

Enhancing the coordination of benefits adjudication process

As part of Alberta Blue Cross’s continued commitment to enhancing the claiming process for pharmacies and their patients, effective December 17, 2021, the use of the existing CPhA intervention code **DA - SECONDARY CLAIM - ORIGINAL TO PROV PLAN** will allow for a streamlined coordination of benefits.

Intervention code enhancements

When a claim submitted to Alberta Blue Cross rejects with the response code **HD - PATIENT MAY QUALIFY FOR GOV'T PROGRAM** and your patient is not eligible for coverage (as defined in the table below), the existing CPhA intervention code **DA - SECONDARY CLAIM - ORIGINAL TO PROV PLAN** and a previous paid amount of \$0.00 may be submitted to Alberta Blue Cross for adjudication.

Alberta Blue Cross response code and message	When is it appropriate to use DA intervention code?	DA intervention code appropriate?
HD - Patient may qualify for government program	Product claimed is not a benefit under provincial plan.	Yes
	Maximum dollar limit is reached under provincial plan.	Yes
	Claim is rejected for reason of early dispensing under provincial plan and the plan will not pay for the claim.	Yes
	Product requires special authorization under the provincial plan and the special authorization request has been denied.	Yes
	Deductible not satisfied under the provincial plan.	Yes
	Provincial plan is terminated.	No - member must reach out to Alberta Blue Cross to update.
	Claim is rejected as product requires special authorization under the provincial plan and the member has not yet applied and/or received a response.	No
	Claim is rejected for reason of incorrect demographic information under provincial plan, i.e., incorrect name, date of birth, etc.	No

Use of this intervention code must be documented on the prescription record or patient file. This documentation should include the adjudication date and a summary of the communication with the provincial plan carrier, or the response code received from the provincial carrier supporting the use of the intervention code. Documentation may be requested for compliance verification and must be kept on the patient’s file for two years.

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PHARMACY BENEFACT

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As is the regular process, when a claim submitted to Alberta Blue Cross rejects with the response code **C6 - PATIENT HAS OTHER COVERAGE** and your patient is not eligible for coverage (as defined in the table below), the existing CPhA intervention code **DB - SECONDARY CLAIM - ORIGINAL TO OTHER CARRIERS** and a previously paid amount of \$0.00 may be submitted to Alberta Blue Cross for adjudication.

Alberta Blue Cross response code and message	When is it appropriate to use DB intervention code?	DB intervention code appropriate?
C6 - Patient has other coverage	Product claimed is not a benefit under primary plan.	Yes
	Maximum dollar limit is reached under primary plan.	Yes
	Claim is rejected for reason of early dispensing under primary plan and the plan will not pay for the claim.	Yes
	Product requires special authorization under the primary plan and the special authorization request has been denied.	Yes
	Deductible not satisfied under the primary plan.	Yes
	Primary plan is terminated.	No - member must reach out to Alberta Blue Cross to update.
	Claim is rejected as product requires special authorization under the primary plan and the member has not yet applied and/or received a response.	No
	Claim is rejected for reason of incorrect demographic information under primary plan, i.e., incorrect name, date of birth, etc.	No
C7 - Patient must claim reimbursement	Primary plan is a reimbursement plan.	No

Use of this intervention code must be documented on the prescription record or patient file. This documentation should include the adjudication date and a summary of the communication with the primary third-party carrier, or the response code received from the primary third-party carrier supporting the use of the intervention code. Documentation may be requested for compliance verification and must be kept on the patient's file for two years.

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Pharmacy Services Provider Relations contact centre representative at

780-498-8370 (Edmonton and area)
 403-294-4041 (Calgary and area)
 1-800-361-9632 (toll free)
 FAX 780-498-8406 (Edmonton and area)
 FAX 1-877-305-9911 (toll free)

Alberta Blue Cross offers online access to current Pharmacy Benefacts and supplemental claiming information to assist with the submission of your direct bill drug claims.

Visit ab.bluecross.ca/providers/pharmacy-home.php

