



ALBERTA BLUE CROSS® PHARMACEUTICAL SERVICES

A PHARMACIST'S GUIDE TO PHARMACY SERVICES COMPENSATION

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General description

Alberta Blue Cross administers the Compensation Plan for Pharmacy Services and pays participating Alberta pharmacies a set amount for providing eligible pharmacy services, as described in Ministerial Order 606/2022, to residents of Alberta that have valid Alberta Health Care Insurance Plan coverage.

Details

Eligibility requirements

- The patient must be a resident of Alberta.
- The patient's identity must be confirmed using
 - a valid personal health number,
 - date of birth,
 - gender, and
 - surname and first name.
- Service must be provided by a clinical pharmacist registered with the Alberta College of Pharmacists (ACP).
- Service must be provided through an Alberta pharmacy.
- Residents are eligible for 1 initial Comprehensive Annual Care Plan (CACP) or Standard Medication Management Assessment (SMMA) per 365-day period plus subsequent follow ups (regardless of the number of pharmacies providing services to the resident).
- Only 1 claim for any pharmacy service may be claimed per resident per day with the exception of
 - the assessment for the administration of injections, which is limited to 2 claims per resident per day, and
 - an assessment for the administration of a publicly funded vaccine.

Assessment criteria

Fees are paid only for assessments which lead to a prescription renewal as defined in Ministerial Order 606/2022 Sections 1 and 3(1).

Assessment for a prescription renewal

Criteria

Adapting an existing prescription by renewing a prescription to dispense a Schedule 1 drug or blood product to ensure continuity of care.

Eligible PINs

- 00000071111 (patient assessment completed by a pharmacist without Additional Prescribing Authority [APA]), or
- 00000081111 (patient assessment completed by a pharmacist with APA).

Special service code

- F

Maximum fee paid for this service

- \$20

Assessment for an adaptation of a prescription or alteration of an insulin order

Fees are paid only for the assessment that leads to the adaptation of a prescription or alteration of an insulin order as defined in Ministerial Order 606/2022 Sections 1 and 3(2).

Criteria

- The dosage or regimen for a prescribed Schedule 1 drug or insulin order has been altered.
- A prescribed Schedule 1 drug or insulin is substituted with a different drug, which is expected to deliver a therapeutic effect similar to that of the prescribed drug or insulin.
- A prescribed Schedule 1 drug is discontinued if the prescribed drug confers little or no benefit and/or excessive risk of harm.

Please note: Discontinuation of a prescribed drug is not the same as refusal to fill.

Eligible PINs

- 00000071111 (without APA), or
- 00000081111 (with APA).

Special service code

- H

Maximum fee paid for this service

- \$20

Assessment for a prescribing at initial access or to prescribing to manage ongoing therapy

Fees are paid only for the assessment that leads to prescribing at initial access or to manage ongoing therapy as defined in Ministerial Order 606/2022 Sections 1 and 3(4).

Criteria

A Schedule 1 drug or blood product is prescribed when a clinical pharmacist with APA has assessed the patient and made a determination that the drug or blood product is appropriate through the clinical pharmacist's own assessment of the patient.

Eligible PINs

- 00000081116 (with APA)

Special service code

- K

Maximum fee paid for this service

- \$25

Assessment for an prescribing in an emergency

Fees are paid only for the assessment that leads to prescribing in an emergency as defined in Ministerial Order 606/2022 Sections 1 and 3(5).

Criteria

A Schedule 1 drug or blood product is prescribed when there is an immediate need for drug therapy and it is not reasonably possible for the patient to see another prescriber.

Eligible PINs

- 00000071111 (without APA), or
- 00000081111 (with APA).

Special service code

- I

Maximum fee paid for this service

- \$20

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

Fees are paid only for the assessment that leads to a determination which results in an 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 as defined in Ministerial Order 606/2022 Sections 1 and 3(6).

Criteria

- Renews an existing prescription to dispense a Schedule 1 drug or blood product to ensure continuity of care due to displacement of the patient by the declaration of a state of emergency or declaration of a state of local emergency.
- An assessment performed by a clinical pharmacist that leads to a determination that results in ensuring continuity of care.

Eligible PINs

- 00000071119 (without APA), or
- 00000081119 (with APA).

Special service code

- 1

Maximum fee paid for this service

- \$20

Assessment for refusal to fill a prescription

Fees are paid only for the assessment that leads to a determination which results in a refusal to fill a prescription as defined in Ministerial Order 606/2022 Sections 1 and 3(7).

The refusal to fill is based on

- potential overuse or abuse, or
- a falsified or altered prescription.

Please note: Discontinuation of a prescribed drug is not the same as refusal to fill.

Eligible PINs

- 00000071111 (without APA), or
- 00000081111 (with APA).

Special service code

- 1

Maximum fee paid for this service

- \$20

Assessment for a trial prescription

Fees are paid only for the follow-up assessment of the patient's response and tolerance to the trial quantity as defined in Ministerial Order 606/2022 Sections 1 and 3(8).

Eligible PINs

- 00000071111 (without APA), or
- 00000081111 (with APA).

Codes to be used on *initial* assessment for trial prescription

- Special service code H.
- Intervention code MT: Trial Rx Program.

Codes to be used on *follow-up* assessment for trial prescription

- Special service code M.
- Intervention code
 - VN: trial not tolerated, patient advised medical doctor, or
 - VQ: trial OK, no side effects or concerns.
- **Please note:** If the outcome of the trial prescription results in a subsequent claim for the drug, the dispensing fee on the drug claim should be billed as \$0.

Maximum fee paid for this service

- \$20
- **Please note:** The initial assessment should be billed with a service fee of \$0. The follow-up assessment may be billed with a maximum service fee of \$20.

Assessment for the administration of a product by injection

Fees are paid only for the assessment that leads to the administration of a product by injection as defined in Ministerial Order 606/2022 Sections 1 and 3(3).

Criteria

- The patient is 5 years of age or older.
- The product is an eligible product listed as an injection on the
 - Alberta Drug Benefit List,
 - Alberta Human Services Drug Benefit Supplement, or
 - Palliative Coverage Drug Benefit Supplement.

The pharmacist administering the injection must be authorized by the Alberta College of Pharmacists for authorization to administer injections.

Eligible PINs

- 00000071111 (without APA), or
- 00000081111 (with APA).

Special service code

- J

Maximum fee paid for this service

- \$20
- Maximum number of fees of 2 per patient per day.

Comprehensive Annual Care Plan (CACP) criteria

Fees are paid only for the preparation and documentation of the required elements defined in Ministerial Order 606/2022 Sections 1, 4 and Schedule 1.

CACP criteria

- The patient must have complex needs including a diagnosis of **2 or more** of the following chronic diseases:
 - hypertensive disease,
 - diabetes mellitus,
 - COPD,
 - asthma,
 - heart failure,
 - ischemic heart disease, or
 - mental disorders; or
- the patient has **1** of the above chronic diseases and **1 or more** of the following risk factors:
 - obesity (as per Ministerial Order 606/2022, "obesity" means diagnosis code 278: BMI of 30 or more),
 - addictions, or
 - tobacco.

Initial CACP assessment criteria

Claims must be submitted

- with the *service date* as the date on which the patient signed the CACP consent form, and
- within 14 days of the *service date*.

Eligible PINs

- 00000071114 (without APA), or
- 00000081114 (with APA).

Special service code

- L

Maximum fee paid for this service

- \$100

Maximum number of fees

- 1 fee per patient per 365 days.

Follow-up CACP criteria

- Must have clinical significance to the patient. Rationale for follow up must be documented and followings the instructions set out in the CACP regarding a follow-up CACP assessment
- Initial CACP must be on file in order to submit a claim for a follow up.
- The CACP must be updated for each follow-up CACP assessment. An update to the CACP is required if substantiated by a referral from a physician, a hospital admission or discharge within 14 calendar days or a pharmacist documented decision.

Eligible PINs

- 00000071115 (without APA), or
- 00000081115 (with APA).

Special service code

- M

Maximum fees paid for this service

- \$20

Maximum number of fees

- Up to 12 follow-up fees per patient per 365 days.

Standard Medication Management Assessment (SMMA) criteria

Fees are only paid for the preparation and documentation of the required elements defined in Ministerial Order 606/2022 Sections 1, 5 and Schedule 2.

SMMA criteria

- The patient has 1 of the chronic disease diagnoses (listed below) and is currently taking 3 or more of any Schedule 1 drugs.
- The patient has diabetes mellitus and is taking at least 1 Schedule 1 drug or insulin (SMMA Diabetes).
- The patient uses a tobacco product daily and is willing to receive tobacco cessation services at this time (SMMA Tobacco Cessation Services).
 - Tobacco cessation services must include pharmacotherapy.
- An update to the SMMA is required if substantiated by a referral from a physician, a hospital admission or discharge within 14 calendar days or a pharmacist documented decision.

Chronic diseases include

- hypertensive disease,
- diabetes mellitus,
- COPD,
- asthma,
- heart failure,
- ischemic heart disease, and
- mental disorders.

Initial SMMA criteria

Claims must be submitted

- with the *service date* as the date on which the patient signed the SMMA consent form, and
- within 14 days of the *service date*.

Eligible PINs

	Without APA	With APA
SMMA	00000071112	00000081112
SMMA Diabetes	00000071117	00000081117
SMMA Tobacco Cessation Services	00000071118	00000081118

Special services code

- L

Maximum fees paid for this service

- \$60

Maximum number of fees

- 1 fee per patient per 365 days for the SMMA or SMMA Diabetes.
- 1 fee per patient per 365 days for the SMMA Tobacco Cessation Services.

Follow-up SMMA criteria

- Follow ups must have clinical significance to the patient. Rationale for follow up must be documented and follow the instructions set out in the SMMA regarding a follow up SMMA.
- The SMMA must be updated for each follow-up SMMA. Initial SMMA must be on file before submitting a claim for a follow up.
- An update to the SMMA is required if substantiated by a referral from a physician, a hospital admission or discharge within 14 calendar days or a pharmacist documented decision.

Eligible PINs

	Without APA	With APA
SMMA	00000071113	00000081113
SMMA Diabetes	00000071117	00000081117
SMMA Tobacco Cessation Services	00000071118	00000081118

Special services code

- M

Maximum fees paid for this service

- \$20

Maximum number of fees

- Up to 12 follow-up fees per patient per 365 days for the SMMA or SMMA Diabetes.
- Up to 4 follow-up fees per patient per 365 days for SMMA Tobacco Cessation Services.

Assessment for the administration of a publicly funded vaccine

Fees are paid only for the assessment that results in the administration of a publicly funded vaccine as defined in Ministerial Order 606/2022 Sections 1, 3(9) and Schedule 7.

For the purpose of this compensation plan, the list of publicly funded vaccines as determined by the Alberta Health Immunization Program is as follows:

- (a) Influenza.
- (b) Pneumococcal.
- (c) Diphtheria, tetanus and acellular pertussis.

Criteria

Patients are eligible for the publicly funded vaccine assessment if the following criteria of Alberta Health's Immunization Program (set out in the Influenza Immunization Policy) are met:

- Immunization services must be provided by pharmacists in approved locations and situations.
- Pharmacist immunization services **must not** be provided in a workplace and intended for employees of that workplace.
- The pharmacist completing the assessment must be authorized by the Alberta College of Pharmacists for the authorization to administer injections.
- The patient must be 5 years of age or older.

Eligible PINs

Product	Standard Dose Quadrivalent Inactivated Influenza Vaccine (SD-QIV)		High Dose Quadrivalent Inactivated Vaccine (HD-QIV)
Influenza vaccine name	Fluzone® FluLaval® Tetra	Afluria® Tetra	Fluzone® High Dose
PIN	05666650		00000050
Presentation	Multidose vial pre-filled syringe		Pre-filled syringe
Age group	5 years of age and older		65 years of age and older
Influenza strains	<ul style="list-style-type: none">• A/Victoria/2570/2019 (H1N1)pdm09-like virus,• an A/Darwin/9/2021 (H3N2)-like virus,• a B/Austria/1359417/2021 (B/Victoria lineage)-like virus, and• a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.		

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Maximum fee paid for this service

- Charges of up to \$13 per injectable influenza immunization service may be claimed as per the Compensation Plan for Pharmacy Services under the *Assessment for the Administration of a Provincially Funded Vaccine*.

(Refer to the most recent Pharmacy Benefact and reference guide, released approximately one month prior to the start of the Influenza Immunization Program for program specifics.)

Claiming information

The following information will assist you in submitting your claims successfully:

Pharmacy management system field	Enter
Group #	23464
Section	000
Client ID #	Patient Personal Health Number (PHN)
Patient name	Full last and first name
Patient date of birth	YYYYMMDD
Relationship code	0 (as default if required)
Carrier code	16
Quantity	1
Pharmacist ID # (does not require 0 fill)	Pharmacist registration # of the pharmacist providing the service
Prescriber ID code (does not require 0 fill)	Pharmacist registration # of the pharmacist who prescribed
Prescriber Reference ID code	86
Fee	Appropriate service fee in the dispensing fee field

Initial assessments

	Special service code	PIN non-APA	PIN APA	Fee
SMMA	L	00000071112	00000081112	\$60
SMMA Diabetes	L	00000071117	00000081117	\$60
SMMA Tobacco Cessation Services	L	00000071118	00000081118	\$60
CACP	L	00000071114	00000081114	\$100

Follow-up assessments

	Special service code	PIN non-APA	PIN APA	Fee
SMMA	M	00000071113	00000081113	\$20
SMMA Diabetes	M	00000071117	00000081117	\$20
SMMA Tobacco Cessation Services	M	00000071118	00000081118	\$20
CACP	M	00000071115	00000081115	\$20

Assessments

	Special service code	PIN non-APA	PIN APA	Fee
Prescription renewal	F	00000071111	00000081111	\$20
Adaptation of a prescription or alteration of an insulin order	H	00000071111	00000081111	\$20
Prescribing in an emergency	I	00000071111	00000081111	\$20
Refusal to fill	1	00000071111	00000081111	\$20

Assessment for prescribing at initial access or prescribing to manage ongoing therapy

	Special service code	PIN APA	Fee APA
Prescribing at initial access or prescribing to manage ongoing therapy	K	00000081116	\$25

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

	Special service code	PIN non-APA	PIN APA	Fee
Continuity of care in the event of a declaration of a state of emergency or declaration of a state of local emergency	I	00000071119	00000081119	\$20

Assessment for trial prescription

	Special service code	Intervention code	PIN non-APA	PIN APA	Fee
Trial prescription initial	H = adapt Rx to current need	MT = Trial Rx	00000071111	00000081111	\$0
Trial prescription follow up	M = follow-up assessment of patient's needs	VN = trial not tolerated, patient advised OR VQ = trial OK, no side effects or concerns Please note: if the outcome of the trial prescription results in a subsequent claim for the drug, the dispensing fee on the drug claim should be billed as \$0.	00000071111	00000081111	\$20

Assessment for the administration of a product by injection

	Special service code	PIN non-APA	PIN APA	Fee
Administration of a product by injection	J	00000071111	00000081111	\$20

Assessment for administering a publicly funded vaccine

	Immunization	PIN	Fee
Administering a publicly funded vaccine	Influenza—routine-recommended immunization – influenza High Dose (HD) greater than or equal to 65 years of age	0000050	\$13
	Influenza—routine-recommended immunization – standard dose – 5 years to 64 years of age	5666650	
	Diphtheria-tetanus-acellular pertussis combined vaccine (dTap—pregnant women)	5666670	
	Pneumococcal polysaccharide 23-valent vaccine (Pneumo-P 23)	5666671	

Tips on service claim rejections

Response code	CPhA description	Tip consideration
34	Patient date of birth error	Incorrect / invalid field entry
37	First name error	Incorrect / invalid field entry; spelling
38	Last name error	Incorrect / invalid field entry; spelling
40	Gender error	Must be M or F
72	Special services fee error	Must have the correct dollar value for service provided—do not leave blank
C5	Plan maximum exceeded	All PINs are limited to 1 per patient per transaction date Initial assessments (SSC=L) are limited to 1 per patient service 365-day periods
D1	DIN/PIN/GP #/SSC not a benefit	Provide valid PIN / SSC combination used
D3	Prescriber is not authorized	Provide appropriate (APA / non-APA) PIN; must correspond with (APA / non-APA) pharmacist
DP	Quantity exceeds maximum per claim	Claim quantity must be 1
FH	Exceeds maximum special service fee allowed	The fee entered should not be greater than the fee permitted for the PIN
NJ	Request is inconsistent with other service	Claiming a SMMA activity during a CACP period or claiming a CACP activity during an SMMA period
QL	Patient consultation suggested	Service claim for a follow up where there is no initial assessment on record
UK	Pharmacist is not authorized	Pharmacist not authorized for the administration of a product by injection

Resources

ab.bluecross.ca/providers/pharmacy-home.php

Questions

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Provider Relations Call Centre representative.

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



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