



PB 49 of 2012

National Health (Claims and under co-payment data) Amendment Rules 2012 (No. 1)

National Health Act 1953

I, FELICITY MCNEILL, First Assistant Secretary, Pharmaceutical Benefits Division, Department of Health and Ageing, delegate of the Minister for Health, make this Amendment Instrument under subsections 98AC(4) and 99AAA(8) of the *National Health Act 1953*.

Dated 29 June 2012

FELICITY MCNEILL
First Assistant Secretary
Pharmaceutical Benefits Division
Department of Health and Ageing

1 Name of Instrument

- (1) This Instrument is the *National Health (Claims and under co-payment data) Amendment Rules 2012 (No.1)*.
- (2) This Instrument may also be cited as PB 49 of 2012.

2 Commencement

This Instrument commences on 1 July 2012.

3 Amendments to PB 19 of 2012

Schedule 1 amends the *National Health (Claims and under co-payment data) Rules 2012* (PB 19 of 2012).

Schedule Amendments

[1] Rule 4, definition of *authority prescription*

substitute:

authority prescription means a prescription that prescribes a pharmaceutical benefit and that has been authorised:

- (a) in accordance with subregulation 13(5) of the Regulations; or
- (b) in accordance with authority required procedures that:
 - (i) are part of the circumstances determined by the Minister under paragraph 85(7)(b) of the Act for the pharmaceutical benefit; or
 - (ii) are part of the conditions determined by the Minister under subsection 85A(2A) of the Act for the pharmaceutical benefit; or
 - (iii) are incorporated by reference into the circumstances determined for the pharmaceutical benefit under subsection 85B(5) of the Act.

[2] Rule 4, Note to definition of *authority prescription*

substitute:

Note: A Streamlined Authority Code appearing in the prescription may satisfy subparagraph (b)(i), (ii) or (iii) of the definition of authority prescription.

[3] Rule 4, after definition of *Medicare Australia/DVA copy*

insert:

medication chart prescription has the meaning given in the Regulations.

[4] Rule 4, after definition of *Claims Transmission System*

insert:

continued dispensing means a supply of a pharmaceutical benefit by an approved pharmacist in accordance with subsection 89A(1) of the Act and the Regulations.

[5] Rule 4, after definition of *paper-based prescription*

insert:

paperless claim for payment means a CTS claim where subsection 5(3) of these Rules provides that the claim is not required to have prescriptions attached or included.

Note: Subregulation 31(4) of the Regulations provides that it is an offence for an approved supplier to make a paperless claim for payment in relation to the supply of a pharmaceutical benefit and not include a completed supply certification form.

[6] Rule 4, definition of *prescription*

substitute:

prescription includes a paper-based prescription, an ePrescription, a repeat authorisation, a deferred supply authorisation, an authority prescription, a medication chart prescription, and an emergency drug supply form.

[7] Rule 4, definition of *RPBS*

substitute:

RPBS means the:

- (a) *Repatriation Pharmaceutical Benefits Scheme*, a legislative instrument made under section 91 of the *Veterans' Entitlements Act 1986*; or
- (b) *Repatriation Pharmaceutical Benefits Scheme (Australian Participants in British Nuclear Tests) 2006*, a legislative instrument made under section 18 of the *Australian Participants in British Nuclear Tests (Treatment) Act 2006*; or
- (c) *MRCA Pharmaceutical Benefits Scheme*, a legislative instrument made under paragraph 286(1)(c) of the *Military Rehabilitation and Compensation Act 2004*.

[8] Rule 4, definition of *repeat authorisation*

substitute:

repeat authorisation means:

- (a) a repeat authorisation prepared under regulation 26 of the Regulations using a repeat authorisation form; or
- (b) continued dispensing using a repeat authorisation form prepared by an approved pharmacist;

upon which a pharmaceutical benefit has been supplied.

[9] Rule 4, after definition of *repeat authorisation*

insert:

repeat authorisation form has the meaning given in the Regulations.

[10] Rule 4, after definition of *standard formula preparation*

insert:

supply certification form has the meaning given in the Regulations.

[11] Subrule 5(2)

insert after 'Except when providing under co-payment data,'

or making a claim for payment to which subrule 5(3) applies,

[12] After subparagraph 5(2)(c)(iv)

insert

Note: 'Prescription' and 'repeat authorisation' are defined in section 4 of these Rules. The phrases have an extended meaning in these Rules, to include emergency drug supply forms and repeat authorisation forms when used for continued dispensing.

[13] After notes to subrule 5(2)

insert:

(3) This subrule applies to a CTS claim for payment where the prescription is a medication chart prescription.

Note: Subregulation 31(4) of the Regulations provides that it is an offence for an approved supplier to make a paperless claim for payment in relation to the supply of a pharmaceutical benefit and not include a completed supply certification form.

[14] Schedule, after entry 'PRESCRIPTION RECORD'

insert:

Health practitioner (AHPRA) number	yes	yes	yes	yes	Registration number published by the Australian Health Practitioner Regulation Agency. Number required for the individual pharmacist who dispensed the supply, not the approved pharmacist unless that individual personally dispensed the pharmaceutical benefit. Required for continued dispensing only.
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[15] Schedule, entry for 'Date of Prescribing'

substitute:

Date of Prescribing	yes	yes	yes	yes	Date the PBS prescriber signed the prescription. Not required for continued dispensing.
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[16] Schedule, entry for 'Date of Previous Supply'

substitute:

Date of Previous Supply	yes	yes	yes	yes	The date printed on a repeat authorisation in the box 'Name and PBS Approval number of pharmacist issuing this authorisation' (where it is called 'Date this authorisation prepared'). Not required for continued dispensing or medication chart prescription.
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[17] Schedule, after entry for 'Number of Repeats'

omit:

Original PBS Approval Number	yes	yes	yes	yes	Approval number allocated to approved supplier who supplied the original prescription, being approval number allocated under regulation 8A. Appears on repeat authorisation.
Original Unique Pharmacy Prescription Number	yes	yes	yes	yes	Prescription number allocated to prescription by approved supplier who supplied on original prescription. Appears on original prescription and repeat authorisation.

Patient Category	yes	yes	yes	yes	For all prescriptions identifies the patient category type: paperless private hospital patient = H public hospital patient = B nursing home patient = N paperless public hospital patient = C community patient = 0 (zero) hospital patient not identified by any of the above = 1* (CTS non-online claim only)
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insert:

Original PBS Approval Number	yes	yes	yes	yes	Approval number allocated to approved supplier who supplied the original prescription, being approval number allocated under regulation 8A. Appears on repeat authorisation. Not required for continued dispensing or medication chart prescription.
Original Unique Pharmacy Prescription Number	yes	yes	yes	yes	Prescription number allocated to prescription by approved supplier who supplied on original prescription. Appears on

					original prescription and any subsequent repeat authorisations. Not required for continued dispensing or medication chart prescription.
Patient Category	yes	yes	yes	yes	For all prescriptions identifies the patient category type: continued dispensing patient = D paperless private hospital patient = H public hospital patient = B nursing home patient = N paperless public hospital patient = C community patient = 0 (zero) hospital patient not identified by any of the above = 1* (CTS non-online claim only) residential aged care facility patient (paperless) = R (used if medication chart prescription)

[18] Schedule, entry for 'Prescriber ID'

substitute:

Prescriber ID	yes	yes	yes	yes	The prescriber number of the PBS prescriber issued by the Chief Executive Medicare, except where prescription written by medical practitioner and the prescriber number was not available to the approved supplier at the time of supply. Not required for continued dispensing.
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[19] Schedule, after entry for 'Regulation 24'

insert:

Residential Aged Care Facility ID	yes	yes	yes	yes	Residential Aged Care Service identification number. Required whenever supply to resident receiving residential care within the meaning given by section 41-3 of the <i>Aged Care Act 1997</i> , including if medication chart prescription.
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[20] Schedule, entry for ‘Serial Number’

substitute:

Serial Number	yes	yes	yes	yes	Number that uniquely identifies the pharmaceutical benefit within the payment category, marked on the prescription by the approved supplier. The number must run sequentially, within a range, for that claim period, for each payment category, or, at times, for a type of prescription for each payment category (for example medication chart prescription).
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[21] Schedule, entry for ‘streamlined authority code’

substitute:

Streamlined Authority Code	yes	yes	yes	yes	For authority prescriptions, if the type of authority is streamlined authority code. The streamlined authority code is written on the prescription by the PBS prescriber. It is also written on the repeat authorisation by an approved supplier.
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[22] Schedule, entry for 'Unique Pharmacy Prescription Number'

substitute:

Unique Pharmacy Prescription Number	yes	yes	yes	yes	Unique number allocated by the approved supplier's pharmacy dispensing software to a supply of the pharmaceutical benefit. Each individual supply will only ever have one number allocated to it and that number will not be re-allocated to other prescriptions supplied by the approved supplier.
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Note

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