

Pharmacy services compensation update

Effective May 1, 2013, following discussions with Alberta Health and the Alberta Pharmacists' Association, Pharmacy Services Framework has been enhanced with the following changes.

When completing a Comprehensive Annual Care Plan (CACP) or a Standard Medication Management Assessment (SMMA) for Albertans, the follow-up with the patient is now acceptable through the telephone versus an in-person follow-up with the clinical pharmacist. A follow-up CACP or SMMA completed by telephone encounter does not require the signature of the patient or the patient's representative.

The clinical pharmacist may also now provide a summary of the CACP or SMMA to the patient or the other health professionals involved in the patient's health care in lieu of the entire documented report.

When completing a SMMA the criteria has been changed such that the patient only needs to be **currently taking three or more** of any Schedule 1 Drugs or insulin in addition to having a specified chronic disease. For clarity, different dosages of the same Schedule 1 Drug are not considered to be different drugs. Prior to May 1, 2013, the criteria was four or more Schedule 1 Drugs or insulin in addition to having a specified chronic disease.

Alberta Health will continue its discussions with the Alberta Pharmacists' Association to identify and address other areas for potential improvement.

Clarification on pharmacy services compensation for refusal to fill and trial prescription

As outlined in Pharmacy Benefact 382, effective April 1, 2013, additional compensation for pharmacy services is in place for refusal to fill a prescription and trial prescription services. To assist with your direct bill transactions for these services we would like to provide you with answers to the questions we have been receiving.

Refusal to fill

What is considered a refusal to fill?

When a clinical pharmacist chooses not to dispense a prescription as it may not be in the patient's best interest to do so. A refusal to fill a prescription must be based on one of either a potential overuse/abuse situation or a falsified or altered prescription. The clinical pharmacist should use their professional judgment and document the circumstances that led to their determination.

What is not considered a refusal to fill under this pharmacy service?

When a patient is requesting an early refill of a prescription or a pharmacist refuses to fill a prescription for personal moral reasons.

What medications qualify for a refusal to fill?

The criteria are based on the determination by a clinical pharmacist to not dispense a prescription when it is deemed not to be in the patient's best interest to do so.

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Trial prescription

What is considered a trial prescription pharmacy service?

Trial prescription pharmacy service is when a clinical pharmacist dispenses a reduced quantity of a newly prescribed drug in order to assess the patient's response and tolerance to the drug before providing the balance of the prescription. An assessment fee is payable for an assessment of the patient's response and tolerance to the trial prescription before providing the balance of the prescription. At this time, the trial quantity dispensed and products eligible for the trial prescription pharmacy service remain at the discretion of the clinical pharmacist.

Does the second prescription drug claim need to have the MT intervention code as well?

Only the original trial prescription drug claim submitted to Alberta Blue Cross needs the MT intervention code.

What medications are eligible for trial prescription?

There is no defined list of medications eligible for trial prescriptions. At this time, the trial quantity dispensed and medications eligible for the trial prescription pharmacy service remain at the discretion of the clinical pharmacist.

Can a trial prescription be done twice for the same prescription?

No, only newly prescribed drugs are eligible for one trial prescription assessment fee.

Can two different drugs be considered as trial prescriptions claims on the same day?

No more than one trial prescription assessment is eligible for reimbursement per day. Only one fee is payable for each resident per day even if there is more than one assessment done by a clinical pharmacist for that resident. The first claim for a pharmacy service received by Alberta Blue Cross on the day is the payable claim.

How many follow-ups are allowed per each trial medication? (For example, can a pharmacist follow-up with the patient after seven days, then again after 30 days if there was a need to make an adjustment?)

Can two trial prescription assessments be billed?

Once the trial has been completed, you can bill for the trial prescription assessment fee; therefore, only one assessment fee is eligible for the specific trial.

I have completed a CACP or SMMA for my patient; how do I claim for trial prescription service?

As per the Ministerial Order, if a CACP or SMMA has been performed in a service year, all subsequent pharmacy services must be claimed as a follow-up assessment.

Why is a second dispensing fee not eligible?

The Pharmacy Services Framework is in place for all eligible Albertans; as such, Alberta Health has directed that the second dispensing fee should not be charged.

Can a trial prescription be billed on a dosage increase/decrease?

No, only newly prescribed drugs are eligible for one trial prescription assessment fee.

The following demonstrates the information which is required when billing:

Refusal to fill

Pin(s)	PIN description	Allowable Special Services Code (SSC)	Eligible amount
00000071111	Patient assessment without APA	1 – Refusal to fill a prescription	\$20
00000081111	Patient assessment with APA		

Trial prescription

Pin(s) (service event)	PIN description	Allowable Special Services Code (SSC)	Existing Intervention Codes (new to the pharmacy services program) two codes could be transmitted on transaction	Eligible amount (only one assessment fee per service)
00000071111	Patient assessment without APA	*M – Followup assessment of patient’s needs	MT = Trial Rx Program	\$20
00000081111	Patient assessment with APA		VN = Trial not tolerated, patient advised MD VQ = Trial ok, no side effects/ concerns	

*For clarity, Special Services Code (SSC) M should be used on trial prescription services.

The following is an example of the trial prescription process for all Alberta Blue Cross Plans:

1. A patient presents a new prescription for a newly prescribed drug.
 - The pharmacist deems that it is appropriate to dispense a smaller quantity, as it is a newly prescribed drug, such as a 7 to 10-day supply, to assess the patient’s response and tolerance to the prescribed drug.
 - Submit a direct bill claim to the patient’s coverage plan with the intervention code of **MT- Trial Rx Program**.
2. Upon completion of the trial period, complete a patient assessment to determine the patient’s response and tolerance to the newly prescribed drug.
 - Submit an assessment transaction under the Pharmacy Services Compensation program, with the appropriate PIN, Special Services Code (SSC) and intervention code, as the assessment is now eligible for the \$20 payment for determination of the patient’s response and tolerance to the trial prescription

Example:

PIN 00000071111 or 00000081111 with SSC M and intervention code of VN or VQ and the eligible amount of \$20

3. If the patient was able to tolerate the newly prescribed drug, the balance of the prescription may then be dispensed.



For more information on pharmacy topics, please contact your Pharmacy Services representatives at:

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