

## Patient verification error messages

Response code	Message	Reason	Action required
7026	DVA file number does not have a Gold or White card and may not be eligible for services	DVA specific	Verify file number and resubmit claim
7028	Name does not match registered name for File Number	DVA specific	
7035	Patient gender must be male or DVA specific IHC claims	DVA specific	
9650	The patient data supplied failed validation checks against Medicare data	DVA specific	
9662	Provider not recognised by fund	Provider not recorded on health fund system	Location or provider to contact fund
9663	Member number not recognised by fund	Member number not known by the fund the claim was submitted to. No other patient data checked at this time	Check member number and fund, correct whichever is wrong and try again
9665	Patient not recognised on the membership	Member number is valid Cover for membership number is permitted – no patient is identified or multiple patients are identified	Check patient details and re-submit. Make change to the alias name if Medicare has sent back a successful response  Provide sufficient patient details to ensure unique match within membership
9666	Member to contact fund	Possible fraud, accident claim or membership issues	Member to contact fund
9667	Cover is suspended or cancelled	Member Number is valid	Can't lodge a hospital claim as member is not covered for that service. Check with member
9668	Inappropriate cover	Cover is either ancillary or ambulance only	Can't lodge a hospital claim as member isn't covered for that service. Check with member

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9669	Patient is ceased or pending cessation	Member number is valid Appropriate cover for membership number Patient details matched	Member to contact fund Patient may not have current student registration
9686	Baby not known at fund	No patient match is found and the DOB of the patient is less than 29 days from the earliest date of service in the Online Patient Verification Request	Member needs to register the baby at the fund

## Eligibility check response codes

Response code	Message	Reason	Action required
1005	Facility ID not known to fund	The facility ID supplied is: not registered at the fund not current	Check the facility ID; if correct contact the fund, if incorrect re-submits with corrected data
1100	Not eligible for selected service	The patient is not eligible for treatment for the presenting illness or item according to the information supplied in the eligibility check	Tell the patient that they are not eligible for the service
1101	Eligible for service selected	Patient is eligible for the presenting illness or item according to information supplied in the eligibility check	
1102	Eligible subject to conditions	<p>Patient may be eligible for the presenting illness or item according to the information supplied in the eligibility check. However, there may be conditions you will need to note before you proceed such as:</p> <ul style="list-style-type: none"> <li>• financial status</li> <li>• reduced benefit is payable</li> <li>• possible pre-existing condition</li> </ul>	Refer to OEC guide for assistance on areas to check
1103	Resubmit for new assessment if presenting illness is shown	A general presenting illness or item was requested and a general answer displaying all benefit limitation or restriction that apply to the patients cover was returned in the response	Check the eligibility response carefully and re-submit if the actual presenting illness or item is displayed to obtain an accurate assessment

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1104	Eligible for selected service at previous cover	The patient is eligible for the presenting illness or item on the incoming eligibility request but not at their current cover. This message generally results where the patient is still serving the required waiting period applicable on the upgrade in cover	The patient is eligible for the service on their previous level of cover
1105	Not eligible for selected service – wait period applied	The patient is not eligible for the presenting illness or item as they have not completed serving their required waiting periods	
1106	Eligible for selected service at previous cover – wait period applied	The patient is eligible for the presenting illness or item as input on the incoming eligibility request but not at their current cover. This message generally results where the patient is still serving the required waiting period applicable on the upgrade in cover	
1107	Not eligible for selected service – pre-existing ailment	The patient is not eligible for the presenting illness or item if it is deemed to be a pre-existing condition	
1108	Eligible at previous cover subject to conditions	The patient is eligible for the presenting illness or item as input on the incoming eligibility request but not at their current cover. This message generally results where the patient is still serving the required waiting period applicable on the upgrade in cover	
1109	Eligible subject to approval of accident certificate	Fund won't guarantee payment of the service until an accident certificate is supplied and approved	Ask member to contact the fund

Response code	Message	Reason	Action required
1110	Eligible subject to conditions and approval of accident certificate	<p>Fund won't guarantee payment of the service until an accident certificate is supplied and approved and there is another condition that will affect assessment. This could be:</p> <ul style="list-style-type: none"> <li>• financial status</li> <li>• pre-existing ailment or waiting period</li> <li>• reduced benefit is payable</li> </ul>	Ask member to contact the fund regarding the accident certificate and to check the other conditions of the eligibility response
1111	Unknown presenting item	<p>The presenting illness or MBS item could be:</p> <ul style="list-style-type: none"> <li>• incorrectly input</li> <li>• ceased</li> <li>• not on item database at the fund</li> </ul>	Check the item number. If correct contact the fund, if incorrect amend and re-submit
1112	Use Presenting Illness in the range 400 - 499	Presenting Illness submitted in range 300 – 399 for a product that has been categorised using clinical categories	Resubmit the eligibility check with a Presenting Illness in the range 400 - 499
1113	Use Presenting Illness in the range 300 - 399	Presenting Illness submitted in range 400 – 499 for a product that has NOT been categorised using clinical categories	Resubmit the eligibility check with a Presenting Illness in the range 300 - 399
1114	Item is common or support. Use Presenting Illness or Primary MBS code	No benefits are payable for a common or support item.	Resubmit the eligibility check with either a presenting illness or the Primary MBS code
1999	Processing error		Contact fund
2001	Waiting period applies for pre-existing ailments	No benefit payable	
2002	Service is within the required waiting period	No benefit payable	
2006	Benefit not payable for services claimed or requested	No benefit payable	

<b>Response code</b>	<b>Message</b>	<b>Reason</b>	<b>Action required</b>
2007	Incorrect charge – charge exceeds allowable amount for claim type	Charge input is greater than the agreed rate for an agreement or scheme claim	Check the charge amount and claim type, correct the error and re-submit
2008	Public hospital table – Nil benefit	No benefit payable	
2009	A benefit is not payable for this service under this level of cover	No benefit payable	
2010	Membership was not paid to the date when the service was provided		
2017	Default benefit only paid for this procedure	Lesser benefit paid for this service	
2026	Member issue as at date of service		Ask the member to contact the fund
2888	Refer to OEC response & assessment text	There is an issue with the overall eligibility response that will affect the service line assessment result	Check and correct the eligibility issue, then re-submit
2999	Processing error contact fund	The fund has a processing error that maybe unique to the membership or claim supplied	Contact the fund to find out the reason for the error