

Appendix A

COMMUNITY PHARMACY PRIMARY CARE CLINIC PHARMACY SERVICES - BILLING FEE GUIDE CURRENTLY FUNDED SERVICES: TABLE 1

All services in this table are provided as per the requirements outlined in the Nova Scotia Pharmacy Guide, Collaborative Hypertension Management Project Guide and Optimize My Medications Project Guide.

Note: Residents of LTC facilities are not eligible for these services.

See Table 5 for required criteria codes for minor ailments.

| <u>SERVICE</u> | <u>RECIPIENT</u> | <u>PROJECT PIN</u> | <u>SSC</u> | <u>FEE</u> |
|--|---|--------------------|------------|------------|
| CPPCC 2024 Pharmacy Prescription Renewal for 3 or less Prescriptions Renewed | All NS Residents (New PIN as Limit 4/year removed) | 92099620 | 002 | \$12 |
| CPPCC – 2024 Pharmacy Prescription Renewal for 4 or More Prescriptions Renewed | All NS Residents (New PIN Limit 4/year removed) | 92099619 | 002 | \$20 |
| Prescription Adaptation -Refusal to Fill #1 | All Residents | 92099770 | 002 | \$14 |
| Prescription Adaptation-Refusal to Fill #2 | All Residents | 92099655 | 002 | \$14 |
| Prescription Adaptation-Refusal to Fill #3 | All Residents | 92099654 | 002 | \$14 |
| Prescription Adaptation -Changing a Prescription for a Clinical Reason #1 | All Residents | 92099769 | 002 | \$14 |
| Prescription Adaptation- Changing a Prescription for a Clinical Reason #2 | All Residents | 92099653 | 002 | \$14 |
| Prescription Adaptation- Changing a Prescription for a Clinical Reason #3 | All Residents | 92099652 | 002 | \$14 |
| Therapeutic Substitution #1 | All Residents | 92099658 | 002 | \$26.25 |
| Therapeutic Substitution #2 | All Residents | 92099657 | 002 | \$26.25 |
| Therapeutic Substitution #3 | All Residents | 92099656 | 002 | \$26.25 |
| Assessment – Uncomplicated UTI that results in a prescription | All Residents | 92099766 | 002 | \$20 |
| Assessment Uncomplicated UTI that does not result in a prescription | All Residents | 92099701 | 002 | \$20 |
| Lyme Assessment-that results in a prophylaxis prescription | All Residents | 92099765 | 002 | \$20 |

| | | | | |
|--|---------------------------------------|--|-----|---------|
| Lyme Assessment (includes both prophylaxis and treatment of early lyme) that does not result in a prescription | All Residents | 92099700* effective May 1, 2024 (same PIN as no Rx previously, new name) | 002 | \$20 |
| Lyme Assessment-which results in a prescription for early lyme treatment. | All Residents | 92099629 | 002 | \$20 |
| Prescribing Herpes Zoster Tx | All Residents | 92099764 | 002 | \$20 |
| Assessment Herpes Zoster Tx that does not result in a prescription | All Residents | 92099699 | 002 | \$20 |
| Prescribing Contraception Initial Assessment that results in a prescription | All Residents | 92099763 | 002 | \$20 |
| Prescribing Contraception Initial Assessment that does not result in a prescription | All Residents | 92099702 | 002 | \$20 |
| Prescribing Contraception subsequent assessment that results in a change | All Residents | 92099762 | 002 | \$20 |
| Prescribing Contraception Subsequent assessment that does not result in a change | All Residents | 92099761 | 002 | \$12 |
| Deprescribing -PPI | All residents | 92099760 | 003 | \$52.50 |
| Deprescribing PPI Follow-ups (limit of 2) | All residents | 92099759 | 003 | \$20 |
| Deprescribing BZRA | All residents | 92099758 | 003 | \$150 |
| Deprescribing BZRA Follow-ups(limit of 7) | All residents | 92099618 | 003 | \$20 |
| Advanced Medication Review* | All Seniors Pharmacare Patients | 92099753 | 006 | \$150 |
| Advanced Medication Review Follow-ups | All Seniors Pharmacare Patients | 92099752 | 003 | \$20 |
| Basic Medication Review* | All Pharmacare Patients | 92099755 | 003 | \$52.50 |
| Basic Medication Review Follow-ups* | All Pharmacare Patients | 92099754 | 003 | \$20 |

| | | | | |
|--|--|----------|-----|-------|
| Complex Medication Review | All residents of NS who meet the criteria | 92099634 | 002 | \$150 |
| Complex Medication Review Follow up (limit of 2 per year) | All residents of NS who meet the criteria | 92099633 | 002 | \$25 |
| Chronic Disease Management – Diabetes – Initial/Annual assessment | All residents of NS with Diabetes | 92099721 | 003 | \$125 |
| Chronic Disease Diabetes Management - Follow-up | All residents of NS with Diabetes | 92099720 | 003 | \$20 |
| Chronic Disease Management – Lung Disease Asthma/COPD) Initial/Annual Assessment | All residents of NS with Lung Disease | 92099706 | 003 | \$125 |
| Chronic Disease Management – COPD Asthma Disease Follow-up | All residents of NS with Lung Disease | 92099705 | 003 | \$20 |
| Chronic Disease Management - Cardiovascular Disease Initial/Annual Assessment | All residents of NS with CVD | 92099704 | 003 | \$125 |
| Chronic Disease Management Cardiovascular Disease Follow-up | All residents of NS with CVD | 92099703 | 003 | \$20 |
| Chronic Disease Management- ADHD Initial Assessment | All residents of NS with ADHD | 92099643 | 002 | \$125 |
| Chronic Disease Management -ADHD follow up | All residents of NS with ADHD | 92099639 | 002 | \$20 |
| Chronic Disease Management- Chronic Non Cancer Pain Initial Assessment | All residents of NS with Chronic Non Cancer Pain | 92099642 | 002 | \$125 |
| Chronic Disease Management- Chronic Non-Cancer Pain Follow Up | All residents of NS with Chronic Non Cancer Pain | 92099638 | 002 | \$20 |
| Chronic Disease Management- Obesity Initial Assessment | All residents of NS with Obesity | 92099644 | 002 | \$125 |
| Chronic Disease Management Obesity Follow up Assessment | All residents of NS with Obesity | 92099640 | 002 | \$20 |
| Chronic Disease Management: Other Conditions Initial Assessment | All residents of NS with chronic disease diagnosis | 92099628 | 002 | \$125 |

| | | | | |
|---|---|----------------------------|-----|---|
| Chronic Disease Management: Other Conditions Follow up Assessment | All residents of NS with chronic disease diagnosis | 92099627 | 002 | \$20 |
| Point of Care Test A1C | All residents as part of CDM plan (not walk-in test requests) | 92099724 | 003 | \$15 (includes time to test, document and communicate results, does not include cost of test cartridges and supplies) |
| Point of Care Test Cholesterol | All residents as part of CDM plan (not walk-in test requests) | 92099723 | 003 | \$15(includes time to test, document and communicate results, does not include cost of test cartridges and supplies) |
| Community Pharmacy Led Anticoagulation Management Service (monthly service fee) | All Residents of NS | 92099751 | 003 | \$50 |
| Take Home Naloxone Kit Training | All Residents | 92099748 | 003 | \$25 |
| Influenza Vaccine | All Patients | To be added to CANImmunize | n/a | \$13 per vaccine (paid q 2 wks based on # entered into CANImmunize) |
| Basic Assessment and Injection of all Publicly Funded vaccines (except influenza). | All residents of NS | To be added to CANImmunize | n/a | \$18 (paid every 2 weeks based on # of vaccines entered into CANImmunize) |
| Complex Vaccine Assessment Fee (billed in addition when complex criteria is met) | All residents of NS | 92099625 | 002 | \$22 |
| Basic Assessment and Injection of medication (IM or SC) | All residents of NS | 92099718 | 002 | \$20 |
| Complex medication assessment fee (IM or SC) (billed in addition when the complex medication is met) | All residents of NS | 92099626 | 002 | \$22 |
| Prescribing in an Emergency | All residents | 92099727 | 002 | \$28 |
| Prescribing with a diagnosis as per NSCP standard in collaboration with another provider | All residents | 92099726 | 002 | \$25 |
| Pharmacist prescribing for patients with established diagnosed and | All residents | 92099697 | 002 | \$25 |

| | | | | |
|---|---------------------|--------------------------|-----|------|
| confirmed by pharmacist (as per NSCP Research approval) | | | | |
| Bloom Monthly fee (first 6 months) | All Residents of NS | 92099744 | 003 | \$75 |
| Bloom Monthly fee (final 6 months) | All Residents of NS | 92099743 | 003 | \$30 |
| Tobacco Use Reduction Program – Initial Assessment and Discussion | All Residents of NS | 92099714 | 003 | \$40 |
| Tobacco Use Reduction Program – Follow-up 1-7 | All Residents of NS | 92099712 | 003 | \$15 |
| Prescribing Budesonide for Covid-19 | All Residents | 92099745 | 002 | \$20 |
| Prescribing for a Minor Ailment: Contact Allergic Dermatitis Assessment | All Residents of NS | 92099690 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Mild Acne Assessment | All Residents of NS | 92099689 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Mild to Moderate Eczema Assessment | All Residents of NS | 92099688 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Urticaria Assessment | All Residents of NS | 92099687 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Dyspepsia Assessment | All Residents of NS | 92099686 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: GERD Assessment | All Residents of NS | 92099685 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Nausea | All Residents of NS | 92099684 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Hemorrhoids | All Residents of NS | 92099683 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Allergic Rhinitis Assessment | All Residents of NS | 92099682 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Mild Headache Assessment | All Residents of NS | 92099681 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Minor Joint Pain Assessment | All Residents of NS | 92099680 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Minor Muscle Pain Assessment | All Residents of NS | 92099679 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Minor Sleep Disorder Assessment | All Residents of NS | 92099678 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Dysmenorrhea Assessment | All Residents of NS | 92099677 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Emergency Contraception Assessment | All Residents of NS | 92099676 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Dry Eyes Assessment | All Residents of NS | 92099675 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Oral Ulcers Assessment | All Residents of NS | 92099674 + Criteria Code | 002 | \$20 |

| | | | | |
|---|---------------------|--------------------------|-----|---|
| Prescribing for a Minor Ailment: Oral Fungal Infection Assessment | All Residents of NS | 92099673 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Fungal Skin Infection Assessment | All Residents of NS | 92099672 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Vaginal Candidiasis Assessment | All Residents of NS | 92099671 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Threadworms/Pinworms Assessment | All Residents of NS | 92099670 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Cold Sore Assessment | All Residents of NS | 92099669 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Impetigo Assessment | All Residents of NS | 92099668 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Smoking Cessation Product Assessment | All Residents of NS | 92099667 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Non Infectious Diarrhea Assessment | All Residents of NS | 92099666 + Criteria Code | 002 | \$20 |
| Prescribing for a Minor Ailment: Conjunctivitis Assessment and Prescribing | All Residents of NS | 92099659 +Criteria Code | 002 | \$20 |
| Assessment For Group A Strep that results in a prescription (POCT was completed. Fee is for assessment and time to complete POCT) | All Residents of NS | 92099722 | 002 | \$35 |
| Assessment Group A Strep that does not result in an RX (POCT was completed but was negative. Fee is for assessment and time to complete POCT) | All residents of NS | 92099696 | 002 | \$35 |
| Assessment Group A Strep that did not result in a test nor a prescription | All Residents of NS | 92099693 | 002 | \$20 |
| Strep Throat POCT cartridge (cost of the cartridge used for testing; not the time associated with the test) | All Residents of NS | 92099622 | | \$28.33 + 10% markup + PIV for assessment |
| ENT Assessment, primary complaint ear- prescription provided for otitis media | All Residents of NS | 92099617 | 002 | \$20 |
| ENT Assessment, primary complaint ear- prescription provided for otitis externa | All Residents of NS | 92099616 | 002 | \$20 |
| ENT Assessment, primary complaint ear- no prescription provided | All Residents of NS | 92099615 | 002 | \$20 |
| ENT Assessment, primary complaint sinusitis- prescription provided | All Residents of NS | 92099614 | 002 | \$20 |
| ENT Assessment, primary complaint sinusitis – no prescription provided | All Residents of NS | 92099613 | 002 | \$20 |

Last Updated: Nov, 2024

| | | | | |
|--|---------------|----------|-----|------|
| Prescribing antibiotic prophylaxis to prevent Invasive Group A Streptococcus (IGAS) | All residents | 92099648 | 002 | \$20 |
| Prescribing antibiotic prophylaxis to prevent Invasive Meningococcal Disease (IMD) infection | All residents | 92099647 | 002 | \$20 |
| Prescribing antibiotic prophylaxis to prevent Pertussis | All residents | 92099646 | 002 | \$20 |

*Patient will be required to pay copays.

PHARMACY SERVICES NOT CURRENTLY FUNDED BUT INCLUDED FOR PHARMACY CARE CLINIC PROJECT ONLY: Table 2

| <u>SERVICE</u> | <u>RECIPIENT</u> | <u>PROJECT PIN</u> | | <u>FEE</u> |
|--|---|--------------------------------|-----|---|
| Renewal Assessment that does not result in a prescription | All residents of NS | 92099698 | 002 | \$12 |
| Service In Scope but not currently funded (previously named Complex Therapy). | All residents (time and care required does not meet criteria for any other service) | 92099715 | 002 | Qty 1 for 10 min spent= \$25 Increase qty to a max of 6 for each min spent on patient care |
| Bloom Shadow Billing (when a patient has more than 1 visit per month) | All Residents of NS | 92099665 | 003 | \$0 |
| Community Pharmacy Led Anticoagulation Management Service Shadow Billing (when a patient has more than 1 visit per month) | All Residents of NS | 92099664 | 003 | \$0 |
| Prescribing for a Minor Ailment: Other (those not covered, but use this PIN to keep track of these services) Dandruff, Corns and Calluses, cough, nasal congestion, warts (excluding facial and genital) | All Residents of NS | 92099725 ** + Criteria Code | 002 | \$25 |
| CPPCC Hypertension Diagnosis and Prescribing- Initial appointment | All Residents of NS | 92099624 | 002 | \$60 |
| CPPCC Diabetes Diagnosis and Prescribing- Initial appointment | All Residents of NS | 92099623 | 002 | \$60 |
| CPPCC Hypertension Diagnosis and Prescribing-Second appointment (if necessary) | All Residents of NS | 92099612 | 002 | \$20 |
| CPPCC Diabetes Diagnosis and Prescribing- Second appointment (if necessary) | All Residents of NS | 92099611 | 002 | \$20 |
| CPPCC HIV PrEP Initial Assessment | All Residents of NS | 90108938 | 002 | \$40 |
| CPPCC HIV PrEP Follow up Assessment | All Residents of NS | 90108939 | 002 | \$28.50 |

OPTIONAL PHARMACY SERVICES – NON-PUBLICLY FUNDED SERVICES

NOT FUNDED FOR PHARMACY CARE CLINIC PROJECT: Table 3

(Patient Must Pay for these Services and Not Included in Billings for this Project)

| <u>SERVICE</u> | <u>RECIPIENT</u> | <u>PROJECT PIN</u> | <u>SCC</u> | <u>FEE</u> |
|--|------------------------------------|--------------------|------------|---|
| Comprehensive Travel Health Consultation | All patients | 92099711 | 003 | Fee Set by Pharmacy |
| Pharmacogenomic Consultation Service | All patients | 92099710 | 003 | Fee Set by Pharmacy |
| Administration of non-publicly funded vaccines (ex. Twinrix, Shingrix) | All patients | 92099709 | 002 | Fee Set by Pharmacy |
| Malaria Chemoprophylaxis Assessment and Prescribing | All patients | 92099708 | 002 | Fee Set by Pharmacy |
| Any Service for a Patient without an NS Health card (not covered for billing purposes) ex: expired health card or out of province patients | All patients without NS Healthcard | 92099707 | 002 | Varies by service. Not less than the fee billed to the project or gov't. |
| Medavie Blue Cross Managing Chronic Disease Benefit: Diabetes Care | Patients with Medavie Coverage | 994027 | | Fee set by pharmacy (max yearly coverage \$250-500 varies by plan, copay may apply) |
| Medavie Blue Cross Managing Chronic Disease Benefit: Heart Health | Patients with Medavie Coverage | 994029 | | Fee set by pharmacy (max yearly coverage \$250-500 varies by plan, copay may apply) |
| Medavie Blue Cross Managing Chronic Disease Benefit: Lung Health | Patients with Medavie Coverage | 994030 | | Fee set by pharmacy (max yearly coverage \$250-500 varies by plan, copay may apply) |
| Medavie Blue Cross Managing Chronic Disease Benefit: Smoking Cessation | Patients with Medavie Coverage | 994031 | | Fee set by pharmacy (max yearly coverage \$250-500 varies by plan, copay may apply) |
| Completion of Forms Not Covered by an Agreement (ex: Special auth) | All patients | 92099641 | | Fee set by the pharmacy (physicians charge between \$5 and \$25 for this service) |

Minor Ailment Conditions Included in Pharmacy Care Clinic Project: Table 4

| | | |
|---------------------------|--------------------------------|-----------------------------|
| GERD/Dyspepsia | Xerophthalmia (dry eye) | |
| Hemorrhoids | Oral Ulcers | Mild acne |
| Allergic Rhinitis | Oral fungal infection (thrush) | Mild to moderate eczema |
| Mild headache | Fungal Infections of the skin | Mild urticaria |
| Mild muscle or joint pain | Vaginal Candidiasis | Impetigo |
| Mild Sleep disorder | Threadworms/Pinworms | Smoking Cessation |
| Dysmenorrhea | Herpes Simplex (cold sores) | Non-infectious Diarrhea |
| Emergency contraception | Conjunctivitis | Allergic contact dermatitis |

Other minor ailments within scope of practice but not eligible for current/future coverage:

Warts (excluding facial and genital), corns and calluses, dandruff, cough, nasal congestion

Minor Ailment Required Criteria Code: Table 5

| Criteria Code | Description |
|---------------|---|
| 95A | Rx Written-Prescription Drug (person) |
| 95B | Rx Written-Prescription Drug (phone) |
| 95C | Rx Written-Prescription Drug (virtual) |
| 96A | Rx Written-OTC/Non-Rx Drug (person) |
| 96B | Rx Written-OTC/Non-Rx Drug (phone) |
| 96C | Rx Written-OTC/Non-Rx Drug (virtual) |
| 97A | No Recommendation or OTC Rec (person) |
| 97B | No Recommendation or OTC Rec (phone) |
| 97C | No Recommendation or OTC Rec (virtual) |
| 98A | Referral Other Provider (No Rx/Rec) (person) |
| 98B | Referral Other Provider (No Rx/Rec) (phone) |
| 98C | Referral Other Provider (No Rx/Rec) (virtual) |
| 99A | Referral Other Provider (with Rx/Rec) (person) |
| 99B | Referral Other Provider (with Rx/Rec) (phone) |
| 99C | Referral Other Provider (with Rx/Rec) (virtual) |