

Frequently asked questions

The below information is provided to help you understand the changes to the administration of the DASP and LIHB program dental benefits.

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Transition

What changed with the DASP and the LIHB program dental benefits and why?

Based on direction from the Government of Alberta, on June 3, 2024, the administration of the DASP and LIHB program dental benefits transitioned from the Alberta Dental Services Corporation (ADSC) to Alberta Blue Cross®.

What should I tell my DASP and LIHB program clients about the transition?

Dental providers can reassure their DASP and LIHB program clients that this transition only changed who will be processing their claims. There are no changes to the rules for eligibility for coverage and they can expect to receive the same communications from the Government of Alberta that they would regularly receive.

When did Alberta Blue Cross take over the claims administration of the DASP and LIHB program dental benefits?

Alberta Blue Cross took over claims administration of the DASP and LIHB program dental benefits on June 3, 2024.

Do DASP or LIHB program clients need to re-apply for their coverage to continue?

This transition will not cause a disruption in service. If your patient is already enrolled in the DASP or a LIHB program, their information will automatically be transferred to Alberta Blue Cross and they can continue to use their existing benefits card. If your patient is not enrolled in the DASP, they will need to complete a seniors financial assistance application and mail it to the following address:

Alberta Seniors

PO BOX 3100
Edmonton, Alberta T5J 4W3

Claiming

Where do I send DASP or LIHB dental program claims?

Regardless of the date of service, beginning June 3, 2024, dental providers can submit claims and predeterminations electronically through CDAnet (using the existing Alberta Blue Cross information) or mail submissions to the Alberta Blue Cross office.

Alberta Blue Cross electronic claim submissions information

Carrier ID: 000090
Network: Telus B
Version 4.1

Alberta Blue Cross mailing address

10009 108 Street NW
Edmonton, AB
T5J 3C5

What group numbers do I use to submit claims to Alberta Blue Cross for DASP and LIHB programs?

All DASP and LIHB program plan claims can be submitted electronically through CDAnet using the applicable group number for the program. See the chart below for the applicable group number for each program. For most of the LIHB program clients, the group number is also available on their benefits card. Note: The Family Supports for Children with Disabilities (FSCD) plan and the Supports for Permanency (SFP) plan have their own group numbers and sections.

Program name	Group	Section	ID number length
Adult Health Benefit*	23609	000	9 digits (PHN)
Alberta Child Health Benefit	20400	000	9 digits (PHN)
Assured Income for the Severely Handicapped	19823	X	7 digits with X in front
Child and Youth Support	20403	000	9 digits (PHN)
Children's Services	19824	000	8 digits
Dental Assistance for Seniors Program	101	All sections	9 digits (PHN)
Family Supports for Children with Disabilities	23800	A	5 digits
Income Supports	19823	000	7 digits
Supports for Permanency	23726	A	8 digits

*Includes the Ukrainian Evacuees Support Program

Are ID numbers the same?

Yes; ID numbers for plan members did not change. For DASP members, their ID number is their personal health number. LIHB program plan member ID numbers can generally be found on their benefits card.

How do I know if patient's coverage is AISH or Income Support?

AISH members have an X at the beginning of their ID number. Do not include the X when submitting claims.

Were there any changes to the existing fee schedules for the DASP and LIHB program?

There were not any changes to the existing fee schedules for the DASP and LIHB program. Note: the new FSCD group uses fee schedule D.

For eligible services, can providers bill amounts not covered by the LIHB and DASP programs to the member?

For LIHB plans, providers must bill according to the LIHB program fee schedules assigned to each plan. Any outstanding balance not covered by the LIHB program cannot be billed to the member. For the DASP, the provider may bill amounts not covered by the plan to members.

For DASP claims, is pay provider the only option?

Claims for DASP members can be pay provider or pay member.

How does coordination of benefits work for the Government of Alberta dental programs?

- The DASP is considered primary coverage and all claims must be submitted to the DASP for payment first.
- The LIHB program is the payer of last resort. If a client qualifies for Non-Insured Health Benefits, then they do not qualify for the LIHB program.
- [Visit the Government of Canada website](#) for more information on the Canadian Dental Care Plan.

Were claims sent to ADSC with service dates prior to June 3, 2024 but not processed by ADSC, forwarded to Alberta Blue Cross?

Any claims not processed by ADSC were not forwarded to Alberta Blue Cross. Valid claims not processed by ADSC should be resubmitted to Alberta Blue Cross via CDAnet or through the mail.

Coverage

What changes were made to DASP and LIHB coverage effective June 3, 2024?

DASP	As of June 3, 2024
Scaling/root planing	Eight units of scaling (including root planing when it is an eligible benefit under the client's plan) in a rolling 12-month period. No exceptions allowed.
General anesthesia/facility fees	Twelve units of general anesthesia (including facility fees when it is an eligible benefit under the client's plan) in a rolling 6-month period. No exceptions will be allowed.

LIHB programs	As of June 3, 2024
Scaling/root planing	Eight units of scaling (including root planing when it is an eligible benefit under the client's plan) in a rolling 12-month period. No exceptions allowed.
General anesthesia/facility fees	Twelve units of general anesthesia (including facility fees when it is an eligible benefit under the client's plan) in a rolling 6-month period. No exceptions will be allowed.

These changes were developed in consultation with the Alberta Dental Association.

Can providers submit exception requests for additional scaling/root planing or general anesthesia/facility fees?

As of June 3, 2024, the Government of Alberta implemented changes to the coverage for scaling/root planing and general anesthesia/facility fees. Providers should not be submitting exception requests for these procedures as exceptions are not allowed.

Do the 8 units of scaling apply to root planing?

Yes; the 8 units of scaling includes root planing where it is an eligible benefit under the plan. Plan members can access up to 8 units of scaling and root planing combined.

Are scaling and root planing benefits still on a rolling 12-month frequency period?

Yes; scaling and root planing benefits continue to be on a rolling 12-month frequency period.

Do the 12 units of general anesthesia include facility fees?

Yes; the 12 units of general anesthesia includes facility fees where it is an eligible benefit under the plan. Plan members can access up to 12 units of general anesthesia and facility fees combined.

Did frequencies and maximums reset on June 3, 2024?

No; frequencies and maximums did not reset on June 3, 2024. Alberta Blue Cross received claims history from ADSC and is using this historical claim information when adjudicating claims according to current plan frequency and maximum limits.

Did frequencies for polish and fluoride change since scaling was changed?

No; the frequency for polish and fluoride did not change.

Do providers have a way to confirm coverage for DASP and LIHB program plan members?

Currently, dental providers can submit an electronic predetermination through CDAnet to receive information regarding a member's Alberta Blue Cross coverage. This functionality is also available for DASP and LIHB program members as of June 3, 2024.

Do the DASP and LIHB plans still have the same plan frequency and maximum limits, other than scaling/root planning and general anesthesia?

Yes; the coverage remains the same. Alberta Blue Cross received the claims history from ADSC and is using this historical claim information when adjudicating claims.

Exceptions, vouchers and LIHB program Orthodontic Treatment Plans (OTPs)

Are any exceptions previously approved by ADSC still valid as of June 3, 2024?

All exception requests, excluding scaling and general anesthesia, that were approved by ADSC before June 3, 2024, were forwarded to Alberta Blue Cross and are valid for 12 months from the approval date. Exception requests previously approved by ADSC for scaling and general anesthesia terminated on June 2, 2024. Claims for scaling and general anesthesia services that were performed under an approved ADSC exception but not claimed to ADSC cannot be claimed to Alberta Blue Cross.

How do providers submit exceptions, vouchers and LIHB OTPs to Alberta Blue Cross as of June 3, 2024?

All exceptions, vouchers and LIHB program OTPs must be submitted via the Alberta Blue Cross provider website. If you are not registered for the website, please read the [how to register for the dental provider website](#) document.

What services can be submitted as an exception request and what documentation is required when submitting these requests?

An exception request requirements [document](#) is available on the Alberta Blue Cross website that provides details of the eligible services and the associated requirements. Do not submit exception requests for scaling and general anesthesia.

What documentation is required for FSCD and SFP OTP submissions and how should I submit them?

You will need to submit the dental assistance application, a clear picture of study models and the treatment plan through the Alberta Blue Cross website using the voucher submission process.

How should providers submit OTPs for programs other than FSCD and SFP?

Providers can mail them to the Alberta Blue Cross office.

Alberta Blue Cross mailing address

10009 108 Street NW
Edmonton, AB
T5J 3C5

Can providers submit post-approval exception requests for services already provided to clients?

Where possible, providers should submit a pre-determination and exception request in advance of providing services. If this is not possible, providers can submit a post-approval exception request. Note: post-approval exception requests are not guaranteed to be approved.

Can providers request access to future funds for DASP members who have reached their \$5,000 limit?

Providers can request a one-time exception for access to future funds through the exception request process.

How long is a voucher valid?

A voucher is only valid in the month that it is issued and must be submitted to Alberta Blue Cross within 30 days of the issue date.

What other documentation do providers need to submit with a voucher?

For successful processing, providers should submit

- a complete list of dental services (codes and tooth number) and applicable fees;
- a comment indicating whether the submission is for a claim or a predetermination; and
- if it is for a claim, also indicate the date of service.

If providers receive an approval for a voucher predetermination, can they submit the corresponding claims electronically?

Yes; corresponding claims can be submitted via CDAnet using the ID and group number provided on the explanation of benefits.

Predeterminations

Can providers submit predeterminations starting June 3, 2024?

Yes; it is recommended that a predetermination be submitted via CDAnet for any dental services (including orthodontic exams) to get current plan design details and confirm eligibility.

Were preauthorizations sent to ADSC before June 3, 2024, forwarded to Alberta Blue Cross?

Approved or unprocessed preauthorizations, other than OTPs, sent to ADSC were not forwarded to Alberta Blue Cross. Providers need to resubmit a predetermination to Alberta Blue Cross for those services as of June 3, 2024.

Will approved predeterminations hold funds for the member or the provider?

No; approved predeterminations will not hold funds.

How long is a predeterminations valid for?

Predeterminations processed by Alberta Blue Cross are valid for 120 days as long as the coverage is active and no changes to coverage have occurred.

For predeterminations not submitted electronically, is the turnaround time for review the same as all other Alberta Blue Cross plans? Is priority given to the DASP and LIHB programs?

The turnaround time for the DASP and LIHB program predetermination reviews is the same as all other plans, which is 12 to 15 business days.

Program information

Can providers order DASP and Optical Assistance for Seniors Program (OASP) brochures through Alberta Blue Cross or Alberta Health?

Providers can call Alberta Supports Contact Centre toll free at 1-877-644-9992 to order DASP and OASP brochures.

Where can I find information from the May 22, 2024, virtual session?

A [link](#) to the virtual session is available on the Alberta Blue Cross website.

Registration for the provider website and direct deposit

I'm not currently registered for Alberta Blue Cross's dental provider website or signed up for direct deposit. If I sign up for direct deposit and register for the provider website, will all payments to my office be made by direct deposit and all statements only be available on the website?

- Alberta Blue Cross is moving to electronic statements and direct deposit only. This is in response to provider requests to receive statements and payments in a more timely and efficient manner. In addition, all exceptions, vouchers and LIHB OTPs must be submitted via the provider website as of June 3, 2024. When you use the dental provider website, your exceptions, vouchers and LIHB OTPs will be processed more quickly, enabling you to provide a better patient experience.
- All providers who submit claims to Alberta Blue Cross will be required to register for the provider website and be signed up for direct deposit by fall 2024.

