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PHI 47/24 Further changes to format for new billing codes

Information about further changes to the format for new billing codes on the July 2024 Prescribed List.

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Audience: Health sector

Following up on the department's [notification](#) of the change to the format of new billing codes from 6-digit to 5-digit, some stakeholders have advised that the 5-digit format conflicts with the Medicare Benefit Schedule (MBS) 5-digit code in the billing sections of their business systems. Therefore they are unable to successfully apply the updated PL file that was provided on Sunday 30 June 2024.

Therefore, we have replaced the 5-digit numeric only billing codes with a 5-digit alphanumeric format (same as the existing billing code format) as a temporary solution to allow stakeholders to successfully update their business systems with the July 2024 PL update.

These new billing codes will have a prefix of 'QQ', followed by three numbers (QQNNN), for example: QQ123; QQ456 etc.

This temporary billing code format will be used for new listings on the PL, until there is a longer-term solution that is agreed across all stakeholders. Note that there is no option to stay with the 5-digit

format in the longer term as the PL has exhausted all combinations of alpha and numeric within the 5-digit format.

We acknowledge that this situation is causing angst and that stakeholders have had to apply additional resources to apply these changes. We apologise for the inconvenience. As previously stated, no issues were raised when the change in billing code format was introduced and consulted on during beta testing of the Health Products Portal (HPP), stakeholder meetings or webinars. However, as soon as these issues were brought to our attention, we have worked as quickly as possible to resolve them.

All Excel and XML files on [our website](#) have been updated and now reflect the new billing code format (QQNNN). We kindly ask all stakeholders to visit our website, download the Prescribed List, and re-upload the list to their systems.

These changes along with others that have been identified will be included in an amendment to the *Private Health Insurance (Medical Devices and Human Tissue Products) Rules (No. 1) 2024* (the Rules), which we expect to happen mid-to-late July 2024. In the meantime, we kindly request stakeholders' cooperation to take the Prescribed List on our website as the basis for benefit claim and reimbursement transactions.
