



Dental Benefact

A BULLETIN FOR DENTAL SERVICE PROVIDERS FROM ALBERTA BLUE CROSS

Number 88 • May 2014

Electronic claim submissions

Alberta Blue Cross accepts electronic submissions for assigned and non-assigned claims, orthodontic claims and pre-determinations. Alberta Blue Cross only requires paper submissions for accidental dental claims, orthodontic predeterminations and claims and pre-determinations with attachments such as Explanation of Benefits from other carriers and diagnostic records. To make electronic claim submission easier, please be aware of the following:

- Commercial lab bills are not usually required by Alberta Blue Cross. When electronically claiming for a procedure that has a lab fee, simply submit the lab fee amount on the same line as the professional fee for the service.
- Unlike some carriers, Alberta Blue Cross does not require manual submission for claims over seven days old. If you are unsure if your software enables this, please check with your software vendor.
- Your office can reverse a claim on the same day the claim was submitted. For pre-determination reversals, please call Alberta Blue Cross Dental Services.
- When a patient is covered by two Alberta Blue Cross plans, only one claim submission is necessary. We will automatically coordinate the coverage from both plans.
- Claims can be submitted electronically for all groups. We do not require a paper submission with employer verification.

Direct deposit (Electronic funds transfer)

Enjoy the convenience of receiving your payments directly through direct deposit. Direct deposit is a free service that is faster and more secure than waiting to receive a cheque by mail. Payment is also made in one lump-sum, so you save on the banking fees associated with individual deposits.

Please note that your office does not have to submit claims electronically to take advantage of direct deposit. After signing up, Alberta Blue Cross will issue a detailed reconciliation statement as well as an individual Explanation of Benefits statement for each patient in your office.

To sign up for direct deposit, please contact Alberta Blue Cross Dental Provider Relations at
780-498-8889 (Edmonton and area)
403-294-4043 (Calgary and area)
1-888-258-5465 (toll free)



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When you have questions:

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Dental Services call centre representative at:

780-498-8977 (Edmonton and area)

403-294-4042 (Calgary and area)

1-800-567-8104 (toll free)

Recent changes to National Statements

You may have noticed the recent changes made to the National Statements. Below is an example of the more user-friendly format.

ALBERTA BLUE CROSS®

Date: April 17, 2014
Cheque number: 123456

Subscriber: John Smith
ID number: 000100333

Dr. Johnston
Suite 220
10020 101 Ave.
Edmonton, AB T5S 1P3

Please contact Dental Services at one of the phone numbers below if you have any questions or concerns regarding this assessment.

Edmonton 780-498-8886
Toll-free 1-888-498-9399
National Program

Dental Services – Explanation of Benefits

| | |
|----------------------|----------|
| Total amount claimed | \$240.24 |
| Amount not paid | \$60.40 |
| Total amount paid | \$179.84 |

Details
Each claim you submit is assessed according to the rules of your benefit plan. Please refer to the message codes near the end of this claim statement for descriptions of terms, and to your benefit information for plan details.

Patient name: Joseph
ID number: 0504172229 Policy number: 093057/022 Reference number: 14085U1864

| Service date | Procedure code/description | Tooth code | Tooth surface | Provider charge | Amount allowed | Deductible amount | Percent paid | Amount paid | Amount not covered | Message code |
|---------------|----------------------------|------------|---------------|-----------------|-----------------|-------------------|--------------|-----------------|--------------------|--------------|
| 2014/03/26 | 01101/EXAM | 00 | | 69.26 | 69.26 | 0.00 | 75% | 51.95 | 0.00 | 01 |
| 2014/03/26 | 11112/SCALING | 00 | | 136.35 | 136.35 | 0.00 | 75% | 102.26 | 0.00 | |
| 2014/03/26 | 11117/SCALING | 00 | | 34.63 | 34.17 | 0.00 | 75% | 25.63 | 0.48 | 02 |
| Totals | | | | \$240.24 | \$239.78 | 0.00 | | \$179.84 | \$60.46 | |

Message Code

01 YOUR COVERAGE STIPULATES YOU ARE ENTITLED TO RECEIVE 1 SERVICE(S) EVERY 36 CONSECUTIVE MONTHS FROM EACH PROVIDER(S).

02 THE FEE ON THIS PROCEDURE HAS BEEN REDUCED BY \$.46 TO THE AMOUNT ELIGIBLE IN ACCORDANCE TO THE FEE GUIDE EMPLOYED UNDER THE TERMS OF THIS CONTRACT.

Notes:

- Please retain this document for income tax purposes. No other record will be provided.
- If you have questions or concerns about settlement of this claim, please have this Explanation of Benefits on hand and contact our office within 30 days of receiving it. The phone number is listed on the first page of this statement.
- Coordination of benefits: When claiming from a secondary carrier, this Explanation of Benefits will be required for their assessment.
- Claim review: If you are requesting a review of this claim, please clearly indicate the reason(s) on this statement. Retain a photocopy for your records and mail it to the address indicated below.

Our mailing address is Alberta Blue Cross, 10009-108 Street NW, Edmonton, Alberta T5J 3C5.

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ALBERTA BLUE CROSS®
10009 - 108 Street NW, Edmonton, Alberta T5J 3C5

for illustration purposes only

VOID

CHEQUE 123456

DATE 2014 04 17
Y Y Y M M D D

PAY TO THE ORDER OF DR. Ivan Johnston \$ 179.84

THE SUM OF ONE HUNDRED SEVENTY-NINE 84/100 ALBERTA BLUE CROSS PLAN

Part of your healthy future.

THIS CHEQUE CONTAINS SECURITY FEATURES. PLEASE SEE THE REVERSE SIDE FOR EXPLANATION.

signatures placed here

MICR LINE

Key contact and reference information in one place

- Date and cheque number.
- Member (subscriber's) name and ID number.
- Contact phone numbers listed.

Dental Services – Explanation of Benefits

- Total amount claimed on the plan member's coverage.
- Total amount paid for entire statement.

Statement details

An explanation of the column headings.

- Procedure code/description refers to the assessed procedure and may not be the same as what was submitted.
- Provider charge and Amount allowed include professional and lab amounts.
- Message Code refers to explanations relating to the charges outlined in the statement details. These explanations correlate with the message codes listed in the statement details and are only used when an explanation of a procedure or charge is necessary.
- The Notes section provides additional helpful information.