

Claim submission tips for 1976 drug authorization claims

A 1976 drug authorization may be issued to a client in Alberta under the AISH or Income Support Programs in the following circumstances:

- In cases of emergency medical situations where a client requires coverage and a Client ID number is not established or valid for the period.
 - This includes the Ukrainian Evacuee Temporary Health Benefits Program (UETHBP). Please refer to Benefact 1030 for additional information regarding claiming for this program.
- In situations where a client with restricted drug benefits (limited to one pharmacy within a given month) relocates and must go to a second pharmacy within that given month.

Each 1976 drug authorization number is unique and valid for only the period indicated on the form and not for longer than one calendar month. In addition, the form

- may be restricted for use at one pharmacy via a checkbox on the “Restricted to 1 Pharmacy” section of the form—if the checkbox is not checked, forms can be transferred to another pharmacy during the valid period;
- can be used for all individuals listed under ‘Persons Covered’ for multiple prescriptions including refills;
- cannot be used to support claims for services provided prior to receiving the authorization form—claims submitted must be only for services provided within the authorized period; and
- is **not** an approval for a specific drug, but rather an authorization for drug services in accordance with the drug benefit program guidelines.
 - NOTE: Medications following step therapy or requiring special authorization should be submitted for approval using the appropriate drug special authorization request form. If approved, claims for these medications must be submitted using a manual claim form or through our secure pharmacy provider website.

The 1976 drug authorization form is supplementary documentation to support a claim submission. A copy of the form must be received by a pharmacy prior to claiming and be retained on file for compliance verification purposes.

Claims process


To successfully submit a claim using a 1976 drug authorization, the claim must include the following data elements:

- Carrier code 12 (as the third-party plan)
- Group number 0019823 (for all transactions)
- Section appropriate to the program must be used
 - Section 000 is for Income Support clients
 - Section X is for AISH clients
- Pharmacist identification number

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PHARMACY BENEFACT

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Drug Authorization

AISH / Income Support

Protected B (when completed)

Drug Authorization Number

Not to Exceed One Calendar Month of Assistance

Prescription Drug Services for the Period to

Drugs as prescribed by an authorized prescriber and covered by Alberta Drug Benefit List.

Note to Supplier/Vendor

- All prescription drug services authorized to be purchased only from the vendor shown.
- Please quote the Region/Service Centre code, file number and drug authorization number on all billings for prescription issued under this authorization. Forward the billing to Alberta Blue Cross for payment. Retain this form on your file for audit purposes.
- This is your authority to supply prescription drug services to the individuals listed in the 'Persons Covered section' of this form.

Restricted to 1 Pharmacy

Vendor's Name

Vendor's Address City or Town Province Postal Code

Phone Fax Email Address

Region/Service Number Client ID

Region/Service Centre	Client File Number	#ID (for office use only)
120	<input type="text"/>	<input type="text"/>

Client's First Name Client's Last Name

Persons Covered Client Requires Coverage

First Name Last Name Date of Birth: Year Month Day

The Department will pay for only the goods authorized. This authorization does not constitute an acknowledgement or acceptance by the Department of liability in any action brought by any person in connection with the goods or services supplied pursuant to this authorization.

Signature of issuing staff must be present before honouring.

Phone Region/Service Centre

Signature

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- Client ID: The Client File number (zero filled if required to reach 10 digits)
- Client's full name (last and first name)
- Client's date of birth
- Client's gender
- Relationship code—should your software require you to enter a relationship code, zero (0) must be used as the default
- Prescriber reference ID number
- Special Authorization Number—an eight-digit number comprised of the three-digit Region/Service Centre number and the five-digit Drug Authorization number

To avoid rejections, make certain that the Client ID number and Special Authorization Number accurately represent the numbers on the 1976 drug authorization form and are entered in the appropriate fields.

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

