

Error Codes for Community   
and PCT Pharmacy Electronic Claiming (PEC) V11.0

Update 8th August 2024, by Health New Zealand | Te Whatu Ora, PO Box 793, Wellington, 6140, New Zealand

This document is available on the Health New Zealand | Te Whatu Ora Web site:  
http://www.tewhatuora.govt.nz

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| **Version** | **Date** | **Update** |
| V10 | 5th August 2024 | New PCT Error codes for moving PCT TO HSAAP Systems |
| V11 | 12th August 2024 | 1. Slightly updated PCT error codes that have resulted in the HSAAP go live 2. Changing all references from the Ministry of Health to Health New Zealand | Te Whatu Ora, (Health NZ) including for ICPSA Error references. |

# Introduction

This booklet explains the error codes that appear in reports after Health New Zealand | Te Whatu Ora processes your electronic claim.

* When an item has an error, it has not been paid. Where appropriate, the item should be corrected and resent.  
  TONIQ users: Resend (ONE Transaction with category I)  
  RxOne users: Resubmit script not yet paid
* When an item appears as a variance, it has been reimbursed at the amount appearing in the ‘Amount Payable’ column. If, for example, you wish to change the quantity claimed the item should be credited and resubmitted.  
  TONIQ users: Resubmit (Consists of TWO Transactions, one with category C (Credit) AND one with category R)  
  RxOne users: Cancel Health NZ payment and price again

*Pharmaceutical Transactions Data Specification Version 3.03* provides detail about the file format and data to be included for processing pharmaceutical claims. Reference should be made to this document for further clarification. Please note that some fields required for electronic payment are completed by your software from your entry. These examples are identified here and where applicable you are referred to your software vendor for assistance.

# Health New Zealand | Te Whatu Ora Contact Centre telephone numbers

|  |  |
| --- | --- |
| Eligibility (Special Authority – SA - and High Use Health Card - HUHC) | 0800 243 666 |
| Pharmacy Queries | 0800 353 2425 |
| National Health Index (NHI) | 0800 855 151 |

# Contact telephone numbers

PHARMAC: 0800 660 050

RxOne: (09) 300 7007

Toniq: (03) 341 0195

The Pharmacy Guild: (04) 802 8200

# PCT Errors

|  |  |  |  |
| --- | --- | --- | --- |
| PCT Error Code | Description | Example Explanation | Action Required By User |
| DET039.001 | Pharmaceutical is not found in the Pharmac schedule, and no special authority number has been provided. | The Pharmacode provided was not found in the Pharmac schedule. Refer field 65. | Check the Pharmacode is correct, or if a special authority is required for the claim item. |
| DET040.002 | No File ID provided. | The File ID was not provided. Refer field 3. | Resubmit the claim with a File ID. |
| DET040.013 | No total claim value provided. | The total claim value was not provided. Refer field 93. | Resubmit the claim with a total claim value. |
| DET040.015 | Claim date provided is not valid. | The claim date provided was not the 15th or the last day of a month. Refer field 12. | Correct the claim date and resubmit the claim. |
| DET040.016 | No claim date has been provided. | The claim date was not provided. Refer field 12. | Correct the claim date and resubmit the claim. |
| DET040.018 | No file date provided. | The File Date was not provided. Refer field 5. | Resubmit the claim with a File Date. |
| DET041.002 | No unique transaction number provided. | A unique transaction number was not provided for the claim item. Refer field 22. | Resubmit the claim item with a unique transaction number. |
| DET041.004 | Transaction category provided is not valid. | The transaction category provided was not "I" or "R". Refer field 23. | Resubmit the claim item with a valid transaction category. |
| DET041.005 | No transaction category provided. | Transaction category was not provided for the claim item. Refer field 23. | Resubmit the claim item with a transaction category. |
| DET041.008 | No prescriber ID provided, or the health professional group code is not valid. | Prescriber ID was not provided, or the health professional group code provided is not listed as valid in the data specification. | Correct the missing or invalid value and resubmit the claim. |
| DET041.015 | Patient category provided is not valid. | The patient category provided was not "S", "A", "J", "Y", "H", or "W". Refer field 39. | Resubmit the claim item with a valid patient category. |
| DET041.016 | No patient category provided. | Patient category was not provided for the claim item. Refer field 39. | Resubmit the claim item with a patient category. |
| DET041.018 | No prescription ID provided. | Prescription ID was not provided for the claim item. Refer field 62. | Resubmit the claim item with a prescription ID. |
| DET041.020 | No date of dispensing provided. | A date of dispensing was not provided for the claim item. Refer field 64. | Resubmit the claim item with the dispensed date. |
| DET041.022 | No claim code provided. | Pharmacode was not provided for the claim item. Refer field 65. | Resubmit the claim item with the Pharmacode. |
| DET041.024 | No quantity claimed provided. | Quantity was not provided for the claim item. Refer field 68. | Resubmit the claim item with a quantity claimed. |
| DET041.026 | No claim amount provided. | A claim amount was not provided for the claim item. Refer field 78. | Resubmit the claim item with an amount claimed. |
| DET041.028 | Prescription ID suffix provided is not valid. | The prescription ID suffix provided was not 0. Refer field 63. | Resubmit the claim item with the valid prescription ID suffix. |
| DET041.029 | No prescription ID suffix provided. | Prescription ID suffix was not provided for the claim item. Refer field 63. | Resubmit the claim item with a prescription ID suffix. |
| DET041.032 | No health professional group code provided, or the code is not valid. | Health professional group code was not provided, or it is not listed as a valid code in the data specification. Refer field 29. | Correct the missing or invalid code and resubmit the claim. |
| DET041.034 | Oncology specialty patient grouping provided is not valid. | The oncology specialty patient grouping provided was not 1-7. Refer field 37. | Resubmit the claim item with a valid oncology specialty patient grouping. |
| DET041.036 | No oncology specialty patient grouping provided. | Oncology specialty patient grouping was not provided for the claim item. Refer field 37. | Resubmit the claim item with an oncology specialty patient grouping. |
| DET041.039 | No form number provided. | Form number was not provided for the claim item. Refer field 85. | Resubmit the claim item with a form number. |
| DET041.041 | Dose not provided. | Dose was not provided for the claim item. Refer field 57. | Resubmit the claim item with a dose. |
| DET041.043 | Daily dose not provided. | Daily does was not provided for the claim item. Refer field 58. | Resubmit the claim item with a daily dose. |
| DET042.004 | Special authority number [Special Authority number] not found in our records. | No special authority was found for the number provided, or the special authority found did not cover the date of dispensing. | Check the special authority number and the date of dispensing are correct, and if not update them and resubmit the claim item. |
| DET042.005 | Special authority found in our records, but the pharmaceutical dispensed is not covered. | The special authority found does not cover the pharmaceutical dispensed. | Check the special authority number and pharmacode are correct, and if not update them and resubmit the claim item. |
| DET042.008 | Special authority number [Special Authority number] not found in our records. | No special authority was found for the number provided, or the special authority found did not cover the date of dispensing. | Check the special authority number and the date of dispensing are correct, and if not update them and resubmit the claim item. |
| DET042.012 | Special authority found in our records, but the pharmaceutical dispensed is not covered. | The special authority found does not cover the pharmaceutical dispensed. | Check the special authority number and pharmacode are correct, and if not update them and resubmit the claim item. |
| DET042.014 | Special authority found in our records, but the pharmaceutical dispensed is not covered. | The special authority found does not cover the pharmaceutical dispensed. | Check the special authority number and pharmacode are correct, and if not update them and resubmit the claim item. |
| DET042.018 | Special authority found in our records, but it has an invalid prefix / type for a pharmaceutical that is not found in the Pharmac schedule. | The special authority found (for the unlisted pharmaceutical) has a prefix / type other than "EXCP". | Check the special authority number and pharmacode are correct, and if not update them and resubmit the claim item. |
| DET043.001 | No matching historical transaction found for this credit. | No previous claim item was found for the Prescription ID and suffix provided on the credit item. | Check the Prescription ID and suffix are correct, and if not update them and resubmit the credit item. |
| DET043.002 | Most recent matching historical transaction is also a credit. | The most recent previous claim item found for the Prescription ID and suffix provided on the credit, is also a credit. | Check the Prescription ID and suffix are correct, and if not update them and resubmit the credit item. |
| DET044.005 | Claim has not been received within 6 months of the date of dispensing, and no late claim approval has been provided. | The date of dispensing provided on the claim item was more than 6 months ago. Refer field 64. | Correct the date of dispensing and resubmit the claim, or apply to have the claim item approved as late. |
| DET045.001 | No matching credit transaction found for resubmission Prescription ID [variable]. | The resubmission claim item does not have a matching credit claim item in the claim file. | Resubmit the resubmission claim item with a matching credit claim item, or update the resubmission to be an initial claim item "I". |
| DET045.004 | Two dispensed items for Prescription ID [variable] with an invalid mix of transaction category. | Two claim items have the same Prescription ID, but they are not a credit and resubmission pair. | Check the claim items that have the same Prescription ID. |
| DET045.005 | More than two dispensed items for Prescription ID [variable]. | More than two claim items have the same Prescription ID. | Check the claim items that have the same Prescription ID. |
| DET046.002 | Pharmac schedule rule is not met - pharmaceutical cannot be dispensed under Agreement. | Pharmaceutical does not have a rule type of PCT, and has not been dispensed under an exceptional circumstances special authority, therefore cannot be approved. | Check the Pharmac schedule. |
| DET046.006 | Pharmac schedule rule not met - Specialist endorsement ID and date not provided for this dispensing. | Pharmaceutical has a rule type of Specialist Endorsement, and has not been dispensed under an exceptional circumstances special authority, therefore Specialist ID and Date of Endorsement are required. | Resubmit the claim item with the specialist endorsement details. |
| DET046.007 | Pharmac schedule rule not met - Specialist endorsement date not provided for this dispensing. | Pharmaceutical has a rule type of Specialist Endorsement, and has not been dispensed under an exceptional circumstances special authority, therefore Specialist ID and Date of Endorsement are required. | Resubmit the claim item with the specialist endorsement details. |
| DET046.008 | Pharmac schedule rule not met - Specialist endorsement ID not provided for this dispensing. | Pharmaceutical has a rule type of Specialist Endorsement, and has not been dispensed under an exceptional circumstances special authority, therefore Specialist ID and Date of Endorsement are required. | Resubmit the claim item with the specialist endorsement details. |
| DET046.011 | Pharmac schedule rule not met - Special authority decision failed. | Pharmaceutical has a rule type of Special and the claim item has not passed the special authority checks, therefore cannot be approved. | Check the special authority error codes. |
| DET046.013 | No pack unit of measure provided. | The pack unit of measure was not provided. Refer field 70. | Resubmit the claim item with a pack unit of measure. |
| DET046.015 | Pharmac schedule rule is not met - wastage cannot be claimed for the pharmaceutical. | Pharmaceutical does not have a rule type of PCT, therefore wastage cannot be approved. | Check the Pharmac schedule. |
| DET047.002 | Claim has not been received within 6 months of the claim date, and no late claim approval has been provided. | The claim date provided was more than 6 months ago. Refer field 12. | Correct the claim date and resubmit the claim, or apply to have the claim approved as a late claim. |
| DET050.003 | Duplicate found of this dispensing. | A duplicate claim item with the same Prescription ID and suffix was found for this dispensing. | Check the claim items that have the same Prescription ID. |
| DET051.001 | Credit and/or resubmission have failed determination. | The credit and / or resubmission claim item was rejected, therefore both items are rejected. | Check the error codes for the credit and resubmission. |
| DET052.002 | This claim is a duplicate of claim [Claim Number] received on [Received Date]. | A duplicate claim has been found in history. | Check for previous claims with the same File ID. |
| DET054.002 | Cost brand source (CBS) in Pharmac schedule but no CBS subsidy has been provided. | This listed pharmaceutical has a rule type of Cost Brand Source (CBS), but no CBS subsidy has been provided for the claim item. | Resubmit the claim item with a CBS subsidy amount. |
| DET054.003 | Cost brand source (CBS) in Pharmac schedule but no CBS packsize has been provided. | This listed pharmaceutical has a rule type of Cost Brand Source (CBS), but no CBS packsize has been provided for the claim item. | Resubmit the claim item with a CBS packsize. |
| DET054.007 | Exceptional circumstances but no cost brand source (CBS) subsidy has been provided. | This unlisted pharmaceutical requires a CBS subsidy amount. | Resubmit the claim item with a CBS subsidy amount. |
| DET055.002 | NHI number cannot be found in our records. | The NHI number provided cannot be found as active or dormant in the NHI database. | Check the NHI number, update it and resubmit the claim item. |
| DET055.004 | No NHI number provided. | NHI number was not provided for the claim item. Refer field 38. | Resubmit the claim item with the NHI number of the health service user. |
| DET055.006 | NHI number provided is for a deceased health service user. | The date of the dispensing is after the date of death recorded against the health service user. | Check the NHI number and the date of dispensing. |
| DET055.007 | Unable to check if the dispensing is valid for a deceased health service user as no date of dispensing has been provided. | The NHI number provided is for a deceased health service user, and no date of dispensing has been provided, therefore we are unable to approve the claim item. | Resubmit the claim item with the date the pharmaceutical was dispensed. |
| DET055.010 | No pack unit of measure provided. | The pack unit of measure was not provided. Refer field 70. | Resubmit the claim item with a pack unit of measure. |
| DET055.011 | Unable to check quantity claimed as no quantity has been provided. | Unable to check the 90-day supply limit, as quantity was not provided for the claim item. Refer field 68. | Resubmit the claim item with a quantity claimed. |
| DET055.012 | Unable to check quantity claimed as no daily dose has been provided. | Unable to check the 90-day supply limit, as daily dose was not provided for the claim item. Refer field 58. | Resubmit the claim item with a daily dose. |
| DET055.016 | Quantity claimed exceeds the 90-day supply limit. | The quantity claimed, when divided by the daily dose, is more than 90-days worth of supply. | Check the quantity claimed and the daily dose. |
| DET055.017 | Date of dispensing is after the date the claim was received. | The date of dispensing provided on the claim item is after the date the claim was received. Refer field 64. | Check the date the pharmaceutical was dispensed, if it is incorrect, update it and resubmit the claim item. |
| DET056.002 | Unable to check if the NHI number matches, since the special authority is missing an NHI. | The special authority record does not have an NHI number associated with it, therefore we are unable to approve the claim item. | Check the special authority details. |
| DET056.004 | Special authority found in our records, but the NHI number does not match. | The special authority number provided does not relate to the NHI number provided for the claim item. | Check the NHI number and the special authority. |

# ICPSA Errors

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ICPSA Error Code | | Description | Example Explanation | Action Required by User |
| 001 | Invalid Record Type on Header. | |  | Contact your software vendor. |
| 002 | Header line does not have sequence number equal to 1. | |  | Contact your software vendor. |
| 004 | Mandatory field is missing on the header. | |  | Fields currently checked are Record Type, File ID, Sequence Number, and Contract Number. |
| 007 | Contract Number is missing. | |  | Contact your software vendor. |
| 008 | File is out of sequence. | |  | Contact your software vendor. |
| 076 | Duplicate Claim File. | |  | A claim file with this Contract Number and File ID already exists in the database. |
| 5 | A Unique Transaction Number is not provided, this field must be filled in. | | Refer Field 22 | This is system generated. Contact your software vendor. |
| 6 | A Prescription ID number is not provided, this field must be filled in. | | The claim did not include a prescription number.  Refer Field 62 | Contact your software vendor. |
| 9 | Form Number is not provided. | | This item does not include a form number.  Refer Field 85  (Note: this error code does not apply to credit transactions.) | This is system generated. Contact your software vendor. |
| 14 | File date must be on or before the date received. | |  | Contact your software vendor. |
| 17 | CSC Expiry Date must be a valid date. | | The date in this field is not a valid date (e.g. 31 September 2005). | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 20 | Invalid CSC status flag. | | The CSC/PHO status field is filled with something other than Y (es), N (o) or Q (enrolled with PHO).  Refer Field 40 | This flag is generated by your system.  Contact your software vendor. |
| 21 | Invalid HUHC status flag. | | The HUHC field is filled with something other than Y (es) or N (o).  Refer Field 43 | This flag is generated by your system.  Contact your software vendor. |
| 22 | Safety Net Category is blank. | | The safety net field is blank and requires either Y (es) or N (o). | This flag is generated by your software.  Contact your software vendor. |
| 23 | Initial dispensing with no repeats required. | | Prescription number – 12345/1  Number of dispensings – 0.  Refer Fields 63 and 55 | Check your records relating to the number of dispensing required. If the details have been entered correctly, contact your software vendor. |
| 24 | Invalid Dose Flag. | | The dose flag (indicating non-specific dose directions) is something other than Y (es) or N (o).  Refer Field 61 | This flag is generated by your system.  Contact your software vendor. |
| 25 | Dose required and not provided. | | A dose is required.  Refer Field 57 | Check your record relating to dose and frequency. Correct if necessary and resend.  If there is no apparent error, contact your software vendor. |
| 26 | Daily Dose required and not provided. | | A daily dose is required.  Refer Field 58 | Check your record relating to dose and frequency. Correct if necessary and resend.  If there is no apparent error, contact your software vendor. |
| 27 | Daily Dose must be numeric. | | This field requires numbers.  Refer Field 58 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 28 | Dose must be numeric. | | This field requires numbers.  Refer Field 58 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 29 | Date of Service has not been entered. | | The date of service for the item has not been submitted as part of the claim.  Refer Field 64 | Check your record to see if a dispensing date is recorded.  If no: enter a dispensing date and resend.  If yes: contact your software vendor. |
| 30 | No Pharmacode supplied. | | A Pharmacode is required.  (Claim Code)  Refer Field 65 | Check your records to see if a Pharmacode has been entered:  If yes: contact your software vendor;  If no: enter a Pharmacode and resend. |
| 31 | Invalid Pharmacode supplied. | | The pharmacode (claim code) included in the claim is either not valid, or not included in the (electronic) Pharmaceutical Schedule. (No payment has been made.)  Refer Field 65 | Check your records. If the item has been delisted and/or is not subsidised, no further action is required.  If an incorrect pharmacode was selected, amend the claim and resend, if appropriate. |
| 32 | Invalid type of Code Standard. | | The claim code type submitted is not correct, e.g. P – Pharmacode.  Refer Field 66 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 35 | Invalid Prescriber Flag. | | The prescriber flag identifies a PSO prescribed by a rural provider.  The prescriber flag also identifies items endorsed as ‘close control’.  The prescriber flag is something other than Y (es) or N (o).  Refer Field 36 | This flag is generated by your system.  Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 36 | Invalid Health Professional Group Code. | | The Health Professional Group Code submitted is something other than:   |  |  | | --- | --- | | Current | For future use | | MC – Medical Council of NZ | WF – Midwifery Council | | NC – Nursing Council of NZ | PC – Pharmacy Council | | DC – Dental Council of NZ | ET – Dieticians Board | | MX – Temporary Doctor | IO – Physiotherapy Board | | DX – Temporary Dentist | SY – Psychologists Board | | OP – Optometrist Prescriber | KI – Chiropractic Board | | FT – Podiatrists Board | RD – Medical Radiation Technologists Board | | LB – Medical Laboratory Science Board | | JB – Occupational Council | | BK – Osteopathic Council |   Refer Field 29 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 37 | Invalid Patient Flag. | | The patient flag identifies where a product has been used as an oral contraceptive rather than a hormone treatment. It is set by the software based on pharmacist data entry.  The patient flag is something other than Y (es) or N (o).  Refer Field 49 | This flag is generated by your system.  Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 39 | Invalid Prescription Flag. | | The prescription flag identifies that a Pharmaceutical Schedule required endorsement is present on the prescription form (e.g. congestive heart failure).  The prescription flag is something other than Y (es) or N (o).  Refer Field 60 | This flag is generated by your system.  Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 40 | Invalid or unknown funder. | | A three-character code has been submitted that is not correct.  Refer Field 81 | Contact your software vendor. |
| 45 | Invalid Compound Classification. | | This field is used to identify a Grasby Pump as GRASB.  The field has been populated with something different.  Refer Field 27 | This code is generated by your software.  Contact your software vendor. |
| 46 | Amount Claimed is mandatory. | | The value claimed for each item is required.  (Claim Amount)  Refer Field 78 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 47 | Amount Claimed must be numeric. | | The value claimed requires numbers.  (Claim Amount)  Refer Field 78 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 48 | Service Contract Number if present must be numeric. | | This field requires numbers.  This contract allows the claiming of other services, e.g. Blood Glucose contract.  Refer field 83 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 50 | Health Insurance Claim Number if present must be numeric. | | This field requires numbers.  Refer Field 84 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 51 | The NHI Number provided is not in the correct format. | | The NHI Number provided is in an invalid format. Format should be ABC1234 and must not contain an ‘I’ or an ‘O’. | To clarify the validity of the NHI number provided, use the Online NHI System, or contact the Health NZ Contact Centre on 0800 855 151.  If no apparent error, contact your software vendor. |
| 52 | NHI Number is required and has not been provided. | | An NHI Number is mandatory for this claim item. | To obtain an NHI number, use the NHI Online System, or contact the Health NZ Contact Centre on 0800 855 151  If no apparent error, contact your software vendor. |
| 53 | The NHI Number provided does not exist. | | The NHI Number provided does not exist within the Ministry’s NHI database. | To clarify the validity of the NHI number provided, use the NHI Online System, or contact the Health NZ Contact Centre on 0800 855 151.  If no apparent error, contact your software vendor. |
| 54 | The NHI Number provided is for a deceased patient. | | The NHI Number provided has a Date of Death within the Ministry’s NHI database that is before the Date of Service provided for the claim item. | To clarify the NHI information, use the NHI Online System, or contact Health NZ Contact Centre on 0800 855 151.  If no apparent error, contact your software vendor. |
| 58 | LTC Service Fee Payment is not payable with a Prescription ID Suffix greater than 0. | | The LTC Service Fee Payment transaction must be submitted with a Prescription ID Suffix of 0. | Check your records, correct and resend. |
| 59 | LTC Service Fee Payment is not payable as an owe transaction | | An LTC Service Fee payment cannot be submitted with a transaction category of ‘O’. | Check your records, correct and resend. |
| 60 | LTC Service Fee Payment is not payable when submitted as a component in a mixture | | An LTC Service Fee payment cannot be submitted as a component in a mixture. | Check your records, correct and resend. |
| 65 | Invalid Safety Net Flag. | | The safety net category field is filled with something other than Y (es) or N (o).  Refer Field 46 | This flag is generated by your system.  Contact your software vendor. |
| 85 | Wastage not payable. | | You have included with this transaction item, a claim for wastage. According to the Pharmaceutical Schedule, wastage is not payable on this medicine. | Check your records. Correct if necessary and resend.  Contact PHARMAC for medicines for which wastage is payable. |
| 86 | Wastage is more than 95% of a pack. | | You have included with this transaction item, a claim for more than 95% of an OP. E.g. More than 95mls wastage on a 100ml OP has been claimed. | Check your records. Correct if necessary and resend. |
| 87 | Repeats Expiry Date is after the subsidised period. | | This item indicates a repeat expiry date that is after the allowable timeframe:  Dental and Controlled Drugs – 30 days  Oral Contraceptives – 180 days  All other items – 90 days  Note: this is irrespective of whether the expiry date falls on a weekend.  Refer Field 56 | Check dispensing date. If appropriate amend and resend. If the dispensing date is valid, contact your software vendor. |
| 88 | Repeats Expiry is an invalid date. | | The data in this field is not a valid date (e.g. 31 September 2001).  Refer Field 56 | This may be a system-generated date. If you do not enter this field contact your software vendor.  If you do enter this field check the repeats expiry date for an incorrect date, amend and resend. |
| 89 | Date of Service is after the repeats expiry date. | | The repeats expiry date provided on the initial supply is a date prior to the dispensing date for this repeat item.  Refer Field 56 | Check that your expiry date and/or dispensing dates are correct. If the claim appears valid, contact the Health NZ Contact Centre. |
| 90 | Initial Dispensing without Repeats Expiry Date. | | The original supply of an item (with potential repeats) does not include a repeats expiry date. | Check your records. Correct if necessary and resend. |
| 96 | Credit UTN must be the same as the original. | | Unique Transaction Number of a credit item must be the same as the original. | This may be a system-generated field.  If you do not enter this field contact your software vendor. |
| 100 | Claim has less than 90% Medical Council New Zealand (MCNZ) registration numbers on claim items. | |  | Check your records, correct if necessary and resend claim. |
| 102 | Invalid Patient Category. | | The patient category supplied is something other than A, J, Y, or H.  Refer Field 39 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 109 | Invalid Transaction Category. | | The transaction category supplied on a component is something other than:  I – processed item,  C – Credit Transaction,  N – Not Subsidised (NS),  R - Resubmission, or  O – Owed transaction.  Your software based on your data entry creates these categories.  Refer Field 23 | Contact your software vendor. |
| 110 | Transaction Category Invalid. | | The transaction category supplied is something other than I, C, N, R, or O (as above).  Your software based on your data entry creates these categories.  Refer Field 23 | Contact your software vendor. |
| 111 | Cannot find the original owed item. | | Health NZ does not have a record of the first dispensing of this item. | Check the item was submitted or did not have an error.  Resend the item and claim for the balance as appropriate. |
| 113 | Original item has no balance owing. | | The balance owing is being claimed against a supply that did not have a quantity recorded as an owe.  Refer Field 26 | Check your records. Correct if necessary and resend. |
| 114 | Quantity claimed greater than balance owing. | | This item was identified as the remainder of a balance owing. The quantity claimed is greater than the quantity recorded as ‘owed’ on the original prescription item.  Refer Field 26 | Check your records. Correct if necessary and resend. |
| 115 | Balance owing if present, must be numeric. | | This field requires numbers.  Refer Field 26 | Check your records. Correct if necessary and resend. |
| 116 | Quantity Dispensed must be numeric. | | This field requires numbers.  Refer Field 67 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 117 | Quantity Claimed must be numeric. | | This field requires numbers.  Refer Field 68 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 118 | Total Quantity Prescribed if present, must be numeric. | | This field requires numbers.  Refer Field 69 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 119 | Dispensings Required must be an integer. | | This field must not include decimal points or commas.  This number must be a positive.  Refer Field 55 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 120 | Dispensings Required must be numeric. | | This field requires numbers.  Refer Field 55 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 121 | No quantity specified in the Quantity Claimed field. | | There is no number in the field that indicates the quantity being claimed.  Refer Field 68 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 122 | No quantity specified in the Quantity Dispensed field. | | There is no number in the field that indicates the quantity being dispensed.  Refer Field 67 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 123 | Quantity Prescribed if present on initial, cannot be less than Quantity Dispensed. | | Quantity Dispensed is greater than the Total Quantity Prescribed.  Refer Field 69 & Field 67 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 130 | Wastage Quantity if present must be numeric. | | This field requires numbers.  Refer Field 77 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 131 | More than 30 days supply. | | A quantity greater than 30 days has been claimed. Extended supply (Stat) has not been flagged as Y (es) to indicate that more than 30 days has been authorised.  Refer Field 71 | Check quantity supplied and other details.  Correct if necessary and resend. |
| 132 | More than 90 days supply of an oral contraceptive. | | This item has a 90-day maximum supply unless extended supply (Stat) is flagged as Y (es).  Refer Field 71 | Check quantity supplied and other details.  Correct if necessary and resend. |
| 133 | More than 90 days supplied. | | A quantity greater than 90 days supply has been claimed for extended supply (Stat). | Check quantity supplied and other details.  Correct if necessary and resend. |
| 134 | Methylphenidate Hydrochloride and Dexamphetamine Sulphate supplied for more than 30 days. | | A quantity greater than 30 days has been claimed, exceeding the maximum supply restriction. | Check quantity supplied and other details.  Correct if necessary and resend. |
| 135 | Controlled drug supplied for more than 10 days. | | More than 10 days supply has been claimed. Extended supply (Stat) has not been flagged as Y (es) to indicate that more than 10 days has been authorised.  Refer Field 71 | Check quantity supplied and other details.  Correct if necessary and resend. |
| 136 | A dentist has prescribed for more than five days. | | More than five days supply has been claimed on a prescription generated by a dentist. | Check quantity supplied and other details.  Correct if necessary and resend. |
| 137 | Oral contraceptive item with more than 180 days supply. | | A quantity greater than 180 days has been claimed for extended supply (Stat). | Check quantity supplied and other details  Correct if necessary and resend. |
| 138 | Item supplied for more than 90 days over all dispensings. | | A quantity greater than 90 days has been supplied over all dispensings. | Check quantities supplied and other details.  Correct if necessary and resend. |
| 139 | Oral contraceptive item supplied for more than 180 days over all dispensings. | | A quantity greater than 180 days for an oral contraceptive has been supplied over all dispensings. | Check quantities supplied and other details.  Correct if necessary and resend. |
| 140 | Original pack medicine with more than 90 days supplied. | | A quantity greater than 90 days has been supplied over all dispensings (having made allowance for original pack dispensings), e.g.:  Ventolin 1 bd  /1 200 (I OP)  /2 200 (1 OP) - This item will error as total number of doses available over three months is only 180. | Check quantities supplied, dose and other details.  Correct if necessary and resend. |
| 141 | Oral contraceptive original pack medicine with more than 180 days supplied. | | A quantity greater than 180 days has been supplied over all dispensings (having made allowance for original pack dispensings).  For example, 28-pack of an oral contraceptive with a total supplied over six months of 196. | Check quantities supplied and other details.  Correct if necessary and resend. |
| 142 | Invalid Pack Unit of Measure. | | The pack unit of measure included in this item claim does not match the electronic schedule used by Health NZ to calculate payment.  For example, cream claimed as ml (should be g).  It can occur when there is a mismatch in timing between a schedule update in the pharmacy and the schedule update by Health NZ.  This field is no longer mandatory for Exceptional Circumstance items not on the schedule.  Refer Field 70 | This information is generated by your system from the electronic Pharmaceutical Schedule.  Check with PHARMAC to identify the pack unit of measure used in payment calculation.  Correct if necessary and resend. |
| 143 | Oral contraceptive with more than 90 days supplied by a midwife. | | A quantity greater than 90 days has been supplied (for an oral contraceptive) prescribed by a midwife.  Refer Field 29 | Check quantities supplied and prescriber details.  Correct if necessary and resend. |
| 144 | Controlled drug supplied for more than 30 days over all dispensings | | A quantity greater than 30 days for a controlled drug has been supplied over all dispensings. | Check your Records. Correct if necessary and resend |
| 145 | Controlled drug with quantity greater than 30 days. | | A quantity greater than 30 days for a controlled drug has been claimed for extended supply (Stat). | Check quantities supplied and other details.  Correct if necessary and resend. |
| 146 | Subsidy expired on this prescription item. | | Item has been submitted for payment more than six months after the date of dispensing.  (For Manual Pharmacy claimants e.g. Hospital, Wholesale and PCT pharmacies)  Refer Field 64 | Check dispensing date.  Correct if necessary and resend. |
| 147 | Subsidy expired on this prescription item (oral contraceptive). | | Item has been submitted for payment more than nine months after the date of dispensing.  (For Manual Pharmacy claimants e.g. Hospital, Wholesale and PCT pharmacies)  Refer Field 64 | Check dispensing date.  Correct if necessary and resend. |
| 148 | The Subsidy expired on this prescription item. | | Item has been submitted for payment more than three months after the date of dispensing.  (For a Community Pharmacy (CPSA))  Refer to clause H9.1 in your agreement. | Check dispensing date.  Correct if necessary and resend. |
| 149 | ECP prescription and no components subsidised. | | At least one component for a mixture item has an error, or all ingredients were submitted as Not Subsidised. | Refer to the Pharmaceutical Schedule for the availability of the each item claimed. Contact PHARMAC if you require any advice.  Check quantities supplied and other details.  Correct if necessary and resend. |
| 150 | Extemporaneously Compounded Preparation (ECP) Prescription and less than 2 Components Subsidised. | | At least two subsidised items must be included in a mixture in order to be eligible for payment. | Check your records. Correct if necessary and resend. |
| 151 | The original of this repeat is not a paid item in the Health NZ database (For Originating Contract.) | | This repeat item does not have an initial paid dispensing in Health NZ records. There are four reasons for this:  A - A claim for the original supply has never been submitted  B - The claim for the original supply had an error  C - The original supply was submitted as NS  D - The original supply was paid with a suffix of /0. | Contact Health NZ Contact Centre. |
| 152 | The original of this repeat is not a paid item in the Health NZ database. | | This repeat item does not have an initial paid dispensing in Health NZ records. There are four reasons for this:  A - A claim for the original supply has never been submitted  B - The claim for the original supply had an error  C - The original supply was submitted as NS.  D - The original supply was paid with a suffix of /0. | Check the original was submitted and did not have an error.  Correct if necessary and resend. |
| 153 | Maximum number of dispensings has been made. | | The claim for this repeat item exceeds the number of potential dispensings indicated on the original claim. | Check the total number of repeats prescribed on the original.  If appropriate, amend and resubmit the original with valid number of dispensings, and resend this repeat claim. |
| 160 | Prescription ID and suffix ID is already on Health NZ records. | | Reasons for this can be one of the following:  Already processed e.g. a telephone prescription already claimed,  Item has been reprocessed as a category I instead of category R and C and is already a paid item on Health NZ database. | Check details. If appropriate amend and credit/resubmit. |
| 161 | Prescription ID and suffix ID is already on Health NZ records (For Originating Contract). | | Reasons for this can be one of the following:  Already processed e.g. a telephone prescription already claimed,  Item has been reprocessed as a category I instead of category R and C and is already a paid item on Health NZ database. | Check details. If appropriate amend and credit/resubmit. |
| 162 | Subsidy was not specified in the Pharmaceutical Schedule at the date of Service. | | There was no subsidy listed at the Date of Service, e.g. Pharmacode discontinued. | Contact your software vendor if you believe this is a subsidised product. |
| 170 | Prescriber ID (MCNZ) is not on the provider file. | | The Presciber ID (MCNZ) is not included in Health NZ Presciber files.  Refer Field 28 | Check your record. If it is:  Correct – contact Ministry of Health,  Incorrect – amend and resend. |
| 171 | Presciber ID cannot be blank. | | A Prescriber ID (MCNZ) is required.  Refer Field 28 | Check your records. Correct if necessary and resend.  If no apparent error, contact your software vendor. |
| 172 | Specialist ID provided is invalid. | | The Specialist ID (MCNZ) provided with this claim item is not a valid MCNZ number. | Check your record and resend if appropriate. |
| 173 | Health Professional Group Code cannot be blank. | | The Health Professional Group Code is used to define the Registration Body used to identify the prescriber.  This field is mandatory for PCT claims. It must be populated with one of the following:  MC – Medical Council of NZ  NC – Nursing Council of NZ  DC – Dental Council of NZ  MX – Temporary Doctor  DX – Temporary Dentist  Refer Field 29 | Check your records. Correct if necessary and resend. |
| 212 | Invalid Contract Number. | |  | This is your Health NZ claimant number. Check the set up of your file. If you need help, contact your software vendor. |
| 301 | Special Authority number required and not provided. | | This product is only payable when a valid special authority number is included on the claim for payment.  Refer Field 48 | Check Special Authority number.  If appropriate, amend and resend.  Note: Special Authority numbers can be checked through Health NZ Wanganui. |
| 302 | Item must be prescribed or endorsed by a specialist.  (Provide if available). | | This item shows a claim has been made without including the Specialist ID (required by Pharmaceutical Schedule for subsidy).  Refer Field 34 | Please refer to the Pharmaceutical Schedule.  Check your record. Ensure:  The MCNZ number for the specialist is entered, or  A MCNZ number has been recorded for the recommending specialist.  Correct if necessary and resend. |
| 303 | Item must be prescribed by a specialist.  (Provide if available). | | This item shows a MCNZ number that is not for a specialist (and the item claimed must be prescribed by a specialist in order to claim subsidy).  Note: If the prescriber is not a specialist, then no subsidy is applicable.  Refer Field 34 | Check your record.  If appropriate, amend and resend. |
| 304 | Item must be prescribed by the prescriber type specified in the Pharmaceutical Schedule. | | The pharmaceutical schedule restricts this item to a specific prescriber type to claim subsidy. The provider type entered is invalid for this product.  (Health Professional Group Code)  Refer Field 29 | Check your records. Correct if necessary and resend. |
| 305 | The prescriber type provided cannot prescribe item. | | This item shows a prescriber type that cannot prescribe this item.  Refer Field 29 | Refer to the Pharmaceutical Schedule.  Correct if necessary and resend. |
| 306 | Maximum daily dose of \*\*\*\*\*\*\* exceeded. | | This claim exceeds a maximum daily dose restriction, e.g. Nicotinamide. | Refer to the Pharmaceutical Schedule and check your record.  Correct if necessary and resend. |
| 308 | Maximum weekly dose of \*\*\*\*\*\*\* exceeded. | | This item shows the claim exceeds a maximum weekly dose restriction, e.g. Femtran. | Refer to the Pharmaceutical Schedule and check your record.  Correct if necessary and resend. |
| 309 | Maximum monthly dose of \*\*\*\*\*\*\* exceeded. | | This claim exceeds a maximum monthly dose restriction, e.g. Estrapak. | Refer to the Pharmaceutical Schedule and check your record.  Correct if necessary and resend. |
| 310 | Maximum treatment period of \*\*\*\*\*\*\* exceeded. | | This claim exceeds a maximum treatment period, e.g. Diazepam. | Refer to the Pharmaceutical Schedule and check your record.  Correct if necessary and resend. |
| 311 | Not available on this order type. | | This item has been claimed on an order type not allowed by a Pharmaceutical Schedule restriction.  Refer Field 76 | Refer to the Pharmaceutical Schedule and check your record.  Correct if necessary and resend. |
| 312 | Maximum quantity for this order type exceeded. | | This claim exceeds the maximum for this order type (that is, prescription or practitioner supply order) restriction.  Refer Field 76 | Check your records. Correct if necessary and resend. |
| 313 | Allowed only on the order type specified in the Pharmaceutical Schedule. | | This item is not subsidised on this order type (that is, not paid when prescribed on a practitioner supply order).  Refer Field 76 | Refer to the Pharmaceutical Schedule and check your record.  Correct if necessary and resend. |
| 314 | Exceeds maximum quantity of \*\*\*\*\*\*\* which can be prescribed. | | This claim exceeds the maximum quantity restriction, e.g. Imigran Injection. | Refer to the Pharmaceutical Schedule and check your record.  Correct if necessary and resend. |
| 315 | Only in combination with another subsidised product. | | This item will only be subsidised when used in a mixture that has at least one other ingredient attracting a subsidy. | Refer to the Pharmaceutical Schedule and check your record.  Correct if necessary and resend. |
| 316 | Not allowed in combination with another product. | | This item will NOT be subsidised when used in a mixture. | Refer to the Pharmaceutical Schedule and check your record.  Correct if necessary and resend. |
| 317 | Quantity claimed is greater than the maximum for a single dispensing. | | This claim exceeds the maximum quantity for each dispensing restriction, e.g. Fucicort Cream.  Refer Field 68 | Refer to the Pharmaceutical Schedule and check your record.  Correct if necessary and resend. |
| 318 | Not allowed on a PSO unless ordered by a rural practitioner. | | This item does not include the Prescriber flag as Y (es) to indicate the PSO is for a practitioner with a rural practice.  Refer Field 36 | Refer to the Pharmaceutical Schedule and check your record (section E).  Correct if necessary and resend. |
| 322 | Prescription item requires endorsement. | | This item requires an endorsement on the prescription form. The electronic claim must include a flag indicating the prescription form has been endorsed as per the Pharmaceutical Schedule requirements.  Refer Field 60  This item does not include the prescription flag as Y (es) to indicate the prescription has been endorsed as required. | Refer to the Pharmaceutical Schedule and check your record.  If endorsed as appropriate, correct and resend.  If not endorsed, contact prescriber for appropriate endorsement (correct and resend). |
| 323 | Reject repeats - Prescription must be dispensed stat unless endorsed "close control". | | The original dispensing of this prescription was not endorsed "close control" therefore all subsequent dispensings will reject (this error only applies to “Stat" medicines). | Check the original dispensing to ensure the item was endorsed ‘close control’. |
| 325 | Reject 4th and all subsequent dispensings unless initial dispensing endorsed "close control". | | The original dispensing of this prescription was not endorsed "close control" therefore the 4th and all subsequent dispensings will reject. (This applies to all pharmaceuticals). | Check the original dispensing, if appropriate, amend and resubmit the original with close control, and resend this repeat claim. |
| 331 | Clozapine with more than 28 days supply. | | A quantity greater than 28 days has been claimed. Extended supply (stat) has not been flagged as Y (es) to indicate that more than 28 days has been authorised. | Check quantity supplied and other details.  Correct if necessary and resend. |
| 332 | Clozapine with more than 84 days supplied. | | A quantity greater than 84 days supply has been claimed for extended supply (stat). | Check quantity supplied and other details  Correct if necessary and resend. |
| 333 | Clozapine supplied for more than 84 days over all dispensings. | | A quantity greater than 84 days has been supplied over all dispensings. | Check quantity supplied and other details.  Correct if necessary and resend. |
| 334 | NRT Exchange Card Number is required. | | Exchange Card Number must be submitted. | Enter Exchange Card Number and resend. |
| 335 | NRT Exchange Card Number has already been claimed in this batch. | | Exchange Card Number has duplicated with an NRT Exchange Card Number submitted in this claim. | Check Exchange Card Number, correct if necessary and resend. |
| 336 | NRT Exchange Card Number has already been claimed in another claim. | | Exchange Card Number has duplicated with a NRT Exchange Card Number submitted in another claim. | Check Exchange Card Number, correct if necessary and resend. |
| 337 | Non NRT item cannot be submitted with an Order Type of 6. | | The Order Type submitted for this item is only valid for NRT items. | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 339 | NRT item submitted with incorrect Order Type. | | The Order Type submitted for this item is not valid for NRT items. | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 340 | NRT items cannot be submitted as components in a mixture. | | An NRT item has been submitted as a component in a Mixture. | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 341 | Repeats not allowed for an NRT item. | | NRT items can only be dispensed for a total of 4 weeks supply per voucher card. Repeats are not payable. | Check your records.  If no apparent error contact your software vendor. |
| 380 | Maximum daily weight of \*\*\*\*\*\*\* exceeded. | | This claim exceeds a maximum daily restriction, e.g. Nicotinamide. | Check your records.  Correct if necessary and resend. |
| 381 | Maximum single weight of \*\*\*\*\*\* exceeded. | | This claim exceeds a maximum single weight restriction, e.g. Ascorbic Acid. | Refer to the Pharmaceutical Schedule and check your record.  Correct if necessary and resend. |
| 382 | Maximum weekly weight of \*\*\*\*\*\*\* exceeded. | | This item shows the claim exceeds a maximum weekly restriction, e.g. Femtran. | Check your records.  Correct if necessary and resend. |
| 383 | Maximum monthly weight of \*\*\*\*\*\*\* exceeded. | | This claim exceeds a maximum monthly restriction, e.g. Estrapak. | Check your records.  Correct if necessary and resend. |
| 384 | Maximum treatment weight of \*\*\*\*\*\*\* exceeded. | | This claim exceeds a maximum weight of. | Check your records.  Correct if necessary and resend. |
| 386 | “Maximum form weight” of \*\*\*\*\*\*\* exceeded | | This claim exceeds a maximum form weight of \*\*\*\*\*\*\*, E.g.: Clarithromycin. | Check your records.  Correct if necessary and resend. |
| 385 | Maximum weight for this order type exceeded. | | This claim exceeds the maximum for this order type (that is, prescription or PSO) restriction.  Refer Field 76 | Refer to the Pharmaceutical Schedule and check your record.  Correct if necessary and resend. |
| 401 | Invalid Record Type on the trailer. | |  | Contact your software vendor. |
| 402 | Credit item with no accepted original in database. | | You have submitted a credit transaction. Health NZ has received no claim for this dispensing.  Or, the original claim for this item was not paid.  Refer Field 23  Note that a credit transaction should only be made when you wish to reverse out a payment already received relating to a prescription item.  NB: This error can also apply to repeat dispensings and will always be with a 404 error as this is a two-part transaction. | If you intend to claim for an item that previously had an error, amend the claim and resend.  (Do not credit and resubmit).  If necessary further clarification should be sought from your software vendor.  If this item had a 160 error in a previous claim, contact Health NZ to confirm payment. You can then ignore the error. |
| 403 | Resubmission item with no credit. | | You have submitted a resubmission item. No credit transaction has been received by Health NZ.  Refer Field 23 | Check that you have submitted the credit. If:  no – then submit a credit and resend the resubmission;  yes – did the credit receive an error message? If:  yes – you need to correct the credit error and resend with the resubmission,  no – contact your software vendor. |
| 404 | Resubmission item with no accepted original in database. | | You have resubmitted an item where Health NZ has received no claim for this dispensing.  Refer Field 23  NB This error can also apply to repeat dispensings and will always be with a 402 error as this is a two-part transaction. | Check that you have submitted the original.  If yes: contact Health NZ with details of original dispensing for clarification.  If no: include original in your next claim, do not resubmit this item. |
| 406 | Duplicate component. | | Two or more components have the same Pharmacode. | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 407 | Claim Value is not equal to the sum of the Claim Amount item. | |  | I.e. line where component number is equal to 1. Contact your software vendor. |
| 408 | Total number of lines on the trailer is not equal to the number of lines in the file. | |  | Contact your software vendor. |
| 500 | Invalid File Date. | | The file date (date the claim was generated) is not a valid date (e.g. 32/11/2000). | Contact your software vendor. |
| 501 | Date of Service is after the claim period to. | | The date of service is after the claim date.  E.g. item dispensed 17/11/2005, in a claim of 15/11/2005(claim submitted 18/11/2005).  Refer Field 64 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 502 | Date of Service is an invalid date. | | The date of service is not a valid date or may be incorrectly formatted For example, 32/11/2005.  Refer Field 64 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 503 | Date of Service is after the file date. | | The dispensing date is in the future, e.g. 23/02/2005.  Refer Field 64 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 504 | Invalid Claim Date. | | The claim date is not a valid date (e.g. 32/11/2000). | Contact your software vendor. |
| 505 | The Claim Date must be 15th or last day of the month. | | The claim date is not one of the two appropriate dates (e.g. 16/12/2000). | Contact your software vendor. |
| 506 | Claim Date is more than 15 days after the File Date. | |  | Contact your software vendor. |
| 507 | File Date cannot be blank. | |  | Contact your software vendor. |
| 508 | PSC must be numeric. | |  | Contact your software vendor. |
| 509 | PCS must be an integer. | |  | Contact your software vendor. |
| 510 | Glivec/MS Treatment – Claim Date must be either 7th, 15th, 23rd or last day of the month. | |  | The claim date is not one of the appropriate dates. Contact your software vendor. |
| 520 | At the Date of Service you did not have a contract to claim subsidy for this drug. | | According to Health NZ records, you do not have a contract that allows you to claim a subsidy for this item. | Please refer to the Pharmaceutical Schedule and your contract.  If no apparent error contact Health NZ Contact Centre. |
| 521 | Drug not valid under this service contract number, for this claimant. | | The contract of service generated by your software for this item is either invalid, or does not include a subsidy for the item supplied.  Refer Field 83 | Check your contract.  Contact your software vendor for further clarification. |
| 522 | At the date of service you did not have a contract to claim for an LTC Service Fee Payment. | | According to the Ministry’s records you do not have a contract to claim for a Long Term conditions service fee payment. | Please contact your District Health Board or alternatively contact the Health NZ Contact Centre on 0800 855 151. |
| 597 | Quantity claimed to date is more than the Total Quantity Prescribed. | | The total quantity prescribed is included by your software on an initial claim that has repeats prescribed. The current claim (when added to previous claims for this prescription item) exceeds the total quantity prescribed.  Refer Field 69 | Check your records. Check with Health NZ to find out the total quantity prescribed submitted with the initial claim.  If payment has been received for the total quantity prescribed – do nothing.  If an incorrect total was submitted for the total quantity prescribed, amend and credit/ resubmit the initial and subsequent paid claims.  And resend the claim with errors. |
| 598 | Invalid Order Type. | | The order type submitted with this claim is not valid. The software submits the order types as numeric codes (as below). The number submitted with this item is something other than:  Prescription (1)  Practioner Supply Order (3)  Bulk Supply Order (4)  Nicotine Replacement Therapy (6).  Refer Field 76 | Check your records. If the order type appears to be correct, contact your software vendor. |
| 599 | Invalid Special Authority Number. | | The Special Authority number is not on the Health NZ database, or was not valid at the date of service.  Refer Field 48 | Check your records.  If the number has been recorded incorrectly amend and resend.  If the number on the prescription has been recorded correctly contact Health NZ Contact Centre  Correct if necessary and resend. |
| 600 | Special Authority Number must be numeric. | | This field requires numbers.  Refer Field 48 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 601 | The Patient Cohort field is not valid within this PEC Version | | Incorrect PEC version submitted | Contact your software vendor. |
| 699 | Valid Special Authority number but wrong product. | | Although the Special Authority number submitted is a valid number, it was not issued for this pharmaceutical.  Refer Field 48 | Check your records.  If the information has been recorded correctly contact Health NZ Contact Centre.  Correct if necessary and resend. |
| 701 | The Prescription ID suffix must be 0 for PCT line items | | PCT items cannot have repeats so the suffix should always be 0. | Check your records. Correct if necessary and resend. |
| 702 | Total number of components for PCT line items must be 1. | | Extemporaneously Compounded Preparations cannot be claimed in PCT claims. | Check your records. Correct if necessary and resend. |
| 704 | The Oncology Speciality Patient Group of the Prescriber must be provided. | | Indicates the oncology speciality and patient group coding.  This field is mandatory for PCT claims. It must be populated with on of the following:  1 – Medical Oncology Inpatients  2 – Medical Oncology Outpatients  3 – Haematology Inpatient  4 – Haematology Outpatient  5 – Radiology Oncology  6 – Paediatric Oncology.  Refer Field 37 | Check your records. Correct if necessary and resend. |
| 705 | Invalid Oncology Speciality Patient Group Code. | | The Health Professional Group Code submitted is something other than:  1 – Medical Oncology Inpatients  2 – Medical Oncology Outpatients  3 – Haematology Inpatient  4 – Haematology Outpatient  5 – Radiology Oncology  6 – Paediatric Oncology.  Refer Field 37 | Check your records. Correct if necessary and resend. |
| 706 | An NHI must be supplied by the claimant for all PCT line items. | | National Health Index (NHI) number of the Service User must be provided for PCT claims.  Refer Field 38 | Check your records. Correct if necessary and resend. |
| 707 | The NHI supplied is invalid. | | NHI number of the Service User must be valid for PCT claims.  Refer Field 38 | To clarify the validity of the NHI number provided, the prescriber can contact the Health NZ Contact Centre on 0800 855 151.  Check your records. Correct if necessary and resend. |
| 708 | PCT item with more than 90 days supplied. | | A quantity greater than 90 days supply has been claimed. | Check quantity supplied and other details.  Correct if necessary and resend. |
| 710 | Special Authority is not for a Pharmaceutical Cancer Treatment. | | The Special Authority number provided is not for a PCT item. | To clarify, contact the Health NZ Contact Centre on 0800 243 666.  Check your records. Correct if necessary and resend. |
| 711 | Templeton Special Authority number is not valid for a pharmaceutical cancer treatment. | | The Special Authority number provided is for a Templeton patient and cannot be used for a PCT item. | To clarify, contact the Health NZ Contact Centre on 0800 243 666.  Check your records. Correct if necessary and resend. |
| 713 | Dose flag for PCT wastage line items must be set to Y (es). | | The dose flag (indicating non-specific dose directions) must be Y (es) for claims for Wastage.  Refer Field 61 | This flag is generated by your system.  Contact your software vendor. |
| 714 | Dose must be zero for PCT wastage line items. | | Dose is not required for claims for Wastage.  Refer Field 57. | Check your record relating to dose and frequency. Correct if necessary and resend.  If there is no apparent error, contact your software vendor. |
| 715 | Daily Dose must be zero for PCT wastage line items. | | Daily Dose is not required for claims for Wastage.  Refer Field 58 | Check your record relating to dose and frequency. Correct if necessary and resend.  If there is no apparent error, contact your software vendor. |
| 720 | At the Date of Service you were not able to claim subsidy for this item. | | According to Health NZ records, at the Date of Service this item was to be processed as ‘Information Only’ therefore no subsidy can be claimed. | No action required. |
| 721 | Credit item where original item processed as ‘Information Only’. | | You have submitted a credit transaction, but at the Date of Service the original transaction was processed as ‘Information Only’ therefore no credit can be claimed. | No action required. |
| 726 | Field Number 26 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 727 | Field number 27 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 728 | Field number 28 must be blank for PCT wastage line items. | | This field should not be populated for a claim for Wastage. | This is generated by your system.  Contact your software vendor. |
| 729 | Field number 29 must be blank for PCT wastage line items. | | This field should not be populated for a claim for Wastage. | This is generated by your system.  Contact your software vendor. |
| 730 | Field number 30 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 731 | Field number 31 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 732 | Field number 32 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 734 | Field number 34 must be blank for PCT wastage line items. | | This field should not be populated for a claim for Wastage. | This is generated by your system.  Contact your software vendor. |
| 735 | Field number 27 must be blank for PCT wastage line items. | | This field should not be populated for a claim for Wastage. | This is generated by your system.  Contact your software vendor. |
| 736 | Field number 36 must be blank for PCT wastage line items. | | This field should not be populated for a claim for Wastage. | This is generated by your system.  Contact your software vendor. |
| 737 | Field number 37 must be blank for PCT wastage line items. | | This field should not be populated for a claim for Wastage. | This is generated by your system.  Contact your software vendor. |
| 738 | Field number 38 must be blank for PCT wastage line items. | | This field should not be populated for a claim for Wastage. | This is generated by your system.  Contact your software vendor. |
| 740 | Field number 40 must be blank for PCT wastage line items. | | This field should not be populated for a claim for Wastage. | This is generated by your system.  Contact your software vendor. |
| 741 | Field number 41 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 742 | Field number 42 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 743 | Field number 43 must be blank for PCT wastage line items. | | This field should not be populated for a claim for Wastage. | This is generated by your system.  Contact your software vendor. |
| 744 | Field number 44 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 745 | Field number 45 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 746 | Field number 46 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 747 | Field number 47 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 748 | Field number 48 must be blank for PCT wastage line items. | | This field should not be populated for a claim for Wastage. | This is generated by your system.  Contact your software vendor. |
| 749 | Field number 49 must be blank for PCT wastage line items. | | This field should not be populated for a claim for Wastage. | This is generated by your system.  Contact your software vendor. |
| 751 | Field number 51 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 752 | Field number 52 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 753 | Field number 53 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 754 | Field number 54 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 755 | Field number 55 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 756 | Field number 56 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 760 | Field number 60 must be blank for PCT wastage line items. | | This field should not be populated for a claim for Wastage. | This is generated by your system.  Contact your software vendor. |
| 767 | Field number 67 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 769 | Field number 69 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 771 | Field number 71 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 772 | Field number 72 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 773 | Field number 73 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 777 | Field number 77 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 782 | Field number 82 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 783 | Field number 83 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 784 | Field number 84 must be blank for PCT line items. | | This field should not be populated for a PCT line item (including Wastage). | This is generated by your system.  Contact your software vendor. |
| 785 | Field number 85 must be blank for PCT wastage line items. | | This field should not be populated for a claim for Wastage. | This is generated by your system.  Contact your software vendor. |
| 805 | Unique Transaction Number is not numeric. | | This field requires numbers.  Refer Field 22 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 806 | Prescription Number must be numeric. | | This field requires numbers.  Refer Field 62 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 807 | Prescription ID Number is not an integer. | | This field must not include decimal points or commas.  This number must be a positive.  Refer Field 62 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 809 | Prescription ID Suffix cannot be blank. | | A prescription ID suffix is required.  Refer Field 63 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 810 | Prescription ID Suffix must be numeric. | | This field requires numbers.  Refer Field 63 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 811 | Prescription ID Suffix must be an integer. | | This field must not include decimal points or commas.  This number must be a positive.  Refer Field 63 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 812 | Extended Supply is other than Y or N. | | The Extended Supply flag is something other than Y (es) or N (o).  Refer Field 71 | This flag is generated by your system  Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 815 | Balance Owing on component not allowed. | | Owed balances not payable on components.  Refer Field 26 | Check your records. |
| 816 | Quantity Dispensed cannot be blank. | | Quantity Dispensed is required.  Refer Field 67 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 820 | Not flagged as CBS in Pharmaceutical Schedule and CBS pack size given. | | This item does not require a CBS pack size for payment.  Refer Field 80 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 821 | Flagged as CBS in Pharmaceutical Schedule and no CBS pack size given. | | A CBS pack size is required for payment.  Refer Field 80 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 822 | CBS Packsize must be numeric. | | This field requires numbers.  Refer Field 80 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 823 | CBS Subsidy must be numeric. | | This field requires numbers.  Refer Field 79 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 824 | CBS Subsidy given and CBS Packsize is zero. | | Pack Size cannot be zero.  Except for Exceptional Circumstance items not in the Pharmaceutical Schedule.  Refer Field 79 & 80 | Check if this item requires a CBS Subsidy:  If yes, add the pack size quantity,  If no, delete the CBS subsidy and resend. |
| 825 | CBS in Pharmaceutical Schedule and no CBS Subsidy has been provided. | | This item shows a pack size relating to a CBS item however there is no CBS subsidy with the claim.  Refer Field 79 | Add the appropriate details and resend. |
| 826 | CBS in Pharmaceutical Schedule and no CBS Subsidy or pack size has been provided. | | This product requires a CBS subsidy and pack size for payment to be calculated. This information has not been included in your claim.  Refer Field 79 & 80 | Add the appropriate details and resend. |
| 827 | Not CBS in Pharmaceutical Schedule and CBS subsidy given. | | This item is listed in the Pharmaceutical Schedule and does not require a CBS subsidy for payment.  Refer Field 79 | Delete CBS details and resend. |
| 830 | Dispensings Required cannot be greater than 99. | | The maximum number of dispensings allowed is 99.  (To be used only when ‘Repeats PRN’ has been prescribed).  Refer Field 55 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 833 | Date of Service on repeat is before the Date of Service on the initial. | | Date of service on repeat is prior to the date of service on the original:  e.g. Original 29.11.2002  Repeat 20.11.2002  (Also applies to subsequent dispensings).  Refer Field 64 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 847 | Late claim item submitted after six months. | | No subsidy is payable for an item submitted more than six months after dispensing date.  (For a Community Pharmacy (CPSA))  Refer to clause H9.3 in your agreement. | Check your records, correct if necessary and resend. |
| 848 | Late claim item submitted after 12 months. | | No subsidy is payable for an item submitted more than 12 months after dispense date.  (For Manual Pharmacy claimants e.g. Hospital, Wholesale and PCT pharmacies) | Check your records, correct if necessary and resend. |
| 849 | Service Contract Number if present must be an integer. | | This field must not include decimal points or commas.  This number must be a positive.  This contract allows the claiming of other services, e.g. Blood Glucose contract.  Refer field 83 | Check your records. Correct if necessary and resend.  If no apparent error contact your software vendor. |
| 850 | Late claim item less than $20.00 | | No subsidy is payable for an item claimed more than 6 months after dispense date that has a value of less than $20. | Check your records. If correct then no further action required. |

# Part B: Error codes Components

Below are the component errors in mixtures.

|  |  |  |  |
| --- | --- | --- | --- |
| Error Code | Description | Example/Explanation | Action Required by User |
| C001 | First line of a pharmaceutical item does not have component number equal to 1. | Refer Field 24 | Contact your software vendor. |
| C002 | Component out of sequence. | Refer Field 24 | Contact your software vendor. |
| C003 | Component number greater than total components. | Refer Field 24 | Contact your software vendor. |
| C004 | Total number of components cannot be 0. | Refer Field 25 | Contact your software vendor. |
| C005 | Total number of components must be numeric. | Field requires numbers.  Refer Field 24 | Contact your software vendor. |
| C006 | Total number of components must be an integer. | This field must not include decimal points or commas. This number must be a positive.  Refer Field 24 | Contact your software vendor. |
| C007 | Component number cannot be blank. | A component number is required.  Refer Field 24 | Contact your software vendor. |
| C008 | Component number must be numeric. | Field requires numeric characters.  Refer Field 24 | Contact your software vendor. |
| C009 | Component number must be an integer. | This field must not include decimal points or commas. This number must be a positive.  Refer Field 24 | Contact your software vendor. |