

Pharmacy Benefact

A BULLETIN FOR PHARMACY SERVICE PROVIDERS FROM ALBERTA BLUE CROSS

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Alberta Blue Cross reminds pharmacies to submit direct bill claims for real-time authorization of over 100 day's supply

You no longer need to call to receive authorization for over 100 days' supply. Instead, simply submit your direct bill claim and follow the steps outlined below.

Note: claim submissions for over 100 days' supply should be sent **seven days prior** to the member's departure date.

Step 1: Direct bill Submit claim for over 100 days' supply.



1. Member presents a prescription(s) for a greater than 100 days' supply.
2. Submit real-time claim for required medications in excess of 100 days' supply.
3. The claim will be adjudicated and accepted if the member is eligible for a supply of greater than 100 days (to a maximum of 200 days). No further action required.
4. If the claim is rejected with response code **SD**: "Maximum days' supply allowed is X." Days' supply exceeds quantity authorized.
5. Resubmit the claim after adjusting the quantity to "X" days as indicated in the **SD** response code. Claim is adjudicated and accepted according to the member's coverage. No further action required.
6. If the claim is rejected with response code **D9**: "Call Adjudicator." Authorization may be eligible but requires the pharmacy provider to contact Alberta Blue Cross for consideration of approval. In this case, see step 2.

Step 2: Phone



First, submit all claims over 100 days' supply for real-time direct bill authorization.

Only in the circumstances listed below should you contact Alberta Blue Cross for authorization of an over 100 days' supply.

1. Member has coordination of benefits (COB).
2. Product dispensed is a narcotic/controlled drug benefits.
3. If packaging of medications doesn't allow for the drug to be dispensed in the amount of the days' supply requested (such as didrocal kits, insulins or inhalers).
4. Claim is rejected with response code **D9**: "Call Adjudicator."
5. Claim is rejected with response code **KN**: "Days' supply limit for period exceeded". The days' supply requested is greater than the approved Special Authorization period.
6. Claim is for a biologic or high-cost drug.

Step 3: Fax



On an exception bases, when you are unable to direct bill your claim to or phone Alberta Blue Cross for an over 100 days' supply authorization, you may fax the Alberta Health Over 100 Days' Supply Authorization Request form to Alberta Blue Cross. The form is available on the Alberta Blue Cross web site at <https://www.ab.bluecross.ca/pdfs/31151.pdf>.

When phoning, please have the following information ready:

- Pharmacy licence number
- Member's first and last name
- Date of birth
- Alberta Blue Cross ID number
- Personal Health Number (PHN)
- DIN(s)
- Quantity requested
- Days' supply

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Criteria for approval of Group 66 and Non Group (Group 1) over 100 days' supply

- Non Group (Group 1) members are required to have their premiums prepaid for the duration of their absence from the province.
- Available only for members leaving the province for more than 100 days.
- One authorization per medication per benefit period (July 1 to June 30).
- Up to a maximum of 200 days' supply, including quantities on hand at the time of the fill.
- Plan members must be stabilized on their medication.
- Consecutive authorizations will not be approved.
- Drug benefits requiring Special Authorization that are limited to a maximum of less than 100 days' supply (such as Enbrel and Humira, etc.) **will not be approved**. Please contact Alberta Blue Cross for consideration of these drug benefits beyond the maximum days' supply as per the existing Special Authorization criteria.
- Authorizations for palliative care members **will not be approved**.
- Authorizations for members with less than 90 days' coverage prior to the request for over 100 days' supply **will not be approved**.

Questions and answers

Q: Can members with Alberta Blue Cross employer Group and Individual Product coverage receive a greater than 100 days' supply authorization?

A: On an exception basis, these members may be eligible for a greater than 100 days' supply authorization. Please submit a direct bill claim for the greater than 100 days supply. The response code will indicate if you need to contact Alberta Blue Cross for consideration of authorization.

Q: When is an authorization number issued for approval of a greater than 100 days' supply request?

A: When you are required to contact us for greater than 100 days' supply and the request is approved, you will be issued an authorization number for claims submission and documentation purposes.

Q: If I submit a claim for greater than 100 days' supply and it is accepted, do I have to phone Alberta Blue Cross for an authorization number?

A: No. Acceptance of the claim is validation that authorization for a greater than 100 days' supply has been granted.

Response code	Response message	Reason for response code (adjudication outcome)	Steps to manage claim rejection
SD	"Max Days supply allowed is X"	Days' supply submitted exceeds maximum days supply allowed.	Claim can be resubmitted with a maximum X-day supply allowed as indicated in the first line of the response message. (Note: quantity to be adjusted to the day supply allowed)
	"Days' supply exceeds quantity authorized"	Days' supply submitted exceeds days' supply authorized by Alberta Blue Cross.	Claim must be resubmitted with the approved days' supply authorized by Alberta Blue Cross.
DP	"Quantity exceeds maximum per claim"	Quantity submitted is greater than quantity authorized by Alberta Blue Cross.	Claim must be resubmitted with quantity authorized by Alberta Blue Cross.
DR	"Days' supply lower than minimum allowable"	Days' supply submitted is lower than days' supply authorized by Alberta Blue Cross.	Claim must be resubmitted with days' supply authorized by Alberta Blue Cross.
DQ	"Quantity is less than minimum per claim"	Quantity submitted is less than quantity authorized by Alberta Blue Cross.	Claim must be resubmitted with quantity authorized by Alberta Blue Cross.

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Response code	Response message	Reason for response code (adjudication outcome)	Steps to manage claim rejection
D9	"Call adjudicator"	The member has Alberta Human Services (AISH) coverage. The member has a coordination of benefits. Narcotic/controlled medications. Packaging of medication cannot be dispensed in a days' supply = to the days supply request (such as Didrocal kits, insulin or inhalers). Final days' supply submitted exceeds the term date of the member's coverage.	Authorization may be eligible but requires the pharmacy provider to contact Alberta Blue Cross for consideration of approval.
KN	"Days' supply limit for period exceeded"	The days' supply request is greater than the approved Special Authorization period.	Authorization may be eligible but requires the pharmacy provider to contact Alberta Blue Cross for consideration of approval.
DM	"Days' supply exceeds plan limit"	Plan does not allow for Quantity Authorization.	Members benefit plan does not allow for Quantity Authorization.
GD	"Not eligible for a Quantity Authorization"	Member is in palliative care.	Palliative care members are not eligible for a greater than 100 day Quantity Authorization.
		Coverage must be active for 90 days prior to the service date to be eligible for a Quantity Authorization.	Members must have had coverage for a minimum of 90 days prior to request for a greater than 100 days' supply.
		No prior history of the medication within three months prior to date of service on claim submitted.	Member must be stabilized on his or her medication. If patient records indicate a Group 66 or Group 1 member is stabilized on the medication, contact Alberta Blue Cross for consideration of approval.
		Member has exceeded the number of allowable Quantity Authorizations in a given benefit year.	Member's benefit plan limits the number of Quantity Authorizations that may be approved in a given benefit year.
B1	"Pharmacy not Authorized to submit claim"	Provider submitting claims is outside of Alberta.	Only Alberta pharmacy providers are eligible to submit claims for requests for Non-Group (Group 1) and Group 66 members greater than 100 days' supply.

When you have questions:

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 Benefits and supplemental claiming information to assist with the submission of your direct bill drug claims. Visit <https://www.ab.bluecross.ca/providers/pharmacy-home.php>



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