

## 8 Pharmacy Fees and Subsidies, and Provider Payment

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## 8.4 Clinical Services Fees

[Effective January 1, 2010]

### *General Policy Description*

PharmaCare pays all participating pharmacies a set amount for providing clinical services associated with prescription adaptation by a pharmacist to patients if the patient is a resident of British Columbia.

Clinical services fees are paid whether or not the drug or the patient is covered by PharmaCare.

### *Policy Details*

#### *Patient eligibility*

- Patients do not need to be covered by PharmaCare to qualify for reimbursement of clinical services fees.

#### *Definition of 'prescription adaptation'*

- Fees are paid only for prescription adaptation as defined by the College of Pharmacists of BC Professional Practice Policy 58 (PPP-58). That is: **1.** Renewing a prescription. **2.** Changing the dose, formulation or regimen of a prescription. **3.** Making a therapeutic drug substitution within the same therapeutic class.
- PharmaCare may recover clinical services fees claimed for services that are not consistent with the PPP-58 definition of prescription adaptation.
- Claims for emergency fills and emergency contraceptive claims are not eligible for payment of clinical services fees.

#### *Maximum clinical services fee*

- Maximum clinical services fee paid is:
  - \$10.00 for a prescription renewal or for changing a dose, formulation, regimen
  - \$17.20 for making a therapeutic substitution.

#### *Maximum number of fees*

- The ministry will pay a maximum of two clinical services fees per drug, per person during a six month period.

#### *Pharmacy eligibility*

- All pharmacies participating in PharmaCare qualify to receive clinical services fees.

#### *Payment schedule*

- Clinical services fees are paid monthly.

### ***Additional charges to patients***

- Pharmacies cannot solicit or accept additional payment from a patient or any other party for services associated with prescription adaptation. If the pharmacy requests or accepts any such fees or payments, PharmaCare may recover all clinical service fees paid to the pharmacy and may refuse to pay additional clinical services fees to the pharmacy.

### ***Relationship to dispensing fees and special services fees***

- Clinical services fees are paid in addition to the normal dispensing fee.
- Special services fees are not paid for a prescription for which a clinical services fee is paid.

## ***Procedures***

### ***Procedures for Pharmacies***

#### ***Submitting claims for prescriptions renewed or adapted by a pharmacist***

Clinical services fees are paid based on the number of claims a pharmacy submits with specific intervention codes. Do **not** submit the clinical services fee amount itself with the claim.

To submit a claim eligible for a clinical services fee:

1. In the **PRACT ID Ref** field, enter *P1* (for College of Pharmacists of BC)
2. In the **PRACT ID** field, enter your *College ID*.
3. At the beginning of the **sig** ("directions") field, type **Adapted**.

*It is important that the word "Adapted" appear at the beginning of the SIG field. This ensures other health care practitioners can easily recognize that this is not the original prescription.*

4. Include the appropriate clinical services fee **intervention code** listed below to flag the claim for clinical services fee payment.

<b>Code</b>	<b>Description</b>
NI	dosage change
NJ	formulation change
NK	directions for use modified
NL	renewal of prescription
NM	therapeutic substitution

#### ***Reconciling clinical services claims with payments***

- Pharmacists or pharmacy staff-members with questions about whether clinical services claims have been accepted (paid) or rejected (not paid) within a payment period may now call the PharmaNet Helpdesk for assistance with adaptations claims only.

- HelpDesk staff will have electronic access to payment and claim details for specific pay periods for claims submitted after April 1, 2011 for adaptations only. HelpDesk staff can also fax a copy of these details (with patient identifiers removed) when requested.

### *Procedure for entering emergency fill and emergency contraceptive claims*

- Please use the following procedure to submit claims for an emergency fill or for emergency contraceptives. These claims are not eligible for a clinical services fee.
  1. In the **PRACT ID Ref** field, enter P1 — College of Pharmacists of BC.
  2. In the **PRACT ID** field, enter your **College ID**.
  3. Include the appropriate intervention code.

Code	Description
NN	emergency supply of medication
NO	emergency contraceptive

## Questions & Answers

### *How do I know if a prescription adaptation is eligible for payment?*

If your pharmacy is participating in PharmaCare, you are eligible for a clinical services fee if the adaptation is:

- for a BC resident, and
- consistent with the terms and conditions of the College of Pharmacists of BC's Professional Practice Policy 58, and
- you enter the appropriate adaptation/renewal intervention code.

### *Do clinical services fees take the place of special services fees?*

It depends on whether the situation is consistent with Professional Practice Policy 58.

If you are comfortable adapting the prescription in a situation where you would previously have referred a patient back to the prescriber, it is appropriate to enter a clinical services fee intervention code. If, however, you decide it is in the best interest to refer a patient to the prescriber without filling the prescription, you are not eligible for a clinical services fee but may be eligible for a Special Services Fee if there is a net savings to PharmaCare.

A Clinical Services Fee and Special Services Fee will not be paid for a single claim.

### *Are clinical services fees paid for dispensing a refill that existed on the original prescription?*

No. Clinical services fee are paid only if there are no refills left on the original prescription. Refills authorized under the original prescription are covered by the usual dispensing fee.

*Are clinical services fees paid for (a) contacting a physician to clarify a concern or amend the prescription, (b) dispensing an emergency supply or (c) dispensing an interchangeable drug?*

No. Because you are not performing an adaptation included under the College of Pharmacists of BC's Professional Practice Policy 58, you would not be eligible for a clinical services fee.

*Is a pharmacy entitled to a clinical services fee for an out-of-province/country patient?*

No. Eligible prescription adaptations include only those for BC residents.

*If a patient is not registered for Fair PharmaCare, can a pharmacy still receive a clinical services fee?*

Yes. Any prescription adapted in accordance with Professional Practice Policy 58 for any BC resident is eligible for payment of a clinical services fee.

## 8.5 Special Services Fees

### General Policy Description

Sometimes a pharmacist may choose not to dispense a prescription for reasons such as a drug-to-drug interaction or suspicion of multi-doctoring.

In some “refusal to fill” situations, the pharmacist may be entitled to claim a PharmaCare fee for “special services.”

### Policy Details

#### When a Special Services Fee can be claimed

- PharmaCare pays a professional intervention fee to any PharmaNet-connected pharmacy that does not dispense a prescription as a result of information revealed to the pharmacist by PharmaNet that results in a cost savings to PharmaCare.
- A professional intervention fee will be paid to a pharmacy only when there has been a cost saving to PharmaCare as a result of a refusal to fill (e.g., an intervention fee for a Fair PharmaCare patient would be paid to the pharmacist only if the deductible has already been satisfied).
- That is, a Special Services Fee is paid for a “refusal to fill” prescription only if there has been a previous successful PharmaCare claim (with PharmaCare adjudication results greater than \$0.00) and a subsequent reversal of that claim.
- Special-services fee claims must be submitted on the same day as the reversal.
- CPBC: When a pharmacist refuses to fill a prescription for suspected poly-pharmacy/ multi-doctoring and processes a claim for a special services fee, the prescription can be returned to the patient. To prevent the patient from presenting the prescription to another pharmacist, mark the prescription with the notation “refused to fill” and the date before returning it.
- Following are situations in which a special-services fee may be claimed. The pharmacist must provide appropriate justification for the refusal-to-fill by using one of the applicable College of Pharmacists (CPhA) intervention codes.
- The approved CPhA refusal-to-fill intervention codes are:

Description	CPhA Code
Significant Drug Interaction (Drug-to-Drug)	CI
Prior Adverse Reaction	CA
Therapeutic Duplication	CD
Sub-Therapeutic Dose	CL
Dangerously High Dose	CH
Treatment Failure	CB

Description	CPhA Code
Potential Overuse/Abuse	CO
Suspected Polypharmacy/Multi-Doctoring	CM
Falsified/Altered Prescription	CF
Consulted Prescriber—Changed Dose	UB
Consulted Prescriber—Changed Instructions for Use	UC

### ***When a Special Services Fees cannot be claimed***

- A refusal-to-fill in response to a patient asking for an early fill of a prescription does not qualify for an intervention fee.
- Fees may not be claimed for repeat occurrences involving the same individual at the same pharmacy within a short time.
- Because PharmaCare makes capitation payments for those living permanently in residential care (PharmaCare Plan B patients), it does not pay professional intervention fees for Plan B claims.

### ***Special Services Fee—Maximum allowable Fee***

- The maximum special-services fee paid is twice the amount of the pharmacy’s normal PharmaCare dispensing fee, at the time of the dispensing request.

### ***Audit***

- Please note that Special Services fees are subject to audit by PharmaCare.

## ***Procedures***

### ***Procedures for pharmacies***

#### ***To Claim an Intervention Fee***

1. Submit the original prescription.
2. Reverse the prescription using one of the intervention codes above on the same day as the prescription fill.
3. Submit the claim again on the same day as the reversal and with the following information:
  - the Special Services fee code (consult your vendor for information if necessary)
  - intervention/exception codes
  - \$ amount of the Special Services fee (in the ZCD segment).

## 8.6 Trial Prescription Program

### General Policy Description

The intent of the Trial Prescription Program is to reduce the drug wastage that results when individuals have adverse drug reactions and cannot use the remainder of a normal prescription.

Under the program, the pharmacist can initially dispense a smaller quantity (maximum 14-day supply) than the prescription indicates for specific high-cost medications with known high incidence of side effects.

### Policy Details

#### Trial Prescription Program Policy

- Pharmacy participation in the Trial Prescription Program is voluntary, but encouraged.
- A small trial quantity (maximum 14-day supply) may be dispensed to individuals who are—for the first time—receiving one of a specific selection of chronic-condition medications that has a documented high incidence of side effects.

*See the PharmaCare website for a [list of the drugs eligible under the Trial Prescription Program](#).*

- The balance of the prescription may be dispensed once it has been established that the patient can tolerate the medication. That is, if the 14-day trial prescription produces no side effects, the patient returns to the pharmacy to fill the balance of the prescription.
- The pharmacy can claim a second dispensing fee for filling the balance of the prescription.
- Coverage of the dispensing fee (up to the PharmaCare maximum dispensing fee) and eligible drug costs for both the trial quantity and subsequent fill, if any, is subject to the patient's usual PharmaCare plan rules.
- Payments the patient makes towards the eligible dispensing fee and eligible drug cost of both the trial quantity and subsequent fill, if any, will count towards the patient's Fair PharmaCare deductible.

### Procedures

#### Procedures for Pharmacies

##### Dispensing a Trial Quantity

- 1 Verify the medication is eligible under the [Trial Prescription Program](#).
- 2 Use the intervention code **MT** to designate a trial prescription on PharmaNet.
- 3 Submit the claim on PharmaNet with the actual quantity of medication dispensed.
- 4 From the patient, collect any applicable contribution toward the dispensing fee and drug cost.
- 5 Indicate "Trial Prescription" directly on the label/receipt.
- 6 If unsure of a trial drug, call the PharmaNet Help Desk or use the PharmaCare Information Line to determine if a particular DIN is eligible under this program.



### ***Dispensing the Balance of a Prescription***

- 1 Put the balance of the prescription through as a normal transaction, using:
  - the same prescription number as for the trial quantity, and
  - the balance of the prescription as the quantity, and
  - a blank in the Intervention and Exception Code field.

*The usual rules for days' supply will be applied by PharmaNet in the adjudication.*

- 2 Collect any applicable co-payment from the patient.

[July 5, 2013] Completion of a form documenting the Trial Prescription is no longer required.