



MANATŪ HAUORA

HealthPAC Electronic Claiming

Applicable to:
General Medical Services & Immunisation Providers
contracted under
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applicable to General Medical Services and Immunisation Providers.**Change History.**

Date	Version	Person	Description
24 February 2004	2.0	SD	Support for NIR / Immunisation Codes, and MeNZB.
1 March 2004	2.1	TC	Changes from Review. Support for STM-10.
3 March 2004	2.1a	TC	Addition of MeNZB vaccines to Table HBL2
9 March 2004	2.1b	TC	Removed mention of Z01 for the Trigger Event in section 3.2.1. Renamed heading of column Sub Components to Components in table in section 4.10.3.10
4 May 2004	2.2	TC	Included reference that submission may also be by diskette
20 October 2005	2.3	NL	<p>Following changes made:</p> <ul style="list-style-type: none"> • Section added - Rules / Recommendations for Immunisation claims (event code Z02) • Separate Appendix added - Examples for Immunisation claims (event code Z02), with Claim File Features derived from Rules • Changed Appendix A – Examples, to deal with GMS only. <ol style="list-style-type: none"> 1. 2.1 Background – edited text 2. 2.2 Introduction – removed reference to specification version 1.45 as this is no longer valid 3. 2.4.1 Business Assumptions – Point 2 modified – reference to Nursing Council removed. Point 4 added - reference to Agreement/Contract numbers (as per PHO release 8 PMO32 work item). 4. 2.4.2 Technical Assumptions – appendix reference added 5. 3.2.1 Transaction Summary – removed C04 trigger event from reference table as it relates to version 1.45 6. 3.2.3 HL7 Segments Used – modified text - changed from HBL to HealthPAC; Added ERR message reference and removed ZSO Segment ID in table 3. 7. 3.3 Message Definitions – appendix reference added 8. 3.4.1 Function – modified text - transaction acknowledgement 9. 3.4.3.1 – Headings have been added to the table references 10. 3.4.3.1 – modified text - Claim message in table changed from HBL to HealthPAC; Host Provider data (PRD); Corrected title to event code C03, not Z01. Corrected heading to “Claim Message” instead of “Patient Referral” and some chapter references in table 4 changed from optional to mandatory 11. 3.4.3.2 – added – Host Provider ({PRD) included as mandatory; Initiate IMMS Claim - Added ERR message reference and corrected heading to “Claim Message” instead of “Patient Referral” and

Date	Version	Person	Description
			<p>some chapter references to Table 5.</p> <p>12. 4.1.1.2 – modified text – Table of Fields description value of O and appendix cross reference added</p> <p>13. 4.1.2.1 PN, Person Name – Family Name is stated to be the only mandatory component</p> <p>14. 4.1.2.2 – modified text - notes information changed from New Zealand Medical Council to NZHIS Health Care User Identifier</p> <p>15. 4.1.2.3 AD, Address – Now refers to ‘Address Line 2’</p> <p>16. 4.1.2.4 TN – Telephone – noted that this is for information only</p> <p>17. 4.1.2.1 to 4.1.2.5 “Not Used” convention applied</p> <p>18. 4.3.1 – added – appendix cross reference</p> <p>19. 4.3.3.2 MSA, 2 Message Control ID – Removed table for components, retaining note text.</p> <p>20. 4.3.3.3 MSA, 3 Error Condition – <name of coding system> - Expanded notes</p> <p>21. 4.4.3.3 MSH 3 Sending Application – Makes reference to PMS used to send the message</p> <p>22. 4.4.3.3 to 4.4.3.6 replaced reference to “SC606 Working Group” with “HealthPAC”.</p> <p>23. 4.4.3.9 MSH 10 Message Control ID - Removed table for components retaining note text</p> <p>24. 4.5.2 Table of Fields – PID Segment – PID-2, Patient ID (External ID) made optional, reflecting the reality.</p> <p>25. 4.5.3.1 PID 2 External – Makes reference to NHI which is generated by NZHIS (optional requirement)</p> <p>26. 4.5.3.2 PID 5 Patient Name - Advises acceptability and usage of components by HPAC.</p> <p>27. 4.6.1 Function – amended text to clarify purpose of the segment</p> <p>28. 4.6.3.3 PRD-8-Provider Identifiers – inserted component table with existing notes</p> <p>29. 4.7.2 Table of Fields –</p> <ul style="list-style-type: none"> • RXA-2, SEQ field now reflects that it is a ‘Mandatory’ field. • Removed erroneous text stating that the NIR segment can be submitted. • Moved notes 1 and 2 below table to above the table • Added appendix cross reference <p>30. 4.7.2.1 RXA 2 – modified text – added sequence reference for MeNZB booster being from 1 to 99</p> <p>31. 4.7.3.1 RXA 2 Administration SubID Counter – added explanation of HealthPAC requirement</p> <p>32. 4.7.3.2 RXA 5 Added component table that advises RXA 5 requirements. Examples are now HealthPAC compliant</p> <p>33. 4.7.3.3 RXA 19 – Indication -</p> <ul style="list-style-type: none"> • Added component table that advises RXA 19 requirements. • Removed value “B” for BIRTH from Indication Table. • Removed reference to field repeatability. <p>34. 4.7.3.4 RXA 20 – text added – appendix reference to HL7 Table 0322</p> <p>35. 4.9 ZCT HBL – text modified – changed to ZCT</p>

Date	Version	Person	Description
			<p>HealthPAC</p> <p>36. 4.10 ZHC HBL – text modified – changed to ZHC HealthPAC</p> <p>37. 4.10.2 - Table of Fields – ZHC 10 is now mandatory (as per PHO release 8 PMO32 work item)</p> <p>38. 4.10.3.3 ZHC 3 PIN/PAN Number – replaced reference to “Regional Health Authorities” with “Ministry of Health”</p> <p>39. 4.10.3.10 ZHC 10 – Expanded text around Contract numbers (as per PHO release 8 PMO32 work item).</p> <p>40. 4.11.3.1 ZSC Service Claim Code – text added – section reference included</p> <p>41. 4.13 Code Tables – modified text - removed introductory “explanatory” text as this is no longer relevant</p> <p>42. 4.13.3 Table HBL2 -</p> <ul style="list-style-type: none"> • RXA-2 (Sequence/Dosage) valid values changed to “positive, non zero integer in range 1-99 inclusive”, with the exception of MeNZB (as per PMO28 project Change Request CR005). • RXA-2 (Sequence/Dosage) valid values for MeNZB remain unchanged • Applied revised HBL2 table to reflect additional code combinations including additional vaccines HBIG, Tetanus and DtaP (as per PMO28 project Change Request CR007) • Removed immunisation codes for “Td, adult”, indications 45Y and 65Y. These immunisation events were previously included for recording purposes only, and did not attract a subsidy. • Clarified text outside of the table. • Deleted obsolete appendix reference <p>44 Appendix – updated all relevant references</p> <p>See 4.13.3 Table HBL2:</p> <ul style="list-style-type: none"> • Introduce new vaccines from 1 February 2006 <ol style="list-style-type: none"> 1. Pneum, conjugate (100) 2. Pneum, polysacch (33) 3. MenACY W135 (99008) 4. dTap-IPV (99011) 5. dTap (99012) <p>A new indication (11) is to be used for the pre-post splenectomy schedule involving 4 vaccines This applies to Pneum, conjugate , Hib (PRP-T), Men ACYW135 and MeNZB.</p> <p>Note</p> <ol style="list-style-type: none"> 1. Specific sequences for each of these vaccines. 2. The IMO A is to be used for MeNZB indication 11 <p>For Dtap/Hib:</p> <ul style="list-style-type: none"> • Dates of service prior to 1 February 2006 will be accepted for DTap/Hib (50) up until 1 July 2006. • Dates of service after 1 February 2006 are expected to transfer to the Hib (PRP-T) vaccine.

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Date	Version	Person	Description
17 November 2005	2.4	JS	See 4.13.3 Table HBL2: <ul style="list-style-type: none"> • Introduce new at risk indication codes for the Pneumococcal programme from 1 February 2006 <ol style="list-style-type: none"> 1. 12 At risk no previous history 2. 13 At risk previous PCV7 3. 14 At risk no previous 23PPV
8 December 2005	2.4	JS	Correction of description of at risk indication code 14 for Pneumococcal programme. New description: At risk previous 23PPV. There is no impact to the claim message with this change.
13 January 2006	2.5	NL	See 3.4.3.2 Table – message table structure amended at PID segment. See 4.7.3.1 – RXA 2 field note clarified
20 January 2006	2.6	NL	In HBL2 table, amended MenACY W135 From indication 11 sequence 1 to 4 To: indication 11, sequence 1 to 3
10 July 2006	2.7	NH	Changes to allow for Emergency Vaccination Programme Addition of rules to section 3.4.3.3 Addition of vaccine code EVP to Table 1 in 4.7.3.2 Addition of Indication 15 to Table in 4.7.3.3 Addition of Fee Code EA to Table HBL1b in 4.13.2 Addition of valid combinations to Table HBL2 in 4.13.3 Addition of examples to Appendix B
1 June 2007	2.8	NH	2008 CI Schedule Changes Alteration of pre/post-splenectomy MeNZB claim to use IMMB Re-sorted Table 1 (Vaccine Codes) and table HBL2 (valid combinations) Changed description for indication 14 to read “At risk, previous 23PPV” Added post code to AD definition Correct description of vaccine 50 by upper-casing the P
25 September 2007	2.8	NH	Add missing indications of 6W, 3M, 5M for 35 Tetanus toxoid
1 July 2007	2.9	NH	Remove vaccine 118 HPV, bivalent from the tables of valid vaccines Correct tables 3.4.3.1 and 3.4.3.2 to show second PRD segment as “C” Conditional (required when locum data occupies the first PRD segment) Addition of age rule to item 16 under 3.4.3.3 Increase vaccine code string to 6 in RXA-5 field Correct tables 4.8.2 and 4.8.3.3 to show financially dependent youth as 16-17 years old Correct description of IMFV in table 4.13.2 HBL1b to be Influenza Vaccine (not Vaccination)

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1 Abstract

This document defines messaging and communication standards for the electronic transfer of claims information between Providers and HealthPAC.

This standard is based on Health Level Seven (HL7) version 2.3 - see document referred to in [Appendix D](#) [5] with extensions to meet specific New Zealand and HealthPAC Claiming requirements.

2 Introduction

2.1 Background

HealthPAC provides a claim payment facility for District Health Boards. Its role as the DHB's payment agency for General Medical Services (GMS) and Immunisation (IMM's) subsidies is to process and validate the data for payments to providers. Providers are obligated to submit claims messages electronically through to HealthPAC for payment (either via modem or diskette) as per their agreement or notice with the DHB's. This document defines the HL7 standards for the electronic submission of General Medical Services and Immunisation claims to HealthPAC. Electronic claims may be transferred to HealthPAC within a file on a diskette, or as a message over the electronic network. An electronic acknowledgement is only returned to the claimants of those claims submitted electronically and not to those who submit a claim by diskette.

Benefits from this automation are expected to include:

- a reduction in workload for the claimants.
- more timely submission and acknowledgement of the claims by HealthPAC.
- a more reliable and secure service for transport of the claims.

This document is consistent with the HL7 standard which corresponds to level 7 of the International Standards Organisation (ISO) Open System Interconnection (OSI) model. The primary goal of HL7 is:

...to provide standards for the exchange of data among health-care computer applications that eliminates or substantially reduces the custom interface programming and program maintenance that may otherwise be required.

The HL7 standard allows for local extensions to be specified when required functionality is not present in the base HL7 specification. HL7 has proven to be effective in transmitting medical information. This, coupled with its use previously in New Zealand, makes it an ideal candidate as the basis of this specification.

2.2 HL7 specification version 2.6 and HL7 specification version 1.45

Version 2.6 became mandatory for all PMS vendors within NIR rollout areas when it was implemented as of 1 April 2005. Neither HealthPAC nor HealthLink systems are able to accept the earlier 1.45 version as it does not allow for the inclusion of [ZHC-10](#) agreement/contract number field to be submitted.

2.3 Purpose

The purpose of this document is to utilise the existing HL7 standard version 2.3 messages with specific extensions necessary to accommodate New Zealand and HealthPAC.

2.3.1 General Medical Services and Immunisation Claims

A General Medical Services or Immunisation claim may result in the following information being transferred for each claim:

- claimant details
- provider details
- patient details
- fees claimed for individual services

As shown in the following figure, claimants may submit General Medical Services or Immunisation claims to HealthPAC.

Note: electronic acknowledgments are not returned for diskette submitted claims.

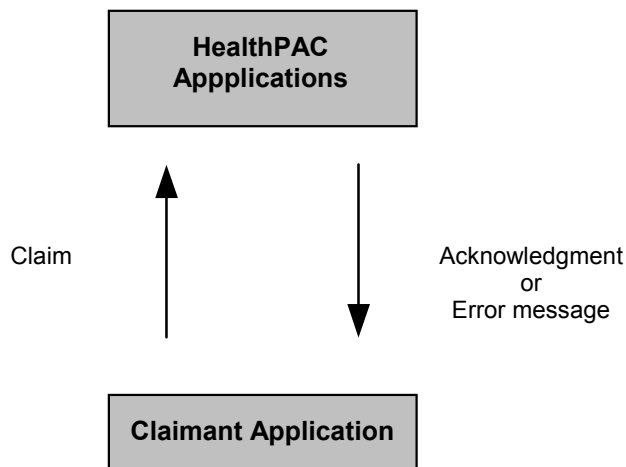


Figure 1: Transfer of Claims between claimants and HealthPAC.

2.4 Assumptions

In developing this specification various assumptions have been made and these are as follows:

2.4.1 Business Assumptions

1. The NHI will be used to identify the patient. Only minimal demographic data will be transmitted in claim messages. This data will be limited to subsets of the following items:
 - NHI number
 - surname
 - date of birth
2. Medical Council New Zealand and Nursing Council New Zealand numbers will be used to identify care providers.
3. Payee numbers assigned by HealthPAC will be used to make payment to claimants.
4. Agreement numbers or Contract numbers assigned by HealthPAC will be used for claiming. If a provider is a member of an organisation such as a PHO, PCO or IPA then the Organisations Agreement/Notice number must be used. Otherwise, the provider's Section 88 Agreement/Notice number must be used.

2.4.2 Technical Assumptions

The reader has an understanding of the HL7 messaging standard, and this standard is to be read in conjunction with the references contained in [Appendix D \[2\] to \[4\]](#)

1. Encryption of claim messages will be required because of the potentially sensitive nature of the data being transmitted. This encryption will be performed by the underlying transport mechanism rather than within the HL7 messaging
2. The systems that transfer data in this manner will have online access to a central point where messages can be placed and collected.

3 Transaction Definitions

3.1 Overview

3.1.1 Introduction

A transaction is considered to be a set of HL7 messages that completely and accurately transfer the required information from one computer system to another. In its simplest case a transaction may be the sending of a single HL7 message and a returned acknowledgement that the message was received. In more complex cases such as those found in queries, a series of HL7 query/responses may be required to complete the entire transaction.

3.2 Transaction, Messages and Segments used

3.2.1 Transaction Summary

The following table lists the transactions defined in this document:

Note: Historical Trigger Event usage is specific to HealthPAC and does not conform to HL7 2.3 standards. In the future, changes will be made to no longer use the pre-defined "C" Trigger Events and instead will define localised "Z" Trigger Events.

TRIGGER EVENT	TRANSACTION NAME	MESSAGE TYPE SENT	MESSAGE TYPE RETURNED
C03	General Medical Services Claim	CLM	ACK
Z02	Immunisation Claim	CLM	ACK

Table 1: Transaction Summary.

3.2.2 Message Type Summary

This transaction utilises the following messages:

MESSAGE TYPE	DESCRIPTION
CLM	GMS/Immunisation Claim
ACK	Acknowledgement

Table 2: Message Type Summary.

3.2.3 HL7 Segments Used

HL7 segments used in these messages are:

SEGMENT ID	SEGMENT NAME
ERR	Error Message
MSA	Message Acknowledgment
MSH	Message Header
PID	Patient Identification
PRD	Provider
RXA	Pharmacy Administration Information
ZCS	Card Status
ZCT	HealthPAC Claim Type
ZHC	HealthPAC Claimant
ZSC	Service Common
ZSF	Service Fee

Table 3: HL7 Segments used.

3.3 Message definitions

This chapter lists the segment contained within each message. The notation used is consistent with that used in documents referred to in [Appendix D \[2\] to \[4\]](#) with column headings having the following meaning:

Column Header	Description
REF	Unique HL7 three character segment identifier. In this specification, for example, REF can take the value of MSH, PID, ZSC etc
Name	The unique descriptive name for the data element.
Chapter	HL7 chapter in which the segment is defined
Usage	Not all the data elements in the HL7 standard segments are used in the transaction set defined in this document. Possible values are: M mandatory (segment must be present) O optional (segment may or may not be present) C conditional on event trigger X not used or sent [...] Indicates the maximum number of repetitions allowed

3.4 General Medical Services and Immunisation

3.4.1 Function

The General Medical Services and Immunisation Claim Transactions consist of pairs of transactions for the submitting of a claim by a “Claimant” to HealthPAC. HealthPAC’s processing will acknowledge the receipt of GMS and Immunisation claim messages that are sent via modem. Diskette claims will not be acknowledged.

3.4.2 Abstract Message Pair

Each triggering event is listed below along with the applicable form of the message exchange. The triggering events that follow are all served by the HealthPAC GMS and Immunisation unsolicited update and ACK response.

For REF column in the following tables :

Braces, {...}, indicate one or more repetitions of the enclosed group of segments. The group may contain only a single segment. Brackets, [...], show that the enclosed group of segments is optional. If a group of segments is optional and may repeat, it is to be enclosed in brackets and braces.

Note: The Chapter column is the chapter number from the document referred to in [Appendix D \[5\]](#)

3.4.3 Triggers

3.4.3.1 Initiate General Medical Services (GMS) Claim (event code C03)

This trigger event is used by the Claimant to submit a General Medical Services (GMS) Claim to HealthPAC. Please refer to “PRD – Provider “ for further details on locum claiming (see section [4.6](#))

Claim Message Structure:

REF	Name	Chapter	Usage
MSH	Message Header	2	M
ZHC	<i>HealthPAC Claimant</i>		M
ZCT	<i>HealthPAC Claim Type</i>		M
{			
PRD	Service Provider Data	11	M
[PRD]	Host Provider Data	11	C
{			
PID	Patient Identification	3	M
[ZCS]	Card Status		O
{			
ZSC	<i>Service Common</i>		M
{ ZSF }	Service Fee		M[n]
}			
}			
}			

Acknowledgment Message Structure

REF	Name	Chapter	Usage
MSH	Message Header	2	M
MSA	Message Acknowledgement	2	M
[ERR]		2	C

3.4.3.2 Initiate Immunisation Claim (event codeZ02)

This trigger event is used by the Claimant to submit an Immunisation Claim to HealthPAC.

Please refer to “PRD – Provider “ for locum claiming (see section [4.6](#))

Claim Message Structure

REF	Name	Chapter	Usage
MSH	Message Header	2	M
ZHC	<i>HealthPAC Claimant</i>		M
ZCT	<i>HealthPAC Claim Type</i>		M
{			
PRD	Service Provider Data	11	M
[PRD]	Host Provider Data	11	C
{			
PID	Patient Identification	3	M
[ZCS]	Card Status		O
{			
ZSC	Service Common		M
{ ZSF }	Service Fee		M[n]
{ RXA }	Pharmacy Administration Information		M[n]
}			
}			
}			

Acknowledgment Message Structure

ACK	Acknowledgement	Chapter	Usage
MSH	Message Header	2	M
MSA	Message Acknowledgement	2	M
[ERR]	Error Message	2	C

3.4.3.3 Rules for Immunisation claims (event codeZ02)

The following rules are applicable:

1. There should be only one Provider (PRD) segment for a given provider
2. For locum claiming, a second Provider (PRD) segment must be provided – see section [4.6](#)
3. There should be only one Patient (PID) segment for a patient within that PRD

4. There must be only one Service Common (ZSC) segment for the one date of service within a PID (this must include all visits with the same date of service).
5. Where there is more than one date of service for the provider (PRD)/patient (PID) there must be a ZSC for each date of service.
6. All fee segments (ZSF) and supporting Pharmacy Administration segments (RXA) must be grouped together under the relevant ZSC segment.
7. All ZSF segments must be inserted prior to any associated RXA segments.
8. There must be at least one ZSF segment and at least one RXA segment present within a ZSC segment.
9. While there is no direct relationship between RXA and ZSF segments, there is a dependency that ZSF segments have on RXA segments, but this dependency is validated and resolved in claims processing by checking for the presence of a vaccine code that proves that the Service Fee item is claimable.
10. The ZSF segments must be unique within a given ZSC/ZSF/RXA group.
11. Only one of 'Administration of Influenza Immunisation' Fee item (FA) or 'Administration of Standard Immunisation' Fee item (OA) can be claimed within one ZSC.
12. The 'Influenza Vaccination' Fee item (FV) can only be claimed with either an 'Administration of Influenza Immunisation' Fee item (FA), or an 'Administration of Standard Immunisation' Fee item (OA)
13. The RXA segments must be unique within a given ZSC/ZSF/RXA group. A consequence is that where multiple fees are claimed via a single administration, only one RXA segment is required (e.g. Influenza's administration and vaccine subsidy must result in only one Influenza RXA segment).
14. The 'Administration of Emergency Vaccination' Fee item (EA) must be the only ZSC/ZSF segment within a PID.
15. Pre/post-splenectomy claims for MeNZB must use 'Administration of MeNZB Immunisation' Fee item (MB) and Indication 11.
16. HPV vaccine is not funded for male patients and is not funded for patients born prior to 1 Jan 1990.
17. A fee for administering an alternative vaccine will be paid provided that the alternative vaccine is also a funded vaccine.
18. Where Hep B, paed has been given with an initial indication of 9 (HepB carrier mother), and subsequent booster shots of Hep B, paed are required, these booster shots should be claimed using indication 6.

NOTE : Presence of non-claimable immunisation codes will also result in rejection. Please refer to table HBL2 for valid claim combinations - see section [4.13.2.1](#)

4 Segment Definitions

4.1 Introduction

Segments, in HL7 parlance, are logical groupings of related items of information. They are the building blocks of messages. This chapter describes the message segments used to construct the transaction message pairs defined in chapter 3.

4.1.1 Segment Descriptions

The segment descriptions are in a standard format using the following sub-sections.

4.1.1.1 Function

Contains a brief description of the type of data the segment contains or purpose for which it is intended.

4.1.1.2 Table of Fields

This sub-section lists the fields contained within each segment. The notation used in this section is consistent with the documents referred to in [Appendix D \[2\] to \[4\]](#) with column headings having the following meaning:

Column Header	Description
SEQ	The sequence number showing the ordinal position of the data element within the segment.
LEN	The maximum length of the data element.
DT	The data type of the data element (see below for definitions).
OPT	Whether the data element is required or optional. Possible values are: <ul style="list-style-type: none"> R required, non-null N required, can be null O optional C conditional on event trigger
RP#	The number of times the data element can repeat.
TBL#	The unique numeric identifier of the table containing the list of permissible values and their meaning. Unamended standard tables can be found in the document referred to in Appendix D [1]
Item#	The unique numeric identifier for this data element within the HL7 data dictionary. The non-HL7 standard data elements introduced for this standard have been allocated in the range 11000 upwards.
Name	The unique descriptive name for the data element.
Usage	Not all the data elements in the HL7 standard segments are used in the transaction set defined in this document. This relates to HealthPAC usage within the specification. The possible values are: <ul style="list-style-type: none"> R or M mandatory O optional C conditional on event trigger X not used or sent

Where a standard HL7 segment has been utilised, this sub-section contains the message segment field list as shown in the document referred to in Appendix D [2]. Any

differences between standard HL7 segments defined in the document referred to in Appendix D [2] are highlighted in ***Bold Italics*** and an asterisk (*) included in the USAGE column.

NOTE: Not all columns in The Table of Fields are used by HealthPAC (eg: Item# column)

4.1.1.3 Table of Field Usage

For segments where field usage varies between trigger events, an additional table is provided to detail these variations.

4.1.1.4 Field Notes

The field notes provided expand on the information shown in the Table of Fields giving:

1. Any conditions associated with the supply of the field;
2. Any specific format requirements of the field;
3. Where the field uses a complex data type, the format, optionality and/or conditionality of constituent components;
4. New Zealand usage and valid values; and
5. where applicable, a more descriptive meaning of the field's purpose.

NOTES :

1. The following HL7 capabilities are not supported for General Medical Services and Immunisation claims
 - Repeatability of fields
 - Sub-components (where a component of a field is itself complex)
 - Escape Sequences

The special characters associated with the above (HL7 default values are '~', '&' and '\ ' respectively) are therefore not recognised, and are treated as ordinary text.

Special characters are recognised in the MSH-2 segment (see section [4.4.2](#))

2. Greying out of one or more rows in a Table of Fields indicates non-usage of those fields by HealthPAC. The same is true for components in Field Notes.
3. Not all components of a field are specified in Field Notes. Only those used by HealthPAC are included.

4.1.2 Data element type descriptions

This implementation uses the data element definitions specified in the document referred to in Appendix D [2] with the following exceptions.

4.1.2.1 PN – Person Name

To allow for transmission of NHI name data, and prefix information the PN data type has been increased in size from 48 characters in length to 80 characters in all message segments.- see also section [4.5](#)

Component	NZ Usage	Notes
<family name> ^	ST(25)	Only component that is mandatory
<given name> ^	ST(20)	Optional
<middle initial or name> ^	ST(20)	Optional
<suffix (e.g. JR. or III)> ^	(not used)	
<prefix (e.g. DR)> ^	ST(4)	Optional. Can take a value of : MR MAST Master MRS MISS MS DR Doctor SIR DAME Dame REV Reverend CRD Cardinal PROF Professor HON Honourable
<degree (e.g. MD)> ^	(not used)	
<source table ID>	(not used)	

4.1.2.2 CN – Composite ID Number and Name

To allow for transmission of NHI name data, and prefix information the CN data type has been increased in size from 60 characters in length to 90 characters in all message segments.

Component	NZ Usage	Notes
<ID Number> ^	ST(7)	NZHIS Health Care User Identifier
<family name> ^	ST(25)	
<given name> ^	ST(20)	
<middle initial or name> ^	ST(20)	
<suffix (e.g. JR. or III)> ^	(not used)	
<prefix (e.g. DR)> ^	ST(4)	(see PN data type for details)
<degree (e.g. MD)> ^	(not used)	
<source table ID>	(not used)	

4.1.2.3 AD – Address

To allow for transmission of NHI address data, address type and New Zealand domicile code, the AD data type has been increased in size from 106 characters in length to 180 characters in all message segments.

Component	NZ Usage	Notes
<street address> ^	ST(35)	Address line 1
<other designation> ^	ST(30)	Address line 2
<city> ^	ST(30)	Suburb
<state or province> ^	ST(30)	City/Town
<zip> ^	ST(4)	Post Code as 9999
<country> ^	ST(30)	Country
<type>^	ST(1)	“C” - current or temporary “P” - permanent “M” - mailing “B” - business
<other geographic designation>	ST(7)	New Zealand domicile code

4.1.2.4 TN – Telephone

This table is not used by HealthPAC and is for information only

Component	NZ Usage	Notes
[NN]	(not used)	
[(999)] 999-9999		Extension
[X99999]		pager number
[B99999]	CH	Home phone number with up to 15 characters of <text>
[C any text]	<text>	Office phone number with up to 15 characters of <text>
	CO	FAX phone number with up to 15 characters of <text>
	<text>	Cellular phone number with up to 15 characters of <text>
	CF	Beeper phone number with up to 15 characters of <text>
	<text>	
	CC	
	<text>	
	CB	
	<text>	

4.1.2.5 MO – Money

Component	NZ Usage	Notes
zzzzz9.99		z = placeholder 9 = required digit
denomination	[not used]	

4.2 ERR – Error Segment

4.2.1 Function

This segment contains the description of the error (if any) that occurred in the originating message.

4.2.2 Table of Fields

Seg	Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
ERR	1	80	ST				00020	Text Message	M

4.2.3 Field Notes

4.2.3.1 ERR-1-Text Message

A textual description of what was wrong with the originating message.

4.3 MSA – Message Acknowledgement Segment

4.3.1 Function

This segment contains information sent while acknowledging another message. For a full description refer to the document in Appendix D [2]

4.3.2 Table of Fields – MSA Segment

Seq	Len	DT	Opt	RP/#	TBL#	Item#	Element Name	Usage
1	2	ID	R		0008	00018	Acknowledgement Code	R
2	20	ST	R			00010	Message Control ID	R
3	80	ST	O			00020	Text Message	X
4	15	NM	O			00021	Expected Sequence Number	X
5	1	ID	B		0102	00022	Delayed Acknowledgement Type	X
6	100	CE	O			00023	Error Condition	C

Note: The element name “Error Condition” relates to the overall status of the message

4.3.3 Field Notes

4.3.3.1 MSA-1-Acknowledgment Code

Valid Values	Description
AA	Original mode: Application Accept Enhanced mode: Application acknowledgement: Accept
AE	Original mode: Application: Error Enhanced mode: Application acknowledgement: Error
AR	Original mode: Application: Reject Enhanced mode: Application acknowledgement: Reject
CA	Enhanced mode: Accept acknowledgement: Commit Accept
CE	Enhanced mode: Accept acknowledgement: Commit Error
CR	Enhanced mode: Accept acknowledgement: Commit Reject

4.3.3.2 MSA-2-Message Control ID

Component	NZ Usage	Notes
<Message Control ID>	ST(20)	Unique identifier for the message assigned by the sending system

4.3.3.3 MSA-3-Error Condition

Component	NZ Usage	Notes
<identifier> ^	ID(4)	Error condition code
<text> ^	ST(80)	Error text description
<name of coding system> ^	“NZ0X”	NZ coding scheme
<altern. Identifier> ^	(not used)	
<altern. Text> ^	(not used)	
<name of altern. Coding system>	(not used)	

4.4 MSH – Message Header

4.4.1 Function

This segment is common to all messages and is a control segment that specifies the sender/receiver, purpose and formatting syntax. For a full description see the document contained in [Appendix D \[2\]](#)

4.4.2 Table of Fields – MSH Segment

Seq	Len	DT	Opt	RP/#	TBL#	Item#	Element Name	Usage
1	1	ST	R			00001	Field Separator	R
2	4	ST	R			00002	Encoding Characters	R
3	180	HD	O			00003	Sending Application	R
4	180	HD	O			00004	Sending Facility	R
5	180	HD	O			00005	Receiving Application	R
6	180	HD	O			00006	Receiving Facility	R
7	26	TS				00007	Date/Time of Message	R
8	40	ST				00008	Security	O
9	7	CM	R		0076	00009	Message Type	R
10	20	ST	R			00010	Message Control ID	R
11	3	PT	R		0103	00011	Processing ID	R
12	8	ID	R		0104	00012	Version ID	R
13	15	NM				00013	Sequence Number	X
14	180	ST				00014	Continuation Pointer	X
15	2	ID			0155	00015	Accept acknowledgment type	X
16	2	ID			0155	00016	Application acknowledgment type	X
17	2	ID				00017	Country Code	X

4.4.3 Field Notes

4.4.3.1 MSH-1-Field separator

Valid Values	Description
" "	The field separator must be the pipe character " "

4.4.3.2 MSH-2-Encoding characters

Valid Values	Description
"^~\& "	To ensure messaging consistency the preceding encoding characters must be used Where '^' – Component Separator '~' – Repetition Separator '\' – Escape Character '&' – Sub-component Separator

Note: Special characters must be used for this segment which is an exception to section [4.1.1.4](#)

4.4.3.3 MSH-3-Sending Application

This must be populated by the name of the Practice Management Software used to send the electronic claim file.

4.4.3.4 MSH-4-Sending Facility

This must be populated by the name of where the Practice Management Software is sent. Valid characters are A – Z but exclude hyphen, space, apostrophe, '~', '&' and '\.

4.4.3.5 MSH-5-Receiving Application

The receiving application is Proclaim

4.4.3.6 MSH-6-Receiving Facility

The receiving facility is the Ministry of Health

4.4.3.7 MSH-7-Date/Time of Message

This field has the following format: ccyymmddhhmmss (Example:'19940331093005')

Note: NZ Usage is TS (14)

4.4.3.8 MSH-9-Message Type

Components	NZ Usage	Notes
<Message type>^	"CLM"	Patient Referral Message
	"ACK"	Acknowledgement
<Trigger Event>	"C03"	Initiate General Medical Services Claim
	"Z02"	Initiate Immunisation Claim

4.4.3.9 MSH-10-Message Control ID

Unique identifier for the message assigned by the sending system.

This is consistent with the MoH NHI/MWS HL7 implementation.

Note: NZ Usage is ST(12)

4.4.3.10 MSH-11-Processing ID

Valid Values	Description
"D"	Debugging
"P"	Production
"T"	Training

Note: The table above is not used by HealthPAC and is for information purposes only

4.4.3.11 MSH-12-Version ID

Valid Values	Description
"2.3"	To specify that version 2.3 of HL7 specification version is being used.

4.5 PID – Patient Identification

4.5.1 Function

This segment contains information that serves to uniquely identify the patient for whom the claim is lodged.

4.5.2 Table of Fields – PID Segment

Seq	Len	DT	Opt	RP/#	TB L#	Item#	Element Name	Usage
1	4	SI				00104	Set ID – Patient ID	X
2	16	CK				00105	Patient ID (External ID)	O
3	20	CX	R	Y		00106	Patient ID (Internal ID)	X
4	12	ST		Y		00107	Alternate Patient ID – PID	X
5	80	PN	R			00108	Patient Name	R*
6	8	PN				00109	Mother's Maiden Name	X
7	26	TS				00110	Date/Time of Birth	R
8	1	IS			00	00111	Sex	X
					01			
9	80	PN		Y		00112	Patient Alias	X
10	2	IS			00	00113	Race	X
					05			
11	106	AD		Y		00114	Patient Address	X
12	4	IS				00115	County Code	X
13	40	TN		Y		00116	Phone Number – Home	X
14	40	TN		Y		00117	Phone Number – Business	X
15	60	CE			02	00118	Primary Language	X
					96			
16	1	IS			00	00119	Marital Status	X
					02			
17	3	IS			00	00120	Religion	X
					06			
18	20	CX				00121	Patient Account Number	X
19	16	ST				00122	SSN Number – Patient	X
20	25	CM				00123	Driver's Lic Num – Patient	X
21	20	CX				00124	Mother's Identifier	X
22	3	IS			01	00125	Ethnic Group	X
					89			
23	60	ST				00126	Birth Place	X
24	2	ID			01	00127	Multiple Birth Indicator	X
					36			
25	2	NM				00128	Birth Order	X
26	4	IS		Y	01	00129	Citizenship	X
					71			
27	60	CE			01	00130	Veterans Military Status	X
					72			

4.5.3 Field Notes

4.5.3.1 PID-2-Patient Id (External Id)

Component	NZ Usage	Notes
<patient ID (NM)>^	ST(7)	NZHIS Health Care User Identifier (Patient's NHI Number)
<check digit (NM)>^	(not used)	
<check digit scheme (ID)>^	(not used)	
<assigning facility ID (ST)>^	(not used)	
<type (ID)>	(not used)	

Note: The patient identifier used for GMS/IMMS claiming, known as the National Health Index (NHI) number, is generated by NZHIS.

4.5.3.2 PID-5-Patient Name

All components of the PN data are accepted.

HealthPAC only use the <Family Name> of the patient when dealing with GMS and Immunisation claims.

Refer to section [4.1.2.1](#) for additional information.

4.5.3.3 PID-7-Date of Birth

Valid Values	Notes
As per HL7 standard (ie YYYYMMDD).	The patient's date of birth.

4.6 PRD – Provider

4.6.1 Function

This gives the details of the Provider. For a provider claiming for services they have performed, a single PRD segment is to contain either the practitioner’s MCNZ or NCNZ number.

Currently, HealthPAC systems are able to accept nurses claiming as host providers for MeNZB vaccinations only. Claiming configuration should ensure that nurses that are claiming in their own right have already obtained a separate payee and agreement number before claiming electronically.

Where a locum has performed the service then an additional PRD segment is to be used. Placement of the locum registration number and provider type of the practitioner who performed the service must appear in the first PRD segment. This is known as the “Service Provider Data” (see 3.4.3.1 ‘Triggers’)

The role type to be used must be “P”. The second PRD segment is to contain the MCNZ of the host provider with the role type of “H” (see 4.6.3.1 field notes below).

Please refer to locum claiming examples contained in [Appendix C](#) of this specification.

Note: A locum is defined in the GP Notice as referred to in Appendix D [7]. While locum claiming for GMS by nurses is possible, IMMS is presently restricted to locum claiming for MeNZB only.

4.6.2 Table of Fields – PRD Segment

Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
1	200	CE	R	Y	0286	01155	Provider Type	M
2	106	PN	O	Y		01156	Provider Name	M
3	60	AD	O			01157	Provider Address	X
4	60	CM	O			01158	Provider Location	X
5	20	TN	O	Y		01159	Provider Phone Number	X
6	60	CM	O	Y		01160	Electronic Address	X
7	200	CE	O		0185	01161	Preferred Method of Contact	X
8	100	CM	O	Y		01162	Provider Identifiers	M
9	26	TS	O			01163	Effective Start Date of Role	X
10	26	TS	O			01164	Effective End Date of Role	X

Note: HealthPAC does not support Repeatability of fields

4.6.3 Field Notes

4.6.3.1 PRD-1-Provider Type

Components	Valid values and description
<Provider Type>^	"M" = Medical Council of New Zealand "N" = Nursing Council of New Zealand
<Role Type>	"P" if Provider "H" if Host Practitioner

4.6.3.2 PRD-2-Provider Name

(see Data Element Type Section for PN format)

4.6.3.3 PRD-8-Provider Identifiers

Component	NZ Usage	Notes
<ID Number>	ST(16)	HealthPAC usage is the provider's Medical Council New Zealand number or Nursing Council of New Zealand number. Valid characters are uppercase A – Z, 0 – 9

4.7 RXA – Pharmacy Administration Information

4.7.1 Function

This segment is only required for Immunisation claims, i.e. where ZSC-1 is IM. This segment is used to store the details of exactly what vaccine was given.

4.7.2 Table of Fields

The meaning of this segment for PMS Vendor software is the same as specified in the Data Specification for NIR HL7 Messages -see document referred to in [Appendix D \[6\]](#) from which the table below is based on.

NOTE 1:

- The valid combinations of the fields which together constitute the Vaccine Code (RXA-5, RXA-2 and RXA-19) are specified in Table HBL2 (see section [4.13.2.1](#))
- HealthPAC implementation will not support the field repetition as indicated in column 5, RP/#.

Seq	Len	DT	Op t	RP/ #	TBL #	Item #	Name	Usage
1	4	NM	R				Give Sub-ID Counter	X
2	4	NM	R				Administration Sub-ID Counter	M
3	26	TS	R				Date/Time Start of Administration	X
4	26	TS	R				Date/Time End of Administration	X
5	250	CE	R				Administered Code	M
6	20	NM	R				Administered Amount	X
7	250	CE	O				Administered Units	X
8	250	CE	O				Administered Dosage Form	X
9	250	CE	O	Y			Administration Notes	X
10	250	XC N	C	Y			Administering Provider	X
11	200	CM	C				Administered at Location	X
12	20	ST	C				Administered Per (Time Unit)	X
13	20	NM	O				Administered Strength	X
14	250	CE	O				Administered Strength Units	X
15	28	ST	O	Y			Substance Lot Number	X
16	26	TS	O	Y			Substance Expiration Date	X
17	250	CE	O	Y			Substance Manufacturer Name	X
18	250	CE	O	Y			Substance/Treatment Refusal Reason	X
19	250	CE	O	Y			Indication	C
20	2	ID	O				Completion Status	C
21	2	ID	O				Action Code RXA	X
22	26	TS	O				System Entry Date/Time	X

4.7.3 Field Notes

For the complete Field Notes for all fields, please see the document referred to in [Appendix D \[6\]](#).

Notes for Fields used by HealthPAC are reproduced below.

4.7.3.1 RXA-2- Administration Sub-ID Counter

For vaccination data this field records the dose number of the vaccine is being given. If a vaccine has three administrations then this field will hold either '1', '2', or '3' to indicate which dose of the vaccine has been completed. This field must always contain a positive non-zero integer. For standard vaccines the valid range of values will normally be 1 to 99 inclusive while other vaccines will carry specific range values.

Please refer to Table HBL2 for valid combinations - see section [4.13.2.1](#)

4.7.3.2 RXA-5- Administered Code

Components	NZ Usage	Notes
<identifier> ^	ST(6)	NZ name for this component is Code . HL7 standard Codes are up to 3 digits. NZ specific Codes are up to 6 digits.
<text > ^	ST(241)	NZ Name for this component is Brief Description .
<name of coding system >	ST(4)	HL7 standard Codes take the value of CVX. NZ specific Codes take the value of NZVX.

This field identifies the vaccine given. Values from the CVX coding system are used, except where this has been extended to take into account different vaccines that are accepted by HealthPAC. Values with three or less digits are from the CVX tables and must record CVX in the coding system. Codes with 4 or 5 digits are from the New Zealand extensions and should be coded with NZVX.

Example: Value from CVX.

RXA||1|||03^MMR^CVX|||||||||||15M|CM

Example: Value from NZVX

RXA||1|||99001^DTaP^NZVX|||||||||||15M|CM

The vaccine codes are divided into two tables, provided below, based on the status of messaging to the NIR. In the first table are the vaccines that the NIR is stated to accept. The second table documents vaccines that are available for administration in New Zealand but which are not currently messaged by the NIR. Systems should be able to process the values in both tables.

NOTE : For the purposes of this specification, codes in both tables will be accepted by HealthPAC for consideration towards payment of immunisation claims.

Table 1. Vaccine Codes Currently recognized By NIR.

Code	Short Description	Long Description	Coding System
99004	aP	Acellular Pertussis	NZVX
19	BCG	Bacillus Calmette-Guerin vaccine	CVX
99012	dTap	Diphtheria adult dosage, Tetanus, acellular Pertussis adult dosage	NZVX
110	DTaP-Hep B-IPV	DTaP-hepatitis B and poliovirus vaccine	CVX
99011	dTap-IPV	Diphtheria adult dosage, Tetanus, acellular Pertussis adult dosage, Inactivated Polio	NZVX
28	DT, paed	Diphtheria and tetanus toxoids, adsorbed for paediatric use	CVX
99005	d, adult	Diphtheria, adsorbed adult dosage	NZVX
99003	D, paed	Diphtheria, adsorbed paediatric dosage	NZVX
20	DTaP	Diphtheria, tetanus toxoids and acellular Pertussis	CVX
99001	DTaP-IPV	Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio	NZVX
210307	DTaP-IPV-Hep B/Hib	Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio vaccine, Hepatitis B, <i>Haemophilus influenzae</i> type b	NZVX
50	DTaP/Hib	DTaP-Haemophilus influenzae type b conjugate vaccine	CVX
EVP	EVP	Emergency (Pandemic) Vaccine	NZVX
51	Hib-HepB	Haemophilus influenzae type b conjugate and hepatitis B vaccine	CVX
48	Hib (PRP-T)	Haemophilus influenzae type b vaccine, PRP-T conjugate	CVX
104	HepA-B	Hepatitis A and hepatitis B vaccine	CVX
30	HBIG	Hepatitis B immune globulin	CVX
43	HepB, adult	Hepatitis B vaccine, adult dosage	CVX
08	HepB, paed	Hepatitis B vaccine, paediatric dosage	CVX
62	HPV, quadrivalent	Human papilloma virus vaccine, quadrivalent	CVX
03	MMR	Measles, mumps and rubella virus vaccine	CVX
99008	MenACYW-135	Meningococcal A, C, Y, W-135	NZVX
99002	MeNZB	Meningococcal B	NZVX
100	Pneum, conjugate (PCV7)	Pneumococcal conjugate vaccine, polyvalent	CVX
33	Pneum, polysacch (23PPV)	Pneumococcal polysaccharide	CVX
10	IPV	Poliovirus vaccine, inactivated	CVX
09	Td, adult	Tetanus and diphtheria toxoids, adsorbed for adult use	CVX
35	Tetanus toxoid	Tetanus toxoid, adsorbed	CVX

Table 2 - Vaccine Codes Allowed in New Zealand not currently messaged to NIR.

Code	Short Description	Long Description	Coding System
26	Cholera	Cholera vaccine	CVX
52	HepA, adult	Hep A, adult dosage	CVX
39	Japanese encephalitis	Japanese encephalitis vaccine	CVX
66	Lyme	Lyme disease vaccine	CVX
103	MenC	Meningococcal C conjugate vaccine	CVX
101	Typhoid,	Typhoid Vi capsular polysaccharide vaccine	CVX

Code	Short Description	Long Description	Coding System
	ViCPS		
75	Vaccinia (smallpox)	Vaccinia (smallpox) vaccine	CVX
21	Varicella	Varicella virus vaccine	CVX
37	Yellow Fever	Yellow fever vaccine	CVX
99006	Influenza	Influenza	NZVX
99007	HepA, paed	Hep A, paediatric dosage	NZVX
99009	Rabies, inactivated	Rabies vaccine, inactivated	NZVX
99010	Rabies, IG	Rabies immune globulin	NZVX

4.7.3.3 RXA-19- Indication

Components	NZ Usage	Notes
<identifier>	ST(5)	This field records the number of the indication. See below for the list of valid values and for a further explanation of this component / field.
<text > ^	(not used)	
<name of coding system (ST)>	(not used)	

The indication is the reason that the vaccine was administered. The scheduled reason (e.g. six weeks) is used to report where the vaccination falls on the NZ vaccination schedule. Where a scheduled immunisation has not been completed the messaging of vaccine code and scheduled reason is still required in order to identify the event that has been declined or rescheduled.

The table below explains the indication value codes that are used in Table HBL2 (see section [4.13.2.1](#))

Table 3 – Indication Values used in table HBL2.

Value	Meaning
1	Over 65 years (Influenza)
2	Under 16 years, eligible condition (Influenza)
3	Eligible condition (Influenza)
4	Sexual or household contact
5	Primary course
6	Booster
7	Post Partum
8	Low birth weight
9	HepB carrier mother
10	At risk for TB
11	Pre-post splenectomy schedule
12	At risk, no previous history
13	At risk, previous PCV7
14	At risk, previous 23PPV

Value	Meaning
15	Pre-emergency
21	PCV7 catch up
6W	6 weeks
3M	3 months
5M	5 months
15M	15 months
4Y	4 years
11Y	11 years
45Y	45 years
65Y	65 years

4.7.3.4 RXA-20- Completion Status

Use one of the following values from HL7 Table 0322. – see document referred to in [Appendix D\[5\]](#)

Value	Meaning
CM	Complete
RE	Refused. This code should be used when the vaccine has been declined.
AG	Alternative given. This code should be used in the event that an immunisation cycle has been completed with an Alternative vaccine.

Variance to HL7: The Code AG is not present in HL7 Table 0322. To meet the requirements of the NIR this code has been added.

4.8 ZCS – Card Status Details

4.8.1 Function

This segment stores the card details held by the patient.

4.8.2 Table of Fields

Seq	Len	DT	Op t	RP/ #	TBL #	Item #	Name	Usage
1	1	ST					CSC Status	O
2	1	ST					HUHC Status	O
3	1	ST					Is patient 16-17 years old and financially dependent?	O

4.8.3 Field Notes

For the ZCS segment, a “blank” entry is also valid. HealthPAC usage of this field is optional.

4.8.3.1 ZCS-1-CSC Status

Valid Values	Description
“Y”	Patient holds a current Community Services Card
“N”	Patient does not hold a current Community Services Card

4.8.3.2 ZCS-2-HUHC Status

Valid Values	Description
“Y”	Patient holds a current High User Health Card
“N”	Patient does not hold a current High User Health Card

4.8.3.3 ZCS-3-Financial Status

Valid Values	Description
“Y”	Patient is 16-17 years old (inclusive) and is financially dependent
“N”	Otherwise

4.9 ZCT – HealthPAC Claim Type

4.9.1 Function

This identifies the type of claim being made.

4.9.2 Table of Fields

Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
1	2	ST					Type of Claim	M
2	6	ST					Disb 1 Payee Number	X
3	30	ST					Disb 1 Payee Name	X
4	9	MO					Disb 1 Payee Amount	X
5	6	ST					Disb 2 Payee Number	X
6	30	ST					Disb 2 Payee Name	X
7	9	MO					Disb 2 Payee Amount	X
8	6	ST					Disb 3 Payee Number	X
9	30	ST					Disb 3 Payee Name	X
10	9	MO					Disb 3 Payee Amount	X

4.9.3 Field Notes

4.9.3.1 ZCT-1-Type of Claim

Valid Values	Description
"GM"	General Medical Services
"IM"	Immunisation

4.10 ZHC – HealthPAC Claimant

4.10.1 Function

The claimant details for a claim made to HealthPAC.

4.10.2 Table of Fields

Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
1	2	ST					Organisation Type	C
2	4	NM					Organisation ID	C
3	6	NM					PIN / PAN Number	O
4	6	NM					Payee Number	M
5	8	DT					Date of Services From	M
6	8	DT					Date of Services To	M
7	10	ST					Claim Reference	O
8	9	MO					Total Amount Claimed	M
9	6	NM					Perorg ID	O
10	9	NM					Contract Number	M

4.10.3 Field Notes

Please note that the field ZHC-10 (Contract Number) is now a mandatory requirement. This is the only significant change to this segment from the previous release version 2.2

4.10.3.1 ZHC-1-Organisation Type

Valid Values	Description
“CH”	If the claimant organisation is a CHE
blank	in all other cases

4.10.3.2 ZHC-2-Organisation ID

HealthPAC will assign an Organisation Identification Number. Valid values will be in the range 0 to 9999.

4.10.3.3 ZHC-3-PIN / PAN Number

The Ministry of Health may assign a PIN/PAN Number to the claimant. Valid values will be in the range 0 to 999999.

4.10.3.4 ZHC-4-Payee Number

HealthPAC will assign a Payee Number. Valid values will be in the range 0 to 999999.

4.10.3.5 ZHC-5-Date of Services From

Valid Values	Notes
As per HL7 standard (ie YYYYMMDD).	Must be in the range prior to and including today Must be less than <i>Date of Services To</i>

4.10.3.6 ZHC-6-Date of Services To

Valid Values	Notes
As per HL7 standard (ie YYYYMMDD).	Must be in the range prior to and including today Must be greater than <i>Date of Services From</i>

4.10.3.7 ZHC-7-Claim Reference

This is the claimant's reference number assigned by the claimant. The reference should be unique and used once only per claim submission. HealthPAC systems may reject claims that use the same reference number information for more than one claim. Valid characters are uppercase A – Z, 0 – 9

4.10.3.8 ZHC-8-Total Amount Claimed

This relates to the total value of the claim being submitted.

4.10.3.9 ZHC-9-Perorg ID

HealthPAC systems will assign the person/organisation identifier.

4.10.3.10 ZHC-10-Contract Number

The contract number and version assigned by HealthPAC's Contract Management System. This may also be known as Agreement number in some documentation. There are 2 contract numbers that can be used for GMS/IMMs claims

- 1) GP Section 88 Notice number or
- 2) PHO/PCO/IPA Agreement number

From 1st April 2005:

- Where a claimant is a member of a PHO the PHO/PCO/IPA agreement number must be submitted.
- Where a claimant is not a member of one of the above organisations, then the GP Section 88 Notice number must be submitted.

Components	NZ Usage	Notes
<Contract Number>^	NM(6)	Contract number assigned to the claimant by HealthPAC. Valid value is 0 - 9
<Contract Version>	NM(2)	Contract version under which this claim is being made. ' ^ ' character as separator with valid value of 0 – 9 eg: 123456^01

4.11 ZSC – Service Common

4.11.1 Function

This segment contains the information common to all types of services provided and which are being claimed for.

4.11.2 Table of Fields

Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
1	2	ST			HBL1a		Service Claim Code	M
2	8	DT					Date of Service	M
3	9	MO					Claimed Amount	M

4.11.3 Field Notes

4.11.3.1 ZSC-1-Service Claim Code

Valid codes are listed in table HBL1a of this specification – see section [4.13.1](#)

4.11.3.2 ZSC-2-Date of Service

Valid Values	Notes
As per HL7 standard (ie YYYYMMDD).	Must be in the range from 6 months prior to today (except for Emergency Immunisation claims which must be within 18 months)

4.11.3.3 ZSC-3-Claimed Amount

The GST inclusive value claimed.

4.12 ZSF – Service Fee

4.12.1 Function

This segment contains the details of the individual service fees being claimed.

4.12.2 Table of Fields

Seq	Len	DT	Opt	RP/#	TBL#	Item#	Name	Usage
1	2	ST			HBL1b		Fee Code	M
2	9	MO					Fee Claimed	M
3	5	ST			HBL10		RVG Code	X
4	1	ST					Ordinary Attendance	X
5	5	NM					Total Time	X
6	1	ST			HBL11		Status	X

4.12.3 Field Notes

4.12.3.1 ZSF-1-Fee Code

The General Medical Services or Immunisation claim message has a single claim code with a number of valid fee codes.

Claim Code	Valid Fee Code Values for this Claim Code
GM	Refer to Table HBL1b – see section 4.13.2 – Fee Codes, for details
IM	Refer to Table HBL1b – see section 4.13.2 – Fee Codes, for details

4.12.3.2 ZSF-2-Fee Claimed

The amount inclusive of GST claimed for this Fee Code

4.13 CODE TABLES

4.13.1 Table HBL1a – Service Claim Codes

Code	Description
GM	General Medical Services
IM	Immunisation

4.13.2 Table HBL1b – Fee Codes

Service Claim Code	Fee Code	Description
GM	CP	Consultation (in person)
GM	CK	Travel
GM	CT	Telephone Consultation
GM	RC	Rural Consultation
GM	RK	Rural Travel
IM	OA	Administration of Standard Immunisation
IM	FA	Administration of Influenza Immunisation
IM	FV	Influenza Vaccine
IM	MB	Administration of MeNZB Immunisation
IM	EA	Administration of Emergency Immunisation

4.13.3 Table HBL2 –HealthPAC Subsidised Code Combinations for Immunisation

A vaccine code requires the presence of a specific combination of three fields, RXA-5 (HL7 Code), RXA-2 (Sequence) and RXA-19 (Indication). Refer to section [4.7](#)

Claimable immunisation code combinations appear as a row in Table HBL2 provided below.

The table represents the only valid code combinations that are possible for claiming through HealthPAC.

Notes :

- 1) "Sequence" is a number not a code. It always represents the number of previous administrations of this vaccine + 1. For example the first administration would be 1 [0 (previous admins) + 1 = 1].
- 2) Sequence must be a positive, non-zero integer. For MeNZB, this integer must be in the range 1 to 4 inclusive for the primary course. The booster must be an integer in the range 1 to 99 inclusive.
- 3) For all other immunisation codes, this integer must be in the range 1 to 99 inclusive.
- 4) RXA-5 is composed of three components that are also specified below.

Rules for Immunisation claims can be found in section [3.4.3.3](#)

Immunisation examples can be found in [Appendix B](#)

New or changed items are shown as **bold** in the table below.

Note that HPV has not yet been approved but may be so before the next biennial update.

Table HBL2 – Valid Combinations of RXA-5, RXA-2 and RXA-19 field values

HL7 Code RXA-5			Sequence RXA-2	Indication RXA-19
HL7 code	Short Description	Coding System		
20	DTaP	CVX	1 to 99	6W
20	DTaP	CVX	1 to 99	3M
20	DTaP	CVX	1 to 99	5M
20	DTaP	CVX	1 to 99	15M
20	DTaP	CVX	1 to 99	4Y
20	DTaP	CVX	1 to 99	6
50	DTaP/Hib	CVX	1 to 99	6W
50	DTaP/Hib	CVX	1 to 99	3M
50	DTaP/Hib	CVX	1 to 99	5M
50	DTap/Hib	CVX	1 to 99	15M
50	DTap/Hib	CVX	1 to 99	6
28	DT, Paed	CVX	1 to 99	6W
28	DT, Paed	CVX	1 to 99	3M
28	DT, Paed	CVX	1 to 99	5M
28	DT, Paed	CVX	1 to 99	15M
28	DT, Paed	CVX	1 to 99	4Y
28	DT, Paed	CVX	1 to 99	6
99001	DTaP-IPV	NZVX	1 to 99	6W
99001	DTaP-IPV	NZVX	1 to 99	3M
99001	DTaP-IPV	NZVX	1 to 99	5M
99001	DTaP-IPV	NZVX	1 to 99	4Y
99001	DTaP-IPV	NZVX	1 to 99	6
99011	dTap-IPV	NZVX	1 to 99	11Y
99012	dTap	NZVX	1 to 99	6W
99012	dTap	NZVX	1 to 99	3M
99012	dTap	NZVX	1 to 99	5M
99012	dTap	NZVX	1 to 99	11Y
110	DTaP-Hep B-IPV	CVX	1 to 99	6W
110	DTaP-Hep B-IPV	CVX	1 to 99	3M
110	DTaP-Hep B-IPV	CVX	1 to 99	5M
210307	DTaP-IPV-Hep B/Hib	NZVX	1 to 99	6W
210307	DTaP-IPV-Hep B/Hib	NZVX	1 to 99	3M
210307	DTaP-IPV-Hep B/Hib	NZVX	1 to 99	5M
09	Td, adult	CVX	1 to 99	6W
09	Td, adult	CVX	1 to 99	3M
09	Td, adult	CVX	1 to 99	5M
09	Td, adult	CVX	1 to 99	4Y
09	Td, adult	CVX	1 to 99	11Y
09	Td, adult	CVX	1 to 99	5
09	Td, adult	CVX	1 to 99	6
EVP	EVP	NZVX	1 to 99	15

HL7 Code RXA-5			Sequence RXA-2	Indication RXA-19
HL7 code	Short Description	Coding System		
EVP	EVP	NZVX	1 to 99	5
EVP	EVP	NZVX	1 to 99	6
30	HBIG	CVX	1 to 99	6
30	HBIG	CVX	1 to 99	9
43	HepB, Adult	CVX	1 to 99	4
08	HepB, paed	CVX	1 to 99	6W
08	HepB, paed	CVX	1 to 99	3M
08	HepB, paed	CVX	1 to 99	5M
08	HepB, paed	CVX	1 to 99	4
08	HepB, paed	CVX	1 to 99	6
08	HepB, paed	CVX	1 to 99	9
51	Hib-HepB	CVX	1 to 99	6W
51	Hib-HepB	CVX	1 to 99	3M
51	Hib-HepB	CVX	1 to 99	5M
51	Hib-HepB	CVX	1 to 99	6
51	Hib-HepB	CVX	1 to 99	9
48	Hib (PRP-T)	CVX	1 to 99	6W
48	Hib (PRP-T)	CVX	1 to 99	3M
48	Hib (PRP-T)	CVX	1 to 99	5M
48	Hib (PRP-T)	CVX	1 to 99	15M
48	Hib (PRP-T)	CVX	1	11
48	Hib (PRP-T)	CVX	1 to 99	6
48	Hib (PRP-T)	CVX	1 to 99	8
118	HPV, bivalent	CVX	1 to 99	5
62	HPV, quadrivalent	CVX	1 to 99	5
99006	Influenza	NZVX	1 to 99	1
99006	Influenza	NZVX	1 to 99	2
99006	Influenza	NZVX	1 to 99	3
10	IPV	CVX	1 to 99	6W
10	IPV	CVX	1 to 99	3M
10	IPV	CVX	1 to 99	5M
10	IPV	CVX	1 to 99	4Y
10	IPV	CVX	1 to 99	11Y
99002	MeNZB	NZVX	1 to 4	5
99002	MeNZB	NZVX	1 to 99	6
99002	MeNZB	NZVX	1 to 3	11
99008	MenACY W135	NZVX	1 to 4	5
99008	MenACY W135	NZVX	1 to 9	6
99008	MenACY W135	NZVX	1 to 3	11
03	MMR	CVX	1 to 99	15M
03	MMR	CVX	1 to 99	4Y
03	MMR	CVX	1 to 99	5

HL7 Code RXA-5			Sequence RXA-2	Indication RXA-19
HL7 code	Short Description	Coding System		
03	MMR	CVX	1 to 99	6
03	MMR	CVX	1 to 99	7
100	PCV7	CVX	1 to 99	6W
100	PCV7	CVX	1 to 99	3M
100	PCV7	CVX	1 to 99	5M
100	PCV7	CVX	1 to 99	15M
100	PCV7	CVX	1 to 4	5
100	PCV7	CVX	1 to 9	6
100	PCV7	CVX	1 to 4	12
100	PCV7	CVX	1	13
100	PCV7	CVX	1 to 2	14
100	PCV7	CVX	1 to 99	21
33	23PPV	CVX	1 to 4	5
33	23PPV	CVX	1 to 9	6
33	23PPV	CVX	1 to 9	11
33	23PPV	CVX	1 to 2	12
33	23PPV	CVX	1 to 2	13
33	23PPV	CVX	1 to 2	14
35	Tetanus toxoid	CVX	1 to 99	5
35	Tetanus toxoid	CVX	1 to 99	6
35	Tetanus toxoid	CVX	1 to 99	6W
35	Tetanus toxoid	CVX	1 to 99	3M
35	Tetanus toxoid	CVX	1 to 99	5M

Appendix A: GMS Examples

NOTES :

1. Patient details (NHI, Date of Birth) and practitioner details (Name, Registration Number) used in the examples below are not genuine.
2. The Acknowledgements shown are the final messages relayed to the Claimant by HealthLink (not those initially generated by HealthPAC for HealthLink).
3. Error codes and descriptions provided are not actual, and are intended to illustrate only.

Example 1 : A valid GMS claim

HL7 claim file

```
MSH|^~\&|MedTech-32|feathers|HBL
Claiming|hbl|20041111|PKI|CLM^C03|276977|P|2.3
ZHC|||48434|20041109|20041110|276977|65
ZCT|GM|||0|||0|||0
PRD|M^P|Yardley|||98765
PID||ABC1234||MURRAY||19230611
ZCS|N|N
ZSC|GM|20041109|0
ZSF|CP|0
PID||ABC2345||HAPETA||19230612
ZCS|N|N
ZSC|GM|20041109|0
ZSF|CP|0
PID||ABC3456||HENDERSON||19230613
ZCS|Y|N
ZSC|GM|20041109|35
ZSF|CP|35
PID||ABC4567||CADWALLADER||19230614
ZCS|Y|N
ZSC|GM|20041109|15
ZSF|CP|15
PID||ABC5678||ADAMS||19230615
ZCS|N|N
ZSC|GM|20041110|0
ZSF|CP|0
PID||ABC6789||STOVE||19230616
ZCS|N|N
ZSC|GM|20041110|0
ZSF|CP|0
PID||ABC0123||MARTIN||19230617
ZCS|Y|N
ZSC|GM|20041110|15
ZSF|CP|15
```

HL7 Acknowledgement

```
MSH|^~\&|GTPS|HealthPAC|MedTech-32|feathers|20041124162712||ACK|295821|P|2.3||||  
MSA|AA|276977||||ACP^Message Received OK.^NZ0X^^^
```

Example 2 : An invalid GMS claim**HL7 claim file**

```
MSH|^~\&|MedTech-32|feathers|HBL  
Claiming|hb|20041111|PKI|CLM^C03|276978|P|2.3  
ZHC|||48434|20041109|20041110|276977|65  
ZCT|GM|||0|||0|||0  
PRD||M^P|Yardley|||||98765  
PID||ABC1234|||MURRAY|||19230611  
ZCS|N|N  
ZSC|GM|20041109|0  
ZSF|CP|0
```

HL7 Acknowledgement

```
MSH|^~\&|GTPS|HealthPAC|MedTech-32|feathers|20041124162712||ACK|295829|P|2.3||||  
MSA|AE|276978||||ACT^This claim cannot be processed as it has a syntax error.^NZ0X^^^  
ERR|This claim cannot be processed as it has a syntax error.
```

NOTE : The PRD segment has an 'extra' field delimiter after the segment name.

Appendix B: Immunisation (event codeZ02) Examples

NOTES :

1. Patient details (NHI, Date of Birth) and practitioner details (Name, Registration Number) used in the examples below are not genuine.
2. The Acknowledgements shown are the final messages relayed to the Claimant by HealthLink (not those initially generated by HealthPAC for HealthLink).
3. Error codes and descriptions provided are not actual, and are intended to illustrate only.
4. Fees quoted may not be the current fee amount.

Features arising from Rules

The rules in section [3.4.3.3](#) have been broken down into a set of features presented below. The result of claims processing when such a feature is present in an Immunisation claim file is also presented below, along with a reference to an example that illustrates the feature.

Feature	Result	Example
Acknowledgement for Valid HL7	Accept	1
Acknowledgement for Invalid HL7	Reject	2
MB only	Accept	3
Multiple RXAs resulting in one ZSF	Accept	4
One ZSC for more than one visit on same Date of Service	Accept	4
Claim Code duplicated for same Date of Service	Reject Txn	5
ZFSs alternate with RXAs	Reject	5
FV with FA under same ZSC	Accept	6
Multiple ZSFs arising from one RXA	Accept	6
FV & FA in separate ZSC	Reject Txn	7
FV with OA under same ZSC	Accept	8
Unique RXAs when multiple RXAs	Accept	8
One ZSC for each visit on same Date of Service <i>with BR violation</i>	Accept 1 st , Reject 2 nd	9
MB with OA under same ZSC	Accept	10
One ZSC for each visit on same Date of Service <i>without BR violation</i>	Accept	11
Presence of Vaccine Code not in Table HBL2	Reject Txn	12
MB with FA & FV under same ZSC	Accept	13
Multiple ZSC where more than one Date of Service	Accept	14
Each ZSF is unique when multiple ZFSs present	Accept	15
MB with OA & FV under same ZSC	Accept	15
Multiple RXAs on same Date of Service	Accept	15
Multiple ZSFs on same Date of Service	Accept	15
ZSFs must precede RXAs	Accept	15
OA with FA under same ZSC	Reject Txn	16
One ZSC for each ZSF on same Date of Service	Reject	17
More than one Patient per claim file	Accept	1
More than one Provider per claim file	Accept	Not

Feature	Result	Example
		Provided
EA with OA on same Date of Service	Reject	18
EA as only ZSC per patient	Accept	19
Pre/post-splenectomy group, multiple vaccinations	Accept	20

Examples

#	Description	Illustrative HL7 fragment	Processing Result & Comments
1.	Acknowledgement for Valid HL7, i.e. without any structural or syntax errors	<p data-bbox="304 1301 339 1514">HL7 claim file</p> <pre data-bbox="379 831 820 1514"> MSH ^~\& MedTech-32 victormc HBL Claiming hb 20041007103414 PKI CLM^Z02 352160 P 2.3 ZHC 1802 128767 20041005 20041006 352160 36.00 281205 ZCT IM PRD M^P Yardley 98765 PID ABC1234 MURRAY 19230611 ZCS N N ZSC IM 20041005 18.00 ZSFOA 18.00 RXA 1 03^MMR^CVX 15M CM PID ABC2345 HAPETA 19230612 ZCS N N ZSC IM 20041006 18.00 ZSFOA 18.00 RXA 1 20^DTaP^CVX 5M CM RXA 1 08^HepB, paed^CVX 5M CM </pre> <p data-bbox="863 1106 898 1514">HL7 Acknowledgement file</p> <pre data-bbox="938 898 1005 1514"> MSH ^~\& GTPS HealthPAC MedTech- 32 feathers 20041124163414 ACK 352489 P 2.3 MSA AA 352160 AC.P^Message Received OK.^NZ0X^^^ </pre>	Two transactions, one for each of two patients, with one fee each – both are accepted and paid.

#	Description	Illustrative HL7 fragment	Processing Result & Comments
2.	Acknowledgement for Invalid HL7, i.e. with structural or syntax error(s)	<p>HL7 claim file</p> <pre>MSH ^~& MedTech-32 vic rmc HBL Claiming hb 20041007103414 PKI CLM^Z02 352161 P 2.3 ZHC 1802 128767 20041005 20041006 352160 36.00 281205 ZCT IM PRD J^P Yardley 98765 PID ABC1234 MURRAY 19230611 ZCS N N ZSC IM 20041005 18.00 ZSF OA 18.00 RXA 1 08^HepB, paed^CVX 15M CM RXA 1 03^MMR^CVX 15M CM</pre> <p>HL7 Acknowledgement file</p> <pre>MSH ^~& GTPS HealthPAC MedTech- 32 feathers 20041124163414 ACK 352492 P 2.3 MSA AA 352161 ACT^This claim cannot be processed as it has a syntax error.^NZ0X^M^ ERR This claim cannot be processed as it has a syntax error.</pre>	File has syntax error - The RXA segments have an 'extra' field delimiter after the segment name.
3.	On a Date of Service, MeNZB immunisation is provided, resulting in 'MB' ZSF	<pre>PID XYZ1234 BLOGGS 19851005 ZSC IM 20050107 18.00 ZSF MB 18.00 RXA 1 99002^MENZB^NZVX 5 CM</pre>	One transaction with one fee – accepted and paid
4.	On a Date of Service, multiple standard immunisations administered to a patient, resulting in one 'OA' ZSF. This could arise out of one or more visits on the same Date of Service.	<pre>PID XYZ1234 BLOGGS 19851005 ZSC IM 20050107 18.00 ZSF OA 18.00 RXA 1 08^HepB, paed^CVX 15M CM RXA 3 10^IPV^CVX 15M CM</pre>	One transaction with one fee – accepted and paid

#	Description	Illustrative HL7 fragment	Processing Result & Comments
5.	<p>On a Date of Service, two standard vaccinations given, resulting in two pairs of 'OA' ZSF and RXA.</p> <p>This could arise out of two visits on the same Date of Service.</p>	<pre>PID GREEN 19980619 ZCS N N ZSC IM 19981001 11.00 ZSFOA 11.00 RXA 1 99001^DTaP-IPV^NZVX 3 M CM ZSFOA 11.00 RXA 1 51^Hib-HepB^CVX 3 M CM</pre>	<p>One transaction, with two fees – structural error – rejected.</p> <p>NOTE : Currently, this error is not detected, and the HL7 fragment would be accepted and paid. <u>However, this situation will not persist indefinitely.</u></p>
6.	<p>On a Date of Service, flu vaccination administered to a patient, resulting in 'FV' & 'FA' ZSF</p>	<pre>PID ABC1234 LEE 19861006 ZSC IM 20050107 17.69 ZSF FA 11.00 ZSF FV 6.69 RXA 1 99006^Influenza^NZVX 3 CM</pre>	<p>One Transaction with two fees – Accepted and paid.</p>
7.	<p>On a Date of Service, flu vaccination administered to a patient, resulting in 'FV' & 'FA' ZSF each in a separate ZSC</p>	<pre>PID ABC1234 LEE 19861006 ZSC IM 20050107 11.00 ZSF FA 11.00 RXA 1 99006^Influenza^NZVX 3 CM ZSC IM 20050107 6.69 ZSF FV 6.69</pre>	<p>Two transaction, each with one fee – Both Transactions rejected.</p>
8.	<p>On a Date of Service, standard and flu immunisations administered to a patient, resulting in 'OA' and 'FV' ZSFs, all under one ZSC.</p> <p>This could arise out of one or more visits on the same Date of Service.</p>	<pre>PID ABC9012 TASMAN 19781008 ZCS N N N ZSC IM 20030313 24.69 ZSFOA 18.00 ZSF FV 6.69 RXA 01 43^HepB,Adult^CVX 4 CM RXA 02 09^Td,adult^CVX 45Y CM RXA 01 99006^Influenza^NZVX 2 CM </pre>	<p>One transaction, with two fees – accepted and paid</p>
9.	<p>On a Date of Service, two visits separately for flu &</p>	<pre>PID RUL3756 Reber 20040427 ZCS N N N ZSC IM 20050107 6.69</pre>	<p>Two transactions First transaction has two fees –</p>

#	Description	Illustrative HL7 fragment	Processing Result & Comments
	standard immunisations, resulting in one ZSC for each	ZSFIFA 18.00 ZSFFV 6.69 RXA 1 99006^Influenza^NZVX 3 CM ZSC IM 20050107 18.00 ZSFOA 18.00 RXA 1 99001^DTaP-IPV^NZVX 3 M CM RXA 1 51^Hib-HepB^CVX 3 M CM	accepted & paid Second transaction, with one fee - rejected The rejection is due to violation of Rule 9 in 3.4.3.3.
9a	Same as above with different order of transactions in HL7	PID RUL3756 Reber 20040427 ZCSN N N ZSC IM 20050107 18.00 ZSFOA 18.00 RXA 1 99001^DTaP-IPV^NZVX 3 M CM RXA 1 51^Hib-HepB^CVX 3 M CM ZSC IM 20050107 6.69 ZSFIFA 18.00 ZSFFV 6.69 RXA 1 99006^Influenza^NZVX 3 CM	Two transactions First transaction has one fee – accepted & paid Second transaction, with two fees - rejected The rejection is due to violation of Rule 9 in 3.4.3.3.
10.	On a Date of Service, standard immunisations and MeNZB are provided, resulting in 'OA' & 'MB' ZSFs. This could arise out of one or more visits on the same Date of Service.	PID XYZ1234 BLOGGS 19851005 ZSC IM 20050107 36.00 ZSFOA 18.00 ZSF MB 18.00 RXA 1 99002^MeNZB^NZVX 5 CM RXA 1 99001^DTaP-IPV^NZVX 3 M CM RXA 1 51^Hib-HepB^CVX 3 M CM	One transaction, with two fees – accepted and paid
11.	On a Date of Service, two visits separately for MeNZB & standard immunisations, resulting in two ZSC with one ZSF each	PID RUL3756 Reber 20040427 ZCSN N N ZSC IM 20050107 18.00 ZSFOA 18.00 RXA 1 99001^DTaP-IPV^NZVX 3 M CM RXA 1 51^Hib-HepB^CVX 3 M CM ZSC IM 20050107 18.00 ZSF MB 18.00 RXA 3 99002^MeNZB^NZVX 5 CM	Two transactions, each with one fee – both accepted and paid. NOTE : One ZSF per ZSC is not recommended, as situations illustrated in Example 9 and 9a can then occur.
12.	On a Date of Service, MeNZB	PID KING KING 19980916 ZCSN N N	One transaction, with two fees –

#	Description	Illustrative HL7 fragment	Processing Result & Comments
16.	<p>This could arise out of one or more visits on the same Date of Service.</p> <p>On a Date of Service, standard immunisations, flu immunisation and MeNZB vaccinations administered to a patient, resulting in 'OA', 'FA', 'FV' and 'MB' ZSF.</p> <p>This could arise out of one or more visits on the same Date of Service.</p>	<p>RXA 1 51^Hib-HepB^CVX 3M CM</p> <p>PID ABC9012 TASMAN 19781008 ZCS NIN N ZSC IM 20030313 53.69 ZSF MB 18.00 ZSF OA 18.00 ZSF FA 11.00 ZSF FV 6.69 RXA 1 99002^MENZB^NZVX 5 CM RXA 1 99006^Influenza^NZVX 3 CM</p>	One transaction, with four fees – rejected
17.	<p>On a Date of Service, standard immunisations, flu immunisation and MeNZB vaccinations administered to a patient, resulting in 'OA', 'FV' and 'MB' ZSFs, each in its own ZSC.</p> <p>This could arise out of one or more visits on the same Date of Service.</p>	<p>PID XYZ1234 BLOGGS 19851005 ZSC IM 20050107 18.00 ZSF OA 18.00 RXA 1 99001^DTaP-IPV^NZVX 3M CM RXA 1 51^Hib-HepB^CVX 3M CM</p> <p>ZSC IM 20050107 18.00 ZSF MB 18.00 RXA 1 99002^MENZB^NZVX 5 CM</p> <p>ZSC IM 20050107 6.69 ZSF FV 6.69 RXA 1 99006^Influenza^NZVX 3 CM</p>	<p>Three transactions, each with one fee.</p> <p>First transaction – accepted</p> <p>Second transaction – accepted</p> <p>Third transaction – rejected</p>
18.	<p>On a Date of Service, standard immunisation and Emergency immunisation administered to a patient, resulting in 'OA'; and 'EA'</p>	<p>PID ABC9012 TASMAN 19781008 ZCS NIN N ZSC IM 20060313 36.00 ZSF OA 18.00 ZSF EA 18.00 RXA 01 43^HepB,Adult^CVX 4 CM RXA 1 EVP^EVP^NZVX 15 CM</p>	One transaction with two fees - Transaction rejected

#	Description	Illustrative HL7 fragment	Processing Result & Comments
	ZSFs		
19.	On a Date of Service, one Emergency immunisation only administered to a patient, resulting in an 'EA' ZSF	PID ABC9012 TASMAN 19781008 ZCSIN N N ZSCIM 20060313 36.00 ZSF EA 18.00 RXA 1 EVP^EVP^NZVX 15 CM	One transaction with one fee – transaction accepted
20.	On a Date of Service, a number of pre/post-splenectomy immunisations, including MeNZB are provided, resulting in 'OA' & 'MB' ZSFs. This could arise out of one or more visits on the same Date of Service.	PID XYZ1234 BLOGGS 19851005 ZSCIM 20050107 36.00 ZSF OA 18.00 ZSF MB 18.00 RXA 1 33^23PPV^CVX 1 1 CM RXA 1 99008^MenACY W 135^NZVX 1 1 CM RXA 1 48^Hib (PRP-T)^CVX 1 1 CM RXA 1 99002^MENZB^NZVX 1 1 CM	One transaction, with two fees – accepted and paid

Appendix C – Locum Claiming examples

NOTES:

Patient details (NHI, Date of Birth) and practitioner details (Name, Registration Number) used in the examples below are not genuine.

Descriptions provided are not actual, and are intended to illustrate only.

A Valid General Medical Services Locum Claiming Example – Locum and Host are both MCNZ holders

MSH|^~\&|MedTech-32|feathers|HBL Claiming|hbl|20041111|PKI|CLM^C03|276977|P|2.3
 ZHC|||48434|20041109|20041109|276977|15
 ZCT|GM|||0|||0|||0
PRD|M^P|Yard|||||98765
PRD|M^H|Spark|||||12345
 PID||ABC1234|||LEE||19011006
 ZCS|Y|N
 ZSC|GM|20041109|15
 ZSF|CP|15

A Valid General Medical Services Locum Claiming Example – Locum (NCNZ) and Host (MCNZ) holders

MSH|^~\&|MedTech-32|feathers|HBL Claiming|hbl|20041111|PKI|CLM^C03|276977|P|2.3
 ZHC|||48434|20041109|20041109|276977|15
 ZCT|GM|||0|||0|||0
PRD|N^P|Smith|||||24680
PRD|M^H|Jones|||||13690
 PID||ABC1234|||LEE||19011006
 ZCS|Y|N
 ZSC|GM|20041109|15
 ZSF|CP|15

A Valid Immunisation Locum Claiming Example – Locum and Host are both MCNZ holders

MSH|^~\&|MedTech-32|victormc|HBL Claiming|hbl|20041007103414|PKI|CLM^Z02|352160|P|2.3
 ZHC|||1802|128767|20041005|20041006|352160|17.69|281205
 ZCT|IM
PRD|M^P|Yard|||||98765
PRD|M^H|Spark|||||12345
 PID||ABC1234|||LEE||19011006
 ZSC|IM|20050107|17.69
 ZSF|FA|11.00
 ZSF|FV|6.69
 RXA||1||99006^Influenza^NZVX|||||||3|CM

Appendix D: References

- [1] HL7 specification version 1.45
- [2] HL7 standard version 2.1;
- [3] HL7 standard version 2.2 (Ballot 24 July 1994);
- [4] HL7 standard version 2.3 (Ballot #2 - 17 October 1996);
- [5] HL7 standard version 2.3 (6 October 2000)
- [6] Implementation Guide for Messaging with the National Immunisation Register, Version 1 (6 November 2003)
- [7] General Practitioners Notice – Section 88 of the Health and Disability Services Act “Advice to General Practitioners Concerning Patient Benefits and other Subsidies” – Definition section