

Code	Description
101	More details of service required to assess payment
103	Letter of explanation is being sent separately
106	Servicing Provider cannot be identified
107	Payment made on item other than that claimed
108	Item claimed not payable at date of service
112	Provider not an LMO - payment made at 85% of MBS fee
113	Total charge shown on voucher apportioned over all items
115	Payment recommended for this item
117	Payment not recommended for this item
120	Age restriction applies to this item (expired 01/01/2007)
122	Associated referral/request line not required
123	Payment made on radiology item other than service claimed
124	Item is restricted to persons of opposite sex to patient
125	Not payable without associated operation/anaesthetic item
126	Service is not payable without radiology service
127	Radiotherapy payment limited to five additional fields
128	Payment made on associated fracture/amputation item
129	Service is not payable without the base item/s
130	Letter of explanation is being sent separately (Refer to National Office for decision)
131	Return voucher
134	Single course of treatment paid as subsequent attendance
135	Provider not a consultant physician - specialist rate paid
136	Referral details not supplied - paid at GP rate
138	Item is only payable if self-determined or deemed necessary
139	Approved pathologist should not use this item number
140	Non-specialist provider
141	Provider not recognised to perform this service
151	Associated service already paid - adjustment being processed
152	Payment made on item other than that claimed (PSR)
153	Item claimed not payable at date of service (PSR)
154	Diagnostic Imaging Multiple Service Rule applied to service
158	Payment made on associated abandoned surgery/anae item
159	Item associated with other service which is payable
160	Maximum number of services for this item already paid
162	Service has been previously paid
163	Letter of explanation is being sent separately (Surgical/anaesthetic item/s already paid on this date)
164	Assistant surgeon service not payable
168	Not payable without associated operation/anaesthetic item
169	Letter of explanation is being sent separately (No operation/anaesthetic claimed)
170	Assistant anaesthetic service not payable
171	Service not payable - provider may only act in one capacity
172	Payment reduced - patient chose non-contracted hospital
173	Patient episode coning - maximum number of services paid
174	Patient episode coning adjustment
175	Payment made on associated foetal intervention item
176	Pay each foetal intervention item as a separate item
177	Foetal intervention item paid using derived fee item
179	Service not payable - associated service already paid
180	Payment declined - provider not elected as time-based

182	Payment made in accordance with time-based rules
183	Type C procedure claimed - only Band 1 accommodation payable
184	Payment made for additional time item using a derived fee
186	Type C or unbanded procedure claimed-no theatre fee payable
187	No Type B/C certification present - payment declined
194	Letter of explanation is being sent separately (Provider under investigation - refer to supervisor)
201	Service not covered under current contract - contact DVA
203	Approval not sought by surgeon/admission advice not lodged
204	Item claimed does not attract GST
207	A separate charge must be supplied for this particular item
211	Patient not eligible at date of service
212	Date of service used is in the future
213	Upper or lower denture/jaw not specified for item claimed
215	Service claimed prior 1/1/84
222	Payment made on associated anaesthetic item
223	Service not payable - specified items not claimed/present
224	Denture related item/s already paid within allowable period
226	Date of service prior to patients date of birth
232	Service claimed not payable in this instance
233	Provider not Local Medical Officer/Local Dental Officer
238	Travel allowance not payable in this instance
249	Please note Veteran's correct file number
250	Explanation/voucher will be forwarded separately
251	Requesting provider details not supplied
252	Service performed in aftercare period
253	Radiotherapy assessed with other item number on voucher
254	Assessment incomplete - further advice will follow
256	Service not payable for a hospital patient
257	Service already paid - no separate attendance evident on claim
258	Medicare benefits paid - no separate DVA attendance evident
259	Service being further considered
260	Benefit assessed with associated item on statement
261	Associated surgical items/anaesthetic time not supplied
262	Insufficient prolonged anaesthetic time - service not paid
263	Payment declined - only 1 claim allowed in claiming period
267	Service not payable - associated service not present
271	Not payable without associated ophthalmological item
272	Payment made on associated ophthalmological item
275	Provider not authorised to refer DVA patients
276	Service not commenced within specified time
277	Number of referrals issued exceeds prescribed limit
278	Referral not attached
279	Prior approval not sought or advice of admission not lodged
281	Number of services claimed exceeds approved number
282	Date of service outside of approval/referral/request period
283	Item/condition claimed not covered by approval
284	Service requires referral - referral not provided
285	Prior Approval not sought for the provider/practice location
286	Service not an emergency
287	Approval incomplete - Contact DVA on 1300 550 457
288	Fee paid in accordance with departmental agreed rates

289	Prior approval sought but not approved for this item
290	Item not payable in this state
291	Payment made at non-acute type rate
292	Gap payment made for hospital episode
294	Payment declined - no 3B certificate present
295	Leave days included in this account
297	Patient's name stated is different to that under file number
298	Reduced kilometres paid in this instance
300	Partial payment only - maximum dental limit reached
301	Payment declined - compensation/damages service
302	Prosthesis not paid - payment to be made by hospital
304	Service not payable in same period as physio/chiro treatment
309	Payment made for replacement of lost spectacles
310	Payment made for replacement of broken spectacles
311	Prescription change - payment for replacement of spectacles
312	Payment declined for replacement of lost spectacles
313	Payment declined for replacement of broken spectacles
314	No change in prescription evident - payment declined
316	Benefit not payable - item cannot be self-determined
317	Benefit not payable - additional item to those requested
322	Provider not approved for payment of this service
325	Laboratory not accredited for payment of this service
326	Laboratory not accredited at date of service
328	Payment made on associated tomography item
329	Not payable without associated tomography item
330	Payment made on pathology item at 85% of schedule fee
332	Category 5 lab - payment not made for requested service
333	Provider must claim time-based items
336	Fee paid on nuclear medicine item other than one claimed
337	Provider must claim content based items
338	Provider not registered to claim payments at date of service
341	No referral details - details required for future accounts
342	Referral expired - paid at non-specialist rate
350	Hospital referral - paid at specialist/consultant rate
351	Payment not made - LCC number not quoted or invalid
352	Service date outside LCC registration dates
353	Transaction fee not accompanied by pathology episode
354	Reduced bed fee - fee for outpatient service already paid
355	Payment made on pathology item - up to 100% of schedule fee
356	Classification change - new referral and admission date required
357	Admission and/or discharge date not supplied or invalid
360	Benefit not payable for requested services
361	DI exemption - items not approved
362	Payment made in accordance with recommended time limit
364	These items must be claimed under a combination item number
370	Payment made on item other than that claimed
375	Service being processed manually (EDI)
376	Patient cannot be identified from information supplied
377	Number of patients attended incomplete or incorrect
378	Provider not registered to refer/request service at location
379	Claim Deleted - Contact Medicare eBusiness on 1800 700 199
390	Documentation not received (EDI)

391	Service provider on D1217 differs from transmitted data (EDI)
392	Duplicate transmission - no further payment made (EDI)
394	Unable to identify service type and/or service dates (EDI)
500	Rejected in association with another item in this voucher
504	Charge keyed is incorrect or missing
505	More information required. Evidence of condition
507	Site to accredited for this service
509	Service paid as item 2712 / 2719
512	Multiple Musculoskeletal MRI service rule applied
513	Multiple Musculoskeletal MRI and DI services rules applied
514	Required equipment type code not on LSPN register
515	Equipment greater than 10 years old
516	Benefit paid for base and derived radiotherapy items claimed
526	Item only attracts a benefit when claimed through Medicare
528	Provider not in eligible area (Incorrect RRMA, SSD or State)
529	No eligible associated service available for this veteran
531	Payment declined - DVA RCTI Agreement has not been signed
532	GST details incomplete - Phone DVA on 1300 550 457
533	Claim referred to DVA - military compensation case
534	Claim referred to DVA for payment - any enquires to DVA
536	Location Specific Practice Number not Transmitted/Supplied
537	Location Specific Practice Number Invalid
538	Location Specific Practice Number not Recognised
539	Location Specific Practice Number not valid at Date of Service
543	Maximum payment already made for service/s claimed
544	Pharmacy/Disposables not payable under your contract
545	No charge or no cost items should not be shown on voucher
546	Invoice required for this item before payment can be made
547	DVA has advised that this service is not payable
550	Required Associated item not present for this veteran
551	Specimen Collection Point is incorrect or not supplied
552	Specimen Collection Point not valid at date of service
553	Approved Collection Centre number not supplied
554	Total Benefit for Anaesthetic Service
555	Payment made on Main RVG Anaesthetic Item
556	RVG Time Item Not Claimed
557	Associated RVG Anaesthetic Service Not Claimed
558	RVG Anaesthetic Item Not Claimed
559	Patient Outside Age Range For Item 25015 - Please Verify Age
560	RVG Item Restriction
561	Payment made on RVG Item Claimed
562	Payment made on Associated RVG Item
563	Associated RVG Service Already Paid
564	MVUSSR applied
565	DIMSR and MVUSSR applied
566	Total Benefit for Diagnostic Imaging Service
567	Benefit Paid on Main Diagnostic Imaging Service
568	Item cannot be substituted
569	Provider unable to substitute
570	The RPBC card can only be used to claim pharmaceuticals
571	Details transmitted differ from details on voucher
572	Prescription details not supplied or incomplete

573	Referring and servicing provider the same - no fee payable
574	Service voucher not received for this particular veteran
575	Date of service is after the date of lodgement
576	ICD 10 code required before payment can be made
577	Clinical notes required before payment can be considered
578	Item number cannot be determined from information supplied
579	RVG items are not payable for DVA Time Based Anaesthetists
580	Treatment location and/or hospital name not stated
581	Condition treated has not been stated
582	Second provider in referral period - Please contact DVA
583	Service does not relate to Veterans specific condition/s
584	Anaesthetic start/finish time not indicated
585	Item claimed is inconsistent with Veterans age
586	Eye treated not stated on voucher/account
587	Living member dependants are not eligible for DVA payments
588	Service date after Veterans date of death recorded by DVA
589	Service not payable without associated Base or GST item
590	Service over 6 months old - DVA authorisation required
591	Payment made according to ICD code quoted
592	Prostheses paid in accordance with DVA agreed rates
593	Payment not yet authorised – contact DVA for resolution
594	Assistants fee to be claimed separately from surgeons fee
595	Payment for this item includes the casting component
596	Item paid has been changed as per advice from DVA
597	GST should not be included in the charge for the item
598	Tax invoice submitted – Payment made for service and GST
599	DVA Rural Incentives Loading is included in Payment
600	Provider requesting the service cannot be identified
605	Referral expired - no fee is payable
606	Referring provider practice location is closed
607	Referral date has been omitted
608	Referring and servicing provider the same - no fee payable
609	Service cancelled at providers request
611	Valid referral details not supplied - no fee is payable
612	Date of referral after date of service - no fee is payable
614	No Benefit payable – please notate time of each visit
615	Multiple procedures – notate times and area of treatment
618	Requesting provider not eligible to request this service
622	PET drop-down items not claimable via EDI
624	PET items-payee provider required
625	Payee provider not eligible to claim PET items
627	PDT statement NOT provided by the doctor
629	Initial PDT therapy item NOT present on patient history
638	Derived fee and other item cannot be claimed in-hospital
639	Provider not in an eligible area to claim this item
640	More than one base and derived item claimed
641	More than one base item claimed
642	Benefit paid for derived and other item claimed
643	Derived item assessed with other item on statement
650	Item MT98 not paid as date of service is prior to 1/1/2005
651	MT98 not payable - Associated item not present or not paid
652	Service is after the discharge date for this referral period

653	Payment made on pathology item - up to 115% of schedule fee
654	Item transmitted via incorrect online claiming channel
655	Claim cannot be assessed without associated base or GST item
656	Claim cannot be assessed without upper/lower identified item
657	Date falls in gap between referrals - Please contact DVA
658	Payment made for replacement of lost dentures
659	Payment made for replacement of broken dentures
660	Prescriber details not supplied - no benefit is payable
661	Date of service falls outside approval/prescribing period
662	Referral/prescribing details incomplete or illegible
663	MT99 Not Payable - Associated item not present or not paid
664	LMO Supplementary Payment not made - Provider is not an LMO
665	Item MT99 not paid as Date of Service is prior to 7/6/2004
666	Radiation Oncology equipment number invalid or not supplied
667	Service is over 5 years old - Further consideration required
670	Handling Fee Reduced according to Prostheses Amount Paid
671	Patient was in another Hospital prior to this admission
672	Patient was readmitted within 7 days of previous admission
674	Amendment/Adjustment- LMO Supplementary Payment also made
690	Surgical items not identified - Assistance item not paid
691	Surgeon cannot be identified - Assistance item not paid
692	DVA Incentive items only paid with LMO outpatient services
693	In this instance MT98 should be claimed
694	In this instance MT99 should be claimed
695	This item cannot be claimed as an 'Out of Hospital' service
696	This item cannot be claimed an 'In Hospital' service
697	MT98/MT99 cannot be paid when DOS on or after 1 July 2007
732	Referral period not valid for Referring Provider
735	Accommodation cannot span calendar year/contract end date
736	Payment Declined - No Contact Lens items in previous 3 years
737	Domiciliary item not payable without associated consultation
741	Inconsistent treatment location in vchr - claim separately
742	Assistant service does not match surgical items paid
743	Manual cheque being issued - cheque being sent separately.
744	Service not payable - Patient not eligible at date of service.
745	This PCC cardholder is ineligible for DVA treatment services.
750	Please re-transmit services in required order
754	This item cannot be paid for a DVA White Card holder
759	Item cannot be claimed until the last day of period of care
AMD	Amendment/adjustment to previously paid service
LWR	Lower denture - reline or tissue conditioning paid
UPR	Upper denture - reline or tissue conditioning paid
*	Amount payable includes GST (Manual Processing Only)

Flag indicators:
A Identification Amended
C Veteran File Number Changed