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 60/2018, 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 one 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 one 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 two claims per resident per day.

Assessment criteria

Fees are paid only for assessments which lead to a prescription renewal as defined in Ministerial Order 60/2018 Sections 1 and 3.1

Assessment for a Prescription Renewal

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 (Resident assessment completed by a pharmacist without additional prescribing authority [APA]), or
- 00000081111 (Resident assessment completed by a pharmacist with APA)

Special Services Code

- F

Maximum fee paid for this service

- $20
Assessment for an Adaptation of a Prescription

Fees are paid only for the assessment which leads to the adaptation of a prescription as defined in Ministerial Order 60/2018 Sections 1 and 3.2.

Adaptation of a Prescription criteria

- The dosage or regimen for a prescribed Schedule 1 drug has been altered;
- A prescribed Schedule 1 drug is substituted with a different drug which is expected to deliver a therapeutic effect similar to that of the prescribed drug; or
- 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 (Resident assessment without APA) or
- 00000081111 (Resident assessment with APA)

Special Services Code

- H

Maximum fee paid for this service

- $20

Assessment for prescribing at initial access or to manage ongoing therapy

Fees are paid only for the assessment which leads to prescribing at initial access or to manage ongoing therapy as defined in Ministerial Order 60/2018 Sections 1 and 3.4.

Initial access or ongoing therapy criteria

A Schedule 1 drug or blood product is prescribed when a clinical pharmacist with additional prescribing authority has assessed the patient and made a determination that the drug or blood product is appropriate.

Eligible PINs

- 00000081116 (Resident assessment with APA)

Special Services Code

- K

Maximum fee paid for these services

- $25
Assessment for prescribing in an emergency

Fees are paid only for the assessment which leads to prescribing in an emergency as defined in Ministerial Order 60/2018 Sections 1 and 3.5.

Prescribing in an emergency 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 resident to see another prescriber.

Eligible PINs

- 00000071111 (Resident assessment without APA) or
- 00000081111 (Resident assessment with APA)

Special Services Code

- I

Maximum fee paid for these services

- $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 which leads to a determination which results in an Assessment for ensuring continuity of care in the event of a state of emergency as defined in Ministerial Order 60/2018 Sections 1 and 3.6. The assessment is based on

- An Assessment performed by a Clinical Pharmacist that leads to a Determination which results in ensuring continuity of care.

Eligible PINs

- 00000071119 (Resident assessment without APA) or
- 00000081119 (Resident assessment with APA)

Special Services Code

- I

Maximum fee paid for these services

- $20

Assessment for Refusal to Fill a Prescription

Fees are paid only for the assessment which leads to a determination which results in a Refusal to Fill a Prescription as defined in Ministerial Order 60/2018 Sections 1 and 3.7. The refusal to fill is based on

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

Eligible PINs

- 00000071111 (Resident assessment without APA) or
- 00000081111 (Resident assessment with APA)

Special Services Code

- 1

Maximum fee paid for these services

- $20
Assessment for a Trial Prescription
Fees are paid only for the follow-up assessment of the resident’s response and tolerance to the trial quantity as defined in Ministerial Order 60/2018 Sections 1, 3.8.

Eligible PINs
- 00000071111 (Resident assessment without APA) or
- 00000081111 (Resident assessment with APA)

Codes to be used on Initial Assessment for Trial Prescription
- Special Services Code H and
- Intervention Code MT – Trial Rx Program

Codes to be used on Follow-Up Assessment for Trial Prescription
- Special Services Code M and
- Intervention Code:
  - VN – Trial not tolerated, patient advised MD, or
  - VQ – Trial ok, no side effects/concerns

Maximum fee paid for these services
- $20

Assessment for the administration of a product by injection
Fees are paid only for the assessment which leads to the administration of a product by injection as defined in Ministerial Order 60/218 Sections 1, and 3.3.

Assessment for administration of a product by injection criteria
- The resident 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 (Resident assessment without APA) or
- 00000081111 (Resident assessment with APA)

Special Services Code
- J

Maximum fee paid for these services
- $20
  - Maximum number of fees of two 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 60/2018 Sections 1, 4 and Schedule 1.

CACP criteria

- The resident must have complex needs including a diagnosis of two or more of the following chronic diseases:
  - Hypertensive disease
  - Diabetes Mellitus
  - COPD
  - Asthma
  - Heart failure
  - Ischaemic heart disease
  - Mental disorders; or

- The resident has one of the above chronic diseases and one or more of the following risk factors:
  - Obesity (As per Ministerial Order 60/2018, “obesity” means diagnosis code 278 : BMI of 30 or more)
  - Addictions
  - Tobacco

Initial CACP assessment criteria

- Claims must be submitted
  - with the service date as the date on which the resident signed the CACP consent form; and
  - within 14 days of the service date.

Eligible PINs

- 00000071114 (Resident Assessment without APA)
- 00000081114 (Resident Assessment with APA)

Special Services 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 resident and rationale for follow-up must be documented.
- Initial CACP must be on file in order to submit a claim for a follow-up.
- An updated CACP must be completed after each follow-up to a CACP.
- 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 (Resident Assessment without APA)
- 00000081115 (Resident Assessment with APA)

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.
Standard Medication Management Assessment (SMMA) criteria

Fees are only paid for the preparation and documentation of the required elements defined in Ministerial Order 60/2018 Sections 1, 5 and Schedule 2.

SSMA criteria

- The resident has one of the chronic disease diagnoses (listed below) and is currently taking three or more of any Schedule 1 drugs;
- The resident has diabetes mellitus and is taking at least one schedule 1 drug or insulin (Diabetes SMMA); or
- The resident uses a tobacco product daily and is willing to receive Tobacco Cessation Services at this time (Tobacco Cessation SMMA).
  - Tobacco Cessation Services must include pharmacotherapy
- An update to the SSMA 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
- Ischaemic heart disease
- 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

<table>
<thead>
<tr>
<th></th>
<th>Without APA</th>
<th>With APA</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMMA</td>
<td>00000071112</td>
<td>00000081112</td>
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<tr>
<td>Diabetes SMMA</td>
<td>00000071117</td>
<td>00000081117</td>
</tr>
<tr>
<td>Tobacco Cessation SMMA</td>
<td>00000071118</td>
<td>00000081118</td>
</tr>
</tbody>
</table>

Special Services Code

- L

Maximum fees paid for this service

- $60

Maximum number of fees

- 1 fee per resident per 365 days for the SMMA or Diabetes SMMA
- 1 fee per resident per 365 days for the Tobacco Cessation SMMA
Follow-up SMMA criteria:

- Follow-ups must have clinical significance to the patient and rationale for follow-up must be documented.
- An updated SMMA must be completed after each follow-up to an 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

<table>
<thead>
<tr>
<th>Service</th>
<th>Without APA</th>
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</thead>
<tbody>
<tr>
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<td>00000081113</td>
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<tr>
<td>Diabetes SMMA</td>
<td>00000071117</td>
<td>00000081117</td>
</tr>
<tr>
<td>Tobacco Cessation SMMA</td>
<td>00000071118</td>
<td>00000081118</td>
</tr>
</tbody>
</table>

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 and Diabetes SMMA
- Up to 4 follow-up fees per patient per 365 days for Tobacco Cessation SMMA.

Assessment for the Administration of Publicly Funded Vaccines

Fees are paid only for the assessment that results in the administration of a publicly funded vaccine as defined in Ministerial Order 60/2018 Sections 1, 3.9 and Schedule 7.

Assessment for the Administration of Publicly Funded Vaccines criteria

Residents 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 resident must be nine years of age or older.

Eligible PINs

- 05666603 – Healthcare Worker
- 05666646 – Pregnant Woman
- 05666602 – Greater than or equal to 65 years of age
- 05666664 – Five years to 64 years

Maximum fee paid for this service

- $13

(Refer to the most recent Pharmacy Benefact 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:

<table>
<thead>
<tr>
<th>Pharmacy Management System Field</th>
<th>Enter</th>
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<tbody>
<tr>
<td>Group #</td>
<td>23464</td>
</tr>
<tr>
<td>Section</td>
<td>000</td>
</tr>
<tr>
<td>Client ID #</td>
<td>Patient Personal Health Number (PHN)</td>
</tr>
<tr>
<td>Patient name</td>
<td>Full last and first name</td>
</tr>
<tr>
<td>Patient date of birth</td>
<td>YYYYMMDD</td>
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<tr>
<td>Relationship code</td>
<td>0 (as default if required)</td>
</tr>
<tr>
<td>Carrier code</td>
<td>16</td>
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<tr>
<td>Quantity</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacist ID # (does not require zero fill)</td>
<td>Pharmacist registration # of the pharmacist providing the service</td>
</tr>
<tr>
<td>Prescriber ID code (does not require zero fill)</td>
<td>Pharmacist registration # of the pharmacist who prescribed</td>
</tr>
<tr>
<td>Prescriber Reference ID code</td>
<td>86</td>
</tr>
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<td>Fee</td>
<td>Appropriate service fee in the Dispensing Fee field</td>
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Initial Assessments

<table>
<thead>
<tr>
<th>Special Services Code</th>
<th>PIN Non-APA</th>
<th>PIN APA</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>SMMA</td>
<td>L</td>
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<td>00000081112</td>
</tr>
<tr>
<td>SMMA Diabetes</td>
<td>L</td>
<td>00000071117</td>
<td>00000081117</td>
</tr>
<tr>
<td>SMMA Tobacco Cessation</td>
<td>L</td>
<td>00000071118</td>
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</tr>
<tr>
<td>CACP</td>
<td>L</td>
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Follow-up Assessments

<table>
<thead>
<tr>
<th>Special Services Code</th>
<th>PIN Non-APA</th>
<th>PIN APA</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMMA</td>
<td>M</td>
<td>00000071113</td>
<td>00000081113</td>
</tr>
<tr>
<td>SMMA Diabetes</td>
<td>M</td>
<td>00000071117</td>
<td>00000081117</td>
</tr>
<tr>
<td>SMMA Tobacco Cessation</td>
<td>M</td>
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<tr>
<td>CACP</td>
<td>M</td>
<td>00000071115</td>
<td>00000081115</td>
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</table>
### Pharmacist Prescribing Assessments

<table>
<thead>
<tr>
<th>Prescription renewal</th>
<th>K</th>
<th>00000071111</th>
<th>00000081111</th>
<th>$20</th>
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</thead>
<tbody>
<tr>
<td>Prescription adaptation</td>
<td>H</td>
<td>00000071111</td>
<td>00000081111</td>
<td>$20</td>
</tr>
<tr>
<td>Prescribing in an emergency</td>
<td>I</td>
<td>00000071111</td>
<td>00000081111</td>
<td>$20</td>
</tr>
<tr>
<td>Refusal to fill</td>
<td>I</td>
<td>00000071111</td>
<td>00000081111</td>
<td>$20</td>
</tr>
</tbody>
</table>

### Prescribing at Initial Access or to Manage Ongoing Therapy

| Assessment for Prescribing at Initial Access or to Manage Ongoing Therapy | K | 00000081116 | $25 |

### Assessment for Ensuring Continuity of Care in the event of a State of a Emergency or State of Local Emergency

| Assessment for ensuring Continuity of Care in the event of a Declaration of a State of Emergency or State of Local Emergency | I | 00000071119 | 00000081119 | $20 |

### Assessment for Trial Prescription

| Trial Prescription Initial | H | 00000071111 | 00000081111 | $0 |

| Trial Prescription Follow-up | M | 00000071111 | 00000081111 | $20 |

### Pharmacists’ assessment for administering injections

| Administering products by injection | J | 00000071111 | 00000081111 | $20 |
Pharmacists’ assessment for administering publicly funded influenza vaccines

<table>
<thead>
<tr>
<th>Immunization PIN</th>
<th>Fee</th>
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<tbody>
<tr>
<td>0005666603 – Healthcare Worker</td>
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</tr>
<tr>
<td>0005666646 – Pregnant Woman</td>
<td>$13</td>
</tr>
<tr>
<td>00005666602 – Greater than or equal to 65</td>
<td></td>
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<tr>
<td>00005666664 – 5 years to 64 years</td>
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### Tips on service claim rejections

<table>
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<tr>
<th>Response code</th>
<th>CPhA description</th>
<th>Tip consideration</th>
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<tbody>
<tr>
<td>34</td>
<td>Patient date of birth error</td>
<td>Incorrect / invalid field entry</td>
</tr>
<tr>
<td>37</td>
<td>First name error</td>
<td>Incorrect / invalid field entry; spelling</td>
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<tr>
<td>38</td>
<td>Last name error</td>
<td>Incorrect / invalid field entry; spelling</td>
</tr>
<tr>
<td>40</td>
<td>Gender error</td>
<td>Must be M or F</td>
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<tr>
<td>72</td>
<td>Special Services Fee error</td>
<td>Must have the correct Dollar value for service provided – do not leave blank</td>
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<tr>
<td>C5</td>
<td>Plan maximum exceeded</td>
<td>All PINs are limited to: 1 / patient / transaction date</td>
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<tr>
<td></td>
<td></td>
<td>Initial assessments (SSC=L) are limited to: 1 / patient service 365 day periods</td>
</tr>
<tr>
<td>D1</td>
<td>DIN/PIN/GP #/SSC not a benefit</td>
<td>Provide valid PIN / SSC combination used</td>
</tr>
<tr>
<td>D3</td>
<td>Prescriber is not authorized</td>
<td>Provide appropriate (APA / Non-APA) PIN must correspond with (APA / non-APA) pharmacist</td>
</tr>
<tr>
<td>DP</td>
<td>Quantity Exceeds Maximum per Claim</td>
<td>Claim quantity must be one (1)</td>
</tr>
<tr>
<td>FH</td>
<td>Exceeds Maximum Special Service Fee Allowed</td>
<td>The fee entered should not be greater than the fee permitted for the PIN</td>
</tr>
<tr>
<td>NJ</td>
<td>Request is Inconsistent with Other Service</td>
<td>Claiming a SMMA activity during a CACP period, or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Claiming a CACP activity during an SMMA period</td>
</tr>
<tr>
<td>QL</td>
<td>Patient Consultation Suggested</td>
<td>Service claim for a follow-up where there is no an initial assessment on record.</td>
</tr>
<tr>
<td>UK</td>
<td>Pharmacist is not Authorized</td>
<td>Pharmacist not authorized for the Administration of a product by injection</td>
</tr>
</tbody>
</table>

### Resources

https://www.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