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# Pharmaceutical Cancer Treatments

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## PCT Electronic Claims Data Specification

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**Department:** IS Development  
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**Status:** Final

## Revision History

<b>Date</b>	<b>Version</b>	<b>Description</b>	<b>Author</b>
23 February 2005	1.00 Final	Final version after revisions	Graeme Miller
25 February 2005	1.01 Final	Amended Schedule Date from mandatory to mandatory where available	Graeme Miller
8 July 2005	1.02 Final	Minor correction to remove the reference to patient flag under field 49	Graeme Miller
24 March 2006	1.03 Final	Added Optometrist information to Fields 28 and 29.	Kirsty Christensen
30 May 2006	1.04 Final	Added Provider information for the Prescribing Rights Project to Fields 28 and 29	Kirsty Christensen

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27	<i>Leave Blank</i>	18
28	Prescriber ID	18
29	Health Professional Group Code	19
30	Leave Blank	20
31	<i>Leave Blank</i>	20
32	<i>Leave Blank</i>	20
33	<i>Deleted</i>	20
34	Specialist ID	20
35	Date of Endorsement	20
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39	Patient Category	22
40	CSC or PHO Status Flag	22
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44	<i>Leave Blank</i>	23
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46	<i>Leave Blank</i>	23
47	<i>Leave Blank</i>	23
48	Special Authority Number	23
49	<i>Leave Blank</i>	24
50	<i>Leave Blank</i>	24
51	<i>Leave Blank</i>	24
52	<i>Leave Blank</i>	24
53	<i>Leave Blank</i>	24
54	<i>Leave Blank</i>	24
55	<i>Leave Blank</i>	24
56	<i>Leave Blank</i>	24
57	Dose	24
58	Daily Dose (Base Units Per Day)	25
59	<i>Leave Blank</i>	25
60	Prescription Flag	25
61	Dose Flag	25
62	Prescription ID	26
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64	Date of Service	26
65	Claim Code	26
66	Code Standard	26
67	<i>Leave Blank</i>	27
68	Quantity Claimed	27
69	<i>Leave Blank</i>	27
70	Pack Unit of Measure	27
71	<i>Leave Blank</i>	27
72	<i>Leave Blank</i>	27
73	<i>Leave Blank</i>	27
74	<i>Leave Blank</i>	27
75	<i>Leave Blank</i>	27

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76	Order Type	27
77	<i>Leave Blank</i>	28
78	Claim Amount	28
79	CBS Subsidy	28
80	CBS Packsize	28
81	Funder	29
82	<i>Leave Blank</i>	29
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## 1 Introduction

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This Schedule A3 details the file formats and data to be passed to HealthPAC for the purposes of processing claims for Pharmaceutical Cancer Treatments. This Version 1.04 replaces all previous versions of the Pharmaceutical Cancer Treatments Transactions Data Specification and takes effect from 1 July 2005.

This specification is based on the pharmaceutical transaction data specification v3.03. The file structure and field positions for fields common to both are identical. However field usage and allowable values for specific fields may differ.

## 2 Document Guide

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Detailed in this section are the standards used throughout this specification.

### 2.1 Notes/Developers' Information

Notes or information provided specifically for aiding software developers are contained in boxes throughout this schedule.

Example
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### 2.2 Field Indicators

All references to extract data fields within the text are bracketed with square brackets, for example: [data field]

### 2.3 Transaction Record Summary

The transaction record summary shows:

- a. All fields required within the transaction lines of the data file;
- b. Field numbers and an indication of a new field;
- c. Categories of fields – system, Prescriber, Service User, Prescription, Dispensing and Claim fields;
- d. Field type and size;
- e. Mandatory status;
- f. Resubmission status; this indicates if a transaction needs to be resubmitted to HealthPAC if field's content changes;
- g. Security; indicates that extra security needs to be placed on the content of the fields within the system.

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### 3 Information Required

#### 3.1 File Structure

- a. The file should be comprised of comma-separated variable width text fields.
- b. Each record must be delimited by a carriage return/line feed. Each field within the record should be terminated by a comma except the last field, which should be terminated by the end-of-record CR/LF.
- c. All fields with the type "CHAR" should be surrounded by quotation marks ("").
- d. The file should be organised according to the following structure:
  - File Header
  - Transaction Record
  - File Trailer
- e. An example of the record sequence of the file is as follows:
  - 20100
  - 05
  - 09

The file is opened by the File Header, followed by as many transaction records as apply to that File Header. The last record is then the File Trailer.

#### 3.2 Mandatory Fields

The requirements as to mandatory and non-mandatory fields are as follows:

P	Mandatory
P/A	Mandatory where provided to you or where available to you
P/D	Proposed delay
D	Delete
F/U	Future use.
PXW	Mandatory except for wastage line items. On wastage line items the field should be blank. Wastage line items are identified by a patient category of "W".

### 3.3 Data Formats

#### 3.3.1 Dates

- a. Specified as DATE.
- b. All dates must be formatted DDMMCCYY eg, 31031943.

#### 3.3.2 Integers

- a. Specified as INT.
- b. These are integer numbers.
- c. There should be no decimal points or commas included.
- d. All values should be expressed as positives.

#### 3.3.3 Numbers

- a. Specified as NO.
- b. These are numbers including decimal places.
- c. The number of decimal places will be indicated where a number field is specified.
- d. There should be no decimal points or commas included.
- e. Values submitted need to be right padded so values are submitted with the correct number of decimals.
- f. All values should be expressed as positives.

#### 3.3.4 Currency Values

- a. Specified as \$.
- b. All currency values should be expressed as cents unless otherwise stated.
- c. There should be no decimal points or commas included.
- d. All values should be inclusive of Goods and Services Tax (GST) unless otherwise stated.

#### 3.3.5 Character Values

- a. Specified as CHAR.
- b. Character fields should be surrounded by text quotes e.g. "example".

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- c. Character fields must not contain any commas.

### 3.4 File Naming Convention

#### 3.4.1 File Name Format

All file names should be in the 8.3 format. That is, the file name should consist of an 8-character name, a full stop and a 3-character suffix.

#### 3.4.2 File Name Content

- a. The 8-character name should be a concatenation of the leftmost 2 digits of the [Header Record Type] field and the rightmost 6 digits of the [File ID] (right zero-filled where applicable) as set out in the header record.
- b. The 3-character suffix should be "DHB".

## 4 File Header Record

### 4.1 File Header Record Summary

Field No	Name	Type	Field Size	Mandatory
1	Record Type	CHAR	5	P
2	Sequence No	NO	8	P
3	File ID	CHAR	8	P
4	SLA Number / Alternate Contract Number	CHAR	7	P
5	File date	DATE	8	P
6	Leave Blank			
7	Leave Blank			
8	Leave Blank			
9	System	CHAR	10	P
10	System Version	CHAR	6	P
11	Schedule Date	DATE	8	P/A
12	Claim Date	DATE	8	P

### 4.2 File Header Record Detail

#### 1 Record Type

- Defines whether a record in a file is a header, detail or trailer record. For header records this field also determines the type of file. The list of valid codes is as follows:

Code	Description
20100	Pharmaceutical Cancer Treatment Claim Header
05	Detail Record
09	Trailer Record

- The header code is made up of two parts. The first two characters identifies the type of Service Provider (in this case 20 for Pharmaceutical Cancer Treatment) and the last three character suffix identifies the version and release of this data specification (in this case 100).

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## 2 Sequence No

- The number “1” for the header.
- Indicates the absolute record number of this record within the file.
- Sequence number continues to increment for each ingredient of a compound.

### Example:

The first transaction line will have a sequence number of 2.

## 3 File ID

- A unique ID for a particular claim file.
- Each claim file must be sequentially numbered. No two files should have the same [File ID].
- This should be a system reference number for extract to permit the ease of matching extract files to system extract batches.
- If the system is upgraded the sequential [File ID] number should continue from last used number and not be refreshed.
- If the file is regenerated/recompiled from the Service Provider's system, the file must have a new [File ID]. If the file is not regenerated but recopied from the system to disk the [File ID] must remain the same as when initially generated.

## 4 SLA Number/Alternate Contract Number

- Pharmacy Service Level Agreement identifier.
- Identifies the Service Level Agreement (SLA) from which payment and processing rules will be sought.
- This field should be populated with the service level agreement number or alternate contract number as advised by HealthPAC from time to time. It will not necessarily be the same number as recorded on the SLA.
- This information may change from time to time. The Service Provider's system does need to store historical SLA numbers.

## 5 File Date

- Date the claim file is generated.
- If a claim file is regenerated, this date should be the date of regeneration.

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**6 Leave Blank**

**7 Leave Blank**

**8 Leave Blank**

**9 System**

- An abbreviated name of the Service Provider's software used to generate this claim file.
- The appropriate abbreviated name for the Service Providers software will be advised by HealthPAC in consultation with the Service Provider.
- This will be case sensitive.

**10 System Version**

- The version number of the Service Provider's software used to generate this claim file.
- Service Providers are required to source this number individually from their software vendor.

**11 Schedule Date**

- The release date of the Pharmaceutical Schedule that was used in the calculations of this claims file, as set by PHARMAC.

**12 Claim Date**

- Date which identifies the claim period.
- The claim date should always be the 15<sup>th</sup> of the month or the last day of the month, whichever is the closest, on or after the latest Date of Service in the claim file ( Field number 64 ).

## 5 Transaction Record

Each transaction remains as one line as in previous releases of the Pharmaceutical Transactions Data Specification, however the fields have been logically grouped for ease of understanding.

### 5.1 Transaction Record Summary

Field Type	Field No	Name	Type	Field Size	Mandatory
System	20	Record Type	CHAR	5	P
	21	Sequence No	INT	8	P
	22	Unique Transaction Number	INT	13	P
	23	Transaction Category	CHAR	1	P
	24	Component Number	INT	2	P
	25	Total Component Number	INT	2	P
	26	Leave Blank			
Prescriber	27	Leave Blank			
	28	Prescriber ID	CHAR	10	PXW
	29	Health Professional Group Code	CHAR	2	PXW
	30	Leave Blank			
	31	Leave Blank			
	32	Leave Blank			
	33	Deleted (this field should not be included in the claim file ie. No comma should be included for it)			D
	34	Specialist ID	CHAR	10	P/A
	35	Date of Endorsement	DATE	8	P/A
	36	Prescriber Flag	CHAR	1	P/A
Patient	37	Oncology Specialty Patient Grouping	INT	1	PXW
	38	NHI	CHAR	7	PXW
	39	Patient category	CHAR	1	P
	40	CSC Or PHO Status Flag	CHAR	1	P/A
	41	Leave Blank			
	42	Leave Blank			
	43	HUHC Status Flag	CHAR	1	P/A
	44	Leave Blank			
	45	Leave Blank			
	46	Leave Blank			
	47	Leave Blank			

<b>Field Type</b>	<b>Field No</b>	<b>Name</b>	<b>Type</b>	<b>Field Size</b>	<b>Mandatory</b>
	48	Special Authority Number	INT	10	P/A
	49	Leave Blank			
	50	Leave Blank			
Prescription	51	Leave Blank			
	52	Leave Blank			
	53	Leave Blank			
	54	Leave Blank			
	55	Leave Blank			
	56	Leave Blank			
	57	Dose (Base units per use)	NO	6+4 Dec	P
	58	Daily Dose (Base units per day)	NO	6+4 Dec	P
	59	Leave Blank			
	60	Prescription Flag	CHAR	1	P/A
	61	Dose Flag	CHAR	1	P
Dispensing	62	Prescription ID	INT	9	P
	63	Prescription ID Suffix	INT	2	P
	64	Date of Service	DATE	8	P
	65	Claim Code	INT	16	P
	66	Code Standard	CHAR	1	P
	67	Leave Blank			
	68	Quantity Claimed	NO	6+4 Dec	P
	69	Leave Blank			
	70	Pack Unit of Measure	CHAR	8	P/A
	71	Leave Blank			
	72	Leave Blank			
	73	Leave Blank			
	74	Leave Blank			
	75	Leave blank			
	Claim	76	Order Type	INT	1
77		Leave blank			
78		Claim Amount	\$	9	P
79		CBS Subsidy	\$	9	P
80		CBS Packsize	NO	6+4 Dec	P <sup>1</sup>
81		Funder	CHAR	3	P
82		Leave Blank			

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Field Type	Field No	Name	Type	Field Size	Mandatory
	83	Leave Blank			
	84	Leave Blank			
	85	Form Number	INT	9	PXW

## 5.2 Transaction Record Detail

### 20 Record Type

- Refer to [Record Type] in File Header Detail section.

### 21 Sequence Number

- Refer to [Sequence Number] in File Header Detail section.

### 22 Unique Transaction Number

- A number that uniquely identifies the record within the Service Provider's software.
- This will be a different number for each repeat of the same prescription item.

#### **Audit/Resubmission Requirements:**

If any field is changed and requires a resubmission (as indicated in the Transaction Record Summary section of this document) the historical data for the record needs to be saved with the old [Unique Transaction Number] and a new record created in the Service Provider's system with the changed contents of the record and a new [Unique Transaction Number].

Refer to the [Transaction Category] for how this impacts resubmission.

#### **Future Use:**

As this is used to uniquely identify the record in the Service Provider's system for which a claim record relates to, this will be used for future electronic reconciliation and for audit purposes.

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### 23 Transaction Category

- Indicates whether the claim is a standard claim, credit transaction, non-claim item or a resubmission of a previous claim.
- The appropriate codes are:

Transaction Category	Code
Standard claim	I or Null
Credit transaction	C
Non claim transactions	N
Resubmission	R

#### Standard Claim

- First time submitted claim lines need to be submitted with a [Transaction Category] = "I" for Invoice.

#### Credit Transactions

- Credit line transactions are used to credit a previously submitted claim transaction.
- These may either be used independently, to credit a previous transaction claimed, or as part of a resubmission.
- Credit line transactions need only contain the following data elements in the Transaction Record of a claim file:

Field No	Name	Notes
10	Record Type	Refer field 1.
21	Sequence No	Refer field 2.
22	Unique transaction number	Must be the same [Unique Transaction Number] of the transaction to be credited. If a Credit as part of a resubmission, the [Unique Transaction Number] must be number of the historical record (refer to [Unique Transaction Number] for further explanation).
23	Transaction Category	= "C"
62	Prescription ID	Must be the same [Prescription ID] as the transaction to be credited.
63	Prescription ID suffix	Must be the same [Prescription ID Suffix] as the transaction to be credited.

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#### Non Claim Transactions

- If the item is not to be charged to the Service Provider's DHB, or is not being reprocessed, the transaction is to be specified with a [Transaction Category] = "N" for Non Claim Transaction.
- All data elements are to be included in the transaction record of the claim file, following the same rules as a Standard Claim.

#### Resubmitting Transactions

- Transactions may be resubmitted if the transaction field contents have changed.
  - Only items that have been submitted with incorrect data should be resubmitted
  - Items that have been rejected by the system do not need to be resubmitted through this procedure
  - If a transaction is resubmitted, the resubmission must be transferred as two transactions.

#### 1<sup>st</sup> Line

- The first transaction needs to have a [Transaction Category] = C, for Credit. This need only contain data elements defined for Credit Transactions.

#### 2<sup>nd</sup> Line

- The second transaction needs to have a [Transaction Category] = "R" for resubmission. All data elements need to be submitted in the 2<sup>nd</sup> line of a resubmission following the same rules as a Standard Claim and noting the following criteria.

Field No	Name	Notes
22	Unique transaction number	Must be the [Unique Transaction Number] of the new transaction in the Service Provider's system (Refer [Unique Transaction Number] for further explanation).

## 24 Component Number

- This field is used in conjunction with field 25 [Total Component Number].
- The [Component Number] and [Total Component Number] fields are used to define a transaction that belongs to a group of transactions (as in a compound).
- [Total Component Number] defines how many transactions are in the group.
- Where a PCT is a mixture, as is the case for Chemotherapy, the pharmacy will claim for the constituent "active" ingredients as separate line items based on the amount of each component of the mixture. Consequently the Component Number and Total Number of Components (Field number 25) should both always be one.

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**Example – Separate line item transaction:**

Single line transaction [Component Number] = 1      [Total Component Number] = 1

**25 Total Component Number**

- Refer to [Component Number].

**26 Leave Blank**

**27 Leave Blank**

**28 Prescriber ID**

- The registration number of the prescriber.
- This field must be completed except on wastage line items where it should be blank.
- The appropriate registration numbers are:

Type of Prescriber	Number to use	Note
Medical Practitioner	New Zealand Medical Council Number	
Temporary Medical Practitioner	New Zealand Medical Council Number	
Midwife	Nursing Council of New Zealand Number or Midwifery Council of New Zealand Number	Include leading characters <sup>1</sup>
Dentist	Dental Council Number	Include leading characters
Temporary Dentist	Dental Council Number	Include leading characters
Specialist	New Zealand Medical Council Number	
Nurse Prescriber	Nursing Council of New Zealand Number	Include leading characters
Optometrist Prescriber	Optometrists and Dispensing Opticians Board Number	
Podiatrist	Podiatrist Board Number	
Pharmacist	Pharmacy Council Number	
Dietitian	Dietitians Board Number	
Physiotherapist	Physiotherapy Board Number	
Psychologist	Psychologists Board Number	

<sup>1</sup> Midwife Rule: Use the Nursing Council number if the Midwife previously used the Nursing Council number otherwise use the Midwifery Council number. Where the Midwifery Council number is used the '1' and the 'hyphen' must be removed prior to submission (i.e. 15-23456 becomes 523456).

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Type of Prescriber	Number to use	Note
Chiropractor	Chiropractic Board Number	
Medical Radiation Technologist	Medical Radiation Technologists Board Number	
Medical Laboratory Scientist and Technician	Medical Laboratory Science Board Number	
Occupational Therapist	Occupational Therapy Board Number	
Osteopath	Osteopathic Council Number	

## 29 Health Professional Group Code

- In the transaction record the [Health Professional Group Code] is used to define the Registration Body used to identify the Prescriber.
- Below are the valid [Health Professional Group Code] to be used to identify the Registration Body of the prescriber.
- This field must be completed except on wastage line items where it should be blank.

HPGC	Registration Body
MC	Medical Council of New Zealand
NC	Nursing Council of New Zealand
DC	Dental Council of New Zealand
MX	Temporary NZMC
DX	Temporary Dentists
OP	Optometrist and Dispensing Opticians Board
WF	Midwifery Council – <b>for future use</b>
FT	Podiatrists Board
PC	Pharmacy Council
ET	Dietitians Board
IO	Physiotherapy Board
SY	Psychologists Board
KI	Chiropractic Board
RD	Medical Radiation Technologists Board
LB	Medical Laboratory Science Board
JB	Occupational Therapy Board
BK	Osteopathic Council

**30 Leave Blank**

**31 Leave Blank**

**32 Leave Blank**

**33 Deleted**

This field should not be included in the claim file.

**34 Specialist ID**

- New Zealand Medical Council Number of the specialist who recommended the prescription.
- Required only for circumstances set out in the Pharmaceutical Schedule.
- This field should be blank on wastage line items.

**35 Date of Endorsement**

- Date on which the specialist recommended the prescription.
- Required only for circumstances set out in the Pharmaceutical Schedule.
- Only month and year are required for this field.
- Format for this field is MMCCYY.
- This field should be blank on wastage line items.

**Programmer Note:**

Date of Endorsement is not specified as a DATE, as per 3.3 Date Formats.

**36 Prescriber Flag**

- [Prescriber Flag], [Patient Flag] and [Prescription Flag] are to be set within Service Providers' systems to allow a transaction to specify that a condition or rule has been abided.
- This field should be blank on wastage line items.

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**Note:**

To be used where a rule set by PHARMAC cannot be checked either because of the limiting data collected or that it needs an indication from the pharmacist. Such cases will be specified in the Pharmaceutical Schedule.

**Programmer Note:**

This will permit rules to be implemented without continual changes to Service Providers' software.

**PHARMAC Note:**

New rules will still need to be set in the Rules section of the PHARMAC database and will still need to be programmed into ProClaim. Therefore, before rules are implemented, there will be a suitable lead-time for the above to happen.

To ensure the integrity of the use of these flags, disciplines will need to be set and followed to ensure the correct flag or flag combinations are used.

The mechanisms for the use of these flags will be worked out between PHARMAC, HealthPAC, and Service Providers.

### 37 Oncology Specialty Patient Grouping

- Indicates the oncology specialty and patient grouping.
- This field is mandatory except for wastage line items where this field should be blank.
- The appropriate codes are:

Description	Code
Medical Oncology Inpatients	1
Medical Oncology Outpatients	2
Haematology Inpatient	3
Haematology Outpatient	4
Radiology Oncology	5
Paediatric Oncology	6

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### 38 NHI (Service User ID)

- National Health Index number of the Service User.
- This field is mandatory except for wastage line items where this field should be blank.

### 39 Patient Category

- Indicates the Service User's age category at the time of the initial dispensing.
- The appropriate codes are:

Category	Code	Note
Senior	S	Service Users aged 65 years and over (for future use)
Adult	A	Service Users aged 18 to 64 years
Junior	J	Service Users aged 6 to 17 years
Younger	Y	Service Users aged 0 to 5 years
Permanent resident of Hokianga	H	This code is only to be used for: Service Users who are usually resident in the Hokianga Ward of the Far North District, and where the Prescription Form has been written by a Medical Practitioner employed by, and on a form supplied by, the Hokianga Medical Trust.
Wastage	W	This code indicates that this is a wastage line item.

- "S" is for future use. DHBs will notify Service Providers when they intend to start collecting "S" codes. Until Service Providers are notified, "S" should be transposed to "A".

### 40 CSC or PHO Status Flag

- Indicates whether Service User:
  - Has a Community Services Card (CSC) or not at the time of initial dispensing, or
  - Is eligible for reduced cost primary health services through being enrolled with a Primary Health Organisation (PHO), or
  - Is not covered by any of the categories listed in (a), (b) or (c) above.
- The appropriate codes are:

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Category	Code	Note	Priority
Is eligible for reduced cost primary health services	Q	The service user must be eligible for reduced cost primary health services and the prescription must be written by a prescriber working for the PHO the Service Users is enrolled with	1
Has a Community Services Card			2
None of the Above	N		3

- Where a patient could be classed under multiple categories the highest priority category, as noted above, must be used.
- This field should be blank on wastage line items.

**41 Leave Blank**

**42 Leave Blank**

**43 HUHC Status Flag**

- Indicates whether Service User has a High Use Health Card (HUHC) or not at the time of the initial dispensing.
- The appropriate codes are:

Has HUHC	Code
Yes	Y
No	N

- This code will also be used in the future to indicate people who are eligible for Care Plus services through their PHO. DHBs will notify Service Providers when this change comes into effect.
- This field should be blank on wastage line items.

**44 Leave Blank**

**45 Leave Blank**

**46 Leave Blank**

**47 Leave Blank**

**48 Special Authority Number**

- The special authority number allocated to the Service User for the item(s) dispensed, or

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- For a special authority number allocated to the Service User for the item(s) dispensed, the following applies to this field:
  - The Special Authority Number is required only for circumstances set out in the Pharmaceutical Schedule.
  - The authority type prefix and date suffix should both be excluded.

**Example:**

PCTX0775432/JUL05 should be provided as 0775432

**Programmer Note:**

This numeric value may not necessarily stay at 7 digits, and the authority type prefix and date suffix may not stay at the current lengths, therefore it may be safer to have a separate field for the numeric component of the Special Authority Number.

- The special authority number should always be blank on wastage line items.

49 **Leave Blank**

50 **Leave Blank**

51 **Leave Blank**

52 **Leave Blank**

53 **Leave Blank**

54 **Leave Blank**

55 **Leave Blank**

56 **Leave Blank**

57 **Dose**

- The [Dose] contains the amount of units prescribed to be used at each use.
- The units should be expressed in [Formulation Units] as defined by PHARMAC.
- Where the [Dose] is not able to be expressed, such as in the case of "Take as needed" or PRN medications, this field should be set to 0.
- [Dose] should be set to 0 on wastage line items.
- Where [Dose] is set to 0 the [Dose Flag] should be set to Y.

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- Where the number of units is a range, the higher amount should be used.

## 58 Daily Dose (Base Units Per Day)

- The [Daily Dose] contains the amount of units prescribed to be used per day.
- The units should be expressed in [Formulation Units] as defined by PHARMAC.
- Where the [Daily Dose] are not able to be expressed, such as in the case of “Take as needed” or PRN medications, this field should set to “0”.
- [Dose] should be set to 0 on wastage line items.
- Where [Daily Dose] is set to 0 the [Dose Flag] should be set to Y.
- Where the number of units is a range, the higher amount should be used.

### Programmer Note:

If the units are spread over alternate days (e.g. every other day, or Monday, Wednesday and Friday) then the value should represent this. For example, one unit every other day will equate to 0.5 of a unit. For example, Monday, Wednesday and Friday will equate to 0.4285.

As this field requires data expressed to 4 decimal places with no decimal points, 0.5 of a unit would appear in the data file as 5000, and 0.4285 would appear as 4285.

## 59 Leave Blank

## 60 Prescription Flag

- Refer [Prescriber Flag].
- [Prescription Flag] is to be set when the Prescriber has endorsed the prescription and when confirmation is required by the Pharmaceutical schedule
- This field should be blank on wastage line items.

## 61 Dose Flag

- Indicates whether a prescription has provided dose directions sufficient to place information in the [Dose] and [Daily Dose] fields.
- Where the pharmaceutical is an ointment or lotion or the [Dose] and [Daily Dose] fields can not be expressed, such as in the case of “Take as Required” medications, this field should be set to “Y”.
- This field should be set to “Y” on wastage line items.
- The appropriate codes are:

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Dose Flag	Code
Yes	Y
No	N

## 62 Prescription ID

- Unique ID for each prescription item.
- This code may be generated by the Service Provider's software, and should be the full system number regardless of how (or if) the number may be concatenated on a label.

## 63 Prescription ID Suffix

- Suffix to the Prescription ID.
- The only appropriate code for pharmaceutical cancer treatments is:

Dispensing	Code
Stat	0

## 64 Date of Service

- Dispensing date.

## 65 Claim Code

- Indicates the pharmaceutical dispensed.
- The "Pharmacode" administered by the Pharmacy Guild of New Zealand Incorporated is currently the only valid code to be used.

## 66 Code Standard

- The [Code Standard] field specifies the type of claim code used in Field 63 [Claim Code].
- The valid codes are:

Code Standard	Definition	Note
P	PharmaCode	To be used
E	EAN Codes	Not currently accepted

**Note:**

If this field is set to Null it will default to P for Pharmacode.

**67 Leave Blank**

**68 Quantity Claimed**

- The [Quantity Claimed] field must specify the quantity of the [Claim Code] that is claimed for in this transaction line.
- This must be defined using the [Pack Units of Measure] relating to the [Claim Code] as specified by PHARMAC.

**69 Leave Blank**

**70 Pack Unit of Measure**

- The [Pack Units of Measure] should contain the PHARMAC definition of the Unit of Measure as set out in the Pharmaceutical Schedule relating to the [Claim Code] as used in the calculations for the [Quantity Dispensed], [Quantity Claimed] and [Quantity Prescribed] fields.

**Programmer Note:**

The [Pack Unit of Measure] data refers to the [Units] field from the [Formulation] table from the Schedule database, available from PHARMAC.

- The [Pack Unit of Measure] is mandatory for all items except Exceptional Circumstances pharmaceuticals not listed on the Pharmaceutical Schedule. For these items the [Pack Unit of Measure] is considered a P/A field.

**71 Leave Blank**

**72 Leave Blank**

**73 Leave Blank**

**74 Leave Blank**

**75 Leave Blank**

**76 Order Type**

- Indicates the type of prescription or order.
- The appropriate code is:

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Description	Code
Oncology Medicines	7

**77 Leave Blank**

**78 Claim Amount**

- Total value of service provided for this item, which is chargeable to the Service Provider's DHB.
- Includes the payment to be made by the Service Provider's DHB for the pharmaceutical, and GST.
- Expressed in cents.

**Example Formula:**

[Claim Amount] = Pharmaceutical subsidy \*1.125

**79 CBS Subsidy**

- To be used for:
  - Those items listed as CBS in the Pharmaceutical Schedule, or
  - Those items where the pharmaceutical is subsidised under Exceptional Circumstances and the pharmaceutical is not listed on the Pharmaceutical Schedule.
- For those items listed as CBS in the Pharmaceutical Schedule, this field is to be submitted less all Markups, this value may be less than the Service Provider sees on the supplier's invoice.

**80 CBS Packsize**

- To be used for:
  - Those items listed as CBS in the Pharmaceutical Schedule, or
  - Those items where the pharmaceutical is subsidised under Exceptional Circumstances and the pharmaceutical is not listed on the pharmaceutical schedule.
- For those items listed as CBS in the Pharmaceutical Schedule this field:
  - Is mandatory.
  - Must express the pack size that the [CBS Subsidy] value relates to.
  - Must be specified in [Pack Units of Measure].

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- [CBS Packsize] is considered a P/A field for Exceptional Circumstance items that are not listed on the Pharmaceutical Schedule.

**81 Funder**

- The code to identify whom the funding body is for this claim.
- The [Funder] should default to "DHB".

**82 Leave Blank**

**83 Leave Blank**

**84 Leave Blank**

**85 Form Number**

- A unique number for a claimant which identifies the form or source document for all pharmaceuticals dispensed.
- All pharmaceutical items from the same form (eg, prescription form) should have the same form number.
- The form number should always be blank on wastage line items.

## 6. File Trailer Record

### 6.1 File Trailer Record Summary

Field No	Name	Type	Field Size	Mandatory
90	Record Type	CHAR	5	P
91	Sequence No	NO	8	P
92	Number of Lines	NO	8	P
93	Total Claim Value	\$	9	P
94	Leave Blank			

### 6.2 File Trailer Detail

#### 90 Record Type

- Refer to [Record Type].

#### 91 Sequence Number

- Refer to [Sequence Number].

#### 92 Number of Lines

- Total number of lines in the file.

**Programmer Note:**

To check the integrity of the claim file the value in the [Number of Lines] field should be the same as the [Sequence No] in the File Trailer.

#### 93 Total Claim Value

- Total value of the claim.
- Should be the total of all the [Claim Amounts] in the file.

#### 94 Leave Blank