

# AADL PROSTHETICS AND ORTHOTICS

## AUTHORIZATION USER GUIDE

Online  
authorization  
submission

# AADL PROSTHETICS AND ORTHOTICS BENEFIT PROGRAM—AUTHORIZATION USER GUIDE

Alberta Blue Cross® is pleased to offer online authorization submission for Alberta Aids to Daily Living (AADL) prosthetics and orthotics benefits providers. This convenient service is delivered through an easy-to-use secure website and is available at no cost to prosthetics and orthotics providers across Alberta. Online submission provides the convenience of direct billing for eligible services for your customers with coverage through the AADL program. You are assured of a prompt response directly from Alberta Blue Cross.



## Help

If you have questions about a screen, click on the blue button with a question mark. The help button has answers to questions that are frequently asked about the section.

## Registering for site access

To register for online authorization submission, you must complete the Request for Secure Web Site Access web form. Details about completing this form can be accessed through our public website at [ab.bluecross.ca](http://ab.bluecross.ca).

The Health Services AADL team at Alberta Blue Cross will create your website access based on your completed registration form. To protect your security, a login ID and temporary password will be sent in two separate emails to the email address provided on your registration form. Once you have received both emails, you can begin serving your patients through online authorization submissions.

## Getting started online

Please refer to the information in the emails Alberta Blue Cross sends you when your initial registration is approved. These emails contain your login ID and temporary password. Navigate to the Alberta Blue Cross AADL website at [provider.ab.bluecross.ca/health](http://provider.ab.bluecross.ca/health) and enter the login ID and password in the applicable fields.

You will be asked to agree to the Web Site Policy and Online Billing Agreement, set up your two reminder questions and change your temporary password. This information will be used to verify your identity if you forget your password or require information about your account. Subsequent sign-ins will only require your login ID and password.

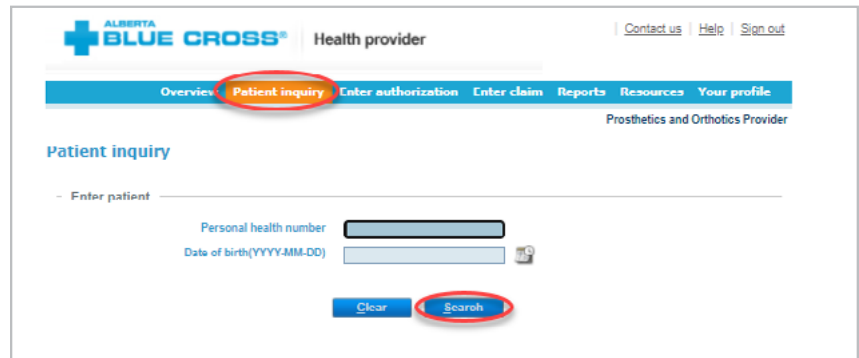
## Authorizing online is quick, easy and secure!

Authorizing online is quick, easy and secure. After validating a patient's identity and predetermining results, simply submit the authorization for processing. Results are displayed within seconds of submission. The transaction is then complete.

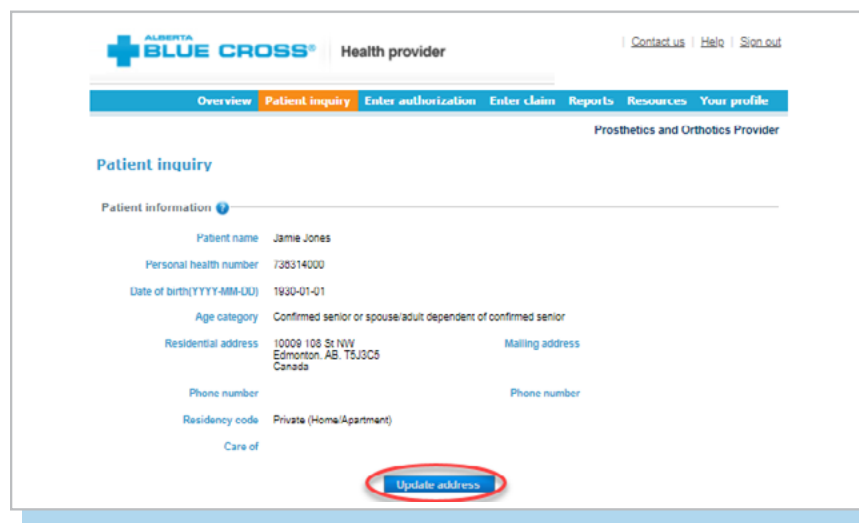


# EASY STEPS TO ACCESSING THE PATIENT INQUIRY SCREEN

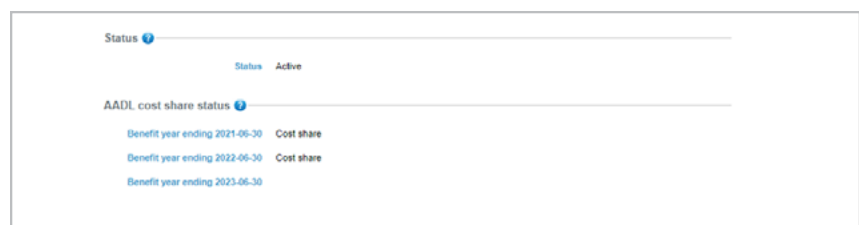
1. Navigate to the "Patient Inquiry" menu option and enter the patient's personal health number and birth date. Then click "Search".



2. Confirm the patient's information and address. To update the patient's address, select "Update address".



3. The patient inquiry screen will list
  - the patient's current AADL status, indicating if they are eligible for AADL benefits or if the coverage has ended; and
  - the patient's cost-share status for the previous, current and future benefit year.



- 4. You can also search the patient's product consumption by selecting the benefit type, product category and product.

The screenshot displays the 'Patient inquiry' section of the Alberta Blue Cross Health provider portal. The page includes a navigation menu with options like 'Overview', 'Patient inquiry', 'Enter authorization', 'Enter claim', 'Reports', 'Resources', and 'Your profile'. The 'Patient inquiry' section is divided into several subsections: 'Patient information', 'Status', 'AADL cost share status', and 'Product consumption'. The 'Patient information' section lists details for Jamie Jones, including personal health number, date of birth, age category, residential and mailing addresses, phone numbers, and residency code. The 'Status' section shows the patient is 'Active'. The 'AADL cost share status' section shows 'Cost share' for benefit years ending 2021-06-30, 2022-06-30, and 2023-06-30. The 'Product consumption' section, which is circled in red, contains three dropdown menus for 'Benefit type', 'Product category', and 'Product', each with the placeholder text '- Please choose one -'. Below these dropdowns are 'Clear' and 'Search' buttons.

Patient information	
Patient name	Jamie Jones
Personal health number	738314000
Date of birth(YYYY-MM-DD)	1930-01-01
Age category	Confirmed senior or spouse/adult dependent of confirmed senior
Residential address	10009 108 St NW Edmonton, AB, T5J3C5 Canada
Mailing address	
Phone number	
Residency code	Private (Home/Apartment)
Care of	

Status	
Status	Active

AADL cost share status	
Benefit year ending 2021-06-30	Cost share
Benefit year ending 2022-06-30	Cost share
Benefit year ending 2023-06-30	

Product consumption	
Benefit type	- Please choose one -
Product category	- Please choose one -
Product	- Please choose one -

# EASY STEPS TO SUBMITTING AND PROCESSING AN AUTHORIZATION

1. Navigate to the "Enter authorization" menu option and enter the patient's personal health number and birth date. Then click "Search".

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

Overview Patient inquiry **Enter authorization** Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

Enter authorization request

Enter patient

Personal health number

Date of birth(YYYY-MM-UU)

Clear Search

2. Confirm patient's address. To update the patient's address, select "Update". If the information is correct and no updates are required, click "Next". If a patient does not have an address in the system, you will be asked to update the patient's address.

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

Overview Patient Inquiry **Enter authorization** Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

Enter authorization request

Confirm patient address

Patient information

Name Jamie Jones

Personal Health Number 736314000

Residential address

Address 10009 108 St NW  
Edmonton, AB, T5L1R7C5  
Canada

Phone number

Residency code Private (Home/Apartment)

Care of

Mailing address

Address

Phone number

Update Cancel Next

3. Select the "Benefit type", "Authorization type" and "Practitioner" for the authorization submission.

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

Overview Patient inquiry **Enter authorization** Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

Enter authorization request

Enter details

Patient information

Name Jamie Jones

Personal Health Number 736314000

Authorization details

Benefit type Choose one -

Authorization type Choose one -

Practitioner Choose one - Add Practitioner

Practitioner Details

Back Cancel Next

4. You will be asked to answer questions to determine eligibility. All the questions that appear are mandatory and must be answered.

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

Overview Patient inquiry **Enter authorization** Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

### Enter authorization request

**Enter details**

**Patient information**

Name	Jamie Jones
Personal Health Number	736314000

**Authorization details**

Benefit type: Prosthetics  
 Authorization type: Lower Limb Functional Level 1  
 Practitioner: Practitioner Prosthetist [Add Practitioner](#)  
[Practitioner Details](#)

**Additional information**

Patient confirms they do not have coverage under other sources of funding (NHB, WCB, UVA, RUMP, Armed Forces, Corrections, MVA), or private insurance that covers 100% of the benefit if cost share.  Yes  No

Confirm the following

- The first section of the Validation Certificate has been signed by the patient.  Yes  No
- Patient has obtained a valid prescription from a physician.  Yes  No

5. As prompted, enter any additional details specific to the product selected.

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

Overview Patient inquiry **Enter authorization** Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

### Enter authorization request

**Enter details - Lower Limb Functional Level 1**

**Patient information**

Name	Jamie Jones
Personal Health Number	736314000

**Additional details**

Assessor name:

Assessment date:

Amputation level:

Body side:

- You will be provided with a list of documents required for the specific authorization being requested. Mandatory documents will be indicated with a red asterisk. Select each box and provide the corresponding documentation.

ALBERTA BLUE CROSS Health provider

Overview Patient inquiry **Enter authorization** Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

### Enter authorization request

Enter details - Lower Limb Functional Level 1

**Patient information**

Name	Jamie Jones
Personal Health Number	736314000

Documentation details

Please select each supporting document in your possession and enter any corresponding values.  
 \* denotes a mandatory supporting document

Client Declaration Form\*

Comments

Back Cancel Next

- You will be asked to upload the documents you have selected. These can be added individually or in a single file, depending on your records. Click "Choose File" and select the file. For each file, you have the option to add additional comments. Click "Upload" and the file will be added to the summary table. You have the option to remove any files that were mistakenly uploaded. Once all files have been uploaded, click on "Process authorization" and confirm patient consent in the pop-up window. Click "OK" to proceed.

ALBERTA BLUE CROSS Health provider

Contact us Help Sign out

Overview Patient inquiry **Enter authorization** Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

### Upload supporting document

Supporting document required for further review

**Patient information**

Name	Jamie Jones
Personal Health Number	736314000

Supporting documentation

You have indicated that you have the following documents. Please upload them for further review.

- Client Declaration Form
 

File	Choose File No file chosen
Comment	

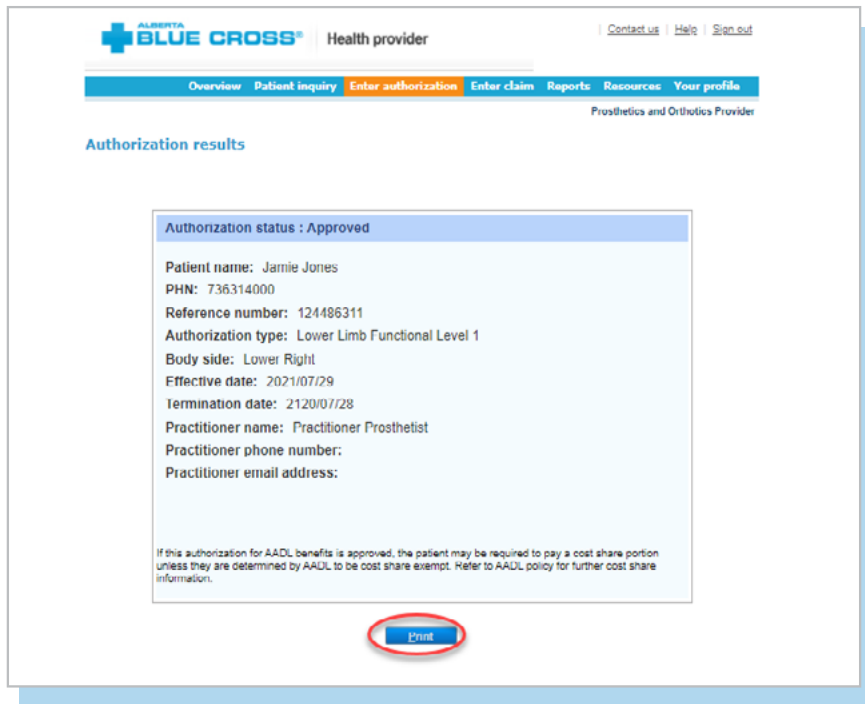
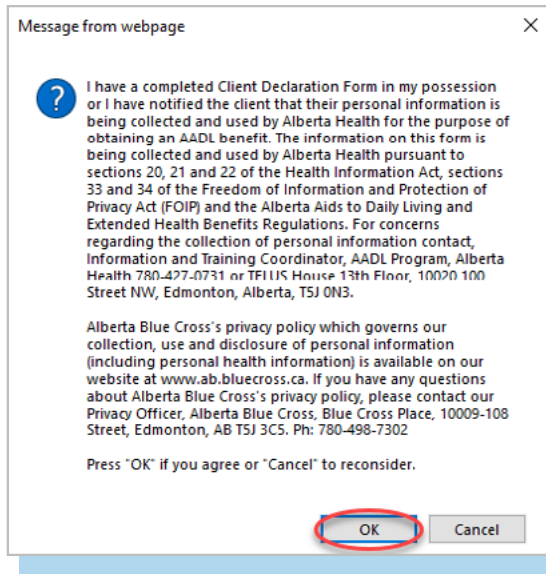
Upload

File	Comment	Details
Test Authorization.docx		

Back Cancel **Process authorization**

8. You will receive a confirmation from Alberta Blue Cross within seconds of your submission. This will indicate whether your authorization request has been approved, rejected or pending for further review.

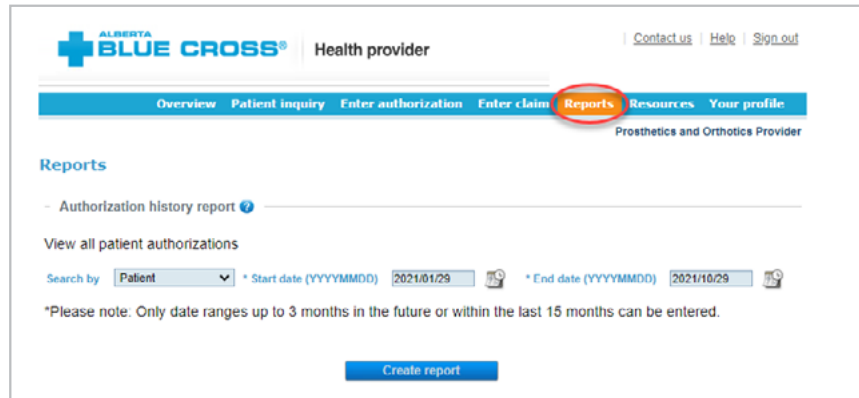
A printable copy of the authorization results is available by clicking "Print".



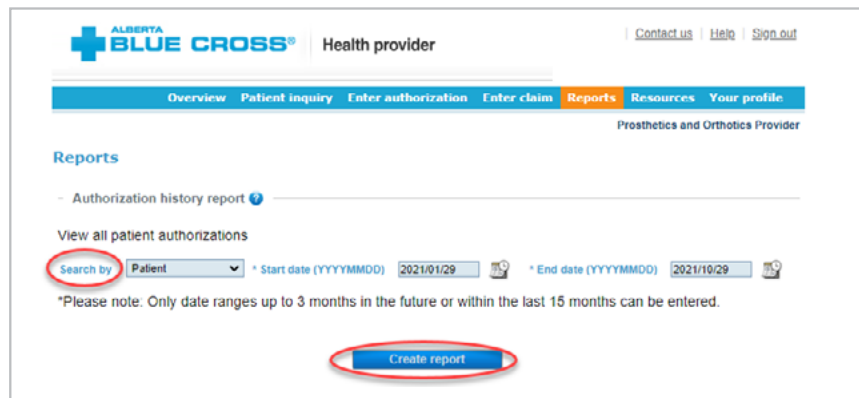


# EASY STEPS TO ACCESS REPORTS

1. Navigate to the "Reports" menu option. This screen allows you to view all authorizations for a specific individual or those submitted through your account.



2. For an authorization history report by patient, select patient from the drop-down menu. Enter a start and end date for the authorization information you wish to display (up to a maximum of the last fifteen months and three months into the future), then click "Create report".



3. Once the report is created, enter the patient's personal health number and date of birth.
  - a. All authorizations that are active or were submitted for the selected individual within the specified time are listed on a printer-friendly screen. Reference numbers, authorization types, effective and termination dates, as well as the status, are all available for your reference.
  - b. To access a printable version of the authorization, click "View" in the summary table.
  - c. To terminate an authorization, click "Term" in the summary table and, when prompted, provide a termination date and reason.



**ALBERTA BLUE CROSS®** Health provider | [Contact us](#) | [Help](#) | [Sign out](#)

Overview Patient inquiry Enter authorization Enter claim **Reports** Resources Your profile

Prosthetics and Orthotics Provider

### Authorization results

**Authorization status :** Approved

**Patient name:** Jamie Jones  
**PHN:** 736314000  
**Reference number:** 124486311  
**Authorization type:** Lower Limb Functional Level 1  
**Body side:** Lower Right  
**Effective date:** 2021/07/29  
**Termination date:** 2120/07/28  
**Practitioner name:** Practitioner Prosthetist  
**Practitioner phone number:**  
**Practitioner email address:**

If this authorization for AADL benefits is approved, the patient may be required to pay a cost share portion unless they are determined by AADL to be cost share exempt. Refer to AADL policy for further cost share information.

[Print](#)

**ALBERTA BLUE CROSS®** Health provider | [Contact us](#) | [Help](#) | [Sign out](#)

Overview Patient inquiry Enter authorization Enter claim **Reports** Resources Your profile

Prosthetics and Orthotics Provider

### AADL Prosthetics and Orthotics Reports

Authorization history report

- Details

Hide details

Reference number	PHN
* 124486311	736314000

\* This authorization was provided by

**Authorization Termination**

Termination date: 2021/07/29

Termination reason: - Choose one -

Comments:

[Save](#)
[Cancel](#)

Status	Action
Approved	<a href="#">View</a> <a href="#">Term</a>

4. For an authorization history report by provider, select provider from the drop-down menu. Enter a start and end date for the authorization information you wish to display (up to a maximum of the last fifteen months and three months into the future), then click "Create report".
  - a. All authorizations that are active or were submitted through your account within the specified time are listed on a printer-friendly screen. Reference numbers, authorization types, effective and termination dates, as well as the status, are all available for your reference.
  - b. To access a printable version of the authorization, click "View" in the summary table.
  - c. To terminate an authorization, click "Term" in the summary table and, when prompted, provide a termination date and reason.

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

Overview Patient inquiry Enter authorization Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

### Reports

Authorization history report ?

View all patient authorizations

Search by: **Provider** \* Start date (YYYYMMDD) 2021/01/29 \* End date (YYYYMMDD) 2021/10/29

\*Please note. Only date ranges up to 3 months in the future or within the last 15 months can be entered.

**Create report**

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

Overview Patient inquiry Enter authorization Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

### AADL Prosthetics and Orthotics Reports

Authorization history report

Details

Hide details

Reference number	PHN	Patient	Type	Effective date (YYYY/MM/DD)	Termination date (YYYY/MM/DD)	Status	Action
* 124486311	736314000	Jones, Jamie	Lower Limb Functional Level 1	2021/07/29	2120/07/28	Approved	View Term

\* This authorization was previously self-submitted

ALBERTA BLUE CROSS® Health provider | Contact us | Help | Sign out

Overview Patient inquiry Enter authorization Enter claim Reports Resources Your profile

Prosthetics and Orthotics Provider

### Authorization results

**Authorization status : Approved**

**Patient name:** Jamie Jones  
**PHN:** 736314000  
**Reference number:** 124486311  
**Authorization type:** Lower Limb Functional Level 1  
**Body side:** Lower Right  
**Effective date:** 2021/07/29  
**Termination date:** 2120/07/28  
**Practitioner name:** Practitioner Prosthetist  
**Practitioner phone number:**  
**Practitioner email address:**

If this authorization for AADL benefits is approved, the patient may be required to pay a cost share portion unless they are determined by AADL to be cost share exempt. Refer to AADL policy for further cost share information.

**Print**

The screenshot displays the Alberta Blue Cross Health Provider portal. At the top, the logo and 'Health provider' text are visible, along with links for 'Contact us', 'Help', and 'Sign out'. A navigation bar includes 'Overview', 'Patient inquiry', 'Enter authorization', 'Enter claim', 'Reports', 'Resources', and 'Your profile'. The 'Reports' tab is active, and the user is identified as a 'Prosthetics and Orthotics Provider'. The main heading is 'AADL Prosthetics and Orthotics Reports', with a sub-heading 'Authorization history report'. A table lists authorization details with columns for 'Reference number' and 'PHN'. A row shows reference number '\* 124486311' and PHN '736314000'. Below the table, a note states '\* This authorization was prov...'. An 'Authorization Termination' dialog box is open, featuring a 'Termination date' field set to '2021/07/29' and a 'Termination reason' dropdown menu. The dialog also includes a 'Comments' text area and 'Save' and 'Cancel' buttons.

# TECHNICAL INFORMATION

Using the Alberta Blue Cross AADL website, an Internet connection and your browser, you can submit authorizations online at your convenience. Most computer systems today have everything required to use this website successfully.

## We're serious about privacy and security

The confidentiality of your records is very important—to you, and to us. You are responsible for your login ID and password. They are intended for your office's use only. We protect your information in various ways, including

- encrypting all information,
- securely delivering your login ID and password,
- denying access to website users after five consecutive, unsuccessful sign-in attempts,
- automatically signing site users out after 30 minutes of inactivity, and
- requiring written authorization before granting access to the Alberta Blue Cross AADL website.

# CONTACT US

For more information about access to the Alberta Blue Cross AADL website, contact Alberta Blue Cross AADL team.

### Phone

587-756-8629 (Edmonton and area)

1-888-828-8738 (toll free, all other areas)

### Email

[HealthServicesAADLINquiries@ab.bluecross.ca](mailto:HealthServicesAADLINquiries@ab.bluecross.ca)

The online claims submission system is available Monday to Sunday, 8 a.m. to 9:30 p.m. MT.

Our regular office hours are Monday to Friday, 8:30 a.m. to 5 p.m. MT.



[provider.ab.bluecross.ca/health](http://provider.ab.bluecross.ca/health)

\*\*The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan. \*† Blue Shield is a registered trade-mark of the Blue Cross Blue Shield Association. ABC 83847 2021/08