Pharmacy Claims Manual

2012-03-01

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1 INTRODUCTION TO SSQ

SSQ Financial Group is one of Canada's largest financial institutions. Active in several sectors of activity, it distinguishes itself most notably in group insurance. The company has also made a name of itself through its commitment to maintaining its mutual status and making customer service a priority. SSQ Financial Group has its head office in Quebec City, with offices in Montreal and Toronto.

The drug plans provide prescription drugs to subscribers upon presentation of their SSQ insurance card to a participating pharmacy. SSQ is billed directly by the pharmacy for the drugs and services rendered. In addition, our service agreement provides for repayment to the subscribers under certain conditions according to their contract.

1.1 Office Locations

QUÉBEC- Head Office
2525, boul. Laurier
Québec, (Québec) G1V 2L2

MONTRÉAL
1200, avenue Papineau, 4e étage
Montréal, (Québec) H2K 4R5

TORONTO
110, avenue Sheppard Est, bureau 500
Toronto, (Ontario) M2N 6Y8

2 CLAIMS SUBMISSION OPTIONS

SSQ has two separate systems to process drug claims. Our **STANDARD CLAIMS** system accepts a variety of claim formats including paper, and electronic submissions through various computer software companies.

Our newest system, **OLTP** (On-line Transaction Processing), adjudicates drug claims through on-line transactions with SSQ. This allows pharmacies who are "linked to SSQ electronic system" the ability to verify eligibility through our current files at the time of dispensing.

2.1 OLTP (On-line Transaction Processing)

OLTP claims are adjudicated in real time. This procedure permits instant validation of patient and drug eligibility. The majority of claims are processed using the Canadian Pharmacists Association (CPhA) Pharmacy Claim Standard.

Pharmacies not currently using OLTP may wish to pursue this option with their software vendor.

Transactions supported by the CPhA Claims Processing Standard Version 3.0 including:

a) Claim submissions
b) Reversals
c) Daily Totals
d) Daily reconciliation

2.2 Standard Claims

SSQ Canada accepts “standard” claims that may be paper or electronic and are generated by the various pharmacy computer software vendors. In addition, handwritten standard claims may be required for special cases. Manual claim forms are available on the Web site at www.providerconnect.ca.

SSQ INSURANCE CARDS

When enrolled in a SSQ Plan, a subscriber is issued an identification card. This card must be presented at the pharmacy for verification each time a prescription is filled. The cards contain the following information:

FRONT:
1) Drug coverage indicator SSQ (Rx)
2) Subscriber Name

BACK:
1) Travel insurance
2) Travel insurance toll free number

3 CLAIM PROCEDURES FOR MANUAL CLAIMS

3.1 Where to Send Claims

Submit all claims to: SSQ – Health Insurance Management - Claims
C.P. 10500, Succ. Sainte-Foy, Québec (Quebec)
G1V 4H6
Telephone: 1-800-463-6262
Fax: 1-855-453-3942

3.2 SSQ Manual Claim Form

Manual claim forms are available on the Web site at www.providerconnect.ca.

3.3 Special Claims - Medical Equipment and Supplies

Examples: therapeutic devices, compression stockings. These items **are not** benefits of any Drug Plan. However, they may be a benefit of the patient's Extended Health Services (EHS) coverage.

Please follow the claim procedures outlined below:

- The Pharmacy must use the ProviderConnect website at www.providerconnect.ca where the following information will be confirmed:

  - Eligibility of the Plan Sponsor;
  - Doctor's prescription requirements;
  - Full authorization.

- Claims can also be submitted directly from the Plan Sponsor by sending in the original invoice which must contain the following information:

  - Patient's name and address;
  - SSQ plan number;
  - Name of item provided;
  - Retail price;
  - Date of Service.

Note (a) Items required for sports activities only or as a result of work-related injury or Motor Vehicle Accident are not eligible. When calling for pre-authorization, if the patient is a resident of a hospital or a long term care facility, SSQ must be advised, as this may affect their eligibility for certain items. Claims are processed and payments are issued on a daily basis.

(b) Medical equipment and supplies are not subject to the patient's drug coinsurance; however they may be subject to coinsurance and/or deductibles applicable to their EHS coverage.

4 CLAIM PROCEDURES FOR ON-LINE CLAIMS TRANSMISSION

4.1 Special Claims

(a) Extemporaneous preparations

Topical Extemporaneous Compounds Policy

Eligible Ingredients *	**Eligible Bases**
Camphor	Aquaphor Ointment (020096909)
Benzoin Tincture	Dermabase (00067350)
Hydrocortisone Powder	Glaxal Base (00295604)
Liquor Carbonis Detergens (LCD)	Anhydrous Lanolin (01923129)
Salicylic Acid	
Menthol	Petrolatum Jelly (94854/635189)
Sulfur	(NOT including hydrophilic petrolatum)
Tar Distallate	Mediderm cream base (961582)
Erythromycin Powder	Eucerin Anhydrous Oint.
Clindamycin Powder	Taro Base (960063)
Ketoconazole Powder	Ratio Base (964956)
Metronidazole Powder	Transal base (962511)
Clotrimazole Powder	
Miconazole Powder	

* For Quebec only: The pseudo PINs included in this list should not be used. Please refer to the Provincial (RAMQ) list.

* In addition to the products listed in sections «Extemporaneous preparations and Vehicles, solvents or adjuvants» in the current edition of the list of drugs covered under the RGAM.

One or more of any of the Eligible Ingredients may be added to:

1. Any of the listed Eligible Bases.

2. Any topical drug product which is already a benefit of the individual's drug offering

   Compounding of 2 or more creams/ointments that are already benefits of the plan are eligible with or without additional eligible ingredients.

   Compounds must contain an active ingredient in a therapeutic concentration that is an eligible benefit of the subscriber's offering.

   Compounds for cosmetic purposes such as baldness dry skin or facial wrinkles are not eligible benefits.
   Any compound (oral, topical, injectable, etc.) that duplicates the formulation of a manufactured pharmaceutical product (current or discontinued) is not eligible.

   Unproven compounds are not eligible benefits. For example, drugs intended for oral use that are compounded into a topical mixture would be considered unproven.

   Claims for compounds intended to be used orally, rectally, vaginally, injected, ophthalmic or otic preparations must contain a drug identification number (DIN) of an eligible product to be covered. Any compounded item that is considered "experimental" in nature is ineligible.

   Please note that any extemporaneous compound claim submitted electronically, though paid initially, will be reversed should audit determine it ineligible based on SSQ's Compound Policy.

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

(b) Compound codes:

Below is a table of CPhA standard codes for compounded products. Please use the appropriate code for the corresponding mixture when submitting your prescription.

Code	Type of Compound
0	topical cream
1	topical ointment
2	external lotion
3	internal use liquid
4	external powder
5	internal powder
6	injection or infusion
7	eye/ear drop
8	suppository
9	other

(c) Generic Plans

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

Some SSQ plans have a coinsurance which is dependent on product selection. A product select code of 1 (physician no substitute) or 2 (patient no substitute) should only be used in those situations where a legally interchangeable product would be otherwise available. This will ensure the application of the correct coinsurance.

4.2 CO-ORDINATION OF BENEFITS

Co-ordination of benefits is part of the On-line Claims Adjudication System. Claims may be co-coordinated with all public and privately administered plans.

Where SSQ is advised of dual coverage, our system will administer co-ordination of benefits in accordance with the industry guidelines.

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

At this time, SSQ does not support electronic co-ordination of benefits between more than two other payers. If SSQ is your patient's third payer, the patient should be instructed to send receipts for any residual amount to SSQ for reimbursement.

4.3 DRUG UTILIZATION REVIEW

Note: Not applicable in the Province of Quebec.

Prospective Drug Use Review (DUR) program is part of the on-line claims adjudication system. Prospective DUR analyses both previous prescription claims data and the current prescription to identify potential drug therapy problems. The system is designed to detect potential problems related to the patient's drug therapy. Such problems may be prevented by providing **additional** information to the pharmacist.

Health care professionals may evaluate this extra information, in consultation with the prescriber, another pharmacy, the patient (if appropriate), or by checking the pharmaceutical literature, to resolve the potential problem.

The DUR process is started after the validation of patient, DIN/PIN and Pharmacy ID eligibility. Through analysis and retrieval of historical and current prescription claims data, the prospective DUR system will warn of potential problems with the current prescription. All potential problems are formatted into a response message, and/or response code.

(a) DUR modules

Four prospective DUR modules are working in this initial stage:

- Drug Interactions
- Double Doctoring
- Multiple Pharmacies
- Compliance – Fill too soon/too late

Additional modules, such as Therapeutic Duplication, Min/Max Range Check (Therapy Duration) or Drug Dosage Checks may be added in the future.

Response codes or messages associated with DUR process include:

- Drug interaction potential .....ME
- May be double doctoring.....MH
- Multiple Pharmacy use indicated....MI
- Fill too Soon D7
- Fill too late.....DE
- Call Adjudicator ……..…..D9

(b) DUR messages

DUR message codes may be informational messages or overrideable warnings. The system has the flexibility to accept a pharmacist's intervention code on overrideable warnings. Intervention codes are optional on information messages.

(c) Overrideable warnings

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

(d) Information messages

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

(e) Detailed message (response) information

DUR messages are provided on one of possibly three message text lines. This allows for the text translation of a potential problem identified by the message Code. If there are more than three potential messages, a message "Insufficient space for all DUR warnings" and code DD are sent. The subject of all DUR messages may be obtained by phoning the SSQ Customer Service.

(f) Intervention codes

The action to resolve DUR problems is shown through intervention codes. An intervention code is only required for overrideable warnings and for information messages requiring the reversal of a paid claim.

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

When an appropriate intervention code to explain the exact action taken cannot be located, contact the SSQ Customer Service for assistance.

(g) Claim rejections

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

(h) Claim resubmissions

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

(i) D9: Call Adjudicator

If a denied or pending claim has occurred 5 times for the same participant with the same DIN on the same day, online transmissions will not be permitted until the SSQ Customer Service is contacted. An agent will be able to advise you regarding the appropriate intervention code where applicable. If the claim continues to deny for other reasons, the D9: ‘’Call Adjudicator’’ message will continue to appear. The SSQ Customer Service will continue to assist you.

(j) Claim reversal

All claims with an informational message have been adjudicated and will be paid. Therefore, if the prescription is changed by the pharmacist, (ie. change of drug, Rx not filled), **the claim must be reversed**.

(k) SSQ customer service

A toll-free Customer Service is available to help health care professionals with inquiries at 1-800-463-6262. Personnel will be available from the hours of 8:00 to 20:00 (Eastern), Monday to Friday.

(l) Limitations

The information provided in these DUR modules 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.

(m) Drug interactions

This module is designed to detect potential drug interactions between the prescription being claimed and other prescriptions that are considered “active” in the patient’s utilization file. The module can identify potential interactions for single ingredients and combination products.

When a patient’s prescription is submitted to the system, the DIN/PIN is compared to the patient’s historical DIN/PIN’s. If interactions are noted, the encounter is then formatted into a Response Message and a Response Code to advise of the potential problem(s). (Interactions are based on clinical significance by First DataBank and adapted for Canadian content.) This database uses three reference sources: Hansten’s Drug Interactions, Facts & Comparisons, and USPDI. The First DataBank’s three levels of significance are:

Level 1 - Contraindicated Drug Combination:
This drug combination is clearly contraindicated in all cases and should not be dispensed or administered to the same patient.

Level 2 - Severe Interaction:
Action is required to reduce risk of severe adverse interaction.

Level 3 - Moderate Interaction:

Assess risk to patient and take action as needed

If an interaction is found, the pharmacy will be sent a Response Message “Drug/ Interaction Potential”, and/or a Response Code “ME”.

The Response Message contains:

- Severity code for the potential interaction
- DIN of historical drug
- Brand name of historical drug (up to the maximum for one message line).

ie. *L3*00749354*Apo-Metoprolol 50mg tab*

Meaning:

- A Severity Level 3 (Moderate) potential interaction has been identified. The current prescription being claimed interacts with a drug in the patient's profile.

- The interacting drug is identified through the DIN number "00749354" and the brand name of the drug Apo-Metoprolol 50mg tab.

NOTE: Overrideable messages are unpaid until an intervention code is sent.

If there are more than three text messages to be reported through DUR, a response message "Insufficient space to report all messages," and response code "DD" will be sent. Complete messages can be obtained by phoning the SSQ Customer Service.

(n) Double doctoring – multiple pharmacies

These two separate modules are designed to locate patients who might try to obtain specific drugs that have the potential to be abused (e.g.; narcotic analgesics, psychotherapeutic agents, sedatives/hypnotics) through multiple prescribers or pharmacies.

When a patient's prescription is submitted to the system the therapeutic class is compared to each historical prescription. Checking is based on the claims having the same therapeutic categories prescribed by different prescribers, or dispensed by different pharmacies.

If Double Doctoring or Multiple Pharmacy is noted, the encounter is then formatted into an informational response message and code to advise the pharmacist of the potential problem(s).

(o) Compliance – fill too soon/too late

When a patient's prescription is submitted to the system, the DIN/PIN is compared to each historical DIN/PIN. Checking is based on the predicted duration of therapy of the prescription in the current profile. (Based on previous claims accuracy)
D7: FILL TOO SOON
This module is designed to detect a patient's possible overuse of drugs, through renewal dates, and days' supply on prescriptions, and calculating that the patient may be taking excessive doses [Fill Too Soon]

The "Fill too Soon" DUR module will return an overrideable message. Pharmacists are asked to use their professional judgment in these cases to choose an acceptable intervention code. The following are applicable intervention codes when encountering a "fill too soon" response:

***MK**=Good Faith Emergency Coverage Established*
***MN**=Replacement Claim Due to Dose Change*
***MV**=Vacation Supply*

DE: FILL TOO LATE

Through renewal dates and days' supply on prescriptions it is calculated that the patient may be taking inadequate doses [Fill Too Late].

The "Fill too Late" module of the DUR system is informational only.

As always, pharmacists must fully document the use of any intervention codes.

SAMPLE DUR CLAIM PROCESSING AND REVERSAL INTERVENTION CODES

Response Code	Message Description	Response Type	Condition Generating Response Code	Intervention Code by Pharmacist and Description
ME	Drug Interaction Potential	SEVERITY LEVEL 2 & 3	Indicates a potential drug interaction between the prescription being filled and one which the patient is already receiving. The claim has been approved for payment. However, if the Rx is not filled, the claim may be reversed using the appropriate intervention codes	UD= consulted prescriber and changed drug UL= pharmacist decision Rx not filled
ME	Drug Interaction Potential	SEVERITY LEVEL 1	Indicates a potential drug interaction between the prescription being filled and one which the patient is already receiving. **The claim has not been approved for payment**. The claim may be processed by using the appropriate intervention codes.	UA= consulted prescriber and filled Rx as written UC= consulted prescriber and changed instructions for use UB= consulted prescriber and changed dose UF= patient gave adequate explanation. Rx filled as written UI= consulted other source. Rx filled as written UG= cautioned patient. Rx filled as written
MH	May Be Double Doctoring	Information Message	Indicates that the patient may be visiting multiple prescribers to obtain drugs which have a potential to be abused. The claim has been approved for payment. However, if Rx is not filled, the claim may be reversed using the applicable intervention code.	UD= consulted prescriber and changed drug UL= pharmacist decision Rx not filled. UE= consulted prescriber and changed quantity
MI	Poly-pharmacy Use Indicated	Information Message	Indicates that the patient may be visiting multiple pharmacies to obtain drugs which have a potential to be abused. The claim has been approved for payment. However, if Rx is not filled, he claim may be reversed using the intervention codes.	UD= consulted prescriber and changed drug UL= pharmacist decision. Rx not filled UE= consulted prescriber and changed quantity.
D7	Fill Too Soon	Overrideable Warning	Indicates a refill should not be required at this time. **The claim has not been approved for payment**. The claim may be processed by using the appropriate intervention codes.	MK= good faith emergency coverage established. MN= replacement claim due to dose change MV= vacation supply
DE	Fill Too Late	Information Message	Indicates a refill is overdue at this time. The claim has been approved for payment. The dispensing agent may want to ensure that the patient is compliant and taking adequate doses.	
D9	Call Adjudicator	Call SSQ Customer Service 1-800-463-6262	Indicates that there have been excessive online submissions for the same participant on the same day for the same DIN.	As determined with the assistance of a Customer Service Agent.

The use of any intervention code should be supported with relevant documentation on the prescription hard copy.

(p) Overview of adjudication messages

All transactions submitted on-line are adjudicated to determine eligibility. Transactions may be approved, rejected or flagged for attention and pharmacists intervention.

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

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

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

(q) Intervention codes

Intervention Codes are again CPhA codes that cover DUR intervention procedures or identify special coverage/payment rules.

The use of intervention codes is described below.

Please note that the pharmacist ID is mandatory.
Only two intervention codes will be accepted on a single transaction.

(r) Common intervention/exception codes

Code	Description
MH	Override Prescriber ID (if practitioner prescribing privileges have been suspended or restricted – the override should not be applied)
MK	“Good faith” emergency coverage established
MM	Replacement claim, drug cost only
MN	Replacement claim due to dosage change

MO	Valid claim value of $500.00 to $999.99
MP	Valid claim of $1,000.00 to $9,999.99
MQ	Valid claim-quantity over limit
MV	Vacation supply
NF	Override – quantity appropriate
NH	Initial Rx program declined
UA	Consulted prescriber and filled Rx as written
UB	Consulted prescriber and changed dose
UC	Consulted prescriber and changed instructions for use
UE	Consulted prescriber and changed quantity
UF	Patient gave adequate explanation. Rx filled as written
UG	Cautioned patient. Rx filled as written
UI	Consulted other source. Rx Filled as written
UD	Consulted prescriber and changed drug (To Reverse Claim)
UH	Counseled patient. Rx not filled (To Reverse Claim)
UK	Consulted other sources. Rx not filled (To Reverse Claim)
UL	Rx not filled. Pharmacist decision (To Reverse Claim)

5 PLAN ELIGIBILITY & POLICY INFORMATION

5.1 Limitations

(a) Common Exclusions

(i) Diaphragms, condoms, contraceptive foams and jellies, or appliances normally used for contraception

(ii) Oral vitamin products and natural products except those covered by Provincial government and homeopathic products

(iii) Products used for aesthetic, cosmetic or personal hygiene purposes

(iv) Therapeutic appliances and prosthetic devices and/or diagnostic monitoring equipment

(v) Drugs and/or devices which are or may be classified as experimental in nature, or for which Notice of Compliance has not been issued or has been revoked.

(vi) Products which do not have a Drug Identification Number (DIN/PIN) with the exception of products covered in provincial plans such as diabetic tests strips, syringes or needles. Refer to the relevant provincial program or see our ''Frequently Used PINs for billing purposes'' document available on ProviderConnect (www.Providerconnect.ca).

(vii) Biological sera, preventative immunization vaccines, or injectables which are not prescribed or administered by a qualified medical practitioner, or injectables which are supplied under any Federal, Provincial or Municipal Health Program.

(viii) Prescriptions for which the patient is eligible to receive under the Workplace Safety & Insurance Board, or obtains reimbursement from a Federal, Provincial or Municipal agency or foundation, or prescription claims due to a motor vehicle accident.

(ix) Any medication which the patient is eligible to receive under various Provincial Drug Benefit plans.

(b) Fertility Drugs

SSQ has groups with restrictions on the usage of fertility drugs.
Other groups may have maximums placed on fertility drugs that may not apply to other therapeutic classifications in their plan.

(c) Annual Drug Maximums

SSQ has groups with an annual dollar maximum on their drug plan. Once the patient has exceeded this dollar amount, any claims exceeding this maximum are the responsibility of the patient.

(d) Smoking Cessation

SSQ has **standard** limitations for smoking cessation products. Plans where smoking cessation products are eligible, ie. Patches, gum and lozenges, utilization will be limited to a period of twelve consecutives weeks.

This means that a patient, if eligible, may receive 84 patches and/or 840 pieces of gum per year, based on the first claim date.

Smoking cessation tablets are limited to 12 consecutive weeks per period of 12 months for Zyban and to 24 consecutive weeks per period of 12 months for Champix.

Zyban: 168 tablets
Champix: 336 tablets.

(e) Methadone

Only one methadone claim per day may be submitted.
Methadone claims are subject to audit based on our post-audit analysis of compounds. If the information submitted online does not coincide with our post-audit of methadone claims, your account will be adjusted accordingly.

5.2 Coinsurance and Deductibles

SSQ plans have a variety of coinsurance and deductible options.
A coinsurance may be a fixed amount per Rx or a percentage of the total Rx price.

A deductible may be individual or per family and is applied on an annual basis. This could be either once per calendar year or once every 12 consecutive months, starting from the date of the first prescription in each period, or the effective date of the patient's plan.

The online system advises pharmacists of any applicable coinsurance or deductibles. If there is a coinsurance or deductible, this amount must be collected at the pharmacy.

Provider Agreements prohibit balance billing any amount greater than the coinsurance, except in limited instances such as Mandatory Product Selection

5.3 Product Selection and No Substitution

(a) When a prescribed product selectable drug is listed in a Provincial Formulary (i.e. Ontario Drug Benefit), it is eligible for "product selection," with an exception (see below).

Some Provincial regulations may vary slightly.

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

- A 'physician's choice' product selectable plan which only allows the physician to make a written request "no substitution."

- A ‘mandatory product selectable plan’ which only allows payment for the lowest price generic regardless of who requests ‘no substitution’.

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

OLTP System	Explanation
1	■ Doctor no substitution
2	■ Patient no substitution
3	■ Lowest cost brand in the pharmacy inventory
4	■ Existing Therapy

5.4 Preauthorized Drugs

SSQ also has groups with drug list that include drug products that are benefits only if a patient fits specific conditions and therapeutic indications determined by government authorities. If an initial claim is submitted for an exception drug, a response code of “DX” and a message “Drug must be authorized” and that a «Special Authorization Request Form» will be sent to the plan member by SSQ.

This form is to be completed by the physician and returned to SSQ for evaluation. If approved, the claim may be submitted and will be accepted as any other drug claim.

5.5 Unscheduled Products and Natural Health Products

Drugs that are not classified in any of the annexes of the Regulation on the terms and conditions of sale in Québec or that are classified "unscheduled" by National Association of Pharmacy Regulatory Authorities (NAPRA) in other provinces are products not covered by most plans of SSQ, except those covered by the provincial drug insurance.

Products that are considered Natural Health Products and assigned a Natural Product Number (NPN) by Health Canada are non-benefits of most SSQ plans except those covered under the provincial program.

5.6 Dispensing Fee

SSQ will pay a usual and customary fee for the dispensing of each prescription. SSQ will pay the lesser of the pharmacist's rendered fee or the provincial usual and customary fee as determined by SSQ.
In the province of Quebec the usual and customary price include the professional dispensing fee.

5.7 Dispensing Quantities & Fees Based on Days Supply

(a) Prescription claims will be processed in the amount prescribed, up to a maximum of 100 days supply. The allowed fee will be paid in accordance with the Provincial Fee Schedules.

(b) An exception to the above for vacation supplies will be allowed to a maximum of 183 days. SSQ will reimburse fees for supplies exceeding 100 days to 183 days as follows:

Quantity	Fee that May be Claimed
101-120 days	1 1/3 Fees
121-150 days	1 2/3 Fees
151-183 days	2 Fees

Please note, to qualify for multiple dispensing fees, it is essential that the number of days supply is indicated on the claim submission. If left blank, payment will be made based on one dispensing fee. In addition, the intervention code "MV" should be used to identify the claim as a vacation supply and as an exception to the standard 100-day supply limitation.

5.8 Maximum Time to Submit Claims

Claims can be submitted for manual processing or reversed on-line for up to 12 months after the initial date of service.

6 NON-SUBMISSABLE CLAIMS

6.1 Subscriber Reimbursement Only

SSQ has subscriber reimbursement only plans. Subscribers enrolled in these plans must pay for their prescriptions and submit their claims directly to SSQ

for processing. Pharmacies cannot submit claims directly to SSQ for subscribers with reimbursement only plans. The usual computer generated prescription receipts are adequate for such claims. Claims for extemporaneous compounds must identify the ingredients.

7 PRESCRIPTION RECEIPTS FOR PATIENTS WHO PAY DIRECTLY TO THE PHARMACY

To assist your customer when they submit your prescription receipts for processing, please provide the following information:

(a) the dollar amount paid
(b) the drug name and DIN/PIN
(c) strength of medication
(d) quantity dispensed
(e) prescription number
(f) pharmacy name and address
(g) compound ingredients

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