

Updated Questions and Answers for Funding for Minor Ailment Services in Ontario Pharmacies

Effective January 1, 2023 (Updated January 3, 2024)

This Questions and Answers document accompanies the most recent Executive Officer (EO) Notice on the Funding for Minor Ailment Services in Ontario Pharmacies available on the [ministry website](#).

For more information, pharmacy staff may:

- refer to the Ontario College of Pharmacists' webpage on [Minor Ailments](#)
- refer to the ministry's Ontario Drug Benefit (ODB) Help Desk and the [Ontario Drug Programs Reference Manual](#) for Health Network System (HNS) claims issues.

Overview

1. Which pharmacies are eligible to participate in this program?

Please refer to the most recent Executive Officer (EO) Notice on the Funding for Minor Ailment Services in Ontario Pharmacies available on the ministry [website](#) for information about pharmacy eligibility.

Eligibility

2. Who is eligible to receive minor ailment services from a pharmacy?

Please refer to the most recent Executive Officer (EO) Notice on the Funding for Minor Ailment Services in Ontario Pharmacies available on the [ministry website](#) for information about an individual's eligibility.

3. Can an individual who does not have an Ontario health number still receive these services at a pharmacy?

No. Only Ontarians with a valid Ontario health number are eligible to receive publicly funded minor ailment services from an eligible pharmacy.

4. Can an individual be an ODB recipient and not have an Ontario health number?

Yes. There may be circumstances where an individual who is an eligible Ontario Drug Benefit (ODB) recipient does not have an Ontario health number. For these individuals, the temporary eligibility number (e.g., issued by the Ministry of Children, Community and Social Services or by a Home and Community Care Support Services organization) must be used for the HNS claim submission.

Ministry Payment

5. How much does the ministry pay for minor ailment services provided by pharmacists?

The ministry will pay a professional fee of \$19 for providing minor ailment services in-person at the pharmacy and \$15 for providing minor ailment services virtually (from the location of the pharmacy*) for an eligible individual (regardless of whether the services include a prescription being issued).

*Note: Pharmacists working for rural pharmacies (i.e., those with a rural ODB dispensing fee of \$9.93, \$12.14 or \$13.25 as per the table in section 13 (4) of O. Reg. 201/96 made under the *Ontario Drug Benefit Act*) can provide virtual minor ailment services remotely (outside of the location of the pharmacy), but only when the staff on-site at the pharmacy are unable to meet the demands for virtual services (e.g., inability to hire sufficient staff or an unanticipated increase in the demand for virtual services). This option is not to be used by the staff of the pharmacy to provide remote virtual services when there are no staffing issues that prevent pharmacy staff in rural areas from providing virtual services from the location of the pharmacy. Remote virtual services are restricted to minor ailments only and are not applicable for other publicly funded professional services.

Please refer to the most recent Executive Officer (EO) Notice on the Funding for Minor Ailment Services in Ontario Pharmacies on the ministry [website](#) for more information about the claim submission process, including restrictions and exclusions.

Pharmacist Training

6. Are all Ontario pharmacists able to provide these services?

Part A pharmacists, registered pharmacy students and interns are able to provide minor ailment services. Where the service involves prescribing of allowable medications, the prescribing must comply with the *Pharmacy Act, 1991* and Ontario Regulation 202/94 under that Act, as well as any requirements of the OCP.

Pharmacists must ensure that they have the required knowledge, clinical skills and judgement to safely prescribe for minor ailments including consulting appropriate resources if required. Pharmacists must also follow OCP's Standards of Practice to use evidence from relevant sources to inform their activities and to critically evaluate medication and related information. Pharmacists have an ethical obligation to ensure information provided to patients is current and consistent with the best available evidence.

7. What other resources related to minor ailments are available to pharmacists?

Please check the OCP [website](#) for additional information including clinical guidance and resources regarding prescribing for minor ailments. The [Ontario Pharmacists Association](#) may also have additional resources and tools to assist pharmacists in the expanded scope of practice for minor ailment prescribing.

Documentation Guidelines

8. What are pharmacists required to document when providing minor ailment services to eligible individuals?

Please refer to the most recent Executive Officer (EO) Notice on the Funding for Minor Ailment Services in Ontario Pharmacies available on the [ministry website](#) for information about pharmacy documentation requirements.

9. What will happen if I forget to document or misplace the documentation?

If there is no documentation, or incorrect or incomplete documentation, the minor ailment services fee that is billed and paid may be subject to recovery by the ministry.

Claim for payment through the Health Network System

10. How are claims for minor ailment services submitted through the HNS?

Please refer to the most recent Executive Officer (EO) Notice on the Funding for Minor Ailment Services in Ontario Pharmacies available on the [ministry website](#) for information.

11. Which PIN should be used if a minor ailment service results in a prescription being issued for a non-prescription medication?

If a prescription is issued to an individual for an over-the-counter (OTC) medication because the individual has an insurance plan that covers it, the PINs for “Rx Issued (In-Person or Virtual)” must be used to submit the claim for the minor ailment service. If an OTC product is recommended but no prescription for it is issued, then the PINs for “Rx Not Issued (In-Person or Virtual)” must be used.

Restrictions and Other Information

12. Can pharmacists submit claims for minor ailment services manually to the ministry, using a paper claim?

No. The ministry does not accept paper claims unless 3 intervention codes are required in order to process the claim. All claims must be submitted electronically using the HNS on the day the service was provided.

13. Can pharmacists submit claims for other professional services like a Pharmaceutical Opinion Program fee or a fee for a MedsCheck medication review when providing minor ailment services?

No. A pharmacy **cannot** claim a Pharmaceutical Opinion Program (POP) fee when providing minor ailment services, or when dispensing a drug for a minor ailment pursuant to a prescription issued by a pharmacist at the same pharmacy. In addition, a fee for a MedsCheck Follow-Up **cannot** be claimed in combination with a minor ailment service. See additional information and exceptions in Q21 and Q22 below.

14. How does a pharmacy know if an eligible person has reached their annual maximum number of claims for a particular minor ailment service?

When a claim for a minor ailment service fee is submitted, the HNS will look back 365 days from the claim’s date of service to determine whether the maximum number of claims for that particular minor ailment has been exceeded. If the maximum has been exceeded, the claim will be rejected with the response code “LO – Benefit Maximum Exceeded”. No intervention code can be used to override the claim.

Pharmacies are strongly encouraged to check the [clinical viewers](#) to ensure that the maximum number of claims for the minor ailment has not been reached before submitting a claim.

15. Can a pharmacy submit a claim for an in-person minor ailment service and a virtual one for the same minor ailment?

Only one claim for minor ailment services can be submitted by a pharmacy per day per eligible person for a particular minor ailment. For example, if a minor ailment service is provided and claimed for UTIs by one pharmacy that does not result in a prescription, another minor ailment service for UTI that results in a prescription by the same pharmacy cannot be conducted and claimed on the same day.

If a second claim is submitted for the same patient, on the same day, from the *same* pharmacy, for the same* minor ailment (using any one of the 4 PINs for that minor ailment), the claim will be rejected with the response code “A3 – Identical Claim Processed”. No intervention code can be used to override the claim.

If a second claim is submitted for the same patient, on the same day, from a *different* pharmacy, for the same minor ailment (using any one of the 4 PINs for that minor ailment), the claim will be accepted with the warning response code “NU – Too Soon After Previous Therapy”.

The pharmacist must take steps to check with the patient and/or check the clinical viewers to determine whether they have already had an assessment for the same minor ailment that day or in recent days. If the pharmacist chooses to provide another minor ailment service for the same condition, there must be proper documentation and rationale as to why it was provided so soon after the previous minor ailment service. Overpayments due to inappropriate claim submissions may be subject to recovery.

*Note that the PINs for insect bites and the PINs for tick bites are also not allowed to be submitted on the same day for the same patient from the same pharmacy.

16. Is renewing a prescription considered eligible for billing for a minor ailment service?

No. Renewing a prescription is not eligible for payment under this policy. For example, if a patient presents in early summer for an insect bite and then again later in the summer, another minor ailment service may not be necessary. The same prescription may be

appropriate and therefore the pharmacist may decide to renew/extend the original as per OCP [Guidelines](#) for Initiating, Adapting and Renewing Prescriptions. In this case, the pharmacist will **not** be eligible for a professional service fee for minor ailment prescribing the second time.

17. If an individual has reached their limit per year on the number of claims for a particular minor ailment, what should the pharmacist do?

Pharmacists should use their professional judgement in determining whether it is appropriate to refer the individual to their primary care provider if available, or to a walk-in clinic, etc. Some minor ailments may recur and pharmacists may be able to do multiple assessments. However, some that recur may also be a red flag that may warrant a referral. Note that there is an expectation for monitoring/follow-up as part of providing minor ailment services.

18. Are there any “red flag” situations where a pharmacist can submit a claim for a minor ailment service fee?

The OCP provides information for pharmacists including algorithms and continuing education resources for minor ailments. If there is an immediate “red flag” according to the minor ailment algorithm that results in a referral (e.g., pregnancy or male gender for UTI; or age < 2 years for allergic rhinitis), then a fee cannot be claimed. Each minor ailment will have different “red flags” and there are numerous scenarios that can occur. If there are no immediate “red flags” and after completing the assessment for appropriate drug therapy for a minor ailment, it is in the pharmacist’s professional judgement that the patient still requires a referral, a minor ailment fee may be claimed as long as all documentation including proper clinical rationale is provided and the claim is within the maximum number of claims. Overpayments due to inappropriate claim submissions and/or improper documentation may be subject to recovery.

19. Can a pharmacist prescribe a medication for an ODB-eligible recipient if the medication requires a Limited Use/Reason For Use (LU/RFU) code?

Pharmacists can prescribe a medication for minor ailments according to their scope of practice that is a LU benefit and indicate the appropriate LU/RFU code on the prescription, if the ODB-eligible patient meets the LU criteria. This may include a prescription that is adapted or extended. As the dispenser of the medication, pharmacists must ensure that for post-payment verification purposes, appropriate documentation is in place to support that the LU criteria have been met, such as having the prescription with the LU/RFU code.

20. Are pharmacists allowed to issue prescriptions with “No Substitution” or “No Sub” when prescribing under the minor ailments program?

Yes. The ODB program rules for medically necessary “No Substitution” claims apply to prescriptions issued by pharmacists for minor ailments for ODB-eligible recipients.

The pharmacist must ensure that the patient has experienced a significant adverse reaction to two (2) lower-cost interchangeable drug products (where available) and all documentation including Health Canada’s Side Effect Report Forms have been completed by the prescriber and copies are retained in the pharmacy for the applicable record retention period.

In order for a higher-cost interchangeable product to be reimbursed under the ODB program, the conditions in Section 19 of O. Reg. 201/96 under the [Ontario Drug Benefit Act](#) as well as the requirements set out in Section 6.2 of the [Ontario Drug Programs \(ODP\) Reference Manual](#) must be met.

21. In the process of dispensing a prescription for a minor ailment condition that was prescribed by another pharmacist at a *different* pharmacy, can a professional intervention fee under the Pharmaceutical Opinion Program (POP) be claimed if a drug therapy problem is identified?

A Pharmaceutical Opinion Program (POP) may be conducted if the prescription issued by a pharmacist at one pharmacy is presented by the patient at a *different* pharmacy as long as all the requirements of the POP are met. Please refer to Section 7.2 of the ODP Reference Manual for details.

- A pharmacy cannot claim a POP fee when providing minor ailment services, or when dispensing a drug for a minor ailment pursuant to a prescription issued by a pharmacist at the *same* pharmacy.
- A pharmacy may claim a POP fee **ONLY** when dispensing a drug for a minor ailment pursuant to a prescription issued by a pharmacist at a *different* pharmacy provided the outcome of the drug therapy problem is within the prescribing authority of the other pharmacist and where the pharmacist has complied with all other applicable requirements of the POP as noted in the ODP Reference Manual.

Note that adjustments to therapy (i.e., adapting a prescription) within a pharmacist’s scope of practice would not be valid POP claims.

22. If a pharmacist is providing a minor ailment service and wanted to conduct a MedsCheck (Annual or Follow-Up) to verify that the patient's medication list is up-to-date before prescribing, would they be allowed to bill for the MedsCheck?

As stated in the EO Notice, a fee for a MedsCheck Follow-Up cannot be claimed in combination with a minor ailment service that results in a prescription for an allowable medication. The addition of the minor ailment prescription cannot be considered one of the criteria for a MedsCheck Follow-Up (i.e., a pharmacist's decision due to a significant change made to an existing medication profile). The activity of simple verification of a patient's medication list is not considered providing a MedsCheck medication review. The process of conducting a minor ailment service would include reviewing the medications that a patient is currently taking.

If a pharmacist identifies that a patient meets the eligibility requirements of a MedsCheck medication review while providing a minor ailments service, they may consider a MedsCheck Annual review if the patient agrees and all program criteria and documentation under the MedsCheck program is complete. Please note that MedsCheck professional services are **separate** services and patients who meet the program requirements of a MedsChecks service, as part of agreeing to the service must complete the MedsCheck Patient Acknowledgement of Professional Pharmacy Services form each year that ensures an understanding of the program and an awareness that the MedsCheck will be shared with the patient's primary prescriber. Ideally, pharmacists should schedule an in-person appointment for the MedsCheck service allowing sufficient time to talk one-on-one with the patient uninterrupted. Please refer to Section 7.1 of the ODP Reference Manual for details on the MedsCheck program.

Pharmacists should take steps to check with the patient on recent professional pharmacy services and should be referring to the clinical viewers to ensure that the patient is eligible to receive another professional service.

Concurrent claims for MedsCheck, Pharmaceutical Opinion and minor ailment services will be monitored by the ministry and inappropriate claim submissions may be subject to recovery.