

## HICAPS Transaction Response Codes

Code	Receipt Print Out	Description
00	Approved (8)	Approved or completed successfully
01	Prov Not Approv (15)	Provider not approved by fund
02	Mship Under Invest (19)	Membership under investigation
03	Invalid Prov Nbr (16)	Invalid provider number
04	Retain Card (11)	Retain card
12	Declined (8)	Declined
14	Invalid Card Nbr	Invalid card number (no such number)
19	No Items Entered	No items entered
21	Call Help Desk - note 1	No action taken
25		
40	Mship Not Covered	Membership not covered
42	Mship Ended at DOS	Membership ceased/suspended service date
51	Mship Unfinancial (17)	HICAPS Membership unfinancial
54	Expired Card (12)	Expired card
56	Invalid Mship Nbr (18)	Invalid membership number
57	No Ancillary Cover (19)	No ancillary cover
58	Txn Not Permitted (17)	Transaction not permitted to terminal
60	Provider Not Recogd (16)	Provider not recognised with fund
61	Benefit Limit Excee (19)	Benefit limit exceeded
69	No Benefit Payable	No Benefit Payable
76	Approved (8)	Approved (terminal will request new key)
91	System Inoperative (17)	Health Fund system currently unavailable
94	Duplicate Txn (13)	Duplicate transmission
96	System Malfunction (18)	System Malfunction or Invalid Message
97	Reconc Totals Reset (19)	Reconciliation totals have been reset
98	MAC ERROR (9)	MAC Error
P0 - PZ	Refer Health Fund (17) - note 2	Refer to Health Fund
H1		Time Out waiting for ACK from terminal.
H2		Maximum number of ACK Time Outs reached.
H3		Timed Out waiting for response message from terminal.
H4		LRC Error in response message.
H5		Unable to send, terminal not connected.
H6		Terminal busy.
HX		ActiveX Internal Error.
BZ		Terminal is currently busy
CE		Communications Error
ED		Destination Error
EN		Network Request Error
HM		Hardware Error
HW		Hardware Error
LC		Unexpected loss of carrier
NA		Transaction type not available
ND		Reversal Time out
NM		No sync with Modem Network Failure Contact Help Desk
NS		Declined - Settlement required
TO		Timeout Error
TC		Cancelled by user or input timeout
VN		Void not allowed
LR		Terminal Logon Required
JF		Journal Full
IM		Invalid MAC
DI		Duplicate Invoice
TA		Transaction Not Allowed
NP		Provider number not found
LP		Locked Provider
IL		Number of items exceeded limit
TP		The transaction is password protected
II		Invalid max item setup
FL		An "empty" Claim initiated from PMS. (i.e. only provider in the EA field)
FC		Field content error.- (a) Non numeric field such as patient ID, Body part number, service date and amount contain non-numeric data (i.e. anything other than accept '0' to '9')

(b) Alpha numeric field such as item number contain symbols.  
(i.e. anything other than 'A' to 'Z', 'a' to 'z', '0', to '9' and space)

**Note 1:** Response code for unmatched (reversal, void, cancellation) transactions.

**Note 2:** Response codes in the range P0 - P9 and PA - PZ indicate that a transaction has been declined by the Health Fund for a specific reason. These transactions must be followed up directly with the Fund.

## HICAPS Item Response Codes

Code	Receipt Print Out	Description
00	Approved (8)	Transaction Approved
01	Item No Benefit (15)	Nil benefit payable on this item
02	Restricted Item (15)	Nil benefit - restricted item
03	Restricted Item (15)	Reduced benefit - restricted item
04	Previously Paid (15)	Nil benefit - benefit previously paid
05	Limit Reached	Nil benefit - limit reached
06	Limit Reached	Reduced benefit - limit reached
07	Waiting Period	Nil benefit - qualifying period applies
08	PreReq Ser Reqd	Nil benefit - pre-requisite service required
09	Pre Existing	Nil benefit - pre existing ailment
10	Item Nbr Invalid	Item number invalid
11	Item Nbr Ceased	Item number ceased
12	Item Not Valid	Item not valid for provider
13	Item Not Apprvd	Item not approved... not payable by HICAPS
14	Max Nbr Ser Exc	Service exceeds number of times permitted
15	Cost Missing	Cost must be entered
16	DOS Not Valid	Date of service must be before today
17	DOS too Old	Date of service too old
18	Body Part Reqd	Body part required
19	Pat Not Covered	Patient not covered
20	Depd Status End	Dependent status ceased
21	Invalid Pat Code	Invalid patient code
22	Mship Not Cover	Membership not covered
23	Mship Ended DOS	Membership ceased/suspended service date
24	Mship Unfin DOS	Membership unfinancial at date of service
25	No Ancill Cover	No ancillary cover
26	Item Not Coverd	Not covered for this service
27	Duplicate Serv	Duplicate service already processed
28	Excess on Serv	Nil benefit – excess on service applied
29	Excess on Serv	Reduced benefit – excess on service applied
30	Quote Required	Nil benefit – quote required prior to service
31	Quote Required	Reduced benefit – quote required prior to service
32	Exceeds Quote	Nil benefit – claim exceeds quotation
33	Exceeds Quote	Reduced benefit – claim exceeds quote
34	Age Restriction	Nil benefit – Age restriction applies
35	Age Restriction	Reduced benefit – Age restriction applies
36	Gender Restrict	Nil benefit – Gender restriction applies
37	Gender Restrict	Reduced benefit – Gender restriction applies
38	Invalid Change	Nil benefit – Amount charged is invalid
39	Notional Charge	Notional Charge
40	Converted Item	Converted Item
41	Refer to Health Fund	Refer to Fund
42	System Problem	System Problem
50	Provider not approved by Fund (at date of service)	Prov Not Approv
51	Provider not approved by Fund for this service at DOS	Prov Not Approv
P0 - PZ		Refer Health Fund - note 1 Refer to Fund

**Note 1:** Item codes in the range P0 - P9 and PA - PZ indicate that an item has been declined by the Health Fund for a specific reason. These items must be followed up directly with the Fund.