

Alberta Aids to Daily Living

Bulletin # 116

Q&A summary and session recordings Prosthetic, orthotic, footwear and ocular prosthetic benefits

Links to session recordings

Prosthetic, orthotic, footwear and ocular prosthetic information session
July 29, 2021

<https://vimeo.com/582666752/f397564fc6>

Prosthetic, orthotic, footwear and ocular prosthetic Alberta Blue Cross online health
portal demonstration

August 19, 2021

<https://vimeo.com/591815089/d129cee884>

Q&A session - August 19, 2021

We are looking for suggestions about what to do with authorizations and claims during the blackout period, especially with new clients who are not yet populated on the AADL website?

During the pilot period, all providers are asked to hold onto their authorizations and claims until the historical data has been transitioned to Alberta Blue Cross and the online health portal is live. Providers should contact AADL for palliative or emergency requests during this timeframe. Please refer to Bulletin #115.

Do we still have to provide clinical rationale and N-code pricing information in the authorization? If so, will that go in the Comments box?

For the majority of authorizations, clinical rationale and supporting documentation are not required. As per the Alberta Blue Cross Health Provider Agreement that all providers are required to sign to access the online health portal, all providers are expected to retain documentation to support the authorizations or claims submitted. Clinical rationale and supporting documentation are required for prior approval submissions and QFR submissions through the Alberta Blue Cross online health portal.

August 27, 2021

Where does one see the catalogue numbers/product codes (P code and N codes) in the authorization phase?

Catalogue numbers/product codes are not required for the authorization submission process. Once the authorization is submitted and approved, then claims (including the **catalogue numbers/product**) are submitted.

Which products need prior approval? Do all modifications/repairs need prior approval or just major modifications?

All products that require prior approval, including major modifications, repairs and substitutions, are listed in the AADL approved product lists or Policy OP - 03 Prior (Approval for Orthotic and Prosthetic Benefits)

Your demonstrations seem to make a couple of assumptions about left or right, but not bilateral. It also seems to assume a single procedure rather than a procedure with a series of components. Please demonstrate how to authorize and claim bilateral AFOs.

Depending on the authorization type and the quantity/frequencies listed in the approved product list, authorization submissions require a body side including left side, right side or bilateral. Authorizations for AFOs, in particular, require a body side of left side or right side. If a client is bilateral, they require two authorizations – one for each body side.

Just to confirm, if you authorize an AFO once, you don't have to authorize future AFOs and can proceed straight to the claim process?

Correct. The majority of authorizations, including AFOs, are a lifetime authorization as long as the client has a valid personal health number. If a client has an active authorization, which can be confirmed by the provider through the online reporting section, claims can be submitted, subject to pertinent quantity and frequency limits, and prior approvals [e.g., QFRs.].

Under the enter claim tab, there is an option to enter the invoice number but no option to populate the other fields by authorization number. Why?

An authorization number is not required at the time of claiming. The claims adjudication system will confirm if eligible clients have an active authorization.

In a previous session, it was mentioned that a claim needs to be submitted within 60 days from the date of service; however, the AADL policy manual suggests 180 days. Can you please confirm if this has changed?

Providers have six months to submit a claim through the Alberta Blue Cross online health portal, but are strongly encouraged to submit their claim as soon as possible. Submitting a claim sooner allows providers to receive reimbursement and for the client's cost-share information and claim history to be updated.. AADL providers from all benefit areas rely on this information to submit their authorizations and claims.

On every authorization request, the question of 100% insurance coverage needs to be answered. Does this mean that clients with 100% coverage are ineligible for AADL coverage on repairs and replacement items, even if AADL paid for the device?

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Correct. As per AADL policy GN-16, Albertans with private insurance that covers 100% of the cost of the benefit are not eligible for the same benefit under AADL.

Regarding authorizations in the online health portal, do we still need a new prescription each time?

Based on AADL policy, if a prescription is required for the authorization, it must be submitted with that authorization.

August 27, 2021

Classification: Public