

2. Application (doctor to complete) (continued)

2.2 Application for medicine

Current medicine required (please provide details and relevant laboratory tests to demonstrate success of therapy, for example blood pressure reading, HBA1C)

Condition	ICD-10 code	Medicine name, strength and dosage	NAPPI code	Quantity each month	Number of months

2.3 Application for radiology

Condition	ICD-10 code	RPL code	RPL Description	Quantity per year

2.4 Application for pathology

Condition	ICD-10 code	RPL code	RPL Description	Quantity per year

3. Request for ongoing treatment for a Prescribed Minimum Benefit

Condition	ICD-10 code	Motivation

Please attach any relevant supporting documentation, for example pathology tests.

4. Doctor's details (doctor to complete)

Name

Practice number

Fax

Doctor's signature

Date

5. Disclaimer

The doctor's fee for completion of this form will be reimbursed on code 0199, on submission of a separate claim. Payment of the claim is from the Medical Savings Account (if applicable to the member's plan type), subject to Scheme rules and availability of funds.

In line with legislative requirements, please ensure that when using code 0199, you submit the ICD-10 diagnosis code(s). As per industry standards, the appropriate ICD-10 code(s) to use for this purpose would be those reflective of the actual Prescribed Minimum Benefit condition(s) for which the form was completed. If multiple Prescribed Minimum Benefit conditions were applied for, then it would be appropriate to list all the relevant ICD-10 codes.

You may call 0860 99 88 77 for **changes** to your patient's medicine for an **approved** condition. An application form only needs to be completed when applying for a **new Prescribed Minimum Benefit condition**.