



UNIVERSITY OF ALBERTA DEPARTMENT OF MEDICINE

Billing and Shadow Billing

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Introduction

- **Your assistance is required to help physicians and their billing support staff prepare claims that are insured under the Alberta Health Care Insurance Plan (AHCIP).**
- **Understand what must be included on all claims to the AHCIP**
- **Ensure the data that the physician entered on a claim is complete and billings are up-to-date.**



What are the differences between ARP and FFS Billing?

❖ Submitting “shadow billing” is a requirement for all Academic Alternate Relationship Plan (ARP) physicians. While we call this “shadow” billing, the billings that the physicians complete are submitted to Alberta Health Care in the same way as they are for the Fee For Service (FFS) counterparts.

❖ Billing data (ARP and FFS) is used by Alberta Health and Wellness (AHW) as a record of all insurable services that the physicians have provided to patients. ARP billing data is also used by AHW as the primary clinical accountability metric to help determine our funding allotment and re-negotiation of our ARP master agreement.



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- **We only submit billings that follow the rules set out in the Schedule of Medical Benefits and the billing analysts will contact the physician if there are any discrepancies or if they are uncertain about what the physician is billing for.**
- **Billing data is used internally by your Divisional Director and the Department of Medicine Practitioners Association (DMPA) to assess clinical productivity and will contribute to the physicians annual review.**



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If a patient label is not available, the billing information required is.....

- **WHO was involved – The physician who provided the service, personal health number (ULI/PHN) of the patient, first and last name of patient as well as the nine digit identification number (PRAC ID) of the referring practitioner who referred the patient.**
- **WHAT service was performed – enter the appropriate health service code from the Schedule of Medical Benefits Procedure List, plus any applicable modifier code(s) from the price list**
- **WHERE it occurred – U of A, Royal Alex, or Grey Nuns Hospital.**



Claim basics...Cont'd

- **WHEN** it occurred – enter the date of service, if applicable, add the modifier for the time of the day. For time-based services, enter the number of calls required to determine the units of time involved.
- **WHY** the procedure was done – enter the Alberta Health and Wellness Diagnostic Code for the disease(s), condition or purpose related to the medical service you are claiming. **NOTE:** diagnostic codes are **NOT** required for pathology, radiology, anesthetic or surgical assist services.

When in doubt, contact your corresponding Billing Analyst.



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Questions?



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