

For our Pharmacy Providers

Summer 2003

NEWS AND VIEWS

Welcome to the summer 2003 edition of the Non-Insured Health Benefits (NIHB) quarterly newsletter. First Canadian Health (FCH) is now in its fifth year of operations as the claims processor for the NIHB Program of the First Nations and Inuit Health Branch (FNIHB) of Health Canada.

Again, FCH would like to thank you for your support as you continue to provide quality health services to First Nations and Inuit clients of the NIHB Program.

As always, your comments and questions are welcome. Please contact the FCH NIHB Toll-Free Inquiry Centre Representatives at **1-888-511-4666**, or send your correspondence to:

FCH Provider Relations
3080 Yonge Street, Suite 3002
Toronto, ON M4N 3N1

SUMMER 2003 NIHB DRUG BENEFIT LIST (DBL) UPDATE

Please find attached the summer 2003 updates which list all changes to the April 1, 2003 NIHB DBL. These updates include addition/replacement of DINs, limited use benefits, drugs removed from the Canadian market and discontinued drugs effective July 1, 2003.

These updates are reflected in the electronic version of the NIHB DBL dated July 1, 2003. Please refer to the website at the following URL address:

www.hc-sc.gc.ca/fnihb/nihb/pharmacy/

BILLING FOR METHADONE (PSEUDO-DIN 00908835)

Pseudo-DIN 00908835 must be used when submitting a claim for methadone that is compounded for the treatment of opiate dependency. Providers are reminded that a special authorization from the NIHB Drug Exception Centre (DEC) is required.

REQUIRED DOCUMENTATION FOR PRESCRIPTIONS FILLED TOO SOON

Providers are reminded that Drug Utilization Review (DUR) reject message **MW (DUPLICATE DRUG)** will appear when the client has received the same drug (same chemical entity) and has used less than two-thirds of the medication based on the number of days supply provided in the previously submitted claim. If a provider uses an intervention code to override the DUR reject message, the

prescription or client profile at the pharmacy must contain specific documentation citing the reason why the prescription was refilled early. The documentation must be present at the time the drug is dispensed and the reason for a "Fill Too Soon" refill cannot contravene any other program guidelines. The absence of documentation will result in a reclaim during the audit process.

The same documentation is required if a provider refills a prescription too early but does not receive a DUR message due to an error in recording the number of days supply on the previous claim. Once again, the absence of documentation will result in a reclaim during the audit process.

For further information, please refer to Section 5 of the NIHB Pharmacy/MS&E Provider Information Kit (PPIK), which explains the billing and payment information.

ORIGINAL PRESCRIPTION FOR REFILLS

Providers must retain a copy of the original prescription with refills in accordance with their provincial or territorial requirements. Audits are always based on a review of the original prescription and the current refill hard copy, and payment will be reclaimed if the original prescription is not available for review.

SPECIAL SUBMISSION REQUIREMENTS - INFANT CLAIMS

First claims for infants under one year of age, who do not have their own client identification number, must be submitted manually with supporting parent identification using the NIHB Pharmacy Claim Form.

The following information on the infant must be provided in the top section of the NIHB Pharmacy Claim Form:

- Surname
- Given names
- Date of birth in the DD/MM/CCYY format

The following information on the parent must be provided in the bottom section of the NIHB Pharmacy Claim Form:

- Surname
- Given names
- Date of birth in the DD/MM/CCYY format
- Client identification number or band and family number

For further information, please refer to Section 5.2 of the NIHB Pharmacy/MS&E Provider Information Kit (PPIK), which explains subsequent claim requirements.

CLIENT CONSENT WARNING MESSAGE W82

The following warning message has been reintroduced and will be displayed on paid claims via POS as well as for each paid claim line on your NIHB Pharmacy Claim Statement for clients who have not provided consent:

W82 – Client has not provided consent

Note: W82 is transmitted as CPhA Code HH.

For additional information on the consent initiative, providers must contact the NIHB Consent Information Centre at **1-888-751-5011**.

COORDINATION OF BENEFITS WITH ONTARIO DRUG BENEFIT (ODB) LIMITED USE (LU) DRUG PRODUCTS (FOR ONTARIO PHARMACIES ONLY)

For eligible NIHB clients over age 65 (or those eligible for other reasons), Ontario pharmacists must coordinate drug benefits with the Ontario Drug Benefit (ODB) program. Where drugs are listed on the ODB Limited Use (LU) Drug Products list, Ontario pharmacists must pursue approval through ODB. This may include contacting the prescriber to have the prescription written on the ODB LU prescription form. Results must be documented and kept on file in the NIHB client's profile for review during on-site audit.

For further information, Ontario pharmacists are asked to refer to Section 4 of the NIHB Pharmacy/MS&E Provider Information Kit (PPIK), which explains the requirements for coordination of benefits.

YUKON FNIHB REGIONAL OFFICE CHANGE

The contact information for the Yukon FNIHB Regional Office has changed. The changes are as follows:

FNIHB Yukon
First Nations and Inuit Health Branch
Health Canada
Elijah Smith Building
Suite 100 - 300 Main Street
Whitehorse, YT Y1A 2B5
1-867-667-3974
Fax: **1-867-667-3999**

This update is reflected on prior approval confirmation letters for MS&E items and the attached Directory for insertion into the NIHB Pharmacy/MS&E Provider Information Kit (PPIK).

Attached is the updated Directory for your NIHB Pharmacy/MS&E Provider Information Kit (PPIK). Please remove the existing Directory and insert the revised one.
