Reference Document

Electronic Claiming Specification – Applicable to General Medical Services & Immunisation Providers contracted under Section 88 of the Health and Disability Act May, 2000 Version 5.13 dated 16 November 2015 published by the Ministry of Health

This document is currently being reviewed by a PSAAP Working Group as part of the implementation of the National Enrolment Service.

Primary Health Organisation Services Agreement Amendment Protocol (PSAAP)
An Agreement between District Health Boards and Primary Health Organisations.
PSAAP Secretariat C/-, PO Box 23 075, Wellington 6140, New Zealand   www.centraltas.co.nz

tas
KAHUI TUITUI TANGATA

Electronic Claiming Specification

Applicable to:

General Medical Services & Immunisation Providers
contracted under

**Section 88 of the
New Zealand Public Health and Disability Act 2000**

Version	5.13
Date	16 November 2015
Owner	Ministry of Health National Health Board Information Group IT Services
Status	Final

In Confidence

MINISTRY OF
HEALTH

MANATŪ HAUORA

Table of contents

Important

Only Connected Health approved methods are to be used to send and receive the HL7 data specified in this document.

---

1. Abstract

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

This standard is based on Health Level Seven (HL7) version 2.3 (see related documentation published by Health Level Seven International at http://www.hl7.org) with extensions to meet specific New Zealand and Sector Services claiming requirements.

Printed copy is not guaranteed to be current. Refer to the electronic source for the latest version

---

16 November 2015   In Confidence   Page 7 of 70

2. Introduction

2.1. Background

Sector Services provides a claim payment facility for District Health Boards. Its role as the DHB's payment agency for General Medical Services (GMS) and Immunisation (IMMS) subsidies is to process and validate the data for payments to providers.

This document defines the HL7 standards for the electronic submission of General Medical Services and Immunisation claims to Sector Services.

The specification set out in 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.

2.2. Purpose

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

2.2.1 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 Sector Services.

Note: electronic acknowledgments are only returned for claims submitted online (ie, from practice management systems).

```
        ┌─────────────────────┐
        │   Sector Services   │
        │    Applications     │
        └─────────────────────┘
            ▲              │
            │              │
          Claim     Acknowledgement
            │        or error message
            │              │
            │              ▼
        ┌─────────────────────┐
        │ Claimant Application │
        └─────────────────────┘
```
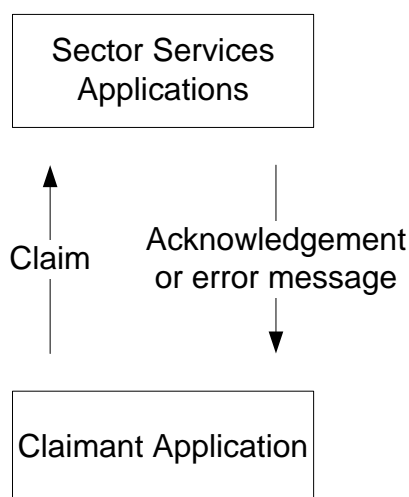
Figure 1: Transfer of Claims between claimants and Sector Services.

2.3. Assumptions

In developing this specification the following assumptions have been made.

2.3.1 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. Registration numbers assigned by Responsible Authorities (eg, Medical Council of New Zealand, Nursing Council of New Zealand) will be used to identify care providers.
3. Payee numbers assigned by Sector Services will be used to make payment to claimants.
4. Agreement numbers or contract numbers assigned by Sector Services will be used for claiming. If a provider is a member of an organisation such as a PHO, then the organisation's agreement/contract number must be used. Otherwise, the provider's Section 88 Agreement/Notice number must be used.

2.3.2 Technical Assumptions

1. The reader has an understanding of the HL7 messaging standard, and that this standard is to be read in conjunction with the HL7 2.3 specification published by Health Level Seven International[1].
2. 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 itself.
3. The systems that transfer data in this manner will have online access to a central point where messages can be placed and collected.

---

[1] http://www.hl7.org

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 the simplest case, a transaction may be the sending of a single HL7 message and the receipt of 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: the historic Trigger Event usage is specific to Sector Services 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	Claim Type
ZHC	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 related HL7 documentation, with column headings having the following meanings:

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 values in other fields (eg, Trigger Event)
	  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 Sector Services. Sector Services processing will acknowledge the receipt of GMS and Immunisation claim messages that are sent via online claim submission (ie, from a PMS), but not those submitted by other means.

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 Sector Services GMS and Immunisation unsolicited update and ACK response.

Notational conventions used in the 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 provides cross-references to the corresponding chapter in the HL7 2.3 standard.

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 Sector Services. 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	*Claimant*		M
ZCT	*Claim Type*		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]
}			
}			
}			

Printed copy is not guaranteed to be current. Refer to the electronic source for the latest version

16 November 2015   In Confidence   Page 13 of 70

Acknowledgement 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 code Z02)

This trigger event is used by the claimant to submit an Immunisation claim to Sector Services.

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	*Claimant*		M
ZCT	*Claim Type*		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 code Z02)

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 (eg, 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. For dates of service prior to 30 June 2014 HPV vaccine is not funded for male patients and is not funded for patients before 1 Jan 1990; these restrictions will not apply for dates of service on or after 1 July 2014.

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: the presence of non-claimable immunisation codes will also result in rejection. Please refer to table HBL2 for valid claim combinations – see section 4.13.3.

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 HL7 2.3 standard, with column headings having the following meanings:

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:
	  R required, non-null
	  N required, can be null
	  O optional
	  C conditional on values stored in other fields

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 HL7 2.3 standard.)
Item#	The unique numeric identifier for this data element within the HL7 data dictionary (The local, non-HL7 standard data elements introduced in this document 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. The information in this column relates to Sector Services usage within the specification. The possible values are:
	  R or M mandatory
	  O optional
	  C conditional on values stored in other fields
	  X not used or sent.

Where a standard HL7 segment has been utilised, this sub-section contains the message segment field list as specified in the HL7 2.3 standard. Any differences between standard HL7 segments defined in the HL7 2.3 standard are highlighted in ***Bold Italics*** and an asterisk (*) is included in the Usage column.

Note: not all columns in the Table of Fields are used by Sector Services (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:

- any conditions associated with the supply of the field
- any specific format requirements of the field
- where the field uses a complex data type, the format, optionality and/or conditionality of constituent components
- New Zealand usage and valid values
- where applicable, a more descriptive meaning of the field's purpose.

Notes:

1. The following HL7 features 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 these features (HL7 default values are '~', '&' and '\' respectively) are therefore not recognised and are treated as ordinary text.

    Special characters, however, are recognised in the MSH-2 segment (see section 4.4.3.2).

2. Greying out of one or more rows in a Table of Fields indicates non-usage of those fields by Sector Services. 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 Sector Services are included.

Printed copy is not guaranteed to be current. Refer to the electronic source for the latest version

16 November 2015   In Confidence   Page 17 of 70

4.1.2 Data element type descriptions

This implementation uses the data element definitions specified in the HL7 2.3 standard with the exceptions detailed below.

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 (eg, JR. or III)>^	(not used)	
<prefix (eg, DR)>^	ST(4)	Optional; can take one of the following values: MR MAST (Master) MRS MISS MS DR　　(Doctor) SIR DAME REV　(Reverend) CRD　(Cardinal) PROF (Professor) HON　(Honourable)
<degree (eg, 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 (eg, JR. or III)>^	(not used)	
<prefix (eg, DR)>^	ST(4)	See PN data type for details.
<degree (eg, 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 Sector Services and is for information only.

Component	NZ Usage	Notes
[NN]	(not used)	
[(999)]		
999-9999		
[X99999]		Extension
[B99999]		pager number
[C any text]	CH <text> CO <text> CF <text> CC <text> CB <text>	Home phone number with up to 15 characters of <text> Office phone number with up to 15 characters of <text> FAX phone number with up to 15 characters of <text> Cellular phone number with up to 15 characters of <text> Beeper phone number with up to 15 characters of <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 HL7 2.3 standard.

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 HL7 2.3 standard.

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 the location from where the practice management software sends the claim message. Valid characters are A–Z, and exclude hyphen, space, apostrophe, '~', '&' and '\'.

4.4.3.5 MSH-5-Receiving Application

This format described below will be required for version 5.x of this specification onwards.

Valid Values	Description
Proclaim_v5	Previously the value of this field was 'Proclaim'. The format will now be 'Proclaim_v*x*', where *x* is the major version number of the GMS-IMMS specification to which the HL7 message conforms.

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' 'ACK'	Patient Referral Message Acknowledgement
<Trigger Event>	'C03' 'Z02'	Initiate General Medical Services Claim Initiate Immunisation Claim

4.4.3.9 MSH-10-Message Control ID

The unique identifier for the message assigned by the sending system; this is consistent with the Ministry of Health 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 Sector Services 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 the HL7 specification 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/#	TBL#	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			0001	00111	Sex	X
9	80	PN		Y		00112	Patient Alias	X
10	2	IS			0005	00113	Race	X
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			0296	00118	Primary Language	X
16	1	IS			0002	00119	Marital Status	X
17	3	IS			0006	00120	Religion	X
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			0189	00125	Ethnic Group	X
23	60	ST				00126	Birth Place	X
24	2	ID			0136	00127	Multiple Birth Indicator	X
25	2	NM				00128	Birth Order	X
26	4	IS		Y	0171	00129	Citizenship	X
27	60	CE			0172	00130	Veterans Military Status	X
28	80	CE				00739	Nationality	X
29	26	TS				00740	Patient Death Date and Time	X
30	1	ID			0136	00741	Patient Death Indicator	X

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.

Sector Services 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
Dates in the format YYYYMMDD (as per the HL7 standard)	The patient's date of birth

Printed copy is not guaranteed to be current. Refer to the electronic source for the latest version

16 November 2015   In Confidence   Page 26 of 70

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 the practitioner's registration number.

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 Triggers above).

The role type to be used must be 'P'. The second PRD segment is to contain the registration number of the host provider with the role type of 'H' (see 4.6.3 Field Notes below).

Please refer to locum claiming examples contained in Appendix C of this specification.

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: Sector Services 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>^	The first character of the appropriate two-character Health Provider Group Code (HPGC), eg 'M', 'N', 'P', as defined in the table in section 4.6.3.4 below.
<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)	The registration number assigned by the Health Provider's Responsible Authority in the appropriate format (see table in section 4.6.3.4 below).
CPN Number	ST(6)	Optional CPN (Common Person Number)[2] separated from the Responsible Authority's ID by a '^' (caret).

4.6.3.4 Health Provider Groups, Codes, and Responsible Authorities

Responsible Authority	Practitioner Type	HPGC	Format
Chiropractic Board	Chiropractors	KI	NN-NNNNN
Dental Council of NZ	Dentists	DC	NNNNN
Dietitians Board	Dietitians	ET	NN-NNNNN
Medical Council of NZ	Doctors	MC	NNNNN
Medical Laboratory Science Board	Medical Laboratory Scientists and Technicians	LB	30-0NNNN
Medical Radiation Technologists Board	Medical Radiation Technologists	RD	NN-NNNNN
Midwifery Council	Midwives	WF	NN-NNNNN
Nursing Council of NZ	Nurses	NC	NNNNNN
Occupational Therapy Board	Occupational Therapists	JB	50-0NNNN
Optometrist Board	Optometrists	OP	60-NNNNN
Osteopathic Council	Osteopaths	BK	NN-NNNNN
Pharmacy Council	Pharmacists	PC	NNNNN[3]
Physiotherapy Board	Physiotherapists	IO	70-NNNNN
Podiatrists Board	Podiatrists	FT	80-NNNNN
Psychologists Board	Psychologists	SY	NN-NNNNN

4.6.3.4.1 CPN (Common Person Number)

Valid Values	Notes
Identifiers in the format NCAAAA	Formatted according to the HISO 10005 standard[2] for Common Person Number: 'N' is a numeric character (excluding '0') 'C' is the check digit 'A' is an alphabetic character (excluding 'I' and 'O')

---

[2] See HISO 10005 standard at http://ithealthboard.health.nz/system/files/documents/publications/10005-hpi-data-set-v1-2.pdf

[3] Pharmacy Council registration numbers are 4 or 5 digits long.

4.7. RXA – Pharmacy Administration Information

4.7.1 Function

This segment is only required for Immunisation claims (ie, 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 that specified in the National Immunisation Register HL7 File Specification on which the table below is based.

Notes:

- 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 4.13.3).
- Sector Services' implementation will not support the field repetition indicated in column 5 (RP/#).

Seq	Len	DT	Opt	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	XCN	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[4]

Notes for fields used by Sector Services are set out below.

4.7.3.1 RXA-2- Administration Sub-ID Counter

For vaccination data this field records the dose number of the vaccine 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 in section 4.13.3 for valid combinations.

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 long. NZ specific Codes are up to 6 digits long.
<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 additional vaccines that are accepted by Sector Services. Values with three or fewer 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-IPV^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.

---

[4] For the complete field notes for all fields, please see the National Immunisation Register (NIR) HL7 file specification.

Note: for the purposes of this specification, codes in both tables will be accepted by Sector Services systems for consideration towards payment of Immunisation claims.

Table 1. Vaccine codes currently recognised by Sector Services systems

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	Diptheria, Tetanus, acellular Pertussis, Inactivated Polio vaccine, Hepatitis B, Haemophilus influenzae 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

Code	Short Description	Long Description	Coding System
09	Td, adult	Tetanus and diphtheria toxoids, adsorbed for adult use	CVX
35	Tetanus toxoid	Tetanus toxoid, adsorbed	CVX
99006	Influenza	Influenza	NZVX
133	Pneumococcal conjugate PCV 13	Pneumococcal conjugate vaccine, 13 valent	CVX
260209	Pneumococcal conjugate PCV 10	Pneumococcal conjugate vaccine, 10 valent	NZVX
EVPMnC	EVP meningococcal C conjugate	Emergency Vaccine Programme meningococcal C conjugate vaccine	NZVX
116	Rotavirus, pentavalent	Rotavirus, live, pentavalent vaccine	CVX
21	Varicella	Varicella Virus Vaccine	CVX
114	MenACYW-135	Meningococcal polysaccharide (groups A,C,Y and W-135) diphtheria toxoid conjugate vaccine (MCV4P)	CVX
99013	MenCCV	Meningococcal C conjugate vaccine	NZVX
52	Hep A, adult	Hepatitis A vaccine, adult dosage	CVX
83	Hep A, ped/adol, 2 dose	Hepatitis A vaccine, paediatric/adolescent dosage, 2 dose schedule	CVX
44	Hep B, dialysis	Hepatitis B vaccine, dialysis patient dosage	CVX
99006	Influenza	Influenza	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 (eg, '6 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 4.13.3).

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	Postpartum
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
15	Pre-emergency
16	Pregnant woman
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
96	HepB high risk, booster or extra dose
Stn	Standard

4.7.3.4 RXA-20- Completion Status

Use one of the following values from HL7 Table 0322 (see HL7 2.3 standard).

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.)
GO	Completed, given overseas

Note: the Codes AG and GO are not present in HL7 Table 0322; these codes have been added to meet the requirements of the NIR.

4.8. ZCS – Card Status Details

4.8.1 Function

This segment stores details of the card held by the patient.

4.8.2 Table of Fields

Seq	Len	DT	Opt	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. Sector Services usage of this field is optional.

4.8.4 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.

4.8.4.1 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.

4.8.4.2 ZCS-3-Financial Status

Valid Values	Description
Y	Patient is 16–17 years old (inclusive) and is financially dependent.
N	Used in all other cases.

4.9. ZCT – 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 – Claimant

4.10.1 Function

The claimant details for a claim made to Sector Services.

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
11	8	ST					HPI Organisation ID	O

4.10.3 Field Notes

4.10.3.1   ZHC-1-Organisation Type

Valid Values	Description
(blank)	This field is no longer used. (Historically, the value 'CH' was used to indicate that the claimant organisation was a Crown Health Enterprise (CHE).)

4.10.3.2   ZHC-2-Organisation ID

Sector Services 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

Sector Services 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
Dates in the format YYYYMMDD (as per the HL7 standard)	Must be in the range prior to and including today Must be less than *Date of Services To*

4.10.3.6 ZHC-6-Date of Services To

Valid Values	Notes
Dates in the format YYYYMMDD (as per the HL7 standard)	Must be in the range prior to and including today Must be greater than *Date of Services From*

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. Sector Services systems may reject claims that use the same reference number information for more than one claim. Valid characters are uppercase A–Z and integers in the range 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

Sector Services systems will assign the person/organisation identifier.

4.10.3.10 ZHC-10-Contract Number

The contract number and version assigned by Sector Services' Contract Management System. This may also be known as agreement number in some documentation. There are two contract numbers that can be used for GMS/IMMS claims:

1. GP Section 88 Notice number

2. PHO agreement number.

From 1 April 2005:

- Where a claimant is a member of a PHO the PHO agreement number must be submitted.

- Where a claimant is not a member of a PHO the GP Section 88 Notice number must be submitted.

Components	NZ Usage	Notes
<Contract Number>^	NM(6)	Contract number assigned to the claimant by Sector Services (Valid values are integers in the range 0–9.)
<Contract Version>	NM(2)	Contract version under which this claim is being made (The '^' character is used as a separator; valid values are integers in the range 0–9, for example 123456^01.)

Printed copy is not guaranteed to be current. Refer to the electronic source for the latest version

16 November 2015   In Confidence   Page 37 of 70

4.10.3.11 ZHC-11-HPI Organisation ID

Valid Values	Notes
Identifiers in the format GXXNNN-C	Formatted according to the HISO 10005 standard[5] for Organisation Identifier: 'G' is a constant character 'X' is an alphanumeric character (excluding 'I' and 'O') 'N' is a numeric character (excluding '0') 'C' is the check digit (ie, a character in the range A–H, J–K substituted for check digit values in the range 1–10)

Note: this is the HPI Organisation ID of the practice submitting the claim.

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	4	TM					Time of Service	C
5	8	ST					HPI Facility ID	O
6	10	ST					Location Type	C
7	1	ST					Practitioner Identity Reporting Consent	C

4.11.3 Field Notes

4.11.3.1   ZSC-1-Service Claim Code

Valid codes are listed in table HBL1a in section 4.13.1 of this specification.

4.11.3.2   ZSC-2-Date of Service

Valid Values	Notes
Dates in the format YYYYMMDD (as per the HL7 standard)	Must be within the range of 6 months prior to today's date, with the exception of Emergency Immunisation claims, which must be submitted within 18 months.

4.11.3.3   ZSC-3-Claimed Amount

The GST-inclusive value claimed.

---

[5] http://ithealthboard.health.nz/system/files/documents/publications/10005-hpi-data-set-v1-2.pdf

4.11.3.4   ZSC-4-Time of Service

Mandatory for GMS claims (ie, where Trigger Event = 'C03').

Valid Values	Notes
HHMM (24-hour clock)	Represents the time of service relative to the time standard applicable on the date of service, namely NZST (New Zealand Standard Time), NZDT (New Zealand Daylight Time).

4.11.3.5   ZSC-5-HPI Facility ID

Valid Values	Notes
Identifiers in the format FXXNNN-C	Formatted according to the HISO 10005 standard[6] for Facility Identifier: 'F' is a constant character 'X' is an alphanumeric character (excluding 'I' and 'O') 'N' is a numeric character (excluding '0') 'C' is the check digit (ie, a character in the range A–H, J–K substituted for check digit values in the range 1–10)

4.11.3.6   ZSC-6-Location Type

A standard identifier indicating the type of location where a GMS service is provided, mandatory where Trigger Event = 'C03'. Valid values are set out in the table below.

Value	Description
UPP	One of the health practitioner's usual places of practice
PatientRes	Patient's temporary or permanent place of residence
MedEmgcy	A location at which services are required because it is a medical emergency
Other	Any other location agreed in writing by the DHB, the PHO, and (if relevant) the Contracted Provider

4.11.3.7   ZSC-7-Practitioner Identity Reporting Consent

A mandatory indicator in GMS claims (Trigger Event = 'C03') used to record whether or not the patient has consented to inclusion of information in the fee-for-service deduction report that will identify the practitioner who provided this service item. If the patient has not been asked for their consent the value in this field must be 'X'.

Valid Values	Description
Y	Patient has consented to reporting identifiable practitioner information recorded in the GMS service item.
N	Patient has refused to give their consent to reporting identifiable practitioner information recorded in the GMS service item.
X	The patient was not asked for their consent.

---

[6] http://ithealthboard.health.nz/system/files/documents/publications/10005-hpi-data-set-v1-2.pdf

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

Service Claim Code	Fee Code	Description
IM	FV	Influenza Vaccine
IM	MB	Administration of MeNZB Immunisation
IM	EA	Administration of Emergency Immunisation

4.13.3 Table HBL2 – 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). (Please refer to section 4.7 for further details.)

Claimable immunisation code combinations appear as a row in Table HBL2 provided below. This table represents the only valid code combinations that are possible for claiming through Sector Services.

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.

5. Rules for Immunisation claims can be found in section 3.4.3.3.

6. Immunisation examples can be found in Appendix B.

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

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

HL7 Code RXA-5			Sequence RXA-2	Indication RXA-19
HL7 code	Short Description	Coding System		
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	Tdap	NZVX	1 to 99	6W
99012	Tdap	NZVX	1 to 99	3M
99012	Tdap	NZVX	1 to 99	5M
99012	Tdap	NZVX	1 to 99	11Y
99012	Tdap	NZVX	1 to 99	5
99012	Tdap	NZVX	1 to 99	16
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
210307	DTaP-IPV-Hep B/Hib	NZVX	1 to 99	4Y
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
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

HL7 Code RXA-5			Sequence RXA-2	Indication RXA-19
HL7 code	Short Description	Coding System		
08	HepB, paed	CVX	1 to 99	9
08	HepB, paed	CVX	1 to 99	96
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
99006	Influenza	NZVX	1 to 99	16
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
03	MMR	CVX	1 to 99	6
03	MMR	CVX	1 to 99	7
03	MMR	CVX	1 to 99	Stn
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

HL7 Code RXA-5			Sequence RXA-2	Indication RXA-19
HL7 code	Short Description	Coding System		
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
133	PCV13	CVX	1 to 99	6W
133	PCV13	CVX	1 to 99	3M
133	PCV13	CVX	1 to 99	5M
133	PCV13	CVX	1 to 99	15M
133	PCV13	CVX	1 to 4	5
133	PCV13	CVX	1 to 9	6
133	PCV13	CVX	1 to 4	12
133	PCV13	CVX	1	13
133	PCV13	CVX	1 to 2	14
133	PCV13	CVX	1 to 99	21
260209	PCV10	NZVX	1 to 99	6W
260209	PCV10	NZVX	1 to 99	3M
260209	PCV10	NZVX	1 to 99	5M
260209	PCV10	NZVX	1 to 99	15M
260209	PCV10	NZVX	1 to 4	5
260209	PCV10	NZVX	1 to 9	6
260209	PCV10	NZVX	1 to 4	12
260209	PCV10	NZVX	1	13
260209	PCV10	NZVX	1 to 2	14
260209	PCV10	NZVX	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
EVPMnC	EVP meningococcal C conjugate	NZVX	1 to 99	5
EVPMnC	EVP meningococcal C conjugate	NZVX	1 to 99	6

HL7 Code RXA-5			Sequence RXA-2	Indication RXA-19
HL7 code	Short Description	Coding System		
116	Rotavirus, pentavalent	CVX	1 to 99	6W, 3M, 5M
21	Varicella	CVX	1 to 99	Stn
114	MenACYW-135	CVX	1 to 99	Stn
99013	MenCCV	NZVX	1 to 99	Stn
52	Hep A, adult	CVX	1 to 99	Stn
44	Hep B, dialysis	CVX	1 to 99	Stn
83	Hep A, ped/adol, 2 dose	CVX	1 to 99	Stn

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 the secure VPN (not those initially generated by Sector Services for the secure VPN).
3. Error codes and descriptions provided are fictitious and are solely for the purpose of illustration.

A1: Examples of valid GMS claims

HL7 claim file (provider has Medical Council registration)

```
MSH|^~\&|MedTech-32|feathers|Proclaim_v5|Ministry of Health|20041111|PKI|CLM^C03|276977|P|2.3|||||

ZHC||||48434|20041109|20041110|276977|65|GC8975-J
ZCT|GM|||||||||
PRD|M^P|Yardley|||||||98765^12ABCD||
PID||ABC1234|||MURRAY||19430611|||||||||||||||||||||
ZCS|N|N|
ZSC|GM|20041109|0.00|1630|FB9964-G|UPP
ZSF|CP|0.00||||
PID||ABC2345|||HAPETA||19230612|||||||||||||||||||||
ZCS|N|N|
ZSC|GM|20041109|0.00|1915|FB9964-G|PatientRes
ZSF|CP|0.00||||
PID||ABC3456|||HENDERSON||19500613|||||||||||||||||||||
ZCS|Y|N|
ZSC|GM|20041109|35.00|0845|FB9964-G|AgedRes
ZSF|CP|35.00||||
PID||ABC4567|||CADWALLADER||19230614|||||||||||||||||||||
```

```
ZCS|Y|N|
ZSC|GM|20041109|15.00|0845|FB9964-G|UPP
ZSF|CP|15.00||||
PID||ABC5678|||ADAMS||19230615||||||||||||||||||||||||
ZCS|N|N|
ZSC|GM|20041110|0.00|2010|FB9964-G|MedEmgcy
ZSF|CP|0.00||||
PID||ABC6789|||STOVE||19530616||||||||||||||||||||||||
ZCS|N|N|
ZSC|GM|20041110|0.00|1400|FB9964-G|Satellite
ZSF|CP|0.00||||
PID||ABC0123|||MARTIN||19230617||||||||||||||||||||||||
ZCS|Y|N|
ZSC|GM|20041110|15.00|0915|FB9964-G|AgedRes
ZSF|CP|15.00||||
```

HL7 claim file (provider has Nursing Council registration)

MSH|^~\&|MyPractice|hibcstmc|Proclaim_v5|Ministry of Health|20130628170745|PKI|CLM^C03|178770|P|2.3|||||

ZHC||||523194|20130612|20130628|178770|66.44||337473|GC8975-J

ZCT|GM|||||||||

PRD|N^P|Jones|||||||123456^23EFGH||

PID||UVX5668|||CAMERON||20080215|||||||||||||||||||||||||

ZCS|N|N|

ZSC|GM|20130617|35.78|0930|FB9964-G|School

ZSF|CP|35.78||||

PID||MNO9137|||CAMPBELL||19581211

ZCS|Y|N|

ZSC|GM|20130618|15.33|1100|FB9964-G|UPP

ZSF|CP|15.33||||

PID||ABC0805|||WINIATA||19961005|||||||||||||||||||||||||

ZCS|N|N|

ZSC|GM|20130626|15.33|1830|FB9964-G|Satellite

ZSF|CP|15.33||||

PID||FGH7155|||GREEN||19300116|||||||||||||||||||||||||

ZCS|N|N|

ZSC|GM|20130626|0.00|1415|FB9964-G|AgedRes

ZSF|CP|0.00||||

HL7 Acknowledgement

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

A2: Example of an invalid GMS claim

HL7 claim file

MSH|^~\&|MedTech-32|feathers|Proclaim_v5|Ministry of Health|20041111|PKI|CLM^C03|276978|P|2.3|||||

ZHC||||48434|20041109|20041110|276977|65.00||281205|GC8975-J
ZCT|GM|||||||||
PRD||M^P|Yardley|||||98765^12ABCD||
PID||ABC1234|||MURRAY||19230611||||||||||||||||||||||||
ZCS|N|N|
ZSC|GM|20041109|0.00|1630|FB9964-G|UPP
ZSF|CP|0.00||||

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 a superfluous field delimiter after the segment name.

Appendix B: Immunisation (Event Code Z02) 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 the secure VPN (not those initially generated by Sector Services for the secure VPN).
3. Error codes and descriptions provided are fictitious and are solely for the purpose of illustration.
4. Fees quoted may not be the current fee amount.

B1: 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 *with BR violation*	Accept 1st Reject 2nd	9
MB with OA under same ZSC	Accept	10
One ZSC for each visit on same Date of Service *without BR violation*	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

Feature	Result	Example
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 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

Printed copy is not guaranteed to be current. Refer to the electronic source for the latest version

16 November 2015   In Confidence   Page 52 of 70

B2: Examples

#	Description	Illustrative HL7 fragment	Processing Result & Comments
	Acknowledgement for Valid HL7 (ie, without any structural or syntax errors)	**HL7 claim file** MSH|^~\&|MedTech-32|victormc|Proclaim_v5|Ministry of Health|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||| ZSF|OA|18.00||||| RXA||1|||03^MMR^CVX|||||||||||||15M|CM PID||ABC2345|||HAPETA||19230612||||||||||||||||||||| ZCS|N|N| ZSC|IM|20041006|18.00||| ZSF|OA|18.00|||| RXA||1|||20^DTaP^CVX|||||||||||||5M|CM RXA||1|||08^HepB, paed^CVX|||||||||||||5M|CM **HL7 Acknowledgement file** MSH|^~\&|GTPS|HealthPAC|MedTech-32|feathers|20041124163414||ACK|352489|P|2.3||||| MSA|AA|352160||||ACP^Message Received OK.^NZ0X^^^ **HL7 Acknowledgement file** MSH|^~\&|GTPS|HealthPAC|MedTech-	Two transactions, one for each of two patients, with one fee each – both are accepted and paid.

#	Description	Illustrative HL7 fragment	Processing Result & Comments
		32|feathers|20041124163414||ACK|352489|P|2.3||||| MSA|AA|352160||||ACP^Message Received OK.^NZ0X^^^	
	Acknowledgement for Invalid HL7 (ie, with structural or syntax errors)	**HL7 claim file** MSH|^~\&|MedTech-32|victormc|Proclaim_v5|Ministry of Health|20041007103414|PKI|CLM^Z02|352161|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||| ZSF|OA|18.00|||| RXA|||1|||08^HepB, paed^CVX||||||||||||||5M|CM RXA|||1|||03^MMR^CVX||||||||||||||15M|CM **HL7 Acknowledgement file** 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^^^ ERR|This claim cannot be processed as it has a syntax error.	File has syntax error: the RXA segments have a superfluous field delimiter after the segment name.
	On a Date of Service, MeNZB immunisation is provided, resulting in 'MB' ZSF	PID||XYZ1234|||BLOGGS||19851005||||||||||||||||||| ZSC|IM|20050107|18.00||| ZSF|MB|18.00|||| RXA||1|||99002^MENZB^NZVX|||||||||||||5|CM	One transaction with one fee – accepted and paid

#	Description	Illustrative HL7 fragment	Processing Result & Comments
	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.	PID||XYZ1234|||BLOGGS||19851005||||||||||||||||||||||| ZSC|IM|20050107|18.00||| ZSF|OA|18.00|||| RXA||1|||08^HepB, paed^CVX|||||||||||||5M|CM RXA||3|||10^IPV^CVX|||||||||||||5M|CM	One transaction with one fee – accepted and paid
	On a Date of Service, two standard vaccinations given, resulting in two pairs of 'OA' ZSF and RXA. This could arise out of two visits on the same Date of Service.	PID||""|||GREEN||19980619||||||||||||||||||||||| ZCS|N|N| ZSC|IM|19981001|11.00||| ZSF|OA|11.00|||| RXA||1|||99001^DTaP-IPV^NZVX|||||||||||||3M|CM ZSF|OA|11.00|||| RXA||1|||51^Hib-HepB^CVX|||||||||||||3M|CM	One transaction, with two fees – structural error – rejected. 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>.
	On a Date of Service, flu vaccination administered to a patient, resulting in 'FV' & 'FA' ZSF	PID||ABC1234|||LEE||19861006|||||||||||||||||||||| ZSC|IM|20050107|17.69||| ZSF|FA|11.00|||| ZSF|FV|6.69|||| RXA||1|||99006^Influenza^NZVX|||||||||||||3|CM	One transaction with two fees – accepted and paid
	On a Date of Service, flu vaccination administered to a patient, resulting in 'FV' & 'FA' ZSF each in a separate ZSC	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||||	Two transactions, each with one fee – both Transactions rejected

#	Description	Illustrative HL7 fragment	Processing Result & Comments
	On a Date of Service, standard and flu immunisations administered to a patient, resulting in 'OA' and 'FV' ZSFs, all under one ZSC. This could arise out of one or more visits on the same Date of Service.	PID||ABC9012|""||TASMAN||19781008|||||||||||||||||||| ZCS|N|N|N ZSC|IM|20030313|24.69||| ZSF|OA|18.00|||| ZSF|FV|6.69|||| RXA|0|1|||43^HepB,Adult^CVX||||||||||||||4|CM| RXA|0|2|||09^Td,adult^CVX|||||||||||||45Y|CM| RXA|0|1|||99006^Influenza^NZVX|||||||||||||2|CM|	One transaction with two fees – accepted and paid
	On a Date of Service, two visits separately for flu & standard immunisations, resulting in one ZSC for each	PID||RUL3756|||Reber||20040427||||||||||||||||||| ZCS|N|N|N ZSC|IM|20050107|6.69||| ZSF|FA|18.00|||| ZSF|FV|6.69|||| RXA||1|||99006^Influenza^NZVX|||||||||||||3|CM	Two transactions, first transaction has two fees – accepted and paid
		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	Second transaction with one fee – rejected (The rejection is due to violation of Rule 9 in section 3.4.3.3.)
9a	Same as above with different order of transactions in HL7	PID||RUL3756|||Reber||20040427||||||||||||||||||| ZCS|N|N|N 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	Two transactions, first transaction has one fee – accepted and paid

#	Description	Illustrative HL7 fragment	Processing Result & Comments
		ZSC|IM|20050107|6.69||| ZSF|FA|18.00|||| ZSF|FV|6.69|||| RXA||1|||99006^Influenza^NZVX||||||||||||||3|CM	Second transaction with two fees – rejected (The rejection is due to violation of Rule 9 in 3.4.3.3.)
	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||| ZSF|OA|18.00|||| ZSF|MB|18.00|||| RXA||1|||99002^MENZB^NZVX||||||||||||||5|CM RXA||1|||99001^DTaP-IPV^NZVX||||||||||||||3M|CM RXA||1|||51^Hib-HepB^CVX||||||||||||||3M|CM	One transaction, with two fees – accepted and paid
	On a Date of Service, two visits separately for MeNZB & standard immunisations, resulting in two ZSC with one ZSF each	PID||RUL3756|||Reber||20040427||||||||||||||||||||| ZCS|N|N|N 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 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 Examples 9 and 9a can then occur.

#	Description	Illustrative HL7 fragment	Processing Result & Comments
	On a Date of Service, MeNZB and standard vaccinations given, and claim includes a vaccination not in Table HBL2. This could arise out of one or more visits on the same Date of Service.	PID||""|||KING||19980916||||||||||||||||||||||| ZCS|N|N| ZSC|IM|19981104|36.00||| ZSF|OA|18.00|||| ZSF|MB|18.00|||| RXA||1|||99002^MENZB^NZVX||||||||||||||5|CM RXA||1|||08^HepB, paed^CVX|||||||||||||6W|CM RXA||1|||75^Vaccinia (smallpox)^CVX||||||||||||||CM	One transaction with two fees – rejected Third immunisation code is not claimable (see Table HBL2).
	On a Date of Service, flu immunisations and MeNZB vaccinations administered to a patient, resulting in 'FA', 'FV' and 'MB' ZSFs, all under one ZSC. This could arise out of one or more visits on the same Date of Service.	PID||ABC9012|""||TASMAN||19781008|||||||||||||||||||||| ZCS|N|N|N ZSC|IM|20030313|35.69||| ZSF|MB|18.00|||| ZSF|FA|11.00|||| ZSF|FV|6.69|||| RXA||1|||99002^MENZB^NZVX||||||||||||||5|CM RXA||1|||99006^Influenza^NZVX||||||||||||||3|CM	One transaction, with three fees – accepted and paid
	Multiple Dates of Service resulting in one ZSC per Date of Service	PID||ABC1234|||LEE||19861006||||||||||||||||||||| ZSC|IM|20050101|17.69||| ZSF|FA|11.00|||| ZSF|FV|6.69|||| RXA||1|||99006^Influenza^NZVX||||||||||||||3|CM	Two transactions, first transaction with two fees – accepted
		ZSC|IM|20050114|18.00||| ZSF|MB|18.00|||| RXA||1|||99002^MENZB^NZVX||||||||||||||5|CM	Second transaction with one fee – accepted

#	Description	Illustrative HL7 fragment	Processing Result & Comments
	On a Date of Service, standard immunisations, flu immunisation and MeNZB are provided, resulting in 'OA', 'FV' & 'MB' ZSFs. This could arise out of one or more visits on the same Date of Service.	PID||XYZ1234|||BLOGGS||19851005||||||||||||||||||||| ZSC|IM|20050107|42.69||| ZSF|OA|18.00|||| ZSF|MB|18.00|||| ZSF|FV|6.69|||| RXA||1|||99002^MENZB^NZVX||||||||||||||5|CM RXA||1|||99006^Influenza^NZVX||||||||||||||3|CM RXA||1|||99001^DTaP-IPV^NZVX||||||||||||||3M|CM RXA||1|||51^Hib-HepB^CVX||||||||||||||3M|CM	One transaction, with three fees – accepted and paid
	On a Date of Service, standard immunisations, flu immunisation and MeNZB vaccinations administered to a patient, resulting in 'OA', 'FA', 'FV' and 'MB' ZSF. This could arise out of one or more visits on the same Date of Service.	PID||ABC9012|""||TASMAN||19781008||||||||||||||||||||| ZCS|N|N|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	One transaction, with four fees – rejected
	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.	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	Three transactions, each with one fee; first transaction – accepted

Printed copy is not guaranteed to be current. Refer to the electronic source for the latest version

16 November 2015   In Confidence   Page 59 of 70

#	Description	Illustrative HL7 fragment	Processing Result & Comments
	This could arise out of one or more visits on the same Date of Service.	ZSC|IM|20050107|18.00||| ZSF|MB|18.00|||| RXA||1|||99002^MENZB^NZVX|||||||||||||5|CM	Second transaction – accepted
		ZSC|IM|20050107|6.69||| ZSF|FV|6.69|||| RXA||1|||99006^Influenza^NZVX|||||||||||||3|CM	Third transaction – rejected
	On a Date of Service, standard immunisation and Emergency immunisation administered to a patient, resulting in 'OA; and 'EA' ZSFs	PID||ABC9012|""||TASMAN||19781008|||||||||||||||||| ZCS|N|N|N ZSC|IM|20060313|36.00||| ZSF|OA|18.00|||| ZSF|EA|18.00|||| RXA|0|1|||43^HepB,Adult^CVX|||||||||||||4|CM| RXA||1|||EVP^EVP^NZVX|||||||||||||15|CM	One transaction with two fees – transaction rejected
	On a Date of Service, one Emergency immunisation only administered to a patient, resulting in an 'EA' ZSF	PID||ABC9012|""||TASMAN||19781008|||||||||||||||||| ZCS|N|N|N ZSC|IM|20060313|36.00||| ZSF|EA|18.00|||| RXA||1|||EVP^EVP^NZVX|||||||||||||15|CM	One transaction with one fee – transaction accepted

#	Description	Illustrative HL7 fragment	Processing Result & Comments
	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||||||||||||||||||||||||| ZSC|IM|20050107|36.00||| ZSF|OA|18.00|||| ZSF|MB|18.00|||| RXA||1|||33^23PPV^CVX|||||||||||||||11|CM RXA||1|||99008^MenACY W 135^NZVX|||||||||||||||11|CM RXA||1|||48^Hib (PRP-T)^CVX|||||||||||||||11|CM RXA||1|||99002^MENZB^NZVX|||||||||||||||11|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 solely for the purpose of illustration.

C1: GMS Locum Example – Locum and Host both MCNZ

MSH|^~\&|MedTech-32|feathers|Proclaim_v5|Ministry of Health|20041111|PKI|CLM^C03|276977|P|2.3|||||

ZHC||||48434|20041109|20041109|276977|15.00||281205|GC8975-J

ZCT|GM|||||||||

PRD|M^P|Yard||||||98765^18ABCD||

PRD|M^H|Spark||||||12345^19CDEF||

PID||ABC1234|||LEE||19011006|||||||||||||||||||||||

ZCS|Y|N|

ZSC|GM|20041109|15.00|||

ZSF|CP|15.00||||

C2: GMS Locum Example – Locum NCNZ and Host MCNZ

MSH|^~\&|MedTech-32|feathers|Proclaim_v5|Ministry of Health|20041111|PKI|CLM^C03|276977|P|2.3|||||

ZHC||||48434|20041109|20041109|276977|15.00||281205|GC8975-J

ZCT|GM|||||||||

PRD|N^P|Smith||||||24680^20BCDE||

PRD|M^H|Jones||||||13690^21DEFG||

PID||ABC1234|||LEE||19011006|||||||||||||||||||||||

ZCS|Y|N|

ZSC|GM|20041109|15.00|||

ZSF|CP|15.00||||

C3: IMMS Locum Example – Locum and Host both MCNZ

MSH|^~\&|MedTech-32|victormc|Proclaim_v5|Ministry of Health|20041007103414|PKI|CLM^Z02|352160|P|2.3|||||

ZHC|||1802|128767|20041005|20041006|352160|17.69||281205|GC8975-J

ZCT|IM|||||||||

PRD|M^P|Yard||||||98765^18ABCD||

PRD|M^H|Spark||||||12345^19CDEF||

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: Document Control

D1: Version History

Date	Ver.	Description of Changes	Author(s)
16 November 2015	5.13	2015 Immunisation Schedule changes: • 4.7.3.3 Add new indication 16 (Pregnant woman) • 4.13.3 Updates to Subsidised Code Combinations for Immunisation table • Minor copy edits	Peter Wilson
21 August 2015	5.12	Amended table in 4.6.3.4.1	Peter Wilson
5 May 2015	5.11	Copy edits in response to review feedback.	Peter Wilson
21 April 2015	5.10	PAY3844: Data types for HPI Organisation ID, HPI Facility ID, Location Type, Practitioner Identity Reporting Consent amended to 'ST'.	Peter Wilson
6 March 2015	5.9	PAY3844: Additional copy edits in preparation for finalising the document	Peter Wilson
14 December 2014	5.8	PAY3844: • Set usage of ZSC-7-Practitioner Identity Reporting Consent in 4.11.2 to 'C', as it is conditional upon Trigger Event = C03 and updated supporting notes in 4.11.3.7. • Updated example claim files in Appendices A, B and C to reflect the current setting of MSH-5-Receiving Application (Proclaim_v5).	Peter Wilson
29 August, 19, September 2014	5.7	PAY3844: • Restricted list of valid ZSC-6-Location-Type values in 4.11.3.6 to the mandatory types specified in BR5 of Supplementary Business Requirements v0.7. • Restored the specification of MSH-12-Version ID to its original form. • Added Proclaim-specific HL7 version identifier to MSH-5-Receiving Application. • Greyed out the 'AR' row in 4.3.3.1, as currently only 'AA' and 'AE' acknowledgements are returned to the sender.	Peter Wilson
29 August 2014	5.6	PAY3844: • Extended definition of MSH-12-Version ID in 4.4.2 and 4.4.3.11 to allow inclusion of a local version ID.	Peter Wilson

Date	Ver.	Description of Changes	Author(s)
		• Changed the usage of Practitioner Identity Reporting Consent to 'M' in 4.11.2. Changed the related field notes in 4.11.3.7.	
25 August 2014	5.5	PAY3844: • Added new optional field 'ZSC-7-Practitioner Identity Reporting Consent' to the ZSC – Service Common segment • Copy edits	Peter Wilson
13 August 2014	5.4	PAY3844: Changes following review by Andrew Upton	Peter Wilson
30 May 2014 – 11 August 2014	5.3 5.2 5.1 5.0	PAY3844: • Draft of changes intended for implementation in November 2014, including changes to examples in Appendices A, B, and C. • Minor copy edits.	Peter Wilson
8 August 2014	4.7	• Revised content to align with current state of system implementation. • Made copy edits with reference to current documentation standards.	Peter Wilson
14 July 2014	4.6	• Added 'Stn' as a valid indication for the MMR vaccine in Table HBL2 (section 4.13.3) • Removed obsolete note re HPV in section 4.13.3.	Peter Wilson
26-27 May 2014	4.5 4.4	• Copy edits following peer review. • Updated notes on HPV vaccine in section 3.4.3.3 • Revised example message for GMS claim by provider with Nursing Council registration in Appendix A1.	Peter Wilson
23 May 2014	4.3	PFN3844: Amended specification of the Pharmacy Council registration number in section 4.6.3.4. Added example to Appendix A for a claim for GMS services provided by a nurse.	Peter Wilson
9 April 2014	4.2	PFN3844: Amended section 4.6 PRD – Provider to reflect the extension of GMS claiming to suitably qualified health providers.	Peter Wilson
18 March 2014	4.1	Added new vaccines and indication for the NIR maintenance project. (83) Hep A, ped/adol, 2 dose	Van Ryan Bonita
13 December 2013	4.0	Added new vaccines and indication for the NIR maintenance project	Van Ryan Bonita

Date	Ver.	Description of Changes	Author(s)
13 December 2012	3.4	Added indication 5 for vaccine 99012 (dTap) in relation to Boostrix vaccines for pregnant women available from 1 January 2013.	Peter Wilson
31 October 2011	3.3	Removed references to 'HealthPAC' and replaced with 'Sector Services', except in input file and acknowledgement examples.	Lee Gibson
20 October 2011	3.2	Added Emergency Vaccine Programme meningococcal C conjugate vaccine (EVPMnC) to RXA-5	Leslie Ault
19 January 2011	3.1	Added Pneumococcal vaccine PCV10 (133) and PCV13 (260209) to RXA-5. Added new indication (96) for HepB booster to RXA-19. Added completion status code GO to RXA-20. Added valid combinations for above vaccines to Table HBL-2	George Serbanescu
10 Dec 2009	3.0	Added Influenza (99006) to vaccines messaged to NIR	NH
25 Nov 2009	3.0	Re-templated for SDG Knowledge Base.	JS
1 July 2007	2.9	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)	NH
25 September 2007	2.8	Add missing indications of 6W, 3M, 5M for 35 Tetanus toxoid	NH
1 June 2007	2.8	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	NH
10 July 2006	2.7	Changes to allow for Emergency Vaccination	NH

Date	Ver.	Description of Changes	Author(s)
		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	
20 January 2006	2.6	In HBL2 table, amended MenACY W135 From indication 11 sequence 1 to 4 To: indication 11, sequence 1 to 3	NL
13 January 2006	2.5	See 3.4.3.2 Table – message table structure amended at PID segment. See 4.7.3.1 – RXA 2 field note clarified	NL
8 December 2005	2.4	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.	JS
17 November 2005	2.4	See 4.13.3 Table HBL2: • Introduce new at risk indication codes for the Pneumococcal programme from 1 February 2006 1. 12 At risk no previous history 2. 13 At risk previous PCV7 3. 14 At risk no previous 23PPV	JS
20 October 2005	2.3	Following changes made: • Section added - Rules / Recommendations for Immunisation claims (event codeZ02) • Separate Appendix added -Examples for Immunisation claims (event codeZ02), with Claim File Features derived from Rules • Changed Appendix A – Examples, to deal with GMS only. 2.1 Background – edited text 2.2 Introduction – removed reference to specification version 1.45 as this is no longer valid 2.4.1 Business Assumptions – Point 2 modified – reference to Nursing Council removed. Point 4 added - reference to Agreement/Contract numbers (as per PHO	NL

Date	Ver.	Description of Changes	Author(s)
		release 8 PMO32 work item).	
		2.4.2 Technical Assumptions – appendix reference added	
		3.2.1 Transaction Summary – removed C04 trigger event from reference table as it relates to version 1.45	
		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.	
		3.3 Message Definitions – appendix reference added	
		3.4.1 Function – modified text - transaction acknowledgement	
		3.4.3.1 – Headings have been added to the table references	
		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	
		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 some chapter references to Table 5.	
		4.1.1.2 – modified text – Table of Fields description value of O and appendix cross reference added	
		4.1.2.1 PN, Person Name – Family Name is stated to be the only mandatory component	
		4.1.2.2 – modified text - notes information changed from New Zealand Medical Council to NZHIS Health Care User Identifier	
		4.1.2.3 AD, Address – Now refers to 'Address Line 2'	
		4.1.2.4 TN – Telephone – noted that this is for information only	
		4.1.2.1 to 4.1.2.5 "Not Used" convention applied	
		4.3.1 – added – appendix cross reference	
		4.3.3.2 MSA, 2 Message Control ID –	

Date	Ver.	Description of Changes	Author(s)
		Removed table for components, retaining note text.	
		4.3.3.3 MSA, 3 Error Condition – <name of coding system> - Expanded notes	
		4.4.3.3 MSH 3 Sending Application – Makes reference to PMS used to send the message	
		4.4.3.3 to 4.4.3.6 replaced reference to "SC606 Working Group" with "HealthPAC".	
		4.4.3.9 MSH 10 Message Control ID - Removed table for components retaining note text	
		4.5.2 Table of Fields – PID Segment – PID-2, Patient ID (External ID) made optional, reflecting the reality.	
		4.5.3.1 PID 2 External – Makes reference to NHI which is generated by NZHIS (optional requirement)	
		4.5.3.2 PID 5 Patient Name - Advises acceptability and usage of components by HPAC.	
		4.6.1 Function – amended text to clarify purpose of the segment	
		4.6.3.3 PRD-8-Provider Identifiers – inserted component table with existing notes	
		4.7.2 Table of Fields – 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	
		4.7.2.1 RXA 2 – modified text – added sequence reference for MeNZB booster being from 1 to 99	
		4.7.3.1 RXA 2 Administration SubID Counter – added explanation of HealthPAC requirement	
		4.7.3.2 RXA 5 Added component table that advises RXA 5 requirements. Examples are now HealthPAC compliant	
		4.7.3.3 RXA 19 – Indication - Added component table that advises RXA 19 requirements. Removed value "B" for BIRTH from Indication Table.	

Date	Ver.	Description of Changes	Author(s)
		Removed reference to field repeatability. 4.7.3.4 RXA 20 – text added – appendix reference to HL7 Table 0322 4.9 ZCT HBL – text modified – changed to ZCT HealthPAC 4.10 ZHC HBL – text modified – changed to ZHC HealthPAC 4.10.2 - Table of Fields – ZHC 10 is now mandatory (as per PHO release 8 PMO32 work item) 4.10.3.3 ZHC 3 PIN/PAN Number – replaced reference to "Regional Health Authorities" with "Ministry of Health" 4.10.3.10 ZHC 10 – Expanded text around Contract numbers (as per PHO release 8 PMO32 work item). 4.11.3.1 ZSC Service Claim Code – text added – section reference included 4.13 Code Tables – modified text - removed introductory "explanatory" text as this is no longer relevant 4.13.3 Table HBL2 - 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 44 Appendix – updated all relevant references See 4.13.3 Table HBL2: • Introduce new vaccines from 1 February 2006 1. Pneum, conjugate (100)	

Date	Ver.	Description of Changes	Author(s)
		2. Pneum, polysacch (33) 3. MenACY W135 (99008) 4. dTap-IPV (99011) 5. dTap (99012) 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. Note 1. Specific sequences for each of these vaccines. 2. The IMOA is to be used for MeNZB indication 11 For Dtap/Hib: • 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.	
4 May 2004	2.2	Included reference that submission may also be by diskette	TC
9 March 2004	2.1b	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	TC
3 March 2004	2.1a	Addition of MeNZB vaccines to Table HBL2	TC
1 March 2004	2.1	Changes from Review. Support for STM-10.	TC
24 February 2004	2.0	Support for NIR / Immunisation Codes, and MeNZB.	SD