New Comprehensive Annual Care Plan (CACP) and Standard Medication Management Assessment (SMMA) Product Identification Numbers (PINs) - Frequently Asked Questions (FAQ)

A. General questions

1. What's changing for Comprehensive Annual Care Plan (CACP) and Standard Medication Management Assessment (SMMA) claims?

Beginning October 1, 2026, pharmacists will be required to submit additional information when claiming eligible CACP, SMMA and Follow-up assessment services.

- An ICD-9 code identifying the primary condition for which the CACP, SMMA or Follow-up assessment is being provided.
- A new applicable Product Identification Number (PIN) reflecting the reason for the initial assessment or the pharmacist's clinical decision or action during a Follow-up assessment is being used. Please see Appendix 2 of this FAQ for a list of the new PINs.

2. When do the new requirements take effect?

The enhanced reporting requirements take effect October 1, 2026.

3. Are the eligibility requirements for CACP or SMMA changing?.

No. Resident eligibility for CACP and SMMA services has not changed. The new requirements relate to reporting and claim submission. **Note:** the Special Service Code (SSC) continues to be required for the claim.

4. Which pharmacy services are affected?

The enhanced reporting requirements apply to eligible CACP and SMMA initial assessments and Follow-up assessments, including SMMA Diabetes and applicable SMMA Tobacco Cessation services. Other pharmacy services under the Compensation Plan are outside the scope of this policy.

5. Why are these additional reporting requirements being introduced?

The goals are to promote more standardized care and pharmacist accountability for high-quality care plans, and to enhance data collection to support improved measurement of patient and health-system outcomes.

B. ICD-9 reporting

6. Why do I need to submit an ICD-9 code?

The ICD-9 code identifies the primary condition of the Resident for which the CACP, SMMA or Follow-up assessment is being provided.

7. What does “primary condition” mean if my patient has several chronic conditions?

Report the eligible condition that is primary for the assessment being provided. A Resident may have several chronic conditions, but the claim should identify the condition that is the main focus of that particular CACP, SMMA initial assessment or Follow-up assessment.

8. Can I submit more than one ICD-9 code?

No. Only one ICD-9 code can be entered and submitted per claim.

9. Which ICD-9 codes are identified for these claims?

The following eligible conditions/risk factors and codes are identified for claim submission:

Condition/risk factor	Condition/risk factor
Hypertensive Disease	401
Diabetes Mellitus	250
Chronic Obstructive Pulmonary Disease (COPD)	496
Asthma	493
Heart Failure	428
Heart Disease–Angina Pectoris	413
Heart Disease–Other	414
Mental Disorders (personal history of)	290-319, excluding 303, 304 and 305.1*
Obesity	278
Tobacco / Tobacco Use Disorder	305.1* (must use ICD-9 code 305)

Addictions – Alcohol	303
Addictions – Drugs other than Alcohol	304

* Due to claims submission limitations, ICD-9 code 305 is to be submitted as the general code for nondependent drug abuse and is used to represent nondependent tobacco use/abuse for these claims.

10. Can the primary condition change between the initial CACP/SMMA and a Follow-up?

Yes. The primary condition reported at Follow-up may differ from the condition identified during the initial assessment, depending on the Resident's complexity and the focus of the Follow-up assessment.

C. Initial assessment PINs

11. What does the PIN for an initial CACP or SMMA represent?

For an initial assessment, select the PIN that is most relevant to the care pathway and the Resident's clinical need or health status that triggers the care plan assessment.

For CACP and SMMA initial assessments, the framework uses four broad pathways:

- Discharged from a Hospital Services Facility within 14 calendar days of attendance at the Community Pharmacy.
- Self-Referral or Pharmacist Initiated.
- Recommendation by a Health Professional (other than a Clinical Pharmacist)
- Continuing Care Resident (Type A).

12. What clinical situations are used to select the initial assessment PIN?

For CACP and SMMA initial assessments other than SMMA Tobacco Cessation, the referral/source pathway is further categorized according to the Resident's clinical situation:

- Unstable Condition.
- Newly Diagnosed.
- Stable Condition with Need for Medication Review or Treatment.
- Increased Risk for Complications.

13. What qualifies for the hospital-discharge initial assessment pathway?

- The hospital-discharge category applies when the resident has been discharged from a Hospital Services Facility within 14 calendar days of attendance at the community pharmacy. A hospital services facility is defined as in Part 2 of the Alberta Health Care Insurance Act as (i) a health services sector in an approved hospital, (ii) a prescribed institution, (iii) a location where a prescribed body provides hospital services, or (iv) an approved facility.

D. Follow-up PINs

14. What does the PIN represent at a Follow-up assessment?

For each Follow-up assessment, select the PIN most relevant to the Resident's status and/or the pharmacist intervention provided during that Follow-up. Available Follow-up categories are:

- Patient Stable (at Target) - No Change Made.
- Consulted with Other Health Provider - No Change Made.
- Continuation or Renewal of Medication.
- Changed Drug Therapy - Prescribed Dose Change.
- Changed Drug Therapy - Discontinued Medication.
- Changed Drug Therapy - Prescribed New Medication.
- Changed Drug Therapy - Consulted with Other Health Professional.
- Lab Ordered.
- Monitoring/Point of Care Test.
- Recommended Resident to Other Health Professional or Care Destination.

E. Tobacco cessation

15. Are tobacco cessation assessments reported differently?

Yes. SMMA Tobacco Cessation uses its own initial assessment PINs. The initial assessment referral/source options are Self-Referral or Pharmacist Initiated, Recommendation by a Health Professional (other than a Clinical Pharmacist), and Continuing Care Resident (Type A).

16. Why is Tobacco Cessation reported with ICD-9 code 305 rather than 305.1?

For claim submission, the Benefact specifies ICD-9 code 305 because the claims submission standard accepts three digits. The MO identifies Tobacco Use Disorder as 305.1; however, for billing purposes, submit 305 as directed in the Benefact and Alberta Blue Cross guidance.

F. Claims and documentation

17. What happens if I do not submit the required ICD-9 code or PIN?

Claims submitted without the required new PIN and ICD-9 code will be rejected.

18. Are the new PIN and ICD-9 requirements replacing any existing claim requirements?

No. They are in addition to the existing mandatory claim requirements.

19. Will the previous CACP/SMMA PINs continue to be accepted?

No. The following PINs will no longer be accepted as of October 1, 2026: 00000071114, 00000071115, 00000081114, 00000081115, 00000071112, 00000081112, 00000071117, 00000081117, 00000071118, 00000081118, 00000071113 and 00000081113.

20. Do the new reporting requirements change what must be documented in the Resident's CACP/SMMA?

The new requirements add claim-reporting elements but do not remove existing care-plan documentation requirements. Existing care-plan documentation continues to include the Resident's conditions and/or risk factors, health condition and health history, best possible medication history, agreed goals of medication therapy, and progress monitoring plan.

21. How long must I retain the CACP/SMMA documentation?

The Clinical Pharmacist must retain a copy of the most recent completed CACP/SMMA or Follow-up CACP/SMMA on the Resident's Record for no less than 10 years.

22. Are the PINs different for pharmacists with Additional Prescribing Authorization (APA)?

No. There are no distinct PINs for APA and non-APA pharmacists.

23. Do I need to provide the CACP/SMMA documentation to the Resident?

Yes. The Clinical Pharmacist must provide a copy or a summary of the most recent completed CACP/SMMA or follow-up to the Resident, in accordance with the current Ministerial Order for the Compensation Plan for Pharmacy Services (Sections 4(17) and 5(22)). This requirement remains unchanged under the new policy.

Appendix 1. Practical scenarios: choosing the ICD-9 code and PIN

The following examples illustrate how the current framework and Benefact can be applied. Pharmacists should use professional judgment and follow the Alberta Blue Cross Pharmacy Reference Guide and subsequent Alberta Health/Alberta Blue Cross guidance for final billing requirements.

Scenario 1 - Newly diagnosed diabetes identified by the pharmacist

A Resident recently diagnosed with type 2 diabetes attends the pharmacy. The pharmacist determines that the Resident meets the existing criteria for an SMMA and initiates the SMMA. Diabetes is the primary focus.

Service	SMMA Initial Assessment
Primary condition / ICD-9	Diabetes Mellitus / 250
Trigger or action	Self-Referral or Pharmacist Initiated - Newly Diagnosed
PIN	00000021220

Why: The ICD-9 code identifies the primary condition, while the initial assessment PIN identifies the referral/source pathway and clinical status that triggered the SMMA.

Scenario 2 - CACP following hospital discharge

A Resident with heart failure is discharged from hospital and attends the Community Pharmacy nine days later. Medication reconciliation identifies several changes, and the pharmacist determines that a CACP is appropriate. The heart failure is currently unstable.

Service	CACP Initial Assessment
Primary condition / ICD-9	Heart Failure / 428
Trigger or action	Discharged from a Hospital Services Facility within 14 calendar days - Unstable Condition
PIN	00000011110

Why: The hospital-discharge pathway applies because the Resident attends the Community Pharmacy within 14 calendar days of discharge, and the clinical status is unstable.

Scenario 3 - Stable patient who still requires medication review

A Resident with hypertension is clinically stable but takes several medications and requires a comprehensive medication review. The pharmacist initiates a CACP.

Service	CACP Initial Assessment
Primary condition / ICD-9	Hypertensive Disease / 401
Trigger or action	Self-Referral or Pharmacist Initiated - Stable Condition with Need for Medication Review or Treatment

PIN	00000011230

Why: A stable condition can support an initial CACP when there is a need for medication review or treatment.

Scenario 4 - Physician recommends an SMMA

A family physician recommends an SMMA for a Resident with asthma because of frequent reliever use. The pharmacist assesses the asthma as unstable.

Service	SMMA Initial Assessment
Primary condition / ICD-9	Asthma / 493
Trigger or action	Recommendation by a Health Professional - Unstable Condition
PIN	00000021310

Why: This is reported under the health-professional recommendation pathway, with the Resident's clinical status reported as unstable.

Scenario 5 - Stable at Follow-up with no changes

At a CACP Follow-up, the pharmacist reviews hypertension therapy. The Resident has achieved the collaboratively established treatment target, is tolerating therapy, and no changes are required.

Service	CACP Follow-up Assessment
Primary condition / ICD-9	Hypertensive Disease / 401
Trigger or action	Patient Stable (at Target) - No Change Made
PIN	00000012010

Why: The Follow-up PIN reflects the Resident's status and the outcome of the pharmacist's assessment.

Scenario 6 - Pharmacist changes a medication dose

At a CACP Follow-up focused on diabetes, the pharmacist determines that a medication dose should be adjusted and prescribes the dose change within their scope of practice.

Service	CACP Follow-up Assessment
Primary condition / ICD-9	Diabetes Mellitus / 250
Trigger or action	Changed Drug Therapy - Prescribed Dose Change
PIN	00000012040

Why: The action taken during the Follow-up determines the PIN.

Scenario 7 - Pharmacist orders laboratory testing

During a CACP Follow-up for heart failure, the pharmacist determines that laboratory monitoring is required and orders an appropriate laboratory test.

Service	CACP Follow-up Assessment
Primary condition / ICD-9	Diabetes Mellitus / 250
Trigger or action	Changed Drug Therapy - Prescribed Dose Change
PIN	00000012040

Why: The framework includes a specific Follow-up PIN for a laboratory test ordered by the pharmacist.

Scenario 8 - Referral to the emergency department

During an SMMA Follow-up, the pharmacist identifies findings that require urgent medical assessment and connects the Resident to the emergency department.

Service	SMMA Follow-up Assessment
Primary condition / ICD-9	Primary condition being addressed
Trigger or action	Connected Resident to Other Health Professional or Care Destination
PIN	00000022100

Why: The emergency department is specifically identified as an example of a care destination.

Scenario 9 - Consultation with physician but no change is made

At a CACP Follow-up, the pharmacist identifies a potential medication-related concern and discusses it with the Resident's physician. After discussion, the existing treatment is continued unchanged.

Service	CACP Follow-up Assessment
Primary condition / ICD-9	Primary condition being addressed
Trigger or action	Consulted with Other Health Professional - No Change Made
PIN	00000012020

Why: This differs from Patient Stable (at Target) - No Change Made because an interprofessional consultation occurred before the decision to make no change.

Scenario 10 - Consultation results in therapy change

During a CACP Follow-up, the pharmacist identifies a drug therapy problem and consults with the prescriber. Following the consultation, therapy is changed.

Service	CACP Follow-up Assessment
Primary condition / ICD-9	Primary condition being addressed
Trigger or action	Changed Drug Therapy - Consulted with Other Health Professional
PIN	00000012070

Why: This differs from the no-change consultation PIN because the consultation results in a change to drug therapy.

Scenario 11 - Tobacco cessation initiated by the Resident

A Resident asks the pharmacist for help stopping tobacco use. The pharmacist determines that the Resident qualifies for an SMMA Tobacco Cessation initial assessment.

Service	SMMA Tobacco Cessation Services Initial Assessment
Primary condition / ICD-9	Tobacco / 305
Trigger or action	Self-Referral or Pharmacist Initiated
PIN	00000031200

Why: SMMA Tobacco Cessation uses a simplified set of initial assessment referral/source pathways. For claim submission, tobacco is reported using ICD-9 code 305.

Scenario 12 - Primary condition changes at Follow-up

The original CACP primarily focused on diabetes, so ICD-9 250 was reported. At a subsequent Follow-up, the pharmacist's assessment is primarily focused on worsening heart failure.

Service	CACP Follow-up Assessment
Primary condition / ICD-9	Heart Failure / 428
Trigger or action	Select the Follow-up PIN that reflects the most relevant status/intervention
PIN	Depends on action

Why: The primary condition may differ between the initial assessment and Follow-up, depending on the Resident's complexity and the focus of the Follow-up.

Appendix 2: List of NEW PINs

INITIAL ASSESSMENT PINS

Service	Special Service Code (SSC)	PIN Name	Referral/Source	Clinical Status	NEW PIN
CACP Initial Assessment	L	CACP-UNSTABLE CONDITION 14 DAY DISCHARGE	Discharged from a Hospital Services Facility within 14 calendar days of attendance at the Community Pharmacy	Unstable Condition	**00000011110**
CACP Initial Assessment	L	CACP-NEWLY DIAGNOSED 14 DAY DISCHARGE	Discharged from a Hospital Services Facility within 14 calendar days of attendance at the Community Pharmacy	Newly Diagnosed	**00000011120**
CACP Initial Assessment	L	CACP-STABLE COND. MED REV/TREAT 14 DAY DISCHARGE	Discharged from a Hospital Services Facility within 14 calendar days of attendance at the Community Pharmacy	Stable Condition with Need for Medication Review or Treatment	**00000011130**
CACP Initial Assessment	L	CACP-INCREASED RISK COMP. 14 DAY DISCHARGE	Discharged from a Hospital Services Facility within 14 calendar days of attendance at the Community Pharmacy	Increased Risk for Complications	**00000011140**
CACP Initial Assessment	L	CACP-UNSTABLE CONDITION SELF/RPH INITIATED	Self-Referral or Pharmacist Initiated	Unstable Condition	**00000011210**
CACP Initial Assessment	L	CACP-NEWLY DIAGNOSED SELF/ RPH INITIATED	Self-Referral or Pharmacist Initiated	Newly Diagnosed	**00000011220**
CACP Initial Assessment	L	CACP-STABLE COND. MED REV/TREAT SELF/RPH INITIATED	Self-Referral or Pharmacist Initiated	Stable Condition with Need for Medication Review or Treatment	**00000011230**
CACP Initial Assessment	L	CACP-INCREASED RISK COMP. SELF/ RPH INITIATED	Self-Referral or Pharmacist Initiated	Increased Risk for Complications	**00000011240**

Service	Special Service Code (SSC)	PIN Name	Referral/Source	Clinical Status	NEW PIN
CACP Initial Assessment	L	CACP-UNSTABLE CONDITION HCP RECOMMENDATION	Recommendation by a Health Professional (Other than Clinical Pharmacist) to a Clinical Pharmacist	Unstable Condition	**00000011310**
CACP Initial Assessment	L	CACP-NEWLY DIAGNOSED HCP RECOMMENDATION	Recommendation by a Health Professional (Other than Clinical Pharmacist) to a Clinical Pharmacist	Newly Diagnosed	**00000011320**
CACP Initial Assessment	L	CACP- STABLE COND. MED REVIEW/TREAT HCP REC	Recommendation by a Health Professional (Other than Clinical Pharmacist) to a Clinical Pharmacist	Stable Condition with Need for Medication Review or Treatment	**00000011330**
CACP Initial Assessment	L	CACP-INCREASED RISK COMP. HCP RECOMMENDATION	Recommendation by a Health Professional (Other than Clinical Pharmacist) to a Clinical Pharmacist	Increased Risk for Complications	**00000011340**
CACP Initial Assessment	L	CACP-UNSTABLE CONDITION CONT. CARE RESIDENT	Continuing Care Resident (Type A)	Unstable Condition	**00000011410**
CACP Initial Assessment	L	CACP-NEWLY DIAGNOSED CONT. CARE RESIDENT	Continuing Care Resident (Type A)	Newly Diagnosed	**00000011420**
CACP Initial Assessment	L	CACP-STABLE COND. MED REV/TREAT CONT CARE RESIDENT	Continuing Care Resident (Type A)	Stable Condition with Need for Medication Review or Treatment	**00000011430**
CACP Initial Assessment	L	CACP-INCREASED RISK COMPLICATION CONT. CARE RES	Continuing Care Resident (Type A)	Increased Risk for Complications	**00000011440**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-UNSTABLE CONDITION 14 DAY DISCHARGE	Discharged from a Hospital Services Facility within 14 calendar days of attendance at the Community Pharmacy	Unstable Condition	**00000021110**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-NEWLY DIAGNOSED 14 DAY DISCHARGE	Discharged from a Hospital Services Facility within 14 calendar days of attendance at the Community Pharmacy	Newly Diagnosed	**00000021120**

Service	Special Service Code (SSC)	PIN Name	Referral/Source	Clinical Status	NEW PIN
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-STABLE COND. MED REV/TREAT 14 DAY DISCHARGE	Discharged from a Hospital Services Facility within 14 calendar days of attendance at the Community Pharmacy	Stable Condition with Need for Medication Review or Treatment	**00000021130**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-INCREASED RISK COMPLICATIONS 14 DAY DISCHARGE	Discharged from a Hospital Services Facility within 14 calendar days of attendance at the Community Pharmacy	Increased Risk for Complications	**00000021140**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-UNSTABLE CONDITION SELF/RPH INITIATED	Self-Referral or Pharmacist Initiated	Unstable Condition	**00000021210**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-NEWLY DIAGNOSED SELF/ RPH INITIATED	Self-Referral or Pharmacist Initiated	Newly Diagnosed	**00000021220**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-STABLE COND. MED REV/TREAT SELF/RPH INITIATED	Self-Referral or Pharmacist Initiated	Stable Condition with Need for Medication Review or Treatment	**00000021230**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-INC. RISK COMPLICATIONS SELF/RPH INITIATED	Self-Referral or Pharmacist Initiated	Increased Risk for Complications	**00000021240**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-UNSTABLE CONDITION HCP RECOMMENDATION	Recommendation by a Health Professional (Other than Clinical Pharmacist) to a Clinical Pharmacist	Unstable Condition	**00000021310**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-NEWLY DIAGNOSED HCP RECOMMENDATION	Recommendation by a Health Professional (Other than Clinical Pharmacist) to a Clinical Pharmacist	Newly Diagnosed	**00000021320**

Service	Special Service Code (SSC)	PIN Name	Referral/Source	Clinical Status	NEW PIN
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-STABLE COND. MED REVIEW/TREAT HCP RECOM.	Recommendation by a Health Professional (Other than Clinical Pharmacist) to a Clinical Pharmacist	Stable Condition with Need for Medication Review or Treatment	**00000021330**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-INCREASED RISK COMPLICATIONS HCP REC	Recommendation by a Health Professional (Other than Clinical Pharmacist) to a Clinical Pharmacist	Increased Risk for Complications	**00000021340**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-UNSTABLE CONDITION CONT. CARE RESIDENT	Continuing Care Resident (Type A)	Unstable Condition	**00000021410**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-NEWLY DIAGNOSED CONTINUING CARE RESIDENT	Continuing Care Resident (Type A)	Newly Diagnosed	**00000021420**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-STABLE COND. MED REV/TREAT CONT.CARE RESIDENT	Continuing Care Resident (Type A)	Stable Condition with Need for Medication Review or Treatment	**00000021430**
SMMA Initial Assessment (including SMMA Diabetes)	L	SMMA-INC. RISK COMPLICATION CONT. CARE RESIDENT	Continuing Care Resident (Type A)	Increased Risk for Complications	**00000021440**
SMMA Tobacco Cessation Services Initial Assessment	L	SMMA TOBACCO-SELF/RPH INITIATED	Self-Referral or Pharmacist Initiated	N/A	**00000031200**
SMMA Tobacco Cessation Services Initial Assessment	L	SMMA TOBACCO-RECOMM. BY HCP TO CLINICAL RPH	Recommendation by a Health Professional (Other than Clinical Pharmacist) to a Clinical Pharmacist	N/A	**00000031300**
SMMA Tobacco Cessation Services Initial Assessment	L	SMMA TOBACCO-CONTINUING CARE RESIDENT	Continuing Care Resident (Type A)	N/A	**00000031400**

FOLLOW-UP PINS

Service	SSC	PIN Name	PIN Description	NEW PIN
CACP Follow-up Assessment	M	CACP FOLLOW UP-PT. STABLE/AT TARGET NO CHANGES	Patient Stable (at target) – No Changes Made	**00000012010**
CACP Follow-up Assessment	M	CACP FOLLOW UP-CONSULT WITH HCP/NO CHANGES	Consulted with Other Health Professional - No change	**00000012020**
CACP Follow-up Assessment	M	CACP FOLLOW UP-CONTINUATION/RENEWAL OF MED	Continuation or Renewal of Medication	**00000012030**
CACP Follow-up Assessment	M	CACP FOLLOW UP-DRUG TX CHANGE-RX DOSE CHANGE	Changed Drug Therapy – Prescribed Dose Change	**00000012040**
CACP Follow-up Assessment	M	CACP FOLLOW UP-DRUG TX CHANGE-DISCONTINUED MED	Changed Drug Therapy – Discontinued Medication	**00000012050**
CACP Follow-up Assessment	M	CACP FOLLOW UP-DRUG TX CHANGE-PRESCRIBED NEW MED	Changed Drug Therapy – Prescribed New Medication	**00000012060**
CACP Follow-up Assessment	M	CACP FOLLOW UP-DRUG TX CHANGE-CONSULT OTHER HCP	Changed Drug Therapy – Consulted with other Health Professional	**00000012070**
CACP Follow-up Assessment	M	CACP FOLLOW UP-LAB ORDERED	Lab Ordered	**00000012080**
CACP Follow-up Assessment	M	CACP FOLLOW UP-MONITOR/ POINT OF CARE TEST	Monitoring/Point of Care Test	**00000012090**
CACP Follow-up Assessment	M	CACP FOLLOW UP-CONNECTED RES TO HCP/ CARE DEST.	Recommended Resident to Health Professional or Care Destination (e.g., emergency department)	**00000012100**
SMMA Follow-up Assessment (including SMMA Diabetes)	M	SMMA FOLLOW UP-PT. STABLE/AT TARGET NO CHANGES	Patient Stable (at target) – No Changes Made	**00000022010**
SMMA Follow-up Assessment (including SMMA Diabetes)	M	SMMA FOLLOW UP-CONS. WITH HCP/NO CHANGES	Consulted with Other Health Professional - No change	**00000022020**
SMMA Follow-up Assessment (including SMMA Diabetes)	M	SMMA FOLLOW UP-CONTINUATION/RENEWAL OF MED	Continuation or Renewal of Medication	**00000022030**
SMMA Follow-up Assessment (including SMMA Diabetes)	M	SMMA FOLLOW UP-DRUG TX CHANGE-RX DOSE CHANGE	Changed Drug Therapy – Prescribed Dose Change	**00000022040**
SMMA Follow-up Assessment (including SMMA Diabetes)	M	SMMA FOLLOW UP-DRUG TX CHANGE-DISCONTINUED MED	Changed Drug Therapy – Discontinued Medication	**00000022050**

SMMA Follow-up Assessment (including SMMA Diabetes)	M	SMMA FOLLOW UP-DRUG TX CHANGE-PRESCRIBED NEW MED	Changed Drug Therapy – Prescribed New Medication	**00000022060**
SMMA Follow-up Assessment (including SMMA Diabetes)	M	SMMA FOLLOW UP-DRUG TX CHANGE-CONSULT OTHER HCP	Changed Drug Therapy – Consulted with other Health Professional	**00000022070**
SMMA Follow-up Assessment (including SMMA Diabetes)	M	SMMA FOLLOW UP-LAB ORDERED	Lab Ordered	**00000022080**
SMMA Follow-up Assessment (including SMMA Diabetes)	M	SMMA FOLLOW UP-MONITOR/POINT OF CARE TEST	Monitoring/Point of Care Test	**00000022090**
SMMA Follow-up Assessment (including SMMA Diabetes)	M	SMMA FOLLOW UP-CONNECTED RES TO HCP/ CARE DEST.	Recommended Resident to Health Professional or Care Destination (e.g., emergency department)	**00000022100**
SMMA Tobacco Cessation Services Follow-up	M	SMMA TOBACCO FU-CONTINUATION/RENEWAL OF MED	Continuation or Renewal of Medication	**00000032010**
SMMA Tobacco Cessation Services Follow-up	M	SMMA TOBACCO FU-DRUG TX CHANGE-RX DOSE CHANGE	Changed Drug Therapy – Prescribed Dose Change	**00000032020**
SMMA Tobacco Cessation Services Follow-up	M	SMMA TOBACCO FU-DRUG TX CHANGE-DISCONTINUED MED	Changed Drug Therapy – Discontinued Medication	**00000032030**
SMMA Tobacco Cessation Services Follow-up	M	SMMA TOBACCO FU-DRUG TX CHANGE-PRESCRIBED NEW MED	Changed Drug Therapy – Prescribed New Medication	**00000032040**
SMMA Tobacco Cessation Services Follow-up	M	SMMA TOBACCO FU-DRUG TX CHANGE-CONSULT OTHER HCP	Changed Drug Therapy – Consulted with other Health Professional	**00000032050**
SMMA Tobacco Cessation Services Follow-up	M	SMMA TOBACCO FU-LAB ORDERED	Lab Ordered	**00000032060**
SMMA Tobacco Cessation Services Follow-up	M	SMMA TOBACCO FU-MONITORING/POINT OF CARE TEST	Monitoring/Point of Care Test	**00000032070**
SMMA Tobacco Cessation Services Follow-up	M	SMMA TOBACCO FU-CONN. RES TO OTHER HCP/CARE DEST.	Recommended Resident to Health Professional or Care Destination (e.g., emergency department)	**00000032080**
SMMA Tobacco Cessation Services Follow-up	M	SMMA TOBACCO FU-PT STABLE/AT TARGET NO CHANGES	Patient Stable (at target) – No Changes Made	**00000032090**
SMMA Tobacco Cessation Services Follow-up	M	SMMA TOBACCO FU-CONSULT W/ OTHER HCP: NO CHANGES	Consulted with Other Health Professional - No change	**00000032100**