

PHARMACY  
CLAIMS  
SUBMISSION  
MANUAL

(DPIN PHARMACY MANUAL)

# **DPIN PHARMACY MANUAL**

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# **CHAPTER 1: DRUG PROGRAMS INFORMATION NETWORK (DPIN)**

## **(a) INTRODUCTION**

### **Intent of DPIN**

- To record all drugs sold, distributed or used in or by a hospital, personal care home, pharmacy or prescriber.
- To link the prescriber and pharmacy in real time communication.
- To monitor each drug used for potential adverse events.
- To have all drug claims for public and private drug insurance programs administered via the DPIN.

### **Objectives of DPIN**

- To reduce adverse drug interactions and reactions.
- To reduce hospitalization as a result of adverse drug events.
- To optimize the prescribing of drugs.
- To promote better communication between pharmacists, prescribers and patients.
- To discourage “double-doctoring” and the fraudulent use of drugs.
- To facilitate drug/health outcomes measurement and management.
- To streamline administrative procedures.
- To facilitate the implementation of other desirable improvements in drug insurance programs.

### **Upon Implementation – 1994**

- DPIN will record all prescription drugs dispensed to Manitobans in all community pharmacies and some outpatient hospital pharmacies.
- DPIN will monitor each of these prescriptions against the patient’s drug use history and report any adverse drug interactions, adverse therapeutic events or fraudulent use.

- DPIN will process all Pharmacare claims and provide real time adjudication of Pharmacare reimbursement to patients and pharmacies.

#### **(b) PATIENT ELIGIBILITY**

Manitoba residents must be registered with Manitoba Health and have a valid Personal Health Identification Number (PHIN) to be eligible for benefits under Pharamacare.

Sample: (Registration Certificate- William Smith)

Manitoba residents are not eligible for Pharmacare when their total prescription costs are the responsibility of another government or non-government agency.

#### **Exclusion From Eligibility**

The following are not eligible for coverage under Pharmacare:

- Registered Indians (federal government responsibility);
- Department of Veterans Affairs beneficiaries (federal government responsibility) but dependants are eligible;
- Members of the Royal Canadian Mounted Police (federal government responsibility) but dependants are eligible;
- Members of the Canadian Armed Forces (federal government responsibility) but dependants are eligible
- Wards of the federal government (i.e. inmates in federal penitentiaries)
- Provincial welfare recipients;
- City of Winnipeg welfare recipients; and
- People who have their prescription drug costs paid in total by a private or public insurer.

**\* Note: All prescriptions for Manitoba residents, irrespective of coverage, must be recorded in DPIN.**

### **(c) PHARMACY ELIGIBILITY**

A pharmacy must be registered with DPIN to submit drug claims for processing and payment.

To register with DPIN, a pharmacy must complete the Application for DPIN Registration Form. This form may be obtained by contacting the Manitoba Pharmaceutical Association or the DPIN Help Desk at 789-8000.

New registrations should be received by DPIN at least 4-6 weeks notice before a pharmacy opening.

### **(d) APPLICATION FOR DPIN REGISTRATION**

The application for DPIN Registration Form is to be used by:

- New pharmacies when applying for a license in Manitoba, as required by the Manitoba Pharmaceutical Association; and
- Pharmacies when taking any action that will amend any information on this form. (i.e. address/ownership).

#### **Notification of Changes**

It is essential that pharmacies notify Manitoba Health of any changes affecting registration, such as change of name and address, or banking information for direct deposit. All changes affecting registration must be made in writing by authorized personnel.

#### **Closure/Sale of Pharmacy**

Advise Manitoba Health of closure/sale date as soon as it is known.

Please note:

- Arrangements will be made to remove telecommunication lines or devices provided by Manitoba Health that will not be required by the new owner.
- Claims will be accepted only for items dispensed up to date of closure.
- The new owner cannot assume your registration for use of the DPIN.

\*Application for DPIN Registration attached

## CHAPTER 2: CONFIDENTIALITY AND SECURITY

### (a) OVERVIEW

Manitoba's new DPIN system involves the collection and transmittal of specific information about individuals receiving drug products. DPIN requires this information in order to validate claims, administer payments and identify potential drug therapy problems. Under the DPIN system, health care providers have access to limited patient information to ensure the health and safety of recipients. This information will be limited to details necessary for pharmacists to exercise professional judgment.

Information about an individual as well as the person's health is considered "personal information" under the *Freedom of Information Act*. Any unauthorized disclosure of this information breaches the confidentiality provisions of this Act.

Personal information includes:

- Information about the person, including his or her Personal Health Identification Number;
- Information on the patient's medications, including those that have the potential to interact with the current prescription that the pharmacist is dispensing for the recipient;
- The patient's medical history or condition; and
- Information on the drug being dispensed.

As part of established professional standards and responsibility, the pharmacist is required to discuss personal information with patients to counsel on potential adverse effects and to verify that the patient is taking the medication in accordance with the prescriber's instructions.

Pharmacists may also need to discuss personal information with prescribers to resolve potential drug therapy problems: e.g. a potential drug interaction may require a change in therapy.

Pharmacists are reminded to take all reasonable precautions to ensure personal information is treated with the greatest sensitivity and to respect the patient's privacy when discussing this information with the patient and/or other health care professionals.

## **(b) CONFIDENTIALITY GUIDELINES**

The Manitoba legislation, *The Prescription Drugs Cost Assistance Act* and *The Pharmaceutical Act*, will define confidentiality as any patient information that can be traced directly to a specific patient and provides that no person shall:

- Knowingly allow any person to inspect or have access to any confidential information; or
- Knowingly communicate or allow to be communicated to any other person confidential information.

### **Exceptions**

Confidential information can be released:

- To the person who is the subject of the information;
- With the informed, written consent of the person who is the subject of the information, given at the time the information is requested;
- When the person who is the subject of the information is under the age of 14 years, with the informed, written consent of the patient or legal guardian, given at the time the information is requested;
- When the person who is the subject of the information is 14 years of age or over but is not mentally competent to provide the consent, with the informed written consent of the person's proxy, or the person's nearest relative;
- To a health care professional who is engaged in the direct care of the person who is the subject of the information when usual consent requirements cannot reasonably be obtained and disclosure would clearly benefit the person in care;
- To a person authorized to practice medicine, dentistry or pharmacy, or another health care profession, for the purpose of dispensing a drug safely;
- To any regulatory body governing a health care profession for the purpose of investigation the abuse or misuse, or the inappropriate or fraudulent prescribing of drugs;
- When the information is in statistical form and does not contain the name of, or any other means of identifying, the person who is the subject of the information; or
- To people who administer the Pharmacare program, as well as people responsible for the administration of federal legislation such as the Food and Drugs Act and the Narcotic Control Act.



### **Restrictions on Further Disclosure**

Any person who receives confidential information is bound by the same restrictions as listed above. That person may only use the information for the specific reason it has been provided: for example, to fill a prescription.

### **Penalties**

Any person who releases confidential information without authorization is in breach of these Acts.

An individual is liable on summary conviction to a fine of not more than \$5,000; and a corporation is liable on summary conviction to a fine of not more than \$50,000.

### **(c) SECURITY**

To protect the security and confidentiality of personal information, pharmacists must:

- Restrict access to authorized personnel who require access to perform their professional duties. Pharmacist owners/managers are responsible for authorizing access;
- Ensure system security is maintained and protect confidentiality of data transmitted and received;
- Ensure that authorized staff are adequately trained to observe security and confidentiality regulations;
- Ensure that information about a patient's drug therapy is handled with the strictest confidentiality and greatest sensitivity;
- Ensure that the information is only used to prevent a problem that may pose a significant risk to the patient's health; and
- Be accountable for the information by setting up strict security procedures within the pharmacy management system.

Network access must be secured by:

- Ensuring that the monitor is placed where it cannot be viewed by the public;
- Assigning individual (unique) user IDs;
- De-activating user IDs when the user is absent for extended periods (e.g. vacation, illness, leave of absence, etc.); and
- Assigning a unique password for each user ID.

#### **(d) PASSWORD INFORMATION**

Each authorized user should have a password. Use the following guidelines to protect password information:

- Passwords must be a minimum of six characters in length.
- Passwords can be a combination of letters, numbers or certain keyboard characters.
- Passwords should be changed regularly.
- If there is any suspicion that password secrecy has been compromised, the password must be changed immediately.
- Password management is the responsibility of the user ID's owner.
- Passwords should not be written down, displayed or repeated.
- User IDs and passwords should never be the same.
- Passwords should be designed to be easily remembered. However, to make it difficult for them to be identified by an automated password guessing program or dictionary, they could be spelled differently. For example, "Pelham" could be changed to "pelhim."
- Do not use progressive passwords (i.e. NAME01, NAME02, etc.) Identification of the common string usually results in easy identification of the password.

Avoid the following types of passwords as they are statistically proven to be the most vulnerable to detection:

- User's own name.
- A family member's or loved one's name
- The family's pet's name.
- A person's favourite automobile type.
- The make and name of a person's boat.
- Any name associated with work, such as company, division, branch, section, special project or group.
- Any other item that bear a strong personal association to a person.

## **CHAPTER 3: LEGAL REQUIREMENTS**

*The Prescription Drugs Cost Assistance Act* and *The Pharmaceutical Act* are being amended to require that:

- Every prescription dispensed by a pharmacy for a Manitoba resident must be recorded in the DPIN; and
- Manitoba residents purchasing a specified drug shall, upon the request of the pharmacist, present their Personal Health Identification Number (PHIN).

Pertinent sections of the above Acts and their regulations will be provided when approved.

## **CHAPTER 4: CLAIM SUBMISSION**

As claims are received by the DPIN system for processing, two concurrent processing streams are initiated. The first is for fiscal adjudication and performs the traditional adjudication functions of eligibility verification, benefit evaluation and pricing. Fiscal adjudication returns a result that indicates whether the claim has benefit coverage and for what dollar amount.

The second processing stream is for clinical adjudication, which is more commonly known as prospective drug utilization review (DUR). DUR evaluates the current prescription against the patient's drug history and determines if there will be any adverse effects, precautions or fraud associated with this new drug. These problems may be prevented by providing additional information to the health care professional. The purpose is not to replace the current principles of good pharmacy practice, but to enhance them with additional information sources.

### **(a) OVERVIEW**

1. A pharmacy receives a prescription.
2. The pharmacist:
  - Enters the customer's nine-digit Personal Health Identification Number (PHIN) (See Sample, page 1-2)
  - Identifies the drug program code:
    1. PC (Pharmicare) is used when the patient is eligible for pharmacare benefits.
    2. DU (Drug Utilization Review) or other approved codes are used when the Pharmacare program does not pay anything because a third-party insurer is paying the pharmacy for the full cost of the prescription or, the claim is being transmitted for Drug Utilization Review only.
  - Enters the prescription information.
3. For PC coded claims, DPIN transmits the information electronically to a central computer, which analyzes what portion of the prescription's cost is covered by Pharmacare and what portion the customer must pay.
4. For PC, DU and other codes, the central system reviews the customer's prescription history and warns the pharmacist of possible duplicate prescriptions, fraudulent use or possible adverse drug interactions.
5. DPIN combines the fiscal adjudication result (for PC-only coded claims) with the therapeutic adjudication result and sends the information back to the pharmacist, who can now act on the information.

6. If required, the pharmacist can then request a patient drug history profile from the DPIN system.
7. After the pharmacist fills the prescription:
  - The customer pays only the amount that isn't covered by Pharmacare as indicated by the DPIN system;
  - DPIN updates the prescription history and Pharmacare deductible information for that customer; and
  - DPIN reimburses the pharmacy for amounts covered by Pharmacare through electronic funds transfer (EFT).

*Note: Third-party insurers other than Pharmacare must be billed for reimbursement in the usual manner.*

**On-Line Transactions for Submitting, Modifying and Deleting Claims**

All claims submissions, modifications and reversals not transmitted on-line within seven (7) days of the dispensing date must be submitted on a DPIN Claim/ Reversal/Adjustment Form (See page 7-3)

Claims cannot be post-dated.

**(b) HOW TO SUBMIT A CLAIM**

A DPIN claim transaction must include the following mandatory information. (*Refer to your pharmacy software vendor's manual for correct procedures and optional information.*)

<b>REQUIRED FIELDS</b>	<b>EXPLANATION</b>
Pharmacy ID Code	Pharmacare number
Provider Transaction Date	Date prescription filled
Transaction Type	Unique code to identify claim submission
Trace Number	A tracking number assigned to each transaction
<b>The above fields are system generated and require no pharmacist input.</b>	
<b>The following fields must be entered by the pharmacist.</b>	
Drug Program Code	Identifies the drug program: See Drug Programs Code table on page 4-3 for approved codes.
PHIN	Personal Health Identification Number
Prescription Number	From the prescription or the prescription label
DIN/PIN	Drug Identification Number/Product Identification Number- for non-drug items (See Appendix A for PINs)
Quantity	Quantity dispensed (See Appendix B)
Days Supply	Estimated number of days supplied by the prescription (See Note 1)
Prescriber ID	Medical Practitioner's or Dentist's Identification Number
Drug Cost	Total drug cost (See Note 2)
Professional Fee	Pharmacist's fee for professional services (can equal zero)
Previously Paid	Amount paid by other insurer (See page 4-4 for description)

Pharmacist ID	The pharmacist's five-digit license number assigned by the Manitoba Pharmaceutical Association.
<p>Note 1: When you are unable to determine the actual days supply of medicine provided, (by dividing quantity supplied by dosage instructions – e.g. 100 tablets + one tablet QID = 25 days supply), you should make a reasonable estimate of the length of time the medicine will be used (in conjunction with the prescriber and/or patient). Days supply is a critical component of the drug utilization review system and therefore every effort should be made to ensure that this field is as accurate as possible. Failure to accurately record days supply (especially for topicals) will result in response codes that indicate insufficient or excessive use.</p>	

Note 2: If the amount submitted is in excess of the maximum allowable the system will lower this amount to equal the DPIN maximum allowable drug cost. (See Appendix B for details.)

**(c) DRUG PROGRAM CODES**

In addition to PC and DU, your Pharmacy Software Vendor may support the use of some or all of the following Drug Program Identification Codes:

DRUG PROGRAM CODE	DESCRIPTION	FISCAL ADJUDICATION	DRUG USE REVIEW
AP	MPIC Autopac		X
BC	Blue Cross		X
CW	City of Winnipeg		X
DU	Drug Utilization Review		X
FS	Family Services		X
GS	Green Shield		X
IA	Department of Indian Affairs		X
LS	Life Saving Drug Program		X
MS	Medical Services Branch		X
NH	Personal Care (Nursing Home) Drug Programs		X
PC	Pharmacare	X	X
PT	Public Trustee		X
VA	Department of Veteran Affairs		X
WC	Workers Compensation		X

After completing the required fields, the pharmacist sends the claim for adjudication.

#### **(d) PREVIOUSLY PAID**

If another insurer is acting as the primary or first payer, the portion of the cost of the prescription they are paying should be recorded in the previously paid field.

1. For prescription purchases where the patient pays all of the total prescription selling price, Pharmacare is considered to be the primary or first payer. These claims should be sent for PC adjudication. The Previously Paid field should be blank or zero.
2. For prescription purchases where the patient contributes nothing to the cost of the prescription (e.g. Family Services, City of Winnipeg Welfare, etc.) the other drug insurer is considered the primary or first payer. These claims should be sent for DU adjudication only by using the DU or the applicable identification code.

The above should present the bulk of DPIN claim transactions. However, there is a third type of transaction that is described below.

3. For prescription purchases where the patient pays *a portion* of the total prescription selling price, the pharmacy must determine whether Pharmacare or the person's private insurer is the primary or first payer.

Examples:

- The patient pays a fixed amount per prescription.
- The patient pays a fixed percentage per prescription.
- The patient pays all or a portion of the amount Pharmacare doesn't reimburse.

#### **Sample Scenarios**

- (a) Pharmacare is the first payer when the sum of the amount paid by Pharmacare and the amount paid by the private insurer total no more than the total value of the prescription. This is commonly called co-ordination of benefits.

In these cases, a pharmacy may or may not know if the person has private insurance that co-ordinates benefits, as the person submits claims their insurer for adjudication and any co-ordination of benefits. For this scenario, the pharmacy should submit the claim to DPIN as in case #1 above.

- (b) In other cases, the pharmacy will act on behalf of the patient to actually send that person's claim to the private insurer for the purpose of co-ordinating benefits. Here again, the pharmacy should submit the claim to DPIN as in case #1 above.
- (c) Finally, there may be some patients who have private insurance that pays all or a portion of the prescription cost or the circumstances clearly indicate that the private insurer is acting as the primary or first payer. In these cases, the pharmacy

should indicate what amount has been paid by the private insurer in the previously paid field in the claim submission.

Example:

Patient pays 10% of prescription value/ 90% balance is paid by private insurer.

Prescription price is \$30.00  
(Patient pays \$3.00)  
(Insurer pays \$27.00)

Indicate \$27.00 in the previously paid field. Pharmacare will adjudicate on the balance of \$3.00.

When a pharmacy is submitting directly to a private insurer on behalf of the patient, the private insurer must be advised of the payment received through DPIN/Pharmacare by the pharmacy to ensure there is no duplication of payment by or to any party.

When pharmacists are not sure of what role the private insurer is playing in the financial adjudication or co-ordination of benefits, they should contact the patient's private insurer for clarification.

#### **(e) HOW TO SUBMIT A NON-STANDARD CLAIM**

This section provides instructions for submission of each of the following non-standard claim transactions:

- Extemporaneous Preparations (Compounds)
- "Do Not Substitute" Prescriptions
- Exception Drug Status Claim Submission

#### **Extemporaneous Preparations (Compounds)**

Schedule C of the regulation under The Prescription Drugs Cost Assistance Act defines the compounded prescriptions that are eligible Pharmacare benefits.

Use the Product Identification Number 00999111 for compounds containing an ingredient that is eligible under Pharmacare.

Use the Product Identification Number 00999333 for non-eligible ingredient compounds.



## **“Do Not Substitute” Prescriptions**

To submit a claim when a prescriber has authorized a “Do Not Substitute” prescription, include all mandatory fields on a standard claim submission and provide a positive response in the “Do Not Substitute” field on your pharmacy software. If this procedure is not followed, the drug cost will be lowered to the lowest price in the interchangeable category.

## **Exception Drug Status Claim Submission**

Part 2 Drugs - If the prescriber has indicated the drug meets EDS, indicate this by inserting the code ED in the intervention/exception code field.

If the prescriber fails to indicate the drug meets EDS, and the pharmacist knows the drug meets the EDS criteria for eligibility, the pharmacist may indicate this by inserting the code EP in the intervention/exception code field.

Failure to provide the appropriate authorization code will result in the claim being rejected for Pharmacare reimbursement.

Part 3 Drugs – Submit as for any other PHIN and DIN. If the prescriber has sought and obtained the appropriate authorization, DPIN will have registered this authorization (including effective and expiry dates) and the claim should be accepted.

Failure to obtain EDS authorization before filling the prescription will result in the claim being rejected for Pharmacare reimbursement. Retroactive authorization *will not* be provided.

## **CHAPTER 5: SYSTEM RESPONSES**

### **(a) OVERVIEW**

A claim submitted on-line will:

- Be adjudicated for Pharmacare eligibility and/or
- Undergo a drug utilization review.

### **Response Status**

The pharmacy will always receive a response status indicating whether the claim was approved, adjusted or rejected. There are only four response status indicators:

**A** – Accepted as transmitted – No adjustments required. Proceed to next claim.

**B** – Accepted with Rx price adjustment. Options:

- Proceed to next claim.
- Reverse claim to modify and resubmit.
- Contact Help Desk to request price file correction.

**R** – Rejected claim – See response codes for action required.

**V** – Reversal accepted – Proceed to next claim.

### **Response Codes**

In addition to the above, a pharmacy may receive a response code (see pages 5-3 to 5-14). These codes differ from the response status in that they are designed to flag attention and perhaps pharmacist intervention. The response codes range from the technical, through claims information requirements, to drug interaction and drug use warnings.

**System Response to Standard  
And Non-Standard Claims Transactions**

After the claim is submitted, the system will provide the following response:

<b>RESPONSE FIELDS</b>	<b>EXPLANATION</b>
Adjudication Date	Adjudication date assigned to the transaction by the DPIN at the time of processing.
Trace Number	System-generated number assigned to the transaction
Reference Number	Internal reference # assigned by DPIN
Response Status	A = accepted as transmitted, no adjustments B = accepted with Rx price adjustment R = rejected – see Response Codes for explanation V = reversal accepted
Response Codes	See Response Codes Section on pages 5-3 to 5-14
Drug Cost	Drug cost accepted by Pharmacare
Professional Fee	Professional fee accepted by Pharmacare
Co-pay to Collect	Co-pay amount collected from patient by the pharmacy
Deductible to Collect	Deductible amount collected from patient by the pharmacy
Co-Insurance to Collect	Co-insurance amount collected from patient by the pharmacy
Plan Pays	Total amount payable for the claim
Message Data Line Number 1	Detailed response information
Message Data Line Number 2	Detailed response information
Message Data Line Number 3	Detailed response information (will contain the given name of the client and, if the claim is accepted, the year-to-date deductible accumulated.)

**(c) RESPONSE CODES**

The following table shows CPhA Version #3 response codes. Not all may be supported by Pharmacy Software Vendors and/or DPIN

<b>DPIN Response Code Chart</b>			
<b>RESPONSE CODE</b>	<b>RESPONSE CODE DESCRIPTION</b>	<b>FIELD REQUIREMENTS OR EXPLANATION OF RESPONSE</b>	<b>ACTION REQUIRED (See note below)</b>
01	BIN Error – The Bank Identification Number (BIN) identifies the issuer of the benefit card. The BIN is assigned by: <b>The Canadian Payments Assoc. 50 O’Connor Street, Suite 1212 Ottawa, Ontario K1P 6L2 Tel: (613) 238-4173</b>	# required	1
02	Version Number Error – Corresponds to CPhA Pharmacy Claim Standard version number that was used to transmit this message.	Current CPhA Version # is “03”	1
03	Transaction Code Error	01,11,30,31,32,33 or 40 required	1
04	PSV Software ID Error	PSV software ID code required	1
05	PSV Software Version Error	PSV software version # required	1
07	Active Device ID Error – Provides active device identification code	The PSV’s active device is programmed to provide its identification code to the BIN recipient and/or processor.	1
21	Pharmacy ID Code Error	Pharmacare assigned Pharmacy # required	2
22	Provider Transaction Date Error	YYYYMMDD format required for date of service	4
23	Trace Number Error – Unique number produced sequentially by the pharmacy software for each transaction transmitted by the pharmacy.	The Trace Number series will begin at 000001 and continue to increase until it reaches 999999. It will then return to 000001 and repeat. The Trace Number will be referred to in each response by the processor to link it to the specific transaction submitted by the pharmacy.	1
30	Carrier ID Error – Identifies the specific plan type or benefit program that accepts responsibility for the claim being submitted (e.g. Pharmacare)	If ID is entered, must be a valid plan code.	1

Note: For each of the response codes listed, your options are:

1. Contact your Pharmacy Software Vendor for assistance
2. Contact either the DPIN Help Desk (technical) or your Pharmacy Software Vendor
3. Contact the DPIN Help Desk (claims processing)
4. Make the appropriate correction(s) and resubmit the claim
5. Resubmit the claim with an appropriate intervention code (explaining the action taken).
6. Patient pays 100%.

## DPIN Response Code Chart

RESPONSE CODE	RESPONSE CODE DESCRIPTION	FIELD REQUIREMENTS OR EXPLANATION OF RESPONSE	ACTION REQUIRED (See note below)
31	Group Number Error – This is a number or code, assigned by the plan administrator, payer, processor or benefit card issuer to identify a specific group of benefit recipients within a carrier designation.	This code is mandatory. See Drug Program Code on page 4-3.	4
32	Client ID Number Error – Cardholder identification number assigned by the benefit card issuer	This response will be generated when the number is not a valid format. The card holder may be a person who is covered by a unique ID code, or the responsible party in a family or other similar unit where dependents are covered under the same client ID # as the cardholder.	3/4
33	Patient Code Error – ID assigned to a specific person covered under the benefit plan	Codes may be assigned by a benefits administrator to individuals who are covered. These codes may be listed on the client ID card or other document for presentation to the provider of the benefit.	1
34	Patient Date of Birth Error	YYYYMMDD format required	3/4
35	Cardholder Identity Error – This field confirms the identity of the cardholder	First five characters of the surname of the person to whom the benefit eligibility card was issued	3/4
36	Relationship Error – Code to show relationship of patient to cardholder	<b>0</b> =cardholder <b>1</b> =spouse <b>2</b> =child under age <b>3</b> =child over age <b>4</b> =disabled dependent <b>5</b> =dependent student <b>9</b> =not known	3/4
37	Patient First Name Error		3/4
38	Patient Last Name Error	Must match the last name of the patient on file	3/4
39	PHIN Error	Must be a valid PHIN format (9 digits)	3/4
40	Patient Gender Error	May be “M”, “F”, “U” or blank	4

*Note: For each of the response codes listed, your options are:*

1. Contact your Pharmacy Software Vendor for assistance
2. Contact either the DPIN Help Desk (technical) or your Pharmacy Software Vendor
3. Contact the DPIN Help Desk (claims processing)
4. Make the appropriate correction(s) and resubmit the claim
5. Resubmit the claim with an appropriate intervention code (explaining the action taken).
6. Patient pays 100%.

## DPIN Response Code Chart

RESPONSE CODE	RESPONSE CODE DESCRIPTION	FIELD REQUIREMENTS OR EXPLANATION OF RESPONSE	ACTION REQUIRED (See note below)
50	Medical Reason Reference Error – Identifies the reference codes used by the prescriber to designate the medical condition or reason for use.	For example, the international classification of diseases	1
51	Medical Condition Reason Code Error – Indicates prescriber’s designation of the medical condition for which the patient is being treated, if required by the plan		1
52	New/Refill Code Error – A code to indicate whether the prescription is new or an authorized refill/repeat	N=new prescription R=prescription refill/repeat A “new prescriptions” is an order, verbal or written, for a specific supply of medication for a patient. This may include authorization to refill or repeat a stated amount for a stated number of times. A “prescription refill/repeat” refers only to supplies that were authorized on a “new prescription.”	1
53	Original Prescription Number Error – Number assigned to a prescription on the original date the prescription was provided	The original prescription number is the number assigned to a “new prescription” (see 52) when it is dispensed.	4
54	Refill/Repeat Authorization Error – A number to indicate the number of refill/repeat authorizations remaining	00-99=number of authorized refills/repeats remaining. On the first fill of a “new prescription,” the number of refills/repeats remaining will be the full number authorized. The number will reduce by one each time a refill/repeat is obtained.	1

*Note: For each of the response codes listed, your options are:*

1. *Contact your Pharmacy Software Vendor for assistance*
2. *Contact either the DPIN Help Desk (technical) or your Pharmacy Software Vendor*
3. *Contact the DPIN Help Desk (claims processing)*
4. *Make the appropriate correction(s) and resubmit the claim*
5. *Resubmit the claim with an appropriate intervention code (explaining the action taken).*
6. *Patient pays 100%.*

## DPIN Response Code Chart

RESPONSE CODE	RESPONSE CODE DESCRIPTION	FIELD REQUIREMENTS OR EXPLANATION OF RESPONSE	ACTION REQUIRED (See note below)
55	Current Prescription Number Error – Prescription number appearing on the label of the dispensed prescription	Varying regulations and pharmacy systems prevent a uniform procedure for assignment of prescription numbers. The “current prescription number” is the number shown on the label and the receipt for the product and/or service being claimed in the current transaction. The number may change with each refill/repeat or it may remain the same as the original for as many refills/repeats as are authorized.	4
56	DIN/PIN Error – Drug identification number (DIN) assigned by the Health Protection Branch. If the product or compound does not have a DIN, the product number (PIN) is assigned by DPIN	For compounds that do not have an assigned PIN, the DIN of the eligible active ingredient with the highest total cost is to be used	3
57	SSC Error – The Special Service Code (SSC) describes a service that has been provided in accordance with a benefit plan or agreement	The field length of 3 provides for a claim to include up to 3 SSCs as follows: <b>1</b> =refusal to fill a prescription <b>2</b> =pharmacist intervention <b>3</b> =pharmacist consultation <b>4</b> =referral by pharmacist <b>5</b> =approved home care services <b>6</b> =Drug Utilization Review-DUR <b>7</b> =co-ordination of benefit	4
58	Quantity error	Numeric value greater than 0. May not exceed maximum allowed for DIN	4
59	Days Supply Error – Estimate of number of days of treatment contained in the prescription	Numeric value greater than 0	4
60	Prescriber Licensing Authority Code Error – This identifies the register or other listing that provides the number or code to identify the prescriber		1

*Note: For each of the response codes listed, your options are:*

1. Contact your Pharmacy Software Vendor for assistance
2. Contact either the DPIN Help Desk (technical) or your Pharmacy Software Vendor
3. Contact the DPIN Help Desk (claims processing)
4. Make the appropriate correction(s) and resubmit the claim
5. Resubmit the claim with an appropriate intervention code (explaining the action taken).
6. Patient pays 100%.

## DPIN Response Code Chart

RESPONSE CODE	RESPONSE CODE DESCRIPTION	FIELD REQUIREMENTS OR EXPLANATION OF RESPONSE	ACTION REQUIRED (See note below)
61	Prescriber ID Error – Identity of prescriber of medication, supplies or professional service	The identity code or number used in this field is available through your PSV lookup, a listing provided by M.PH.A or the DPIN Help Desk	3/4
62	Product Selection Code Error – Code to indicate reason for “no substitution” or other reason for the selection of the product dispensed	This code requires a positive response in the “Do Not Substitute” field on your pharmacy software when the prescriber has indicated “no substitution” in compliance with regulatory requirements.	4
63	Unlisted Compound Code Error – Indicates the claim is for an extemporaneous compound that has not been included in the PIN listing. Code identifies type of compound and is mandatory for all compounds not identified by a PIN.	<b>0</b> =compounded topical cream <b>1</b> =compounded topical ointment <b>2</b> =compounded external lotion <b>3</b> =compounded internal-use liquid <b>4</b> =compounded external powder <b>5</b> =compounded internal powder <b>6</b> =compounded injection or infusion <b>7</b> =compounded ear/eye drop <b>8</b> =compounded suppository <b>9</b> =compounded other	1
64	Special Authorization Number Code Error – This allows the provider to claim for products and services that require prior authorization	This field enables the provider to claim for a product or service that is not ordinarily covered. Authorization numbers will be issued by the payer.	1

*Note: For each of the response codes listed, your options are:*

1. *Contact your Pharmacy Software Vendor for assistance*
2. *Contact either the DPIN Help Desk (technical) or your Pharmacy Software Vendor*
3. *Contact the DPIN Help Desk (claims processing)*
4. *Make the appropriate correction(s) and resubmit the claim*
5. *Resubmit the claim with an appropriate intervention code (explaining the action taken).*
6. *Patient pays 100%.*



## DPIN Response Code Chart

RESPONSE CODE	RESPONSE CODE DESCRIPTION	FIELD REQUIREMENTS OR EXPLANATION OF RESPONSE	ACTION REQUIRED (See note below)
65	Intervention Exception Code Error – This field provides codes that detail DUR intervention procedures taken or identify that special coverage and payment rules are being claimed	<p>Two character codes are used. This permits 2 codes to be submitted in a transaction.</p> <p><b>UA</b>=consulted prescriber and filled Rx as written  <b>UB</b>=consulted prescriber and changed dose  <b>UC</b>=consulted prescriber and changed instructions for use  <b>UD</b>=consulted prescriber and changed drug  <b>UE</b>=consulted prescriber and changed quantity  <b>UF</b>=patient gave adequate explanation. Rx filled as written  <b>UG</b>=cautioned patient. Rx filled as written  <b>UH</b>=counseled patient. Rx not filled  <b>UI</b>=consulted with other sources. Rx filled as written  <b>UJ</b>=consulted other sources, altered Rx and filled  <b>UK</b>=consulted other sources. Rx not filled  <b>UL</b>=Rx not filled. Pharmacist decision  <b>MR</b>=replacement item lost or broken  <b>MV</b>=vacation supply  <b>ED</b>=prescriber indicated drug meets Part 2 conditions for eligibility  <b>EP</b>=pharmacist (in the absence of prescriber authorization) indicated drug meets Part 2 conditions for eligibility  <b>DU</b>=claim for Drug Utilization Review only</p>	4

*Note: For each of the response codes listed, your options are:*

1. *Contact your Pharmacy Software Vendor for assistance*
2. *Contact either the DPIN Help Desk (technical) or your Pharmacy Software Vendor*
3. *Contact the DPIN Help Desk (claims processing)*
4. *Make the appropriate correction(s) and resubmit the claim*
5. *Resubmit the claim with an appropriate intervention code (explaining the action taken).*
6. *Patient pays 100%.*

## DPIN Response Code Chart

RESPONSE CODE	RESPONSE CODE DESCRIPTION	FIELD REQUIREMENTS OR EXPLANATION OF RESPONSE	ACTION REQUIRED (See note below)
66	Drug Cost/Product Value Error – Total cost of ingredient(s) in prescription dispensed, or total value of supplies issued	Numeric value greater than or equal to 0. This is a total value of drug or material dispensed calculated by multiplying unit cost (or value) by quantity.	4
67	Cost Upcharge Error – The agreed upcharge on the cost of dispensed product calculated as a specific amount	This refers to total added value (e.g. markup, inventory allowance, etc.) plus any applicable federal or provincial taxes, but does not include any professional fee.	1
68	Professional Fee Error – Pharmacist’s fee for professional and technical activities associated with providing the prescribed medication and service	Numeric value greater than or equal to 0. This is a fee to compensate the pharmacist for professional services associated with the dispensing of a prescription, including compensation for compounding	4
70	Compounding Charge Error – Amount payable for compounding the prescription	There are variations on how this is calculated. It may be: <ul style="list-style-type: none"> <li>• a multiple of rate per minute</li> <li>• other calculations</li> </ul>	1
71	Compounding Time Error – The time in minutes required to compound the prescription		1
72	Special Services Fee Error – Refers to special services consistent with contractual agreements between provider and plan administrators	This includes as many as three special services as described in the code values in the SSC (Field 57)	1
75	Previously Paid Error – Amount paid by the primary payer	Numeric value greater than or equal to 0. This field will be used to advise Pharmacare of the amount the primary payer is paying for the claim. The amount will equal the amount indicated in the response from the primary payer in the “Plan Pays”	4

*Note: For each of the response codes listed, your options are:*

1. Contact your Pharmacy Software Vendor for assistance
2. Contact either the DPIN Help Desk (technical) or your Pharmacy Software Vendor
3. Contact the DPIN Help Desk (claims processing)
4. Make the appropriate correction(s) and resubmit the claim
5. Resubmit the claim with an appropriate intervention code (explaining the action taken).
6. Patient pays 100%.

## DPIN Response Code Chart

RESPONSE CODE	RESPONSE CODE DESCRIPTION	FIELD REQUIREMENTS OR EXPLANATION OF RESPONSE	ACTION REQUIRED (See note below)
76	Pharmacist ID Code Error/Missing		3/4
A1	Claim too old	Claim transaction date must be less than seven (7) days from current date and reversal transaction date must be less than seven (7) days from claim adjudication date. If after 7 days, submit as a manual claim	4
A2	Claim is postdated	Transaction date that is future-dated is not accepted	4
A3	Identical claim has been processed	Prior claim exists for: - same patient - same DIN, or same PIN, - same date of service - same pharmacy - same Rx	5
A4	Claim has not been captured		2
A5	Claim has not been processed		2
A6	Submit a manual claim		3
A7	Submit manual reversal	Reversal transaction submitted more than seven (7) days from adjudication date must be submitted manually	4
A8	No reversal made/ original claim missing	No claim on file	4
A9	Reversal processed previously	Claim previously reversed	4
B1	Pharmacy not authorized to submit claims	Pharmacy ID required. Pharmacy must be registered with Manitoba Health for claim submission on date of service of the claim	3/1
C1	Patient age over plan maximum		Not applicable

*Note: For each of the response codes listed, your options are:*

1. *Contact your Pharmacy Software Vendor for assistance*
2. *Contact either the DPIN Help Desk (technical) or your Pharmacy Software Vendor*
3. *Contact the DPIN Help Desk (claims processing)*
4. *Make the appropriate correction(s) and resubmit the claim*
5. *Resubmit the claim with an appropriate intervention code (explaining the action taken).*
6. *Patient pays 100%.*

## DPIN Response Code Chart

RESPONSE CODE	RESPONSE CODE DESCRIPTION	FIELD REQUIREMENTS OR EXPLANATION OF RESPONSE	ACTION REQUIRED (See note below)
C2	Service provided before effective date	The patient must have effective coverage in a program. The response code is sent if the patient's program effective date is later than the date of service of the claim.	4/6
C3	Coverage expired before service	The patient must have effective coverage in a program. The response code is sent if the patient's program expiration date is before the date of service.	4/6
C4	Coverage terminated before service	The patient must have effective coverage in a program. The response code is sent if the patient's program termination date is before the date of service.	4/6
C5	Plan maximum exceeded		Not applicable
C6	Patient has other coverage	Example: people such as military and RCMP are not eligible for Pharmacare	4/6
C7	Patient must claim reimbursement		Not applicable
C8	No record of beneficiary	This response code is sent when the client PHIN is not found on the Manitoba Health patient registry file.	4
C9	Patient not covered for drugs		4/6
CA	Needles not eligible- insulin gun used		Not applicable
CB	Only enrolled for single coverage		Not applicable
CC	This spouse not enrolled		Not applicable
CD	Patient not entitled to drug claimed	Patient not active in a program that covers the selected health care item	4/6
CE	35 day maximum allowed for welfare client		Not applicable
CF	Quantity exceeds maximum days of treatment		4
CG	Drug not eligible for Long Term Care facility		6
CH	Good-faith coverage has expired		Not applicable
CI	Program not eligible for good faith		Not applicable

*Note: For each of the response codes listed, your options are:*

1. Contact your Pharmacy Software Vendor for assistance
2. Contact either the DPIN Help Desk (technical) or your Pharmacy Software Vendor
3. Contact the DPIN Help Desk (claims processing)
4. Make the appropriate correction(s) and resubmit the claim
5. Resubmit the claim with an appropriate intervention code (explaining the action taken).
6. Patient pays 100%.

## DPIN Response Code Chart

RESPONSE CODE	RESPONSE CODE DESCRIPTION	FIELD REQUIREMENTS OR EXPLANATION OF RESPONSE	ACTION REQUIRED (See note below)
CJ	Patient not covered by this plan		4/6
CK	Health card version code error		4
CL	Exceeds good-faith limit		Not applicable
CM	Patient is nearing quantity limit		Not applicable
CN	Patient has attained quantity limit		Not applicable
CO	Patient is over quantity limit		6
D1	DIN/PIN is not a benefit	Possible reasons for this: <ul style="list-style-type: none"> <li>the drug is not on Pharmacare benefit list (Part 1 or Part 2), or</li> <li>the drug has not been approved under Part 3.</li> </ul>	3
D2	DIN/PIN is discontinued		3/4/6
D3	Prescriber is not authorized	Prescriber ID must be valid and active for date of service, and must not be suspended	3
D4	Refills are not covered		Not applicable
D6	Maximum cost is exceeded		Not applicable
D7	Refill too soon		5
D8	Reduced to generic cost	Information message only. Drug cost reduced because cost for generic drug less than submitted cost.	
D9	Call Help Desk		3
DA	Adjusted to interchangeable provincial regulation		Not applicable
DB	Adjusted to interchangeable generic plan		Not applicable
DC	Pharmacist ID requested		3/4
DD	Insufficient space for all DUR warnings		3
DE	Fill/Refill too late – Noncompliant	Indicates a refill is overdue at this time.	4/5
DF	Insufficient space for all warnings		3
DG	Duplicate prescription number		4
E1	Host processing error		2
E2	Claim co-ordinated with government plan		Not applicable
E3	Claim co-ordinated with other carrier		Not applicable
E4	Host time-out error		2
MA	Avoid alcohol		5

*Note: For each of the response codes listed, your options are:*

1. *Contact your Pharmacy Software Vendor for assistance*
2. *Contact either the DPIN Help Desk (technical) or your Pharmacy Software Vendor*
3. *Contact the DPIN Help Desk (claims processing)*
4. *Make the appropriate correction(s) and resubmit the claim*
5. *Resubmit the claim with an appropriate intervention code (explaining the action taken).*
6. *Patient pays 100%.*

## DPIN Response Code Chart

RESPONSE CODE	RESPONSE CODE DESCRIPTION	FIELD REQUIREMENTS OR EXPLANATION OF RESPONSE	ACTION REQUIRED (See note below)
MB	Avoid tobacco		5
MC	Drug/lab interaction potential		5
MD	Drug/food interaction potential		5
ME	Drug/drug interaction potential	Suggests a potential drug/drug interaction between the prescription being filled and one that the patient is already receiving. The claim has been approved for payment. The appropriate intervention code(s) should be provided	5
MF	May be exceeding Rx dosage		5
MG	May be using less than Rx dosage		5
MH	May be double-doctoring	Suggests that the patient may be visiting multiple prescribers to obtain drugs that have a potential to be abused. The claim has been approved for payment. The appropriate intervention code(s) should be provided. However, if Rx is not filled, reverse the claim using the appropriate intervention code.	5
MI	Poly-pharmacy use indicated	Suggests that the patient may be visiting multiple pharmacies to obtain drugs that have a potential to be abused. The claim has been approved for payment. The appropriate intervention code(s) should be provided. However, if Rx is not filled, reverse the claim using the appropriate intervention code.	5
MJ	Dose appears high		5
MK	Dose appears low		5
ML	Drug incompatibility indicated		5
MM	Prior ADR on record		5
MN	Drug allergy recorded		5
MP	Duration of therapy may be insufficient		5
MQ	Duration of therapy may be excessive		5

*Note: For each of the response codes listed, your options are:*

1. Contact your Pharmacy Software Vendor for assistance
2. Contact either the DPIN Help Desk (technical) or your Pharmacy Software Vendor
3. Contact the DPIN Help Desk (claims processing)
4. Make the appropriate correction(s) and resubmit the claim
5. Resubmit the claim with an appropriate intervention code (explaining the action taken).
6. Patient pays 100%.

## DPIN Response Code Chart

RESPONSE CODE	RESPONSE CODE DESCRIPTION	FIELD REQUIREMENTS OR EXPLANATION OF RESPONSE	ACTION REQUIRED (See note below)
MR	Potential drug/disease interaction		5
MS	Potential drug/pregnancy concern		5
MT	Drug/gender conflict indicated		5
MU	Age/gender conflict indicated		5
MV	Addictive effect possible		5
MW	Duplicate drug	Prior claim exists for: - same patient - same DIN	5
MX	Duplicate Therapy	Prior claim exists for: - same patient - same therapeutic class	5
MY	Duplicate drug other pharmacy	Prior claim exists for: - same patient - same DIN - during a specified time frame	5
MZ	Duplicate therapy other pharmacy	Prior claim exists for: - same patient - same therapeutic class - within a specified time frame	5

*Note: For each of the response codes listed, your options are:*

1. *Contact your Pharmacy Software Vendor for assistance*
2. *Contact either the DPIN Help Desk (technical) or your Pharmacy Software Vendor*
3. *Contact the DPIN Help Desk (claims processing)*
4. *Make the appropriate correction(s) and resubmit the claim*
5. *Resubmit the claim with an appropriate intervention code (explaining the action taken).*
6. *Patient pays 100%.*

## **CHAPTER 6: INTERVENTION AND EXCEPTION CODES**

It is strongly recommended that the appropriate intervention code(s) be used to document the pharmacist's actions following the response codes. This will permit the Manitoba Pharmaceutical Association and Pharmacare to measure the cost/benefit of the DPIN and of pharmacists' interventions.

The Intervention and Exception Codes Table indicates the choices available to document the pharmacist's intervention.

These codes should be used to document the pharmacist's intervention in the following circumstances:

1. In response to system-generated administrative and drug use response codes.
2. When the pharmacist knows what response code will be generated with the original transaction.

For example, suppose a pharmacist who submits a PC claim that returns a response code of ME (drug interaction) wishes to modify the claim by adding an intervention code of UA. This should be done by re-sending the claim with a group code of PC and the intervention codes DU and UA, or by sending the claim again with a group code DU and an intervention code of US. (Check your Pharmacy Software Vendor Manual for details.) If the pharmacist knew beforehand that there would be an interaction, the UA could have been used with the original claim.

Note: The pharmacist should always review all response codes to ensure no new or different warning messages have been issued, which may require further intervention.



**DPIN – Intervention And Exception Codes**

<b>CODE</b>	<b>DESCRIPTION</b>
DU	This claim is for Drug Utilization Review only.
ED	Part 2 EDS Criteria met. Prescriber has so indicated
EP	Part 2 EDS Criteria met. Pharmacist has so indicated.
MR	Replacement, item lost or broken
MV	Vacation supply
UA	Consulted prescriber and filled Rx as written
UB	Consulted prescriber and changed dose*
UC	Consulted prescriber and changed instructions for use
UD	Consulted prescriber and changed drug*
UE	Consulted prescriber and changed quantity*
UF	Patient gave adequate explanation. Rx filled as written.
UG	Cautioned Patient. Rx filled as written.
UH	Counselled patient. Rx not filled
UI	Consulted other source. Rx filled as written.
UJ	Consulted other sources. Altered Rx and filled*
UK	Consulted other sources. Rx not filled
UL	Rx not filled. Pharmacist decision

\* These interventions require the reversal of the original claim and a resubmission of a modified claim with the appropriate intervention code.

Only two intervention/exception codes will be accepted against a single transaction.

## CHAPTER 7: CLAIM REVERSALS

To reverse a claim means to modify the details of a previously submitted claim or to delete a previously submitted claim from the DPIN records.

A claim can be reversed on-line within seven days of the dispense date of the prescription. If more than seven days have passed, a claim must be reversed using a DPIN Claim/Reversal/Adjustment Form. (See page 7-3)

Use a claim reversal in the following situations:

- Overpayment or underpayment has occurred – Reverse claim and resubmit with corrected amount;
- Payment has been allocated for a prescription not picked up – Reverse claim to delete it from the DPIN history; and
- Erroneous (any incorrect information) claim was submitted – Reverse claim and resubmit with correct information.

DPIN assumes that any prescription transmitted to the DPIN has been dispensed, whether it was accepted or rejected for fiscal adjudication. This means that all prescriptions must be reversed if they are not dispensed.

**A Claim Reversal Transaction must include the following mandatory information.**  
(Refer to your pharmacy software vendor's manual for correct procedures.)

REQUIRED FIELDS	EXPLANATION
Pharmacy ID Code	Pharmicare number
Transaction Type	Code to identify claim is being reversed
<b>The above fields are system-generated and require no pharmacist input.</b>	
<b>The following fields must be entered by the pharmacist.</b>	
PHIN	Personal Health Identification Number of the recipient
Prescription Number	Prescription number entered on the claim to be reversed
Provider Transaction Date	Dispensing date of claim to be reversed

**Following deletion of the claim as noted above, the system will provide the following response details:**

<b>RESPONSE FIELDS</b>	<b>EXPLANATION</b>
Adjudication Date	Adjudication date assigned to the transaction by the DPIN at the time of processing.
Trace Number	System generated number assigned to the transaction
Reference Number	Internal reference # assigned by DPIN
Response Status	R = rejected V = reversal accepted
Response Code	See Response Codes Section for valid codes

\* DPIN-Reversal/Adjustment Form attached

## **Provincial Drug Programs – Reversals Policy Amendment**

Manitoba Provincial Drug Programs is pleased to announce a substantive policy change that modifies the current reversal policy and procedures to enhance patient safety.

### **Background**

As you know, the Drug Programs Information Network (DPIN) automatically:

1. checks each prescription against a client's drug history to help protect Manitobans from potential medication safety concerns (e.g. drug-related problems or interactions); and
2. tracks client expenditures for eligible prescription drugs telling the pharmacist the amount of the prescription the client must pay and when the patient has met their deductible.

The DPIN Pharmacy Manual defines a reversal as "to modify the details of a previously submitted [prescription] claim or to delete a previously submitted prescription from the DPIN record". Specifically, the DPIN Pharmacy Manual requires that a pharmacy process a claims reversal for a prescription when:

1. a pharmacist identifies that an overpayment or underpayment has occurred pursuant to dispensing a prescription and entering the information into DPIN; or
2. a prescription was filled and entered into DPIN; however, the patient never picked up the prescription; or
3. a pharmacist identifies that there was incorrect information (e.g. wrong physician name) entered into DPIN during the dispensing of the prescription.

Currently pharmacy operators have up to 14 days to submit a reversal online through DPIN. After 14 days, pharmacy operators are required to complete a manual claim form to comply with the existing policy.

### **Policy Change**

In order to improve real-time accuracy and therefore improve patient safety, Provincial Drug Programs has implemented an IT based solution that extends the current electronic reversal window to 28 days. Therefore, effective November 17, 2008, Provincial Drug Programs is pleased to announce that pharmacists will no longer be required to complete a manual claim form for pharmacy reversals. Similar to the previous policy, pharmacies are still required to process a claims reversal through DPIN for the three aforementioned situations; however, the reversal must now be submitted within 28 days.

## **Key Benefits**

The policy amendment offers the following key benefits:

1. enhanced patient safety, as reversal compliance ensures accuracy in the patient's medication profile (i.e. non reversed claims create the false representation that the patient is taking the medication);
2. improved accuracy of when patient's have reached their Pharmacare deductible;
3. improved inventory management for pharmacy operators as electronic reversals improve "real-time" inventory tracking; and
4. elimination of workload requirements for pharmacy operators to complete the manual forms.

## **Timeline**

The following denotes the key milestones:

- November 17, 2008 – Launch of the IT based solution offering pharmacy operators up to 28 days to submit reversals
- Between November 17 and December 17, 2008 – Transition to the new policy and a requirement to submit **ALL** outstanding Manual Claim Forms.
- December 17 – Elimination of the Manual Claim Form process

## **Follow-up**

The key rationale for amending this policy is to improve accuracy of the patient's medication profile thereby increasing patient safety.

In order to provide clarification on the new Reversal Policy, staff from Manitoba Provincial Drug Program's Risk Management and Quality Assurance Unit will begin visiting pharmacies after December 17, 2008.

Manitoba Provincial Drug Programs has requested the cooperation of the Manitoba Pharmaceutical Association (MPhA) to include compliance with this policy as one of their audit criteria.

## **Questions**

We hope that you will find this policy revision beneficial to your practice. If you have any questions, please contact the Help Desk at 786-8000 in Winnipeg (option #2) or toll free 1-800-663-7774.

# Provincial Drug Programs – Reversals Policy Amendment

## Background

In order to improve real-time accuracy and therefore improve patient safety, Provincial Drug Programs implemented an IT based solution that extends the current electronic reversal window to 28 days.

## Current Status

On November 17, 2008, Provincial Drug Programs announced that pharmacists will no longer be required to complete a manual claim form for pharmacy reversals with the following key milestones:

- November 17 and December 17, 2008 – Transition to the new policy and a requirement to submit **ALL** outstanding Manual Claim Forms to MHHL.
- December 17, 2008 – Elimination of the Reversal Manual Claim Form process.

## Clarification

In response to inquiries, Provincial Drug Programs can advise that for the purpose of the new 28 Day Reversal Policy, a Reversal is defined as:

*“a prescription was filled and entered into DPIN; however the patient never picked up the prescription.”*

Therefore, all other transactions are considered “**Adjustments**” (for example: wrong physician name; overpayment or underpayment etc.). Currently pharmacies have up to seven days to submit an Adjustment online through DPIN.

In summary, we are pleased to advise that we have had favorable responses and collaboration by Manitoba pharmacists to the policy initiative. We look forward to continued dialogue and invite your feedback.

## Questions

If you have any questions, please contact the Help Desk at 786-8000 in Winnipeg (option #2) or toll free 1-800-663-7774.

## CHAPTER 8: DUR PROCESSING

As PC claims are received by the DPIN system for processing, two concurrent processing streams are initiated. The first is for fiscal adjudication, and performs the traditional adjudication functions of eligibility verification, benefit evaluation and pricing. Fiscal adjudication indicates whether the claim has benefit coverage and for what dollar amount.

The second processing stream is for clinical adjudication, which is more commonly known as prospective drug utilization review (DUR). DUR evaluates the current prescription against the patient's drug history and determines if there will be any adverse effects, precautions or fraud associated with this new drug. These problems may be prevented by providing additional information to the health care professional. The purpose is not to replace the current principles of good pharmacy practice, but to enhance them with additional information sources. Note: Non-PC claims undergo clinical adjudication only.

Health care professionals should evaluate the information, in consultation with the appropriate resources (prescriber, recipient, literature, etc.), to resolve the potential problem.

DUR occurs independently of fiscal adjudication, with the results of each process being merged together to produce a response. A response message comprising three-message text lines is provided to give more information about the potential DUR problem identified by the response code.

***Remember, all prescriptions must be sent for PC and/or DU adjudication.***

### (a) THE PATIENT DRUG PROFILE

The DUR system maintains a table called the Patient Drug History. This table holds information about every prescription processed by the system for a specific person. The information held includes:

- date provided
- DIN
- DIN description
- strength
- Pharmacy number where dispensed
- original prescription number
- days supply (see note below)
- quantity
- prescriber ID and name

The information will be retained for at least one year of prescriptions, with only the latest six months of prescriptions considered active for DUR purposes. Prescriptions older than six months will only be considered if the days supply of the prescription puts the duration of treatment into the latest six-month period.

**Note: Days Supply**

The duration of therapy for each prescription is calculated by adding “number of days supplied” to dispense date, plus any tolerances. Tolerances are estimated parameters added to the predicted duration of therapy to account for normal dispensing practices. The medication expiry date is used when checking for certain DUR criteria, as well as in the purging of “old” prescriptions from the Patient Drug Use History Record. The system relies on the accuracy of the information submitted, particularly on the reported “number of days supplied.” For some prescriptions, e.g., analgesics that may be prescribed as “take when required,” the number of days supplied may be difficult to determine. Therefore, reasonable estimates obtained from previous patterns of use or through meaningful discussions with the patient should be used.

**(d) DUPLICATE DRUGS**

The duplicate drug module is used to verify that the DIN currently being dispensed has not been dispensed on the same day at the same or different pharmacy.

The system examines the current prescription’s DIN and searches the patient’s drug profile for the same DIN dispensed on the same day as the current prescription. There are three possible results:

- The drug has been dispensed the same day with the same prescription number and at the same pharmacy as before. In this case, the system assumes that this claim is a correction to an earlier submitted claim and does not treat it as a duplicate (unless another history entry is found for this DIN). No response codes are sent.
- The drug has been dispensed the same day, either at the same pharmacy or a different pharmacy. (If it is at the same pharmacy, the prescription number must be different; otherwise it would be the case above.) If the same drug has been dispensed at the same pharmacy, the MW response code is returned (DUPLICATE DRUG). If the same drug has been dispensed at a different pharmacy, the MY response code is returned (DUPLICATE DRUG, OTHER PHARMACY).
- The drug has not been dispensed before on the same day as the dispense date on the current claim. In this case, no response codes are sent.



### **(c) ADVERSE INTERACTION**

The adverse interaction module determines whether the current drug interacts in any harmful way with any prior drugs in the patient's drug profile.

This module will look at any prescriptions dispensed to the person in the last six months, as well as any active prescriptions issued prior to six months. A prescription older than six months is considered active if the days supply on the prescription is large enough to have the patient still taking the medication in the last six months.

The module first looks up all the interaction codes for that drug by consulting the adverse drug interaction table. It then performs the same steps for every drug in the patient's drug profile (eligible and active). The last step is to compare the interaction codes of the current drug with those of every drug in history. In cases where an interaction condition is evaluated, the system consults the adverse drug interaction master table and the adverse drug interaction monograph table to determine the exact nature of the interaction, its description and severity.

In cases where the module discovers that there is a possible drug interaction, it will send the adverse interaction code ME and will return a response in the message lines.

The drug interaction database includes a classification system that rates drug/drug interactions based on clinical significance. The information is supplied by First DataBank and has been adapted for Canadian content. This database uses three reference sources (Hansten's Drug Interactions, Facts & Comparisons, and USPDI) and a panel of clinical experts to classify the clinical significance of an interaction. The drug/drug interaction information is kept current through monthly updates. The clinical significance rating used by First DataBank comprises three levels of significance. These are:

#### **Level 1:**

- Severity: Most Significant.
- Action: Action to reduce risk of adverse interaction usually required because the potential for severe adverse consequences is great.
- Documentation: Documentation substantiates that interaction is *at least likely* to occur in some patients, although more clinical data may be needed.

#### **Level 2:**

- Severity: Significant.
- Action: Assess risk to patient and take action as needed.

Documentation: Documentation substantiates that interaction is *at least likely* to occur in some patients, although more clinical data may be needed.

**Level 3:**

Severity: Possibly significant.

Action: Conservative measures are recommended.

Documentation: Little clinical data exist.

If an interaction is found, the dispensing agency will receive a Response Code “ME” meaning Drug/Drug Interaction potential. In addition, a Response Message will also be transmitted. This message will identify the severity level of the interaction, the corresponding brand name for each interacting drug on the patient’s profile and the interaction monograph code. (*See example below*).

The text message contains:

- Severity code for the potential interactions
- Brand name of historical drug
- Monograph code number

*For example, ME1-SOMOPHYLLIN-12 200mg LA-062*

*This message text means that a Severity Level 1 (Most Significant) potential interaction has been identified between the current prescription being claimed and a drug that is on the patient’s current profile. The interacting drug is identified through the brand name of the drug Somophyllin – 12 200mg LA. In this case, the monograph reference code is 062.*

For details, refer to the **Drug Interaction Code Monograph Book**.

After receiving the above information, the pharmacist would select an appropriate course of action. This may include, but not be limited to:

- Discussion with the patient to confirm that the patient is still receiving the historical interacting drug, because the drug may have been discontinued or the entry of number of days supplied did not match the actual days supplied. In addition, the pharmacy may verify the dosing regimen and the name of the prescriber;

- Reviewing the effect and proposed mechanism of the interaction, clinical documentation substantiating the interaction, and suggested management in a drug interaction reference book; and
- Taking steps to intervene in drug therapy when, in the pharmacist's opinion, the therapy prescribed is not in the patient's best interest. These steps may include contacting the prescriber about the therapy, consulting other health care professionals and/or refusing to fill the prescription.

#### **(d) GERIATRIC PRECAUTION**

The geriatric precaution module is used to advise the pharmacist of possible complications with chronic disease conditions and the drug in cases where the patient is sixty years of age or older.

The module first confirms that the patient is over sixty years of age by consulting the patient coverage table and examining the date of birth. If the patient is sixty years of age or older, the system checks the current drug for precautions with the following chronic disease conditions:

- renal conditions
- hepatic condition
- cardio-vascular conditions
- pulmonary conditions
- neuro-psychological conditions
- endocrine conditions

The module looks up all the geriatric warning codes in the geriatric precaution table. These warning codes are then used to look up the precaution descriptions in the geriatric precaution master table.

When the module discovers a possible geriatric precaution, it will return the MU response code with a G meaning geriatric, along with a severity level and precaution code (e.g. MUG1-152) in the response.

### **(e) PEDIATRIC PRECAUTION**

The pediatric precaution module is used to advise the pharmacist of possible complications with young patients and the drug in the prescription.

The module looks up all the pediatric warning codes in the pediatric table. These warning codes are then used to look up the precaution descriptions in the pediatric precaution master table.

The age ranges are consulted and compared to the age of the patient. When the module discovers a possible pediatric precaution, it will return the MU response code with a P meaning pediatric, along with a severity level and precaution code (e.g. MUP2-621) in the response.

### **(f) DOSE RANGE CHECK**

The dose range check module is used to confirm that the dosage in the prescription is appropriate for an average male patient of 70 kilograms.

The module first determines the strength of the DIN by consulting the strength table. It computes the prescribed daily dosage by the formula:

$$\text{daily dosage} = \text{days supply} / \text{quantity} \times \text{strength}$$

Once the daily dosage is known, the minimum and maximum adult daily dosage table is consulted to see if the computed daily dosage falls within the required ranges.

If the dosage is high, the response code MJ is returned. If the dosage is low, the response code MK is returned.

### **(g) DUPLICATE THERAPY**

The duplicate therapy module is used to determine if the current prescription is for a therapy currently prescribed to the person. (For example, two different antibiotics to treat the same infections.)

The module retrieves the hierarchical ingredient code (HICL) for the current drug, as well as the HICL codes for all other active prescriptions. Active prescriptions are defined as those where the days supply on the prescriptions indicates the patient is still taking the medication.

The HICL codes are then compared. In cases where the HICL matches exactly, the module returns a MW response code (DUPLICATE INGREDIENT). In cases where the first three digits of the HICL match, the module returns a MX response code (DUPLICATE THERAPY).

The system bypasses duplicate therapy checking when the prescription numbers and DINs of two prescriptions are the same. In these cases, the module assumes that one of the prescriptions is a refill, not a duplicate therapy. If the DIN is the same, but the prescription numbers are different, the system performs the check.

#### **(h) PATIENT DRUG HISTORY REVIEW**

In addition to the above functions, a pharmacist can access a patient's drug history. This enables the pharmacist to review at least three prescription records at a time.

For information on the procedures for this function, please consult your pharmacy software vendor manual.

#### **Confidentiality**

Under *The Prescription Drugs Cost Assistance Act*, all patient information is considered personal. Access to limited information in the DPIN patient database has been given to pharmacists solely to prevent a potential health risk to the patient. Therefore, pharmacists are reminded to take all reasonable precautions to ensure this information is treated with the greatest sensitivity and to respect the patient's privacy when discussing this information with the patient and/or other health care professionals. (See Confidentiality and Security on page 2-1)

#### **Warning**

Manitoba Health disclaims all warranties, whether expressed or implied, including any warranty as to the quality, accuracy, and suitability of DUR and other information for any particular purpose. The information is advisory only and is intended to supplement the current information available to health care professionals. It is not intended to replace professional judgment or individualized patient care and consultation in the delivery of health care services.

## **CHAPTER 9: PHARMACARE FORMS**

### **(a) PHARMACARE DEDUCTIBLE CHANGE FORM**

The Pharmacare Deductible Change Form (See page 9-5) is used for people wishing to alter their Manitoba Health family registration for Pharmacare deductible purposes.

Reasons for changing include:

1. Greater than 18 years of age and attending school.
2. Greater than 18 years of age and disabled.
3. Married during the current year.
4. Common-law relationship or married with separate Manitoba Health Registration Numbers (requires signature of both people).
5. Financially dependent (requires proof from most recent income tax return.).
6. Separated/divorced during the year.

### **(b) DEDUCTIBLE LEVELS**

The Pharmacare deductible will be based on the family unit identified on the Manitoba Health Insurance Registration file at the beginning of the deductible period. (The deductible period is January 1 to December 31 of each calendar year)

The deductible status indicated by DPIN is considered accurate. The coverage shown on Pharmacare reflects the prescription purchases of the beneficiary, family member or guardian of the beneficiary. When the coverage on the file is in dispute, it is the beneficiary's responsibility to contact Pharmacare to investigate the discrepancy.

When a family unit changes due to marriage, separation or other circumstances *the beneficiary must contact Manitoba Health, Insured Benefits Branch* as the change may affect the deductible level. All changes will be indicated on the Health Insurance Registration file. If no claims have been processed before the change in family status, the deductible level will be calculated according to the revised family make-up.

### **(d) AMAGAMATION OF A FAMILY UNIT**

When more than one deductible level has been achieved during a benefit period (through marriage, etc.) two Manitoba Health family registration numbers become eligible for a single family deductible. An adjustment will be processed and a refund paid, if applicable.

### **(e) SPLITTING OF FAMILY UNITS**

When a deductible or partial deductible level is achieved in cases where:

- Claims are for more than one beneficiary and the family unit is split (i.e. separation), there will be no changes to the deductible level and the deductible level will remain with originating Manitoba Health registration number for that benefit year;
- Claims are for a beneficiary no longer in the family unit, there will be no changes to the deductible level and the deductible paid will remain with originating Manitoba Health registration number; and
- Claims are for only one beneficiary of the family unit, the deductible paid may be transferred to that person's Manitoba Health registration number.

### **(f) COVERAGE PROBLEMS**

The following are guidelines recommended in handling some of the problems you encounter. Should you have questions on Pharmacare policies or the procedure to follow in a certain situation, contact the Pharmacist Help Desk at 1-800-663-7774 (toll free); 786-8000 (Winnipeg).

**No Card – No Registration Number** – When a patient claims to be a Manitoba resident but has no card or registration number, charge the full cost to the patient. The patient should then be instructed to contact Manitoba Health at 786-7101.

**Card Does Not List a Dependent** – When a patient has recently married or entered into a common-law situation and is not listed on the Manitoba Health Registration Certificate, charge the full cost to the patient. The patient must contact Pharmacare and submit a paper claim to Pharmacare. If a refund is applicable, Pharmacare will reimburse the patient.

**Disagreement with Coverage of Health Care** – When the beneficiary claims a different level of health benefits than what the Pharmacare record shows, process the claim according to the coverage on the DPIN and instruct the patient to contact Manitoba Health.

**Concerns Regarding Deductible** – when patients have concerns regarding their deductible, bill them according to the coverage listed on the DPIN and advise them to contact the Pharmacare office.

Any alteration or change to deductible and subsequent refunds will be handled by Pharmacare. (i.e. marriage, separations, conflicts in deductible levels)

**Remember, the Pharmacist Help Desk is available at 1-800-663-7774 (toll free), 786-8000 (Winnipeg).**

## **CHAPTER 10: HELP!**

### **(a) HELP DESK NUMBERS**

Manitoba Health (MH) now has two separate Help Desks:

**Public Inquiries: 786-7141**

**Pharmacists Only: (*Do not give these numbers to the public*)**

**786-8000 from Winnipeg**

**1-800-663-7774 from outside Winnipeg**

With the advent of the DPIN, MH established a Help Desk for Pharmacists to address DPIN problems relating to the functioning of the automated drug claims system.

Contact the **DPIN Pharmacist Help Desk** for information and/or assistance on:

- Drug claims submissions
- Pharmacare policies, procedures or documents
- Technical difficulties related to the DPIN system

### **(b) TROUBLESHOOTING**

Before you call the Help Desk:

- Check all computer connections;
- Refer to the applicable section of this manual; and
- Contact your software vendor to ensure that all software packages are error free.



## Problems You Can Resolve

<b>Type of Problem</b>	<b>Before You Call</b>
Adjudication of a claim	Consult this Reference Manual
Reject/Response error	Consult this Reference Manual (See Response Code Table, pages 5-3 to 5-14)
Cannot complete call	Consult your Pharmacy Software Vendor's Manual, then call Help Desk if applicable.
Time out messages	Consult your Pharmacy Software Vendor's Manual, then call Help Desk if applicable.
Network error	Consult your Pharmacy Software Vendor's Manual, then call Help Desk if applicable.
System not available	Consult your Pharmacy Software Vendor's Manual, then call Help Desk if applicable.
Process error/Host processing error	Consult your Pharmacy Software Vendor's Manual, then call Help Desk if applicable.
DPIN System goes down completely	1) Transact claims on a cash-only basis. Issue Pharmacare claim form and appropriate receipt. Patient must file a manual paper claim. <div style="text-align: center;">or</div> 2) Batch claims for later submission using on-line batch mode.

### (c) HOW YOUR CALL IS HANDLED

- Help Desk staff identify the nature of problem/question.
- Problem is logged in a problem record and a trouble ticket number is assigned.
- Severity level is determined.
- Staff resolve and close ticket.
- If the problem cannot be resolved immediately, steps will be taken to resolve it within defined standards and the pharmacy will be advised as soon as possible.

**Provide the trouble ticket number if a call back to the Help Desk is required.**

#### **(d) PROBLEM RECORDS**

Every call to the **Help Desk** will be entered into a Problem Record and all pharmacy identifier information and symptoms of the problem will be recorded.

By logging all calls, MH will be able to analyze problem and performance trends. This tracking system will also ensure that an accurate record of the assistance provided to users is maintained.

The problem-handling process depends greatly upon the quantity, quality and timeliness of the information being passed between pharmacists and the **Help Desk**. Please be prepared to provide the appropriate information.

The following information will be included on most problem records:

##### **For Technical Problems**

1. Detailed description of the event (date/time/contact person)
2. System components involved
3. Symptoms (error messages, scenarios, etc.)
4. Impact to the user and/or processing
5. Problem cause (if possible to determine)
6. Person/organization currently assigned to problem resolution
7. Any possible procedural or technical work-around
8. Personnel informed of the problem
9. Resolution plan
10. Estimated time when problem will be resolved

##### **For Claims Processing Problems**

1. What menu, screen, report or function is currently being used
2. What key stroke sequence preceded the problem
3. What data have been entered
4. What is the error message (text and number)

5. What access device (e.g. terminal or personal computer [PC] is being used
6. What has been done before doing this step
7. What was expected to happen at this point
8. What log-on or user ID is being used (i.e. can this ID access this function?)
9. What date and time did the problem occur
10. Has the problem occurred before
11. Can the user provide hard-copy examples of screens and reports
12. What is the urgency for servicing the request
13. What is the operational impact
14. Indicating the steps that will be followed to solve the problem

The problem record can be closed only when the MH DPIN Help Desk can ensure that the user who initiated the Problem Record agrees that a solution has been provided or that the Problem Record should be closed because no action is in fact necessary.

**Remember:**

<b>Public Help Desk</b>	<b>786-7141</b>
<b>Pharmacist Help Desk</b>	<b>786-8000 (From Winnipeg)</b>
	<b>1-800-663-7774 (toll free)</b>

## **CHAPTER 11: PAYMENT SYSTEM**

The first drug program to be installed on DPIN is the Pharmacare program. Pharmacists will be able to adjudicate drug prescription claims for Manitobans for eligible drugs by using the on-line interactive network. When Manitoba residents reach their deductible, the DPIN system will advise the pharmacist to collect a percentage of the drug cost from the customer. The Manitoba government will reimburse the pharmacist for the remainder of the cost on a weekly basis through the DPIN payment system.

### **(a) PAYMENT CYCLE**

Payments to pharmacies will be on a weekly basis and in the following order:

1. Monday evening at approximately 9 p.m. all unpaid Pharmacare drug prescriptions from the previous week up to and including prescriptions entered Monday and successfully completed before 9 p.m. will be recorded in the payment system.
2. Starting Monday at midnight, the payment system will produce the appropriate cheques, statements and electronic funds transfer (EFT) files throughout the day.
3. After the payment process is completed on Tuesday, the payment system operator will transfer the EFT payment data to the Toronto Dominion Bank. Some financial institutions require three business days to receive EFT funds into their accounts.
4. The payment system operator will then ensure cheques and/or statements are mailed to pharmacies.
5. By Friday morning of the same week, cheques and/or statements should be delivered by Canada Post, and EFT payments will have been posted to the appropriate accounts.

### **(b) CHEQUE OR ELECTRONIC FUNDS TRANSFER (EFT)**

The payment system can provide reimbursement to the pharmacist through one of the following options:

- Mail cheque and statement to pharmacy.
- Electronically transfer payment to pharmacy bank account and mail statement to pharmacy.
- Mail cheque and statement to chain head office.
- Electronically transfer payment to chain head office and mail statement to that office.
- Mail cheque and statement to another pharmacy.
- Electronically transfer payment to another pharmacy and mail statement to that pharmacy.

***EFT bank account information must be kept current. Refer to your DPIN registration form for more information.***

### **(c) STATEMENTS**

The payment system can provide statements in any one of the following formats:

#### **The Detail Statement**

The detail statement can be provided in three different sort orders:

Type 1 – Printed detail statement sorted by claim status, date of service and prescription number.

Type 2 - Printed detail statement sorted by claim status, date of service and pharmacy trace number.

Type 3 - Printed detail statement sorted by claim status, date of service and current prescription number.

The detail statement lists all prescription drug claims and/or reversals that represent plus or minus payments to the pharmacy for each day of the payment cycle. To be included on the statement, this information must be entered through the DPIN network or by Manitoba Health using the DPIN Claim/Reversal/Adjustment Form. This is being done to reduce the number of pages needed for each statement.

For the first few months following the implementation of the DPIN system, the detail statement will be mailed to the pharmacy or chain head office. After that time, we will recommend the use of the summary statement to significantly reduce the number of pages in each statement. The detail statement will still be available on request by the pharmacy or chain head office as a re-print for the current payment period only or as a permanent request.

***Please note: The volume of pages generated when requesting the detail statement could be excessive.***

## **The Summary Statement**

Type 4 – Printed summary statement sorted by date of service, carrier ID and group number.

The summary statement will provide daily totals of the portion the program is paying for prescription drug claims and reversals for the payment cycle. If a more detailed statement is required, contact the Help Desk. Please ensure you advise the Help Desk operator if this is to be a permanent change or simply a re-print of the current payment period.

With the implementation of the DPIN system, the summary statement will be optional, but within a few months, it is recommended that pharmacies request this statement on an ongoing basis to significantly reduce the number of pages in each statement.

## **The Electronic Statement**

The electronic statement will provide any of the detail statement formats or summary statement in electronic media.

The electronic statement is available on request by the pharmacy or chain head office but only as a permanent change. At this time, the statement can be provided only on diskette, but a bulletin board service is being considered.

## **Requesting Daily Totals**

Daily totals of DPIN transactions are available at the end of each business day and are compared with totals generated by each pharmacy's accounting system. Refer to your Pharmacy Software Vendor's Manual for correct procedures.

## CHAPTER 12: GLOSSARY

<b>C.Ph.A Version #3 Pharmacy Claim Standard</b>	This standard defines the components of an electronic version of a universal claim form. It has been prepared by providers and processors and is in its third version. It provides a simplified and common claim format for all carriers to use and is the basis for the DPIN claims processing format.
<b>DIN</b>	Drug Identification Number
<b>DPIN</b>	Drug Programs Information Network. A computer system linking all community pharmacies and some outpatient hospital pharmacies to a central interactive data base within Manitoba Health.
<b>EFT</b>	Electronic Funds Transfer. A non-paper method of transmitting funds owing from government/Pharmacare to a pharmacy's bank or financial institution.
<b>The Pharmaceutical Act</b>	Legislation governing standards of practice, licensing and discipline for pharmacies and pharmacists in Manitoba.
<b>PHIN</b>	Personal Health Identification Number. A Manitoba Health registration certificate with a unique nine-digit number assigned to every Manitoba resident. It is required when a prescription is filled and is used as the access number to the DPIN data base.
<b>PIN</b>	Product Identification Number. This number is assigned by DPIN for non-drug benefit eligible under the Pharmacare Program.
<b>The Prescription Drugs Cost Assistance Act</b>	Better known as the Pharmacare legislation, it governs procedures for claims submissions and reimbursement of benefits.
<b>PSV</b>	Pharmacy Software Vendor. The person or organization that programs and monitors pharmacy management software.

## APPENDIX A:

### Product Identification Number (PINs)

PRODUCT NAME	PIN
ACCU-CHECK EASY BLOOD GLUCOSE STRIPS	00977993
ACCUTREND GLUCOSE TEST STRIP	00906697
ACETEST	00980560
ADVANTAGE BLOOD GLUCOSE TEST STRIPS	00924061
AEROCHAMBER	00900100
AEROCHAMBER WITH MASK ADULT	00900200
AEROCHAMBER WITH MASK CHILD	00900210
ALLERGY VACCINES	00909090
AMES SURELITE LANCETS	00930116
ASTRA NEBULIZER	00900300
AUTOLET LANCETS	00905070
BD AUTOLANCE	00905062
BD DISP INSULIN SYRN ULTRA 1,2 cc	00906727
BD DISP INSULIN SYRN ULTRA cc	00906816
BD DISP INSULIN SYRN ULTRA 3/10 cc	00906786
BD DISP SYR 25 x 5/8	00905700
BD DISP-NDL 27 x 1/2	00905109
BD LANCETS MICROFINE	00903518
BD PEN NEEDLE ULT 29G 1/2	00905976
BD SYRIN INSULIN 1/2 cc	00904848
BD SYRIN INSULIN 1/3 cc	00900412
BD SYRN INSULIN 1 cc	00901911
BECLODISK DISKHALER	00900500
BECLOVENT ROTAHALER	00900800
BM TEST BG	00901500
CHEMSTRIP BG	00977284
CHEMSTRIP BG FOR ACCUCHEK	00990027
CHEMSTRIP UG 5000	00990019
CHEMSTRIP UG 5000 K	00980692
CLINISTIX	00980633
CLINITEST	00980420
COMPANION 2 STRIPS	00906670
DEXTROSTIX	00984140
DIASCAN TEST STRIPS	00999100
DIASTIX	00980641
ELITE BLOOD GLUCOSE TEST STRIPS	00980100
ENCORE BLOOD GLUCOSE TEST STRIPS	00980200
EXACTECH	00984930
GLUCOFILM TEST STRIP	00906654
GLUCOLET LANCING DEVICE	00902540
GLUCOSCAN	00980676
GLUCOSTIX	00980749



<b>PRODUCT NAME</b>	<b>PIN</b>
INFUSION SET 3M8450	00992976
INFUSION SET 3M8451	00992984
INFUSION SET 3M8463	00992991
INFUSION SET 3M8472	00992968
INSUJECT NEEDLES	00983047
INSULIN SYR 1cc 3M	00900427
INSULIN SYR 3 cc 3M	00900435
INTAL SPINHALER	00999996
KETO-DIASTIX	00990647
KETOSTIX	00980595
LANCET AUTOCLIX DEVICE	00905836
LANCETS LIFE	00901555
MEDIJECTOR	00980400
MONOJECT AUTO INJECTOR	00903527
MONOJECT LANCETS	00903507
MONOJECT LANCETS DEVICE	00904090
MONOLET LANCETS (SHERWOOD)	00904062
NOVODIAGNOSTIC BLOOD GLUCOSE STRIPS	00980300
NOVOFINE INS PEN NEEDLE 28G	00901253
NOVOFINE INS PEN NEEDLE 30G	00901262
NOVOLIN NEEDLE 30G	00982822
ONE TOUCH TEST STRIP	00905399
PENLET 2 BLOOD SAMPLER	00981401
PRECI-JET	00930100
RYNACROM INSUFFLATOR	00999993
SOFT INS SYR 27 x 1/2	00941432
SOFT INS SYR 27 x 1	00941424
SOFT INS SYR 29 x 1/2	00941448
SOFT INS SYR 29 x 1/4	00941456
SOFT INS SYR 29 x 1	00941440
SOFT TOUCH DEVICE	00902861
SOFT TOUCH LANCETS	00905917
SPINHALER TURBOHALER	00999914
SYRN 3cc DISP BD	00900414
SYRN 5cc DISP BD	00900419
SYRN INSULIN MONOJECT 29G 1/2	00906573
SYRN INSULIN MONOJECT 29G 1cc	00906603
SYRN INSULIN MONOJECT 29G 3/10cc	00906581
TES-TAPE	00980609
TRACER BLOOD GLUCOSE TEST STRIP	00905615
URISTIX	00903159
VENTODISK DISKHALER	00900400
VENTOLIN ROTAHALER	00900700
Compounded Prescription (Eligible for Pharmacare)	00999111
Compounded Prescription (Not Eligible for Pharmacare)	00999333

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## **APPENDIX B:**

### **Drug Cost Calculations**

#### **1. DRUG/PRODUCT IDENTIFICATION NUMBER (DIN)/(PIN)**

Enter DIN or PIN specific to the product dispensed.

- For compounded prescriptions enter either PIN 00999111 (eligible for Pharmacare) or PIN 00999333 (not eligible for Pharmacare).

#### **2. QUANTITY**

The quantity dispensed multiplied by the strength of the product dispensed divided by the number of days of medication supplied is an integral part of the calculation used to determine whether the dosage supplied is high or low and therefore the type of warning message you might receive. As a result, quantity must be expressed in the following manner:

##### **Tablets/Capsules**

- Enter number of tablets or capsules dispensed. If half-tablets are dispensed, enter number of whole tablets dispensed, not the number of doses dispensed.

##### **Oral liquids**

- Enter quantity in milliliters.  
Example: Diovol – 350 ml (NOT 1 bottle)

##### **Creams and Ointments**

- Enter quantity in grams.  
Example: Betnovate Cream – 30 grams (NOT 1 tube)

##### **Powders**

- Enter quantity in grams.  
Example:  
Metamucil – 340 grams (NOT 1 bottle)  
The only exception to this procedure is for Cholestyramine powder or pouches which should be entered by number of doses dispensed. (as per Manitoba Drug Interchangeability Formulary)

##### **Eye Drops**

- Enter quantity in milliliters.  
Example: Isopto- Tears 1% - 15 ml (NOT 1 bottle)