

Information regarding online services, claiming and contacting Alberta Blue Cross

Electronic claiming and predeterminations

To serve you better, we've put together some important information about our online services, submitting claims and contact information.

Almost all claims and predeterminations can be submitted electronically using CDAnet, DACnet and CDHAnet. This not only improves turnaround times, it also reduces postage costs for your office. *Please do not fax or email claims or predeterminations. Any fax or email addresses previously used are no longer valid.*

Tips for electronic claiming

- Claims can be submitted electronically for all Alberta Blue Cross groups.
- All dental services are able to be submitted electronically with the exception of
 - orthodontic treatment plans,
 - periodontic reports, and
 - accidental dental claims.
- Claims that require diagnostic images should still be submitted electronically and, if required, the resulting rejection can then be resubmitted through CDA SECURE SEND or Brightsquid with the appropriate diagnostic images attached.
- Electronic claims may be submitted up to one year after the date of service, provided your software allows.
- Your office can reverse claims and predeterminations on the same day they were submitted.
- 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.

- When submitting an electronic claim, please remove the dash and tag number following the coverage number on the member's card.
 - Example—on the Alberta Blue Cross card, the member's ID number will be listed as 12345678-12. Only 12345678 should be submitted on the claim.
- When electronically claiming for a procedure that has a lab fee, simply submit the lab fee amount in its own field on the same line as the professional fee for the service. Commercial lab receipts are not usually required by Alberta Blue Cross.

Electronic predeterminations

- Predeterminations can be submitted electronically for all Alberta Blue Cross groups.
- Predeterminations are necessary for validating members' eligibility and coverage; no detail of coverage will be given over the phone.
- Predeterminations are provider specific and nontransferable. If a different provider wishes to provide the service originally submitted, a new predetermination is required.
- Predeterminations are valid for treatment 120 days from the date of evaluation provided no changes are made to the treatment and the member's coverage remains valid.

Note for Alberta School Employee Benefit Plan (ASEBP) plan members: predeterminations are valid for 90 days from the date of evaluation.

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Manual claims

If a claim or predetermination for an Alberta Blue Cross patient cannot be submitted electronically, it must then be mailed to Alberta Blue Cross at

Alberta Blue Cross
10009 108 St NW
Edmonton AB, T5J 3C5

Most manual claim adjudication will take up to 14 business days of receipt. Real-time adjudication is offered on electronically submitted claims. Please submit all claims electronically if they're eligible. **Do not** resubmit a claim, whether manual or electronic once it has already been submitted. Duplicate claim submissions remove resources from handling new submissions.

Supplementary diagnostic images can now be sent electronically through both CDA SECURE SEND and Brightsquid

To ensure efficient processing of these submissions please:

- include the statement that is requesting the images;
- enter the patient's first and last name and coverage number in the subject line;
- attach the requested image as a JPEG or PDF; and
- send to ABCdentalimages@ab.bluecross.ca using either CDA SECURE SEND OR Brightsquid.

Alberta Blue Cross routinely requires diagnostic records for the following dental services:

- Anterior crowns and veneers—anterior teeth are considered to be from the first incisor up to and including the first bicuspid in each quadrant (teeth one to four).
- Inlays and onlays—all teeth.
- Implants—all teeth.
- Double pontics and retainers (where the procedure is being performed on consecutive teeth.)

For additional information regarding electronic submission of diagnostic images please refer to [Dental Benefact 109](#).

Dental provider website has information regarding claims, predeterminations and orthodontic treatment plan evaluations

For the most up-to-date information regarding processed claims, predeterminations and orthodontic treatment plans, please review the reports page within the dental provider website.

- Once a claim has been processed, the dental claim summary will appear on the provider website the day that payment is issued.
- Claim payment reports can be run by date range, which will show all claims in the previous two weeks or by specific patient, which will show claims for a period of one year.
- Predeterminations and orthodontic treatment plan evaluations will appear on the website the day after they are assessed.
- All predeterminations and orthodontic treatment plans for the last 30 days can be viewed under the predetermination and orthodontic treatment plan evaluation report.
- **The Individual Patient statement report** will
 - show predeterminations that were submitted for the provider, specific to the individual patient for a duration of 120 days; and
 - all orthodontic evaluations from that provider for that individual's lifetime will also be displayed.

For more information on registering and more in depth information regarding the dental provider website, please refer to the [dental provider web site user guide](#).

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Differentiating between Alberta Blue Cross plans and National Blue Cross plans

Alberta Blue Cross and National Blue Cross do have different support phone numbers, as well as manual claim submission processes. To expedite assistance when calling, please ensure you are calling the correct location for your patient's plan.



Alberta Blue Cross ID card

Alberta Blue Cross ID card key features:

- the logo printed in the top left corner, which includes the word *Alberta*; and
- the Alberta Blue Cross website (ab.bluecross.ca) on cards issued after September 2018.

If you need support for members with an Alberta Blue Cross plan, please call

- Edmonton 780-498-8977
- Calgary 403-294-4042
- Toll free 1-800-567-8104



National Blue Cross ID card

National Blue Cross ID card key features:

- the logo, which will state Blue Cross only (no province identifier); and
- it will have the slogan *Serving Canadians coast to coast*.

If you need support for patients with a National Blue Cross plan, please call

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

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)

Support is available Monday to Friday from 8 a.m. to 4:30 p.m.