National Health (Supply of Pharmaceutical Benefits—Under Co-payment Data and Claims for Payment) Rules 2022

PB 22 of 2022

made under subsections 98AC(4) and 99AAA(8) of the

National Health Act 1953

Compilation No. 1

Compilation date:	1 January 2023
Includes amendments up to:	F2022L01662
Registered:	19 January 2023

Prepared by the Office of Parliamentary Counsel, Canberra

About this compilation

This compilation

This is a compilation of the *National Health (Supply of Pharmaceutical Benefits—Under Co-payment Data and Claims for Payment) Rules 2022* that shows the text of the law as amended and in force on 1 January 2023 (the ***compilation date***).

The notes at the end of this compilation (the ***endnotes***) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

Contents

Part 1—Preliminary

1 Name

(1) This instrument is the *National Health (Supply of Pharmaceutical Benefits—Under Co-payment Data and Claims for Payment) Rules 2022*.

(2) This instrument may also be cited as PB 22 of 2022.

3 Authority

This instrument is made under subsections 98AC(4) and 99AAA(8) of the *National Health Act 1953*.

5 Definitions

Note: A number of expressions used in this instrument are defined in the Act, including the following:
(a) Chief Executive Medicare;
(b) Veterans' Affairs Department.

(1) In this instrument:

Act means the *National Health Act 1953*.

actual contribution means the actual amount a patient pays for each prescription, including a special patient contribution.

Note: This amount does not include any charge for delivery, or for supply of a pharmaceutical benefit outside normal trading hours.

allowable discount has the meaning given by subsection 87(2AAAA) of the Act.

Note: The allowable discount may be greater than $1.00 in the limited cases where subsection 92A(2) of the Act applies to the supply of the pharmaceutical benefit by a friendly society, or by a friendly society body, to an eligible member.

approved private hospital means a private hospital that has an approved hospital authority.

approved public hospital means a public hospital that has an approved hospital authority.

A section means:

(a) in respect of a prescription that is an authority prescription, a repeat authorisation, a deferred supply authorisation or a prescriber bag supply form—the section of the form on which the prescription is written that is provided for the purpose of recording the information required by the provision of this instrument in which the expression occurs; or

(b) in respect of any other prescription—the section of the stamp format marked "A" on the prescription.

authority prescription has the meaning given by subsection 5(1) of the Regulations.

claim means information given, and procedures followed by, an approved supplier to make a claim for payment under section 99AAA of the Act for the supply of a pharmaceutical benefit.

Claims Transmission System has the meaning given by subsection 99AAA(1) of the Act.

Note: See the procedures in section 8 of this instrument.

continued dispensing means a supply of a pharmaceutical benefit by an approved pharmacist without a prescription in accordance with subsection 89A(1) of the Act and the Regulations.

Note: See also the legislative instruments in force under subsection 89A(3) of the Act and Part 5 of the Regulations.

contribution discount for a supply of a pharmaceutical benefit (other than an early supply of a specified pharmaceutical benefit) means:

(a) if the supply is not eligible for increased discounting—the amount of the allowable discount for the supply of the pharmaceutical benefit; or

(b) if the supply is eligible for increased discounting—the amount worked out by reducing the general patient charge amount by the amount charged for the supply under paragraph 87(2)(e) of the Act.

deferred supply authorisation means a deferred supply authorisation prepared under section 53 of the Regulations on the basis of which a pharmaceutical benefit was supplied.

early supply of a specified pharmaceutical benefit has the meaning given by subsection 84AAA(1) of the Act.

electronic communication has the meaning given by the *Electronic Transactions Act 1999*.

electronic prescription has the meaning given by subsection 5(1) of the Regulations.

eligible for increased discounting has the meaning given by section 87AA of the Act.

exceptional prescription means a prescription for an extemporaneously-prepared pharmaceutical benefit:

(a) that is not a standard formula preparation; and

(b) for which the price of the ingredients worked out in accordance with sections 19 to 21 of the *Commonwealth price (Pharmaceutical benefits supplied by approved pharmacists) Determination 2020* is not less than twice the amount worked out in accordance with section 30 of that determination, excluding the container price and dispensing fee.

extemporaneously-prepared pharmaceutical benefit means a pharmaceutical item in respect of which no determination under subsection 85(6) of the Act is in force.

healthcare identifier has the meaning given by the *Healthcare Identifiers Act 2010*.

healthcare provider organisation has the meaning given by the *Healthcare Identifiers Act 2010*.

information technology requirements has the same meaning as in the *Electronic Transactions Act 1999*.

manual system has the meaning given by subsection 99AAA(1) of the Act.

Note: See the procedures in section 10 of this instrument.

Medicare Australia/DVA copy, for a paper-based prescription, means the duplicate of the prescription that includes the words "Medicare Australia/DVA copy".

medication chart prescription has the meaning given by the Regulations.

paper-based prescription has the meaning given by the Regulations.

PBS prescriber, in relation to a prescription, means the PBS prescriber who wrote or prepared the prescription.

prescriber bag supply form means:

(a) an order form approved by the Secretary, as referred to in section 33 of the Regulations; or

(b) a form approved by the Secretary, as referred to in paragraph 36(5)(a) of the Regulations, for the purpose of an approved medical practitioner giving notice of having obtained a pharmaceutical benefit when making a claim using the manual system, as required by paragraph 36(4)(c) of the Regulations; or

(c) a form approved by the Secretary, as referred to in paragraph 36(8)(a) of the Regulations, for the purpose of an approved medical practitioner creating a written record of having obtained a pharmaceutical benefit if the practitioner makes a CTS claim in relation to obtaining the benefit, as required by paragraph 36(7)(c) of the Regulations.

prescription includes the following:

(a) the Medicare Australia/DVA copy of a paper-based prescription;

(b) a copy of a medication chart prescription that is not an electronic prescription;

(c) an electronic prescription.

Regulations means the *National Health (Pharmaceutical Benefits) Regulations 2017*.

repeat authorisation means:

(a) a repeat authorisation prepared under subparagraph 52(3)(a)(i) of the Regulations using a repeat authorisation form; or

(b) continued dispensing using a repeat authorisation form prepared by an approved pharmacist;

on the basis of which a pharmaceutical benefit has been supplied.

repeat authorisation form has the meaning given by the Regulations.

RPBS means:

(a) the *Repatriation Pharmaceutical Benefits Scheme* determined under subsection 91(1) of the *Veterans' Entitlements Act 1986*; or

(b) the *Australian Participants in British Nuclear Tests and British Commonwealth Occupation Force (Treatment) (Modifications of the Repatriation Pharmaceutical Benefits Scheme) Instrument 2017* made under section 18 of the *Australian Participants in British Nuclear Tests and British Commonwealth Occupation Force (Treatment) Act 2006*; or

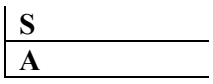
(c) the *MRCA Pharmaceutical Benefits Scheme* (No. MRCC 44/2013) made under section 286 of the *Military Rehabilitation and Compensation Act 2004*.

S section means:

(a) in respect of a prescription that is an authority prescription, a repeat authorisation, a deferred supply authorisation or a prescriber bag supply form—the section of the form on which the prescription is written that is provided for the purpose of recording the information required by the provision of this instrument in which the expression occurs; or

(b) in respect of any other prescription—the section of the stamp format marked "S" on the prescription.

stamp format means the following format, whether made by stamp or otherwise and whether the lines are included or not:



standard formula preparation means an extemporaneously-prepared pharmaceutical benefit described in an item of the table in clause 1 of Schedule 5 to the *National Health (Commonwealth Price and Conditions for Commonwealth Payments for Supply of Pharmaceutical Benefits) Determination 2019*.

under co-payment data means information in relation to the supply of a pharmaceutical benefit:

(a) by an approved supplier if subsection 99(2A), (2AB) or (2B) of the Act applies in relation to the supply; or

(b) by an approved hospital authority if the amount payable by the Commonwealth in accordance with a determination made under

subsection 99(4) of the Act is nil due to the dispensed price not exceeding the applicable patient co-payment, as defined in the determination.

Note: If subsection 99(2A), (2AB) or (2B) of the Act applies in relation to the supply, no claim is payable under section 99AAA of the Act.

(2) An expression that is used in this instrument and in Part VII of the Act has the same meaning in this instrument as it has in that Part.

Examples:

(a) approved hospital authority;
(b) approved supplier;
(ba) general patient charge amount;
(c) pharmaceutical benefit;
(d) special patient contribution.

(3) A reference in this instrument to the supply of a pharmaceutical benefit includes a reference to the obtaining of a pharmaceutical benefit by an approved medical practitioner for the purpose of the supply of the benefit under section 93 of the Act.

Part 2—Information and procedures relating to supplies of pharmaceutical benefits

6 Procedures for giving information—form and period for giving information and certification

(1) For the purposes of paragraphs 98AC(4)(b) and 99AAA(8)(a) of the Act, this section defines procedures to be followed by an approved supplier in giving information to the Chief Executive Medicare, on behalf of the Secretary, in relation to the supply by the approved supplier of pharmaceutical benefits, whether the information is given:

(a) under subsection 98AC(1) of the Act; or

(b) in making a claim under section 99AAA of the Act.

Form for giving information

(2) If the Chief Executive Medicare has approved a form for giving the information, the information must be given in accordance with the approved form.

Period for giving information etc.

(3) The information must be given to the Chief Executive Medicare in relation to pharmaceutical benefits supplied by the approved supplier during a period not exceeding 35 days, unless the Chief Executive Medicare is satisfied that the approved supplier was unable, through circumstances outside the approved supplier's control, to comply with that requirement.

(4) The information must be given to the Chief Executive Medicare not more than 30 days after the last day of the period in respect of which previous information in relation to supplies of pharmaceutical benefits was given by the approved supplier, unless the Chief Executive Medicare is satisfied that the approved supplier was unable, through circumstances outside the approved supplier's control, to comply with that requirement.

(5) The information must not be given to the Chief Executive Medicare during the same calendar month as any previous information was given in relation to supplies of pharmaceutical benefits by the approved supplier, unless it is given in accordance with an arrangement proposed by the approved supplier and agreed to by the Chief Executive Medicare on the basis that the arrangement will not impose additional administrative expenses on the Chief Executive Medicare.

Certification

(6) The approved supplier must certify:

(a) that each pharmaceutical benefit to which the information relates was supplied by, or on behalf of, the approved supplier in accordance with the

National Health Act 1953 and the instruments made under it, or the RPBS; and

(b) that the information is correct.

(7) The approved supplier may make the certification in an approved form (if any) referred to in subsection (2) or in another manner.

Note: Paragraph 8(3)(d) of this instrument sets out requirements for the Claims Transmission System about warnings and notifications that apply if the certification is not included in a form referred to in subsection (2) of this section.

(8) In certifying for the purposes of paragraph (6)(a), the approved supplier must:

(a) identify the range of the serial numbers for each payment category referred to in Schedule 1 allotted in respect of the pharmaceutical benefits; and

(b) specify the total number of pharmaceutical benefits for each of those payment categories; and

(c) identify the claim period number, and the claim reference, referred to in Schedule 1 in relation to which the information is given.

7 Additional procedures for giving information

(1) For the purposes of paragraphs 98AC(4)(b) and 99AAA(8)(a) of the Act, this section defines additional procedures to be followed by an approved supplier in giving information to the Chief Executive Medicare, on behalf of the Secretary, in relation to the supply by the approved supplier of pharmaceutical benefits, whether the information is given:

(a) under subsection 98AC(1) of the Act; or

(b) in making a claim under section 99AAA of the Act.

Claim made using manual system

(2) Subsections (3) to (9) apply if the approved supplier's claim is made using the manual system.

(3) The information must be accompanied by the prescriptions on the presentation of which the pharmaceutical benefits that are the subject of the claim were supplied.

(4) On each prescription (other than an authority prescription, a repeat authorisation, a deferred supply authorisation or a prescriber bag supply form), there must be marked a stamp format in the area on the extreme left of the prescription, horizontally aligned with the pharmaceutical benefit to which it relates in such a way as to avoid obliterating any other information on the prescription.

Note: For ***prescription*** and ***repeat authorisation***, see subsection 5(1).

(5) On each prescription, there must be marked in the S section (or each S section) one or more serial numbers by the approved supplier, allotted in respect of each pharmaceutical benefit as follows:

(a) in respect of general benefit prescriptions—commencing at "1" in each claim and continuing consecutively in respect of that claim;

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(b) in respect of concessional benefit prescriptions and concession card prescriptions—commencing at "C1" in each claim and continuing consecutively in respect of that claim;

(c) in respect of entitlement card prescriptions—commencing at "E1" in each claim and continuing consecutively in respect of that claim;

(d) in respect of prescriber bag supply forms—commencing at "1" in each claim and continuing consecutively in respect of that claim.

(6) On each authority prescription, or repeat authorisation relating to an authority prescription, there must be marked as a prefix to the serial number allotted under subsection (5) the letter "A".

(7) On each deferred supply authorisation, there must be marked as a prefix to the serial number allotted under subsection (5) the letter "D".

(8) On each prescription (other than a prescription that was not in the possession of the approved supplier for reasons that are, in the opinion of the Chief Executive Medicare, outside the approved supplier's reasonable control), there must be marked in the A section (or each A section):

(a) if an election by the approved supplier is in force under subsection 31(3) of the *Commonwealth price (Pharmaceutical benefits supplied by approved pharmacists) Determination 2020*, and the prescription is in respect of an extemporaneously-prepared pharmaceutical benefit that is not a standard formula preparation—the price worked out by the approved supplier in accordance with section 18 of that determination; or

(b) if no election by the approved supplier is in force under subsection 31(3) of the *Commonwealth price (Pharmaceutical benefits supplied by approved pharmacists) Determination 2020*, and the prescription is an exceptional prescription—the price worked out by the approved supplier in accordance with section 18 of that determination; or

(c) if the prescription is in respect of an extemporaneously-prepared pharmaceutical benefit that is ear drops, eye drops or nasal instillations, and the supply of the benefit in a glass bottle container is specified by the PBS prescriber or considered necessary by the approved supplier—the words "glass bottle".

Note: The RPBS provides that an RPBS claim is to be made in accordance with section 99AAA of the Act and this instrument except if the RPBS otherwise provides. If an RPBS claim is made using the manual system, RPBS prescriptions relating to the claim are given to the Chief Executive Medicare on behalf of the Secretary. The RPBS requires the provision of a serial number that uniquely identifies the RPBS benefit within the category "R", being a serial number marked on the "S" section of the prescription by the approved supplier, commencing at "R1" in each claim and continuing consecutively in respect of that claim made in accordance with this section.

(9) The prescriptions referred to in subsections (3) to (8) must be grouped according to whether they are covered by paragraph (5)(a), (b), (c) or (d), with the prescriptions in each group sorted in accordance with the serial numbers allotted under the relevant paragraph, starting with the first number allotted.

Note: The RPBS also requires an approved supplier to create a group of RPBS prescriptions sorted in accordance with the "R" serial numbers allotted to the prescriptions, starting with the first number allotted.

Claim made using Claims Transmission System

(10) If the approved supplier's claim is made using the Claims Transmission System, the approved supplier must comply with the requirements of subsections (3) to (9) in relation to the prescriptions on the presentation of which the pharmaceutical benefits that are the subject of the claim were supplied, except that the prescriptions need not accompany the information given in accordance with this section.

Exception for medication chart prescriptions

(11) For the purposes of this section, a reference to a prescription does not include a reference to a medication chart prescription.

Note: If the information is given using the Claims Transmission System, Schedule 1 has the effect that a serial number is still allotted in relation to the supply of each pharmaceutical benefit on the basis of a medication chart prescription.

8 Procedures for giving information using Claims Transmission System

(1) For the purposes of paragraphs 98AC(4)(b) and 99AAA(8)(c) of the Act, this section defines procedures to be followed by an approved supplier in giving information to the Secretary by electronic means.

Note 1: The procedures defined in this section constitute the Claims Transmission System.

Note 2: The Claims Transmission System may contain modifications due to the effect of special arrangements under section 100 of the Act, or to facilitate the payment of additional fees to approved suppliers that are not paid as a claim under section 99AAA of the Act.

(2) The approved supplier must give the information to the Chief Executive Medicare, on behalf of the Secretary:

(a) in writing; and

(b) by means of an electronic communication; and

(c) in accordance with any other requirements that would need to be met for the requirement to give the information in writing to be taken to have been met under the *Electronic Transactions Act 1999*.

Note: Under the *Electronic Transactions Act 1999*, the Chief Executive Medicare may require the information to be given in accordance with particular information technology requirements or by means of a particular kind of electronic communication (or both).

(3) The information must be generated using one or more computer programs that ensure the following:

(a) that the approved supplier is prevented from altering the description in the computer program of the pharmaceutical benefit or its PBS item code under Schedule 1;

(b) that the information in the computer program for each pharmaceutical benefit is:
  (i) in accordance with the Act, and instruments made under the Act, as in force at the time the pharmaceutical benefit was supplied; and
  (ii) encrypted when it is given to the Chief Executive Medicare;
(c) that the approved supplier is able to take all reasonable precautions to ensure that the following information is not included:
  (i) information relating to the supply of a substance that was not, in the circumstances, a pharmaceutical benefit;
  (ii) information relating to the supply of a substance that was a pharmaceutical benefit but was supplied contrary to section 89 of the Act;
(d) that, if the approved supplier makes the certification required by subsection 6(6) of this instrument otherwise than in an approved form referred to in subsection 6(2):
  (i) the Chief Executive Medicare is notified of the certification; and
  (ii) the approved supplier is warned, before the certification is made, that giving false or misleading information is a serious offence under section 137.1 of the *Criminal Code*.

9 Information about supplies

(1) For the purposes of paragraphs 98AC(4)(a) and 99AAA(8)(b) of the Act, subsection (2) specifies the information that is to be given to the Secretary by an approved supplier in relation to the supply by the approved supplier of a pharmaceutical benefit.

(2) The information is the following:
(a) the approved supplier's approval number allotted under section 16 of the Regulations;
(b) if the approval number is to be given using the manual system and the approved supplier is an approved pharmacist:
  (i) the pharmacist's name; and
  (ii) the address of the premises to which the approval number relates;
(c) if the approval number is to be given using the manual system and the approved supplier is an approved medical practitioner:
  (i) the medical practitioner's name; and
  (ii) the address to which the medical practitioner wishes correspondence to be sent;
(d) if the approval number is to be given using the manual system and the approved supplier is an approved hospital authority:
  (i) the approved hospital authority's name; and
  (ii) the address of the hospital to which the approval number relates;

(e) if the approval number is to be given using the Claims Transmission System—the information required under Schedule 1 to be given in relation to the supply of the pharmaceutical benefit.

Note: The information must be given to the Chief Executive Medicare on behalf of the Secretary (see subsection 8(2)).

10 Procedures for providing information in respect of claims using manual system

For the purposes of paragraph 99AAA(8)(d) of the Act, an approved supplier, in providing information otherwise than by electronic means in relation to the supply by the approved supplier of pharmaceutical benefits, must provide the information to the Chief Executive Medicare, on behalf of the Secretary, in accordance with sections 6 and 7 of this instrument.

Note: Paragraphs 9(2)(a), (b), (c) and (d) of this instrument also apply.

11 Procedures for giving information using manual system—under co-payment data not required

For the purposes of paragraph 98AC(4)(b) of the Act, an approved supplier who is permitted to make a claim using the manual system in accordance with section 99AAB of the Act is not required to give under co-payment data to the Chief Executive Medicare, on behalf of the Secretary, when using the manual system.

Note: See subsections 99AAA(4) and (5) and section 99AAB of the Act.

12 Procedures for processing and determining claims

(1) For the purposes of subparagraph 99AAA(8)(e)(i) of the Act, subsection (2) defines the procedures to be followed by the Chief Executive Medicare, on behalf of the Secretary, in processing and determining claims by an approved supplier for payment relating to the supply of pharmaceutical benefits.

(2) The Chief Executive Medicare must institute reasonable checks to satisfy the Chief Executive Medicare that:

(a) the information provided by the approved supplier in respect of a claim made using the manual system accurately reflects the information recorded on the prescriptions submitted in support of the claim; and

(b) the approved supplier is entitled to be paid, in accordance with the Act and instruments under the Act, an amount in respect of the claim.

Note: Advance payments are permitted in accordance with subsection 99AB(1) of the Act. Advance payments are associated with claims made using the Claims Transmission System.

13 Procedures for making payments in respect of claims

(1) For the purposes of subparagraph 99AAA(8)(e)(ii) of the Act, this section defines the procedures to be followed by the Chief Executive Medicare, on behalf of the Secretary, in making payments in respect of claims by an approved supplier in relation to the supply of pharmaceutical benefits.

(2) The Chief Executive Medicare must ensure that:

(a) payments are made by:

(i) an electronic funds transfer from the Commonwealth to the account at a financial institution nominated in writing by the approved supplier; or

(ii) any other form of electronic payment from the Commonwealth to the approved supplier nominated in writing by the approved supplier; and

(b) a statement of account is given to the approved supplier in respect of each claim for payment.

Example: For the purposes of subparagraph (a)(ii), other forms of electronic payment include PayID and payments through mobile telephone applications.

Schedule 1—Information to be given using Claims Transmission System

Note: See paragraph 9(2)(e).

1 Information to be given using Claims Transmission System—general

For the purposes of paragraph 9(2)(e) of this instrument, an approved supplier must give, in relation to the supply of a pharmaceutical benefit, the information referred to in an item in the following table in accordance with that item.

Note 1: The table applies for the purposes of an approved supplier giving information about supplies (see subsection 98AC(1) of the Act) or information required to be given because the approved supplier is making, or proposing to make, a claim (see subsection 99AAA(3) of the Act).

Note 2: The details in column 2 of an item in the table may have the effect that information is not required to be given under that item in relation to a particular supply.

Note 3: Clause 2 requires the approved supplier to give additional information in relation to the supply of a pharmaceutical benefit on an electronic prescription.

Information to be given using Claims Transmission System—general

Item	Column 1 Information	Column 2 Details
1	Actual Contribution	The actual contribution paid by the patient or the patient's agent.
2	Authority Prescription Number	Only required if the approved form for the prescription requires an authority prescription number to be entered.
3	Brand	Manufacturer's code that represents the listed brand of the pharmaceutical item in the determination made under subsection 85(6) of the Act supplied by the approved supplier. An extemporaneously-prepared pharmaceutical benefit will not have a listed brand.
4	Claim Period Number	Indicates the sequential order and calendar year of the claim submitted by the approved supplier during that calendar year.
5	Claim Reference	Sequential number generated for each claim submitted within a claim period.
6	Contribution Discount	The contribution discount (if any) applied by the approved pharmacist or approved medical practitioner. Not required for approved hospital authority or when giving under co-payment data.
7	Date of Dispensing	Date the prescription was dispensed.
8	Date of Prescribing	Date the PBS prescriber signed the prescription. Not required for continued dispensing.
9	Date of Previous	Date printed on a repeat authorisation in the box "Name and PBS Approval number of pharmacist issuing this authorisation" (where it is called "Date

Clause 1

Information to be given using Claims Transmission System—general

Item	Column 1 Information	Column 2 Details
	Supply	this authorisation prepared”). Not required for continued dispensing or medication chart prescription.
10	Drug Item Start Date	The date the PBS prescriber started prescribing the drug. Only required for a medication chart prescription in or at an approved private hospital or approved public hospital.
11	Entitlement ID	Number from the Health Care Card, Pensioner Concession Card, Commonwealth Seniors Health Card, Safety Net Entitlement Card, Safety Net Concession Card, Repatriation Health Card (Specific or All Conditions) or Repatriation Pharmaceutical Benefits Card, that applies to the person for whom the prescription was written. Not required for payment category general benefit or prescriber bag supply form.
12	Family Name	Surname of the person for whom the prescription was written sourced from the Medicare or equivalent DVA card. Not required for prescriber bag supply form.
13	Form Category	Prescription not covered by another form category = 1 Repeat authorisation not relating to authority prescription = 2 Authority prescription = 3 Repeat authorisation relating to authority prescription = 4 Deferred supply authorisation = 5 Prescription written by a participating dental practitioner = 6 Prescriber bag supply form = 7 DVA authority form = 8 DVA authority repeat form = 9
14	Given Name	Given name of the person for whom the prescription was written sourced from the Medicare or equivalent DVA card. Not required for prescriber bag supply form.
15	Glass Bottle	Only required if, in a prescription for extemporaneously-prepared pharmaceutical benefit that is ear drops, eye drops or nasal instillations, a glass bottle is ordered by the PBS prescriber or considered necessary by the approved supplier.
16	Health Practitioner (AHPRA) Number	Only required for continued dispensing. Registration number published by the Australian Health Practitioner Regulation Agency. Number required for the individual pharmacist who personally dispensed the pharmaceutical benefit.
17	Hospital Provider Number	The hospital’s provider number. Only required if the prescription originated in or at an approved public hospital, or if the patient category is any of the following: (a) Medication chart private hospital patient; (b) Medication chart public hospital patient;

Information to be given using Claims Transmission System—general		
Item	**Column 1** **Information**	**Column 2** **Details**
		(c) Private PBS HMC Inpatient prescription; (d) Private PBS HMC discharge prescription; (e) Private PBS HMC outpatient prescription; (f) Public PBS HMC Inpatient prescription; (g) Public PBS HMC discharge prescription; (h) Public PBS HMC outpatient prescription.
18	Immediate Supply Necessary	Required if the prescription was supplied within the 4 or 20 day period in accordance with section 51 of the Regulations as "immediate supply necessary". Must also indicate if the prescription is an early supply of a specified pharmaceutical benefit.
19	Medicare Number	Medicare card number (including card issue number and individual reference number) of the person for whom the prescription was written. The number can also be a special number that applies to the person. Not required for prescriber bag supply form or RPBS prescriptions if entitlement number is supplied.
20	Medication Chart Period of Validity	Only required for medication chart prescription. Approved paper medication charts for patients receiving treatment in or at a residential care service = 4 months. Approved electronic medication charts for patients receiving treatment in or at a residential care service = 6 months. Approved paper medication charts for patients receiving treatment in or at an approved hospital = 1, 4 or 12 months. Approved electronic medication charts for patients receiving treatment in or at an approved hospital = 1, 4 or 12 months.
21	Medication Chart Start Date	The date the medication chart prescription commences. Required for a medication chart prescription in or at an approved hospital. Required for a medication chart prescription in or at a residential care service.
22	Number of Repeats	Number of repeats prescribed, including number of repeats prescribed if original and repeats all supplied on one occasion under section 49 of the Regulations.
23	Original PBS Approval Number	Approval number allotted to the approved supplier who made the first supply on the prescription, being the approval number allotted under section 16 of the Regulations. Not required for continued dispensing or medication chart prescription.
24	Original Unique Pharmacy Prescription Number	Prescription number allotted to the prescription by the approved supplier who made the first or only supply on the prescription. Appears on the original prescription and any subsequent repeat authorisations. Not required for continued dispensing or medication chart prescription.

Clause 1

Information to be given using Claims Transmission System—general		
Item	**Column 1** **Information**	**Column 2** **Details**
25	Patient Category	Continued dispensing patient = D Community patient = 0 (zero) Medication chart public hospital patient = M Medication chart private hospital patient = P Paperless private hospital patient = H Paperless public hospital patient = C Patient category 1 = hospital outpatient, other than a hospital patient covered by category H, C or B in this item Private PBS HMC Inpatient prescription = V Private PBS HMC discharge prescription = W Private PBS HMC outpatient prescription = X Public hospital patient = B Public PBS HMC Inpatient prescription = S Public PBS HMC discharge prescription = T Public PBS HMC outpatient prescription = U Residential aged care service patient (PBS NRMC prescription) = R Residential aged care service patient (prescription that is not a PBS NRMC prescription) = N
26	Payment Category	General benefit = 1 Entitlement card/PBS Safety Net (free) = 2 Concessional benefit and concession card = 3 Repatriation = 4 (RPBS) Prescriber bag supply form = 5
27	PBS Item Code	Code for the pharmaceutical benefit that appears in the Schedule of Pharmaceutical Benefits published by the Department. RPBS item codes also appear in this Schedule. Not required for RPBS, if there is no RPBS item code and the Veterans' Affairs Department has given prior approval.
28	PBS Prescriber Number	The number (if any) allotted to the approval of the PBS prescriber under section 16 of the Regulations.
29	PBS Reference Number	Only required if a pre-assessment was requested by the approved supplier. Number created by the Chief Executive Medicare in relation to pre-assessment.
30	Pharmacy Processing Code	Only required if the approved supplier's dispensing software has no real time response from Chief Executive Medicare.
31	Prescriber ID	Prescriber number of the PBS prescriber issued by the Chief Executive Medicare. Not required for continued dispensing, or if the prescription was written by

Information to be given using Claims Transmission System—general		
Item	**Column 1** **Information**	**Column 2** **Details**
		a medical practitioner and the prescriber number was not available to the approved supplier at the time of supply.
32	Prescription Format	Claim from a paper-based prescription, including one that is a medication chart prescription = P Claim from an electronic prescription, including one that is a medication chart prescription = E
33	Previous Supplies	Number of times (including the original supply) the pharmaceutical benefit has previously been supplied under the prescription.
34	Price	Required for a prescription priced by the approved supplier in accordance with an election in force under subsection 31(3) of the *Commonwealth price (Pharmaceutical benefits supplied by approved pharmacists) Determination 2020* or priced by an approved supplier as an exceptional prescription. Required if RPBS, no RPBS item code, and the Veterans' Affairs Department has given prior approval. Not required if the price for a prescription priced by the approved supplier is under co-payment.
35	Quantity	Quantity of the pharmaceutical benefit supplied. Must be the total quantity supplied (first supply and all repeats) if all supplied on one occasion under section 49 of the Regulations.
36	Regulation 24	Only required if first supply and all repeats were all supplied on one occasion under section 49 of the Regulations.
37	Residential Aged Care Facility ID	Only required if the pharmaceutical benefit was supplied to a resident receiving residential care (as defined by section 41-3 of the *Aged Care Act 1997)* including if medication chart prescription. (Also known as Residential Aged Care Service identification number.)
38	Resubmission Flag	Only required if information relating to the prescription was previously given (whether under section 98AC or 99AAA of the Act) and rejected.
39	Serial Number	Number that uniquely identifies the pharmaceutical benefit within the payment category, marked on the prescription by the approved supplier. The number runs 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 prescriptions).
40	Streamlined Authority Code	Only required 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.
41	Unique Pharmacy Prescription Number	Unique number allotted by the approved supplier's pharmacy dispensing software to a supply of the pharmaceutical benefit. Each individual supply will only ever have one number allotted to it and that number will not be re-allotted to other prescriptions supplied by the approved supplier.

2 Additional information to be given using Claims Transmission System—supply on electronic prescriptions

(1) For the purposes of paragraph 9(2)(e) of this instrument, an approved supplier must give, in relation to the supply of a pharmaceutical benefit on an electronic prescription, the information referred to in an item in the following table in accordance with that item.

Note 1: The table applies for the purposes of an approved supplier giving information about supplies (see subsection 98AC(1) of the Act) or information required to be given because the approved supplier is making, or proposing to make, a claim (see subsection 99AAA(3) of the Act).

Note 2: The details in column 2 of an item in the table may have the effect that information is not required to be given under that item in relation to a particular supply.

Additional information to be given using Claims Transmission System—supply on electronic prescriptions

Item	Column 1 Information	Column 2 Details
1	Approved Supplier Healthcare Provider Identifier—Individual (HPI-I)	The healthcare identifier (if any) assigned to: (a) if the supplier is an individual—the supplier; or (b) otherwise—the individual who supplied the pharmaceutical benefit on behalf of the supplier.
2	Approved Supplier Healthcare Provider Identifier—Organisation (HPI-O)	The healthcare identifier assigned to a healthcare provider organisation to which the supplier, or the individual who supplied the pharmaceutical benefit on behalf of the supplier, is linked (within the meaning of the *Healthcare Identifiers Act 2010*).
3	Dispensing Software Conformance Identifier	A valid conformance identifier provided to the Australian Digital Health Agency in relation to the software used to dispense the pharmaceutical benefit.
4	Intermediary Systems Conformance Identifiers	A valid conformance identifier provided to the Australian Digital Health Agency in relation to any software used to store or transmit the prescription until the pharmaceutical benefit is dispensed.
5	Patient Date of Birth	The date of birth of the person for whom the pharmaceutical benefit is prescribed. Only required if included in the electronic prescription.
6	PBS Dispensing Notes	Notes of any clarification of the prescription at the time of the supply.
7	PBS Prescriber Healthcare Provider	The healthcare identifier (if any) assigned to the PBS prescriber who wrote the electronic prescription.

Additional information to be given using Claims Transmission System—supply on electronic prescriptions		
Item	**Column 1** **Information**	**Column 2** **Details**
	Identifier—Individual (HPI-I)	Only required if included in the electronic prescription.
8	PBS Prescriber Healthcare Provider Identifier—Organisation (HPI-O)	The healthcare identifier assigned to a healthcare provider organisation to which the PBS prescriber who wrote the electronic prescription is linked (within the meaning of the *Healthcare Identifiers Act 2010*).
9	PBS/RPBS Item Receipt Flag	An indication that the person to whom the pharmaceutical benefit was supplied, or an agent of that person, has acknowledged receiving the benefit.
10	Prescribed Pharmaceutical Benefit	The code, in Australian Medicines Terminology, for the pharmaceutical benefit that is prescribed. Only required if included in the electronic prescription.
11	Prescribing Software Conformance Identifier	A valid conformance identifier provided to the Australian Digital Health Agency in relation to the software used to prepare the prescription.
12	Reason for Prescription	The code, in SNOMED CT-AU clinical terminology, for the clinical condition for which the pharmaceutical benefit is prescribed. Only required if included in the electronic prescription.
13	Reason for Supply	The code, in SNOMED CT-AU clinical terminology, for the clinical condition for which the pharmaceutical benefit is supplied. Optional.
14	Supplied Pharmaceutical Benefit	The code, in Australian Medicines Terminology, for the pharmaceutical benefit that is supplied. Optional.
15	Unique PBS Electronic Prescription Number	A unique identifier for the prescription generated by the software used to prepare the prescription.

(2) This clause has effect in addition to clause 1.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes
Endnote 2—Abbreviation key
Endnote 3—Legislation history
Endnote 4—Amendment history

Abbreviation key—Endnote 2
The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4
Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes
The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments
A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and "(md not incorp)" is added to the amendment history.

Endnote 2—Abbreviation key

ad = added or inserted

am = amended

amdt = amendment

c = clause(s)

C[x] = Compilation No. x

Ch = Chapter(s)

def = definition(s)

Dict = Dictionary

disallowed = disallowed by Parliament

Div = Division(s)

ed = editorial change

exp = expires/expired or ceases/ceased to have effect

F = Federal Register of Legislation

gaz = gazette

LA = *Legislation Act 2003*

LIA = *Legislative Instruments Act 2003*

(md) = misdescribed amendment can be given effect

(md not incorp) = misdescribed amendment cannot be given effect

mod = modified/modification

No. = Number(s)

o = order(s)

Ord = Ordinance

orig = original

par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)

pres = present

prev = previous

(prev…) = previously

Pt = Part(s)

r = regulation(s)/rule(s)

reloc = relocated

renum = renumbered

rep = repealed

rs = repealed and substituted

s = section(s)/subsection(s)

Sch = Schedule(s)

Sdiv = Subdivision(s)

SLI = Select Legislative Instrument

SR = Statutory Rules

Sub-Ch = Sub-Chapter(s)

SubPt = Subpart(s)

underlining = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
National Health (Supply of Pharmaceutical Benefits—Under Co-payment Data and Claims for Payment) Rules 2022 (PB 22 of 2022)	31 Mar 2022 (F2022L00436)	1 Apr 2022 (s 2(1) item 1)	
National Health (Supply of Pharmaceutical Benefits—Under Co-payment Data and Claims for Payment) Amendment (General Co-payment) Rules 2022 (PB 108 of 2022)	15 Dec 2022 (F2022L01662)	1 Jan 2023 (s 2(1) item 1)	—

Endnote 4—Amendment history

Provision affected	How affected
Part 1	
s 2	rep LA s 48D
s 4	rep LA s 48C
s 5	am F2022L01662
Part 2	
s 6	am F2022L01662
s 7	am F2022L01662
s 8	am F2022L01662
s 9	am F2022L01662
Schedule 1	
c 1	am F2022L01662
c 2	am F2022L01662
Schedule 2	rep LA s 48C