

 Saskatchewan Ministry of Health Drug Plan and Extended Benefits Branch Policy	Section: <i>Pharmacy Professional Services</i>	Reference DP-PPS-18
		Date of Issue <i>January 6, 2025</i>

PHARYNGITIS ASSESSMENT AND GROUP A STREPTOCOCCUS (GAS) TESTING PROGRAM POLICY

POLICY

- Effective January 6, 2025, the Drug Plan and Extended Benefits Branch (DPEBB) will pay community pharmacies, under the Pharyngitis Assessment and Group A Streptococcus Testing Program, a Pharyngitis Assessment Fee (PhAF) or a Pharyngitis Assessment and GAS Test Fee (PhAGAS-F).
- The amount of the PhAF and PhAGAS-F paid is in accordance with Schedule B of the Proprietor Agreement that is in effect on the date the service was provided.
- This program must follow the *Regulatory Bylaws of the Saskatchewan College of Pharmacy Professionals* (SCPP) and use the *medSask Sore Throat (Pharyngitis) Guidelines* (the Guidelines).
- The PhAF is paid when a pharmacist completes a pharyngitis assessment (must include a physical assessment) and it is determined that Group A Streptococcus testing is not required.
- The PhAGAS-F is paid when a pharmacist completes a pharyngitis assessment and a Group A Streptococcus (GAS) Point of Care Test (POCT) is indicated and performed.
- Assessment must be done in-person, and the GAS testing must occur within the physical space of the pharmacy.
- **No incentives* shall be provided** by the Proprietor or an agent on behalf of the Proprietor to any other person in relation to the provision of Pharyngitis Assessment, Group A Streptococcus Testing or related treatments.
**“Incentives” means any money, gifts, donations to a charity, rebates, refunds, customer loyalty programs, points, coupons, discounts, goods and/or rewards which can be redeemed for a gift or other benefit.*

PURPOSE

- To improve public access to the Saskatchewan healthcare system by aligning pharmacist expertise to patient clinical need.

LEGISLATIVE AUTHORITY

- *The Pharmacy and Pharmacy Disciplines Act*
- *The Prescription Drugs Act (Saskatchewan)*
- *The Drug Schedules Regulations, 1997 Amendment Regulations*
- *The Health Administration Act*
- *The Medical Laboratory Licensing Regulations, 2024*

PROGRAM DESCRIPTION

- The PhAF pays a pharmacy for the work and responsibility associated with a pharmacist assessing a patient for pharyngitis as per the Guidelines.
- The PhAGAS-F pays a pharmacy for the work and responsibility associated with a pharmacist assessing a patient for pharyngitis and performing a GAS POCT as per the Guidelines.
- The DPEBB places billing thresholds/limitations on the assessment and testing, per patient in 365 days. These thresholds/limitations may not align with the Guidelines.
- The Ministry will cover the cost of the GAS POCT cartridges for patient testing.
- Should a prescription be required, the cost of the prescription is subject to the eligible patient's usual medication coverage.

ELIGIBLE PATIENTS

- Must be a Saskatchewan resident with a valid Health Services Number (HSN)* assessed for pharyngitis.
*Exclusions:
 - Residents of Long-Term Care facilities are not eligible for a PhAF or PhAGAS-F.

PROCEDURES

The Pharmacist will:

1. Adhere to the *Regulatory Bylaws of the Saskatchewan College of Pharmacy Professionals*.
2. Adhere to the Guidelines to determine appropriate action in the assessment, testing and treatment of pharyngitis.
3. Fully complete all sections of the medSask Pharmacist Assessment Record (PAR).
4. Send the PAR in its entirety to the patient's primary practitioner when a prescription is written or a GAD POCT test is performed.

The Pharmacy will:

1. Obtain a Medical Laboratory Licence through the SCPP and renew annually. (Application can be found on SCPP's website in the Manager portal).

2. Adhere to the *Medical Laboratory Licensing Regulations* and the Terms and Conditions of their lab licence.
3. Submit the PhAF once assessment has been completed and it is deemed no further testing or treatment is required. See Appendix I.
4. Submit the PhAGAS-F, if applicable. See Appendix II.
 - a. If the GAS POCT is POSITIVE, submit the drug claim for the medication prescribed for pharyngitis for adjudication or capture (Appendix III) (**paper claims will not be accepted**).
 - b. Submit the claim for the cost of POCT cartridge cost, if applicable. See Appendix IV.
5. Ensure the dispensed prescription and fees are captured on the Pharmaceutical Information Program (PIP).
6. Obtain medSask approval, in writing, prior to the use of any document other than the Pharmacist Assessment Record.
7. Retain copies of the PAR for a period of two (2) years for the purpose of a DPEBB review of adherence to the GAS (Pharyngitis) Assessment and Testing Policy and Procedures.
8. Provide copies of the PAR upon DPEBB's request as part of its review of adherence to the GAS (Pharyngitis) Assessment and Testing Policy and Procedure within 2 business days.

The Drug Plan and Extended Benefits Branch will:

1. Provide pharmacies with the Pharyngitis Assessment and Group A Streptococcus Program Testing Policy and Procedures.
2. Pay pharmacies the PhAF upon receipt of the electronic claim.
3. Pay pharmacies the PhAGAS-F as well as the cost of the GAS POCT test cartridge upon receipt of an electronic claim. (Cartridges used for Quality Control are covered under the Group A Streptococcus Point of Care Test Quality Control Program)
4. Request and review the PAR including the PAR to confirm pharmacists and pharmacies have adhered to the Pharyngitis Assessment and Group A Streptococcus Testing Program Policy and Procedures.
5. Recover the fees if DPEBB determines, based on its review, that there was non-adherence to the Pharyngitis Assessment and Group A Streptococcus Testing Program Policy and Procedures.

BILLING PROCEDURE

- Billing Procedure of Pharyngitis Assessment and Group A Streptococcus Testing:
 - Submit a Pharyngitis Assessment Fee (PhAF) as per Appendix I if an assessment only has been completed as per the Guidelines.
 - If GAS POCT was performed, depending on the result, proceed with the following:
 - a. Negative Result:
 - i. Submit a Pharyngitis Assessment and Group A Streptococcus Test Fee (PhAGAS-F) as per Appendix II.
 - b. Positive Result:

- i. Dispense the eligible medication(s) and submit the claim for adjudication or capture electronically via the DPEBB on-line claim system as per Appendix III.
 - ii. Submit a Pharyngitis Assessment and Group A Streptococcus Test Fee (PhAGAS-F) as per Appendix II.
- Adjudicate the fee using the appropriate pseudoDIN to the DPEBB and the PIP.
- Billing shall occur on a real-time basis and using the Billing Codes listed in Table I

Note:

Paper claims will not be accepted:

- Use the **WEB page** <https://www.drugplan.health.gov.sk.ca> if unable to bill the fees electronically through the pharmacy's Practice Management System.
- Contact the pharmacy's software vendor if unsure how to install the WEB certificate.

Table 1: Group A Streptococcus Assessment and Testing Billing Codes and Threshold/Limitations

Billing Code (pseudoDIN)	Description	Cost	Billing Threshold/Limitations* *DPEBB Threshold/Limitations may not align with the prescribing limits within the medSask <i>Pharyngitis Guidelines</i>
00951662	The PhAF is paid when a pharmacist completes an assessment (must include a physical assessment) and it is determined that Group A Streptococcus testing is not required.	\$25.00	• Maximum of TWO (2) claims in a 365-day period per patient • Must be submitted as a Quantity of ONE (1)
00951663	The PhAGAS-F is paid when a pharmacist completes an assessment (including physical assessment) and a Group A Streptococcus (GAS) Point of Care Test (POCT) is indicated and performed with the results of the POCT being NEGATIVE .	\$35.00	• Maximum of TWO (2) claims in a 365-day period per patient • Must be submitted as a Quantity of ONE (1)
00951664	The PhAGAS-F is paid when a pharmacist completes an assessment (including physical assessment) and a Group A Streptococcus (GAS) Point of Care Test (POCT) is indicated and performed with the results of the GAS POCT being POSITIVE .	\$35.00	• Maximum of TWO (2) claims in a 365-day period per patient • Must be submitted as a Quantity of ONE (1)
00951665	To reimburse pharmacies for the cost of the GAS POCT cartridge.	Actual Acquisition Cost	• Maximum of FOUR (4) claims in a 365-day period per patient • Must be submitted as a Quantity of ONE (1)

Appendix I Submitting a Pharyngitis Assessment Fee (PhAF):

- Submit the PhAF electronically via the DPEBB on-line claim system on the date the service was provided.
- DBEBB pays 100% of the PhAF to the pharmacy.
- Submit the PhAF to PIP with a corresponding pickup message.
- Ensure the following fields are:
 - **PATIENT IDENTIFIER** = client nine-digit Health Services Number (HSN)
 - **DISPENSING DATE** = date of the assessment (e.g., December 10, 2024)
 - **RX NUMBER** = enter the sequential RX#
 - **HEALTH PROVIDER ORGANIZATION ID** = SKCP
 - **HEALTH PROVIDER ID** = Pharmacist ID number (e.g., D1234)
 - **PHARMACIST ORGANIZATION ID** = SK
 - **PHARMACIST ID** = Pharmacist ID number (e.g., D1234)
 - **DIN** = enter appropriate billing code (pseudoDIN) for service provided (see Table 1)
 - **COMPOUNDING FEE (CF)** = \$0.00
 - **COMPOUND NAME** = blank
 - **QUANTITY (QTY)** = 1 (limitations are as noted in Table 1)
 - **DAYS SUPPLY** = 1
 - **ACQUISITION COST (AC)** = \$25.00 or as per Schedule B of the Proprietor Agreement
 - **DISPENSING FEE (DF)** = \$0.00
 - **MARKUP** = 00 / 00 / 00
 - **TOTAL RX COST** = total fee
 - **PATIENT PAID** = \$0.00
 - **ADJUDICATION FLAG** = Y

Appendix II: Submitting a Pharyngitis Assessment and Group A Streptococcus Test Fee (PhAGAS-F)

- Submit the PhAGAS-F electronically via the DPEBB on-line claim system on the date the service was provided.
- DBEBB pays 100% of the PhAGAS-F to the pharmacy.
- Submit the PhAGAS-F to PIP with a corresponding pickup message.
- Ensure the following fields are:
 - **PATIENT IDENTIFIER** = client nine-digit Health Services Number (HSN)
 - **DISPENSING DATE** = date of the assessment (e.g., December 10, 2024)
 - **RX NUMBER** = enter the sequential RX#
 - **HEALTH PROVIDER ORGANIZATION ID** = SKCP
 - **HEALTH PROVIDER ID** = Pharmacist ID number (e.g., D1234)
 - **PHARMACIST ORGANIZATION ID** = SK
 - **PHARMACIST ID** = Pharmacist ID number (e.g., D1234)
 - **DIN** = enter appropriate billing code (pseudoDIN) for service provided (Table 1)
 - **COMPOUNDING FEE (CF)** = \$0.00
 - **COMPOUND NAME** = blank
 - **QUANTITY (QTY)** = 1
 - **DAYS SUPPLY** = 1
 - **ACQUISITION COST (AC)** = \$35.00
 - **DISPENSING FEE (DF)** = 0.00
 - **MARKUP** = 00 / 00 / 00
 - **TOTAL RX COST** = total fee
 - **PATIENT PAID** = \$0.00
 - **ADJUDICATION FLAG** = Y

Appendix III: Dispensing the Medication:

- Use “SKCP” and your own pharmacist ID number in the Health Provider fields.
- Use “D” in front of your own pharmacist ID number.
- Ensure the following fields are:
 - **PATIENT IDENTIFIER** = client nine-digit Health Services Number (HSN)
 - **DISPENSING DATE** = date of the activity (e.g., December 10, 2024)
 - **RX NUMBER** = enter the sequential RX#
 - **HEALTH PROVIDER ORGANIZATION ID** = SKCP
 - **HEALTH PROVIDER ID** = Pharmacist ID number (e.g., D1234)
 - **PHARMACIST ORGANIZATION ID** = SK
 - **PHARMACIST ID** = Pharmacist ID number (e.g., D1234)
 - **DIN** = enter the DIN* of the product prescribed and dispensed **must be an eligible Schedule I drug as per the medSask Pharyngitis Guidelines*
 - **COMPOUNDING FEE (CF)** = \$0.00
 - **COMPOUND NAME** = blank
 - **QUANTITY (QTY)** = enter quantity dispensed
 - **DAYS SUPPLY** = enter days supply dispensed
 - **ACQUISITION COST (AC)** = enter actual acquisition cost
 - **DISPENSING FEE (DF)** = enter usual and customary fee
 - **MARKUP** = tiered as per pharmacy agreement
 - **TOTAL RX COST** = enter total cost
 - **PATIENT PAID** = as appropriate
 - **ADJUDICATION FLAG** = Y/N

Appendix IV: Submitting a claim for the cost of the GAS POCT cartridge

- Submit the Claim for the PhAGAS-F prior to submitting the claim for the cost of the GAS POCT cartridge.
- Submit the cost of the GAS POCT cartridge electronically via the DPEBB on-line claim system on the date the test was performed.
- DBEBB pays 100% of the cost of the GAS POCT cartridge to the pharmacy.
- Ensure the following fields are:
 - **PATIENT IDENTIFIER** = client nine-digit Health Services Number (HSN)
 - **DISPENSING DATE** = date of the activity (e.g., December 2, 2024)
 - **RX NUMBER** = enter the sequential RX#
 - **HEALTH PROVIDER ORGANIZATION ID** = SKCP
 - **HEALTH PROVIDER ID** = Pharmacist ID number (e.g., D1234)
 - **PHARMACIST ORGANIZATION ID** = SK
 - **PHARMACIST ID** = Pharmacist ID number (e.g., D1234)
 - **DIN** = enter appropriate billing code (pseudoDIN) as per Table I
 - **COMPOUNDING FEE (CF)** = \$0.00
 - **COMPOUND NAME** = blank
 - **QUANTITY (QTY)** = 1
 - **DAYS SUPPLY** = 1
 - **ACQUISITION COST (AC)** = actual acquisition cost for one cartridge
 - **DISPENSING FEE (DF)** = 0.00
 - **MARKUP** = 00 / 00 / 00
 - **TOTAL RX COST** = total cost
 - **PATIENT PAID** = \$0.00
 - **ADJUDICATION FLAG** = Y