

Coding and Endorsing Prescriptions



Providing Support to Health and Social Care

Contents

Codebook.....	3
Coding and endorsing prescriptions.....	4
Additional Fee Codes.....	6
Coding and Endorsing Out of Pocket Claims	7
Coding and Endorsing Substitute Prescribing.....	8
Coding and Endorsing Zero Discount	9
Broken Bulk.....	10
Coding and Endorsing Assorted Flavours and Reconstituted Liquids.....	11
Reconstituted Liquids.....	13
Coding and Endorsing Specials	14
Useful Links and Documents	15

Codebook

Drug codes and further information are detailed in the **Code Book** (the most up to date version can be found [HERE](#) on the BSO website). Here you will also find additional information on Additions, Amendments and Deletions and also some Common Coding Issues.

The codebook lists documentation on

- Drugs
- Dressings (including Wound Management)
- Ostomy / incontinence appliances
- Catheters
- Lymphoedema
- Other Appliances
- Substitute prescribing supervision codes
- Minor Ailment Codes (can be found in Minor Ailment tab in Code Book)
- Oxygen Therapy Service
- Special Codes

Amlodipine 10mg tablets. (28) tablet. TAKE ONE DAILY TO LOWER BLOOD PRESSURE	218 — 28
Simvastatin 20mg tablets. (28) tablet. TAKE ONE AT NIGHT	650 — 28
Venlafaxine 37.5mg modified-release capsules. (28) capsule. TAKE ONE IN THE MORNING	958 — 28
Three items on form X X X X X X X X X X X X	
Signature of Prescriber: <i>[Signature]</i> Date: _____	

Do not code over or deface the 2D barcode as it contains vital prescribing information, enables auto-coding & improves payment accuracy.

If your pharmacy is using auto-endorsing printers -

- Ensure the print is at least as dark as the print on the prescription.
- Ensure the sizing of printed codes is adequate.
- Ensure the ribbons are regularly changed.
- Faded codes could result in payment errors.
- If printing quality is very poor it could result in the return of the submission.


Epilem E/c tablets 500 mg 112 TABLET TWO BD DISPENSE WEEKLY	1283 — 112	54821 — 12
Lamotrigine Tablets 100 mg 56 TABLET 1 TAB BD DISPENSE WEEKLY		
Simvastatin Tablets 40 mg 28 TABLET TAKE ONE AT NIGHT DISPENSE WEEKLY		
Sukkarlo Sr M/R tablets 1 gram 28 TABLET TAKE ONE IN THE MORNING DISPENSE WEEKLY metformin m/r		

An example of poor coding

Additional Fee Codes

The codes listed below should be used to claim payments in respect of fees for scheme payments and special dispensing's

- Always code in the right-hand side of the prescription form
- The area under the barcode can be used if space is limited (do not code over the 2d barcode as this contains vital prescribing information)

BSO CODE	SCHEME	CLAIM PER FORM	SUBMIT IN BATCH
54321	Instalment Dispensing Additional Dispensing Fee	As per prescriber dispensing instructions. code over additional number required Only 1 code should be endorsed per form.	(H) Instalment Dispensing
98765	Additional Full Dispensing Fee <i>To be used to claim for dispensing fee associated with assorted flavours when requested by the prescriber</i>	Code over additional number required. Only 1 code should be endorsed per form.	(H) Instalment Dispensing
79070	Pharmacy First Everyday Health Conditions (formerly known as Minor Ailment) Consultation Fee <i>To be claimed on PV1 Forms ordering Minor Ailment Products Only</i>	Only 1 consultation fee may be claimed per form or group consultation	(I) Pharmacy Voucher
97001	Repeat Dispensing Intervention Fee	Only 1 fee may be claimed per form	(L) Repeat Dispensing
97002	Repeat Dispensing Non-Dispensing Fee	Only 1 fee may be claimed per form	(L) Repeat Dispensing
97003	Pharmacy First <i>To be claimed on PV1 forms when ordering Pharmacy First products only</i>	Only 1 code should be endorsed per form	(I) Pharmacy First (excluding Everyday Health Conditions/Minor Ailment)
88888	Non-Dispensed Item <i>If NO items on the form are dispensed – Do NOT submit the form</i>	Code as required, with a quantity of /1	Not in fully coded batches.
	Product has no BSO code, claiming Broken Bulk or OOP	Code as required	(B) Part Coded / Un-coded

Coding and Endorsing Out of Pocket Claims

For OOP claims to be paid the following must occur

- **Always** diamond the drug item you wish to claim OOP for.
- You must endorse the OOP claim on main body of the prescription – and include Ingredient cost ex VAT (if applicable), Administration cost & postage claim.
- You must submit a unique valid invoice for each claim, remembering to endorse the invoice with the prescription form 11-digit serial number and ensure pack size is stated on the invoice

For further information on Out of Pocket Expenses please see the General Notes section on the NI Drug Tariff [HERE](#)

Always diamond the item

Endorse on the main body of the prescription the following -

- OOP
- Cost of the item
- Admin cost
- VAT on OOP cost

Coding and Endorsing Substitute Prescribing

- Endorse the date of each dispensing: legal requirement.
- Use separate codes for supervised and non-supervised dispensing
- Number of supervised / non-supervised fees claimed.
- If not dispensed then endorse N/D in the supervision column.
- The form must be signed and dated by the Pharmacist on completion.

H & C No:	[REDACTED]	DOB :			
Number of Days Treatment	14	Dispensing Date	Supervision	BSO Drug Code	No. of Supervision Fees Claimed
Espranor 8mg OD SUPERVISE DAILY DISPENSE 1 (ONE) take home dose on SATURDAY Instalments due on the day pharmacy is closed should be dispensed on day immediately prior to closure Total quantity 112mg (one hundred and twelve milligrams) 08/08/22 Start Date: _____ <small>Instalment prescriptions covering more than one day should be collected on the specified day. If this collection is missed the remainder of the instalment (i.e. the instalment less the amount prescribed for the day(s) missed) may be supplied.</small>		08/08/22	Yes	80003	12
		09/08/22	Yes		
		10/08/22	Yes	24	
		11/08/22	Yes	72711.	2
		12/08/22	Yes		
		13/08/22	Yes	2.	
		14/08/22	NO		
		15/08/22	Yes		
		16/08/22	Yes		
		17/08/22	yes.		
		18/08/22	yes.		
		19/08/22	yes.		
		20/08/22	Yes		
		21/08/22	NO		
Prescriber Signature:	[REDACTED]	Date:	14/7/22	Prescriber Number	[REDACTED]
				Form Number	
Name of Prescriber if different from prescriber pre-printed above					
_____ (BLOCK CAPITALS)					
I declare that the details completed on this claim form are accurate and that the prescription has been dispensed in accordance with the Medicines Act and the Misuse of Drugs Regulations.					
Pharmacists Signature:		[REDACTED]		Date: 05/09/22.	

Coding and Endorsing Zero Discount

- You are only required to endorse ZD if the item has no code
- Endorse on the main body of the prescription ZD, not in the coding column.
- Only endorse ZD on items listed on ZD list in NI Drug Tariff found [HERE](#)
- **Do not** endorse ZD on items not listed on ZD list.

Further information on Zero Discount and what items are listed on the ZD list can be found [HERE](#)

00003 3076 Northern Ireland Health Service
 HS 21CS
 No. 0858
 App: Name (including forename) and address
 D.O.B.
 Pharmacy stamp
 No. of days treatment: 14
 GH / H.C. No.:
 Code number:
 Melatonin Oral Soln 1mg/ml
 10mls at Night
 mitte 2x200ml
£443.02 **ZD**
OOP
 ADMIN £20
 POSTAGE £12
 VAT
 Signature of Prescriber: *D O Getwell* Date:
 DR DO GETWELL
 1A HEALTH ROAD
 BELFAST
 BT17 1DA
 1234
 PATIENTS - please read the accompanying leaflet
 Form Number: 0001 02028022381

You are only required to endorse ZD if the item has no code

Endorse on the main body of the prescription ZD, not in the coding column.

Broken Bulk

Broken Bulk – can be claimed in respect of:

- Drugs and preparations not listed in part 2 (Chemical Reagents) or part 3 (Appliances) of the NI Drug Tariff.
- Incontinence & Ostomy appliances.

Further information on Broken Bulk can be found in the NI Drug Tariff [HERE](#)

Endorsing the prescription form -

- Always diamond the item.
- Endorse BBC, Pack size & date on main body of prescription.
- Endorse remaining pack BBC & date on the pack itself.
- If you get another script for the item in the next 6 months then diamond and endorse the date the claim was opened, quantity dispensed and quantity to be paid if applicable.
- Always refer back to open claims on main body of prescription - claims remain open for 6 months, but can be referred back to after this period.

000983 3078 Northern Ireland Health Service
HS 21CS
Age Name (including forename) and address
DOB
Pharmacy stamp
No. of disp. GH / H.C. No. Code number
Accupro Tabs 20mg
1 Daily
mitte 28
BBC
1/8/14
PACK 60
Signature of Prescriber Date
D O Getwell
DR DO GETWELL
1A HEALTH ROAD
BELFAST
BT17 1DA
1234
PATIENTS - please read the notes on this form
Form Number

Always diamond the item

Endorse the main body of the prescription with

- BBC
- Date of dispensing
- Pack size

Coding and Endorsing Assorted Flavours and Reconstituted Liquids

Additional fees may be claimed where the prescriber has asked for Nutritional Supplements multiple flavours to be dispensed or Reconstituted liquids when the duration of treatment is longer than the expiry of the total quantity of reconstituted liquid prescribed.

Multiple Flavours

Multiple flavours must be requested by the prescriber. If the prescriber has requested multiple flavours on the prescription then you make the following endorsements & coding rules:

- Code **98765** over the number of additional fees being claimed.
- Always code **98765** as the last item in the coding area.
- Endorse on main body of the prescription form with number of flavours being dispensed.
- Place the prescription in the appropriate Instalment dispensing batch (For further information on bundling your prescriptions for submission click [HERE](#))

Northern Ireland Health Service		
HS 21CS Form 1000		
Age	Name (including forename) and address	
DOB		
Pharmacy stamp		
No. of days treatment	Off / Med. No.	Code number
Fortisip Compact Protein liquid (mixed flavours) Bottle 125ml 2 Daily mitte 56 4 flavours dispensed		18581 7000
Fortisip Yogurt Style liquid (mixed flavours) Bottle 200ml 1 Daily mitte 28 4 flavours dispensed		6473 5600
		98765 6
Signature of Prescriber <i>D O Getwell</i>		1234
DR DO GETWELL 1A HEALTH ROAD BELFAST BT17 1DA		
0001 02028022381		Form Number

Code each item as normal

Additional dispensing fee claim

$$(8 - 2 = 6)$$

Total number of flavours dispensed on prescription (you receive 1 full dispensing fee by coding each type of food)

Multiple Flavours and Instalment Dispensing

Northern Ireland Health Service		
Age	Name (including forename) and address	
DOB		
Pharmacy stamp		
No. of days treatment	CHI / HIC NO.	Code number
Ensure Plus (mixed flavours) Yoghurt Style liquid mitte 56 x 220ml 2 Daily Dispense weekly		$\begin{array}{r} 4393 \\ 12320 \\ \hline 54321 \\ 9 \end{array}$
<p style="color: red;">13/06/18</p> <p style="color: red;">12 Fees</p> <p style="color: red;">3 flavours dispensed</p>		$\begin{array}{r} 98765 \\ 2 \\ \hline \end{array}$
Signature of Prescriber <i>D O Getwell</i>		 1234
DR DO GETWELL 1A HEALTH ROAD BELFAST BT17 1DA		
		Form Number
0001 07028022381		

Code each item as normal

Additional Instalment Dispensing Fee claim
 $(12 - 3 = 9)$

Additional dispensing fee claim
 $(3 - 1 = 2)$

Total number of flavours dispensed on prescription (you receive 1 full dispensing fee by coding each type of food)

Further information on Instalment Dispensing can be found in the NI Drug Tariff [HERE](#)

Reconstituted Liquids

98765 can be claimed when the duration of treatment is longer than the expiry of a reconstituted liquid and additional dispensing is required. It is not claimed when the full quantity can be dispensed at once.

- Code **98765** over the number of additional fees being claimed.
- Always code **98765** as the last item in the coding area.
- Place the prescription in the appropriate Instalment dispensing batch (For further information on bundling your prescriptions for submission click [HERE](#))

00093 3076 Northern Ireland Health Service
 HSC
 Age Name (including forename) and address
 DOB
 Pharmacy stamp
 No. of dish treatment QR / HSC No. Sub-number
 Clarithromycin 125mg/5ml oral suspension
 Take 5mls twice a day
 mitte 280ml
 27
 280
 98765
 1
 Signature of Prescriber
 D O Getwell
 DR DO GETWELL
 1A HEALTH ROAD
 BELFAST
 BT17 1DA
 1234
 PATIENTS - please read the notes on the back
 0001 02028022381 Form Number

Code item as normal

Additional dispensing fee claimed

Code over number of additional dispensing required due to shelf life of product

In this case reconstituted product lasts 14 days and prescribed quantity is for 28 days

Coding and Endorsing Specials

- Diamond the item.
- Contractors must endorse on main body of the prescription –
 - (a) Ingredient cost excluding VAT
 - (b) Any Admin charged
 - (c) Postage charged
 - (d) VAT
 - (e) ZD status
 - (f) CD if applicable
- Do not use labels from suppliers.
- Ensure the invoice submitted relates to the prescription item claimed.
- Endorse the invoice with the prescription form 11-digit serial number.

000002 3076 Northern Ireland Health Service
 HS 21CS
 Age: Name (including forename) and address:
 DOB:
 Pharmacy name:
 No. of days treatment: OS / (Rx/CS):
 Club number:
 Melatonin Oral Soln 1mg/ml
 10mls at Night
 mitte 2x200ml
£443.02 ZD
OOP
 ADMIN £20
 POSTAGE £12
 VAT
 Signature of Prescriber: D O Getwell
 DR DO GETWELL
 1A HEALTH ROAD
 BELFAST
 BT17 1DA
 1234
 0001 02028022381 Form Number

Always diamond the item

Endorse ZD to claim

Endorse the main body of the prescription with

- Ingredient cost of item excluding VAT
- OOP
- Admin Cost
- Post Cost
- VAT

Useful Links and Documents

[Contact Us](#)

[Common Coding Issues](#)

[Pharmacy Application Forms](#)

[Drug Tariff and Related Materials](#)

[Prescription Pad Reordering](#)