



ALBERTA BLUE CROSS® PHARMACEUTICAL SERVICES

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CONTACT US

Alberta Blue Cross
10009 108 Street
Edmonton, AB T5J 3C5

Questions? We're happy to help.

Contact Alberta Blue Cross

Customer Service Monday to Friday from 6 a.m. to 6 p.m. (MT)

English: 1-800-661-6995

French: 1-888-279-9799

Other languages: 1-800-661-6995

If you require assistance in another language, please call 1-800-661-6995 and every effort will be made to locate someone to assist you.

Member website: ab.bluecross.ca



PROVIDER RELATIONS CONTACT CENTRE - PROVIDER INQUIRIES

Alberta Blue Cross has a contact centre with Provider Relations representatives dedicated to serving you.

Edmonton and area..... 780-498-8370
Calgary and area..... 403-294-4041
Toll free..... 1-800-361-9632

COMPOUND VERIFICATION FAX NUMBER

Submit invoices for compound verification forms to Alberta Blue Cross:

Edmonton and area 780-441-2598
Toll free..... 1-855-441-2598

CUSTOMER SERVICES DEPARTMENT

Alberta Blue Cross plan members who have questions regarding their Alberta Blue Cross coverage can contact Alberta Blue Cross directly:

Edmonton and area 780-498-8000
Calgary and area..... 403-234-9666
Toll free..... 1-800-661-6995

GOVERNMENT SERVICES DEPARTMENT

Alberta Blue Cross plan members who have questions regarding their Non-Group (Group 1) premiums can contact Alberta Blue Cross directly:

Edmonton and area 780-498-5970
Toll free..... 1-888-498-5970

Payment to pharmacies

Payments and issuance of payment summaries to pharmacies are completed every two weeks for direct bill claims submitted to Alberta Blue Cross.

Basic plan information

Alberta Blue Cross administers benefits on behalf of many different plan sponsors. These plan sponsors can be classified in three broad categories:

1. **Alberta government-sponsored plans:** Plans that are sponsored by a government program.
2. **Employer-sponsored plans:** Plans that are sponsored by employers providing benefit coverage for employees.
3. **Personal health plans:** Plans purchased by individuals who may be self-employed, without employer benefits or early retirees.

ALBERTA GOVERNMENT-SPONSORED PLANS

Alberta Blue Cross administers plans on behalf of the Alberta government. These plans are sponsored by Alberta Health and Alberta Community and Social Services to provide drug coverage for Albertans and their families.

The eligible drug benefits included in these government-sponsored plans are outlined in detail in the *Alberta Drug Benefit List*, the *Alberta Human Services Drug Benefit Supplement* and the *Palliative Drug Benefit Supplement*. Updated copies of these documents may be found online at:

www.ab.bluecross.ca/dbl/publications.php

These government-sponsored programs include the following:

- Non-Group Coverage
- Coverage for Seniors
- Alberta Widows' Pension Plan
- Palliative Drug Coverage
- Child and Youth Support
- Alberta Child Health Benefit
- Children and Youth Services
- Adult Health Benefit
- Income Support
- Learners Program
- Compensation Plan for Pharmacy Services
- Insulin Pump Therapy Program.

The screenshot shows the 'Drug Benefit List - Publications' page on the Alberta Blue Cross website. The page has a blue header with the Alberta logo and a search bar. Below the header is a navigation menu with links: All services, Public engagements, Initiatives, News, About government, and Jobs. The main content area has a blue background with the title 'Drug Benefit List - Publications' and a subtitle 'Welcome to the iDBL'. On the left side, there is a sidebar with a 'Drug Benefit Lists' section containing links: Introduction to DBL, Interactive DBL (iDBL), Printable DBL and Related Publications, Search Tips, Drug Manufacturer Information and Forms, DBL FAQ, Forms, and DBL Contact and Feedback. The main content area on the right features the 'Interactive Drug Benefit List (iDBL)' section, which includes a list of features: Quickly and easily re-sort your search results, Obtain quick information about the date certain products became benefits, Find complete pricing and interchangeability information, and Find product specific special authorization coverage criteria. Below this list, it states 'The iDBL is a real time document that is updated daily.' At the bottom of the page, there are two buttons: 'Search the Drug Benefit Lists' and 'iDBL Search Tips'.

EMPLOYER-SPONSORED PLANS

Alberta Blue Cross works with employers to identify and build the best coverage for their employees. In order to offer comprehensive, cost-effective coverage, employer-sponsored plans may incorporate a variety of plan components. You may encounter employer-sponsored plans with one or more of the following plan-management features:

- Deductibles
- Plan maximums
- Least Cost Alternative (LCA) pricing
- Dispensing fee caps
- Co-pay
- Special authorization
- Step therapy

Each employer-sponsored plan selects a benefit package containing the eligible drug benefits most suitable to the demographic mix of their employees. These plans cover most drugs on the iDBL as well as on the Alberta Blue Cross Drug Price List.

PERSONAL HEALTH PLANS

Alberta Blue Cross offers a number of personal health plans designed to provide supplementary health coverage to individuals who are self-employed, not supported by an employer plan or early retirees.

These plans are designed to provide supplementary benefits at an affordable cost to plan members. As a pharmacy service provider, you should be aware of the following:

- Persons applying for a personal plan are required to undergo a medical review. As a result of this process, medications for pre-existing conditions may be excluded as an eligible drug benefit for a period of time.
- All individuals applying for a personal health plan are notified, in writing, of any drugs excluded from eligibility prior to the start of their coverage.

Personal health plans can include one or more of the following elements:

- Least Cost Alternative (LCA) pricing
- Special authorization (for select drugs)
- Co-pay
- Plan maximums
- Step therapy

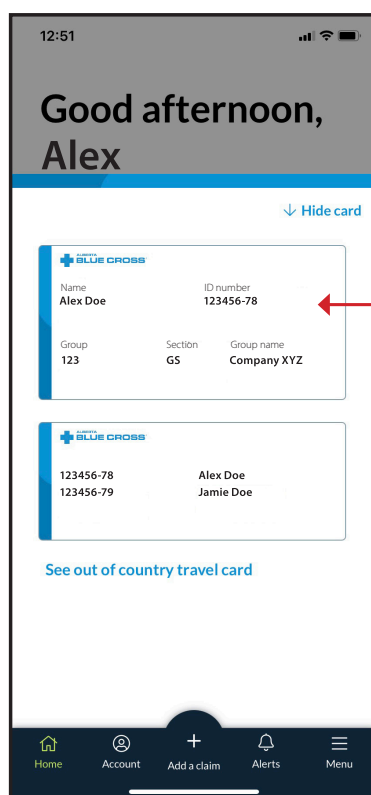


ID cards

Alberta Blue Cross issues an ID card to every adult covered by an Alberta Blue Cross plan. These cards are sent electronically and members are able to access them on their phones; however, some members may still have physical copies of their ID card.

Plan members must present this card, electronic or physical, each time a prescription is dispensed. This card contains important information that is required to submit claims to Alberta Blue Cross.

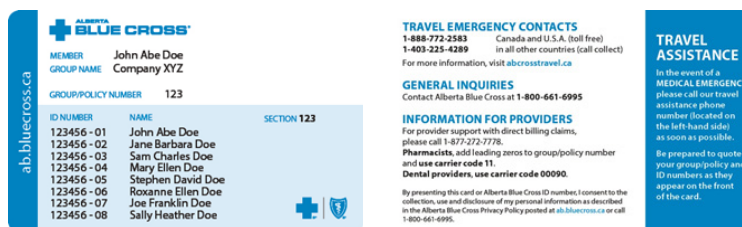
DIGITAL CARD



ALBERTA BLUE CROSS ID CARDS

Alberta Blue Cross ID cards created after February 2015 and before September 2018 will have the following information:

- Benefits listed on an ID card will be displayed in the order they were added to a particular plan member's coverage instead of a set order. For example, if an individual had dental coverage effective January 1 with drug coverage added March 1, dental would be listed first on the card, with drugs listed below it.
- Drug coverage that is presently listed on ID cards indicating the amount of coverage, such as 80% or 100%, will simply show 'Drugs Direct Bill' or 'Drugs Reimbursement'.
- All wording on new ID cards (name, benefits and class) will be in mixed case, as opposed to all uppercase as it appears today. For example, instead of JOHN SMITH, a name will appear as John Smith.
- 'Extended Health Benefits' will be listed as simply 'Health'.
- Hospital coverage will no longer be listed on ID cards.



Alberta Blue Cross ID cards created after September 2018 will look slightly different than the ID cards shown above.

The following changes will be reflected on all ID cards created after September 2018:

- Benefits are no longer listed on an ID card.

PREVIOUS CARD LAYOUT

The diagram shows a sample Alberta Blue Cross card with the following fields and labels:

- Group number:** Points to the GROUP field (123456).
- Plan identifier:** Points to the SECTION field (XYZ).
- Single or family coverage:** Points to the CLASS field (FAMILY).
- Member's name:** Points to the MEMBER field (JACK P SMITH).
- ID number:** Points to the ID NUMBER field (1234567-33).
- The last two digits identify each individual:** Points to the last two digits of the ID number (33).
- A listing of benefits:** Points to the BENEFITS section (DRUGS 80% DIRECT BILL, LCA, HOSPITAL SEMI-PRIV DIRECT BILL, EXTENDED HEALTH BENEFITS, TRAVEL (PLAN 670), DENTAL, VISION).
- Effective date of coverage:** Points to the EFFECTIVE YYMMDD field (01/03/01).

Additional fields visible on the card include NAME (JACK P SMITH, JANET D SMITH, DAVID C. SMITH, JOANNE S SMITH) and a disclaimer at the bottom.

You will be able to identify an Alberta Blue Cross card by our logo printed in the top left-hand corner.

Under the logo is the name of the member for the Alberta Blue Cross plan. The “**MEMBER**” is the **CARDHOLDER**—the individual that holds the Alberta Blue Cross policy on behalf of themselves and their family members. The cardholder’s last name must be indicated when submitting claims to Alberta Blue Cross.

Listed on the card are the benefits for which the plan member has coverage and the date each line of benefit is effective. The first line indicates drug coverage and includes the following:

- **Percentage:** the amount the plan sponsor will pay toward eligible prescription drugs for this plan member.
- **Method:** The method of claim submission that must be used by the plan member. You will see either the term “**DIRECT BILL**” or “**REIMBURSEMENT**.” Direct bill plans require claims to be submitted electronically; reimbursement plans require the plan member to pay and submit a paper claim.
- **LCA:** The acronym for Least Cost Alternative Pricing will be found next to the method of payment if the plan follows Least Cost Alternative pricing.
- Across the top, you will find the **GROUP** and **SECTION of the group** providing coverage for the plan member.
- Beside the section, you will see the **CLASS** of coverage, such as “FAMILY,” “COUPLE” or “SINGLE.”
- Listed on the back of the card are all the family members covered by the plan. Beside each family member's name, you will see their **ID NUMBER**. The cardholder is always listed first, followed by any dependents.

CARD VARIATIONS

Some plans administered by Alberta Blue Cross have a unique card design. These cards may look different, but they still contain all the elements you require to submit claims.

These plans and their unique cards are shown below:

Alberta School Employee Benefit Plan

CLASS	BENEFITS	ID NO.	COVERED MEMBER
Single	Life - Plan #	1234567	Joe Sample
Single	AD & D - Plan #		City School Board
Single	Extended Disability Benefit - Plan #		
Family	Dental Care - Plan #	2468101	Jane Sample
Family	Vision Care - Plan #	3579112	Joan Sample
Family	Health Spending Account	1628752	Jess Sample
		5843592	Joe Jr. Sample
		1598734	James Sample
Issued 2011/05/18		GROUP 19930	SECTION 123

For coverage information, visit www.asebp.ab.ca

Alberta Adult Health Benefit Plan

Health Benefits Card KRISTINE-KAREN VAN CAUWENBERGHE Birthdate: 1970/01/01 ID: 123456789 Group: 23609 Section: 000 Dependant(s): JENNIFER SMITH KIMBERLEY VAN CAUWENBERGHE Birth Date: 1995/01/01 1996/01/01 ID: 234567891 345678912	
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Alberta Child Health Benefit Plan

Health Benefits Card JOHN SMITH Group: 20401 Section: 000 Dependant(s): JENNIFER SMITH Birth Date: 2001/01/01 ID: 123456789	
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Learner's program

Health Benefits Card JIM SMITH ID: 9019019901 Group: 0022128 Section: 000 Birth Date: 1965/01/01 Dependant(s): JENNIFER SMITH Birth Date: 2005/01/01	
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Child and Youth Support Program

Child and Youth Support Program Medical Services Card JANE SMITH Group: 0020403 Section: 000 Coverage for: JENNIFER SMITH Birth Date: 2010/01/01 ID: 123456789	
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National Blue Cross groups –card samples

BLUE CROSS CROIX BLEU Serving Canadians from coast to coast Au service des Canadiens d'un océan à l'autre NAME OF SUBSCRIBER STREET ADDRESS P.O. BOX / RR CITY / PROVINCE POST CD Policy No. 0093075001 Effective Date 01 May 01	BLUE CROSS Identification Number 12345678900 Mary Smith Policy Number 0012345678 Check the leading logo when submitting electronic dental claims.	BLUE AD VANTAGE www.blueadvantage.ca Identification Number 12345678901 John Smith 12345678902 Lisa Smith 12345678903 Monica Smith 12345678904 Mark Smith 12345678905 Simon Smith 12345678906 Nicole Smith 12345678907 Jack Smith Customer Service 1-888-873-9200 Worldwide Travel Assistance Canada and U.S.A. 1-888-773-2383 Elsewhere in the world 1-800-323-4389 (Call collect) www.bluecross.ca/MemberWeb
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Government of Northwest Territories

GROUP 19866	SECTION	CLASS SINGLE
ID NUMBER 1234567-89	NAME NAME OF MEMBER	
ALBERTA BLUE CROSS MEMBER (SUBSCRIBER) NAME OF MEMBER GOVERNMENT OF THE NORTHWEST TERRITORIES BENEFITS DRUGS DIRECT BILL 09/10/02 EXTENDED HEALTH BENEFITS 09/10/02 VISION 09/10/02 DENTAL 09/10/02 EFFECTIVE YY / MM / DD		

Tips for successful online claim entry

Through Alberta Blue Cross's real-time claim adjudication network, you will immediately know of any portion your Alberta Blue Cross member is required to pay or any prescription that may be ineligible under their drug benefit plan. Their card contains the following coverage and eligibility information required to submit pay-direct prescription claims:

- **GROUP:** enter as a seven-digit number (fill with leading zeros if necessary) followed by **section** (up to three digits, no zero filling). If your software does not utilize a separate field for the section, the group and section are to be entered as one string.
- **IDENTIFICATION NUMBER:** (for example, 1234567-45) "1234567" enter as a 10 digit number (fill with leading zeros if necessary) followed by the two digit patient code ('45' in this case). If your software does not utilize a separate field for the patient code, the ID number should be directly followed by a / or – symbol, then the two digit patient code as show above.
- **CARDHOLDER (member/subscriber) LAST NAME:** must be indicated on all claims.

You must indicate one of the following carrier codes for each claim:

- **CARRIER CODE 12:** To be used for all Alberta Community Social Services claims.
- **CARRIER CODE 16:** To be used for Compensation Plan for Pharmacy Services and Alberta Public Health Activities Programs claims.
- **CARRIER CODE 11** is to be used when submitting for all other direct bill drug claims.

In addition, you must submit the following:

- The correct **BIRTH DATE** of the member the claim is being submitted for.
- The **RELATIONSHIP CODE** for the member the claim is being submitted for. For example, the cardholder, spouse or dependent.



Product Identification Numbers (PINs)

For your reference, here is a list of pseudo PINs. When billing these products to Alberta Blue Cross, please use the appropriate PIN.

NOTE: These products may not be eligible for coverage through all of your customers' benefit plans. Please contact the Alberta Blue Cross Provider Relations Contact Centre if you are uncertain whether a customer is eligible for coverage of such products. The following lists are accurate as of the date on the cover of this document and are subject to change without notice. The most updated lists can be found at www.ab.bluecross.ca/dbl/publications.php.

AEROSOL HOLDING CHAMBER/MASK DEVICE

PRODUCT DESCRIPTION	PIN	PRODUCT DESCRIPTION	PIN
AEROCHAMBER AC BOYZ CHAMBER	00990100	OPTICHAMBER DIAMOND W/ LARGE MASK	00999396
AEROCHAMBER AC GIRLZ CHAMBER	00990099	VORTEX DEVICE	00990080
AEROCHAMBER PLUS FLOW-VU W/ LARGE MASK	00990094	OPTICHAMBER DIAMOND W/ MEDIUM MASK	00999397
AEROCHAMBER PLUS FLOW-VU W/ MEDIUM MASK	00990093	OPTICHAMBER DIAMOND (SMALL MASK)	00999398
AEROCHAMBER PLUS FLOW-VU W/ SMALL MASK	00990092	OPTICHAMBER LARGE FACE MASK DEVICE	00990061
OPTICHAMBER ADVANTAGE II (CHAMBER ONLY)	00990095	OPTICHAMBER MEDIUM FACE MASK DEVICE	00990062
SEREVENT DISKHALER DEVICE	00999949	OPTICHAMBER SMALL FACE MASK DEVICE	00990063
OPTICHAMBER ADVANTAGE II W/ LARGE MASK	00990098	POCKET CHAMBER PEDIATRIC MEDIUM MASK DEVICE	00990069
OPTICHAMBER ADVANTAGE II W/ MEDIUM MASK	00990097	SPACE CHAMBER ADULT MASK DEVICE	00990017
SPACE CHAMBER DEVICE	00990014	SPACE CHAMBER INFANT MASK DEVICE	00990015
OPTICHAMBER ADVANTAGE II W/ SMALL MASK	00990096	SPACE CHAMBER PEDIATRIC MASK DEVICE	00990016
OPTICHAMBER DEVICE	00990059	VORTEX BABY WHIRL INFANT MASK DEVICE	00990081
OPTICHAMBER DIAMOND (CHAMBER ONLY)	00999399	VORTEX SPINNER PEDIATRIC MASK DEVICE	00990082



DIABETES SUPPLIES

PRODUCT DESCRIPTION	PIN	PRODUCT DESCRIPTION	PIN
ALCOHOL SWABS-DIABETES	0999984	ONE TOUCH VERIO BLOOD GLUCOSE TEST STRIPS	0444993
BLOOD GLUCOSE METER	0990024	GLUCOSE MONITORING TRANSMITTER	0999471
ACCU-CHEK AVIVA BLOOD GLUCOSE TEST STRIPS	0444986	GLUCOSE MONITORING TRANSMITTER SENSORS	0999472
ACCU-CHEK COMPACT BLOOD GLUCOSE TEST STRIPS	0444985	INFUSION SETS (TUBING & NEEDLE)	0990045
ACCU-CHEK GUIDE BLOOD GLUCOSE TEST STRIPS	0444984	INSULIN CARTRIDGES / RESERVOIRS	0990057
ACCU-CHEK MOBILE BLOOD GLUCOSE TEST STRIPS	0444983	RAPID RESPONSE GLUCO-MD BLOOD GLUCOSE TEST STRIPS	0444998
CARESENS N MULTI BLOOD GLUCOSE TEST STRIPS	0444992	BLOOD KETONE TEST METER	0999601
CONTOUR BLOOD GLUCOSE TEST STRIPS	0444989	BLOOD KETONE TEST STRIPS	0990072
CONTOUR NEXT BLOOD GLUCOSE TEST STRIPS	0444990	BLOOD LETTING LANCET	0999941
DEXCOM G6 RECEIVER	097799172	COTTON SWABS-DIABETES	0990064
DEXCOM G6 SENSOR	097799174	GLUCOSE CALIBRATION SOLUTION	0990058
DEXCOM G6 TRANSMITTER	097799173	RAPID RESPONSE GLUCO-MD BLOOD GLUCOSE TEST STRIPS	0444998
GUARDIAN CONNECT TRANSMITTER	097799177	BLOOD KETONE TEST METER	0999601
GUARDIAN LINK TRANSMITTER (670G PUMP)	097799175	INSULIN INJECTORS	0990030
GUARDIAN LINK TRANSMITTER (770G PUMP)	097799178	INSULIN PEN NEEDLES	0999985
GUARDIAN SENSOR	097799176	INSULIN PUMPS	0999988
FREESTYLE LIBRE READER	097799170	INSULIN SYRINGES	0999952
FREESTYLE LIBRE SENSOR	097799171	LANCING DEVICE	0999942
FREESTYLE LIBRE 2 READER	097799074	NEEDLELESS SYRINGE FOR INSULIN INJECTOR	0999017
FREESTYLE LIBRE 2 SENSOR	097799075	RUBBING ALCOHOL-DIABETES	0990065
FIRST CANADIAN HEALTH SPIRIT BG TEST STRIPS	0444996	SERTER	0999603
FREESTYLE LITE BLOOD GLUCOSE TEST STRIPS	0444987	SKIN PREPARATION	0999602
FREESTYLE PRECISION BLOOD GLUCOSE TEST STRIPS	0444988	SYRINGE/VIAL ADAPTER KIT FOR INSULIN INJECTOR	0999018
GE200 BLOOD GLUCOSE TEST STRIPS	0444982	URINE TEST STRIPS	0999957
MEDISURE BLOOD GLUCOSE TEST STRIPS	0444995	VIAL ADAPTER/ADAPTER CAP FOR INSULIN INJECTOR	0999016
ONE TOUCH ULTRA BLOOD GLUCOSE TEST STRIPS	0444994		

IV SUPPLIES

PRODUCT DESCRIPTION	PIN	PRODUCT DESCRIPTION	PIN
ALCOHOL SWABS	0990025	0.9% SODIUM CHLORIDE INJECTION	0990040
CARTRIDGES	0990026	3.3% DEXT/ 0.3% NACL (2/3-1/3) INJECTION	0990034
HEP-LOCKS	0990023	3.3% DEXT/ 0.3% NACL/ 20 MEQ KCL INJECTION	0990037
IV SOLUTIONS	0990022	3.3% DEXT/ 0.3% NACL/ 40 MEQ KCL INJECTION	0990038
IV TUBING	0990021	5% DEXTROSE (D5W) INJECTION	0990033
LACTATED RINGER'S INJECTION	0990039	5% DEXTROSE/ 0.15% KCL 20 MEQ INJECTION	0990035
NEEDLES	0990019	5% DEXTROSE/ 0.3% KCL 40 MEQ INJECTION	0990036
SYRINGES	0990020		

MISCELLANEOUS

PRODUCT DESCRIPTION	PIN	PRODUCT DESCRIPTION	PIN
ALLERGY SERUM INJECTION	00999981		

NUTRITIONAL PRODUCTS

PRODUCT DESCRIPTION	PIN	PRODUCT DESCRIPTION	PIN
ALIMENTUM	00999449	NEOCATE WITH DHA & ARA ORAL INFANT FORMULA	00999568
BENEPROTEIN ORAL POWDER	00999415	NEPRO	00999545
BOOST 1.5 PLUS CALORIES ORAL LIQUID	00999932	NOVASOURCE RENAL LIQUID	00990056
BOOST DIABETIC ORAL LIQUID	00999483	NUTRAMIGEN A+ HYPOALLERGENIC INFANT FORMULA LIQUID	00999521
BOOST FRUIT FLAVOURED BEVERAGE ORAL LIQUID	00999402	NUTRAMIGEN A+ HYPOALLERGENIC INFANT FORMULA POWDER	00999520
BOOST HIGH PROTEIN ORAL LIQUID	00999427	NUTREN 1.5 ORAL LIQUID	00999936
BOOST ORAL LIQUID	00999920	NUTREN 2.0 ORAL LIQUID	00999964
BOOST ORAL PUDDING	00999440	NUTREN JUNIOR FIBRE WITH PREBIO 1 ORAL LIQUID	00999419
BOOST PLUS CALORIES ORAL LIQUID	00999921	NUTREN JUNIOR ORAL LIQUID	00999418
COMPLEAT ORAL LIQUID	00999966	NUTRIHEP ORAL LIQUID	00999347
COMPLEAT PEDIATRIC ORAL LIQUID	00999426	OSMOLITE 1 CAL	00999937
CONSIST-RITE ORAL POWDER	00999455	PEDIASURE FIBRE	00990029
DUOCAL ORAL POWDER	00999444	PEDIASURE ORAL LIQUID	00999933
E028 SPLASH ORAL LIQUID	00999524	PEDIASURE PLUS WITH FIBRE ORAL LIQUID	00999434
ENFAMIL ENFACARE A+ INFANT FORMULA POWDER	00999564	PEPTAMEN 1.5 ORAL LIQUID	00999421
ENSURE FIBRE	00999918	PEPTAMEN AF 1.2 ORAL LIQUID	00999467
ENSURE HIGH-PROTEIN ORAL LIQUID	00999934	PEPTAMEN JUNIOR 1.5 ORAL LIQUID	00999553
ENSURE ORAL PUDDING	00999404	PEPTAMEN JUNIOR ORAL LIQUID	00999408
ENSURE PLUS	00999902	PEPTAMEN ORAL LIQUID	00999944

ENSURE REGULAR	00999901	PEPTAMEN WITH PREBIO 1 ORAL LIQUID	00999435
ENSURE SCFOS FIBRE	00999525	PURAMINO A+ INFANT FORMULA POWDER	00999543
GLUCERNA ORAL LIQUID	00999940	RESOURCE 2.0 ORAL LIQUID	00999409
ISOSOURCE 1.5 CAL ORAL LIQUID	00999425	RESOURCE DAIRY THICK ORAL LIQUID	00999469
ISOSOURCE HN ORAL LIQUID	00999410	RESOURCE DIABETIC ORAL LIQUID	00999413
ISOSOURCE HN WITH FIBRE ORAL LIQUID	00999424	RESOURCE KID ESSENTIALS 1.5 CAL	00999458
ISOSOURCE VHN ORAL LIQUID	00999428	RESOURCE THICKENED JUICE ORAL LIQUID	00999429
ISOSOURCE VHP FIBRE-FREE ORAL LIQUID	00999550	RESOURCE THICKENUP CLEAR ORAL POWDER	00999561
JEVITY 1 CAL ORAL LIQUID	00999938	RESOURCE THICKENUP ORAL POWDER	00999453
JEVITY 1.2 CAL ORAL LIQUID	00999416	SCANDISHAKE ORAL FOOD SUPPLEMENT POWDER	00999935
JEVITY 1.5 CAL ORAL LIQUID	00999475	SIMILAC NEOSURE	00999465
KETOCAL ORAL LIQUID	00999565	SUPLINA ORAL LIQUID	00999414
KETOCAL ORAL POWDER	00999445	TOLEREX ORAL POWDER	00999929
MCT OIL ORAL LIQUID	00999927	TWOCAL HN ORAL LIQUID	00999430
MODULEN IBD ORAL POWDER	00999559	VITAL HN ORAL POWDER	00999965
NEOCATE JUNIOR ORAL POWDER	00999447	VIVONEX PEDIATRIC ORAL POWDER	00999422
NEOCATE JUNIOR WITH PREBIOTIC FIBRE ORAL POWDER	00999560	VIVONEX PLUS ORAL POWDER	00999405
NEOCATE SPLASH ORAL LIQUID	00999391	VIVONEX T.E.N. ORAL POWDER	00999983

Units of issue for pricing

Products should be billed with the correct unit of issue when submitting a claim to Alberta Blue Cross. The following units of issue are applicable to personal and employer-sponsored plans as well as government-sponsored plans maintained by Alberta Blue Cross.

Nutritional supplements, birth control products and inhalation products are subject to a minimum unit of issue. The minimum quantity required at the time of claim is based on the unit of issue defined for these products in the list below.

Examples of some of the minimum quantity limits applied are:

PRODUCT DESCRIPTION	UNIT OF ISSUE	MINIMUM QUANTITY	INCORRECT QUANTITY
Ensure/Boost	Millilitre (ml)	235 mls	1 can
Advair 100 Diskus Powder for Inhalation	Dose	60 doses	1 diskus
Alesse (21 Day) Tablet	Tablet	21 tablets	1 packet

The quantity field allows for a maximum of four characters to be entered, resulting in a direct bill claim quantity maximum of 9999 units when entering product quantity for claim submission. Providers are required to submit any claims with a quantity in excess of 9999 units through the use of a manual claim form to be processed at Alberta Blue Cross. The following list is accurate as of the date on the cover of this document and is subject to change without notice. The most updated lists can be found at www.ab.bluecross.ca/dbl/publications.php

DOSAGE FORM	UNIT OF ISSUE
Bladder Irrigation Powder for Solution	Vial
Bladder Irrigation Solutions	Millilitre
Block or Infiltration Cream	Gram
Buccal Spray	Dose or Millilitre
Dental Paste/Gel	Gram
Devices	Millilitre
Infant /Pediatric/Adult Device	Device
Inhalation Aerosol	Millilitre
Inhalation Capsules	Capsule
Inhalation Cartridges	Cartridge
Inhalation Disks	Disk
Inhalation Liquid	Millilitre
Inhalation Powder for Solution	Vial
Inhalation Solutions or Suspensions	Millilitre
Injection	Gram
Injection	Millilitre (where no reconstitution required)
Injection	Syringe (prefilled syringe)
Injection	Vial (where reconstitution required)
Injection	Unit
Injection – Cartridges	Millilitre
Injection – Emulsion	Millilitre
Injection – Implant	System
Injection – Liquid	Millilitre

DOSAGE FORM	UNIT OF ISSUE
Injection – Lock Flush	Millilitre
Injection – Syringe	Syringe (or Millilitre where indicated)
Injection Syringe/Capsule	Kit
Injection Syringe/Tablet	Kit
Injection Syrup Syringe	Vial or Syringe
Injection Vial/ Capsule	Kit
Intraintestinal Gel	Cassette
Intrauterine Insert	System
Irrigating Solutions	Millilitre
Metered Dose Aerosols	Dose
Metered Inhalation Powder	Dose
Nasal Gel	Gram
Nasal Metered Dose Aerosols	Dose
Nasal Metered or Unit Dose Sprays	Dose
Nasal Solution	Millilitre
Nasal Sprays	Millilitre
Ophthalmic Implant	System
Ophthalmic Insert/Device	Device
Ophthalmic Gels or Ointment	Gram
Ophthalmic Solution/Drops/Liquid / Suspension/Emulsion	Millilitre
Oral Bar	Piece
Oral Capsules – all formulations	Capsule
Oral Disintegrating Tablet	Wafer
Oral Disintegrating Tablet/Film	Film
Oral Emulsion	Millilitre
Oral Enteric Coated Tablet/Powder	Kit
Oral Gel	Gram
Oral Granules	Bulk size – Gram Individual Packet – Packet
Oral Gum	Piece
Oral Liquids – all formulations	Ampoule/Dose/Package/Millilitre
Oral Powder – all forms	Gram/Package/Millilitre
Oral Pudding	Gram
Oral Rinses/Mouthwash	Millilitre
Oral Solution	Gram
Oral Spray	Millilitre
Oral Tablets – all formulations	Tablet
Oral Tablet/Capsule	Kit
Oral/Vaginal/Topical Capsule/Cream	Kit
Otic Ointments or Gels	Gram
Otic Solutions/Suspensions/Drop/Liquid	Millilitre

DOSAGE FORM	UNIT OF ISSUE
Rectal Enemas	Enema
Rectal Foams	Gram
Rectal Gel	System
Rectal Ointments	Gram
Rectal Solution	Millilitre
Rectal Suppositories - all formulations	Suppository
Scalp Lotions/ Solutions	Millilitre
Strip	Strip
Sublingual Metered Dose Spray	Dose
Dosage Form	Unit of Issue
Sublingual Tablet	Tablet
Topical Aerosol	Gram
Topical Bars	Gram
Topical Cleansers	Millilitre
Topical Creams/Ointments - all formulations	Gram
Topical Foam	Gram
Topical Gauzes	Dressing
Topical Gels - all formulations	Gram
Topical Jellies	Millilitre
Topical Liquid	Millilitre
Topical Lotions	Millilitre or Gram
Topical Oil	Millilitre
Topical Pad	Pad
Topical Patch	Patch
Topical Powders	Gram/ Millilitre
Topical Rinse	Millilitre
Topical Shampoo	Millilitre
Topical Solutions	Millilitre or Gram
Topical Spray	Millilitre
Topical Washes	Millilitre or Gram
Transdermal Gel	Gram/Package
Transdermal Patches	Patch
Urethral Jelly	Millilitre
Urethral Suppository	Suppository
Vaginal Creams	Gram
Vaginal Gel	Dose or Gram
Vaginal Insert	System
Vaginal Slow Release Rings	Ring
Vaginal Tablet or Ovule	Tablet or Ovule
Vaginal/Topical Ovule or Tablet/Cream	Kit

For the most current information, please refer to www.ab.bluecross.ca/dbl/publications.php.

Drug cost pricing

MANUFACTURER'S LIST PRICE

Manufacturer's List Price is the price for drug benefits listed in the *Alberta Drug Benefit List (ADBL)* as determined through pricing confirmations between Alberta Health and the drug manufacturers. Manufacturers agree to sell the drug in the Alberta marketplace at this price. It is the maximum price for these drugs that can be charged to an Alberta Blue Cross plan member. The *Alberta Drug Benefit List* can be found at www.ab.bluecross.ca/dbl/publications.php.

BASE PRICE

Base Price is a price established by Alberta Blue Cross for drug benefits not listed in the *Alberta Drug Benefit List* but covered under the Alberta Blue Cross Price List. It is the maximum price for these drugs that can be charged to an Alberta Blue Cross plan member.

Alberta Blue Cross uses multiple Alberta pricing references to determine a reasonable Base Price for drugs not listed on the *Alberta Drug Benefit List*. Alberta Blue Cross makes every effort to maintain reasonable and fair pricing.

The Alberta Blue Cross Price List is made available to pharmacies through the Alberta Blue Cross website at ab.bluecross.ca/provider/type/pharmacy/home.php. Alberta Blue Cross works directly with pharmacy software vendors to ensure pricing is available electronically as required. This will be updated on a quarterly basis.

Effective **February 1, 2022**, the payment eligibility for glucose monitoring systems will be the cost of the product (Manufacturer List Price [MLP] or Base Price) and Allowable Upcharge #1 plus a 10 per cent markup (Allowable Upcharge #2) and no additional charges.



PRICING COMPONENT CHART

	DRUG LISTED IN ADBL BRAND OR GENERIC	DRUG LISTED ON ALBERTA BLUE CROSS DRUG PRICE LIST (ABCDPL)	COMPOUND (PURCHASED)	COMPOUND (MADE IN STORE)
WHAT DO I USE FOR THE DRUG COST	Manufacturer List Price (MLP) – as published in the <i>Alberta Drug Benefit List (ADBL)</i>	Base Price – as published in the <i>Alberta Blue Cross Drug Price List (ABCDPL)</i>	Purchased compound price (invoice price)	Manufacturer List Price (MLP) or Base Price
ALLOWABLE UPCHARGE #1	3% of MLP	7.5% of Base Price	NA	7.5% of MLP & or Base Price
CALCULATED DRUG COST* (aggregate of the drug cost and the allowable upcharge #1)	MLP + Allowable Upcharge 3% May 17, 2018 to March 31, 2026	Base Price + Allowable Upcharge 7.5% May 17, 2018 to March 31, 2026	Purchased compound price (invoice price)	Manufacturer List Price (MLP) or Base Price + 7.5% of MLP & or Base Price
SOFTWARE FIELD	Drug cost field			
ALLOWABLE UPCHARGE #2	May 17, 2018 to March 31, 2026 7.0% of drug cost* al to a maximum of \$100			
SOFTWARE FIELD	Upcharge field (previously the additional inventory allowance field)			
DISPENSING FEE	\$12.15			\$18.45
SOFTWARE FIELD	Dispensing Fee field			
TOTAL PRICE	Calculated drug cost* + allowable upcharge #2 + dispensing fee			

*With the exception of purchased compounds, the price on your invoice is no longer the price submitted.

DIABETIC SUPPLIES PRICING CHART

	Blood glucose test strips and glucose monitoring systems	All other diabetic supplies
WHAT DO I USE FOR THE DRUG COST	Manufacturer List Price (MLP) – as published in the <i>Alberta Drug Benefit List (ADBL)</i>	Usual and customary cost
ALLOWABLE UPCHARGE #1	3% of MLP	\$0.00
CALCULATED DRUG COST*	MLP + Allowable Upcharge 3%	Usual and customary cost
SOFTWARE FIELD	Drug cost field	
ALLOWABLE UPCHARGE #2	10% of drug cost* to a maximum of \$100	\$0.00
SOFTWARE FIELD	Upcharge field (previously the additional inventory allowance field)	
DISPENSING FEE	\$0.00	
SOFTWARE FIELD	Dispensing Fee field	
TOTAL PRICE	Calculated drug cost* + allowable upcharge #2 + dispensing fee	Usual and customary cost

*With the exception of purchased compounds, the price on your invoice is no longer the price submitted.

BEST PRICE POLICY

The Best Price Policy ensures Alberta Blue Cross plan members are entitled to receive the lowest price for a drug that you charge to anyone else. If you are giving discounts to other third party plan members or cash paying customers, you must give the same discount to Alberta Blue Cross plan members.

Quantitative limits

Quantitative limits are applicable to all coverage for all Alberta Blue Cross Plans.

When submitting a claim for a pharmacy service, it is imperative that an accurate days supply be entered as part of the claims submission. Should it be determined through claims verification processes that the days supply was entered incorrectly, then the claim will be subject to reversal.

A. DISPENSING OF 90 TO 100 DAYS SUPPLY

It is expected that a supply of 90 to 100 days will be dispensed for drugs that are used on a chronic or long-term basis for a plan member.

Drugs that fall into the chronic or long-term use category will only be paid for one dispensing fee every 90 to 100 day supply once the plan member is stabilized on the therapy. In certain circumstances, these drugs may be dispensed in lesser quantities.

B. DISPENSING OF 28 TO 89 DAYS SUPPLY

If the plan member requires dispensing of chronic or long-term therapy with a quantity of 28 to 89 days supply, there must be documentation (electronic or written) to support the more frequent dispensing.

- More than one dispensing fee for the same drug will be paid in any 28 to 89 day period only when:
 - › there is a request from the plan member that the drug be dispensed for a 28 to 89 day period, or
 - › the health care provider determines the drug should be dispensed for a 28 to 89 day period for the following reasons:
 - increased compliance,
 - abuse control,
 - determination of therapeutic effectiveness, and/or
 - potential drug sensitivities.

The rationale to support dispensing for a 28 to 89 day period must also be documented (electronic or written).

C. DISPENSING OF 1 TO 27 DAYS SUPPLY

The Frequent Dispensing Policy (FDP), as detailed in Appendix C of the Alberta Blue Cross Pharmaceutical Services Provider Agreement, applies to drug benefits that are being dispensed with a days' supply of less than 28 days.

The FDP is applied to all Alberta Blue Cross plans, including public and personal plans, when a prescriber or patient requests dispensing of a 1 to 27 days supply.

- For each drug being dispensed for chronic or long-term use on a continuous basis, special service codes must be included with each claim. The FDP covers a maximum number of dispensing fees for prescriptions filled daily or for a 2 to 27 day supply. The policy is effective May 17, 2018.

The policies for daily dispensing and 2 to 27 day dispensing are mutually exclusive.

- › For daily dispensing—the maximum number of dispensing fees per plan member that are eligible is three per day regardless of the provider that is dispensing.
- › For 2 to 27 day supply—the maximum number of dispensing fees per plan member that are eligible is two per drug grouping in a 28 day period.

A Drug Grouping is based on the Drug Product Database (DPD) Active Ingredient Group (AIG). An AIG is a product that has the same active ingredients and ingredient strengths. Therefore, two different strengths of the same drug are considered as two separate drug groupings. However, two different brands of the same drug at the same strength are considered the same drug grouping.

Claims beyond the set limit, submitted with a fee greater than \$0 will be rejected with the following response codes:

- › **RA (exceeds max # of Rx per day)** for daily dispensing, or
- › **87 (exceeds max # of prof fees for this drug)** for 2 to 27 days dispensing.

A \$0.00 dispensing fee must be submitted for the claim to be accepted. The drug cost and the Allowable Upcharge #1 and Allowable Upcharge #2 will adjudicate in the usual manner and pharmacies will be reimbursed to the eligible drug cost and allowable upcharges. **The pharmacy is not permitted to charge a dispensing fee to the plan member for FDP claims that are submitted with a \$0.00 dispensing fee.**

ELIGIBILITY CRITERIA:

1. Physical or sensory impairment: a medical condition that limits a person's physical or sensory function to an extent where the patient requires frequent dispensing of medications.
2. Mental or cognitive impairment: a medical condition that may impair the mental or cognitive functioning of a patient, necessitating more frequent dispensing of medications.
3. Medication safety: a broad category that includes complex medication regimens that require more frequent dispensing but also includes safety issues such as a patient history or risk of abuse, poor compliance, dependence, misuse or loss of belongings.
4. Facility living: patients who reside in a continuing care facility.

ELIGIBILITY	SPECIAL SERVICE CODE
Physical impairment/sensory impairment	W – EC consultation level 1
Mental/cognitive impairment	X – EC consultation level 2
Medication safety	Y – EC consultation level 3
Facility living	5 – Approved for home care service

- › For daily dispensing claims use special service code 8.
- › For 2 to 27 day claims use special service code of letter O.

The pharmacist is required to enter two special services codes; one to discern between daily or 2 to 27 day dispense for the plan member (8 or O); and one to indicate which eligibility criteria qualifies the plan member (W, X, Y or 5) for the determined frequency of dispense. These are not considered override codes, and are not required to be submitted in any specific order.

Alberta Blue Cross will rely on the pharmacist to ensure the appropriate codes are submitted to support the claim.

Exemptions under the FDP include only three categories:

1. Opioid dependence treatment drugs such as Methadone and Suboxone.
2. Acute or short-term dispensing.
3. Drugs covered under the all Albertans programs, including Mifegymiso under the Women's Choice Program, Take-Home Naloxone Kits under the Naloxone program and oseltamivir for influenza outbreak prophylaxis under the Alberta Public Health Activities Program.

ACUTE OR SHORT-TERM DISPENSING

Acute or short-term dispensing is not based on the type of drug, but rather the need for dispensing a drug or drug product within a 28-day period that would not be considered chronic or long-term therapy. If the claim rejects because the dispensing fee limits have been reached for that period, the pharmacist may enter the intervention code **UT (treatment of acute condition)**. This code is required **only if the claim rejects**. This code may only be used four times per drug grouping per plan member per floating year, and all other claims submitted with this code thereafter will be rejected. The claim will need to be resubmitted with a dispensing fee of \$0.

OTHER EXEMPTIONS

There are no exemptions for any other groups of plan members, drugs or activities. This includes but is not limited to blister or compliance packaging, liquid preparations and physician or other prescriber requests.

DOCUMENTATION

The pharmacy must retain supplementary prescription documentation to support the dispensing frequency where chronic or long-term medications are dispensed for less than a 90 to 100 day supply. The documentation (electronic or paper) must contain the following information:

- the patient and/or health care provider request for the drug to be dispensed for less than 28 days or other documentation reduced to writing;
- the patient identification information including name, PHN, date of birth;
- the date of request for frequent dispensing;
- the name of each drug being frequently dispensed as written on the prescription or added to the patient documentation;
- the duration expected for frequent dispensing and the required frequency (such as weekly dispensing for six months); and
- the rationale for why less frequent dispensing is not appropriate. For example, daily dispensing rationale must indicate why weekly dispensing is not appropriate.

All documentation must be retained at the pharmacy and provided upon request to Alberta Blue Cross for the purposes of compliance verification and/or audit purposes.

In the event that documentation does not meet the requirements of a compliance verification review, claims will be subject to reversal.

More information on the FDP can be found at the Alberta Blue Cross pharmacy provider website at www.ab.bluecross.ca/provider/type/pharmacy/home.php.

DISPENSING FOR THE MEDICATION MAINTENANCE PROGRAM

Some Alberta Blue Cross plan sponsors require their members to abide by the Maintenance Medication Program (MMP). MMP applies to select employer-sponsored group and individual plans. For more information, you can find a list of maintenance categories and active ingredients available on the Alberta Blue Cross pharmacy provider website at www.ab.bluecross.ca/providers/pharmacy-resources.php.

On plans where the MMP exists, response code **KX (patient eligible for maintenance supply)** will be received as part of the claim response. In these cases, the MMP takes precedence over the FDP.

NOTE: the response code **87 (exceeds max # of prof fees for this drug)** is used for both the FDP and the MMP. When this code is received:

- Under the FDP, the claim will reject. The pharmacy cannot charge the dispensing fee to the plan member for these claims.
- Under the MMP, the claim will be accepted but will reduce the dispensing fee to \$0.00. In this case, the pharmacy must charge the dispensing fee to the plan member for these claims.

Maintenance drug products

For Alberta Blue Cross employer-sponsored and personal product plans.

Maintenance drug products are those drugs that are prescribed to patients with chronic conditions that, once stabilized, can be managed on an ongoing basis. These drugs have a low probability for dosage change and are usually administered continuously over the course of treatment. Alberta Blue Cross understands it may take time before patients are stabilized on their medication and acknowledges there may be clinical reasons where providing less than a 90-100 days' supply may be required as part of ongoing therapy.

Promoting dispensing of a longer days' supply of maintenance drug products is cost effective and promotes plan viability.

Drug products within the following drug classes may be considered maintenance drugs:

Alzheimer disease agents	Antidepressants	Chronic Obstructive Pulmonary Disease agents
Antiarthritics - DMARDs	Antiglaucoma agents	Contraceptives
Antiasthmatics	Antigout agents	Cardiotonic agents
Anticoagulants	Antihypertensive agents	Hormone replacement therapy
Anticonvulsants	Antiparkinsonian agents	Osteoporosis agents
Antidiabetic agents	Benign Prostatic Hypertrophy agents	Overactive bladder agents
	Cardiac drugs	Thyroid agent drugs
	• Antiangina agents	Vitamins/prescription vitamins
	• Antilipemic agents	

Some drug products may not be included. For example tricyclic antidepressants, salbutamol inhalers and emergency contraceptives. For maintenance and long-term therapy drugs, the quantity of drug dispensed must be the amount sufficient for a 90 to 100 day period.

Coverage for these drugs has not changed; therefore, more than one prescription charge in any 100 day period for the same maintenance or long-term therapy drug will be paid only in those cases where the prescriber orders a drug for less than a 90 to 100 day period for a specific reason including, but not limited to, increased compliance, abuse control, determination of therapeutic effectiveness, potential drug sensitivities or at the written request of the plan member.

Prior approval has to be received from Alberta Blue Cross to provide a quantity greater than the amount sufficient for a 100 day period. Please refer to the next section for details about how to obtain a prior approval.

MMP

The MMP is an automated process that promotes the dispensing of a maintenance supply of 90 to 100 days for maintenance medications. MMP applies to select employer-sponsored group and personal plans. The MMP does not apply to government-sponsored programs. The MMP features are unique to the group plan as noted in the summary below.

SUMMARY OF MAINTENANCE MEDICATION PROGRAMS FOR ALBERTA BLUECROSS EMPLOYEE-SPONSORED GROUP AND PERSONAL PLANS AND ASEBP

MAINTENANCE MEDICATION PROGRAM	MAXIMUM # OF CLAIMS WHERE DISPENSING FEE COMPONENT WILL BE PAID BY THE PLAN*	INTERVENTION CODES TO BE USED IN SPECIFIC SCENARIOS	REFERENCES AVAILABLE ON THE ALBERTA BLUE CROSS WEBSITE**
Alberta Blue Cross employer-sponsored group and individual plans	A maximum of three claims for the same drug product with a days' supply of less than 90 to 100 days. The dispensing fee is paid on subsequent claims when submitted with a days' supply of 90 to 100 days.	<ul style="list-style-type: none"> • NI = dosage change • NF = override quantity appropriate • CO = potential overuse/abuse 	Benefact number 585 February 2016 Benefact number 633 August 2016 Maintenance Medication Program drug listing
ASEBP Group 19930	A maximum of five claims for the same drug product in a calendar year.	<ul style="list-style-type: none"> • NF = override quantity appropriate • MY = long term care Rx split for compliance 	Benefact number 630 August 2016 Benefact number 651 December 2016

*Claims will not be rejected; however, the dispensing fee component may or may not be paid by the plan

**Alberta Blue Cross website at www.ab.bluecross.ca/provider/type/pharmacy/home.php

MAINTENANCE MEDICATION RESPONSE CODES – ALBERTA BLUE CROSS EMPLOYER SPONSORED GROUP AND PERSONAL PLANS

For these medications, the patient's claim history will be considered at time of claim submission in Pride-RT® Direct Bill Adjudication System (POS). The MMP does not reject claims, as the drug costs for maintenance medications will continue to be paid. The below response codes pertain to the coverage of the dispensing fee:

- During the stabilization period (which allows for the member to incur three claims for the same maintenance drug product with a smaller days supply) the claim will be adjudicated with coverage provided for the dispensing fee, and the response code of "KX – patient eligible for maintenance supply" will be returned.
- Once the plan member's claim history identifies three claims for the same maintenance drug product, if the claim is submitted with less than a 90 day supply, the response code of "87 - Exceeds max # of prof fees for this drug" will be returned. If less than a 90 day supply is dispensed, the plan member will be responsible for paying the dispensing fee.
- If a 90 to 100 days' supply is dispensed, the member's plan will continue to pay the dispensing fee as per the plan design.

Dependent upon the plan design, some plans will allow for intervention codes to be used in specific scenarios; however, some major employer-sponsored group plans have chosen not to allow for the use of intervention codes. At the time of adjudication, when an intervention code is submitted but not accepted by our system, you will receive the appropriate messaging as noted above. Alberta Blue Cross may request documentation to substantiate the use of intervention codes through compliance verification.

MAINTENANCE MEDICATION RESPONSE CODES – ALBERTA SCHOOL EMPLOYEE BENEFIT PLAN (ASEBP)

- When submitting a claim for a maintenance drug product that is eligible for a maintenance days' supply of 90 to 100 days, a response code of "KX – patient eligible for maintenance supply" will be returned.
- Once the plan member's claim history identifies five dispensed claims for the maintenance drug product, the response code "87 - Exceeds max # of prof fees for this drug" will be returned. After the fifth dispense, the eligible dispensing fee will no longer be covered by the plan and the plan member will be responsible for paying the difference.

INTERVENTION CODES AND APPLICABLE SCENARIOS FOR ALBERTA BLUE CROSS MMP

SCENARIO	CPHA CODE ALLOWED
Temporarily required to accommodate a dosage change	NI = dosage change
Temporarily required in select cases where there is less than 90 days remaining on the balance of a prescription and <ul style="list-style-type: none"> • the prescription was previously filled for 90 to 100 days' supply, • a new prescription cannot be obtained, and • the prescription is not appropriate for pharmacist adaptation to a 90-day supply. 	NF = override - quantity appropriate
Concerns due to overdose or abuse risk with the specific patient having a maintenance days' supply on hand.	CO = potential overuse/abuse

INTERVENTION CODES AND APPLICABLE SCENARIOS FOR ASEBP MMP

SCENARIO	CPHA CODE ALLOWED
Temporarily required in select cases where there is less than 90 days remaining on the balance of a prescription and <ul style="list-style-type: none"> • the prescription was previously filled for 90 to 100 days' supply, • a new prescription cannot be obtained, and • the prescription is not appropriate for pharmacist adaptation to a 90-day supply. 	NF = override - quantity appropriate
Long term care compliance packaging required	MY = long term care Rx split for compliance

Over 100 days' supply authorization

Alberta Health Coverage for Seniors members (Group 66) may receive an authorization for a medication supply of greater than 100 days on an exception basis. Alberta Blue Cross has real-time authorization processing for Alberta Health Coverage for Seniors Drug Program (Group 66) over 100 days' supply authorizations.

This process offers you the greater convenience of submitting claims for Group 66 with the over 100 days' supply authorization and significantly reduces the number of times you will be required to contact Alberta Blue Cross for prior approval.

To take advantage of the real-time authorization processing for the Group 66 over 100 days' supply authorization, simply make a real-time claim submission (as you normally would) for required medications and days' supply requested by the member, including those in excess of a 100 days' supply.

The claim will be adjudicated and accepted if the member is eligible for a supply of greater than 100 days.

Over 100 days' supply criteria for approval:

- Available only for members leaving the province for more than 100 days.
- One authorization per benefit period (July 1 to June 30).
- Up to a maximum of 200 days' supply, considering quantities on hand.
- Plan members must be stabilized on their medication.
- Consecutive authorizations will not be approved.
- Available to Alberta pharmacies only.

It is not necessary for the members to contact Alberta Health Registration Services unless the member will be absent from the province for more than 183 days. Registration Services can be reached at 780-427-1432 or toll free at 310-0000 then 780-427-1432.

In most situations, you do not need to call in to confirm the member or product is eligible, **just submit a direct bill claim.**



Alberta Blue Cross offers the following three options for obtaining an over 100 days' supply authorization:

Option 1 - Direct billing

The claim will be adjudicated and accepted if the member is eligible for a supply of greater than 100 days.

With some claims, it will be necessary to contact Alberta Blue Cross for prior authorization. We recommend that you first submit all claims then contact us about claims that were not accepted.

If you receive the response code "D9 - Call Adjudicator", please use one of the following options:

Option 2 - Phone

Contact the Alberta Blue Cross Pharmaceutical Services Provider Relations Contact Centre at 780-498-8370 or toll free at 1-800-361-9632 at least five business days prior to the member's departure date.

Option 3 - Fax

Fax the Alberta Health over 100 days' supply authorization request form to Alberta Blue Cross at least seven business days prior to the member's departure date.

RESPONSE CODE	RESPONSE MESSAGE	REASON FOR RESPONSE CODE (ADJUDICATION OUTCOME)	STEPS TO MANAGE CLAIM REJECTION
SD	"Days' supply exceeds quantity authorized" Second line messaging – "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 second line of the response message. NOTE: quantity to be adjusted to the day supply allowed.
D9	"Call Adjudicator"	<ul style="list-style-type: none"> • The member has a coordination of benefits. • Narcotic or controlled medications. • Packaging of medications cannot be dispensed in a days' supply = to the days supply requested (for example, Didrocal kits, insulins or inhalers). • Final days' supply submitted exceeds the term date of the member's coverage. • No prior history of medication. • No prior history of the medication within three months prior to date of service on claim submitted. 	<p>Authorization may be eligible but requires the pharmacy provider to contact Alberta Blue Cross for consideration of approval.</p> <p>Member must be stabilized on their medication. If patient records indicate member is stabilized on medication, contact Alberta Blue Cross for consideration of approval.</p>

Prescriber ID

To ensure the integrity of claim data, appropriate “Prescriber Reference Codes” and “Prescriber IDs” must be used. The integrity of data submitted by pharmacies not only affects the adjudication of claims but also assists with determining benefit status where restricted benefits are limited by designated prescribers.

For the Alberta prescribers listed below, the actual “Prescriber ID” must be used.

PREScriBER TYPE	REFERENCE DESCRIPTION	REFERENCE CODE	PREScriBER ID
Physicians or Physician Assistants	College of Physicians and Surgeons of Alberta	81	Actual ID
Nurse Practitioners or Registered Nurses	College & Association of Registered Nurses of Alberta	82	Actual ID
Dietitians	College of Dietitians of Alberta	83	Actual ID
Pharmacists	Alberta College of Pharmacists	86	Actual ID
Optometrists	Alberta College of Optometrists	87	Actual ID
Midwives	College of Midwives of Alberta	88	Actual ID
Podiatrists	College of Podiatric Physicians of Alberta	89	Actual ID

For the Alberta prescribers listed below, the following “Pseudo IDs” must be used.

PREScriBER TYPE	REFERENCE DESCRIPTION	REFERENCE CODE	PREScriBER ID
Dental Hygienists	College of Registered Dental Hygienists of Alberta	84	88112DH
Dentists	Alberta Dental Association & College	85	88111DT

Only in circumstances when the “Prescriber ID” is unknown, the following “Pseudo IDs” may be used in conjunction with the appropriate “Prescriber Reference Code”.

PREScriBER TYPE	REFERENCE DESCRIPTION	REFERENCE CODE	PREScriBER ID
Physicians or Physician Assistants	College of Physicians and Surgeons of Alberta	81	99111PH
Nurse Practitioners or Registered Nurses	College & Association of Registered Nurses of Alberta	82	66111RN
Dietitians	College of Dietitians of Alberta	83	77111DI
Optometrists	Alberta College of Optometrists	87	44111OP
Midwives	College of Midwives of Alberta	88	55111MW
Podiatrists	College of Podiatric Physicians of Alberta	89	33111PD

The “Pseudo ID” must include the alpha characters as listed above.

For prescribers outside of the province of Alberta, the appropriate “Prescriber ID Reference Code” should be used along with the prescriber’s unique assigned prescriber number. The Prescriber ID is the prescriber’s unique regulatory assigned prescriber number.

Compound claim submission tips

Alberta Blue Cross uses two sets of compound pseudo PINS, which accommodate the following at the time of direct bill claim submission:

- Categorization of compound products based on therapeutic drug classification.
- Identification of compound products prepared and dispensed by a community pharmacy, in accordance with the Alberta Blue Cross Pharmaceutical Services Provider Agreement Section 2.4.
- Identification of compound products procured from a compounding and repackaging pharmacy and dispensed by a community pharmacy.

NOTE: These compounds may not be eligible for coverage through all of your customers' benefit plans. Please contact the Alberta Blue Cross Provider Relations Contact Centre if you are uncertain whether a customer is eligible for coverage of such products.

COMPOUND PINS TO BE USED WHEN SUBMITTING CLAIMS FOR COMPOUNDS PREPARED AND DISPENSED BY A LICENSED PHARMACY

PSEUDO PIN	COMPOUND DESCRIPTION	COMPOUND EXAMPLE
00999102	Compound - Diclofenac (topical)	Diclofenac 2% in PLO Gel
00999103	Compound - Anti-infective (topical)	Fusidic Acid 2% and Terbinafine 2% cream - equal parts
00999104	Compound- Salicylic Acid (topical)	Salicylic acid 10% in Petroleum Jelly
00999105	Compound - Non-steroidal anti- inflammatories, and/or analgesics, and/or muscle relaxants (other than Diclofenac-Topical)	Ketoprofen 10% in PLO Gel
00999107	Compound - Corticosteroids (topical)	Fluocinonide 0.05% topical ointment in coal tar
00999108	Compound Narcotic mixtures (oral and injection)	Meperidine 10 mg/ml oral solution
00999109	Compound - Chlorhexidine mouth rinse (in any concentration other than 0.12%) (oral)	Chlorhexidene 0.75% in glycerin and distilled water
00999110	Combination anti-infective/ corticosteroid (topical)	Hydrocortisone 1% cream and Mupirocin cream - equal parts
00999111	Compound - Hormones (i.e. estrogen, progesterone, testosterone) (all routes)	Progesterone in Van Pen Cream
00999112	Compound - Miscellaneous Topical	2% Diltiazem in Petroleum Jelly
00999113	Compound - Miscellaneous Oral	Propranolol HCL 1 mg/ml oral suspension
00999114	Compound - Miscellaneous Injectable	Ergocalciferol 500,000 IU/ml Injection
00999119	Compound - Retinoic Acid (tretinoin topical)	Retinoic Acid 0.05%, Hydrocortisone 1% in Glaxal Base
00999999	Miscellaneous compound	Dimenhydrinate, Metoclopramide, Prochlorperazine Suppositories

COMPOUND PINS TO BE USED WHEN SUBMITTING CLAIMS FOR COMPOUNDS PROCURED FROM A LICENSED COMPOUNDING AND REPACKAGING PHARMACY AND DISPENSED BY A COMMUNITY PHARMACY

PSEUDO PIN	COMPOUND DESCRIPTION	COMPOUND EXAMPLE
00999202	Compound - Diclofenac (topical)	Diclofenac 2% in PLO Gel
00999203	Compound - Anti-infective (topical)	Fusidic Acid 2% and Terbinafine 2% cream - equal parts
00999204	Compound - Salicylic Acid (topical)	Salicylic acid 10% in Petroleum Jelly
00999205	Compound - Non-steroidal anti- inflammatories, and/or anal- gesics, and/or muscle relaxants (other than Diclofenac-Topical)	Ketoprofen 10% in PLO Gel
00999207	Compound - Corticosteroids (topical)	Fluocinonide 0.05% topical ointment in coal tar
00999208	Compound Narcotic mixtures (oral and injection)	Meperidine 10 mg/ml oral solution
00999209	Compound - Chlorhexidine mouth rinse (in any concentration other than 0.12%) (oral)	Chlorhexidene 0.75% in glycerin and distilled water
00999211	Combination anti-infective / corticosteroid (topical)	Hydrocortisone 1% cream and Mupirocin cream - equal parts
00999212	Compound - Hormones (i.e. estrogen, progesterone, testosterone) (all routes)	Progesterone in Van Pen Cream
00999213	Compound - Miscellaneous Topical	2% Diltiazem in Petroleum Jelly
00999214	Compound - Miscellaneous Oral	Propranolol HCL 1 mg/ml oral suspension
00999215	Compound - Miscellaneous Injectable	Ergocalciferol 500,000 IU/ml Injection
00999219	Compound - Retinoic Acid (tretinoin topical)	Retinoic Acid 0.05%, Hydrocortisone 1% in Glaxal Base
00999216	Miscellaneous Compound	Dimenhydrinate, Metoclopramide, Prochlorperizine Suppositories

COMPOUND ELIGIBILITY ASSESSMENT

Alberta Blue Cross now offers pharmacy providers direct-bill plan pre-adjudication topical compound eligibility assessment through our pharmacy provider website, while still offering direct-bill plan pre-adjudication compound eligibility assessment through our Provider Relations Contact Centre. To facilitate your call, have the following information ready:

- member's name;
- coverage number;
- member's date of birth;
- final quantity and/or strength of the compound;
- final form (for example, cream, lotion, capsule and so forth);
- name, strength and quantity of each ingredient;
- DIN for ingredients where applicable; and
- prescription directions for use.

ELIGIBILITY GUIDELINES FOR TOPICAL DICLOFENAC COMPOUNDS

Pharmacy providers do not need to contact Alberta Blue Cross prior to claims submission to verify the eligibility of a topical compound when the main active ingredient is diclofenac powder mixed either on its own or with another eligible active ingredient in an eligible base as listed below. These topical diclofenac compounds are deemed eligible benefits on all Alberta Blue Cross group, personal and government plans unless the following circumstances occur:

1. A client has exclusions for anti-inflammatory, analgesic or pain management medications. When members have these exclusions, claims submitted for diclofenac compounds will reject at time of adjudication (CD – Drug not a benefit) when billed with the correct pseudo PIN.
2. The compound duplicates a commercially available product.
3. A base or ingredient is used that is not an eligible benefit for the client.

NOTE: If a base or ingredient is not listed below, please contact Alberta Blue Cross to determine whether it is eligible for coverage prior to claim submission.

ELIGIBLE BASES FOR TOPICAL DICLOFENAC COMPOUNDS LISTED BUT NOT LIMITED TO	*ELIGIBLE ACTIVE INGREDIENTS FOR TOPICAL DICLOFENAC COMPOUNDS LISTED BUT NOT LIMITED TO <small>*When added to compounds with diclofenac powder as the main active ingredient)</small>
PLO GEL/CREAM	CAMPHOR CRYSTALS
TRANSDERMAL PAIN BASE / TRANSDERMAL CREAM	CAPSAICIN POWDER
MEDIFLO	MENTHOL CRYSTALS
DIFFUSIMAX	PHENOL
ULTRAMAX	PIROXICAM POWDER
VERSAPRO	IBUPROFEN POWDER
GLAXAL BASE	CYCLOBENZAPRINE POWDER
LIPODERM	Eligible compound example: diclofenac powder 5%, menthol 3% in plo gel
VANPEN BASE	

HOW TO BILL COMPOUNDS	COMPOUND (PURCHASED)	COMPOUND (MADE IN STORE)
What do I use for the drug cost?	Purchased compound price (<i>invoice price</i>)	Manufacturer List Price (MLP) or Base Price
Allowable Upcharge #1	NA	7.5% of MLP & or Base Price
Calculated drug cost* (aggregate of the drug cost and the allowable upcharge #1)	Purchased compound price (invoice price)	Manufacturer List Price (MLP) or Base Price + 7.5% of MLP & or Base Price
Software field	Drug cost field	
Allowable upcharge #2	7.0% of drug cost* All to a maximum of \$100	
Software field	Upcharge field (previously the Additional Inventory Allowance Field)	
Dispensing Fee	\$12.15	\$18.45
Software field	Dispensing Fee field	
Total price	Calculated drug cost* + allowable upcharge #2 + dispensing fee	

POST-CLAIM VERIFICATION

Alberta Blue Cross reserves the right to require submission of claim details before or after payment of the claim. Upon reasonable notification, Alberta Blue Cross will make arrangements to inspect a prescription, purchased compound invoice or supplementary prescription documentation. Verification will include the accuracy of the compound charges for a prescription for which a claim has been adjudicated by Alberta Blue Cross.

Common areas for post-claim verification include, but are not limited to, Insulin Pump Therapy Program verification and compound claims.

If Alberta Blue Cross identifies that an overpayment to the pharmacy has resulted from an error in claims submitted, Alberta Blue Cross will advise the pharmacy of the amount that is owed to Alberta Blue Cross.

Compensation Plan for Pharmacy Services

The Compensation Plan for Pharmacy Services allows pharmacies the ability to claim compensation for providing certain clinical pharmacy services to Albertans.

Claims are to be submitted using Group number 23464, section 000. The ID number is the Personal Health Number (PHN) as listed on the patient's Alberta Personal Health Card.

COVERAGE

The program provides 100 per cent direct bill coverage for eligible services. Reimbursement is not available for these services.

MANDATORY TRANSACTIONAL DATA ELEMENTS

- Use carrier code 16.
- The pharmacist who provides the service must enter their ID in the "Pharmacist ID code" field (for example, 1234, no zero filling required).
- The pharmacist who writes the prescription must enter their ID in the "Prescriber ID code" field (for example, 1234, no zero filling required).
 - > The "Prescriber ID reference" field must be 86
- Use the PHN as the "Client ID number."
- Use the specific PINs and "Special Service Codes" (SSC) as outlined below.
- Enter the corresponding fee into the special service fee input field.

PHARMACY SERVICES PRICE LIST, PINS, SSCS AND INTERVENTION CODES

PHARMACY SERVICE	ELIGIBLE AMOUNT	PRODUCT IDENTIFICATION NUMBER (PIN)	SPECIAL SERVICE CODE (SSC)	INTERVENTION CODE
Assessment for a Prescription Renewal	\$20	71111 81111 (with APA)	F	
Assessment for an Adaptation of a Prescription means: (a) altering the dosage or regimen for a Schedule 1 drug that has been prescribed for a resident; (b) substitution of another drug for a prescribed Schedule 1 drug for a resident if the substituted drug is expected to deliver a therapeutic effect that is similar to the therapeutic effect of the prescribed drug; or (c) discontinuation of a prescribed Schedule 1 drug for a resident if the prescribed drug confers little or no benefit and/or excessive risk of harm.	\$20	71111 81111 (with APA)	H	
Assessment for the Administration of a Product by injection	\$20	71111 81111 (with APA)	J	
Assessment for Prescribing at Initial Access or to Manage Ongoing Therapy	\$25	81116 (with APA)	K	
Assessment for Prescribing in an Emergency for a Resident	\$20	71111 81111 (with APA)	I (alphabet)	
Assessment for Refusal to Fill a Prescription	\$20	71111 81111 (with APA)	1 (number)	
Assessment for Ensuring Continuity of Care in the Event of a Declaration of a State of Emergency or Declaration of a State of Local Emergency	\$20	71119 81119 (with APA)	I (alphabet)	

Assessment for a Trial Prescription	\$0	DIN of new prescription for newly prescribed drug that is eligible for a trial		MT – Trial Rx Program
	\$20	71111 81111 (with APA)	H	MT – Trial Rx Program
	OR			
			M	VN – Trial not tolerated, patient advised MD VQ – Trial OK, no side effects/concerns
Assessment for the Administration of a Publicly Funded Vaccine	\$13	Immunization Reason Codes		
CACP Initial Assessment	\$70	71114 81114 (with APA)	L	
CACP Follow-up Assessment	\$20	71115 81115 (with APA)	M	
SMMA Initial Assessment	\$60	71112 81112 (with APA)	L	
SMMA Follow-up Assessment	\$20	71113 81113 (with APA)	M	
SMMA Diabetes Initial Assessment	\$60	71117 81117 (with APA)	L	
SMMA Diabetes Follow-up Assessment	\$20	71117 81117 (with APA)	M	
SMMA Tobacco Cessation Initial Assessment	\$60	71118 81118 (with APA)	L	
SMMA Tobacco Cessation Follow-up Assessment	\$20	71118 81118 (with APA)	M	

DETAILED DESCRIPTIONS OF “SPECIAL SERVICE CODES”

SSC	Code value - clinical activity
1	Refusal to fill a prescription
F	Renew previous prescription
H	Adapt prescription to current need or; trial prescription, use intervention code MT
I	Prescribed emergency supply of medication
J	Medication administered by injection
K	Prescribe ‘initial supply’ of medication
L	Initial assessment of patient’s need
M	Followup assessment of patient’s needs: or followup assessment of a trial prescription, use intervention code VN (not tolerated) or VQ (trial OK)

RISK FACTOR DIAGNOSIS CODES

RISK FACTOR	DIAGNOSIS CODE
Obesity	278 (BMI of 30 or More)
Tobacco	305.1
Addictions – alcohol	303
Addictions – drugs other than alcohol	304

CHRONIC DISEASE DIAGNOSIS CODES

RISK FACTOR	DIAGNOSIS CODE
Hypertensive Disease	401
Diabetes Mellitus	250
Chronic Obstructive Pulmonary Disease	496
Asthma	493
Heart failure	428
Heart Disease – Angina Pectoris	413
Heart Disease – other	414
Mental Disorders (personal history of)	290 – 319, excluding 303, 304, and 305.1



Step therapy

The step therapy program encourages the safe and cost-effective use of medication. Under this program, a step approach is required to receive coverage for certain second-line or step 2 higher cost medications. In order to receive coverage, the member may first need to try a proven, cost-effective medication (first-line or step 1 drug) included in their plan benefits before the member “steps up” to a more costly product.

STEP THERAPY REFRESHER

A claim for a step therapy drug will be approved if

1. the member has used the step therapy drug in the last 12 months, or
2. the member has used the first-line drugs in the last 12 months.

If neither of the above applies, you will receive the following rejection codes: **QO-preference or step drug available** and **CP-eligible for special authorization**. There are two options:

1. If there is documented prescription history of the member receiving the first-line drug, up to two of the applicable intervention codes may be used:

STEP THERAPY INTERVENTION CODES		EXPLANATION
UP	First line ineffective	The first-line therapy drug did not produce the desired therapeutic effect.
UQ	First line therapy not tolerated by patient	The first-line therapy drug caused an adverse reaction (for example, lactic acidosis with metformin).
CA	Prior adverse reaction (gov't program only)	Insulin products caused an adverse reaction such as injection site reactions.
CB	Previous treatment failure (gov't program only)	Insulin products did not produce the desired therapeutic effect.
CJ	Product is not effective (gov't program only)	Contraindications to use of insulin products or where insulin is not an option (for example, insulin cannot be used because of blindness or cognitive impairment).

The use of intervention codes may be an option if, in your professional opinion, they are appropriate for that member.

2. Advise the member to go back to their prescriber to discuss whether it is appropriate to pursue first-line therapy or special authorization for the step therapy drug.

STEP THERAPY DRUGS	FIRST-LINE DRUGS REQUIRED BEFORE MEMBER IS ELIGIBLE FOR STEP THERAPY DRUG
Pimecrolimus Tacrolimus	Topical corticosteroids
Exenatide Linagliptin Linagliptin/Metformin Liraglutide Pioglitazone Rosiglitazone Rosiglitazone/Glimepiride Rosiglitazone/Metformin Saxagliptin Saxagliptin/Metformin Sitagliptin Sitagliptin/Metformin	Metformin, or meglitinides, or sulfonylureas, or insulins
Montelukast	Inhaled corticosteroids, or inhaled beta-agonist, or antihistamines, or nasal steroids
Zafirlukast	Inhaled corticosteroids, or inhaled beta-agonist
Risedronate Extended Release	Regular release risedronate
Darifenacin Fesoterodine Mirabegron Oxybutynin Controlled Release Oxybutynin Extended Release Oxybutynin Topical Gel Oxybutynin Transdermal patch Solifenacin Tolterodine Trospium	Immediate release oxybutynin
Cabergoline Quinagolide	Bromocriptine
Fidaxomicin	Metronidazole, or Vancomycin
Colesevelam	HMG-CoA reductase inhibitors
Diclofenac oral powder packet	NSAIDS and ergotamines
Doxycycline modified release	Rosacea topical products

To verify Alberta Government Plan step therapy products, please visit the *iDBL* at www.ab.bluecross.ca/dbl/idbl_main1.php

For additional information regarding step therapy, please visit www.ab.bluecross.ca/pdfs/ABC-guide-to-step-therapy-Sept%202018.pdf

Alberta Blue Cross's zero-tolerance fraud policy

Alberta Blue Cross actively investigates and pursues all suspected fraudulent activities and has extensive measures in place to detect and combat fraud. These measures include monitoring claim patterns, auditing to ensure compliance with plan contracts and agreements and pursuing civil and criminal prosecution where evidence indicates fraudulent activity has occurred and restitution is warranted.

Alberta Blue Cross recognizes that health care service providers, including pharmacy staff, play an important role in the detection and prevention of health care fraud and plan abuse. Health care service providers, along with consumers and plan sponsors, are often the first line of defense in battling health care fraud and plan abuse.

HOW YOU CAN HELP

If you suspect any suspicious activity from plan members or providers, please report it immediately by calling the Alberta Blue Cross Fraud hotline toll free at 1-866-441-8477 or emailing fraudtips@ab.bluecross.ca. All information will be kept strictly confidential.

Suspensions of fraudulent activity may also be reported anonymously to Fraud Tips, c/o Provider Audit and Investigative Services, Alberta Blue Cross, 10009-108 Street, Edmonton, AB T5J 3C5.



APPENDIX A

RESPONSE CODE DESCRIPTIONS AND TIPS

RESPONSE CODE	CPHA DESCRIPTION	TYPE OF RESPONSE	WHY THE RESPONSE OCCURRED AND STEPS TO MANAGE CLAIM REJECTION	POSSIBLE INTERVENTION CODES
30	Carrier ID error	Rejection	Must be carrier code 16.	
34	Patient DOB error	Rejection	Format must be YYYYMMDD.	
35	Cardholder identity error	Rejection	The cardholder's last name needs to be entered as a cardholder or billing last name. This may be different than the last name of the patient or member. *Tip* If the member has multiple names, try changing the order or adding or removing punctuation.	
37	Patient first name error	Rejection	Confirm the member's first name with their card.	
38	Patient last name error	Rejection	Confirm the member's last name with their card.	
40	Patient gender Error	Rejection	Verify the member's gender against the member's Alberta health care card.	
56	DIN/GP#/PIN error	Rejection	The DIN/PIN is not recognized. The product may not be a benefit. Pseudo PINs listing can be found on the Interactive Drug Benefit List or in the Nutritional Product, Package Size and UPC Listing document found on the Alberta Blue Cross website.	
57	SSC error	Rejection	The Special Service Code (SSC) is either missing or does not match the PIN being billed. Refer to the compensation guide located in the resources section of the Alberta Blue Cross website for the correct SSC code for each service.	
60	Prescriber licensing authority code error	Rejection	Prescriber ID reference field is empty or does not match the prescriber license.	
61	Prescriber ID error	Rejection	Prescriber license number cannot be matched to an active prescriber. Verify license number is correct and the correct prescriber ID reference is being used. *Tip* Refer to the Alberta College of Pharmacist website to find the correct prescriber ID. Refer to Benefact 994 for more information.	
64	Special authorization code error	Rejection	Special authorization number is required when an Alberta Human Services client does not have active drug coverage and is provided a 1976 Drug Authorization by the Alberta Human Services program. *Tip* Refer to Benefact 312 for more information.	
76	Pharmacist ID code error or missing	Rejection	Pharmacist ID must be a valid pharmacist registration number.	

RESPONSE CODE	CPHA DESCRIPTION	TYPE OF RESPONSE	WHY THE RESPONSE OCCURRED AND STEPS TO MANAGE CLAIM REJECTION	POSSIBLE INTERVENTION CODES
87	Exceeds maximum number of professional fees for this drug	Information	The claim submitted is for a maintenance medication with a days' supply of less than 90, and the member's plan requires a 90-day supply to be dispensed. If the member prefers less than 90 days, the member is responsible for paying the dispensing fee. If there is a clinical need to have the product dispensed more frequently, an intervention code may be required to indicate the reason. Refer to Benefacts 585, 630 and 633 for more information.	NI = Dosage change NF = Override - quantity appropriate CO = Potential overuse or abuse MY = Long term care Rx split for compliance (applicable on ASEBP plans only)
		Rejection	The dispensing fee will need to be removed from the claim to facilitate payment for long-term or chronic dispensing. If dispensing for acute treatment, an intervention code may be used. Refer to Benefact 740 for more information.	UT = Treatment of acute condition (May only be used four times per drug grouping, per person or per floating year.)
B2	Return to first pharmacy requested (specific to Human Services groups only)	Rejection	The client is eligible to receive prescriptions from only one pharmacy within a calendar month. If the client cannot return to the first pharmacy that initially submitted the first claim, the client would have to contact their worker.	
C3	Coverage expired before service	Rejection	Please ask the member to contact the Alberta Blue Cross Customer Services department at 1-800-661-6995 if the member still has active coverage.	
C4	Coverage terminated before service	Rejection	The member's coverage may no longer be active. Verify the coverage information entered against the member's benefits card. If the information entered doesn't match the benefit's card, contact the Alberta Blue Cross Pharmacy Provider line at 1-800-361-9632 for further assistance.	
C5	Plan maximum exceeded	Rejection	The member has a dollar or quantity maximum, and the member has met their maximum. Contact the Alberta Blue Cross Pharmacy Provider line at 1-800-361-9632 for plan details.	
C6	Patient has other coverage	Rejection	As per Alberta Blue Cross records, the member has an external benefits plan that pays primarily to their Alberta Blue Cross coverage. If the member no longer has coverage under that plan, please have them contact Alberta Blue Cross Customer Service at 1-800-661-6995. If the claim was submitted to the primary plan and your member is not eligible for coverage, an intervention code may be used. See Benefacts 538 and 1003 for additional information.	DB = SECONDARY CLAIM – ORIGINAL TO OTHER CARRIERS
C8	No record of this beneficiary	Rejection	The member demographic information submitted does not match the information on Alberta Blue Cross records. For further assistance, call the Alberta Blue Cross Pharmacy Provider line at 1-800-361-9632.	

RESPONSE CODE	CPHA DESCRIPTION	TYPE OF RESPONSE	WHY THE RESPONSE OCCURRED AND STEPS TO MANAGE CLAIM REJECTION	POSSIBLE INTERVENTION CODES
C9	Patient not covered for drugs	Rejection	Active drug coverage cannot be found for this member. Please ensure plan information, including any leading zeros, are entered correctly. Client ID should be 10 digits. Group number should be seven digits followed by the section number (up to three digits). For further assistance, call the Alberta Blue Cross Pharmacy Provider line at 1-800-361-9632.	
CD	Patient not entitled to drug claimed	Rejection	The drug being claimed is not a benefit under the member's plan. If submitting a claim for group 23464, verify the correct PIN was entered.	
D1	DIN/PIN/GP #SSC not a benefit	Rejection	Claiming an invalid SSC, PIN or combination.	
D3	Prescriber is not authorized	Rejection	<p>The information does not match a prescriber authorized to prescribe this product. Please ensure the prescriber reference code and license number are correct.</p> <p>The product being dispensed may require a designated prescriber, please see the coverage details for the product on the Interactive Drug Benefit List.</p> <p>*Tip* Alpha characters are no longer accepted unless it is part of the college assigned prescriber id number. Refer to benefact 994 for more information.</p>	
D9	Call adjudicator	Rejection	<ul style="list-style-type: none"> 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 The member has Alberta Human Services coverage. Narcotic or controlled medications. Packaging of medication cannot be dispensed in a days' supply equal 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. <p>Authorization may be eligible, but requires the pharmacy provider to contact Alberta Blue Cross Pharmacy Provider line at 1-800-361-9632 for consideration of approval.</p>	
DM	Days' supply exceeds plan limit	Rejection	Member's benefit plan does not allow for quantity authorization.	
DP	Quantity exceeds maximum per claim	Rejection	Quantity submitted is greater than quantity authorized by Alberta Blue Cross. Claim must be resubmitted with quantity authorized by Alberta Blue Cross.	

RESPONSE CODE	CPHA DESCRIPTION	TYPE OF RESPONSE	WHY THE RESPONSE OCCURRED AND STEPS TO MANAGE CLAIM REJECTION	POSSIBLE INTERVENTION CODES
DQ	Quantity is less than minimum per claim	Rejection	<p>Quantity submitted is less than allowable.</p> <p>Check to ensure you are billing with the appropriate unit of issue. For example, most inhalers are billed per dose not per number of units.</p> <p>*Tip* Unit of issue for products can be found on the Interactive Drug Benefit List or on the Alberta Blue Cross Drug Price List.</p> <p>Quantity submitted is less than quantity authorized by Alberta Blue Cross. Claim must be resubmitted with quantity authorized by Alberta Blue Cross.</p>	
DR	Days' supply lower than minimum allowable	Rejection	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.	
EU	Quantity and/or days' supply not permitted	Rejection	Dosage claimed is outside the minimum and maximum range, or dose is greater than the max dose rule for days' supply.	
FH	Exceeds maximum special service fee allowed	Rejection	Verify the correct fee for the corresponding PIN was entered.	
FQ	Medical reason reference is not eligible	Rejection	Must be A.	
FR	Condition or risk factor is not eligible	Rejection	Verify the code entered for the initial assessment.	
GD	Not eligible for a quantity authorization	Rejection	<ul style="list-style-type: none"> No prior history of the medication within three months prior to date of service on claim submitted. Member must be stabilized on their medication. If patient records indicate the member is stabilized on the medication, contact Alberta Blue Cross for consideration of approval. Member does not meet the requirement of a minimum of three months of continuous coverage. 	
HD	Patient may qualify for government program	Rejection	<p>Alberta Blue Cross records indicate the member has a government plan that should be paying primary.</p> <p>If member is an Alberta resident, contact the Alberta Blue Cross Pharmacy Provider Line at 1-800-361-9632 for further assistance.</p> <p>If member is not an Alberta resident and the claim was submitted to a provincial plan such as Pharmacare and your patient is not eligible for coverage, the intervention code may be used. Refer to Benefact 1003 for more information.</p>	DA = SECONDARY CLAIM – ORIGINAL TO PROVINCIAL PLAN
KF	Authorization quantity maximum exceeded	Rejection	The period maximum quantity on the member's special authorization has been met. A new special authorization request is required.	

RESPONSE CODE	CPHA DESCRIPTION	TYPE OF RESPONSE	WHY THE RESPONSE OCCURRED AND STEPS TO MANAGE CLAIM REJECTION	POSSIBLE INTERVENTION CODES
KJ	Authorization eligible period has expired	Rejection	<p>The authorization number is not valid or not required as the client may have active coverage.</p> <p>Check if the number is entered correctly and was not used in a previous calendar month for the member.</p> <p>If the member has active coverage for the current month, the authorization number is no longer needed. Try adjudicating the claim without the authorization number.</p> <p>*Tip* Rejection KJ is specific to Alberta Human Services clients. The authorization number should be the region and district number plus the five-digit drug authorization number. Entered as a total of eight digits with no spaces.</p>	
KN	Days' supply limit for period exceeded	Rejection	<p>The days' supply request is greater than the approved special authorization period.</p> <p>Authorization may be eligible, but requires the pharmacy provider to contact Alberta Blue Cross Pharmacy Provider Line at 1-800-361-9632 for consideration of approval.</p>	
KX	Patient now eligible for maintenance supply	Information	<p>The member's plan follows a Maintenance Medication program, and this medication is considered a maintenance drug product.</p> <p>Refer to Benefact 633 for more information.</p>	
NJ	Request inconsistent with other services	Rejection	Claiming a follow-up for a SMMA when the patient has a CACP on file.	
OL	Maximum allowable dispensing fee exceeded	Rejection	Dispensing fee is \$0 for this program.	
OQ	Special authorization eligible under other coverage	Rejection	Special authorization could be required on another plan or has expired on that plan.	
OU	Refill is 'X' days early	Rejection	<p>The claim is being submitted early based on their last fill. The second line of the message indicates the number of days the member is early.</p> <p>If the client is filling for one of the reasons indicated in the intervention code column, the claim may be resubmitted with the proper intervention code. If the intervention codes are not applicable and further assistance is required, contact the Alberta Blue Cross Pharmacy Provider line at 1-800-631-9632.</p>	
QH	Calculated product price is too high	Rejection	<p>The claim is being submitted with a drug cost higher than what is allowable. Drug costs for products can be found on the Interactive Drug Benefit List and the Alberta Blue Cross Drug Price List.</p> <p>*Tip* Ensure the claim is being submitted with the correct unit of issue. Unit of issue can also be found on the Interactive Drug Benefit List and the Alberta Blue Cross Drug Price List.</p>	

RESPONSE CODE	CPHA DESCRIPTION	TYPE OF RESPONSE	WHY THE RESPONSE OCCURRED AND STEPS TO MANAGE CLAIM REJECTION	POSSIBLE INTERVENTION CODES
QL	Patient consultation suggested	Rejection	Claim being submitted for an Alberta Pharmacy Services Assessment follow up without an initial assessment done in the last year. A new initial assessment is required before a follow up can be submitted.	
QO	Preference or step drug availability	Rejection	<p>For this product to be covered the member must have previously tried a first line therapy drug. Information on first line therapy products can be found on the Interactive Drug Benefit List for government sponsored plans. For information on first line products for private plans contact the Alberta Blue Cross Pharmacy Provider line at 1-800-361-9632.</p> <p>Reference - ABC-guide-to-step-therapy-Sept 2018. pdf (bluecross.ca)</p>	<p>UP = First line therapy ineffective</p> <p>UQ = First line therapy not tolerated by patient</p> <p>CA = Prior adverse reaction - Insulin product(s) caused an adverse reaction such as injection site reactions (Government programs only)</p> <p>CB = Previous Treatment failure – insulin product(s) did not produce the desired therapeutic effect (government programs only)</p> <p>CJ = Product is not effective - Insulin product(s) caused an adverse reaction such as injection site reactions (government programs only)</p>
QR	Maximum Allowable Cost (MAC) paid	Information	<p>The claim has reduced to the price of the lower cost therapeutic equivalent. Information on the lower cost product can be found on the Interactive Drug Benefit List for government sponsored plans. For ASEBP see the ASEBP TARP Drugs and Reference Price Listing in the resources section of the Alberta Blue Cross website.</p> <p>If the member is unable to take the therapeutic equivalent due to medical reasons, a pricing authorization can be applied for on some plans.</p> <p>For further assistance contact the Alberta Blue Cross Pharmacy Provider line at 1-800-361-9632.</p>	
RA	Exceeds maximum number of RX per day	Rejection	<p>There is a limit of three dispensing fees per member, per day, on claims with a days' supply of one. This rejection means that the plan has already covered three fees for this member for this date of service. Resubmit the claim with a dispensing fee of \$0.</p> <p>*Tip* Refer to Benefact 740 or contact the Alberta Blue Cross Pharmacy Provider line at 1-800-361-9632 for more information.</p>	

RESPONSE CODE	CPHA DESCRIPTION	TYPE OF RESPONSE	WHY THE RESPONSE OCCURRED AND STEPS TO MANAGE CLAIM REJECTION	POSSIBLE INTERVENTION CODES
RN	Exceeds annual limit	Rejection	UT intervention code has already been used for this product for this member four times in the last year. The intervention code will need to be removed from the claim and the claim resubmitted with a dispensing fee of \$0 Refer to Benefact 740 for more information.	
RV	Non-designated phys, future fills need SA	Information	A second claim for a quinolone antibiotic within 90 days will need special authorization, or the prescription must come from a designated prescriber to be eligible for coverage. *Tip* Refer to the Interactive Drug Benefit List or contact the Alberta Blue Cross Pharmacy Provider line at 1-800-361-9632 for more information on becoming a designated prescriber.	
SD	Days' supply exceeds quantity authorized Second line messaging: Maximum days' supply allowed is X	Rejection	Days' supply submitted exceeds the maximum days' supply allowed. Claim can be resubmitted with a maximum X-day supply allowed as indicated in the second 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.	
SE	Maximum allowable upcharge exceeded	Rejection	The claim submitted has an upcharge higher than what is allowable. Refer to the pharmacy reference guide for your region or contact the Alberta Blue Cross pharmacy provider line at 1-800-361-9632 for more information.	
UB	Optional special authorization required	Rejection	A claim for a quinolone antibiotic has been covered for this member already within the last 90 days. The member will require special authorization, or the prescription must come from a designated prescriber for the claim to be covered. More information can be found by searching the product on the Interactive Drug Benefit List. *Tip* Ensure the claim is being submitted with the physician's actual license number and not a pseudo license number.	
WC	Other program coverage may be available	Rejection	The product may be eligible for funding through government mandated programs or agencies. Private plan coverage should be supplemental. Refer to Benefact 973 for more information.	DY = Not eligible for provincial plan DW = Applied to provincial plan and rejected

APPENDIX B

HELPFUL LINKS

GENERAL INFORMATION	
Provider Relations Operations call centre hours of service and contact	www.ab.bluecross.ca/public_forms/provider-pharmacy-contact.php
Pharmacy provider communications and benefacts	www.ab.bluecross.ca/providers/pharmacy-home.php
Pharmacy reference guides (by jurisdiction)	www.ab.bluecross.ca/provider/type/pharmacy/registration-update.php
PHARMACY PROVIDER INFORMATION	
Pharmaceutical services provider agreement	www.ab.bluecross.ca/providers/pharmacy-resources.php
Pharmacy provider registration / updates	www.ab.bluecross.ca/providers/pharmacy-registration-update.php
Alberta Blue Cross provider information	www.ab.bluecross.ca/providers/pharmacy-home.html
Pharmacist Prescriber special authorization registration form	www.ab.bluecross.ca/provider/type/pharmacy/pharmaceutical-services-provider-agreement.php
DRUG BENEFIT LIST	
Alberta Drug Benefit List	www.ab.bluecross.ca/dbl/publications.html
Interactive Drug Benefit List (iDBL)	www.ab.bluecross.ca/dbl/idbl_main1.html
DRUG BENEFIT PROGRAMS	
Government of Alberta sponsored plans	www.alberta.ca/drug-coverage-health-benefits.aspx
Maintenance Medication Program (MMP) drug list	www.ab.bluecross.ca/providers/pharmacy-resources.php
CLAIMING INFORMATION	
Access to Pride RT [®] direct bill adjudication system guidelines	www.ab.bluecross.ca/providers/pharmacy-resources.php
Direct bill claiming tips	www.ab.bluecross.ca/providers/pharmacy-claiming-tips.php
PRODUCT PIN CODE INFORMATION	
Aerosol holding chamber /mask device PIN codes	idbl.ab.bluecross.ca/idbl/lookupPTCDetail.do?ptclD=940000
Nutritional product PIN codes	idbl.ab.bluecross.ca/idbl/lookupPTCDetail.do?ptclD=402000
DRUG PRICING	
Alberta Blue Cross drug price list	www.ab.bluecross.ca/providers/pharmacy-home.html
ASEBP TARP drug and reference price listing	www.ab.bluecross.ca/providers/pharmacy-resources.php
Unit of issue for pricing	www.ab.bluecross.ca/dbl/pdfs/dbl_units_of_issue_for_pricing.pdf
Price files	www.ab.bluecross.ca/providers/pharmacy-price-files.php
FRAUD PREVENTION	
Confidence line	www.albertabluecross.confidenceline.net
Fraud tip / information	fraudtips@ab.bluecross.ca or https://www.ab.bluecross.ca/resources/benefits-fraud/index.php

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