SUPPLEMENT TO

New Zealand Gazette

OF THURSDAY, 26 APRIL 2001

WELLINGTON: FRIDAY, 27 APRIL 2001 — ISSUE NO. 44

MINISTRY OF HEALTH

PHARMACEUTICAL TRANSACTIONS DATA SPECIFICATION VARIATIONS

PURSUANT TO SECTION 88 OF THE NEW ZEALAND PUBLIC HEALTH & DISABILITY ACT 2000

AMENDMENT No. 1 TO NOTICE UNDER SECTION 88 OF THE NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000

(amending notice originally given under section 51 of the Health and Disability Services Act 1993)

This Notice amends

(1) the Notice to Pharmacists in the Northern, Midland and Central regions, given by the Health Funding Authority on 1 October 1998 under section 51 of the Health and Disability Services Act 1993, which set out the terms and conditions upon which the Health Funding Authority would make payment to Pharmacists in those regions (hereafter referred to as "the Triple Region Notice") and

(2) the Notice to Pharmacists in the Southern region, given by the Southern Regional Health division of the Transitional Health Authority on 1 December 1997 under section 51 of the Health and Disability Services Act 1993, which set out the terms and conditions upon which the Transitional Health Authority would make payment to Pharmacists in those regions (hereafter referred to as "the Southern Notice").

When the Health and Disability Services Act 1993 was repealed, these Notices were continued by section 112 (3) of the New Zealand Public Health and Disability Act 2000 as Notices given by the Crown under section 88 of that Act. This amendment has been made following consultation with the Pharmacy Guild of New Zealand (Inc) pursuant to Part A of the Triple Region Notice and Part A of the Southern Notice.

1. This amendment takes effect on 1 June 2001

2. The Triple Region Notice is amended by:

a) Deleting Clause G2 (c) and replacing it with the following:

"G2 (c) The information software specification is detailed in the Pharmaceutical Transactions Data Specification as outlined in Appendix 4."

b) Deleting Appendix 4 (Pharmaceutical Transactions Data Specification Version 2.7) and replacing it with the Appendix set out in the Schedule to this Amendment.

3. The Southern Notice is amended by:

a) Deleting clause G2 and replacing it with the following:

"**G2 Data Definition**
You agree to ensure that whenever information systems operated by you incorporate data required by the national health system, the data definitions used by you correspond directly with Pharmaceutical Transactions Data Specification Version 2.7 set out as an Appendix to this Notice."

b) Adding the Appendix set out in the Schedule to this Agreement as an Appendix to the Notice.

SCHEDULE

"**Appendix** Pharmaceutical Transactions Data Specification Version 2.29."

Explanatory Note

Some pharmacists who claim payment for various pharmacy services from the Ministry of Health are paid for those services according to the terms of Notices issued under section 51 of the Health and Disability Services Act 1993, and continued by the New Zealand Public Health and Disability Act 2000. Among other things, section 88 (3) of that Act requires all amendments to the Notice to be published in the *Gazette*. This Amendment No. 1 makes changes to the data specifications which Pharmacists claiming under those Notices are required to supply to the Ministry of Health.

Two different Notices are amended here. The first is the Notice applying to Pharmacists in the Southern region which was issued by the Southern Regional Health Division of the Transitional Health Authority under section 51 of the Health and Disability Services Act 1993. The second is the Triple Region Notice which was given almost one year later by the Health Funding Authority to pharmacists in the Northern, Midland and Central Regions. Pharmacists in the Southern Region were not consulted when the Triple Region Notice was issued because the Southern Region was already covered by the Southern Notice. Consequently, different terms and conditions are contained in the two Notices. This Amendment No. 1 requires pharmacists covered by both Notices to provide data according to the same data specifications.

This explanation is given to meet the requirements of section 89 (5) of the New Zealand Public Health and Disability Act.

Table of Contents

1 Introduction

This document details the file formats and data to be passed to Health Benefits Limited for the purposes of processing pharmaceutical claims.

This version replaces all previous versions.

The specific amendment introduced in this version is that currency values are no longer required to be expressed as positives.

The amendment impacts on fields 78 (claim amount), 79 (CBS subsidy) and 93 (total claim value). They are all currency fields and with the change will accept negative amounts.

2 Document Guide

To help understand this document, detailed below are the standards used throughout.

2.1 Notes/Developers' Information

Notes or information is specific to aid software developers. This information is contained in boxes throughout the document.

Example

2.2 Field Indicators

All references to extract data fields within text are bracketed with square brackets.

[Data field]

2.3 Transaction Record Summary

The Transaction Record Summary shows:

- all fields required within the transaction lines of the data file
- field numbers and an indication of a new field
- categories of fields – System, Prescriber, Patient, Prescription, Dispensing and Claim fields
- field type and size

- mandatory status
- resubmission status; this indicates if transaction needs to be resubmitted to the Ministry of Health if field content changes
- security; indicates that extra security needs to be placed on the contents of these fields within system.

3 Information Required

3.1 File Structure

1. The file should be comprised of comma-separated variable width text fields.
2. Each record must be delimited by a Carriage Return/Line Feed. Each field within the record should be terminated by a comma except the last field which should be terminated by the end-of-record CR/LF.
3. All fields with the type "CHAR" should be surrounded by quotation marks (").
4. The file should be organised according to the following structure:
   File Header
   Transaction Record
   File Trailer
5. An example of the record sequence of the file is as follows:
   19229
   05
   09

   The file is opened by the File Header, followed by as many transaction records as apply to that File Header. The last record is then the File Trailer.

3.2 Mandatory Fields

The requirements as to mandatory and non-mandatory fields are as follows:

P	Mandatory
P/A	Mandatory where provided to the pharmacy or where available
P/D	Proposed Delay
D	Delete
F/U	Future Use.

3.3 Data Formats

3.3.1 Dates

1. Specified in this data spec as DATE.
2. All dates must be formatted DDMMCCYY eg, 31031943.

3.3.2 Integers

1. Specified in this data specification as INT.
2. These are integer numbers.
3. There should be no decimal points or commas included.
4. All values should be expressed as positives.

3.3.3 Numbers

1. Specified in this data specification as NO.
2. These are numbers including decimal places.
3. The number of decimal places will be indicated where a Number field is specified.
4. There should be no decimal points or commas included.
5. Values submitted need to be left padded so values are submitted with the correct number of decimals.
6. All values should be expressed as positives.

3.3.4 Currency Values

1. Specified in this data specification as $.
2. All currency values should be expressed as cents unless otherwise stated.
3. There should be no decimal points or commas included.
4. All values should be inclusive of Goods and Services Tax (GST) unless otherwise stated.

3.3.5 Character Values

1. Specified in this data specification as CHAR.
2. Character fields should be surrounded be text quotes “Example”.
3. Character fields must not contain any commas.

3.4 File Naming Convention

3.4.1 File Name Format

All file names should be in the 8.3 format. That is, the file name should consist of an 8-character name, a full stop and a 3-character suffix.

3.4.2 File Name Content

1. The 8-character name should be a concatenation of the leftmost 2 digits of the Header Record. Type field and the rightmost 6 digits of the File ID (right zero-filled where applicable) as set out in the Header Record.

2. The 3-character suffix should be "HFA".

3.5 File Header Record Summary

Field No	Name	Type	Field Size	Mandatory
1	Record Type	CHAR	5	P
2	Sequence No	NO	8	P
3	File ID	CHAR	8	P
4	Contract Number	CHAR	7	P
5	File date	DATE	8	P
6	Sender ID	CHAR	10	P/D
7	Role	CHAR	2	P/D
8	Payee Number	CHAR	7	P/D
9	System	CHAR	10	P
10	System Version	CHAR	6	P
11	Schedule Date	DATE	10	P
12	Claim Date	DATE	8	P

3.6 File Trailer Record Summary

Field No	Name	Type	Field Size	Mandatory
90	Record Type	CHAR	5	P
91	Sequence No	NO	8	P
92	Number of Lines	NO	8	P
93	Total Claim Value	$	9	P
94	PS Cards Issued	NO	4	P

3.7 Transaction Record Summary

Each transaction remains as one line as in previous releases of the HFA Pharmacy Data Specification, however the fields have been logically grouped for ease of understanding.

Field Type	Field No	Name	Type	Field Size	Mandatory
System	20	Record Type	CHAR	5	P
	21	Sequence No	INT	8	P
	22	Unique Transaction Number	INT	13	P
	23	Transaction Category	CHAR	1	P
	24	Component Number	INT	2	P
	25	Total Component Number	INT	2	P
	26	Balance Owing	NO	6 + 4	P/A
	27	Compound Classification	CHAR	5	P/A
Prescriber	28	Prescriber ID	CHAR	10	P/A
	29	Health Professional Group Code	CHAR	2	P/A
	30	Locum ID	CHAR	10	P/A
	31	Group ID	CHAR	10	P/A
	32	Practice ID	CHAR	10	P/D
	33	Budget ID	CHAR	10	D
	34	Specialist ID	CHAR	10	P/A
	35	Date of Endorsement	DATE	8	P/A
	36	Prescriber Flag	CHAR	1	P/A
	37	Leave blank			
Patient	38	NHI (Previously Patient ID)	CHAR	7	P/D
	39	Patient category	CHAR	1	P
	40	CSC Status Flag	CHAR	1	P
	41	CSC Number	INT	16	P/D
	42	CSC Expiry Date	DATE	8	P/D
	43	HUHC Status Flag	CHAR	1	P
	44	HUHC Number	INT	6	P/D
	45	HUHC Expiry Date	DATE	8	P/D
	46	Safety Net Category Flag	CHAR	1	P
	47	Safety Net Card Number	INT	6	P/D
	48	Special Authority Number	INT	10	P/A
	49	Patient Flag	CHAR	1	P
	50	Leave blank			

Field Type	Field No	Name	Type	Field Size	Mandatory
Prescription	51	Prescription Code	INT	13	F/U
	52	Prescription Code Standard	CHAR	1	F/U
	53	Prescription Quantity	INT	9	F/U
	54	Prescription Date	DATE	8	F/U
	55	Dispensing Required (Repeats authorised)	INT	2	P/A
	56	Repeats Expiry	DATE	8	P/A
	57	Dose (Base units per use) (Previously units prescribed)	NO	6+4 Dec	P
	58	Daily Dose (Base units per day)	NO	6+4 Dec	P
	59	Dose Unit of Measure (Base unit of measure)	CHAR	8	P
	60	Prescription Flag	CHAR	1	P/A
	61	Dose Flag	CHAR	1	P
Dispensing	62	Prescription ID	INT	9	P
	63	Prescription ID Suffix	INT	2	P
	64	Date of Service	DATE	8	P
	65	Claim Code	INT	16	P
	66	Code Standard	CHAR	1	P
	67	Quantity Dispensed	NO	6+4 Dec	P
	68	Quantity Claimed	NO	6+4 Dec	P
	69	Total Quantity Prescribed	NO	6+4 Dec	P/A
	70	Pack Unit of Measure	CHAR	8	P
	71	Extended Supply	CHAR	1	P/A
	72	Safety Cap (Previously CRC Closure)	CHAR	1	P/A
	73	SIG	CHAR	30	P/D
	74	Leave blank			
	75	Leave blank			
Claim	76	Order Type	INT	1	P
	77	Wastage Quantity (Previously Wastage Flag)	NO	6+4 Dec	P/A
	78	Claim Amount	$	9	P
	79	CBS Subsidy	$	9	P
	80	CBS Packsize	NO	6+4 Dec	P/A
	81	Funder	CHAR	3	P
	82	Originating Contract Number	CHAR	7	P
	83	Service Contract Number	NO	5	P
	84	Health Insurance Claim Number	INT	15	F/U
	85	Form Number	INT	9	P

4 Header Record Detail

1 Record Type

- Defines whether a record in a file is a header, detail or trailer record. For header records this field also determines the type of file. The list of valid codes is as follows:

Code	Description
19229	Pharmaceutical Claim Header
05	Detail Record
09	Trailer Record

- The header code is made up from 19 which relates to pharmacy processing at the HFA and 229 which is the version and release of this data specification.

2 Sequence No

- The number "1" for the header.
- Indicates the absolute record number of this record within the file.
- Sequence number continues to increment for each ingredient of a compound.

Example
The first transaction line will have a sequence number of 2.

3 File ID

- A unique ID for a particular claim file.
- Each claim file must be sequentially numbered. No two files should have the same [File ID].
- Should be system reference number for extract to permit ease of matching extract files to system extract batches.
- If the system is upgraded the sequential [File ID] number should continue from last used number and not be refreshed.
- If the file is regenerated/recompiled from the pharmacy system, the file must have a new [File ID]. If the file is not regenerated but recopied from the system to disk the [File ID] must remain the same as when initially generated.

4 Contract Number

- Pharmacy contract identifier.
- Identifies the contract from which payment and processing rules will be sought.
- This information will be given to the pharmacy by the Ministry of Health and needs to be loaded into the pharmacy system.
- This information may change from time to time. The pharmacy system does need to store historical contract numbers.

5 File Date

- Date on which the claim file is generated.
- If a claim file is regenerated then this date should be the date of regeneration.

6 Sender ID

- Deferred.

7 Role

- Deferred.

8 Payee Number

- Deferred.

9 System

- An abbreviated name of the software used to generate this claim file.
  LOTS
  TONIQ
- This will be case sensitive.

10 System Version

- The version number of the software used to generate this claim file.
- Requires individual vendor discussion on their versions.

11 Schedule Date

- The release date of the Pharmaceutical Schedule that was used in the calculations of this claims file, this will be set by Pharmac.

12 Claim Date

- Date which identifies the claim period.
- The claim date should always be the 15th of the month or the last day of the month.

5 Transaction Record Detail

20 Record Type

- Refer [Record Type] in File Header Detail section.

21 Sequence Number

- Refer [Sequence Number] in File Header Detail section.

22 Unique Transaction Number

- A number that uniquely identifies the record within the pharmacy software.
- This will be a different number for each repeat of the same script item.

Audit/Resubmission Requirements

- If any field is changed that requires a resubmission (as indicated in the Transaction Record Summary section of this document) the historical data for the record needs to be saved with the old UTN [Unique Transaction Number] and a new record created in the pharmacy system with the changed contents of the record and a new UTN.
- Refer to the [Transaction Category] for how this impacts resubmission.

Future Use

- As this is used to uniquely identify the record in the pharmacy system which a claim record relates to, this will be used for future electronic reconciliation, and for audit purposes.

23 Transaction Category

- Indicates if the claim is a standard claim, Credit Transaction, non-claim item or a resubmission of a previous claim.
- The appropriate codes are:

Transaction Category	Code
Standard claim	I or Null
Credit transaction	C
Non claim transactions	N
Resubmission	R
Owed balance	O

Standard Claim

- First time submitted claim lines need to be submitted with a [Transaction Category] = "I" for Invoice.

Credit Transactions

- Credit line transactions are used to credit a previously submitted claim transaction.
- These may either be used independently, to credit a previous transaction claimed, or as part of a resubmission.
- Credit line transactions need only contain the following data elements in the Transaction Record of a claim file:

Field No	Name	Notes
10	Record Type	Refer field 1.
21	Sequence No	Refer field 2.
22	Unique transaction number	Must be the same [Unique Transaction Number] of the transaction to be credited. If Credit as part of a resubmission, [Unique Transaction Number] must be number of historical record (refer [Unique Transaction Number] for further explanation).
23	Transaction Category	= "C"
62	Prescription ID	Must be the same [Prescription ID] of the transaction to be credited.
63	Prescription ID suffix	Must be the same [Prescription ID Suffix] of the transaction to be credited.

Non Claim Transactions

- If the item is not to be charged to the Ministry of Health, or is not being reprocessed, the transaction is to be specified with a [Transaction Category] = "N" for Non Claim.
- All data elements to be included in the transaction record of the claim file, following the same rules as a Standard Claim.

Resubmitting Transactions

- Transactions may be resubmitted for any of the following reasons:
  - transaction field contents have changed
  - only items that have been submitted with incorrect data should be resubmitted
  - items that have been rejected by the system do not need to be resubmitted through this procedure
  - if a transaction is resubmitted, the resubmission must be transferred as two transactions.

1st Line
The first transaction needs to have a [Transaction Category] = C, for Credit. This need only contain data elements defined for Credit Transactions, as above.

2nd Line
The second transaction needs to have a [Transaction Category] of "R" for resubmission.

All data elements need to be submitted in the 2nd line of a resubmission following the same rules as a Standard Claim, noting the following criteria.

Field No	Name	Notes
12	Unique transaction number	Must be the [Unique Transaction Number] of the new transaction in the Pharmacy system if data has changed. (Refer [Unique Transaction Number] for further explanation.)

Owed Balance Transaction

- The quantity remaining still to be claimed from a previously claimed transaction.
- Transaction Category O will allow payment to be made for the quantity of the pharmaceutical but no associated fees.
- The [Prescription ID Suffix] must be the same as the original transaction where the balance owing completes the quantity prescribed.

24 Component Number

- This field is used in conjunction with field 25 [Total Component Number].
- The [Component Number] and [Total Component Number] fields are used to define if a transaction belongs to a group of transactions (as in a compound).
- [Component Number] defines where the transaction fits into a group of transactions, ie, line 1 of a group, line 2 of a group, etc.
- [Total Component Number] defines how many transactions are in the group.

Example a) Single line transaction

Single line transaction	[Component Number] = 1	[Total Component Number] = 1

Example b) 4 line compound

Ingredient a	[Component Number] = 1	[Total Component Number] = 4
Ingredient b	[Component Number] = 2	[Total Component Number] = 4
Ingredient c	[Component Number] = 3	[Total Component Number] = 4
Ingredient d	[Component Number] = 4	[Total Component Number] = 4

- The first line transaction of a compound should include all the data fields required for a line transaction including the quantity amount for this component.
- Subsequent line transactions of a compound should only supply the data required for that compound, ie, no [CSC Status Flag] etc is required.

25 Total Component Number

- Refer [Component Number].

26 Balance Owing

- Indicates that there is a balance owing on this item.
- The field should contain zeros when there is no balance owing on the transaction record.

27 Compound Classification

- Indicates what type of compound is being presented.
- To be developed in conjunction with the ECP review to support any pricing.
- Only one has been developed and this is to support the correct payment of fees for a Grasby Pump.

Compound Classification Type	Code
Grasby Pump	GRASB

28 Prescriber ID

- Registration number of prescriber.
- If a locum wrote this prescription the [Prescriber ID] needs to show the prescriber the locum is standing in for.
- This field must be completed where provided on the prescription by the practitioner.
- The appropriate registration numbers are:

Type of practitioner	Number to use	Note
Medical Practitioner as defined in the "Advice Notice to Pharmacy Contractors" 1/2/96 ("Notice")	New Zealand Medical Council Number	
Temporary Medical Practitioner	New Zealand Medical Council Number	
Midwife as defined in the Notice	Nursing Council of New Zealand Number	Include leading characters
Dentist as defined in the Notice	Dental Council Number	Include leading characters
Temporary Dentist	Dental Council Number	Include leading characters
Specialist as defined in the Notice	New Zealand Medical Council Number	

29 Health Professional Group Code

- In the Transaction record the [Health Professional Group Code] is used to define the Registration Body used to identify the Prescriber.
- Below are [Health Professional Group Code] valid to be used to identify the Registration Body of providers.

HPGC	Registration Body
MC	Medical Council of New Zealand
NC	Nursing Council of New Zealand
DC	Dental Council of New Zealand
MX	Temporary NZMC
DX	Temporary Dentists

30 Locum

- Registration number of prescriber if prescriber was a locum.

31 Group ID

- Indicates IPA, practice or other group.
- The codes will be allocated by the Ministry of Health to practitioners where classification is necessary.
- This field must be completed where provided on the prescription by the practitioner.
- The vendor system must be robust enough to allow a pharmacist to change the [Group ID] at the time of dispensing.

32 Practice ID

- Indicates practice or location.
- The codes will be allocated by the Ministry of Health to practitioners where classification is necessary.
- This field must be completed where provided on the prescription by the practitioner.

Programmer Note

- Only display one field in the pharmacy software which will populate the [Group ID] field, [Practice ID] may or may not be used later.

33 Budget

- This field has been deleted.
- Leave blank.

34 Specialist ID

- New Zealand Medical Council Number of specialist who recommended the prescription, or a Ministry of Health number assigned to hospital staff who have written the prescription.
- Required only for circumstances as set out in the Pharmaceutical Schedule.

35 Date of Endorsement

- Date on which specialist recommended the prescription.
- Required only for circumstances as set out in the Pharmaceutical Schedule.
- Only month and year are required for this field.

36 Prescriber Flag

- [Prescriber Flag], [Patient Flag] and [Prescription Flag] to be set within pharmacy systems to allow a transaction to specify that a condition or rule has been abided.

Note

- To be used where a rule set by Pharmac can not be checked either because of the limiting data we collect or that it needs an indication from the pharmacist.
- Such cases will be specified in the Pharmaceutical Schedule. For example, to specify Diane35 Pharmacode X where used as an oral contraceptive, set [Patient Flag].

Programmer Note

- This will permit rules to be implemented without continual changes to pharmacy software.

Pharmac Note

- New rules will still need to be set in the Rules section of the Pharmac database and will still need to be programmed into the Pronet system. Therefore, before rules are implemented there must be suitable lead-time for the above to happen.
- Also to ensure the integrity of the use of these flags, disciplines will need to be set and followed to ensure the correct flag or flag combination are used.
- If this is implemented the mechanisms for use need to be worked out between Pharmac, HBL, and the Pronet developers.

- Vendors have been notified by Pharmac that the flag must be used to indication on a Practitioner Supply Order that the Provider is using the pharmaceuticals provided in a rural area.
- To specify that PSO is for use in a rural area set [Prescriber Flag] to Y.

37 Leave Blank

38 NHI (Patient ID)

- National Health Index number of the patient.
- This must not be the NHI number of a caregiver collecting the pharmaceuticals.
- This field must be completed where provided on the prescription by the practitioner.

Note: this field is deferred.

39 Patient Category

- Indicates the patient category at the time of the initial dispensing.
- The appropriate codes are:

Category	Code	Note
Adult	A	
Junior	J	
Younger	Y	
Permanent resident of Hokianga	H	

- "O" is transposed to an "A".
- "P" is transposed to an "A".

40 CSC Status Flag

- Indicates whether patient has a Community Services Card or not at the time of the initial dispensing.
- The appropriate codes are:

Has CSC	Code
Yes	Y
No	N

41 CSC Number

- The number of the patient's CSC card.
- Deferred.

42 CSC Expiry Date

- The expiry date of the patient's CSC card.
- Deferred.

43 HUHC Status Flag

- Indicates whether patient has a High Use Health Card or not at the time of the initial dispensing.
- The appropriate codes are:

Has HUHC	Code
Yes	Y
No	N

44 HUHC Number

- The number of the patient's HUHC card.
- Deferred.

45 HUHC Expiry Date

- The expiry date of the patients HUHC card.
- Deferred.

46 Safety Net Category Flag

- Indicates whether person has a prescription subsidy card or not at the time of the initial dispensing. Where the person is entitled to a subsidy card for some items on a prescription form, only these items must be classified as having a prescription subsidy card.
- The appropriate codes are:

Has PSC	Code
Yes	Y
No	N

47 Safety Net Card Number

- The number of the patient's Prescription Subsidy Card.
- Deferred.

48 Special Authority Number

- The special authority number allocated to the patient for the item(s) dispensed.
- Required only for circumstances as set out in the Pharmaceutical Schedule.
- This field must be completed where provided on the prescription by the practitioner.
- The authority type prefix and date suffix should both be excluded.

Example
HOSP0175432/JUN98 should be provided as 0175432.

Programmer Note

- This numeric value may not necessarily stay at 7 digits, and the authority type prefix and date suffix may not stay at the current lengths, therefore it may be safer to have a separate field for the numeric component of the Special Authority Number.

49 Patient Flag

- Refer [Prescriber Flag].
- To specify Diane35 Pharmacode X where used as an oral contraceptive, set [Patient Flag].

50 Leave Blank

51 Prescription Code

Future Use
Proposed to transmit the code which was used to prescribe the Pharmaceutical dispensed.

52 Prescription Code Standard

Future Use
To identify the [Prescription Code] being used.

53 Prescription Quantity

Future Use
To identify the quantity of the [Prescription Code] that was prescribed.

54 Prescription Date

Future Use
To state the date of the prescription.

55 Dispensing Required (Replaces Dispensing Repeats, Repeats authorised)

- The total number of dispensing required. This includes initial dispensing and all repeats.
- Unlimited repeats should be indicated as 99.

Note
This is different from what the rules were for [Repeats Authorised].

56 Repeats Expiry

- Date after which repeats cannot be dispensed for this item.

57 Dose

- The [Dose] contains the amount of units prescribed to be used at each use.
- The units should be expressed in the [Dose Unit of Measure] as defined by Pharmac.
- Where the [Dose] are not able to be expressed, such as in the case of "Take as needed" or PRNs, this field should be set to "0".
- Where [Dose] is set to 0 [Dose Flag] should be set to Y.
- Where the number of units is a range, the higher amount should be used.

58 Daily Dose (Base Units Per Day)

- The [Daily Dose] contains the amount of units prescribed to be used per day.
- The units should be expressed in the [Dose Unit of Measure] as defined by Pharmac.
- Where the [Daily Dose] are not able to be expressed, such as in the case of "Take as needed" or PRNs, this field should set to "0".
- Where [Daily Dose] is set to 0 [Dose Flag] should be set to Y.
- Where the number of units is a range, the higher amount should be used.

Programmer Note

If the units are spread over alternate days, eg, every other day, or Monday, Wednesday and Friday, the value should represent this:

- For example, one unit every other day will equate to 0.5 of a unit
- For example, Monday, Wednesday and Friday will equate to 0.4285.

As this field requires data expressed to 4 decimal places with no decimal points, 0.5 of a unit would appear in the data file as 5000, and 0.4285 would appear as 4285.

59 Dose Unit of Measure (Base Unit of Measure)

- The [Dose Unit of Measure] must contain the Pharmac definition of the Unit of Measure used in the calculations for fields [Dose] and [Daily Dose].
- This should be the allocated [Dose Unit of Measure] for the Pharmacode dispensed.
- This should be the allocated [Dose Unit of Measure] relating to the [Claim Code] dispensed.

Pharmac Note

- The [Dose Unit of Measure] refers to the [Strength Per Pack] field from the [Presentation Reference] table of the schedule database available from Pharmac.

60 Prescription Flag

- Refer [Prescriber Flag].
- [Prescription Flag] is to set when the prescription has been endorsed "congestive heart failure" by the Prescriber.

61 Dose Flag

- Indicates whether a prescription has provided dose directions sufficient to place information in the [Dose] and [Daily Dose].
- Where the pharmaceutical is an ointment or lotion or the [Dose] and [Daily Dose] can not be expressed, such in the case of PRNs or "Take as Required" this field should be set to Y.
- The appropriate codes are:

Dose Flag	Code
Yes	Y
No	N

62 Prescription ID

- Unique ID for each script item as annotated on the prescription by the pharmacist.
- This code is generated by the pharmacy software, and should be the full system number regardless of how the number is concatenated on script labels.
- Where a number of pharmaceutical items are combined or compounded, each item should have the same Prescription ID.

63 Prescription ID Suffix

- Suffix to the Prescription ID.
- The appropriate codes are:

Dispensing	Code
Stat	0
Initial dispensing	1
Subsequent dispensing	Sequential number for each dispensing

- [Prescription ID Suffix] should allow up to 98 repeats.

64 Date of Service

- Dispensing date.

65 Claim Code

- Indicates pharmaceutical dispensed.
- The "Pharmacode" currently administered by the Pharmacy Guild of New Zealand is currently the only valid code to be used.

66 Code Standard

- The [Code Standard] field specifies the type of claim code used in Field 63 [Claim Code].
- Valid Codes:

Code Standard	Definition	Note
P	PharmaCode	To be used
E	EAN Codes	Not currently accepted

Note:
If this field is set to Null the Ministry of Health will default to P for Pharmacode.

67 Quantity Dispensed

- The [Quantity Dispensed] field must specify the quantity of [Claim Code] dispensed.
- This must be defined using the [Pack Units of Measure] relating to the [Claim Code] as specified by Pharmac.

68 Quantity Claimed

- The [Quantity Claimed] field must specify the quantity of [Claim Code] that is claimed for in this transaction line.
- This must be defined using the [Pack Units of Measure] relating to the [Claim Code] as specified by Pharmac.

69 Total Quantity Prescribed

- The [Quantity Prescribed] field must specify the total quantity of [Claim Code] prescribed including what is prescribed for repeats.
- This must be defined using the [Pack Units of Measure] relating to the [Claim Code] as specified by Pharmac.
- Needs only to be on the initial dispensing.

70 Pack Unit of Measure

- The [Pack Units of Measure] must contain the Pharmac definition of the Unit of Measure relating to the [Claim Code] as used in the calculations for [Quantity Dispensed], [Quantity Claimed] and [Quantity Prescribed].

Programmer Note

- The [Pack Unit of Measure] data refers to the [Pack Unit] field from the [Pack Size] table from the Schedule database, available from Pharmac.

71 Extended Supply

- Indicates whether period of supply may exceed appropriate dosage period as specified by rules in the Pharmaceutical Schedule or in the pharmacist's contract with the Ministry of Health.
- Indicates where greater than 30 days supply has been supplied.
- The appropriate codes are:

Has Extended Supply	Code
Yes	Y
No	N

Business Rule

- Current uses include Access Exemption or Certified Exemption and greater than 30 days supplied.

72 Safety Cap (CRC Closure)

- Indicates whether Safety Cap was supplied and is claimed for.
- The appropriate codes are:

Has Safety Cap	Code
Yes	Y
No	N

73 SIG

- Long SIG code.
- Deferred.

74 Leave Blank

75 Leave Blank

76 Order Type

- Indicates the type of prescription or order.
- The appropriate codes are:

Description	Code
Prescription	1
Practitioner's supply order (MPSO)	3
Bulk supply order (BSO)	4
Wholesale supply order (WSO)	5

77 Wastage Quantity (Replaces Wastage Flag)

- The amount of wastage claimed for of the [Claim Code].
- This must be specified using the [Pack Units of Measure].

Programmer Note

- [Wastage Flag] has been replaced by the [Wastage Quantity] field. This is to allow pharmacy to accurately specify the exact amount of the [Claim Code] which has been wasted.

78 Claim Amount

- Total value of service provided for this item which is chargeable to the Ministry of Health.
- Includes the payment to be made by the Ministry of Health for the pharmaceutical, all fees and GST.
- Excludes patient co-payment.
- Where the item is compounded, only the last item should contain the subsidy amount.
- Expressed in cents.

Subsidy amount = Pharmaceutical subsidy + Markups + GST + Container fee + Professional fee – Abatement Amount.

Programmer Note
Markups, Container fee and Professional fees may differ by each pharmacy contract and by Hospital and Community specific contracts. Therefore Pharmacy Software should allow parameters to be set for the Markups and Fees Specific to Both Hospital and community.

Pharmac Note
If the schedule updates can differentiate between Hospital and Community drugs the Pharmacy software should be able to apply the correct Markups and fees when generating the claim file.

79 CBS Subsidy

- To be used for those items listed as CBS in the Pharmaceutical Schedule.
- To be submitted stating the calculated Schedule Subsidy value, ie, remove wholesale and retail markups for the quantity in [CBS Packsize].

Note
As this is submitted less all markups, this value may be less than the pharmacist sees on the suppliers' invoice.

80 CBS Packsize

- To be used for those items listed as CBS in the Pharmaceutical Schedule.
- Needs to express the pack size that the [CBS Subsidy] value relates to.
- Must be specified in [Pack Units of Measure].

81 Funder

- The code to identify whom the funding body is for this claim.
- The [Funder] should default to HFA (also refers to the Ministry of Health).
- Appropriate codes are:

Funder	Code
	MMI
	HIH
Royal Sun Alliance	RSA
New Zealand Insurance	NZI
Farmers Mutual Group	FMG
At Work	AWK
Health Funding Authority (refers to the Ministry of Health)	HFA

82 Originating Contract Number

- Indicates the pharmacy which made the original dispensing.
- Allows the correct payment of repeats in cases of pharmacy amalgamation and change of ownership.

83 Service Contract Number

- Indicates under which payment Service Contract the claim is priced.
- Allows a single pharmaceutical to be claimed under the correct Service Contract when a pharmacy has more than one service for the single item.

84 Health Insurance Claim Number

- For Future Use.

85 Form Number

- A unique number for a claimant which identifies the form or source document for all pharmaceuticals dispensed.
- All pharmaceutical items from the same form (eg, prescription form) including repeat items should have the same form number.

6 File Trailer Detail

90 Record Type

- Refer 1. Record Type.

91 Sequence Number

- Refer 2. Sequence Number.

92 Number of Lines

- Total number of lines in the file.

Programmer Note

- To check the integrity of the claim file the value in the [Number of Lines] field should be the same as the [Sequence No] in the File Trailer.

93 Total Claim Value

- Total value of claim.
- Should be the total of all [Claim Amounts] in the file.

94 PS Cards Issued

- Number of Prescription Subsidy Cards which have been issued by pharmacy within claim period.

PUBLISHED BY THE
DEPARTMENT OF INTERNAL AFFAIRS
PRINTED BY WICKLIFFE LIMITED

ISSN 0111-5650
Price $5.00 (inc. G.S.T.)