



MANATŪ HAUORA

**Error Codes for Community and Pharmaceutical Cancer Treatments (PCT) Pharmacy
Electronic Claiming (PEC) V6.1**

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HealthPAC
Private Bag 3015, Wanganui, New Zealand

This document is available on the Ministry of Health Web site:
<http://www.moh.govt.nz/healthpac>



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Introduction

This booklet explains the error codes that appear in reports after HealthPAC 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)
 - HEALTHSOFT 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)
 - HEALTHSOFT USERS:** ☞ Cancel HealthPAC payment and price again

Pharmaceutical Transactions Data Specification Version 3.00 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.

HealthPAC 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
Healthsoft	(09) 357 6701
Toniq	(03) 341 0195
The Pharmacy Guild	(04) 802 8200

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.	<i>Refer Field 22</i>	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. <i>Refer Field 62</i>	Contact your software vendor.
9	Form Number is not provided.	This item does not include a form number. <i>Refer Field 85</i> (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.

Error Code	Description	Example/Explanation	Action Required by User
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). <i>Refer Field 40</i>	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). <i>Refer Field 43</i>	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.	<ul style="list-style-type: none"> • Prescription number – 12345/1 • Number of dispensings – 0. <i>Refer Fields 63 and 55</i>	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). <i>Refer Field 61</i>	This flag is generated by your system. Contact your software vendor.
25	Dose required and not provided.	A dose is required. <i>Refer Field 57</i>	Check your record relating to dose and frequency. Correct if necessary and resend. If there is no apparent error, contact your software vendor.

Error Code	Description	Example/Explanation	Action Required by User
26	Daily Dose required and not provided.	A daily dose is required. <i>Refer Field 58</i>	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. <i>Refer Field 58</i>	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. <i>Refer Field 58</i>	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. <i>Refer Field 64</i>	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) <i>Refer Field 65</i>	Check your records to see if a Pharmacode has been entered: <ul style="list-style-type: none"> • If yes: contact your software vendor; • If no: enter a Pharmacode and resend.

Error Code	Description	Example/Explanation	Action Required by User
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.) <i>Refer Field 65</i>	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. <i>Refer Field 66</i>	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). <i>Refer Field 36</i>	This flag is generated by your system. Check your records. Correct if necessary and resend. If no apparent error contact your software vendor.

Error Code	Description	Example/Explanation	Action Required by User																			
36	Invalid Health Professional Group Code.	<p>The Health Professional Group Code submitted is something other than:</p> <table border="1" data-bbox="817 371 1512 1114"> <thead> <tr> <th data-bbox="817 371 1193 432">Current</th> <th data-bbox="1193 371 1512 432">For future use</th> </tr> </thead> <tbody> <tr> <td data-bbox="817 432 1193 488">MC – Medical Council of NZ</td> <td data-bbox="1193 432 1512 488">WF – Midwifery Council</td> </tr> <tr> <td data-bbox="817 488 1193 544">NC – Nursing Council of NZ</td> <td data-bbox="1193 488 1512 544">PC – Pharmacy Council</td> </tr> <tr> <td data-bbox="817 544 1193 600">DC – Dental Council of NZ</td> <td data-bbox="1193 544 1512 600">ET – Dieticians Board</td> </tr> <tr> <td data-bbox="817 600 1193 655">MX – Temporary Doctor</td> <td data-bbox="1193 600 1512 655">IO – Physiotherapy Board</td> </tr> <tr> <td data-bbox="817 655 1193 711">DX – Temporary Dentist</td> <td data-bbox="1193 655 1512 711">SY – Psychologists Board</td> </tr> <tr> <td data-bbox="817 711 1193 767">OP – Optometrist Prescriber</td> <td data-bbox="1193 711 1512 767">KI – Chiropractic Board</td> </tr> <tr> <td data-bbox="817 767 1193 1114" rowspan="4">FT – Podiatrists Board</td> <td data-bbox="1193 767 1512 874">RD – Medical Radiation Technologists Board</td> </tr> <tr> <td data-bbox="1193 874 1512 965">LB – Medical Laboratory Science Board</td> </tr> <tr> <td data-bbox="1193 965 1512 1056">JB – Occupational Council</td> </tr> <tr> <td data-bbox="1193 1056 1512 1114">BK – Osteopathic Council</td> </tr> </tbody> </table> <p data-bbox="817 1126 987 1155"><i>Refer Field 29</i></p>	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	<p>Check your records. Correct if necessary and resend.</p> <p>If no apparent error contact your software vendor.</p>
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Error Code	Description	Example/Explanation	Action Required by User
37	Invalid Patient Flag.	<p>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.</p> <p>The patient flag is something other than Y (es) or N (o).</p> <p><i>Refer Field 49</i></p>	<p>This flag is generated by your system.</p> <p>Check your records. Correct if necessary and resend.</p> <p>If no apparent error contact your software vendor.</p>
39	Invalid Prescription Flag.	<p>The prescription flag identifies that a Pharmaceutical Schedule required endorsement is present on the prescription form (e.g. congestive heart failure).</p> <p>The prescription flag is something other than Y (es) or N (o).</p> <p><i>Refer Field 60</i></p>	<p>This flag is generated by your system.</p> <p>Check your records. Correct if necessary and resend.</p> <p>If no apparent error contact your software vendor.</p>
40	Invalid or unknown funder.	<p>A three-character code has been submitted that is not correct.</p> <p><i>Refer Field 81</i></p>	<p>Contact your software vendor.</p>
45	Invalid Compound Classification.	<p>This field is used to identify a Grasby Pump as GRASB.</p> <p>The field has been populated with something different.</p> <p><i>Refer Field 27</i></p>	<p>This code is generated by your software.</p> <p>Contact your software vendor.</p>
46	Amount Claimed is mandatory.	<p>The value claimed for each item is required.</p> <p>(Claim Amount)</p> <p><i>Refer Field 78</i></p>	<p>Check your records. Correct if necessary and resend.</p> <p>If no apparent error contact your software vendor.</p>

Error Code	Description	Example/Explanation	Action Required by User
47	Amount Claimed must be numeric.	The value claimed requires numbers. (Claim Amount) <i>Refer Field 78</i>	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. <i>Refer field 83</i>	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. <i>Refer Field 84</i>	Check your records. Correct if necessary and resend. If no apparent error contact your software vendor.
65	Invalid Safety Net Flag.	The safety net category field is filled with something other than Y (es) or N (o). <i>Refer Field 46</i>	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.

Error Code	Description	Example/Explanation	Action Required by User
87	Repeats Expiry Date is after the subsidised period.	<p>This item indicates a repeat expiry date that is after the allowable timeframe:</p> <ul style="list-style-type: none"> • Dental and Controlled Drugs – 30 days • Oral Contraceptives – 180 days • All other items – 90 days <p>Note: this is irrespective of whether the expiry date falls on a weekend.</p> <p><i>Refer Field 56</i></p>	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.	<p>The data in this field is not a valid date (e.g. 31 September 2001).</p> <p><i>Refer Field 56</i></p>	<p>This may be a system-generated date. If you do not enter this field contact your software vendor.</p> <p>If you do enter this field check the repeats expiry date for an incorrect date, amend and resend.</p>
89	Date of Service is after the repeats expiry date.	<p>The repeats expiry date provided on the initial supply is a date prior to the dispensing date for this repeat item.</p> <p><i>Refer Field 56</i></p>	Check that your expiry date and/or dispensing dates are correct. If the claim appears valid, contact the HealthPAC 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.	<p>This may be a system-generated field.</p> <p>If you do not enter this field contact your software vendor.</p>

Error Code	Description	Example/Explanation	Action Required by User
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. <i>Refer Field 39</i>	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. <i>Refer Field 23</i>	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. <i>Refer Field 23</i>	Contact your software vendor.

Error Code	Description	Example/Explanation	Action Required by User
111	Cannot find the original owed item.	HealthPAC 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. <i>Refer Field 26</i>	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. <i>Refer Field 26</i>	Check your records. Correct if necessary and resend.
115	Balance owing if present, must be numeric.	This field requires numbers. <i>Refer Field 26</i>	Check your records. Correct if necessary and resend.
116	Quantity Dispensed must be numeric.	This field requires numbers. <i>Refer Field 67</i>	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. <i>Refer Field 68</i>	Check your records. Correct if necessary and resend. If no apparent error contact your software vendor.

Error Code	Description	Example/Explanation	Action Required by User
118	Total Quantity Prescribed if present, must be numeric.	This field requires numbers. <i>Refer Field 69</i>	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. <i>Refer Field 55</i>	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. <i>Refer Field 55</i>	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. <i>Refer Field 68</i>	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. <i>Refer Field 67</i>	Check your records. Correct if necessary and resend. If no apparent error contact your software vendor.

Error Code	Description	Example/Explanation	Action Required by User
123	Quantity Prescribed if present on initial, cannot be less than Quantity Dispensed.	Quantity Dispensed is greater than the Total Quantity Prescribed. <i>Refer Field 69 & Field 67</i>	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. <i>Refer Field 77</i>	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. <i>Refer Field 71</i>	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). <i>Refer Field 71</i>	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. <i>Refer Field 71</i>	Check quantity supplied and other details. Correct if necessary and resend.

Error Code	Description	Example/Explanation	Action Required by User
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 (1 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.

Error Code	Description	Example/Explanation	Action Required by User
142	Invalid Pack Unit of Measure.	<p>The pack unit of measure included in this item claim does not match the electronic schedule used by HealthPAC to calculate payment.</p> <p>For example, cream claimed as ml (should be g).</p> <p>It can occur when there is a mismatch in timing between a schedule update in the pharmacy and the schedule update by HealthPAC.</p> <p>This field is no longer mandatory for Exceptional Circumstance items not on the schedule.</p> <p><i>Refer Field 70</i></p>	<p>This information is generated by your system from the electronic Pharmaceutical Schedule.</p> <p>Check with PHARMAC to identify the pack unit of measure used in payment calculation.</p> <p>Correct if necessary and resend.</p>
143	Oral contraceptive with more than 90 days supplied by a midwife.	<p>A quantity greater than 90 days has been supplied (for an oral contraceptive) prescribed by a midwife.</p> <p><i>Refer Field 29</i></p>	<p>Check quantities supplied and prescriber details.</p> <p>Correct if necessary and resend.</p>
144	Controlled drug supplied for more than 30 days over all dispensings	<p>A quantity greater than 30 days for a controlled drug has been supplied over all dispensings.</p>	<p>Check your Records. Correct if necessary and resend</p>
145	Controlled drug with quantity greater than 30 days.	<p>A quantity greater than 30 days for a controlled drug has been claimed for extended supply (Stat).</p>	<p>Check quantities supplied and other details.</p> <p>Correct if necessary and resend.</p>
146	Subsidy expired on this prescription item.	<p>This item has been submitted for payment more than six months after the date of dispensing.</p> <p><i>Refer Field 64</i></p>	<p>Check dispensing date.</p> <p>Correct if necessary and resend.</p>
147	Subsidy expired on this prescription item (oral contraceptive).	<p>This item has been submitted for payment more than nine months after the date of dispensing.</p> <p><i>Refer Field 64</i></p>	<p>Check dispensing date.</p> <p>Correct if necessary and resend.</p>

Error Code	Description	Example/Explanation	Action Required by User
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 HealthPAC database (For Originating Contract.)	This repeat item does not have an initial paid dispensing in HealthPAC 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 HealthPAC Contact Centre.
152	The original of this repeat is not a paid item in the HealthPAC database.	This repeat item does not have an initial paid dispensing in HealthPAC 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.

Error Code	Description	Example/Explanation	Action Required by User
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 HealthPAC 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 HealthPAC database.	Check details. If appropriate amend and credit/resubmit.
161	Prescription ID and suffix ID is already on HealthPAC 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 HealthPAC 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 Prescriber ID (MCNZ) is not included in HealthPAC Prescriber files. <i>Refer Field 28</i>	Check your record. If it is: <ul style="list-style-type: none"> • Correct – contact HealthPAC, • Incorrect – amend and resend.

Error Code	Description	Example/Explanation	Action Required by User
171	Prescriber ID cannot be blank.	A Prescriber ID (MCNZ) is required. <i>Refer Field 28</i>	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 <i>Refer Field 29</i>	Check your records. Correct if necessary and resend.
212	Invalid Contract Number.		This is your HealthPAC 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. <i>Refer Field 48</i>	Check Special Authority number. If appropriate, amend and resend. Note: Special Authority numbers can be checked through HealthPAC Wanganui.

Error Code	Description	Example/Explanation	Action Required by User
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). <i>Refer Field 34</i>	Please refer to the Pharmaceutical Schedule. Check your record. Ensure: <ul style="list-style-type: none"> • 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. <i>Refer Field 34</i>	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) <i>Refer Field 29</i>	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. <i>Refer Field 29</i>	Refer to the Pharmaceutical Schedule. Correct if necessary and resend.

Error Code	Description	Example/Explanation	Action Required by User
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. <i>Refer Field 76</i>	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. <i>Refer Field 76</i>	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). <i>Refer Field 76</i>	Refer to the Pharmaceutical Schedule and check your record. Correct if necessary and resend.

Error Code	Description	Example/Explanation	Action Required by User
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. <i>Refer Field 68</i>	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. <i>Refer Field 36</i>	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. <i>Refer Field 60</i> 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).

Error Code	Description	Example/Explanation	Action Required by User
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.

Error Code	Description	Example/Explanation	Action Required by User
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.

Error Code	Description	Example/Explanation	Action Required by User
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. <i>Refer Field 76</i>	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. HealthPAC has received no claim for this dispensing. Or, the original claim for this item was not paid. <i>Refer Field 23</i> Note that a credit transaction should only be made when you wish to reverse out a <i>payment already received</i> 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 HealthPAC to confirm payment. You can then ignore the error.

Error Code	Description	Example/Explanation	Action Required by User
403	Resubmission item with no credit.	You have submitted a resubmission item. No credit transaction has been received by HealthPAC. <i>Refer Field 23</i>	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 HealthPAC has received no claim for this dispensing. <i>Refer Field 23</i> 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 HealthPAC 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.

Error Code	Description	Example/Explanation	Action Required by User
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). <i>Refer Field 64</i>	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. <i>Refer Field 64</i>	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. <i>Refer Field 64</i>	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 15 th 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 7 th , 15 th , 23 rd or last day of the month.		The claim date is not one of the appropriate dates. Contact your software vendor.

Error Code	Description	Example/Explanation	Action Required by User
520	At the Date of Service you did not have a contract to claim subsidy for this drug.	According to HealthPAC 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 HealthPAC 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. <i>Refer Field 83</i>	Check your contract. Contact your software vendor for further clarification.
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. <i>Refer Field 69</i>	Check your records. Check with HealthPAC 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.

Error Code	Description	Example/Explanation	Action Required by User
598	Invalid Order Type.	<p>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:</p> <ul style="list-style-type: none"> • Prescription (1) • Practitioner Supply Order (3) • Bulk Supply Order (4) • Nicotine Replacement Therapy (6). <p><i>Refer Field 76</i></p>	<p>Check your records. If the order type appears to be correct, contact your software vendor.</p>
599	Invalid Special Authority Number.	<p>The Special Authority number is not on the HealthPAC database, or was not valid at the date of service.</p> <p><i>Refer Field 48</i></p>	<p>Check your records.</p> <p>If the number has been recorded incorrectly amend and resend.</p> <p>If the number on the prescription has been recorded correctly contact HealthPAC Contact Centre</p> <p>Correct if necessary and resend.</p>
600	Special Authority Number must be numeric.	<p>This field requires numbers.</p> <p><i>Refer Field 48</i></p>	<p>Check your records. Correct if necessary and resend.</p> <p>If no apparent error contact your software vendor.</p>

Error Code	Description	Example/Explanation	Action Required by User
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. <i>Refer Field 48</i>	Check your records. If the information has been recorded correctly contact HealthPAC 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 one of the following: 1 – Medical Oncology Inpatients 2 – Medical Oncology Outpatients 3 – Haematology Inpatient 4 – Haematology Outpatient 5 – Radiology Oncology 6 – Paediatric Oncology. <i>Refer Field 37</i>	Check your records. Correct if necessary and resend.

Error Code	Description	Example/Explanation	Action Required by User
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. <i>Refer Field 37</i>	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. <i>Refer Field 38</i>	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. <i>Refer Field 38</i>	To clarify the validity of the NHI number provided, the prescriber can contact the HealthPAC 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.

Error Code	Description	Example/Explanation	Action Required by User
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 HealthPAC 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 HealthPAC 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. <i>Refer Field 61</i>	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. <i>Refer Field 57.</i>	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. <i>Refer Field 58</i>	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 HealthPAC 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.

Error Code	Description	Example/Explanation	Action Required by User
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.

Error Code	Description	Example/Explanation	Action Required by User
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.

Error Code	Description	Example/Explanation	Action Required by User
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.

Error Code	Description	Example/Explanation	Action Required by User
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.

Error Code	Description	Example/Explanation	Action Required by User
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. <i>Refer Field 22</i>	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. <i>Refer Field 62</i>	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. <i>Refer Field 62</i>	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. <i>Refer Field 63</i>	Check your records. Correct if necessary and resend. If no apparent error contact your software vendor.

Error Code	Description	Example/Explanation	Action Required by User
810	Prescription ID Suffix must be numeric.	This field requires numbers. <i>Refer Field 63</i>	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. <i>Refer Field 63</i>	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). <i>Refer Field 71</i>	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. <i>Refer Field 26</i>	Check your records.
816	Quantity Dispensed cannot be blank.	Quantity Dispensed is required. <i>Refer Field 67</i>	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. <i>Refer Field 80</i>	Check your records. Correct if necessary and resend. If no apparent error contact your software vendor.

Error Code	Description	Example/Explanation	Action Required by User
821	Flagged as CBS in Pharmaceutical Schedule and no CBS pack size given.	A CBS pack size is required for payment. <i>Refer Field 80</i>	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. <i>Refer Field 80</i>	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. <i>Refer Field 79</i>	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. <i>Refer Field 79 & 80</i>	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. <i>Refer Field 79</i>	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. <i>Refer Field 79 & 80</i>	Add the appropriate details and resend.

Error Code	Description	Example/Explanation	Action Required by User
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. <i>Refer Field 79</i>	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 ' <u>Repeats PRN</u> ' has been prescribed). <i>Refer Field 55</i>	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). <i>Refer Field 64</i>	Check your records. Correct if necessary and resend. If no apparent error contact your software vendor.
848	Late claim item submitted after 12 months.	No subsidy is payable for an item submitted more than 12 months after dispense date.	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. <i>Refer field 83</i>	Check your records. Correct if necessary and resend. If no apparent error contact your software vendor.

Error Code	Description	Example/Explanation	Action Required by User
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.	<i>Refer Field 24</i>	Contact your software vendor.
C002	Component out of sequence.	<i>Refer Field 24</i>	Contact your software vendor.
C003	Component number greater than total components.	<i>Refer Field 24</i>	Contact your software vendor.
C004	Total number of components cannot be 0.	<i>Refer Field 25</i>	Contact your software vendor.
C005	Total number of components must be numeric.	Field requires numbers. <i>Refer Field 24</i>	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. <i>Refer Field 24</i>	Contact your software vendor.
C007	Component number cannot be blank.	A component number is required. <i>Refer Field 24</i>	Contact your software vendor.
C008	Component number must be numeric.	Field requires numeric characters. <i>Refer Field 24</i>	Contact your software vendor.

Error Code	Description	Example/Explanation	Action Required by User
C009	Component number must be an integer.	This field must not include decimal points or commas. This number must be a positive. <i>Refer Field 24</i>	Contact your software vendor.