

BC PHARMACARE NEWSLETTER

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PROSTHETICS AND ORTHOTICS (P&O) NEW RELEASE

PharmaCare's Prosthetics and Orthotics (P&O) program has released its new policy manual to reflect updated policy changes effective October 1, 2019. The release includes a revised policy manual, reimbursement schedules with PINs for each device (prosthetic, orthotic, mastectomy, osseointegration, etc.), and new forms (pre-approval applications and invoices). The new policy manual incorporates the two existing P&O policy documents as well as information that was previously provided on the form instruction pages. On October 1, 2019, the old P&O forms will be removed from the PharmaCare website. Any forms and applications already submitted will still be processed as old forms are phased out. The entire updated series (P&O manual, schedules, and forms) may be accessed now at [PharmaCare Device Providers](#).

The P&O program aims to help its clients achieve or maintain basic functionality and helps them pay for any eligible costs of prostheses and orthoses, based on their PharmaCare plan and any outstanding deductible. The P&O manual explains how to request pre-approval for P&O devices and services, how to submit claims, and other related procedures. This manual is separate from, but supplements, the PharmaCare Policy Manual, which describes PharmaCare's overarching policies and procedures and details its different plans.

To understand major changes made to the P&O policy manual and PINs, please continue reading.

The PharmaCare Newsletter is published by the Pharmaceutical Services Division to provide information to British Columbia's health care providers.

The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.



P&O POLICY CHANGES

Entering Claims that Exceed the PharmaNet \$9999.99 Maximum

PharmaCare limits claims to a maximum of \$9,999.99. Any claims (including P&O) exceeding this amount must be split into separate claims, each less than \$9,999.99, and proportional to the dispensed quantities.

The new P&O policy manual does not describe the procedure for submitting claims which are \$10,000 and above, as this is already explained in [section 3.18 of the PharmaCare policy manual](#), and the intervention code MO no longer applies. For more information or to view a sample claim submission, see [PharmaCare Newsletter 16-001](#).

Manual Claims

As described in the [PharmaCare Policy Manual, Section 4.2](#), clients or their providers may fax documentation to the HIBC PharmaNet Help Desk at 250 405-3587 (mailing documents is also permitted). Faxing documentation can increase efficiency for processing manual and patient-pay claims and helps speed follow-up communications.

Clients may only submit manual claims if they have paid their provider the entire cost of the device or service. Providers are encouraged to fax in claims for their clients, even when payment is due to the client and not the provider.

Note: The deadline for manual claims to be recorded in PharmaNet is March 31 of the year following the date the device or service was dispensed.

For a list of documents that manual claims must include, see Documentation Requirements, [Section 7.10.4, in the new P&O manual](#).

Osseointegration Coverage

PharmaCare now provides osseointegration (OI) benefits for clients who have undergone osseointegration implant surgery. OI refers to the direct structural and functional connection between living bone and the surface of a load-bearing (usually metal) implant. OI benefits include developing a treatment plan for the client, education about the device and how to maintain it, device fitting and alignment, functionality assessments, and a 90-day warranty.

For more information, see [Section 5.2.3 of the P&O manual](#) and the [OI reimbursement schedule](#).

Patient Signatures

All providers, both manual and online, must now have their client (or the client's agent) sign and date the Client Certification section of an invoice, on the date of dispense. Failure to obtain the client's signature on the date of dispense or asking the client to pre-sign a blank invoice form may cause the provider to be ineligible for payments.

Socks

Limits to the number of socks covered by PharmaCare per year have now been modified. For clients that do not wear a liner, PharmaCare will cover up to 12 socks, per ply, per year. For clients who do wear liners, up to 6 socks per ply will be covered per year. These limits apply to socks, cotton socks, and stump socks.

P&O PIN CHANGES

To improve adjudication on PharmaNet and better understand requests, many specific devices are now assigned their own unique PINs. See table below for PIN changes, changes to names of existing PINs, and associated PharmaCare pricing.

New PINs		
Name	PIN	Price
Ankle Foot Orthosis-Patella Tendon bearing/Ground Reaction - Articulated	77123536	\$1400.00
Ankle Foot Orthosis with Supramalleolar Orthosis - Articulated	77123537	\$1400.00
Ankle Foot Orthosis, Anti-crouch (ground reaction) - Rigid	77123538	\$1200.00
Ankle Foot Orthosis, Anti-crouch (ground reaction) - Articulated	77123539	\$1400.00
Ankle Foot Orthosis - Chevron or Double Wrap	77123540	\$1400.00
Hip Abduction Orthosis - SWASH	77123541	By Approval
Hip Abduction Orthosis - Legg-Calve-Perthes Disease	77123542	By Approval
Knee Ankle Foot Orthosis - Knee Extension	77123543	\$1050.00
Spinal Orthosis - Lumbar Sacral Orthosis	77123544	\$1835.00
Spinal Orthosis - Cervical Thoracic Lumbar Sacral Orthosis	77123545	\$2210.00
Right Trans Femoral - Osseointegration	77123546	By Approval
Left Trans Femoral - Osseointegration	77123547	By Approval
Name Change of Existing PINs		
Name Change	PIN	Price
Ankle Foot Orthosis with Supramalleolar Orthosis - Rigid	77123510	\$1200.00
Ankle Foot Orthosis - Patella Tendon Bearing/ground reaction - Rigid	77123511	\$1200.00
Hip Abduction Orthosis - Congenital Dislocation of Hip/Hip Dysplasia	77123512	By Approval
Spinal Orthosis - Thoracic Lumbar Sacral Orthosis	77123517	\$2010.00

To view all P&O reimbursement schedules and PINs in full, see [PharmaCare Device Providers](#).

CORRECT QUANTITIES: MIFEGYMISO®

Please be aware that the correct quantity for a single dispense of Mifegymiso® (mifepristone and misoprostol) is one (1). A quantity limit of one Mifegymiso dispense, per patient, per day has been implemented in PharmaNet.

If a patient loses the kit, the quantity limit is not subject to override on the same day. Pharmacies can enter the claim the following day, with the appropriate override code.

Note that generally, for drug products dispensed in a single-course kit like Mifegymiso or HP-PAC® (and generics), pricing and reimbursement is per kit, and therefore the correct quantity is typically one per patient per dispense. Claims using incorrect quantities (such as the number of tablets per kit) are subject to audit and recovery. Please refer to the [Correct](#)

Quantities list if you are unsure, or call the PharmaNet Help Desk. (Note: This generalization does not usually apply to ostomy or other medical supplies.)

NON-BENEFITS

The following device has been reviewed and will not be added as a PharmaCare benefit.

DEVICE
Tandem T: Slim x2 Insulin Pump with Dexcom G5 CGM Integration