

Manual Drug Claim forms—enhancement of submission process

Historically, Manual Drug Claim forms have been sent to us via mail or courier, with pharmacy providers retaining a carbon copy for their records.

Effective immediately, pharmacy providers must now fax Manual Drug Claim forms to us.

We are enhancing our submission process during the COVID-19 pandemic to provide you with a reliable submission method and to reduce the length of time between dispensing and payment. Please note, however, that as part of Alberta Blue Cross's commitment to providing superior service to our clients, this change in submission process will be permanent.

As a reminder, under the following circumstances, Alberta Blue Cross pharmacy providers are required to submit a Manual Drug Claim form to us rather than submit the claim through direct bill:


- a claim totals more than \$9,999.99 or any part of the total is over CPhA claim standard limits;
- Alberta Human Services clients with no active coverage have a 1976 Drug Authorization for approved Special Authorization drugs;
- an authorized Alberta Blue Cross employee, such as a Contact Center representative or manager, indicates it is required.

Fax numbers for submitting Manual Drug Claim forms

- **780-401-7038 (Edmonton and area)**
- **1-888-401-7038 (toll free)**

Manual Drug Claim form information

- A maximum of ten (10) Manual Drug Claim forms should be faxed at one time.
- The submission of a Manual Drug Claim form should be accompanied with a copy of the applicable receipt.
- A copy of each Manual Drug Claim form submitted should be retained for your records.
- The Manual Drug Claim form is for pharmacy provider use only. Should members need to submit for reimbursement, they are encouraged to visit our website at <https://www.ab.bluecross.ca/plan-members/ip-submitting-your-claims.php> or download our Alberta Blue Cross My Benefits app to submit claims quickly and easily.
- Each Manual Drug Claim form has a unique claim number and can only be used once for a single act of dispensing. If you require Manual Drug Claim forms, please contact our Provider Relations Contact Centre at 1-800-361-9632.
- For tips on how to properly complete a Manual Drug Claim form to ensure efficient processing, please see the following page.



10009-108 Street NW, Edmonton, Alberta T5J 3C5
Telephone: 1-800-361-9632 or 403-294-4041 in Calgary or 780-498-8370 in Edmonton

DRUG CLAIM

Include your provider number and contact information in case there are questions regarding the information provided on the Drug Claim Form.

TYPE OF CLAIM		PHARMACY NAME AND ADDRESS				PROVIDER NUMBER	PROV CODE
<input type="checkbox"/> 01 Blue Cross (Alberta Seniors/Non Group/Group members) <input type="checkbox"/> 02 Alberta Human Services <input type="checkbox"/> 03 VAC, DND, RCMP <input type="checkbox"/> 04 Others:						9999	
CLAIM NUMBER							

GROUP	SECTION	MEMBER ID NO.	TAG NO.	CARDHOLDER LAST NAME
77777	000	123456789	01	Smith
PATIENT FIRST NAME		PATIENT LAST NAME (IF DIFFERENT THAN CARDHOLDER)		PATIENT DATE OF BIRTH (YYYY / MM / DD)
John				1950/01/02
PATIENTS RELATIONSHIP TO CARDHOLDER		PATIENT GENDER		AUTHORIZATION NUMBER (IF APPLICABLE)
<input type="checkbox"/> 0 Cardholder <input type="checkbox"/> 1 Spouse <input type="checkbox"/> 2 Dependent		<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		

Ensure the member's coverage information is complete and accurate.

HEADINGS & CODES FOR SECTION BELOW:													
N R C = New / Refill Code		R R A = Refill / Repeat Authorization (00 - 99)		DAY = Days Supply		P S C = Product Selection Code (1 = Prescriber Choice 2 = Patient's Choice 3 = Pharmacist Choice 4 = Refill-ongoing Therapy)		U C C = Unlisted Compound Code (0 - 9)		S A N = Special Authorization Number		C T = Compounding Time	

Human Services 1976 Authorization or Vacation Authorization numbers should be entered here.

DATE OF SERVICE YY MM DD	ORIGINAL Rx NUMBER		N R C		DIN NUMBER		PRESCRIBER ID NUMBER			DRUG COST + UPCHARGE 1	UPCHARGE 2	PROFESSIONAL FEE	C T	TOTAL	PREVIOUSLY PAID
	CURRENT Rx NUMBER	R R A	QUANTITY	DAY	P S C	U C C	S A N								
15 04 01	1234567		02244016		10	56	1		001234	\$ 9915.60	\$ 100	\$ 12.30		\$ 10027.26	\$ 650.00
2										\$				\$	\$
3										\$				\$	\$
4										\$				\$	\$
5										\$				\$	\$

Provide the date of service, Rx and Tx number (if applicable), DIN, days supply, quantity, Product Selection Code and prescriber ID.

Please ensure the prescriber ID includes the applicable leading zeros.

Ensure you submit a cost breakdown of the prescription including **Drug Cost + Upcharge 1, Upcharge 2** and the **Professional Fee**. All cost information should be compliant with the pricing in the Pharmaceutical Services Provider Agreement.

In the Previously Paid field, indicate costs paid for by other insurers and/or the Manufacturer for this claim. If there was no other coverage, please leave blank.

<p>COMMENTS:</p>	<p>FORM COMPLETED BY: (PLEASE PRINT)</p>
<p>Please indicate the reason you are submitting the Drug Claim Form. i.e. Claim Cost exceeds \$9,999.99.</p>	<p>AUTHORIZED SIGNATURE</p>

Please provide a contact name and signature on the bottom in case there are questions regarding the information on the Drug Claim Form.

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 Benefacts and supplemental claiming information to assist with the submission of your direct bill drug claims. **Visit** ab.bluecross.ca/providers/pharmacy-home.php



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