



A BULLETIN FOR HEALTH SERVICE PROVIDERS FROM ALBERTA BLUE CROSS

# **Entering the correct amount on claims**

Please ensure you enter the correct cost of a product or service when submitting claims electronically. The amount entered on the claim should be the final cost of a product or service, after any discounts or promotions have been deducted. It is important that the details on the receipt issued to the patient match the claim information entered electronically. Many Alberta Blue Cross members have coordination of benefits in place, and entering the correct cost will ensure payment is allocated accurately under each plan.

### Preauthorizing/predetermining benefits

When requesting a preauthorization or predetermination on a product or service to determine the amount of coverage available for a patient, please enter the actual cost and not an estimate. If the actual cost has not been determined yet and the patient would like to know the extent of his or her benefit coverage, an estimated amount can be entered. You must adjust the estimated amount to the actual cost prior to submitting the claim.

### **Example:**

The patient purchases a pair of prescription glasses in the amount of \$600. This is the net amount after discounts or promotions have been deducted.

#### **Correct procedure:**

- Enter the full price of glasses (\$600) into the predetermination or preauthorization screen.
- Alberta Blue Cross determines eligibility to be \$250.
- Submit claim for full price of \$600.
- Alberta Blue Cross pays \$250 and patient pays the remainder of \$350.
- If the patient has other coverage, this amount can be considered under that plan.

# Print a copy of the statement for your patient

When submitting any claim for a patient, you will receive a confirmation or denial from Alberta Blue Cross within seconds of your submission. A printable copy of the patient's claim statement is displayed. You MUST provide the patient with a printed copy of the claim statement.



# **Claiming for AEI patients**

When claiming for patients under the Alberta Employment and Immigration Program (AEI), please ensure you enter the actual cost of the product or service, NOT the cost determined by the Fee Schedule for Optical Services. The Alberta Blue Cross adjudication system will pay according to the set fee schedule.

Please note: Patients with coverage through AEI do not require a copy of the claim payment statement.

### Be aware of claim submission deadlines

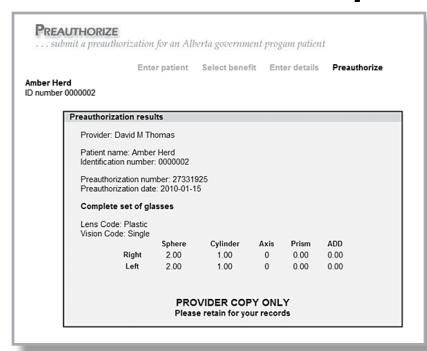
Please be aware that you have 30 days from the date of service to submit claims electronically. The optical provider online billing agreement states that Alberta Blue Cross may refuse to pay a claim electronically where the delay exceeds 30 days from the date of service.

The date of service is the actual date the patient received the service, or when a product is physically provided to a patient and any amount owing to the provider is due.

If 30 days pass before you submit the claim, your electronic claim will be rejected as per the agreement. This means you will have to bill your patient the full amount and he or she may submit a claim to Alberta Blue Cross for reimbursement.



## Watch for the enhanced preauthorization screen



The Alberta Blue Cross electronic claims adjudication system is continuously being improved based on your feedback. Later this month, you will notice an enhanced preauthorization screen. This screen will display additional information such as product descriptions and prescription details. We hope this information will be helpful to you.

Sample screenshot of the enhanced preauthorization form showing the provider copy of a submitted preauthorization for a complete set of glasses.

### When you have questions or comments

For assistance with optical claim inquiries, please contact Alberta Blue Cross at:

**780-498-8083** (Edmonton and area) **1-800-588-1195** (toll free)

Support is available from 8:30 a.m. to 5 p.m. Monday to Friday.



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