## 8 Pharmacy Fees and Subsidies, and Provider Payment

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### General Policy Description

PharmaCare pays all participating pharmacies a set amount for providing clinical services associated with prescription adaptation by a pharmacist to residents 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

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

#### Maximum number of fees

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

#### Pharmacy eligibility

- All pharmacies enrolled as PharmaCare providers 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 services 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**.
4. Include the appropriate clinical services fee intervention code listed below to flag the claim for clinical services fee payment. **Clinical services fees will not be paid for claims lacking an appropriate intervention code.**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NI</td>
<td>dosage change</td>
</tr>
<tr>
<td>NJ</td>
<td>formulation change</td>
</tr>
<tr>
<td>NK</td>
<td>directions for use modified</td>
</tr>
<tr>
<td>NL</td>
<td>renewal of prescription</td>
</tr>
<tr>
<td>NM</td>
<td>therapeutic substitution</td>
</tr>
</tbody>
</table>

**Reconciling clinical services claims with payments**

- Pharmacies can call the PharmaNet Helpdesk to find out whether a claim for clinical services has been accepted (paid) or rejected (not paid).
• HelpDesk staff can access payment and claim details for specific pay periods, and can fax a copy of these details (with patient identifiers removed) if 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NN</td>
<td>emergency supply of medication</td>
</tr>
<tr>
<td>NO</td>
<td>emergency contraceptive</td>
</tr>
</tbody>
</table>

Questions & Answers

What is the difference between clinical services fees and special services fees?
If the situation is consistent with the College of Pharmacists of BC’s Professional Practice Policy 58, and you are adapting the prescription in a situation where the alternative is to refer 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 patient’s best interest to refer them 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 the prescription would have been a PharmaCare benefit for that patient.

PharmaCare will not pay both a clinical services fee and special services fee 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 eligible for the usual dispensing fee only.

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 in the College of Pharmacists of BC’s Professional Practice Policy 58, you would not be eligible for a clinical services fee.
8.5 Special Services Fees

[Updated March, 2018. Clarifications only.]

**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**

- The original prescription must be entered and reversed before a special services fee can be claimed. (See Procedure for details.)
- PharmaCare pays a special services fee to any PharmaCare provider who does not dispense a prescription as a result of information revealed to the pharmacist by PharmaNet, when the PharmaCare paid amount for the original prescription is greater than $0.00. 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 intervention codes are:

<table>
<thead>
<tr>
<th>Description</th>
<th>CPhA Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Drug Interaction (Drug-to-Drug)</td>
<td>CI</td>
</tr>
<tr>
<td>Prior Adverse Reaction</td>
<td>CA</td>
</tr>
<tr>
<td>Therapeutic Duplication</td>
<td>CD</td>
</tr>
<tr>
<td>Sub-Therapeutic Dose</td>
<td>CL</td>
</tr>
<tr>
<td>Dangerously High Dose</td>
<td>CH</td>
</tr>
<tr>
<td>Treatment Failure</td>
<td>CB</td>
</tr>
<tr>
<td>Potential Overuse/Abuse</td>
<td>CO</td>
</tr>
<tr>
<td>Suspected Polypharmacy/Multi-Doctoring</td>
<td>CM</td>
</tr>
</tbody>
</table>
### Description | CPhA Code
---|---
Falsified/Altered Prescription | CF
Consulted Prescriber—Changed Dose | UB
Consulted Prescriber—Changed Instructions for Use | UC

**When a Special Services Fee cannot be claimed**

- A refusal-to-fill in response to a patient asking for an early fill of a prescription does not qualify for a special services 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 special services 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 in PharmaNet.
3. Submit the claim in 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.