Provider Provincial / Territory Licensing Body.

The Manual addresses various issues, including but not limited to:

- Provider licensure and eligibility requirements
- Member eligibility requirements
- Coordination with other health plans
- Documentation submission process and requirements
- Benefits and applicable limitations
- Requirements for Providers on the use of treatment codes and standard definitions
- The Audit Program which includes a variety of verifications, including but not limited to: Member Verification, Next Day Audit Review, Desk Audit and On-site Audit.
- Maintenance of relevant documentation and records

Express Scripts Canada may terminate this agreement, with or without cause, upon sending the Provider a written notification of termination of Provider's enrolment hereunder, which termination will be effective on the date indicated in the termination notice.


Provider Name (please print full name)


Provider's Original Signature

Date Signed (yyyy-mm-dd)

Express Scripts Canada November 2025
DENTURIST PROVIDER ENROLMENT FORM

Appendix B – Sample Dental Hygienist Provider Enrolment Form


EXPRESS SCRIPTS®

DENTAL HYGIENIST PROVIDER ENROLMENT FORM

Return the completed, signed form with VOID cheque (photocopy of VOID cheque is acceptable) or Official Bank Letter by:
 Uploading to: Provider Contact Form under the section Healthcare Providers – Become a Healthcare Provider
<https://www.express-scripts.ca/healthcare-providers/become-a-provider>

Fax to: 1 855 622-0669
 Mail to: Express Scripts Canada, Attention: Provider Relations
 6985 Financial Drive, Suite 300
 Mississauga, ON L5N 0G3
(If necessary, complete another form for additional offices)

Provider Information:		Payment Information – Electronic Funds Transfer (EFT):			
Office/Clinic ID (CDHA-ACHDnet™): _____ H Provider Number: 2020 _____ *License No.: _____ Surname: _____ First Name: _____ Street Address: _____ Suite / PO Box: _____ City / Prov. / Postal Code: _____ Phone No.: _____ Fax No.: _____ Email Address: _____ Language <input type="radio"/> English <input type="radio"/> French <small>*Assigned by the appropriate Provincial / Territory Licensing Body. By signing the Enrolment Form, Providers attest to their registration and good standing with their respective Dental Provider Provincial / Territory Licensing Body.</small>	I instruct ESC to set up or update the Provider's direct EFT payments. This form authorizes deposits to the bank account indicated and does not authorize withdrawals or any other transactions with respect to the bank account. All information will be treated as PRIVATE AND CONFIDENTIAL. The Provider will advise ESC promptly of any changes to the bank, branch or account number. The Provider understands that EFT is the only payment option available for claims reimbursement. Banking Information Attach: <input type="radio"/> VOID Cheque OR <input type="radio"/> Official Bank Letter A copy of a pre-printed VOID cheque or Official Bank Letter is required. <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 60%; padding: 2px;">Institution No./ Bank Code</td> <td style="border: 1px solid black; width: 40%; padding: 2px;">Branch/ Transit No.</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px;">Account No.</td> </tr> </table>	Institution No./ Bank Code	Branch/ Transit No.	Account No.	
Institution No./ Bank Code	Branch/ Transit No.				
Account No.					

After you complete, sign and return this Dental Hygienist Provider Enrolment Form, Express Scripts Canada will review the information contained herein and once approved, Express Scripts Canada will authorize the applicant (you) as a Provider (the "Provider") allowing you to submit claims directly to Express Scripts Canada for payment of eligible services provided to Members who are eligible for dental benefits under certain dental benefit plans.


Provider's submission of claims to Express Scripts Canada will be subject to the terms and conditions of this Dental Hygienist Provider Enrolment Form and those of the Denturist and Dental Hygienist Provider Manual (the "Manual") (collectively, "Express Scripts Canada's Terms and Conditions"). Please note the Manual is updated from time to time at Express Scripts Canada's sole discretion.


As signatory to this form, you will be responsible for all services billed by Provider, and paid for by Express Scripts Canada, regardless of the corporate structure of the clinic from which you operate. A submission of a claim under your unique Provider Number indicates your understanding and acceptance of Express Scripts Canada's Terms and Conditions. Provider attests to their enrolment and good standing with their respective Dental Provider Provincial / Territory Licensing Body.

The Manual addresses various issues including, but not limited to:

- Provider licensure and eligibility requirements
- Member eligibility requirements
- Coordination with other health plans
- Documentation submission process and requirements
- Benefits and applicable limitations
- Requirements for Providers on the use of treatment codes and standard definitions
- The Audit Program which includes a variety of verifications, including but not limited to: Member Verification, Next Day Audit Review, Desk Audit and On-site Audit.
- Maintenance of relevant documentation and records

Express Scripts Canada may terminate this agreement, with or without cause, upon sending the Provider a written notification of termination of Provider's enrolment hereunder, which termination will be effective on the date indicated in the termination notice.





Provider Name (please print full name)
Provider's Original Signature
Date Signed (yyyy-mm-dd)

Express Scripts Canada November 2025
DENTAL HYGIENIST PROVIDER ENROLMENT FORM

Appendix C – Sample Dental Provider Remittance Statement



EXPRESS SCRIPTS®

DENTIST ID: EXPRESS SCRIPTS CANADA
DENTAL PROVIDER REMITTANCE STATEMENT
FROM: TO: Page: 1
CHEQUE NO:
CHEQUE DATE:
PROCESS DATE:

CLAIMS PAID ON BEHALF OF: EDI Claims

CLIENT ID	PATIENT NAME	PROCESSED DATE	CLAIM NUMBER	SUBMITTED AMT	PAID AMT	PHONE CHRG	GST	QST	NET PAID
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EDI TOTAL:

Carrier Total:


CHEQUE TOTAL:

ESI GST NO:
ESI QST NO:

THIS REPORT MAY CONTAIN CONFIDENTIAL PERSONAL INFORMATION. EXPRESS SCRIPTS CANADA ASSUMES NO LIABILITY AND TAKES NO RESPONSIBILITY FOR ANY UNAUTHORIZED ACCESS TO, OR MISUSE OF, THE CONTENTS.

6985 FINANCIAL DRIVE, SUITE 300, MISSISSAUGA, ONTARIO, L5N 0G3

Appendix D – Sample Dental Provider Modification Form

 EXPRESS SCRIPTS®		DENTAL PROVIDER MODIFICATION FORM <small>This form is not applicable to the NIHB program.</small>	
<p>It is the responsibility of the provider to notify Express Scripts Canada in writing of any changes to their provider information. Please allow ten (10) business days for Express Scripts Canada to process your request.</p>			
<p>Return the completed, signed form with VOID cheque (photocopy of VOID cheque is acceptable) or Official Bank Letter by:</p>			
<p>Uploading to: Provider Contact Form under the section Healthcare Providers – Become a Healthcare Provider https://www.express-scripts.ca/healthcare-providers/become-a-provider</p>			
<p>Fax to: 1 855 822-0888</p>			
<p>Mail to: Express Scripts Canada, Attention: Provider Relations 8885 Financial Drive, Suite 300 Mississauga, ON L5N 0G3 <small>(If necessary, complete another form for additional offices)</small></p>			
Provider Information:		Type of Modification:	
Provider Number: _____		<input type="checkbox"/> Provider Office Update	
License Number: _____		<input type="checkbox"/> Additional Office(s)	
Specialty: _____		<input type="checkbox"/> Specialty Change: _____	
*First Name: _____		<input type="checkbox"/> Other (please specify): _____	
*Surname: _____			
<input type="radio"/> Additional Office or <input type="radio"/> Provider Office Update		Payment Information – Electronic Funds Transfer (EFT):	
Office/Clinic ID (CDAnet/ACDQ/DACnet/CDHAACHDnet*): _____		I instruct ESC to set up or update the Provider's direct EFT payments. This form authorizes deposits to the bank account indicated and does not authorize withdrawals or any other transactions with respect to the bank account. All information will be treated as PRIVATE AND CONFIDENTIAL. The Provider will advise ESC promptly of any changes to the bank, branch or account number. The Provider understands that EFT is the only payment option available for claims reimbursement.	
Street Address: _____		Banking Information	
Suite / PO Box: _____		Attach: <input type="radio"/> VOID Cheque OR <input type="radio"/> Official Bank Letter	
City/Prov./Postal code: _____		<u>A copy of a pre-printed VOID cheque or Official Bank Letter is required.</u>	
Phone No.: _____		Institution No./ Bank Code: _____	
Fax No.: _____		Branch/ Transit No.: _____	
Email Address: _____		Account No.: _____	
Language Preference: <input type="radio"/> English <input type="radio"/> French			
<input type="radio"/> Additional Office or <input type="radio"/> Provider Office Update		Payment Information – Electronic Funds Transfer (EFT):	
Office/Clinic ID (CDAnet/ACDQ/DACnet/CDHAACHDnet*): _____		I instruct ESC to set up or update the Provider's direct EFT payments. This form authorizes deposits to the bank account indicated and does not authorize withdrawals or any other transactions with respect to the bank account. All information will be treated as PRIVATE AND CONFIDENTIAL. The Provider will advise ESC promptly of any changes to the bank, branch or account number. The Provider understands that EFT is the only payment option available for claims reimbursement.	
Street Address: _____		Banking Information	
Suite / PO Box: _____		Attach: <input type="radio"/> VOID Cheque OR <input type="radio"/> Official Bank Letter	
City/Prov./Postal code: _____		<u>A copy of a pre-printed VOID cheque or Official Bank Letter is required.</u>	
Phone No.: _____		Institution No./ Bank Code: _____	
Fax No.: _____		Branch/ Transit No.: _____	
Email Address: _____		Account No.: _____	
Language Preference: <input type="radio"/> English <input type="radio"/> French			
_____		_____	
*Provider Name (please print full name)		*Provider's Original Signature	
_____		_____	
_____		*Date Signed (yyyy-mm-dd)	
_____		_____	

Express Scripts Canada November 2025
DENTAL PROVIDER MODIFICATION FORM