



ALBERTA BLUE CROSS® PHARMACEUTICAL SERVICES

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# 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 615/2024, 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 615/2024 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 615/2024 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

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Fees are paid only for the assessment that leads to prescribing at initial access or to manage ongoing therapy as defined in Ministerial Order 615/2024 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

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Fees are paid only for the assessment that leads to prescribing in an emergency as defined in Ministerial Order 615/2024 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

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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 615/2024 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

- |

### Maximum fee paid for this service

- \$20

## Assessment for refusal to fill a prescription

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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 615/2024 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 615/2024 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 615/2024 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 615/2024 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:

Chronic disease	Diagnosis code
Hypertensive Disease	401
Diabetes Mellitus	250
Chronic Obstructive Pulmonary disease	496
Asthma	493
Heart failure	428
Heart Disease–Angina Pectoris	413
Heart Disease–other	414
Mental Disorders (personal history of)	290–319, excluding 303, 304, and 305.1

The patient has **1** of the above chronic diseases and **1 or more** of the following risk factors:

Risk factor	Diagnosis code
Obesity	278 (BMI of 30 or more)
Tobacco	305.1
Addictions–alcohol	303
Addictions–drugs other than alcohol	304



## Initial CACP assessment criteria

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### 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

- \$70

### Maximum number of fees

- 1 fee per patient per 365 days.

## Follow-up CACP criteria

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- Must have clinical significance to the patient. Rationale for follow up must be documented and following 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 4 follow-up fees per patient per 365-day period from the last day of the previous CACP.

# Standard Medication Management Assessment (SMMA) criteria

*Fees are only paid for the preparation and documentation of the required elements defined in Ministerial Order 615/2024 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 disease diagnosis codes

Chronic disease	Diagnosis code
Hypertensive Disease	401
Diabetes Mellitus	250
Chronic Obstructive Pulmonary disease	496
Asthma	493
Heart failure	428
Heart Disease–Angina Pectoris	413
Heart Disease–other	414
Mental Disorders (personal history of)	290–319, excluding 303, 304, and 305.1

## 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 4 follow-up fees per patient per 365-day period from the last day of the previous initial SMMA or SMMA Diabetes.
- Up to 4 follow-up fees per patient in the 365 days following the initial SMMA, SMMA Diabetes, or 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 615/2024 Sections 1, 3(9), Schedule 5, 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. COVID-19.
- c. Tetanus, diphtheria, and pertussis (Tdap).
- d. Pneumococcal
- e. Respiratory syncytial virus (RSV).

## 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.

Full information about the Alberta Immunization Policy can be found [here](#).

## Eligible PINs

For ongoing changes to PINs related to vaccine administration, please see the Alberta Blue Cross® website for the Reference Guide for Pharmacists Billing COVID-19 Vaccinations, Reference Guide for Alberta Influenza Immunization Program, Reference Guide for Administering and Claiming Outreach Vaccines, and Pharmacy Benefacts.

## Maximum fee paid for this service

- Administration of a Provincially Funded Vaccine will allow charges of up to \$13 per injectable immunization service as per the Compensation Plan for Pharmacy Services.
- Administration of a Provincially Funded Vaccine for Alberta Outreach Immunization Program will allow charges of up to \$17 per injectable immunization service may be claimed. Documentation is required to confirm vaccinations were performed in the Outreach setting.

# 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	\$70

## 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  <b>Please note:</b> 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 administering a publicly funded vaccine

Patients are eligible for the publicly funded vaccine assessment if the following criteria of Alberta Health's Immunization Program 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.

Vaccine	Manufacturer and product	PIN	Reason code	Descriptor	Pharmacy benefit
Pneumococcal 20-valent Conjugate vaccine (Pneu-C20)	Pfizer Pprevnar 20™	11100050	50	Routine recommended immunization	<a href="#">1185 - June 2024</a>
		11100066	66	Other risk	
Tdap vaccine (Tetanus/Diphtheria/Acellular Pertussis)	Sanofi Pasteur Adacel® 5 dose/pkg	10120046	46	Pregnant women	<a href="#">1187 - June 2024</a>
		10120050	50	Routine recommended immunization	
		10120051	51	Post exposure	
	GlaxoSmithKline Boostrix® 10 dose/pkg	10030046	46	Pregnant women	
		10030050	50	Routine recommended immunization	
10030051	51	Post exposure			
RSV vaccine (Respiratory Syncytial Virus)	Pfizer Abrysvo™	14100050	50	Routine recommended immunization	<a href="#">1207 - September 2024</a>

For PINs related to Alberta Outreach Immunization Program, please refer to the Alberta Blue Cross® website for the [Reference guide for administering and claiming outreach vaccines 2024/2025](#).

For PINs related to the fall influenza program, please refer to the [Reference Guide for the 2024-2025 Alberta Influenza Immunization Program](#).

For PINs related to COVID-19 immunization, please refer to the Alberta Blue Cross Website for the [Reference guide for pharmacists billing COVID-19 vaccinations](#).



# Tips on service claim rejections

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

# Resources

[ab.bluecross.ca/providers/pharmacy-home.php](http://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**

