

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.

SERVICE	RECIPIENT	PROJECT PIN	SSC	FEE
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

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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 <u>vaccines</u> (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 <u>medication</u> (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	002	\$28.33 + 10% markup + PIN 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

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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
Lyme Assessment-which results in a prescription for early lyme treatment.	All Residents of NS	92099629*	002	\$20
CPPCC Hypertension Diagnosis and I 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

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)