Canadian Dental Care Plan and Nova Scotia Dental Programs: Coordination of Benefits

Dentist and Dental Office FAQs

The following questions and answers pertain to patients who are already enrolled in the Canadian Dental Care Plan (CDCP) while also being eligible for provincial coverage through the Department of Health and Wellness (i.e. MSI), such as the Children's Oral Health Program and Individuals with Special Needs Program.

1 Where do I send the claim first?

After July 8, 2024, if the service is covered by CDCP and MSI under any of the 3 programs listed below, and your patient is enrolled in CDCP, claims must be sent to the CDCP first. MSI coordination of benefit rules for private insurance plans apply to the CDCP.

CDCP must be billed first for the following provincial programs:

1. Children's Oral Health Program
2. Individuals with Special Needs Program
3. Cleft Palate / Craniofacial Program

Claims for patients with coverage through the Oral Maxillofacial Surgery Program and the Maxillofacial Prosthodontics programs may continue to be submitted to the provincial program first.

2 Which fee do I bill?

For patients whose costs for insured services are fully covered by the CDCP (i.e., no copayment required and paid at the fee submitted) you would submit fees in alignment with CDCP fee grid and policies. For example, a 13-year-old child needs one unit of scaling. The CDCP covers one unit of scaling, so there is no need to coordinate benefits with the Children's Oral Health Program. You would submit the claim to CDCP based on CDCP requirements alone, including the applicable fee.

For patients who pay a copayment under the CDCP, where the CDCP pays less than the MSI tariff rate in the provincial Dentists Guide, the provincial program pays the difference up to the maximum fee payable under the provincial tariff Agreement. This includes any patient copayment required under the CDCP, up to the provincial tariff rate. For example, if the CDCP fee is $100 and the MSI tariff rate is $120, MSI would pay the difference of $20. The total payment for the service must not exceed the provincial tariff amount. In no circumstance can the patient be charged any amount for a service that is insured under a provincial program, unless the dentist has opted out of MSI entirely in the manner prescribed by the *Health Services and Insurance Act*.

For patients who require a frequency of service that exceeds the CDCP limit but falls within the provincial limit, the additional frequency can be billed to the provincial program and will be covered up to the

provincial tariff rate. For example, a 13-year-old child needs two units of scaling. The CDCP covers one unit and the Children's Oral Health Program covers two. The first unit would be covered by the CDCP at the CDCP fee. The second unit would be covered by DHW at the tariff rate.

In both scenarios, the service should be billed to the provincial program at the fee charged (CDCP rate) and include the amount paid or payable by CDCP. In the example of scaling above, if the CDCP fee is $50 and the provincial tariff rate was $38, both units should be billed at $50 but the second unit would be paid at $38 per the provincial tariff. This would be a standard Coordination of Benefits (COB) submission via CDAnet or, if using the providerConnect portal, the primary carrier (CDCP) amount would be entered in the COB field.

3 The provincial program did not cover the full patient copayment amount that remained after CDCP coverage. Can I charge the patient the difference between the CDCP fee and the provincial fee? For example, the CDCP fee for a service is $200 and the provincial fee is $100. Due to patient copayment, the CDCP covered only 40% of $200, which was $80, leaving a patient copayment of $120. I submitted the $120 to the provincial program, but it only covered $20 to bring the fee paid up to the maximum provincial tariff of $100. Can I bill the patient the remaining $100 that is outstanding for their copayment?

No. Under terms of the Nova Scotia *Health Services Insurance Act*, dentists may not charge a patient an amount higher than the provincial tariff rate for a provincially insured service. Residents eligible for coverage under provincial programs should not be charged any amount for an insured service, unless the dentist has opted out of being an MSI provider, in which case only the provincial tariff amount can be billed to the patient.

4 The CDCP covers a different frequency of a service than the provincial program. After I have billed the CDCP, what will the provincial program cover?

The provincial program will cover a total frequency of up to the maximum frequency specified in the tariff in the Dentists Guide. The total frequency across the two programs cannot exceed the frequency limit of the provincial program. For example, a 13-year-old child needs three units of scaling. The CDCP will cover one unit and the Children's Oral Health Program will cover two units. After submitting to the CDCP, the remaining two units would be submitted to DHW but only one unit would be covered.

5 My patient needs a service that requires pre-authorization by CDCP. The provincial program does not require pre-authorization for the same service. Can I bill the service to the provincial program instead of seeking pre-authorization?

No. If a patient has CDCP or any other type of insurance, that insurance needs to be accessed before the provincial program.

6 My patient needs a service that requires pre-authorization by CDCP, and the pre-authorization was denied by CDCP. The service is insured by the Province. Can I bill the service to the provincial program?

Yes, since the service was not insured by the CDCP.

7 Do I need to confirm my patient's eligibility for the CDCP before I submit a claim to the provincial program?

Yes. For provincial programs that are insurance of last resort, dental offices must determine whether a patient has any other insurance that would cover the service. This applies to both private insurance and the CDCP.

8 I have a patient who told me they are eligible for the CDCP but have not enrolled. Can I bill their service to a provincial program?

Yes. If a patient is eligible but not yet enrolled in the CDCP, the claim can be billed to provincial programs per usual processes today for patients who do not have private insurance.

9 My patient has applied to the CDCP but has not yet received confirmation of coverage and their ID card. Can I bill their claim to the provincial program, so they do not have to delay their appointment?

Yes. If a patient is still going through the enrollment process for the CDCP, the claim can be billed to provincial programs per usual processes for patients who do not have alternate insurance coverage. The CDCP is to be billed first before MSI programs for those patients who provide their CDCP information.

10 I have chosen not to participate in the CDCP. If my patient told me they have CDCP coverage, can I bill the provincial program?

As of July 8, 2024, providers will be able to direct bill CDCP on a claim-by-claim basis. As with any other plan of insurance a patient may have, the CDCP must be billed first before submitting claims to any of the three DHW programs that are payer of last resort, including the Children's Oral Health Program. If the patient is enrolled and therefore eligible, you must bill CDCP before the province.

11 I have a patient who has coverage through the provincial Individuals with Special Needs Program (ISNP). Does that mean they are eligible for CDCP?

Not necessarily. The eligibility criteria are different.

Adults with a valid Disability Tax Credit certificate, and all children under the age of 18, will be eligible for the CDCP. The Government of Canada has indicated that applications for coverage for these groups will

open in June 2024. Eligibility criteria for the Disability Tax Credit certificate include restrictions in ability to perform mental functions necessary for everyday life.

The eligibility criteria for ISNP are more specific, requiring a diagnosed intellectual disability to a degree where chair management for dental services is untenable.

If your ISNP patient is in receipt of the Disability Tax Credit, they would be eligible for CDCP, and their claims should be billed to CDCP if the patient is enrolled.

12 I have a patient who is enrolled in CDCP but the claim to CDCP was denied as a service that is not covered. Can I now submit the claim to the provincial program?

Yes. If a service is not a billable procedure under the CDCP but is covered by a provincial program, the claim can be billed to the provincial program.

13 Are there specific resources available to help me educate my patients about the CDCP?

Information for patients is available at Canadian Dental Care Plan - Canada.ca. Information for dental providers is available at: Canadian Dental Care Plan - How oral health providers can participate in the CDCP - Canada.ca.

14 The CDCP allows me to bill up to my usual and customary fees, including billing the patient for the portion of the fee not covered by the CDCP. In that case, can I bill the balance to the provincial program?

Yes, but only the difference between the amount paid or payable by the CDCP and the provincial tariff fee. Dentists must submit the claim to the provincial program to prevent patients from incurring out-of-pocket costs. For example, a 13-year-old child requires one unit of scaling, which is covered under both the CDCP and the provincial Children's Oral Health Program. The CDCP fee is $50 and the provincial tariff is $38. Your usual and customary fee for scaling is $55. You would bill the CDCP at $55 and it would cover $50. You would then need to submit the balance of $5 to DHW, but no further amount would be covered as the tariff rate of $38 has been exceeded. As it is a provincially insured service for which the child is eligible, you cannot bill the patient the remaining $5.

A dentist must not bill the patient any amount for a provincially insured service, unless the dentist has opted out of billing MSI entirely, in accordance with the requirements of the *Health Services and Insurance Act,* in which case only the provincial tariff amount can be billed to the patient.

15 I am an oral surgeon who sees patients covered by the Oral Maxillofacial Surgery Program. Can I bill the CDCP first if my patient has coverage?

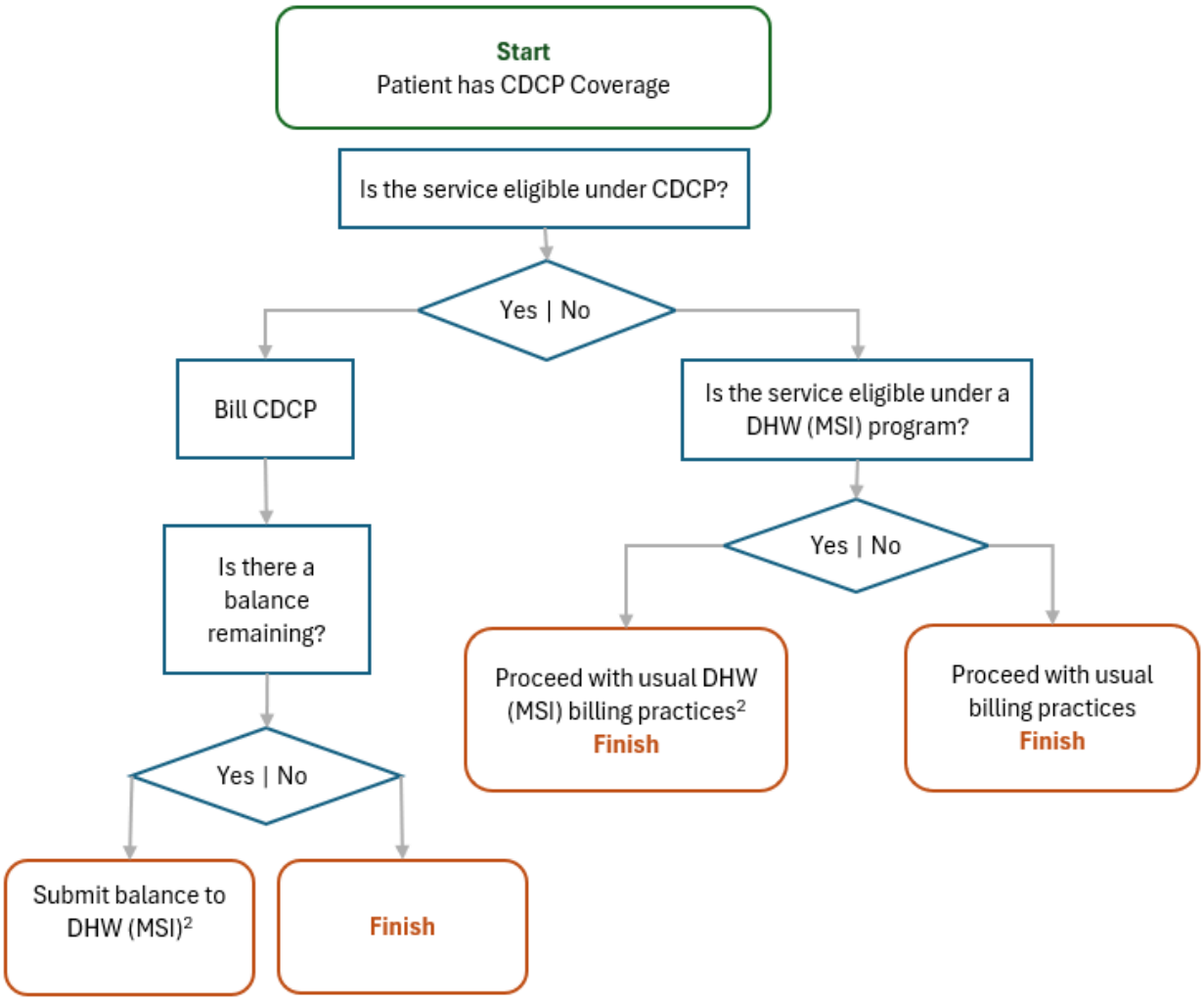
Yes. For the Oral Maxillofacial Program, the provincial program may be billed first, or after a patient's other insurance coverage, including the CDCP.

16 I provide in-hospital care to pediatric patients and qualify for the in-hospital premium fees. How will this be calculated with the coordination of programs?

You may submit claims for in-hospital care to DHW programs as you do today, and the maximum amount payable will be based on the hospital premium.

Coordination of Benefits Flowcharts

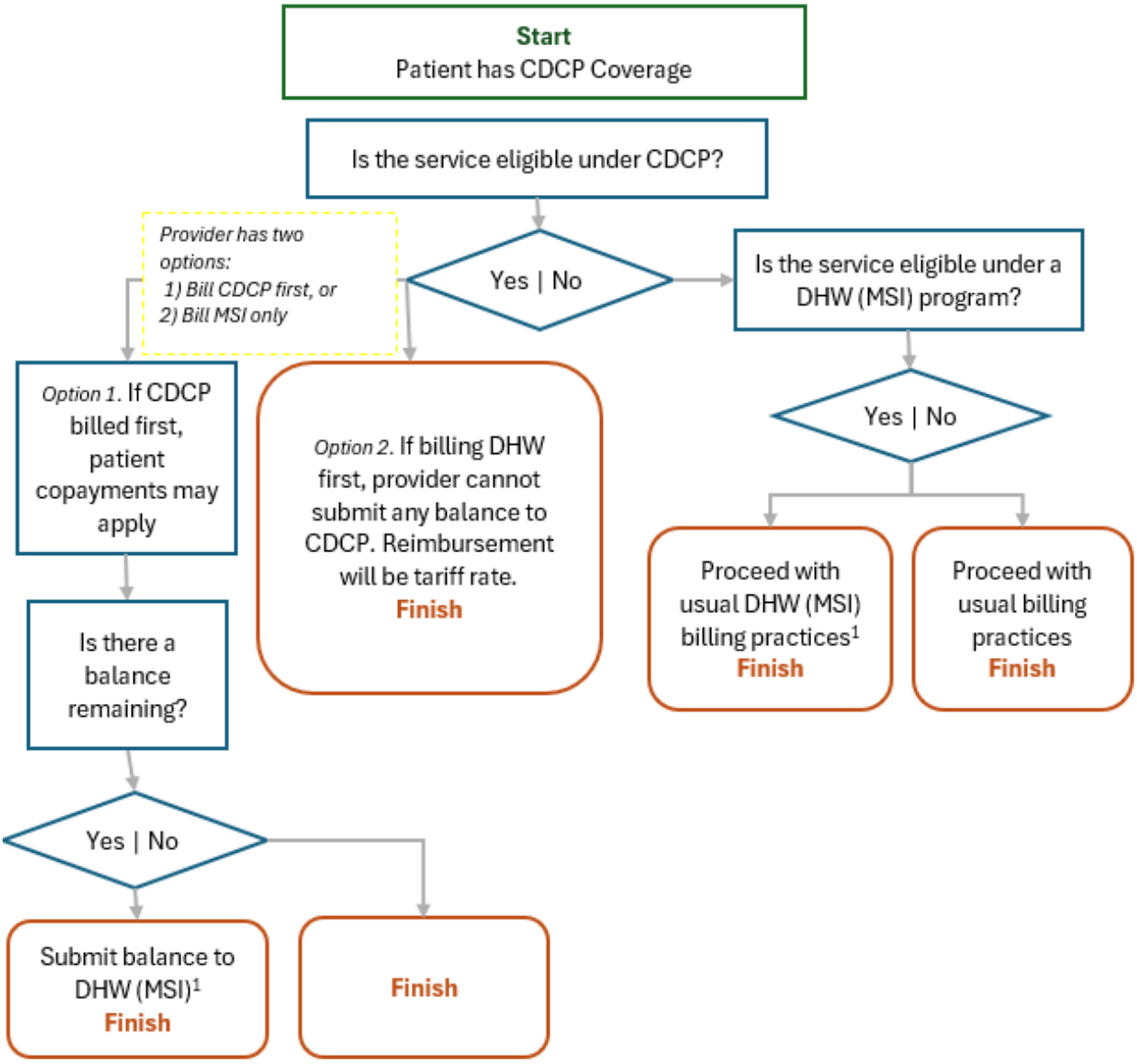
How to coordinate benefits for patients who have CDCP coverage with MSI payer of last resort programs[1]



[1]Children's Oral Health Program, Individuals with Special Needs Program & Cleft Palate/Craniofacial Program

[2]DHW pays eligible services up to max tariff (including hospital premium). If DHW pays any portion, provider cannot charge patient anything further.

How to coordinate benefits for patients who have CDCP coverage with Oral Maxillofacial Surgery Program and the Maxillofacial Prosthodontics programs



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