Réseau ACDQ
Introductory Handbook for Dental Offices

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1 INTRODUCTION TO THE RÉSEAU ACDQ 2

1.1 What is the Réseau ACDQ? 2

1.2 Subscribing to the Réseau ACDQ 2

1.3 Subscription requirements 2

1.4 Changes at your dental office 3

2 CONFIGURATION AND UPDATES 3

2.1 Installing the electronic transmission module 3

2.2 Configuring the management software 3

3 ELECTRONIC CLAIMS TRANSMISSION 3

3.1 Required information 3

3.2 Patient authorization 4

3.3 Insurance card management 4

3.4 Dentaide direct payment service 4

3.5 Claims payment (assignment of benefits) with carriers that do not participate in Dentaide 5

3.6 Patient authorization for the assignment of benefits 5

4 PROCESSING TRANSACTIONS 6

4.1 Transmission period 6

4.2 Real-time processing 6

4.3 Explanation of benefits 6

4.4 Acknowledgement of receipt of dental claims 6

4.5 Requests for outstanding transactions 7

4.6 Treatment plans 7

4.7 Coordination of benefits 8

APPENDIX A – FREQUENTLY ASKED QUESTIONS 9

APPENDIX B – ERROR MESSAGES 12

APPENDIX C – CLHIA GUIDELINES 17

APPENDIX D – LIST OF PARTICIPATING CARRIERS 18

1 INTRODUCTION TO THE RÉSEAU ACDQ

1.1 What is the Réseau ACDQ?

The Réseau ACDQ is a free service offered by the Association des chirurgiens dentistes du Québec to its members. It allows subscribing dentists to send their dental insurance claims directly to participating carriers and immediately find out the insured portion of the services in most cases.

1.2 Subscribing to the Réseau ACDQ

Dentists who would like to subscribe to the Réseau ACDQ need to be members of the ACDQ or Dentaide participants. The contract is exclusive and cannot be transferred to another dentist or dental office. Therefore, dentists have to subscribe in each office where they practice.

Once your subscription request has been received, you should plan on waiting about two weeks for all carriers to activate the electronic transmission service.

If a dentist's name is added to an office's electronic transmission system before the dentist has informed the Réseau ACDQ, the transactions sent on his or her behalf will be rejected.

1.3 Subscription requirements

In order for dentists to be able to use the Réseau ACDQ, their office must be computerized and have management software approved by the Réseau ACDQ. They must then send dental claims over the Internet: This type of communication requires a high-speed Internet connection and a secure line like the one offered by Net^{+} ACDQ. >For subscriptions or any questions, please contact Net^{+} ACDQ by e-mail at info@net-plus.ca or call 514 284-1985 or 1-800-361-5305.

1.4 Changes at your dental office

You must inform the Réseau ACDQ when:

- your office changes its contact information (address, telephone number, etc);
- a dentist joins or leaves your office;
- you change your dental software supplier;
- you stop using electronic transmission.

The Réseau ACDQ is responsible for notifying insurance companies of all changes that concern subscription.

2 CONFIGURATION AND UPDATES

2.1 Installing the electronic transmission module

Your software supplier installs the Réseau ACDQ electronic transmission module, also known as the CCD (*Common Communication Driver*), and automatically updates it.

Please note that the updates made to the Réseau ACDQ electronic transmission module are different from the updates made by the supplier to its software, which are updates that dentists can choose to make at their own discretion.

2.2 Configuring the management software

Your dental software supplier should configure your management software so that you can electronically send insurance claims to insurance companies. It must enter the dentist's name and ID number, as well as the dental office number. This information is included in the subscription confirmation letter sent to you by the Réseau ACDQ after you subscribe.

3 ELECTRONIC CLAIMS TRANSMISSION

3.1 Required information

Dental claims must include all information about patients and treatments.

In addition, to prevent your claim from being rejected, you must check with your patients to make sure that their personal information, such as their address, policy number, and certificate number, is accurate.

If a claim is rejected because it contains errors, a message indicating the cause of the rejection will appear on the screen. You have to correct the error and send the claim again. The list of error messages is included in Appendix B of this handbook.

3.2 Patient authorization

Each patient whose dental claims are submitted electronically must sign the following statement:

I hereby authorize the electronic transmission of all the information contained in my dental insurance claims to my plan administrator or my plan administrator's authorized representatives. This authorization will remain in effect until I revoke it.

Signature of the patient or parent/guardian _____ ***Date*** _____

3.3 Insurance card management

Every carrier uses its own specific card model. You should check whether the card allows electronic transmission. However, it is the patient's responsibility to provide you with a valid card that contains all of the information you need to send his or her claims electronically.

3.4 Dentaide direct payment service

Dentaide is a direct payment system based on contracts. In this case, patients pay their dentists the portion of the fees not covered by their plan, and Dentaide deposits the amount paid by the carrier directly into the account of the dentists or issues a cheque to them. Dentaide offers the only guarantee of direct payment in the market because the dentists and the carriers have contractual commitments. In the event of a dispute, Dentaide acts an intermediary between them.

To use Dentaide's direct payment service:

1. Dentists must subscribe to Dentaide services
2. Carriers must use Dentaide

The carriers that use Dentaide are:

- SSQ Financial Group
- Desjardins Financial Security
- La Capitale

- Industrial Alliance
- Commission de la construction du Québec (see Green Shield Canada)
- Syndicat des fonctionnaires municipaux de Montréal
- UV Insurance
- Segic
- Green Shield Canada

3.5 Claims payment (assignment of benefits) with carriers that do not participate in Dentaide

Patients must sign the assignment of benefits authorization (see section 3.6 of this Handbook). Assignment of benefits means that patients assign the payable services in a claim to their dentist and consent to having them paid directly to the dentist.

Unlike Dentaide's direct payment service (see 3.4), there is no contract between dentists and carriers that do not participate in Dentaide for the assignment of benefits. Therefore, dentists must cope with all constraints, risks and consequences in the event of a dispute with carriers. The ACDQ recommends that dentists not agree to assign benefits with carriers that do not participate in Dentaide in order to protect their professional autonomy and avoid the associated risks and constraints.

Dentists who nevertheless choose to accept this payment method must obtain written authorization from each patient for whom they agree to assign benefits (see section 3.6).

3.6 Patient authorization for the assignment of benefits

For the assignment of benefits with the other carriers (section 3.5), you must obtain each patient's authorization by having him or her sign the following statement:

I hereby assign to Dr._____the payable benefits in my claims and I authorize my carrier to send the payment directly to him or her. This authorization will remain in effect until the undersigned revokes it.

Signature of the patient or parent/guardian_____Date_____

4 PROCESSING TRANSACTIONS

4.1 Transmission period

A dental claim must be submitted on the same day that the professional service is performed. However, in the event of problems with electronic transmission, you normally have 7 to 365 calendar days to send claims to carriers. The period differs depending on the carrier.

4.2 Real-time processing

Real-time processing means that the carrier evaluates the dental claim and provides an immediate answer in the form of an *Explanation of Benefits*, a *Claim Acknowledgement*, or a *Request for Outstanding Transactions.*

4.3 Explanation of benefits

The *Explanation of Benefits* provides you with all of the information you need to complete the transaction with patients. If an *Explanation of Benefits* is processed in real time, you have to give patients a printed copy of the form to confirm that their claim was actually sent.

4.4 Acknowledgement of receipt of dental claims

Carriers that process the transactions in real time may reply with an *Acknowledgement of Receipt* in the following cases:

- In complex cases that require a review by a dental consultant or additional information;
- If the transaction has errors;
- When there is a note in the insured's file or the file is pending;
- If it is a cancelled or pending group;
- If the premium payment is late;
- When it is a treatment plan;
- In the case of offline processing of claims (batch processing);
- When the treatment plan number (provided in advance by the carrier) was not submitted at the same time as the claim. In that case, the carrier automatically reimburses patients.

The *Acknowledgement of Receipt* informs you that the claim will be processed later. In that case, you must give patients a printed copy of the *Claim Acknowledgement, Employer Certified*

Claim, or manual *Claim* forms. Patients must then pay you the full amount of your fees. They will receive their reimbursement for the insured portion in the mail.

4.5 Requests for outstanding transactions

Telus Group A network (formerly Emergis)

As of December 1st, 2018, there are no remaining carriers the Telus Group A network.

Telus Group B network (formerly NDC)

The Telus Group B network does not accept outstanding transactions. If processing is deferred, the decision is sent directly by mail.

4.6 Treatment plans

The Réseau ACDQ lets you send treatment plans electronically to carriers that accept this type of transaction. It is similar to a claim, except that it does not include any date for the care.

The decision on the treatment plan is sent electronically or mailed to dentists or patients. In the decision, the carrier may require additional information in connection with the treatment plan (e.g. x-rays).

4.7 Coordination of benefits

Benefits are coordinated when a person is covered (1) by more than one carrier or (2) is covered simultaneously as a policyholder, spouse or dependant of two policyholders with the same carrier (e.g. both spouses work for the same company).

When a *Claim* is subject to coordination, once the primary carrier has issued a decision (i.e. by sending an *Explanation of Benefits* in real time) and the proportion of benefits paid by the primary carrier is less than 100%, you may send the *Explanation of Benefits* to a second carrier so that the insured receives a reimbursement for the unpaid benefits. This claim may be mailed to the second carrier or sent electronically in some cases. It should be noted that benefits can be electronically coordinated if desired. Dental software normally indicates the benefit coordination method used by each carrier.

The Canadian Life and Health Insurance Association (CLHIA) sets the criteria for determining the primary carrier and the secondary carrier. That information can be found in Appendix C of this handbook.

APPENDIX A–FREQUENTLY ASKED QUESTIONS

The carrier replies that the dentist or office does not have access to the Réseau ACDQ, such as in the following examples: Supplier cannot be found; Dentist is not authorized for electronic transmission; Missing/invalid dentist or office number; Error codes 007, 008 or 047?

You must:

- *make sure that you have subscribed to the Réseau ACDQ;*
- *verify that your dentist ID and office numbers have been entered correctly in the dental software;*
- *contact the Réseau ACDQ.*
- *never bill for care provided to a patient on behalf of another dentist*

The carrier's response cites a patient information error (policy number, certificate number, first or last name, relationship to the subscriber, etc.)

- *Check to make sure that the patient information in the dental software is accurate and matches the information on the insured's card. If the error message persists, delete the punctuation marks.*
- *Contact the carrier because it has up-to-date information on the insureds.*

You receive the "invalid number of procedures" error message.

Generally, this message indicates that you have submitted more than seven (7) procedures at a time, which is not permitted. Please submit the first seven (7) procedures in one transaction, and any others in a separate transaction.

You receive the "Please submit manually" error message after submitting a claim.

This means that the carrier would like to receive this transaction on paper instead of electronically so that it can process the claim manually. In that case, send the claim by mail.

Why do some transactions have to be submitted manually?

- *The claimant's eligibility has to be confirmed by the employer.*
- *The employer does not want to offer this service to employees (unionized or self-administered group).*
- *Complex treatments are involved.*
- *Additional information or documents are required (x-rays or other).*
- *The treatment was performed more than seven days ago.*
- *Changes are being made to the dental coverage.*
- *Premiums have not been paid.*
- *Dentaide requires manual submission for patients covered by two policies.*

In what instances does the carrier issue a *Claim Acknowledgement* instead of an *Explanation of Benefits*?

- *The carrier has not developed the Explanation of Benefits transaction.*
- *In more complex cases that require a review by a dental consultant or additional information;*
- *When there is a note in the insured's file or the file is pending.*
- *If it is a cancelled or pending group.*
- *If the premium payment is late.*
- *When it involves a treatment plan.*

What do I do if a *Dental Claim* or a *Treatment Plan* is rejected?

You will receive an error message on your screen that indicates the reason for the rejection. Correct the error (s) and resubmit the dental claim or treatment plan.

What does "central system error" or "system not responding" mean?

Some carriers do not accept transactions after a specific time. These messages may mean that the carrier or system is temporarily out of service. This situation generally lasts a few moments, or a few hours in rare cases. Please wait and try again later.

How do I cancel a transaction?

Transactions can be cancelled electronically, but only on the same day. To cancel a transaction on the next day, call the carrier's Customer Service or Dentaide, if the carrier and dentist participate in Dentaide.

Can I send a *Dental Claim* outside office hours or on weekends?

Yes, most carriers will accept them. You will receive a claim acknowledgement a few seconds after sending it. However, some carriers do not accept transactions after a specific time.

APPENDIX B–ERROR MESSAGES

Transactions may be rejected because they contain an error. When that occurs, a message appears on your screen indicating the reason for the rejection. You must correct the error by following the instructions or contacting the resource indicated in the error message and then resubmit the claim.

Code	Message	Action	Field
001	Missing /Invalid transaction prefix	Contact your software supplier	A01
002	Missing /Invalid dental claim number	Contact your software supplier	A02
003	Missing /Invalid version number	Contact your software supplier	A03
004	Missing /Invalid transaction code	Contact your software supplier	A04
005	Missing /Invalid carrier identification number	Check the carrier code and make sure you are using the right network (Telus Group A or Group B)	A05
006	Missing /Invalid software system ID	Contact your software supplier	A06
007	Missing /Invalid dentist ID	Check the dentist's provider number (9 digits)	B01
008	Missing/Invalid dental office number	Check the dental office number (4 digits)	B02
009	Missing/Invalid primary policy/plan number	Check the information with the patient or carrier	C01
010	Missing/Invalid division/section number	Check the information with the patient or carrier	C11
011	Missing /Invalid subscriber identification number	Check the information with the patient or carrier	C02
012	Missing/Invalid relationship code	Check the information with the patient or carrier	C03
013	Missing/Invalid patient's sex	Check the information with the patient or carrier	C04
014	Missing/Invalid patient's birthday	Check the information with the patient or carrier	C05
015	Missing Patient's last name	Check the information with the patient or carrier	C06
016	Missing/Invalid patient's first name	Check the information with the patient or carrier	C07
017	Missing /Invalid eligibility exception code	Check the information with the patient or carrier	C09
018	Missing name of school	Indicate the name of school if the insured is over 18	C10
019	Missing subscriber's last name or name did not match the one on file	Check the information with the patient or carrier	D02
020	Missing subscriber's first name or name did not match the one on file	Check the information with the patient or carrier	D03
021	Missing subscriber's address	Check the information with the patient or carrier	D05 D06
022	Missing subscriber's city	Check the information with the patient or carrier	D07
023	Missing /Invalid subscriber's postal code	Check the information with the patient or carrier	D09

Code	Message	Action	Field
024	Invalid language of insured	Check the information with the patient or carrier	D10
025	Missing/Invalid subscriber's birthday	Check the information with the patient or carrier	D01
026	Invalid second carrier ID number	See message 005	E01
027	Missing/Invalid secondary policy/plan number	Check the information with the patient or carrier	E02
028	Missing/Invalid secondary division/section number	Check the information with the patient or carrier	E05
029	Missing / Invalid secondary plan subscriber number	Check the information with the patient or carrier	E03
030	Missing/Invalid secondary subscriber's birthday	Check the information with the patient or carrier	E04
031	Claim should be submitted to the secondary carrier first		
032	Missing/Invalid payee	May mean that the insurance contract does not allow benefits to be assigned: payment has to be made to the insured	F01
033	Invalid accident date	Check the information entered	F02
034	Missing / Invalid number of procedures performed	Check if more than 7 procedures per transaction	F06
035	Missing /Invalid procedure code	Consult the ACDQ Fee Guide	F08
036	Missing / Invalid date of service	Check the information entered	F09
037	Missing /Invalid tooth number	Consult the ACDQ Fee Guide	F10
038	Missing /Invalid tooth surface	Consult the ACDQ Fee Guide	F11
039	Invalid date of initial placement (upper)	Check the information entered	F04
040	Missing / Invalid response re: Is the treatment required for orthodontic purposes?	Check the information entered	F05
041	Missing / Invalid dentist's fee claimed	Consult the ACDQ Fee Guide	F12
042	Missing / Invalid lab fee	Consult the ACDQ Fee Guide	F13
043	Missing / Invalid units of time	Consult the ACDQ Fee Guide	
044	Message length field did not match length of message received	Check if more than 7 procedures	A07
045	Missing / Invalid e-mail / additional materials forwarded flag	Not in service yet	A08
046	Missing /Invalid *Claim* reference Number	Contact your software supplier	G01
047	Dentist is not authorized to access the Réseau ACDQ	See message 007	
048	Please submit claim manually	Contact the carrier	
049	No outstanding responses from the network requested		
050	Missing / Invalid procedure line number	Contact the software supplier	F07
051	*Treatment Plan* number not found	Check the information entered	F03
052	At least one procedure must be entered for a *Claim* or a *Treatment Plan*	Also check if more than 7 procedures	
053	Missing / Invalid subscriber's province	Check if PQ or QC	D08

Code	Message	Action	Field
054	Subscriber ID on cancellation did not match the one in the original claim	Check the subscriber of the original claim	
055	Cancellation not for today's transaction	Contact the carrier or Dentaide	
056	Dentist's specialty code does not match the one on file	Contact the software supplier	
057	Missing / Invalid response re: Is this an initial placement (upper)?	Check the information entered	F15
058	Number of procedures found did not match number indicated	Contact the software supplier	
059	Dental office software is not certified to submit transactions to Réseau ACDQ	Contact the software supplier	
060	Claim cancellation transaction cannot be accepted now, Please try again later today	Please wait and try again later	
061	Network error, please resubmit transaction	Please wait and try again later	
062	Missing / Invalid dentist payee number	Contact your software supplier	B03
063	Missing / Invalid office payee number	Contact your software supplier	B04
064	Missing / Invalid referring dentist	Contact your software supplier	B05
065	Missing / Invalid referral reason code	Consult the ACDQ Fee Guide	B06
066	Missing / Invalid plan flag	Check the information entered	C12
067	Missing NIHB plan fields	Check the information entered	
068	Missing / Invalid band number	Check the information entered	C13
069	Missing / Invalid family number	Check the information entered	C14
070	Missing / Invalid missing teeth map	Check the information entered	C15
071	Missing / Invalid secondary relationship code	Check the information with the patient or carrier	E06
072	Missing / Invalid purchase type code	Consult the ACDQ Fee Guide	F16
073	Missing / Invalid remark code	Contact your software supplier	F17
074	Date of service is a future date	Check the information entered	F09
075	Date of service is more than one year old	Check the information entered	F09
076	Group not acceptable through EDI	Contact the carrier	
077	Procedure type not covered by carrier	Contact the carrier	
078	Please submit *Treatment Plan* manually	Contact the carrier	
079	Duplicate *Claim*	Claim already sent. Contact the carrier (see message 061)	
080	Missing / Invalid carrier transaction counter	Contact your software supplier	A09
081	Invalid eligibility date	Check the information with the patient or carrier	C16
082	Invalid card sequence / version number	Check the information with the patient or carrier	D11

Code	Message	Action	Field
083	Missing / Invalid secondary subscriber's last name	Check the information with the patient or carrier	E08
084	Missing / Invalid secondary subscriber's first name	Check the information with the patient or carrier	E09
085	Invalid secondary subscriber's middle initial	Check the information with the patient or carrier	E10
086	Missing secondary subscriber's address line 1	Check the information with the patient or carrier	E11
087	Missing secondary subscriber's city	Check the information with the patient or carrier	E13
088	Missing secondary subscriber's province / state code	Check if PQ or QC	E14
089	Invalid secondary subscriber's postal / zip code	Check the information with the patient or carrier	E15
090	Missing/Invalid response re: Is this an initial placement (lower)?	Check the information entered	F18
091	Missing / Invalid date of initial placement (lower)	Check the information entered	F19
092	Missing / Invalid maxillary prosthesis material	Check the information entered	F20
093	Missing / Invalid mandibular prosthesis material	Check the information entered	F21
094	Missing / Invalid extracted teeth count	Check the information entered	F22
095	Missing / Invalid extracted tooth number	Check the information entered	F23
096	Missing / Invalid extraction date	Check the information entered	F24
097	Invalid reconciliation offset	Check the information entered	F33
098	Missing / Invalid lab procedure code	Check the information entered	F34
099	Invalid encryption code	Contact your software supplier	A10
100	Invalid encryption	Contact your software supplier	
101	Invalid subscriber's middle initial	Check the information entered	D04
102	Invalid patient's middle initial	Check the information entered	C08
103	Missing / Invalid primary dependant code	Check the information entered	C17
104	Missing / Invalid secondary dependant code	Check the information entered	E17
105	Missing / Invalid secondary card sequence / version number	Check the information entered	E07
106	Missing / Invalid secondary language	Check the information entered	E16
107	Missing / Invalid secondary coverage flag	Check the information entered	E18
108	Secondary coverage fields missing	Check the information entered	
109	Missing / Invalid secondary sequence number	Contact your software supplier	E19
110	Missing / Invalid orthodontic *Treatment Plan* flag	Check the information entered or Contact the software supplier	F25

Code	Message	Action	Field
111	Missing / Invalid first examination fee	Check the information entered	F26
112	Missing / Invalid diagnostic phase fee	Check the information entered	F27
113	Missing / Invalid initial payment	Check the information entered	F28
114	Missing / Invalid payment mode	Check the information entered	F29
115	Missing / Invalid treatment duration	Check the information entered	F30
116	Missing / Invalid number of anticipated payments	Check the information entered	F31
117	Missing / Invalid anticipated payment amount	Check the information entered	F32
118	Missing / Invalid lab procedure code # 2	Check the information entered	F35
119	Missing / Invalid lab procedure fee # 2	Check the information entered	F36
120	Missing / Invalid estimated treatment starting date	Check the information entered	F37
121	Primary *EOB* altered from the original	Contact the Réseau ACDQ	E0B
122	Data no longer available	Contact the Réseau ACDQ	F33
123	Missing / Invalid reconciliation page number	Contact your software supplier	F38
124	Transaction type not supported by the carrier	Contact your software supplier	A04
125	Transaction version not supported	Contact your software supplier	A03
126	Missing / Invalid diagnostic code	Check the information entered	F39
127	Missing / Invalid institution code	Check the information entered	F40
128	Missing / Invalid current treatment plan page Number	Contact your software supplier	G46
129	Missing / Invalid last treatment plan page Number	Contact your software supplier	G47
130	Missing / Invalid public plan terms flag	Check the information entered or contact your software supplier	C18
131	Missing / Invalid public plan terms	Check the information entered or contact your software supplier	C19
132	Missing / Invalid secondary terms field flag	Check the information entered or contact your software supplier	E20
997	Last transaction unreadable	Contact your software supplier	
998	Reserved by CDA for future use		
999	Host processing error – resubmit claim manually.	Try again later or submit the claim manually	

APPENDIX C–CLHIA GUIDELINES

Management software is programmed in accordance with the guidelines on coordinating benefits of the Canadian Life and Health Insurance Association (CLHIA).

Below is a summary of the guidelines that were in effect when this edition of the Réseau ACDQ Handbook was published. It is provided for information purposes only. Patients should contact their carriers to find out the current rules in effect for coordinating benefits.

Coverage as participants and dependants

- The plan that covers individuals as participants will always be the primary payer over any other plan that covers them as dependants. For individuals who are similarly covered by more than one plan, the plan that has covered them for the longest time is the primary payer.

Losses affecting dependants

- When two parents each have a separate plan that covers their dependent children, the plan of the parent whose birthday occurs first in the calendar year is the primary payer.
- If both parents have the same birthday, the plan of the parent whose first initial comes first in the alphabet is the primary payer.
- In cases of sole custody, i.e. where one parent has custody of the child: The plan of the parent whom the child lives with (i.e. the plan of the parent who has custody of the child) is the primary payer.
- The plan of the spouse of the parent who has custody is the secondary payer.
- The plan of the parent who does not have custody is the third payer.
- In the case of joint custody, when the two parents each have a separate plan that covers their dependent children, the plan of the parent whose birthday occurs first in the calendar year is the primary payer.

Losses affecting post-secondary students (university or college)

- Students may be covered by health insurance or dental insurance through their educational institution or their part-time job.
- These types of plans are always the primary payers over any other type of plan that covers dependent students.

Losses due to an accident

- If insureds require care as a result of an accident and they subscribe to a dental insurance plan and a health insurance plan that cover accidental injuries to teeth, the latter has priority when it comes to repayment of benefits.

APPENDIX D–LIST OF PARTICIPATING CARRIERS

Telus network (Group B) (formerly NDC)

- Telus Health Solutions customer service centre: 1 866 272-2204

Carrier	Réseau ACDQ version	ID number
Accerta	4	311140
Association des policières et policiers du Québec (APPQ) See Segic		
Assumption Life	4	610191
Automated Benefits Inc. (batch processing)	4	628151
Benecaid Health Benefit Solutions	4	610708
Benefits Trust (batch processing)	2	610146
Canada Life (Great West Life, Canada Life, London Life)	4	000011
CCQ-MÉDIC Construction(Commission de la construction du Québec) See Green Shield Canada		
Co-operators	4	606258
Coughlin	4	610105
Cowan Wright Beauchamp	4	610153
Saskatchewan Blue Cross	2	000096
Medavie Blue Cross – Group Insurance	4	610047
Desjardins Financial Security	4	000051
Empire Life	4	000033
Equitable Life of Canada	4	000029
ESORSE Corporation	4	610650
FAS	4	610614
Manulife Financial	2	610059
Manulife Financial – Affinity Markets (formerly Liberty Health (batch processing)	2	311113
Green Shield Canada	4	000102
AGA Financial Group Inc.	4	610226
Groupe Premier Médical (GPM)	4	610266
Global Benefits	4	000040
GMS – Group Medical Services	4	610217
GMS SK – Group Medical Services	4	610218
GroupHealth Benefits Solutions	4	000125
GroupSource	4	605064
Humania (formerly La Survivance)	4	000080

Industrial Alliance	2	000060
Industrial Alliance Pacific	2	000024
Industrial Alliance – National Life	2	000021
Johnson	4	627265
La Capitale	4	600502
Lee-Power & Associates Inc. (by batch)	2	627585
Manion Wilkins & Associates Ltd.	4	610158
MDM Insurance Services Inc.	2	601052
NexgenRx	4	610634
NIHB – First Canadian Health	4	610124
RWAM	4	610616
RBC Insurance	4	000124
SécurIndemnité/ClaimSecure (Merx)	4	610099
SES Benefits	4	610196
Segic	4	610360
SSQ Financial Group	4	000079
Standard Life	4	000020
Sun Life Financial	4	000016
Syndicat des fonctionnaires municipaux de Montréal – SFMM	4	610677
TELUS Adjudicare	4	000034
UV Insurance(Formely Union Life, l'Internationale)	4	610643
Wawanesa Mutual Insurance Co (see Green Shield Canada)		

Other networks

Instream

Carrier	Version	ID number
ADSC	4	000105
Alberta Blue Cross	2,4	000090
Deltaware Systems	4	610172
Johnston Group(batch processing)	2	627223
Manitoba Blue Cross	4	000094
Ontario Ironworkers	4	000123
Pacific Blue Cross	4	000064
PBAS	4	610256
Quikcard	4	000103