



ALBERTA BLUE CROSS® PHARMACEUTICAL SERVICES

REFERENCE GUIDE FOR THE INSULIN PUMP THERAPY PROGRAM PHARMACY CLAIMS



General description

The Insulin Pump Therapy Program (IPTP) is designed to support Alberta residents living with type 1 or type 3c diabetes. Albertans who meet the [eligibility](#) and [clinical criteria](#) will be able to receive coverage for the cost of an insulin pump and its supplies as well as other diabetes management supplies.

The IPTP is delivered by Alberta Health Services (AHS) through an authorized AHS Adult or Pediatric Insulin Pump Therapy (IPT) Clinic (Clinic), with claims administration by Alberta Blue Cross® and administrative support from Alberta Health (AH).

Eligible insulin pumps and insulin pump products

These products are a benefit for patients with Type 1 or Type 3c diabetes when under the care of a physician or nurse practitioner for the condition and pursuant to the following criteria:

The patient must

1. be enrolled in the Insulin Pump Therapy Program; AND
2. have met and continue to meet program eligibility criteria and have satisfied all requirements from an AHS Adult or Pediatric IPT clinic.

Ypsomed Products

Eligible individuals will have coverage for one (1) insulin pump every five benefit years and the following insulin pump supplies for each benefit year up to a maximum of

- 100 units of infusion sets per 100 days.
- 100 units of insulin cartridges/reservoirs/pods per 100 days.
- 1 unit of serter per year.

Eligible YpsoMed pump:

Note: insulin pumps must be obtained from one of the approved vendors.

PIN	Product Description	MFR Code
00999753	YPSOPUMP	YPO

Eligible YpsoMed pump supplies:

PIN	Product Description	MFR Code
00999736	ORBIT MICRO UNIVERSAL INFUSION SET CANNULA	YPO
00999735	ORBIT SOFT UNIVERSAL INFUSION SET CANNULA	YPO
00999752	YPSOPUMP INSET INFUSION SET	YPO
00999738	YPSOPUMP ORBIT MICRO INFUSION SET	YPO
00999737	YPSOPUMP ORBIT SOFT INFUSION SET	YPO
00999761	YPSOPUMP RESERVOIR	YPO
00999607	ORBIT INSERTER	YPO

Medtronic Products

Eligible individuals will have coverage for one (1) insulin pump every five benefit years and the following insulin pump supplies for each benefit year up to a maximum of

- 100 units of infusion sets per 100 days.
- 100 units of insulin cartridges/reservoirs/pods per 100 days.
- 1 unit of serter per year.

Eligible Medtronic pumps:

Note: insulin pumps must be obtained from one of the approved vendors.

PIN	Product Description	MFR Code
00999734	MINIMED 630G INSULIN PUMP SYSTEM	MET
00999726	MINIMED 670G INSULIN PUMP SYSTEM	MET
00999733	MINIMED 770G INSULIN PUMP SYSTEM	MET
00999721	MINIMED 780G INSULIN PUMP	MET

Eligible Medtronic pump supplies:

PIN	Product Description	MFR Code
00999748	MINIMED MIO INFUSION SET	MET
00999750	MINIMED MIO30 INFUSION SET	MET
00999732	MINIMED QUICK-SET PARADIGM INFUSION SET	MET
00999747	MINIMED SILHOUETTE INFUSION SET CANNULA	MET
00999727	MINIMED SILHOUETTE PARADIGM INFUSION SET	MET
00999751	MINIMED SURE-T INFUSION SET	MET
00999749	MIO ADVANCE INFUSION SET	MET
00999729	SILHOUETTE LUER LOCK INFUSION SET	MET
00999725	MEDTRONIC MINIMED PARADIGM RESERVOIRS	MET
00999608	ENLITE ONE PRESS SERTER	MET
00999609	MINIMED QUICK-SERTER	MET

Tandem Products

Eligible individuals will have coverage for one (1) insulin pump every five benefit years and the following insulin pump supplies for each benefit year up to a maximum of

- 100 units of infusion sets per 100 days.
- 100 units of insulin cartridges/reservoirs/pods per 100 days.

Eligible Tandem pumps:

Note: insulin pumps must be obtained from one of the approved vendors.

PIN	Product Description	MFR Code
00999740	T:SLIM X2 INSULIN PUMP BASAL-IQ TECHNOLOGY	TDM
00999739	T:SLIM X2 INSULIN PUMP CONTROL-IQ TECHNOLOGY	TDM

Eligible Tandem pump supplies:

PIN	Product Description	MFR Code
00999744	AUTOSOFT 30 INFUSION SET	TDM
00999743	AUTOSOFT 90 INFUSION SET	TDM
00999746	TRUSTEEL INFUSION SET	TDM
00999745	VARISOFT INFUSION SET	TDM
00999741	T:SLIM X2 CARTRIDGE	TDM

Insulet Products

Eligible individuals will have coverage for one (1) insulin pump every five benefit years and the following insulin pump supplies for each benefit year up to a maximum of:

- 100 units of pods per 100 days.

Eligible Insulet pumps:

Note: insulin pumps must be obtained from one of the approved vendors.

PIN	Product Description	MFR Code
00999728	OMNIPOD DASH INSULIN MANAGEMENT SYSTEM	INS
00999731	OMNIPOD INSULIN MANAGEMENT SYSTEM	INS

Eligible Insulet pump supplies:

PIN	Product Description	MFR Code
00999724	OMNIPOD DASH PODS	INS
00999723	OMNIPOD PODS	INS

Other eligible diabetes management supplies

IPT supplies must be obtained from a licensed pharmacy in Alberta and/or one of the approved insulin pump manufacturers or vendors, on a direct bill basis, to be covered under the IPTP.

- Skin preparation (dressings, skin adhesives and adhesive removers): up to \$100 per year
- Blood glucose test strips: up to 700 units per 100 days
- Blood ketone test strips: up to 20 units per 100 days
- Blood ketone test meter: up to one (1) unit every 2 years
- Lancets: up to 700 units per 100 days
- Insulin syringes or pen tip needles: up to 100 units per 100 days

Eligible diabetes management supplies:

PIN	Product Description	PIN	Product Description
00999602	SKIN PREPARATION	00444982	GE200 BLOOD GLUCOSE TEST STRIPS
00444986	ACCU-CHEK AVIVA BLOOD GLUCOSE TEST STRIPS	00444995	MEDISURE BLOOD GLUCOSE TEST STRIPS
00444985	ACCU-CHEK COMPACT BLOOD GLUCOSE TEST STRIPS	00444994	ONE TOUCH ULTRA BLOOD GLUCOSE TEST STRIPS
00444984	ACCU-CHEK GUIDE BLOOD GLUCOSE TEST STRIPS	00444993	ONE TOUCH VERIO BLOOD GLUCOSE TEST STRIPS
00444983	ACCU-CHEK MOBILE BLOOD GLUCOSE TEST STRIPS	00444998	RAPID RESPONSE GLUCO-MD BLOOD GLUCOSE TEST STRIPS
00444992	CARESENS N MULTI BLOOD GLUCOSE TEST STRIPS	00999941	BLOOD LETTING LANCET
00444989	CONTOUR BLOOD GLUCOSE TEST STRIPS	00990072	BLOOD KETONE TEST STRIPS
00444990	CONTOUR NEXT BLOOD GLUCOSE TEST STRIPS	00999601	BLOOD KETONE TEST METER
00444996	FIRST CANADIAN HEALTH SPIRIT BLOOD GLUCOSE TEST STRIPS	00999952	INSULIN SYRINGES
00444987	FREESTYLE LITE BLOOD GLUCOSE TEST STRIPS	00999985	INSULIN PEN NEEDLES
00444988	FREESTYLE PRECISION BLOOD GLUCOSE TEST STRIPS		

Claiming details

Please note that patients enrolled in the IPT program do not require a prescription to fill IPT supplies at their pharmacy. When billing IPT claims for IPT supplies, Alberta Blue Cross requires that the claims be submitted electronically by the pharmacy through the Alberta Blue Cross PRIDE-RT direct bill claim adjudication system with the following claim data elements:

- Carrier code 16 (as the third-party plan)
- Group number 23464, section 000 for all transactions
- Pharmacy license number
- Pharmacist identification number
- Client's Personal Health Number (PHN)
- Client's full name (last and first name)
- Client's date of birth
- Client's gender
- Relationship code: should your software require you enter a relationship code, zero (0) must be used as the default
- Prescriber reference code
- Prescriber ID number
- Service date
- Product PIN from the IPTP product list
- Quantity

Direct bill claims are to be submitted using the appropriate PIN from the product list provided along with the cost of the product (Manufacturer List Price [MLP] or Base Price) and Allowable Upcharge #1, plus a 10 per cent markup (Allowable Upcharge #2) and no additional charges.

Any claims made which exceed these parameters will be rejected. Should a dispensing fee be claimed, it will be rejected with the response code of **OL – Max allowable dispensing fee exceeded.**

If the cost upcharge exceeds the allowable 10 per cent markup, the claim will be rejected with the response code of **SE - Max allowable upcharge exceeded.**

Resources

<https://www.ab.bluecross.ca/providers/pharmacy-home.php>

Questions

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Provider Relations Call Centre representative.

Toll Free: **1-800-361-9632**

Edmonton and area: **780-498-8370**

Calgary and area: **403-294-4041**

