

3 *Claims Submission*

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3.12. Drug and Product Identification Numbers

General Policy Description

- Health Canada assigns a Drug Identification Number (DIN) to all drug products.
- If Health Canada has not assigned a DIN for a product, PharmaCare assigns a Product Identification Number (PIN) that allows claims for the products to be properly adjudicated by PharmaNet.
- Natural health products with a licence that has been assessed by Health Canada and found to be safe, effective and of high quality under the recommended conditions of use are assigned an eight-digit Natural Product Number (NPN).
- PharmaCare must usually assign PINs for compounded medications, investigational drugs, for natural health products that have not been assigned a NPN, and for non-pharmaceuticals such as blood-glucose testing strips, prosthetics, orthotics, and ostomy supplies.

Policy Details

- Pharmacists and medical device providers must use the appropriate PIN where required by PharmaCare product coverage policies.
- DUE results are not returned for claims using PINs.

Procedures

Identifying a PIN

- Product Identification Numbers (PINs) are used when no DIN is assigned to a product.
- PharmaCare publishes, and regularly updates, lists of PINs for various categories of products on its website including:
 - [Publicly-Funded Vaccines](#)
 - [Methadone](#)
 - [Compounded Prescription Products](#)
 - [Nicotine Replacement Therapy Products and Smoking Cessation Prescription Drugs](#)
 - [Cystic Fibrosis](#) products
 - [Diabetes Items](#):
 - Blood Glucose Test Strips
 - Diabetes Supplies
 - Insulin Pumps
 - Insulin Pump Supplies
 - [Miscellaneous Products](#)
 - [Ostomy Supplies](#)
 - [Prosthetics and Orthotics](#)

>> Need more assistance in determining the correct PIN? Call the [PharmaNet Help Desk](#).

3.13. Correct Quantities

General Policy Description

The reliability of quantity reporting is critical to the efficient and accurate adjudication of claims.

Policy Details

- Refer to [Section 5.5](#), Pricing and Reimbursement Policies section.

Safety Note

- Health Canada assigns one DIN per drug entity. This may affect drugs marketed in unit dose syringes, vials or packs of the same concentration but of varying volumes.
 - For instance, because Botox vials (available in 200 units per vial, 100 units per vial and 50 units per vial sizes) contain the same concentration of active ingredient, all three sizes are identified with the same DIN (1981501). This DIN appears in PharmaNet by default as 100 units per vial. This could lead to dosing errors. Other practitioners, especially Emergency Department physicians and hospital pharmacists, rely on the information in the PharmaNet profile when determining what doses the patient has already had and what doses to re-prescribe.
- Pharmacists' best practice in such situations includes:
 - re-stating the exact dose in the SIG field for other affected DINs
 - ensuring doses are confirmed by a third party (e.g., patient, prescriber, hospital or clinic) before new orders are written and filled.

Procedures

1. Access the [list of the correct units to enter for various medications and medication categories](#).
2. The [BC PharmaCare Formulary Search](#) may also be helpful in determining the unit of measure used for a particular product.

Pharmacies may also contact the PharmaNet HelpDesk for assistance with determining correct quantities for claims.

3. If you are still unsure about the correct unit of measure to submit or are having trouble entering a decimal, contact the PharmaNet Help Desk.

3.14. Drug Use Evaluation (DUE)

General Description

PharmaNet captures and adjudicates all prescriptions dispensed in all community pharmacies and hospital outpatient pharmacies in British Columbia. Once a transaction is completed, PharmaNet returns a complete patient medication history, Drug Use Evaluation (DUE) and adjudication results.

Policy Details

DUE Checks

- The most recent 14 months or the last 15 dispenses within the past 14 months (a “medication history”) of all prescriptions dispensed in community pharmacies and hospital outpatient pharmacies in British Columbia is available online in PharmaNet.
- The Drug Use Evaluation (DUE) function of PharmaNet provides pharmacists with information for assessing patient therapy.
- PharmaNet performs four types of DUE checks, using drug information and clinical modules from FDB.
- The prescription being dispensed is compared to the active prescriptions on the medication history to assess:
 - drug-to-drug interactions
 - drug to prior adverse reactions
 - duplicate therapy/ingredients
 - dose too high/too low

DUE and Methadone

- Methadone is not included in DUE checks as including it causes an excessive number of “Duplicate Ingredient/Duplicate Therapy” messages.
- CPBC: Pharmacists dispensing prescriptions to patients on methadone should be aware of potential drug interactions for methadone and be prepared to recommend appropriate monitoring and management strategies to physicians and patients.
- For information on potential drug interactions, please refer to the College of Pharmacists of BC [Professional Practice Policy \(PPP\) 66 Guide](#).

3.15. Drug Monograph Information

General Policy Description

- The following monographs are available on PharmaNet:
 - Patient Education monographs
 - Counseling Message monographs
 - Drug-to-Drug Interaction monographs (if implemented by the pharmacy software vendor)

Policy Details

Patient Education Monographs

- Patient drug monograph information is supplied by FDB and is sometimes augmented by the College of Pharmacists of British Columbia. Optional access to generic-equivalent data is also available using the same PharmaNet transaction.
 - **Patient education monographs** assist pharmacists in counseling patients about the proper use and side effects of medications. The information is presented in a manner that can be easily understood by a layperson and can be printed for the patient.
 - **The Education Long monograph** is written and provided by FDB. It includes explanation of the reasons for taking the medication, how it should be taken, the potential side effects, and information on handling missed doses. It also details the precautions required when taking the medication, potential drug interactions, and proper storage.

Counseling Message Monographs

- Counseling message monographs are available in pairs—one intended for the pharmacist and the other for the patient. Each pair of messages is rated according to the importance of the information to the patient. All messages have been designed for printing.
 - **Counseling professional monographs** provide “technical” and sometimes detailed explanations regarding proper use, side effects and other information.
 - **Counseling patient monographs** provide information equivalent to the Counseling Professional monographs but in language that can be readily understood by a layperson.

Drug-to-Drug Interaction Monographs

- A drug-to-drug interaction monograph for all possible drug-to-drug interactions for a given medication can be accessed by transmitting a single DIN. A monograph detailing the drug-to-drug interaction between two specific medications can be accessed by transmitting the two DINs.

3.16. Claim Reversals

[June 1, 2015: Updated to reflect Provider Enrollment Regulation terminology and requirements.]

[August 18, 2015: Updated to clarify that providers must reverse claims if they identify an error related to a DIN or PIN.]

General Policy Description

Under certain circumstances, it is necessary to reverse a claim. Reversing a claim modifies the original prescription/claim status on the patient's medication and claims history on PharmaNet to "reversed" and results in a billing correction.

Policy Details

Policy regarding Claims Reversals

- Reversing a claim modifies the original claim status on the patient's medication and claims histories on PharmaNet to "reversed" and automatically causes a billing correction.
- CPBC: Modifying the prescription history for a dispensed prescription on the local software is prohibited.
- If an error related to DIN or PIN, drug name, strength, quantity, practitioner ID or instructions for use is identified, the provider must reverse the claim on PharmaNet, any third-party insurer system, and the local system. The provider should then make the necessary corrections and transmit the corrected claim.
- CPBC: The only field that may be modified without reversing the prescription is the refill authorization field.
- Reasons for reversing a claim may include:
 - the prescription was not picked up by the patient
 - the prescription was dispensed, but the quantity was changed at a later date
 - a data entry error was made
 - a network problem was encountered, requiring the claim to be reversed and re-entered (these are called "network reversals").
 - item was dispensed under the wrong PHN
 - prescription was changed/cancelled in consultation with the physician

Important: A 'Reversed' status code does not necessarily mean the drug was ever prescribed for, or taken by, the patient.

- CPBC: Medications not picked up by the patient must be reversed and returned to stock within 30 days of the dispensing date.
- CPBC: Reversals due to billing adjustments must be made within 120 days of the dispensing date (CPBC bylaw).

- All prescriptions reversed on PharmaNet, except reversals using the intervention code “RE” (“Claim reversed, data entry error”), will appear on the patient’s medication history.
- Providers may reverse a claim up to 120 days after the dispensing date.

Procedures

Routine Reversals

Backdating Re-entered Prescriptions

- CPBC: All corrections to the medication history require that the prescription(s) be reversed and retransmitted with the correct information, using the same date as the original prescription, not the date of correction. It is imperative that patient histories show the correct medications with the correct dispensing dates.
- Backdating of claims on PharmaNet is permitted only for the purpose of correcting a previously adjudicated claim, not to alter adjudication results.

For further information, refer to [Potentially Fraudulent Reversals](#).

Reversals Affecting Deductibles

- Billing corrections caused by reversals may affect patient deductibles.
- A patient who has previously met the annual deductible may fall below the deductible due to a claim reversal. If so, the patient must pay some or all of the cost, depending on the adjudication.

Intervention Codes for Reversals

- The following intervention codes must be used for reversals:

Code	Meaning
RU	Claim reversed, not called for (not picked up)
RE	Claim reversed, data entry error
RC	Prescription cancelled by physician
RR	Prescription refused by patient
NR	Non-returnable Drug Reimbursement
UB	Consulted prescriber and changed dose
UC	Consulted prescriber and changed instructions for use
UD	Consulted prescriber and changed drug
UE	Consulted prescriber and changed quantity

Reversing Claims after 121 Days

- To request the reversal of a prescription that has not been picked up after 121 days, providers must contact the CPBC.
- The CPBC requires the following information in writing:

- the prescription/claim date
- the patient's PHN
- the prescription number (or transaction number)

Note: The CPBC will advise PharmaCare of required changes to claims information.

- For other reversals over 121 days, please contact the PharmaNet Help Desk.

Network Reversals of Claims

- PharmaNet data integrity errors can require the provider, or the College of Pharmacists of British Columbia (CPBC), to reverse a claim.
- A claim on PharmaNet generates a record in the medication history and one in the claims history. If a network problem occurs, the system may complete half the process, creating a record in the claims history without a corresponding record in the medication history, or vice versa. These are referred to as “orphan” records and must be corrected so that medication histories and claims histories are complete. When an orphan record is detected, PharmaNet will send an error message to the provider.

The Patient Coordination of Benefits (PATCoB) table, a “behind-the-scenes” table on PharmaNet, is loaded with PHNs for all BC residents whose drug costs are covered by one of several federal government agencies or programs. If a PHN is in the PATCoB table because the patient has federal coverage, a record is created only in the medication history. This record is not considered an orphan record. Such PHNs will return an error message.

Eliminating an Orphan Record

- To eliminate an orphan record, contact your software vendor (PSV) or the CPBC.

Potentially Fraudulent Reversals

- Providers must not reverse and re-submit claims on a different date so that a patient receives PharmaCare coverage to which they were not entitled when the item was actually dispensed.

PharmaCare Audit can examine claims histories for evidence of this activity.

Reversing Claims Dispensed under the Wrong PHN

- Occasionally, a provider may discover that a previous claim was dispensed under the wrong PHN. These cases may come to light when a patient expresses surprise at having to pay “out of pocket.”
- Some local software allows the reversal and correction of wrong PHN on claims; however, you may need to contact the CPBC.

To Correct a “Wrong-PHN” Prescription Within 120 Days

1. Reverse the claim and re-enter it with the correct PHN as follows:
 - reverse the claim using the incorrect PHN
 - correct the PHN on your local system
 - re-send the claim to PharmaNet with the original dispensing date

2. Otherwise, consult your software vendor or the CPBC for assistance in reversing the claim.

To Correct a “Wrong-PHN” Claim after 121 Days

1. Contact the PharmaNet Coordinator at the CPBC.

Note: These claims cannot be reversed by providers or by PharmaCare staff.

Handling Claim Reversals When Changing or Upgrading Local Software

- When vendors install new software or upgrade an existing product, they perform a “software conversion.” In this conversion, existing data files from the old software are transferred to the new system.
- After a software conversion, claims submitted using the old software cannot be reversed with the new software.
- Providers are advised to reverse claims before a software conversion—and to talk to their software vendor before the conversion to ensure time has been allowed for pre-conversion reversals.
- Just before the vendor performs the conversion, reverse every claim for an item that has not yet been picked up, including those you expect the patient to pick up. By reversing all claims not picked up, you avoid problems (if, for example, a patient picking up an item presents a new insurance card or requests a different quantity of medication).
- After the conversion is complete, re-submit each claim using your new software.

It is important to reverse and reprocess claims. Doing so ensures that the patient’s PharmaNet profile remains accurate, which is essential for physicians and pharmacists who use the medication history to confirm medications.

3.17. Prescription Discontinuations

General Description

- A prescription should be discontinued if a patient has stopped using a medication previously dispensed.
- Discontinuing a prescription changes the status on PharmaNet to “discontinued” and changes the expiry date of the prescription so that the prescription will not be included in DUE.
- A discontinuation does not trigger a billing correction and the medication remains in the patient medication history on PharmaNet.
- CPBC: A prescription may be discontinued only:
 - by the pharmacy that originally dispensed it, and
 - if the original prescription is recorded on PharmaNet.

3.18. Claims for Drug Cost Exceeding \$9999.99

General Description

The maximum drug cost that can be entered in PharmaNet is \$9,999.99. However, drug claims that exceed this amount are not uncommon. Following is information on how these claims should be submitted.

Policy Details

- Claims in excess of \$9,999.99 must be split, with the drug cost, dispensed quantity, and days' supply kept in proportion.
- Dispensing fees may not be split.

Procedure

- To ensure correct adjudication of claims exceeding the maximum:
 - Split the claim and submit as separate claims of less than \$9,999.99.
 - Accurately divide the drug cost in proportion to the dispensed quantity entered for each claim.
 - Pro-rate the days' supply between the claims in proportion to the dispensed quantity entered for each claim (see example [below](#)).
 - Do not split the dispensing fee—include it in only one of the claims (entering a \$0 dispensing fee on the remaining claims).
 - Enter the intervention code MP for all claims except the first claim.
- When you must submit multiple claims due to drug cost exceeding \$9,999.99, you are required to ensure any portion of the days' supply claimed in excess of the PharmaCare maximum for the drug (i.e., 30 or 100 days, as applicable) is entered into PharmaNet with the intervention code **DE—Adjudicate to \$0.00 as requested.**

Sample of submission of a claim in excess of \$9,999.99

Claims for a 28-day supply of a drug with a dispensed quantity of 28 and drug cost of \$24,000			
Field	Claim 1	Claim 2	Claim 3
Dispensed quantity	10	10	8
Days' supply	10	10	8
Drug cost	\$8,571.43	\$8,571.43	\$6,857.14
Dispensing fee	Yes (usual fee claimed)	No (zeroed out)	No (zeroed out)
Intervention code	n/a	MP	MP