



National Health Act 1953 - Amendment Rules under subsection 99AAA(8) No. PB 85 of 2008

I, DECLAN JAMES O'CONNOR-COX, Assistant Secretary, Access and Systems Branch, Pharmaceutical Benefits Division, Department of Health and Ageing and Delegate of the Minister for Health and Ageing, pursuant to subsection 99AAA(8) of the *National Health Act 1953*, hereby make these Rules.

Dated 31 July 2008

Declan O'Connor-Cox
Assistant Secretary
Access and Systems Branch
Pharmaceutical Benefits Division
Department of Health and Ageing

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Part 1 Preliminary

1. Name of Rules

These Rules are the *National Health Act 1953 - Amendment Rules under subsection 99AAA(8) No. PB 85 of 2008*.

2. Commencement

These Rules commence on 1 August 2008.

3. Amendment of the *National Health Act 1953 - Rules under subsection 99AAA(8) (No. PB 49 of 2008)*

The Schedule amends the *National Health Act 1953 - Rules under subsection 99AAA(8) (No. PB 49 of 2008)*

Schedule—Amendments

[1] SCHEDULE 2: DISKETTE CLAIM FORMAT – VERSION 4.1, 2004

omit: Schedule 2

[2] SCHEDULE 2: DISKETTE CLAIM FORMAT – VERSION 4.1, 2004

substitute with:

PART 1 – CLAIM PART HEADER RECORD

The Claim Header Record occurs for each claim submitted in the electronic message. It details the sequential number this claim represents for all the claims sent in by the client for the year, the client's Regulation 8A approval number and the unique sequential number of this claim within the message.

<i>Column 1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>Column 6</i>
Field	Start	End	CH	Type	Description
Record type	1	1	1	A	One byte alphabetic, value 'H', to identify this record as being a claim header record. H = PBS CTS claim file header
Medicare Australia File Format Specification Version Number	2	3	2	N	Two bytes numeric that identifies the version of the file format specification so that formats can be introduced without impacting existing systems. Valid values include: 00-99
Approval number	4	9	6	A/N	Six bytes alpha/numeric, right justified, zero filled, being the approval number allotted to the approved pharmacist or approved medical practitioner under regulation 8A of the regulations, and contained within the software in the approved pharmacist's or approved medical practitioner's computer system. Valid values include: 00000-99999, A – Z Alpha character must be in upper case.
Claim Period Number	10	13	4	N	Four bytes numeric, consisting of the last 2 digits of the year followed by the number of the claim submitted by the approved pharmacist or approved medical practitioner during that calendar year. This number is given to the claim to identify the paperwork. Valid values include: 0000-9999
Claim reference	14	17	4	N	Four bytes numeric, values 01 to 9999, representing the number of claims within a claim period. Valid values include: 0000-9999

Pharmacy Software Name	18	19	2	A	Identifies the pharmacy software system used to build the CTS file. This will allow for more efficient help desk support. Vendors will be advised of their code/s. Valid values include: AA-ZZ
Pharmacy Software Version Number	20	29	10	A/N	Ten bytes alpha/numeric to help identify the version of pharmacy software used to build the CTS file. This will allow for more efficient help desk support. Valid values include: 0-9, A – Z and symbols: ' - . ()
Carriage return and line feed	N/a	N/a	N/a	N/a	End of record

PART 2 – PRESCRIPTION RECORD

The Prescription Record contains information on the identification of the patient and details on the claimed services provided by the practitioner or pharmacist to the patient. The prescription record is not a fixed length. As changes are quite prevalent in PBS, the record length is to be variable to allow for any future changes.

The prescription record is as follows:

Column 1	2	3	4	5	Column 6
Field	Start	End	CH	Type	Description
Record Type	1	1	1	A	One byte alphabetic, value 'P' upper case, to identify this record as being a prescription record; there will be one of these for each prescription.
Form Category	2	2	1	A/N	One byte numeric, using the following values: 1 = original 2 = repeat 3 = original authority 4 = repeat authorisation relating to an authority 5 = deferred supply authorisation 6 = prescription written by a participating dental practitioner 7 = doctor's bag order form 8 = DVA authority original form 9 = DVA authority repeat form Valid values include: 1-9
Payment Category	3	3	1	N	One byte numeric, batch category: 1 = general benefit 2 = PBS Safety net (free) 3 = concessional benefit 4 = repatriation 5 = doctor's bag order form Valid values include: 1-5
Unique Pharmacy Prescription	4	23	20	A/N	Twenty bytes alpha/numeric, right justified, space filled. This is a unique number allocated by the PDS and stays with that prescription throughout its lifecycle**. An individual

Number					prescription will only ever have one number allocated to it and that number will not be re-allocated to other prescriptions. Valid values include: 0-9, A – Z, a-z
Serial Number	24	28	5	N	Five bytes numeric, right justified, zero filled. Allocated to the prescription by the approved pharmacists or approved medical practitioner that uniquely identifies that prescription within the payment category. Valid values include: 00001-99999
Hospital Provider Number	29	36	8	A/N	Eight bytes, the first seven numeric and the eighth alphabetic, being characters of the hospital provider number where the pharmaceutical benefit was supplied by a public hospital authority; otherwise space filled if not supplied by a public hospital authority. Valid values include: 0000000-9999999, A – Z
Prescriber Id	37	43	7	A/N	Seven bytes numeric, right justified, space filled being the prescriber number of the prescribing medical or dental practitioner or authorised optometrist. Valid values include: 0000000-9999999
Date of Prescribing	44	51	8	N	Eight bytes numeric in the format DDMMCCYY to represent the date on which the prescription was prescribed, where DD may have values 01 to 31 (day of month), MM may have values 01 to 12 (month of year) and CCYY may have values 0000 to 9999. This field should not default to the current date however should default for DBOF. This field is mandatory. EG: 01012007
Date of Dispensing	52	59	8	N	Eight bytes numeric in the format DDMMCCYY to represent the date on which the prescription was dispensed, where DD may have values 01 to 31 (day of month), MM may have values 01 to 12 (month of year) and CCYY may have values 0000 to 9999. This field is mandatory. EG: 01012007
Date of Supply	60	67	8	N	Eight bytes numeric in the format DDMMCCYY to represent the date on which the Pharmaceutical benefit was supplied, where DD may have values 01 to 31 (day of month), MM may have values 01 to 12 (month of year) and CCYY may have values 0000 to 9999. In the case of owing prescriptions, this field should be protected. This field is mandatory. EG: 01012007
Patient Category	68	68	1	A/N	One byte alpha/numeric, identifies the patient category type: Valid values are: ‘H’ = paperless private hospital patient. ‘B’ = public hospital patient. ‘N’ = nursing home patient. ‘C’ = paperless public hospital patient. ‘0’ (zero) = community patient. ‘1’* = hospital patient (not identified by any of the above)

					Blank/space is an invalid value. Valid values include: 0-9, A – Z
PBS/RPBS Item Code	69	74	6	A/N	Six bytes, right justified, zero filled, five bytes numeric followed by one byte alphabetic check character, being the code for the pharmaceutical benefit which appears in the Schedule of Pharmaceutical Benefits for Approved Pharmacists published by the Department of Health and Ageing. A zero code is to be used in the case of Repatriation items which are not included in the Schedule but have been prior approved by the Department of Veterans' Affairs. Valid values include: 00000-99999, A – Z Alpha character must be in upper case.
Brand	75	76	2	A	Two bytes alphabetic, being the manufacturer's code which represents the brand of the pharmaceutical benefit in the Determination made under sub-section 85(6) of the Act, in the case of a prescription which identifies the pharmaceutical benefit by reference to a brand; and, in the case of a prescription which does not identify the pharmaceutical benefit by reference to a brand. In the case of extemporaneously prepared items two spaces are to be left as no brand information is available. Valid values include: AA – ZZ
Quantity	77	81	5	N	Five bytes numeric, right justified, zero filled, to represent the quantity supplied. The value must be the total quantity supplied where supply of the original prescription and the repeat(s) is made at the one time pursuant to Regulation 24 of the Regulations. A value must be present for all items. Valid values include: 00001-99999
Price	82	88	7	N	Seven bytes numeric, right justified, zero filled, value in cents; for prescriptions priced by the approved pharmacist or approved medical practitioner in accordance with an election pursuant to paragraph 37 of the Determination made under sub-section 98B(1) of the Act or priced by the approved pharmacist or approved medical practitioner as exceptional prescriptions or items that do not appear in the Schedules of PBS or RPBs Pharmaceutical Benefits and have been prior approved by the Department of Veterans' Affairs must be priced. Valid values include: 0000000-9999999
Number of repeats	89	90	2	N	Two bytes numeric, right justified, zero filled; must be the number of repeats prescribed, subject to the maximum allowable, for original prescriptions, repeat authorisations, original authorities, authority repeats and deferred supply authorisations; must be the number of repeats which are required where supply of the original prescription and the repeat(s) is made at the one time pursuant to regulation 24 of the Regulations.

					Valid values include: 00-99
*Original PBS Approval Number	91	96	6	A/N	Six bytes alpha/numeric, right justified, zero filled; this being the field printed on a repeat authorisation in the box “Original Prescription Details” that is the approval number allotted to the approved pharmacist or approved medical practitioner under regulation 8A of the regulations, that supplied the original prescription. If not present in PDS, value is null filled. Valid values include: 000000-999999, A – Z Alpha character must be in upper case.
* Original Unique Pharmacy Prescription Number	97	116	20	A/N	Twenty bytes alpha/numeric, right justified, space filled. This is the field printed on a repeat authorisation in the box “Original Prescription Details” that is the unique pharmacy prescription number allocated by the approval that supplied the original prescription. If not present in PDS, value is space filled. Valid values include: 0-9, A – Z, a-z
*Date of previous supply	117	124	8	N	Eight bytes, numeric, in the format DDMMCCYY; that is the date printed on a repeat authorisation in the box “Name and PBS Approval number of the pharmacist issuing this authorisation” (where it is called “Date this Authorisation Prepared”). If not present in PDS, value is null filled. EG: 01012007
Previous Supplies	125	126	2	N	Two byte numeric field, right justified, zero filled. This field is required on all repeats, authority repeats and deferred supply forms. It is the number of times (including the original supply) that the item has been supplied prior to this supply. Should be '00' for all deferred supply forms. Valid values include: 00-99
Regulation 24	127	127	1	A	One byte alphabetic, value 'Y' if supply of the original prescription and the repeat(s) is made at the one time pursuant to regulation 24 of the Regulations; otherwise 'N'. Valid values include: Y or N
Glass Bottle	128	128	1	A	One byte alphabetic, value 'Y' if, in a prescription for extemporaneously-prepared ear drops, eye drops or nasal instillations, a glass bottle is ordered by the prescriber or considered necessary by the approved pharmacist or approved medical practitioner; otherwise 'N'. Valid values include: Y or N
Authority Prescription Number	129	136	8	N	Numeric field, right justified, zero filled. This field is required for all authority and all authority repeat forms. It is the number that appears at the top right of the authority form and is transferred to the authority repeat form. Valid values include: 00000000 - 99999999

Authority Approval Number	137	144	8	A/N	For Future Use. To be sent to Medicare Australia CEO space filled until required. Associated check digit routines/formats will be provided in the future.
Immediate Supply Necessary	145	145	1	A	One byte alphabetic field. Where immediate supply was necessary the value will be 'Y' or 'S' otherwise 'N' or blank. 'S' indicates that the prescription falls under the Safety Net 20 Day Rule and immediate supply was necessary. 'Y' or 'S' indications do not remove the need for physical endorsement of the prescription. This field is required to identify prescriptions endorsed and supplied within the 4 and 20 day period (Reg 25). NB Blank/space is an invalid value. Valid values include: Y, N or S
Medicare Number	146	156	11	N	Eleven bytes numeric, being made up of the first nine digits of the Medicare card number (Medicare number stem). The tenth digit being the card issue number and the eleventh digit being the individuals reference number. The Medicare number can also be a special Medicare number which applies to the person for whose treatment the prescription was written. For RPBS prescriptions where an entitlement number is supplied or doctors' bag order forms, this field is zero filled. Valid values include: 00000000000-99999999999.
Entitlement id	157	167	11	A/N	For concessional benefit prescriptions, the entitlement number from the Health Care Card, Pensioner Concession Card, Repatriation Health Card (Specific Conditions), Repatriation Health Card (All Conditions), Commonwealth Seniors Health Card, Repatriation Pharmaceutical Benefits Card or PBS Safety Net Entitlement Card or PBS Safety Net Concessional Card which applies to the patient. For general benefit prescriptions (Where Immediate Supply Necessary is not 'S') or doctors' bag order forms, this field is space filled. Valid values include: 0-9, A – Z Alpha characters must be in upper case.
Family name	168	207	40	A	Alphabetic field, left justified, blank filled; being the surname of the person for whom the prescription was written. This being the name on the Medicare card or equivalent DVA card. For doctors' bag order forms this field is space filled. Valid values include: A – Z and symbols ' - . () These are alpha characters
Given name	208	247	40	A	Alphabetic field, left justified, blank filled; being the given name, or the first letter of that name, of the person for whom the prescription was written. This being the name on the Medicare card or equivalent DVA card. For doctors' bag order forms this field is space filled. Valid values include: A – Z and symbols ' - . () These are alpha characters
Resubmission Flag	248	248	1	A	Alphabetic field, right justified; being a field which indicates that this prescription was rejected in a former claim and is being resubmitted for payment. Acceptable values for this

					field are; 'Y' or 'N', with 'N' being the default. Valid values include: Y or N
Pharmacy Processing Code	249	250	2	A/N	Numeric field, right justified; being a field which indicates that the Pharmacy has reason to contest the response from the Medicare Australia CEO. These will be in the form of a processing code (supplied to pharmacy by Medicare Australia). The following are acceptable values: 00 – Processing code not required (default) 01 – New Centrelink Customer Indicator*** 02 – ISP not available Valid values include: 00-99
PBS Reference Number	251	262	12	N	Numeric field, right justified; being a number created by Medicare Australia when a pre-assessment was requested by pharmacy. This number will be used to honour pharmacy payment where entitlement details may have changed since the pre-assessment was completed only if the pre-assessment was supplied on the same day. Valid values include: 0-9
Carriage return and line feed	N/a	N/a	N/a	N/a	End of record

* New or enhanced fields.

**Each script is treated as an individual i.e. for example an original and five repeats, each repeat is regarded as a new script for this purpose.

*** The pharmacy has sighted information showing that the consumer is a new customer to Centrelink, that day and is actually entitled to PBS at the concessional rate.

PART 3 – CLAIM TRAILER RECORD

This details the end of the claim reiterating the claim number for the year and listing the number of prescription records in the claim.

Column 1	2	3	4	5	Column 6
Field	Start	End	CH	Type	Description
Record type	1	1	1	A	One byte alphabetic, value 'Z', to identify this record as being a claim trailer record.
Number of scripts	2	6	5	N	Five bytes numeric, values 01 to 99999, being the total number of scripts in the claim. Valid values include: 00001-99999
Carriage return and line feed	N/a	N/a	N/a	N/a	End of record

Note

1. All legislative instruments and compilations are registered on the Federal Register of Legislative Instruments kept under the *Legislative Instruments Act 2003*. See www.frli.gov.au