

Alberta Blue Cross  
Pharmaceutical Services

**A pharmacist's guide  
to Pharmacy Services  
compensation**

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## General description

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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

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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.

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### Eligible PINs

- 0000071111 (Resident assessment without APA) or
- 0000081111 (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

- 0000081116 (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**

- |

#### **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**

- |

#### **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

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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

- 0000071114 (Resident Assessment without APA)
- 0000081114 (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

- 0000071115 (Resident Assessment without APA)
- 0000081115 (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

	Without APA	With APA
SMMA	0000071112	0000081112
Diabetes SMMA	0000071117	0000081117
Tobacco Cessation SMMA	0000071118	0000081118

### 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**

	Without APA	With APA
SMMA	00000071113	00000081113
Diabetes SMMA	00000071117	00000081117
Tobacco Cessation SMMA	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 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:

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 zero fill)	Pharmacist registration # of the pharmacist providing the service
Prescriber ID code (does not require zero 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 Services Code	PIN Non-APA	PIN APA	Fee
SMMA	L	0000071112	0000081112	\$60
SMMA Diabetes	L	0000071117	0000081117	\$60
SMMA Tobacco Cessation	L	0000071118	0000081118	\$60
CACP	L	0000071114	0000081114	\$100

### Follow-up Assessments

	Special Services Code	PIN Non-APA	PIN APA	Fee
SMMA	M	0000071113	0000081113	\$20
SMMA Diabetes	M	0000071117	0000081117	\$20
SMMA Tobacco Cessation	M	0000071118	0000081118	\$20
CACP	M	0000071115	0000081115	\$20

### Pharmacist Prescribing Assessments

	Special Services Code	PIN Non-APA	PIN APA	Fee
Prescription renewal	F	0000071111	0000081111	\$20
Prescription adaptation	H	0000071111	0000081111	\$20
Prescribing in an emergency	I	0000071111	0000081111	\$20
Refusal to fill	1	0000071111	0000081111	\$20

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

	Special Services Code	PIN APA	Fee APA
Assessment for Prescribing at Initial Access or to Manage Ongoing Therapy	K	0000081116	\$25

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

	Special Services Code	PIN Non-	PIN APA	Fee
Assessment for ensuring Continuity of Care in the event of a Declaration of a State of Emergency or State of Local Emergency	I	0000071119	0000081119	\$20

### Assessment for Trial Prescription

	Special Services Code	Intervention Code	PIN Non-APA	PIN APA	Fee
Trial Prescription Initial	H = Adapt Rx to current need Use DIN of new prescription eligible for trial and charge \$0 Dispensing	MT = Trial Rx	0000071111	0000081111	\$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	0000071111	0000081111	\$20

### Pharmacists' assessment for administering injections

	Special Services Code	PIN Non-APA	PIN APA	Fee
Administering products by injection	J	0000071111	0000081111	\$20

**Alberta Blue Cross Pharmaceutical Services**  
**A pharmacist's guide to Pharmacy Services compensation**  
**Pharmacists' assessment for administering publicly funded influenza vaccines**

	<b>Immunization PIN</b>	<b>Fee</b>
Administering publicly-funded vaccine	0005666603 – Healthcare Worker	\$13
	0005666646 – Pregnant Woman	
	00005666602 – Greater than or equal to 65	
	00005666664 – 5 years to 64 years	

## 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 / patient / transaction date Initial assessments (SSC=L) are limited to: 1 / 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 one (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 an initial assessment on record.
UK	Pharmacist is not Authorized	Pharmacist not authorized for the Administration of a product by injection

## 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