Ontario **Ministry of Health and Long-Term Care**

Drug Benefit Claim/Reversal

Clear Form

Shaded areas are mandatory fields to be completed.
Unshaded areas are optional fields required in certain situations.

Resubmission number

Original Client I.D./Code *(ODB Eligibility / Health No.)* Version

Provider transaction date (Year / Month / Day)

Pharmacy I.D.

Client I.D./Code *(ODB Eligibility / Health No.)* Version

Claim Reversal *(This information pertains to the original paid claim)*

Current prescription number

Plan paid amount

Claim Reversal Intervention / Exception Codes
Check [✓] applicable code(s).

- ☐ **UD:** Consulted prescriber and changed drug.
- ☐ **UE:** Consulted prescriber and changed quantity.
- ☐ **UH:** Counselled patient. Rx not filled.
- ☐ **UL:** Rx not filled. Pharmacist decision.

Claim Submission

Beneficiary Information:

Patient first name

Patient last name

Patient date of birth (Year / Month / Day)

Sex

Carrier I.D. (Plan Code)

Group No./Code *(Long Term Care Facility ID)*

Ontario Health No. if different from ODB Eligibility No. Version

Prescription Service Information:

DIN/PIN

Current prescription number

Quantity

Day(s) supply

Prescriber I. D.

Prescriber I.D. Ref.

Drug cost / Product value

Cost upcharge

Professional fee

SSC

Product selection

Unlisted compound

Compounding time

Compounding charge

Medical Reason Ref.

Medical condition – reason for use

Previously paid

Special authorization no. / code

PRINT

Comments:

Reason for Submission

- (1) ☐ Claim Reversal Only (> 7 days)
- (2) ☐ Proof of ODB Eligibility Not Available Prior to this (> 7 days)
- (3) ☐ > 2 Intervention/Exception Codes
- (4) ☐ > 99 Minutes Compounding Time
- (5) ☐ Valid Claim Value is > $9,999.99
- (6) ☐ Ministry Initiated Pharmacy Audit Resubmission

Claim Submission Intervention / Exception Codes

Check [✓] applicable code(s).

Pharmacist I.D.

- ☐ **LU**: start new LU authorization.
- ☐ **MH**: override prescriber I.D.
- ☐ **MI**: no interchangeable available at less than or equal to DBP plus 10 percent.
- ☐ **MJ**: government pharmacy authorized claim.
- ☐ **MM**: replacement claim, drug cost only.
- ☐ **MN**: replacement claim due to dose change.
- ☐ **MO**: valid claim value of $500.00 to $999.99.
- ☐ **MP**: valid claim value of $1,000.00 to $9,999.99.
- ☐ **MQ**: valid claim – quantity over limit.
- ☐ **MR**: replacement, item lost or broken.
- ☐ **MV**: vacation supply.
- ☐ **MW**: valid reason to exceed eligibility established limit.
- ☐ **MZ**: required prior therapy documented.
- ☐ **NF**: override – quantity appropriate.
- ☐ **NH**: initial Rx program declined.
- ☐ **PB**: name entered is consistent with card.
- ☐ **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.
- ☐ **UN**: assessed patient. Therapy is appropriate.

Claim Submission:
I certify this claim charged hereon has been provided to the person identified.

Claim Reversal:
I authorize the Ministry to adjust my account by the amount described.

Authorized signature

Submit claims to: **Ministry of Health and Long-Term Care**
Claims Services Branch
PO Box 2300, Stn "A", LCD1
Hamilton ON L8N 4A2

Telephone inquiry number: 1 800 668-6641