PACT
PARTNERSHIP TO ASSIST WITH CESSATION OF TOBACCO

PHARMACY ASSOCIATION OF SASKATCHEWAN

Table 1: Billing Procedure for PACT Claims

PACT PROGRAM FEES:

- The claim must be submitted electronically to the Drug Plan.
- The Drug Plan pays 100% of the fee to the pharmacy.
- Please ensure the following fields are completed:

  - **PATIENT IDENTIFIER** = client nine-digit Health Services Number (HSN)
  - **DISPENSING DATE** = date of the PACT service (e.g. October 1,2013)
  - **RX NUMBER** = enter your sequential Rx#
  - **HEALTH PROVIDER ORGANIZATION ID = SKCP**
  - **HEALTH PROVIDER ID** = Pharmacist ID number
  - **PHARMACIST ORGANIZATION ID = SK**
  - **PHARMACIST ID** = Pharmacist ID number
  - **DIN** = DIN for the Level of service

Level	PseudoDIN	Comment
Bronze	00990100	Maximum of 1 submission at $5.00 (2.5 minutes) per patient per 365 days
Bronze Plus	00990101	Maximum of 1 submission at $10.00 (5 minutes) per patient per 365 days
Silver/Gold	00990102	Maximum of 3 submissions totalling 90 minutes (**$2.00 per minute**) for a maximum of $180.00 per patient per 365 days
Silver/Gold Group Session	00990102	Maximum of 3 submissions totalling 150 minutes (**$1.00 per minute**) for a maximum of $150.00 per patient per 365 days
Follow-up	00990103	Maximum of 10 submissions totalling 50 minutes (**$2.00 per minute**) at $10.00/submission for a maximum of $100.00 per patient per 365 days

  - **COMPOUNDING FEE (CF)** = 0
  - **COMPOUND NAME** = blank
  - **QUANTITY (QTY)** = 1
  - **DAYS SUPPLY** = 1
  - **ACQUISITION COST (AC)** = Total time of the session x $1.00 or $2.00 per minute (e.g. if a 5 minute session, enter $10.00)
  - **DISPENSING FEE (DF)** = 0.00
  - **MARKUP** = 00/00/00
  - **TOTAL RX COST** = Total dollar value billed (Actual time in minutes x $1.00 or $2.00)