

Online claims submission update

for optical providers

Claiming restrictions on eye exams

Please be aware that for patients covered through Alberta Human Services and Assured Income for the Severely Handicapped (AISH), eye exam services are not eligible for payment unless performed by a certified optometrist. If eye exams for these patients are performed by an optician, the claims will be denied.



Have you made an error on a submitted claim?

Errors on electronically submitted claims do sometimes occur and can be quickly rectified. Alberta Blue Cross conducts payments runs on electronically submitted claims every two weeks. If you notice that you have made an error on a claim and can identify it before the cheque run occurs, Alberta Blue Cross can cancel it and allow you to resubmit a corrected claim.

A claim cancellation request must be e-mailed to **opticalinq@ab.bluecross.ca** and include the following:

- the patient's Alberta Blue Cross ID number
- the service date
- the document/claim number
- the full claimed amount

You will be notified once the claim has been cancelled.

It is important to send your cancellation request as soon as you realize an error has occurred. If your cancellation request arrives after the schedule payment run, a claim reversal must be completed. Please contact Alberta Blue Cross Provider Relations at 1-800-588-1195 for more details.

Customer Services is here to help

If your patients have any questions about their Alberta Blue Cross benefit coverage or claim payment, please have them call the Alberta Blue Cross Customer Services department at 1-800-661-6995. The Provider Relations department answers questions for health providers whereas the Customer Services department has all plan member information readily available and can answer any questions your patient may have in a friendly and efficient manner.

The Alberta Blue Cross Customer Services department can be reached at 1-800-661-6995 from 8:30 a.m. to 5 p.m. Monday to Friday (Mountain Time).

Review statements carefully

By carefully reading the statement you receive after electronically submitting a claim, you will find it provides explanations of the claim assessment and will save you the trouble of calling for further details.

The statements provide detailed assessment information and a full explanation of benefits for your patient. If the full amount of the claim was not paid, the statement will indicate the reason why. For example, a maximum has been met or the patient was not eligible for a particular service.

Entering the correct amount on claims

Please ensure you enter the total cost of a product or service when submitting claims electronically. The amount entered on the claim should be the total cost of a product or service, after any discounts or promotions have been deducted. It is important that the details on the receipt issued to the patient match the claim information entered electronically. Many Alberta Blue Cross members have more than one benefit plan, and entering the correct cost will ensure payment is made accurately under each plan.

Example:

The patient purchases a pair of prescription glasses in the amount of \$600. This is the net amount after discounts or promotions have been deducted.

Correct procedure:

- Enter the full price of glasses (\$600) into the predetermination or preauthorization screen.
- Alberta Blue Cross determines eligibility to be \$250.
- Submit the claim for the full price of \$600.
- Alberta Blue Cross pays \$250 to the provider and the patient pays the remaining amount of \$350.
- If the patient has other coverage, this amount can be considered under that plan.

Preauthorizing/predetermining benefits

When requesting a preauthorization or predetermination to determine the amount of coverage available for a patient, please enter the actual cost and not an estimate whenever possible. If the actual cost has not been determined and the patient would like to know the extent of his or her benefit coverage, an estimated amount can be entered. However, you must adjust the estimated amount to the actual cost prior to submitting the claim.

Please be aware that a predetermination only confirms the patient's benefit coverage at that point in time; it is not a guarantee of payment.



Submit claims within 30 days of date of service

Your Online Services Billing Agreement states you must submit electronic claims to Alberta Blue Cross within 30 days of the date of service.

If you miss this deadline, you won't be able to submit electronically and will have to collect your service fee directly from your patient. Your patient would be able to submit a claim for that amount to Alberta Blue Cross to be considered for reimbursement.

Government programs

If you miss the online billing deadline for patients covered through Alberta Human Services or Assured Income for the Severely Handicapped (AISH), you may still submit paper claims on an assignment basis. However, the patient's signature is required on the form for the claim to be considered.

If you have any questions regarding this process, please refer to your billing agreement.

Paper claim submission procedure

Occasionally claims cannot be submitted electronically to Alberta Blue Cross due to the patient's benefit plan or the particular services involved. For those claims that can't be sent electronically, please have the Alberta Blue Cross plan member pay your office at the time of the appointment for the services rendered. They must then complete an Alberta Blue Cross claim form and submit it to Alberta Blue Cross for reimbursement. Claim forms may be found online at www.ab.bluecross.ca. If submitting a paper claim, the patient's signature is required on the form.