



# PHARMACY MANUAL

For all Provinces excluding Quebec



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## 1. PREFACE

### A. ABOUT THIS MANUAL

This manual provides the policies and procedures that are to be followed for adjudication of claims for CBP cardholders. The contents are derived from the Canadian Pharmacists Association's (CPhA) Pharmacy Claim Standard, Version 03 and the TELUS Health Solutions' TELUS Claims Exchange – Pharmacy Claims Drug Switching System, Adjudicator Session Layer Interface.

This manual is not intended as an authority on legislation, government regulations, CPhA standards affecting pharmacies or on the policies and regulations of the College of Pharmacists.

### B. WHAT KIND OF INFORMATION IS INCLUDED

This manual communicates four types of information:

- background information
- policies
- guidelines
- procedures

### C. HOW POLICIES AND PROCEDURES ARE UPDATED

Updates of policies and procedures are communicated in *CBP Bulletins* via electronic updates and/or updates to this manual, as provided from time to time. Generally 60 days notice will be given.

### D. GLOSSARY

**Adjudication Date:** The date which the prescription is adjudicated by CBP. This date may differ from the pharmacist transaction date because of time zones or the lag in processing at midnight. CBP adjudicates all transactions based on Mountain Standard Time zone.

**Benefit:** A drug or product defined by a DIN or PIN that is eligible for full or partial payment by CBP.

**BIN:** Bank Identification Number; BIN has been changed to "IIN".

**Cardholder:** A patient holding a valid CBP Drug Card.

**Claim:** A request to CBP Adjudication Claim system, submitted electronically, for payment of the cost of providing a product or service.

**Claims history:** A record of patient claims and expenditure information. The claims history is contained in the CBP Adjudication Claim system and contains the most recent six months of history.

**Client Registry:** Information maintained by CBP, including databases and access routines, intended to keep track of persons and organizations served by, or providing service to CBP. The Client Registry is the control point for issuing new Subscriber Identification Numbers.

**Compound:** A compound is a product that a pharmacist must make by mixing two or more ingredients; and when they are combined, become a preparation that is not commercially available. A compound can be in the form of a liquid, capsules, cream ointment, IV Bag, etc.

**Confidentiality undertakings:** Agreements signed by pharmacists as part of the pharmacist-registration process with the CBP. Also, forms specific to each pharmacy which are signed by the pharmacy staff members involved in the dispensing process to ensure that they understand and comply with confidentiality procedures.

**CPhA:** Canadian Pharmacists Association.

**Deductible:** An annual dollar amount that must be paid by the patient on CBP-covered products and services before CBP begins to pay a portion (part or all) of any additional eligible costs.

**Demographic information:** Basic, non-clinical information about an individual recorded on CBP, usually including full name, gender, address, postal code, and telephone number.

**DIN:** See **Drug Identification Number**

**Direct Deposit Application Form** a CBP Finance form that the pharmacy submits to request that payments be deposited electronically into a designated account at a bank or credit union.

**Dispensing Date:** The date which the pharmacist fills a prescription for pick-up by the patient.

**DOB:** Date of birth.

**Drug Card:** A card issued by CBP to each member registered with a CBP supported group plan. The CBP Drug Card shows the cardholder's unique Subscriber ID.

**Drug cost/product value:** Total cost of ingredients in a prescription, or total value of supplies issued.

**Drug Identification Number:** An eight-digit number assigned to each drug product marketed under the Food and Drug regulations by the Health Protection Branch of Health Canada. The DIN identifies only one product.

**EFT:** See **Electronic Funds Transfer**.

**Electronic Funds Transfer:** A payment by CBP that is deposited electronically into a pharmacy-designated account at a bank or credit union. Also called "direct deposit".

**Escalation procedure:** A procedure followed by the CBP Help Desk in responding to a problem call from a pharmacist. The steps of the procedure, for a particular problem call depends on the severity level the CBP Help Desk assigns to the call.

**Exception codes:** Also known as **intervention codes**.

**Fill:** The only filling of a particular prescription by a pharmacist. For multi-fill prescriptions, the terms **first-fill** and **refill** are used.

**Gateway:** A device that connects networks so that information can be both transferred and converted to a form compatible with the receiving network. A group of pharmacies forming a network may have a gateway connecting to TELUS via SPAN/BC.

**GP #:** General product identification number assigned to a drug product by the Health Protection Branch of Health Canada. Refer to **Drug Identification Number (DIN)**.

**Host:** The main computer in a system of computers or terminals connected by communications links (in this case, CBP Adjudication Claim system).

**Hub:** In a network, a device joining communication lines at a central location, providing a common connection to all devices on the network.

**IIN:** Issuer Identification Number, which identifies the issuer of benefit card; previously known as "BIN".

**In-House Pharmacy System:** Also known as **local system**.

**Interface:** The point at which two or more systems meet (e.g. hardware and software, software and software) and the means by which those systems communicate. A "user interface" is the point at which a human and a computer interact.

**Internet Protocol:** Communications standards that govern the breakup of data messages into packets, the routing of the packets over the Internet from the sender to the destination, and the re-assembly of the packets into the original data messages at the destination.

**Intervention Codes:** Canadian Pharmacists Association (CPhA)-approved codes that the pharmacist may enter on CBP to override normal adjudication rules when appropriate (e.g., when submitting reversals or overriding a prescription known to be a duplicate).

**IP: Internet Protocol.**

**LCA: Low Cost Alternative.**

**Local system:** The computer hardware and software used to support pharmacy services for a CBP participant. Also called an "in-house pharmacy system".

**Low cost alternative:** The alternative with the lowest average price of all products usually in the same **generic class**.

**LTC:** Long-term care.

**Maintenance Drugs:** Maintenance drugs are any medication taken for extended period of time.

**Maximum days supply:** The maximum number of days' worth of treatment paid by CBP for a prescription, which is either 30 days or 100 days depending on various circumstances.

**Off-line:** Disconnected from a computer network. When CBP Adjudication Claim system has an interruption, it is "off-line". Non-pharmaceutical providers who are not connected to the system are also considered "off-line" and must direct the patient to submit manual claims to their Benefit's Administrator.

**OPINIONS:** Online Product Identification Number Index of Nova Scotia (Valid for all provinces)

**Patient record:** Information recorded regarding a patient, including Subscriber ID, **demographic information**, medical and clinical information, **medication history**, and any adverse drug reaction data. (The record will reside on CBP and the in-pharmacy system.

**Pharmacist ID code:** A College of Pharmacists number.

**Pharmacy ID code:** A unique identification number for a particular pharmacy that is issued by CBP and is consistent with the standards of the Canadian Pharmacists Association.

**Pharmacy Software Vendor:** A firm providing a product to one or more CBP participants for the purpose of interfacing with CBP Adjudication Claim system.

**PIN: Product Identification Number.**

**Pract. ID Ref: Practitioner Identification Reference code.**

**Pract. ID: Practitioner Identification number.**

**Practicing Status:** Each prescriber on CBP Adjudication Claim system is assigned a practicing status by the relevant licensing body. Prescriptions written by practitioners with a status of "non-practicing" are not covered by CBP.

**Practitioner:** A pharmacist, physician, surgeon, dentist, podiatrist, midwife or veterinarian.

**Practitioner ID:** Practitioner Identification number.

**Practitioner Identification number:** A unique number assigned to each **practitioner** by the practitioner licensing body (for example, the College of Physicians and Surgeons of British Columbia or the College of Pharmacists of British Columbia).

**Practitioner Identification Reference code:** A number that uniquely identifies each licensing body (College or Association) that assigns Practitioner Identification numbers to its members.

**Prescriber drug restriction:** The relevant licensing body provides CBP with information regarding prescribers who are restricted from prescribing specific drugs. If a restriction is in place, the claim for the medication is not adjudicated and is not recorded on the CBP Patient Record.

**Product:** An item that may be requested on a **prescription** and/or a **claim**. A product may or may not be a drug (e.g., blood glucose monitoring strips).

**Product Identification Number:** A pseudo DIN assigned for a product or compound that does not have a **Drug Identification Number**.

**Provider:** Supplier of products and services recognized by CBP (e.g., pharmacist, prosthetics supplier).

**PSV: Pharmacy Software Vendor.**

**Pharmacy Software Vendor:** The software vendor of the In-house Pharmacy Software.

**Real-time mode/system:** A mode/system in which operations proceed at a rate that matches the human perception of time.

**Response/status codes:** Standard Canadian Pharmacists Association (CPhA) codes attached to claims returned on CBP Adjudication Claim system, providing information on the status of the claims.

**Reversal:** The submission of a transaction to cancel (or “reverse”) a previous transaction. The reversal can be for a previous CBP Adjudication Claim system transaction or for a manual transaction.

**Special Services fee:** A fee CBP may pay to any CBP Adjudication Claim system connected pharmacy that does not dispense a prescription as a result of information revealed to the pharmacist by CBP. Also called a **professional intervention fee**.

**Subscriber Identification Number (Subscriber ID):** A unique identification number assigned to each CBP Benefit Card holder. This number is used to store and retrieve all patient information and is required to record a prescription. Please note that members and their dependants are differentiated through the last two digits of their Subscriber ID, however, you should always enter the full subscriber ID when submitting a claim. All subscriber IDs are listed on the back of the CBP card.

**Supplier:** Supplier of products and services recognized by CBP (e.g., prosthetics). Also called **provider**.

**Timeout:** A network interruption that occurs when the CBP host computer cannot process transactions within a pre-determined length of time. Timeouts can occur for various reasons.

**Transaction:** A standardized set of computer messages sent on CBP Adjudication Claim system by a pharmacy's **local system** when a prescription is processed.

**Transaction date:** The date the pharmacy local system sends a transaction on the CBP Adjudication Claim.

**User ID:** The name or alphanumeric code by which the user is identified and gains access to a computer system or network.

## **2. INTRODUCTION**

### **A. ABOUT CANADIAN BENEFIT PROVIDERS INC.**

Canadian Benefit Providers Inc. (CBP) was established in 2006, and is based in Edmonton, Alberta. CBP is a third-party administrator and claims adjudicator, with a specialization in IT solutions for Benefit Plans. CBP has developed a secure computer network that can electronically process health, pharmacy and dental -related claims across Canada in real time. CBP maintains various types of information, including:

- Patient medication histories
- Drug information
- Patient demographic information
- Historical patient claims information
- CBP adjudication rules
- Pharmacy demographics and security information
- Pharmacy accounts for EFT.

When a claim is submitted to CBP, a complete patient medication history is accessed, as well as any over-the-counter medications that may have been recorded. **CBP assists pharmacists in reconciling financial aspects associated with approved and voided claims.** When a balancing transaction is submitted to CBP, a complete patient-pharmacy claim financial history is accessed.

### **B. HEAD OFFICE LOCATION**

Canadian Benefit Providers Inc.  
#202, 10235-124<sup>th</sup> Street NW  
Edmonton, AB  
T5N 1P9

### **C. CBP HELP DESK**

CBP is dedicated to offering the best in customer service to its pharmacists. Our specialists can be reached at the phone number and email below during Help Desk hours. When contacting the Help Desk, please have your 10 digit provider number available.

**Please note:** If cardholders have any questions or concerns, direct them to contact their Benefits Administrator or Employer.

Phone: 1-780-944-9166 ext 280  
 Toll Free: 1-855-944-9166 ext 280  
 Fax: 1-780-944-9168  
 Email: [helpdesk@cbproviders.ca](mailto:helpdesk@cbproviders.ca)  
 Web: [www.cbproviders.ca](http://www.cbproviders.ca)

**Help Desk Hours**

Monday – Friday: 7 am – 6 pm MST  
 Saturday: 9 am – 4 pm MST  
 Sunday and Holidays: Closed

**Help Desk Holiday Schedule**

Date	Name	Help Desk
January 1	New Year’s Day	Closed
3 <sup>rd</sup> Monday in Feb	Family Day	<i>Reduced Sat. Hours</i> 9 am – 4 pm MST
Friday before Easter	Good Friday	Closed
3 <sup>rd</sup> Monday in May	Victoria Day	Closed
July 1	Canada Day	Closed
August 1	Heritage Day	Closed
1 <sup>st</sup> Monday in September	Labour Day	Closed
2 <sup>nd</sup> Monday in October	Thanksgiving	Closed
November 11	Remembrance Day	<i>Reduced Sat. Hours</i> 9 am – 4 pm MST
December 25	Christmas Day	Closed
December 26	Boxing Day	Closed

Please note that outside CBP Help Desk hours, our Help Desk team will do its best to come back to you in a timely manner. Even though we cannot commit to a response time on these calls, you are encouraged to leave a message so someone can contact you as quickly as possible.

**D. HOW CBP ADJUDICATES CLAIMS**

When a patient presents a prescription and a valid CBP Drug Card at a pharmacy, the pharmacist transmits all prescription details and relevant patient information electronically using their in-house pharmacy software via the TELUS Health Solutions Network. These details include information pertaining to the patient (i.e., patient’s Benefit Card ID), the pharmacy (i.e., Pharmacy Code, security qualifiers, etc.) and the prescription (i.e., DIN, quantity, days’ supply, drug cost, dispensing fee, etc.). CBP uses this information to adjudicate the prescription claim.

Adjudicating the prescription claim includes:

- Validation of security authorizations for the pharmacy as well as for the patient.
- Checking patient eligibility.
- Checking program eligibility for CBP benefits; i.e., is the DIN a benefit? Is it included in the plan for which the patient is eligible? Does the drug have any restrictions? Etc.

- Prescription cost distribution; i.e., how much, if any, of the prescription cost is covered by CBP? How much, if any, of the prescription cost will accumulate toward the deductible? How much, if any, of the dispensing fee will be paid by CBP? For what portion of the prescription cost is the patient responsible (“co-payment”)? Etc.

The real-time adjudication process applies specific rules that reflect current CBP policies. Depending on the patient's CBP plan eligibility, CBP accumulates the amount accepted on eligible prescription medications towards an annual deductible. Based on the plan and deductible requirement (if any) and the patient's expenditures at the point of prescription adjudication, CBP automatically processes the prescription, returning an adjudication outcome to the transmitting pharmacy. The in-house pharmacy software is required to report the cost distribution to the patient on the prescription receipt.

Pharmacies do not need to contact our Help Desk to confirm eligibility of cardholders or plan parameters to process claims. However, a common problem with real-time EDI pharmacy claims is the constant updating of cardholder information. These changes can range from new dependants, to new co-ordination of benefits (COB) information. When submitted cardholder information does not match the most current information CBP has received from the plan sponsor, an error message will be sent to the pharmacy. Our CBP Help Desk is there to sort out these situations.

When there is a transmission issue, please call the CBP Help Desk immediately. If a claim does not get adjudicated as expected, or if you question the amounts being reimbursed, do not hesitate to call CBP Help Desk during the hours specified above. For questions around PINs and compounds, if you did not find your answer in this document or on our website ([cbproviders.ca](http://cbproviders.ca)), feel free to contact us as well.

In the unlikely event that the prescription cannot be adjudicated to the client's expectation the easiest remedy is to have the patient directly pay any outstanding amount. The pharmacist should advise the patient to direct any questions or concerns about the amount of coverage they are receiving for a product to their Benefits Administrator at their place of employment.

Standard response/status codes of the Canadian Pharmacists Association (CPhA) are returned as part of the adjudication results. These codes indicate how the prescription claim adjudicated or why it was rejected.

Refer to CPhA Pharmacy Claim Standards for a comprehensive list of response/status codes.  
Refer to Section 4.O.iv for a list of acceptable intervention / exception codes.

## **E. HOW CLAIMS ARE SUBMITTED**

Submitting a CBP claim involves both the in-house pharmacy software and TELUS Health Solutions Network.

For additional detailed information on CBP transactions and adjudication, refer to the CPhA Pharmacy Claim Standard, Version 03 published by Canadian Pharmacists Association.

For information on valid claim message formats, refer to TELUS Claims Exchange – Pharmacy Claims Drug Switching System, Adjudicator Session Layer Interface published by TELUS Health Solutions.

For information on using your specific local system, contact your pharmacy software vendor (PSV) or consult their documentation.

**NOTE:** CBP does not accept paper claims submitted by a pharmacy for reimbursement. However, a subscriber’s Benefit Administrator will accept paper claims from cardholders with reimbursement going directly to the cardholder. If a patient has any questions about submitting paper claims, please direct them to their Benefits Administrator or their employer.

#### **F. PAYMENT PROCESSING**

CBP processes payments to pharmacies periodically and remits the payments by Electronic Funds Transfer (EFT) to an account designated by the pharmacy.

Terms are specified in the Pharmacy Provider Agreement.

### 3. IDENTIFICATION CARDS

#### A. CBP DRUG CARD

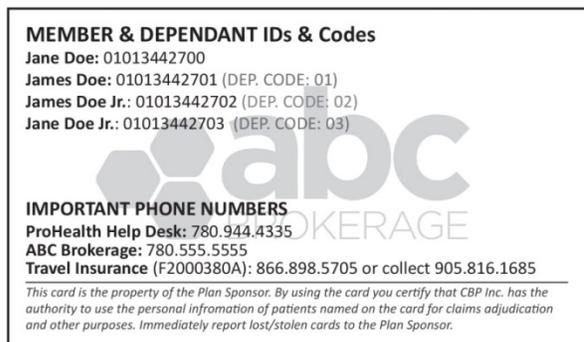
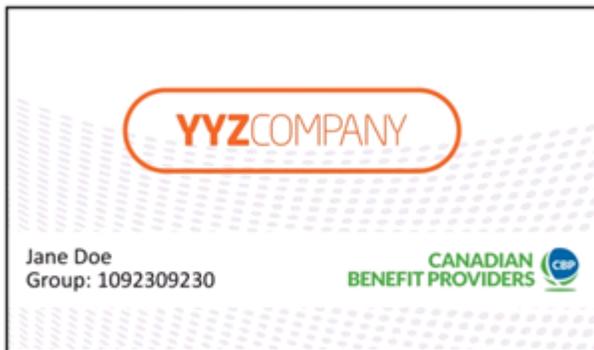
When enrolled in a plan that is administered by CBP, a subscriber will be issued an identification card, the CBP Drug Card. This card must be presented at the pharmacy with each prescription filled. The CBP Drug Card will vary by the design and artwork chosen by each insurance brokerage and employer group. All CBP benefit cards are printed with the Subscriber's Name (Primary Cardholder) on the front of the card. All eligible dependants are listed on the back of the card with their own unique Subscriber ID. The common characteristics of the CBP Drug Card are shown below.

**Front:**

- Company Name and/or Logo
- Subscriber Name
- Group Identification Number: 10 digit identifier of the drug plan policy.
- CBP Logo: A valid CBP Drug Card must have the CBP Logo in the lower right Hand Corner as shown on the example card

**Back:**

- Subscriber Names: The first name on the list represents the subscriber to the plan. The names that follow represent the subscriber's dependants.
- Subscriber and Dependants' unique 11-digit ID numbers, e.g. 01013442701
- Dependants' Codes - dental claims only
- Important phone numbers
- CBP Disclaimer



**B. IDENTIFYING ATTRIBUTES REQUIRED FOR CLAIM PROCESSING**

Element	Example	Placement on CBP Card
Group ID	1009111002	Front side
Patient ID	01013442700	Back side
Patient Name	Jane Doe	Back side
Patient Date of Birth	N/A	Not on Card, provided by patient
IIN # (BIN #)	610202	Not on card, provided when registering
Software Provider ID	KC	Not on card, included in your system
Pharmacy ID	NS00003214	Not on card, provided when registering
DIN, PIN or valid ID	97799770	From Canadian Drug DB or OPINIONS or cbproviders.ca

The CBP claims adjudication system needs, in addition to the fields found above, all fields as described in the CPhA Pharmacy Claims Standards version 3. This is just a reminder of pertinent information and where to find it.

## **4. POLICIES AND PROCEDURES FOR ONLINE CLAIMS TRANSMISSION**

### **A. CARRIER ID NUMBER**

CBP drug cards do not have Carrier ID numbers as they are not necessary to process electronic claims for our system.

### **B. RELATIONSHIP CODES**

The CBP system DOES NOT use relationship codes for determining eligibility. Therefore the relationship code is not mandatory for claims submission to our system.

### **C. CLAIMS VALIDATION**

CBP offers the simplicity of real-time adjudication via electronic submission. You will be immediately notified of the patient's eligibility as well as the amount of payment on each transmitted claim. To ensure that the process is as seamless as possible, it is always the dispensing pharmacist's responsibility to ensure the following:

- The patient is presenting a valid Canadian Benefit Providers drug card (or a temporary CBP card)
- The patient is listed on the back of the card and verifies the first and last name spelling, and subscriber ID.
- The patient provides a second piece of (e.g. government issued) identification to provide date of birth.
- The patient's prescription is a valid prescription and abides by all provincial regulations and was prescribed by an authorized prescriber.
- CBP does not allow the electronic submission of pharmacy claims that are paid to the patients.

### **D. REJECTED CLAIMS**

Claims that are submitted to CBP will be adjudicated to ensure that all of the information being submitted matches CBP records. If there is an error, CBP's adjudication software will send a rejection message for the first incorrect piece of information found. For example, in the case of invalid subscriber ID, please re-verify that the correct subscriber ID has been entered as printed on the drug card. Even if the correct subscriber ID has been entered, it may be possible that the subscriber's coverage has been terminated. The information contained on the CBP adjudication system is the most current record of eligibility. Some examples of frequent system messages are summarized in chapter List of frequent EDI system messages at the end of this document.

#### **E. INCORRECT DATE OF BIRTH**

CBP uses the date of birth as one of the key identifying features. As such, it is imperative that the pharmacist enters the correct date of birth to ensure the proper identification of the individual using the CBP Drug Card. The CBP Help Desk WILL NOT give out this information. The CBP Help Desk is allowed to confirm whether the date of birth you have on file is the same as that supplied to CBP by our client. If the cardholder confirms that the date of birth you have on file is correct but it differs from our cardholder information, then the cardholder must contact his or her employer in order to rectify this situation. If this situation arises and the cardholder cannot wait for the information to be corrected (it may take a few days), the cardholder should pay cash and submit the receipt to their Benefit Administrator for direct reimbursement.

#### **F. CLAIMS REVERSALS**

As all claims with or without an informational message have been adjudicated and will be paid, if the prescription is changed by the pharmacist, (i.e. change of drug, Rx not filled), the claim must be reversed. It is your responsibility to reverse a claim prior to submitting the corrected claim when it was acknowledged as paid.

When a successfully processed claim needs to be reversed or voided electronically, the pharmacist has 30 days from the original adjudication date to submit the reversal electronically. After that time, the claim reversal must be submitted manually to CBP Help Desk. The reversed amount will show up on the next statement directed to your pharmacy.

In general, and in particular for maintenance drugs, CBP is tracking previous claims to determine a proper refill timeframe. Therefore, it is strongly recommended to avoid reversing old claims when a more recent claim has been adjudicated for the same patient. The adjudication results might be unpredictable.

Also, due to the nature of Health Spending Accounts, reversing and adjudicating a claim after a long time might result in a different amount being paid. Contact CBP Help Desk when in doubt.

#### **G. BALANCING TRANSACTIONS**

The CBP Adjudication system provides 4 online reports to help balance transactions as defined in the CPhA Pharmacy Standards:

- Daily Totals;
- Detailed Records for Approved Claims;
- Detailed Records for Reversal for Same Day Claim;
- Detailed Records for Reversals for Prior Day Claims.

**Please note that the CBP Adjudication system operates on Mountain Standard Time (MST).**

**i. Note on balancing transactions**

If a request results in more than the allowable number of claims, reversals or dollar amounts, the affected field will be all 9s (field overflow). The pharmacy will have to call the CBP Help Desk for assistance. This is a limitation of the CPhA3 standards.

**H. DETERMINATION OF PRESCRIPTION PRICING**

Pricing policies vary from province to province and therefore regional differences between pharmacies may occur. Most payment schedules are based on the usual and customary drug price, mark-up and dispensing fee of a pharmacy within that province.

One common rule applies: the total amount charged shall not exceed the amount that would be charged to a cash-paying customer.

The concept that CBP cardholders should be charged no more than your regular price is critical. This includes charges for oral contraceptives and diabetic supplies where reduced dispensing fees may apply. Your contract with us includes this as a requirement. This does not preclude pharmacies from entering into preferred provider agreements with single sponsors or Trade Associations.

**I. AUTHORIZATION FOR PRESCRIPTIONS**

CBP requires that all submitted claims have an authorized prescription that adheres to the provincial requirements.

All documentation (original written/verbal prescriptions, computer generated hard copies, forms, notes) must be retained by the pharmacy for the provincially regulated retention period.

**Note:** The date of authorization on the prescription is required for auditing purposes.

**J. GUIDELINES FOR DIABETIC AND PHARMACY SUPPLIES**

Use only the pseudo-DINs recognized by CBP or PINs developed by OPINIONS. For a list of most commonly submitted pseudo-DINs refer to <http://www.cbproviders.ca/#providers>. If a product is not listed, submit the largest available package size or call CBP Help Desk for assistance.

**K. GUIDELINES FOR COMPOUNDS**

**Compound Definition**

A compound is a product that a pharmacist must make by mixing two or more ingredients; and when they are combined, become a preparation that is not commercially available. A compound can be in the form of a liquid, capsules, cream ointment, IV Bag, etc.

**Submission Rules**

Whenever possible, we require that you transmit compound claims using the DIN (drug identification number) of the principle prescription-requiring ingredient in that compound (if applicable). This will ensure an online eligibility check of the DIN you have transmitted. If your compound contains no prescription-requiring ingredients please transmit using one of the ingredient DINs. If you must use a general compound DIN to submit a claim, we **strongly recommend** that you call the CBP Help Desk to confirm eligibility.

All compounds submitted using our general compound DIN must be submitted with a corresponding Unlisted Compound Code as per CPhA Claim Standard.

**Unlisted Compound Codes are:**

CODE	TYPE OF COMPOUND
0	compounded topical cream
1	compounded topical ointment
2	compounded external lotion
3	compounded internal use liquid
4	compounded external powder
5	compounded internal powder
6	compounded injection or infusion
7	compounded eye/ear drop
8	compounded suppository
9	other compound

**Please note** that ineligible compound claim(s) submitted electronically, if paid initially, will be reversed in the event that an audit determines such claim(s) to be in contravention of CBP’s Compound Policy. For more on claim reversals see our Pharmacy Provider Agreement and Manual.

Claim adjudication cannot fully determine the eligibility of each ingredient without auditing claims. Claims are audited randomly, but may also be targeted based on a high cost in relation to the submitted DIN. Compounds should be submitted using the DIN of the vehicle (base).

**Eligible compounds**

Eligible compounds include a primary ingredient that is covered by the member’s plan, as well as an eligible base or ingredient. Call CBP Help Desk to find out whether the compound is covered. If a primary ingredient is added to an ineligible base, or the compounded mixture contains any of the ineligible ingredients (see below for list), the compound will be deemed ineligible and reversed.

**Ineligible compounds**

Compounds are ineligible if they include:

- A primary ingredient not covered by the member’s plan
- Over the Counter products (OTC’s)
- Compounds for cosmetic purposes such as baldness, dry skin, facial wrinkles or bleaching agents

Additionally:

- Any compound (oral, topical, injectable, etc.) that duplicates the formulation of a manufactured pharmaceutical product (current or discontinued) is not eligible.
- Unproven compounds are not eligible benefits. For example, drugs intended for oral use that are compounded into a topical mixture would be considered unproven.
- Claims for compounds intended to be used orally, rectally, vaginally, injected, ophthalmic or optic preparations must contain a DIN of an eligible product to be covered.
- Compounds in which a pure chemical is used are ineligible.
- Any compounded item that is considered “experimental” in nature is ineligible.

**Ineligible bases**

- |                           |                       |                             |
|---------------------------|-----------------------|-----------------------------|
| • Benoquin                | • Lustra products     | • Reversa products          |
| • BioBase                 | • Neostrata products  | • Rosacure                  |
| • Eldopaque               | • Neutrogena products | • Solage                    |
| • Eldoquin                | • Porecelana          | • Solaquin                  |
| • glycol acid             | • Rejuva              | • sunscreens (all products) |
| • Glyquin                 | • Renova              | • Ultraquin                 |
| • Kinerase                | • retinol             | • Viquin                    |
| • La Roche-Posay products |                       | • vitamin E cream           |

**Ineligible ingredients**

- aminophylline
- ammoniated mercury
- arsenic
- azaleic acid
- benzoin tincture
- bichloroacetic acid
- coumarin
- dehydroepiandrosterone
- dimercaptopropylsulfonate
- dimercaptosuccinic acid
- dimethylaminoethanol
- dinitrochlorobenzene
- diphenacylone/diphenacylpropylone
- Evening Primrose Oil
- finasteride
- gentian violet
- glycolic acid
- histamine/caffeine
- hydroquinone
- kojic acid
- magnesium dicitrate
- mandelic acid
- Mercurochrome
- methylcellulose E4M
- minoxidil
- pregnenolone
- secretin
- titanium dioxide
- triamcinolone
- tri-iodo-L-thyronine
- vitamin K topically
- yohimbine

**L. GENERIC PLANS**

If a subscriber/patient has a mandatory product selectable plan, product selection will occur (i.e. if a generic exists), in all applicable cases except if the doctor has specified “no substitution” (i.e. CPhA Product Selection field = 1, Doctor’s choice). Our adjudication process applies this rule and returns a response code (CPhA code D8, Reduced to generic cost) indicating that generic plan product selection has occurred.

**M. CO-ORDINATION OF BENEFITS**

Co-ordination of benefits is part of the On-line Claims Adjudication System. Claims may be co-ordinated with all public and privately administered plans. Where CBP is advised of dual coverage, our system will administer coordination of benefits in accordance with the industry guidelines.

A patient’s primary payer is that for whom the patient is the subscriber. In the case of dependants, the primary payer will be the plan belonging to the parent whose birthday falls earliest in the calendar year (not necessarily the oldest parent).

## **N. DRUG UTILIZATION REVIEW**

At this time, CBP does not fully support Drug Utilization Review (DUR).

However, patient's history will be checked to allow proper refilling of a prescription. It is important to follow CBP guidelines on days supply to allow for proper reimbursement of dispensing fees (see MAINTENANCE DRUGS AND TRIAL PERIOD further down this document).

Also, CBP claims might be audited for substance abuse and/or fraudulent behavior. Please help us in building a responsible consumption market for drugs.

## **O. ADJUDICATION MESSAGES**

All transactions submitted on-line are adjudicated to determine eligibility. Transactions may be approved, denied or flagged for attention with informational messages or overrideable warnings for pharmacist intervention. The system has the flexibility to accept a pharmacist's intervention code on overrideable warnings. Intervention codes are optional on information messages.

The response code is a code established by CPhA to identify a particular claims problem. This may not be displayed on your computer, depending on your vendor.

The message(s) (response) displayed on your pharmacy computer may be a brief explanation of the response code provided by your software vendor according to current claim standards.

The intervention code is a code established by CPhA to identify an action taken by the dispensing pharmacist. In some cases these may show as a list of messages on your computer, depending on your vendor.

### **i. OVERRIDEABLE WARNINGS**

When an Overrideable Warning appears, the claim has **not** been approved for payment because a potential problem has been detected. The pharmacist must investigate the problem and use an appropriate intervention code with the pharmacist ID number before the claim can be paid. Each warning has to be answered, with one or more assigned and approved intervention codes. The claim will then be paid, assuming no other conditions exist.

### **ii. INFORMATION MESSAGES**

When an Information Message appears, the claim has been approved for payment but there is a cautionary message. The message advises that a potential problem may exist and should be investigated. The message does not have to be answered.

### **iii. DETAILED MESSAGES (RESPONSE) INFORMATION**

Adjudication messages are provided on one of possibly three message text lines. This allows for the text translation of the message code. The subject of all adjudication messages may be obtained by phoning the CBP Help Desk.

**iv. INTERVENTION CODES**

The action to resolve Adjudication problems is accomplished through intervention codes. An intervention code is only required for overrideable warnings as well as for information messages requiring the **reversal** of a paid claim.

The table of approved CPhA messages & intervention codes is at the end of this section. It is important for pharmacists to familiarize themselves with these messages and codes. If an incorrect code is used the transaction will be rejected and must be resubmitted.

**ACCEPTABLE INTERVENTION CODES**

CODE	DESCRIPTION
MV	vacation supply
NF	override - quantity appropriate
ML	good faith standard coverage established
MK	good faith emergency coverage established
MN	replacement claim due to dose change
DN	exception, long term Rx preauthorized by RAMQ
DM	exception, renewal preauthorized by RAMQ
FC	RAMQ re-authorized anticipated renewal
DA	secondary claim - orig to prov plan
DB	secondary claim - orig to other carriers
CA	prior adverse reaction
CB	previous treatment failure
CC	allergy to product is on record

**v. CLAIM REJECTIONS**

For all unpaid claims with an overrideable Adjudication warning message, the system will check for the presence of an acceptable intervention code and pharmacist ID number. Claims will not be paid if the intervention codes and/or pharmacist ID are unacceptable or missing.

**vi. CLAIM RESUBMISSIONS**

When a claim is received by the adjudication system it does not know if this is a later submission of an earlier claim. Therefore, if a claim is rejected because of unacceptable intervention code and/or the absence of the pharmacist ID, the claim must be resubmitted.

**vii. COMPLIANCE – REFILL TOO SOON**

If the adjudication system returns the “Refill Not Allowed At This Time” overrideable message, pharmacists are asked to use their professional judgment in these cases to choose an acceptable intervention code. The following are applicable intervention codes when encountering a “Refill Not Allowed At This Time” response:

**MN**=Replacement Claim Due to Dose Change

**MV**=Vacation Supply

**NF**= Override-quantity appropriate

We encourage the pharmacist to call CBP Help Desk to confirm the appropriate code. Intervention codes **MUST NOT** be used for reasons such as medication loss or damaged

medication due to negligence or improper storage. Claims sent electronically with the aforementioned intervention codes may be audited at any time.

## P. MAINTENANCE DRUGS AND TRIAL PERIOD

Maintenance drugs are any medication taken for extended period of time. A minimum of 90 (maximum of 100) day supply is required and only one dispensing fee per prescription will be paid. If a partial refill must be dispensed due to low stock of the drug (e.g. 30 days), the remaining refill (e.g. 60 days) will cover the drug cost only, not the dispensing fee. In case the first claim is reversed, reverse the second refill as well and submit a new claim for 90 days as one claim.

### i. TRIAL PERIOD FOR SOME DRUGS

To reduce drug waste associated with unused medication, certain maintenance drugs are set up for a trial period. During this period, the patient is given the medication to see the tolerance and if no side effects occurred, the rest of the medication can be dispensed. The balance of the day supply for trial period will be included in the day supply for maintenance drugs.

If a patient has not received a prescription for an identical drug within the last 6 months (filled at any pharmacy), the prescription will be considered new. A new prescription is to be dispensed for a maximum of 15 day supply. If the days' supply submitted on the initial prescription is greater than 15 days, the claim will be paid for 15 days only. If such a claim is adjudicated, the pharmacy will receive a response message "**EH – Claim cost reduced to days supply limit.**" It may be reversed and then resubmitted for a reduced days' supply.

In most cases, changes in dose (e.g. levothyroxine 0.1mg to levothyroxine 0.125mg) and changes in brand (e.g. generic substitution) are **not** considered brand new prescriptions.

The trial period will apply to specific maintenance drugs according to the group benefit policy of the plan sponsors. There are situations in which such a quantity reduction may not be appropriate. Pharmacists are encouraged to use their professional judgment in these cases. For example:

- The drug was initiated while the patient stabilized in a hospital or institutional setting.
- The patient is a new CBP participant who is already established on the new drug.
- The patient is vacationing and will be unable to receive the balance of the prescription.

## **Q. PRIOR AUTHORIZATION**

Certain prescription drugs are set-up to require a prior authorization. If the patient is rejected with the message “**RW – Special Authorization Required**”, they must submit a Prior Authorization form to CBP for approval.

Forms can be accessed through the Help Desk. Once completed, forms can be submitted to:

- **Email:** [helpdesk@cbproviders.ca](mailto:helpdesk@cbproviders.ca), Attn: Pharmacy Dept
- **Fax:** 1-780-944-9168, Attn: Pharmacy Dept
- **Mail:** Pharmacy Department,  
Canadian Benefit Providers  
#202, 10235 – 124<sup>th</sup> Street NW, Edmonton, AB T5N 1P9.

Pharmacies are encouraged to contact the CBP Help Desk for the most current list of Prior Authorization Drugs or forms.

## **5. PLAN ELIGIBILITY**

CBP’s adjudication system supports a wide variety of pharmacy benefit plans. Most plans have various forms of co-payments which can include one or all of the following – deductibles, co-pays, and co-insurance. Some plans also have dispensing fee caps. Different plans may also be restricted by different controlled formularies, have a generic drug plan, or limit certain drugs by dollar amount or quantity.

The drug classes that most commonly differ in coverage within CBP’s plans are:

- Antiobesity/Anorexia
- Erectile Dysfunction
- Fertility Treatments
- Preventative Vaccines
- Smoking Cessation Products

## **A. PRODUCT SELECTION AND NO SUBSTITUTION**

When a prescribed product selectable drug is listed in a Provincial Formulary (e.g. Ontario Drug Benefit), it is eligible for “product selection,” with some exceptions (see below).

CBP reimburses the pharmacy at the lowest priced generic as indicated in the Provincial Formulary. Some Provincial regulations may vary slightly.

There are three standard options for payment based on product selection:

- A plan where either the physician OR patient can request “no substitution.”
- A ‘physician’s choice’ product selectable plan which only allows the physician to request “no substitution.”
- A ‘mandatory product selectable plan’ which only allows payment for the lowest price generic regardless of who requests “no substitution”.

When a physician, patient or pharmacy indicates or requests “no substitution,” the following indicators must be entered in the appropriate “no substitution” / product selection field when submitting claims.

<b>CODE</b>	<b>EXPLANATION</b>
1	Doctor no substitution
2	Patient no substitution
3	Lowest cost brand in the pharmacy inventory
4	Existing Therapy

**B. DISPENSING FEE**

CBP will pay a professional fee for the dispensing of each prescription. When adjudicating a claim, CBP will always separate the assessment of the drug price from the eligibility and validity of the dispensing fees.

Dispensing fees maybe regulated at a provincial level, in which cases CBP will allow only the provincial maximum to be charged on a fill. Members are always encouraged to shop at a pharmacy that charges lower dispensing fees.

Several plans are set-up to cap the dispensing fee at a specific amount, generally upon request of an employer. In such cases, CBP will limit the dispensing fee as well.

Whenever dispensing fees are exceeded, CPhA messages (D6, Maximum Cost is exceeded; OL, Max Allowable Dispensing Fee Exceeded) will be issued and sent back to the pharmacy.

Maintenance drugs are to be submitted with one dispensing fee per minimum day supply, which in most cases is 90 days. If CBP does not pay for the dispensing fee, a CPhA message (87, Exceeds max. # of prof. fees for this drug) will be sent back to the pharmacy.

### C. SPECIAL SERVICE FEE

The Special Service Fee is used to pay for a service which is in accordance with a benefit plan or contractual agreement between provider and CBP Plan administrator. When sending such a fee a special service code must also be sent. Up to 3 codes can be submitted for each claim. Valid Special Service Codes are listed below.

CODE	DESCRIPTION
1	refusal to fill a prescription
2	pharmacist intervention
3	pharmacist consultation
4	referral by pharmacist
5	approved home care services
6	Drug Utilisation Review (DUR)
7	co-ordination of benefit
8	claiming multiple dispensing fees
A	special delivery of parenteral therapy
B	special delivery of ophthalmic solution
C	special packaging of parenteral therapy
D	special packaging of ophthalmic solution
E	claiming professional care services
P	7 day pill pack
W	EC consultation level 1
X	EC consultation level 2
Y	EC consultation level 3

### D. DRUG COST

The cost of drugs, ingredients and products is defined as the unit price for particular province plus allowable upcharge (dependent on the province).

Drug costs are reviewed quarterly based on the provincial formularies and their associated prices. A drug might be covered within one province and not in the other. Also, drugs have different costs based on the province they are listed in.

As a general rule, the place of service (i.e. the geographical location of the pharmacy store) is used to determine the maximum price of the drug and any allowed upcharge (retail percentage, stocking charge, etc.)

Whenever drug costs are exceeded, a CPhA message (D6, Maximum Cost is exceeded) will be issued and sent back to the pharmacy.

**E. MAXIMUM TIME TO SUBMIT CLAIMS**

Electronic claims can be submitted up to 7 days after the original date of service. Claims can be reversed (voided) on-line for up to 30 days after the original claim.

**F. LOST OR STOLEN PRESCRIPTION MEDICINE**

It is the subscriber's (patient's) responsibility to safeguard that medication against breakage, theft or damage, and the replacement of such medicine is the responsibility of the patient.

**G. AUDIT**

All claims submitted through CBP are subject to audit by our Audit Department, and pharmacies will be contacted if a review of a claim is necessary. Successful adjudication of a claim does not prohibit a future audit of that claim. If during an audit it is found that inappropriate information or processes have resulted in a successful adjudication, then CBP retains the right to recover payments previously made.

## **6. PRESCRIPTION RECEIPTS FOR PATIENTS WHO PAY CASH**

Patients may submit their claims to their plan benefit adjudicator for manual processing. To assist your customer when they submit your prescription receipts for processing, please provide the following information:

- the dollar amount paid
- the drug name and DIN
- a break down of drug cost and dispensing fees
- strength of medication
- quantity dispensed
- days supply
- prescription number
- pharmacy name and address
- compound ingredients (if possible)

**Please note that cash register receipts or copies of credit or debit card transactions alone are not acceptable.**

## 7. LIST OF FREQUENT EDI SYSTEM MESSAGES

SYSTEM MESSAGES	CAUSE / REMEDY
Client ID # error	Incorrect subscriber ID entered
Invalid DIN/PIN/Drug Tier	Call CBP help desk for available PIN
Maximum Cost Exceeded	Drug cost and/or Dispensing fee cap exceeded
Patient DOB error / Check dependent ID	DOB incorrect and/or dependant ID incorrect (dependant ID number are on the back of benefit card)
Policy does not have necessary coverage	Drug under member's policy not covered (vaccines, smoking cessation etc.)
Price reduced to LCA	Cost of brand drug reduced to lowest cost alternative
Referral Required	Call CBP Help Desk to obtain specific forms
Refill not allowed at this time	Refill is being dispensed too early
Special Authorization Required	Patient to obtain pre-auth form from CBP Help Desk.
SSC Error	Special Service Code error. Check SSC field.
Subject to Coordination of Benefits	Submit claim to primary carrier.