

PBS claims processing



Reason codes (CTS and paper-based claiming)

March 2011

Reason type code	Meaning	Contact details key	
R	Reject	1	132 290*—select option 1
W	Warning	2	132 290*—select option 2
I	Information	3	132 290*—select option 3
X	Time based warning = returned as a warning (W) for a set time period. After this time the reason code will be returned as a reject (R)		

Reason code	Reason type code	Reason text	Contact details text
010	R	The pharmacy approval number provided does not exist.	2
013	R	Prescription pended—payment withheld pending prescription check by Medicare Australia.	2
015	I	The prescription has been successfully cancelled.	2
016	R	The pharmacy approval number provided is not currently approved for PBS claims.	2
017	R	The pharmacy approval number provided is not approved to claim PBS benefits.	2
018	R	The claim reference number provided is invalid.	2
019	R	The claim period number provided is invalid.	2
020	R	This prescription could not be cancelled as it could not be found.	2
021	R	This prescription could not be cancelled as it could not be found.	2
023	R	This prescription has already been cancelled.	2
024	R	The pharmacy approval number provided is invalid.	2
025	R	The pharmacy approval number provided is invalid.	2
028	R	The pharmacy approval number provided is invalid for PBS claims.	2
029	R	The prescription form type was not provided or the prescription form type provided is invalid—provided as < >.	2
030	R	The payment category was not provided or the payment category provided is invalid—provided as < >.	2
031	R	A Medicare number has not been provided.	1
032	I	A Medicare number is not required for a doctor's bag order form.	1
033	R	The Medicare number provided contains less than 11 numeric characters.	1
034	R	The Medicare number provided as < > is not numeric.	1
035	R	The Medicare number provided as < > is invalid as the 10th digit must not be zero.	1
036	R	The Medicare number provided is invalid.	1
038	I	The public hospital provider number is not required for a doctor's bag order form.	2
041	R	The serial number was not provided or the serial number provided is invalid—provided as < >.	2
043	R	The prescriber number was not provided.	2
044	W	The prescriber number provided is invalid—provided as < >.	2
045	R	The date of prescribing was not provided.	2
046	R	The date of prescribing provided is invalid—provided as < >.	2
047	R	The date of prescribing provided is invalid.	2
048	R	The date of dispensing was not provided.	2
049	R	The date of dispensing provided is invalid—provided as < >.	2
050	R	The date of dispensing provided is invalid.	2
051	I	The patient category was not provided or the patient category provided is invalid—provided as < >.	2
053	R	The item code provided is invalid.	2
054	I	A regulation 24 endorsement is invalid for a repeat prescription or a doctor's bag order form.	2
055	R	The brand provided is invalid—provided as < >.	2
056	R	The quantity was not provided or the quantity provided is invalid—provided as < >.	2
057	I	The price provided is invalid—provided as < >.	2
060	I	The number of repeats was not provided or the number of repeats provided is invalid—provided as < >.	2
061	R	The number of repeats is not applicable for paperless prescriptions.	2
062	R	The number of previous supplies was not provided or the number of supplies provided is invalid—provided as < >.	2
063	R	The number of previous supplies is invalid for this prescription form type.	2
064	R	The number of previous supplies is invalid for paperless prescriptions.	2
065	I	The regulation 24 endorsement was not provided or the format is invalid—provided as < >.	2
066	I	The number of repeats must be greater than zero for regulation 24.	2
067	R	A regulation 24 endorsement is not applicable for paperless prescriptions.	2
068	I	The glass bottle indicator provided is invalid—provided as < >.	2
069	I	The glass bottle indicator is invalid for this type of prescription.	2
070	R	The glass bottle indicator provided is invalid for paperless prescriptions.	2
071	R	The authority prescription number provided is invalid—provided as < >.	2
072	R	The authority prescription number was not provided, or the authority prescription number provided is invalid.	2
073	I	An authority prescription number is not required for this item.	2
074	I	The immediate supply necessary endorsement provided is invalid—provided as < >.	2

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075	I	The immediate supply necessary endorsement provided is invalid for doctor's bag order forms.	2
076	R	The immediate supply necessary endorsement provided is invalid for paperless prescriptions.	2
077	R	A DVA entitlement number has not been provided or the number provided is invalid—provided as < >.	1
078	I	An entitlement number is not required for a doctor's bag order form.	1
079	R	The safety net number provided is invalid.	1
080	I	A processing code is not allowed for any of the reason codes present.	2
081	R	The safety net number provided is invalid.	1
083	I	The surname/family name is not required for a doctor's bag order form.	2
085	I	A first/given name is not required for a doctor's bag order form.	2
086	R	A patient name has not been provided.	1
087	W	The date of supply is more than seven days before the date of prescribing.	2
088	W	The date of supply is up to seven days before the date of prescribing.	2
089	R	An owing prescription is not permitted for a repeat or deferred prescription.	2
090	R	This prescription has expired—the date of supply is more than 12 months after the date of prescribing.	2
091	R	The prescription form type provided is invalid for the payment category provided.	2
092	R	The date of supply of the prescription is after the revocation date for the pharmacy.	2
093	R	The date of supply of the prescription is after the suspension date for the pharmacy.	2
094	R	The date of supply of the prescription is prior to the approval start date for the pharmacy.	2
095	W	The prescriber number provided does not exist.	2
096	W	The date of prescribing is prior to the start date for the prescriber's approval number or registration.	2
097	W	The date of prescribing is after the end date for the prescriber's approval number or registration.	2
098	R	The prescription form type is invalid for this type of prescriber.	2
099	R	The entitlement number provided as < > is invalid.	1
100	X	The Medicare number provided does not exist.	1
101	W	The special or generic Medicare number provided is not current at date of supply.	1
102	R	Photocopy of valid Medicare card or completed form will need to be provided.	1
103	W	The Medicare number could not be matched with the patient surname provided.	1
104	W	The Medicare number could not be matched with the patient first name provided.	1
105	W	The Medicare number could not be matched with the patient first name and surname provided.	1
106	W	The Medicare number provided has been reported stolen by the cardholder or their spouse, and has been cancelled.	1
107	W	The Medicare number provided is not current at date of supply.	1
108	W	The Medicare number provided has expired.	1
109	W	The Medicare number provided has expired.	1
110	X	The patient reference number provided for this patient is incorrect—correct Medicare number found.	1
111	X	The Medicare card issue number provided for this patient is incorrect—correct Medicare number found.	1
112	X	The Medicare card issue number provided for this patient is incorrect—correct Medicare number found.	1
113	X	The patient reference and/or Medicare card issue number provided for this patient is incorrect—correct Medicare number found.	1
114	W	The Medicare number provided is not the latest Medicare number for the patient.	1
115	W	The entitlement number provided does not exist.	1
117	W	The entitlement number provided is no longer current at date of supply.	1
118	R	The DVA entitlement number provided is not valid for RPBS benefits.	2
119	W	The DVA entitlement number provided is not current at date of supply—correct DVA entitlement number found.	1
120	W	The DVA entitlement number could not be matched with the patient first name provided.	1
121	W	The DVA entitlement number could not be matched with the patient surname provided.	1
122	W	The DVA entitlement number could not be matched with the patient first name and surname provided.	1
125	X	Safety net number provided is not current at date of supply.	2
126	X	The safety net number provided does not exist.	1
128	X	The safety net number provided does not have patient details recorded.	1
130	W	The safety net number provided is no longer valid.	1
131	W	The safety net number provided has been cancelled by the issuing pharmacy and is no longer valid.	1
132	W	The safety net number provided was cancelled by a pharmacy other than the issuing pharmacy and is no longer valid.	1
136	W	Patient not entitled on both cards.	2
137	R	This owing prescription has expired—the date of supply is more than 12 months prior to the date of prescribing.	2
140	R	The item provided was not a PBS benefit as at the date of prescribing.	2
141	R	The item provided was not a PBS benefit as at the date of supply.	2
142	R	The brand provided was not a PBS benefit as at the date of supply.	2
143	R	The item provided is an authority item which requires prior authority approval.	2
144	R	The maximum quantity allowed for this item has been exceeded.	2
145	R	The maximum number of repeats allowed for this item has been exceeded.	2
146	R	The number of previous supplies exceeds the number of supplies requested by the prescriber.	2
147	R	Item may not be prescribed by a doctor.	2
148	R	Item may not be prescribed by a dentist.	2
149	R	This item cannot be supplied by your type of pharmacy.	2
150	W	REJECTION RISK! REFER TO FIX INSTRUCTIONS. Authority prescription number provided not found in authority records.	2
151	W	REJECTION RISK! REFER TO FIX INSTRUCTIONS. Authority prescription details provided do not match authority records.	2
152	W	Prescriber number provided does not match to authority approval—approved as < >.	2
154	W	Patient details provided do not match to authority approval—approved as < >.	2
156	W	Date of prescribing provided does not match to authority approval—approved as < >.	2
158	W	Quantity provided is greater than the quantity for this authority approval—approved as < >.	2
160	W	Repeats provided are greater than the repeats for this authority approval—approved as < >.	2
162	W	REJECTION RISK! REFER TO FIX INSTRUCTIONS. Item provided does not match to the authority approval—approved as < >.	2
163	W	REJECTION RISK! REFER TO FIX INSTRUCTIONS. Repeat item provided does not match to the authority approval—approved as < >.	2
164	R	This prescription has been identified as a duplicate—< >.	2
165	W	A prescription has already been supplied with the same date of prescribing—< >.	2

169	R	Repeat prescription < > does not comply with 4/20 day rule—endorsement required.	2
170	R	This Doctor's Bag item or its alternative has already been supplied this month.	2
172	W	Unlisted RPBS item provided as < > is not approved by DVA as at date of prescribing.	2
173	W	Unlisted RPBS item provided as < > is not approved by DVA as at date of supply.	2
174	R	This authority is for a listed item < >. The claim you submitted is for an unlisted item.	2
175	R	The item provided is not permitted on this prescription form type.	2
177	R	The public hospital provider number must be provided for public hospital prescriptions.	2
180	X	Medicare number provided is correct but the patient name has changed.	1
181	R	Repeats cannot be authorised for dental and doctor's bag order forms items.	2
184	W	The public hospital provider number provided is invalid or does not exist.	2
185	R	The public hospital provider number provided is invalid.	2
226	R	This prescription has been identified as a duplicate—< >.	2
227	W	A prescription has already been supplied with the same date of prescribing—< >.	2
229	R	Repeat prescription < > does not comply with 4/20 day rule—endorsement required.	2
232	W	The Medicare number provided has been reported lost by the cardholder or their spouse, and has been cancelled.	1
233	R	The DVA entitlement number provided is invalid.	1
234	R	The entitlement number provided is not valid.	1
263	W	The DVA entitlement number provided is not current at date of supply.	1
271	W	The DVA entitlement number provided does not exist.	1
279	X	An entitlement number has not been provided or the entitlement number provided is in the incorrect payment category.	1
280	R	A PBS benefit is not payable for this prescription as the price is less than or equal to the patient contribution.	2
281	R	This exceptionally priced prescription is not twice the average price.	2
283	R	A price must be supplied for pricing elected prescriptions and unlisted RPBS items.	2
284	R	Authority item supplied prior to authority approval.	2
286	R	The authority approval number provided is invalid.	2
287	R	The number of repeats required was not specified by the prescriber.	2
295	R	A pharmacy prescription number was not provided or the pharmacy prescription number is invalid—provided as < >.	2
297	R	The date of previous supply provided is invalid.	2
299	R	A date of supply was not provided.	2
300	R	The PBS reference number provided is invalid—provided as < >.	2
301	I	The pharmacy processing code was not provided or the pharmacy processing code provided is invalid—provided as < >.	2
305	R	Medicare Australia has no average price information for this item—please provide the dispensed price.	2
306	R	The prescription form type provided is not the same as the paper prescription form type.	2
307	R	The patient category provided is invalid for this approval type.	2
308	R	Regulation 24 is not allowed for Chemotherapy Pharmaceutical Access Program (CPAP) items.	2
309	R	Owing prescriptions are not allowed for Chemotherapy Pharmaceutical Access Program (CPAP) items.	2
310	R	The pack size and/or quantity for this item have changed between prescribing and supply < >.	2
313	R	The item code provided is not allowed within the payment category provided.	2
314	R	The item code provided is not allowed for the patient category provided.	2
315	R	The prescription form type provided is invalid for this patient category.	2
317	R	The item provided is not permitted on this prescription form type.	2
318	W	Authority request has been pended and not approved by Medicare Australia.	2
319	W	Authority request has not been approved by Medicare Australia.	2
321	R	This prescription has been identified as a duplicate—< >.	2
322	R	This prescription has been identified as a duplicate—< >.	2
323	W	A prescription has already been supplied with the same date of prescribing—< >.	2
324	W	A prescription has already been supplied with the same date of prescribing—< >.	2
331	R	Repeat prescription < > does not comply with 4/20 day rule—endorsement required.	2
332	R	Repeat prescription < > does not comply with 4/20 day rule—endorsement required.	2
335	R	This Doctor's Bag item or its alternative has already been supplied this month by the same pharmacy.	2
337	R	This paper prescription was not endorsed as PBS.	2
338	R	This paper prescription was not endorsed as RPBS.	2
339	R	The prescriber's name and/or address was omitted from the paper prescription.	2
340	R	The dental prescriber number was omitted from the paper prescription.	2
342	R	The prescriber's signature was omitted from the paper prescription.	2
344	R	The date of supply on the paper prescription is after the date of processing.	2
347	R	The agents address was omitted from the paper prescription.	2
348	R	The prescription is out of date.	2
349	R	The date of prescribing or the date of supply is after the date of claim receipt by Medicare Australia.	2
350	R	The authority approval number was omitted from the paper prescription.	2
351	R	The authority prescription number was omitted from the paper prescription.	2
352	R	The pharmacy approval number and/or pharmacy name was omitted from the paper prescription.	2
353	R	The prescription was submitted in the incorrect payment category.	2
354	R	Prior approval by Medicare Australia is required for this authority item.	2
355	R	Prior approval by Department of Veterans' Affairs is required for this item.	2
356	R	The quantity was not specified by the prescriber.	2
357	R	The prescriber needs to specify item, form and/or strength.	2
358	R	The patient category was not indicated in the entitlement box.	2
360	R	Regulation 24 is not permitted for hospital inpatients.	2
361	R	The paper prescription relating to this serial number was not provided in the claim package.	2
362	R	The quantity supplied was not indicated on the doctor's bag order form.	2
363	R	This deferred item has previously been claimed as an original prescription.	2
364	R	The original date of prescribing was omitted from this repeat paper prescription form.	2

365	R	The original prescription details were omitted from the repeat paper prescription form.	2
367	R	The paper prescription supplied was not endorsed for Regulation 24.	2
368	R	This prescription was not signed and/or dated by the patient/agent.	2
369	R	A previously paid item was re-serialised and resubmitted.	2
370	R	The prescription details in the claim are not the same as the details on the paper prescription.	2
372	R	A prior authority approval was requested but not granted for this prescription.	2
373	R	'Immediate supply necessary' endorsed in claim transmission but paper prescription not endorsed and signed by the pharmacist.	2
374	R	'Immediate supply necessary' must be endorsed in full on the paper prescription and signed by the pharmacist.	2
375	R	Prescription alterations must be initialled by prescriber.	2
376	R	The patient's name and/or address was omitted or is illegible on the paper prescription.	2
377	R	The date of prescribing was omitted from the paper prescription.	2
388	R	The patient's RPBS file number was omitted from or is illegible on the paper prescription.	2
389	R	There is a problem with your online claiming registration.	3
390	R	The prescriber number was not valid or was omitted from the paper prescription.	2
391	R	An 'owing prescription' must be endorsed, signed and dated by the approved supplier.	2
392	R	The patient's details in the claim are not the same as in the paper prescription.	2
394	R	The patient was not covered by the entitlement number provided.	2
395	R	See prescription endorsement.	2
445	R	The claim period has already been used by another claiming channel.	2
461	R	The prescriber number provided is invalid.	2
467	R	The original pharmacy approval number provided is invalid.	2
468	R	The original pharmacy prescription number provided is invalid.	2
470	R	Insufficient details were supplied to price this unlisted RPBS item.	2
488	R	The software vendor name provided is invalid.	2
489	R	The software version number provided is invalid.	2
493	R	An owing prescription is not permitted for authority items.	2
494	R	The public hospital provider number provided does not exist.	2
495	R	The prescriber number provided does not exist.	2
496	R	This item is not payable—the paperwork has been retained by the PBS processing centre.	2
497	R	The date of prescribing is not within the prescriber's registration period.	2
498	R	This 'immediate supply necessary' prescription must be endorsed in full and signed by the pharmacist.	2
499	R	The prescription details supplied in your claim do not match the authority details approved.	2
500	R	The associated paperwork was not provided with the paper prescription.	2
502	R	The date of prescribing provided in the claim is not the same as the details on the paper prescription.	2
503	R	The item provided was not a benefit at the date of prescribing.	2
504	R	The patient/pharmacists copy of the prescription was sent in error, the MA/DVA copy is required.	2
505	R	Quantity and repeats must be specified by the prescriber.	2
506	R	The handwritten form provided does not match the prescriber's handwriting or has not been completed in ink.	2
507	R	Prescriptions for the same item and patient, on the same day are not payable.	2
508	R	The same strength and form of a medicine cannot be prescribed on the same form.	2
509	R	The prescriber is required to clarify the ingredients for this extemporaneous preparation.	2
511	R	The authority repeat details do not match the details originally approved.	2
512	R	An unlisted item on the RPBS must be an authority—provided as < >.	2
513	R	An extemporaneously prepared ingredient is not a benefit.	2
514	R	The prescription paperwork is damaged.	2
515	R	Insufficient details were provided in the prescription transcription box.	2
516	R	The prescriber details in the claim are not the same as those on the paper prescription.	2
517	R	The date details in the claim are not the same as those shown in the paper prescription.	2
518	R	The payment category details in the claim are not the same as those on the paper prescription.	2
520	R	Clarification for this claim is required to be made by the pharmacy.	2
524	R	The authority details in the claim are not the same as those on the paper prescription.	2
529	W	The item code provided is not a safety net 20 day rule item and has not been endorsed correctly.	2
533	R	The entitlement number provided for this Regulation 25 endorsed safety net 20 day item is invalid for the payment category.	2
534	R	The prescriber number was not provided or the prescriber number provided is invalid.	2
556	R	The (STREAMLINED) authority item claimed for needs to be on an authority form type.	2
557	R	This prescription has been paid by bulk adjustment or in another claim.	2
558	W	Entitlement supplied ended within 12 months prior to DOS.	2
559	R	Entitlement supplied ended greater than 12 months prior to DOS.	2
560	W	The DVA Entitlement supplied ended within 12 months before DOS.	2
561	R	DVA Entitlement supplied ended greater than 12 months before DOS.	2
576	R	Repeat prescription < > does not comply with SN 4/20 day rule—endorsement required.	2
577	R	Repeat prescription < > does not comply with SN 4/20 day rule—endorsement required.	2
580	R	Repeat prescription < > does not comply with SN 4/20 day rule—endorsement required.	2
581	R	Repeat prescription < > does not comply with SN 4/20 day rule—endorsement required.	2
584	R	Item may not be prescribed by an optometrist.	2
585	R	Item can only be prescribed by an optometrist.	2
595	W	Public hospital can only claim CAR HSD via CTS	2
596	R	Non approved public hospital is not approved to supply or claim this item.	2
599	R	Closing the Gap flag was not provided or Closing the Gap flag invalid.	2
604	R	CTG prescription supplied as incorrect claim type. Please resubmit in the correct claim type.	2
611	R	Paperless claiming for increased quantity and repeats not allowed for Public Hospitals.	2
612	R	Payment category is invalid for under co-payment scripts.	2
614	W	The item is a Private Hospital HSD item	2